# GUIDELINES FOR EMERGENCY CARE IN MARYLAND SCHOOLS

## 2015 EDITION

***Second Maryland Edition***

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

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# GUIDELINES FOR EMERGENCY CARE IN MARYLAND SCHOOLS 2015 EDITION

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# ABOUT THE GUIDELINES



The *Guidelines for Emergency Care in Maryland Schools* was originally developed in 2005 by the Guidelines Committee of the Maryland State School Health Council. It reflected input from Maryland Department of Health and Mental Hygiene, Maryland State Department of Education, Maryland Emergency Medical Systems for Children, as well as local health department and local school systems' school health services staff.

This updated edition, *Guidelines for Emergency Care in Maryland Schools, Second Maryland Edition* is the product of a careful review of previous content. It reflects changes in Maryland policy and statute and updated best practice recommendations for providing first aid and emergency care to students in Maryland schools, when the school nurse is not available. The *Guidelines* were adapted from similar documents in use in other states.

The *Guidelines* contain **recommended** procedures to serve as *"what to do in an emergency information"* for school staff with minimal training to guide decision making in an actual emergency. The algorithms contained in the *Guidelines* reflect established first aid and emergency response standards. It is not the intent of the *Guidelines* to supersede or make invalid any laws or rules established by a school system, a school board, or the state of Maryland.

Users of these *Guidelines* should review the "How to Use the Guidelines" section and familiarize themselves with the format of the document prior to an emergency.

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. School staff should consult their school nurse or local school health services coordinator with questions about any of the recommendations. School-specific instructions may be added as needed, and in some cases is explicitly recommended within certain *Guidelines*.

This document can be downloaded and printed from the following websites:

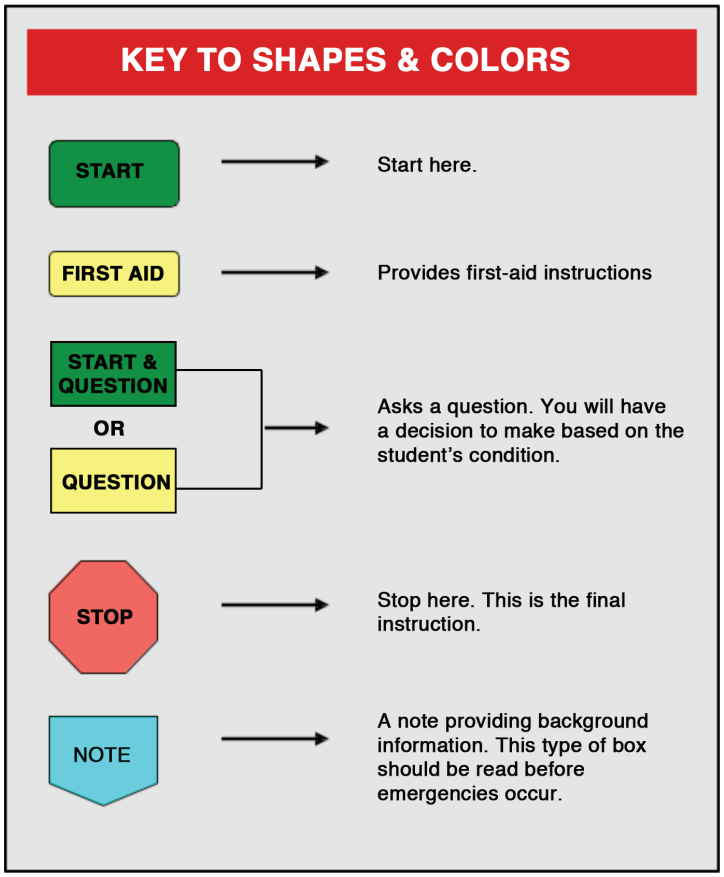
http://pophealth.dhmh.maryland.gov/Documents/Guide_for_Emergency_Care_in_MD_Schools.pdf

http://www.marylandpublicschools.org/NR/rdonlyres/6561B955-9B4A-4924-90AE-F95662804D90/19786/Guide_for_Emergency_Care_in_MD_Schools.pdf

www.miemss.org

# HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptoms (unresponsiveness, bleeding, etc.)
- Learn when EMS/9-1-1 (Emergency Medical Services) should be contacted. Copy the "When to Call 9-1-1 for EMS" page and post in key locations.
- The last page of the *Guidelines* contains important information about emergency numbers in your area. Please complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.
- The *Guidelines* are arranged in alphabetical order for quick access.
- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors.**
- Take some time to familiarize yourself with the **Emergency Procedures for Injury or Illness.** These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- In addition, information has been provided about **Infection Control, Planning for Students with Special Needs, School Safety Planning and Emergency Preparedness.**



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

## Call EMS / 9-1-1 if:

- ☐ The person is unresponsive, semi-responsive, or unusually confused
- ☐ The person's airway is blocked
- ☐ The person is not breathing
- ☐ The person is having difficulty breathing, has shortness of breath or is choking
- ☐ The person has no pulse when checked by a trained person
- ☐ 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 a seizure that lasts more than five minutes
- ☐ The person has injuries to the neck or back
- ☐ The person has sudden, severe pain anywhere in the body
- ☐ The person's condition is life-threatening (for example: amputations) or other injuries that may leave the person permanently disabled unless he/she receives immediate care (for example: severe eye injuries)
- ☐ The person's condition could worsen or become life-threatening on the way to the hospital
- ☐ Moving the person could cause further injury (for example: neck 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

# 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 health care provider **OR** according to local school system policy or the student's emergency/action plan.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If EMS/9-1-1 states moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. The responsible school authority or a designated school staff should notify the parent or legal guardian of the emergency as soon as possible.
7. If the parent or legal guardian cannot be reached, notify an emergency contact or the parent or legal guardian substitute listed on the student's Emergency Contact card / form. Arrange for transportation of the student by EMS/9-1-1, if necessary.
8. A responsible adult should stay with the injured / ill student.
9. Fill out a report for all injuries or illnesses requiring above procedures as required by local school system policy.

## POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

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

# PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities, or communication challenges and need to be included in emergency and disaster planning.

**HEALTH CONDITIONS:**

Some students may have special conditions that put them at risk for life-threatening emergencies, including but not limited to:

- 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 health care provider should develop individual emergency/action plans for these students when they are enrolled. These emergency/action plans should be made available to appropriate staff at all times.

**In the event of an emergency situation, refer to the student's emergency/action Plan.**

The American College of Emergency Physicians and the American Academy of Pediatrics developed an *Emergency Information Form for Children (EIF) with Special Needs* that is included on the next pages. It can also be downloaded from http://www.aap.org. This form provides standardized information that can be used to prepare the caregivers and health care system for emergencies in children with special health care 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 should be developed and a responsible person should be designated to assist these students to safety. All staff should be aware of this plan.

* The emergency/action plan should also contain provisions to ensure availability of medications during an emergency such as lockdowns and school evacuations.

# PLANNING FOR STUDENTS WITH SPECIAL NEEDS (CONTINUED)

**COMMUNICATION CHALLENGES:**

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

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

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

# Emergency Information Form for Children With Special Needs

Last name:

American College of Emergency Physicians®

American Academy of Pediatrics

| | | |
|---|---|---|
| Date form completed | Revised | Initials |
| By Whom | Revised | Initials |

| | | |
|---|---|---|
| **Name:** | Birth date: | Nickname: |
| Home Address: | Home/Work Phone: | |
| Parent/Guardian: | Emergency Contact Names & Relationship: | |
| Signature/Consent*: | | |
| Primary Language: | Phone Number(s): | |
| **Physicians:** | | |
| Primary care physician: | Emergency Phone: | |
| | Fax: | |
| Current Specialty physician: Specialty: | Emergency Phone: | |
| | Fax: | |
| Current Specialty physician: Specialty: | Emergency Phone: | |
| | Fax: | |
| Anticipated Primary ED: | Pharmacy: | |
| Anticipated Tertiary Care Center: | | |

## Diagnoses/Past Procedures/Physical Exam:

| | |
|---|---|
| 1 . | Baseline physical findings: |
| 2. | |
| 3. | Baseline vital signs: |
| 4. | |
| Synopsis: | |
| | Baseline neurological status: |

*Consent for release of this form to health care providers

EMERGENCY INFORMATION FORM

## Diagnoses/Past Procedures/Physical Exam continued:

| Medications: | Significant baseline ancillary findings (lab, x-ray, ECG): |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | Prostheses/Appliances/Advanced Technology Devices: |
| 5. | |
| 6. | |

## Management Data:

| **Allergies: Medications/Foods to be avoided** | **and why:** |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| **Procedures to be avoided** | **and why:** |
| 1. | |
| 2. | |
| 3. | |

**Immunizations**

| **Dates** | | | | | | **Dates** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DPT | | | | | | Hep B | | | | | |
| OPV | | | | | | Varicella | | | | | |
| MMR | | | | | | TB status | | | | | |
| HIB | | | | | | Other | | | | | |

Antibiotic prophylaxis: Indication: Medication and dose:

## Common Presenting Problems/Findings With Specific Suggested Managements

| Problem | Suggested Diagnostic Studies | Treatment Considerations |
|---|---|---|
| | | |
| | | |
| | | |

**Comments on child, family, or other specific medical issues:**

**Physician/Provider Signature:** **Print Name:**

# INFECTION CONTROL

To reduce the spread of infectious diseases (diseases that can be spread from one person to another), it is important to follow Standard Precautions. **Standard Precautions** is an approach to infection control that combines the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which health care is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. The following list describes standard precautions:

- **Wash hands thoroughly** with running water and soap for at least 15 seconds:
  1. Before and after physical contact with any student (*even if gloves have been worn*)
  2. Before and after eating or handling food
  3. After cleaning
  4. After using the restroom
  5. After providing any first aid

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

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

Source: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Heathcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf

# AMPUTATIONS

**Always use Standard Precautions**

**Stump** – The end of a limb left after amputation

**Amputation** – The removal of a limb or other appendage

**Call EMS/9-1-1.**

Control bleeding by applying direct pressure to stump. See "Bleeding."

Elevate the injured extremity/stump.

Support the affected extremity for comfort. Treat person for shock. See "*Shock*."

**CARE OF AMPUTATED PART:**

- Locate part if possible.
- Do not attempt to clean.
- Wrap in a dry sterile dressing.
- Place in a clean plastic bag.
- Place plastic bag on ice.
- **Do NOT place amputated part directly on ice or in water.**
- Transport amputated part with person or as soon as it is located.

Notify responsible school authority and parent or legal guardian.

# ANAPHYLAXIS / ALLERGIC REACTIONS (PART 1)

Anaphylaxis is a serious, rapidly progressing, whole body allergic reaction that can be fatal if not treated immediately. It can occur in a person who has a hypersensitivity to foods, insect stings, medications, or other allergens. **Children may experience a delayed reaction up to 2 hours following the allergen exposure.** The risk of anaphylaxis and death from anaphylaxis is higher among persons with asthma. Students with life-threatening allergies or who are at risk for anaphylaxis should be known to appropriate school staff. Symptoms of anaphylaxis are contained in the algorithm that follows.

**Epinephrine is the medication of choice to treat anaphylaxis.** According to the Annotated Code of Maryland, Education Article, Section 7-426.2, every local school system shall have stock auto-injector epinephrine to respond to a life-threatening event for students with no known history of anaphylaxis. The law reads as follows:

> "Each county board shall establish a policy for public schools within its jurisdiction to authorize the school nurse and other school personnel to administer auto-injectable epinephrine, if available, to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student:
> (1) Has been identified as having an anaphylactic allergy, as defined in § 7-426.1 of this subtitle; or
> (2) Has a prescription for epinephrine as prescribed by an authorized licensed health care practitioner under the Health Occupations Article."

In addition, staff in each school building should be trained to use the epinephrine auto-injector.

**1. INSERT YOUR LOCAL SCHOOL SYSTEM POLICY AND PROTOCOL ON THE USE OF EPINEPHRINE AUTO-INJECTORS BEHIND THIS TAB FOR YOUR REFERENCE.**

**2. Complete the information below:**

| Names of persons trained to use epinephrine auto-injector | Contact Number |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

# ANAPHYLAXIS / ALLERGIC REACTIONS (PART 2)

Does the student have any symptoms of a severe allergic reaction, which may include?

- Swelling of the back of the mouth/throat or tongue; feeling like the throat is closing; difficulty swallowing; hoarseness or change in quality of voice.
- Coughing; wheezing; shortness of breath; difficulty breathing; noisy breathing; "air\ hunger" or gasping for air.
- Dizzy / lightheaded; fainting; unresponsiveness
  Hives all over the body; generalized itching; tingling and/or swelling of face or extremities
- Nausea; abdominal pain or cramps; vomiting; diarrhea
- Uneasiness; agitation; panic; feeling of impending doom

**NOTE: <u>Not all</u> signs and symptoms need be present in anaphylaxis.**

**NO**

Does the student have symptoms of a mild allergic reaction:

- Red, watery, itchy eyes
- Itchy, sneezing, runny nose
- Hives or rash in one area **with no other symptoms**

**YES**

Adults supervising students during normal activities should be aware of the student's exposure and should watch for any delayed symptoms of a severe allergic reaction/ anaphylaxis for up to 2 hours.

Administer, or call trained staff to administer, approved medications as indicated.

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

**YES**

Does the student have an emergency/action plan available?

**NO**

- **Immediately** administer auto-injector epinephrine according to local school system policy for use of school stock auto-injector epinephrine, or call trained staff to administer.
- Follow local school system policy for students with severe allergic reactions.

**YES**

**Follow student's emergency/action plan.**

Administer, or call trained staff to administer, approved medications as indicated.

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

- Any student receiving epinephrine must be transported to the hospital.
- Contact responsible school authority and parent or legal guardian.
- Offer reassurance to student while waiting for EMS.
- Observe for worsening or return of symptoms.
- Follow local school system policy for administration of a second dose of epinephrine for worsening or return of symptoms.

