Emergency Planning and Management for School Nurses

MICHIGAN SCHOOL NURSE GUIDELINES AND RESOURCES

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Foreword

These guidelines contain current best practice recommendations for the health service topic addressed. The guidelines have been reviewed by the School Nurse Practice Subcommittee of the Michigan Statewide School Nurse Task Force as a means to provide consistent and safe care to students. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines. There is no guarantee that the use of guidance in this document will lead to any particular result or outcome. The information in this document was researched in March, 2016.

Purpose

This document will provide guidelines and resources for planning and managing emergencies in the school setting.

Overview

Schools across the nation vary in their degree of preparedness to deal with emergencies (American Academy of Pediatrics (AAP) Council on School Health, 2008a). When school nurses are present, they are often the first responders to health crises at schools that include medical emergencies (sudden illness, exacerbation of a medical condition, injury) and disasters. The AAP Council on School Health (2008a) indicated that the management of individual emergencies is linked to the preparation of large scale emergencies and that emergency preparation should be seamless with disaster preparation. Scale and terminology distinguish the response to an individual emergency from the response to a disaster. School nurses are key to the school’s preparation to manage an emergency.

There is a scarcity of information about the number and type of emergencies occurring during the school day. Olympia, Wan, and Avner (2005) found that 68% of schools in the United States have managed a life-threatening emergency requiring the activation of EMS. The authors concluded that four of the six most common reported school emergencies were related with trauma. Shortness of breath and seizures were found to be the most common medical complaint. Loyacono (2005) found that that injuries were the chief complaint listed for two thirds of EMS dispatches to schools. Knight, Vernon, Fines, and Dean (1999) reported that school-based EMS incidents are more often attributable to injury (70%) and more often resulting in transportation to a medical facility than non-school-based incidents. Chief medical complaints were breathing difficulties (18.4%), seizure (16%) and other illnesses (12.3%).

Amanullah, Heneghan, Steele, Mello and Linakis (2014) completed a retrospective study using data from the National Electronic Injury Surveillance System to examine intentional injuries in school and found boys were more likely to have intentional injuries originating in the school setting while girls more likely to have intentional injuries outside of the school setting. Furthermore, the researchers discovered that middle-school aged children carried a significant burden of intentional injury in the school setting. Students of black race, Hispanic and American Indian youth were found to be high risk. Syed, Wahl, and Burda (2012) discussed data gathered from the Hazardous Substances Emergency Events Surveillance from 15 participating states between 2002 and 2008 and found 488 chemical events occurred in elementary and secondary schools.
School disaster planning is crucial to the safety of children. Community-based planning is essential to a well-coordinated response to any disaster (Burke, Goodhue, Berg, Spears, Barnes, & Upperman, 2015; AAP Council on School Health, 2008a; Hull, 2012).

In 2014, Governor Snyder sent a letter with school emergency planning documents that can be found at [http://www.michigan.gov/documents/msp/executive_letter_08182014_2_475755_7.pdf](http://www.michigan.gov/documents/msp/executive_letter_08182014_2_475755_7.pdf) to all Michigan schools, local emergency managers, and law enforcement agencies about collaborating to develop an Emergency Operations Plan (EOP). Planning guidance, an EOP template and a Classroom/Office Quick Reference Guide were included in a DVD. The documents were not publicly posted on the Michigan State Police webpages in order to protect the security and safety of schools. To obtain copies of the actual toolkit school nurses will need to contact the Michigan State Police at the following email address: msp-schoolsafety@michigan.gov; or they may contact their local emergency manager, or local law enforcement agency. Michigan’s local health departments receive earmarked funding for emergency preparedness through the Centers for Disease Control and Prevention’s (CDC) Public Health Emergency Preparedness cooperative agreement. The Michigan Department of Health and Human Services (MDHHS) Division of Emergency Preparedness & Response (DEPR) communicates regularly with each of the local health department’s emergency preparedness coordinators and reported that since 2002, local jurisdictions have established and refined their all-hazards response plans (MDHHS, 2016a).


The most recent student count in Michigan (2011 – 2012 school year) shows there are 1,582,168 students attending school in grades K - 12 (MDE, 2016c) that need the protection of an Emergency Operations Plan. Failing to address children’s unique needs may put children in harm’s way resulting in morbidity and physical and emotional stress (AAP Disaster Preparedness Advisory Council Committee on Pediatric Emergency Medicine, 2015).

