

**SECTION VIII:
EMERGENCY SERVICES/FIRST AID**

Interactive Online Video Instruction

***Virtual School Nurse and Emergency Medical Services Learning Project
(VSNEMS)***

**UNM Health Services Center
Division of Pediatric Emergency Medicine**

http://hsc.unm.edu/emersed/PED/school_rn/school_rn.shtml

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EMERGENCY GUIDELINES



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New Mexico Emergency Medical Services
1. Emergency Planning
2. Use of Emergency Medical Services in the Community

http://hsc.unm.edu/emersed/PED/school_rn/school_rn.shtml

The School Emergency Guidelines Project was funded by the Emergency Medical Services for Children Program (MCH# 394002-01-0) at the University of New Mexico (UNM), Health Resources and Services Administration, Maternal & Child Health Bureau and the National Highway Traffic Safety Administration. The guidelines were developed as a collaborative effort between the Department of Health, Office of School Health; New Mexico School Nurse's Association; school nurses from Albuquerque Schools, Los Alamos Schools and Belen Schools; UNM Emergency Medical Services Bureau; UNM Continuing Education; UNM Department of Emergency Medicine; UNM Pediatric Emergency Department and Emergency Medical Services for Children (EMS-C), and NIH Asthma Academic Award (NIH-NHCBI 03245-01). They were adapted from Ohio EMS-C and Colorado EMS-C.

ABOUT THE GUIDELINES

The emergency guidelines adapted for use in this Manual were developed by the Ohio Department of Public Safety's (ODPS) Emergency Medical Services for Children (EMSC) program in cooperation with the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics (AAP). Information contained in the algorithms was specifically adapted from the *First Aid, Emergency Procedures and Care of Acute Illness in Classrooms and Residential Facilities* flipchart, published by the Ohio State University Nisonger Center in 1989.

As a part of the development process, the guidelines were field tested in school districts throughout Ohio and revised based on school feedback. These New Mexico-specific guidelines were adapted from that resource in collaboration with the University of New Mexico, NM Department of Health, the NM Public Education Department and the NM Association of School Nurses.

These emergency guidelines are meant to serve as basic “what to do in an emergency” information for school staff with or without medical/nursing training. Non-medical/nursing staff should review guidelines with a school nurse. It is recommended that staff in positions to provide first aid to students complete an approved first aid and CPR course. In order to perform CPR safely and effectively skills should be practiced in the presence of a trained instructor.

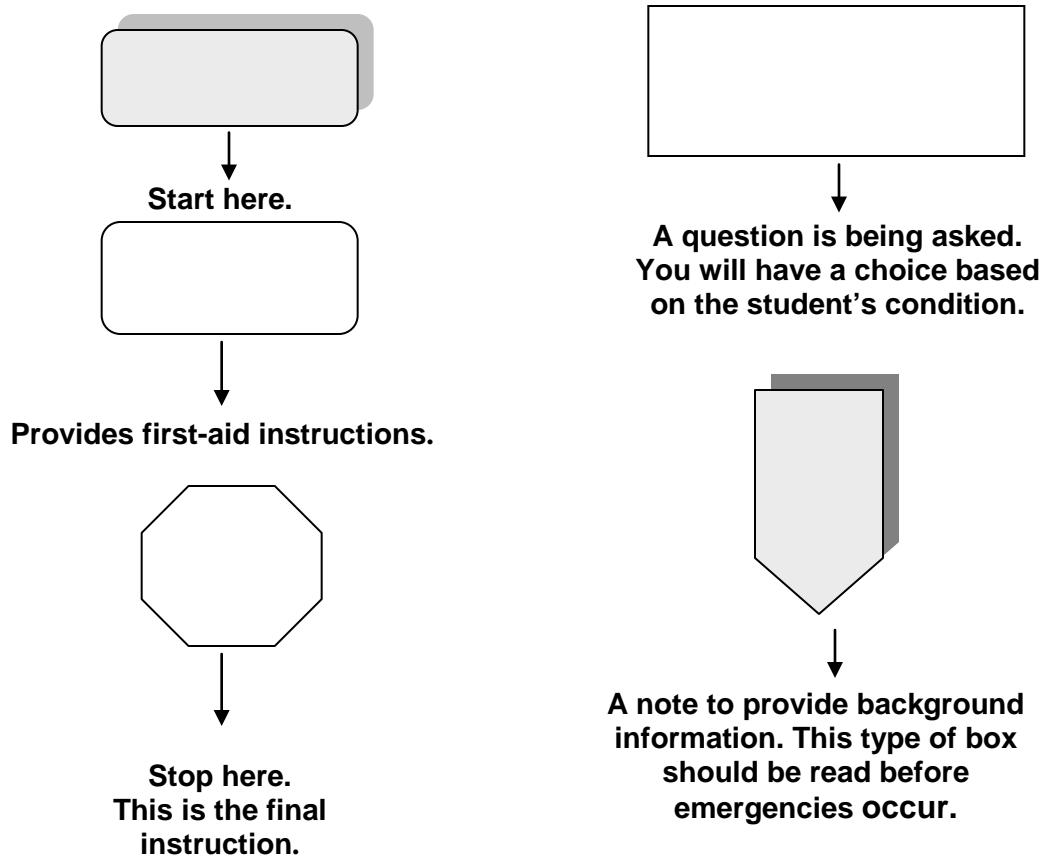
The guidelines have been developed as recommended procedure. It is not the intent for these guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the State of New Mexico. The school nurse should be consulted with any questions concerning recommendations contained in the guidelines.

School staff should take time to familiarize themselves with the format of the emergency guidelines and review the “How to Use the Guidelines” section prior to being faced with an emergency situation requiring implementation of the guidelines.

HOW TO USE THE GUIDELINES

- It is important to identify key emergency contact numbers in the local area so that this information is immediately available in an emergency situation.
- The guidelines are arranged in alphabetical order for quick access.
- Review of the **Key to Shapes** below is essential in understanding the guidelines.
- The user should familiarize him/herself with the “*Emergency Procedures for Injury or Illness*” section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- Information has been provided about infection control procedures and planning for students with special needs in other sections of this Manual.

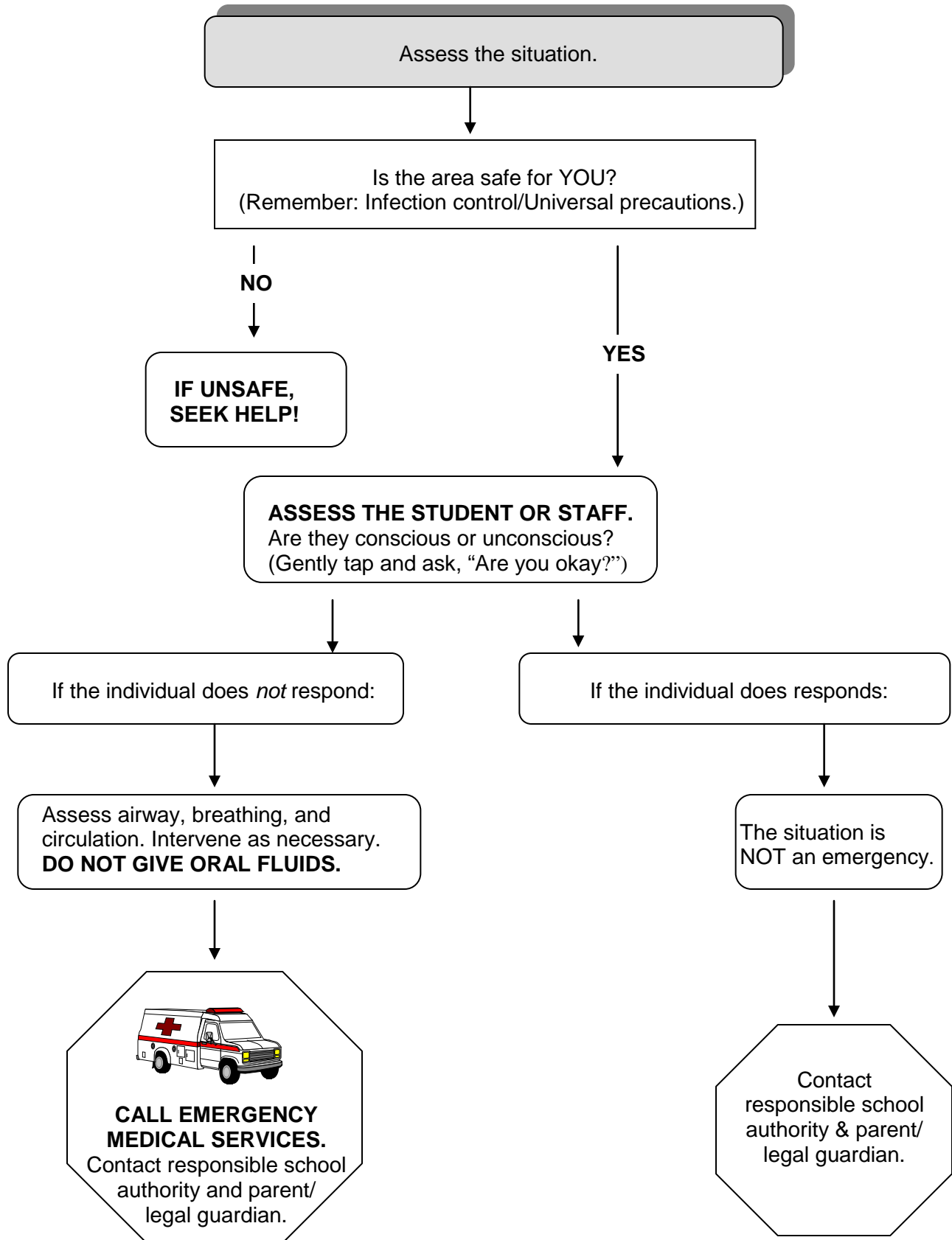
KEY TO SHAPES



EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

- Assess the situation. Be sure the situation is safe to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, and/or violence.
- A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies of the situation. This person will take charge of the emergency, render any further first aid needed and request additional resources as required.
- DO NOT give medications unless there has been prior approval by the parent or guardian. Follow school district medication policy.
- DO NOT move a severely injured or ill student, staff member or other individual unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines for "NECK/BACK INJURIES" in this section.
- **Under no circumstances should a sick or injured student be sent home without the knowledge and permission of the parent/legal guardian.**
- In the presence of a life threatening emergency, call 911 or local Emergency Medical Services (EMS). The responsible school authority or a designated individual should then notify the parent/legal guardian of the emergency as soon as possible to assist in determining the appropriate course of action.
- If the parent/legal guardian cannot be reached, notify a parent or legal guardian substitute and call either the physician or the hospital designated on the school Emergency Information Card to alert the receiving entity to expect the injured student. If necessary arrange for transportation of the injured student by ambulance/EMS.
- A responsible individual should stay with the injured student.
- Fill out a report for all incidents requiring above procedures as required by school policy and document as required by school policy.

EMERGENCY GUIDE TO PROVIDING EMERGENCY CARE



ALLERGIC REACTION

Students with life-threatening allergies should be known to all staff. An emergency plan should be developed for these students.

Children may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, etc.

Symptoms of **severe** allergic reaction include:

- Hives all over body
- Flushed face
- Weakness
- Paleness
- Seizures
- Confusion
- Dizziness
- Blueness around eyes, mouth
- Loss of Consciousness
- Drooling or difficulty breathing.

Symptoms of **mild** allergic reaction include:

- Red itchy eyes.
- Itchy, sneezing, runny nose.
- Several hives, or rash on one part of the body.


Refer to student's emergency plan. Administer guardian-approved medication or use school/student's epinephrine pen, if available.

Does individual have symptoms of severe allergic reaction?

← NO

YES

Adult(s) supervising student during normal activities should be aware of the student's exposure and watch for any delayed reaction for up to **2 hours**.

CALL EMERGENCY MEDICAL SERVICE.  Contact responsible school authority & parent/legal guardian.

If child is unable to participate in school activities, contact appropriate school authority & parent/legal guardian.

If child stops breathing, give rescue breaths.

ASTHMA/WHEEZING OR DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/wheezing should be known to all school staff. An emergency care plan should be developed. **Asthma** is a disease that occurs when small air passages constrict making breathing difficult. Some triggers for asthma include viral infections, tobacco smoke, exercise, perfumes, strong odors, aerosol sprays, cold air, and allergies.

A student with asthma/wheezing may have breathing difficulties which include the following.

- Rapid breathing
- Tightness in chest
- Excessive coughing
- Taking a breathe in between words when speaking
- Wheezing (high-pitched) sound during breathing out
- Increased use of stomach and chest muscles during breathing
- Flaring (widening) of nostrils
- Blueness of lips, tongue or nail beds

If available, refer to student's health/emergency care plan. (Remember: **Peak Flow Meter**, if available)

Does student have parent/guardian-approved medication?

YES →

Administer and repeat medication as prescribed.

NO ↓

Encourage the student to sit quietly, breathe slowly and deeply through the nose and out through the mouth.

• Are the lips, tongue or nail beds turning blue?
 • Are the symptoms not improving or getting worse?
 • Did breathing difficulty develop rapidly?

NO →

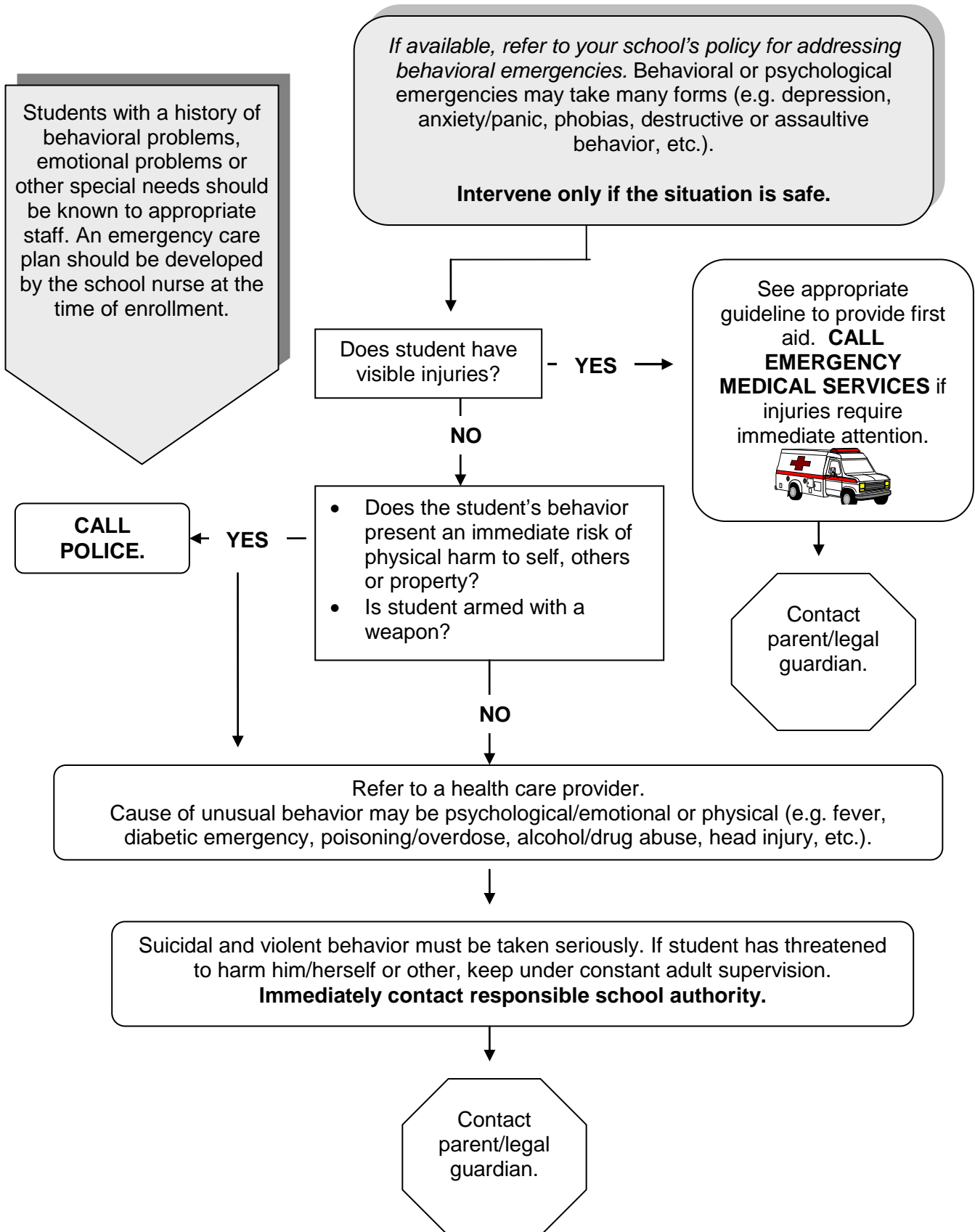
Contact responsible school authority & parent/legal guardian.