# ASTHMA & DIFFICULTY BREATHING



Students with a history of breathing difficulties including asthma/ wheezing should be known to appropriate school staff. A care plan which includes an emergency/action plan should be developed. Maryland law allows students to possess and use an asthma inhaler in the school if approved by the School Nurse. Staff in a position to administer approved medications should receive instruction.

A student with asthma/wheezing may have breathing difficulties, which may include:

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

- Did breathing difficulty develop rapidly?
- Are the lips, tongue or nail beds turning blue?

**YES**

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

- Administer medication to student if ordered by their licensed prescriber.
- Follow local school system policy.
- Follow student's emergency/action plan.

**NO**

**Refer to student's emergency/action plan.**

Does the student have their own medication approved by a licensed prescriber?

**YES** → Has an inhaler already been used?

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

**NO** → Administer medication as directed according to local school system policy.

**NO** → Remain calm. Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

Are symptoms not improving or getting worse?

**NO** → Contact responsible school authority and parent or legal guardian.

**YES**

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

# BEHAVIORAL EMERGENCIES

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

Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate school staff. An emergency/ action plan should be developed.

**Refer to your school system policy for addressing behavioral emergencies.**

Does student have visible injuries?

**YES** →

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

**NO**

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

**YES** →

**CALL THE POLICE.**

Contact responsible school authority.

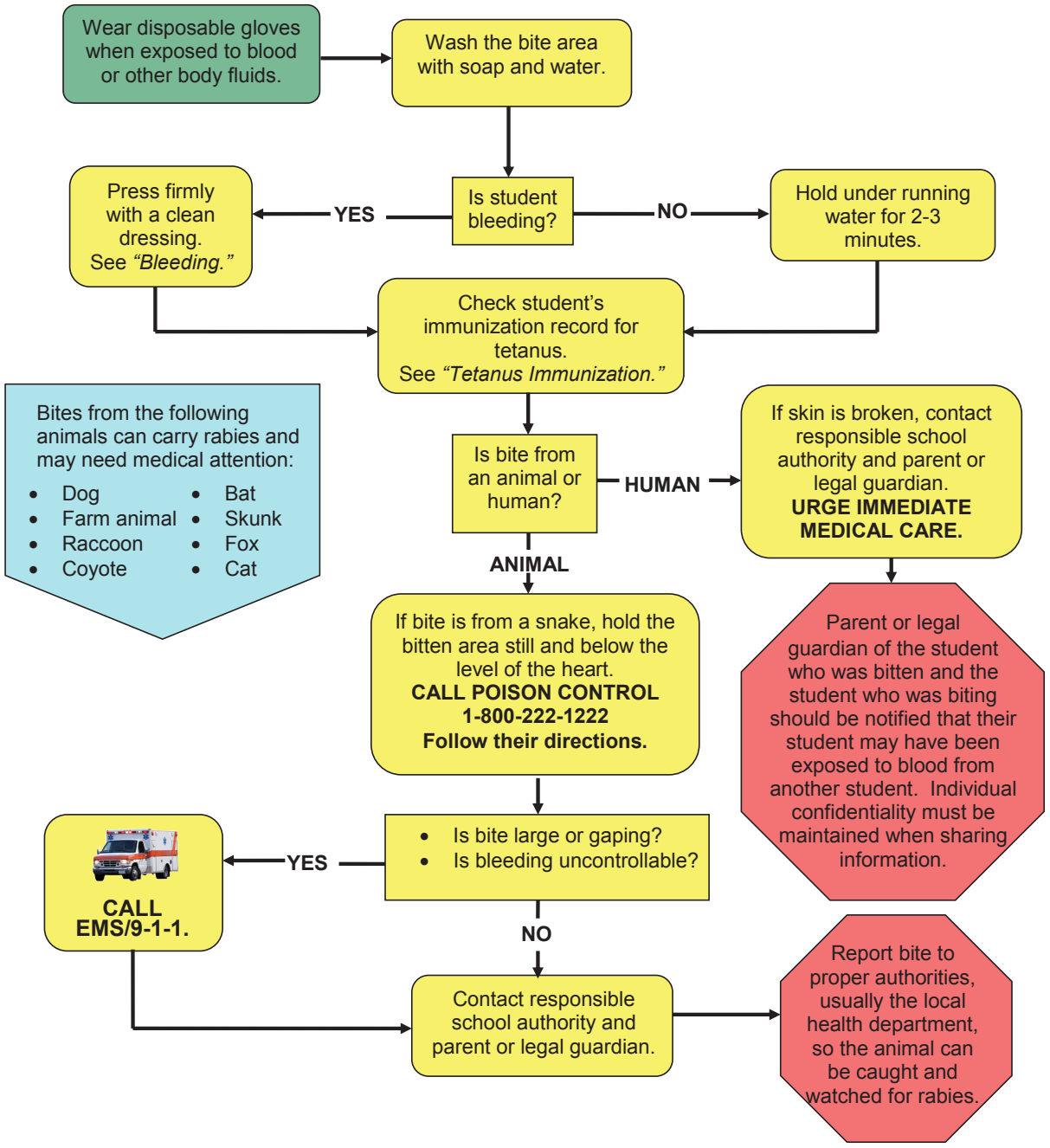
**NO**

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

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

Contact responsible school authority and parent or legal guardian.

# BITES


Wear disposable gloves when exposed to blood or other body fluids.
Wash the bite area with soap and water.
Is student bleeding?
YES
Press firmly with a clean dressing. See "Bleeding."
NO
Hold under running water for 2-3 minutes.
Check student's immunization record for tetanus. See "Tetanus Immunization."
Bites from the following animals can carry rabies and may need medical attention:
Dog
Farm animal
Raccoon
Coyote
Bat
Skunk
Fox
Cat
Is bite from an animal or human?
HUMAN
If skin is broken, contact responsible school authority and parent or legal guardian. URGE IMMEDIATE MEDICAL CARE.
ANIMAL
If bite is from a snake, hold the bitten area still and below the level of the heart. CALL POISON CONTROL 1-800-222-1222 Follow their directions.
Parent or legal guardian of the student who was bitten and the student who was biting should be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.
Is bite large or gaping?
Is bleeding uncontrollable?
YES
CALL EMS/9-1-1.
NO
Contact responsible school authority and parent or legal guardian.
Report bite to proper authorities, usually the local health department, so the animal can be caught and watched for rabies.

# BLEEDING

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

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

Is injured part amputated (severed)?

**NO**

**YES**

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

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

- Press firmly with a clean bandage to stop bleeding.
- Elevate bleeding body part gently. If fracture is suspected, gently support part and elevate if safe and will not cause more injury.
- Bandage wound firmly without interfering with circulation to the body part.
- **Do *NOT* use a tourniquet.**

Is there continued uncontrollable bleeding?

**YES**

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

**NO**

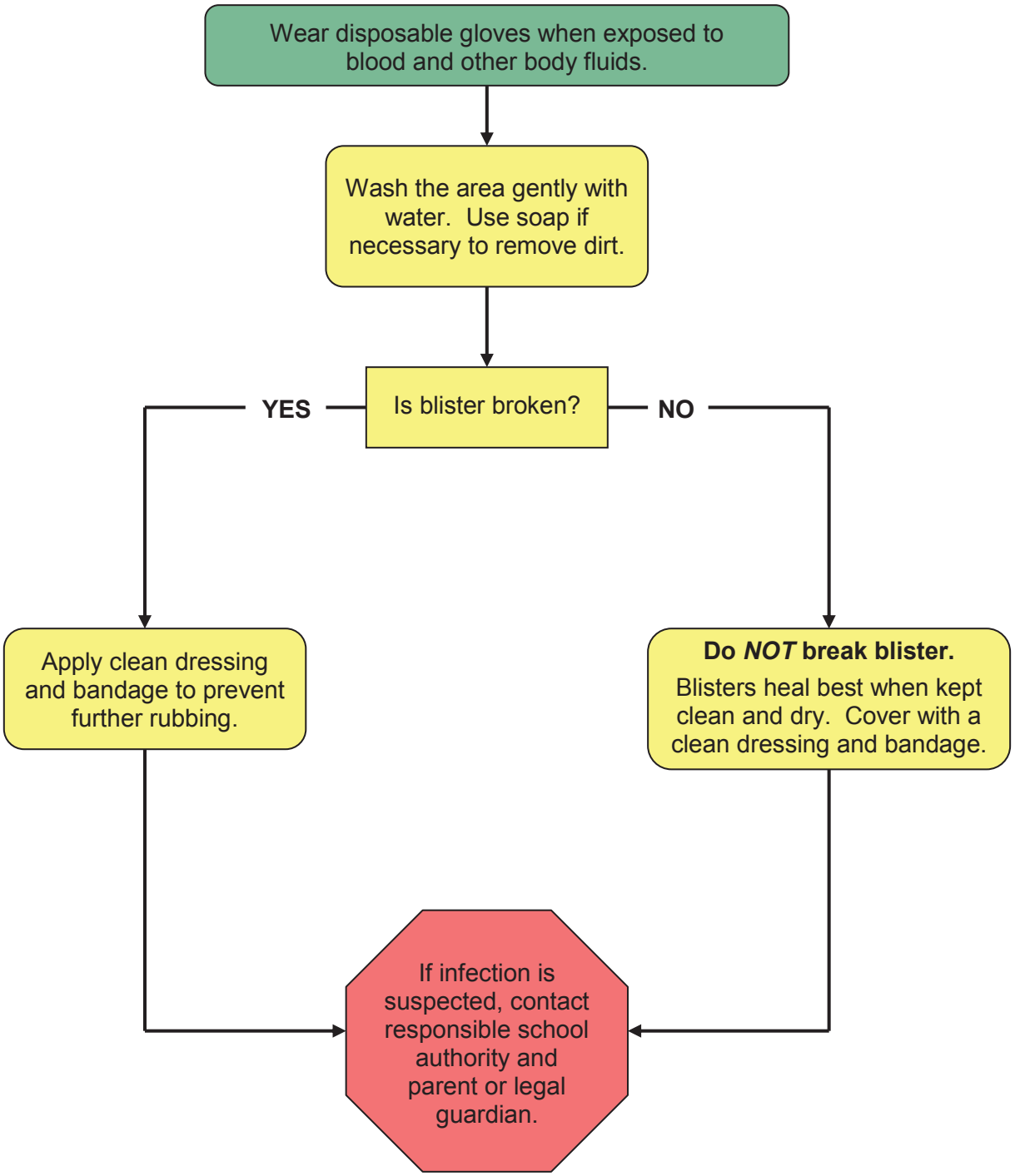
- Have student lie down.
- Elevate student's feet 8-10 inches unless this causes the student pain or discomfort *or* a neck/back injury is suspected.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.
- See *"Shock."*

If wound is gaping, student may need stitches. Contact responsible school authority and parent or legal guardian.

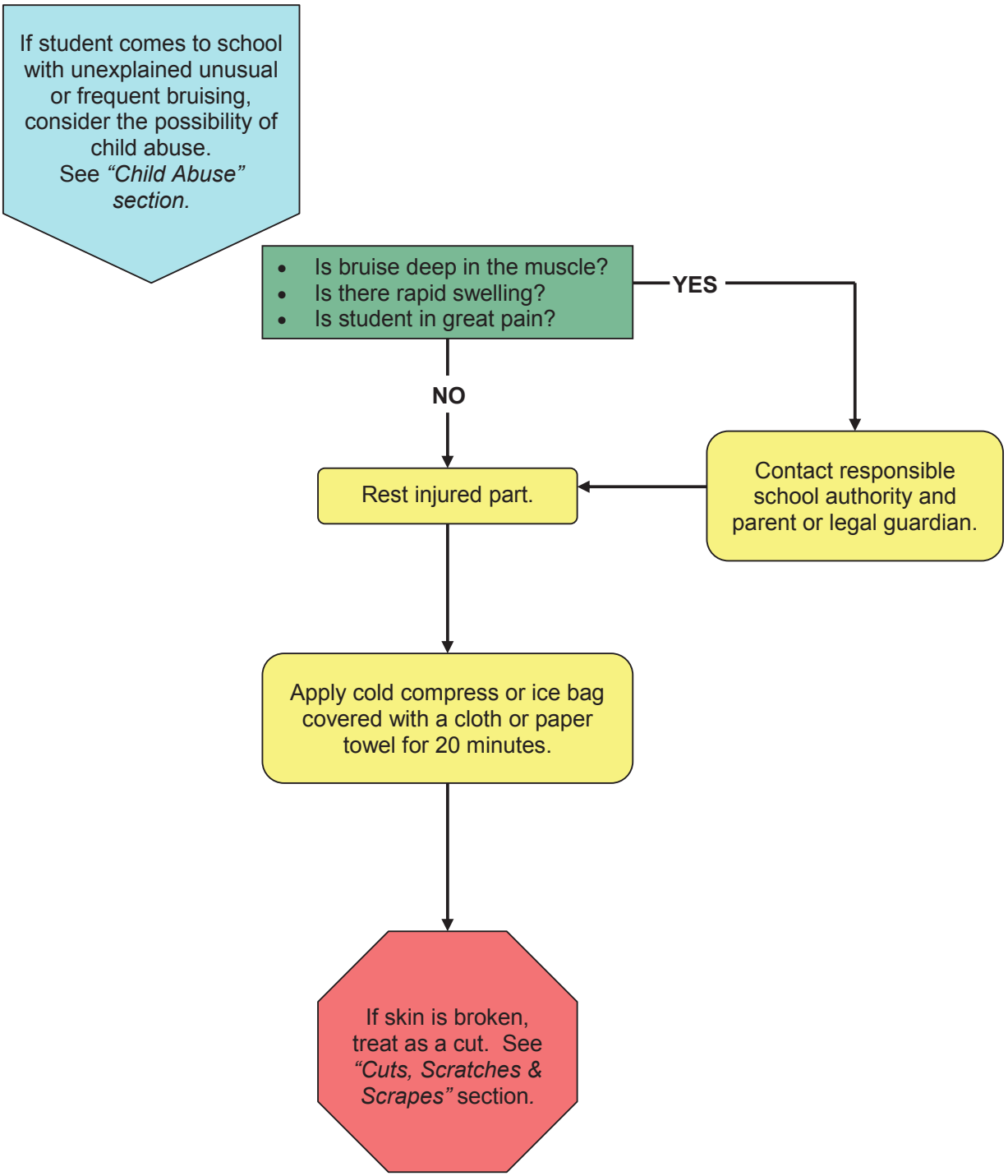
**URGE MEDICAL CARE.**

Contact responsible school authority and parent or legal guardian.

