

# EMERGENCY AND HEALTH GUIDELINES FOR SCHOOLS

This is an update to and replaces the previously published Emergency Guidelines for Schools, 4th edition



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



Department of  
Health



American Academy  
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Ohio Chapter

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## EMERGENCY AND HEALTH GUIDELINES FOR SCHOOLS 4<sup>TH</sup> EDITION, 2024

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#### Acknowledgements

Special thanks go to the following individuals for their outstanding contributions to the development and preparation of the Emergency and Health Guidelines for Schools (EHGS):

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#### Thanks to many others who helped review this document!

##### Ohio Department of Children and Youth.

##### Ohio Department of Education and Workforce:

\*Office of Whole Child Supports.

##### Ohio Department of Health:

\*Bureau of Health Preparedness.

\*Bureau of Infectious Diseases.

\*Office of Legal Counsel.

\*Office of the Medical Director.

\*Office of Public Health Excellence.

\*Ohio Disability and Health Program.

##### Ohio Department of Job and Family Services:

\*Office of Director.

\*Office of Family Assistance.

##### Ohio Department of Public Safety:

\*Ohio School Safety Center.

\*Office of the Medical Director.

# PROJECT STAFF AND ACKNOWLEDGEMENTS

## EMERGENCY GUIDELINES FOR SCHOOLS 3RD EDITION, 2007

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#### Acknowledgements

Special thanks go to the following individuals for their outstanding contributions to the development and preparation of the *Emergency Guidelines for Schools* (EGS):

- **William Cotton**, MD; Columbus Children's Hospital, President; Ohio Chapter of the American Academy of Pediatrics.
- **Wendy J. Pomerantz**, MD, MS; Cincinnati Children's Hospital Medical Center, Ohio EMSC Grant Principal Investigator American Academy of Pediatrics Representative to the State Board of EMS.
- **Christy Beeghly**, MPH; Consultant.

We would also like to acknowledge the following for their contributions to the EGS development:

- Staff at the Ohio Department of Public Safety, Division of Emergency Medical Services, EMS for Children (EMSC) Program.
- Members of the American Academy of Pediatrics, Ohio Chapter, Committee on Pediatric Emergency Medicine and the Ohio EMSC Committee.
- School nurses and other school personnel who took time to provide feedback on their use of the EGS so they could be improved for future users.
- The EMSC National Resource Center and other state EMSC programs that adopted the EGS and provided feedback.

Original Project Staff — Ohio Department of Public Safety, Division of EMS

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Original funding for this project included the Emergency Medical Services for Children Program, Health Resources and Services Administration, Maternal and Child Health Bureau, and the National Highway Traffic Safety Administration. Funding for the current edition was provided by the U.S. Department of Health & Human Services, Maternal and Child Health Bureau Grant # B04MC07800-01-00 and by the Centers for Disease Control (CDC) Bioterrorism Grant # U901CCU516983.



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# INTRODUCTION

The Ohio Department of Health, School Nursing Program, in collaboration with the Ohio Department of Public Safety (ODPS), Emergency Medical Services for Children (EMSC) program, the Ohio Association of School Nurses, the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics (AAP) have produced this fourth edition of the Emergency and Health Guidelines for Schools (EHGS). The initial EGS were field tested in seven school districts throughout Ohio in 1997 and revised based on school feedback. In March 2000, the EGS won the National EMSC Program's Innovation in Product Development Award. This award is given to recognize a unique product designed to advance emergency medical services for children. To date, more than 35,000 copies of the EGS have been distributed in Ohio and thousands more throughout the United States, as they have been adapted for use in other states. The EGS were evaluated in spring 2000, and a second edition incorporated recommendations of school nurses and secretaries who used the book in their schools and completed the evaluation. This fourth edition is the result of careful review of content and changes in best practice recommendations for providing emergency care to students in Ohio schools.

Please take some time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency situation. The emergency guidelines are meant to serve as basic what-to-do-in-an-emergency information for K-12 school staff without nursing or medical training when the school nurse is not available. **It is strongly recommended that staff who are in a position to provide first aid to students complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills need to be practiced in the presence of a trained instructor.**

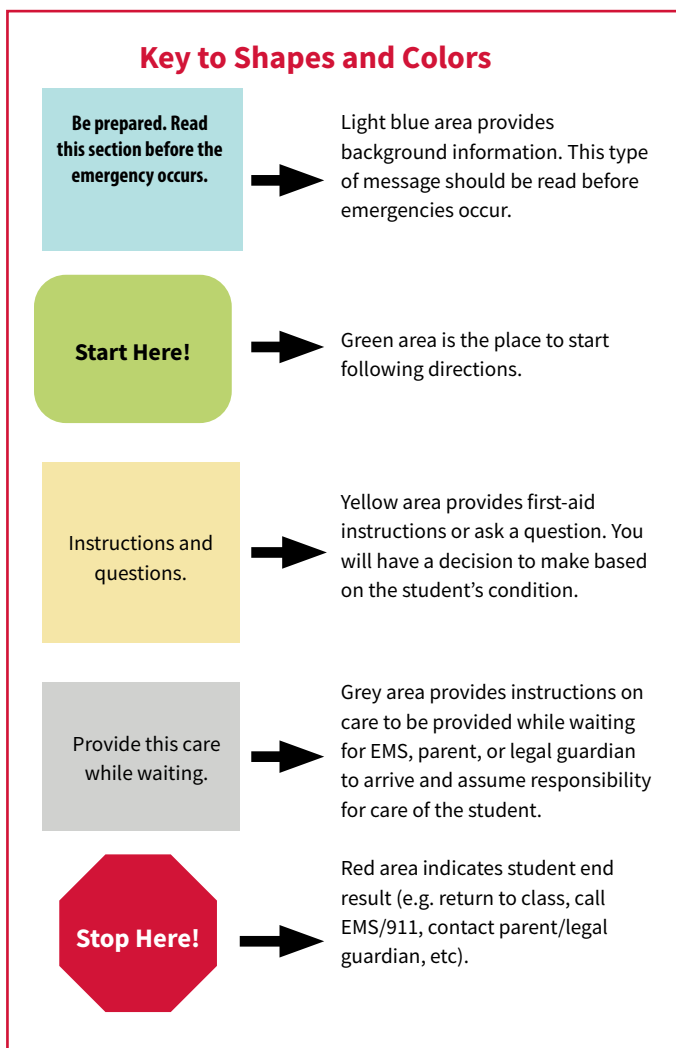
The EHGS have been created as **recommended** procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board or the State of Ohio. Please consult your school nurse if you have questions about any of the recommendations. In a true emergency situation, use your best judgment.

Ohio law contains protections that may provide immunity for school staff from personal civil liability in certain circumstances. Chapters 2744 and §2305.23 (§2305.23, §2305.231, §2305.235) of the Ohio Revised Code (ORC) describe some of these protections in detail. Please consult with your legal counsel for any questions about immunity. Other related ORC references are cited throughout the EGS where appropriate. Additional copies of the EGS can be downloaded and printed from:

- The Ohio Department of Health at <http://www.odh.ohio.gov> - select “Programs”, then “School Nursing”, then “School Nurse Resources,” then “Emergency Preparedness,” then “Emergency and Health Guidelines for Schools”.

## HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptom (e.g., unconsciousness, bleeding, etc.).
- Learn when EMS (Emergency Medical Services) should be contacted. Copy the **When to Call EMS** page and post in key locations.
- The back outside cover of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.
- The guidelines are arranged 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:
  - o Infection Control.
  - o Planning for Students with Special Needs.
  - o Injury Reporting.
  - o School Safety Planning.
  - o Emergency Preparedness.





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

## **Call EMS if:**

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

**If any of the above conditions exist, or if you are not sure,  
it is best to call EMS/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.
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** section.
6. The responsible school authority or a designated employee will 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. The Ohio Department of Health has created a *Student Injury Report Form* that may be photocopied and used as needed. 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/crisis 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.

# OHIO DEPARTMENT OF HEALTH STUDENT INJURY REPORT FORM GUIDELINES

The Ohio Department of Health (ODH) provides the following Student Injury Report Form and guidelines as an example for districts to use in tracking the occurrence of school-related injuries. ODH suggests completing the form when an injury leads to any of the following:

- 1. The student misses ½ day or more of school.**
- 2. The student seeks medical attention (health care provider office, urgent care center, emergency department).**
- 3. EMS/9-1-1 is called.**

Schools are encouraged to review and use the information collected on the injury report form to influence local policies and procedures as needed to remedy hazards.

## INSTRUCTIONS

- Student, parent, and school information: self-explanatory.
- Check the box to indicate the location and time the incident occurred.
- Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- Check the appropriate box(es) for factors that may have contributed to the student's injury.
- Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
- **Incident response:** include all areas that apply.
- Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future.
- Sign the completed form.
- Route the form to the school nurse and the principal for review/signature. Original form and copies will be filed according to district policy.

A printer-friendly version of the form is available on the ODH website: [www.odh.ohio.gov](http://www.odh.ohio.gov) select "Programs," then "School Nursing," then "Forms", then "Student Injury Report."

# Ohio Department of Health Student Injury Report

## Student information

Name			Date of incident
Date of birth	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Time of incident

## Parent/guardian information

Name(s)			Work phone (     )
Address			Home phone (     )
City	State	ZIP	Cell phone (     )

## School information

School	Phone (     )
--------	------------------

## Location of incident *check appropriate box*

<input type="checkbox"/> Athletic field	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Parking lot	<input type="checkbox"/> Restroom	<input type="checkbox"/> Vocation shop/lab
<input type="checkbox"/> Bus	<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Playground	<input type="checkbox"/> Stairway	
<input type="checkbox"/> Other <i>explain</i> _____					

## Time of incident *check appropriate box*

<input type="checkbox"/> Recess	<input type="checkbox"/> Lunch	<input type="checkbox"/> P.E. class	<input type="checkbox"/> In class (not P.E.)	<input type="checkbox"/> Class change	<input type="checkbox"/> Field trip
<input type="checkbox"/> Before school	<input type="checkbox"/> After school	<input type="checkbox"/> Unknown			
<input type="checkbox"/> Other <i>explain</i> _____					

## Athletic practice/session:

<input type="checkbox"/> Athletic team competition	<input type="checkbox"/> Intramural competition
--	---

## Equipment

<input type="checkbox"/> No equipment involved	<input type="checkbox"/> Equipment involved describe _____
--	--

## Surface *check all that apply*

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Ice/snow	<input type="checkbox"/> Mat(s)	<input type="checkbox"/> Synthetic surface	<input type="checkbox"/> Wood chips/mulch
<input type="checkbox"/> Carpet	<input type="checkbox"/> Dirt	<input type="checkbox"/> Gymnasium floor	<input type="checkbox"/> Lawn/grass	<input type="checkbox"/> Sand	<input type="checkbox"/> Tile	
<input type="checkbox"/> Other <i>specify</i> _____						

## Type of injury *check all that apply*

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

**Contributing factors** *check all that apply*

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Animal bite           | <input type="checkbox"/> Compression/pinch                         | <input type="checkbox"/> Fall                | <input type="checkbox"/> Overextension/twisted  | <input type="checkbox"/> Struck by object (bat, swing, etc.) |
| <input type="checkbox"/> Collision with object | <input type="checkbox"/> Contact with hot or toxic substance       | <input type="checkbox"/> Foreign body/object | <input type="checkbox"/> Physical Altercation   | <input type="checkbox"/> Tripped/slipped                     |
| <input type="checkbox"/> Collision with person | <input type="checkbox"/> Drug, alcohol or other substance involved |  | <input type="checkbox"/> Hit with thrown object | <input type="checkbox"/> Struck by auto, bike, etc.          |

<input type="checkbox"/> Weapon specify	<input type="checkbox"/> Other explain
---	--

**Description of the incident**


---



---



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**Witnesses to the incident**


---

**Staff involved** *check all that apply*

- |  |  |                                    |                                    |  |
|--|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Assistant staff | <input type="checkbox"/> Cafeteria staff | <input type="checkbox"/> Nurse     | <input type="checkbox"/> Secretary | <input type="checkbox"/> Other specify |
| <input type="checkbox"/> Bus driver      | <input type="checkbox"/> Custodian       | <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher   |  |

**Incident response** *check all that apply*

<input type="checkbox"/> First Aid	Time	By whom	
<input type="checkbox"/> Called 911	Time	By whom	
<input type="checkbox"/> Parent/guardian notified	Time	By whom	
<input type="checkbox"/> Unable to contact parent/guardian	Time	By whom	
<input type="checkbox"/> Parents deemed no medical action necessary	<input type="checkbox"/> Returned to class	<input type="checkbox"/> Sent/taken home	Days of school missed
<input type="checkbox"/> Taken to healthcare provider/clinic/hospital/urgent care	Diagnosis		Days of school missed
<input type="checkbox"/> Hospitalized	Diagnosis		Days of school missed
<input type="checkbox"/> Restricted school activity	Diagnosis	Explain Length of time restricted	Days of school missed
<input type="checkbox"/> Other explain			

**Describe care provided to the student**


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**Additional comments**


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Signature of staff member completing form	Date/time
Nurse's signature	Date/time
Principal's signature	Date/time

# PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities, refugee status, or communication. Include caring for these students' special needs in emergency and disaster planning. Students with special needs will have emergency preparedness objectives built into their individualized education plan (IEP), 504 plan, or individualized health plan (IHP). Special needs populations may need more frequent, small, manageable drills to build understanding, comfort, and better emergency preparedness for real life occurrences.

## HEALTH CONDITIONS:

Some students 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 school nurse or other school health professional, along with the student's parent or legal guardian, and physician should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available to appropriate staff at all times.

The Ohio Department of Health has created an example EMERGENCY INFORMATION FORM FOR CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS (EIF) on the next page. This form was adapted from the American College of Emergency Physicians and the American Academy of Pediatrics Emergency Information Form for Children with Special Needs.

This form provides standardized information that can be used to prepare the caregivers and healthcare system for emergencies of children with special healthcare needs. The EIF will ensure a child's complicated medical history is concisely summarized and available when needed most—when the child has an emergency health problem when neither parent nor physician is immediately available.

## PHYSICAL ABILITIES:

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

- In wheelchairs.
- Temporarily on crutches/walking casts.
- Unable or have difficulty walking up or down stairs.

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

All staff should be aware of this plan.

## 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 needs to be aware of plans to communicate information to these students.



# EMERGENCY INFORMATION FORM FOR CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS

PERSONAL AND IDENTIFICATION INFORMATION			
Name (First, Middle, Last, Suffix):			Birth Date:
Preferred Name/Nickname:	Preferred Pronouns:		Primary (preferred) Language:
Preferred Mode of Communication:			This form last updated (date):
Address:		City:	State:
Parent/guardian name:		Parent/guardian emergency contact (mark which is preferred): <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Emergency contact	
Mobile Phone:	Home Phone:	Other Phone:	Email:
HEALTHCARE PROVIDERS AND FACILITIES			
Primary Care (Name):	Address		Contact Information
Specialist (Name):	Address		Contact Information
Other (Name):	Address		Contact Information
Pharmacy (Name):	Address		Contact Information
Anticipated emergency department:		Anticipated tertiary care center:	
INITIAL ENCOUNTER INFORMATION			
Advance Directives/Code Status:	Allergies (food, medicine, latex, environmental):		Prostheses:
Indwelling devices (include tube sizes):	Technologies:		Respiratory supports (include baseline FiO2 and ventilator settings):
Procedures and treatments to be avoided and why:		Management to initiate emergently:	
Techniques that promote calming in the child:		Baseline functional/mental status:	
Baseline vital signs(including date obtained):			
Weight _____ Height _____ HR _____ RR _____ BP _____ SpO <sub>2</sub> _____			
<b>MEDICAL SUMMARY</b> Current Problem List and Diagnoses (include current status and treatment for each):			
<b>CURRENT MEDICATIONS</b> (include dosage and frequency):			
<b>OTHER PERTINENT INFORMATION:</b>			

# INFECTION CONTROL

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

## 1) Hand hygiene:

- a. Wash hands thoroughly with running water and soap for at least 15 seconds:
  - i. Before and after physical contact with any student (even if gloves have been worn).
  - ii. Before and after eating or handling food.
  - iii. After cleaning or touching garbage.
  - iv. After using the restroom, blowing your nose, coughing, or sneezing.
  - v. Before and after providing any first aid.
- b. 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.

## 2) Use of personal protective equipment (e.g., gloves, masks, eyewear).

- a. Wear disposable gloves when in contact with blood and other body fluids.
- b. Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).

## 3) Respiratory hygiene/cough etiquette. Students and staff should:

- a. Cover mouth and nose with a tissue when coughing or sneezing then throw used tissues in the trash.
- b. Sneeze into own elbow, not hands, when no tissue is available.
- c. Remember to immediately wash hands after blowing nose, coughing, or sneezing.

## 4) Injection/sharp object safety and proper disposal:

- a. Sharps will be disposed into an approved, puncture-proof, sharps-only container in a locked and secured location.
- b. Sharps/needles will NOT be re-capped, bent, or broken.
- c. Safety devices will be implemented to prevent contact with needles and other sharps.

## 5) Clean and disinfect environmental surfaces and proper disposal of waste:

- a. Wipe up any blood or body fluid spills as soon as possible (wear disposable gloves).
- b. Double bag the trash in plastic bags and dispose of immediately.
- c. Clean the area with an appropriate cleaning solution.

### Additional Tips:

- Send soiled clothing (i.e., clothing with blood, stool, or vomit) home with the student in a double-bagged plastic bag.
- Do not touch your mouth or eyes while giving any first aid.

Source 1: <https://www.ncbi.nlm.nih.gov/books/NBK551555/>

Source 2: <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html>

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

This portable device identifies shockable rhythms that should be treated with defibrillation. The AED instructs the operator on how to use the device to deliver a standard shock to the patient. It also identifies non-shockable rhythms, accordingly advising no shock followed by a prompt to resume CPR.

## American Heart Association Guidelines for AED/CPR Integration 2020\*

The 2020 AHA CPR and Emergency Cardiovascular Care guidelines reaffirm the following for infants and children with cardiac arrest.

**Witnessed Arrest:** An AED should be used as soon as possible. CPR should be performed until the AED is ready to deliver a shock. A single shock followed by immediate chest compressions is recommended for infants and children with a shockable heart rhythm.

**Unwitnessed Arrest:** A single rescuer and two or more rescuers should perform CPR for approximately 2 minutes before an AED is used.

Source: <https://www.uspharmacist.com/article/key-updates-from-the-2020-aha-pediatric-basic-life-support-guidelines>.

AEDs are safe to use for young children who weigh less than 55 pounds. The American Heart Association recommends that pediatric attenuated pads should be used on children under the age of eight and on infants. Adult pads are used on children eight years and older. If an AED with pediatric pads is not available, the AED with adult pads should be used. Once the pads are attached, follow the instructions given by the AED. Do not use the child pads or energy doses 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 and clearly marked with signage.

## Ohio Revised Code (ORC) References Related to AEDs

### Section 3701.85 | Automated external defibrillator - requirements for use.

“(A) As used in this section:

- (1) “Automated external defibrillation” has the same meaning as in [section 2305.235 of the Revised Code](#).
- (2) “Emergency medical services organization” has the same meaning as in [section 4765.01 of the Revised Code](#).

(B) A person as defined under [section 1.59 of the Revised Code](#) who possesses an automated external defibrillator shall do both of the following:

- (1) Encourage expected users to complete successfully a course in automated external defibrillation and cardiopulmonary resuscitation that is offered or approved by a nationally recognized organization and includes instruction on psychomotor skills and national evidence-based emergency cardiovascular guidelines that are current; and
- (2) Maintain and test the defibrillator according to the manufacturer's guidelines.

(C) It is recommended, but not required, that a person who possesses an automated external defibrillator notify an emergency medical services organization of the location of the defibrillator.

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

(D) Any person may perform automated external defibrillation. Training in automated external defibrillation and cardiopulmonary resuscitation is recommended but not required. A person who performs automated external defibrillation shall make a good faith effort to activate or have another person activate an emergency medical services system as soon as possible unless the person is performing automated external defibrillation as part of an emergency medical services system or at a hospital as defined in [section 3727.01 of the Revised Code](#).”

## **Section 2305.235 | Immunity of person involved with providing automated external defibrillation.**

“(A) As used in this section:

- (1) “Automated external defibrillation” means the process of applying a specialized defibrillator to a person in cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm, and, if appropriate, delivering an electrical shock to the heart to allow it to resume effective electrical activity.
- (2) “Physician” has the same meaning as in [section 4765.01 of the Revised Code](#).

(B) Except in the case of willful or wanton misconduct, no physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner shall be held liable in civil damages for injury, death, or loss to person or property for providing a prescription for an automated external defibrillator approved for use as a medical device by the United States food and drug administration or consulting with a person regarding the use and maintenance of a defibrillator.

(C) Except in the case of willful or wanton misconduct, no person shall be held liable in civil damages for injury, death, or loss to person or property for doing any of the following:

- (1) Providing training in automated external defibrillation and cardiopulmonary resuscitation;
- (2) Authorizing, directing, or supervising the installation or placement of an automated external defibrillator;
- (3) Designing, managing, or operating a cardiopulmonary resuscitation or automated external defibrillation program;
- (4) Acquiring an automated external defibrillator;
- (5) Owning, managing, or having responsibility for a premises or location where an automated external defibrillator has been placed.

(D) Except in the case of willful or wanton misconduct or when there is no good faith attempt to activate an emergency medical services system in accordance with [section 3701.85 of the Revised Code](#), no person shall be held liable in civil damages for injury, death, or loss to person or property, or held criminally liable, for performing automated external defibrillation in good faith, regardless of whether the person has obtained appropriate training on how to perform automated external defibrillation or successfully completed a course in cardiopulmonary resuscitation.”

## **Section 3313.6023 | Training in the use of an automated external defibrillator for school district employees.**

“(A) The board of education of each school district shall provide training in the use of an automated external defibrillator to teachers, principals, administrative employees, coaches, athletic trainers, any other person that supervises interscholastic athletics, and any other employee subject to in-service training requirements under division (A) of [section 3319.073 of the Revised Code](#).

(B) The board of education of each school district may provide training in the use of an automated external defibrillator to any other person employed by that district.

(C) The training prescribed under this section shall be incorporated into the in-service training required by division (A) of [section 3319.073 of the Revised Code](#). For this purpose, the board shall use one of the instructional programs listed in divisions (B)(1) and (2) of [section 3313.6021 of the Revised Code](#).

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

(D) Each person to whom this section applies shall complete the training not later than July 1, 2018, and at least once every five years thereafter.”

## **Section 3313.6021 | Instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator in high schools.**

“(A) As used in this section:

- (1) “Automated external defibrillator” has the same meaning as in [section 3313.717 of the Revised Code](#).
- (2) “Psychomotor skills” means the use of hands-on practice to support cognitive learning.

(B) Except as provided in division (E) of this section, each school operated by a school district which offers grades nine to twelve shall provide instruction to students in cardiopulmonary resuscitation and the use of an automated external defibrillator.

Instruction shall include the psychomotor skills necessary to perform cardiopulmonary resuscitation and use an automated external defibrillator and shall be either of the following:

- (1) An instructional program developed by the American heart association or the American red cross that includes instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator;
- (2) An instructional program that is nationally recognized and based on the most current national, evidence-based emergency cardiovascular care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator.

(C) No student shall receive certification in cardiopulmonary resuscitation and the use of an automated external defibrillator unless the student is trained by an authorized or certified instructor.

(D) Nothing in this section requires a licensed educator to be certified to provide training in the manner prescribed by this section to facilitate, provide, or oversee instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator that does not result in certification of students.

