

# **EMERGENCY GUIDELINES FOR SCHOOLS**

## **2nd EDITION, 2013**

### **Tennessee EMSC Project Staff**

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### **Acknowledgements**

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**Tennessee EMSC Education Committee**

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**American Heart Association**

**North Carolina EMSC**

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## **EMERGENCY PROCEDURES FOR ACCIDENT OR ILLNESS**

- 1. 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 parent or guardian.**
- 5. DO NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guideline in NECK AND BACK INJURIES 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 a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured student. Arrange for transportation of the injured 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 accidents requiring above procedures if required by student policy.**



# CRISIS TEAM CONTACTS & CPR/ FIRST AID CERTIFIED STAFF

## Crisis Team Members

Position	Name	Work #	Home #	Cell #	Room #
Principal/ Administrator					
Designee					
Secretary					
Teacher					
Guidance Counselor					
Health Room Staff					

## CPR/First Aid Certified Staff

Name	Room #	CPR (Circle)		Exp. Date	First Aid (Circle)		Exp. Date
		Y	N		Y	N	
		Y	N		Y	N	
		Y	N		Y	N	
		Y	N		Y	N	
		Y	N		Y	N	

## Crisis Contacts

(Contact all of the following in the event of an emergency situation)

	Name	Number
School Administration		
Corporate Administration		
County Emergency Management		



# 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   | <b>1-800-222-1222</b> |
| + Fire Department   | <b>9-1-1 or</b> _____ |
| + Police  | <b>9-1-1 or</b> _____ |
| + Hospital or Nearest Emergency Facility                                | _____                 |
| + County Children Services Agency                                       | _____                 |
| + Rape Crisis Center  | _____                 |
| + Suicide Hotline   | _____                 |
| + Local Health Department   | _____                 |
| + Taxi  | _____                 |
| + Other medical services information<br>(e.g., dentists or physicians): | _____<br>_____        |

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# 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.

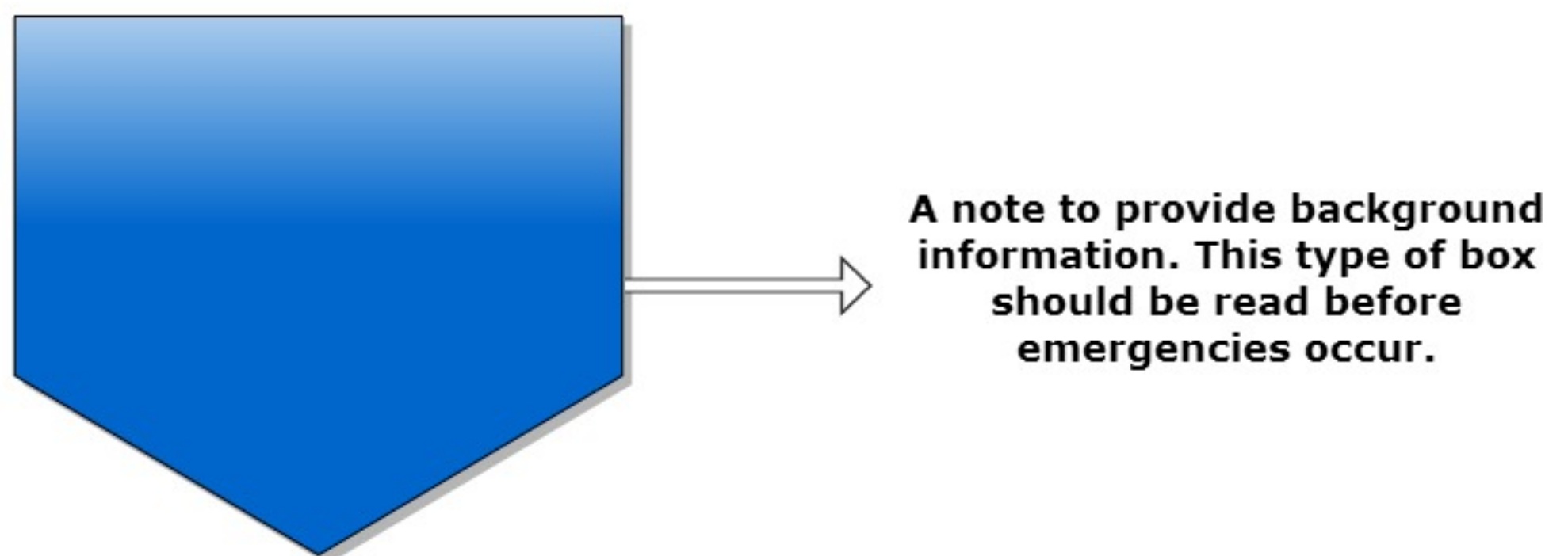
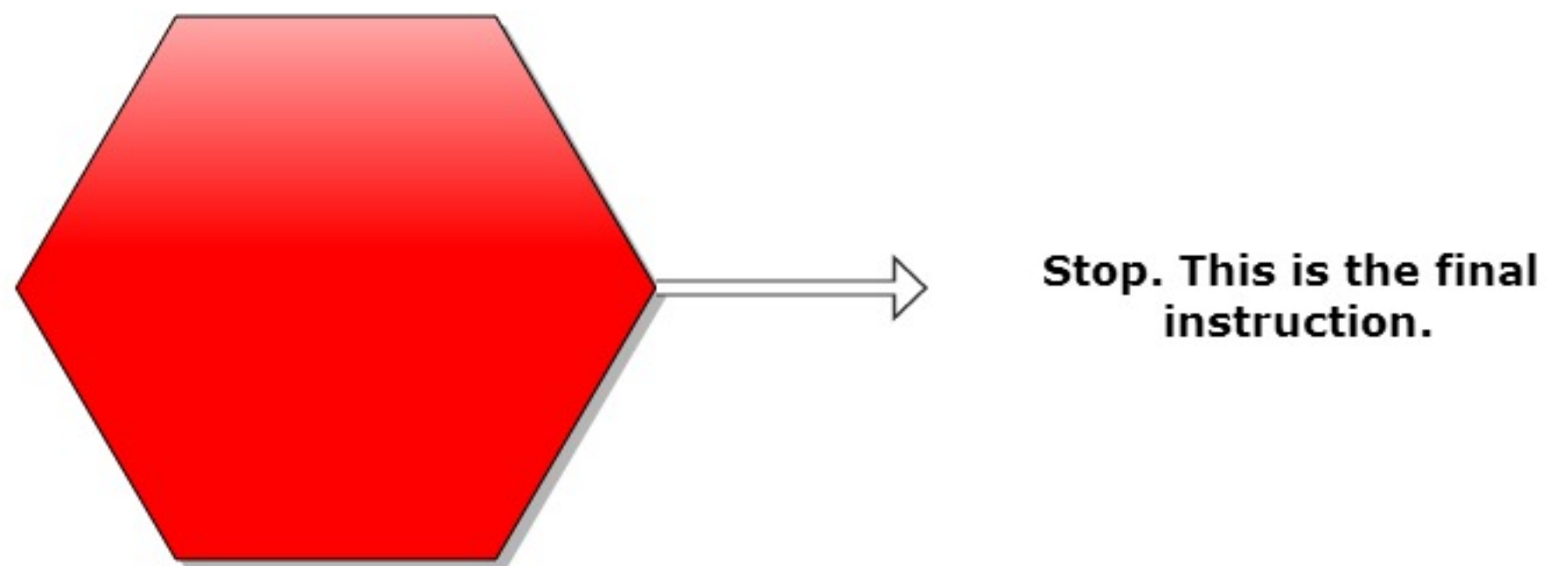
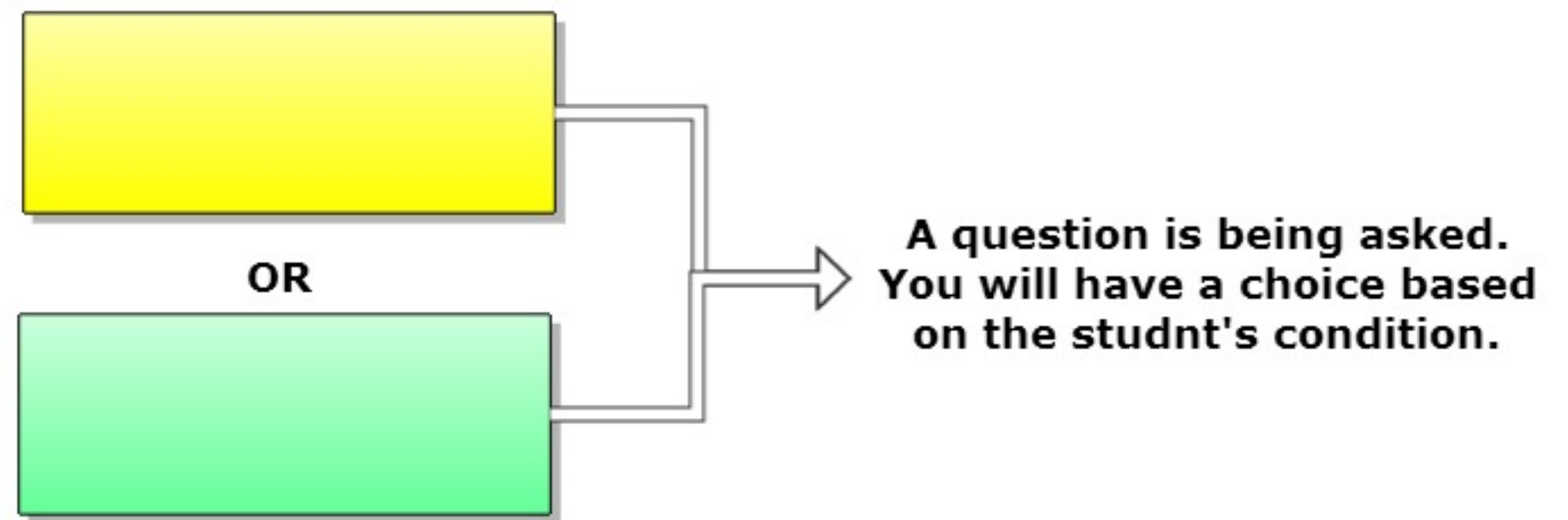
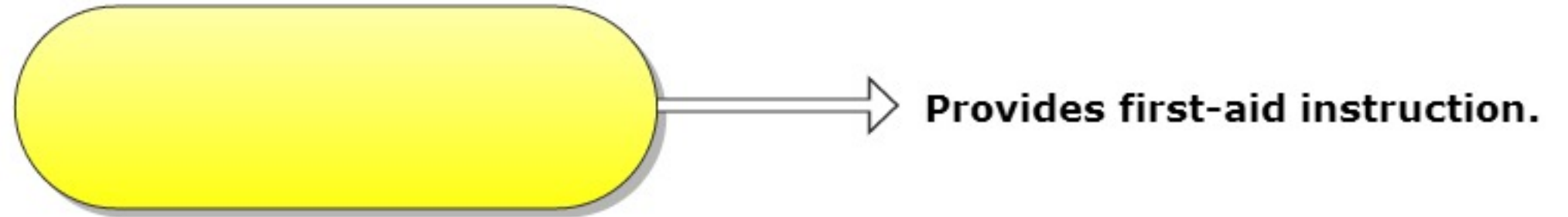
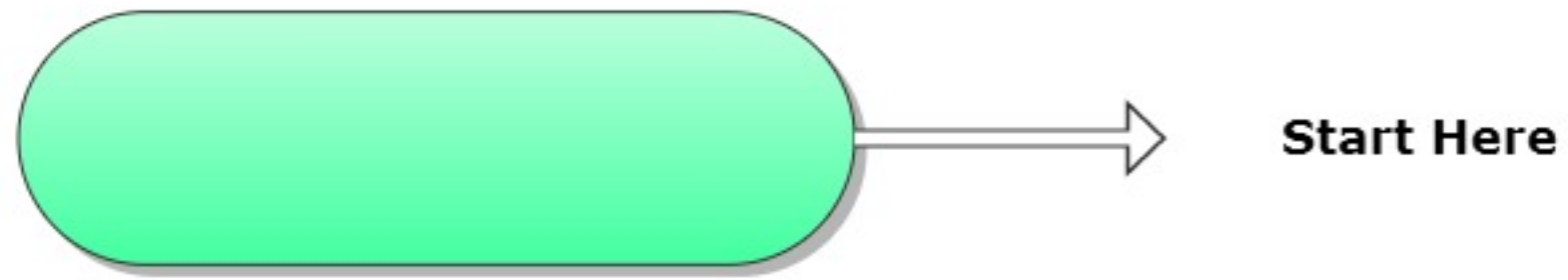


