

STATE OF ALASKA

Disaster Preparedness Guidelines for School Health Services



DIVISION OF PUBLIC HEALTH
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The guidelines were prepared by:

Laura Andersen, MPH
Mary Bell, BSN, RN, NCSN
Maria Cocom, HPA
LeMay Hupp, MPH, BSN, RN
Tonda Scott, BSN, RN

Guideline review was provided by:

Todd Brocius, Education Specialist, Department of Education and Early Development
Merry Carlson, MPP, Section Chief, Section of Emergency Programs, Division of Public Health
William J. Hamelback, BSN, RN, Emergency Preparedness Nurse, Municipality of Anchorage
Susan O'Toole, MPH, MS, RN, Emergency Preparedness Public Health Nurse, Interior Region
Stephanie Wrightsman-Birch, RNC, MPH, FNP, Section Chief, Section of Women's, Children's, and Family Health, Division of Public Health
School Health Nurse Advisory Committee and other school nurses from across Alaska
Patricia Barker, BSN, RN, NCSN
Kay Greene, BSN, RN
Christy Kinter, RN
Marty Langlois, RN
Betty Sears, BSN, RN
Melody Vahl, BSN, RN

Contact Information:

Mary Bell, BSN, RN, NCSN
School Health Nurse Consultant
Department of Health & Social Services
Division of Public Health
Section of Women's, Children's, & Family Health
3601 C Street, Suite 322, Anchorage, AK, 99503
907-269-7368 Fax 907-269-3465 mary.bell@alaska.gov

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INTRODUCTION/PURPOSE

Each year, approximately 132,000 children attend one of Alaska’s public schools¹. They spend about one-third of their day, or more than 1,200 hours each year, in school and away from home. Although educational facilities are generally thought to be one of the safest places for children, recent events



around the country—from the tornadoes in Joplin, Missouri to the tragic shooting at Sandy Hook Elementary—demonstrate the need for schools to be prepared for all disasters, both natural and manmade.

Alaska’s unique geography, severe weather, and isolation from the rest of the United States require sustained preparedness efforts from school administrators, school nurses, and others who work with children. During a disaster, the health and safety of Alaskan children will depend on well-exercised plans and communication among teachers, staff, school nurses, parents, and emergency responders, as well as local and state government officials. After a disaster, the continued health and well-being of Alaskan children will depend on those same connections.

State officials recommend that Alaskans be prepared to sustain themselves for at least seven days after a disaster². Children will be particularly vulnerable during that time, both physiologically and psychologically. Research indicates that natural and manmade events can have a more substantial impact on children than adults^{3,4}. Early traumatic events can increase the risk of poor health outcomes such as substance abuse and depression⁵. Children and youth with special health care needs (CYSHCN), including those with mobility impairments, will be at greater risk during and after a disaster⁶.

School nurses, nursing coordinators, and other health services personnel play an important role in disaster and behavioral crisis planning⁷. Their work, in conjunction with school administrators, will ensure that such planning incorporates the needs of all children and protects their health and safety after an event has occurred.

The purpose of these guidelines is to provide an overview of school health services’ role in disaster preparedness in Alaska and will describe that role through each phase of disaster management. The guidelines also include a collection of relevant disaster-preparedness tools and templates organized by phase of disaster management (see [Appendices/Forms](#)). Although school nurses are the ideal partners for school administrators as they plan for health services in schools during and after a disaster, school districts without school nursing services still require coordination of planning efforts, especially for children and youth with special health care needs.

These guidelines use the **all-hazards approach** (see [Definitions](#)) to help school nurses and other school health services personnel understand their role in preparing for a variety of disasters and emergencies on school grounds or at school-sponsored events.

These guidelines should be implemented in collaboration with local and state agencies. Each community's Local Emergency Planning Committee (LEPC) may have developed an Emergency Operations Plan (EOP), Emergency Action Plan (EAP), or Small Community Emergency Response Plan (SCERP) that includes guidelines for school staff and students. Each school district is further instructed to develop its own model Crisis Response Plan or Emergency Action Plan. Some school plans may already be incorporated into a community EOP as a designated shelter site. School nurses and other health services personnel should work closely with school administration, parents, and local emergency planners to develop or fine-tune existing disaster preparedness plans.

Please note: These guidelines are offered as best practice information for Alaska, from which school district policy and procedures may be based. They are not mandatory. Each school district may adopt the standards that best meet the needs of their student population.

THE ROLE OF THE SCHOOL NURSE

The National Association of School Nurses (NASN) outlined the role of the school nurse during and after a disaster in their 2011 position statement⁸. School nurses, coordinators, and other health services staff should practice all four stages of disaster management: prevention/mitigation, preparedness, response, and recovery.

- **Prevention/Mitigation.** School nurses should work with school administration and community members to develop and implement the school’s safety program. They can identify potential dangers within their schools (for example, an unsecured bookcase), and work with school administrators and maintenance staff to correct those hazards.
- **Preparedness.** School nurses should serve on disaster planning committees and work with parents, students, teachers, and school administrators to create, evaluate, and revise emergency action plans. School nurses provide an important source of planning knowledge and subject matter expertise for children and youth with special health care needs (CYSHCN).
- **Response.** School nurses can provide **triage** (see [Definitions](#) section) during an emergency, providing direct, hands-on care to students and staff and communicating important health information to school administration and community members.
- **Recovery.** After a disaster, school nurses may need to assist students, parents, and administrators as they heal both physically and mentally. School nurses can refer children, teachers, and other staff for psychological care (as needed and/or requested). School nurses can also provide feedback to community planners, to ensure that improvements to future EAPs better address the needs of children, staff, and others.

NASN summarizes the important role of school health services (italics added):

“It is the position of the National Association of School Nurses (NASN) that school nurses *provide leadership* in all phases of emergency preparedness and management and are a *vital* part of the school team that develops emergency response procedures for the school setting, using an all-hazards approach.”⁸

BEST PRACTICE DETERMINANTS

Multiple directives at both the federal and state level support schools' efforts in disaster preparedness.

Federal Requirements

The federal Department of Homeland Security implements and revises the National Response Plan (NRP), in collaboration with other federal agencies. Traditionally, the authority for federal involvement in disasters was based on provisions of the Stafford Act, which established the presidential declaration process for major disasters and emergencies and provided disaster assistance. The Federal Emergency Management Agency (FEMA) coordinates the delivery of federal assistance, both managing its own programs and coordinating disaster assistance from other federal departments and agencies.

Homeland Security Presidential Directives (HSPD), issued by the President, ensure coordination of homeland security-related activities. Currently, HSPD 1 through 25 guide national efforts and provide the federal framework for disaster planning and management. Federal statutes, including **IDEA** (Individuals with Disabilities Education Act) and **Section 504 of the Rehabilitation Act** support the inclusion of children with special health care needs in disaster planning and exercises. Federal law mandates integration and equal opportunity under both the Stafford Act and the Post-Katrina Emergency Management Reform Act (PKEMRA). **PKEMRA Sec. 689, Individuals with Disabilities**, requires Alaska to develop emergency management standards to accommodate individuals with disabilities.

State Requirements

Alaska State Statute **AS 26.23** (see [Resources](#) section), describes the responsibility of Alaska state government in emergencies and disasters. According to the statute, performing and maintaining the provisions of emergency management legislation is the responsibility of Alaska's Division of Homeland Security and Emergency Management (DHS & EM). In its coordinating role, the state emergency management office is involved in virtually all serious emergencies, terrorism, or disasters; however, in a few areas other State agencies are lead, including medical (Department of Health and Social Services); hazardous materials spill (Department of Environmental Conservation) and wildfires (Department of Natural Resources). Community emergency managers are responsible for preparing for emergencies and coordinating the use of state resources when responding to and recovering from emergencies and disasters. All states are required to have a standard state mitigation plan as described under **44 CFR 201.4**.

All disasters begin locally, so response also begins at the local level. Community managers request state assistance when community or regional level resources are depleted, or are expected to be exhausted, and state officials request federal assistance after state-level resources are depleted or the system is overwhelmed.

Required School Crisis Response Planning. Alaska statute **AS 14.33.100** instructs each district to develop a model Crisis Response Plan for use by its schools. Districts may choose to incorporate their disaster planning into this document, but are not required to do so. Each school is also mandated to create a school-specific Crisis Response Plan and a crisis response team that includes 1) the principal, 2) one certified school staff member, 3) one classified staff member, and 4) one parent whose child attends the

school. Each district is mandated to collaborate with local social services agencies and law enforcement authorities when developing their Crisis Response Plan.

Emergency Drills. Alaska State Statute **AS 14.03.140** instructs the principal (or other managing school administrator) at each school to implement drills with students “at least once each month during the school term, weather permitting.”

AS 14.30.172: *Communication not prohibited* (school nurses and other personnel may consult with, or share classroom-based observations, with parents or guardians. They may also file a report to authorities if a “child poses a serious and imminent risk” to their own or others safety).

AS14.30.176: *List of Community Services* (school nurses and other personnel may share with parents or guardians a list of community services, including mental health services, so long as the listed information includes an explicit caveat [exact wording is available online, see [Resources](#) section]).

Additional state guidance is available for nursing practice during or after a disaster, as established by Alaska Board of Nursing Regulations:

AS 08.68.700: *Determination of death by registered nurse* (in Alaska, a licensed registered nurse may make a determination and pronouncement of death of a person under certain [disaster] circumstances)

AS 08.68.800: *Exceptions to application of chapter* (nursing service outside of this chapter [or outside of Alaska] may be given temporarily in the event of a public emergency, epidemic, or disaster. In the event of a statewide emergency, state officials could request assistance from licensed nursing professionals outside of Alaska.)

AS 08.68.805: *Delegation of nursing functions* (in Alaska, a licensed registered or practical nurse may delegate certain nursing duties to other persons, including unlicensed assistive personnel, under regulations adopted by the Board of Nursing Regulations. A person to whom the nursing duties are delegated may perform those duties without a state-issued license or certificate if applicable requirements are met as established by the Board of Nursing Regulations).

12AAC44.318: *Courtesy license* (in an “urgent situation,” [i.e., a health crisis affecting all or part of the state that requires an immediate supply of additional nurses or nurses with specialized education] a courtesy license may be issued by the Board of Nursing Regulations).

Other state statutes affecting disaster preparedness include:

AS 09.65.090 Civil Liability for Emergency Aid - Good Samaritan Act

AS 09.65.091 Civil Liability for Responding to Disaster

AS 09.65.300 Immunity for Providing Free Health Care

AS 26.23.136 Emergency Management Assistance Compact

Local Requirements

Each municipality, community, and/or borough may have local statutes and regulations governing emergency response. For example, in Anchorage, school administrators should consult Anchorage municipal code **23.45.405** when conducting emergency evacuation drills.

Other Best Practice Determinants

Title 29 Code of Federal Regulations 1910.38 (Emergency Action Plans) and the 2000 **International Fire Code, Section 405** (Emergency Evacuation Drills) are pertinent to school settings across Alaska. Title 29 requires all work settings that employ “10 or more persons” to have an Emergency Action Plan under OSHA standards; International Fire Code requires evacuation drills.