YES ↓

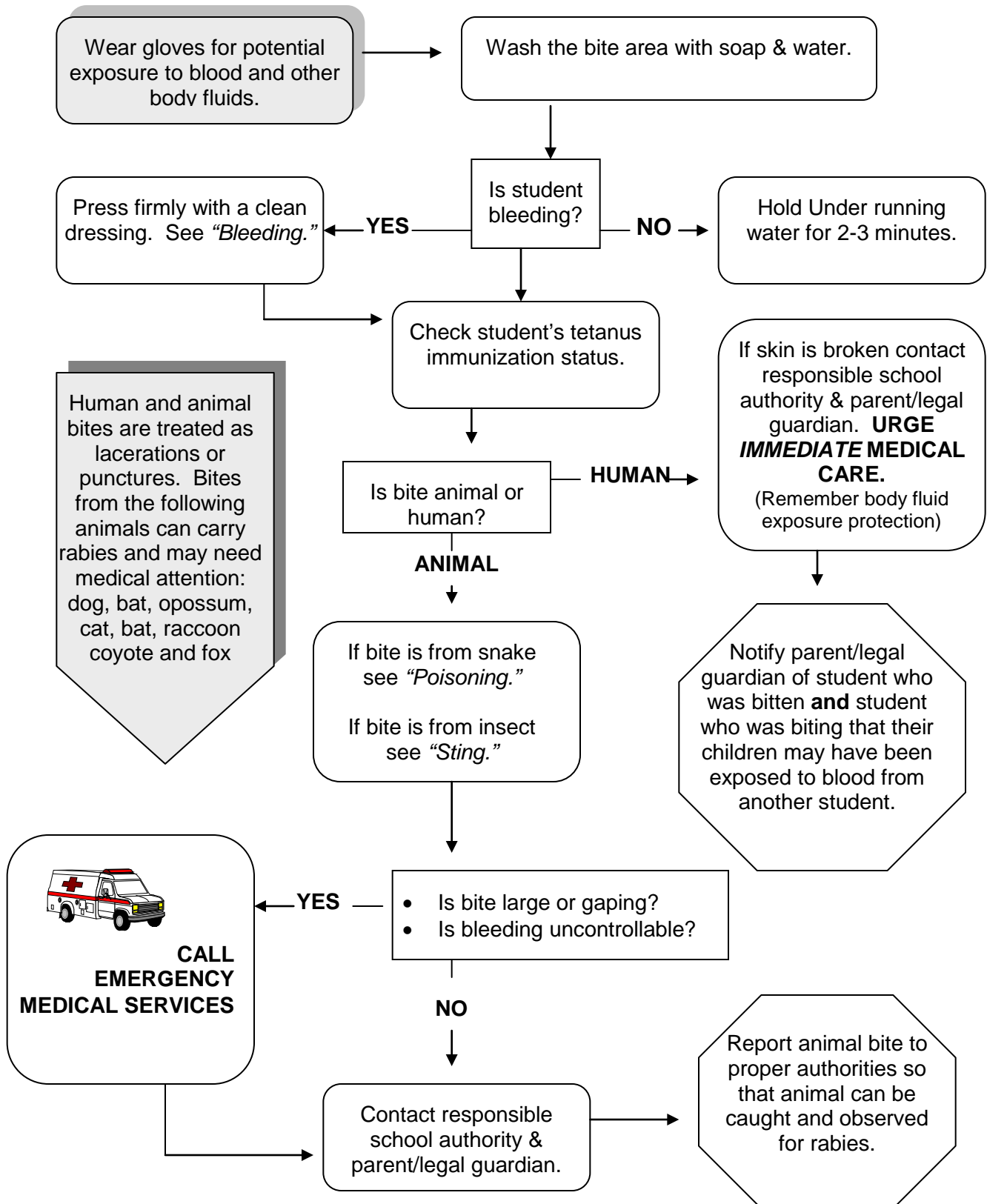


CALL EMERGENCY MEDICAL SERVICE.

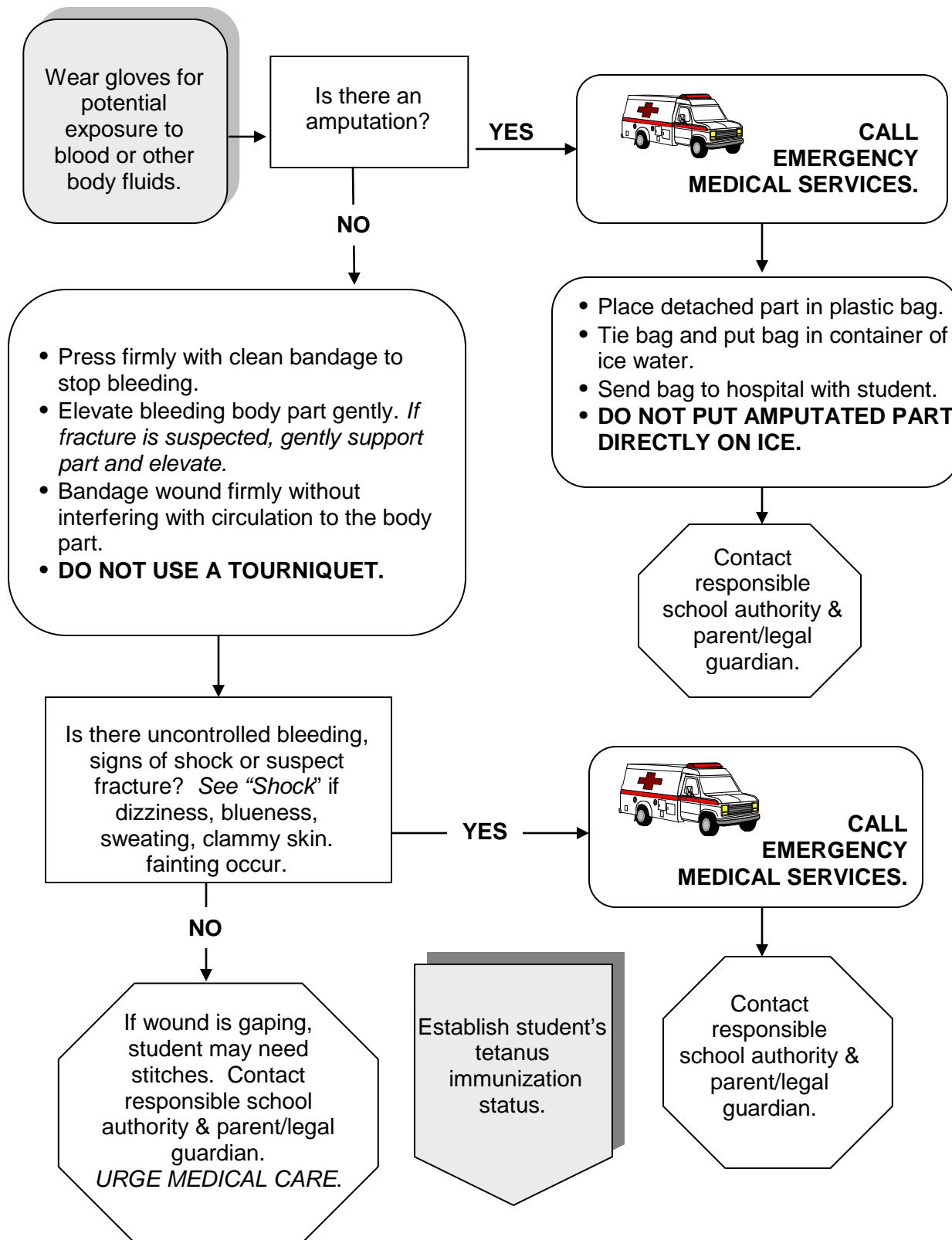
BEHAVIORAL EMERGENCIES



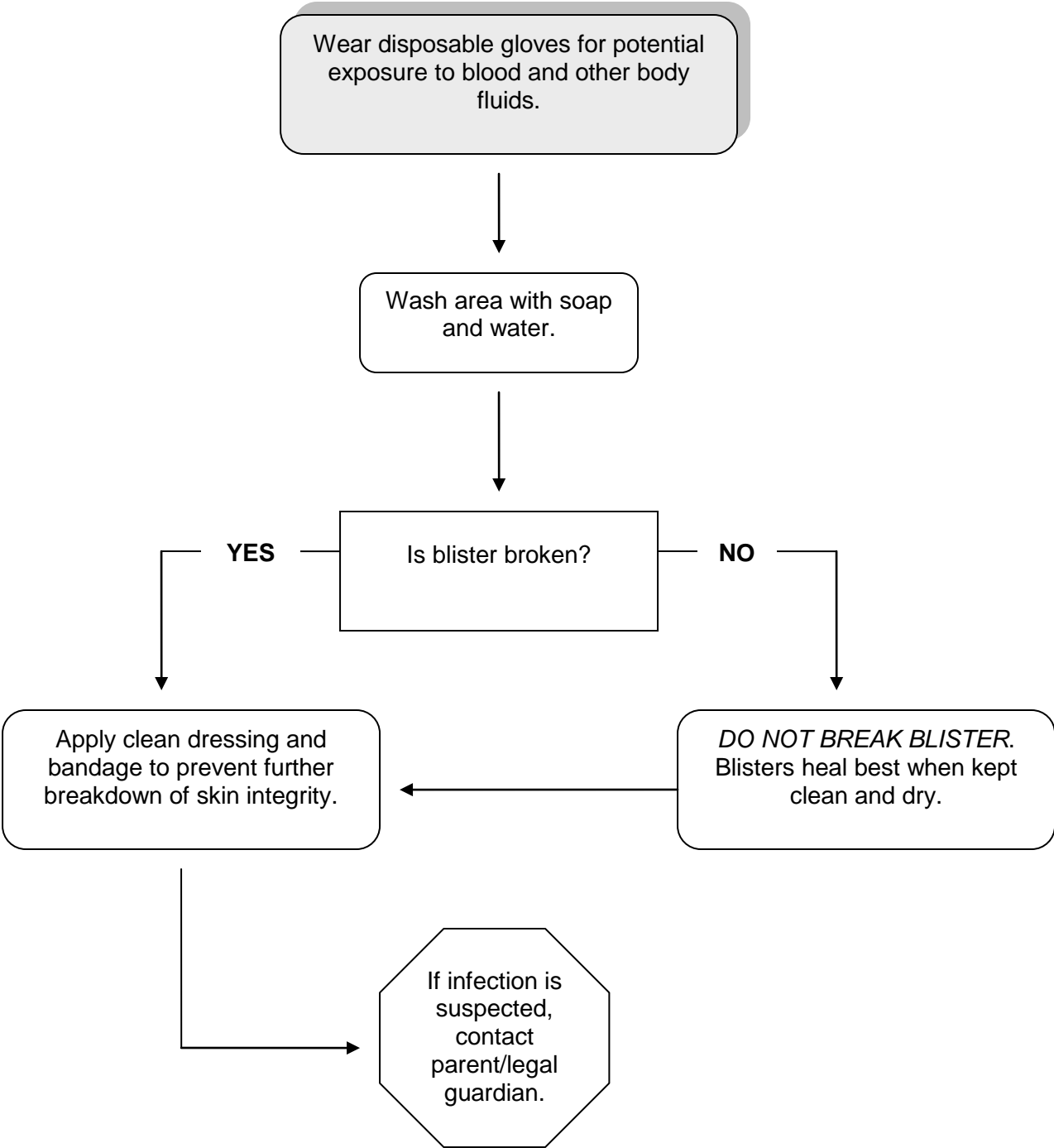
BITES (HUMAN & ANIMAL)



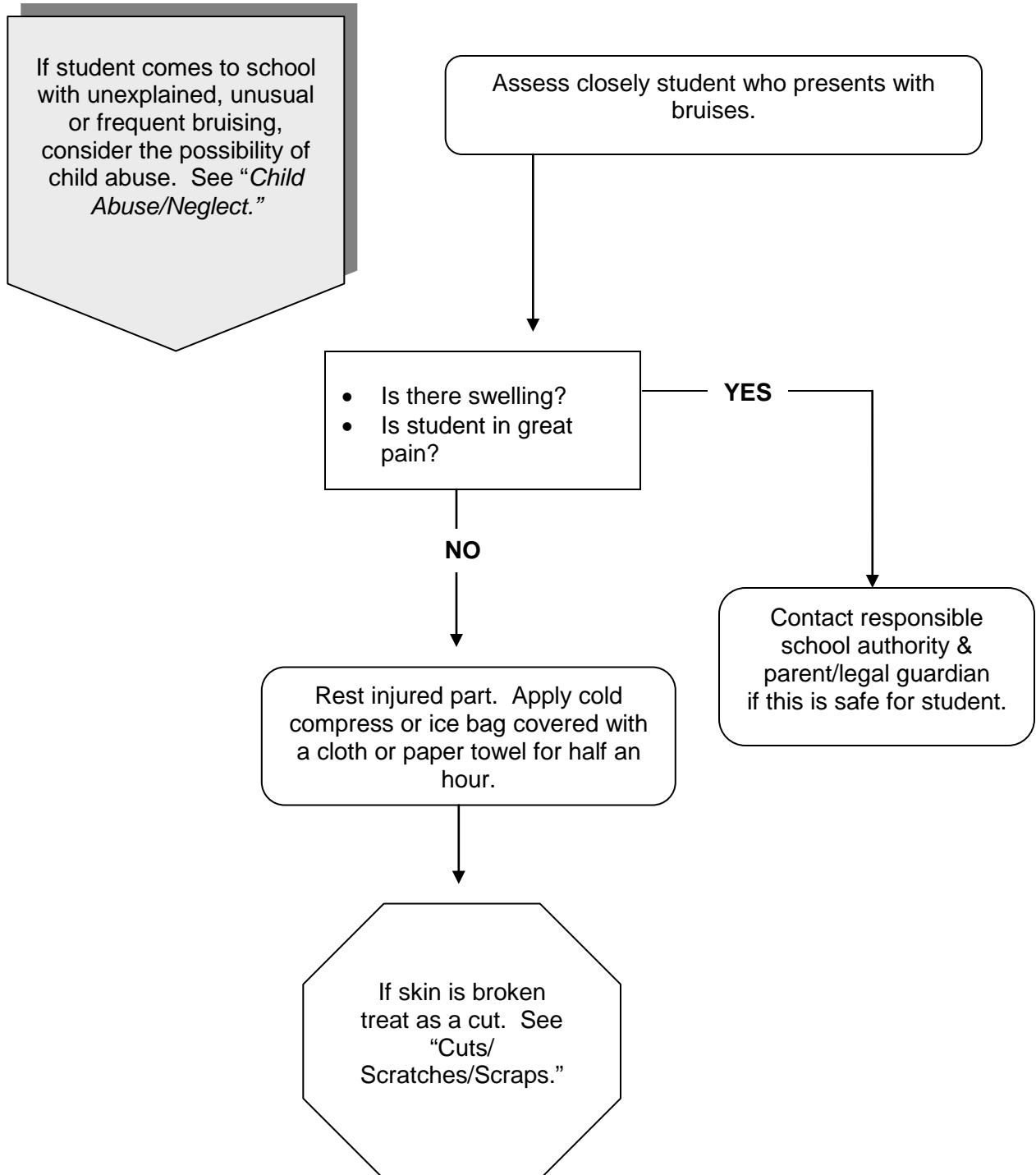
BLEEDING



BLISTERS FROM FRICTION



BRUISES



BURNS

See next page for description about burns.

Make sure that the situation is safe before assisting a burn victim.

ELECTRICAL

CHEMICAL

What type of burn is it?

HEAT

All electrical burns need medical attention. See "Electric Shock."

Wear gloves and if possible, goggles. Remove student's clothing & jewelry if exposed to chemical. Rinse chemicals off **IMMEDIATELY** with large amounts of water.

Flush burn with large amounts of cool running water or cover it with a clean, wet cloth. **DO NOT USE ICE.**

- Is burn large or deep?
- Is burn on face, eye or genitalia?
- Is student having difficulty breathing?
- Is student unconscious?

CALL NEW MEXICO POISON CONTROL CENTER & ask for instructions. Phone # 1-800- 222-1222

YES

NO


CALL EMERGENCY MEDICAL SERVICES.

Bandage loosely.

Check tetanus immunization status.

Contact responsible school authority & parent/legal guardian.

BURNS

PARTIAL THICKNESS

The partial thickness burn involves the outermost layer and lower layers of skin, and the symptoms include redness, mild swelling, pain, mottling, and blisters. It is frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to still intact nerve endings.

FULL THICKNESS

The full thickness burn is the most serious burn. It extends through all skin layers and can extend into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may be experienced.

CHILD ABUSE/NEGLECT

Child abuse/neglect is a complicated issue with many warning signs. Anyone in a position to care for children should be trained in the recognition of suspected child abuse/neglect.

If child has visible injuries, refer to appropriate guideline for first aid instruction. **CALL EMERGENCY MEDICAL SERVICES** if any injuries require immediate medical care.

All professional school staff are required to report **suspected** child abuse/neglect to Children, Youth and Family Division (CYFD). Refer to school policy for additional guidance on reporting.
(It is not the suspicious person's responsibility to decide to what degree abuse/neglect is probable. Any reason for SUSPECT requires reporting.)

CYFD @ 1 (877) 890-4692

Evaluate for abuse/neglect. Abuse may be physical, sexual or emotional in nature. Some signs of abuse/neglect follow.

- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g. burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- "Glove-like" or "sock-like" burns.
- Depression, low self-esteem, poor self-image.
- Hostility, acting-out, classroom disruption, aggression toward peers or adults.
- Decreased academic performance.
- Poor hygiene, underfed appearance, provocative dress.
- Severe injury or illness without medical care.
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.

If child reveals abuse:

- Remain calm.
- Take student seriously.
- Tell student that he/she did the right thing by revealing.
- Let student know that for you reporting the abuse/neglect is required by law.
- Do not make promises that cannot be kept.
- Respect the sensitive nature of student's situation.
- Follow appropriate reporting procedures.

Contact responsible school authorities & parent/legal guardian as appropriate.
REPORT SUSPECTED ABUSE/NEGLECT TO CYFD.

CHOKING

Activate **EMERGENCY MEDICAL SERVICES (EMS)** after starting rescue efforts.

<http://depts.washington.edu/learncpr/>

INFANTS ONE YEAR OLD OR LESS

If infant is conscious:

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, **DO NOT** do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.