(E) If a student is excused from taking instruction in cardiopulmonary resuscitation under division (A)(8) of section [3313.60](#) of the Revised Code or if the student is a child with a disability and is incapable of performing the psychomotor skills required to perform cardiopulmonary resuscitation and to use an automated external defibrillator, as indicated in the student’s IEP, the student shall not be required to receive instruction as prescribed by this section. As used in this section, “child with a disability” and “IEP” have the same meanings as in [section 3323.01 of the Revised Code](#).”

**Note:** This [Model AED Emergency Action Plan](#) may be used to satisfy requirements under House Bill 47 of the 135<sup>th</sup> General Assembly (ORC 3701.851). Alternatively, an entity may adopt other emergency action plans for the use of AEDs.

The [Centers for Disease Control and Prevention \(CDC\) defines cardiac arrest](#) as when the heart suddenly and unexpectedly stops beating and blood stops flowing to the rest of the body. Cardiopulmonary resuscitation (CPR) and Automated External Defibrillators (AEDs) are to be used when a person is unresponsive, is not breathing, or the heartbeat stops.

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

## A. How to Use an AED:

**Please note:** For persons under age 8, pediatric AED pads should be used whenever possible. However, if not available, use adult pads. Do not use pediatric AED pads on adults.

During an emergency, designate someone who can direct first responders to the exact location of the unresponsive person once first responders arrive at the location.

### Protocol:

#### If a person:

- Collapses suddenly and loses consciousness (passes out), or
- Is not breathing or is gasping for air, or
- Doesn't respond to shouting or tapping, or
- Doesn't have a pulse.

**Note:** A person's eyes may be open or closed.

#### Follow these steps:

1. If the scene is safe, check for responsiveness using shout-tap-shout for no more than 10 seconds.  
If appearing unresponsive, check responsiveness:  
**Shout** "Are you OK?" (use their name, if known, to get their attention).  
**Tap** (the person's shoulder if adult or child, foot if an infant) and look for signs of **rhythmic, normal breathing**.  
**Shout** (again and assess for breathing, life-threatening bleeding, or conditions).
2. If person is unresponsive, **shout for help, CALL EMS (9-1-1), and send someone to get the AED**. Stay on the line with EMS (preferably on speaker phone) for instructions on CPR and AED use.
3. Begin chest compressions until the AED arrives. (If trained in CPR, provide CPR according to your training).
4. Turn on the AED and set it up according to the manufacturer's instructions. Follow the verbal instructions provided by the AED. Incorporate the AED into CPR cycles according to instructions from the AED and from any prior training.
5. Prepare AED to check heart rhythm. Follow the AED's verbal instructions to deliver one shock as advised.
6. **Continue CPR and follow AED verbal instructions until person responds or EMS arrives and takes over care.**

### Hand Placement for Infants

Using two fingers, press down in the middle of the chest about 1.5 inches.

### Hand Placement for Children

Using one or two hands, press down in the middle of the chest about 2 inches.

### Hand Placement for Adults

Using two hands, press down in the middle of the chest at least 2 inches.

or

Follow instructions of the 9-1-1 dispatcher or refer to your most recent CPR training.



# AUTOMATED EXTERNAL DEFIBRILLATOR (AED) MODEL EMERGENCY ACTION PLAN

## **B. Practice of Plan:**

1. Ohio Revised Code (ORC) [3701.851](#) requires the Emergency Action Plan (EAP) to be practiced at least quarterly.
2. Follow recommendations or requirements, as appropriate, specific to your school, location, or organization for training on CPR and AED use.
3. Develop a schedule for practicing your plan.

## **C. Maintenance of Automated External Defibrillators (AEDs):**

Follow manufacturer's instructions with regards to maintenance, operation, and replacement of the AED and any of its parts.

## **D. Location of Automated External Defibrillators (AEDs):**

1. Ensure AEDs are easily accessible and ensure they are not locked away.
2. Include maps of where AEDs are located in and around the school, venue, and sports and recreation location so staff, students, guests, volunteers, and community members can locate them quickly in an emergency.

## **E. Additional Considerations:**

1. Designate a person(s) at your school, location, or organization who can coordinate and supervise CPR/AED program activities, trainings, AED maintenance, and practice of response plans.
2. Share your emergency action plan for AEDs with your local emergency management services (EMS) in advance of a medical emergency.

## **REFERENCES**

[Adult & Child CPR Anytime® Skills Reminder — CPR AED \(heart.org\).](#)

[Algorithms | American Heart Association CPR & First Aid.](#)

[American Heart Association 2023-Cardiac-Emergency-Response-Plan-and-Protocol-Schools-Final.pdf \(heart.org\).](#)

[American Heart Association 2023 Cardiac Emergency Response Plan and Protocol Sports Facilities.pdf \(heart.org\).](#)

[American Heart Association 2023 Cardiac Emergency Response Plan and Protocol Community.pdf \(heart.org\).](#)

[2020 American Heart Association Guidelines for CPR and ECC.](#)

Ohio Emergency Medical Services [CPR Myths Debunked](#) | [Emergency Medical Services \(ohio.gov\)](#)

# ALLERGIC REACTION

## Be prepared. Read this section before emergency occurs.

- About 1 in 4 students have their first allergic reaction at school.
- Delayed reactions can occur after an exposure to an allergen. (Example: food, insect sting/bite, or latex.)
- Children with life-threatening allergies need an Emergency Action Plan (EAP) that is shared with school staff with a need to know.
- NOTE: Never leave a child alone who is having an allergic reaction.

☐ Check here if your school has stock epinephrine autoinjector and protocol. Note location here \_\_\_\_\_

**Start Here!**  
**Is child unconscious?**  
(If child stops breathing, start CPR.)

Yes

  
**Call EMS/9-1-1.**  
**Contact responsible school authority and parent or legal guardian.**

No

### Does student have one or more of the following?

**LUNG:** Shortness of breath, wheezing, repetitive coughing.

**HEART:** Pale, blue, faint, weak pulse, dizzy, confusion.

**THROAT:** Tightness, hoarseness, difficulty swallowing/speaking.

**MOUTH:** Significant swelling of the tongue and/or lips.

**GUT:** Repetitive vomiting, severe diarrhea.

No

Yes

### Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy eyes.
- Sneezing.
- Runny nose.

If student has a plan, follow the plan.

**Contact parent or legal guardian if student is so uncomfortable that they feel unable to return to class.**

Does person have an emergency plan?

Yes

Follow student's emergency action plan without delay.

No

Does school have stock epinephrine autoinjector available?

No

  
**Call EMS/9-1-1.**  
**Contact responsible school authority and parent or legal guardian.**

Yes

Immediately administer stock epinephrine autoinjector according to protocol.

### \*DO NOT LEAVE STUDENT ALONE.

If used, give autoinjector to EMS staff. If student loses consciousness, see "Unconscious." If student stops breathing or only gasps, see "CPR."

# ASTHMA – WHEEZING – DIFFICULTY BREATHING

## Be prepared. Read this section before emergency occurs.

- School staff with a need to know will be notified of students with a history of breathing difficulties or wheezing.
- An emergency care plan will be developed for them.
- NOTE: Stay with student and remain calm.

☐ Check here if your school has stock asthma inhaler and note location here:

\_\_\_\_\_

\_\_\_\_\_

## Start Here!

Are any of these symptoms present that indicate breathing difficulties?

- **Uncontrollable coughing.**
- **Wheezing = a high pitched sound during breathing.**
- **Rapid breathing.**
- **Feeling tightness in chest.**
- **Are the lips, tongue, or nail beds turning blue.**

- Did breathing difficulty develop rapidly?
- Is student NOT able to speak in full sentences?

Yes



No

Does student have an Asthma Action Plan?

Yes

Follow student's asthma action plan.

No

If school has stock asthma inhaler, follow protocol.

No

Are symptoms improving?

Yes

**Allow student to rest comfortably and contact parent/guardian. Inform appropriate staff upon return to class to monitor for recurrence of breathing problem.**

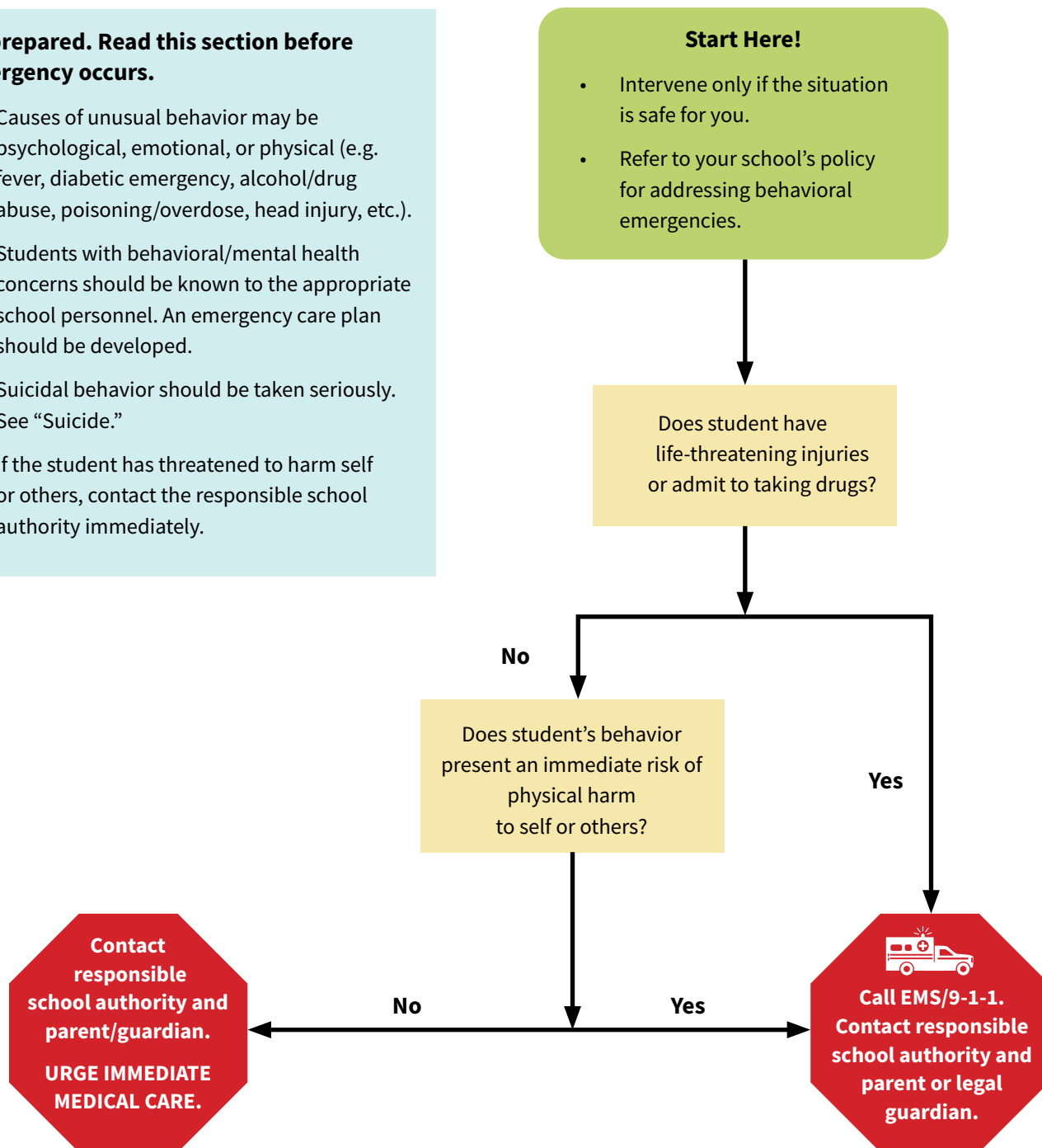
## While waiting for EMS staff:

- **DO NOT LEAVE STUDENT ALONE.**
- If person becomes unconscious, see "Unconscious."
- If person stops breathing, start CPR. See "CPR."
- If person has an asthma emergency plan, follow it.
- If available, administer school's stock albuterol according to the school protocol.

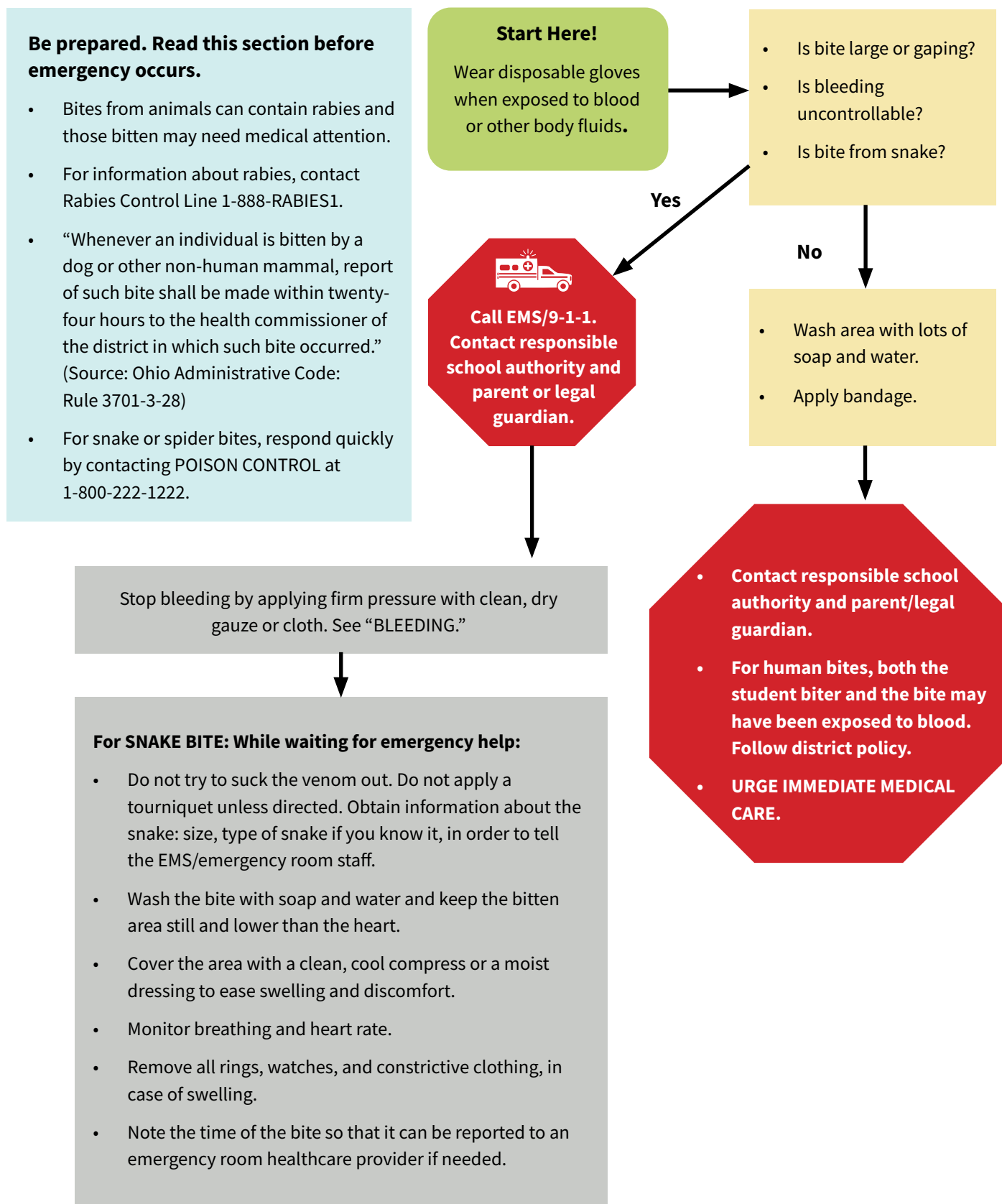
# BEHAVIORAL EMERGENCIES

## Be prepared. Read this section before emergency occurs.

- Causes of unusual behavior may be psychological, emotional, or physical (e.g. fever, diabetic emergency, alcohol/drug abuse, poisoning/overdose, head injury, etc.).
- Students with behavioral/mental health concerns should be known to the appropriate school personnel. An emergency care plan should be developed.
- Suicidal behavior should be taken seriously. See “Suicide.”
- If the student has threatened to harm self or others, contact the responsible school authority immediately.



## BITES (Human, Non-Human)



# BLEEDING

## Be prepared. Read this section before emergency occurs.

- Notify other school staff of who is trained so they may be called if needed.
- Appropriate staff should be trained. Know who they are and call them if needed.

## Start Here!

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

Is body part amputated (severed) or bleeding severely?

Yes

Apply tourniquet if trained.

  
**Call EMS/9-1-1.  
Contact responsible school authority and parent or legal guardian.**

No

Bandage wound firmly without interfering with circulation of the body part.

**Apply constant firm pressure with clean bandage. KEEP APPLYING CONSTANT PRESSURE WITHOUT CHECKING IF BLEEDING HAS STOPPED—add additional bandages as needed.**

- Have student lie down.
- Elevate student's feet 8-10 inches and keep them comfortable.

If arm or leg: Elevate gently.

If amputation:

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

**If wound is gaping, student may need stitches. Contact responsible school authority and parent or legal guardian. URGE IMMEDIATE MEDICAL CARE.**



## BLISTERS (from friction)

**Be prepared. Read this section before emergency occurs.**

A blister is a small pocket of fluid within the upper layers of the skin that can result from forceful rubbing of the skin, burning, freezing, chemical exposure, or infection.

### Start Here!

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

- Wash area gently with water.
- Use soap if necessary to remove dirt.
- If blister is intact, do not break blister.
- Apply clean, protective dressing to prevent further rubbing.

**Are any of the following signs of infection present?**

- Redness?
- Swelling?
- Heat?
- Presence of white or yellow fluids (pus)?

Are there multiple blisters present?

**No**

**Student may return to participate in school activities.**

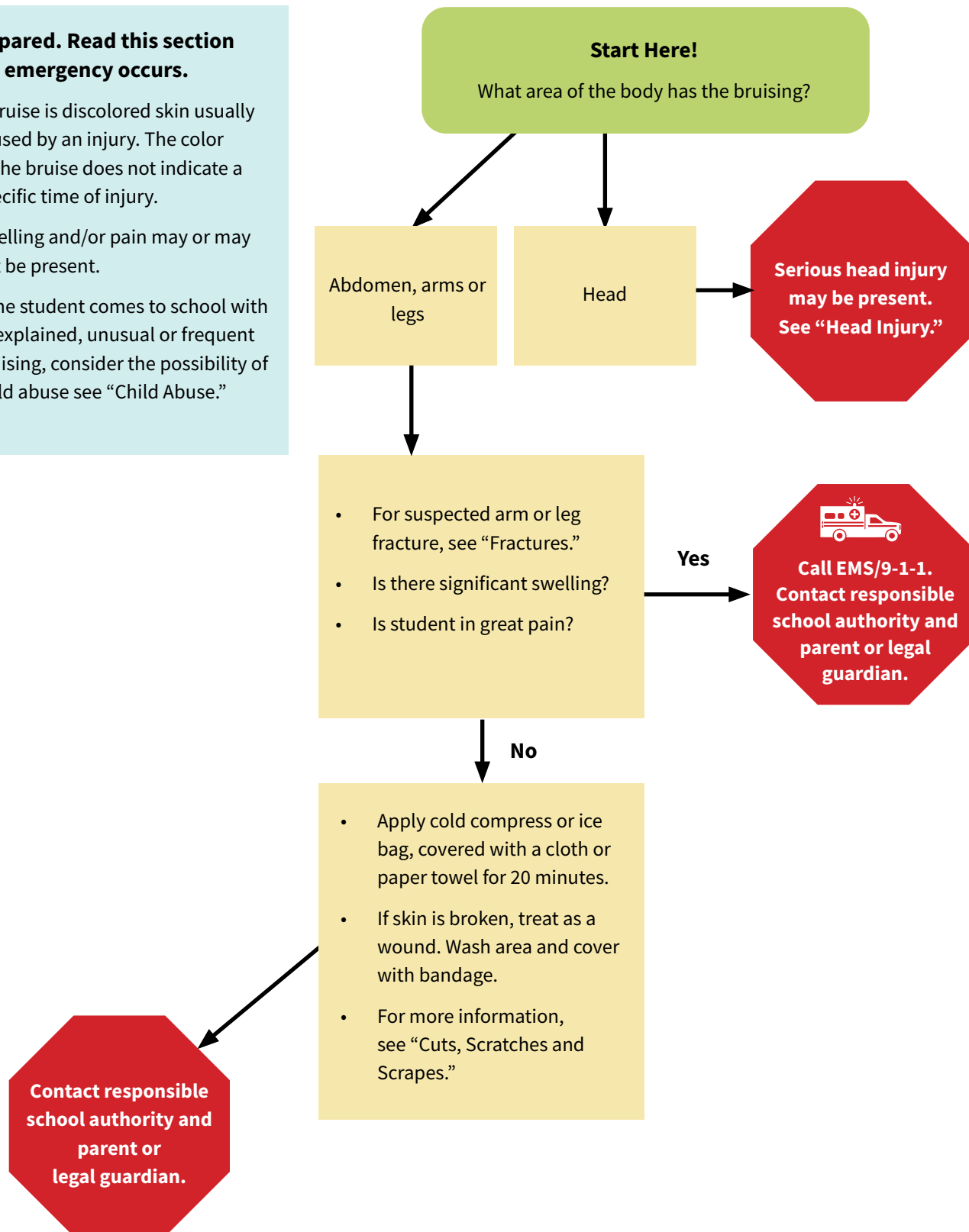
**Yes**

**Contact parent/legal guardian.  
URGE IMMEDIATE MEDICAL CARE.**

# BRUISES

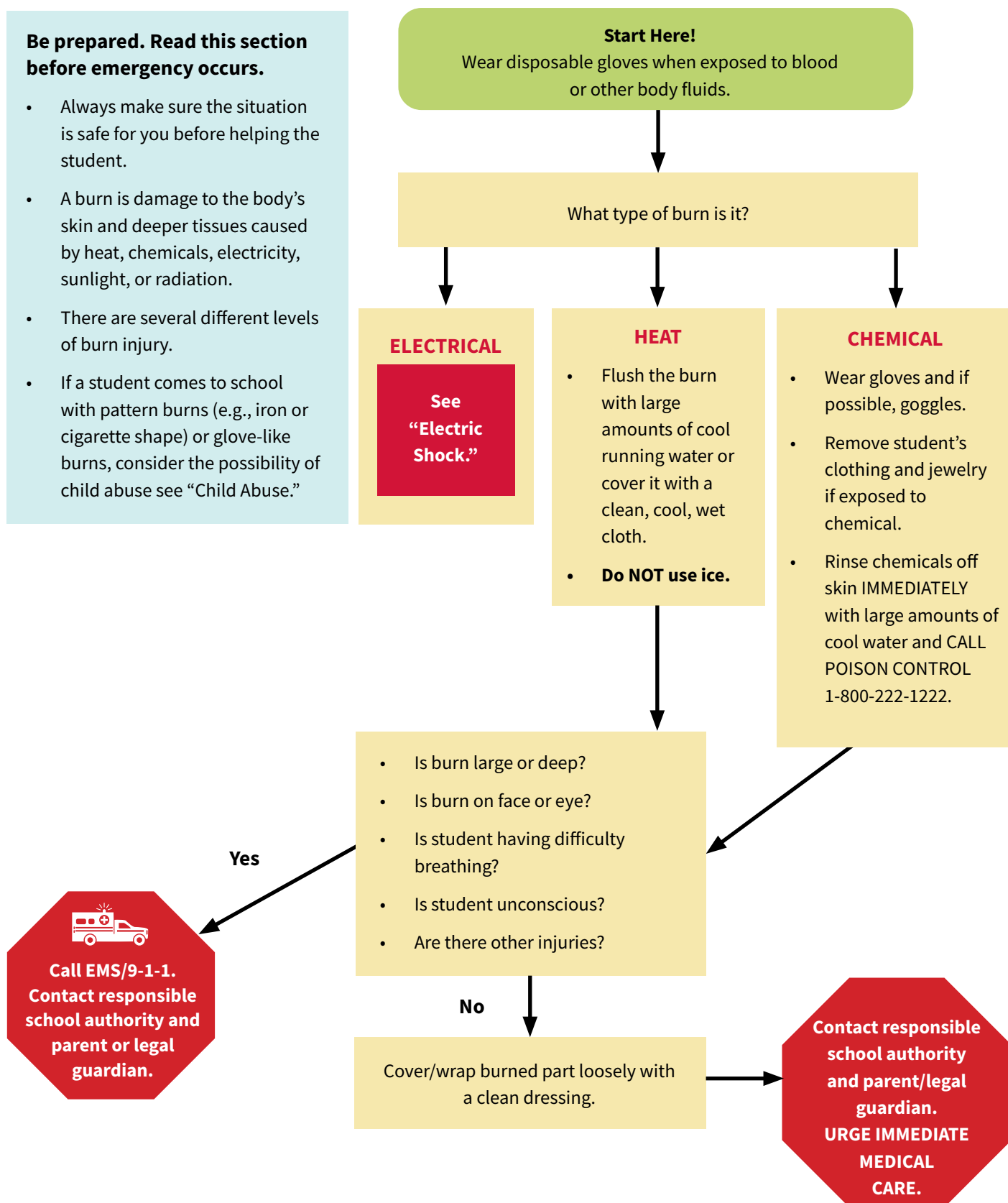
## Be prepared. Read this section before emergency occurs.

