OKLAHOMA EMERGENCY GUIDELINES FOR SCHOOLS

Maternal and Child Health Service
Oklahoma State Department of Health

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ABOUT THE GUIDELINES

These Emergency Guidelines are for use in the Oklahoma Public Schools.

The emergency guidelines are meant to serve as basic "what to do in an emergency" information for school staff without medical/nursing 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 should be practiced in the presence of a trained instructor.**

The guidelines have been created as a **recommended** procedures for when advanced medically trained personnel are not available on the school site. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the State of Oklahoma. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines. In a true emergency situation, use your best judgment.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section on prior to an emergency situation.

The Oklahoma State Department of Health has reproduced these guidelines with the permission of the Ohio Department of Public Safety.

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

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HOW TO USE THE EMERGENCY GUIDE

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.
- Page 92 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.
- 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 EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

Call EMS if:

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

If any of the above conditions exist, or if you are not sure, it is best to call 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 PAIN section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy.

Post-Crisis Intervention Following Serious Injury or Death

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and students.
- Designate private rooms for private counseling/defusing.
- Escort affected students, siblings and close friends and other highly stressed individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow-up with 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. Include caring for these students' special needs in emergency and disaster planning.

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.

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

The American College of Emergency Physicians and the American Academy of Pediatrics have created 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 of 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.

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:

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:	**Emergency Phone:**	
Specialty:	**Fax:**	
Current Specialty physician:	**Emergency Phone:**	
Specialty:	**Fax:**	
Anticipated Primary ED:	**Pharmacy:**	
Anticipated Tertiary Care Center:		

Diagnoses/Past Procedures/Physical Exam:

1.

2.

3.

4.

Synopsis:

Baseline physical findings:

Baseline vital signs:

Baseline neurological status:

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 (mm/yy)

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:**

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INFECTION CONTROL

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

GUIDELINES FOR STUDENTS:

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

AUTOMATIC ELECTRONIC DEFIBRILLATOR (AEDS)

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

AEDs are safe to use for ***children as young as age 1, 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 children 1- 8 years if available. If child system is not available, use adult AED and pads. Do not use the child pads or energy 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.

American Heart Association Guidelines for AED/CPR Integration*

For a sudden, witnessed collapse in a child, use the AED first. Prepare AED to check heart rhythm and deliver 1 shock as necessary. Then, immediately begin 30 CPR chest compressions followed by 2 normal rescue breaths. Complete 5 cycles of CPR (30 compressions to 2 breaths). Then prompt another AED assessment and shock. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

For unwitnessed cardiac arrest, start CPR first. Continue for 5 cycles or about 2 minutes. Then prepare the AED to check the heart rhythm and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

Currents in Emergency Cardiovascular Care, American Heart Association*, *Winter 2005-2006*.

Oklahoma Code Related to AEDs

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.200 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Zachary Eckles and Luke Davis Automated External Defibrillators in Schools Act."

B. Contingent upon the availability of federal funding or donations from private organizations or persons made for this purpose, each school district shall make automated external defibrillators, as defined in Section 5A Title 76 of the Oklahoma Statutes, available at each school site in the district. The school district may also make automated external defibrillators available at each high school athletic practice or competition in the district.

C. Any school district that makes automated external defibrillators available in schools or on school district property shall become from civil liability for personal injury which results from the use of the device, except for acts of gross negligence or willful wanton misconduct in accordance with Section 5A of Title 76 of the Oklahoma Statutes.

D. The State Department of Education shall develop and make available to school districts a list of private organizations or persons willing to make donations or that have resources available to schools for this purpose, federal programs or grants, and any other source of funding that school districts may use to purchase automated external defibrillators. The department shall also provide public recognition for private organizations or persons that provide funding to school districts for the purpose of purchasing automated external defibrillators.

SECTION 2. This act shall become effective July 1, 2008.

SECTION 3. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

FOR CHILDREN OVER 1 YEAR OF AGE & ADULTS

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 someone to CALL EMS and get your school's AED if available**.
2. Follow primary steps for CPR (see "*CPR"* for appropriate age group – infant, 1-8 years, over 8 years and adults).
3. If available, set up the AED according to the manufacturer's instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions and training method.

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IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

4. Use the AED first.
5. Prepare AED to check heart rhythm and deliver 1 shock as necessary.
6. Begin 30 CPR chest compressions followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions to 2 breaths at a rate of 100 compressions per minute).
8. Prompt another AED rhythm check.
9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
10. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

IF CARDIAC ARREST WAS *NOT* WITNESSED:

4. Start CPR first. See age appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions to 2 breaths at a rate of 100 compressions per minute.
5. Prepare the AED to check the heart rhythm and deliver a shock as needed.
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

ALLERGIC REACTION

Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction.

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

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

- Flushed face?
- Dizziness?
- Seizures?
- Confusion?
- Weakness?
- Paleness?
- Hives all over body?
- Blueness around mouth, eyes?
- Difficulty breathing?
- Drooling or difficulty swallowing?
- Loss of consciousness?

NO

Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

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

YES

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR."*

Does student have an emergency care plan available?

NO

Follow school policies for students with severe allergic reactions. Continue CPR if needed.

YES

Refer to student's plan. Administer doctor-and parent/guardian-approved medication as indicated.

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

ASTHMA – WHEEZING – 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. Oklahoma code 70 O.S.§1-116.3 allows students to possess and use an asthma inhaler in the school. Staff must try to remain calm despite the student's anxiety. 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 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**

NO → Refer to student's emergency care plan.

Does student have a doctor and parent/guardian approved medication?

YES → Has an inhaler already been used? If yes, when and how often?

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

NO → Administer medication as directed.

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

Are symptoms getting not improving or getting worse?

NO → Contact responsible school authority & parent/legal guardian.

YES → **CALL EMS 9-1-1**

BEHAVIORAL EMERGENCIES

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

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

Refer to your school's 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 persons or property?
- Is student armed with a weapon?

YES → **CALL THE POLICE.**

NO ↓

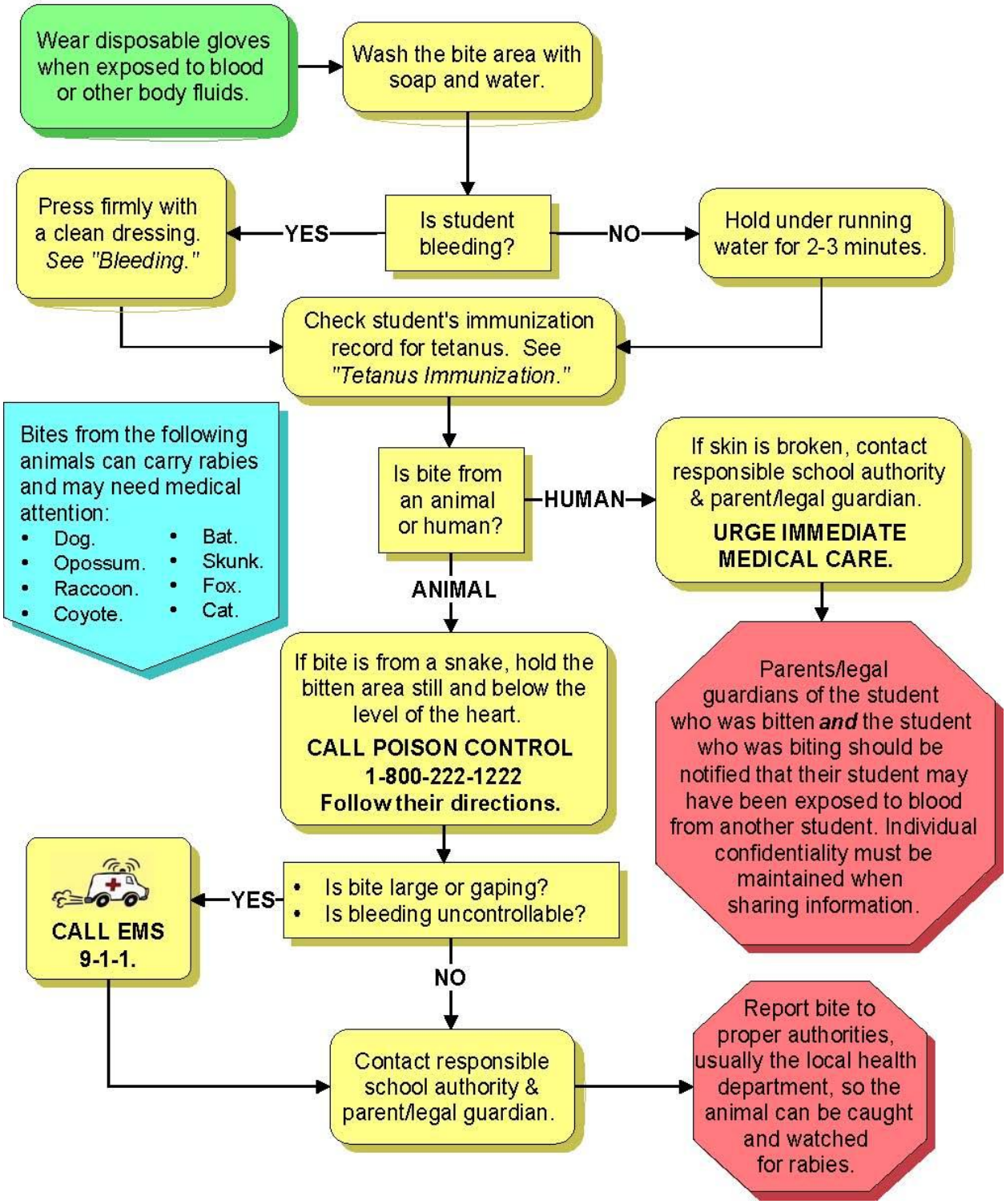
The cause of unusual behavior may be psychological, emotional or physical (e.g., fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

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 & parent/legal guardian.

BITES (HUMAN & ANIMAL)



BITES (Insect & Spider)

Watch for signs of an allergic reaction. Allergic Reactions may be life threatening.

If a Sting, See "Stings".

Does person have symptoms of:

- Difficulty breathing?
- Swelling of face, tongue or neck?
- Coughing or wheezing that does not stop?
- History of severe allergic reactions?

NO

YES

If bite is thought to be poisonous, hold the bitten area still and below the level of the heart.

Call POISON CONTROL CENTER
1-800-222-1222
Follow directions
See "Snake Bite", if applicable

Get description of insect or spider.

- Wash the bite area with soap and water ***for 5 minutes.***
- Apply Ice wrapped in cloth or towel (not for more than 20 min).

- If no bleeding, leave open to air.
- If bleeding occurred, cover with clean dry dressing.

- Any signs of allergic reaction?
- Is bite thought to be poisonous?
- If an old bite, is it reddened, weeping, ulcerated or sore?

YES

Encourage Medical Care

NO

Return to class, insure adult supervisor aware of bite and possible delayed allergic reaction.

If known anaphylactic reactor (do not wait for symptoms) or having reaction, administer doctor and parent/guardian approved medication.
Use EpiPen if prescribed.

CALL 9-1-1

- Keep quiet.
- See "Allergic Reaction".
- Position of Comfort.
- Be prepared to use "CPR".

Get description of insect or spider and report to paramedics.

Contact responsible school nurse or administrator & parent/legal guardian.

- Allergic reactions may be delayed up to two (2) hours.
- See "Allergic Reactions" for sign and symptoms.

BLEEDING

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

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

Is injured part amputated (severed)?

YES →

CALL EMS 9-1-1.

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

NO →

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

Is there continued uncontrollable bleeding?

YES →

CALL EMS 9-1-1.

- 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.

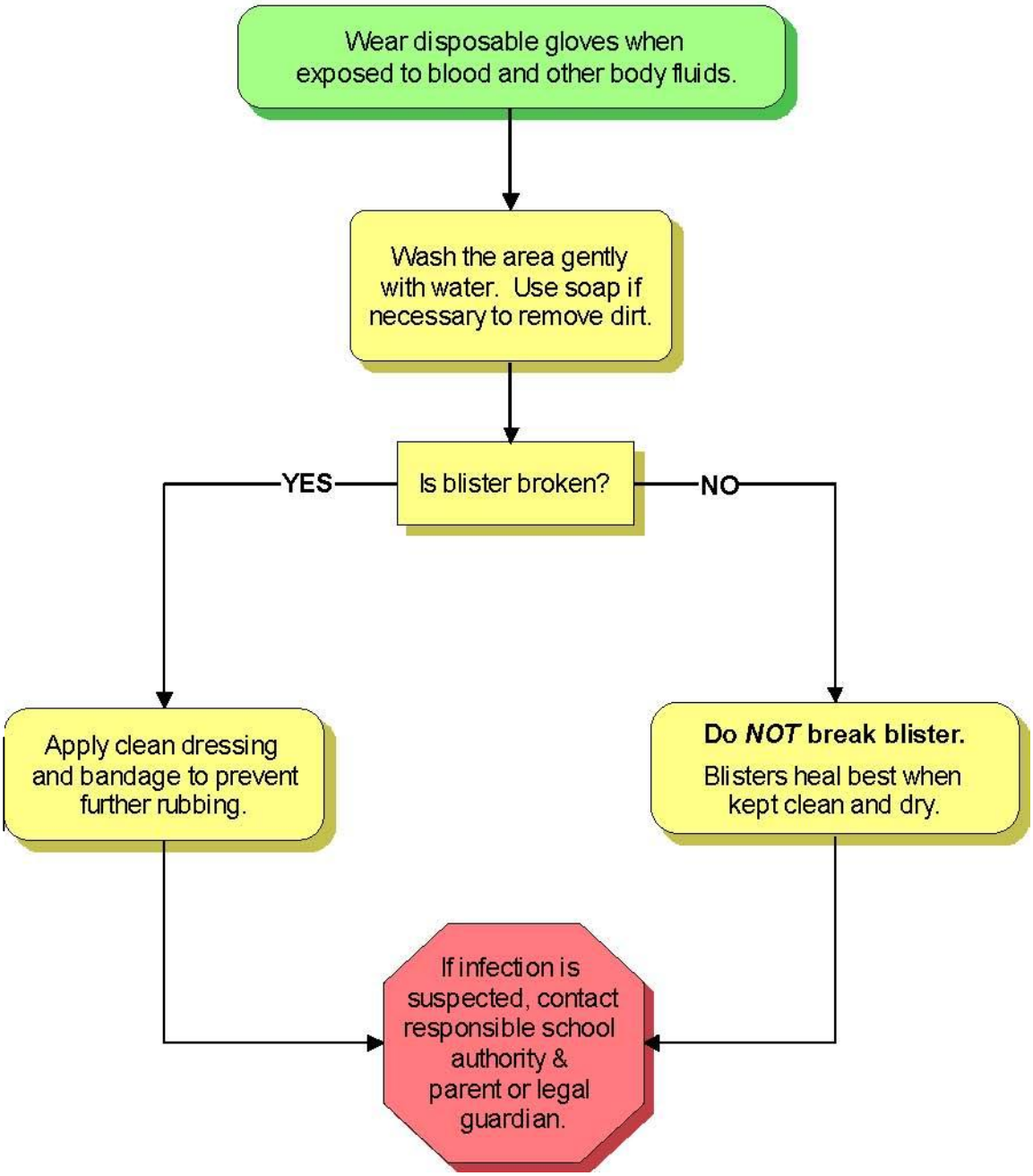
Contact responsible school authority & parent or legal guardian.

