

# OKALOOSA COUNTY EMERGENCY GUIDELINES FOR SCHOOLS & CHILD CARE CENTERS

2011 EDITION



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for helping an  
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a health care  
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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,

A handwritten signature in blue ink that reads "Karen A. Chapman".

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

A handwritten signature in blue ink that reads "Venita Morell, MD".

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, 3<sup>rd</sup> Edition, 2007, upon which this document is modeled.

Georgia Department of Human Resources, Division of Public Health, Office of Emergency Preparedness, Emergency Guidelines for Schools, 2006.

Permissions have been obtained from 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.

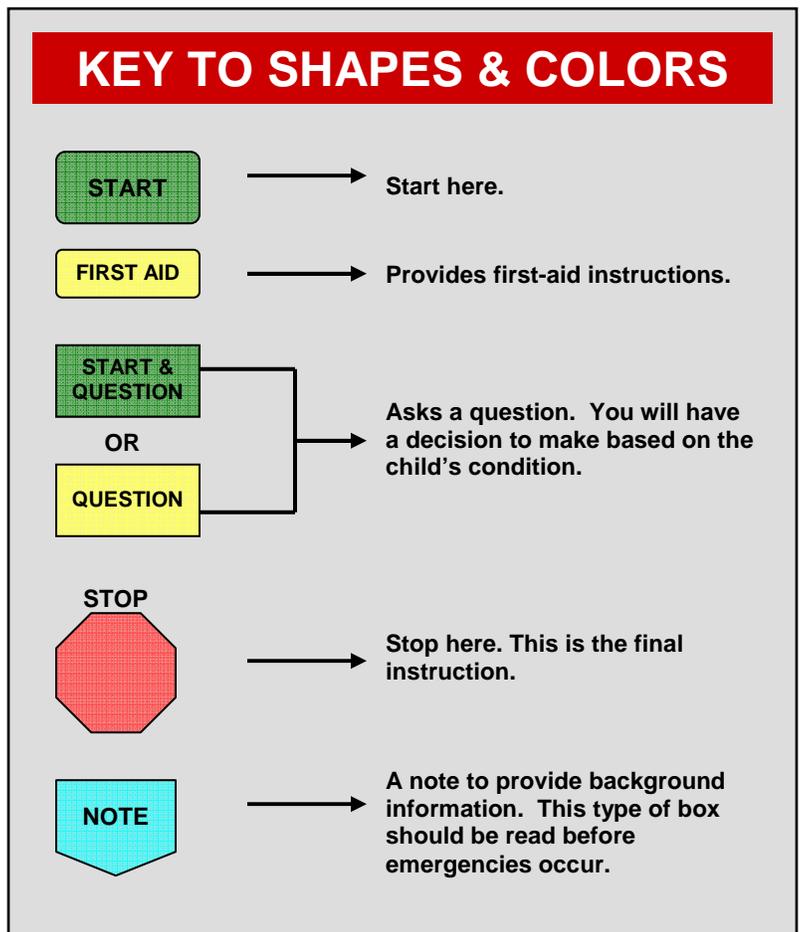
Florida Statute 0381.0056 states "health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of children. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents 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](http://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.



# 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.

**INCIDENT OR ACCIDENT REPORT**

LOC \_\_\_\_\_ FUNCTION \_\_\_\_\_

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: _____ Home Address: _____									
2. School: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> . Age: _____ Grade or classification: _____									
3. Time accident occurred: Hour _____ AM ; _____ PM. Date: _____									
4. Place of Accident : School Building <input type="checkbox"/> School Grounds <input type="checkbox"/> To or from School <input type="checkbox"/> Home <input type="checkbox"/> Elsewhere <input type="checkbox"/>									
5. Does student have School Accident Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>6.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; vertical-align: middle;"><b>NATURE OF INJURY</b></td> <td style="width:35%;">                 Abrasion <input type="checkbox"/>                  Fracture <input type="checkbox"/>                  Amputation <input type="checkbox"/>                  Laceration <input type="checkbox"/>                  Asphyxiation <input type="checkbox"/>                  Poisoning <input type="checkbox"/>                  Bite <input type="checkbox"/>                  Bruise <input type="checkbox"/>                  Scalds <input type="checkbox"/> </td> <td style="width:35%;">                 Burn <input type="checkbox"/>                  Scratches <input type="checkbox"/>                  Concussion <input type="checkbox"/>                  Shock (el.) <input type="checkbox"/>                  Cut <input type="checkbox"/>                  Sprain <input type="checkbox"/>                  Dislocation <input type="checkbox"/>                  Puncture <input type="checkbox"/>                  Other (Specify) <input type="checkbox"/> </td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><b>PART OF BODY INJURED</b></td> <td>                 Abdomen <input type="checkbox"/>                  Foot <input type="checkbox"/>                  Ankle <input type="checkbox"/>                  Hand <input type="checkbox"/>                  Arm <input type="checkbox"/>                  Head <input type="checkbox"/>                  Back <input type="checkbox"/>                  Knee <input type="checkbox"/>                  Leg <input type="checkbox"/>                  Mouth <input type="checkbox"/>                  Other (specify) <input type="checkbox"/> </td> <td>                 Elbow <input type="checkbox"/>                  Nose <input type="checkbox"/>                  Eye <input type="checkbox"/>                  Scalp <input type="checkbox"/>                  Face <input type="checkbox"/>                  Tooth <input type="checkbox"/>                  Finger <input type="checkbox"/>                  Wrist <input type="checkbox"/>                  Chest <input type="checkbox"/>                  Ear <input type="checkbox"/> </td> <td></td> </tr> </table>	<b>NATURE OF INJURY</b>	Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Laceration <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Poisoning <input type="checkbox"/> Bite <input type="checkbox"/> Bruise <input type="checkbox"/> Scalds <input type="checkbox"/>	Burn <input type="checkbox"/> Scratches <input type="checkbox"/> Concussion <input type="checkbox"/> Shock (el.) <input type="checkbox"/> Cut <input type="checkbox"/> Sprain <input type="checkbox"/> Dislocation <input type="checkbox"/> Puncture <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		<b>PART OF BODY INJURED</b>	Abdomen <input type="checkbox"/> Foot <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Mouth <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Elbow <input type="checkbox"/> Nose <input type="checkbox"/> Eye <input type="checkbox"/> Scalp <input type="checkbox"/> Face <input type="checkbox"/> Tooth <input type="checkbox"/> Finger <input type="checkbox"/> Wrist <input type="checkbox"/> Chest <input type="checkbox"/> Ear <input type="checkbox"/>	
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<p align="center"><b>DESCRIPTION OF THE ACCIDENT</b></p> <p>How did accident happen? What was student doing? Where was Student? List specifically unsafe acts and unsafe conditions existing, Specify any tool, machine or equipment involved.</p>									
7. Degree of Injury : Death <input type="checkbox"/> Permanent Impairment <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Nondisabling <input type="checkbox"/>									
8. Names of others involved in incident: _____									
9. Teacher in charge when accident occurred (Enter name): _____									
10. Present at scene of accident: No <input type="checkbox"/> Yes <input type="checkbox"/>									
<b>Immediate Action Taken</b>	First-aid treatment _____ By (Name): _____ Sent to school nurse _____ By (Name): _____ Sent home _____ By (Name): _____ Sent to Physician _____ By (Name): _____ Sent to hospital _____ Physician's Name: _____ _____ By (Name): _____ _____ Name of hospital: _____								
11. Was a parent or other individual notified? No <input type="checkbox"/> Yes <input type="checkbox"/> When: _____ Phone # _____ Name of individual notified: _____ Their attitude: _____ By whom? (enter name): _____									
12. Witnesses: 1. Name: _____ Address: _____ 2. Name: _____ Address: _____									
<b>13.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; vertical-align: middle;"><b>LOCATION</b></td> <td style="width:35%;">                 SPECIFY ACTIVITY                  Athletic field                  Auditorium                  Cafeteria                  Classroom                  Corridor                  Dressing room                  Gymnasium                  Home Econ.                  Laboratories             </td> <td style="width:35%;">                 SPECIFY ACTIVITY                  Locker                  Pool                  Sch. Grounds                  Shop                  Showers                  Stairs                  Toilets and                  Washroom                  Other (specify)             </td> <td style="width:15%; text-align: center; vertical-align: middle;"><b>Remarks</b></td> </tr> </table>	<b>LOCATION</b>	SPECIFY ACTIVITY Athletic field Auditorium Cafeteria Classroom Corridor Dressing room Gymnasium Home Econ. Laboratories	SPECIFY ACTIVITY Locker Pool Sch. Grounds Shop Showers Stairs Toilets and Washroom Other (specify)	<b>Remarks</b>				
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Signed: Principal: _____ Teacher: _____ Date: _____									

# PLANNING FOR CHILDREN WITH SPECIAL NEEDS

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.

# INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **universal precautions**. Universal precautions are a set of guidelines that assume all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to *any* 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.

# AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

AEDs are devices that help to restore a normal heart rhythm by delivering an electric shock to the heart after detecting a life-threatening irregular rhythm. AEDs are not substitutes for CPR, but are designed to increase the effectiveness of basic life support when integrated into the CPR cycle.

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.

# AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) FOR INFANTS, CHILDREN & ADULTS



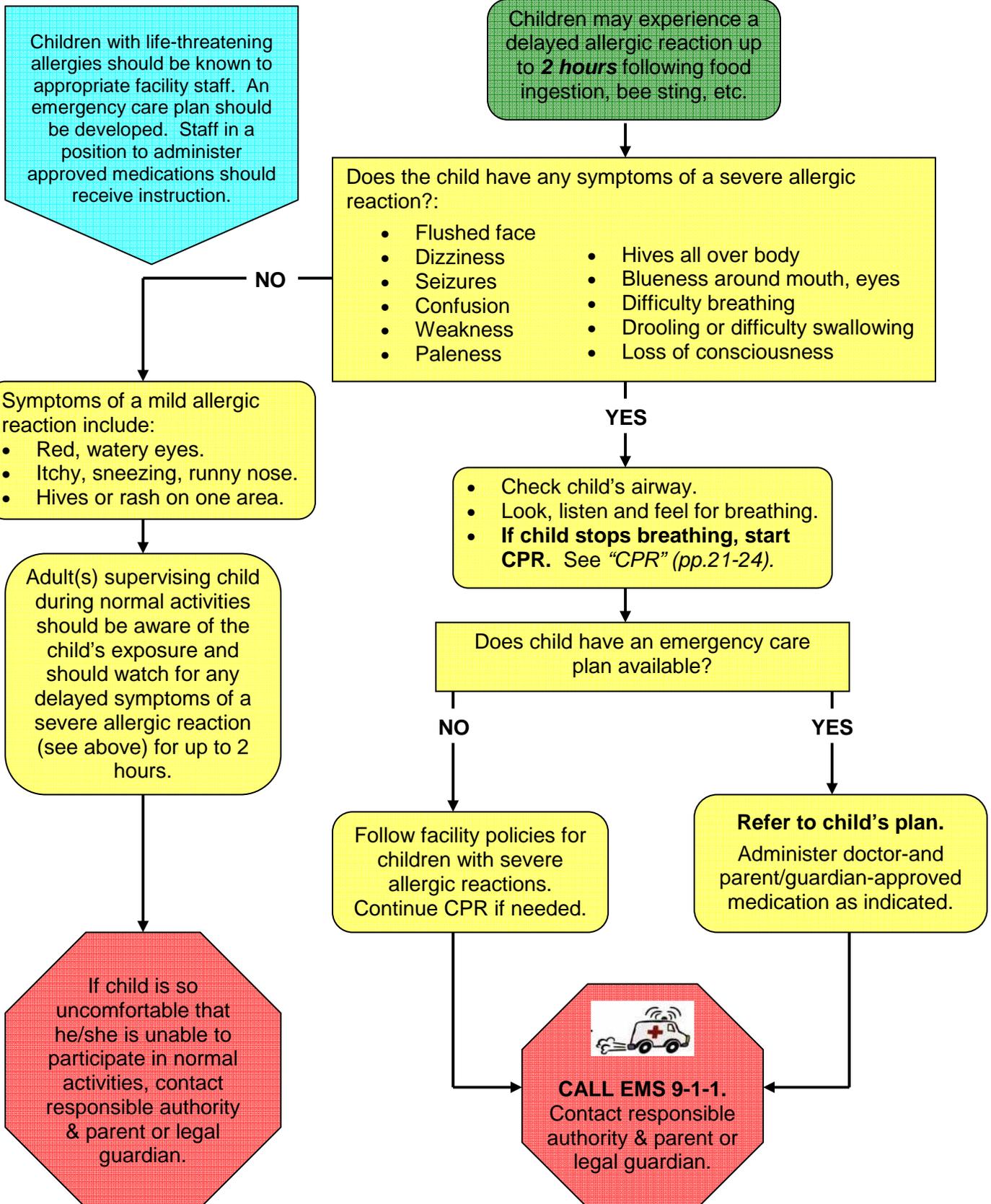
**CPR and AEDs are to be used when a person is unresponsive or when breathing or heart beat stops.**

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

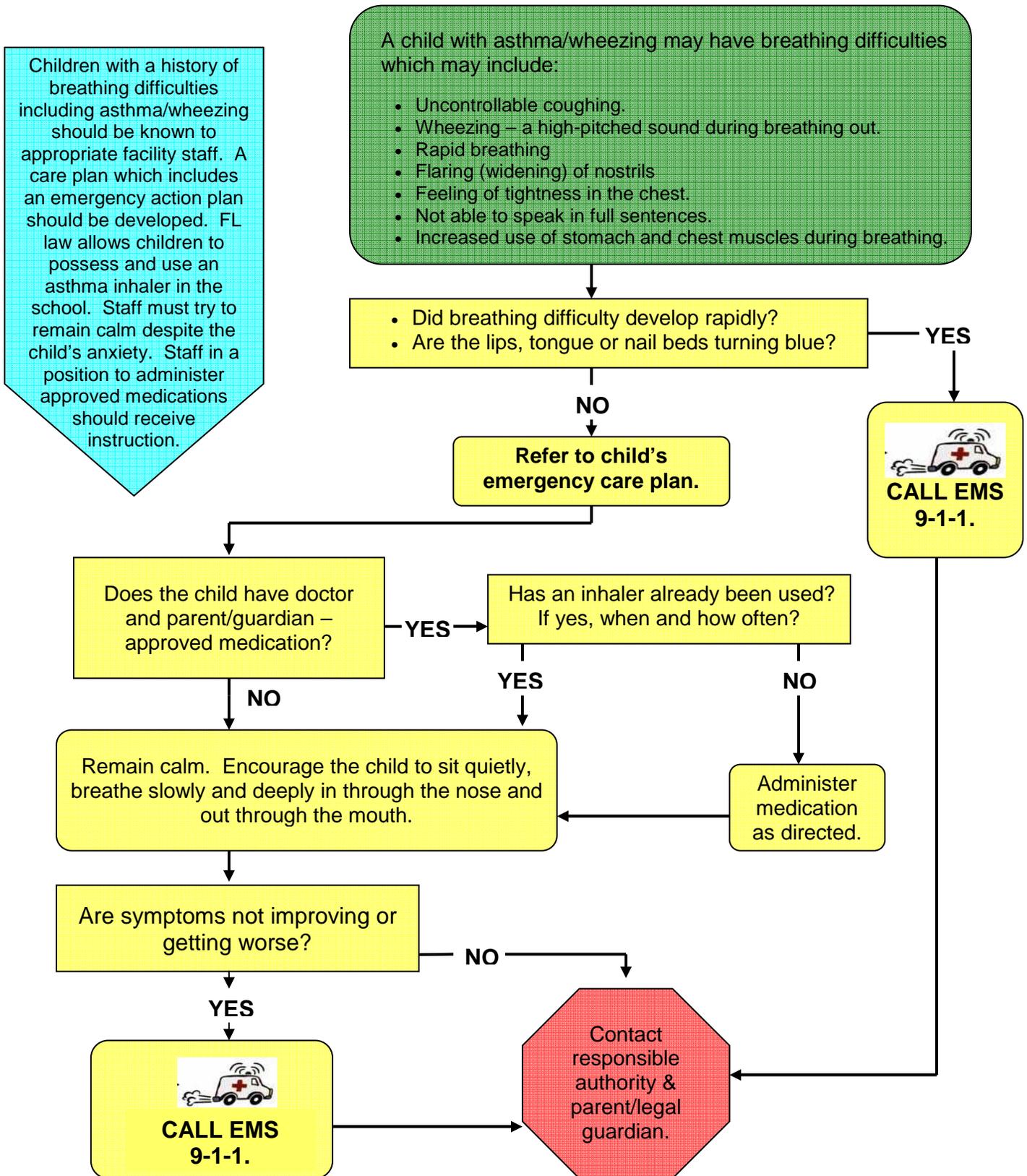
1. Shout for help and **send someone to CALL 9-1-1 and get your facility's AED if available.**
2. Follow primary steps for CPR (see "CPR" (pp.21-24) for appropriate age group – infants and children up to age 8 or children over 8 years and adults).
3. If available, set up the AED according to the manufacturer's 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.**

