

Emergency Services and Crisis Preparedness

Introduction

School health services have traditionally focused on improving student health through education, prevention, screening, referral, and follow-up. However, emergency care remains a reality that school health care providers must face. Even though they know problems may arise, parents expect their children will be safe at school and trust that emergency medical concerns will be addressed swiftly and skillfully. This is not just the wishful thought of parents, but the law as enacted by the Wisconsin Legislature.

School districts evaluating their emergency nursing services should keep in mind that adequate preparation is paramount, particularly now when student needs and medical standards are more complex and specific than ever before. An emergency-in-progress does not offer an ideal setting in which to discover the weaknesses of poorly conceived emergency services. Moreover, a mismanaged emergency may be seen by the community as an avoidable tragedy and a betrayal of its trust in the management of the school district.

While local medical resources may vary from one community to another, the emergency needs of a sick or injured child usually do not. [Section 121.02\(g\) of the Wisconsin Statutes—entitled *Emergency Nursing Services, but widely known as “Standard G”*](#)—provides a solid foundation upon which to build a school emergency nursing service plan.

While the incidence and management of illness and injury in schools have not been well studied, available data reveal that injuries are rarely caused by random, uncontrollable events. Rather, they are preventable and predictable with identifiable risk factors. A review of the [Centers for Disease Control and Prevention, National Center for Injury Prevention and Control website](#) revealed the following national data regarding injuries:

- Unintentional injuries are the leading cause of death between ages 1 to 21.¹
- In the United States during 2014, 1083 children ages 14 years and younger died as occupants in motor vehicle crashes.¹
- Youth violence is the third leading cause of death for young people between the ages of 10 and 24.²
- Emergency departments treat more than 200,000 children ages 14 and younger every year for playground-related injuries.³ It is estimated that about 75 percent of nonfatal injuries related to playground equipment occur on public playgrounds. Most occur at schools and daycare centers.⁴

In two sections within this chapter, there is an overview of the requirements of Standard G and

crisis preparedness. The emergency nursing services portion provides suggestions on how a district, its students, employees, and citizens can meet the law. The crisis preparedness section provides the legal consideration and resources for planning. These goals will be achieved, in part, by addressing:

- Legal Considerations
 - Emergency Nursing Services
 - Advance Directive and Do-Not-Resuscitate Orders
- Policies and Procedures
 - Policies
 - Procedures
- Personnel
 - General Personnel
 - Medical Advisor
- Space, Equipment, and Supplies
 - School Health Office
 - Equipment and Resources
- Annual Review of Emergency Nursing Service
- Crisis Preparedness
 - School Safety Planning and Drills
 - Fire and Inclement Weather Drills Requirements
 - Planning
 - Emergency Action Plan (EAP)
 - Incident Command System
 - Injury Prevention
 - Pandemic Planning
- Training and Practice
 - Cardiopulmonary Arrest Drills
- Conclusion
- References

Legal Considerations

Emergency Nursing Services

[Section 121.02\(1\)\(g\) of the Wisconsin Statutes](#) outlines 20 school district standards that each school district must meet to ensure a reasonable equality of educational opportunities for all Wisconsin children. Standard G states that each school district is required to “provide for emergency nursing service.”

[Section PI 8.01\(2\)\(g\) of the Wisconsin Administrative Code](#) defines what schools are required to implement for emergency nursing services and outlines how school districts need to implement and structure school nursing services. School districts must develop emergency nursing policies and protocols dealing with management of illness, accidental injury, and medication administration during school and at all school-sponsored events. It is necessary to secure a

relationship with a medical advisor. School districts must make available emergency pupil information, first aid supplies, and appropriate and accessible space for the rendering of emergency nursing services. The school board needs to review and evaluate nursing services annually.

Advance Directive and Do-Not-Resuscitate Orders

An advance directive is a legal document that indicates an individual's medical directives if the individual would be subject to a terminal condition or is in a persistent vegetative state. The medical directives may include the withholding or withdrawal of life-sustaining procedures or feeding tubes. The individual may not authorize the withholding or withdrawal of life-sustaining measures or feeding tubes, if the individual's medical physician advises the withholding of the medical intervention may cause pain or reduce the individual's comfort.

