



## 2019 INDIVIDUAL STUDENT CRISIS & EMERGENCY RESPONSE PLAN GUIDANCE

### Introduction

Child & Adolescent Health Center (CAHC) programs have a responsibility to respond to individual student medical and emotional crises. Individual student crises can include medical emergencies such as asthma attacks, injuries, etc. Potential mental health crises can include suicidal attempts/ideation, homicidal threat, or panic attacks. Throughout this document the term CAHC programs refers to clinical health centers, school wellness programs (SWP), behavioral health only, and school health nurse models. The CAHC program **mandates medical emergency response plans** for clinical health centers and school wellness programs and **recommends mental health crisis response and communication plans** for behavioral health providers.

The purpose of developing response plans is to assure that practices meet program requirements and are appropriate to the situation. The plans should clearly delineate CAHC program and school responsibilities for responding to medical and mental health emergencies. Schools maintain primary responsibility for the physical health, mental health, and safety of their students. The CAHC program's role is to assist school personnel as appropriate. ***The CAHC program should not be utilized as the primary provider of emergency medical or mental health services, although they may assist in assessing and stabilizing students in crisis.*** They may assume a higher degree of responsibility for students who are enrolled as patients in their program. The CAHC and SWP clinical site review tools include items regarding individual student crises and emergency response plans. The purpose of this guidance is to share best practice recommendations and to assist health center staff in meeting the CAHC or SWP Minimum Program Requirements (MPRs).

## Clinical Guidance

A policy and procedure (P&P) for how clinicians and/or nurses will handle medical emergencies is a Minimum Program Requirement (#2). Please note, it is a fiduciary decision as to how and when the CAHC program staff will or will not respond to an emergency within the school. The school is ultimately responsible for the safety of their students inside the school building. The review criterion is as follows:

*A policy and procedures for handling medical emergencies exists that defines what, if any, emergencies will be responded to outside of the health center and what care will be provided. (If no emergency response outside of the health center is provided, policy and procedures exist to this effect.) For emergencies managed by the health center on or off-site, care and supplies are appropriate and match policy. (MPR #2)*

### **Medical Emergency Policies and Procedures should include the following:**

- Whether or not CAHC or SWP staff will respond to **external** emergencies (i.e. outside of the CAHC or SWP) (Required MPR #2).
  - Suggested content for the P&P if they will respond to external emergencies:
    - Under what circumstances will providers respond? [For example, provider(s) will respond to all emergencies or only emergencies when appropriately trained staff are available (the latter is a CAHC Recommendation).
    - What will the provider ('s) role be? (CAHC Recommendation: assist school personnel/school emergency response teams in stabilizing and monitoring the patient until community emergency response personnel arrive, if available).

- What supplies are available for the CAHC or SWP team to respond? (CAHC Recommendation: only those supplies that treat the age group the CAHC or SWP serves, for example school-age vs. adults, or that match the skills of the provider, for example PNP vs. FNP vs. PA-C vs. RN).
  - How will this plan be communicated to the school within which the CAHC or SWP resides? (CAHC Recommendation: include in the Memorandum of Understanding-MOU).
- How staff will respond to medical emergencies **within** the CAHC or SWP (Required MPR #2).
  - Suggested content for SWP Standing Orders or CAHC P&P with algorithm (CAHC Recommendation):
    - At minimum:
      - Anaphylaxis from allergic condition and/or administration of a vaccine or medication (Required MPR #1)
      - Asthma exacerbation (CAHC Recommendation)
      - Seizure (CAHC Recommendation)
      - Hypo- and/or Hyperglycemia (CAHC Recommendation)
      - Acute intoxication, with consideration for student confidentiality and/or need to identify primary caregiver(s) (CAHC Recommendation)
- P&P should also address how the following internal emergencies will be handled\* (Best Practice and Required MPR #2):
  - Threat of violence (i.e. verbal or physical threat, gun, knife)
  - Bomb threat
  - Fire
  - Tornado
  - Loss of Power (vaccine storage emergency plan) (Required MPR #1)

\*The CAHC or SWP may elect to follow school or fiduciary P&P for these instances. However, a CAHC or SWP specific P&P to that effect should be available.

## **Behavioral Health Guidance**

For mental health providers, the site review item is a best practice (CAHC Recommendation) and applies to all CAHC models with behavioral health services (i.e. Clinical Health Centers, SWP, BH only, and Network Model). The review criterion is as follows:

*A crisis response plan and communication plan exist where appropriate between the health center/sponsoring agency and the client's school. (Best Practice)*

### ***Recommended components for Crisis Response Plans include:***

- Description of mental health crises covered by the plan (i.e. suicidal ideation/attempt, homicidal threat, panic attack).
- Description of the different roles in the crisis response plan as appropriate (behavioral health provider, medical care providers, school administrators, school counselors and social workers, fiduciary supervisor/medical director, others).
- Differential responses for crises that occur within the clinic vs. crises that occur outside of the clinic.
- Differential responses for students who are clinic patients vs. students who are not clinic patients.
- Description of process and responsibility for determining level of risk and subsequent responses that may include reference to algorithms, screening tools, screening questions.
- Discussion of responsibility for parental notification.
- Discussion of process and responsibility for transition to assessment/intervention outside of the school (i.e. crisis center or emergency room).
- Discussion of local resources for 24-hour crisis assessment & response (i.e. emergency room, local crisis center, etc.).
- Description of components of an individual safety plan.
- Discussion of plans for follow up after the crisis has been resolved.

As a general rule, the CAHC program recommends that all program models and sites utilize all prevention methods to avoid emergency situations and/or to have a protocol in place prior to an emergency occurring. These methods include, but are not limited to:

- Encouraging the school to have an Emergency Action Plan available for potential emergencies for high-risk students (depression, diabetes, asthma, food allergies, and seizures). This should include coordination with the parent and the primary care provider.
- Assisting the school in developing emergency response plans and emergency response teams to respond to emergencies using appropriate guidelines.
- Reminding school staff and administration annually of each other's roles in responding to medical and mental health emergencies:
  - Annual meetings with the school administrators and staff to review the plan and roles of each party in an emergency situation.
  - Annual or bi-annual review of the MOU or when turnover of school administrators occurs.

