Responding to a Mass Casualty Event at a School: General Guidance for the First Stage of Recovery

The response immediately following a mass casualty crisis that occurs at school is critical; an effective response has the potential to greatly decrease the likelihood of further trauma. Administrators and school crisis teams must be prepared to engage in effective crisis response and intervention as soon as the danger has passed and the school is secure. While the brief guidance offered here focuses on the first month following a crisis event, these steps must be viewed within the context of comprehensive school crisis prevention, preparedness, response, and recovery and with the understanding that recovery can take months or even years. Much of the guidance here is also applicable to other large-scale crisis events, but some of the details will differ. Additionally, this guidance is not a substitute for comprehensive crisis planning in advance.

KEY ROLE SCHOOLS PLAY IN RESPONSE AND RECOVERY

The goals of crisis response are twofold. First, an effective crisis response seeks to address both the physical and psychological needs of the school community. Second, the response aims to leverage the critical resources available within the community to mitigate further harm and facilitate recovery. Although recovery is the norm and the vast majority of individuals will return to precrisis levels of functioning with little to no intervention, it is important to keep in mind that the mental health consequences of a major traumatic event have the potential to ripple out across the broader school community. As such, recovery takes time and intentionality, particularly with regard to mental health. Schools are unique ecosystems with trained personnel, cultures, and systems that, when employed appropriately, can vastly improve every aspect of response and recovery. An effective crisis response requires capitalizing on the strengths of various school personnel and crisis teams should include administration, mental health providers, security personnel, information technology staff, and others as appropriate.

PRIOR PLANNING AND COORDINATION IS ESSENTIAL FOR RECOVERY

Key multidisciplinary school personnel should be engaged as leaders in the response planning and implementation. The crisis team should, at a minimum, include principals, school mental health professionals, school security personnel, representatives from local law enforcement and emergency personnel, and other school staff or district liaisons to help sustain efforts over time. Ideally this
builds on an existing school crisis response and emergency preparedness plan that is routinely reviewed and practice and ongoing training.

It is also essential to partner with relevant community providers (ideally before a crisis) who can offer much needed additional supports in the event of a major traumatic event. Central to this is prior planning, ongoing collaboration, and clear areas of responsibility. Having preplanned agreements with local community mental health providers allows for this and can ensure that additional support is available should the need exceed the capacity of the school-employed mental health staff. However, while community mental health providers can bring specific, valuable areas of expertise and additional support, many school-employed mental health professionals (i.e., school psychologists, counselors, and social workers) are trained specifically in school-based crisis intervention. They know the students, staff, families, and nature of the school culture and are trained to integrate mental health supports into the learning environment with the goal of meeting students’ mental health needs and facilitating learning. Equally important, school-employed mental health professionals will be there to provide services long after outside mental health providers have left. Whenever feasible, the mental health intervention services should be provided onsite at the school (even if the students are displaced to another building) to enhance their efficiency and the likelihood that students will access them. Effective engagement and collaboration from the beginning of a response will improve efficiency and effectiveness and contribute to the sustainability of the recovery process.

**Note:** The following is an outline of steps to take following a mass casualty event at a school. This guidance is based on more than 20 years of school crisis response by NASP’s National School Crisis Response Team and information from NASP’s PREPare School Crisis Prevention and Intervention Curriculum. This list is not exhaustive and does not contain all the details necessary to implement the steps. Mass casualty events are fluid and complex, requiring continuous monitoring and adjusting of the response. While the path of recovery is relatively predictable as described below, the precise timing of the activities can be variable.

**WHAT TO DO DURING THE FIRST 2 HOURS**

- Identify and account for all students and staff members, coordinating with law enforcement.
- Reaffirm physical and psychological safety.
- Gather the district/school crisis response team members for immediate planning (i.e., administrators, security personnel, facilities managers, school mental health staff).
- Locate any existing district-level and/or school-level crisis plans. With the crisis team, including school-based mental health professionals, review the plan for implementing first steps in your response.
- Reunite students with parents and families through an organized process at a Family Reunification Center. This may continue for several hours depending on the number of students. The FBI can assist with reunification if they are present.
- Coordinate with other jurisdictional members such as police, fire, city manager, state police, and FBI through the Incident Command Structure.
- Manage communications and the media.
  - While the media can play an important role in providing emergency response information and news about how people are coping, it can also cause real harm to children and
vulnerable populations if it magnifies painful, disturbing details, people’s loss and suffering, or the possibility of future or ongoing threats. Instead, interviews and media coverage should focus on the healing process that is taking place. District personnel can facilitate this positive focus by implementing a variety of processes detailed below.