- 1 Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do NOT compress throat).
- 2 Give up to 5 back blows with the heel of hand between infant's shoulder blades.
- 3 If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
- 4 With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, about one finger width below the nipple line.
- 5 Open mouth and look. If foreign object is visible, sweep it out with finger.
- 6 Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
- 7 Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

CHILDREN OVER ONE YEAR OF AGE & ADULTS

If individual is conscious:

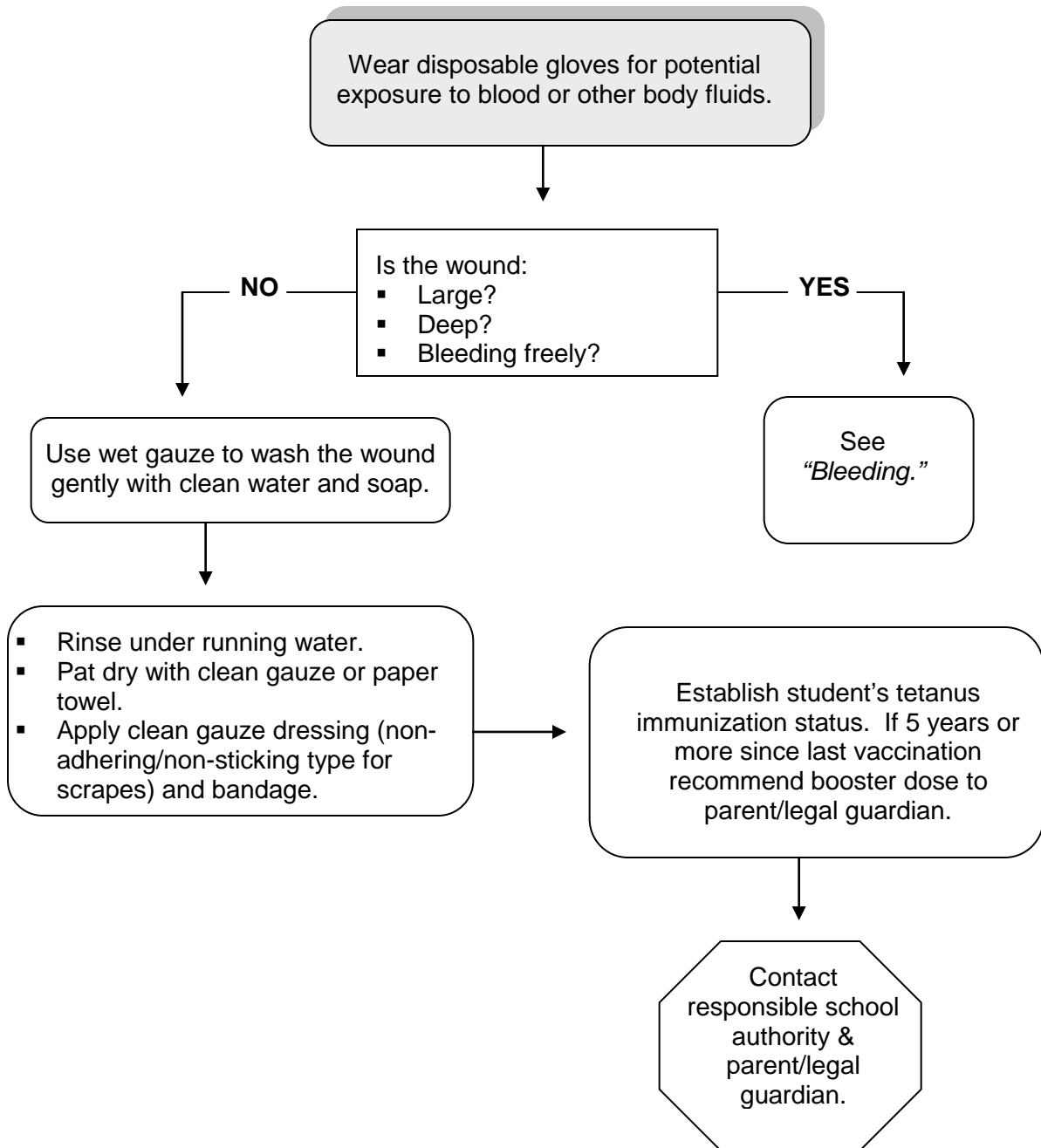
Begin the following if the individual is choking and unable to breathe. However, if the individual is coughing, crying or speaking, **DO NOT** do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.

- 1 Stand or kneel behind person with arms encircling the individual.
- 2 Place thumb side of fist against middle of abdomen just above the navel. Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.
- 3 Give up to 5 quick inward and upward thrusts.
- 4 Repeat steps 1-2 until object is coughed up, individual starts to breathe or becomes unconscious.

OBESSE OR PREGNANT PERSON

Stand behind person and place arms under the individual's armpits to encircle the chest. Press with quick backward thrusts.

CUTS/SCRATCHES/SCRAPES



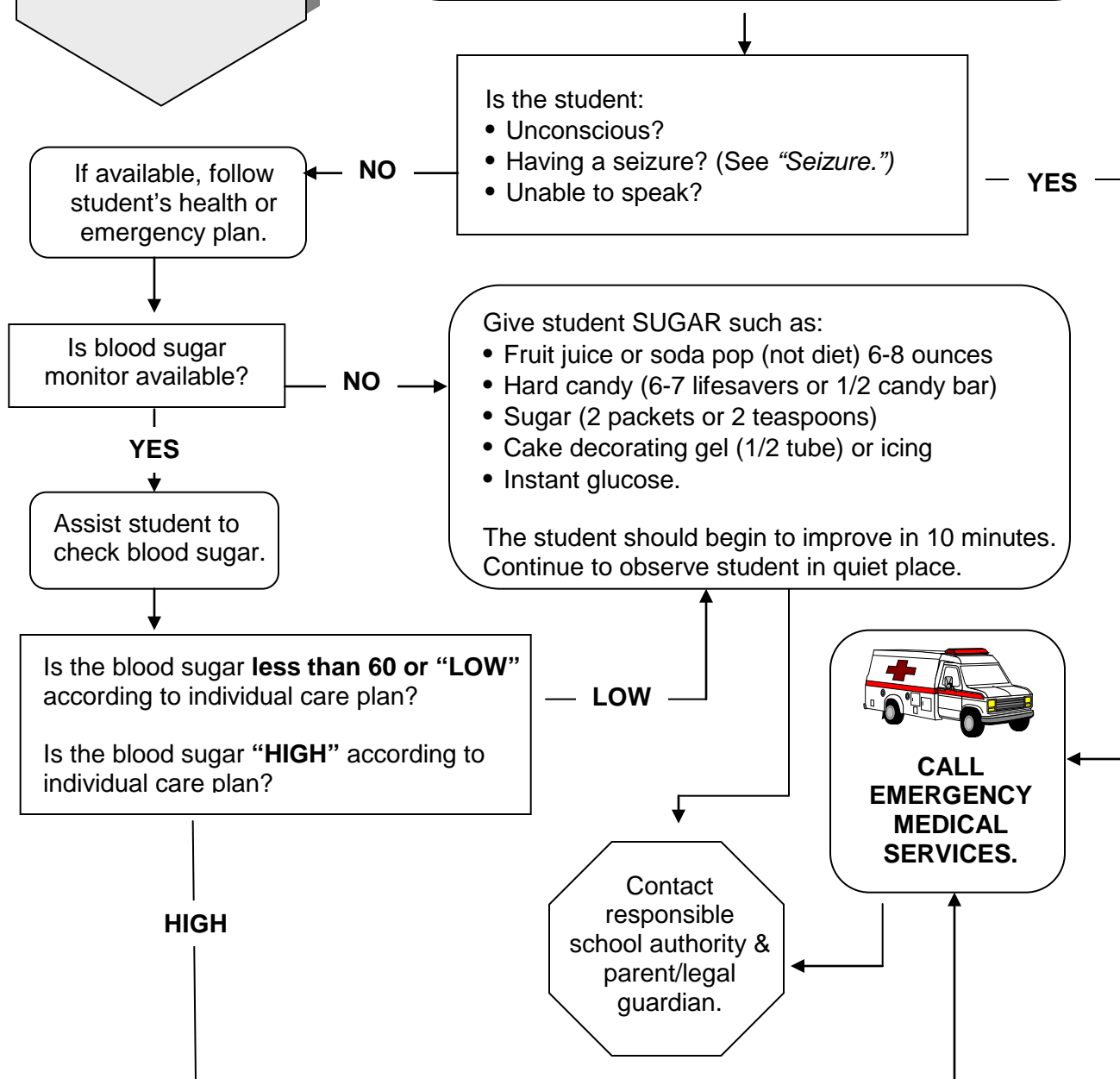
DIABETES

A student with diabetes should be known to all school staff. A history should be obtained and a health plan developed at time of enrollment. See *Diabetes* in "Students with Special Needs" section.

Assess the student with diabetes for the following symptoms:

- Irritability/feeling upset
- Change in personality
- Sweating/feeling shaky
- Loss of consciousness
- Rapid, deep breathing
- Seizure
- Confusion
- Dizziness
- Paleness
- Rapid pulse
- Cramping
- Listlessness

STUDENT SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.



DIARRHEA

Wear disposable gloves for potential exposure to blood or other body fluids. Use good hand-washing technique.

A student may present because of repeated diarrhea or after an "accident" resulting in soiled clothing.



Contact responsible school authority & parent/legal guardian and URGE MEDICAL CARE if:

- Student has repeated diarrhea (3 or more times).
- Blood is present in stool.
- Student is dizzy and pale.
- Student has severe stomach pain.



If the student's clothing is soiled, wear disposable gloves while assisting with clothing change and double-bag soiled clothing if it is to be sent home with the student.

EARS

An earache is most commonly caused by an infection behind the middle ear. A student may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

DRAINAGE FROM EAR

Do **NOT** try to clean out drainage from ear canal.

Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE.

EARACHE

A warm water bottle or heating pad (NOT HOT) against the ear can give comfort to the student with an earache.

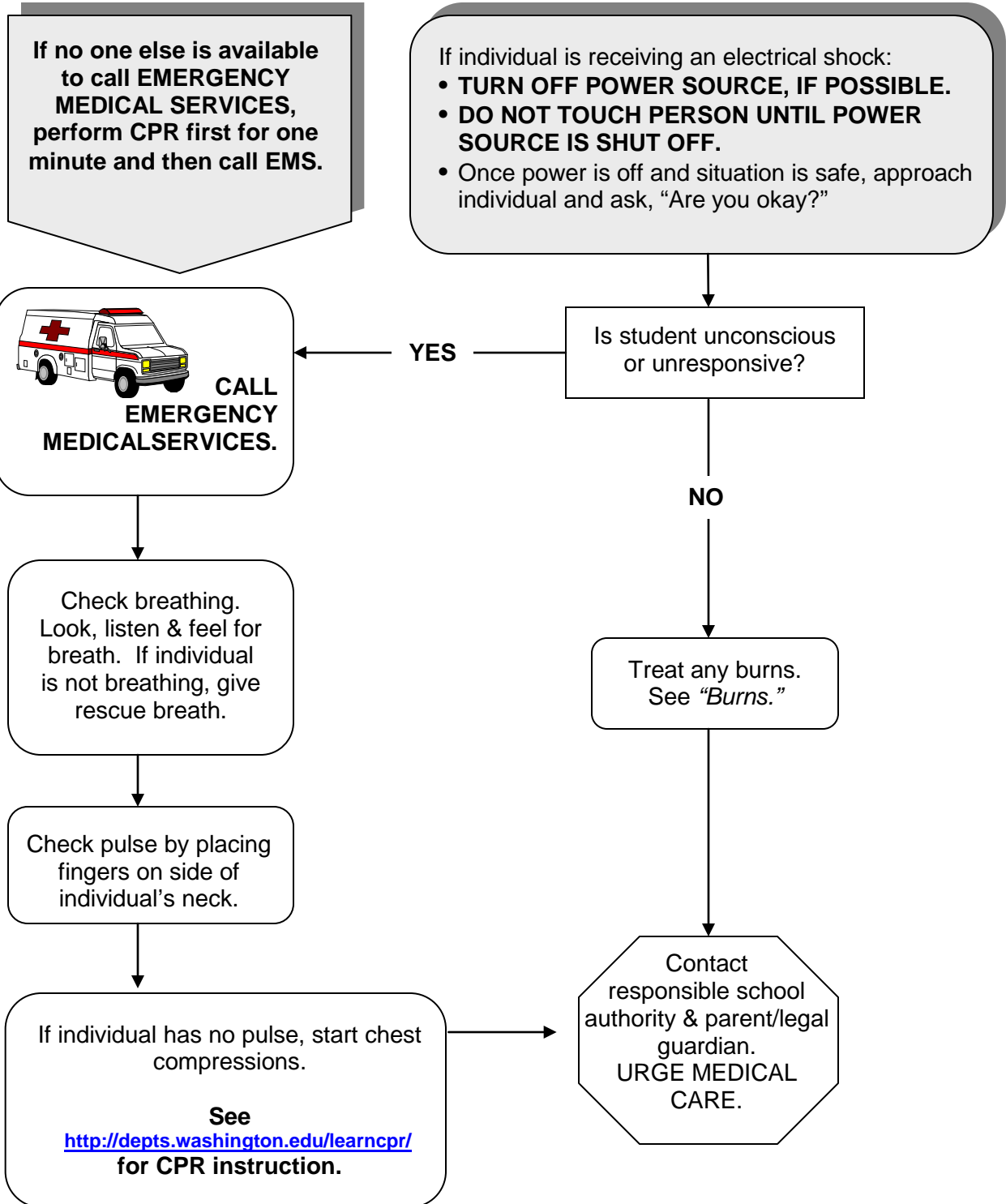
Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE.

OBJECT IN EAR CANAL

DO NOT ATTEMPT TO REMOVE ANY OBJECT IN THE EAR CANAL.

Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE.

ELECTRIC SHOCK



EYES

EYE INJURY

Keep student lying flat and quiet with any eye injury.

With any eye problem if student wears contact lenses. Have him/her remove contacts before giving any first-aid to eye.

- Is injury severe?
- Is there a change in vision?
- Has object penetrated eye?

YES

NO

If object has penetrated the eye, **DO NOT REMOVE OBJECT.** (DO NOT FLUSH EYE.)

Contact responsible school authority & parent/legal guardian. **ARRANGE FOR IMMEDIATE MEDICAL CARE.**

Cover injured eye with a paper cup or similar object to keep student from rubbing it. **DO NOT TOUCH INJURED EYE OR PUT ANY PRESSURE ON IT.** (Uninjured eye may also be covered.)



CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent/legal guardian.

(Continued on next page)

EYES

(Continued from previous page)

PARTICLE IN EYE

Keep student from rubbing eye if particle in the eye is suspected.

- Have student lie down and tip head toward affected side.
- Gently pour tap water over the open eye to flush out the particle.

If particle does not flush out of eye or if eye pain continues, contact responsible school authority and parent/legal guardian.

CHEMICALS IN EYE

- Wear gloves and, if available, goggles.
- Immediately flush the eye with large amounts of clean water for 20-30 minutes.
- Let the water run over the eye with head tipped so water washes eye from nose out to side of face.

CONTACT POISON CONTROL CENTER @ 1-800-222-1222 while eye is being flushed. Follow instructions.

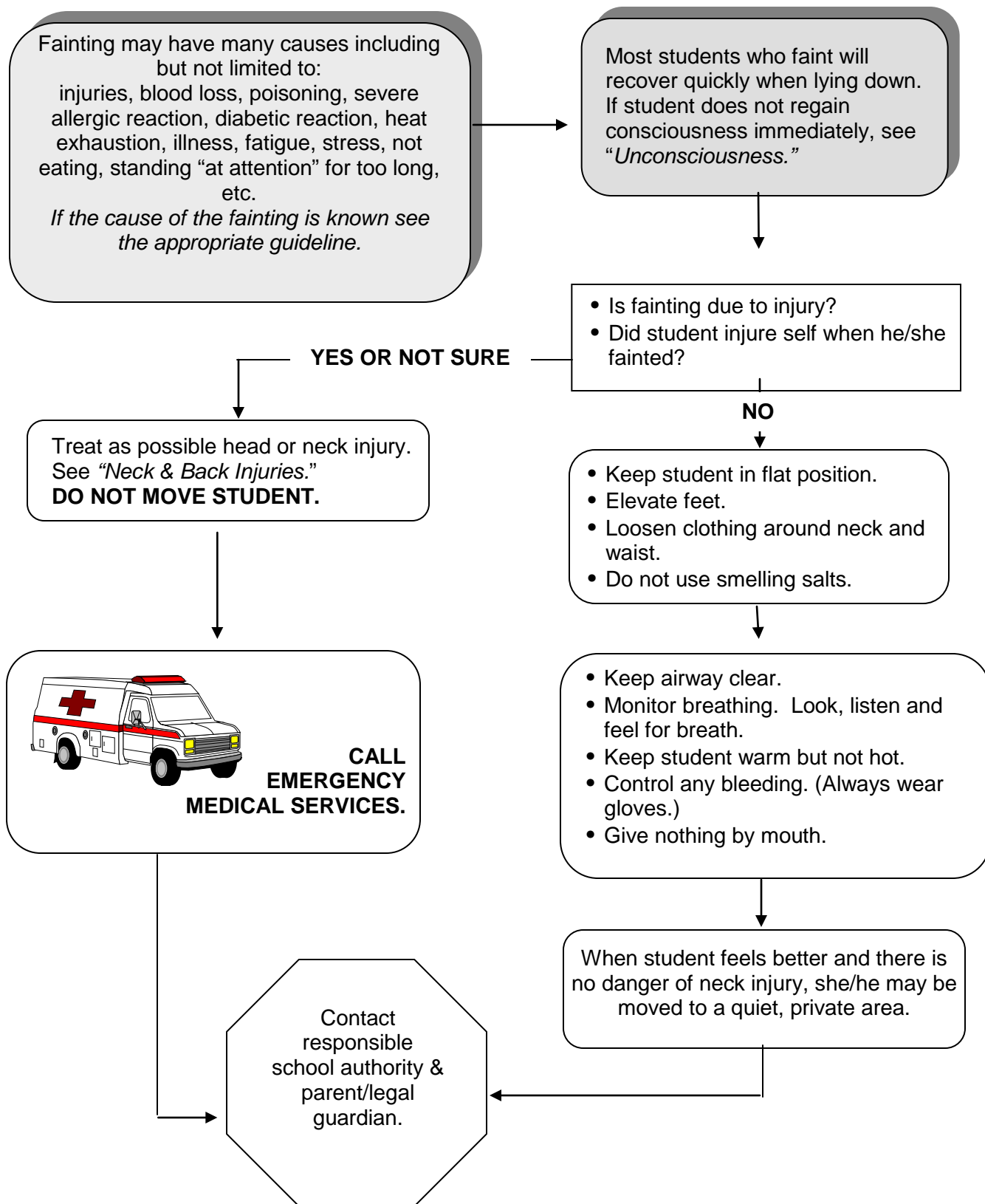
Contact responsible school authority and parent/legal guardian.