# BLISTERS


Wear disposable gloves when exposed to blood and other body fluids.
Wash the area gently with water. Use soap if necessary to remove dirt.
Is blister broken?
YES
NO
Apply clean dressing and bandage to prevent further rubbing.
Do NOT break blister.
Blisters heal best when kept clean and dry. Cover with a clean dressing and bandage.
If infection is suspected, contact responsible school authority and parent or legal guardian.

# BRUISES


If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See *"Child Abuse" section.*
Is bruise deep in the muscle?
Is there rapid swelling?
Is student in great pain?
YES
NO
Contact responsible school authority and parent or legal guardian.
Rest injured part.
Apply cold compress or ice bag covered with a cloth or paper towel for 20 minutes.
If skin is broken, treat as a cut. See *"Cuts, Scratches & Scrapes"* section.

# BURNS

If 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"* section.

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

What type of burn is it?

**ELECTRICAL**

Is student unresponsive?

**NO**

Flush the burn with large amounts of cool running water.
**Do *NOT* use ice.**

**YES**

See *"Electric Shock"* section.

**HEAT**

Contact responsible school authority and parent or legal guardian.

**CHEMICAL**

- Wear gloves and if possible, goggles.
- Remove student's clothing and jewelry if exposed to chemical.
- Rinse chemicals off skin, eyes **IMMEDIATELY** with large amounts of water.
- See *"EYES"* section.
- Rinse for 20-30 minutes.

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

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unresponsive?
- Are there other injuries?

**YES**

**NO**

**Call EMS/9-1-1.**

Cover/wrap burned part loosely with a clean dressing. Elevate burned limb above heart level.

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

Contact responsible school authority and parent or legal guardian.

# CHEST PAIN

**A person with chest pain may:**

- **Be awake**, able to talk but complains of severe chest pain
- **Complain of chest pain** or pressure located in the center of the chest
- **State that the pain** feels like pressure, fullness, squeezing, or heaviness in the chest
- **State that pain** travels to shoulders, neck, lower jaw or down arms
- **State that pain** lasts more than 3-5 minutes
- **States that pain** has stopped completely and returned a short time later

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

- Have person rest quietly.
- Place person in a position of comfort.
- Loosen any tight clothing.

Observe for these additional vague symptoms:

- Lightheadedness or "feeling dizzy"
- Sweating
- Nausea
- Shortness of breath
- Ache, heartburn, or indigestion
- Fainting or loss of responsiveness

Monitor airway, breathing and signs of circulation.
See "*CPR and AED*."

Send for CPR trained staff. If person stops breathing or becomes unresponsive, begin CPR.
See "*CPR and AED*."

Notify responsible school authority and parent or legal guardian or emergency contact for adults.

# NOTES ON PERFORMING CPR & AED

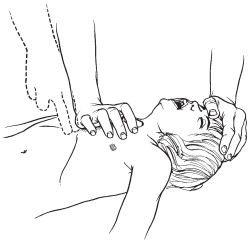
The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2010. A compression-to-ventilation ratio of 30:2 is one emphasized component of these guidelines. Code of Maryland Regulations (COMAR 13A.05.05.09) requires at least one person in each school to become trained in CPR and the use of AEDs. Also, COMAR 13A.05.05.11 requires annual in-service training plans that include training in first aid and CPR for school personnel.

## AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)

An automatic external defibrillator (AED) is a small electronic device that helps to restore a normal heart rhythm by delivering an electric shock to the heart after detecting a life-threatening irregular rhythm. AEDs are not substitutes for CPR but are designed to increase the effectiveness of basic life support when integrated into the CPR cycle.

AEDs are safe to use for ***any infant, child or adult in cardiac arrest, according to the American Heart Association (AHA).**** Some AEDs are capable of delivering a "child" energy dose through smaller child pads. Use child pads / child system for infants and children younger than age 8, if available. If child system is not available, use adult AED and pads. Do not use the child pads or "child" energy dose for adults in cardiac arrest. The location of AEDs should be known to all school personnel.

## CHEST COMPRESSIONS FOR INFANT, CHILD, AND ADULT



The AHA is placing more emphasis on the use of effective chest compressions during CPR. CPR chest compressions produce blood flow from the heart to the vital organs. While performing chest compressions on any infant, child or adult, **Push Hard, Fast and Deep**.

## BARRIER DEVICES

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing rescue breathing. Several different types (e.g., face shields, pocket masks) exist. It is important to learn and practice using these devices in the presence of a trained CPR instructor before attempting to use them in an emergency situation. Rescue breathing technique may be affected by these devices.

* AHA Guidelines, 2010.

# AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs) FOR ALL AGES (INFANT, CHILD, & ADULT)

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

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

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If person is unresponsive, shout for help and **send one person to CALL EMS/9-1-1 and another person to get your school's AED if available.**

2. Follow primary steps for CPR (see "*CPR*" for appropriate age group – infant and over 1 year, including adults).

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

## IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

1. Use the AED first if immediately available. If not, begin CPR.

2. Prepare AED to check heart rhythm and deliver 1 shock as necessary.

3. Begin 30 CPR chest compressions in about 20 seconds followed by 2 normal rescue breaths. See age-appropriate CPR guideline.

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

5. Prompt another AED rhythm check.

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

7. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

## IF CARDIAC ARREST OR COLLAPSE WAS NOT WITNESSED:

1. Start CPR first. See age appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions in about 20 seconds to 2 breaths at a rate of at least 100 compressions per minute.

2. Prepare the AED to check the heart rhythm and deliver a shock as needed.

3. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

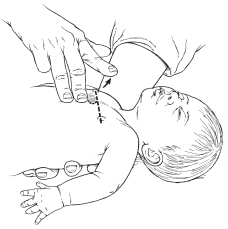
# CPR FOR INFANTS UNDER 1 YEAR

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

1. Gently shake infant. If no response, shout for help and send someone to **call EMS/9-1-1 and get your school's AED, if available.**
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Evaluate for signs of circulation, which include breathing, moving, or coughing.
4. If no signs of circulation exist, begin CPR, beginning with chest compressions at a rate of 100 compressions-per-minute. Remember to allow the chest to return to its normal position in between each compression. **Push hard, fast, and deep.**

## Begin CPR:

1. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are NOT over the very bottom of the breastbone.)



2. Compress chest hard and fast at rate of 30 compressions in about 20 seconds with 2 or 3 fingers about 1/3 to 1/2 the depth of the infant's chest.

   Use equal compression and relaxation times. Limit interruptions in chest compressions.

3. If you have been trained to provide breathing, provide two (2) breaths with each breath lasting 1 second and watch for the chest to rise with each breath.

4. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON THEIR OWN OR HELP ARRIVES.

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

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

# CPR AGE 1 THRU ADULTS

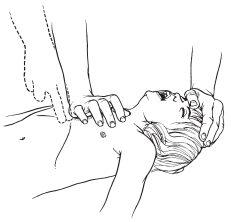


**CPR is to be used when a student is unresponsive or when breathing or heart beat stops.**

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If child is unresponsive, shout for help and send someone to **call EMS/9-1-1 and get your school's AED, if available.**
2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Evaluate for signs of circulation, which include breathing, moving, or coughing.
4. If no signs of circulation exist, begin CPR, beginning with chest compressions at a rate of 100 compressions-per-minute. Remember to allow the chest to return to its normal position in between each compression. **Push hard, fast, and deep.**

## Begin CPR:

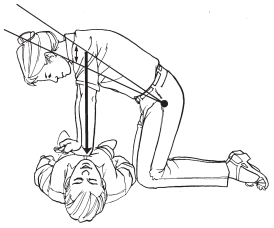
1. Find hand position near center of breastbone just below the nipple line. (Make sure hand(s) are ***NOT*** over the very bottom of the breastbone.



2. Compress chest hard and fast at rate of 30 compressions in about 20 seconds with 1 or 2 hands* about 2 inches in depth.

   Use equal compression and relaxation times. Limit interruptions in chest compressions.

3. If you have been trained to provide breathing, provide two (2) breaths with each breath lasting 1 second and watch for the chest to rise with each breath.



4. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL PATIENT STARTS BREATHING EFFECTIVELY ON THEIR OWN OR HELP ARRIVES.

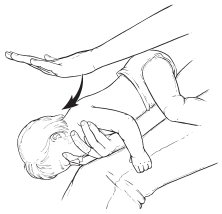
* Hand positions for child CPR:
- **1 hand:** Use heel of 1 hand only
- **2 hands:** Use heel of 1 hand with second on top of first

# CHOKING

## Call EMS/9-1-1 after starting rescue efforts.

### INFANTS UNDER 1 YEAR

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, do ***NOT*** do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.



1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do ***NOT*** compress throat).
2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.
3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, just below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with the finger.
6. REPEAT STEPS 1-5 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
7. Call EMS/9-1-1 after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called

**IF INFANT BECOMES UNRESPONSIVE, BEGIN THE STEPS OF INFANT CPR.**

### CHILDREN OVER 1 YEAR OF AGE & ADULTS

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

1. Stand behind an adult, or stand or kneel behind child with arms encircling patient.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand).
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP AND THE CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

**IF CHILD OR ADULT BECOMES UNRESPONSIVE, PLACE ON BACK AND BEGIN THE STEPS OF CPR.**

**FOR OBESE OR PREGNANT PERSONS:**

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

# CHILD ABUSE & NEGLECT

According to Family Article Title 5, Subtitle 7; COMAR 13A.12.05.01D; Education Article Section 6-202, child abuse and neglect includes child physical abuse, sexual abuse, human trafficking of youth, neglect, mental injury abuse and mental injury neglect. Child abuse and neglect is a complicated issue with many potential signs. Some signs are listed below. This is not a complete list:

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

All school staff are required to report suspected child abuse and neglect (COMAR 13A.12.05.01). Failure to report may result in revocation of licensure or certification and loss of employment. Follow local school system policy on reporting Child Abuse and Neglect.

All communication should be done in a nonjudgmental and confidential manner

Are there life-theatening injuries?

YES → **Call EMS/9-1-1.**

NO ↓

Provide first aid for specific injury. See appropriate guideline.

- Remain calm and respect student's privacy.
- Reassure student.
- Do not allow student to shower/clean up.
- Do not leave student unsupervised.

→ Contact responsible school authority. Follow local school system policy for reporting.

# COMMUNICABLE DISEASES RESOURCES

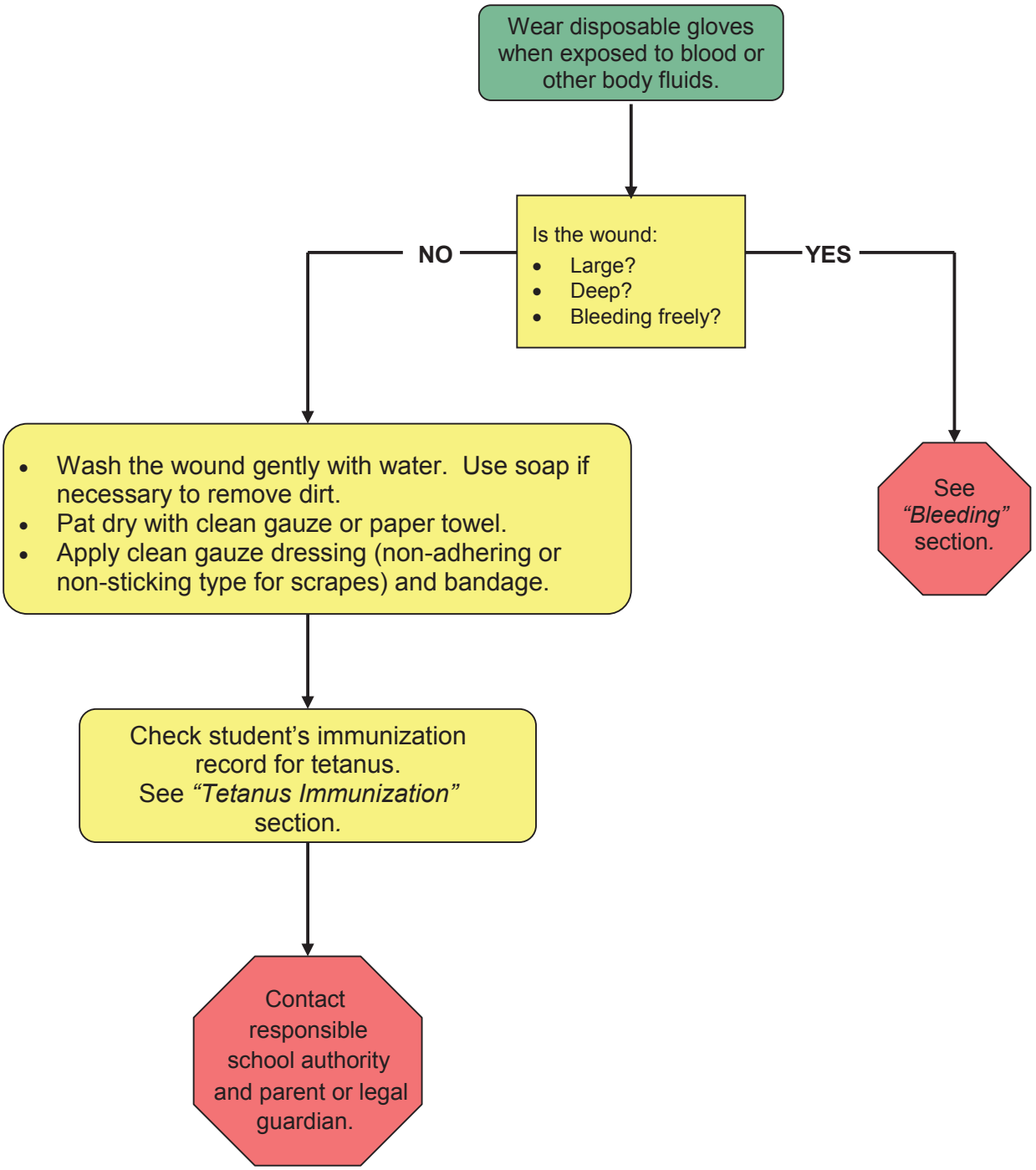
The Maryland Department of Health and Mental Hygiene offers advice on the control of communicable disease.

