

Medical Emergency Response in Schools

RATIONALE:

Hamilton-Wentworth District School Board (HWDSB) is committed to ensuring a safe, accepting, and healthy learning environment that supports student well-being and lived identities with a foundation in Human Rights and equity. All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the student's right to dignity, respect, safety and privacy.

Planning for emergencies and other critical incidents is essential. This procedure is intended to assist school employees in the prompt response to medical emergencies for students, volunteers, third party service providers, and visitors in HWDSB schools.

TERMINOLOGY:

Critical Injury: An injury of a serious nature that:

- Places life in jeopardy.
- Produces unconsciousness.
- Results in substantial loss of blood.
- Involves the fracture of a leg or arm, but not a finger or toe.
- Involves the amputation of a leg, arm, hand or foot but not a finger or toe.
- Consists of burns to a major portion of the body.
- Causes the loss of sight in an eye.

The Ministry of Labour considers the leg to include an ankle or foot and the arm to include a wrist or hand.

Although the regulation specifies that the fracture or amputation of a single finger or toe is not a critical injury, a fracture or amputation of more than one finger or toe is considered to be a critical injury.

First Aider: A person in charge of the first aid station, who is qualified in first aid to the standards of the Workplace Safety and Insurance Act, and who provides appropriate and timely first aid to injured persons.

Medical Emergency: An acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services. Examples of emergencies include chest pains, difficulty breathing, signs of stroke, sudden numbness or paralysis of the face, arm or leg, serious accidents or trauma, extreme pain, large burns, severe bleeding, unconsciousness.

Medical Emergency Response in Schools

Medical Incident: A circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services (EMS).

Parent/Guardian/Caregiver: The custodial parent, guardian or adult caregiver of a minor who is under 18 years of age or is not 16 or 17 and removed from parental control.

Medical Attention: treatment by a member of the College of Physicians and Surgeons of Ontario or Nurse Practitioner.

Zone Approach: A method of supervision in schools where employees providing supervision are assigned an area of the school building or playground to circulate during the supervision period.

PROCEDURES:

1.0 Responsibilities

- 1.1 Principal
 - 1.1.1 Participate in annual occupational health and safety training regarding Supporting Students with Prevalent Medical Conditions, concussions, and other topics identified as valuable for maintaining a safe learning environment.
 - 1.1.2 Maintain Plans of Care for prevalent medical conditions. (See HWDSB [Supporting Students with Prevalent Medical Conditions](#) procedure).
 - 1.1.3 Review this procedure semi-annually with office and caretaking employees, Designated Teacher/Teacher-in-Charge and update school plans accordingly.
 - 1.1.4 Communicate expectations in this procedure in writing to all school employees including occasional employees and volunteers.
 - 1.1.5 Ensure employees on the supervision schedule use a zone approach, attend and are visible when on supervision in and outside the school.
 - 1.1.6 Ensure Health and Safety inspections follow the required schedule.
 - 1.1.7 Inform parents/guardians/caregivers about the availability of student accident insurance.
- 1.2 School Employees
 - 1.2.1 Participate in annual occupational health and safety training regarding Supporting Students with Prevalent Medical Conditions, concussions, and other topics identified as valuable for maintaining a safe learning environment.
 - 1.2.2 Caretakers complete daily grounds inspections.
 - 1.2.3 Maintain familiarity with the emergency medical response procedures as outlined by the principal and in individual Plans of Care.

Medical Emergency Response in Schools

- 1.2.4 Report emergencies to the principal or designate.
- 1.2.5 Follow direction of principal or designate and cooperate with First Aider and EMS in a medical emergency.

1.3 Parents/Guardians/Caregivers

- 1.3.1 Maintain up-to-date contact information with the school including but not limited to emergency contact information.
- 1.3.2 Provide information as soon as possible about their child's prevalent medical conditions to the school.
- 1.3.3 Collaborate on Plans of Care for their child where necessary.
- 1.3.4 When contacted by the school for a medical emergency involving their child, respond as promptly as possible.

1.4 Volunteers in Schools

- 1.4.1 Be familiar with the emergency medical response procedures as outlined by the principal.
- 1.4.2 Follow direction of principal or designate, First Aider and EMS in a medical emergency.

