N.C. EMERGENCY GUIDELINES FOR SCHOOLS

2009 EDITION

Guidelines for helping an ill or injured student when the school nurse is not available.

LIST OF CONTENTS

EMSC Emergency Medical Services for Children

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EMERGENCY GUIDELINES FOR SCHOOLS 2009 EDITION

North Carolina Department of Health and Human Services

Division of Health Service Regulation – Office of Emergency Medical Services, Emergency Medical Services for Children Program

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Endorsed by

North Carolina Emergency Nurses Association
School Nurse Association of North Carolina

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Ohio Department of Public Safety, Division of Emergency Medical Services, and Ohio Department of Health, which published Emergency Guidelines for Schools, 3rd Edition, 2007, upon which this document is modeled.

Georgia Department of Human Resources, Division of Public Health, Office of Emergency Preparedness, Emergency Guidelines for Schools, 2006.

Permissions have been obtained from the Ohio Department of Health and the Georgia Division of Public Health for reproducing portions of this document, with modifications specific to North Carolina law and regulations.

We would also like to acknowledge the following for their contributions to the Emergency Guidelines for Schools (EGS) development:

School nurses and other school personnel who took time to provide feedback on their use of the EGS so the guidelines could be improved for future users.

Special thanks also go to Jenny R. Clark, Administrative Assistant, N.C. Eastern Regional Office of EMS, for her invaluable assistance with reformatting these guidelines.

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Dear Colleagues:

The North Carolina Office of Emergency Medical Services is pleased to provide you with the *N.C. Emergency Guidelines for Schools* resource manual. These guidelines are designed to assist school staff in **responding to pediatric emergencies** when the school nurse is not available. They were created with the input of EMS, emergency medicine, and pediatric specialists to assist in the development of school based emergency guidelines. The purpose of the manual is to provide general guidance based on generally accepted courses of action when confronted with medical emergencies.

The guidelines for managing various illnesses and injuries are listed in alphabetical order to assist in locating them in what may be stressful circumstances. In addition, toward the end of the manual, there is a section on disaster preparedness planning based on the type of threat. This also includes information to assist schools with pandemic flu planning.

We hope this resource is helpful to school staff as they assist ill and injured students until a healthcare or emergency medical services provider arrives. For questions regarding this resource, please contact the Emergency Medical Services for Children program at (919) 855-3953.

Sincerely,

Drexdal Pratt
Chief
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ABOUT THE GUIDELINES

The North Carolina Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services, Emergency Medical Services for Children Program has produced this first North Carolina edition of the *Emergency Guidelines for Schools* (EGS). The initial EGS was field tested in Ohio in 1997 and revised based on school feedback. Within seven years, more than 35,000 copies of the EGS were distributed in Ohio and throughout the United States. They were adapted for use in other states, including, this year, North Carolina. The 2nd and 3rd editions of the EGS incorporated recommendations of school nurses and secretaries who used the book in their schools and completed the evaluation. North Carolina's edition is the product of careful review of content and changes in best practice recommendations for providing emergency care to students in North Carolina schools, especially when the school nurse is not available.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation. The emergency guidelines are meant to serve as basic what-to-do-in-an-emergency information for school staff without minimal medical training and for when the school nurse is not available. **It is strongly recommended that staff who are in a position to provide first aid to students complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.**

The EGS has been created as **recommended** procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board or the State of North Carolina. Please consult your school nurse or regional school nurse consultant if you have questions about any of the recommendations. You may add specific instructions for your school as needed. In a true emergency situation, use your best judgment.

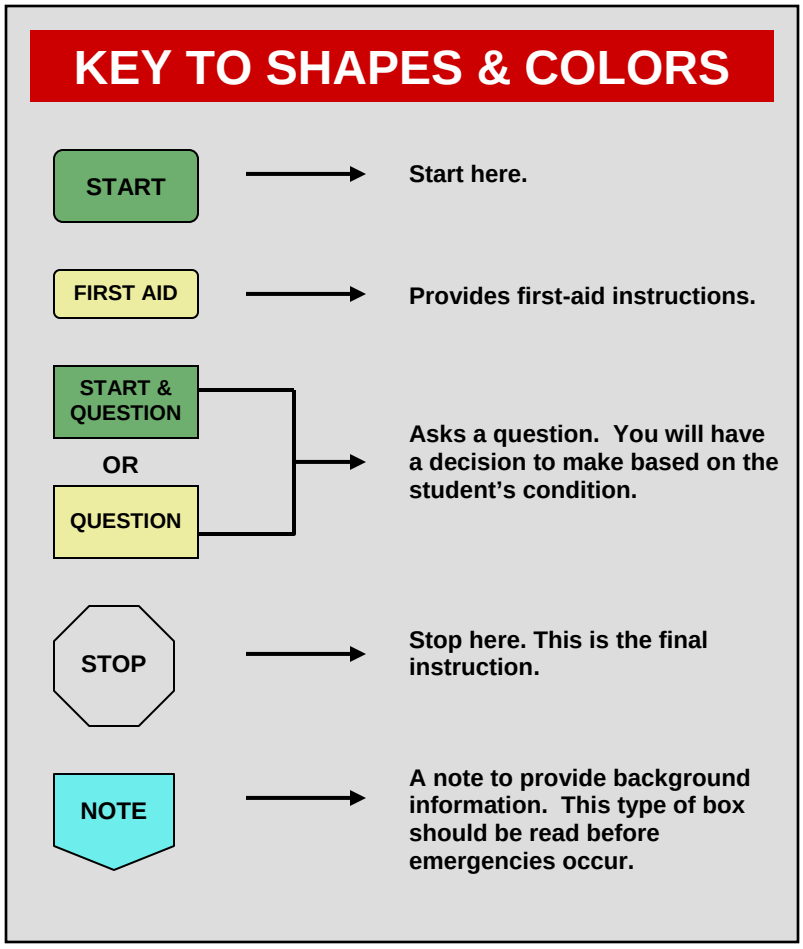
North Carolina law authorizes, but does not require, school staff to provide medical care to students (§115C-307). School staff includes "teachers, substitute teachers, teacher assistants, student teachers, or any other public school employee, when given such authority by the board of education or its designee." A companion law, §115C-375.1, contains protections that may provide immunity for school staff from personal civil liability in certain circumstances. "Any public school employee, authorized by the board of education or its designee to act under [the law], shall not be liable in civil damages for any authorized act or for any omission relating to that wrongdoing." This act also provides protection for people serving in a voluntary position at the request of or with the permission or consent of the board of education or its designee. The law also requires: "At the commencement of each school year, but before the beginning of classes, and thereafter as circumstances require, the principal of each school shall determine which persons will participate in the medical care program."

Additional copies of the EGS can be downloaded and printed from:

- The North Carolina EMS for Children Program at https://www.ncdhhs.gov/dhsr/EMS/injrchld.htm, or
- North Carolina Healthy Schools at https://www.nchealthyschools.org

HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.)
- Learn when EMS (Emergency Medical Services) should be contacted. Copy the When to Call EMS page and post in key locations.
- The back inside cover of the guidelines contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.
- The guidelines are arranged with tabs in **alphabetical order** for quick access.
- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors.**
- Take some time to familiarize yourself with the **Emergency Procedures for Injury or Illness.** These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- In addition, information has been provided about **Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning** and **Emergency Preparedness.**



WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

Call EMS if:

- ☐ The child is unconscious, semi-conscious or unusually confused.
- ☐ The child's airway is blocked.
- ☐ The child is not breathing.
- ☐ The child is having difficulty breathing, shortness of breath or is choking.
- ☐ The child has no pulse.
- ☐ The child has bleeding that won't stop.
- ☐ The child is coughing up or vomiting blood.
- ☐ The child has been poisoned.
- ☐ The child has a seizure for the first time or a seizure that lasts more than five minutes.

- ☐ The child has injuries to the neck or back.
- ☐ The child has sudden, severe pain anywhere in the body.
- ☐ The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- ☐ The child's condition could worsen or become life-threatening on the way to the hospital.
- ☐ Moving the child could cause further injury.
- ☐ The child needs the skills or equipment of paramedics or emergency medical technicians.
- ☐ Distance or traffic conditions would cause a delay in getting the child to the hospital.

If any of the above conditions exist, or if you are not sure, it is best to call 9-1-1.

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy. The North Carolina Department of Health and Human Services has created a sample *Student Injury Report Form* that may be photocopied and used as needed. A copy of the form with instructions follows.

POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and students.
- Designate private rooms for private counseling/defusing.
- Escort affected students, siblings, close friends, and other highly stressed individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow-up with students and staff who receive counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or schedules to address injury or death.

Department of Health & Human Services
STUDENT INJURY REPORT FORM GUIDELINES

The N.C. Department of Health and Human Services (DHHS) provides the following Student Injury Report Form and guidelines as a sample for districts to use in tracking the occurrence of school-related injuries. NC DHHS suggests completing the form when an injury leads to any of the following:

1. **The student misses ½ day or more of school.**

2. **The student seeks medical attention (health care provider office, urgent care center, emergency department).**

3. **EMS 9-1-1 is called.**

Schools are encouraged to review and use the information collected on the injury report form to influence local policies and procedures as needed to remedy hazards.

INSTRUCTIONS

- Student, parent and school information: self-explanatory.
- Check the box to indicate the location and time the incident occurred.
- Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- Check the appropriate box(es) for factors that may have contributed to the student's injury.
- Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
- Incident response: include all areas that apply.
- Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future.
- Sign the completed form.
- Route the form to the school nurse and the principal for review/signature.
- Original form and copies should be filed according to district policy.

North Carolina Department of Health and Human Services
STUDENT INJURY REPORT FORM

Student Information

Name_____ Date of Incident_____
Date of Birth_____ Time of Incident_____
Grade_____ ☐ Male ☐ Female

Parent/Guardian Information

Name(s)_____
Address_____
Phone # Work_____ Home_____

School Information

School_____ Phone #_____
Principal_____

Location of Incident (check appropriate box):

- ☐ Athletic Field
- ☐ Cafeteria
- ☐ Classroom
- ☐ Gymnasium
- ☐ Hallway
- ☐ Bus
- ☐ Stairway
- ☐ Restroom
- ☐ Playground
  - ☐ No Equipment Involved
  - ☐ Equipment Involved (describe) _____
- ☐ Parking Lot
- ☐ Vocation/Shop Lab
- ☐ Other (explain):_____

When Did the Incident Occur (check appropriate box):

- ☐ Recess
- ☐ Lunch
- ☐ P.E. Class
- ☐ In Class (not P.E.)
- ☐ Class Change
- ☐ Athletic Practice/Session
- ☐ Athletic Team Competition
- ☐ Intramural Competition
- ☐ Before School
- ☐ After School
- ☐ Field Trip
- ☐ Unknown
- ☐ Other_____

Surface (check all that apply):

- ☐ Asphalt
- ☐ Carpet
- ☐ Concrete
- ☐ Dirt
- ☐ Gravel
- ☐ Ice/Snow
- ☐ Lawn/Grass
- ☐ Mat(s)
- ☐ Synthetic Surface
- ☐ Wood Chips/Mulch
- ☐ Tile
- ☐ Gymnasium Floor
- ☐ Other (specify)_____

Type of Injury (check all that apply):

	Head	Eye	Ear	Nose	Mouth/Lips	Tooth/Teeth	Jaw	Chin	Neck/Throat	Collarbone	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/Ribs	Back	Abdomen	Groin	Genitals	Pelvis/Hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/ Scrape																													
Bite																													
Bump/Swelling																													
Bruise																													
Burn/Scald																													
Cut/Laceration																													
Dislocation																													
Fracture																													
Pain/ Tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing Factors (check all that apply):

- ☐ Animal Bite
- ☐ Collision with Object
- ☐ Collision with Person
- ☐ Compression/Pinch
- ☐ Fall
- ☐ Fighting
- ☐ Overextension/Twisted
- ☐ Foreign Body/Object
- ☐ Hit with Thrown Object
- ☐ Tripped/Slipped
- ☐ Struck by Object (bat, swing, etc.)
- ☐ Struck by Auto, Bike, etc.
- ☐ Contact with Hot or Toxic Substance
- ☐ Drug, Alcohol or Other Substance Involved
- ☐ Weapon
  Specify_____
- ☐ Unknown
- ☐ Other_____

Description of the Incident: _____

_____

_____

_____

_____

_____

Witnesses to the Incident: _____

_____

Staff Involved: ☐ Teacher ☐ Nurse ☐ Principal ☐ Assistant Staff ☐ Custodian ☐ Bus Driver
☐ Secretary ☐ Cafeteria ☐ Other (specify)_____

Incident Response (check all that apply):

- ☐ First Aid
  Time_____ By Whom_____
- ☐ Parent/Guardian Notified
  Time_____ By Whom_____
- ☐ Unable to Contact Parent/Guardian
  Time_____ By Whom_____
- ☐ Parents Deemed No Medical Action Necessary
- ☐ Returned to Class
- ☐ Sent/Taken Home
  Days of School Missed_____
- ☐ Assessment/Follow-up by School Nurse
  Action Taken_____
- ☐ Called 9-1-1
- ☐ Taken to Health Care Provider/Clinic/Hospital/Urgent Care
  Diagnosis_____
  Days of School Missed_____
- ☐ Hospitalized
  Diagnosis_____
  Days of School Missed_____
- ☐ Restricted School Activity
  Explain_____
  Length of Time Restricted_____
  Days of School Missed_____
- ☐ Other_____

Describe care provided to the student: _____

_____

_____

_____

_____

Additional Comments: _____

_____

_____

_____

Signature of Staff Member Completing Form_____ **Date/time**_____
Nurse's Signature_____ **Date/time**_____
Principal's Signature_____ **Date/time**_____

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities or communication challenges. Include caring for these students' special needs in emergency and disaster planning.

HEALTH CONDITIONS:

Some students may have special conditions that put them at risk for life-threatening emergencies:

- Seizures
- Diabetes
- Asthma or other breathing difficulties
- Life-threatening or severe allergic reactions
- Technology-dependent or medically fragile conditions

Your school nurse or other school health professional, along with the student's parent or legal guardian and physician should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available to appropriate staff at all times.

In the event of an emergency situation, refer to the student's emergency care plan.

The N.C. Office of EMS and the Emergency Medical Services for Children Program has created a *Kids Information Database Access System for Emergencies (KIDBASE)*. It includes a medical information form that is included on the next page. It can also be downloaded from https://www.ncdhhs.gov/dhsr/EMS/pdf/kidbaseform.pdf

This form allows parents/caregivers to document their child's vital medical information that can be used to assist health care providers in the event of medical emergencies of children with special health care needs. The KIDBASE medical information form will ensure a child's complicated medical history is concisely summarized and available when needed most – when the child has an emergency health problem and neither parent nor physician is immediately available.

PHYSICAL ABILITIES:

Other students in your school may have special emergency needs due to their physical abilities. For example, students who are:

- In wheelchairs
- Temporarily on crutches/walking casts
- Unable or have difficulty walking up or down stairs

These students will need special arrangements in the event of a school-wide emergency (e.g., fire, tornado, evacuation, etc.). A plan should be developed and a responsible person should be designated to assist these students to safety. All staff should be aware of this plan.

