

# Medical Emergency Readiness



**Get your campus Med-E Ready!**

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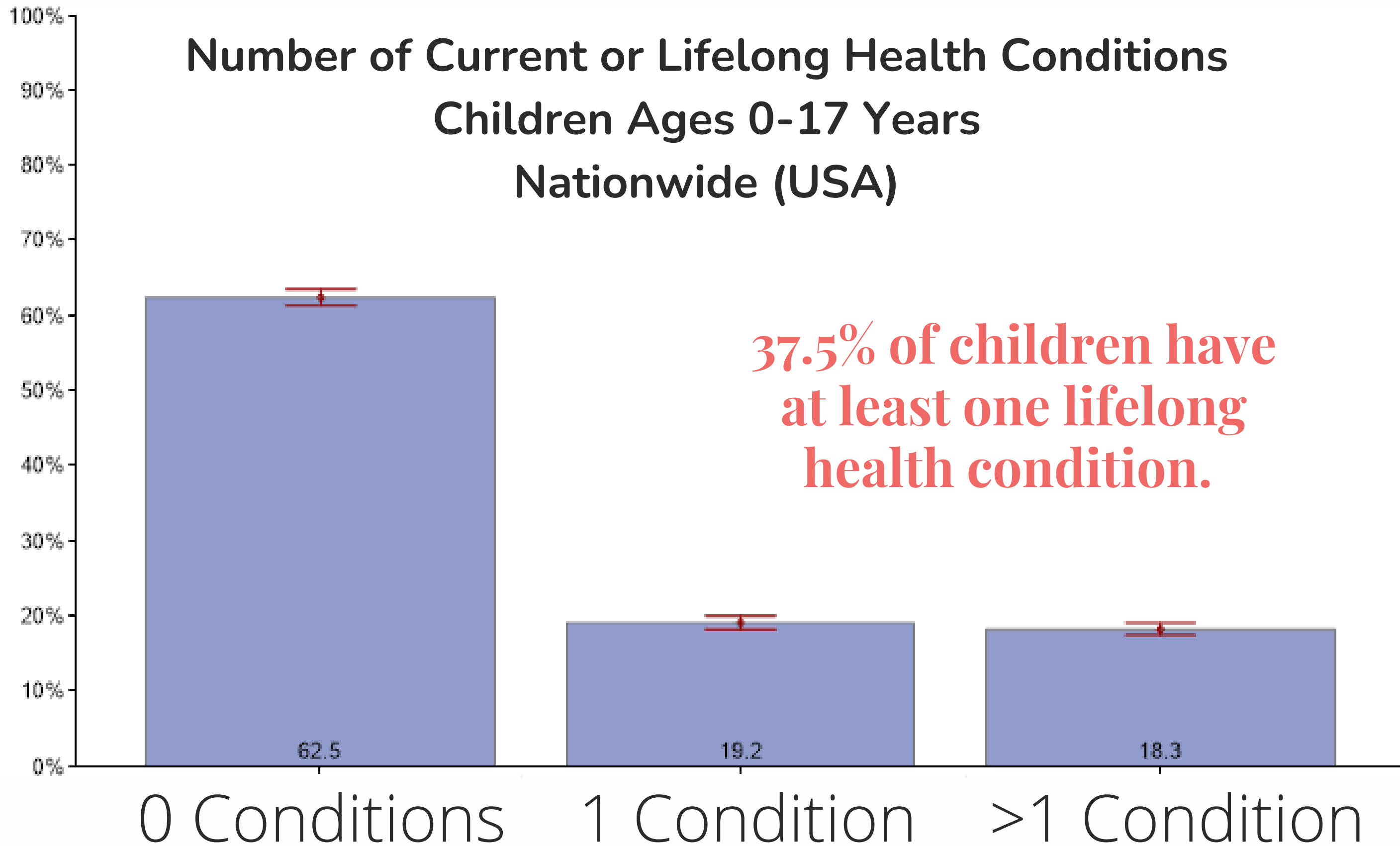
**Before we begin, scan me!**