- A bruise is discolored skin usually caused by an injury. The color of the bruise does not indicate a specific time of injury.
- Swelling and/or pain may or may not be present.
- If the student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse see “Child Abuse.”



**Be prepared. Read this section before emergency occurs.**

- Always make sure the situation is safe for you before helping the student.
- A burn is damage to the body's skin and deeper tissues caused by heat, chemicals, electricity, sunlight, or radiation.
- There are several different levels of burn injury.
- If a student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child abuse see "Child Abuse."



# NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines in 2020. Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

Several of the new AHA 2020 CPR guidelines apply to lay responders and state:

**2020 (Updated):** We recommend that laypersons initiate CPR for presumed cardiac arrest because the risk of harm to the patient is low if the patient is not in cardiac arrest.

**Why:** New evidence shows that the risk of harm to a victim who receives chest compressions when not in cardiac arrest is low. Lay rescuers are not able to determine with accuracy whether a victim has a pulse, and the risk of withholding CPR from a pulseless victim exceeds the harm from unneeded chest compressions.

**2020 (Updated):** For infants and children with a pulse but absent or inadequate respiratory effort, it is reasonable to give 1 breath every 2 to 3 seconds (20-30 breaths/min).

**2020 (New):** It is reasonable to increase bystander willingness to perform CPR through CPR training, mass CPR training, CPR awareness initiatives, and promotion of Hands-Only CPR.

**Why:** Prompt delivery of bystander CPR doubles a victim's chances of survival from cardiac arrest. CPR training, mass CPR training, CPR awareness initiatives, and promotion of Hands-Only CPR are all associated with increased rates of bystander CPR.

**Source:**

American Heart Association (2020), *Highlights of the 2020 American Heart Association's Guidelines for CPR and ECC*, pp 12, 20, & 27.

**Link to Source:**

[https://cpr.heart.org/-/media/cpr-files/cpr-guidelines-files/highlights/hghlghts\\_2020\\_ecc\\_guidelines\\_english.pdf](https://cpr.heart.org/-/media/cpr-files/cpr-guidelines-files/highlights/hghlghts_2020_ecc_guidelines_english.pdf).

**When to use Hands only CPR:**

The American Heart Association states:

Hands-Only CPR performed by a bystander has been shown to be as effective as CPR with breaths in the first few minutes of an out-of-hospital sudden cardiac arrest for an adult victim. If you do not know how to administer CPR with breaths, don't be afraid to act in an emergency; your actions can only help. Any attempt at CPR is better than no attempt. If you see an unconscious, unresponsive adult, call 9-1-1 and push hard and fast in the center of the chest to the beat of the classic disco song "Stayin' Alive." This song, and other songs with a rhythm of 100 to 120 beats per minute, mimic the rate you should push on the chest during CPR.

The AHA still recommends CPR with compressions AND breaths for infants and children, and any age (ALL) victims of drowning or drug overdose, or people who collapse due to breathing problems.

**Sources:**

[https://cpr.heart.org/-/media/CPR-Files/Courses-and-Kits/Hands-Only-CPR/HandsOnly-CPR-FAQs-ucm\\_494175.pdf](https://cpr.heart.org/-/media/CPR-Files/Courses-and-Kits/Hands-Only-CPR/HandsOnly-CPR-FAQs-ucm_494175.pdf).

<https://publications.aap.org/pediatrics/article/154/6/e2024068444/199870/2024-American-Heart-Association-and-American>

# CARDIOPULMONARY RESUSCITATION (CPR)

Please note: These are the guidelines in 2025, but you should follow your training if the instructions differ from these. Information on Automatic External Defibrillator (AED) use with CPR can be found on page 17 of this document.

## Before Giving CPR

- **Step 1:** Check the scene for safety, use disposable gloves (if available), check responsiveness by the following the **Shout -Tap- Shout** Method:  
**For Adults:**  
**Shout** “Are you OK?”  
**Tap** (*the person’s shoulder*) and look for signs of rhythmic, normal breathing  
**Shout** (again and assess for breathing, life-threatening bleeding or conditions)  
**For Children:** If appearing unresponsive, check responsiveness:  
**Shout** “Are you OK?” (use their name, if known, to get their attention)  
**Tap** (*the person’s shoulder*) and look for signs of rhythmic, normal breathing  
**Shout** (again and assess for breathing, life-threatening bleeding or conditions)  
**For Infants:** If appearing unresponsive, check responsiveness:  
**Shout** (use their name, if known, to get their attention)  
**Tap** (*the bottom of the infant’s foot*)  
**Shout** (again and assess for breathing, life-threatening bleeding or conditions)
- **Step 2:** If person does not respond, is not breathing or is only gasping, either call 9-1-1 or send someone to call 9-1-1.
- **Step 3:** Perform CPR until Emergency Medical Services (EMS) arrives and takes over care.

## CPR Reminders

### Proper Hand Placement:

**For Adults:** Place the heel of one hand in the center of their chest, with your other hand on top. Interlace your fingers and make sure they are up off the chest.

**For Children:** Place the heel of one hand in the center of their chest, with your other hand on top. Interlace your fingers and make sure they are up off the chest.

**For a Small Child:** Place the heel of one hand in the center of their chest.

**For Infant (less than one year):** Place both thumbs (side-by-side) on the center of the baby’s chest, just below the nipple line; use the other fingers to encircle the baby’s chest toward the back, providing support or if you cannot reach depth, consider using the heel of one hand in the center of the chest. Another technique that can be used for a baby is to place two fingers in the center of the chest, parallel to the chest.

### Correct Body Position for Compressions:

**For Persons Age One and Older:** Push down hard and fast, at least 2 inches. Position your body so that your shoulders are directly over your hands. Lock your elbows to keep your arms straight.

**For Infant (less than one year):** Using both thumbs at the same time, push down hard and fast about 1 ½ inches.

**For All:** Push hard and fast in the center of the chest to the beat of the classic disco song “Stayin’ Alive.” This song, and other songs with a rhythm of 100 to 120 beats per minute, mimic the rate you should push on the chest during CPR.

# CARDIOPULMONARY RESUSCITATION (CPR) continued

## Ventilations/Breaths

**For Adults:** Start by opening the airway, using the head-tilt, chin lift method, opening the person's airway to a past-neutral position. Pinch the nose, take a breath, and using your mouth, make a seal over the person's mouth.

**For Children up to Puberty:** Using the head tilt/chin-lift method, open the person's airway to slightly past-neutral. Using your mouth, blow into the child's mouth.

**For Infants:** Using the head-tilt/chin-lift method, open the person's airway to a neutral position. Using your mouth, blow into the child's mouth.

Each breath should last for 1 second and you should see the chest rise with each breath. Before the next breath, allow air to exit. If chest rise is not seen with the first breath, re-tilt the head and check the seal before giving a second breath. If you still do not see chest rise, there may be blockage of the airway. For further details please see:

<https://www.redcross.org/take-a-class/cpr/performing-cpr/cpr-steps>.

<https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr>.

**For an ADULT victim:** Reminder: The AHA still recommends CPR with compressions AND breaths for infants and children, and any age (ALL) victims of drowning or drug overdose, or people who collapse due to breathing problems.

## How an Untrained Bystander can Perform Hands-Only CPR

- **Step 1:** Ensure the person is on their back on a firm, flat surface.
- **Step 2:** Kneel beside the person. Your knees should be near the person's body and spread about shoulder width apart.
- **Step 3:** Use correct hand placement (see previous page).
- **Step 4:** Use correct body position(see previous page).
- **Step 5:** Give continuous compressions.
- **Step 6:** Allow the chest to return to its normal position after each compression. Don't take your hands off the chest, just your weight.
- **Step 7:** Keep going. Don't stop giving compressions until:
  1. There is an obvious sign of life, like breathing.
  2. The scene becomes unsafe.
  3. AED is ready to use.
  4. You are too exhausted to continue.
  5. EMS arrives and takes over care.
  6. Until a trained person arrives to start CPR with breaths and compressions.

## Sources:

\*American Red Cross (unknown), *Hands-Only CPR for Adults*, ARC, 5-26-23,  
<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/hands-only-cpr.html>

\*American Red Cross (unknown), *Child & Baby CPR*, ARC, 5-26-23,  
<https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr>

\*American Heart Association (unknown), *FFAX: Hands-Only CPR*, ARC, 5-26-23,  
[https://cpr.heart.org/-/media/CPR-Files/Courses-and-Kits/Hands-Only-CPR/HandsOnly-CPR-FAQs-ucm\\_494175.pdf](https://cpr.heart.org/-/media/CPR-Files/Courses-and-Kits/Hands-Only-CPR/HandsOnly-CPR-FAQs-ucm_494175.pdf)



# CHOKING (CONSCIOUS VICTIMS)

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

INFANTS UNDER ONE YEAR	AGE ONE AND OLDER
<p>Start rescue efforts after obtaining parent consent (if present). Call EMS 9-1-1 after starting rescue efforts. Begin rescue efforts if the infant is choking and is unable to breathe.</p> <p>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 one below.</p> <ol style="list-style-type: none"> <li>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).</li> <li>2. Give up to five (5) back slaps with the heel of hand between infant's shoulder blades.</li> <li>3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.</li> <li>4. With two or three fingers, give up to five (5) chest thrusts near center of breastbone, just below the nipple line pressing one and a half inches deep.</li> <li>5. Open mouth and look. If foreign object is seen, sweep it out with finger.</li> <li>6. Repeat until: <ul style="list-style-type: none"> <li>• Object is forced out.</li> <li>• Infant can cough forcefully or breathe.</li> <li>• Infant becomes unconscious.</li> </ul> </li> </ol> <p><b>IF INFANT BECOMES UNCONSCIOUS, FOLLOW CPR FOR BABY GUIDELINES.</b></p>	<p>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 one below.</p> <ol style="list-style-type: none"> <li>1. Stand or kneel behind person with arms encircling them.</li> <li>2. Place thumb side 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.</li> <li>3. Give up to five (5) quick inward and upward abdominal thrusts.</li> <li>4. Repeat until: <ul style="list-style-type: none"> <li>• Object is forced out.</li> <li>• Person can cough forcefully or breathe.</li> <li>• Person becomes unconscious.</li> </ul> </li> </ol> <p><b>IF CHILD OR ADULT BECOMES UNCONSCIOUS, FOLLOW AGE APPROPRIATE CPR GUIDELINES.</b></p>

## IF THE PERSON IS PREGNANT OR IF YOU CAN'T GET YOUR ARMS AROUND THE STOMACH, GIVE CHEST THRUSTS:

1. Stand or kneel behind the person with arms around the chest.
2. Put your hands at the base of the breastbone, just above the joining of the lowest ribs.
3. Press hard into the ribs with a quick thrust. This is the same action as the Heimlich maneuver.
4. Repeat until the blockage is removed from the airway.

Source: <https://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637>

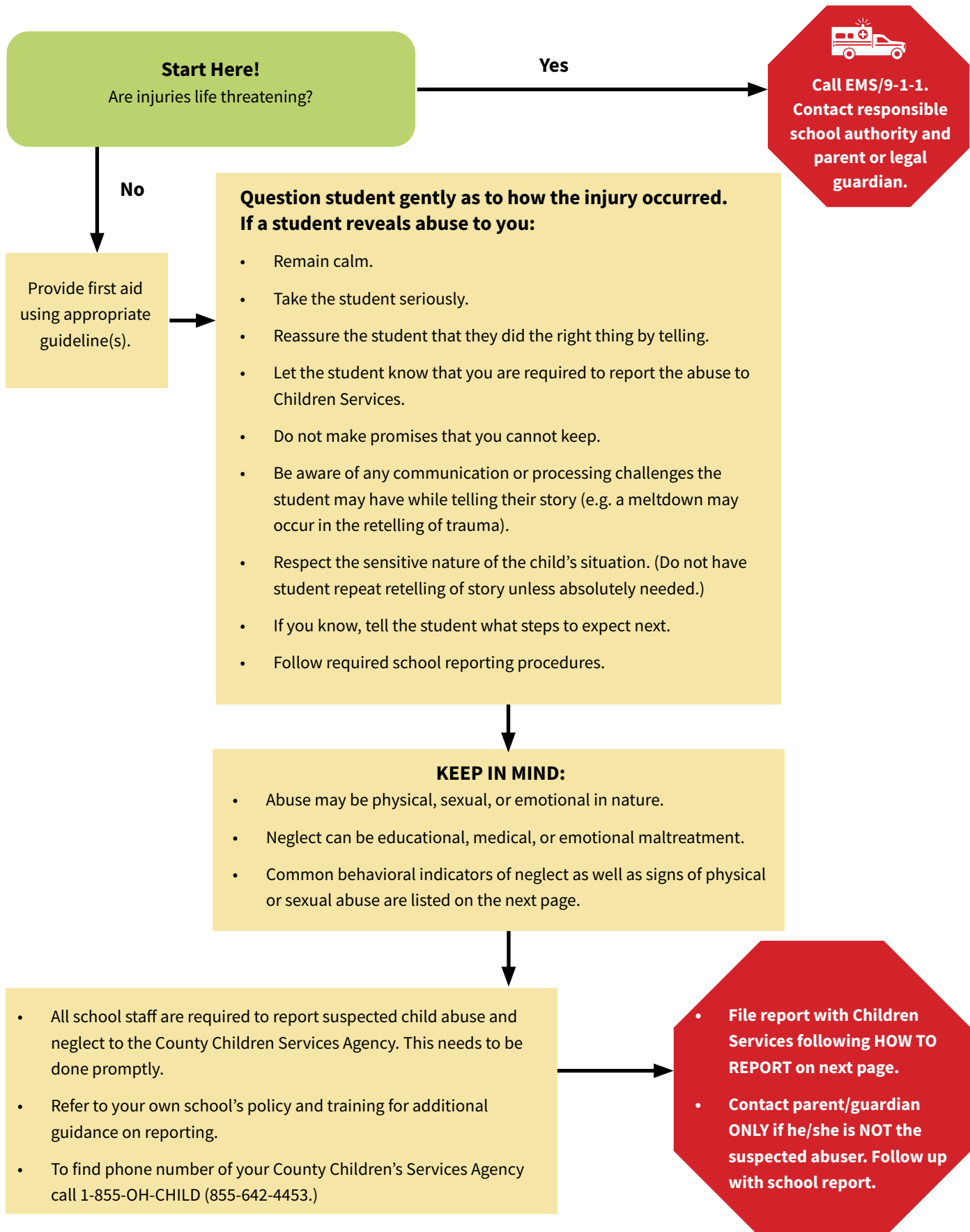
ORC 3313.815 Employee trained in Heimlich maneuver to be present while students served food. "(A) Any school district or nonpublic school that operates a food service program pursuant to section 3313.81 or 3313.813 of the Revised Code shall require at least one employee who has received instruction in methods to prevent choking and has demonstrated an ability to perform the Heimlich maneuver to be present while students are being served food.

The department of education and workforce shall establish guidelines for use by districts and schools in implementing this section.

(B) Any nonpublic school or employee of a nonpublic school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly caused by an act or omission of the nonpublic school or an employee of the nonpublic school in connection with performance of the duties required under division (A) of this section unless such act or omission was with malicious purpose, in bad faith, or in a wanton or reckless manner.

(C) This section does not create a new cause of action or substantive legal right against any person."

# CHILD ABUSE AND NEGLECT (PART 1)



## CHILD ABUSE AND NEGLECT (PART 2)

### Medical Neglect:

- Untreated, or delayed treatment for, serious illness or injury.
- Failure to get necessary mental health treatment.
- Advanced tooth decay/cavities.

### Emotional Maltreatment:

- Frequent vomiting/stomach aches.
- Eating/nervous disorders.
- Speech disorders or delays.
- Somatic complaints.

### Educational Neglect:

- Truancy.
- Lack of immunizations.

### Physical Abuse:

- Unexplained injuries.
- Unusual shapes or patterns.
- Chronic or repeated bruising.

### Sexual Abuse:

- Somatic complaints/STDs.
- Wetting/soiling.
- Touching self or others.

### Neglect:

- Indicators of homelessness.
- Height/weight significantly below normal.
- Hoarding or stealing food.
- Clothing not appropriate for climate conditions.

Common behavioral indicators of neglect – Indicators of neglect must be considered in light of the parents' cultural background and ability to provide for the child's basic needs. It is important to remember that poverty is not neglect.

Common behavioral indicators of neglect:

- Unnecessary clothing – hiding injuries or body.
- Behavioral extremes – withdrawn, clingy, timid, aggressive, regressive behaviors, assuming adult role, anxiety, fearful.
- Antisocial behaviors – truancy, substance abuse, running away, criminal activity.
- Sudden changes in behavior – decline in school performance, loss of interest in social/recreational activities.

### Immunity from Civil or Criminal Liability:

- An individual making a report of suspected child abuse or neglect may be protected by [Section 2151.421 of the Ohio Revised Code](#).

### How to Report:

- Reports may be made in person, by telephone or in writing.
- Reports may be made to the children services or law enforcement agency in the county where the child's custodian resides OR in the county where the incident(s) occurred.
- Public children services agencies have staff available, or procedures in place, to respond to referrals of child abuse and neglect 24 hours a day, 365 days a year.
- 1-855-OH-CHILD (855-642-4453).

- Be careful of dismissing a child's report.
- It takes a lot for a child who is being victimized to trust someone enough to tell.

# COMMUNICABLE DISEASES NON-RESPIRATORY

## Be prepared. Read this section before emergency occurs.

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

Good hand washing is the most important thing you can do to prevent catching or spreading a communicable disease. Wash hands with clean, running water and soap. Scrub hands for 20 seconds, rinse, and dry with a clean paper towel or hand dryer.”

Source: <https://www.cdc.gov/clean-hands/about/index.html>.

Most diseases are spread through touching your eyes, nose or mouth after coming into contact with a communicable disease.

Encourage students, parents, and staff to take everyday preventive actions to stop the spread of germs. through up-to-date immunizations, effective hygiene, taking steps for cleaner air, treatment of illnesses, and staying home to prevent spread.

## Start Here!

Wash hands and wear appropriate personal protective equipment (PPE) which might include gloves, gown, or mask.

## Are one or more of the following signs of communicable disease present?

- ☐ Redness/Swelling of eye with discharge.
- ☐ Fever or fever with new rash.
- ☐ Vomiting more than twice in last 24 hours.
- ☐ Diarrhea may include: Diarrhea that causes ‘accidents’, is bloody, or results in greater than two bowel movements above what the child normally experiences in a 24-hour period.
- ☐ Skin sores draining fluid and can’t be covered.
- ☐ Worsening respiratory symptoms – See also COMMUNICABLE DISEASES – RESPIRATORY VIRUSES.
- ☐ Other symptoms identified by your school, local or state health department, or CDC guidelines for communicable diseases.

Refer to the exclusion policies for your school and your local or state health department.

Yes

**Contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE. Inform appropriate staff to report students with similar symptoms.**

No

**Allow student to return to class.**

## Additional actions to take:

- Keep sick people away from others until picked up.
- Sick people should be monitored by staff who have appropriate PPE.
- Take action to clean, sanitize, and disinfect any surfaces touched by the sick person (while wearing appropriate PPE) according to the school, local, state, or federal guidelines.

## Person may return to school when:

- Healthcare provider note states student may return to school.
- Fever has been gone for 24 hours without fever reducing medicine.
- Vomiting has stopped and person is able to eat without vomiting.
- Diarrhea is improved: 2 or less bowel movements more than usual, no accidents, or blood in stool.

# COMMUNICABLE DISEASES RESOURCES

## Available from the Ohio Department of Health:

### Infectious Disease Control Manual.

- At the time of this resource development, it could be found at:  
Infectious Disease Control Manual (IDCM) | Ohio Department of Health  
<https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual>

### Communicable Disease Wall Chart

- Schools should contact:
  - o The Ohio Department of Health, School Nursing Program at 614-466-1930.
  - o Programs licensed by the Ohio Department of Job and Family Services can order at:  
[www.odjfs.state.oh.us/forms/num/JFS08087](http://www.odjfs.state.oh.us/forms/num/JFS08087)

## Guidance from the Centers for Disease Control (CDC)

Guidance from the Ohio Department of Health (ODH) as of December 13, 2023:

- Symptoms of COVID-19 (May 31, 2024)  
[https://www.cdc.gov/covid/signs-symptoms/?CDC\\_AAref\\_Val=https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/covid/signs-symptoms/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
- School Preparedness: When Students or Staff are Sick (May 31, 2024)  
<https://www.cdc.gov/orr/school-preparedness/infection-prevention/when-sick.html>
- School Preparedness: Preventing Spread of Infections in K-12 Schools (May 31, 2024)  
<https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html>
- Centers for Disease Control and Prevention: Respiratory Virus Guidance (May 31, 2021)  
<https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html#print>

# COMMUNICABLE DISEASES - RESPIRATORY VIRUSES (including Flu and COVID-19)

## Protect Against Respiratory Viruses

Respiratory viruses like COVID-19, Flu, and RSV cause many illnesses that result in many hospitalizations and deaths. The following actions may help protect yourself and others:

- Up-to-date immunizations for respiratory viruses.
- Practice good hygiene (cover coughs/sneezes; wash or sanitize hands frequently; clean frequently touched surfaces).
- Take steps for cleaner air (bring in fresh outside air, purify indoor air, or gather outdoors).
- Stay home when ill to prevent spread.
- After illness, take additional measures to prevent spread (wear masks, use social distancing, and get tested).

Schools may also prevent respiratory viruses in the community by teaching and reinforcing the above actions to protect against respiratory illnesses.

## Start Here!

Wash hands and wear appropriate personal protective equipment (PPE) which might include gloves, gown, or mask.