The American Academy of Pediatrics has prepared position statements outlining the importance of disaster preparedness in school settings, particularly for children and youth with special health care needs⁹. In addition, the Centers for Disease Control and Prevention’s (CDC) “Preparedness Resources for Schools” website contains substantial additional guidance for school staff (see [Resources](#)). The third edition of Janice Doyle’s *Disaster Preparedness: Guidelines for School Nurses* includes additional guidance for school nurses and other school health services personnel. Some of the information in these guidelines is adapted from Doyle’s text¹⁰.

In their *2010 Report to the President and Congress*, the National Commission on Children and Disasters outlines additional emergency preparedness recommendations for children. The Commission recommended strong investment in disaster preparedness to support the needs of children in schools. It also recommends schools to take an all-hazards approach in developing EAPs and to accommodate children with special health care needs throughout those EAPs¹¹.

DEFINITIONS

- **All-hazards approach:** A comprehensive and systemic approach to disaster preparedness that allows school administrators and other school staff to plan for a variety of potential emergencies, both manmade and natural. Federal and state agencies, including the State of Alaska’s Department of Homeland Security and Emergency Management, recommend the all-hazards approach to plan for disasters².
- **Bioterrorism:** The unlawful release of biological agents or toxins with the intent to intimidate or coerce a government or civilian population to further political or social objectives. Humans, animals, and plants are often targets.
- **Contamination:** An accidental release of hazardous chemicals, nuclear materials, or other pollutants that may place humans at risk.
- **Disaster:** A dangerous event that causes human and economic loss and demands a crisis response, often beyond the scope of local and state resources¹⁰. More simply, a disaster occurs when needs exceed available resources.
- **Emergency:** A situation that arises suddenly and calls for prompt attention. A local emergency may be handled by the school district by following the procedures laid out in the emergency action plan (for example, a power outage). A moderate to severe emergency may require assistance from the fire department or police.
- **Emergency Action Plan:** Updated once a year by school administration, an emergency action plan lays out staff actions and responsibilities in the event of an emergency, either local or statewide. Statute requires that schools post notice of an EAP’s revision, and that the plan be available to the public (during normal business hours) as requested.
- **Emergency Operations Center:** The site from which civil government officials (e.g. municipal, county, state, federal) direct emergency operations in a disaster.
- **JumpSTART:** Developed by a pediatric emergency physician JumpSTART is a triage method specifically designed for children in a multicasualty/disaster setting (see [Resources](#) for the JumpSTART website).
- **Pandemic:** a worldwide epidemic of a new (novel) infectious disease that has spread through populations across a large region (multiple continents or worldwide) to which humans have no resistance.
- **Point of Dispensing (POD):** A location where medications and vaccines are distributed to people.
- **Prophylactic Drugs:** Drugs that protect against biological threats, such as anthrax.
- **Prophylaxis:** Measures designed to preserve health and prevent the spread of disease.
- **Psychological first aid:** Psychological first aid aims to reduce stress and assist in adapting, functioning, and coping following a traumatic event, natural disaster, public health emergency, or even a personal disaster.¹⁴
- **Planning:** To work cooperatively with others in advance of a disaster in order to initiate prevention and preparedness activities.
- **Quarantine:** Precautionary physical separation of persons who have or may have been exposed to a threatening or potentially threatening communicable disease from the general population to protect against the transmission of the disease to uninfected persons.
- **Mitigation:** The process of identifying potential hazards or dangers before a disaster occurs.
- **Recovery:** The long-range actions to return the school to its normal operations: restore normal operations as quickly and completely as possible.

- **Response:** The act of determining who will make critical decisions; how to get necessary resources; how to handle a crime scene; and the tasks to be completed immediately.
- **Surveillance:** The process of monitoring community-wide illness syndromes or disease occurrence to detect a possible bioterrorist attack or natural outbreaks of unusual diseases.
- **Triage:** The process of prioritizing patients' treatments based on the severity of their condition.
- **Weapons of Mass Destruction:** Any device, material, or substance used with the intent to cause death or serious injury to persons or significant damage to property.

PROTOCOLS/PROCEDURES

As part of a school's disaster management preparedness team, school nurses and other health services personnel should be involved in all four aspects of disaster management: prevention/mitigation, preparedness, response, and recovery. A basic description of this process follows. School nurses are encouraged to visit the [Resources](#) section for more detailed resources.

Prevention/Mitigation

Before a disaster, the school nurse or other health services personnel can play a vital role in developing and reviewing the school's EAP (or EOP) and/or school Crisis Response Plan. Every school nurse should read and thoroughly understand his/her school's plan and know where it is located¹⁰. Depending on his/her expertise, the school nurse may take on additional roles:

1. Facilitate or participate in an **HVA (hazard vulnerability assessment)** for the school. An HVA helps the team determine the school's relative safety within a community and identify likely threats (fires, earthquakes, intruders, etc.). Consider enlisting a subject matter expert from local law enforcement, fire department, or the military. After identifying any internal hazards (unsecured bookcases or computers), members of the disaster planning team or safety committee should advise their correction.

It is recommended that school nurses participate in their schools' HVA. For more information on a particular community's HVA, view individual LEPC websites available through the [State of Alaska's Division of Homeland Security and Emergency Management](#) archives (<http://www.ak-prepared.com/serc/LEPC/lepcpages.htm>) (see [Resources](#)). If participation in a school-wide HVA is not possible, school nurses or health services personnel should still create a safe nursing space for students by conducting an HVA in their office (see [Appendix B.1](#)).

2. Help identify and gather necessary **disaster equipment** (see [Appendix C.3](#)). In the event of a disaster, schools may need to shelter students in place. They may also act as community-wide shelters. The following is a partial list of supplies school personnel may want to include:

- Bottled or potable water
- Canned or preserved foods that do not require heating, as well as a can opener
- First aid kits
- Medical supplies
- Portable radio
- Emergency communication devices (whistle, megaphone, cellular phone, or two-way radio)
- Plastic trash bags and duct tape (for sanitary use and other measures)
- Blankets
- Plastic tarps
- Triage tags
- Emergency lighting (LED lantern, flashlights, etc.)
- Hard candy (for students with diabetes)
- Extra batteries and battery chargers
- Pens/pencils/markers

- a. School nurses should work with their school's administration to determine a) where to store the supplies and b) who is responsible for inventorying them (at a minimum, annually). Food and water will need to be rotated at least annually to avoid expiration, and some medication may need alternate plans for refrigeration. ***Please note that a school nurse's primary equipment responsibility will be medical in nature.***
- b. The comprehensive emergency supply lists included in the appendix are based **on a 3-day supply**. Each school's HVA should guide its specific supply needs and stockpiled amounts. Acquisition of supplies should be based on planning assumptions. Do most students' families live within walking range, for example, or are most of them transported to school? What are the ages of the school's population? Access to supplies may also be dependent on weather and routes (e.g., tsunami zone, bridge out, etc.).
- c. The likelihood of evacuation versus sheltering-in-place may determine portability of supplies. Some schools may be designated shelters and will need to work with their community's emergency management team regarding supplies. Each classroom should have some supplies on-hand. The school nurse or designee should help ensure that the following are available:
 - A cache of medical supplies for the whole school, stored separately from the health office; and
 - A "Go-Kit" for the school nurse or other school health personnel (that contains some emergency supplies as well as individual student medications and equipment).
- d. Possible storage and/or transport containers for supplies include:
 - A large trash can or ice chest on wheels, sealable
 - 5 gallon buckets, sealable
 - Backpacks or duffle bags
 - Cargo containers or sealable tubs in various sizes
 - Hanging shoe bags or a roller suitcase (for student medications)
- e. Administrators may need to purchase these supplies in phases, based on budget considerations, accessible storage, and availability. Fundraising ideas for equipment include:
 - Contacting local businesses, community agencies, service clubs, and/or parent-teacher organizations for donated items or financial assistance;
 - Developing designated school projects for fundraising, such as carnivals, movie nights, or product sales, in order to meet school-wide disaster planning goals; and
 - Working with administrators to ask parents to provide a "comfort kit" for their student at the beginning of the school year. These kits can include a small amount of food, water, a space blanket, large plastic trash bag, a non-toxic chemical emergency light stick, and a letter or photograph from home.

Other creative ideas for supply acquisition include 1) identifying end-of-year budget surplus for supplies, 2) making requests to local lodging businesses for sheets and blankets when updating, and 3) recycling and storing “lost and found” items when not claimed.

Preparedness

Preparedness moves beyond prevention/mitigation to *actively* plan for likely disasters, events that have been identified during the prevention/mitigation process as likely to impact the community or school setting. In the preparedness phase, school nurses serve on disaster planning committees and work with parents, students, teachers, and school administrators to create, review, and revise disaster plans. School nurses and other health services personnel will provide an important source of planning knowledge for children and youth with special health care needs (CYSHCN) as well as other individuals with temporary medical needs (e.g., a fractured leg). School nurses can play a variety of roles during the planning process, including:

1. **Identifying his/her role in the Incident Command System**, or “ICS.” ICS should be used to ensure each district’s plan is integrated with larger local planning efforts, including state health and education agencies. Ask school administration to identify the school nurse’s role in these larger plans (see [Appendix C.1](#)).

School nurses should work with their administrators to participate in the planning for surge capacity of healthcare and other services.

2. **Preparing, participating in, and providing feedback on school and/or district-wide trainings.** Typically, the school nurse will act as the medical team leader for disaster planning and provide much of the key content for medical team trainings. Other school staff may need to be trained to provide specific nursing tasks in a disaster, tasks that otherwise would require a licensed nurse. As part of this training responsibility, school nurses and other health services personnel should:
 - a. Determine the response capability of building staff members. For example, who is trained in first aid and CPR? What special skills do other staff possess? (See [Appendix B.2](#))
 - b. Assess processes and procedures for an emergency when he/she is not on school grounds.
 - c. Act as an advocate for family/community readiness. School nurses should collaborate with families to develop individual action plans, especially for those families who have children and youth with special health care needs.
 - d. Act as medical team leader, developing, exercising, and reviewing training plans along with school administrators and other building staff. Review and disseminate the *Disaster First Aid Brief* ([Appendix D.3](#)). This Brief can be placed in classroom kits for immediate consultation in the event of a disaster.
3. **Identifying students and others with special health care needs (CYSHCN) who may require extra help during a disaster.** CYSHCN are especially vulnerable during times of crisis, and care must be taken to ensure that adequate disaster plans are in place for their needs. The Disaster Preparedness

Checklist for School Needs ([Appendix C.2](#)) is an appropriate planning tool for this process. As part of this work, school nurses and other health services personnel should:

- a. Regularly review emergency information forms for children and others with special health care needs.
- b. During school registration, the school nurse or other health services personnel should collaborate with school administration to distribute a letter to all parents explaining the need for critical medication and medical supplies, as needed (see [Appendix C.6](#)).
- c. Follow up with parents of any children who have been identified as having special health care needs. Together, the school nurse, parents/guardians and health care provider can develop a 72-hour plan of care for those students (see [Appendix C.5](#)) and complete any relevant procedure authorization forms. Provision must be made by parents/guardians to ensure that:
 - o **Sufficient medications** are available for this 72-hour period.
 - o **Sufficient food** is available to accommodate students on special diets for 72 hours.
 - o **Adequate supplies** are available to accommodate students who require specific nursing care (e.g. gastrostomy tube feedings, catheterizations, suctioning, tracheostomy care, ventilator or oxygen support).