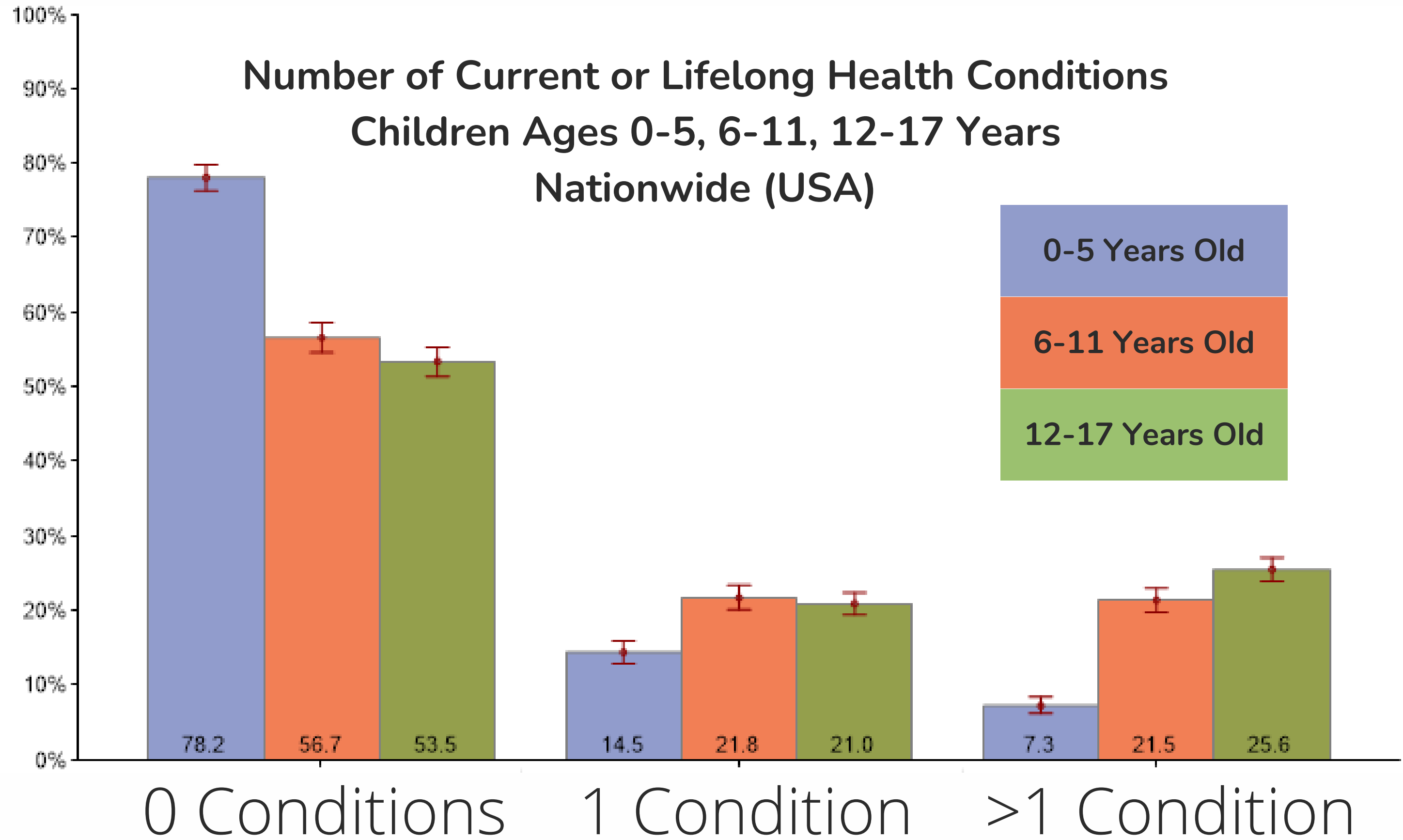
# DISCLOSURES

**Presenters have no relevant disclosures.**

# Number of Current or Lifelong Health Conditions Children Ages 0-17 Years Nationwide (USA)

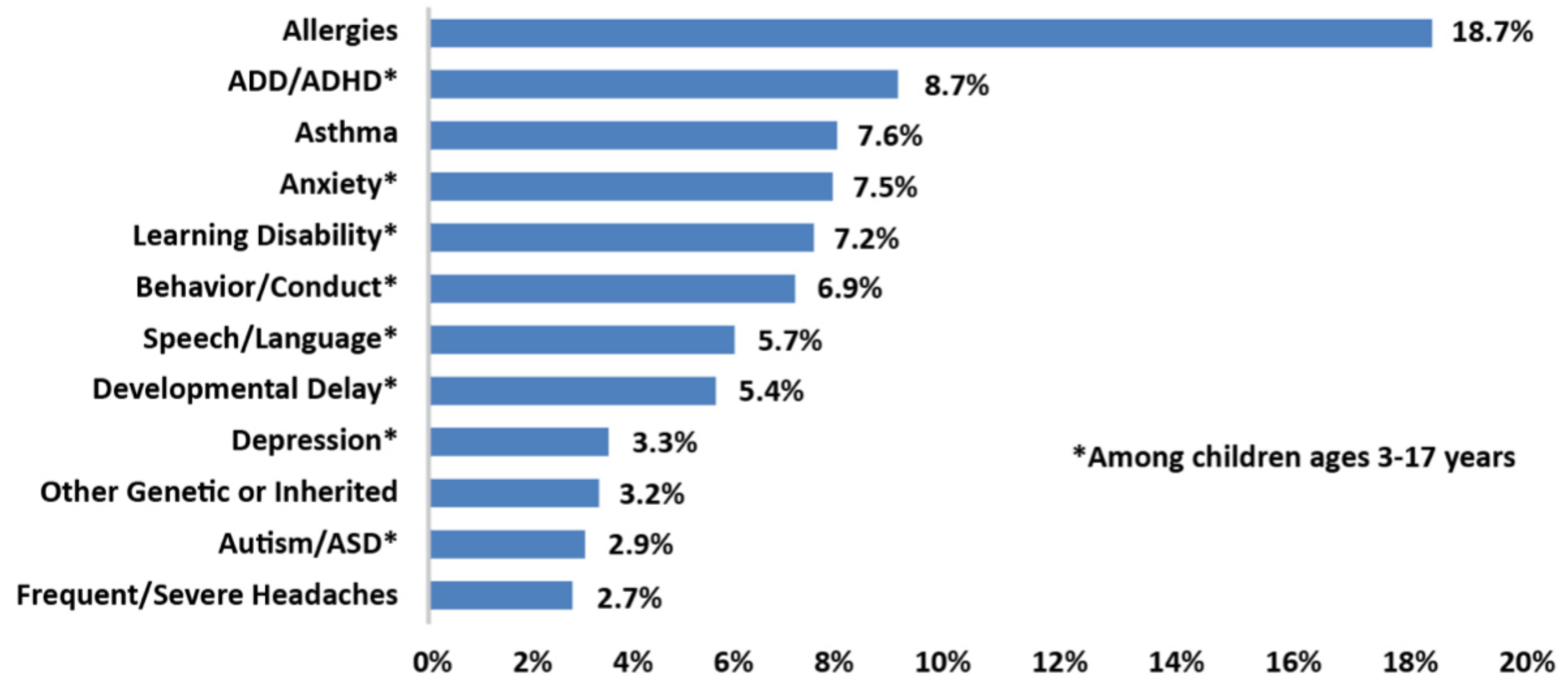


# Number of Current or Lifelong Health Conditions Children Ages 0-5, 6-11, 12-17 Years Nationwide (USA)





## Prevalence of Current or Lifelong Health Conditions among Children ages 0-17, 2017-2018



Note: Conditions with prevalence rates near or below 1% are not presented here. These conditions include Blood Disorders, Intellectual Disability, Heart Condition, Epilepsy/Seizure, Brain/Head Injury, Diabetes, Arthritis, Cerebral Palsy, Cystic Fibrosis, Down Syndrome, and Tourette Syndrome.




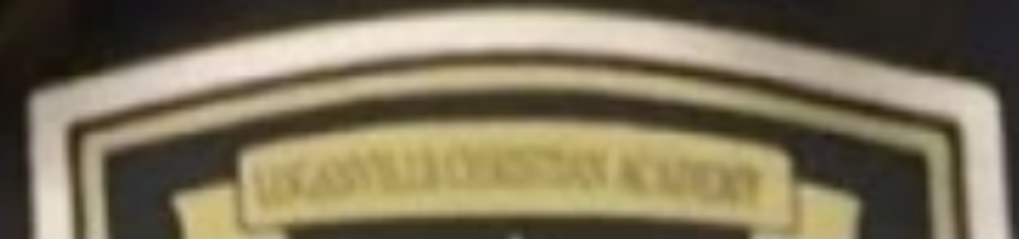
Teen Who Suffered Heart Attack During Volleyball Game Breaks Her Silence



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Schools should be  
prepared for medical  
emergencies.





# OBJECTIVES

*After today's session, you will be able to...*

- 1. Identify and interpret medically relevant legislation that pertains to Louisiana schools.**
- 2. Identify gaps in your school's current medical emergency response plan.**
- 3. Create an evidence-based, school-specific, medical emergency response plan and team.**



# EXISTING LEGISLATION

## RS 17:436.1

- Medication administration in schools
- Stock epinephrine in schools
- Stock naloxone in school

## RS 17.440.2

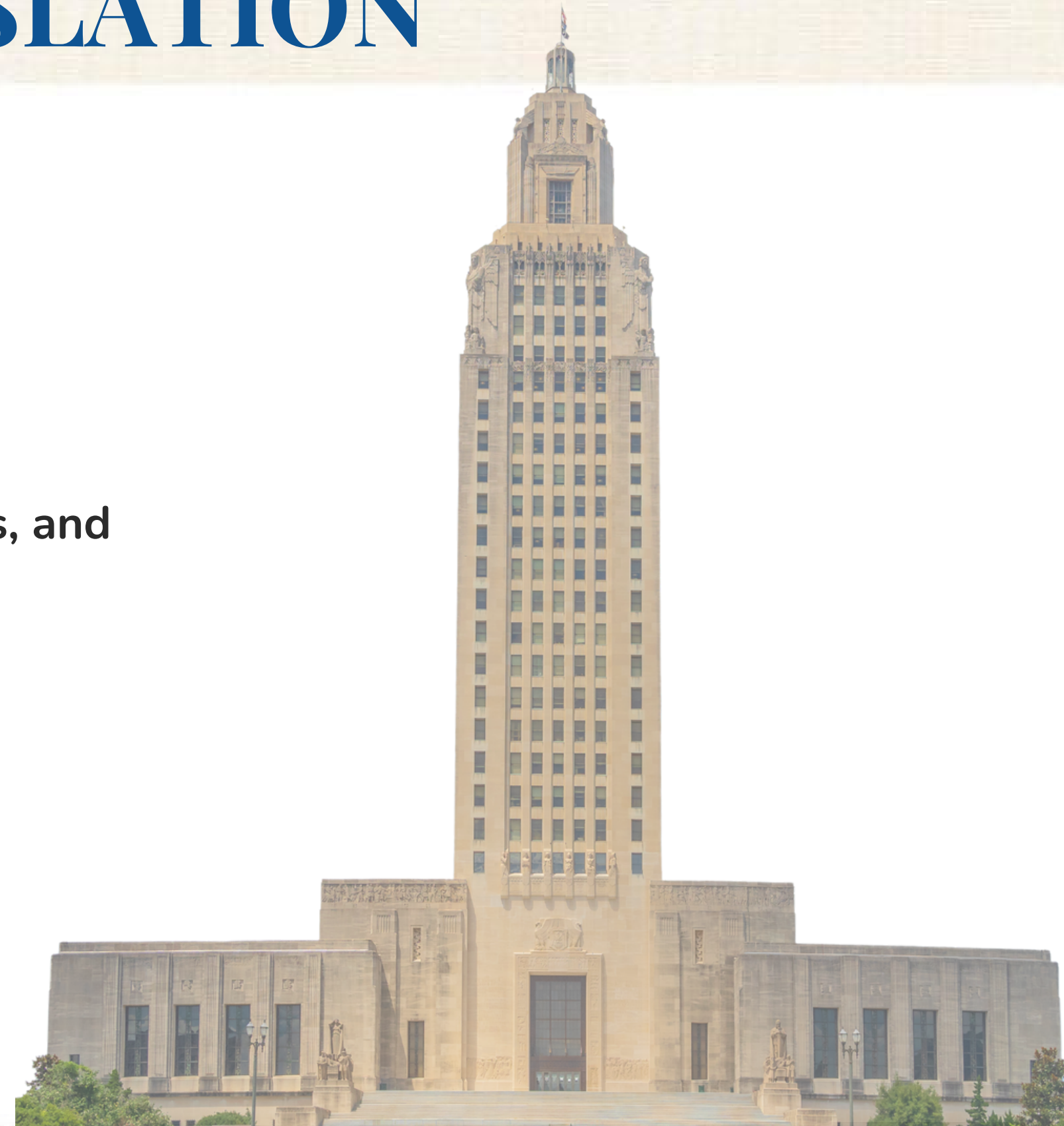
- Sudden cardiac arrest education for school nurses, coaches, and other athletic staff

## RS 17.81

- CPR as a graduation requirement
- School *may* require a coach to be CPR-certified

## RS 40:1137.3

- High schools should have AED's if funding is available



## Key Sections of RS 17:436.1

### Section J

"...each public elementary and secondary school shall **permit the self-administration of medications by a student** with asthma or the use of auto-injectable epinephrine by a student at risk of anaphylaxis..." pending parent-provided documentation.

### Section K

"...each public elementary and secondary school shall adopt a policy authorizing a school nurse or trained school employee to **administer auto-injectable epinephrine...** to a student who the school nurse or trained school employee, in good faith, professionally believes is having an anaphylactic reaction, **whether or not such student has a prescription for epinephrine.**"

"Each public elementary and secondary school may **maintain a supply of auto-injectable epinephrine...**"

### Section M

"...each public and nonpublic elementary and secondary school may adopt a policy that authorizes a school to maintain a **supply of naloxone** or other opioid antagonists and authorizes a school nurse or other school employee to **administer naloxone or another opioid antagonist to any student or other person on school grounds in the event of an actual or perceived opioid emergency.**"



## Key Sections of RS 17:440

### 440.2

"A. Each public school nurse, coach, athletic trainer, and athletic director, whether employed or serving as a volunteer, shall complete annually a sudden cardiac arrest education program developed by the state Department of Education.

B.(1) In developing the program, the department may use materials and resources created and offered free of charge by nonprofit organizations with missions related to cardiac health."





## Key Sections of RS 17:81

### Section X

"...each public school that enrolls students in grades nine through twelve shall provide **instruction relative to cardiopulmonary resuscitation and the use of an automated external defibrillator**. Such instruction shall be integrated into the curriculum of an existing course, such as health education, physical education, or another **course that is required for graduation** and deemed appropriate by the school governing authority..."

### Section AA

The governing authority of each public school *may* **require that at least one member of the coaching staff** for each extracurricular sport offered by the school is **certified in cardiopulmonary resuscitation**, first aid, and the use of an automated external defibrillator.

## Key Sections of RS 40:1137.3.



### **Section E**

- (1) Any institution of higher education that competes in intercollegiate athletics shall have an AED on its premises in its athletic department.
- (2) **Each high school shall have an AED on its premises, if funding is available, subject to appropriation.** Each high school shall have the authority to accept donations of AEDs or funds to acquire AEDs.

