Wellesley Public Schools
Medical Emergency Response Plan

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

Statement
The Wellesley Public Schools have developed this Medical Emergency Response Plan in consultation with members of the school community, which includes school administration, school nurses, principals, athletics, school physician and community emergency responders (police and fire). The goal of the Plan is twofold:

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

Contact Information

School District: Wellesley Public Schools
Superintendent:
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Address: 40 Kingsbury Street, Wellesley, MA 02481
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Assistant Superintendent for Finance and Operations:
Judy Belliveau
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Director of Student Services:
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Department Head for Nursing Services:
Linda Corridan
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School: Preschool at Wellesley Schools (PAWS)
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781-446-6222
Rebecca Zieminski, Director
Ann Farrell, RN, School Nurse ext. 2802

School: Bates School
116 Elmwood Road
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781-446-6260
Antoinette Jolley, Principal
Chris Spolidoro, RN, School Nurse ext. 2102
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School: Fiske School
45 Hastings Street
Wellesley, MA 02481
781-446-6265
Rachel McGregor, Principal
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School: Hardy School
293 Weston Road
Wellesley, MA 02482
781-446-6270
Charlene Cook, Principal
Carol Sullivan, RN, School Nurse ext 2302

School: Hunnewell School
28 Cameron Street
Wellesley, MA 02482
781-446-6275
Medical Emergency Response Plan

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Dianne Croteau, RN, School Nurse ext. 2402
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School: Schofield School
27 Cedar Street
Wellesley, MA 02481
781-446-6280
Gerardo Martinez, Principal
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School: Sprague School
401 School Street
Wellesley, MA 02482
781-263-1969
Susan Snyder, Principal
Sharon Kahn, RN, Nurse ext. 2502
Nancy Falb, RN, School Nurse ext. 2502

School: Upham School
35 Wynnewood Road
Wellesley, MA 02481
781-446-6285
Jeffrey Dees, Principal
Ann Warmington, RN, School Nurse ext. 2702

School: Wellesley Middle School
50 Kingsbury Road
Wellesley, MA 02481
781-446-6250
Mark Ito, Principal
Caroline Reading, RN, School Nurse ext. 3611
Kristina Gusmini, RN, School Nurse ext. 3612

School: Wellesley High School
50 Rice Street
Wellesley, MA 02481
Jamie Chisum, Principal
781-446-6305
Pam Sheridan, RN, School Nurse ext. 4610
Shari Johnson, RN, School Nurse ext. 4610
A medical emergency may occur at anytime at any school. As more children enter school with special health care needs, the risk for a medical emergency increases. Students with no health problems can also become seriously ill or injure themselves. A medical emergency can happen in the classroom, athletic field, playground, laboratory or workshop. While this emergency response plan refers to the student, it should be noted that many adults work within the schools as well as visit the schools and are also susceptible to a medical emergency.

The Wellesley Public Schools recognize the importance of a comprehensive medical emergency plan that addresses any emergency that may be life threatening, potentially life-threatening, an illness, an injury and an emotional or behavioral crisis.

All staff members are responsible for becoming familiar with the plan and know the appropriate steps should a medical emergency occur before school, during school hours, after school as well as inside a school building and outside during recess, physical education or on an athletic field. This medical emergency response plan would be implemented in conjunction with each individual school’s crisis protocol if needed.

**Categories of Emergency Injuries and Conditions**

- *Life-threatening or potentially disabling: EMERGENT*
  These emergencies can cause death or disability within minutes. They require immediate intervention, medical care and usually, hospitalization.
- *Serious or non-life-threatening or potentially disabling: URGENT*
  These may soon result in a life-threatening situation or may produce permanent damage. This must be treated as soon as possible.
- *Non-life-threatening: NONURGENT*
  These are defined as any injury or illness that may affect the general health of the person.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORIES</th>
<th>Example</th>
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<tbody>
<tr>
<td><strong>EMERGENT / URGENT</strong></td>
<td>Cardiopulmonary arrest</td>
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<tr>
<td>Requires immediate attention</td>
<td>Severe respiratory distress of failure</td>
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<tr>
<td>Condition is acute and has the potential to threaten life, limb, or vision</td>
<td>Major burns</td>
</tr>
<tr>
<td>Shock</td>
<td></td>
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<tr>
<td>Severe medical problems such as diabetes</td>
<td>Cervical spine compression</td>
</tr>
<tr>
<td>Emergency childbirth</td>
<td>Acute seizure states</td>
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<tr>
<td>Prolonged loss of consciousness</td>
<td>Caustic chemical spills in the eye</td>
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<tr>
<td>Head injury with loss of consciousness – even for a brief time</td>
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<tr>
<td>Deformity suggesting fracture</td>
<td></td>
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<tr>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Lacerations in which sutures are needed but bleeding is controlled – no significant blood loss</td>
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<tr>
<td>Moderate pain following abdominal trauma</td>
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<tr>
<td>Poisoning or overdose</td>
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<tr>
<td>Minor burns</td>
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<tr>
<td>Persistent nausea, vomiting or diarrhea</td>
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**NONURGENT**

