

# NE EMERGENCY GUIDELINES FOR SCHOOLS

2016 EDITION



## LIST OF CONTENTS

- AEDs
- Allergic Reaction
- Asthma & Difficulty Breathing
- Behavioral Emergencies
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- CPR (Infant, Child, & Adult)
- Choking
- Child Abuse
- Communicable Diseases
- Cuts, Scratches, & Scrapes
- Diabetes
- Diarrhea
- Ear Problems
- Electric Shock
- Eye Problems
- Fainting
- Fever
- Fractures & Sprains
- Frostbite
- Headache
- Head Injuries
- Heat Emergencies
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Pain
- Nose Problems
- Poisoning & Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Shock
- Splinters
- Stabs/Gunshots
- Stings
- Stomachaches & Pain
- Teeth Problems
- Tetanus
- Immunization
- Ticks
- Unconsciousness
- Vomiting

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

### Also Includes:

- Emergency Response to life threatening Asthma or Anaphylaxis
- Concussions. Return to Learn. Return to Play
- Communicable Disease Resources
- Nebraska Local Health Departments
- Recommended First Aid Equipment and Supplies
- Emergency Phone Numbers
- School Safety Planning & Emergency Preparedness Section, including Pandemic Flu Preparedness and School Shooting



Funding for this publication has been made possible, in part, through support from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Emergency Medical Services for Children Program, grant #H33MC07876 and the Nebraska Department of Health and Human Service, Emergency Medical Services Program for Children.

# EMERGENCY GUIDELINES FOR SCHOOLS 2016 EDITION

**Nebraska Department of Health and Human Services  
Division of Public Health  
Emergency Medical Services Program  
Emergency Medical Services for Children**

## **Program Manager**

Debbie Kuhn, EMS for Children Program Manager

## **Endorsed by**

Emergency Medical Services for Children Advisory Committee  
Andrea Holka, Executive Director, AIRE Nebraska  
Susan Puckett, RN, Kearney Public Schools  
Dr. Thomas Deegan, Children's Hospital & Medical Center  
Carol Tucker, BSN, RN, NCSN DHHS School Health Program

## **Acknowledgements**

Special thanks go to the following organizations for the original development of this resource:

Ohio Department of Public Safety, Division of Emergency Medical Services, and Ohio Department of Health, which published Emergency Guidelines for Schools, 3<sup>rd</sup> 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 Nebraska 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.

# ABOUT THE GUIDELINES

The Emergency Guidelines for Schools Manual is meant to provide recommended procedures for school staff that have little or no medical/nursing training to use when the school nurse is not available. It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course. Although designed for a school environment, this resource is equally appropriate for a child care or home setting.

The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety's Emergency Medical Services for Children Program in 1997. Nebraska Health and Human Services, Division of Public Health, Emergency Medical Services (EMS) Program has revised to make it specific for Nebraska.

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 Nebraska. 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.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation.

For more information contact:

Debbie Kuhn  
EMS for Children Program Manager  
402-471-0119  
[Debbie.kuhn@nebraska.gov](mailto:Debbie.kuhn@nebraska.gov)

Julie Smithson  
South Central EMS Specialist  
308-940-1994  
[Julie.Smithson@nebraska.gov](mailto:Julie.Smithson@nebraska.gov)

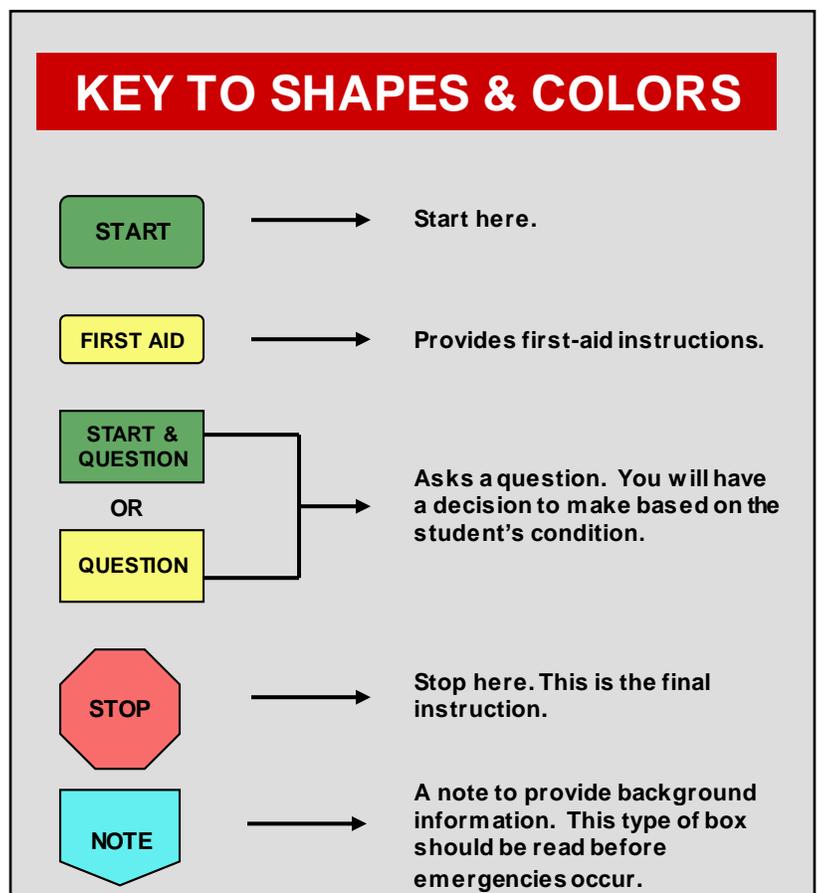
# HOW TO USE THE EMERGENCY GUIDELINES

- 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 Resource Section 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 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.



# 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.

## POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

- Discuss with counseling staff.
- 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.
- 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.

# 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 action plans for these students when they are enrolled. These action 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.**

## 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.

# 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-bag 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 ***all ages, 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 0-8 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 an infant/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 within 15-18 seconds followed by 2 slow breaths of 1 second each. Complete 5 cycles of CPR (30 compressions to 2 breaths x 5) for 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 an infant/child, perform 5 cycles of CPR first (30 compressions to 2 breaths x 5) of about 2 minutes, and then apply the AED to check the heart rhythm and deliver a shock as needed. Continue with cycles for about 2 minutes CPR to 1 AED rhythm check.

*\*Currents in Emergency Cardiovascular Care, American Heart Association, Fall 2010.*

# AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

**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. Gently tap the shoulder and 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

## 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 between 15-18 seconds followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions in between 15-18 seconds to 2 breaths for a rate of at least 100 to 120 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 15-18 seconds to 2 breaths at a rate of at least 100 to 120 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

Children may experience symptoms within minutes up to 2 hours post exposure.

Students with a history of life-threatening allergies should be known to appropriate school staff. An Allergy Action Plan should be developed. NE law allows students to possess and use an auto-injectable epinephrine in schools. Staff in a position to administer the Epi-Pen and/or Albuterol should receive instruction.

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

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

**NO**

Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash in 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**

Does student have an Allergy Action plan?

**NO**

Follow Rule 59 protocol.

**YES**

**Refer to student's Allergy Action plan.**  
Administer medication as directed in action plan.

Are symptoms not improving or getting worse? Are the lips or nail beds turning blue?

Follow Rule 59 protocol.

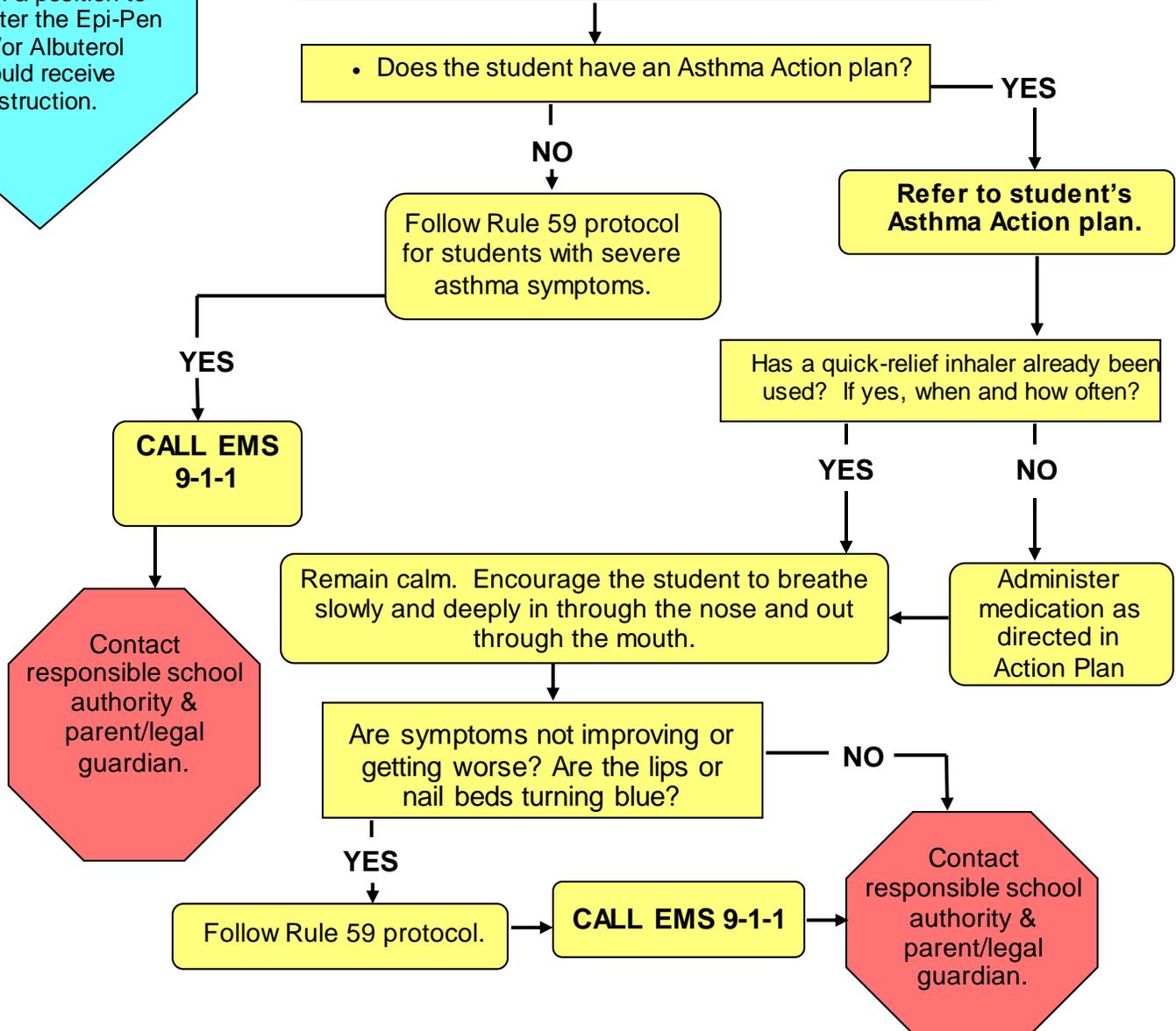
**CALL EMS 9-1-1.**  
Contact responsible school authority & parent or legal guardian.

# ASTHMA – WHEEZING – DIFFICULTY BREATHING

Students with a history of breathing difficulties including asthma/wheezing should be known to appropriate school staff. An Asthma Action plan should be developed. NE law allows students to possess and use an asthma inhaler in school. Staff in a position to administer the Epi-Pen and/or Albuterol 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.



**EMERGENCY RESPONSE TO LIFE-THREATENING ASTHMA OR  
SYSTEMIC ALLERGIC REACTIONS (ANAPHYLAXIS)**

**DEFINITION:** Life-threatening asthma consists of an *acute episode of worsening airflow obstruction. Immediate action and monitoring are necessary.*

A systemic allergic reaction (anaphylaxis) is a severe response resulting in cardiovascular collapse (shock) after the injection of an antigen (e.g. bee or other insect sting), ingestion of a food or *medication*, or exposure to other allergens, such as animal fur, chemical irritants, pollens or molds, among others. The blood pressure falls, the pulse becomes weak, **AND DEATH CAN OCCUR**. Immediate allergic reactions may require emergency treatment and medications.

**LIFE-THREATENING ASTHMA SYMPTOMS:** Any of these symptoms may occur:

- Chest tightness
- Wheezing
- Severe shortness of breath
- Retractions (chest or neck "sucked in")
- Cyanosis (lips and nail beds exhibit a grayish or bluish color)
- Change in mental status, such as agitation, anxiety, or lethargy
- A hunched-over position
- Breathlessness causing speech in one-to-two word phrases or complete inability to speak

**ANAPHYLACTIC SYMPTOMS OF BODY SYSTEM:** Any of the symptoms may occur within seconds. The more immediate the reactions, the more severe the reaction may become. Any of the symptoms present requires several hours of monitoring.

- Skin: warmth, itching, and/or tingling of underarms/groin, flushing, hives
- Abdominal: pain, nausea and vomiting, diarrhea
- Oral/Respiratory: sneezing, swelling of face (lips, mouth, tongue, throat), lump or tightness in the throat, hoarseness, difficulty inhaling, shortness of breath, decrease in peak flow meter reading, wheezing reaction
- Cardiovascular: headache, low blood pressure (shock), lightheadedness, fainting, loss of consciousness, rapid heart rate, ventricular fibrillation (no pulse)
- Mental status: apprehension, anxiety, restlessness, irritability

**EMERGENCY PROTOCOL:**

1. **CALL 911**
2. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol
3. Check airway patency, breathing, respiratory rate, and pulse
4. Administer medications (EpiPen and albuterol) per standing order
5. Determine cause as quickly as possible
6. Monitor vital signs (pulse, respiration, etc.)
7. Contact parents immediately and physician as soon as possible
8. Any individual treated for symptoms with epinephrine at school will be transferred to medical facility

**STANDING ORDERS FOR RESPONSE TO LIFE-THREATENING ASTHMA OR ANAPHYLAXIS:**

- Administer an IM EpiPen-Jr. for a child less than 50 pounds or an adult EpiPen for any individual over 50 pounds
- Follow with nebulized albuterol (premixed) while awaiting EMS. If not better, may repeat times two, back-to-back
- Administer CPR, if indicated

\_\_\_\_\_  
(PHYSICIAN) Date

\_\_\_\_\_  
(PHYSICIAN) Date

\_\_\_\_\_  
(PHYSICIAN) Date

\_\_\_\_\_  
(PHYSICIAN) Date

# BEHAVIORAL EMERGENCIES

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

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.**

**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.**

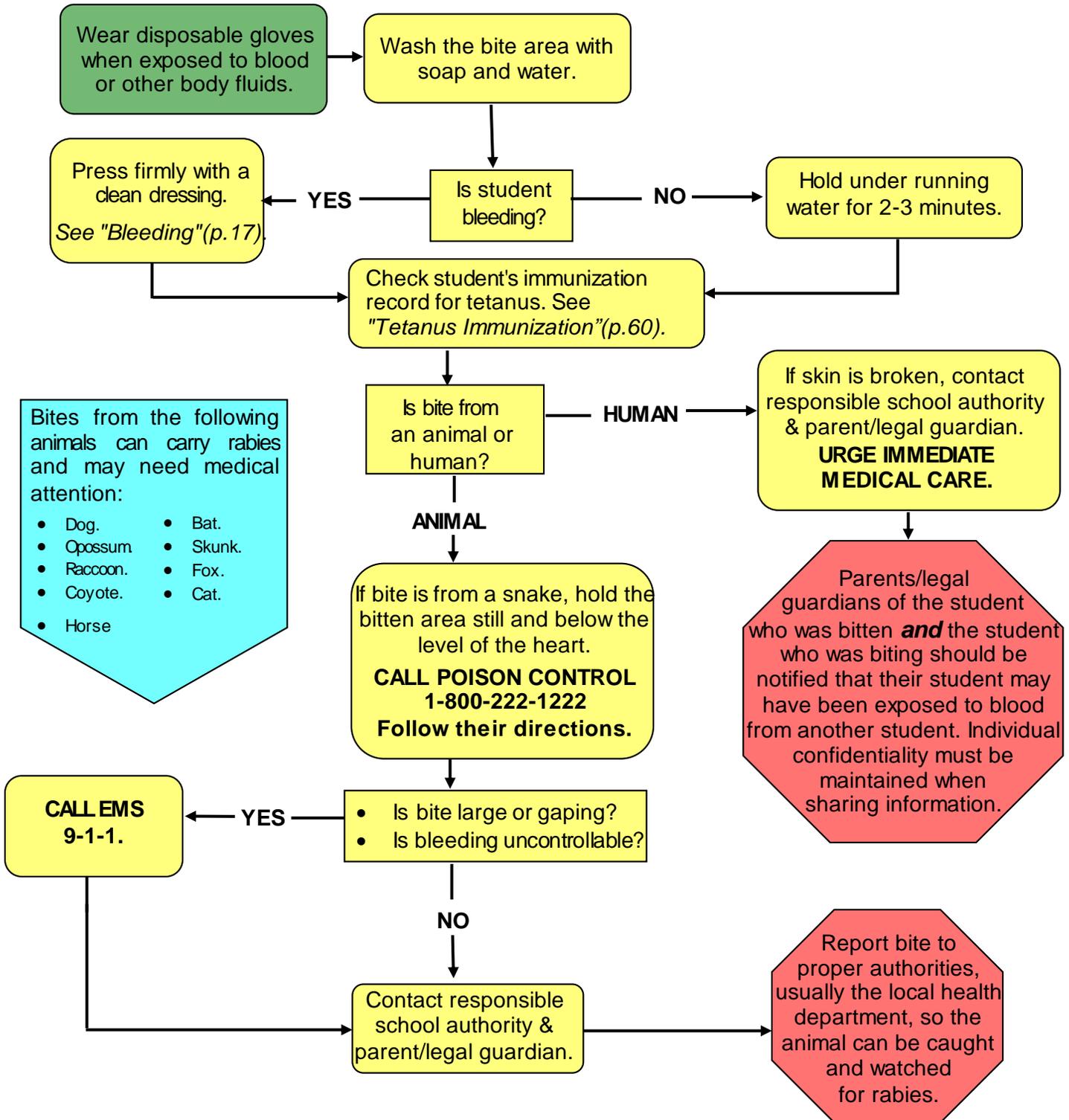
NO ↓

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)



- Bites from the following animals can carry rabies and may need medical attention:
- Dog.
  - Opossum.
  - Raccoon.
  - Coyote.
  - Horse.
  - Bat.
  - Skunk.
  - Fox.
  - Cat.