# LEGISLATION BEING DISCUSSED

## SB 12

- AEDs required in all elementary, middle, and high schools
- AEDs at all school athletic events with a trained user present

## SB 207

- School Safety Act of 2023
- Requires school crisis plan to be created and submitted to state
- Stop the Bleed kits to be maintained on campus with staff trained for traumatic injuries



## SB 12

**SB 12: Requires an automated external defibrillator on the premises of all educational institutions and at sponsored athletic events.**

E. (1)(a) Each postsecondary education institution of higher education that competes in intercollegiate athletics shall have an AED on its premises in an easily accessible location within its athletic department.

(b) Any postsecondary education institution that sponsors an intercollegiate athletic event shall have an AED and a trained AED user at the event.

(2)(a) **Each elementary, middle, and high school shall have an AED on its premises** in an easily accessible location. Each high school shall have the authority to accept donations of AEDs or funds to acquire AEDs.

(b) Any elementary, middle, or high school that sponsors an interscholastic athletic event shall have an AED and a trained AED user at the event.





# SB 207

## SB 207:

".....(2)(a) **Bleeding control kits shall be placed in easily accessible locations** in each school. (b) The principal **shall designate employees to be trained in the proper use** of a bleeding control kit and in traumatic injury response.

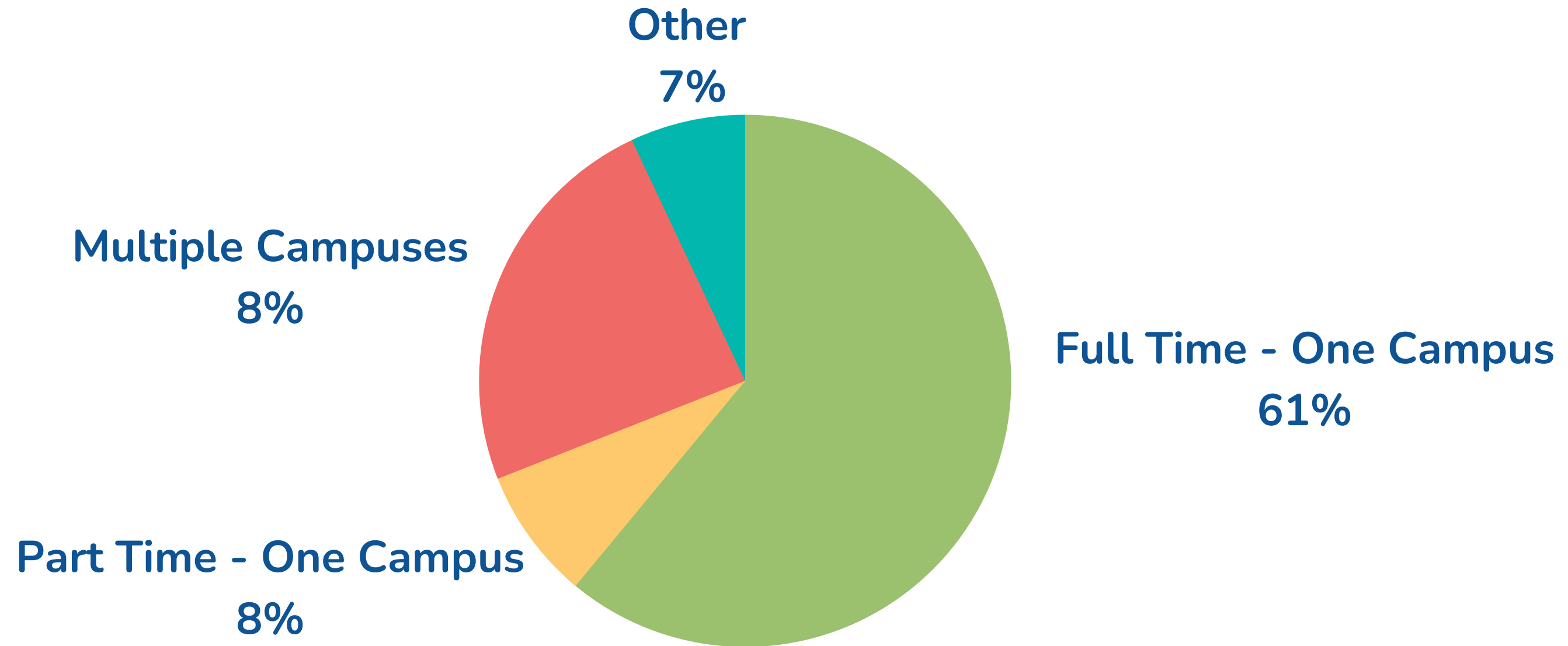
(c) The provisions of this Paragraph shall be subject to the appropriation of funds by the legislature."

"...I.(1) The state Department of Education shall review national awareness campaigns relative to the response to traumatic injuries and develop and offer annual training, or provide updated links to training, on the response to traumatic injuries and the proper use of a bleeding control kit. (2) The State Board of Elementary and Secondary Education shall **develop rules relative to bleeding control kits that specify the minimum items to be included in a kit, when a kit shall be inspected and restocked, and how often designated employees shall be trained.**"



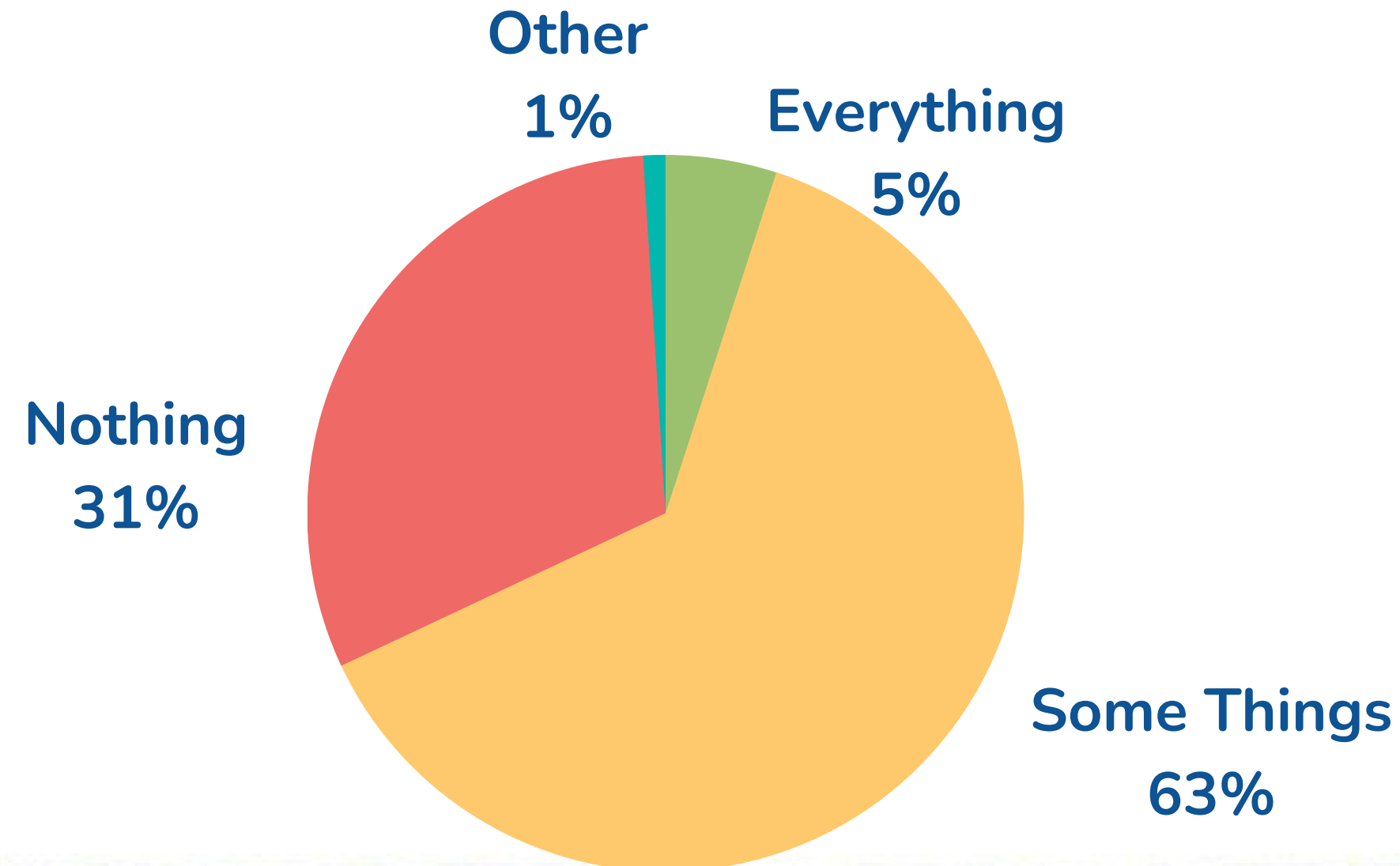
# When we asked Louisiana school nurses about being prepared for medical emergencies, this is what they said:

"What does your school's nursing coverage look like?"