These actions should prompt the school nurse to document what could be needed beyond what is listed in each student's Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP). School nurses should collaborate with intensive needs teachers to print out and laminate an appropriate amount of the Emergency Medical Information Card for Children and Youth with Special Health Care Needs ([Appendix C.7](#)) so those cards are ready for use in the event of an emergency.

- d. Ensure that children and youth with special health care needs are active participants in exercises. All necessary supplies, medications, and/or dietary needs should be ready for transport and possible evacuation. School health services personnel should carry hard copies of essential health information, such as IHPs and ECPs, as well as the school's list of student health concerns. School nurses should actively plan in advance with parents and other staff to ensure safe transit for children and youth with special health care needs.
4. **Participating in school drills and exercises for both "shelter-in-place" and evacuation situations.** School health personnel should practice bringing necessary disaster supplies and medications from the health office to assigned assembly areas as outlined in the school's EAP). Consideration should be given to the medications and disaster supplies needed by the general student population, as well children and youth with special health care needs. School nurses should identify:
- a. Health records necessary to transport in the event of an evacuation;
 - b. Potential treatment areas for sick/injured students. Look for:
 - o "Scalability" (can it be expanded easily?)

- Accessibility (is it near transit/roads?)
 - Alternate options (other areas where injured individuals could be treated?)
- c. Availability of medical response team equipment and “Go Kit” evacuation equipment (see [Appendix C.3](#) for a Sample Equipment List);
- d. Likely flow of traffic (for medical transport or parent pick up, for example);
- e. Evacuation plans for students and staff with mobility problems (e.g., feasibility of using stairs instead of elevators).

School staff will need to work in teams to evacuate individuals with mobility issues. School nurses should keep in mind that adults assigned to assist students with disabilities should be staff members *without* specific classroom assignments. While wheelchair evacuations may be common, plans should also be in place for students in nontraditional positions who may be in locations other than the classroom (e.g., students positioned on mats, wedges, beds, or other assistive devices).

Students or staff with low vision or who are deaf or hard of hearing require additional planning to communicate directives in the event of a disaster. For children with severe sensory processing disorders, such as autism, visual cues may be developed such as picture cards or non-verbal communication cards to utilize both before and during a disaster (see [Appendix D.1](#) for a sample). Students and staff may also have temporary disabilities, such as a fractured leg, that require additional planning to ensure an effective response to a disaster event.

5. Personally preparing to provide direct first aid and nursing care during a disaster, whether or not it occurs on school grounds or at school-sponsored events. Supplies should be prepared ahead of time and always be available. School nurses and others will need comfortable clothes and shoes, food, water, and personal medications at the school. Personal protective equipment (PPE) for providing first aid in a disaster situation also is recommended. In addition—as health advocates—school nurses and other health services personnel should have a personal (home) plan in place and encourage other staff to do the same.

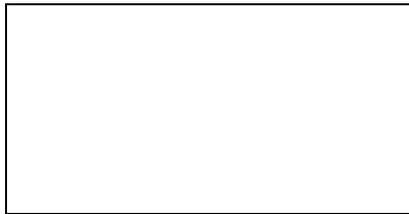
6. Seeking further knowledge and training in disaster preparedness and specific preparations required for bioterrorism, pandemics, and school violence. The State of Alaska Department of Health and Social Services offers free trainings (and hours) for nurses and other health personnel (see [Appendix B.3](#) for a list of online and in-person training websites, including information for Alaska RESPOND, the state’s volunteer registry for nurses and other licensed healthcare personnel).

7. Planning and advocating for students after a disaster, alongside school administrators, teachers, and parents, particularly those students who may be suffering from traumatic stress. School nurses can create awareness around the importance of psychological first aid (see [Definitions](#)), offering safety, comfort, and practical assistance to students and their families post-disaster (see [Resources](#) for additional resources on psychological first aid).

Response

During a disaster, school nurses are likely to work “on the front lines,” providing direct care to students and staff. They must also be ready to communicate information to community members, including emergency responders and parents. The following information is provided as an *overview* of response activities. Likely response activities for school nurses may include the following:

1. Identifying, triaging and providing first aid to students. START (“Simple Triage and Rapid Treatment”)



and JumpSTART (triage for pediatric patients) are the triage methods most commonly used in Alaska (see [Appendix D.2](#)). Trainings for both are available at limited cost or free of charge (see [Resources](#)).

Depending on the extent of the disaster and the number of hurt/wounded individuals, school nurses and other staff can determine their patient’s status and/or need for care according to

START and JumpSTART triage guidelines (see [Appendix D.2](#) for details).

Airway obstruction, uncontrolled bleeding, and shock are all life-threatening conditions that can be deadly if not treated immediately. Studies consistently show that triaging saves lives.¹²

2. Setting up a medical treatment area. During a large scale disaster, school nurses will likely help to set up a treatment site for the delivery of first aid. Reassess potential treatment sites identified during the planning phase given the current emergency. For example, the treatment site may now need to be located outside of the school or the health office. In all cases, the treatment site should be located in a safe area that is:

- a. Free of visible hazards;
- b. Close to, but upwind and uphill (especially pertinent when dealing with chemical hazards, for example) of the emergency zone;
- c. Accessible to ambulances or other patient transportation vehicles.

The treatment area should be separate from, or at least **shielded** from the assembly area (where non-wounded students are gathering) and a student-parent reunion area (which should also be identified prior to an emergency). The treatment area’s size will depend on the number of hurt/wounded individuals.

Consider using colored barricade tape or construction paper signs, tied to traffic cones or poles, to identify the treatment area and patient treatment status (i.e., red for “immediate” treatment, yellow for “delayed” treatment, green for minor treatment). Plastic, colored tarps can be used to cover the ground and demarcate patient status. Tenting material, if available, can be used to help shield students and rescue personnel from the elements.

The red and yellow areas should be close together to facilitate communication, sharing of first aid supplies, and transfer of victims whose status may change. School health services personnel will want to work with school administrators to keep the green treatment area separate from the other treatment areas. As students enter the treatment area, document their condition using the Medical Treatment Log

(see [Appendix D.4](#)). Record any treatment using the Individual Medical Treatment Record (see [Appendix D.5](#)). Remember, individuals triaged as “green” may still need minor first aid.

School nurses should also work closely to communicate patient status and inventory needs with school administrators and other building staff during an event. These issues should be communicated through a logistics lead or school administrator, as appropriate. Another responsibility for school nurses could be administering medication from state-provided pharmaceutical stockpiles. This task would occur only as needed and requested of the State by a community’s Emergency Manager and/or public health officials.

School nurses also may be responsible for determining the need for additional medical assistance and, once transport is available, establishing priorities for transit of injured students to hospitals.

3. Ensuring public health in the treatment areas. School nurses and other health services personnel must ensure that proper hygiene, sanitation, and water purification tasks are maintained throughout triage and treatment. Whenever multiple victims are sheltered and treated in close proximity, public health becomes a concern. Remember to wash hands frequently with soap and water, if available, wear disposable (latex or non-latex, such as nitrile) gloves, and change gloves after contact with each victim if possible. If disposable gloves are not available, rubber gloves can be disinfected by washing in a freshly diluted solution of 1 part bleach to 10 parts water. If soap and water are not available, hand sanitizer may offer a temporary solution.

Medical supplies—stored and inventoried during the mitigation/planning stages of preparedness work—should be available in the treatment areas. Care must be taken when accessing and utilizing supplies to avoid contamination. After they have been used, they must be disposed of in a controlled manner, and waste products must be sealed in plastic bags.

In the event of an unusual or clustering of diseases or other conditions of public health importance, school nurses should report those conditions to public health officials (see “Conditions Reportable to Public Health,” [Resources](#)).

4. Providing psychological first aid. As noted earlier, school nurses, other health services personnel, and staff likely will be called upon to provide psychological first aid (PFA) after a disaster occurs. The National Child Traumatic Stress Network (see [Resources](#)) has provided a free PFA manual online, and trainings around Alaska also are available free-of-charge or at limited cost. Since school nurses may be more likely to know their students’ behavioral health needs, they should work to establish connections with parents and school administrators that will allow children to receive mental health services. In a disaster, a psychological services team may be made available by the State of Alaska.

5. Setting up a morgue. In the event of a disaster, it is possible that some individuals in a school, including children, may die. In most cases, their bodies should be left in place until the appropriate authorities arrive at the scene.

However, in some situations – such as a mass casualty event – a morgue may become necessary. If it is necessary to move a body, mark the location and position of the body before moving and take care to disturb it as little as possible. A secure, cool place, away from the general population and with an impermeable floor, is best. If it is necessary to cover a dead body, plastic material should be avoided (use cloth instead). Access to the morgue area must be restricted.

Recovery

After a disaster, schools often become a hub for community activities, and the community relies upon the school to provide a sense of normalcy for children. Whether or not students must attend school in an alternate setting, the continuation of school activities is essential for the recovery process. School nurses are integral during recovery, assisting students, parents, and administrators as they heal both physically and mentally.

Recovery efforts are usually divided into short and long-term phases. *During short-term recovery*, school health services ensure that basic needs are met within the school community. School nurses continue to be responsible for maintaining normal activities in the school office. It is important to consider how students may have been impacted by the disaster and what resources might be available for them and for school staff (including school health services staff). For example, short-term recovery work may include:

1. Assessing potential health and safety hazards arising from the emergency that may affect school and staff.
2. Replacing medical supplies and equipment (for example, a refrigerator may have been without power for days. Medications may have expired and will need to be replaced.)
3. Communicating with students and staff post-disaster.
4. Providing psychological first aid and/or debriefing for staff and students.

During long-term recovery efforts, many short-term activities will continue. In addition, efforts may include:

1. Participating with district and/or building-level emergency management teams to evaluate emergency responses. It is crucial that any “lessons learned” are incorporated into future emergency operations plans.
2. Continuing to work with school administrators to assess the health and wellness of students and other staff. Students or staff may need referrals for psychological counseling (emphasizing that this does not demonstrate “failure” on their part).
3. Checking on vaccine status and needs, particularly in the event of a pandemic. School nurses may need to request additional supplies to restore their medical equipment supplies to their appropriate (pre-emergency) level. Updated health information from parents and health care providers may be required. The school nurse should be prepared to follow up with a health care provider to determine students’ current health status, medical orders, medications, treatments, and alterations in emergency care plans, as needed.

