EMERGENCY GUIDELINES FOR SCHOOLS AND CHILD CARE FACILITIES

Guidelines for helping an ill or injured child when a health professional is not available.

Missouri Department of Health and Senior Services, 2006

EMERGENCY GUIDELINES FOR SCHOOLS AND CHILD CARE FACILITIES

Guidelines for helping an ill or injured student when a health professional is not available.

- Allergic Reaction
- Asthma & Difficulty Breathing
- Behavioral Emergencies
- Bites
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- Blisters
- Bruises
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- CPR/AED
- Child Abuse
- Choking
- Communicable Diseases
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- Recommended First Aid Equipment & Supplies
- Emergency Numbers

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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ABOUT THE GUIDELINES

The emergency guidelines in this booklet were originally produced in 1997 by the Ohio Department of Public Safety, Emergency Medical Services for Children (EMSC) program, in cooperation with the Emergency Care Committee of the Ohio Chapter of the American Academy of Pediatrics (AAP). There have been revisions based on recommendations of school nurses and other school staff. Other states have adopted these guidelines and added content. These guidelines have been revised for use in Missouri schools and child care settings.

The booklet is being made available by the Department of Health and Senior Services, Injury and Violence Prevention Program in coordination with the School Health Program, Emergency Medical Services and the Center for Emergency Response and Terrorism.

The emergency guidelines are meant to serve as basic "what to do in an emergency" information for school staff without medical/nursing education when the school nurse is not available. It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course.

The guidelines have been created as **recommended** procedures. It is not the intent of the guidelines to supersede or make invalid any laws or rules established by the school system, the school board, or the state of Missouri. Please consult your school nurse or childcare consultant if you have questions regarding the recommendations in these guidelines.

Please take some time to familiarize yourself with the format, the background information provided, and the "How to Use the Guidelines" section prior to an emergency situation.

HOW TO USE THE EMERGENCY GUIDELINES

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

The guidelines are arranged 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 end. See the KEY TO SHAPES AND COLORS page.

If there is any reason to suspect the injury may have been caused by physical abuse, refer to the school/facility policy for reporting suspected abuse and calling the Child Abuse Hot Line, 1-800-392-3738. If there is reason to suspect the injury has been caused by bullying or interpersonal violence, report the incident to school authorities. If the injuries are not reported, the incidence may escalate due to the lack of consequences.

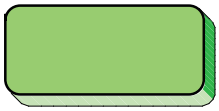
Take some time to familiarize yourself with the EMERGENCY PROCEDURES FOR AN INJURY OR ILLNESS section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

In addition to injury and illness information, you will find information about infection control, and planning for students with special healthcare needs. The DHSS website (www.dhss.mo.gov) under Health, School Health, Guidelines, has other manuals available on specific issues, including a document, *Prevention and Control of Communicable Disease,* that contains disease-specific information about symptoms, transmission and exclusion from school or child care.

This edition has been 3-hole punched so that they may be placed in a binder to facilitate addition of information specific for your school or childcare setting and to update pages as appropriate.

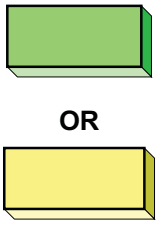
Please consult your school nurse or childcare nurse consultant if you have any questions concerning the recommendations contained in the guidelines.

KEY TO SHAPES & COLORS

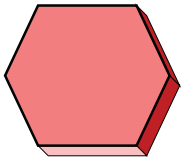


Start here.

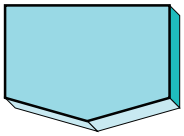
Provides first-aid instructions.



A question is being asked. You will have a choice based on the student's condition.



Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur.

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

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

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, chemical spills, building damage, fire, smoke, traffic or violence.

A responsible adult should stay at the scene and give basic support until the person designated to handle emergencies arrives (medical or EMS personnel).

Send word to the person designated to handle emergencies. This person will take charge of the emergency and provide instruction and further first aid as needed.

Do NOT give medications unless there has been prior approval by the parent/guardian, and according to an individualized emergency action or healthcare plan.

Do NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary to prevent further injury, follow the guidelines for NECK AND BACK INJURIES section.

Call Emergency Medical Services (EMS) and arrange for transportation of the ill or injured student, if necessary.

An administrator or a designated employee should notify the parent/guardian of the emergency as soon as possible to determine the appropriate course of action.

If the parent/guardian cannot be reached, notify a parent/guardian substitute and call either the physician or the hospital, designated on the Emergency Information Card, so they will know to expect the injured/ill student.

A responsible adult should stay with the injured/seriously ill student.

An incident report should be completed on all serious injuries, according to school/facility policy.

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)

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, a seizure that lasts more than **5** minutes, or an atypical seizure.
☑ the child has injuries to the head, 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 if not transported by EMS.
☑ moving the child could cause further injury.
☑ the child needs the skills or equipment of paramedics or emergency medical technicians.
☑ distance or traffic conditions would cause a delay in getting the child to the hospital.

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

Sources: American Red Cross & American College of Emergency Physicians

INFECTION CONTROL

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

1. Wash hands thoroughly with warm running water and a mild, preferably liquid soap for at least 15 seconds, scrubbing between fingers, under fingernails and around the tops and palms of the hands. Handwashing should occur:
   - before and after physical contact with any student (*even if gloves have been worn*)
   - before and after eating or handling food
   - after contact with a cleaning agent
   - after using the restroom
   - after providing any first-aid
   - after removing gloves
2. Wear gloves when in contact with blood and other body fluids.
3. Wear protective eyewear and clothing when body fluids may come in contact with eyes or clothing (e.g., squirting blood).
4. Wear gloves and wipe up any blood or body fluid spills as soon as possible. Use cleaning materials per the school/facility exposure control plan for cleaning.
5. Double-bag the trash in a plastic bag or place in a sealable bag and dispose of immediately.
6. Clean the area with an approved disinfectant or a bleach solution (one part bleach to 100 parts of water).
7. Send all soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
8. Do not eat, or touch your mouth or eyes, while giving any first aid.
9. Dispose of any sharps that have been used in an approved sharps disposal system.

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.

Schools/childcare facilities are encouraged to provide Body Fluid Spills materials in a convenient kit to any staff responsible for cleaning up spills (i.e., bus drivers, custodians, etc.). The school/facility should have an Exposure Control Plan, and any employee that provides care for illness and injury should understand actions to take when exposed to blood or body fluids.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

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

Medical Conditions:

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

- Asthma or other breathing difficulties
- History of life-threatening or severe allergic reactions
- Diabetes
- Seizure disorders
- Technology-dependent or medically fragile conditions

Your school nurse, nurse consultant or other school health professional, along with the student's parent/guardian and personal physician, should develop an individual emergency action plan for these students upon enrollment. The plans should be made available to appropriate staff at all times. In an emergency for this student, refer to this individualized plan.

The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children with Special Needs that is useful in collecting the information needed to develop individualized emergency and healthcare plans. The form can be downloaded from www.aap.org or www.acep.org.

Physical Abilities:

Other students in your school/facility may have special emergency needs due to some physical ability. This would include students who are:

- Deaf
- Blind
- In wheel chairs
- Unable or have difficulty walking up or down stairs, for any reason
- Temporarily on crutches

These students will need special arrangements in the event of a school/facility-wide emergency (i.e., fire, tornado, evacuation, etc.). These arrangements should be part of the student's individualized healthcare plan. A responsible person should be designated to assist these students to safety. All appropriate staff should be aware of this plan.

ALLERGIC REACTION

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

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

Symptoms of a severe allergic reaction include:

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

Does the student have symptoms of a severe, allergic reaction?

NO →

Symptoms of a mild allergic reaction include:

- Red, watery eyes
- Itchy, sneezing, runny nose

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

YES ↓

If available, refer to student's emergency action plan.

Administer doctor and parent/guardian-approved medication, if available.

CALL EMS.
Contact responsible school authority & parent/guardian.

Look, listen and feel for breath. If child stops breathing, *see "CPR"*

ASTHMA/WHEEZING/DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/wheezing, should be known to appropriate school staff. An asthma action plan should be developed. Staff in a position to administer approved medications should receive instruction.

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

- wheezing - high-pitched sound during breathing out.
- rapid breathing.
- flaring (widening) of nostrils.
- increased use of stomach and chest muscles during breathing.
- tightness in chest.
- excessive coughing.
- not speaking in full sentences

If available, refer to student's asthma action plan.

Does student have doctor and parent/guardian approved medication?

YES → Administer medication as directed in asthma action plan.

NO

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

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

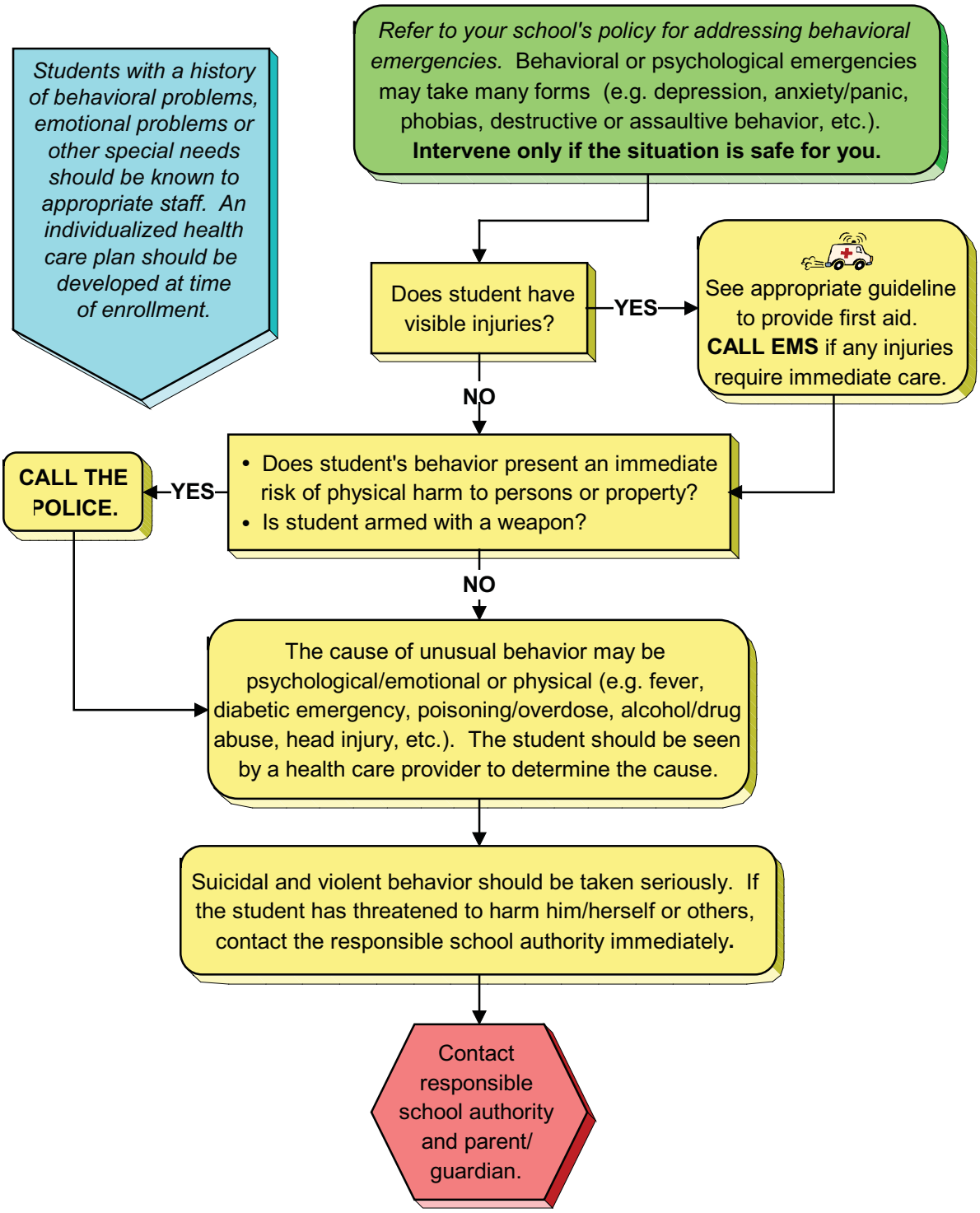
NO → Contact responsible school authority & parent/guardian.

YES

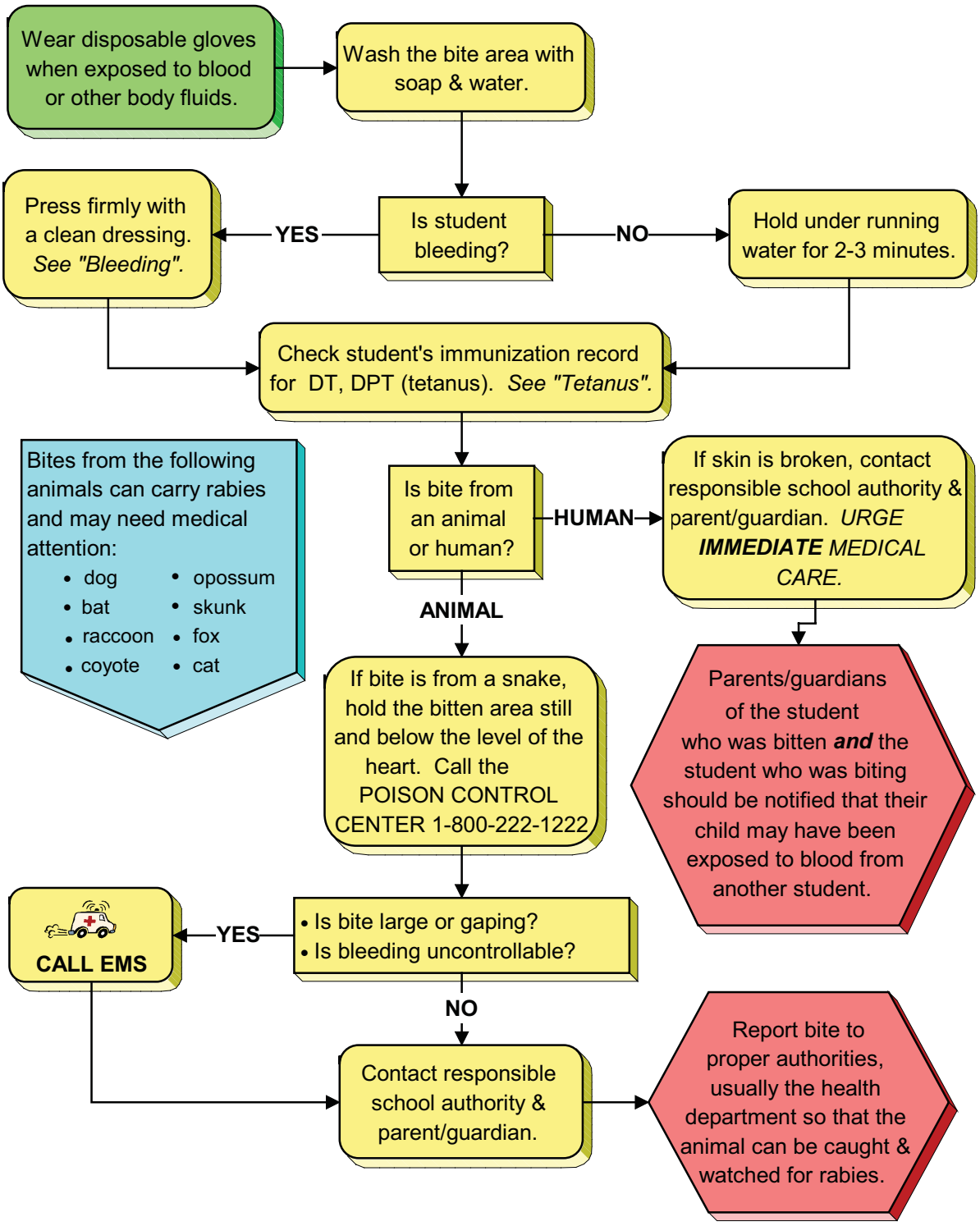
CALL EMS.

Contact responsible school authority & parent/guardian.