If eye has been burned by chemical



**CALL
EMERGENCY
MEDICAL SERVICES.**

FAINTING



FEVER/DOESN'T FEEL WELL

A fever is the body's normal response to infection. A fever is a symptom of infection and not an illness in itself. The body's average temperature can vary during the day, between 97.6°F to 99.5°F. Mild elevations between 100.4°F to 101.2° F can be the result of exercise, excess clothing, and/or a hot environment. Oral temperatures can be elevated by hot food or drink.

With suspected fever take student's temperature, if possible. Assess temperature over 101.0° F as fever.

Have student lie down in a room which affords privacy.

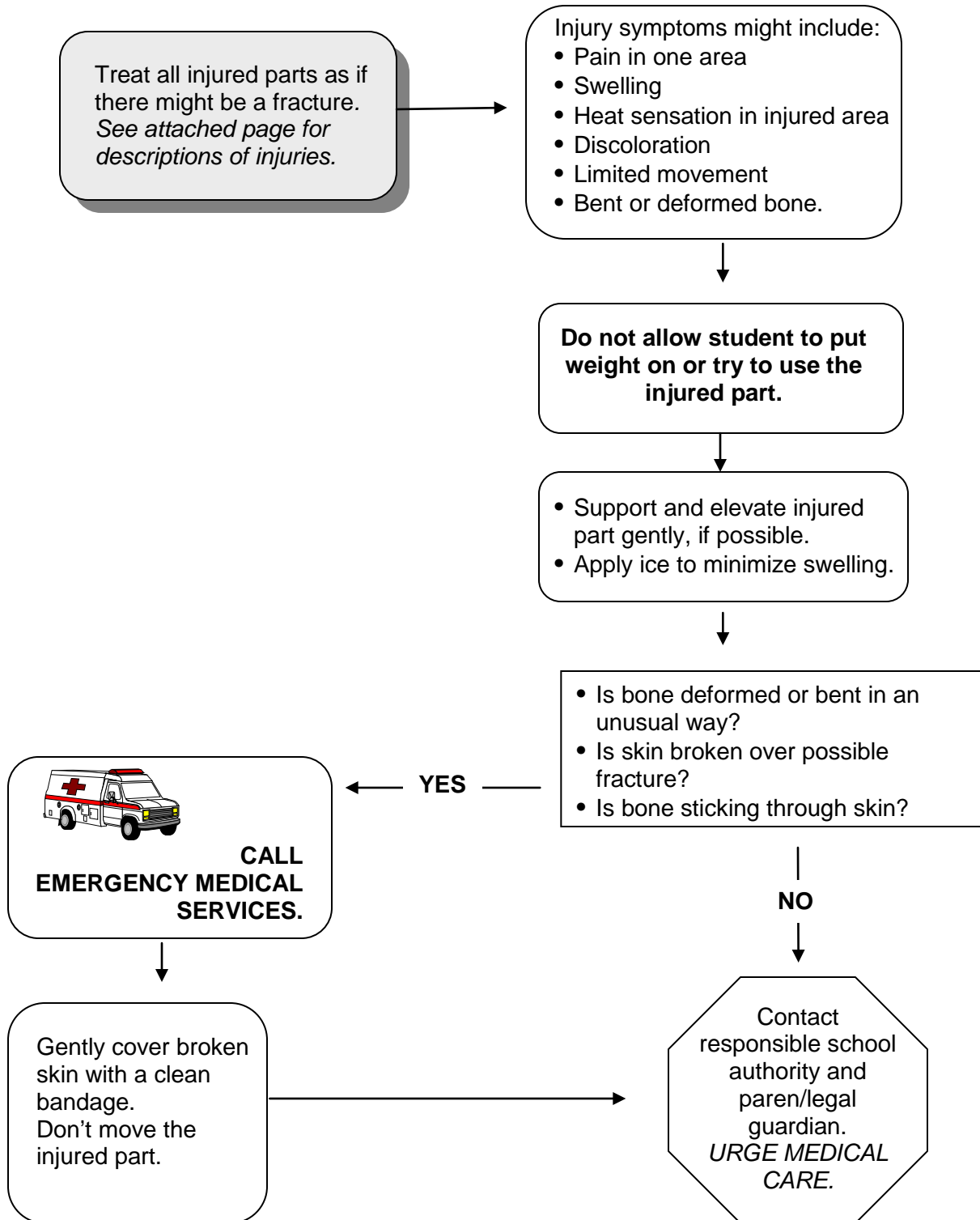
Observe the student for other symptoms, such as: drowsiness, headache, nausea/vomiting, respiratory symptoms, stiff neck, rash, irritability, ear pain, pain with urination, and pallor (pale skin color).

If it is suspected that the temperature elevation is due to exercise, excess clothing, hot environment, or warm food give fluids and take the temperature again in half an hour after removing the suspected cause. See "Heat Stroke."

Give no medication unless authorized by parent/legal guardian consent.

Contact responsible school authority & parent/legal guardian.

FRACTURES/DISLOCATIONS/SPRAINS/STRAINS



(Continued on next page)

FRACTURES/DISLOCATIONS/SPRAINS/STRAINS

(Continued from previous page)

FRACTURES

Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open fractures the bone may be visible and may protrude through the skin. Symptoms may include an audible snap at the time of injury, a grating sensation, a crooked bone, pain, tenderness, swelling and bruising, and an inability to move the injured part.

DISLOCATIONS

Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the ligaments that hold them in place. Symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

SPRAINS OR STRAINS

Sprains occur when ligaments and tendons around a joint are stretched or partially torn. Sprains are usually caused by a twisting injury. Symptoms include tenderness to touch, swelling and discoloration.

FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

Exposure to cold even for short periods of time may cause HYPOTHERMIA in children. (See "*Hypothermia.*") The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale, white.
- Feel cold to the touch.
- Feel numb to the child.

Deeply frostbitten skin may:

- Look white or waxy.
- Feel firm/hard (frozen).

- Take individual suspected of frostbite to a warm place.
- Remove cold or wet clothing and provide warm, dry clothes.
- Protect cold part from further injury.
- Do **NOT** rub or massage the cold part.
- Do not apply heat such as a water bottle or hot running water.
- Cover part loosely with non-stick, sterile dressings or dry blanket.

Does affected area:

- Look discolored – grayish, white or waxy?
- Feel firm-hard (frozen)?
- Have a loss of sensation?

YES

NO

**CALL
EMERGENCY
MEDICAL SERVICES.**

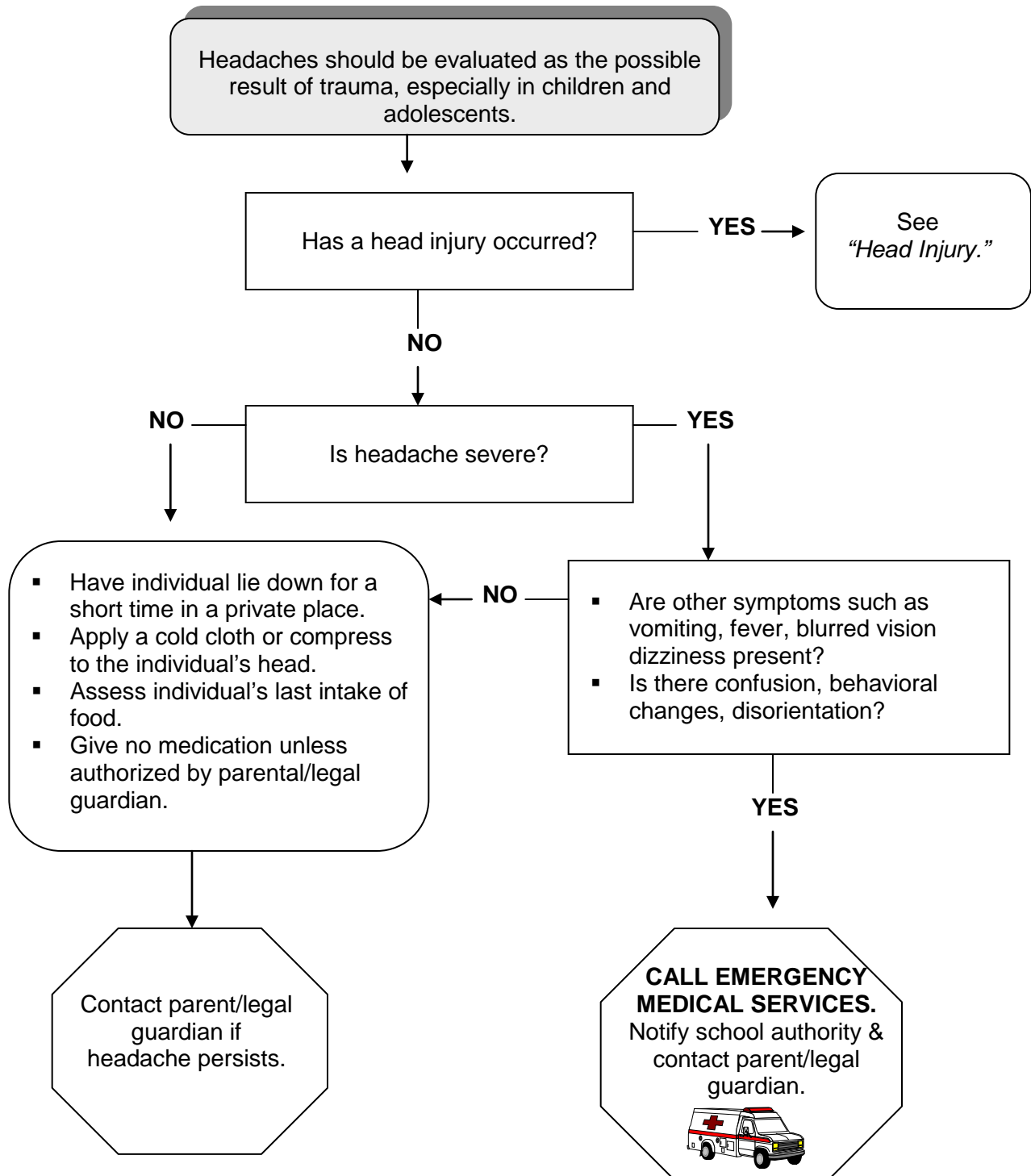
Keep individual and affected area warm.



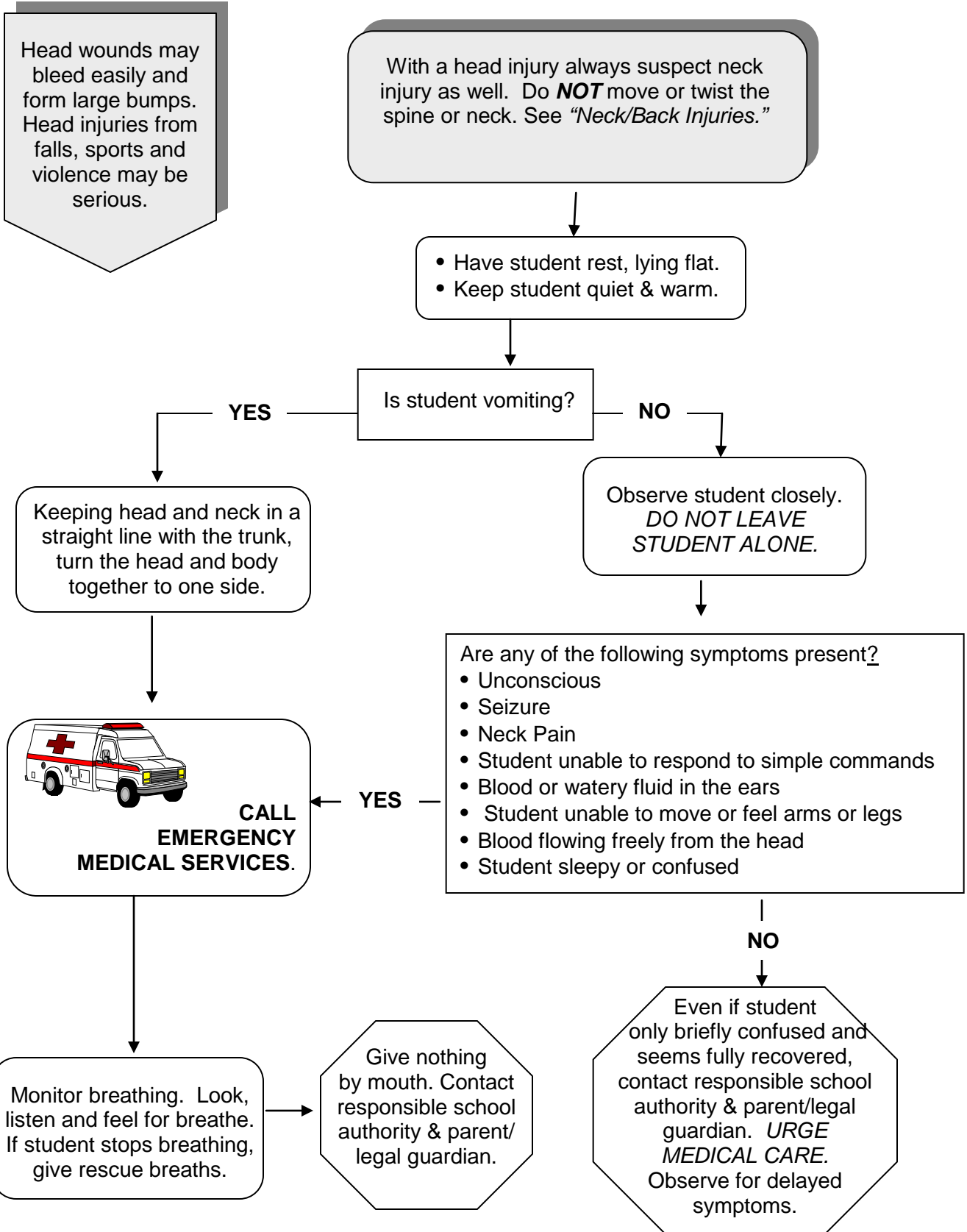
Contact responsible school authority & parent/legal guardian. **URGE MEDICAL CARE.**

Keep individual and affected area warm.

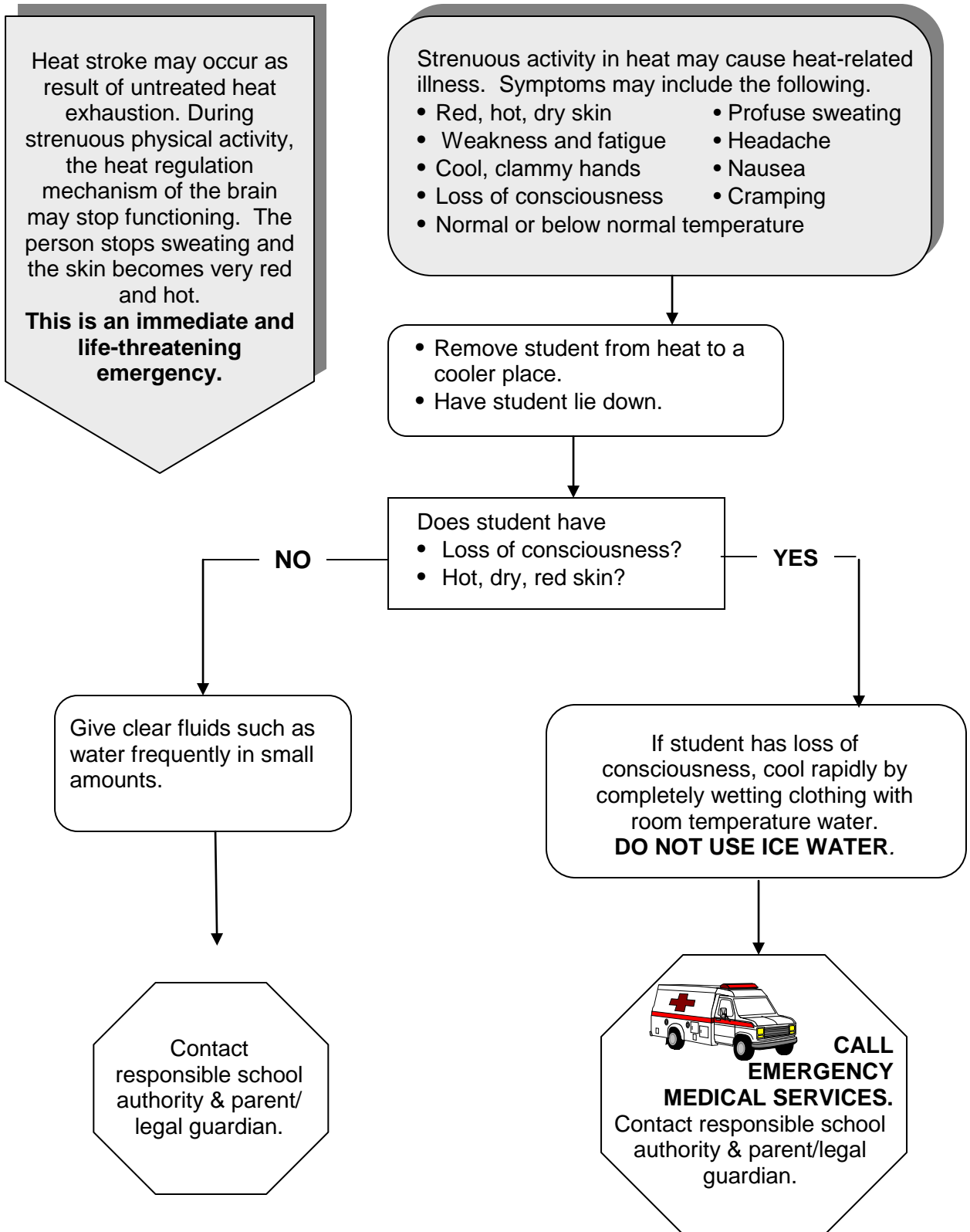
HEADACHE



HEAD INJURIES



HEAT STROKE/HEAT EXHAUSTION



HYPOTHERMIA (Exposure to Cold)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated.

