

# **EMERGENCY GUIDELINES**

## **For**

# **YAMHILL CARLTON SCHOOLS**



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL  
*Your Voice In EMS*

Adopted from the Pennsylvania  
Emergency Guidelines for Schools 2018  
Edition *Second Pennsylvania Edition*

# ACKNOWLEDGMENTS

## **Pennsylvania Emergency Medical Services for Children Emergency Guidelines for Schools 2018 Edition**

### **Reviewed by**

Pennsylvania Emergency Medical Services for Children Advisory Committee  
Pennsylvania Chapter – Emergency Nurses Association  
Pennsylvania Department of Health – Division of School Health  
Center for Safe Schools, Camp Hill, PA

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# WHEN TO CALL 9-1-1 FOR EMERGENCY MEDICAL SERVICES

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



# EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, or violence.
2. A responsible adult should stay at the scene and give help.
3. Send word to the office requesting assistance.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian, doctor, or other licensed prescriber according to state law, and school board policy.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A staff member should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school board policy.

## POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

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

# ALLERGIC REACTION

Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction, and PA Law does permit students to carry and self-administer epinephrine auto-injectors after determined to be competent by the Certified School Nurse.

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

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

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

NO

Symptoms of a mild allergic reaction include:

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

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

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

YES

- Check student's airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.** See "CPR" section.

Does student have an emergency care plan available?

