Medical and Behavioral Health Emergency Response Plan/s for Longsjo Middle School (LMS)

The Longsjo Middle School has developed this Medical/Behavioral Health Emergency Response Plan (Plan) in consultation with the school principal, school nurse, school mental health counselor, social worker, school athletic director, team physicians, coaches, trainers and local police, fire, behavioral health mobile crisis team and other emergency personnel, as appropriate.
The purpose of the 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 school's main office, the school nurse's office, and the athletic office. Protocols that include specific actions to take in case of a medical or behavioral health emergency have been posted in classrooms, locker rooms, gymnasium, and cafeteria and provided to key staff. The complete Plan will be modified as needed and updated whenever there are physical changes to the school campus, including new construction. Plans are submitted to DESE and our local fire and police departments every three years beginning in 2012. Prior versions of this Plan were submitted in 2015, 2018, and 2021.

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Contact Information

School District: Fitchburg Public Schools
Superintendent: Jonathan Thompson
Email: thompsonj@fitchburg.k12.ma.us
Phone: (978) 345-3220

School: Longsjo Middle School
School Address: 98 Academy Street Fitchburg, MA 01420
School Principal: Mark Pierce
Email: piercem@fitchburg.k12.ma.us
Phone: (978) 345-3281

Contact Person for the School Plan: Mark Pierce
Email: piercem@fitchburg.k12.ma.us
Phone: (978) 345-3281

Section 1: The Medical and Behavioral Health Emergency Response Plan (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.

1. **The FPS district method for establishing a rapid communication system.**

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 – (Community Health Connections / Family Health Center)

911 and Access
- *The school has a dedicated landline that connects directly to 911 local mobile crisis.*
- *Key personnel, including those involved in after-school and extracurricular activities, have access to radios that can directly access 911.*
- *Medical and Behavioral Health Emergency Response protocols and 911 radios are in all vehicles owned and operated by the district.*

LMS School leaders and administrators have ongoing relationships with *the school principals, school nurses, school mental health counselors, social workers, school athletic director, team physicians, coaches, trainers and local police, fire, behavioral health mobile crisis team and other emergency personnel, as appropriate* and as required under the Multi-Hazard Evacuation Plan. EMS has assisted in establishing rapid communication to the school campus; determining response times to all parts of campus; and providing a methodology for directing EMS *& behavioral health* personnel to an ill or injured individual(s) and to available rescue equipment when they arrive in response to an emergency call for assistance.

a. The LMS method for establishing a rapid communication system will involve the use of calls to emergency services via 911 and also via (978) 343 – 4801 emergency fire/medical services directly to the Fitchburg Fire Department.

b. The use of walkie-talkie units and/or cell phones by key personnel while on the school grounds/outdoor facilities (athletic fields, recess areas, etc.)

c. School based medical personnel (school nurses) *& behavioral health personnel* are to be the initial contact during the scheduled school day hours, coaches and or after school staff, whom have successfully acquired CPR, AED, first aid certification, are to be the initial contact during the before and after school hours and in the event the school nurse *& behavioral health personnel are* not on site.

d. In the school year 2024-2025, the FPS will be adding an integrated personal safety app which will significantly increase reporting times in emergency situations.

e. In 2023-2024, FPS installed a Voice Over Internet Protocol (VOIP) phone communication system for all schools including classrooms and related offices.

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

1. **The LMS emergency medical service response times to locations on the school campuses.**

911 and Access

- *The school has a dedicated landline that connects directly to 911 local mobile crisis.*
- *Key personnel, including those involved in after-school and extracurricular activities, have access to radios that can directly access 911.*

Medical and Behavioral Health Emergency Response protocols and 911 radios are in all vehicles owned and operated by the district.

The Fitchburg emergency medical services response time to all schools within Fitchburg is approximately 5 minutes with the exception of the Fitchburg High School being approximately 8 min. The emergency medical response times are in compliance with the Basic Life Support (BLS) and Advance Life Support (ALS) required response times of less than 9 min.

(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.

(3) LMS maintenance of list/s 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.