A do-not-resuscitate (DNR) or do not attempt resuscitation (DNAR) order is a written order issued by the medical provider that directs emergency medical technicians, first responders, and emergency health care facilities personnel not to attempt cardiopulmonary resuscitation on a person for whom the order is issued if that person suffers cardiac or respiratory arrest. Resuscitation is legally defined as cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications, and related procedures. A first responder is defined in law as a person who is certified in cardiopulmonary resuscitation and automated external defibrillation (CPR/CCR/AED) and who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to a sick, disabled, or injured individual before the arrival of an ambulance, but who does not provide transportation for a patient.

At times, school districts might be given an advance directive by a medical provider or parent for a student with a terminal or a severely debilitating chronic illness. In these very difficult situations, school districts should consult their legal counsel regarding honoring the DNR orders in the school setting. In accordance with [Wis. Stat. ch. 154](#), only individuals 18 years or older, are able to legally qualify for an advance directive or DNR order. If school districts have an advance directive or DNR order for a student or staff member 18 years-old or older, all first responders must honor this order. It is recommended that school districts have a policy that addresses advance directives or DNR orders in the school setting.⁶

Policies and Procedures

Standard G gives local school boards ultimate responsibility for developing formal policies for providing emergency nursing services at district-controlled sites and functions. Such policies should not be limited to providing services to students but should also include policies relating to providing services to faculty and staff members.

Policies

While the school board has the right and obligation to adopt the best and most cost-effective policies it can, boards may lack the necessary expertise to develop these policies. Standard G specifies that the board involve healthcare providers and a professional nurse(s) in policy development. In fact, broad community involvement is highly desirable, as board members may be less likely than the school nurse to know what community resources are available. It is recommended that policy development team members meet some minimum qualifications:

- Expertise in managing pediatric emergencies. Course work may include a Pediatric Advance Life Support Course (American Heart Association/American Academy of Pediatrics) or the Advanced Pediatric Life Support Course (American College of Emergency Physicians/American Academy of Pediatrics). Pediatric nurses, pediatricians, family practitioners, emergency physicians, and rescue personnel may have such experience and training. The involvement of local emergency medical services in the development of a district's policy and procedure development process is also essential because it can facilitate the delivery of appropriate and timely services when an emergency occurs. In addition, the input of parents—particularly those whose children have special health care needs—is vital.
- Availability for meetings and discussions. Individuals who agree to serve as advisors should be made aware of and agree to the anticipated time commitment.
- A spirit of cooperation. Those chosen for this important task must have a demonstrated ability to consider and respect others' opinions.

Definitions of the term “policy” vary among school districts, but all require school board approval. A policy is a general statement developed to pertain to multiple situations and issues. The Wisconsin Association of School Boards (WASB) defines policy as “a guide to present or future actions. It tells what is wanted and also indicates why and to what extent something should be done. It's an idea statement designed to bring about action.”⁵

There are specific steps in policy development. Frequently, it may require the policy development team to develop and review multiple drafts of health-related policies. Discussion and review of policies can make them more evidence-based and feasible for your community. For more information regarding policy development, see the LEAP Project, [Shaping Public Health Nursing Practice: A Policy Development Toolkit](#), or consult with the [Wisconsin Association of School Boards](#). See the following template of a policy form.

POLICY TITLE:

PURPOSE STATEMENT:

POLICY NUMBER:

PERSONS AFFECTED / RESPONSIBLE:

SCHOOL NURSING AND HEALTH SERVICE:

DEFINITIONS:

POLICY STATEMENTS:

REFERENCES:

LEGAL AUTHORITY:

Effective date:
Date reviewed/revised:

Adopted by:

Prepared by:

RELATED POLICY: None

Standard G requires that emergency nursing policies that deal with management of illness, injury, and medication administration be implemented at all school-sponsored activities. Any activity that is school-based or sponsored by the district is considered a curricular or extra-curricular activity. Some examples of curricular, co-curricular, and extra-curricular events include field trips (in-state and out-of-state), summer school, homework club, sports practices and events, adventure, journalism, music, drama, and recreational club. School-sponsored activities before and after the school day and on weekends are also included.

Procedures

Procedures are step-by-step guidance explaining how to perform a health care task. Protocols provide information regarding clinical nursing and medical knowledge of how to intervene in a particular health situation. Protocols are written plans specifying procedures to follow for care and/or management of a particular circumstance.

