EMERGENCY GUIDELINES FOR EARLY CHILDHOOD PROGRAMS

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

Missouri Department of Health and Senior Services, 2007
Guidelines for helping an ill or injured child when a health consultant is not available.
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). These guidelines have been revised for use in Missouri early childhood programs.

The booklet is being made available by the Department of Health and Senior Services, Injury and Violence Prevention Program and the Missouri Head Start-State Collaboration Office at the Center for Family Policy and Research.

The emergency guidelines are meant to serve as basic “what to do in an emergency” information for facility staff without medical/nursing education when a health consultant is not available. It is recommended that staff who are in a position to provide first-aid to children 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 child care facility, or the state of Missouri. Please check with your health 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 facility policy for reporting suspected abuse and calling the Child Abuse Hot Line, 1-800-392-3738.

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 children with special health care 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 child care facilities.

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

Please check with your health consultant if you have any questions concerning the recommendations contained in the guidelines.
KEY TO SHAPES & COLORS

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

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Start here.

Provides first-aid instructions.

A question is being asked. You will have a choice based on the child'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.
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 for 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, the child's health care provider and/or according to an individualized emergency action or health care plan.

Do NOT move a severely injured or ill child 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 child, 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 child.

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

An incident report should be completed on all serious injuries, according to 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 child, whether or not the child 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 child (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 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 child in a double-bagged plastic bag.
8. Do not eat, or touch your mouth or eyes, while giving any first aid.

Guidelines for children:
Children should be taught basic handwashing, to wash hands before eating and after toileting, as well as encouraged to wash them any other time when appropriate. Frequent handwashing reduces the spread of illness and infection.

Child care 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, teachers, aides, custodians, etc.). The 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 CHILDREN WITH SPECIAL NEEDS

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

**Medical Conditions:**

Some children 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 health consultant along with the child’s parent/guardian and personal physician, should develop an individual emergency action plan for these children upon enrollment. The plans should be made available to appropriate staff at all times. In an emergency for this child, refer to this individualized plan (see individual conditions for resources for plans).

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 health care plans. The form can be downloaded from [www.aap.org](http://www.aap.org) or [www.acep.org](http://www.acep.org).

**Physical Abilities:**

Other children in your 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 children will need special arrangements in the event of a facility-wide emergency (i.e., fire, tornado, evacuation, etc.). These arrangements should be part of the child’s individualized healthcare plan. A responsible person should be designated to assist these children to safety. All appropriate staff should be aware of this plan.
Children with life-threatening allergies should be known to all staff. An emergency action plan should be developed for these children.*

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
- Flushed face
- Dizziness
- Blue face
- Confusion
- Difficulty breathing
- Seizures
- Drooling or difficulty swallowing
- Weakness
- Loss of consciousness
- Paleness

Symptoms of a mild allergic reaction include:
- Red, watery eyes
- Itchy, sneezing, runny nose

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

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

- YES
  - If available, refer to child’s emergency action plan.
  - Administer doctor and parent/guardian-approved medication, if available.
  - CALL EMS.
  - Contact responsible authority & parent/guardian.
  - Look, listen and feel for breath. If child stops breathing, see “CPR”

- NO
  - If child is so uncomfortable that he/she is unable to participate in regular activities, contact responsible authority & parent/guardian.

*For sample emergency action plan for severe allergic reactions, see http://www.aaaai.org/members/resources/anaphylaxis_toolkit/action_plan.pdf
Children with a history of breathing difficulties, including asthma/wheezing, should be known to appropriate staff. An asthma action plan should be developed.* Staff in a position to administer approved medications should receive instruction.

A child 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 child’s asthma action plan.

Does the child have doctor and parent/guardian approved medication?

Encourage the child 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?

Contact responsible authority & parent/guardian.

CALL EMS.

*For information regarding Asthma Action Plans and other resources, see www.dhss.mo.gov, Topics A-Z, Asthma, Publications, for Missouri School Asthma Manual.
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 child should be seen by a health care provider to determine the cause.

Contact responsible authority and parent/guardian.

Refer to your facility’s policy for addressing behavioral emergencies. Behavioral or psychological emergencies may take many forms (e.g. depression, anxiety/panic, phobias, destructive or assaultive behavior, etc.). Intervene only if the situation is safe for you.

Does child have visible injuries?

YES

See appropriate guideline to provide first aid. CALL EMS if any injuries require immediate care.