Contact Information

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's main office 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, locker rooms, athletic office, gymnasium, 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 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.
    i. *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.
    ii. *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 school is estimated at 4-5 minutes and 5-6 minutes to reach playing fields, the high school's field house, and track, barring unforeseen delays.
    - 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 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 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.

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

- Contact the school counselor, clinical staff and school psychologist and the main office; and
- Offer to escort the person to the counselor's office or notify the school counselor if the person is unable or refusing to move.

Main office personnel will ensure that designated individuals are directed to remain with the person until additional behavioral health assistance arrives.

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

- The school counselor, clinical staff or school psychologist will assess the condition of the person(s) to determine the category of behavioral need:
    . *Life-threatening Situation (**Emergent**)*: There are certain behavioral health conditions that can cause death or harm to self and others, they may require immediate intervention, medical care, and, usually, hospitalization. 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.
    i. *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.
    ii. *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.). The school counselor will talk with the person and discuss with the parent/guardian recommendations for further treatment, communicate with community providers, and make any necessary referrals. 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 pre-morbid level of functioning with adequate social/family supports 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 (Examples)	Referral to community-based services, including outpatient and population specific services	Connecting to local Community Based Health Center or Behavioral Health Urgent Care	Deployment of Mobile Crisis Intervention/Youth Mobile Crisis Intervention Or 911

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

- call EMS (911) using the dedicated emergency phone line 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 and 5-6 minutes to reach playing fields, the high school's field house, and track, barring unforeseen delays.
- 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 school counselor, clinical staff, or school psychologist will inform main office personnel to:

- 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.
- activate the medical emergency contact list to use designated school staff in their respective roles.
- 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.
- 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, clinical staff or school psychologist 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.

(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.***

Medical and Behavioral Health Emergency Response Drills
The school conducts medical and behavioral health emergency response drills in coordination with school evacuation or fire drills. The first drill, which is announced in advance, occurs at the beginning of the school year. Other drills are conducted periodically during the school year. The principal or designee will ensure that the Plan is reviewed after each drill and revised, if necessary, based on evaluation results to improve response effectiveness.

(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.***

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 conduct a safety assessment using the National Institute for Occupational Safety and Health (NIOSH) Safety Program Checklist for Schools. Safety guidelines are posted in all classrooms. Science, career/vocational technical education, physical

education, and fine arts instructors as well as athletic trainers and coaches educate students on specific safety precautions and injury prevention measures relevant to their disciplines.

(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.***

Cardiopulmonary Resuscitation (CPR) and First Aid Training

Our school has arranged with the local Red Cross, fire department, and emergency responders to provide training for designated school staff in cardiopulmonary resuscitation (CPR) and first aid, in accordance with the recommendations from DPH. These trainings are offered annually throughout the school year. The names of the individuals who have successfully completed training are posted with the Plan.

Our school also offers CPR training on a voluntary basis to students through health, wellness, and/or physical education classes. In addition, first aid and CPR classes are available through our Fire Department, local Red Cross and youth serving agencies.

The FPS school district has staff members who are CPR/AED and first aid certified trainers and offers training on a voluntary basis to staff. FPS also offers Heart Saver classes for students through health, wellness, and/or physical education classes.

a. American Heart Association (AHA) - CPR, AED and/or first aid training is offered during the school year, prior to the opening of the school year and during high school physical education, health education classes and/or during after school program offerings (Heart Saver classes for high school students). FPS has several trained instructors who provide AHA - CPR, AED and first aid training classes to teachers, athletic coaches, and other interested school staff.

(7) Requirement: in the event the school possesses an **automated external defibrillator (AED)** describe:

- 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.***

Automated External Defibrillators (AEDs)

The school has two portable Automated External Defibrillators (AEDs). *One is located outside the main office and the second is located on the wall between the school nurse's office and the gymnasium. The AEDs are located in sites 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 and volunteers who are trained in AED use, a map of the school's floor plan, and instructions on communicating in emergencies are in the same locations and included in the Plan. Only persons trained and certified in the American Heart Association Heartsaver Program may have access to and use the AED during regular school hours and after school. The school nurse is responsible for checking and documenting the status of the AEDs in accordance with manufacturer's recommendations. The athletic trainer is responsible for doing the same for the AED assigned to athletic teams that travel. The district nursing supervisor ensures that the AED unit is maintained according to the manufacturer's recommendations.

