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Also Includes:
- School/Child Care Center Safety Planning & Emergency Preparedness Section, including Pandemic Flu Preparedness

GUIDELINES
...for helping an ill or injured child when a health care professional is not available
January 3, 2011

Dear K-12 School Staff and Child Care Center Staff:

The Okaloosa County Health Department is pleased to provide you with Emergency Guidelines for Schools and Child Care Centers 2011 as a resource. These guidelines are designed to assist school and child care center staff in responding to pediatric emergencies when a registered nurse is not available. They were adapted from a guide developed in North Carolina with the input of EMS, emergency medicine, and pediatric specialists to assist in the development of school based emergency guidelines. The purpose of the manual is to provide general guidance based on generally accepted courses of action when confronted with medical emergencies.

The guidelines for managing various illnesses and injuries are listed in alphabetical order to assist in locating them in what may be a stressful circumstance. There is also a section on documenting and reporting injuries and on disaster preparedness and pandemic influenza planning. Staff at the Okaloosa County Health Department is available to assist you with planning for emergencies.

We hope this resource is helpful to school and child care center staff as they assist ill and injured children until a healthcare or EMS provider is available. For questions regarding this resource, or to request planning assistance, please contact the Okaloosa County Health Department at 850.833.9240 Extension 2394.

Sincerely,

Karen A. Chapman, M.D., M.P.H.
Director
Okaloosa County Health Department

Venita Morell, M.D.
Medical Director
Okaloosa County Health Department
Okaloosa County EMS Medical Director
Emergency Guidelines for Schools and Child Care Centers
2011 Edition

The Okaloosa County Health Department obtained permission from the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services, Emergency Medical Services for Children Program to edit the North Carolina Emergency Guidelines for Schools, 2009 Edition.

We would like to acknowledge the following staff in North Carolina:

Project Manager

Gloria Hale, MPH, EMSC Program, Office of EMS, N.C. Division of Health Service Regulation

Contributors

Jessica Gerdes, RN, MS, School Health Unit, Children and Youth Branch, Women’s and Children’s Section, N.C. Division of Public Health
Donna Moro-Sutherland, MD, N.C. EMSC Advisory Committee
Kim Askew, MD, N.C. EMSC Advisory Committee
Julie Casani, MD, MPH, Public Health Preparedness and Response, N.C. Division of Public Health
Zack Moore, MD, MPH, Medical Epidemiologist, Communicable Disease Branch, N.C. Division of Public Health
N.C. Chapter American Heart Association

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

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


Permissions have been obtained from Gloria Hale, with the North Carolina Department of Health and Human Services, for modifying portions of this document to comply with specific laws and regulations in Florida.

Special thanks also go to Venita Morell, M.D., Okaloosa County Health Department Medical Director and Okaloosa County EMS Medical Director, for her invaluable assistance with reviewing these guidelines.
The initial Emergency Guidelines for Schools (EGS) was field tested in Ohio in 1997 and revised based on school feedback. Within seven years, more than 35,000 copies of the EGS were distributed in Ohio and throughout the United States. They were adapted for use in other states, including North Carolina. North Carolina’s edition is the product of careful review of content and changes in best practice recommendations for providing emergency care to children in North Carolina schools, especially when a school nurse is not available. The North Carolina EGS 2009 Edition was reviewed and modified by the Okaloosa County Health Department to make it applicable to both schools and child care centers and to comply with Florida statutes and administrative code.

Please take some time to familiarize yourself with the format and review the “How to Use the Emergency Guidelines” section (p. 5) prior to an emergency situation. The emergency guidelines are meant to serve as basic what-to-do-in-an-emergency information for school and child care center staff with minimal medical training and for when a registered nurse or licensed medical professional is not available. It is strongly recommended that staff who are in a position to provide first aid to children complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.

The emergency guidelines were created as recommended procedures. It is not the intent of the Okaloosa County Health Department to supersede or make invalid any laws, rules or policies established by a school system, school board, child care regulatory agency or the State of Florida. You may add specific instructions to these guidelines for your school or child care center as needed. In a true emergency situation, use your best judgment.

Florida Statute 0381.0056 states “health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of children. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health, to discover health problems, and to encourage use of the services of their physicians, dentists, and community health agencies” and that “In the absence of negligence, no person shall be liable for any injury caused by an act or omission in the administration of school health services.” Follow your agency’s guidelines related to medication administration and provision of health services to children attending your school or child care center.

Additional copies of this guide can be downloaded and printed from: www.HealthyOkaloosa.com
HOW TO USE THE EMERGENCY GUIDELINES

In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.)

- Learn when EMS (Emergency Medical Services) should be contacted. Copy “When to Call EMS” (page 6) and post in key locations.

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

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

- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the Key to Shapes and Colors.

- Take some time to familiarize yourself with the Emergency Procedures for Injury or Illness. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

- In addition, information has been provided about Infection Control, Planning for Children with Special Needs, Injury Reporting, School/Child Care Center Safety Planning and Emergency Preparedness.

- In this guide when “contact responsible authority” is noted, this refers to the person in your organization or facility who is contacted when a child is ill or injured. In many cases this is the principal of the school or the child care center director. Follow your facility protocol on notifications when an emergency occurs.

KEY TO SHAPES & COLORS

START

Start here.

FIRST AID

Provides first-aid instructions.

START & QUESTION

Asks a question. You will have a decision to make based on the child’s condition.

OR

QUESTION

STOP

Stop here. This is the final instruction.

NOTE

A note to provide background information. This type of box should be read before emergencies occur.
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 is still having breathing difficulty after the use of an Epinephrine pen (Epi Pen).

☐ 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 what to do, it is best to CALL 9-1-1.
Emergency Procedures for Injury or Illness

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.

2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.

3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.

4. Do NOT give medications unless there has been prior approval by the child’s parent or legal guardian and doctor according to local school board or child care center policy.

5. Do NOT move a severely injured or ill child unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.

6. The responsible school or child care center 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 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 child. Arrange for transportation of the child by Emergency Medical Services (EMS), if necessary.

8. A responsible individual should stay with the injured child.

9. Fill out a report for all injuries requiring above procedures as required by local school or child care center policy. The Okaloosa County School District has created a form for reporting child injury (MIS form 5063). A copy of the form with instructions follows.

POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and children.
- Designate private rooms for private counseling/defusing.
- Escort affected children, 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 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.
COMMUNICATION CHALLENGES:

PHYSICAL ABILITIES: in emergency and disaster planning.