NO

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

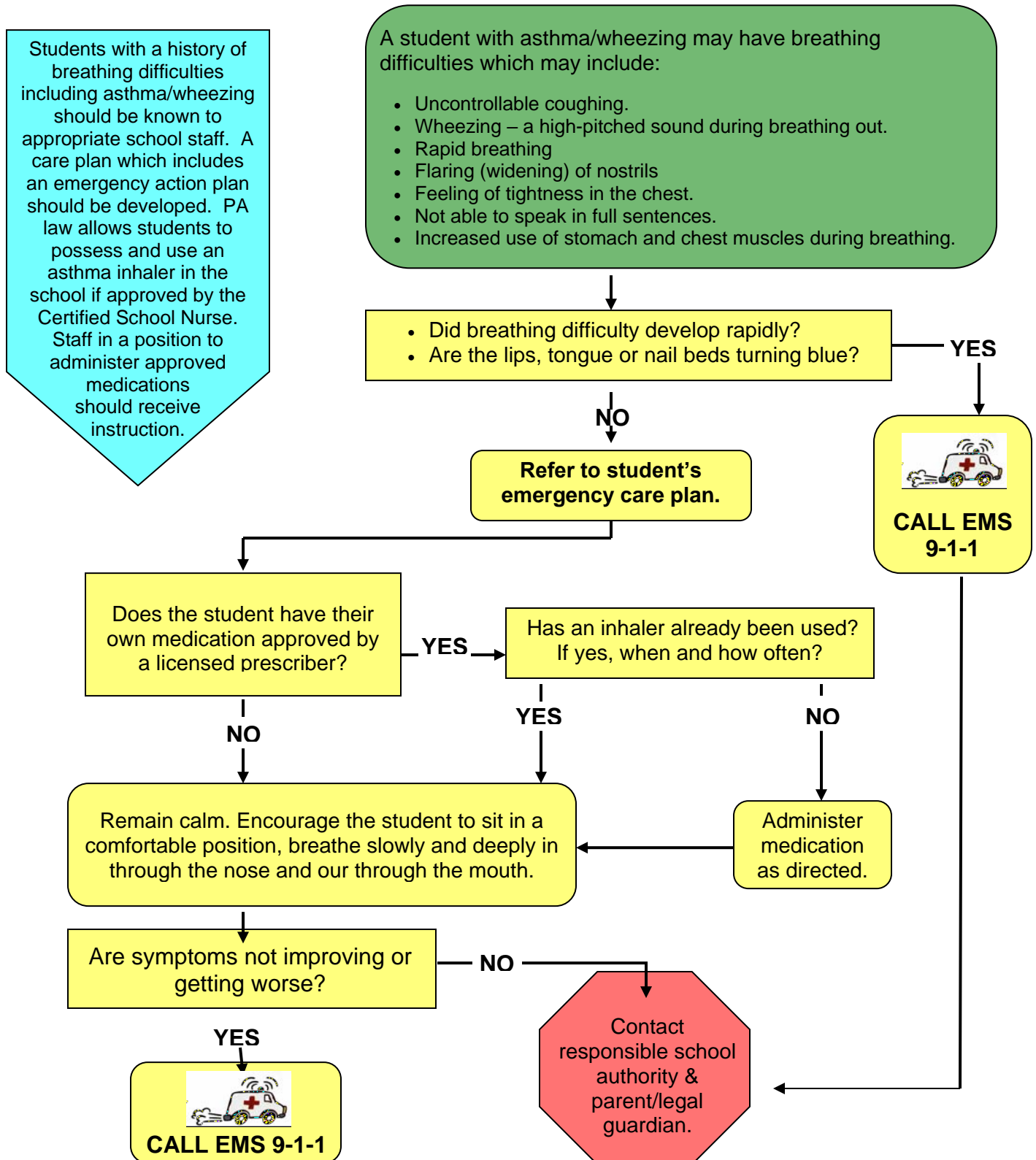
YES

**Refer to student's plan.**  
Administer doctor-and parent/guardian-approved medication as indicated.

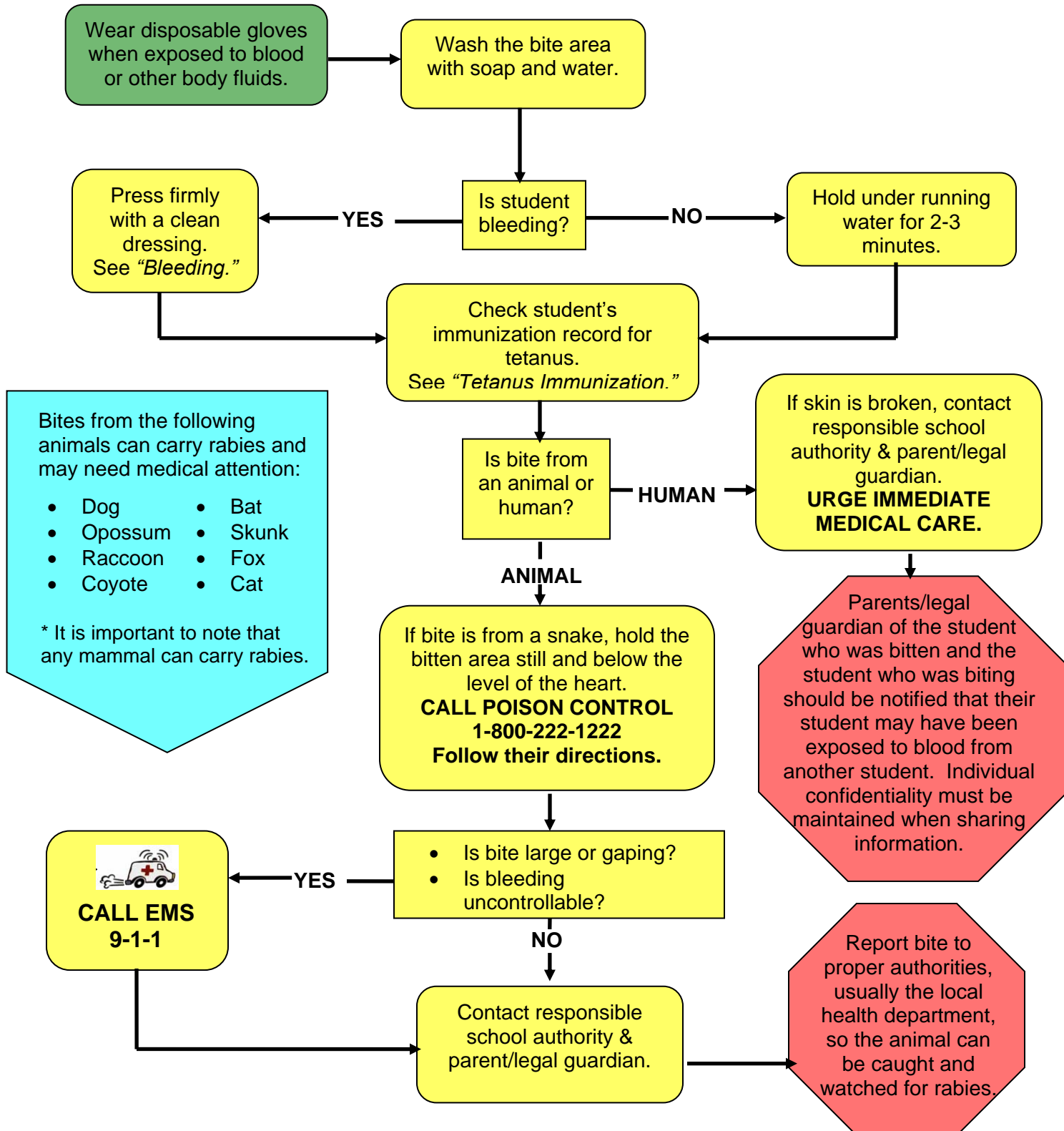


**CALL EMS 9-1-1.**  
Contact responsible school authority & parent or legal guardian.

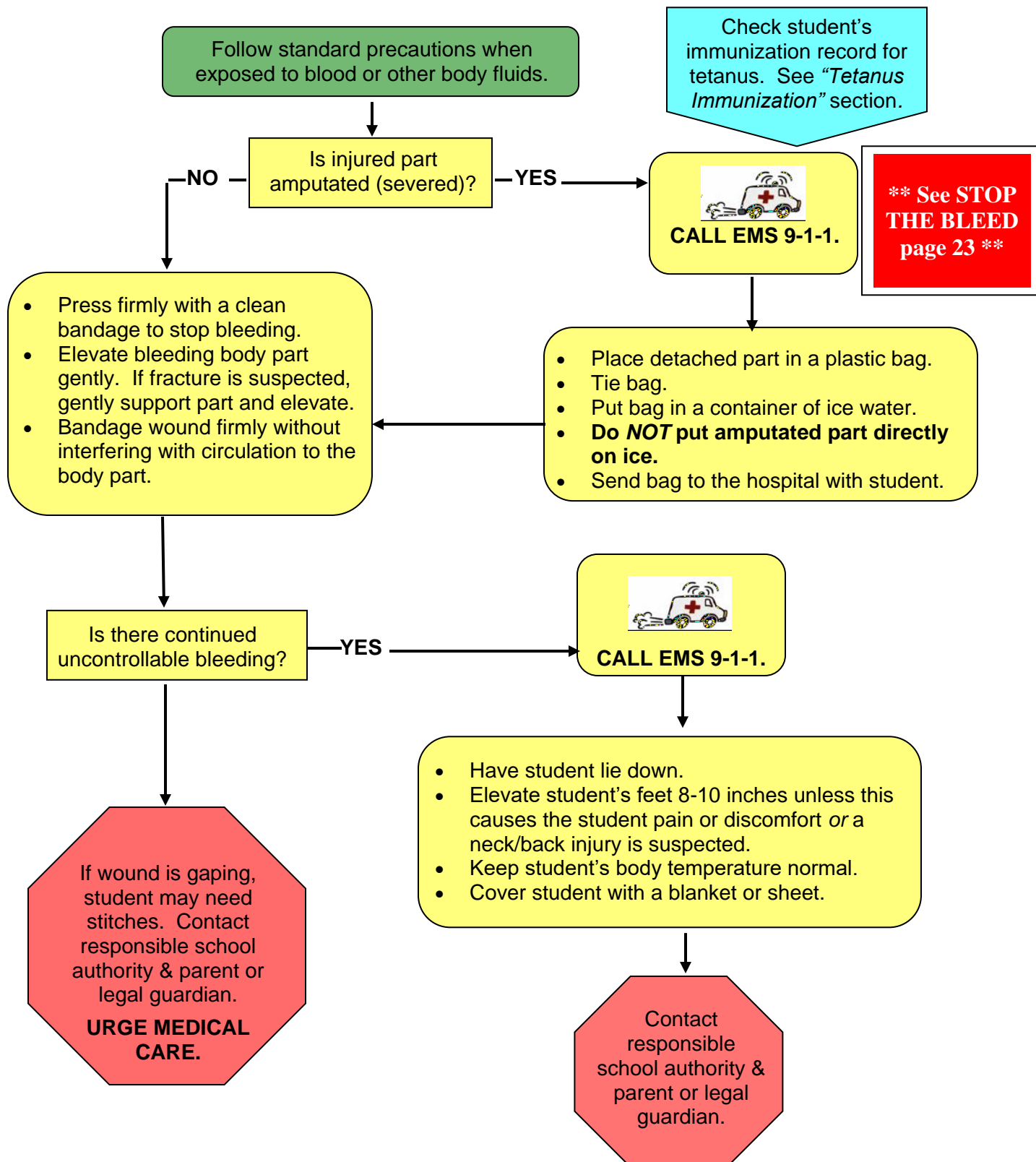
# ASTHMA & DIFFICULTY BREATHING



# BITES (HUMAN & ANIMAL)

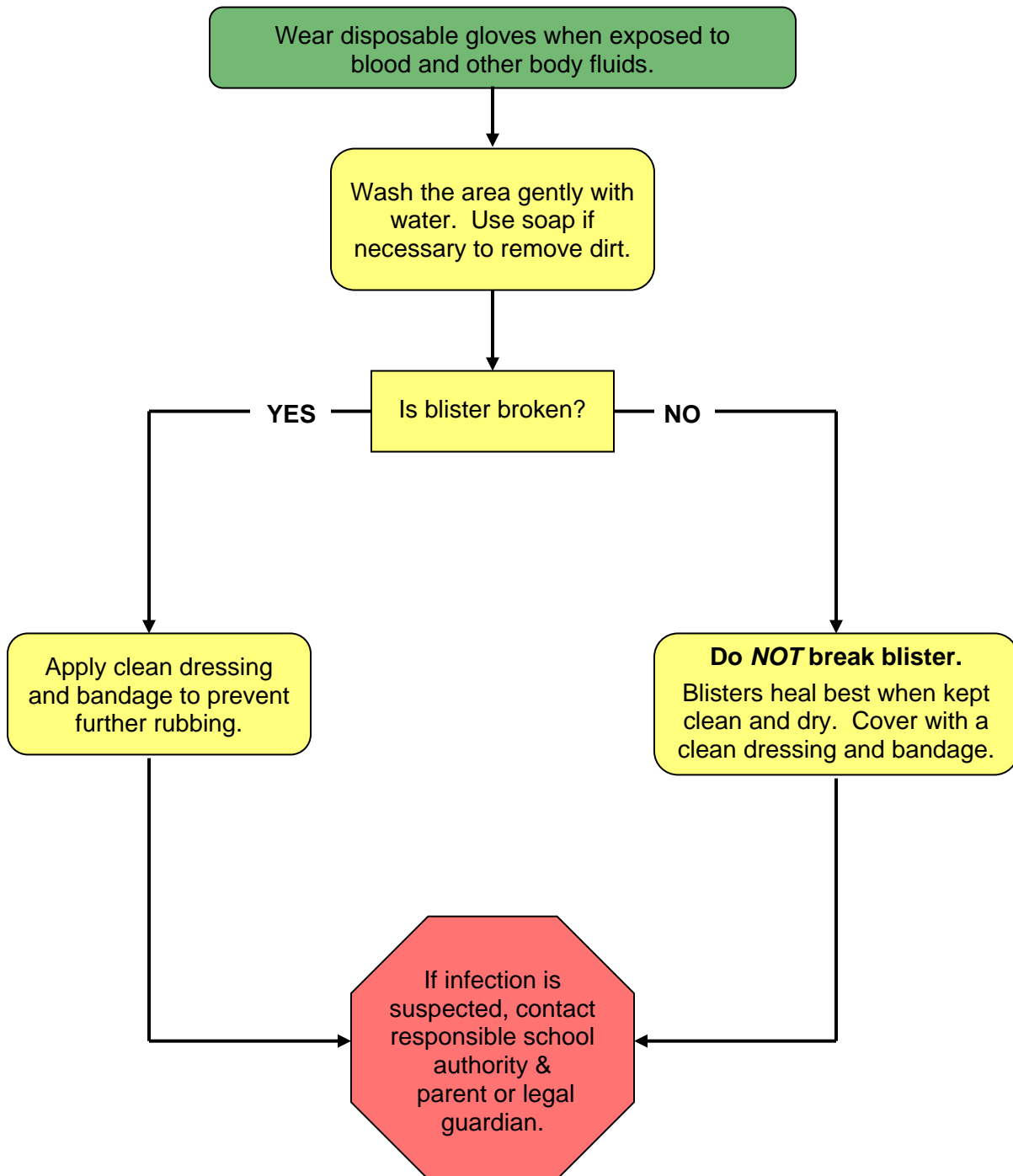


# BLEEDING





# BLISTERS (FROM FRICTION)



# BRUISES

If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See “*Child Abuse*” section.

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

YES

Contact responsible school authority & parent or legal guardian.

NO

Rest injured part.

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

If skin is broken, treat as a cut. See “*Cuts, Scratches & Scrapes*” section.

# BURNS

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

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

What type of burn is it?

ELECTRICAL

CHEMICAL

HEAT

Is student unconscious or unresponsive?

NO

Flush the burn with large amounts of cool running water.  
**Do NOT use ice.**

YES

See "Electric Shock" section.

YES

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

NO

Cover/wrap burned part loosely with a clean dressing.

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

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

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



**Call EMS 9-1-1**

Contact responsible school authority & parent or legal guardian.

# CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN AGE 1 THRU ADULthood

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

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If child is unresponsive, shout for help and send someone to **call EMS and get your school's AED if available.**
2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, **DO NOT BEND OR TURN NECK.**
3. Evaluate for signs of circulation, which include breathing, moving, or coughing.
4. If no signs of circulation exist, begin CPR, beginning with chest compressions at a rate of 100 compressions-per-minute. Remember to allow the chest to return to its normal position in between each compression. Push hard, fast, and deep.



## **Begin CPR:**



1. Find hand position near center of breastbone just below the nipple line. (Make sure hand(s) are **NOT** over the very bottom of the breastbone.)
2. Compress chest hard and fast at rate of 30 compressions in about 20 seconds (100-120 compressions per minute) with 1 or 2 hands\* *at least* 2 inches in depth.



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

### **\*Hand positions for child CPR:**

- **1 hand:** Use heel of 1 hand only.
- **2 hands:** Use heel of 1 hand with second on top of first.

3. If you feel comfortable or are trained to provide ventilation, provide two (2) ventilations with each ventilation lasting 1 second and watch for the chest to rise with each breath.
4. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL PATIENT STARTS BREATHING EFFECTIVELY ON THEIR OWN OR HELP ARRIVES.

# CHOKING (Conscious Victims)

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

## INFANTS UNDER 1 YEAR

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

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do **NOT** compress throat).



2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.

3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.



4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, just below the nipple line.
5. Open mouth and look. If you can see the object AND grab it, remove it. Note: DO NOT perform a 'blind finger sweep'. Only remove object if you can confidently do so.
6. REPEAT STEPS 1-5 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
7. If infant becomes unconscious, call EMS (if not already called).

**IF INFANT BECOMES UNCONSCIOUS, BEGIN THE STEPS OF INFANT CPR.**

## CHILDREN OVER 1 YEAR OF AGE & ADULTS

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



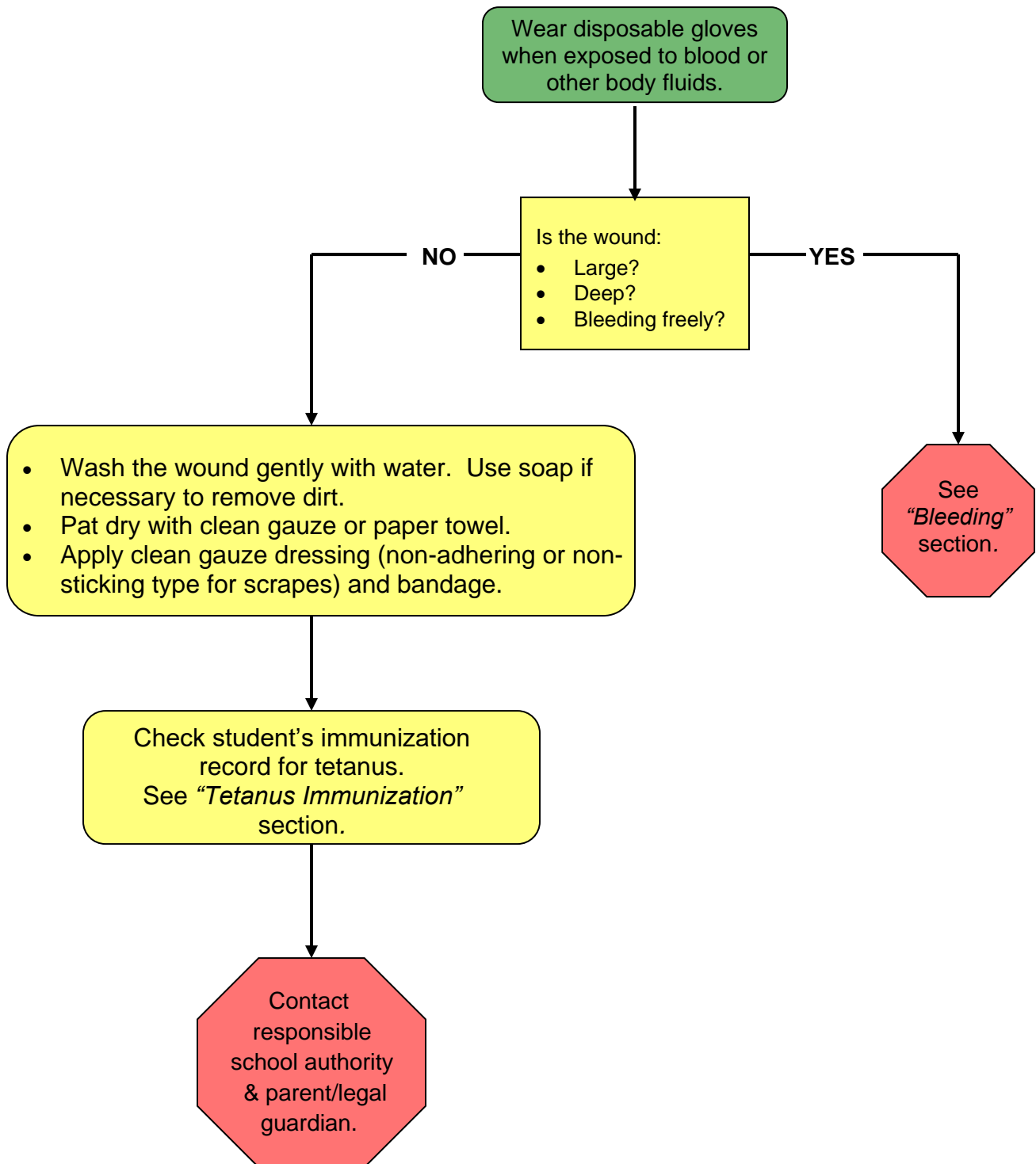
1. Stand behind an adult, or stand or kneel behind child with arms encircling patient.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do **NOT** place your hand over the very bottom of the breastbone. Grasp fist with other hand).
3. Give up to 5 quick inward and upward abdominal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