# BLEEDING

Check student's immunization record for tetanus. See "Tetanus Immunization." (p. 60)

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

Is injured part amputated (severed)?

CALL EMS 9-1-1.

- Press firmly with a clean bandage to stop bleeding.
- 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.**

- 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.

Is there continued uncontrollable bleeding?

CALL EMS 9-1-1.

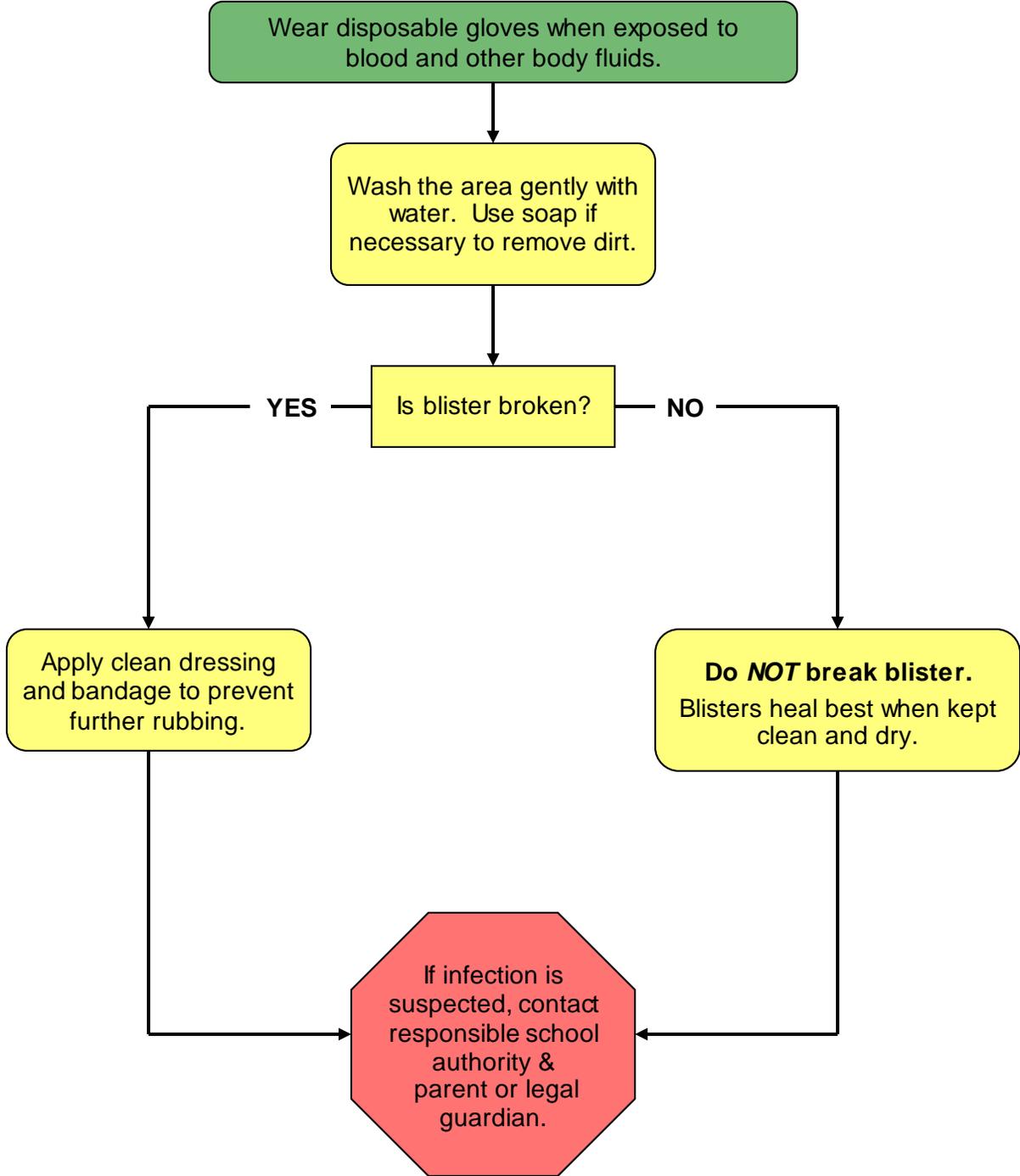
- Have student lie down.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.

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

**URGE MEDICAL CARE.**

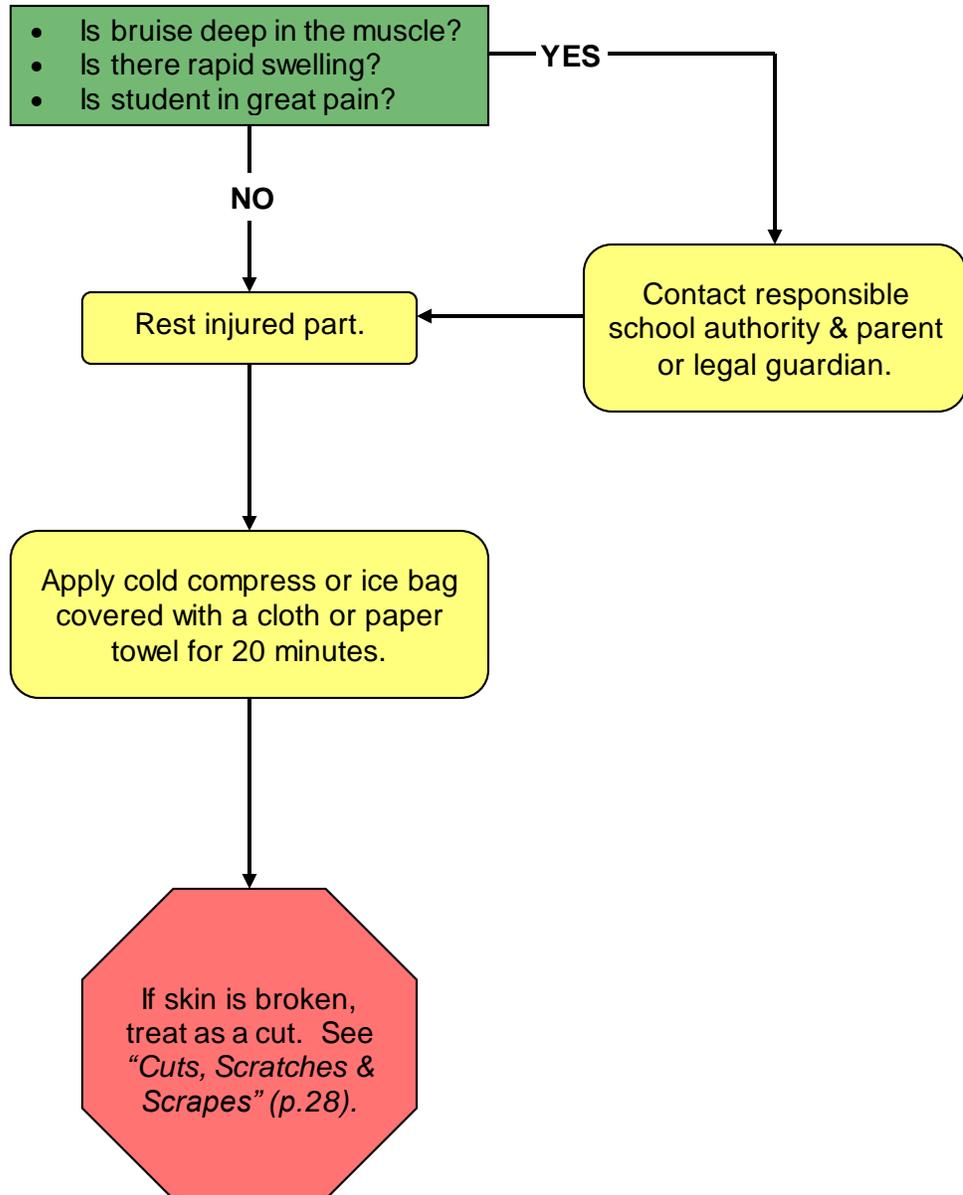
Contact responsible school authority & parent or legal guardian.

# BLISTERS (FROM FRICTION)



# BRUISES

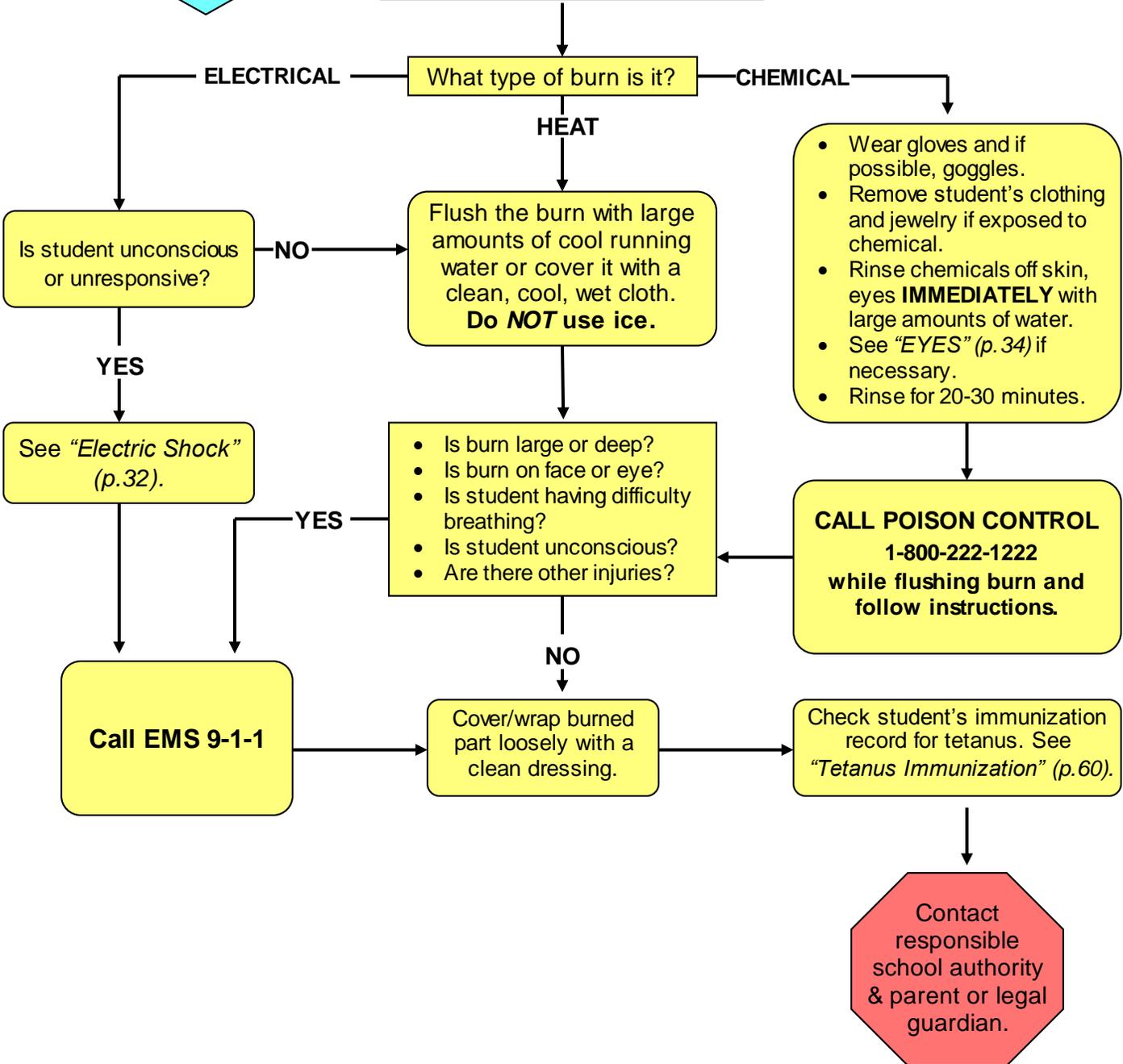
If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See "Child Abuse" (p.26).



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).

# BURNS

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



# NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2015.\* 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.

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 at least 100 to 120 compressions per minute for all victims.
- Compress about 1/3 the depth of the chest for infants (approximately 1 ½ inches), and 2 inches for children up to puberty, and at least 2 inches for children after puberty and adults.
- Avoid leaning on the chest wall between compressions to allow the full chest recoil.
- Minimize pauses in compressions.
- If rescuers are unwilling or unable to deliver breaths, we recommend rescuers perform compression-only CPR.

## 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, Fall 2015.

# 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 tap the infant's shoulder or flick the bottom of the infant's feet. If no response, yell 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** and check for no **BREATHING** for 5 – 10 seconds.

## **IF NOT BREATHING AND NOT RESPONSIVE:**

4. Find finger position near center of breastbone just below the nipple line.  
(Make sure fingers are **NOT** over the very bottom of the breastbone.)
5. Compress chest hard and fast at a rate of 30 compressions in 15-18 seconds with 2 fingers approximately 1½" or about 1/3 of the infant's chest.
6. Limit interruptions in chest compressions.
7. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.
8. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 to 120 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.
9. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



Pictures reproduced with permission.  
Textbook of Pediatric Basic Life Support, 1994.  
Copy right American Heart Association.

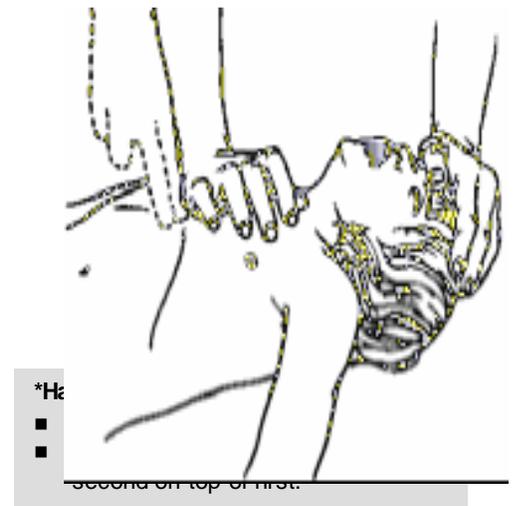
# CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN 1 TO 8 YEARS OF AGE

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

1. Gently tap the shoulder and 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** and check for no **BREATHING.**
4. If you witnessed the child's collapse, chest compressions should be started immediately. Use a defibrillator as soon as possible. CPR should be provided while the AED pads are applied and until the AED is ready to analyze the rhythm.