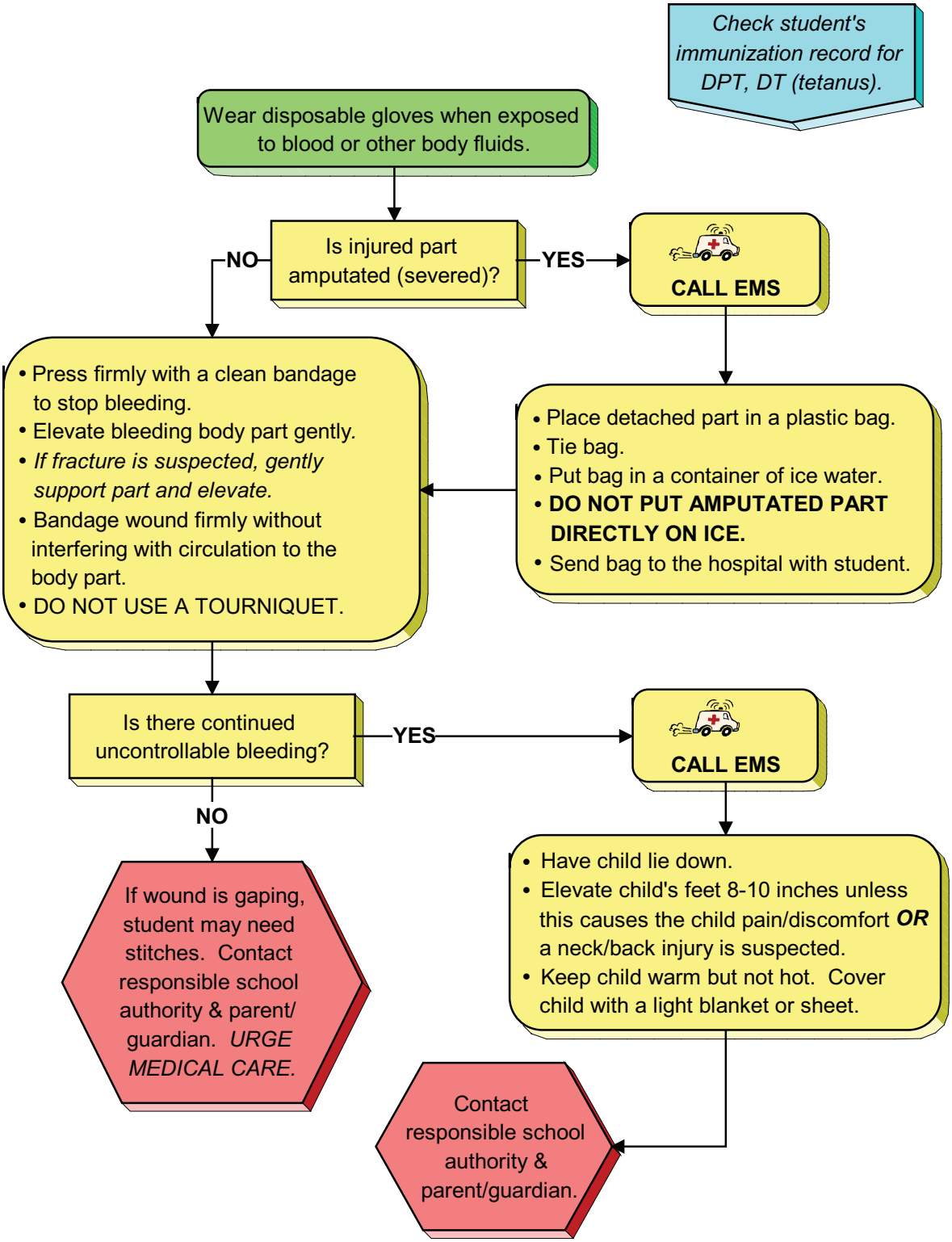
BEHAVIORAL EMERGENCIES



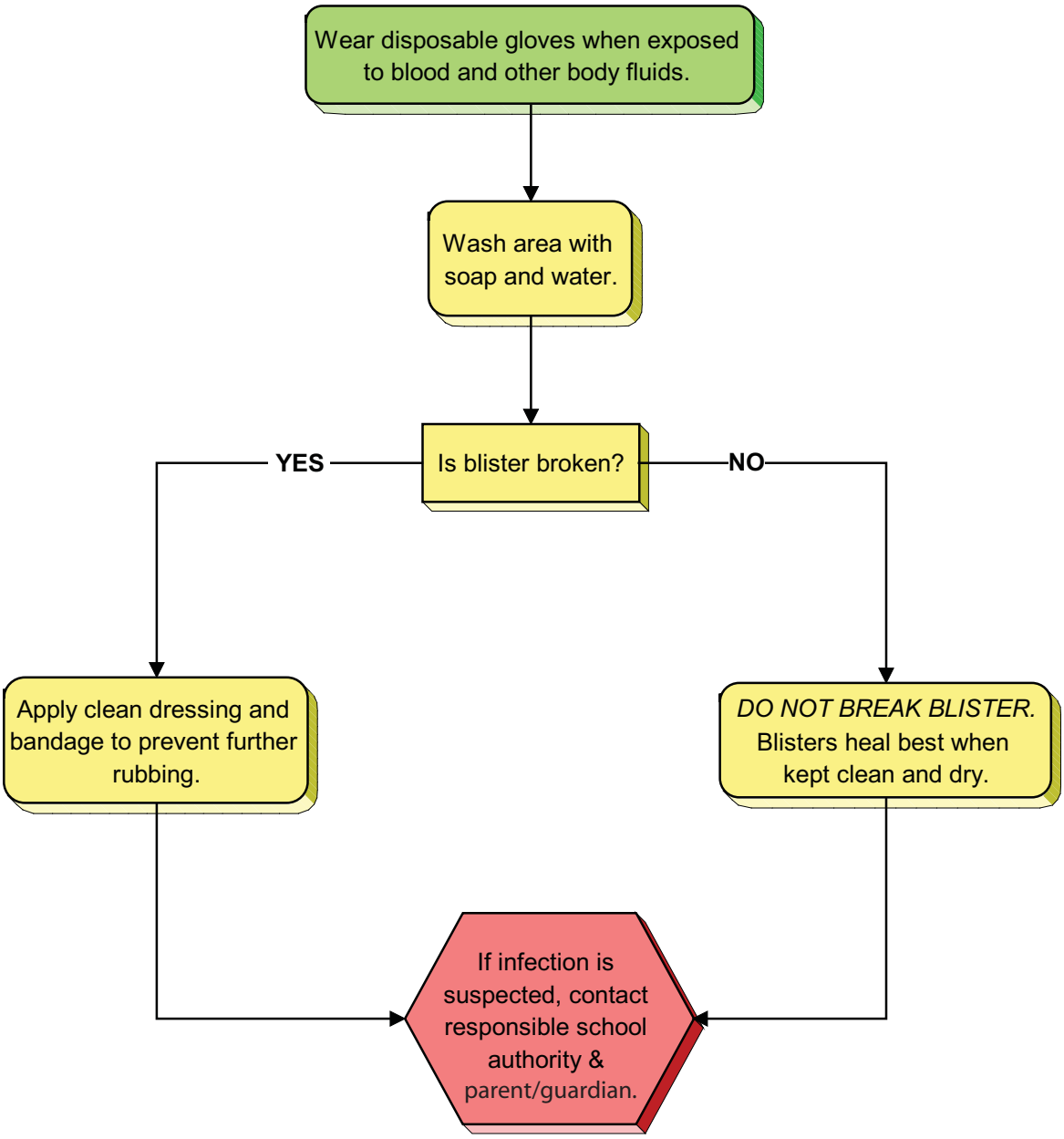
BITES (HUMAN & ANIMAL)



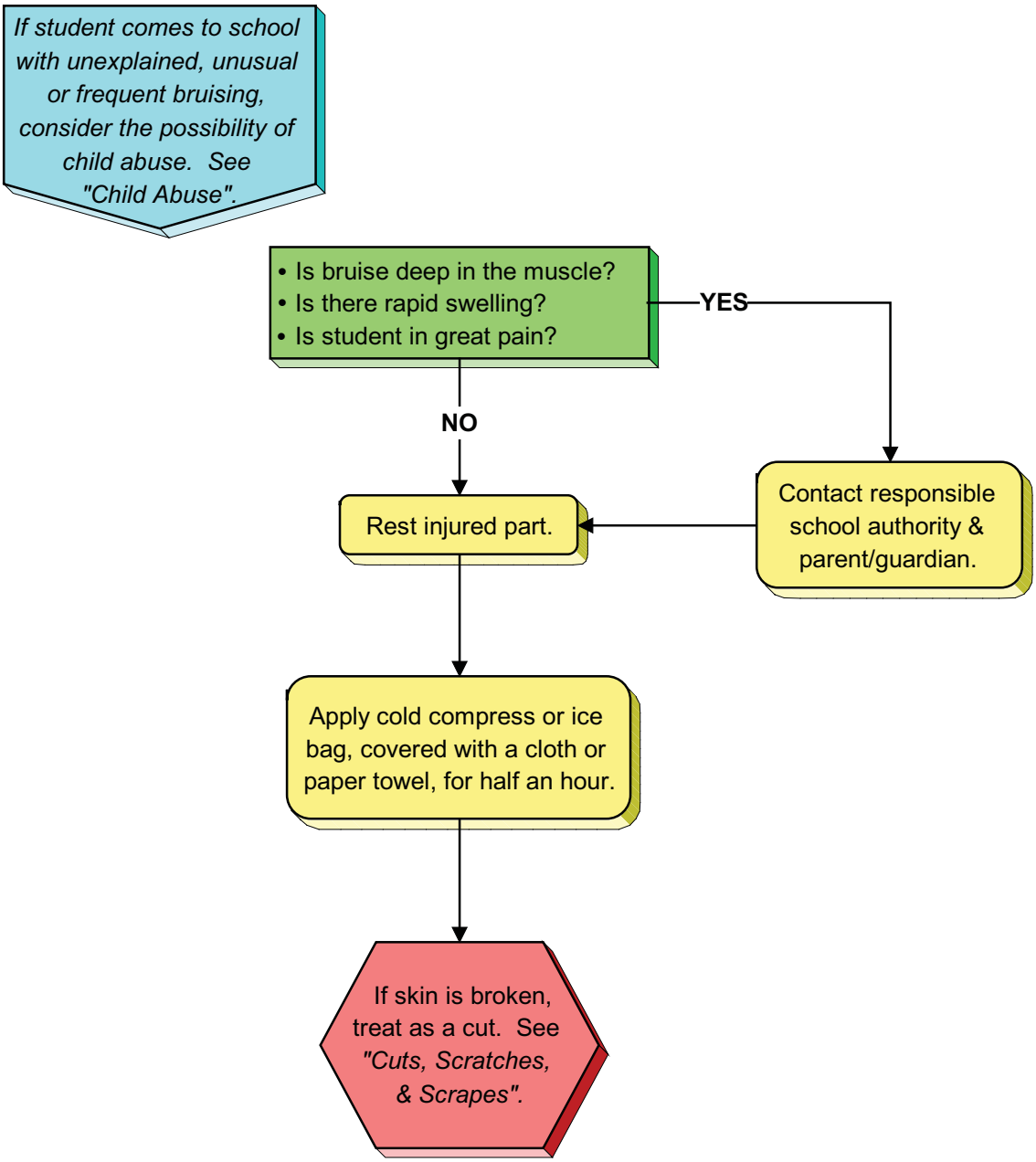
BLEEDING


Check student's immunization record for DPT, DT (tetanus).
Wear disposable gloves when exposed to blood or other body fluids.
Is injured part amputated (severed)?
NO
YES
CALL EMS
• 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.
• Press firmly with a clean bandage to stop bleeding.
• Elevate bleeding body part gently.
• If fracture is suspected, gently support part and elevate.
• Bandage wound firmly without interfering with circulation to the body part.
• DO NOT USE A TOURNIQUET.
Is there continued uncontrollable bleeding?
YES
CALL EMS
NO
• Have child lie down.
• Elevate child's feet 8-10 inches unless this causes the child pain/discomfort OR a neck/back injury is suspected.
• Keep child warm but not hot. Cover child with a light blanket or sheet.
If wound is gaping, student may need stitches. Contact responsible school authority & parent/ guardian. URGE MEDICAL CARE.
Contact responsible school authority & parent/guardian.

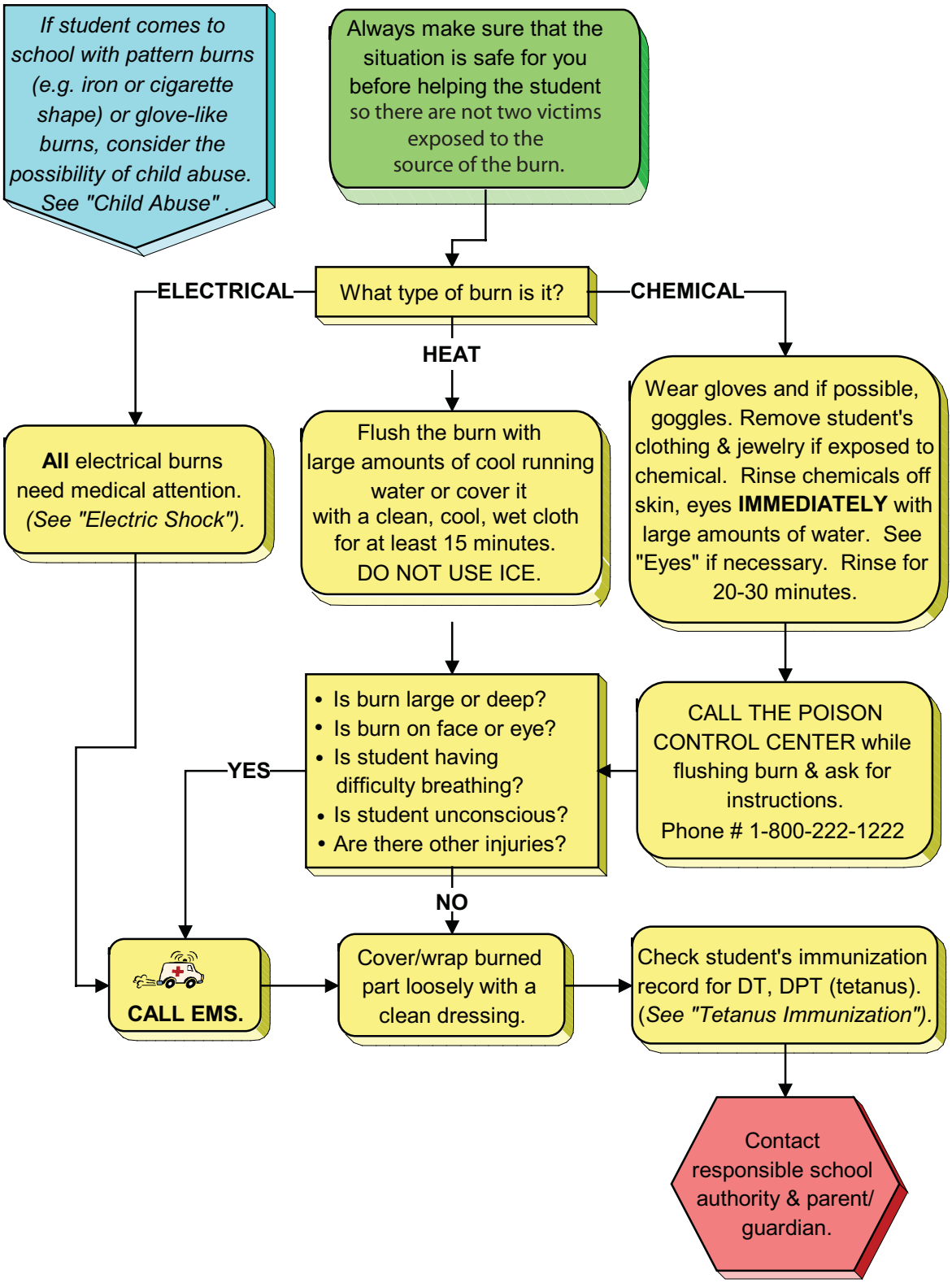
BLISTERS (FROM FRICTION)



BRUISES


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

BURNS


If student comes to school with pattern burns (e.g. iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See "Child Abuse" .
Always make sure that the situation is safe for you before helping the student so there are not two victims exposed to the source of the burn.
What type of burn is it?
ELECTRICAL
HEAT
CHEMICAL
All electrical burns need medical attention. (See "Electric Shock").
Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth for at least 15 minutes. DO NOT USE ICE.
Wear gloves and if possible, goggles. Remove student's clothing & 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.
• Is burn large or deep?
• Is burn on face or eye?
• Is student having difficulty breathing?
• Is student unconscious?
• Are there other injuries?
YES
CALL THE POISON CONTROL CENTER while flushing burn & ask for instructions. Phone # 1-800-222-1222
NO
CALL EMS.
Cover/wrap burned part loosely with a clean dressing.
Check student's immunization record for DT, DPT (tetanus). (See "Tetanus Immunization").
Contact responsible school authority & parent/ guardian.

GUIDELINES FOR CARDIOPULMONARY RESUSCITATION (CPR)

Every school/facility should have more than one person certified to provide CPR in the event an individual is not breathing and does not appear to have adequate circulation. The names of individuals with current training in CPR should be posted with the emergency information in the school/facility and by each phone. Certification to provide CPR must be updated on a regular basis.

New guidelines issued by the American Heart Association (AHA) in November 2005, stress the importance of quick action by individuals adequately trained in CPR. The new guidelines attempt to minimize the steps and the differences in CPR across age groups, as well as highlight differences between expectations for lay rescuers and health professionals. The goal is to make CPR easier for all rescuers to learn, remember and perform.