## More from Louisiana's School Nurses

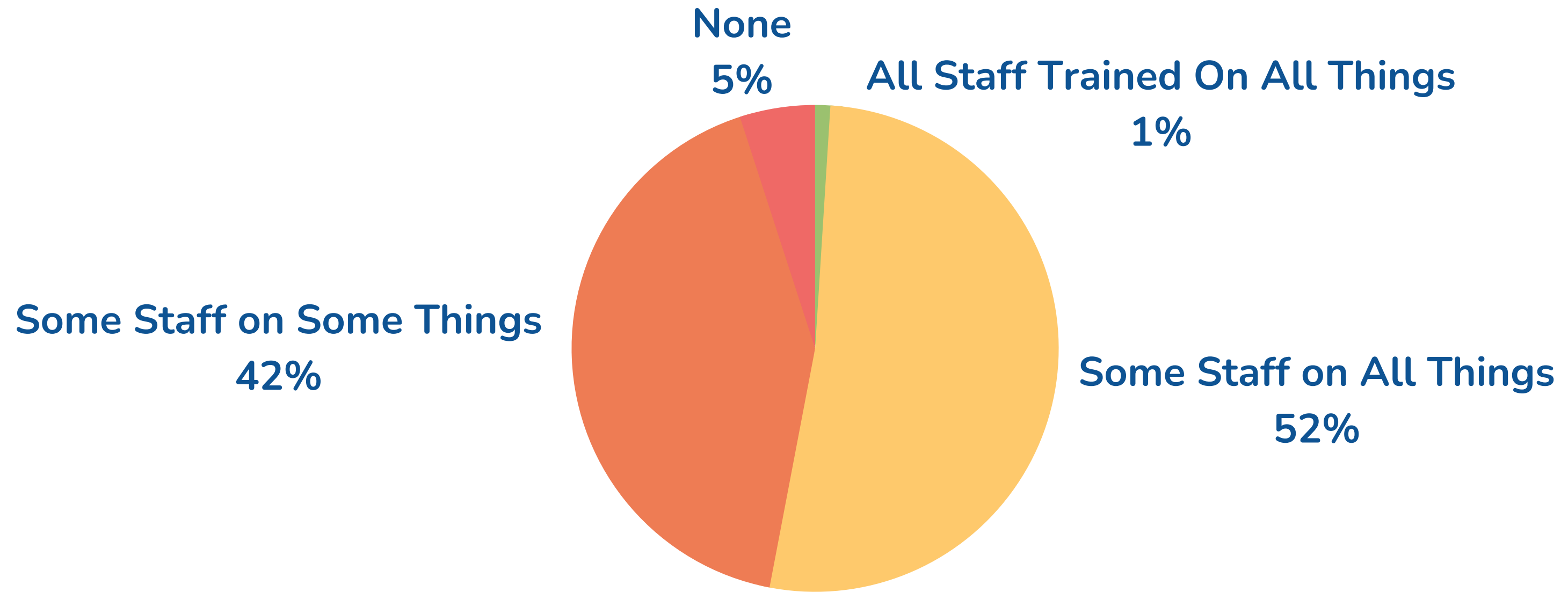
"Does your school have adequate stock medications and devices? "Stock" medications include epinephrine auto-injectors, albuterol, and naloxone specifically designated for your school. An adequate number of automated external defibrillators (AEDs) is defined as AEDs strategically located so that one is within 2 minutes of a cardiac emergency."





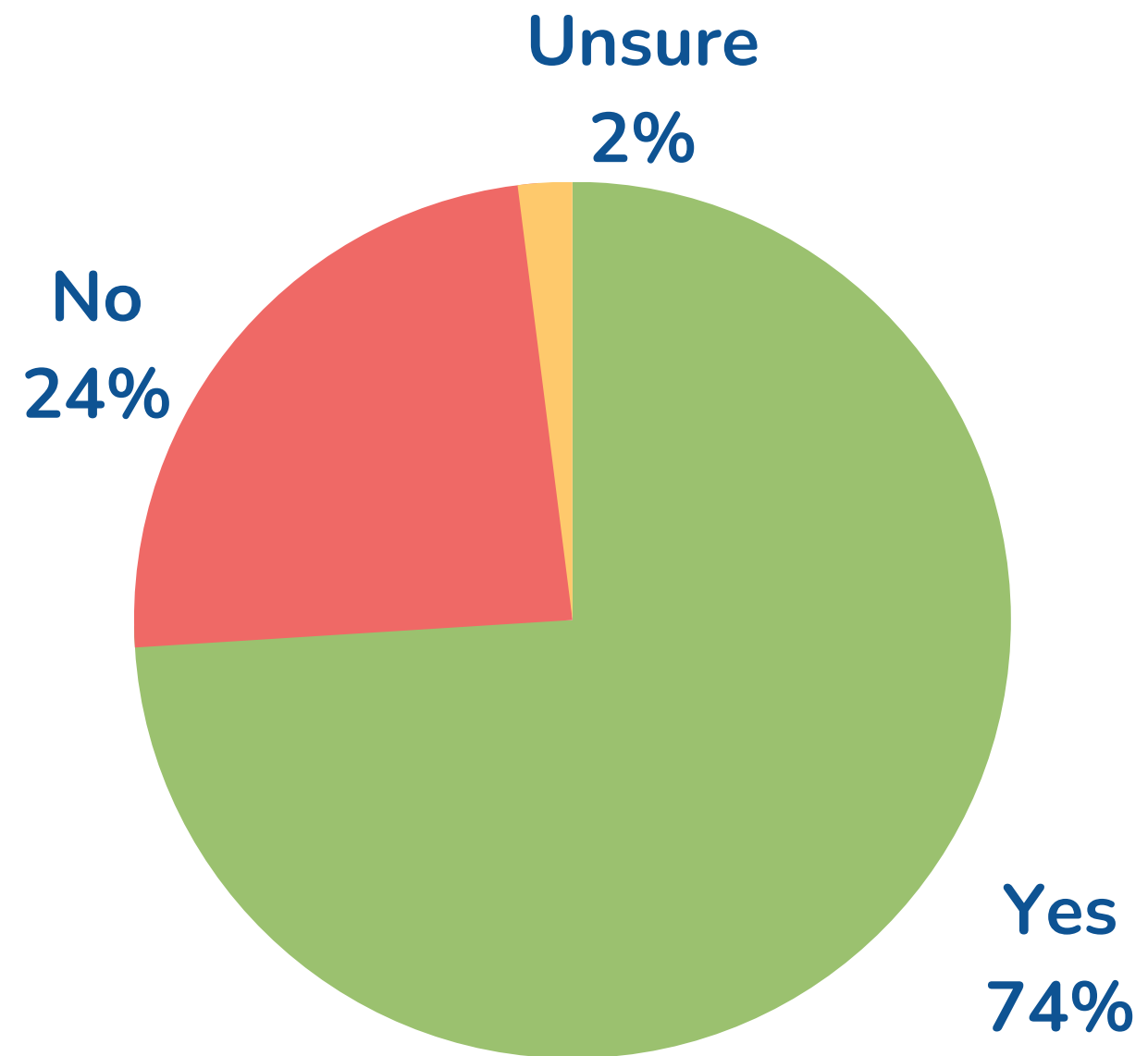
# More from Louisiana's School Nurses

"Besides yourself, are other staff members trained on emergency medications and devices? "

