

ANNEX F

HEALTH AND MEDICAL

Petrolia CISD

Revised:
10/26/2020

APPROVAL & IMPLEMENTATION

Annex F

Health and Medical

This annex is hereby approved for implementation and supersedes all previous editions.

Approved:___David Hedges, Superintendent_____Date: 10/26/2020_____

RECORD OF CHANGES

Annex F

Health and Medical

Change #	Date of Change	Entered By	Date Entered

ANNEX F

HEALTH AND MEDICAL

I. AUTHORITY

The Local Health Authority for the jurisdiction that the district resides in makes recommendations on meeting the health and medical care needs of the community during developing potential health and medical emergencies.

II. PURPOSE

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce injury during emergency. This annex has been developed to provide an emotional catharsis to students/staff impacted by trauma at school or in the community. Following a traumatic event or incident, the following recovery procedures should be implemented to assist students, staff, and their families in the healing process.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. As outlined in the Basic Plan, the district is susceptible to various hazards. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of the community.
2. Emergencies resulting in trauma and/or serious injury may impact the district and the community.
3. Emergencies could result in the loss of or disruption to drinking water, wastewater, solid waste disposal and animal control services, creating potential health hazards.
4. Emergency responders, survivors, and others who are affected by an emergency may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impinge on their daily lives.

B. Assumptions

1. Mental health professionals available in the district or community will participate in the development, implementation, and evaluation of this annex.

2. School nurses will participate in the development, implementation, and evaluation of this annex.
3. Social workers available in the district or community will participate in the development, implementation, and evaluation of this annex.
4. Disaster mental health services may be needed during response operations.
5. If a district facility is being used as a shelter, disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
6. Damage to chemical plants and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a danger to the district and community.
7. The district will require guidance on how to avoid health hazards caused by a disaster.
8. Some types of emergencies, including natural hazards, may affect large portions of the district and community making it difficult to obtain resources and assistance.
9. Day-to-day operations that do not support the emergency may be suspended for the duration of the emergency.
10. Resources that would normally support day-to-day operations may be redirected to assist emergency operations.

IV. CONCEPT OF OPERATIONS

A. General

1. The district will provide a consistent approach to the effective management of health related and medical situations to ensure the safety of its population and the community. The district will utilize the National Incident Management System (NIMS) during an emergency to coordinate response efforts.
2. The district's nurses are primarily responsible for the day-to-day provisions of the health and medical needs of the district.
3. To the extent possible, the same day-to-day personnel and resources will be utilized during an emergency.
4. Provisions must be made for the following:
 - a. Establishment of a medical command post.
 - b. Coordination of health and medical efforts.
 - c. Triage of injured individuals.
 - d. Holding and treatment areas for injured individuals.
 - e. Medical care and transportation of injured individuals.
 - f. Isolating, decontaminating, and treatment of individuals.

B. Mental Health Services

Appropriate disaster mental health services need to be available for individuals during the response and recovery operations. These services may include crisis counseling, critical incident stress management, information and referrals to other services, and education and coping mechanisms about normal, predictable reactions to a disaster to include:

- a. Provisions that address physical and psychological safety for responding to a natural disaster, active shooter, and any other dangerous scenario.
- b. Provisions for supporting the psychological safety of students, district personnel, and the community during the response and recovery phase following a disaster or emergency that are aligned with best practice-based programs and research-based practices recommended under Section 161.325, Health and Safety Code.
- c. Strategies and procedures for integrating and supporting physical and psychological safety that align with TEC 37.108 (f)(2).

C. Medical Services

Upon notification of an emergency, the appropriate ambulance service will dispatch the necessary units to the scene. If the situation warrants, the EMT/paramedic will request additional ambulances.

In addition to support from the local public health department, the Department of State Health Services when requested by local officials can provide health and medical advice and assistance during an emergency.

The district must coordinate with the local health authority and share information related to injuries and fatalities relating from an emergency. This coordination is essential in assuring the appropriate levels of medical support is provided.

D. Incident Command System and EOC Interface

If the district activates an Emergency Operations Center (EOP) and an Incident Command Post are operating, the Incident Commander at the command post and the manager of the district's EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The district's EOC and the command post must maintain a regular two-way information flow.

E. Requesting External Assistance

If the health and medical needs resulting from an emergency cannot be resolved with district resources, those obtained using existing agreement, the district should request assistance through their local office of emergency management.

