



Massachusetts Department of Elementary and Secondary Education

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Model Medical Emergency Response Plan August 2015

Background

In the Spring of 2012, the Legislature passed and Governor Patrick signed into law *An Act Relative to Medical Emergency Response Plans for Schools*, Chapter 77 of the Acts of 2012 (Medical Emergency law).

The law directs the Department of Elementary and Secondary Education (Department), in consultation with the Department of Public Health (DPH), to develop a cost-neutral model medical emergency response plan in order to promote best practices. The model plan is to be made available to school committees and charter school boards. In developing the model plan, the Department is to refer to research prepared by the American Heart Association, the American Academy of Pediatrics, and other relevant organizations that identify the essential components of a medical emergency response plan. The Department is to biennially update the model plan and post the plan on its website.

The Department, in consultation with DPH, has created the following model for a Medical Emergency Response Plan (Plan) for a ***hypothetical Massachusetts high school***. State agencies, school personnel, advocacy organizations, and other interested parties provided content and feedback to the Plan. The Plan provides *guidance* for school planning. It is not intended to be a “cookie cutter” approach but to serve as an exemplar. Each school will need to develop a plan tailored to its circumstances. The model cannot replace the coordination and collaboration that must take place within the context of a particular community.

Please note that this Plan makes the following assumptions that may not be in place for all schools and therefore would not be considered cost-neutral for those schools:

- The hypothetical school has a full-time nurse in the building.
- The hypothetical school has radio equipment with direct 911 access.
- The hypothetical school has automated external defibrillators (AEDs).

Schools without any or all of the above should tailor their Plans accordingly.

A MODEL FOR A MEDICAL EMERGENCY RESPONSE PLAN

The Hypothetical Massachusetts High School (school) has developed this Medical Emergency Response Plan (Plan) in consultation with members of the school community, including the school nurse, school athletic team physicians, coaches and trainers, local medical and other emergency responders, and other community partners. The purpose of the Plan is twofold:

1. To reduce the incidence of life-threatening emergencies, and
2. To promote efficient responses to such emergencies.

The complete Plan has been posted in the school's main office, the school nurse's office, and the athletic office. Protocols that include specific actions to take in case of a medical emergency have been posted in classrooms, locker rooms, gymnasium, and cafeteria and provided to key staff. The complete Plan will be modified as needed and updated whenever there are physical changes to the school campus, including new construction. The Plan will be submitted to the Department of Elementary and Secondary Education every three years beginning in 2012. Most recent updated plans are to be submitted by **September 1, 2015**.

Safety Assessment

To prevent injuries and accidents on school property, the school district follows Occupational Safety and Health Administration (OSHA) guidance. Prior to the opening of the school each year, key school administrators and the facility management director conduct a safety assessment using the National Institute for Occupational Safety and Health (NIOSH) Safety Program Checklist for Schools. Safety guidelines are posted in all classrooms. Science, career/vocational technical education, physical education, and fine arts instructors as well as athletic trainers and coaches educate students on specific safety precautions and injury prevention measures relevant to their disciplines.

Community Emergency Responders

School leaders and administrators have ongoing relationships with fire and police chiefs as required under the Multi-hazard Evacuation Plan, developed under Section 363 of Chapter 159 of the Acts of 2000. Law enforcement and fire/safety personnel have connected the district administration building and the district schools with local emergency medical services (EMS) personnel. EMS has assisted in establishing a rapid communication system linking all parts of the school campus; determining response times to all parts of campus; and providing a methodology for directing EMS personnel to an ill or injured individual(s) and to available rescue equipment when they arrive in response to an emergency call for assistance.

911 Access

- The school has a dedicated landline that connects directly to 911.
- Key personnel, including those involved in after-school and extracurricular activities, have access to radios that can directly access 911.

- Medical Emergency Response protocols and 911 radios are in all vehicles owned and operated by the district.

Contact Information

The school maintains an updated list of key faculty and staff, with phone numbers and a call tree that indicates when each individual is to be contacted during a medical emergency and their respective roles, such as directing EMS, providing first aid, supporting students, and providing class coverage. This resource information is available in the school's main office and in the school nurse's office.

The school maintains an updated list of community-based providers that includes names and phone numbers of behavioral health professionals who can provide long- and short- term mental health services on campus following incidents and emergencies. This resource information is available in the school's main office.

The school's main office will contact parents/guardians of students and emergency contact persons for faculty and staff if the student, faculty, or staff person has a medical emergency. The school maintains a list of names and phone numbers of parents/guardians, updated at the beginning of each school year, who should be contacted in case of a medical emergency concerning a student. The school maintains a list of names and phone numbers of individuals who should be contacted in case of a medical emergency concerning faculty and staff. Faculty and staff are directed to provide updated contact information as needed to the main office.

