

ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1

REQUEST FOR USE OF SCHOOL FACILITIES

TO: Principal: _____ School: _____

We seek permission to use the following school facilities:

School Building: _____ Room(s): _____

If for a season or extended period, state the beginning and ending dates.

DAY	DATE	FROM	HOURS	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Purpose: _____

Name of Adult in Charge: _____

We wish entrance to the building at: _____:_____ o'clock a.m. p.m.

We will vacate the building by: _____:_____ o'clock a.m. p.m.

We charge an admission fee. We expect an attendance of approximately _____ persons.

We will not charge an admission fee. We expect an attendance of approximately _____ persons.

We require use of the following:

- Entire Building Rental (\$75/hr)
 Partial Building Rental (\$50/hr)
 Gym Rental (\$50/hr)

We require use of the following, and understand there is a charge for such use:

- | | | |
|--|---|---|
| <input type="checkbox"/> Stage | <input type="checkbox"/> Speaker's Stand | <input type="checkbox"/> Special Lighting |
| <input type="checkbox"/> Ticket Table & Chairs (No. _____) | <input type="checkbox"/> Folding Chairs (No. _____) | <input type="checkbox"/> Large Folding Tables (No. _____) |
| <input type="checkbox"/> Piano (on stage) | <input type="checkbox"/> Piano (on floor) | <input type="checkbox"/> Projector |

Additional requests or comments:

It is understood that School District activities have preference over outside activities in using the school buildings and this request is subject to cancellation if the requested facility is needed for a school activity.

If this permission is granted, we agree to be responsible for any accidents or injuries sustained by any person attending or participating in the program or activity for which we may use the above-mentioned school facilities, and to be responsible for replacement in case of any damage or loss incurred. Further, in accordance with State requirements and Board policy, we agree that there shall be no use of alcohol, tobacco or controlled substances in the school building.

By: _____

Signature _____
Date

Print Name

Name of Organization/Person/Group

Address

City, State Zip

Telephone Number

E-mail Address

THIS SPACE FOR DISTRICT USE

This request has been approved and granted.

RENTAL \$ _____ OTHER FEES \$ _____

This request is approved:

Principal's Signature _____
Date

This request cannot be granted for the following reason(s):

Principal's Signature _____
Date

cc: Business Office
Superintendent
Technology Director

Ishpeming Public School District No. 1

CARDIAC EMERGENCY RESPONSE PLAN

This Cardiac Emergency Response Plan is adopted by the Ishpeming Public School District No. 1 effective on 05.22.2017, pursuant to H.B. 4713 passed by the Michigan Legislature on February 25, 2014, and signed by Governor Snyder with an effective date of July 1, 2014.

H.B. 4713 requires Michigan schools to do as follows:

“The governing body of a school that operates any of grades kindergarten to 12 shall adopt and implement a cardiac emergency response plan for the school. The cardiac emergency response plan shall address and provide for at least all of the following:

- (a) Use and regular maintenance of automated external defibrillators, if available.
- (b) Activation of a cardiac emergency response team during an identified cardiac emergency.
- (c) A plan for effective and efficient communication throughout the school campus.
- (d) If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in cardiopulmonary resuscitation techniques.
- (e) Incorporation and integration of the local emergency response system and emergency response agencies with the school’s plan.
- (f) An annual review and evaluation of the cardiac emergency response plan.

The Cardiac Emergency Response Plan of the Ishpeming Public School District No.1 shall be as follows:

1. “Use and regular maintenance of automated external defibrillators if available.”

- (a) The Ishpeming Public School District No.1 has at least one automated external defibrillator (AED), and will regularly check and maintain each in accordance with the AED’s operating manual.
- (b) Each AED shall be readily accessible for use in responding to a Cardiac Emergency in accordance with this Plan. The locations of the AEDs are identified in Section 7 of this Plan and also in **Attachment B**.
- (c) All necessary steps shall be taken to ensure that each AED owned by the school shall be readily available and accessible for all activities which take place at the school including those which take place after regular school hours. AEDs shall never be locked in any office or be stored in a location that is not easily and quickly accessible during any activity.

2. “Activation of a Cardiac Emergency Response Team during an identified cardiac emergency.”

- (a) The members of the Cardiac Emergency Response Team are identified in **Attachment A**. **Attachment A** shall be updated regularly to ensure that it is current.
- (b) A Cardiac Emergency is a medical condition requiring immediate advanced emergency medical care. Cardiac Emergencies are often due to a Sudden Cardiac Arrest (SCA) or a heart attack, but Cardiac Emergencies can have other causes. SCA occurs when the electrical impulses of the heart malfunction resulting in sudden death. Signs of SCA include:

- Person is not moving, or is unresponsive or unconscious
 - Person is not breathing or not breathing normally (irregular breaths, gasping or gurgling, not breathing)
 - Seizure or convulsion-like activity may also occur
 - Person may have just received a blunt blow to the chest
- (c) The Protocol for responding to a Cardiac Emergency is described in Section 7 and in **Attachment B**.