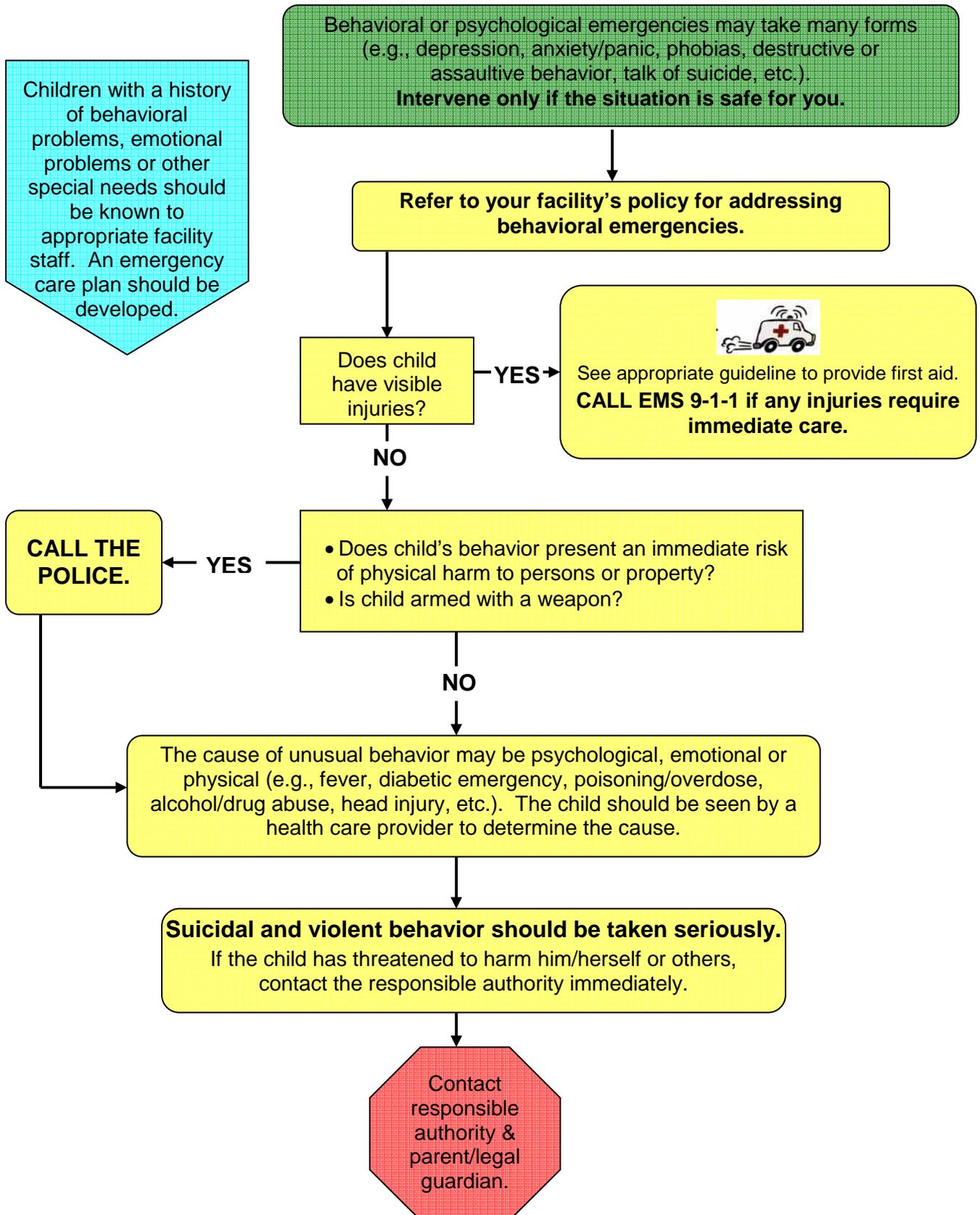
# ALLERGIC REACTION



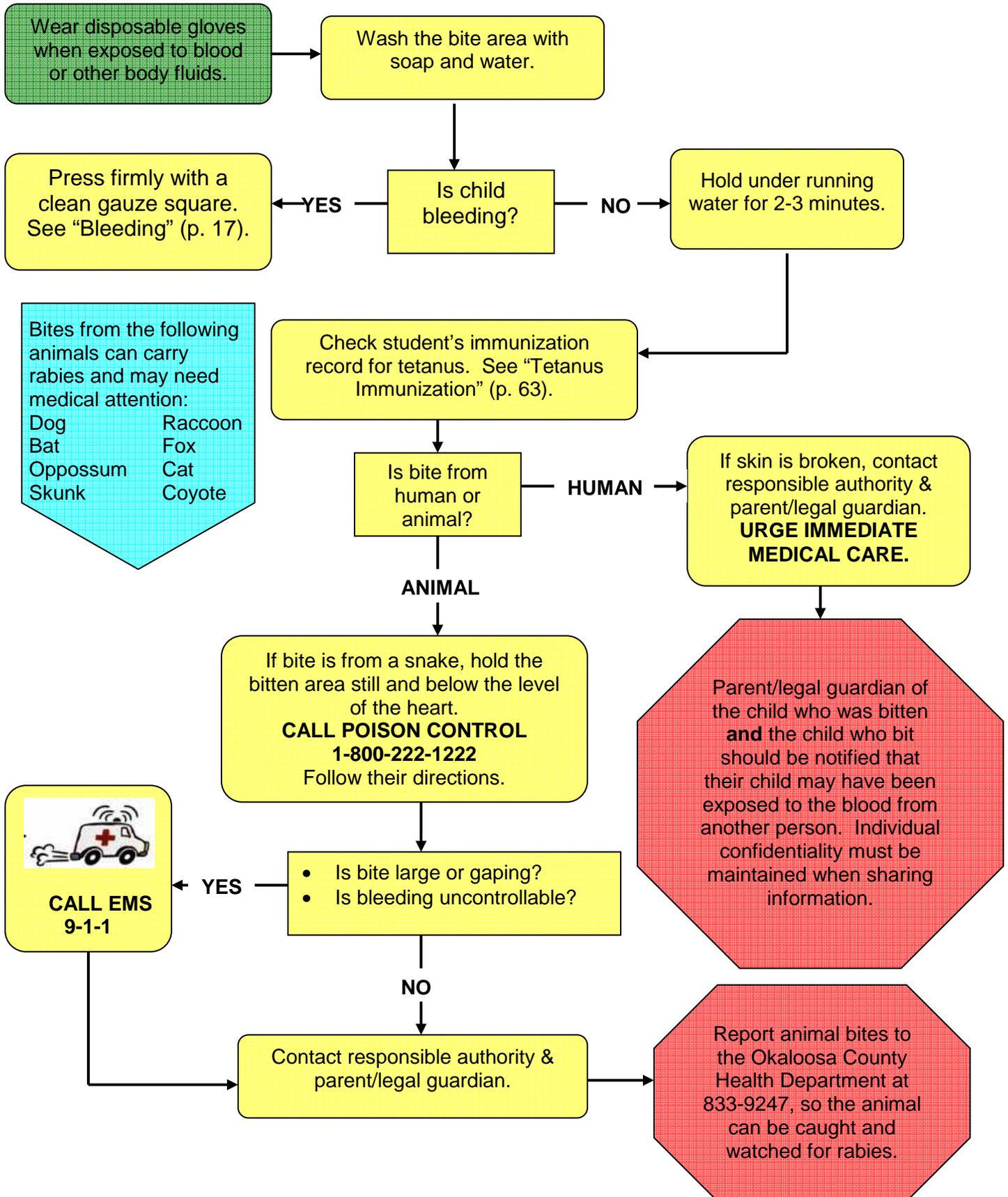
# ASTHMA / WHEEZING / DIFFICULTY BREATHING



# BEHAVIORAL EMERGENCIES



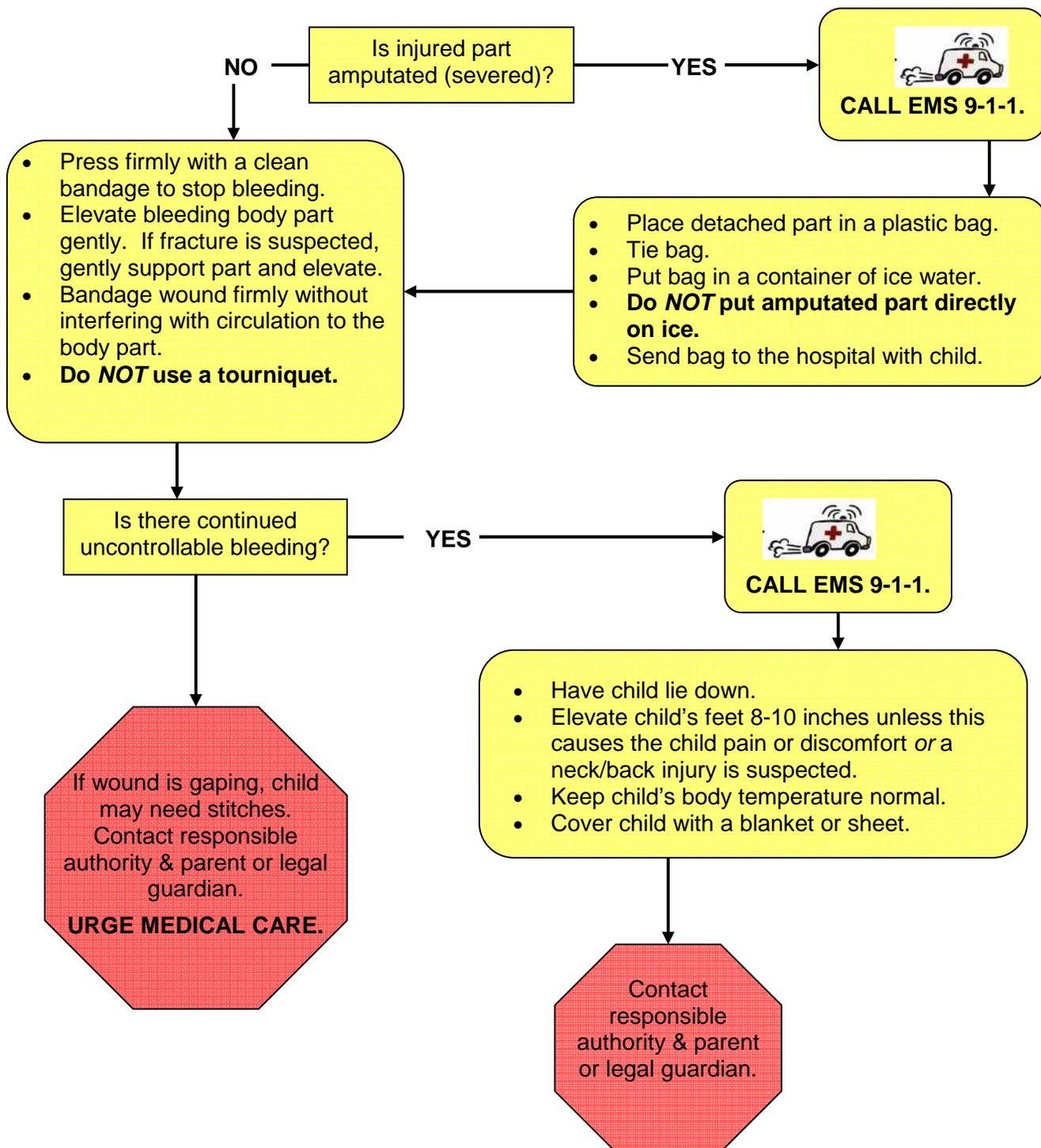
# BITES (HUMAN & ANIMAL)



# BLEEDING

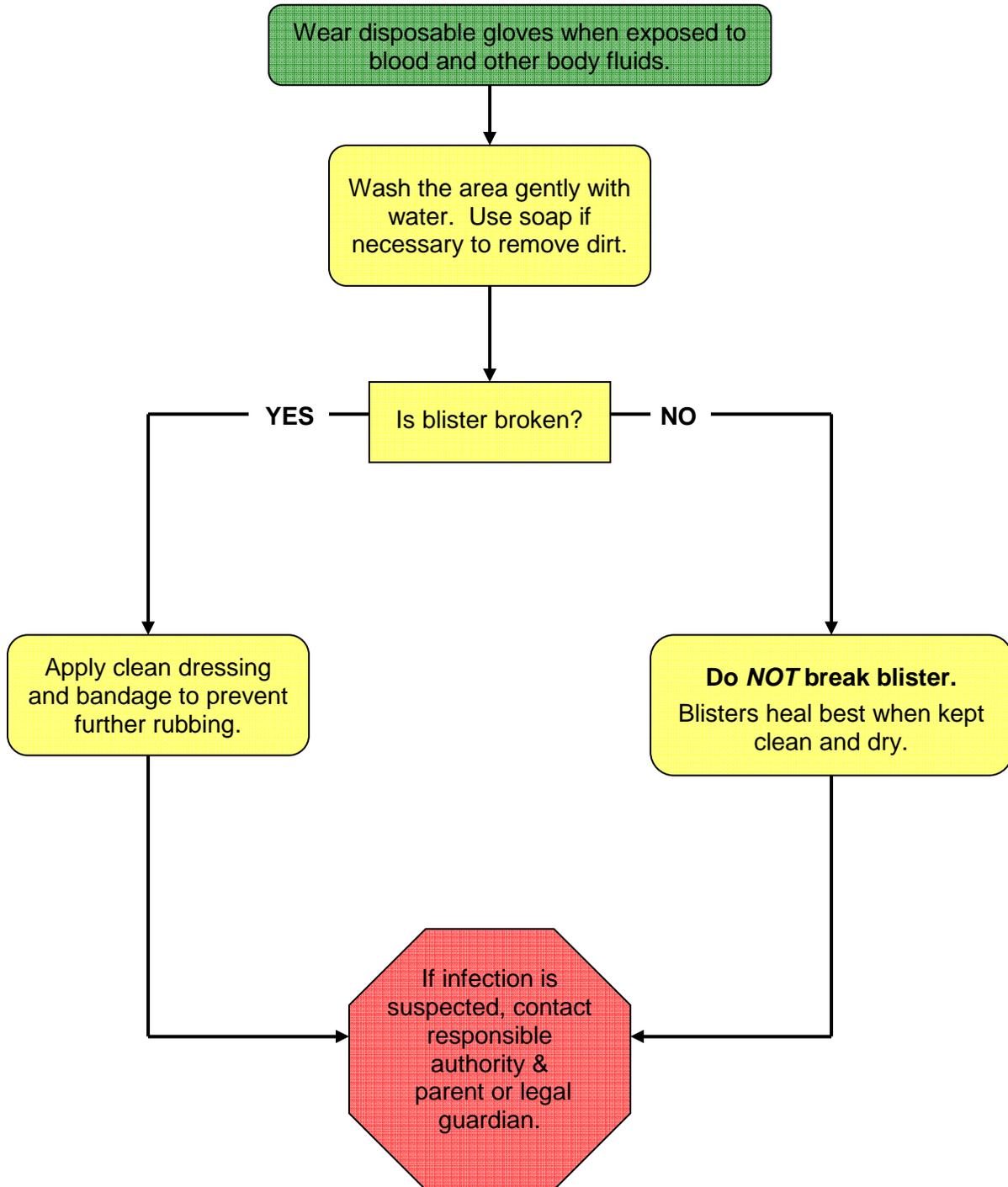
Wear disposable gloves when exposed to blood or other body fluids.

Check child's immunization record for tetanus. See "Tetanus Immunization" (p.63).



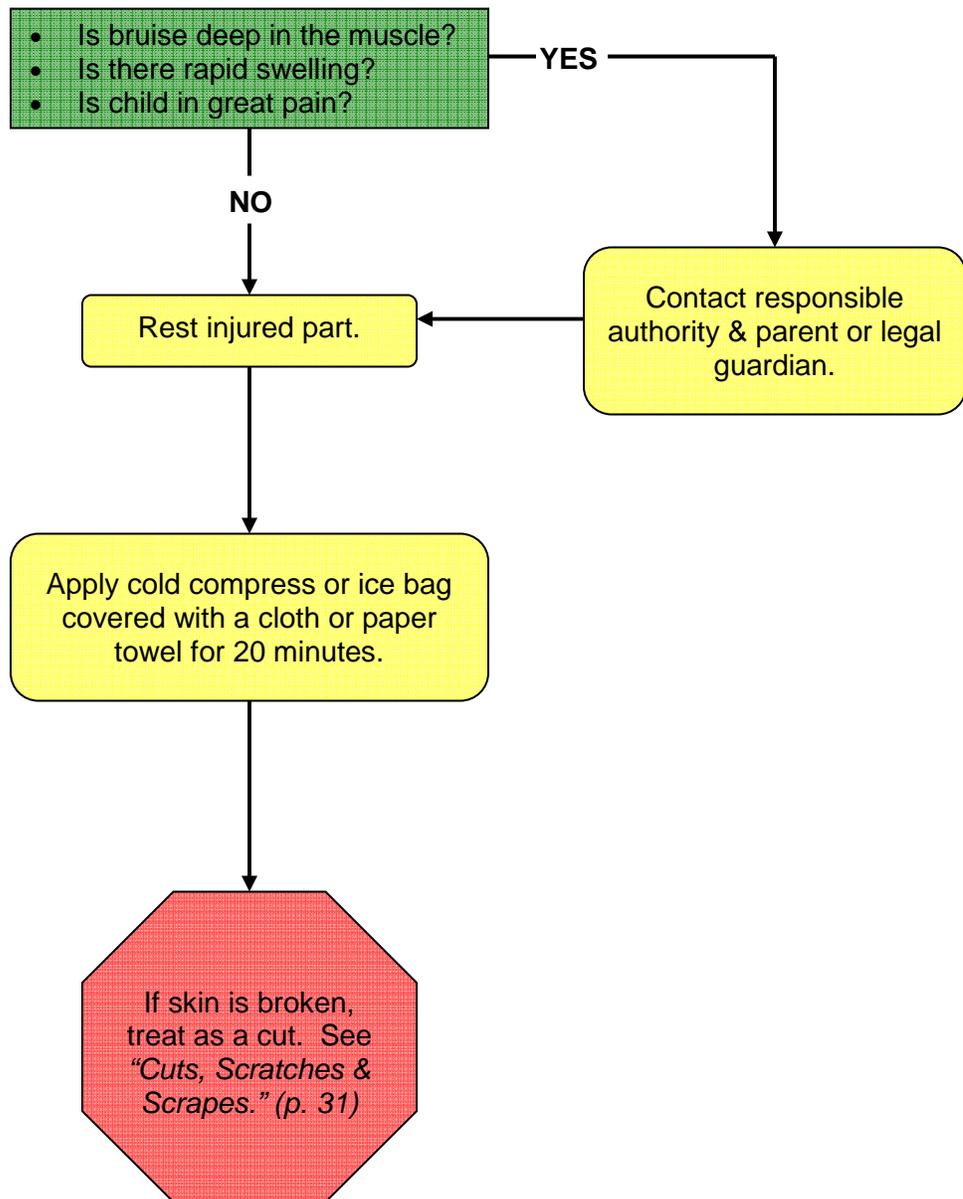
# BLISTERS

(FROM FRICTION)