**IF CHILD OR ADULT BECOMES UNCONSCIOUS, PLACE ON BACK AND BEGIN THE STEPS OF CPR.**

## FOR OBESE OR PREGNANT PERSONS:

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

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



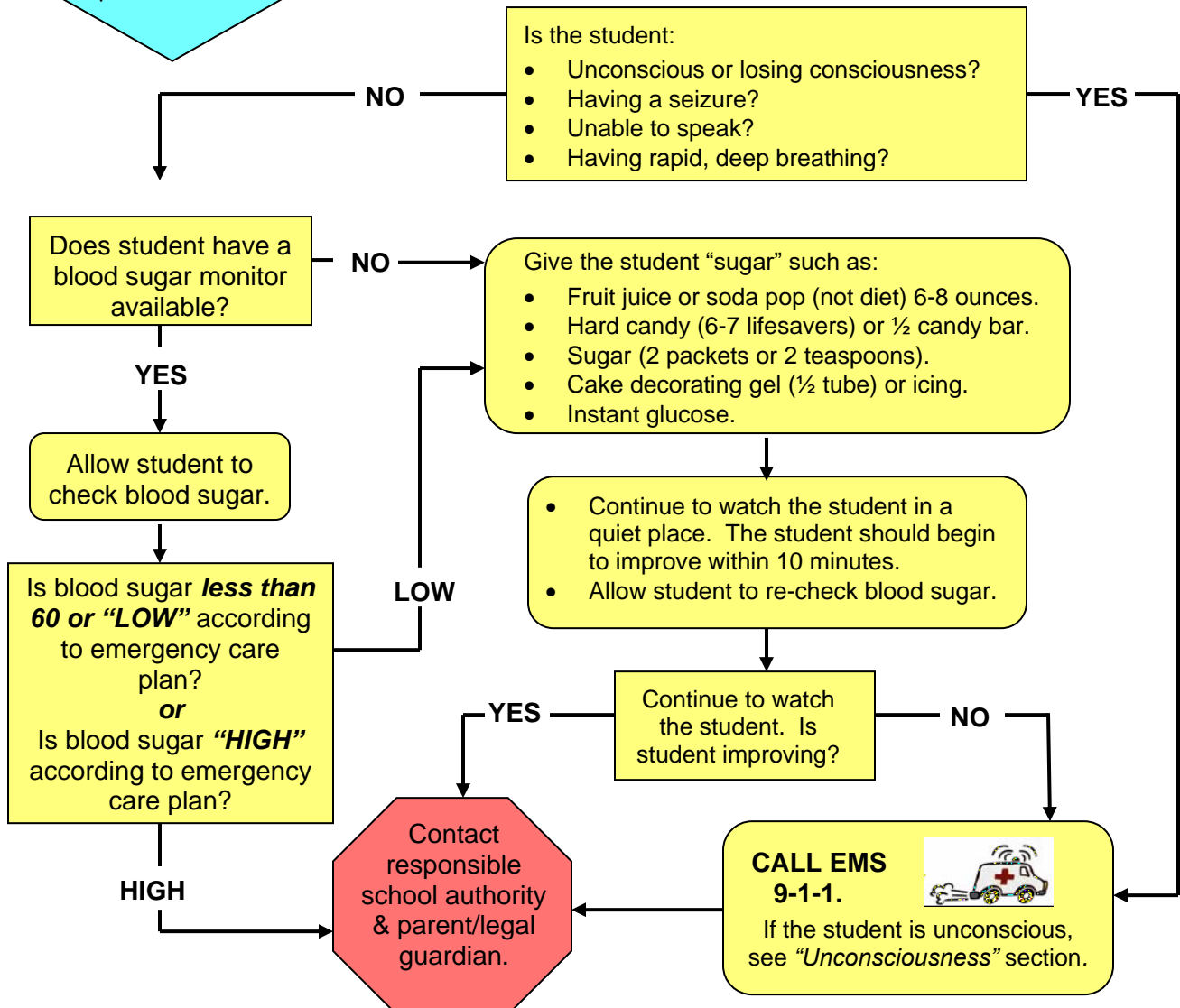
# DIABETES

A student with diabetes should be known to appropriate school staff. An emergency care plan must be developed. Only licensed professionals may administer glucagon or insulin in schools. OR implement ALL aspects of Act 86.

**A student with diabetes may have the following symptoms:**

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

**Refer to student's emergency care plan.**



# DIARRHEA

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

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

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

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

YES

Contact responsible school authority & parent/legal guardian.

**URGE MEDICAL CARE.**

NO

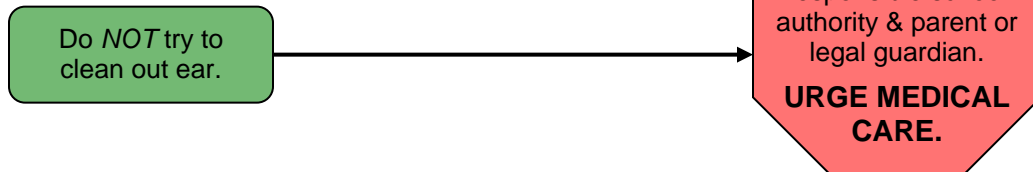
- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.

