Checklist of E/OHS Activities for First Aid/CPR

Program Contact Person(s): Sue Wear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the First Aid/CPR program in place? *Yes No*

Is the Plan current?  *Yes No*

Has the Plan been reviewed this school year? *Yes No*

CPR training conducted?1/14/2014 (OSAH Emergency Care Topics)

Instructor: Brenda Baldwin

Have the program and goals been approved by the School Board for the current

school year? *Yes No*

Has the District determined a provider in the event of a medical emergency? *Yes No*

The local provider determined travel time was estimated to be within the 4-8 minute limit. Therefore Nicollet Fire Department will be the designated emergency response provider.

The local provider determined travel time was estimated to be in excess of the 4-8 minute limit. Therefore N/A will be the designated emergency response person located within the district.

Has training been provided for affected staff? Yes No