The age delineations now used for lay rescuers are:

Newborn –birth until hospital discharge
Infant – less than one year
Child – 1-8 years
Adult – 8 years and older

All age groups are recommended for cycles of 30 chest compressions to 2 breaths. The same techniques for chest compression can be used for children and adults (compress the lower half of sternum [nipple line} one-third to one-half depth of chest. **Lay rescuers will no longer be taught to assess for pulse or signs of circulation in an unresponsive victim or to do "rescue breathing" without chest compressions.**

If a lay rescuer is **alone** and finds an unresponsive infant or child, the rescuer should attempt to open the airway and give 2 breaths that are sufficient to make the chest rise. Then the rescuer should provide 5 cycles (30 compressions and 2 breaths = a cycle, about 2 minutes) **before leaving the victim to call 911.** A child is more likely to suffer from asphyxial (respiratory) arrest than heart irregularities, and is more likely to respond to, or benefit from the **initial CPR**.

If a lay rescuer is alone and finds an unresponsive adult, **the rescuer should call 911 first.** The rescuer should then return to the victim and begin CPR.

Training in CPR is readily available. The goal is to increase the number of people learning safe and effective CPR technique and the number of victims of sudden cardiac arrest who will receive good "bystander" or lay rescuer CPR, resulting in thousands of lives saved. Skills should be taught and practiced in the presence of a trained instructor.

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

These devices are used to provide an electrical shock to the heart muscle to establish or correct the heart rhythm. AEDs are used in conjunction with CPR techniques and have been shown to save lives when used appropriately. Schools and childcare facilities considering the purchase of an AED should carefully research current laws and regulations governing their use. Research has shown that AEDs are very seldom used in school and childcare facilities, and are more appropriately placed where adults may suffer from cardiac arrhythmias. Respiratory arrest in children is usually the result to some type of asphyxia.

NOTES ON PERFORMING CPR

The American Heart Association issued new CPR guidelines for lay persons in 2005. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.

Automated External Defibrillators (AEDs) are not recommended for use on children under 8 years of age or under 80 pounds (American Academy of Pediatrics). The American Heart Association has approved their use in children 1-8 years of age. Use of an AED by an untrained individual may cause harm to the individual and may create liability on the part of the agency. Missouri laws governing the use of AEDs can be found at the Missouri Department of Health and Senior Services website, (www.dhss.mo.gov) under Laws and Regulations, Revised Missouri Statutes. Training in the use of AEDs is offered by the American Heart Association and the American Red Cross.

BARRIER DEVICES

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing CPR. Several different types (e.g., face shields, pocket masks) exist. It is important to practice using these devices in the presence of a trained CPR instructor before attempting to use them in an emergency situation. The length of rescue breaths and the amount of air that you breathe to make the victim's chest rise can be affected by these devices.

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in the recognition of child abuse/neglect.

If child has visible injuries, refer to the appropriate guideline to provide first aid. **CALL EMS** if any injuries require immediate medical care.

Teachers and other professional school staff are required to report suspected child abuse and neglect to the State Child Abuse Hotline (1-800-392-3738). Refer to your own school/facility policy for additional guidance on reporting.

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

- Depression, hostility, low self-esteem, poor self-image
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation 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).
- "Glove-like" or "sock-like" burns.
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Poor hygiene, underfed appearance.
- Severe injury or illness without medical care.

If a child reveals abuse to you:

- Try to remain calm.
- Take the child seriously.
- Tell the child that he/she did the right thing by telling.
- Let the child know that you are required to report the abuse to Child Protective Services.
- Do not make promises that you can not keep.
- Respect the sensitive nature of the child's situation.
- Follow appropriate reporting procedures.

Contact responsible school/facility authority.

CHOKING
(FOR CONSCIOUS VICTIMS)

Call 911 or activate EMS after starting rescue efforts.

INFANTS UNDER ONE 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 blows 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, about one finger width below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR IN RIGHT COLUMN.

CHILDREN OVER ONE YEAR OF AGE & ADULTS

Begin the following if the child is choking and unable to breathe. However, if the child is coughing, crying or speaking, 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. 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 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 6 OF CHILD OR ADULT CPR IN RIGHT COLUMN.

FOR OBESE OR PREGNANT PERSONS:

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

COMMUNICABLE DISEASES

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

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

Chicken pox, head lice, 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 that you can do for a child in school who has a communicable disease. Following, are some general guidelines.
**Refer to your school's exclusion policy for ill students.*

SIGNS OF LIFE-THREATENING ILLNESS:
- Difficulty breathing or swallowing, rapid breathing.
- 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.

CALL EMS. Contact responsible school authority and parent/guardian.

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 two loose stools a day)
- Vomiting
- Yellow skin or yellow "white of eye"
- Fever greater than 100.0 F
- Extreme tiredness or lethargy
- Unusual behavior

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

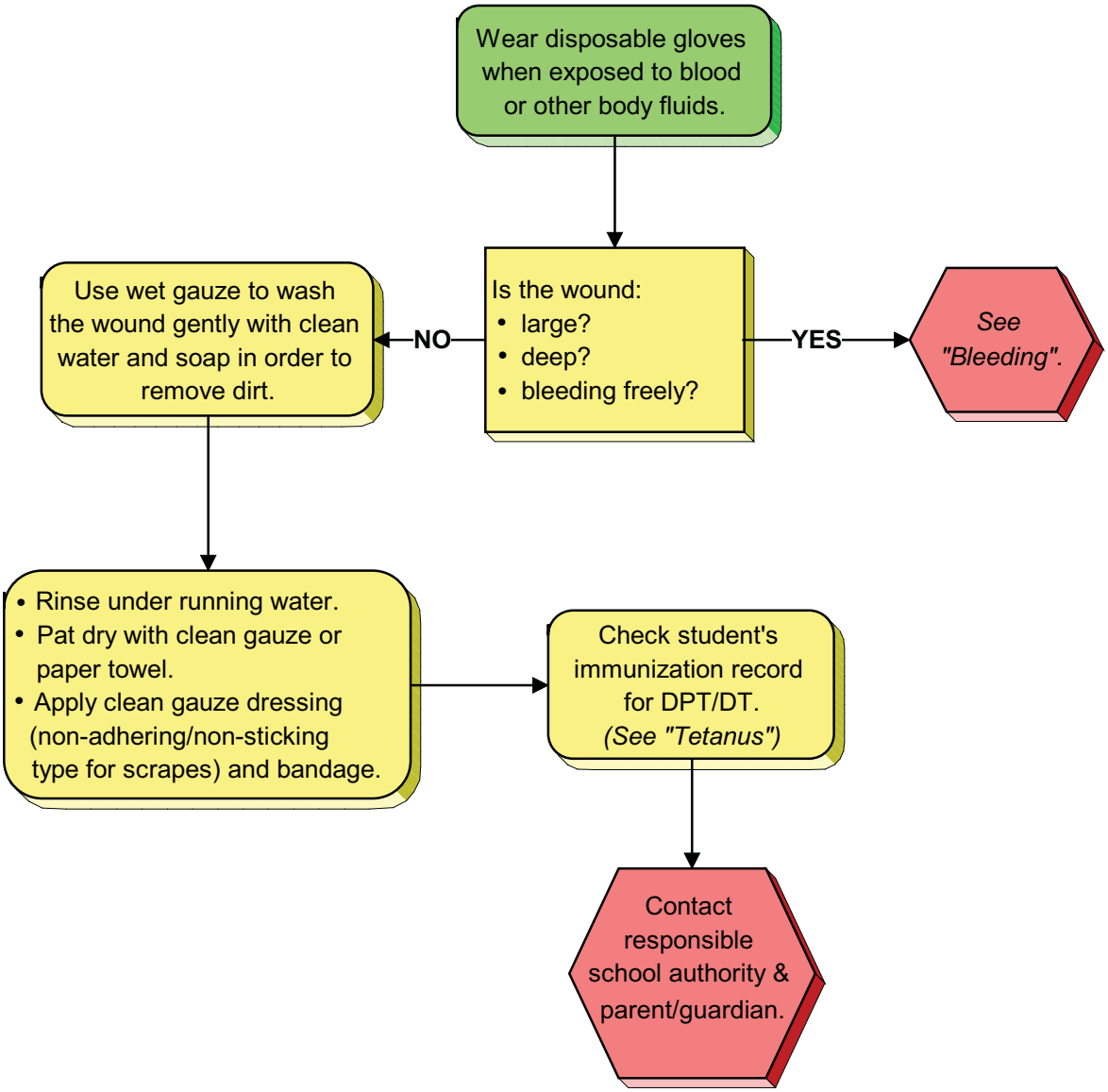
SIGNS OF POSSIBLE ILLNESS:
- Earache
- Itching of scalp
- Runny nose
- Headache
- Fussiness
- Mild cough

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

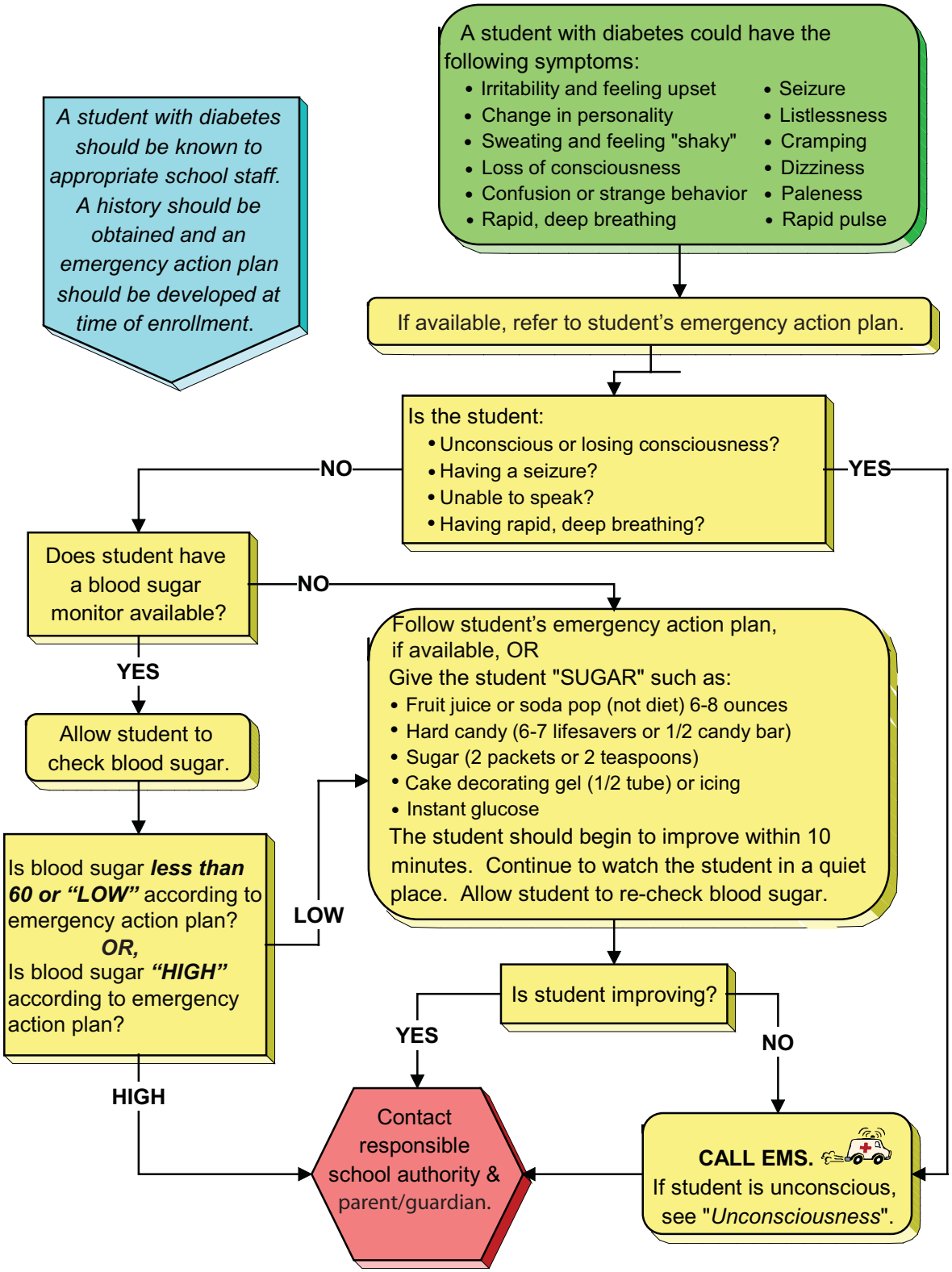
*State recommendations for exclusion: www.dhss.mo.gov
Health, School Health, Guidelines, Prevention and Control of Communicable Disease

CUTS (small), **SCRATCHES & SCRAPES**

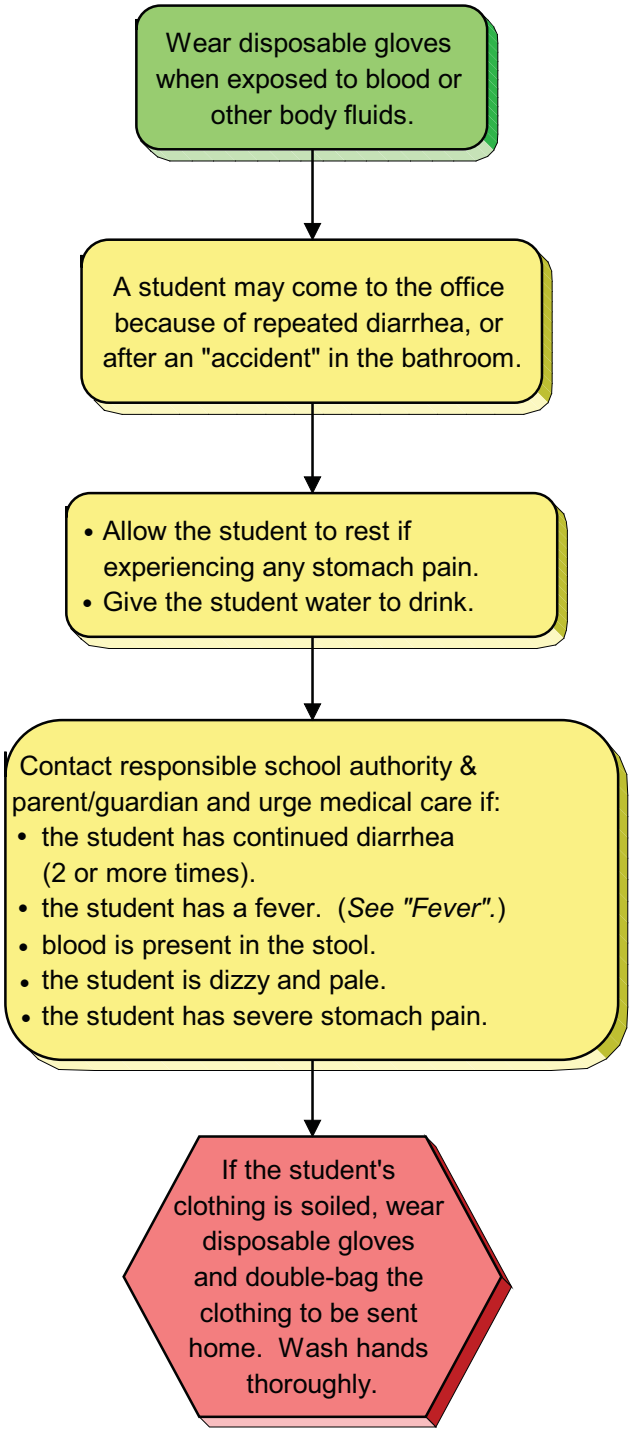
(including rope and floor burns)



DIABETES

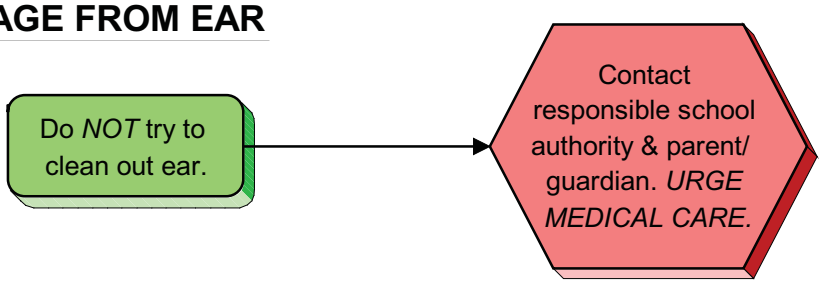

A student with diabetes should be known to appropriate school staff. A history should be obtained and an emergency action plan should be developed at time of enrollment.
A student with diabetes could have the following symptoms:
• Irritability and feeling upset
• Change in personality
• Sweating and feeling "shaky"
• Loss of consciousness
• Confusion or strange behavior
• Rapid, deep breathing
• Seizure
• Listlessness
• Cramping
• Dizziness
• Paleness
• Rapid pulse
If available, refer to student's emergency action plan.
Is the student:
• Unconscious or losing consciousness?
• Having a seizure?
• Unable to speak?
• Having rapid, deep breathing?
NO
YES
Does student have a blood sugar monitor available?
NO
YES
Allow student to check blood sugar.
Is blood sugar less than 60 or "LOW" according to emergency action plan?
OR,
Is blood sugar "HIGH" according to emergency action plan?
LOW
HIGH
Follow student's emergency action plan, if available, OR
Give the student "SUGAR" such as:
• Fruit juice or soda pop (not diet) 6-8 ounces
• Hard candy (6-7 lifesavers or 1/2 candy bar)
• Sugar (2 packets or 2 teaspoons)
• Cake decorating gel (1/2 tube) or icing
• Instant glucose
The student should begin to improve within 10 minutes. Continue to watch the student in a quiet place. Allow student to re-check blood sugar.
Is student improving?
YES
NO
Contact responsible school authority & parent/guardian.
CALL EMS.
If student is unconscious, see "Unconsciousness".

