



Central Administration

11 Executive Park Drive, N. Billerica, MA 01862 | Tel: (978) 528-7826 | www.valleycollaborative.org

Medical/ Behavioral Emergency Response Plan

Valley Collaborative has developed this Medical Emergency Response Plan in consultations with the members of the school community including, principals, lead teachers, Lead Nurse, Facilities, school nurses, school physician, Billerica Police, Fire and Ambulance Service. The purpose of this plan is twofold:

1. To reduce the incidence of life threatening emergencies, and
2. To promote efficient responses to such emergencies

The complete plan has been posted in the Principal's office, lead teachers office, main office and school nurses' office. The complete plan will be modified as needed and updated whenever there are physical changes to the school campus, including new construction. The plan will be submitted to the Department of Elementary and Secondary Education every three years.

Safety Assessment

To prevent injuries and accidents on school property, the school district follows Occupational Safety and Health Administration (OSHA) guidance. Prior to the opening of the school each year, key school administrators and the facility management director in cooperation with the Hopedale Fire Department conduct a safety assessment of all buildings using the National Institute for Occupational Safety and Health (NIOSH) Safety Program Checklist for Schools. Safety guidelines are posted in all classrooms. Science, engineering, physical education, and fine arts instructors as well as athletic coaches educate students on specific safety precautions and injury prevention measures relevant to their disciplines.

Community Emergency Responders

School leaders and administrators have ongoing relationships with fire and police chiefs as required under the Multi-hazard Evacuation Plan, developed under Section 363 of Chapter 159 of the Acts of 2000. Law enforcement and fire/safety personnel have connected the district administration building and the district schools with local emergency medical services (EMS) personnel. EMS has assisted in establishing a rapid communication system linking all parts of the school campus; determining response times to all parts of campus; and providing a methodology for directing EMS personnel to an ill or injured individual(s) and to available rescue equipment when they arrive in response to an emergency call for assistance. Our school

has established relationships with the Mobile Crisis Center and our local Community Based Health Center.

911 and Access

- All school landlines will connect directly with 911 and mobile crisis by dialing the numbers.
- Key personnel, including those involved in after-school and extracurricular activities, have access to cell phones and landline phones (when in the building) that connect directly with 911.
- Medical and Behavioral Health Emergency Response protocols are located with the receptionist, nurse, building administrators and online.

Contact Information

All staff are required to carry a walkie-talkie on their person at all times while with the students. The school maintains an updated list of key faculty and staff, with phone numbers and a call tree that indicates when each individual is to be contacted during a medical or behavioral health emergency and their respective roles, such as directing EMS, providing first aid, supporting students, and providing class coverage. This resource information is available in the school's main office and in the school nurse's office.

The school maintains an updated list of community-based providers including our local Community Based Health Center that includes names and phone numbers of behavioral health professionals who can provide long- and short- term mental health services on campus following incidents and emergencies. This resource information is available in the school's main office along with information on the state's Behavioral Health Help Line.

The school nurse or designee will contact parents/guardians of students and emergency contact persons for faculty and staff if the student, faculty, or staff person has a medical/behavioral health emergency. The school maintains a list of names and phone numbers of parents/guardians, updated at the beginning of each school year, who should be contacted in case of a medical/behavioral health emergency concerning a student. The school maintains a list of names and phone numbers of individuals who should be contacted in case of a medical/behavioral health emergency concerning faculty and staff. Faculty and staff are directed to provide updated contact information as needed to the main office.

Medical/Behavioral Health Emergency Response Protocols

The school's Medical/Behavioral Health Emergency Response Protocols are posted in the main office, the school nurse's office, classrooms, cafeteria, and public areas on campus with instructions on how to activate the local emergency medical services (EMS).

In case of a medical incident, school staff will immediately:

- Contact the school nurse and the main office; and
- Escort an injured person who is ambulatory to the school nurse's office or notify the school nurse if the person cannot be moved.

Main office personnel/ school nurses will ensure that designated individuals are directed to remain with the injured or ill person until medical assistance arrives.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours.