Medical Emergency Response Protocols

The school's Medical Emergency Response Protocols are posted in the main office, the school nurse's office, classrooms, locker rooms, athletic office, gymnasium, cafeteria, and public areas on campus with instructions on how to activate the local emergency medical services (EMS).

In case of a medical incident, school staff will immediately:

- Contact the school nurse and the main office; and
- Escort an injured person who is ambulatory to the school nurse's office or notify the school nurse if the person cannot be moved.

Main office personnel will ensure that designated individuals are directed to remain with the injured or ill person until medical assistance arrives.

The school's medical response will proceed as follows:

- The nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition:
 - i. *Life-threatening or potentially disabling:* Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization.

Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.

- ii. *Serious or potentially life-threatening or potentially disabling:* Burns, major multiple fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
 - iii. *Non-life-threatening:* These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, seizures, fractures, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.
- When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the school nurse will inform main office personnel to:
 - call EMS (911) using the dedicated emergency phone line and provide the location of the injured or ill person and available rescue equipment.
 - activate the medical emergency contact list to use designated school staff in their respective roles.
 - direct designated school personnel to remain stationed at the specific location on campus where the medical incident occurred and greet emergency responders upon arrival, providing updates on the situation. EMS response time to the school is estimated at 4-5 minutes and 5-6 minutes to reach playing fields, the high school's field house, and track, barring unforeseen delays.
 - notify the parent/ legal guardian of the student or the emergency contact for faculty/ staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

If the school nurse is not in the building at the time of the medical incident, main office personnel will notify the administrator in charge. The administrator will assess the situation and direct main office personnel to place the 911 call in the event of a potentially life-threatening or potentially disabling injury, illness, or condition. Other steps will be taken as described above.

If the injury, illness, or condition is later determined by the school nurse or other trained personnel to be minor, the EMS call will be canceled or EMS units will clear the scene.

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and or medical services will be provided onsite. Main office personnel will notify the involved student's parent or guardian.

All faculty and staff must adhere to the following during all medical incidents:

- Standard Precautions must be followed at all times (see Definitions).
- Avoid moving the ill or injured person, unless there is more danger if left there.
- Remain with the person until assistance arrives and remain calm.
- Direct other staff to manage bystanders.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours.

Cardiopulmonary Resuscitation (CPR) and First Aid Training¹

Our school has arranged with the local Red Cross, fire department, and emergency responders to provide training for designated school staff in cardiopulmonary resuscitation (CPR) and first aid, in accordance with the recommendations from the DPH. The names of the individuals who have successfully completed training will be posted with the Plan.

Our school also offers CPR training on a voluntary basis to students through health, wellness, and/or physical education classes. In addition, first aid and CPR classes will be available through local Red Cross and youth serving agencies.

Medical Emergency Response Drills

The school conducts a medical emergency response drill in coordination with school evacuation or fire drills. The first drill, which is announced in advance, occurs at the beginning of the school year. Other drills are conducted periodically during the school year. The principal or designee will ensure that the Plan is reviewed after each drill and revised if necessary based on evaluation results to improve response effectiveness.

Automated External Defibrillators (AEDs)

The school has two portable Automated External Defibrillators (AEDs). One is located outside the main office and the second is located on the wall between the school nurse's office and the gymnasium. The AEDs are located in sites that make them readily accessible for campus-wide access during school hours, after-school activities, and public events held at the school, and the number is sufficient for the size of the school. A list of school personnel and volunteers who are trained in AED use, a map of

¹ DPH recommends that, as a minimum standard, at least five persons trained in first aid/CPR be available in each school at all times when students are on the school grounds, including before and after school. The actual suggested ratio is one trained staff member for every 50 students (1:50). In high-risk populations, it is recommended that there be one first aid-trained person for every medically fragile person (1:1).

the school's floor plan, and instructions on communicating in emergencies are in the same locations and included in the Plan. Only persons trained and certified in the American Heart Association Heartsaver Program may have access to and use the AED during regular school hours and after school. The school nurse is responsible for checking and documenting the status of the AEDs in accordance with manufacturer's recommendations. The athletic trainer is responsible for doing the same for the AED assigned to athletic teams that travel. The district nursing supervisor ensures that the AED unit is maintained according to the manufacturer's recommendations.

Appendix 1

DEFINITIONS

The following definitions are from the Massachusetts School Health Manual and other sources.

Automated External Defibrillator (AED)

An Automated External Defibrillator is a lifesaving device to treat victims of sudden cardiac arrest. The defibrillator is designed to quickly and easily provide an electric shock that restores the victim's normal heart rhythm.