PANDEMIC PLANNING FOR SCHOOL HEALTH SERVICES

A pandemic is a large-scale outbreak of a new (or “novel”) strain of virus to which humans have no immunity or resistance. Pandemic flu is very different than the seasonal flu outbreaks that school nurses are used to, and school nurses and other health services personnel should be ready to play a large role in the response to a flu pandemic. Indeed, a school nurse (Mary Pappas) was responsible for identifying the first swine flu cluster in New York State during the 2009 H1N1 pandemic .

In Alaska, the H1N1 (swine flu) pandemic gave public health practitioners and health care providers an opportunity to practice their pandemic flu plans. Over 300,000 doses of vaccine were made available and the state revised its *Pandemic Influenza Response Plan* (see [Resources](#) for more information). During H1N1, school nurses played a significant role in monitoring their schools to protect students’ health and safety, working closely with the State’s epidemiologists to document potential flu cases. School nurses should anticipate being involved in the State’s mass dispensing clinics (MDCs) in future disaster-related trainings and exercises (see [Resources](#) for more information).

What sets pandemic planning apart: six key elements

Planning for a potential pandemic requires many of the same skills school nurses will have used during the mitigation and planning phases described earlier for all hazards. Pandemic planning, however, contain six key elements, as described in the State’s Pandemic Influenza Response Plan and outlined below.

1. **Surveillance and investigation.** School nurses and other health services personnel can play a critical role in monitoring the health of their students and staff. This surveillance role can include working with public health officials to report a potential outbreak, or improving school absentee reporting, for example.
 - a. At the national level, surveillance involves gathering information from health care providers, hospitals, and major metropolitan areas.
 - b. At the state level, Alaska’s Virology Laboratory (ASVL) in Fairbanks participates in the CDC’s Viral Culture Sentinel Program, which collects information on flu viruses year-round and reports it weekly to the CDC. The Alaska Division of Public Health also conducts surveillance during the flu season through an influenza sentinel provider, as well as assessing activity through the state’s epidemiology teams. All health care providers are required by law to report suspected novel strains of influenza (see the State’s reporting website for influenza in [Resources](#)), as well as any pediatric deaths associated with influenza.
2. **Health care systems.** During a pandemic, the State’s health care systems will be strained significantly as employees become sick or are unable to work for other reasons (ill family members, other concerns). Hospital beds may be filled and alternate care sites will need to be identified.

As health care professionals, school nurses will be an appropriate resource for education and health promotion activities around infection control. School nurses may work closely with public

health officials to model good hygiene behaviors. Licensed nurses may also be asked to participate in a mass dispensing clinic (see Mass Dispensing Clinic Toolkit, below) to prevent further spread of infection.

3. **Social distancing, isolation/exclusion, and other non-pharmaceutical disease control interventions.** School nurses can begin their pandemic planning by sharing and modeling the prevention strategies that students and staff should take to limit the spread of the flu. These include:

- Hand-washing, using proper technique, with soap and warm water for at least 20 seconds (if soap and water are not available, use an alcohol-based hand sanitizer);
- Appropriate “cough hygiene” (cough or sneeze in your sleeve, or use a tissue and dispose of used tissues in the wastebasket);
- Vaccination of staff and students for whom the flu vaccine is recommended;
- Avoiding touching eyes, nose or mouth; and
- Limiting contact with others and encourage students and staff to stay home when they are sick.

School nurses should encourage students, teachers, and administrators to practice social distancing techniques. During a pandemic, limited vaccine may be available. Social distancing techniques—including closing public and private schools—can decrease infection rates substantially, and should be encouraged by school nurses and other health services personnel in conjunction with their administration and the Alaska Division of Public Health.

Isolation/exclusion from other students is defined as “the separation of ill persons who have a contagious disease,” whereas quarantine is the separation and/or restriction of movement or activities of persons who are not ill but who have been exposed to infection¹³. The State will use isolation or quarantine measures only when absolutely necessary (see Resources, Alaska Statute 18.15.355-18.15.385). Those decisions will be made after considering many factors, including disease transmission rates, susceptibility of exposed populations, and the severity of illness associated with any particular disease.

Note that exclusion criteria for pandemic influenza will be more stringent than that for seasonal influenza. Those criteria will be developed by the Alaska Division of Public Health in conjunction with the CDC.

School nurses work with administration to identify an appropriate isolation location within the school as necessary and until parents arrive.

4. **Vaccines.** Because a pandemic may be detected at any time of year, production and distribution of a related vaccine cannot be anticipated – meaning, vaccine availability will likely be limited or non-existent. Vaccine distribution will not occur until vaccine is actively being produced.
 - a. In Alaska, public health officials follow the CDC’s recommendations to determine vaccine distribution. The State may have to identify **priority groups** to receive vaccine (e.g., vulnerable populations, including children, pregnant women, and the elderly).

- b. When vaccine or prophylaxis becomes available, school nurses may be asked to participate in a mass dispensing clinic (MDC)/Point-of-Dispensing (POD) clinic at their local school or elsewhere in the community. A POD generally provides prophylaxis to students, their families, and district staff during a pandemic. School nurses should work with administration to review any existing mass dispensing/POD agreements and make recommendations for revisions, as necessary. More information on mass vaccination clinics is included below.
5. **Antivirals management.** Antivirals—which are distributed prior to the creation of any specific influenza vaccine – play an important role in pandemic prevention. The supply of antivirals may be limited, so again, the identification of priority groups for prophylaxis distribution is an important part of the State’s pandemic response plan (See [Resources](#)).
6. **Communications.** The State has a communications plan (see [Resources](#)) that identifies key stakeholders for message-dissemination during a pandemic event, including the Department of Education and Early Development.

School nurses will need to collaborate with their administration and, potentially, with other health care providers, local government, community leaders, and the media to provide clear and timely information. School nurses can work with administration to develop appropriate messages in advance of an event. These messages may need to be targeted to multiple audiences (students, parents, and staff).

Mass Dispensing Clinic Toolkit

The State of Alaska developed a community-based mass dispensing clinic toolkit in response to the 2009 flu outbreak (see [Resources](#)). As noted in the toolkit’s introduction, a mass dispensing clinic may be developed to dispense vaccines, antivirals, or other medications to large numbers of individuals who are considered especially at risk for infection. Local schools are a critical venue for distributing vaccinations or other medication quickly, particularly to school children (who tend to have high rates of flu illness). There are a number of other important reasons to consider a school-located clinic:

1. **Efficiency and familiarity:** mass dispensing clinics are an effective way to reach children (an at-risk group) in a familiar setting;
2. **Scarcity of medical professionals:** during a pandemic, relying on medical practitioners and public health centers to provide all needed vaccinations or other medicines will not be realistic;
3. **Vulnerability:** as noted above, children may be considered a high-risk or priority group for vaccination efforts.

Mass clinics can occur in a number of different ways:

1. During school hours with parental consent;
2. After school hours to increase parental and possibly sibling participation; and

3. After school hours/weekend clinics

The online toolkit includes:

- Sample consent forms in multiple languages
- A template letter for parents/guardians that describes the consent process and the opportunity to participate in a school based clinic;
- A mass clinic planning checklist;
- Guidelines for selecting an appropriate site;
- Design flow charts for vaccinating large numbers of students/faculty;
- Supply lists;
- Signage;
- Information for volunteers, including job action sheets; and
- Mass clinic inventory forms (among other resources).

Other considerations

As demonstrated above, mitigation and planning are key components of an effective pandemic response. In pandemic planning, mitigation activities will likely also include the following:

1. Identification of the appropriate contacts (in Alaska, likely a public health clinic) to share information about a potential public health emergency at the state and local level.
2. Identification of the legal authorities responsible for executing the community's response plan: especially those who are responsible for case identification, isolation, quarantine, and health care services.
3. Identification of stakeholders who should be involved in pandemic preparedness. This includes each community's lead emergency response agency, district administrators, school health and mental health professionals, teachers, food services representative, and parent representatives.
4. Identification of essential school services. What services must continue, in the event of a long-term school closure? How might children with special health care needs be impacted by a long-term school closure? What about children who rely on school meals to obtain adequate nutrition?
5. Identification/development of a continuity of operations plan (COOP). Consider ways to ensure continued operations. Can the school relocate to an alternate facility, or share facilities with another school? Alternatively, how can the school calendar be restructured to account for student absences? Do alternate methods exist for continuing academic instruction?

The [Appendices](#) (following) contain a small sample of the many resources now available on disaster preparedness for school health services. Web links cited in the [Resources Section](#) will be updated on the [electronic version](#) of this document (<http://dhss.alaska.gov/dph/wcfh/Pages/school/default.aspx>).

APPENDICES/FORMS

Organized by Disaster Management Phase

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[Appendix D.5 – SAMPLE Individual Medical Treatment Record](#)

Appendix E – Recovery

[Appendix E.1 – Stress and Recovery: Post-Event Behavior Checklist](#)

Acronyms

AAR	After Action Report
ADLS	Advanced Disaster Life Support
AMS	Alaska Medical Station
ANTHC	Alaska Native Tribal Health Consortium
AK RESPOND	Alaska Respond (Alaska’s ESAR-VHP program)
ARC	American Red Cross
AST	Alaska State Troopers
ATWC	Alaska Tsunami Warning Center
BBP	Bloodborne pathogens
BDLS	Basic Disaster Life Support
CDC	Centers for Disease Control and Prevention
CDLS	Core Disaster Life Support
CERT	Community Emergency Response Team
CHA	Community Health Aide
CISM	Critical Incident Stress Management
CYSHCN	Children and Youth with Special Health Care Needs
Decon	Decontamination
DFA	Disaster First Aid
DHHS	U.S. Department of Health and Human Services
DHSS	Alaska Department of Health and Social Services
DHS&EM	Department of Homeland Security and Emergency Management
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
EAP	Emergency Action Plan
EAS	Emergency Alert System
ECP	Emergency Care Plan
EMAC	Emergency Medical Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESL	English as a Second Language
FEMA	Federal Emergency Management Agency
HVA	Hazard Vulnerability Analysis
IAP	Individual Action Plan
ICS	Incident Command System
IHP	Individual Healthcare Plan
JBER	Joint Base Elmendorf Richardson
JumpSTART	Simple Triage And Rapid Transport
LEPC	Local Emergency Planning Committee
MDC	Mass Dispensing Clinic
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NIMS	National Incident Management System

NRP	National Response Plan
OEM	Office of Emergency Management
PFA	Psychological First Aid
PHN	Public Health Nurse / Nursing
PIO	Public Information Officer
PPE	Personal Protective Equipment
POD	Point of Dispensing
SAR	Search and Rescue
SECC	State Emergency Coordination Center
SERT	State Emergency Response Team
SNS	Strategic National Stockpile
SOP	Standard Operations Plan
SOP	Standard Operations Procedure
START	Simple Triage and Rapid Treatment
USAR	Urban Search and Rescue
VOAD	Voluntary Organizations Active in Disaster
VPSO	Village Public Safety Officer
WHO	World Health Organization
WMD	Weapons of Mass Destruction

Appendix B.1

Sample Hazard Vulnerability Assessment for School Health Office

Consider possible hazards that may occur in each community or school. Look at the health office with those hazards in mind. For example, in an earthquake, if a student is lying down in the office, are there items that could fall and cause injury? Are there items that may block the exit route of the health office? The following checklist includes a few of the possible hazards that should be considered. Take the time to correct the items that may be hazards. For more information, see your school's OSHA safety regulations.