The school's medical response will proceed as follows:

- The nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition:
 - Life-threatening or potentially disabling:* Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
 - Serious or potentially life-threatening or potentially disabling:* Burns, major multiple fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
 - Non-life-threatening:* These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, seizures, fractures, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.
- When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the school nurse will inform main office personnel to:
 - call EMS (911) using the dedicated emergency phone line and provide the location of the injured or ill person and available rescue equipment.
 - activate the medical emergency contact list to use designated school staff in their respective roles.
 - direct designated school personnel to remain stationed at the specific location on campus where the medical incident occurred and greet emergency responders upon arrival, providing updates on the situation. EMS

response time to the Valley Middle/ High School is estimated at 3-4 minutes, Valley Elementary is estimated 4-5 minutes.

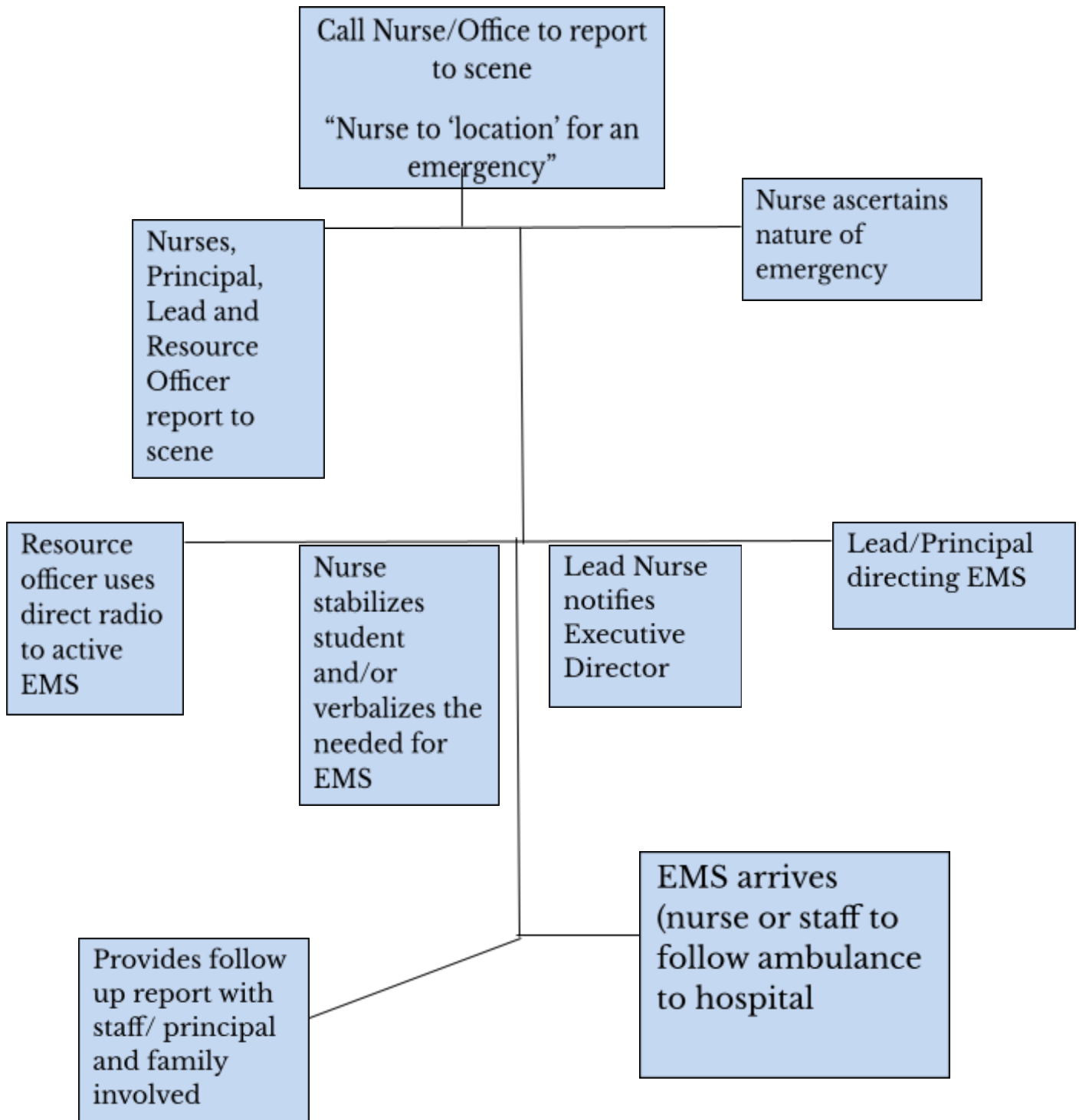
- Principal or Social Worker will notify the parent/ legal guardian of the student or the emergency contact for faculty/ staff and inform them that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