More information can be found at:
http://phpa.dhmh.maryland.gov/IDEHASharedDocuments/guidelines/CDSummary_FINAL_2011_Nov.pdf

Reportable Diseases
http://phpa.dhmh.maryland.gov/SitePages/reportable-diseases.aspx

Follow local school system policy for reporting of communicable diseases.

# CUTS, SCRATCHES & SCRAPES



# DIABETES

A student with diabetes should be known to appropriate school staff. An emergency/ action plan must be developed.

**A student with diabetes may have the following symptoms:**

- Irritability and feeling upset
- Change in personality
- Sweating and feeling "shaky"
- Loss of responsiveness
- Confusion or strange behavior
- Rapid, deep breathing

**Refer to student's emergency/action plan.**

Is the student:

- Unresponsive or losing responsiveness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

NO

YES

Does student have a blood sugar monitor available?

NO

Give the student **fast-acting sugar** such as:

- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers) or ½ candy bar
- Sugar (2 packets or 2 teaspoons)
- Cake decorating gel (½ tube) or icing
- Instant glucose

YES

Allow student to check blood sugar.

Is blood sugar ***less than 60 or "LOW"*** according to emergency plan / action plan?
or
Is blood sugar ***"HIGH"*** according to emergency/ action plan?

LOW

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

Continue to watch the student. Is student improving?

YES

NO

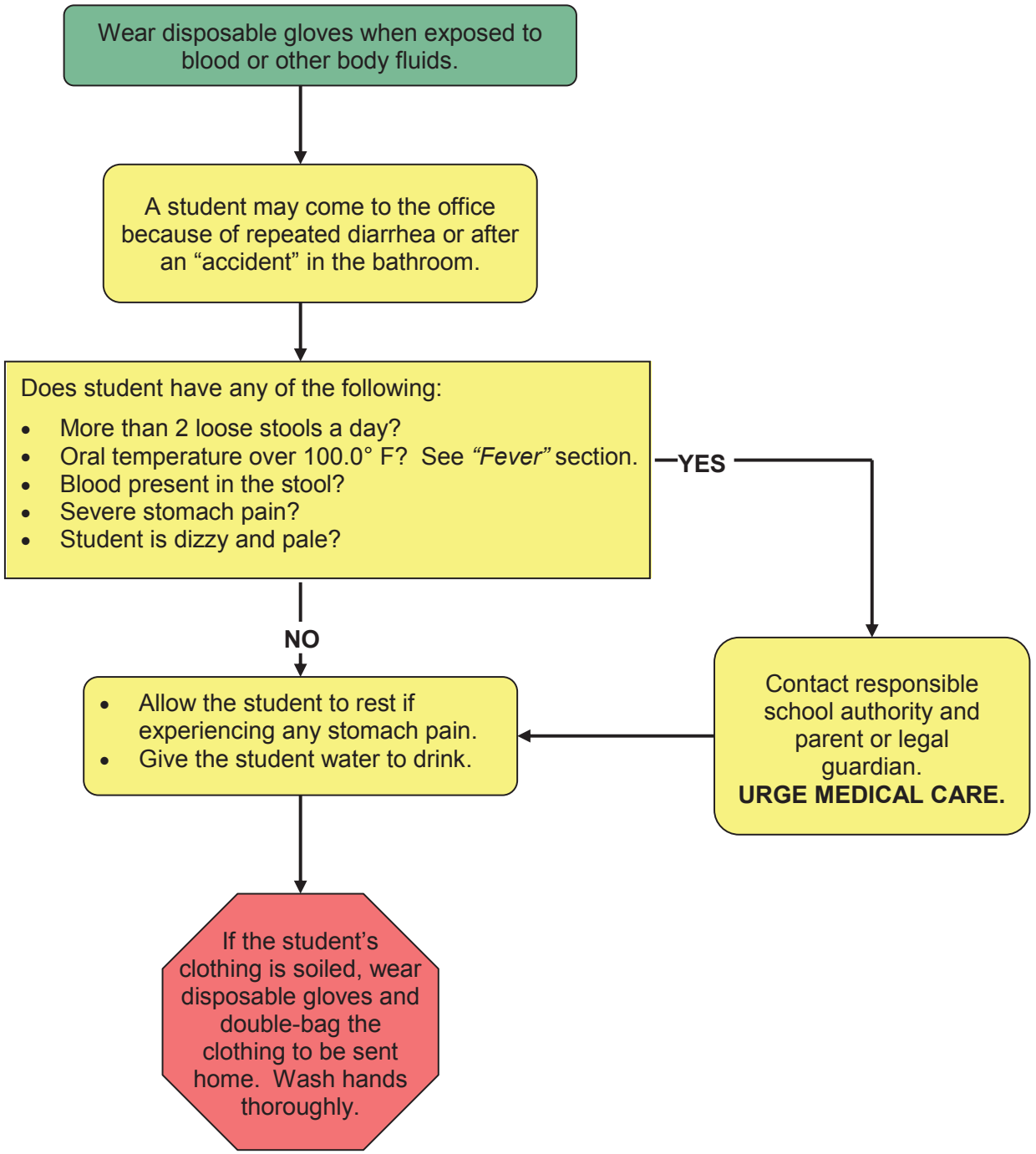
HIGH

Contact responsible school authority and parent or legal guardian.

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

If the student is unresponsive see *"Unresponsiveness"* section. Follow instructions from EMS.

# DIARRHEA


Wear disposable gloves when exposed to blood or other body fluids.
A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.
Does student have any of the following:
More than 2 loose stools a day?
Oral temperature over 100.0° F? See "Fever" section.
Blood present in the stool?
Severe stomach pain?
Student is dizzy and pale?
YES
NO
Contact responsible school authority and parent or legal guardian.
URGE MEDICAL CARE.
Allow the student to rest if experiencing any stomach pain.
Give the student water to drink.
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

# DROWNING (NEAR)

**Call EMS/9-1-1.**

Send for help, specifically, CPR trained staff.

- When safe for you to do so, rescue victim from water by reaching.
- **DO NOT** enter water.
- Check for injury.

- Place person on back.
- Assess for head/neck injury while maintaining open airway.
- Assess for breathing and signs of circulation. See *"CPR and AED"* Section.

Is the person breathing?

**YES**

- Place on side if injury is not suspected.
- Cover.
- Remain with person.

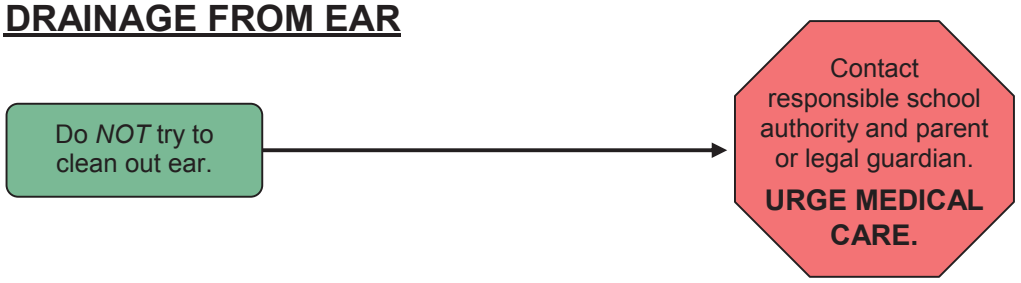
Notify responsible school authority and parent or legal guardian.

**NO**

Begin CPR and continue until EMS help arrives.

# EAR PROBLEMS

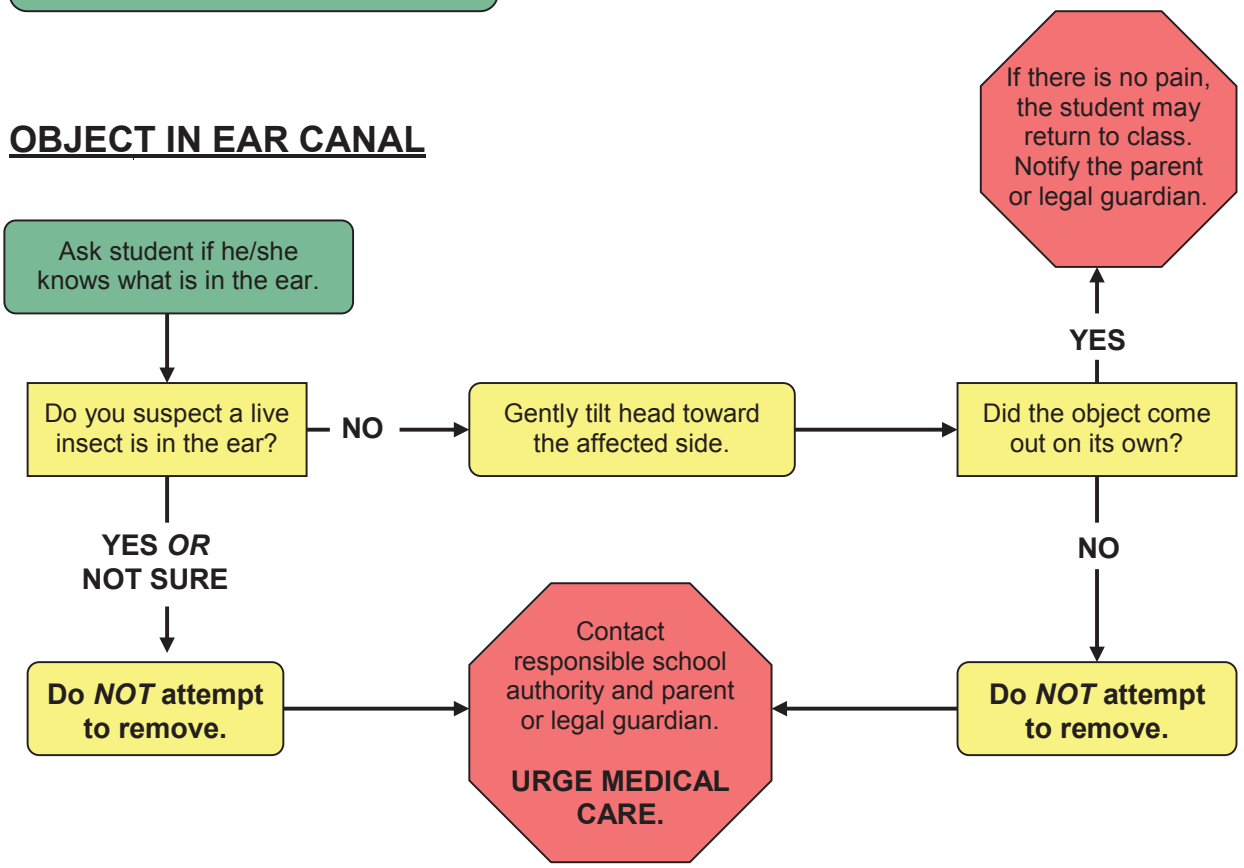
## DRAINAGE FROM EAR




## EARACHE

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

## OBJECT IN EAR CANAL



# ELECTRIC SHOCK

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

If no one else is available to call EMS/9-1-1, perform CPR first for 2 minutes and then call EMS/ 9-1-1 yourself.

Is student unresponsive?

**YES**

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

- Keep airway clear.
- Look, listen and feel for breath.
- **If student is not breathing, start CPR.** See *"CPR and AED"* section.

Contact responsible school authority and parent or legal guardian.

**NO**

Treat any burns. See *"Burns"* section.

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

# EYE PROBLEMS

## EYE INJURY

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

Keep student lying flat and quiet.

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

**YES**

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

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

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

Contact responsible school authority and parent or legal guardian.

**NO**

Contact responsible school authority and parent or legal guardian.

**URGE IMMEDIATE MEDICAL CARE.**

***Eye Problems***
*continued on next page*

# EYE PROBLEMS (CONT.)



## PARTICLE IN EYE

Keep student from rubbing eye.

