



**911 EMERGENCY RESPONSE CHECKLIST**  
Snohomish School District No. 201, Snohomish, WA 98290

Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Time: \_\_\_\_\_

Initials	Time	
		1. Call 911 (note time). <ul style="list-style-type: none"> <li>• Stay on the line until they hang up</li> <li>• Give them your name, school, and address</li> <li>• Give them student's name, birthdate (if possible), and state the problem</li> <li>• Does the student require Advanced Life Support? If so, let the 911 operator know</li> </ul>
		2. Notify Building Administrator and Building Nurse <ul style="list-style-type: none"> <li>• If the nurse suggests Advanced Life Support and you have not told this information to the 911 operator, call 911 again and let them know we need ALS</li> </ul>
		3. Send an additional staff person to assist at the scene of the emergency. (Two staff members are to remain with the affected person until aid unit arrives)
		4. Send first aid supplies as needed
		5. Send emergency information to the scene (i.e. locator card, care plan, or medical information sheet.
		6. Designate an individual to meet aid unit and direct to scene of accident
		7. Notify the parent. <ul style="list-style-type: none"> <li>• Ask if a car is available</li> <li>• Ask if there is someone else we should notify (get name and phone number)</li> <li>• Ask if there are any recent symptoms, change in medication, or anything else the paramedics may need to know about (allergies to food or medication)</li> </ul>
		8. Notify classroom teacher <ul style="list-style-type: none"> <li>• Close hallway doors</li> <li>• Divert recess students</li> <li>• Keep curious adults/students out of the room</li> <li>• If needed, provide for siblings needs</li> </ul>
		9. Note time of EMS arrival
		10. Determine who is traveling with individual to the hospital (parent or staff member) (If parent doesn't arrive in time of transport a staff member must accompany student)
		11. Note time of EMS departure.
		12. Contact the Superintendent Office (360-563-7280)
		13. Following the emergency, complete and Accident/Incident Report and attach this form to it. Send a copy to the Superintendent, Building Nurse and Risk Management.

Additional comments: \_\_\_\_\_

Follow up status: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Phone Number