# BRUISES

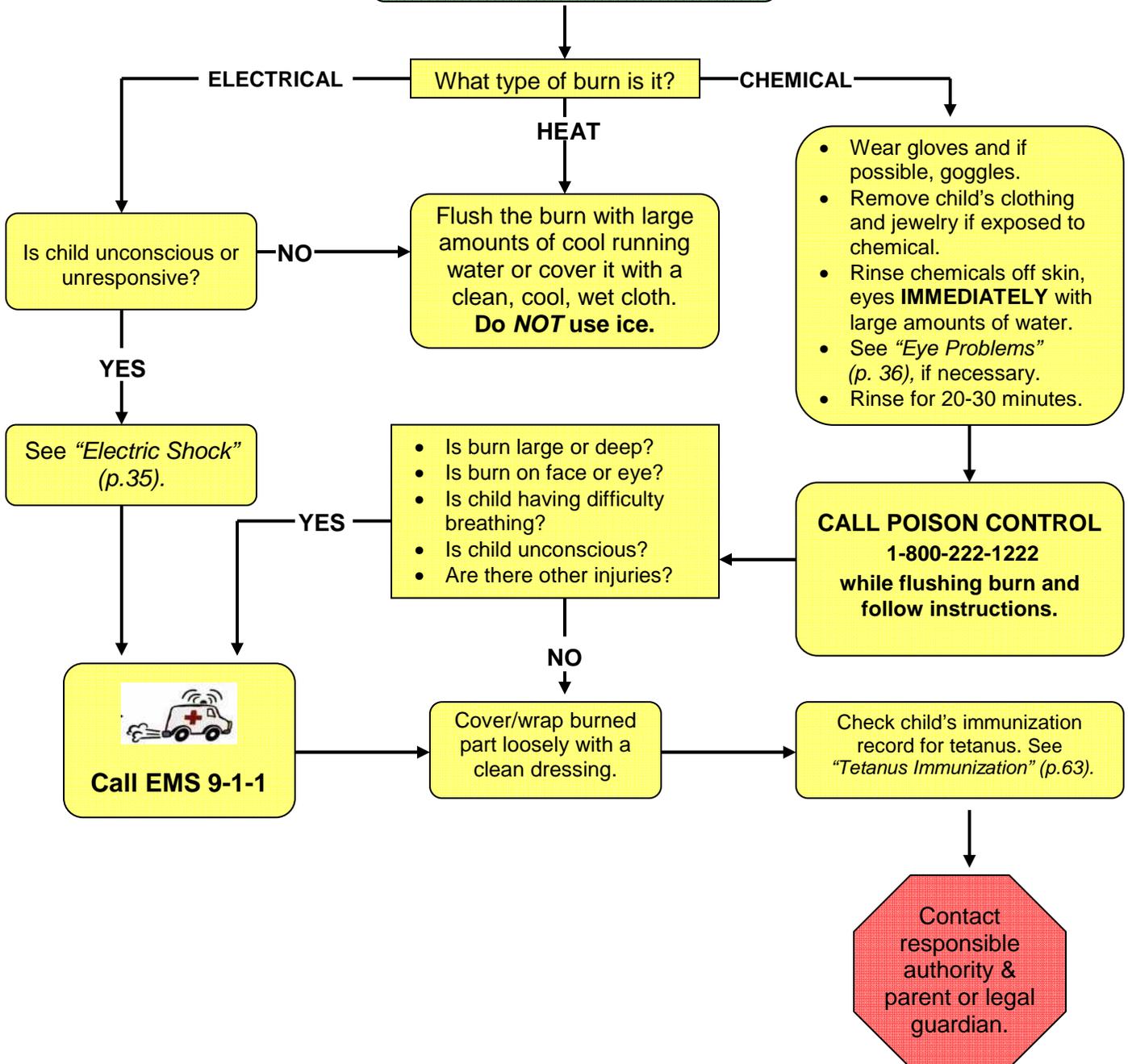
If child comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See "Child Abuse" (p.27).



# BURNS

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.



# NOTES ON PERFORMING CARDIOPULMONARY RESUSCITATION (CPR)

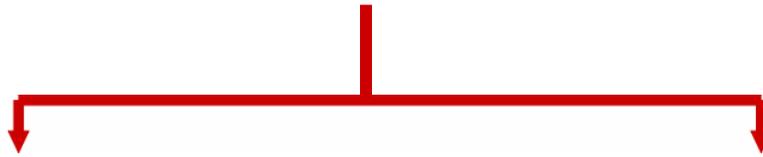
The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2010. The new guidelines recommend beginning chest compressions first. Don't bother checking for a pulse. The goal is to start compressions quickly. The compressions should be hard and fast. Compressions should be delivered 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 or 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 BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.

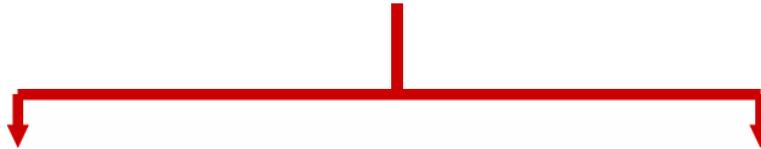


# CPR

## 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.



# HANDS-ONLY CPR FOR ADULTS

## 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 & NEGLECT

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.

# COMMUNICABLE DISEASE RESOURCES

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

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More information can be found at:  
[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)

# COMMUNICABLE DISEASES

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.

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

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

## 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.

# CONCUSSION

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”

Child has symptoms of concussion.

YES

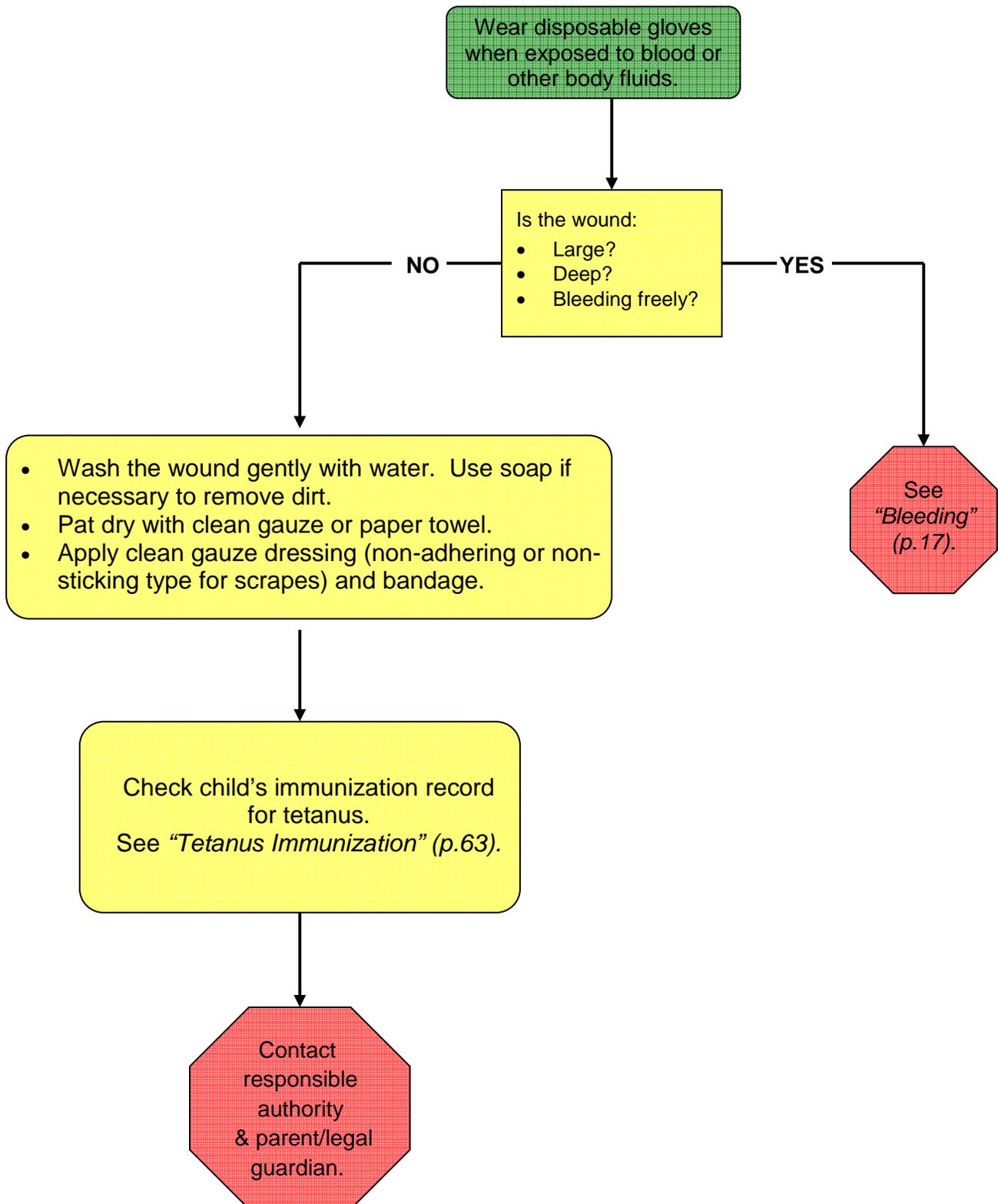
**Watch child closely.  
Do NOT leave child alone.**

NO

**Continue to observe. Remember signs of concussion can occur days or weeks after injury. If signs of concussion occur at any time:**

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

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



# DIABETES

A child with diabetes should be known to appropriate school staff. An emergency care plan must be developed. Staff in a position to administer any approved medications must receive training.

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?

YES

Does child have a blood sugar monitor available?

NO

NO

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.

YES

Allow child to check blood sugar.

Is blood sugar **less than 60** or "**LOW**" according to emergency care plan?

LOW

Is blood sugar "**HIGH**" according to emergency care plan?

HIGH

- 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.

Continue to watch the child. Is child improving?

YES

NO

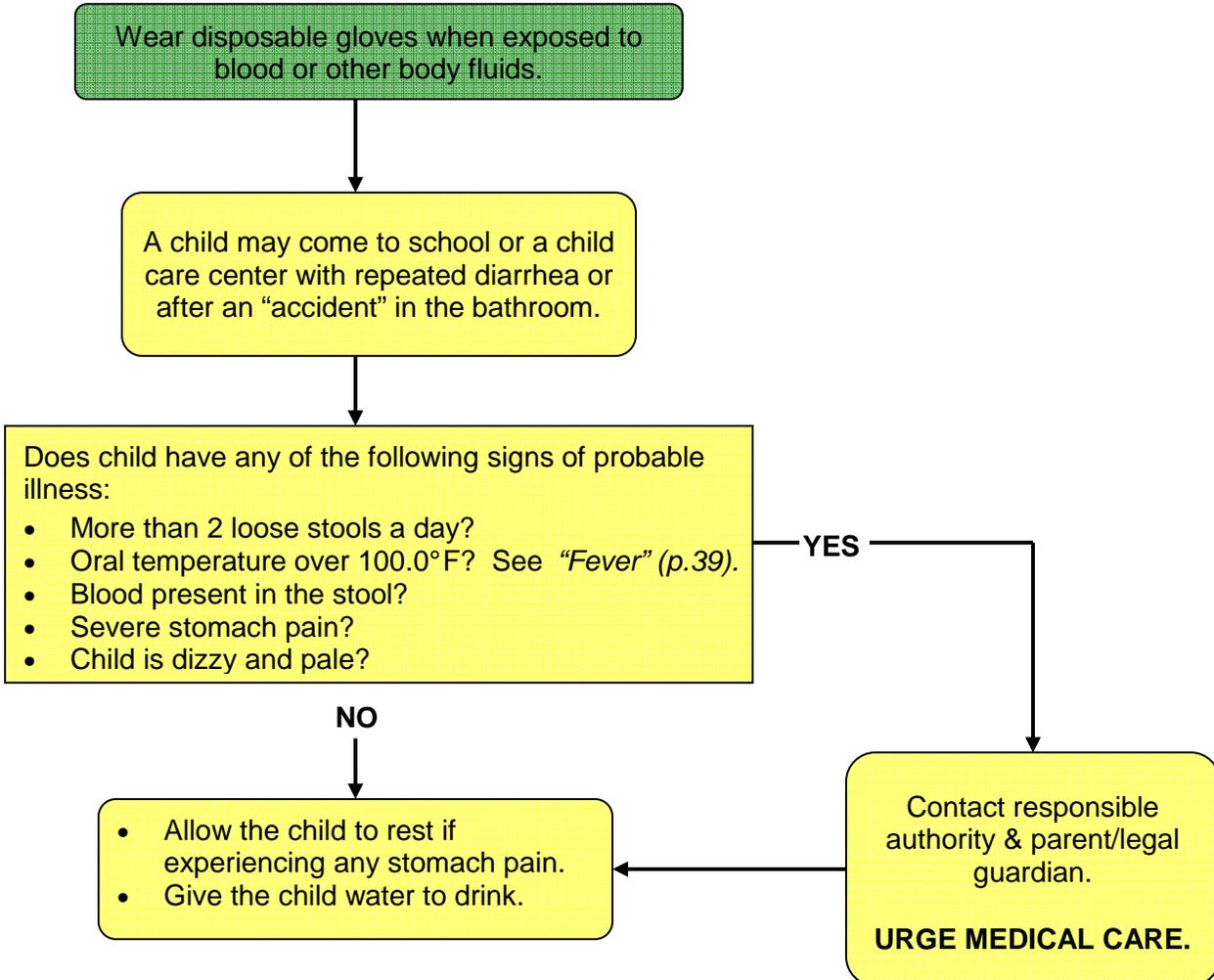
Contact responsible authority & parent/legal guardian.

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



If the child is unconscious, see "Unconsciousness" (p.65).

# DIARRHEA



# EAR PROBLEMS

## DRAINAGE FROM EAR

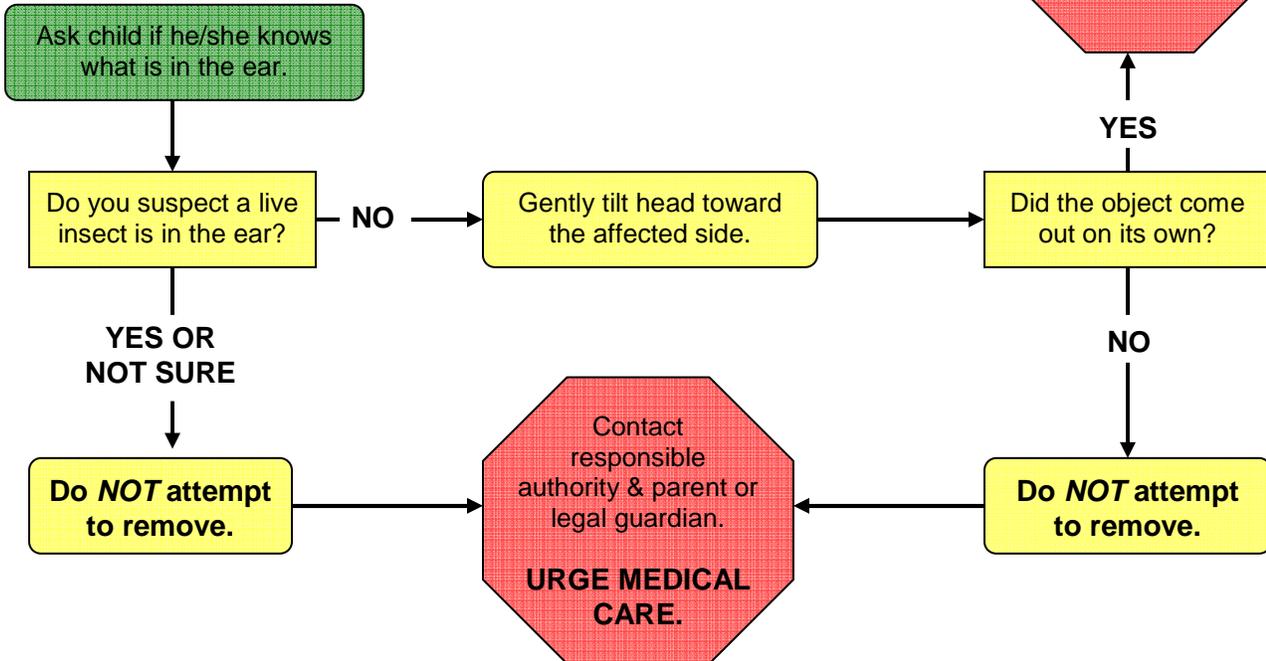
Do *NOT* try to clean out ear.

