

Regulation Code: 4252/6152-R First Aid Procedures

In the event of a serious injury to a student, staff member, or visitor to the CHCCS, school staff are responsible for instituting appropriate first aid procedures. Each school shall have a well-publicized plan for first aid response, including personnel responsibilities. All first aid procedures must be in compliance with the "Occupational Exposure to Bloodborne Pathogens Standard [1910-1030](#)".

I. FIRST RESPONDERS

A first responder is defined as a staff member who:

- A. is currently certified in CPR/AED and First Aid by the American Red Cross (ARC) or the American Heart Association (AHA)
- B. is trained in OSHA procedures
- C. is available to aid in school emergencies
- D. has been offered hepatitis B vaccine
- E. agrees to follow first aid procedures set forth by the ARC, AHA and CHCCS.

II. STUDENTS WITH DO NOT RESUCITATE (DNR) ORDERS

In the case of the parent/guardian(s) and attending licensed medical care provider of a terminally ill student presenting a properly-executed DNR order, school administrators will act in accordance with the order and refrain from medical interventions that are not consistent with the order as provided in policy 4251/6131 (Do Not Resuscitate Orders). The DNR order is not valid unless it is signed by the attending licensed medical care provider and on the student's person for whom the order is written.

III. FIRST AID PREPARATION AND TRAINING

- A. A brief overview of first aid procedures will be provided to all teachers' assistants at the beginning of each school year.
- B. Names of building first responders will be posted in health room and main office of each school.
- C. All Physical Education teachers, coaches, trainers, and athletic directors, and after-school staff shall maintain current CPR and first aid certification.
- D. Each school shall maintain current information on students, including:
 - parent/guardian's name
 - where the parent/guardian can be located during the school day
 - emergency contact(s) other than parent/guardian
 - the name of licensed health care provider.
- E. Each school shall maintain current emergency contact information on staff.
- F. CHCCS will make available AHA Heartsaver First Aid and/or ARC Standard First Aid and Safety classes for designated school personnel.

IV. FIRST AID RESPONSE: GENERAL

- A. School system employees are expected to act *in loco parentis*. They are not expected to determine the cause or extent of injury.
- B. School-designated First Responders will follow procedures in accordance with ARC or AHA

certification.

C. An Incident Report Form must be completed within 24 hours whenever school personnel provide first aid for an injury serious enough to warrant parental notification, and when the incident occurs during the school day, at school after-events, on field trips, or during athletic events or practice. If blood or body fluid exposure occurs, the school nurse must be contacted within 2 hours, or as soon as possible. The school nurse reviews Incident/Injury Reports to ensure adherence to CHCCS first aid and OSHA regulations.

D. A 911 Call report must be completed and submitted to the superintendent by the supervising adult on the day of transport or by the morning of the next school day for athletic injuries. "911 Call" reports are accessible on-line to school staff.

E. A trainer or coach trained in CPR/First Aid must attend every CHCCS athletic event.

F. In the event that a student has a DNR order in effect, the DNR protocol must be followed.

G. Students with health problems requiring special care shall have an individualized Health Plan on file, available in the school office and health room.

H. A sick or injured student can be released only to parent/guardian(s), listed emergency contacts, or Emergency Medical Services (EMS) personnel.

V. FIRST AID RESPONSE: EMERGENCIES

A. Staff members have the responsibility to call EMS (911) when necessary in an emergency. Administrators and parents must be notified as soon as safely possible after EMS has been called.

B. School staff or students are not to transport students in their own cars for emergency treatment.

C. Under all circumstances, upon arrival to a school, EMS personnel will become the primary care providers of the injured party for whom they were called. School personnel will remove other students and staff from the scene in order to allow EMS personnel space and safety to deliver appropriate care.

D. EMS personnel responding to a school or school-sanctioned event will attempt to make contact with the school nurse or certified athletic trainer (AT) on site.