HEALTH CONDITIONS:

### INCIDENT OR ACCIDENT REPORT

Immediately after incident, complete and forward to: OKALOOSA COUNTY SCHOOL BOARD, 120 Lowery Place S.E., Fort Walton Beach, Florida 32548, Attn: Insurance Dept. NOTE: Signatures of Teacher and/or immediate supervisor and principal or group leader are required. CALL IMMEDIATELY IF INCIDENT IS SERIOUS.

| 1. Name: | 2. School: | 3. Time accident occurred: Hour: | 4. Place of Accident: School Building | 5. Does student have School Accident Insurance: Yes [ ] No [ ] | Home Address: | Sex: M [ ] F [ ] | Age: | Grade or classification: | AM [ ] PM [ ] Date: | School Grounds [ ] To or from School: Home [ ] Elsewhere [ ] |

<table>
<thead>
<tr>
<th>NATURE OF INJURY</th>
<th>Abruption</th>
<th>Burn</th>
<th>Fracture</th>
<th>Scrapes</th>
<th>Amputation</th>
<th>Concussion</th>
<th>Amputation</th>
<th>Concussion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Laceration</td>
<td>Skid (el.)</td>
<td>Asphyxiation</td>
<td>Cot</td>
<td>Poisoning</td>
<td>Sprain</td>
<td>Bite</td>
<td>Dislocation</td>
</tr>
<tr>
<td></td>
<td>Bruise</td>
<td>Puncture</td>
<td>Scalds</td>
<td>Other (Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART OF BODY INJURED**
- Abdomen
- Foot
- Ankle
- Hand
- Arm
- Head
- Back
- Knee
- Leg
- Mouth
- Other (Specify)

<table>
<thead>
<tr>
<th>6.</th>
<th>7. Degree of Injury: Death [ ] Permanent Impairment [ ] Temporary Disability [ ] Non-disabling [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Names of others involved in incident:</td>
<td></td>
</tr>
</tbody>
</table>

9. Teacher in charge when accident occurred (Enter name):

10. Present at scene of accident: No [ ] Yes [ ]

**Immediate Action Taken**
- First-aid treatment: By (Name):
- Sent to school nurse: By (Name):
- Sent home: By (Name):
- Sent to Physician: By (Name): Physician’s Name:
- Sent to hospital: By (Name): Name of hospital:

11. Was a parent or other individual notified? No [ ] Yes [ ] When: Phone #
- Name of individual notified:
- Their attitude:
- By whom? (Enter name):

12. Witnesses:
- Name: Address:
- Name: Address:

13. **LOCATION**

<table>
<thead>
<tr>
<th>Location</th>
<th>SPECIFY ACTIVITY</th>
<th>SPECIFY ACTIVITY</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic field</td>
<td>Locker</td>
<td>Pool</td>
<td></td>
</tr>
<tr>
<td>Auditorium</td>
<td>Pool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Sch. Grounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom</td>
<td>Shop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corridor</td>
<td>Showers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing room</td>
<td>Stairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gymnasium</td>
<td>Toilets and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Econ.</td>
<td>Washroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratories</td>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed: Principal: ________________ Teacher: ________________ Date: ________________

REV. 2/17/09 Form MIS 5063

- 8 -
Some children in your facility may have special emergency care needs due to health conditions, physical abilities or communication challenges. Include caring for these children's special needs in emergency and disaster planning.

HEALTH CONDITIONS:

Some children may have special conditions that put them at risk for life-threatening emergencies:
- Seizures
- Diabetes
- Asthma or other breathing difficulties
- Life-threatening or severe allergic reactions
- Technology-dependent or medically fragile conditions

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

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

The care plan allows parents/caregivers to document their child's vital medical information that can be used to assist health care providers when the child has an emergency health problem and neither parent nor physician is immediately available.

PHYSICAL ABILITIES:

Other children may have special emergency needs due to their physical abilities. For example, children who are:
- In wheelchairs
- Temporarily on crutches/walking casts
- Unable or have difficulty walking up or down stairs

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

COMMUNICATION CHALLENGES:

Other children may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, children who have:
- Vision impairments
- Hearing impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issues

These children may need special communication considerations in the event of an emergency. All staff should be aware of plans to communicate information to these children.
To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow universal precautions. Universal precautions are a set of guidelines that assume all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to *any* child, whether or not the child is known to be infectious. The following list describes universal precautions:

- **Wash hands thoroughly** with running water and soap for at least 20 seconds:
  1. Before and after physical contact with any child (*even if gloves have been worn*).
  2. Before and after eating or handling food.
  3. After cleaning.
  4. After using the restroom.
  5. After providing any first aid.

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

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

**Guidelines for Children:**
- Remind child to wash hands thoroughly after coming in contact with their own blood or body fluids.
- Remind child to avoid contact with another person’s blood or body fluids.
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.

If your school or child care center has an AED, obtain training in its use before an emergency occurs, and follow any local facility policies. AEDs vary, so follow manufacturer’s instructions. The location of AEDs should be known to all facility personnel.

**American Heart Association Guidelines for AED/CPR Integration 2010**

- Start chest compressions and have someone **CALL 9-1-1** immediately.
- If an AED is available, have a staff member get the AED.
- Using the AED as soon as possible gives the victim the best chance to live.
- AEDs are safe to use for infants and children according to the 2010 revision from the American Heart Association (AHA).
- Some AEDs are capable of delivering a “child” energy dose through smaller child pads. Use child pads/child system for infants and children 1-8 years if available. If child system is not available, use adult AED and pads on infants and children.
- Do not use the child pads or child energy dose for adults in cardiac arrest.
CPR and AEDs are to be used when a person is unresponsive or when breathing or heart beat stops.

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

1. Shout for help and send someone to CALL 9-1-1 and get your facility’s AED if available.

2. Follow primary steps for CPR (see “CPR” (pp.21-24) for appropriate age group – infants and children up to age 8 or children over 8 years and adults).

3. If available, set up the AED according to the manufacturer’s instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions and training method.

4. Begin chest compressions immediately. Push hard and fast. Rate of compressions should be at least 100 per minute.

5. Prepare AED to check heart rhythm and deliver 1 shock if indicated by the device.

6. Continue chest compressions at a rate of at least 100 compressions per minute. If you have been trained to give rescue breathing, give the first breath after 30 CPR chest compressions. Remove your mouth from the victim and let the air flow out. Give another breath, and resume chest compressions. If you have not been trained to give rescue breaths, use chest compressions only. See age-appropriate CPR guideline.

7. Complete 5 cycles of CPR (30 chest compressions in about 20 seconds to 2 breaths for a rate of at least 100 compressions per minute).

8. Prompt another AED rhythm check.

9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.

REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.
Children with life-threatening allergies should be known to appropriate facility staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction.

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

Does the child have any symptoms of a severe allergic reaction?
- Flushed face
- Dizziness
- Seizures
- Confusion
- Weakness
- Paleness
- Hives all over body
- Blueness around mouth, eyes
- Difficulty breathing
- Drooling or difficulty swallowing
- Loss of consciousness

Does child have an emergency care plan available?

NO

Symptoms of a mild allergic reaction include:
- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

YES

Check child’s airway.
- Look, listen and feel for breathing.
- If child stops breathing, start CPR. See “CPR” (pp.21-24).

Follow facility policies for children with severe allergic reactions. Continue CPR if needed.

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

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

Refer to child’s plan. Administer doctor-and parent/guardian-approved medication as indicated.
A child with asthma/wheezeing may have breathing difficulties which may include:

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

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

**Has an inhaler already been used?**

- Yes, when and how often?
- No

**Remain calm. Encourage the child to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.**

**Are symptoms not improving or getting worse?**

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

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

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

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

**Did breathing difficulty develop rapidly?**

- Are the lips, tongue or nail beds turning blue?