Written procedures are essential to the effective delivery of medical care, particularly emergency care. Responders need to know appropriate actions for given situations, the means of communication, and the chain of command for all that they do. Appropriate management of a medical emergency in any setting demands the following:

- Maintenance of airway, breathing, and circulation. While this may not be an issue when treating a scraped knee, it is crucial in managing a seizure in a classroom, or an accident with a power saw in the wood shop.
- Prevention of further injury and safety assurance. This may mean suspecting a neck injury after a diving accident, keeping an injured soccer player warm on a cold day, or placing a science student under the deluge shower after a chemical splash.
- Timely delivery of specific care. Medical care demands run the gamut from the trivial to the catastrophic. This spectrum of circumstances requires that responders be properly trained to identify a health concern and provide timely, specific care based on a set of protocols developed by healthcare professionals. Effective protocols should guide staff members and provide them with easy-to-follow steps. Protocols should take into account the wide variety of people who will be utilizing them, such as secretaries, health aides, and teachers. Since many responders are not trained healthcare professionals, written protocols should:
 - describe symptoms, such as breathing difficulty or seizures, rather than using diagnoses, such as asthma or epilepsy;
 - provide guidelines that prepare for variance in the severity of the conditions, whether mild, moderate, severe, or critical;
 - detail clear and reasonable performance expectations as well as the level of training and frequency of training expected from those involved;
 - be developed collaboratively involving school staff, district medical advisor, healthcare professionals and school designated first responders; and
 - be reviewed and signed by the medical advisor annually.

Schools would benefit from established protocols for accidental injury including:

- head injury,
- anaphylactic reactions,
- respiratory distress or cessation,
- cardiac pain or arrest,
- impaled object,
- human and animal bites,
- trauma needing immobilization or resulting in significant blood loss,
- extremely low or high blood sugars,
- extremely low or high body temperatures,
- ingestion of poisons,
- suspected or known drug and alcohol overdose,
- exposure to hazardous chemicals or materials,
- prolonged and continuous seizure activity,
- burns,
- behavioral health emergencies, and
- heat or cold exposure.

This list is intended to be a sample of potential emergency situations and is not exhaustive. Many school districts use the [American Red Cross First Aid](#) training or the American Academy of Pediatrics' [PedsFACTS](#) to develop intervention steps to respond to emergencies.

Schools would benefit from written procedures for medication administration:

- medication training and evaluation,
- record keeping of medication administration and errors,
- storage of medications,
- authorization forms from parents and medical provider,
- disposal of medications,
- student self-carry of emergency medications, and
- confidentiality of student health information.

School districts may also benefit from developing policies and procedures for the management and prevention of known or suspected communicable diseases.

Personnel

General Personnel

It is crucial to choose an adequate number of trained responders. An arbitrary student/staff-to-responder ratio may not address the need adequately, since other factors—including physical surroundings, activities and specific risks, special needs of students, and the responders' level of training—affect staffing decisions. In many districts responders consist of untrained support personnel, including:

- teachers
- teacher aides
- coaches
- crossing guards
- bus drivers
- custodians
- secretaries

Consequently, district job descriptions should detail the healthcare responsibilities which staff members may be asked to undertake in the course of their normal duties. It is highly recommended that districts provide appropriate training to respond to emergencies including cardiocerebral resuscitation or cardiopulmonary resuscitation and automatic external defibrillators (CCR/CPR/AED) and first-aid training. Regardless of who is ultimately assigned a given task, an effective communication system linking all staff and volunteer service providers is essential.

Medical Advisor

Medical advisors must be licensed physicians ([Wis. Admin. Code sec. PI 8.01](#)). State code does not specify the role or responsibilities of a district's medical advisor. Typically, medical advisors participate in the annual review of the district emergency nursing services policies, procedures, and protocols. Roles and responsibilities of medical advisors vary throughout the state and are determined by school districts. In some Wisconsin school districts, the advisor serves as a valuable resource to the school district in the development of policies and procedures to address management of illnesses, injuries, and medication administration in the schools. They may also provide standing orders for emergency and over-the-counter medication. Additionally, medical advisors may also serve in a consultative role for children with complex medical needs and for communicable disease management. The American Academy of Pediatrics, American Academy of Family Practice, and Wisconsin Medical Society may be helpful in securing a list of physicians who may be interested in serving as district medical advisors.

Medical advisors should check with the medical malpractice insurance carrier regarding coverage for services rendered to the school district. There is usually a distinction between coverage for medical advisors versus medical directors. Medical advisors provide limited medical consultation as a volunteer or as a part-time contracted service to school districts. Medical directors are

contracted by agencies to provide ongoing, intensive medical direction and guidance as their primary professional responsibilities. Medical directors are often utilized by public health departments.

