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

- AEDs
- Allergic Reaction
- Asthma & Difficulty Breathing
- Behavioral Emergencies
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- CPR (Infant, Child, & Adult)
- Choking
- Child Abuse
- Communicable Diseases
- Cuts, Scratches, & Scrapes
- Diabetes
- Diarrhea
- Ear Problems
- Electric Shock
- Eye Problems
- Fainting
- Fever
- Fractures & Sprains
- Frostbite
- Headache
- Head Injuries
- Heat Emergencies
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Pain
- Nose Problems
- Poisoning & Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Shock
- Splinters
- Stabs/Gunshots
- Stings
- Stomachaches & Pain
- Teeth Problems
- Tetanus Immunization
- Ticks
- Unconsciousness
- Vomiting

Also Includes:
- School Safety Planning & Emergency Preparedness Section, including Pandemic Flu Preparedness
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November 23, 2009

Dear Colleagues:

The North Carolina Office of Emergency Medical Services is pleased to provide you with the N.C. Emergency Guidelines for Schools resource manual. These guidelines are designed to assist school staff in responding to pediatric emergencies when the school nurse is not available. They were created with the input of EMS, emergency medicine, and pediatric specialists to assist in the development of school based emergency guidelines. The purpose of the manual is to provide general guidance based on generally accepted courses of action when confronted with medical emergencies.

The guidelines for managing various illnesses and injuries are listed in alphabetical order to assist in locating them in what may be stressful circumstances. In addition, toward the end of the manual, there is a section on disaster preparedness planning based on the type of threat. This also includes information to assist schools with pandemic flu planning.

We hope this resource is helpful to school staff as they assist ill and injured students until a healthcare or emergency medical services provider arrives. For questions regarding this resource, please contact the Emergency Medical Services for Children program at (919) 855-3953.

Sincerely,

Drexdal Pratt  
Chief  
Office of Emergency Medical Services

Greg Mears, M.D., FACEP  
Medical Director  
Office of Emergency Medical Services
The North Carolina Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services, Emergency Medical Services for Children Program has produced this first North Carolina edition of the *Emergency Guidelines for Schools* (EGS). The initial EGS was field tested in Ohio in 1997 and revised based on school feedback. Within seven years, more than 35,000 copies of the EGS were distributed in Ohio and throughout the United States. They were adapted for use in other states, including, this year, North Carolina. The 2nd and 3rd editions of the EGS incorporated recommendations of school nurses and secretaries who used the book in their schools and completed the evaluation. North Carolina’s edition is the product of careful review of content and changes in best practice recommendations for providing emergency care to students in North Carolina schools, especially when the school nurse is not available.

Please take some time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency situation. The emergency guidelines are meant to serve as basic what-to-do-in-an-emergency information for school staff without minimal medical training and for 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 EGS has been created as recommended procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board or the State of North Carolina. Please consult your school nurse or regional school nurse consultant if you have questions about any of the recommendations. You may add specific instructions for your school as needed. In a true emergency situation, use your best judgment.

North Carolina law authorizes, but does not require, school staff to provide medical care to students (§115C-307). School staff includes “teachers, substitute teachers, teacher assistants, student teachers, or any other public school employee, when given such authority by the board of education or its designee.” A companion law, §115C-375.1, contains protections that may provide immunity for school staff from personal civil liability in certain circumstances. “Any public school employee, authorized by the board of education or its designee to act under [the law], shall not be liable in civil damages for any authorized act or for any omission relating to that wrongdoing.” This act also provides protection for people serving in a voluntary position at the request of or with the permission or consent of the board of education or its designee. The law also requires: “At the commencement of each school year, but before the beginning of classes, and thereafter as circumstances require, the principal of each school shall determine which persons will participate in the medical care program.”

Additional copies of the EGS can be downloaded and printed from:

- The North Carolina EMS for Children Program at [https://www.ncdhhs.gov/dhsr/EMS/injrchld.htm](https://www.ncdhhs.gov/dhsr/EMS/injrchld.htm), or
- North Carolina Healthy Schools at [https://www.nchealthyschools.org](https://www.nchealthyschools.org)
HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.)

- Learn when EMS (Emergency Medical Services) should be contacted. Copy the When to Call EMS page and post in key locations.

- The back inside cover of the guidelines contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.

- The guidelines are arranged with tabs in alphabetical order for quick access.

- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the Key to Shapes and Colors.

- Take some time to familiarize yourself with the Emergency Procedures for Injury or Illness. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

- In addition, information has been provided about Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning and Emergency Preparedness.

![Key to Shapes and Colors](image-url)
WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

Call EMS if:

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

If any of the above conditions exist, or if you are not sure, it is best to call 9-1-1.
EMERGENCY PROCEDURES
FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.

2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.

3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.

4. Do NOT give medications unless there has been prior approval by the student’s parent or legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.

5. Do NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.

6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.

7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.

8. A responsible individual should stay with the injured student.

9. Fill out a report for all injuries requiring above procedures as required by local school policy. The North Carolina Department of Health and Human Services has created a sample Student Injury Report Form that may be photocopied and used as needed. A copy of the form with instructions follows.

POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and students.
- Designate private rooms for private counseling/defusing.
- Escort affected students, siblings, close friends, and other highly stressed individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow-up with students and staff who receive counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or schedules to address injury or death.
The N.C. Department of Health and Human Services (DHHS) provides the following Student Injury Report Form and guidelines as a sample for districts to use in tracking the occurrence of school-related injuries. NC DHHS suggests completing the form when an injury leads to any of the following:

1. **The student misses ½ day or more of school.**

2. **The student seeks medical attention (health care provider office, urgent care center, emergency department).**

3. **EMS 9-1-1 is called.**

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

**INSTRUCTIONS**

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

Student Information
Name___________________________________ Date of Incident_____________________________
Date of Birth________________________________ Time of Incident_____________________________
Grade_____________________________________ Male ☐ Female ☐

Parent/Guardian Information
Name(s)_____________________________________________________________________________________________
Address_____________________________________________________________________________________________
Phone # Work_________________________________ Home_____________________________________

School Information
School____________________________________ Phone # _____________________________________
Principal___________________________________

Location of Incident (check appropriate box):
☐ Athletic Field   ☐ Playground
☐ Cafeteria       ☐ No Equipment Involved
☐ Classroom       ☐ Equipment Involved (describe) ______________________________________________________
☐ Gymnasium      ☐ Hallway
☐ Bus            ☐ Parking Lot
☐ Stairway       ☐ Vocation/Shop Lab
☐ Restroom       ☐ Other (explain): _________________________________________________________________

When Did the Incident Occur (check appropriate box):
☐ Recess    ☐ Athletic Practice/Session    ☐ Field Trip
☐ Lunch     ☐ Athletic Team Competition   ☐ Unknown
☐ P.E. Class ☐ Intramural Competition    ☐ Other_____________________________________________
☐ In Class (not P.E.) ☐ Before School
☐ Class Change ☐ After School

