

Emergency Treatment

School staff are encouraged to become trained and/or maintain skills in recognized first aid procedures, through certified providers/trainers. Staff should always act in a reasonable and prudent manner in obtaining immediate care for a seriously ill or injured student and should exercise professional judgment and skills in aiding an ill or injured person. School staff that provides first aid and care during the school day or during a school event are protected by the district's liability insurance if acting in compliance with the policies and procedures of the district, except when the individual is operating outside the scope of his/her employment or designated duties.

First Aid and Emergency Care:

1. First aid training, cardio-pulmonary resuscitation (CPR) and Automated External Defibrillator (AED) training is *required* of:
Principals, assistant principals, any school office staff designated for health room responsibilities, educational assistants with health room duties, playground educational assistants, teachers who case manage medically fragile students, special education paraeducators, teachers of physical education, athletic coaches and directors, Vocational Education teachers, personnel working in school based licensed child-care facilities, Early Learning and Head Start; and any other positions that may be required by law to be trained in First Aid/CPR/AED.
2. Bus drivers will receive required training in accordance with WAC 180-20.

AED training and equipment certification is required by a minimum of four school personnel where an AED is located. Emergency phone numbers including parent/guardian work numbers, emergency contact designee numbers and Health Care Provider information if available, must be on file in the school information system and updated annually.

Definitions:

A serious medical emergency exists if any of the following conditions are present:

- A. Stoppage of the heart or erratic heart rhythm
- B. Inadequate respiration or difficulty breathing
- C. Anaphylaxis - severe allergic reaction
- D. Bleeding that is difficult to control
- E. State of shock, often due to:
 1. Excessive bleeding – internal or external
 2. Severe pain due to traumatic injury
 3. Insulin reaction or low blood sugar
 4. Anaphylaxis
 5. Alcohol or drug ingestion (overdose)
- F. Unconsciousness (beyond fainting with revival)
- G. Extensive burns
- H. Electric shock
- I. Altered behavior due to drugs or alcohol

J. Serious trauma (i.e. head injury, spinal injury, gunshot, blunt trauma)

Emergency Response

- 1) Any student who appears to be very ill or who has received a serious injury should be either sent home or to a hospital as quickly as possible. The school nurse if on site or school principal will be responsible for making the decision. In the event that the school nurse or principal is not available, the staff member designated by the principal to assess medical emergencies will make the decision. For a life-threatening emergency, (severe bleeding, shock, breathing difficulty, heart attack, head or neck injuries), call 911.
- 2) The school nurse, principal or designated staff or involved staff will contact parent/guardian immediately to inform them of the student's condition and current situation. If the parent/guardian cannot be contacted, staff should call the emergency number(s) listed on the student information page.
- 3) Except under unusual circumstances, neither district or staff private car should be used for the transportation of seriously ill or injured students. Staff are not required to accompany a student in an ambulance to the hospital but may do so if they assess it is indicated by student age, ability, or mental status.
- 4) School staff may not accept and may not agree to comply with directives from health care providers that would withhold or withdraw life-sustaining treatment from students.
- 5) If illness or injury is not a serious medical emergency, the parent/guardian should arrange transportation from the school. The parent/guardian should be contacted as quickly as possible to determine if the student should:
 - Be sent to a hospital
 - Be sent home with parent/guardian/designated adult
 - Remain in school

If the injury or illness is deemed minor, designated school staff should:

- Administer first aid to the student as necessary;
 - If needed, notify the school nurse or principal. The school nurse or Health Services Supervisor may be consulted by phone if not in the building;
 - Remain with the student until released to parent/guardian if decision made to send home; and
 - The nurse, principal or other trained designated staff should make the decision whether an ill or injured student who has received first aid should return to class. If there is any doubt the parent/guardian should be consulted.
- 6) Naloxone/Narcan may be used if administration is sanctioned by a standing order from a health care professional with prescriptive authority and when a trained staff member reasonably believes that a person is in an opioid-induced state based on any or all of the following, non-exclusive examples:
 - When advised that a given person appears to be suffering an opioid overdose;
 - When observing drugs, drug paraphernalia, or any drug instrument associated with the individual and opioid;

- When the person is found to be unresponsive, there is an absence of breathing or the victim has no pulse, is unresponsive to a sternum rub, and has bluish/dusky lips or nail beds.
- When a witness that is present gives information or evidence that would lead a reasonable person to believe the person is suffering from a drug overdose.
- Staff will immediately contact emergency medical service. Administer the Naloxone/Narcan. Naloxone medication can be administered pursuant SB 5380.

Sports Injuries

- 1) If an injury occurs during physical education class or during an athletic team practice or game, first aid procedures will 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; and
 - D. Act, but move the athlete only after serious injury is ruled out.
- 2) The teacher or coach should avoid being hurried into moving an athlete who has been hurt. They should attempt to restore life-sustaining functions, (e.g., stop/treat uncontrolled bleeding, suffocation, cardiac arrest) before moving the athlete/student.
- 3) Any athlete/student with a suspected head, neck or spinal injury should not be moved unless there is a threat to life. Call 911 and proceed with caution according to first aid procedure.

Documentation

An Accident Report (3418P Exhibit A), Head Injury Report (3418P Exhibit B), or Seizure Observation Form (3418P Exhibit C) must be completed by attending staff as soon as possible. The written report should include a description of the circumstances of the injury or event and procedures followed at the school. Copies will be provided to parent/guardian and sent to designated district personnel assigned to maintaining report records.

Dated: 08.14, 8.18, 3.20