It is recommended that school districts have a contract or Memorandum of Understanding between the school district and the medical advisor regarding roles and responsibilities. Contact the DPI School Nursing Consultant for a template of a contract. It is also suggested that the school nurse and the medical advisor meet at the beginning and end of every school year, and more frequently if needed.

Space, Equipment, and Supplies

In accordance with Standard G, it is recommended that school districts provide a health office in each school building; medical and nursing equipment; an emergency response kit; a means of communicating with parents, guardians, staff, and healthcare professionals; a computer with internet access and printer; and emergency cards for accessing family contacts and emergency care for students.

School Health Office

Details for laying-out and equipping the school health office will vary, depending on a variety of circumstances, including the size and needs of the student population. However, in making such plans, particular attention should be paid to ensuring adequate:

- work space;
- storage space;
- lighting;
- plumbing;
- communication;
- ease of access;
- access to other school professionals, in case of an emergency; and
- the ability to maintain confidential services.

The school health office serves multiple functions such as a:

- Center for providing emergency and general nursing care.
- Center where students who become ill, injured, or are suspected of having a communicable disease can rest and wait until they can be placed under the care of parents/guardians or return to class.
- Private conference space where the nurse, student, teacher, parent, or others concerned with health care, counseling, and guidance can discuss specific health problems of individual students in privacy.
- Secure area where student health records and medications are kept.
- Space for providing common health assessments.

- Resource area for health education materials.
- Storage area for health supplies and equipment.

Space is commonly required for waiting and triage, assessment and treatment, health counseling, and storage. Recommended features of a basic school health room include:

- Location: A quiet part of the school building, adjacent to administrative offices and student-services personnel, and away from playgrounds, music rooms, gyms, or noisy machinery.
- Physical layout: Allows for individual privacy and is reserved for health purposes only.
- Ventilation: Climate controls for heating and air conditioning, exhaust fans, and access to fresh air.
- Lighting: Proper illumination in the assessment area and bathroom, with provisions for an emergency light source in case of power outage, achieved by both incandescent and natural lighting.
- Accessibility for individuals who have a disability: The health room, with an adjacent bathroom, should incorporate [Americans with Disabilities Act Guidelines for Accessibility](#).
- Floor covering: Easily cleaned hard surfaces to facilitate proper disinfecting of soiled areas.
- Hot and cold water sources: Treatment area to allow for dispensing of medications and washing hands and wounds while the bathroom is in use. Bathroom for washing hands and facilitating special needs. Water source for irrigating foreign substance eye injuries.
- Electrical outlets: Accessible outlets distributed throughout the health office.
- Storage: Wall cabinets and base cabinets/counter tops with one or more that is lockable for medications or items necessary for specialized healthcare procedures. Secure, locked file cabinet for student health care records. Floor to ceiling closet or cabinet for storage of a scale, crutches, wheelchair, stretcher, privacy screen, and other large items.
- Equipment: Refrigerator with freezer or icemaker adequate for storing medications, foods, and beverages for special needs students. Desk, chairs, computer with internet access and printer, telephone, locking file cabinets, eye wash station, soap and paper towel dispenser, privacy screen, clock, sphygmomanometer and appropriate-sized cuffs, stethoscope, wheelchair, pure tone audiometer, oto/ophthalmoscope, balance beam scale, portable first aid kits.

Equipment and Resources

First Aid Equipment and Supplies

The following checklist of recommended first aid kit equipment and supplies is adapted from various sources, including the American Academy of Pediatrics and the Ohio Chapter of the American Academy of Pediatrics. It is intended as a guideline, and health care providers should feel free to adapt and augment it as local circumstances demand.

- American Red Cross First Aid Manual;