- Establish a location for media gathering and regular press conferences away from the affected school.
- Designate a district media spokesperson—this is typically the school or district Public Information Officer.
- Provide consistent, coordinated, and clear messaging among school administrators, law enforcement, and medical personnel.
- Communicate with any surviving victims and their families letting them know how to access available support. In the event of fatalities, coordinate communication with law enforcement.
- Use additional phone lines, the district website, local media, and social media to disseminate critical information and to respond to questions.
- Plan for technology failure. Have back-up communication systems beyond land lines and cell phones. Radio systems may be the only way to communicate in the initial hours.
- Communicate with staff in other buildings, as it is likely that their staff will also be affected.
- Dispel and/or verify rumors.
- Do not allow media on school grounds. The media will congregate as close to the school as possible, so it is important to set clear and strict guidelines and be sure that district officials and law enforcement responsible for securing the site know these guidelines.

- Conduct immediate mental health crisis intervention triage.
  - Identify space and staff members to provide immediate crisis intervention services. These services should be provided by school-employed mental health professionals whenever feasible.
  - Identify and assess the level of traumatized survivors using a structured triage model from a research-based approach, such as PREPqRE.
  - Strong triage models help the crisis team identify those likely to be high risk for psychological trauma: Those with physical and emotional proximity to the event, including staff; individuals with precrisis vulnerabilities; and those who exhibit more severe crisis reactions. Well done triage also helps identify those with less risk, making a school’s intervention response much more efficient.
  - When a school is damaged, an off-site location such as another school, a recreation center, or a church can serve as a place to offer support and crisis intervention.
  - Help adults manage their own reactions. Encourage mindfulness activities, deep breathing, and other self-regulation strategies. Reinforce focusing on the tasks at hand and drawing on their crisis training.
  - Designate a district mental health professional to respond to and manage outside support resources that show up to the school or offer help.

**WHAT TO DO DURING THE FIRST 24 HOURS**

- Continue to manage communications and the media using the guidance above.
- Provide consistent, coordinated, and clear messaging between school administrators, law enforcement, and medical personnel.
- Communicate with and support victims’ families and staff in all buildings in the district. Communicate with other buildings in the district that may have staff or students (siblings, cousins, friends, or other relatives) who are directly affected by the crisis. It is important to be vigilant about continuing this communication and identifying trauma reactions.
- Dispel and/or verify rumors.
- Monitor social media posts both to track responses to official district posts and to be aware of and respond as necessary to posts from others in the community.
- Do not allow media on school grounds. Set clear and strict guidelines. Do not allow media to film any damage to the school until it is repaired, as public images of the damage can trigger, escalate, and spread trauma reactions.
- As mentioned above, explicit care should be given to protect students and staff from potentially harmful media attention and interactions. The pressure to “get first-hand accounts” by the media can be intense and ongoing. In addition to potentially triggering trauma, asking students or staff to comment on a situation they do not fully understand can put them in a position where they feel compelled to make observations or statements that are not accurate or even personally held. Children are particularly vulnerable and may assume an enormous sense of guilt if they feel that they have said or done something inadequate during a media interview. This can also contribute to misinformation spreading widely.
- Excessive or intrusive media coverage, particularly that which focuses on fear and trauma, can impede the ability of individual students and the school community to move forward with the healing process and can perpetuate a sense that students are not coping.
- Convey to students, parents, and the community the potential risks associated with media interviews and that youth interviews should be conducted only when a parent or mental health professional is present.
- Continue to conduct mental health crisis intervention triage using the guidance above.
  - Identify and assess the level of traumatized survivors using a structured triage model from a research-based approach such as PREP3RE. Triage is ongoing, as the psychological needs of individuals can change over time. Consider how any new information may change previous triage decisions.
  - At this point in time it is important to reaffirm the physical health, comfort, and safety of students and staff members, as well as attending to any medical needs. Provide information about the crisis facts, minimize exposure to crisis scenes, and begin assessment.
  - Expand space (on or off campus) and staff to provide immediate crisis intervention services as needed.
  - Access local community mental health providers if support is needed beyond the school-employed mental health staff. The school may be flooded with national offers of assistance, and while this may be helpful it can also create huge management needs for the already overwhelmed school staff. Outside responders should be screened to ensure the fidelity of their assistance. The FBI or law enforcement can assist in identifying fraudulent offers.
  - Recognize that healing can take a long time. Timelines for recovery vary depending on the nature of the crisis and available resources.

