PHILIPPINE MEDICAL ASSOCIATION

Theme: "Makabagong PMA: Tagapangalaga ng Pilipinong Manggagamot at Kalikasan"

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Co-Founder : Confederation of Medical Associations in Asia and Oceania (CMAAO)
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August 24, 2026

HONORABLE SONNY ANGARA
Secretary, Department of Education

Dear Honorable Angara,

Philippine Medical Association Position on the Department of Education's Nationwide Simultaneous School Safety Drill for Active Attack Incidents.

The Philippine Medical Association (PMA) stands with the Department of Education (DepEd) in its initiative to conduct a Nationwide Simultaneous School Safety Drill for Active Attack Incidents. As the representative organization of medical professionals in the country, we recognize the importance of preparedness and have joined the collective call to strengthen safety and emergency preparedness in our schools.

The purpose of this communication is to convey to your good office the following:

1. The remarkable feedback received from various health organizations affiliated with the PMA; and
2. The recommendations expressed by our colleagues through their respective organizations, as well as through the PMA Committees concerned.

After a thorough review of the memorandum regarding the School Safety Drill, we appreciate the efforts of the Department of Education to equip individuals in school campuses, particularly elementary and high school students with the knowledge and preparedness necessary to respond to potential emergencies.

At the same time, however, we believe that there are important considerations that must be addressed. While recognizing the need for safety drills, we must ensure that these activities promote the overall safety and well-being of the participants, particularly our Filipino youth, encompassing their physical, emotional, and psychological well-being.

Based on the position statement of the Philippine Pediatric Society, the planned nationwide active-attack simulation involving learners should not proceed in its current form on August 25, 2026. The Society further emphasized that this position is not a call to abandon preparedness, but rather a call to strengthen it.

Similarly, the Philippine Psychiatric Association, Inc. and the Philippine Society for Child and Adolescent Psychiatry jointly expressed their recommendation that the simulation of a live-shooter attack drill be deferred. They emphasized that preparedness in schools is essential; however, the methods employed must be trauma-informed, age-appropriate, and grounded in evidence. Their recommendations are based on a review of relevant facts and evidence, which are included in the attached position statements.

After reviewing the position statements of our highly respected affiliate organizations, as well as the recommendations of the Philippine Medical Association through its Commission on Professional Specialization and Committee on Mental Wellness, there is a common emphasis on the importance of proper preparation of all participating individuals, particularly schoolchildren and the wider school community.

We wish to emphasize the need to protect our students from potential negative physical, emotional, and psychological effects that may arise if a security drill is not appropriate to their age, developmental stage, and capacity to understand and process such an experience.

In this regard, we respectfully recommend the following:

1. Formation of a multidisciplinary task force. A task force composed of relevant multidisciplinary groups should be established to help develop a safe, evidence-guided, age-appropriate, and contextually relevant school safety drill.

2. Conduct of a pilot run and evaluation. A pilot implementation should be conducted before nationwide implementation. This should be followed by a comprehensive evaluation to identify areas for improvement and ensure that the program is accurate, appropriate, safe, effective, and locally tested. This process may eventually serve as the basis for an institutionalized school safety drill system appropriate for the Philippine setting.

The Philippine Medical Association fully supports efforts to prepare our schools, communities, and the country for various forms of crises through appropriate drills and exercises. However, preparedness must always be pursued with care, compassion, and protection of every individual involved.

We remain open to collaboration and cooperation with the Department of Education and other concerned stakeholders in developing a school safety preparedness program that is effective, evidence-based, trauma-informed and protective of the physical, emotional, and psychological well-being of our Filipino children.

Attached herewith are the complete copies of the position statements of the Philippine Pediatric Society; Philippine Psychiatric Association, Inc.; Philippine Society for Child and Adolescent Psychiatry; and the PMA Commission on Professional Specialization and Committee on Mental Wellness for 2026–2027, for your consideration and reference.