Hypothermia can occur after an individual has been in cold air or cold water. Symptoms may include the following.

- Confusion
- Blurry vision
- Shivering
- Sleeplessness
- Weakness
- Slurred Speech
- White or grayish skin color
- Impaired judgment

- Take individual to a warm place.
- Remove cold/wet clothing and wrap in a warm, dry blanket.

Continue to warm individual with blankets. If he/she is awake and alert, offer warm (**NOT HOT**) fluids but **NO** food. **URGE MEDICAL CARE.**

Does individual have any of the following?

- Loss of consciousness
- Slowed breathing
- Confused or slurred speech
- White, grayish/blue skin

NO

YES

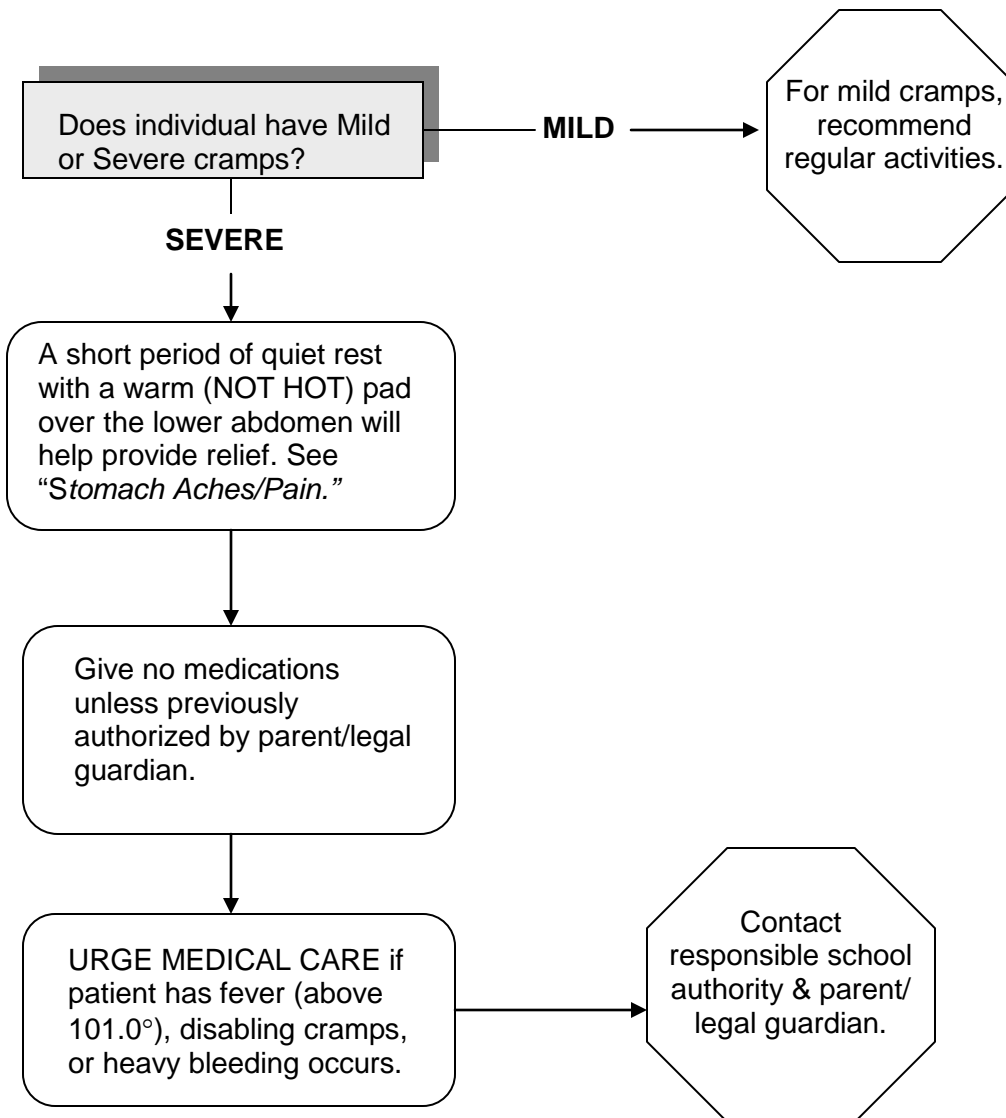
**CALL
EMERGENCY
MEDICAL SERVICES.**



- Give nothing by mouth.
- Continue to warm individual with blankets.
- If individual is sleepy or losing consciousness, place him/her on side to protect airway.
- Look, listen and feel for breathing. If no indication of breathing start CPR. See <http://depts.washington.edu/learn/cpr/> .

Contact responsible authority & parent/legal guardian.

MENSTRUAL DIFFICULTIES



MENTAL HEALTH

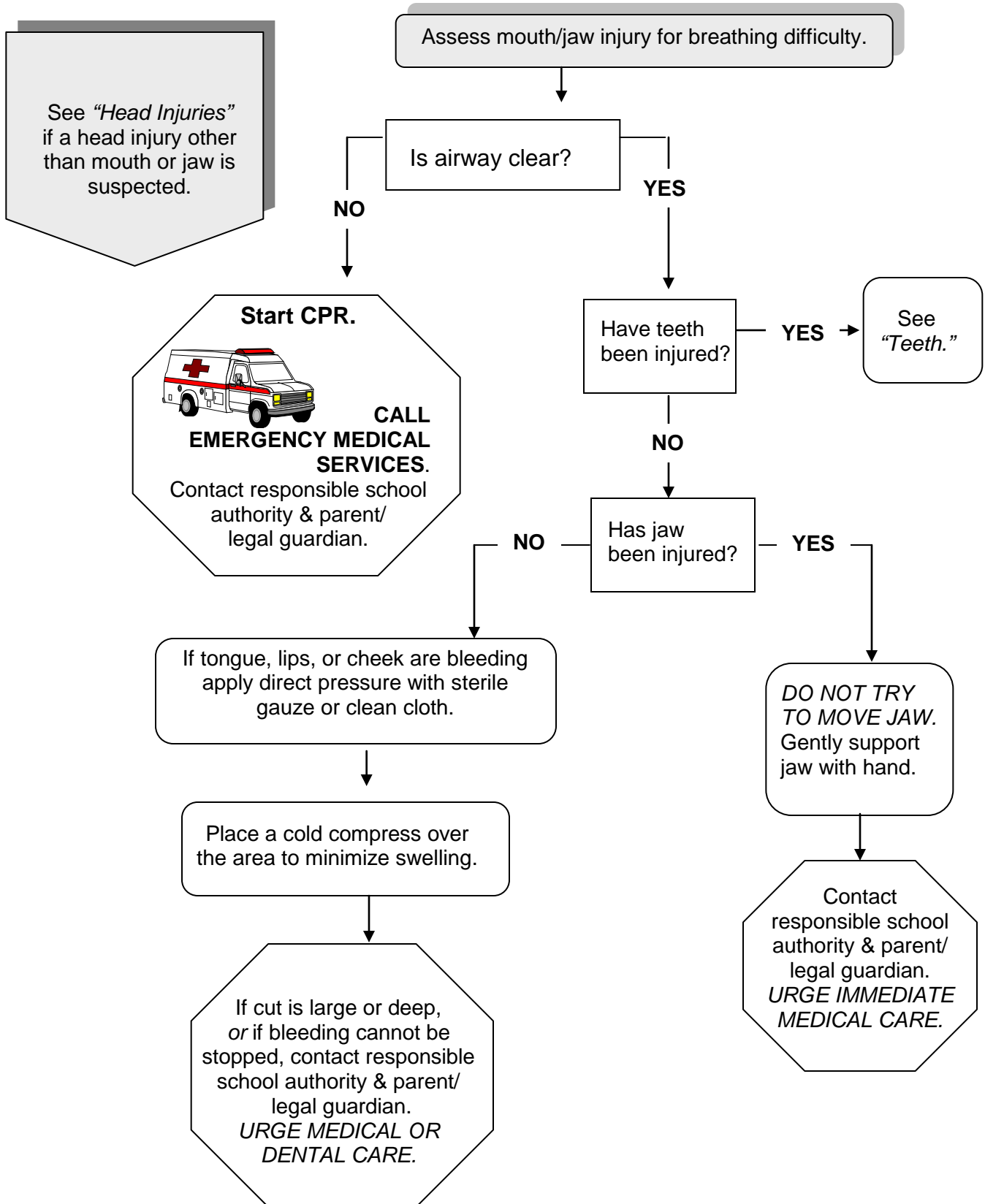
Students may be at risk for depression, suicide, and substance abuse.

Do not leave a student unattended exhibiting any of the symptoms below.

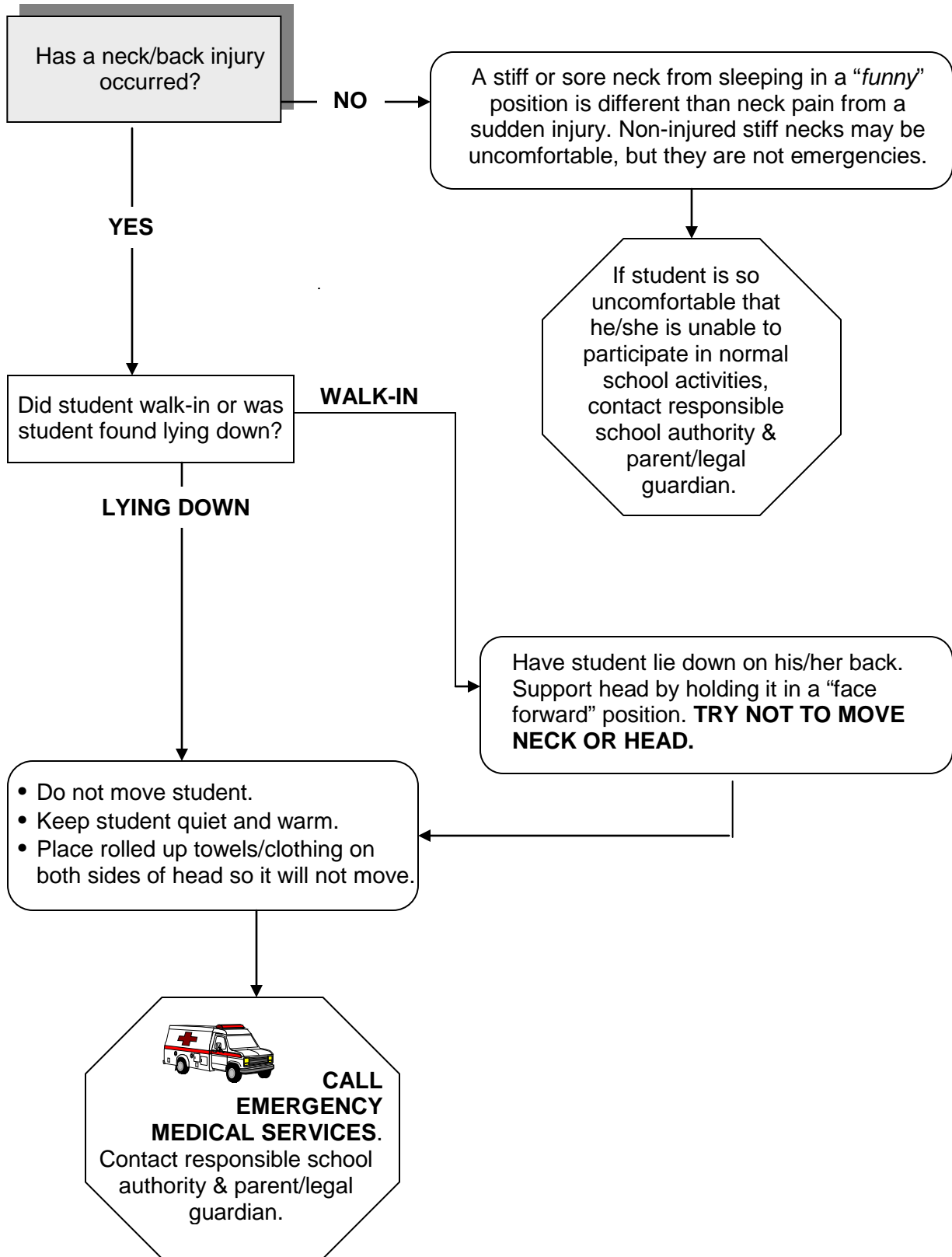
- Violent
- Suspected of substance abuse
- Suicidal
- Confused
- Exhibiting bizarre behavior

Contact
responsible school
authority & parent/legal
guardian.
*URGE PSYCHIATRIC
CARE.*

MOUTH/AND JAW INJURIES



NECK/BACK INJURIES



NOSE

NOSEBLEED

A nosebleed may be caused by colds, allergies, chronic illness, injuries to the nose, medications, high altitudes, blowing the nose, foreign bodies in the nose, and low humidity. Nosebleeds are rarely serious and usually can be controlled.

When individual presents with nosebleed wear gloves for protection from exposure to blood or other body fluids.

- Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.
- Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.
- If blood is free flowing, provide constant uninterrupted pressure by pressing nostrils firmly together for about 10 minutes. If bleeding continues, repeat pressure an additional 10 minutes, applying ice to nose.

If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.

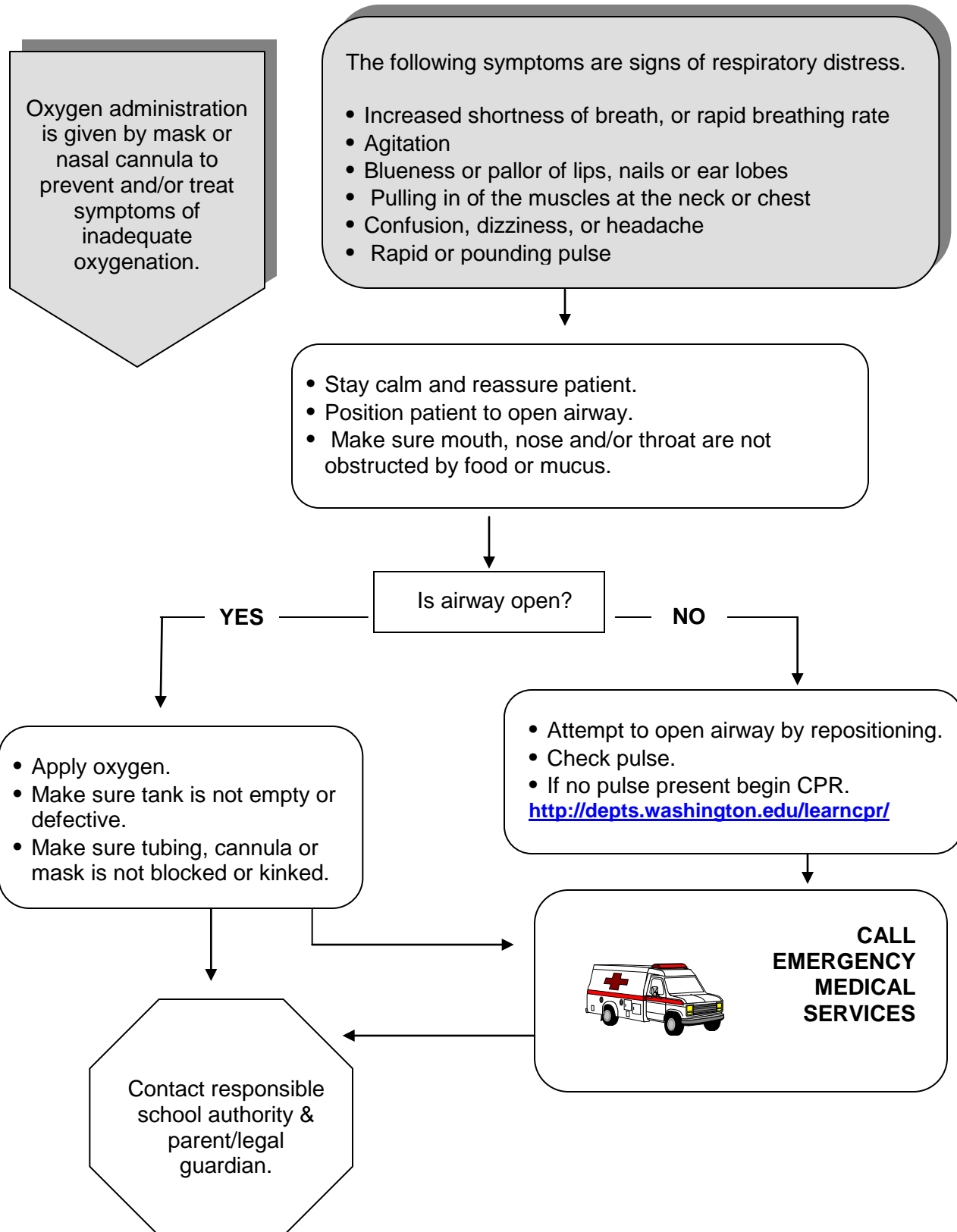
OBJECT IN NOSE

Individual presents with object lodged in nasal passage.

Attempt to remove object without use of force.