<p>A. Look for chemicals and consult your MSDS (Material Safety Data Sheets) for additional information: Bleach Antibacterial Wipes Alcohol Sani-Wipes Peroxide Acetone Soap (Hibiclens, Betadine) Hand Sanitizer Dispatch Cleaning (Diluted Bleach)</p>	<ol style="list-style-type: none"> 1. Where are they kept? 2. Can they mix? Remember, plastic can corrode over time and cause mixing to occur. 3. What could fall on them? <p style="text-align: right;">ACTION: SECURE AND/OR REMOVE</p>
<p>B. Check your emergency medications and controlled substances. Are these medications in your office? Epinephrine autoinjector Inhaler(s) Diabetes medications (e.g., glucagon) Anti-seizure medications (e.g., diazepam rectal gel) Mental health medications (e.g., methylphenidate)</p>	<ol style="list-style-type: none"> 1. Are they properly stored, yet easily accessible? 2. Will they remain undamaged if something falls on them? 3. Can they be retrieved quickly in the event of an evacuation? <p style="text-align: right;">ACTION: IDENTIFY AND STORE APPROPRIATELY</p>
<p>C. Look for other possible hazards:</p>	<p>Plants</p> <ol style="list-style-type: none"> 1. Where are they? 2. Are they poisonous? 3. If hanging, could plant break a window? Is plant well secured? <p style="text-align: right;">ACTION: SECURE AND/OR REMOVE</p> <p>Heavy books on high shelves</p> <p style="text-align: right;">ACTION: SECURE AND/OR REMOVE</p> <p>Anything tall and loose</p> <p style="text-align: right;">ACTION: SECURE AND/OR REMOVE</p> <p>Bookshelves, filing cabinets, television sets, computer equipment, wheelchairs (or other personal care equipment on wheels)</p> <p style="text-align: right;">ACTION: SECURE</p> <p>Heavy wall clocks or heavy picture frames mounted on walls</p> <p style="text-align: right;">ACTION: REMOVE</p>

Appendix B.2
SAMPLE Special Skills Survey for Staff [FRONT]

During a disaster, it will be important to be able to draw from all available resources in the school. The skills, training, and capabilities of school staff will play an important role in dealing with the effects of a disaster. The purpose of this survey is to determine those staff with equipment and skills that could be vitally important during/after an incident. Please indicate the areas that apply to you and return this survey to the administrator.

Your name:

Today's date:

Please check any of the following areas in which you have expertise and training:

Medical	Communications	Search & Rescue	Security	Other
___ First Aid ___ <i>Date of Certification</i>	___ Media Relations	___ Transportation	___ Law Enforcement Skills	___ HazMat
___ CPR ___ <i>Date of Certification</i>	___ Journalism	___ CDL/Class 1 or 2 license	___ Emergency Management	___ Firefighting
___ Waste Disposal	___ Ham or CB Radio Operations	___ Heavy Equipment Operations		___ Construction/ Structural Engineering
___ Medication Administration	___ Cell Phone Accessibility	___ Camping & Survival Techniques		___ Mechanical Abilities
___ Disaster Care Experience	___ Language Skills <i>Which languages?</i>			___ Food Preparation
___ Behavioral Health/ psychological first aid training				___ Knowledge of community resources
				___ Shelter Management

SAMPLE Special Skills Survey for Staff [BACK]

Is there anything that would keep you from staying at school after an event (e.g., a small child)?

Is your primary vehicle a van, station wagon, or other large vehicle that could transport children or adults?

Are you interested in helping with your school's safety/disaster planning committee?

Is there any other information we might find useful in developing a school disaster plan?

Appendix B.3

Recommended Trainings for School District/School Personnel

Training	Provider/Method
Alaska RESPOND offers multiple free or low-cost trainings: <ul style="list-style-type: none">• START and JumpSTART• Disaster First Aid• Core Disaster Life Support• Psychological First Aid	In person. View contact information on www.akrespond.alaska.gov for details.
IS-22. Are you ready? An In-Depth Guide to Citizen Preparedness.	Online. FEMA's Emergency Management Institute: http://training.fema.gov/EMIWeb/IS/is22.asp
IS-100.SCa. Introduction to the Incident Command System, I-100 for Schools	Online. FEMA's Emergency Management Institute: http://training.fema.gov/EMIWeb/IS/IS100SCA.asp
IS-362.a Multi-Hazard Emergency Planning for Schools	Online. FEMA's Emergency Management Institute: http://training.fema.gov/EMIWeb/IS/is362a.asp
American Red Cross offers multiple trainings: First Aid/CPR (adult, pediatric, wilderness and remote)	Online. American Red Cross or equivalent: http://www.alaska.redcross.org
Community Emergency Response Teams (CERT) are volunteer networks of citizens dedicated to preparedness within their home communities. Your regional CERT may offer first aid/CPR or other trainings. See website for details.	In person. Your local CERT provider: www.citizencorps.gov

Appendix B.4

Checklist: Measures to Limit the Spread of the Flu

At home:

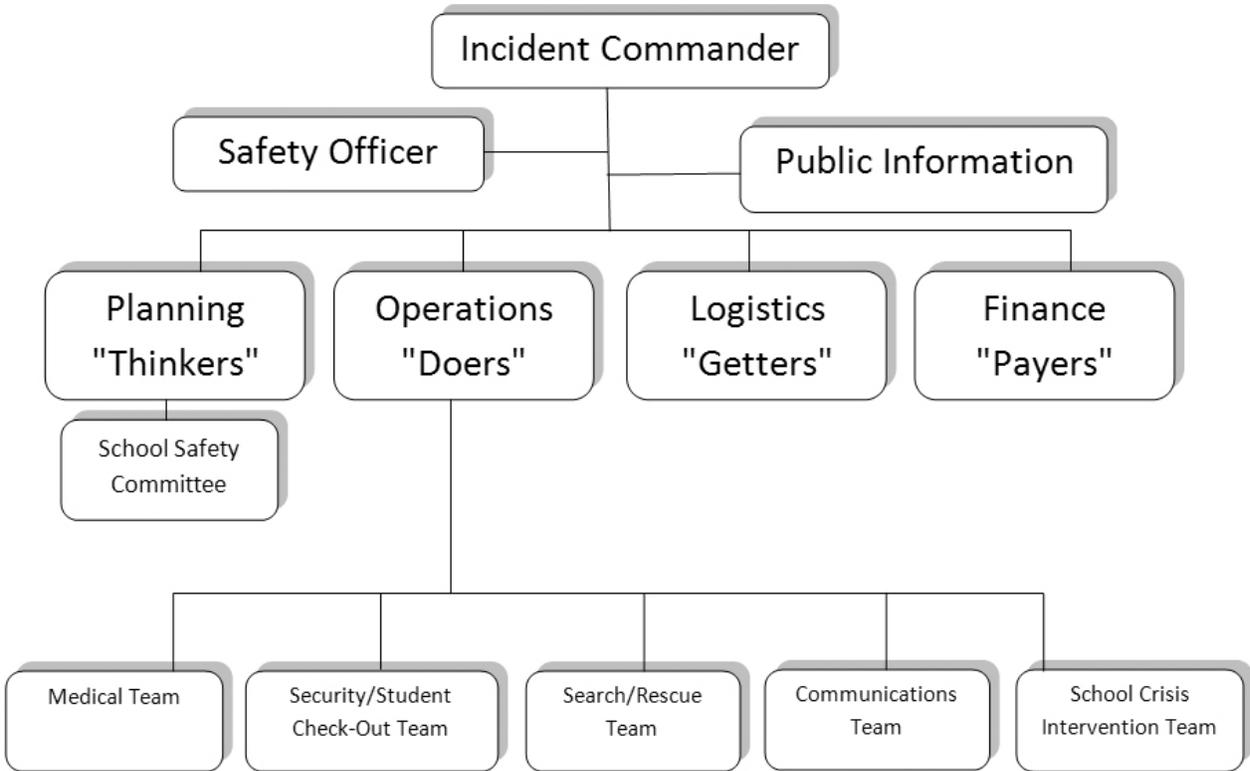
- ✓ Cover coughs and sneezes with a tissue. Throw the tissue in the trash after you use it. If tissue is not available, cough in your sleeve.
- ✓ Stay away from people who are sick. Stay home if you are sick.
- ✓ Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- ✓ Avoid touching your eyes, nose and mouth. Germs spread this way.
- ✓ If someone in the household is sick, try to keep the sick person in a separate room from others in the household, if possible.
- ✓ Keep surfaces like bedside tables, surfaces in the bathroom, kitchen counters and toys for children clean by wiping them down with a household disinfectant according to directions on the product label.
- ✓ Throw tissues and other disposable items used by sick persons in your household in the trash.

At school, practice hygiene behaviors described above and:

- ✓ Teach students, parents, and staff that the best way to protect against the flu is to get vaccinated each year.
- ✓ Offer seasonal flu vaccination to students at school, if possible.
- ✓ Educate students, parents, and staff on what to do if someone gets sick.
- ✓ Establish relationships with state and local health officials for ongoing communication.

Adapted from [Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools](http://www.cdc.gov/flu/school/guidance.htm), Centers for Disease Control and Prevention, 2012.
<http://www.cdc.gov/flu/school/guidance.htm>

Appendix C.1
SAMPLE School Incident Command System Chart



Appendix C.2

SAMPLE Disaster Preparedness Checklist for Student Needs [FRONT]

Check off each task after completing it.

TASK COMPLETED?	SCHOOL WIDE CHECKLIST
	Identify students with access/ functional needs and acute and/or chronic health problems: <ul style="list-style-type: none"> • Technologically dependent- mobility, ventilator dependent • Developmentally disabled- Down’s syndrome, cognitive impairment • Neurodevelopmental/ behavioral- autism, ADHD, Tourette’s, Asperger’s • Immuno-compromised- undergoing cancer treatment, blood dysplasia, HIV/AIDS • Chronic diseases- asthma, allergies, seizures, diabetes • Acute episodic illnesses- Crohn’s disease • Hearing impaired • Vision impaired • Non-English speaking • Special dietary needs
	Send home <i>Letter to Parents Concerning School Disaster Preparedness</i> (Appendix C.6).
	Review school disaster plan with students with special health care needs in mind (<i>intensive needs staffing during and after disaster, setting up buddy system, the need to drill evacuation and other disaster skills</i>).
	Identify students with medications at school and home. Are they critical to give if the student is away from home for 24-72 hours? If so, contact parents to obtain the amount needed for 3 days.
	Review health problems lists using the ALL HAZARDS approach (see examples, below) Asthma – smoke, dust from earthquake damage, volcano Mobility – earthquake damage Electrical appliances – emergency outlets on backup generator Autism – loud fire bells ringing for long periods
	Assess need for refrigerated medication storage during a power outage (ice chest, ice packs).
	Discuss plans with the building administrator, teachers and others who need to know.
Evacuation Considerations	
	Walk all evacuation routes, and exits, addressing potential obstacles.
	Consider student(s) located on upper stories and how to exit out of the building. Consider the varied schedule and locations for secondary students.
	Discuss evacuation plans with safety and support teams for temporary mobility issues (example: students with casted lower extremities and students in electric wheelchairs).
	Train staff in proper lifting and carrying techniques and the use of assistive equipment (stair chair, mats over door jams).
	Assure the evacuation site (and alternate site) is accessible for students and staff with disabilities.
	Consider staff with larger vehicles as temporary shelter for students with special needs until further evacuation assistance.
	Determine a plan for assistance with evacuation of medications and equipment needs.