If the school nurse is not in the building at the time of the medical incident, main office personnel will notify the administrator and the lead nurse. They will assess the situation and direct main office personnel to place the 911 call in the event of a potentially life-threatening or potentially disabling injury, illness, or condition. Other steps will be taken as described above.

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and or medical services will be provided onsite, as appropriate. Main office personnel will notify the involved student's parent/guardian.

All faculty and staff must adhere to the following during all medical incidents:

- Standard Precautions must be followed at all times (see Definitions).
- Avoid moving the ill or injured person unless there is more danger if left there.
- Remain with the person until assistance arrives and remain calm.
- Direct other staff to manage bystanders.



**USE STANDARD PERCAUTIONS
DO NOT TOUCH BODILY FLUIDS**

In case of a behavioral incident, school staff will immediately:

- Refer to the student's individualized behavior plan or school wide behavior plan.
- Contact the school counselor/clinical staff, BCBA , school nurse, administrator if needed
- Encourage the person to the counselor's office or quiet space if indicated

The school's behavioral health response will proceed as follows:

- The teacher, school counselor, BCBA or clinical staff will assess the condition of the person(s) to determine the category of behavioral need:
 - i. *Life-threatening Situation (Emergent)*: A behavioral emergency is defined as a situation in which a person presents as being at imminent risk of behaving in a way that could result in serious harm or death to self or others. Examples of this category include signs of self-injury, suicidal or irrational thoughts, and increased agitation demonstrated as verbal or physical threats.
 - ii. *Serious or in need of immediate crisis intervention (Urgent)*: Signs might include inability to perform daily tasks, rapid changes in personality, mood, or behavior, signs of alcohol or substance use, history of suicide attempts or other self-harming behaviors, or significant withdrawal from friends, family members, or enjoyed activities.
 - iii. *Non-life-threatening behavioral health need (Routine)*: These are defined as any behavioral needs that may affect the general health of a person (e.g., mild or moderate feelings of anxiety, irritability, frustration, sadness, anger, etc.).
 - iv. The school counselor may consider calling the Behavioral Health Help Line (BHHL) 833-773-2445 for additional support coordinating services.
- The BHHL can support the school counselor or others with the assessment and response to behavioral incidents as follows:

Behavioral Incident	ROUTINE	URGENT	EMERGENT
Criteria	When the person manifests an adequate premorbid level of functioning with adequate social/family support and resources, and when the person demonstrates only mild impairment in judgment, functioning, and impulse control.	The person may be distressed, or multiple risk factors are present, but there is no current potential danger of harm to self or others. The person indicates a plan and ideation to harm self or others, but no apparent means or intent are present, and protective factors are sufficient to not warrant a higher risk rating. The person indicates intoxication or mild withdrawal symptoms.	Failure to obtain immediate care would place the person's life, another's life, or property in jeopardy, or cause serious impairment of bodily functions. If the person is determined to be at imminent risk, the school counselor will initiate the outreach to active rescue and request community dispatch and safety assessment.
Response	Refer to students individual behavior plan or coping strategies, offer quiet space or sensory room, encourage talking about concern with clinical staff	Refer to school wide crisis intervention plan, Refer to social worker, contact students family and offer connection to local Community Based Health Center or Behavioral Health Urgent Care	Mobile Crisis Intervention Section 12 Or 911

When in a life-threatening situation, the school counselor or clinical staff will inform main office personnel to:

- call EMS (911) and provide the location of the person.
- activate the medical and behavioral emergency contact list for designated school staff in their respective roles.
- direct designated school personnel to remain stationed at the specific location on campus where the behavioral incident occurred and greet

emergency responders upon arrival, providing updates on the situation. EMS response time to the school is estimated at 4-5 minutes

- The administrator will decide if there should be a stay in place while emergency services are on the premises.
- notify the parent/guardian of the student or the emergency contact for faculty/ staff and inform them that the person is experiencing a behavioral health emergency and is being transported to a medical facility if the information is known at the time of the call.