If unable to easily remove object, contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

OXYGEN ADMINISTRATION



POISONING/OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when poisoning is suspected from the following.

- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Unknown Substance

Be aware of own safety when responding to potential poisoning.

Warning signs of possible poisoning include the following.

- Pills, berries or unknown substance in student's mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating
- Upset stomach or vomiting
- Dizziness or fainting
- Seizures or convulsions
- Unconsciousness
- Unusual behavior

In assessing potential poisonings obtain the following information.

- Age and weight of student
- Type of poison in question
- When poisoning occurred
- Amount of poison ingested

**CALL POISON CONTROL CENTER
@ 1-800-222-1222 & ask for instructions.**

Do **NOT** induce vomiting **UNLESS** instructed to do so by Poison Control and under direction of EMS staff.

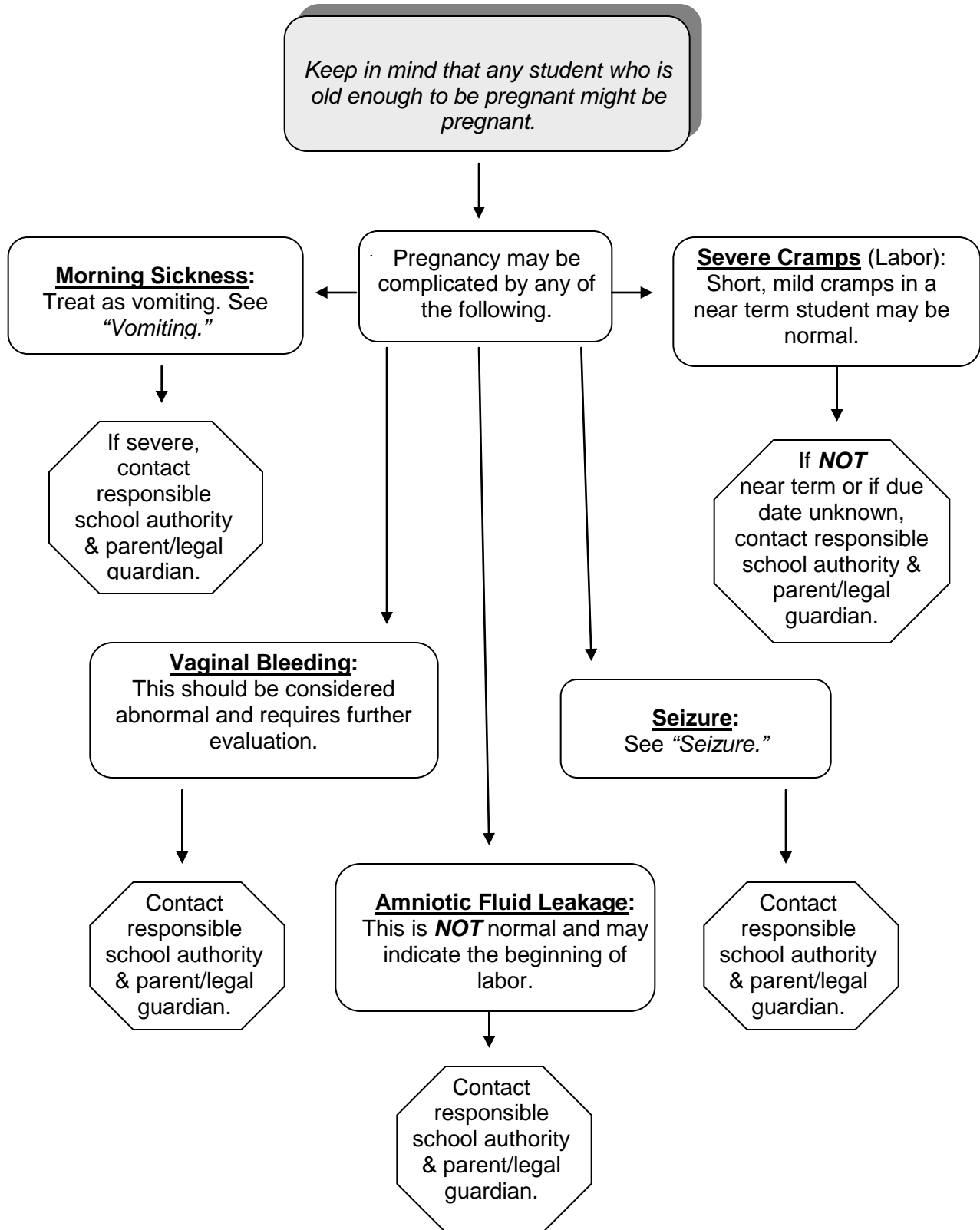


CALL EMERGENCY MEDICAL SERVICES

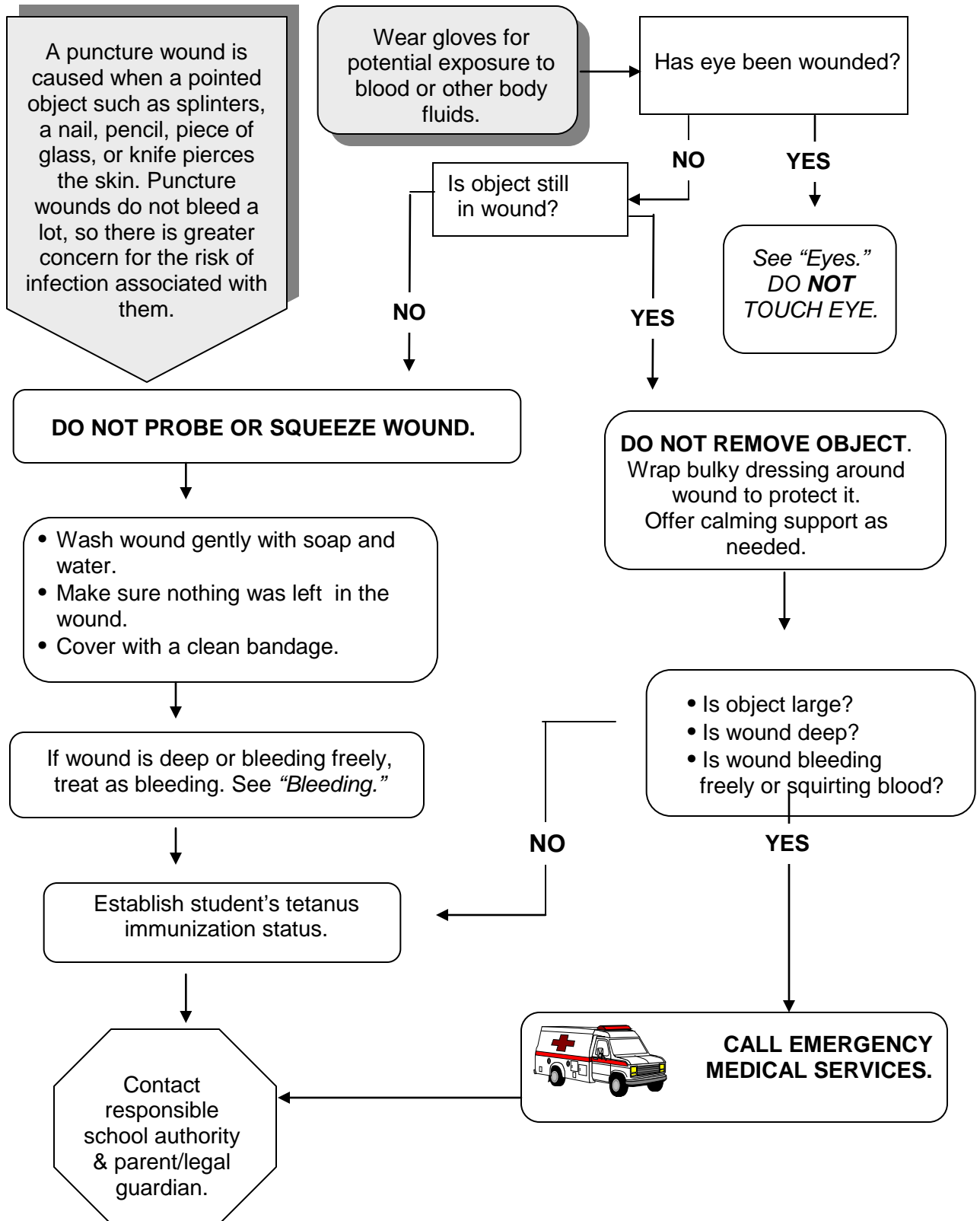
if student is unconscious, in shock, requires CPR, or if directed to do so by the Poison Control Center. Contact responsible school authority & parent/legal guardian.

Send sample of vomited material and ingested material with its container (if available) with EMS crew.

PREGNANCY



PUNCTURE WOUNDS



RASHES

Rashes have multiple causes, including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Some rashes may be contagious (*pass from one person to another*). Wear gloves for self-protection when in contact with any rash.

Rashes include the following.

- Hives
- Red spots (large or small)
- Purple spots
- Small blisters

Does student have any of the following

- Loss of consciousness
- Difficulty breathing or swallowing
- Purple spots

← YES

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent/legal guardian.



NO

If following symptoms are present, see *"Allergic Reaction."*

- Headache
- Fever (See *"Fever"*)
- Diarrhea
- Sore throat
- Vomiting
- Bright red rash sore to touch
- Rash (hives) all over body
- Discomfort (e.g. itchy, sore, feels ill) preventing participation in school activities

Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

SEIZURES

Seizures (or convulsions) have multiple causes including epilepsy, febrile seizures, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure the individual becomes unconscious and may fall. The eyes may roll back or they may stare. The body becomes stiff and arms and/or legs jerk. The individual may lose bladder control. *(Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity may jerk. These are usually not medical emergencies.)*

Any student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration, and after-effects of previous seizures should be kept available at all times.

If available, refer to student's health or emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation & safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injury.
- **DO NOT PLACE ANYTHING BETWEEN TEETH** or give anything by mouth.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician that includes the following.

- Duration of seizure
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness

Is student having a seizure

- lasting longer than 5 minutes?
- one after another with short intervals?
- with *no known history* of seizures?

← NO

After seizure keep airway clear by placing student on his/her side. Do not elevate head. Seizures are often followed by sleep. Student may also be confused for up to an hour or more. After sleeping, student should be encouraged to participate in normal class activities.

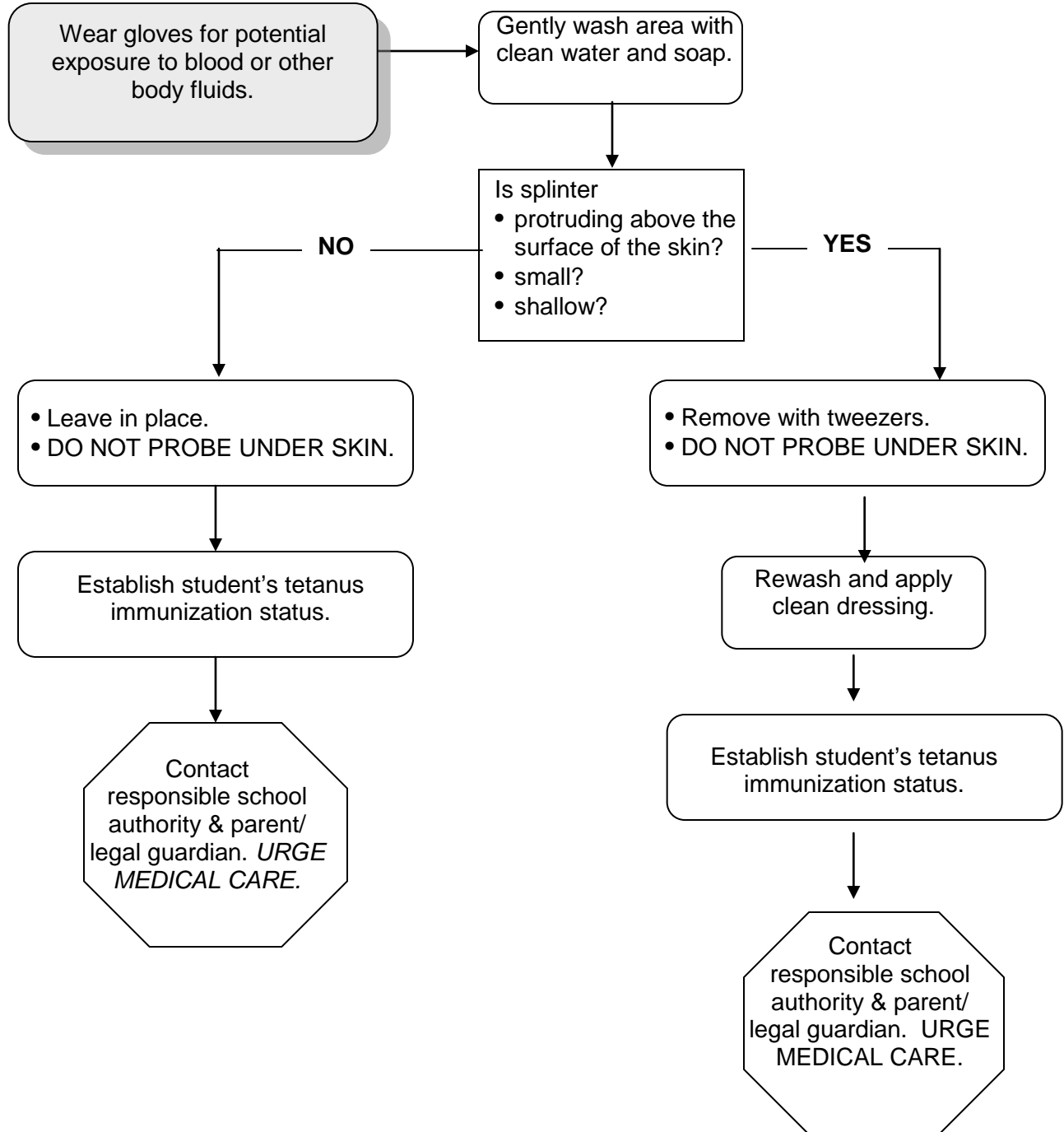
Contact responsible school authority & parent/legal guardian.

YES



CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent/legal guardian.

SPLINTERS



SHOCK

Shock occurs when vital tissues of the body do not receive enough blood; it can occur because of severe injuries resulting in blood loss, burns, or fractures. When shock occurs the blood pressure drops below what is needed to get blood to the brain and other organs. Shock can also occur from minor injuries in which case the body is so stunned by the injury that it goes into shock. This condition can also occur when someone experiences an emotional trauma which develops into emotional shock. It is important to know that fainting is very similar to shock; however, one recovers from fainting quickly.

Wear gloves for potential exposure to blood or other body fluids.

Symptoms of shock can include any of the following.

- Cold and clammy skin
- Pale skin color
- Nausea
- Dizziness
- Weakness
- Sweating
- Fast, but weak, pulse
- Fast breathing

Are these associated with obvious injury, bleeding or trauma?

NO

YES

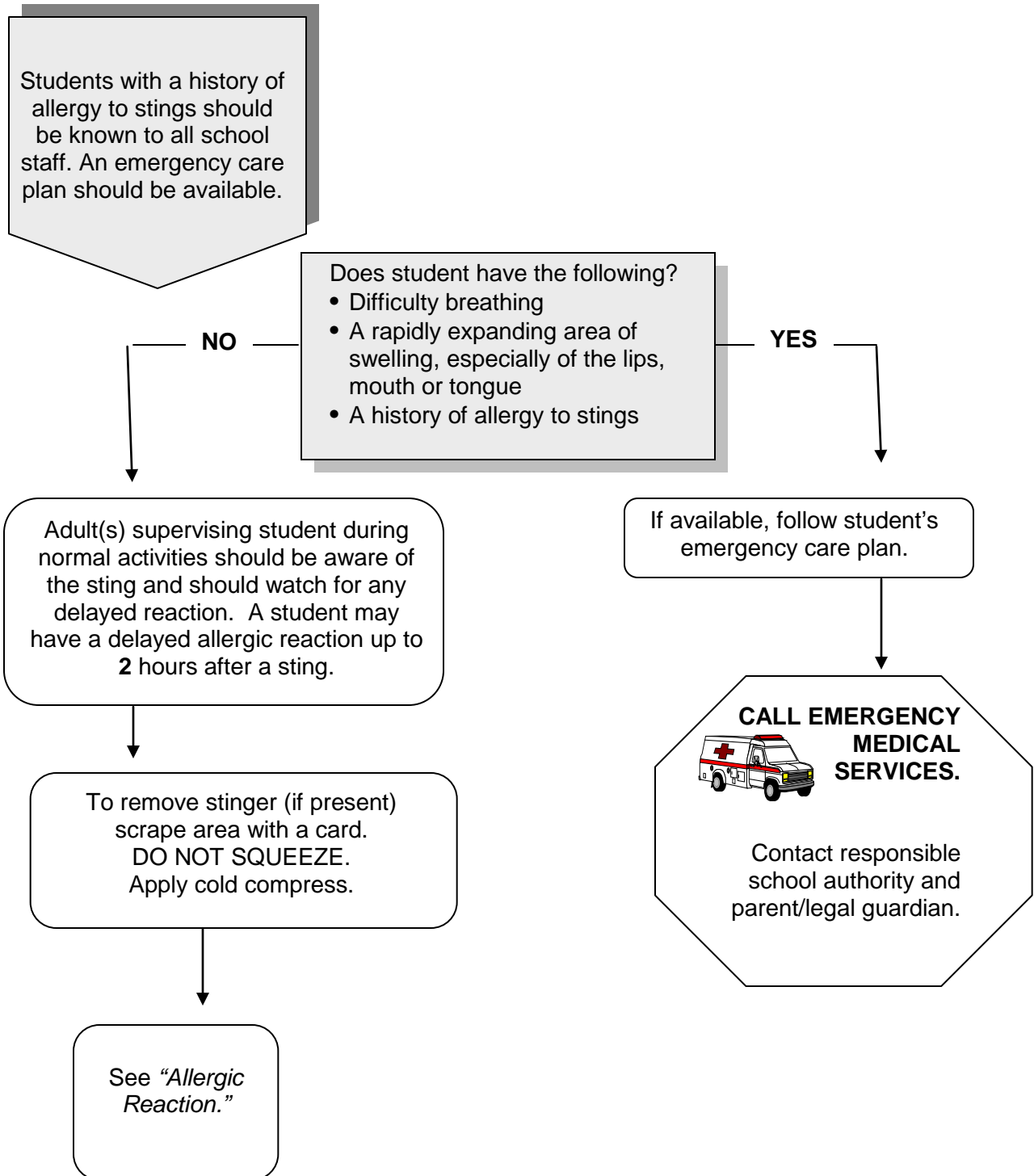
- Refer to student's health care plan to determine if the student has severe, life-threatening allergies.
- Have student lie down and raise legs 8-10 inches above level of heart. However, if injury to neck, spine or leg/hip bones is suspected student should remain lying flat.
- Determine if other injuries have occurred and treat accordingly.
- Cover student with sheet or blanket.
- Do not give anything to eat or drink.
- Remain with student and provide reassurance.