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

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

**URGE MEDICAL CARE.**

## CHEMICALS IN EYE

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

**CALL POISON CONTROL.**

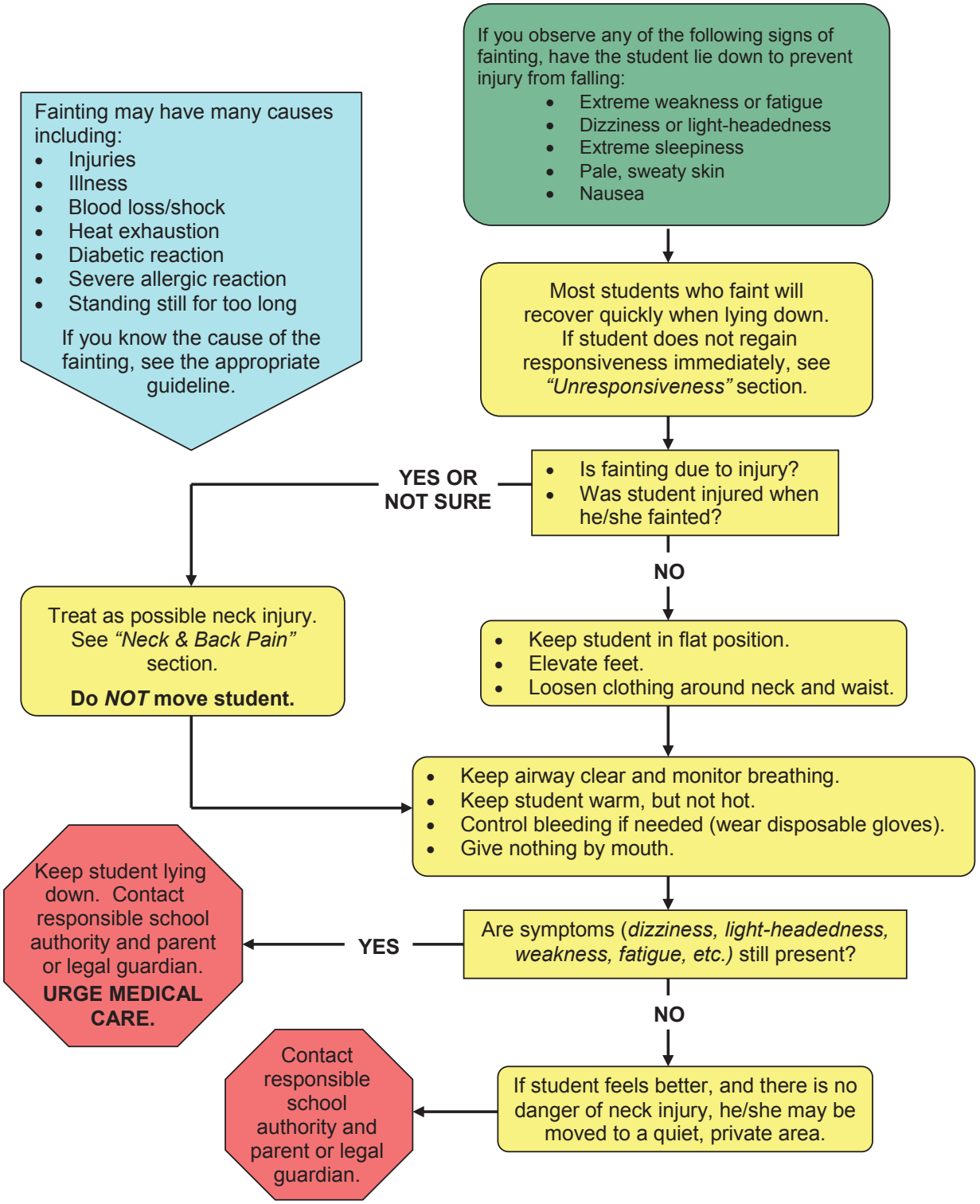
**1-800-222-1222**

**Follow their directions.**

If eye has been burned by chemical, **CALL EMS/9-1-1.**

Contact responsible school authority and parent or legal guardian.

# FAINTING


If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:
• Extreme weakness or fatigue
• Dizziness or light-headedness
• Extreme sleepiness
• Pale, sweaty skin
• Nausea
Fainting may have many causes including:
• Injuries
• Illness
• Blood loss/shock
• Heat exhaustion
• Diabetic reaction
• Severe allergic reaction
• Standing still for too long
If you know the cause of the fainting, see the appropriate guideline.
Most students who faint will recover quickly when lying down. If student does not regain responsiveness immediately, see "Unresponsiveness" section.
• Is fainting due to injury?
• Was student injured when he/she fainted?
YES OR NOT SURE
NO
Treat as possible neck injury. See "Neck & Back Pain" section.
Do NOT move student.
• Keep student in flat position.
• Elevate feet.
• Loosen clothing around neck and waist.
• Keep airway clear and monitor breathing.
• Keep student warm, but not hot.
• Control bleeding if needed (wear disposable gloves).
• Give nothing by mouth.
Are symptoms (dizziness, light-headedness, weakness, fatigue, etc.) still present?
YES
Keep student lying down. Contact responsible school authority and parent or legal guardian.
URGE MEDICAL CARE.
NO
If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.
Contact responsible school authority and parent or legal guardian.

# FEVER

Fever is defined as a temperature >100.0° F orally; an oral temperature of 100.0° F is approximately equivalent to 101.0° F rectally or temporally (Temporal Artery Forehead Scan), or 99.5° F axillary (armpit).

Take student's temperature. Note if student has fever.

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

Give no medication, unless previously authorized.

Contact responsible school authority and parent or legal guardian. Follow local school system policy for students with fever.

# FRACTURES & SPRAINS

Treat all injured parts as if they *could* be fractured.

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

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

**YES**

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

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

Contact responsible school authority and parent or legal guardian.

**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 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.

**NO**

Contact responsible school authority and parent or legal guardian.

**URGE MEDICAL CARE.**

# FROSTBITE

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

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

Frostbitten skin may:

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

Deeply frostbitten skin may:

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

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

Does extremity/part:

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

**YES**

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

Contact responsible authority and parent or legal guardian.

**NO**

Keep student and part warm.

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

# GENITOURINARY COMPLAINTS

Genitourinary complaints include trauma, injury, infection of the genitals (penis, testicles, vagina, vulva and surrounding area), itching, unusual color, or unusual odor.

Sexually transmitted infection and abuse must be ruled out regardless of person's age.

**Physical examination should be left to medical professionals.**

Complaints may include:

- Painful urination
- Blood or pus in urine
- Discharge from penis, vagina, or urethra
- Ulcers
- Swollen or painful inguinal (groin) lymph glands
- Swelling, redness, and tenderness of genitals
- Injury
- Trauma
- Rash

Is there severe genitourinary trauma? —YES→ **Call EMS/9-1-1.**

Is there severe genitourinary bleeding? —YES→ See "*Bleeding*" or "*Menstrual Difficulties.*"

Is there severe genitourinary pain? —YES→ Notify parent or legal guardian. **URGE MEDICAL CARE.**

Is there suspicion of abuse? —YES→ See *"Child Abuse"* section.

←NO— Notify parent or legal guardian. Notify responsible school authority. **URGE MEDICAL CARE.**

# HEADACHE

Give no medication unless previously authorized following local school system policy.

Has a head injury occurred?

YES → See *"Head Injuries"* section.

NO

- Is headache severe?
- Are other symptoms present such as:
  - Vomiting?
  - Oral temperature over 100.0° F. (see *"Fever"* section)
  - Blurred vision?
  - Dizziness?
  - Stiff neck?

YES → Contact parent or legal guardian.

**URGE MEDICAL CARE.**

NO

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

Apply a cold cloth or compress to the student's head.

If headache persists, contact parent or legal guardian.

**Call EMS/9-1-1.**

if sudden appearance of:

- Increased severity of headache pain
- "Worst headache of my life"
- Weakness, numbness of face, arms, and legs
- Face asymmetry
- Difficulty walking or speaking
- Seizures
- Rash (purple in color)

Follow EMS instructions. Notify responsible school authority and contact parent or legal guardian

# HEAD INJURIES

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*" section. Follow local school system policy for head injury including concussions.

If student *only* bumped head and does not have any other complaints or symptoms, see *"Bruises"* section.

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

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

Is student vomiting?

**YES**

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

**NO**

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

Are any of the following symptoms present:

- Severe headache?
- Unresponsive?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

**YES**

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

- Check student's airway.
- Monitor the student's breathing.
- **If student stops breathing or is unresponsive, start CPR.** See *"CPR and AED"* section.

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

**NO**

Even if student was only briefly confused and seems fully recovered, contact responsible school authority and parent or legal guardian.
**URGE MEDICAL CARE.**
Watch for delayed symptoms.
Follow local school system policy for follow-up.

# HYPERTHERMIA (HEAT) EMERGENCIES

Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be a life-threatening situation if left untreated for too long.

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

- Red, hot, dry skin
- Weakness and fatigue
- Cool, clammy hands
- Vomiting
- Loss of responsiveness

Is student unresponsive or losing responsiveness?

**NO**

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

**YES**

- Quickly remove student from heat to a cooler place.
- Put student on his/her side to protect the airway.
- Look, listen and feel for breath.
- **If student stops breathing, start CPR.** See *"CPR and AED"* section.

- Does student have hot, dry, red skin?
- Is student vomiting?
- Is student confused?

**YES**

**NO**

Give clear fluids such as water or Gatorade frequently and in small amounts if student is fully awake and alert.

Contact responsible authority and parent or legal guardian.

Cool rapidly by completely wetting clothing with room temperature water.

**Do *NOT* use ice water.**

**CALL EMS/9-1-1.** Contact responsible authority and parent or legal guardian. Follow EMS instructions for cooling while waiting for EMS arrival.

# HYPOTHERMIA (COLD) EMERGENCIES

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. Symptoms may include:

- Confusion
- Weakness
- Blurry vision
- Slurred speech
- Shivering
- Sleepiness
- White or grayish skin color
- Impaired judgment

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

Does the student have:

- Loss of responsiveness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

**NO** →

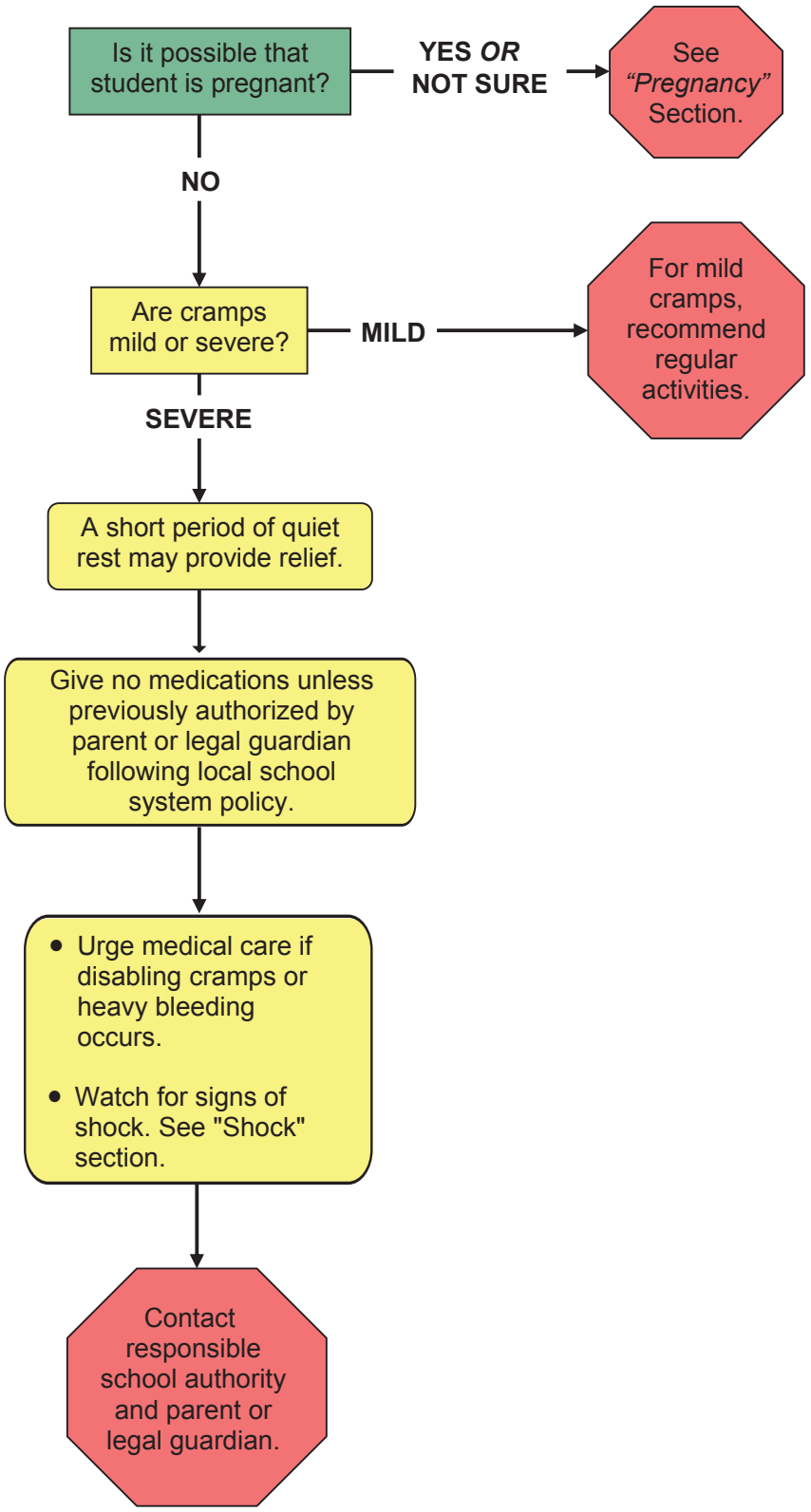
Continue to warm student with blankets. If student is fully awake and alert, offer warm (***NOT HOT***) fluids, but no food.

