

## Community Relations

### Exhibit - Application and Procedures for Use of School Facilities

*To be submitted to the Superintendent*

**This application must be approved before a non-school related group is allowed to use school facilities.** School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

<b>Organization name</b>	<b>Requested school facility</b>
<b>Adult Supervisor from Organization</b> <i>(must be 21 years of age or older)</i>	<b>Phone/email address</b>
<b>Program/Activity</b>	<b>Date(s) and start/end time(s)</b>
<b>Equipment needed</b>	<b>Materials to be brought into facility</b>
<b>Room arrangement, including decorations</b>	<b>Food service required</b>

**1. All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.**

- The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
- Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
- Only the cafeteria, gymnasium, library media center/computer labs and athletic field/track, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
- No furniture or equipment may be moved without prior approval from the Building Principal.
- Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

\_\_\_\_\_ *Initial here if this is agreeable*

**2. All non-school related groups must agree to:**

- Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of school property.
- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- Supply proof of insurance naming Arcola School District as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss at no less than \$1 Million Per Occurrence (**Please attach Copy of Insurance Coverage**)\_\_\_ **initial**

**3. All non-school related groups must pay the following fees:**

Rental charge \$30 per hour for rental and \$20 per hour for custodian if their presence is required by the district (unless waived by Board policy):\_\_\_\_\_

4. **Payment Method:**     **Check**             **Money Order**  
 If payment is by check, please make check payable to Arcola School District
5. **All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.**  
       \_\_\_\_\_ *Initial here if this is agreeable*
6. **All non-school related groups must agree to follow the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6*. Important: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.**
- Activity being proposed is not in a physical fitness facility.  
       \_\_\_\_\_ *Initial here if this is agreeable*
- Copy of the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility* has been provided. (77 Ill.Admin.Code §527.800(c).  
       \_\_\_\_\_ *Initial here that a copy was received.*
7. **If the request involves a physical fitness facility, the non-school related group must:**
- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
  - Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
  - Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
  - Ensure that each designated emergency responder knows the location of first aid equipment and any AED.
  - Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
  - Arrange for at least one emergency responder to have a tour of the facility before the activity.
  - Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed (4:170-AP6, E2, *Automated External Defibrillator Incident Report*).
- \_\_\_\_\_ *Initial here if this is agreeable*

**I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.**

**I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.**

_____ Applicant name <i>(please print)</i>	_____ Telephone number
_____ Address	_____ Email address
_____ Applicant signature	_____ Date

The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.)*

**Approved**                       **Denied**

_____ Signature	_____ Date
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**Amended: October 12, 2011**

## STEP-BY-STEP EMERGENCY RESPONSE PLAN

Effective July 1, 2005

1. Immediately notify the building's emergency responder(s) whose contact information is posted in the facility. Under life and death circumstances call 9-1-1 without delay.
2. Bring the first aid equipment and AED to the emergency scene. The AED is to be operated only by trained AED users for the intended purpose of the AED, unless the circumstances do not allow time for a trained user to arrive.
3. Immediately inform the Building Principal or designee of the emergency.
4. The emergency responder will take charge of the emergency. This person will apply first aid, CPR, and/or AED, as appropriate.
5. If necessary, the emergency responder instructs someone to call 9-1-1, providing the location in the building and which door to use to enter. This person should make sure someone is sent to open the door for paramedics and guide them to the scene.
6. When paramedics arrive and assume care of the victim, the emergency responder or other staff person notifies the victim's parent/guardian or relative.
7. If an AED was used, the person using it completes the *Automatic External Defibrillator Incident Report*, 4:170-E7. If appropriate, a supervising staff member completes an accident report.
8. If an adult refuses treatment, the emergency responder documents the refusal and, if possible, asks the adult to sign a statement stating that he or she refused treatment.

AUTOMATIC EXTERNAL DEFIBRILLATOR INCIDENT REPORT

*To be completed by the person who used the AED*

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Patient identification:  Student  Parent  Other: \_\_\_\_\_

Describe incident: \_\_\_\_\_  
\_\_\_\_\_

Name of first responder: \_\_\_\_\_

Name of person applying AED: \_\_\_\_\_

Number of times patient was defibrillated: \_\_\_\_\_

Time 9-1-1 was called: \_\_\_\_\_

Patient vitals prior to arrival of EMS: Breathing  Yes  No

Pulse  Yes  No

Heart rhythm: \_\_\_\_\_

Time EMS arrived: \_\_\_\_\_

Patient vitals after arrival of EMS: Breathing  Yes  No

Pulse  Yes  No

Heart rhythm: \_\_\_\_\_

Patient transported to: \_\_\_\_\_

List series of events from start of emergency until conclusion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Forward completed incident report to the Superintendent. Upon receipt the Superintendent or designee shall send or fax this incident report to the EMS System Resource Hospital.*

\_\_\_\_\_  
Signature of Person who administered AED

\_\_\_\_\_  
Date