



PROCEDURE PR.547.SCO

TITLE: PROVIDING EMERGENCY MEDICAL CARE FOR STUDENTS

Date issued: 18 June 1998

Last revised: 20 June 2017

Authorization: Senior Staff: 18 June 1998

1.0 OBJECTIVE

To provide guidelines for the care of students in life-threatening emergencies to ensure their well-being while acting in “*loco-parentis*”.

2.0 DEFINITIONS

In this procedure,

2.1 **Available staff** means staff members who are accessible and able to carry out necessary procedures.

2.2 **First Aid Attendants** means staff volunteers who give emergency help to an injured or suddenly ill person using readily available materials, in accordance with their first aid training. First aid is used to preserve life, prevent the injury or illness from becoming worse and to promote recovery.

2.3 **In loco parentis** is a legal term, means in the place of a parent or with a parent’s rights, duties and responsibilities.

2.4 **Life-threatening emergencies** include, but are not limited to anaphylaxis, asthma attack, hypoglycemia, hyperglycemia, seizures, cardiac arrest, and drug overdose.

2.5 **Naloxone** means a medication that can temporarily reverse an overdose caused by an opioid drug.

2.6 **Overdose** means an acute medical condition that happens when a person uses more of a drug, or a combination of drugs, than the body can handle restricting the brain’s ability to control basic life functions. Symptoms may include a heart attack, seizures, and a breath halt.

3.0 RESPONSIBILITY

3.1 The Associate Director is responsible for:

- a) providing system direction on best practices for managing emergency care for students;

- b) ensuring that school principals designate two First-Aid Attendants to receive first aid training in order to care for students in life-threatening emergencies; and
 - c) the acquisition and distribution of Naloxone kits to secondary schools.
- 3.2 The school principal is responsible for:
- a) designating two volunteer staff to become First Aid Attendants for the school year;
 - b) ensuring a First Aid Kit is readily available and accessible;
 - c) ensuring all emergency medication is kept in a secure location with provision being made for responsible individuals to have access to it as required; and
 - d) ensuring that First Aid Attendants receive appropriate training, and are comfortable with their responsibilities.
- 3.3 Parents/guardians are responsible for:
- a) Providing their updated emergency contacts to school.

4.0 PROCEDURES

- 4.1 The district shall provide training to First Aid Attendants annually. The training shall include CPR, usage of Automated External Defibrillation (AED), and administering medication for students in life threatening emergencies.
- 4.2 Where a student sustains an injury, feels ill, or becomes in need of medical assistance, they shall be attended by any available staff member who shall provide immediate assistance, until the First Aid Attendant becomes available.
- 4.3 As soon as reasonably possible, parents shall be notified of the student's condition.
- 4.4 In the event of an emergency, 9-1-1 shall be contacted even if the parents have not been notified.
- 4.5 First Aid Attendants will provide First Aid assistance until 9-1-1 arrives.
- 4.6 Where a student is suspected of having an opioid overdose, a First Aid Attendant will administer Naloxone and compressions or CPR and/or rescue breathing in accordance with the protocol described in Appendix A.
- 4.7 Where a student is suspected of having a cardiac arrest, a First Aid Attendant will administer CPR and will use an AED if available, until the ambulance arrives.
- 4.8 In any case of administering prescribed medication to a student suspected to have a life-threatening emergency, form OCDSB 287: Student Medication Log will be filled and retained in the school office (Appendix B).
- 4.9 In the case of providing care to students with identified severe or life-threatening medical conditions, staff will refer to Procedure PR.548.SCO.

- 4.10 Staff members who, in the course of their employment, care for a student in a life-threatening emergency act “in *loco parentis*”, not as health care professionals, and are covered by the OCDSB’s liability insurance for actions undertaken in good faith.

5.0 APPENDICES

Appendix A: Protocol to Respond to an Opioid Overdose

Appendix B: OCDSB 287: Student Medication Log

6.0 REFERENCE DOCUMENTS

Board Policy P.108.SCO Care of Students with Life-Threatening Medical Conditions

Board Procedure PR.548.SCO Severe, Life-Threatening Allergies

Ontario Ministry of Education and Training Memorandum No. 81, *Provision of Health Support Services in School Settings*,

Ottawa Public health Overdose Prevention, <http://ottawa.ca/en/residents/public-health/healthy-living/alcohol-drugs-and-tobacco/drugs>

Get Nalaxone kits for free, <https://www.ontario.ca/page/get-naloxone-kits-free>

Protocol to Respond to an Opioid Overdose

(References: Ottawa Public Health and the Government of Ontario)

Recognize the signs and symptoms of an Opioid Overdose:

- Breathing is very slow, or irregular, or they may not be breathing at all
- Fingernails and/or lips are blue
- Body is limp
- Deep snoring or gurgling sounds
- Loss of consciousness/passed out (can't wake the person up)
- Unresponsive (not answering when you talk to them or shake them)
- Pinpoint (tiny) pupils
- Vomiting

What is Naloxone?