**Legal Framework for Managing Emergencies in Schools**

**Federal Law**

There are no federal laws requiring school districts to have emergency management plans but an estimated 95% of school districts across the country reported they have a plan (AAP Council on School Health, 2008b).


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<th>Revised Bloodborne Pathogen Standard</th>
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<td><strong>CPL 2-2.69 (November 27, 2001)</strong></td>
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Michigan Law

Michigan law requires schools to adopt and implement a cardiac emergency response plan, have a trained first aid person on site, conduct emergency drills and report communicable diseases.

Education; safety; reporting requirement for public school safety drills; provide for, and require cardiac emergency response plan.

**PA 12 of 2014**

The governing body of a school that operates K-12 shall adopt and implement a cardiac emergency response plan for the school. The plan must include at least: 1) Use and regular maintenance of the auto external defibrillator, 2) Activation of a cardiac emergency response team during an identified cardiac emergency, 3) A plan for effective communication, and 4) If a school is grades 9-12 a training plan for use of an auto external defibrillator in CPR rescue techniques.

In addition, Public Act 12 requires any Michigan school that operates any of grades Kindergarten to 12 to conduct at least:

- Five fire drills per school year. Three of which must take place by December 1. (There must be a reasonable interval between each drill.)
- Two tornado safety drills per school year. One of which must take place in March.
- Three lockdown drills per school year, including security measures appropriate to an emergency "such as the release of hazardous material or the presence of a potentially dangerous individual on or near the premises." At least one of the drills must take place by December 1 and at least one after January 1. (There must be a reasonable interval between each drill.)

**Medical Services and First Aid**

MIOSHA - Guidelines indicate employer must adequately have a trained first aid certified person on site. [BSR/CET-5951 (11/01)]
School Nurse’s Role

School nurses provide leadership in all phases of emergency preparedness and response and are a vital part of the school team responsible for developing or re-designing emergency response procedures for the school setting using an all-hazards approach (National Association of School Nurses [NASN], 2014; Flaherty, 2013; Galemore, 2012; Hull, 2012). NASN (2014) defined the emergencies school nurses must be prepared to respond:

- Health related emergencies related to injury or illness.
- Large numbers of individuals in casualty incidents.
- Weather related emergencies.
- Hazards such as explosions and fires.

Planning for health-related emergencies involves developing emergency plans for students with known health-related conditions and utilizing first aid skills to assess and respond to other unanticipated emergencies (Flaherty, 2013; Butler and Wycoff, 2012; Porter, 2016; Olympia, 2016).

Recommendations for Practice

Surveillance

There are multiple surveillance needs for emergency planning and response in the school setting. Detailed information about assessment criteria for Michigan schools can be found in the information sent from Governor Snyder’s Office in 2014. Flaherty (2013) provided recommendations for assessment, such as, integrity of school buildings, security and the culture and climate of a building. The AAP Council on School Health (2008b) recommended assessing schools for program training and re-training of staff. Knight et al., (1999) indicated that it was important to obtain and review EMS incident data. School absentee logs may be helpful for surveillance (AAP Council on School Health, 2008b).
The MDE (2015) offers several surveys (https://mdoe.state.mi.us/schoolhealthsurveys/Home/Login.aspx) to assess school climate:

- **Michigan Profile for Healthy Youth (MiPHY):** Grades 7, 9, and 11 and open in the even years. For example, 2015-2016.
- **Michigan School Climate Assessment Instrument (MiSCAI):** Any grades 7 – 12 and open every year.
- **Bully-Free Schools:** Any grades 5 – 12 and open every year.

### Outreach

The community needs to be informed and understand the school district’s emergency plan (AAP Council on School Health, 2008b). Flaherty (2013), recommended websites, local television, newspapers, fact sheets, connect-ed messages, and posting information in local community centers as channels to communicate with parents and guardians as well as other key stakeholders.

The AAP (2015) provides information to parents about school safety during emergencies that can be retrieved from https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Actions-Schools-Are-Taking-to-Make-Themselves-Safer.aspx.