<table>
<thead>
<tr>
<th>Student may require referral for routine</th>
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<tbody>
<tr>
<td>Muscle sprains and strains</td>
</tr>
<tr>
<td>Medical care. Minor or nonacute conditions</td>
</tr>
<tr>
<td>Minor abrasions or bruises</td>
</tr>
</tbody>
</table>

### Communication System

A method for linking all parts of the school campus, including outdoor areas used for recess and physical education classes must be in place at all times. This means that:

- Every classroom within the district has a telephone for communication with the Main Office at that school.
- Anyone leaving the school building for recess, physical education class or a walking field trip with students MUST have a cell phone or walkie-talkie in order to call the Main Office to report an emergency and indicate their location so that the nurse and other staff can respond quickly.

### Response steps

- Remain with the student (victim) and remain calm.
- Call the school nurse immediately.
- Notify EMS (911) never hesitate!
- Avoid moving the injured /ill person unless there is danger if left in that location.
- Assess the emergency.
- Assess CABs (circulation, airway, breathing).
- Standard Precautions must be followed at all times (use of gloves, hand washing, proper handling of body fluids).
- Activate the emergency plan (referring to the student’s individual emergency plan and individual health care plan if appropriate).
- Manage crowd control.
- Direct EMS to the site.
- At least 2 – 3 individuals should wait at the designated door/area for EMS to arrive so that they can be escorted to the scene without delay. NOTE: Rescue squads may arrive at staggered times (police, fire, ambulance) necessitating more than one individual to be available in order to escort rescue personnel to the scene.
- Accompany student to the emergency facility, with EMS, if appropriate.
● Assist student with re-entry into school if needed.
Many of these actions are performed concurrently. These same guidelines would
apply to situations affecting staff or visitors.

Emergency Occurring During School Hours

Faculty / Staff

● Follow the above steps for responding to an emergency.
● Anyone leaving the school building for recess, physical education, a walking
field trip etc. MUST have either a cell phone or a walkie-talkie available in case
of an emergency.
● Call the school nurse immediately and indicate that this is a medical emergency
giving the exact location.
● Upon arrival of the school nurse, provide her with pertinent information that
will be helpful in the assessment process such as name of student, what student
was doing at the time of the event, any precipitating factors, witnesses etc.
● Take direction from the school nurse such as assisting with the student, calling
the Main Office, removing the other students from the scene.

School Nurse

● Respond to all emergencies with the medical emergency “go bag”.
● Assess the student (victim) and begin to provide immediate first aid.
● Direct other available adults in the area as needed.
● Gather information from individuals at the scene.
● Stabilize student (victim) and transport to the health office or activate the
emergency medical system (911).

Emergency Occurring Before or After School Hours

Faculty / Staff

● Follow the above steps for responding to an emergency.
● Call the Main Office at the school and identify that there is a medical emergency.
● If no one answers in the Main Office call 911 if the situation warrants.
● Individual in charge at the school after hours must notify school administration of
the emergency.

Other Important Information

When emergency services are required for a life-threatening or potentially disabling
situation:

● Direct a responsible person to call Emergency Medical Services (EMS 911).
● Instruct the person placing the phone call that they MUST stay on the phone until
it is certain that EMS has all the necessary information.
  ➢ Briefly describe the emergent situation – what is wrong.
  ➢ The caller should state their name as well as the name of the school.
Specify the exact location at the school of the injured/ill person. 
➢ Tell EMS exactly where someone will meet them upon arrival at school.

In the event that a student requires transportation to the hospital via ambulance:
● School personnel should attempt to notify the parent or legal guardian that the ambulance is transporting the patient to the hospital.
● Transport to the hospital should not be delayed attempting to notify a parent or legal guardian.
● Designate someone to have available the student’s emergency card with parent/guardian phone numbers as well as pertinent medical information and send with the student to the hospital.
● For an emergency event involving a staff member, obtain the staff member’s emergency contact and medical information form, make a copy, and send with them to the hospital.
● If a parent is not available or has not arrived at school prior to transport, a member of the school staff will accompany the student to the hospital and will advocate for the student until the arrival of the parent/guardian.
● The school principal or designee, in consultation with the school nurse and upon review of his or her emergency card, will make the decision if someone should accompany a staff member to the hospital.