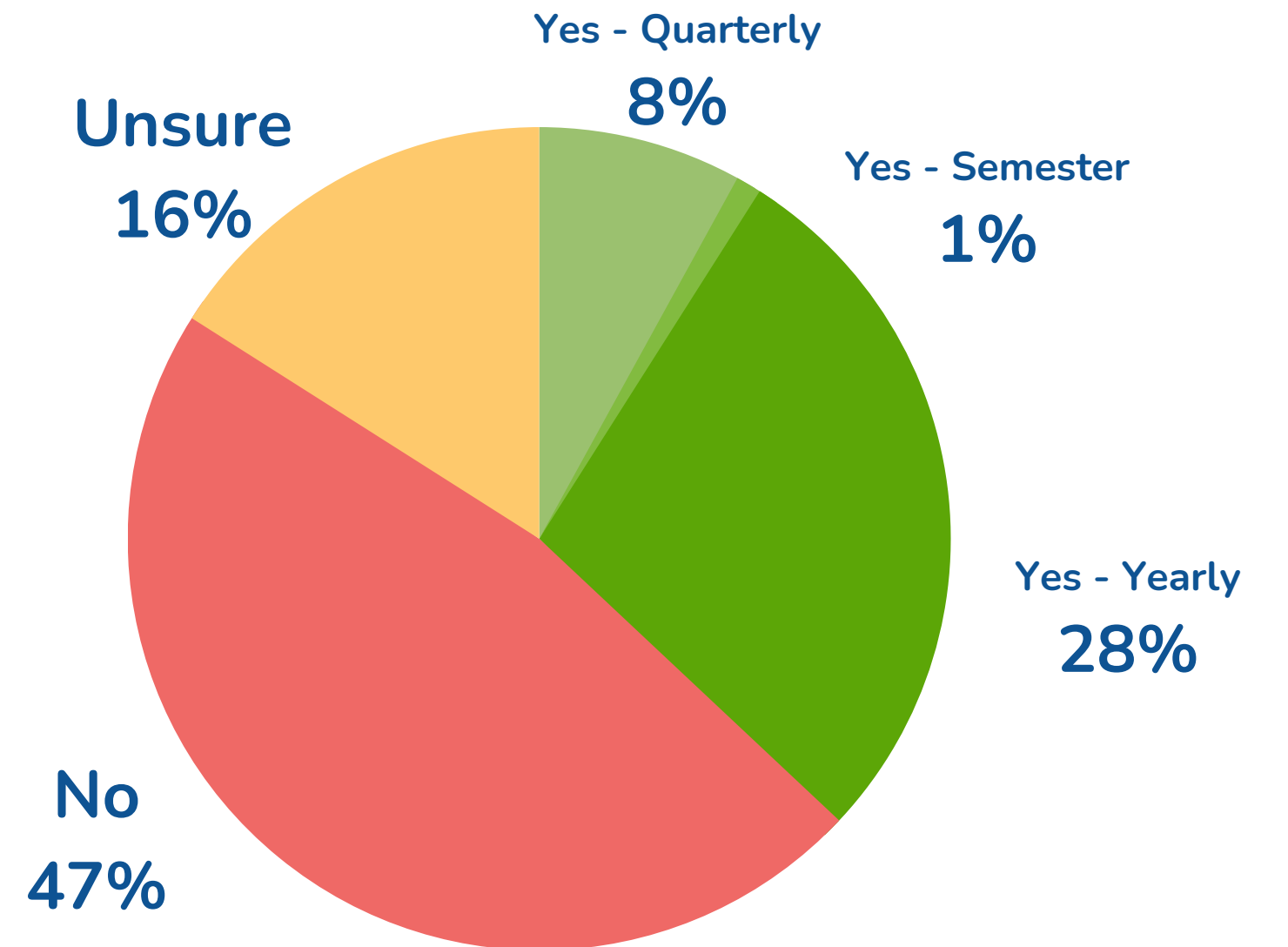


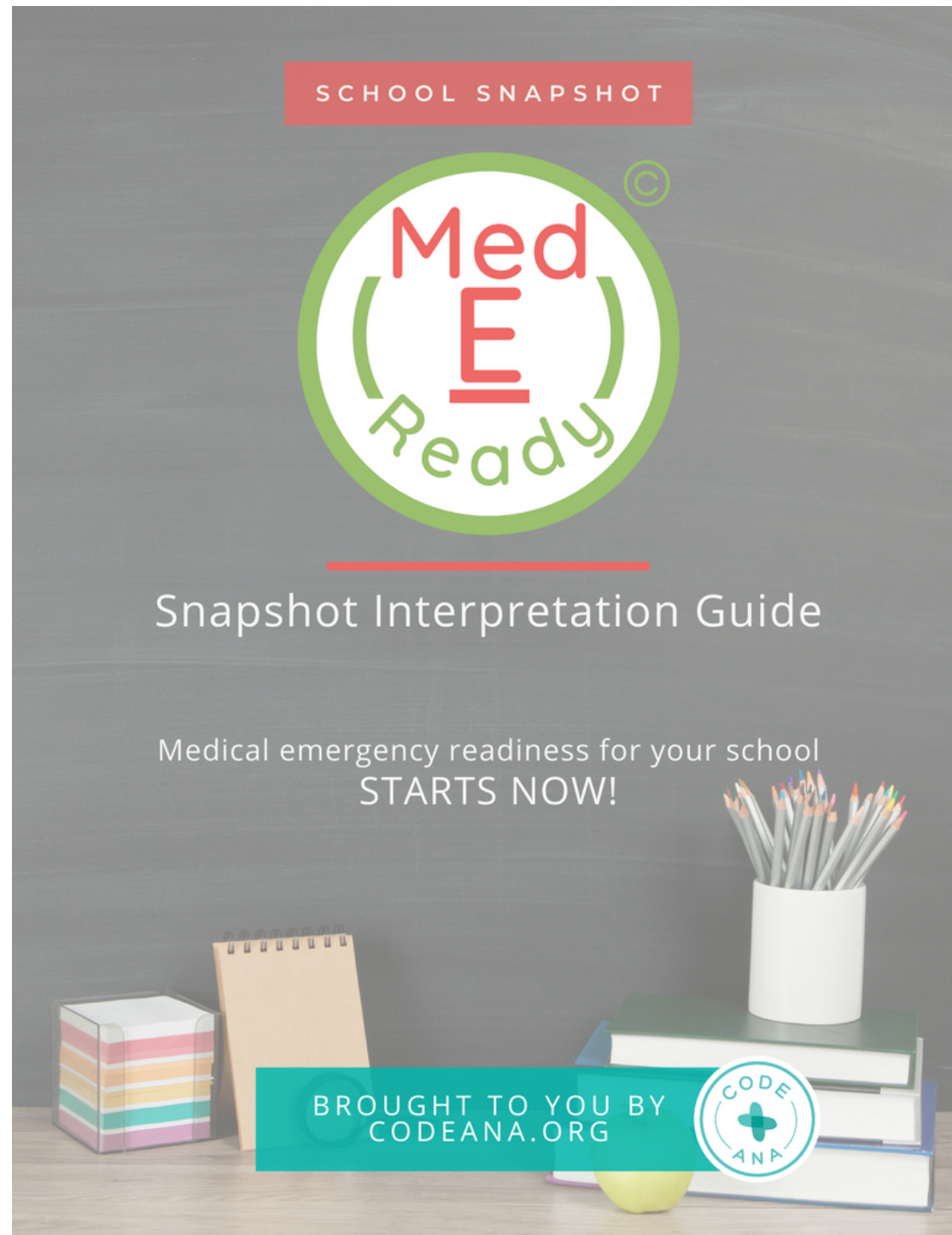
# More from Louisiana's School Nurses

"Does your school have a medical emergency response plan/protocol?"



**We asked those with plans:**  
"Does your school practice its medical emergency response plan?"





**How can you efficiently and effectively begin to identify gaps in your school's medical readiness?**

## **The Med-E Ready Snapshot**

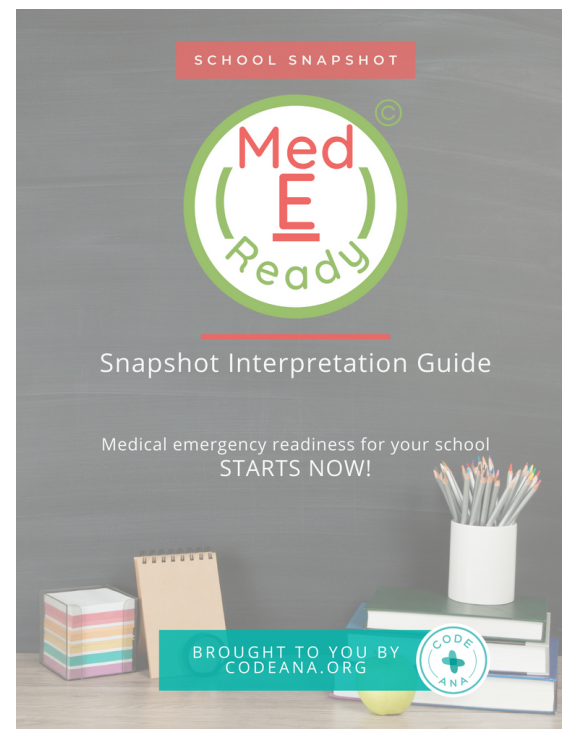
- **Assessment tool with an interpretation guide**
- **5 questions, each worth 0-2 points**
- **Max score 10**

## Sample Med-E Ready Snapshot Results

Question	Response (point value)	Score
1) Does our school have a school nurse?	Yes, we have a full-time school nurse. (2) Partial yes: we have a part-time school nurse. (1) No, we have no school nurse. (0)	1
2) Excluding a full-time school nurse, are school personnel trained on how to prevent and recognize medical emergencies and then respond with necessary medications and devices?	Yes, all staff are trained on all medications and devices. (2) Partial yes, some staff are trained on medications and devices. (1) No, only our full-time school nurse is trained. (1) No, no one is trained, and we have no full-time school nurse. (0)	1
3) Does our school have adequate stock medications and devices (including epinephrine auto-injector, albuterol, naloxone, AEDs)?	Yes, we have all stock medications and an adequate number of AEDs. (2) Partial yes, we have some of these things. (1) No, we have none of these things. (0)	1
4) Does our school have a medical emergency prevention and response plan with a response team?	Yes, we have a plan and a team. (2) Partial yes, we have either a medical emergency prevention and response plan or a crisis team but not both. (1) No, we don't have any of these things. (0)	1
5) Does our school practice responding to medical emergencies?	Yes, we practice quarterly. (2) Yes, we practice at least once per year but less than quarterly. (1) No, we don't regularly practice responding to medical emergencies. (0)	0
Total Score (Max = 10)	4	



# A Closer Look at Specific Medical Conditions that Impact Your Schools



#2: Excluding a full-time school nurse, are school **personnel trained** on how to prevent and recognize medical emergencies and then respond with necessary medications and devices?

#3: Does our school have **adequate stock medications and devices** (including epinephrine auto-injector, albuterol, naloxone, AEDs)?

Relevant LA Code: 17:436.1, 17:440, SB 12, SB 207

Allergic disorders can result in at-school medical emergencies.

School staff must be trained to recognize and respond to such emergencies.

# What are the challenges faced by schools regarding allergy emergencies?

## Methods

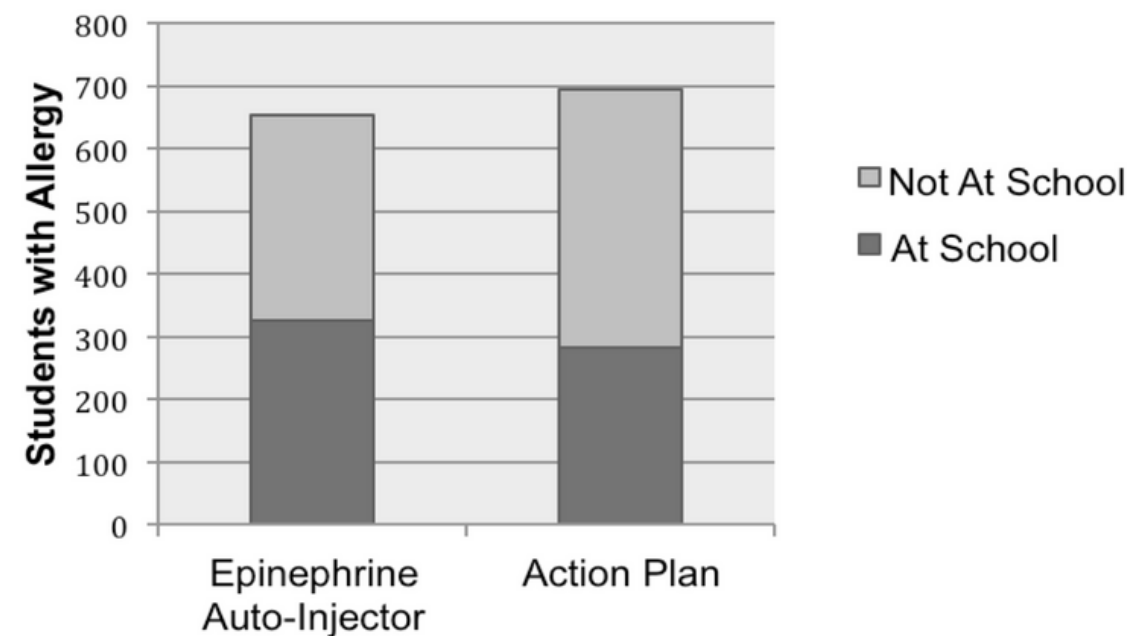
De-identified data was collected from school nurses, representing 31 schools, in Virginia during 2017. School nurses obtained data from school health forms.