**YES**

**NO**

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

**YES**

**NO**

**Has an inhaler already been used?**

- Yes, when and how often?
- No

**Remain calm. Encourage the child to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.**

**Are symptoms not improving or getting worse?**

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

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

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

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

**CALL EMS 9-1-1.**
Children with a history of behavioral problems, emotional problems or other special needs should be known to appropriate facility staff. An emergency care plan should be developed.

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

Refer to your facility’s policy for addressing behavioral emergencies.

Does child have visible injuries?

YES

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

NO

CALL THE POLICE.

YES

• Does child’s behavior present an immediate risk of physical harm to persons or property?
• Is child 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 child should be seen by a health care provider to determine the cause.

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

Contact responsible authority & parent/legal guardian.
Wear disposable gloves when exposed to blood or other body fluids.

Press firmly with a clean gauze square. See “Bleeding” (p. 17).

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

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

If skin is broken, contact responsible authority & parent/legal guardian.
URGE IMMEDIATE MEDICAL CARE.

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

Check student’s immunization record for tetanus. See “Tetanus Immunization” (p. 63).

Is bite from human or animal?

CALL EMS 9-1-1

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

Parent/legal guardian of the child who was bitten and the child who bit should be notified that their child may have been exposed to the blood from another person. Individual confidentiality must be maintained when sharing information.

If bite is large or gaping?
• Is bleeding uncontrollable?

Contact responsible authority & parent/legal guardian.

Report animal bites to the Okaloosa County Health Department at 833-9247, so the animal can be caught and watched for rabies.

Is child bleeding?

Hold under running water for 2-3 minutes.

Wash the bite area with soap and water.
Wear disposable gloves when exposed to blood or other body fluids.

Check child’s immunization record for tetanus. See “Tetanus Immunization” (p.63).

Is injured part amputated (severed)?

- 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.

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

URGE MEDICAL CARE.

Is there continued uncontrollable bleeding?

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

CALL EMS 9-1-1.

CALL EMS 9-1-1.

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

Contact responsible authority & parent or legal guardian.
BLISTERS (FROM FRICTION)

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

Wash the area gently with water. Use soap if necessary to remove dirt.

Is blister broken?

- YES
  - Apply clean dressing and bandage to prevent further rubbing.

- NO
  - Do NOT break blister. Blisters heal best when kept clean and dry.

If infection is suspected, contact responsible authority & parent or legal guardian.
If child comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See “Child Abuse” (p. 27).

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

If yes:
Rest injured part.
Apply cold compress or ice bag covered with a cloth or paper towel for 20 minutes.

If skin is broken, treat as a cut. See “Cuts, Scratches & Scrapes.” (p. 31)

If no:
Contact responsible authority & parent or legal guardian.
If child comes to school or child care center with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See "Child Abuse" (p 27).

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

**What type of burn is it?**

**CHEMICAL**
- Wear gloves and if possible, goggles.
- Remove child’s clothing and jewelry if exposed to chemical.
- Rinse chemicals off skin, eyes IMMEDIATELY with large amounts of water.
  - See “Eye Problems” (p. 36), if necessary.
- Rinse for 20-30 minutes.

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

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

**Is child unconscious or unresponsive?**

- NO
  - See “Electric Shock” (p.35).

- YES
  - Cover/wrap burned part loosely with a clean dressing.
  - Contact responsible authority & parent or legal guardian.

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

Check child’s immunization record for tetanus. See “Tetanus Immunization” (p.63).

**CALL EMS 9-1-1**
The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2010. The new guidelines recommend beginning chest compressions first. Don’t bother checking for a pulse. The goal is to start compressions quickly. The compressions should be hard and fast. Compressions should be delivered at a rate of at least 100 per minute. For infants and children, the chest should be compressed one-third of the diameter of the chest (approximately 1 ½ inches in infants and 2 inches in children). For adults, the chest should be compressed at least 2 inches. Let the chest wall come all the way back up between compressions. Do not stop compressions. You should use a compression-to-ventilation ratio of 30 compressions to 2 rescue breaths. If this guidance differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for children should be properly trained in CPR. Community organizations such as the American Red Cross, and others, offer CPR training classes.

Current first aid, choking and CPR manuals, and wall chart(s) should be posted and are available at many websites. The American Academy of Pediatrics offers many visual aids for school and child care facility personnel. These items can be purchased at http://www.aap.org.
CPR FOR INFANTS

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.
1. Shout for help and send someone to CALL 9-1-1 and get the AED if one is available.
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Immediately start CHEST COMPRESSIONS. Push hard and fast at a rate of at least 100 compressions per minute. Compressions should push the chest in 1/3 of the diameter of the chest or approximately 1½ inches).
4. Set up the AED and connect the pads according to the manufacturer’s instructions. Incorporate use into CPR cycles according to instructions and training method. If you have been trained to give rescue breathing, after 30 chest compressions, lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY.
5. Seal your lips tightly around the infant’s mouth and nose and give 1 normal BREATH over 1 second, watching for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):
8. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are NOT over the very bottom of the breastbone.)
9. Compress chest hard and fast at rate of 30 compressions in about 20 seconds with 2 or 3 fingers.
10. Use equal compression and relaxation times. Limit interruptions in chest compressions.
11. Give 2 normal breaths, each lasting 1 second. Each breath should make chest rise.
12. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.
13. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):
8. Re-tilt head back. Try to give 2 breaths again.
IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.
IF CHEST STILL DOES NOT RISE:
9. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are NOT over the very bottom of the breastbone.)
10. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are NOT over the very bottom of the breastbone.)
11. Look in mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep of lift the jaw or tongue.
12. REPEAT STEPS 7-9 UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.
CPR
FOR CHILDREN 1 TO 8 YEARS OF AGE

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

1. Shout for help and send someone to CALL 9-1-1 and get the 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. Immediately start CHEST COMPRESSIONS. Push hard and fast at a rate of at least 100 compressions per minute. Compressions should push the chest in 1/3 of the depth of the chest (approximately 2 inches).
4. Set up the AED and connect the pads according to the manufacturer’s instructions. Begin use of the AED after at least 30 chest compressions have been given. Incorporate use into CPR cycles according to instructions and training method.
5. Lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY.
6. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 BREATH over 1 second, watching for chest to rise.

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

8. Continue chest compressions. Compress chest hard and fast 30 times in 20 seconds with the heel of 1 or 2 hands.* Compress about 1/3 of the diameter of child’s chest (approximately 2 inches). Allow the chest to return to normal position between each compression.

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

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

10. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 20 SECONDS UNTIL THE CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.

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

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

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

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

IF CHEST RISES WITH RESCUE BREATH,
FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

9. Find hand position near center of breastbone at the nipple line. (Do NOT place your hand over the very bottom of the breastbone.)

10. Compress chest fast and hard 5 times with the heel of 1 or 2 hands.* Compress about 1/3 of the diameter of the child’s chest (approximately 2 inches). Lift fingers to avoid pressure on ribs.

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

12. REPEAT STEPS 8-10 UNTIL BREATHS GO IN, CHILD STARTS TO BREATH EFFECTIVELY ON OWN OR HELP ARRIVES.
CPR FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

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

1. Shout for help and send someone to CALL 9-1-1 and get the AED if available.
2. Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Immediately start CHEST COMPRESSIONS. Push hard and fast at a rate of at least 100 compressions per minute. Compressions should push the chest in at least 2 inches.
4. Set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method.
5. If you have been trained in providing rescue breaths, lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY. If you have not been trained in rescue breaths, you can do Hands-Only™ CPR for adults (see next page).
6. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 BREATH over 1 second, watching for chest to rise.