First Aid

First aid is the immediate and temporary care given to an injured or ill person.

National Institute for Occupational Safety and Health (NIOSH)

The National Institute for Occupational Safety and Health is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

Occupational Safety and Health Administration (OSHA)

The Occupational Safety and Health Administration set and enforces protective workplace safety and health standards.

Standard Precautions

Standard Precautions are thorough hand-washing, gloving in the presence of body fluids, and proper disposal of contaminated wastes. The routine use of appropriate precautions by the caregiver regardless of knowledge of germs present in the individual's blood, saliva, nasal discharges, vomit, urine, or feces prevents the transmission /spread of disease and protects the caregiver. When handling the discharges from another person's body, always use these precautions. Use of Standard Precautions removes the need to know which persons are infected with which germs in the school setting.

RESEARCH

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Appendix 2

Template (Optional) for Medical Emergency Response Plans for Schools

Date:

Contact Information

School District or Charter School:
Superintendent or Charter School Leader:
Email:
Phone:

School:
School Address:
School Principal:
Email:
Phone:

Contact Person for the School Plan:
Email:
Phone:

Section 1: The Medical Emergency Response Plan (Plan)

A. Essential Plan Components

At each school, procedures must be in place to manage injury or illness of faculty, staff, students, and visitors and to respond in a timely and efficient manner to medical emergencies. Under the Medical Emergency law, each school's Plan must include:

(1) Requirement: a method for establishing a **rapid communication system** linking all parts of the school campus, including outdoor facilities and practice fields, to the emergency medical services system and protocols to clarify when the emergency medical services system and other emergency contact people shall be called.

School's Response: *Describe the school's method for establishing a rapid communication system.*

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(2) Requirement: a determination of **emergency medical service response time** to any location on campus.

School's Response: *Describe the emergency medical service response times to locations on the school campus.*

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(3) Requirement: a list of relevant **contacts and telephone numbers** with a protocol indicating when each person shall be called, including names of professionals to help with post-emergency support.

School's Response: *Provide a list of relevant contacts and telephone numbers with information indicating when each person should be called. Include names of professionals to help with post-emergency support.*

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(4) Requirement: a method to efficiently **direct emergency medical services personnel** to any location on campus, including to the location of available rescue equipment.

School's Response: *Describe how emergency medical services personnel will be directed to the emergency site(s) and to available rescue equipment.*

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(5) Requirement: **safety precautions** to prevent injuries in classrooms and on the facilities.

School's Response: *Describe the safety precautions the school has in place to prevent injuries in classrooms and on the facilities.*

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(6) Requirement: a method of providing access to **training in cardiopulmonary resuscitation (CPR) and first aid** for teachers, athletic coaches, trainers, and other school staff, which may include training high school students in cardiopulmonary resuscitation.

School's Response: *Describe how the school will provide access to CPR and first aid training for the staff listed above. Describe if the school will provide CPR training for high school students.*

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(7) Requirement: in the event the school possesses an **automated external defibrillator (AED)**,

- the location of the device;
- whether or not its location is either fixed or portable; and
- those personnel who are trained in its use.

With respect to item (7) on AEDs, the law further requires information on:

- the total number of AEDs in each school (*note: the law does not require schools to possess AEDs*);
- any volunteers (and personnel) who are trained in the AED use;
- personnel who have access to AEDs during regular school hours and after school; and
- the total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events (*the estimate is required whether or not the school currently has AEDs*).

School's Response: *If the school has AEDs, provide the information on the items listed above. If the school does not have AEDs, provide information on the estimated number of AEDs needed. A sample form is provided for your use in displaying the required AED information.*

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Sample Automated External Defibrillator (AED) Form

1. School name and address:

2. Total number and location of AEDs the school has (if none, go to Question 5):

Number and location(s) of fixed AEDs

Number and location(s) of portable AEDs

3. List personnel who have access to AEDs during regular school hours and after school:

4. List personnel and volunteers trained in AED use:

5. Total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events:

Section 2: Submission of School Plans

The district superintendent or his/her designee(s) should submit the plan(s) on behalf of all of the district's school(s). Districts are encouraged to use the new "MERP" DropBox in the Security Portal to submit their plan(s). For the superintendent or designee to submit information through the MERP DropBox, a [district-level Directory Administrator](#) must assign that person the MERP DropBox role in that person's profile. If districts have any difficulty using the DropBox, they may email the plan(s) to the Department at MERP@doe.mass.edu.

Before submitting your plan(s), please name the file(s) with the following name: "*8DigitSchoolCode_School Name_DistrictName_Date*." For example: "01650003_Beebe_MaldenPS_08-28-12." School and district names can be abbreviated. To confirm a school code, do a search for the school under "public schools" on <http://profiles.doe.mass.edu/>.