**Important Consideration:** Interviews or questioning of students by the media, school staff, or even law enforcement should be conducted by appropriately trained individuals, with parents or another trusted caregiver present, and with the cautions outlined here in mind.
• The way in which adults express their emotions will influence the reactions of children and youth. Caregivers can help students manage their feelings by modeling healthy coping strategies and closely monitoring their own emotional state and that of those in their care.

**WHAT TO DO DURING THE FIRST 2 WEEKS**

• Address the physical safety of the campus prior to the students’ return.
• Make decisions on who has the authority to allocate funds and make district-wide decisions regarding financial and legal matters.
• Continue to conduct mental health crisis intervention.
  ▪ Designate at least one district mental health professional to continue to respond to and manage outside support resources.
  ▪ Continue to identify and assess the level of traumatized survivors and provide mental health services. Use an evidence-informed, tiered system of crisis interventions such as PREP³RE. Some students and staff will be ready/able to process the event by this time. Others will not. Both individual and group counseling services may be needed.
  ▪ While waiting for the return to school, provide mental health support for students and staff members.
  ▪ Use/establish Memoranda of Understanding (MOU) with agencies that can provide support personnel to help provide continuous or more intensive services outside of the school setting.
• Attend funerals and memorial services.
• Develop a thoughtful and coordinated process for returning personal property to staff members and students. Law enforcement or FBI will assist with determining which items constitute evidence.
• Communicate with and support surviving victims and their families.
• Establish a Family Assistance Center for supporting long term needs of families. This will provide a place to connect families to counseling, financial or other resources. The Red Cross, FBI, and community agencies can assist school staff in locating and accessing these resources.
• When a large-scale tragedy occurs, it can cause strong and deeply felt reactions in children. These may include, but are not limited to shock, disbelief, fear, guilt, grief, confusion, shame, loss, and anger. Some vulnerable students may experience more severe reactions, including absenteeism, increased suicide risk, increased use of drugs or alcohol, decreased school performance or extreme behavioral responses. These students should be referred for further mental health intervention.
• Coordinate with FEMA, local and state Offices of Victim Assistance.
- Red Cross rescue centers/shelters, pet shelters, etc. can facilitate recovery and healing from continued stressors.
- Publicize local support services such as housing, health, mental wellness, financial, legal, etc.
- Help adults manage their own coping or psychological needs. Provide caregiver trainings and facilitate access to employee assistance programs and outside resources such as victim’s assistance, community mental health supports, the Red Cross, and state disaster response and management agencies.
- Emphasize the importance of self-care for school staff, especially for those directly affected, school leaders (e.g., the principal), and those involved in leading the response and recovery.
- Continue to manage communications and media using the guidance above and the following steps.
  - Respond to parental concerns. Direct, individual communications from the principal or designee may be warranted. If specific concerns seem widely shared, providing responses via written communications or as part of a community meeting can be helpful as well.
  - Determine how to communicate with staff, families, and the community about school district operations. Use both traditional and social media resources to provide information.
  - Monitor and respond to social media posts. Strive to provide accurate and up-to-date information frequently. In responding, share verified facts and avoid blaming or defensive posturing online. Contact those making frustrated social media posts directly, whenever possible. Disseminate information on how students, staff, and community members are coping and supporting one another. Emphasize the steps that schools and families have taken to move toward healing, as well as the ongoing school-based prevention and intervention programs that support children’s coping skills.
  - Continue to limit media presence on campus. Excessive or intrusive media coverage can impede the ability of individual students and the school community to move forward with the healing process.
  - Celebrate growth and healing by disseminating information about how students, staff members, and community members are coping and supporting one another.
- Plan the return to the physical campus.
  - Designate the personnel who will structure the reopening of the school (superintendent, finance, operations/maintenance, human resources, academics, mental health, special education, etc.).
  - Return students to school and familiar routines as soon as possible, but not until either any physical damage is repaired or an alternative location for classes has been found. Determine how to resume normal operations of the district and restore the learning environment (see below for more details).
  - If the extent of any existing damage prevents a return to the school building, alternative placements for all students must be determined. Work with local government officials or other school districts to gain temporary designations for sites to hold schools. This may include local libraries, buildings of worship, sports complexes, and mobile classrooms that are rented. If facilities are not available, provide online learning or send educational materials home to families for students to complete.
  - Partner with community agencies, emergency relief services, and businesses to assist in gathering supplies needed to teach and feed students.
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Plan Other Systems to Support the Students’ Return to School

