

EMERGENCY GUIDELINES FOR SCHOOLS AND CHILD CARE FACILITIES



*Guidelines for helping an
ill or injured child when a
health professional is not
available.*

*Missouri Department of Health and
Senior Services, 2006*



EMERGENCY GUIDELINES FOR SCHOOLS AND CHILD CARE FACILITIES



Guidelines for
helping an ill or
injured student
when a health
professional is
not available.

Allergic Reaction	Diarrhea	Pregnancy
Asthma & Difficulty Breathing	Ear Problems	Puncture Wounds
Behavioral Emergencies	Electric Shock	Rashes
Bites	Eye Problems	Seizures
Bleeding	Fainting	Splinters
Blisters	Fever	Stabs/Gunshots
Bruises	Fractures & Sprains	Stings
Burns	Frostbite	Stomachaches
CPR/AED	Headache	Teeth Problems
Child Abuse	Head Injuries	Tetanus
Choking	Heat Stroke	Ticks
Communicable Diseases	Hypothermia	Unconsciousness
Cuts	Menstrual Difficulties	Vomiting
Diabetes	Mouth & Jaw Injuries	Recommended First Aid Equipment & Supplies
	Neck & Back Injuries	Emergency Numbers
	Nose Problems	
	Poisoning & Overdose	



AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.

ABOUT THE GUIDELINES

The emergency guidelines in this booklet were originally produced in 1997 by the Ohio Department of Public Safety, Emergency Medical Services for Children (EMSC) program, in cooperation with the Emergency Care Committee of the Ohio Chapter of the American Academy of Pediatrics (AAP). There have been revisions based on recommendations of school nurses and other school staff. Other states have adopted these guidelines and added content. These guidelines have been revised for use in Missouri schools and child care settings.

The booklet is being made available by the Department of Health and Senior Services, Injury and Violence Prevention Program in coordination with the School Health Program, Emergency Medical Services and the Center for Emergency Response and Terrorism.

The emergency guidelines are meant to serve as basic “what to do in an emergency” information for school staff without medical/nursing education when the school nurse is not available. It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course.

The guidelines have been created as **recommended** procedures. It is not the intent of the guidelines to supersede or make invalid any laws or rules established by the school system, the school board, or the state of Missouri. Please consult your school nurse or childcare consultant if you have questions regarding the recommendations in these guidelines.

Please take some time to familiarize yourself with the format, the background information provided, and the “How to Use the Guidelines” section prior to an emergency situation.

HOW TO USE THE EMERGENCY GUIDELINES

The back page of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.

The guidelines are arranged with tabs in alphabetical order for quick access.

A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to end. See the KEY TO SHAPES AND COLORS page.

If there is any reason to suspect the injury may have been caused by physical abuse, refer to the school/facility policy for reporting suspected abuse and calling the Child Abuse Hot Line, 1-800-392-3738. If there is reason to suspect the injury has been caused by bullying or interpersonal violence, report the incident to school authorities. If the injuries are not reported, the incidence may escalate due to the lack of consequences.

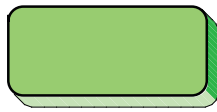
Take some time to familiarize yourself with the EMERGENCY PROCEDURES FOR AN INJURY OR ILLNESS section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

In addition to injury and illness information, you will find information about infection control, and planning for students with special healthcare needs. The DHSS website (www.dhss.mo.gov) under Health, School Health, Guidelines, has other manuals available on specific issues, including a document, *Prevention and Control of Communicable Disease*, that contains disease-specific information about symptoms, transmission and exclusion from school or child care.

This edition has been 3-hole punched so that they may be placed in a binder to facilitate addition of information specific for your school or childcare setting and to update pages as appropriate.

Please consult your school nurse or childcare nurse consultant if you have any questions concerning the recommendations contained in the guidelines.

KEY TO SHAPES & COLORS



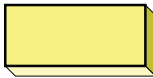
Start here.



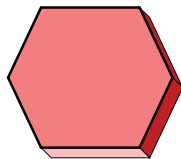
Provides first-aid instructions.



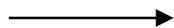
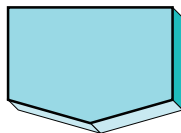
OR



A question is being asked. You will have a choice based on the student's condition.



Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur.

Green Shapes = Start

Yellow Shapes = Continue

Red Shapes = Stop

Blue Shapes = Background Information

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

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, chemical spills, building damage, fire, smoke, traffic or violence.

A responsible adult should stay at the scene and give basic support until the person designated to handle emergencies arrives (medical or EMS personnel).

Send word to the person designated to handle emergencies. This person will take charge of the emergency and provide instruction and further first aid as needed.

Do NOT give medications unless there has been prior approval by the parent/guardian, and according to an individualized emergency action or healthcare plan.

Do NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary to prevent further injury, follow the guidelines for NECK AND BACK INJURIES section.

Call Emergency Medical Services (EMS) and arrange for transportation of the ill or injured student, if necessary.

An administrator or a designated employee should notify the parent/guardian of the emergency as soon as possible to determine the appropriate course of action.

If the parent/guardian cannot be reached, notify a parent/guardian substitute and call either the physician or the hospital, designated on the Emergency Information Card, so they will know to expect the injured/ill student.

A responsible adult should stay with the injured/seriously ill student.

An incident report should be completed on all serious injuries, according to school/facility policy.

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)

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, a seizure that lasts more than **5** minutes, or an atypical seizure.
- ☒ the child has injuries to the head, 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 if not transported by EMS.
- ☒ 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 EMS.

INFECTION CONTROL

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

1. Wash hands thoroughly with warm running water and a mild, preferably liquid soap for at least 15 seconds, scrubbing between fingers, under fingernails and around the tops and palms of the hands. Handwashing should occur:
 - ◆ before and after physical contact with any student (*even if gloves have been worn*)
 - ◆ before and after eating or handling food
 - ◆ after contact with a cleaning agent
 - ◆ after using the restroom
 - ◆ after providing any first-aid
 - ◆ after removing gloves
2. Wear gloves when in contact with blood and other body fluids.
3. Wear protective eyewear and clothing when body fluids may come in contact with eyes or clothing (e.g., squirting blood).
4. Wear gloves and wipe up any blood or body fluid spills as soon as possible. Use cleaning materials per the school/facility exposure control plan for cleaning.
5. Double-bag the trash in a plastic bag or place in a sealable bag and dispose of immediately.
6. Clean the area with an approved disinfectant or a bleach solution (one part bleach to 100 parts of water).
7. Send all soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
8. Do not eat, or touch your mouth or eyes, while giving any first aid.
9. Dispose of any sharps that have been used in an approved sharps disposal system.

Guidelines for students:

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

Schools/childcare facilities are encouraged to provide Body Fluid Spills materials in a convenient kit to any staff responsible for cleaning up spills (i.e., bus drivers, custodians, etc.). The school/facility should have an Exposure Control Plan, and any employee that provides care for illness and injury should understand actions to take when exposed to blood or body fluids.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

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

Medical Conditions:

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

- Asthma or other breathing difficulties
- History of life-threatening or severe allergic reactions
- Diabetes
- Seizure disorders
- Technology-dependent or medically fragile conditions

Your school nurse, nurse consultant or other school health professional, along with the student's parent/guardian and personal physician, should develop an individual emergency action plan for these students upon enrollment. The plans should be made available to appropriate staff at all times. In an emergency for this student, refer to this individualized plan.

The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children with Special Needs that is useful in collecting the information needed to develop individualized emergency and healthcare plans. The form can be downloaded from www.aap.org or www.acep.org.

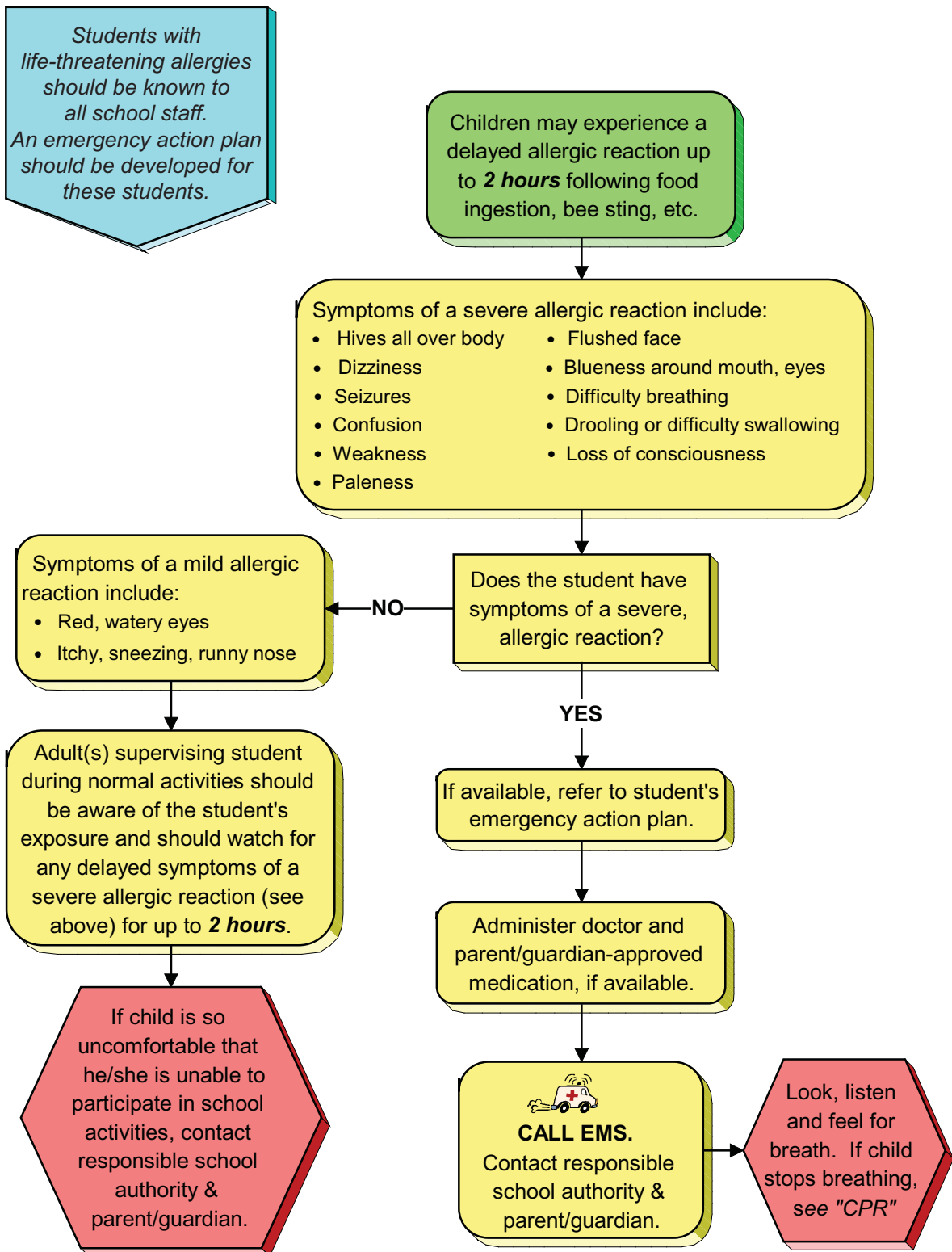
Physical Abilities:

Other students in your school/facility may have special emergency needs due to some physical ability. This would include students who are:

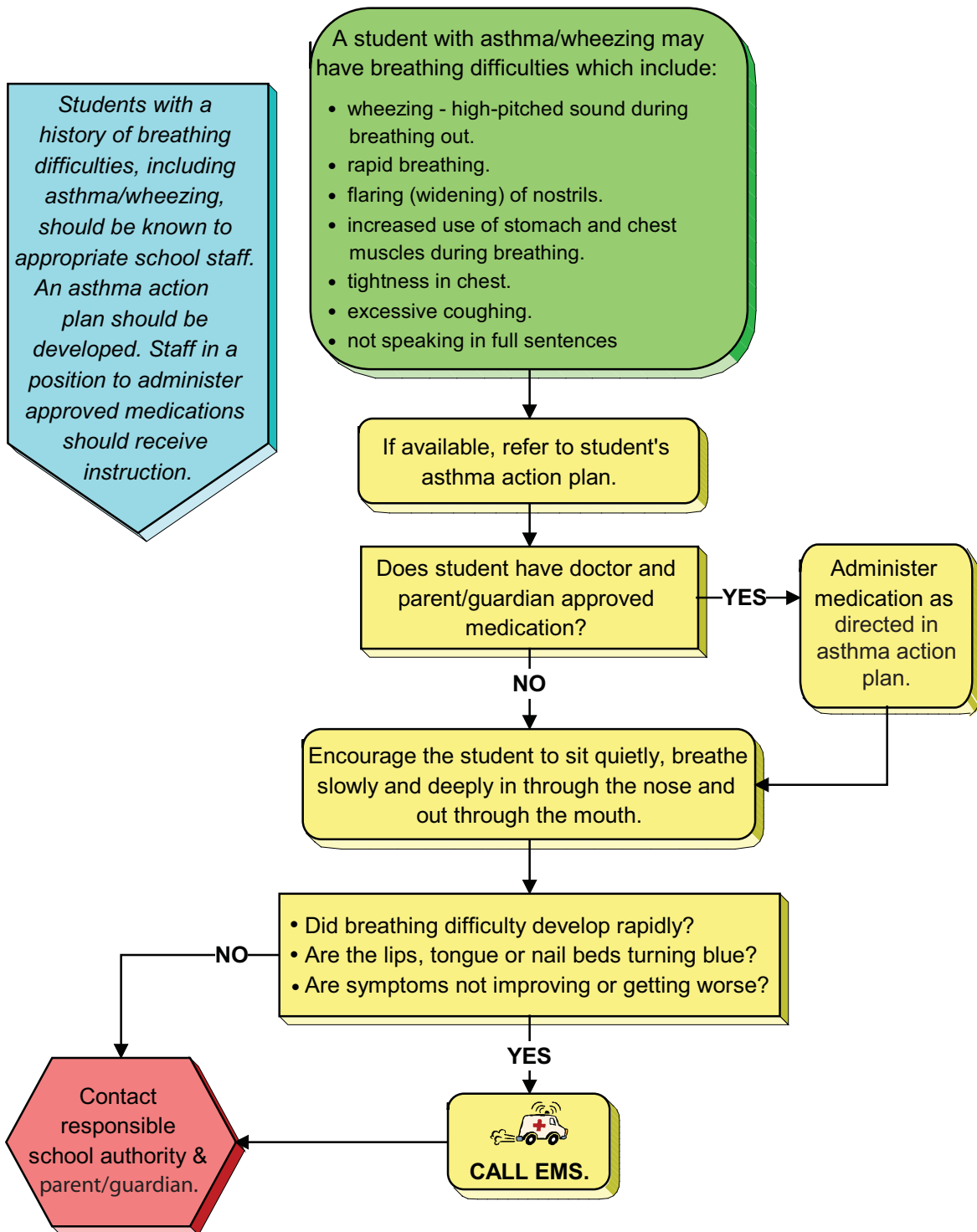
- Deaf
- Blind
- In wheel chairs
- Unable or have difficulty walking up or down stairs, for any reason
- Temporarily on crutches

These students will need special arrangements in the event of a school/facility-wide emergency (i.e., fire, tornado, evacuation, etc.). These arrangements should be part of the student's individualized healthcare plan. A responsible person should be designated to assist these students to safety. All appropriate staff should be aware of this plan.

