

RISK COMMUNIQUÉ

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 Pediatrics¹ found that schools across the nation vary tremendously in their degree of preparedness to deal with emergencies. A survey of schools found that annually 67% of schools activate their emergency medical services systems for an emergency involving a student. A national survey of school nurses² indicated that 68% of school nurses managed a life-threatening emergency requiring EMS activation in the school year. Although 86% of the surveyed schools reported having a medial emergency response plan, 35% of the schools had not tested it during a drill.

The American Association of Pediatrics publication entitled “Medical Emergencies Occurring at School”, summarizes essential information about the school’s role in readiness, preparation, policies and procedures related to life-threatening emergencies, 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. 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. 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.

Five Core Elements of American Heart Association Medical Emergency Response Plan for Schools:

1. Effective and efficient communication throughout the school campus.
2. Coordinated and practiced response plan.
3. Risk reduction (including 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.

This is a sample guideline furnished to you by Glatfelter Public Practice. Your organization should review it and make the necessary modifications to meet the needs of your organization. The intent of this guideline is to assist you in reducing risk exposure to the public, personnel and property. For additional information on this topic, you may contact your GPP Risk Control Representative. www.glatfelterpublicpractice.com

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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).

References:

1. Pediatrics, American Academy of Pediatrics, Vol. 122, No. 4, October 1,2008, pp 887-894 (doi: 10.1542/peds.2008-2171), "Medical Emergencies Occurring at School"
2. Sapien RE, Allen A. Emergency preparation in schools: a snapshot of a rural state. *Pediatr Emerg Care.*2001;17 (5):329– 333

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