## **IF NOT BREATHING AND NOT RESPONSIVE**

6. Find hand position near center of breastbone at the nipple line.  
(Do **NOT** place your hand over the very bottom of the breastbone.)
7. Compress chest hard and fast 30 times in 15-18 seconds with the heel of **1 or 2 hands.\*** Compress at least 2" or 1/3 of the child's chest. Allow the chest to return to normal position between each compression.
8. Limit interruptions in chest compressions.
9. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.
10. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF AT LEAST 100 to 120 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 15-18 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.



Pictures reproduced with permission.  
Textbook of Pediatric Basic Life Support, 1994.  
Copy right American Heart Association.

# 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. Gently tap the shoulder and 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 no **BREATHING. Gasping in adults should be treated as no breathing.**
5. If you witnessed the child's or adult's collapse, chest compressions should be started immediately. Use a defibrillator as soon as possible. CPR should be provided while the AED pads are applied and until the AED is ready to analyze the rhythm.

## **IF NOT BREATHING AND NOT RESPONSIVE:**

6. 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.)
7. Position self vertically above victim's chest and with straight arms, **compress chest hard and fast at least 2 inches at a rate of 30 compressions in about 15-18 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.
8. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.
9. **REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 to 120 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.**
10. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



Pictures reproduced with permission.  
Textbook of Pediatric Basic Life Support, 1994.  
Copyright American Heart Association.

# 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 than rest of body.
4. With 2 or 3 fingers, give 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. REPEAT STEPS 1-5 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
7. 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 5 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 THE CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD, OR STEP 6 OF ADULT CPR (p.23).**

### FOR OBESE OR PREGNANT PERSONS:

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

Pictures reproduced with permission. Textbook of Pediatric Basic Life Support, 1994. Copy right American Heart Association.

# CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. According to Nebraska 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 Health and Human 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 Nebraska Department of Health & Human Services. Refer to your own school's policy for additional guidance on reporting.

**NE DHHS Phone # 800-652-1999**

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

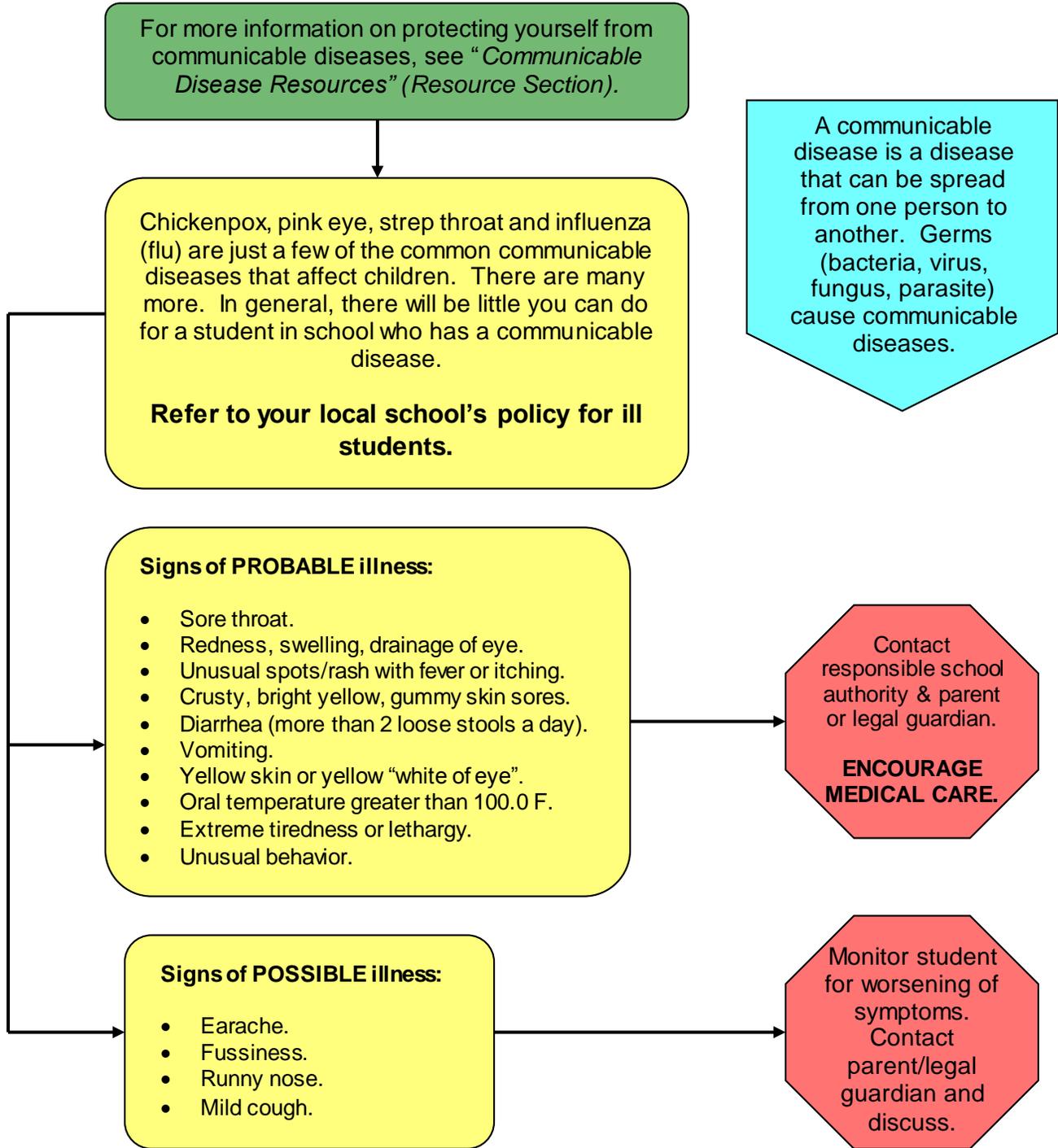
- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual 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.

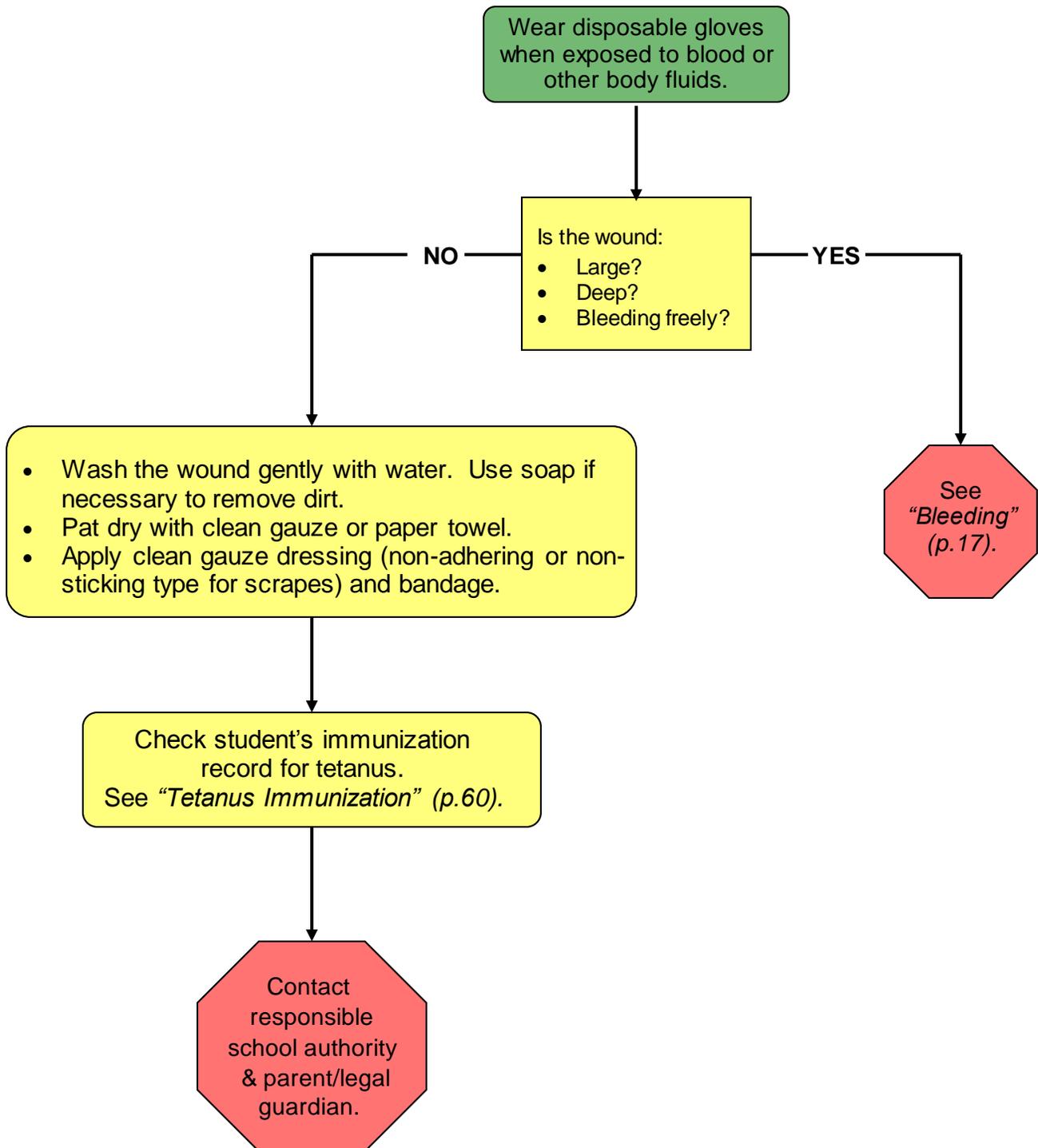
Contact responsible school authority. Contact DHHS. Follow up with school report.

# COMMUNICABLE DISEASES



Refer to Communicable Diseases in Resources Section.

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



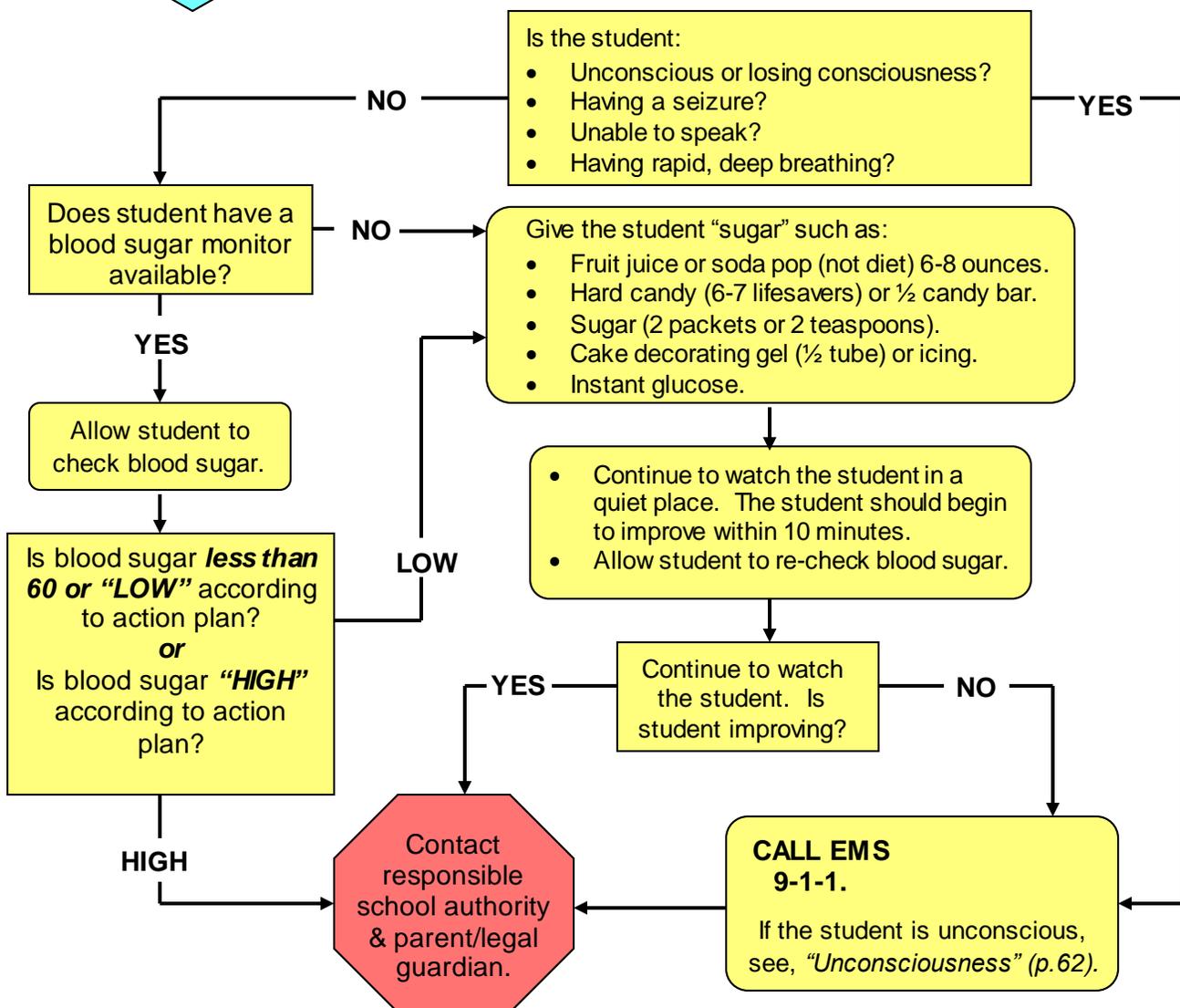
# DIABETES

A student with diabetes should be known to appropriate school staff. A Diabetic Action plan must be developed. Staff in a position to administer a Glucagon injection should receive instruction.

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.

**Refer to student’s Diabetic Action plan.**



# 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.36).
- Blood present in the stool?
- Severe stomach pain?
- Student is dizzy and pale?

YES

Contact responsible school authority & parent/legal guardian.

