


Emergency Guidelines for Schools

3RD EDITION, 2021

Guidelines for helping an
ill or injured student when
the school nurse is *not* available.



CHILDREN'S EMERGENCY CARE ALLIANCE



CECA-TN Board of Directors

President:

Oseana Bratton, BSN, RN, CPEN,
EMT
East Tennessee Children's Hospital

Vice President:

Jennifer Dindo, BSN, RN, CPEN
Monroe Carell Jr. Children's
Hospital at Vanderbilt

Immediate Past President:

Regan Williams, M.D.
Le Bonheur Children's Hospital

Treasurer:

Kevin Brinkmann, M.D.
East Tennessee Children's Hospital

Paula Denslow, CBIS
Brain Links

Colleen Costello, M.D.
East Tennessee Children's Hospital

Lonnie King, M.D.
Children's Hospital at Erlanger

Lee Blair
MSN, RN, CEN, EMT-P IC
Monroe Carell Jr. Children's
Hospital at Vanderbilt

Cristina Estrada, M.D.
Monroe Carell Jr. Children's
Hospital at Vanderbilt

Elise Springer, M.D.
Children's Hospital at Erlanger

Tennessee Emergency Guidelines for Schools

These emergency guidelines are meant to serve as a basic "what to do in an emergency" resource. This guide is for school staff who are not medically trained when the school nurse is not available.

- In the event of an emergency, please call 911 and request EMS assistance.
- It is strongly recommended that school staff attend a CPR and First Aid class in order to have a better understanding of what to do in an emergency.
- These guidelines are recommendations for proper treatment and,
- These guidelines should not supersede any local policies, regulations, or rules established by your local school system or school board.

Index

[Jump to page by clicking link.](#)

Quick Resources

When to Call 911	4
Emergency Procedures	5
Keys to Shapes/Colors	6

A

AED	7
Allergic Reaction	8
Asthma, Wheezing, Breathing Difficulty	9

B

Behavioral Emergencies	10
Bites	11
Bleeding	12
Blisters	13
Bruises	14
Burns	15

C

Choking	16
Communicable Diseases	17
Communicable Disease Resources	18
Concussion/Head Injury	19

CPR	20-21
Cuts, Scratches, and Scrapes	22

D

Diabetes	23
Diarrhea	24

E

Ears	25
Electric Shock	26
Eyes	27-28

F

Fainting	29
Fractures, Dislocations, Sprains or Strains	30
Frostbite	31

H

Headache	32
Heat Stroke/ Heat Exhaustion	33

I

Infection Control	34
-------------------	----

M

Menstrual Difficulties	35
Mouth and Jaw Injuries	36

N

Neck and Back Pain	37
Nose	38

P

Poisoning and Overdose	39
Pregnancy	40
Puncture Wounds	41

R

Rashes	42
--------	----

S

Seizures	43
Shock	44
Students with Special Needs	45
Splinters or Imbedded Pencil Lead	46
Stabbing & Gunshot Injuries	47
Stings	48
Stomach Aches/ Pain	49

T

Tetanus Immunization	50
Teeth	51
Tick Bite & Removal	52

U

Unconsciousness	53
-----------------	----

V

Vomiting	54
----------	----

First Aid Equipment	55
Emergency Phone Numbers	56
Concussion/Traumatic Brain Injury Resources	57

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

Call EMS if:

- ☐ The child is unconscious, semi-conscious or unusually confused.
- ☐ The child's airway is blocked.
- ☐ The child is not breathing.
- ☐ The child is having difficulty breathing, shortness of breath or is choking.
- ☐ The child has no pulse.
- ☐ The child has bleeding that won't stop.
- ☐ The child is coughing up or vomiting blood.
- ☐ The child has been poisoned.
- ☐ The child has a seizure for the first time or a seizure that lasts more than five minutes.
- ☐ The child has injuries to the neck or back.
- ☐ The child has sudden, severe pain anywhere in the body.
- ☐ The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- ☐ The child's condition could worsen or become life-threatening on the way to the hospital.
- ☐ Moving the child could cause further injury.
- ☐ The child needs the skills or equipment of paramedics or emergency medical technicians.
- ☐ Distance or traffic conditions would cause a delay in getting the child to the hospital.



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

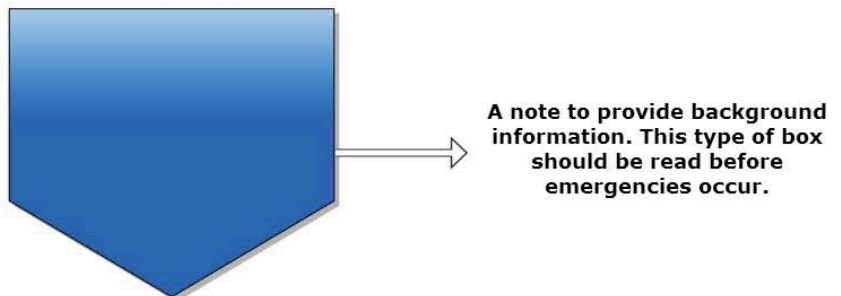
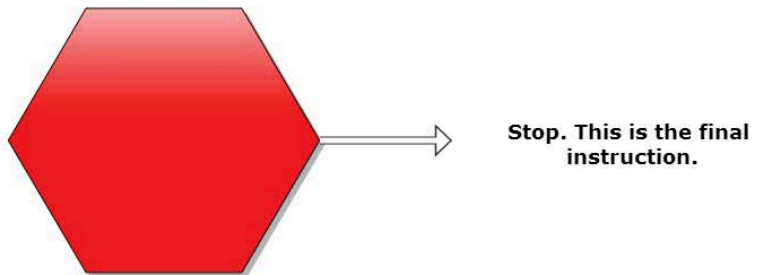
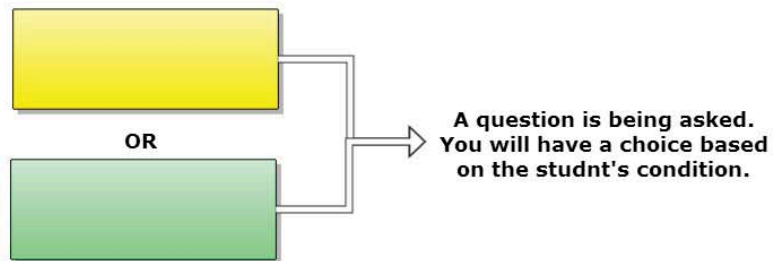
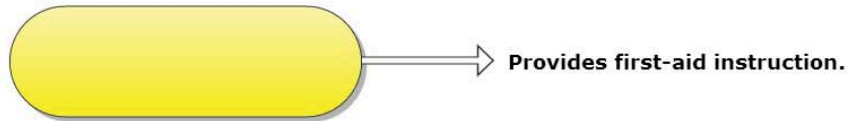
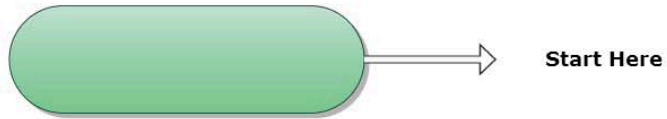
EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

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 student's parent or legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy.

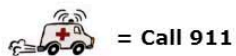
POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

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

KEY TO SHAPES & COLORS



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



AUTOMATED EXTERNAL DEFIBRILLATORS

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

AEDs are now safe to use for ALL children, according to the American Heart Association (AHA). * Some AEDs are capable of delivering a "child" energy dose through smaller child pads. Use child pads/system for children 1-8 years if available. If child system is not available, use adult AED and pads. Do not use the child pads or energy dose for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer's instructions. The location of AEDs should be known to all school personnel.

American Heart Association Guidelines for AED/CPR Integration*

For a witnessed sudden collapse, activate emergency response system (if not already done), retrieve AED, and use immediately.

For an unwitnessed collapse, start CPR immediately. After approximately 2 minutes, if no help has arrived, activate emergency response system, retrieve AED, and use immediately.

Turn to the CPR section on page 19 for instructions.

ALLERGIC REACTION

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

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

Symptoms may include:

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

Does the student have symptoms of a severe allergic reaction?

NO

YES

Symptoms of a mild allergic reaction include:

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

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

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


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

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

If available, refer to student's emergency plan.

Administer guardian-approved medication or stock medication if available.

ASTHMA, WHEEZING, DIFFICULTY BREATHING

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

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

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

If available, refer to student's safety plan.

Does student have guardian-approved medication available?

YES

Administer medication as directed.

NO

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

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

NO

YES

Contact responsible school authority & parent/ legal guardian


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

BEHAVIORAL EMERGENCIES

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

Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate school staff. A safety plan should be developed.

Refer to your school's policy for addressing behavioral emergencies.

Does student have visible injuries?

YES

See appropriate guideline to provide first aid.
CALL EMS 911 IF ANY INJURIES REQUIRE IMMEDIATE CARE.

NO

Does student's behavior present an immediate risk of physical harm to persons or property?
Is student armed with a weapon?

NO

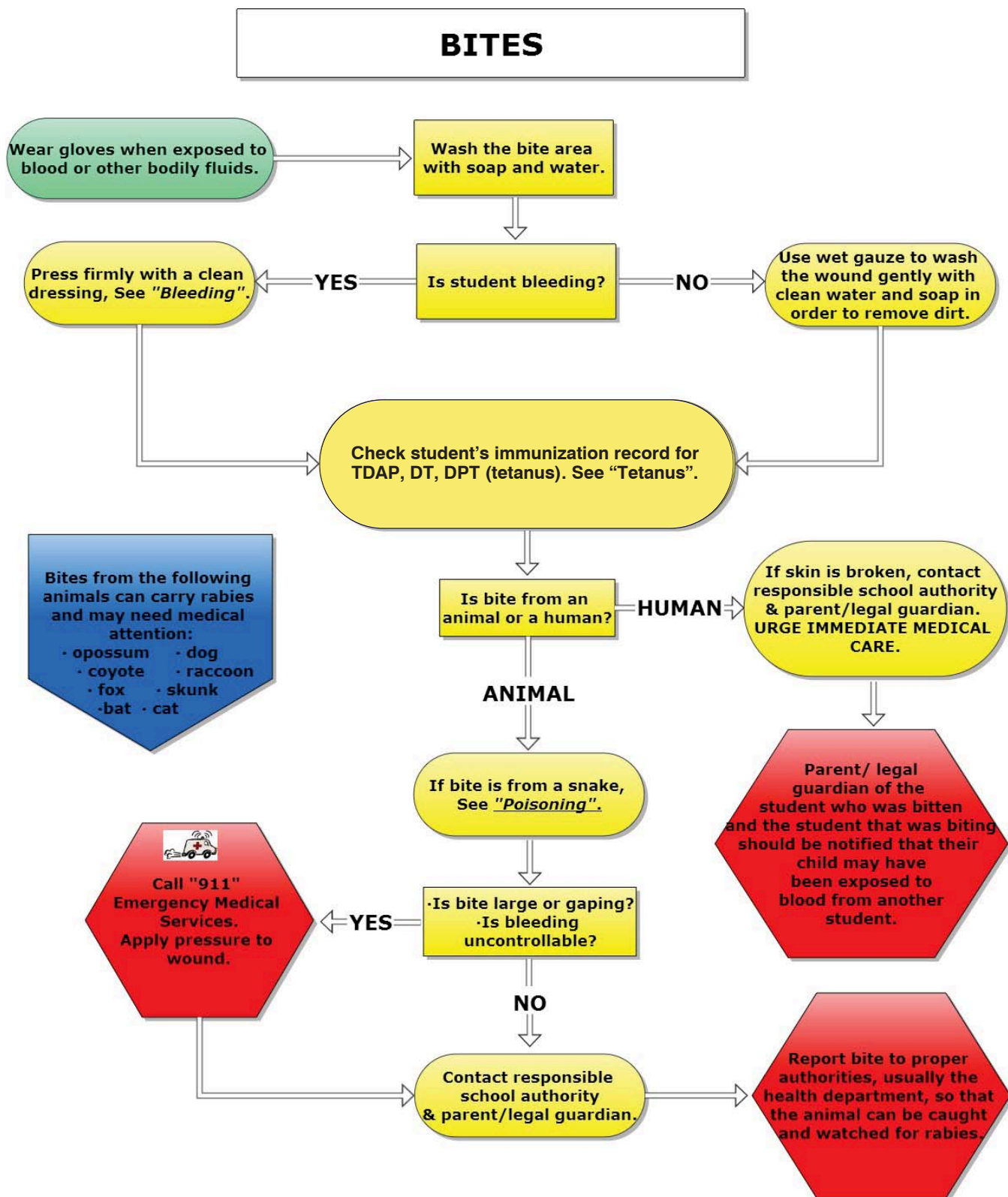
The cause of unusual behavior may be psychological, emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

YES

CALL POLICE.

SUICIDAL AND VIOLENT BEHAVIOR SHOULD BE TAKEN SERIOUSLY.
If the student has threatened to harm him/herself or others, contact the responsible school authority immediately.

Contact responsible school authority & parent/legal guardian.



BLEEDING

Wear gloves when exposed to blood or other bodily fluids.

Amputation?

YES


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

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

Contact responsible school authority & parent/legal guardian.

