

## **AP 168 - Response To Unexpected Health Emergencies**

### **BACKGROUND**

A timely and effective response to unexpected health emergencies is essential to ensuring a safe school environment. Unexpected health emergency incidents can occur without warning and require immediate action to improve survival outcomes by providing critical intervention before emergency responders arrive. Ensuring that schools are equipped and prepared to respond supports student and staff safety at school, enabling school communities to focus on learning and well-being while increasing confidence and security.

The West Vancouver School District has established, clear processes for staff training and response protocols to address unexpected health emergencies in schools. This includes ensuring that lifesaving first aid tools, including Automated External Defibrillators (AEDs) and naloxone kits, are readily accessible and maintained in each school. Following any emergency event, the district requires a structured debriefing process to review the incident, confirm staff and student well-being, and guide updates to procedures and training.

*Note: References to Naloxone in elementary schools (K-7) is in effect in September 2026.*

### **DEFINITIONS**

**Automated External Defibrillator (AED):** is a portable electronic medical device designed to treat individuals experiencing sudden cardiac arrest, a condition where the heart unexpectedly stops beating. AEDs analyze the heart's rhythm and if necessary, deliver an electric shock (defibrillation) to help restore normal heartbeat. AEDs are designed to be used by laypersons with minimal training providing voice and/or visual prompts to guide users through the process.

**District Risk and Threat Assessment Team:** is a multidisciplinary group, typically including school and district administrators, district counselors, school psychologists, police school liaison officers, and other specialists, responsible for assessing, managing, and mitigating potential risks

or threats within the school community. Their primary role is prevention and trauma informed, supportive responses to situations that may pose harm to students, staff, or the broader school environment.

**Naloxone:** is an antidote to an opioid overdose. Naloxone can restore breathing following an opioid overdose and can be given by injection or intranasally. Naloxone is unscheduled in British Columbia meaning emergency use naloxone can be sold anywhere (including outside pharmacies) and purchased by anyone. Under BC law, anyone can administer naloxone in an emergency outside of a hospital setting.

**Opioid:** is class of drug, sometimes called opiates. Includes drugs derived from the poppy such as morphine, heroin and codeine ('opiates') as well as synthetic or partially synthetic formulas such as oxycodone, methadone, fentanyl. Opioids are often used to treat pain.

**Opioid Overdose:** is an acute life-threatening condition caused by the use of too many opioids. Opioids can slow or stop a person's breathing.

**Post-Incident Debriefing:** is a structured process conducted after an emergency or critical event to review what occurred, assess the effectiveness of the response, and ensure the physical and emotional well-being of all individuals involved.

**School Administrator:** is the individual in charge of the daily operations of a school.

**Staff:** is any employee in the organization.

**Trained Overdose Responder:** is any employee of the organization who has completed VCH public health training in Overdose Prevention, Recognition and Response, including administration of naloxone.

**Unexpected health emergency:** is a sudden, unforeseen medical incident that requires immediate intervention to protect the life or well-being of a student, staff member, or visitor. These emergencies can occur without warning and demand a rapid response before professional medical help arrives.

## **PROCEDURES**

### ***1. Preparation and Accessibility***

- 1.1 AEDs and Naloxone kits must be clearly marked with standardized district signage in the main office with the first aid equipment.
- 1.2 AEDs and Naloxone kits must be stored in barrier-free, easily accessible locations with other emergency medical supplies in the main office.
- 1.3 AEDs and Naloxone kits must be routinely inspected by the trained overdose responder and/or designated first aid attendant and reported to the school administration as follows:
  - a) Functionality (e.g. AED battery and pad readiness)
  - b) Expiry monitoring (e.g. naloxone shelf life and AED pad expiration)
  - c) Accessibility (e.g. tools are not blocked or locked away)
  - d) Clear signage and visibility
  - e) After each use to ensure equipment is restocked and functional
  - f) Established process for documentation of materials used
  - g) School administration is ultimately responsible for confirming available supplies, monitoring expiry dates and ensuring unused medication that expires will be disposed of at a pharmacy.
- 1.4 Staff training
  - a) Designated staff at all school sites are to receive first aid training in CPR and AED, and Naloxone administration training.
  - b) Training should be refreshed annually.
  - c) Training for identified staff will include overdose recognition, overdose response with naloxone as per this guideline.
  - d) Training includes guidance on compliance with privacy legislation and emphasizes the importance of maintaining individual confidentiality.
  - e) Staff are to be advised and understand that there may be some health and safety issues involved in responding to overdose. Some overdoses involve drug use and handling syringes require following a health and safety protocol. If there are drugs on site, they also must be handled carefully (gloves required). Some individuals may be violent and angry upon revival via opioid inhibitor. Staff will be trained and should be prepared to de-escalate these situations.

- f) Post-incident protocols include debriefing are an integral component of all emergency response procedures, ensuring the well-being of staff and students. This process is facilitated and supported by the District Risk Assessment Team.

## **2. *AED Use: Responding to a suspected cardiac arrest***

- a) Assess the situation: Check for responsiveness and breathing
- b) Call 911 and alert school/district emergency response team
- c) Begin CPR immediately if the person is unresponsive and not breathing normally.
- d) Retrieve and apply the AED.
  - Turn on AED and follow voice/visual prompts
  - Attach pads to person's bare chest as shown in diagrams.
  - Allow the AED to analyze the heart rhythm
  - Deliver a shock if advised, then resume CPR until emergency responders arrive.
- e) Ensure post incident district debriefing protocols are initiated and followed.

## **3. *Naloxone Use: Responding to a suspected opioid overdose***

- a) Recognize the signs: Unconsciousness, slow or no breathing, blue lips or nails, pinpoint pupils.
- b) Call 911 and alert school/district emergency response team
- c) Administer naloxone
  - Use the nasal spray or injectable form as trained
  - Follow instructions on the kit
- d) Monitor and support breathing
  - Provide rescue breaths or CPR
  - If no response in 2-3 minutes, administer a second dose if available
- e) Stay with the person until emergency services arrive
- f) Ensure post incident district debriefing protocols are initiated and followed

## **4. *Post-Incident Protocol***

- a) Complete incident report and debrief with school administration
- b) Replace used or expired AED pads or Naloxone kits promptly
- c) Ensure district debriefing protocols are activated providing emotional support and the appropriate trauma informed resources are to be made available for staff and students involved post incident.

- Staff should be aware that opioid overdose response, like many other emergency response protocols, may involve health and safety issues.
- District health and safety protocols should always be followed.
- Additionally, responding to emergencies may be an upsetting or traumatic experience for responders, bystanders and individuals experiencing medical distress. Staff are encouraged to access supports and resources through the District's employee wellness programs as needed.

#### ***5. Privacy, Confidentiality and Information Sharing Protocols***

In accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA), the District is committed to protecting the privacy of all individuals involved in unexpected health emergencies. When necessary, all staff at the site will be notified of incidents and the preventative measures or procedures followed, ensuring that only information essential for safety and operational purposes is disclosed. Personal details will be protected unless disclosure is required by law. The District's Privacy Management Program guides all information handling, reporting, and breach response practices.