Respectfully Yours,

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PHILIPPINE PSYCHIATRIC ASSOCIATION
COMMITTEE ON ADVOCACY LEGISLATION AND MULTIMEDIA
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Joint Position Statement
Philippine Psychiatric Association (PPA)
Philippine Society for Child and Adolescent Psychiatry (PSCAP)

On the Conduct of the Nationwide Simultaneous School Safety Drill for Active Attack Incidents (*In response to the DepEd Memorandum dated August 12, 2026, as published in Philstar.com, August 21, 2026*)

August 22, 2026

The **Philippine Psychiatric Association (PPA)**, together with the **Philippine Society for Child and Adolescent Psychiatry (PSCAP)**, affirms a shared commitment to safe, secure, and resilient learning environments. On August 12, 2026, the Department of Education (DepEd), through the Office of the Secretary, issued a Memorandum directing schools nationwide to conduct a **Nationwide Simultaneous School Safety Drill for Active Attack Incidents** on August 25, 2026. The directive was subsequently reported in *Philstar.com* on August 21, 2026.

Preparedness in schools is essential, but the methods chosen must be trauma-informed and grounded in evidence.

Joint Position:
The conduct of a **simulation of a live shooter attack drill should be DEFERRED**. Such simulations differ from routine safety drills like earthquake or fire exercises, which are necessary and beneficial. Simulated active-attack exercises expose learners to hyper-realistic scenarios of violence. Current evidence does not show that these simulations reduce casualties or prevent incidents, while multiple studies demonstrate that they can cause lasting psychological harm across age groups.

Evidence Base:
The National Academies of Sciences, Engineering, and Medicine (2025) found insufficient evidence that simulations improve safety outcomes and advised against high-intensity drills or deceptive practices.[1] A large-scale study analyzing 54 million social media posts across 114 schools documented a 42 percent increase in stress and anxiety language and a 39 percent increase in depression language, sustained for at least 90 days after drills.[2] The American Academy of Pediatrics (2020) cautioned against involving children in high-intensity shooter simulations and emphasized that deception should never be used.[3] Professional consensus from NASP, NASRO, and AACAP (2026) likewise recommends **banning hyper-realistic simulations**, **requiring advance notice**, and **embedding school mental health professionals in planning**.[4]

Recommendations:
School safety is best strengthened through measures that protect without causing trauma. Locks, controlled entry points, and perimeter security should be prioritized. Protocols must be trauma-informed, with clear advance notice and the involvement of guidance counselors, psychologists, psychiatrists, and child psychiatrists.

Instead of live simulations, schools can adopt tabletop exercises. These are simple, discussion-based activities where teachers, staff, and parents sit together and talk through "what if" scenarios. For example, participants might ask: *"If an intruder enters, who locks the doors? Who calls parents? Where do students go?"* This approach builds coordination and preparedness without frightening children.

Participation should be inclusive, with accommodations for learners who have disabilities, sensory-processing needs, or prior trauma. Each school should conduct a needs assessment before developing and implementing drills, to ensure that the unique characteristics of its community are considered.

Finally, a joint Mental Health Task Group, composed of DepEd, DOH, and specialty groups such as PPA and PSCAP, should be convened to generate Philippine-specific outcome data before any nationwide mandate is scaled.

Commitment to Learners' Safety
The joint request of PPA and PSCAP to **defer the simulation of a live shooter attack drill** is anchored in the same goal that guided DepEd's directive, the protection of Filipino learners. That goal is best achieved through preventive, trauma-informed, and evidence-based measures, so that schools remain places of safety, resilience, and hope.

PPA Board of Directors 2026-2027
PSCAP Board of Directors 2026-2028

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5. Department of Education, Office of the Secretary. (2026, August 12). *Conduct of the Nationwide Simultaneous School Safety Drill for Active Attack Incidents* [Memorandum]. As reported in *Philstar.com* (2026, August 21).