## Are one or more of the following signs of communicable disease present?

- ☐ Chills or fever of 100.4 degrees or higher.
- ☐ Shortness of breath or trouble breathing.
- ☐ Muscle or body aches.
- ☐ NEW loss of taste or smell.
- ☐ Congestion or runny nose.
- ☐ Diarrhea (more than 2 loose stools in a day).
- ☐ Cough.
- ☐ Fatigue (tiredness).
- ☐ Headache.
- ☐ Sore throat.
- ☐ Nausea or vomiting.
- ☐ Runny or stuffy nose.

Refer to the exclusion policies for your school and your local or state health department.

No

Return to class.

Yes

Contact parent/legal guardian to pick up and follow healthcare provider's instructions. Notify responsible school staff to monitor for others with similar symptoms. Follow current guidelines-see links on "Communicable Diseases Resources."

## Additional actions to take:

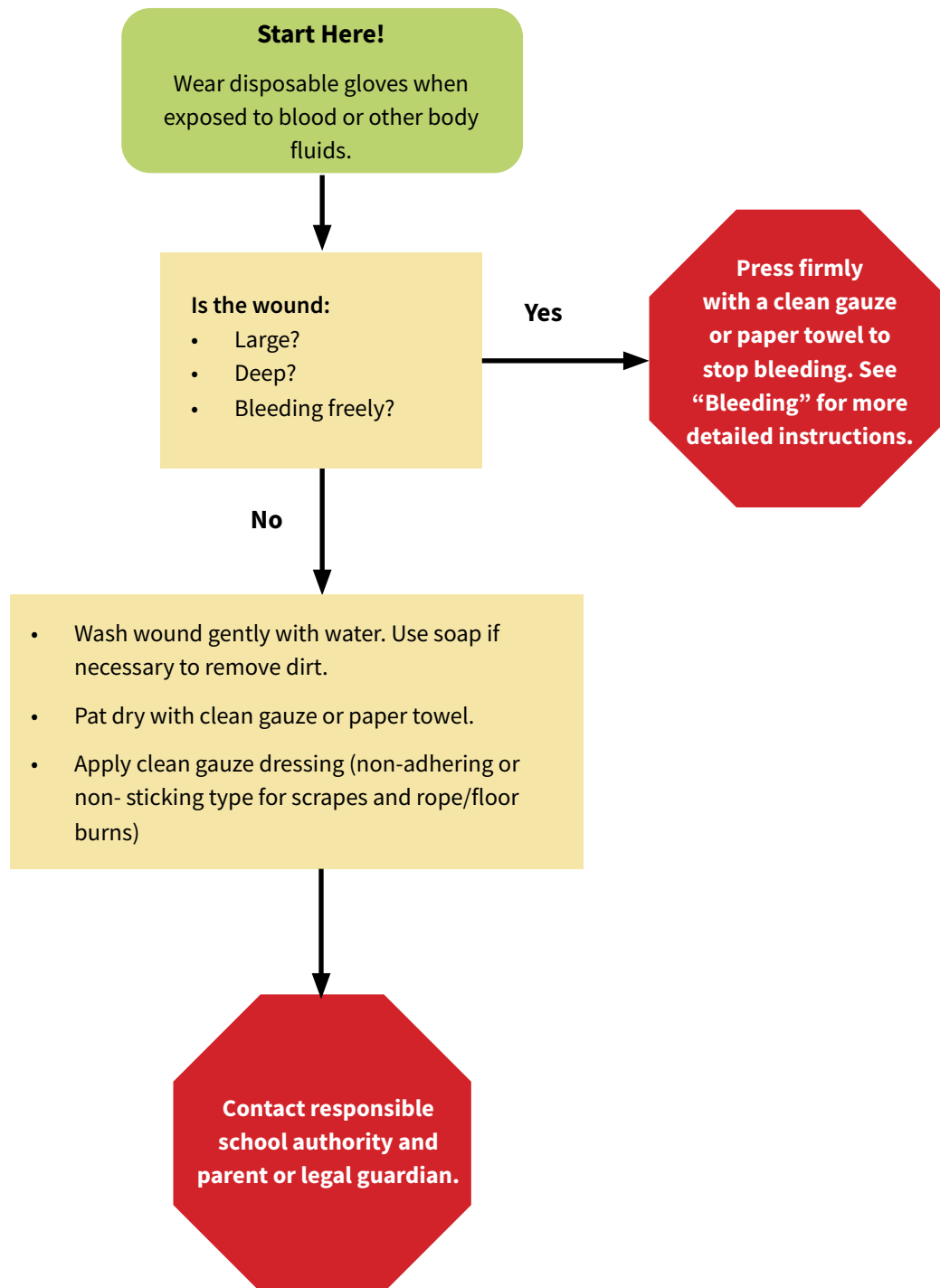
- Keep sick people away from others until picked up.
- Take measures to optimize air circulation (open a window, use an exhaust fan or air purifier).
- Sick people should be monitored by staff who have appropriate PPE.
- Take action to clean, sanitize, and disinfect any surfaces touched by the sick person (while wearing appropriate PPE) according to the school, local, state, or federal guidelines.

## Instruct ill persons to stay home and away from others for a minimum of 24 hours and until BOTH:

- Fever has been gone for 24 hours without fever reducing medicine.
- Symptoms are getting better.

Then the person is recommended to take added precautions for the next five days (such as wearing a mask, social distancing, or testing).

## CUTS (small), SCRATCHES AND SCRAPES (including rope and floor burns)



# DIABETES

## Be prepared. Read this section before emergency occurs.

A student with diabetes needs an emergency care plan that is shared with school staff with a need to know.

- Per ORC 3313.7112 Diabetes Care: "Each board of education or governing authority as defined by the statute shall ensure that each student enrolled in the school district or chartered nonpublic school who has diabetes receives appropriate and needed diabetes care in accordance with an order signed by the student's treating practitioner. This statute also addresses training of school personnel."
- Keep student with diabetes safe by having student accompanied when out of the classroom.
- Never leave a person alone who is having a diabetes emergency.**

☐ Check here if your school has stock glucagon and protocol. Note location here:

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## Give the person "sugar" such as one of the following:

- Four glucose tablets or Instant Glucose.
- Sugar (2 packets or 2 teaspoons).
- Four ounces of fruit juice (not low-calorie or reduced sugar).
- Four to 6 ounces (½ can) of regular soda (not low calories or low-sugar).

Wait 15 minutes: Are the person's symptoms improving?

**Yes**



**No**

**Yes**

- Repeat "sugar" if person is able to swallow.
- Wait 15 minutes: are the person's symptoms improving?

**No**

If available, administer school's stock glucagon according to the school protocol.

## Start Here!

Is person unconscious?  
Is the person:

- Losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?
- If person stops breathing, start CPR.

**Yes**



## While waiting for EMS staff, if:

- Person is unconscious, (see Unconscious).
- Person stops breathing, start CPR.
- Person has diabetes emergency plan, follow it.
- If available, administer school's stock glucagon according to the school protocol.

**No**

Does the person have a diabetes emergency action plan?

**No**

**Yes**

Follow the Diabetes Emergency Action Plan.

**No**

Does person have a blood sugar monitor available?

**Yes**

- Allow person to check their own blood sugar.
- After checking results, follow the Diabetes Emergency Plan.



# DIARRHEA

## Be prepared. Read this section before emergency occurs.

- Diarrhea is an increase in the frequency of bowel movements, an increase in the looseness of stool, or both.
- Causes of diarrhea may include food poisoning, parasitic, viral or bacterial infections, side effects of medication or can be a symptom of a more serious health problem.
- Diarrhea often lasts for a few days and can result in dehydration due to fluid loss.
- A student may come to the office because of repeated diarrhea or after an “accident” in the bathroom.

## Start Here!

Wear disposable gloves when exposed to blood or body fluids.

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

- More than 2 loose stools a day?
- Oral temperature over 100.4 ° F? ( See “Fever.”)
- Vomiting?
- Blood present in the stool?
- Severe stomach pain?
- Student is dizzy and pale?
- If yes, see also “Communicable Diseases - Non-Respiratory” and “Communicable Diseases - Respiratory Viruses”

No

Yes

- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.
- Does student feel better after resting?

No

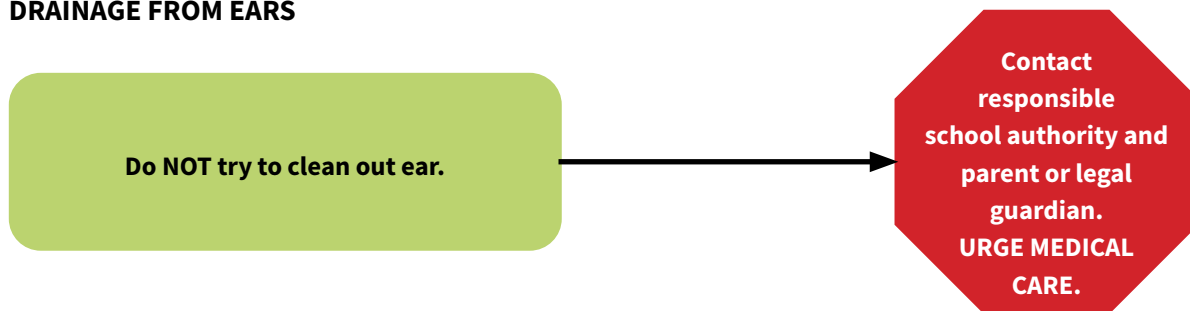
**Contact  
responsible  
school authority and  
parent or legal  
guardian.  
URGE MEDICAL  
CARE.**

Yes

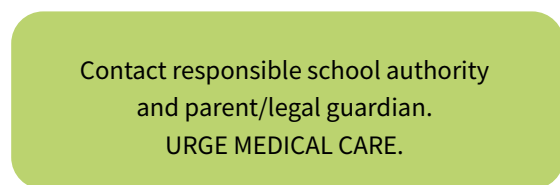
**Notify parent or  
legal guardian.  
Student may return  
to class.**

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

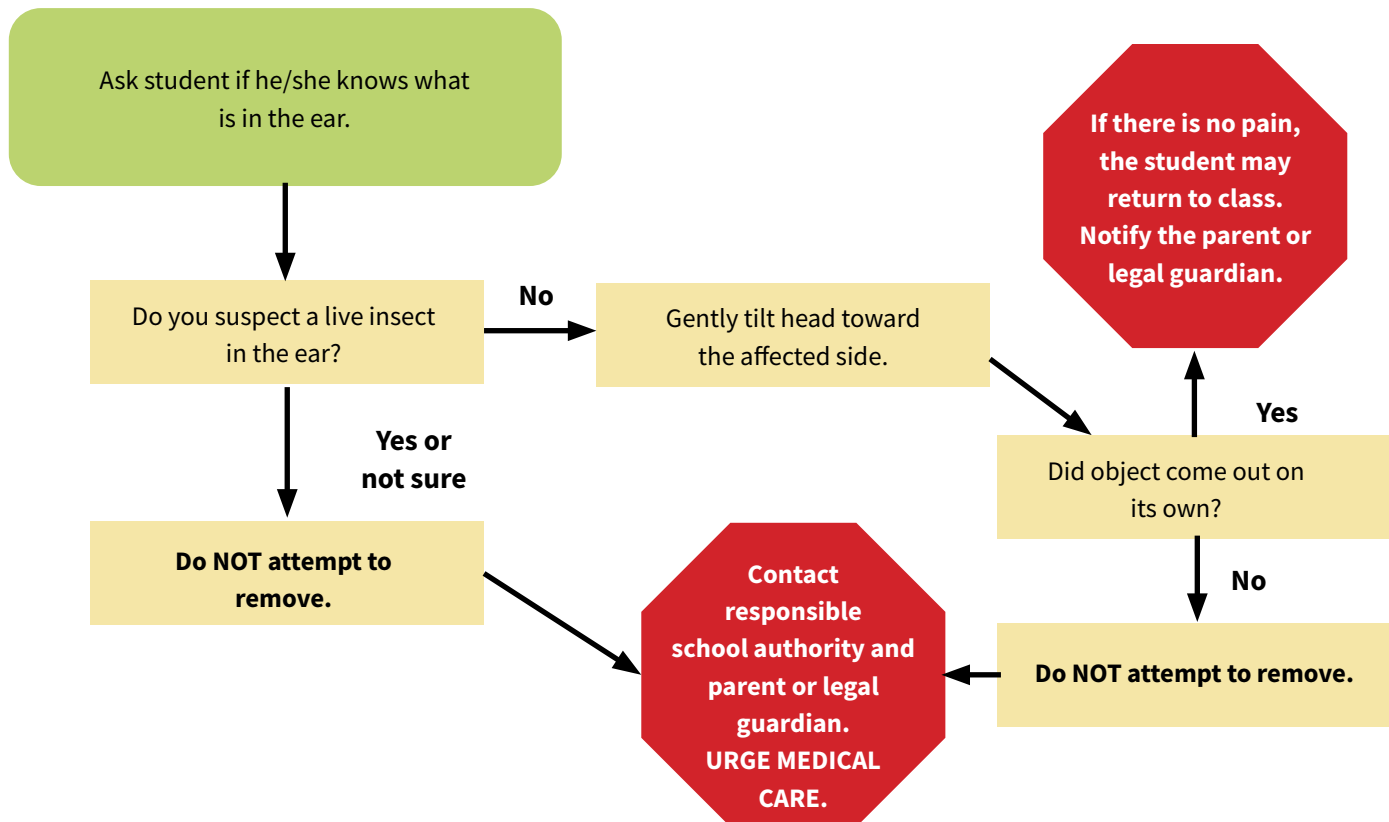
## DRAINAGE FROM EARS



## EARACHE



## OBJECT IN EAR CANAL



# ELECTRIC SHOCK

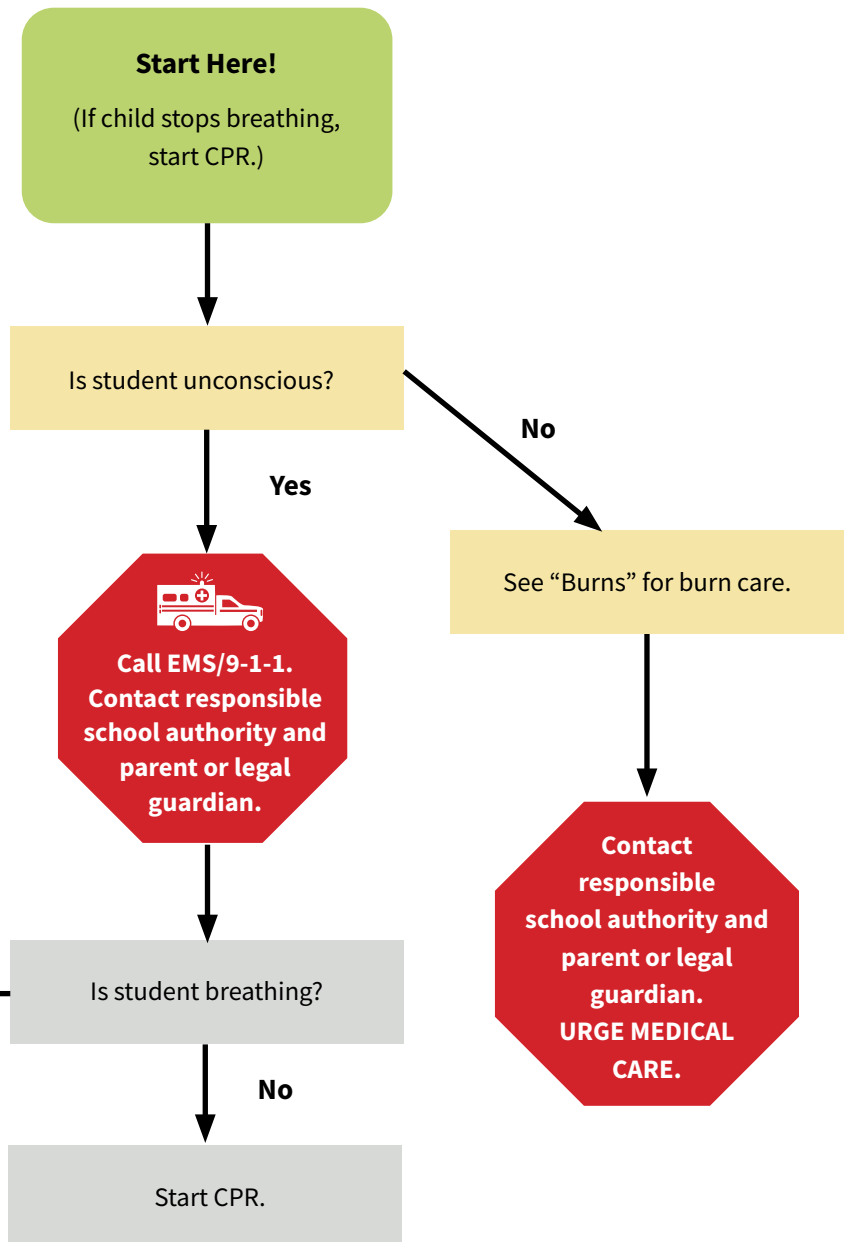
## Be prepared. Read this section before emergency occurs.

An electric shock occurs when a person comes into contact with an electrical energy source. Electrical energy flows through a portion of the body causing a shock.

Electrical energy flows through a portion of the body causing a shock.

- Exposure to electrical energy may result in no injury at all or may result in severe damage or death.
- Burns are the most common injury from electric shock.
- Intervene only if the situation is safe for you to approach.

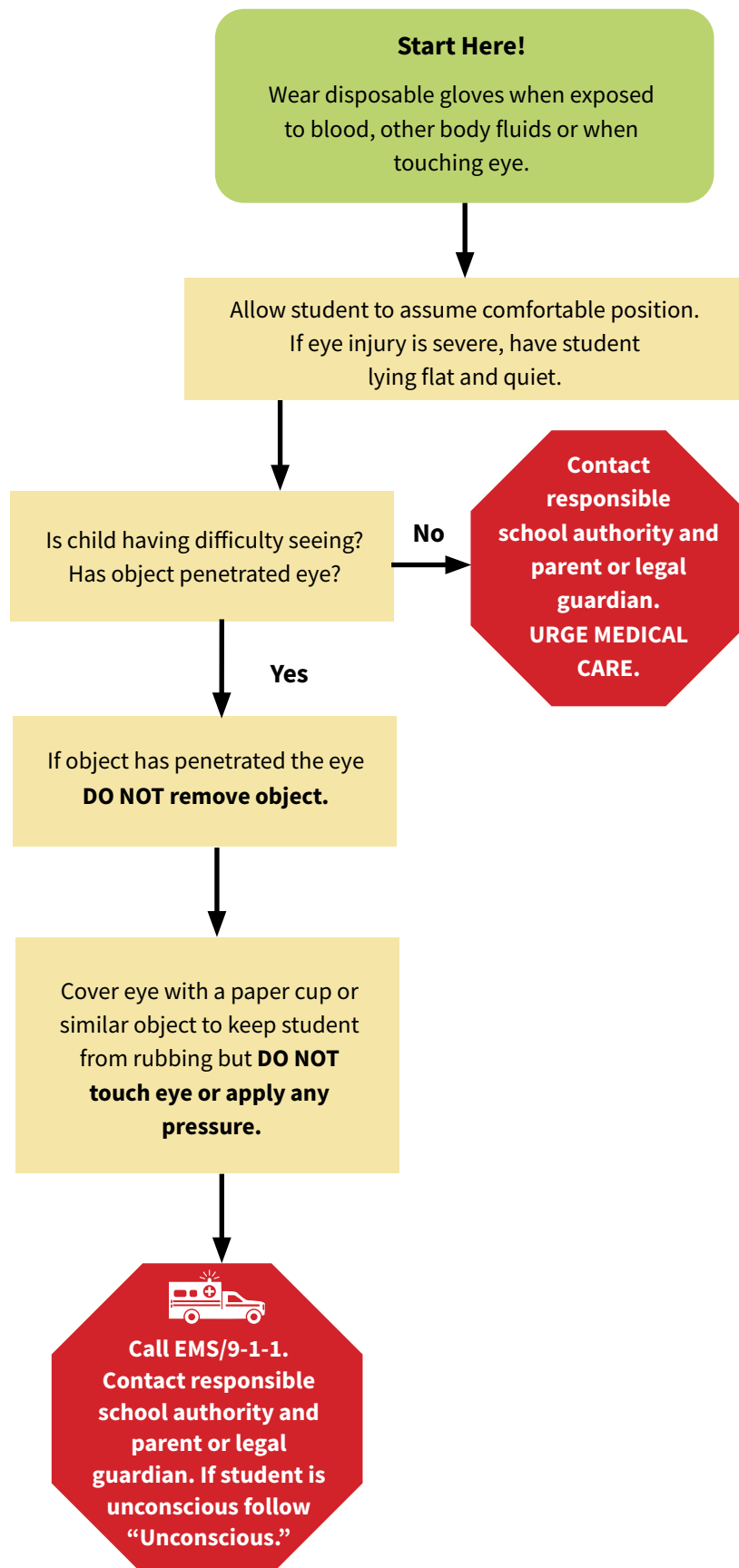
- Keep student comfortable.
- Remain with student—watch for changes in condition.
- Be prepared to act if student's condition changes.



