Emergency Guidelines for Schools and Childcare Facilities

2020

Missouri Second Edition

TABLE OF CONTENTS

Acknowledgements

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Ohio Department of Public Safety, Division of Emergency Medical Services, and Ohio Department of Health, which published *Emergency Guidelines for Schools (EGS), 3rd Edition, 2007*, upon which this document was originally modeled. Permissions have been obtained from the Pennsylvania Emergency Medical Services for Children (EMSC) and the Pennsylvania Emergency Health Services Council (PEHSC) for reproducing portions of this document, with modifications specific to Missouri law and regulations.

We would also like to acknowledge:

Ardith Harmon, MSN, RN - Clark Co R-I School District and our School Health Program personnel who took time to provide feedback on their use of the EGS so the guidelines could be improved for future users.

ABOUT THE GUIDELINES

The Missouri Department of Health and Senior Services has produced this updated second edition of the *Emergency Guidelines for Schools and Childcare Facilities* (EGS) for Missouri. The initial EGS was field tested in Ohio in 1997 and revised based on school feedback. The 2nd and 3rd editions of the Ohio EGS incorporated recommendations of school nurses and secretaries who used the book in their schools and completed the evaluation. Within seven years, more than 35,000 copies of the EGS were distributed in Ohio and throughout the United States.

This edition is the product of careful review of content and changes in best practice recommendations for providing emergency care to students in Missouri schools, especially when the school nurse is not available, as well as children in childcare facilities.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation. The emergency guidelines are meant to serve as basic what-to-do-in-an-emergency information for school/childcare staff with minimal medical training and for when the school nurse is not available. **It is strongly recommended that staff who are in a position to provide first aid to students complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.**

The EGS has been created as **recommended** procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board, childcare facility, or the state of Missouri.

Please consult your school nurse if you have questions about any of the recommendations. You may add specific instructions for your school as needed. In a true emergency situation, use your best judgment on how to react to a certain situation, using this handbook as a guide to your decision making.

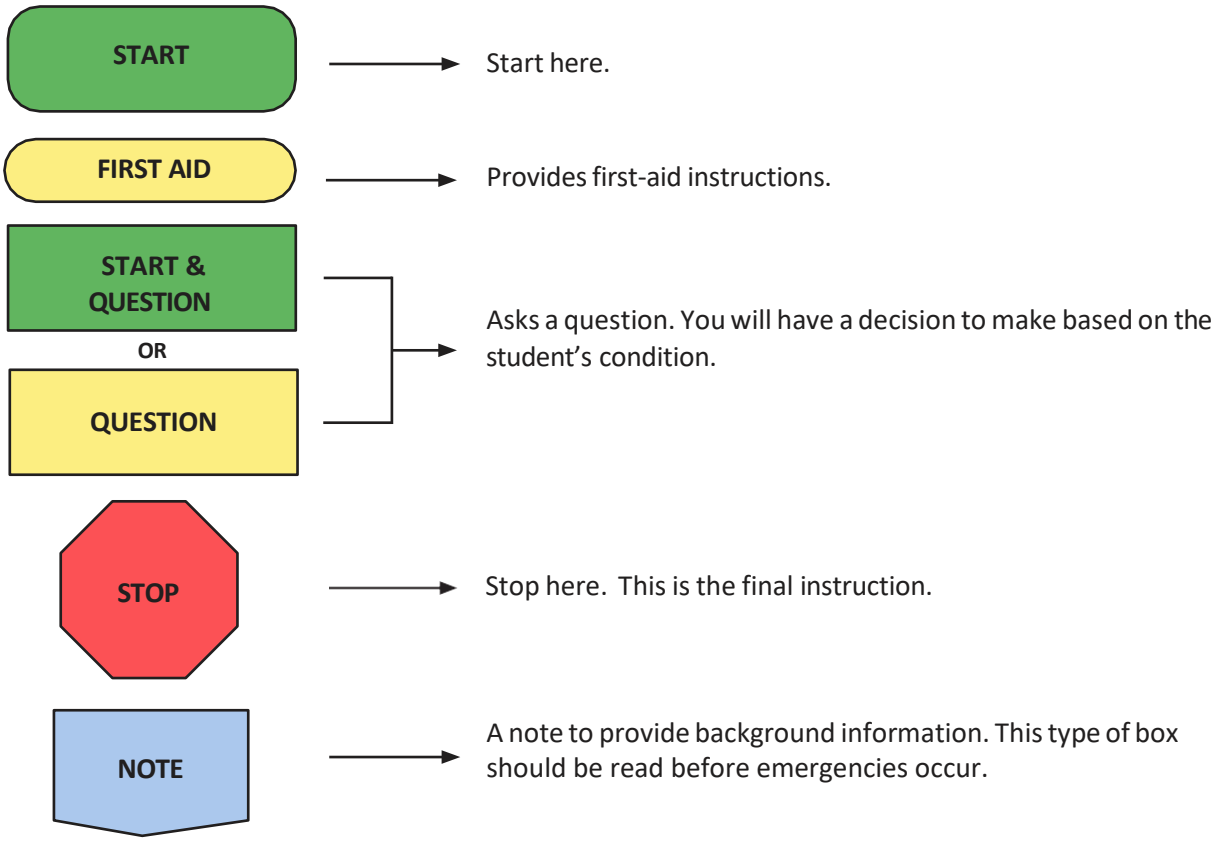
Additional copies of the EGS can be downloaded and printed from the Missouri Department of Health and Senior Services website at https://health.mo.gov/living/families/schoolhealth/pubs.php.

HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.)
- Learn when Emergency Medical Services (EMS) should be contacted. Copy the When to Call EMS page and post in key locations.
- The last page of the guidelines contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.
- Local school or childcare facility policy/procedure should be followed. Policies can be printed out and added to the appropriate section to make this a complete quick reference guide for staff. For example, the local school policy/ procedure on allergy response can be added to the Allergic Reaction section.
- The guidelines are arranged in alphabetical order for quick access; page numbers are included in this second edition for easy reference during an emergency. It is suggested to print this guideline out and add tab dividers for each section for quick reference.
- Take some time to familiarize yourself with the **Emergency Procedures for Injury or Illness**. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- In addition, information has been provided about **Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning** and **Emergency Preparedness**.

Key to Shapes and Colors

A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending.



WHEN TO CALL 9-1-1 FOR EMERGENCY MEDICAL SERVICES

Call EMS if:

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

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian, doctor, or other licensed prescriber according to state law, local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. Do **NOT** use treatment methods beyond your skill level or scope of practice. When in doubt call EMS.
7. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
8. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services, if necessary.
9. A responsible individual should stay with the injured student.
10. Fill out a report for all injuries requiring above procedures as required by local school policy. A sample **Student Injury Report Form** is included that may be photocopied and used as needed. A copy of the form with instructions follows on the next few pages.

Post-Crisis Intervention Following Serious Injury or Death

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

STUDENT INJURY REPORT FORM & CONCUSSION REPORT FORM GUIDELINES

The following **Student Injury Report Form** and guidelines, as well as the **Centers for Disease Control and Prevention Concussion Report Form**, are included as a sample for districts to use in tracking the occurrence of school-related injuries. Local school policy should be followed as to when an injury is reported. It is recommended to complete the form when an injury leads to any of the following:

1. **The student misses ½ day or more of school.**
2. **The student seeks medical attention (health care provider office, urgent care center, emergency department).**
3. **9-1-1 is called and/or EMS is requested.**

Schools are encouraged to review and use the information collected on the **Student Injury Report Form** and **CDC Concussion Report Form** to influence local policies and procedures as needed to remedy hazards.

STUDENT INJURY REPORT FORM INSTRUCTIONS

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

Also included in this section is the **CDC's Concussion Checklist Report Form for Schools**. Instructions are included on the report form. For more information on concussions and effects on a child's health, visit: www.cdc.gov/concussion.