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

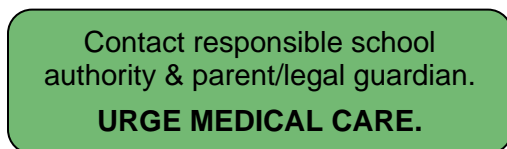


# EAR PROBLEMS

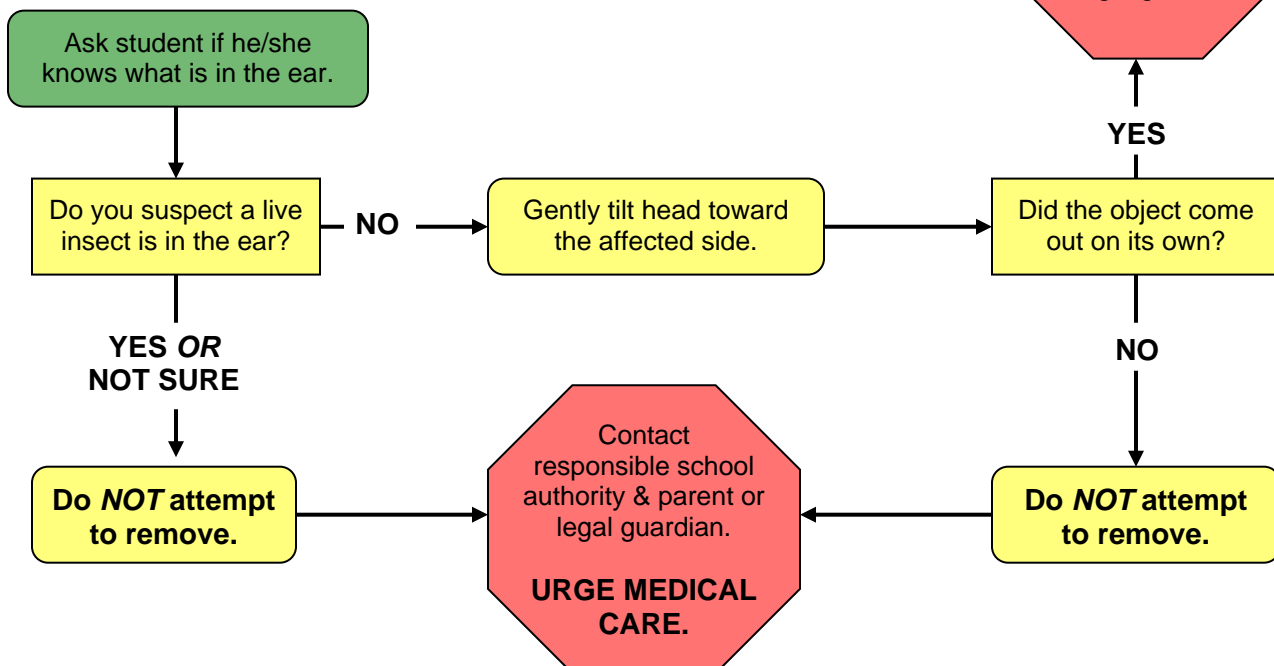
## DRAINAGE FROM EAR



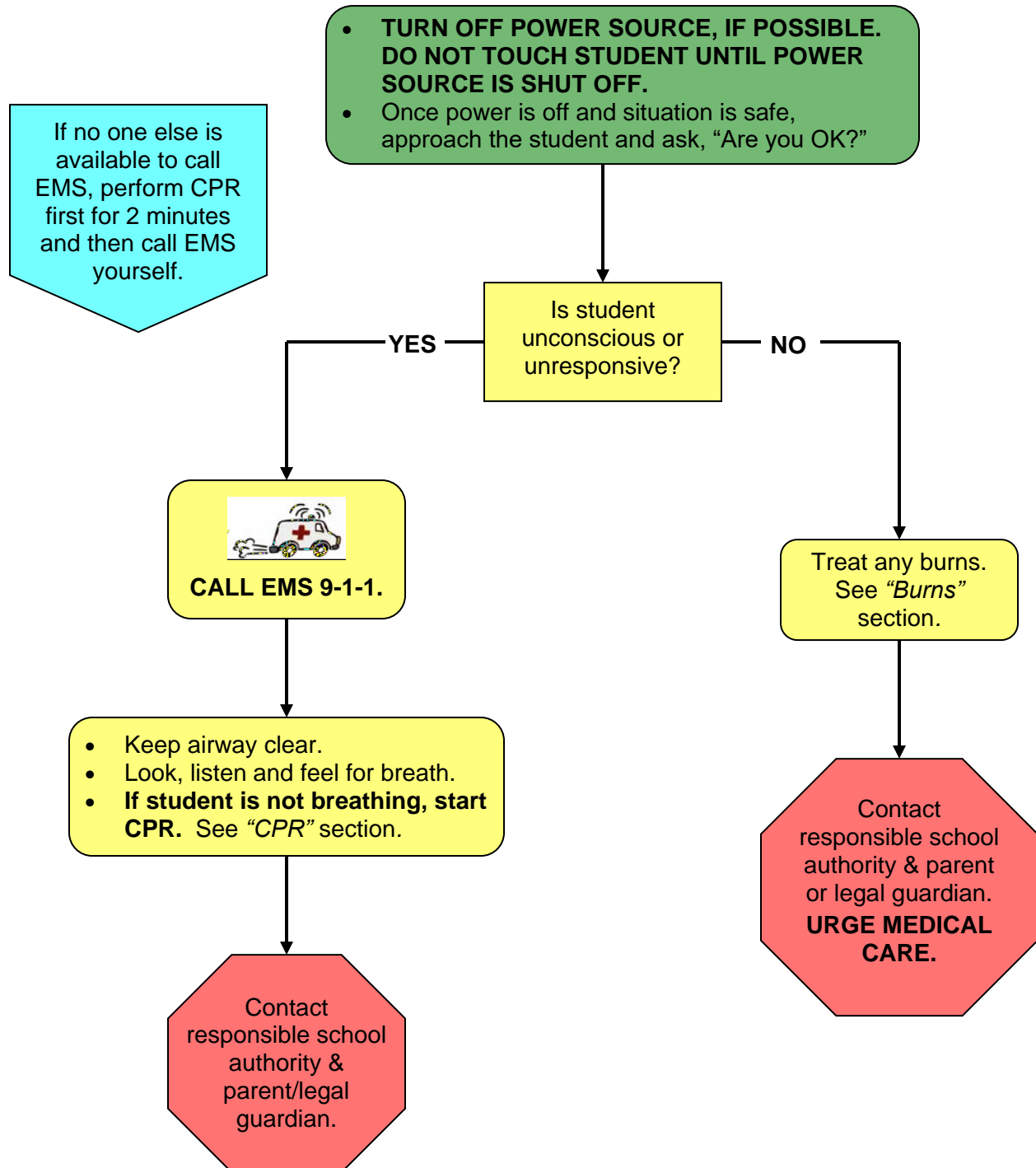
## EARACHE



## OBJECT IN EAR CANAL

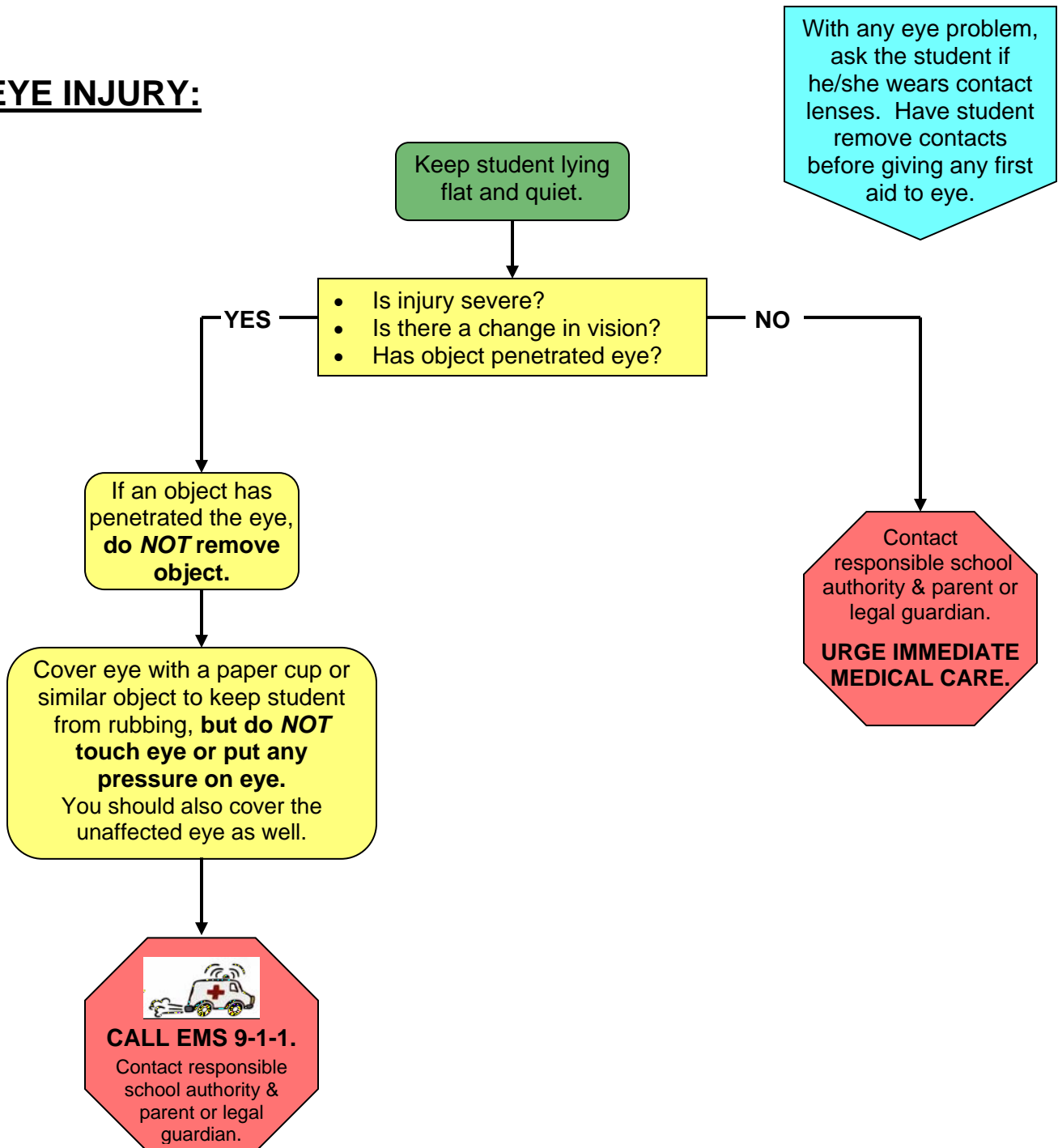


# ELECTRIC SHOCK



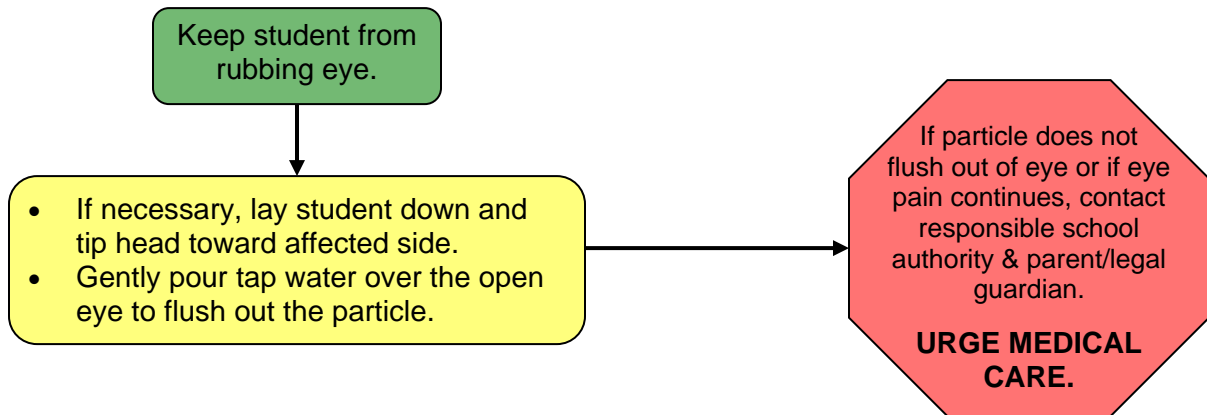
# EYE PROBLEMS

## EYE INJURY:

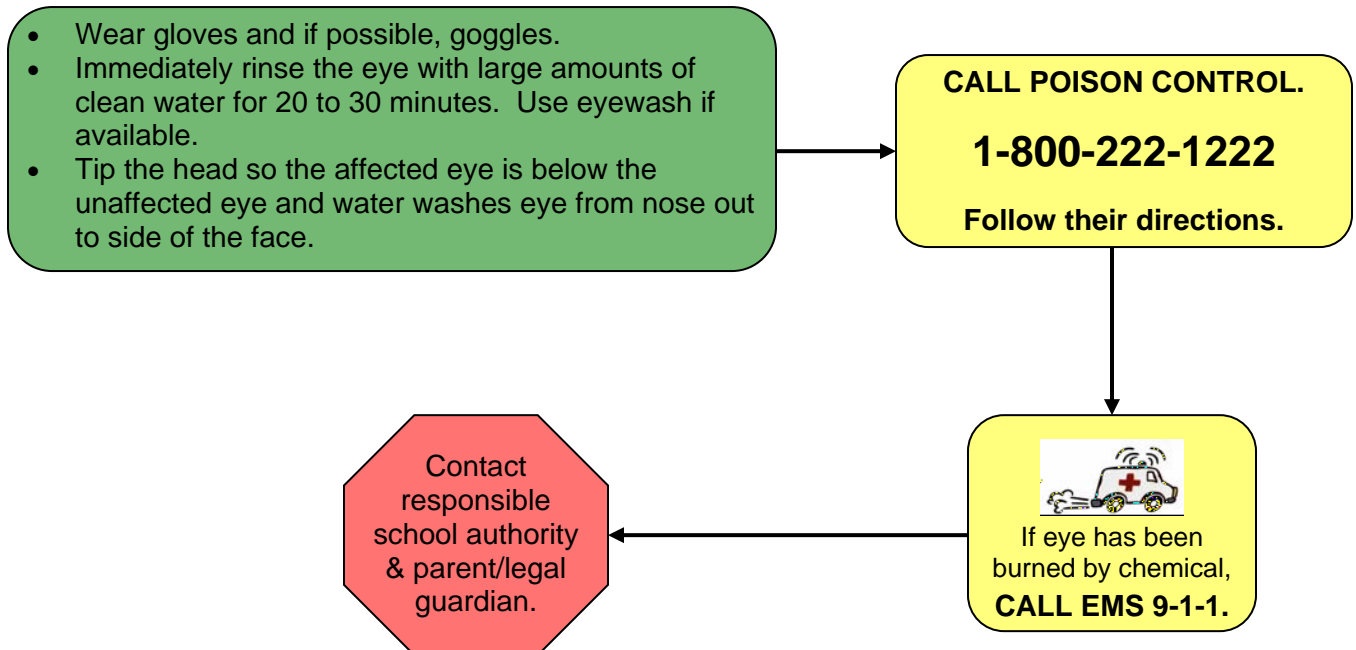


# EYE PROBLEMS

## PARTICLE IN EYE



## CHEMICALS IN EYE



# FAINTING

Fainting may have many causes including:

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

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

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

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

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

YES OR  
NOT SURE

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

NO

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

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

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

NO

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

YES

Keep student lying down. Contact responsible school authority & parent or legal guardian.  
**URGE MEDICAL CARE.**

Contact responsible school authority & parent/legal guardian.

Treat as possible neck injury. See “Neck & Back Pain” section.

**Do NOT move student.**

# FEVER

Take student's temperature. Note: Oral, tympanic, temporal, or axillary temperature over 100 °F as fever.

