

ANNEX H

FIRST AID

Brackett ISD

APPROVAL & IMPLEMENTATION

Annex H

FIRST AID

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

Signature

Date

Signature

Date

NOTE: The signature(s) will be based upon local administrative practices. Typically, the individual having primary responsibility for this emergency function signs the annex in the first signature block and the second signature block is used by the superintendent. Alternatively, each person assigned tasks within the annex may sign the annex.

RECORD OF CHANGES

Annex H

First Aid

Change #	Date of Change	Entered By	Date Entered

ANNEX H

HEALTH & MEDICAL SERVICES

I. AUTHORITY

See Basic Plan, Section I.

School Board Policies

II. PURPOSE

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated first aid care for students and staff during emergency situations.

In case of a major emergency or disaster, schools may be without normal emergency medical services. This plan provides for limited first aid services to be provided by selected personnel when other public and private services are unable to respond or cannot be contacted during and after a widespread disaster.

III. EXPLANATION OF TERMS

A. Acronyms

ARC	American Red Cross
DDC	Disaster District Committee
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations or Operating Center
FEMA	Federal Emergency Management Agency
ICP	Incident Command Post
ICS	Incident Command System
NDMS	National Disaster Medical System
PIO	Public Information Officer
SOPs	Standard Operating Procedures
TDH	Texas Department of Health

B. Definitions

1. Disaster Medical Assistance Team. A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.

2. Disaster Mortuary Services Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. National Disaster Medical System. A nation-wide mutual aid network consisting of federal agencies, businesses, and other organizations that coordinates disaster medical response, patient evacuation, and definitive medical care. At the federal level, it is a partnership between Department of Health and Human Services, the Department of Defense, the Department of Veterans Affairs, and FEMA. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.
4. Special Needs Individuals/Groups. Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need specially trained health care providers to care for them, special facilities equipped to meet their needs, and require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. As outlined in section IV.A and Figure 1 in the Basic Plan, our area is vulnerable to a number of hazards. These hazards could result in the evacuation, destruction of or damage to [district/school], serious health risks, and other situations that adversely affect the daily life of our staff and students.
2. School personnel must be prepared to provide first aid services to the extent of their individual certification or training, not to surpass “basic life support.” Basic life support means *non-invasive emergency medical services requiring basic medical treatment skills*.
3. An onsite first aid station will be established at a safe location. The injured will be found and moved to the first aid station. In the event of mass casualties, triage will be performed. Triage is defined as *the sorting of patients into categories of priority for care based on injuries and medical emergencies*. Directions for performing triage follow the first aid and triage checklist.
4. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and special needs populations may be damaged or destroyed in major emergency situations.
5. Brackett ISD has identified the following personnel with first aid and medical skills. These individuals will make up the First Aid team: Francine Collins & Mary Jane Garcia

B. Assumptions

1. Although many health-related problems are associated with disasters, there is an adequate local capability to meet most emergency situations.
2. Public and private medical, health, and mortuary services resources located in our county will be available for use during emergency situations; however, these resources may be adversely impacted by the emergency.
3. Disruption of sanitation services and facilities, loss of power, and the concentration of people in school shelters may increase the potential for disease and injury.
4. The district personnel will require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
5. Some types of emergency situations, including earthquakes, hurricanes, and floods may affect a large proportion of our county, making it difficult to obtain mutual aid from the usual sources.
6. State, and possibly federal, assistance will be available, upon request, to supplement local health and medical resources.

V. CONCEPT OF OPERATIONS

A. General

1. Brackett ISD has a responsibility to ensure the welfare of its staff and students and will develop a capability to provide basic and appropriate first aid services during emergency situations.
2. Provisions must be made for the following:
 - a. Establishment of a first aid station.
 - b. Coordinating health & medical response team efforts.
 - c. Triage of the injured, if appropriate.
 - d. Holding and treatment areas for the injured.
 - e. Conducting health inspections of congregate care and emergency feeding facilities in coordination with the ARC.

B. Mortuary Services

1. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician. The Justice of the Peace are responsible for determining cause of death, authorizing requiring autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.