NO →

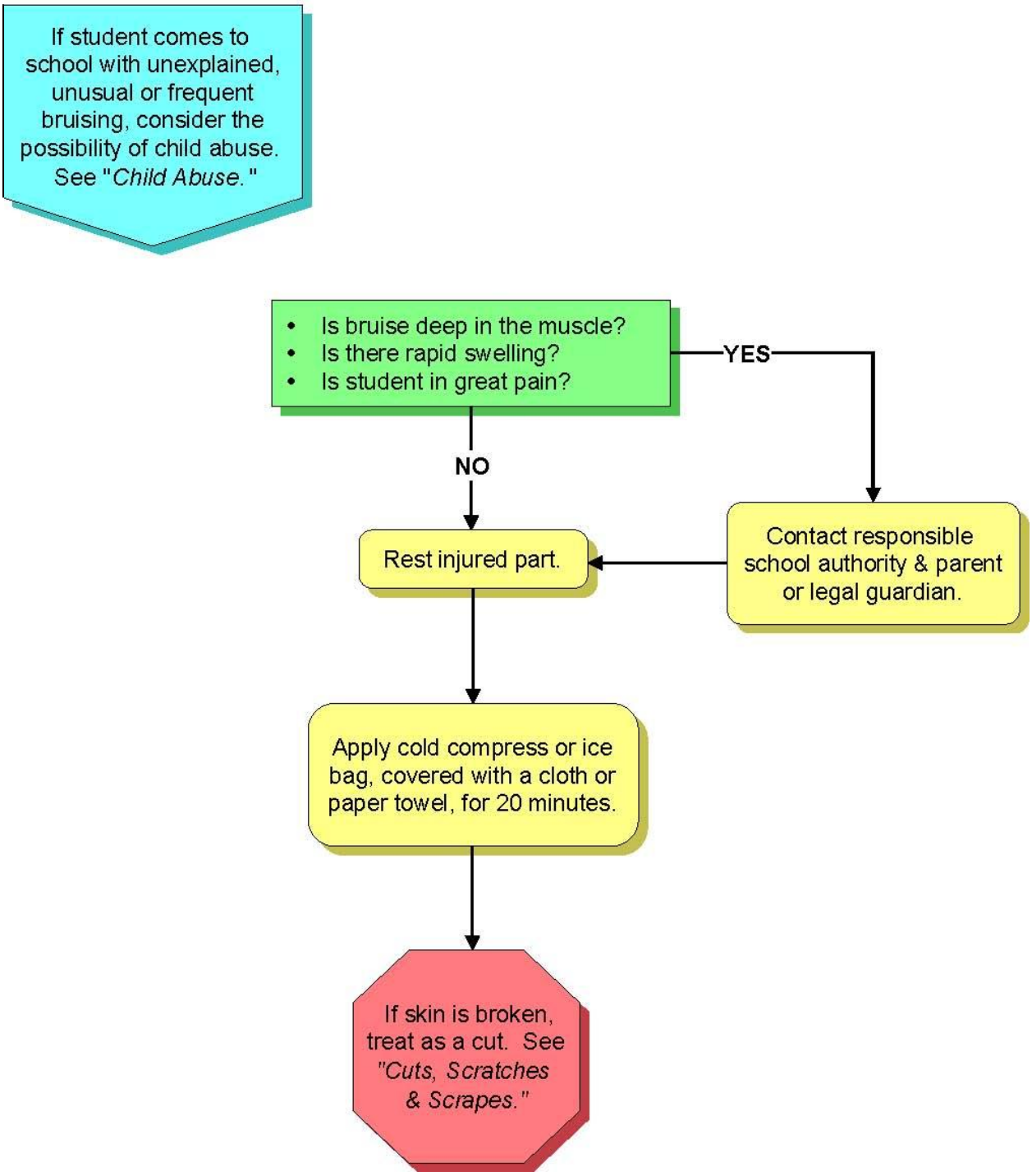
If wound is gaping, student may need stitches. Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

BLISTERS
(FROM FRICTION)



BRUISES


If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "*Child Abuse.*"
• Is bruise deep in the muscle?
• Is there rapid swelling?
• Is student in great pain?
YES
NO
Contact responsible school authority & 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.*"

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."*

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

What type of burn is it?

ELECTRICAL

Is student unconscious or unresponsive?

NO

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

YES

See *"Electric Shock."*

HEAT

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

YES

CALL EMS 9-1-1.

NO

Cover/wrap burned part loosely with a clean dressing.

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

Contact responsible school authority & 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"* if necessary.
- Rinse for 20-30 minutes.

CALL POISON CONTROL

1-800-222-1222

while flushing burn and follow instructions.

NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2010.* Other organizationssuch 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. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

Current first aid, choking and CPR manuals and wall chart(s) should also be available. The American Academy of Pediatrics offers the Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart for sale at http://www.aap.org.

CHEST COMPRESSIONS

The AHA is placing more emphasis on the use of effective chest compressions in CPR. CPR chest compressions produce blood flow from the heart to the vital organs. To give effective compressions, rescuers should:

- Follow revised guidelines for hand use and placement based on age.
- Use a compression to breathing ratio of 30 compressions to 2 breaths.
- "Push hard and fast." Compress chest at a rate of about 100 compressions per minute for all victims.
- Compress about 1/3 to ½ the depth of the chest for infants and children, and 1 ½ to 2 inches for adults.
- Allow the chest o return to its normal position between each compression.
- Use approximately equal compression and relaxation times.
- Try to limit interruptions in chest compressions.

BARRIER DEVICE

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 any emergency situation. Rescue breathing technique may be affected by these devices.

Oklahoma Code Related to CPR and Heimlich Maneuver Instruction Program

SECTION 1210.199

A. This act shall be known and may be sighted as the “Dustin Rhodes and Lindsay Steed CPR Training Act”.

B. All students enrolled in physical education in classes in grades nine through twelve in the public schools of this state may receive instruction in the techniques of cardiopulmonary resuscitation and the Heimlich maneuver sufficient to enable the students to give emergency assistance to victims of cardiac arrest or choking.

C. The State Department of Education may administer the cardiopulmonary resuscitation and the Heimlich maneuver instruction program and train teaching personnel pursuant to rules adopted by the State Board of Education. Teaching materials and training courses provided by the American Red Cross, the American Heart Association, and similar organizations may be utilized.

D. Each public school district board of education shall ensure that a minimum of one certified teacher and one non-certified staff member at each school site received training in cardiopulmonary resuscitation and the Heimlich maneuver each year.

E. School districts may use state funds allocated to the school district for professional development to pay for or to reimburse teachers and support personnel for training in the administration of first aid and techniques of cardiopulmonary resuscitation and the Heimlich maneuver.

F. Nothing in this section shall be construed to impose liability on any school district or school district employee for injury or death of any student, teacher, or other person resulting from any cardiopulmonary or choking incident or to absolve any school district or school employee of liability that might otherwise exist under The Governmental Tort Claims Act.

CARDIOPULMONARY RESUSCITATION (CPR)

FOR INFANTS UNDER 1 YEAR

CPR is to be used when an infant 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.**
2 Turn the infant onto his/her back as a unit by supporting the head and neck.
3 Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4 Check for **BREATHING**. With your ear close to infant's mouth, LOOK at the chest for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek.
5 If infant is not breathing, take a normal breath. Seal your lips tightly around his/her mouth and nose. While keeping the airway open, give 1 normal breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

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

7. Compress chest hard and fast 30 times with 2 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.

8. Give 2 normal breaths, each lasting1 second. Each breath should make chest rise.

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

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

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IT

6. Re-Tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

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

8. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are not over the bottom of the breastbone.)

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

10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.

CARDIOPULMONARY RESUSCITATION (CPR)

FOR CHILDREN 1 to 8 YEARS OF AGE

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you okay?" If child is unresponsive, shout for help and send someone to call EMS and get your schools AED if available.
2. Turn the child onto his/her back as a unit by supporting the head and neck. If a head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4. Check for normal BREATHING. With your ear close to child's mouth, take 5-10 seconds to LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for breath on your cheek.
5. If you witnessed the child's collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If child is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

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

8. Compress chest hard ans fast 30 times with the heel of **1 or 2 hands**.* Compress about 1/3 to 1/2 depth of child's chest. Allow the chest to return to normal postiion between each compression.

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

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

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

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

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

7. Re-tilt head back. Try to give two breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST DOEA NOT RISE:

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

9. Compress chest fast and hard 5 times with the heel of **1-2 hands**.* Compress *about* 1/3 to 1/2 depth of child's chest. Lift fingers to avoid pressure on the ribs.

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

11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATHE EFFECTIVELY ON 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.

CARDIOPULMONARY RESUSCITATION (CPR)
FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you okay?" If child is unresponsive, shout for help and send someone to call EMS and get your schools AED if available.
2. Turn the child onto his/her back as a unit by supporting the head and neck. If a head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4. Check for normal BREATHING. With your ear close to child's mouth, take 5-10 seconds to LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for breath on your cheek.
5. If you witnessed the child's collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If child is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

7. Give a second escue breath lasting 1 second until chest rises.

8. Place heel of one hand on top of the center of the breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do ***NOT*** place your hands over the very bottom of the breastbone.)

9. Position self vertically above vistim;s chest and with straight arms, **compress chest hard and fast about 1 ½ to 2 inches 30 times in a row with both hands**. Allow chest to return to normal between each compression. *Lift fingers when pressing to avoid pressure on ribs*. Limit intreeuptions to chest compressions.

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

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

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

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

7. Re-tilt head back. Try to give two breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST DOEA NOT RISE:

8. Place heel of one hand on top of the center of the breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do ***NOT*** place your hands over the very bottom of the breastbone.)

9. Position self vertically above person's chest and with straight arms, compress chest 30 times with both hands *about* 1 ½ to 2 inches. Lift fingers to avoid pressure on ribs.

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

11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN, OR HELP ARRIVES.

CHOKING (Conscious Victims)

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 finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
8. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF INFANT BECOMES UNCONSIOUS, GO TO STEP 6 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 or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do ***NOT*** place your hand over the very bottom of the breastbone. Grasp fist with other hand.)
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD OR ADULT 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.

CHEST PAIN

Chest pain can be caused by:

- Injury.
- Esophageal spasm.
- Lung inflammation.
- Pneumonia.
- Gastric disturbance.
- Anxiety/Stress.
- Heart conditions.

Cardiovascular disease and heart attacks are rare among children under 18 years of age. However, some children have a history of heart problems. Check emergency medical information.

Adults over 40 are more likely to have a heart attack.

- Any loss of consciousness or confusion?
- Does person look seriously ill?
- Has heart attack symptom(s)?
- Has significant chest pain stopped and returned?

YES →

CALL EMS 9-1-1
Even if person objects, do not transport by private car.

- If unconscious, See "Unconsciousness".
- If breathing stops; See "CPR".
- Place in position of comfort.
- Keep calm, don't panic, reassure person.
- **DO NOT GIVE MEDICATIONS UNLESS AUTHORIZED.**

Contact responsible school nurse or administrator & parent/legal guardian.

NO ↓

- Ask person if this has occurred before and what made it better?
- Place in position of comfort & keep quiet.
- Loosen tight clothing.

- See other possible causes (e.g., stomach, breathing difficulties).
- Check medical history for cause if symptoms occurred before.
- **Encourage medical care** to determine cause.

→ Contact responsible school nurse or administrator & parent/legal guardian.

Signs & Symptoms Of A Heart Attack

- Chest pain described as constant heavy pressure, vise like, or pain in the middle or upper chest. The discomfort may travel across the chest to arm, neck or jaw and also include:
  - Left arm/shoulder pain.
  - Jaw/neck pain.
  - Sudden unexplained weakness or dizziness with or without nausea.
  - Sweaty, clammy, pale, ashen or bluish skin.
  - Signs of poor circulation.
  - Shortness of breath or breathing is abnormal.

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with any potential signs. Anyone who cares for children should be trained in the recognition of child abuse and neglect. All school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to their Children Services or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect, and requires Children Services agencies to keep reporters' identities confidential. Failure to report suspected abuse or neglect may result in a penalty of a misdemeanor.

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

All school staff are required to report suspected child abuse and neglect County Children Services agency. Refer to your own school's policy for additional guidance on reporting.

County Children Services Agency
Phone # _____

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

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

If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the student know that you are required to report the abuse to Children Services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority. Contact Children Services. Follow up with school report.

COMMUNICABLE DISEASES

For more information on protecting yourself from communicable diseases, see "*Infection Control*."

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

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

Refer to your local school's exclusion policy for ill students.

Signs of PROBABLE Illness:

- Sore throat.
- Redness, swelling, drainage of eye.
- Unusual spots/rash with fever or itching.
- Crusty, bright yellow, gummy skin sores.
- Diarrhea (more than 2 loose stools a day).
- Vomiting.
- Yellow skin or yellow "white of eye".
- Oral temperature greater than 100.0 F.
- Extreme tiredness or lethargy.
- Unusual behavior.

Contact responsible school authority & parent or legal guardian.