Surface (check all that apply):
☐ Asphalt   ☐ Dirt          ☐ Lawn/Grass   ☐ Wood Chips/Mulch    ☐ Gymnasium Floor
☐ Carpet    ☐ Gravel        ☐ Mat(s)       ☐ Tile                   ☐ Other (specify)________
☐ Concrete  ☐ Ice/Snow      ☐ Synthetic Surface

Type of Injury (check all that apply):

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<th>Nose</th>
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<th>Tooth/Teeth</th>
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<th>Neck/Throat</th>
<th>Collarbone</th>
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<th>Upper Arm</th>
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<th>Chest/Ribs</th>
<th>Back</th>
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<th>Genitals</th>
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Contributing Factors (check all that apply):

- Animal Bite
- Collision with Object
- Collision with Person
- Compression/Pinch
- Fall
- Fighting
- Overextension/Twisted
- Foreign Body/Object
- Hit with Thrown Object
- Tripped/Slipped
- Struck by Object (bat, swing, etc.)
- Struck by Auto, Bike, etc.
- Contact with Hot or Toxic Substance
- Drug, Alcohol or Other Substance Involved
- Weapon
- Specify_________________________
- Unknown
- Other______________________________

Description of the Incident: ______________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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________________________________________________________________________________
________________________________________________________________________________

Witnesses to the Incident: _________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Staff Involved:  
- Teacher
- Nurse
- Principal
- Assistant Staff
- Custodian
- Bus Driver
- Secretary
- Cafeteria
- Other (specify)______________________________________________

Incident Response (check all that apply):

- First Aid  
  Time_______________ By Whom__________________________________________

- Parent/Guardian Notified  
  Time_______________ By Whom__________________________________________

- Unable to Contact Parent/Guardian  
  Time_______________ By Whom__________________________________________

- Parents Deemed No Medical Action Necessary
- Returned to Class
- Sent/Taken Home
  Days of School Missed________________________________________________

- Assessment/Follow-up by School Nurse  
  Action Taken________________________________________________________

- Called 9-1-1
- Taken to Health Care Provider/Clinic/Hospital/Urgent Care
  Diagnosis____________________________________________________________
  Days of School Missed________________________________________________

- Hospitalized
  Diagnosis____________________________________________________________
  Days of School Missed________________________________________________

- Restricted School Activity
  Explain
  Length of Time Restricted____________________________________________
  Days of School Missed________________________________________________

- Other______________________________________________________________

Describe care provided to the student: ______________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Additional Comments: ____________________________________________________________
________________________________________________________________________________
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Signature of Staff Member Completing Form______________________________ Date/time_____________________
Nurse’s Signature_____________________________________________________ Date/time_____________________
Principal’s Signature___________________________________________________ Date/time_____________________

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities 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 N.C. Office of EMS and the Emergency Medical Services for Children Program has created a Kids Information Database Access System for Emergencies (KIDBASE). It includes a medical information form that is included on the next page. It can also be downloaded from https://www.ncdhhs.gov/dhsr/EMS/pdf/kidbaseform.pdf

This form allows parents/caregivers to document their child’s vital medical information that can be used to assist health care providers in the event of medical emergencies of children with special health care needs. The KIDBASE medical information form will ensure a child’s complicated medical history is concisely summarized and available when needed most – when the child has an emergency health problem and 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.
KIDBASE
Kids' Information Database Access System for Emergencies

Helping emergency personnel care for your child with special health care needs

For questions about KIDBASE, please email Kid.Base@dhhs.nc.gov or call (919) 855-3935.

Keep copies of this form with: (1) Your Child in backpack/on wheelchair; (2) School Nurse or Teacher;
(3) Daycare; (4) Any other person your child is with frequently.

Please keep this form updated as your child’s medical information and/or care changes. An electronic copy of this form, which allows you to easily update and save your child’s medical information, can be found at www.ncrems.org/kidbase.htm. Once the form has been completed, send the KIDBASE postcard to your KIDBASE coordinating agency or contact them directly to let them know your child is enrolled.

PARENT/GUARDIAN
(Consider contacting your child’s physician if you need help filling out this section.)

CHILD'S NAME:
LAST NAME
FIRST NAME

DATE OF BIRTH: ___/___/____
SEX: ☐ MALE ☐ FEMALE
CURRNT WEIGHT: ___ lbs
HEIGHT: ___

HOME ADDRESS:
STREET NAME or PO BOX
APT #: CITY
STATE ZIP CODE:

MAILING ADDRESS:
(ST DIFFERENT THAN HOME ADDRESS) STREET NAME or PO BOX
APT #: CITY
STATE ZIP CODE:

NAME OF PARENT(S)/PRIMARY CAREGIVER(S):

PREFERRED CONTACT PHONE NUMBER: (____) EMAIL ADDRESS:

Emergency Contact Information (Other than Parent/Primary Caregiver)

EMERGENCY CONTACT NAME:

RELATIONSHIP TO CHILD:

PREFERRED CONTACT PHONE NUMBER: (____)

PRIMARY CARE PHYSICIAN:

OFFICE PHONE: (____)

PREFERRED SPECIALTY PHYSICIAN:

OFFICE PHONE: (____)

SPECIALTY:

EMERGENCY PHONE: (____)

PRIMARY LANGUAGE:

COMMUNICATION/LEVEL OF FUNCTION: ☐ VERBAL ☐ NONVERBAL

HEARING IMPAIRED: ☐ YES ☐ NO LEGALLY BLIND: ☐ YES ☐ NO

ABLE TO WALK: ☐ YES ☐ NO ABLE TO SPEAK: ☐ YES ☐ NO

ANY COGNITIVE/MENTAL DIFFICULTIES: ☐ YES ☐ NO

CAN HE OR SHE UNDERSTAND OTHERS? ☐ YES ☐ NO

ANY SENSORY ISSUES: ☐ YES ☐ NO

CAN HE OR SHE UNDERSTAND OTHERS? ☐ YES ☐ NO

DOES ANYTHING IN PARTICULAR UPSET OR OVERSTIMULATE YOUR CHILD?

EXAMPLE: Bright lights, loud noises, medical equipment, touch, etc.

PHYSICIAN

Instructions: Child's Physician fills out this section.

CHILD'S DIAGNOSES:

CHILD'S PAST PROCEDURES:

cont. on back
Baseline Vital Signs

DNR STATUS:

PULSE RATE:

SITE BEST TAKEN

RESPIRATORY RATE:

BRONCH SOUNDS

BROSELOW RESUSCITATION TAPE COLOR:

WEIGHT (Kg):

TEMPERATURE:

HOW TAKEN

SKIN COLOR:

BLOOD PRESSURE:

SITE BEST TAKEN

PULSE OX ROOM AIR: Pulse Ox on _____ liter/min Oxygen

BLOOD SUGAR LEVEL:

PUPILS:

OTHER SIGNIFICANT BASELINE FINDINGS (lab, x-ray, ECG, EKG, etc.):

Instructions:
Shade areas of paralysis or diminished sensation.
Denote the location of Venous Access Devices.

