Exhibit 1: Emergency Categorization Chart

{NOT AVAILABLE AT TIME OF PRINTING}

Exhibit 2: General Emergency Guidelines

1. Remain calm and communicate a calm, supportive attitude to the ill or injured individual.

2. Never leave an ill or injured individual unattended. Have someone else call a parent/EMS.

3. **Do not** move an injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury/altercation.

4. If trained and necessary, institute CPR or Rescue Breathing.

5. Activate EMS if :
    a. Breathing problem
    b. Bleeding-severe
    c. Anaphylactic reaction (shock)
    d. Burns (serious or covering large area)
    e. Head, neck or back injury
    f. Concern about heart problem
    g. Poisoning
    h. Unconsciousness
    i. Seizures (more than one convulsion)
    j. Serious limb injury or amputation
    k. Penetrating injury or impalement
    l. Foreign object in throat

Do not become involved in using treatment methods beyond your skill. Recognize the limits of your competence. Perform procedures only within your scope of practice. When in doubt, activate EMS. All persons working with students are encouraged to obtain training in CPR/First Aid through an authorized community agency.

Source: Virginia Department of Health. (1999). *First Aid Guide for School Emergencies*, p. 3.

Exhibit 3: Legal Discussion Regarding Standing Delegation Orders

Question: May a physician licensed by the BME utilize "standing delegation orders" to RNs, LVNs, or UHPs for the provision of health services to public school children in the school setting, when the physician has no direct clinical relationship with the child(ren) in question?

The use of standing delegation orders by a physician for a broad population can give rise to serious concerns for physicians if the requirements of the Texas Medical Act are not carefully observed. Delegation of responsibility from the physician to nonphysician is generally governed by Art. 4595b, Sec. 3.06(d)(1) which reads:

> (d) This Act shall be so construed that:
>
> (1) a person licensed to practice medicine shall have the authority to delegate to any qualified and properly trained person or persons acting under the physician's supervision any medical act which a reasonable and prudent physician would find is within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician, the act can be properly and safely performed by the person to whom the medical act is delegated and the act is performed in its customary manner, not in violation of any other statute, and the person does not hold himself [sic] out to the public as being authorized to practice medicine. The delegating physician shall remain responsible for the medical acts of the person performing the delegated medical acts. The board may determine whether or not an act constitutes the practice of medicine, not inconsistent with this Act, and may determine whether any medical act may or may not be properly or safely delegated by physicians;

A concern with broad based standing delegation orders is that physicians must adequately "supervise" the medical acts performed by various persons within each and every school in a school district. While supervision must be continuous, it need not be performed in the physical presence of the physician. However, due to time constraints, patient load, and geography, a question of adequate supervision will arise. By the use of standing delegation orders, a physician is establishing a physician patient relationship and potentially exposing himself or herself to increasing malpractice liability and adverse review from the Board of Medical Examiners.

These concerns are based, in part, on a review of the rules adopted by the Texas State Board of Medical Examiners at 22 TAC 193.1. The purpose of standing delegation orders is:

> … to encourage the more effective utilization of the skills of physicians by establishing guidelines for the delegation of health care tasks to qualified nonphysicians providing services under reasonable physician control and supervision where such delegation is consistent with the patient's health and

> welfare; and to provide guidelines for physicians in order that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services.

The key is reasonable physician control and supervision. Such elements will change depending upon the geography and demographics of a school district and its student population. The scope of authority for standing delegation orders is established in 22 TAC 193.4. This provision states, in part, that:

> Providing the authorizing physician is satisfied as to the ability and competence of those for whom the physician is assuming responsibility, and with due regard for the safety of the patient and in keeping with sound medical practice, standing delegation orders may be authorized for the performance of acts and duties which do not require the exercise of independent medical judgment.

The important point is that the physician is assuming the responsibility for the delegated care and must be able to assure himself or herself that there is no exercise of "independent medical judgment."

Source: Stewart, R. (Chair). (1998). *Report of the School Health Task Force to the Texas Board of Health*, pp.40-2. Please see the full report for the full text of 22 TAC §§193.1 (Purpose), 193.2 (Definitions) (selected definitions only), 193.3 (Exclusions) and 193.4 (Scope of Standing Delegation Orders).