Philippine Pediatric Society (PPS) Position Statement on Safeguarding Children in the Conduct of Active Attack Drills in Schools

Prepared jointly by: Committee on Digital Wellness and Emerging Media Technologies, Committee on Mental Health for Children and Youth, and Committee on Child Protection

August 23, 2026

Preparedness matters. But preparation for physical danger must not come at the cost of children's psychological safety.

Recent incidents of violence in Philippine schools have caused grief, fear, and an understandable demand for action. The Philippine Pediatric Society (PPS) recognizes the Department of Education's mandate and immense responsibility to protect millions of learners and school personnel. We appreciate DepEd's efforts to strengthen school safety. We share its goal: every school should have a clear plan and know how to respond in an emergency.

Clear plans matter, and calm practice can help people know what to do. However, the evidence on children's participation in active attack and lockdown drills remains limited, mixed, and overwhelmingly drawn from the United States. Announced, low-intensity drills may help students learn basic safety procedures.[1-4] Some studies have reported anxiety, avoidance, or a reduced sense of safety following drills. There is insufficient evidence that realistic or high-intensity simulations provide additional benefit. Given this uncertainty, nationwide implementation should meet a higher standard of practice.

For these reasons, **PPS believes that the planned nationwide active attack simulation involving learners should not proceed in its current form on August 25, 2026.** We respectfully call on the Department of Education (DepEd) to use the scheduled activity for non-simulated preparedness work while undertaking an urgent technical review of active attack simulation protocols involving learners.

This is not a call to abandon preparedness. It is a call to strengthen it. Any future student drill should be grounded in the best available evidence, developmentally appropriate, and trauma-informed,[2-4] introduced through phased implementation in communities assessed as ready, and evaluated for both intended benefits and potential harms before broader use.

THE PHILIPPINE PEDIATRIC SOCIETY (PPS) RECOMMENDS:

1. **Begin with a transparent assessment of school readiness and security.**
   Preparedness begins with knowing what is already in place, what is missing, and who is responsible for addressing each gap. Before involving children in any simulation, every school should **conduct and document an inventory of its structural and operational safety measures**, including access controls, doors and locks, alarm and communication systems, evacuation and shelter areas, family-reunification procedures, trained response teams, and available medical and psychological support.[5] Schools should develop time-bound corrective plans and communicate their general findings to families and personnel—while withholding operational details that could compromise security.

2. **Assess both individual and community readiness.**
   At the individual level, plans should provide accommodations, modified participation, alternative activities, or exemption for children with physical, sensory, developmental, intellectual, communication, or mental-health needs. At the community level, student drills should not proceed

in communities recently affected by school violence or other serious violence until a qualified multidisciplinary team with expertise in child and adolescent trauma and mental health has assessed readiness and identified the support required. In these communities, postponement or a calm, discussion-based preparedness activity may be the safer option.

3. **Where student drills are undertaken, use only announced, low-intensity, developmentally appropriate, and trauma-informed approaches.**
   Parents and guardians should receive advance notice describing the drill's purpose, activities, and available support, with a clear option to request modified participation or exemption. Children should receive an age-appropriate explanation and be allowed to pause or stop without penalty. Drills **must not use deception, surprise, simulated gunfire, realistic weapons or injuries, or aggressive attacker role-play**. Children should not be instructed or expected to confront or stop an attacker as part of a drill. Any discussion of physical resistance should be approached cautiously and tailored to the learner's age, developmental capacity, physical ability, and circumstances. Every drill should include preparation beforehand, calm debriefing afterward, monitoring for distress, and timely access to appropriate support.[3,4,11]