Special Technologies/Devices

☐ NEBULIZER  ☐ TRACHEOSTOMY  ☐ VENTILATOR

☐ CENTRAL VENOUS CATHETER, IMPLANTED PORT, OR OTHER VENOUS ACCESS DEVICE (denote on diagram)

☐ PACEMAKER  ☐ VENTRICULAR PERITONEAL SHUNT  ☐ DIALYSIS SHUNT  ☐ OSTOMY STOMA

☐ GASTROSTOMY TUBE OR BUTTON Size:

☐ YAGAL NERVE STIMULATOR  ☐ OTHER (Describe):

Special Equipment Used to Care for this Child

☐ CONTINUOUS OXYGEN Rate and Route:__________ ☐ VENTILATOR, Vent Settings:__________

☐ BAG VALVE, Size:______________ ☐ WITH MASK, Mask Size:______________

☐ TRACH TUBE, Size:______________ ☐ IV ACCESS LOCATION, Needle Type & Size:______________

☐ SUCTION CATHETER, Size:______________

☐ OTHER SPECIAL CONSIDERATIONS (i.e., Past Successful Interventions):

Any special transportation requirement such as position of comfort or wheelchair?

Allergies (List all and indicate child's reaction to each.)

☐ MEDICATIONS:

MEDICATIONS TO AVOID:

☐ FOODS: ________________________________ ☐ LATEX:

Medications

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>SIDE EFFECTS/SPECIAL INSTRUCTIONS</th>
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PHYSICIAN/PROVIDER SIGNATURE: ___________________________ DATE: __________

PRINT NAME: ___________________________

I have reviewed the information contained in this document and consent to the information being made available to emergency care personnel to prepare for and assist my child during an emergency. I understand that it is my responsibility to update this form when my child has significant changes in his medical condition and/or care. I also understand that this information will be kept confidential and only shared with emergency care providers that may be asked to care for my child during an emergency.

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: __________

PRINT NAME: ___________________________
INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **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 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.
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 dose for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer’s instructions. The location of AEDs should be known to all school personnel.

**American Heart Association Guidelines for AED/CPR Integration**

- For a sudden, witnessed collapse in a child, use the AED first if it is immediately available. If there is any delay in the AED’s arrival, begin CPR first. Prepare AED to check heart rhythm and deliver 1 shock as necessary. Then, immediately begin 30 CPR chest compressions in about 20 seconds followed by 2 slow breaths of 1 second each. Complete 5 cycles of CPR (30 compressions to 2 breaths x 5) of about 2 minutes. The AED will perform another heart rhythm assessment and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

- For a sudden, unwitnessed collapse in a child, perform 5 cycles of CPR first (30 compressions to 2 breaths x 5) of about 5 minutes, and then apply 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.
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.

IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

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

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

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

7. Complete 5 cycles of CPR (30 chest compressions in about 20 seconds to 2 breaths for a rate of 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 OR COLLAPSE WAS NOT WITNESSED:

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

Symptoms of a mild allergic reaction include:
- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

Does the student have any symptoms of a severe allergic reaction which may include:
- Flush face?
- Dizziness?
- Seizures?
- Confusion?
- Weakness?
- Paleness?
- Hives all over body?
- Blueness around mouth, eyes?
- Difficulty breathing?
- Drooling or difficulty swallowing?
- Loss of consciousness?

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.

CALL EMS 9-1-1. Contact responsible school authority & parent or legal guardian.
A student with asthma/wheezing may have breathing difficulties which may include:
- Uncontrollable coughing.
- Wheezing – a high-pitched sound during breathing out.
- Rapid breathing
- Flaring (widening) of nostrils
- Feeling of tightness in the chest.
- Not able to speak in full sentences.
- Increased use of stomach and chest muscles during breathing.

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. N.C. law 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.

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

Refer to student’s emergency care plan.

CALL EMS 9-1-1

Does the student have doctor – and parent/guardian – approved medication?

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

YES

Administer medication as directed.

Contact responsible school authority & parent/legal guardian.

CALL EMS 9-1-1

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

Are symptoms not improving or getting worse?

NO

YES

Contact responsible school authority & parent/legal guardian.

CALL EMS 9-1-1

NO
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
  - CALL THE POLICE.

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

- No
  - The cause of unusual behavior may be psychological, emotional or physical (e.g., fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

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.
Wash the bite area with soap and water.

Press firmly with a clean dressing.  
See "Bleeding" (p.17).

Hold under running water for 2-3 minutes.

Check student's immunization record for tetanus. See "Tetanus Immunization" (p.62).

Bites from the following animals can carry rabies and may need medical attention:
- Dog.
- Opossum.
- Raccoon.
- Coyote.
- Bat.
- Skunk.
- Fox.
- Cat.

Is bite from an animal or human?

If bite is from a snake, hold the bitten area still and below the level of the heart.

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

Is skin broken?

If skin is broken, contact responsible school authority & parent/legal guardian. 
URGE IMMEDIATE MEDICAL CARE.

Is bite large or gaping? 
Is bleeding uncontrollable?

Contact responsible school authority & parent/legal guardian.

Parents/legal guardians of the student who was bitten and the student who was biting should be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.

Report bite to proper authorities, usually the local health department, so the animal can be caught and watched for rabies.
Wear disposable gloves when exposed to blood or other body fluids.

Is injured part amputated (severed)?

- 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.**

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.

Is there continued uncontrollable bleeding?

- 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.

CALL EMS 9-1-1.

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

**URGE MEDICAL CARE.**

Contact responsible school authority & parent or legal guardian.
**BLISTERS (FROM FRICTION)**

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

Wash the area gently with water. Use soap if necessary to remove dirt.

- **YES**: Is blister broken?
  - **YES**: Apply clean dressing and bandage to prevent further rubbing.
  - **NO**: Do **NOT** break blister. Blisters heal best when kept clean and dry.

- **NO**: If infection is suspected, contact responsible school authority & parent or legal guardian.
If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See “Child Abuse” (p. 26).

- Is bruise deep in the muscle?
- Is there rapid swelling?
- Is student in great pain?

YES → Contact responsible school authority & parent or legal guardian.

NO → 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” (p. 30).
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” (p.26).

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**
  - See “Electric Shock” (p.34).

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

**CHEMICAL**

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

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

- **YES**
  - Check student’s immunization record for tetanus. See “Tetanus Immunization” (p.62).
  - Contact responsible school authority & parent or legal guardian.

- **NO**
  - Cover/wrap burned part loosely with a clean dressing.
  - Call EMS 9-1-1
NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2005.* A new compression-to-ventilation ratio of 30:2 is one of several key changes in these guidelines. Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. 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. The State of North Carolina supports school personnel to become trained in CPR and use of AEDs by authorizing community colleges to waive tuition and registration fees to elementary and secondary school employees enrolled in courses in first aid or CPR. G.S. 115D-5.b

Current first aid, choking and CPR manuals, and wall chart(s) should also be available. The American Academy of Pediatrics offers many visual aids for school personnel and can be purchased 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 push fast.” Compress chest at a rate of about 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants and children, and 1½ to 2 inches for adults.
- Allow the chest to return to its normal position between each compression.
- Use approximately equal compression and relaxation times.
- Try to limit interruptions in chest compressions.

