Checklist of E/OHS Activities for First Aid/CPR

Program Contact Person(s): Brian Mohr

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 Hutchinson Ambulance 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 is provided by American Heart through the local hospital. A survey of first-aid kits is done by the nurse routinely and they are in good condition and well supplied.*