



**DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VIRGINIA 22203-1635**

Education Division

DoDEA Regulation 2720.1

Date: **SEP -8 2003**

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
FIRST AID AND EMERGENCY CARE**

SUBJECT: First Aid and Emergency Care

- Reference: (a) DS Regulation 2720.1 "First Aid and Emergency Care,"
February 13, 1978 (hereby cancelled)
(b) "Assessment of Pediatric Emergencies in School Settings." Third Edition,
September 1995
(c) DS Manual 2942.0, "School Health Services Guide," May 15, 1995
(d) DoD 1342.6-M "Administrative and Logistics Responsibilities for DoD
Dependents Schools," August 1995.

1. REISSUANCE AND PURPOSE:

The Regulation reissues reference (a) to up date the policy affecting first aid and emergency care in the Department of Defense Education Activity (DoDEA) schools. The provisions of this Regulation prescribe duties of school employees in responding to injuries sustained by DoDEA students, staff, or official visitors.

2. APPLICABILITY:

This Regulation applies to DoDEA permanent and temporary classroom teachers and other employees of the Department of Defense Dependents Schools (DoDDS) or Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS).

3. DEFINITIONS:

3.1. There are four categories of emergencies depending upon the amount of time which is allowed to elapse before intervention is necessary to save lives or prevent disability (reference (b)).



3.1.1. Emergent or life threatening-extreme emergencies requiring immediate intervention on-site and immediate ambulance service if death or serious disability is to be prevented.

3.1.2. Urgent-emergencies requiring immediate medical care with the victim being transported by ambulance as soon as possible, but not later than an hour.

3.1.3. Non-urgent-injuries or illnesses requiring medical consultation within 24 hours.

3.1.4. Injuries or illnesses-health problems where professional medical consultation may or may not be needed. School nurse assessment will determine the need for a medical referral. In some cases, the school nurse intervention may be sufficient.

3.2. Individual Health Care Plan (IHP) - a plan developed from the nursing process to address the actual or potential responses of a student to a health condition. Examples could include the following: medical disabilities, diabetes, allergies, seizure disorder, attention deficit disorder, bowel or bladder problems. The IHP may include an Emergency Care Plan to deal with a specific potential medical emergency such as anaphylaxis from severe allergic reactions, hypoglycemia with unconsciousness in a student with diabetes, or sustained seizures in a student with epilepsy.

4. POLICY:

4.1. That each Area Director will develop standard operating procedures (first aid and emergency care) for students and staff within the area schools.

4.2. That each DoDEA employee becomes familiar with the delivery of first aid in accordance with the guidelines contained in this Regulation.

4.3. That DoDEA staff administers first aid consistently with training offered under this Regulation and as prescribed in DS Manual 2942.0 (reference (c)).

4.4. That DoDEA offer Cardiopulmonary Resuscitation (CPR) and first aid training to school nurses, physical education teachers, coaches, administrators, and other designated staff members.

5. RESPONSIBILITIES:

5.1. The Director of DoDEA or the Principal Deputy Director of DoDEA shall:

5.1.1. Issue guidance to DoDEA Area Directors to supplement the policies and procedures for first aid and emergency care for students and staff as set forth in this Regulation.

5.2. The Deputy Directors, DoDDS-Europe, Pacific, and DDESS/Cuba shall:

5.2.1. Provide leadership and guidance to district offices in implementing area-wide standard operating procedures for first aid and emergency practices as outlined in the DoDEA Health Services Guide.

5.2.2. Monitor provision of first aid and emergency procedures in their respective areas of responsibility.

5.3. The Superintendent shall:

5.3.1. Provide leadership and guidance to school principals in implementing District-wide standard operating procedures for first aid and emergency care for students and staff as outlined in the DoDEA Health Services Guide.

5.3.2. Provide financial support for materials needed to certify staff in first aid and Cardiopulmonary Resuscitation (CPR).

5.3.3. Provide logistic support for medical supplies and transportation agreements with the Medical Treatment Facility (MTF).

5.4. The School Principal shall:

5.4.1. Oversee the maintenance of a safe school climate by promoting prevention and safety guidelines for all students, staff, and parents as outlined in the DoDEA Health Services Guide.

5.4.1.1. Provide the resources and training necessary to respond to emergency care in the school.

5.4.1.2. Inform staff, students, and parents of the standard operating procedures for first aid and emergency care at the beginning of each school year.

5.4.1.3. Coordinate prescribed first aid and emergency care procedures consistent with DoD Manual 1342.6 (reference (d)) with designated installation medical authority at the beginning of each school year.

5.4.2. Develop in consultation with the school nurse local operating procedures for comprehensive first aid and emergency care for school staff and students consistent with current DoDEA guidelines as outlined in Health Services Guide.

5.4.3. Designate one or more staff members who will coordinate emergency care requiring immediate intervention when the school nurse is unavailable. Ensure that designated staff members hold current certification in CPR and first aid.

5.4.4. Forward written reports on serious incidents to the appropriate Superintendent and the Area Director within 24 hours of medical emergency.

5.4.5. Ensure that assistant principals are currently certified in CPR and first aid.

5.4.6. Ensure that current student emergency contact information is maintained at the school.

5.5. The School Nurse shall:

5.5.1. Disseminate to all school staff copies of this Regulation and local operating guidelines for first aid and emergency care of students and staff as outlined in the DoDEA Health Services Guide.