BARRIER DEVICES

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

CHOKING RESCUE

It is recommended that schools that offer food service have at least one employee who has received instruction in methods to intervene and assist someone who is choking to be present in the lunch room at all times.

*Currents in Emergency Cardiovascular Care, American Heart Association, Winter 2005-2006.
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 at rate of 30 compressions in about 20 seconds with 2 or 3 fingers about 1/3 to 1/2 the depth of the infant’s chest.

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

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

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

10. 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):

6. Re-tilt had 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 very 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 very bottom of the breastbone.)

9. Look in mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep of 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 a student is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, “Are you OK?” If child is unresponsive, shout for help and send someone to call EMS and get your school's AED if available.
2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. 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 in 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 and fast 30 times in 20 seconds 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 position between each compression.
9. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.

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

7. 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:

8. Find hand position near center of breastbone 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 or 2 hands.* Compress about 1/3 to 1/2 depth of child’s chest. 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, 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 a person is unresponsive or when breathing or heart beat stops.

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. Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. 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 person’s mouth, LOOK at the check for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek. Gasping in adults should be treated as no breathing.
5. If you witnessed the 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 victim 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 rescue breath lasting 1 second until chest rises.
8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do NOT place your hands over the very bottom of the breastbone.)
9. Position self vertically above victim’s chest and with straight arms, compress chest hard and fast about 1½ to 2 inches at a rate of 30 compressions in about 20 seconds with both hands. Allow the chest to return to normal position between each compression. Lift fingers when compressing to avoid pressure on ribs. Limit interruptions in chest compressions.
10. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
11. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.
12. 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 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:
8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do NOT place your hands over the very bottom of the breastbone.)
9. Position self vertically above person’s chest and with straight arms, compress chest at a rate of 30 compressions in about 20 seconds with both hands about 1½ to 2 inches. Lift fingers to avoid pressure on ribs.
10. Look into the 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 BREATH 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 the finger.

6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.

7. **REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.**

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

**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 (p.23 or 24).**

**FOR OBESE OR PREGNANT PERSONS:**

Stand behind person and place your arms under the armpits to encircle the chest. Press with quick backward thrusts.
Child abuse is a complicated issue with many potential signs. According to North Carolina law, all school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to their Department of Social Services or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect. Failure to report suspected abuse or neglect may result in civil or criminal liability.

If 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 the Department of Social 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.

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This NOT a complete list:
- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed appearance.

If 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 to the county Department of Social Services. Refer to your own school’s policy for additional guidance on reporting.

County DSS Phone #_______________________

Contact responsible school authority. Contact DSS. Follow up with school report.
The North Carolina Department of Health and Human Services, Division of Public Health, Epidemiology Section, Communicable Disease Branch, offers advice on the control of communicable disease.

More information can be found at: http://www.epi.state.nc.us/epi/gcdc.html
For more information on protecting yourself from communicable diseases, see “Communicable Disease Resources” (p.28).

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

Refer to your local school’s policy for ill students.

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

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

Signs of POSSIBLE illness:
- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

Contact responsible school authority & parent or legal guardian.

ENCOURAGE MEDICAL CARE.

Monitor student for worsening of symptoms. Contact parent/legal guardian and discuss.
CUTS (SMALL), SCRATCHES & SCRAPES (INCLUDING ROPE & FLOOR BURNS)

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

Is the wound:
- Large?
- Deep?
- Bleeding freely?

NO

- Wash the wound gently with water. Use soap if necessary to remove dirt.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering or non-sticking type for scrapes) and bandage.

YES

See “Bleeding” (p.17).

Check student’s immunization record for tetanus.
See “Tetanus Immunization” (p.62).

Contact responsible school authority & parent/legal guardian.
A student with diabetes should be known to appropriate school staff. An emergency care plan must be developed. Staff in a position to administer any approved medications must receive training.

A 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.

Refer to student’s emergency care plan.

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

Does student have a blood sugar monitor available?

Give the student “sugar” such as:
- Fruit juice or soda pop (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or ½ candy bar.
- Sugar (2 packets or 2 teaspoons).
- Cake decorating gel (½ tube) or icing.
- Instant glucose.

Does student have a blood sugar monitor available?

Allow student to check blood sugar.

Is blood sugar less than 60 or “LOW” according to emergency care plan?

Is blood sugar “HIGH” according to emergency care plan?

Contact responsible school authority & parent/legal guardian.

CALL EMS 9-1-1.

If the student is unconscious, see “Unconsciousness” (p.64).
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” (p.38).
- Blood present in the stool?
- Severe stomach pain?
- Student is dizzy and pale?

**YES**
- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.
- Contact responsible school authority & parent/legal guardian.
- URGE MEDICAL CARE.

**NO**
- If the student’s clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

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EAR PROBLEMS

DRAINAGE FROM EAR

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

Do NOT try to clean out ear.

EARACHE

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

OBJECT IN EAR CANAL

Ask student if he/she knows what is in the ear.

Do you suspect a live insect is in the ear?

Gently tilt head toward the affected side.

Did the object come out on its own?

YES

If there is no pain, the student may return to class. Notify the parent or legal guardian.

NO

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

Do NOT attempt to remove.

YES OR NOT SURE

NO

Do NOT attempt to remove.
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?”

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” (pp.22-24).

Contact responsible school authority & parent/legal guardian.

NO
Treat any burns. See “Burns” (p.19).

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

If no one else is available to call EMS, perform CPR first for 2 minutes and then call EMS yourself.
EYE PROBLEMS

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?

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.

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

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 eye with 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 water washes eye from nose out to side of the face.

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

Contact responsible school authority & parent/legal guardian.

If eye has been burned by chemical, CALL EMS 9-1-1.
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” (p.64).

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

NO

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

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

NO

If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.
FEVER & NOT FEELING WELL

Take student’s temperature. Note oral temperature over 100.0 F as fever.

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

Give no medication, unless previously authorized.

Contact responsible school authority and parent or legal guardian.
FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

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.

Treat all injured parts as if they could be fractured.

CALL EMS 9-1-1.

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

YES

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?

NO

Contact responsible school authority & parent/legal guardian.

YES

Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

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.

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

If discomfort is gone after period of rest, allow student to return to class.

Contact responsible school authority & parent/legal guardian.
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?

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

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

Contact responsible authority & parent or legal guardian.
Keep student and part warm.

HEADACHE

Give no medication unless previously authorized.

Has a head injury occurred?

YES

See “Head Injuries” (p.42).

NO

- Is headache severe?
- Are other symptoms present such as:
  - Vomiting?
  - Oral temperature over 100.0 F (see “Fever, p.38”)?
  - 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.
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” (p.17).