- American Heart Association CPR/AED/Choking Manual and Chart;
- Sterile dressings (sealed package), 2" x 2", for small wounds and eye pads;
- Sterile dressings (sealed), 4" x 4", for large wounds and for compresses to stop bleeding;
- Sterile adhesive strips (sealed) in various sizes;
- Roller bandage, 1" x 5 yds., for fingers;
- Roller bandage, 2" x 5 yds., to secure dressings;
- Adhesive tape, assorted widths;
- Triangular bandages, for slings and as a covering over a large dressing;
- Mild liquid antibacterial soap, for cleaning wounds, scratches, and cuts;
- Sterilized, absorbent cotton;
- Cotton swabs;
- Tongue depressors, for splinting fingers and stirring solutions as well as for oral examination;
- Splints, for injuries to extremities;
- Scissors (blunt tip), to cut bandages/clothing;
- Tweezers, to remove splinters or insect stingers;
- Hot water bottle with cover;
- Ice bag, to reduce pain and swelling;
- Eye dropper and large syringe, to irrigate wounds;
- Sterile saline, such as preservative-free contact lens solution, to rinse eyes and flush wounds;
- Portable stretcher;
- Blankets, sheets, pillows, pillow cases (disposable covers suitable);
- Cot and mattress with waterproof cover;
- Covered waste receptacle with disposable liners;
- Thermometer with disposable covers;
- Safety pins;
- Adjustable crutches;
- Flashlight;
- Airway;
- Elastic bandages, 3", 4", and 6";
- Cervical collar;
- Spine board;
- Appropriate means of stabilizing the head and spine (this should be determined in consultation with the school district's local EMS and designated trauma center);
- Cups (disposable paper), for drinking;
- Gloves (non-latex);
- Disposable tissues;
- Barrier mask (one-way valve), for mask-to-mouth resuscitation;
- Manual (nonelectric) suction device, for clearing secretions;

- Emergency tags;
- Syringes and needles, for subcutaneous, intramuscular, and intravenous injections;

Student's emergency information or cards need to be quickly accessible.

Additional equipment, if licensed health care staff is available, might include:

- c-spine immobilizer;
- glucose monitoring device;
- medications (such as albuterol, epinephrine , and glucagon);
- nebulizer;
- penlight;
- stethoscope;
- sphygmomanometer;
- pulse oximeter;
- suction equipment; and
- otoscope/ophthalmoscope.

Emergency Response Kits

School districts will want to carefully consider the content of emergency medical kits throughout the district and basic first aid equipment and supplies in school health offices.

Appropriate equipment must be available to permit the rapid initiation of cardiocerebral or cardiopulmonary resuscitation (CCR/CPR), while providing required protection for the provider against infectious disease. Such equipment should, at the minimum, include:

- Resuscitation mask: one-way valve, adaptable to sizes, for mask-to-mouth ventilation.
- Suction device: for rapid removal of mucus, vomit, and blood from the mouth and nose.
- Pulse oximeter to measure the circulating oxygen level.
- Eye protection: plastic glasses that prevent exposure to and injury from objects and body fluids which may fly about, particularly during urgent care procedures.
- Protective gloves: latex-free, because many children with special health care needs are allergic to latex due to repeated exposure during medical procedures. Gloves should also be impervious to viruses; some plastic gloves are not.
- Thick pressure dressing: sanitary gauze napkin or clean cloth to use as a pressure dressing to control hemorrhages.
- Emergency notification tools: note cards and pencil, whistle, two-way radios, or a phone (cordless, cellular, or digital) all come in handy in a variety of emergency situations.
- Emergency action plans of students with chronic disease who may have emergency events.
- Emergency medication such as rescue inhalers, epinephrine auto-injectors, and glucagon.
- Evacuation plan for children with special health care needs.

Most of this equipment is effective, inexpensive, and compact and has a long or even indefinite shelf life.

The school district health advisory committee that develops the kit may best determine the contents of the first aid kit. The size and complexity of a kit should be determined by:

- number of people to be served,
- likely medical problems, and
- first aid training level of responders.

Particular consideration should be given to children with special health care needs and to school events conducted in extreme temperatures.

Communication Equipment

It is essential to establish clear lines of communication and to properly train staff on the need to rapidly communicate health care concerns that arise so that a child receives optimal care. Critical paths of communication may include notifying

- staff members at or near a scene;
- administrators;
- the school nurse;
- emergency medical technicians;
- the child's physician;
- the parent, guardian, or caretaker; and/or
- the district's physician adviser.

Communication protocols should be developed which do not impede providing appropriate care. Prompt notification of key individuals or providers should be encouraged by whatever means possible, including:

- emergency cards
- messengers
- intercoms
- telephones
- radio systems

Staff members should be trained and authorized to take definitive action such as calling EMS or 911 if they believe the situation warrants such a call. While notifying an administrator and/or parent during such an emergency is important, responders should consider the care of the student their top priority and be trained not to delay care while those people are being located. Similarly, transport to a medical facility should not be delayed by efforts to locate and notify parents or seek the permission of school authorities.