SAMPLE Disaster Preparedness Checklist for Student Needs [BACK]

TASK COMPLETED?	INDIVIDUAL STUDENT CHECKLIST
	<p>Complete Individual Student Disaster Action Plan with parent/guardian and attach it to the student’s Individualized Healthcare Plan / Emergency Care Plan. Plan should address the following information:</p> <ul style="list-style-type: none"> • Current emergency information • Current physician contact information, including specialty physicians • Obtain parental authorization for medications on 72-Hour Disaster Medication Administration Form (Appendix C.5) • Determine a plan for procedures in and out of regular school day (catheterizations, tube feeding, suctioning). Obtain parental and health care provider authorization via your district’s Procedure Authorization Form, if not already completed • Determine a plan for equipment needs over 24 hours (example: oxygen and small tanks for evacuation) • Obtain and store extra batteries, chargers • Determine a plan for extra school supplies - 72 hours (diapers, tubes, etc.) • Determine a plan for dietary needs and keep supplemental foods on hand • Prepare 72 hour disaster kit for individual needs (supplies, equipment, dietary needs) • Determine a plan for special night-time routine • Determine a plan for evacuation for this student (staff trained, buddy system, evacuation routes and alternate routes) • Consider communication needs - alternate methods (alert mechanisms for deaf or blind students, flashcards, staff who know sign language)
	Complete and laminate an Emergency Medical Information Card (Appendix C.7) for intensive needs students to wear during a disaster.
	Ensure that local responders are aware of students with disabilities who will require extra care.
	Discuss their family disaster plan with parents. Give <i>Disaster Preparedness for Families of Children and Youth with Special Health Care Needs</i> brochure (see Resources section).
	Discuss disasters and preparedness with the student, explaining the procedures in place to keep them safe.
	STAFF CHECKLIST
	Determine a plan for 24 hour medications that staff may need to bring in and lock up.
	Determine a plan for special dietary needs, procedures and equipment needed.
	Assess staff ability to stay at school for extra time: who must be released early for family obligations?
	Encourage extra clothing, footwear and outerwear to be stored at school.
	Discuss taking keys outside during evacuation drills.
	Assess who has larger vehicles for potential transport purposes.
	Encourage staff to complete their own home disaster plan.

Appendix C.3

SAMPLE Equipment List, Page 1

What follows are recommended lists for classroom and first aid supplies that the school nurse or health services personnel may be responsible for procuring and overseeing. These lists are based on best practice recommendations* and are offered as a suggested guide in planning for potential worst-case scenarios. More comprehensive school-wide supply planning websites can be found in the [Resources](#) section.

School-wide emergency supplies:

Water

- 1 gallon/person/day for 3 days, with small paper cups

Food and water will need to be rotated at least annually to avoid expiration. If bottled water is not available, a solution of bleach and water can be used. The Federal Emergency Management Agency recommends 16 drops of regular household liquid bleach—containing 5.25% hypochlorite and no detergent or other harmful ingredients—per gallon of water. If a dropper is not available, add 1/8 of a teaspoon per gallon of water. In both cases, the water should be stirred and then stand for at least 30 minutes. The water should have a slight bleach odor.¹⁶

Food

The bulk of stored food should be easy to serve and non-perishable. A supply of granola bars, power bars, or similar food that is easy to distribute and does not need refrigeration or heating may be helpful. Food for students with specific medical conditions, such as diabetes or food allergies, should be a priority. Keep in mind that food stockpile decisions (how much; how to store; what to procure) are *school-wide decisions*. Food and water will need to be rotated at least annually to avoid expiration.

Sanitation

1 toilet kit per 100 students/staff to include:

- 1 portable toilet/bucket, privacy shelter, 20 rolls toilet paper, 300 wet wipes or hand sanitizer, 300 plastic bags with ties, 10 large plastic trash bags
- Soap and water, in addition to the hand sanitizer, is strongly advised

Building-wide Medical Supplies (stored separately from health office):

- Flashlight
- Headlamp
- Antiseptic hand sanitizer
- Non-latex (nitrile) or latex gloves
- 4 X 4 inch bandages/gauze
- 8 X 10 inch surgical dressings/compresses
- Roller gauze bandaging

SAMPLE Equipment List, Page 2

- Ace wraps: 2-inch and 4-inch
- Triangular bandage
- Cardboard splints: small, medium & large
- Steri-strips or butterfly bandages
- Oval eye patch
- Tape: 1-inch cloth and 2-inch cloth
- Scissors, paramedic
- Tweezers
- Cold packs and /or plastic zip bags in various sizes
- Water for flushing wounds (Aqua Blox or 5 gallon container designated for first aid)
- Hydrogen peroxide
- Blankets or reflective thermal blankets
- Bleach
- Stretchers or backboards
- Triage tags
- Dust masks (these are particularly important for students with asthma)
- Treatment area designated markers (tarps, flags, signs, cones)
- Communication device(s) (megaphone, runner forms, radio)
- Logs, pens or markers, clipboards
- First aid books
- Heavy-duty rubber gloves
- Kneepads

Classroom kit (one per classroom/location where students may congregate):

- Flashlight/head lamp and batteries/light stick
- Work gloves, leather
- Non-latex (nitrile)/latex gloves
- Safety goggles
- Small first aid kit
- Space blankets
- Tarp or ground cover
- Student emergency information
- Triage tags
- [START/jumpStart triage guidelines](#)
- Buddy classroom list
- Pens or markers, paper
- Whistle
- Student activities
- Duct tape
- Scissors
- Drinking water and cups (stored separately)

SAMPLE Equipment List, Page 3

- Communication system (runner forms, radio)
- Push broom (if classroom includes wheel chair)

Consider asking students to keep an extra set of gloves/mittens and hats available for cold weather emergencies.

Emergency “Go Kit” (for evacuation or transport to the medical treatment area):

- Copy of individual student health concerns list, emergency phone numbers
- Individual student medications (asthma inhalers, epinephrine, seizure medications) and medical supplies/equipment (diabetes supplies, special procedure supplies); see suggested list for emergency supply kit for students with diabetes, below
- Class lists
- Copy of crisis plan
- Physical plant layout
- Communication device
- Whistle
- Pen or marker and paper
- Clipboard
- Basic first aid supplies
- One-way resuscitation face mask
- Stethoscope

* Adapted from lists created by FEMA, the American Red Cross and Doyle’s *Disaster Preparedness Guidelines for School Nurses*^{10, 15}

Diabetes emergency supply kit:

- Blood glucose meter, testing strips, lancets, and batteries for the meter
- Ketone testing strips and meter
- Insulin, syringes, and/or insulin pens and supplies
- Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure
- Other medications including glucagon emergency kit
- Antiseptic wipes or hand sanitizer
- Hypoglycemia treatment supplies (enough for three episodes): Quick-acting source of glucose (cake icing gel, glucose tablets), carbohydrate-containing snacks with protein**

**Adapted from Butler and Wykoff’s *Addressing the Emergency Preparedness Needs of Students with Diabetes*¹⁶

Appendix C.4
SAMPLE Individual Student Disaster Action Plan [FRONT]

INDIVIDUAL STUDENT DISASTER ACTION PLAN [FRONT]		
Child's Name:	Date of Birth:	Grade:
Primary Health Concern:		
Secondary Health Concern(s):		
Parent/guardian contact:		
Parent/guardian work location:		
Sibling contact information:		
Other caregiver contact:		
Specialty physicians' contact:		
Emergency contact #1:		
Emergency contact #2:		
Out-of-state emergency contact:		
School buddy/staff support team members:		
Additional 24-72 hour needs during a disaster		
Medications (attach completed 72 Hour Disaster Medication Administration form[s])		
Procedures (time and duration, attach completed Procedure Authorization form)		
Equipment and supplies (location)		

SAMPLE Individual Student Disaster Action Plan [BACK]

INDIVIDUAL STUDENT DISASTER ACTION PLAN [BACK]	
Dietary (location of extra foods)	
Nighttime routine	
Communication	
Evacuation (planned and alternate routes, selected potential evacuation site)	
Other concerns or any other information that would be helpful if your student was at school for a prolonged period of time:	
Written by: _____ Date: _____	
Parent/Guardian Signature to share this plan with School Staff: _____	
This plan is in effect for the current school year and summer school as needed.	
Original: Attach to IHP and ECP	CC: Copy to Parent

Appendix C.6

SAMPLE Letter to Parents/Guardians Concerning School Disaster Preparedness

[School Letterhead]

Date: _____

Dear Parent/Guardian,

Living in Alaska, it is critical to be prepared for bad weather, power failures, and even earthquakes. When preparing your family for an emergency, it is important that you consider what might happen during school hours, as well as at home.

The State of Alaska recommends that schools be ready to shelter your children for up to 72 hours without outside help. Some students who do not require medication during school hours may take it at home. If your child requires critical medication, special foods, or other medical treatments within any 24-hour period, please return to me:

- ✓ A completed 72-hour Disaster Medication Administration Form.
- ✓ A three-day supply of any applicable medication in its original, labeled container (include all doses to be administered).
- ✓ Any special foods required to manage specific health conditions (such as diabetes). We will need a three-day supply of special dietary food.

For those children requiring nursing procedures at school, such as tube feedings or suctioning, please return:

- ✓ A completed Procedure Authorization Form, indicating orders for a 24-hour day.
- ✓ Any supplies and equipment necessary for these treatments.

Remember, only medications, medical supplies, and foods that are essential to your child's health should be provided. This is a decision for you to make along with your healthcare provider.

If you have questions, please contact me.

Sincerely,

School Nurse

Phone/Email

Adapted from Doyle's *Disaster Preparedness: Guidelines for School Nurses*¹⁰

Appendix C.7

SAMPLE Emergency Medical Information Card for Children and Youth with Special Health Care Needs

Laminate this card and affix it to a lanyard for the special needs student to wear during an emergency.