NO

- Press firmly with a clean bandage to stop bleeding
- Elevate bleeding body part *gently*. *If fracture is suspected, gently support part and elevate.*
- Bandage wound firmly without interfering with circulation to the body part.

Continued uncontrollable bleeding?

YES


CALL "911" EMERGENCY MEDICAL SERVICES
Continue to hold dressing, add to dressing, DO NOT remove dressing. Use a tourniquet if available.

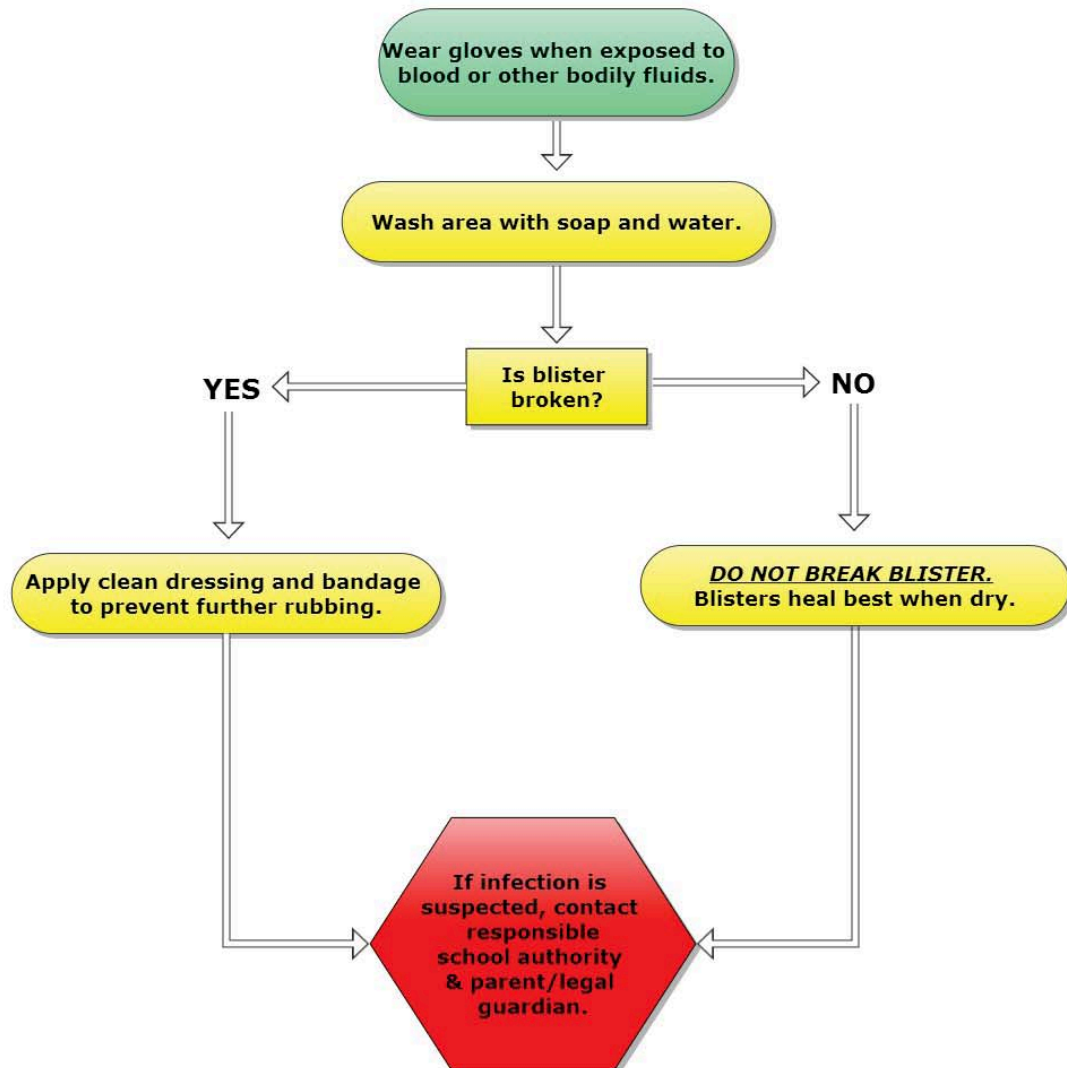
Contact responsible school authority & parent/legal guardian.

NO

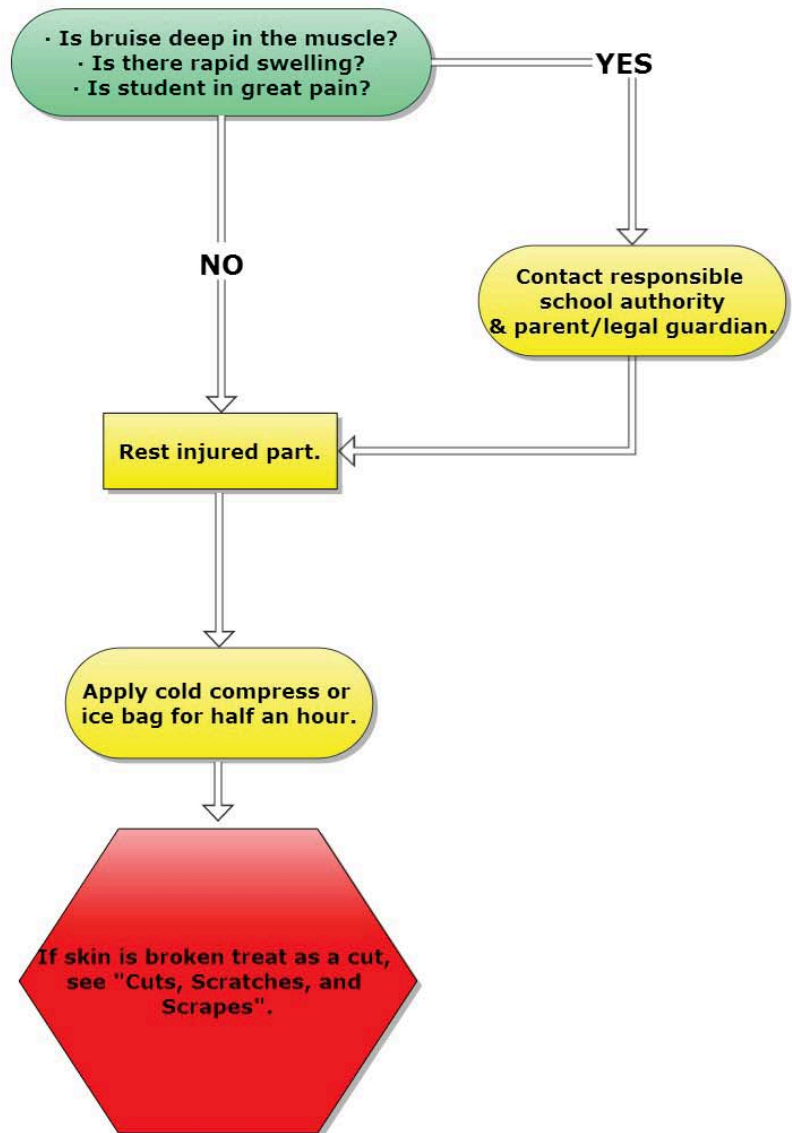
If wound is gaping, student may need stitches. Contact responsible authority & parent/legal guardian. **URGE MEDICAL CARE.**

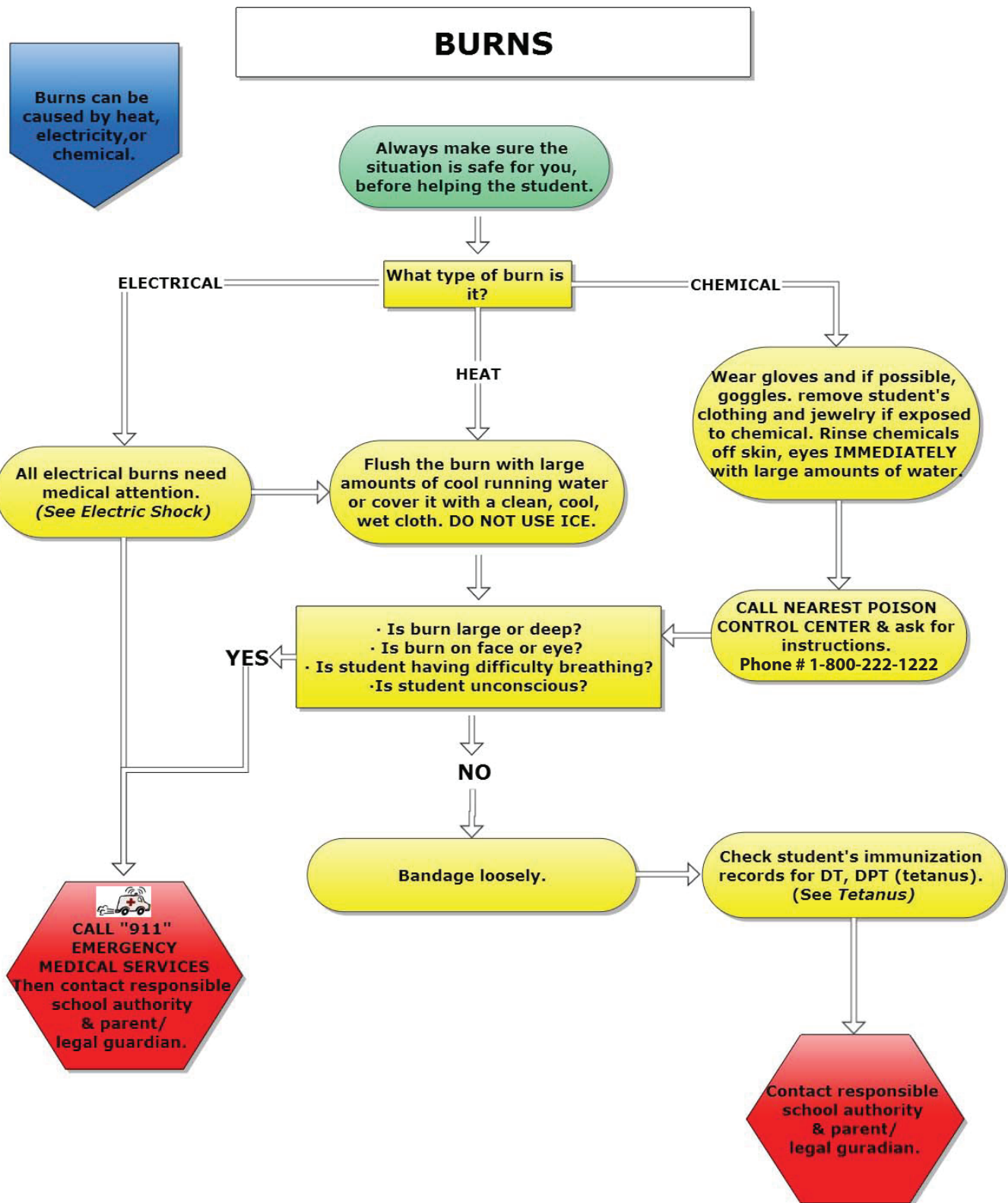
Check student's immunization record for TDAP, DPT, DT (tetanus).

BLISTERS (from friction)



Bruises





HOW TO HELP A CHOKING CHILD

1. Be sure the child really is choking. If she is coughing forcefully or talking, leave him/her alone and call 911. A choking child will gag or make a high-pitched sound.
2. Ask your child, "Are you choking?" If he/she nods yes or cannot speak, let her know you can help. Most important: Don't panic! Your child needs you to stay calm.

Treating children (ages 1 to 8 years old)

Have someone call 911 while you try the steps listed below. This person can keep 911 informed of progress and have an ambulance on the way if you are not successful at dislodging the obstruction.

- Stand behind the child. Wrap your arms around the child's waist.
- Make a fist with one hand, thumb side in. Place your fist just below the chest and slightly above the navel.
- Grab your fist with the other hand.
- Press into the abdomen with a quick upward push. This helps to make the object or food come out of the child's mouth.
- Repeat this inward and upward thrust until the piece of food or object comes out.
- Once the object comes out, take your child to the doctor. A piece of the object can still be in the lung. Only a doctor can tell you if your child is OK.
- Since someone is already on the phone with 911, tell him or her immediately if the child passes out.

Treating infants (less than 1 year old)

If a choking infant can no longer breathe, cough, or make sounds, have someone call 911 immediately. Next, place the baby face down on your forearm. Your arm should be resting on your thigh. With the heel of your other hand, give the child five quick, forceful blows between the shoulder blades.

If this fails, turn the infant on her back so that the head is lower than the chest. Place two fingers in the center middle of the breast bone, just below the nipples. Press inward rapidly five times. Continue this sequence of five back blows and five chest thrusts until the foreign object comes out or until the infant loses consciousness (passes out). If the infant passes out, tell 911 immediately. Never put your fingers into the infant's mouth unless you can see the object. Doing so may push the blockage farther into the airway.

COMMUNICABLE DISEASES

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

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

Chickenpox, pink eye, strep throat, influenza (flu) and COVID-19 are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease.

Refer to your school's policy for ill students.