**URGE MEDICAL CARE.**

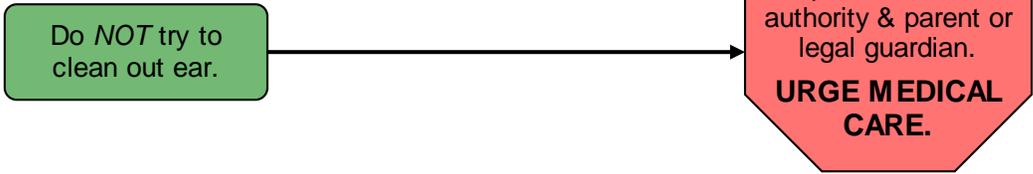
NO

- 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

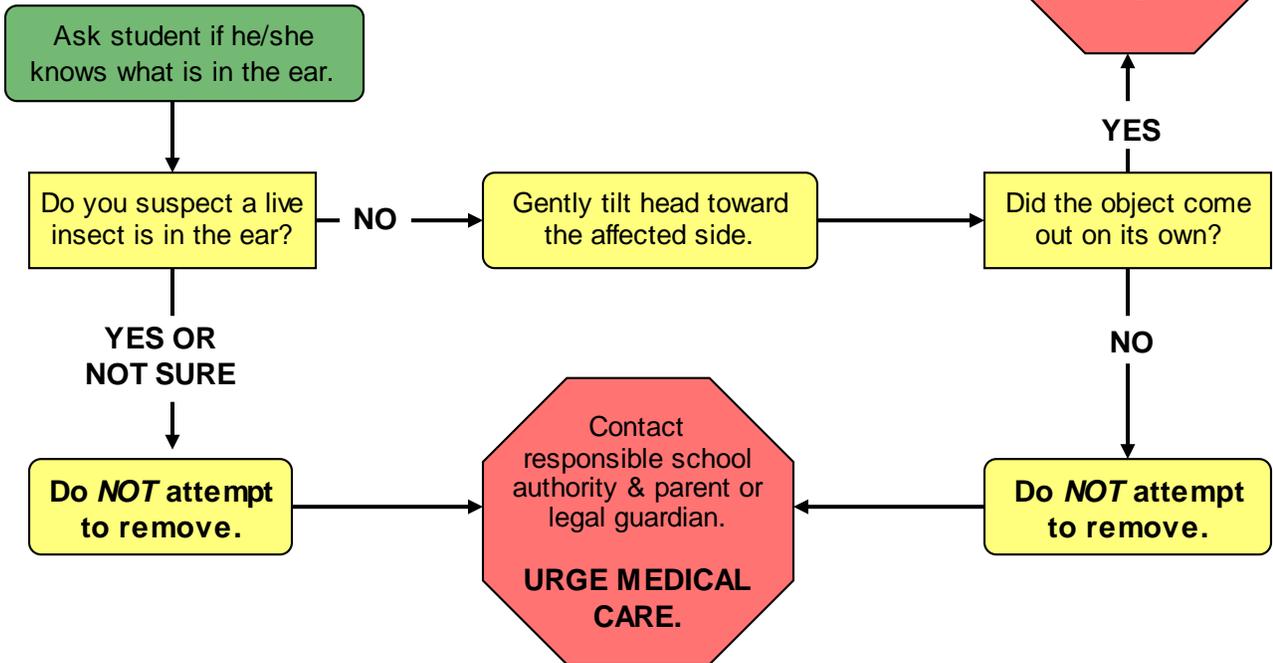
## DRAINAGE FROM EAR



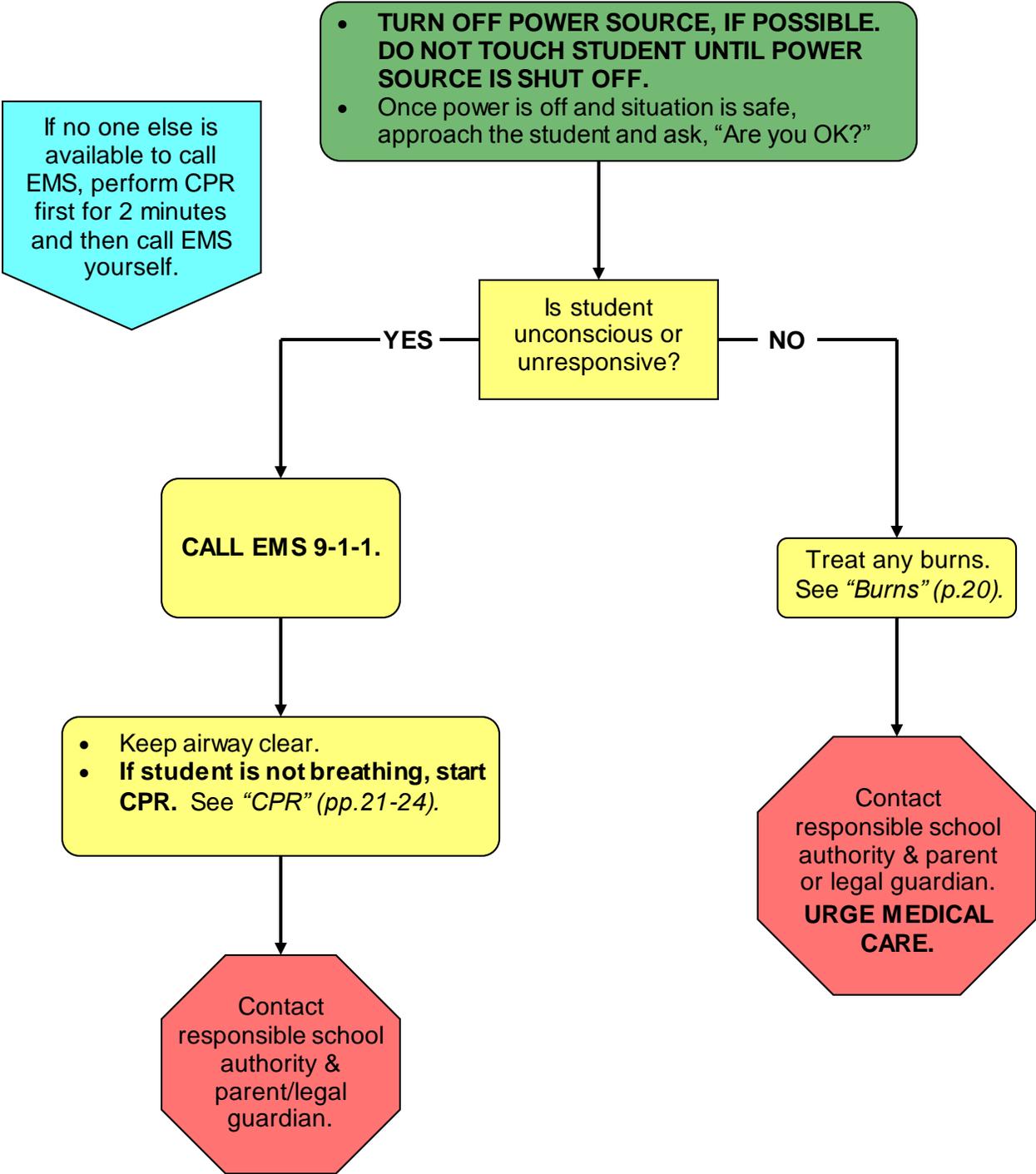
## EARACHE



## OBJECT IN EAR CANAL



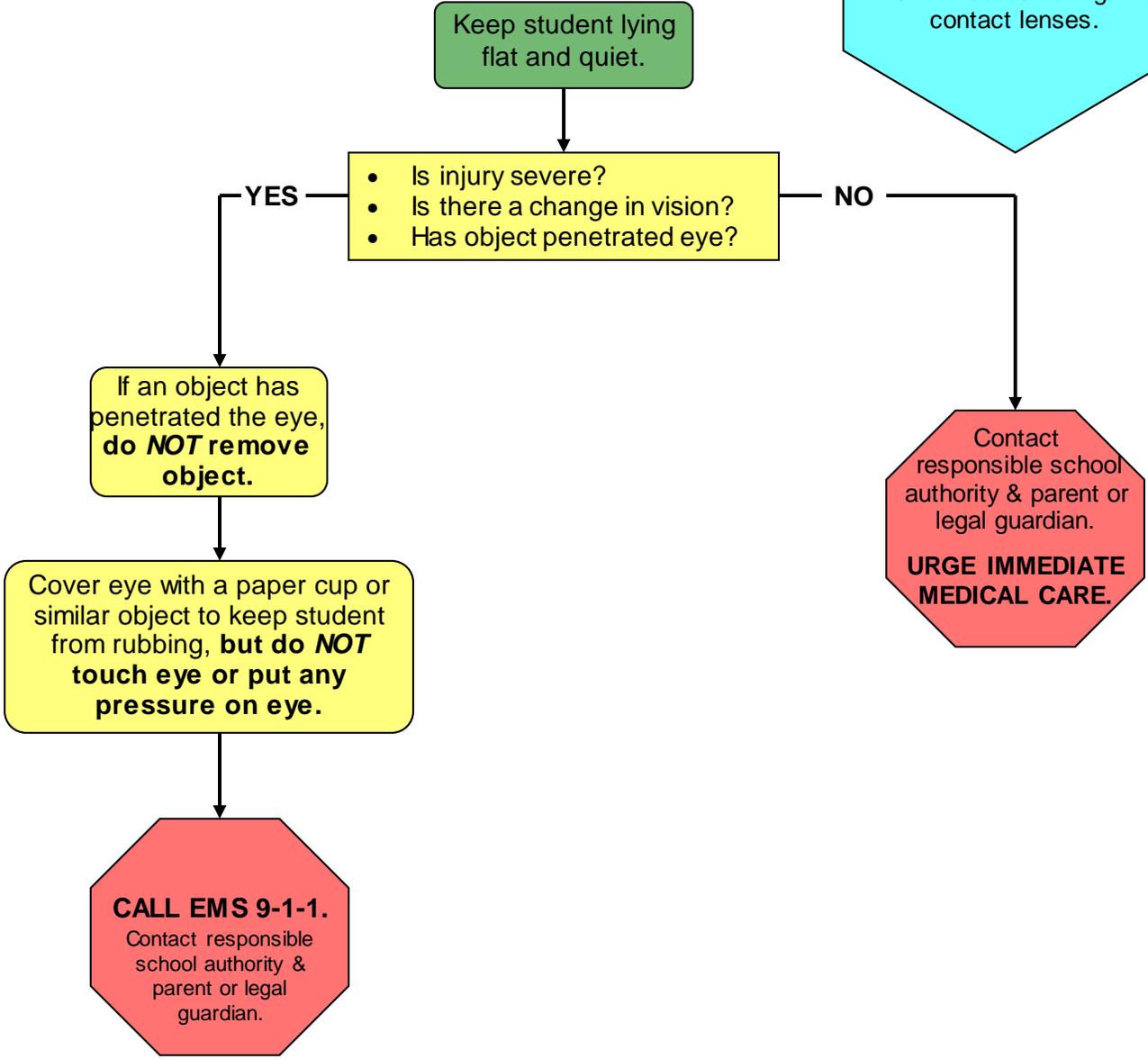
# ELECTRIC SHOCK



# EYE PROBLEMS

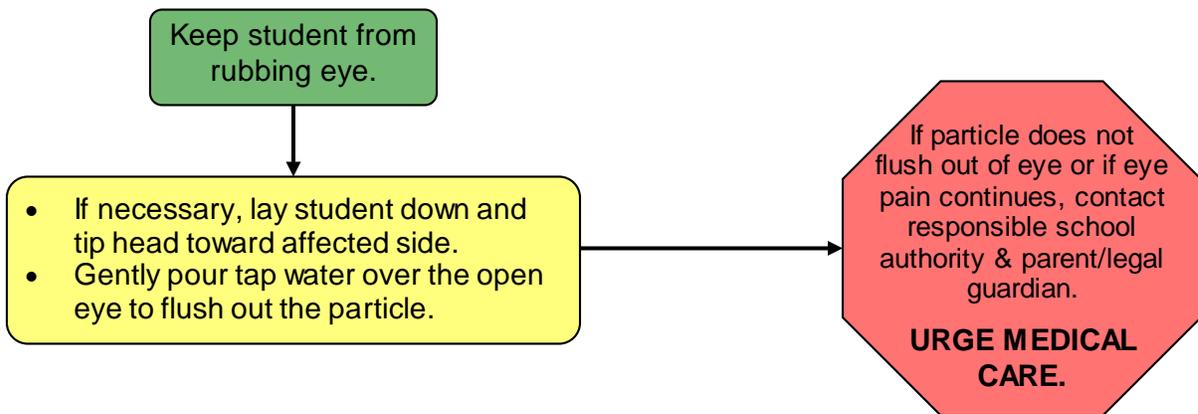
With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye unless chemicals have splashed in the eye. Flush first without removing the contact lenses.

## EYE INJURY:

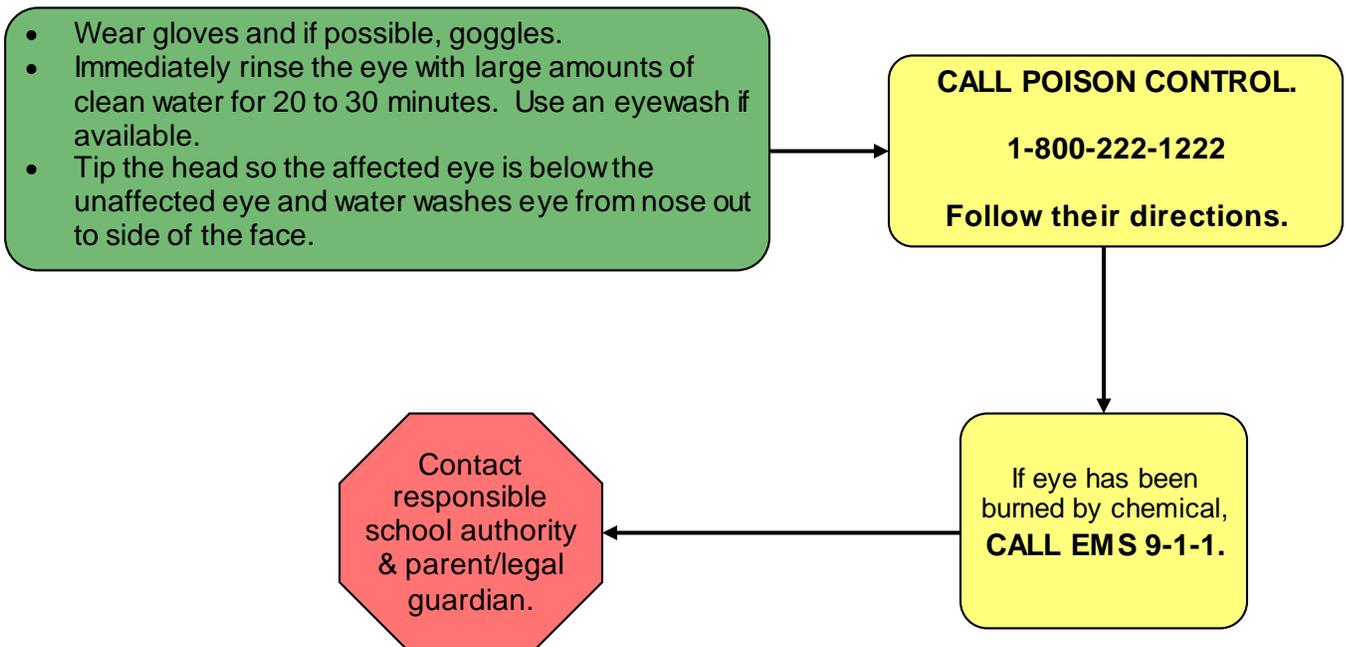


# EYE PROBLEMS

## PARTICLE IN EYE



## CHEMICALS IN EYE



# FAINTING

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.

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.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see *“Unconsciousness”* (p.62).