**YES** →

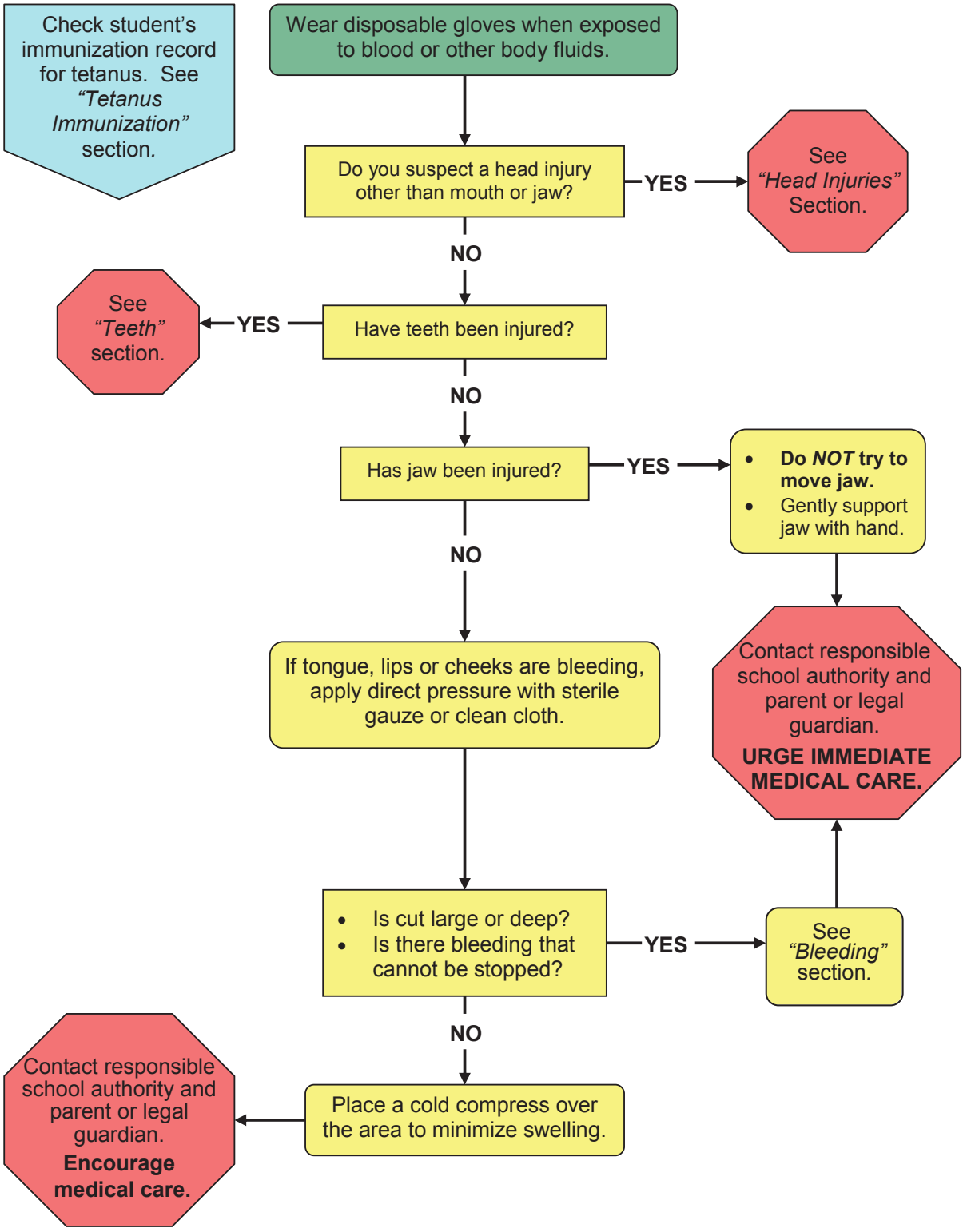
- **CALL EMS/9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is asleep or losing responsiveness, place student on his/her side to protect airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.** See *"CPR and AED"* section.

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

# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES



# NECK & BACK PAIN

Suspect a neck/back injury if pain results from:
- Falls over 10 feet or falling on head
- Being thrown from a moving object
- Sports
- Violence
- Being struck by a car or fast moving object

Has an injury occurred?

**NO** →

A stiff or sore neck from sleeping in a "funny" position is different than neck pain from a sudden injury. A non-injured stiff neck with neurological symptoms or fever of 100.0° F could be an emergency.

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

**YES**

Did student walk in or was student found lying down?

**WALK IN** →

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

**Try *NOT* to move neck or head.**

**LYING DOWN**

- **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.
- **Do *NOT* drag the student sideways.**

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

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

# NOSE PROBLEMS

## NOSEBLEED

See *"Head Injuries"* section if you suspect a head injury other than a nosebleed or broken nose.

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

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.

Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes. Apply ice to nose.

If blood is still flowing freely after applying pressure and ice, contact responsible school authority and parent or legal guardian.

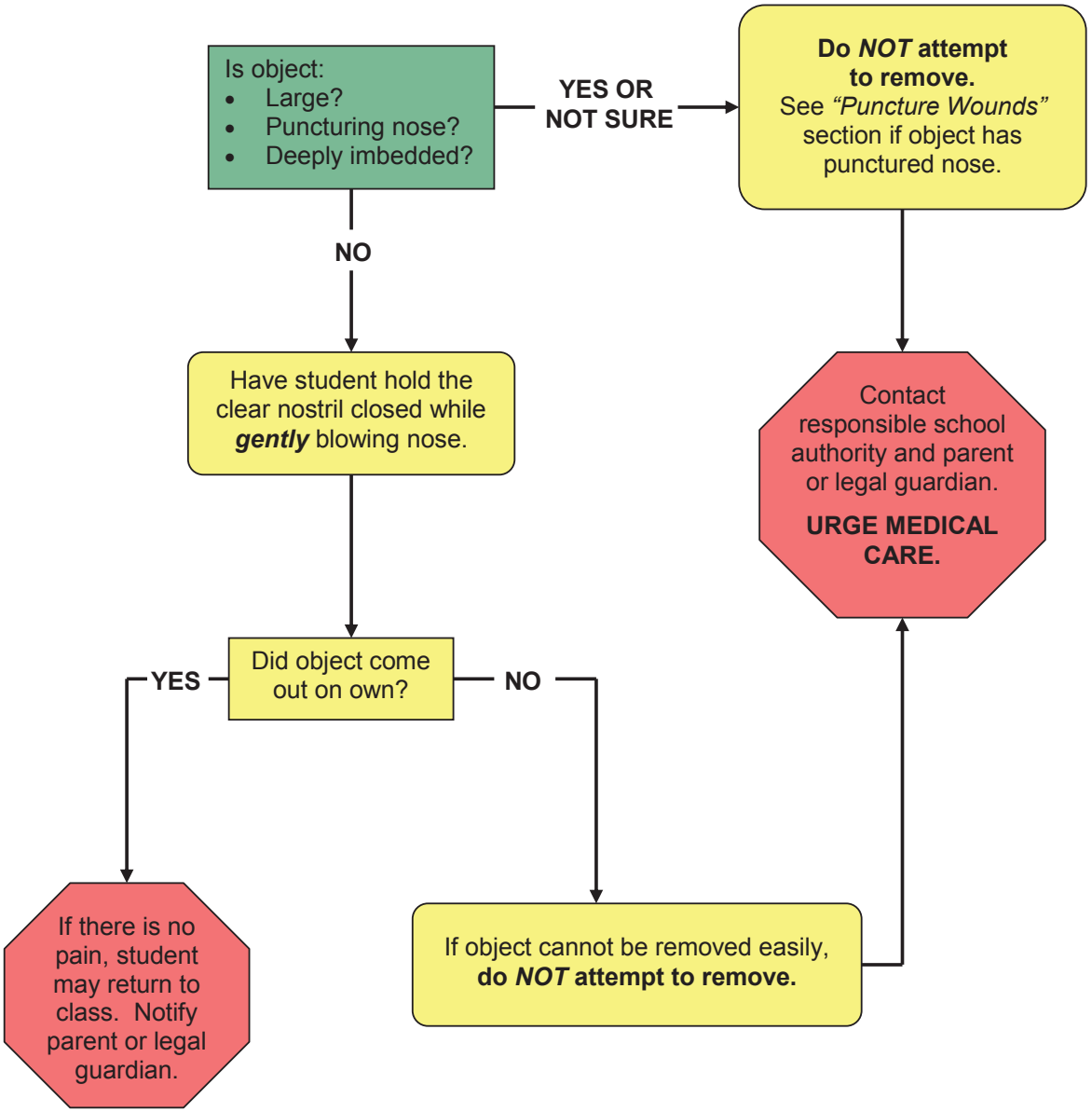
## BROKEN NOSE

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

***Nose Problems***
*continued on next page*

# NOSE PROBLEMS (CONT.)

## OBJECT IN NOSE



# POISONING & OVERDOSE

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

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

Or if you are not sure.

Possible warning signs of poisoning include:

- Pills, berries or unknown substances 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
- Drowsiness

Are they responsive?

**YES**

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

**NO**

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

If possible, find out:

- Age and weight of student
- What the student swallowed
- What type of "poison" it was
- How much and when it was taken

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

- If student becomes unresponsive, place on his/her side. Check airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.** See *"CPR and AED"* section.

**CALL EMS/9-1-1.** Follow their instructions.

Contact responsible school authority and parent or legal guardian.

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

# PREGNANCY

Pregnant students should be known to appropriate school staff. Follow local school system communication policy regarding confidentiality. Under Health General, Sections 20-102 and 20-104, minors may consent to pregnancy related services. Consider issues of confidentiality when addressing pregnancy concerns. Follow local school system policy regarding confidential communication.

Pregnancy may be complicated by any of the following:

**SEVERE STOMACH PAIN OR ABDOMINAL TRAUMA**

**SEIZURE**

This may be a serious complication of pregnancy.

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

**VAGINAL BLEEDING**

Contact responsible school authority and parent or legal guardian.

**URGE IMMEDIATE MEDICAL CARE.**

**AMNIOTIC FLUID LEAKAGE**

If fluid is present and patient does not complain of pain, this is NOT normal and may indicate the beginning of labor.

**MORNING SICKNESS**

Treat as vomiting. See *"Vomiting"* section.

# PUNCTURE WOUNDS

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

Has eye been wounded?

YES → See *"Eyes – Eye Injury"* section. **Do *NOT* touch eye.**

NO

Is object still stuck in wound?

YES

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

- Is object large?
- Is wound deep?
- Is wound bleeding freely or squirting blood?

YES

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

See *"Bleeding"* section if wound is deep or bleeding freely.

NO

**Do *NOT* try to probe or squeeze.**

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

See *"Bleeding"* section if wound is deep or bleeding freely.

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

Contact responsible school authority and parent or legal guardian.

**URGE MEDICAL CARE.**

# RAPE / SEXUAL ASSAULT

Suspected victims of sexual assault are considered emergency patients with needs to be met equally by law enforcement and medical personnel. Victims may be male or female. Under Health General, Sections 20-102 and 20-104, minors may consent to services related to rape. Follow local school system's policy regarding reporting.

Victims may display:

- Agitation
- Anxiety
- Vaginal or anal bleeding
- Torn clothing
- Signs of injury from physical assault

Treat the victim with respect and avoid unnecessary questions into the circumstances of how the assault occurred.

Did the incident occur within minutes/hours of the report?

**YES**

**Call EMS/ 9-1-1.**

- **Contact responsible school authority and notify parent or legal guardian.**
- **Notify police.**
- **Arrange transportation to appropriate hospital according to local policy.**
- **DO NOT disturb potential evidence by washing body, changing or discarding clothes.**

**NO**

- **Follow local school system policy and protocol regarding reporting.**
- **See "Child Abuse."**
- **Reassure victim and offer support.**
- **Consider possible sexually transmitted infection, pregnancy, or delayed emotional reactions.**
- **Notify responsible school authority and parent or legal guardian according to local school system policy.**

# RASHES

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

Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.

Rashes include:
- Hives
- Red spots (large or small, flat or raised)
- Purple spots
- Small blisters

Other symptoms may indicate whether the student needs medical care.
Does student have:
- Loss of responsiveness?
- Difficulty breathing or swallowing?
- Purple spots?

**YES**

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

Contact responsible school authority and parent or legal guardian.

**NO**

If any of the following symptoms are present, contact responsible school authority and parent or legal guardian and **URGE MEDICAL CARE:**
- Oral temperature over 100.0° F (See *"Fever"* section)
- 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 he/she is not able to participate in school activities

See "Allergic Reaction" section and "Communicable Diseases Resources" section for more information.

# SEIZURES

Seizures may be any of the following:
- Episodes of staring with loss of eye contact
- Staring involving twitching of the arm and leg muscles
- Generalized jerking movements of the arms and legs
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.)
- If head injury is suspected, do not move the student.

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

**Refer to student's emergency/action plan.**

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do *NOT* restrain movements.**
- Move surrounding objects to avoid injury.
- **Do *NOT* place anything in between the teeth or give anything by mouth.**
- Keep airway clear by placing student on his/her side. A pillow should *NOT* be used.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:
- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of responsiveness, etc.

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

**NO**

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

**YES**

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

Contact responsible school authority and parent or legal guardian.

# SHOCK



If injury is suspected, see *"Neck & Back Pain"* section and treat as a possible neck injury. **Do *NOT* move student unless he/she is endangered.**

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

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

- Not breathing? See *"CPR and AED"* section and/or "*Choking*" section.
- Unresponsive? See *"Unresponsiveness"* section.
- Bleeding profusely? See *"Bleeding"* section.