Signs of PROBABLE illness:

- Sore throat
- Redness, swelling, drainage of eye
- Unusual spots/rash with fever or itching
- Crusty, bright yellow, gummy skin sores
- Diarrhea (more than 2 loose stools a day)
- Vomiting
- Yellow skin or yellow "white of eye"
- Oral temperature greater than 100.4 F
- Extreme tiredness or lethargy
- Unusual behavior

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

Signs of POSSIBLE illness:

- Earache
- Fussiness
- Runny nose
- Mild cough

Monitor student for worsening of symptoms.
Contact parent/legal guardian and discuss.

COMMUNICABLE DISEASES RESOURCES

[**https://www.tn.gov/health/cedep.html**](https://www.tn.gov/health/cedep.html)

Concussion/Head Injury

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

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

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

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

YES

Is student vomiting?

NO

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

Watch student closely, **DO NOT LEAVE STUDENT ALONE.**


CALL "911" EMERGENCY MEDICAL SERVICES

YES

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

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

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

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

CPR

1.Stay Safe

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

2.Try to Wake the Child

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

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

3.Begin chest compressions

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

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

4.Give the child two breaths

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

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

5.Keep doing CPR and call 911 after 2 minutes

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

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

Tips:

- 1.When checking for breathing, if you're not sure then assume the child isn't breathing. It's much worse to assume a child is breathing and not do anything than to assume he or she isn't and start rescue breaths.
- 2.When giving rescue breaths, using a CPR mask helps with making a proper seal and keeps vomit out of the rescuer's mouth.
- 3.Put a book under the child's shoulders -- if you have time -- to help keep his or her head tilted back.
- 4.When asking someone else to call 911, make sure you tell them why they are calling. If not, they may not tell the 911 dispatcher exactly what's going on. If the dispatcher knows a child isn't breathing or responding, the dispatcher may be able to give you instructions to help. If you call 911, be calm and listen carefully.

CPR INSTRUCTIONS

INFANT:

2 fingers/thumbs in middle of breast bone and compress approximately 1.5 inches



SMALL CHILD:

Use heel of hand, compress approximately 2 inches

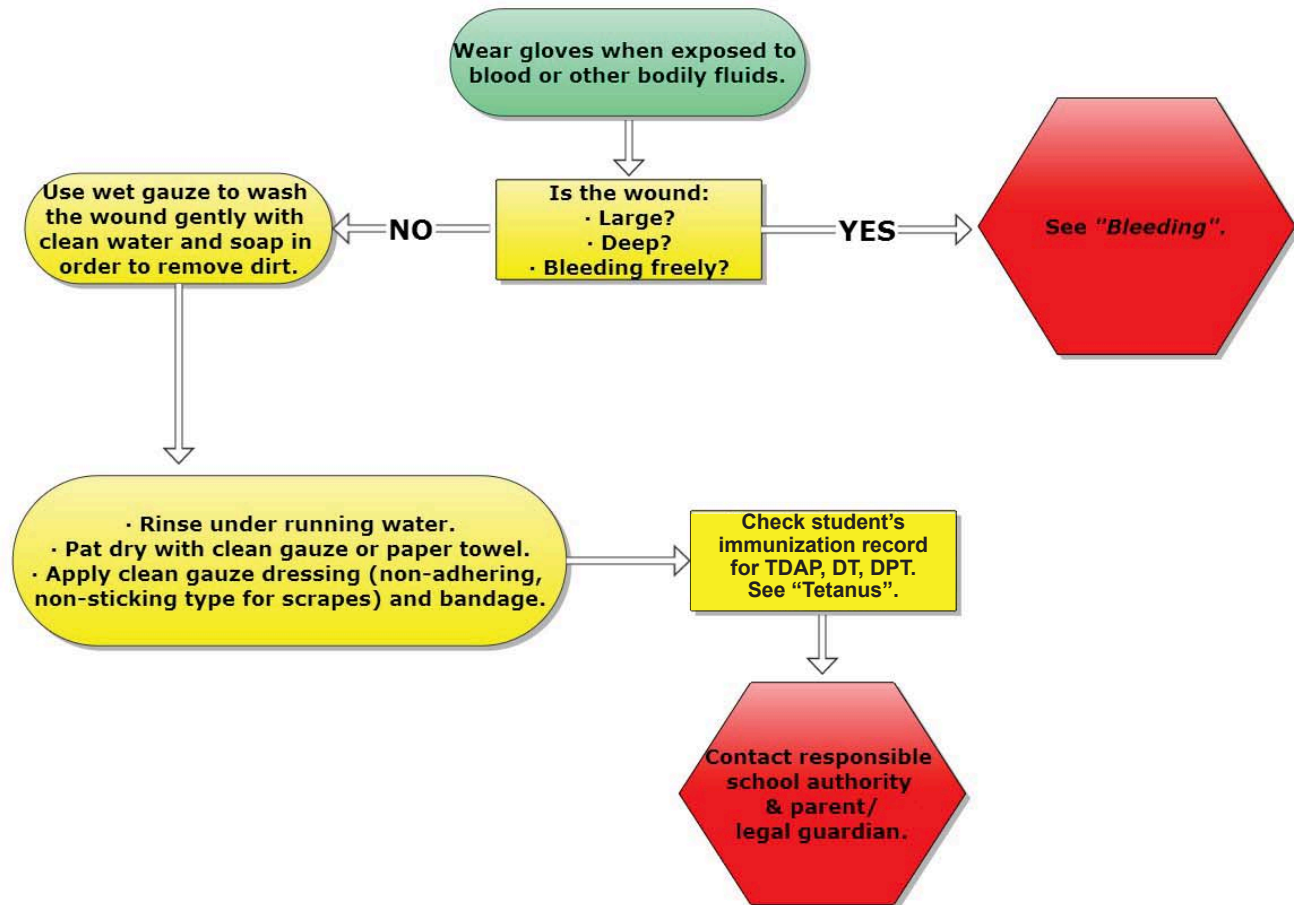


LARGE CHILD & ADULT:

Use both hands – one on top of the other in the middle of the breast bone and compress 2 to 2.4 inches



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

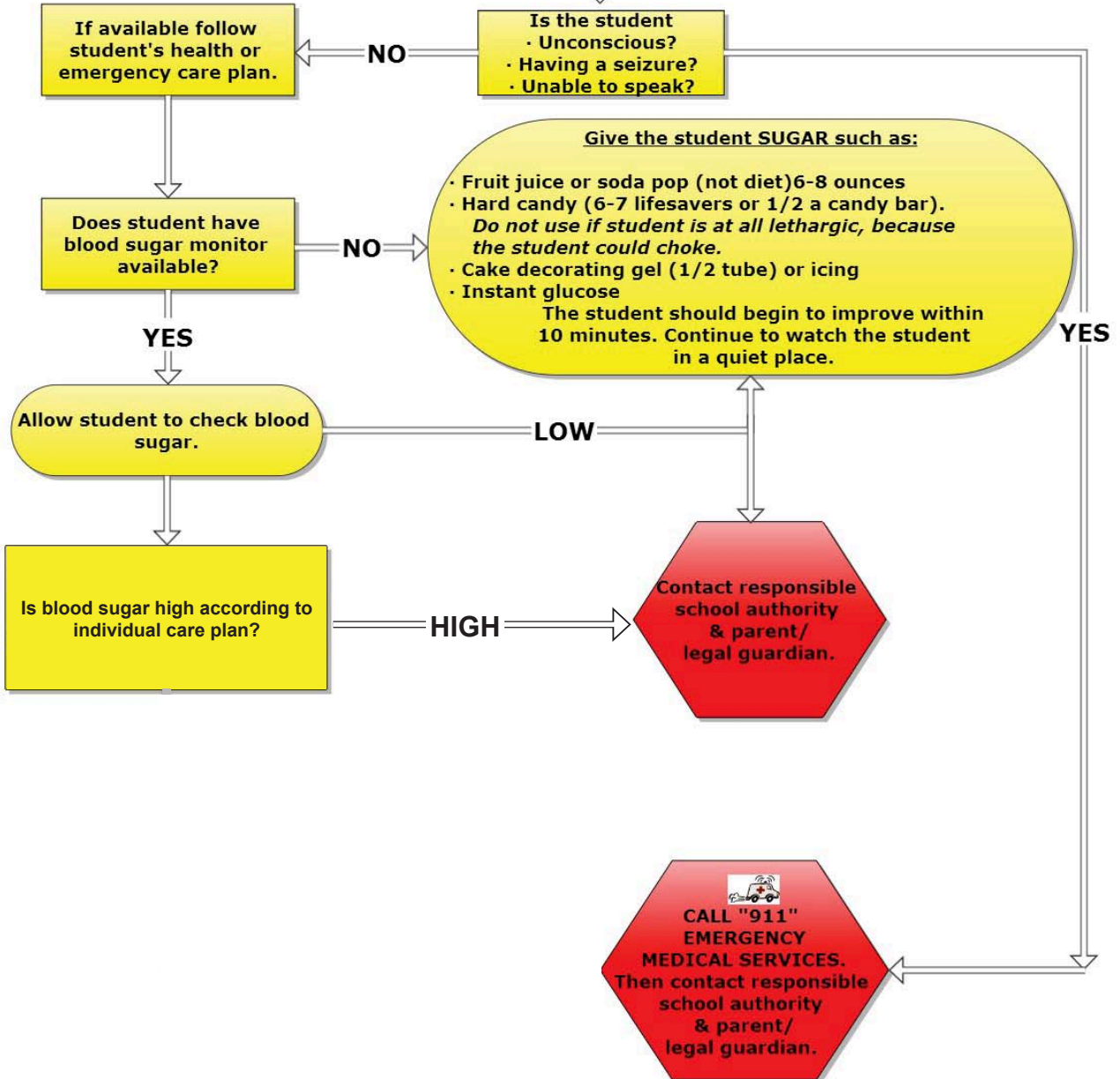


DIABETES

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

A student with diabetes could have the following symptoms:

- Irritability, feeling upset
- Change in personality
- Sweating and feeling "shaky"
- Loss of consciousness
- Confusion
- Rapid, deep breathing
- Lethargic
- Seizure
- Listlessness
- Cramping
- Dizziness
- Paleness
- Rapid pulse



DIARRHEA

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

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

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

- The student has continued diarrhea (More than 2 times).
- The student has a fever, see "Fever".
- Blood is present in the stool.
- The student is dizzy and pale.
- The student has severe stomach pain.

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

EARS

DRAINAGE FROM EAR:

Do NOT try to clean out ear.

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

EARACHE:

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

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

OBJECT IN EAR CANAL:

DO NOT ATTEMPT TO REMOVE OBJECT.

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

ELECTRIC SHOCK

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

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


Send someone to CALL "911" EMERGENCY MEDICAL SERVICES

YES

Is student unconscious or unresponsive?

NO

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

Treat any burns, see "BURNS".

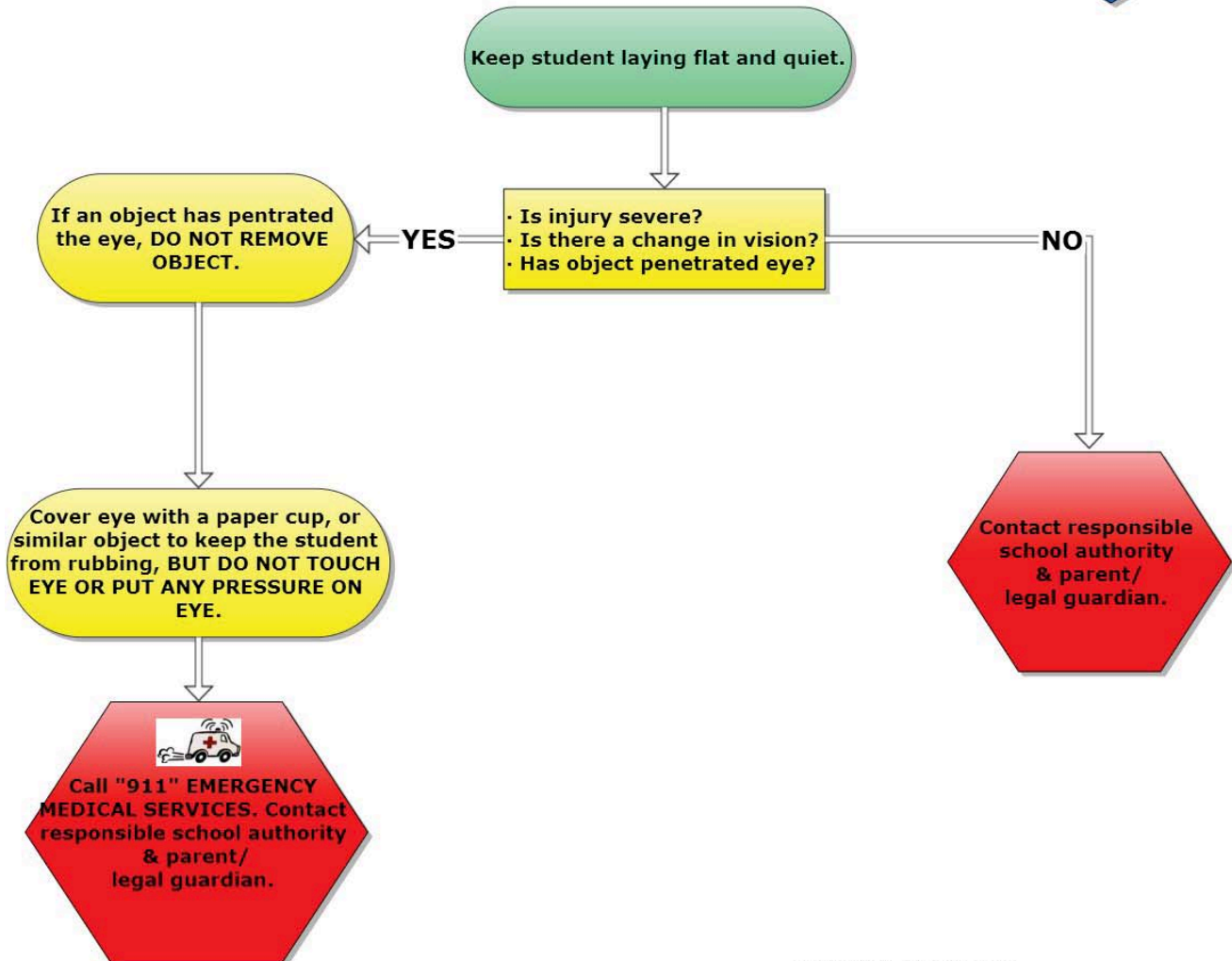
Assess student, if unconscious and unresponsive, start CPR, see "CPR".