• Ensure staff members have received needed mental health support prior to the return of students and provide them the opportunity to reenter the building prior to the students.
• At a staff meeting or other gathering, provide school staff members with information about known triage factors related to psychological trauma. Engage their assistance in the crisis team’s ongoing triage process. Establish a process whereby teachers and other staff members can refer affected students for mental health intervention services or seek help for themselves.
• In cases where the building has been severely damaged, determine how to access vital records (e.g., attendance, special education, cumulative), including how to process the records for new students and students who move out of the district or are displaced.
• Communicate with schools where students may have been moved (e.g., provide records, offer a point of contact for questions/concerns regarding specific students).

Plan a Gradual, Systematic Return to School

• Reinforce the benefits of restoring a routine. A return to normalcy may not be possible, and the school community should never attempt to proceed as if nothing had happened. However, returning to routines as soon as feasible is important. Doing so enables students and staff to surround themselves with social supports and achieve some sense of stability, and it allows the crisis team to monitor students more easily. Day-to-day expectations should be flexible to account for evolving recovery dynamics.
• Manage the logistics.
  ▪ Review the schedule and any adjustments that need to be made. Determine when school will start and how long school will last each day. Determine how students with special needs will be served.
  ▪ Determine if the school has the ability to transport students. Designate a team to determine transportation strategies.
  ▪ Re-engage students in the school environment by holding an open house or other informal gathering the first day which welcomes students, staff, and families back to school and includes mental health support personnel.
  ▪ Consider returning on a half-day or several half-days. It may be necessary to limit bells initially.
  ▪ Ease students back into academics, starting out with somewhat lighter expectations in terms of assignments and performance.
  ▪ Establish guidelines for grading and homework expectations for some period of time, taking into account the impact of the event on both learning and behavior. How long this is required will depend on the timing of the event in the school year and the needs of the students.
• Provide training to staff members on the impacts of trauma on teaching, learning, and behavior.
• Continue to provide care for the caregivers. This cannot be overemphasized. Help determine what staff feel they really need, such as extra time to spend together.

Important Consideration: School leaders and staff members are encouraged to be prepared for potential criticism about what the school did or did not do to prevent and respond to the crisis event. Such criticism is not uncommon even if unwarranted. Legitimate concerns and evaluation of what happened (and what did not) can be rife with personal emotions and may be magnified, often unhelpfully, by the media. This can take an emotional toll on staff and can be time-consuming. This discussion can also potentially result in legal actions and will affect the recovery process.
• Respond to spontaneous memorials and other remembrances. (See “Special Considerations for MemorIALIZING an Incident” in the resources below.)
  ▪ Have an established school policy that addresses memorials in the district.
  ▪ When a spontaneous memorial occurs, designate it as a temporary site and immediately determine how long it will remain and how it will be removed. Consult existing school policies on memorials and involve staff members and students in decision-making as appropriate.
  ▪ Do not rush into the creation of a permanent memorial.
  ▪ Consider a variety of memorial activities for students, such as providing opportunities to create a memory book; distributing memory ribbons; writing a poem, story, or song about the loss; or adding related units to the curriculum, such as tolerance or conflict resolution programs. Consider a living memorial that benefits others (e.g., donations for a suicide prevention program).