 **CALL EMERGENCY MEDICAL SERVICES.**

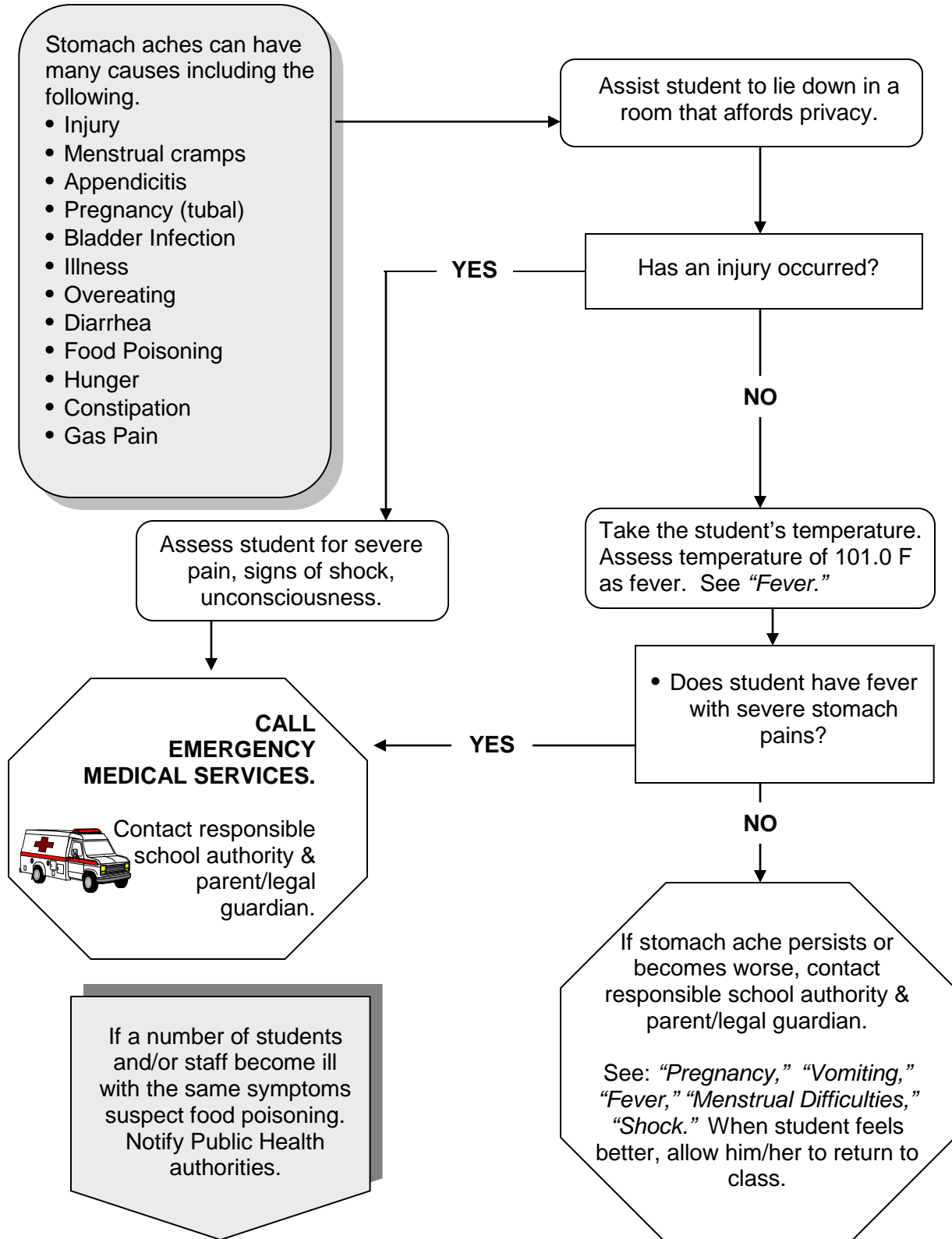
Contact responsible school authority & parental/legal guardian.

Contact responsible school authority & parent/legal guardian.

STINGS



STOMACH ACHES/PAIN



TEETH (See Dental Health, Section XIII)

BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to student's general health.

No first aid in the school will be of significant value.
URGE
PARENT/LEGAL
GUARDIAN TO

TOOTHACHE

This condition can be a direct threat to the student's general health, not just local tooth problems.

For tongue, cheek, lip, jaw, or other mouth injury not involving the teeth, See "Mouth/Jaw Injuries."

No first aid measure in the school will be of any significant value. Relief of pain at school often postpones dental care.

DO NOT PLACE ASPIRIN ON GUM TISSUE OF ACHING TOOTH. ASPIRIN CAN BURN TISSUE!

Contact responsible school authority and parent/legal guardian.
URGE
DENTAL CARE.

BROKEN OR DISPLACED TOOTH

Is tooth broken or displaced?

BROKEN

Save tooth or tooth fragments in a cup of warm water.

Apply cold compress to face to minimize swelling.

DISPLACED

Do **NOT** try to move tooth into correct position.

Contact responsible school authority & parent/legal guardian.
OBTAIN
EMERGENCY
DENTAL CARE.

Contact responsible school authority and parent/legal guardian to **SEEK DENTAL CARE IMMEDIATELY. TIME IS CRITICAL!**

(Continued on next page)

TEETH

(Continued from previous page)

KNOCKED-OUT TOOTH

- Find tooth.
- Do **NOT** handle tooth by the root.

If tooth is dirty, clean gently by rinsing with water.

**DO NOT SCRUB THE
KNOCKED-OUT TOOTH.**

**ALL TOOTH TRAUMA
SHOULD BE EVALUATED
BY A DENTIST
WITHIN 60
MINUTES!**

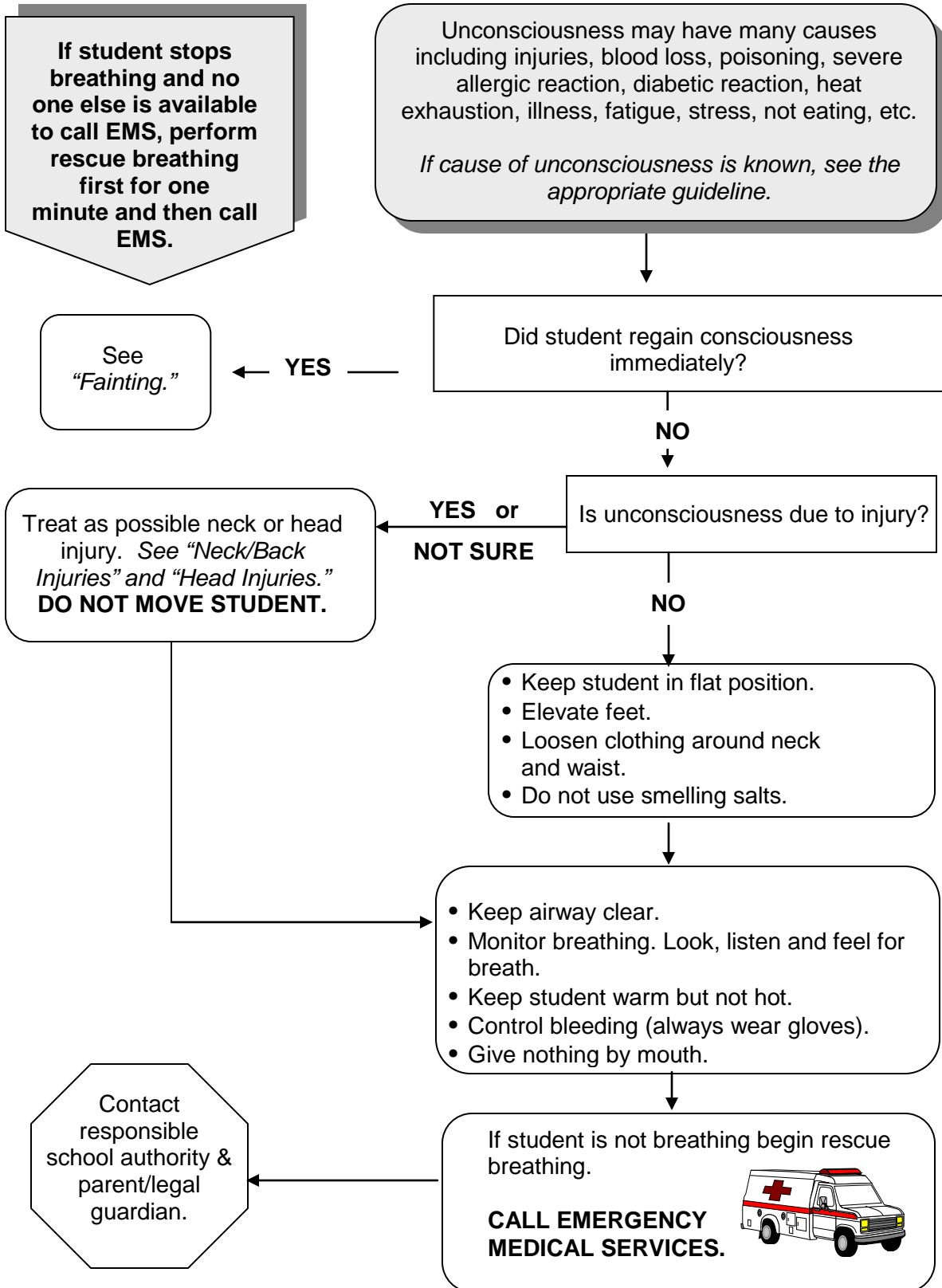
If permanent tooth

- place gently back in socket and have student hold it in place
- or**
- place in glass of milk.

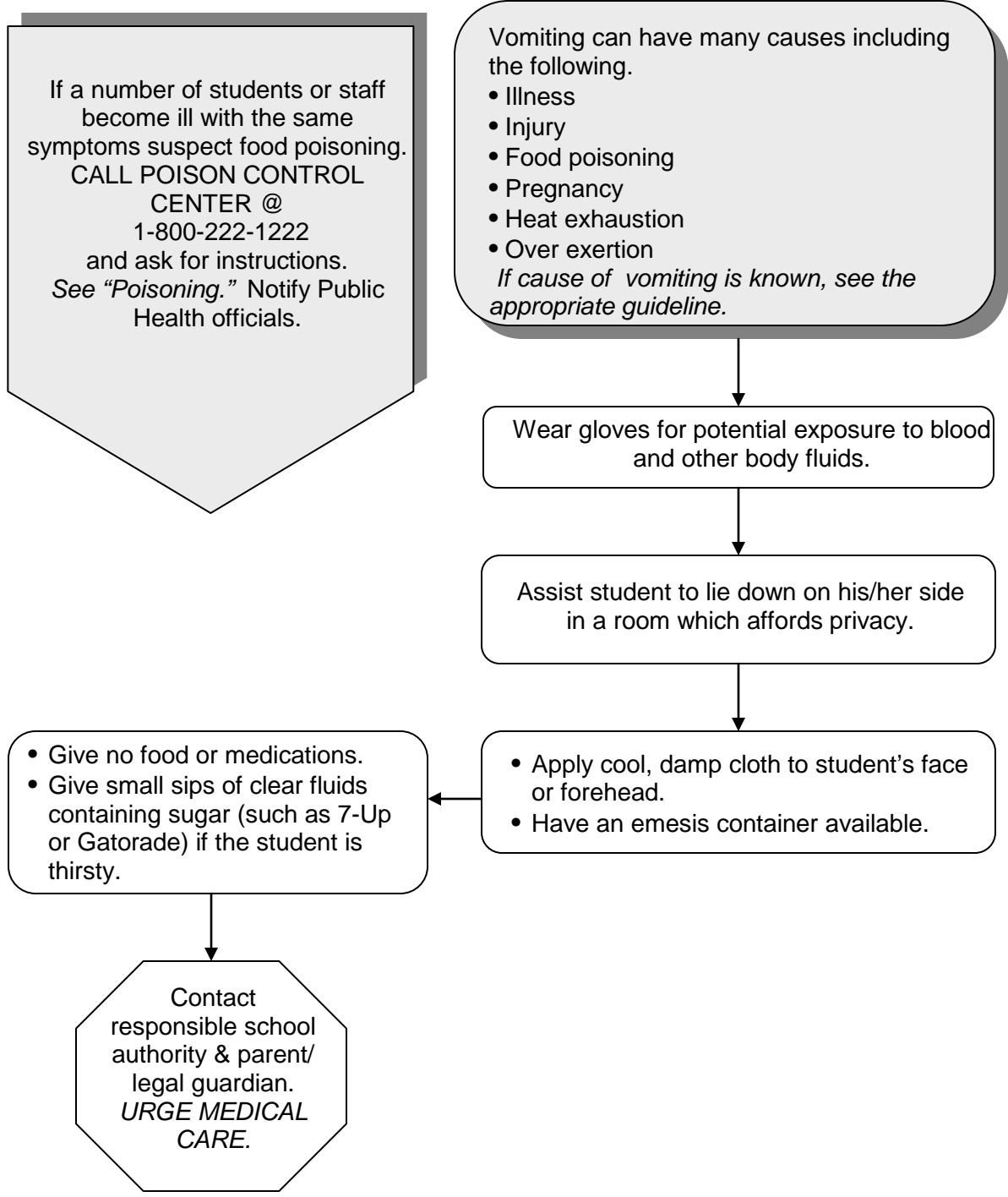
**TAKE STUDENT
AND TOOTH
TO DENTIST
IMMEDIATELY.
TIME IS CRITICAL!**

Contact school authority
& parent/legal guardian.

UNCONSCIOUSNESS



VOMITING



SCHOOL EMERGENCY PLANNING

INTEGRATION OF EMERGENCY MEDICAL SERVICES

Purpose

The purpose of this section is to assist school staff in planning for emergencies/disasters and in the use of Emergency Medical Services (EMS) within the local community. Emergencies and disasters at schools can happen at any time and affect a single individual or a great number of people. Man-made violence and natural disasters where entire areas are devastated may occur quickly and without any warning. Emergency preparedness is a way to insure a quick response to these types of incidents and to insure efficient use of limited resources.

New Mexico has EMS personnel statewide organized into EMS services, dispatch agencies and air ambulance services. It is important to recognize what resources will be available during a local emergency and how to access and utilize those resources. EMS resources can also have a great impact on prevention and safety training within the schools. School personnel are encouraged to get to know local EMS service representatives, understand their capabilities and limitations and other resources they may be able to provide. The Injury Prevention and EMS Bureau of the Department of Health is encouraging EMS statewide to become more involved with injury and violence prevention projects in the schools.

In addition, for moderate and large-scale emergencies the NM statewide emergency preparedness system will be activated. Each county and certain cities in New Mexico have an emergency plan and an emergency manager. These councils most likely will include representatives from local police, fire, hospital, health department, schools and military agencies. Local emergency plans and emergency managers in the state are linked together to form twelve NM Homeland Security Regions. All school district emergency teams are encouraged to have representatives on their Local Emergency Preparedness Centers (LEPC) and be familiar with the Homeland Security Region under which they fall.

Planning

The initial step in planning for an emergency or disaster in the school is to assess what resources (personnel, supplies, equipment, etc.) are available. It is recommended that both an internal assessment and an external assessment be conducted at each school. Once these assessments are completed the drafting of an emergency or disaster plan can begin.

INTERNAL AND EXTERNAL ASSESSMENTS

Internal Assessment

- **Trained Personnel:** Within the school, those personnel who have some medical or first aid training should be identified and engaged. In addition to the nursing staff, the coaching or gym staff, health support staff, general teaching staff and janitorial staff may be already trained in some areas of first aid or medical care. Some may be trained in Cardiopulmonary Resuscitation (CPR) only, while others may have more extensive training. The key is knowing what capabilities each person can provide. The level of each person's emergency training should be assessed and the role discussed that each could play during a school emergency or disaster. It is important to have this information readily accessible when a major event takes place. Staff should be instructed in how they are expected to assist in a

mass casualty event or a natural disaster. Each person should know where to report and what his/her role should be.

- **Untrained Personnel:** School staff not trained to provide medical care are also very valuable during an emergency or disaster. The staff can be used in a variety of ways such as managing other students who may be uninjured, dealing with concerned parents, keeping people out of certain hazardous areas, carrying patients on litters, etc.
- **Equipment and Supplies:** What equipment and supplies are available within the school should be assessed. Does the school have emergency first aid supplies? Can life threatening injuries and illnesses be treated on site? At a minimum, the school should be equipped to provide basic airway adjuncts (including oxygen), supplies to stop or control bleeding, assessment equipment and extremity splints. Supplies and equipment such as airway management supplies should be available in kits so they can be rapidly moved to the patient(s) side. Equipment to deal with adult emergencies should also be stocked at school, particularly if it is a high school.
- **Communications:** What types of communication are available within the school to communicate with other staff or to call for assistance should be identified. Many schools are now using portable radios to manage events and to control crowds or provide security. These radios are ideal in emergencies, mass casualties or disasters. Everyone using these radios should be familiar with how to operate them and how to communicate with one another. Some radios may allow space to add a frequency to contact the local emergency dispatch center. If the telephones should go out this is a good way to call for assistance.