If student only bumped head and does not have any other complaints or symptoms, see “Bruises” (p.19).

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?

With a head injury (other than head bump), always suspect neck injury as well.
- Do NOT move or twist the back or neck.
- See “Neck & Back Pain” (p. 47) for more information.

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.

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

CALL EMS 9-1-1.

- Check student’s airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR. See “CPR” (p.23-24).

Check student’s airway.
- Look, listen and feel for breathing.
- If student is only briefly confused and seems fully recovered, contact responsible school authority & parent or legal guardian.

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

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

Is student unconscious or losing consciousness?

- 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” (p.23-24).

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

NO

YES

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.

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

Does the student have:
- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

CALL EMS 9-1-1.
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is asleep 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” (p. 23-243).

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

Is it possible that student is pregnant?

YES OR NOT SURE

See “Pregnancy” p. 51.

NO

Are cramps mild or severe?

MILD

For mild cramps, recommend regular activities.

SEVERE

A short period of quiet rest may provide relief.

Give no medications unless previously authorized by parent/legal guardian.

Urge medical care if disabling cramps or heavy bleeding occurs.

Contact responsible school authority & parent/legal guardian.
MOUTH & JAW INJURIES

Check student’s immunization record for tetanus. See “Tetanus Immunization.”

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

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

YES → See “Head Injuries” (p.42).

NO → Have teeth been injured?

YES → See “Teeth” (p.60).

NO → Has jaw been injured?

YES → Has jaw been injured?

YES → Do NOT try to move jaw.

NO → Gently support jaw with hand.

Contact responsible school authority & parent/legal guardian.

URGE IMMEDIATE MEDICAL CARE.

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

• Is cut large or deep?

• Is there bleeding that cannot be stopped?

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

See “Bleeding” (p.17).

NO → Place a cold compress over the area to minimize swelling.

Encourage medical care.

Contact responsible school authority & parent/legal guardian.

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

Did student walk in or was student found lying down? WALK IN

Lyng 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.

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.

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

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

Have student lie down on his/her back. Support head by holding it in a face up position.
Try NOT to move neck or head.
**NOSEBLEED**

- Wear disposable gloves when exposed to blood or other body fluids.
- Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.
- Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.

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

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

**BROKEN NOSE**

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

See “Head Injuries” (p.42) if you suspect a head injury other than a nosebleed or broken nose.
NOSE PROBLEMS

OBJECT IN NOSE

Is object:
• Large?
• Puncturing nose?
• Deeply imbedded?

YES OR NOT SURE

NO

Have student hold the clear nostril closed while gently blowing nose.

Did object come out on own?

YES

If there is no pain, student may return to class. Notify parent or legal guardian.

NO

If object cannot be removed easily, do NOT attempt to remove.

Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.
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 substances in student’s mouth.
- Burns around mouth or on skin.
- Strange odor on breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.

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

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

If possible, find out:
- Age and weight of student.
- What the student swallowed.
- What type of “poison” it was.
- How much and when it was taken.

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

If student becomes unconscious, place on his/her side. Check airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR. See “CPR” (pp.23-24).

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**
  - Contact responsible school authority & parent or legal guardian.

- **SEIZURE**
  - This may be a serious complication of pregnancy.
  - Contact responsible school authority & parent or legal guardian.

- **VAGINAL BLEEDING**
  - Urge immediate medical care.

- **AMNIOTIC FLUID LEAKAGE**
  - This is NOT normal and may indicate the beginning of labor.
  - Contact responsible school authority & parent/legal guardian.

- **MORNING SICKNESS**
  - Treat as vomiting. See “Vomiting” (p.65).
  - Contact responsible school authority & parent/legal guardian.
Wear disposable gloves when exposed to blood or other body fluids.

Has eye been wounded?

- **YES**
  - See “Eyes – Eye Injury” (p.35).
  - Do NOT touch eye.

- **NO**

  Is object still stuck in wound?

  - **YES**
    - Do NOT try to probe or squeeze.
    - Wash the wound gently with soap and water.
    - Check to make sure the object left nothing in the wound (e.g., pencil lead).
    - Cover with a clean bandage.

  - **NO**

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

  Is object large?
  - **YES**
    - See “Bleeding” (p.17) if wound is deep or bleeding freely.
  - **NO**
    - Check student’s immunization record for tetanus. See “Tetanus Immunization” (p.62).

  Is wound deep?
  - **YES**
    - CALL EMS 9-1-1.
  - **NO**
    - See “Bleeding” (p.17) if wound is deep or bleeding freely.

  Is wound bleeding freely or squirting blood?
  - **YES**
  - **NO**

Contact responsible school authority & parent or legal guardian.
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?

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

See “Allergic Reaction” (p.13) and “Communicable Disease” (p.29) for more information.

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” p.38).
- 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 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.

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.

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

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.

- 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?

**Contact responsible school authority & parent or legal guardian.**

CALL EMS 9-1-1.

**Yes**

NO
If injury is suspected, see “Neck & Back Pain” (p.47) 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.

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

Is student:  
- Not breathing? See “CPR” (pp.23-24) and/or “Choking” (p.25).  
- Unconscious? See “Unconsciousness” (p.64).  
- Bleeding profusely? See “Bleeding” (p.17).

- 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.

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.

CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.  
URGE MEDICAL CARE if EMS not called.
Wear disposable gloves when exposed to blood or other body fluids.

Check student’s immunization record for tetanus. See “Tetanus Immunization” (p.62).

Gently wash area with clean water and soap.

Is splinter or pencil tip:
• Protruding above the surface of the skin?
• Small?
• Shallow?

NO

• Leave in place.
• Do NOT probe under skin.

YES

• Remove with tweezers unless this causes student pain.
• Do NOT probe under skin.

Were you successful in removing the entire splinter/pencil tip?

NO

Encourage medical care.

NO

Contact responsible school authority & parent or legal guardian.

YES

Wash again. Apply clean dressing.
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” (pp.23-24).

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” (p.62).

Contact responsible school authority & parent or legal guardian.

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?

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.

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

Contact responsible school authority & parent or legal guardian.

Refer to student's emergency care plan.

CALL EMS 9-1-1.

If available, administer approved medications.

- Check student’s airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See “CPR” (p. 23-24).

See “Allergic Reaction” (p.13).
Stomachaches/pain may have many causes including:

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

Suspect neck injury. See “Neck and Back Pain” (p.47).

Contact responsible school authority & parent/legal guardian.

URGE PROMPT MEDICAL CARE.

Has a serious injury occurred resulting from:

- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

Take the student’s temperature. Note temperature over 100.0 F as fever. See “Fever” (p.38).

Does student have:

- Fever?
- Severe stomach pains?
- Vomiting?

Allow student to rest 20-30 minutes in a room that affords privacy.

If stomachache persists or becomes worse, contact responsible school authority & parent or legal guardian.

Does student feel better?