DIARRHEA

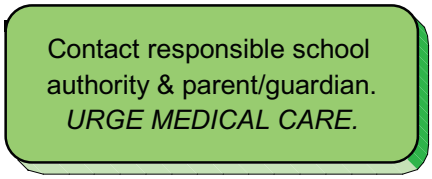

Wear disposable gloves when exposed to blood or other body fluids.
A student may come to the office because of repeated diarrhea, or after an "accident" in the bathroom.
• Allow the student to rest if experiencing any stomach pain.
• Give the student water to drink.
Contact responsible school authority & parent/guardian and urge medical care if:
• the student has continued diarrhea (2 or more times).
• the student has a fever. (See "Fever".)
• blood is present in the stool.
• the student is dizzy and pale.
• the student has severe stomach pain.
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EARS

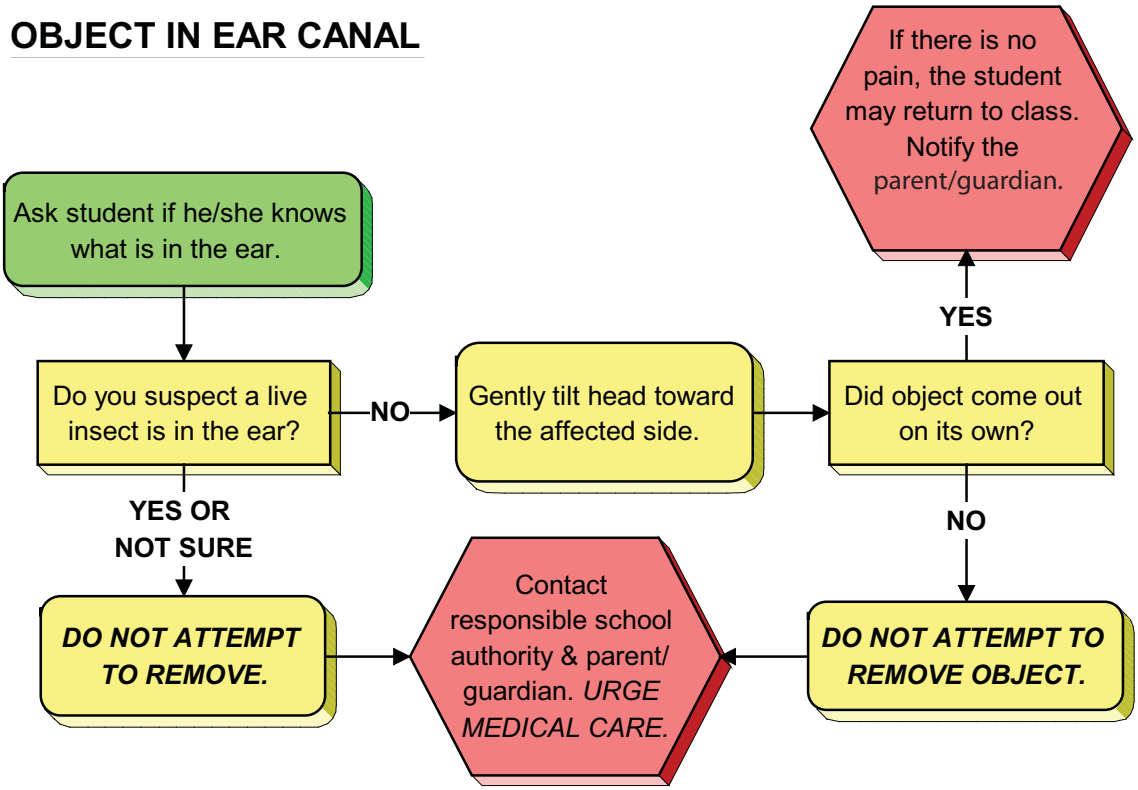
DRAINAGE FROM EAR



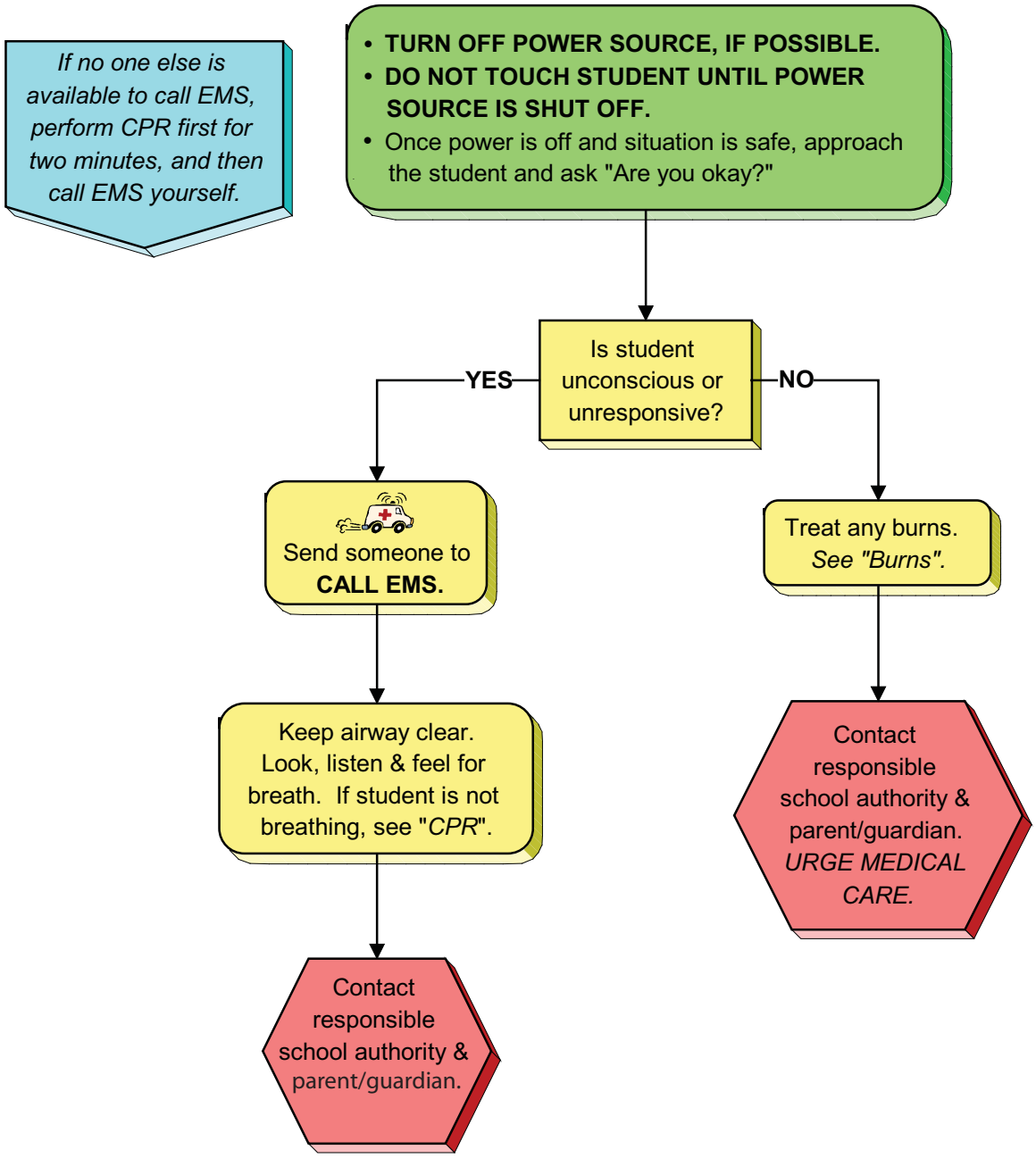
EARACHE



OBJECT IN EAR CANAL



ELECTRIC SHOCK



EYES

EYE INJURY:

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

Keep student lying flat and quiet.

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

YES

If an object has penetrated the eye, *DO NOT REMOVE OBJECT.*

Cover eye with a paper cup or similar object to keep student from rubbing, *BUT DO **NOT** TOUCH EYE OR PUT ANY PRESSURE ON EYE.*

CALL EMS.
Contact responsible school authority and parent/guardian.

NO

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

("EYES" continued on next page.)

EYES

(continued from previous page)

PARTICLE IN EYE:

Keep student from rubbing eye.

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

If particle does not flush out of eye or if eye pain continues, contact responsible school authority and parent/ guardian. *URGE MEDICAL CARE.*

CHEMICALS IN EYE

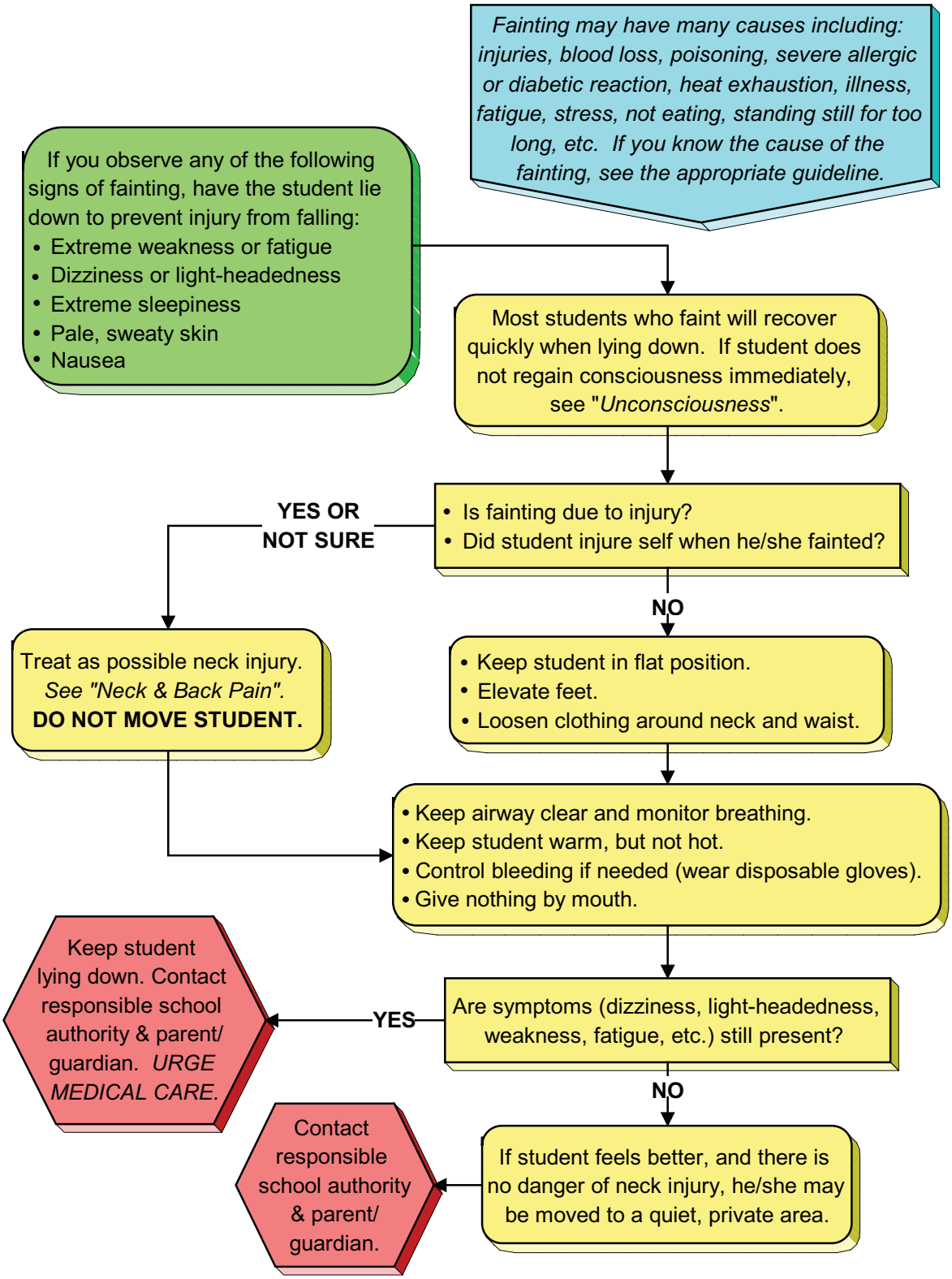
- Wear gloves and if possible, goggles.
- Immediately flush the eye with large amounts of clean water for 20 to 30 minutes.
- Tip the head so that the affected eye is below the unaffected eye and water washes eye from nose out to side of the face.

CALL NEAREST POISON CONTROL CENTER while flushing eye.
Phone # 1-800-222-1222
Follow instructions.

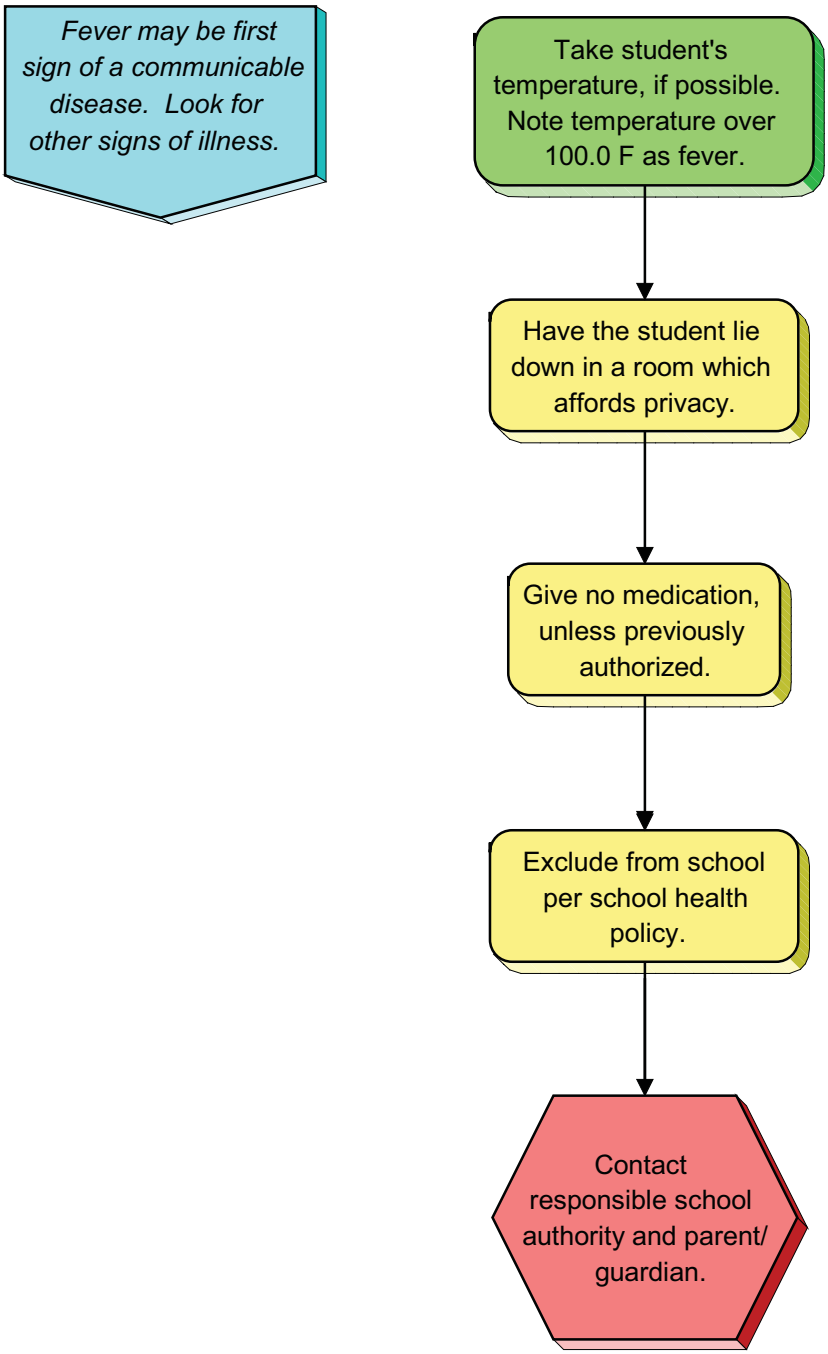
If eye has been burned by chemical, **CALL EMS.**

Contact responsible school authority and parent/guardian.