**If any of the above conditions exist, or if you are not sure, it is best to call 9-1-1.**

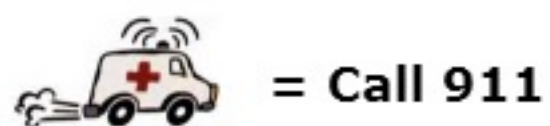




# KEY TO SHAPES & COLORS



Green Shapes= Start  
Yellow Shapes= Continue  
Red Shapes= Stop  
Blue Shapes= Background Information





# AUTOMATED EXTERNAL DEFIBRILLATORS

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 now safe to use for ALL children, according to the American Heart Association (AHA). \* Some AEDs are capable of delivering a "child" energy dose through smaller child pads. Use child pads/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 of an infant or 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 x5) 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 of an infant or 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.**

\*Current in Emergency Cardiovascular Care, (American Heart Association), 2010

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# ALLERGIC REACTION

Students with life-threatening allergies should be known to all school staff. An emergency plan should be developed for these students.

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

Symptoms may include:

- Hives all over body
- Paleness
- Seizures
- Weakness
- Drooling/difficulty swallowing
- Loss of consciousness
- Blueness around mouth, eyes
- Flushed Face
- Blueness
- Difficulty Breathing
- Confusion

NO

Does the student have symptoms of a severe allergic reaction?

YES

Symptoms of a mild allergic reaction include:

- Red, watery eyes
- Itchy, sneezy, runny nose
- Hives, or a rash on the body

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed reaction for up to *2 hours*.

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



**CALL "911" EMERGENCY MEDICAL SERVICES**  
Then contact responsible school authority & parent/legal guardian.

If child stops breathing, give rescue breaths (see CPR)

If available, refer to student's emergency plan.

Administer guardian-approved medication if available.



# ASTHMA, WHEEZING, DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/ wheezing should be known to all school staff. An emergency plan should be developed for these students.

A student experiencing asthma/ wheezing may have breathing difficulties including:

- Wheezing, high-pitched sound during breathing out
- Rapid Breathing
- Flaring (widening) of nostrils
- Increased use of stomach and chest muscles during breathing
- Tightness in chest
- Excessive coughing

If available, refer to student's emergency plan.

Does student have guardian-approved medication available?

**YES**

Administer medication as directed.

**NO**

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

- Did breathing difficulty develop rapidly?
- Are lips, tongue, or nail beds turning blue?
- Are symptoms not improving or getting worse?

**NO**

**YES**

Contact responsible school authority & parent/ legal guardian

  
**CALL "911" EMERGENCY MEDICAL SERVICES**  
Then contact responsible school authority & parent/ legal guardian.



# BEHAVIORAL EMERGENCIES

Behavioral or psychological emergencies may take many forms (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 911 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?

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.

YES

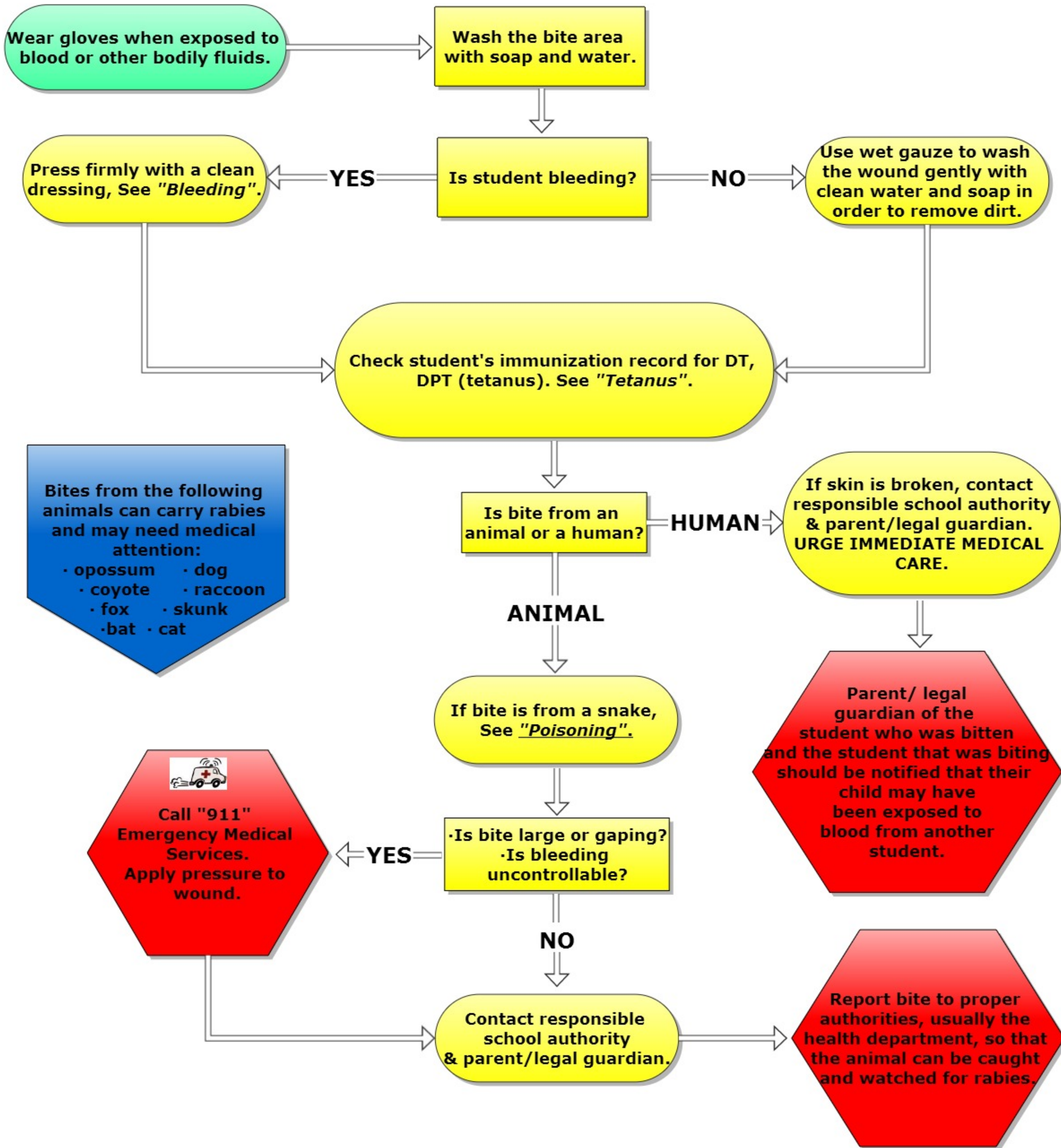
**CALL POLICE.**

**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





**BLEEDING**

Wear gloves when exposed to blood or other bodily fluids.

Amputation? **YES**

  
**CALL "911" EMERGENCY MEDICAL SERVICES.**  
Continue to hold dressing, add to dressing, DO NOT remove saturated dressing.

• Place detached part in a plastic bag.  
• Tie bag.  
• Put bag in a container of ice water.  
• Send bag to the hospital with the student.  
**DO NOT PUT AMPUTATED PART DIRECTLY ON ICE**

Contact responsible school authority & parent/ legal guardian.

**NO**

• 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.

Continued uncontrollable bleeding? **YES**

  
**CALL "911" EMERGENCY MEDICAL SERVICES**  
Continue to hold dressing, add to dressing, DO NOT remove dressing.

Contact responsible school authority & parent/legal guardian.

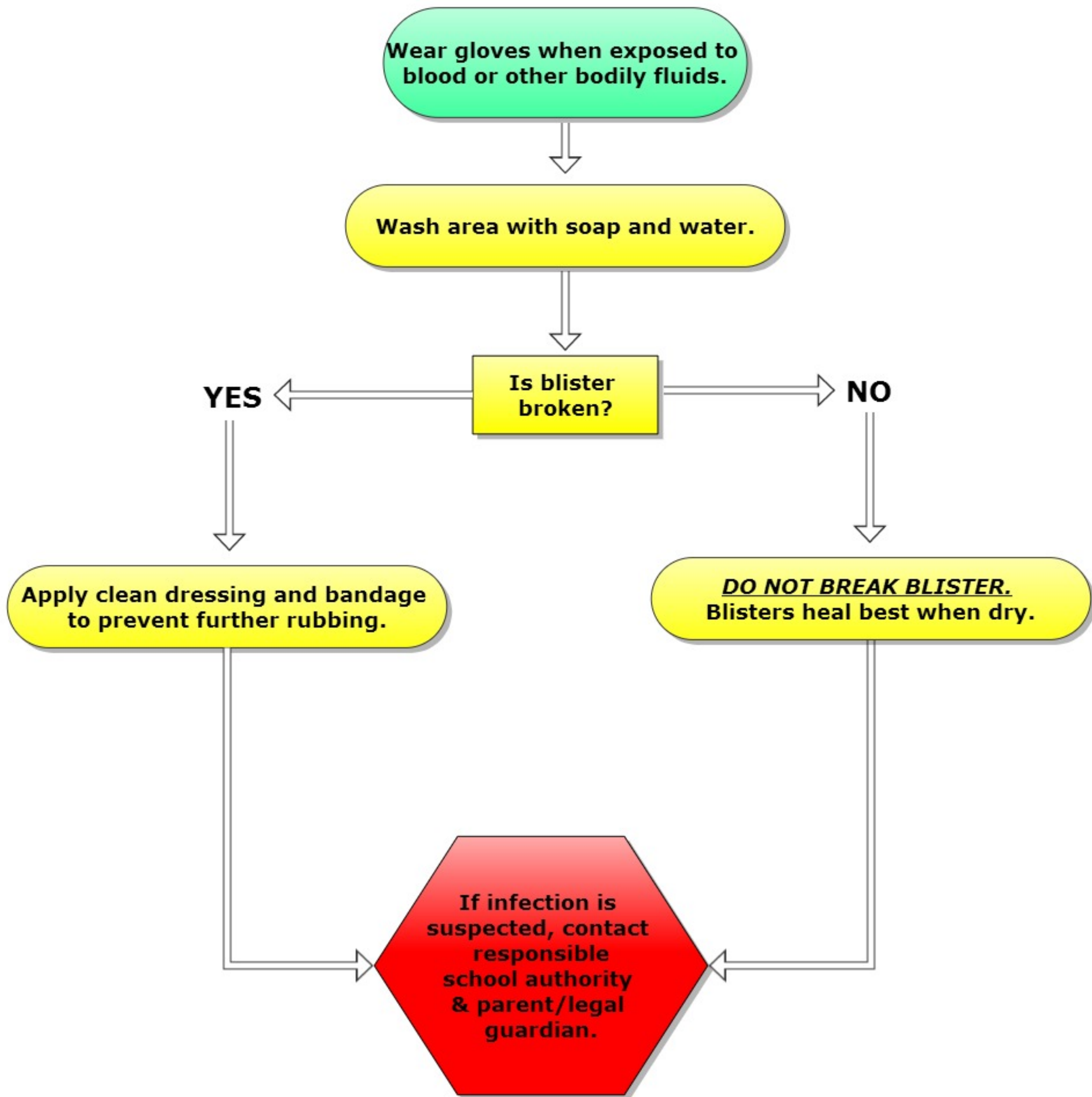
**NO**

If wound is gaping, student may need stitches. Contact responsible authority & and parent/legal guardian. URGE MEDICAL CARE.