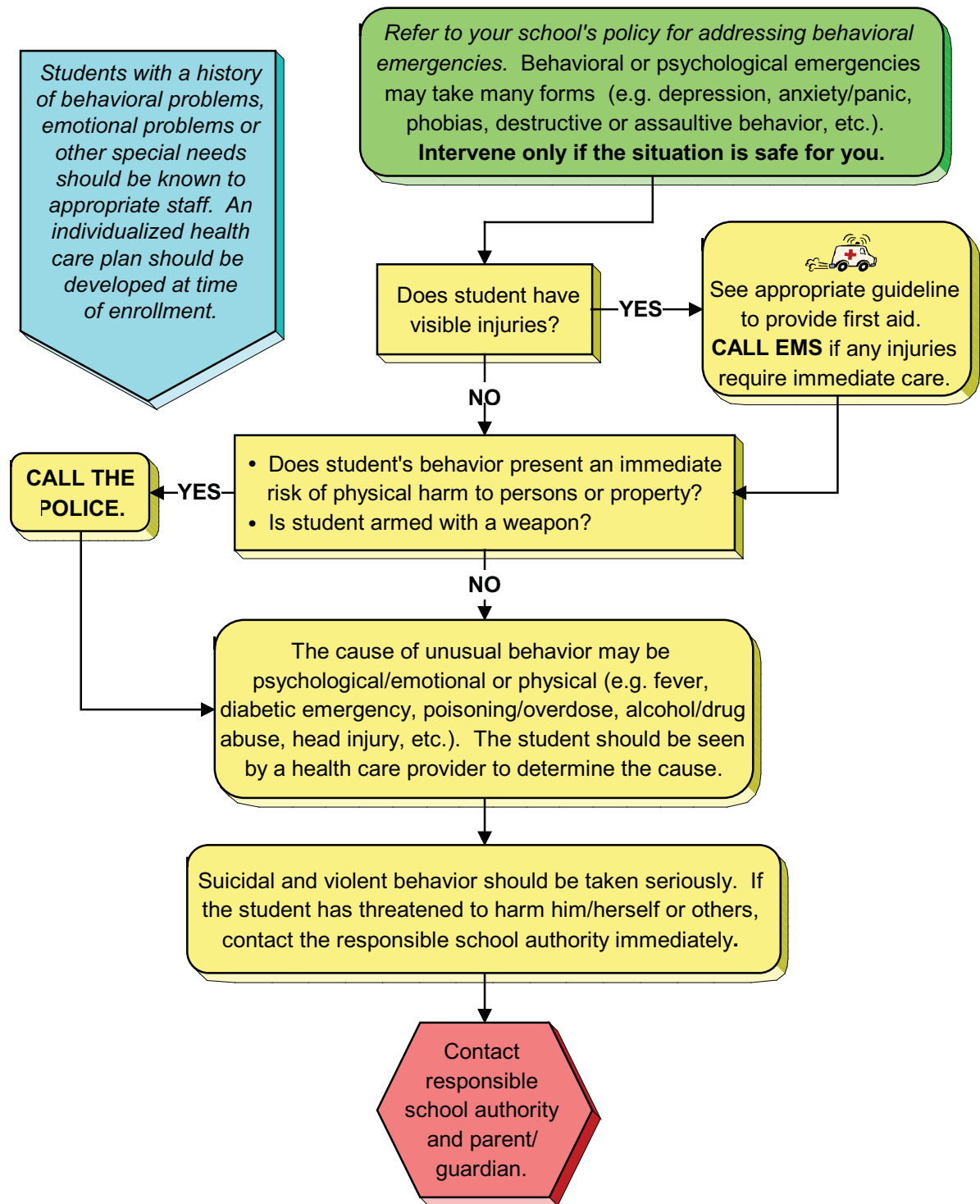
ALLERGIC REACTION



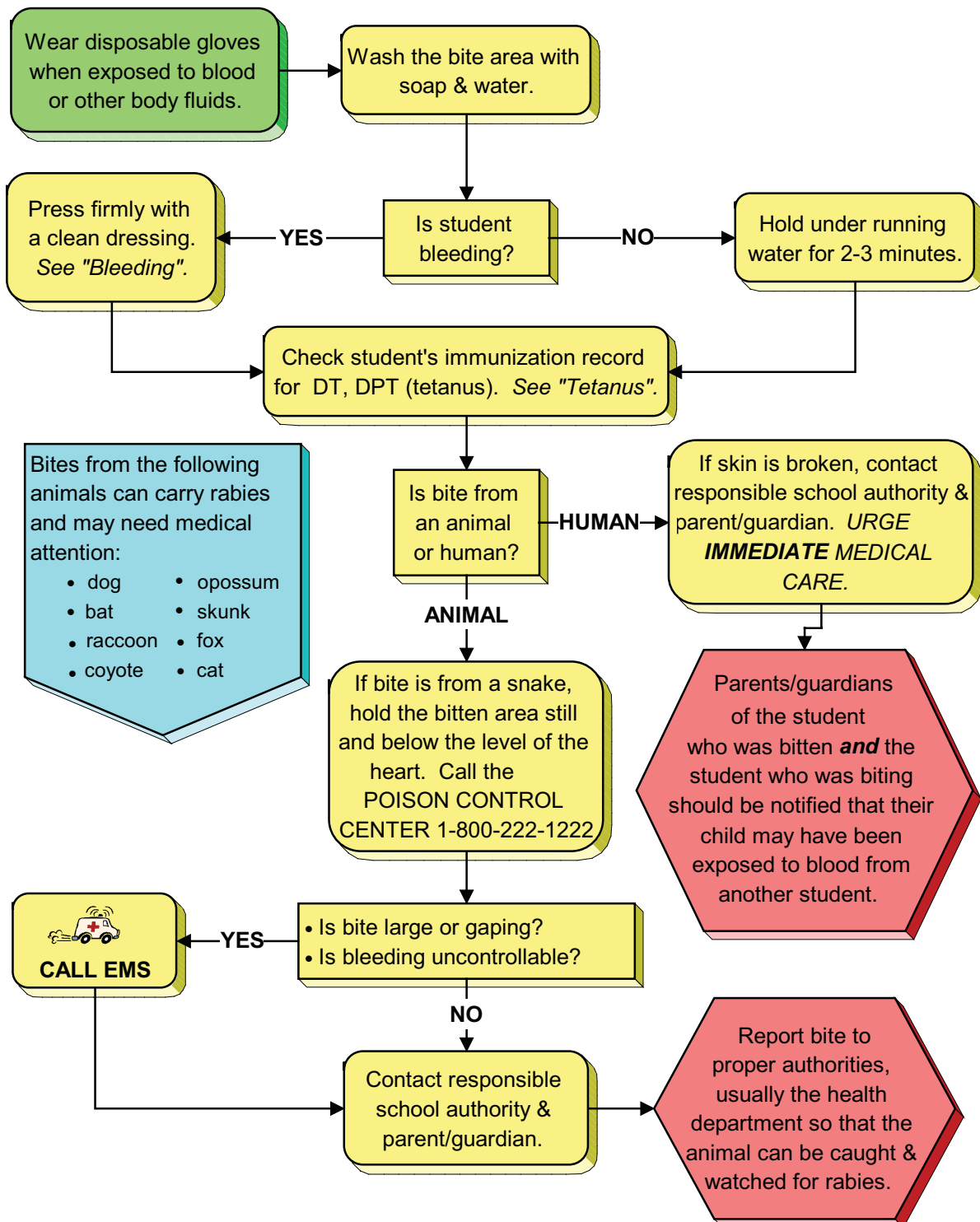
ASTHMA/WHEEZING/DIFFICULTY BREATHING



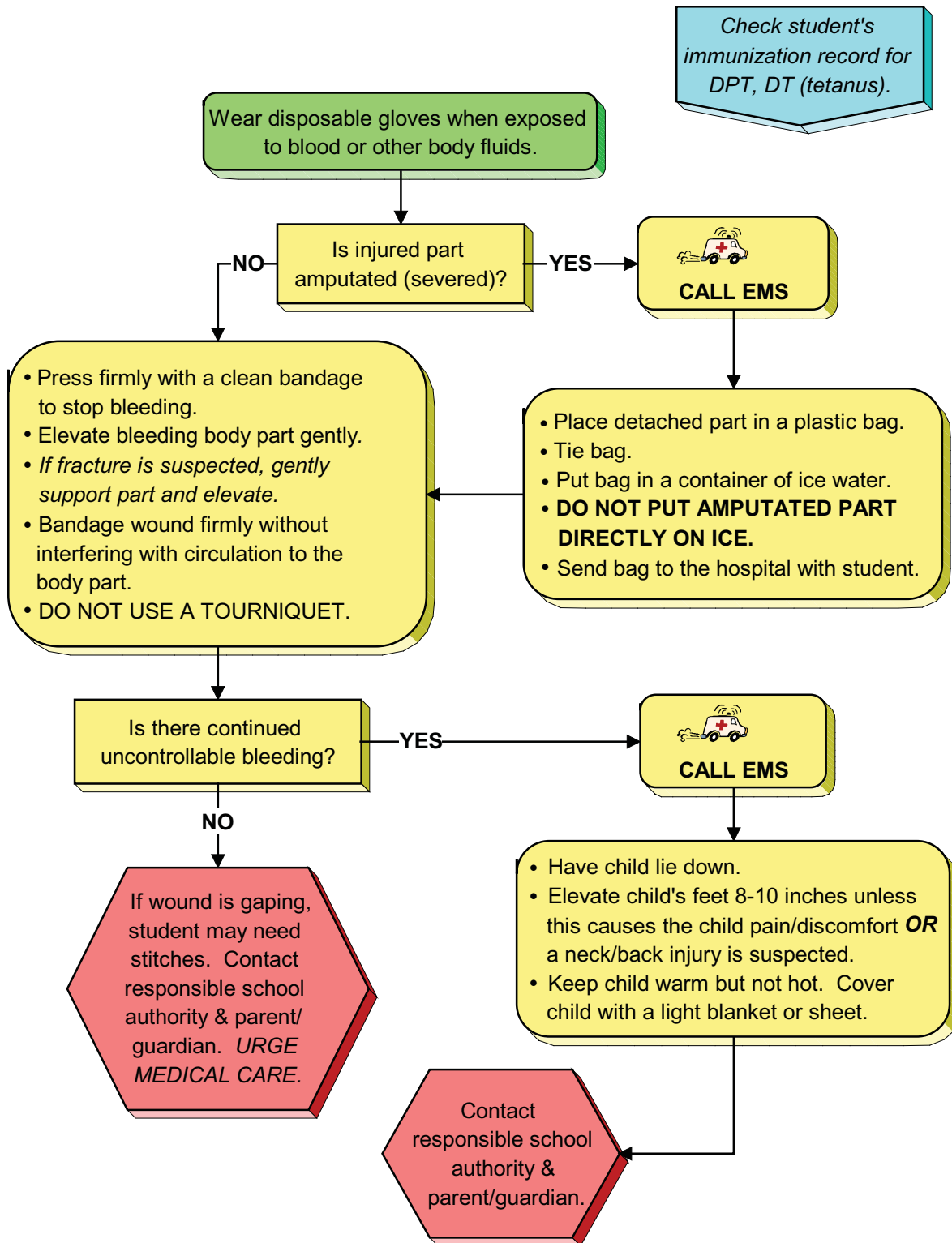
BEHAVIORAL EMERGENCIES



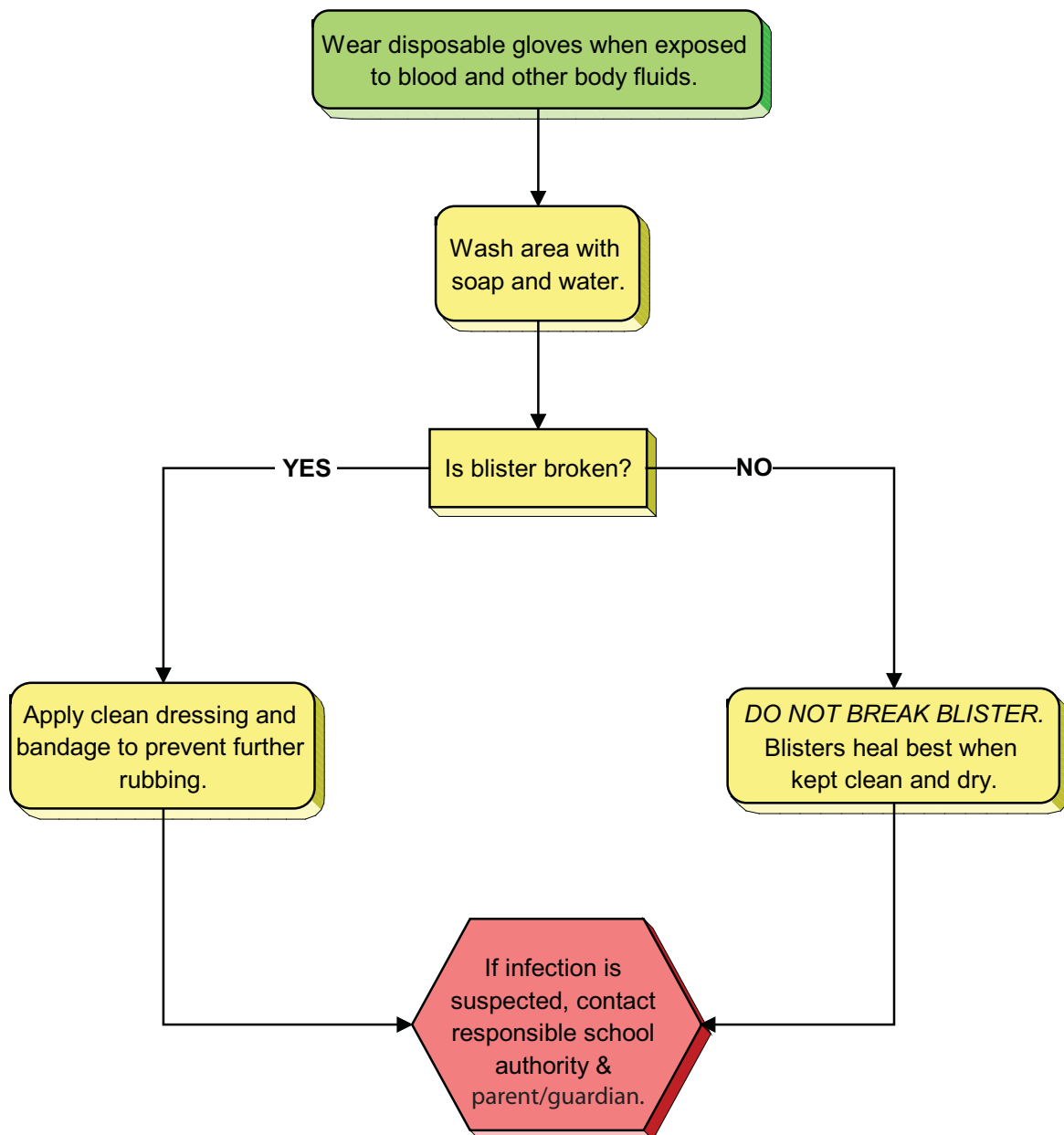
BITES (HUMAN & ANIMAL)



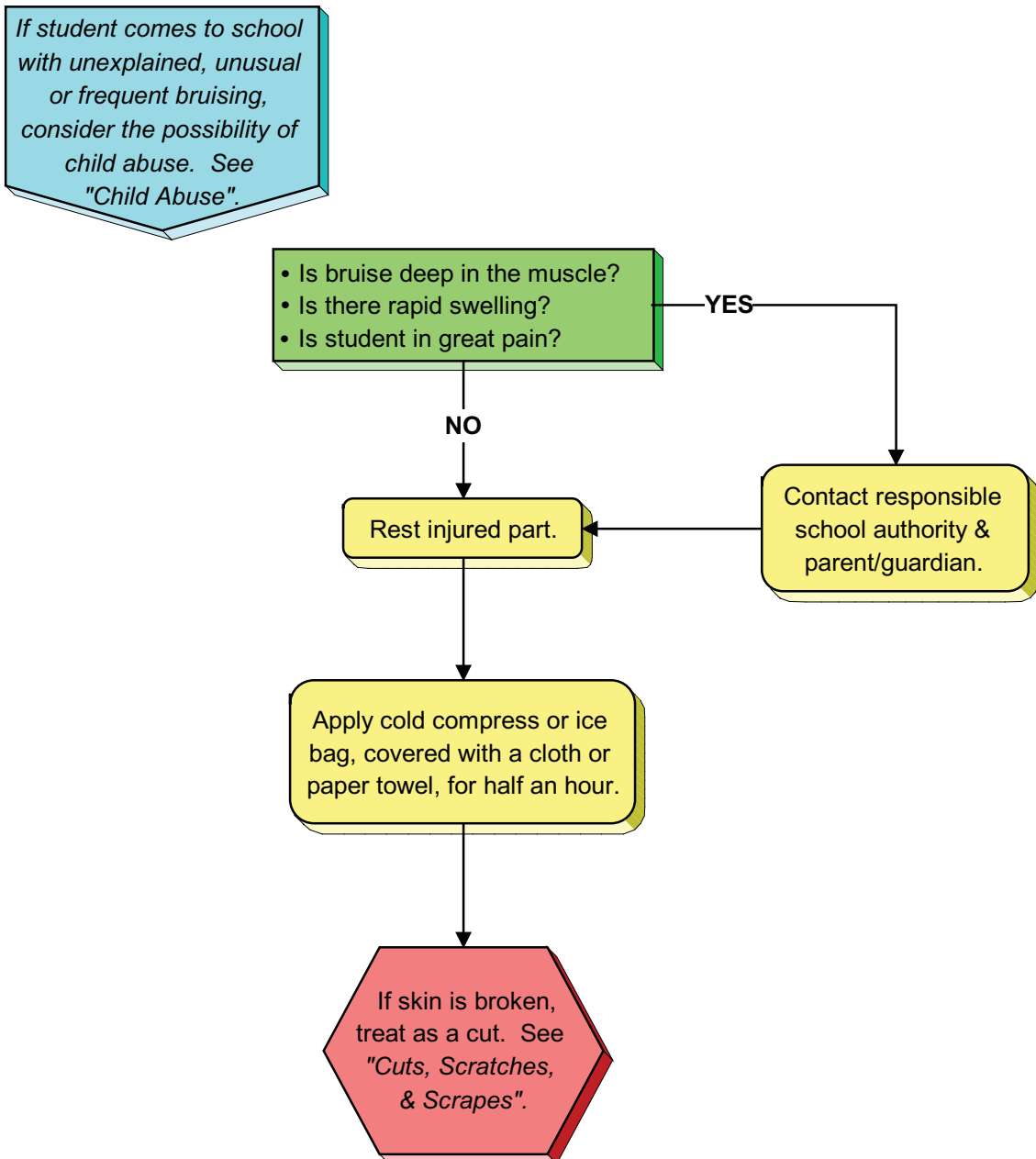
BLEEDING



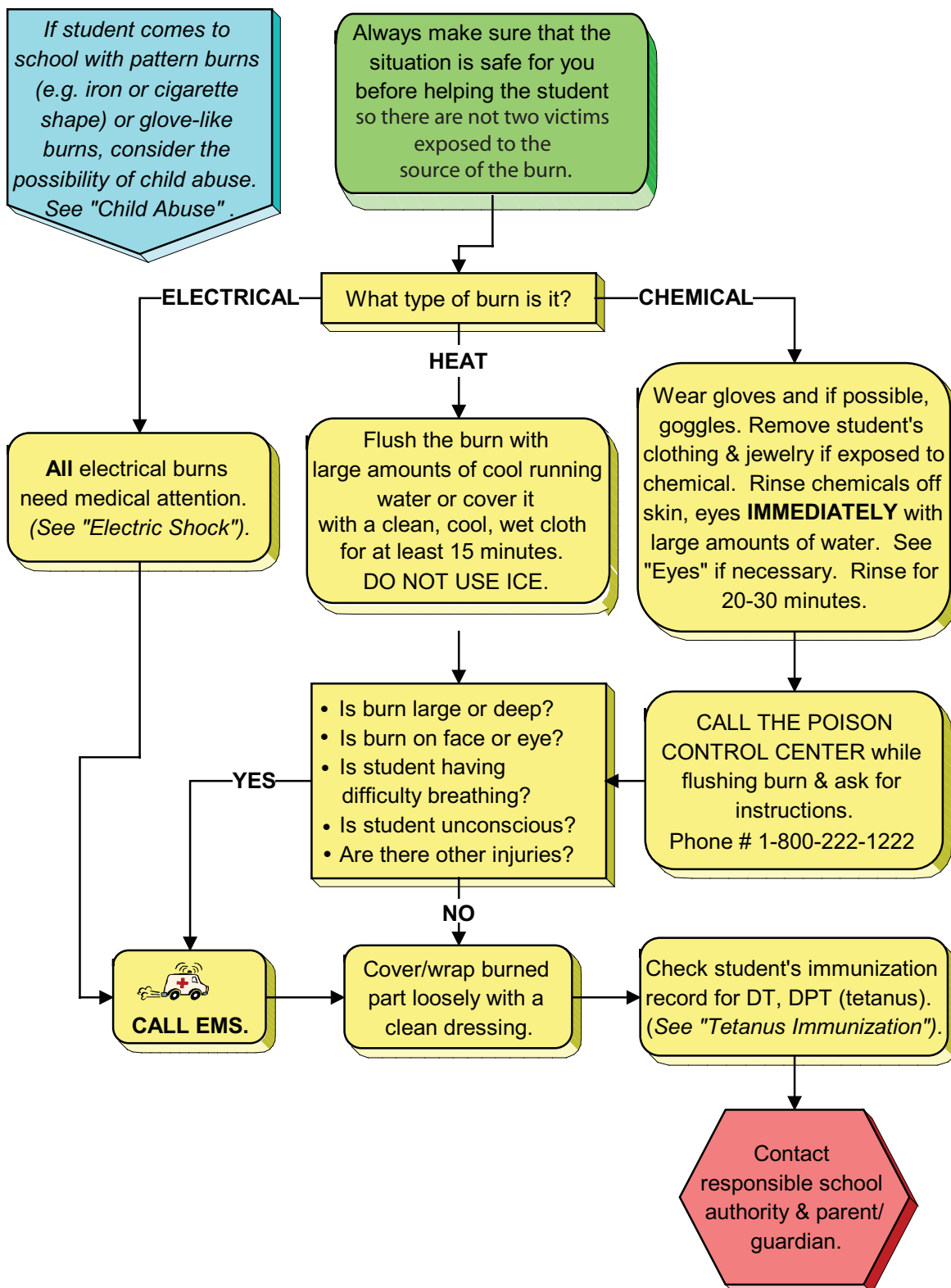
BLISTERS (FROM FRICTION)



BRUISES



BURNS



GUIDELINES FOR CARDIOPULMONARY RESUSCITATION (CPR)

Every school/facility should have more than one person certified to provide CPR in the event an individual is not breathing and does not appear to have adequate circulation. The names of individuals with current training in CPR should be posted with the emergency information in the school/facility and by each phone. Certification to provide CPR must be updated on a regular basis.

New guidelines issued by the American Heart Association (AHA) in November 2005, stress the importance of quick action by individuals adequately trained in CPR. The new guidelines attempt to minimize the steps and the differences in CPR across age groups, as well as highlight differences between expectations for lay rescuers and health professionals. The goal is to make CPR easier for all rescuers to learn, remember and perform.

The age delineations now used for lay rescuers are:

- Newborn – birth until hospital discharge
- Infant – less than one year
- Child – 1-8 years
- Adult – 8 years and older

All age groups are recommended for cycles of 30 chest compressions to 2 breaths. The same techniques for chest compression can be used for children and adults (compress the lower half of sternum [nipple line] one-third to one-half depth of chest. **Lay rescuers will no longer be taught to assess for pulse or signs of circulation in an unresponsive victim or to do “rescue breathing” without chest compressions.**

If a lay rescuer is **alone** and finds an unresponsive infant or child, the rescuer should attempt to open the airway and give 2 breaths that are sufficient to make the chest rise. Then the rescuer should provide 5 cycles (30 compressions and 2 breaths = a cycle, about 2 minutes) **before leaving the victim to call 911**. A child is more likely to suffer from asphyxial (respiratory) arrest than heart irregularities, and is more likely to respond to, or benefit from the **initial CPR**.

If a lay rescuer is alone and finds an unresponsive adult, **the rescuer should call 911 first**. The rescuer should then return to the victim and begin CPR.

Training in CPR is readily available. The goal is to increase the number of people learning safe and effective CPR technique and the number of victims of sudden cardiac arrest who will receive good “bystander” or lay rescuer CPR, resulting in thousands of lives saved. Skills should be taught and practiced in the presence of a trained instructor.

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

These devices are used to provide an electrical shock to the heart muscle to establish or correct the heart rhythm. AEDs are used in conjunction with CPR techniques and have been shown to save lives when used appropriately. Schools and childcare facilities considering the purchase of an AED should carefully research current laws and regulations governing their use. Research has shown that AEDs are very seldom used in school and childcare facilities, and are more appropriately placed where adults may suffer from cardiac arrhythmias. Respiratory arrest in children is usually the result to some type of asphyxia.