Contact responsible school authority & parent/legal guardian.

EYES

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

EYE INJURY:

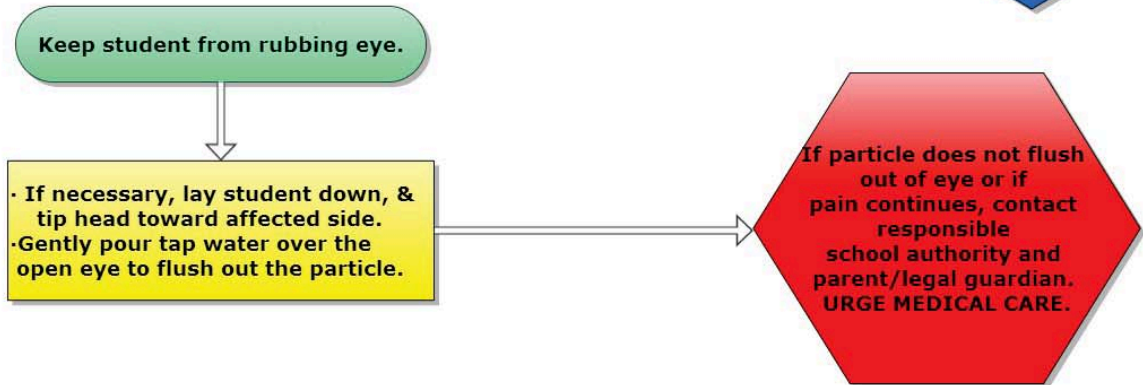


"EYES" continue
on next page

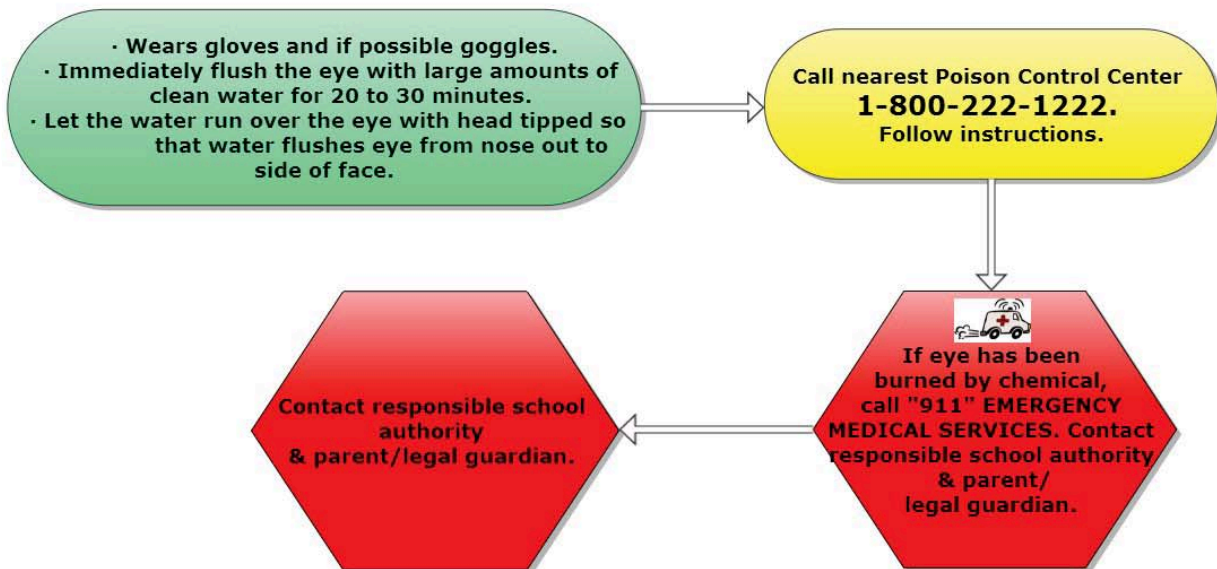
EYES (Page 2)

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

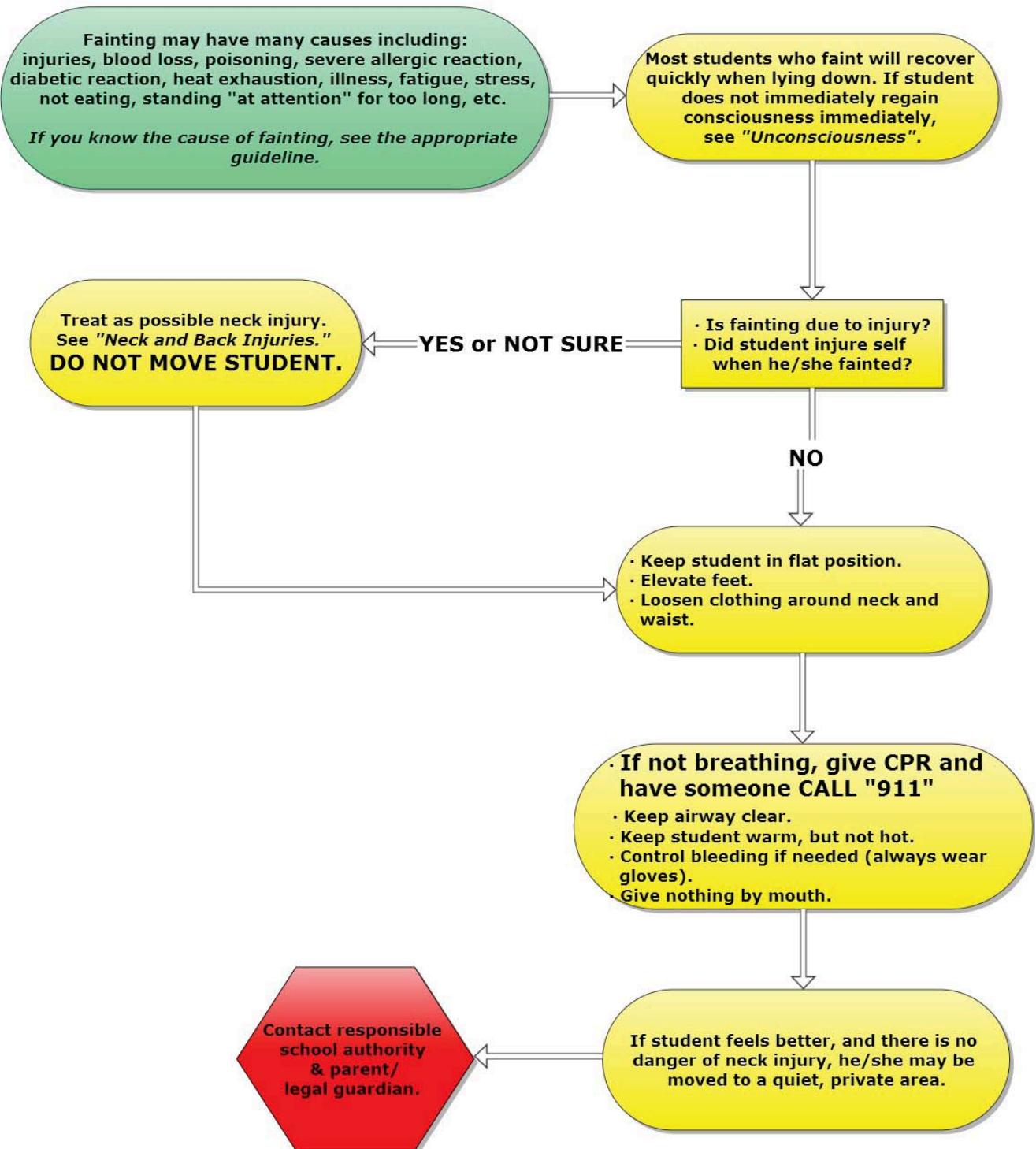
PARTICLE IN EYE:



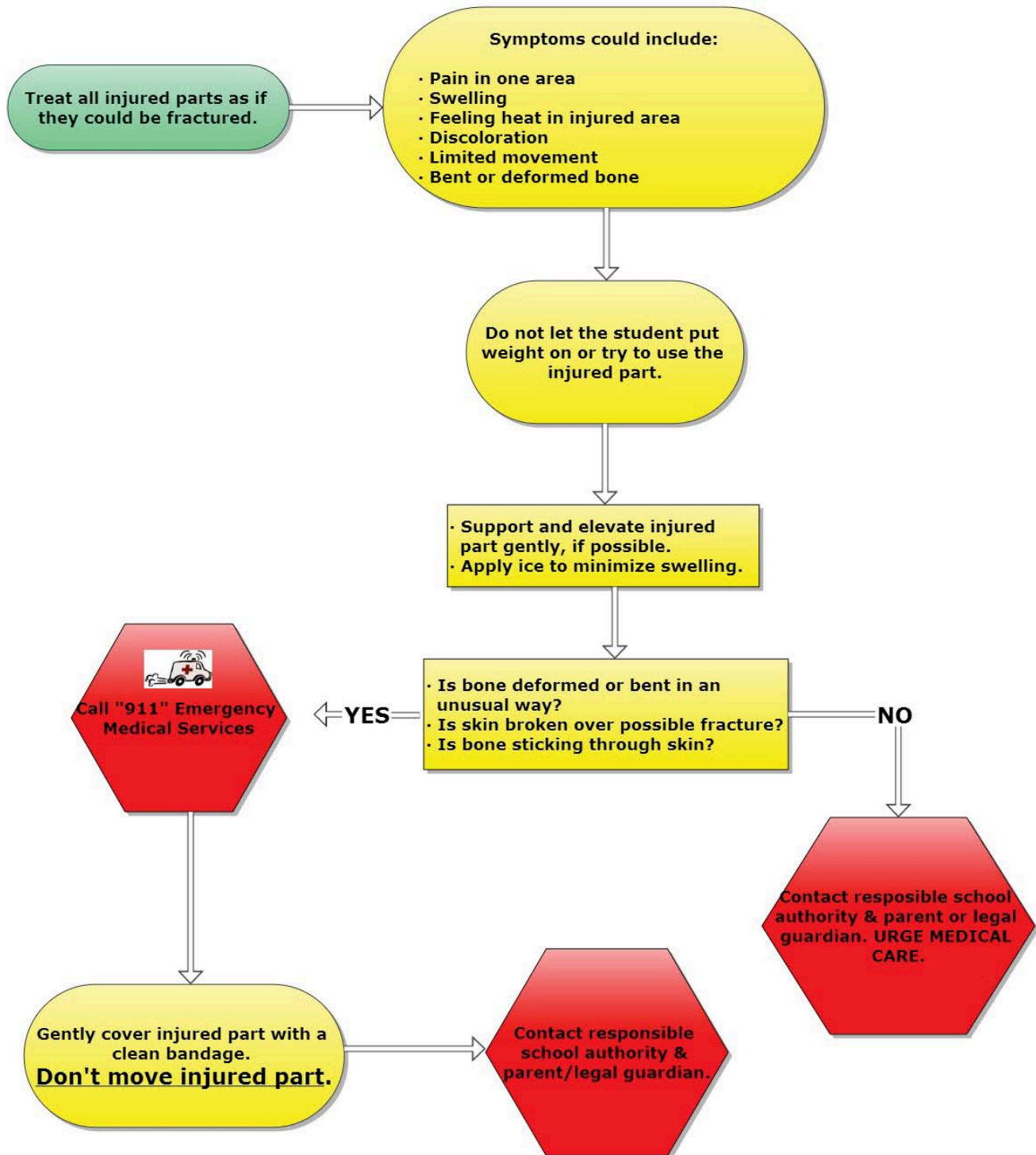
CHEMICALS IN EYE:



FAINTING



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTBITE

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

Symptoms may include:

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

Deep frostbite may see:

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

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

Does the student have:

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

YES

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

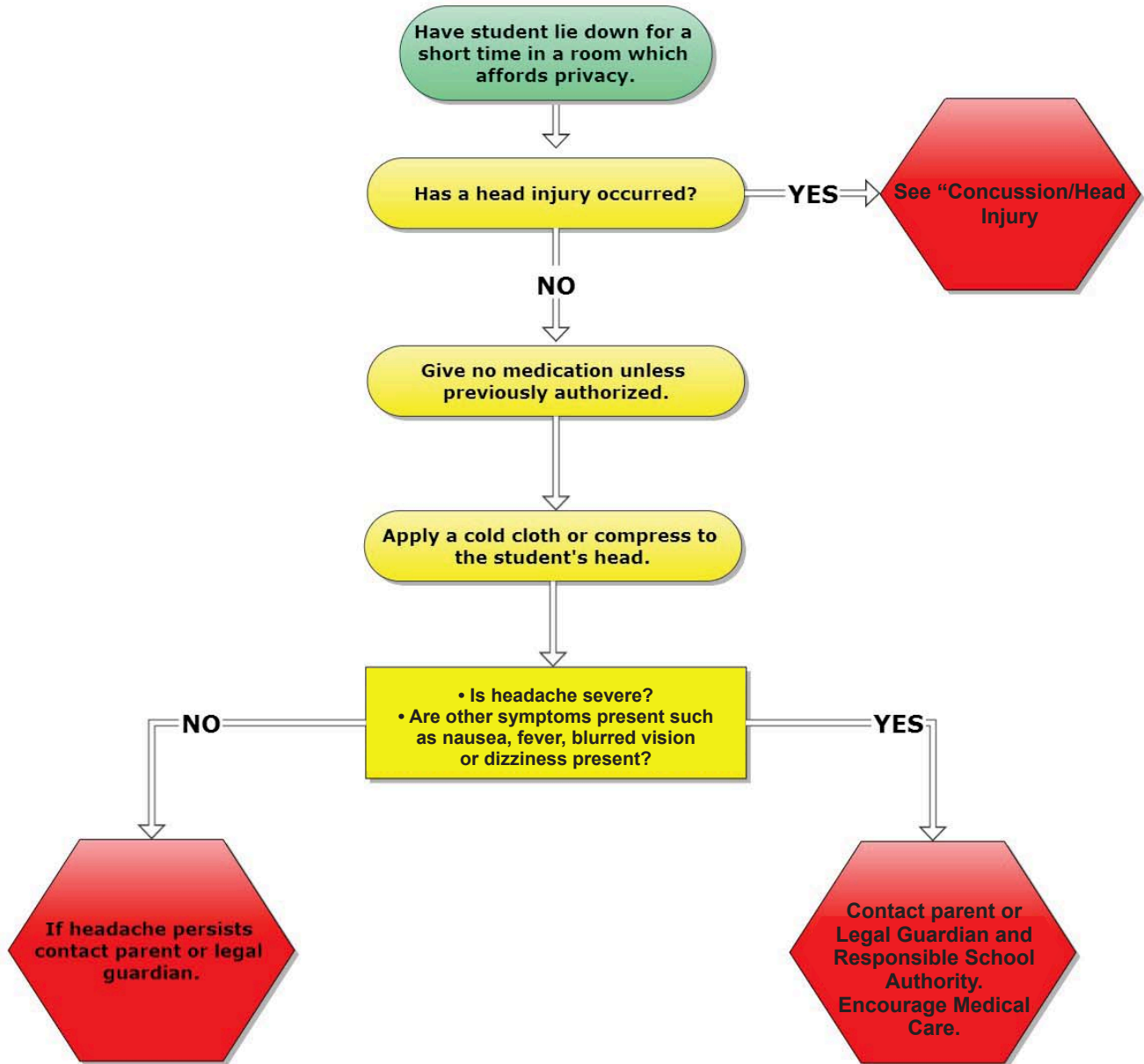

CALL "911"
EMERGENCY MEDICAL SERVICES
Then contact responsible school authority & parent/ legal guardian.

NO

Continue to warm student and part.
DO NOT RUB.

Contact responsible school authority & parent/ legal guardian.

HEADACHE



HEAT STROKE/HEAT EXHAUSTION

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

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

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

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

NO

YES

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

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

Contact responsible school authority & parent/ legal guradian


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

INFECTION CONTROL

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

- **Wash hands thoroughly**

1. Before and after physical contact with any student (even if gloves have been worn).
2. Before and after eating or handling food.
3. After cleaning.
4. After using the restroom.

- **Wear gloves when in contact with blood and other bodily fluids.**

- **Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).**

- **Wipe-up any blood or bodily fluid spills as soon as possible (*wear gloves*). Double-bag the trash in a plastic bag or place the bloody material in a ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).**

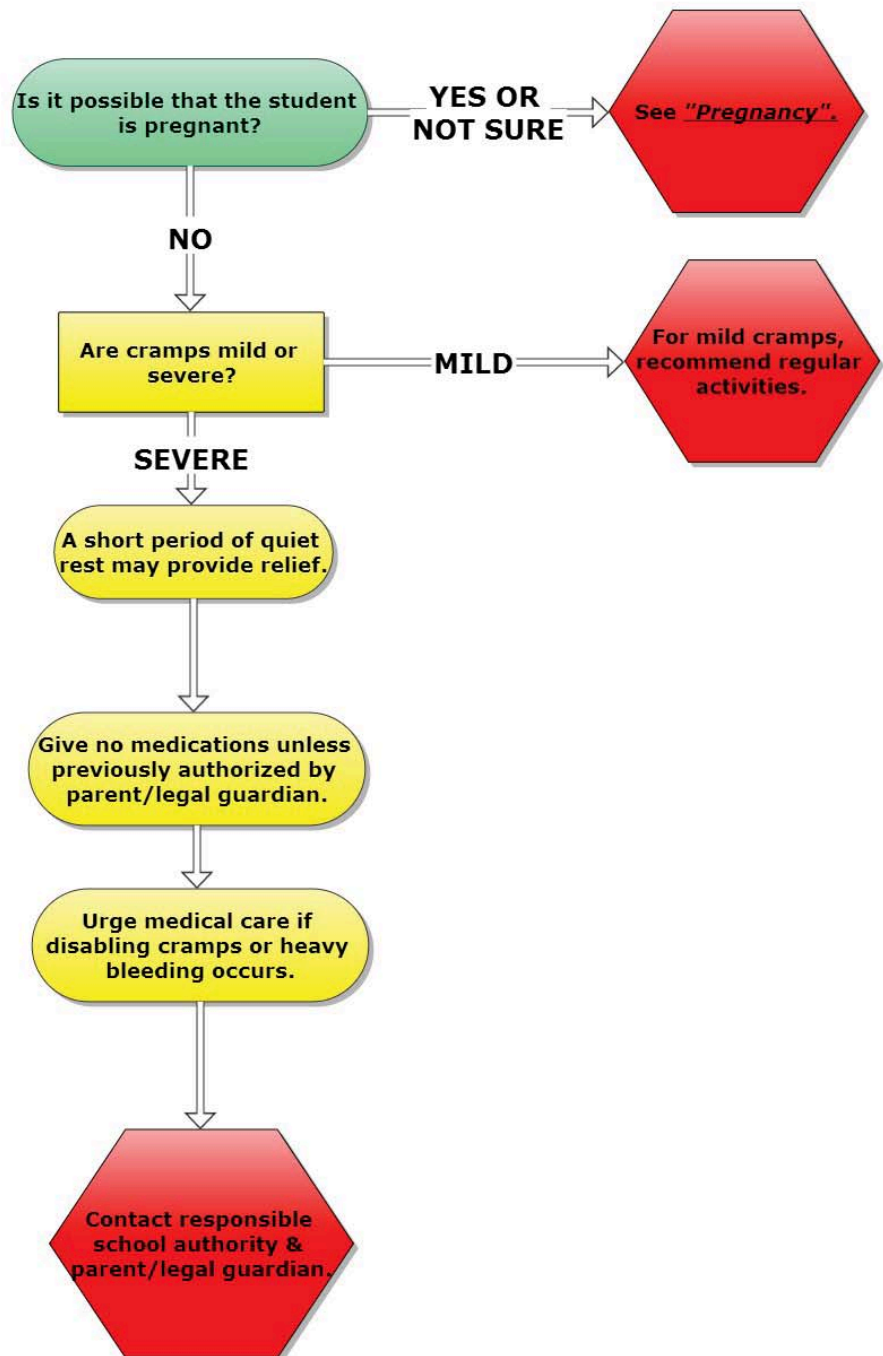
- **Send all soiled clothing (i.e. clothing with blood, stool, or vomit) home with the student in a double-bagged plastic bag.**

- **Do not eat, or touch your mouth or eyes, while giving any first aid.**

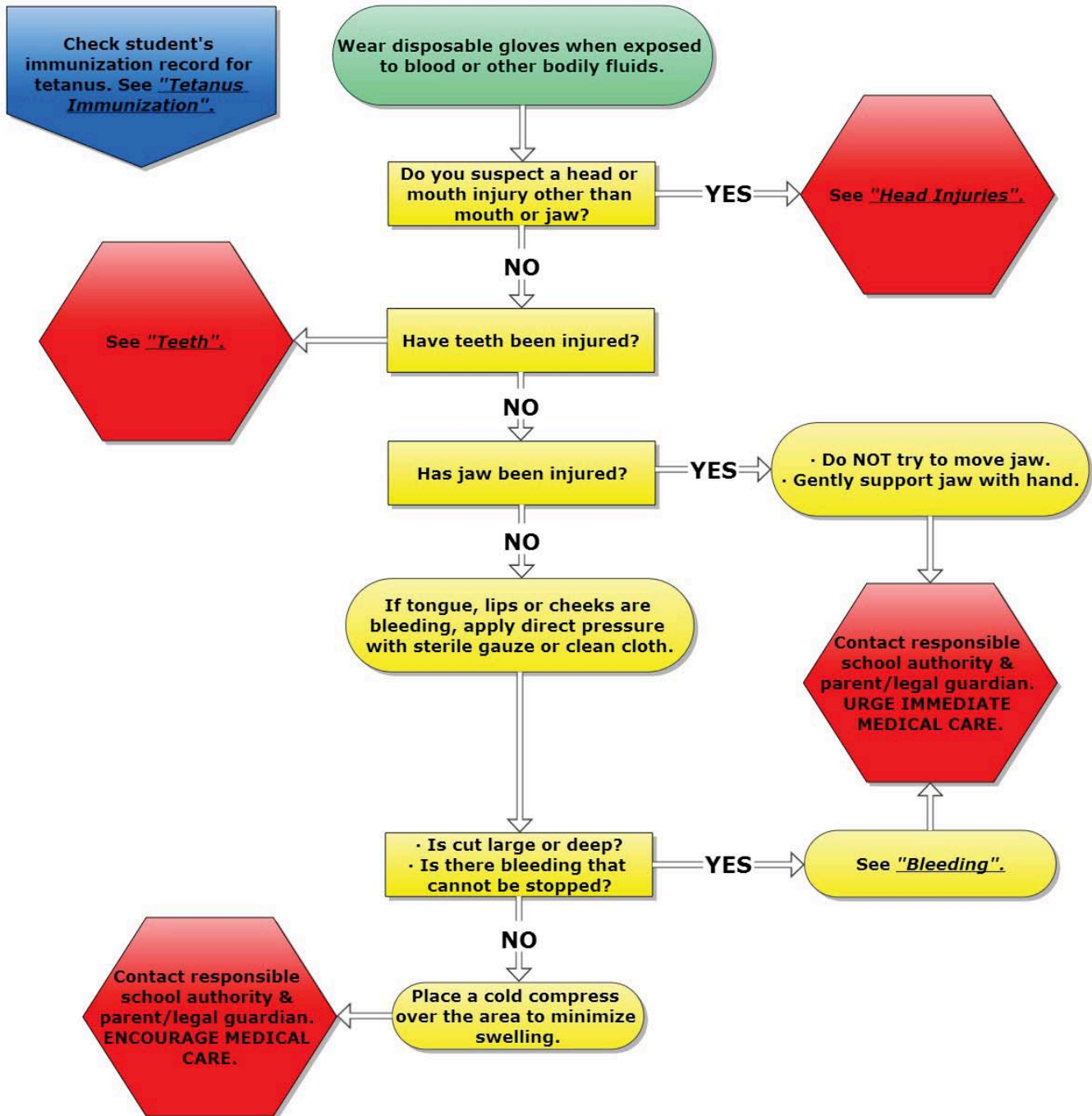
Guidelines for students:

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

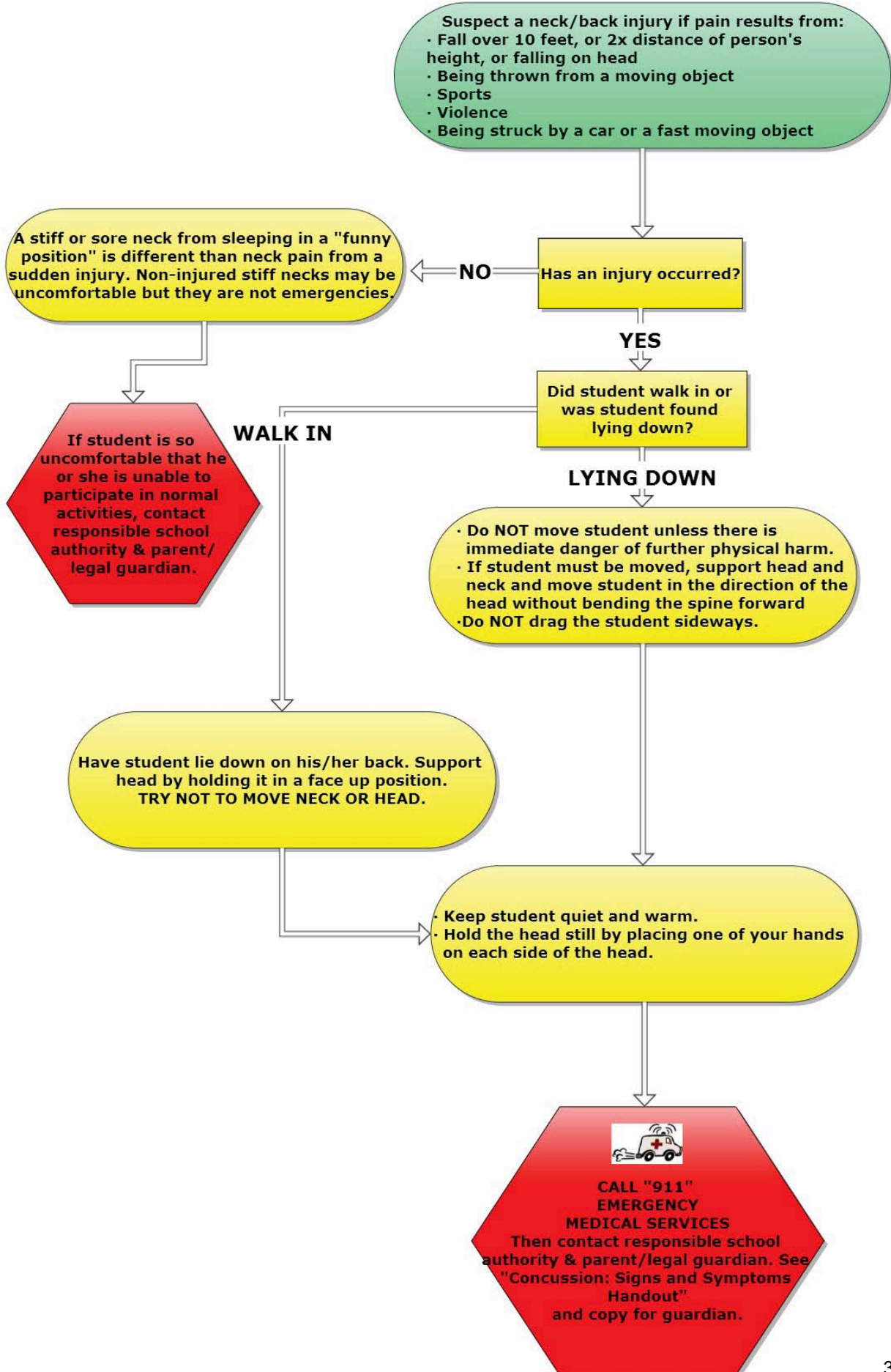
MENSTRUAL DIFFICULTIES



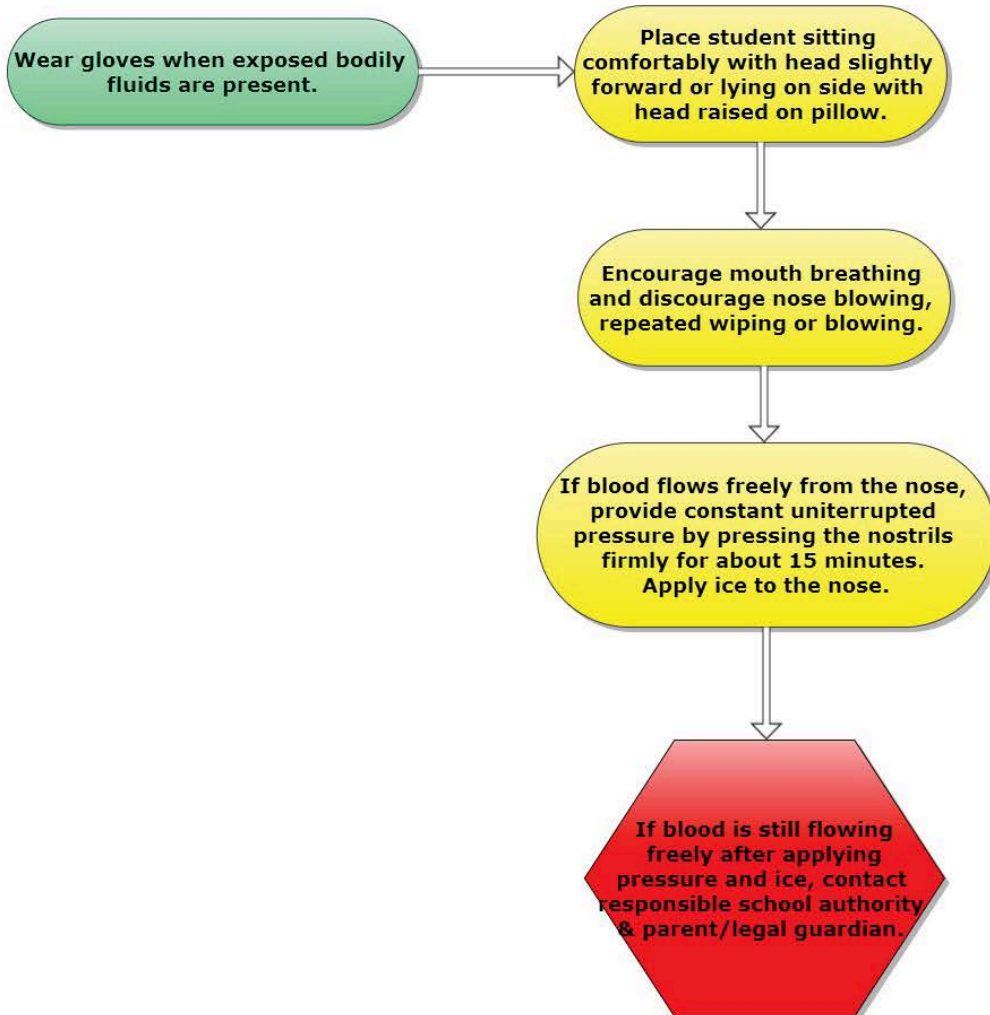
MOUTH AND JAW INJURIES



NECK & BACK PAIN



NOSE



OBJECT IN NOSE:

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

POISONING AND OVERDOSE

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

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

If you are not sure
contact the Poison
Control Center
1-800-222-1222


Possible warning signs of poisoning include:

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

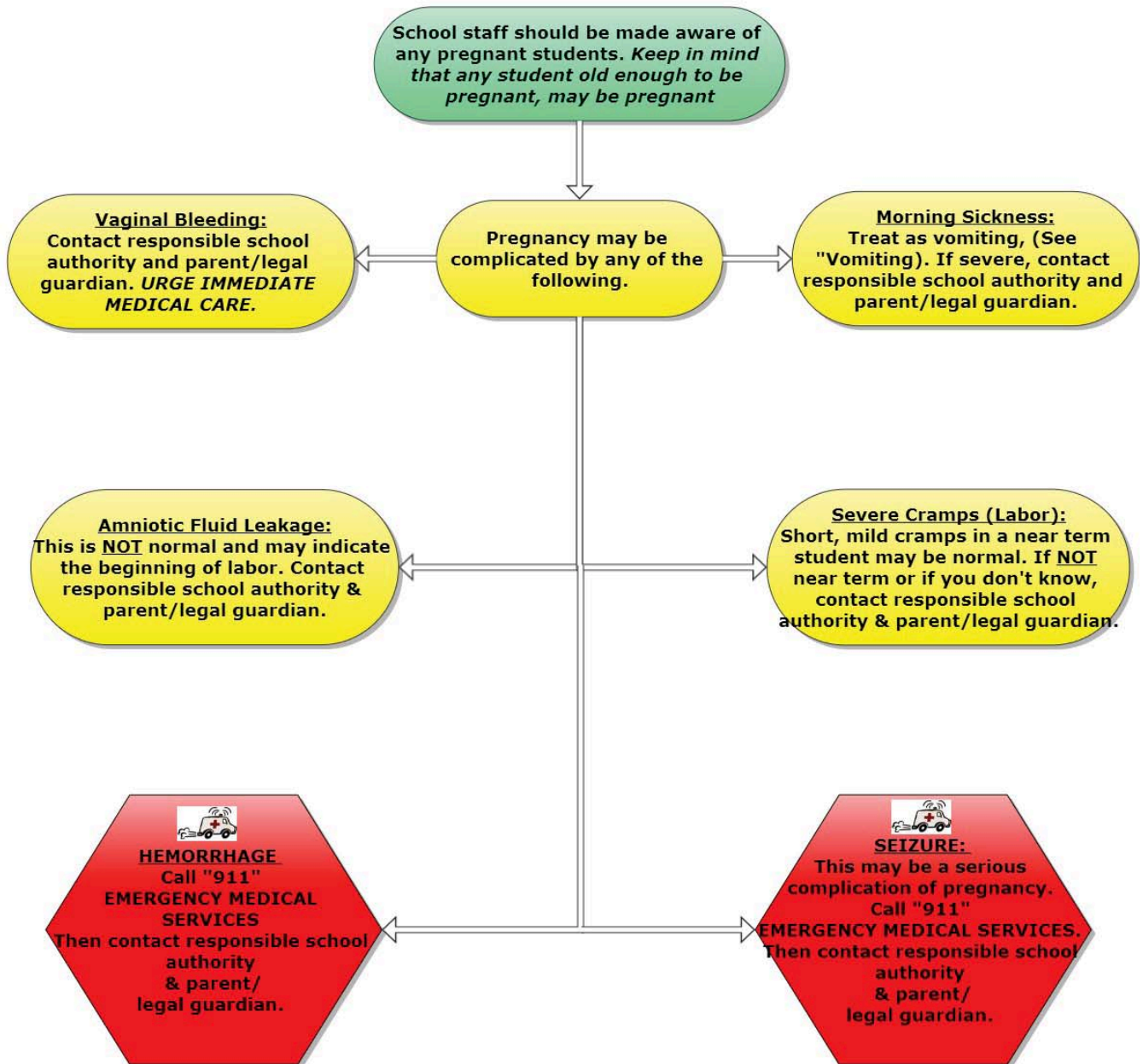
If possible find out:

- Age and weight of student.
- What the student swallowed or what kind of "poison" it was.
- How much and when it was taken.
- Contact the Poison Control Center 1-800-222-1222 and ask for instructions.

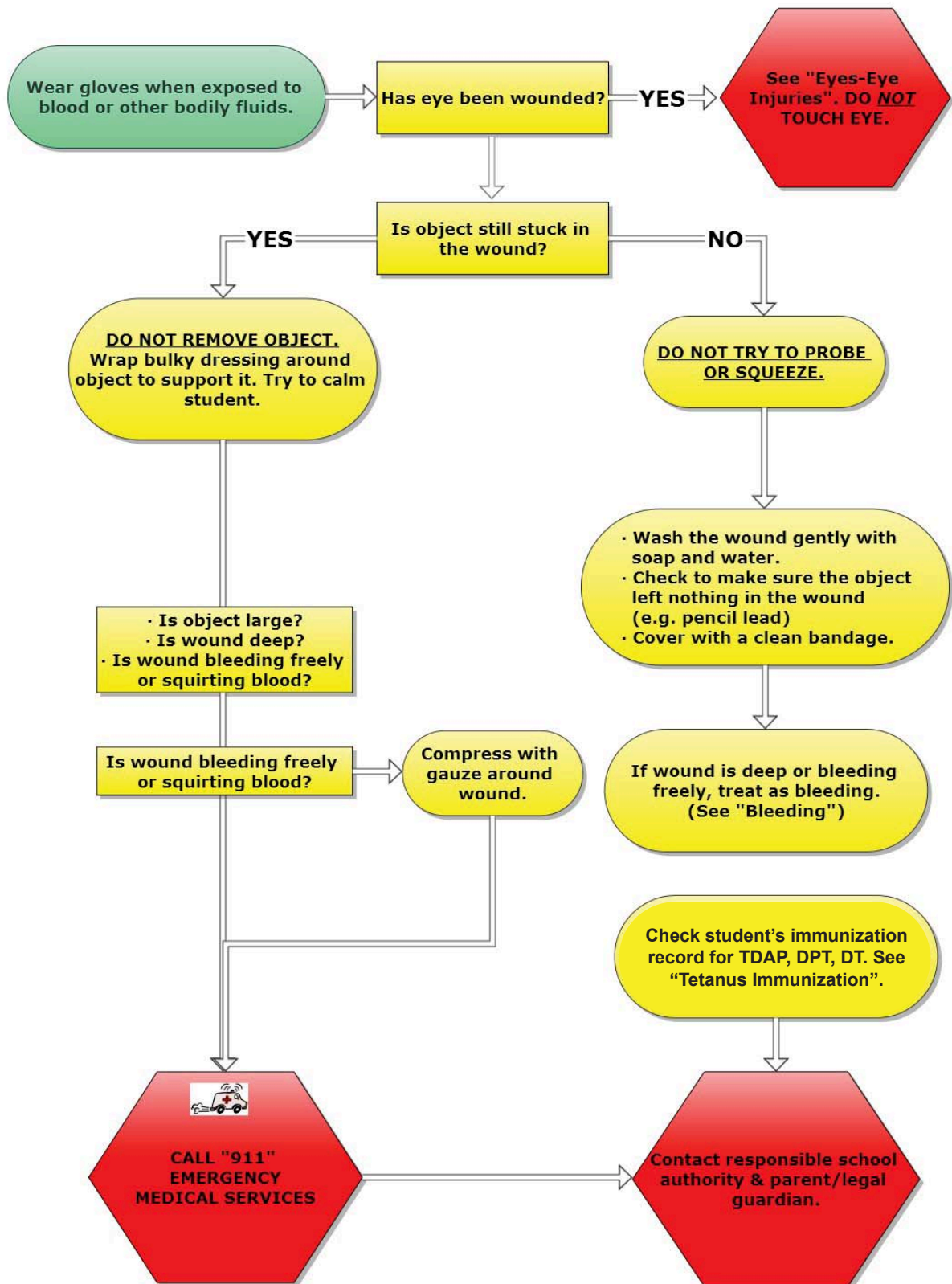
DO NOT INDUCE VOMITING,
UNLESS YOU ARE INSTRUCTED TO
DO SO BY POISON CONTROL.
If a student has overdosed on a
narcotic or opiate, Narcan may
be administered if available.