2. When it appears that an incident involves fatalities, the Incident Commander shall request the notification of the Justice of the Peace and law enforcement and request that they respond to the scene.
3. Law enforcement or the Justice of the Peace shall arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it may be necessary to establish a temporary morgue and holding facilities and obtain additional mortuary service assistance.
4. Depending on the size of the emergency the district may need to provide space for a temporary morgue.
5. Funeral homes will collect bodies of victims from the scene and from hospitals, morgues, and other locations and arrange with next of kin for the disposition of remains.

G. Requesting External Assistance.

If health and medical problems resulting from an emergency situation cannot be resolved with district resources, medical assistance will be requested from the local community. The School Nurse should make the request.

H. Activities By Phases of Emergency Management

1. Mitigation:
 - a. Conduct hazard analysis
 - b. Conduct vulnerability assessments
2. Preparedness:
 - a. Maintain adequate medical supplies.
 - b. Train and exercise first aid team members
 - c. Ensure that all certifications are up-to-date
 - d. Train and exercise staff and students
3. Response:
 - a. Provide basic first aid to injured
 - b. Perform triage as necessary
 - c. Establish first aid station
4. Recovery:
 - a. Compile health reports for state and federal officials.
 - b. Identify potential and/or continuing hazards affecting students and staff
 - c. Distribute appropriate guidance for the prevention of the harmful effects of the hazard.
 - d. Continue to collect vital statistics.

VI. ORGANIZATION & ASSIGNMENT RESPONSIBILITIES

A. Organization

1. Our normal emergency organization, described in Section VI.A of the Basic Plan and depicted in Attachment 3 to that Plan, will plan and carry out first aid operations during emergency situations.
2. The district will establish a basic first aid team.
3. Upon receipt of official notification of an actual or potential district emergency, the district will activate the basic first aid team.

B. Assignment of Responsibilities

1. General

The Superintendent will be responsible for establishing a first aid team. The person with the most skill, training, or medical certification will be designated as the First Aid Team leader.

2. Emergency Functions

Under the district's Emergency Operations Plan, the first aid team has primary responsibility to provide the following services in response to emergency situations:

- a. Essential first aid care for staff and students.
- b. Triage

C. Task Assignments

1. The First Aid Team Leader will:

- a. Coordinate emergency first aid activities from the first aid station
- b. Establish triage location
- c. Rapidly assess health and medical needs.
- d. Oversee and coordinate the efforts of [district/school's] first aid needs before, during and after an emergency.

2. The First Aid Team will:

- a. Establish four treatment areas
 - 1) Red area for victims with life-threatening injuries
 - 2) Yellow area for victims without immediate life-threatening injuries
 - 3) Green area for victims with minor injuries
 - 4) Black area for dead or mortally wounded. This area should be located away from the others
- b. Administer CPR if necessary
- c. Control bleeding by applying pressure to wounds
- d. Coordinate care with professional emergency medical service providers, if possible.
- e. Request or provide medical transportation of seriously injured to medical facility, if possible.

- f. Maintain records of type of first aid administered

VII. DIRECTION & CONTROL

A. General

1. The First Aid team leader, supported by an appropriate staff, shall direct and coordinate the efforts of basic first aid services during major emergencies until emergency responders arrive.

B. Line of Succession

To ensure continuity of basic first aid activities during threatened or actual disasters, the following line of succession is established for the First Aid team leader:

1. School Nurse
2. .EMT Trained staff
3. .Designated staff

VIII. READINESS LEVELS

A. GREEN-LOW

See the mitigation and preparedness activities of this annex.

B. BLUE-GENERAL

1. Review and update plans and related SOPs.
2. Review assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of basic first aid resources (see Annex M).
5. Maintain and periodically test equipment.
6. Conduct appropriate training, drills, and exercises.
7. Develop tentative task assignments and identify potential resource shortfalls.
8. Establish a liaison with all private health & medical facilities.

C. YELLOW -SIGNIFICANT RISK:

1. Check readiness of basic first aid equipment, supplies, and facilities.
2. Correct any deficiencies in equipment and facilities.
3. Correct shortages of essential supplies and equipment.
4. Update incident notification and staff recall rosters.
5. Notify key personnel of possible emergency operations.
6. Review procedures for relocating patients.