1.5 Students

- 1.5.1 Participate in their own Plan of Care where appropriate.
- 1.5.2 Follow the Code of Conduct and all safety rules and guidelines while at school or on an excursion.
- 1.5.3 Follow direction of principal or designate, First Aider and EMS in a medical emergency.

2.0 Responding to a Medical Emergency

- 2.1 Where applicable, follow the student's Plan of Care.
- 2.2 Otherwise, in case of a medical emergency, call 911 and remain with the individual. Employees may use a personal cell phone in this emergency situation if they are not close to a school phone.
- 2.3 The caller provides the dispatcher with all known information on the condition of the injured/ill student, answers the dispatcher's questions, and provides other relevant information under the circumstances (e.g., access entrance for EMS).

Medical Emergency Response in Schools

- 2.4 The caller provides their name and site location information (e.g., name of site, municipality, address, cross streets, phone number, access entrance closest to injured/ill student, if more than one).
- 2.5 The caller requests the dispatcher to report back to confirm the call and provide the estimated time of EMS arrival.
- 2.6 Notify the office and/or principal and request support from a First Aider.
- 2.7 The First Aider responds to a medical emergency to provide support based on their training.
- 2.8 If the medical emergency includes a jarring impact to a student's head, employees and coaches follow the [HWDSB Concussion Procedure](#).
- 2.9 Where possible, control the scene and remove individuals in the area who are not integral to the response.
- 2.10 The principal or designate sends an employee to the access entrance to greet EMS and guide them to the injured/ill person.
- 2.11 The First Aider remains with the injured/ill person until EMS arrives and assumes control.
- 2.12 The principal or designate contacts the parent/guardian/caregiver or emergency contact.
- 2.13 The principal or designate ensures that any available medical information is ready when EMS arrives (e.g., pre-existing conditions, prescribed medication, Plan of Care) as known to the school.
- 2.14 The principal or designate and the First Aider provide all known information to EMS personnel (e.g., time incident occurred, what happened, condition person was found in, first aid procedures performed, changes in injured/ill person's condition, chemical exposure information, AED use).
- 2.15 All school employees, students and visitors cooperate with EMS at all times.
- 2.16 Notwithstanding 2.15, an adult may decline to be transported in an ambulance.
- 2.17 If an ill/injured student requires transportation by ambulance to a hospital, and a parent/guardian/caregiver is not present, a school employee, where available, may accompany the student, either in the ambulance at the sole discretion of EMS, or by following EMS to the hospital until the parent/guardian/caregiver arrives.

3.0 Reporting

- 3.1 Critical Injuries to non-workers may require immediate reporting to the Ministry of Labour. Where a non-worker is killed or critically injured, determine if:
 - 3.1.1 The injury occurred where a worker was working or might be reasonably expected to work.

Medical Emergency Response in Schools

- 3.1.2 There is some reasonable connection between the hazard that caused the incident and a realistic risk to worker health and safety.
- 3.1.3 If yes to both, immediately call the Occupational Health and Safety Department or if unavailable, call the Ministry of Labour directly at 1-877-202-0008 to report a critical injury.
- 3.2. If a student, volunteer, visitor, or other third party is ill/injured and requires medical attention, the incident shall be reported. This includes medical incidents while on any HWDSB property or while on an educational excursion.
- 3.3 The incident shall be reported on HWDSB's third party digital reporting system as soon as possible. The reporting system is presently owned and maintained by HWDSB's insurer. The parent/guardian/caregiver, or the injured adult, may request a copy of the report. Any such request is subject to review and consideration of the insurer at its sole discretion.

4.0 Good Samaritan Act

The Good Samaritan Act, 2001 was enacted to protect individuals from liability when voluntarily providing emergency first aid assistance to a person who is ill, injured or unconscious. Similarly, Ryan's Law and Sabrina's Law have provisions which limit liability for individuals who respond to an emergency relevant to each statute.

While awaiting a First Aider or EMS response, school employees should not hesitate to provide support in line with the plan of care, information provided to staff on epi-pen use, asthma medication, AED use, naloxone, or other assistance to an injured, ill or unconscious individual.