Check student's immunization record for DPT, DT (tetanus).

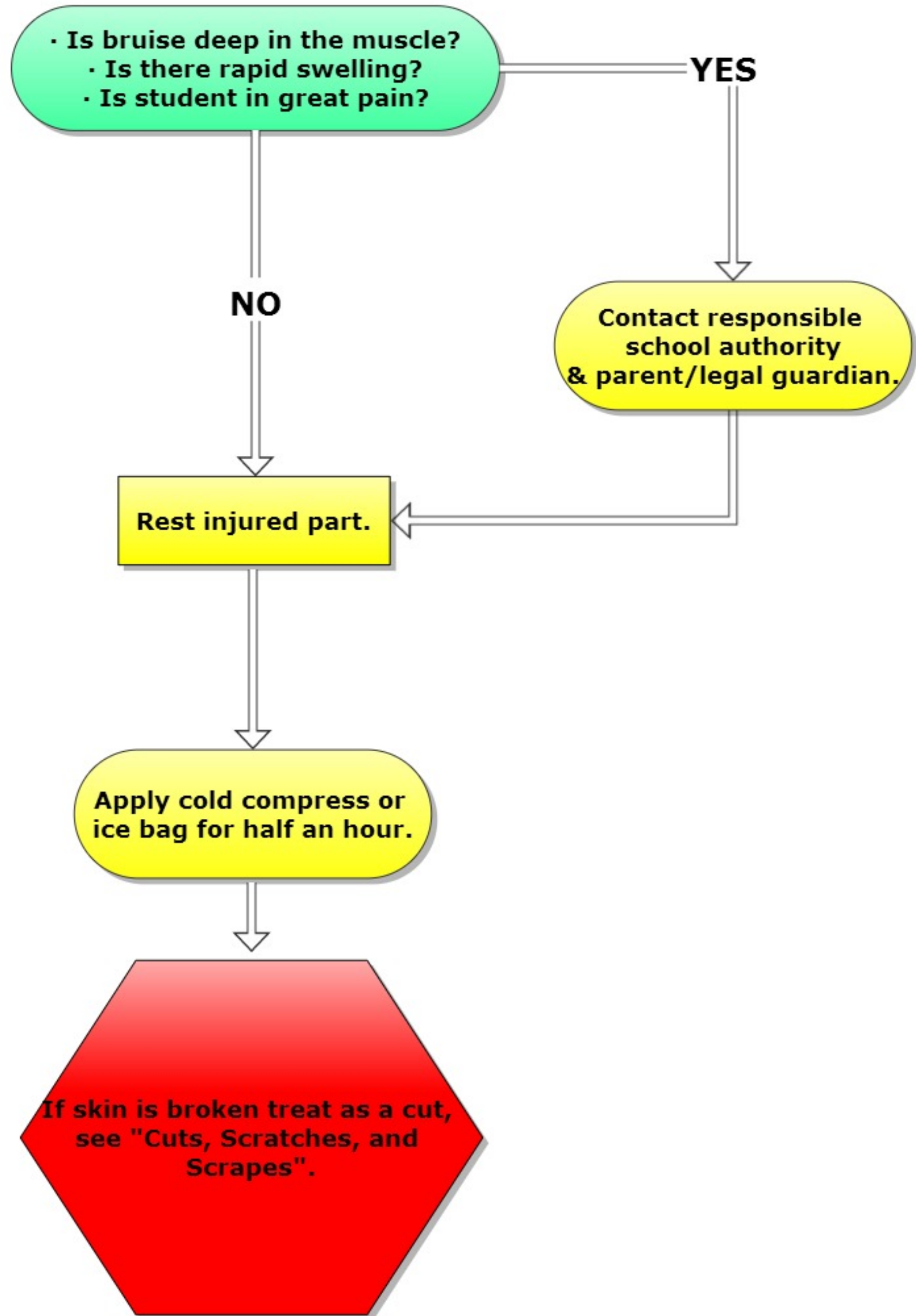


# BLISTERS (from friction)





# Bruises





# BURNS

Burns can be caused by heat, electricity, or chemical.

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

ELECTRICAL

What type of burn is it?

CHEMICAL

HEAT

All electrical burns need medical attention.  
(See *Electric Shock*)

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth. DO NOT USE ICE.

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.

CALL NEAREST POISON CONTROL CENTER & ask for instructions.  
Phone # 888-222-1222

YES

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?

NO

Bandage loosely.

Check student's immunization records for DT, DPT (tetanus).  
(See *Tetanus*)



CALL "911" EMERGENCY MEDICAL SERVICES  
Then contact responsible school authority & parent/ legal guardian.

Contact responsible school authority & parent/ legal guardian.



# COMMUNICABLE DISEASES

For more information on protecting yourself from communicable disease, see "*Communicable Diseases Resources*" on the previous page.

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 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/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.



# **COMMUNICABLE DISEASES RESOURCES**

**<http://health.state.TN.us/ceds/pandemic.htm>**



# When Your Child's Head Has Been Hurt:



Many children who hurt their heads get well and have no long-term problems. Some children have problems that may not be noticed right away. You may see changes in your child over the next several months that concern you. This card lists some common signs that your child may have a mild brain injury. If your child has any of the problems on this list — **AND THEY DON'T GO AWAY** — see the "What to Do" box on the back of this sheet.

## HEALTH PROBLEMS

### Headaches

*Including:*

- headache that keeps coming back
- pain in head muscle
- pain in head bone (skull)
- pain below the ear
- pain in the jaw
- pain in or around the eyes

### Balance Problems

- dizziness
- trouble with balance

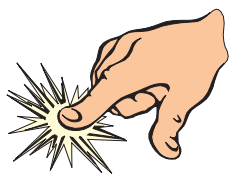
### Sensory Changes

- bothered by smells
- changes in taste or smell
- appetite changes



- ringing in the ears
- hearing loss
- bothered by noises
- can't handle normal background noise

- feels too hot
- feels too cold
- doesn't feel temperature at all



- blurry vision
- seeing double
- hard to see clearly (hard to focus)
- bothered by light



### Sleep Problems

- can't sleep through the night
- sleeps too much
- days and nights get mixed up

### Pain Problems

- neck and shoulder pain that happens a lot
- other unexplained body pain



Continued on Back



# BEHAVIOR and FEELINGS

*Changes in personality, mood or behavior*

- is irritable, anxious, restless
- gets upset or frustrated easily
- overreacts, cries or laughs too easily
- has mood swings
- wants to be alone or away from people
- is afraid of others, blames others
- wants to be taken care of
- does not know how to act with people
- takes risks without thinking first

- is sad, depressed
- doesn't want to do anything, can't "get started"
- is tired, drowsy
- is slow to respond
- trips, falls, drops things, is awkward
- eats too little, eats all the time, or eats things that aren't food
- has different sexual behavior (older children)
- starts using or has a different reaction to alcohol or drugs
- takes off clothes in public

# THINKING PROBLEMS

- has trouble remembering things
- has trouble paying attention
- reacts slowly
- thinks slowly
- takes things too literally, doesn't get jokes
- understands words but not their meaning
- thinks about the same thing over and over
- has trouble learning new things

- has trouble putting things in order (desk, room, papers)
- has trouble making decisions
- has trouble planning, starting, doing, and finishing a task
- has trouble remembering to do things on time
- makes poor choices (loss of common sense)

# TROUBLE COMMUNICATING

- changes the subject, has trouble staying on topic
- has trouble thinking of the right word
- has trouble listening
- has trouble paying attention, can't have long conversations
- does not say things clearly
- has trouble reading
- talks too much

**B.R.A.I.N.**



Brain Resource  
Information Network

**If your child's head  
has been hurt,  
Project BRAIN  
encourages you to tell  
school staff.**

[www.tndisability.org/brain](http://www.tndisability.org/brain)

## WHAT TO DO:

***If your child has any of the problems  
on this list, and they don't go away:***

- ▲ Ask your child's doctor to have your child seen by a specialist in head injury who can help your child learn skills (rehabilitation).
- ▲ Ask your child's doctor to have your child seen by a Board-certified Neuropsychologist. This specialist can help you understand and deal with your child's behavior and feeling changes.
- ▲ Call the Tennessee Traumatic Brain Injury Program for more information:

**1-800-882-0611**

*We have only listed the problems we see  
most often when a child's brain is hurt.  
Not every problem that could happen is on this list.*

Project BRAIN is supported in part by project H21MC06739 from the Department of Health and Human Services, Health Resource and Services Administration, Maternal and Child Health Bureau. Additional support is from the TN Dept. of Education division of Special Education. The contents of the publication are the sole responsibility of the authors and do not necessarily reflect the views of DHHS. Project BRAIN is a program of the Tennessee Disability Coalition, implemented through a contract with the TBI Program of the TN Dept. of Health.

*To obtain this information in an alternative format, contact the TBI  
Technical Assistance Center at: (202) 884-6802.*



# When Your Head Has Been Hurt



Many people who hurt their heads get well and have no long-term changes. Some individuals have changes that might not be noticed right away. You may see differences over the next several months that concern you. This card lists some common signs that you - or someone you know - may have a mild brain injury. If you notice any of the problems on the list - **AND THEY DO NOT GO AWAY** - see the "What to Do" box on the back of this sheet.