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

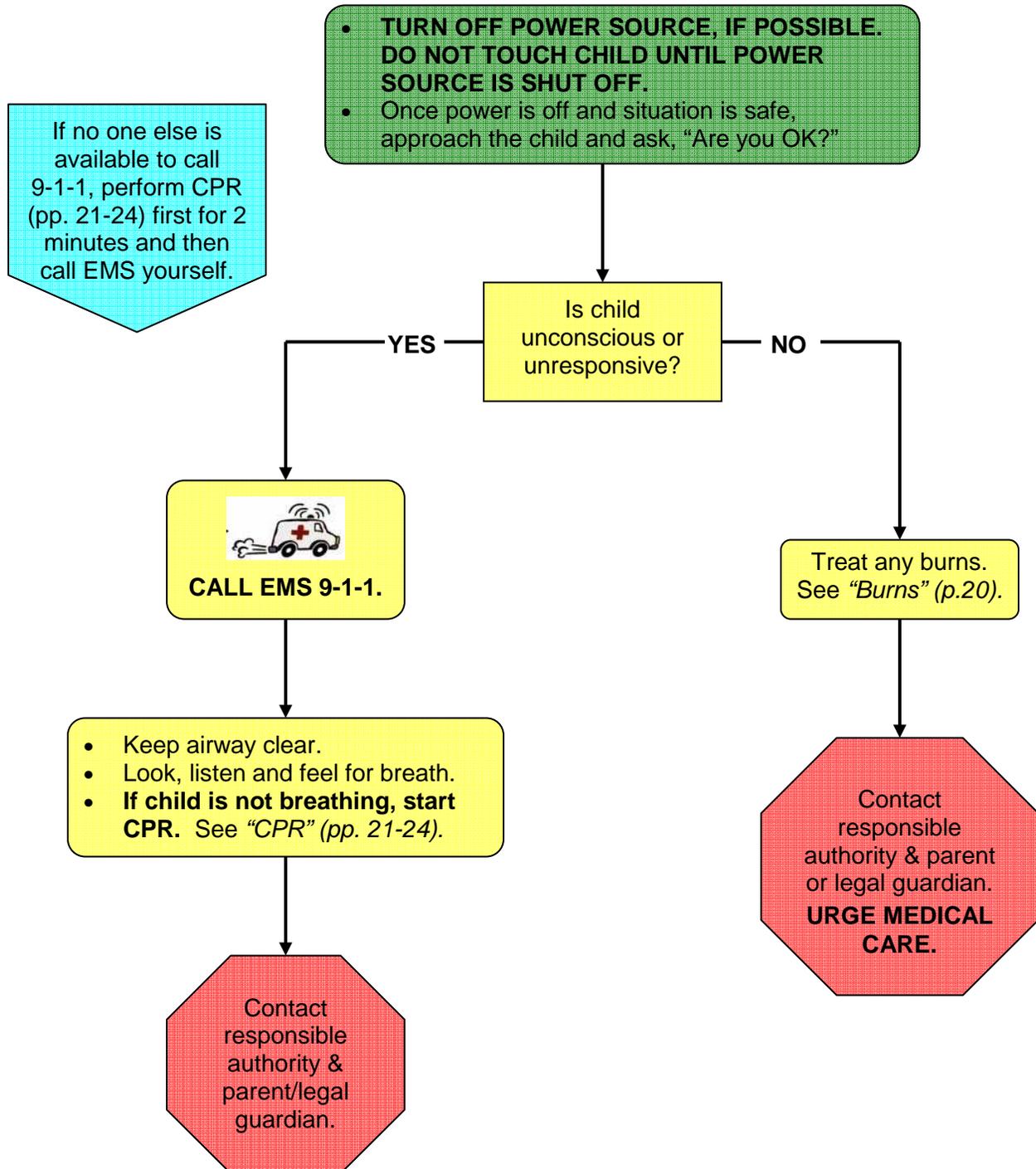
## EARACHE

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

## OBJECT IN EAR CANAL



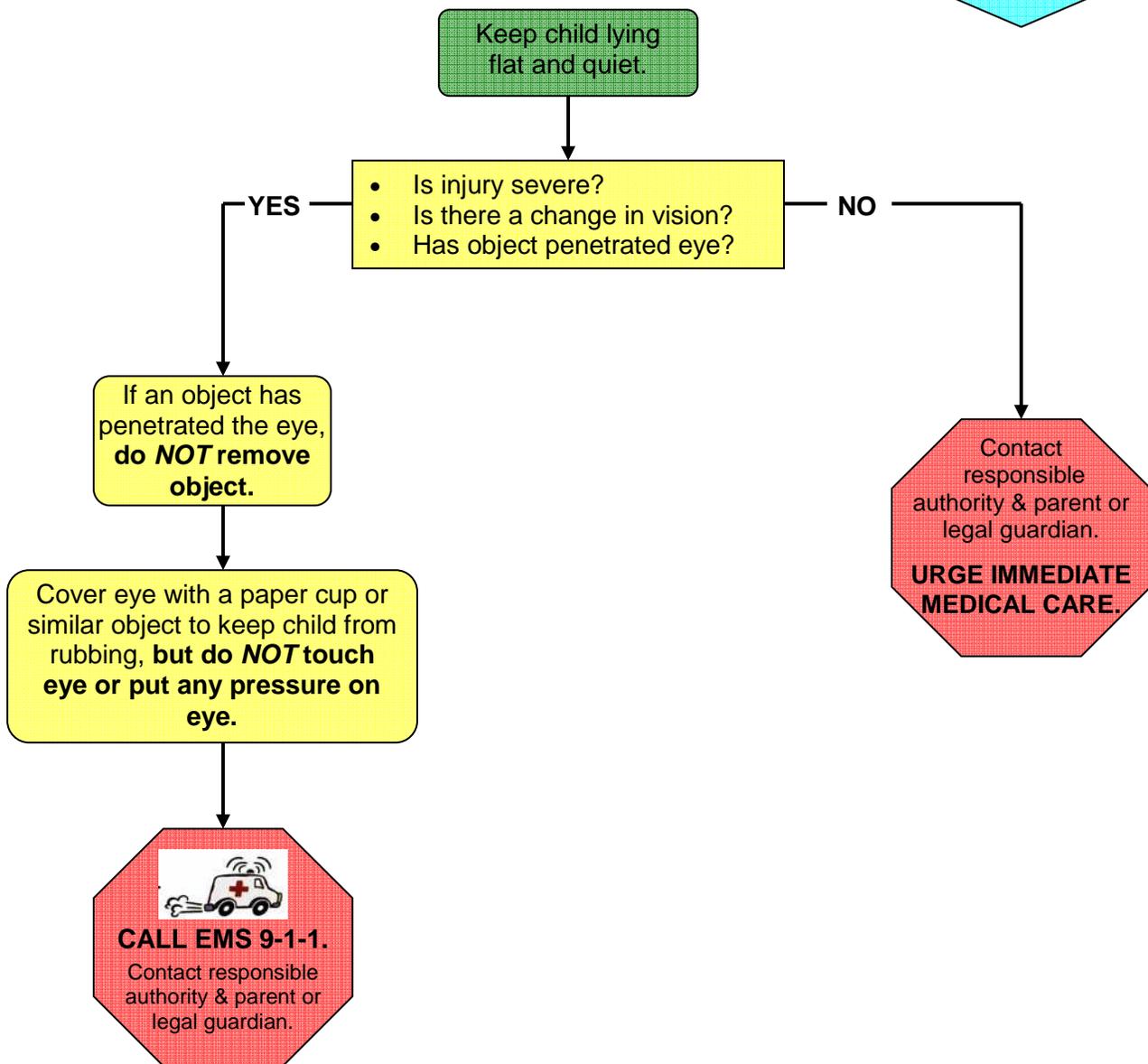
# ELECTRIC SHOCK



# EYE PROBLEMS

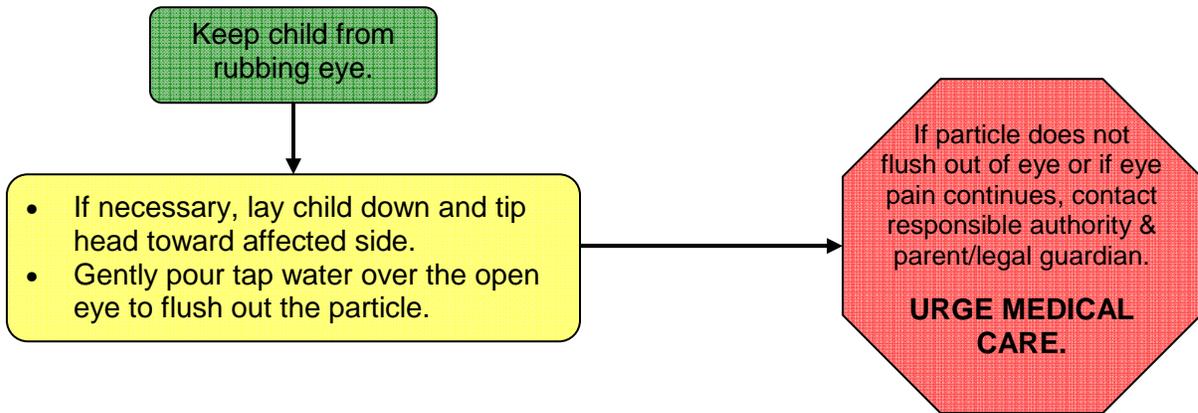
## EYE INJURY

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

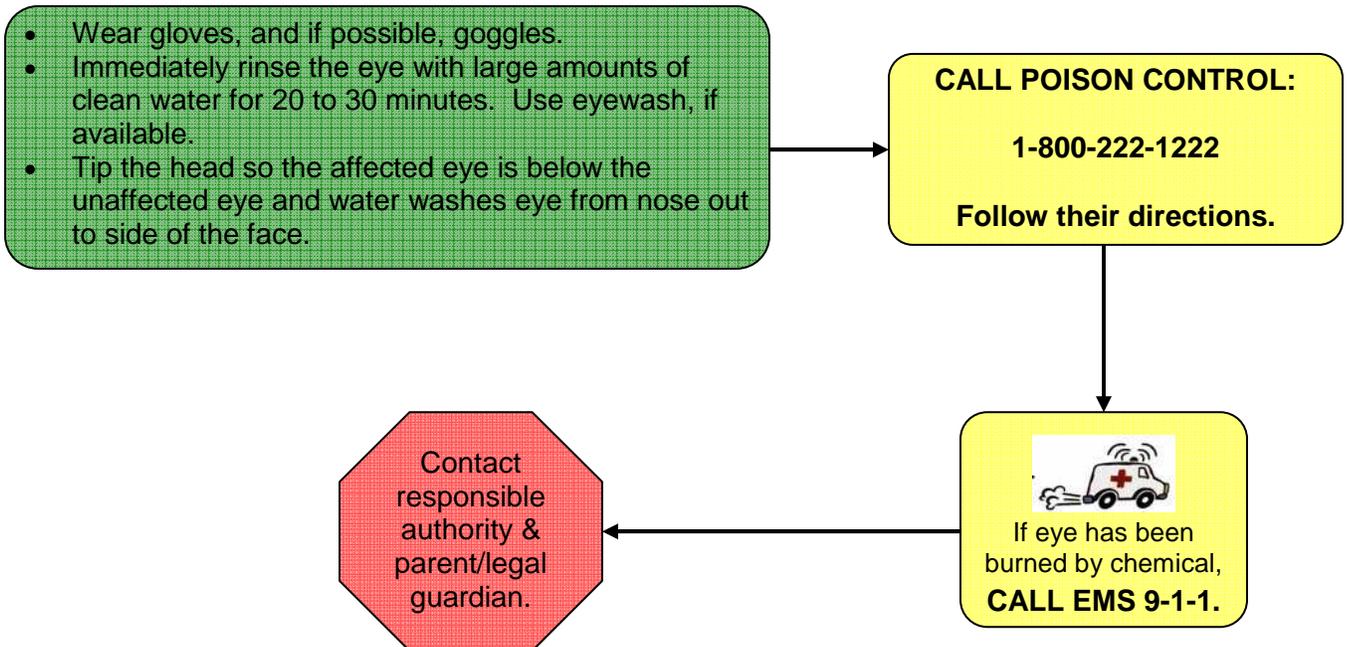


# EYE PROBLEMS

## PARTICLE IN EYE



## CHEMICALS IN EYE



# FAINTING

Fainting may have many causes including:

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

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

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

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

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

**YES OR NOT SURE**

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

Treat as possible neck injury.  
See "Neck & Back Pain" (p. 48).  
**Do NOT move child.**

**NO**

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

- 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?

**YES**

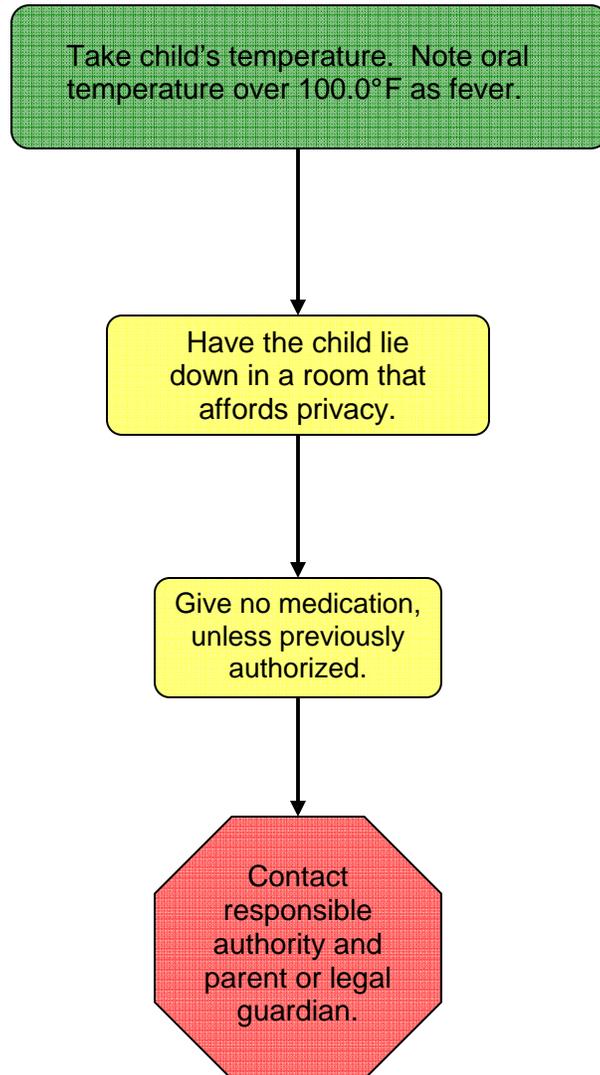
Keep child lying down.  
Contact responsible authority & parent or legal guardian.  
**URGE MEDICAL CARE.**

**NO**

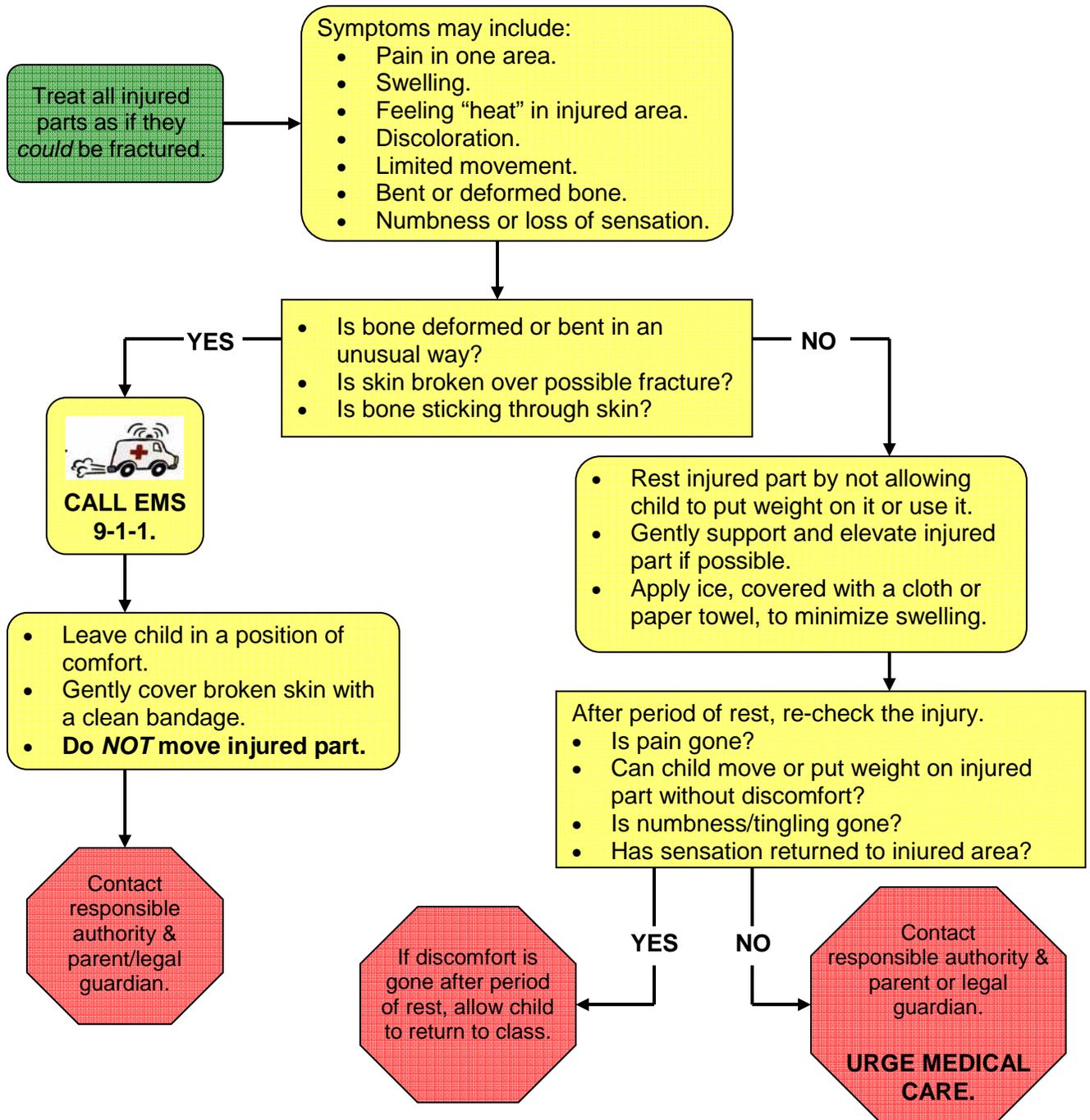
If child feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Contact responsible authority & parent/legal guardian.

# FEVER & NOT FEELING WELL



# FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



# FROSTBITE

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

Exposure to cold even for short periods of time may cause "HYPOTHERMIA" in children (see "Hypothermia, p. 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?

