

National Chi Nan University Swimming Pool Activity Accident Handling Organization and Processing Procedure

Approved at the 5th General Education Center Business Meeting of the first semester of the 107th academic year on January 8, 2019
Implemented after approval at the 509th administrative meeting on January 29, 2019

1. Purpose: To manage accidents that occur during swimming pool activities, minimizing injury and adverse effects, this procedure has been established.
2. Basis: According to the order No. 1070016735B issued by the Ministry of Education of the Republic of China on May 21, 2018, which stipulates the 'Public Sports Facilities Establishment and Management Measures' in 13 articles. Except for Articles 9 and 10, which will be implemented one year after the announcement, the measures take effect from the date of announcement.
3. The scope of activity accidents includes drowning incidents occurring in swimming activities conducted by the school, such as swimming lessons, competitions, etc.
4. Establishment of a Swimming Pool Activity Accident Handling Team, including its organization and division of responsibilities, is detailed as follows:

Group	Job Title	Responsibility
Convener	Principal	Duties include commanding and convening meetings
Deputy Convener	Director of the General Education Center	Responsibilities include assisting the convener in commanding and convening meetings
Executive Secretary	Head of the Physical Education Group	<ol style="list-style-type: none"> 1. Formulating work plans and organizational structures and promoting the group's related affairs. 2. Setting up and announcing the emergency contact number for the accident handling team. 3. Responsible for liaising with various internal and external units of the school.
Spokesperson	Chief Secretary	<ol style="list-style-type: none"> 1. Explaining related matters and making public statements. 2. Reviewing and releasing press releases.
Mobile Team	Director of the Campus Security Center Head of the Student Affairs Office's Student Assistance Group, Military Instructor Security Office	<ol style="list-style-type: none"> 1. Maintaining order at the scene of the incident and dispersing onlookers. 2. Urgently contacting students' parents and advisors. 3. Handling aftermath. 4. Coordinating internal and external communication and reporting to higher authorities. 5. Promptly filing reports in the campus security notification system.
Medical Team	Head of the Health and Security Group Nurse	<ol style="list-style-type: none"> 1. Assisting with arranging medical transport. 2. Tending to student injuries and providing first aid.
Support	Head of Student	1. Coordinating the allocation of relevant funds.

