NEW BOSTON SCHOOL DISTRICT

FIRST AID AND EMERGENCY MEDICAL CARE STUDENT ACCIDENTS AND ACCIDENT REPORT

All school personnel have responsibilities in connection with injuries and emergencies occurring in school and at school-sponsored events, which may be classified as follows: (1) administering first aid; (2) summoning medical assistance; (3) notifying administration; (4) notifying parents; and (5) filing accident/injury reports.

Staff members should familiarize themselves with the policy on accidents and accident reporting at the start of each school year. The policy on accidents and accident reporting is to be reviewed in September by the principals with the staff of each school and procedures shall be established for the school year.

School personnel must use reasonable judgment in handling injuries and emergencies. Caution should be exercised not to minimize or maximize any injury or illness. All personnel will understand the proper steps to be taken in the event of an injury or emergency.

The Superintendent will ensure that at least one other person on staff, aside from the school nurse, has current first aid and cardiopulmonary certification (CPR). If the school nurse is not available, the person(s) who has current first aid and CPR certification is authorized to administer first aid and CPR as needed.

The school will obtain at the start of each school year emergency contact information of parents or legal guardian for each student.

The school nurse or emergency personnel shall assist in the treatment of injuries or emergency situations. Such individuals have the authority to administer oxygen in case of a medical emergency, if available and if appropriate. This authorization extends to administering oxygen to students without prior notification to parents/guardians.

The school nurse or other designated personnel may administer other medications to students in emergency situations, provided such personnel has all training as is required by law. Such medication may also be administered in emergency situations if a student's medical action plan has been filed and updated with the school district to the extent required by law. The district will maintain all necessary records relative to the emergency administration of medication and will file all such reports as may be required.

Additionally, the school nurse, or specially trained staff members delegated by the nurse may also administer epinephrine to any student in case of a medical emergency, if appropriate. This authorization extends to administering epinephrine without prior notification to parents/ guardians.

Every school shall maintain documentation of reported injuries and emergencies occurring on school grounds. For significant injuries, the staff person witnessing the event must fill out an accident report, which must be submitted to administration so that he/she is informed and a basis is established for the proper processing of insurance claims and remediation if necessary.

NEW BOSTON SCHOOL DISTRICT

EBBC/JLCE

FIRST AID AND EMERGENCY MEDICAL CARE STUDENT ACCIDENTS AND ACCIDENT REPORT (Continued)

The District makes it possible for parents to subscribe to student accident insurance at low rates. This program is offered each year during September. The District does not provide student accident insurance.

Reference: EBBC-R/JLCE-R

Legal References:

RSA 200:40, Emergency Care RSA 200:40-a, Administration of Oxygen by School Nurse RSA 200:44-a, Anaphylaxis Training RSA 200:53, Definitions - Bronchodilators, Spacers, and Nebulizers in Schools RSA 200:54, Supply of Bronchodilators, Spacers or Nebulizers RSA 200:55, Administration of Bronchodilator, Spacer or Nebulizer RSA 200:56, Department of Education Guidance Provided to Schools Bronchodilators, Spacers, and Nebulizers in Schools -RSA 200:57 Immunity - Bronchodilators, Spacers, and Nebulizers in Schools NH Code of Administrative Rules Section Ed. 306.04(a)(21), Emergency Care for Students and School Personnel NH Code of Administrative Rules Section Ed. 306.12, School Health Services

Proposed: 08/07/02 Adopted: 09/12/02 Proposed: 12/20/17 Adopted: 01/24/18

NHSBA Review: 01/23/14