NO
Wear disposable gloves when exposed to blood or other body fluids. 

Wash the bite area with soap & water. 

Press firmly with a clean dressing. See "Bleeding". 

Check child's immunization record for DPT (tetanus). See "Tetanus". 

Bites from the following animals can carry rabies and may need medical attention:
- dog
- opossum
- bat
- skunk
- raccoon
- fox
- coyote
- cat

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

If bite is from a snake, hold the bitten area still and below the level of the heart. Call the POISON CONTROL CENTER 1-800-222-1222.

Contact responsible authority & parent/guardian.

Parents/guardians of the child who was bitten and the child who was biting should be notified that their child may have been exposed to blood from another child.

Report bite to proper authorities, usually the health department, so that the animal can be caught & watched for rabies.

Is bite from an animal or human? 

Is bite large or gaping? 
- Is bleeding uncontrollable?

CALL EMS
BLEEDING

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

Is there continued uncontrollable bleeding?

- If wound is gaping, child may need stitches. Contact responsible authority & parent/guardian. URGE MEDICAL CARE.

CALL EMS

Check child’s immunization record for DPT (tetanus).

Contact responsible authority & parent/guardian.

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.

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 child.
BLISTERS (FROM FRICTION)

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

Wash area with soap and water.

Is blister broken?

Apply clean dressing and bandage to prevent further rubbing.

DO NOT BREAK BLISTER. Blisters heal best when kept clean and dry.

If infection is suspected, contact responsible authority & parent/guardian.
If child comes to child care 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 child in great pain?

- Yes
  - Contact responsible authority & parent/guardian.
- No
  - 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 child comes to child care 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 child so there are not two victims exposed to the source of the burn.

What type of burn is it?

ELECTRICAL

HEAT

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.

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

CALL THE POISON CONTROL CENTER while flushing burn & ask for instructions. Phone # 1-800-222-1222

CALL EMS.

Chemical

Wear gloves and if possible, goggles. Remove child'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.

Check child's immunization record for DPT (tetanus). (See "Tetanus Immunization").

Cover/wrap burned part loosely with a clean dressing.

Contact responsible authority & parent/guardian.

YES

NO

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- Is child unconscious?
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CALL THE POISON CONTROL CENTER while flushing burn & ask for instructions. Phone # 1-800-222-1222

CALL EMS.

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Wear gloves and if possible, goggles. Remove child'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.

Check child's immunization record for DPT (tetanus). (See "Tetanus Immunization").

Cover/wrap burned part loosely with a clean dressing.

Contact responsible authority & parent/guardian.
GUIDELINES FOR CARDIOPULMONARY RESUSCITATION (CPR)

Every 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 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 consultants. 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.

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 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 facility staff are required to report suspected child abuse and neglect to the State Child Abuse Hotline (1-800-392-3738). Refer to your own 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 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.

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

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

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 who has a communicable disease. Following, are some general guidelines.

*Refer to your facility’s exclusion policy for ill students.

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

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

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 authority and parent/guardian.

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

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)

- Use wet gauze to wash the wound gently with clean water and soap in order to remove dirt.
- Wear disposable gloves when exposed to blood or other body fluids.
- Is the wound: large? deep? bleeding freely?
- Check child’s immunization record for DPT. (See “Tetanus”)
- Contact responsible authority & parent/guardian.
- Rinse under running water.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering/non-sticking type for scrapes) and bandage.

See “Bleeding”.
A child 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 child 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 child’s emergency action plan.

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

Follow child’s emergency action plan, if available, OR
Give the child "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 child should begin to improve within 10 minutes. Continue to watch the child in a quiet place. Re-check blood sugar.

Is child improving?

Contact responsible authority & parent/guardian.

CALL EMS. If child is unconscious, see "Unconsciousness".

*For Diabetes Emergency Action Plans and other resources, see www.dhss.mo.gov, Topics A-Z, Diabetes, Publications, for Diabetes Management in the School setting.
DIARRHEA

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

A child may be sent to the office because of repeated diarrhea, or after an "accident" in the bathroom.

- Allow the child to rest if experiencing any stomach pain.
- Give the child water to drink.

Contact responsible authority & parent/guardian and urge medical care if:
- the child has continued diarrhea (2 or more times).
- the child has a fever. (See "Fever").
- blood is present in the stool.
- the child is dizzy and pale.
- the child has severe stomach pain.

