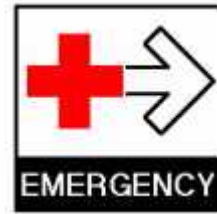


# CHAPTER FIVE

# MEDICAL EMERGENCY



[Medical Emergency – Student Medical History](#)

[Medical Emergency – Administering Medication](#)

[Medical Emergency – Response](#)

[Medical Emergency – Communicable Disease Outbreak](#)

[Medical Emergency – Universal Precautions](#)

[Medical Emergency – Choking or Cardiac/Respiratory Arrest](#)

[Medical Emergency – Anaphylaxis or Allergic Reaction](#)

1. **PURPOSE:** To develop a protocol for informing staff about a student's medical history.
2. **WHAT TRIGGERS THE INTERVENTION PROCESS?**  
Student's presence in classroom.
3. **PROCEDURES:**
  - A. **Identify appropriate procedures to protect the health, safety, and welfare of students.**
    1. Obtain current medical history.
    2. Secure permission from parents/guardians.
    3. Disseminate information to all school personnel who need to know as confidential information.
  - B. **Who does what?**
    1. School nurse reviews health records with Principal.
    2. \_\_\_\_\_ disseminates health information to all school personnel who need to know as confidential information.
  - C. **When do you respond?**

Beginning of school year, or with each addition of a new student.
  - D. **ADDITIONAL RESOURCES:**
    - Additional information regarding individual students' specific medical needs.
    - Emergency telephone numbers ([Attachment A](#))
    - List of trained staff ([Attachment B](#)).

## **MEDICAL EMERGENCY - ADMINISTERING MEDICATION**

1. **PURPOSE:** To develop a protocol for administering medication.
2. **WHAT TRIGGERS THE INTERVENTION PROCESS?** Student needing to take prescription drugs.
3. **PROCEDURES:**
  - A. **Identify appropriate procedures to protect the health, safety, and welfare of students.**
    1. Proper order and instructions from physician and parent /guardian with signatures. ([Attachment C](#) and [Attachment D](#))
    2. Daily dosage of medication may be brought to school by student. More than one day's medication must be brought to school by parent/guardian or responsible adult.
    3. All medications need to be kept in a secure location with nurse or \_\_\_\_\_. Medications should be checked monthly for expiration dates.
    4. Individualized daily log kept for each student taking medication.
    5. Student reports with cup and water.
    6. Nurse or \_\_\_\_\_ observes student swallowing medication or administering by other route.
    7. Observe student after administration of medication if appropriate.
  - B. **Who does what?**

Depends on individual school situation. \_\_\_\_\_ keeps daily log of all administered medication ([Attachment E](#)).
  - C. **When do you respond?**

As needed, or when medication is prescribed.
  - D. **ADDITIONAL RESOURCES:**
    - Sample Medication Log ([Attachment E](#)).
    - Sample medical forms that need to be signed by parents/guardians ([Attachment C](#)) and physicians ([Attachment D](#)).

## MEDICAL EMERGENCY - RESPONSE

1. **PURPOSE:** To develop a crisis response on how to respond to a medical emergency.
2. **WHAT TRIGGERS THE INTERVENTION PROCESS?** Any medical emergency, including:

Bee Sting	Drug Overdose
Cardiac Arrest	Head Injury
Respiratory Arrest	Severe Bleeding
Choking	Severe Burn
Seizures	Severe Injury
Diabetic Emergency	Trauma
Labor	Allergic Reactions

3. **PROCEDURES:**

- A. **Identify appropriate procedures to protect the health, safety, and welfare of students.**

1. If student cannot be moved, send another student for assistance. If appropriate, remove other students from room.
    2. Assess situation. Contact main office, dial 911 or notify medical team. Emergency number is \_\_\_\_\_.
    4. Meet emergency help at door to guide to the emergency scene.
    5. \_\_\_\_\_ notifies parents or guardian.

- B. **Who does what?**

1. Medical person is school nurse or \_\_\_\_\_.
    2. \_\_\_\_\_ calls emergency number.
    3. \_\_\_\_\_ notifies parents or guardian.
    4. \_\_\_\_\_ determines emergency coverage for all classes.
    5. Each school should develop an appropriate First Aid protocol for recess and field trips.

- C. **When do you respond?**

Immediately.