External Assessment

- **911 Dispatch Center:** The first place to generally call for assistance is the 911 dispatch center. A visit to the center to learn how they perform their role could be worthwhile. Dispatch centers operate in a variety of ways with differing levels of training, experience and capability. Knowing what to expect when one calls for any emergency request can alleviate miscommunications and problems. Many dispatch centers can provide pre-arrival medical instructions to a caller. They will ask a series of questions and provide instructions on interventions that may save a life.

Every school does not always have a registered nurse present, so the individual dealing with the emergency situation may be a minimally trained aide. Pre-arrival medical instructions from a dispatcher may be helpful in dealing with the situation. While he/she is providing these instructions he/she may be also dispatching EMS/Fire/Law Enforcement resources to the scene and passing along valuable information from the caller to make the responders more aware of the situation. In New Mexico, dispatchers who are certified to provide emergency medical instructions to the caller have received formal training, are CPR certified, and have continuous training requirements to keep their qualifications up to date. They provide instructions under physician medical direction using proven medical protocols. It is important for school staff to visit the local 911 dispatch center and meet the staff to get an understanding of what resources are available.

- **Emergency Medical Services and Personnel:** Emergency Medical Services (EMS) in New Mexico is very well organized and available in virtually every community. When 911 is called for assistance, generally EMS will respond. It's important to know about the local EMS service and what its capabilities are. Many have advanced level providers that can perform some invasive life saving procedures. NM has EMS services statewide with Fire/EMS first response medical-rescue services which may or may not be capable of transport, depending

on the situation. Certificated ambulances normally provide transport services within a defined territory.

As a starting point, meeting the EMS service director is suggested to get an overview of the response time to the school and the training and scope of practice the EMTs can provide. In New Mexico there are several levels of responders including Certified EMS First Responder, Licensed EMT-Basic, EMT-Intermediate and EMT-Paramedics. Beginning with Certified EMSFR, each subsequent level has increased training and a more advanced scope of practice. **The scope of practice for each level of EMS is attached.**

- **EMS Response:** It is important to plan emergency response with local EMS service, as well as other emergency response agencies. In general, EMS should know where to arrive at any nearby school, unless directed otherwise. Providing them with a map of the school and key locations is recommended. It is also recommend that school staff practice response training with the local EMS service for mass casualty events to insure adequate response and rapid treatment/transport.

As mentioned above many first response EMS Services do not transport, but provide only assessment and treatment of patients. Recently, changes in state regulations allow some “registered” medical-rescue services to transport in certain situations. These situations include transport of patients in rural communities that do not normally have a “certificated” ambulance serving the community or in a situation where it’s a life/limb saving transport. The most important aspect, again, is to know what to expect when assistance is needed. Check with local first response Fire/EMS Medical-Rescue service or certificated ambulance service to discuss these areas.

- **Air Ambulance Services:** NM also has a limited number of air ambulance services available, including some with helicopters that can respond rapidly to the scene. Any medical provider can request a helicopter air ambulance. Again, proper planning and knowing what services local EMS and hospital(s) can provide the key to insuring adequate response. Helicopter air ambulance services have very highly trained doctors, nurses and paramedics and equipment on-board to perform life saving procedures. In a mass casualty situation, rotor-wing resources should always be initiated where there are numerous casualties. Fixed-wing air ambulance services are also available but are usually initiated by the requesting hospital. Schools should work with the local EMS service to develop a protocol for initiation of helicopter resources.
- **Hospitals:** New Mexico has a number of tertiary care hospitals statewide. Most of these facilities have differing capabilities and levels of intervention. Trauma Centers in New Mexico are classified into four Levels. Level I centers provide the most comprehensive level of care. The only Level I Trauma Center in the state is at the University of New Mexico Health Science Center in Albuquerque. University Medical Center provides the state’s Regional Burn Center and Children’s Hospital. This facility has surgical, including neurosurgical intervention capabilities twenty-four (24) hours per day. Currently, there is no designated Level II Trauma Center. Two facilities are designated Level III Trauma Centers-- San Juan Regional Hospital in Farmington and Saint Vincent’s Hospital in Santa Fe. These facilities also have surgical intervention capabilities.

School staff should be familiar with what level of surgical and specialized capabilities are available at the local hospital and where the nearest trauma/burn center is located. A visit to the local hospital and emergency department to learn about their staff and capabilities is recommended. It may be possible to establish a relationship here for additional training and

identify a resource to obtain supplies and equipment. It may also be possible to get assistance with physician medical direction for schools through the local hospital or EMS service. In any case, the hospital should be included in any emergency planning for schools.

- **Maps:** A route map clearly planned and readily available on how to get from the school to the hospital should be available. In some instances, EMS may not be readily available and someone else or school staff may have to provide transport. In large disasters, EMS services from surrounding communities may respond. Providing EMS crew, parents or staff with a route map can be very helpful and save time as well as lives.

DEVELOPING EMERGENCY/DISASTER RESPONSE PLAN

The next step will be to begin developing an emergency or disaster response plan. This should be a dynamic document that is updated frequently to reflect current conditions and resources. At a minimum, the plan should contain an emergency action checklist, emergency response section, personnel utilization section, communications section, and supplies/equipment section. (See *Emergency Preparedness – Sample Forms/Guidelines* this Section.) Once the plan is developed, it must be exercised. Schools should hold mock drills so that all staff members are familiar with their roles and responsibilities during a disaster. The local EMS services and hospital should always be included in practice exercises for preparation of EMS personnel to function in the school setting.

For further information or assistance regarding EMS in New Mexico and out-of-hospital operations contact Injury Prevention and EMS Bureau, New Mexico Department of Health, telephone 505-476-7000.

NEW MEXICO SCOPE OF PRACTICE FOR EMS PERSONNEL

<http://www.nmcpr.state.nm.us/nmac/parts/title07/07.027.0002.htm>

**EMERGENCY PREPAREDNESS
(SAMPLE FORMS/GUIDELINES)**

School Health Staff Worksheet

Pandemic Flu Model Plan

www.tpchd.org/

Menu Selections:

Health

Avian/Pandemic Flu

Avian (Bird) Pandemic Flu School Preparedness

Pandemic Influenza Planning

www.pandemicflu.gov

National Association School Nurse Position Statement

School Nurse Role in Emergency Preparedness

<http://www.nasn.org/Default.aspx?tabid=194>

Preparing for School Emergencies

<http://www.nasn.org/Default.aspx?tabid=238>

STUDENT EMERGENCY MEDICAL AUTHORIZATION FORM

INTRODUCTION

The Public Education Department (PED), Instructional Services Committee, approved and mandated the contents of the attached **Emergency Medical Authorization Form** and accompanying guidelines (form attached in this section) for all public school districts in New Mexico in the 1999-2000 school year.

*All information on the PED-approved form is **mandated** and must be included on any district-adopted form if a school district chooses to adopt a separate emergency medical form. Therefore, the adoption of the PED-approved form is highly recommended.*

The transportation of ill students is a liability concern of school district administrators. Without parental direction on treatment options school personnel become uncertain about how to address potential emergency health care needs. The purpose of the emergency medical authorization form is to establish prior parental authorization of the transport and treatment of a student in a medical emergency when the parent(s)/guardian(s) cannot be reached.

Any emergency medical authorization form used in the school must be renewed annually.

Each student who comes on campus for any school activity as well as students who take part in school-sponsored activities off campus should have an emergency medical authorization form on file with the school of his/her grade level. Emergency authorization form requirements for home-schooled students and technology-based students engaged in distance learning curriculums should be the same as for campus-based students.

The PED-approved form was created with input from the NM Office of School Health and has been reviewed by emergency care providers, physicians, dentists, nurses and attorneys.

Questions concerning emergency medical authorization forms should be addressed to the PED Health Services Consultant @ 827-1807.

MANDATED FORM CRITERIA

- **Statement of Purpose:** This statement enables parents/guardians to authorize emergency treatment for their children while under school authority when a parent/guardian cannot be reached.
- **Statement of Use:** This statement makes a copy of the original form acceptable when identifying medical options listed by the parent/guardian for student emergency treatment.
- **Demographic Information:**
- **Student Insurance Information:**
- **Grant Consent Information:** This section must contain the following information.
 - Statement authorizing transportation of the referenced child to a medical facility.
 - Statement authorizing a specified doctor, dentist, nurse practitioner/physician assistant and/or hospital to give any reasonable and customary medical/health care deemed necessary for the referenced child.

- Statement releasing liability of any school official or employee who, in good faith, attempts to comply with this request.
 - Parent/guardian signature and date.
 - Statement that parent/guardian is financially responsible for all emergency care administered to the referenced child.
- **Student Medical History:** This section of the form must contain a minimum of all items listed on the PED-approved form. Even though a separate immunization record may be kept on the student, it along with the medical history should accompany the student on any medical emergency transportation.

**GUIDELINES/SAMPLE
EMERGENCY MEDICAL AUTHORIZATION FORMS**

General Guidelines for Form
(1 page)

Emergency Authorization Form
English and Spanish
(4 pages)

SAFE SCHOOLS PLAN

INTRODUCTION

The New Mexico Public Education Department (PED) requires each school in the state to maintain a Safe Schools Plan. Documents are available to assist administrators in developing this plan on the PED web site at <http://www.sde.state.nm.us/SchoolFamilySupport/index.html> .

Guiding principles of the plan use new research and currently acceptable approaches that can prevent avoidable unsafe situations and offer means for properly training staff and students for unsafe events that cannot be prevented. The plan requirements comply with the National Incident Management System (NIMS) and its universal Incident Command Structure (ICS), and it provides guidance on how to set up a command structure that will work with any on site school emergency situation.

SAFE SCHOOL COMPONENTS

New Mexico Public Schools have expectations to build a culture of preparedness that will increase the school's ability to be both proactive and responsive regarding emergency situations. School Safety is part of Coordinated School Health Programs (CSHP) throughout the State that serves as a framework for linking health and education with a focus on healthy and successful students. It has eight interactive components: health education; physical education and activity; nutrition; social and emotional well-being; healthy and safe environment; health services; staff wellness; and family, school and community involvement.

The NM School District Wellness Policy requires local school boards, school districts and charter schools to develop and implement a policy that addresses student and school employee wellness using the CSHP approach for each school building focused on supporting healthy and safe environments. The Safe School Plan must include but is not limited to sections on **prevention, policies and procedures**, and **emergency response** that includes tactical emergency response and **recovery**.

- **PREVENTION** section is to provide direction for school staff for preventing potential harmful situations.
- **POLICIES AND PROCEDURES** section is to provide direction for school staff for intervening in potential harmful situations.
- **RESPONSE** section is to assist schools in preparing for potential emergency situations.
- **RECOVERY** section is to assist schools in coping with the aftermath of a traumatic incident.

A school-level approach to the safety plan takes into account differences between rural and urban areas as well as the cultural diversity of communities in New Mexico and requires parent and community involvement in planning and maintaining a safe learning environment.

GOALS OF SAFE SCHOOLS PLAN

- All New Mexico students will have access to public educational services in a safe, healthful, caring and respectful learning environment.

- All school personnel in New Mexico will be able to carry out their duties in a safe, healthful, caring, and respectful work environment.

- Students, school staff, parents and communities will understand that safe schools are everyone's responsibility.

OXYGEN MAINTENANCE/STORAGE

INTRODUCTION

Oxygen used in delivery of medical services can create hazardous conditions in the school setting. Although it does not burn, it does support combustion. A material that will not burn in air may burn in high-pressure pure oxygen, such as the metal in oxygen regulators or cylinders. Comprehensive guidelines and training on safe practices for handling oxygen are available from several sources listed below.

Usually, oxygen supplies maintained by the school are supplied by the parent(s)/guardian(s) of any student requiring it on a regular basis.

GUIDELINES

- Oxygen tanks should be stored in a secure area with “Oxygen” precautions posted in an obvious place where it is stored and/or used.
- No smoke or open flame should be allowed near oxygen. It should be stored away from any source of heat, including the sun.
- Highly flammable materials should never be in contact with any part of the oxygen cylinder, including valves, regulators and fittings. Tanks should not be lubricated with oil or other flammable substances and should not be handled with greasy hands or cloths.
- The entire tank should be easily visible at all times.
- Contact information for the oxygen supply company should be posted in an obvious place near the tank, preferably on the tank itself.
- Tanks should always be secured upright in a stand when in storage and for transport, as well as when in use. The gauge and valve stem should be protected from damage.
- Extra tubing and tank equipment should be kept in an easily accessible place.
- Follow local fire department guidelines for posting of "oxygen in use" signs.
- The local fire department should be informed if oxygen is stored or used in the school setting.
- Any cleaning or repair of oxygen equipment should be performed by qualified and properly trained staff. Special tools, kept clean and stored with the oxygen tank(s) should be designated for use on oxygen equipment only.
- Any components added to the regulator, e.g., gauge guards, should be installed in a manner so that the regulator vent holes are not blocked.
- Only brass regulators should be utilized on oxygen tanks. Serious flash burns have occurred in occupational settings where oxygen tanks with aluminum regulators were being handled.

RESOURCES

- Compressed Gas Association, 1725 Jefferson Highway, Suite 1004, Arlington, VA 22202-4102: www.cganet.com
- National Fire Protection Association, Quincy, MA: www.nfpa.org
- American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959: www.astm.org
- FDA and NIOSH Public Health Advisory, www.fda.gov/cdrh/oxyreg.html

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) GUIDELINES

INTRODUCTION

In cardiac arrest cases due to cardiac fibrillation, a combination of early advanced medical care access, early cardiopulmonary resuscitation (CPR) and early defibrillation can save lives. The shorter the time between collapse of the person and defibrillation, the greater the chances of survival for a victim. Response from community emergency teams and school emergency teams can be instrumental in increasing survival rates in cardiac arrest victims through the use of AEDs that have been demonstrated to be safe and effective even when used by lay people. The ideal location of AEDs is typically targeted to public facilities, businesses, meeting areas, buildings or any location where large quantities of people gather.

GUIDELINES

New Mexico Regulations

The Emergency Medical Services Act [24-10B-4.M NMSA 1978] authorizes the NM Department of Health (NMDOH) to adopt “rules to establish a cardiac arrest targeted response program pursuant to the Cardiac Arrest Response Act. These rules are promulgated in Administrative Code 7.27.8 NMAC (<http://www.nmcpr.state.nm.us/nmac/parts/title07/07.027.0008.htm>) and include AED Program registration with NMDOH that provides limited immunity protections for persons or entities associated with the Program. These protections are provided when the AED Program is established, registered and operated in accordance with the code regulations.

The registration regulations include the following requirements:

- an identified AED Program Director who manages the Cardiac Arrest Targeted Response Program;
- a Physician Medical Director who provides oversight of the AED Program;
- individuals selected by the Program Director and Physician Medical Director to train and use an AED (Trained Targeted Responders).

Initial registration with DOH is for a period of 4 years at a cost designated in the administrative code. Registration renewal occurs with submission of a new application along with appropriate fee. The code also provides details regarding AED selection, maintenance of equipment, record keeping, limited immunity protection and application forms at the following web site: <http://www.nmcpr.state.nm.us/nmac/parts/title07/07.027.0008.htm> .

Emergency Response Protocols

The following information should be included when developing emergency response protocols for the school/school district when an AED is available as part of emergency response equipment in the school setting.

- School districts should identify an AED program director who is on site at a school district facility.

- A medical director, should also be identified to oversee the school's emergency medical response system; this person might be the medical director of the local Emergency Medical System. According to NM regulations, the medical director provides AED protocol approval and reviews each case of AED use as well as provides oversight of deployment strategies, quality assurance and training in the use of AEDs.
- All front-line trained targeted emergency responders should receive appropriate training in cardiopulmonary resuscitation (CPR) and in the use of AEDs through a nationally recognized course such as American Heart Association or American Red Cross.
- When choosing and/or purchasing an AED, the selected model should be approved by the U.S. Drug Administration and have the capability of reporting life-threatening cardiac arrhythmia in read-out format.
- Written procedures on appropriate use of the AED should be available and indicate establish the energy setting of each shock to be delivered using the AED as well as when and how CPR and other life-saving measures are used.
- School/school district policy should address responsibilities of trained targeted emergency responders, location of AED in school setting and availability of the AED during non-school hours such as school outings, sporting events, etc.

Liability and Safety

A **physician** medical director is required to oversee all aspects of the school AED Program, including training, emergency medical service coordination, protocol approval, AED deployment strategies and quality assurance. The physician medical director and the trained targeted responders of an AED Program have limited immunity protections when the AED Program is established and operated in accordance with the DOH regulations and the Cardiac Arrest Response Act.

RESOURCES

- NM Statute, <http://www.conwaygreene.com/nmsu/lpext.dll?f=templates&fn=main-h.htm&2.0>
- American Red Cross, CPR for the Professional Rescuer
- National Center for Early Defibrillation, <http://www.safeathletes.org/earlydefibrillation.html>
- NM Department of Health, Emergency Medical Services

ATTACHMENTS FOR AED POLICY TOOLS AND FORMS

Emergency Medical Response Action Plan

AED Use Procedure

DOH AED Regulations and Registration Forms
Guidelines for Establishment of an AED Program
NM Cardiac Arrest Response, AED Program Registration Application
Notification of AED Program
AED Usage Data Collection Form
<http://www.nmcpr.state.nm.us/nmac/parts/title07/07.027.0008.htm>

BASIC EMERGENCY LIFESAVING SKILLS (BELS) MANUAL

<http://bolivia.hrsa.gov/emsc/Downloads/BELS/BELS.pdf>