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

DRAINAGE FROM EAR

Do NOT try to clean out ear.

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

EARACHE

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

OBJECT IN EAR CANAL

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

Did object come out on its own?

If there is no pain, the child may return to class. Notify the parent/guardian.

YES

Gently tilt head toward the affected side.

NO

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

YES OR NOT SURE

DO NOT ATTEMPT TO REMOVE.

NO

DO NOT ATTEMPT TO REMOVE OBJECT.
ELECTRIC SHOCK

• TURN OFF POWER SOURCE, IF POSSIBLE.
• DO NOT TOUCH CHILD UNTIL POWER SOURCE IS SHUT OFF.
• Once power is off and situation is safe, approach the child and ask, "Are you okay?"

Is child unconscious or unresponsive?

Yes

Send someone to CALL EMS.

Keep airway clear. Look, listen & feel for breath. If child is not breathing, see "CPR".

Contact responsible authority & parent/guardian.

No

Treat any burns. See "Burns".

Contact responsible authority & parent/guardian.

URGE MEDICAL CARE.

If no one else is available to call EMS, perform CPR first for two minutes, and then call EMS yourself.
EYECARE

EYE INJURY:

- Keep the child 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 child from rubbing, BUT DO NOT TOUCH EYE OR PUT ANY PRESSURE ON EYE.

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

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

("EYES" continued on next page.)
EYES

PARTICLE IN EYE:

- Keep child from rubbing eye.

  - If necessary, lay child 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 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.

Contact responsible authority and parent/guardian.

If eye has been burned by chemical, CALL EMS.
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 child lie down to prevent injury from falling:
- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

Most children who faint will recover quickly when lying down. If the child does not regain consciousness immediately, see "Unconsciousness".

- Is fainting due to injury?
- Did child injure self when he/she fainted?

If child feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

• Keep airway clear and monitor breathing.
• Keep child 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?

If child feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Contact responsible authority & parent/guardian.

Keep child lying down. Contact responsible authority & parent/guardian. URGE MEDICAL CARE.

Treat as possible neck injury. See "Neck & Back Pain". DO NOT MOVE CHILD.

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

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

YES OR NOT SURE

YES

Contact responsible authority & parent/guardian.

NO

NO

YES

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

Keep airway clear and monitor breathing.
• Keep child 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?

If child feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Contact responsible authority & parent/guardian.

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

Keep airway clear and monitor breathing.
• Keep child 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?

If child feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Contact responsible authority & parent/guardian.
FEVER & NOT FEELING WELL

Fever may be first sign of a communicable disease. Look for other signs of illness.

Take the child’s temperature, if possible. Note temperature over 100.0 F as fever.

Have the child lie down in a room which affords privacy.

Give no medication, unless previously authorized.

Exclude from facility per health policy.

Contact responsible authority and parent/guardian.
FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS

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

- If neck or back injury suspected, do NOT move (see Neck and Back Injuries)
- Is bone deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?

CALL EMS.

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

After period of rest, re-check the injury.
- Is pain gone?
- Can child move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has sensation returned to injured area?

Contact responsible authority and parent/guardian.

If discomfort is gone after period of rest, allow child to return to classroom.

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

- Keep child warm and affected part covered.

NO

- Keep child and affected body part warm.

Contact responsible authority & parent/guardian. Encourage medical care.
If headache persists, contact parent/guardian. URGE MEDICAL CARE.

Have child 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 child's head.

- Is headache severe?
- Are other symptoms, such as vomiting, fever (See "Fever"), blurred vision or dizziness present?

  NO → If headache persists, contact parent/guardian.

  YES → Contact parent/guardian. URGE MEDICAL CARE.
Many head injuries that happen in early childhood are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, activities and violence may be serious. If head is bleeding, see "Bleeding".

If child 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 child rest, lying flat.
- Keep child quiet & warm.

Is child vomiting?

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

Watch child closely. **DO NOT LEAVE CHILD ALONE.**

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

**CALL EMS.**

Look, listen & feel for breathing. If child stops breathing, see "CPR".

Give nothing by mouth. Contact responsible authority & parent/guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.

Even if child was only briefly confused & seems fully recovered, contact responsible authority & parent/guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.
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

Are any of the following happening:
- hot, dry red skin?
- vomiting?
- confusion?

NO

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

Contact responsible authority & parent/guardian.