**YES**

**NO**

**Signs of Shock:**

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

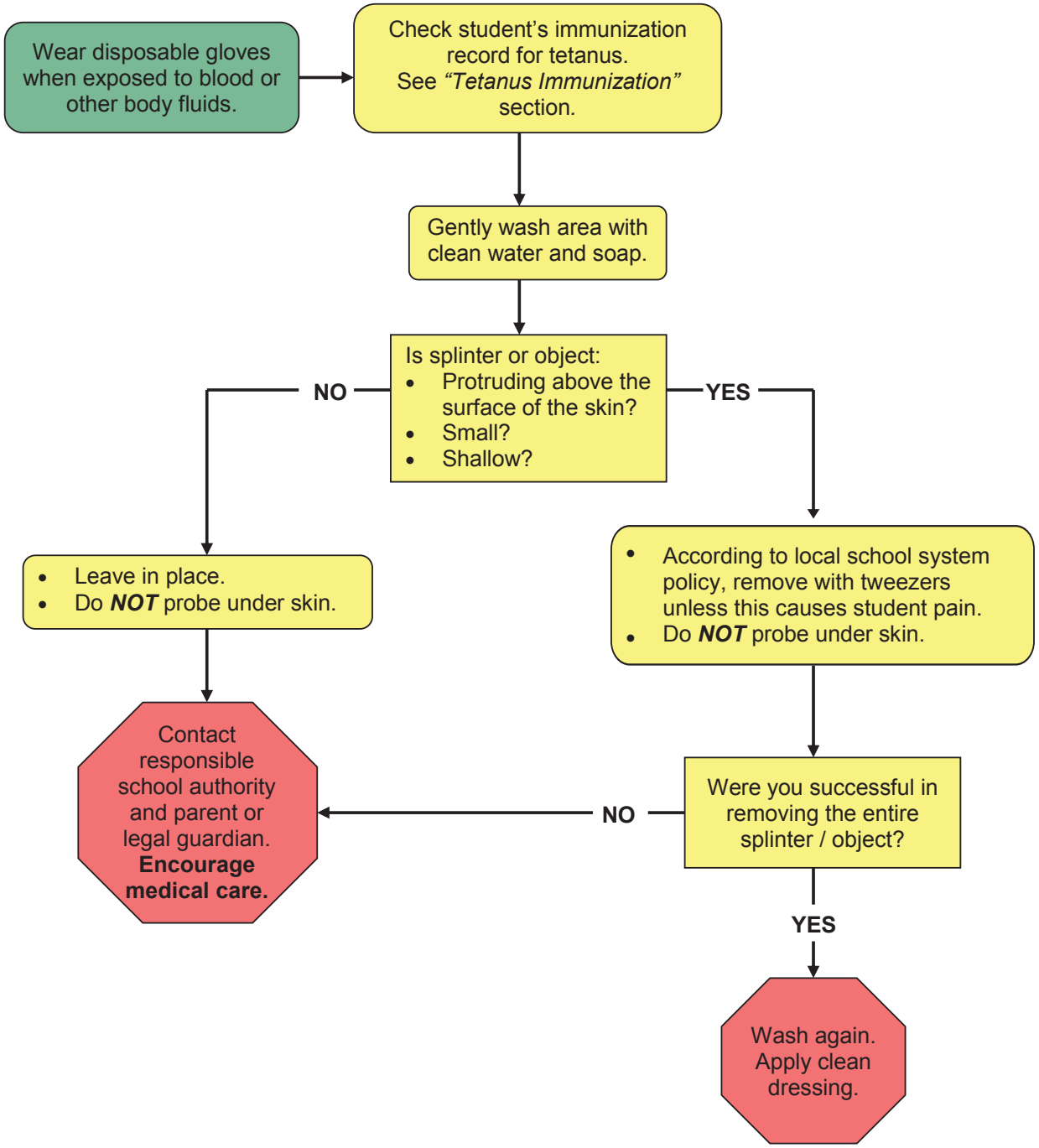
**CALL EMS/ 9-1-1.**

- 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 clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

Contact responsible school authority and parent or legal guardian.

**URGE MEDICAL CARE if EMS not called.**

# SPLINTERS


Wear disposable gloves when exposed to blood or other body fluids.
Check student's immunization record for tetanus. See "Tetanus Immunization" section.
Gently wash area with clean water and soap.
Is splinter or object:
• Protruding above the surface of the skin?
• Small?
• Shallow?
NO
YES
• Leave in place.
• Do NOT probe under skin.
• According to local school system policy, remove with tweezers unless this causes student pain.
• Do NOT probe under skin.
Contact responsible school authority and parent or legal guardian. Encourage medical care.
NO
Were you successful in removing the entire splinter / object?
YES
Wash again. Apply clean dressing.

# STABBING & GUNSHOT INJURIES

Intervene only if the situation is safe for you to approach.

- **CALL EMS/9-1-1 for injured student.**
- Call the police.
- Follow instructions of local EMS.

**Refer to your school system policy for addressing violent incidents.**

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

Is the student:
- Losing responsiveness?
- Having difficulty breathing?
- Bleeding uncontrollably?

**YES**

- Check student's airway.
- Monitor the student's breathing.
- **If student stops breathing start CPR.** See *"CPR and AED"* section.

**NO**

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

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

Contact responsible school authority and parent or legal guardian.

# STINGS

Most reactions to insect stings and bites cause mild local swelling, redness, itching or pain. However, some people experience life-threatening allergic reactions. This type of reaction, anaphylaxis, is a serious, sudden, rapidly progressing whole body allergic reaction that can be fatal. According to the Annotated Code of Maryland, Education Article, Section 7-426.2, each county board shall establish a policy authorizing the school nurse and other school personnel to administer a stock epinephrine auto-injector to respond to anaphylaxis regardless of whether the student has a history of anaphylaxis or a prescription for epinephrine. See Anaphylaxis/Allergic Reaction section.

Students with a history of allergy to stings should be known to appropriate school staff. Adult(s) supervising students during normal activities should be aware of stings and should watch for signs of anaphylaxis, which may be delayed.

Does the student have any symptoms of a severe allergic reaction, which may include?

- Swelling of the back of the mouth / throat or tongue; feeling like the throat is closing; difficulty swallowing; hoarseness or change in quality of voice
- Coughing; wheezing; shortness of breath; difficulty breathing; noisy breathing; "air \hunger" or gasping for air
- Dizzy / lightheaded; fainting; unresponsiveness
- Hives; generalized itching, tingling and / or swelling of face or extremities
- Nausea; abdominal pain or cramps; vomiting; diarrhea
- Uneasiness; agitation; panic; feeling of impending doom

**NO**

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

Contact parent or legal guardian.

**YES**

- **Immediately** administer auto-injector epinephrine according to local school system policy for use of school stock auto-injector epinephrine, or call trained staff to administer.
- Follow local school system policy for students with severe allergic reactions.
- See *"Anaphylaxis/Allergic Reaction"* section.

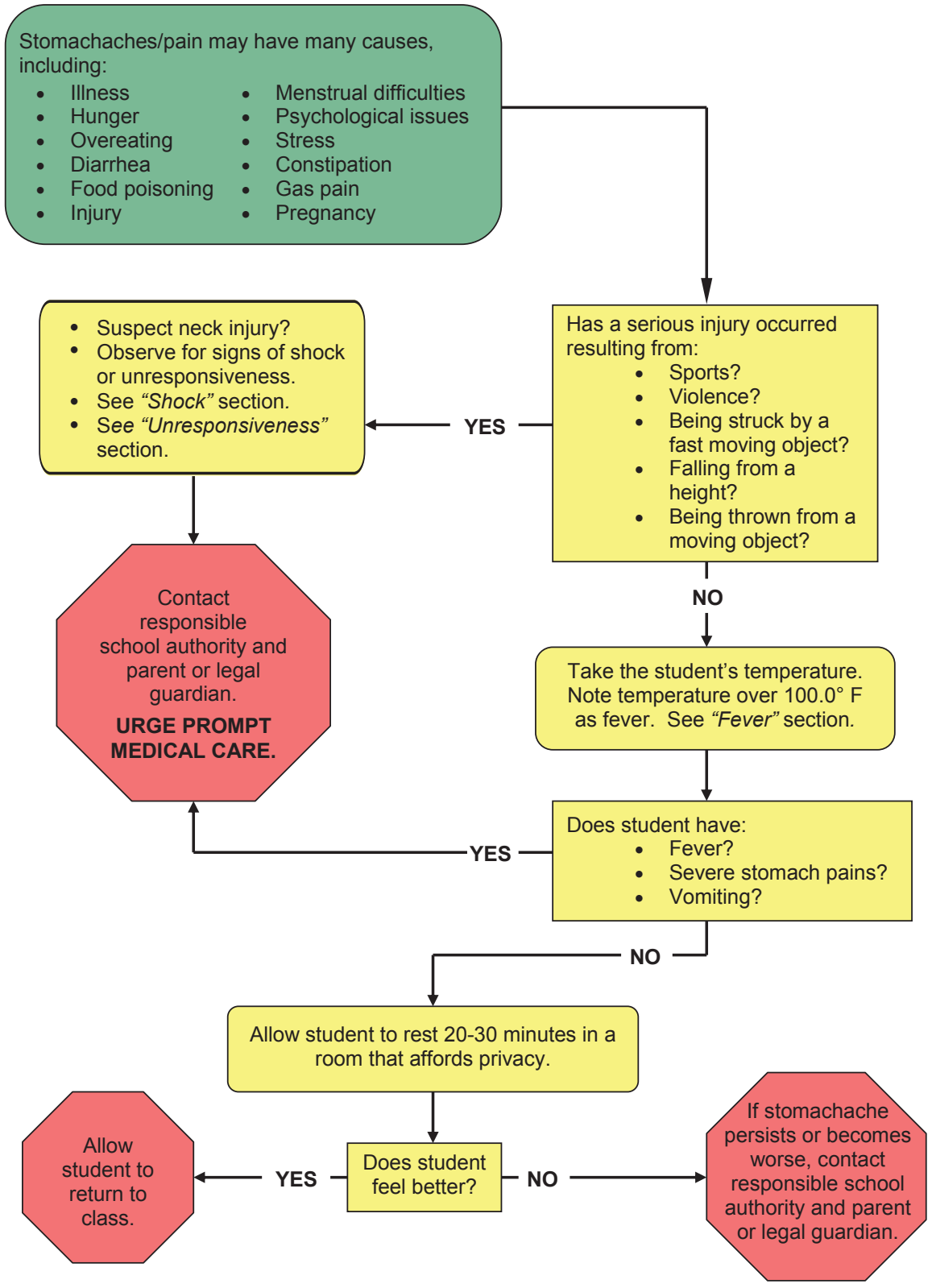
**CALL EMS/9-1-1.**

Any student receiving epinephrine **must** be transported to the hospital.

Position child for comfort and offer reassurance while awaiting EMS.

Contact responsible school authority and parent or legal guardian.

# STOMACHACHES & PAIN



# TEETH PROBLEMS

Refer to the “Dental First Aid for Children flip chart from the Office of Oral Health, Department of Health and Mental Hygiene (DHMH).

http://phpa.dhmh.maryland.gov/oral/health/Documents/FlipChart.pdf

# TETANUS IMMUNIZATION

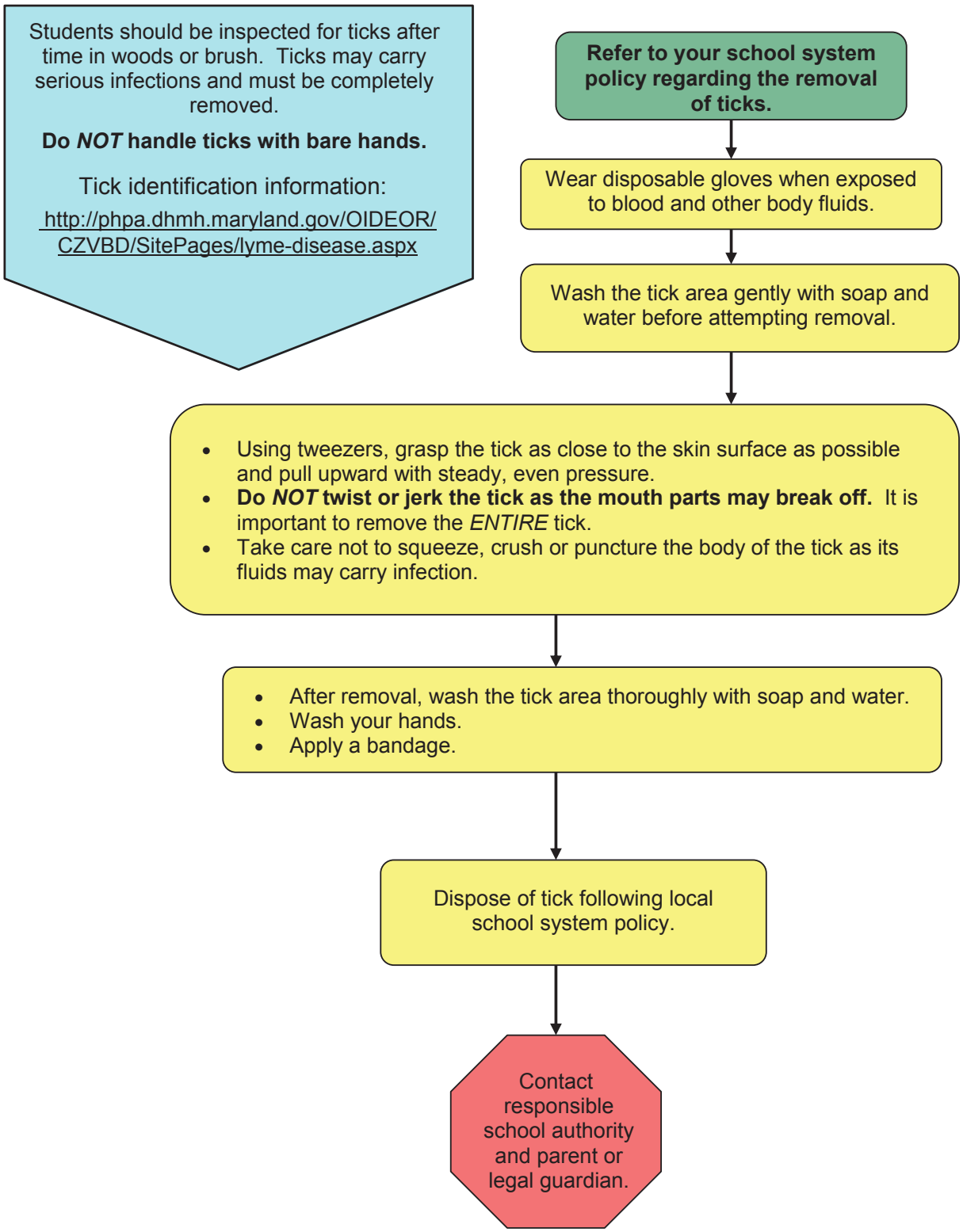
**Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the student's immunization record for tetanus and notify parent or legal guardian.**

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

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

The need for a tetanus immunization should be determined by a licensed health care provider.

# TICKS


Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed.
Do *NOT* handle ticks with bare hands.
Tick identification information:
http://phpa.dhmh.maryland.gov/OIDEOR/CZVBD/SitePages/lyme-disease.aspx
Refer to your school system policy regarding the removal of ticks.
Wear disposable gloves when exposed to blood and other body fluids.
Wash the tick area gently with soap and water before attempting removal.
Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
Do *NOT* twist or jerk the tick as the mouth parts may break off. It is important to remove the *ENTIRE* tick.
Take care not to squeeze, crush or puncture the body of the tick as its fluids may carry infection.
After removal, wash the tick area thoroughly with soap and water.
Wash your hands.
Apply a bandage.
Dispose of tick following local school system policy.
Contact responsible school authority and parent or legal guardian.