## Results

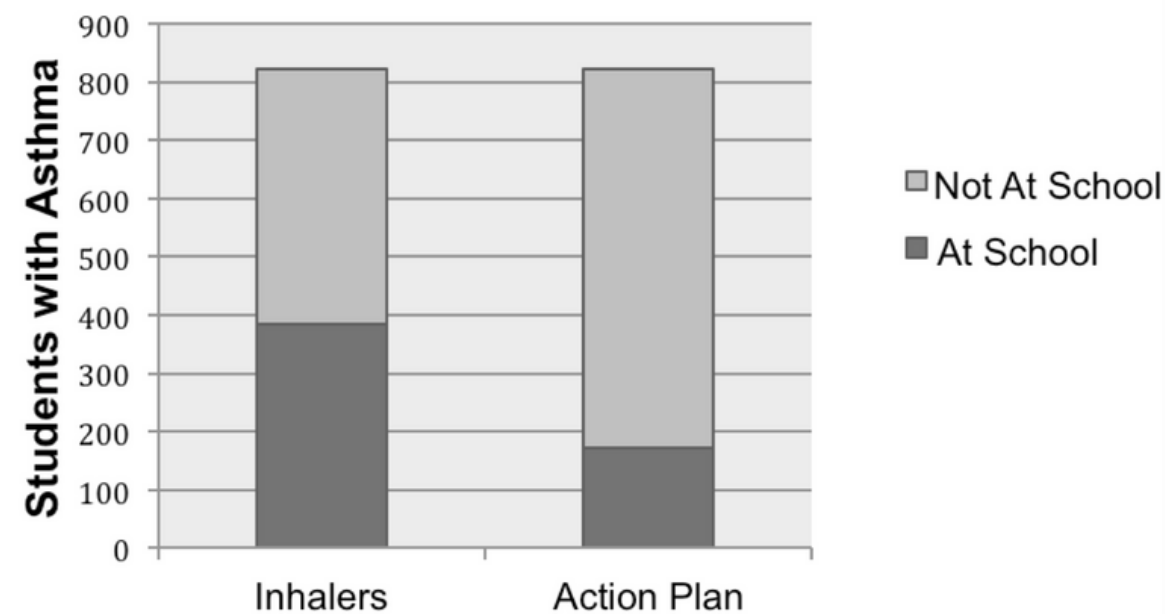
Schools (n): 31. Districts (n): 2. Students (n): 15,019. Grades: Kindergarten through 12.

- **Food Allergy Prevalence: ~4%**
- **Asthma Prevalence: ~5%**

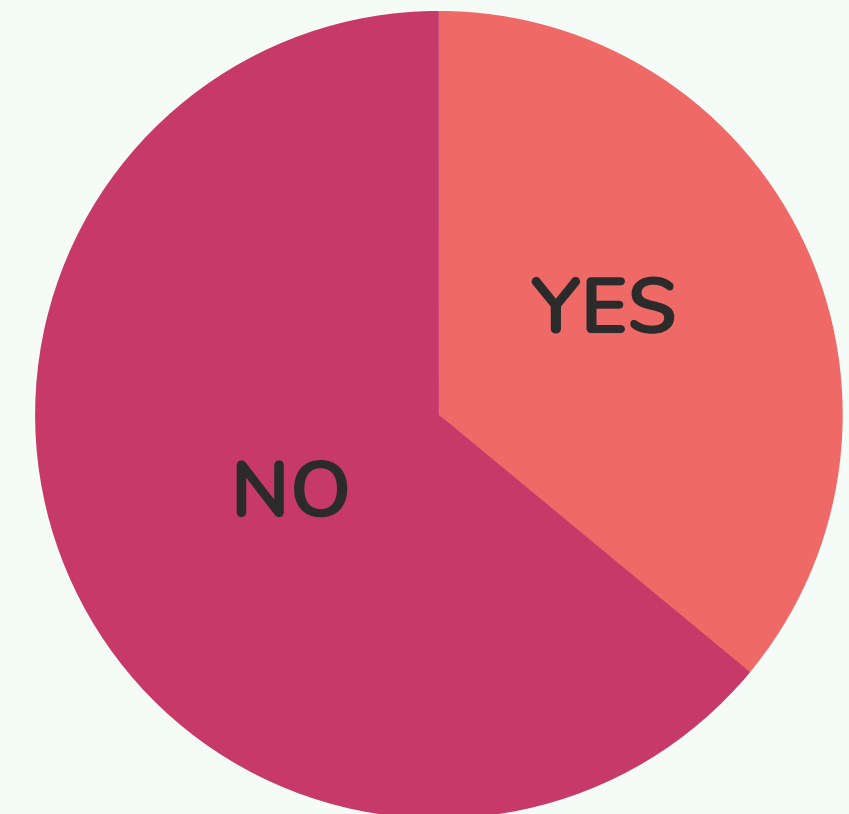
### Students Prepared for Allergic Reactions with Epinephrine Auto-Injectors and Anaphylaxis Action Plans at School



### Students Prepared for Asthma Exacerbations with Inhalers and Asthma Action Plans at School



### School-Wide Medical Emergency Response Plan?





Complete this checklist to get your school  
EpiReady Certified!

- School staff completes "Food Allergy for Educators"
  - Time Commitment ~30 minutes
  - Minimum 80% of staff participate
  - Group session of online program facilitated by school nurse or individually completed by staff
- School hosts "Food Allergy in Schools for Students"
  - Time Commitment ~30 minutes
  - Minimum 80% of students participate
  - Group sessions of online program facilitated by school nurse or other teacher
- School hosts "Code Ana's Stock Epi Workshop"
  - Time Commitment ~45 minutes
  - Minimum 10 staff participate
  - Group session facilitated by school nurse - online program usage optional
- School obtains stock epinephrine
  - Prescription and standing order protocol provided by Dr. Alice Hoyt

Questions? Reach out!  
[sarahjane@codeana.org](mailto:sarahjane@codeana.org)



## How can Code Ana help you get prepared?

**Code Ana's EpiReady Program equips schools to prevent and be prepared for anaphylaxis.**

- Food Allergy Education for Staff and Students
- Stock Epinephrine Training for Staff
- Stock Epinephrine Prescriptions and Acquisition Assistance



# CURRENT CHALLENGES IN SCHOOLS

A gap in one area typically unearths gaps in other areas of preparedness.

<u>Problem Layer</u>	<u>Problem</u>
<b>External</b>	"Our school doesn't know how to use an EpiPen."
<b>Internal</b>	"Our school is unprepared for a medical emergency."
<b>Philosophical</b>	"All children should be safe at school."

The ultimate villain of the story is the medical emergency itself.

# OBJECTIVES

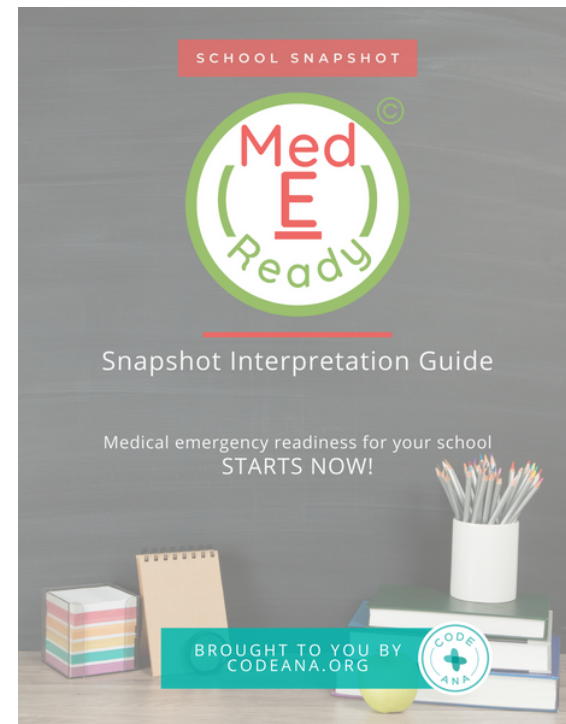
**After today's session, you will be able to...**

1. Identify and interpret medically relevant legislation that pertains to Louisiana schools.
2. Identify gaps in your school's current medical emergency response plan.
3. **Create an evidence-based, school-specific, medical emergency response plan and team.**





# What does a medical emergency response plan look like?



**#4: Does our school have a medical emergency prevention and response plan with a response team?**

**#5: Does our school practice responding to medical emergencies?**

**Relevant LA Code: 17:436.1, 17:440, SB 12, SB 207**

FEMA recommends schools have a  
“Public Health, *Medical*, and Mental Health Annex”