- Naloxone is a medication that can temporarily reverse the effects of an opioid overdose. Opioids include drugs like heroin, morphine, fentanyl, methadone and codeine.

How does Naloxone work?

In an opioid overdose a person's breathing slows down or stops. Naloxone blocks the effect of opioids on the brain. It temporarily reverses these effects on a person's breathing. Giving naloxone can prevent death or brain damage from lack of oxygen.

Naloxone will only work on opioid-related overdoses. It is important to remember that a lot of other drugs are being cut with fentanyl. If the person has used any drugs and is showing signs of an opioid overdose call 911 and give naloxone.

How to Respond to an Opioid Overdose Using Injectable Naloxone Kit



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1. Shake & shout: Shake the person's shoulders and shout their name
2. Call 9-1-1: If the person is not responding
3. Naloxone: Inject 1 ampoule (1ml) of naloxone into the arm or leg muscle
4. Compressions or CPR and/or rescue breathing as trained
5. Is it working? If there is no change after 3-5 minutes give the next dose of naloxone and continue with compressions/rescue breathing/CPR until ambulance arrives

How to Respond to an Opioid Overdose Using Nasal Spray Naloxone Kit

If you are with someone who is having an opioid overdose:

1. Shake their shoulders and shout their name.
2. Call 911 if they are unresponsive.
3. Give chest compressions:
 - a. put your hands on top of one another in the middle of the person's chest
 - b. keep your arms straight
 - c. PUSH FAST, PUSH HARD, with no interruptions, except to give naloxone
4. Give naloxone:
 - a. make sure the person is lying on their back
 - b. insert tip of nozzle into one nostril
 - c. press the plunger firmly
5. Resume chest compressions.
6. Continue compressions until the person responds or EMS arrives.
7. If they are not awake after 2-3 minutes, give a second dose of naloxone.

How long does Naloxone take to work?

Naloxone usually starts working in 1 to 5 minutes. Repeated doses may be needed if the person is still showing signs of overdose.

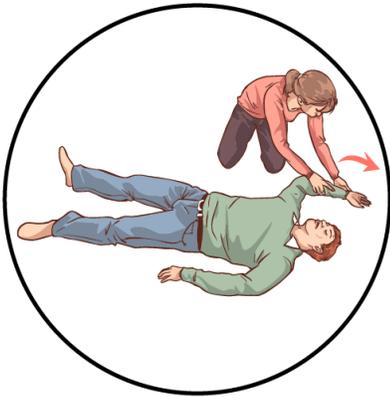
The effects of naloxone only last for 30 to 60 minutes. If the opioid is still in the body after the naloxone wears off, the overdose can return. This is why it is so important to call 9-1-1 in every overdose situation!

It is important to stay with a person after giving them naloxone:

- The person may be confused and frightened when they wake up. You will need to tell them what happened.
- A lot of opioids can last longer in the body than naloxone, so an overdose could return. It is important to make sure that the person knows not to take any more drugs!
- It is important to tell paramedics everything you know about the situation so they can provide the best care.
- Naloxone may cause people who have used opioids to go into withdrawal. This may make the person want to use again. Using more will increase the risk of overdose as the naloxone wears off.
- This can be very uncomfortable for the person but is not life threatening. Withdrawal symptoms may include:
 - Muscle aches
 - Sweating
 - Nausea/vomiting
 - Agitation,
 - Irritability

Recovery Position

If the person begins breathing on their own, or if you have to leave them on their own, put them in the [recovery position](#). The recovery position helps keep a person's airway open so they can breathe and can prevent them from choking on vomit or spit.



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1. Responder extending victims closest arm above the victims head.
2. Responder positions other arm across the victim's chest and bends furthest leg at the knee. Victim is rolled towards responder and placed on side.
3. Victim laying on side with head stabilized on extended arm. Knee is bent and stabilized.