If you need assistance with submission, please contact the Learning Support Services unit via MERP@doe.mass.edu or 781-338-3010.

Appendix 3: Medical Emergency Law

Mass. General Laws Chapter 69, Section 8A, as added by Chapter 77 of the Acts of 2012: An Act Relative to Medical Emergency Response Plans for Schools

Chapter 69, Section 8A:

(a) Each school committee and commonwealth charter school board of trustees shall ensure that every school under its jurisdiction has a written medical emergency response plan to reduce the incidence of life-threatening emergencies and to promote efficient responses to such emergencies. The plan shall be in addition to the multi-hazard evacuation plan required under Section 363 of Chapter 159 of the acts of 2000.

Each plan shall include:

- (1) a method for establishing a rapid communication system linking all parts of the school campus, including outdoor facilities and practice fields, to the emergency medical services system and protocols to clarify when the emergency medical services system and other emergency contact people shall be called;
- (2) a determination of emergency medical service response time to any location on campus;
- (3) a list of relevant contacts and telephone numbers with a protocol indicating when each person shall be called, including names of professionals to help with post-emergency support;
- (4) a method to efficiently direct emergency medical services personnel to any location on campus, including to the location of available rescue equipment;
- (5) safety precautions to prevent injuries in classrooms and on the facilities;
- (6) a method of providing access to training in cardiopulmonary resuscitation and first aid for teachers, athletic coaches, trainers and other school staff, which may include training high school students in cardiopulmonary resuscitation; and
- (7) in the event the school possesses an automated external defibrillator, the location of the device, whether or not its location is either fixed or portable and those personnel who are trained in its use.

Plans shall be developed in consultation with the school nurse, school athletic team physicians, coaches, trainers and the local emergency medical services agency, as appropriate. Schools shall practice the response sequence at the beginning of each school year and periodically throughout the year and evaluate and modify the plan as needed. Plans shall be submitted once every 3 years to the department of elementary and secondary education on or before September 1, beginning in the 2012-2013 school year. Plans shall be updated in the case of new construction or physical changes to the school campus.

Included in each initial and subsequent filing of a medical emergency response plan, each school district shall report on the availability of automated external defibrillators in

each school within the district, including, the total amount available in each school, the location of each within the school, whether or not the device is in a fixed location or is portable, those personnel or volunteers who are trained in its use, those personnel with access to the device during regular school hours and after and the total estimated amount of automated external defibrillators necessary to ensure campus-wide access during school hours, after-school activities and public events.

(b) The department of elementary and secondary education, in consultation with the department of public health, shall develop a cost-neutral model medical emergency response plan in order to promote best practices. Said model plan shall be made available to school committees and commonwealth charter school boards. In developing the model plan, the department shall refer to research prepared by the American Heart Association, the American Academy of Pediatrics and other relevant organizations that identify the essential components of a medical emergency response plan. The department shall biennially update the model plan and post the plan on its website.

(Section 2 of Chapter 77 of the Acts of 2012 states: The department of elementary and secondary education shall submit a report to the clerks of the senate and the house of representatives who shall forward the same to the house and senate chairs of the joint committee on education and the chairs of the house and senate committees on ways and means on the implementation of this act, the number of students and personnel certified in first-aid and cardio-pulmonary resuscitation and the number of schools that opt out of instruction in cardiopulmonary resuscitation under section 1 of chapter 71 of the General Laws, on or before July 1, 2013.)

Appendix 4: Multi-Hazard Evacuation Plan Law

Section 363 of Chapter 159 of the Acts of 2000 requires the following:

Notwithstanding any general or special law to the contrary, the superintendent of each school district shall, prior to the beginning of the school year, meet with the fire chief and police chief of the city, town or district to formulate a school specific "Multi-hazard evacuation plan" for each school under the superintendent's supervision. Said multi-hazard evacuation plan shall encompass, but not be limited to, evacuations for fires, hurricanes and other hazardous storms or disasters in which serious bodily injury might occur, shootings and other terrorist activities, and bomb threats. Said plan shall be designed for each school building after a review of each building. Said plan shall include, but not be limited to: (1) establishment of a crisis response team; (2) a designation as to who is in charge of said team and designated substitutes; (3) a communication plan; (4) crisis procedures for safe entrance to and exit from the school by students, parents and employees; and (5) policies for enforcing school discipline and maintaining a safe and orderly environment during the crisis. Each district, with the assistance of the local police and fire departments, shall annually review and update as appropriate said plan. At the beginning of each school year, students at each school shall be instructed as to the plan that is developed.