AED Placement in the Longsjo Middle School Building

Longsjo Middle School

- Nurse's office – second floor (mounted on wall)
- Main Office – second floor (mounted on wall)

AEDs and Placements in Longsjo Middle School Building (Related to student and staff age populations in building and use of building for youth and adult activities beyond the school day hours). Personnel in each building trained for use include: the school nurses, the athletic coaches, health and phys. Ed. Staff, and cafeteria managers.

The AEDs are located in sites that make them readily accessible for campus-wide access during school hours, after-school activities. Only persons trained and certified in the American Heart Association Heart Saver Program may have access to and use the AED during regular school hours and after school. The school nurse is responsible for checking and documenting the status of the AEDs in accordance with manufacturer's recommendations. The athletic director is responsible for checking and documenting the status of the AEDs in accordance with manufacturer's recommendations for the AEDs assigned to athletic teams that travel. The district nursing supervisor ensures that the AED unit is maintained according to the manufacturer's recommendations.

[1]DPH recommends that, as a minimum standard, at least five persons trained in first aid/CPR be available in each school at all times when students are on the school grounds, including before and after school. The actual suggested ratio 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 every medically fragile person (1:1).

APPENDIX 1

DEFINITIONS

The following definitions are from the Massachusetts School Health Manual and other sources.

Automated External Defibrillator (AED)
An Automated External Defibrillator is a lifesaving device to treat victims of sudden cardiac arrest. The defibrillator is designed to quickly and easily provide an electric shock that restores the victim's normal heart rhythm.

Behavioral Health Emergency
A behavioral health emergency is defined as an emergent situation when an individual is in need of an assessment and/or treatment in a safe and therapeutic setting.

First Aid
First aid is the immediate and temporary care given to an injured or ill person.

National Institute for Occupational Safety and Health (NIOSH)

The National Institute for Occupational Safety and Health is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

Occupational Safety and Health Administration (OSHA)
The Occupational Safety and Health Administration set and enforces protective workplace safety and health standards.

Standard Precautions
Standard Precautions are the routine use of appropriate precautions by the caregiver regardless of knowledge of germs present in the individual's blood, saliva, nasal discharges, vomit, urine, or feces. They include thorough handwashing, gloving in the presence of body fluids, and proper disposal of contaminated wastes. Standard Precautions prevent the transmission/spread of disease and protects the caregiver.

RESEARCH

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Appendix 3: Medical and Behavioral Emergency Response Plans – State Law

Mass. General Laws Chapter 69, Section 8A, as amended by C. 177, § 28, of the Acts of 2022: An Act Addressing Barriers to Care for Mental Health

M.G.L. c. 69, § 8A:

a. Each school committee and commonwealth charter school board of trustees shall ensure that every school under its jurisdiction has a written emergency response plan that addresses both medical and behavioral health crises to reduce the incidence of life-threatening medical emergencies and behavioral health crises and to promote efficient and appropriate responses to such emergencies. The plan shall be in addition to the multi-hazard evacuation plan required under section 363 of chapter 159 of the acts of 2000.

(b) Each plan shall include:

(1) 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 or mobile behavioral health crisis response services and protocols to clarify when the emergency medical services or mobile behavioral health mobile crisis response services and other emergency contact people shall be called;

(2) a determination of medical or behavioral health emergency response time to any location on the school campus;

(3) a list of relevant contacts and telephone numbers with a protocol indicating when each person shall be called, including names of professionals to help with post-emergency support;

(4) a method to efficiently direct emergency medical services or behavioral health mobile crisis personnel to any location on campus, including to the location of available rescue equipment;

(5) protocols for informing parents and guardians and reporting to the department when police, emergency medical technicians or other non-behavioral health personnel are contacted to respond to a behavioral health crisis;

(6) safety precautions to prevent injuries in classrooms and facilities;

(7) a method of providing access to training in cardiopulmonary resuscitation and first aid for teachers, athletic coaches, trainers and other school staff, which may include training high school students in cardiopulmonary resuscitation; and

(8) the location of any automated external defibrillator device the school possesses, whether its location is fixed or portable and those personnel who are trained in its use.