NOTES ON PERFORMING CPR

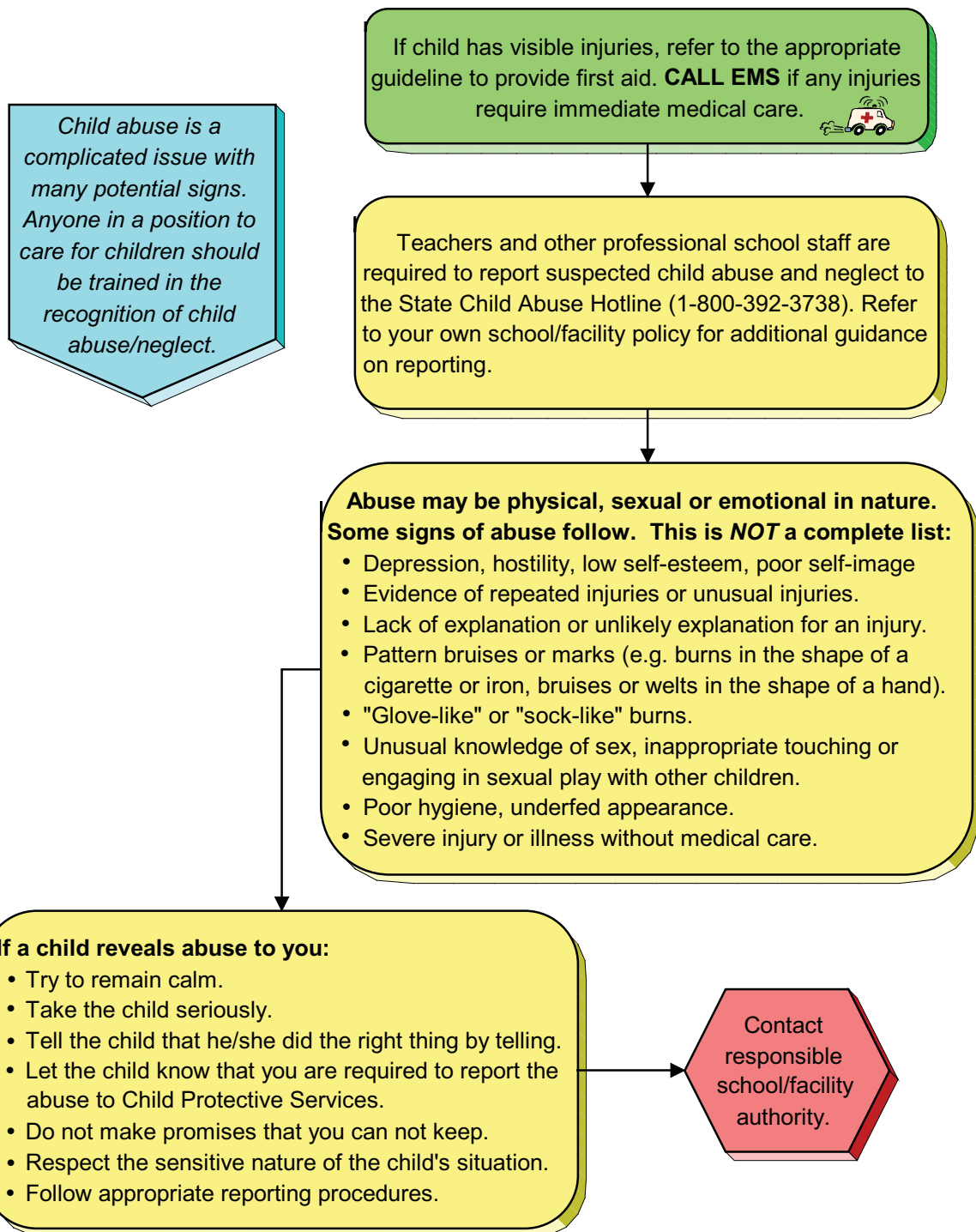
The American Heart Association issued new CPR guidelines for lay persons in 2005. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.

Automated External Defibrillators (AEDs) are not recommended for use on children under 8 years of age or under 80 pounds (American Academy of Pediatrics). The American Heart Association has approved their use in children 1-8 years of age. Use of an AED by an untrained individual may cause harm to the individual and may create liability on the part of the agency. Missouri laws governing the use of AEDs can be found at the Missouri Department of Health and Senior Services website, (www.dhss.mo.gov) under Laws and Regulations, Revised Missouri Statutes. Training in the use of AEDs is offered by the American Heart Association and the American Red Cross.

BARRIER DEVICES

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing CPR. Several different types (e.g., face shields, pocket masks) exist. It is important to practice using these devices in the presence of a trained CPR instructor before attempting to use them in an emergency situation. The length of rescue breaths and the amount of air that you breathe to make the victim's chest rise can be affected by these devices.

CHILD ABUSE & NEGLECT



CHOKING

(FOR CONSCIOUS VICTIMS)

Call 911 or activate EMS after starting rescue efforts.

INFANTS UNDER ONE 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 blows 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, about one finger width below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR IN RIGHT COLUMN.

CHILDREN OVER ONE YEAR OF AGE & ADULTS

Begin the following if the child is choking and unable to breathe. However, if the child is coughing, crying or speaking, 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.

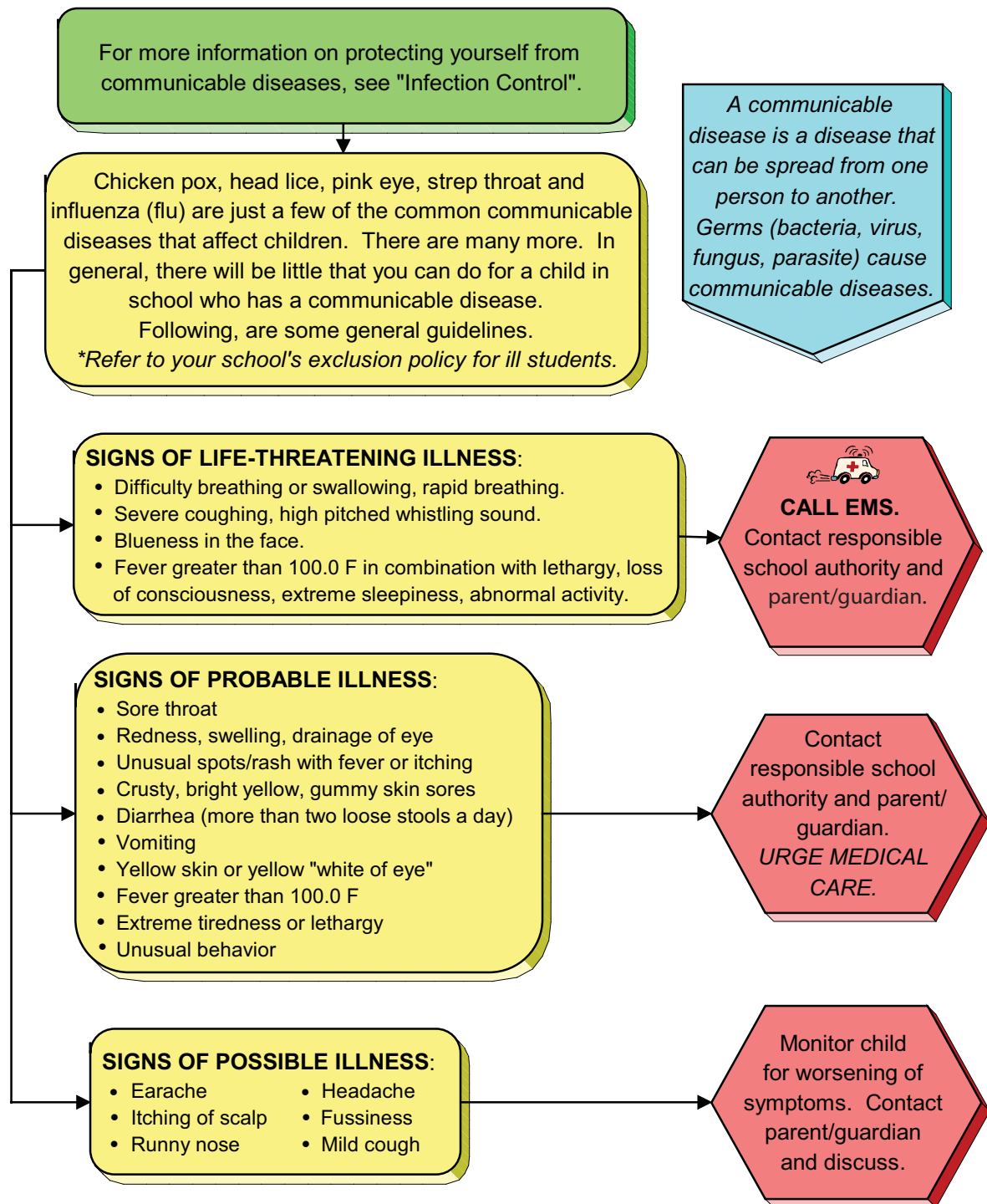
1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.
3. Give up to 5 quick inward and upward thrusts.
4. Repeat steps 1-2 until object is coughed up, child starts to breathe or child becomes unconscious.

IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 6 OF CHILD OR ADULT CPR IN RIGHT COLUMN.

FOR OBESE OR PREGNANT PERSONS:

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

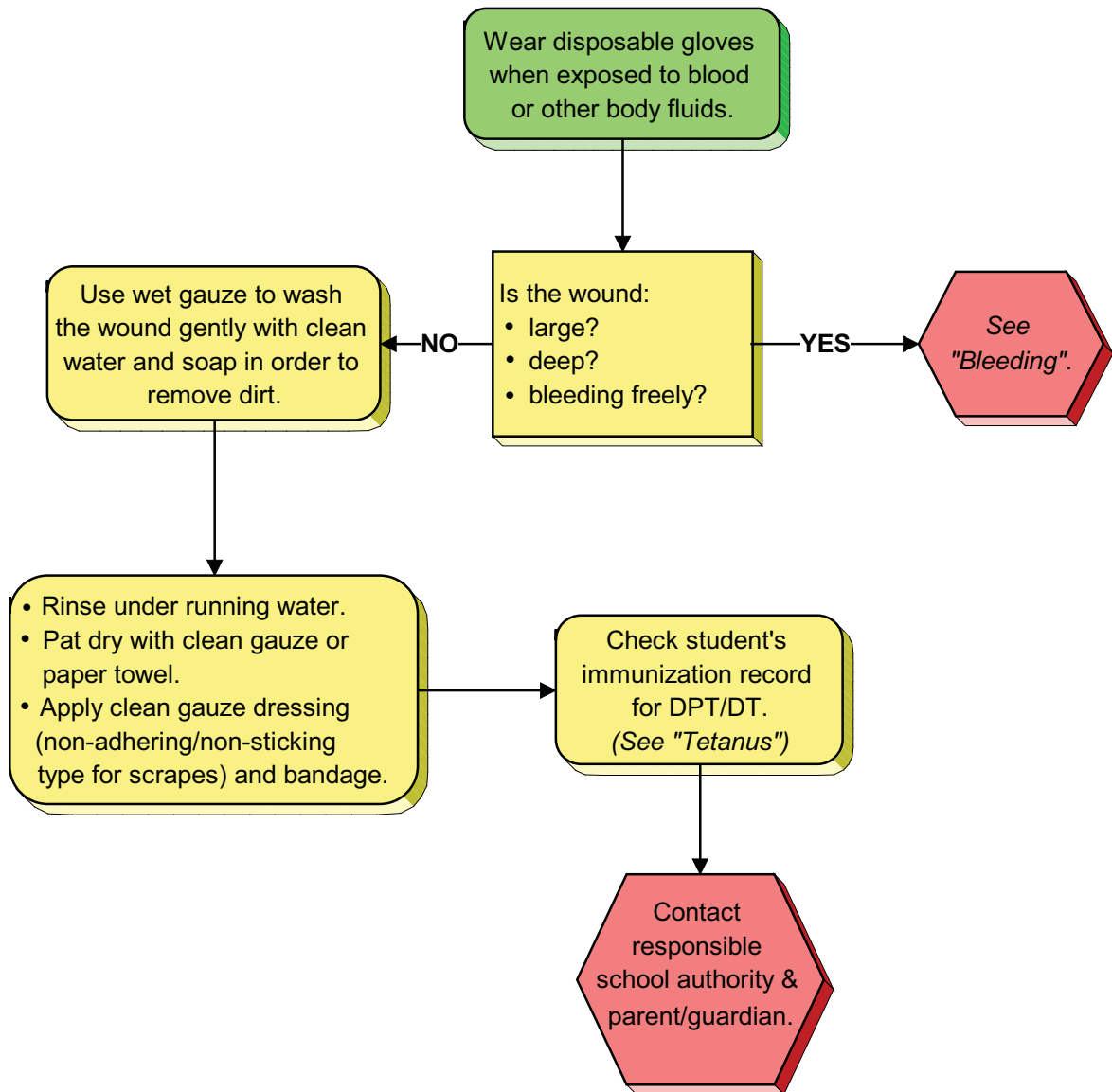
COMMUNICABLE DISEASES



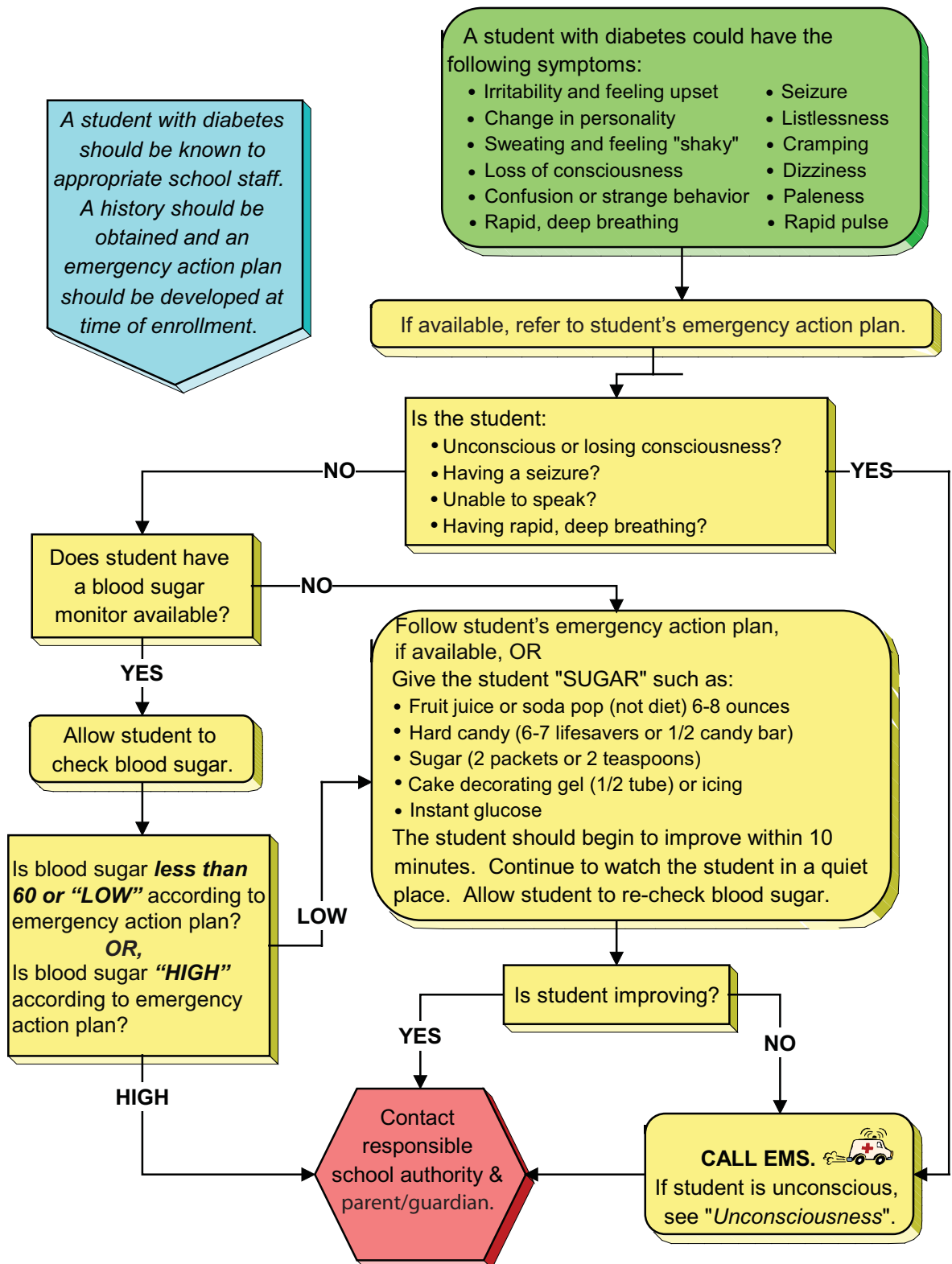
*State recommendations for exclusion: www.dhss.mo.gov
Health, School Health, Guidelines, Prevention and Control of Communicable Disease

CUTS (small), SCRATCHES & SCRAPES

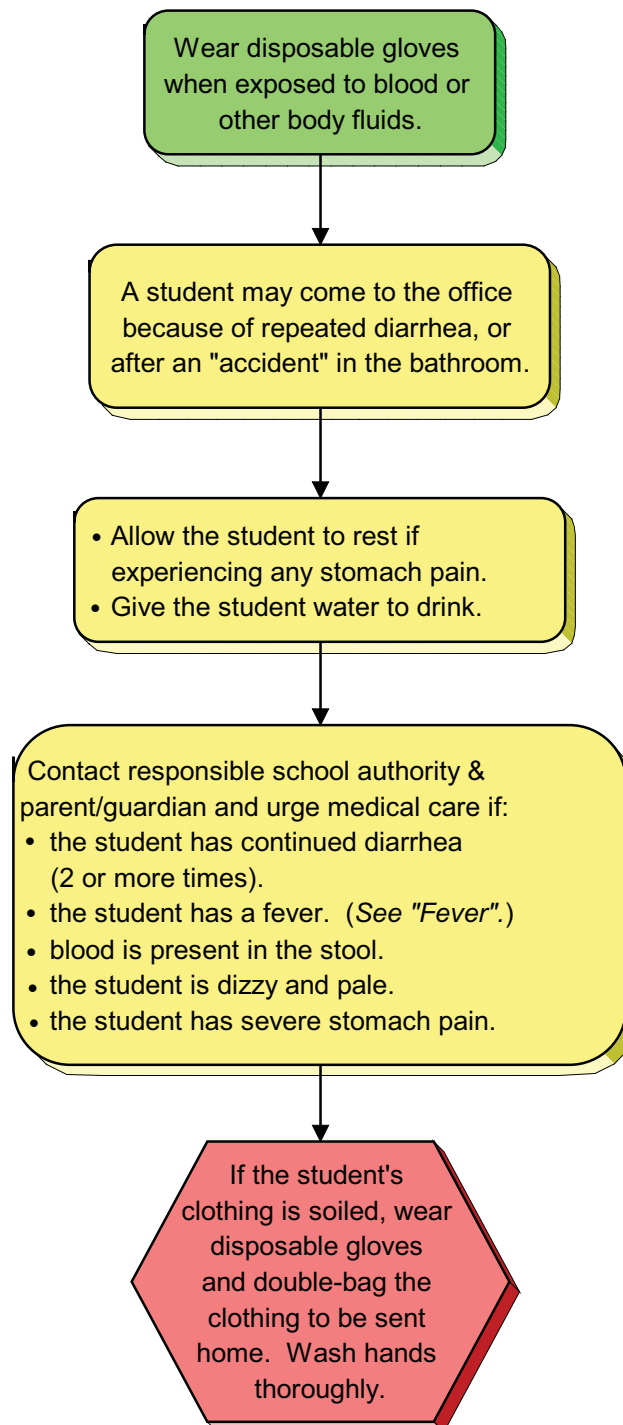
(including rope and floor burns)