COMMUNICATION CHALLENGES:

Other students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

- Vision impairments
- Hearing impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issues

These students may need special communication considerations in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

KIDBASE

Kids' Information Database Access System for Emergencies

Helping emergency personnel care for your child with special health care needs

Photograph of Child (optional)

For questions about KIDBASE, please email Kid.Base@dhhs.nc.gov or call (919) 855-3935.

Keep copies of this form with: (1) Your Child in backpack/on wheelchair; (2) School Nurse or Teacher; (3) Daycare; (4) Any other person your child is with frequently.

Please keep this form updated as your child's medical information and/or care changes. An electronic copy of this form, which allows you to easily update and save your child's medical information, can be found at www.ncems.org/kidbase.htm. Once the form has been completed, send the KIDBASE postcard to your KIDBASE coordinating agency or contact them directly to let them know your child is enrolled.

PARENT/GUARDIAN

Instructions: *Parent/Guardian fills out this section.*
(Consider contacting your child's physician if you need help filling out this section.)

CHILD'S NAME: _____ (LAST NAME) _____ (FIRST NAME) NICKNAME: _____

DATE OF BIRTH: ____/____/____ (mm/dd/yyyy) ☐ MALE ☐ FEMALE CURRENT WEIGHT: _____ kgs HEIGHT: _____

HOME ADDRESS: _____ (STREET NAME or P.O. BOX) (APT. #) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS: _____ (IF DIFFERENT THAN HOME ADDRESS) (STREET NAME or P.O. BOX) (APT. #) (CITY) (STATE) (ZIP CODE)

NAME OF PARENT(S)/PRIMARY CAREGIVER(S): _____

PREFERRED CONTACT PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____ (IF APPLICABLE)

Emergency Contact Information (Other than Parent/Primary Caregiver)

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____ PREFERRED CONTACT PHONE NUMBER: (____) _____

PRIMARY CARE PHYSICIAN: _____

OFFICE PHONE: (____) _____ EMERGENCY PHONE: (____) _____

PREFERRED SPECIALTY PHYSICIAN: _____ SPECIALTY: _____

OFFICE PHONE: (____) _____ EMERGENCY PHONE: (____) _____

PRIMARY LANGUAGE: _____ COMMUNICATION/LEVEL OF FUNCTION: ☐ VERBAL ☐ NONVERBAL

HEARING IMPAIRED: ☐ YES ☐ NO LEGALLY BLIND: ☐ YES ☐ NO ABLE TO WALK: ☐ YES ☐ NO ABLE TO SPEAK: ☐ YES ☐ NO

ANY COGNITIVE/MENTAL DIFFICULTIES: ☐ YES ☐ NO ANY SENSORY ISSUES: ☐ YES ☐ NO

CAN HE OR SHE BE UNDERSTOOD BY OTHERS?: ☐ YES ☐ NO CAN HE OR SHE UNDERSTAND OTHERS?: ☐ YES ☐ NO

DOES ANYTHING IN PARTICULAR UPSET OR OVERSTIMULATE YOUR CHILD?: _____
EXAMPLE: bright lights, loud noises, medical equipment, touch, etc.

PHYSICIAN

Instructions: *Child's Physician fills out this section.*
Please print or type.

CHILD'S DIAGNOSES: _____

CHILD'S PAST PROCEDURES: _____

cont. on back

Baseline Vital Signs

DNR STATUS:_____ SKIN COLOR:_____

PULSE RATE:_____ _____ (SITE BEST TAKEN) BLOOD PRESSURE:_____ _____ (SITE BEST TAKEN)

RESPIRATORY RATE:_____ _____ (BREATH SOUNDS) PULSE Ox ROOM AIR: Pulse Ox on _____ liter/min Oxygen

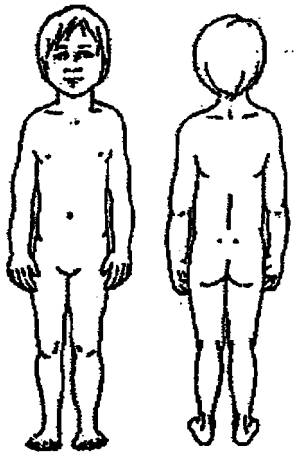
BROSELOW RESUSCITATION TAPE COLOR:_____ WEIGHT (Kgs)_____ BLOOD SUGAR LEVEL:_____

TEMPERATURE:_____ _____ (HOW TAKEN) PUPILS:_____

OTHER SIGNIFICANT BASELINE FINDINGS *(lab, x-ray, ECG, EKG, etc.)*:_____

Instructions:

Shade areas of paralysis or diminished sensation. Denote the location of Venous Access Devices.



Special Technologies/Devices

☐ NEBULIZER ☐ TRACHEOSTOMY ☐ VENTILATOR

☐ CENTRAL VENOUS CATHETER, IMPLANTED PORT, OR OTHER VENOUS ACCESS DEVICE (denote on diagram)

☐ PACEMAKER ☐ VENTRICULAR PERITONEAL SHUNT ☐ DIALYSIS SHUNT ☐ OSTOMY STOMA

☐ GASTROSTOMY TUBE OR BUTTON Size:_____

☐ VAGAL NERVE STIMULATOR ☐ OTHER (Describe):_____

Special Equipment Used to Care for this Child

☐ CONTINUOUS OXYGEN Rate and Route:_____ ☐ VENTILATOR, Vent Settings:_____

☐ BAG VALVE, Size:_____ ☐ WITH MASK, Mask Size:_____

☐ TRACH TUBE, Size:_____ ☐ IV ACCESS LOCATION, Needle Type & Size:_____

☐ SUCTION CATHETER, Size:_____

☐ OTHER SPECIAL CONSIDERATIONS (i.e, Past Successful Interventions):_____

Any special transportation requirement such as position of comfort or wheelchair?

Allergies (List all and indicate child's reaction to each.)

☐ MEDICATIONS:_____

MEDICATIONS TO AVOID:_____

☐ FOODS:_____ ☐ LATEX:_____

Medications

DRUG NAME	DOSAGE	WHEN/HOW TAKEN	SIDE EFFECTS/SPECIAL INSTRUCTIONS

PHYSICIAN/PROVIDER SIGNATURE:_____ DATE:_____

PRINT NAME:_____

I have reviewed the information contained in this document and consent to the information being made available to emergency care personnel to prepare for and assist my child during an emergency. I understand that it is my responsibility to update this form when my child has siginificant changes in his medical condition and/or care. I also understand that this information will be kept confidential and only shared with emergency care providers that may be asked to care for my child during an emergency.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

PRINT NAME:_____

INFECTION CONTROL

To reduce the spread of infectious diseases *(diseases that can be spread from one person to another)*, it is important to follow **universal precautions**. Universal precautions are a set of guidelines that assume all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to *any* student, whether or not the student is known to be infectious. The following list describes universal precautions:

- **Wash hands thoroughly** with running water and soap for at least 15 seconds:
  1. Before and after physical contact with any student *(even if gloves have been worn)*.
  2. Before and after eating or handling food.
  3. After cleaning.
  4. After using the restroom.
  5. After providing any first aid.

Be sure to scrub between fingers, under fingernails and around the tops and palms of hands. If soap and water are not available, an alcohol-based waterless hand sanitizer may be used according to manufacturer's instructions.

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible *(wear disposable gloves)*. Double the trash in plastic bags and dispose of immediately. Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not touch your mouth or eyes while giving any first aid.

GUIDELINES FOR STUDENTS:

- Remind students to wash hands thoroughly after coming in contact with their own blood or body fluids.
- Remind students to avoid contact with another person's blood or body fluids.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

AEDs are devices that help to restore a normal heart rhythm by delivering an electric shock to the heart after detecting a life-threatening irregular rhythm. AEDs are not substitutes for CPR, but are designed to increase the effectiveness of basic life support when integrated into the CPR cycle.

AEDs are safe to use for ***children as young as age 1, according to the American Heart Association (AHA).**** Some AEDs are capable of delivering a "child" energy dose through smaller child pads. Use child pads/child system for children 1-8 years if available. If child system is not available, use adult AED and pads. Do not use the child pads or energy dose for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer's instructions. The location of AEDs should be known to all school personnel.

American Heart Association Guidelines for AED/CPR Integration*

- For a sudden, witnessed collapse in a child, use the AED first if it is immediately available. If there is any delay in the AED's arrival, begin CPR first. Prepare AED to check heart rhythm and deliver 1 shock as necessary. Then, immediately begin 30 CPR chest compressions in about 20 seconds followed by 2 slow breaths of 1 second each. Complete 5 cycles of CPR (30 compressions to 2 breaths x 5) of about 2 minutes. The AED will perform another heart rhythm assessment and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

- For a sudden, unwitnessed collapse in a child, perform 5 cycles of CPR first (30 compressions to 2 breaths x 5) of about 5 minutes, and then apply the AED to check the heart rhythm and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

**Currents in Emergency Cardiovascular Care, American Heart Association, Winter 2005-2006.*

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)
FOR CHILDREN OVER 1 YEAR OF AGE & ADULTS

CPR and AEDs are to be used when a person is unresponsive or when breathing or heart beat stops.

If your school has an AED, this guideline will refresh information provided in training courses as to incorporating AED use into CPR cycles.

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If person is unresponsive, shout for help and **send someone to CALL EMS and get your school's AED if available.**
2. Follow primary steps for CPR (see "*CPR*" for appropriate age group – infant, 1-8 years, over 8 years and adults).
3. If available, set up the AED according to the manufacturer's instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions and training method.

IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

4. Use the AED first if immediately available. If not, begin CPR.
5. Prepare AED to check heart rhythm and deliver 1 shock as necessary.
6. Begin 30 CPR chest compressions in about 20 seconds followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions in about 20 seconds to 2 breaths for a rate of 100 compressions per minute).
8. Prompt another AED rhythm check.
9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
10. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

IF CARDIAC ARREST OR COLLAPSE WAS *NOT* WITNESSED:

4. Start CPR first. See age appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions in about 20 seconds to 2 breaths at a rate of 100 compressions per minute.
5. Prepare the AED to check the heart rhythm and deliver a shock as needed.
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

ALLERGIC REACTION

Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction.

Children may experience a delayed allergic reaction up to ***2 hours*** following food ingestion, bee sting, etc.

Does the student have any symptoms of a severe allergic reaction which may include:

- Flushed face?
- Dizziness?
- Seizures?
- Confusion?
- Weakness?
- Paleness?
- Hives all over body?
- Blueness around mouth, eyes?
- Difficulty breathing?
- Drooling or difficulty swallowing?
- Loss of consciousness?

NO

Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

If student is so uncomfortable that he/she is unable to participate in school activities, contact responsible school authority & parent or legal guardian.

YES

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR" (p. 23-24).*

Does student have an emergency care plan available?

NO

Follow school policies for students with severe allergic reactions. Continue CPR if needed.

YES

Refer to student's plan.

Administer doctor-and parent/guardian-approved medication as indicated.

CALL EMS 9-1-1.
Contact responsible school authority & parent or legal guardian.

ASTHMA – WHEEZING – DIFFICULTY BREATHING

Students with a history of breathing difficulties including asthma/wheezing should be known to appropriate school staff. A care plan which includes an emergency action plan should be developed. N.C. law allows students to possess and use an asthma inhaler in the school. Staff must try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.

A student with asthma/wheezing may have breathing difficulties which may include:

- Uncontrollable coughing.
- Wheezing – a high-pitched sound during breathing out.
- Rapid breathing
- Flaring (widening) of nostrils
- Feeling of tightness in the chest.
- Not able to speak in full sentences.
- Increased use of stomach and chest muscles during breathing.

- Did breathing difficulty develop rapidly?
- Are the lips, tongue or nail beds turning blue?

YES

CALL EMS 9-1-1

NO

Refer to student's emergency care plan.

Does the student have doctor – and parent/guardian – approved medication?

YES

Has an inhaler already been used? If yes, when and how often?

YES

NO

NO

Remain calm. Encourage the student to sit quietly, breathe slowly and deeply in through the nose and our through the mouth.

Administer medication as directed.

Are symptoms not improving or getting worse?

NO

YES

CALL EMS 9-1-1

Contact responsible school authority & parent/legal guardian.

BEHAVIORAL EMERGENCIES

Behavioral or psychological emergencies may take many forms (e.g., depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide, etc.).
Intervene only if the situation is safe for you.

Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate school staff. An emergency care plan should be developed.

Refer to your school's policy for addressing behavioral emergencies.

Does student have visible injuries?

YES

See appropriate guideline to provide first aid.
CALL EMS 9-1-1 if any injuries require immediate care.

NO

- Does student's behavior present an immediate risk of physical harm to persons or property?
- Is student armed with a weapon?

YES

CALL THE POLICE.

NO

The cause of unusual behavior may be psychological, emotional or physical (e.g., fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

Suicidal and violent behavior should be taken seriously.
If the student has threatened to harm him/herself or others, contact the responsible school authority immediately.

Contact responsible school authority & parent/legal guardian.

BITES (HUMAN & ANIMAL)

Wear disposable gloves when exposed to blood or other body fluids.

Wash the bite area with soap and water.

Is student bleeding?

YES

Press firmly with a clean dressing.

See "Bleeding"(p.17).

NO

Hold under running water for 2-3 minutes.

Check student's immunization record for tetanus. See *"Tetanus Immunization"(p.62).*

Bites from the following animals can carry rabies and may need medical attention:

- Dog.
- Opossum.
- Raccoon.
- Coyote.
- Bat.
- Skunk.
- Fox.
- Cat.

Is bite from an animal or human?

HUMAN

If skin is broken, contact responsible school authority & parent/legal guardian.

URGE IMMEDIATE MEDICAL CARE.

Parents/legal guardians of the student who was bitten ***and*** the student who was biting should be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.

ANIMAL

If bite is from a snake, hold the bitten area still and below the level of the heart.

CALL POISON CONTROL 1-800-222-1222 Follow their directions.

- Is bite large or gaping?
- Is bleeding uncontrollable?

YES

CALL EMS 9-1-1.

NO

Contact responsible school authority & parent/legal guardian.

Report bite to proper authorities, usually the local health department, so the animal can be caught and watched for rabies.

BLEEDING

Check student's immunization record for tetanus. See *"Tetanus Immunization" (p. 62).*

Wear disposable gloves when exposed to blood or other body fluids.

Is injured part amputated (severed)?

NO

YES

CALL EMS 9-1-1.

- Place detached part in a plastic bag.
- Tie bag.
- Put bag in a container of ice water.
- **Do *NOT* put amputated part directly on ice.**
- Send bag to the hospital with student.

- Press firmly with a clean bandage to stop bleeding.
- Elevate bleeding body part gently. If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- **Do *NOT* use a tourniquet.**

Is there continued uncontrollable bleeding?

YES

CALL EMS 9-1-1.