The district should inform parents ahead of time, perhaps through newsletters or registration packets including emergency information cards, of district policies regarding the management of

medical emergencies. Parental input should be sought when developing or revising such policies. This is particularly true in the case of children with special health care needs.

Emergency Medical Cards/Records

State administrative code requires school districts to have pupil emergency information cards or information available ([Wis. Admin. Code sec. PI 8.01\(2\)\(g\)](#)). However, state law does not indicate what specific information needs to be included on the card. Pupil emergency information cards provide essential information to those persons who may be called upon to provide care to the student in emergencies. Information on the card generally includes:

- the child's name;
- address;
- telephone numbers;
- date of birth;
- healthcare provider's name and phone number;
- hospital preference;
- student's parents, guardians, or caretakers, including work telephone numbers and custody arrangements; and
- medical information including significant illnesses, allergies and medications, and special health care needs.

Pupil emergency information cards should be filled out by the parent, guardian, or caretaker and updated annually and more frequently if the information has changed. Pupil emergency information cards are a pupil record and therefore subject to pupil confidentiality laws. Information from the pupil emergency card should only be shared with school personnel who have an educational right to know ([Wis. Stat. sec. 118.125\(2\)\(d\)](#)). However, they should be readily accessible to all school personnel, who may need to respond in case of an emergency.

Figure 1

Student Emergency Information

Student Name: _____ Address: 1. _____ 2. _____ Phone: _____ Parent/Guardian #1 Name: _____ Address: <input type="checkbox"/> same as student _____ _____ Phone (home): _____ Phone (work): _____ Email address: _____	DOB: _____ Grade/Teacher: _____ Hospital: _____ Healthcare Provider: _____ Phone: _____ Additional Healthcare Providers: _____ Phone: _____ Dentist: _____ Phone: _____ Parent/Guardian #2 Name: _____ Address: <input type="checkbox"/> same as student _____ _____ Phone (home): _____ Phone (work): _____ Email address: _____
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If parent/guardian is not available, please identify emergency contact:

Name: _____ Relationship: _____
 Address: _____ Phone: () _____

Does your child have any of the following potentially life threatening conditions?

- Asthma Diabetes Epilepsy Significant Allergies Sickle Cell Disease Other

Medications taken on a daily basis? _____

In case of emergency, I hereby give the school permission to render care and to seek and authorize any and all emergency treatment required by the student named above.

Parent/Guardian signature: _____ **Date:** _____

Annual Review of Emergency Nursing Service

Annually, school districts must review and evaluate emergency nursing services. The law does not specify how school districts should evaluate nursing services. School nurses and administrators should discuss the parameters that will be used to assess the effectiveness of emergency nursing services. Some of the parameters that could be used to assess nursing services may include:

- immunization compliance rates;
- identification and management of cases of communicable disease;
- health office visits for illness and first aid;
- numbers of students who remained in school or were sent home after an office visit;
- screening programs and number of referrals receiving treatment;
- number of emergency and individual health plans;
- number of staff trained on students' health plans;
- administration of emergency medication and outcomes;
- number of 911/EMS calls;
- contributions to 504 accommodation plans;
- contributions to individual educational plans;
- number of daily and as-needed medications administered;
- number of medications administered in error;
- process improvements made to address medication administered in error;
- number of students with special health care needs;
- number of students who were referred to dental, medical, and mental health providers;
- number of students who were referred to community resources;
- health education sessions provided;
- staff training sessions provided and the number of staff who attended; and
- individual and group counseling sessions.

Each school district may have specific and unique community health issues to include in the evaluation of nursing services. Once the parameters for evaluation of nursing services have been determined, school nurses will want to investigate techniques for data collection. With many school districts using electronic records, vendors of the electronic record system and local instructional technology technicians may be able to tailor the data collection system to include the parameters for evaluation of emergency nursing services. School nurses may also use the Wisconsin Health Services Report which is designed to collect annual school nursing and health services data from each school district in order to develop a statewide representation of school health services. The report is meant to summarize all health services provided to students and staff, regardless of whether the services were provided by a school district employee or through another agency such as public health. The report includes school personnel and services being provided. The health service report can be found at the Department of Public Instruction (DPI) [School Nurse Program website](#).

Crisis Preparedness

The emergency nursing services described previously are one critical component of a school's crisis preparedness. The following describes key aspects of school crisis preparedness and provides references to further information. Schools must be prepared for any emergency that may occur at school at any time. Some of the emergencies may include fire, tornado, cardiopulmonary arrest of a student or an adult, intruders in the school, and pandemic health emergencies. School personnel and students need to practice the emergency plans to be able to respond appropriately and safely during an emergency event.