# UNRESPONSIVENESS

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

Unresponsiveness may have many causes including:

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

If you know the cause of the unresponsiveness, see the appropriate guideline or student's emergency/action plan as appropriate.

Did student regain responsiveness immediately?

YES → See *"Fainting"* section.

NO

Is unresponsiveness due to injury?

YES →

- See *"Neck & Back Pain"* section and treat as a possible neck injury.
- **Do *NOT* move student.**

NO →

- Open airway.
- Check for signs of circulation.

Is circulation present?

YES → 
**CALL EMS/9-1-1.**

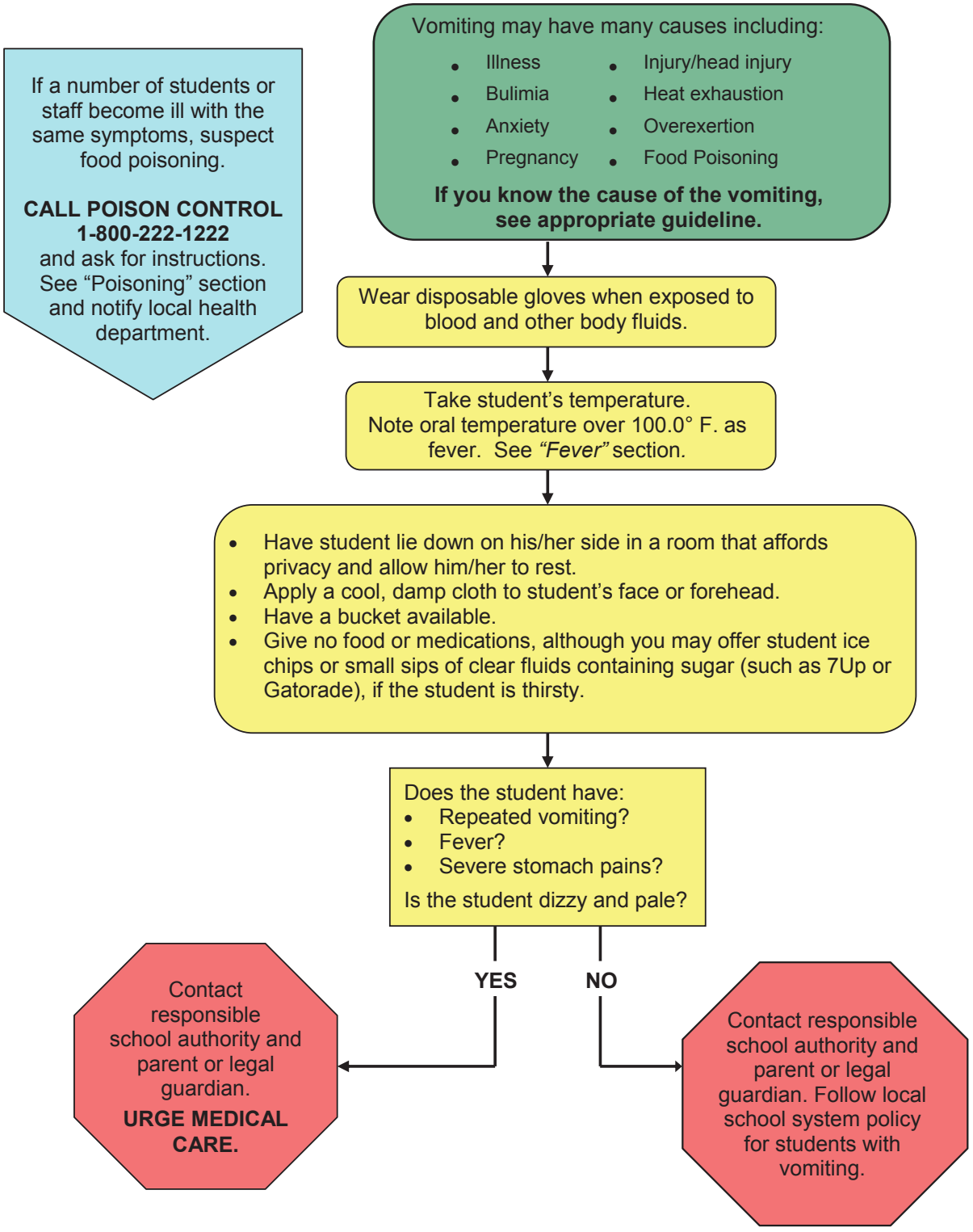
NO → **Begin CPR.** See *"CPR and AED"* section.


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

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

Contact responsible school authority and parent or legal guardian.

# VOMITING


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" section and notify local health department.
Vomiting may have many causes including:
Illness
Bulimia
Anxiety
Pregnancy
Injury/head injury
Heat exhaustion
Overexertion
Food Poisoning
If you know the cause of the vomiting, see appropriate guideline.
Wear disposable gloves when exposed to blood and other body fluids.
Take student's temperature. Note oral temperature over 100.0° F. as fever. See "Fever" section.
Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
Apply a cool, damp cloth to student's face or forehead.
Have a bucket available.
Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.
Does the student have:
Repeated vomiting?
Fever?
Severe stomach pains?
Is the student dizzy and pale?
YES
NO
Contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE.
Contact responsible school authority and parent or legal guardian. Follow local school system policy for students with vomiting.

# SCHOOL SAFETY PLANNING AND EMERGENCY PREPAREDNESS

All school staff should be aware of the school's safety plan and be prepared for a variety of emergencies, disasters and hazards. The pages that follow contain important information and resources related to:

1. School safety planning
2. Emergency preparedness for kids and parents
3. Emergency kit checklist

It is important that the school safety and emergency plan be quickly accessible if needed.

**Please insert your school's safety plan into this binder behind this tab.**

# EMERGENCY PREPAREDNESS RESOURCES



The following resources may be helpful when addressing emergency preparedness in schools.

**General Information for the Community**

**Emergency Supply Kits:**
http://preparedness.dhmh.maryland.gov/Documents/Fact%20SheetEmergencyKit.pdf

**Community and Personal Preparedness** (this page also includes some links to Emergency Preparedness for Kids, which may be especially relevant/useful for educators):
http://preparedness.dhmh.maryland.gov/SitePages/Community%20And%20Personal%20Preparedness.aspx

**Emergency Planning and Other Resources for Schools**

**Emergency Planning Guidelines for Local School Systems and Schools, Maryland State Department of Education, 2013**
1. See Appendix A-2 – Hazard Profile Key
2. See Appendix I on page 209 for a list of local and state Emergency Management contacts

http://www.marylandpublicschools.org/w/EmergencyPlanningGuidelines2013.pdf

**Lesson plans for educators on emergency preparedness**
http://www.ready.gov/kids/educators

**National Center for School Crisis and Bereavement**
http://www.schoolcrisiscenter.org/index.html

**Maryland Center for School Safety**
www.MCFSS.maryland.gov.

**Emergency Preparedness Resources for Kids and Parents**

**Be a Hero!**
This newly redesigned website includes games and materials for kids and parents, as well as lesson plans about emergency preparedness for educators.
http://www.ready.gov/kids

**Let's Get Ready! Planning Together for Emergencies**
This page, featuring characters from Sesame Street, has fun videos and activities kids will love. Included is a guide for educators under the provider tab.
http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready

**Ready Wrigley**
The Ready Wrigley page from the CDC includes an interactive site, as well as coloring books on hurricanes and earthquakes.
http://www.cdc.gov/phpr/readywrigley/

# EMERGENCY PREPAREDNESS RESOURCES (CONT.)

**American Academy of Pediatrics**

The AAP has a dedicated website for family and care givers that includes resources for emergencies, disaster preparedness and response to school violence.

https://healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx

https://healthychildren.org/English/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx

https://healthychildren.org/English/news/Pages/AAP-Offers-Resources-to-Help-Parents,-Children-and-Others-Cope-in-the-Aftermath-of-School-Violence.aspx

# EMERGENCY SUPPLY KIT CHECKLIST



MARYLAND
Department of Health and Mental Hygiene
Office of Preparedness and Response

## Emergency Supply Kit Checklist

Be prepared for any emergency. Assemble an emergency supply kit with items to take care of yourself, your family and your pets for three or more days. Keep your kit in sturdy and easy-to-carry backpacks or duffle bags. Depending on the situation, you may be told by authorities to shelter-in-place (stay inside) or evacuate with your kit. The following checklist will help you put your kit together.

### WATER and FOOD

- ☐ one gallon of water per person, per day, plus water for pets
- ☐ ready-to-eat canned meats, fish, soups, beans, vegetables and fruits. *Choose foods that need little or no cooking.*
- ☐ salt, pepper, sugar, spices
- ☐ powdered milk, tea, instant coffee
- ☐ high-energy snacks: nuts, protein bars, trail mix, peanut butter
- ☐ comfort foods: granola, dried fruits, cookies, crackers, hard candy, cocoa
- ☐ foods for infants, individuals with special needs and pets
- ☐ paper cups, plates and plastic utensils
- ☐ camp cook kit or pans
- ☐ manual can opener
- ☐ aluminum foil, plastic wrap

Rotate the food in your supply kit regularly. Some foods should be used within six months, such as powdered milk, dried fruits and crackers. Other foods will keep for up to one year, such as canned soups and meats, fruits, vegetables and juices, peanut butter, jelly, hard candy and canned nuts. Foods that can be stored indefinitely (in air-tight containers away from heat) include vegetable oil, dried corn and wheat, baking powder, soybeans, instant coffee, tea and cocoa, salt, rice, bouillon products and dry pasta.

### EMERGENCY SUPPLIES

- ☐ cash, traveler's checks, coins
- ☐ battery-operated radio, NOAA Weather Radio
- ☐ flashlight
- ☐ batteries
- ☐ cell phone
- ☐ face masks
- ☐ maps of your area and nearby states
- ☐ whistle
- ☐ extra set of house and car keys
- ☐ small fire extinguisher
- ☐ wrench or pliers to turn off utilities
- ☐ plastic garbage bags with twist ties
- ☐ toilet paper, towelettes
- ☐ household chlorine bleach *(to purify water)*
- ☐ matches in a waterproof container
- ☐ soap, detergent, alcohol-based hand sanitizer
- ☐ toothbrushes and toothpaste, dental floss, deodorant, shampoo, shaving supplies
- ☐ feminine supplies, condoms
- ☐ lip balm, sunscreen
- ☐ infant supplies (diapers, bottles, etc.)
- ☐ pet supplies (litter, flea collar, etc.)
- ☐ books, playing cards, board games

### FIRST AID KIT

- ☐ first aid manual
- ☐ prescription drugs; a two week supply of every household member's vital medications
- ☐ nonprescription drugs: aspirin or other pain reliever, allergy medicine, anti-diarrhea medication, antacid, laxative, antibiotic ointment, vitamins, eye wash
- ☐ prescribed medical supplies, such as glucose and blood pressure monitoring equipment
- ☐ scissors, tweezers, magnifying glass
- ☐ sterile needle, safety razor blade
- ☐ thermometer
- ☐ insect repellent
- ☐ mirror
- ☐ sterile adhesive bandages (Band-Aids) in assorted sizes, gauze pads and roller bandages
- ☐ hypoallergenic adhesive tape
- ☐ several pairs of disposable gloves
- ☐ isopropyl alcohol, hydrogen peroxide
- ☐ antiseptic, antiseptic spray
- ☐ cold packs and heat packs

-more-

# EMERGENCY SUPPLY KIT CHECKLIST (CONTINUED)

**CLOTHING and BEDDING**

- ☐ include at least one complete change of clothing and shoes per person
- ☐ long pants and long sleeve shirt
- ☐ sturdy shoes or work boots
- ☐ thermal underwear, regular underwear
- ☐ several pairs of socks
- ☐ warm hat and work gloves
- ☐ jacket or coat, rain gear, poncho
- ☐ sleeping bag
- ☐ blankets, space blankets, pillows
- ☐ towels, washcloths
- ☐ extra prescription glasses, sunglasses

**IMPORTANT DOCUMENTS**

Keep copies (not originals) in a waterproof, portable container or scan to a CD or USB drive

- ☐ bank account numbers (checking, savings)
- ☐ credit account numbers, with company names and contact information
- ☐ Social Security cards and records
- ☐ passports
- ☐ family records: birth, marriage and death certificates, divorce decree
- ☐ wills, living wills, advanced directives
- ☐ power of attorney papers
- ☐ medical records
- ☐ current medical and eyeglass prescriptions
- ☐ immunization records of family, pets
- ☐ all insurance policies (life, health, auto, home, hazard)
- ☐ deeds, mortgages, titles, rental agreement
- ☐ stocks and bonds, securities, investment statements
- ☐ bank loan agreements, other contracts
- ☐ motor vehicle titles, bill of sale, serial or VIN numbers, driver's licenses
- ☐ employment records
- ☐ recent tax returns
- ☐ records of valuable collections, appraisals
- ☐ school transcripts, diplomas
- ☐ safe deposit box location and extra key, inventory of contents
- ☐ original manuscripts, discs
- ☐ journals, diaries, genealogies
- ☐ inventory of household goods (including photographs)
- ☐ current photographs of family members, pets
- ☐ favorite photographs of family members, pets and events

Learn more at *http://preparedness.dhmh.maryland.gov* and *www.facebook.com/MarylandOPR.*

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# 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 _____
+ Directions to your school _____

_____

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

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

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

## OTHER IMPORTANT PHONE NUMBERS

| | |
|---|---|
| + School Nurse | _____ |
| + Responsible School Authority | _____ |
| + Poison Control Center | **1-800-222-1222** |
| + Fire Department | **9-1-1 or** _____ |
| + Police | **9-1-1 or** _____ |
| + Hospital or Nearest Emergency Facility | _____ |
| + County Children Services Agency | _____ |
| + Rape Crisis Center | _____ |
| + Suicide Hotline | _____ |
| + Local Health Department | _____ |
| + Taxi | _____ |
| + Other medical services (e.g., dentists): | _____ |