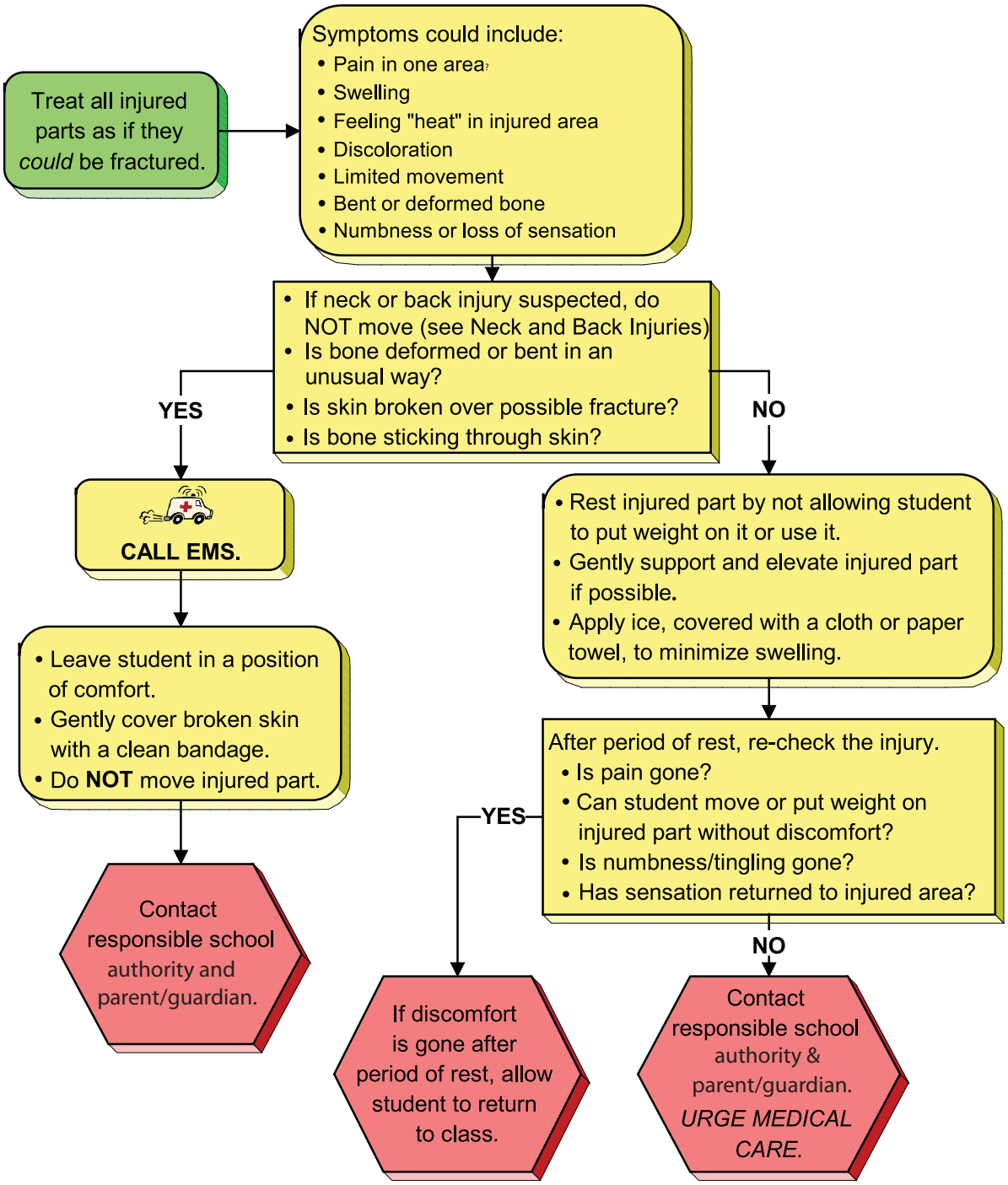
FAINTING


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

FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



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, white).
- Feel cold to the touch.
- Feel numb to the child.

Deeply frostbitten skin may

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

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

Does extremity/part:

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

YES

- **CALL EMS.**

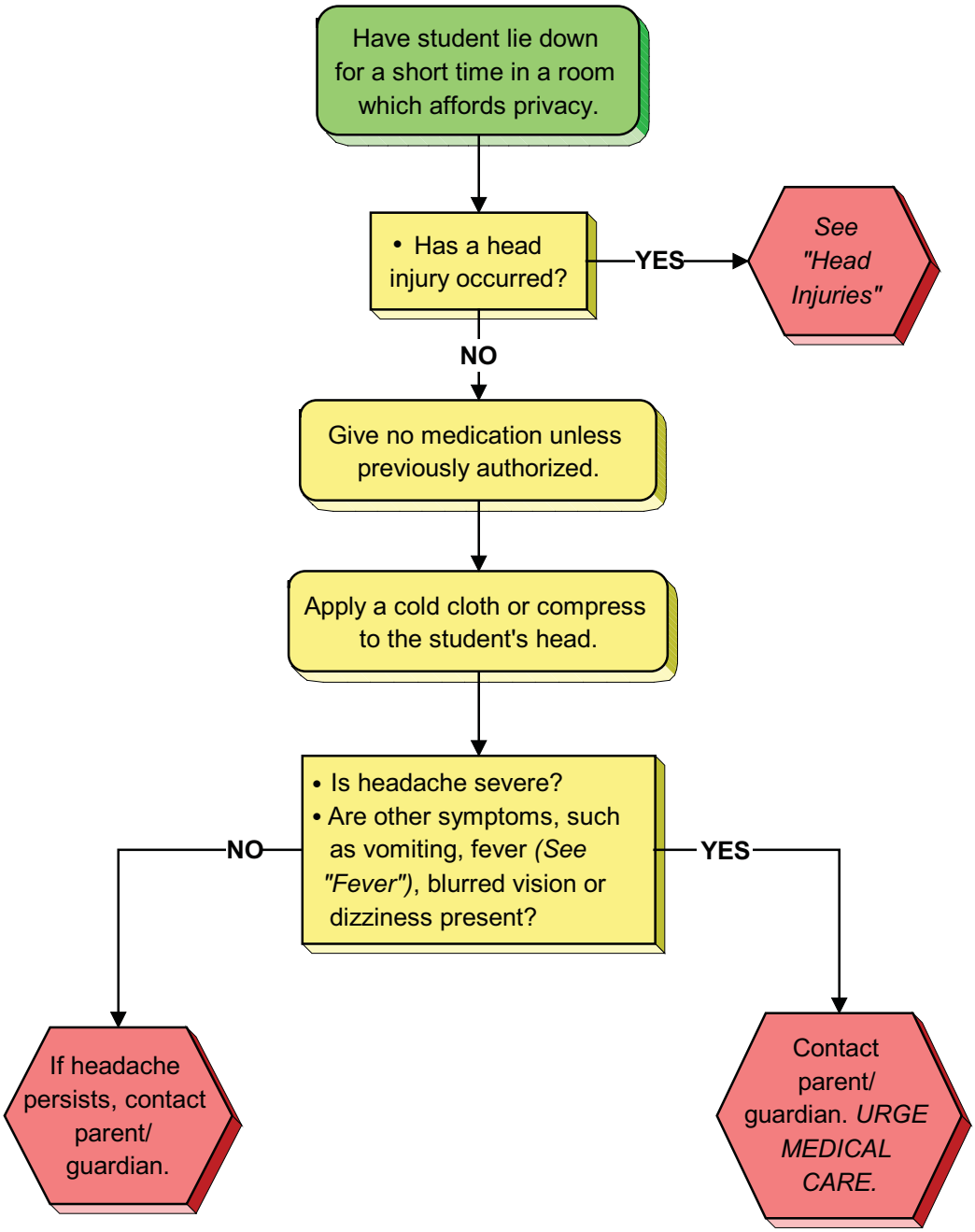
- Keep child warm and affected part covered.

NO

Keep child and affected body part warm.

Contact responsible authority & parent/ guardian. *Encourage medical care.*

HEADACHE


Have student lie down for a short time in a room which affords privacy.
• Has a head injury occurred?
YES
See "Head Injuries"
NO
Give no medication unless previously authorized.
Apply a cold cloth or compress to the student's head.
• Is headache severe?
• Are other symptoms, such as vomiting, fever (See "Fever"), blurred vision or dizziness present?
NO
YES
If headache persists, contact parent/ guardian.
Contact parent/ guardian. URGE MEDICAL CARE.

HEAD INJURIES

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

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

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

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

Is student vomiting?

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

NO → Watch student closely. *DO NOT LEAVE STUDENT ALONE.*

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

YES → **CALL EMS.** → Look, listen & feel for breathing. If student stops breathing, see *"CPR"*. → Give nothing by mouth. Contact responsible school authority & parent/ guardian.

NO → Even if student was only briefly confused & seems fully recovered, contact responsible school authority & parent/ guardian. *URGE MEDICAL CARE*. Watch for delayed symptoms.

HEAT STROKE/HEAT EXHAUSTION

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

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

- red, hot, dry skin
- weakness and fatigue
- cool, clammy hands
- vomiting
- loss of consciousness
- profuse sweating
- headache
- nausea
- confusion
- muscle cramping

Is child unconscious or losing consciousness?

NO

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

Are any of the following happening:

- hot, dry red skin?
- vomiting?
- confusion?

YES

NO

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

Contact responsible authority & parent/guardian.

YES

- Quickly remove child from heat to a cooler place.
- Put child on his/her side to protect the airway.
- Look, listen and feel for breathing. If child is not breathing, see *"CPR"*.

Cool rapidly by completely wetting clothing with room temperature water. *DO NOT USE ICE WATER.*

CALL EMS.
Contact responsible authority & parent/guardian.

HYPOTHERMIA
(EXPOSURE TO COLD)

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

Hypothermia can occur after a child 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 child to a warm place.
- Remove cold or wet clothing and wrap child in a warm, dry blanket.

Does child have:

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

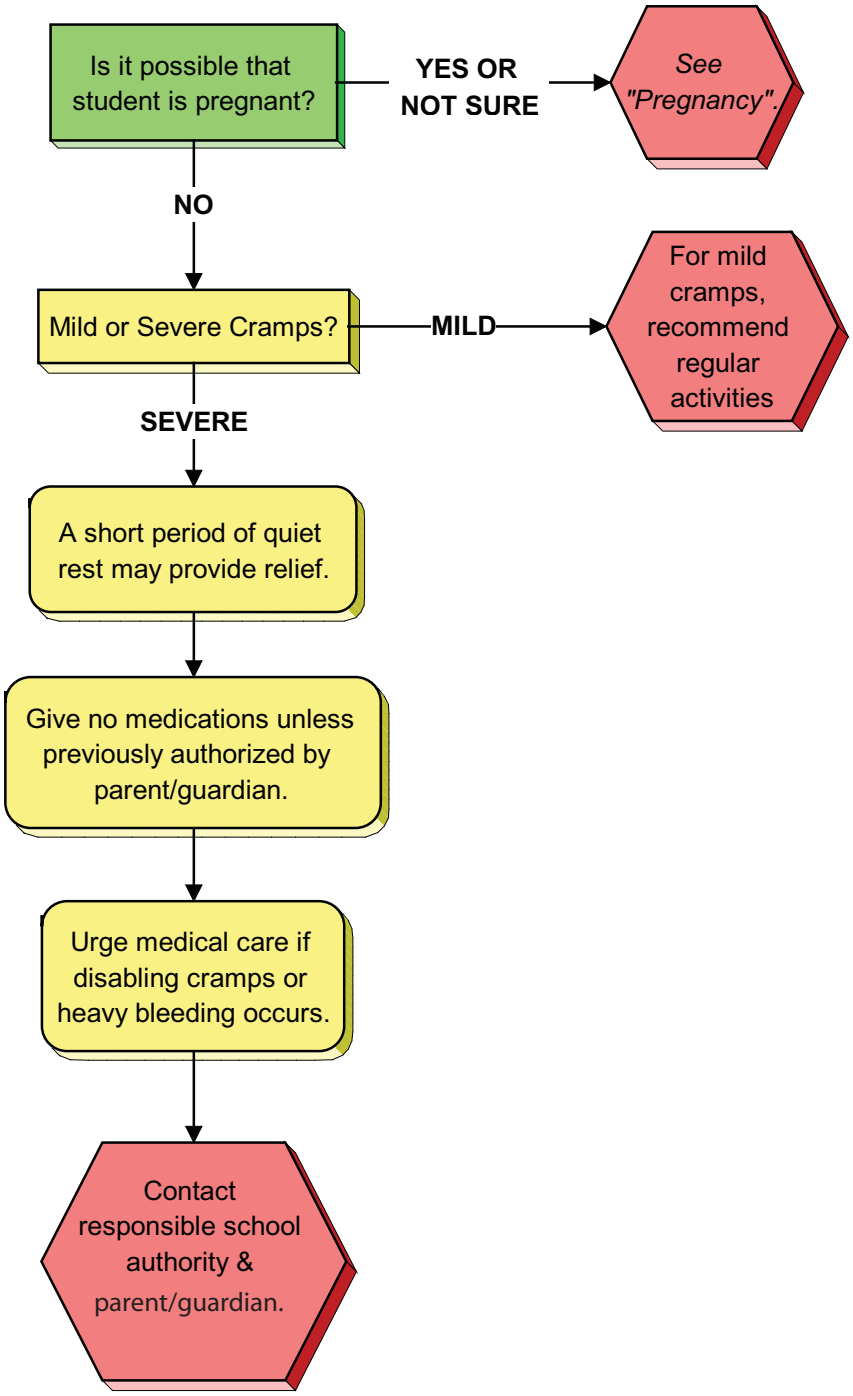
NO → Continue to warm child with blankets. If child is fully awake and alert, offer warm (***NOT HOT***) fluids, but no food.

YES →

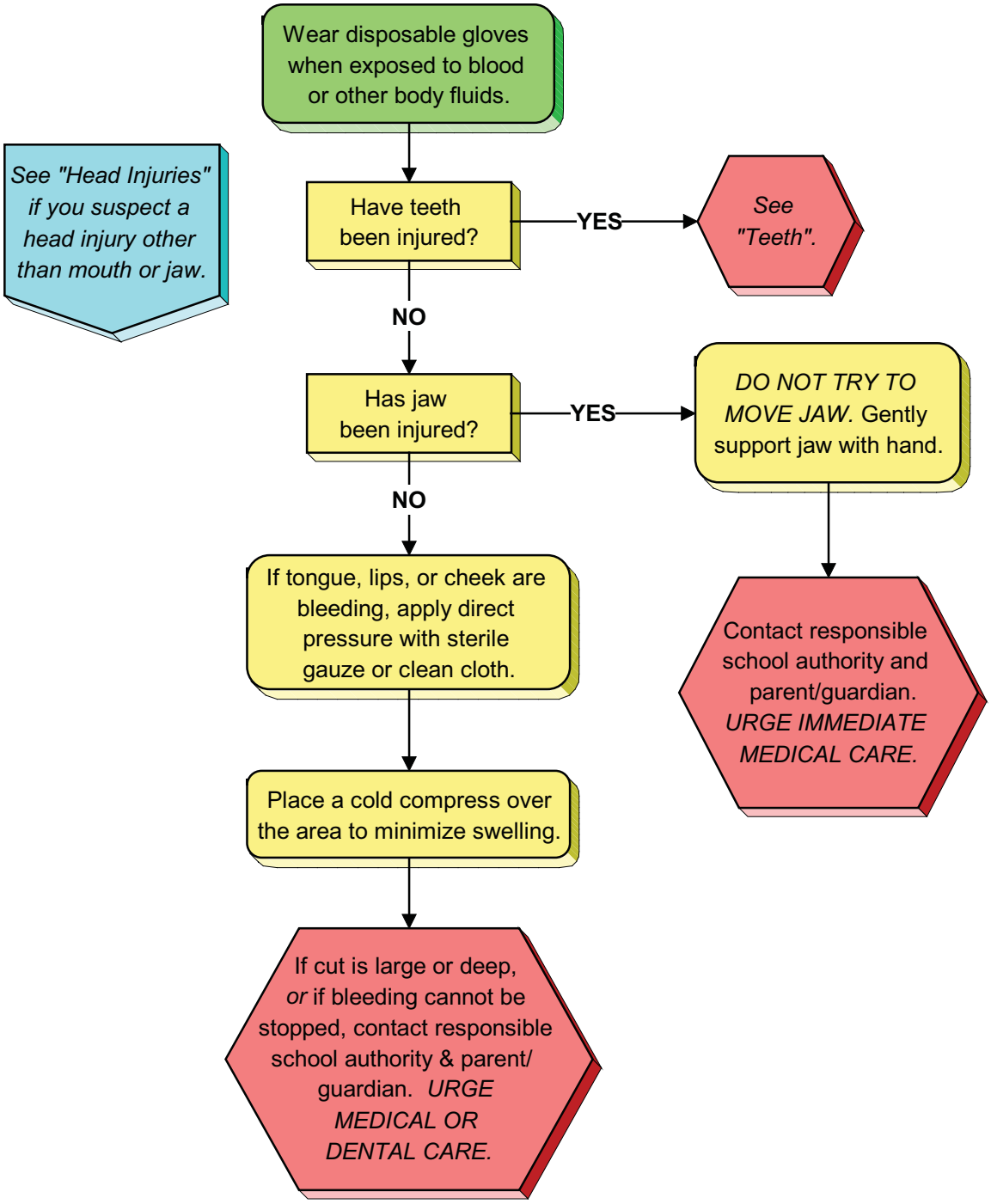
- **CALL EMS**.
- Give nothing by mouth.
- Continue to warm child with blankets.
- If child is sleepy or losing consciousness, place the child on his/her side to protect the airway.
- Look, listen and feel for breathing. If child stops breathing, see *CPR*