YES

NO



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

Contact responsible authority & parent or legal guardian.

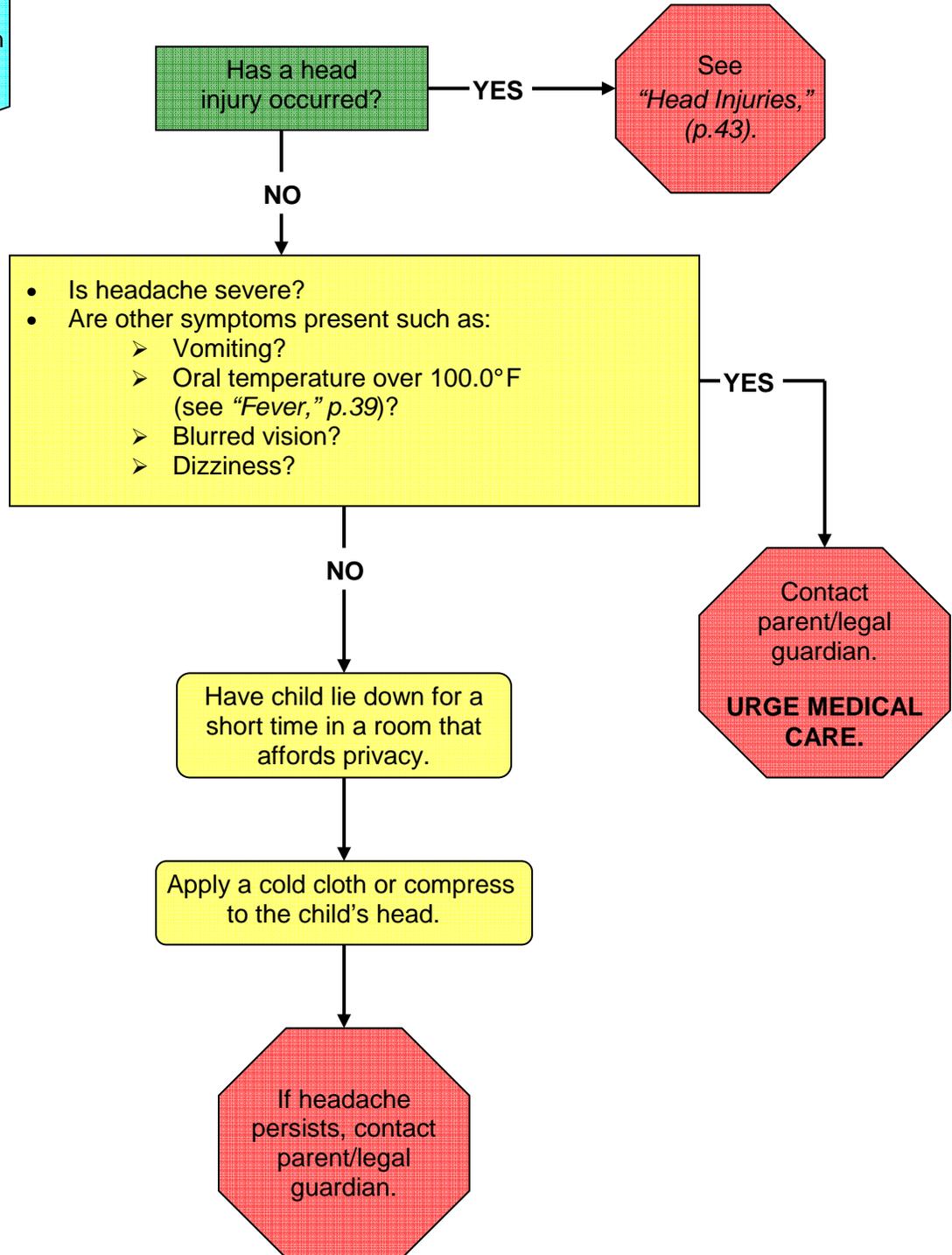
Contact responsible authority & parent or legal guardian.

**Encourage medical care.**

Keep child and part warm.

# HEADACHE

Give no medication unless previously authorized.



# HEAD INJURIES

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).

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

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

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

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.

**NO**

Watch child closely.  
Do **NOT** leave child alone.

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

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

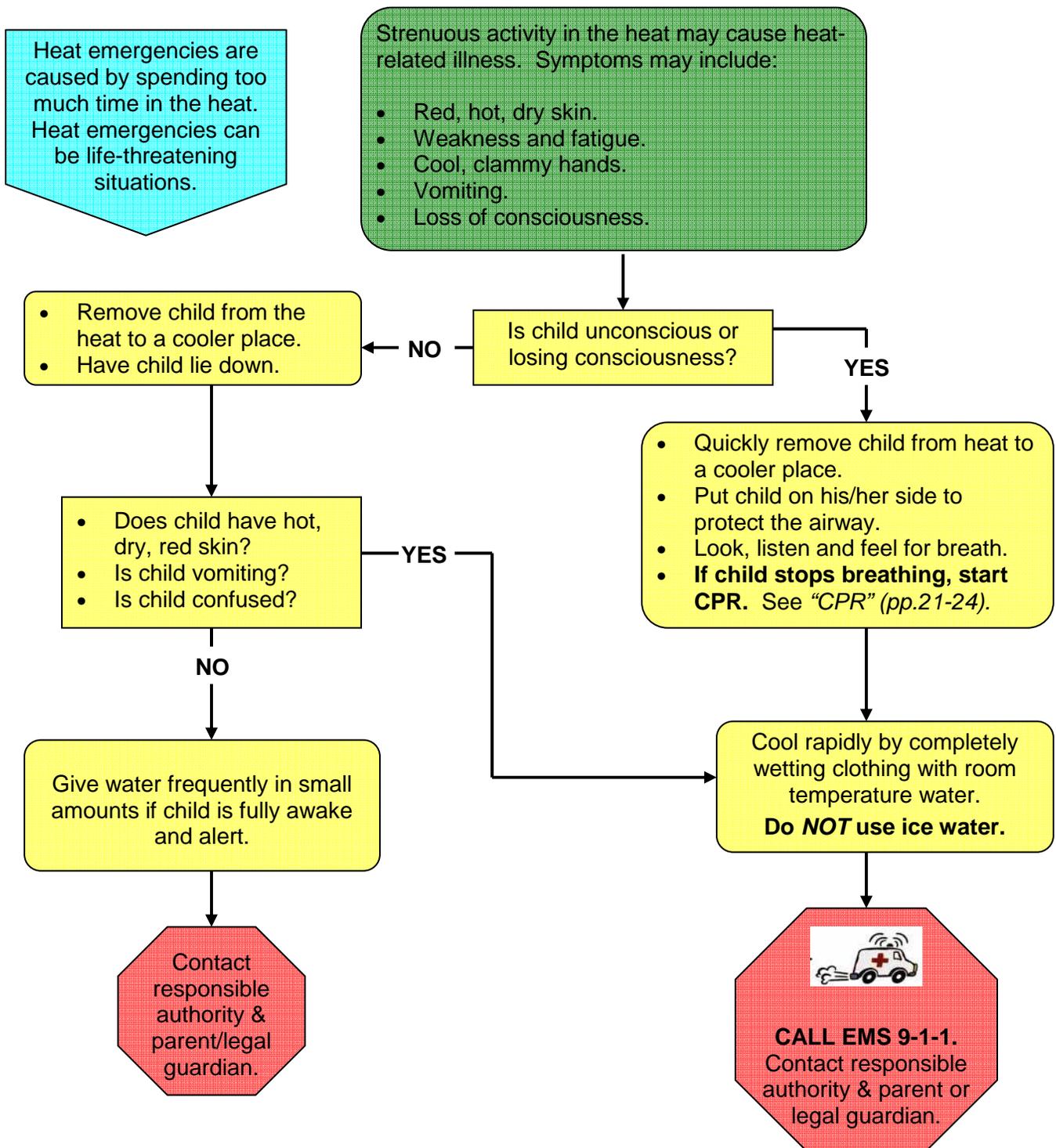
- If child stops breathing, start CPR. See "CPR" (pp.21-24).

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

**NO**

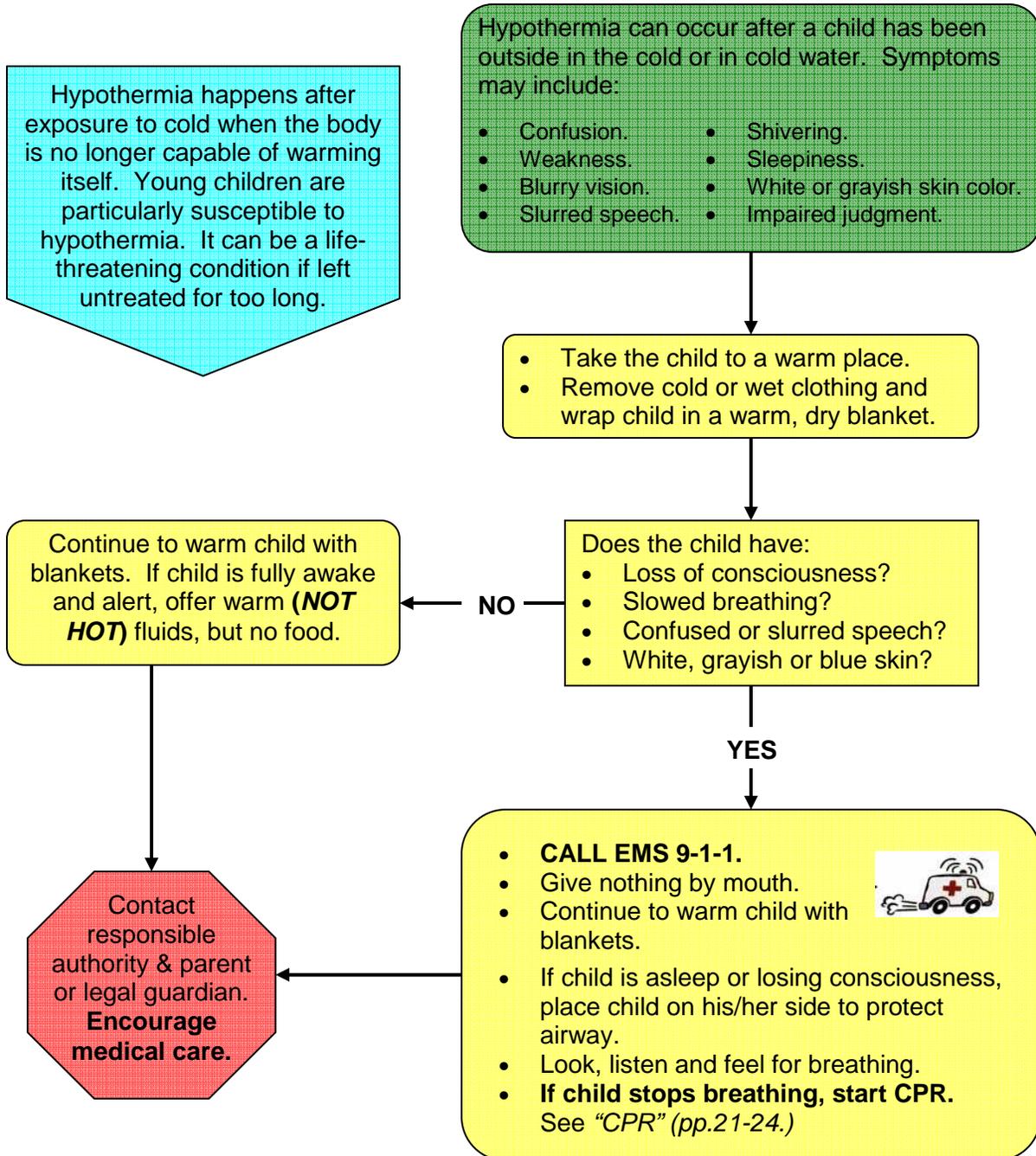
Even if child was only briefly confused and seems fully recovered, contact responsible authority & parent or legal guardian.  
**URGE MEDICAL CARE.**  
Watch for delayed symptoms.

# HEAT STROKE – HEAT EXHAUSTION

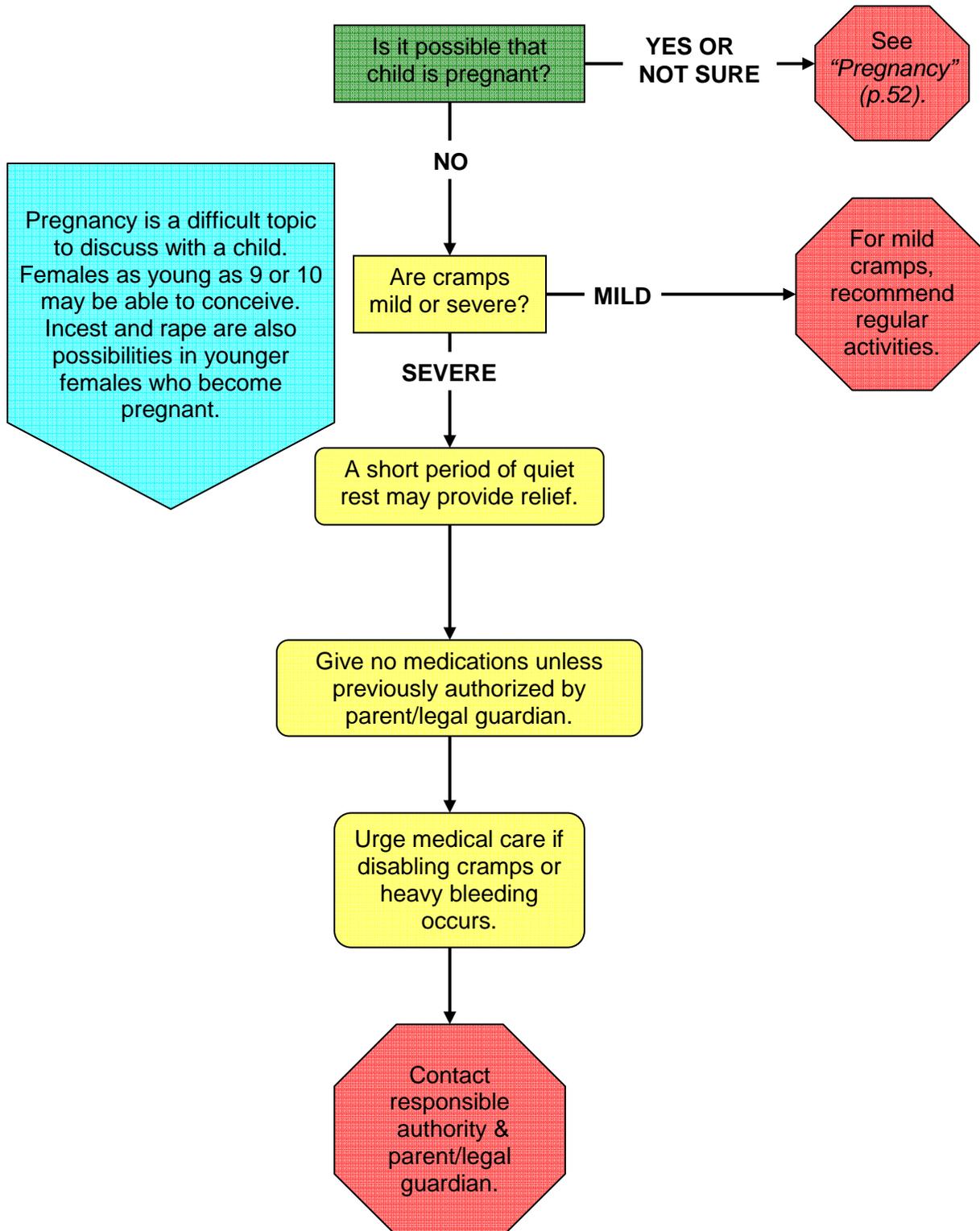


# HYPOTHERMIA

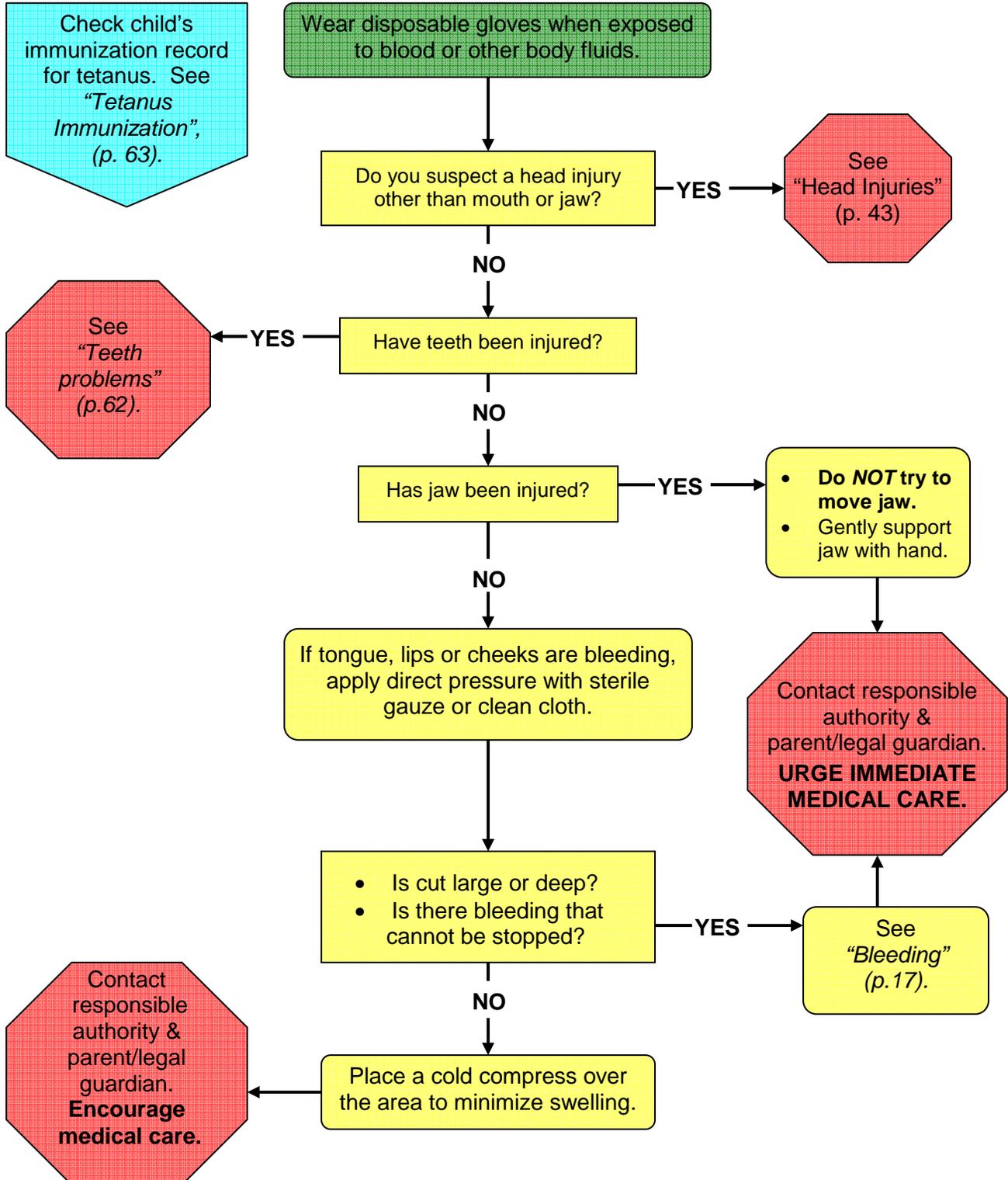
## (EXPOSURE TO COLD)



# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES



# NECK & BACK PAIN

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

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.