Allow student to return to class.
TEETH PROBLEMS

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” (p.46) 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 PROBLEMS

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

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

**Other wounds** such as those contaminated by dirt, feces and saliva (or other body fluids); puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than 5 **years** since last tetanus shot.
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.
If student stops breathing, and no one else is available to call EMS, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may have many causes including:
- Injuries.
- Blood loss/shock.
- Poisoning.
- Severe allergic reaction.
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

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

Did student regain consciousness immediately?
- YES
- NO

Is unconsciousness due to injury?
- YES
  - See “Neck & Back Pain” (p.47) and treat as a possible neck injury.
  - Do NOT move student.
- NO
  - Open airway with head tilt/chin lift.
  - Look, listen and feel for breathing.

CALL EMS 9-1-1.

Is student breathing?
- YES
- NO

Begin CPR. See “CPR” (p.23-24).

CALL EMS 9-1-1.

Keep student in flat position of comfort.
- Elevate feet 8-10 inches unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.
- Examine student from head-to-toe and give first aid for conditions as needed.

Contact responsible school authority & parent/legal guardian.
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” (p.50) and notify local health department.

VOMITING

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” (p.38).

- 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?

contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

Contact responsible school authority & parent/legal guardian.

SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS SECTION
**School Safety Plans –**

Boards of education are empowered to adopt a school safety plan. A copy of this plan should be filed with the local law enforcement agency in that jurisdiction. This plan should:

- Examine potential hazards.
- Include community involvement.
- Include a protocol for addressing serious threats.

A school-wide safety plan is 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 staff, in addition to a 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 extra curricular activities. See “Recommended First Aid Supplies” on p. 76.

- 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 inside back cover.
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” on p. 6.

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 people 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.

- Cover up food not in containers or put it in the refrigerator, if appropriate and time permitting.

- If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.

- Staff should account for all students after arriving in designated area.

- All people must remain in designated areas until notified by administrator or emergency responders.
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 notified 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.
- Notify parent(s)/guardian(s) per district policy and/or guidance.

STAFF:

- Direct students to follow normal fire drill procedures unless administrator or emergency responders alter route.
- Take evacuation To-Go Bag with you, which includes roster/list of children.
- Close doors and turn off lights.
- 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 OCCURRED 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 of shelter students in the building until transportation arrives.
- Notify parent/guardian if students are evacuated, according to facility policy and/or guidance.
- Resume normal operations after consulting with fire officials.

Consider extra staffing for students with special medical and/or physical needs.
GUIDELINES TO USE A TO-GO BAG

1) Developing a To-Go Bag provides your school staff with:
   a. Vital student, staff and building information during the first minutes of an emergency evacuation.
   b. Records to initiate student accountability.
   c. Quick access to building emergency procedures.
   d. Critical health information and first aid supplies.
   e. Communication equipment.

2) This bag can also be used by public health/safety responders to identify specific building characteristics that may need to be accessed in an emergency.

3) The To-Go Bag must be portable and readily accessible for use in an evacuation. This bag can also be one component of your shelter-in-place kit (emergency plan, student rosters, list of students with special health concerns/medications). Additional supplies should be assembled for a shelter-in-place kit such as window coverings and food/water supplies.

4) Schools may develop:
   a. A building-level To-Go Bag (See Building To-Go Bag list) that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, OR
   b. A classroom-level To-Go Bag (See Classroom To-Go Bag list) that is maintained in the classroom and contains student specific information for use by the educational staff during an evacuation or lockdown situation.

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

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

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

- [ ] 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.
- [ ] 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:** ________________________________

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This information is provided by the **North Carolina Department of Health and Human Services.** We strongly encourage you to customize this form to meet the specific needs of your school and community.
**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.
- [ ] 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: ________________________________________

This information is provided by the *North Carolina Department of Health and Human Services*. We strongly encourage you to customize this form to meet the specific needs of your school and community.

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**PANDEMIC FLU PLANNING FOR SCHOOLS**

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**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.

*Novel Influenza A (H1N1)* is caused by an influenza virus and is transmitted from human to human. There is no known prior human immunity. Previous seasonal flu vaccines are not effective. A new vaccine is available for 2009-2010.

*Pandemic flu* is human flu that causes a global outbreak, or pandemic, of illness. Because there is little natural immunity, the disease can spread easily from person to person.

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**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)*

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**INFECTION CONTROL GUIDELINES FOR SCHOOLS**

1) Recognize the symptoms of flu:
   - Fever
   - Headache
   - Cough
   - Body ache

2) Stay home if you are ill and remain home for at least 24 hours after you no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Students, staff, and faculty may return 24 hours after symptoms have resolved.

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 using usual cleaners.

7) Having 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).
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. Refer to guidelines issued by the North Carolina Division of Public Health, available at: http://www.epi.state.nc.us/epi/gcdc/flu.html

**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 https://www.cdc.gov/h1n1flu/schools.
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.
5. 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.
1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics’ Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at http://www.aap.org and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
5. Bandage scissors & tweezers.
7. Sink with running water.
8. Expendable supplies:
   - Sterile cotton-tipped applicators, individually packaged.
   - Sterile adhesive compresses (1”x3”), individually packaged.
   - Cotton balls.
   - Sterile gauze squares (2”x2”; 3”x3”), individually packaged.
   - Adhesive tape (1” width).
   - Gauze bandage (1” and 2” widths).
   - Splints (long and short).
   - Cold packs (compresses).
   - Tongue blades.
   - Triangular bandages for sling.
   - Safety pins.
   - Soap.
   - Disposable facial tissues.
   - Paper towels.
   - Sanitary napkins.
   - Disposable gloves (vinyl preferred).
   - Pocket mask/face shield for CPR.
   - Disposable surgical masks.
   - One flashlight with spare bulb and batteries.
   - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*
STAFF RESPONSIBILITIES – ANY DISASTER

Administrator or Designee:

- Verify information
- Call 911 or emergency number (if necessary)
- Seal off high-risk area
- Convene crisis team and implement crisis response procedures
- Notify other leadership as necessary
- Notify children and staff (depending on emergency; children may be notified by teachers)
- Evacuate children and staff or relocate to a safe area within the building (if necessary)
- Refer media to specified spokesperson (or designee)
- Notify community agencies (if necessary)
- Implement post-crisis procedures
- Keep detailed notes of crisis event
- Notify parent(s)/guardian(s)

Staff:

- Verify information
- Lock all doors, unless evacuation orders are issued
- Warn children (if advised)
- Account for all children
- Stay with children during an evacuation
- Take roster/list of children with you
- Refer media to specified spokesperson (or designee)
- Keep detailed notes of crisis event
- Keep staff and children on site, if possible for accurate documentation and investigation
Upon receiving a phone call that a bomb has been planted in facility:

- Complete the “Bomb Threat Phone Report” and the “Caller Identification Checklist” on the following pages.
- Listen closely to caller’s voice, speech patterns and noises in the background.
- After hanging up phone, immediately dial the call back service in your area to trace the call, if possible.
- Notify administer or designee.
- Notify law enforcement agency.
- Administrator orders evacuation of all people inside building(s), or other actions, per facility policy and emergency plan.
- If evacuation occurs, staff should take roster/list of children.