**D. What will the follow-up be?**

Person witnessing the incident fills out Student Medication Log ([Attachment E](#)) and/or Incident Report Form ([Attachment H](#)) and/or Accident Report Form ([Attachment F](#)).

Diocesan Schools:

\_\_\_\_\_ Contacts Office of Education and Catholic Mutual if 911 was called.

\_\_\_\_\_ Sends home supplementary insurance form for student accident insurance; this form can be found in the Diocese of Allentown Self Insurance Program manual.

**D. ADDITIONAL RESOURCES:**

- List of trained personnel ([Attachment B](#)).
- Emergency numbers near or on telephone ([Attachment A](#)).
- Illustrations of emergency procedures such as Heimlich Maneuver obtained through American Red Cross ([Attachment I](#))

## **MEDICAL EMERGENCY - COMMUNICABLE DISEASE OUTBREAK**

1. **PURPOSE:** To develop a crisis response to an outbreak of a communicable disease.
2. **WHAT TRIGGERS THE INTERVENTION PROCESS?** Outbreaks of significant numbers of students with contagious disease.
3. **PROCEDURES:**
  - A. **Identify appropriate procedures to protect the health, safety, and welfare of students.**
    1. Determine the number of cases by reviewing absence excuses or contacting appropriate medical professionals.
    2. Exclude infected cases from school and readmit only after appropriate medical approval.
    3. The school nurse/administration may inform the local health authority as appropriate.
    4. Communicate with parents/guardians regarding observations, precautions, signs, and symptoms.
  - B. **Who does what?**
    1. \_\_\_\_\_ checks absentee records to discern a pattern of disease transmission.
    2. Arrange for school nurse or local physician to examine in-school students for signs of infection. Exclude infected cases from school.
    3. \_\_\_\_\_ communicates with parents/guardians regarding the communicable disease.
  - C. **When do you respond?**

When a significant number of cases of contagious disease occur.
  - D. **What will the follow-up be?**

\_\_\_\_\_ sends a letter to parents/guardians thanking them for their cooperation.
  - E. **ADDITIONAL RESOURCES:**
    - Communicable Diseases list (see [Attachment G](#)).

## **MEDICAL EMERGENCY - UNIVERSAL PRECAUTIONS**

1. **PURPOSE:** To develop a crisis response for universal precautions (blood and body fluids) during emergency or medical procedures.  
Examples: injuries, wounds, injections, productive coughing, vomiting, incontinence, assault to include sexual assault.

2. **WHAT TRIGGERS THE INTERVENTION PROCESS?**

Any injury or spillage of bodily fluids.

3. **PROCEDURES:**

A. **Identify appropriate procedures to protect the health, safety, and welfare of students.**

1. Always wear intact protective gloves when cleaning, or addressing blood and or bodily fluids. (Gloves should be visible and accessible to staff).
2. Use specific disinfectant (chlorine bleach in a 1:10 ratio) when cleansing location contaminated with blood or body fluids.
3. Avoid direct contact.
4. Use leak-proof bags (double bag).
5. Wash hands with soap.
6. If clothing becomes contaminated, remove and bag if possible.
7. Protect eyes, mucosa (nose and mouth) from any splatter of blood or body fluids. Eye protection such as goggles should be available.
8. Use pocket mask if CPR is to be administered.
9. Supply Red Sharps containers for needles / syringe disposal (to eliminate possible accidental contamination and to eliminate unsafe practice of student/ staff carrying contaminated needles around campus.) Refer to OSHA Blood born Pathogen Standard.

B. **Who does what?**

Anyone who comes in contact with blood and/or bodily fluids should follow these recommendations. This should include volunteers, coaches, support staff, etc.

C. **When do you respond?**

1. Whenever there is a spill of blood or bodily fluids.

2. Anytime there is an injury, illness, or procedure that involves possible contamination with blood or bodily fluids.

**D. What will the follow-up be?**

1. Notify main office; custodian; and \_\_\_\_\_.
2. Medication Log ([Attachment E](#)) and/or Incident Report Form ([Attachment H](#)) evaluation completed by \_\_\_\_\_.
3. \_\_\_\_\_ notifies parents/guardian.
4. \_\_\_\_\_ Contacts Office of Education and or Catholic Mutual if 911 was notified.