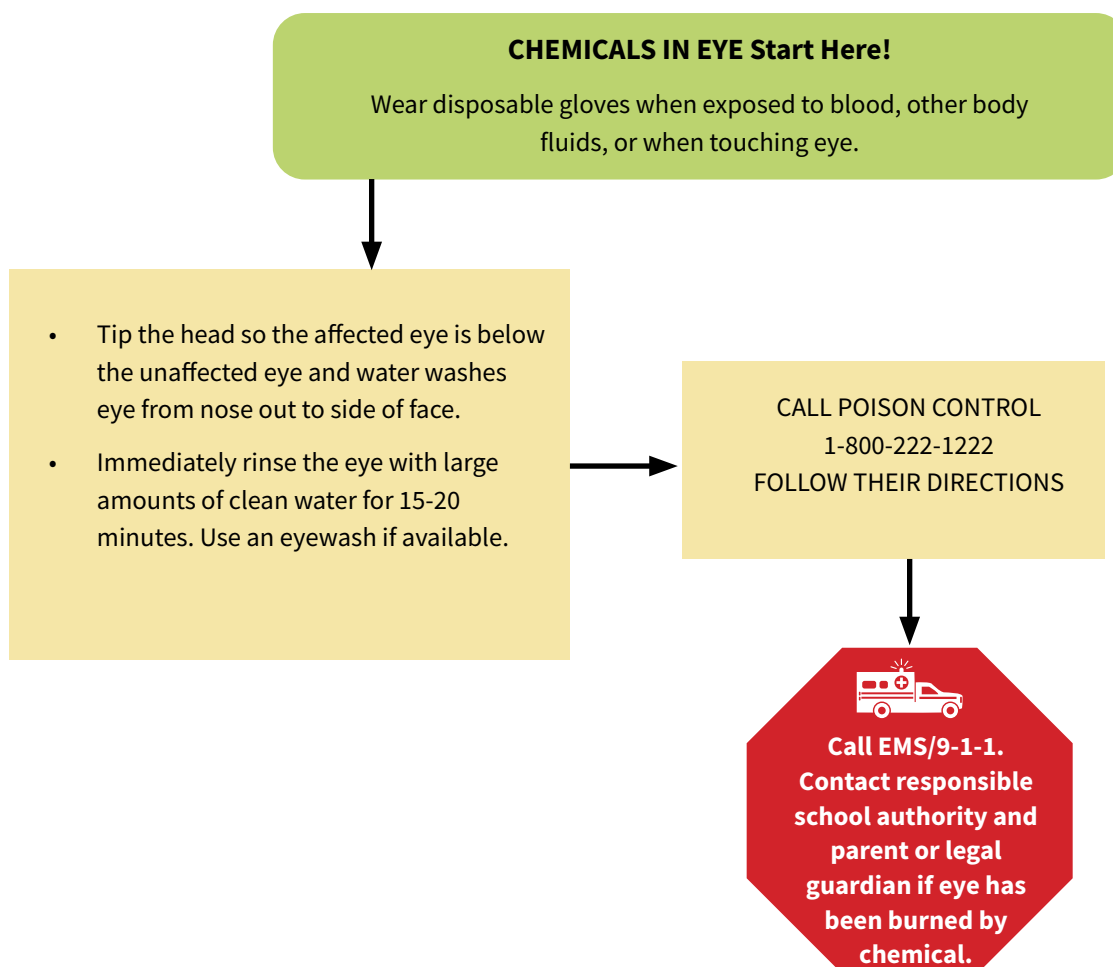
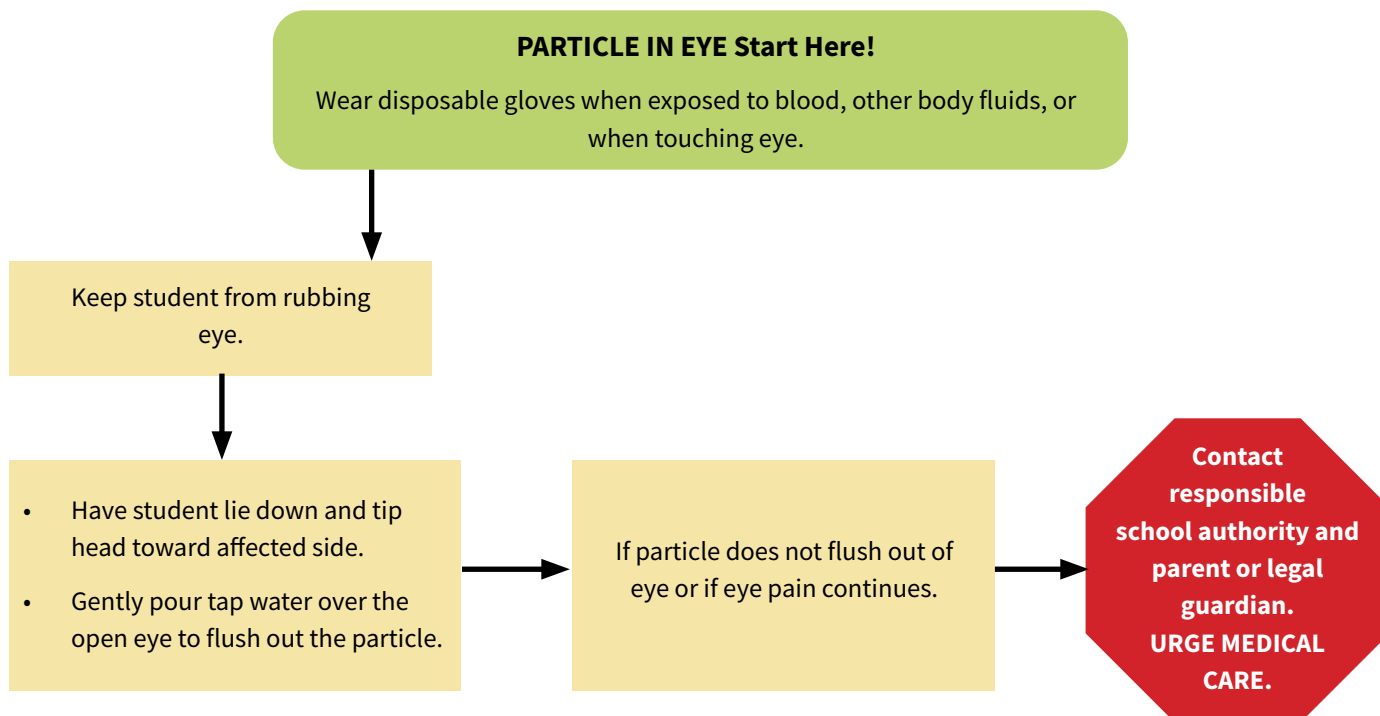
## EYES (eye injury, particle in eye, chemicals in eye)

### Be prepared. Read this section before emergency occurs.

- Eye injuries can damage vision and may cause blindness, but most can be prevented.
- A strike to the eye with a hard object like a baseball, rock, or fist can damage the eye, eyelids, and muscles or bones that surround the eye.
- With any eye problem, ask the student if he/she wears contact lenses. Have student remove contact lenses before giving first aid to eye.

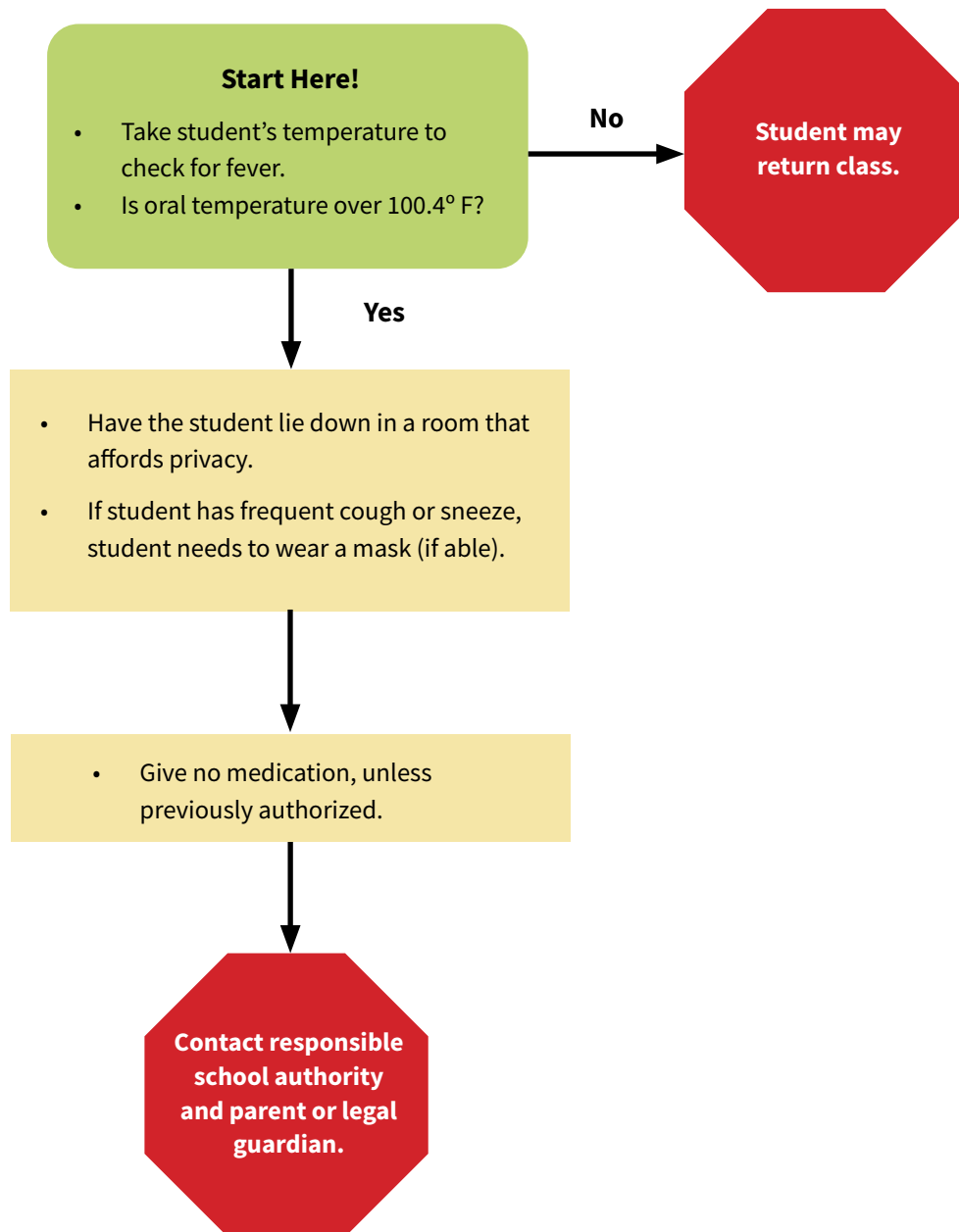


## EYES (eye injury, particle in eye, chemicals in eye)



# FEVER

If fever is 100.4 or greater,  
see also “Communicable  
Diseases - Non-Respiratory”  
and “Communicable Diseases  
- Respiratory Viruses”



# FRACTURES, BREAKS, DISLOCATIONS, SPRAINS or STRAINS

## Be prepared. Read this section before emergency occurs.

A fracture is the medical term for a broken bone. If the broken bone punctures the skin, it is called an open or compound fracture. Fractures commonly happen because of car accidents, falls, or sports injuries. Other causes are low bone density and osteoporosis, which cause weakening of the bones.

A dislocation occurs when a bone slips out of a joint. The dislocation is usually caused by a blow or fall although unusual physical effort may also cause one. This painful injury temporarily deforms and immobilizes your joint. Dislocation is most common in shoulders and fingers. Other sites include elbows, knees and hips. If a dislocation is suspected, refer for immediate medical care.

A sprain is a stretch or tear in a ligament. Ligaments are bands of fibrous tissue that connect bones to bones at joints. Sprains usually happen when a person falls, twists, or is hit in a way that forces the body out of its normal position. The most common type of sprain is a sprained ankle.

A strain is also a stretch or tear, but it happens in a muscle or a tendon. Tendons link muscles to the bones. A person doing the same motions over and over can lead to strains of the hand and forearm.

## Start Here!

### Treat all injured parts as if they could be broken.

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

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

Yes



No

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

### After period of rest, re-check the injury.

- Is the pain gone?
- Can student move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has sensation returned to injured area?

Yes

**If discomfort is gone after period of rest, allow student to return to class. Notify parent or legal guardian.**

No

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

### While waiting for EMS staff or parent to arrive:

- DO NOT LEAVE STUDENT ALONE!
- Do NOT move injured part.
- Gently cover broken skin with a clean bandage.
- Apply cold compress or ice bag covered with a cloth or paper towel.
- If trained, apply splint to injured limb.
- If student loses consciousness, (see “Unconscious”).

# HEAD INJURIES

## Be prepared. Read this section before emergency occurs.

- Many head injuries that happen at school are minor.
- Head wounds may bleed easily and form large bumps.
- Head injuries from falls, sports, and violence may be serious.
- If head is bleeding, see “Bleeding”.
- Students with a history of recent head injury will be known to school staff with a need to know.

If student has a history of previous head injury, follow student’s emergency plan.

## If no emergency plan:

- Have student rest in comfortable position.
- Continue to observe student for changes in symptoms noted in green box.
- Student can return to class when ready if symptoms are not present.
- Before returning to class, inform adult supervising student of head injury symptoms (noted in green box) and to monitor for delayed symptoms.

**Notify school authority, adult supervising student, and parent/legal guardian of injury and potential delayed symptoms. URGE MEDICAL CARE.**

## Start Here!

Are any of the following symptoms present?

- Student is sleepy or confused?
- Unconsciousness?
- Seizure?
- Neck Pain?
- Student is unable to move or feel arms and/or legs?
- Student is unable to follow directions?
- Student is vomiting following head injury?

No

Yes



**Remain with student and have someone else call EMS/9-1-1. Contact responsible school authority and parent or legal guardian. Follow up after EMS/9-1-1. Complete any required documentation of incident/injury.**

## While waiting for EMS and parent/guardian:

- Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.
- Check student’s airway: Look, listen, and feel for breathing.
- If student stops breathing, start CPR. SEE “CPR.”
- Give nothing by mouth.
- Remain with student and continue to monitor for changes in condition.

IF STUDENT DEVELOPS DELAYED SYMPTOMS, DO NOT HESITATE TO...



# HEADACHE

## Be prepared. Read this section before emergency occurs.

- A headache is defined as persistent pain anywhere in the head or neck. Headaches in children are common and usually are not serious.
- Students with a history of headaches will be known to school staff with a need to know and may have an emergency headache plan.
- Give no medication unless previously authorized.
- A child or adult can develop stroke symptoms which is a medical emergency.

SYMPTOMS OF A POSSIBLE STROKE:  
(ACT F.A.S.T.)

**Face:** Does one side of the face droop?

**Arm:** Is one arm weak or numb?

**Speech:** Is speech slurred or hard to understand or is person having difficulty speaking?

**Time:** Check the time so you will know when the first symptoms appeared.

**Call EMS/9-1-1 if anyone shows ANY of these symptoms, even if the symptoms go away.**



Yes

**Start Here!**  
Has a head injury occurred?

Yes

See "Head Injuries."

No

Is headache described as "worst headache ever"?

Yes



No

### Are other symptoms present such as:

- Vomiting?
- Oral temperature over 100.4 °F?
- Vision Change?
- Stiff Neck?
- If yes, see also "Communicable Diseases - Non-Respiratory" and "Communicable Diseases - Respiratory Viruses"

Does the light hurt their eyes?

Does child have history of headaches?

Yes

Does child have an emergency plan for headaches?

No

Yes



No

- Have student lie down in quiet darkened room for short time and sip on fluids.
- Apply a cool compress to the head.
- Monitor for changes in symptoms.

Are symptoms increasing and/or headache worsening?

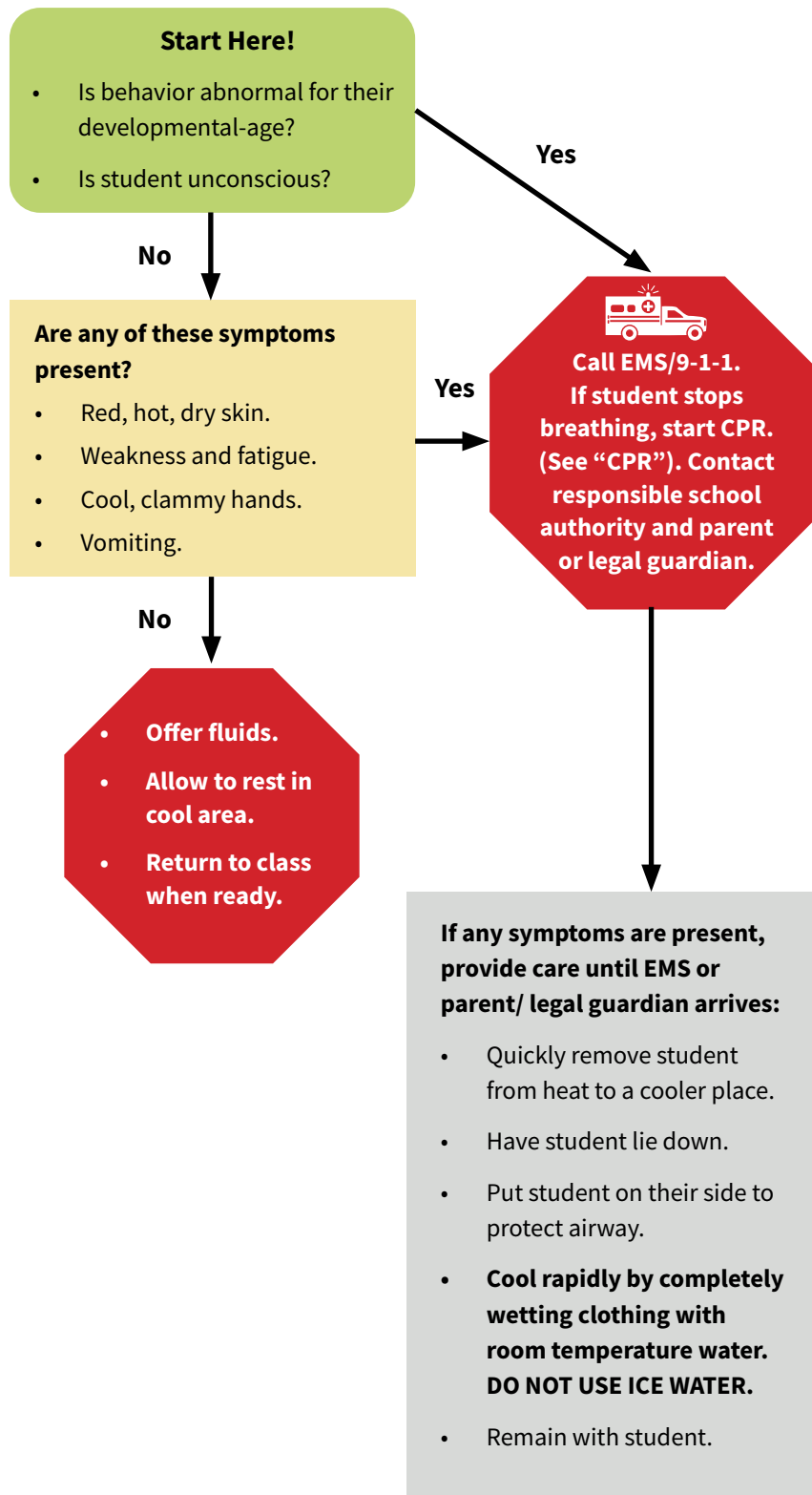
No

**Student may return to class. Notify responsible adult and parent/guardian that if headache returns or persists to seek medical care.**

# HEAT EMERGENCIES, HEAT STROKE, HEAT EXHAUSTION

## Be prepared. Read this section before emergency occurs.

- Heat stroke and heat exhaustion are two types of health emergencies which if left untreated can result in serious harm and even death.
- Heat emergencies are caused by spending too much time in the heat.
- Strenuous activity in the heat may cause heat-related illness.
- A person's decision making, thinking, behavior, and alertness can be affected.
- Please note: A person could be taking medication that makes them more sensitive to the effects of heat.



# HYPOTHERMIA

## Be prepared. Read this section before emergency occurs.

- Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.
- Hypothermia can occur after a student has been outside in the cold or in cold water.

## Start Here!

Which symptoms are present?

- Shivering.
- White or grayish skin color.
- Impaired thinking.
- Slurred speech.
- Blurry vision.
- Weakness.

Is student behaving normally?

No



**Call EMS/9-1-1.  
Contact responsible  
school authority and  
parent or legal  
guardian.**

Yes

- **DO NOT APPLY DIRECT HEAT-** like a heating pad, hot water bottle, or heat lamp!
- **DO NOT MASSAGE OR RUB student!**
- Be gentle and allow student to move slowly.
- Take student to warm place.
- Remove cold or wet clothing and wrap student in a warm, dry blanket.
- Offer warm fluids.

Yes

**Provide care while waiting for  
EMS or parent/legal guardian  
to arrive:**

- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is sleepy or losing consciousness, place student on their side to protect airway. (See "CPR").
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

- Continue to warm student with blankets.
- If student is fully awake and alert, offer warm fluids but no food.

No

**Does student have:**

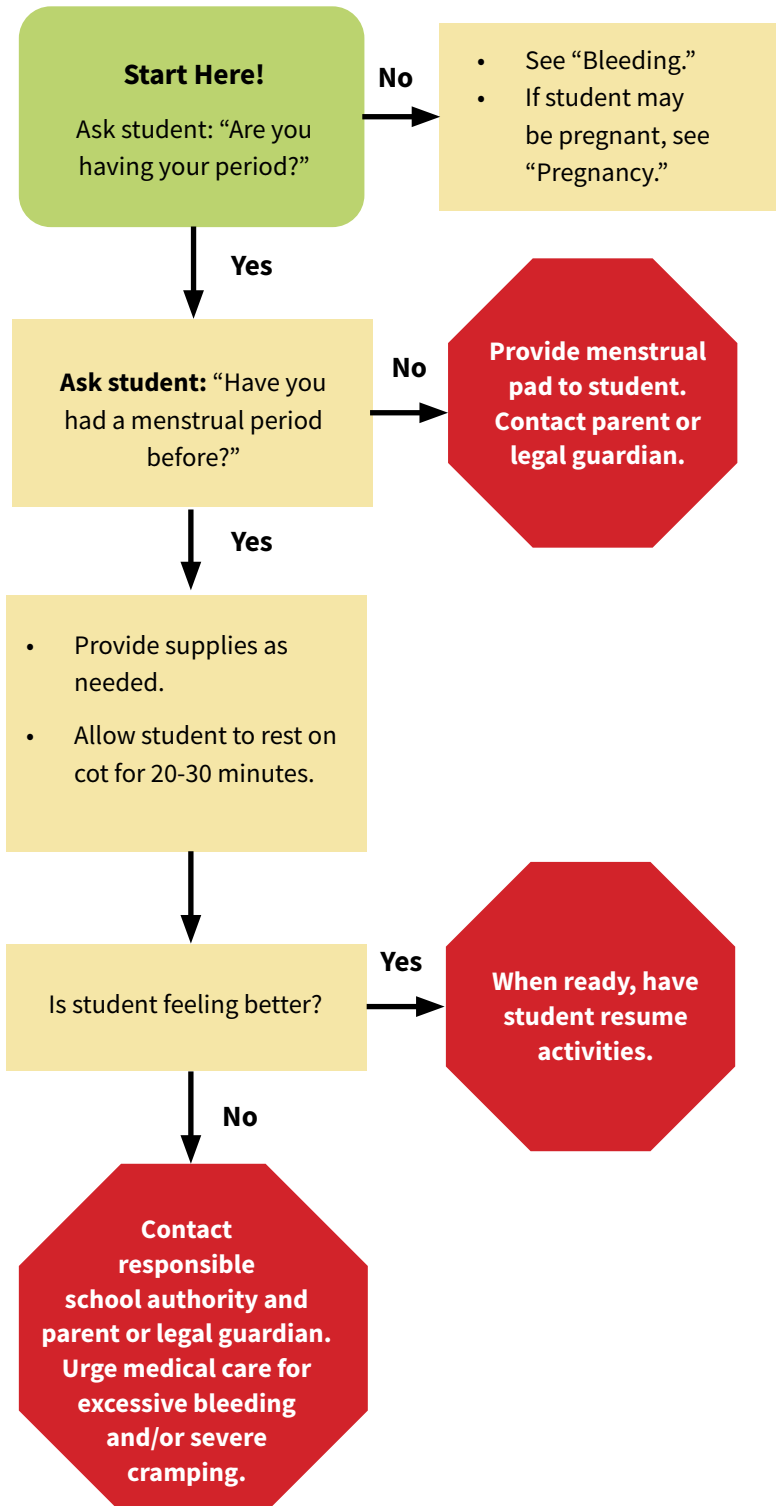
- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?

**Contact  
responsible school  
authority and parent  
or legal guardian.  
Encourage  
medical care.**

# MENSTRUAL DIFFICULTIES

## Be prepared. Read this section before emergency occurs.

- Menstruation is the periodic discharge of blood and mucosal tissue from the uterus, occurring approximately monthly from puberty to menopause in nonpregnant women.
- The age of first menstruation is between ages 8 to 15 years.
- Mild abdominal and/or back discomfort may accompany menstruation.
- Refer for medical evaluation if experiencing abnormal symptoms of:
  - o Severe abdominal pain.
  - o Bleeding through one or more pads or tampons per hour.



# MOUTH AND JAW INJURIES

**Be prepared. Read this section before emergency occurs.**

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

## Start Here!

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

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

Yes

**See "Head Injuries."**

No

Have teeth been injured?

Yes

**See "Teeth."**

No

Has jaw been injured?

Yes

- **Do NOT try to move jaw.**
- Gently support jaw with hand.

No

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

**Contact responsible school authority and parent or legal guardian. URGE IMMEDIATE MEDICAL CARE.**

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

Yes

See "Bleeding."

No

Place a cold compress over the area to minimize swelling.

