



3.40.100-AD First Aid And Emergency Care

(1) Building Plan and Organization.

(a) Plan for Employee/Student Emergency Care and First Aid.

(A) All school and other district buildings shall have a definite plan of action to be followed in the event of an emergency to ensure the rapid provision of first aid or medical care to ill or injured students and school employees. The building administrator, in cooperation with other building personnel, shall be responsible for the development of the plan.

(B) A plan for the immediate response to life-threatening or major emergencies is of primary importance (See 2.a.)

(C) The building administrator shall inform the building personnel of the general emergency plan annually and, in the case of the school building, at the beginning of each school year before students are in attendance.

(b) Trained Personnel.

(A) The majority of school district buildings are located within reasonable accessibility of a hospital where physicians and medical technicians can provide emergency care.

(B) In addition, building personnel can readily obtain emergency services and life-saving equipment from the fire and police bureaus and nearby ambulance companies when an accident or health crises occurs.

(C) In compliance with Oregon Administrative Rules, each building will have one staff member qualified designated as a first aid person provider (one who has a current recognized first aid American Red Cross card) for each 60 students or an emergency response team per building. Such team shall consist of no less than six persons who hold current first aid/CPR cards and who are trained annually in the district and building emergency plans. The building may find it advisable to have assigned certain of these persons the responsibility for the care of students and school employees in the event of accident or illness. The persons so assigned shall be made known to all employees in the building.

- (D) Staff designated as first aid providers or who have occupational exposure as determined by the district shall receive blood-borne pathogens training as required by the Oregon Occupational Safety and Health Division (OR-OSHA) followed by an offer of immunization for Hepatitis B vaccine and vaccination series.
- (c) Space for Ill or Injured Persons.
 - (A) In each building, space shall be designated to permit ill or injured persons to lie down.
 - (B) This place shall not be used for any additional purposes which would make it unavailable for immediate use in rendering prompt first aid.
- (d) First Aid Equipment and Supplies.
 - (A) Each building shall have first aid supplies as recommended by the School Nurse in accordance with the Oregon State Health Division, Occupational Health Regulations. Subject to said regulations, no other items shall be stored in the first aid container without physician's approval.
 - (B) Supplies shall be kept in a moisture/dust-proof container clearly marked, readily accessible, and not locked. These supplies shall be kept in a central area as well as in potentially hazardous areas around the building, such as gymnasium, workshops, science labs, home economics classrooms, art classrooms, and cafeteria.
 - (C) The location of first-aid supplies shall be made known to building personnel, and the supplies shall be readily accessible to all.
- (e) Emergency Telephone Numbers. The following names and telephone numbers shall be conspicuously posted near the telephone in the main office and by all other "outside" telephones:
 - (A) School Police 331-3307;
 - (B) Emergency number 911;
 - (C) Poison Control 494-8968;
 - (D) School Nurse or Multnomah Education Service District (MESD), Department of Health Services, 257-1732.
- (f) Emergency Address. The address and location of the two nearest fire stations, hospitals, and physicians shall be maintained in a convenient and visible location in the office. (Get permission of the physicians.) This information may be useful if a major disaster disrupts normal emergency response.
- (g) Medical Information.

- (A) Parents shall be asked to provide the school with medical information about their children, which may affect first aid treatment or emergency care to be given. Such information will be provided by parents on district registration forms.
- (B) Staff members shall be asked to provide pertinent medical information concerning themselves for reference in an emergency.
- (C) All such information shall be treated as confidential.

(2) **Building Procedures.**

(a) Medical Emergencies.

- (A) "Major Medical Emergency" is when a major body function, breathing, heart, or consciousness has perceptibly declined; or head, neck, or back injury is suspected; or core body temperature has declined or heat stroke is suspected; or there are major burns; or there is a fracture of a major bone or a compound fracture or fracture of a facial bone.

(b) Priority for Allocation of Resources:

- (A) Major Medical Emergency.
- (B) Other Medical Emergencies.