School Safety Planning and Drills

Each school board is required to have a school safety plan in effect. School safety plans should be developed with appropriate community providers including: local law enforcement officers, fire fighters, school administrators, teachers, pupil services professionals, and mental health professionals. The plan must include general guidelines specifying procedure for emergency prevention and mitigation, preparedness, response and recovery, as well as methods for conducting drills required to comply with the safety plan ([Wis. Stat. sec. 118.07\(4\)\(a\)\(b\)\(c\)\(d\)](#)).

Once each month and without previous warning, school districts are required to provide a drill in which all students depart from the building, except when the administrators deems that the health of the students may be endangered by inclement weather conditions. At least twice annually and without previous warning, the school district shall drill all students in the proper methods of evacuation or other appropriate action in case of a school safety incident. A safety drill may be substituted for any other required drill ([Wis. Stat. sec. 118.07\(4\) \(a\)](#)).

Fire and Inclement Weather Drills Requirements

All schools must adhere to fire and tornado drill regulations. All students and staff members should be advised of and trained in the proper fire and inclement weather response procedures. Districts should consider the needs of students and/or staff members with disabilities or limited mobility as well as the procedures that should be followed by students and staff members in locations other than the school's ground floor when such an event occurs. Once each month, without warning, public and private schools shall have fire drills. At least twice annually and without warning, public and private schools must also conduct an inclement weather or tornado evacuation to a safe location drill. The Wisconsin Department of Commerce has [forms for documentation of fire/inclement weather/other evacuation drills](#). In accordance with Wisconsin statutes, records of fire and tornado drills must be kept for seven years ([Wis. Stat. sec. 118.07 \(2\)](#)).

Planning

Planning can improve the ability of a school district to rapidly mobilize and respond to emergencies. The different types of plans that may assist a school in responding to emergencies include incident command, emergency action plans, injury prevention, and crisis and pandemic planning. The plan may identify required training and practice of the plan to better prepare school personnel to respond to emergencies.

The Department of Public Instruction has a [website for Safe and Supportive Schools](#), which may assist schools with their planning.

Emergency Action Plan (EAP)

Based on the information provided on a student's emergency card, school nurses should gather additional information regarding the student's health condition and/or potentially life-threatening conditions from the parent/guardian. Based on this information, the school nurse may need to develop an Emergency Action Plan (EAP). The EAP is the guidance for school personnel to address emergencies that may occur with student's health during the school day or while participating in any school-sponsored event. The EAP gives school personnel step-by-step instructions of the health concern, presenting symptoms and the steps to take to assist in management of the emergency. If the student may require specific tasks or the administration of medications during the emergency situation, the school nurse or a professional healthcare provider should provide training regarding the specific tasks or medication. In some situations a willing parent/guardian may assist in the training.

Generally, school districts will want to have emergency action plans for students with the following chronic health conditions (this list is not exhaustive):

- severe low and high blood sugars for students with type 1 diabetes,
- tonic clonic seizure activity for students with a seizure disorder,
- anaphylactic reaction for students with severe allergies,
- severe asthma reactions,
- increased intracranial pressure or students with shunts,
- trauma for students with bleeding disorders, and
- sickle cell crisis.

Templates for emergency action plans can be found at a variety of websites including:

- Students with Diabetes: [Diabetes Emergency Action Plan](#)
- National Diabetes Education Program: [Helping the Student with Diabetes Succeed](#)
- Epilepsy Foundation: [Emergency Action Plan](#)
- Food Allergy Research and Education: [Emergency Action Plan](#)
- American Lung Association: [Asthma Action Plan](#)

Incident Command System

The incident command structure is widely used by schools, governmental organizations, and private sectors to organize their emergency operations. Incident command system (ICS) is a set of personnel, policies, procedures, facilities, and equipment integrated into a common organizational structure designed to improve emergency response operations of all types and complexities.⁶ Roles and responsibilities of all school personnel are defined from the incident commander, which is the superintendent, to the school nurse or health care consultant. Policies and procedures need to be in place for effective and consistent implementation of the emergency response. School districts need to have appropriate and effective emergency equipment and facilities to provide care. Standard G requires school districts to have a plan for responding to emergencies. The incident command system provides a

framework for emergency response in the school setting. The Federal Emergency Management Agency has live and on-line training available at the [Emergency Management Institute website](#). The United States Department of Education has [Readiness and Emergency Management Resources for Schools](#) resources.