STUDENT INJURY REPORT FORM

Student Information

Name_____ Date of Incident_____
Date of Birth_____ Time of Incident_____
Grade_____ ☐ Male ☐ Female

Parent/Guardian Information

Name(s)_____
Address_____

School Information
School_____ Principal_____

Location of Incident (check appropriate box):
☐ Athletic Field ☐ Playground ☐ Cafeteria

☐ No Equipment Involved ☐ Equipment Involved(describe) _____
☐ Classroom ☐ Equipment Involved (describe) _____
☐ Gymnasium
☐ Hallway _____
☐ Bus ☐ Parking Lot
☐ Stairway ☐ Vocation/Shop Lab
☐ Restroom ☐ Other (explain):_____

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

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

Type of Injury (check all that apply):

	Head	Eye	Ear	Nose	Mouth/Lips	Tooth/Teeth	Jaw	Chin	Neck/Throat	Collarbone	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/Ribs	Back	Abdomen	Groin	Genitals	Pelvis/Hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/ Scrape																													
Bite																													
Bump/Swelling																													
Bruise																													
Burn/Scald																													
Cut/Laceration																													
Dislocation																													
Fracture																													
Pain/ Tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing Factors (check all that apply):

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

Description of the Incident: _____

Witnesses to the Incident: _____

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

Incident Response (check all that apply):

- ☐ First Aid
  Time_____By Whom_____
- ☐ Parent/Guardian Notified
  Time_____By Whom_____
- ☐ Unable to Contact Parent/Guardian
  Time_____By Whom_____
- ☐ Parents Deemed No Medical Action Necessary
- ☐ Returned to Class
- ☐ Sent/Taken Home
  Days of School Missed_____
- ☐ Assessment/Follow-up by School Nurse
  Action Taken_____
- ☐ Called 9-1-1
- ☐ Taken to Health Care Provider/Clinic/Hospital/Urgent Care
  Diagnosis_____
  Days of School Missed_____
- ☐ Hospitalized
  Diagnosis_____
  Days of School Missed_____
- ☐ Restricted School Activity
  Explain_____
  Length of Time Restricted_____
  Days of School Missed_____
- ☐ Other_____

Describe Care Provided to the Student: _____

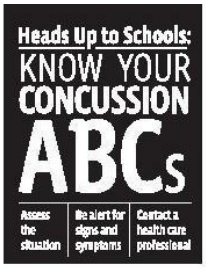
Additional Comments: _____

Signature of Staff Member Completing Form_____ **Date/time**_____
Nurse's Signature_____ **Date/time**_____
Principal's Signature_____ **Date/time**_____

Concussion Signs and Symptoms

Checklist

CDC Concussion Report Form



Student's Name: _____ **Student's Grade:** _____ **Date/Time of Injury:** _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

_____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

_____

_____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience *one or more* of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	☐ MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events *prior* to the hit, bump, or fall				
Can't recall events *after* the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

May 2010

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- ❒ One pupil (the black part in the middle of the eye) larger than the other
- ❒ Drowsiness or cannot be awakened
- ❒ A headache that gets worse and does not go away
- ❒ Weakness, numbness, or decreased coordination
- ❒ Repeated vomiting or nausea
- ❒ Slurred speech
- ❒ Convulsions or seizures
- ❒ Difficulty recognizing people or places
- ❒ Increasing confusion, restlessness, or agitation
- ❒ Unusual behavior
- ❒ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

__ Student returned to class
__ Student sent home
__ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

For more information on concussion and to order additional materials for school professionals **FREE-OF-CHARGE**, visit: **www.cdc.gov/Concussion**.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

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

HEALTH CONDITIONS

Some students may have special conditions that put them at risk for life-threatening emergencies:

- Seizures, diabetes, asthma or other breathing difficulties, life-threatening or severe allergic reactions
- Technology-dependent or medically fragile conditions

Your school nurse or other school health professional, along with the student's parent or legal guardian and physician should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available to appropriate staff at all times.

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

The American College of Emergency Physicians and the American Academy of Pediatrics have created an *Emergency Information Form for Children (EIF) with Special Needs* that is included on the next pages. It can also be downloaded from http://www.aap.org. This form provides standardized information that can be used to prepare the caregivers and health care system for emergencies of children with special health care needs. The EIF will ensure a child's complicated medical history is concisely summarized and available when needed most - when the child has an emergency health problem when neither parent nor physician is immediately available.