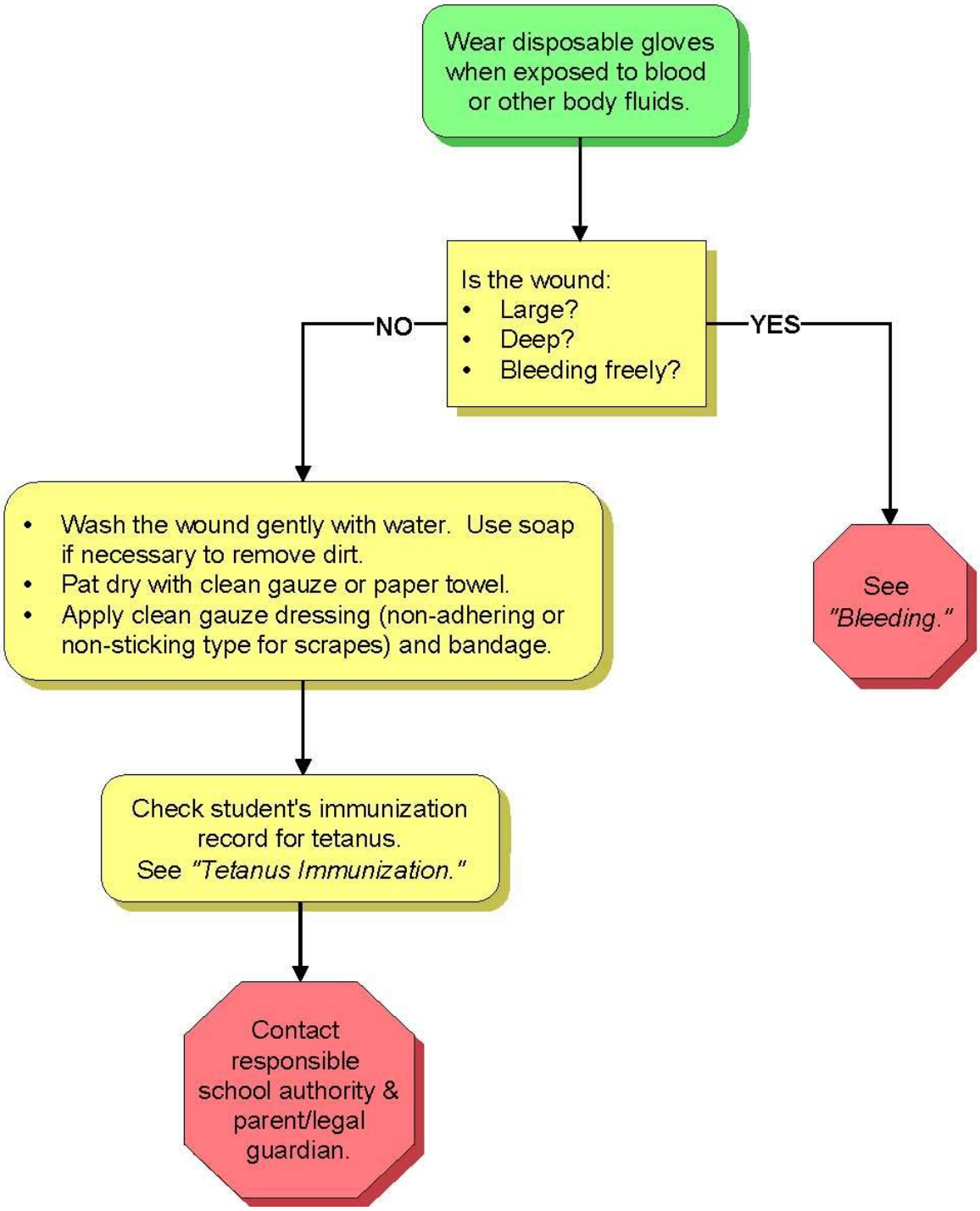
URGE MEDICAL CARE.

Signs of POSSIBLE Illness:

- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

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

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



DIABETES

A student with diabetes may have the following symptoms:

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

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

Refer to student's emergency care plan.

Is the student:

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

YES → **CALL EMS 9-1-1.**

If student is unconscious, see "*Unconsciousness.*"

NO → Does student have a blood sugar monitor available?

NO → Give the student "*sugar*" such as:

- Fruit juice or soda pop (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or 1/2 candy bar.
- Sugar (2 packets or 2 teaspoons).
- Cake decorating gel (1/2 tube) or icing.
- Instant glucose.

- 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 → Contact responsible school authority & parent/legal guardian.

NO → **CALL EMS 9-1-1.**

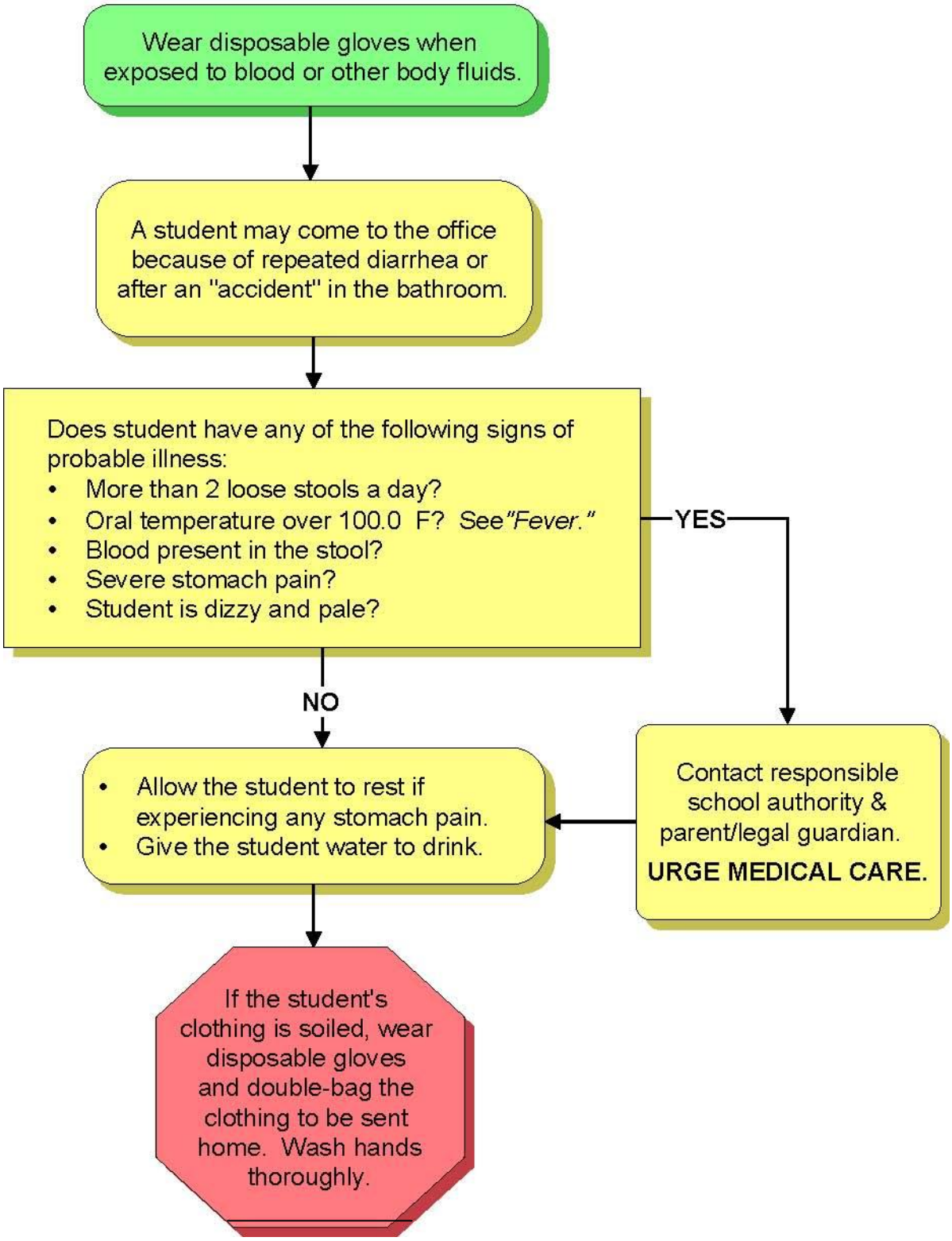
YES → Allow student to check blood sugar.

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

LOW → Give the student "*sugar*" such as:

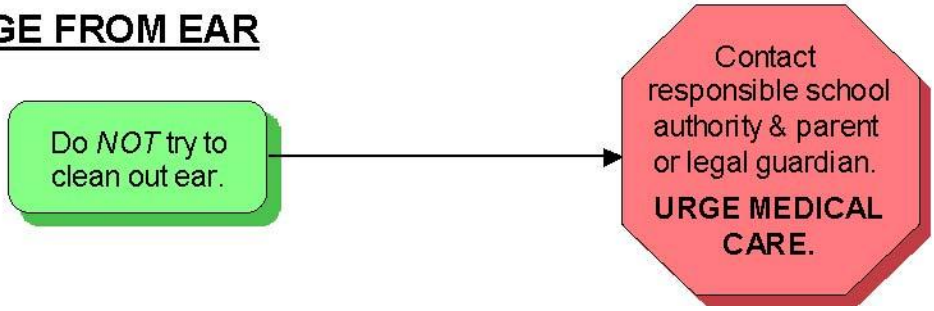
HIGH → Contact responsible school authority & parent/legal guardian.

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 signs of probable illness:
• More than 2 loose stools a day?
• Oral temperature over 100.0 F? See "Fever."
• Blood present in the stool?
• Severe stomach pain?
• Student is dizzy and pale?
YES
NO
Contact responsible school authority & parent/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.

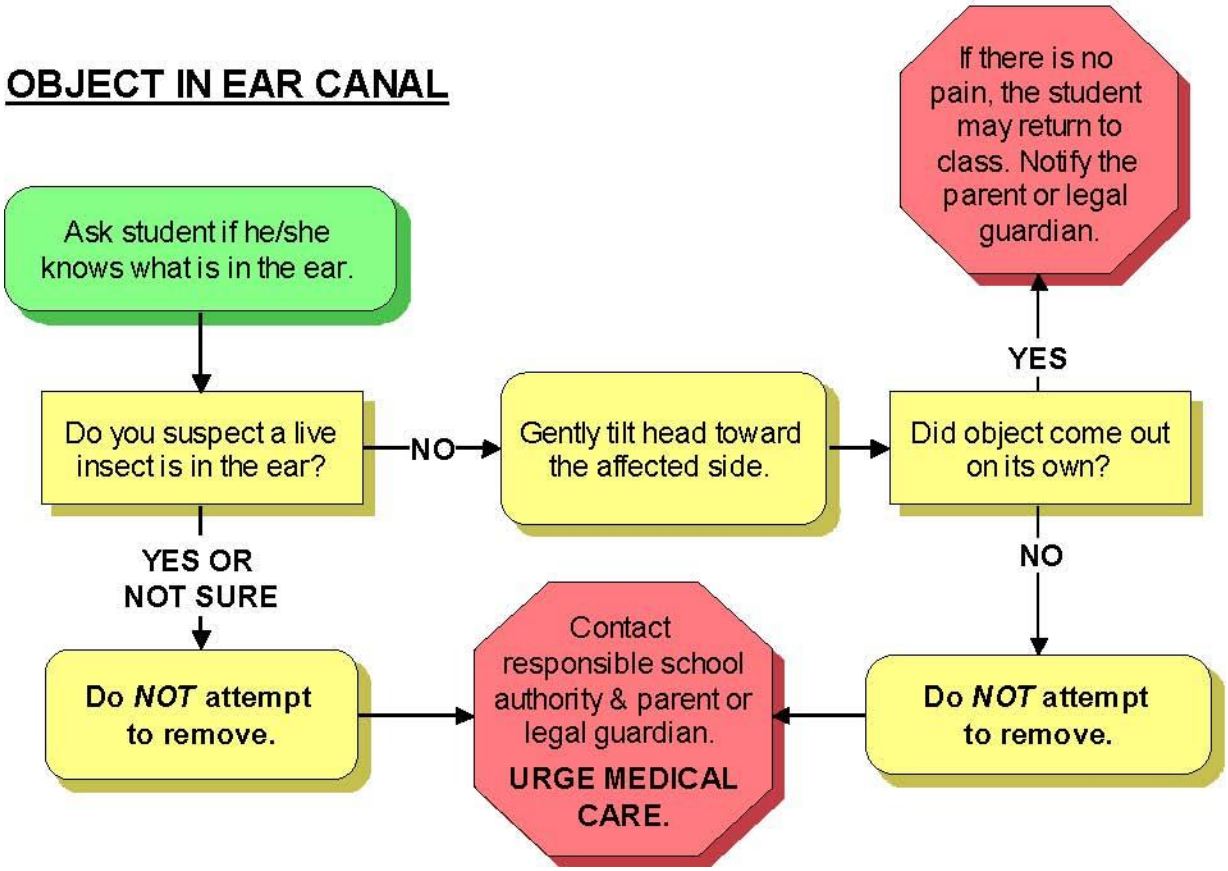
EARS

DRAINAGE FROM EAR



EARACHE

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, perform CPR first for 2 minutes and then call EMS yourself.

Is student unconscious or 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.*"

Contact responsible school authority & parent/legal guardian.

NO

Treat any burns. See *"Burns."*

Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

EYES

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

EYE INJURY:

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 & parent or legal guardian.

NO

Contact responsible school authority & parent or legal guardian.

URGE IMMEDIATE MEDICAL CARE.

EYES

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 & parent/legal guardian.

URGE MEDICAL CARE.

CHEMICALS IN EYE

- Wear gloves and if possible, goggles.
- Immediately rinse the eyewith large amounts of clean water for 20 to 30 minutes. Use an eyewash if available.
- Tip the head so the affected eye is below the unaffected eye and waterwashes 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 & parent/legal guardian.

FAINTING

Fainting may have many causes including:

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

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

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

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

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see "*Unconsciousness.*"

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

YES OR NOT SURE → Treat as possible neck injury. *See "Neck & Back Pain."* **Do *NOT* move student.**

NO ↓

- 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.