When an individual is in need of immediate crisis intervention, the teacher, social worker or clinical staff will:

- contact the schools BCBA or clinical staff to assess the situation and refer to students individual behavior response plan
- call their local Community Behavioral Health Center (CBHC) or Mobile Crisis Provider using the dedicated phone line and provide the location of the person in need of immediate crisis support if necessary.
- activate the medical emergency contact list to use designated school staff in their respective roles.
- Direct designated school personnel to remain stationed with the person identified as needing crisis intervention and be prepared to greet crisis responders. If school personnel experience unforeseen delays and behavioral symptoms worse, they can then direct the main office personnel to place the call to 911.

If the school counselor or clinical staff are not in the building at the time of the behavioral emergency, main office personnel will notify the administrator in charge. The administrator will assess the situation and direct main office personnel to place the 911 call in the event of a potentially life-threatening situation. Other steps will be taken as described above.

If the behavioral condition is later determined by the school counselor or other trained personnel to be minor, the EMS call will be canceled, or EMS units will clear the scene.

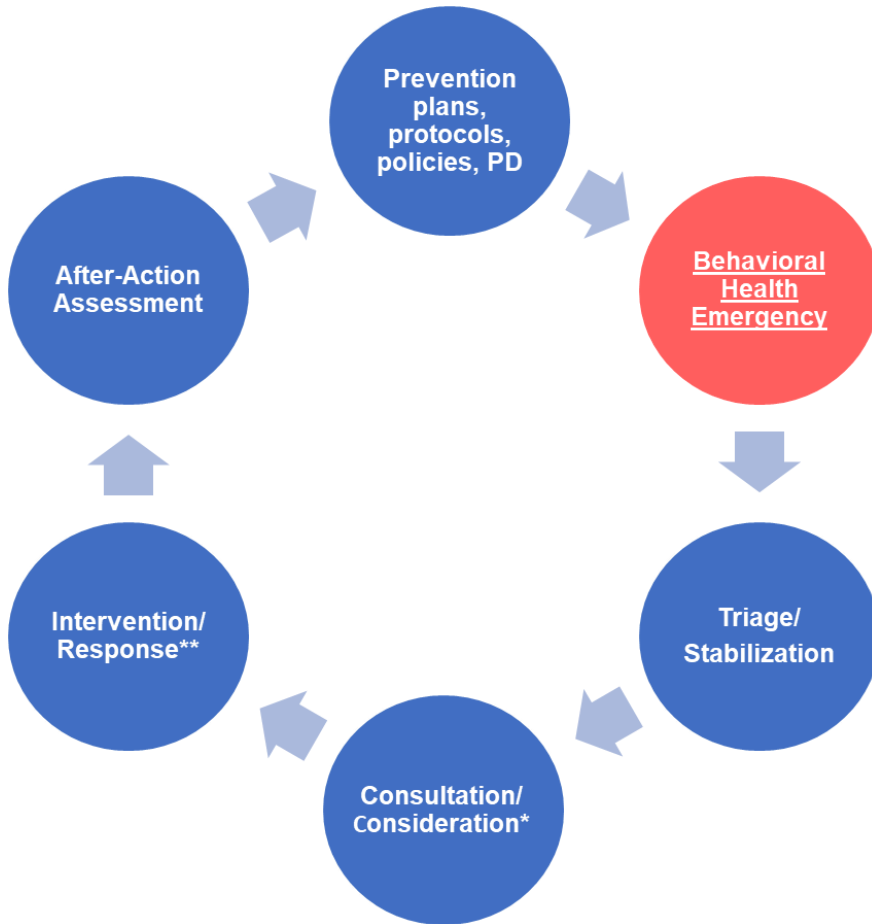
If the school counselor, clinical staff, school psychologist or other trained personnel determines that the behavioral condition is non-life-threatening, behavioral health services can be offered onsite. Main office personnel will notify the involved student's parent/guardian or the emergency contact for faculty/staff.