If threat is received by a written order:

- Immediately notify law enforcement.
- Avoid any unnecessary handling of note. It is considered evidence by law enforcement.
- Place note in plastic bag, if available.

Evacuation procedures:

- Administrator notifies children and staff. Do not mention “bomb threat”.
- Report any unusual activities/objects immediately to the appropriate officials.
- Take roster/list of children with you.
- Children and staff may be evacuated to a safe distance outside of the building(s), in keeping with facility policy. After consulting with appropriate official, administrator may move children to ________________ (primary relocation center), if indicated.
- Staff takes roll after being evacuated.
- No one may reenter building(s) until fire or police personnel declare entire building(s) safe.
- Administrator notifies children and staff of termination of emergency. Resume normal operations.
- Notify parent(s)/guardian(s), per facility policies.
1. Date and time call received: ________________________________

2. Exact words of caller: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. Remain calm and be firm. Keep the caller talking and ask these questions:
   a. Where is the bomb? _______________________________ 
      __________________________________________________________________
   b. What does the bomb look like? _______________________
      __________________________________________________________________
   c. When will it explode? _______________________________
      __________________________________________________________________
   d. What will cause it to explode? ________________________
      __________________________________________________________________
   e. How do you deactivate it? ___________________________
      __________________________________________________________________
   f. Why was it put there? ________________________________
      __________________________________________________________________
   g. Did you place the bomb? _____________________________
      __________________________________________________________________

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

5. If call is received on a digital phone, check to see the origin of the call.

6. Describe the caller’s voice, emotional state and background noises.
      __________________________________________________________________
      __________________________________________________________________
      __________________________________________________________________
CALLER IDENTIFICATION CHECKLIST

Caller identity: __________________________________________________

Sex/Age Group:       □ Male  □ Female  □ Adult  □ Juvenile

Approximate Age: _____ Years

Origin of call:       □ Local  □ Long Distance  □ Internal

Caller’s Voice:       □ Loud  □ Soft  □ Fast  □ Slow  □ Deep  □ Squeaky
□ Distant  □ Distorted  □ Sincere  □ Raspy  □ Stressed  □ Stutter
□ Nasal  □ Drunken  □ Slurred  □ Lisp  □ Disguised  □ Crying
□ Broken  □ Calm  □ Irrational  □ Rational  □ Angry  □ Incoherent
□ Excited  □ Laughing  □ Righteous  □ Accent  □ Other _____________________

Background noises:   □ Voices  □ Airplanes  □ Street traffic
□ Trains  □ Animals  □ Party  □ Factory Machines  □ Music  □ Quiet
□ Office Machines  □ Bells  □ Horns

Familiarity:
Did the caller sound familiar? ______________________________________

Did the caller appear familiar with the building or area by his/her description of
the bomb location? ______________________________________________

Name of person receiving the call: __________________________________

Telephone number call received at: _________________________________

IMMEDIATELY AFTER CALLER HANGS UP, CALL 9-1-1 OR LOCAL EMERGENCY
NUMBER AND REPORT TO ADMINISTRATION.

FIRE EMERGENCIES

In the event of a fire, smoke from a fire or gas odor has been detected:

- Pull fire alarm and notify building occupants by ________________________________
- Evacuate children and staff to the designated area (map should be included in plan).
- Notify fire department (call 9-1-1 or emergency number) and administrator.
- Follow normal fire drill route. Follow alternate route if normal route is too dangerous or blocked (map should be included in plan).
- Staff takes roster/list of children.
- Staff takes roll after being evacuated.
- Staff reports missing children to administrator immediately.
- After consulting with appropriate official, administrator may move children to _____________ if weather is inclement or building is damaged (primary relocation center).
- No one may reenter building(s) until entire building(s) is declared safe by fire or police personnel.
- Administrator notifies children and staff of termination of emergency.
- Resume normal operations.

FLOODING

Flood *Watch* has been issued in an area that includes your facility:

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Review evacuation procedures with staff and prepare children.
- Check relocation centers. Find an alternate relocation center if primary and secondary centers would also be flooded.
- Line up transportation resources.

Flood *Warning* has been issued in an area that includes your facility:

- If advised by emergency responders to evacuate, do so immediately.
- Staff takes rosters/lists of children.
- Move children to designated relocation center quickly.
- Turn off utilities in building and lock doors, if safe to do so.
- Staff takes role upon arriving at relocation center. Report missing children to administrator or emergency response personnel immediately.
- Notify parent(s)/guardian(s) according to facility policy.
- Monitor for change in status.
INTRUDER OR HOSTAGE SITUATION

Intruder – an unauthorized person who enters the property:

- Ask another staff person to accompany you before approaching intruder.
- Politely greet intruder and identify yourself.
- Ask intruder the purpose of his/her visit.
- Inform intruder that all visitors must register at a specified site.
- Notify administrator or police.
- If intruder’s purpose is not legitimate, ask him/her to leave. Accompany intruder to exit.

If intruder refuses to leave:

- Warn intruder of consequences for staying on school property. Inform him/her that you will call police.
- Notify police and administrator if intruder still refuses to leave. Give police full description of intruder.
- Walk away from intruder if he/she indicates a potential for violence. Be aware of intruder’s actions at this time (where he/she is located in school, whether he/she is carrying a weapon or package, etc.).
- Administrator may issue lock-down procedures.

Witness to hostage situation:

- If hostage taker is unaware of your presence, do not intervene.
- Call 9-1-1 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team.
- Seal off area near hostage scene.
- Notify administrator (administrator may wish to evacuate rest of building, if possible).
- Give control of scene to police and hostage negotiation team.
- Keep detailed notes of events.

If taken hostage:

- Follow instructions of hostage taker.
- Try not to panic. Calm children if they are present.
- Treat the hostage taker as normally as possible.
- Be respectful to hostage taker.
- Ask permission to speak and do not argue or make suggestions.
Facilities within evacuation radius of nuclear power plants must have plans for dealing with an accident/incident at the plant. Facilities within a 50-mile ingestion zone must also have a plan of action. This section is targeted for facilities outside this 10 or 50 mile radius with children living within the radius.

Administrator’s responsibilities:

- Building administrator notifies staff if an accident/incident has occurred that affects the ability of children to return to their homes (if they live within the 10-mile radius of an affected nuclear power plant).
- Procedures for release of children to emergency contact as designated by the parent(s)/guardian(s) are activated, or these children are kept at the facility until their parent(s)/guardian(s) or designee picks them up.

Staff responsibilities:

- Stay with children, if they will not be released to alternate (emergency) location, or until an authorized individual picks them up.