Emergency Medical Information Card	
Student Name:	
School:	Grade :
School Phone:	
Medical Condition:	
Photo:	
Parent/Guardian:	Home Phone:
Home Address:	Work Phone:
	Cell Phone:
Parent/Guardian:	Home Phone:
Parents are responsible for updating the student's emergency information and medications.	
Emergency Medical Information Card	
Student Name:	
Birth date:	
Blood Type:	Allergies:
Physical Limitations:	
Communication Difficulties:	
Adaptive Equipment:	
Primary Care Physician:	Emergency Phone:
Specialty Physician:	Emergency Phone:
Insurance Company :	Policy Number:
Medications	Dosages/Frequency

← FRONT

← cut or fold here

BACK →

Adapted from *Marin County Model Annex*¹

Appendix D.1
SAMPLE Non-verbal emergency Communication Card

Emergency Communication 4 ALLPicture Communication Aid

FREE SPACE (for your custom message)

I can't speak but I can hear and understand you.

My vital information is on the back on this page.

My technology needs to be charged.

Please contact my family.

I will point to where I hurt.

MY NAME IS	I, me, my	Infect	Bleed	Allergy	Disability	Help	Bathroom
WHO	You, yours	Need/Want	Broken	Blanket	Disaster	Home	Walker
WHERE	She, her, hers	Burn	Burn	Clothes	Emergency	Hospital	Wheelchair
WHAT	He, his, him	Choke	Choke	Cold	Family	Sick	Wind
WHEN	They, them, their	Communicate	Communicate	Damage	Fire	Pets	Worried
WHY	We, ours	Evacuate	Evacuate	Danger	Flood	Shelter	Worse/Worst
HOW	YES	Hurt/Injure	Hurt/Injure	Communication Device	Heat/Hot	Seizure	NO

0	1	2	3	4	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	?	.	!!	SPACE
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----	-------

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Copyright © 2009 (www.disabilitiesimple.edu/tao/vocabulary/e-all.shtml) (Developed by Diane N. Bryen & Rachel Ravitch through a grant from the National Institute on Disability and Rehabilitation Research #H133CQ3018.)

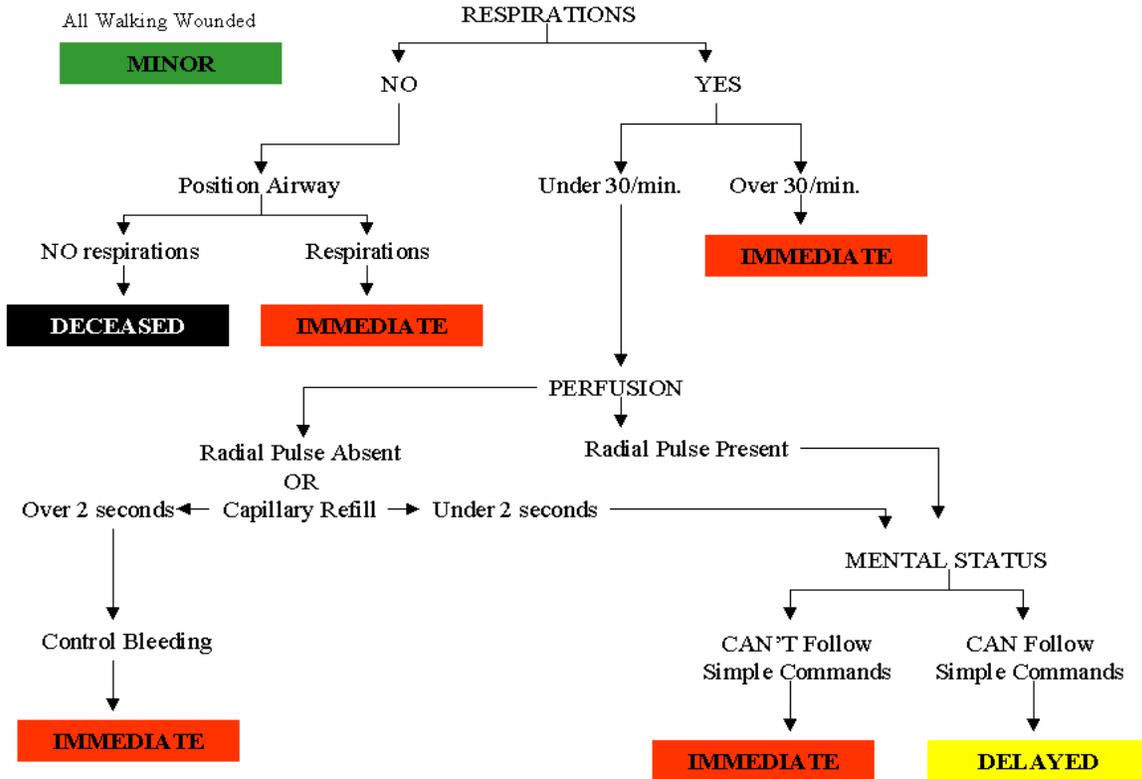
Used with permission from the Institute on Disabilities, the College of Education at Temple University,
2012. A full-sized, color version is available [online](http://disabilities.temple.edu/aacvocabulary/e4all.shtml)
<http://disabilities.temple.edu/aacvocabulary/e4all.shtml>

Appendix D.2

SAMPLE START and JumpSTART Triage Guidelines

A full-sized color version of this form is available for [free download](#)

<http://citmt.org/Start/flowchart.htm>



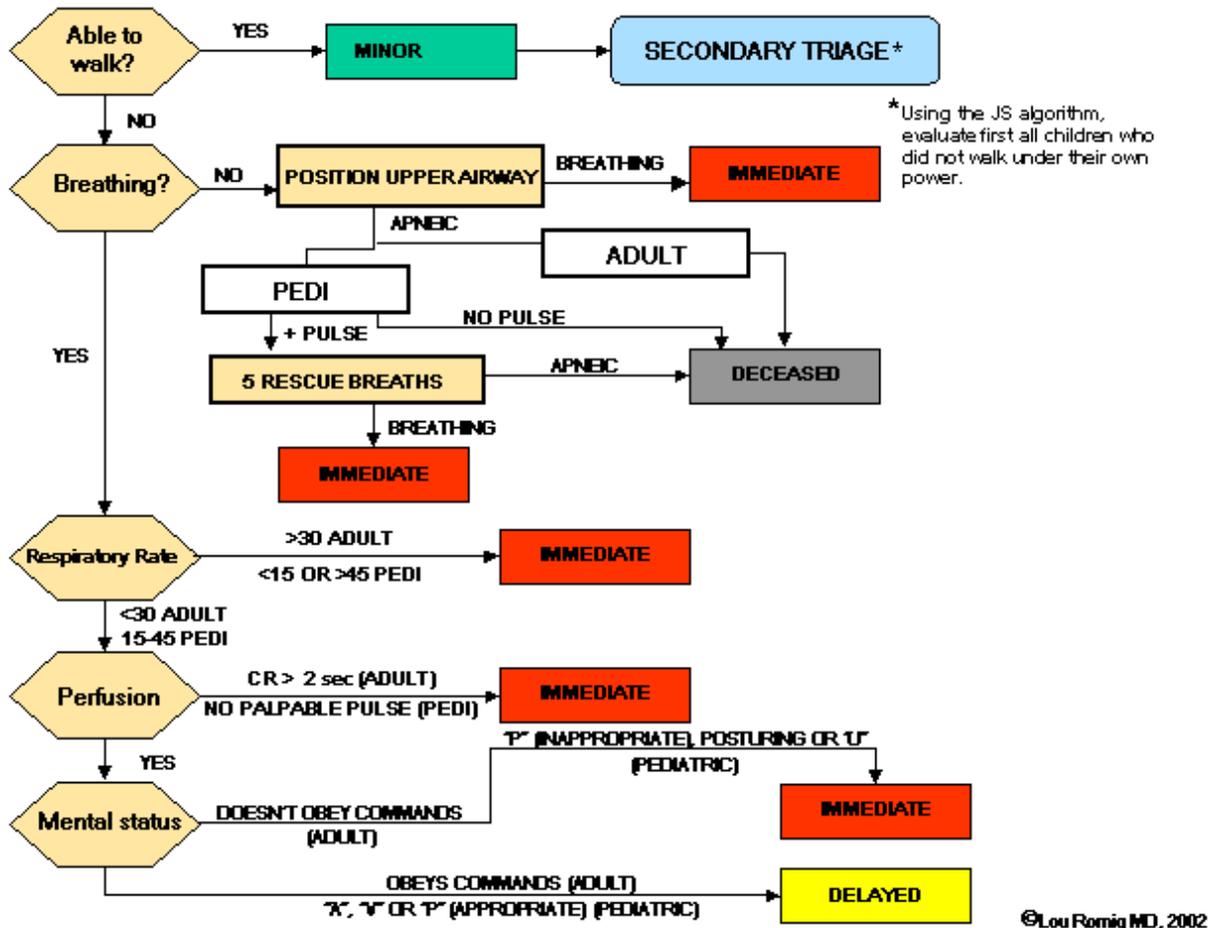
Used with permission from Hoag Memorial Hospital and Newport Beach Fire Department, 2012.

Appendix D.2, continued

SAMPLE START and JumpSTART Triage Guidelines

A full-sized color version is available [online](http://www.jumpstarttriage.com) www.jumpstarttriage.com

Combined START/JumpSTART Triage Algorithm



Additional materials can be found [online](http://www.start-triage.com) www.start-triage.com

Appendix D.3 SAMPLE Disaster First Aid Brief [FRONT]

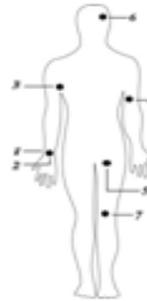
AIRWAY / BREATHING

- ✓ 'Look, listen and feel' for breathing
- ✓ If not breathing, open airway



BLEEDING

- ✓ Apply direct pressure on wound
- ✓ If bleeding continues, direct pressure and elevate
- ✓ If bleeding continues, apply pressure, elevate, and find a pressure point



SHOCK

- ✓ Keep warm
- ✓ Elevate legs



NECK / BACK INJURIES

- ✓ Check for movement of fingers / toes
- ✓ Check for sensation
- ✓ Check for temperature
- ✓ Stabilize neck

BURNS

- ✓ Cool burn with cool water
- ✓ If swollen, elevate
- ✓ If blisters form, cover and protect.
Do NOT attempt to break the blisters.



SAMPLE Disaster First Aid Brief [BACK]



DIABETES EMERGENCIES

- ✓ If conscious, give victim a rapid acting glucose source, such as juice, regular soda (not diet), small sugar candies, glucose tablets, or glucose gel.
- ✓ If unconscious, seek medical assistance immediately; administer glucagon, if available and trained to give.