**D. ADDITIONAL RESOURCES:**

- Universal Precautions video "[Building a Safer Workplace](#)". Available from Spectrum Center, Berkeley, CA, telephone 800-522-7432.
- OSHA Blood born Pathogen Policy

**MEDICAL EMERGENCY -  
CHOKING OR CARDIAC/RESPIRATORY ARREST**

1. **PURPOSE:** To develop a crisis response to choking or cardiac/respiratory arrest.
2. **WHAT TRIGGERS THE INTERVENTION PROCESS?**  
Choking, no breathing or heartbeat.

3. **PROCEDURES:**

A. **Identify appropriate procedures to protect the health, safety, and welfare of students, faculty, staff, and visitors on campus.**

1. Call emergency number \_\_\_\_\_.
2. Assess for breathing (look-listen-feel). Determine if student is choking. If they are coughing loudly or talking, do not perform Heimlich Maneuver. (For brief picture explanation of Heimlich Maneuver see [Attachment I.](#))
3. Activate school Emergency Team. If CPR is indicated, locate someone qualified to administer CPR and wait for ambulance.
4. Clear room of other students.
5. **For those buildings that have Automated External Defibrillators (AED)** and have qualified, trained staff to implement – apply if situation so warrants.
6. Inform Administration

B. **Who does what?**

- \_\_\_\_\_ calls emergency number.  
\_\_\_\_\_ assesses for breathing.  
\_\_\_\_\_ calls school Emergency Team members.  
\_\_\_\_\_ contacts parents / guardians.

Only CPR-trained personnel should provide CPR prior to the arrival of the ambulance and emergency personnel.

C. **When do you respond?**

Immediately.

D. **What will the follow-up be?**

\_\_\_\_\_ Completes Incident Report Form ([Attachment H](#)).  
Diocesan Schools:

\_\_\_\_\_ Notifies Office of Education and Catholic Mutual if 911 is called.  
\_\_\_\_\_ sends home supplementary insurance form for student accident insurance; this form can be found in the Diocese of Allentown Self Insurance Program Manual

**E. ADDITIONAL RESOURCES:**

- List of qualified CPR & AED trained personnel if campus houses AED (see [Attachment B](#)).
- Illustrations of Heimlich Maneuver ([Attachment I](#))

## **MEDICAL EMERGENCY - Anaphylaxis or Allergic Reaction**

1. **PURPOSE:** To develop a crisis response on how to respond to a suspected allergic response.
2. **WHAT TRIGGERS THE INTERVENTION PROCESS?** An acute, immediate reaction to an allergic agent to which the student is hypersensitive. Reactions may include: generalized flush, severe anxiety, difficulty breathing, hives, coughing, wheezing, vomiting, turning blue, sitting up in order to breathe, or collapse.
3. **PROCEDURES:**
  - A. **Identify appropriate procedures to protect the health, safety, and welfare of students.**
    1. Give **prescribed** medication, if available. Students with known allergic response should have signed doctor order for medication, and form indicating parent/guardian permission to school to administer medication. (See school medication administration form.) **If epi-pen is injected – you must call 911. Victim must have medical care.**
    2. Call Emergency Medical Response Team / School Nurse/ 911 or Community Emergency Response system /or equivalent depending on individual student's permission protocol and community.
    3. Contact parents/guardians.
  - B. **Who does what?**
    1. \_\_\_\_\_ may administer Epi-pen (some students may administer their own Epi-pen).
    2. \_\_\_\_\_ calls school nurse and ambulance or medical technician.
    3. \_\_\_\_\_ should administer the Benadryl if it is necessary.
    4. \_\_\_\_\_ notifies parents or guardian.
  - C. **When do you respond?**

Immediately, at first symptoms.

**D. What will the follow-up be?**

- \_\_\_\_\_ Completes Medication Log ([Attachment E](#)) and/or
- \_\_\_\_\_ Completes Incident Report Form (see [Attachment H](#)).
- \_\_\_\_\_ Confers with parent/ guardian of victim to obtain new Epi-pen for replacement in school medication cabinet (if Epi-pen has been used).