## HEALTH CONCERNS



### Headaches

#### Including:

- Headache that keeps coming back
- Pain in head muscle
- Pain in head bone (skull)
- Pain below the ear
- Pain in the jaw
- Pain in or around the eyes

### Balance Difficulties

- Dizziness
- Trouble with balance

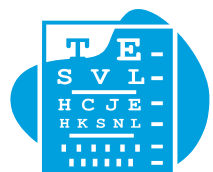
### Sensory Changes

- Bothered by smells
- Changes in taste or smell
- Appetite changes

- Ringing in the ears
- Hearing loss
- Bothered by noises
- Can't handle normal background noise

- Feels too hot
- Feels too cold
- Doesn't feel temperature at all

- Blurry vision
- Seeing Double
- Hard to see clearly "hard to focus"
- Bothered by light



***These changes don't happen often. If you or someone you know notice any of the difficulties on this list and they don't go away, contact your doctor as soon as possible.***

- Severe headache that does not go away or get better
- Seizures: eyes fluttering, body going stiff, staring into space
- You seem to forget everything, amnesia
- Hands shake, tremors, muscles get weak, loss of muscle tone
- Nausea or vomiting that returns

### Sleep Changes

- Can't sleep through the night
- Sleeps too much
- Days and nights get mixed up



### Pain Concerns

- Frequent neck and shoulder pain
- Other unexplained body pain



Continued on Back



# BEHAVIOR *and* FEELINGS

Changes in personality, mood or behavior

- Is irritable, anxious, restless
- Gets upset or frustrated easily
- Overreacts, cries or laughs too easily
- Has mood swings
- Wants to be alone or away from people
- Is afraid of others, blames others
- Wants to be taken care of
- Does not know how to interact with people
- Takes risks without thinking first
- Is sad, depressed
- Doesn't want to do anything, can't "get started"
- Is tired, drowsy
- Is slow to respond
- Trips, falls, drops things, is awkward
- Eats too little, eats all the time, or eats things that aren't food
- Has different sexual behavior
- Starts using or has a different reaction to alcohol or drugs
- Takes off clothes in public

## THINKING DIFFICULTIES

- Has trouble remembering things
- Has trouble paying attention
- Reacts slowly
- Thinks slowly
- Takes things too literally, doesn't get jokes
- Understands words but not their meaning
- Thinks about the same thing over and over
- Has trouble learning new things
- Has trouble putting things in order "desk, room, papers"
- Has trouble making decisions
- Has trouble planning, starting, doing, and finishing a task
- Has trouble remembering to do things on time
- Makes poor choices "loss of common sense"

## TROUBLE COMMUNICATING

- Changes the subject, has trouble staying on topic
- Has trouble thinking of the right word
- Has trouble listening
- Has trouble paying attention, can't have long conversations
- Does not say things clearly
- Has trouble reading
- Talks too much



[www.tndisability.org/brain](http://www.tndisability.org/brain)

Project BRAIN is supported in part by project H21MC06739-03-00 from the U.S. Department of Health & Human Services Health Resource and Services Administration, Maternal and Child Health Bureau. Additional support is from the TN Dept. of Education division of Special Education. The contents of the publication are the sole responsibility of the authors and do not necessarily reflect the views of the DHHS. Project BRAIN is a project of the Tennessee Disability Coalition, implemented through a contract with the TBI Program of the TN Dept. of Health.

## WHAT TO DO

***If you or a loved one notice any of the difficulties on this list, and they don't go away:***

Ask your doctor to refer you to a specialist in head injury who can help you learn skills (rehabilitation).

Ask your doctor to have you seen by a Board-certified Neuropsychologist. This specialist can help you understand and deal with changes in behaviors and feelings due to an injury.

**Call the Tennessee Traumatic Brain Injury Program for more information:**

**1-800-882-0611**

**<http://health.state.tn.us/TBI/index.htm>**

We have only listed the problems seen most often when someone's head has been hurt. Not every problem that could happen is on this list.

To obtain this information in an alternative format, contact the TBI Technical Assistance Center at: 202-882-0611



# Cuando su Niño se ha Lastimado la Cabeza:



Muchos de los niños que se lastiman la cabeza se recuperan sin problemas que puedan afectarles en el futuro. Pero, algunas veces los daños no se notan de inmediato, sino hasta después de algunos meses que su niño se ha lastimado. Usted debe preocuparse si con el tiempo nota algún cambio en su niño. Esta tarjeta menciona algunos de los síntomas que indican lastimaduras leves en el cerebro de su niño. Si nota alguno de los problemas mencionados en la lista Y NO DESPARECE, lea los consejos al reverso de esta página.

## PROBLEMAS DE SALUD

### Dolores de Cabeza

Incluyendo:

- dolores de cabeza frecuentes
- dolor en los músculos de la cabeza
- dolor en el cráneo
- dolor debajo de los oídos
- dolor en la quijada
- dolor alrededor de los ojos

### Problemas de Balance

- mareos
- problemas para mantener el balance

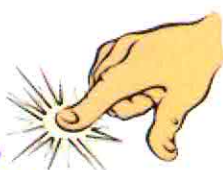
### Cambios en los Sentidos

- le molestan los olores
- cambios en el olfato o el paladar
- cambios en el apetito



- zumbido de oídos
- pérdida de audición (no oye bien)
- le molestan los ruidos
- no soporta los ruidos del ambiente normal

- siente mucho frío
- siente mucho calor
- no siente la temperatura



- visión nublada
- doble visión
- problemas para ver con claridad (problemas para enfocar)
- le molesta la luz



### Problemas para Dormir

- no puede dormir la noche entera
- duerme mucho
- confunde el día con la noche

### Problemas de Dolor

- dolores frecuentes en el cuello y en los hombros
- otros dolores del cuerpo sin explicación



Continúa por detrás



# EMOCIONES y COMPORTAMIENTO

## Cambios de personalidad, estado de ánimo y comportamiento

- está irritado, ansioso, agitado
- se enoja o frustra con facilidad
- reacciona exageradamente, llora o rie con facilidad
- cambia de estado de ánimo
- quiere estar sólo o lejos de la gente
- tiene miedo, quiere retirarse
- quiere que lo cuiden
- no sabe como actuar con la gente
- corre riesgos sin pensar en los peligros
- está triste o deprimido
- no tiene motivación para hacer nada
- está cansado, siempre está con sueño
- responde lentamente
- tropieza, se cae, se le caen las cosas, es torpe
- come muy poco, come todo el tiempo o come cosas que no es comida/alimento
- su comportamiento sexual es diferente al de otros niños (niños mayores)
- ha comenzado a usar alcohol o tiene alguna reacción diferente con el alcohol y las drogas
- se deviste en público

# PROBLEMAS DE PENSAMIENTO

- tiene dificultad para recordar
- tiene dificultad para concentrarse
- reacciona lentamente
- piensa lentamente
- no comprende los chistes, toma las cosas literalmente
- reconoce las palabras, pero no su significado
- piensa en la misma cosa sin cambiar el tema
- tiene dificultad para aprender algo nuevo
- tiene dificultad para organizar (el escritorio, su habitación, papeles)
- tiene dificultad para tomar decisiones
- tiene dificultad para hacer planes, para comenzar o finalizar una tarea
- tiene dificultad para recordar hacer las cosas a tiempo
- no toma buenas decisiones (pérdida del sentido común)

# PROBLEMAS DE COMUNICACIÓN

- tiene dificultad para hablar sobre un sólo tema, cambia de tema
- tiene dificultad para pensar en las palabras correctas
- tiene dificultad para escuchar
- le es difícil poner atención o mantener conversaciones largas
- su pronunciación no es muy clara
- tiene dificultad para leer
- habla demasiado



Si la cabeza de su niño se ha lesionado, el Proyecto CEREBRO le solicita que informe al personal de la escuela.

[www.tndisability.org/brain](http://www.tndisability.org/brain)

EL CEREBRO del Proyecto es un proyecto de la Coalición de la Inhabilidad de Tennessee. El proyecto se pone en ejecución a través de un contrato con el Programa Traumático de Lesión del Cerebro del Departamento de la Salud de Tennessee en sociedad con el Departamento de Tennessee de la Educación, División de la Educación Especial.

Convertido originalmente por el Consejo del Gobernador del Arizona Sobre Lesiones Espinales y en la Cabeza en la colaboración con el Departamento del Arizona de los Servicios Médicos.

## CONSEJOS:

**Si su niño tiene alguno de los problemas mencionados en la lista y no desaparecen haga lo siguiente:**

- ▲ Pídale al doctor de su hijo una referencia para visitar a un especialista en daño cerebral, alguien quien puede dar consejos a usted y su hijo.
- ▲ Pídale al doctor de su hijo una referencia de un neuropsicólogo certificado. Este especialista le puede ayudarle comprender y manejar los cambios conductuales y emocionales de su hijo.
- ▲ Llame el Tennessee Programa Traumático de Lesión del Cerebro para más información:

**1-800-882-0611**

*Los problemas que mencionamos son los más comunes, cuando el cerebro de un niño ha sido lastimado. Pero esta lista no contiene todos los problemas que pueden suceder.*



# Cuándo Usted se ha Lastimado la Cabeza



Mucha gente que se lastima la cabeza se recupera, y no tiene cambios al largo plazo. Algunas personas tienen cambios que no se notan de inmediato, sino se pueden ver diferencias durante unos meses después que le preocupan. Esta tarjeta menciona algunos de los síntomas comunes que usted - o alguien que conoce - puede tener, si sufre una lesión cerebral leve. Si nota cualquier de los problemas en la lista - Y NO DESAPARECEN - vea el casillero de "Consejos" al reverso de esta página.

## PREOCUPACIÓN SOBRE LA SALUD



### Dolores de Cabeza

#### Incluyendo:

- Dolores de cabeza recurrentes
- Dolor en los músculos de la cabeza
- Dolor en el hueso de la cabeza (cráneo)
- Dolor debajo de los oídos
- Dolor en la quijada
- Dolor dentro de o alrededor de los ojos

### Problemas de Equilibrio

- Mareo
- Problemas para mantener el equilibrio

### Cambios en los sentidos

- Le molestan los olores
- Cambios en el olfato o el paladar
- Cambios en el apetito



- Zumbido en los oídos
- Pérdida de audición
- Le molestan los ruidos
- No soporta los ruidos del ambiente normal

- Siente mucho calor
- Siente mucho frío
- No tiene sentido de la temperatura



- Visión nublada
- Visión doble
- Problemas para ver con claridad "problemas para enfocar"
- Le molesta la luz

**Estos cambios no suceden con frecuencia. Si usted o alguien que conoce nota cualquier de las dificultades en esta lista y no desaparecen, contáctese con su médico lo más pronto posible.**

- Dolores de cabeza severos que no desaparecen ni mejoran
- Ataques: parpadeo de los ojos, se le pone rígido o tieso el cuerpo, mirada fija en el espacio
- Parece que se le olvida todo, amnesia
- Temblor de las manos, temblores, los músculos se ponen débiles, pérdida de la fuerza muscular
- Nausea o vómito recurrente

### Cambios al dormir

- No puede dormir la noche entera
- Duerme mucho
- Confunde el día con la noche



### Problemas de Dolor

- Dolores frecuentes en el cuello y en los hombros
- Otros dolores del cuerpo sin explicación



Continúa en la siguiente página



# EMOCIONES Y COMPORTAMIENTO

## Cambios de personalidad, estado de ánimo o comportamiento

- Está irritable, ansioso, agitado
- Se enoja o frustra con facilidad
- Reacciona exageradamente, llora o ríe con facilidad
- Cambia de estado de ánimo
- Quiere estar solo o lejos de la gente
- Tiene miedo de la gente, culpa a otros
- Quiere que lo cuiden
- No sabe como actuar con la gente
- Corre riesgos sin pensar en los peligros
- Está triste o deprimido
- No tiene motivación para hacer nada. Tiene dificultad para empezar a actividad
- Está cansado, tiene sueño
- Responde lentamente
- Se tropieza, se cae, se le caen las cosas, es torpe
- Come muy poco, come todo el tiempo o come objetos que no son comida
- Tiene comportamiento sexual diferente que otra gente
- Ha empezado a consumir o tiene reacciones diferentes al alcohol o las drogas
- Se desviste en público