5.5.2. Issue to all school staff first aid supplies for responding to emergency needs of ill or injured students or staff members.

5.5.3. Develop individual student health care plan as appropriate, within 30 days of enrollment each year in coordination with school personnel and parent/guardian as appropriate. Ensure appropriate notification and training of staff members who are responsible for the implementation of student's individual health care plan.

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5.5.5. Establish written procedures for responding to severe medical emergencies in the school in coordination with the school principal.

5.5.6. Coordinate transportation of students and/or staff members to supporting Medical Treatment Facility or local medical facility following the school(s)' established emergency procedures.

5.5.7. Contact sponsors and/or family members concerning the disposition of medical emergency.

5.5.8. Prepare written reports of school related student incidents and forward to the school principal the day of the injury so that DS Form 4801 is prepared within the time frame specified. The school nurse, or in his/her absence, the person in charge (such as a coach or sponsor of a field trip) shall assume responsibility in coordinating care and preparing reports according to the following guidelines:

5.5.8.1. Give immediate first aid.

5.5.8.2. Seek immediate medical referral.

5.5.8.3. Make provisions for transport to a medical facility.

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5.5.8.5. Alert medical facility of impending arrival and nature of the problem.

5.5.8.6. Notify parents.

5.5.8.7. Notify school administrator as quickly as possible.

5.5.8.8. Document measures taken and complete accident report (DS Form 4801).

5.6. School Staff shall:

5.6.1. Respond to emergencies as quickly and as efficiently as possible.

5.6.2. Use universal precautions in administering first aid to bleeding students.

6. STANDARD PROCEDURES:

6.1. At the beginning of each school year, the school nurse will provide all school personnel with first aid supplies and appropriate instructions.

6.2. The school nurse will normally develop an individual health care or emergency care plan annually as a preventive or responsive measure to a specific student health need. School nurses will provide classroom teachers with confidential medical information regarding specific health needs of students enrolled their class(es) on a “need to know” basis with permission from the parent.

6.3. Procedures to follow in emergency situations:

6.3.1. **EMERGENT OR LIFE-THREATENING EMERGENCY SITUATIONS THAT REQUIRE IMMEDIATE AMBULANCE SERVICE.** Parent or emergency contacts are to be notified. Examples could include the following: respiratory failure/airway obstruction; massive internal bleeding; cardiac arrest; severe (anaphylactic) allergic reaction to food, drugs or stinging insects; drowning; exposure to spinal cord injury; penetrating eye injury; contact with corrosives; 3rd degree burns; severe acute asthma attack with impending respiratory failure; heat stroke; head injury with loss of consciousness.

6.3.2. **URGENT EMERGENCY SITUATIONS THAT REQUIRE MEDICAL ATTENTION WITHIN THE HOUR.** Parent or emergency contacts are to be notified. Ambulance service should be called if the school nurse’s assessment determines the situation to be urgent. Examples could include the following: drug overdose and reactions; heat stroke, heat cramps; severe and extensive burns; internal bleeding; shock; penetrating and crushing injuries of the chest; non-penetrating eye injuries; unconsciousness of more than a short duration; severe to moderate asthma attack without respiratory failure; convulsions or seizures in a child not known to have a seizures disorder; dislocations and obvious fractures (except of the spine); fever (104 degrees in young child, 103 degrees in older child); avulsed or fractured tooth; head injury

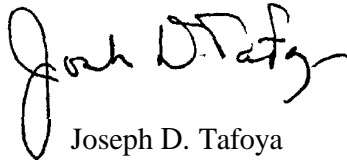
(no loss of consciousness); large laceration requiring sutures; animal bites; burns (2nd degree burns of the face or of an area greater than 2 inches by 2 inches of the body).

6.3.3. NON-URGENT MEDICAL EMERGENCIES THAT REQUIRE MEDICAL CONSULTATION WITHIN 24 HOURS, BUT NOT IMMEDIATELY. Parent or emergency contacts are to be notified, as well as arrangements to have the victim taken to the medical treatment facility. Examples could include the following: abdominal pain; mild asthma; convulsions/seizures in child known to have epilepsy; fainting; fever 100-103 degrees; diabetes/insulin reactions without loss of consciousness; 2nd degree burns; corneal abrasions; dislocations; sprains and fractures not interfering with ambulation; large lacerations without severe bleeding; head injury without loss of consciousness; suspicion of acute communicable disease (impetigo, ringworm, conjunctivitis); extreme malaise; hysterical reaction.

6.3.4. INJURIES OR ILLNESS THAT MAY OR MAY NOT REQUIRE PROFESSIONAL MEDICAL REFERRAL. The school nurse assessment will determine whether a medical referral is necessary. In some cases, the school nurse intervention may be sufficient. Parent notification may or may not be necessary depending on the injury or illness. Examples could include the following: abrasions; lacerations; bruises; 1st degree burns; common cold; headache without fever or other symptoms; minor aches and pains; cramps; foreign body that is easily removed from the eye; nosebleed; nausea and vomiting; toothache; insect bites.

7. EFFECTIVE DATE AND IMPLEMENTATION

This Regulation is effective immediately.



Joseph D. Tafoya
Director