YES OR NOT SURE —

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

Treat as possible neck injury. See *“Neck & Back Pain”* (p.51).  
**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.**

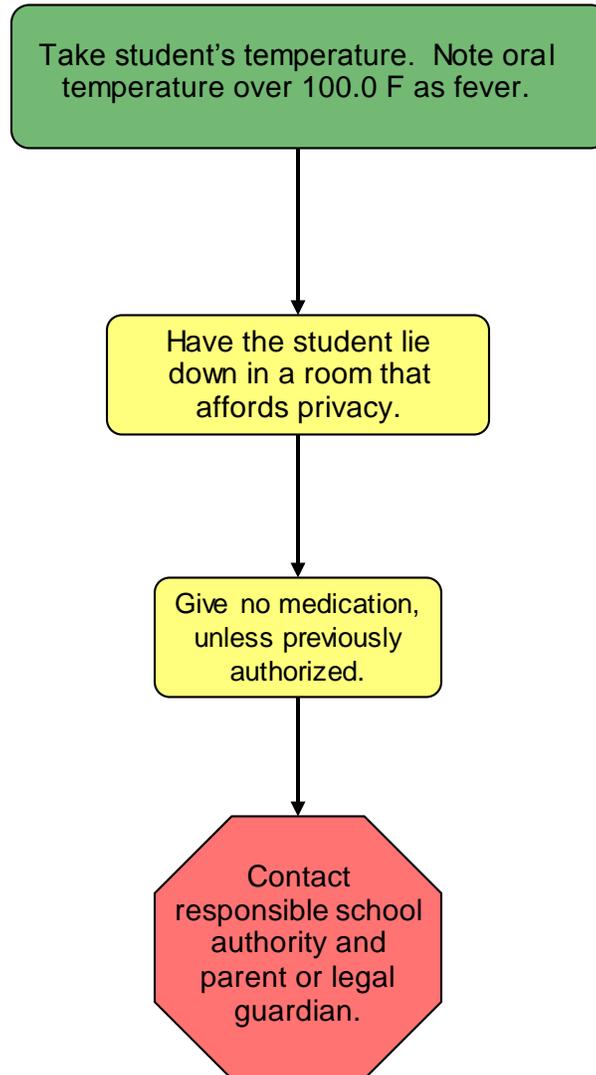
NO

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

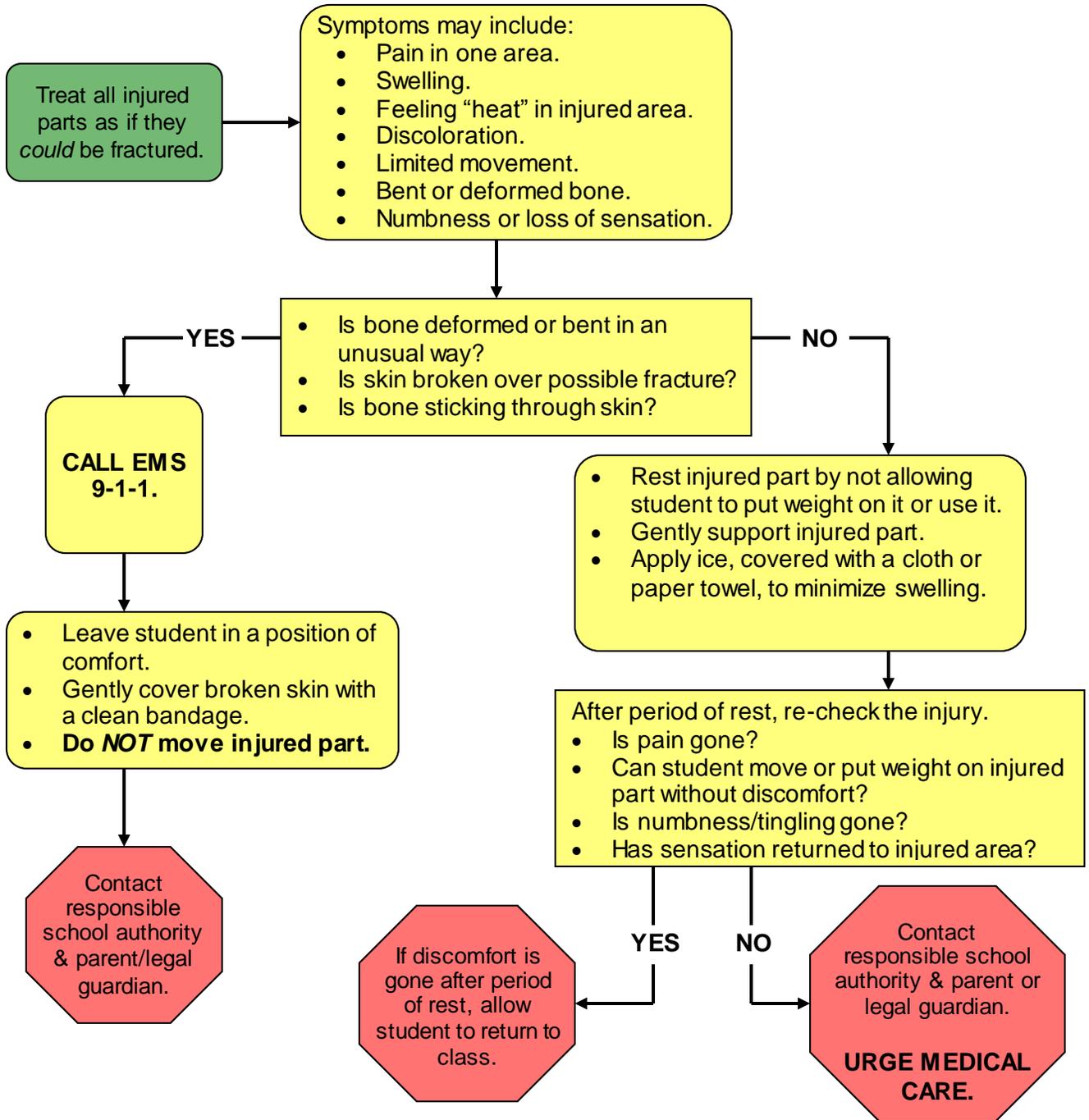
Contact responsible school authority & parent/legal guardian.

**NOTE**  
If student has no history of fainting, seek medical consultation.

# FEVER & NOT FEELING WELL



# FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



# 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*” p. 42). The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

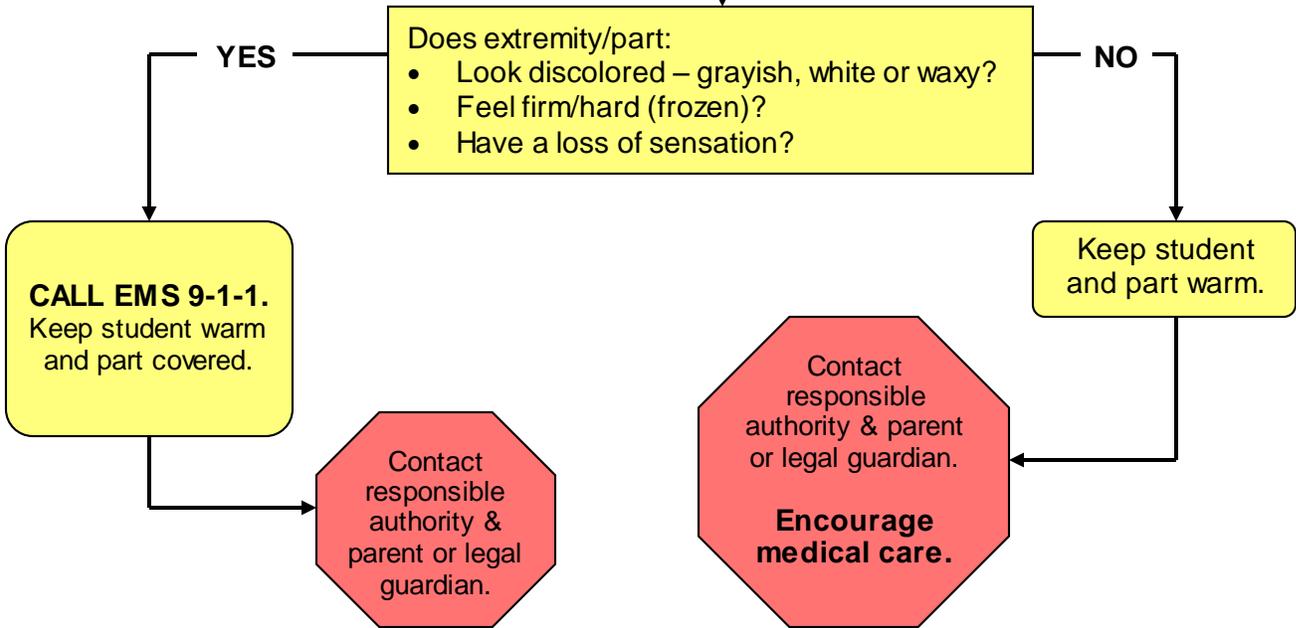
Frostbitten skin may:

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

Deeply frostbitten skin may:

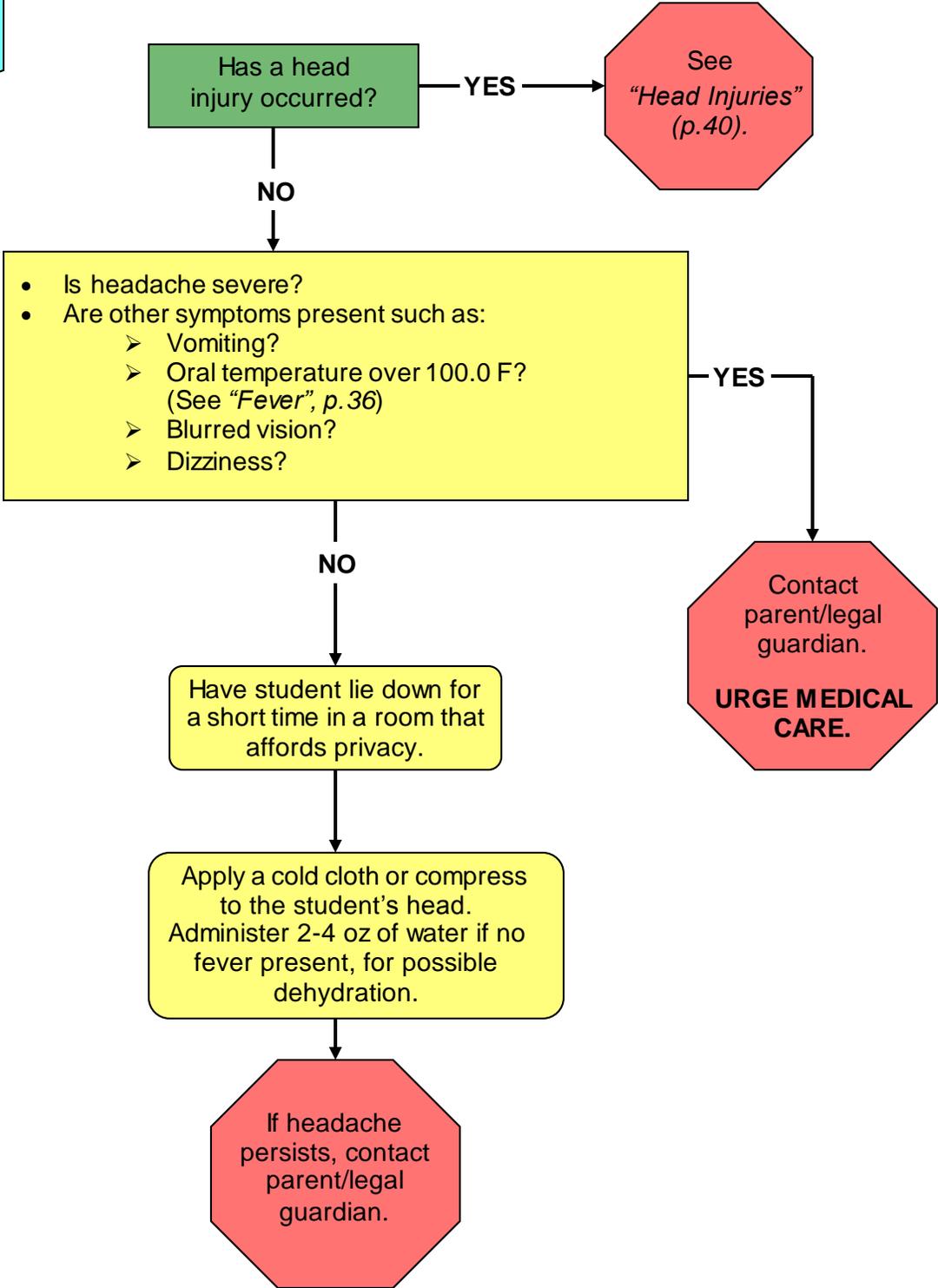
- Look white or waxy.
- Feel firm or hard (frozen).

- 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.



# HEADACHE

Give no medication unless previously authorized.



# 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.45) for more information.

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

Is student vomiting?

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

**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?

**CALL EMS 9-1-1.**

- Check student's airway.
- **If student stops breathing, start CPR.** See "CPR" (pp.21-24).

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

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.

Refer to Concussions Return to Learn & Return to Play in Resources Section

# 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.

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

Is student unconscious or losing consciousness?

- Quickly remove student from heat to a cooler place.
- Put student on his/her side to protect the airway.
- If student stops breathing, start CPR. See "CPR" (pp.21-24).**

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

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

Cool rapidly by completely wetting clothing with room temperature water.  
**Do NOT use ice water.**

Contact responsible authority & parent/legal guardian.

