Checklist of E/OHS Activities for First Aid/CPR

Program Contact Person(s): School Nurse

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*

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 Adrian First Responders 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

Note: Training for staff will be coordinated through school nurse. Training on the AEDs located at the fitness center and mobile units will be coordinated also with the school nurse. They had CPR training October 15, 2015.