



Preparing for, responding to student medical emergencies

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A 9-year-old with a seizure disorder that is well-controlled with medications has a breakthrough seizure in class.

What readiness guidance will help schools plan for and train personnel to respond to medical emergencies such as this one? How should school personnel organize and execute a well-planned, timely and effective response to such emergencies? What is the school's role in review and debrief after the emergency to care for students who witnessed the event and continuously improve the response process?

The number of students with special health care needs and chronic medical conditions has been increasing steadily. This means schools often are faced with a panel of students who are at risk of a medical emergency while on school transportation, in the classroom or at after-school events. School districts also may have difficulty ensuring licensed health care professionals are available onsite.

These challenges affect medical and nonmedical school personnel's readiness for medical emergencies in schools.

The updated AAP policy statement *Individual Medical Emergencies Occurring at School* intends to increase pediatricians' awareness of schools' roles in readiness for, response to, and review and debrief of individual student emergencies. Additionally, it provides recommendations for the medical home and school physicians on how to assist and support school personnel in achieving these goals.

The policy, from the Council on School Health and Committee on Pediatric Emergency Medicine, is an update of a 2008 policy that was reaffirmed in 2017. It is available at <https://doi.org/10.1542/peds.2022-057987> and will be published in the July issue of *Pediatrics*.

Schools' role

Schools should prepare for emergencies in children and adults.

General preparation includes ensuring infrastructure is available in schools (e.g., automated external defibrillators [AEDs], medical records, equipment and supplies). Policies and protocols should be created to address roles and use of resources. Emergency information should be collected for every student. Training and drills should be held and communication established with the local emergency medical service (EMS).

Specific preparation is needed for children with chronic medical conditions (e.g., individualized health plans, emergency care plans, emergency information forms and action plans). The statement also covers readiness for specific conditions, including allergy/anaphylaxis, asthma, seizures, diabetes, sudden cardiac arrest, mental health emergencies, substance use and overdose, communicable diseases and head injuries. There is an updated list of condition-specific resources, hyperlinked action plans and updated AED guidance for schools.

During the event, staff should execute the emergency plan and communicate with local EMS and the student's family.

Review and debrief should take place after the emergency event, including providing psychological support for students witnessing the event.

School administrators must recognize factors that affect emergency preparation, including barriers to implementation (e.g., limited funding), system factors (e.g., student-to-school nurse ratio, complexity of student medical needs) and process factors (e.g., protocols and procedures).

Recommendations for primary care, school physicians

The policy provides recommendations for how the primary care clinician/medical home can help schools prepare for a student emergency. Recommendations address communication, familiarity, parent engagement, advocacy, documentation review, assisting with health plans and orders, and assessment and follow-up of the student after an emergency.

Recommendations for the school physician include working with school administration, staff, stakeholders and the medical home; being aware of the spectrum of medical diagnoses in schools; updating policies and procedures; overseeing drills and staff training; and keeping equipment up to date.

Since school districts may not have access to the same kinds or number of resources and personnel, the policy offers guidance for schools and school physicians on adopting some of the resources, tools and action plans provided to improve their schools' preparedness or to advocate with school districts for additional resources.

It also offers the primary care clinician/medical home guidance on ways to support their community school districts to be better prepared to care for individual medical emergencies, particularly for patients with special health care needs and chronic medical conditions.

In the above scenario, the school had a readiness plan that led to a coordinated, well-executed response. The teacher and school staff jump into action to stabilize the student. They communicated with local EMS, the child's parents and the student's medical home. Afterward, they reviewed their response and debriefed.

Dr. Gereige is a lead author of the updated and previous version of the policy statement and a former member of the Council on School Health Executive Committee.

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