**Contact responsible school authority and parent or legal guardian. ENCOURAGE MEDICAL CARE.**

# NECK AND BACK PAIN

## Be prepared. Read this section before emergency occurs.

A stiff or sore neck from sleeping in a “funny” position is different than neck pain from a sudden injury. Non injured stiff necks may be uncomfortable but they are not emergencies.

Back injuries can result in spine damage. Goal is to prevent damage to the spine if neck/back injury is suspected.

Someone with a neck or back injury may have localized pain, tenderness, and stiffness.

Numbness, tingling, or paralysis of an extremity indicates that a more serious injury may have occurred.

### Start Here!

Has an injury occurred?

No

- Have student rest with cold pack to painful area.
- Notify parent/legal guardian.

Yes

### Suspect a neck/back injury if one of the following has occurred.

#### Has student:

- Fallen from a height over 10 feet?
- Been thrown from a moving object?
- Been struck/hit by a vehicle?
- Been involved in violence?

Yes

- If student is mobile, have them lie down on their back.
- **Do NOT move student unless there is IMMEDIATE danger of further physical harm.**
- If student must be moved, support head and neck and move student in the direction of the head without bending the spine forward. Try NOT to move neck or head.
- To prevent head/neck movement, place hands on both sides of head “face forward” position.
- **Do NOT drag the student sideways.**
- Keep student still and warm.

**Contact parent or legal guardian. URGE MEDICAL CARE.**

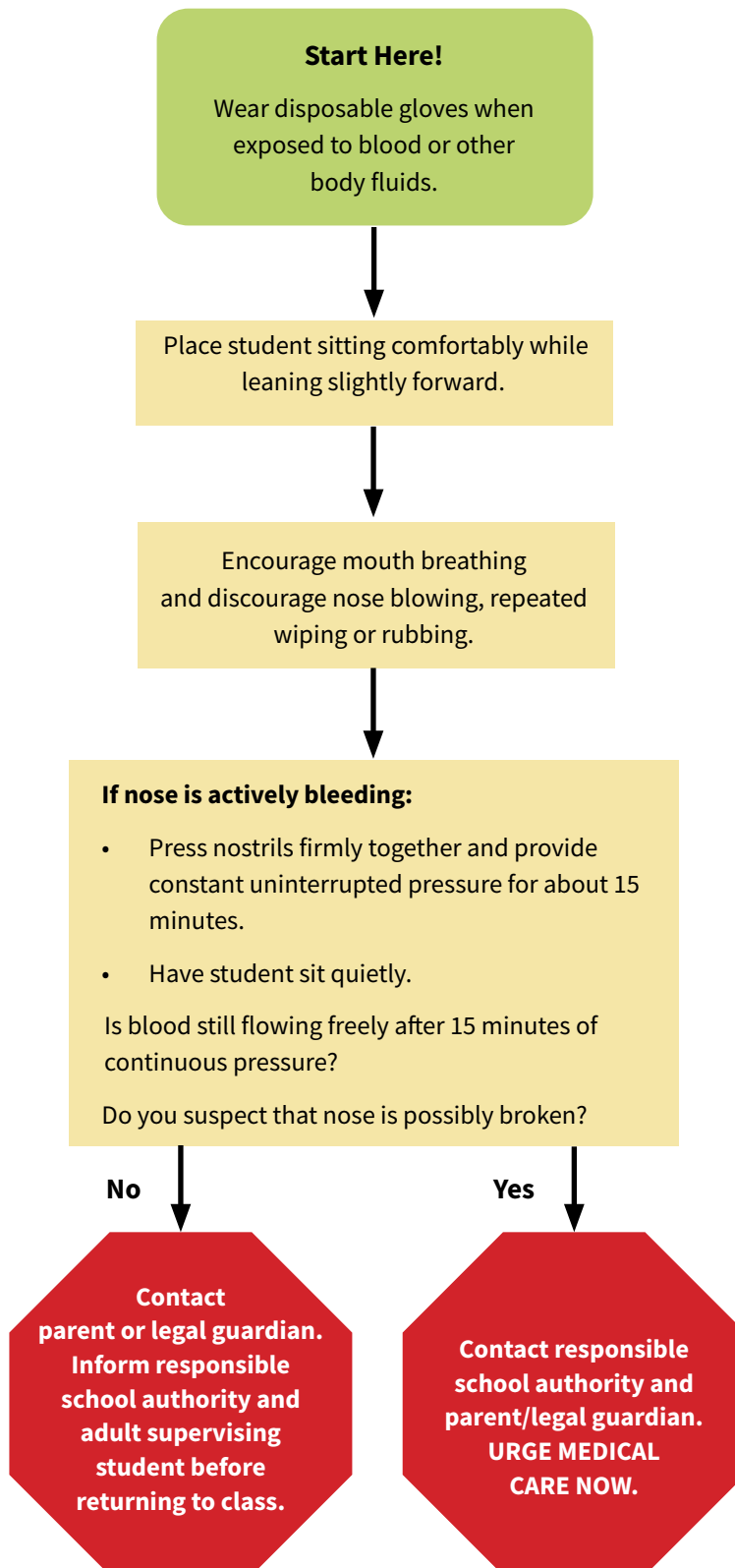


**Call EMS/9-1-1. Contact responsible school authority and parent or legal guardian.**

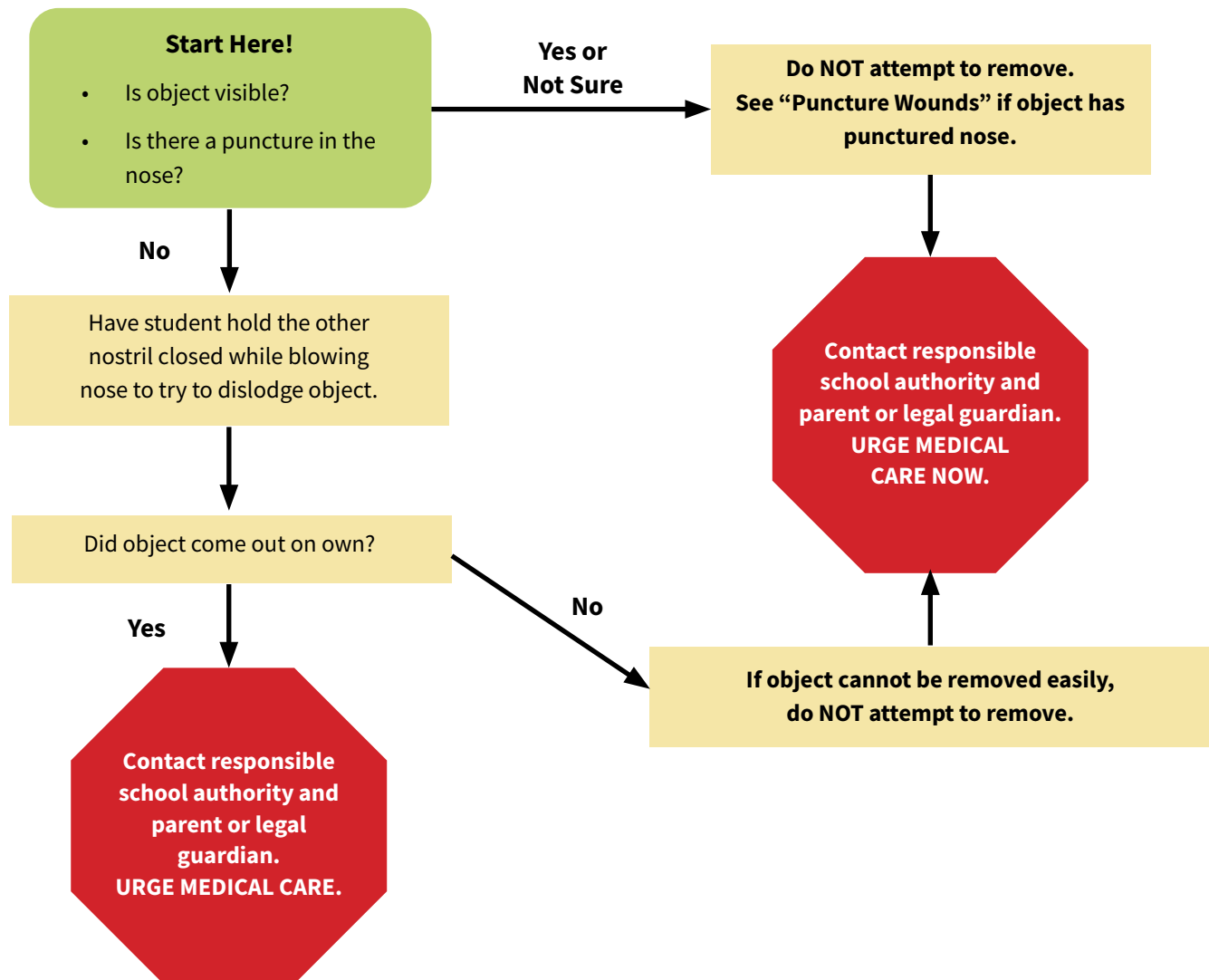
# NOSE BLEEDING OR BROKEN

## Be prepared. Read this section before emergency occurs.

- See “Head Injuries” if you suspect a head injury other than a nose bleed or broken nose.
- Treat possible broken nose same as nosebleed.
- Nose bleeds are common and most commonly occur from nose picking, colds/allergies, or can occur spontaneously.



## NOSE, OBJECT IN NOSE





# OVERDOSE

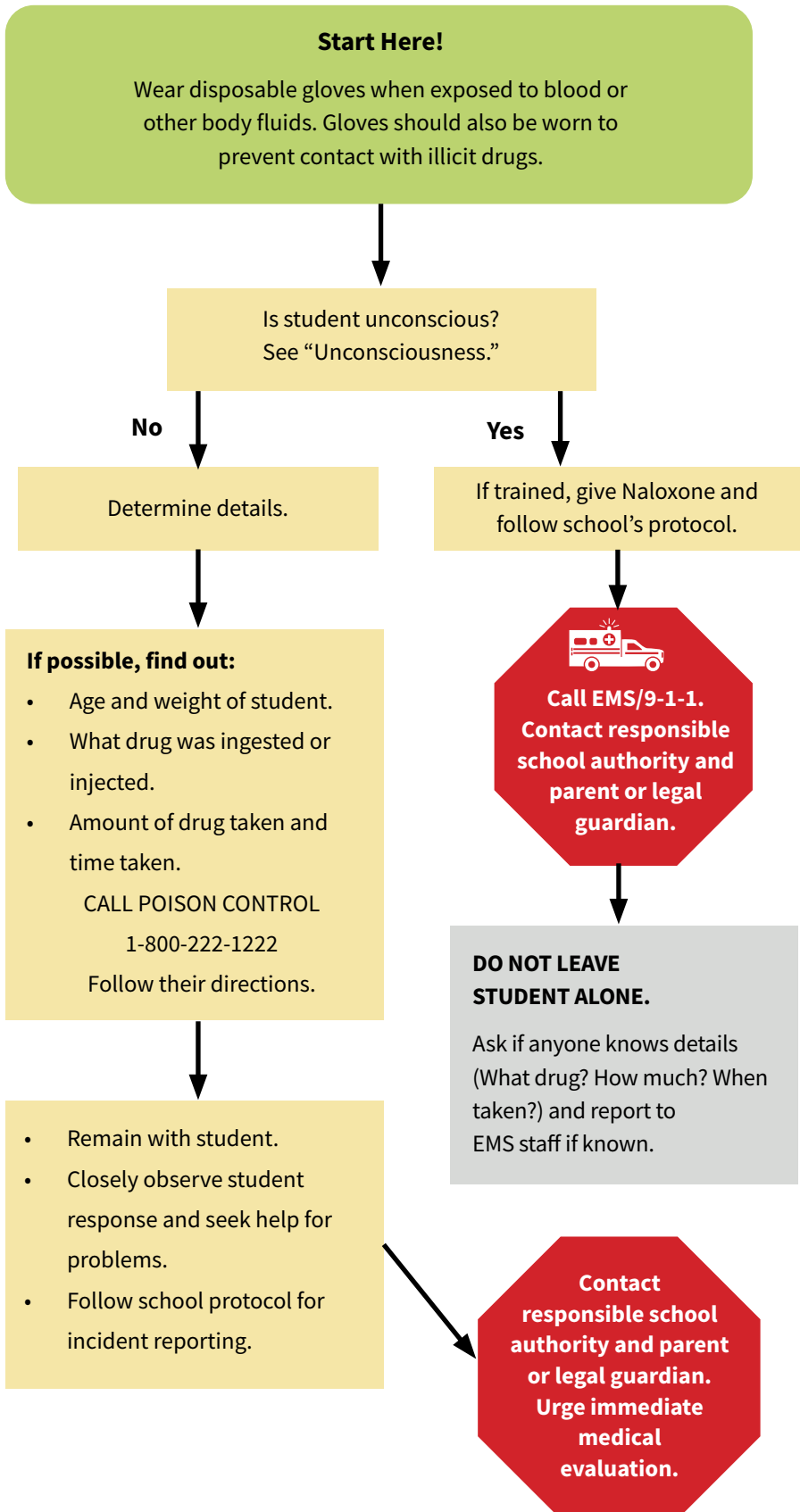
## Be prepared. Read this section before emergency occurs.

- An accidental overdose occurs when someone swallows a medication that causes a severe reaction.
- Purposeful overdoses are for a desired effect, either to get high or to harm oneself.
- Anyone who is with a person who overdoses on drugs can assist by finding all medication or chemical containers and giving them to the EMS/9-1-1 responders.
- Naloxone is a medication used to reverse the effects of opioids.

☐ Check here if your school has stock Naloxone and a protocol.

If so, location of Naloxone:

---



# POISONING

## Be prepared. Read this section before emergency occurs.

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

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.

## Start Here!

Wear disposable gloves when exposed to blood or other body fluids. Gloves should also be worn to prevent contact with illicit drugs.

- Is person unconscious?
- Is there more than one person showing symptoms?
- Is scene unsafe?

Yes



**Call EMS/9-1-1.  
Contact responsible  
school authority and  
parent or legal  
guardian.**

No

### If possible, find out:

- Age and weight of student.
- How poison entered body
- What type of poison used.
- How much and when was it taken.

**CALL POISON CONTROL**

**1-800-222-1222**

**Follow their directions.**

**DO NOT LEAVE  
STUDENT ALONE.**

Ask if anyone knows details (What? How much? When taken?) and report to EMS staff if known.

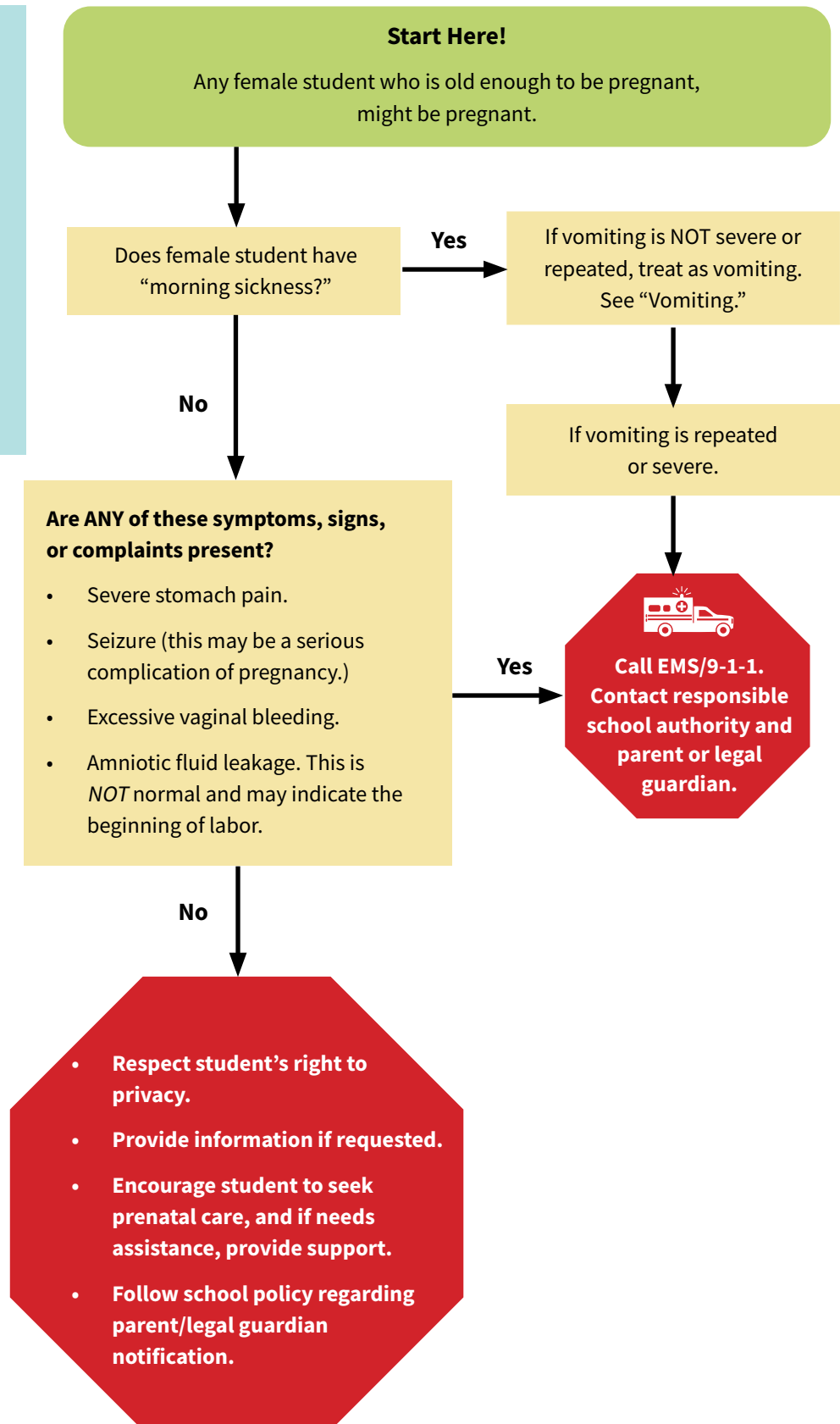
- **Do NOT induce vomiting or give anything UNLESS instructed by Poison Control. With some poisons, vomiting can cause greater damage.**
- **Do NOT follow the antidote label on container, it maybe incorrect.**
- Send any packaging related to item swallowed with EMS/9-1-1 responder, parent/legal guardian, or responsible adult.

- If student becomes unconscious, place on side. (See "Unconsciousness").
- Begin CPR. (See "CPR").

# PREGNANCY

## Be prepared. Read this section before emergency occurs.

- Pregnancy is not a disease.
- Usual length of pregnancy is 40 weeks divided into 3 trimesters.
- Medical care should be received regularly throughout the pregnancy.



# PUNCTURE WOUNDS

## Be prepared. Read this section before emergency occurs.

- A puncture wound is a hole in the skin made by a sharp, pointed object.
- The area may be bruised or swollen.
- You may have bleeding, pain, or trouble moving the affected area.

## Start Here!

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

Has eye been punctured?

Yes

**Do not touch eye.**  
**See “Eyes-Eye Injuries.”**

No

Is object sticking out of the wound?

Yes

## DO NOT REMOVE OBJECT.

- Wrap bulky dressing around object to support it.
- Try to calm student.



**Call EMS/9-1-1.**  
**Contact responsible school authority and parent or legal guardian.**

No

## DO NOT try to probe or squeeze.

- Wash wound gently with soap and water.
- Cover with a clean bandage.

See “Bleeding” if wound is deep or bleeding freely.

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

# RASHES

## Be prepared. Read this section before emergency occurs.

- Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, or dry skin.
- Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.
- Rashes include such things as hives, red spots (large or small, flat or raised), or purple spots.
- If the rash is thought to be caused by an allergy, go to the protocol on “Allergic Reaction.”

## Start Here!

In addition to the skin rash are other symptoms present? If itching is present, refer to the protocol on “Allergic Reaction.”

**Yes**

**No**

Other symptoms may indicate whether the student needs immediate medical care.

### Does student have:

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


**Contact parent or legal guardian.**

**Yes**

**No**

In addition to the rash, which of the following are present?

- ☐ Oral Temperature over 100.4° F. See “Fever.”
- ☐ Headache.
- ☐ Diarrhea.
- ☐ Sore throat.
- ☐ Vomiting.
- ☐ Rash is bright red and sore to the touch.
- ☐ Rash (hives) all over body.
- ☐ Student is so uncomfortable (e.g., itchy, sore, feels ill) that they are not able to participate in school activities.

  
**Call EMS/9-1-1.  
Contact responsible school authority and parent or legal guardian. See “Allergic Reaction” and “Communicable Disease” for more information.**

**If any of the above symptoms are present along with the rash, contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE.**

# SEIZURES

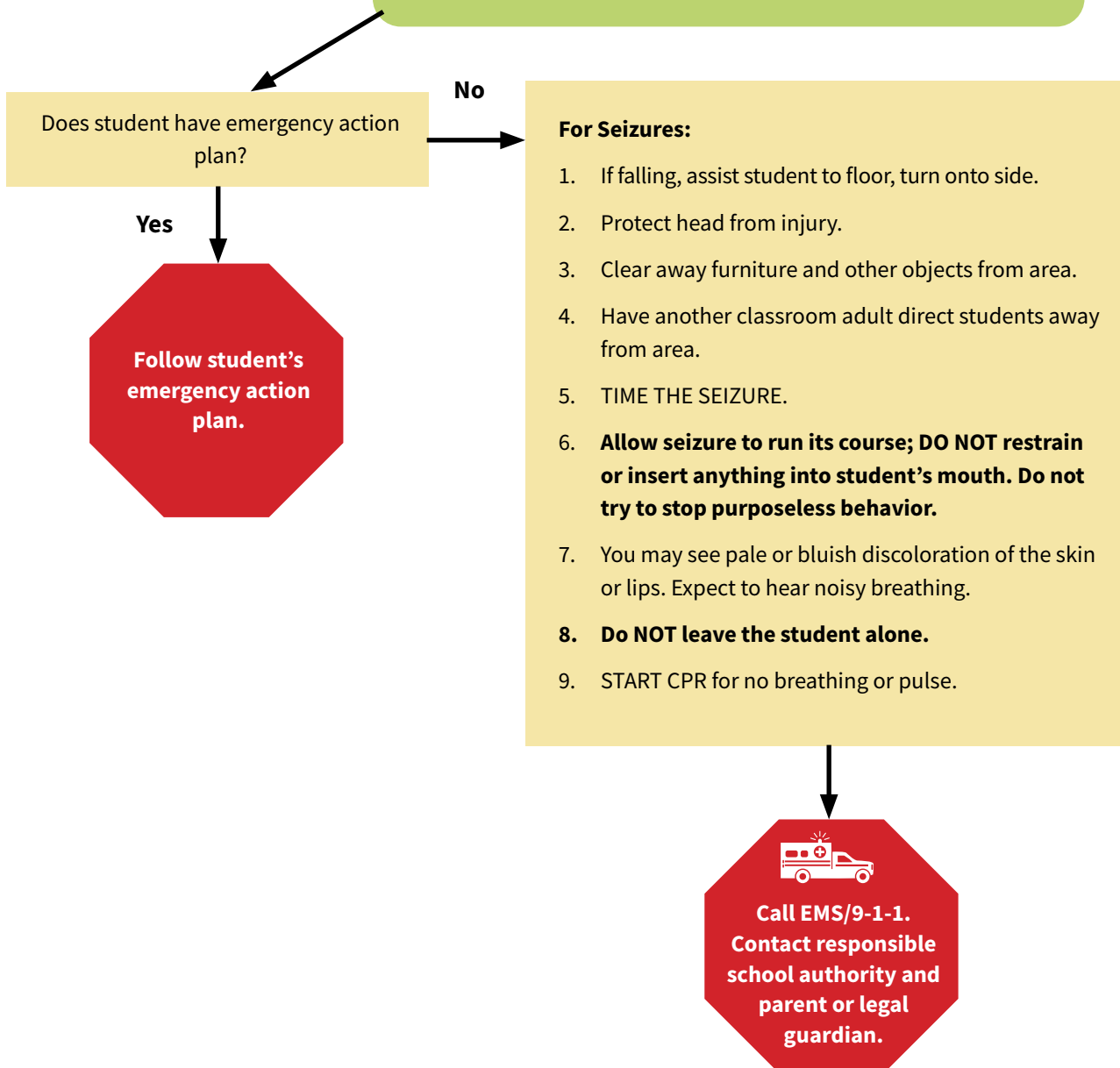
## Be prepared. Read this section before emergency occurs.