All faculty and staff must adhere to the following during all behavioral incidents:

- Standard Precautions must be always followed (see Definitions).
- Avoid moving the person unless there is more danger if left there.
- Remain with the person until assistance arrives and remain calm.

- Direct other staff to manage bystanders.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical and behavioral emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours.



Goals of Crisis Intervention:

- Stabilization/De-escalation
- Safety
- Reduce symptoms
- Return to adaptive functioning or facilitate access to continued care

*Consultation per protocols with Supervisor, Admin, SAC, Nurse, SRO, Parent, etc.

**Examples of Possible Interventions/Responses

- Refer to Social Worker, LMHC, Nurse, BCBA
- Refer to students Individualized Behavior Plan or Safety Care
- SW/LMHC assessment for suicide, self-harm, violence, mental status
- Nurse to assessment for substance use or self injury
- Referral for community-based Emergency MH Risk Assessment
- Refer to Resource Officer if available
- Referral for new and/or coordination with existing community services (i.e. DCF, MH, Probation, dating/domestic violence, etc.)
- Refer for medical exam

Cardiopulmonary Resuscitation (CPR) and First Aid Training¹

Valley Collaborative's Lead Nurse is a certified BLS instructor through the American Heart Association. They provide training to designated school staff in cardiopulmonary resuscitation (CPR), automated external defibrillators (AEDs), and first aid with the recommendations from DPH. All individuals who attend the nurses' class will be certified through the American Heart Association Heartsavers Program. The names of the individuals who successfully completed the training will be posted in the nurses' offices.

Medical/ Behavioral Response Drills

The Valley Collaborative Safety Committee will work together to schedule different drills and Professional Development situations where "medical and behavioral health emergency situations" are staged so as to monitor response times and procedures. Staff will run through different medical drills during First Aid and CPR training. Staff will run through different behavioral/de-escalation drills during Safety Care Training.

Automated External Defibrillators (AEDs) (All AEDs are portable)

AED's are located here at each location:

- Elementary School: Across the hall from main office/ next to the gym
- Middle/ High School: Across from main office

All AED's are housed in a wall mounted cabinet. All AED's are located in site that make them readily accessible for campus-wide access during school hours, after-school activities, and public events held at the school, and the number is sufficient for the size of the school. A list of school personnel who are trained in AED use, a map of the school's floor plan, and instructions on communicating in emergencies are in the same location and included in the Plan. Only persons trained and certified in the American Heart Association Heartsaver Program or another CPR course may have access to and use the AED during regular school hours. The school nurses are responsible for checking and documenting the status of the AEDs in accordance with the

¹ DPH recommends that, as a minimum standard, at least five person trained in first aid/CPR be available in each school at all times, when students are on school grounds, including before and after school. The actual suggested ration is one trained staff member for every 50 students (1:50). In high-risk populations, it is recommended that there be one first aid trained person for all medically fragile person (1:1).

manufacturer's recommendations. The Lead Nurse ensures that the AED units are maintained according to the manufacturer's recommendations.

Contact Information

School District or Charter School: Valley Collaborative
Superintendent or Charter School Leader: Dr. Chris Scott
Email: cscott@valleycollaborative.org
Phone: 978-528-7827

School: Elementary School
School Address: 135 Coburn Rd Tyngsboro, MA 01879
School Principal: Heather Mackay
Email: hmackay@valleycollaborative.org
Phone: 978-528-7817

School: Middle School, Transitional High School, Transitional Program
School Address: 40 Linnell Circle Billerica, MA 01821
School Principal: Nicole Noska
Email: nnoska@valleycollaborative.org
Phone: 978-528-7865