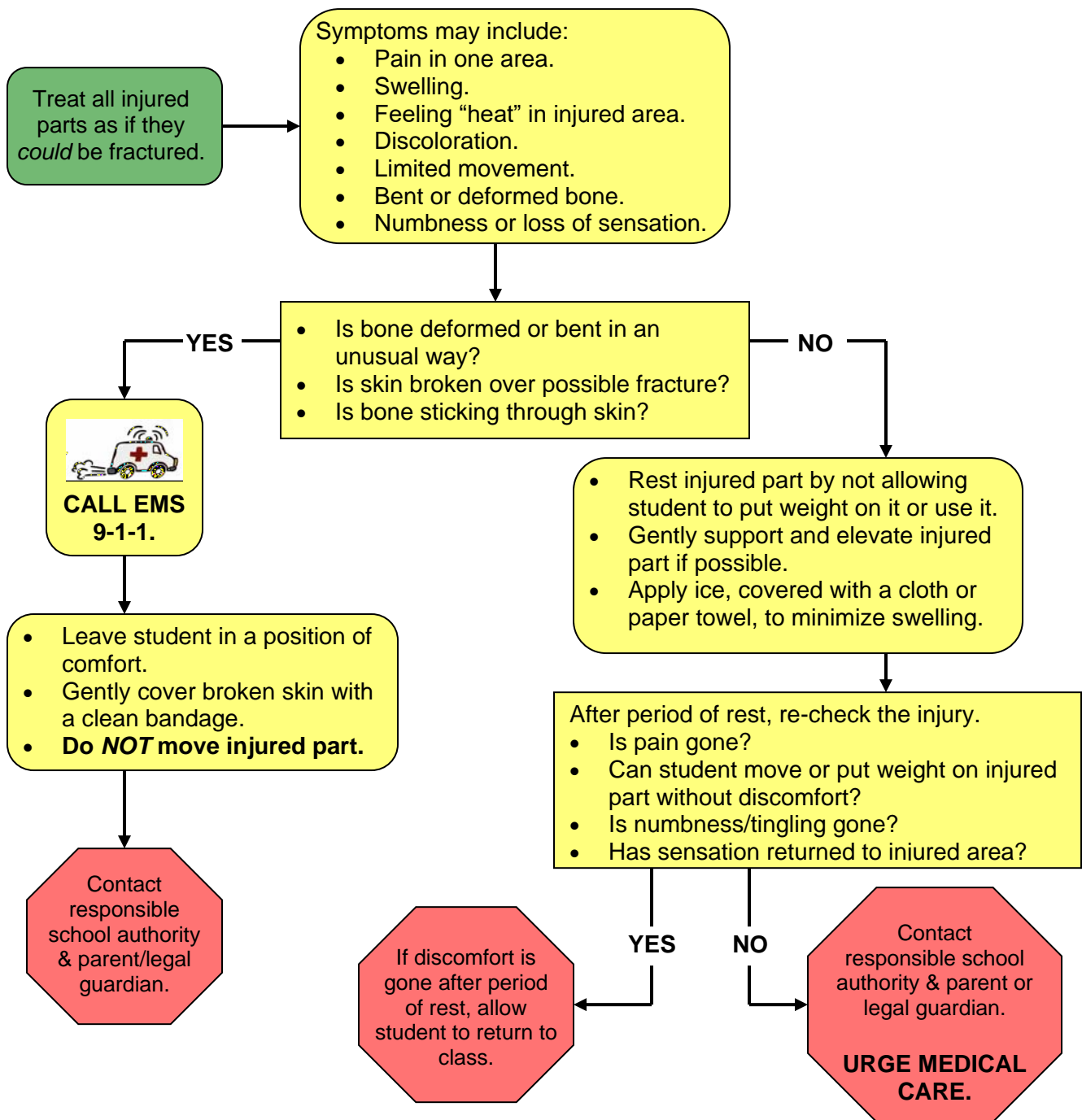
Have the student lie down in a room that affords privacy.

Give no medication, unless previously authorized.

Contact responsible school authority and parent or legal guardian.

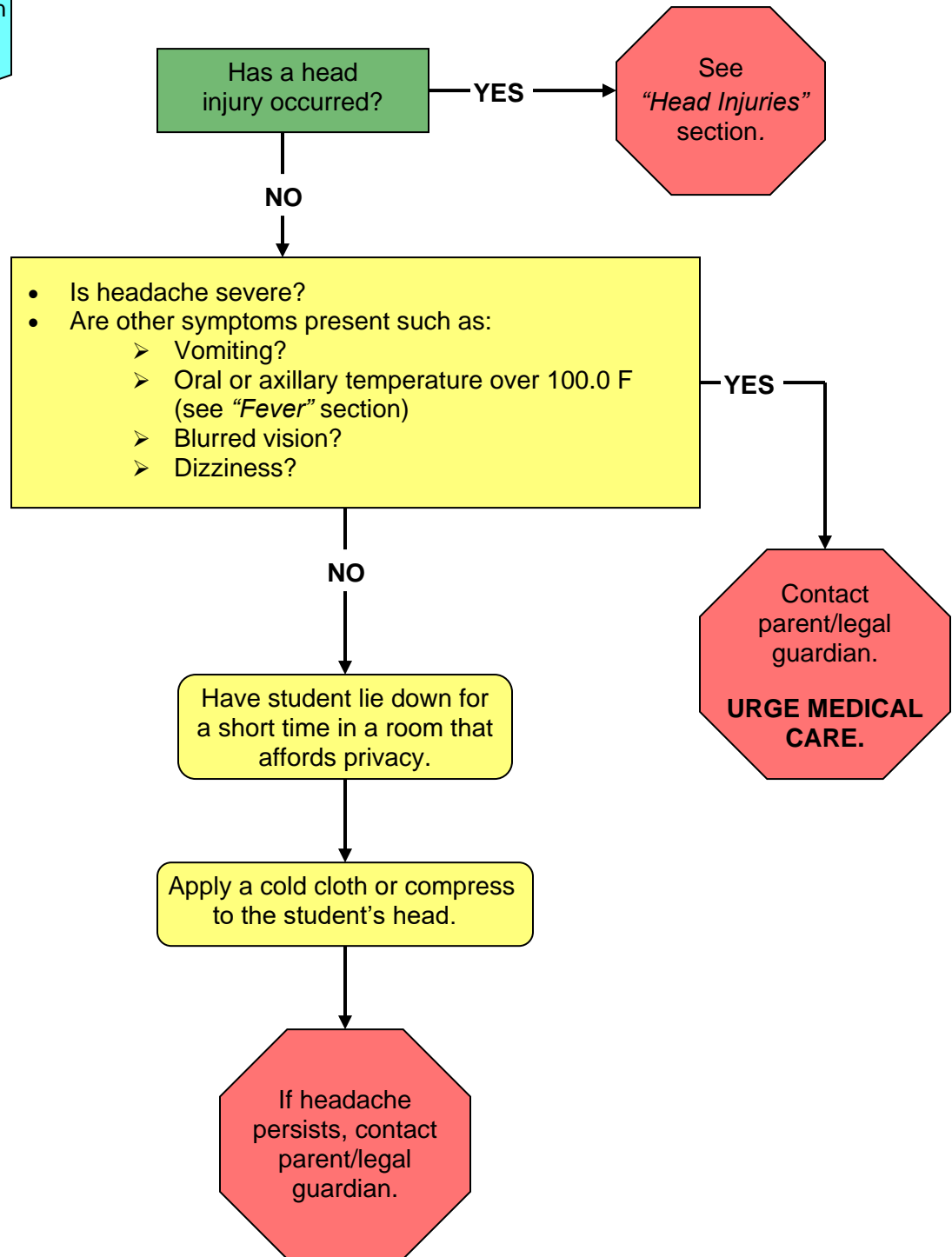
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# FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



# HEADACHE

Give no medication  
unless previously  
authorized.





# HEAD INJURIES

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

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

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

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

Is student vomiting?

YES

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 EMS 9-1-1.**

Are any of the following symptoms present:

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

YES

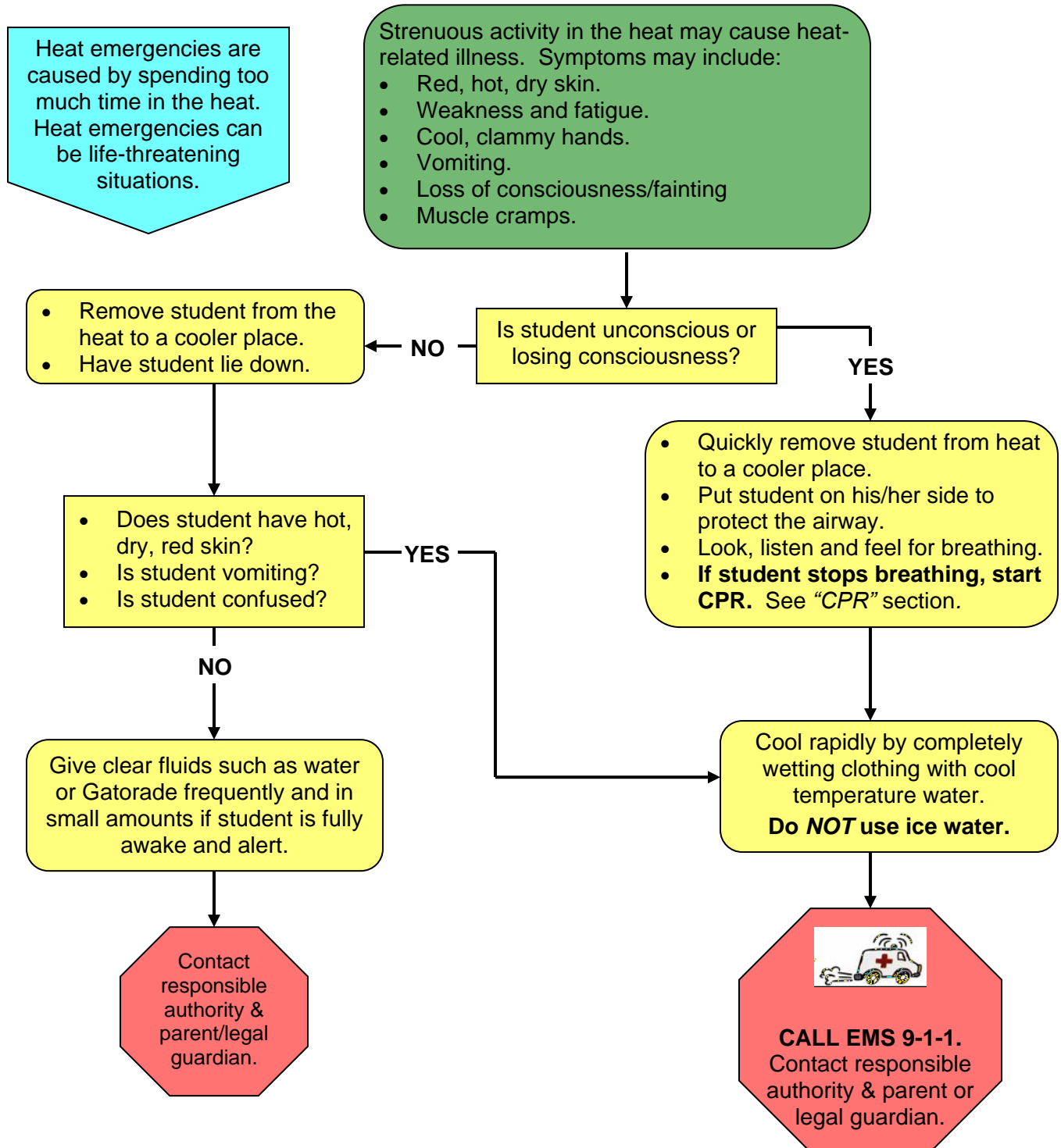
- Check student's airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.** See "CPR" section.