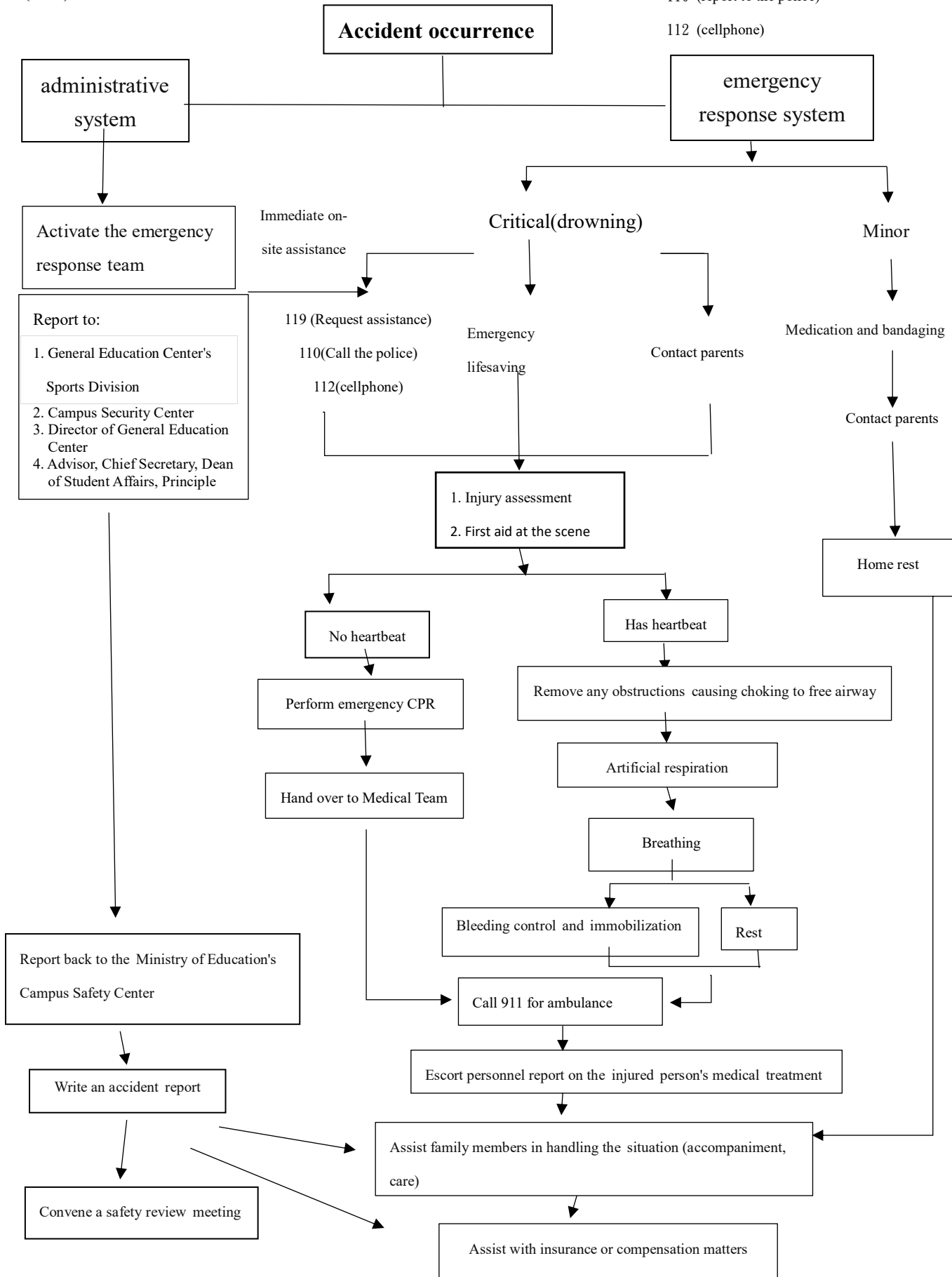
Team	<p style="text-align: center;">Affairs Director of General Affairs Head of the Affairs Group Head of the Documentation Section Head of the Cashier Section Head of the Maintenance Section</p>	<p>2. Handling complaints, appeals, assistance, and compensation coordination for related internal and external affairs.</p> <p>3. Managing aftermath and recovery at the site.</p> <p>4. Ensuring the safety and maintenance of equipment and facilities.</p> <p>5. Enhancing communication with and utilization of community resources.</p> <p>6. Recording meeting minutes and collecting, compiling, and archiving data.</p> <p>7. Contacting legal advisors and providing legal consultations.</p>
Counseling Team	<p style="text-align: center;">Director of the Student Affairs Counseling Center Student Affairs Counseling Psychologist Student Affairs Counseling Psychologist Counselor</p>	<p>1. Providing psychological counseling and support to prevent secondary trauma (to the affected individuals, parents, classmates, or related persons).</p> <p>2. Handling psychological counseling matters and establishing and maintaining relevant counseling data and records for future reference.</p>

5. The procedure for handling accidents during swimming pool activities is as follows:

Swimming Pool Activity Accident Handling Process Flowchart

(Report to the school's emergency contact phone center)
(049)2910-000

119 (Request for assistance)
110 (report to the police)
112 (cellphone)



Treatment Planning

Planning for transport to nearby hospitals

1.

Name of the Hospital	Puli Christian Hospital
Phone Number	049-291-2151#2150
Address	54546 No.1, Tieshan Rd., Puli Township, Nantou County

2.

Name of the Hospital	Taichung Veterans General Hospital-Puli Branch
Phone Number	(049) 299-0833 (049) 291-6041&291-5051
Address	Hospital : 54552 No. 1, Ringguang Rd., Puli Township, Nantou County Downtown Clinic : 54551 No. 339-9, Sec. 3, Puli Township, Nantou County

公眾自動體外心臟電擊去顫器使用記錄表

Public Automated External Defibrillator (AED) Usage Record Form

AED 資訊/ AED Information

必填/required Fields

廠牌/Brand

型號/Model

序號/Serial Number

報告者資訊/Reporter's Information

聯絡電話/Contact Phone Number

報告日期/Report Date

反應者身份/Responder's Identity

病人親友/Patient's Relative and Friend

醫護人員/Medical Personnel

救護技術員/Emergency Medical Technician

場所員工/Faculty Staff

其他民眾/Other Public Individual

其他/Other

反應者訓練資料/Responder's Training Information

不曾參加心肺復甦術(CPR)或 AED 相關訓練/

Never Participated in Cardiopulmonary Resuscitation (CPR) or AED-Related Training

曾參加心肺復甦術(CPR)或 AED 相關訓練/Participation in Cardiopulmonary Resuscitation (CPR) or AED-Related Training