Exhibit 4: Helpful Resources

General

The American College of Emergency Physicians (ACEP)
1125 Executive Circle
Irving, TX 75038-2522
(972) 580-2816
(800) 798-1822
http://www.acep.org/

The American Academy of Pediatrics (AAP)
National Headquarters
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
(847) 434-4000
http://www.AAP.org

Pediatrics Online (an online publication of the AAP)
http://www.pediatrics.org
See especially: *Emergency Preparedness for Children with Special Healthcare Needs.* Includes an "Emergency Information Form for Children with Special Healthcare Needs," prepared by the Committee on Pediatric Medicine.

Access form directly at: ***http://www.pediatrics.org/cgi/context/full/104/4/e53***

Emergency/Injury Prevention

Children's Safety Network. *Injuries in the School Environment*
Available free of charge by writing or calling:

Children's Safety Network
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
(617) 969-7100, x2207
http://www.edc.org/HHD/csn

Emergency Medical Services for Children
Website and publisher/clearinghouse of information about emergency care of children.
email: ***info@emscnrc.com***
http://www.ems-c.org/about/frameabout.htm
To order from clearinghouse: ***https://www.ems-c.org/efusion/OnlineOrder.cfm***

National Maternal and Child Health Clearinghouse
(888) 434-4624 (888 434 4MCH)
http://www.nmchc.org

First Aid
American Red Cross
http://www.redcross.org
Use website to contact local chapter.
Provides training in first aid and CPR for general public and for healthcare professionals.
For information about training , use: ***http://www.redcross.org/services/hss***

Allergies/Anaphylaxis
The Food Allergy & Anaphylaxis Network
10400 Eaton Place, Suite 107
Fairfax, VA 22030-2208
(800) 929-4040
email : ***faan@foodallergy.org***
http://www.foodallergy.org
FAAN has a limited supply of two FREE food allergy information programs for schools. School nurses or principals can nominate their school to receive them, or inquire about purchase.

Allergy & Asthma Information Association/Calgary Allergy Network
Box 100
Toronto, Ontario M9W5K9
(416) 679-9521 or (800) 611-7011
email: ***aaia.national@sympatico.ca***
http://www.aaia.ca
http://www.calgaryallergy.ca
Website has lists of numerous publications useful for schools, including "Anaphylaxis in Schools and Other Childcare Settings," "Teachers Guide to Allergy and Anaphylaxis," and "Managing Food Allergies in the Classroom."

American Academy of Asthma, Allergy & Immunology
611 East Wells Street
Milwaukee, WI 53202
(414) 272-6071
http://www.aaaai.org
See especially Position Statement 34: *Anaphylaxis in Schools and Other Childcare Settings*

National Institutes of Health
National Institute of Allergy and Infectious Disease
Office of Communications and Public Liaison
Building 31, Room 7A-50
31 Center Drive MSC 2520
Bethesda, MD 20892-2520
http://www.niaid.nih.gov/default.htm

Allergy and Asthma Research Homepage
http://www.users.globalnet.co.uk/~aair/index.htm

National Latex Allergy Network (NALN)
http://www.latex-allergy.org

American Latex Allergy Association
http://www.latexallergyresources.org

Cardiac Arrest/CPR/Automated External Defibrillators
American Heart Association
National Center
7272 Greenville Drive
Dallas, TX 75231
(800) 242-8721 (800 AHA-USA1)
http://www.americanheart.org
Provides training in adult and pediatric CPR for general public and for healthcare professionals.

Public Access Defibrillation League (PADL)
Administrative Offices
3491 J Street, Suite 260
Sacramento, CA 95819
email: ***info@padl.org***
http://www.padl.org

"Basic Emergency Lifesaving Skills (BELS): A framework for teaching emergency lifesaving skills to children and adolescents." Available from Emergency Medical Services for Children at:
http://www.ems-c.org/Products/frameproducts.htm

Exhibit 5: Suggestions for School First Aid Supplies

Equipment in a Nurse's Office/Clinic

Blood pressure cuff – adult and children's sizes
Backboard
Crutches
Kidney and hand basin
Magnifying glass
Otoscope
Penlight, flashlight with batteries
Refrigerator
Sink with serviceable plumbing
Stethoscope
Stretcher
Tweezers
Telephone with an outside line
Wheelchair

