

## **453.61 - GENERAL GUIDELINES FOR PROVIDING EMERGENCY CARE**

### **I. Components of Emergency Care**

A. Emergency - Life threatening situation which requires prompt intervening action to maintain physical, mental and/or emotional health of a student or staff member. These situations include but are not limited to:

- Cessation of breathing
- Chest pain or other signs indicative of a possible heart attack
- Unconsciousness/unresponsiveness for unknown reasons
- Diabetic reaction requiring glucagon administration
- Impaled objects that should not be removed
- Trauma to the body that necessitates total body immobilization for safe transport to a medical facility
- Conditions that can induce shock
- Suspected anaphylactic reactions
- Suspected or known drug or alcohol overdose

Anytime a life-threatening situation is suspected, the ambulance (911) will be called immediately and a "Building First Responder will be called to the scene as well as the parent/guardian notified. Trained building first responders should remain with the student/staff member until the ambulance arrives.

B. Assessment of the seriousness of the illness or injury - During this process, keep the student/staff member immobile; control serious bleeding by direct pressure to the wound; administer artificial respiration and cardiopulmonary resuscitation (CPR) if necessary; obtain an automatic external defibrillator (AED); treat for shock; look for emergency medical identification such as a bracelet, necklace or card.

1. If a life-threatening situation is suspected, direct another person to call 911. The first responder protocol will be followed.
  - a. Notify the student's parent(s)/guardian as soon as possible. If parent(s)/guardian cannot be reached send the student with the EMT's.
  - b. Notify the school nurse if not at the scene and the district administrator of the situation.
  - c. Copy the student emergency form and print out the health conditions list if necessary and send it with the EMT's for use in the emergency room.
  - d. Designated building first responders shall initiate and complete an accident report.

2. If the injury or illness is serious but not life-threatening:
  - a. Contact the following people immediately: designated building first responder (will determine if ambulance is necessary) and parent(s)/guardian. If parent(s)/guardian cannot be reached call emergency contact.
  - b. If medical care is required, the parent(s)/guardian should supply the transportation.
  - c. Notify the principal if necessary.
  - d. Notify the district administrator if necessary.
  - e. Building first responder shall initiate and complete an accident report.
  
3. If the injury or illness is minor:
  - a. Accompany the student to the health area and provide first aid.
  - b. If health permits, the student/staff member will return to the classroom/work.
  - c. Notify the parent(s)/guardian as soon as possible of injuries that require first aid and for which further attention may be necessary. Parent(s)/guardian shall be notified via phone or written note.

C. Administration of Medications - In compliance with Board policy pertaining to medication administration, only the school nurse, principal, or other authorized personnel will administer external or internal medication with a physician's and/or parent(s)/guardian(s) written permission.

## II. Administering Emergency Care Services On and Off School Premises

- A. Activities taking place on school premises - Emergency care services will be available during regular school hours.
  1. The designated health area will normally be open and first aid supplies will be available during regular school hours.
  2. The designated health area will be staffed by the school nurse or other designated personnel.
  3. The injured/ill student/staff member will report to the office.
  4. Two or more regular members of the school staff should be designated and trained to handle emergencies. Training shall include first aid and CPR/AED use and be on a voluntary basis.
  5. Coaches shall receive first aid and CPR/AED training within the first school year of hire.

6. The following information shall be available to staff:
  - a. Location of all first aid and emergency supplies
  - b. Standard first aid and emergency procedures
  - c. Names of first aid or CPR/AED certified personnel in the building
  - d. Emergency telephone numbers
  - e. Names of students with known health concerns
  - f. List of "Building First Responders"

B. Activities taking place off school premises -

1. Building administration shall provide the appropriate field trip teacher request form that will take into consideration the following information:
  - a. Number of responsible adults attending.
  - b. Names of any individuals capable of rendering emergency care.
  - c. Students with potential health concerns that may need special considerations.
  - d. Students needing medication.
2. Parents will be provided appropriate field trip permission forms to be completed before each field trip. Forms will take into consideration the following information:
  - a. Updated health information
  - b. Accommodations needed by student during field trip (meds., special equipment.
  - c. Phone number where parent can be reached during field trip hours
  - d. Emergency contact and phone number in case a parent cannot be reached.
3. Traveling first aid kits shall be available. Teachers will be responsible for providing at least 2 days prior, a list of students attending the field trip, to the school nurse.
4. Suggest bus drivers be certified in first aid and CPR
5. Upon request and availability, the district nurse will be available to accompany groups on school-sponsored activities.

C. Activities taking place on and off school premises -

1. All coaching staff shall be trained in CPR and AED.
2. Arrangements should be made by the Athletic Director for necessary and appropriate medical emergency coverage at athletic events.

3. Teachers and supervisors of other events (music programs, concerts, plays, club, etc.) should be trained in first aid and CPR/AED, or arrange for appropriate medical emergency coverage.

Adopted: April 15, 2014

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