School: Transitional High School, Alternative Program
School Address: 40 Linnell Circle Billerica, MA 01821
School Principal: Nick LeClair
Email: nleclair@valleycollaborative.org
Phone: 978-528-7834

Contact Person for the School Plan: Jessica Scalzi RN, BSN
Email: jscalzi@valleycollaborative.org
Phone: 978-528-7896

Section 1: The Medical and Behavioral Health Emergency Response Plan

A. *Essential Plan Components*

At each school, procedures must be in place to manage injury or illness of faculty, staff,

students, and visitors and to respond in a timely and efficient manner to medical and behavioral health emergencies. Under the Medical Emergency law, each school's Plan must include:

(1) **Requirement:** a method for establishing a rapid communication system linking all parts of the school campus, including outdoor facilities and practice fields, to the emergency medical services system and protocols to clarify when the emergency medical services system, youth mobile crisis intervention teams or other emergency contact people shall be called.

School's Response: *Describe the school's method for establishing a rapid communication system.*

Valley Collaborative has purchased two way radios to be used by administrators, faculty and staff and on the school playgrounds or gymnasiums. Cell phone numbers have been shared with essential personnel for those individuals who will be off of the school grounds for field trips. The cell phones will be the primary form of communication in emergency situations that may arise on field trips.

(2) **Requirement:** a determination of emergency medical service response time to any location on campus.

School's Response: *Describe the emergency medical service response times to locations on the school campus.*

Response time to any location at 40 Linnell Circle by EMS personnel is 3-4 minutes as confirmed by Billerica Fire Department. Response time to any location in the town of Tyngsboro by EMS personnel is within 6 minutes confirmed by Tyngsboro Fire Department.

(3) **Requirement:** a list of relevant contacts and telephone numbers including behavioral health providers with a protocol indicating when each person shall be called, including names of professionals to help with post-emergency support. The plan should also include clear guidelines for the roles and responsibilities of behavioral and other health professionals, including, but not limited to, school counselors and community intervention professionals and, where applicable, school resource officers or police officers on school campuses; provided, however that such model plan shall be designed to limit referrals to law enforcement or arrests on school property to cases in which an imminent risk to the health and safety of individuals on school property necessitates such referral or arrest.

School's Response: *Provide a list of relevant contacts and telephone numbers with information indicating when each person should be called. Include names of professionals to help with post-emergency support.*

40 Linnell Circle (High School/ Middle School)

Dr. Chris Scott (Executive Director): 978-528-7827

To be contact in the event of all emergency situations

Renato Silva (Facilities Manager): 978-528-7831

To be contact if there is an emergency in relation to the buildings and facilities at any of the schools

Jessica Scalzi (Lead Nurse): 978-528-7896

To be contact in the event of all emergency situations

Nick LeClair (Transitional High School. Alternative Program Principal): 978-528-7834

To be contact in the event of an emergency at the High School, Site 2

Nicole Noska (Middle School, Transitional High School, Transitional Program): 978-528-7865

To be contacted in the event of an emergency at the Transitional High School or Middle School.

Ashley McNamara (Social Worker) ext 823

Brittany Maiuri (Social Worker) ext 842

Dana Williams (LMHC) ext 802

Jacklyn Squeglia (LMHC) ext 897

Alyse Scanlon (Social Worker) ext

To be contacted in the event of a Behavioral Health Emergency

135 Coburn Rd (Elementary School)

Kathryn Mari (Nurse): 978-528-7805

To be contacted in the event of a medical emergency at the Elementary School.

Heather Mackay (Elementary School Principal): 978-528-7817

To be contacted in the event of an emergency at the Elementary School.

Nicole Spampinato (Social Worker) ext: 835

Alyson Norman (Social Worker) ext: 847

Jennifer Glow (Guidance Counselor) ext 828

To be contacted in the event of an Behavioral Health Emergency

(4) **Requirement:** a method to efficiently direct emergency medical services personnel to any location on campus, including to the location of available rescue equipment.

School's Response: *Describe how emergency medical services personnel will be directed to the emergency site(s) and to available rescue equipment.*

Fire, police and EMS may obtain maps of each building in the main office of each location or from the Director of Facilities. A school administrator or their designee will meet with emergency medical services personnel at the front door of the building to escort them to the individual.