# DIFICULTADES DE PENSAMIENTO

- Tiene dificultad para recordar
- Tiene dificultad para concentrarse
- Reacciona lentamente
- Piensa lentamente
- No comprende los chistes, toma las cosas literalmente
- Reconoce las palabras, pero no su significado
- Piensa en lo mismo una y otra vez
- Tiene dificultad para aprender algo nuevo
- Tiene dificultad para organizar "el escritorio, su habitación, papeles"
- Tiene dificultad para tomar decisiones
- Tiene dificultad para planificar, comenzar, hacer y terminar una tarea
- Tiene dificultad para recordar que tiene que hacer las cosas a tiempo
- No toma buenas decisiones "pérdida del sentido común"

# PROBLEMAS DE COMUNICACIÓN

- Tiene dificultad para hablar de un solo tema, cambia el tema
- Tiene dificultad para pensar en las palabras correctas
- Tiene dificultad para escuchar
- Le es difícil poner atención o mantener una conversación larga
- Su pronunciación no es muy clara
- Tiene dificultad para leer
- Habla demasiado



[www.tndisability.org/brain](http://www.tndisability.org/brain)

El proyecto CEREBRO se apoya en el proyecto H21MC06739-03-00 como parte de la Agencia de Salud de Niños y Madres, que es parte de la Administración de Servicios y Recursos de Salud del Departamento de Salud y Servicios Humanos de los Estados Unidos (Health Resources and Services Administration's Maternal and Child Health Bureau). Apoyo adicional viene del Departamento de Educación de Tennessee, división de Educación Diferenciada (TN Dept. of Education division of Special Education). El contenido de esta publicación es la responsabilidad exclusiva de los autores y no necesariamente reflejan las perspectivas del Departamento de Salud y Servicios Humanos (Department of Health and Human Services, DHHS). El Proyecto CEREBRO es un proyecto de la Coalición de Discapacidades de Tennessee y se implementa por un contrato con el Programa de Lesión Cerebral Traumática (TBI) del Departamento de Salud de TN.

## CONSEJOS

***Si usted o alguien cercano a usted nota cualquier de estos problemas y no desaparecen, haga lo siguiente:***

"Pídale a su doctor una referencia para visitar a un especialista en lesiones cerebrales. Éste puede ayudarle a aprender nuevas habilidades (rehabilitación).

"Pídale a su doctor una referencia para visitar a un neuropsicólogo certificado. Este especialista le puede ayudar a comprender y a hacer frente a los cambios de comportamiento y emociones causados por esta lesión.

**Para más información, llame al programa de Lesión Cerebral Traumática:**

**1-800-882-0611**

**<http://health.state.tn.us/TBI/index.htm>**

Sólo hemos mencionado los problemas más comunes cuando alguien se ha lastimado la cabeza. La lista no incluye todos los problemas que pueden tener.

**Para obtener esta información en otro formato, contáctese con el Centro de Asistencia Técnica de Lesión Cerebral Traumática (TBI Technical Assistance Center): 202-882-0611**



# CPR

## **1.Stay Safe**

Practice universal precautions and wear personal protective equipment, if available.

## **2.Try to Wake the Child**

Gently tap or shake the child's shoulders and call out his or her name in a loud voice.

If the child does not wake up, have someone call 911 immediately. If no one else is available to call 911 and the child is not breathing, continue to step 3 and do CPR for about 2 minutes before calling 911.

## **3.Begin chest compressions**

If the child is not breathing, put one hand on the breastbone directly between the child's nipples. Push straight down about 2 inches -- or about a third of the thickness of the child's chest -- and then let the chest all the way back up. Do that 30 times, about twice per second.

If you've been trained in CPR and you remember how to give rescue breaths, go to step 4. If not, just keep doing chest compressions and go to step 5.

## **4.Give the child two breaths**

After pushing on the chest 30 times, cover the child's mouth with your mouth and pinch his nose closed with your fingers. Gently blow until you see his chest rise. Let the air escape -- the chest will go back down -- and give one more breath.

If no air goes in when you try to blow, adjust the child's head and try again. If that doesn't work, then skip it and go back to chest compressions (step 3), you can try rescue breaths again after 30 more compressions.

## **5.Keep doing CPR and call 911 after 2 minutes**

If you are by yourself, keep doing CPR for 2 minutes (about 5 groups of compressions) before calling 911. If someone else is there or comes along as you are doing CPR, have that person call 911. Even if the child wakes up, you need to call 911 any time you had to do CPR.

Once 911 has been called or you have someone else calling, keep doing CPR. Don't stop until help arrives or the child wakes up.

## **Tips:**

1.When checking for breathing, if you're not sure then assume the child isn't breathing. It's much worse to assume a child is breathing and not do anything than to assume he or she isn't and start rescue breaths.

2.When giving rescue breaths, using a CPR mask helps with making a proper seal and keeps vomit out of the rescuer's mouth.

3.Put a book under the child's shoulders -- if you have time -- to help keep his or her head tilted back.

4.When asking someone else to call 911, make sure you tell them why they are calling. If not, they may not tell the 911 dispatcher exactly what's going on. If the dispatcher knows a child isn't breathing or responding, the dispatcher may be able to give you instructions to help. If you call 911, be calm and listen carefully.

Travers AH, Rea TD, et al. "Part 4: CPR overview: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care." *Circulation*. 2010;122(suppl 3):S676-S684.



**CUTS (small), SCRATCHES & SCRAPES  
(including rope and floor burns)**

**Wear gloves when exposed to  
blood or other bodily fluids.**

**Is the wound:**  
· Large?  
· Deep?  
· Bleeding freely?

**NO**

**YES**

**See "*Bleeding*".**

**Use wet gauze to wash  
the wound gently with  
clean water and soap in  
order to remove dirt.**

· Rinse under running water.  
· Pat dry with clean gauze or paper towel.  
· Apply clean gauze dressing (non-adhering,  
non-sticking type for scrapes) and bandage.

**Check student's  
immunization record  
for DPT/DT. See  
"*Tetanus*".**

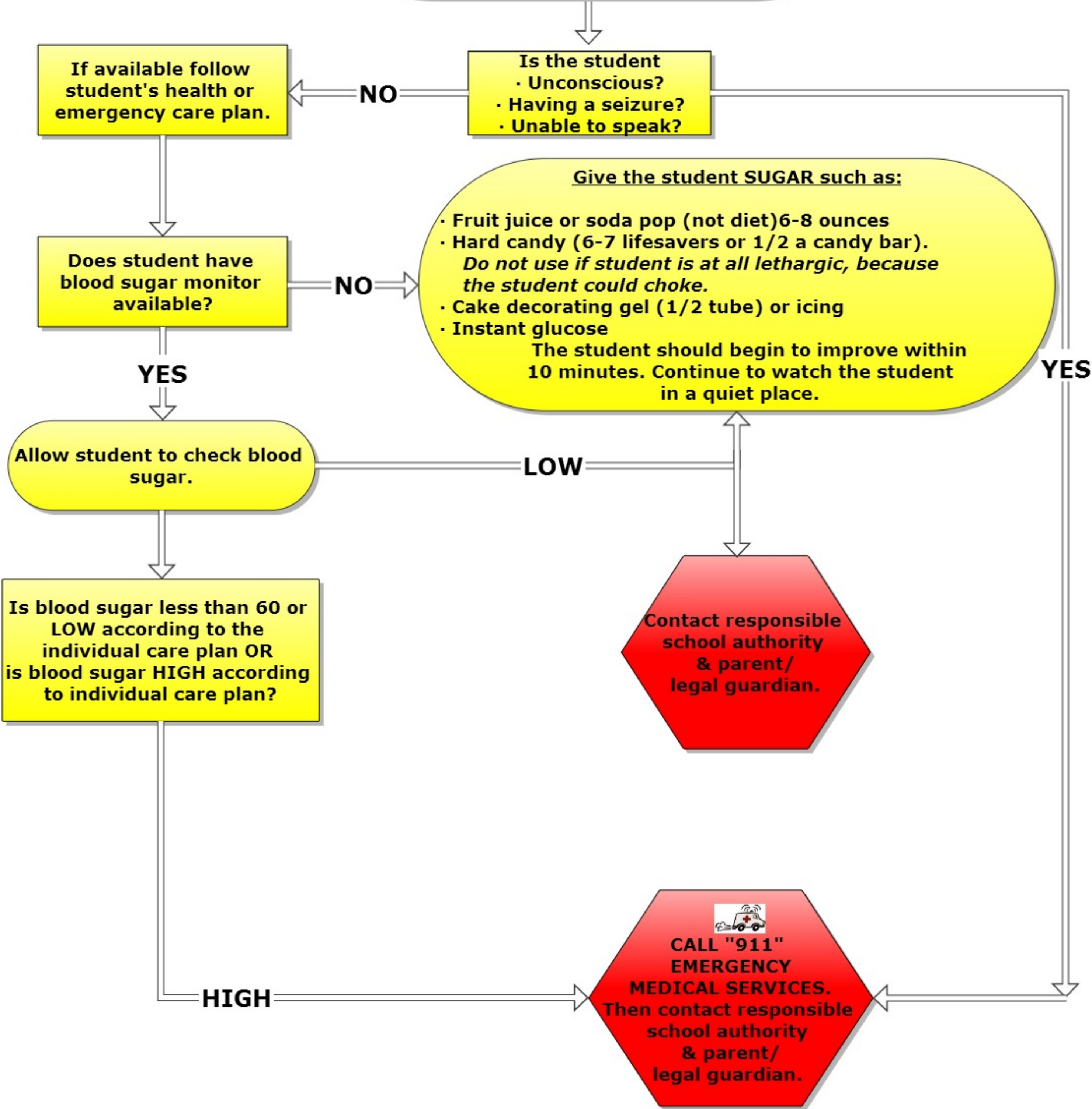
**Contact responsible  
school authority  
& parent/  
legal guardian.**



# DIABETES

Students with diabetes should be known to all school staff. A history should be obtained and a health plan should be developed at time of enrollment.

- A student with diabetes could have the following symptoms:
- Irritability, feeling upset
  - Change in personality
  - Sweating and feeling "shaky"
  - Loss of consciousness
  - Confusion
  - Rapid, deep breathing
  - Lethargic
  - Seizure
  - Listlessness
  - Cramping
  - Dizziness
  - Paleness
  - Rapid pulse





# DIARRHEA

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

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

Contact responsible school authority and parent/legal guardian and urge medical care if:

- The student has continued diarrhea (3 or more times).
- The student has a fever, see "Fever".
- Blood is present in the stool.
- The student is dizzy and pale.
- The student has severe stomach pain.

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



# EARS

## DRAINAGE FROM EAR:

Do NOT try to clean out ear.

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

## EARACHE:

A warm water bottle or heating pad (NOT HOT) against the ear will give comfort while waiting for the parent/ legal guardian.

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

## OBJECT IN EAR CANAL:

DO NOT ATTEMPT TO REMOVE OBJECT.

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



# ELECTRIC SHOCK

If no one else is available to call EMS, perform CPR first for one to two minutes and then call "911" yourself.

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



Send someone to CALL "911" EMERGENCY MEDICAL SERVICES

Is student unconscious or unresponsive?

YES

NO

Check breathing. If student is not breathing, give rescue breathing. See "CPR".

Treat any burns, see "BURNS".

Assess student, if unconscious and unresponsive, start CPR, see "CPR".

Contact responsible school authority & parent/ legal guardian.