(c) Behavioral Emergencies.

- (A) "Behavioral Emergency" is a situation where the student is a threat to himself/herself or to other members of the school community. The cause of the emergency may be mental, drug, alcohol, or unknown.
- (B) In any behavioral emergency situation, the parent/family and building principal, school police campus monitor and school nurse should be notified as quickly as possible, and the person should be kept under control/observation until they arrive. Monitor for deterioration of life signs and re-evaluate, if necessary, as a medical emergency.
- (C) School staff shall not to transport students in emergency situations without advice and assistance from the school police.

(d) The principal or his/her designee shall notify the parent or, if not available, the parent's designee as indicated on the student's school registration form.

- (A) Talk with the physician and learn why there is a need to proceed before a parent can be contacted.
- (B) To the extent possible, and under the circumstances, the physician should inform the student of the condition, the proposed treatment, and that you may authorize treatment.

- (C) If the student objects to your authorizing treatment, do not do so unless you are advised by the physician that a delay could be adverse to the best interest of the student.
- (D) Students 15 years or older can provide medical authorization themselves.
- (e) Non-major Urgent Injuries and Illnesses (Cuts, minor burns, splinters, nausea, etc. which do not ordinarily require medical care.)
 - (A) It is recommended that care of urgent injuries and illnesses not considered major medical emergencies be given according to instructions in the MESD School Health Services "School Emergencies Manual" or in the current Red Cross first aid textbook, Standard First Aid and Personal Safety.
 - (B) A copy of these instructions manual shall be on display or easily made available in the main school office and in other strategic places throughout every building of the district.
 - (C) Parent shall be notified as required by the circumstances.
- (f) Procedures for Sending a Student Home.
 - (A) The principal or his/her designee shall be notified of the illness or injury.
 - (B) The principal or his/her designee then notifies the parent of the child's condition; if the parent is not available, the principal/designee shall notify the parent's designee as indicated on the student's registration form.
 - (C) The parent or parent's designee may call for the child or make arrangements for another responsible adult to take the child home. The school shall be informed as to whom the child is to be released.
 - (D) The student shall be kept at school if the parent or parent's designee cannot be contacted. If conditions warrant immediate medical assistance, contact the School Nurse or refer back to "Medical Emergencies" beginning at paragraph "a" of this section, as appropriate.
 - (E) The child shall be isolated if suspected of having a communicable disease.
- (g) Medications. See Administrative Regulation 4.50.021, Health Services — Implementation, Board Policy 4.50.026, Administering Non-injectable Medicines to Students, and Administrative Regulation 4.50.027, Procedures for Administering Non-injectable Medicines to Students.

(3) **Accident Reports.**

- (a) All accidents in which injury occurs must be reported on the appropriate accident report form.
- (b) Accident reports must be completed and signed by the staff member witnessing the accident. The building administrator or department head shall sign all accident reports and forward to the Office of Risk Management. If the building administrator is absent from the building for some reason, the person fulfilling his/her responsibilities must sign and forward the report. In addition, when in the judgment of the administrator the accident is extremely serious, telephone notification should be made to the District's Risk Management Department (RWBESC).
- (c) Procedures to be followed with regard to the care of injuries and the reporting of accidents which occur in the athletic program during after-school activities and away from school premises will be found in Administrative Regulation 3.50.120, Athletic Injury — Emergency Procedures.
- (d) Each school will maintain an Accident Log or Incident Report File for five years following the accident year.

(4) **First Aid Training for School Personnel.**

- (a) It is recommended that all school personnel have current first aid training.
- (b) First aid training approved by the district will be available to all members of the staff. See also: Emergency Procedures Manual, and Instructions for Completing an Accident/Injury Report, located in the red volume of the Resource Manual.

Policy Implemented:

History: Adpt. 6/71; Amd. 7/75; Amd. 7/80; Amd. 9/83; Amd. 9/83; Amd. 11/85; Amd.2/99; Amd. 9/01/02

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Superintendent	9/01/02 Date