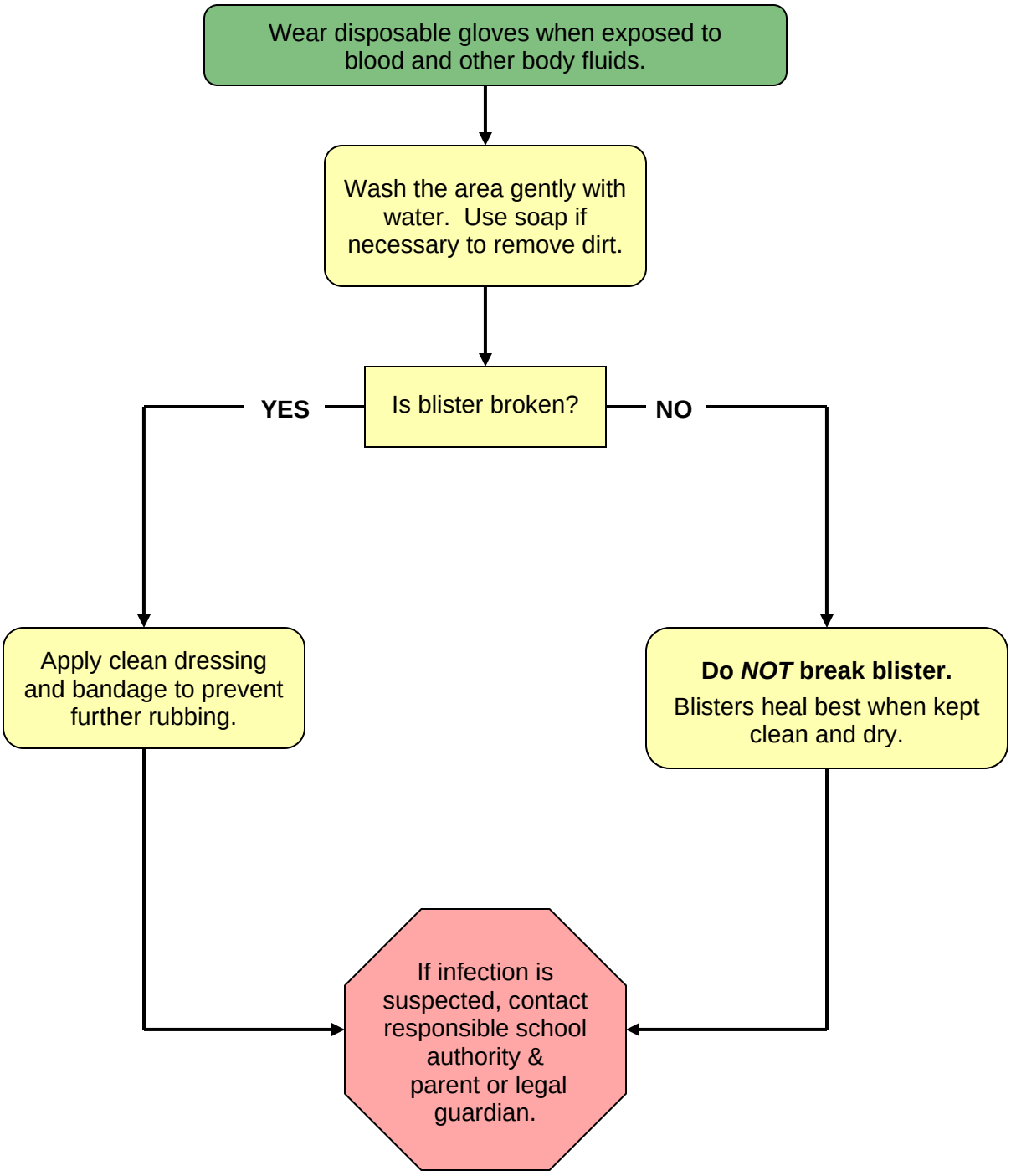
- Have student lie down.
- Elevate student's feet 8-10 inches unless this causes the student pain or discomfort *or* a neck/back injury is suspected.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.

If wound is gaping, student may need stitches. Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

Contact responsible school authority & parent or legal guardian.

BLISTERS
(FROM FRICTION)



BRUISES

If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse.
See *"Child Abuse"(p.26).*

- Is bruise deep in the muscle?
- Is there rapid swelling?
- Is student in great pain?

YES → Contact responsible school authority & parent or legal guardian.

NO → Rest injured part.

Apply cold compress or ice bag covered with a cloth or paper towel for 20 minutes.

If skin is broken, treat as a cut. See *"Cuts, Scratches & Scrapes" (p.30).*

BURNS

If student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See *"Child Abuse" (p.26).*

Always make sure the situation is safe for you before helping the student.

What type of burn is it?

ELECTRICAL

Is student unconscious or unresponsive?

NO

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth. **Do *NOT* use ice.**

YES

See *"Electric Shock" (p.34).*

HEAT

CHEMICAL

- Wear gloves and if possible, goggles.
- Remove student's clothing and jewelry if exposed to chemical.
- Rinse chemicals off skin, eyes **IMMEDIATELY** with large amounts of water.
- See *"EYES"* if necessary.
- Rinse for 20-30 minutes.

CALL POISON CONTROL
1-800-222-1222
while flushing burn and follow instructions.

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?
- Are there other injuries?

YES

NO

Call EMS 9-1-1

Cover/wrap burned part loosely with a clean dressing.

Check student's immunization record for tetanus. See *"Tetanus Immunization" (p.62).*

Contact responsible school authority & parent or legal guardian.

NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2005.* A new compression-to-ventilation ratio of 30:2 is one of several key changes in these guidelines. Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR. The State of North Carolina supports school personnel to become trained in CPR and use of AEDs by authorizing community colleges to waive tuition and registration fees to elementary and secondary school employees enrolled in courses in first aid or CPR. G.S. 115D-5.b

Current first aid, choking and CPR manuals, and wall chart(s) should also be available. The American Academy of Pediatrics offers many visual aids for school personnel and can be purchased at http://www.aap.org.

CHEST COMPRESSIONS

The AHA is placing more emphasis on the use of effective chest compressions in CPR. CPR chest compressions produce blood flow from the heart to the vital organs. To give effective compressions, rescuers should:

- Follow revised guidelines for hand use and placement based on age.
- Use a compression to breathing ratio of 30 compressions to 2 breaths.
- "Push hard and push fast." Compress chest at a rate of about 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants and children, and 1½ to 2 inches for adults.
- Allow the chest to return to its normal position between each compression.
- Use approximately equal compression and relaxation times.
- Try to limit interruptions in chest compressions.

BARRIER DEVICES

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing rescue breathing. Several different types (e.g., face shields, pocket masks) exist. It is important to learn and practice using these devices in the presence of a trained CPR instructor before attempting to use them in an emergency situation. Rescue breathing technique may be affected by these devices.

CHOKING RESCUE

It is recommended that schools that offer food service have at least one employee who has received instruction in methods to intervene and assist someone who is choking to be present in the lunch room at all times.

**Currents in Emergency Cardiovascular Care, American Heart Association, Winter 2005-2006.*

CARDIOPULMONARY RESUSCITATION (CPR)
FOR INFANTS UNDER 1 YEAR

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Gently shake infant. If no response, shout for help and send someone to call EMS.
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4. Check for **BREATHING**. With your ear close to infant's mouth, LOOK at the chest for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek.
5. If infant is not breathing, take a normal breath. Seal your lips tightly around his/her mouth and nose. While keeping the airway open, give 1 normal breath over 1 second and watch for chest to rise.

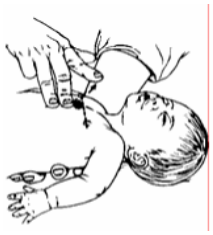
IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

6. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are ***NOT*** over the very bottom of the breastbone.)

7. Compress chest hard and fast at rate of 30 compressions in about 20 seconds with 2 or 3 fingers *about* 1/3 to 1/2 the depth of the infant's chest.

   Use equal compression and relaxation times. Limit interruptions in chest compressions.

8. Give 2 normal breaths, each lasting 1 second. Each breath should make chest rise.



9. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.

10. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

6. Re-tilt had back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

7. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are ***NOT*** over the very bottom of the breastbone.)

8. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are ***NOT*** over the very bottom of the breastbone.)

9. Look in mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep of lift the jaw or tongue.

10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.

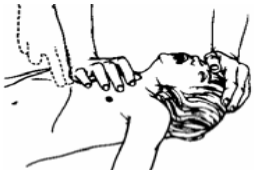
CARDIOPULMONARY RESUSCITATION (CPR)
FOR CHILDREN 1 TO 8 YEARS OF AGE

CPR is to be used when a student is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If child is unresponsive, shout for help and send someone to **call EMS and get your school's AED if available.**
2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
4. Check for normal **BREATHING.** With your ear close to child's mouth, take 5-10 seconds to LOOK at the chest for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek.
5. If you witnessed the child's collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If child in not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

7. Find hand position near center of breastbone at the nipple line. (Do ***NOT*** place your hand over the very bottom of the breastbone.)
8. Compress chest hard and fast 30 times in 20 seconds with the heel of **1 or 2 hands.*** Compress about 1/3 to 1/2 depth of child's chest. Allow the chest to return to normal position between each compression.



Lift fingers to avoid pressure on ribs. Use equal compression and relaxation times. Limit interruptions in chest compressions.

9. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
10. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 20 SECONDS UNTIL THE CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.
11. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

***Hand positions for child CPR:**
- **1 hand:** Use heel of 1 hand only.
- **2 hands:** Use heel of 1 hand with second on top of first.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

7. Re-tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

8. Find hand position near center of breastbone at the nipple line. (Do ***NOT*** place your hand over the very bottom of the breastbone.)
9. Compress chest fast and hard 5 times with the heel of **1 or 2 hands.*** Compress *about* 1/3 to 1/2 depth of child's chest. Lift fingers to avoid pressure on ribs.

10. Look in mouth. If foreign object is seen, remove it. Do ***NOT*** perform a blind finger sweep or lift the jaw or tongue.
11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATH EFFECTIVELY ON OWN OR HELP ARRIVES.

CARDIOPULMONARY RESUSCITATION (CPR)
FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

CPR is to be used when a person is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If person is unresponsive, shout for help and send someone to **call EMS AND get your school's AED if available.**
2. Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
4. Check for normal **BREATHING**. With your ear close to person's mouth, LOOK at the check for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek. Gasping in adults should be treated as *no breathing.*
5. If you witnessed the collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If victim is not breathing, take a normal breath, seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

7. Give a second rescue breath lasting 1 second until chest rises.

8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do ***NOT*** place your hands over the very bottom of the breastbone.)

9. Position self vertically above victim's chest and with straight arms, **compress chest hard and fast about 1½ to 2 inches at a rate of 30 compressions in about 20 seconds with both hands.** Allow the chest to return to normal position between each compression. *Lift fingers when compressing to avoid pressure on ribs.* Limit interruptions in chest compressions.

10. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.

11. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.

12. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

7. Re-tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do ***NOT*** place your hands over the very bottom of the breastbone.)

9. Position self vertically above person's chest and with straight arms, compress chest at a rate of 30 compressions in about 20 seconds with both hands *about* 1½ to 2 inches. Lift fingers to avoid pressure on ribs.

10. Look into the mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep or lift the jaw or tongue.

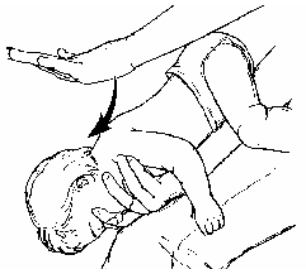
11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.

CHOKING (Conscious Victims)

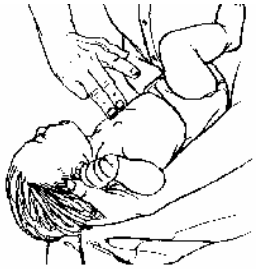
Call EMS 9-1-1 after starting rescue efforts.

INFANTS UNDER 1 YEAR

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, do ***NOT*** do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.



1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do ***NOT*** compress throat).
2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.



3. If object is not coughed up, position infant face up on your forearm with head slightly lower then rest of body.
4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, just below the nipple line.

5. Open mouth and look. If foreign object is seen, sweep it out with the finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
8. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR (p.22).

CHILDREN OVER 1 YEAR OF AGE & ADULTS

Begin the following if the victim is choking and unable to breathe. Ask the victim: "Are you choking?" If the victim nods yes or can't respond, help is needed. However, if the victim is coughing, crying or speaking, do ***NOT*** do any of the following, but call EMS, try to calm him/her and watch for worsening of symptoms. If cough becomes ineffective (loss of sound) and victim cannot speak, begin step 1 below.

1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do ***NOT*** place your hand over the very bottom of the breastbone. Grasp fist with other hand).
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD OR ADULT CPR (p.23 or 24).

FOR OBESE OR PREGNANT PERSONS:

Stand behind person and place your arms under the armpits to encircle the chest. Press with quick backward thrusts.

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. According to North Carolina law, all school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to their Department of Social Services or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect. Failure to report suspected abuse or neglect may result in civil or criminal liability.

If student has visible injuries, refer to the appropriate guideline to provide first aid. **CALL EMS 9-1-1** if any injuries require immediate medical care.

All school staff are required to report suspected child abuse and neglect to the county Department of Social Services. Refer to your own school's policy for additional guidance on reporting.

County DSS Phone #_____

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This *NOT* a complete list:

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed appearance.

If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the student know that you are required to report the abuse to the Department of Social Services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority. Contact DSS. Follow up with school report.

COMMUNICABLE DISEASE RESOURCES

The North Carolina Department of Health and Human Services, Division of Public Health, Epidemiology Section, Communicable Disease Branch, offers advice on the control of communicable disease.

More information can be found at:
http://www.epi.state.nc.us/epi/gcdc.html

COMMUNICABLE DISEASES

For more information on protecting yourself from communicable diseases, see "*Communicable Disease Resources" (p.28).*

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

Chickenpox, pink eye, strep throat and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease.

Refer to your local school's policy for ill students.

Signs of PROBABLE illness:

- Sore throat.
- Redness, swelling, drainage of eye.
- Unusual spots/rash with fever or itching.
- Crusty, bright yellow, gummy skin sores.
- Diarrhea (more than 2 loose stools a day).
- Vomiting.
- Yellow skin or yellow "white of eye".
- Oral temperature greater than 100.0 F.
- Extreme tiredness or lethargy.
- Unusual behavior.

Contact responsible school authority & parent or legal guardian.