The CDC (2016) also provides information to parents about protecting their child during emergencies in the school day that can be retrieved from http://www.cdc.gov/childrenindisasters/infographics/documents/easy_as_abc_iinfographic.pdf

School nurses can help communicate information about the OK2SAY program (Michigan.gov, 2016) whose goal is to stop harmful behavior before it occurs. The Ok2say program is designed to empower Michigan’s students, parents, school personnel, community mental health service programs, and law enforcement to share and respond to student safety threats (retrieved from http://www.michigan.gov/ok2say/0,5413,7-309-66449---,00.html

### Population Care

School districts should have policies, regulations and protocols to cover all aspects of the school jurisdiction, from classroom to playground, school-based health centers, before and after school programs, field trips, EMS transports, transportation and athletic events (AAP Council on School Health, 2008a). The AAP Council on School Health (2008a; 2008b) recommended:

- Policies for collecting emergency data, such as, parental contact, medications, medical conditions, allergies on all children. Silkworth and Hoxie (2012) further recommended having policies about where emergency health information is stored, who has access to the information and which information is communicated to staff.
- Protocols in place to distinguish minor injuries from emergencies that require EMS.
- Protocols for response to specific emergencies (e.g. concussion, severe allergy).
- Protocols on absenteeism, psychosocial support and disease surveillance.
- Implementing lay rescuer automated external defibrillator programs (Olympia, 2016).

A collaborative planning team is key to developing a school district emergency plan. Flaherty (2013) recommended the following team members:

- Nursing
- Administration
- Grounds personnel
- Local and state first responders
The National Incident Management System (NIMS) and the Incident Command System (ICS) are two national response models that serve as the framework for local policy and response plans recommended by NASN (2014). NASN (2014) outlined the four phases of emergency management planning that are consistent with the documents provided by Governor Snyder in 2014:
1. Prevention/Mitigation
2. Preparedness
3. Response
4. Recovery.

Levels of Prevention

Primary Prevention and Preparedness

Steps schools can take to prevent/mitigate an incident:

- Utilize a multi-tiered system of support for students. The U.S. Department of Education’s (USDOE) Office of Special Education (2016) can provide technical assistance to help with the Positive Behavioral Interventions and Support (PBIS) framework (http://www.pbis.org/) that builds support and respect within a school.
- Establish district and school-based crisis teams (Flaherty, 2013).
- Promote infection control measures (AAP Council on School Health, 2008a).
- Educate staff and students about reporting suspicious behaviors (NASN, 2014).
- Teach staff about universal precautions (AAP Council on School Health (2008a).
- Establish and practice a medical emergency response plan and multidisciplinary disaster preparedness exercises (AAP Council on School Health, 2008a; NASN, 2014; Olympia, 2016;).
- Establish a communication plan that can be understood by everyone. Post instructions in plain language and provide a direct, concise statement about the current situation as well as direction on what action to take (Galemore, 2015).
- Ensure EMS -activation process is clear to all staff (AAP on School Health, 2008a; Burke et al., 2015; Knight et al., 1999).
- Provide training in the National Incident Management System (NIMS) and Incident Command System (ICS) through the Federal Emergency Management Agency (Flaherty, 2013; NASN, 2014). Seek assistance from local law enforcement and the local health department.
- Ensure the safe and effective management of opioid pain reliever (OPR)-related overdose in schools is incorporated into every school emergency preparedness and response plan (NASN, 2015; King, 2016). When creating emergency plans, the school nurse should be aware of individual state laws that provide civil or criminal immunity to licensed healthcare providers or lay responders for opioid antagonist administration (King, 2016).
- Train staff and students in first aid and cardiopulmonary resuscitation (AAP, 2008a; AAP Disaster Preparedness Advisory Council, 2015; Burke et al., 2015; Michigan Association of School Nurses, 2016; Olympia, 2016).
- Equip the school for potential life-threatening emergencies (AAP, 2008a; Galemore, 2012; NASN, 2014; Olympia, 2016). NASN (2016a) provides a list of recommended supplies and equipment.
- Prepare “Go-Kits” (Flaherty, 2013). The USDOE provides information about the content of “Go-Kits” at http://www2.ed.gov/about/offices/list/osdfs/gokits.pdf.
- Maintain and inspect equipment including AED maintenance and testing (AAP Council on School Health, 2008a).

Counselors
Teachers
Parent representatives.
Teach the *Michigan Model for Health* that includes lessons related to emergency preparedness and skills, awareness of hazards and disasters, preventing dangerous situations, post-event coping skills, identifying helpful or harmful influences, and respect and citizenship (MDHHS, 2016b).

Consider medically fragile, mobility impaired, mentally and emotionally impaired, communication and sensory impaired, and non-English speaking students, staff, and visitors in school emergency plans (Flaherty, 2013; NASN, 2014; Porter et al., 2012).

