

# THE RISK OBSERVER

FOUNDED 2006 — VOL. CLXI

PROFESSIONAL UNDERWRITERS

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## MEDICAL EMERGENCIES IN SCHOOLS

Medical emergencies can happen in any school at any time. They can be the result of pre-existing health problems, accidents, violence, unintentional actions, natural disasters, and toxins. Premature deaths in schools from sudden cardiac arrest, blunt trauma to the chest, firearm injuries, asthma, head injuries, drug overdose, allergic reactions, and heatstroke have been reported. School leaders and staff deal with these emergencies on a routine but sometimes inconsistent basis. Consistency in response can be enhanced by developing an emergency response plan to deal with life-threatening medical emergencies. It is important that staff members are provided with training in the medical emergency response plan. The American Association of Pediatrics (AAP) found that 18% of all teachers surveyed in elementary and high schools in the Midwest had personally provided some aspect of emergency care to more than 20 students each academic year. Seventeen percent reported that they had responded to one or more life-threatening student emergencies during their teaching career. A survey of school nurses in New Mexico revealed that each year 67% of schools activated the EMS system for a student, and 37% of the schools activated the EMS system for an adult.

In January 2004, AAP published a heavily endorsed policy statement on this issue (Pediatrics, Vol. 113 No. 1 January 2004, pp.155-168). If your planning team is unfamiliar with the document, take a look, and use it to build or audit your medical emergency response plan and procedures.

The AAP policy statement summarizes essential information about life-threatening emergencies, including details about sudden cardiac arrest, the components of an emergency response plan, the training of school personnel and students to respond to life-threatening emergencies, and the equipment required for the emergency response. Detailed information about sudden cardiac arrest and cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) programs is also provided.

### **RECOMMENDED ELEMENTS OF THE SCHOOL MEDICAL EMERGENCY RESPONSE PLAN:**

1. Effective and efficient communication throughout the school campus, including outdoor facilities and EMS personnel.
2. Coordinated and practiced response plan.
3. Risk reduction through safety precautions, identifying students with medical conditions, and training of personnel to respond to those conditions.
4. Training and equipment for first aid and CPR.
5. Implementation of a lay rescuer AED program.

Download the AAP Policy Statement from <http://pediatrics.aappublications.org>. It is a very thorough approach to the subject and well worth using to audit your program.



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## **SCHOOL MEDICAL CARE PROGRAM CONSIDERATIONS:**

When developing the guidelines and procedures for providing medical care at your school, be sure to consider at least the following elements:

- Develop procedures for responding to urgent medical situations involving children, such as burns, cuts, fractures, choking, and sudden illness. These procedures should conform to applicable state medical practice requirements.
- Collect health history and emergency medical information for each student upon enrollment. Parents should be required to sign a consent form authorizing the school to administer first aid and get emergency services for their child. Both the medical history and consent form should be updated at least annually.
- Nurses and others providing medical care should possess current state credentials. In addition, staff that oversees activities where injuries are more likely to occur, such as physical education teachers, should be trained in first aid.
- Have sufficient medical equipment and supplies to address expected urgent care situations. The equipment and supplies should be under the care of the school nurse or other primary healthcare practitioner.
- Have procedures in place for handling life-threatening situations. This should include arrangements for consultation with emergency care personnel, transportation and transfer to higher level care facilities. The parents or emergency contacts should be notified of the emergency, and where the child is being taken for treatment. Provisions should be made for the caregiver to accompany the child to the emergency care source until the parent or legal guardian assumes responsibility for the child.
- All medical incidents should be documented. The documentation should include information about the incident (e.g., where and when the accident occurred), the names of any witnesses, and when the parents or legal guardian were notified (i.e., for incidents requiring professional medical attention).



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