Supplies in a First Aid Kit

Ace bandages
Adhesive bandages – assorted sizes
Adhesive tape rolls – assorted widths
Alcohol
Antiseptic solution or first aid cream substitute
Bandage scissors
Blankets
Cervical collars (several sizes)
Cotton balls
Cotton tipped applicators
Disinfectant solution, EPA approved
Epi-pens
Eye cups, eye flushing bottle
Eye pads
Gauze pads – sterile and non-sterile, assorted sizes
Gloves (latex and latex-free)
Goggles
Gowns
Hand lotion, petroleum jelly
Ice
Ice bag or other reusable
Liquid soap
Medicine cups
Paper towels, paper cups, facial tissues
Pocket facemask with one-way valve
Rolled gauze bandage – assorted sizes
Sanitary napkins
Splinting materials
Storage containers for cotton balls, tongue blades
Thermometers
Tongue blades
Triangle bandages and safety pins

Source: Massachusetts Statewide School Emergency Care Planning Council. (2001). Developing an Emergency Response Plan for Your School, p. 11. 6: Universal Precautions for Handling Blood/Body Fluids in School.
Available: http://www.state.ma.us/dph/emsc/emerread.htm.

Exhibit 6 : Sample Universal Precautions Guidelines

- Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections.
- Use universal precautions and infection control techniques in **all** situations that may present the hazard of infection.
- Precautions should be observed when caring for bleeding injuries or handling other body fluids emergency situations. Body fluids include blood, drainage from cuts, scabs, skin lesions, urine, feces, vomitus, nasal discharge and saliva. The body fluids of all persons should be considered to be potentially hazardous.
- Avoid direct contact with body fluids. Caregivers who anticipate assisting in first aid when body fluids are present are present (e.g., cleaning cuts and scrapes, treating a bloody nose) should use disposable gloves.
- If unanticipated skin contact occurs, hands and all other affected skin should be washed with soap and running water as soon as possible.
- Diligent and proper hand washing, the use of barriers (e.g. gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.
- If it is necessary to perform rescue breathing, a one-way mask or other infection control barrier should be used. However, rescue breathing should not be delayed while such a device is located.

Handwashing Procedure

1. Wash hands vigorously with soap under a stream of running water for at least 10 seconds.
2. Rinse hands well with running water and thoroughly dry with paper towels.
3. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes or instant hand cleaner may be used.

Gloves

1. Gloves should be worn when direct care may involve contact with any type of body fluid.
2. Disposable single-use, waterproof gloves (e.g., latex or vinyl) should be used. (Vinyl gloves should be used with individuals who have a latex allergy or a high potential for developing a latex allergy, e.g., individuals with spina bifida).
3. **Do not** reuse gloves.

Disposal of Infectious Waste

1. All used or contaminated supplies (e.g. gloves and other barriers, sanitary napkins, bandages) except syringes, needles, and other sharp implements should be placed into a plastic bag and sealed. This bag can be thrown into the garbage out of reach of children or animals.
2. Needles, syringes, and other sharp objects should be placed **immediately** after use in a metal or other puncture-proof container that is leak proof on the bottom and sides. To reduce the risk of a cut or accidental puncture by a needle,

NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL. Once the container is full, it should be sealed, bagged, and kept out of reach of children or animals until it can be disposed of properly.

3. Body waste (e.g. urine, vomitus, feces) should be disposed of in the toilet should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

CLEAN-UP: Spills of blood and body fluids

1. Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.
2. Wear gloves.
3. Mop up spill with absorbent material.
4. Wash the area well, using the disinfectant cleaner supplied in the clinic or a 1:10 water/bleach solution. (Mix 1 part household bleach in 10 parts of water. Replace solution daily).
5. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as already indicated.

CLEAN-UP: Routine environmental clean-up

1. When clinics and bathrooms become contaminated with bloody or body fluids, use the procedures outlined above.
2. Regular cleaning of non-contaminated surfaces (e.g. toilet seats, tabletops) can be done with standard cleaning solutions or the 1:10 water/bleach solution described above. Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.
3. Rooms and dustpans must be rinsed with disinfectant. Mops must be soaked in disinfectant, washed, and thoroughly rinsed. The disinfectant solution should be disposed of promptly down the drain.

Please refer to:

- The Occupational Safety and Health Administration (OSHA) Final Bloodborne Pathogens Standards for most recent requirements.
- Keen, T., Cox, A., Ford, N., & Henry, J. (Eds.). (1996). Guidelines for Specialized Health Care Procedures, pp. IV-33. Richmond, Va.: Virginia Department of Health.