Contact responsible authority & parent/guardian. *Encourage medical care.*

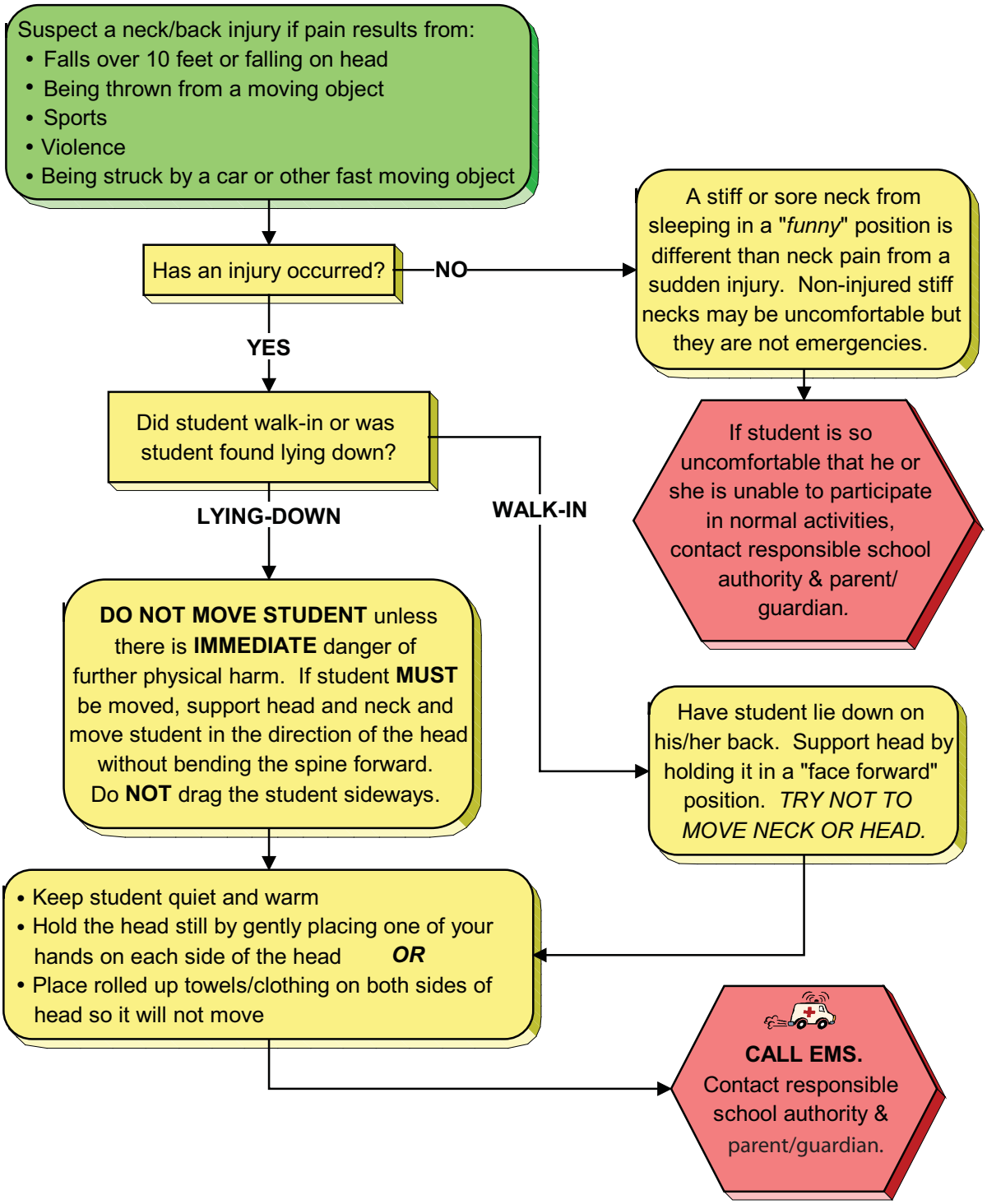
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK & BACK INJURIES



NOSE

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

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/guardian.

BROKEN NOSE

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

("NOSE" continued on next page.)

NOSE

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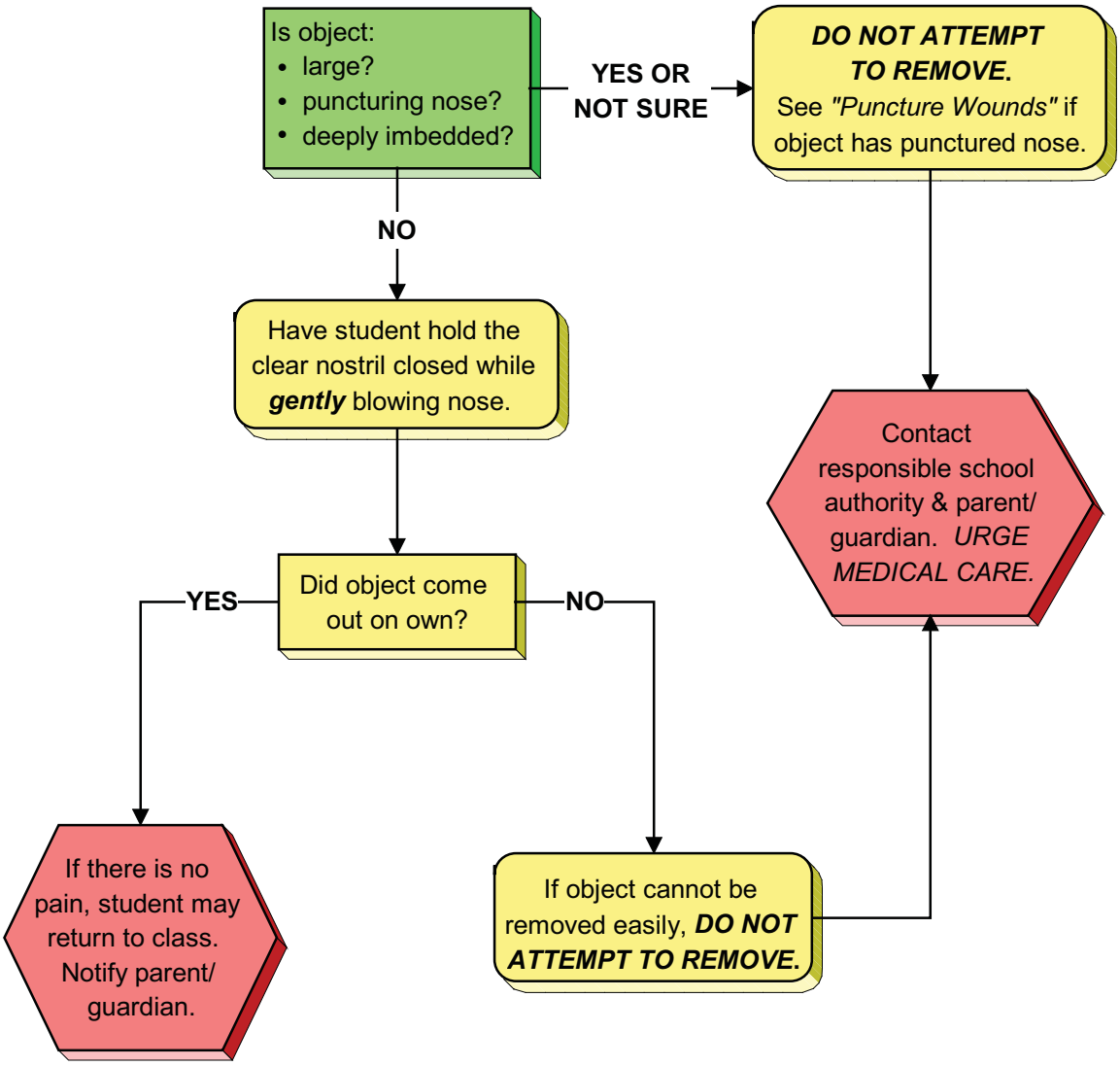
OBJECT IN NOSE



POISONING & OVERDOSE

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

- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Inhalants
- Fumes/gas/smoke
- Or if you are not sure

Possible warning signs of poisoning include:

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

Wear disposable gloves.
Check student's mouth.
Remove any remaining "poison".
If exposed to fumes/gas, move to fresh air. If skin exposed, brush off dry material, remove contaminated clothing, rinse with large quantities of soap and water.

If possible, find out:

- Age and weight of student.
- What the student swallowed or what type of "*poison*" it was.
- How much & when it was taken.

CALL THE POISON CONTROL CENTER, & follow instructions.
Phone # 1-800-222-1222

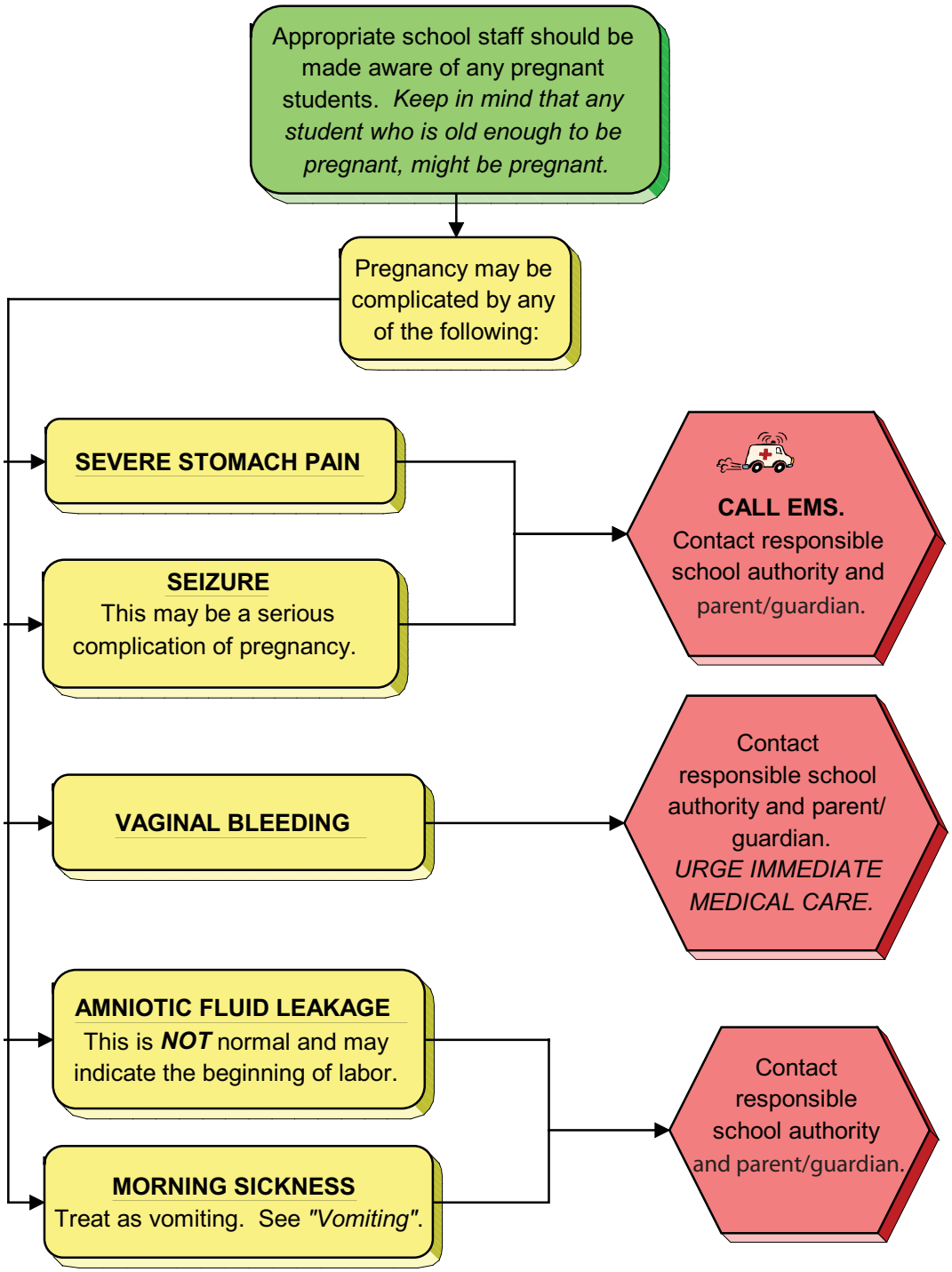
Do **NOT** induce vomiting or give anything **UNLESS** you are instructed to by poison control. With some poisons, vomiting can cause greater damage.
Do **NOT** follow the antidote label on the container; it may be incorrect.

If student becomes unconscious, place on his/her side. Look, listen and feel for breathing.
If child stops breathing, see "*CPR*".

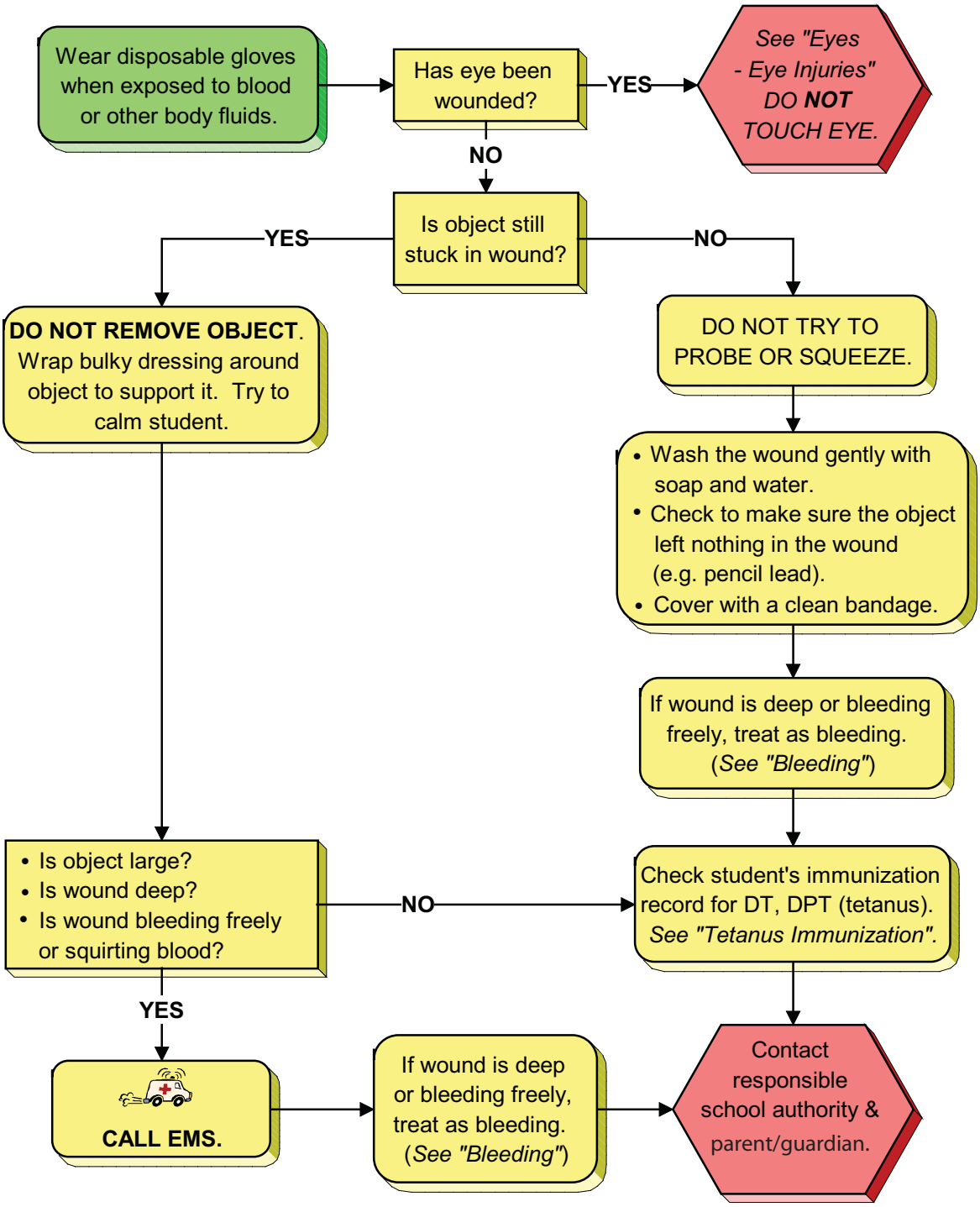
CALL EMS.
Contact responsible school authority & parent/guardian.

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

PREGNANCY


Appropriate school staff should be made aware of any pregnant students. *Keep in mind that any student who is old enough to be pregnant, might be pregnant.*
Pregnancy may be complicated by any of the following:
SEVERE STOMACH PAIN
SEIZURE
This may be a serious complication of pregnancy.
CALL EMS.
Contact responsible school authority and parent/guardian.
VAGINAL BLEEDING
Contact responsible school authority and parent/ guardian.
URGE IMMEDIATE MEDICAL CARE.
AMNIOTIC FLUID LEAKAGE
This is ***NOT*** normal and may indicate the beginning of labor.
MORNING SICKNESS
Treat as vomiting. See *"Vomiting"*.
Contact responsible school authority and parent/guardian.