YES

Is child unconscious or losing consciousness?

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".

NO

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

CALL EMS.
Contact responsible authority & parent/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 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

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

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?

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.
MOUTH & JAW INJURIES

Has jaw been injured?
- Wear disposable gloves when exposed to blood or other body fluids.
- Gently support jaw with hand.

Have teeth been injured?
- If tongue, lips, or cheek are bleeding, apply direct pressure with sterile gauze or clean cloth.
- If cut is large or deep, or if bleeding cannot be stopped, contact responsible authority & parent/guardian. URGE MEDICAL OR DENTAL CARE.

See "Head Injuries" if you suspect a head injury other than mouth or jaw.
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 other fast moving object

Has an injury occurred? NO

YES

Did child walk in or was child found lying down?

LYING DOWN

DO NOT MOVE CHILD unless there is IMMEDIATE danger of further physical harm. If child MUST be moved, support head and neck and move child in the direction of the head without bending the spine forward. Do NOT drag the child sideways.

- Keep child quiet and warm
- Hold the head still by gently placing one of your hands on each side of the head OR
- Place rolled up towels/clothing on both sides of head so it will not move

CALL EMS.
Contact responsible authority & parent/guardian.

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

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

Have child lie down on his/her back. Support head by holding it in a "face forward" position. TRY NOT TO MOVE NECK OR HEAD.
NOSE

NOSEBLEED

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

Place child 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 authority & parent/guardian.

BROKEN NOSE

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

("NOSE" continued on next page.)
NOSE

OBJECT IN NOSE

Is object:
• large?
• puncturing nose?
• deeply imbedded?

YES OR NOT SURE

DO NOT ATTEMPT TO REMOVE.
See "Puncture Wounds" if object has punctured nose.

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

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

Did object come out on own?

YES

If there is no pain, child may return to classroom. Notify parent/guardian.

NO

If object cannot be removed easily, DO NOT ATTEMPT TO REMOVE.

NO

YES
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 child’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 child’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 child.
- What the child 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

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

CALL EMS.
Contact responsible authority & parent/guardian.

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

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

Has eye been wounded?

Is object still stuck in wound?

DO NOT REMOVE OBJECT. Wrap bulky dressing around object to support it. Try to calm the child.

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

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

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.

If wound is deep or bleeding freely, treat as bleeding. (See "Bleeding")

Check child’s immunization record for DPT (tetanus). See "Tetanus Immunization".

Contact responsible authority & parent/guardian.

See “Eyes - Eye Injuries”

DO NOT TOUCH EYE.

CALL EMS.

If wound is deep or bleeding freely, treat as bleeding. (See "Bleeding")
RASHES

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 child needs medical care. Does child have:
- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

If the following symptoms are present, contact responsible 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.
- Child is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in regular activities.

CALL EMS.

Contact responsible authority and parent/guardian.

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

Rashes may have many causes, including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.
Seizures are often followed by sleep. The child may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the child should be encouraged to participate in all normal classroom 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.)

If child 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.

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

A child 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.

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

Contact responsible authority & parent/guardian.

If available, refer to child’s emergency action plan.*

*For resources regarding emergency action plans for a child with a seizure disorder, go to www.efa.org then click on Programs, then School Nurse Training, then Seizure Action Plans.
SPLINTERS OR IMBEDDED PENCIL LEAD

1. Check child's immunization record for DPT (tetanus). See "Tetanus Immunization".
2. Gently wash area with clean water and soap.
3. Is splinter or lead:
   - protruding above the surface of the skin?
   - small?
   - shallow?
4. Leave in place. DO NOT PROBE UNDER SKIN.
5. If NO:
   - Contact responsible authority & parent/guardian. ENCOURAGE MEDICAL CARE.
6. If YES:
   - Remove with tweezers unless this causes the child pain.
   - DO NOT PROBE UNDER SKIN.
7. Were you successful in removing the entire splinter/pencil lead?
   - If NO:
     - Wash again. Apply clean dressing.
   - If YES:
     - Apply clean dressing.
STABBING & GUNSHOT INJURIES

CALL EMS for injured person.
- Call the police.
- Intervene only if the situation is safe for you to approach.

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

Open the person’s airway and look, listen and feel for breathing. (see “CPR”).

Is the person:
- losing consciousness?
- having difficulty breathing?
- bleeding uncontrollably?

YES

Contact responsible authority & parent/guardian.