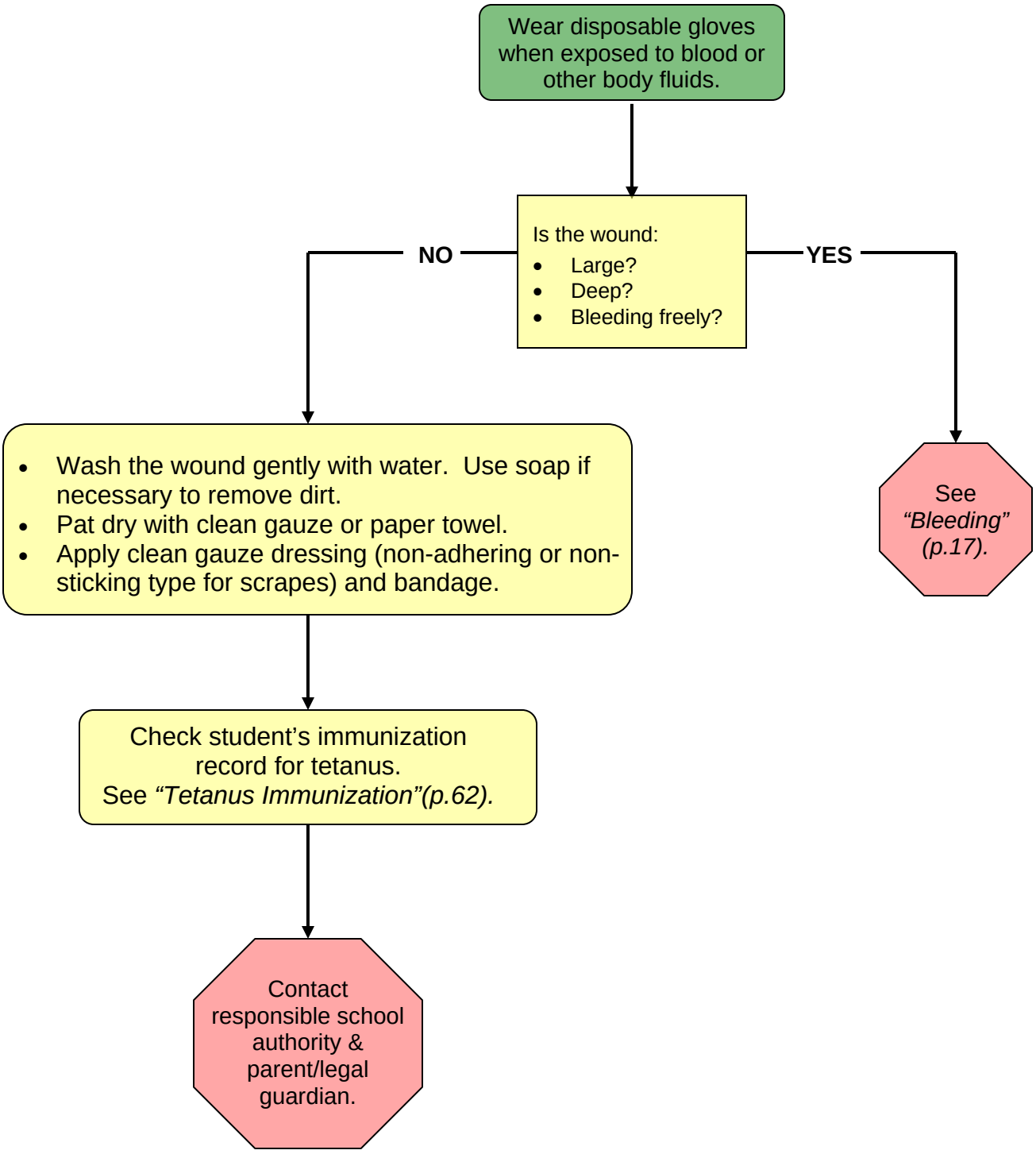
ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:

- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

Monitor student for worsening of symptoms. Contact parent/legal guardian and discuss.

CUTS (SMALL), **SCRATCHES & SCRAPES** (INCLUDING ROPE & FLOOR BURNS)



DIABETES

A student with diabetes may have the following symptoms:

- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling "shaky."
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.

A student with diabetes should be known to appropriate school staff. An emergency care plan must be developed. Staff in a position to administer any approved medications must receive training.

Refer to student's emergency care plan.

Is the student:

- Unconscious or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

YES → **CALL EMS 9-1-1.**

If the student is unconscious, see *"Unconsciousness" (p.64).*

NO → Does student have a blood sugar monitor available?

NO → Give the student "sugar" such as:

- Fruit juice or soda pop (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or ½ candy bar.
- Sugar (2 packets or 2 teaspoons).
- Cake decorating gel (½ tube) or icing.
- Instant glucose.

→

- Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
- Allow student to re-check blood sugar.

→ Continue to watch the student. Is student improving?

NO → **CALL EMS 9-1-1.**

YES → Contact responsible school authority & parent/legal guardian.

YES → Allow student to check blood sugar.

→ Is blood sugar ***less than 60 or "LOW"*** according to emergency care plan?
or
Is blood sugar ***"HIGH"*** according to emergency care plan?

LOW → Give the student "sugar" such as:

HIGH → Contact responsible school authority & parent/legal guardian.

DIARRHEA

Wear disposable gloves when exposed to blood or other body fluids.

A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.

Does student have any of the following signs of probable illness:

- More than 2 loose stools a day?
- Oral temperature over 100.0 F? See *"Fever" (p.38).*
- Blood present in the stool?
- Severe stomach pain?
- Student is dizzy and pale?

YES

Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

NO

- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.

If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EAR PROBLEMS

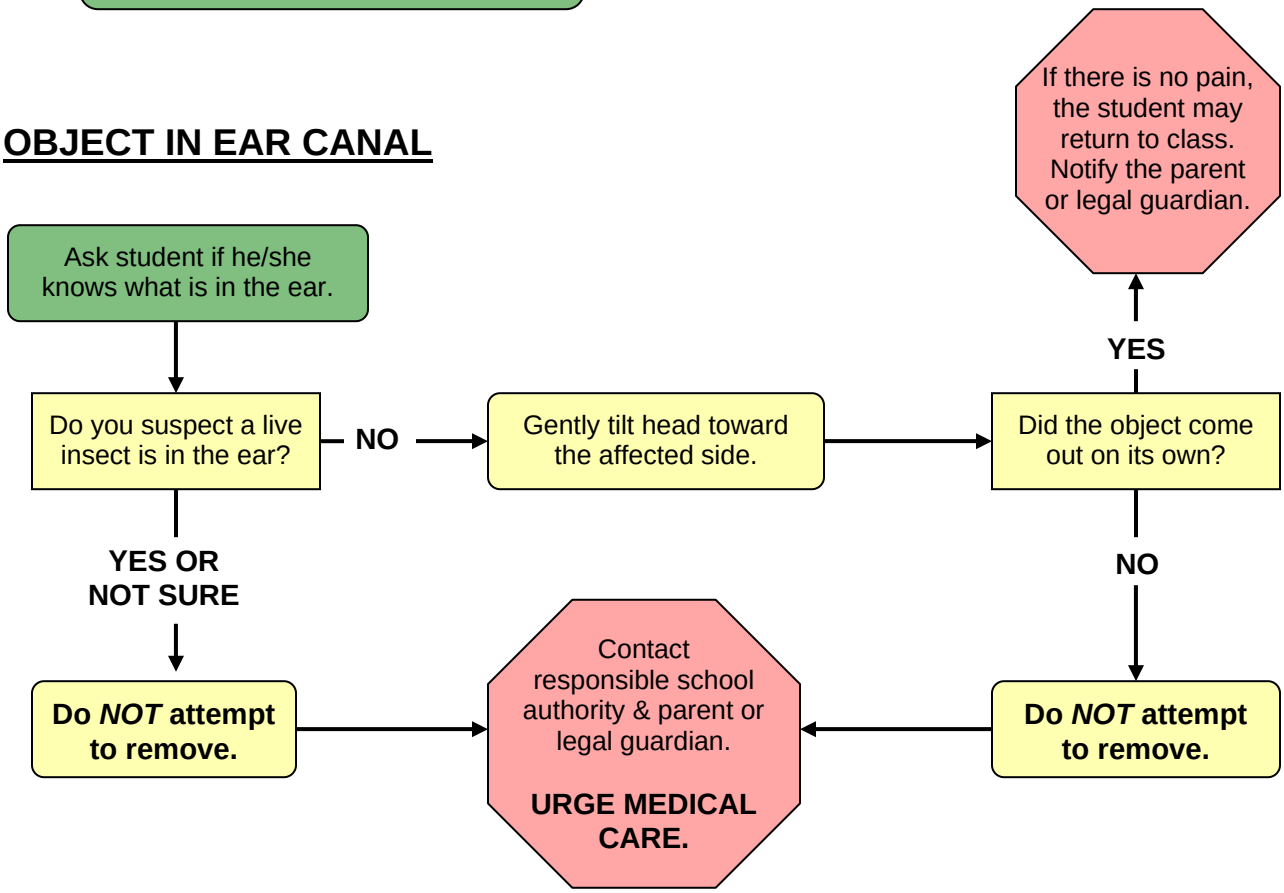
DRAINAGE FROM EAR

Do *NOT* try to clean out ear. → Contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.**

EARACHE

Contact responsible school authority & parent/legal guardian. **URGE MEDICAL CARE.**

OBJECT IN EAR CANAL



ELECTRIC SHOCK

- **TURN OFF POWER SOURCE, IF POSSIBLE. DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- Once power is off and situation is safe, approach the student and ask, “Are you OK?”

If no one else is available to call EMS, perform CPR first for 2 minutes and then call EMS yourself.

Is student unconscious or unresponsive?

YES

CALL EMS 9-1-1.

- Keep airway clear.
- Look, listen and feel for breath.
- **If student is not breathing, start CPR.** See *“CPR” (pp.22-24).*

Contact responsible school authority & parent/legal guardian.

NO

Treat any burns. See *“Burns” (p.19).*

Contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.**

EYE PROBLEMS

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye.

EYE INJURY:

Keep student lying flat and quiet.

- Is injury severe?
- Is there a change in vision?
- Has object penetrated eye?

YES

If an object has penetrated the eye, **do *NOT* remove object.**

Cover eye with a paper cup or similar object to keep student from rubbing, **but do *NOT* touch eye or put any pressure on eye.**

CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.

NO

Contact responsible school authority & parent or legal guardian.

URGE IMMEDIATE MEDICAL CARE.

EYE PROBLEMS

PARTICLE IN EYE

Keep student from rubbing eye.

- If necessary, lay student down and tip head toward affected side.
- Gently pour tap water over the open eye to flush out the particle.

If particle does not flush out of eye or if eye pain continues, contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

CHEMICALS IN EYE

- Wear gloves and if possible, goggles.
- Immediately rinse the eye with large amounts of clean water for 20 to 30 minutes. Use an eyewash if available.
- Tip the head so the affected eye is below the unaffected eye and water washes eye from nose out to side of the face.

CALL POISON CONTROL.

1-800-222-1222

Follow their directions.

If eye has been burned by chemical, **CALL EMS 9-1-1.**

Contact responsible school authority & parent/legal guardian.

FAINTING

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

If you know the cause of the fainting, see the appropriate guideline.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see *"Unconsciousness" (p.64).*

- Is fainting due to injury?
- Was student injured when he/she fainted?

YES OR NOT SURE

Treat as possible neck injury. See *"Neck & Back Pain" (p.47).*

Do *NOT* move student.

NO

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding if needed (wear disposable gloves).
- Give nothing by mouth.

Are symptoms (*dizziness, light-headedness, weakness, fatigue, etc.)* still present?

YES

Keep student lying down. Contact responsible school authority & parent or legal guardian.

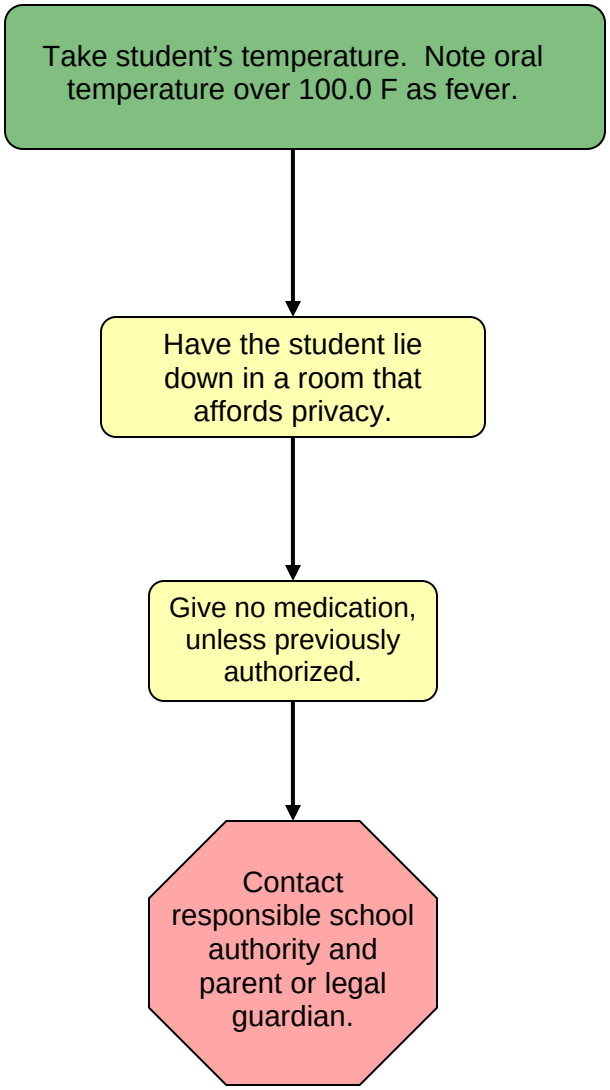
URGE MEDICAL CARE.

NO

If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Contact responsible school authority & parent/legal guardian.

FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

Treat all injured parts as if they *could* be fractured.

Symptoms may include:
- Pain in one area.
- Swelling.
- Feeling "heat" in injured area.
- Discoloration.
- Limited movement.
- Bent or deformed bone.
- Numbness or loss of sensation.

- Is bone deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?

YES

CALL EMS 9-1-1.

- Leave student in a position of comfort.
- Gently cover broken skin with a clean bandage.
- **Do *NOT* move injured part.**

Contact responsible school authority & parent/legal guardian.

NO

- Rest injured part by not allowing student to put weight on it or use it.
- Gently support and elevate injured part if possible.
- Apply ice, covered with a cloth or paper towel, to minimize swelling.

After period of rest, re-check the injury.
- Is pain gone?
- Can student move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has sensation returned to injured area?

YES

If discomfort is gone after period of rest, allow student to return to class.

NO

Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

Exposure to cold even for short periods of time may cause "HYPOTHERMIA" in children (see *"Hypothermia"*). The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the student.

Deeply frostbitten skin may:

- Look white or waxy.
- Feel firm or hard (frozen).

- Take the student to a warm place.
- Remove cold or wet clothing and give student warm, dry clothes.
- Protect cold part from further injury.
- **Do *NOT* rub or massage the cold part *or* apply heat such as a water bottle or hot running water.**
- Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/part:

- Look discolored – grayish, white or waxy?
- Feel firm/hard (frozen)?
- Have a loss of sensation?

YES

CALL EMS 9-1-1.
Keep student warm and part covered.

Contact responsible authority & parent or legal guardian.

NO

Keep student and part warm.

Contact responsible authority & parent or legal guardian.

Encourage medical care.

HEADACHE

Give no medication unless previously authorized.

Has a head injury occurred?

YES → See *"Head Injuries" (p.42).*

NO

- Is headache severe?
- Are other symptoms present such as:
  - Vomiting?
  - Oral temperature over 100.0 F (see *"Fever, p.38"*)?
  - Blurred vision?
  - Dizziness?

YES → Contact parent/legal guardian.

URGE MEDICAL CARE.

NO

Have student lie down for a short time in a room that affords privacy.

Apply a cold cloth or compress to the student's head.

If headache persists, contact parent/legal guardian.

HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see *"Bleeding" (p.17).*

If student *only* bumped head and does not have any other complaints or symptoms, see *"Bruises" (p.19).*

- With a head injury (*other than head bump*), always suspect neck injury as well.
- **Do *NOT* move or twist the back or neck.**
- See *"Neck & Back Pain"* (p. 47) for more information.

