

Response to Student Injury or Illness

EVALUATION

When a student is injured or ill at school or during any school-sponsored activity to any degree, it is the responsibility of staff to see that immediate care and attention is provided to the student unless or until the staff member is relieved by a staff member certified in first aid, a nurse, a doctor, or emergency personnel.

Except in cases of very minor injuries (e.g., cuts, scrapes, rug burns) that, in the judgment of the school nurse, staff member certified in first aid or principal designee do not pose a serious health risk to the student and will not worsen if the student remains at school, the principal or designee and school nurse (if not already notified) will be promptly notified of any student's: 1) injury; 2) illness; or 3) physical trauma that could have caused injuries as yet unobservable.

The school nurse or staff member certified in first aid will determine whether the injury, illness or trauma is serious enough to warrant calling 911. Upon finding that it is not, either individual will provide appropriate first aid to the student consistent with their training.

EMERGENCY TREATMENT

Upon recommendation of the school nurse or a staff member certified in first aid, Emergency Medical Services (EMS) will be called immediately and the student will be transported to the hospital by EMS. Students with uncontrolled bleeding and those who have suffered temporary suffocation, cardiac arrest, fractures or head, neck, eye, ear, or spinal injuries will only be moved and transported by EMS. When a traumatic injury involving severe bleeding occurs, trained school employees may provide immediate bleeding control assistance consistent with their training while emergency medical services are contacted.

INJURY AND BLEEDING CONTROL RESPONSE

In accordance with state law, the district shall maintain and make available bleeding control equipment on each school campus for use in the event of a traumatic injury involving life-threatening blood loss.

Bleeding control equipment shall be stored in easily accessible locations on each school campus and shall include, at a minimum, the equipment required by law. Each school shall ensure that the minimum number of employees required by state law are trained in the use of bleeding control equipment. Training may be completed through in-person and online programs produced by nationally recognized organizations or equivalent providers approved by the district.

Bleeding control equipment shall be inspected and inventoried annually and after each use. Expired, damaged, or missing equipment shall be replaced as necessary.

The use of bleeding control equipment under this procedure is not considered medication administration and does not require student-specific authorization, a health care provider order, or nurse delegation.

PARENT OR EMERGENCY CONTACT NOTIFICATION

Except in cases of very minor injuries as described above, the principal or designee will notify the parent (or, if the parent cannot be reached, the emergency contact), to advise them of the student's condition as soon as practicable.

The student's parent or emergency contact will decide, in non-emergency cases, whether: 1) the parent or emergency contact will transport the student to the hospital; 2) the parent or emergency contact will pick up the student or 3) the student will remain at school.

ADVANCED DIRECTIVES

The district will consult with its legal counsel prior to accepting any advance directives to physicians to limit medical treatment.

RELATIONSHIP TO OTHER POLICY OR PROCEDURE

The procedures related to the administration of prescription and over-the-counter medications are addressed under separate District policy and procedure.

Policy History

Action:	Date:
Approved by the Board	August 27, 2026 (replaces Emergency Treatment Procedure)
Revised	
Revised	