**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?

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

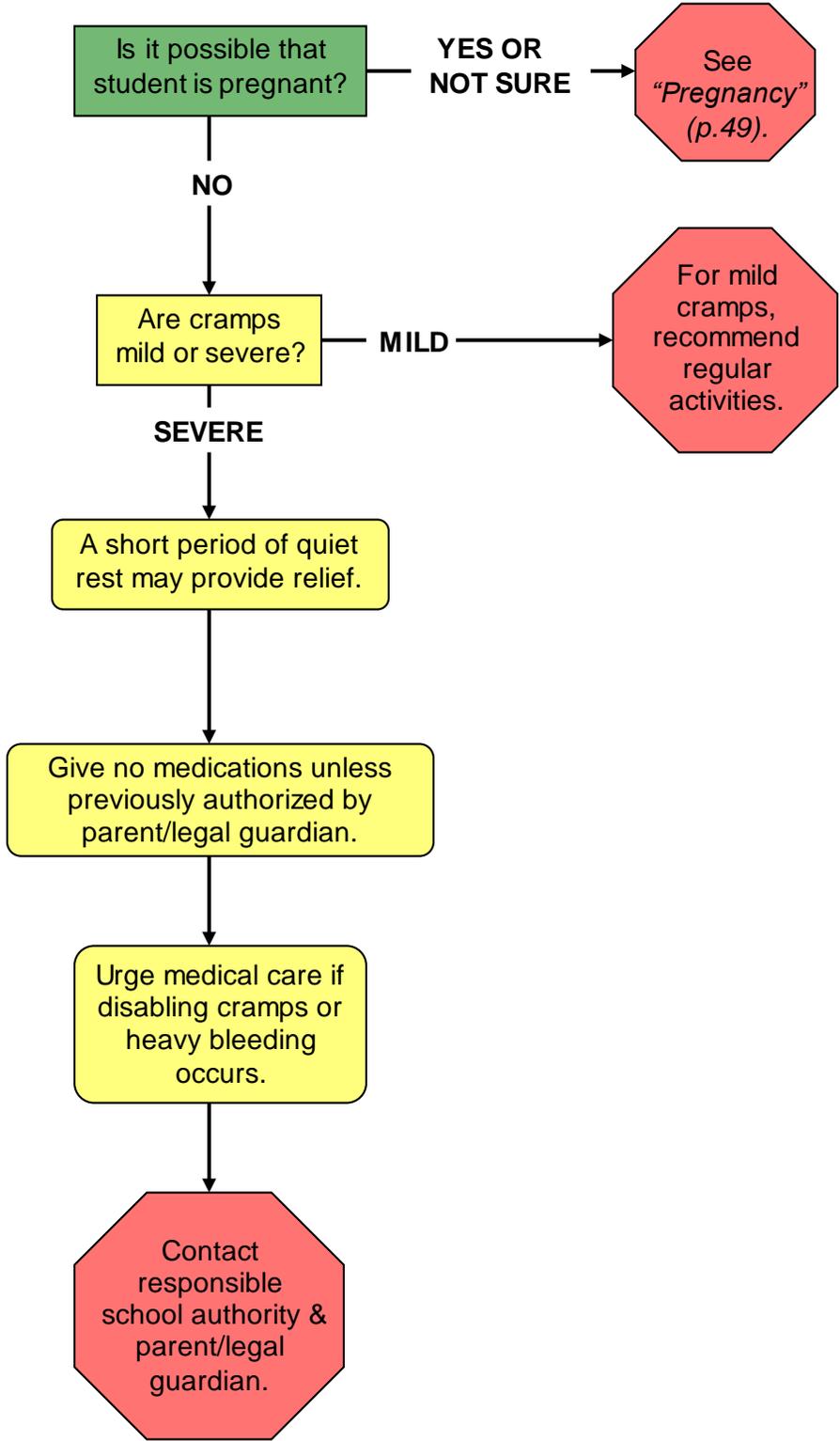
NO

YES

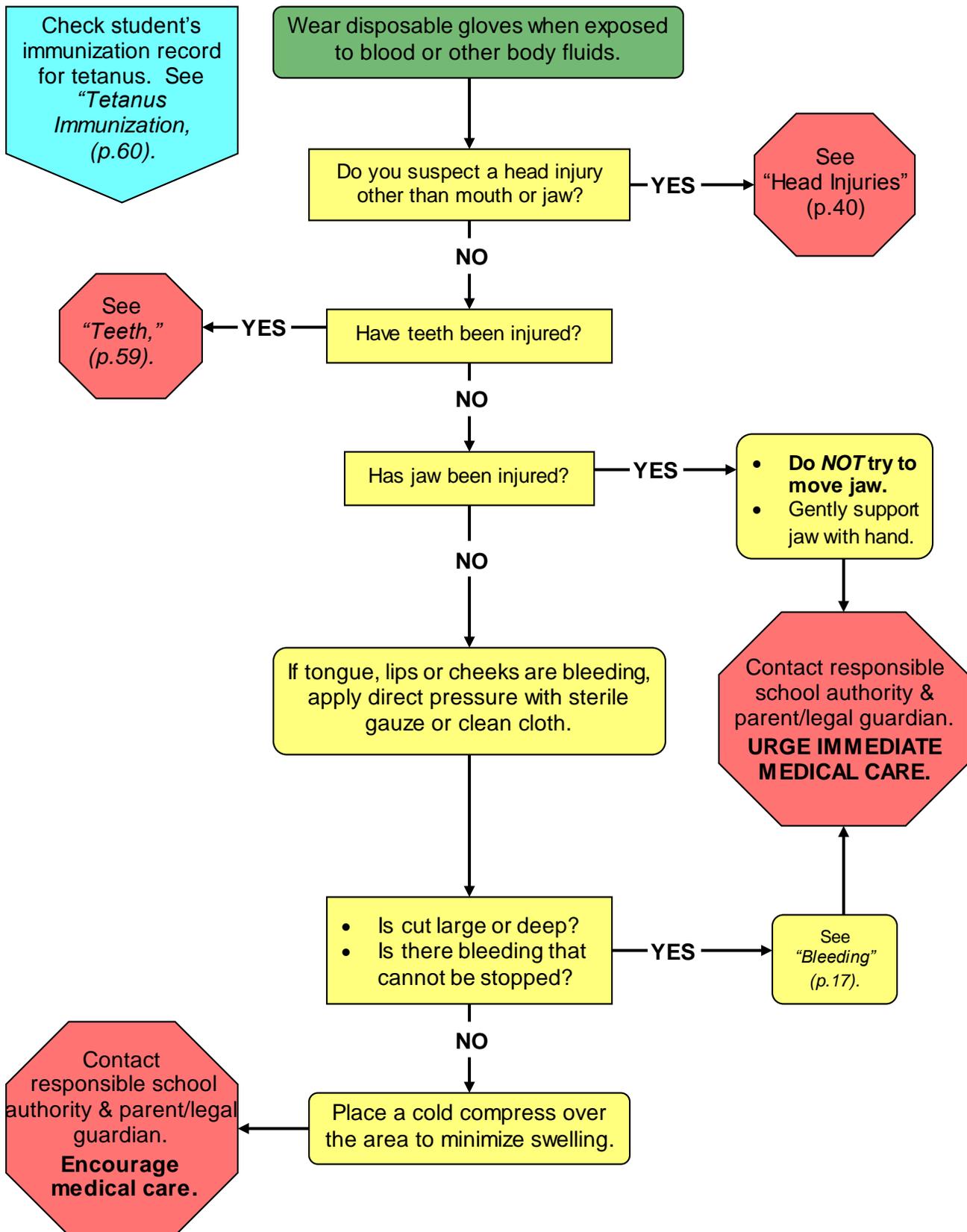
- **CALL EMS 9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is asleep or losing consciousness, place student on his/her side to protect airway.
- **If student stops breathing, start CPR.** See "CPR" (pp.21-24).

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

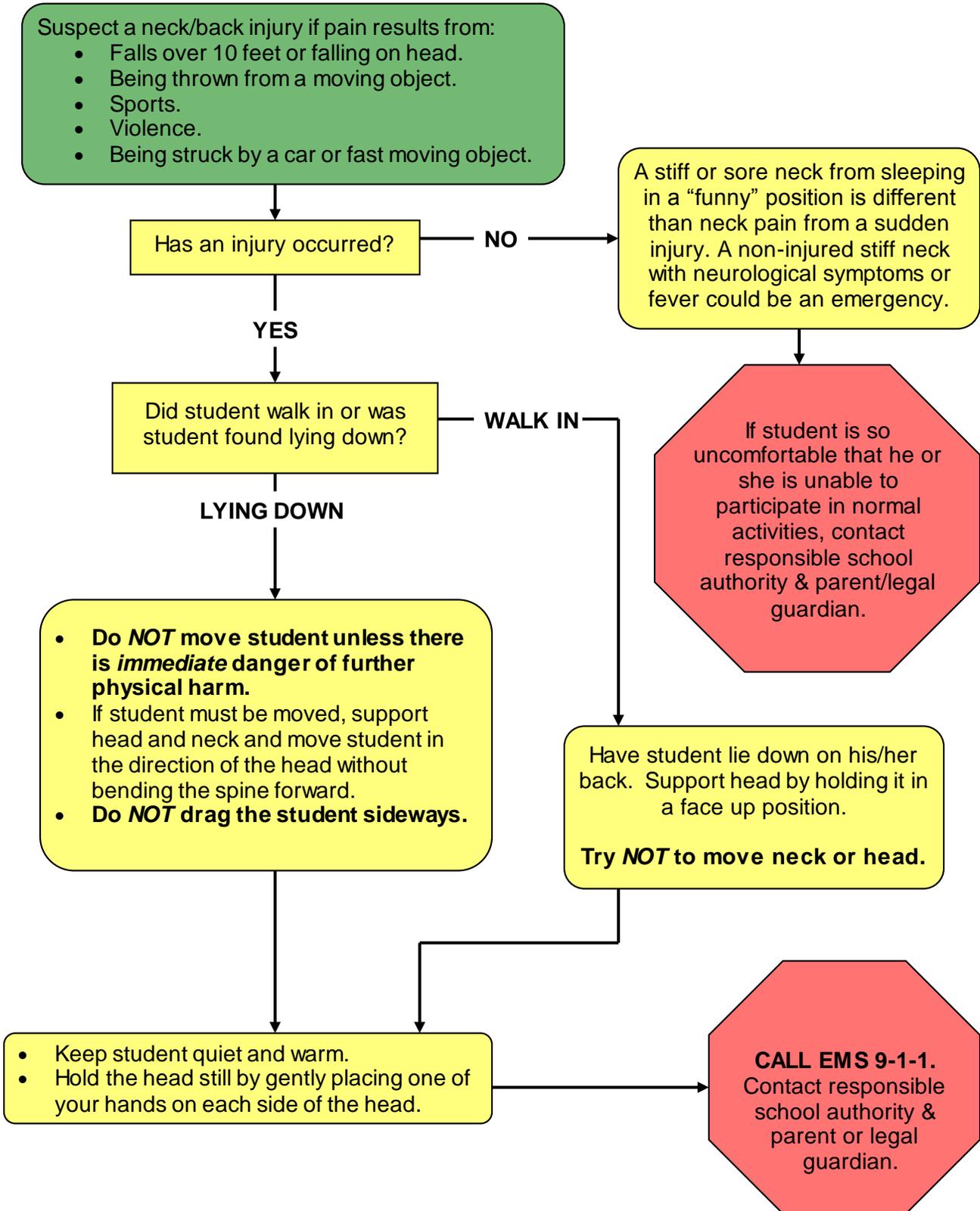
# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES



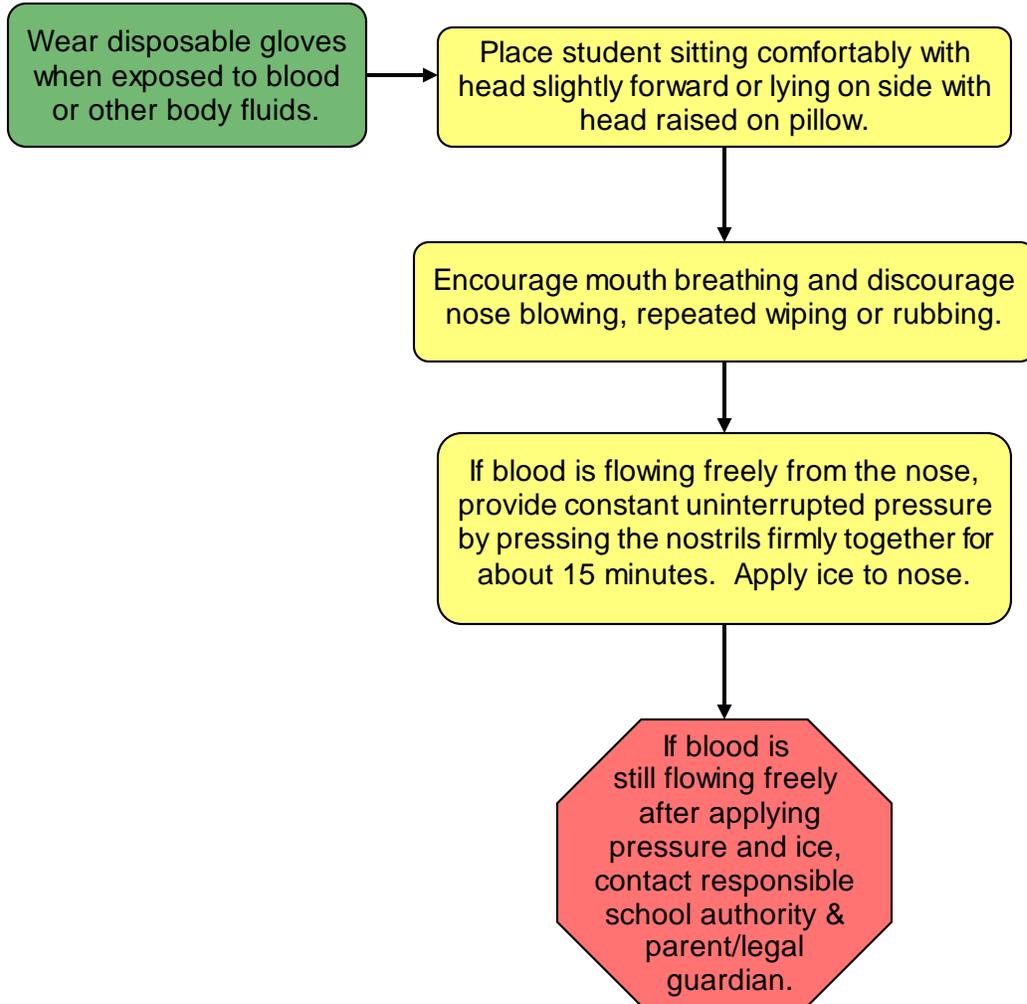
# NECK & BACK PAIN



# NOSE PROBLEMS

See "Head Injuries" (p.40) if you suspect a head injury other than a nosebleed or broken nose.

## NOSEBLEED

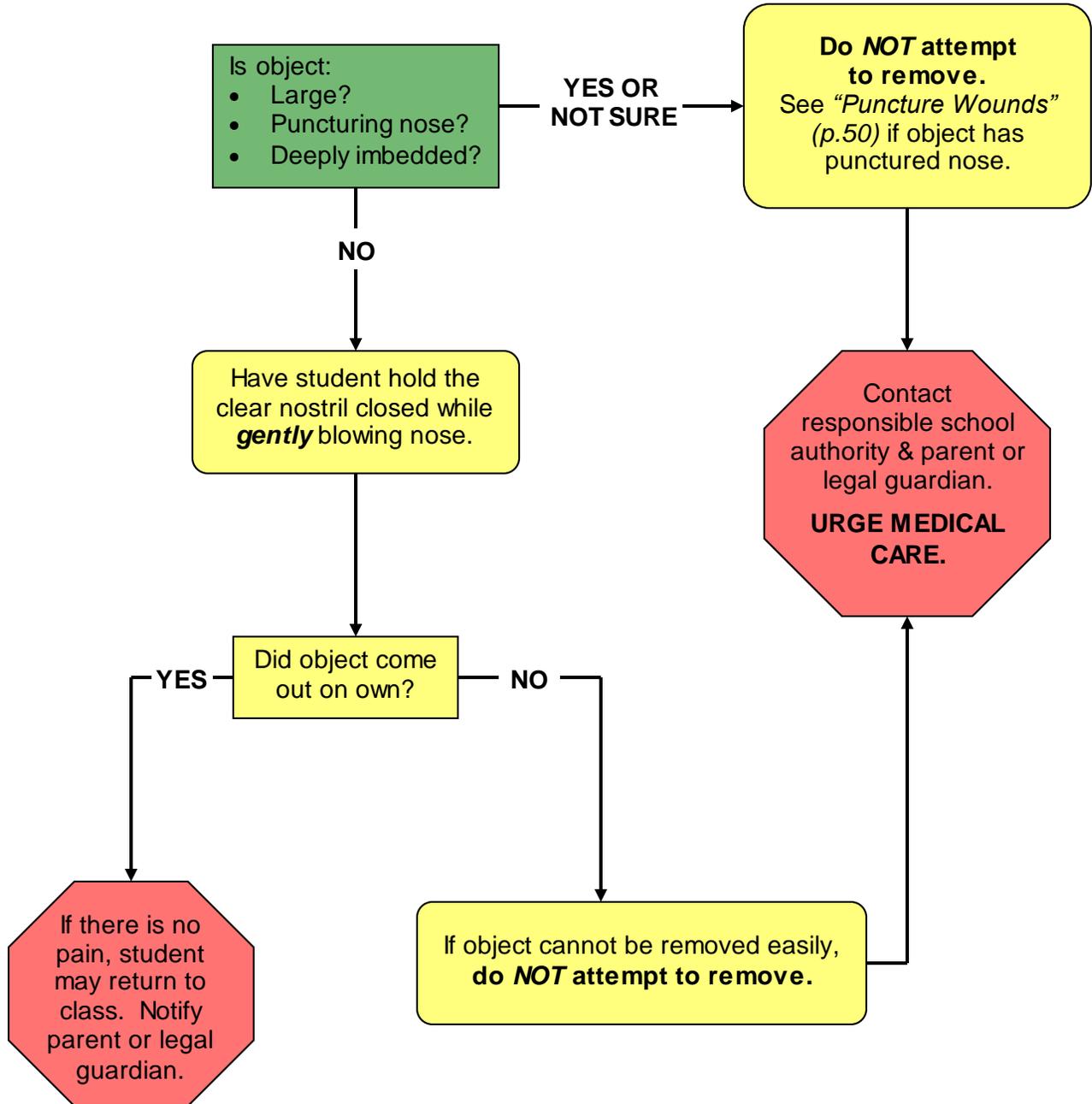


## BROKEN NOSE

- 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.

