

ACCIDENT REPORTS REGULATION

First Aid Guidelines for Health Office Staff

Plattsburgh City School District

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A. Introduction

First aid is defined as “such treatment as will protect the life and comfort of the patient until authorized treatment is secured”. In reality the role of the school nurse has evolved far beyond a first aid provider. In the day to day function of the health office many encounters for minor concerns may present to the school nurse either as the major complaint or as an avenue to see the school nurse because of some other personal, emotional, or less emergent health concern. The art of school nursing depends on the skill and professionalism of the practitioner to distinguish which students truly need evolving care and which students need other perhaps less acute services. The following policies provide guidelines in making those distinctions and in what actions are required as a result of those assessments.

A part of the school nurse and health services role is primary responsibility for emergency health care to individual students. The school district has responsibility to provide appropriate instruction to school personnel in procedures to follow in case of accident or illness (Education Law, Article 19, Section 912, paragraph 2). All school employees have a responsibility for providing initial assistance until the arrival of the school nurse or other designated first aid provider. Some coaches and Physical Education teachers have extended training permitting them to deliver first aid within the scope of their certification. However, no school employee is expected to or should attempt procedures which go beyond his/her training and/or qualifications.

B. Reference Protocols

First aid assessment is an integral part of nursing skills as is development of an appropriate response and plan. No protocol can cover all the degrees of decision making which is expected of the professional in this responsibility but general guidelines can be agreed upon as a standard of care. The Manual of School Health¹ is the Plattsburgh City School District standard of care with the clarifications as outlined in the remainder of this document. Should these directives be unclear or situations unique then the School Nurse Practitioner and/or the School Physician are available for consultation. First Aid posters containing the essentials of immediate first aid will be posted in high risk areas and serve as a reference for staff until the school nurse or other trained personnel arrive on the scene.²

Nurse monitoring of the child following an incident is left to the nurse's discretion. However, unless specifically ordered in writing or verbally by the private physician, no dressing applied by the physician's office may be removed by the school nurse without that physician's order. Dirty, wet, tight or loose dressings or orthopedic appliances should be reported to the physician or parent.

In the event the physician or parent is unavailable, a dangerous dressing may be replaced, but continued efforts to notify the parent are essential. Documentation in the log must be specific regarding actions taken.³

Internal medication should not be administered, even in an emergency, to any child by school personnel, other than by written order of a physician who has seen and prescribed for that particular case, or by procedures approved by the school physician as a response to particular emergency situations. Telephone orders from practitioners may be taken to expedite medication administration but must be followed up with a written order within forty-eight hours.

The person giving First Aid should attempt to determine the cause of the incident and make the child, and when appropriate the staff and School District Administration, aware of the causes of the condition and the ways and means of prevention in the future.

In general a follow-up of a significant event reflects good care and particular situations may require a follow-up evaluation after students are deemed able to return to class. Follow-up evaluation should be considered part of the initial event and be included in any documentation and plan.

Disposition of the student will be determined by the school nurse sometimes in consultation with the parents, and when necessary a school administrator and/or school physician. The decision-making process should always be in the best interest of the child and the student body.

Parents may need assistance in coping with health problems due to a lack of knowledge, absence of a medical home, and/or psychosocial issues. The school nurse can intervene by:

- Educating parents about the student's injury/illness
- Stressing the need for further care when indicated
- Referring to community agencies or practitioners
- Assisting parents in accessing care
- Making follow-up contacts to monitor condition/care

All such decisions and interventions should be carefully documented in the student's record.

C. Parental Notification Protocols

The school nurse or other person in charge is responsible for determining the need for parent notification of injuries using clinical experience, professional judgment and the Manual¹ as guidelines.

Several methods are appropriate for parental communication depending on many factors including the seriousness of the incident, the need for ongoing care, and the experience of the school nurse with particular family needs. If the child's condition warrants activation of EMS, the parent(s) should be contacted and may be directed to go to the hospital. Some other scenarios include:

- immediate phone call to parent or emergency contact
- copying of the individual student log to send home with the student
- transfer of the information to a communication document where medical follow-up is recommended
- any or all of the above

Stabilization and/or emergency department delivery of a seriously ill or injured patient must not be delayed pending parent (or designee) notification.

D. Transportation For Injured/Ill Students

Any student who is acutely unstable, has had a loss of consciousness, or has an unclear diagnosis should be transported by emergency medical services (EMS) accessed by calling 911. If the parent(s) or emergency contact person cannot be reached and the child's condition warrants, the student should be transported by EMS to a health care facility. A medical authorization release form is not necessary since the facility can give treatment without parental consent in a medical emergency.

The student's parent or guardian may provide transportation whether to home, a physician office, or the hospital if the student is alert and stable. If unable to reach the parent, the emergency contact person would be called to provide transportation.

E. Dismissal From School

Students unable to return to class after a maximum of one hour do not belong in school and should be dismissed to the care of a parent/parent designee with appropriate suggestions for follow-up. In the event the parent/parent designee requests that a high school age student, ninth grade and above, be allowed to walk home, the nurse must receive assurance that the student feels comfortable with such a decision, is not at medical risk (e.g. needing monitoring), and assurance from the parent that they will supervise the care of the child following dismissal. Children under ninth grade may not be released without the parent/parent designee.³

F. Documentation

Students presenting to the Health Office will be logged in on an individual First Aid log which is maintained as an integral part of the health record. Any special health care needs (e.g. allergy, standard meds etc) will be indicated on the individual's First Aid Log. All logs will document the time of presentation, the complaint, the site where the incident took place, the time of the incident, the nursing assessment, and the nursing plan. Follow-up documentation should be logged as a separate event on the student log but referenced to the original event.

This First Aid log is the reference for all subsequent reporting and documentation required by a particular incident. Accurate, well-documented records are of paramount importance as they may be requested by parents, administrative staff, insurance companies or legal resources long after the incident occurs.

Moderate to severe injuries must be reported to the principal and/or administrator of Health Services as soon as possible; severe injuries, ideally, on the same school day. The school nurse initiates an Incident Report within 24 hours of the incident. Charting of the incident in the child's permanent health record as a summary of action is necessary. Minor injuries should be recorded on the nurse's log indicating the summary of action taken. Minor injuries do not require recording on the child's permanent health record.

Bibliography

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2. Devore, Cindy, MD, School Physician, *First Aid Protocols Monroe 1 BOCES School District*, Rochester, NY.
3. *First Aid Chart*, American Academy Pediatrics, Evanston, Ill.

Cross-ref: 5420-R, Student Health Services Regulation

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