YES

Did child walk in or was child found lying down?

WALK IN

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

LYING DOWN

- **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.**

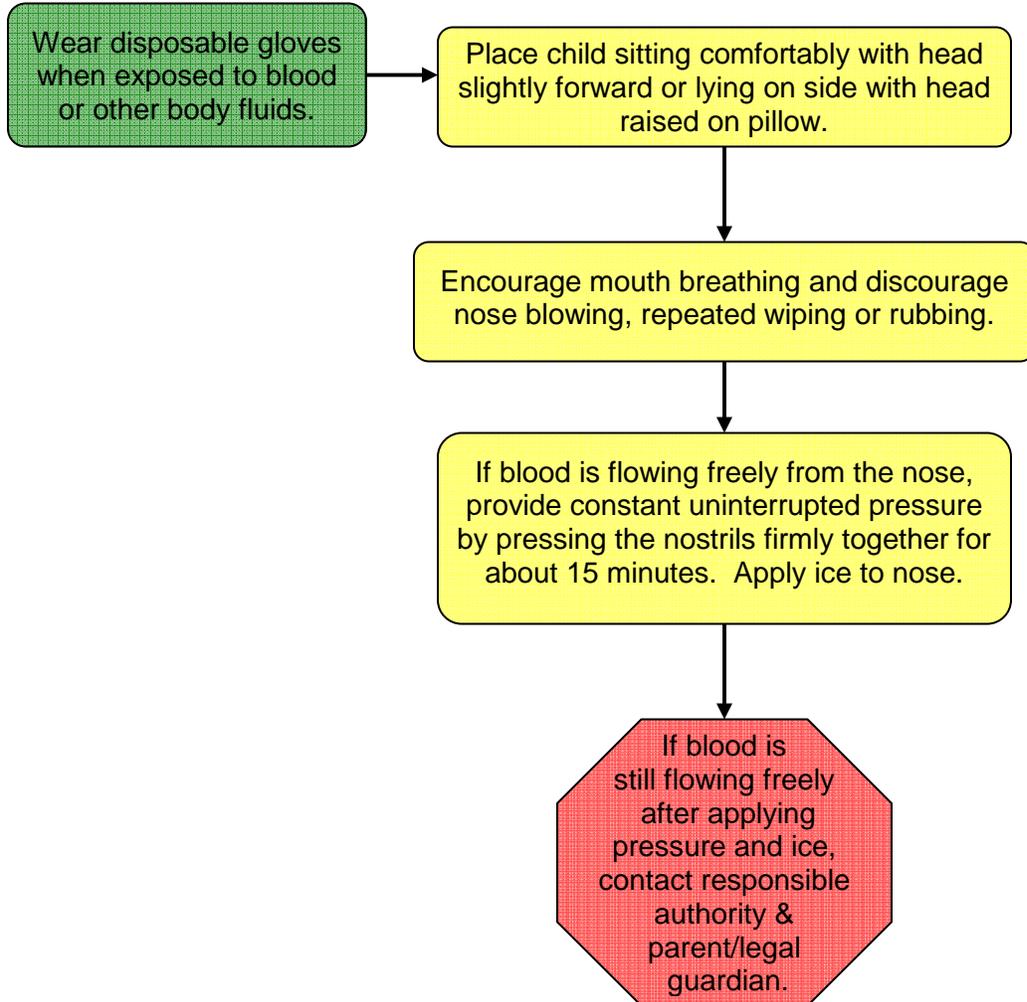
- Keep child quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.



# NOSE PROBLEMS

## NOSEBLEED

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

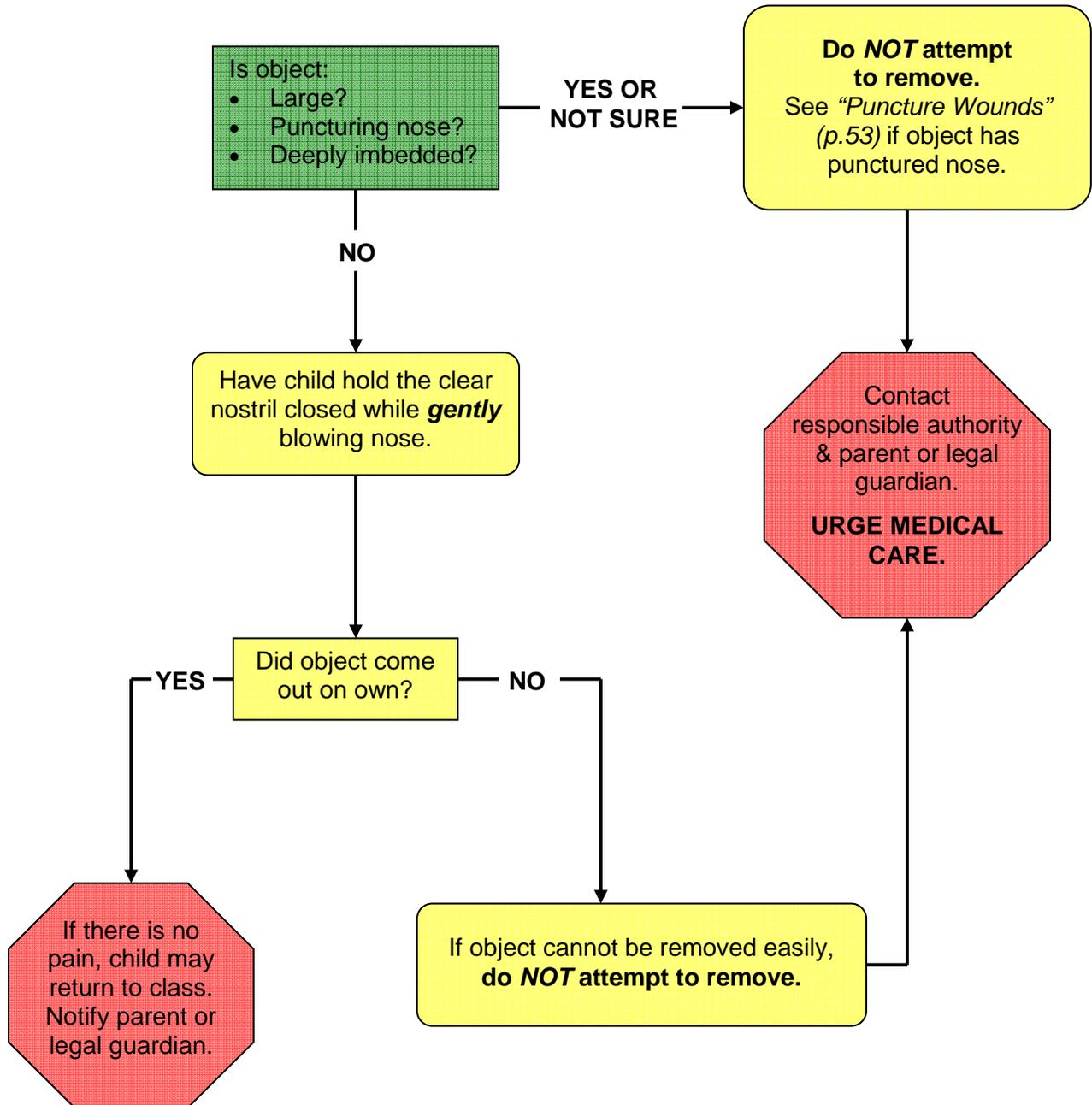


## BROKEN NOSE

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

# NOSE PROBLEMS

## OBJECT IN NOSE



# POISONING & OVERDOSE

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

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

Or if you are not sure 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.

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

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

If possible, find out:

- Age and weight of 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.**

- 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).

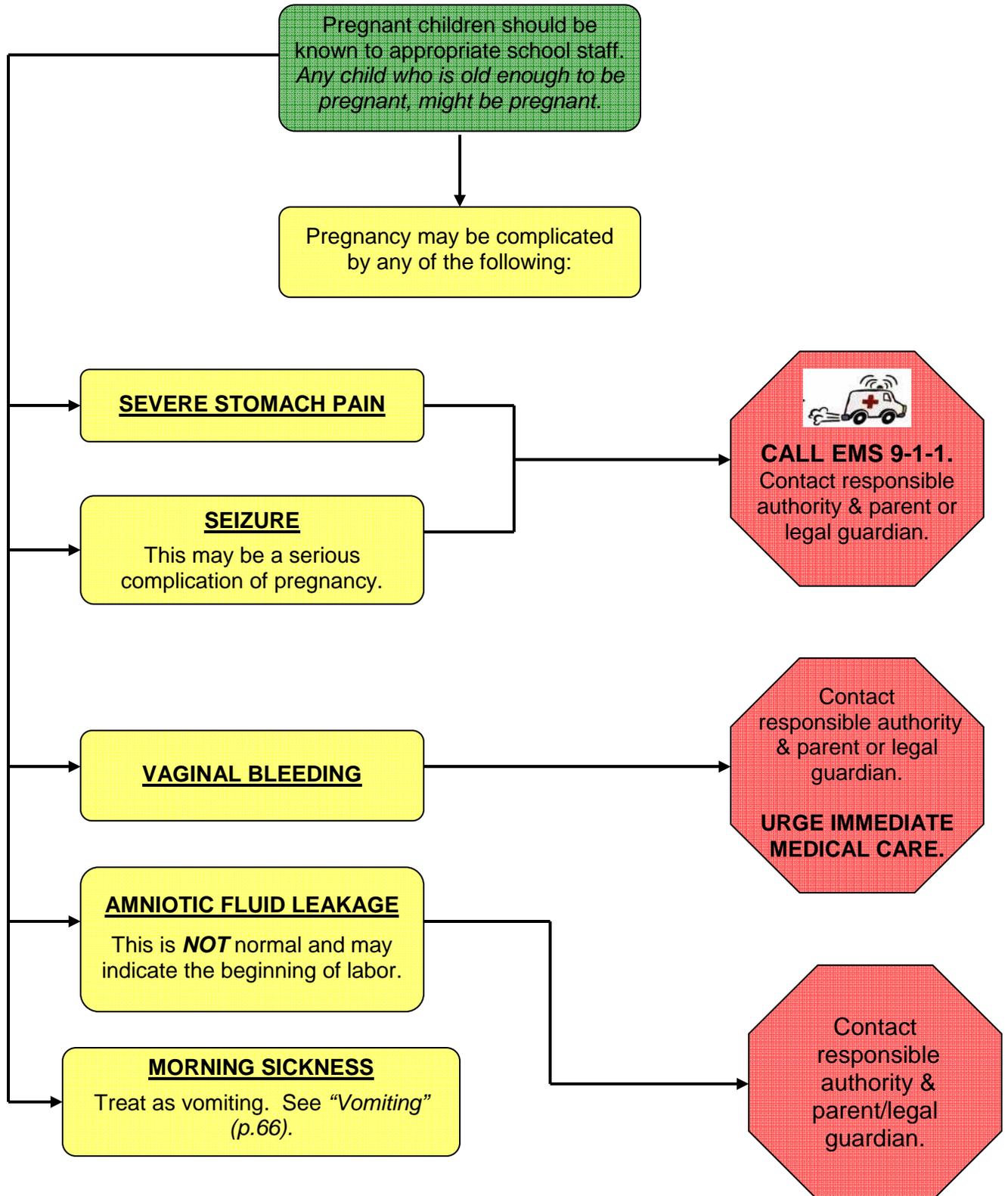
**CALL EMS 9-1-1.**



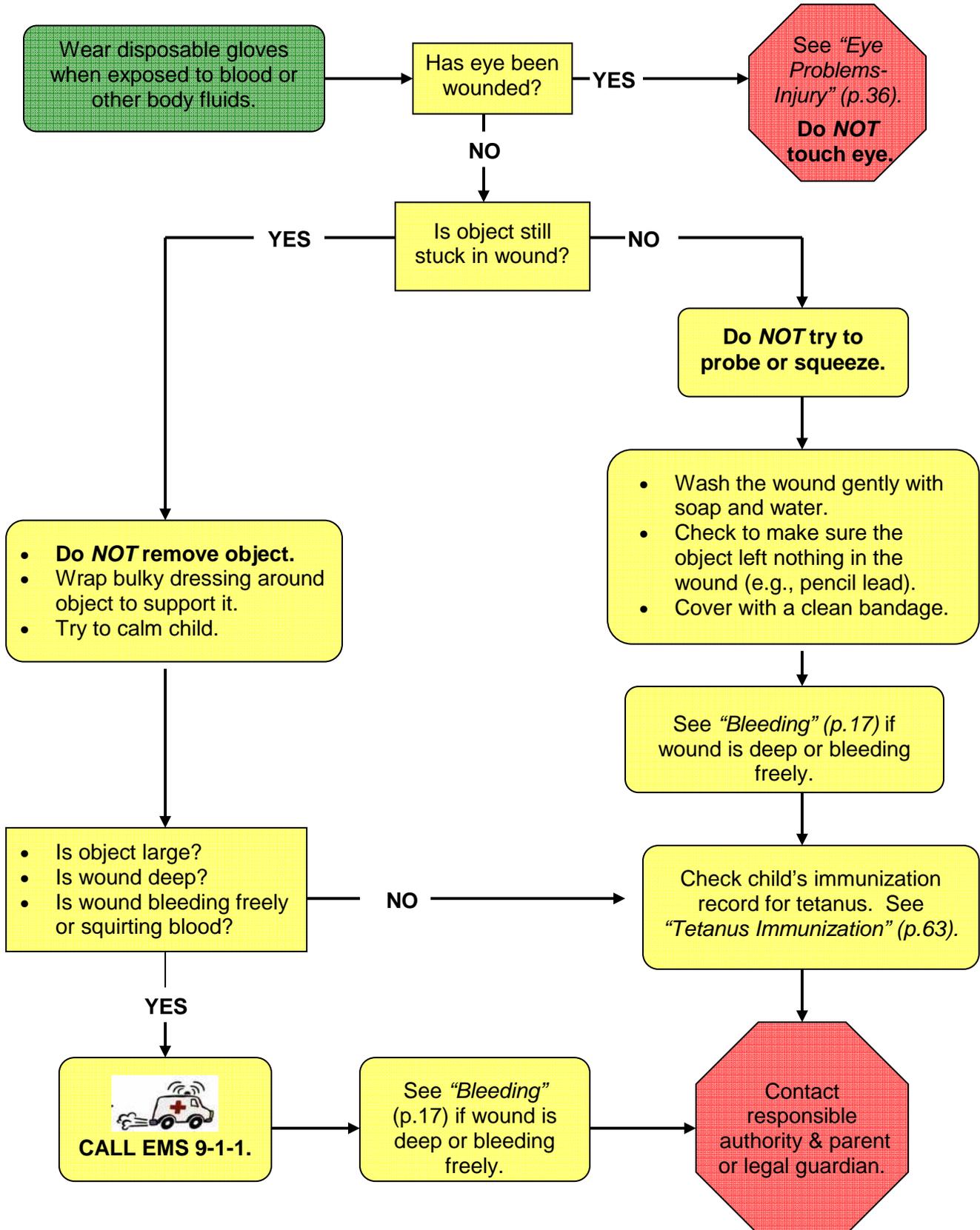
Contact responsible authority & parent or legal guardian.