D. ORANGE- HIGH

1. Alert personnel to the possibility of emergency duty.
2. Place selected personnel and equipment on standby.

E. RED-SEVERE

1. Mobilize basic first aid resources to include personnel and equipment.

IX ADMINISTRATION & SUPPORT
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A. Reporting

1. Members of the First Aid team participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if an incident command operation has not been established, to the principal.
2. Pertinent information from all sources will be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key officials

B. Maintenance and Preservation of Records

1. Maintenance of Records. Basic first aid records generated during an emergency will be collected and filed in an orderly manner. This is so a record of events is preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. Documentation of Costs. Expenses incurred in carrying out basic first aid for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Hence, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.
3. Preservation of Records. Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible

C. Post Incident Review

For large-scale emergencies and disasters, the superintendent shall organize and conduct a review of emergency operations by those tasked in this annex in accordance with the guidance provided in Section IX.E of the Basic Plan. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations that are being reviewed should participate in the post-incident review.

D. Exercises

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by our district should periodically include basic first aid operations. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make effective health and medical response to various types of emergencies.

E. Resources

1. A list of local health & medical facilities is provided in Appendix 1.
2. A list of deployable health and medical response resources is provided in Annex M, Resource Management.

X. ANNEX DEVELOPMENT & MAINTENANCE

- A. The [First Aid Team] is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.
- B. This annex will be revised annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.
- C. Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs covering those responsibilities.

XI. REFERENCES

- A. Annex H (Health & Medical Services) to the *State of Texas Emergency Management Plan*.
- B. Texas Department of Health (TDH) website: www.tdh.state.tx.us.
- C. TDH Public Health Region website: www.tdh.state.tx.us/brlho/regions.html. This site contains information on the counties served by the 11 TDH Public Health Regions.

APPENDICES

Appendix 1 Local Health & Medical Facilities
Appendix 2 Triage Guidelines
Appendix 3 First Aid and Triage Checklist
Appendix 4 Infection Control Guidelines
Appendix 5 Notice of First Aid Care

<p style="text-align: center;">Appendix 1 LOCAL HEALTH & MEDICAL FACILITIES</p>

1. Hospitals

2. Clinics

3. Nursing Homes

Appendix 2 TRIAGE GUIDELINES

Triage is defined as *the sorting of patients into categories of priority for care based on injuries and medical emergencies*. This process is used at the scene of multiple-victim disasters and emergencies when there are more victims than there are rescuers trained in emergency care.

Incidents that involve large numbers of casualties and a delay in the response time of emergency medical services require a special form of triage. The modified triage system that is in most common use is the S.T.A.R.T. (Simple Triage And Rapid Treatment) Plan. In this plan, patients are triaged into very broad categories that are based on the need for treatment and the chances of survival under the circumstances of the disaster. These categories are listed below.

TRIAGE Priorities
Highest Priority
1. Airway and breathing difficulties
2. Cardiac arrest
3. Uncontrolled or suspected severe bleeding
4. Severe head injuries
5. Severe medical problems
6. Open chest or abdominal wounds
7. Severe shock
Second Priority
1. Burns
2. Major multiple fractures
3. Back injuries with or without spinal cord damage
Lowest Priority
1. Fractures or other injuries of a minor nature
2. Obviously mortal wounds where death appears reasonably certain
3. Obviously dead

IV. REFERENCES

- A. *1st Responder*, Second Edition, J. David Bergerson, 1987
- B. *Emergency Medical Services: First Responder Training Course Instructor Lesson Plans*, U.S. Department of Transportation, National Highway Traffic Safety Administration.

Appendix 3 FIRST AID AND TRIAGE CHECKLIST
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A. Establish First Aid Team

Team Leader _____

Team Members _____

- _____ 1. Identify and organize personnel present at the school with emergency first aid, CPR, and medical knowledge into a team or teams.
- _____ 2. Brief First Aid Team on the situation and assign duties.
- _____ 3. Establish a first aid station in any safe location, depending on the extent of the disaster or emergency.
- _____ 4. Identify first aid treatment and holding areas.

B. Triage - Treatment

- _____ 1. Direct and coordinate the efforts of the First Aid Team(s) in triage and treatment of the injured. (See Triage Guidelines.)
- _____ 2. Request medical transportation services for the injured or deceased. If the disaster effects make normal means of medical transport unavailable, provide transportation using private vehicles.
- _____ 3. Identify and record the disposition of the injured, the deceased, and their belongings.
- _____ 4. Maintain communications with responding emergency medical services providers, onsite emergency teams, the Command Post, and the Emergency Operations Center, if activated.