DIABETES

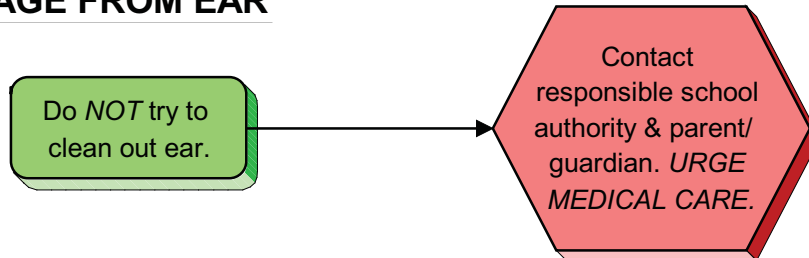


DIARRRHEA

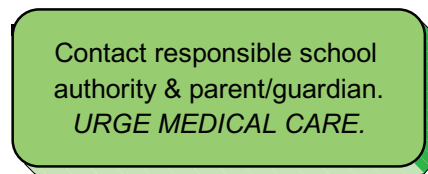


EARS

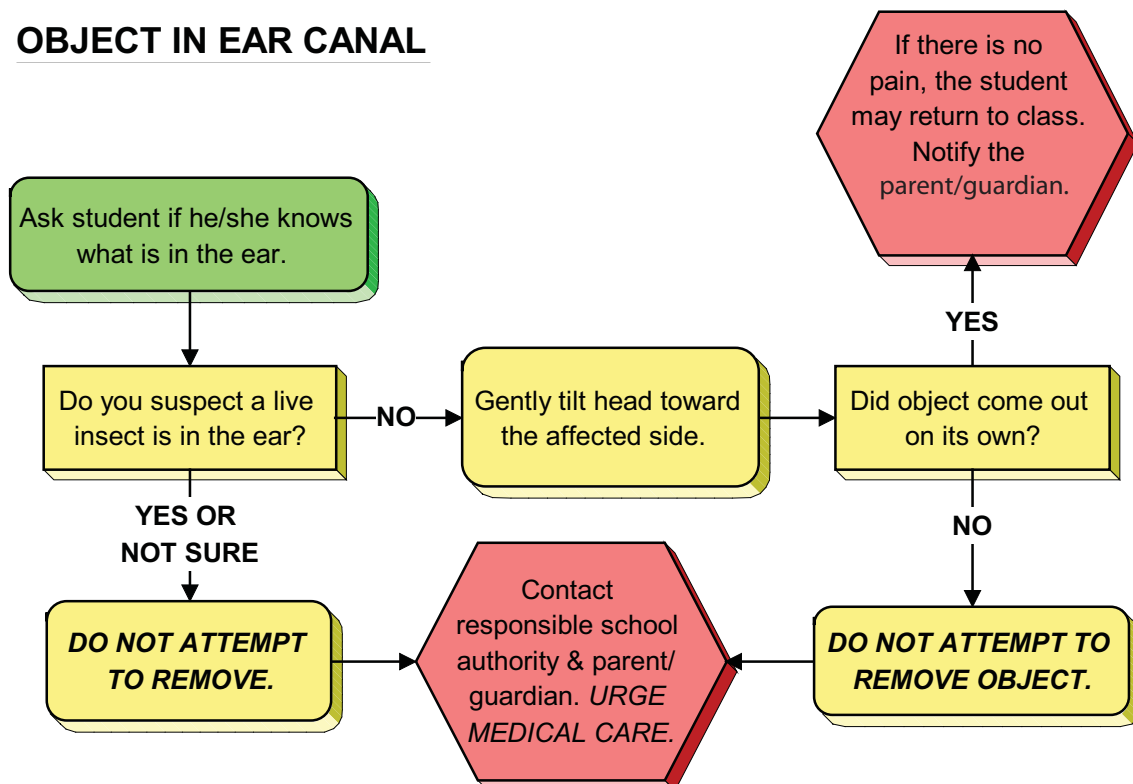
DRAINAGE FROM EAR



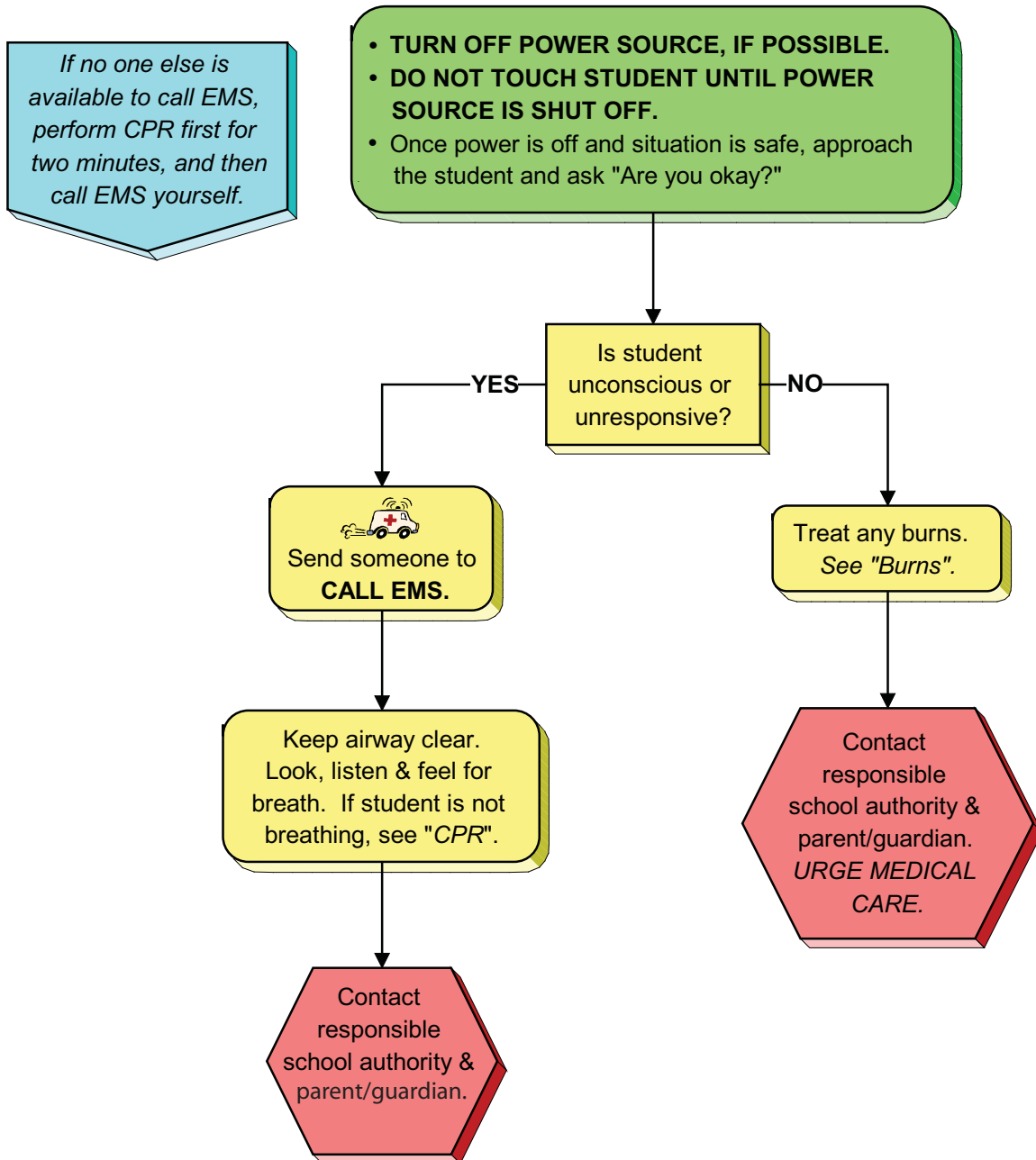
EARACHE



OBJECT IN EAR CANAL

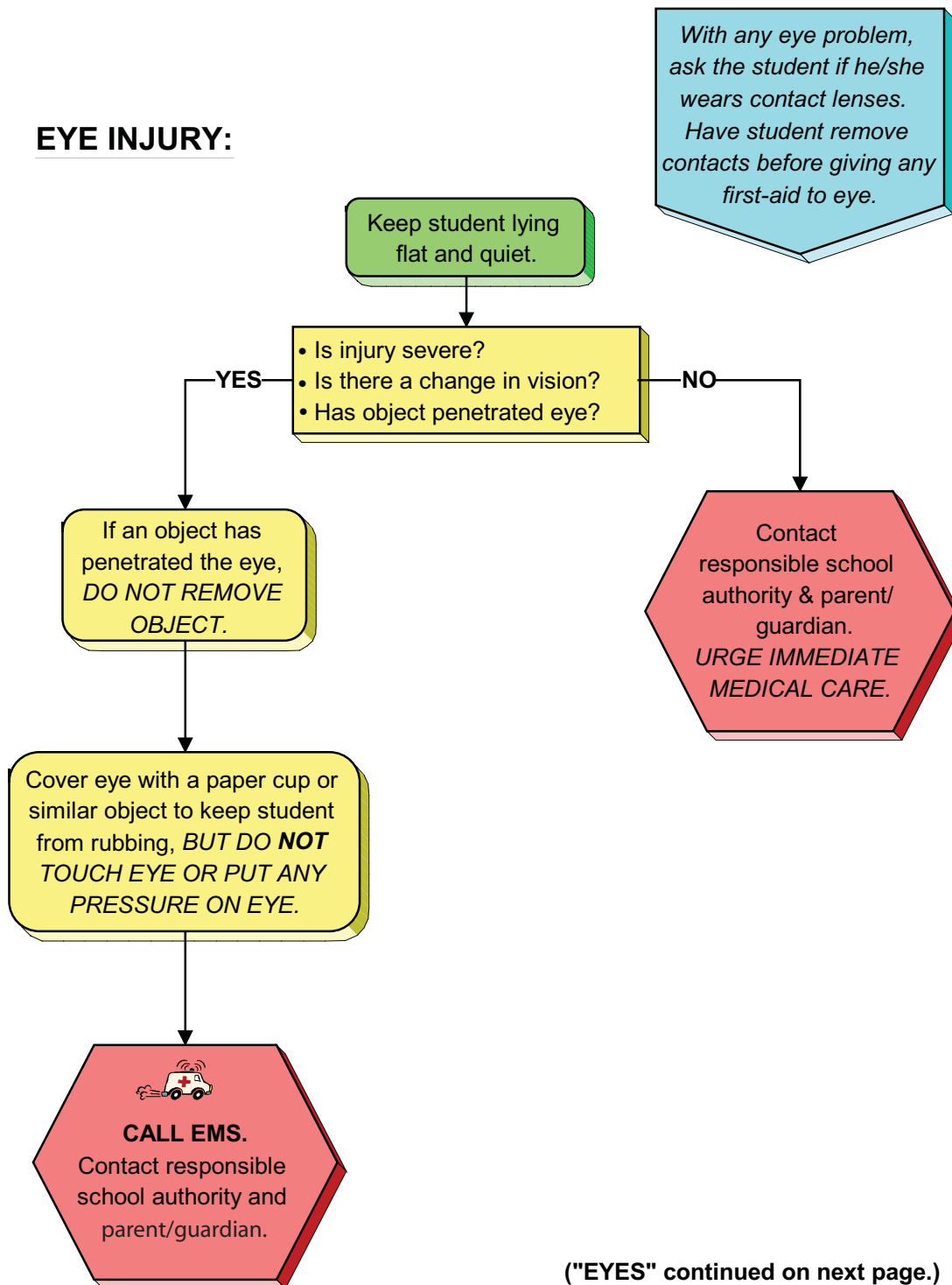


ELECTRIC SHOCK



EYES

EYE INJURY:

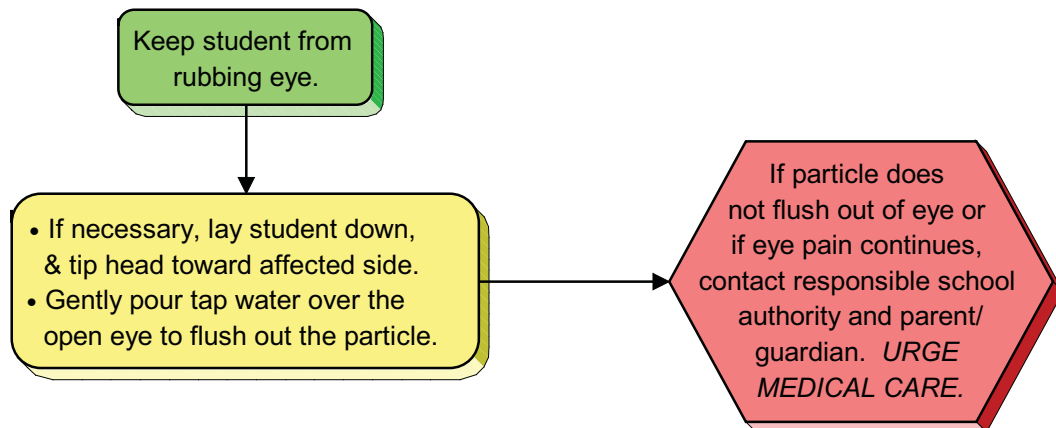


("EYES" continued on next page.)

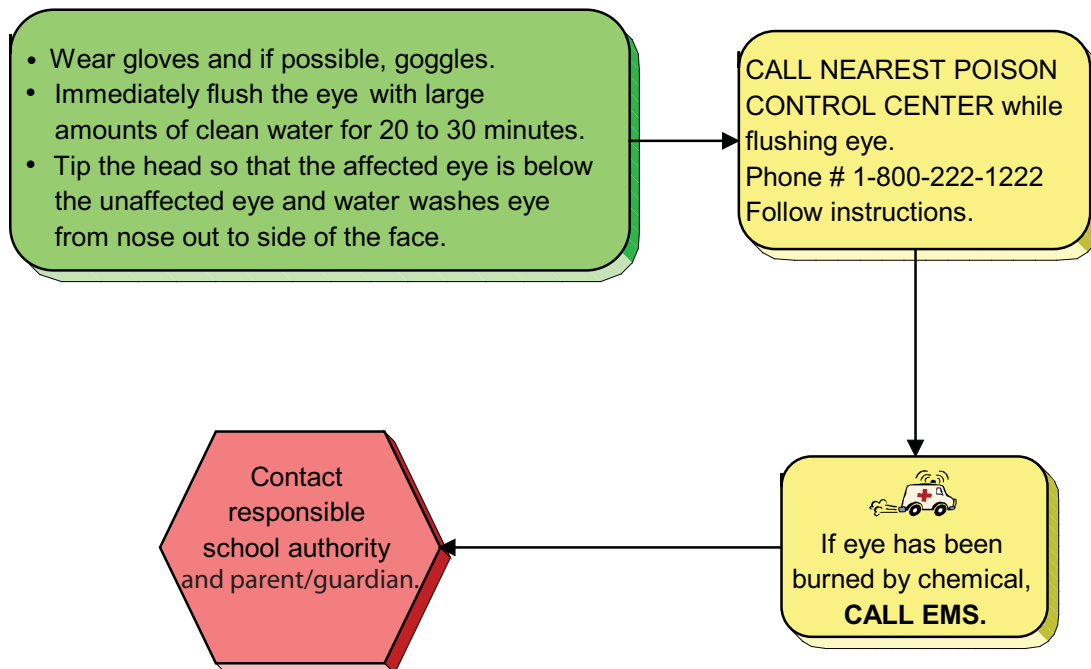
EYES

(continued from previous page)

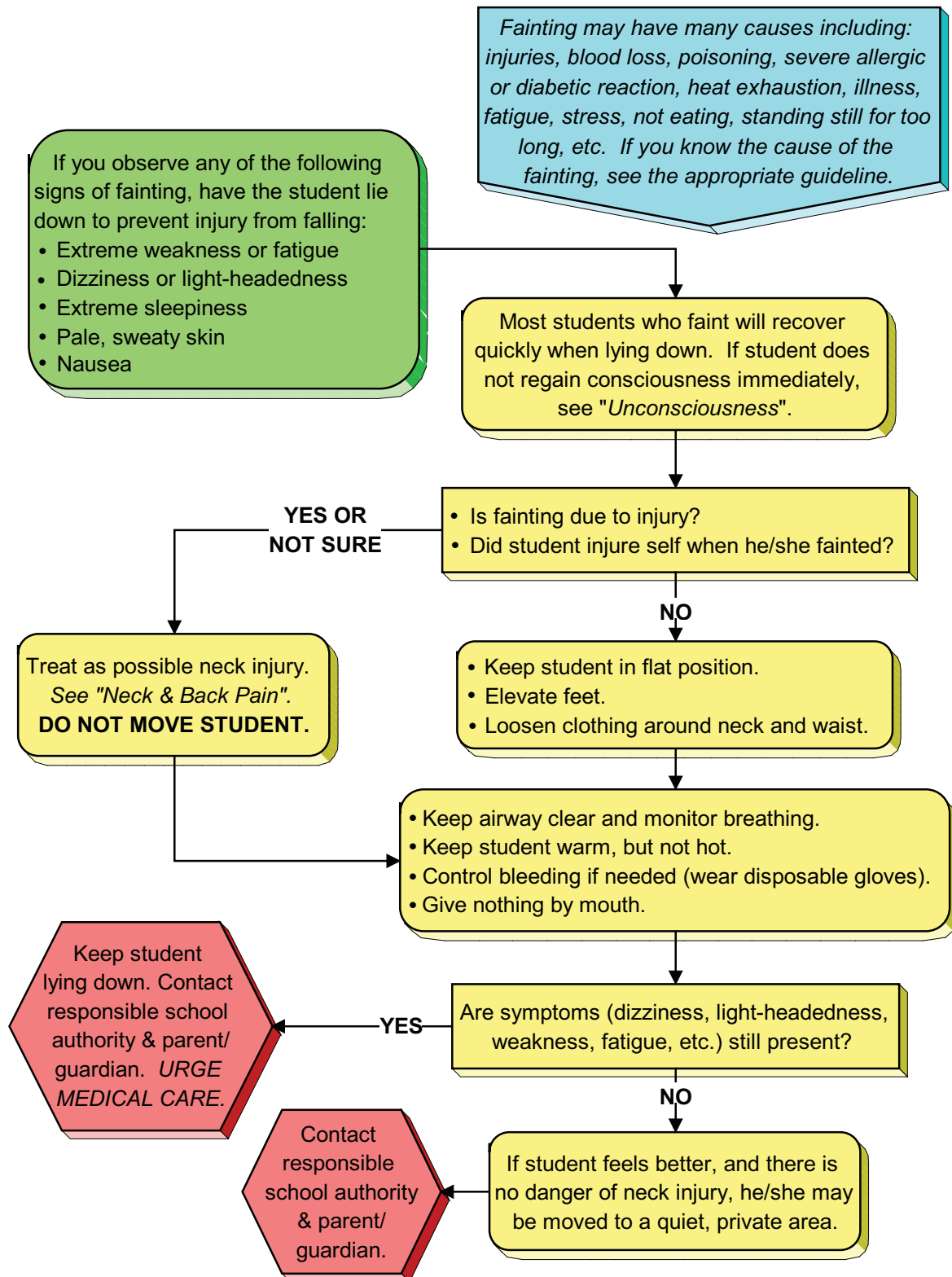
PARTICLE IN EYE:



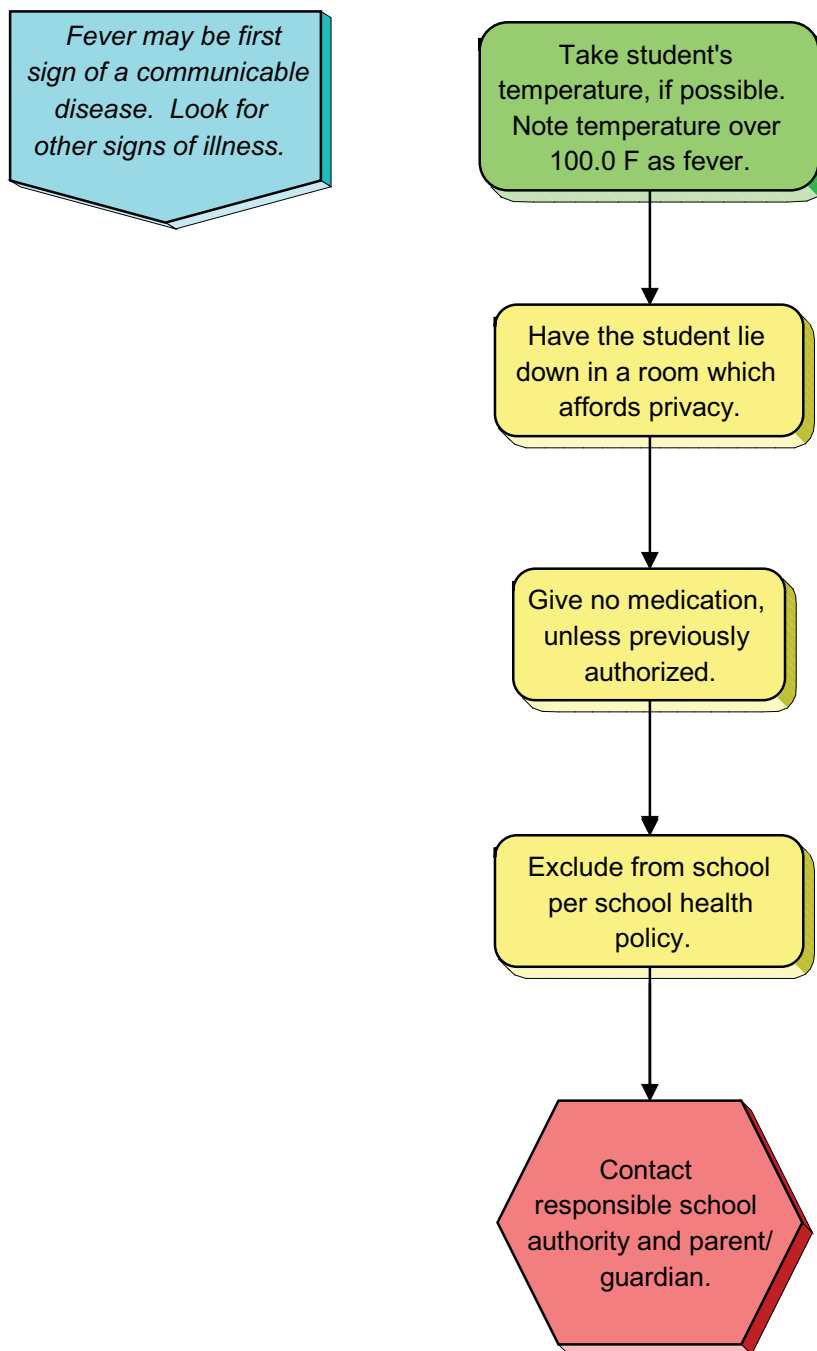
CHEMICALS IN EYE



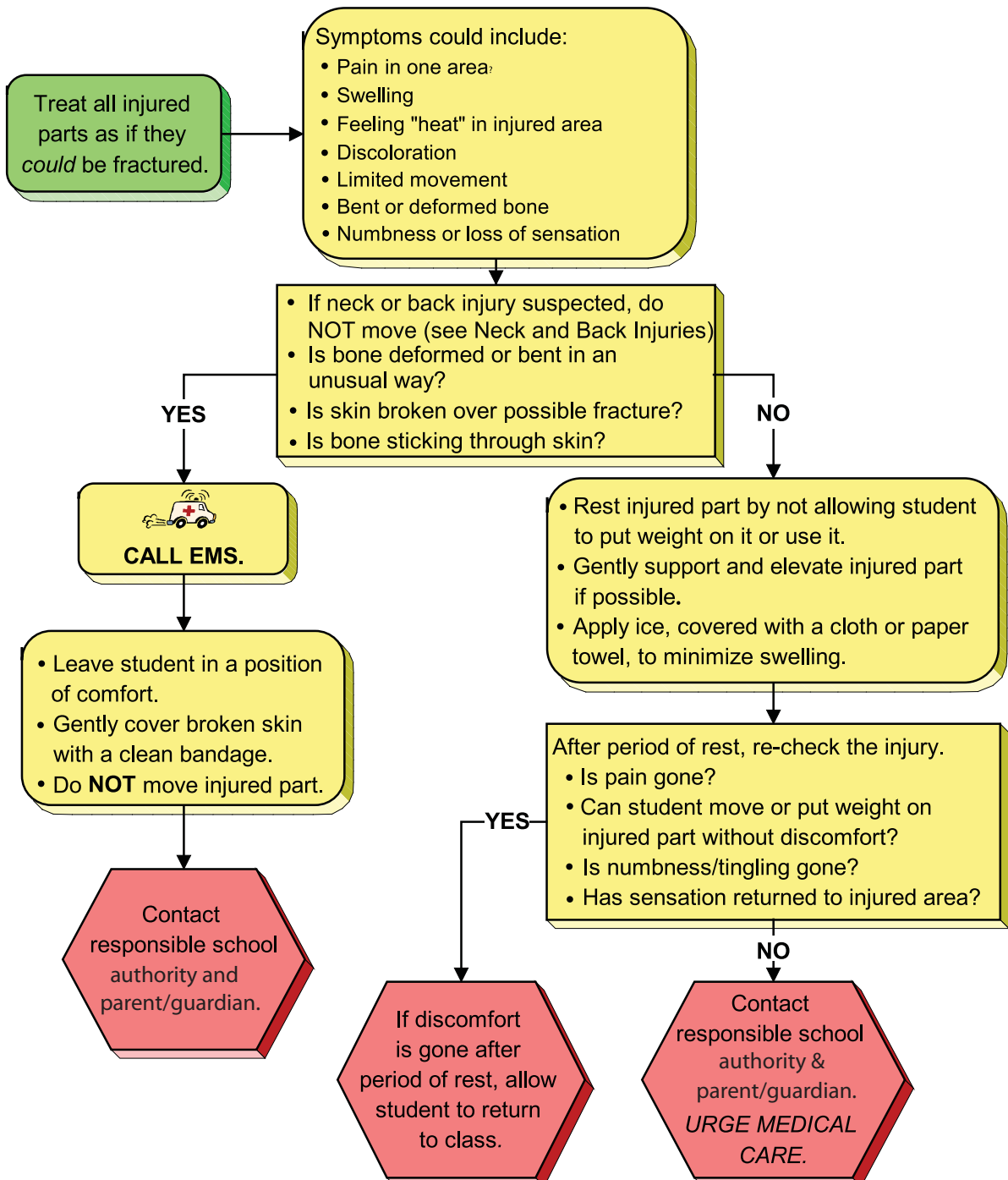
FAINTING



FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



FROSTBITE

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

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

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

Deeply frostbitten skin may


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

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

Does extremity/part:

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

YES

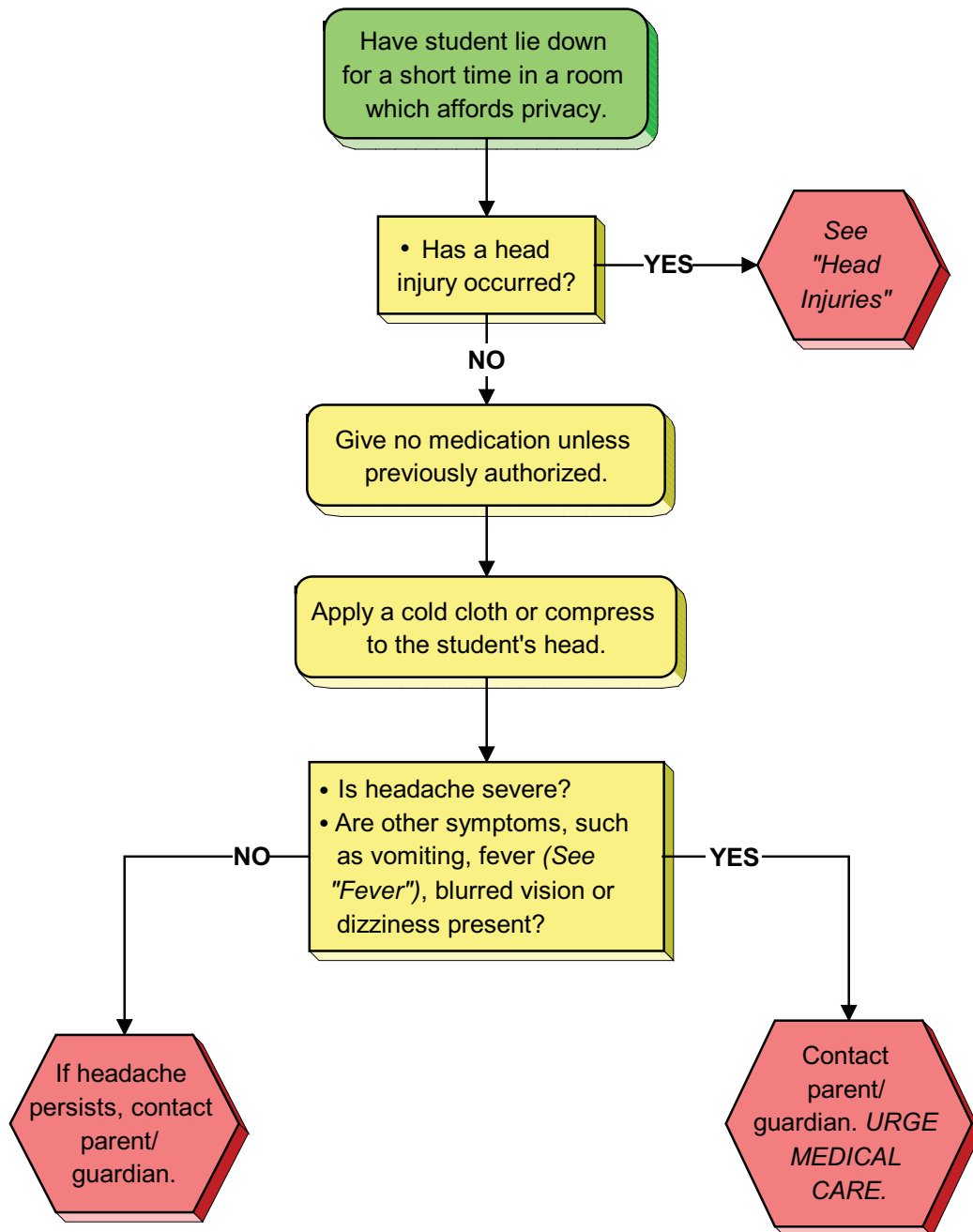
- **CALL EMS.** 
- Keep child warm and affected part covered.

NO

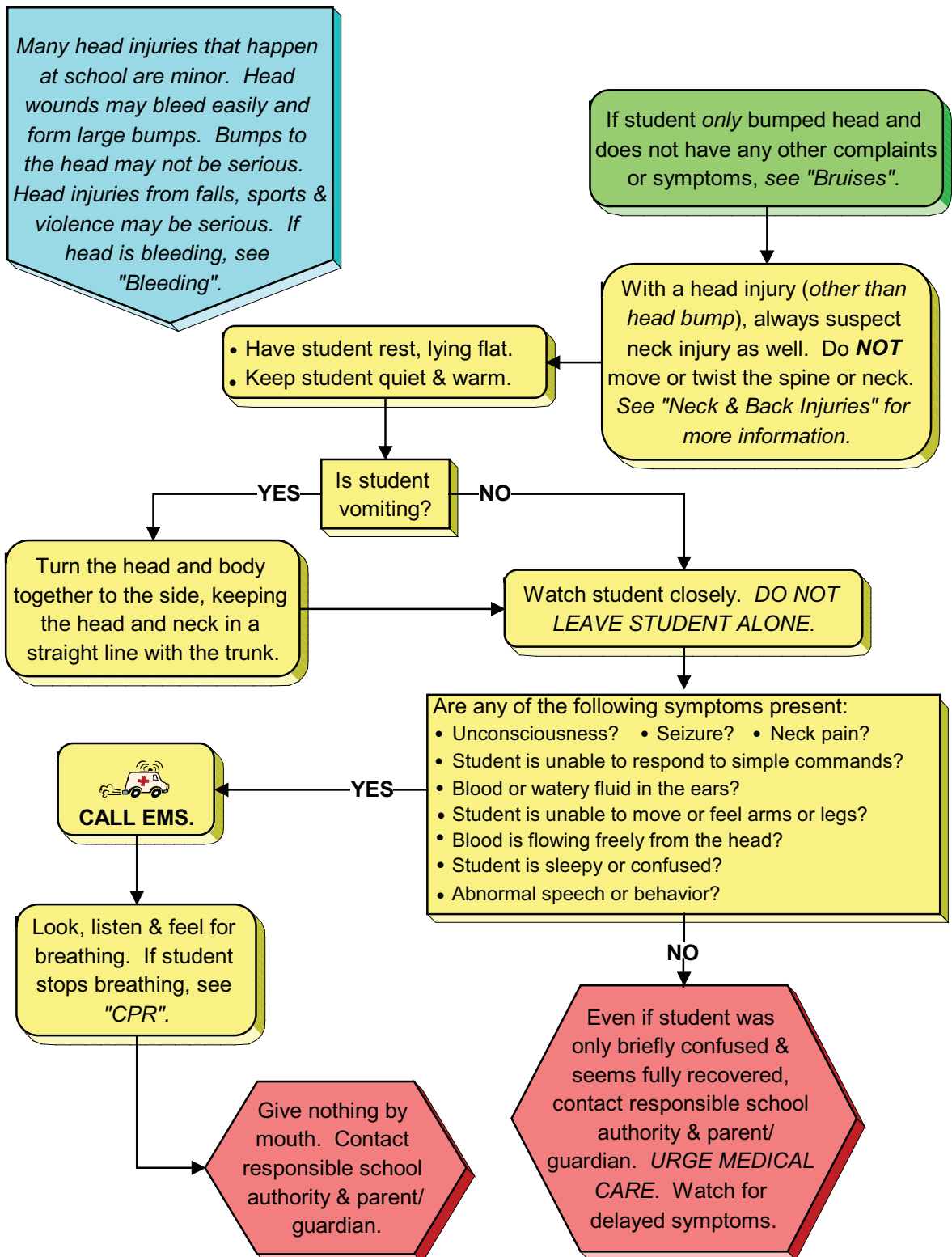
Keep child and affected body part warm.

Contact responsible authority & parent/guardian.
Encourage medical care.