PUNCTURE WOUNDS



RASHES

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

Some rashes may be contagious (*pass from one person to another*). Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

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

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

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

YES → **CALL EMS.** → Contact responsible school authority and parent/ guardian. → See *"Allergic Reaction"* and *"Communicable Disease"* for more information.

NO → If the following symptoms are present, contact responsible school authority & parent/ guardian. *URGE MEDICAL CARE.*

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

SEIZURES

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 staff. An emergency action plan should be developed containing a description of the onset, type, duration and aftereffects of the seizures.

If available, refer to student's emergency action plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation & safety.
- DO NOT RESTRAIN MOVEMENTS.
- Move surrounding objects to avoid injury.
- DO NOT PLACE ANYTHING BETWEEN THE TEETH or give anything by mouth.

Observe details of the seizure for parent/guardian, emergency personnel or physician. Note:

- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.

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

NO

After seizure, keep airway clear by placing student on his/her side. A pillow should not be used.

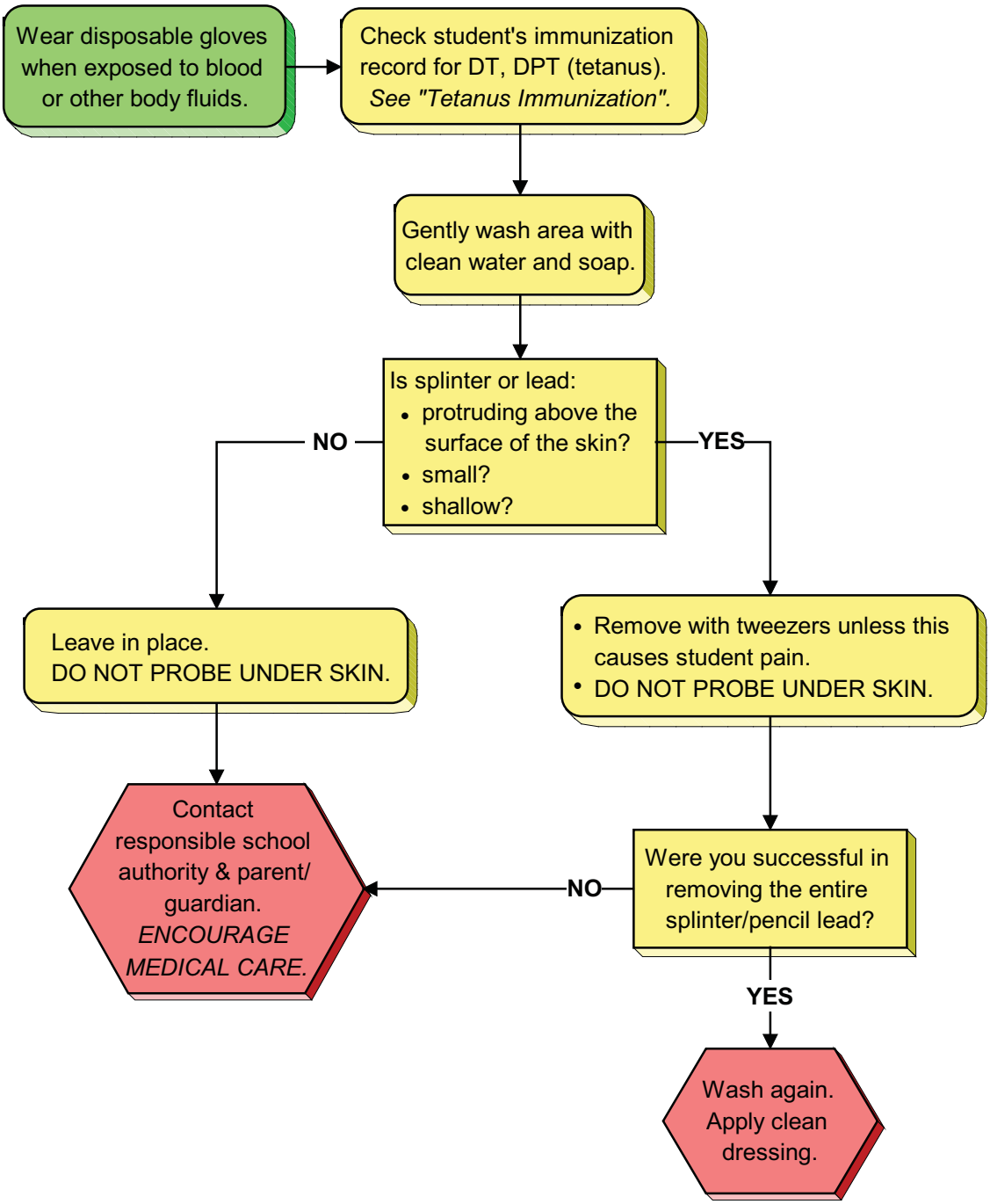
Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in all normal class activities.

YES

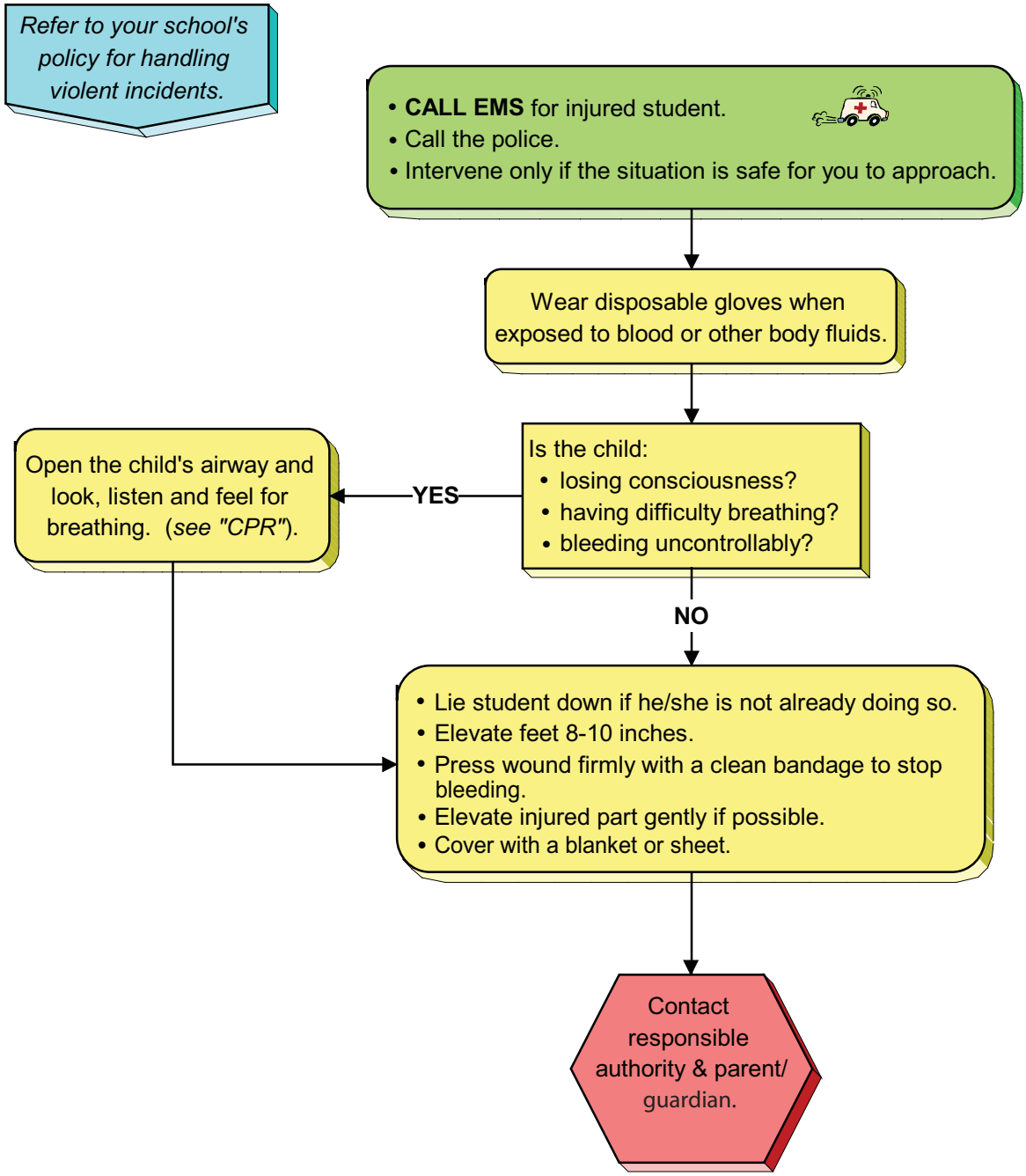
CALL EMS.

Contact responsible school authority & parent/ guardian.

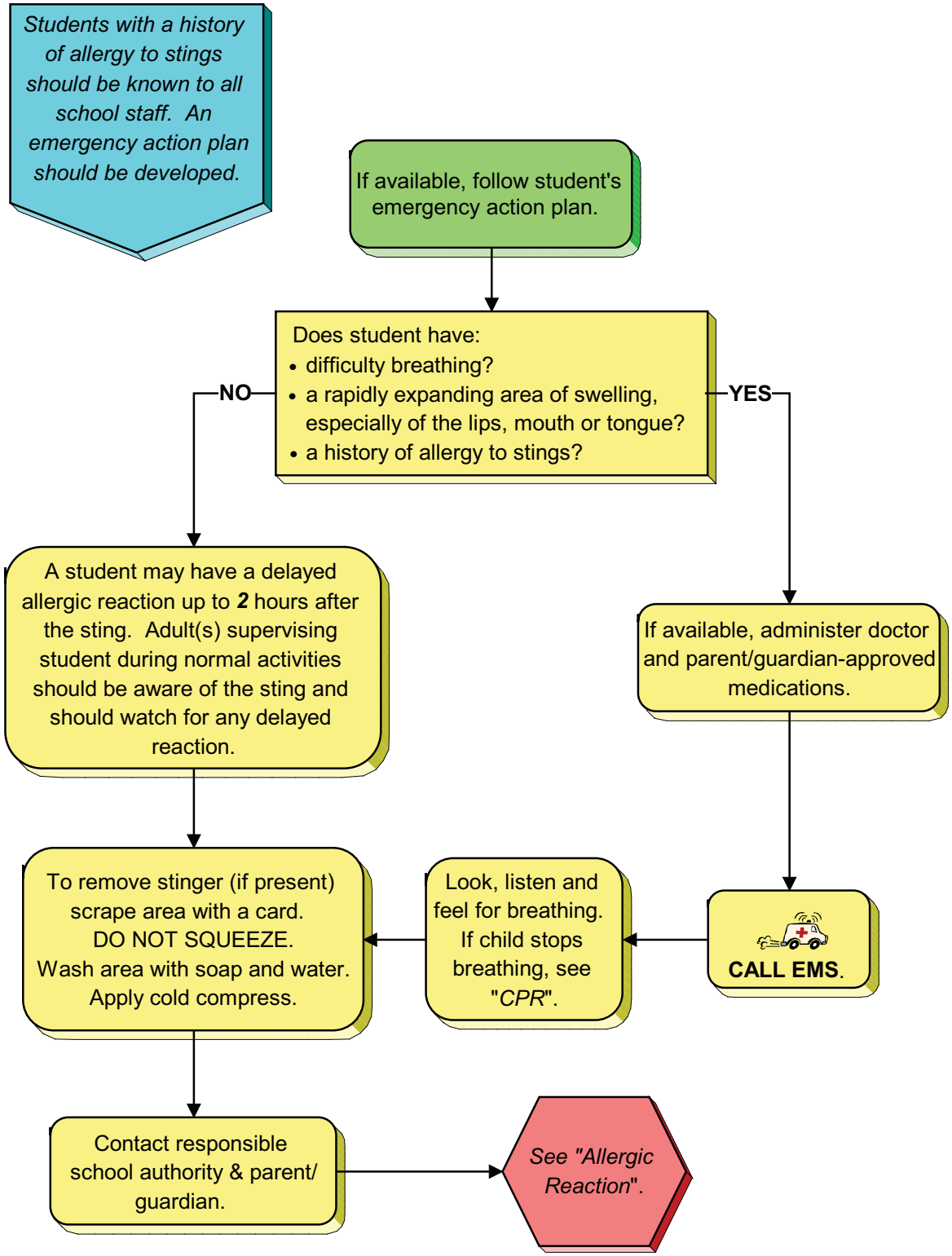
SPLINTERS OR IMBEDDED PENCIL LEAD



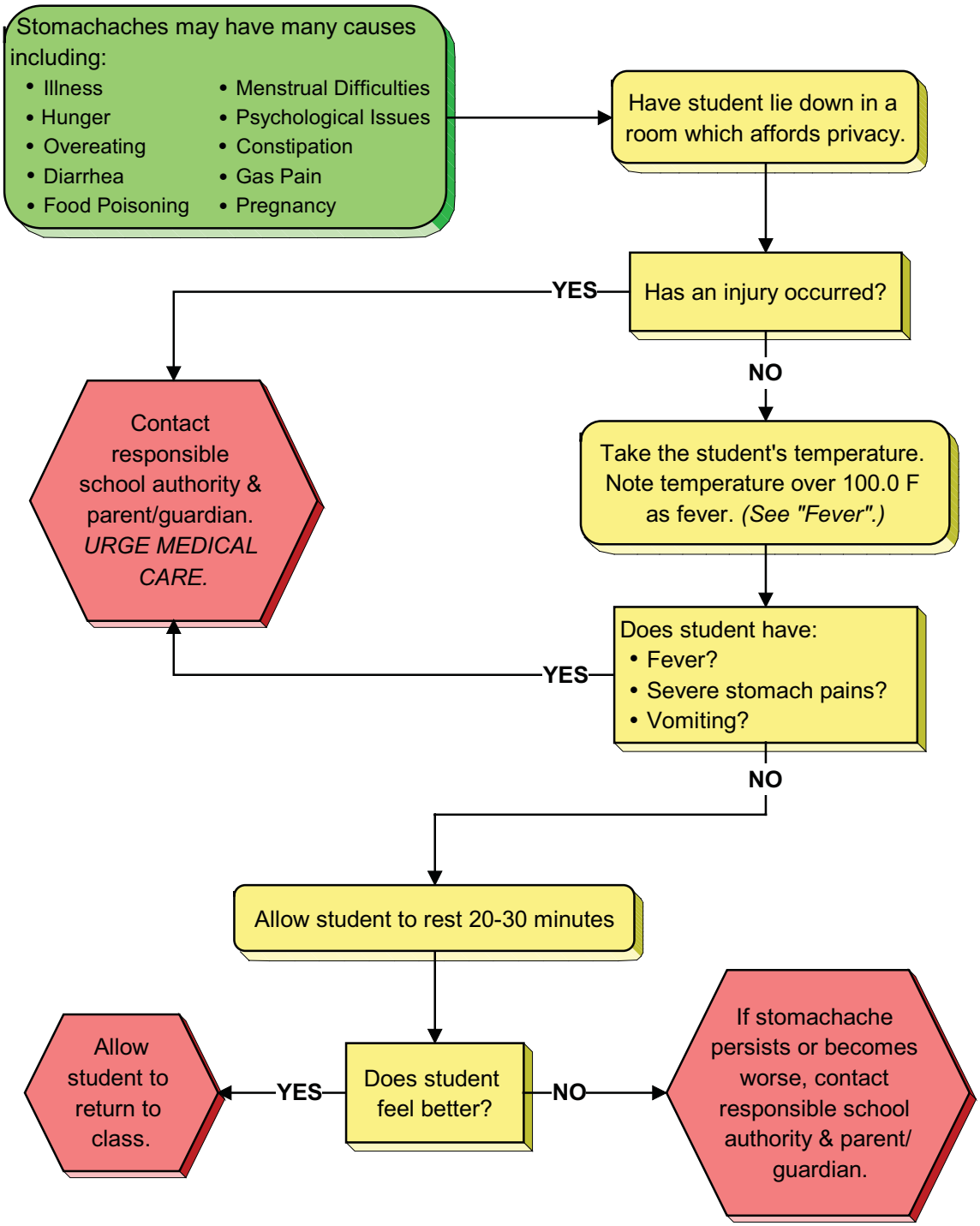
STABBING & GUNSHOT INJURIES



STINGS

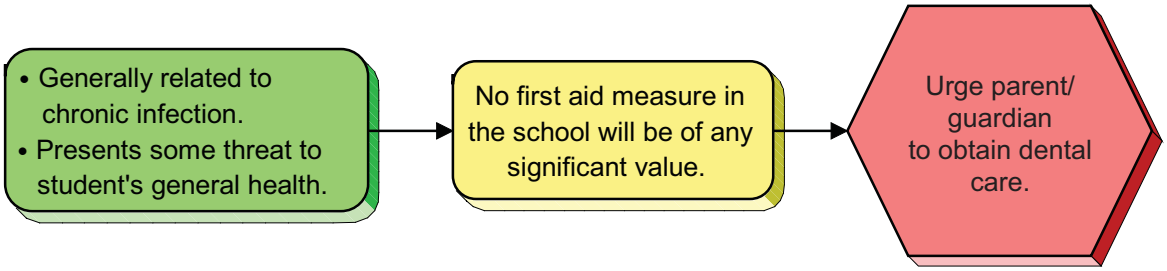

Students with a history of allergy to stings should be known to all school staff. An emergency action plan should be developed.
If available, follow student's emergency action plan.
Does student have:
• difficulty breathing?
• a rapidly expanding area of swelling, especially of the lips, mouth or tongue?
• a history of allergy to stings?
NO
YES
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.
If available, administer doctor and parent/guardian-approved medications.
To remove stinger (if present) scrape area with a card. DO NOT SQUEEZE. Wash area with soap and water. Apply cold compress.
Look, listen and feel for breathing. If child stops breathing, see "CPR".
CALL EMS.
Contact responsible school authority & parent/ guardian.
See "Allergic Reaction".