4. **Place drills within a comprehensive prevention strategy.**
   Preparedness must go hand in hand with prevention. Drills must be supported by full and consistent implementation of DepEd's Child Protection Policy. Every school should have a functional Child Protection Committee, **safe, confidential, and child-friendly reporting channels,** and clear pathways for assessing, escalating, referring, and following up concerns involving bullying or cyberbullying, threats, weapon access, or significant distress or behavioral change. Children at risk should be connected promptly to appropriate mental-health, health, social-welfare, or law-enforcement services through a multidisciplinary process that prioritizes early support, proportionate escalation, and risk reduction. Prevention also requires trusted adults, responsible media and online practices, and the safe storage of firearms and other weapons.[6-10]

5. **Develop Philippine guidance, then pilot and evaluate it.**
   DepEd is well positioned to convene a **multidisciplinary and multisectoral technical working group**. It should include experts in disaster risk reduction and emergency management, child development, pediatrics, trauma, and mental health, educators, guidance personnel, school nurses, and school leaders, child-protection, disability, and public-health specialists, law enforcement, and representatives of parents and young people. Together, the group **should adapt international evidence-informed guidance to the Philippine context,** establish developmentally appropriate and trauma-informed standards, train drill leaders, pilot protocols before nationwide use, and evaluate both preparedness and possible harm.[1,2,11] No single profession can answer this alone.

Documentation can support accountability and improvement, but it should also protect children's privacy, dignity, and security. Where documentation is required, it should be limited to what is necessary, use non-distressing and de-identified materials where possible, and be shared through secure channels.[5,12] Public posting on social media should not be required when materials could identify children or reveal security-sensitive details. The **clearest measure of success is whether children learned what to do while their physical and psychological well-being remained protected.**

Children should leave a drill knowing that adults have a plan—not believing that an attack is inevitable or that the burden of survival rests mainly on them. **Physical preparedness and psychological well-being are not competing goals**. Children deserve both.

PPS offers these recommendations in the spirit of constructive partnership. We stand ready to work with DepEd and its partners on a rapid, evidence-informed review and on Philippine guidance that is developmentally appropriate, trauma-informed, inclusive, and practical across different school settings.

SELECTED EVIDENCE AND GUIDANCE

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POSITION STATEMENT

Ad Hoc Committee on Mental Health Advocacy

ON THE PROPOSED CONDUCT OF THE NATIONWIDE SIMULTANEOUS SCHOOL SAFETY DRILL FOR ACTIVE ATTACK INCIDENTS BY THE DEPARTMENT OF EDUCATION ON AUGUST 25, 2026 (TUESDAY) AT EXACTLY 9.00AM BASED ON A DEPED MEMORANDUM DATED AUGUST 12, 2026.

In the last two months, two deadly school shootings have occurred in the country: San Jose National High School, Tacloban, Leyte, June 22, 2026 and Ateneo de Zamboanga University, Zamboanga City, Zamboanga, August 18, 2026. This has engendered fear and anxiety among Filipinos. The proposed conduct of safety drills for active shooters appears to be an outcome of these two unfortunate events. However, this too has raised concerns in the populace, including educators and health professionals although the DepEd emphasized in the memorandum that "the drills must be age-appropriate, trauma-informed, and protective of the psychological safety of students and staff".

Although children and adolescents can be included in such drills to prepare them for any eventuality, there is also a need to consider strongly the potential emotional, psychological, physical, and behavioral outcomes that such exercises can produce even with the best intentions.[1]

A recent comprehensive consensus study report published by the US National Academies of Sciences, Engineering, and Medicine has focused on mitigating risks to mental, emotional, and behavioral health that may result from school active shooter drills.[2]

They have listed the following practices least likely to cause mental, emotional, and behavioral health harms:

Before:

- Implement robust social-emotional programming to help students develop the skills needed to engage successfully in drills.
- Design drills using discussion-based and standard response practices that foster skill-building, with clearly defined action steps.
- Adapt drills for individuals with functional and access needs.
- Consider the frequency and context of drills to minimize unnecessary stress and disruption.
- Inform, engage, and collaborate with parents to ensure transparency and support.
- Preplan drills with a multidisciplinary team, incorporating student and parent input in both planning and evaluation efforts.