C. Logistical Support

- _____ 1. Ensure the acquisition and maintenance of health and medical supplies and equipment.
- _____ 2. Coordinate the transportation of health and medical supplies, equipment and personnel.

- _____ 3. Establish, if necessary, an emergency shelter for victims, employees, rescuers, etc.

<p>Appendix 4 INFECTION CONTROL GUIDELINES FOR PROTECTION OF HIV TRANSMISSION IN FIRST AID SITUATIONS</p>
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I. Hand washing

Hand washing is the single most effective means of preventing the spread of infection. Hand washing procedures should be followed even if gloves have been worn. **If an emergency situation precludes proper hand washing, the hands should be washed as soon as possible after exposure.**

Any skin surface that comes into contact with blood or other body fluids should be cleansed using the same procedures used for hands. Hands should be washed:

- Before and after contact with a patient.
- Before and after touching open wounds (even if gloves are worn).
- Before eating.
- After any direct exposure to blood or other body fluids.
- After removing gloves.
- After handling soiled or contaminated items and equipment.
- After using the toilet.

The correct method used for hand cleaning and decontamination is with soap and water:

1. Wet hands.
2. Lather hands with either bar soap or liquid soap.
3. Rub repeatedly for at least 15 seconds.
4. Rinse.
5. Turn faucets off using a dry paper towel.
6. Dry hands properly and dispose of used paper towel in plastic bag.

In areas where running water is not readily available:

1. Remove obvious soil with a wet towelette.
2. Use waterless foams or rinses to clean skin.

II. Barrier Precautions

A medical history and examination cannot readily identify all patients infected with HIV or other blood-borne organisms. Therefore, blood and other body fluid precautions should be consistently used for all patients. These include patients at first aid stations

where the risk of exposure by blood is possible and where the infectious status of the patient is usually unknown.

All health care workers should use the following barrier precautions to prevent exposure of skin and mucous membranes when contact with blood or any other body fluids of any patient is anticipated.

- Disposable latex gloves (which do not have to be sterile) should be worn for touching blood or other body fluids (urine, stool, semen, infected wounds, vomit), mucous membranes, or non-intact skin of all patients.
- Gloves should be worn for handling items or surfaces soiled with blood or other body fluids.
- Gloves should be changed between each patient.
- Hands and other skin surfaces should be washed immediately and thoroughly on contact with blood or other body fluids.
- Hands should be washed immediately after gloves are removed.
- Masks and protective eyewear or face shields should be worn during procedures that are likely to disperse droplets of blood or other body fluids, so that exposure of mucous membranes of the mouth, nose, and eyes is prevented.
- Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

III. Rescue Breathing

There is no evidence that the HIV/AIDS virus has been transmitted through contact with saliva. However, pocket masks for all age groups should be available to first aid stations for use whenever CPR is administered. To use the pocket mask, the first aid responder must have had previous instructions.

After resuscitation is complete, pocket masks, if used, should be correctly cleaned and disinfected, or discarded if disposable.

IV. Eye Rinse

If the eye is splattered with blood or any other body fluid, it should be flushed immediately with saline or water rinses. Goggles should be available for use in those situations where splattering of blood is anticipated.

V. Precautions to Prevent Injuries From Needles, Scissors, and Other Sharp Instruments

All health care workers should take precautions to prevent injuries caused by scissors, needles, lancets, and other sharp instruments during use and during handling, cleaning, or disposal. Used needles and pointed instruments are the medical instruments most frequently implicated in accidental exposure to blood-borne diseases. Health care workers should:

- Be extremely careful in handling all scissors, needles, and sharp instruments.
- Minimize handling of such instruments.
- Not attempt to recap used needles or sharp instruments.
- Discard disposable needles, syringes, lancets, and sharp instruments as soon after use as possible in an impervious, closed container (hard plastic or metal can).

Appendix 5 Notice of First Aid Care
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DATE: _____

SCHOOL: _____

Dear Parent:

_____ was injured at school and has been given first aid. If you feel further care is necessary, please consult your family physician.

Destination: (If not presently on site) _____

Transporting Agency: (if not presently on site) _____

Time: _____

Remarks:

Please sign and return one copy to school. Retain a copy for your records.

PARENT'S SIGNATURE

SCHOOL REPRESENTATIVE'S SIGNATURE

Note: 1 copy goes home with student
1 copy stays with teacher or medical treatment team records