# EMERGENCY PHONE NUMBERS

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

## **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   | <b>1-800-222-1222</b> |
| + Fire Department   | <b>9-1-1 or</b> _____ |
| + Police  | <b>9-1-1 or</b> _____ |
| + Hospital or Nearest Emergency Facility                                | _____                 |
| + County Children Services Agency                                       | _____                 |
| + Rape Crisis Center  | _____                 |
| + Suicide Hotline   | _____                 |
| + Local Health Department   | _____                 |
| + Taxi  | _____                 |
| + Other medical services information<br>(e.g., dentists or physicians): | _____<br>_____        |

North Carolina Emergency Guidelines for Schools 2009 Edition





# **EMERGENCY GUIDELINES FOR SCHOOLS**

## **2nd EDITION, 2013**

### **Tennessee EMSC Project Staff**

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Brittany Davidson, BA

### **Acknowledgements**

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**Tennessee EMSC Education Committee**

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**American Heart Association**

**North Carolina EMSC**

**Original Project Staff- Ohio Department of Public Safety- Division of EMS**

**Christy Beeghly, MPH; Ohio EMSC Coordinator, 1997-2003**

**Alan Boster; Ohio EMSC Coordinator, 1997-2003**



# EYES

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 laying flat and quiet.

If an object has penetrated the eye, DO NOT REMOVE OBJECT.

YES

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

NO

Cover eye with a paper cup, or similar object to keep the student from rubbing, BUT DO NOT TOUCH EYE OR PUT ANY PRESSURE ON EYE.



Call "911" EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent/ legal guardian.

Contact responsible school authority & parent/ legal guardian.

"EYES" continue on next page



# EYES (Page 2)

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

## PARTICLE IN EYE:

Keep student from rubbing eye.

- If necessary, lay student down, & 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 pain continues, contact responsible school authority and parent/legal guardian. **URGE MEDICAL CARE.**

## CHEMICALS IN EYE:

- Wears gloves and if possible goggles.
- Immediately flush the eye with large amounts of clean water for 20 to 30 minutes.
- Let the water run over the eye with head tipped so that water flushes eye from nose out to side of face.

Call nearest Poison Control Center  
**1-800-222-1222.**  
Follow instructions.

Contact responsible school authority & parent/legal guardian.

  
If eye has been burned by chemical, call "911" **EMERGENCY MEDICAL SERVICES.** Contact responsible school authority & parent/legal guardian.



# FAINTING

Fainting may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing "at attention" for too long, etc.

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

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

Treat as possible neck injury. See "Neck and Back Injuries." **DO NOT MOVE STUDENT.**

YES or NOT SURE

• Is fainting due to injury?  
• Did student injure self when he/she fainted?

NO

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

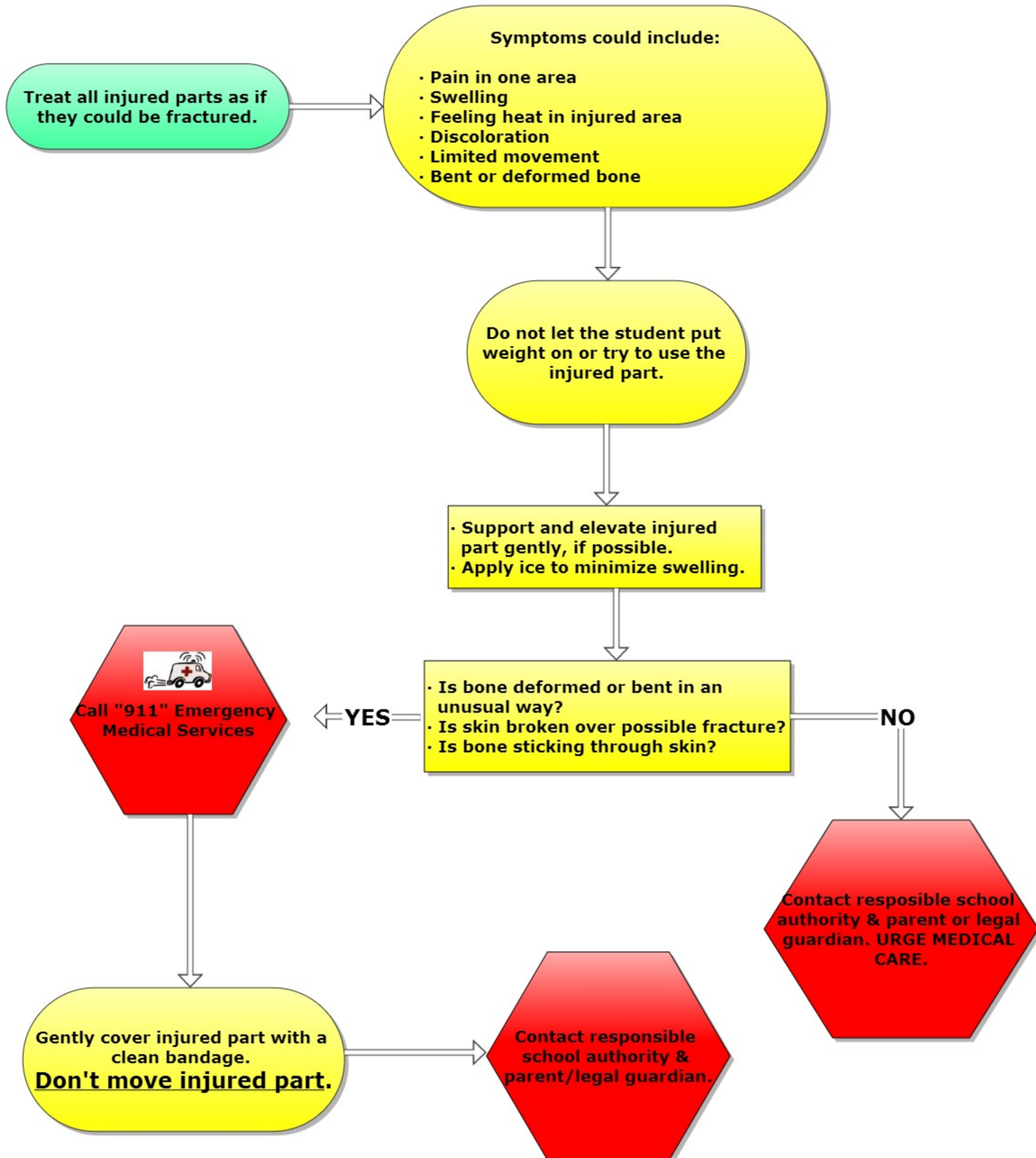
• If not breathing, give CPR and have someone CALL "911"  
• Keep airway clear.  
• Keep student warm, but not hot.  
• Control bleeding if needed (always wear gloves).  
• Give nothing by mouth.

Contact responsible school authority & parent/ legal guardian.

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



# FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS





# FROSTBITE

Exposure to cold environments for short periods of time can cause hypothermia. Fingers, toes, nose, and ears are particularly prone to frostbite.

## Symptoms may include:

- Loss of sensation
- Discoloration of skin
- Grayish- yellow
- Pale- soft white

## Deep frostbite may see:

- Discoloration
- White or waxy
- Feels firm-hard (frozen)

- Remove student from cold environment.
- Protect cold extremity/part from further injury.
- **DO NOT** massage or rub cold extremity/part.
- Cover part with dry clothing or blanket.

## Does the student have:

- Loss of sensation?
- Discoloration of skin- grayish, white, pale, waxy?
- Part feels firm-hard (frozen)?

**YES**

If student has any of these symptoms continue to keep student and part warm.  
**DO NOT RUB.**



**CALL "911"  
EMERGENCY  
MEDICAL SERVICES**  
Then contact responsible  
school authority  
& parent/  
legal guardian.

**NO**

Continue to warm student and part.  
**DO NOT RUB.**

Contact responsible  
school authority  
& parent/  
legal guardian.



# Head Injuries

Head injuries range from minor to serious. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports & violence may be serious. If head is bleeding, see "Bleeding".

If student only bumped head, and does not have any other complaints, monitor child closely.

•Have student rest, lying flat.  
•Keep student quiet & warm.

With a head injury (*other than head bump*), always suspect neck injury as well. Do **NOT** move or twist the spine and neck. See "Neck and Back Injuries" and "Concussion Resources" Handout for more information.

YES

Is student vomiting?

NO

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**.



CALL "911"  
EMERGENCY  
MEDICAL SERVICES

YES

Check breathing. If student stops breathing, give CPR. See "CPR".

Are any of the following symptoms present:

- Unconsciousness?
- Seizure?
- Neck Pain?
- Student is unable to respond to simple commands?
- Bloody 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?

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

Give nothing by mouth. Contact responsible school authority & parent/legal guardian. See "Concussion Resources" and give them a copy.



# HEADACHE





# HEAT STROKE/HEAT EXHAUSTION

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

- red, hot, dry skin
- weakness, fatigue
- cool and clammy hands
- vomiting
- profuse sweating
- headache
- nausea
- confusion

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

Does student have:  
• loss of consciousness?  
• hot, dry red skin?

**NO**

**YES**

Give clear fluids such as water, 7-up or Gatorade frequently in small amounts.

If student has loss of consciousness, cool rapidly by completely wetting clothing with room temperature water. ***DO NOT USE ICE WATER.***

Contact responsible school authority & parent/ legal guardian

  
**CALL "911" EMERGENCY MEDICAL SERVICES.**  
Then contact responsible school authority & parent/ legal guardian.



# 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 is a set of guidelines which assumes that 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:

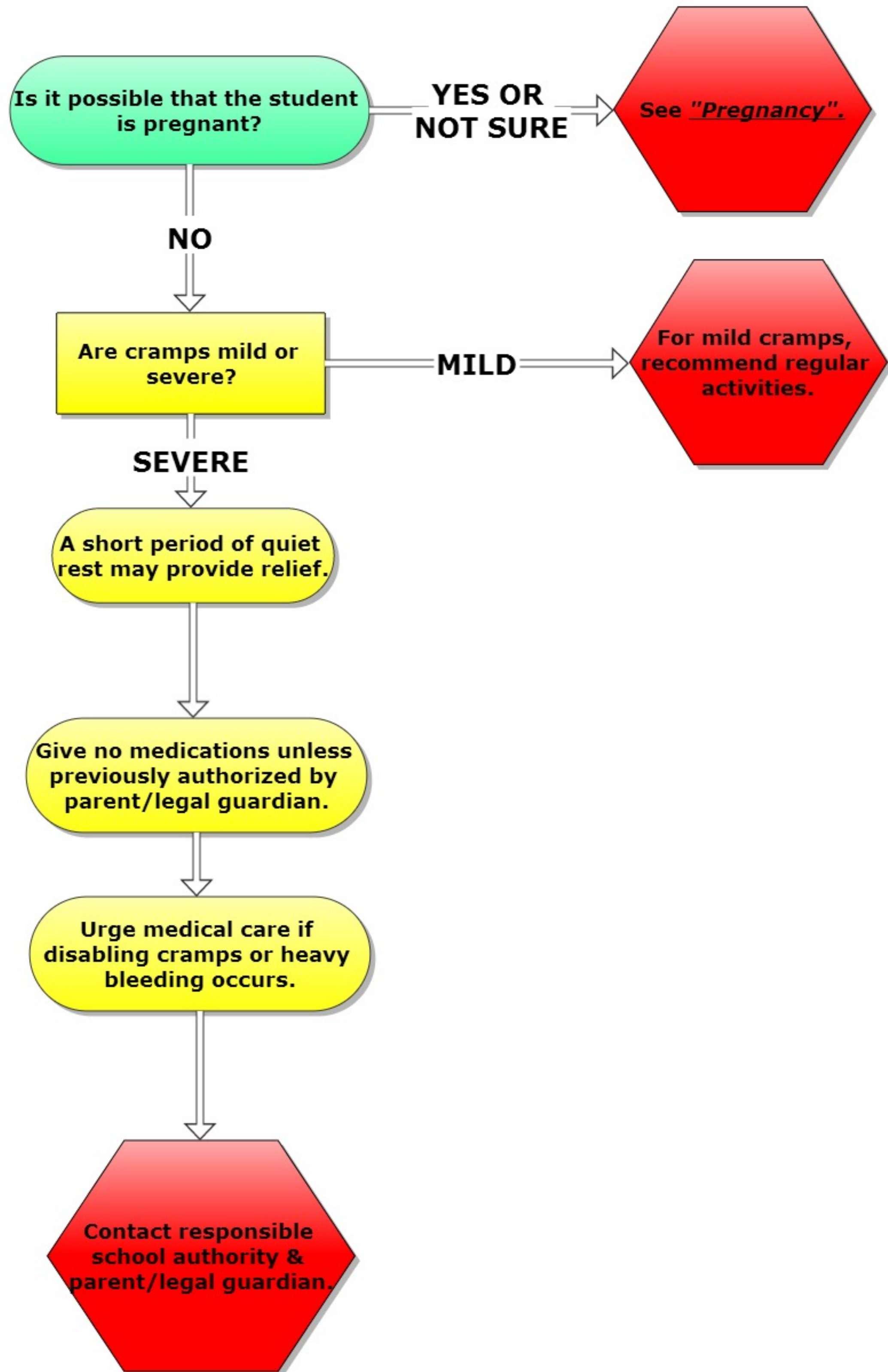
- **Wash hands thoroughly**
  1. Before and after physical contact with any student (even if gloves have been worn).
  2. Before and after eating or handling food.
  3. After cleaning.
  4. After using the restroom.
- **Wear gloves when in contact with blood and other bodily fluids.**
- **Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).**
- **Wipe-up any blood or bodily fluid spills as soon as possible (*wear gloves*). Double-bag the trash in a plastic bag or place the bloody material in a ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).**
- **Send all soiled clothing (i.e. clothing with blood, stool, or vomit) home with the student in a double-bagged plastic bag.**
- **Do not eat, or touch your mouth or eyes, while giving any first aid.**

## Guidelines for students:

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



# MENSTRUAL DIFFICULTIES





# MOUTH AND JAW INJURIES

Check student's immunization record for tetanus. See "Tetanus Immunization".

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

Do you suspect a head or mouth injury other than mouth or jaw?

YES

See "Head Injuries".

NO

Have teeth been injured?

See "Teeth".

NO

Has jaw been injured?

YES

• Do NOT try to move jaw.  
• Gently support jaw with hand.

NO

If tongue, lips or cheeks are bleeding, apply direct pressure with sterile gauze or clean cloth.

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

• Is cut large or deep?  
• Is there bleeding that cannot be stopped?

YES

See "Bleeding".

NO

Place a cold compress over the area to minimize swelling.

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



# NECK & BACK PAIN

Suspect a neck/back injury if pain results from:

- Fall over 10 feet, or 2x distance of person's height, or falling on head
- Being thrown from a moving object
- Sports
- Violence
- Being struck by a car or a 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?

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.

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.

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 placing one of your hands on each side of the head.



CALL "911"  
EMERGENCY

MEDICAL SERVICES

Then contact responsible school authority & parent/legal guardian. See "Concussion: Signs and Symptoms Handout" and copy for guardian.



# NOSE

**Wear gloves when exposed bodily fluids are present.**

**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 blowing.**

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

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

## **OBJECT IN NOSE:**

**If object cannot be removed easily, contact responsible school authority & parent/legal guardian.  
*URGE MEDICAL CARE.***





**This is a Peanut Safe/  
Allergy Aware Classroom**



# POISONING AND OVERDOSE

Poisonings can be swallowed, inhaled, absorbed through the skin or eyes, or injected.

- Medicine
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/ Cleaners
- Drugs/ Alcohol
- Food Poisoning

If you are not sure  
contact the Poison  
Control Center  
#(800) 288-9999

## Possible warning signs of poisoning include:

- Pills, berries, or unknown substance 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.

## If possible find out:

- Age and weight of student.
- What the student swallowed or what kind of "poison" it was.
- How much and when it was taken.
- Contact the Posion Control Center #(800) 222-1222 and ask for instructions.

**DO NOT INDUCE VOMITING, UNLESS  
YOU ARE INSTRUCTED TO DO SO BY  
POISON CONTROL.**



Call "911" Emergency  
Medical Services.  
Then contact responsbile  
school authority and  
parent/ legal guardian.



# PREGNANCY

School staff should be made aware of any pregnant students. *Keep in mind that any student old enough to be pregnant, may be pregnant*

Pregnancy may be complicated by any of the following.

**Vaginal Bleeding:**  
Contact responsible school authority and parent/legal guardian. **URGE IMMEDIATE MEDICAL CARE.**

**Morning Sickness:**  
Treat as vomiting, (See "Vomiting"). If severe, contact responsible school authority and parent/legal guardian.

**Amniotic Fluid Leakage:**  
This is **NOT** normal and may indicate the beginning of labor. Contact responsible school authority & parent/legal guardian.

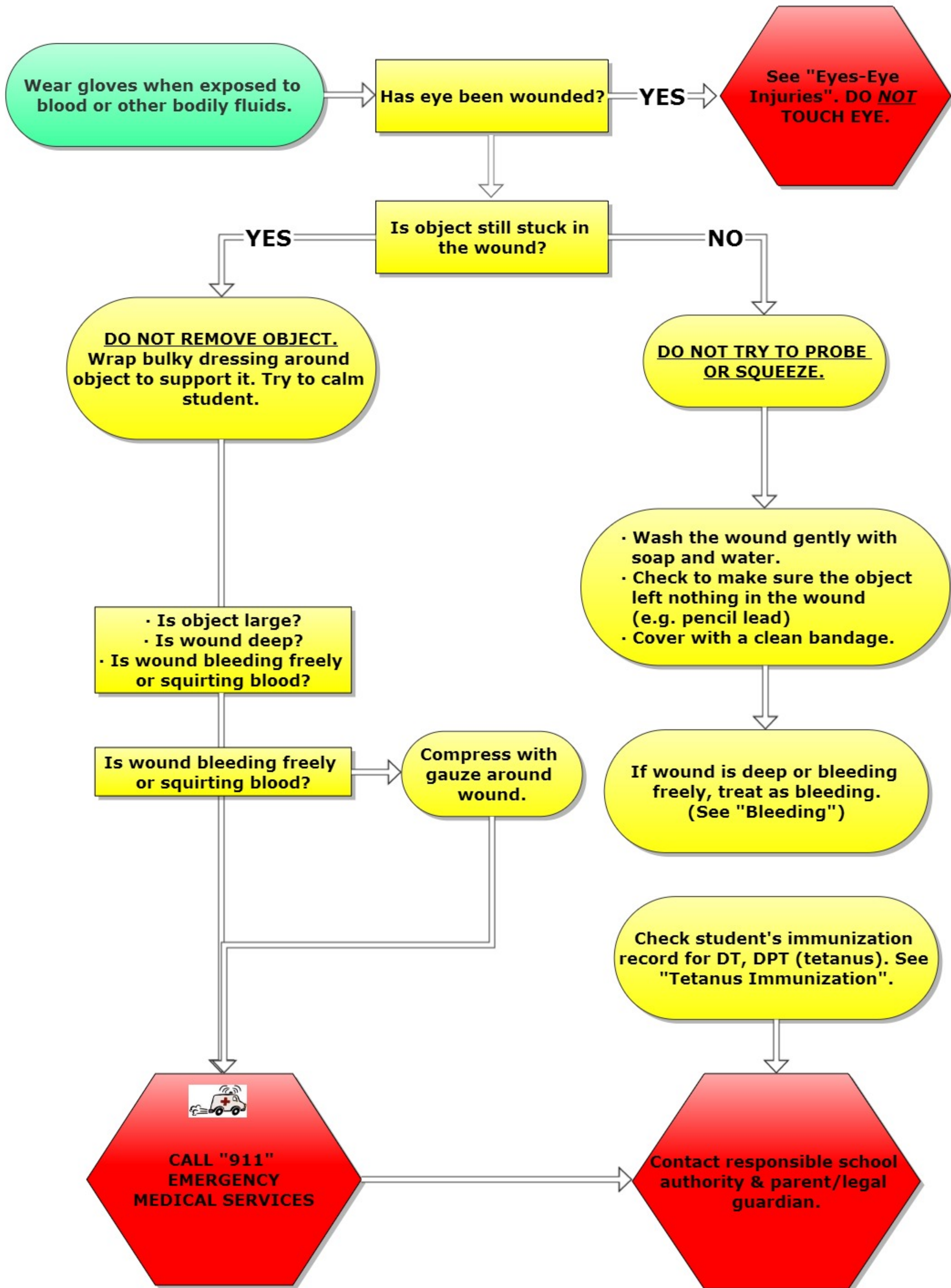
**Severe Cramps (Labor):**  
Short, mild cramps in a near term student may be normal. If **NOT** near term or if you don't know, contact responsible school authority & parent/legal guardian.

  
**HEMORRHAGE**  
Call "911"  
**EMERGENCY MEDICAL SERVICES**  
Then contact responsible school authority & parent/legal guardian.

  
**SEIZURE:**  
This may be a serious complication of pregnancy.  
Call "911"  
**EMERGENCY MEDICAL SERVICES.**  
Then contact responsible school authority & parent/legal guardian.



# PUNCTURE WOUNDS





# RASHES

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

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

Rashes include such things as:

- Hives
- Red spots (large or small)
- 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 "911" EMERGENCY MEDICAL SERVICES**  
Then contact responsible school authority & parent/legal guardian.

See "Allergic Reaction".

*If the following symptoms are present, contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.*

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



# 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 behaviour for that person.  
(e.g. running, belligerence, making strange sounds, etc.)

If available, refer to the student's health or 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 BETWEEN THE TEETH** or give anything by mouth.

A student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration and after-effects of the seizures should be taken and kept available at all times. If student has a seizure and has seizure medication you may give. **NO** oral medication should ever be given when a student is having an active seizure.

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

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

Is:

- student having a seizure lasting longer than 5 minutes?
- student having seizures following one another at short intervals?
- student *without a known history* of seizures having a seizure?

After seizure, keep airway clear by placing student on his/her side. A pillow should **NOT** be used.

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 normal class activities.

  
**CALL "911"**  
**EMERGENCY MEDICAL SERVICES**  
Then contact responsible school authority & parent/legal guardian.



# SHOCK

If injury is suspected, see "Neck and Back Pain" and treat as possible neck injury.  
**DO NOT MOVE STUDENT UNLESS HE/SHE IS ENDANGERED.**

## Signs of Shock:

- Pale, cool, moist skin
- Mottled, ashen, blue skin.
- Altered consciousness or confusion
- Nausea, dizziness, or thirst.
- Severe coughing, high-pitched whistling sound.
- Blueness in the face.
- Fever greater than 100 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
  - Rapid breathing.
  - Rapid, weak pulse.
  - Restlessness, irritability.