- Person may not have a history of seizures. The first seizure may occur at school.
- A student with a history of seizures will be known to school staff. An emergency plan will be available.

## Start Here!

Seizures may be any of the following.

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



# SHOCK

## Be prepared. Read this section before emergency occurs.

Shock is a life threatening condition. Any serious injury or illness may lead to shock, which is a lack of blood and oxygen.

### Signs of Shock:

- Pale, cool, moist skin.
- Mottled, ashen, blue skin.
- Altered consciousness or confused.
- Nausea and/or dizziness.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.

## Start Here!

- Stay calm and get immediate assistance.
- Check for medical bracelet or student's emergency action plan if available.
- **If injury is suspected, see "Neck and Back Pain" and treat as a possible neck injury. Do NOT move student unless he/ she is in danger.**

**See the appropriate guideline to treat the most severe life or limb threatening symptoms first:**

### If student is:

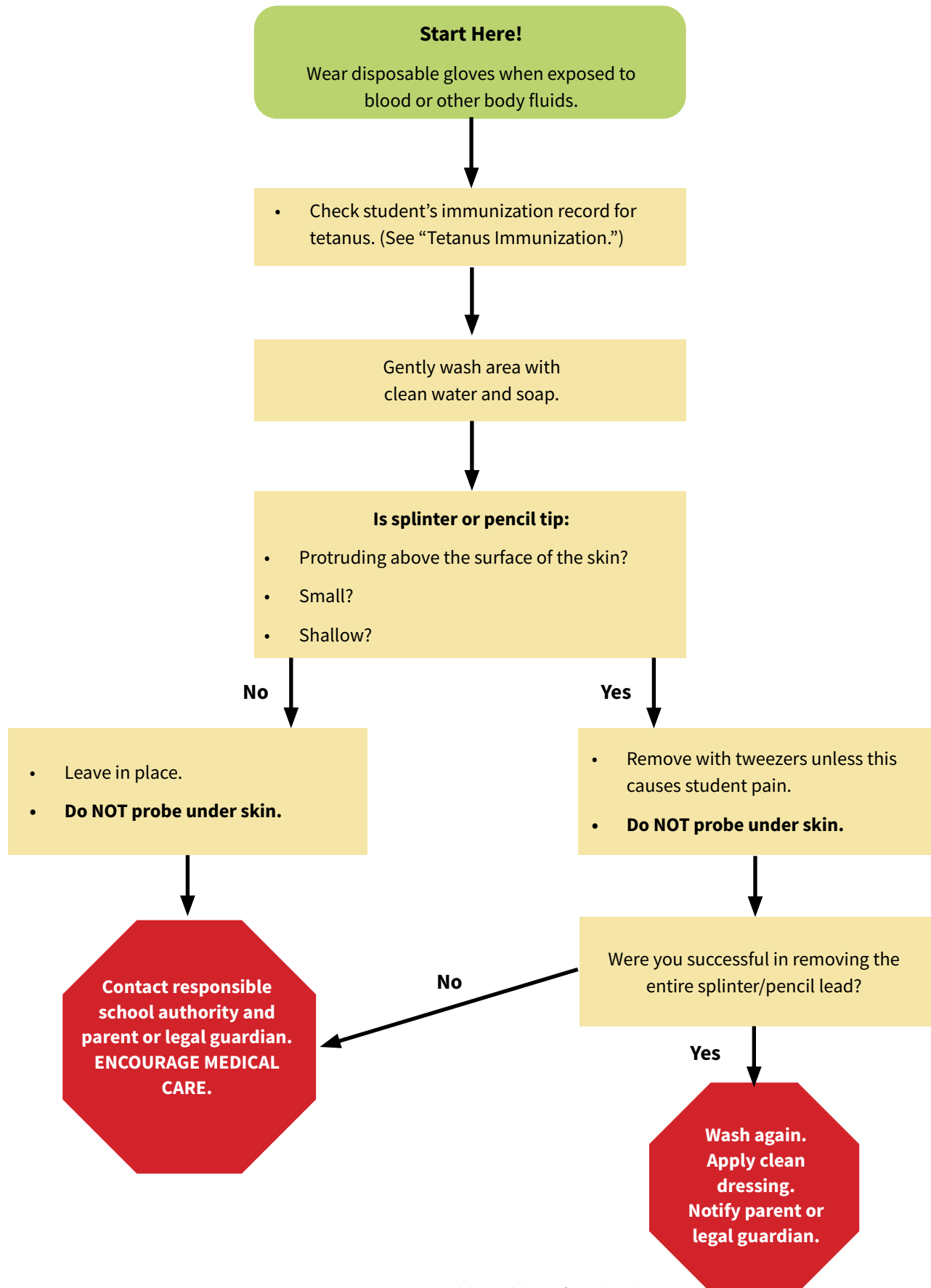
- Not breathing? (See "CPR and/or Choking.")
- Unconscious? (See "Unconsciousness.")
- Bleeding profusely? (See "Bleeding.")
- Suspected of overdose? (See "Overdose.")
- Suspected heat stroke or exhaustion? (See "Heat Emergencies.")



## While waiting for EMS staff or parent or legal guardian, provide care:

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

## SPLINTERS OR IMBEDDED PENCIL TIP





# STABBING AND GUNSHOT INJURIES

## Be prepared. Read this section before emergency occurs.

- Learn and follow your school emergency plan.

## Start Here!

### Call the Police and:

- Intervene only if the situation is safe for you to approach.
- Wear disposable gloves when exposed to blood or other body fluids.

### See the appropriate guideline to treat the most severe life or limb threatening symptoms first:

#### If student is:

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

### While waiting for EMS staff or parent or legal guardian, provide care:

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



**Call EMS/9-1-1.  
Contact responsible  
school authority and  
parent or legal  
guardian.**

## Be prepared. Read this section before emergency occurs.

- A sting can occur from contact with an insect such as wasp, yellow jacket, fire ant, hornet, or other. About 1 in 4 students have their first allergic reaction at school.
  - Delayed reactions can occur after an exposure to an allergen. (ex: food, insect sting/ bite, latex).
  - Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed for them.
  - NOTE: Never leave a child alone who is having an allergic reaction.
- ☐ Check here if your school has stock epinephrine autoinjector and protocol.  
Note location here: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Remove stinger if present.
- Wash area with soap and water.
- Apply cold compress.
- OBSERVE FOR SIGNS OF AN ALLERGIC REACTION (see Allergic Reaction).
- Notify adult supervising the student of the sting and instruct to watch for any signs of a delayed reaction. A student may have a delayed allergic reaction up to SEVERAL HOURS AFTER THE STING!

**Contact responsible school authority, adult supervising student, and parent/legal guardian regarding potential delayed reaction. Allow student to return to class.**

## Start Here!

### Does student have:

- Difficulty breathing?
- A rapidly expanding area of swelling especially of the lips, mouth, or tongue?
- A history of allergy to stings?
- Did student sustain multiple stings?

**No**

Does student have an Emergency Care Plan?

**Yes**

Follow Emergency Care Plan.

**No**

**Yes**



**Call EMS/9-1-1.  
Contact responsible school authority and parent or legal guardian.**

If available, administer student's prescribed epinephrine autoinjector or school's stock epinephrine autoinjector per district's policy.

### While waiting for EMS responder or parent/legal guardian to arrive, provide care:

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

**IF STUDENT DEVELOPS A DELAYED REACTION WITH SYMPTOMS OF TROUBLE BREATHING, SWELLING OF LIPS, MOUTH, OR TONGUE, DO NOT HESITATE TO...**

# STOMACH ACHE

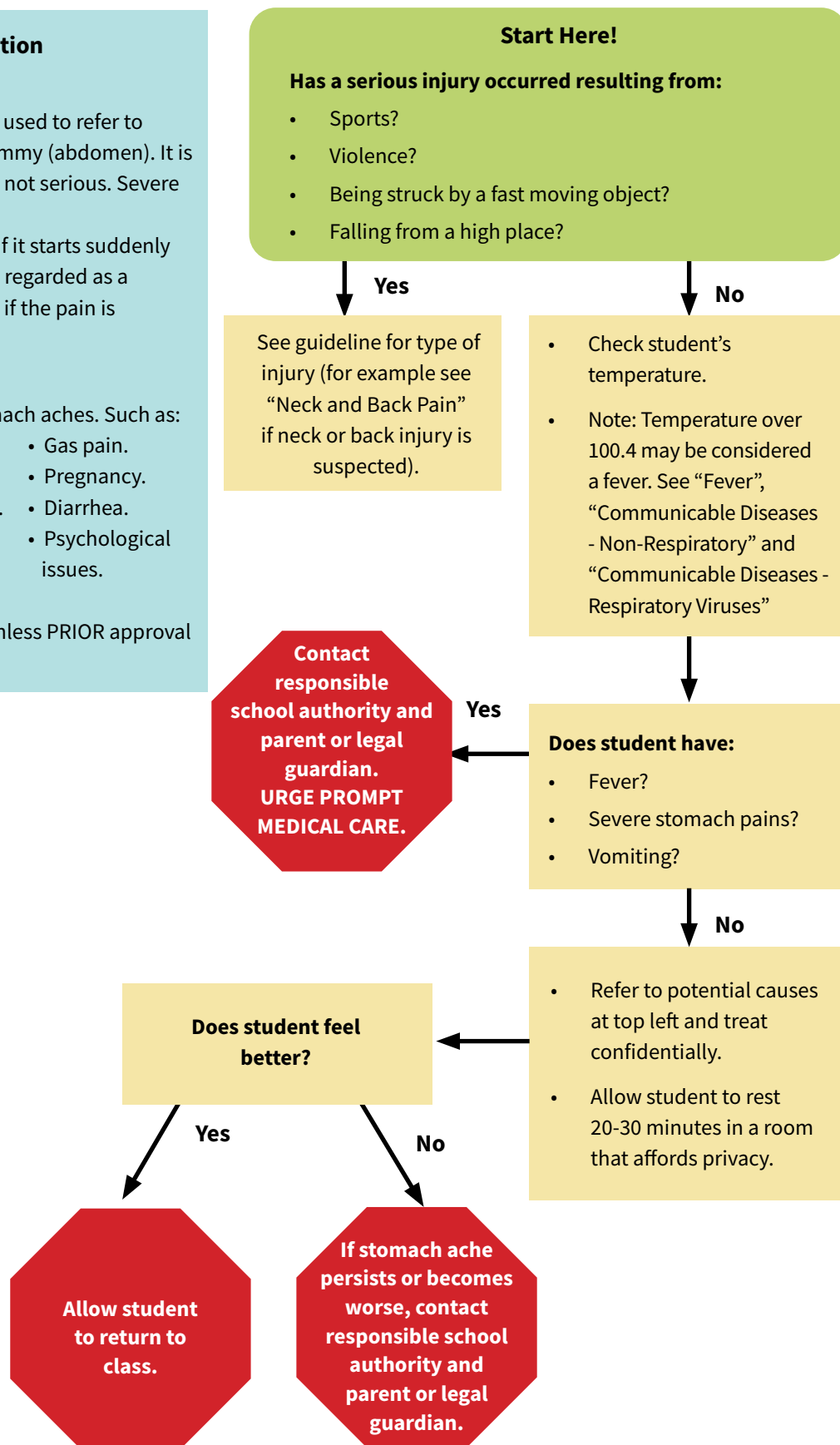
## Be prepared. Read this section before emergency occurs.

A stomach ache is a term often used to refer to cramps or a dull ache in the tummy (abdomen). It is usually short-lived and is often not serious. Severe abdominal pain is a greater cause for concern. If it starts suddenly and unexpectedly, it should be regarded as a medical emergency, especially if the pain is concentrated in a particular area.

There are many causes of stomach aches. Such as:

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

Do NOT give any medication unless PRIOR approval received.



## Be prepared. Read this section before emergency occurs.

If school has a suicide prevention or response plan and you are trained, follow the plan.

Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.

Many different factors contribute to someone making a suicide attempt, but people most at risk tend to share specific characteristics.

### The main risk factors for suicide are:

- Previous suicide attempt.
- History of self-injury.
- Depression.
- Mental disorders.
- Substance use disorder.
- Chronic illness and/or pain.
- Trauma.
- Exposure to suicidal behavior, such as that of family members, peers, or celebrities.

Many people have some of these risk factors, but do not attempt suicide. It is important to note that suicide is not a normal response to stress.

**STAY CONNECTED:** Stay in touch after a crisis.

## Start Here!

The behaviors listed below may be signs that someone is thinking about suicide. Is the person displaying warning signs of suicide?

### Is the person talking about:

- Feeling alone, without support?
- Feeling empty, hopeless, or having no reason to live?
- Wanting to die or harm themselves?
- Making a plan or looking for a way to kill or harm themselves?
- Great guilt or shame?
- Feeling trapped or feeling that there are no solutions?
- Being a burden to others?

### Is the person:

- Withdrawing from family and friends?
- Showing rage or talking about seeking revenge?
- Talking or thinking about death often?
- Displaying extreme mood swings?

**ASK:** “Are you thinking about killing yourself, and have you thought about how you would do it?”

**BE THERE:** Listen carefully and learn what the individual is thinking and feeling. Be careful not to minimize their concerns or try to solve their problem(s) at that moment.

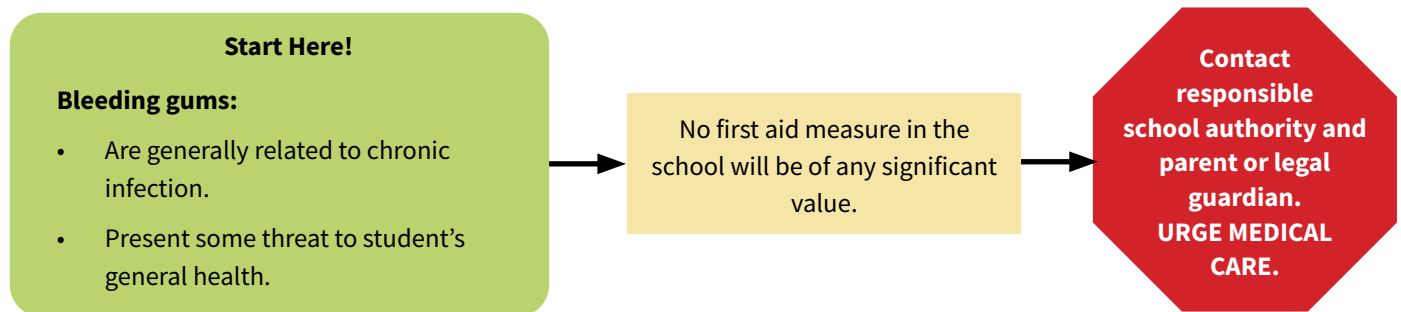
### HELP THEM CONNECT:

- Resources(24/7):
  - o Call, text, or chat **9-8-8** (the **9-8-8** Suicide & Crisis Lifeline) to be connected to trained counselors.
  - o Throughout Ohio, you can text the keyword “**4hope**” to **741741** to be connected to a trained Crisis Counselor.
  - o Call **1-800-720-9616** to connect to the Ohio CareLine to talk to behavioral health professionals.
- Notify school authority and parent/legal guardian.
- Urge medical care.
- You can also help make a connection with a trusted individual like a teacher, coach, nurse, principal, kitchen staff, custodian, or secretary.

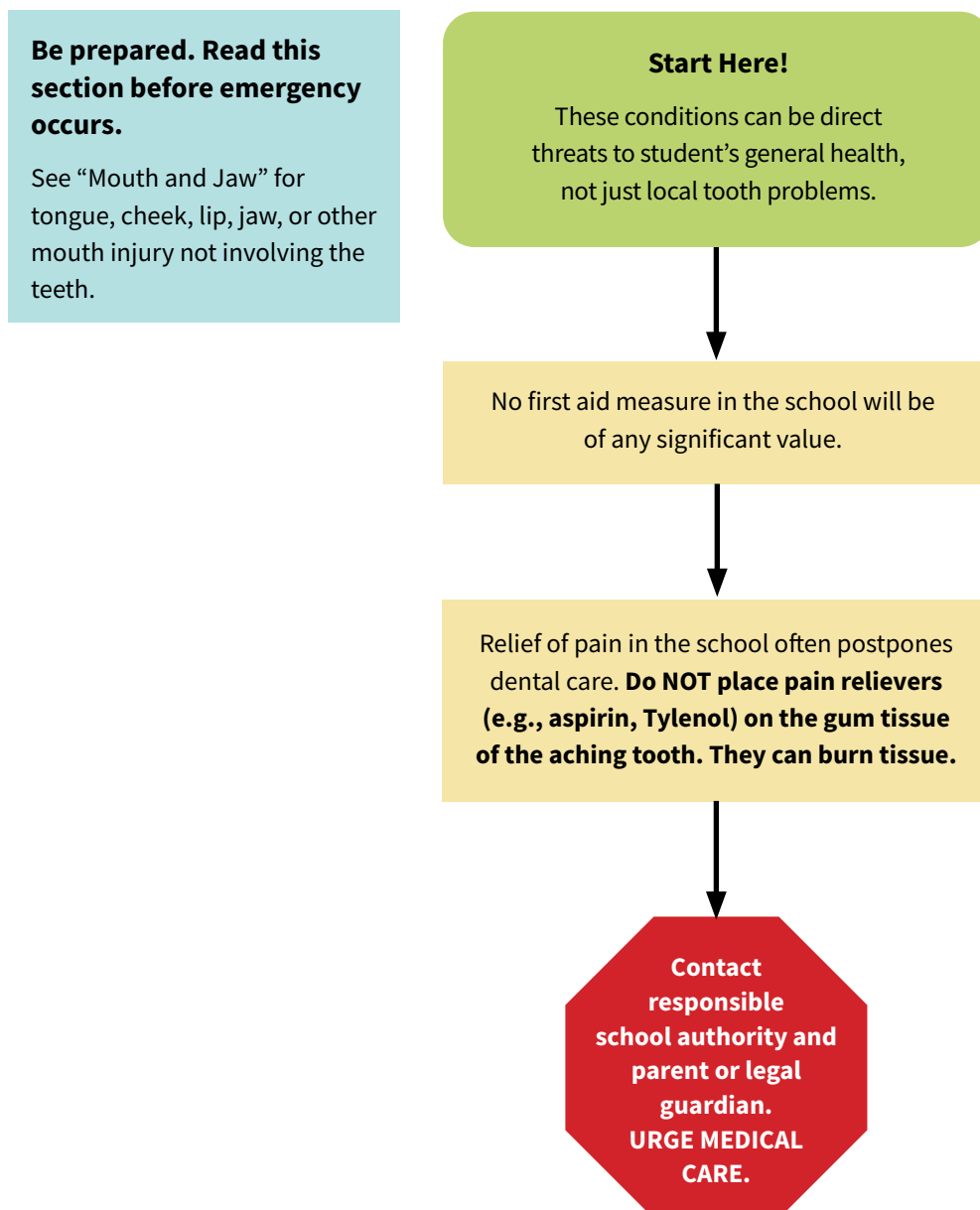
**Contact school administrator, counselor or nurse and remain with student. Notify parent or legal guardian. Call EMS/9-1-1.**

# TEETH

## BLEEDING GUMS



## TOOTHACHE OR GUM INFECTION



## TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the student's immunization record for 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 student is five years old or younger.

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

# TICK BITE

## Be prepared. Read this section before emergency occurs.

If you find a tick attached to the skin, notify responsible school authority and parent or legal guardian immediately. Follow schools policy regarding any consent needed for removal. Remove as soon as possible.

Ticks must bite into the skin to spread their germs which can make a person sick.

## Once consent is obtained start here!

- Wash your hands and put on gloves.
- Encourage student to assume comfortable position in area of good lighting.
- Remain calm and read through the instructions.

## How to remove a tick: (See graphic on following page.)

1. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.
2. Pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth parts to break off and remain in the skin. If this happens, remove the mouth parts with tweezers. If unable to remove the mouth easily with clean tweezers leave it alone and let the skin heal.
3. If possible take a picture of the tick in case it is important to the doctor.
4. Never crush a tick with your fingers. Dispose of a live tick by any of these methods:
  - Putting it in alcohol, placing it in a sealed bag or container, wrapping it tightly in tape.
  - Flushing it down the toilet.
5. Wash your hands and the bite area with soap and water.

Repeat steps one through five for any other ticks found.

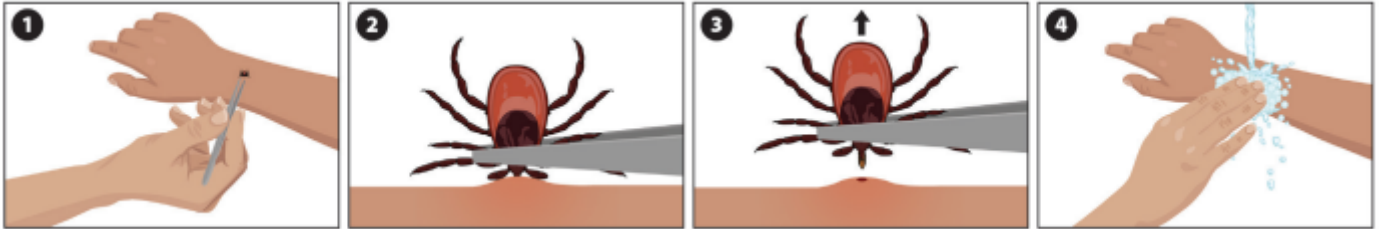
If you see ticks in these locations on the chart identify and remove (if consistent with school policy). Notify parent or legal guardian and recommend they thoroughly check student for additional ticks.

The locations the CDC recommends checking are in the attached link.  
[https://www.cdc.gov/ticks/avoid/on\\_people.html](https://www.cdc.gov/ticks/avoid/on_people.html).

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

## TICK BITE (PART 2)

Remove the tick as soon as possible.



Ticks like to hide in these areas:





# UNCONSCIOUSNESS

## Be prepared. Read this section before emergency occurs.

Unconsciousness is when a person suddenly becomes unable to respond to stimuli and appears to be asleep.

Unconsciousness can be anything from non-life threatening to major medical problems.

## Start Here!

If you know the cause of the unconsciousness, see the appropriate guideline. Causes of unconsciousness may include:

- Injuries.
- Heat exhaustion.
- Diabetic reaction.
- Illnesses.
- Fatigue.
- Poisoning.
- Blood loss/shock.
- Stress.
- Not eating.
- Severe allergic reaction.
- Drug/alcohol overdose.
- Prolonged standing still in one place.

Did student regain consciousness immediately?

Yes

No

- Keep student in flat position, elevate feet, loosen clothing around neck and waist.
- Keep airway clear and monitor breathing.
- Give nothing by mouth.

Is student breathing?