- **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 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.**

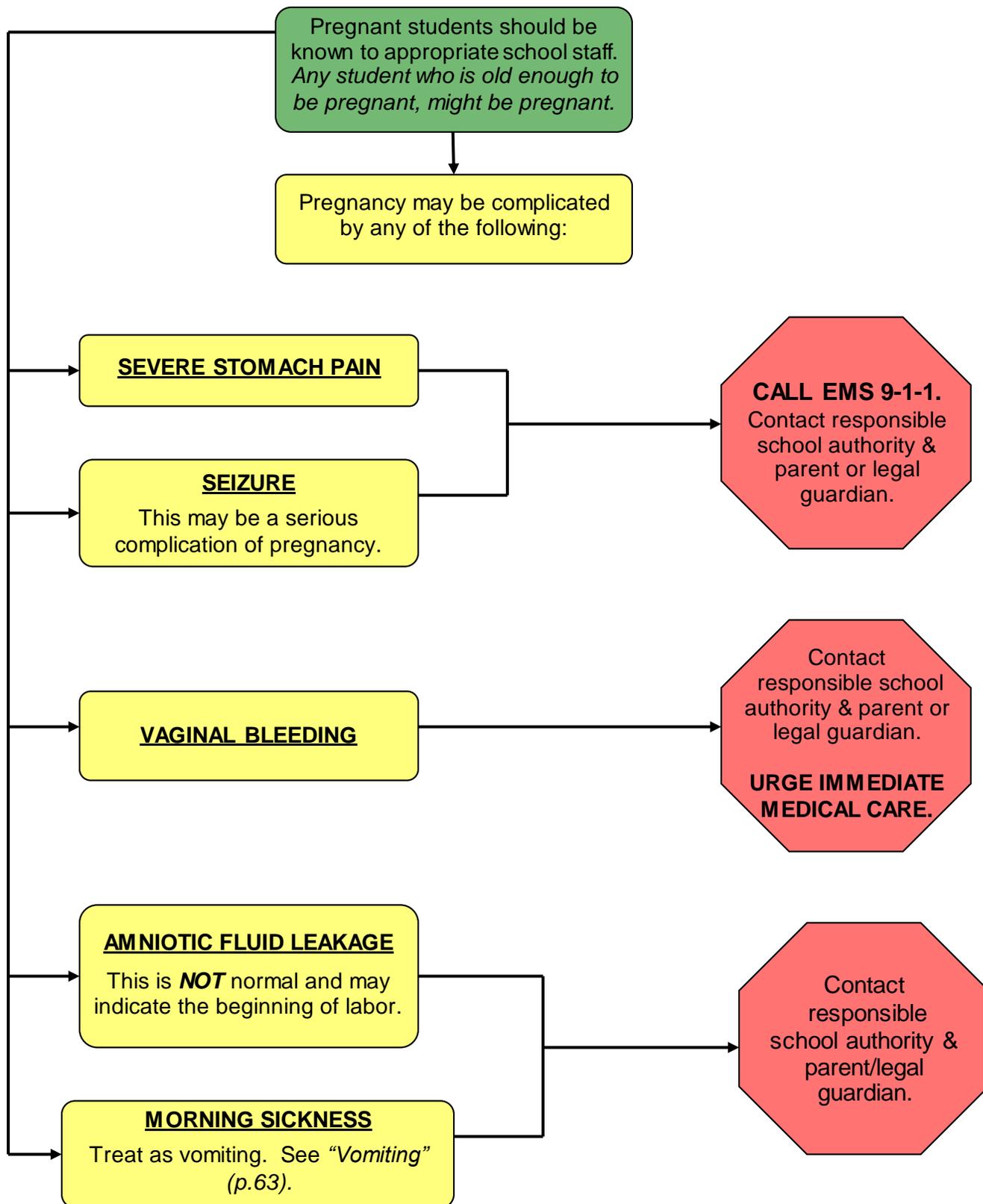
- If student becomes unconscious, place on his/her side. Check airway.
- **If student stops breathing, start CPR.** See "CPR" (pp.21-24).

**CALL EMS 9-1-1.**

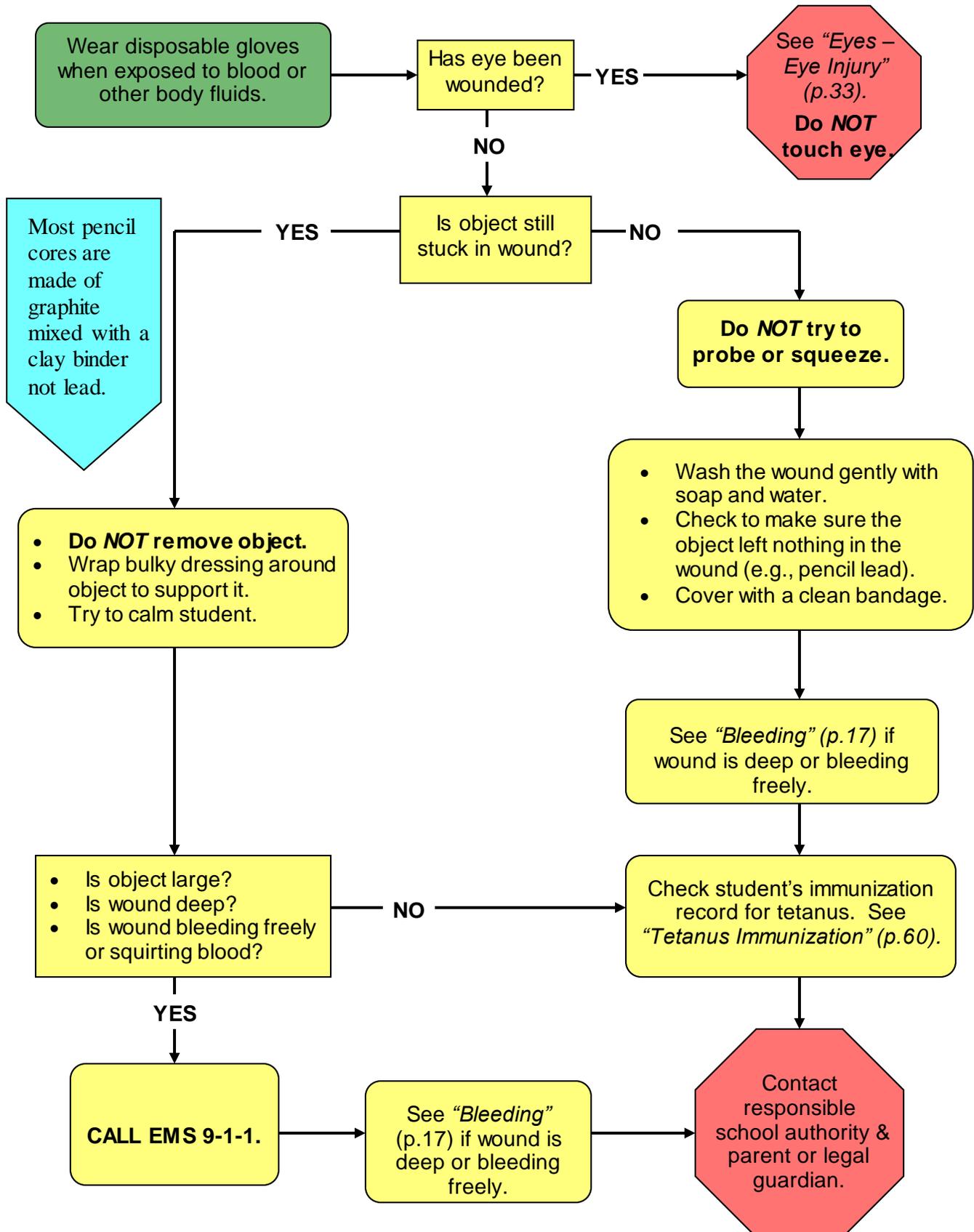
Contact responsible school authority & parent or legal guardian.

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

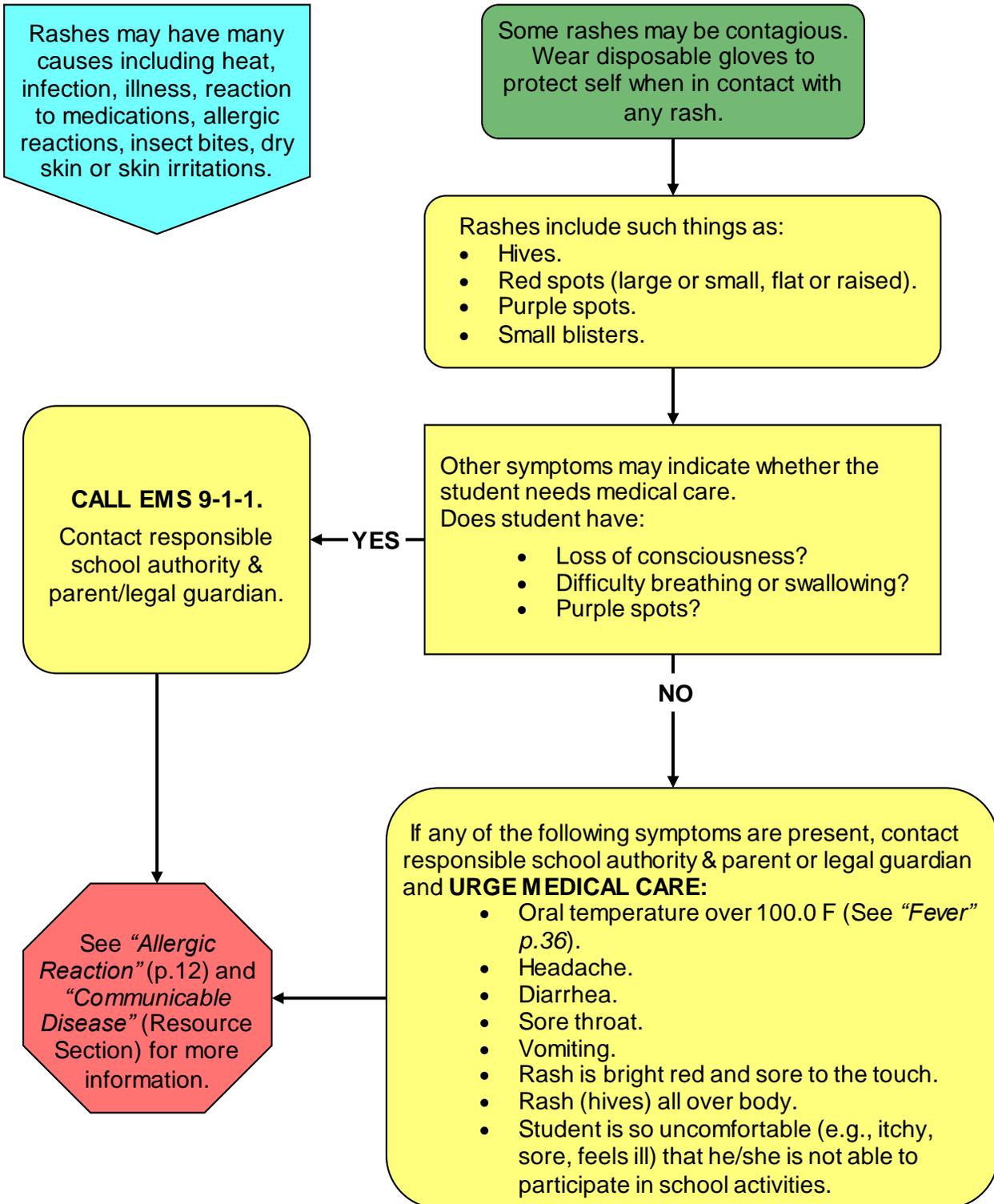
# PREGNANCY



# PUNCTURE WOUNDS



# RASHES



# 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. A Seizure Action plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.

**Refer to student's Seizure Action 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?

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.

Contact responsible school authority & parent or legal guardian.

**CALL EMS 9-1-1.**

# SHOCK

If injury is suspected, see “*Neck & Back Pain*” (p.45) 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.21-24) and/or “*Choking*” (p. 25).
- Unconscious? See “*Unconsciousness*” (p.62).
- Bleeding profusely? See “*Bleeding*” (p.17).

**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.

## Signs of Shock:

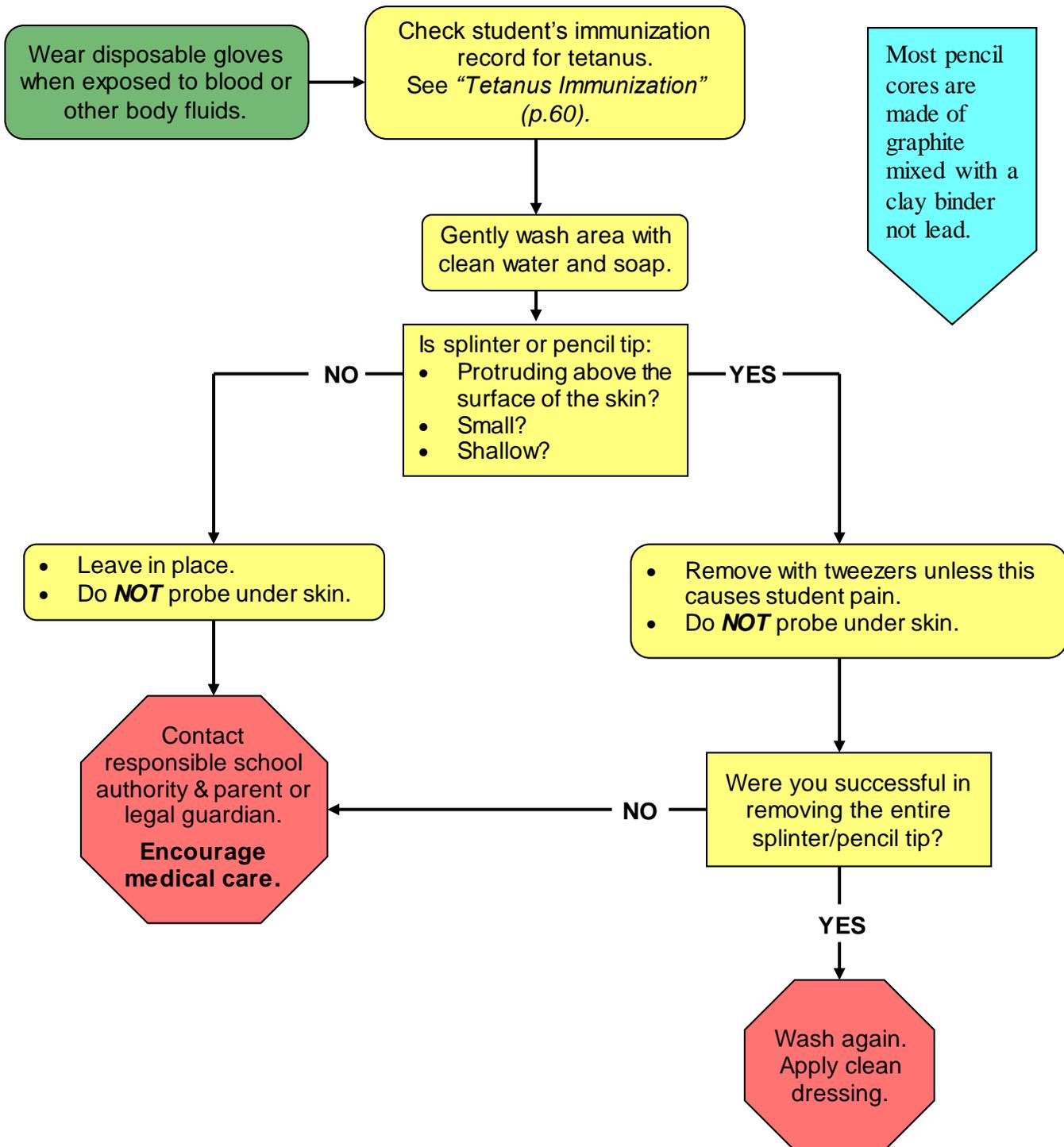
- Pale, cool, moist skin.
- Mottled, ashen, blue skin.
- Altered consciousness or confused.
- Nausea, dizziness or thirst.
- Severe coughing, high pitched whistling sound.
- Blueness in the face.
- Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal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