• Continue to monitor social media for indications of students in distress, misinformation, and potential threats. Copy-cat threats or events sometimes may occur.

WHAT TO DO AT 1 MONTH

• Acknowledge that additional time may be needed to reclaim some sense of normalcy.

• Ensure access to ongoing care for those most affected and those who have had previous incidents of trauma.
  ▪ Have Memoranda of Understanding (MOU) with agencies that can provide support personnel to help ensure continuous services. For example, an MOU with a community mental health center to allow for the provision of mental health services in the school setting that school-based mental health professionals are unable to provide due to other normal responsibilities.
  ▪ In addition, try to rotate crisis responders over time so that some are kept in reserve for the hard work down the road.

• Continue to monitor trauma reactions. Utilize an easily accessible electronic tracking form and train classroom teachers to assist in monitoring trauma reactions and recognizing the need for mental health services. Logging information for individual students who were affected and the required crisis intervention allows for easy tracking and follow-up. In addition, ensuring that teachers know what to look for and how to refer students they are concerned about can aid in continued monitoring of trauma reactions.

• Prepare for and educate students and parents on potential continued trauma, as this can help head off some of the secondary reactions. This should include information regarding the dangers of exposure via the media and social media.
  ▪ Build community and reinforce the notion that “we are in this together.”
  ▪ Plan for and embed mental wellness and stress-reducing activities in school programming.

| Important Consideration: The goals for this initial phase of recovery are to establish a sense stability and safety as much as possible for students, staff, and families; identify those with more intense trauma needs; adjust supports and interventions as necessary; and lay the foundation for ongoing recovery. The task for all over time is to integrate the trauma into their lives and operate within a new normal. |
• Ensure complications of disrupted schedules are addressed when planning future activities, and engage student leaders in developing activities that will promote normal routines, when possible.
• If the school remains closed, determine a timeline for reopening as soon as possible since schools are places most people feel comfortable in times of crisis (see guidelines above).
• Designate a lead mental health person who will follow up with approximately 20% of the most affected individuals. As time passes, it becomes more difficult to maintain communications and relationships with outside providers and resources. The mental health lead can help to ensure access to needed outside, longer-term support.
• Continue to address the needs of students as they evolve through both individual and group crisis interventions. With time, some previously unidentified students may come forth for assistance, even after a month or more. Enlist carefully screened outside mental health professionals to help as school resources may be exceeded.
• Continue to manage communications and media using the guidance above.
• Do not conduct highly sensorial drills following a mass casualty event. These can be very traumatic for both staff and students, particularly if the event involved an armed intruder. Reintroduce carefully.
• Help adults manage their own reactions. Provide caregiver trainings and facilitate access to employee assistance programs and outside resources.
• Continue to provide care for the caregivers. Recognize that school leaders and district crisis responders may experience burnout as a result of the intensity of conducting a response while performing their regular duties. Some staff may choose to seek different employment.
• Begin a long-term recovery plan, assessing needs and resources required to meet the needs.

**Requesting School Crisis Response and Recovery Assistance**

At any time in this recovery process the National Association of School Psychologists National Crisis Response Team is available to provide consultation or assistance. To request support in the event of crisis, contact the NASP Office at 301-657-0270 during normal business hours ET, or email Katherine Cowan, NASP Director of Communications at kcowan@naspweb.org or Kathleen Minke, NASP Executive Director at kminke@naspweb.org.

**RELEVANT NASP RESOURCES**


Responding to a Mass Casualty Event at a School

Talking to Children About Violence (available in multiple languages),


Care for the Caregiver: Guidelines for Administrators and Crisis Teams,

Special Considerations for Memorializing an Incident (PREPare curriculum handout), https://www.nasponline.org/x38589.xml

Best Practice Considerations for Schools in Active Shooter and Other Armed Assailant Drills,


For more information, visit http://www.nasponline.org/resources/crisis_safety.


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