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

8. Give a second rescue breath lasting 1 second until chest rises.
9. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do NOT place your hands over the very bottom of the breastbone.)

10. Position self vertically above victim’s chest and with straight arms, compress chest hard and fast to a depth of at least 2 inches at a rate of 30 compressions in about 20 seconds with both hands. Allow the chest to return to normal position between each compression. Lift fingers when compressing to avoid pressure on ribs. Limit interruptions in chest compressions.
11. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
12. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.
13. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

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

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

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

9. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do NOT place your hands over the very bottom of the breastbone.)
10. Position self vertically above person’s chest and with straight arms, compress chest at a rate of 30 compressions in about 20 seconds with both hands to a depth of at least 2 inches. Lift fingers to avoid pressure on ribs.
11. Look into the mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep or lift the jaw or tongue.
12. REPEAT STEPS 8-11 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.

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HANDS-ONLY CPR for adults who suddenly collapse

Hands-Only CPR has been widely publicized by the AHA as an appropriate bystander response to adult victims of out-of-hospital, witnessed, sudden cardiac arrest. So, don’t be surprised if others at the scene of such an event are performing Hands-Only CPR, that is, CPR without breathing. They’ve probably learned the following two simple steps:

Call 911

Push hard and fast in the center of the chest

Hands-Only CPR is NOT recommended for:
- Unresponsive infants and children
- Victims of
  - drowning
  - trauma
  - airway obstruction
  - acute respiratory diseases
  - apnea, such as associated with drug overdose
CHOKING (Conscious Victims)

CALL 9-1-1 EMS 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 foreign object is seen, sweep it out with the finger.

6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.

7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.

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

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 8 OF INFANT CPR (p. 22).

CHILDREN OVER 1 YEAR OF AGE & ADULTS

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

1. Stand or kneel behind child with arms encircling child.

2. Place thumbside of fist against middle of abdomen just above the navel. (Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand).

3. Give up to 5 quick inward and upward abdominal thrusts.

4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 8 OF CHILD OR ADULT CPR (p. 23 or 24).

FOR OBESE OR PREGNANT PERSONS:

Stand behind person and place your arms under the armpits to encircle the chest. Press with quick backward thrusts.
Child abuse is a complicated issue with many potential signs. According to Florida law, all school and child care center staff who suspect that a child is being abused or neglected are required to make a report to the Department of Children and Families or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect. Failure to report suspected abuse or neglect may result in civil or criminal liability.

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

All school and child care facility staff are required to report suspected child abuse and neglect to the Florida Department of Children and Families. Refer to your own facility’s policy for additional guidance on reporting. Abuse, Neglect, & Exploitation Hot Line Toll Free 1-800-962-2873

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

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

If a child reveals abuse to you:

- Remain calm.
- Take the child seriously.
- Reassure the child that he/she did the right thing by telling.
- Let the child know that you are required to report the abuse to the Florida Department of Children & Families (DCF).
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the child’s situation.
- If you know, tell the child what steps to expect next.
- Follow required facility reporting procedures.

Contact responsible authority. Contact DCF. Follow up with required reports.
The Okaloosa County Health Department, Disease Surveillance Branch offers advice on the control of communicable disease. We can be reached at:

850-833-9240 Ext 2258

More information can be found at:
www.HealthyOkaloosa.com
A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

Refer to your local facility’s policy for caring for or excluding ill children.

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

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 child in school or child care who has a communicable disease.

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 authority & parent or legal guardian.
ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:
- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

Monitor child for worsening of symptoms. Contact parent/legal guardian and discuss.
A concussion is a type of head injury. It may be caused by bumping the head or even by “whiplash” or jerking the head and neck forcefully. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear for days or weeks. Concussions are serious and medical assessment is needed if a child has signs or symptoms of concussion. Remember that the actual head injury may have occurred at a location other than school/child care center and/or may have occurred at night or on the weekend.

A child with a concussion may have the following symptoms:
- Appears dazed or stunned.
- Is confused about assignment or task.
- Forgets instructions.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Has behavior or personality changes.
- Can’t remember events prior to hit or fall.
- Can’t remember events after hit or fall.

Child complains of:
- Headache or “pressure” in head.
- Nausea or vomiting.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling groggy, hazy, foggy.
- Concentration or memory problems.
- Confusion.
- Does not feel “right.”

Watch child closely. Do NOT leave child alone.

Contact responsible authority & parent/legal guardian. Urge them to seek medical assessment for concussion.

Child has symptoms of concussion.

YES

Continue to observe. Remember signs of concussion can occur days or weeks after injury. If signs of concussion occur at any time:
CUTS (SMALL), SCRATCHES & SCRAPES  
(INCLUDING ROPE & FLOOR BURNS)

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

- Is the wound:
  - Large?
  - Deep?
  - Bleeding freely?

- NO
  - Wash the wound gently with water. Use soap if necessary to remove dirt.
  - Pat dry with clean gauze or paper towel.
  - Apply clean gauze dressing (non-adhering or non-sticking type for scrapes) and bandage.

- YES
  - See “Bleeding” (p.17).

- Check child’s immunization record for tetanus. See “Tetanus Immunization” (p.63).

- Contact responsible authority & parent/legal guardian.
A child 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 child’s emergency care plan.

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

Does child have a blood sugar monitor available?

Give the child “sugar” such as:
- Fruit juice or soda pop (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or ½ candy bar.
- Sugar (2 packets or 2 teaspoons).
- Cake decorating gel (½ tube) or icing.
- Instant glucose.

Is blood sugar less than 60 or “LOW” according to emergency care plan?

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

Contact responsible authority & parent/legal guardian.

CALL EMS 9-1-1.

If the child is unconscious, see “Unconsciousness” (p.65).
DIARRHEA

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

A child may come to school or a child care center with repeated diarrhea or after an “accident” in the bathroom.

Does child have any of the following signs of probable illness:
- More than 2 loose stools a day?
- Oral temperature over 100.0°F? See “Fever” (p.39).
- Blood present in the stool?
- Severe stomach pain?
- Child is dizzy and pale?

YES

• Allow the child to rest if experiencing any stomach pain.
• Give the child water to drink.

NO

Contact responsible authority & parent/legal guardian.

URGE MEDICAL CARE.
**EAR PROBLEMS**

**DRAINAGE FROM EAR**

Do NOT try to clean out ear.

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

**EARACHE**

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

**OBJECT IN EAR CANAL**

Ask child if he/she knows what is in the ear.

- Do you suspect a live insect is in the ear? NO
  - Gently tilt head toward the affected side.
  - Did the object come out on its own?
  - YES
    - If there is no pain, the child may return to class. Notify the parent or legal guardian.
  - NO
    - Do NOT attempt to remove.
    - Contact responsible authority & parent or legal guardian.
    - URGE MEDICAL CARE.
  - YES OR NOT SURE
    - Do NOT attempt to remove.
ELECTRIC SHOCK

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

If no one else is available to call 9-1-1, perform CPR (pp. 21-24) first for 2 minutes and then call EMS yourself.