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

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

Is student:

- Not breathing? See "CPR" and or "Choking"
- Unconscious? See "Unconscious"
- Bleeding profusely? See "Bleeding"

**YES**



Send someone to  
**CALL "911"**  
**EMERGENCY  
MEDICAL SERVICES**

**NO**

- Keep student in flat position of comfort.
- Elevate feet 8-10", unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and face.
- Keep body temperature normal, cover student with a blanket or a 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/  
legal guardian.



# PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to their medical conditions or physical activities.

## Medical Conditions:

Some students may have special conditions which put them at risk for life-threatening emergencies. For example, students with:

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

Your school nurse or other school health professional, along with student's personal doctor, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available at all times.

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

## Physical Abilities:

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

- Students in wheel chairs
- Students who have difficulty walking up or down stairs (for whatever reason).
- Students who are temporarily on crutches.

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.

## 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.



# SPLINTERS OR IMBEDDED PENCIL LEAD

Wear gloves when exposed to blood or other bodily fluids.

Gently wash area with clean water and soap.

Is splinter or lead:  
· protruding above the surface of the skin?  
· small?  
· shallow?

NO

YES

· Leave in place.  
· DO NOT PROBE UNDER SKIN.

· Remove with tweezers.  
· DO NOT PROBE UNDER SKIN.

Check student's immunization record for DT, DPT (tetanus). See "Tetanus Immunization".

Check student's immunization record for DT, DPT (tetanus). See "Tetanus Immunization".

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

Wash again.  
Apply clean dressing.



# STABBING & GUNSHOT INJURIES

Wear gloves when exposed to blood or other bodily fluids.

Is the injury to the:

- Chest
- Abdomen
- Back
- Head

YES

  
CALL "911"  
EMERGENCY  
MEDICAL SERVICES.

NO

- Apply pressure to area with a clean bandage, if bleeds through dressing DO NOT REMOVE, apply more dressing on top of saturated dressing.
- Lie student down.
- Elevate feet 8-10".
- Cover with warm blanket.

- Continued bleeding?
- Change in consciousness?
- Any change in breathing pattern?

  
CALL "911"  
EMERGENCY  
MEDICAL SERVICES.

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



# 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 rapid expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

NO

YES

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.

To remove stinger (if present) scrape area with a card. **DO NOT SQUEEZE.** Apply cold compress.

See "Allergic Reaction".



**CALL "911" EMERGENCY MEDICAL SERVICES.** Then contact responsible school authority & parent/legal guardian.

If available, follow student's emergency plan.

If available, administer guardian-approved medications.



# STOMACH ACHES/PAIN

Stomach aches may have many causes including:

- Illness
- Food Poisoning
- Hunger
- Constipation
- Overeating
- Gas Pain
- Diarrhea

Have student lie down in a room which affords privacy.

Has an injury occurred?

YES

NO

Take the student's temperature. Note temperature over 100.5 F as fever. See "Fever".

Does student have:  
• Fever?  
• Severe stomach pains?

YES

NO

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

If stomach ache persists or becomes worse, contact responsible authority & parent or legal guardian. If the student feels better allow him/her to return to class.



# TETANUS IMMUNIZATION

**Protection against tetanus should be considered with any wound, *even a minor one.***

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

***Other wounds*, such as those contaminated by dirt, feces and saliva (or other bodily 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 the last tetanus shot.**

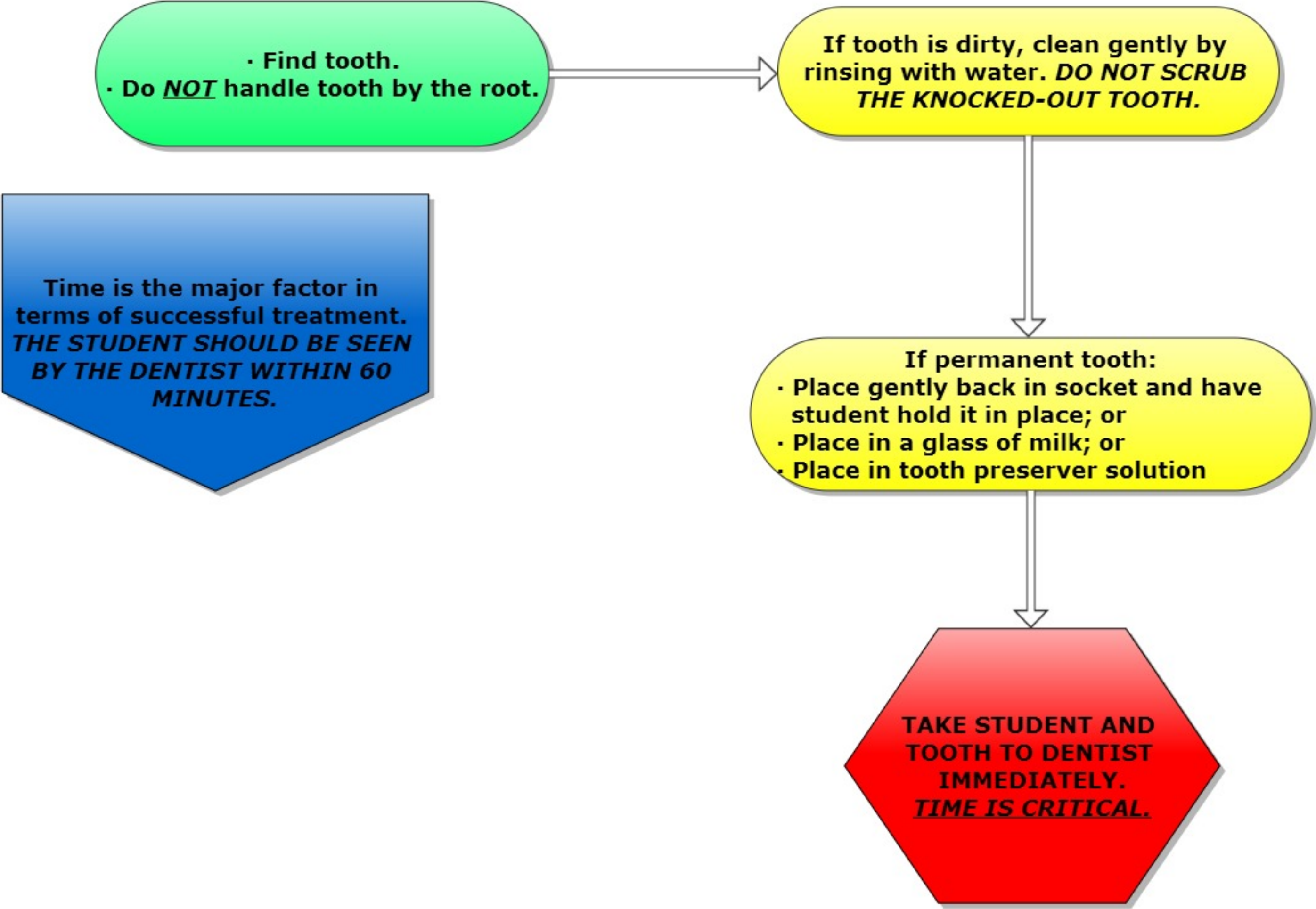


# TEETH (PAGE 2)

## BROKEN OR DISPLACED TOOTH:



## KNOCKED-OUT TOOTH:





# TICK BITE & REMOVAL

**Ticks may transmit Rocky Mountain Fever (RMSF), Lyme disease, tick paralysis, and ehrlichiosis.**

**Wear gloves when exposed to blood and other bodily fluids.**

**Wash the area prior to tick removal.**

**Pull upward with steady, even pressure using a tweezer. Do not twist or jerk.**

**After removing the tick, thoroughly disinfect the bite site.**

**Apply a sterile adhesive dressing or a Band-Aid type dressing.**

**Ticks can be safely disposed of by placing them in a container of alcohol or by flushing down the toilet.**

**Contact responsible school authority and parent/legal guardian.**



# UNCONSCIOUSNESS

*If student stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS "911" yourself.*



Unconsciousness may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc.  
*If you know the cause of the unconsciousness, see the appropriate guideline.*

See "*Fainting*".

YES

Did student regain consciousness immediately?

YES OR NOT SURE

Is unconsciousness due to injury?

NO

Treat as possible neck injury. See "*Neck & Back Injuries*" Guideline. DO NOT MOVE STUDENT.

- Keep student in flat position.
- Check breathing.
- Keep student warm, but not hot.
- Control bleeding if needed (always wear gloves)
- Give nothing by mouth.

Contact responsible school authority & parent/legal guardian.

If student is not breathing, begin rescue breathing.  
CALL "911" EMERGENCY MEDICAL SERVICES.





# VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL POISON CONTROL CENTER (800) 288-9999 and ask for instructions. See "POISONING". Notify public health officials (usually the health department).

Vomiting may have many causes including:

- Illness
- Injury
- Food poisoning
- Pregnancy
- Heat exhaustion
- Over exertion

*If you know the cause of vomiting, see the appropriate guideline.*

Wear gloves when exposed to blood and other bodily fluids.

Have student lie down on his/her side in a room which affords privacy.

• Apply a cool, damp cloth to student's face or forehead.  
• Have a bucket available.

• Give no food or medications.  
• Give small sips of clear fluids containing sugar (such as 7-UP or Gatorade), if the student is thirsty.

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



# **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 \_\_\_\_\_

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# 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: \_\_\_\_\_

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# 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
  - 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) 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.





# 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).
  - 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 administrator 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:

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Fast
<input type="checkbox"/> Slow	<input type="checkbox"/> Deep	<input type="checkbox"/> Squeaky
<input type="checkbox"/> Distant	<input type="checkbox"/> Distorted	<input type="checkbox"/> Sincere
<input type="checkbox"/> Raspy	<input type="checkbox"/> Stressed	<input type="checkbox"/> Stutter
<input type="checkbox"/> Nasal	<input type="checkbox"/> Drunken	<input type="checkbox"/> Slurred
<input type="checkbox"/> Lisp	<input type="checkbox"/> Disguised	<input type="checkbox"/> Crying
<input type="checkbox"/> Broken	<input type="checkbox"/> Calm	<input type="checkbox"/> Irrational
<input type="checkbox"/> Rational	<input type="checkbox"/> Angry	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Excited	<input type="checkbox"/> Laughing	<input type="checkbox"/> Righteous
<input type="checkbox"/> Accent	<input type="checkbox"/> Other _____	

Background noises:

<input type="checkbox"/> Voices	<input type="checkbox"/> Airplanes	<input type="checkbox"/> Street traffic
<input type="checkbox"/> Trains	<input type="checkbox"/> Animals	<input type="checkbox"/> Party
<input type="checkbox"/> Factory Machines	<input type="checkbox"/> Music	<input type="checkbox"/> Quiet
<input type="checkbox"/> Office Machines	<input type="checkbox"/> Bells	<input type="checkbox"/> 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 is 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					

[illegible][illegible]



# 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   | <b>1-800-222-1222</b> |
| + Fire Department   | <b>9-1-1 or</b> _____ |
| + Police  | <b>9-1-1 or</b> _____ |
| + Hospital or Nearest Emergency Facility                                | _____                 |
| + County Children Services Agency                                       | _____                 |
| + Rape Crisis Center  | _____                 |
| + Suicide Hotline   | _____                 |
| + Local Health Department   | _____                 |
| + Taxi  | _____                 |
| + Other medical services information<br>(e.g., dentists or physicians): | _____<br>_____        |

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