- Have student rest, lying flat.
- Keep student quiet and warm.

Is student vomiting?

YES

Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

NO

Watch student closely.
Do *NOT* leave student alone.

Are any of the following symptoms present:

- Unconsciousness?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

YES

CALL EMS 9-1-1.

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR" (p.23-24).*

Give nothing by mouth. Contact responsible school authority & parent or legal guardian.

NO

Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.
Watch for delayed symptoms.

HEAT STROKE – HEAT EXHAUSTION

Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be life-threatening situations.

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Vomiting.
- Loss of consciousness.

Is student unconscious or losing consciousness?

NO

- Remove student from the heat to a cooler place.
- Have student lie down.

YES

- Quickly remove student from heat to a cooler place.
- Put student on his/her side to protect the airway.
- Look, listen and feel for breath.
- **If student stops breathing, start CPR.** See *"CPR" (p.23-24).*

- Does student have hot, dry, red skin?
- Is student vomiting?
- Is student confused?

YES

NO

Give clear fluids such as water, 7Up or Gatorade frequently in small amounts if student is fully awake and alert.

Contact responsible authority & parent/legal guardian.

Cool rapidly by completely wetting clothing with room temperature water.

Do *NOT* use ice water.

CALL EMS 9-1-1.
Contact responsible authority & parent or legal guardian.

HYPOTHERMIA
(EXPOSURE TO COLD)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a student has been outside in the cold or in cold water. Symptoms may include:

- Confusion.
- Weakness.
- Blurry vision.
- Slurred speech.
- Shivering.
- Sleepiness.
- White or grayish skin color.
- Impaired judgment.

- Take the student to a warm place.
- Remove cold or wet clothing and wrap student in a warm, dry blanket.

Does the student have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

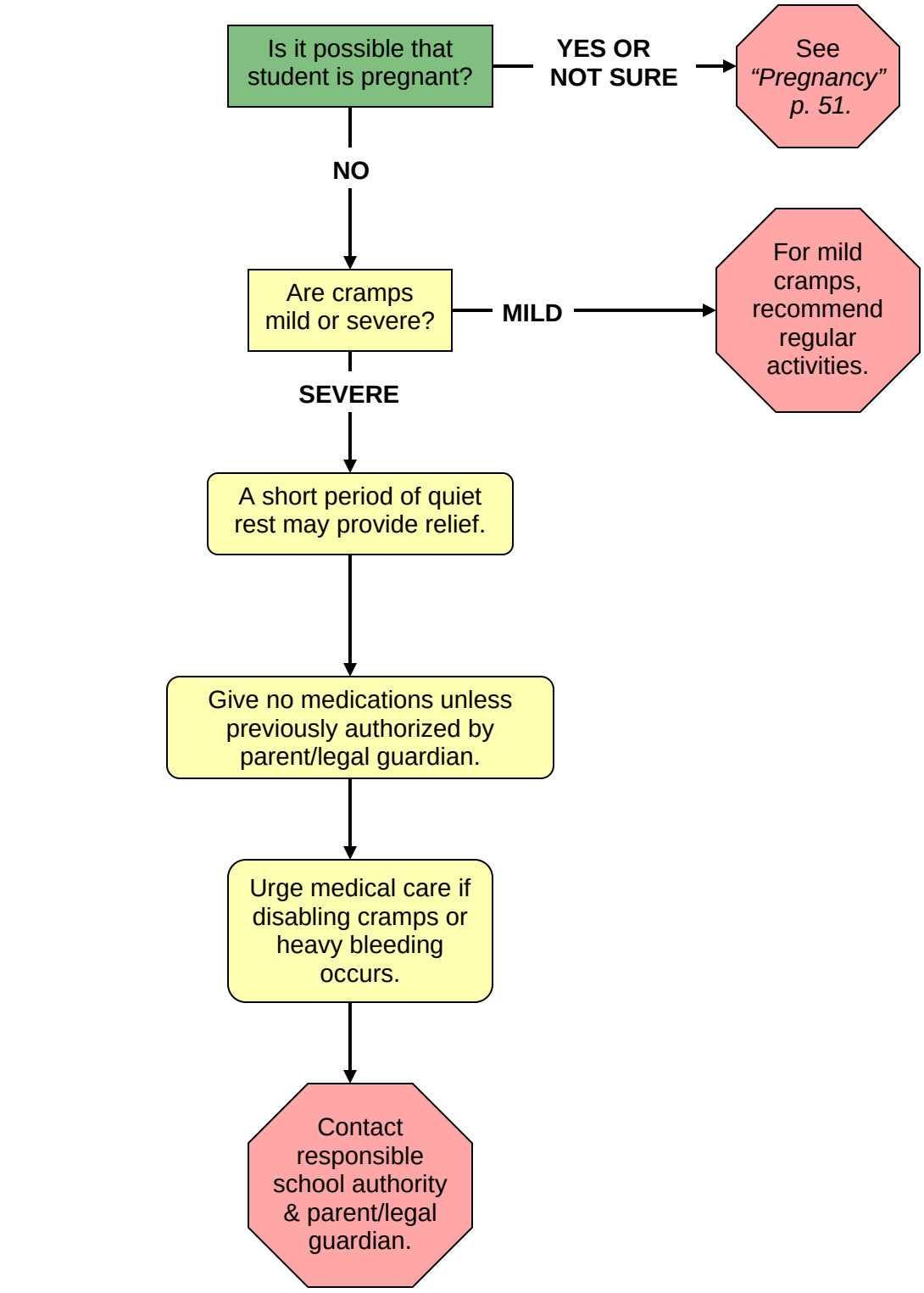
NO → Continue to warm student with blankets. If student is fully awake and alert, offer warm **(*NOT hot*)** fluids, but no food.

YES

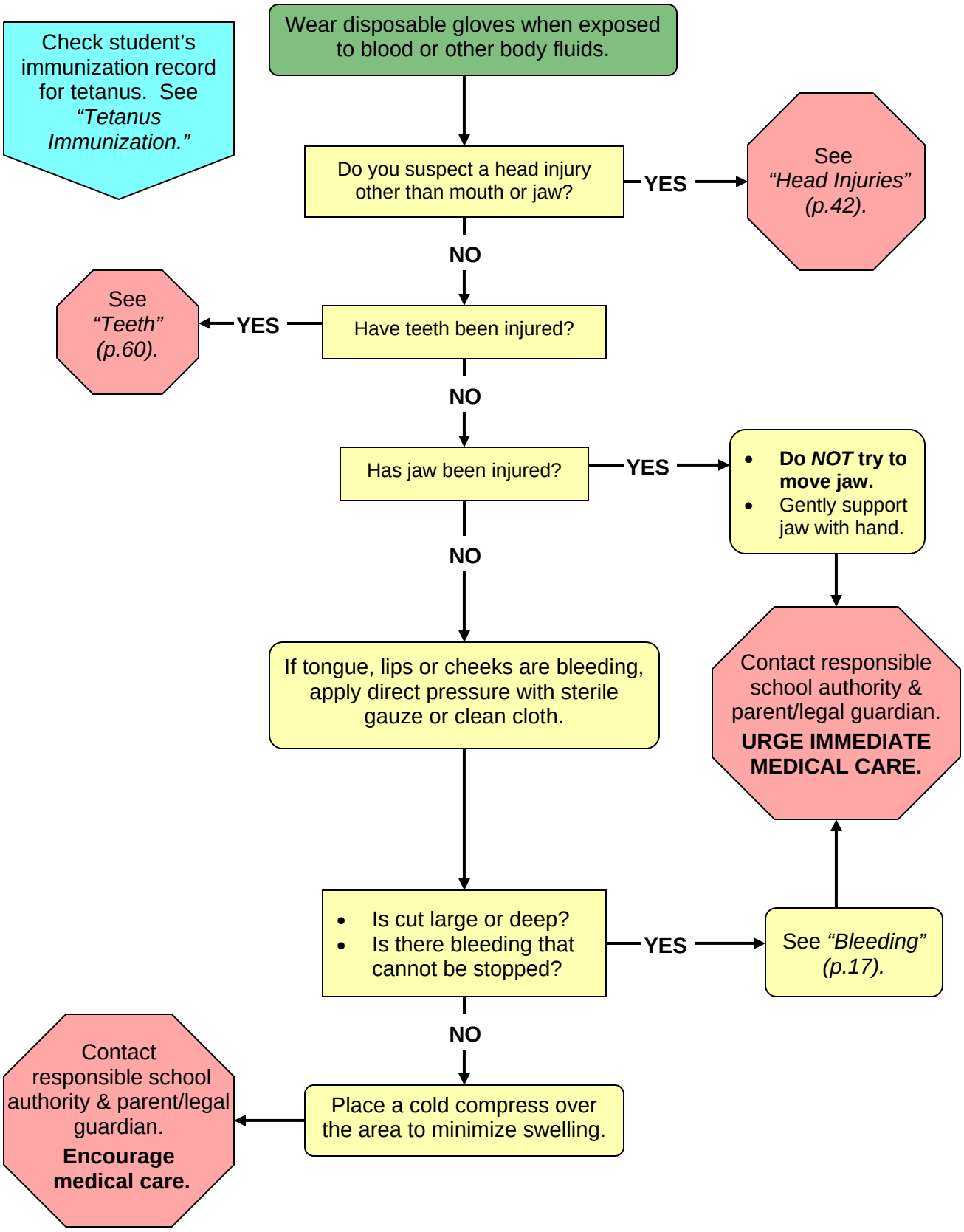
- **CALL EMS 9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is asleep or losing consciousness, place student on his/her side to protect airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR" (p. 23-243).*

Contact responsible authority & parent or legal guardian. **Encourage medical care.**

MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK & BACK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO → A stiff or sore neck from sleeping in a *"funny"* position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable but they are not emergencies.

YES

Did student walk in or was student found lying down?

WALK IN → If student is so uncomfortable that he or she is unable to participate in normal activities, contact responsible school authority & parent/legal guardian.

LYING DOWN

- **Do *NOT* move student unless there is *immediate* danger of further physical harm.**
- If student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
- **Do *NOT* drag the student sideways.**

Have student lie down on his/her back. Support head by holding it in a face up position.

Try *NOT* to move neck or head.

- Keep student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

CALL EMS 9-1-1.
Contact responsible school authority & parent or legal guardian.

NOSE PROBLEMS

See *"Head Injuries"* (p.42) if you suspect a head injury other than a nosebleed or broken nose.

NOSEBLEED

Wear disposable gloves when exposed to blood or other body fluids.

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.

Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes. Apply ice to nose.

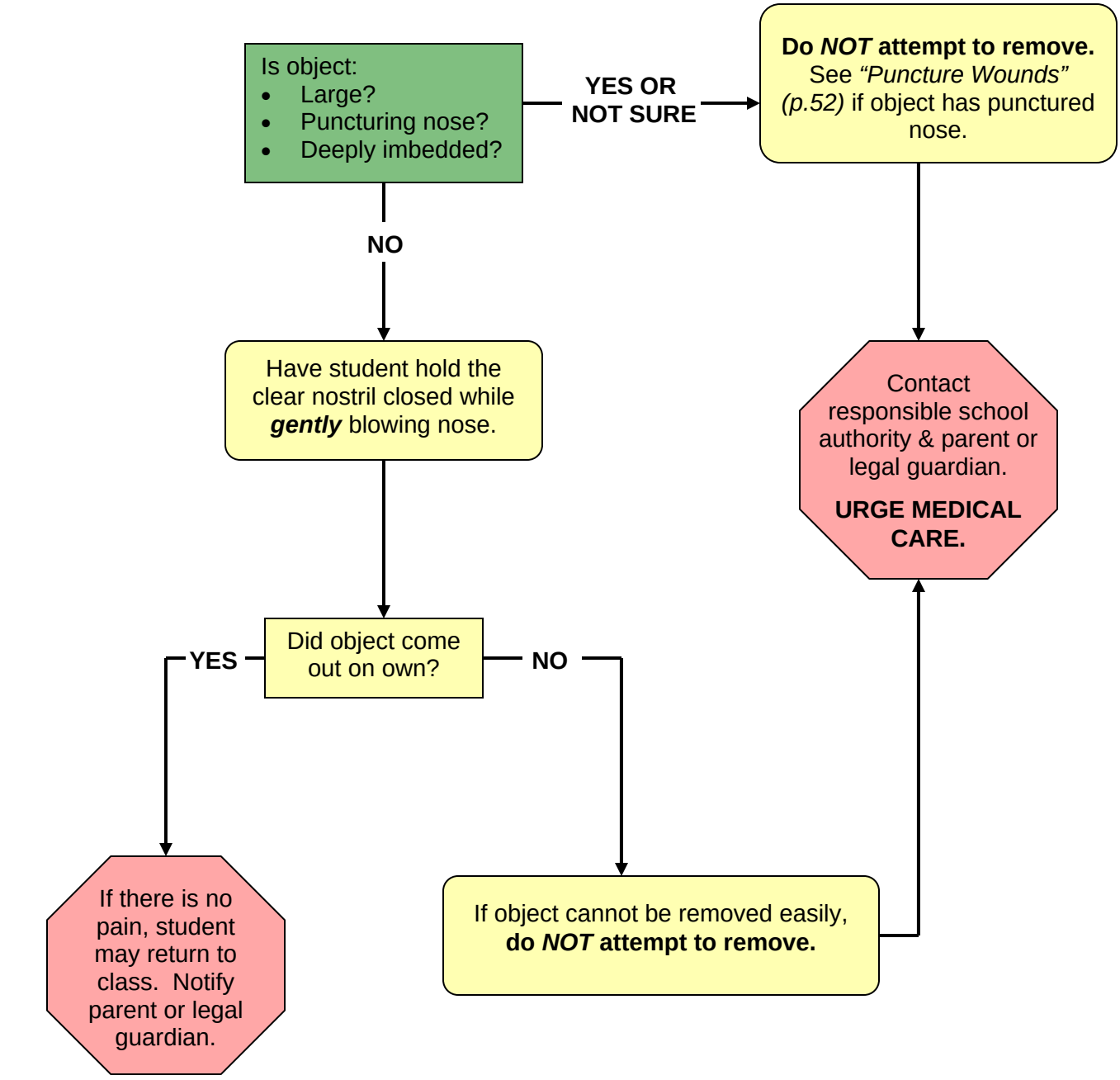
If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.

BROKEN NOSE

- Care for nose as in *"Nosebleed"* above.
- Contact responsible school authority & parent/legal guardian.
- **URGE MEDICAL CARE.**

NOSE PROBLEMS

OBJECT IN NOSE



POISONING & OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:

- Medicines.
- Insect bites and stings.
- Snake bites.
- Plants.
- Chemicals/cleaners.
- Drugs/alcohol.
- Food poisoning.
- Inhalants.

Or if you are not sure.

Possible warning signs of poisoning include:

- Pills, berries or unknown substances in student's mouth.
- Burns around mouth or on skin.
- Strange odor on breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.

- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.

If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of "poison" it was.
- How much and when it was taken.

CALL POISON CONTROL
1-800-222-1222
Follow their directions.

- **Do *NOT* induce vomiting or give anything *UNLESS* instructed to by Poison Control.** With some poisons, vomiting can cause greater damage.
- Do ***NOT*** follow the antidote label on the container; it may be incorrect.