E. In cases where a school nurse, AT, or administrator who knows of an existing health condition, any Health Plans on file or other documents that contain pertinent medical history, medications, allergies, and special directions that may aid the school system and paramedics in assessing the correct disposition of the child will be provided to EMS staff.

F. If transportation of the child is found to be necessary by the paramedic or desired by the person acting *in-loco parentis*, then the destination shall be determined by which facility would be most appropriate for the specific condition of the child as best determined by both parties. In some cases this may involve bypassing the closest facility for a more distant, yet more appropriate, facility for the child.

G. In cases where the parents or legal guardians are not present at the school or event, EMS crews will respect the wishes of the person acting *in loco parentis* in decisions related to transporting the patient.

H. In the event that any student requires EMS transport, and a parent/guardian is not available to go with child, school personnel will accompany the student during transport and will remain with the student until parent/guardian responsibility can be assumed.

VI. FIRST AID RESPONSE: INJURIES AND ILLNESS

A. Care for injuries and sudden serious illness in the school setting will be in accordance with the American Red Cross or American Heart Association guidelines.

B. Parents/guardians will be called when a student's condition prevents participation in normal school activities.

C. Students with temperature of 100 degrees Fahrenheit (oral), vomiting, or diarrhea will be excluded from school, and may not participate in school activities until symptom-free without medication for 24 hours.

D. Students with undiagnosed rash may be excluded from school. If excluded from school, readmission is contingent upon a note from physician, being symptom free and receiving appropriate treatment.

E. Students will not leave, or be sent home from, school if unattended when exhibiting symptoms of illness for diabetes, head, back or abdominal trauma, severe stomachache, seizures, fainting/dizziness, fever > 100 degrees Fahrenheit (oral), vomiting, diarrhea, or active bleeding.

F. Procedures for management of communicable diseases in the school setting is reviewed annually by the Orange County Health Department Medical Director.

VII. FIRST AID: LOSS OR CHANGE IN LEVEL OF CONSCIOUSNESS OR CONCUSSION

A. A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in the loss of consciousness.

B. Nurses, First Responders, PE teachers, Coaches, Assistant Coaches, Athletic Trainers will comply with concussion safety requirements set forth in the Gfeller-Waller Concussion Awareness Act of 2011.

- parents/guardians of any student with an injury to the head that results in a change in the level of consciousness, even reported dizziness, will be notified
- students may not continue in physical education until a note of clearance is received from a licensed healthcare provider
- any middle or high school athlete with a suspected concussion will not be permitted to return to any participation in practice or event until a written release is provided to the school from a healthcare provider with expertise in the management of concussion

C. Athletic Trainers will be in charge of guiding return to play progression and have the authority to withhold play.

D. Coaches, Assistant Coaches and student athletes must adhere to guidelines set forth in the Athletics Emergency Action Plan.

E. All coaches, school nurses, athletic directors, first responders, volunteers, student-athletes and parents of student-athletes must be provided annually with information on concussion and head injury.

F. CHCCS will retain records of training and concussion incidents.

VIII. FACILITIES AND EQUIPMENT

A. Each school shall have a health room with a cot for students who become sick or injured during the school day.

B. The health room is a temporary facility for students who are unable to be in the classroom due to fever, vomiting, or diarrhea or who are waiting for their parent/guardian to pick them up.

- C. Students shall be given medication only in accordance with the medication policy.
- D. Each school shall maintain its own supply of first aid supplies including those recommended in the *North Carolina School Health Program Manual*, issued jointly by North Carolina Departments of Public Instruction and Health and Human Services.