F. Actions by Phases of Emergency Management

1. Mitigation:
 - a. Install hand sanitation stations.
 - b. Develop health awareness programs.
 - c. Purchase life saving equipment (AEDs, Stop the Bleed Kits)
2. Prevention:
 - a. Review immunization records.
 - b. Conduct health inspections.
 - c. Promote and encourage hand washing practices.
 - d. Promote and encourage personal health and hygiene practices.
 - e. Conduct specialized training (Stop-the-Bleed).
3. Preparedness:
 - a. Provide professional development training:
 - 1) Suicide prevention
 - 2) Grief-informed care
 - 3) Trauma-informed care
 - 4) Psychological first aid
 - b. Maintain adequate medical supplies.
 - c. Coordinate with key stakeholders (local public health authority).
 - d. Review plans, policies, and procedures for actions taken related to the emergency.
 - e. Train and exercise personnel, including substitute teachers, district counselors, and mental health professionals.
4. Response:
 - a. Monitor the situation.
 - b. Provide first aid and life saving measures
 - c. Coordinate with response agencies
5. Recovery:
 - a. Collect data related to incident-related injuries.
 - b. Provide coping mechanisms (psychological first aid) to the affected population.
 - c. Return services to normal operations

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. General

The district has primary responsibility for the health and safety of students, staff, substitute teachers, and visitors while on district property. During an emergency the district should coordinate health and medical services with local response agencies.

The local Health Authority has primary responsibility for the health and medical services for the community. Therefore, the district should designate a representative to coordinate public health and medical services with the local public health department.

The district should coordinate with all agencies/organizations assigned to provide health and medical services during an emergency and maintain current notification procedures to ensure trained personnel are available for assistance.

B. Assignment of Responsibilities

All personnel assigned responsibilities in this plan are trained on NIMS concepts, procedures and protocols.

Agency or Position	Functions/Responsibilities	Phase(s) (Mitigation, Prevention, Preparedness, Response, Recovery)
District Nurses	Organize first aid and medical supplies. Administer first aid or emergency treatment. Supervise administration of first aid by those trained to provide it.	Prevention, Preparedness Response Preparedness, Response
District Teachers	Shall be responsible for the supervision of student and remain with students until directed otherwise	Response
The Local Health Authority	Provided training and assistance as needed	Prevention, Preparedness, Response
Emergency Medical Services	Provided training and assistance as needed	Prevention, Preparedness, Response
Local Mental Health Authority	Provided training and assistance as needed	Prevention, Preparedness, Response

VI. DIRECTION AND CONTROL

A. General

To provide for the effective direction, control, and coordination of an incident impacting the health and safety of the district, this annex will be activated. The district will implement the incident command system (ICS) to manage the emergency.

External agencies providing health and medical support during emergencies are expected to support the district.

B. Incident Command System and EOC Interface

If both the HCEOC and an ICP are operating, the Incident Commander and the HCEOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The HCEOC and the ICP must maintain a regular two-way information flow.

C. Line of Succession

Each department with health and medical responsibilities is responsible for establishing a line of succession for their personnel. The line of succession should include primary, secondary, and tertiary contacts.

1. District Nurse
2. Campus Secretaries
3. District Administration

VII. READINESS LEVELS

A. Readiness Level IV – Normal Conditions

1. Conduct personnel training programs, including substitute teachers.
2. Brief facility administrators, campuses, and departments on procedures.
3. Review and update this annex.
4. Review assignment of district personnel.
5. Maintain a list of health and medical resources.

B. Readiness Level III – Increased Readiness

1. Alert key personnel.
2. Check inventory of medical supplies.
3. Review lists of key stakeholders and response agencies.

C. Readiness Level II – High Readiness

1. Alert district personnel of possible emergency duties and activation.
2. Mobilize all district personnel.
3. Pre-deploy equipment and key district personnel.
4. Review plans with support personnel

D. Readiness Level I – Maximum Readiness

1. Recall all district personnel with roles and responsibilities related to the incident.
2. Review situation and current status with district management.
3. Issue assignments to district personnel.
4. Implement plans as described in procedure manuals.

VIII. ADMINISTRATION AND SUPPORT

A. Reporting

A complete listing of the medical supplies, equipment, and capabilities should be maintained by the district. Medical Supply and Resource List is included in an Appendix.

B. Maintenance and Preservation of Records

All records generated during an emergency will be collected and filled in an orderly manner, so a record of events is preserved for use in determining response costs, settling claims, and updating emergency plans and procedures.

Vital records should be protected from the effects of a disaster to the maximum extent feasible. Should records be damaged during an emergency, professional assistance in preserving and restoring the records should be obtained as soon as possible.

C. Training

All support personnel, including substitute teachers, will be trained over this annex and trained on medical equipment as needed.

D. Exercises

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by the district will periodically include health and medical services operations. All support personnel, including substitute teachers, should be included in these exercises.

IX. ANNEX DEVELOPMENT AND MAINTENANCE

The superintendent will be responsible for the development and maintenance of this annex. Annual reviews and updates will be conducted as needed. All departments included in this annex will develop and maintain separate guidelines, procedures, and manuals for the communication assets available to the district.

X. REFERENCES

- A.** FEMA, Comprehensive Preparedness Guide (CPG) 101 Version 2.0 November 2010
- B.** Texas Division of Emergency Management Plan Template

XI. APPENDICES

Trauma Informed Policy

Annually, all PCISD staff members receive emergency medical training in the form of “Stop The Bleed”.

In addition, the District provides “Stop The Bleed” kits in every classroom, office, and District owned vehicle.