- If student becomes unconscious, place on his/her side. Check airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR" (pp.23-24).*

CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.

Send sample of the vomited material and ingested material with its container (if available) to the hospital with the student.

PREGNANCY

Pregnant students should be known to appropriate school staff. *Any student who is old enough to be pregnant, might be pregnant.*

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN

SEIZURE
This may be a serious complication of pregnancy.

CALL EMS 9-1-1.
Contact responsible school authority & parent or legal guardian.

VAGINAL BLEEDING

Contact responsible school authority & parent or legal guardian.

URGE IMMEDIATE MEDICAL CARE.

AMNIOTIC FLUID LEAKAGE
This is ***NOT*** normal and may indicate the beginning of labor.

MORNING SICKNESS
Treat as vomiting. See *"Vomiting" (p.65).*

Contact responsible school authority & parent/legal guardian.

PUNCTURE WOUNDS

Wear disposable gloves when exposed to blood or other body fluids.

Has eye been wounded?

YES → See *"Eyes – Eye Injury" (p.35).* **Do *NOT* touch eye.**

NO

Is object still stuck in wound?

YES

- **Do *NOT* remove object.**
- Wrap bulky dressing around object to support it.
- Try to calm student.

- Is object large?
- Is wound deep?
- Is wound bleeding freely or squirting blood?

YES

CALL EMS 9-1-1.

See *"Bleeding"* (p.17) if wound is deep or bleeding freely.

Contact responsible school authority & parent or legal guardian.

NO

Do *NOT* try to probe or squeeze.

- Wash the wound gently with soap and water.
- Check to make sure the object left nothing in the wound (e.g., pencil lead).
- Cover with a clean bandage.

See *"Bleeding" (p.17)* if wound is deep or bleeding freely.

Check student's immunization record for tetanus. See *"Tetanus Immunization" (p.62).*

RASHES

Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

- Hives.
- Red spots (large or small, flat or raised).
- Purple spots.
- Small blisters.

Other symptoms may indicate whether the student needs medical care.
Does student have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

YES

CALL EMS 9-1-1.

Contact responsible school authority & parent/legal guardian.

NO

If any of the following symptoms are present, contact responsible school authority & parent or legal guardian and **URGE MEDICAL CARE:**

- Oral temperature over 100.0 F (See *"Fever" p.38*).
- Headache.
- Diarrhea.
- Sore throat.
- Vomiting.
- Rash is bright red and sore to the touch.
- Rash (hives) all over body.
- Student is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities.

See *"Allergic Reaction"* (p.13) and *"Communicable Disease"* (p.29) for more information.

SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).

A student with a history of seizures should be known to appropriate school staff. An emergency care plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.

Refer to student's emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do *NOT* restrain movements.**
- Move surrounding objects to avoid injury.
- **Do *NOT* place anything in between the teeth or give anything by mouth.**
- Keep airway clear by placing student on his/her side. A pillow should *NOT* be used.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:

- Duration.
- Kind of movement or behavior.
- Body parts involved.
- Loss of consciousness, etc.

- Is student having a seizure lasting longer than *5 minutes*?
- Is student having seizures following one another at short intervals?
- Is student *without a known history* of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

NO

YES

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in all normal class activities.

CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.

SHOCK

Signs of Shock:

- Pale, cool, moist skin.
- Mottled, ashen, blue skin.
- Altered consciousness or confused.
- Nausea, dizziness or thirst.
- Severe coughing, high pitched whistling sound.
- Blueness in the face.
- Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.

If injury is suspected, see *"Neck & Back Pain"* (p.47) and treat as a possible neck injury.
Do *NOT* move student unless he/she is endangered.

- Any serious injury or illness may lead to shock, which is a lack of blood and oxygen getting to the body tissues.
- Shock is a life-threatening condition.
- Stay calm and get immediate assistance.
- Check for medical bracelet or student's emergency care plan if available.

See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.
Is student:

- Not breathing? See *"CPR" (pp.23-24)* and/or *"Choking" (p.25).*
- Unconscious? See *"Unconsciousness" (p.64).*
- Bleeding profusely? See *"Bleeding" (p.17).*

YES

CALL EMS 9-1-1.

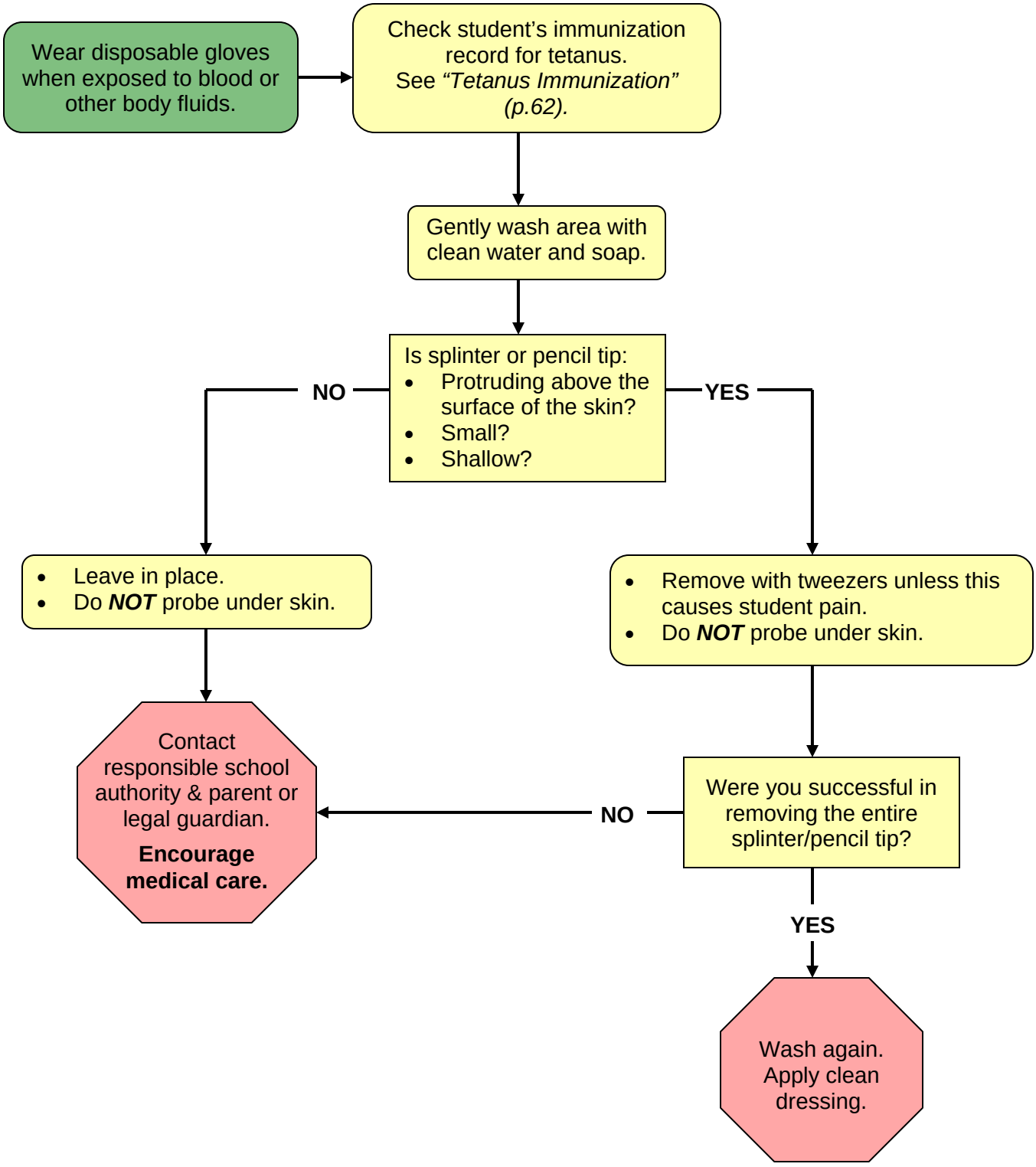
NO

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE if EMS not called.

SPLINTERS OR IMBEDDED PENCIL TIP



STABBING & GUNSHOT INJURIES

- **CALL EMS 9-1-1 for injured student.**
- Call the police.
- Intervene only if the situation is safe for you to approach.

Refer to your school's policy for addressing violent incidents.

Wear disposable gloves when exposed to blood or other body fluids.

Is the student:
- Losing consciousness?
- Having difficulty breathing?
- Bleeding uncontrollably?

YES

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing start CPR.** See *"CPR" (pp.23-24).*

NO

- Lay student down in a position of comfort if he/she is not already doing so.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back injury is suspected.
- Press injured area firmly with a clean bandage to stop bleeding.
- Elevate injured part gently, if possible.
- Keep body temperature normal. Cover student with a blanket or sheet.

Check student's immunization record for tetanus.
See *"Tetanus Immunization" (p.62).*

Contact responsible school authority & parent or legal guardian.

STINGS

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

Does student have:

- Difficulty breathing?
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

NO

A student may have a delayed allergic reaction up to ***2 hours*** after the sting. Adult(s) supervising student during normal activities should be aware of the sting and should watch for any delayed reaction.

- Remove stinger if present.
- Wash area with soap and water.
- Apply cold compress.

Contact responsible school authority & parent or legal guardian.

See *"Allergic Reaction" (p.13).*

YES

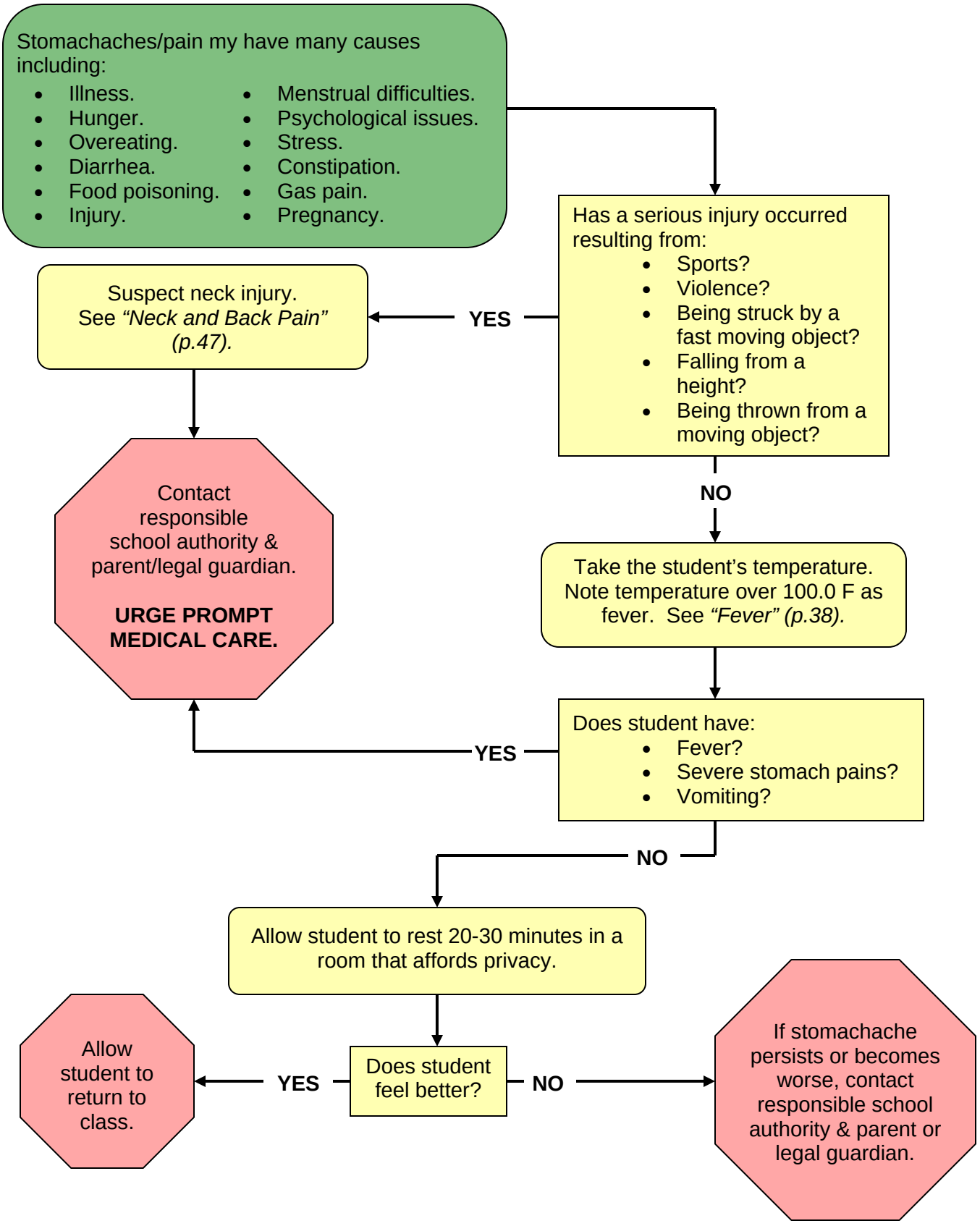
Refer to student's emergency care plan.

If available, administer approved medications.

CALL EMS 9-1-1.

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR" (p. 23-24).*

STOMACHACHES/PAIN



TEETH PROBLEMS

BLEEDING GUMS

Bleeding gums:
- Are generally related to chronic infection.
- Present some threat to student's general health.

→ No first aid measure in the school will be of any significant value.

→ Contact responsible school authority & parent/legal guardian.

URGE DENTAL CARE.

TOOTHACHE OR GUM INFECTION

See *"Mouth & Jaw" (p.46)* for tongue, cheek, lip, jaw or other mouth injury not involving the teeth.

These conditions can be direct threats to student's general health, not just local tooth problems.

↓

No first aid measure in the school will be of any significant value.

↓

Relief of pain in the school often postpones dental care. **Do *NOT* place pain relievers (e.g., aspirin, Tylenol) on the gum tissue of the aching tooth. They can burn tissue.**

↓

Contact responsible school authority & parent/legal guardian.

URGE DENTAL CARE.

TEETH PROBLEMS

DISPLACED TOOTH

Do *NOT* try to move tooth into correct position.

Contact responsible school authority & parent/legal guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do ***NOT*** handle tooth by the root.

If tooth is dirty, clean gently by rinsing with water.

Do *NOT* scrub the knocked-out tooth.

Do not replant primary (baby) teeth back in socket. (No. 1 in list.)

The following steps are listed in order of preference.

Within 15-20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze, ***or***
2. Place in HBSS (Save-A-Tooth Kit) if available. See *"Recommended First Aid Supplies"* on inside back cover, ***or***
3. Place in glass of milk, ***or***
4. Place in normal saline, ***or***
5. Have student spit in cup and place tooth in it, ***or***
6. Place in a glass of water.

TOOTH MUST *NOT* DRY OUT.

Apply a cold compress to face to minimize swelling.

Contact responsible school authority & parent or legal guardian.

OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.

TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the student's immunization record for tetanus and notify parent or legal guardian.

A **minor wound** would need a tetanus booster **only** if it has been at least **10 years** since the last tetanus shot or if the student is **5 years old or younger.**

Other wounds such as those contaminated by dirt, feces and saliva (or other body fluids); puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than **5 years** since last tetanus shot.

TICKS

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed.

Do *NOT* handle ticks with bare hands.