Identification of Students with Known Medical Conditions
As stated above, there are many children in school with complicated medical histories as well as children with life-threatening allergies. For these students with KNOWN medical conditions:
● A medical caduceus will be placed next to the student’s name in the PowerSchool information system used by all faculty and staff.
● Any teacher who has a student with this medical identification next to the student’s name must meet with the school nurse for information regarding the management of the medical condition in the classroom and for after-school sponsored clubs and activities.
● In many cases an individual health care plan will be in place and the nurse can review the plan with the teacher(s) as it relates to the student in the school setting.
● While student confidentiality must be protected at all times, it is important for individuals responsible for a student with a medical condition be aware of the potential impact for learning in the classroom and the appropriate steps to take in the event of a medical emergency.

CPR Certification
All employees are encouraged to be certified in CPR.
A listing of staff members with current CPR certification will be maintained in the Main Office of every school. School Nurses are required to maintain current in CPR and AED certification.

**Emergency Medical Response Time**
The Wellesley Police Department houses the Town of Wellesley Emergency Communication Center, which also dispatches the Wellesley Fire Department. The emergency response time to any campus of the WPS is under four minutes including athletic fields. (This is under most conditions barring any other unforeseen situations).

**Safety Precautions**
1. Staff is responsible for reading emergency exit plans for their room and building.
2. Staff and students should determine the location of room exits and fire alarm boxes.
3. At the beginning of every school year, the teacher should review emergency procedures in the classroom, addressing when, how and where to exit in the case of an emergency. All teachers should also talk to students about alternate strategies for obtaining help in the classroom if the teacher becomes ill/injured and is not able to direct the class.
4. Students should be instructed to obey school and classroom rules and not engage in unsafe activities.
5. Classrooms should be kept neat and clean from debris with unobstructed exits.
6. Work surfaces and floors must be kept dry and slip resistant.
7. Science labs have emergency eye wash stations and sinks.
8. Staff and students are responsible to report any unsafe conditions to the Main Office staff.
9. All injuries should be reported to the school nurse.

**Medical Emergency Protocol for the Athletic Department**
In the event of a non-life threatening emergency the coach will:
- Contact the licensed certified athletic trainer – if there is no LAT/ATC available the coach will contact the parent or the emergency contacts the parent has provided on the permission to play gold form.
- The coach will keep the student athlete comfortable and maintain periodic contact with the injured or ill student athlete during the remainder of the practice or game to assess changes in well being as warranted.
- The coach may hand over care of the athlete to the LAT/ATC or the parent or emergency contact.
• The coach or the LAT/ATC will speak with the parent or emergency contact regarding potential cause of, continued assessment of and recommendations for follow up treatment. (Coaches please remember to tell parent that a doctor note will be needed to return an athlete to play following any injury or illness that is severe enough that a doctor is consulted).

• That same day the coach will report the injury or illness to the LAT/ATC in person, by email or voicemail (hickeyp@wellesleyps.org) or 781-446-6305 ext. 4612 and leave the following information:
  ➢ Name of student athlete
  ➢ Sport and level,
  ➢ Suspected injury or illness, treatment, if any, on field
  ➢ Follow up recommendations as stated to the parent or emergency contact.

• If a head injury is suspected the coach will fill out the information necessary in the ‘head injury envelope’ found in the team med kit and give the remainder of the envelope to the parent or emergency contact of the athlete. The envelope contains a ‘Report of Head Injury During the Season Form’ that must be filled out by the coach and filed with the LAT/ATC, a ‘Parent Fact Sheet’ on head injury, contact information for the Wellesley High School LAT/ATC and a state mandated ‘Medical Clearance Form for Return to Play’ that must be filled out by the attending doctor and filed with the LAT/ATC according to the WPS Head Injury/Concussion Management policy.

• The athlete will not be allowed to return to play following an injury or illness without a written clearance from the LAT/ATC.

In the event of a life threatening or ‘ambulance necessary’ injury or illness the coach will:

• Activate the Emergency Medical System. Call 911 OR if using a cell phone from the fields, call 781-237-1212. If possible, do not hang up from the emergency call until the dispatcher hangs up or the emergency personnel arrive on scene.

• Coaches will send someone to access the Automatic External Defibrillators (AED) if necessary and if available at the practice site. At the Wellesley High School an AED is mounted on the wall outside of the fitness center. The Athletic Department also has 2 portable AEDs that are kept with the LAT/ATC during the fall and spring athletic seasons and are located inside of the athletic training room during the winter season.

• Contact the LAT/ATC and report activation of the EMS.
• Keep the athlete as comfortable as possible while awaiting EMS and protect them from further injury.