**YES**

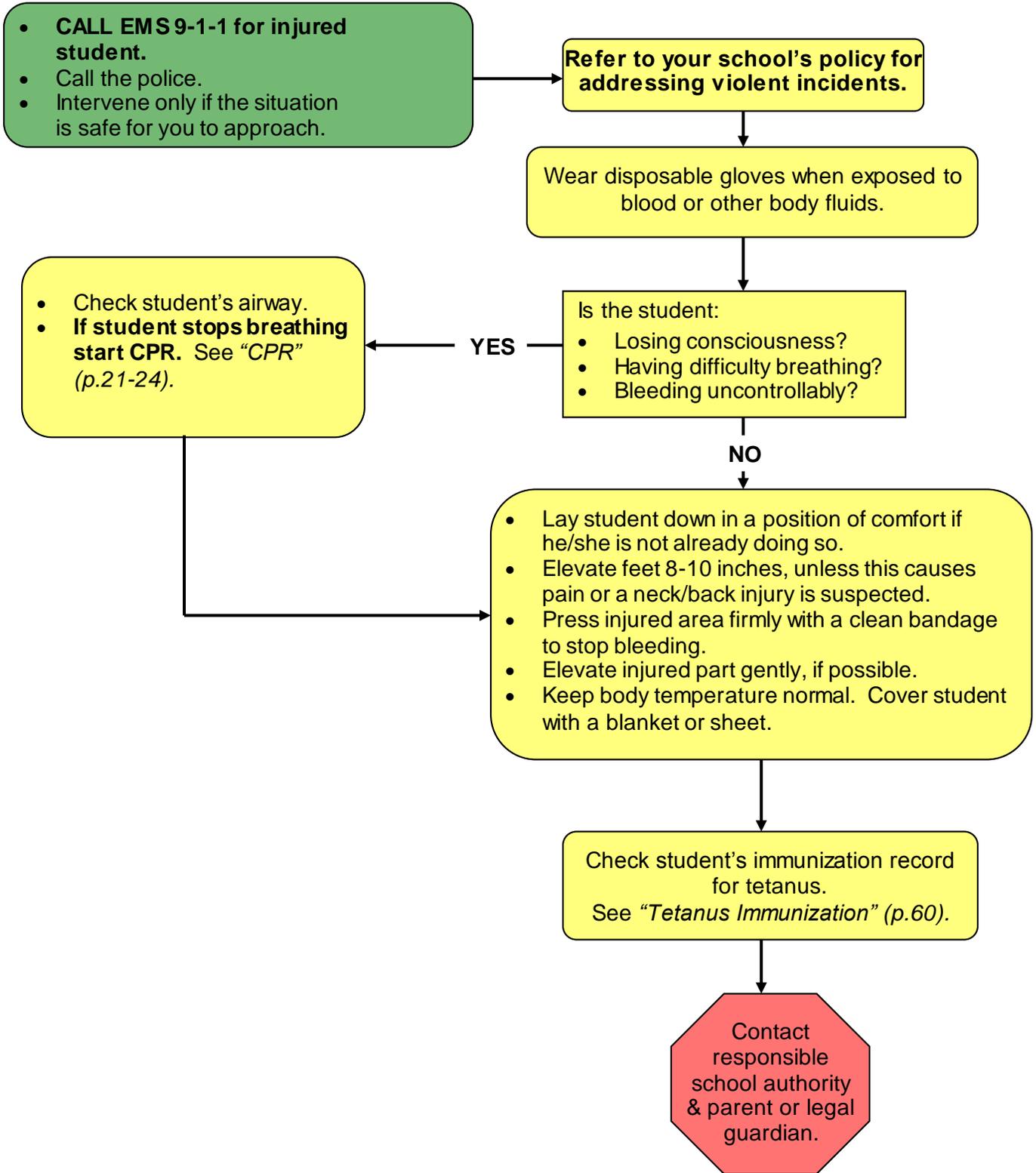
**CALL EMS  
9-1-1.**

Contact responsible school authority & parent or legal guardian.  
**URGE MEDICAL CARE if EMS not called.**

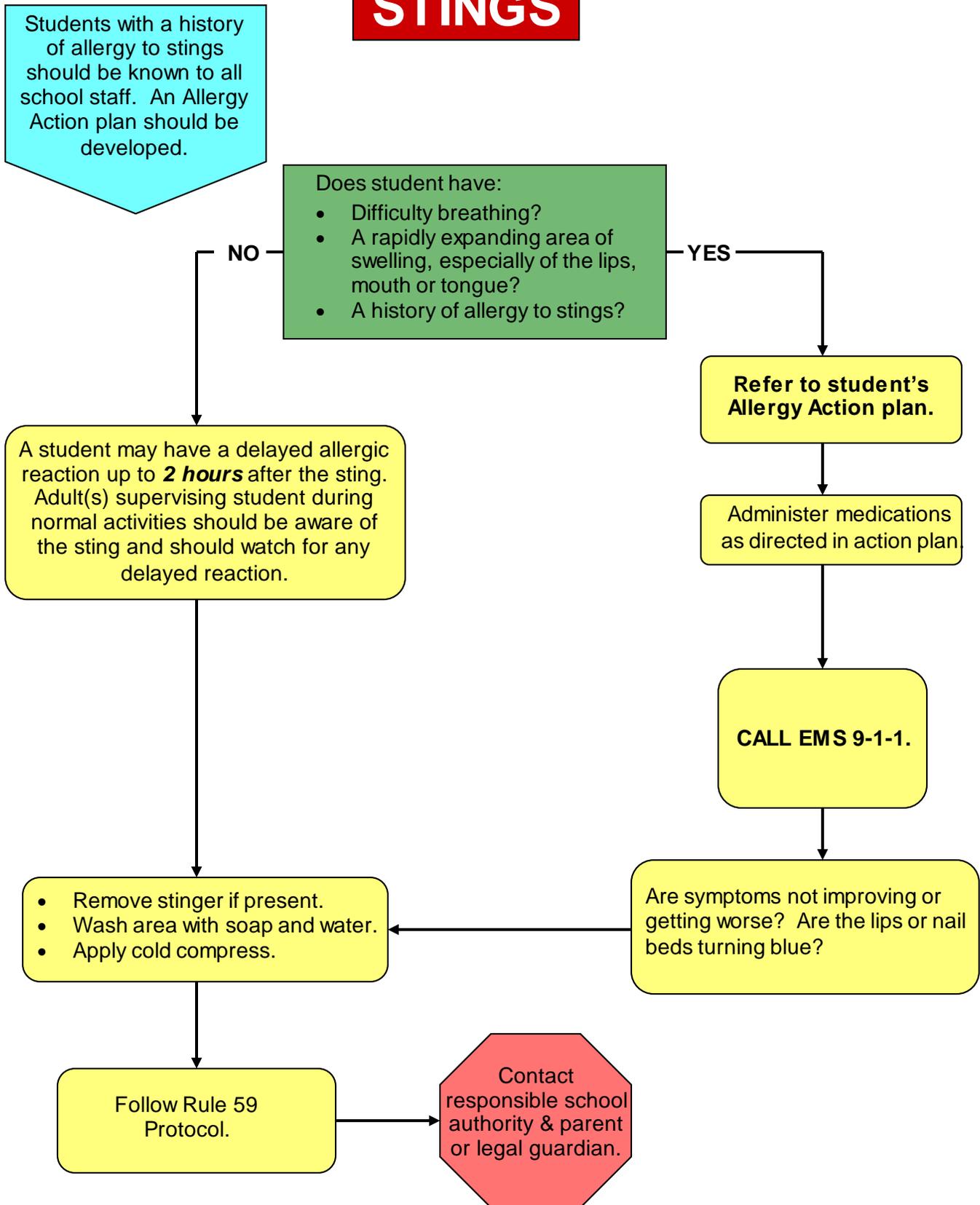
# SPLINTERS OR IMBEDDED PENCIL TIP



# STABBING & GUNSHOT INJURIES



# STINGS



# STOMACH ACHES/PAIN

Stomachaches/pain may have many causes including:

- Illness.
- Hunger.
- Overeating.
- Diarrhea.
- Food poisoning.
- Injury.
- Menstrual difficulties.
- Psychological issues.
- Stress.
- Constipation.
- Gas pain.
- Pregnancy.

Suspect neck injury.  
See *"Neck and Back Pain"*  
(p.45).

Contact  
responsible  
school authority &  
parent/legal guardian.

**URGE PROMPT  
MEDICAL CARE.**

Has a serious injury occurred  
resulting from:

- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

Take the student's temperature.  
Note temperature over 100.0 F as  
fever. See *"Fever"* (p.36).

Does student have:

- Fever?
- Severe stomach pains?
- Vomiting?

Allow student to rest 20-30 minutes in a  
room that affords privacy.

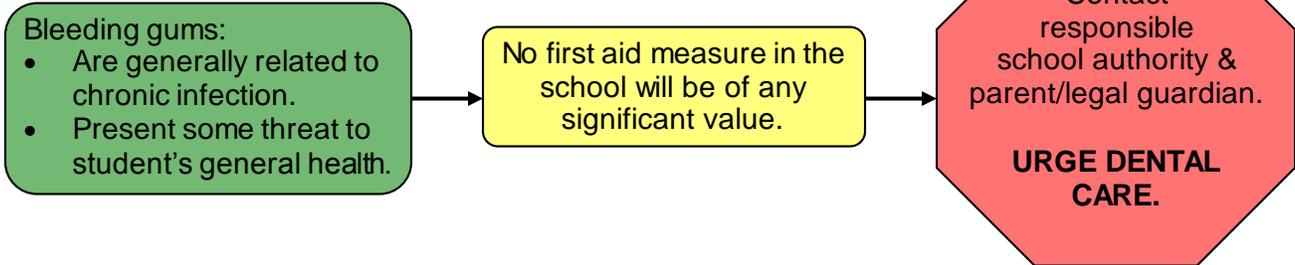
Allow  
student to  
return to  
class.

Does student  
feel better?

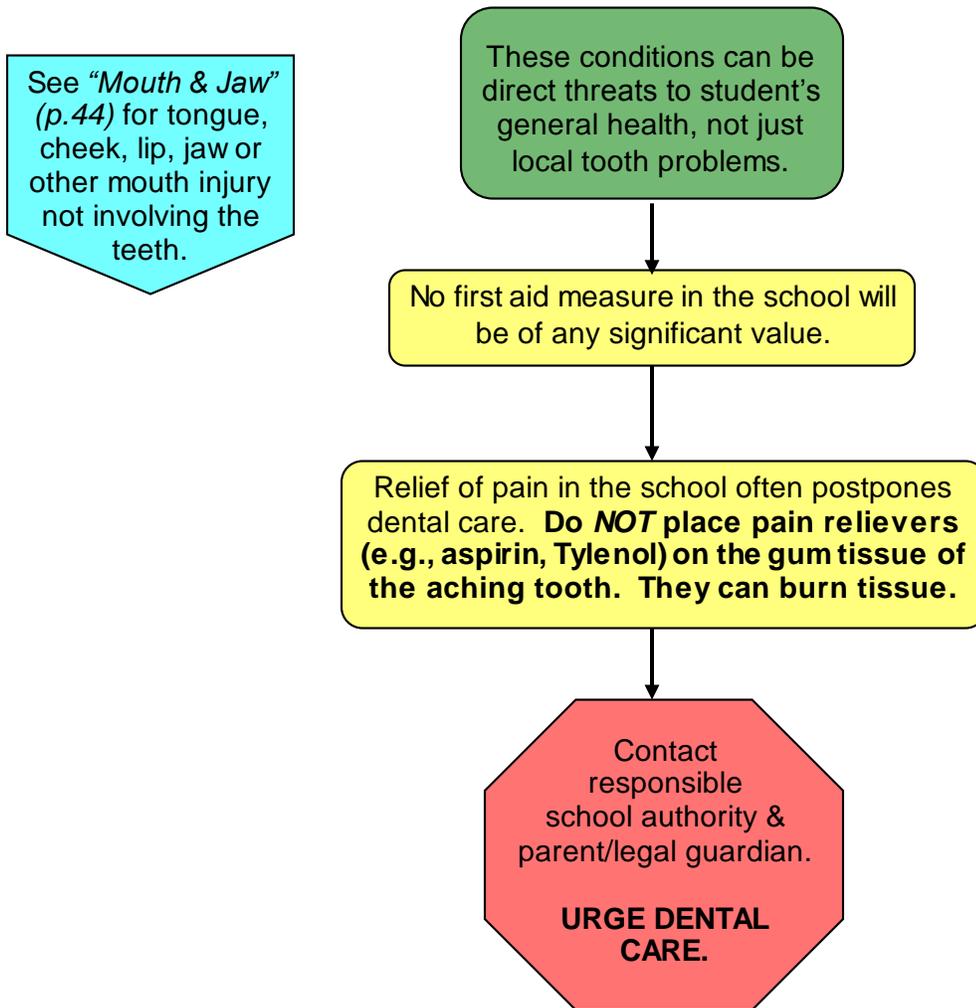
If stomachache  
persists or becomes  
worse, contact  
responsible school  
authority & parent or  
legal guardian.

# TEETH PROBLEMS

## BLEEDING GUMS



## TOOTHACHE OR GUM INFECTION



# 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 glass of milk, *or*
3. Place in normal saline, *or*
4. Have student spit in cup and place tooth in it, *or*
5. Place in a glass of water.

**TOOTH MUST NOT DRY OUT.**

**Consider possible head injury**

Contact responsible school authority & parent or legal guardian.  
**OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.**

Apply a cold compress to face to minimize swelling.

# 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.

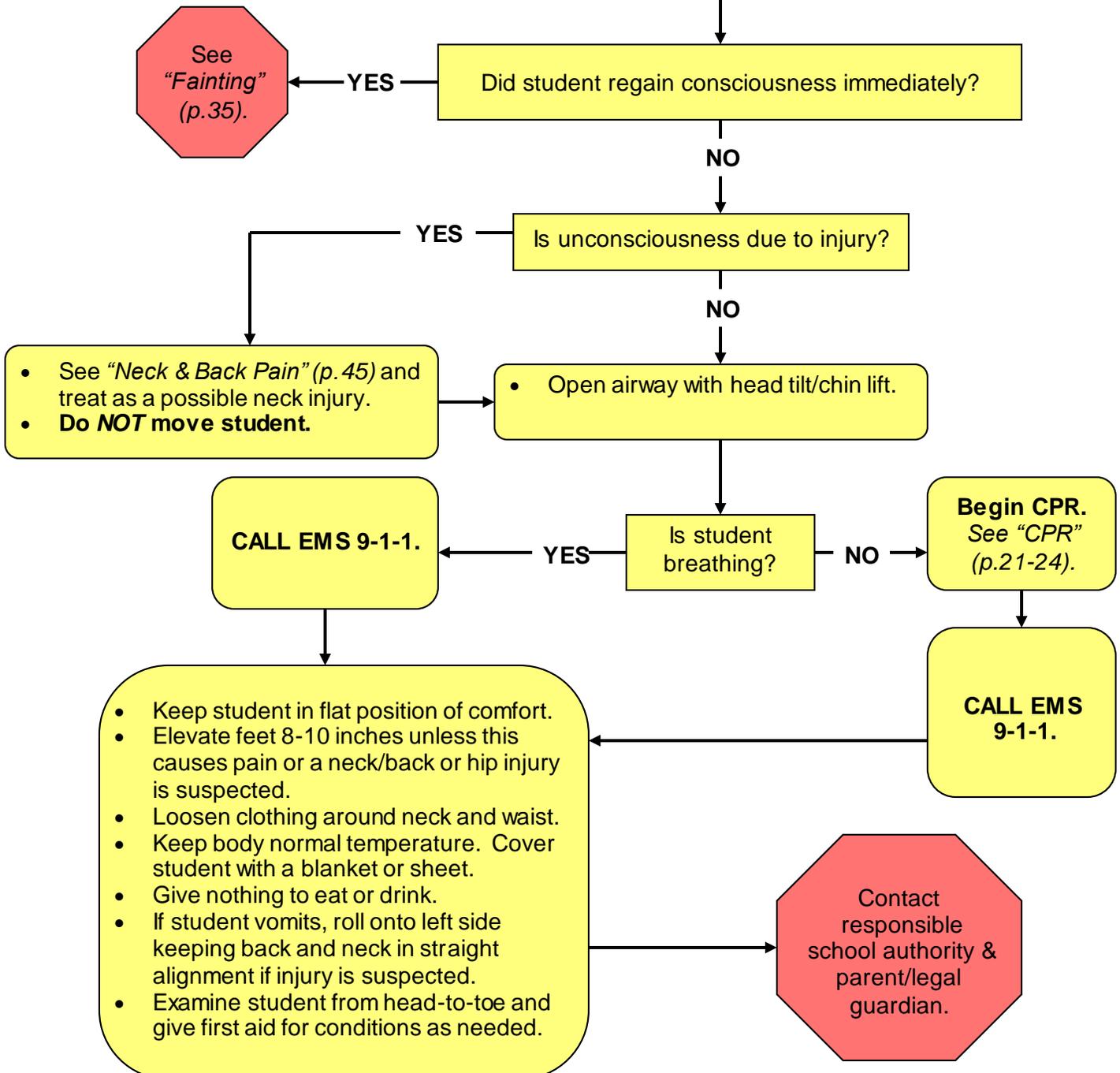
# UNCONSCIOUSNESS

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.



# 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.48) 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.36).

- 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

NO

Contact  
responsible  
school authority &  
parent/legal guardian.

**URGE MEDICAL  
CARE.**

Contact  
responsible  
school authority  
& parent/legal  
guardian.

# RESOURCE SECTION

# 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.

**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
  - Headache
  - Cough
  - 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) Have 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. Guidelines issued by the Nebraska Department of Health and Human Services are in the process of being rewritten.

## 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. Follow your school policies to 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 department 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.

# RECOMMENDED 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).
  - 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.*



# 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.
- Be careful to preserve the scene while providing care to the injured patient.
- 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.



# EMERGENCY PHONE NUMBERS

## EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact your 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): \_\_\_\_\_

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