不詳/Unknown

事故資訊/Incident Information

事故地點/Incident Site

事故通報日期/時間/Incident Report Date/Time

年/月/日/時/分/Year/Month/Date/Hour/Minute

AED 使用地點/AED Usage Location

同事故地點/Incident Site

事故描述/Incident Description

病患與急救資訊/Patient and Emergency Aid Information

病患資料/Patient's Information

姓名(若知道)/Name (If Known)

病患性別/Patient's Gender

男/女/不確定/Male/Female/Uncertain

病患年紀約/Patient's Approximate Age

急救模式/Resuscitation Mode

沒有通氣，也沒有胸壓 (CPR)/ No Ventilation, No Cardiopulmonary Resuscitation (CPR)

只有通氣/ Only Ventilation

只有胸壓 (CPR)/Only Cardiopulmonary Resuscitation (CPR)

通氣並胸壓 (CPR)/Ventilation and Cardiopulmonary Resuscitation (CPR)

其他：說明/Other: Explanation

AED 抵達日期/時間/AED Arrival Date/Time

AED 電擊次數/Number of AED Shocks Administered

病患預後/Patient Prognosis

現場曾回復心跳/Spontaneous Heartbeat Recovery at Scene

現場不曾回復心跳但轉送醫院/No Heartbeat Recovery at Scene, but Transferred to Hospital

不施行心肺復甦術 (DNAR)/Do Not Resuscitate

急救無效並終止心肺復甦術/Unsuccessful Resuscitation and Termination of CPR

明顯死亡/Obvious Death

病患轉送模式/Patient Transfer Mode

119 救護車/119 Ambulance

或其他救護車/Or Other Ambulance

其他車輛或交通工具 說明：/Other Vehicles or Means of Transportation Description

送離現場時間/Departure Time of the Scene

病患動向/Patient's Condition

醫院/Hospital

其他/Other

填表人/Person Completing the Form

聯絡電話/Contact Information

電子郵件/Email:

填寫日期/Date of Completion

公眾自動體外心臟電擊去顫器 (AED) 使用紀錄表

AED 資訊 (必填)	廠牌	型號
	序號	
1) 報告者資訊		
報告者姓名 (必填)		聯絡電話 (必填)
		報告日期 (必填)
反應者身分 (必填)	<input type="checkbox"/> 病人親友 <input type="checkbox"/> 醫護人員或救護技術員 <input type="checkbox"/> 場所員工 <input type="checkbox"/> 其他民眾 <input type="checkbox"/> 其他：_____	
反應者訓練資料 (必填)	<input type="checkbox"/> 不曾參加心肺復甦術 (CPR) 或 AED 相關訓練 <input type="checkbox"/> 曾經參加 CPR 或 AED 相關訓練：_____ <input type="checkbox"/> 不詳	
2) 事故資訊		
事故地點 (必填)		
事故通報日期/ 時間 (必填)	____年__月__日__時__分 (24 小時制)	
AED 使用地點 (必填)	<input type="checkbox"/> 同事故地點 <input type="checkbox"/> 其他：_____	
事故描述 (必填)		
3) 病患與急救資訊		
病患資料	姓名 (若知道)：	病患性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女 <input type="checkbox"/> 不確定
		病患年紀約__歲
急救模式 (必填)	<input type="checkbox"/> 沒有通氣，也沒有壓胸 CPR <input type="checkbox"/> 只通氣 <input type="checkbox"/> 只壓胸 CPR <input type="checkbox"/> 通氣並壓胸 CPR <input type="checkbox"/> 其他：說明_____	
AED 抵達日期/ 時間	(必填) ____月__日__時__分 (24 小時制)	AED 電擊次數 (必填) _____次
病患預後 (必填)	<input type="checkbox"/> 現場會恢復心跳 <input type="checkbox"/> 現場不會恢復心跳但轉送醫院 <input type="checkbox"/> 不施行心肺復甦術 (DNAR) <input type="checkbox"/> 急救無效並中止心肺復甦術 <input type="checkbox"/> 明顯死亡 <input type="checkbox"/> 其他：說明_____	
病患轉送模式 (必填)	<input type="checkbox"/> 119 救護車 或 <input type="checkbox"/> 其他救護車_____ <input type="checkbox"/> 其他車輛或交通工具：說明_____ 送離現場時間：____年__月__日__時__分 (24 小時制)	
病患動向 (必填)	<input type="checkbox"/> 醫院：_____醫院 <input type="checkbox"/> 其他：_____	
其他說明：	填表人 姓名： 聯絡電話： 電子郵件： 填寫日期：____年__月__日	