



PROCEDURES: EMERGENCY TREATMENT

Staff are encouraged to become trained and/or maintain skills in recognized first aid procedures, especially through Red Cross certified providers. Staff have the affirmative duty to aid an injured student and act in a reasonable and prudent manner in obtaining immediate care. The staff member who exercises his/her judgment and skills in aiding an injured person during the school day or during a school event is protected by the district's liability insurance except when the individual is operating outside the scope of his/her employment or designated duties.

Any child who appears to be very ill or who has received a serious injury should be either sent home or to a physician or hospital as quickly as possible. The principal shall be responsible for making the appropriate decision. In the event the principal or nurse is not available, the staff member designated by the principal to take charge in emergency situations shall be responsible for the decision. For a life-threatening emergency (severe bleeding, shock, breathing difficulty, heart attack, head or neck injuries), call for an ambulance or "911." The principal, nurse, responsible designated person, or involved staff member should contact the parent as quickly as possible to determine whether the child should:

- A. Be sent to a hospital, or
- B. Be sent to a doctor, or
- C. Be sent home, or
- D. Remain at school.

If the parent cannot be contacted, call the emergency number listed on the child's enrollment card to determine the next course of action.

If a seriously ill or injured child is sent home or to the hospital by private automobile, be sure that someone trained in first aid accompanies the child. This is in addition to the driver of the vehicle. Do not let a child walk home if he/she has a high fever (102+), has a head injury, or is likely to go into shock from injury. Even if the parent says to send the child, do not send the child home unaccompanied.

If illness or injury is not life-threatening, the parent should arrange transportation. If ambulance service is required, ask the parent to call the ambulance or secure permission from the parent to call one. The child should be sent to the hospital of the parent's choice. Be sure to notify the hospital that the child is on the way.

If the injury is deemed to be minor, the trained staff member should:

- A. Administer first aid to the child as necessary (following standard Red Cross procedure);
- B. Notify the nurse, principal or responsible designated person. The nurse may be consulted by phone if not in the building.
- C. Remain with the child until released by the principal, nurse, responsible person, or the parent.
- D. The nurse, principal or other responsible person so designated should make the decision whether an ill or injured child who has received first aid should return to class. If there is any doubt, the parent should be consulted.
- E. An accident report must be completed by supervising staff or witness of injury. (Same as description below.)

If a serious injury occurs during a physical education class or during an athletic team practice or game, emergency procedures shall be conducted in the following manner:

- A. **Stop** play immediately at first indication of possible injury or illness;
- B. **Look** for obvious deformity or other deviation from the athlete's normal structure or motion;
- C. **Listen** to the athlete's description of his complaint and how the injury occurred;
- D. **Act**, but move the athlete only after serious injury is ruled out.

The teacher or coach should avoid being hurried into moving an athlete who has been hurt. He/she should attempt to restore life-sustaining functions, (e.g., stop/repair uncontrolled bleeding, suffocation, cardiac arrest) before moving the athlete to an emergency facility. An athlete with a suspected head, neck or spinal injury should not be moved. If no physician is available, call 911 and proceed with caution according to first aid procedures. If he/she must accompany the student to a doctor, the activity or event should cease.

An accident report must be completed by the activity director as soon as possible from information provided by the person at the scene of the accident. The written report should include a description of the circumstances of the illness or injury and procedures followed in handling it at school. A copy should be included in the student's folder and a copy should be sent to the superintendent.

School staff may not accept and may not agree to comply with directives to physicians that would withhold or withdraw life-sustaining treatment from students.

Automated External Defibrillators (AED) Procedures for Schools (ADAM Project)

Understanding of Responsibilities

The purpose of this procedure is to provide guidance in the management of a school-based AED program and aid in defining the responsibilities between the different collaborating team members.

Six Components of an AED Program

1. Medical direction and oversight
2. Appropriate training of anticipated rescuers in CPR and the use of an AED

3. Coordination with local Emergency Medical Services
4. Appropriate device maintenance per manufacturer's recommendation
5. Transfer of information and/or data between selected schools, EMS and/or Health Care providers
6. Ongoing quality improvement and evaluation program

Responsibilities

Selected School Site Coordinator (e.g., school nurse, athletic director, principal)

- Provide communication between selected school staff/administration and Project ADAM Team.
- Obtain list of employees that are currently trained in CPR/AED from school (if school currently participates in CPR/AED training course).
- If needed, select employees to ensure minimum number of staff trained in CPR/AED meets program standard of 1 staff per 100 students (if number of staff or current training not sufficient).
- School maintains a roster of trained employees and recertification dates.
- Coordinate routine device inspection consistent with manufacturer's guideline (daily, weekly or monthly as deemed appropriate) noting general appearance of equipment, self-check indicator light and expiration date of pads and battery.

Post-Event

- Arrange for post-event transfer of data with Project ADAM Coordinator.
- Clean and disinfect equipment.
- Replenish supplies.

Equipment Maintenance

Annual Periodic Maintenance (PM) of the Automatic External Defibrillator (AED) will be performed by Sacred Heart Engineering Services (SHES) according to manufacturer's recommendations.

- The main school office will be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, the main school office shall be informed and then notified when equipment is returned to service.
- The main school office will be responsible for notifying the school site coordinator of changes to availability of emergency equipment.
- The school site coordinator will be responsible for coordinating the schedule of the annual periodic maintenance.
- Following the use of AED, the school site coordinator will be responsible for ensuring the equipment is properly cleaned and/or decontaminated and supplies are replenished.

Routine Maintenance (Based on the manufacturer's recommendation)

By default, the AED unit performs an automatic self test once every seven days when the unit is stored with batteries installed to verify unit integrity and its readiness for emergency use. Following successful completion of an automatic self test, the Zoll AED Plus' status indicator displays a green check mark to show that all tests passed and that the unit is ready to use.

School administration and/or site coordinator will be responsible for assigning volunteer designee to perform visual inspection and any necessary documentation of routine AED inspection (frequency determined by school). Inspection verifying:

- AED is located in designated area and free from obvious tampering;
- Indicator light has a green check mark showing that the AED Plus is ready to use;
- That electrodes are within their expiration date;
- That batteries are within their expiration date;
- That electrodes are pre-connected to the input connector;
- That rescue supplies are available for use (razor, mask, gloves, etc.).

If the status indicator displays a red X, the AED Plus is not ready for use and may be defective.

- Individual schools will be responsible for identifying process to notify Project ADAM Team and engineering services for help troubleshooting routine maintenance problems.
- Site coordinators will notify school staff of changes in availability of emergency equipment resulting from routine maintenance inspection.
- Upon noticing expiration date on either the pads and/or batteries is nearing expiration, site coordinator or designee will notify Project ADAM Coordinator.

AED Location

Location of AED will be determined by individual school administration. If necessary, a medical professional and/or the local fire/EMS department may be consulted. Guidelines will be available at the location of the AED.