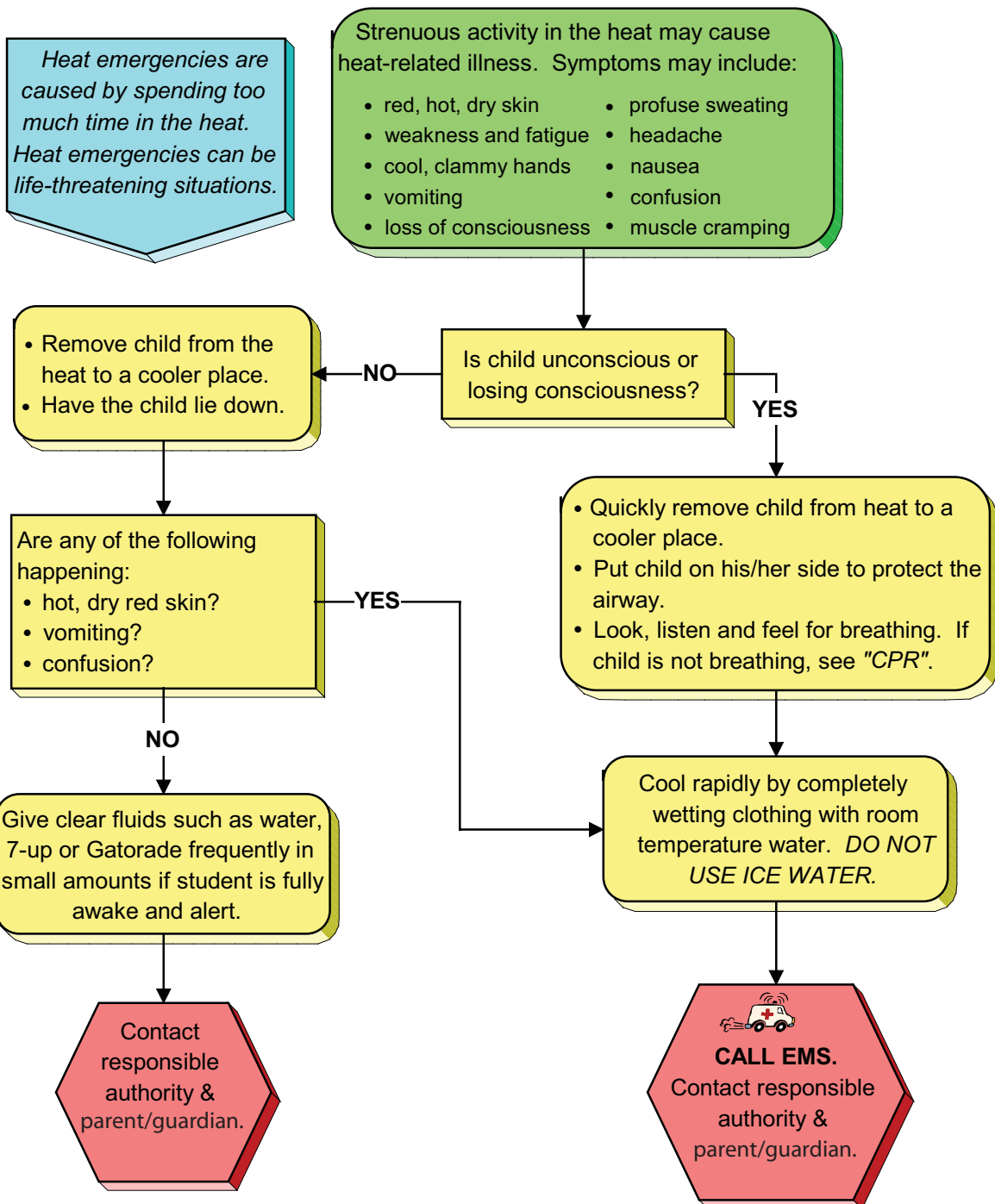
HEADACHE



HEAD INJURIES

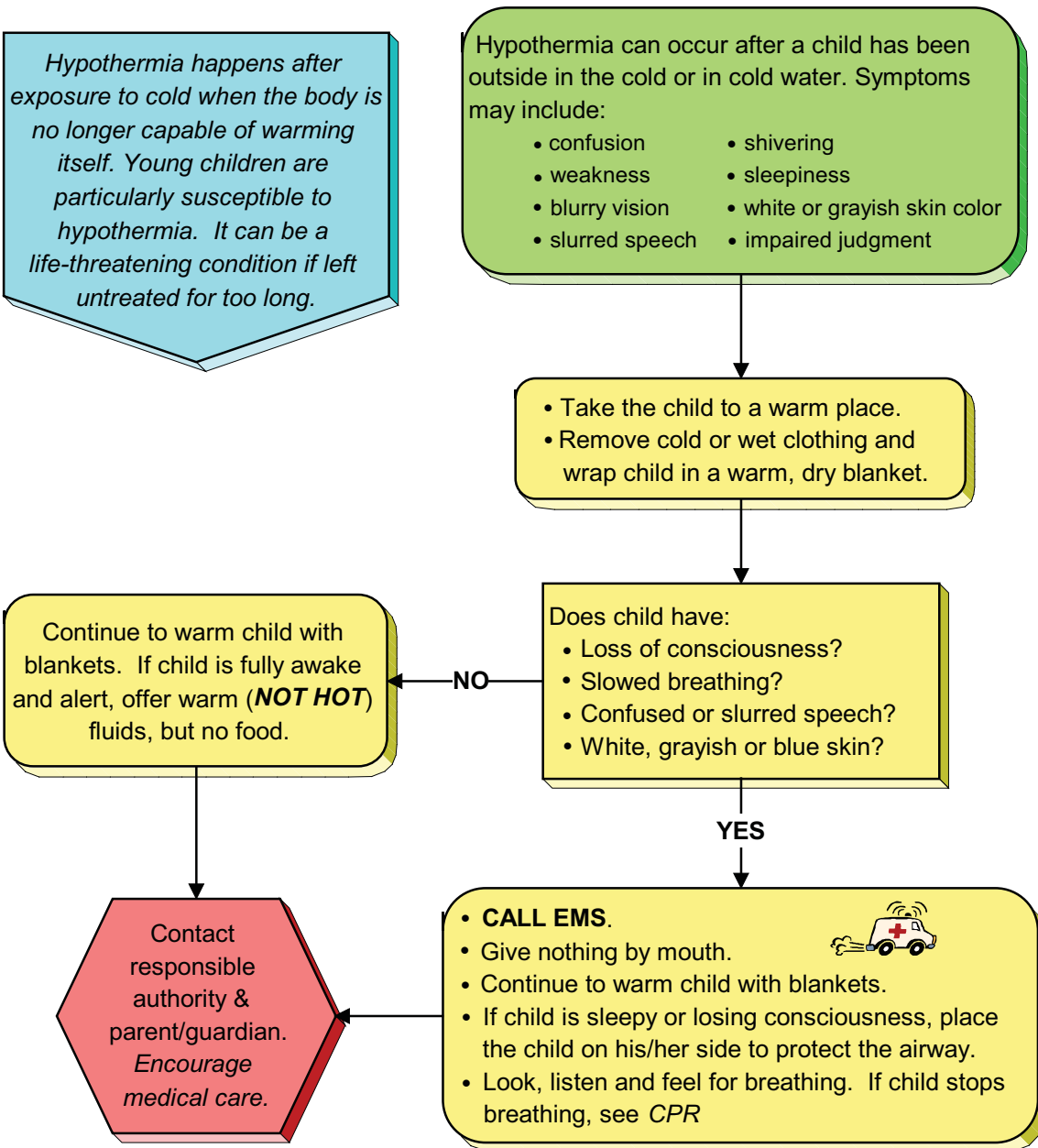


HEAT STROKE/HEAT EXHAUSTION

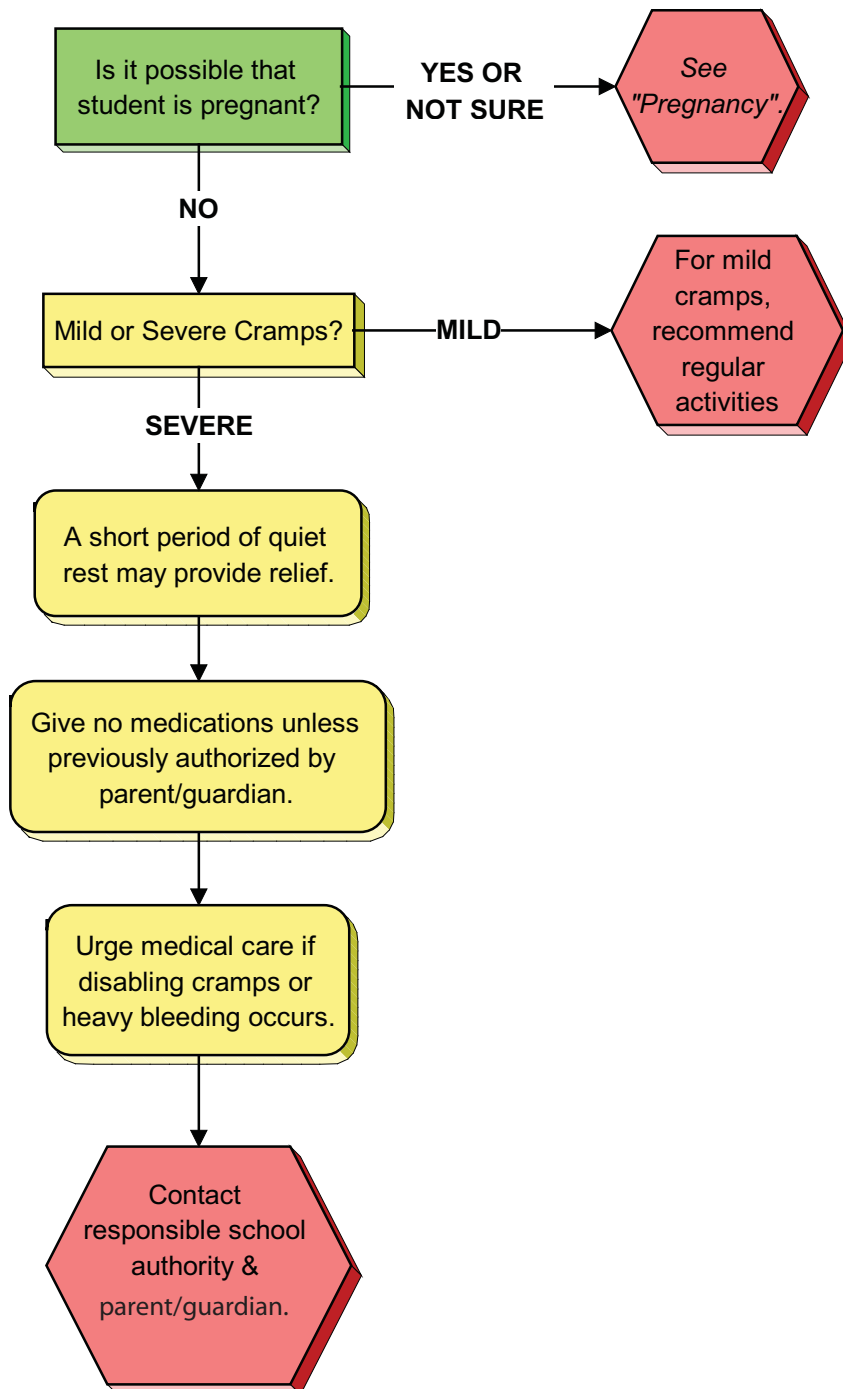


HYPOTHERMIA

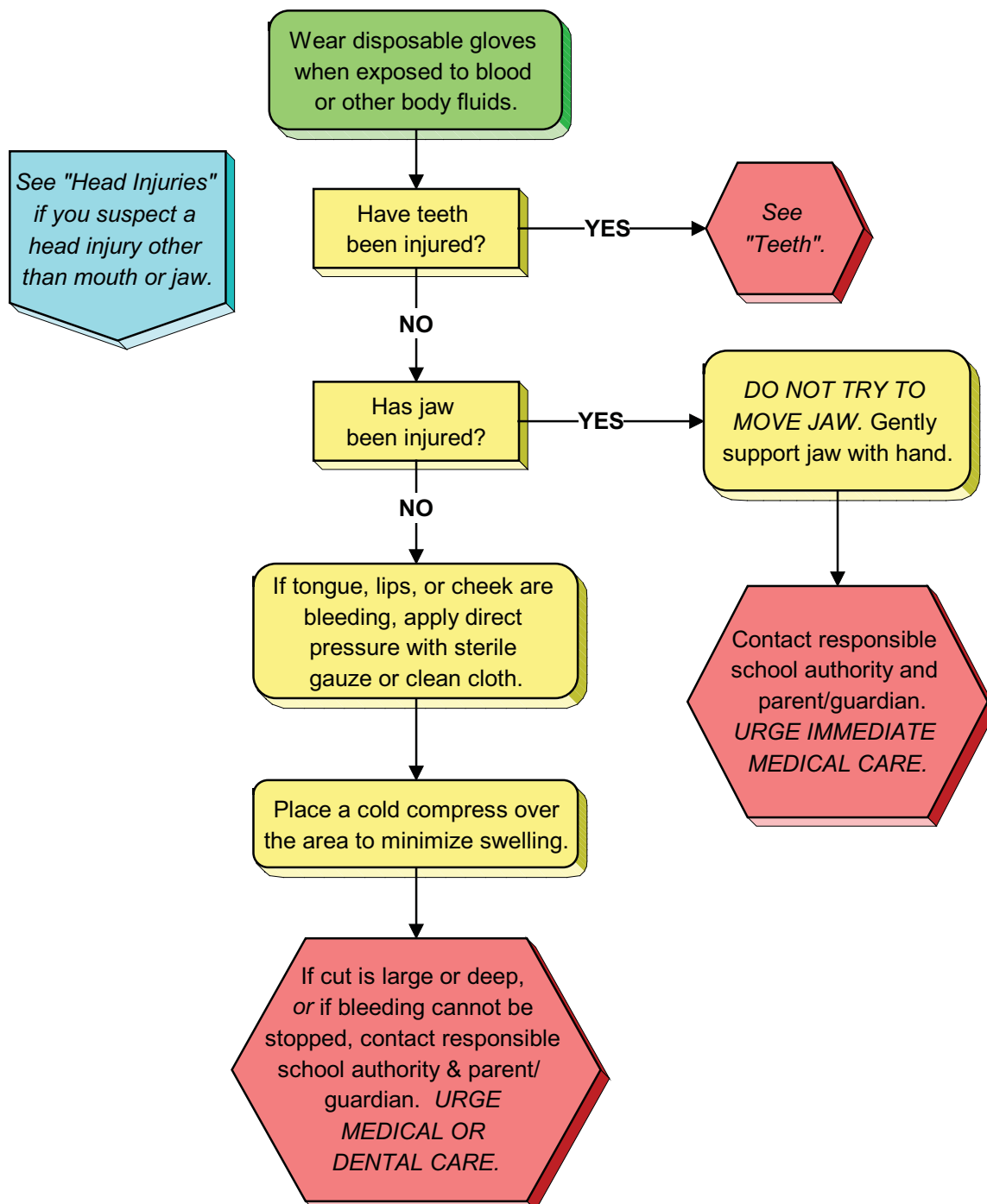
(EXPOSURE TO COLD)



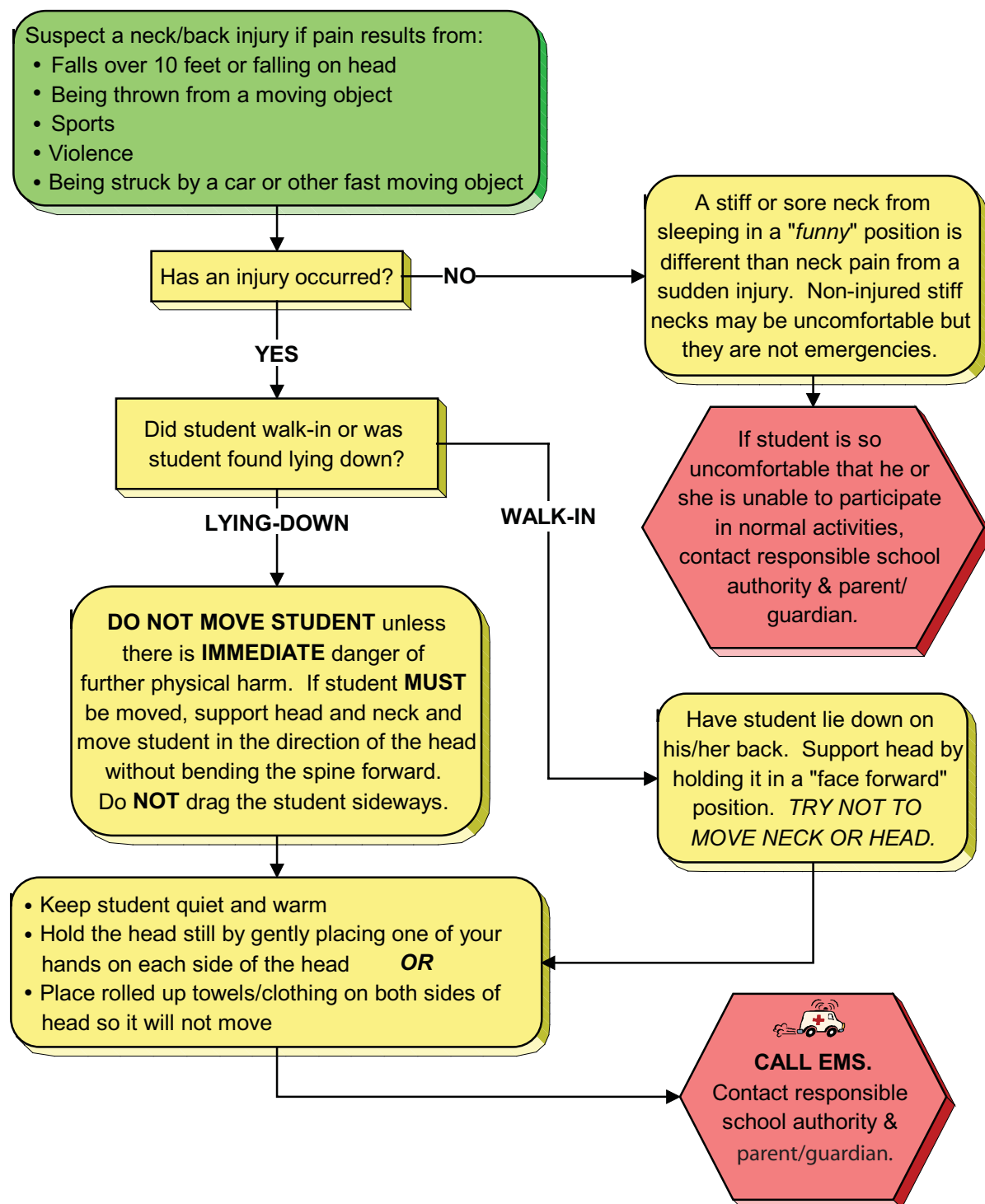
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK & BACK INJURIES



NOSE

NOSEBLEED

See "Head Injuries" if you suspect a head injury other than a nose bleed 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 responsible school authority & parent/guardian.

BROKEN NOSE

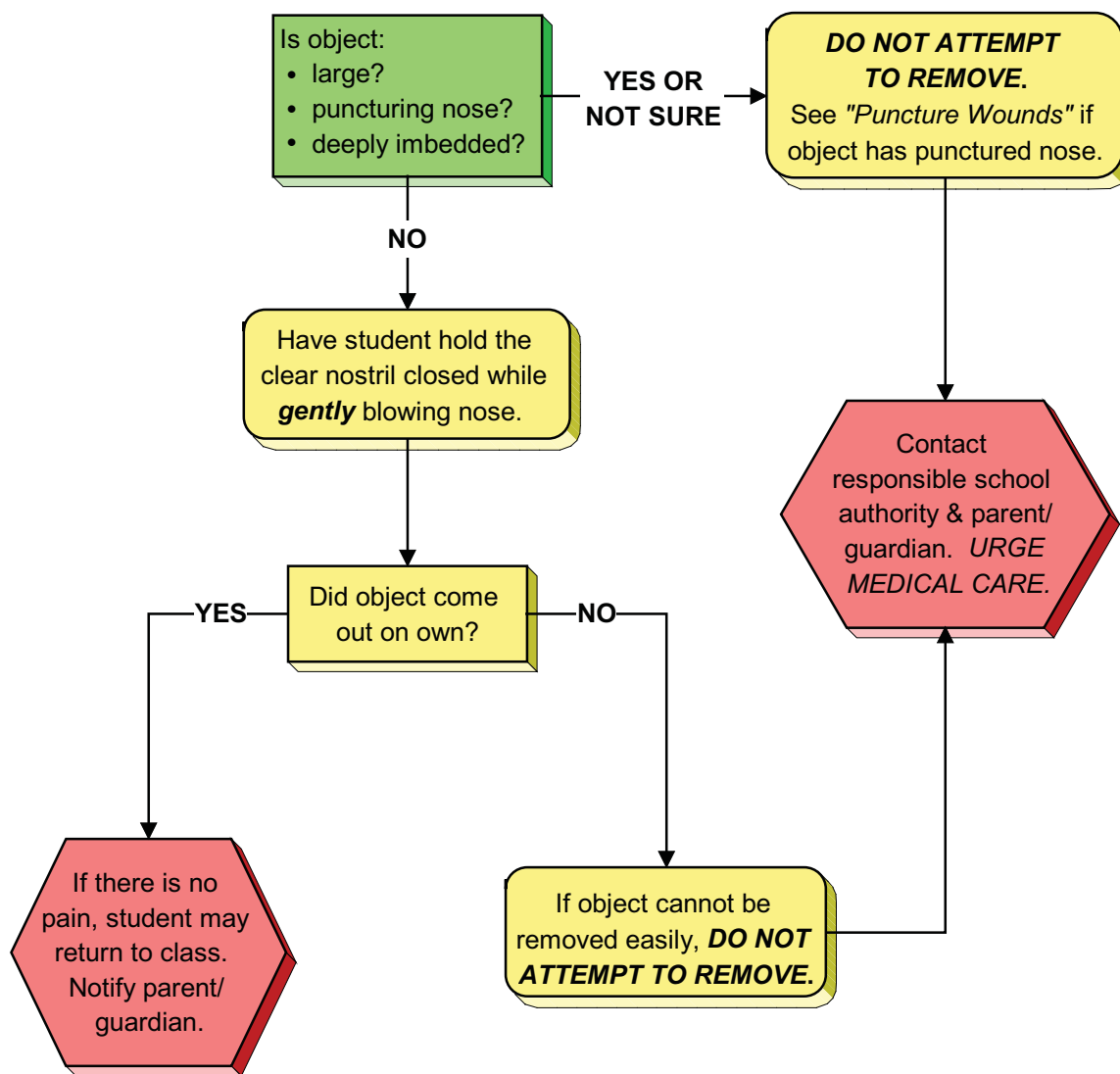
Care for nose as in "Nosebleed" above. Contact responsible school authority and parent/guardian. *URGE MEDICAL CARE.*

("NOSE" continued on next page.)

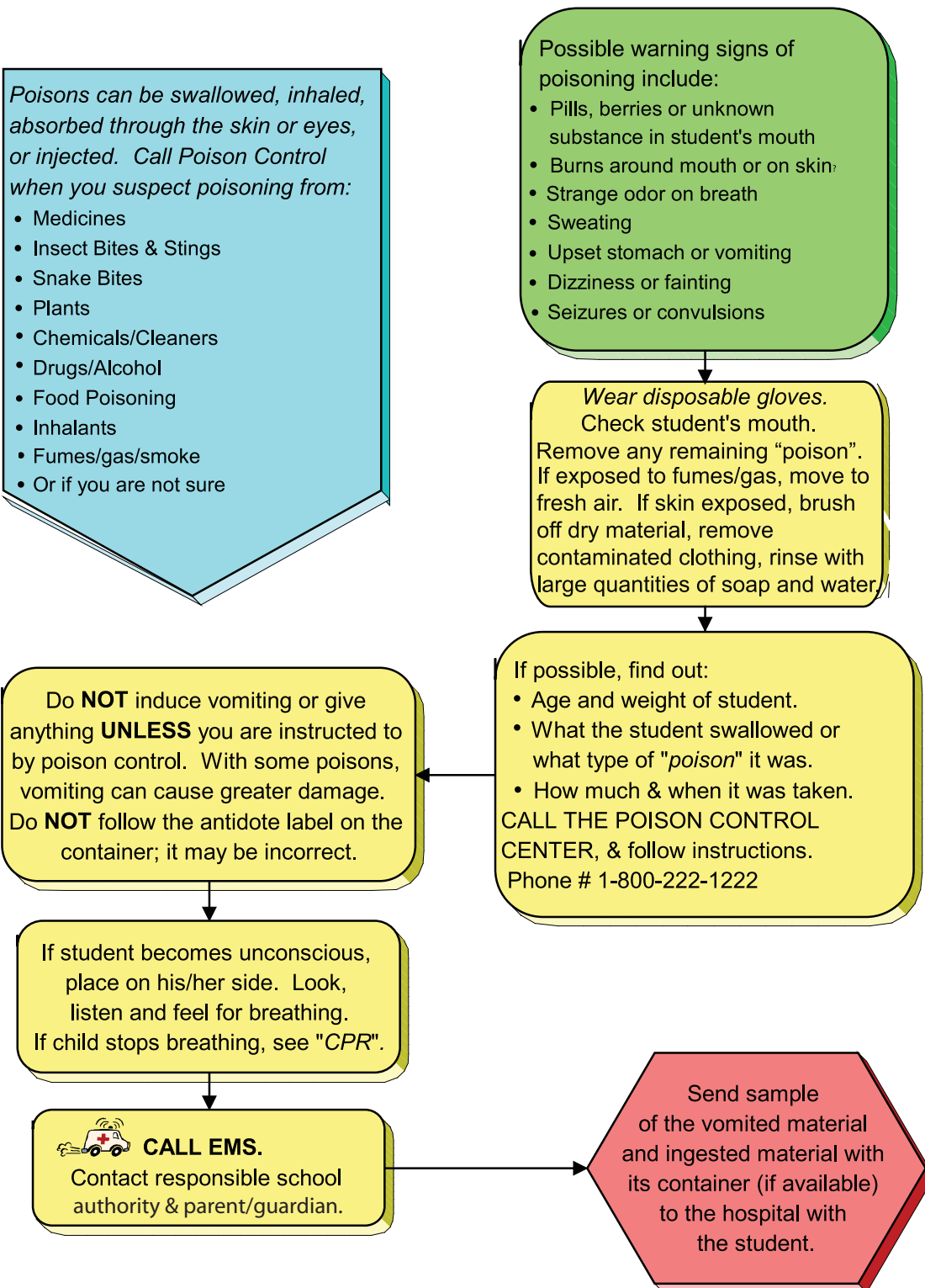
NOSE

(continued from previous page)