No

Yes

Start CPR.  
See "CPR."

- To protect airway, roll onto left side keeping back and neck in straight alignment.
- Check student from head-to-toe and give first aid for conditions as needed.

Contact responsible school authority and parent or legal guardian.

Call EMS/9-1-1.  
Contact responsible school authority and parent or legal guardian.

# VOMITING

## Be prepared. Read this section before emergency occurs.

Vomiting may have many causes including:

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

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

Call Poison Control 1-800-222-1222 and ask for instructions.

See “Poisoning” and notify local health department.

## Start Here!

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

Take student’s temperature. If temperature is greater than 100.4° see Fever, Communicable Diseases, and COVID-19.

- Have student lie down on their side in a room that affords privacy and allows student to rest.
- Apply a cool, damp cloth to student’s face or forehead.
- Place a bucket or container within easy reach of student.
- Give no medications, although you may offer ice chips or small sips of clear fluids.

## Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is the student dizzy and pale?

Yes

**Contact parent or legal guardian. Urge medical care if symptoms continue.**

No

**When ready have student return to class. Inform parent or legal guardian of situation.**



## SCHOOL SAFETY PLANNING AND EMERGENCY PREPAREDNESS SECTION



# DEVELOPING A SCHOOL SAFETY PLAN

## Ohio Revised Code (ORC) References Related to School Emergency Management Plans

### Section 5502.262 | School emergency management plans.

“(A) As used in this section:

- (1) “Administrator” means the superintendent, principal, chief administrative officer, or other person having supervisory authority of any of the following:
  - (a) A city, exempted village, local, or joint vocational school district;
  - (b) A community school established under Chapter 3314. of the Revised Code, as required through reference in division (A)(11)(d) of [section 3314.03 of the Revised Code](#);
  - (c) A STEM school established under Chapter 3326. of the Revised Code, as required through reference in [section 3326.11 of the Revised Code](#);
  - (d) A college-preparatory boarding school established under Chapter 3328. of the Revised Code;
  - (e) A district or school operating a career-technical education program approved by the department of education and workforce under [section 3317.161 of the Revised Code](#);
  - (f) A chartered nonpublic school;
  - (g) An educational service center;
  - (h) A preschool program or school-age child care program licensed by the department of education and workforce;
  - (i) Any other facility that primarily provides educational services to children subject to regulation by the department of education and workforce.
- (2) “Emergency management test” means a regularly scheduled drill, exercise, or activity designed to assess and evaluate an emergency management plan under this section.
- (3) “Building” means any school, school building, facility, program, or center.
- (4) “Regional mobile training officer” means the regional mobile training officer appointed under [section 5502.70 of the Revised Code](#) for the region in which a district, school, center, program, or facility is located.

(B)(1) Each administrator shall develop and adopt a comprehensive emergency management plan, in accordance with rules adopted pursuant to division (F) of this section, for each building under the administrator’s control. The administrator shall examine the environmental conditions and operations of each building to determine potential hazards to student and staff safety and shall propose operating changes to promote the prevention of potentially dangerous problems and circumstances. In developing the plan for each building, the administrator shall involve community law enforcement and safety officials, parents of students who are assigned to the building, and teachers and nonteaching employees who are assigned to the building. The administrator may involve the regional mobile training officer in the development of the plan. The administrator shall incorporate remediation strategies into the plan for any building where documented safety problems have occurred.

- (2) Each administrator shall also incorporate into the emergency management plan adopted under division (B)(1) of this section all of the following:
  - (a) A protocol for addressing serious threats to the safety of property, students, employees, or administrators;
  - (b) A protocol for responding to any emergency events that occur and compromise the safety of property, students, employees, or administrators. This protocol shall include, but not be limited to, all of the following:
    - (i) A floor plan that is unique to each floor of the building;
    - (ii) A site plan that includes all building property and surrounding property;
    - (iii) An emergency contact information sheet.
  - (c) A threat assessment plan developed as prescribed in [section 5502.263 of the Revised Code](#). A building may use the model plan developed by the department of public safety under that section;

## DEVELOPING A SCHOOL SAFETY PLAN continued

(d) A protocol for school threat assessment teams established under [section 3313.669 of the Revised Code](#).

(3) Each protocol described in division (B) of this section shall include procedures determined to be appropriate by the administrator for responding to threats and emergency events, respectively, including such things as notification of appropriate law enforcement personnel, calling upon specified emergency response personnel for assistance, and informing parents of affected students.

Prior to the opening day of each school year, the administrator shall inform each student or child enrolled in the school and the student's or child's parent of the parental notification procedures included in the protocol.

(4) Each administrator shall keep a copy of the emergency management plan adopted pursuant to this section in a secure place.

(C)(1) The administrator shall submit to the director of public safety, in accordance with rules adopted pursuant to division (F) of this section, an electronic copy of the emergency management plan prescribed by division (B) of this section not less than once every three years, whenever a major modification to the building requires changes in the procedures outlined in the plan, and whenever information on the emergency contact information sheet changes.

(2) The administrator also shall file a copy of the plan with each law enforcement agency that has jurisdiction over the school building and, upon request, to any of the following:

- (a) The fire department that serves the political subdivision in which the building is located;
- (b) The emergency medical service organization that serves the political subdivision in which the building is located;
- (c) The county emergency management agency for the county in which the building is located;
- (d) The regional mobile training officer.

(3) Upon receipt of an emergency management plan, the director shall post the information on the contact and information management system and submit the information in accordance with rules adopted pursuant to division (F) of this section, to the attorney general, who shall post that information on the Ohio law enforcement gateway or its successor.

(4) Any department or entity to which copies of an emergency management plan are filed under this section shall keep the copies in a secure place.

(D)(1) Not later than the first day of September of each year, each administrator shall review the emergency management plan and certify to the director that the plan is current and accurate.

(2) Anytime that an administrator updates the emergency management plan pursuant to division (C)(1) of this section, the administrator shall file copies, not later than the tenth day after the revision is adopted and in accordance with rules adopted pursuant to division (F) of this section, to the director and to any entity with which the administrator filed a copy under division (C)(2) of this section.

(E) Each administrator shall do both of the following:

- (1) Prepare and conduct at least one annual emergency management test, as defined in division (A)(2) of this section, in accordance with rules adopted pursuant to division (F) of this section;
- (2) Grant access to each building under the control of the administrator to law enforcement personnel and to entities described in division (C)(2) of this section, to enable the personnel and entities to hold training sessions for responding to threats and emergency events affecting the building, provided that the access occurs outside of student instructional hours and the administrator, or the administrator's designee, is present in the building during the training sessions.

(F) The director of public safety, in consultation with representatives from the education community and in accordance with Chapter 119. of the Revised Code, shall adopt rules regarding emergency management plans under this section, including the content of the plans and procedures for filing the plans. The rules shall specify that plans and information required under division (B) of this section be submitted on standardized forms developed by the director for such purpose. The rules shall also specify the requirements and procedures for emergency management tests conducted pursuant to division (E)(1) of this

## DEVELOPING A SCHOOL SAFETY PLAN continued

section. Failure to comply with the rules may result in discipline pursuant to [section 3319.31 of the Revised Code](#) or any other action against the administrator as prescribed by rule.

(G) Division (B) of [section 3319.31 of the Revised Code](#) applies to any administrator who is subject to the requirements of this section and is not exempt under division (H) of this section and who is an applicant for a license or holds a license from the state board of education pursuant to [section 3319.22 of the Revised Code](#).

(H)(1) The director may exempt any administrator from the requirements of this section, if the director determines that the requirements do not otherwise apply to a building or buildings under the control of that administrator.

(2) The director shall exempt from the requirements of this section the administrator of an online learning school, established under [section 3302.42 of the Revised Code](#), unless students of that school participate in in-person instruction or assessments at a location that is not covered by an existing emergency management plan, developed under this section as of December 14, 2021.

(I) Copies of the emergency management plan, including all records related to the plan, emergency management tests, and information required under division (B) of this section are security records and are not public records pursuant to [section 149.433 of the Revised Code](#). In addition, the information posted to the contact and information management system, pursuant to division (C)(3)(b) of this section, is exempt from public disclosure or release in accordance with sections [149.43](#), [149.433](#), and [5502.03](#) of the Revised Code.

Notwithstanding [section 149.433 of the Revised Code](#), a floor plan filed with the attorney general pursuant to this section is not a public record to the extent it is a record kept by the attorney general.”

### PK-12 School Emergency Management Plans & EMTs

The [Ohio School Safety Center \(OSSC\) webpage](#) offers resources for educating school administrators and safety plan coordinators about their role in school safety.

This guide will help administrators to:

- Understand the Emergency Management Plan statutory requirements;
- Create and maintain school emergency management plans;
- Access the School Safety Plans portal;
- Submit supporting documents for review; and
- Locate school safety resources.

**Please note:** the terms “School Emergency Management Plan” and “School Safety Plan” found on this page are used interchangeably and have the same meaning.

School safety plan requirements are governed by ORC 5502.262, ORC 5502.263, OAC 4501:5-1-01, OAC 3313.6610, and OAC 3313.669.

Under these laws, all PK-12 schools regulated by ODE are required to:

- Submit an Emergency Management Plan (EMP) to the Ohio School Safety Center for review every three years.
- Complete an Annual Plan Certification between January 1st and September 1st each year.
- Complete an Emergency Management Test (EMT) between September 1st and August 31st each year.

## DEVELOPING A SCHOOL SAFETY PLAN continued

Additionally, schools classified by ODE as a public school, a joint vocational school, or a community school also must:

- Complete an approved threat assessment training and upload the training completion certificates to the School Safety Plans portal.
- Create a threat assessment section in their emergency operations plan.
- Report any tips received via an anonymous reporting system by July 1st of each year.

Developing a “School Safety Plan” (also known as a “School Emergency Management Plan”) is critical to ensure the safety of students and staff. The school administrator shall examine the environmental conditions and operations of each building to determine potential hazards to student and staff safety and develop a plan to address these potential threats to school safety.

# SHELTER IN PLACE PROCEDURES

Shelter-in-place provides refuge for students, 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—making sure to include areas that are accessible to persons using a wheelchair or other mobility device.
- Administrator instructs students and staff to assemble in safe areas. Bring all person(s) inside the building.
- Staff will take the evacuation To-Go Bag containing emergency information and supplies.
- Close and lock all exterior doors and windows, if appropriate.
- Turn off ventilation leading outdoors, if appropriate.
- Staff should account for all students after arriving in designated area.
- All persons must remain in designated areas until notified by administrator or emergency responders.



# EVACUATION – REUNIFICATION CENTERS

## DEFINITIONS:

- RALLY POINT is a temporary location for people to gather on site or nearby.
- REUNIFICATION CENTER is a location (usually off site) to reunite students with parents/legal guardians.

Prepare an evacuation To-Go Bag for building and/or classrooms to provide emergency information and supplies.

## EVACUATION:

- Call 9-1-1. Notify administrator.
- Administrator issues evacuation procedures.
- Administrator determines if students and staff will be evacuated outside of building or to rally point or reunification center and \_\_\_\_\_ coordinates transportation if students are evacuated.
- Direct students 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. Close doors.

## STAFF:

- Direct students to follow normal fire drill procedures unless administrator or emergency responders alter route.
- Take evacuation To-Go Bag with you.
- Close doors and turn off lights.
- When outside building, account for all students. Inform administrator immediately if any students are missing.
- If students are evacuated to reunification centers, stay with students. Take roll again when you arrive at the reunification center.

## LOCATION:

Refer to your school's Emergency Operations Plan (EOP) for details specific to your location.

# HAZARDOUS MATERIALS

## **INCIDENT OCCURS IN SCHOOL:**

- Notify building administrator.
- Call 9-1-1 or local emergency number. If hazardous material is known, report information.
- Fire officer in charge may recommend additional shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- If advised, evacuate to an upwind location, 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 students are evacuated, according to facility policy.
- Resume normal operations after fire officials have cleared situation.

## **INCIDENT OCCURS NEAR SCHOOL:**

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

**Consider extra staffing for students with special medical and/or physical needs.**

# GUIDELINES TO USE A TO-GO BAG

- 1) Developing a To-Go Bag provides your school staff with:
  - a. Vital student, staff, and building information during the first minutes of an emergency evacuation.
  - b. Records to initiate student 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, student rosters, list of students 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 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 student specific information for use by the educational staff during an evacuation or lock down situation.
- 5) The contents of the bags must be updated regularly and used only in the case of an emergency. Set a specific time for the entire school to update their To-Go Bags (i.e. whenever used and at least monthly).
- 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 schools bags. We strongly encourage you to modify the content of the bag to meet your specific building and community needs.

Please note: School Nurse or Clinic To-Go Bags will need other medical supplies. For a list of supplies, see the National Association of School Nurses (2020), *Emergency Resources, Equipment and Supplies List for Schools*, 5-30-23, [https://higherlogicdownload.s3.amazonaws.com/NASN/8575d1b7-94ad-45ab-808e-d45019cc5c08/UploadedImages/PDFs/Practice%20Topic%20Resources/Emergency\\_Resources\\_Equipment\\_Supplies\\_list\\_for\\_Schools.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/8575d1b7-94ad-45ab-808e-d45019cc5c08/UploadedImages/PDFs/Practice%20Topic%20Resources/Emergency_Resources_Equipment_Supplies_list_for_Schools.pdf).

## BUILDING TO-GO BAG

This bag needs to be portable and readily accessible for use in an emergency. Assign a member of the Emergency Response Team to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for emergency use only.

### FORMS

- ☐ Consider compiling forms developed by your Emergency Response Team (stock emergency medications, chain of command, emergency plan, etc.) in a folder or binder for easy access.
- ☐ Map of building with location of phones, exits, first aid kits, stock emergency medications, and AED(s).
- ☐ Blueprint of school building including all utilities.
- ☐ Turn-off procedures for fire alarm, sprinklers, and all utilities.
- ☐ Video of inside and outside of the building/grounds.
- ☐ Map of local streets with evacuation routes.
- ☐ Master class schedule.
- ☐ List of students requiring special assistance/medications.
- ☐ Student roster including emergency contacts.
- ☐ Current yearbook with pictures.
- ☐ Staff roster including emergency contacts.
- ☐ Lists of district personnel phone numbers.
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### SUPPLIES

- ☐ Snacks for diabetic emergencies.
- ☐ Flashlight.
- ☐ First aid kit with extra non-latex gloves.
- ☐ CPR disposable mask.
- ☐ Battery-powered radio with chargers.
- ☐ Two-way radios and/or cellular phones available.
- ☐ Whistle.
- ☐ Extra batteries in waterproof container for radio and flashlight.
- ☐ Peel-off stickers and markers for name tags.
- ☐ Paper, pen, or electronic device for note taking.
- ☐ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (Please discuss and plan for these needs with your school nurse.)
- ☐ Other: \_\_\_\_\_

Person(s) responsible for routine toolbox updates: \_\_\_\_\_

Person(s) responsible for bag delivery in emergency: \_\_\_\_\_

This information is provided by the Ohio Department of Health, School Nursing Program. We strongly encourage you to customize this form to meet the specific needs of your school and community.

# CLASSROOM TO-GO BAG

This bag will be portable and readily accessible for use in an emergency. The classroom teacher is responsible to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for emergency use only.

## FORMS

- ☐ Consider compiling forms in a folder or binder for easy access.
- ☐ Copies of all forms developed by your Emergency Response Team (chain of command, emergency plan, etc.).
- ☐ Map of building with location of phones and exits.
- ☐ Map of local streets with evacuation routes.
- ☐ Master schedule of classroom teacher.
- ☐ List of students with special health concerns/medications.
- ☐ Student roster including emergency contacts.
- ☐ Current yearbook with pictures.
- ☐ Staff roster including emergency contacts.
- ☐ Lists of district personnel phone numbers.
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## SUPPLIES

- ☐ Flashlight.
- ☐ First aid kit with extra non-latex gloves.
- ☐ Snacks for diabetic emergencies (i.e. honey sticks).
- ☐ CPR disposable mask.
- ☐ Battery powered radio with chargers.
- ☐ Two-way radios and/or cellular phones available.
- ☐ Whistle.
- ☐ Extra batteries in waterproof bag for radio and flashlight.
- ☐ Peel-off stickers and markers for name tags.
- ☐ Paper, pen, or electronic device for note taking.
- ☐ Individual medications/health equipment. Please discuss and plan for these needs with your school nurse.
- ☐ Age-appropriate activities for students.
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Person(s) responsible for routine toolbox updates: \_\_\_\_\_

This information is provided by the Ohio Department of Health, School Nursing Program. We strongly encourage you to customize this form to meet the specific needs of your school and community.

# PANDEMIC FLU PLANNING FOR SCHOOLS

The Centers for Disease Control and Prevention (CDC) states: Influenza (flu) can spread quickly in schools due to people being in close contact, sharing the same place, supplies, and equipment for long periods of time. [Seasonal flu](#) is a contagious respiratory illness caused by flu viruses that infect the nose, throat, and lungs. Flu spreads mostly by droplets containing the flu virus traveling through the air (up to 6 feet) when a person coughs or sneezes. Sometimes people might get flu by touching surfaces or objects with flu viruses on them and then touching their eyes, nose, or mouth.

Train school staff to recognize the [symptoms of flu](#) which usually start suddenly and may include the following:

- Fever or feeling feverish/chills.
- Cough.
- Sore throat.
- Runny or stuffy nose.
- Muscle or body aches.
- Headaches.
- Vomiting and diarrhea (more common in children).
- Runny or stuffy nose.
- Extreme tiredness.

*\*It's important to note that not everyone with flu will have a fever.*

The best way to prevent the flu is by getting a flu vaccine yearly and by using [everyday preventive actions](#).

## EVERYDAY PREVENTIVE ACTIONS

*Everyone should always practice good personal health habits to help prevent flu.*



**Stay home when you are sick.** Stay 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.



**Cover your coughs and sneezes with a tissue.**



**Wash your hands often with soap and water for at least 20 seconds.** Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.



**Clean frequently touched surfaces and objects.**

A [flu pandemic](#) occurs when a new flu virus emerges and spreads quickly, causing illness worldwide. Because most people lack immunity to the new flu virus, it can be more severe and cause more deaths than seasonal flu. It may take up to 6 months before a pandemic flu vaccine is widely available. A pandemic could overwhelm normal operations in educational settings.

When there is no vaccine available, [nonpharmaceutical interventions \(NPIs\)](#) are the best way to slow the spread of the flu. They include personal, community, and environmental actions.

Source: CDC, Get Your School Ready for Pandemic Flu, p5

# PANDEMIC FLU PLANNING FOR SCHOOLS



**Personal NPIs** are *everyday preventive actions* that can help keep people from getting and/or spreading flu. These actions including staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.



**Community NPIs** are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing schools.



**Environmental NPIs** are surface cleaning measures that remove germs from frequently touched surfaces and objects.

Source: CDC, Get Your School Ready for Pandemic Flu, p 4.

## BEFORE A FLU PANDEMIC OCCURS: PLAN

- Meet with your emergency operations coordinator or planning team to update your emergency operations plan.
- Establish relationships with key community partners and stakeholders.
- Promote the daily practice of everyday preventive actions at all times.
- Provide flu-prevention supplies in your school such as soap, hand sanitizer, tissues, trash baskets, and disposable face masks.
- Plan for staff and student absences.
- Develop a method for tracking flu-related staff and student absences.
- Identify space that can be used to separate sick people (if possible).
- Plan ways to increase the space between people to at least 3 feet or limit face-to-face contact between people at school.
- Develop a risk-assessment and risk-management process for your school.
- Review your process for planning school events.

# PANDEMIC FLU PLANNING FOR SCHOOLS continued

## DURING A FLU PANDEMIC: TAKE ACTION

### Put your Emergency Operations and Communication Plans into Action

- Stay informed about the local flu situation.
- Implement NPI actions to protect your staff and students. In addition to [everyday preventive actions](#), implement NPI's reserved for a flu pandemic.
- Track staff and student absenteeism related to flu-like symptoms.
- Implement your risk-assessment and risk-management plan.

### Communicate Frequently with Those in Your Communication Chain

- Update key community partners and stakeholders regularly.
- Provide flu-prevention supplies and distribute health messages and materials to staff, students, and their households.
- Accommodate staff and students who are at risk for flu complications.
- Provide information that explains why and when schools may be temporarily dismissed.

### Take Administrative Action (As Needed) if Schools Are Not Dismissed

- Implement flexible attendance and sick-leave policies (if possible).
- Increase space to at least 3 feet and limit face-to-face contact between people at school.
- Postpone or cancel extracurricular activities or large events.
- Separate those who become sick at school from those who are well.

### NPIs RESERVED FOR A FLU PANDEMIC

*Educators should be prepared to take these additional actions, if recommended by public health officials.\**



Be prepared to allow your staff and students to stay home if someone in their house is sick.



Increase space between people at school to at least 3 feet, as much as possible.



Modify, postpone, or cancel large school events.



Temporarily dismiss students attending childcare facilities, K-12 schools, or institutions of higher education.

\*These additional actions may be recommended for severe, very severe, or extreme flu pandemics.

Source: CDC, Get Your School Ready for Pandemic Flu, p 5.



## PANDEMIC FLU PLANNING FOR SCHOOLS continued

### **Temporarily Suspend Classes or Dismiss Schools, if Recommended by Local Public Health Officials**

- Put into action strategies for continuing education and essential student services.
- Discourage staff and students from gathering or socializing in other places when schools are dismissed.
- Update everyone in your communication chain about when schools will re-open.

### **AFTER A FLU PANDEMIC HAS ENDED: FOLLOW UP**

#### **Evaluate the Effectiveness of Your Emergency Operations and Communication Plans**

- Discuss and note lessons learned.
- Maintain and expand your emergency planning team.
- Revisit your risk-assessment and risk-management plan.
- Update and practice your emergency operations and communication plans every 12–18 months.

Sources as of 5-26-23:

\*Centers for Disease Control (April 2017), *Get Your School Ready for Pandemic Flu*, CDC, 5-26-23,  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf>

\*Centers for Disease Control (10-3-22), *Flu Symptoms & Complications*, CDC, 5-26-23,  
<https://www.cdc.gov/flu/symptoms/symptoms.htm>

\*Centers for Disease Control (unknown), *Pandemic Flu Checklist: K-12 School Administrators*, CDC, 5-26-23,  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/pan-flu-checklist-k-12-school-administrators-item2.pdf>

## RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current first aid, choking, and CPR manual and wall chart(s). Free Choking posters are available from your local health department at <https://odh.ohio.gov/know-our-programs/food-safety-program/resources/choking-poster>.
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 and tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. Expendable supplies:
  - Sterile cotton-tipped applicators, individually packaged.
  - Sterile adhesive compresses (1"x 3"), individually packaged.
  - Cotton balls.
  - Sterile gauze squares (2"x 2"; 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 masks.
  - Disposable gloves (latex or vinyl if latex allergy is possible).
  - Pocket mask/face shield for CPR.
  - One flashlight with spare bulb and batteries.
  - Hank's Balanced Salt Solution (HBSS) \*available in the Save-A-Tooth preserving kit with the ADA seal of approval.
  - 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 your 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 \_\_\_\_\_
- + Location of the school's AED(s) \_\_\_\_\_
- + Location of stock emergency medications \_\_\_\_\_

## BE PREPARED TO GIVE THE FOLLOWING INFORMATION AND 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, 1-800-656-HOPE \_\_\_\_\_
- + Suicide Hotline, 988 \_\_\_\_\_
- + Local Health Department \_\_\_\_\_
- + Taxi \_\_\_\_\_
- + Other medical services information (e.g., dentists or physicians):  
\_\_\_\_\_