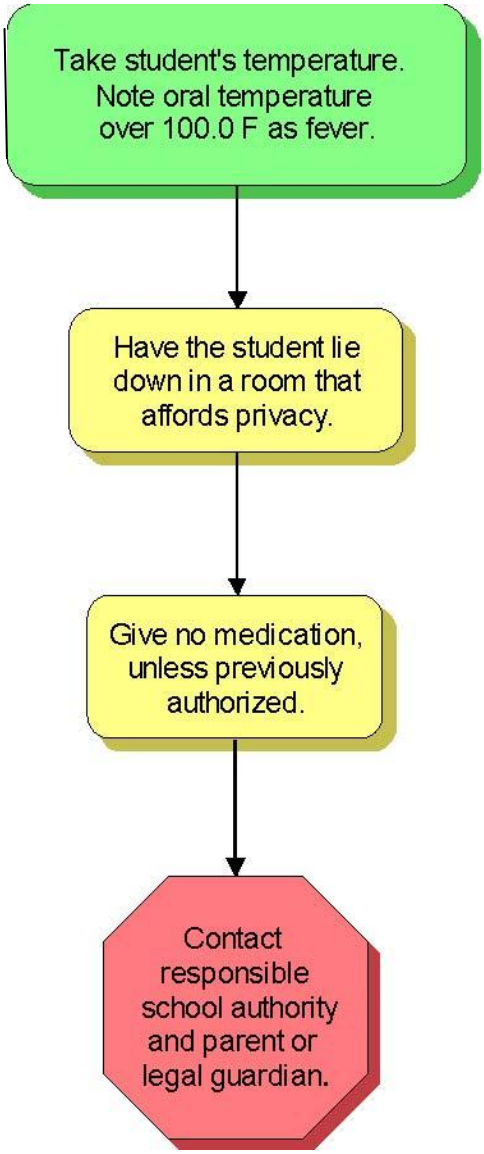
Are symptoms (*dizziness, light-headedness, weakness, fatigue, etc*) still present?

YES → Keep student lying down. Contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.**

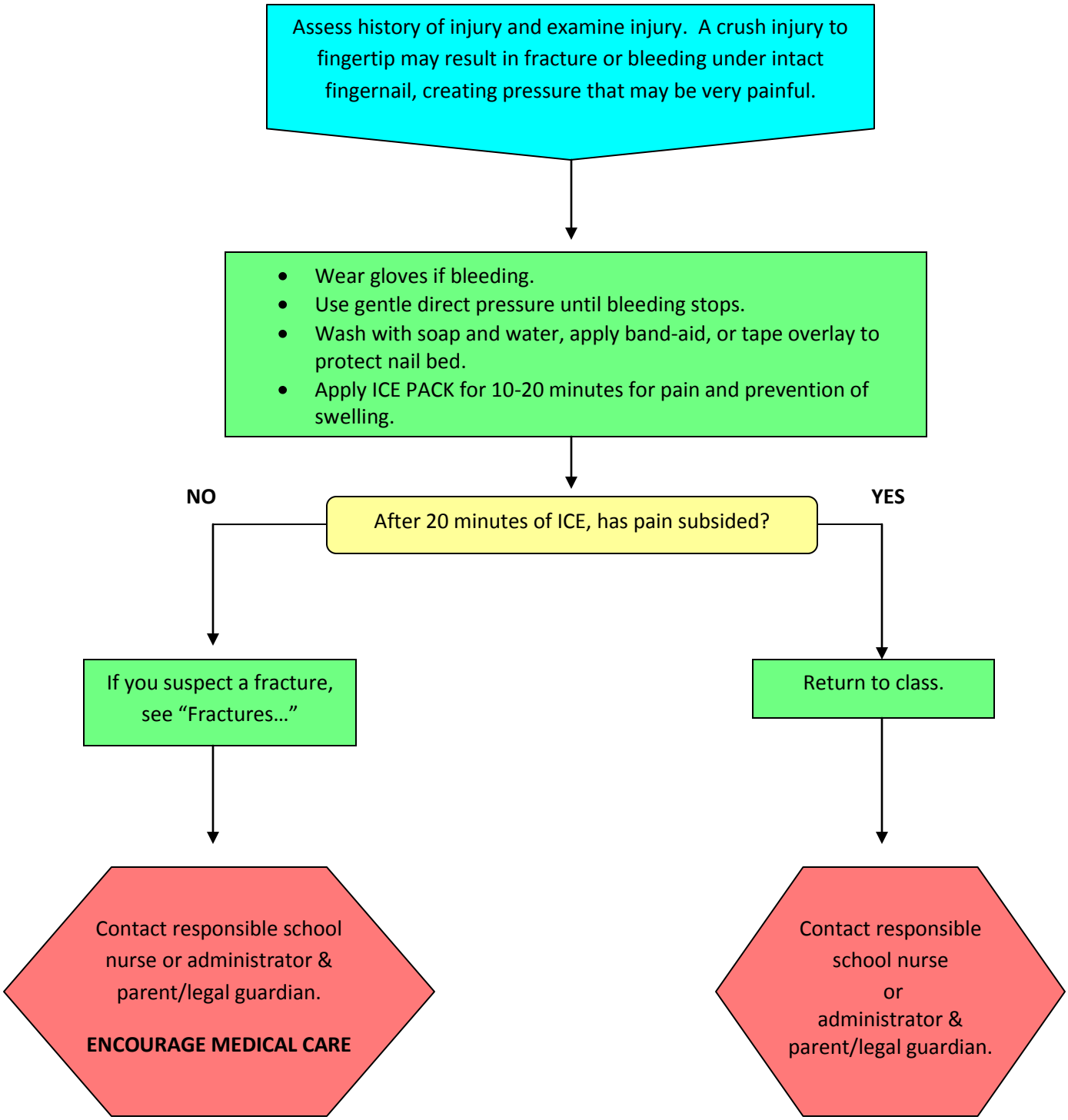
NO ↓

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 & parent/legal guardian.

FEVER & NOT FEELING WELL



FINGER/TOENAIL INJURY



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

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 & parent/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 & 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.**
- 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.

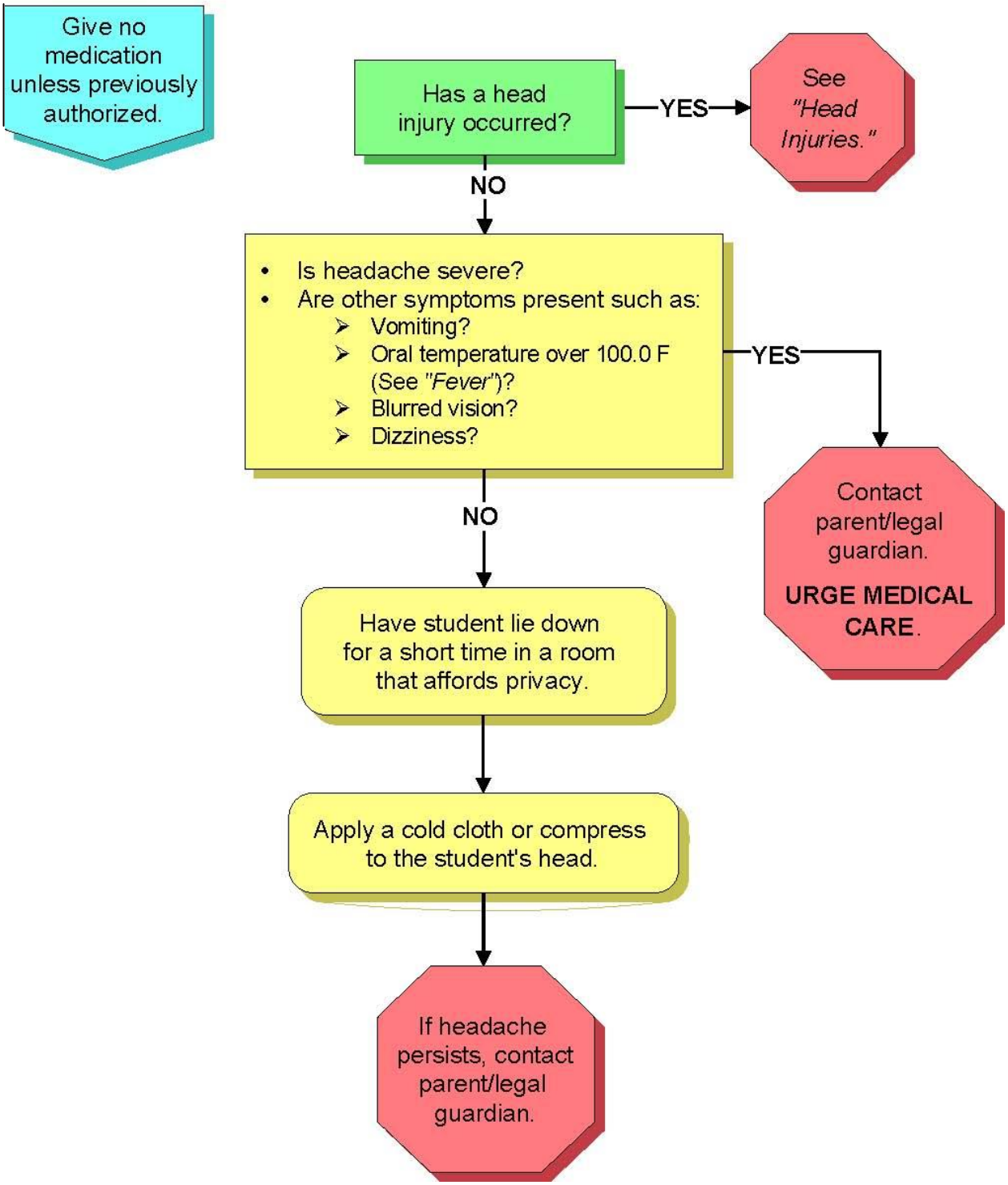
Contact responsible authority & parent or legal guardian.

NO

Keep student and part warm.

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

HEADACHE


Give no medication unless previously authorized.
Has a head injury occurred?
YES
See "Head Injuries."
NO
Is headache severe?
Are other symptoms present such as:
Vomiting?
Oral temperature over 100.0 F (See "Fever")?
Blurred vision?
Dizziness?
YES
Contact parent/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/legal guardian.

HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "*Bleeding.*"

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

- 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"* 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:

- Unconsciousness?
- 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.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See *"CPR."*

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

NO → Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE. Watch for delayed symptoms.

HEAT STROKE - HEAT EXHAUSTION

Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be life-threatening situations.

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

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

Is student unconscious or losing consciousness?

NO

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

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

YES

NO

Give clear fluids such as water, 7Up or Gatorade frequently in small amounts if student is fully awake and alert.

Contact responsible authority & parent/legal guardian.

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."*

Cool rapidly by completely wetting clothing with room temperature water.

Do *NOT* use ice water.

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

HYPOTHERMIA
(EXPOSURE TO COLD)

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 student have:

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

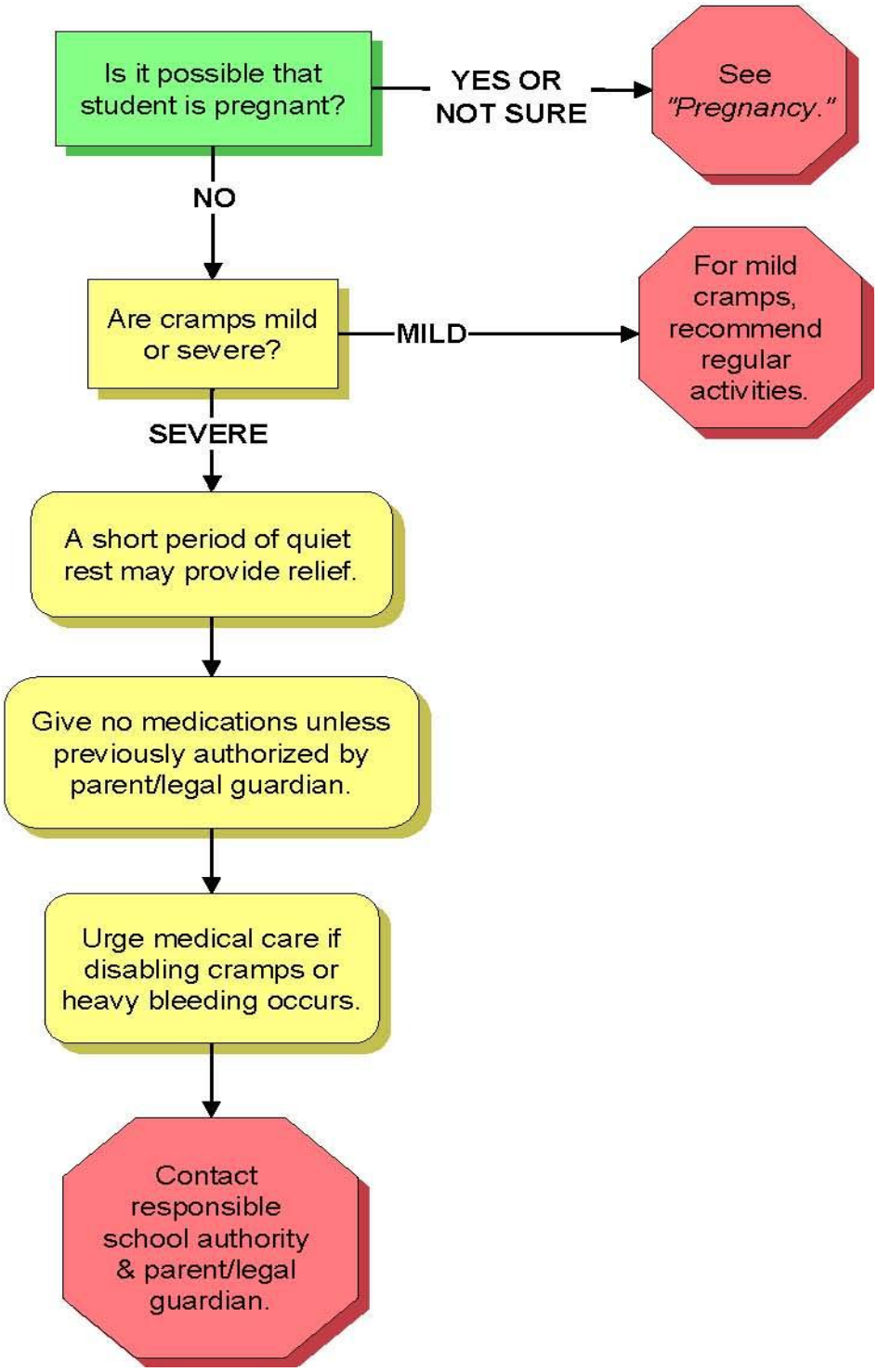
NO → Continue to warm student with blankets. If student is fully awake and alert, offer warm (***NOT hot***) fluids, but no food.