Is child unconscious or unresponsive?

CALL EMS 9-1-1.

- Keep airway clear.
- Look, listen and feel for breath.
- If child is not breathing, start CPR. See “CPR” (pp. 21-24).

Treat any burns. See “Burns” (p.20).

Contact responsible authority & parent or legal guardian.

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

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

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

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

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

Contact responsible authority & parent or legal guardian. URGE IMMEDIATE MEDICAL CARE.
PARTICLE IN EYE

Keep child from rubbing eye.

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

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

URGE MEDICAL CARE.

CHEMICALS IN EYE

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

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

Contact responsible authority & parent/legal guardian.

If eye has been burned by chemical, CALL EMS 9-1-1.
Fainting may have many causes including:
- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

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

Most children who faint will recover quickly when lying down. If child does not regain consciousness immediately, see “Unconsciousness” (p. 65).

If you observe any of the following signs of fainting, have the child lie down to prevent injury from falling:
- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

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

If no:
- Keep child in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

If yes:
- Keep airway clear and monitor breathing.
- Keep child 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?

If yes:
- Contact responsible authority & parent/legal guardian.

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

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

Treat as possible neck injury. See “Neck & Back Pain” (p. 48).

Do NOT move child.

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

URGE MEDICAL CARE.
FEVER & NOT FEELING WELL

Take child’s temperature. Note oral temperature over 100.0°F as fever.

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

Give no medication, unless previously authorized.

Contact responsible authority and parent or legal guardian.
FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

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

Treat all injured parts as if they could be fractured.

CALL EMS 9-1-1.

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

YES

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

NO

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

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

YES

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

NO

- Contact responsible authority & parent/legal guardian.

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

Exposure to cold even for short periods of time may cause “HYPOTHERMIA” in children (see “Hypothermia, p. 45”). The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

Frostbitten skin may:
- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the child.

Deeply frostbitten skin may:
- Look white or waxy
- Feel firm or 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?

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

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

Keep child and part warm.
HEADACHE

Give no medication unless previously authorized.

Has a head injury occurred?

- Is headache severe?
- Are other symptoms present such as:
  - Vomiting?
  - Oral temperature over 100.0°F (see “Fever,” p.39)?
  - Blurred vision?
  - Dizziness?

See “Head Injuries,” (p.43).

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

Apply a cold cloth or compress to the child’s head.

If headache persists, contact parent/legal guardian.

URGE MEDICAL CARE.

Contact parent/legal guardian.
Many head injuries that happen at school or child care are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may or may not be serious. Head injuries from falls, sports and violence may be serious, see “Concussion” (p.30). If head is bleeding, see “Bleeding” (p.17).

• Have child rest, lying flat.
• Keep child quiet and warm.

Is child vomiting?

YES

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

CALL EMS 9-1-1.

• If child stops breathing, start CPR. See “CPR” (pp.21-24).

NO

Watch child closely. Do NOT leave child alone.

Are any of the following symptoms present?:
• Unconsciousness
• Seizure
• Neck pain
• Child is unable to respond to simple commands
• Blood or watery fluid in the ears
• Child is unable to move or feel arms or legs
• Blood is flowing freely from the head
• Child is sleepy or confused

If child only bumped head and does not have any other complaints or symptoms, see “Bruises” (p.19).

• With a head injury (other than head bump), always suspect neck injury as well.
• Do NOT move or twist the back or neck.
• See “Neck & Back Pain” (p. 48) for more information.

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

Even if child was only briefly confused and seems fully recovered, contact responsible authority & parent or legal guardian. URGE MEDICAL CARE. Watch for delayed symptoms.
Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be life-threatening situations.

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:
- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Vomiting.
- Loss of consciousness.

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

Is child unconscious or losing consciousness?

- NO
  - Does child have hot, dry, red skin?
  - Is child vomiting?
  - Is child confused?

  - NO
    - Give water frequently in small amounts if child is fully awake and alert.

  - YES
    - Quickly remove child from heat to a cooler place.
    - Put child on his/her side to protect the airway.
    - Look, listen and feel for breath.
    - **If child stops breathing, start CPR.** See “CPR” (pp.21-24).

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

Contact responsible authority & parent/legal guardian.

CALL EMS 9-1-1. Contact responsible authority & parent or legal guardian.
Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

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

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

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

Does the child have:
- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

CALL EMS 9-1-1.
Give nothing by mouth.
Continue to warm child with blankets.
If child is asleep or losing consciousness, place child on his/her side to protect airway.
Look, listen and feel for breathing.
If child stops breathing, start CPR.
See “CPR” (pp.21-24.)

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

Is it possible that child is pregnant?  
YES OR NOT SURE

NO

Are cramps mild or severe?  
MILD

A short period of quiet rest may provide relief.

Give no medications unless previously authorized by parent/legal guardian.

Urge medical care if disabling cramps or heavy bleeding occurs.

Contact responsible authority & parent/legal guardian.

For mild cramps, recommend regular activities.

See “Pregnancy” (p.52).

Pregnancy is a difficult topic to discuss with a child. Females as young as 9 or 10 may be able to conceive. Incest and rape are also possibilities in younger females who become pregnant.
Check child’s immunization record for tetanus. See “Tetanus Immunization”, (p. 63).

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

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

YES → See “Head Injuries” (p. 43)

NO

Have teeth been injured?

YES

Has jaw been injured?

YES

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

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

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

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

YES → See “Bleeding” (p. 17).

NO

Place a cold compress over the area to minimize swelling.

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

See “Teeth problems” (p. 62).
Suspect a neck/back injury if pain results from:
- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO

Did child walk in or was child found lying down?

LYING DOWN

WALK IN

A stiff or sore neck from sleeping in a “funny” position is different than neck pain from a sudden injury. A non-injured stiff neck with neurological symptoms or fever could be an emergency.

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

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

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

Try NOT to move neck or head.

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

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

NOSEBLEED

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

Place child 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 authority & parent/legal guardian.

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

See "Head Injuries" (p.43) if you suspect a head injury other than a nosebleed or broken nose.

BROKEN NOSE
OBJECT IN NOSE

Is object:
• Large?
• Puncturing nose?
• Deeply imbedded?

YES OR NOT SURE

NO

Have child hold the clear nostril closed while gently blowing nose.

Do NOT attempt to remove. See “Puncture Wounds” (p. 53) if object has punctured nose.

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

Did object come out on own?

YES

If there is no pain, child may return to class. Notify parent or legal guardian.

NO

If object cannot be removed easily, do NOT attempt to remove.
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 if the child has been poisoned.

Possible warning signs of poisoning include:

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

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 child becomes unconscious, place on his/her side. Check airway.
- Look, listen and feel for breathing.
- If child stops breathing, start CPR. See “CPR” (pp.21-24).

Wear disposable gloves.
- Check child’s mouth.
- Remove any remaining substance(s) from mouth.

If possible, find out:
- Age and weight of child.
- What the child swallowed.
- What type of “poison” it was.
- How much and when it was taken.

CALL POISON CONTROL: 1-800-222-1222

Follow their directions.

CALL EMS 9-1-1.

Contact responsible authority & parent or legal guardian.