(c) Each plan shall be developed in consultation with the school principal, school nurse, school mental health counselor or social worker, school athletic director, team physicians, coaches, trainers and local police, fire, behavioral health mobile crisis team and emergency personnel, as appropriate. Schools shall practice the response sequence at the beginning of each school year and periodically throughout the year and evaluate and modify the plan as necessary. School officials shall review the response sequence with local fire and police officials at least 1 time each year and shall conduct periodic walk-throughs of school campuses. Plans shall be submitted once every 3 years to the department, the local police department and the local fire department on or before September 1 of the third year. Plans shall be updated in the event of new construction or physical changes to the school campus as determined by the local police or fire department.

(d) Included in each initial and subsequent filing of a medical emergency response plan, each school district shall report on the availability of automated external defibrillators in each school within the district, including, the total amount available in each school, the location of each within the school, whether or not the device is in a fixed location or is portable, those personnel or volunteers who are trained in its use, those personnel with access to the device during regular school hours and after and the total estimated amount of automated external defibrillators necessary to ensure campus-wide access during school hours, after-school activities and public events.

(e) The department, in consultation with the department of public health and the department of mental health, shall develop a cost-neutral model emergency response plan that includes both medical and behavioral health crisis response in order to promote best practices, including 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. The model plan shall be made available to school committees and commonwealth charter school boards. In developing the model plan, the department shall refer to research prepared by the American Heart Association, Inc., the American Academy of Pediatrics, MassHealth and other relevant organizations that identify the essential components of an emergency response plan. The department shall biennially review and update the model plan and publicly post the model plan on its website.

Appendix 4: Multi-Hazard Evacuation Plan – State Law

Section 363 of Chapter 159 of the Acts of 2000 requires the following:
Notwithstanding any general or special law to the contrary, the superintendent of each school district shall, prior to the beginning of the school year, meet with the fire chief and police chief of the city, town or district to formulate a school specific "Multi-hazard evacuation plan" for each school under the superintendent's supervision. Said multi-hazard evacuation plan shall encompass, but not be limited to, evacuations for fires, hurricanes and other hazardous storms or disasters in which serious bodily injury might occur, shootings and other terrorist activities, and bomb threats. Said plan shall be designed for each school building after a review of each building. Said plan shall include, but not be limited to: (1) establishment of a crisis response team; (2) a designation as to who is in charge of said team and designated substitutes; (3) a communication plan; (4) crisis procedures for safe entrance to and exit from the school by students, parents, and employees; and (5) policies for enforcing school discipline and maintaining a safe and orderly environment during the crisis. Each district, with the assistance of the local police and fire departments, shall annually review and update as appropriate said plan. At the beginning of each school year, students at each school shall be instructed as to the plan that is developed.

Appendix 5: Automated External Defibrillators (AEDs) in Schools – State Law

Mass. General Laws Chapter 71, Section 54C (added by Chapter 443 of the Acts of 2016)

Section 54C. (a) Each school district, vocational district, charter school, approved private day or residential school and collaborative school shall provide and maintain at least 1 automated external defibrillator, AED, on site at each school facility where instruction is provided. Each school shall have on staff a person who is an AED provider having current certification in a training course in cardiopulmonary resuscitation and in the use of an AED in accordance with the standards established by the American Heart Association or the American National Red Cross. The school administration shall ensure that an AED and AED provider is readily available at any school-sponsored athletic event.

(b) If a school system is unable to comply with the requirements of this section, the superintendent of the school district, the administration of a private day or residential school or the board of trustees of a charter school, shall request a hardship waiver from the department of elementary and secondary education. The department of elementary and secondary education, in consultation with the department of public health, shall make available to public schools a list of grants and other funding sources that a public school may access to facilitate the purchase of AEDs.

(c) An AED provider on staff by a school subject to this section who, in good faith, attempts to render emergency care, including cardiopulmonary resuscitation or defibrillation, and does so without compensation, shall not be liable for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting from the attempt to render such emergency care.

(d) The department of elementary and secondary education, in consultation with the department of public health, shall establish regulations and guidelines for the implementation, training, support and supervision of this section.