CHEST PAIN

- ✓ Rest
- ✓ Decrease exertion
- ✓ Seek medical assistance immediately

STROKE (CARDIOVASCULAR ACCIDENT)

- ✓ Lay on affected side, seek medical assistance immediately

FROSTBITE

- ✓ Remove clothing from body part (sock, glove)
- ✓ Slowly bring tissue to normal temperature with tepid water (about the temperature of milk in a baby's bottle)

HYPOTHERMIA

- ✓ Remove wet clothing, cover head
- ✓ Rewarm body slowly by adding warm (not hot) heat sources to core body (neck, chest, groin)

MOVING PATIENTS (ONLY if absolutely necessary)



Appendix D.4
SAMPLE Medical Treatment Log

TIME IN	NAME	TRIAGE TAG COLOR*	GRADE/ AGE	SIBLING IN BUILDING?	TIME OUT	DISPOSITION (HOME OR MEDICAL FACILITY)	TRIAGE TAG COLOR*

*Green, Yellow, Red, Black

**Appendix D.5
SAMPLE Individual Medical Treatment Record**

NAME _____ TEACHER _____

GRADE/AGE _____ TIME OF ARRIVAL _____ DATE _____

TRIAGE STATUS (CIRCLE ONE):

RED YELLOW GREEN

TIME IN	CARE GIVEN	INITIALS	DISPOSITION (HOME OR MEDICAL FACILITY)

TIME OUT _____ INITIALS _____

Seek medical follow-up for future evaluation and treatment as needed. Signed _____

Appendix E.1
Stress and Recovery: Post-event Behavior Checklist [FRONT]

Preschool (1-5)	Normal Development	Possible Stressful reactions	Consider referral for professional assistance
	thumb sucking, bedwetting	uncontrollable crying	excessive withdrawal
	lacking self-control; no sense of time; wanting to exhibit independence (2+)	trembling with fright, immobile	does not respond to special attention
	fear of the dark or animals, night terror	running aimlessly	
	clinging to parents	excessive clinging, fear of being left alone	
	curious, explorative	regressive behavior	
	loss of bladder/bowel control	marked sensitivity to loud noises, weather	
	speech difficulties	confusion, irritability	
	changes in appetite	eating problems	
Middle Childhood (5-11)	Normal Development	Possible Stressful reactions	Consider referral for professional assistance
	irritability	marked regressive behaviors	
	whining	sleep problems	
	clinging	weather fears	
	Aggression, question authority, try new behaviors for 'fit'	headache, nausea, visual or hearing problems	
	overt competition with siblings for parents' attention	irrational fears	
	school avoidance	refusal to go to school, distractibility, fighting	
	nightmares, fear of dark	poor performance	
	withdrawal from peers		
	loss of interest/concentration		

Stress and Recovery: Post-event Behavior Checklist [BACK]

Early Adolescence (11-14)	Normal Development	Possible Stressful reactions	Consider referral for professional assistance
	sleep disturbance	withdrawal, isolation	disoriented, has memory gaps
	appetite disturbance	depression, sadness suicidal ideation	severely depressed, withdrawn
	rebellion in the home/refusal to do chores	aggressive behaviors	substances abuser
	physical problems (skin, bowel, aches and pains)	depression	unable to care for self (eat, drink, bathe)
Adolescence (14-18)	Normal Development	Possible Stressful reactions	Consider referral for professional assistance
	psychosomatic problems (rash, bowel, asthma)	confusion	much the same as middle childhood
	headache/ tension hypochondriases	withdrawal, isolation	hallucinates, afraid will kill self or others
	appetite and sleep disturbance	antisocial behavior, i.e., stealing, aggression, acting out	cannot make simple decisions
	begin to identify with peers ,have a need for alone time, may isolate self from family on occasion	withdrawal into heavy sleep OR night frights	excessively preoccupied with a single thought
	agitation, apathy	depression	
	irresponsible behavior		
	poor concentration		

Adapted from the *Stress and Coping with Disaster Manual*, University Extension in Columbia, Missouri, 1993.

RESOURCES

Alaska Resources

[Alaska 2-1-1](#) has information on critical health and human services around Alaska, including emergency-related services:
www.alaska211.org

[Alaska's Red Cross website](#) has resources and specific information for communities across Alaska:
www.alaska.redcross.org

[Alaska RESPOND](#) offers disaster and triage trainings in Alaska:
www.akrespond.alaska.gov

[State of Alaska's Department of Homeland Security and Emergency Management](#) is the State's website for emergency planning:
www.ready.alaska.gov

Planning [resources](#) for schools are available: www.ak-prepared.com/plans/schools.htm

[Response guide for small communities](#) are available:
www.ak-prepared.com/documents/AK_Emergency_Response_Guide%20signed.pdf

A list of [Alaska's Local Emergency Planning Committees](#) is available: <http://www.ak-prepared.com/serc/LEPC/lepcpages.htm>

[State of Alaska's Department of Education and Early Development](#) hosts a number of relevant web-based trainings for educators and others who work in schools, including a Crisis Response eLearning course available: <http://education.alaska.gov/Elearning>

[State of Alaska's Division of Public Health, Section of Emergency Programs](#), offers information on Preparedness, Emergency Medical Services, and Trauma Services:
<http://dhss.alaska.gov/dph/Emergency/Pages/default.aspx>

As well as information on [pandemic flu](#): www.pandemicflu.alaska.gov/

The State of Alaska's [Pandemic Flu Plan](#): www.pandemicflu.alaska.gov/panfluplan.pdf

[State of Alaska's Division of Public Health, Section of Epidemiology](#), offers information on infectious diseases, including influenza:
www.epi.hss.state.ak.us/id/influenza/fluinfo.htm

To view [Conditions Reportable to Public Health](#):
www.epi.alaska.gov/pubs/conditions/default.stm

State of Alaska's Division of Public Health, Section of Women's, Children's, and Family Health developed a useful booklet for parents entitled [Disaster Preparedness for Families with Children and Youth](#)

[with *Special Health Care Needs*](http://dhss.alaska.gov/dph/wcfh/Pages/disability/EmergencyPreparedness.aspx). It is available online.
<http://dhss.alaska.gov/dph/wcfh/Pages/disability/EmergencyPreparedness.aspx>

National Resources

American Academy of Child and Adolescent Psychiatry’s website includes multiple mental health resources around emergency preparedness:

www.aacap.org

American Academy of Pediatrics’ website hosts many resources, including:

The “[Children and Disasters webpage](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx),” with a variety of resources for families on disaster preparedness and other health and safety topics, www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx

A free online magazine for parents, www.HealthyChildren.org

Policy briefs, including “[Talking to Children about Disasters](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Talking-to-Children-About-Disasters.aspx)”
www.healthychildren.org/English/safety-prevention/at-home/Pages/Talking-to-Children-About-Disasters.aspx

American Psychological Association’s website also hosts useful resources, including “[Helping your Children Manage Stress in the Aftermath of a Shooting](http://www.apa.org/helpcenter/aftermath.aspx)”:
www.apa.org/helpcenter/aftermath.aspx

American School Counselor Association’s website contains many resources around crisis prevention and intervention: www.schoolcounselor.org

The Center for Health and Health Care Schools hosts a “[Flu Season and Schools](http://www.healthinschools.org/Health-in-Schools/Health-Services/School-Health-Services/School-Health-Issues/Flu.aspx)” webpage:
www.healthinschools.org/Health-in-Schools/Health-Services/School-Health-Services/School-Health-Issues/Flu.aspx

The Centers for Disease Control and Prevention hosts a website on emergency preparedness and response: www.emergency.cdc.gov.

It includes online training, educational materials for children and families, as well as forms and brochures on emergency preparedness: www.cdc.gov/family/kids/

Federal Emergency Management Agency www.fema.gov. Includes online training, educational materials for children and families, forms and brochures on emergency preparedness:

www.ready.gov (see a [one-hour introductory webcast for parents and educators](http://www.connectlive.com/events/edschoolsafety/),
www.connectlive.com/events/edschoolsafety/)

FEMA’s Emergency Management Institute offers many courses on emergency management and the basics of ICS (incident command system). [IS-362.a, Multi-Hazard Emergency Planning for Schools](http://www.fema.gov), is a highly recommended three-hour course covering basic information about

developing, implementing, and maintaining a school emergency operations plan (EOP). CEUs are offered.

www.training.fema.gov/EMIWeb/IS/is362a.asp

www.ready.gov/kids has fun school and kids' activities around creating a kit, making a family plan, disaster facts, and games/puzzles/comics

The JumpSTART pediatric MCI Triage Tool and other pediatric disaster and emergency management resources can be found at: www.jumpstarttriage.com/

The START algorithm and related training DVD is available at <http://www.start-triage.com>.

Related youtube [videos \("CERT-START –RMP"\) demonstrating triage:](#)

www.youtube.com/watch?v=73kJ-4gEsnA

www.youtube.com/watch?v=4NHSAZW0d5Y

Illinois Department of Public Health and Loyola University Medical Center, Illinois Emergency Medical Services for Children hosts a substantial listing of pediatric preparedness resources in their [Pediatric Preparedness Resource Catalog](#):
http://www.luhs.org/depts/emsc/disaster_preparedness/PedPrepareResourceDev_2009web_V2.pdf

[National Association of School Nurses comprehensive disaster preparedness toolkit:](#)

www.nasn.org/ToolsResources/DisasterPreparednessLinks

[National Association of School Psychologists](#), www.nasponline.org, hosts many useful resources, including:

www.nasponline.org/educators/index.aspx ([multiple mental health resources around emergency preparedness](#))

http://www.nasponline.org/resources/crisis_safety/specpop_general.aspx ([Coping with Crisis— Helping Children with Special Needs](#))

http://www.nasponline.org/resources/crisis_safety/psycht_general.aspx ([Identifying Seriously Traumatized Children: Tips for Parents and Educators](#))

http://www.nasponline.org/resources/crisis_safety/memorials_general.aspx
([Memorials/Activities/Rituals Following Traumatic Events: Suggestions for Schools](#))

[The National Child Traumatic Stress Network](#), www.learn.nctsn.org hosts training on [Psychological First Aid \(PFA\)](#). A free PFA is available: www.nctsn.net/org/nccts/nav.do?pid=ctr_train#q2

[National Oceanic and Atmospheric Administration](#) has detailed information about tsunami and storm planning: www.noaa.gov

Office of Safe and Drug-Free Schools, U.S. Department of Education hosts a [132-page compilation of practical information on crisis planning](#):
<http://www2.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>

[Substance Abuse and Mental Health Services Administration](#), www.samhsa.gov, includes additional mental health resources around emergency preparedness

The United States Department of Health & Human Services' Assistant Secretary for Preparedness and Response (ASPR) hosts [online training especially for health professionals](#):
www.phe.gov/preparedness/pages/default.aspx.

[United States Department of Education](#), www.ED.gov, includes [interactive training webcasts for school personnel](#):
www.connectlive.com/events/depteduphilly0207/

The U.S. Department of Education also supports the [Readiness and Emergency Management for Schools Technical Assistance Center](#), www.remstacenter.org.

Included here are school and campus emergency management resources including grants, training, and distance learning. See for example, "[Helping Youth and Children Recover From Traumatic Events](#)":
<http://rems.ed.gov/HelpingYouthandChildrenRecoverFromTraumaticEvents.aspx>

and "[Creating and Updating School Emergency Management Plans](#)":
<http://rems.ed.gov/CreatingAndUpdatingSchoolEmergencyManagementPlans.aspx>

[Washington Military Department; Emergency Management Division](#), www.emd.wa.gov
Includes online training, educational materials for children and families, forms and brochures on emergency preparedness especially relevant for school planning.

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