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

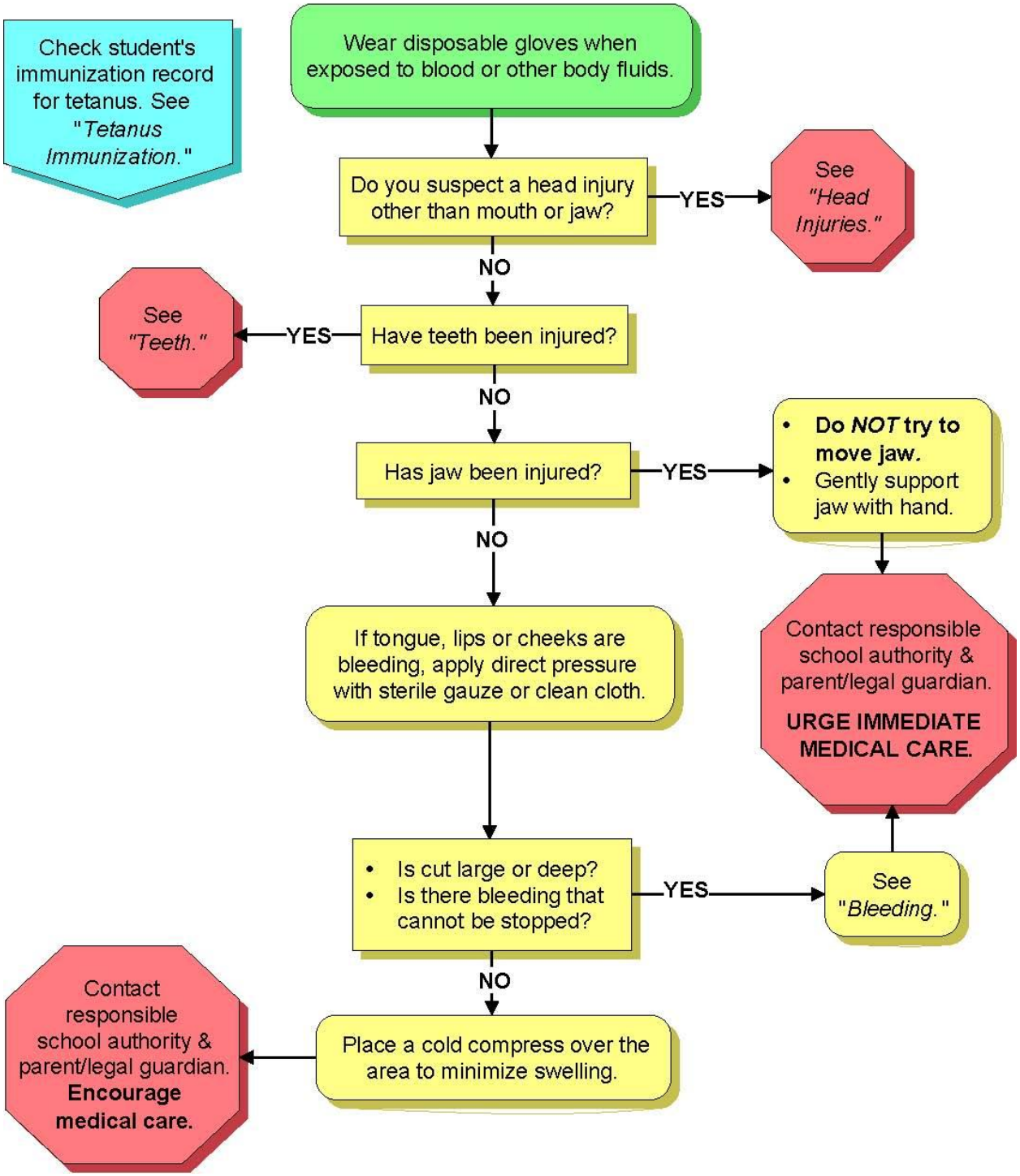
YES ↓

- **CALL EMS 9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is sleepy or losing consciousness, place student on his/her side to protect airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "*CPR*".

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. Non-injured stiff necks may be uncomfortable but they are not emergencies.

→ If student is so uncomfortable that he or she is unable to participate in normal activities, contact responsible school authority & parent/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 forward*" 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.**

→

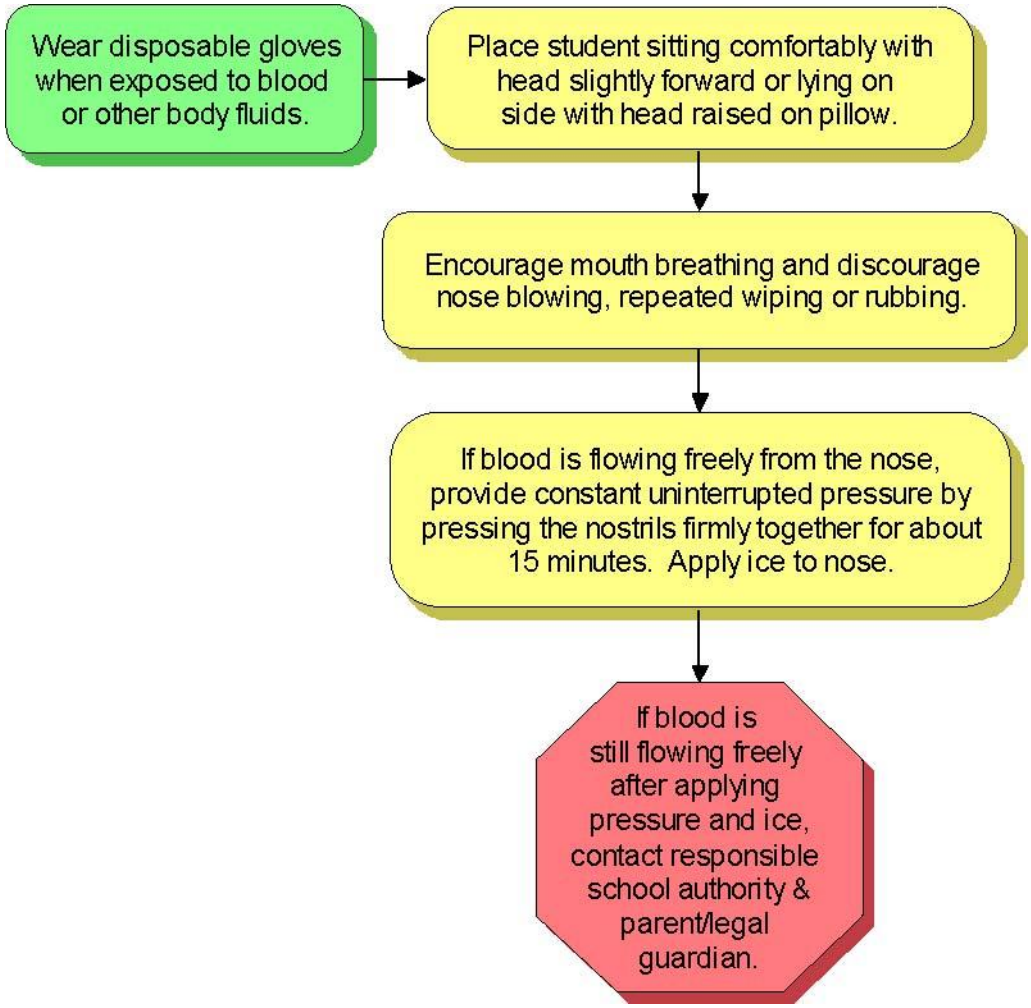
- Keep student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

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

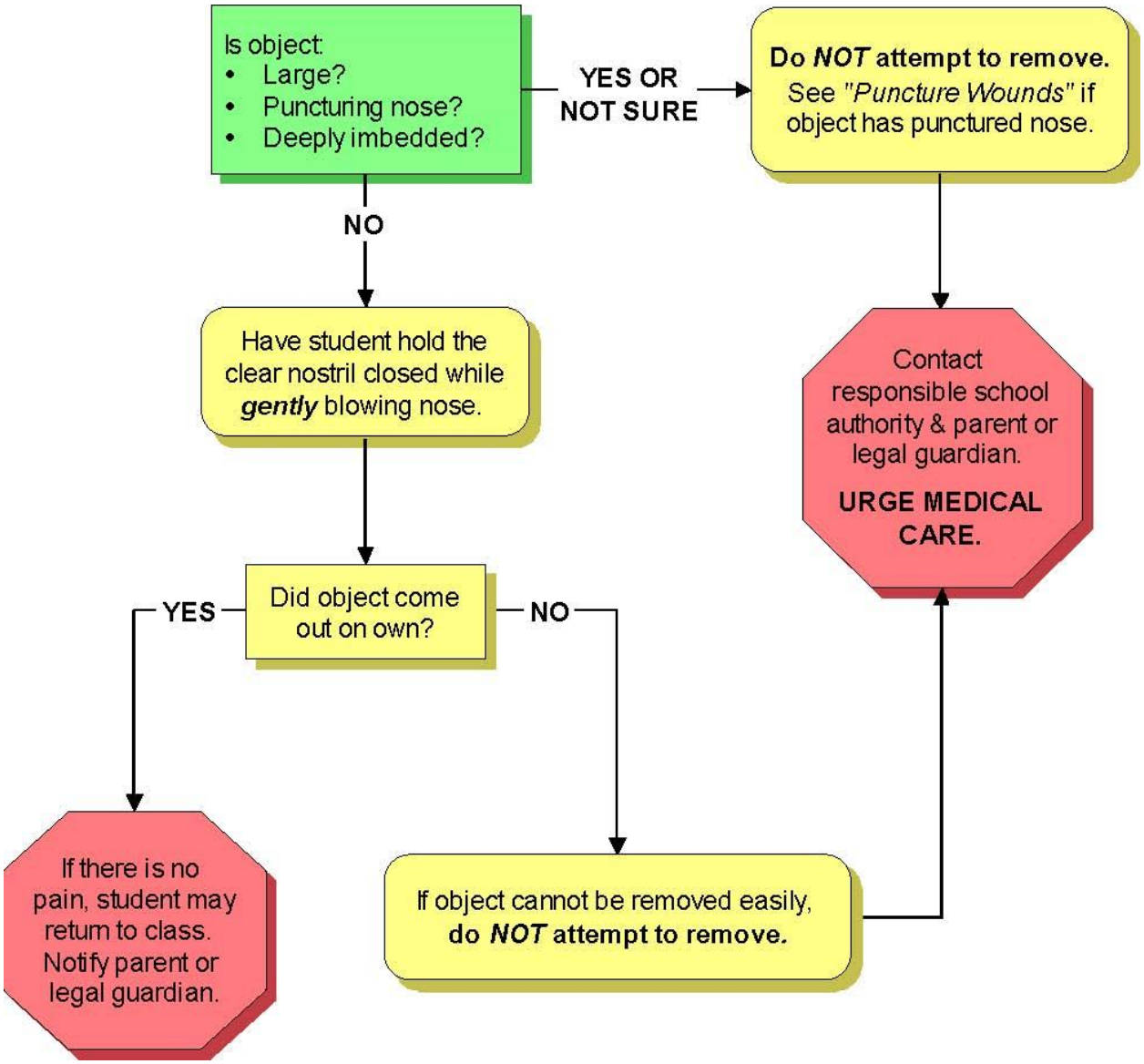
NOSE

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

NOSEBLEED



OBJECT IN NOSE



POISONING & OVERDOSE

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

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

Or if you are not sure.

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.

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

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.

- **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 student becomes unconscious, place on his/her side. Check airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR**. See *"CPR."*

CALL EMS 9-1-1.

Contact responsible school authority & 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.
Any student who is old enough to be pregnant, might be pregnant.

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN

SEIZURE
This may be a serious complication of pregnancy.

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

VAGINAL BLEEDING

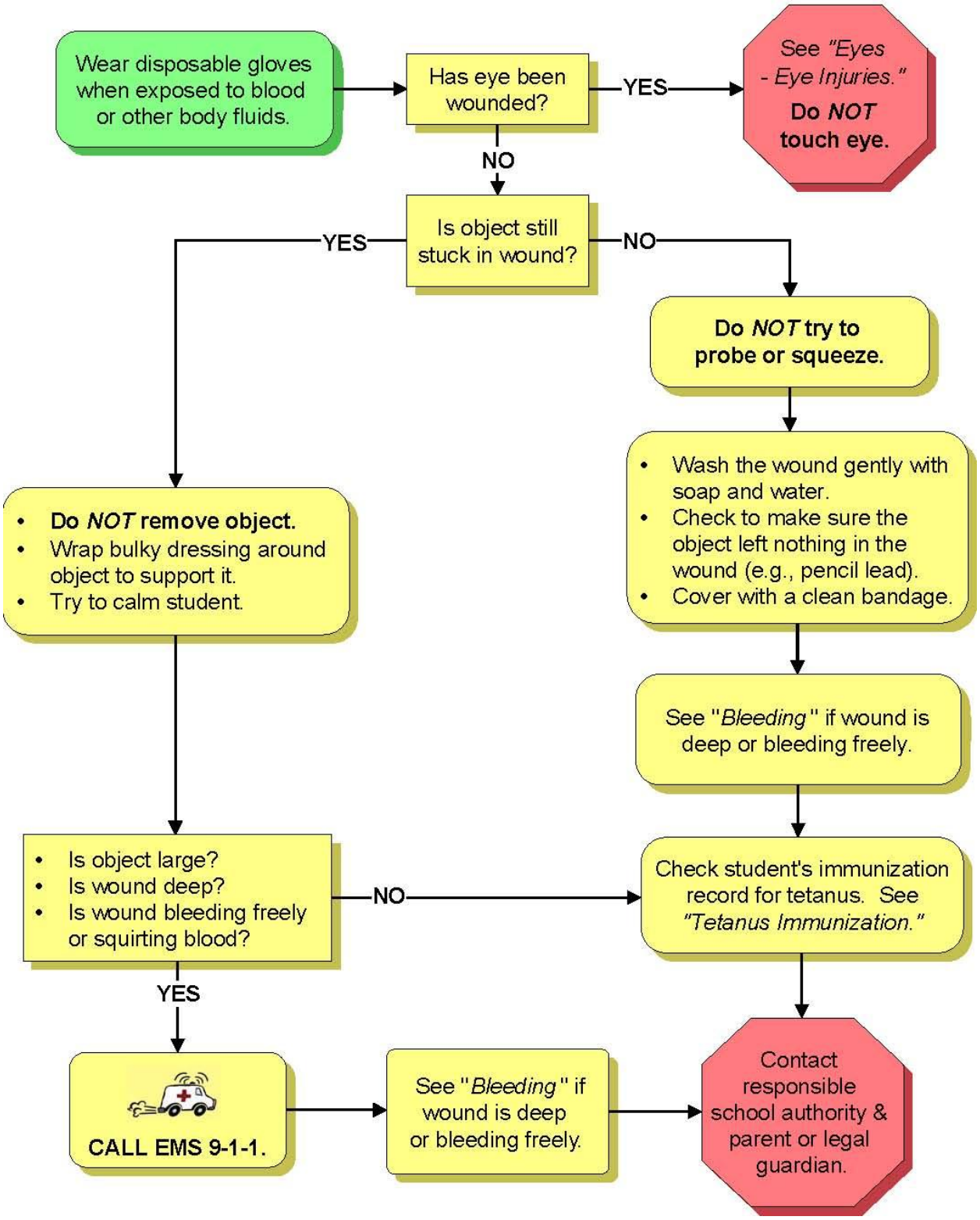
Contact responsible school authority & parent or legal guardian.
URGE IMMEDIATE MEDICAL CARE.