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

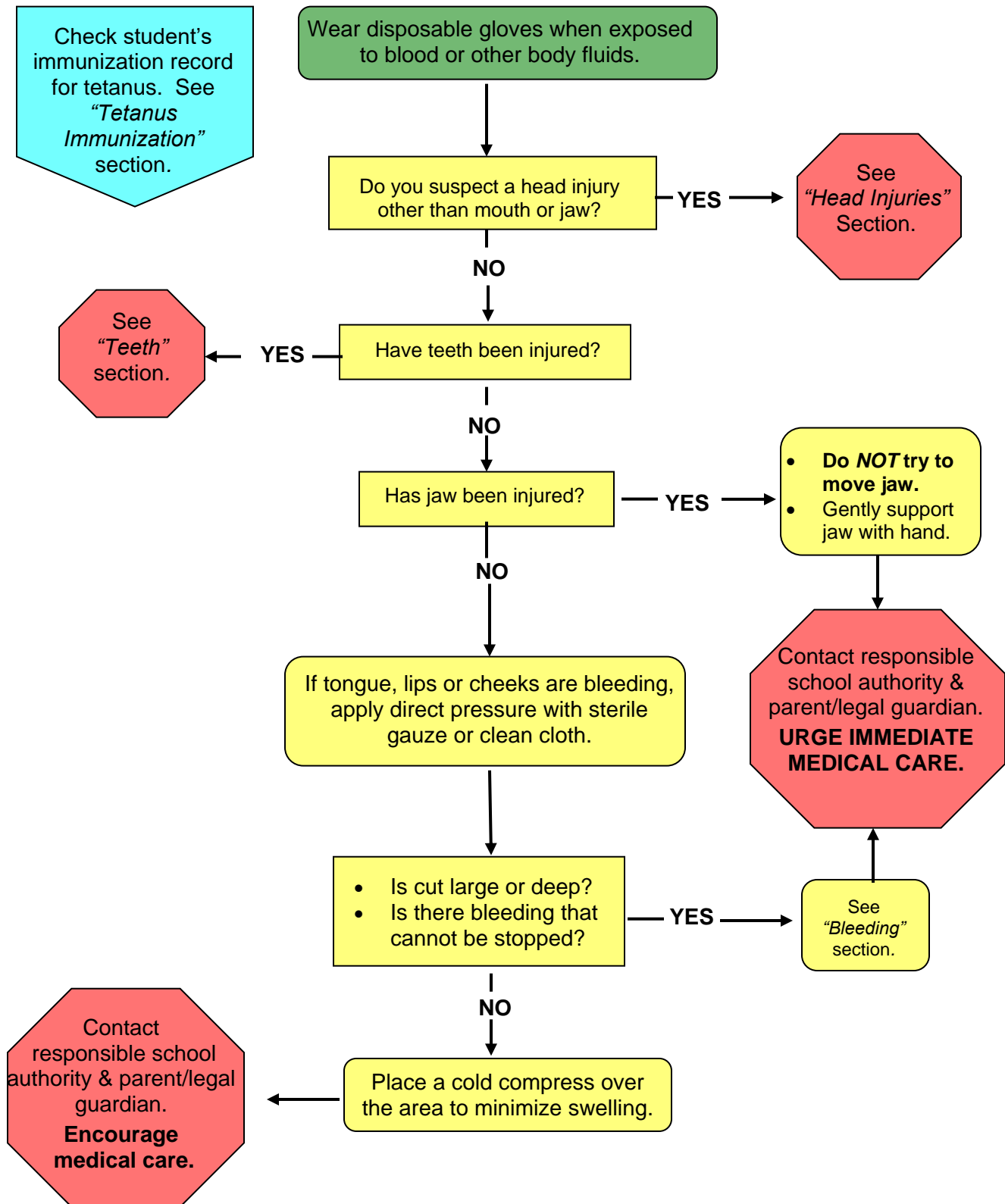
NO

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

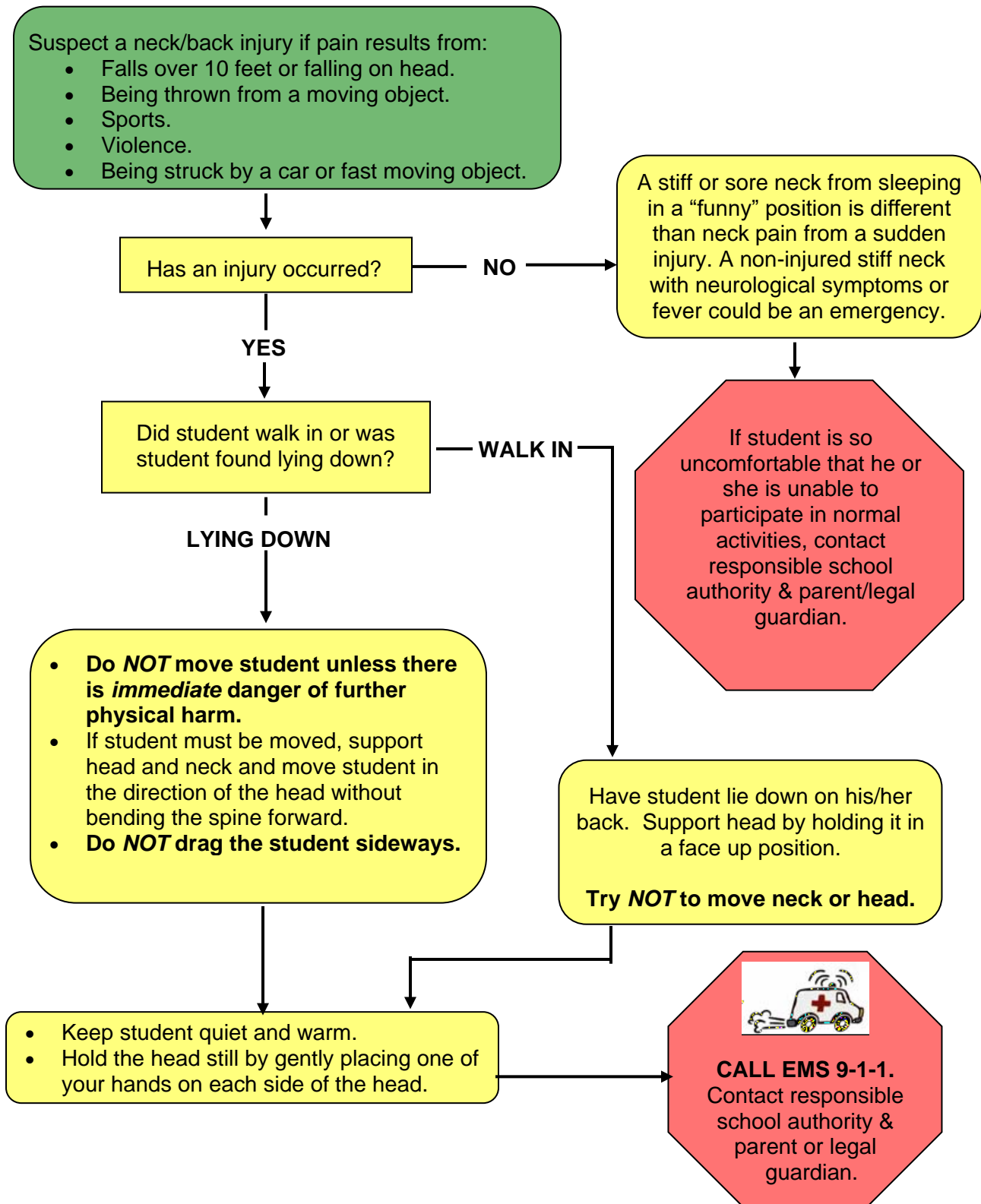
# HEAT EMERGENCIES



# MOUTH & JAW INJURIES



# NECK & BACK PAIN



# NOSE PROBLEMS

## EPISTAXIS (NOSEBLEED)

See “Head Injuries” section if you suspect a head injury other than a nosebleed or broken nose.

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

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

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

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

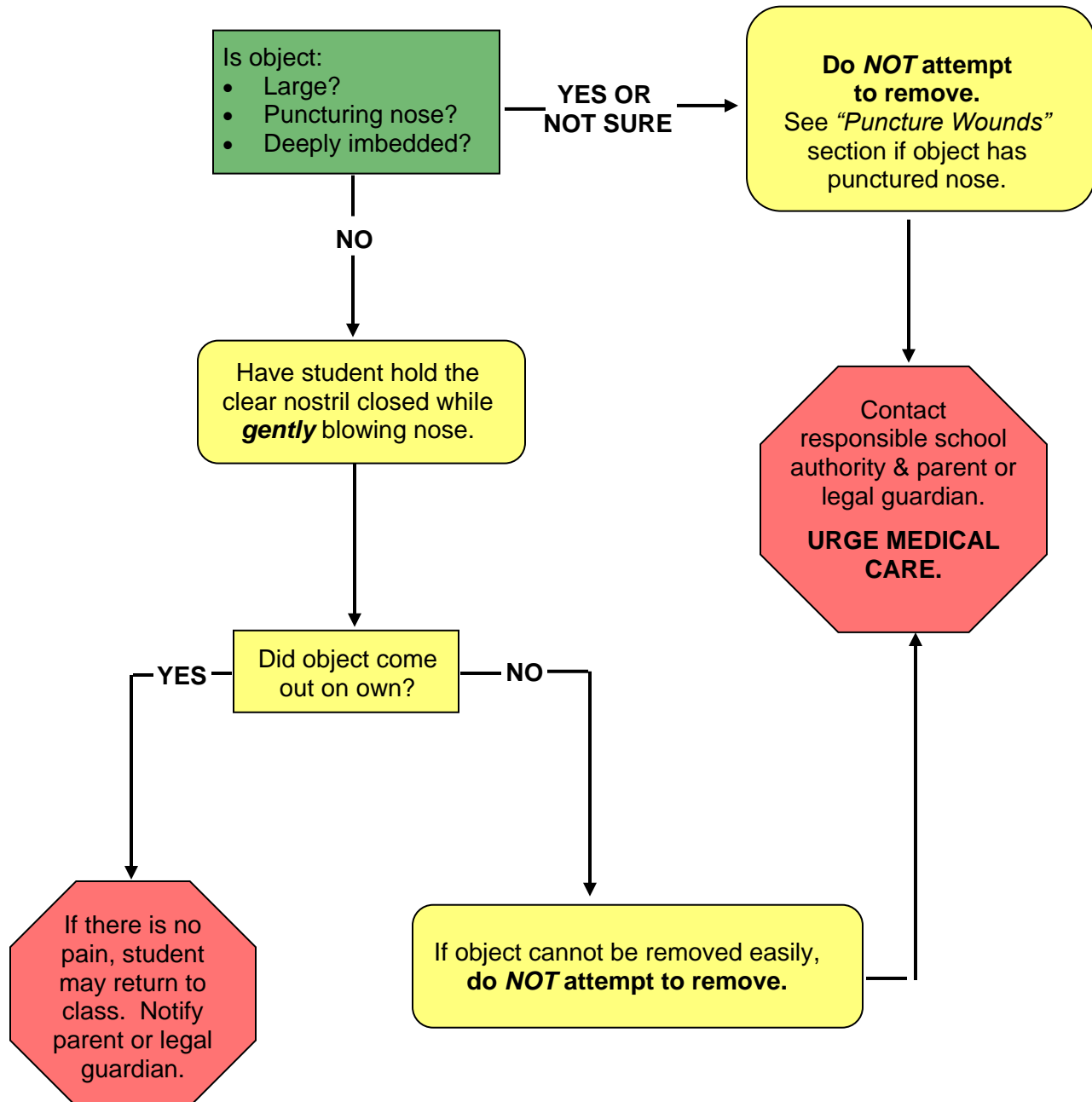
If blood is still flowing freely after applying pressure and ice, contact school authority & parent/legal guardian. Consider calling EMS.