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

PREGNANCY



PUNCTURE WOUNDS



RASHES

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

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

Rashes include such things as:

- Hives
- Red spots (large or small)
- Purple spots
- Small blisters

Other symptoms may indicate whether the student needs medical care. Does student have:

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

YES

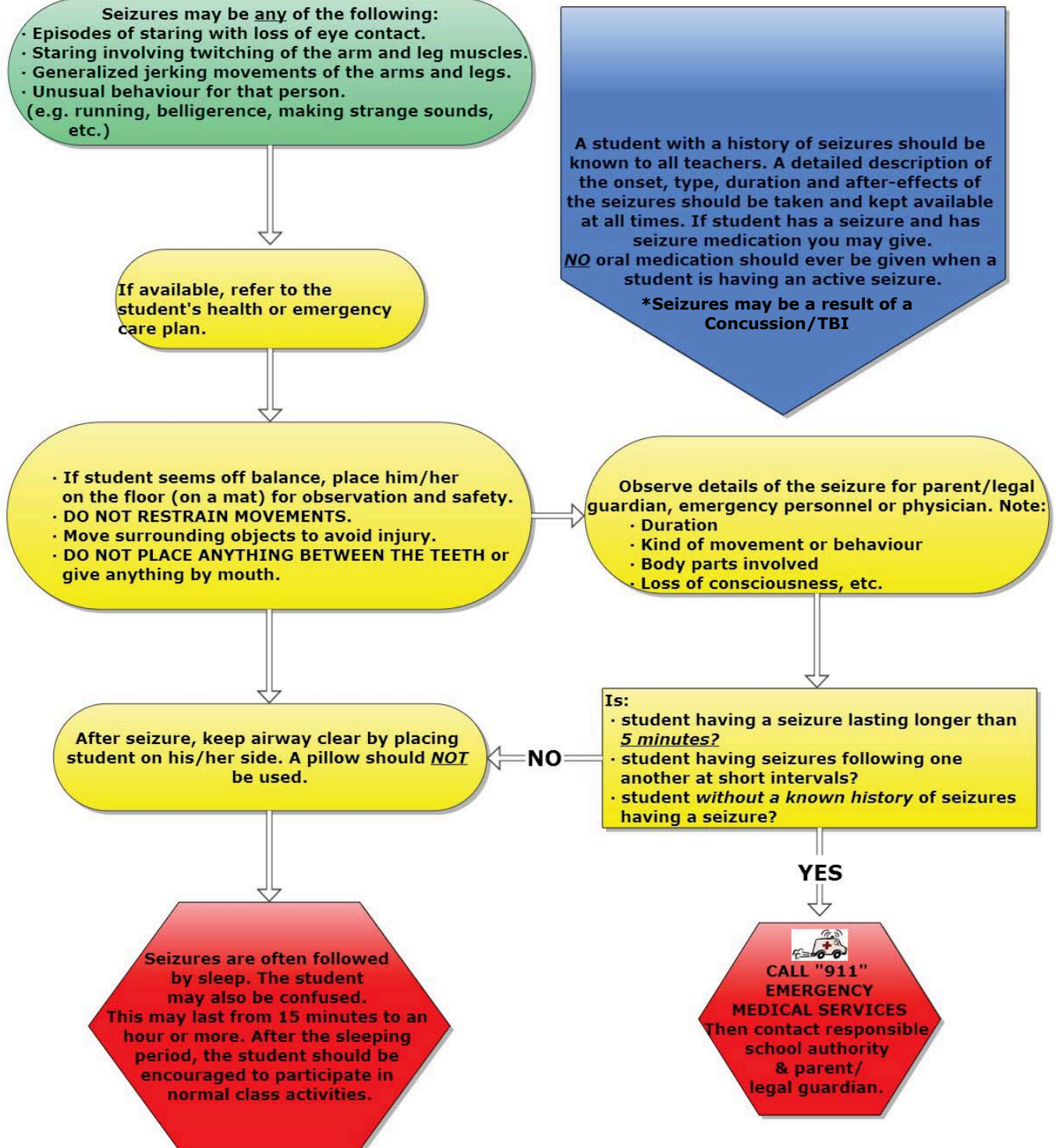

CALL "911" EMERGENCY MEDICAL SERVICES
Then contact responsible school authority & parent/legal guardian.

See "Allergic Reaction".

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

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

SEIZURES



SHOCK

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

Signs of Shock:

- Pale, cool, moist skin
- Mottled, ashen, blue skin.
- Altered consciousness or confusion
- Nausea, dizziness, or thirst.
- Severe coughing, high-pitched whistling sound.
- Blueness in the face.
- Fever greater than 100.4 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
 - Rapid breathing.
 - Rapid, weak pulse.
 - Restlessness, irritability.


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

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

Is student:

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

YES →


Send someone to
CALL "911"
EMERGENCY
MEDICAL SERVICES

NO
↓

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

Contact responsible
school authority
& parent/
legal guardian.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

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

Medical Conditions:

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

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

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

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

Physical Abilities:

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

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

These students will need special arrangements in the event of a school-wide emergency (e.g. fire, tornado, evacuation, etc.). A plan should be developed and a responsible person should be designated to assist these students to safety.

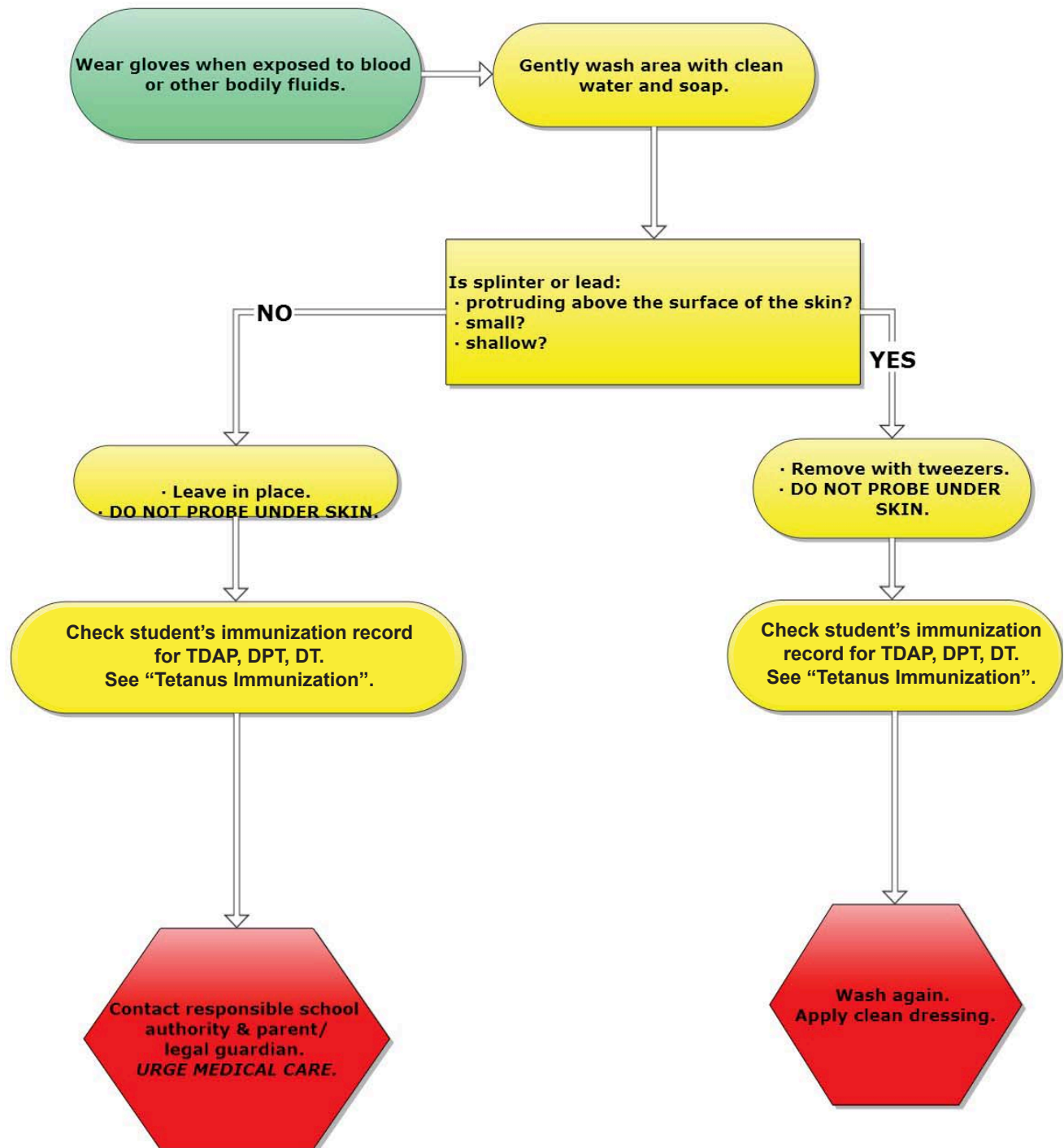
Communication Challenges:

Other students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

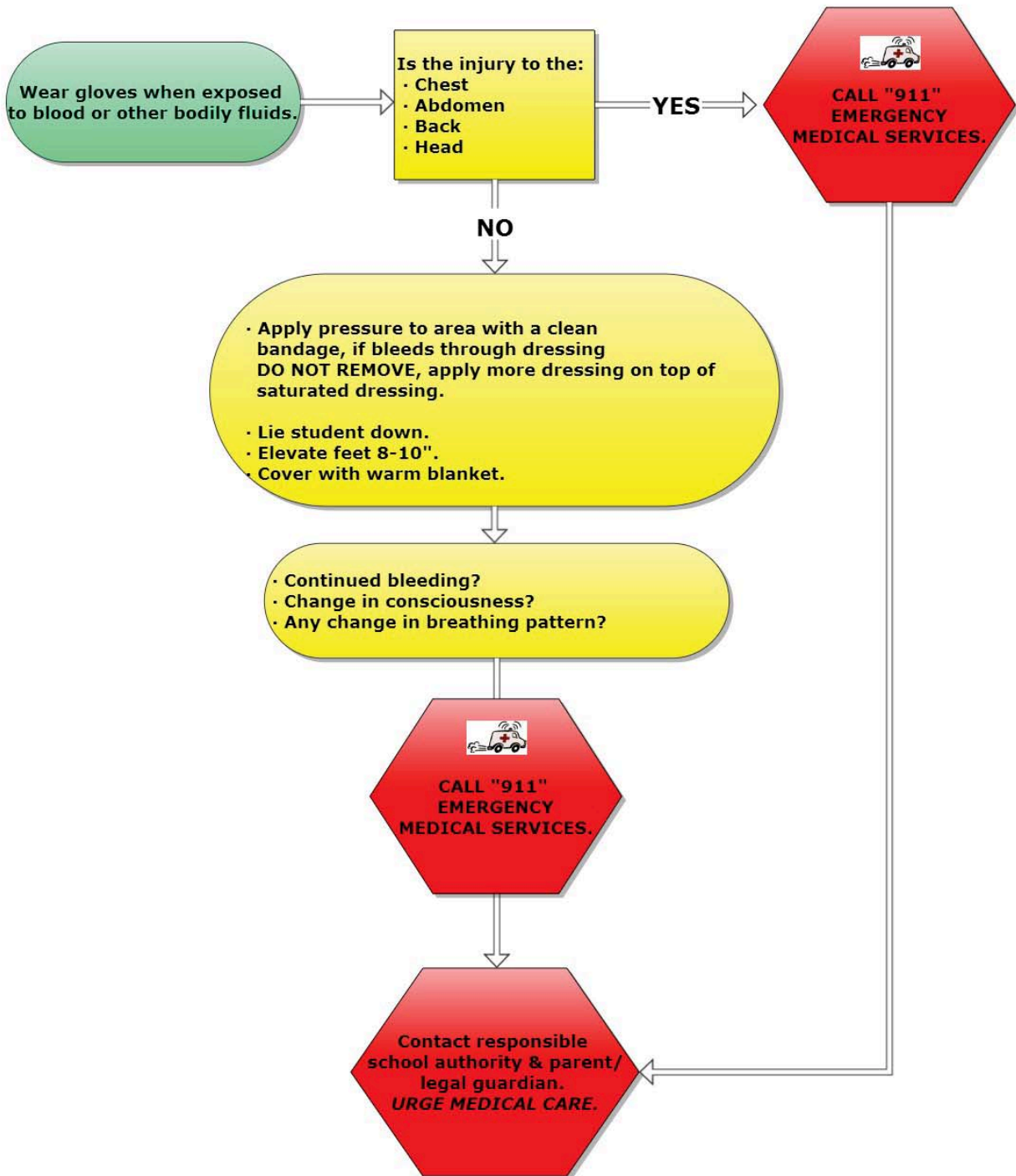
- Vision Impairments
- Hearing Impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issues

These students may need special communication considerations in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

SPLINTERS OR IMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES



STINGS

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

NO

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

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

See "Allergic Reaction".