AMNIOTIC FLUID LEAKAGE
This is ***NOT*** normal and may indicate the beginning of labor.

MORNING SICKNESS
Treat as vomiting. See *"Vomiting."*

Contact responsible school authority & parent/legal guardian.

PUNCTURE WOUNDS



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 such things as:

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

YES

CALL EMS 9-1-1.

Contact responsible school authority & parent/legal guardian.

See *"Allergic Reaction"* and *"Communicable Disease"* for more information.

NO

If any of the following symptoms are present, contact responsible school authority & parent or legal guardian and **URGE MEDICAL CARE:**

- Oral temperature over 100.0 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 he/she is not able to participate in school activities.

SEIZURES

Seizures may be any of the following:

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

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

Refer to student's emergency care 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 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 consciousness, 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 & parent or legal guardian.

SHOCK

If injury is suspected, see *"Neck & Back Pain"* 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 care plan if available.

Signs of Shock:

- Pale, cool, moist, skin.
- Mottled, ashen, blue skin.
- Altered consciousness 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 consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.

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

Is student:

- Not breathing? See *"CPR"* and/or *"Choking."*
- Unconscious? See *"Unconsciousness."*
- Bleeding profusely? See *"Bleeding."*

YES →

CALL EMS 9-1-1.

NO ↓

- 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 & parent or legal guardian.

URGE MEDICAL CARE if EMS not called.

SNAKE BITE

Treat all snake bites as poisonous until snake is positively identified.

- **DO NOT cut wound.**
- **DO NOT apply tourniquet.**
- **DO NOT apply ice.**

ALL SNAKE BITES

Need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a SNAKE BITE KIT for outdoor trips.

- Immobilize the bitten extremity at or below the level of the heart.
- Make person lie down, keep at complete rest, and avoid activity (walking).
- Keep victim warm and calm.
- Remove any restrictive clothing, rings, and watches.

- Is snake poisonous or unknown?
- Is person not breathing (See "CPR")?

YES → **CALL EMS 9-1-1**

NO ↓

- Flush bite with large amount of water.
- Wash with soap and water.
- Cover with clean, cool compress, or moist dressing.
- Monitor pulse, color, and respirations; prepare to perform CPR if needed.
- Identify snake- if dead, send with victim to hospital.
- Parents pay transport for medical evaluation if condition is not life threatening.

If greater than 30 minutes from emergency department:

- Apply a tight bandage, to an extremity bite, between the bite and the heart; do not cut off blood flow.
- Use Snake Bite Kit suction device repeatedly.

Contact responsible school nurse or administrator & parent/legal guardian. **ENCOURAGE MEDICAL CARE**

Signs & Symptoms of Poisonous Bite

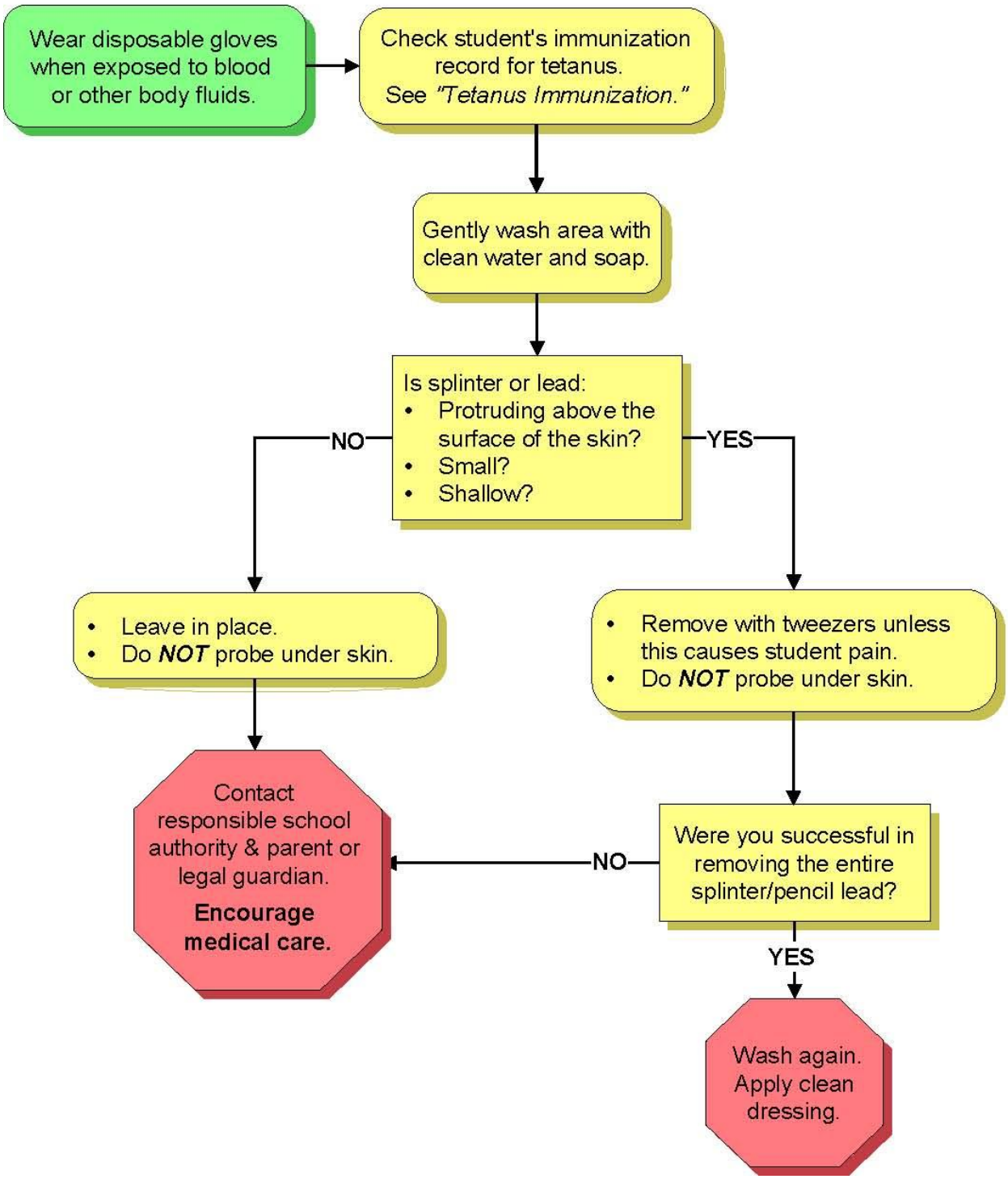
Mild to Moderate:

- Swelling, discoloration or pain at site.
- Rapid pulse, weakness, sweating, or fever.
- Shortness of breath.
- Burning, numbness, or tingling sensation.
- Blurred vision, dizziness, or fainting.
- Fang marks, nausea, vomiting, and diarrhea.

Severe:

- Swelling of tongue or throat.
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis, and unconsciousness.
- Loss of muscle coordination.

SPLINTERS OR IMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES

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

Refer to your school's policy for addressing violent incidents.

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

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

YES →
- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "*CPR.*"

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."*

Contact responsible school authority & parent or legal guardian.

STINGS

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

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

NO

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

YES

Refer to student's emergency care plan.

If available, administer doctor- and parent- or guardian-approved medications.

CALL EMS 9-1-1.

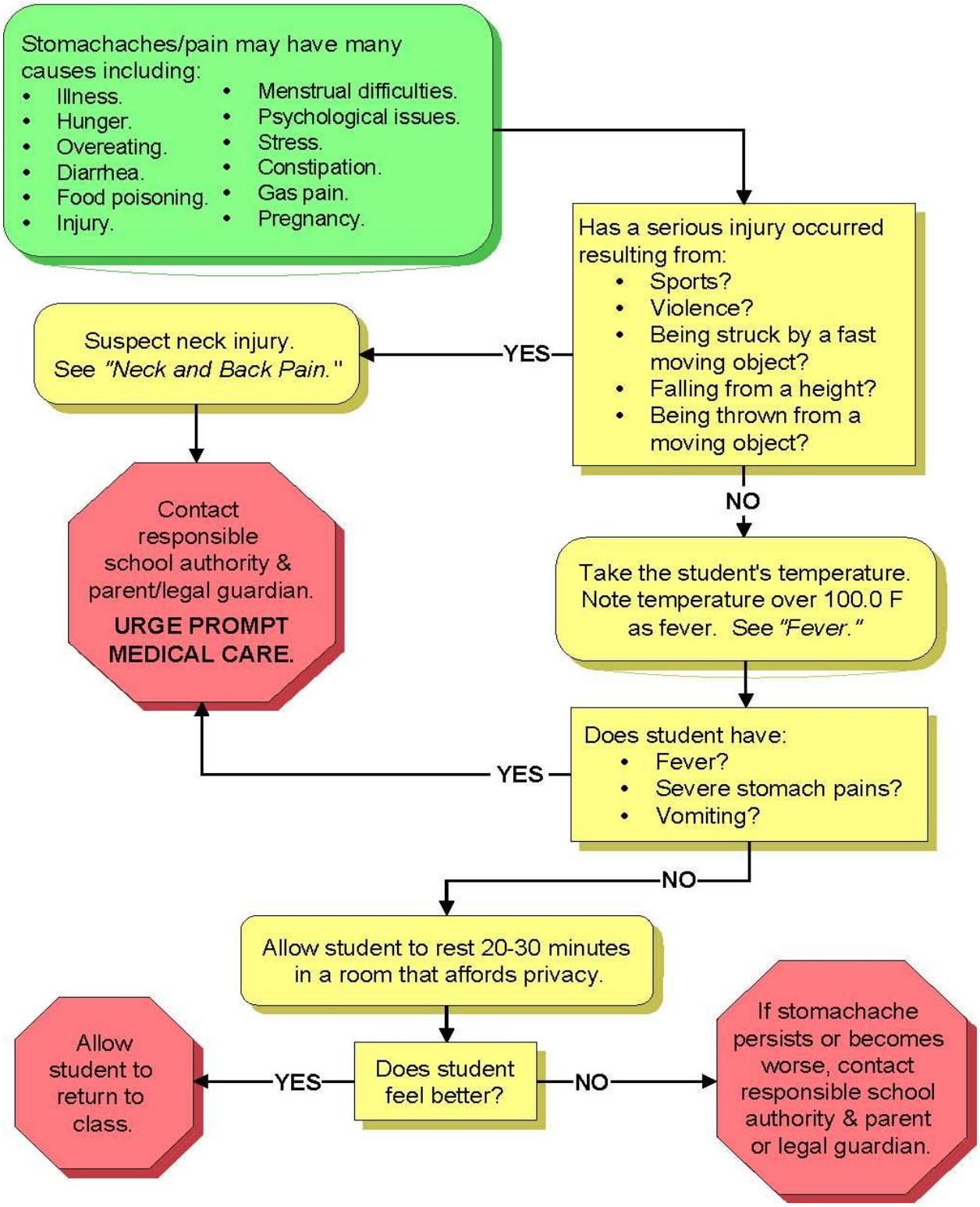
- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "*CPR.*"

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

Contact responsible school authority & parent or legal guardian.

See *"Allergic Reaction."*

STOMACHACHES/PAIN



TEETH

BLEEDING GUMS

Bleeding gums:
- Are generally related to chronic infection.
- Present some threat to student's general health.

→ No first aid measure in the school will be of any significant value.

→ Contact responsible school authority & parent/legal guardian. **URGE DENTAL CARE.**

TOOTHACHE OR GUM INFECTION

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

These conditions can be direct threats to student's general health, not just local tooth problems.

↓

No first aid measure in the school will be of any significant value.

↓

Relief of pain in the school often postpones dental care. **Do *NOT* place pain relievers (e.g., aspirin, Tylenol) on the gum tissue of the aching tooth. They can burn tissue.**

↓

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

TEETH

DISPLACED TOOTH

Do *NOT* try to move tooth into correct position.

→ Contact responsible school authority & parent/legal guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do ***NOT*** handle tooth by the root.

→ If tooth is dirty, clean gently by rinsing with water.

Do *NOT* scrub the knocked-out tooth.

↓

The following steps are listed in order of preference.

Within 15 - 20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze, ***or***
2. Place in HBSS (Save-A-Tooth Kit) if available
   See *"Recommended First Aid Supplies"* on inside back cover, ***or***
3. Place in glass of milk, ***or***
4. Place in normal saline, ***or***
5. Have student spit in cup and place tooth in it, ***or***
6. Place in glass of water.

TOOTH MUST *NOT* DRY OUT.

Do not replant primary (baby) teeth back in socket. (No. 1 in list.)