Injury Prevention

One of the best ways to evaluate emergency nursing services is to evaluate the response of the school after an emergency situation has occurred. It is recommended that school districts document significant injuries using a locally developed incident report form. Incident reports should be completed by the school personnel who witnessed the event and provided health care. Information that may be helpful in an incident report typically includes:

- student's/staff member's name and age;
- date and time of the incident;
- location of the incident;
- class or activity of the day;
- body part injured;
- description of the incident and injury;
- body fluid exposure information;
- further management or referral information (referred to physician, transported by EMS, parents notified, etc.); and
- significant findings of the medical evaluation.

A review of this information as well as health management guidelines and/or protocols can provide valuable insights in assessing and, when necessary, improving emergency medical services, policies, procedures, training, and communication provided by the district.

Furthermore, a regular review of the health service logs and incident report forms may reveal an emergency "hot spot" in the school, such as slippery steps, broken safety equipment, or damaged playground equipment. If identified earlier, such safety issues may be remedied to prevent further injury to others.

As always, such information may also prove helpful in justifying related staff and budget requests to the district administration and the school board, whether the purpose of the request is to maintain, enhance, or alter a program.

Realizing the critical health burden related to unintended injuries, the U.S. Congress has mandated the Centers for Disease Control and Prevention to create the [National Center for Injury Prevention and Control \(NCIPC\)](#). The NCIPC mission is to prevent significant injuries and death due to unintentional injury. Over the years, NCIPC has established a research agenda to investigate causes, prevention measures, and appropriate interventions.

Pandemic Planning

A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears for which the human population has no immunity. If a pandemic were to occur, large numbers of school personnel and students would likely become ill and, depending on how lethal the organism is, could cause death. In this event, school districts may be required to close schools to decrease transmission of the disease along with safety concerns in continuing school with decreased availability of staff.

School districts need to develop comprehensive plans to manage the outbreak, continue essential operations of the school district, and plan for a possible school closure. Key aspects of pandemic planning include:

- surveillance;
- communication templates for letters, radio announcements, robotic messaging service;
- infection control to decrease spread of disease;
- continuity of learning for students; and
- continuity of operation of school services.

School districts can take advantage of the Department of Public Instruction [website for pandemic planning resources](#).

The Centers for Disease Control and Prevention has a [pandemic information website](#) for healthcare providers that may assist the nurse in planning.

Training and Practice

Emergency medical care, such as CPR/CCR, AED, and first aid, cannot be learned adequately from books, posters, and/or videotapes. CPR/CCR and first aid skills must be learned through hands-on training and must be practiced periodically. Such skills are not difficult for most people to master and are absolutely essential to providing emergency care, as required by Standard G. Courses in basic life support and CPR/CCR can usually be arranged with the local chapter of the American Heart Association and the American Red Cross, respectively. It is recommended that the following people participate in such training:

- nurses and health aides
- teachers in regular and special education
- teacher's aides
- coaches
- bus drivers
- custodians
- secretaries

Districts may also consider some sort of recognition program for staff members who—whether they agree to or are obliged to take part in such training—are responsible to be trained as emergency responders. There are many areas of practice and drills that can provide needed training and experience.

Cardiopulmonary Arrest Drills

Cardiopulmonary arrest is an emergency situation for which the school district would need to develop a response plan. The law does not require school district personnel to be certified in cardiopulmonary resuscitation (CPR/CCR) and use of the automated external defibrillators (AED), but such training is very helpful in responding to this crisis. The [American Red Cross](#) and [American Heart Association](#) offer evidence-based curriculum in providing CPR/AED instruction and courses for school personnel.

[Project ADAM](#) helps schools across the nation implement public access defibrillation (PAD) programs through support and education. They help schools determine the need for automated external defibrillators (AEDs), secure funding, provide program implementation templates, and may assist with funding and effective marketing of the program. Project ADAM recommends that school districts have CPR/CCR/AED drills quarterly throughout the school year.⁷

Conclusion

School districts must respond to emergencies during the school day and all school sponsored events. The school nurse can facilitate appropriate planning, policy development, training, and implementation of emergency nursing services. Planning and practicing the plan of action is important, so school district personnel have confidence in their skill, can implement action steps, and act efficiently when minutes and seconds can make a difference.

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