STOMACHACHES/PAIN

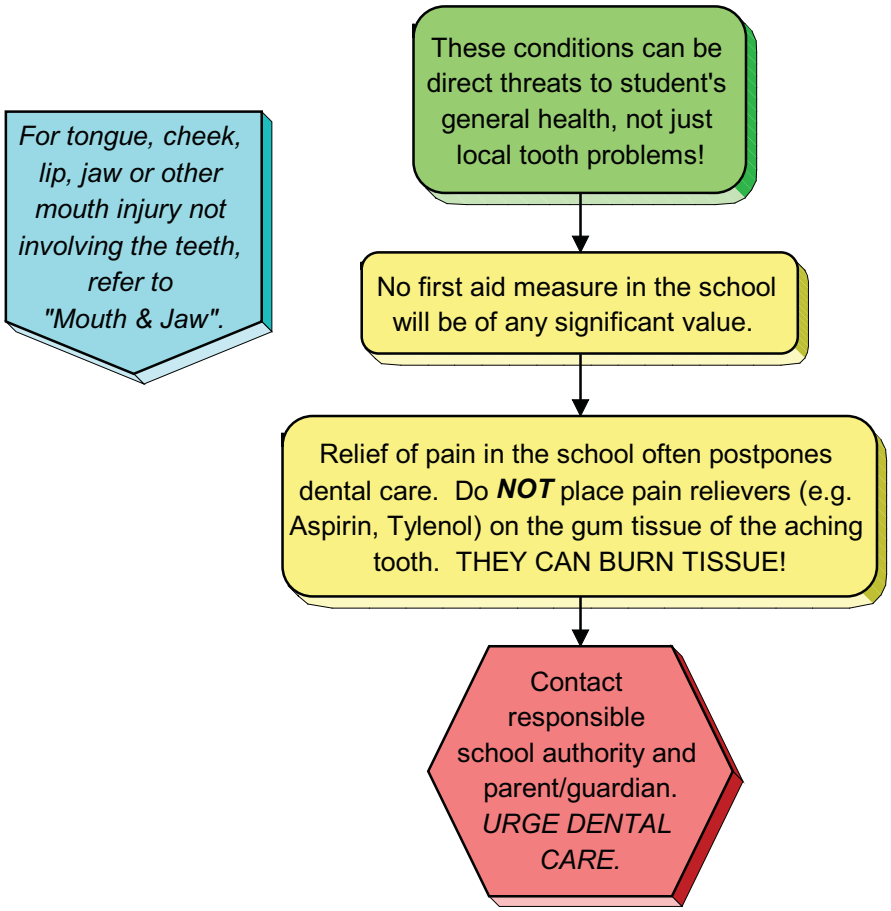


TEETH

BLEEDING GUMS



TOOTHACHE OR GUM BOIL



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TEETH

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DISPLACED TOOTH

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

→ Contact responsible school authority & parent/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.*
If permanent tooth (*within 15-20 minutes*):

1. place gently back in socket and have student hold it in place; ***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 skim or low fat milk. ***OR***
4. place in normal saline. ***OR***
5. have student spit in cup and place tooth in it. ***OR***
6. place in glass of water.

TOOTH MUST NOT DRY OUT.

→ Apply a cold compress to face to minimize swelling.

→ Contact responsible school authority & parent/guardian. **OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST WITHIN 60 MINUTES.**

TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, *even a minor one*. After any wound, check the student's immunization record for DT, DPT (tetanus) and notify parent/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.

TICKS

*Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. Do **NOT** handle ticks with bare hands.*

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

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

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

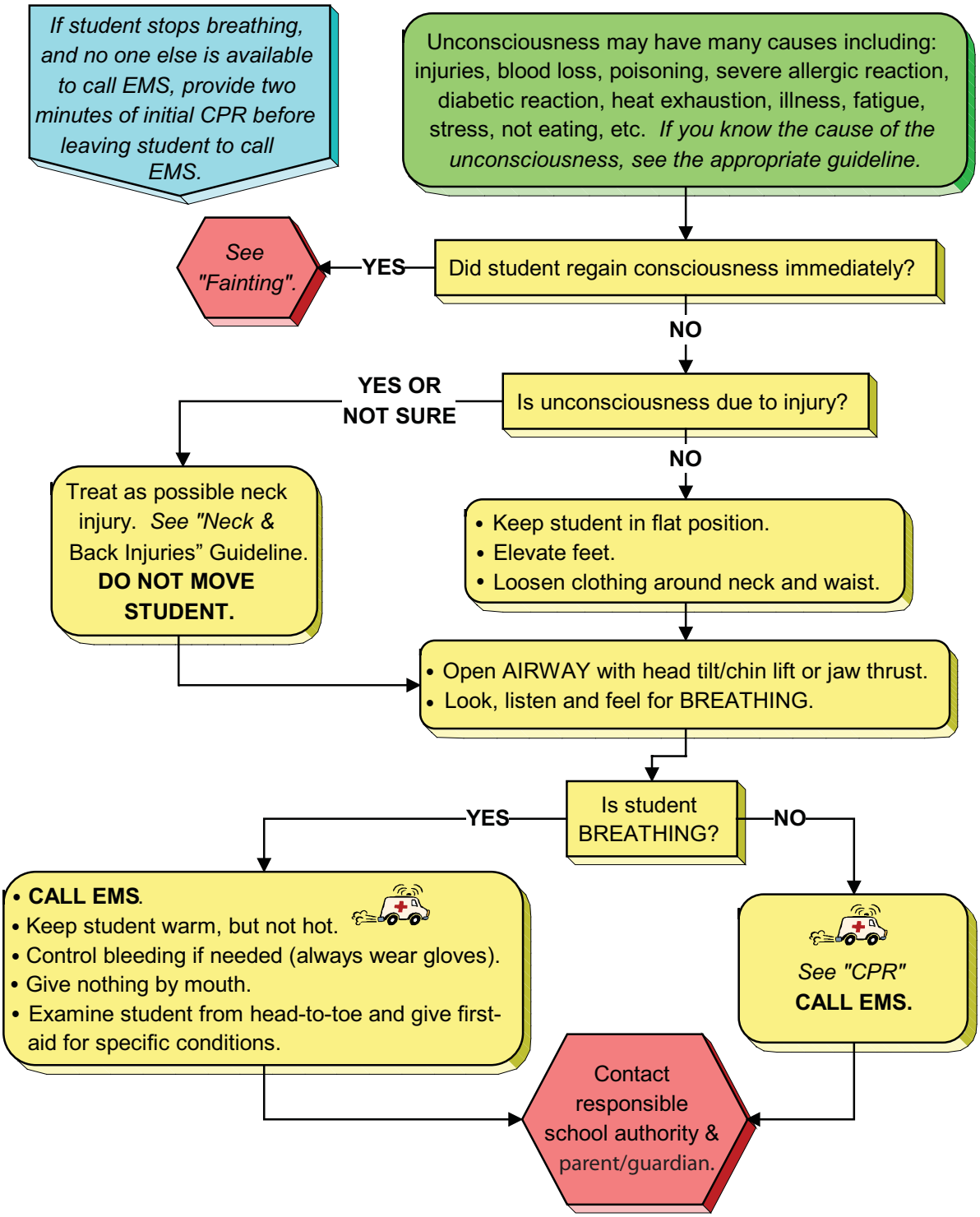
- Using a tweezer, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- Do **NOT** twist or jerk the tick as this may cause the mouth parts to break off. It is important to remove the ENTIRE tick.
- Take care not to squeeze, crush, or puncture the body 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 sterile adhesive or Band-Aid type dressing.

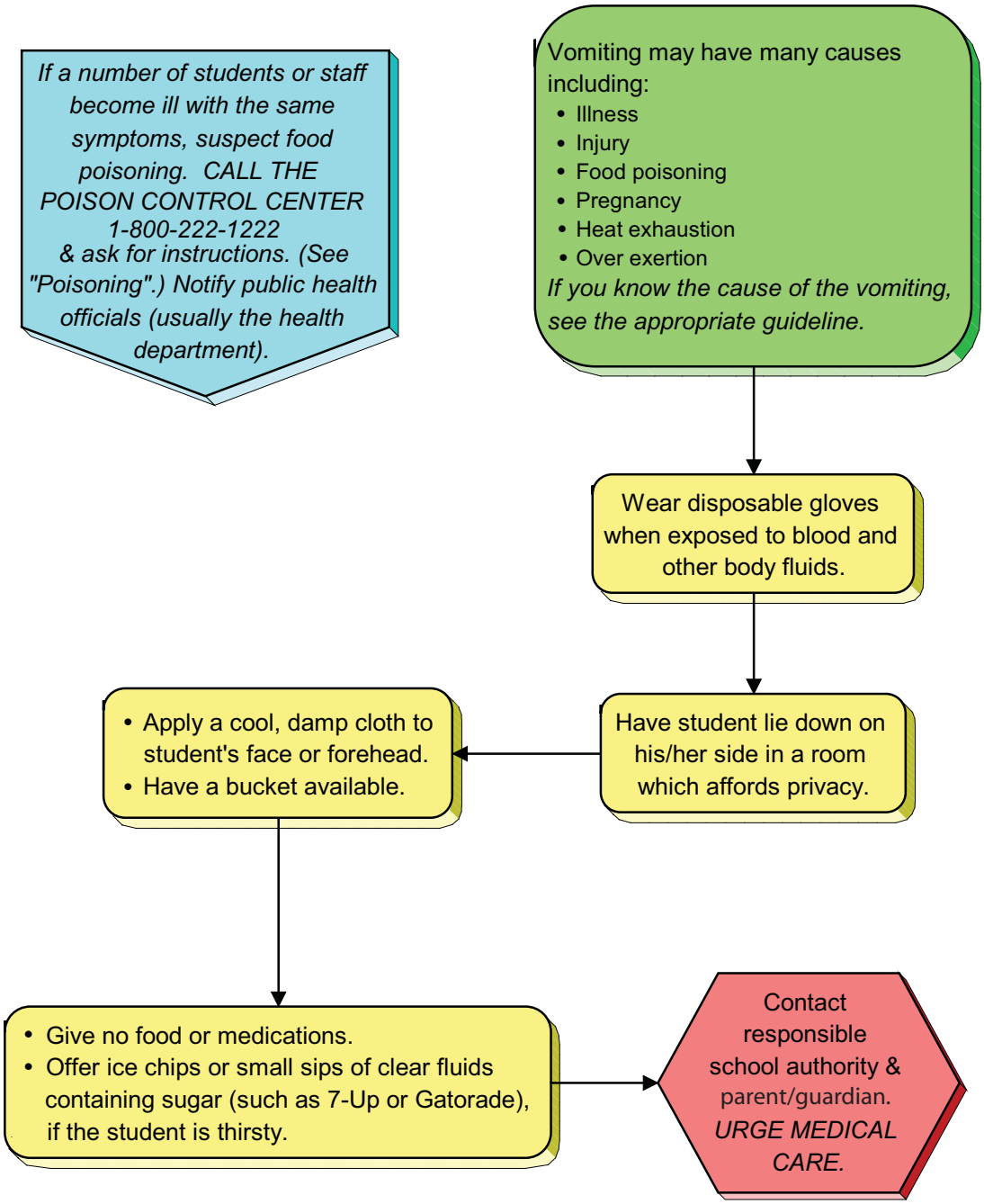
Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.

Contact parent/guardian.

UNCONSCIOUSNESS



VOMITING


If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL THE POISON CONTROL CENTER 1-800-222-1222 & ask for instructions. (See "Poisoning".) Notify public health officials (usually the health department).
Vomiting may have many causes including:
• Illness
• Injury
• Food poisoning
• Pregnancy
• Heat exhaustion
• Over exertion
If you know the cause of the vomiting, see the appropriate guideline.
Wear disposable gloves when exposed to blood and other body fluids.
Have student lie down on his/her side in a room which affords privacy.
• Apply a cool, damp cloth to student's face or forehead.
• Have a bucket available.
• Give no food or medications.
• Offer ice chips or small sips of clear fluids containing sugar (such as 7-Up or Gatorade), if the student is thirsty.
Contact responsible school authority & parent/guardian. URGE MEDICAL CARE.

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES

Current American Red Cross First Aid Manual or equivalent guidelines

Covered waste receptacle with disposable liners

Sink with running water

Cot with waterproof cover

Washable blankets, pillows, pillow cases (disposable covers are available)

Wash cloths, hand towels, portable basin, emesis basins

Bandage scissors, tweezers

Digital or electronic thermometers with disposable thermometer covers or single-use thermometers

Hot water bottle (heating pads not recommended)

Disposable supplies:

- Sterile cotton tipped applicators, individually packaged
- Sterile adhesive bandages, individually packaged
- Cotton balls
- Sterile gauze squares (2”x 2”; 3”x 3”), individually packaged
- Adhesive tape (1” tape), paper tape recommended
- Gauze roller bandage (1” and 2” widths)
- Cold packs or compresses
- Triangular bandage for sling
- Tongue blades, individually wrapped
- 70% Isopropyl alcohol for use with thermometer
- Safety pins
- Liquid soap
- Paper towels
- Disposable facial tissues
- Eye wash bottle
- Disposable gloves (latex or vinyl, if latex allergy is possible)
- Hank’s Balanced Salt Solution (Save-A-Tooth) Kit, or 1/3 cup of powdered milk for mixing with water for dental first aid
- Bleach for cleaning solutions and sprays (mix 1:100 with water)
- Splints, long and short
- Sanitary Napkins
- Pocket mask/fact shield for CPR
- Flashlight with spare bulb and batteries
- One ounce emergency supply of Ipecac (dated) to be used only under the direction of the Poison Control Center

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update as needed. Copy and post near all phones. Each building/facility should update this information at least annually.

EMERGENCY PHONE NUMBERS: **911 or** _____

Name of Emergency Medical Service: _____

Average emergency response time to your building/facility: _____

Directions to your building/facility: _____

_____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP!

- Name and school/facility name
- Nature of emergency
- School/facility telephone number _____
- Address and easy directions, including best entrance to use
- Exact location of injured person (e.g., behind building in parking lot)
- Type of injury/condition suspected (e.g., head or neck injury, shock, etc.)
- Help already given to victim (e.g., epinephrine, CPR, AED, etc.)
- Ways to find the entrance easily (someone standing out front, flag pole, etc.)

OTHER IMPORTANT PHONE NUMBERS

School nurse	_____
Responsible administrator	_____
Poison Control Center	_____
Emergency/Disease Reporting	_____
Fire Department	**911 or** _____
Police	**911 or** _____
Hospital or Nearest Emergency Facility	_____
County Family Services Division/Child	_____
Protective Services	_____
Local Health Agency	_____
Child Abuse Hotline	_____
Sexual Assault Hotline	_____
Domestic Violence Hotline	_____
School Violence Hotline	_____
Other	_____

EMERGENCIES HAPPEN

Being Prepared Saves Lives

3 Steps to Prepare for an Emergency

1. Create a plan

Families may not be together when emergencies strike. Make sure to have current contact information on file for parents or guardians of individuals in your care. Be sure to obtain doctor's names, health insurance and any special medical information. It is also a good idea to collect contact information of a nearest relative in the event the parent or guardian is unavailable.

Families should plan how they will stay in contact if they are separated by a disaster. They should choose two meeting places, a reunion location should be a safe distance from their home and an alternative location should be a place outside their neighborhood. They should also choose an out-of-town friend or family member as a contact for everyone to call. Designating a safe room in their home if they must stay for several days is also recommended. Families should also designate a place where their family will be able to stay for a few days in case they are asked to evacuate. Family members should know and discuss these plans.

2. Prepare an emergency kit

The following items should be part of an emergency kit and kept in a container that can be easily carried. Consider placing an emergency kit in each room of your facility.

- ❑ Prescription medicine
- ❑ Clean clothes and sturdy shoes
- ❑ Extra credit card
- ❑ Extra money
- ❑ Sturdy trash bags
- ❑ Formula and baby food if there is an infant in your home
- ❑ Flashlight
- ❑ Bottled water (One gallon of water per person per day, to last three days.)
- ❑ Canned or dried food (A three-day supply of non-perishable food items for each person. Remember a manual can opener.)
- ❑ Battery-powered radio
- ❑ Extra batteries for radio and flashlight
- ❑ First-aid kit

3. Listen for information

Listen for information about what to do and where to go during an emergency. City, county, and state officials have developed emergency plans. During an emergency, it is important to follow their instructions and advice.