Send sample of the vomited material and ingested material with its container (if available) to the hospital with the child.
Pregnant children should be known to appropriate school staff. Any child who is old enough to be pregnant, might be pregnant.

Pregnancy may be complicated by any of the following:

- **SEVERE STOMACH PAIN**
- **SEIZURE**
  - This may be a serious complication of pregnancy.
- **VAGINAL BLEEDING**
- **AMNIOTIC FLUID LEAKAGE**
  - This is **NOT** normal and may indicate the beginning of labor.
- **MORNING SICKNESS**
  - Treat as vomiting. See “Vomiting” (p.66).

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

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

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

Has eye been wounded?

YES

NO

Is object still stuck in wound?

YES

NO

Do NOT try to probe or squeeze.

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

See “Eye Problems-Injury” (p.36). Do NOT touch eye.

See “Bleeding” (p.17) if wound is deep or bleeding freely.

Check child’s immunization record for tetanus. See “Tetanus Immunization” (p.63).

CALL EMS 9-1-1.

See “Bleeding” (p.17) if wound is deep or bleeding freely.

Contact responsible authority & parent or legal guardian.

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

Is object large?

Is wound deep?

Is wound bleeding freely or squirting blood?

YES

NO

CALL EMS 9-1-1.
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 child needs medical care. Does child have:
- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

If any of the following symptoms are present, contact responsible authority & parent/legal guardian and URGE MEDICAL CARE:
- Oral temperature over 100.0°F (See “Fever” p.39).
- Headache.
- Diarrhea.
- Sore throat.
- Vomiting.
- Rash is bright red and sore to the touch.
- Rash (hives) all over body.
- Child is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in usual activities.

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

See “Allergic Reaction” (p.13) and “Communicable Disease” (p.28) for more information.

YES

NO
Seizures may be any of the following:
• Episodes of staring with loss of eye contact.
• Staring involving twitching of the arm and leg muscles.
• Generalized jerking movements of the arms and legs.
• Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).

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

Refer to child’s emergency care plan.

• If child 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 child 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.

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

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

Contact responsible authority & parent or legal guardian.

CALL EMS 9-1-1.
If injury is suspected, see "Neck & Back Pain" (p.48) and treat as a possible neck injury. Do NOT move child 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 child's emergency care plan if available.

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

Is child:
- Not breathing? See “CPR” (pp.21-24) and/or “Choking” (p.26).
- Unconscious? See “Unconsciousness” (p. 65).
- Bleeding profusely? See “Bleeding” (p. 17).

CALL EMS 9-1-1.

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

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 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.

Keep child 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 child with a blanket or sheet.
- Give nothing to eat or drink.
- If child vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.
Wear disposable gloves when exposed to blood or other body fluids.

Check child’s immunization record for tetanus. See “Tetanus Immunization” (p.63).

Gently wash area with clean water and soap.

Is splinter or pencil tip:
- Protruding above the surface of the skin?
- Small?
- Shallow?

- Leave in place.
- Do NOT probe under skin.

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

- Remove with tweezers unless this causes child pain.
- Do NOT probe under skin.

Were you successful in removing the entire splinter/pencil tip?

- Wash again. Apply clean dressing.

YES

NO
STABBING & GUNSHOT INJURIES

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

• Check child’s airway.
• Look, listen and feel for breathing.
• If child stops breathing start CPR. See “CPR” (p.21-24).

Refer to your facility’s policy for addressing violent incidents.

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

Is the child:
• Losing consciousness?
• Having difficulty breathing?
• Bleeding uncontrollably?

NO

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

Check child’s immunization record for tetanus. See “Tetanus Immunization” (p.63).

Contact responsible authority & parent or legal guardian.
Children with a history of allergy to stings should be known to all staff. An emergency care plan should be developed.

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

NO

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

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

Contact responsible authority & parent or legal guardian.

YES

Refer to child’s emergency care plan.

If available, administer approved medications.

CALL EMS 9-1-1.

- Check child’s airway.
- Look, listen and feel for breathing.
- **If child stops breathing, start CPR.** See “CPR” (pp.21-24).

See “Allergic Reaction” (p.13).
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.

Has a serious injury occurred resulting from:
- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

Suspect neck injury. See “Neck and Back Pain” (p.48).

Contact responsible authority & parent/legal guardian.

URGE PROMPT MEDICAL CARE.

Take the child’s temperature. Note temperature over 100.0°F as fever. See “Fever” (p.39).

Does child have:
- Fever?
- Severe stomach pains?
- Vomiting?

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

Does child feel better?

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

Allow child to return to class.
The page contains information about tooth problems, specifically bleeding gums and toothache or gum infections. It advises:

**Bleeding Gums**
- Bleeding gums are generally related to chronic infection.
- They present some threat to the child's general health.

No first aid measure in the school will be of any significant value. Contact the responsible authority and parent/legal guardian. Urges dental care.

See "Mouth & Jaw" (p. 47) for tongue, cheek, lip, jaw or other mouth injury not involving the teeth.

**Toothache or Gum Infection**
- These conditions can be direct threats to the child's general health, not just local tooth problems.

No first aid measure in the school or child care center will be of any significant value. Relief of pain in the school or child care center often postpones dental care. Do **NOT** place pain relievers (e.g., aspirin, Tylenol) on the gum tissue of the aching tooth. They can burn tissue.

Contact the responsible authority and parent/legal guardian. Urges dental care.
DISPLACED TOOTH

Do NOT try to move tooth into correct position.

Contact responsible 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.

The following steps are listed in order of preference.

Within 15-20 minutes:
1. Place gently back in socket and have child 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” (p. 78), or 3. Place in glass of milk, or 4. Place in normal saline, or 5. Have child spit in cup and place tooth in it, or 6. Place in a glass of water.

TOOTH MUST NOT DRY OUT.

Contact responsible authority & parent or legal guardian.

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

Apply a cold compress to face to minimize swelling.
Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the child’s immunization record for tetanus and notify parent or legal guardian.

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

**Other wounds** such as those contaminated by dirt, feces, 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.

For information on immunizations required for school or child care center attendance you can go to www.immunizeflorida.org/community.
Children 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 facility's policy regarding the removal of ticks.

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

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

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

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

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

Contact responsible authority & parent/legal guardian.
If child stops breathing, and no one else is available to call EMS, administer CPR for 2 minutes and then call EMS yourself.

**Unconsciousness**

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

**Unconsciousness may have many causes including:**
- Injuries.
- Blood loss/shock.
- Poisoning.
- Severe allergic reaction.
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

**Did child regain consciousness immediately?**

**YES**

Is unconsciousness due to injury?

**YES**

- See “Neck & Back Pain” (p.48) and treat as a possible neck injury.
- Do NOT move child.

**NO**

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

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

**Is child breathing?**

**YES**

- Keep child 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 child with a blanket or sheet.
- Give nothing to eat or drink.
- If child vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.
- Examine child from head-to-toe and give first aid for conditions as needed.

**NO**

**Begin CPR. See “CPR” (p.21-24).**

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

Contact responsible authority & parent/legal guardian.
If a number of children or staff become ill with the same symptoms, suspect food poisoning. Call the Okaloosa County Health Department at 833-9240 Ext 2258

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 child’s temperature. Note oral temperature over 100.0°F as fever. See “Fever” (p.39).