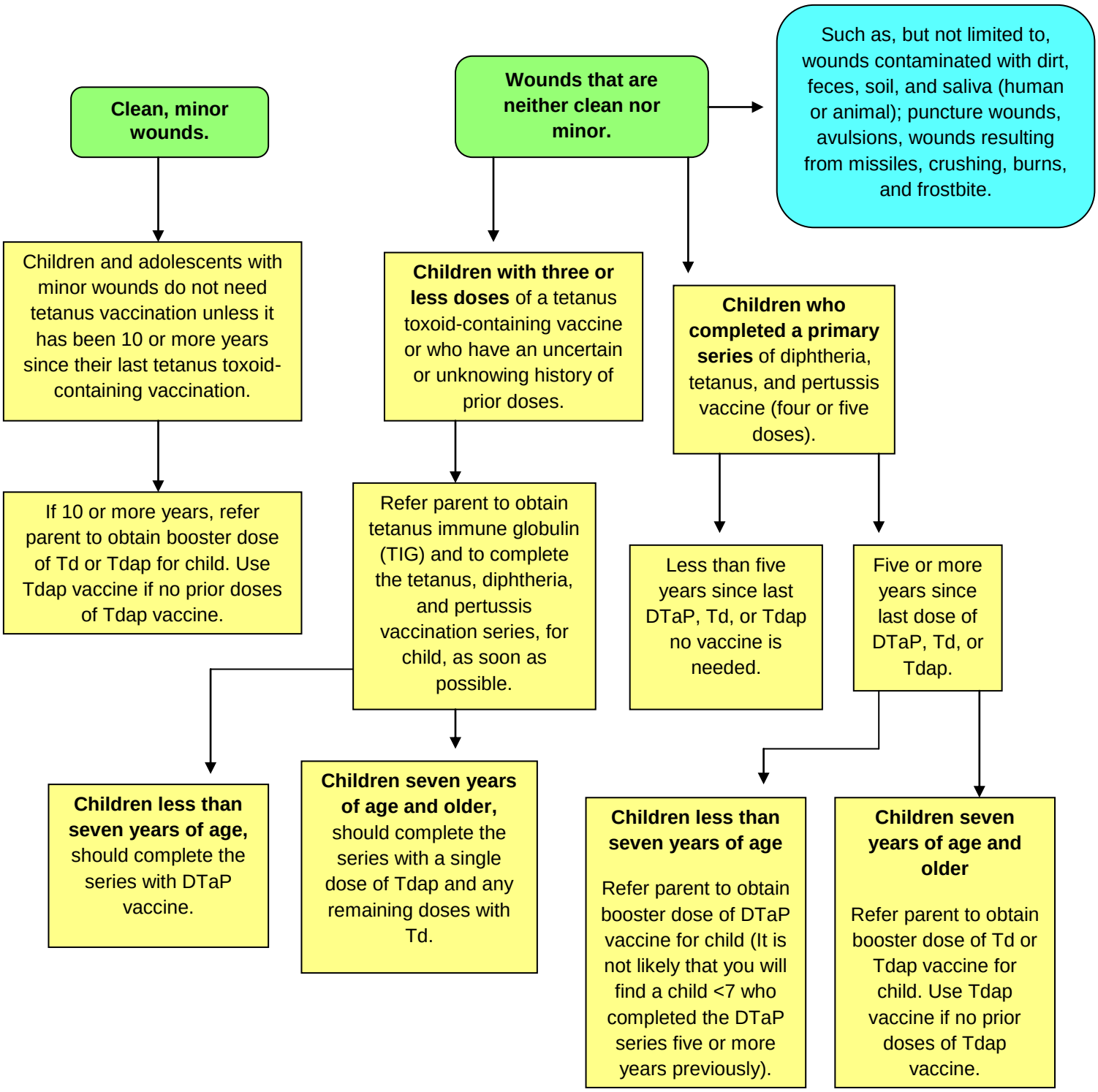
↓

Apply a cold compress to face to minimize swelling

→ Contact responsible school authority & parent or legal guardian.

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

TETANUS IMMUNIZATION



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.

Refer to your school's policy regarding the removal of ticks.

↓

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

↓

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

↓

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

↓

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

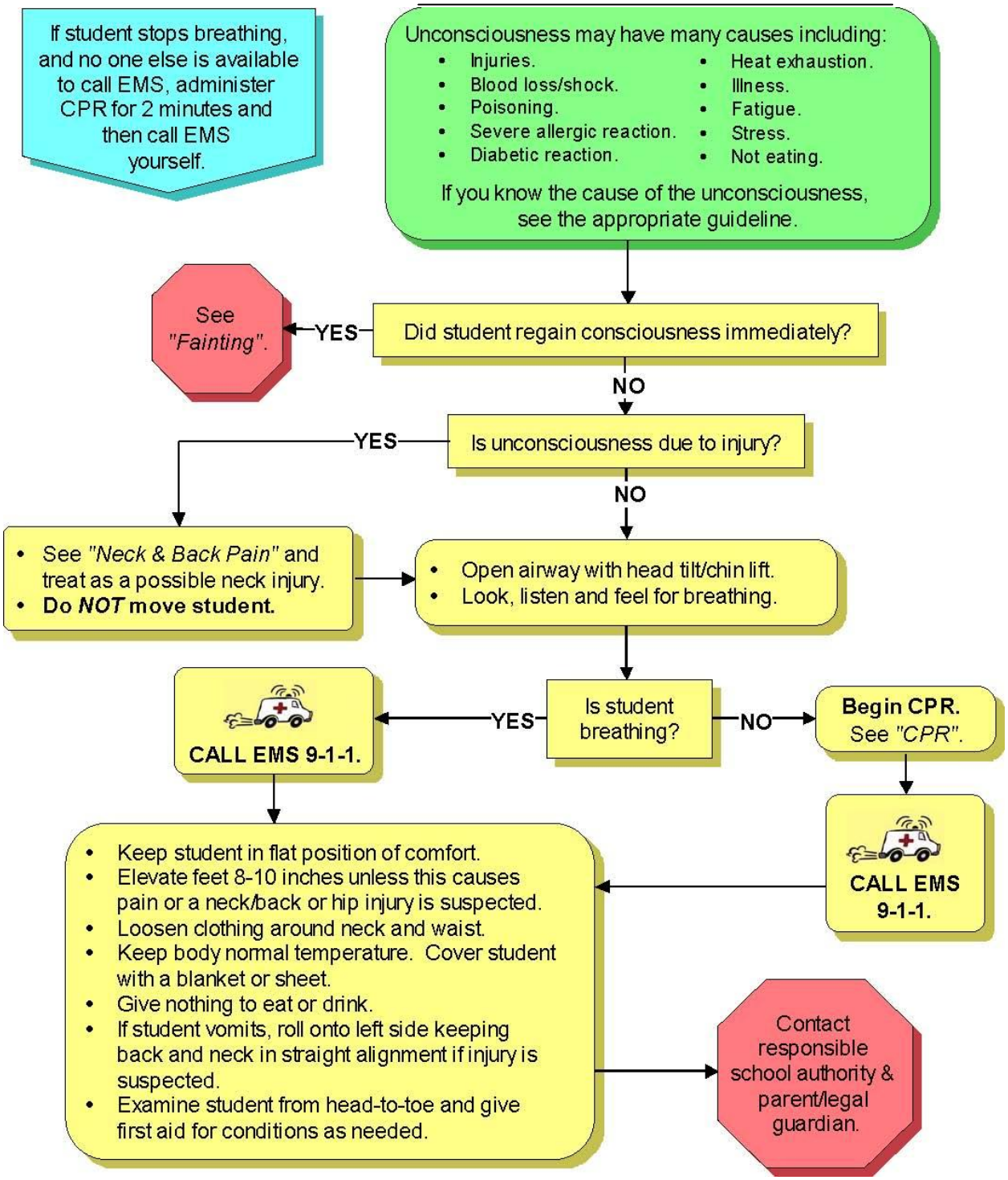
↓

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

↓

Contact responsible school authority & parent/legal guardian.

UNCONSCIOUSNESS



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*" and notify local health department.

Vomiting may have many causes including:

- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/head injury.
- Heat exhaustion.
- Overexertion.
- Food poisoning.

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

Take student's temperature. Note oral temperature over 100.0 F as fever. See "*Fever*".

- 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

Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE

NO

Contact responsible school authority & parent/legal guardian.

SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS SECTION

DEVELOPING A SCHOOL SAFETY PLAN

A school-wide safety plan must be developed in cooperation with school health staff, school administrators, local EMS, hospital staff, health department staff, law enforcement and parent/guardian organizations. All employees should be trained on the emergency plan and a written copy should be available at all times. This plan should be periodically reviewed and updated as needed. It should consider the following:

- Staff roles are clearly defined in writing. For example, staff responsibility for giving care, accessing EMS and/or law enforcement, student evacuation, notifying responsible school authority and parents, and supervising and accounting for uninjured students are outlined and practiced. A responsible authority for emergency situations is designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.

- Appropriate staffs, in addition to the nurse, are trained in CPR and first aid in each building. For example, teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) are trained in CPR and first aid.

- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for students with special needs should be available, as well as distributed to appropriate staff.

- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extracurricular activities. See *"Recommended First Aid Supplies"* on page 91.

- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally. Schools have prepared evacuation *To-Go Bags* containing class rosters and other evacuation information and supplies. These bags are kept up to date.

- Emergency numbers are available and posted by all phones. Employees are familiar with emergency numbers. See *"Emergency Phone Numbers"* on page 92.

School Safety Plans – Continued

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

- A written policy exists that describes procedures for accessing EMS without delay at all times and from all locations (e.g., playgrounds, athletic fields, field trips, extra- curricular activities, etc.).

- Transportation of an injured or ill student is clearly stated in written policy.

- Instructions for addressing students with special needs are included in the school safety plan. See *"Planning for Students with Special Needs."*

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.

- 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 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.

School Emergency Management Plans

House bill 1512 was passed and signed into law by Governor Henry on May 29, 2003. This law relates to emergency management and makes the following requirement of schools:

"School districts are authorized to plan, design, and construct new school buildings and make additions to existing school buildings that afford protection for the anticipated school body, faculty, and visitors against tornados and severe weather."

"Each school, administration building, and institution of higher learning shall have written plans and procedures in place for protecting students, faculty, administrators, and visitors from natural and man-made disasters and emergencies. Plans shall be placed on file at each school district and each local emergency management organization within the district."

"Each school district and institution of higher learning shall make annual reports to the local school board or Board of Regents detailing the status of emergency preparedness and identified safety needs for each school or institution."

"Each school district of the state is authorized to participate in such federal assistance programs as may be available or may become available to assist in providing tornado and severe weather protection."

"Man-made disaster" means a disaster caused by acts of man including, but not limited to, an act of war, terrorism, chemical spill or release, or power shortages that require assistance from outside the local "political subdivision" (any county, city, town, or municipal corporation of the state represented by an elected governing body).

This law went into effect May 29, 2003.

See resource: http://www.ed.gov/admins/lead/safety/emergencyplan/index.html

School Safety Checklist

(May be completed by a school administrator and shared with Safe School Committee.)

A. The existence of a comprehensive safety plan

	Yes	No	NA
1. An emergency preparedness plan has been developed to address the following emergencies:			
a. Fire	___	___	___
b. Tornado	___	___	___
c. Hurricane	___	___	___
d. Bomb Threat/Explosion	___	___	___
e. School Bus Accident	___	___	___
f. Intruder	___	___	___
g. Earthquake	___	___	___
2. Threats to the school (i.e., potential for nuclear accident, hazardous chemical release, and train derailment) have been identified and the emergency preparedness plan addresses them.			
a. _____	___	___	___
b. _____	___	___	___
c. _____	___	___	___

B. Communication of Discipline Policies and Procedures

1. There is a policy foe dealing with violence and vandalism in your school.	___	___	___
2. There is an incident reporting system available to all students and staff.	___	___	___
3. There is in-service training for teachers and staff in the areas of violence, vandalism, and reporting policies and procedures.	___	___	___
4. Students are made aware of behavioral expectations and school discipline procedures.	___	___	___
5. Parents are made aware of and acknowledge student behavioral expectations and school discipline procedures.	___	___	___

C. Interagency and Intra-agency Emergency Planning	Yes	No	NA
1. School emergency plans are coordinated with district emergency plans.	___	___	___
2. School emergency plans have been developed in cooperation with law enforcement and other emergency response agencies.	___	___	___
3. Security and local police have vehicle access to the campus to assist during emergencies.	___	___	___
4. Local police are familiar enough with the campus to assist during emergencies.	___	___	___
5. There is an up-to-date inventory of equipment and valuable property (inventoried by videotape when possible). At least one copy is kept off school grounds.	___	___	___
6. School files and records are kept in a fireproof safe or storage area.	___	___	___
D. Recording of Disruptive Incident			
1. Violations of state and federal law that occur on school grounds are reported immediately by school officials to the appropriate law enforcement agencies.	___	___	___
2. An incident reporting procedure has been established for all disruptive incidents which take place on school property.	___	___	___
3. A database is developed from disruptive incident reports, and it is analyzed to identify recurring school safety problems.	___	___	___
E. Training of Staff and Students			
1. Training sessions and drills are conducted on a regular basis to test the effectiveness and efficiency of safety plans and procedures.	___	___	___
2. Parents, students, teachers, and administrators are involved in reviewing school policies and prevention strategies involved in school safety.	___	___	___
3. Staff training is provided in weapons detection and reporting, and in responding to confrontations when weapons are involved.	___	___	___
4. Staff training is provided to clarify expectations for reporting and responding to student violence and includes laws that pertain to teachers and students.	___	___	___

5.	Some staff members are trained in first aid and cardiopulmonary resuscitation (CPR).	___	___	___
6.	Staff members are trained by law enforcement or other knowledgeable persons in the interception of and response to intruders.	___	___	___

