

## FACILITIES

## Policy 703.2-G

### Responding to Unexpected Health Emergencies

The Richmond Board of Education has as its highest priority the safety of students, staff, and the entire school community. The board upholds the duty of care that is expected from our school communities, in part by ensuring, in accordance with the Ministry of Education and Child Care legislative requirements, that lifesaving first aid tools, including Automated External Defibrillators (AEDs) and naloxone kits are readily accessible and maintained in every school and district facility.

#### Definitions

**Automated External Defibrillator (AED)** is a portable, user-friendly medical device that delivers an electric shock to a person in cardiac arrest to restart their heart.

**Naloxone** (pronounced na-LOX-own) is a fast-acting medication used to temporarily reverse the effects of opioid overdoses, also called an opioid poisoning.

#### Rationale

Timely and effective response to unexpected health emergencies is essential to ensuring a safe school and facilities environments. Unexpected health emergency incidents can occur without warning and require immediate action to improve survival outcomes by providing critical intervention prior to the arrival of emergency responders on site.

#### Annual Review

Principals in schools will review these administrative guidelines with students, staff, and parent(s)/guardian(s) in September of each school year, presenting the importance of implementing the tools in a non-stigmatizing manner. Principals should emphasize:

- The district's broader focus remains on substance use education and prevention efforts.
- Substance use is illegal on school grounds; however, the Ministry of Education and Child Care and the board recognize that unexpected health emergencies occur and that AEDs and naloxone are important lifesaving first-aid tools.
- Supporting the appropriate use of naloxone as a lifesaving first-aid tool does not condone drug use but rather prepares individuals to respond to medical emergencies.

#### Guidelines

##### *Contextual Factors*

Responding to unexpected health emergencies complies with WorkSafeBC requirements and considers the specific needs and context of each school and district facility.

When addressing contextual factors, the district, in compliance with WorkSafeBC ensures that each school and district facility has installed a minimum of one (1) and maximum of three (3) AED(s) based on the size (i.e., square footage) of each school and district facility.

The appropriate number of AED cabinets will be installed in each school and district facility, with the readily accessible cabinet location identified by the district Health and Safety Department. AED cabinets will securely store the naloxone units (nasal spray i.e., Narcan).

### *Accessibility*

To allow for barrier-free access to accommodate diverse user needs (e.g., wheelchairs) to the AED cabinets, the installation height will be placed at 48" from the ground to the bottom of the AED cabinet handle. The area around the cabinet will remain obstruction free (no shelving above or below) with a clearance of 18 inches on either side from the centre line of the cabinet to allow for clear access and visibility.

AED Cabinets will be clearly marked with standardized signage to support ease of identification and use.

### **Training**

Training for the use of AEDs and naloxone will be provided annually to all designated first aid attendants and administrators/supervisors in each school and district facility. Training will be coordinated by the district Health and Safety Department.

### **Maintenance**

AED maintenance will be contracted by the school district. The contracted service provider is responsible for all aspects of routine inspections and maintenance. If a question or concern arises related to an AED unit, contact the district Health and Safety Department.

Maintenance of AED cabinets will be the responsibility of the district Facilities Department.

Naloxone nasal spray is purchased through the district Health and Safety Department. The Health and Safety Department is responsible for monitoring expiration dates and will replace units prior to expiration. Naloxone spray has a typical shelf life of three to four years.

Site administrators/supervisors are expected to assist with reporting to the appropriate department should a question or concern arise related to AEDs or naloxone.