_For non-power radiological emergencies, follow the Hazardous Materials guidelines._
SERIOUS INJURY OR DEATH

If incident occurred at facility:
- Call 9-1-1. Do not leave the child/person unattended.
- Notify CPR/first aid certified people in the facility of medical emergencies (names of CPR/first aid certified people are listed in the Crisis Team Members section).
- If possible, isolate affected child/person.
- Initiate first aid if trained.
- Do not move victim except if evacuation is absolutely necessary.
- Notify administrator.
- Designate staff person to accompany injured/ill person to the hospital.
- Administrator notifies parent(s)/guardian(s) if it is a child.
- Direct witness(es) to psychologist/counselor/crisis team if needed. Notify parents if children were witness(es).
- Determine method of notifying children, staff and parents.
- Refer media to designated public information person for the facility.

If incident occurred outside of facility:
- Activate medical/crisis team as needed.
- Notify staff if before normal operating hours.
- Determine method of notifying children, staff and parents. Announce availability of counseling services for those who need assistance.
- Refer media to designated public information person for the facility.

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

IF A PERSON THREATENS WITH A FIREARM OR BEGINS SHOOTING

**Staff and Children:**

- *If you are outside with the shooter outside* – go inside the building as soon as possible. If you cannot get inside, make yourself as compact as possible; put something between yourself and the shooter; do not gather in groups.
- *If you are inside with the shooter inside* – turn off lights; lock all doors and windows; shut curtains, if it is safe to do so.
- Children, staff and visitors should crouch under furniture without talking and remain there until an all-clear is given by the administrator or designee.
- Check open areas for wandering children and bring them immediately into a safe area.
- Staff should take roll call and immediately notify the administrator of any missing children or staff when it is safe to do so.

**Administrator/Police Liaison:**

- Assess the situation as to:
  - The shooter’s location
  - Any injuries
  - Potential for additional shooting
- Call 9-1-1 and give as much detail as possible about the situation.
- Secure the facility, if appropriate.
- Assist children and staff in evacuating from immediate danger to safe area.
- Care for the injured as carefully as possible until law enforcement and paramedics arrive.
- Refer media to designated public information person per media procedures.
- Administrator to prepare information to release to media and parent(s)/guardian(s).
- Notify parent(s)/guardian(s) according to policies.
- Hold information meeting with staff.
- Initiate a crisis/grief counseling plan.
Upon receiving a phone call that a chemical or biological hazard has been planted in facility:

- Complete the “Terroristic Threat Phone Report” on page 85 and “Caller Identification Checklist” included in these guidelines on page 78.
- Listen closely to caller’s voice and speech patterns and to noises in the background.
- Notify administrator or designee.
- Notify local law enforcement agency.
- Administrator orders evacuation of all people inside facility, or other actions, per police advice or policy.
- If evacuation occurs, staff should take a list of children present.

Upon receiving a chemical or biological threat letter:

- Minimize the number of people who come into contact with the letter by immediately limiting access to the immediate area in which the letter was discovered.
- Ask the person who discovered/opened the letter to place it into another container, such as a plastic zip-lock bag or another envelope.
- CALL 9-1-1.
- Separate “involved” people from the rest of the staff and children.
- Move all “uninvolved” people out of the immediate area to a holding area.
- Ask all people to remain calm until local public safety officials arrive.
- Get advice of public safety officers as to decontamination procedures needed.

Evacuation procedures:

- Administrator notifies staff and children if evacuation is deemed necessary. Do not mention “terrorism” or “chemical or biological agent”.
- Report any unusual activities immediately to the appropriate officials.
- “Uninvolved” children and staff will be evacuated to a safe distance outside of the facility in keeping with policy. After consulting with appropriate officials, administrator may move children and staff to a primary relocation center, if indicated.
- Staff must take roll after being evacuated noting any absences immediately to the administrator or designee.
- Children and staff “involved” in a letter opening or receiving a phone call will be evacuated as a group if necessary per consultation of the administrator and public safety officials.
- Administrator notifies staff and children of termination of emergency. Resume normal operations.
- Notify parent(s)/guardian(s) according to policies.
TERRORISTIC THREAT
PHONE REPORT

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

1. Date and time call received: __________________________________________________________

2. Exact words of caller (use quotes if possible): __________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Remain calm and be firm. Keep the caller talking and ask the following questions:
   a. Where is the device/package? _____________________________________________
   b. What does the device/package look like? _____________________________________
   c. When will it go off/detonate? ____________________________________________
   d. What will cause it to go off/detonate/trigger? ________________________________
   e. How do you deactivate it? _________________________________________________
   f. Why was it put here? _____________________________________________________
   g. Did you place the device/package? __________________________________________

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

5. If a call is received on a Caller ID equipped telephone, check for the origin of the call and record the number. ____________________________________________
Tornado/Severe Thunderstorm Watch has been issued in an area near your facility:

- Monitor your local Emergency Alert Stations, weather radio and television. Stay in contact with your local emergency management officials.
- Bring all people inside building(s).
- Close all windows and blinds.
- Review tornado drill procedures and location of safe areas. **Tornado safe areas are in interior hallways or rooms away from exterior walls and window, and away from large rooms with high span ceilings. Get under furniture, if possible.**
- Review “drop and tuck” procedures with children.

Tornado/Severe Thunderstorm Warning has been issued in an area near your facility, or tornado has been spotted near your facility:

- Move children and staff to safe areas.
- Close all doors.
- Remind staff to take rosters/lists of children.
- Ensure that children are in “tuck” positions.
- Account for all children.
- Remain in safe area until warning expires or until emergency personnel have issued an all-clear signal.

*Attach building diagram showing safe areas. Post diagrams in each room showing routes to safe areas.*
## CRISIS TEAM MEMBERS

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Work #</th>
<th>Room #</th>
<th>Cell/Page</th>
<th>Home #</th>
<th>CPR – Yes/No</th>
<th>First Aid – Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
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<tr>
<td>Designee</td>
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<td>Psychologist</td>
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<tr>
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<tr>
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<tr>
<td>Secretary</td>
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## CPR/FIRST AID CERTIFIED STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Room</th>
<th>CPR – Yes/No</th>
<th>First Aid – Yes/No</th>
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## CRISIS CONTACTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Emergency Contact Information</th>
<th>Alternate Contact Information</th>
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</thead>
<tbody>
<tr>
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EMERGENCY PHONE NUMBERS

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

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

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

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

+ Name of EMS agency ____________________________________________

+ Their average emergency response time to your school ____________________

+ Directions to your school __________________________________________

+ Location of the school’s AED(s) ______________________________________

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

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

OTHER IMPORTANT PHONE NUMBERS

+ **School Nurse** ________________________________________________
+ **Responsible School Authority** ____________________________________
+ **Poison Control Center** 1-800-222-1222
+ **Fire Department** 9-1-1 or ______________________________
+ **Police** 9-1-1 or ______________________________
+ **Hospital or Nearest Emergency Facility** __________________________
+ **County Children Services Agency** ______________________________
+ **Rape Crisis Center** ___________________________________________
+ **Suicide Hotline** ______________________________________________
+ **Local Health Department** ______________________________________
+ **Taxi** _______________________________________________________
+ **Other medical services information** (e.g., dentists or physicians):