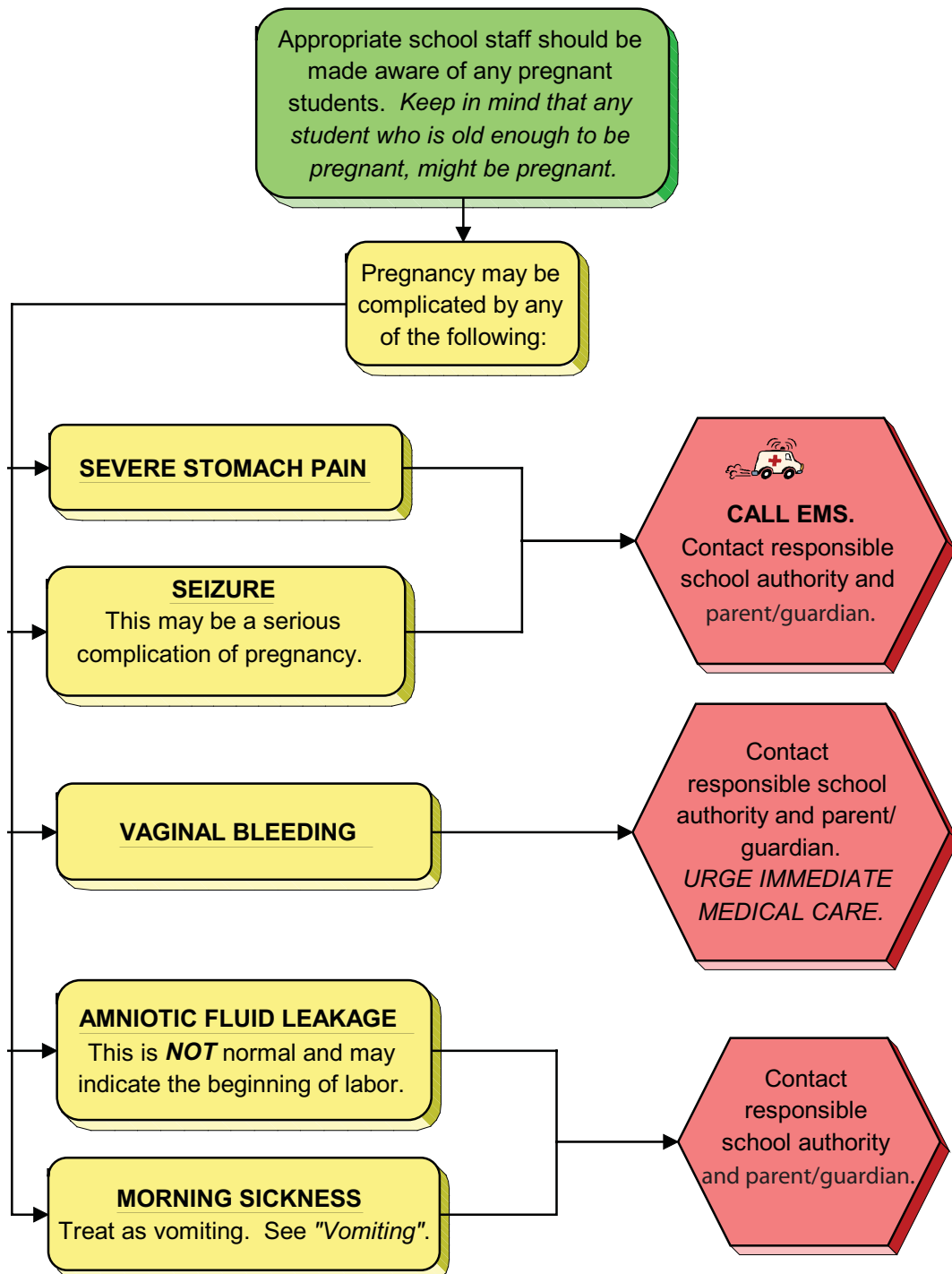
OBJECT IN NOSE



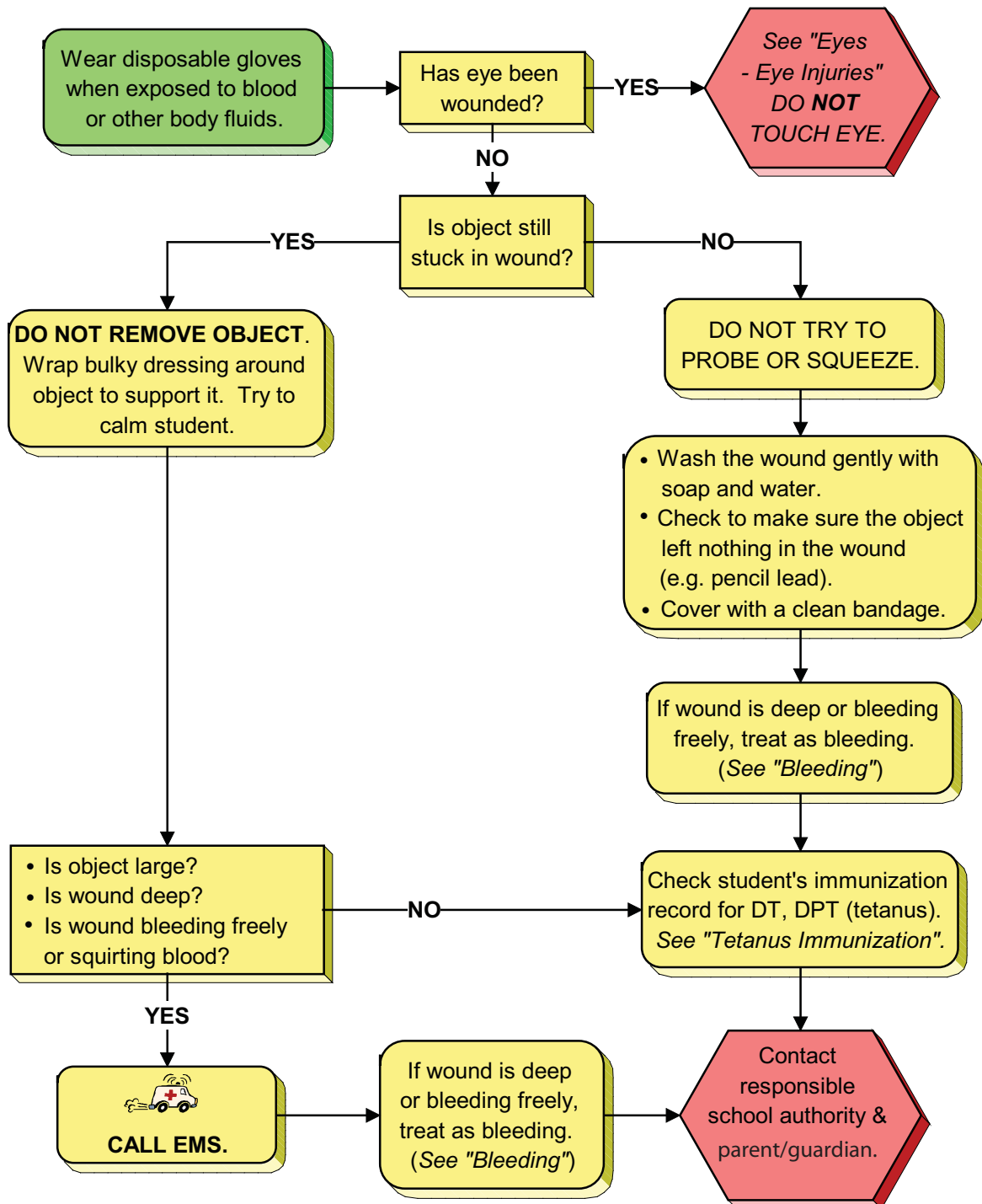
POISONING & OVERDOSE



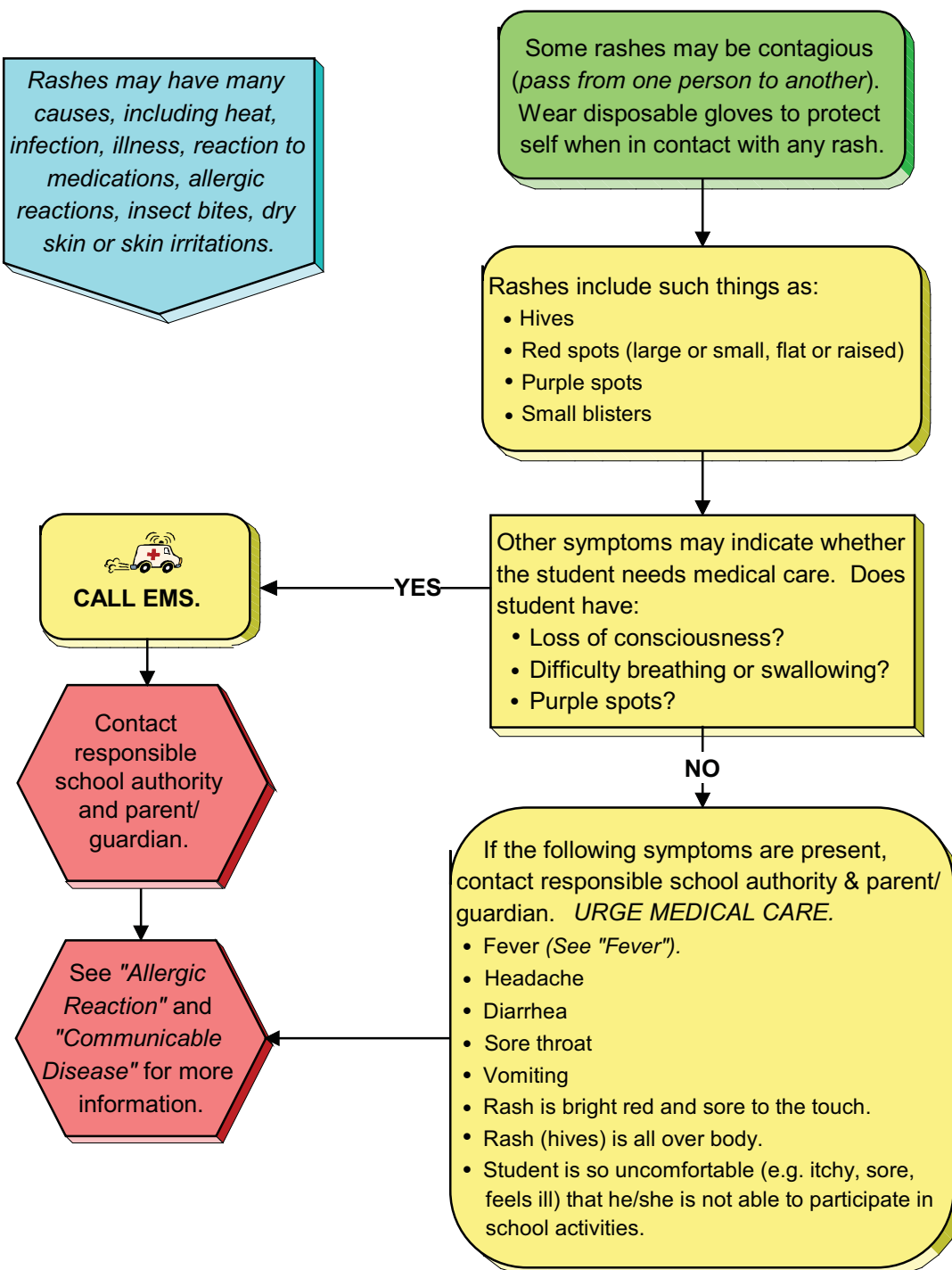
PREGNANCY



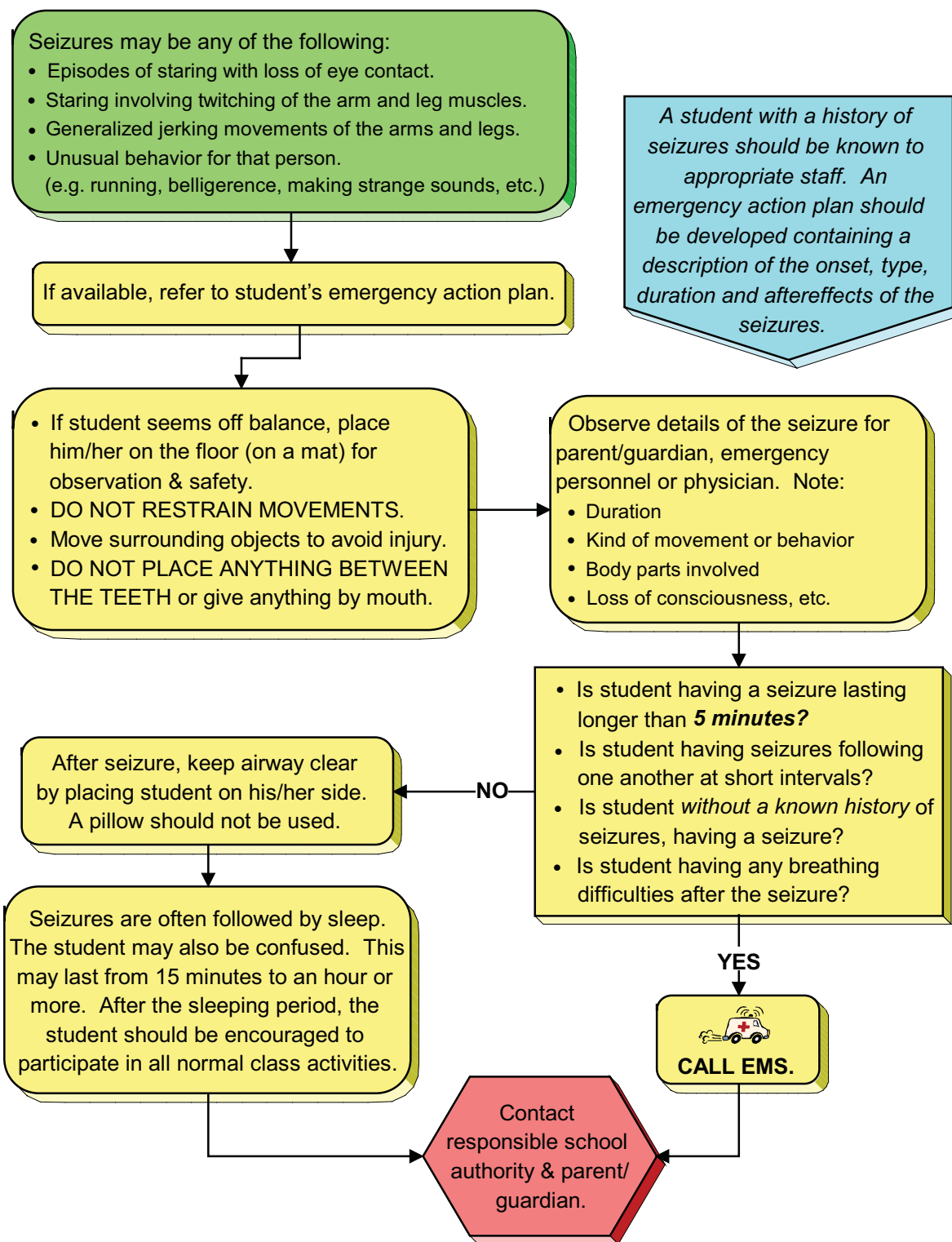
PUNCTURE WOUNDS



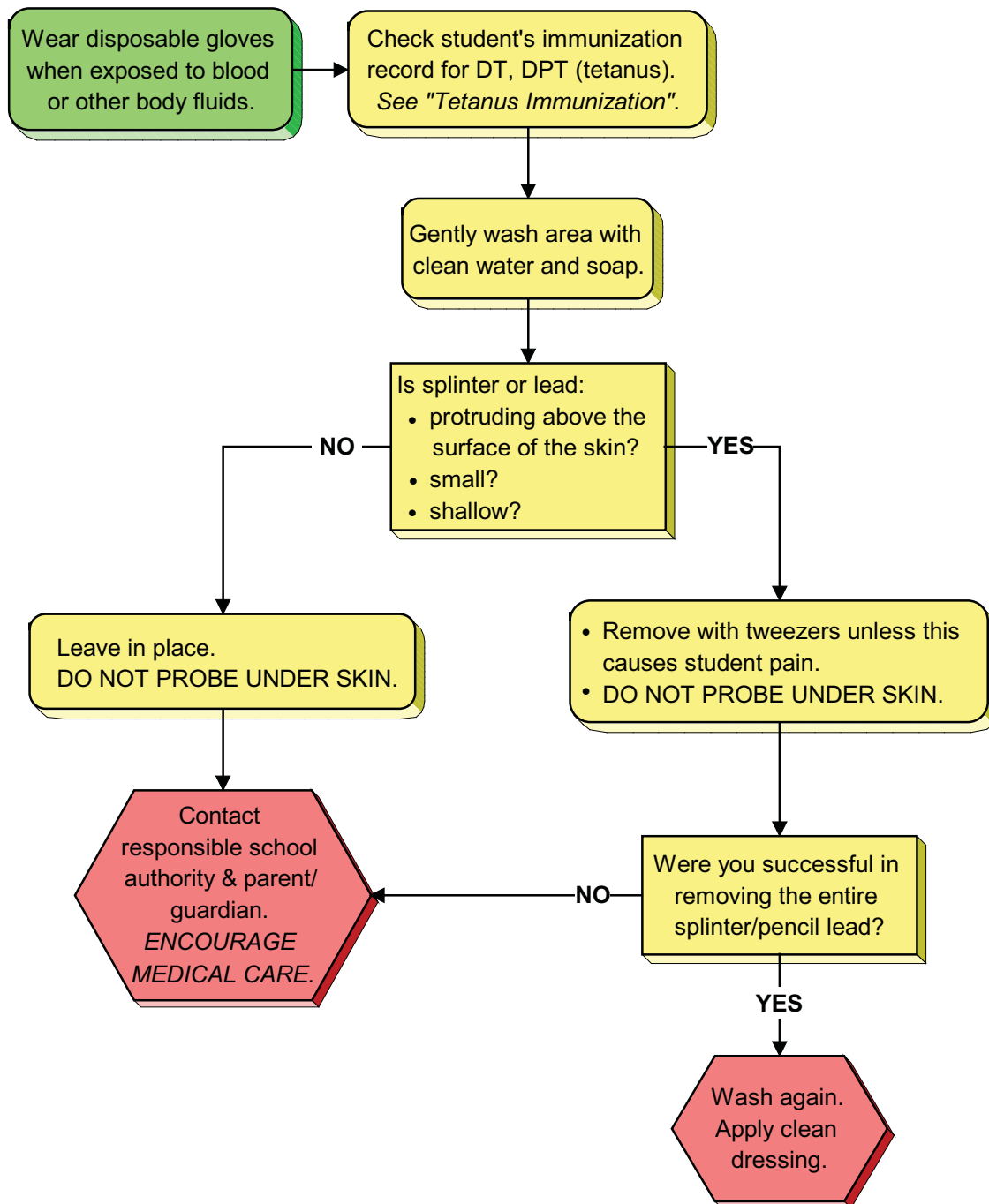
RASHES



SEIZURES




SPLINTERS OR IMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES

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

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

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

Is the child:

- losing consciousness?
- having difficulty breathing?
- bleeding uncontrollably?

YES

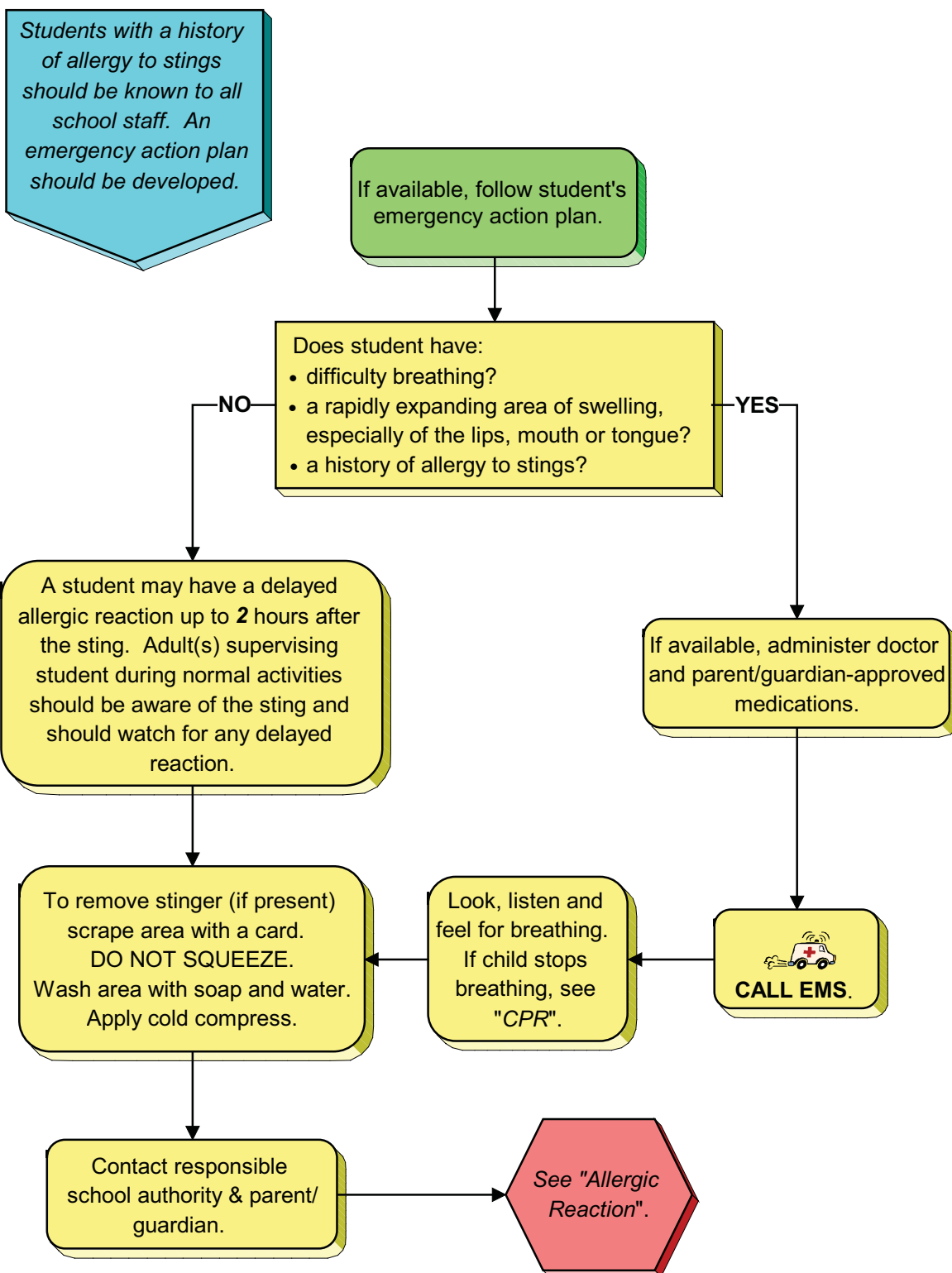
Open the child's airway and look, listen and feel for breathing. (see "CPR").

NO

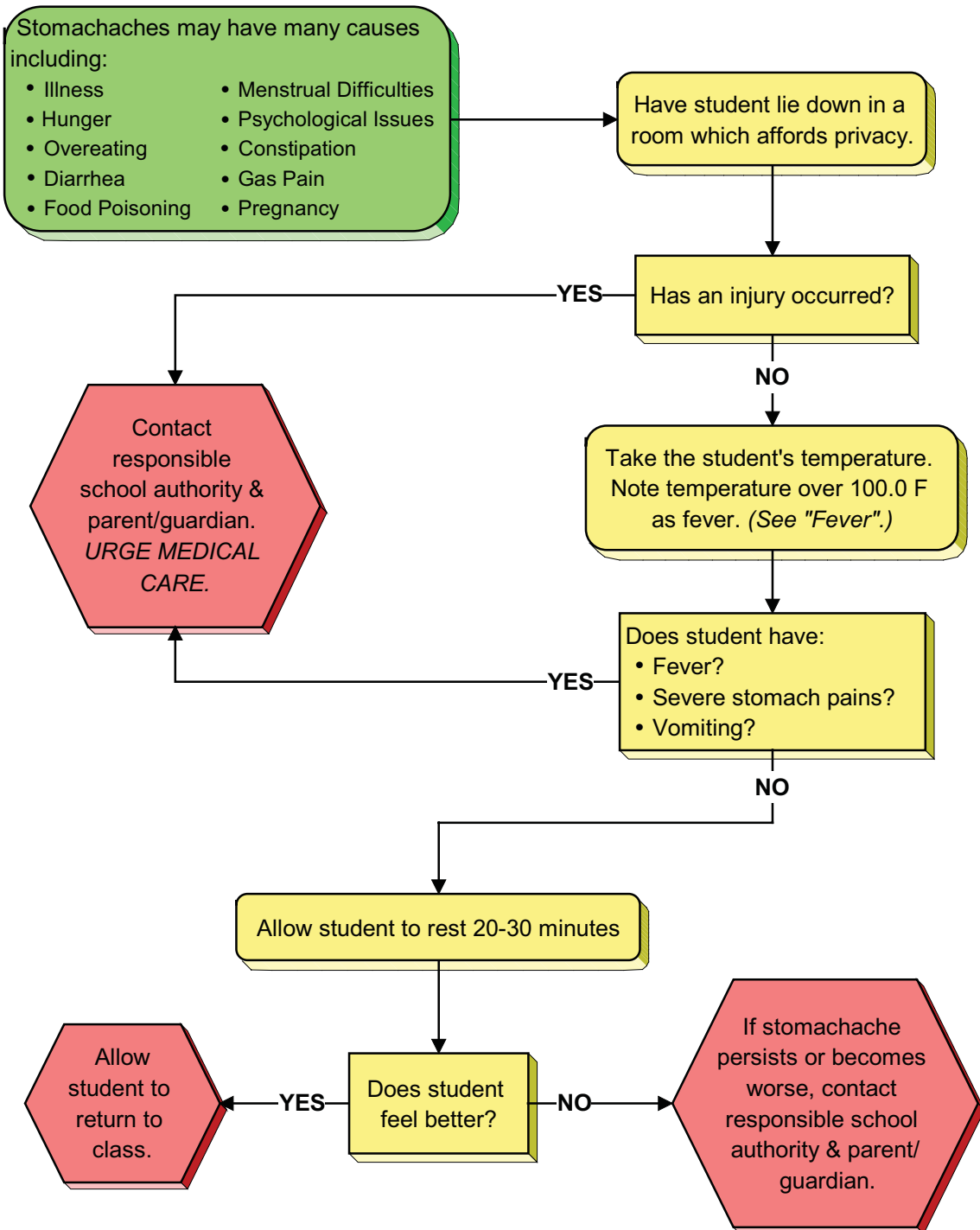
- Lie student down if he/she is not already doing so.
- Elevate feet 8-10 inches.
- Press wound firmly with a clean bandage to stop bleeding.
- Elevate injured part gently if possible.
- Cover with a blanket or sheet.