IX. REGULATIONS FOR MANAGING STUDENTS WITH FOOD ALLERGIES

- A. CHCCS does not endorse allergen-free classrooms. Principals will assign students to classrooms based on the needs of the school
- B. CHCCS will follow guidelines for care as set forth in:
 - 1. North Carolina Emergency Medical Services manual, *Emergency Guidelines for Schools*
 - 2. Food Allergy and Anaphylaxis Network: *The School Food Allergy Program*, a comprehensive program for managing food allergies at school
 - 3. CHCCS policy 6125, Administering Medications to Students
- C. Parent/guardian(s) of a student with a life-threatening food allergy will:
 - 1. provide the school principal with documentation from a licensed healthcare provider describing the specific allergic condition of the student
 - 2. assist the school nurse in completing a Food Allergy Action Plan, to be signed by physician and parent, and returned to school nurse.
- D. CHCCS will take the following steps to establish as safe a school environment as possible for students with life-threatening food allergies:
 - 1. School Nurse will:
 - a.) work with parent and school personnel to establish Health Plan
 - b.) make available a copy of student's Food Allergy Action Plan to any potential emergency care-giver and on an "as needed" basis to protect student safety
 - c.) provide and document training on signs, symptoms, and treatment of anaphylaxis to the following school personnel:
 - 1st Responders
 - Teachers and teacher assistants of student, or other teachers who have contact with the student
 - d.) consult with Child Nutrition, Transportation, and Community Schools programs to insure proper training and information is provided.
 - 2. The classroom teacher will:
 - a) encourage students to wash hands before and after eating, and before using the computer and common classroom supplies
 - b) provide information to student's classmates and their parents regarding the dangers presented by the inclusion of foods containing the identified allergen in food brought to school for lunches and classroom occasions
 - c) observe proper cleaning of cafeteria lunch tables
- E. Provisions for the lunchroom include:
 - 1. Schools may opt to have allergen-free lunchroom tables

2. Cafeteria tables will be cleaned by the supervising adult between each class with a spray solution and clean towel, using a single wipe with each towel. No buckets of water with repeated dipping and wiping or reuse of cleaning rag will be permitted.

F. Provisions that apply to CHCCS Child Nutrition include training for response to students with chronic or emergency health conditions:

1. Food allergies
2. OSHA
3. Diabetes
4. Rescue of choking victim
5. Making clear identification of students with known food allergies and restricting food preparation surfaces within cafeteria from contamination by offending allergen
6. making internet access available to all cafeteria staff to comply with CHCCS on-line trainings

X. REGULATIONS FOR MANAGEMENT OF METHICILLIN-RESISTANT STAPHYLOCOCCAL AUREUS

Any student and/or staff who has a Methicillin-Resistant Staphylococcal Aureus (MRSA) infection can attend school regularly as long as the wound is covered and the person is receiving proper treatment. Students and staff do not need to be isolated or excluded from school if suspected MRSA infection is noticed as long as the area is washed with soap and water and covered lightly. Those who touch the wound should wash their hands immediately. Any person with a lesion suspicious of MRSA should be referred to a healthcare provider to confirm infection and determine the best course of treatment.

To prevent MRSA infections at school, the following guidelines will be observed:

1. Encourage and practice regular hand washing
2. Encourage and practice good skin care to prevent bacteria from entering the body through a break in the skin
3. Ensure access to sinks, soap and clean paper towels
4. Ensure the availability of alcohol-based hand sanitizer, if soap and water are not accessible
5. Regularly clean sinks, showers and toilets by saturating with disinfectant
6. Disinfect athletic or gym equipment between users
7. Wear gloves when caring for another person's wounds, and protect clothing from touching wounds or bandages
8. Encourage those infected to always keep draining lesions covered with dressings
9. Carefully dispose of dressings containing pus and blood
10. Disinfect contaminated portable equipment such as stethoscopes, blood-pressure cuffs, equipment handles, pagers, and cell phones
11. Follow routine OSHA Bloodborne Pathogens procedures for cleaning the environment

In order for any student who is diagnosed with a MRSA lesion to continue in CHCCS athletic participation, the following conditions must be met:

1. School staff must observe the recommendations set forth in the document issued by North

Carolina Division of Public Health, Control of MRSA on Athletic Teams

2. The Principal or designee will describe the following:

- a) How the lesions will be adequately and completely bandaged
- b) Who will assume responsibility of ensuring that the lesion is fully bandaged
- c) Who will provide assurance that the bandaging has been done properly and that it cannot be compromised during practice or competition
- d) How the bandaging will be disposed
- e) How the players will be monitored for skin infections and how they will be instructed as to what to look for
- f) How the parent of the infected student will be notified regarding required precautions to be taken by the student
- g) How the confidentiality of athletes will be protected
- h) What environmental cleaning and infection control procedures will take place

Information on prevention and symptoms of MRSA will be provided to students in every secondary school Physical Education class at the beginning of each school year and to members of athletic teams at the beginning of each athletic season.

XI. REGULATIONS FOR USE OF AUTOMATED EXTERNAL DEFIBRILLATORS ON SCHOOL CAMPUSES

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). It is to be used only for victims who are unconscious, have no pulse, and no sign of circulation or normal breathing. The AED will analyze the heart rhythm and, based on the findings, deliver a shock at the appropriate energy level.

North Carolina law allows for use of an AED during an emergency for the purpose of attempting to save the life of another person who is, or appears to be, in cardiac arrest. North Carolina and federal laws provide immunity from prosecution of both the individual who uses an AED in an attempt to save a life and the entity responsible for the location of AEDs as long as a program of training has been provided to its personnel.

A. Training

1. Use of the AED is authorized for school personnel trained and certified in CPR and the use of the AED
2. School nurses will maintain current American Red Cross (ARC) instructor certification and will provide CPR/AED certification classes to CHCCS employees
3. Records of all training and refresher training will be maintained at the school level by the school nurse, with a complete record maintained by the CHCCS Health Coordinator or designee

B. AED Placement

1. AEDs will be kept unlocked and placed in prominent locations that are accessible to trained CHCCS staff
2. The number and placement of AEDs will vary by building level
 - a. elementary schools will have one AED placed outside the main office
 - b. middle schools will have two AEDs, one placed outside of the main office, and one

placed in the vicinity of the gymnasium

c. high schools will have a minimum of three (3) AEDs placed at various locations on the school campus(s), one in the vicinity of the gymnasium, and one for use by the high school athletic trainer

d. one placed at each the central office and transportation buildings

C. AED Maintenance

1. The school nurse at each site is responsible for monthly inspections of AEDs placed in the schools to insure that the AED and related equipment is in ready-to-use condition

2. The Athletic Trainer at each site is responsible for monthly inspections of the AED assigned to him or her to insure that the AED and related equipment is in ready-to-use condition

3. A CHCCS inspection/maintenance log will be kept by the building administrator or designee

4. A spare battery, cabinet key, and instruction manual will be kept by the school nurse

D. Procedures after Onset of a Cardiac Event

1. During school hours, office personnel will be notified of location of victim and pertinent details

2. Office personnel will:

a) call 911

b) notify First Responders and send coverage to their rooms if they are unable to leave classroom to assist

c) notify school administrators of event

d) designate an individual to direct EMS to the victim's location

e) notify the parent/guardian(s) as directed by the school administrator

3. First Responders will (until the arrival of EMS):

a) assess the victim's status: airway, breathing, and circulation

b) designate having AED brought to location

c) Follow ARC or AHA guidelines in implementing CPR and/or use of the AED

d) Continue CPR and/or defibrillation, if warranted, or monitor victim's status until EMS arrives

e) Upon arrival of EMS, allow them to take charge of the victim

f) Provide to EMS information about victim:

- Name
- Age
- Known medical problems
- Time of incident
- Current condition

- Number of attempts to defibrillate
- Onset of symptoms, if known
- Description of incident, if known

g) Complete AED Incident Report

January 17, 2013

Chapel Hill-Carrboro Schools