F. Assessment of Building and Grounds	YES	NO	N/A
1. External doors are kept locked to outside admittance where feasible during school hours.	___	___	___
2. The capability exists to notify all teachers to lock classrooms in an emergency.	___	___	___
3. School grounds are properly lighted for night activities.	___	___	___
4. The capability exists to monitor the main entrance.	___	___	___
5. Break-resistant glass is used when possible, and lights are equipped with break-resistant lenses, especially in high-risk areas.	___	___	___
6. Entrance doors have see-through safety glass.	___	___	___
7. Locks on exterior doors cannot be reached if glass is broken.	___	___	___
8. Exterior doors are solid-core style.	___	___	___
9. All areas within the building are adequately lighted.	___	___	___
10. Student locker areas can be monitored by school staff.	___	___	___
11. School official locks empty student lockers with color-coded locks.	___	___	___
12. Handrails are provided on stairways.	___	___	___
13. Steps are covered with a nonslip material.	___	___	___
14. Access to electrical panels in all areas is restricted.	___	___	___
15. Mechanical rooms and other hazardous material storage areas are kept locked.	___	___	___
16. Shrubbery and trees permit good visual surveillance of all parts of the school campus.	___	___	___
17. If feasible and potentially effective, the perimeter of the school, including field areas, is fenced, and secured gates are installed.	___	___	___
18. School building areas are fenced separately from playing	___	___	___

19. Visitor parking is clearly marked in a high visibility location as close to the main office as feasible. ___ ___

20. A high visibility area is designated as the pick-up/drop-off point for students and staff. ___ ___

21. Access to bus-loading areas by other vehicles is restricted as feasible. ___ ___

22. Parking areas can be monitored by school staff. ___ ___

23. Entrances and exits to parking areas are restricted. ___ ___

24. Barriers exist to prevent unauthorized vehicles access to the campus. ___ ___

25. Bicycles are stored in secure areas during school hours. ___ ___

26. All door and window locks are regularly checked, and ground floor windows have extra security precautions. ___ ___

27. Buildings have internal security fire alarms and automatic fire control sprinklers. ___ ___

28. Fore prevention personnel have recently inspected facilities and have made prevention suggestions. ___ ___

29. Buildings have burglar alarms, and the alarm system is regularly maintained. ___ ___

30. Local police, security, and fire departments are alerted by the alarm system. ___ ___

31. Roofs are accessible only by a ladder and are fire-retardant. ___ ___

32. Parking areas can be monitored by school staff. ___ ___

G. Procedures for Handling Visitors	Yes	No	NA
1. Visitors are required to report to the office.	___	___	___
2. A school policy for interception and response to unauthorized persons on campus is established.	___	___	___
3. Signs concerning visitor policy and trespassing are properly displayed at entrances to the campus and buildings.	___	___	___
H. Assignment of Personnel in Emergencies			
1. An emergency team has been organized to carry out emergency plans and, if necessary, coordinate post emergency activities with an external crisis intervention team.	___	___	___
2. Staff members have been assigned responsibilities to implement all parts of emergency plans.	___	___	___
3. An individual is designated to be responsible for overall school security operations.	___	___	___
I. Emergency Communication and Management Procedures			
1. The school has emergency phone capability.	___	___	___
2. A procedure has been developed to notify bus drivers when emergency evacuation of buildings and grounds is necessary.	___	___	___
3. In the event of power failure, alarm systems and phones are operative.	___	___	___
4. A communication capability between the office and all teaching stations exists.	___	___	___

J. Transportation Rules and Accident Procedures	Yes	No	NA
1. School bus safety rules have been developed and distributed to all students.	___	___	___
2. Parents have been informed in writing of school bus safety rules.	___	___	___
3. All students participate in school bus emergency evacuation drills twice yearly.	___	___	___
4. Safety training is provided for all school bus drivers.	___	___	___
5. Drivers are trained on school bus emergency evacuation drills twice yearly.	___	___	___
6. Accident procedures have been developed and communicated to bus drivers.	___	___	___
7. Passenger lists for all bus routes are maintained at the school site and are updated as changes occur.	___	___	___
8. Route descriptions for field trips are filed in the school office before trips begin.	___	___	___
9. Passenger lists are developed and filed in the school office for each vehicle going on a field trip.	___	___	___
10. All students and staff participating in a field trip carry identification,	___	___	___
11. Students with medical problems have identification of these problems on them when participating in field trips, or adult supervisors have a written list of medical problems.	___	___	___

EVACUATION – RELOCATION CENTERS

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

EVACUATION:

- Call 9-1-1. Notify administrator.
- Administrator issues evacuation procedures.
- Administrator determines if students and staff should be evacuated outside of building or to relocation centers. _____ coordinates transportation if students are evacuated to relocation center.
- Administrator notifies relocation center.
- 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 relocation centers, stay with students. Take roll again when you arrive at the relocation center.

RELOCATION CENTERS:

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

Primary Relocation Center _____
Address_____
Phone _____
Other Information _____
Secondary Relocation Center _____
Address _____
Phone _____
Other Information_____

HAZARDOUS MATERIALS

INCIDENT OCCURS IN SCHOOL:

- Notify building administrator.
- Call 9-1-1 or local emergency number. If 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.
- 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.

Building Hazardous Materials Inventory

Conduct inventories of your cleaning chemicals and chemicals stored for biology and chemistry labs on an annual basis. Possible hazardous materials should be kept under lock and key and monitored. If a crisis occurs, this form should be made available to law enforcement, fire department officials, and emergency medical responders.

Chemical	Location	Who Has Access	Date

Storage and Training Regarding Possible Hazardous Materials at School

Oklahoma's Right to Know Hazard Communication Act

In Oklahoma, a written training program on handling hazardous materials is required and training must be provided annually. For more information, contact the Oklahoma State Department of Labor, Public Employee Health and Safety Division, 4001 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105. Phone: (405) 528-1500.

Material Safety Data Sheets (MSDS)

Minimum standards for MSDS include:

- Chemical name
- Hazardous components
- Physical characteristics
- Physical hazards
- Health hazards; Carcinogens must be identified
- Primary routes or entry
- Permissible exposure limits
- Any applicable precautions (gloves, goggles, etc.)
- First aid and emergency procedures (chemical splash, spill handling, etc.)
- Date prepared
- Name and address of the manufacturer or MSDS preparer including phone number

An up-to-date inventory and a list of all hazardous chemicals must be assembled. An inventory consists of the name of the chemical, the quantity, and storage location.

All laws require the employer to notify the employee of any potential exposure or actual exposure to a hazardous substance.

For more information on the Chemical Hygiene Plan, please visit:

http://www.osha.gov/Publications/laboratory/OSHAfactsheet-laboratory-safety-chemical-hygiene-plan.pdf

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 lockdown situation.

5) The contents of the bags must be updated regularly and used only in the case of an emergency.

6) The classroom and building bags should be a part of your drills for consistency with response protocols.

7) The building and classroom *To-Go Bag* lists that are included 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.**

BUILDING

To-Go Bag

This bag should 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

_____ Copies of all forms developed by your Emergency Response Team (chain of command, emergency plan, etc.)
_____ Map of building with location of phones, exits, first aid kits, and AED(s)
_____ Blueprint of school building including all utilities
_____ Turn-off procedures for fire alarm, sprinklers and all utilities
_____ Videotape 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 contact
_____ Current yearbook with pictures
_____ Staff roster including emergency contacts
_____ Local telephone directory
_____ Lists of district personnel's phone, fax and beeper numbers
_____ Other: _____
_____ Other: _____

SUPPLIES

_____ Flashlight
_____ First aid kit with extra gloves
_____ CPR disposable mask
_____ Battery-powered radio
_____ Two-way radios and/or cellular phones available
_____ Whistle
_____ Extra batteries for radio and flashlight
_____ Peel-off stickers and markers for name tags
_____ Paper and pen 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: _____
_____ Other: _____

Person(s) responsible for routine toolbox updates: _____
Person(s) responsible for bag delivery in emergency: _____

CLASSROOM
To-Go Bag

This bag should 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

_____ 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
_____ Local telephone directory
_____ Lists of district personnel's phone, fax and beeper numbers
_____ Other: _____
_____ Other: _____

SUPPLIES

_____ Flashlight
_____ First aid kit with extra gloves
_____ CPR disposable mask
_____ Battery powered radio
_____ Two-way radios and/or cellular phones available
_____ Whistle
_____ Extra batteries for radio and flashlight
_____ Peel-off stickers and markers for name tags
_____ Paper and pen 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 ***Oklahoma Department of Health, School & Adolescent Health Services Program.*** We strongly encourage you to customize this form to meet the specific needs of your school and community.

Crisis Management Kit Checklist

The following items are listed as basic for creating and maintaining a Crisis Management Kit for each site. The list includes specific items that may save time in implementing a school plan to manage emergencies. Additional items may be needed depending on individual needs of each school.

Map

_____ School map, building layout, floor plans, or aerial maps with locations of:
1. Exits
2. First aid, CPR, and/or EMT training identified
3. First aid kits locations, closets, HVAC shutoff, and utilities shutoff

_____ Current yearbook, class photos, student identification, or CD Rom photo databases
_____ Map of evacuation route(s) to pre-assigned buildings and locations
_____ Bus routes and rosters

Phone Lists

Community Emergency Numbers:

_____ General emergency number
_____ Ambulance
_____ Poison Control Center
_____ Local Hospital
_____ Police Department/Sheriff/State Police/Highway Patrol
_____ Fire Department
_____ Local telephone directory and school directory
_____ City/County Emergency Management Office
_____ Student teachers, support staff home/cell phone numbers

School Numbers:

_____ Extension numbers for school security, school health nurse, guidance services, and district office
_____ Fax phone number(s) at school site and district offices

Other Resource Numbers

_____ Home/business numbers of school volunteers, local clergy, and other resources previously identified
_____ Student roster including phone numbers of parents and guardians
_____ Master schedule

Equipment

Crisis response equipment. Make a list and location of items such as:

_____ Two-way radios or cell phones
_____ Laptop computers
_____ Fully charged bullhorn
_____ Flashlights
_____ Whistles
_____ Hand Radios

Tools

_____ Hammer, crowbar, pliers, screwdrivers
_____ If possible, laptop computer, printer, and access to a copier for immediate use
_____ Spare flashlight batteries and bulbs

Supplies

_____ Sign-in sheets for Crisis Response Team Members
_____ 10 legal pads or notebooks
_____ 10 ballpoint pens
_____ 10 felt-tip markers
_____ 1,000 plain white peel-off stickers to be used to identify injured students and adults
_____ First aid supplies
_____ Masking tape
_____ Blankets
_____ Caution tape or police boundary tape
_____ Bottled water
_____ Placards labeled: PARENTS, COUNSELORS, MEDIA, CLERGY, VOLUNTEERS, and KEEP OUT

PANDEMIC FLU PLANNING FOR SCHOOLS

FLU TERMS DEFINED

Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

INFLUENZA SYMPTOMS

According to the Centers for Disease Control and Prevention (CDC) influenza symptoms usually start suddenly and may include the following:

- Fever
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Body ache

Influenza is a respiratory disease.

Source: Centers for Disease Control and Prevention (CDC)

INFECTION CONTROL GUIDELINES FOR SCHOOLS

1) Recognize the symptoms of flu:
   - Fever
   - Headache
   - Cough
   - Body ache
2) Stay home if you are ill.
3) Cover your cough:
   - Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
   - If tissues are not available, cough into your elbow or upper sleeve area, not your hand.
   - Wash your hands after you cough or sneeze.
4) Wash your hands:
   - Using soap and water after coughing, sneezing or blowing your nose.
   - Using alcohol-based hand sanitizers if soap and water are not available.
5) Have regular inspections of the school hand washing facilities to assure soap and paper towels are available.
6) Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms.
7) Have appropriate supplies for students and staff including tissues, waste receptacles for disposing used tissues and hand washing supplies (soap and water or alcohol-based hand sanitizers).

SCHOOLS ACTION STEPS FOR PANDEMIC FLU

The following are steps schools can take before, during and after a pandemic flu outbreak. Remember that a pandemic may have several cycles, waves or outbreaks so these steps may need to be repeated.

PREPAREDNESS/PLANNING PHASE -BEFORE AN OUTBREAK OCCURS

1. Develop a pandemic flu plan for your school using the CDC School Pandemic Flu Planning Checklist available at http://www.flu.gov/planning-preparedness/school/schoolchecklist.pdf.
2. Build a strong relationship with your local health department and include them in the planning process.
3. Train school staff to recognize symptoms of influenza.
4. Decide to what extent you will encourage or require students and staff to stay home when they are ill.
5. Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the local health department.
6. Make sure the school is stocked with supplies for frequent hand hygiene including soap, water, alcohol-based hand sanitizers, and paper towels.
7. Encourage good hand hygiene and respiratory etiquette in all staff and students.
8. Identify students who are immune compromised or chronically ill who may be most vulnerable to serious illness. Encourage their families to talk with their health care provider regarding special precautions during influenza outbreaks.
9. Develop alternative learning strategies to continue education in the event of an influenza pandemic.

RESPONSE -DURING AN OUTBREAK

1. Heighten disease surveillance and reporting to the local health department.
2. Communicate regularly with parents informing them of the community and school status and expectations during periods of increased disease.
3. Work with local education representatives and the local health officials to determine if the school should cancel non-academic events or close the school.
4. Continue to educate students, staff, and families on the importance of hand hygiene and respiratory etiquette.

RECOVERY -FOLLOWING AN OUTBREAK

1. Continue to communicate with the local health department regarding the status of disease in the community and the school.
2. Communicate with parents regarding the status of the education process.
3. Continue to monitor disease surveillance and report disease trends to the health department.
4. Provide resources/referrals to staff and students who need assistance in dealing with the emotional aspects of the pandemic experience. Trauma-related stress may occur after any catastrophic event and may last a few days, a few months, or longer, depending on the severity of the event.

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1 Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at http://www.aap.org

2 Cot: mattress with waterproof cover (disposable paper covers and pillowcases)

3 Small portable basin

4 Covered waste receptacle with disposable liners

5 Bandage scissors & tweezers

6 Non-mercury thermometer

7 Sink with running water

8 Expendable supplies:

- Sterile cotton-tipped applicators, individually packaged
- Sterile adhesive compresses (1"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 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 emergency tooth preserving system manufactured by 3M®
- 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_____
+ 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	**1-800-656-HOPE**
+	Suicide Hotline	**1-800-SUICIDE**
+	Local Health Department	_____
+	Taxi	_____
+	Other medical services information	_____

Bibliography

Oklahoma State Department of Education. (2012). Retrieved July 17, 2012, from OK.Gov: http://www.ok.gov/sde/