

SAMPLE

SCHOOL EMERGENCY RESPONSE POLICY AND PROTOCOLS

The school nurse, school administrator, or his/her designee shall contact the local EMS and request an ambulance whenever a potentially life-threatening situation occurs in one of the school buildings or on school grounds. This policy shall take effect regardless of the request of the ill or injured party if deemed necessary by the school nurse to ensure the victim's safety and well being.

In the event of a medical emergency the school nurse will make a determination about the disposition based on initial assessment and triage guidelines.

- Call School Nurse to the scene if patient is not in the health office
- Perform initial assessment and determine appropriate triage (attached)
- Delegate someone to call 911 (follow telephone procedure)
- Activate school building 911 team if necessary
- Notification of parent/guardian/emergency contact
- Emergency Medical Services are met and directed to scene
- Report given to EMS

INITIAL ASSESSMENT INCLUDES:

- Assess ABC's (Airway, Breathing, Circulation)
- Assess mental status (alert, responsive, unresponsive)
- Assess vital signs
- Obtain history, including medication use

TRIAGE

The three commonly recognized triage categories are *emergent, urgent and non-urgent*. The table below lists triage categories and examples of problems that fall within each category.

Emergent: Student/staff requires immediate medical attention. Condition is acute and has the potential to threaten life, limb or vision.

Examples:

- Cardiopulmonary arrest
- Shock (hypovolemic, anaphylactic, cardiogenic)
- Severe respiratory distress or failure
- Major burns
- Cervical spine compromise
- Spinal Cord injury
- Severe medical problems, such as diabetic complications
- Poisoning or overdose
- Acute seizure state (status epilepticus or first time seizure)
- Prolonged loss of consciousness
- Altered mentation
- Limb trauma with loss of distal pulse
- Severe pain in significant location (e.g., chest, abdomen)
- Emergency childbirth
- Caustic chemical spills in the eyes

Urgent: Student/staff requires medical intervention within 2 hours. Condition is acute, but not severe or life-threatening.

Examples:

- Deformity suggesting fracture of a long bone without circulatory compromise
- Lacerations in which sutures are required, but bleeding is controlled and there is no significant blood loss
- Moderate pain following abdominal trauma
- Head injury with brief loss of consciousness
- Minor burns
- Persistent nausea, vomiting or diarrhea

Non-urgent: Student/staff may require referral for routine medical care. Minor or non-acute conditions

Examples:

- Minor abrasions or bruises
- Muscle sprains and strains
- Mild pain

EMERGENCY TELEPHONE PROCEDURE:

1. Follow School District Procedure for Dialing 911 to reach local EMS
2. State who you are
3. State the nature of the emergency (include age, gender, chief complaint)
4. State your location
5. State your telephone number
6. Give specific directions to your specific location (include door # if available)
7. Do not hang up until the dispatcher tells you to do so

COMPLETE APPROPRIATE NOTIFICATIONS and REPORTS:

1. Notify Parent/Guardian/Emergency Contact
2. Notify Appropriate Administration - Superintendent's Office
3. Document in School Health Record as appropriate
4. Complete School District Incident/Accident Report
5. Complete 911 Report for DPH
6. Complete Epi-Pen Report if necessary
7. MDPH medication error report, VERS form if necessary
8. Contact school physician, guidance, crisis team, PCP, DCF, police

*Attach all forms to packet