*Diocesan Schools:*

- \_\_\_\_\_ Notifies Office of Education and Catholic Mutual if 911 is called.
- \_\_\_\_\_ Sends home supplementary insurance form for student accident insurance; this form can be found in the Diocese of Allentown Self Insurance Program Manual

**E. ADDITIONAL RESOURCES:**

- List of trained personnel (see [Attachment B](#)).
- Emergency numbers near or on telephone (see [Attachment A](#)).
- <http://www.cdc.gov/> Center for Disease Control & Prevention
- <http://www.os.dhhs.gov/> U.S Dept. of Health & Human Services
- <http://www.nih.gov/> National Institutes of Health
- <http://www.nlm.nih.gov/> National Library of Medicine

**ATTACHMENT A**

**EMERGENCY TELEPHONE NUMBERS**

1. School Nurse	_____
2. County Emergency Management Agency 911	_____
3. Intermediate Unit #__	_____
4. Local Emergency Management Agency	_____
5. School Bus Services	_____
	_____
	_____
	_____
	_____
6. Alternate Evacuation Site	_____
7. Pastors/parent agency	_____
8. Central Office	_____
9. Ambulance	_____
10. Other	_____
	_____
	_____

## ATTACHMENT B

### STAFF MEMBERS\* WITH FIRST AID TRAINING

\* names updated yearly with date certification expires;  
keep photocopies of cards on file.

	First Aid	CPR	AED
Principal _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Members			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTACHMENT C**

TO WHOM IT MAY CONCERN:

Re: Request for Administration of Medication

This will confirm the fact that we have requested the School, and in particular the School Nurse or other trained person, to administer the medication at such time or times as may be directed in writing by the family physician. We will furnish you with a supply of medication and agree, as an inducement to you to comply with our request, to relieve the local school and the \_\_\_\_\_ and the School Nurse or other trained person from liability for injury due to use, misuse, or abuse of the said medication or from any kind of injury which may arise from the administration of said medication by injection on our child, whether such damage, injury, use, misuse, or abuse be caused by or result from the negligence of the School, its servants, agents, or any other person or persons whatsoever.

I understand that if this release is for oral medication of a liquid medicine, the prescribed medicine will be in a plastic bottle if our child is to bring it to school by school bus. The bottle also is to contain only one day's supply. Furthermore, the name of the child and the dosage must be clearly visible on a label on the bottle. If the medicine is in the form of a pill, the container properly marked should contain only one day's supply. The other instructions above also apply.

**I understand that this release must be notarized unless it is signed at the school with the signature witnessed by a member of the school staff.**

In witness whereof and intending to be legally bound hereby, we hereunto set our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witnesseth:

\_\_\_\_\_

\_\_\_\_\_(SEAL)  
Signature of parent or guardian

\_\_\_\_\_

\_\_\_\_\_(SEAL)  
Signature of parent or guardian

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State Zip

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**ATTACHMENT D**  
(school letterhead)

**PRIVATE PHYSICIAN REQUEST FOR  
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

Dear Doctor:

The parent/guardian of \_\_\_\_\_ has requested that we administer medication(s), namely  
\_\_\_\_\_ to the student during the school day for (diagnosis):

It is our procedure to request that medication be given before or after school hours whenever possible. If it is essential that the student receive the medication(s) during school hours, please complete the following information and return this form to us. Thank you for your cooperation.

\_\_\_\_\_  
School Nurse

Name of medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

How to be administered (orally or injected): \_\_\_\_\_

Time schedule for administration: \_\_\_\_\_

Duration of medication administration: \_\_\_\_\_

Possible side effects or contraindications: \_\_\_\_\_

Curtailment of specific school activity (e.g., gym class, etc.) \_\_\_\_\_

Other medications prescribed by physician that student is taking outside of school hours:  
\_\_\_\_\_

Is student capable of self-administration? \_\_\_\_\_

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(physician signature)

\_\_\_\_\_  
(physician telephone number)

**ATTACHMENT E**

Student Name

Grade

Date of Birth

School

School Year

**STUDENT MEDICATION LOG**

Medication/Treatment	Dose	Frequency	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Signature/ Discipline

**ATTACHMENT F**

**ACCIDENT REPORT FORM**

Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_ Sex \_\_\_ Grade \_\_\_\_\_ Date of Accident \_\_\_\_\_ Time \_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

KIND OF INJURY \_\_\_\_\_

\_\_\_\_\_

First Aid or medical attention given by \_\_\_\_\_

Reported by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Administrator

HISTORY (relevant to this incident)  
(include treatment by doctors, etc.):

INSURANCE COVERAGE:

## **ATTACHMENT G**

### **COMMUNICABLE DISEASES**

No student absent from school because of the conditions listed below may return to school before the specified time period:

**MEASLES** - 4 days from onset of rash.

**WHOOPING COUGH** - 4 weeks from onset if not seen by a physician, or 7 days after medication is started.

**SCARLET FEVER** - 7 days from onset if not seen by a physician, or 24 hours after medication is started.

**STREP THROAT** - 7 days from onset if not seen by a physician, or 24 hours after medication is started.

**MUMPS** - 9 days from onset of swelling.

**RUBELLA/GERMAN MEASLES** - 4 days from onset.

**CHICKEN POX** - 6 days from last crop of vesicles.

**PINK EYE** - 24 hours after medication is started.

**RINGWORM** (all types) - Until judged non-infectious by attending physician or school nurse.

**IMPETIGO** - Until judged non-infectious by physician or school nurse.

**LICE** - Until judged non-contagious by physician or school nurse, or after treatment is given and no nits present.

**SCABIES** - Until judged non-infectious by physician or school nurse.

**TONSILLITIS** - 24 hours after medication is started.

**ATTACHMENT H**

**INCIDENT EVALUATION FORM**

Crisis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alert issued: \_\_\_\_\_

Student(s) involved: \_\_\_\_\_  
\_\_\_\_\_

Crisis Team Members involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe Crisis and Crisis team response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who first assessed the Crisis? \_\_\_\_\_

How was the Crisis Team notified? \_\_\_\_\_

How long did it take the Crisis Team to assemble? \_\_\_\_\_

How long before an Alert was issued? \_\_\_\_\_

How was the alert disseminated?

Memo    P.A.    Walkie-Talkie    Other

Was the method effective? \_\_\_\_\_

Was the building secured? \_\_\_\_\_

Who contacted the police? \_\_\_\_\_

When were they contacted? \_\_\_\_\_

Who responded and when? \_\_\_\_\_

What was their response? \_\_\_\_\_

Who contacted the ambulance? \_\_\_\_\_

When were they contacted? \_\_\_\_\_

Who responded and when? \_\_\_\_\_

What was their response? \_\_\_\_\_

Who contacted the fire department? \_\_\_\_\_

When were they contacted? \_\_\_\_\_

Who responded and when? \_\_\_\_\_

What was their response? \_\_\_\_\_

Who maintained crowd control? \_\_\_\_\_

Who was the liaison with police, media, etc.? \_\_\_\_\_

Did parents need to be notified?

If so, who notified parents and by what method? \_\_\_\_\_

Was the daily schedule interrupted? \_\_\_\_ If so, from what time period? \_\_\_\_\_

What unusual problems surfaced and how were they handled? \_\_\_\_\_

Did school have to be dismissed? Yes\_\_ No\_\_\_\_\_

Who contacted bus drivers? \_\_\_\_\_

How did bus drivers respond? \_\_\_\_\_

\_\_\_\_\_

Were procedures followed or did they need to be adapted (how and why)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

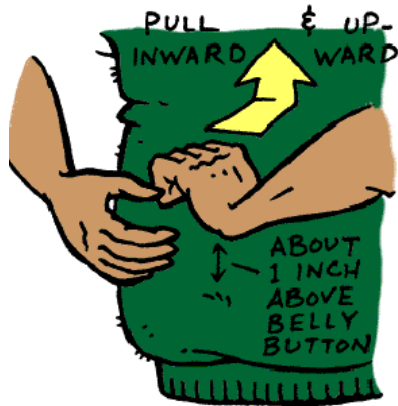
Person completing this report: \_\_\_\_\_ Date \_\_\_\_\_

**This form should be filed and retained in the school administrative files.**

ATTACHMENT I  
HEIMLICH MANUEVER



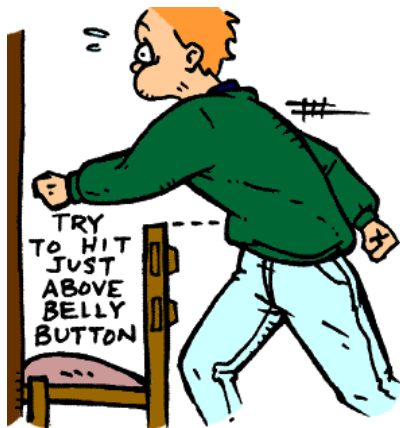
Step 1



Step 2



Step 3



Performing on Self



Performing on a Child