SENATE No. 254

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act Relative to Medical Emergency Response Plans for Schools..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1	SECTION 1. Notwithstanding any general or special law to the contrary, the department
2	of elementary and secondary education shall, in consultation with the department of public
3	health, develop a Medical Emergency Response Plan initiative in order to promote best practices
4	and encourage schools to develop programs that reduce the incidence of life-threatening
5	emergency and promote efficient responses to such emergencies. There is hereby established a
6	need for medical emergency response plan initiative for all public schools in the Commonwealth.
7	School nurses, athletic trainers, and teachers are often required to provide emergency care during
8	the school day and for extracurricular activities, including sports. School medical emergencies
9	can involve students or adults. All schools have adult faculty and staff, and most schools host
10	large numbers of adults during extracurricular activities including but not limited to sports
11	events, drama productions, and community meetings.

Each year, more than one third of schools may have an emergency that involves an adult and requires activation of the EMS system. In children and young adults, injuries cause more childhood deaths than all other diseases combined. Because injuries are the most common life-

15 threatening emergencies encountered in children and adolescents in or out of schools, teachers, 16 school nurses and physicians, and athletic trainers should know the general principles of first aid 17 including, but not limited to, how to ensure scene safety and assess responsiveness, how to use 18 personal protective equipment when in contact with blood or other body fluids, when and how to 19 phone the EMS system, and when it is acceptable to move a victim. In addition, first aid rescuers 20 must be able to control bleeding, recognize and treat shock, immobilize the spine, warm 21 hypothermia victims, cool heatstroke victims, detect and treat hypoglycemia, support the airway, 22 and provide CPR and use an AED when needed. School nurses, teachers, athletic trainers, 23 coaches, and staff are responsible for the physical well-being of a large portion of the nation's 24 children for many hours each day.

25 Schools now employ fewer nurses, and school nurses often rotate between schools, so 26 some schools are without professional medical coverage for hours or days every week. Much of 27 the responsibility for the physical care of students during a typical school day now rests with 28 teachers, athletic trainers, coaches, and staff.

SECTION 2: The goal of the Medical Emergency Response Plan for Schools initiative is to encourage every school to develop a program that reduces the incidence of life-threatening emergencies and maximizes the chances of intact survival from an emergency. Such a program will have the potential to save the greatest number of lives with the most efficient use of school equipment and personnel. The initiative shall include, but not be limited to, the following core elements:

35 1. Effective and efficient communication throughout the school campus: Establish a rapid
 36 communication system linking all parts of the school campus, including outdoor facilities and

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37 practice fields, to the EMS system. Establish protocols to clarify when the EMS system and other 38 emergency contact people should be called. Determine the time required for EMS response to 39 any location on campus and establish a method to efficiently direct EMS personnel to any 40 location on campus. Create a list of important contact people and phone numbers with a protocol 41 to indicate when each person should be called. Include names of experts to help with post-event 42 support.

2. Coordinated and practiced response plan: Develop a response plan for all medical
emergencies in consultation with the school nurse, the school or school athletic team physicians,
athletic trainers, and the local EMS agency, as appropriate. EMS and emergency dispatchers (91-1 centers) should be made aware of the type of rescue equipment available at the school and its
location. Practice the response sequence at the beginning of each school year and periodically
throughout the year, and evaluate and modify it as needed.

3. Risk reduction: Prevent injuries through safety precautions in classrooms and on the
playground. Identify students, faculty, and staff with medical conditions that place them at risk
for development of life-threatening conditions, and train and equip personnel to provide the
appropriate response for those conditions.

4. Training and equipment for first aid and CPR: Ensure that many teachers are trained as
CPR and first aid instructors. Train school staff and graduating high school students in CPR.
Teachers and staff trained in first aid should, at a minimum, be equipped and able to give first aid
for life-threatening emergencies until EMS rescuers arrive.

57 5. Implementation of a lay rescuer AED program in schools with an established need:
58 Incentives for the purchase of automatic external defibrillators by school district and standards

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for the implementation of a school-based automatic external defibrillator program that utilizes trained school staff and volunteers and that is coordinated, to the maximum extent possible, with existing public access defibrillation programs established pursuant to section 12V1/2 of chapter 112 of the General Laws.

A medical emergency response plan must start with development of a good system of
 communication. It also requires development and coordination of a planned and practiced
 response, risk reduction, and training and equipment.

66 SECTION 3: Each school board shall ensure that every school that it supervises shall 67 develop a written school crisis, emergency management, and medical emergency response plan, 68 consistent with the definition provided in this section and submit the plans to the Department of 69 Elementary and Secondary Education. The Department of Elementary and Secondary Education 70 shall (i) provide technical assistance to the school divisions of the Commonwealth in the 71 development of the school crisis, emergency management, and medical emergency response 72 plans and (ii) refer to the scientific statements prepared by the American Heart Association, the 73 American Academy of Pediatrics, and various other national emergency response organizations, 74 that describe the components of a medical emergency response plan, the training of school 75 personnel and students to respond to a life-threatening emergency, and the equipment required 76 for this emergency response.

SECTION 4: On any given day, as much as 20% of the combined US adult and child
population can be found in schools. Life-threatening emergencies in schools are relatively
uncommon, but when they do occur, they require a planned, practiced, and efficient response
with provision of first aid and possible CPR and use of an AED. To maximize survival from a

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81 life-threatening emergency, schools must develop a medical emergency response plan designed 82 to provide appropriate therapy within the first minutes of the emergency. The medical emergency 83 response plan includes (1) creation of an effective and efficient campus-wide communication 84 system; (2) coordination, practice, and evaluation of a response plan with the school nurse and 85 physician, athletic trainer, and local EMS agency; (3) risk reduction; (4) training in and 86 equipment for CPR and first aid for the school nurse, athletic trainers, and teachers and CPR 87 training for students; and (5) in schools with a documented need, establishment of an AED 88 program.

89 The Department of Elementary and Secondary Education shall report to the General
90 Court on the success of this initiative in establishing Medical Emergency Response Plans in local
91 school districts 180 days after the implementation of this act.