During:

- Use clear communication throughout the drill to ensure understanding and reduce anxiety.
- Ensure that wellness supports are available for students and staff.

After:

- Provide time for students and staff to debrief and process the experience.
- Check in with vulnerable students and staff to assess and address emotional or psychological distress.
- Conduct an after-action assessment to evaluate results, identify gaps, document and demonstrate lessons learned, and highlight successes achieved.

In addition, the American Academy of Pediatrics recommended the following safer practices for active drills:[1]

- *Avoid Deception:* Never trick children into believing an actual attack is happening.
- *No High-Intensity Simulations:* Prohibit aggressive roleplay, fake blood, or weapon sounds that mimic live shootings.
- *Provide Advance Notice:* Inform parents, teachers, and students ahead of time so they are mentally prepared.
- *Involve Mental Health Professionals:* Use age-appropriate, calm, and discussion-based instruction designed by school psychologists rather than fear-based training.

The Philippine Medical Association exhorts the Department of Education to ensure that the safety drill to be conducted nationwide on August 25th follow proper safeguards and accepted guidelines to protect the mental, emotional, physical, and behavioral health of the children, adolescents and other participants in the drills.

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1. Schonfeld DJ et al. Participation of Children and Adolescents in Live Crisis Drills and Exercises. Pediatrics, Vol. 146 (3). September 2020.
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ROBERT D. BUENAVENTURA, MD
Chair, Ad Hoc Committee on Mental Health Advocacy
Philippine Medical Association

POSITION STATEMENT
Commission on Professional Specialization

Subject: Health, Social and Ethical Safeguards for the Nationwide Simultaneous School Safety Drill for Active Attack Incidents

The Commission on Professional Specialization of the Philippine Medical Association recognizes and supports the Department of Education's responsibility to protect learners, teaching and non-teaching personnel, and school communities from active-attack incidents.

The Commission commends the memorandum dated 12 August 2026 for requiring localized contingency plans, interagency coordination, emergency communication, family reunification, medical response, Psychological First Aid, learning continuity and after-action review. We particularly welcome its instruction that drill activities should be age-appropriate, trauma-informed and protective of learners' psychological well-being.

School safety, however, is indivisible. An intervention cannot be considered fully safe when it reduces tactical risk but creates avoidable psychological, developmental, physical, privacy or equity harms. National and international health guidance recommends announced, calm, developmentally appropriate and nonsensorial safety practice and advises against deception, hyperrealistic enactments and high-intensity simulations involving children.

The Commission therefore respectfully recommends that the Department of Education issue a **supplemental directive before the 25 August 2026 activity**, incorporating the following minimum safeguards:

1. Define the permissible student-facing drill

For the 25 August exercise, participation by learners should be limited to preannounced, calmly facilitated and nonsensorial activities, such as:

- Orientation and discussion;
- Tabletop exercises;
- Walkthroughs of alerts, lockdown, evacuation and accountability procedures;
- Calm practice of moving out of sight, securing a room and remaining quiet;
- Testing communication and family-reunification systems without manufacturing panic; and
- Staff review of emergency medical and command responsibilities.

The activity should begin with a clear statement that it is a drill and not an actual emergency.

2. Prohibit high-intensity and deceptive practices

The supplemental directive should expressly prohibit, in any activity involving learners:

- Surprise or unannounced active-attack drills;
- Deception that causes participants to believe an attack is real;
- Real or replica firearms and other simulated weapons;
- Blank gunfire or recorded gunshots;

- Fake blood, theatrical wounds or staged fatalities;
- Smoke, aggressive actors, screaming or sensory effects intended to mimic an actual attack;
- Physical grabbing, forced entry or physical confrontation;
- Learners portraying attackers, casualties or hostages; and
- Any exercise intended primarily to produce dramatic photographs or videos.