- Have child lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to child’s face or forehead.
- Have a bucket available.
- Give no food or medications, although you may offer child ice chips or small sips of water if the child is thirsty.

Does the child have:
- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is the child dizzy and pale?

Contact responsible authority & parent/legal guardian.

URGÊ MEDICAL CARE.

Contact responsible authority & parent/legal guardian.
SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS SECTION
School or Child Care Center Safety Plans

Florida Statute 1001.43 empowers district school boards to adopt programs and policies to ensure appropriate response in emergency situations. To develop an adequate plan schools and child care centers should:

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

Safety plans should be developed in cooperation with school health staff, school or child care facility 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, child evacuation, notifying responsible authority and parents, and supervising and accounting for uninjured children 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.

- At least two school staff members, in addition to health room staff, are trained in CPR and first aid in each facility. Additionally, it is advisable for teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) to be trained in CPR and first aid.

- Child and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for children 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. A plan is in place to replace used or outdated items. See “Recommended First Aid Equipment and Supplies” on p. 78.

- Schools and child care centers have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally. Schools and child care centers have 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 of this guide.
School Safety Plans – Continued

- School and child care facility personnel have communicated with local EMS regarding the emergency plan, services available, children with special health care needs and other important information about the school or child care facility.

- 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 child is clearly stated in written policy.

- Instructions for addressing children with special needs are included in the school or child care facility safety plan. See “Planning for Children with Special Health Care Needs” (p. 9).

SHELTER-IN-PLACE PROCEDURES

Shelter-in-place provides refuge for children, 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 and place signs in those areas identifying them as a safe area for specific hazards; for example, “Tornado Shelter”. Ideally, safe areas should include access to the public address system a telephone, and a bathroom.

- Administrator instructs children and staff to assemble in safe areas. Bring all people inside the building.

- Assemble a shelter-in-place kit and store it in the safe area. See the suggested list of items for this kit on p.70. The evacuation To-Go bags supplement this kit.

- Staff will take the evacuation To-Go Bag containing emergency information and supplies.

- Close all exterior doors and windows, if appropriate.

- Turn off all ventilation systems, if appropriate (i.e. during chemical and radiological events).

- Cover up food not in containers or put it in the refrigerator, if appropriate and time permits.

- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
Suggested contents for shelter-in-place kits:

- Plastic sheeting to cover window, doors, and vents in the safe area. Pre-cut the plastic sheeting to size slightly larger than the openings.
- Scissors
- Duct tape
- Drinking water
- Non-perishable snacks
- Classroom or building To-Go Bag
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 facility administrator.
- Administrator issues evacuation procedures.
- Administrator determines if children and staff should be evacuated outside of building or to relocation centers. ___________________________ coordinates transportation if children are evacuated to relocation center.
- Administrator notifies relocation center.
- Direct children 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, unless directed not to. Close doors.
- Notify parent(s)/guardian(s) per facility policy and/or guidance.

STAFF:

- Direct children 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, unless directed not to.
- When outside building, account for all children. Inform administrator immediately if any children are missing.
- If children are evacuated to relocation centers, stay with children. Take roll again when you arrive at the relocation center.

RELOCATION CENTERS:

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

**Primary Relocation Center**

- Address ____________________________________________
- Phone ____________________________________________
- Other information __________________________________

**Secondary Relocation Center**

- Address ____________________________________________
- Phone ____________________________________________
- Other information __________________________________
HAZARDOUS MATERIALS

INCIDENT OCCURS IN SCHOOL OR CHILD CARE CENTER:

- Notify principal or child care facility administrator.
- **CALL 9-1-1.** If material is known, report information.
- Fire officer Incident Commander may recommend additional shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- If advised, evacuate to a location upwind from the direction the wind is blowing from, 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 children are evacuated, according to facility policy.
- Resume normal operations after fire officials have cleared situation.

INCIDENT OCCURRED NEAR SCHOOL OR CHILD CARE FACILITY:

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

*Consider extra staffing for children with special medical and/or physical needs.*
GUIDELINES TO USE A TO-GO BAG

1) Developing a *To-Go Bag* provides your staff with:
   a. Vital child, staff and building information during the first minutes of an emergency evacuation.
   b. Records to initiate child 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, child rosters, list of children 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 and child care facilities 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 child 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 in this guide provide minimal supplies to be included in your facility’s bags. **We strongly encourage you to modify the contents 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 staff member 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
____ Video of inside and outside of building and grounds
____ Map of local streets with evacuation routes clearly marked
____ Current yearbook or pictures of each child and staff member
____ Staff roster including emergency contacts
____ Student roster including emergency contacts
____ Local telephone directory
____ Lists of key district or corporate personnel’s phone, fax, and cell phone numbers
____ Other______________________________________________________________

____ Other______________________________________________________________

SUPPLIES

____ Flashlight
____ First aid kit
____ CPR disposable mask
____ Battery-powered radio
____ Two-way radios and/or cell phones
____ Whistle
____ Extra batteries
____ Peel-off stickers and markers for name tags
____ Paper or spiral bound notepad and pen for note taking
____ Individual emergency medications/health equipment for children with special needs

Other:____________________________________________________________________
Other:____________________________________________________________________

Name of person responsible for maintaining this To-Go Bag:
________________________________________________________________________

Name of person responsible for To-Go Bag delivery in an emergency:
________________________________________________________________________

This information is provided as a guide to create a To-Go Bag. We strongly encourage you to work with your planning team to customize this form and the contents of the bag to meet the specific needs of your facility. Staff members at the Okaloosa County Health Department are available to assist with emergency planning for your facility.
CLASSROOM
To-Go Bag

This bag should be portable and readily accessible for use in an emergency. Assign a staff member 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 for your emergency response
____ Map of building with location of phones and exits
____ Map of local streets with evacuation routes clearly marked
____ Master schedule of classroom teacher or child care center activities
____ List of students with special health care needs
____ Student roster including emergency contacts
____ Current yearbook or pictures of children and staff
____ Local phone directory
____ Lists of district or corporate personnel’s phone, fax, and cell phone numbers
____ Other: ____________________________________________
____ Other: ____________________________________________

SUPPLIES

____ Flashlight
____ First aid kit
____ CPR disposable mask
____ Battery-powered radio
____ Two-way radios or cell phones
____ Whistle
____ Extra batteries for radio and flashlight
____ Peel-off stickers and markers for name tags
____ Paper or spiral bound notebook and pen for note taking
____ Individual emergency medications/health equipment for children with special needs
____ Other: ____________________________________________
____ Other: ____________________________________________

Name of person responsible for maintaining this To-Go Bag:
_________________________________________________________________

Name of person responsible for To-Go Bag delivery in an emergency:
_________________________________________________________________

This information is provided as a guide to create a To-Go Bag. We strongly encourage you to work with your planning team to customize this form and the contents of the bag to meet the specific needs of your facility. Staff members at the Okaloosa County Health Department are available to assist with emergency planning for your facility.
FLU TERMS DEFINED

**Seasonal flu** is a respiratory illness caused by an influenza virus that can be transmitted person-to-person. Most people have some immunity to the seasonal flu viruses and a vaccine is available yearly.