Contact responsible authority & parent/guardian.

STINGS

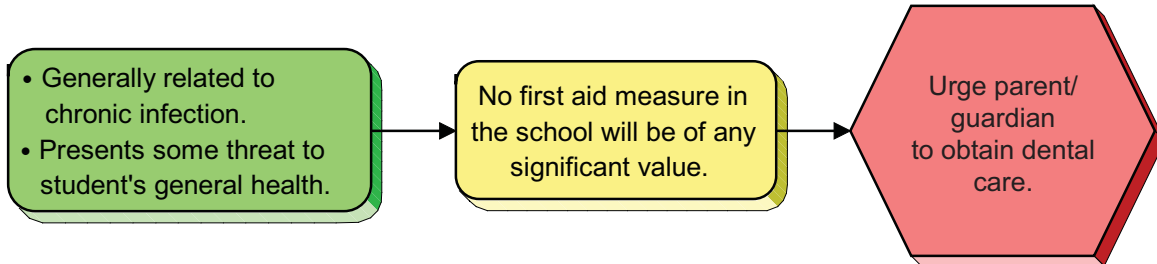


STOMACHACHES/PAIN

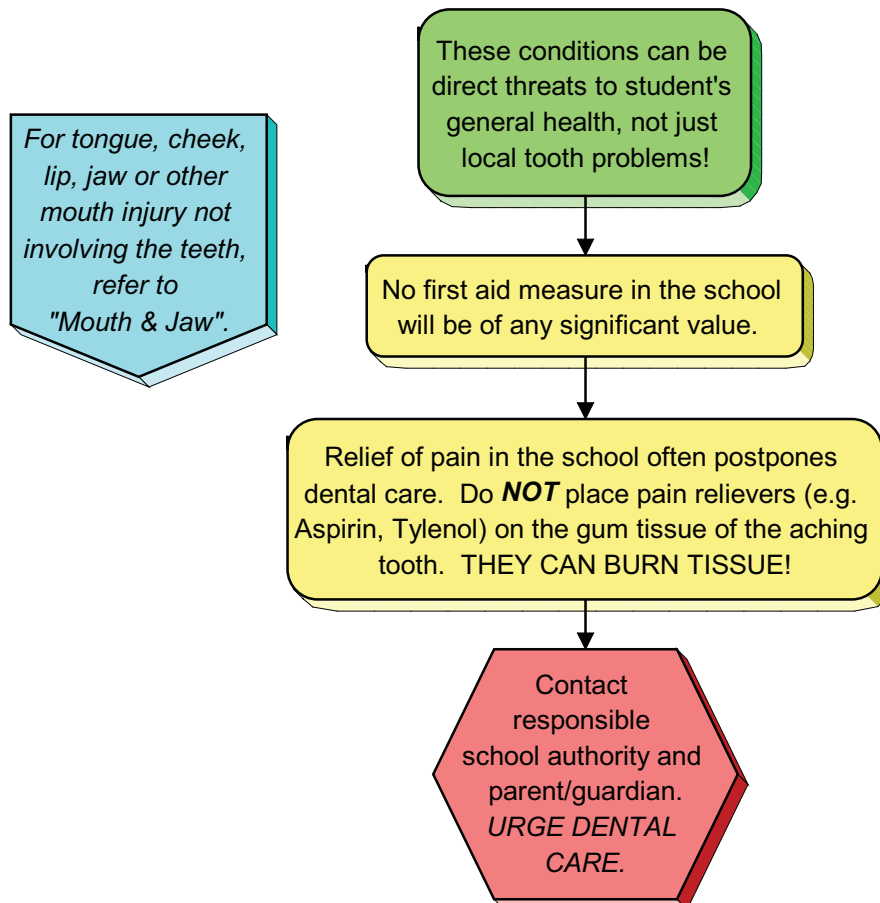


TEETH

BLEEDING GUMS



TOOTHACHE OR GUM BOIL

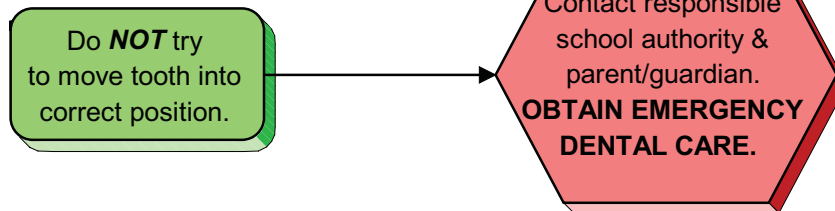


("TEETH" continued on next page)

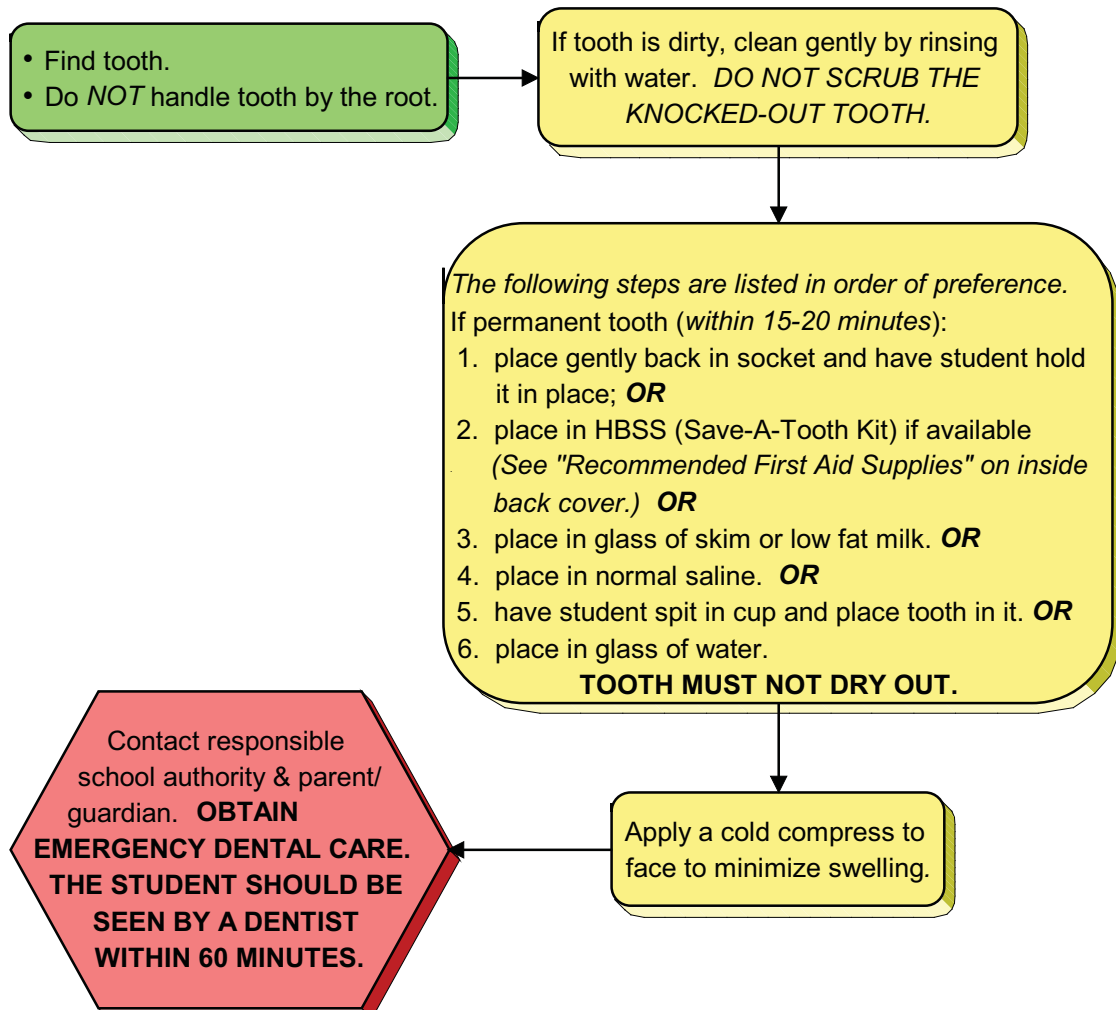
TEETH

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DISPLACED TOOTH



KNOCKED-OUT OR BROKEN PERMANENT TOOTH



TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, *even a minor one*. After any wound, check the student's immunization record for DT, DPT (tetanus) and notify parent/guardian.

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

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

TICKS

*Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. Do **NOT** handle ticks with bare hands.*

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

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

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

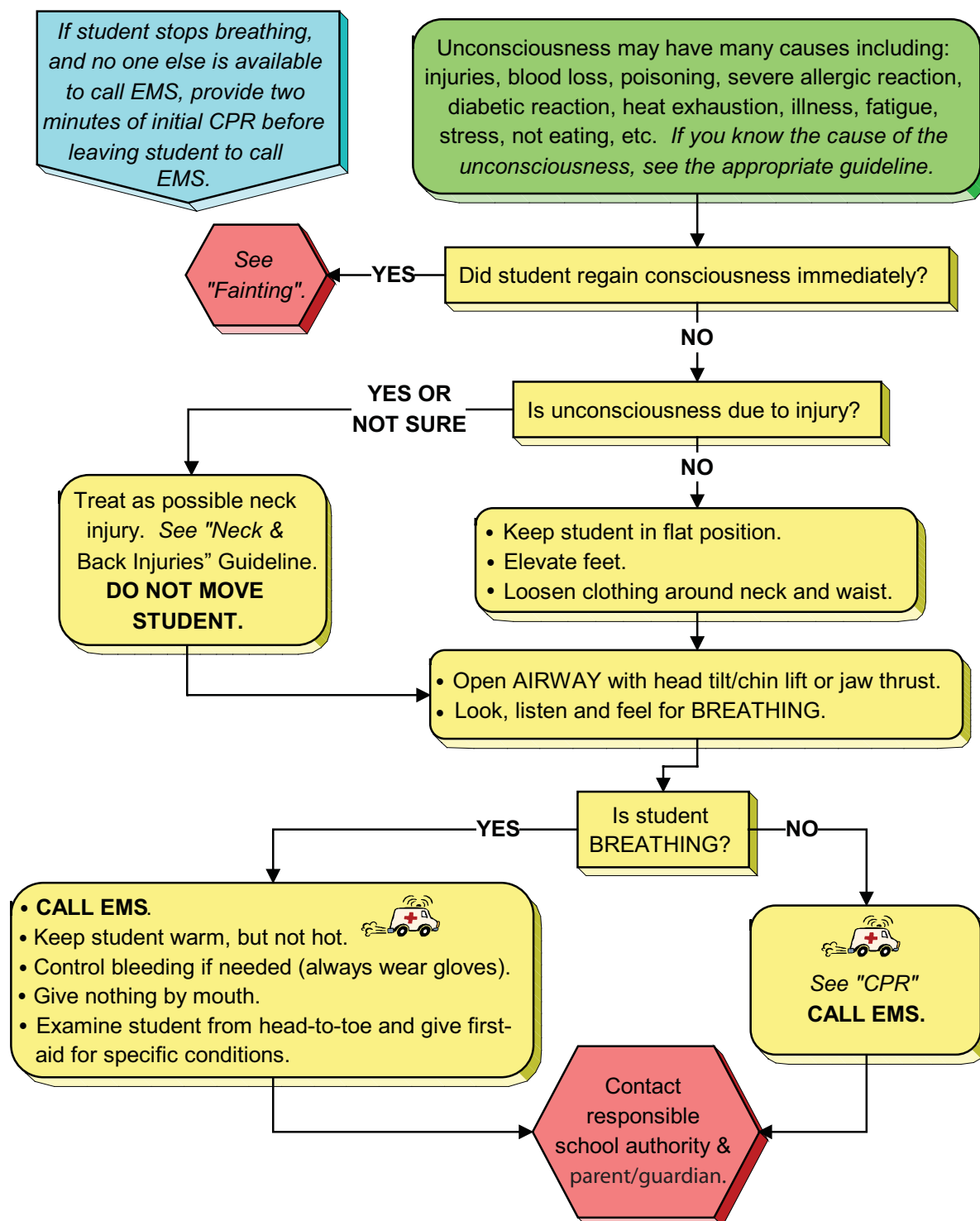
- Using a tweezer, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- Do **NOT** twist or jerk the tick as this may cause the mouth parts to break off. It is important to remove the ENTIRE tick.
- Take care not to squeeze, crush, or puncture the body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

- After removal, wash the tick area thoroughly with soap and water
- Wash your hands.
- Apply a sterile adhesive or Band-Aid type dressing.

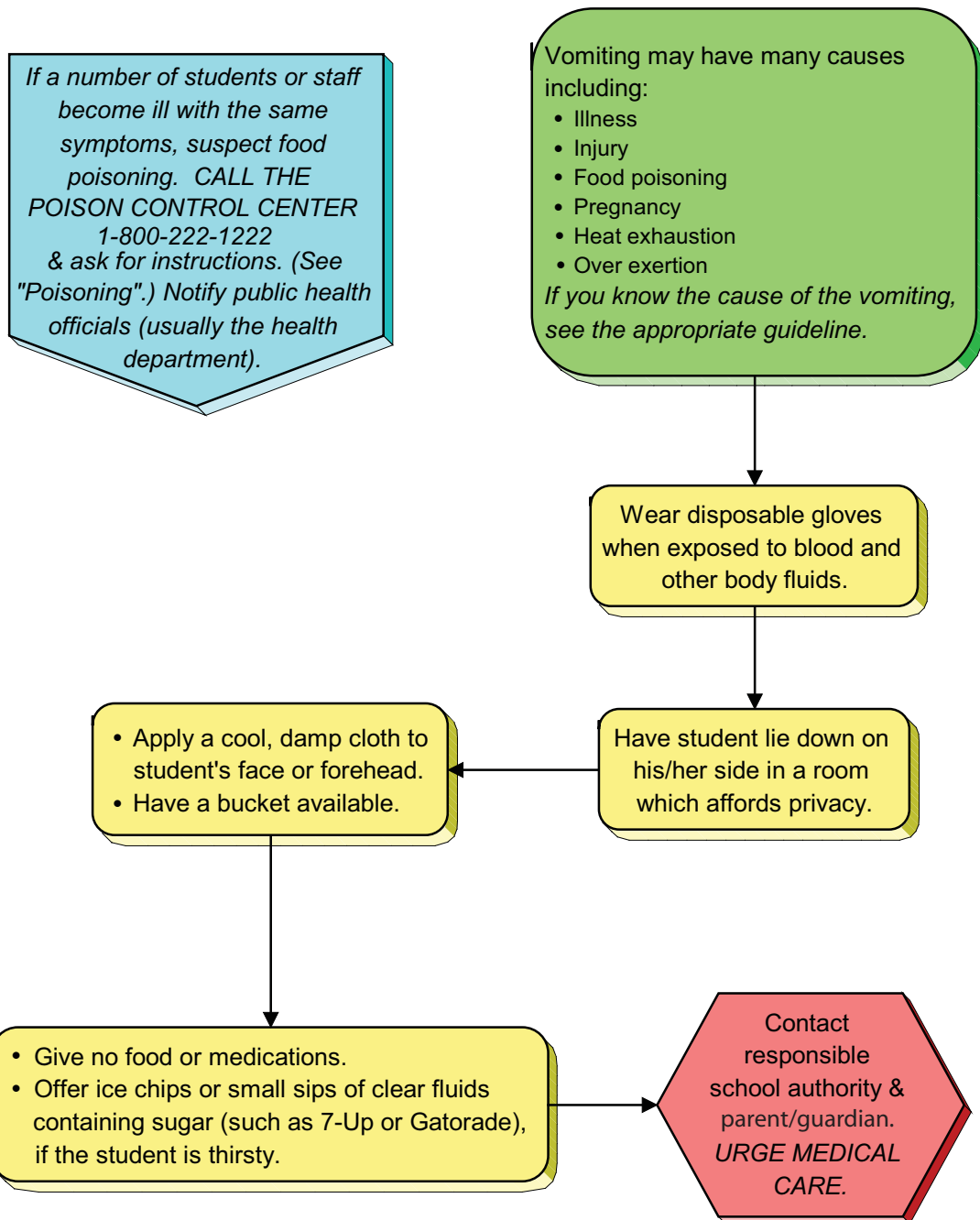
Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.

Contact parent/guardian.

UNCONSCIOUSNESS



VOMITING



RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES

Current American Red Cross First Aid Manual or equivalent guidelines

Covered waste receptacle with disposable liners

Sink with running water

Cot with waterproof cover

Washable blankets, pillows, pillow cases (disposable covers are available)

Wash cloths, hand towels, portable basin, emesis basins

Bandage scissors, tweezers

Digital or electronic thermometers with disposable thermometer covers or single-use thermometers

Hot water bottle (heating pads not recommended)

Disposable supplies:

- Sterile cotton tipped applicators, individually packaged

- Sterile adhesive bandages, individually packaged

- Cotton balls

- Sterile gauze squares (2"x 2"; 3"x 3"), individually packaged

- Adhesive tape (1" tape), paper tape recommended

- Gauze roller bandage (1" and 2" widths)

- Cold packs or compresses

- Triangular bandage for sling

- Tongue blades, individually wrapped

- 70% Isopropyl alcohol for use with thermometer

- Safety pins

- Liquid soap

- Paper towels

- Disposable facial tissues

- Eye wash bottle

- Disposable gloves (latex or vinyl, if latex allergy is possible)

- Hank's Balanced Salt Solution (Save-A-Tooth) Kit, or 1/3 cup of powdered milk for mixing with water for dental first aid

- Bleach for cleaning solutions and sprays (mix 1:100 with water)

- Splints, long and short

- Sanitary Napkins

- Pocket mask/fact shield for CPR

- Flashlight with spare bulb and batteries

- One ounce emergency supply of Ipecac (dated) to be used only under the direction of the Poison Control Center

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update as needed. Copy and post near all phones. Each building/facility should update this information at least annually.

EMERGENCY PHONE NUMBERS: 911 or _____

Name of Emergency Medical Service: _____

Average emergency response time to your building/facility: _____

Directions to your building/facility: _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP!

- ◆ Name and school/facility name
- ◆ Nature of emergency
- ◆ School/facility telephone number _____
- ◆ Address and easy directions, including best entrance to use
- ◆ Exact location of injured person (e.g., behind building in parking lot)
- ◆ Type of injury/condition suspected (e.g., head or neck injury, shock, etc.)
- ◆ Help already given to victim (e.g., epinephrine, CPR, AED, etc.)
- ◆ Ways to find the entrance easily (someone standing out front, flag pole, etc.)

OTHER IMPORTANT PHONE NUMBERS

School nurse	_____
Responsible administrator	_____
Poison Control Center	_____
Emergency/Disease Reporting	_____
Fire Department	911 or _____
Police	911 or _____
Hospital or Nearest Emergency Facility	_____
County Family Services Division/Child	_____
Protective Services	_____
Local Health Agency	_____
Child Abuse Hotline	_____
Sexual Assault Hotline	_____
Domestic Violence Hotline	_____
School Violence Hotline	_____
Other	_____

EMERGENCIES HAPPEN

Being Prepared Saves Lives



3 Steps to Prepare for an Emergency

1. Create a plan

Families may not be together when emergencies strike. Make sure to have current contact information on file for parents or guardians of individuals in your care. Be sure to obtain doctor's names, health insurance and any special medical information. It is also a good idea to collect contact information of a nearest relative in the event the parent or guardian is unavailable.

Families should plan how they will stay in contact if they are separated by a disaster. They should choose two meeting places, a reunion location should be a safe distance from their home and an alternative location should be a place outside their neighborhood. They should also choose an out-of-town friend or family member as a contact for everyone to call. Designating a safe room in their home if they must stay for several days is also recommended. Families should also designate a place where their family will be able to stay for a few days in case they are asked to evacuate. Family members should know and discuss these plans.

2. Prepare an emergency kit

The following items should be part of an emergency kit and kept in a container that can be easily carried. Consider placing an emergency kit in each room of your facility.

- | | |
|---|--|
| <input type="checkbox"/> Prescription medicine | <input type="checkbox"/> Bottled water (One gallon of water per person per day, to last three days.) |
| <input type="checkbox"/> Clean clothes and sturdy shoes | <input type="checkbox"/> Canned or dried food (A three-day supply of non-perishable food items for each person. Remember a manual can opener.) |
| <input type="checkbox"/> Extra credit card | <input type="checkbox"/> Battery-powered radio |
| <input type="checkbox"/> Extra money | <input type="checkbox"/> Extra batteries for radio and flashlight |
| <input type="checkbox"/> Sturdy trash bags | <input type="checkbox"/> First-aid kit |
| <input type="checkbox"/> Formula and baby food if there is an infant in your home | |
| <input type="checkbox"/> Flashlight | |

3. Listen for information

Listen for information about what to do and where to go during an emergency. City, county, and state officials have developed emergency plans. During an emergency, it is important to follow their instructions and advice.