• Provide as much information as possible to EMS when they arrive including the information on the student athletes gold form. This includes parent contact information, other emergency contacts, health insurance, medications, allergies, predisposing conditions and pertinent medical history of the individual athlete.

• If a parent is not on scene and when possible a coach or assistant coach will travel to the hospital with the injured or ill athlete. When doing so would leave other students unsupervised the coach may chose another adult to oversee the hospital experience such as another player’s parent, an athletic director or athletic trainer, until the parent of the injured or ill athlete can be notified and consulted. Another student should not travel to the hospital with the injured athlete unless that student’s parents have been notified and permission has been granted to do so.

• Follow-up by the athletic department (LAT/ATC, Athletic Director, or coach) will be conducted as soon as possible after a game or practice with the hospital or the parent.

• The LAT/ATC will notify by telephone or email the principal and nurse at the school the student athlete attends in Wellesley regarding the incident and will notify the LAT/ATC or Athletic Director from the other town if the student athlete does not attend Wellesley Public Schools.

• The athlete must not be allowed to return to play without a written clearance from the LAT/ATC.

Automated External Defibrillators (AEDs)
All Wellesley Public School employees are responsible for knowing the location of the AED(s) in their respective buildings. The AED should be brought to any major emergency and be available at the scene should the victim be in or go into cardiac arrest. The use of the AED is intended to maximize the chance of survival during the critical minutes before Emergency Medical Services arrive and assume responsibility.
All AEDs located in schools with young children are equipped with pediatric defibrillator pads as well as adult defibrillator pads. The WPS have 15 defibrillators that are in a fixed location and three that are portable.
The school nurse is responsible for checking and documenting the status of the AEDs in the schools. The athletic trainer is responsible for checking and documenting the AEDs assigned to the athletic department. The Department Head for Nursing will ensure that the AED units are maintained according to the manufacturer’s recommendations.
**Location of Automated External Defibrillators within the Wellesley Public Schools:**

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>Preschool (PAWS)</td>
<td>Main corridor</td>
</tr>
<tr>
<td>Bates</td>
<td>Main hallway outside Nurse’s Office</td>
</tr>
<tr>
<td>Fiske</td>
<td>Main hallway outside Nurse’s Office</td>
</tr>
<tr>
<td>Hardy</td>
<td>Main hallway outside Nurse’s Office</td>
</tr>
<tr>
<td>Hunnewell</td>
<td>Main hallway outside Nurse’s Office</td>
</tr>
<tr>
<td>Schofield</td>
<td>Main Lobby</td>
</tr>
<tr>
<td>Sprague</td>
<td>Near gymnasium</td>
</tr>
<tr>
<td>Upham</td>
<td>Main Lobby across from Nurse’s Office</td>
</tr>
<tr>
<td>Middle School (3)</td>
<td>1) Administrative Wing&lt;br&gt;2) Main entrance outside Main Office&lt;br&gt;3) Near large gymnasium across from auditorium</td>
</tr>
<tr>
<td>High School (4) + (2 trainer)=6</td>
<td>1) Main staircase – 1st floor&lt;br&gt;2) Outside Fitness Center in alcove - 2nd fl&lt;br&gt;3) Near Administrative Office – 3rd fl. &lt;br&gt;4) Near Administrative Office - 4th fl.</td>
</tr>
</tbody>
</table>

A back up defibrillator will be kept in the office of the Department Head for Nursing. This AED will be used for field trips if the situation warrants and in case a defibrillator needs to be taken out of service for repair.

**Communication post event**

During the school day, all emergency situations requiring EMS will be communicated to the Department Head for Nursing Services preferably by the nurse attending the emergency. The Department Head for Nursing will inform the Director of Student Services and the Superintendent. Depending on the nature of the incident, the school principal may decide to speak directly to the Superintendent as well.

**Post Event Debriefing**

A debriefing will take place after every medical emergency. All the individuals involved with the emergency are required to meet and discuss the event identifying what worked well and any areas for improvement. A debriefing form must be completed and sent to the Department Head for Nursing Services for review and then forwarded to the Director of Student Services. Areas for change will be implemented as a result of the debriefing sessions.

Depending on the severity of the incident, school psychologists and adjustment counselors will be consulted.

Outside agencies available for post-event support:

The Human Relations Service, Inc. (HRS) 781-235-4950
Newton Wellesley Hospital 617-243-6000

An EMS (911) form must be completed and submitted to the Department of Public Health / School Health Unit each time EMS responds to an emergency at a school during school hours.

An epinephrine administration form must be completed and submitted to the Department of Public Health / School Health Unit each time epinephrine is administered regardless if it was a known or unknown allergic reaction.

October 2012
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Revised: August 2015
Revised: April 2016