Considerations include:

- Staff roles in medical management (CPR, first aid...)
- Management, use, and location(s) of medical supplies



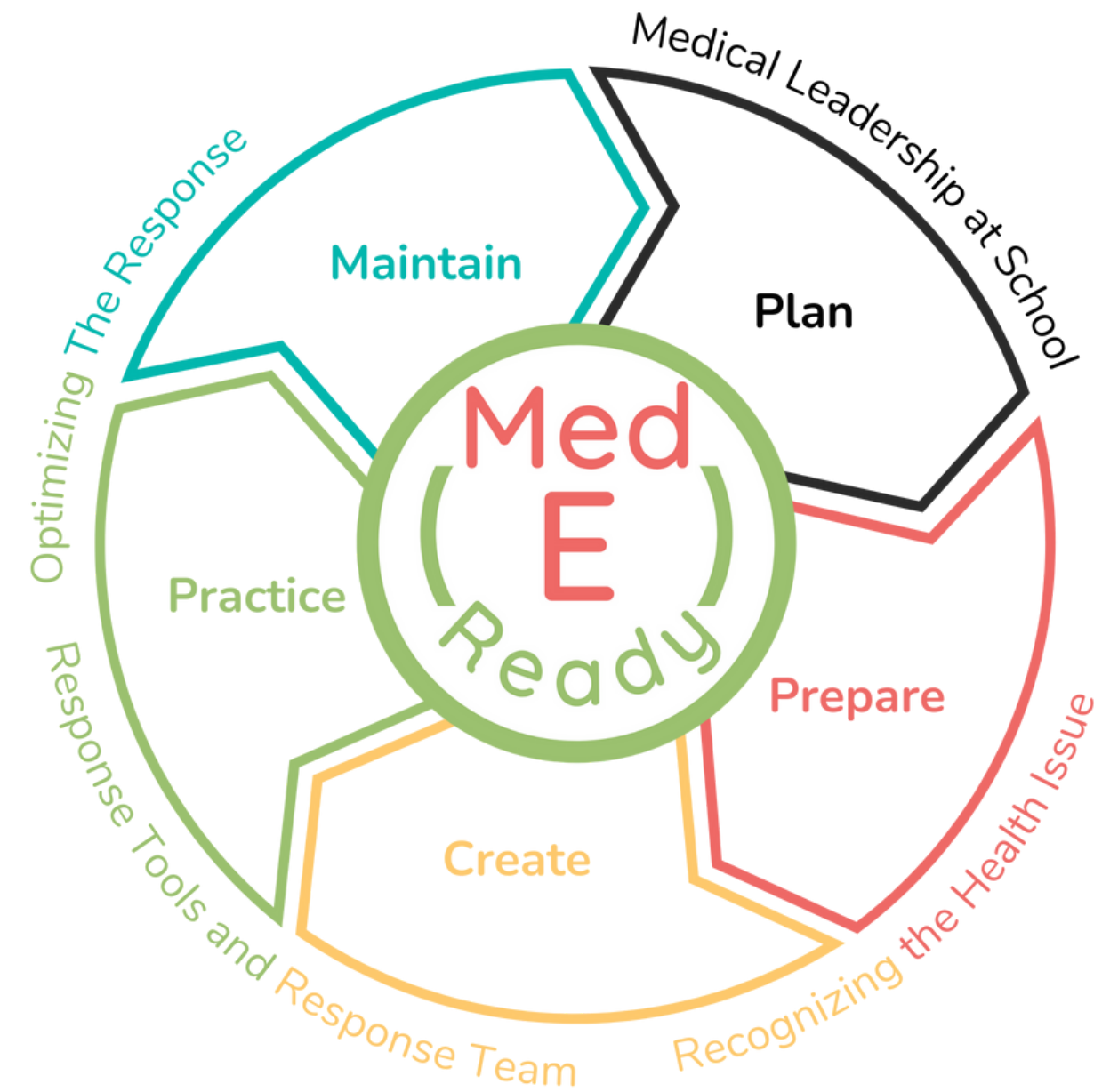
# FEMA

Described in FEMA’s Guide for Developing High-Quality School Emergency Operations Plans.

# ADDRESS THE INTERNAL PROBLEM WITH CODE ANA'S MED-E READY PROGRAM

Upon program completion, each school has:

1. Identified and strategized solutions to **school-specific gaps** in medical emergency readiness.
2. Developed and practiced its medical emergency **response plan** with its medical emergency **response team**.
3. Implemented maintenance measures to continue identifying and achieving **continued preparedness goals**.





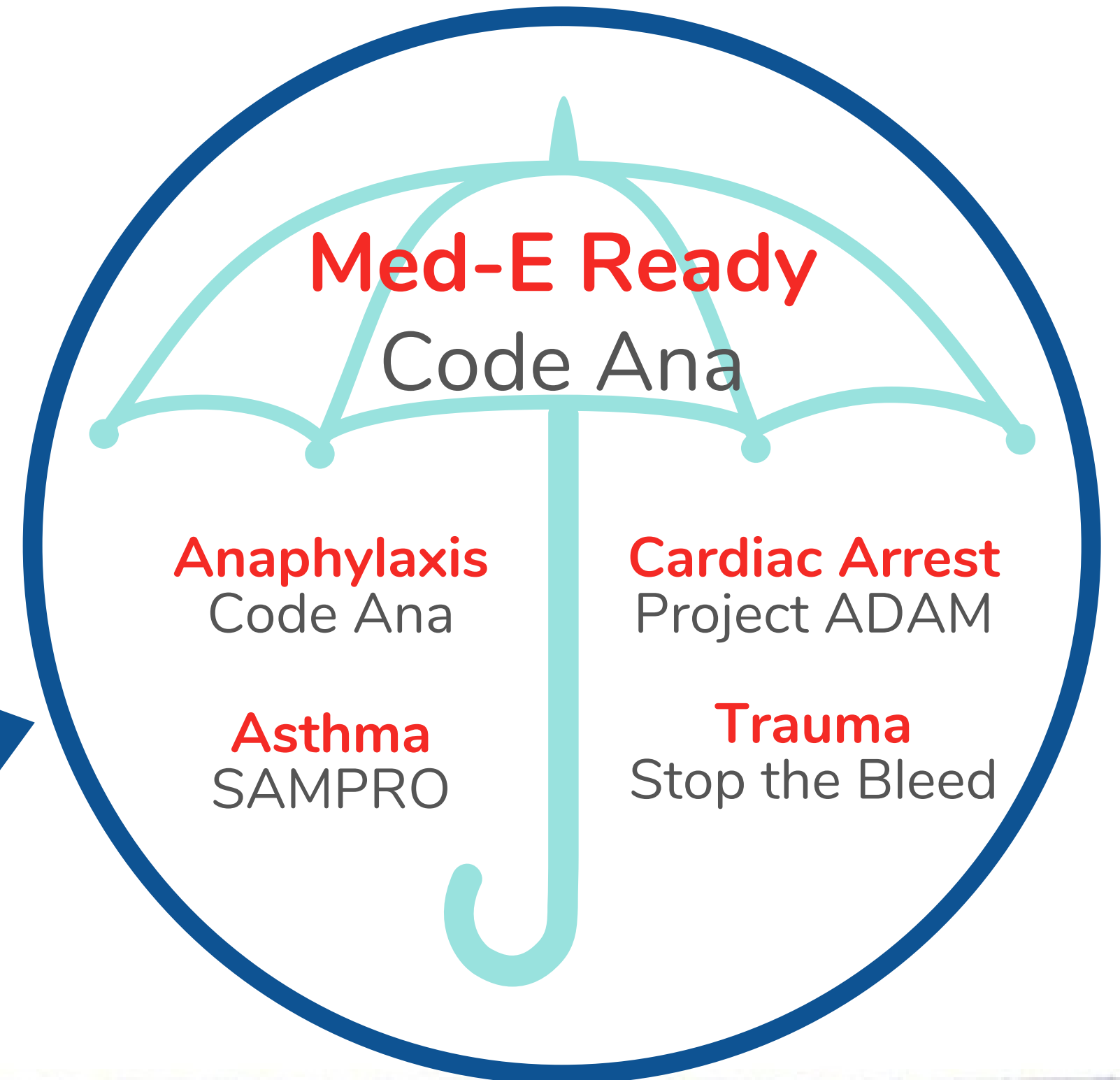
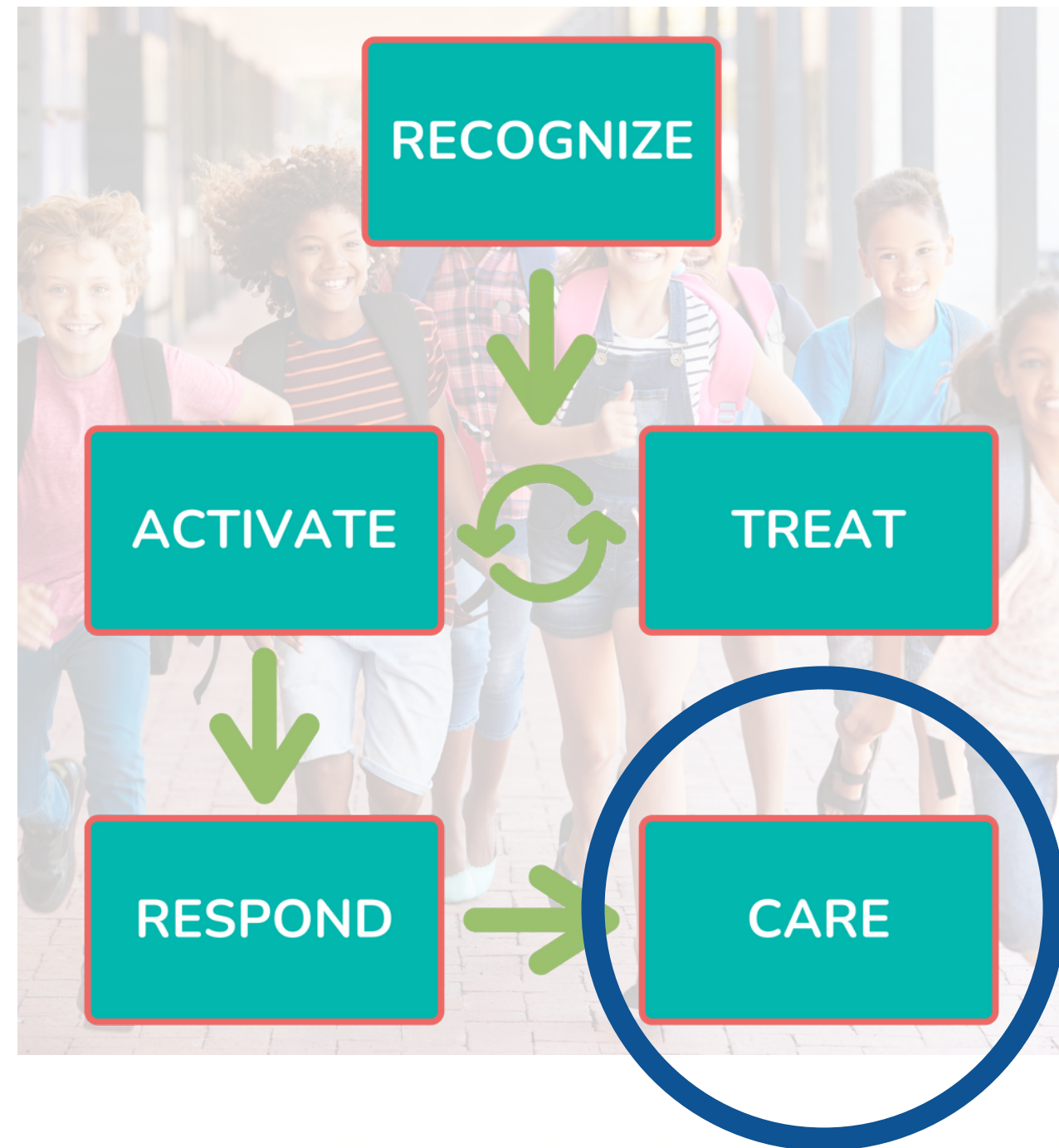
**Med-E Ready guides your school to be ready for any medical emergency.**