## BROKEN NOSE

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

# NOSE PROBLEMS

## OBJECT IN NOSE



# POISONING & OVERDOSE

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

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

Or if you are not sure.

Possible warning signs of poisoning include:

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

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

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

If possible, find out:

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

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

- If student becomes unconscious, place on his/her side. Check airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.** See "CPR" section.

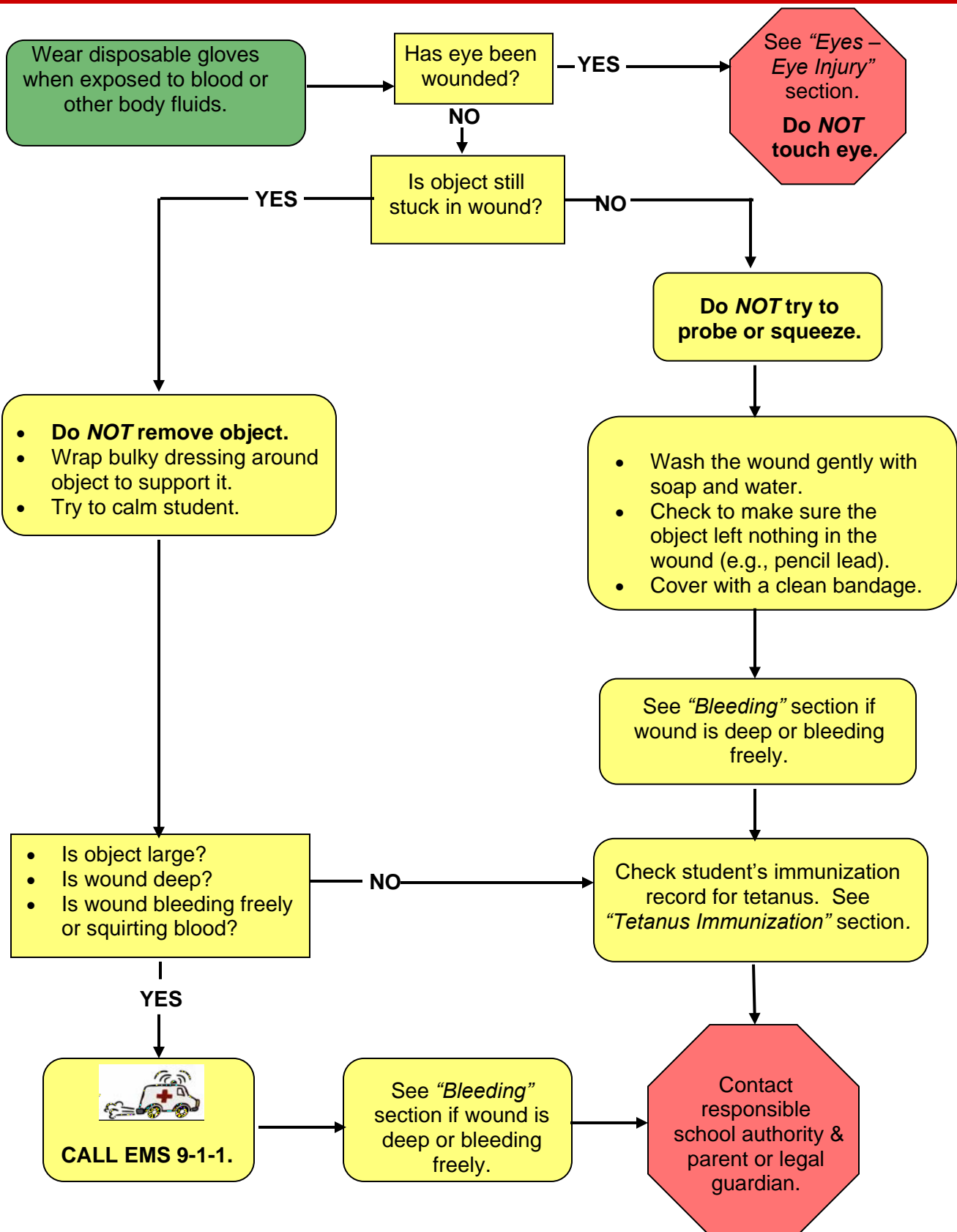
Contact responsible school authority & parent or legal guardian.

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



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

# PUNCTURE WOUNDS





# RASHES

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

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

Rashes include such things as:

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

Other symptoms may indicate whether the student needs medical care.

Does student have:

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

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

Contact responsible school authority & parent/legal guardian.

← YES →

NO

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

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

See “Allergic Reaction” section and “Communicable Disease” section for more information.

# SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).
- If head injury is suspected, do not move the child.

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

Refer to student's emergency care plan.

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

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

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

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

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

NO

YES

Contact responsible school authority & parent or legal guardian.



CALL EMS 9-1-1.

# SHOCK

If injury is suspected, see  
“*Neck & Back Pain*” section  
and treat as a possible neck injury.  
**Do NOT move student  
unless he/she is endangered.**

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

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

Is student:

- Not breathing? See “*CPR*” section and/or “*Choking*” section.
- Unconscious? See “*Unconsciousness*” section.
- Bleeding profusely? See “*Bleeding*” section.