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

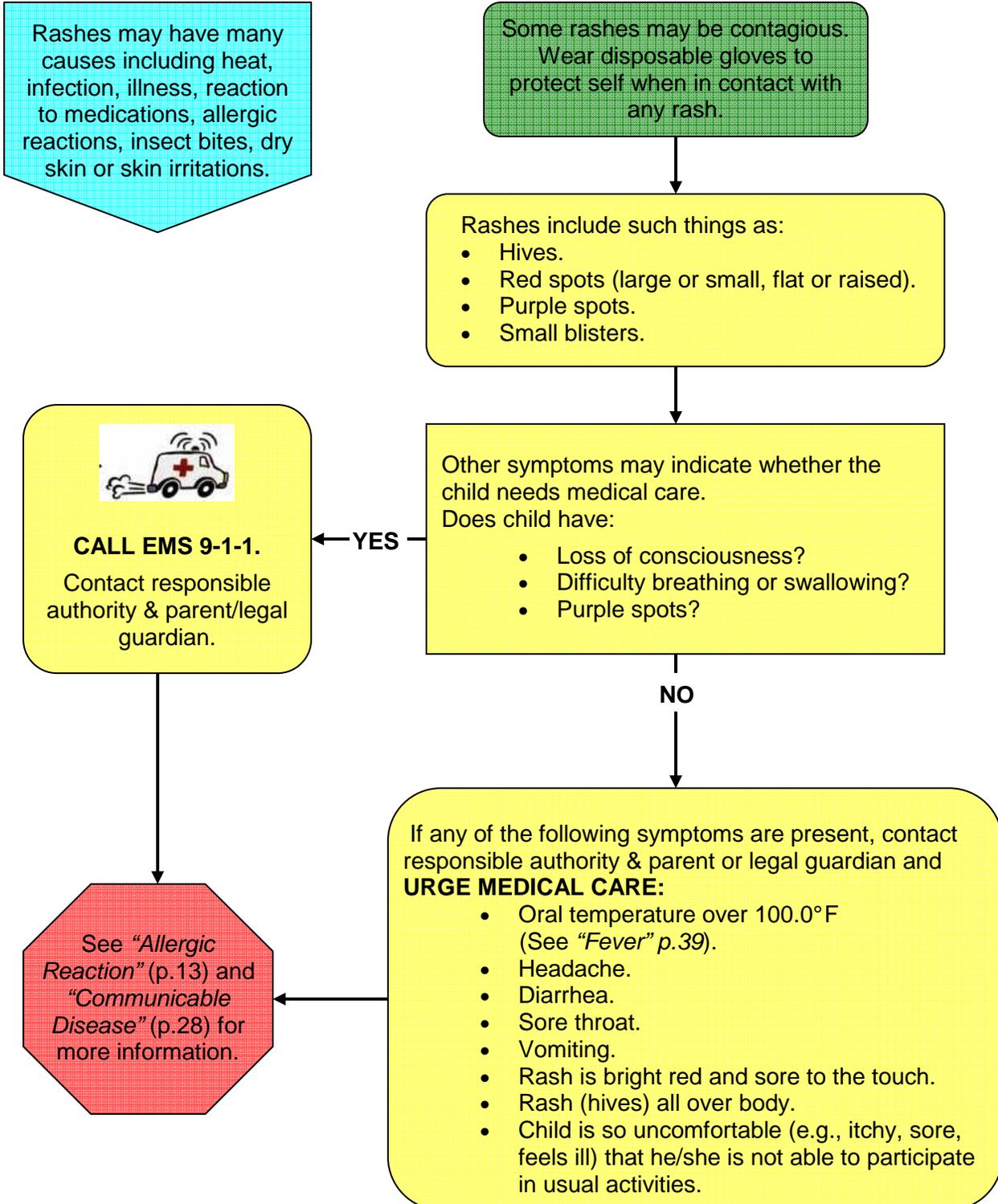
# PREGNANCY



# PUNCTURE WOUNDS



# RASHES



# SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).

A 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.

NO

- 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?

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.

YES

Contact responsible authority & parent or legal guardian.



CALL EMS 9-1-1.

# SHOCK

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).

NO

- 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.

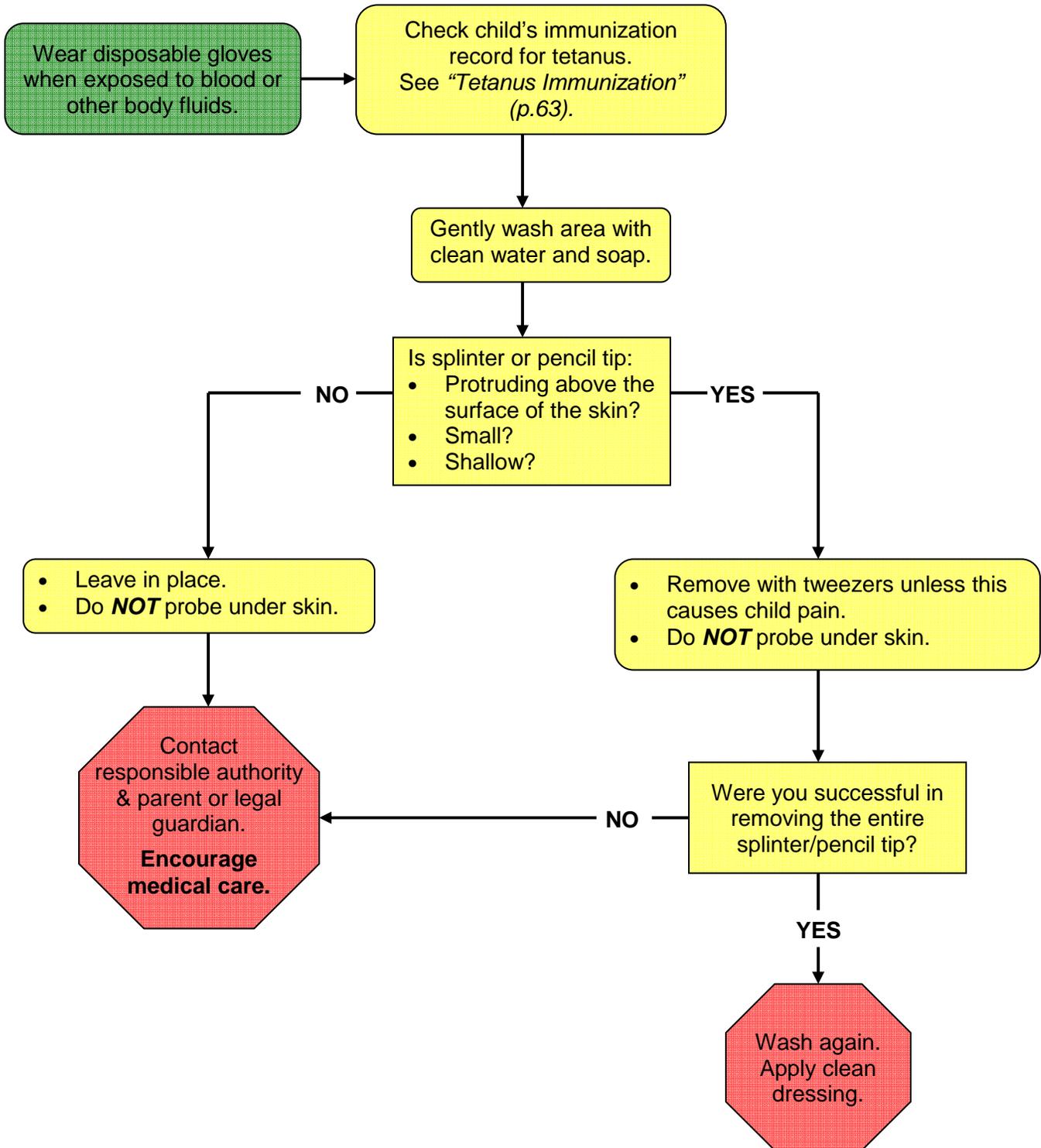
- Signs of Shock:**
- Pale, cool, moist skin.
  - Mottled, ashen, blue skin.
  - Altered consciousness or confusion.
  - Nausea, dizziness or thirst.
  - Severe coughing, high pitched whistling sound.
  - Blueness in the face.
  - Fever greater than 100.0 F in combination with lethargy, loss of consciousness,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

YES

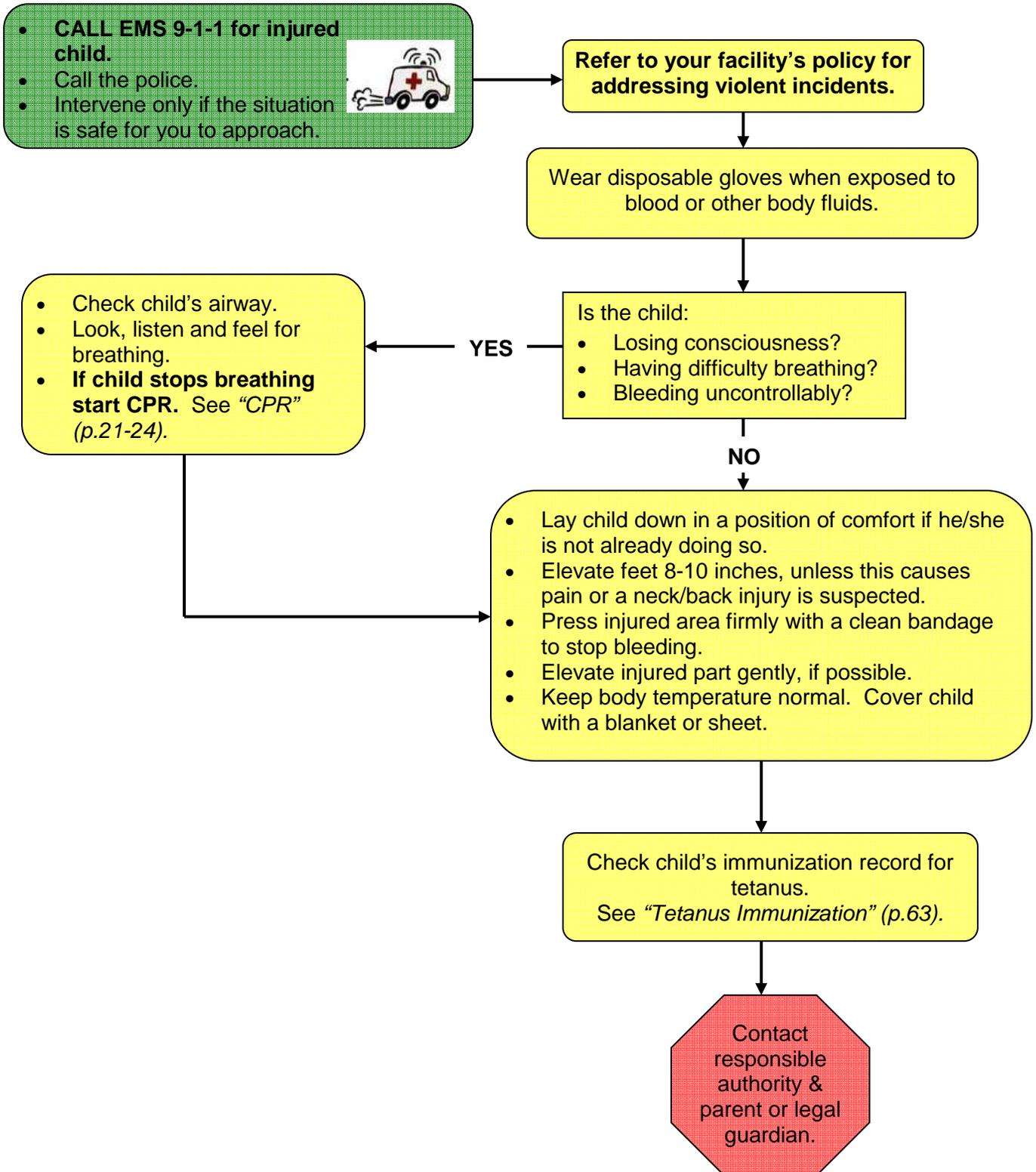


Contact responsible authority & parent or legal guardian.  
**URGE MEDICAL CARE if EMS not called.**

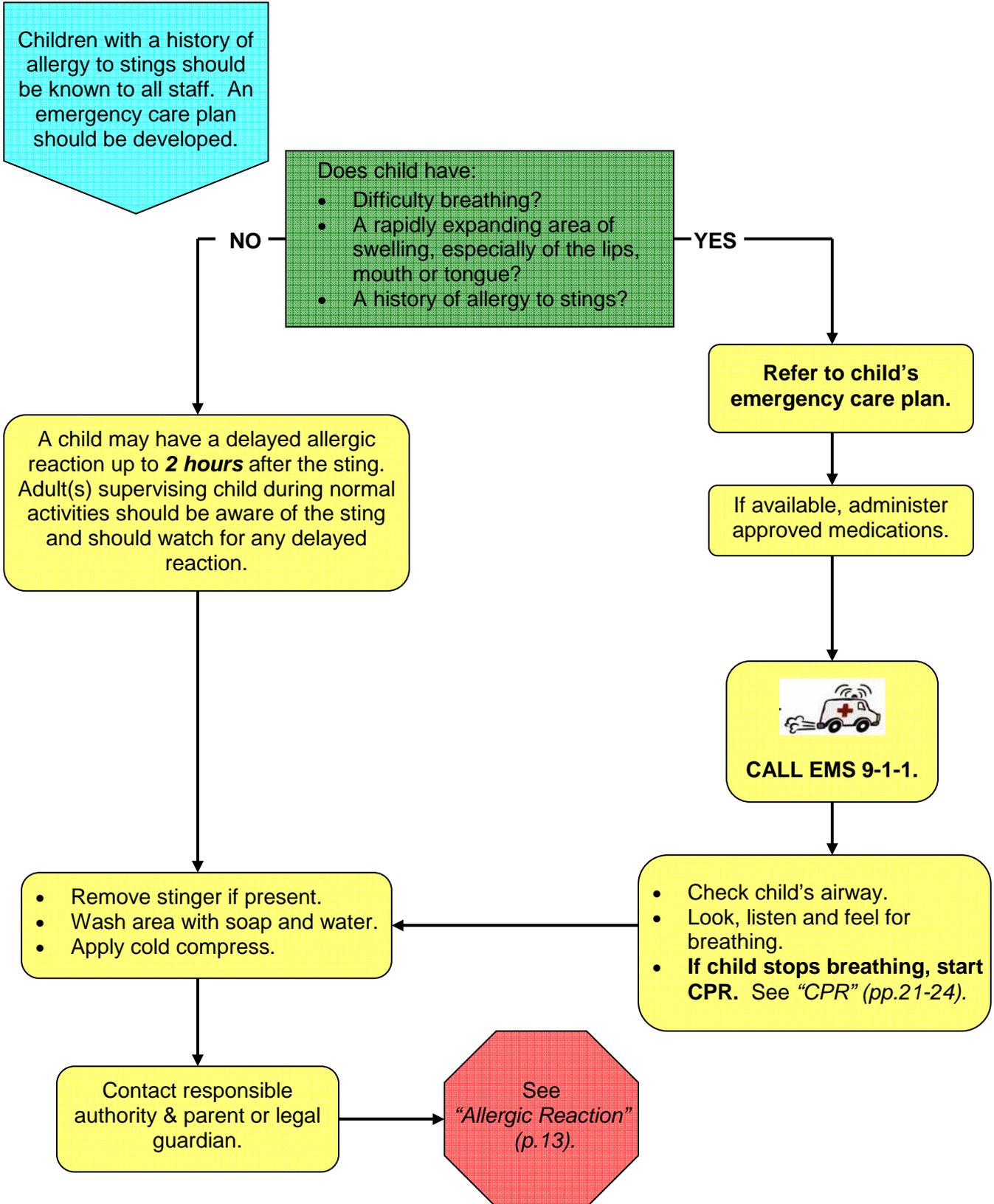
# SPLINTERS OR IMBEDDED PENCIL TIP



# STABBING & GUNSHOT INJURIES



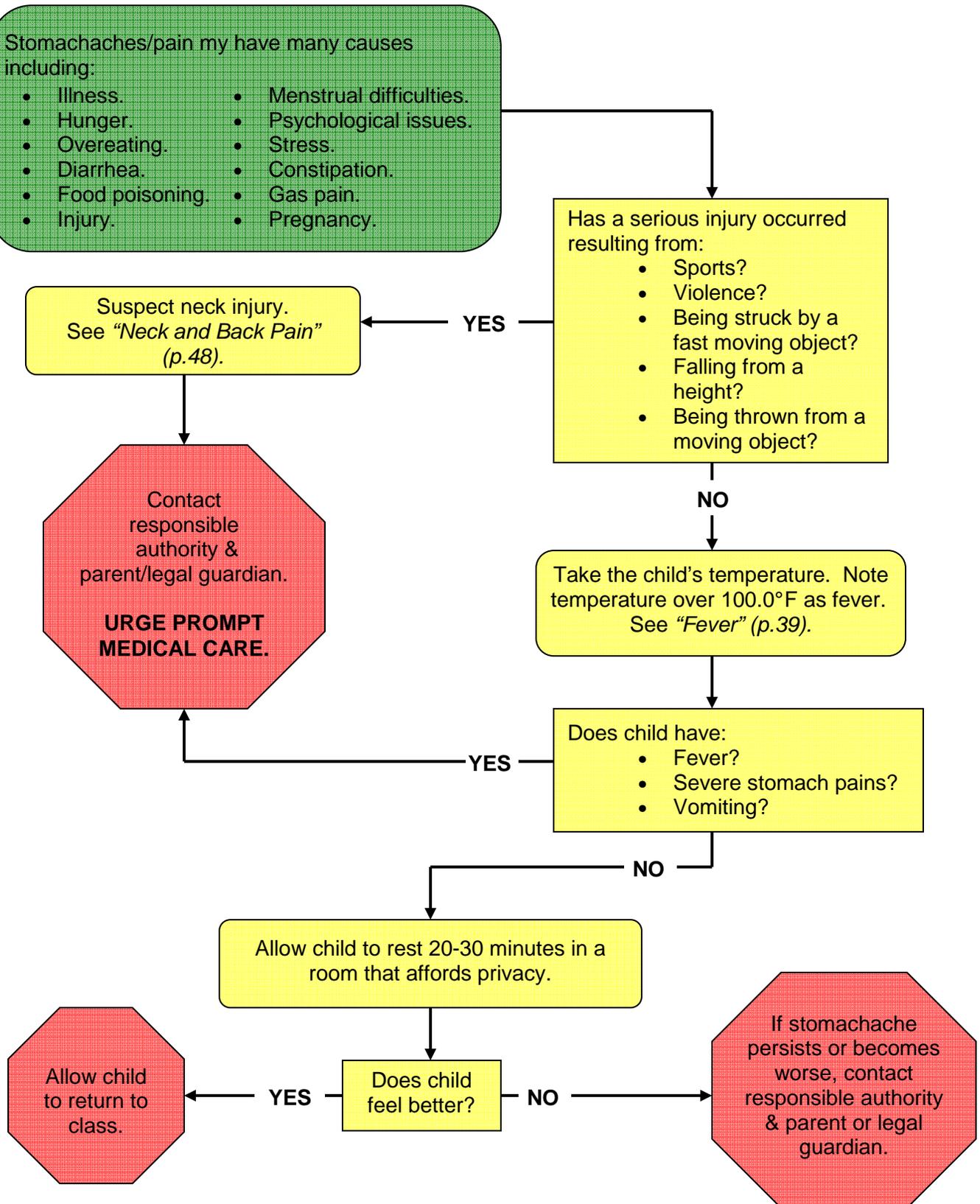
# STINGS



# STOMACHACHES / PAIN

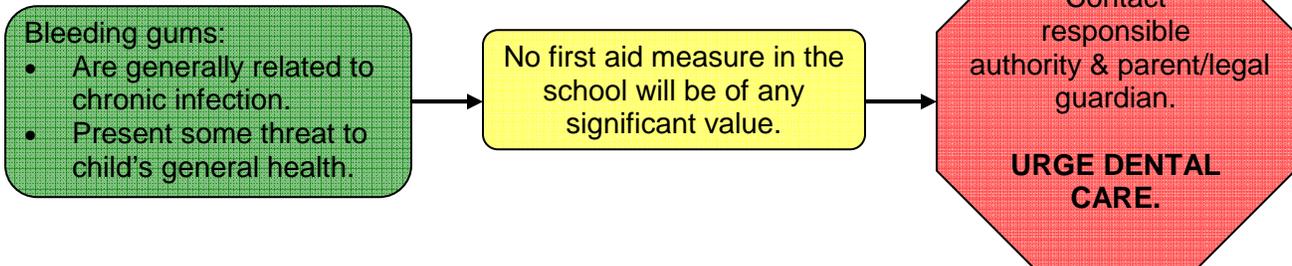
Stomachaches/pain may have many causes including:

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

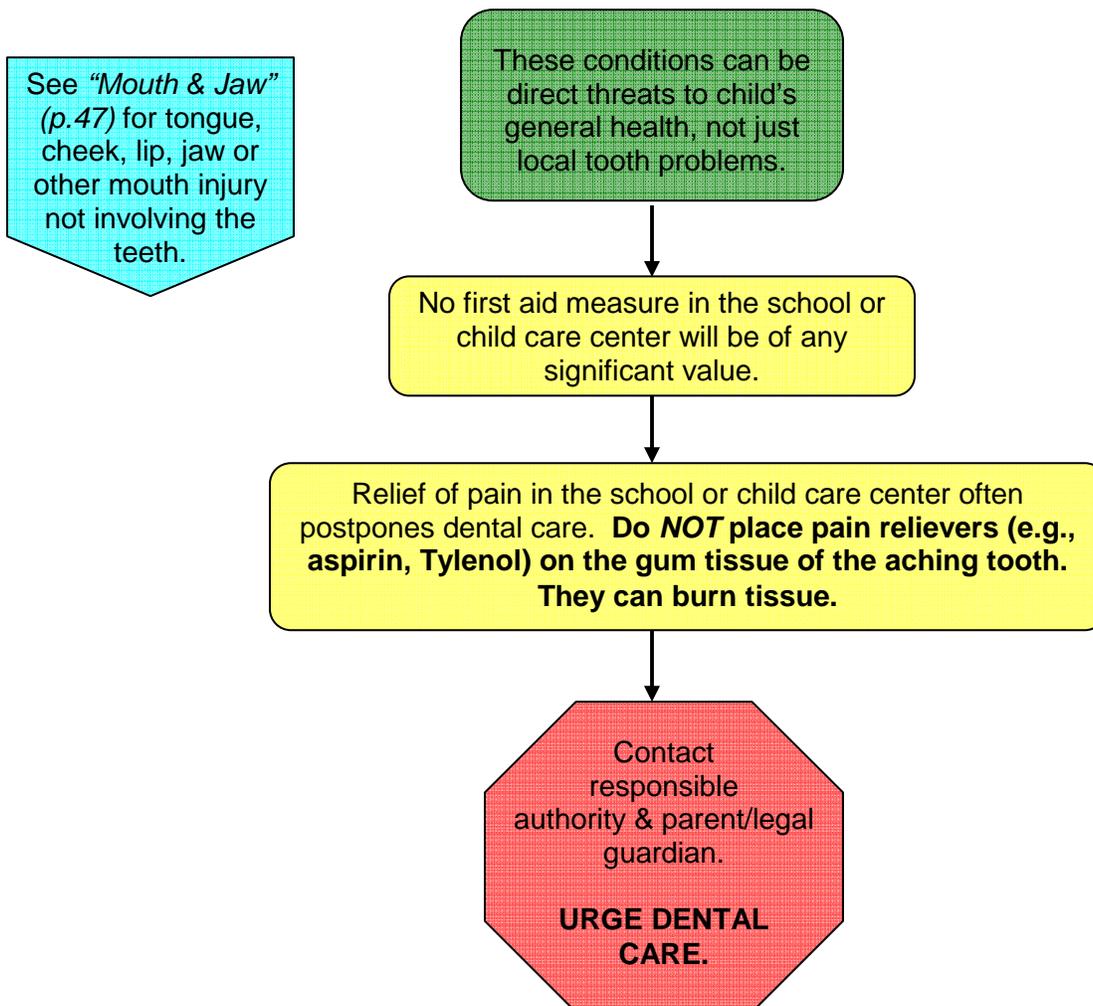


# TEETH PROBLEMS

## BLEEDING GUMS

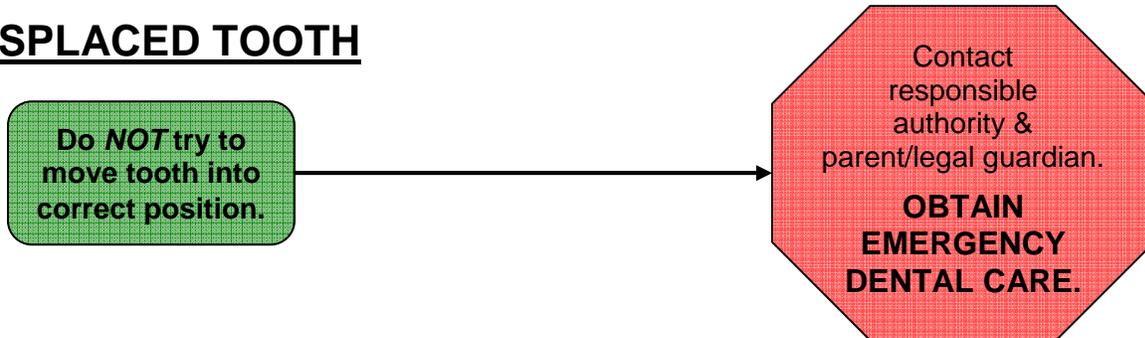


## TOOTHACHE OR GUM INFECTION

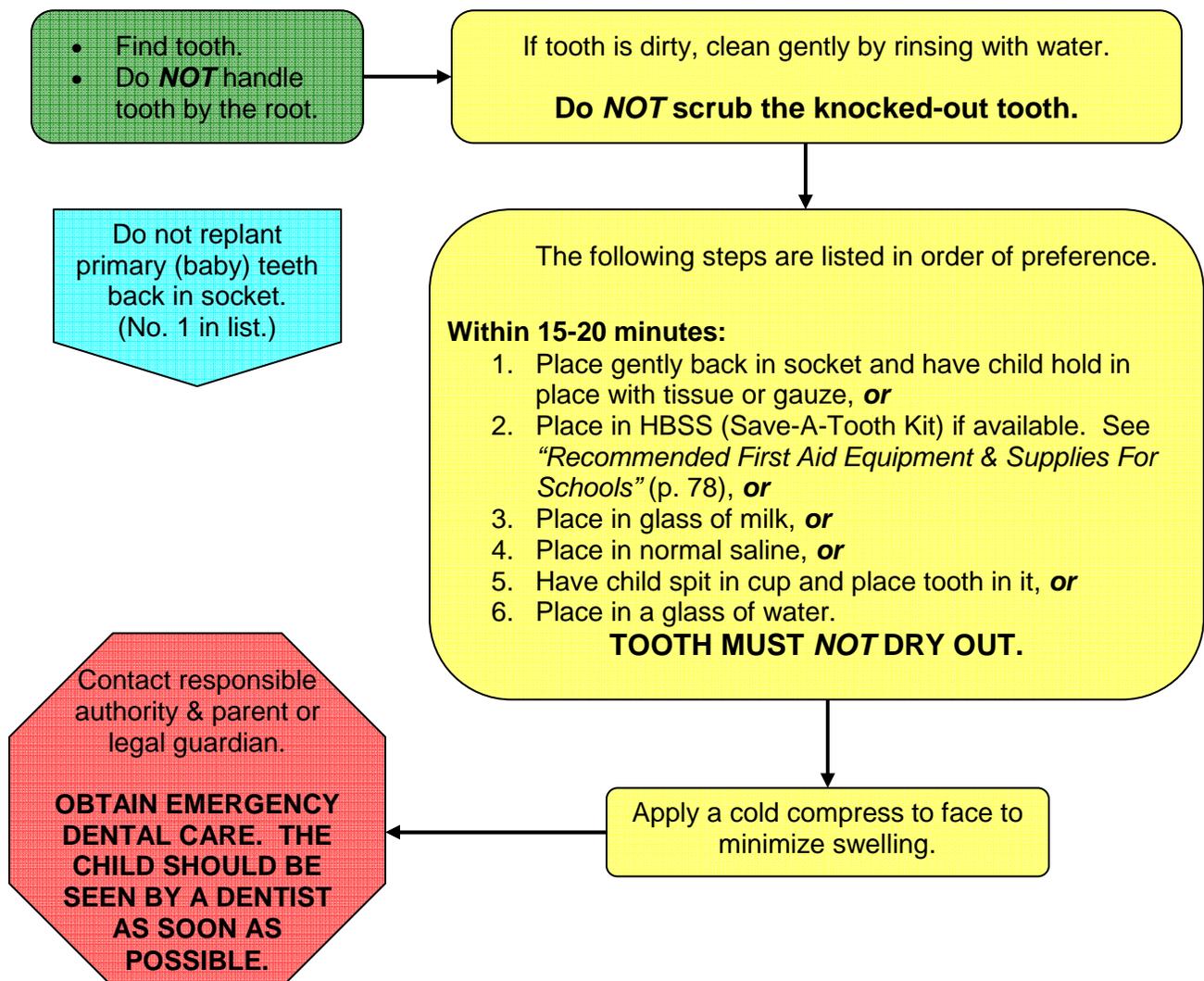


# TEETH PROBLEMS

## DISPLACED TOOTH



## KNOCKED-OUT OR BROKEN PERMANENT TOOTH



# TETANUS IMMUNIZATION

**Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the 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](http://www.immunizeflorida.org/community).

# TICKS

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.

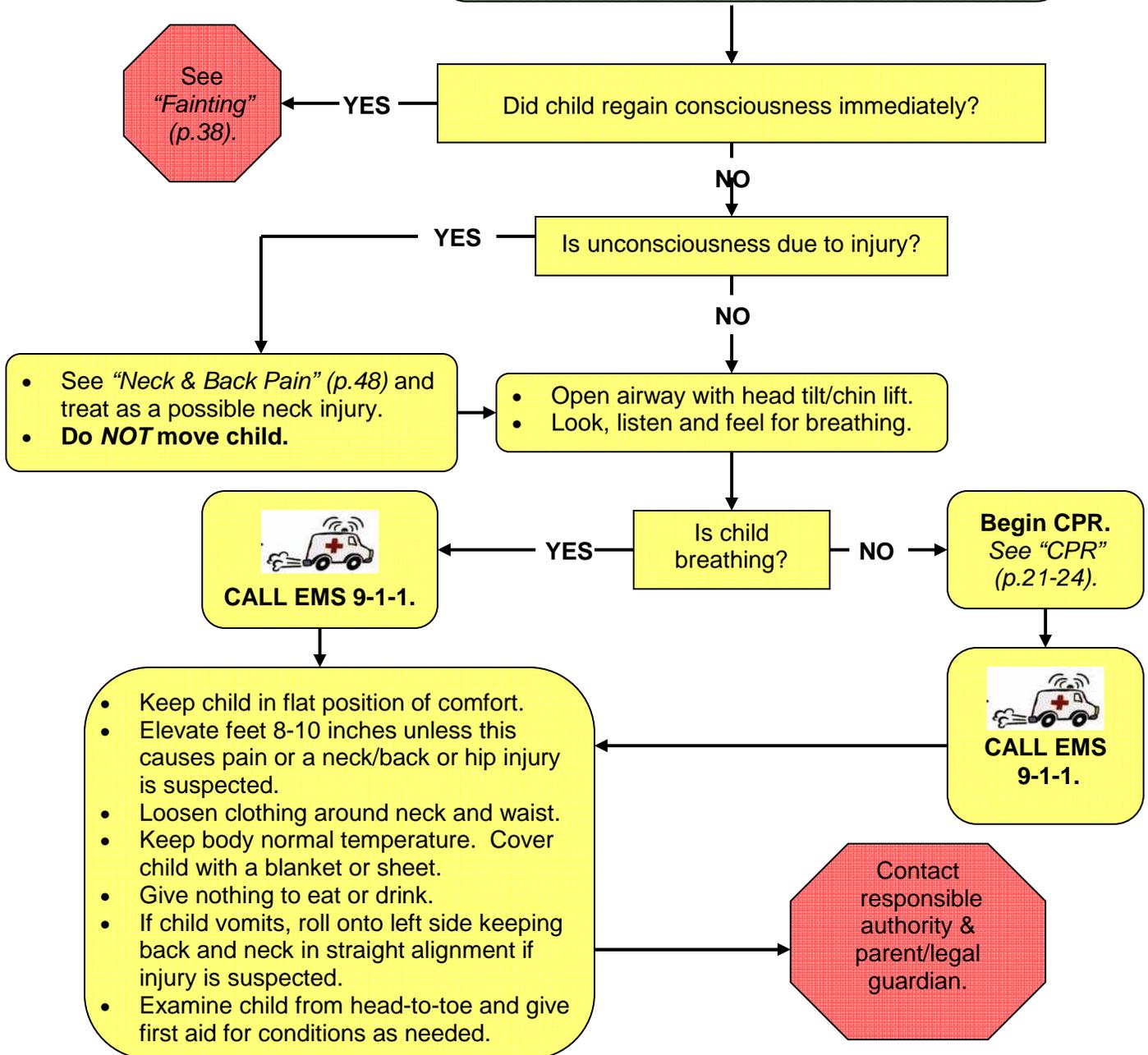
# UNCONSCIOUSNESS

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

Unconsciousness may have many causes including:

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

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



# VOMITING

If a number of 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?

YES

NO

Contact responsible authority & parent/legal guardian.

**URGE MEDICAL CARE.**

Contact responsible authority & parent/legal guardian.

**SCHOOL SAFETY PLANNING &  
EMERGENCY PREPAREDNESS  
SECTION**

# DEVELOPING A SCHOOL OR CHILD CARE CENTER SAFETY PLAN

## 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.

# SHELTER-IN-PLACE KIT

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: \_\_\_\_\_

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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: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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# PANDEMIC FLU PLANNING FOR SCHOOLS & CHILD CARE CENTERS

## 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/>.

# 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](http://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.

# TERRORISM

## CHEMICAL OR BIOLOGICAL THREAT

### Upon receiving a phone call that a chemical or biological hazard has been planted in facility:

- Complete the “Terroristic Threat Phone Report” (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.

# TERRORISTIC THREAT PHONE REPORT

**(To include threats related to the release of chemicals, disease causing agents and incendiary devices)**

1. Date and time call received: \_\_\_\_\_

2. Exact words of caller (use quotes if possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Remain calm and be firm. Keep the caller talking and ask the following questions:

a. Where is the device/package? \_\_\_\_\_

\_\_\_\_\_

b. What does the device/package look like? \_\_\_\_\_

\_\_\_\_\_

c. When will it go off/detonate? \_\_\_\_\_

\_\_\_\_\_

d. What will cause it to go off/detonate/trigger? \_\_\_\_\_

\_\_\_\_\_

e. How do you deactivate it? \_\_\_\_\_

\_\_\_\_\_

f. Why was it put here? \_\_\_\_\_

\_\_\_\_\_

g. Did you place the device/package? \_\_\_\_\_

\_\_\_\_\_

4. If the building is occupied, inform the caller that detonation/release of hazardous substances could cause injury or death of or to innocent people.

5. If a call is received on a Caller ID equipped telephone, check for the origin of the call and record the number. \_\_\_\_\_

# TORNADO/SEVERE THUNDERSTORM WATCH OR WARNING

**Tornado/Severe Thunderstorm Watch has been issued in an area near your facility:**

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Bring all people inside building(s).
- Close all windows and blinds.
- Review tornado drill procedures and 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 CONTACTS

## CPR/FIRST AID CERTIFIED STAFF

<b>CRISIS TEAM MEMBERS</b>					
Position	Name	Work #	Home #	Cell #	Room#
Principal/Administrator					
Designee					
Secretary					
Teacher					
Guidance Counselor					
Health Room Staff					

<b>CPR/FIRST AID CERTIFIED STAFF</b>					
Name	Room#	CPR (Circle)	Expiration Date	First Aid (Circle)	Expiration Date
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	

<b>CRISIS CONTACTS (IN CASE OF EMERGENCIES CONTACT ALL OF THE FOLLOWING)</b>		
	Name	Number
School Administration		
Corporate Administration		
Okaloosa County Emergency Management		

# 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 \_\_\_\_\_

**Emergency Guidelines  
for Schools and Child Care Centers  
2011 Edition**

**PROVIDED BY:**



**Public Health**  
Prevent. Promote. Protect.

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**Okaloosa County  
Health Department**  
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**[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)**