NO

- Lie person down if he/she is not already doing so.
- Elevate feet 8-10 inches.
- Press wound firmly with a clean bandage to stop bleeding.
- Elevate injured part gently if possible.
- Cover with a blanket or sheet.

Refer to your facility’s policy for handling violent incidents.
Does child have:
- difficulty breathing?
- a rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- a history of allergy to stings?

If available, follow child's emergency action plan.*

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

To remove stinger (if present) scrape area with a card. DO NOT SQUEEZE. Wash area with soap and water. Apply cold compress.

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

CALL EMS.

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

Contact responsible authority & parent/guardian.

See "Allergic Reaction".

Children with a history of allergy to stings should be known to all staff. An emergency action plan should be developed.*

*For sample emergency action plan, see http://www.aaaai.org/members/resources/anaphylaxis_toolkit/action_plan.pdf
STOMACHACHES/PAIN

Stomachaches may have many causes including:
- Illness
- Hunger
- Overeating
- Diarrhea
- Food Poisoning
- Psychological Issues
- Constipation
- Gas Pain

Have the child lie down in a room which affords privacy.

Has an injury occurred?

Take the child's temperature. Note temperature over 100.0 F as fever. (See "Fever".)

Does child have:
- Fever?
- Severe stomach pains?
- Vomiting?

Allow child to rest 20-30 minutes.

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

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

Allow child to return to classroom.

Does child feel better?

YES

NO
TEETH

BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to child’s general health.

No first aid measure will be of any significant value.

Urge parent/guardian to obtain dental care.

TOOTHACHE OR GUM BOIL

These conditions can be direct threats to a child’s general health, not just local tooth problems!

No first aid measure will be of any significant value.

Relief of pain in the child care setting 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 authority and parent/guardian. URGE DENTAL CARE.

("TEETH" continued on next page)
TEETH

DO NOT try to move tooth into correct position.

Contact responsible authority and parent/guardian. OBTAIN EMERGENCY DENTAL CARE.

DISPLACED TOOTH

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 child hold it in place; OR
2. place in glass of skim or low fat milk. OR
3. place in normal saline. OR
4. have child spit in cup and place tooth in it. OR
5. place in glass of water.

TOOTH MUST NOT DRY OUT.

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

Apply a cold compress to face to minimize swelling.
Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the child’s immunization record for DPT (tetanus) and notify parent/guardian.

It is helpful to provide EMS personnel with the dates of the child’s DPT immunizations.
Children 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 facility'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 may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc. If you know the cause of the unconsciousness, see the appropriate guideline.

Did child regain consciousness immediately?

YES

See “Fainting”.

NO

Is unconsciousness due to injury?

YES OR NOT SURE

Treat as possible neck injury. See “Neck & Back Injuries” Guideline. DO NOT MOVE CHILD.

NO

Keep child in flat position.
• Elevate feet.
• Loosen clothing around neck and waist.

Open AIRWAY with head tilt/chin lift or jaw thrust.
• Look, listen and feel for BREATHING.

Is child BREATHING?

YES

CALL EMS.
• Keep child warm, but not hot.
• Control bleeding if needed (always wear gloves).
• Give nothing by mouth.
• Examine child from head-to-toe and give first-aid for specific conditions.

NO

Contact responsible authority and parent/guardian.

See “CPR” CALL EMS.

If child stops breathing, and no one else is available to call EMS, provide two minutes of initial CPR before leaving student to call EMS.
VOMITING

If a number of children 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
- 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 child lie down on his/her side in a room which affords privacy.

Apply a cool, damp cloth to child'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 child is thirsty.

Contact responsible authority and 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)
- Bleach for cleaning solutions and sprays (mix 1:100 with water)
- Splints, long and short
- 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 facility name
◆ Nature of emergency
◆ 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, etc.)
◆ Ways to find the entrance easily (someone standing out front, flag pole, etc.)

OTHER IMPORTANT PHONE NUMBERS

Health Consultant
Responsible Administrator
Poison Control Center
Emergency/Disease Reporting
Fire Department
Police
Hospital or Nearest Emergency Facility
County Family Services Division/Child Protective Services
Local Health Agency
Child Abuse Hotline
Sexual Assault Hotline
Domestic Violence Hotline
Other

__________________________________________
1-800-222-1222

911 or ____________________________
911 or ____________________________

1-800-392-3738
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.