Does student have:

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

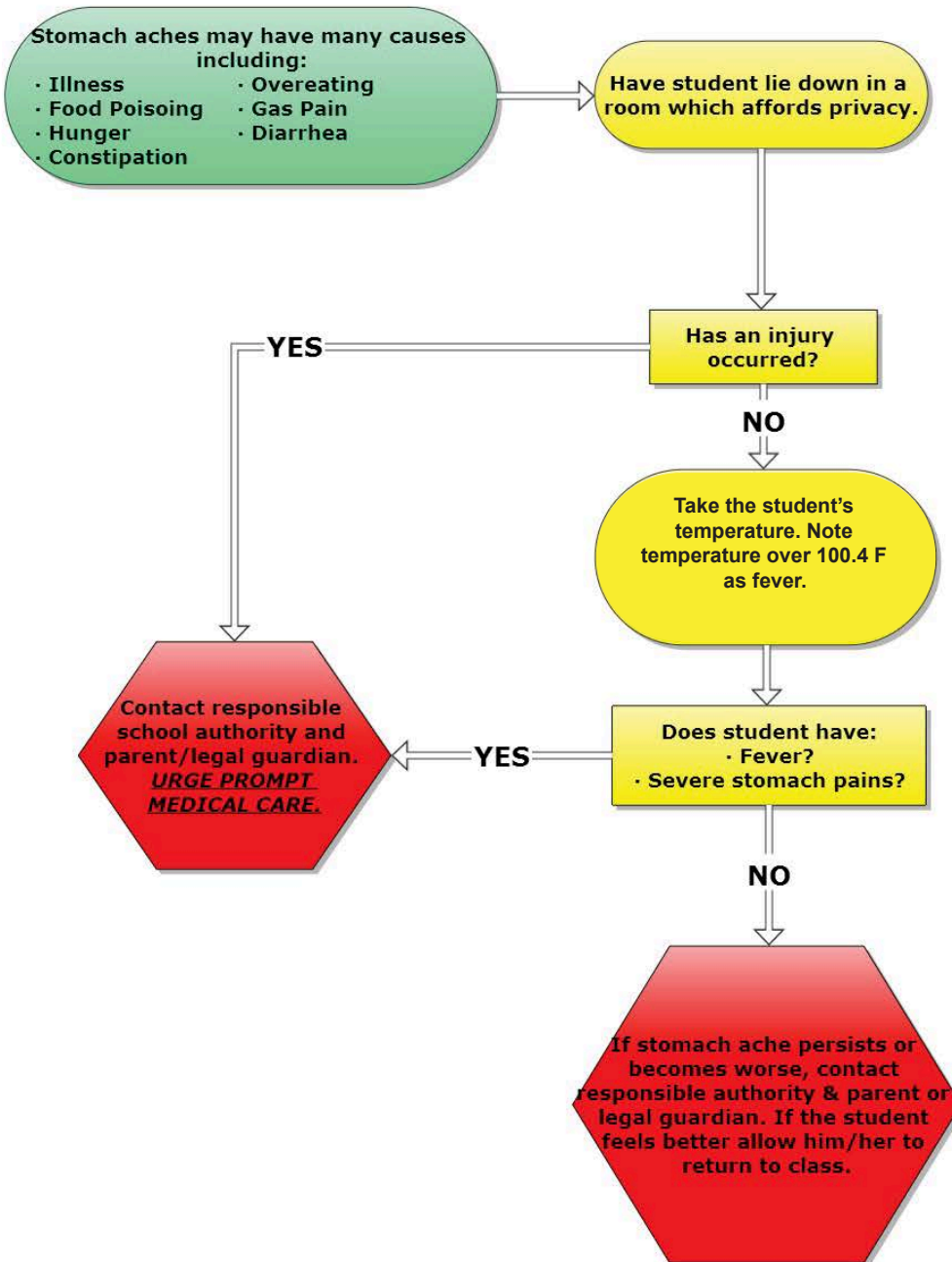
YES


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

If available, follow student's emergency plan.

If available, administer guardian-approved medications, or stock medications

STOMACH ACHES/PAIN



TETANUS IMMUNIZATION

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

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

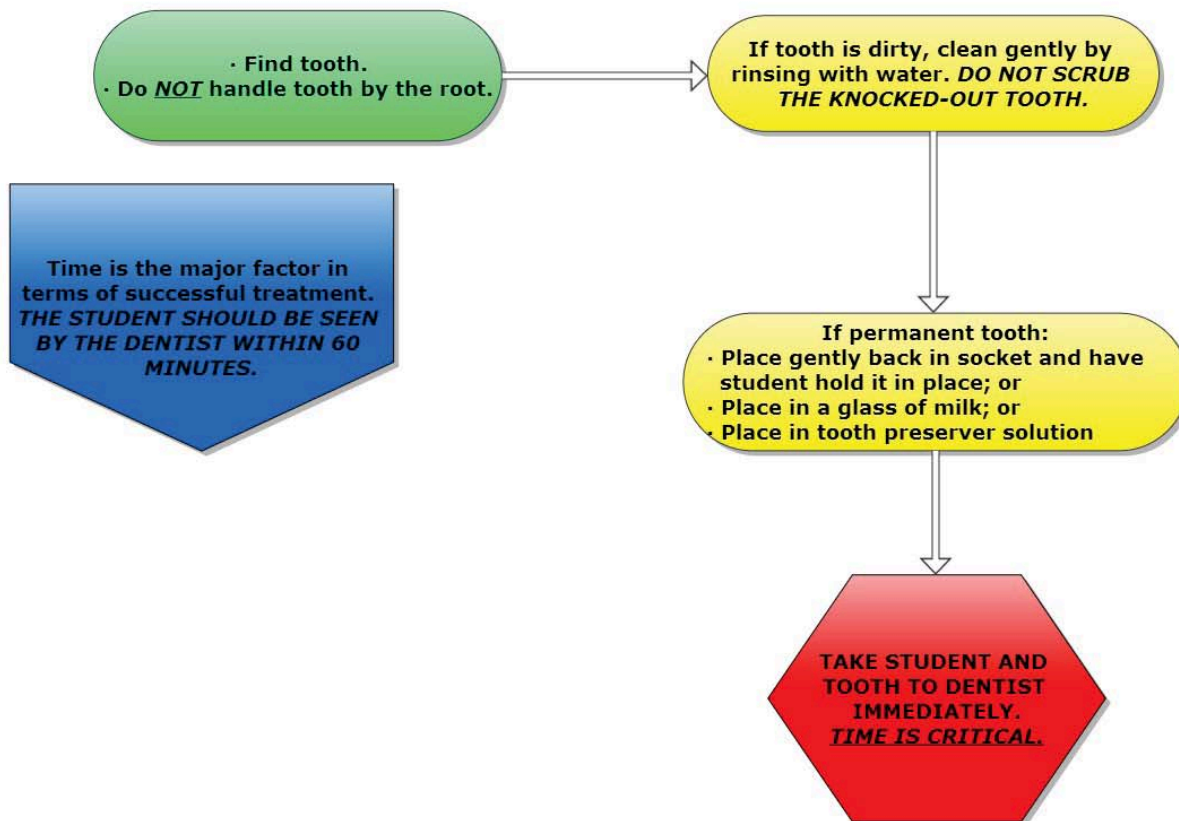
***Other wounds*, such as those contaminated by dirt, feces and saliva (or other bodily fluids; puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than *5 years* since the last tetanus shot.**

TEETH

BROKEN OR DISPLACED TOOTH:



KNOCKED-OUT TOOTH:



TICK BITE & REMOVAL

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

Wear gloves when exposed to blood and other bodily fluids.

Wash the area prior to tick removal.

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

After removing the tick, thoroughly disinfect the bite site.

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

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

Contact responsible school authority and parent/legal guardian.

UNCONSCIOUSNESS

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



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

See "Fainting".

YES

Did student regain consciousness immediately?

YES OR NOT SURE

Is unconsciousness due to injury?

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

NO

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

Contact responsible school authority & parent/legal guardian.

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



VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL POISON CONTROL CENTER 1-800-222-1222 and ask for instructions. See "POISONING". Notify public health officials (usually the health department).

Vomiting may have many causes including:

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

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

Wear gloves when exposed to blood and other bodily fluids.

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

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

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

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

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at <http://www.aap.org> and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
4. Covered waste receptacle with disposable liners.
5. Bandage scissors & tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. Expendable supplies:
 - Sterile cotton-tipped applicators, individually packaged.
 - Sterile adhesive compresses (1"x3"), individually packaged.
 - Cotton balls.
 - Sterile gauze squares (2"x2"; 3"x3"), individually packaged.
 - Adhesive tape (1" width).
 - Gauze bandage (1" and 2" widths).
 - Splints (long and short).
 - Cold packs (compresses).
 - Tongue blades.
 - Triangular bandages for sling.
 - Safety pins.
 - Soap.
 - Disposable facial tissues.
 - Paper towels.
 - Sanitary napkins.
 - Disposable gloves (vinyl preferred).
 - Pocket mask/face shield for CPR.
 - Disposable surgical masks.
 - One flashlight with spare bulb and batteries.
 - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*



EMERGENCY PHONE NUMBERS

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

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact you EMS. Most areas use 9-1-1; others use a 7-digit phone number.

+ **EMERGENCY PHONE NUMBER: 9-1-1 OR** _____

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

+ Location of the school's AED(s) _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

- Name and school name _____
- School telephone number _____
- Address and easy directions _____
- Nature of emergency _____
- Exact location of injured person (e.g., behind building in parking lot) _____
- Help already given _____
- Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.).

OTHER IMPORTANT PHONE NUMBERS

+ School Nurse _____

+ Responsible School Authority _____

+ Poison Control Center **1-800-222-1222**

+ Fire Department **9-1-1 or** _____

+ Police **9-1-1 or** _____

+ Hospital or Nearest Emergency Facility _____

+ County Children Services Agency _____

+ Rape Crisis Center _____

+ Suicide Hotline _____

+ Local Health Department _____

+ Taxi _____

+ Other medical services information _____

(e.g., dentists or physicians): _____

CONCUSSION/ TRAUMATIC BRAIN INJURY RESOURCES

***Concussions can occur in athletic and non-athletic activities. All concussions are serious!**

The following resources are from the CDC (click live link to open):

Heads Up to Schools: Know Your Concussion ABC's

Concussion Signs and Symptoms Checklist for Schools

CDC Heads Up to Schools: Returning to School After a Concussion

CDC Parent/ Athlete Concussion Information Sheet

CDC Heads Up Concussion in Youth Sports- Fact Sheet for Athletes (Eng/Spanish)

CDC Heads Up Concussion in Youth Sports- Fact Sheet for Parents (Eng/Spanish)

TN TBI Service Coordination Brochure

CDC has created two free online courses "Heads Up" on Concussion

1. Health Care professionals

2. Youth and high school sports coaches, parents, and athletes that provide information on preventing, recognizing, and responding to a

Go to <https://www.cdc.gov/headsup/index.html>

Tennessee Secondary Sports Athletic Association (TSSAA)
Concussion Policy Return to Play Form

<https://tssaa.org/physical-forms>

TN's DOH/ TBI Program

TN's DOH's Sports Concussion Law & Resources

TSSAA's Site

School-Wide Concussion Management

CBIRT- Educators

TN Disability Coalition has provided a handout on Signs and Symptoms following a concussion or traumatic brain injury (Eng/Spanish). Please review them by clicking [here](#) and also give copies to parents if a child has a concussion or a traumatic brain injury.

<https://www.tndisability.org/school-professionals>

<https://www.tndisability.org/school-nurses>

Emergency Guidelines for Schools

3RD EDITION, 2021

COPEC/CECA Subcommittee Members

Chris Cox, Lisa Nistler, Oseana Bratton, Paula Denslow, Kim Henderson, Katherine Hall

Acknowledgements

We would like to acknowledge the following for their contributions to the *Emergency Guidelines for Schools*:

Children's Emergency Care Alliance-Tennessee
American Heart Association
Centers for Disease Control and Prevention
Project ADAM
COPEC
TN Disability Coalition
TN Department of Health

Original Project Staff- Ohio Department of Public Safety- Division of EMS
Christy Beeghly, MPH; Ohio EMSC Coordinator, 1997-2003
Alan Boster; Ohio EMSC Coordinator, 1997-2003