**NO**

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

## Signs of Shock:

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

**YES**

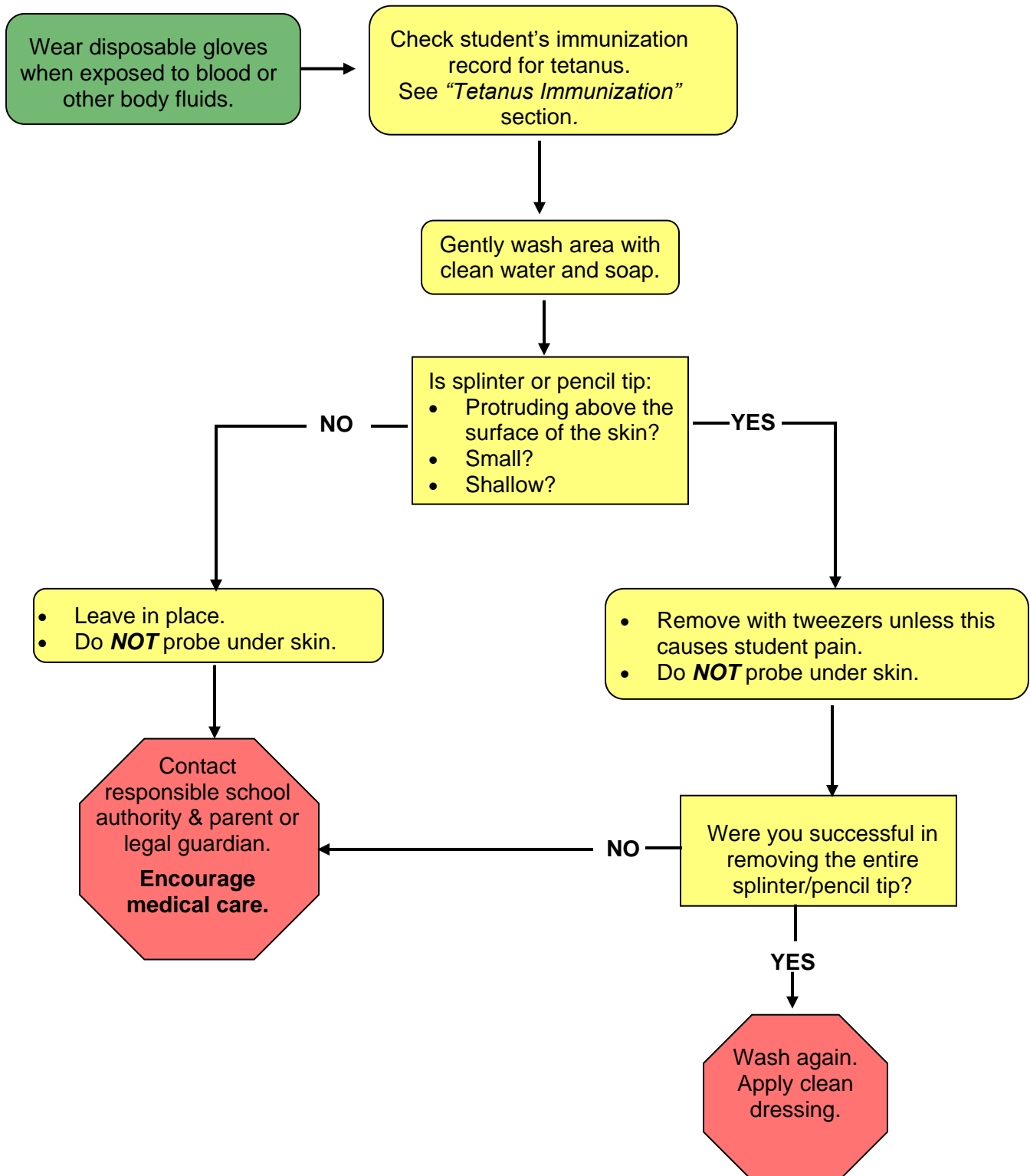


**CALL EMS  
9-1-1.**

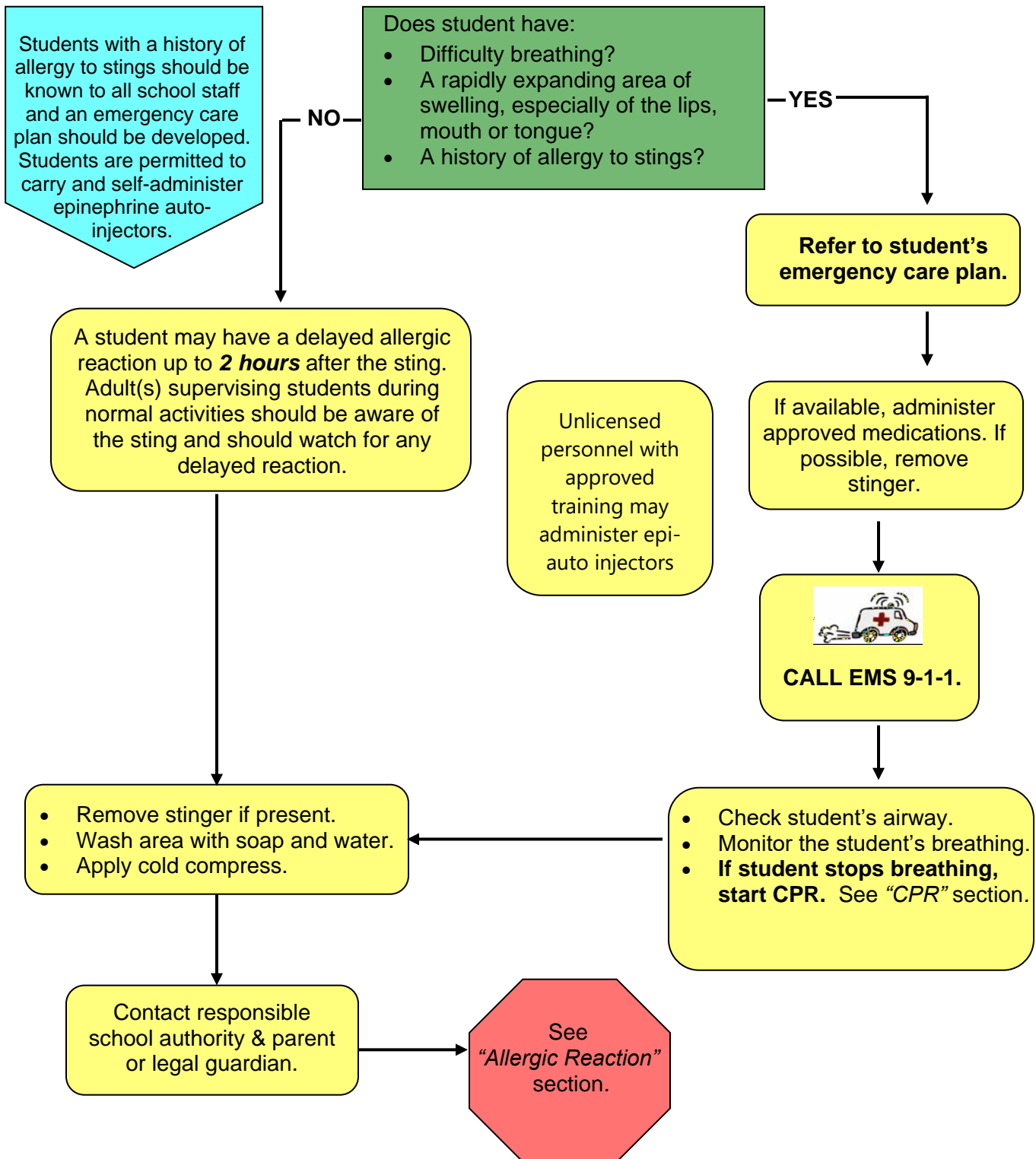
Contact  
responsible school  
authority & parent or  
legal guardian.

**URGE MEDICAL  
CARE if EMS  
not called.**

# SPLINTERS OR IMBEDDED PENCIL TIP



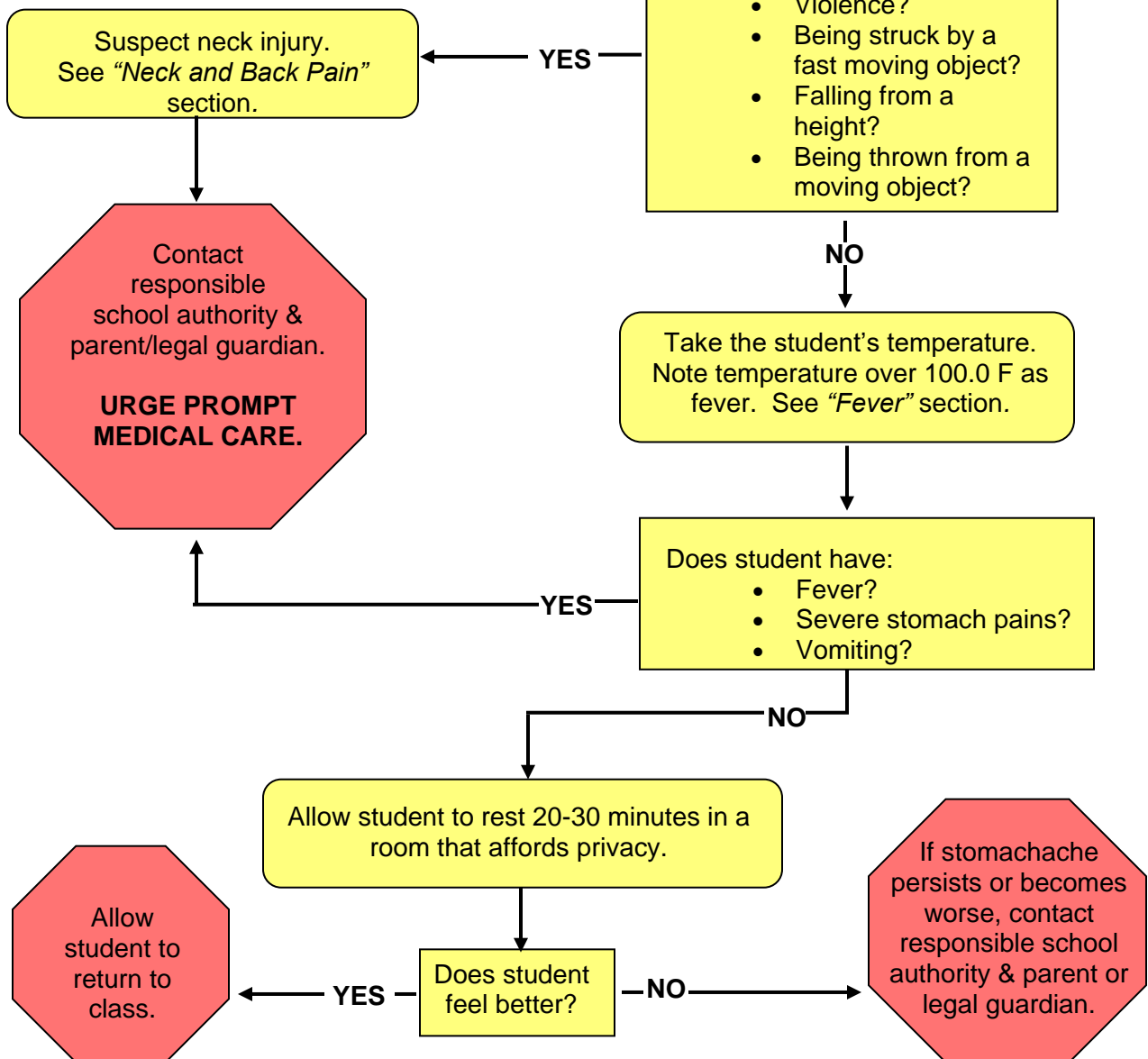
# STINGS



# STOMACHACHES/PAIN

Stomachaches/pain may have many causes, including:

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



# TEETH PROBLEMS

## DISPLACED TOOTH

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

Contact responsible school authority & parent/legal guardian.

**OBTAIN EMERGENCY DENTAL CARE.**

## KNOCKED-OUT OR BROKEN PERMANENT TOOTH

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

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

**Do NOT scrub the knocked-out tooth.**

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

The following steps are listed in order of preference.

### **Within 15-20 minutes:**

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

**TOOTH MUST NOT DRY OUT.**

Contact responsible school authority & parent or legal guardian.

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

Apply a cold compress to face to minimize swelling.

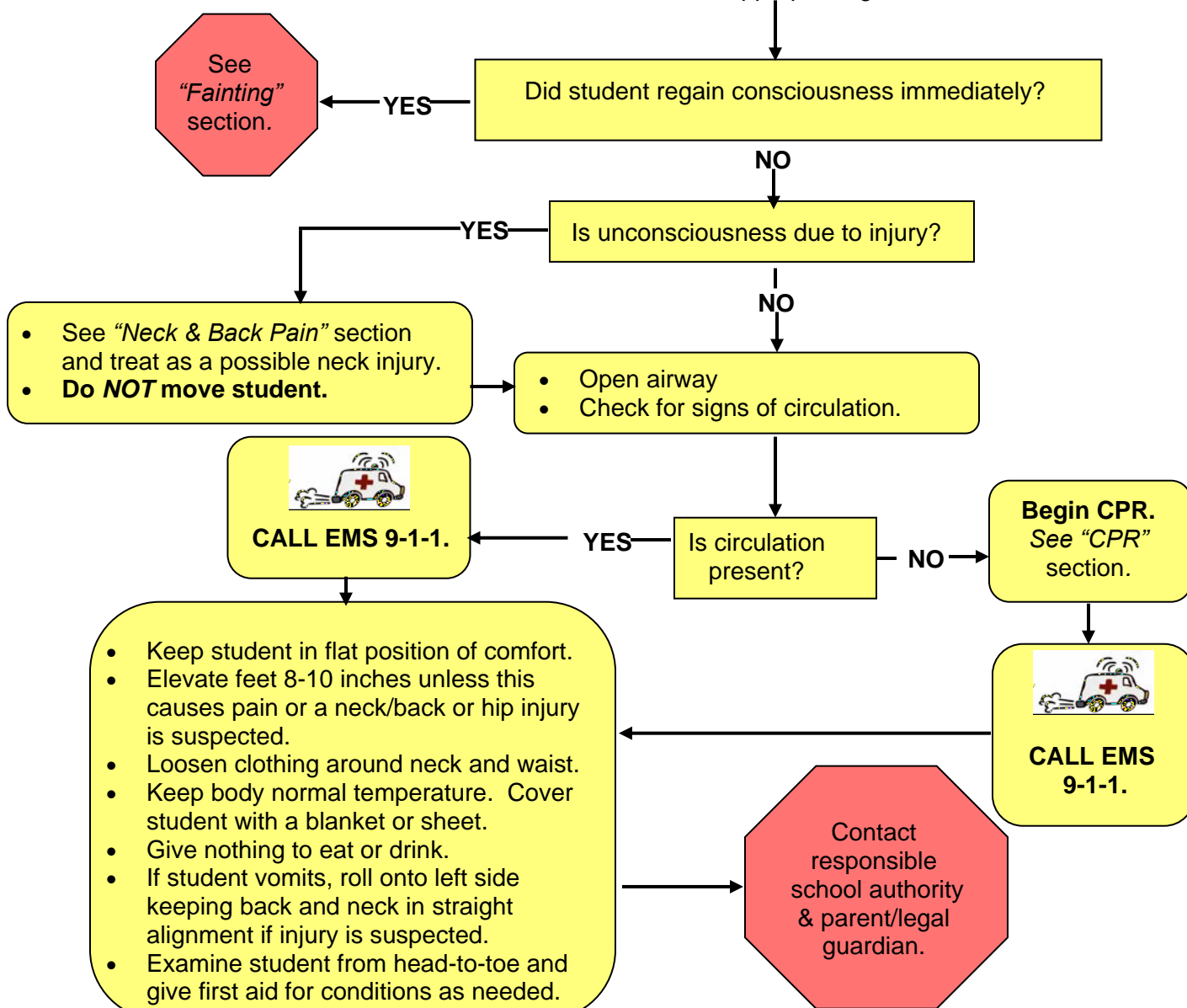
# UNCONSCIOUSNESS

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

Unconsciousness may have many causes including:

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

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





# VOMITING & SEVERE NAUSEA

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

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

Vomiting may have many causes including:

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

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

Take student's temperature.  
Note oral or axillary temperature over 100.0 F as fever. See "*Fever*" section.

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

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Severe head/neck pain?

Is the student dizzy and pale?

YES

NO

Contact  
responsible  
school authority &  
parent/legal guardian.

**URGE MEDICAL  
CARE.**

Contact  
responsible  
school authority  
& parent/legal  
guardian.

## **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 contact info.
- \_\_\_\_\_ 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: \_\_\_\_\_

## **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 contact info.
- \_\_\_\_\_ 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:

\_\_\_\_\_