**Code Ana's Med-E Ready Program gives your school a very practical, tactical plan.**

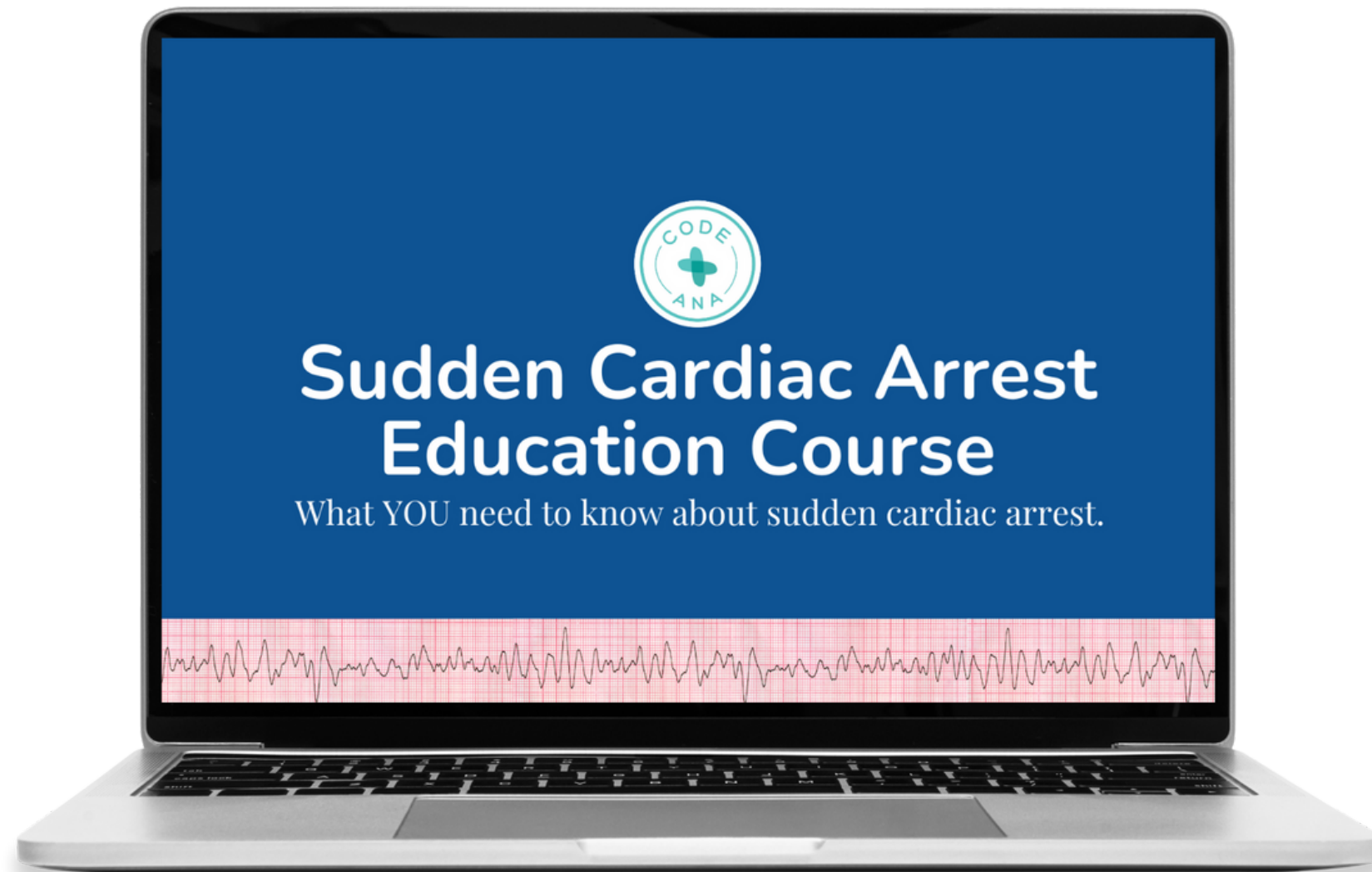
- Based on hospital, evidence-based emergency response practices
- Adapted to meet the needs and cultures of local schools



# Med-E Ready incorporates emergency-specific medical education.



# Spotlight on Sudden Cardiac Arrest (SCA)



## Online, self-paced course

- Developed with pediatric electrophysiologist Dr. Walter Hoyt
- Includes SCA education that answers:
  - What is SCA?
  - Who is at risk of SCA?
  - How do you recognize and respond to SCA?
  - How can your school be prepared for SCA?
- Meets criteria of RS:17.440



# Being prepared for medical emergencies makes for a safer school.

- Medical emergencies are the most common type of emergency on school campuses.
- Good outcomes come from practiced plans!
- Trained staff recognizing emergencies quickly leads to good outcomes.
- The communication needed during other emergencies is the same communication needed during medical emergencies.







# OBJECTIVES

**You are now able to:**

- 1. Identify and interpret medically relevant legislation that pertains to Louisiana schools.**
- 2. Identify gaps in your school's current medical emergency response plan.**
- 3. Create an evidence-based, school-specific, medical emergency response plan and team.**



# Thank you to LDOE and our collaborators, partners, and supporters!

## Code Ana Team

Sarah Jane Lowery, Program Director  
Alexis Menasco MSHCM, Projects Specialist  
Ruchi Shah MD, Volunteer Allergist

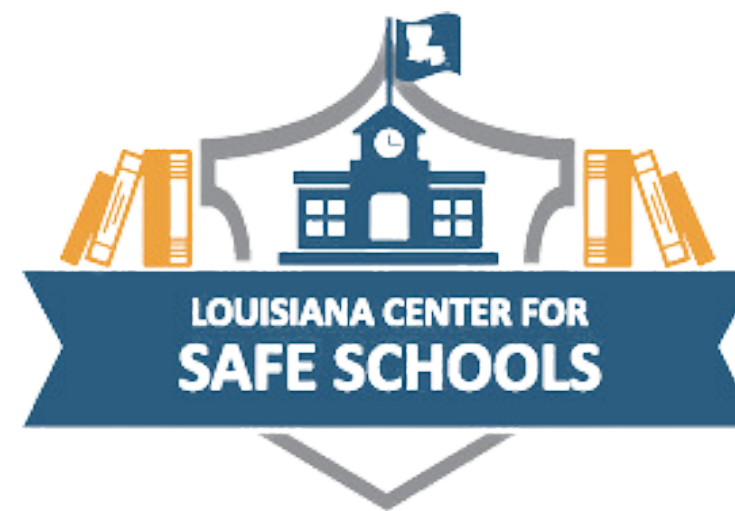
## Teal Schoolhouse

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Pamela Lestage MBA  
Jesse Persily MD

## Hoyt Institute of Food Allergy

Alexis Menasco MSHCM

*Proverbs 31:10-31*



Cleveland Clinic

Ochsner Health

 Believes





# SCAN THE QR CODE FOR ALL OF OUR SOURCES AND COURSES

## Sources

Current Legislation  
In Progress Legislation  
FEMA Recommendations



## Courses

Med-E Ready  
EpiReady  
SCA Course

GET IN CONTACT FOR HOW WE CAN HELP YOU!