Full-scale simulations, when operationally necessary, should be conducted outside regular school hours for trained responders and carefully selected, informed and consenting adult volunteers, with health and mental-health support available.

3. Do not require learners to enact "Fight"

The "fight" or "defend" option should not be physically rehearsed by learners. Age-appropriate education for older adolescents may explain that self-protection may become necessary only when escape and secure shelter are impossible, but students must never be given the expectation that they should confront an assailant or act as heroes.

Younger learners should receive simple instructions focused on following a trusted adult, moving away from danger, securing themselves and remaining quiet.

4. Require advance family communication and alternative participation

Parents and guardians should receive advance, understandable notice describing:

- The date and approximate time;
- The exact nature and intensity of the activity;
- The language and procedures to be used;
- The absence of realistic attack simulation;
- Available health and mental-health support;
- Procedures for requesting accommodation; and
- The alternative safety-education activity for learners who should not participate in live practice.

Not participating in a drill should not mean exemption from preparedness. Equivalent discussion-based or individualized instruction should be provided.

5. Integrate the school mental-health system

Each exercise should include the Schools Division Mental Health and Well-Being Office, the school Care Center or other qualified mental-health personnel in planning, implementation and evaluation, consistent with Republic Act No. 12080.

Schools should establish:

- A confidential means for learners, parents and staff to request accommodation;
- Training for adults to recognize distress reactions;
- A designated quiet or safe area;

- Authority to remove or excuse a distressed participant immediately;
- Voluntary post-drill emotional check-ins;
- Referral and follow-up pathways; and
- Monitoring of significant distress, school avoidance or functional impairment following the activity.

No unnecessary diagnostic information should be collected or disclosed.

6. Require reasonable accommodation and inclusive planning

Plans should specifically cover learners and personnel with:

- Mobility limitations;
- Hearing or visual impairment;
- Autism or sensory-processing differences;
- Intellectual, developmental or communication disabilities;
- Anxiety, trauma-related or other mental-health vulnerabilities;
- Asthma, epilepsy, diabetes, severe allergy or other chronic conditions;
- Pregnancy or physical limitations; and
- Dependence on assistive devices, medication or electrical equipment.

Alerts, routes, lockdown areas and reunification procedures should be accessible in practice—not merely on paper.

7. Strengthen medical and physical safety standards

The supplemental guidance should define minimum requirements for:

- Trained adult first-aid and bleeding-control responders;
- Appropriately located trauma and first-aid kits;
- Coordination with EMS and designated receiving hospitals;
- Pediatric triage and casualty transfer;
- Continuity of emergency and chronic medications;
- Management of learners with disabilities during prolonged lockdown;
- Emergency contact and medical-information transfer;
- Safe crowd movement and prevention of stampede or falls; and
- A drill controller authorized to stop the exercise for any actual medical, security or psychological emergency.

The roles of floor or wing captains should be clarified so that no teacher or staff member is expected to leave a secure area to inspect exposed corridors or adjacent rooms.

Physical hardening measures—including locks, barricades, fencing and controlled entrances—should be reviewed by appropriate safety, accessibility, fire and engineering authorities to ensure that protection from one hazard does not create entrapment or prevent emergency egress.

8. Protect privacy and operational security

Photographs and videos should not be the default evidence of compliance. When documentation is necessary:

- Use de-identified or non-identifiable images whenever possible;
- Do not record distressed learners;
- Do not publicly post identifiable children without a valid lawful basis and appropriate authorization;
- Avoid recording tactical vulnerabilities, room layouts, access points and security procedures;
- Limit access to authorized personnel;
- Establish a defined retention and deletion period;
- Secure the online reporting system; and
- Subject the reporting process to review by the DepEd Data Protection Officer.

The National Privacy Commission's principles of transparency, legitimate purpose, proportionality and protection of data-subject rights should govern the entire reporting process.