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

The 2009-2010 influenza season was a pandemic of influenza. The virus was the H1N1 influenza virus. A vaccine was eventually available to all people but not before many people became ill with this new strain of influenza.

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 & CHILD CARE CENTERS

**Stay Healthy:** The best way to prevent the flu is to get a flu shot every year. Flu shots are free at your local health department for children through age 18.

**Prevention Is Key:**

1) **Wash hands:**
   - Use soap and water after coughing, sneezing or blowing your nose.
   - Use alcohol-based hand sanitizers if soap and water are not available.

2) **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.

3) **Stay home if you are sick.**
   - 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. Children, staff, and faculty may return 24 hours after symptoms have resolved.

**In Schools and Child Care Centers:**

1) Schedule regular inspections of hand washing sinks to assure soap and paper towels are available.

2) Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms using usual cleaners.

3) Have appropriate supplies for children and staff including tissues, waste receptacles for disposing used tissues and hand washing supplies (soap and water or alcohol-based hand sanitizers).

Guidance for Schools and Child Care Centers to manage seasonal flu outbreaks can be found at: [http://www.cdc.gov/flu/school/](http://www.cdc.gov/flu/school/).
ACTION STEPS FOR PANDEMIC FLU IN SCHOOLS & CHILD CARE CENTERS

The following are steps schools and child care centers 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.

PREPAREDNESS/PLANNING PHASE – BEFORE AN OUTBREAK OCCURS

1. Develop a pandemic flu plan for your school or child care center using the CDC School Pandemic Flu Planning Checklist available at http://www.pandemicflu.gov/professional/school/index.html.
2. Build a strong relationship with your local health department and include them in the planning process.
3. Influenza vaccination is the best protection against the flu. Flu shots are free at the Okaloosa County Health department for children through age 18.
4. Train staff to recognize symptoms of influenza.
5. Decide to what extent you will encourage or require children and staff to stay home when they are ill.
6. Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the Okaloosa County Health Department at 833-9240 Extension 2258.
7. Make sure your facility is stocked with supplies for frequent hand hygiene including soap, water, alcohol-based hand sanitizers and paper towels.
8. Encourage good hand hygiene and respiratory etiquette in all staff and children.
9. Identify children 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.
10. 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 or child care center status and expectations during periods of increased disease.
3. Work with local education representatives and the local health officials to determine if the school or child care center should cancel non-academic events or close the facility.
4. Report any school or child care center dismissals due to influenza to the health department.
5. Continue to educate children, staff and families on the importance of hand hygiene and respiratory etiquette.
6. Refer to guidelines issued by the Okaloosa County Health Department at: www.HealthyOkaloosa.com

RECOVERY – FOLLOWING AN OUTBREAK

1. Continue to communicate with the local health department regarding the status of disease in the community and the school or child care center.
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 children 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 & CHILD CARE CENTERS

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 hot and cold 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

Principal, Administrator or Designee:

- Verify information
- **CALL 9-1-1** 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
- 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” (p.81) and the “Caller Identification Checklist” (p.82) 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.
- CALL 9-1-1.
- 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 CALL 9-1-1.
- 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 (Circle): Male  Female  Adult  Juvenile

Approximate Age: _____ Years

Origin of Call (Circle): Local  Long Distance  Internal

Caller’s Voice (Circle): Loud  Soft  Fast
                Slow  Deep  Squeaky
                Distant  Distorted  Sincere
                Raspy  Stressed  Stutter
                Nasal  Drunken  Slurred
                Lisp  Disguised  Crying
                Broken  Calm  Irrational
                Rational  Angry  Incoherent
                Excited  Laughing  Righteous
                Accent  Other ___________________

Background Noises (Circle): Voices  Airplanes  Street traffic
                Trains  Animals  Office Machines
                Party  Music  Factory Machines
                Quiet  Bells  Horns

Familiarity:

Did the caller sound familiar? ________________________________________

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

Name of person receiving the call: ________________________________

Telephone number call received at: ________________________________

IMMEDIATELY AFTER CALLER HANGS UP, CALL 9-1-1 AND REPORT TO
RESPONSIBLE AUTHORITY.
**FIRE EMERGENCIES**

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

- Pull fire alarm except when there is a gas odor and notify building occupants by

- If there is a gas odor, use other non-sparking means of notification such as a land line telephone. Do not use a cell phone. Gas can be ignited by cell phones or anything that creates an electric spark.
- Evacuate children and staff to the designated area (map should be included in plan).
- **CALL 9-1-1** 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 re-enter building(s) until entire building(s) is declared safe by fire or police personnel.

**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 admin 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, principal, 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 or child care center property.
  Inform him/her that you will call police.
- Notify principal or administrator if intruder still refuses to leave. CALL 9-1-1. 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.).
- Principal or 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 principal or administrator (he/she 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.
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 Contacts section, p. 90).
- 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 witnesses.
- 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.
Upon receiving a phone call that a chemical or biological hazard has been planted in facility:

- Complete the “Terroristic Threat Phone Report” (p. 88) and “Caller Identification Checklist” (p. 82).
- 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. If “involved” people were exposed to a powder, liquid or other substance they should wash it off immediately if they can do so without exposing others to the substance.
- 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.
(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 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 locations of safe areas. Tornado safe areas are in interior hallways or rooms away from exterior walls and windows, 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 to your emergency plan showing safe areas. Post diagrams in each room showing routes to safe areas.*
## CRISIS TEAM MEMBERS

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Work #</th>
<th>Home #</th>
<th>Cell #</th>
<th>Room#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal/Administrator</td>
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<tr>
<td>Designee</td>
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<tr>
<td>Secretary</td>
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<tr>
<td>Teacher</td>
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<td>Guidance Counselor</td>
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<tr>
<td>Health Room Staff</td>
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## CPR/FIRST AID CERTIFIED STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Room#</th>
<th>CPR (Circle)</th>
<th>Expiration Date</th>
<th>First Aid (Circle)</th>
<th>Expiration Date</th>
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</tbody>
</table>

## CRISIS CONTACTS

(IN CASE OF EMERGENCIES CONTACT ALL OF THE FOLLOWING)

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Administration</td>
<td></td>
</tr>
<tr>
<td>Corporate Administration</td>
<td></td>
</tr>
<tr>
<td>Okaloosa County Emergency Management</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY PHONE NUMBERS

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

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION
+ EMERGENCY PHONE NUMBER: 9-1-1 OR ________________________________
+ Name of EMS agency ______________________________________________________
+ Their average emergency response time to your facility _______________________
+ Directions to your facility _________________________________________________
+ Location of the facility’s AED(s) ____________________________________________

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:
- Your name and school or child care center name __________________________________
- School or child care center 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 Clinic
+ Responsible Authority
+ Poison Control Center 1-800-222-1222
+ Fire Department 9-1-1
+ Police 9-1-1
+ Hospital or Nearest Emergency Facility _________________________________________
+ Child Abuse or Neglect 1-800-422-4453
+ Crisis Hot Line 244-9191
+ Suicide Hotline ______________________________________________________________
+ Okaloosa County Health Department 833-9240 Ft. Walton Beach; 689-7808 Crestview
+ Taxi ________________________________________________________________
+ Other medical services information ____________________________________________