- Include Individualized Health Care Plans and Emergency Care Plans for students with unique health needs in the broader disaster plan (Butler & Wyckoff, 2012; Olympia, 2016).
- Diabetic student disaster plans need to include medications, food, supplies needed to accommodate a student’s health care needs for 72 hours (Butler & Wyckoff, 2012).
- Ensure healthcare provider orders are available for a 72-hour lockdown or disaster to support and care for children with chronic health conditions.
- Identify a system for retrieving and transporting medications to areas of lockdown or evacuation.
- AAP provides a template for collecting emergency information for children with special needs retrieved from [http://www2.aap.org/advocacy/blankform.pdf](http://www2.aap.org/advocacy/blankform.pdf)

Ensure there are reunification plans as well as plans to transport children in the Emergency Operation Plan (AAP Council on School Health, 2008b; Flaherty, 2013).

**Secondary Prevention/Response**

Schools can best respond to emergencies by following the guidance sent from Governor Snyder’s Office. Specific school nurse responses may include:

- Triage, direct physical and mental health care for all victims of an emergency, including linking them to medical and public health resources (NASN, 2014).
- Communicate school entry points to EMS responders and ensure there is a designated greeter (AAP Council on School Health, 2008a).
- Facilitating or co-facilitating an evacuation (NASN, 2014).
- Reuniting families after a crisis (NASN, 2014).
- Documentation that includes description of illness and injury and disposition (AAP Council on School Health, 2008a).
- Contact local poison control center for any hazardous chemical incidents (Syed et al., 2012).

**Tertiary Prevention/Recovery**

Schools need to work toward restoring the learning environment. Children and families benefit from the reinstatement of school (AAP Disaster Preparedness Advisory Council & Committee on Pediatric Emergency Medicine, 2015). School nurses can assist students, parents, and school staff by providing direct support and link community resources to those in need (NASN, 2014). Specifically, school nurses can:

- Identify and monitor students and staff who are likely to need additional services and resources during renormalization (AAP Council on School Health, 2008b; Flaherty, 2013).
Children should be informed about the disaster or crisis as soon as information becomes available starting with simple and basic facts (Schonfeld & Demaria, 2015).


- Collaboratively with the crisis response team conduct debriefing sessions and develop recommendations to improve plans (Flaherty, 2013; NASN, 2014).
- Collaboratively with the crisis team complete reports and documentation (NASN, 2014).
- Re-stock medications and equipment (AAP Council on School Health, 2008a).
- Collaborate with the crisis team to plan for anniversaries as they are an important part of prolonged recovery (AAP Council on School Health, 2008b).
- Provide anticipatory guidance to parents on how to identify the most common adjustment reactions, such as, sleep disturbances, difficulty with concentration, eating problems, anxieties, substance abuse, risk taking behaviors, developmental regression (AAP Disaster Preparedness Advisory Council & Committee on Pediatric Emergency Medicine, 2015).

**Social Determinants of Health and Health Equity**

Education, literacy, social support networks, neighborhood safety, access to health services and culture impact health (NASN, 2016b). School nurses can advocate for all students when considering the social determinants of health in emergency planning. All phases of the emergency operations plan need to include plans for communicating with non-English speaking students and parents (AAP Council on School Health, 2008b; Flaherty, 2013).

**Red Flags for Managing Emergencies in the School Setting**

1. Persistent, debilitating signs of grief, such as, despondency, or hopelessness that continue for longer than one month may be an indication of the more serious psychological condition of post-traumatic stress disorder (PTSD) and a referral to a health care professional should occur (Chau, 2012). Acting out may be the only way for students having a stress-related reaction to ask for help.

2. Vital access issues for children living in rural areas include communications, transport methods, level of responding EMS personnel and public health emergency response plans applicable to rural settings (AAP Committee on Pediatric Emergency Medicine, 2012).

3. Children and youth in foster care or the juvenile justice system need special consideration during all phases of emergency planning. Reunification should occur as quickly as feasible (AAP Disaster Preparedness Advisory Council & Committee on Pediatric Emergency Medicine, 2015).

4. There have been challenges coordinating end of life care in settings such as schools where the standard of care is CPR. School nurses need to be familiar with the state law and district policy on DNAR

References


Michigan Department of Education (2016c). *MI School Data Student Counts*. Retrieved from https://www.mischooldata.org/DistrictSchoolProfiles/StudentInformation/StudentCounts/StudentCount.aspx?Common_Locations=1-A,0,0~2-A,0,0&Common_SchoolYear=11&Common_Grade=AllGrades&Common_LocationIncludeComparison=False/Common_Subgroup_StudentCountRaceGradeGender=AllStudents~Ethnicity