3. “A plan for effective and efficient communication throughout the school campus.”

- (a) The plan for effective and efficient communication throughout the school campus shall be as follows:
- (1) The Cardiac Emergency Response Protocol (see **Attachment B**) shall be posted as follows:
 - i. In each school classroom and school office.
 - ii. Adjacent to each AED.
 - iii. In the gymnasium; near the swimming pool; and in other indoor locations where athletic activities take place.
 - iv. At other strategic school campus locations.
 - v. A copy of the Cardiac Emergency Response Protocol shall accompany any portable AEDs.
 - (2) The Cardiac Emergency Response Protocol shall be distributed and verbally communicated to:
 - i. All staff at the start of each school year with updates distributed as made.
 - ii. All athletic directors, coaches, and applicable advisors at the start of each school year and as applicable at the start of the season for each activity, with updates distributed as made.
 - (3) Results and any recommendations of all cardiac emergency response drills performed during the school year shall be communicated to all staff and administrative personnel.
 - (4) A copy of this Cardiac Emergency Response Plan shall be provided to any organization that uses the School for any purpose. A signed acknowledgement of the receipt of this Cardiac Emergency Response Plan by the organization using the school shall be maintained in the school offices.

4. “If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in cardiopulmonary techniques.”

- (a) Elements –
- (1) A sufficient number of staff (at least 10%) will be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED to enable the Ishpeming Public School District No.1 to carry out this Plan. Training shall be renewed at least every two years.
 - (2) Training shall be done by an instructor, who may be a staff member, currently certified by a nationally-recognized organization in conformance with current American Heart Association guidelines.
 - (3) Training shall include either traditional classroom instruction or online instruction and shall include hands-on instruction and training.
- (b) Objectives –
- (1) All members of the Cardiac Emergency Response Team shall receive and maintain certified training which includes the issuance of a nationally recognized certification card with an expiration date that is typically 2 years.
 - (2) As many other staff members as reasonably practicable shall receive training.

- (3) A comprehensive CPR/AED response plan is recommended that should include CPR/AED training for high school students.

(c) Cardiac Emergency Response Drills—Cardiac Emergency Response Drills are not required by the new law but are recommended. Ishpeming School District No.1 will have a minimum of one (1) Cardiac Emergency Response Drill each school year. The School Nurse shall prepare and maintain a Cardiac Emergency Response Drill Report for each Cardiac Emergency Response Drill. See **Attachment C** for detailed information.

5. “Incorporation and integration of the local emergency response system and emergency response agencies with the school’s plan.”

- (a) The Ishpeming Public School District No.1 shall provide a copy of this Cardiac Emergency Response Plan to the local emergency response agencies responsible for the 911 response system and for emergency dispatch including the local police and fire departments and local Emergency Medical Services (EMS).
 - (1) Ishpeming School District No.1 will work with the local emergency response agencies to take the necessary action to integrate this Cardiac Emergency Response Plan with the local emergency response system.

6. “An annual review and evaluation of the cardiac emergency response plan.”

The Ishpeming Public School District No.1 shall conduct an annual review and evaluation of the school’s Cardiac Emergency Response Plan. The annual review shall include the following:

- (a) A review of all post-event documentation for any identified Cardiac Emergency that occurred on the school campus or at any off-campus school function. This post-event documentation shall include the following:
 - (1) The date and time of the Cardiac Emergency; the location of the Cardiac Emergency; the steps which were taken to respond to the Cardiac Emergency; and the names of the persons who responded to the Cardiac Emergency.
 - (2) The outcome of the Cardiac Emergency which shall include but not be limited to a summary of the condition of the person having the Cardiac Emergency to the extent that the information is accessible.
 - (3) An evaluation of the whether or not the Cardiac Emergency Response Plan was sufficient to enable an appropriate response to the Cardiac Emergency. If the Plan was not considered optimal, then the review shall include recommendations for improvements in the Plan.
- (b) A review of Cardiac Emergency Response Drills documentation.
- (c) A determination as to whether or not any additions, changes or modifications need to be made to the Cardiac Emergency Response Plan. Potential reasons for a change in the Plan can include changes in school facilities, processes, equipment, administrative decisions, personnel and other changes in conditions. This determination needs to be made annually regardless of whether there was a cardiac emergency on the school campus during the preceding year.

7. **Cardiac Emergency Response Protocol**

For All Responders (Staff, Faculty, Cardiac Emergency Response Team, etc.)

Sudden Cardiac Arrest events can vary greatly. All faculty, staff and CPR/AED Emergency Response Team members must be prepared to perform duties. Early action is crucial to successfully treating a cardiac arrest.