(5) **Requirement:** safety precautions to prevent injuries in classrooms and on the facilities.

School's Response: *Describe the safety precautions the school has in place to prevent injuries in classrooms and on the facilities.*

School nurses present information yearly to staff members on safety precautions to prevent injuries in the classrooms. The nurses also provide each classroom teacher and paraprofessional with a blood pathogen kit that includes gloves and first aid supplies, as to prevent the spread of blood borne illnesses. A review of EpiPen use and AED trained personnel are identified. The Fire

and Police Chief are in collaboration with each building administrator and the Valley Collaborative Safety Committee to discuss what changes need to be made both to the interior and exterior of the building to maximize student safety and crisis prevention.

- (6) **Requirement:** a method of providing access to training in cardiopulmonary resuscitation (CPR) and first aid for teachers, athletic coaches, trainers, and other school staff, which may include training high school students in cardiopulmonary resuscitation.

School's Response: *Describe how the school will provide access to CPR and first aid training for the staff listed above. Describe if the school will provide CPR training for high school students.*

The Valley Collaborative takes volunteers to become CPR/AED and first aid trained during non-school hours. Valley Collaborative follows DPH's recommendation that, as a minimum standard, at least five people trained in first aid/CPR be available in each school at all times, when students are on school grounds, including before and after school. The actual suggested ration is one trained staff member for every 50 students (1:50). In high-risk populations, it is recommended that there be one first aid trained person for all medically fragile person (1:1). The Valley Collaborative Lead Nurse and is certified AHA Instructors. Online classes are offered through National CPR Foundation.

- (7) **Requirement:** in the event the school possesses an automated external defibrillator (AED),
- the location of the device;
 - whether or not its location is either fixed or portable; and
 - those personnel who are trained in its use.

With respect to item (7) on AEDs, the law further requires information on:

- the total number of AEDs in each school (*note: the law does not require schools to possess AEDs*);
- any volunteers (and personnel) who are trained in the AED use;
- personnel who have access to AEDs during regular school hours and after school; and
- the total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events (*the estimate is required whether or not the school currently has AEDs*).

School's Response: *If the school has AEDs, provide the information on the items listed above. If the school does not have AEDs, provide information on the estimated number of AEDs needed. A sample form is provided for your use in displaying the required AED information.*

Valley Collaborative has a total of 3 AED's (1 at 40 Linnell, 1 at 135 Coburn Rd and 1 at 11 Executive Drive). Valley Collaborative's Lead Nurse maintains a list of staff who are certified in CPR and AED training.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) FORM

1. School name and address:

Valley Collaborative Middle / High School

40 Linnell Circle Billerica, MA 01824

2. Total number and location of AEDs the school has (if none, go to Question 5):

Number and location(s) of fixed AEDs: 0

Number and location(s) of portable AEDs: 1, Main Lobby 1st Floor

3. List personnel who have access to AEDs during regular school hours and after school:

List is stored in nursing office

4. List personnel and volunteers trained in AED use:

List is stored in nursing office

5. Total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events: 1

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) FORM

1. School name and address:

Valley Collaborative Elementary

135 Coburn Rd Tyngsbrough MA 01879

2. Total number and location of AEDs the school has (if none, go to Question 5):

Number and location(s) of fixed AEDs: 0

Number and location(s) of portable AEDs: 1, Outside Gym, 1st Floor

3. List personnel who have access to AEDs during regular school hours and after school:

List is stored in nursing office

4. List personnel and volunteers trained in AED use:

List is stored in nursing office

5. Total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events: 1

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) FORM

1. School name and address:

Valley Collaborative Adult Program

11 Executive Drive, N. Billerica MA

2. Total number and location of AEDs the school has (if none, go to Question 5):

Number and location(s) of fixed AEDs: 0

Number and location(s) of portable AEDs: 1, Outside Nursing Office

3. List personnel who have access to AEDs during regular school hours and after school:

List is stored in nursing office

4. List personnel and volunteers trained in AED use:

List is stored in nursing office

5. Total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events: 1