9. Make prevention equal to response

The drill program should be integrated with:

- School connectedness and positive school-climate initiatives;
- Bullying and violence prevention;
- Mental-health and suicide-prevention services;
- Confidential help-seeking and reporting mechanisms;
- Child-protection and family-support services;
- Multidisciplinary behavioral threat assessment;
- Safe firearm-storage education and prevention of unauthorized child access;
- Responsible digital behavior and crisis communication; and
- Continuing collaboration among families, health services, schools, law enforcement and local government.

Threat assessment must be based on observable behavior and circumstances rather than stereotypes, disability, psychiatric diagnosis, ethnicity, religion, social status or other personal characteristics.

10. Strengthen family connectedness and promote healthy family time.

School safety and violence prevention should extend beyond preparedness for an active-attack incident and should recognize the family as a fundamental source of safety, connectedness, resilience and healthy development for children and adolescents.

The Department of Education, in partnership with health authorities, local governments, schools and parent organizations, should promote initiatives that enable Filipino families to spend regular, meaningful and protected time together. These should encourage:

- Shared family meals and regular opportunities for parent-child conversation;

- Age-appropriate outdoor play, exercise, sports and other forms of physical activity undertaken together;
- Reading, storytelling, music, arts, traditional Filipino games and other screen-free recreational activities;
- Participation in community, cultural, environmental, volunteer and service activities that strengthen children's sense of belonging and social responsibility;
- Reasonable family agreements on recreational screen and social-media use, particularly during meals, family activities and before bedtime;
- Healthy sleep routines and opportunities for rest and recreation; and
- Parents and caregivers to model responsible digital-media use and maintain open, nonjudgmental communication with children regarding their online and offline experiences.

Schools should avoid creating unnecessary academic, administrative or online requirements outside reasonable school hours that substantially displace opportunities for family interaction, physical activity, adequate sleep and healthy recreation.

Family-strengthening initiatives should be culturally appropriate, inclusive of diverse family structures and socioeconomic circumstances, and should not impose additional financial burdens on families. Schools should prioritize simple, accessible activities that can be undertaken at home or within the community.

The Commission further recommends that school-safety education include guidance for parents and caregivers on recognizing changes in behavior, emotional distress, social withdrawal, bullying, exposure to violence, problematic digital-media use and other concerns that may warrant supportive intervention or referral.

11. Permit deferral when minimum safeguards are not met

Schools that cannot meet the minimum health, mental-health, accessibility, privacy or emergency-response conditions should be expressly permitted to defer the activity and submit a corrective plan and later schedule without penalty.

A simultaneous national date should not override local readiness. Schools should not be pressured to produce visible compliance when safe implementation is not yet possible.

12. Evaluate health outcomes, not merely completion

The post-drill evaluation should include aggregate and de-identified indicators of:

- Preparedness knowledge and role clarity;
- Communication and accountability performance;
- Accessibility;
- Physical injuries and near misses;
- Psychological distress and referrals;
- Medication or chronic-disease concerns;

- Privacy incidents;
- Learner, staff and parent feedback; and
- Corrective actions.

The frequency and complexity of future drills should be determined by local risk assessment, experience and evaluation—not solely by a blanket numerical requirement.

13. Establish a multidisciplinary technical working group

The Commission recommends the creation of a DepEd–DOH–PMA technical working group that includes expertise in:

- Pediatrics and adolescent medicine;
- Psychiatry and psychology;
- Emergency medicine and disaster medicine;
- Family and community medicine;
- Public health and epidemiology;
- Occupational medicine;
- Rehabilitation medicine and disability inclusion;
- School health and nursing;
- Child protection and medical ethics;
- Privacy and information governance;
- Education, school administration and disaster-risk reduction;
- Law enforcement, fire and emergency medical services; and
- Learner and parent representation.

The Commission supports the objective of saving lives. We respectfully submit, however, that preparedness must build competence without manufacturing fear, and must protect not only the physical survival of learners but also their mental health, dignity, privacy, inclusion and trust in the school community.

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