In the event a person collapses, do not move the patient unless the scene is unsafe.

Perform the following 5 steps:

1. Early Recognition of cardiac arrest

- Person is not moving, or is unresponsive or unconscious
- Person is not breathing or not breathing normally (irregular breaths, gasping or gurgling, not breathing)
- Seizure or convulsion-like activity may also occur
- Person may have just received a blunt blow to the chest

2. Early call to 911 and Alert within school (call for help or send an adult or student to the office to give the information)

- Call 911 as soon as a potentially life-threatening event is recognized
 - Provide school address, cross streets (**Attachment B and Protocol**), patient condition; remain on the phone with 911
- Give exact location ("Mr. /Ms. _____ classroom, Gym, football field, cafeteria etc.")
- All Emergency Response Team members proceed immediately to scene of the cardiac emergency
 - Closest team member retrieves the AED en route to the scene
 - Leave AED cabinet door open; the alarm signals the AED was taken for use

3. Early CPR

- If CPR/AED trained, **BEGIN CPR/AED** as per standard training; have the defibrillator (AED) brought to the scene
- If not CPR/AED trained, **begin Hands-Only CPR** until the CPR trained response team or a responder arrives
 - Press hard and fast in center of chest (100-120)
 - The 911 operator may give you directions for CPR and AED use

4. Early Defibrillation

- When the AED arrives, attach pads to patient by following AED instructions.
 - The AED will **ONLY** deliver a shock if it is needed; if **NO** shock is needed, **NO** shock is delivered
- Continue CPR until patient is responsive or EMS responder arrives

5. Early Advanced Life Support

- Transition care to EMS upon their arrival, to provide advanced life support
Give information to EMS, including person's name, Health Record if a student, approximate time of event, if AED was used, and any other pertinent information

OFFICE STAFF (OR ATHLETICS)

- Confirm exact location and condition of the patient/student
- Announce “**CODE RED Mrs/Mr _____ROOM- CODE RED Mrs/Mr_____ROOM -CODE RED Mrs/Mr_____ROOM** “ on the intercom to activate the Cardiac Emergency Response Team
- Confirm that the Cardiac Emergency Response Team has responded
- Call 911--give as much information as you have
- Assign a staff member to direct EMS to the scene(a Responder may be there already)
- Perform “Crowd Control” – directing others away from the scene (Principal)
- Notify other staff: School Nurse, Athletic Director(if applicable), Principal
- IMS/IHS: notify Hematite Health Clinic and give location as IMS or IHS and room #
- Consider: Delaying class dismissal, recess, etc to facilitate CPR and EMS functions
- Designate people to cover the duties of the CPR responders (teachers in rooms next to Responders classroom)
- Copy the patient’s/student’s emergency information for EMS (office staff/Principal) and have it brought to EMS
- Notify the patient’s/student’s emergency contact
- Notify staff and students when to return to normal schedule
- Contact School District Administration

Attachment B

SCHOOL BUILDING AND LOCATION INFORMATION

School Name: Birchview Elementary School
Address: 663 Poplar Street, Ishpeming
Cross Streets: Hickory Street

AED Location: Hallway outside of school office

School Name: Ishpeming High School
Address: 319 E. Division Street, Ishpeming
Cross Streets: Second and Fourth Streets

AED Locations:

- 1. Hallway outside of superintendent's office**
- 2. Main gymnasium – east wall**
- 3. IHS Teachers' Lounge**
November 30th through April 1st

Sports Complex (Playgrounds)
Address: 916 Pine Street, Ishpeming
Cross Streets: Empire Street

AED Location: 1. Locker room-Coaches Office
April 1st through November 30th

ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1
319 EAST DIVISION STREET
ISHPEMING, MICHIGAN 49849



CARRIE A. MEYER
SUPERINTENDENT OF SCHOOLS
PHONE: (906) 485-5501

ANTHONY J. BERTUCCI
DIRECTOR OF BUSINESS SERVICES
FAX: (906) 485-1422

I/we, the undersigned, have been provided with, read and understand the Ishpeming Public School District Cardiac Response Plan and Protocol.

I/we agree to its directives and will notify the proper administrative personnel in the case of a cardiac event.

Organization _____

Name: _____ Contact No.: _____

Signature: _____ Date: _____

Persons to notify:

- | | |
|--|-----------------------|
| • Mrs. Carrie Meyer, Superintendent | cell # (906) 201-2155 |
| • Mr. Seth Hoopingarner, IMS/IHS Principal | cell # (906) 287-0534 |
| • Mr. Bernie Anderson, Birchview Principal | cell # (906) 869-1616 |
| • Mrs. Cherish Ostola, District School Nurse | cell # (906) 250-6220 |