Refer to your school's policy regarding the removal of ticks.

Wear disposable gloves when exposed to blood and other body fluids.

Wash the tick area gently with soap and water before attempting removal.

- Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- **Do *NOT* twist or jerk the tick as the mouth parts may break off.** It is important to remove the *ENTIRE* tick.
- Take care not to squeeze, crush or puncture the body of the tick as its fluids may carry infection.

- After removal, wash the tick area thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.

Contact responsible school authority & parent/legal guardian.

UNCONSCIOUSNESS

If student stops breathing, and no one else is available to call EMS, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may have many causes including:

- Injuries.
- Blood loss/shock.
- Poisoning.
- Severe allergic reaction.
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

If you know the cause of the unconsciousness, see the appropriate guideline.

Did student regain consciousness immediately?

YES → See *"Fainting" (p.37).*

NO

Is unconsciousness due to injury?

YES

- See *"Neck & Back Pain" (p.47)* and treat as a possible neck injury.
- **Do *NOT* move student.**

NO

- Open airway with head tilt/chin lift.
- Look, listen and feel for breathing.

Is student breathing?

YES → 

CALL EMS 9-1-1.

NO → **Begin CPR.** *See "CPR" (p.23-24).*

CALL EMS 9-1-1.

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.
- Examine student from head-to-toe and give first aid for conditions as needed.

Contact responsible school authority & parent/legal guardian.

VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning.

CALL POISON CONTROL 1-800-222-1222.
and ask for instructions. See *"Poisoning" (p.50)* and notify local health department.

Vomiting may have many causes including:

- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/head injury.
- Heat exhaustion.
- Overexertion.
- Food Poisoning.

Wear disposable gloves when exposed to blood and other body fluids.

Take student's temperature. Note oral temperature over 100.0 F as fever. See *"Fever"(p.38).*

- Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?

Is the student dizzy and pale?

YES → Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

NO → Contact responsible school authority & parent/legal guardian.

SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS SECTION

DEVELOPING A SCHOOL SAFETY PLAN

School Safety Plans –

Boards of education are empowered to adopt a school safety plan. A copy of this plan should be filed with the local law enforcement agency in that jurisdiction.

This plan should:

- Examine potential hazards.
- Include community involvement.
- Include a protocol for addressing serious threats.

A school-wide safety plan is developed in cooperation with school health staff, school administrators, local EMS, hospital staff, health department staff, law enforcement and parent/guardian organizations. All employees should be trained on the emergency plan and a written copy should be available at all times. This plan should be periodically reviewed and updated as needed. It should consider the following:

- Staff roles are clearly defined in writing. For example, staff responsibility for giving care, accessing EMS and/or law enforcement, student evacuation, notifying responsible school authority and parents, and supervising and accounting for uninjured students are outlined and practiced. A responsible authority for emergency situations is designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.

- Appropriate staff, in addition to a nurse, are trained in CPR and first aid in each building. For example, teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) are trained in CPR and first aid.

- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for students with special needs should be available, as well as distributed to appropriate staff.

- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extra curricular activities. See *"Recommended First Aid Supplies"* on p. 76.

- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally. Schools have prepared evacuation. *To-Go Bags* containing class rosters and other evacuation information and supplies. These bags are kept up to date.

- Emergency numbers are available and posted by all phones. Employees are familiar with emergency numbers. See *"Emergency Phone Numbers"* on inside back cover.

School Safety Plans – Continued

- School personnel have communicated with local EMS regarding the emergency plan, services available, students with special health care needs and other important information about the school.
- A written policy exists that describes procedures for accessing EMS without delay at all times and from all locations (e.g., playgrounds, athletic fields, field trips, extra-curricular activities, etc.).
- Transportation of an injured or ill student is clearly stated in written policy.
- Instructions for addressing students with special needs are included in the school safety plan. See *"Planning for Students with Special Needs"* on p. 6.

SHELTER-IN-PLACE PROCEDURES

Shelter-in-place provides refuge for students, staff and public within the building during an emergency. Shelters or safe areas are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each building.
- Administrator instructs students and staff to assemble in safe areas. Bring all people inside the building.
- Staff will take the evacuation *To-Go Bag* containing emergency information and supplies.
- Close all exterior doors and windows, if appropriate.
- Turn off ventilation leading outdoors, if appropriate.
- Cover up food not in containers or put it in the refrigerator, if appropriate and time permitting.
- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
- Staff should account for all students after arriving in designated area.
- All people must remain in designated areas until notified by administrator or emergency responders.

EVACUATION – RELOCATION CENTERS

Prepare an evacuation *To-Go Bag* for building and/or classrooms to provide emergency information and supplies.

EVACUATION:

- Call 9-1-1. Notify administrator.
- Administrator issues evacuation procedures.
- Administrator determines if students and staff should be evacuated outside of building or to relocation centers. _____ coordinates transportation if students are evacuated to relocation center.
- Administrator notified relocation center.
- Direct students and staff to follow fire drill procedures and routes. Follow alternate route if normal route is too dangerous.
- Turn off lights, electrical equipment, gas, water faucets, air conditioning and heating system. Close doors.
- Notify parent(s)/guardian(s) per district policy and/or guidance.

STAFF:

- Direct students to follow normal fire drill procedures unless administrator or emergency responders alter route.
- Take evacuation *To-Go Bag* with you, which includes roster/list of children.
- Close doors and turn off lights.
- When outside building, account for all students. Inform administrator immediately if any students are missing.
- If students are evacuated to relocation centers, stay with students. Take roll again when you arrive at the relocation center.

RELOCATION CENTERS:

- List primary and secondary student relocation centers for facility, if appropriate.
- The primary site is located close to the facility.
- The secondary site is located further away from the facility in case of community-wide emergency. Include maps to centers for all staff.

Primary Relocation Center _____

Address _____

Phone _____

Other information _____

Secondary Relocation Center _____

Address _____

Phone _____

Other information _____

HAZARDOUS MATERIALS

INCIDENT OCCURS IN SCHOOL:

- Notify building administrator.
- Call 9-1-1 or local emergency number. If material is known, report information.
- Fire officer in charge may recommend additional shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- If advised, evacuate to an upwind location, taking evacuation *To-Go Bag* with you.
- Seal off area of leak/spill. Close doors.
- Secure/contain area until fire personnel arrive.
- Consider shutting off heating, cooling and ventilation systems in contaminated area to reduce the spread of contamination.
- Notify parent/guardian if students are evacuated, according to facility policy.
- Resume normal operations after fire officials have cleared situation.

INCIDENT OCCURRED NEAR SCHOOL:

- Fire or police will notify school administration.
- Consider shutting off heating, cooling and ventilation systems in contaminated area to reduce the spread of contamination.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Evacuate students to a safe area of shelter students in the building until transportation arrives.
- Notify parent/guardian if students are evacuated, according to facility policy and/or guidance.
- Resume normal operations after consulting with fire officials.

Consider extra staffing for students with special medical and/or physical needs.

GUIDELINES TO USE A *TO-GO BAG*

1) Developing a *To-Go Bag* provides your school staff with:
    a. Vital student, staff and building information during the first minutes of an emergency evacuation.
    b. Records to initiate student accountability.
    c. Quick access to building emergency procedures.
    d. Critical health information and first aid supplies.
    e. Communication equipment.

2) This bag can also be used by public health/safety responders to identify specific building characteristics that may need to be accessed in an emergency.

3) The *To-Go Bag* must be portable and readily accessible for use in an evacuation. This bag can also be **one** component of your shelter-in-place kit (emergency plan, student rosters, list of students with special health concerns/medications). Additional supplies should be assembled for a shelter-in-place kit such as window coverings and food/water supplies.

4) Schools may develop:
    a. A building-level *To-Go Bag* (See Building *To-Go Bag* list) that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, **OR**
    b. A classroom-level *To-Go Bag* (See Classroom *To-Go Bag* list) that is maintained in the classroom and contains student specific information for use by the educational staff during an evacuation or lockdown situation.

5) The contents of the bag must be updated regularly and used only in the case of an emergency.

6) The classroom and building bags should be a part of your drills for consistency with response protocols.

7) The building and classroom *To-Go Bag* lists that are included proved minimal supplies to be included in your schools bags. **We strongly encourage you to modify the content of the bag to meet your specific building and community needs.**

BUILDING
To-Go Bag

This bag should be portable and readily accessible for use in an emergency. Assign a member of the Emergency Response Team to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for ***emergency use only.***

FORMS

_____ Turn-off procedures for fire alarm, sprinklers and all utilities.
_____ Videotape of inside and outside of the building/grounds.
_____ Map of local streets with evacuation routes.
_____ Current yearbook with pictures.
_____ Staff roster including emergency contacts.
_____ Local telephone directory.
_____ Lists of district personnel's phone, fax and beeper numbers.
_____ Other: _____
_____ Other: _____

SUPPLIES

_____ Flashlight.
_____ First aid kit with extra gloves.
_____ CPR disposable mask.
_____ Battery-powered radio.
_____ Two-way radios and/or cellular phones available.
_____ Whistle.
_____ Extra batteries for radio and flashlight.
_____ Peel-off stickers and markers for name tags.
_____ Paper and pen for note taking.
_____ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (**Please discuss and plan for these needs with your school nurse.**)
_____ Other: _____
_____ Other: _____

Person(s) responsible for routine toolbox updates: _____

Person(s) responsible for bag delivery in emergency: _____

This information is provided by the ***North Carolina Department of Health and Human Services.*** We strongly encourage you to customize this form to meet the specific needs of your school and community.

CLASSROOM

To-Go Bag

This bag should be portable and readily accessible for use in an emergency. The classroom teacher is responsible to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for ***emergency use only.***

FORMS

_____ Copies of all forms developed by your Emergency Response Team (chain of command, emergency plan, etc.).

_____ Map of building with location of phones and exits.

_____ Map of local streets with evacuation routes.

_____ Master schedule of classroom teacher.

_____ List of students with special health concerns/medications.

_____ Student roster including emergency contacts.

_____ Current yearbook with pictures.

_____ Local telephone directory.

_____ Lists of district personnel's phone, fax and beeper numbers.

_____ Other: _____

_____ Other: _____

SUPPLIES

_____ Flashlight.

_____ First aid kit with extra gloves.

_____ CPR disposable mask.

_____ Battery-powered radio.

_____ Two-way radios and/or cellular phones available.

_____ Whistle.

_____ Extra batteries for radio and flashlight.

_____ Peel-off stickers and markers for name tags.

_____ Paper and pen for note taking.

_____ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (**Please discuss and plan for these needs with your school nurse.**)

_____ Other: _____

_____ Other: _____

Person(s) responsible for routine toolbox updates: _____

This information is provided by the ***North Carolina Department of Health and Human Services.*** We strongly encourage you to customize this form to meet the specific needs of your school and community.

PANDEMIC FLU PLANNING FOR SCHOOLS

FLU TERMS DEFINED

Seasonal (or common) flu is a respiratory illness that can be transmitted person-to-person. Most people have some immunity and a vaccine is available.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Novel Influenza A (H1N1) is caused by an influenza virus and is transmitted from human to human. There is no known prior human immunity. Previous seasonal flu vaccines are not effective. A new vaccine is available for 2009-2010.

Pandemic flu is human flu that causes a global outbreak, or pandemic, of illness. Because there is little natural immunity, the disease can spread easily from person to person.

INFLUENZA SYMPTOMS

According to the Centers for Disease Control and Prevention (CDC) influenza symptoms usually start suddenly and may include the following:

- Fever
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Body ache

Influenza is a respiratory disease.

Source: Centers for Disease Control and Prevention (CDC)

INFECTION CONTROL GUIDELINES FOR SCHOOLS

1) Recognize the symptoms of flu:
   - Fever
   - Cough
   - Headache
   - Body ache
2) Stay home if you are ill and remain home for at least 24 hours after you no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Students, staff, and faculty may return 24 hours after symptoms have resolved.
3) Cover your cough:
   - Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
   - If tissues are not available, cough into your elbow or upper sleeve area, not your hand.
   - Wash your hands after you cough or sneeze.
4) Wash your hands:
   - Using soap and water after coughing, sneezing or blowing your nose.
   - Using alcohol-based hand sanitizers if soap and water are not available.
5) Have regular inspections of the school hand washing facilities to assure soap and paper towels are available.
6) Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms using usual cleaners.
7) Having appropriate supplies for students and staff including tissues, waste receptacles for disposing used tissues and hand washing supplies (soap and water or alcohol-based hand sanitizers).

SCHOOLS ACTION STEPS FOR PANDEMIC FLU

The following are steps schools can take before, during and after a pandemic flu outbreak. Remember that a pandemic may have several cycles, waves or outbreaks so these steps may need to be repeated. Refer to guidelines issued by the North Carolina Division of Public Health, available at: http://www.epi.state.nc.us/epi/gcdc/flu.html

PREPAREDNESS/PLANNING PHASE – BEFORE AN OUTBREAK OCCURS

1. Develop a pandemic flu plan for your school using the CDC School Pandemic Flu Planning Checklist available at https://www.cdc.gov/h1n1flu/schools.
2. Build a strong relationship with your local health department and include them in the planning process.
3. Train school staff to recognize symptoms of influenza.
4. Decide to what extent you will encourage or require students and staff to stay home when they are ill.
5. Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the local health department.
6. Make sure the school is stocked with supplies for frequent hand hygiene including soap, water, alcohol-based hand sanitizers and paper towels.
7. Encourage good hand hygiene and respiratory etiquette in all staff and students.
8. Identify students who are immune compromised or chronically ill who may be most vulnerable to serious illness. Encourage their families to talk with their health care provider regarding special precautions during influenza outbreaks.
9. Develop alternative learning strategies to continue education in the event of an influenza pandemic.

RESPONSE – DURING AN OUTBREAK

1. Heighten disease surveillance and reporting to the local health department.
2. Communicate regularly with parents informing them of the community and school status and expectations during periods of increased disease.
3. Work with local education representatives and the local health officials to determine if the school should cancel non-academic events or close the school.
4. Report any school dismissals due to influenza online at https://www.cdc.gov/FluSchoolDismissal.
5. Continue to educate students, staff and families on the importance of hand hygiene and respiratory etiquette.

RECOVERY – FOLLOWING AN OUTBREAK

1. Continue to communicate with the local health department regarding the status of disease in the community and the school.
2. Communicate with parents regarding the status of the education process.
3. Continue to monitor disease surveillance and report disease trends to the health department.
4. Provide resources/referrals to staff and students who need assistance in dealing with the emotional aspects of the pandemic experience. Trauma-related stress may occur after any catastrophic event and may last a few days, a few months or longer, depending on the severity of the event.

RECOMMEDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at http://www.aap.org and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
4. Covered waste receptacle with disposable liners.
5. Bandage scissors & tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. Expendable supplies:
    - Sterile cotton-tipped applicators, individually packaged.
    - Sterile adhesive compresses (1"x3"), individually packaged.
    - Cotton balls.
    - Sterile gauze squares (2"x2"; 3"x3"), individually packaged.
    - Adhesive tape (1" width).
    - Gauze bandage (1" and 2" widths).
    - Splints (long and short).
    - Cold packs (compresses).
    - Tongue blades.
    - Triangular bandages for sling.
    - Safety pins.
    - Soap.
    - Disposable facial tissues.
    - Paper towels.
    - Sanitary napkins.
    - Disposable gloves (vinyl preferred).
    - Pocket mask/face shield for CPR.
    - Disposable surgical masks.
    - One flashlight with spare bulb and batteries.
    - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*

STAFF RESPONSIBILITIES – ANY DISASTER

Administrator or Designee:

- Verify information
- Call 911 or emergency number (if necessary)
- Seal off high-risk area
- Convene crisis team and implement crisis response procedures
- Notify other leadership as necessary
- Notify children and staff (depending on emergency; children may be notified by teachers)
- Evacuate children and staff or relocate to a safe area within the building (if necessary)
- Refer media to specified spokesperson (or designee)
- Notify community agencies (if necessary)
- Implement post-crisis procedures
- Keep detailed notes of crisis event
- Notify parent(s)/guardian(s)

Staff:

- Verify information
- Lock all doors, unless evacuation orders are issued
- Warn children (if advised)
- Account for all children and staff
- Stay with children during an evacuation
- Take roster/list of children with you
- Refer media to specified spokesperson (or designee)
- Keep detailed notes of crisis event
- Keep staff and children on site, if possible for accurate documentation and investigation

BOMB THREAT

Upon receiving a phone call that a bomb has been planted in facility:

- Complete the "Bomb Threat Phone Report" and the "Caller Identification Checklist" on the following pages.
- Listen closely to caller's voice, speech patterns and noises in the background.
- After hanging up phone, immediately dial the call back service in your area to trace the call, if possible.
- Notify administer or designee.
- Notify law enforcement agency.
- Administrator orders evacuation of all people inside building(s), or other actions, per facility policy and emergency plan.
- If evacuation occurs, staff should take roster/list of children.

If threat is received by a written order:

- Immediately notify law enforcement.
- Avoid any unnecessary handling of note. It is considered evidence by law enforcement.
- Place note in plastic bag, if available.

Evacuation procedures:

- Administrator notifies children and staff. Do not mention "bomb threat".
- Report any unusual activities/objects immediately to the appropriate officials.
- Take roster/list of children with you.
- Children and staff may be evacuated to a safe distance outside of the building(s), in keeping with facility policy. After consulting with appropriate official, administrator may move children to _____ (primary relocation center), if indicated.
- Staff takes roll after being evacuated.
- No one may reenter building(s) until fire or police personnel declare entire building(s) safe.
- Administrator notifies children and staff of termination of emergency. Resume normal operations.
- Notify parent(s)/guardian(s), per facility policies.

BOMB THREAT PHONE REPORT

1. Date and time call received: _____
2. Exact words of caller: _____

_____

_____

_____

_____

3. Remain calm and be firm. Keep the caller talking and ask these questions:
   a. Where is the bomb? _____

      _____
   b. What does the bomb look like? _____

      _____
   c. When will it explode? _____

      _____
   d. What will cause it to explode? _____

      _____
   e. How do you deactivate it? _____

      _____
   f. Why was it put there? _____

      _____
   g. Did you place the bomb? _____

      _____

4. If the building is occupied, inform the caller that detonation could cause injury or death to innocent people.
5. If call is received on a digital phone, check to see the origin of the call.
6. Describe the caller's voice, emotional state and background noises.

_____

_____

_____

CALLER IDENTIFICATION CHECKLIST

Caller identity: _____

Sex/Age Group: ☐ Male ☐ Female ☐ Adult ☐ Juvenile

Approximate Age: _____ Years

Origin of call: ☐ Local ☐ Long Distance ☐ Internal

Caller's Voice:

☐ Loud	☐ Soft	☐ Fast
☐ Slow	☐ Deep	☐ Squeaky
☐ Distant	☐ Distorted	☐ Sincere
☐ Raspy	☐ Stressed	☐ Stutter
☐ Nasal	☐ Drunken	☐ Slurred
☐ Lisp	☐ Disguised	☐ Crying
☐ Broken	☐ Calm	☐ Irrational
☐ Rational	☐ Angry	☐ Incoherent
☐ Excited	☐ Laughing	☐ Righteous
☐ Accent	☐ Other _____	

Background noises:

☐ Voices	☐ Airplanes	☐ Street traffic
☐ Trains	☐ Animals	☐ Party
☐ Factory Machines	☐ Music	☐ Quiet
☐ Office Machines	☐ Bells	☐ Horns

Familiarity:

Did the caller sound familiar? _____

Did the caller appear familiar with the building or area by his/her description of the bomb location? _____

Name of person receiving the call: _____

Telephone number call received at: _____

IMMEDIATELY AFTER CALLER HANGS UP, CALL 9-1-1 OR LOCAL EMERGENCY NUMBER AND REPORT TO ADMINISTRATION.

FIRE EMERGENCIES

In the event of a fire, smoke from a fire or gas odor has been detected:

- Pull fire alarm and notify building occupants by _____
  _____
- Evacuate children and staff to the designated area (map should be included in plan).
- Notify fire department (call 9-1-1 or emergency number) and administrator.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous or blocked (map should be included in plan).
- Staff takes roster/list of children.
- Staff takes roll after being evacuated.
- Staff reports missing children to administrator immediately.
- After consulting with appropriate official, administrator may move children to _____ if weather is inclement or building is damaged (primary relocation center).
- No one may reenter building(s) until entire building(s) is declared safe by fire or police personnel.
- Administrator notifies children and staff of termination of emergency.
- Resume normal operations.

FLOODING

Flood *Watch* has been issued in an area that includes your facility:

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Review evacuation procedures with staff and prepare children.
- Check relocation centers. Find an alternate relocation center if primary and secondary centers would also be flooded.
- Line up transportation resources.

Flood *Warning* has been issued in an area that includes your facility:

- If advised by emergency responders to evacuate, do so immediately.
- Staff takes rosters/lists of children.
- Move children to designated relocation center quickly.
- Turn off utilities in building and lock doors, if safe to do so.
- Staff takes role upon arriving at relocation center. Report missing children to administrator or emergency response personnel immediately.
- Notify parent(s)/guardian(s) according to facility policy.
- Monitor for change in status.

INTRUDER OR HOSTAGE SITUATION

Intruder – an unauthorized person who enters the property:

- Ask another staff person to accompany you before approaching intruder.
- Politely greet intruder and identify yourself.
- Ask intruder the purpose of his/her visit.
- Inform intruder that all visitors must register at a specified site.
- Notify administrator or police.
- If intruder's purpose in not legitimate, ask him/her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on school property. Inform him/her that you will call police.
- Notify police and administrator if intruder still refuses to leave. Give police full description of intruder.
- Walk away from intruder if he/she indicates a potential for violence. Be aware of intruder's actions at this time (where he/she is located in school, whether he/she is carrying a weapon or package, etc.).
- Administrator may issue lock-down procedures.

Witness to hostage situation:

- If hostage taker is unaware of your presence, do not intervene.
- Call 9-1-1 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team.
- Seal off area near hostage scene.
- Notify administrator (administrator may wish to evacuate rest of building, if possible).
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm children if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.

RADIOLOGICAL INCIDENT

Facilities within evacuation radius of nuclear power plants must have plans for dealing with an accident/incident at the plant. Facilities within a 50-mile ingestion zone must also have a plan of action. This section is targeted for facilities ***outside* this 10 or 50 mile radius with children living within the radius.**

Administrator's responsibilities:

- Building administrator notifies staff if an accident/incident has occurred that affects the ability of children to return to their homes (if they live within the 10-mile radius of an affected nuclear power plant).
- Procedures for release of children to emergency contact as designated by the parent(s)/guardian(s) are activated, or these children are kept at the facility until their parent(s)/guardian(s) or designee picks them up.

Staff responsibilities:

- Stay with children, if they will not be released to alternate (emergency) location, or until an authorized individual picks them up.

For non-power radiological emergencies, follow the Hazardous Materials guidelines.

SERIOUS INJURY OR DEATH

If incident occurred at facility:

- Call 9-1-1. Do not leave the child/person unattended.
- Notify CPR/first aid certified people in the facility of medical emergencies (names of CPR/first aid certified people are listed in the Crisis Team Members section).
- If possible, isolate affected child/person.
- Initiate first aid if trained.
- Do not move victim except if evacuation is absolutely necessary.
- Notify administrator.
- Designate staff person to accompany injured/ill person to the hospital.
- Administrator notifies parent(s)/guardian(s) if it is a child.
- Direct witness(es) to psychologist/counselor/crisis team if needed. Notify parents if children were witness(es).
- Determine method of notifying children, staff and parents.
- Refer media to designated public information person for the facility.

If incident occurred outside of facility:

- Activate medical/crisis team as needed.
- Notify staff if before normal operating hours.
- Determine method of notifying children, staff and parents. Announce availability of counseling services for those who need assistance.
- Refer media to designated public information person for the facility.

Post-crisis intervention:

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and children.
- Designate private rooms for private counseling/defusing.
- Escort affected children, siblings and close friends and other “highly stressed” individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow-up with children and staff who receive counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or schedules to address injury or death.

SHOOTING

IF A PERSON THREATENS WITH A FIREARM OR BEGINS SHOOTING

Staff and Children:

- *If you are outside with the shooter outside* – go inside the building as soon as possible. If you cannot get inside, make yourself as compact as possible; put something between yourself and the shooter; do not gather in groups.
- *If you are inside with the shooter inside* – turn off lights; lock all doors and windows; shut curtains, if it is safe to do so.
- Children, staff and visitors should crouch under furniture without talking and remain there until an all-clear is given by the administrator or designee.
- Check open areas for wandering children and bring them immediately into a safe area.
- Staff should take roll call and immediately notify the administrator of any missing children or staff when it is safe to do so.

Administrator/Police Liaison:

- Assess the situation as to:
  - The shooter's location
  - Any injuries
  - Potential for additional shooting
- Call 9-1-1 and give as much detail as possible about the situation.
- Secure the facility, if appropriate.
- Assist children and staff in evacuating from immediate danger to safe area.
- Care for the injured as carefully as possible until law enforcement and paramedics arrive.
- Refer media to designated public information person per media procedures.
- Administrator to prepare information to release to media and parent(s)/guardian(s).
- Notify parent(s)/guardian(s) according to policies.
- Hold information meeting with staff.
- Initiate a crisis/grief counseling plan.

TERRORISM – CHEMICAL OR BIOLOGICAL THREAT

Upon receiving a phone call that a chemical or biological hazard has been planted in facility:

- Complete the "Terroristic Threat Phone Report" on page 85 and "Caller Identification Checklist" included in these guidelines on page 78.
- Listen closely to caller's voice and speech patterns and to noises in the background.
- Notify administrator or designee.
- Notify local law enforcement agency.
- Administrator orders evacuation of all people inside facility, or other actions, per police advice or policy.
- If evacuation occurs, staff should take a list of children present.

Upon receiving a chemical or biological threat letter:

- Minimize the number of people who come into contact with the letter by immediately limiting access to the immediate area in which the letter was discovered.
- Ask the person who discovered/opened the letter to place it into another container, such as a plastic zip-lock bag or another envelope.
- **CALL 9-1-1.**
- Separate "involved" people from the rest of the staff and children.
- Move all "uninvolved" people out of the immediate area to a holding area.
- Ask all people to remain calm until local public safety officials arrive.
- Ask all people to minimize their contact with the letter or their surrounding, because the area is now a crime scene.
- Get advice of public safety officers as to decontamination procedures needed.

Evacuation procedures:

- Administrator notifies staff and children if evacuation is deemed necessary. Do not mention "terrorism" or "chemical or biological agent".
- Report any unusual activities immediately to the appropriate officials
- "Uninvolved" children and staff will be evacuated to a safe distance outside of the facility in keeping with policy. After consulting with appropriate officials, administrator may move children and staff to a primary relocation center, if indicated.
- Staff must take roll after being evacuated noting any absences immediately to the administrator or designee.
- Children and staff "involved" in a letter opening or receiving a phone call will be evacuated as a group if necessary per consultation of the administrator and public safety officials.
- Administrator notifies staff and children of termination of emergency. Resume normal operations.
- Notify parent(s)/guardian(s) according to policies.

TERRORISTIC THREAT PHONE REPORT

(To include threats related to the release of chemicals, disease causing agents and incendiary devices)

1. Date and time call received: _____
2. Exact words of caller (use quotes if possible): _____

_____

_____

_____

_____

3. Remain calm and be firm. Keep the caller talking and ask the following questions:
    a. Where is the device/package? _____

    _____
    b. What does the device/package look like? _____

    _____
    c. When will it go off/detonate? _____

    _____
    d. What will cause it to go off/detonate/trigger? _____

    _____
    e. How do you deactivate it? _____

    _____
    f. Why was it put here? _____

    _____
    g. Did you place the device/package? _____

    _____
4. If the building is occupied, inform the caller that detonation/release of hazardous substances could cause injury or death of or to innocent people.
5. If a call is received on a Caller ID equipped telephone, check for the origin of the call and record the number. _____

TORNADO/SEVERE THUNDERSTORM WATCH OR WARNING

Tornado/Severe Thunderstorm ***Watch* has been issued in an area near your facility:**

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Bring all people inside building(s).
- Close all windows and blinds.
- Review tornado drill procedures and location of safe areas. *Tornado safe areas are in interior hallways or rooms away from exterior walls and window, and away from large rooms with high span ceilings. Get under furniture, if possible.*
- Review "drop and tuck" procedures with children.

Tornado/Severe Thunderstorm ***Warning* has been issued in an area near your facility, or tornado has been spotted near your facility:**

- Move children and staff to safe areas.
- Close all doors.
- Remind staff to take rosters/lists of children.
- Ensure that children are in "tuck" positions.
- Account for all children.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

Attach building diagram showing safe areas. Post diagrams in each room showing routes to safe areas.

CRISIS TEAM MEMBERS

Position	Name	Work #	Home #	Cell/Pager	Room#
Administrator					
Designee					
Psychologist					
Counselor					
Nurse					
Secretary					

CPR/FIRST AID CERTIFIED STAFF

Name	Room	CPR – Yes/No	First Aid – Yes/No

CRISIS CONTACTS

Name	Emergency Contact Information	Alternate Contact Information
Local Critical Incident Management Team		

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update as needed.

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact you EMS. Most areas use 9-1-1; others use a 7-digit phone number.

+ **EMERGENCY PHONE NUMBER: 9-1-1 OR** _____

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

_____

+ Location of the school's AED(s) _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

- Name and school name _____
- School telephone number _____
- Address and easy directions _____
- Nature of emergency _____
- Exact location of injured person (e.g., behind building in parking lot) _____
- Help already given _____
- Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.).

OTHER IMPORTANT PHONE NUMBERS

+ School Nurse _____
+ Responsible School Authority _____
+ Poison Control Center **1-800-222-1222**
+ Fire Department **9-1-1 or** _____
+ Police **9-1-1 or** _____
+ Hospital or Nearest Emergency Facility _____
+ County Children Services Agency _____
+ Rape Crisis Center _____
+ Suicide Hotline _____
+ Local Health Department _____
+ Taxi _____
+ Other medical services information _____
  (e.g., dentists or physicians): _____

State of North Carolina Department of Health and Human Services
Division of Health Service Regulation, Office of Emergency Medical Services
www.ncdhhs.gov/dhsr/EMS/injrchld.htm