PHYSICAL ABILITIES

Other students in your school may have special emergency needs due to their physical abilities. For example, students who are:

- In wheelchairs.
- Temporarily on crutches/walking casts.
- Unable or have difficulty walking up or down stairs.

These students will need special arrangements in the event of a school-wide emergency (e.g., fire, tornado, evacuation, etc.). A plan should be developed and a responsible person should be designated to assist these students to safety. All staff should be aware of this plan.

COMMUNICATION CHALLENGES

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

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

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

Emergency Information Form for Children With Special Needs

Last name:

American College of Emergency Physicians®

American Academy of Pediatrics

Date form completed By Whom	Revised	Initials
	Revised	Initials

Name:	Birth date:	Nickname:
Home Address:	Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:	
Signature/Consent*:		
Primary Language:	Phone Number(s):	

Physicians:

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

Diagnoses/Past Procedures/Physical Exam:

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

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

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

Management Data:

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

Immunizations

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

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations

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

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

INFECTION CONTROL

To reduce the spread of infectious diseases *(diseases that can be spread from one person to another)*, it is important to follow **standard precautions.**

Standard precautions are a set of guidelines that assume all blood and certain other body fluids are potentially infectious. It is important to follow standard precautions when providing care to any student, whether or not the student is known to be infectious. The following list describes standard precautions:

- **Wash hands thoroughly** with running water and soap for at least 20 seconds:
  1. Before and after physical contact with anyone who is sick or injured *(even if gloves have been worn)*.
  2. Before and after eating or handling food.
  3. After cleaning.
  4. After using the restroom.
  5. Before and after providing any first aid.
  6. After blowing your nose, coughing, or sneezing.

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

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

GUIDELINES FOR STUDENTS

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

NOTES ON THE LAWS

This page is intended to give brief details on Missouri laws that are discussed in these guidelines. These comments are not meant to be all inclusive of each law discussed.

Under the **Safe Schools Act of 1996** (revised August 28, 2009), children with asthma or anaphylaxis are able to self- administer life-saving medications. To self-administer asthma or anaphylaxis medication, children MUST have on file with the school:

- Medical history of the student's asthma or anaphylaxis.
- Written authorization from the prescribing health care provider that the child has asthma or is at risk for having anaphylaxis; has been trained in the correct and responsible use of the medication; and is capable of self- administering the medication while in school, at a school-sponsored activity, and in transit to or from school or school-sponsored activity; and a written treatment plan for managing asthma or anaphylaxis.
- Written authorization by the parent/guardian – the parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan and a signed statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the child or the administration of such medication by school staff.
- Permission for self-medication is effective for the same school and school year for which it is granted, and must be renewed every school year.
- Any current duplicate prescription medication, if provided by parent/guardian or by the school, shall be kept at a location which the student or school staff has immediate access in the event of an asthma or anaphylaxis emergency.

If the above steps are followed, the school incurs no liability as a result of the child self-administering life-saving medication. Adapted from RSMo 167.627 and the Missouri School Asthma Manual from Missouri School Asthma Manual.

RSMo 167.635, enacted August 2012, permits school districts in Missouri to maintain a stock supply of "asthma-related rescue medications" for use in the care of any student who is having a life-threatening asthma episode. HB1188 allows a school nurse or other trained employee to administer asthma related rescue medication to a student experiencing a life- threatening asthma attack. To obtain asthma rescue medications for a school district, a prescription written by a licensed physician, a physician's assistant, or nurse practitioner is required.

Missouri's Good Samaritan Law (RSMo 195.205), effective August 2017, allows pharmacists to dispense Naloxone without a prescription under a statewide Standing Order issued by the Missouri Department of Health and Senior Services or by protocol with a licensed physician. Schools are able to establish policies on stocking Naloxone within their district.

Cade's Law, (RSMo 167.803), requires a school board that adopts and implements the guidelines to ensure that a minimum of three school employees receive training at each school attended by a student with diabetes. A school nurse or other health care professional must coordinate the training. Training may include recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations. Students may perform his or her own glucose checks and insulin administration if requested in writing by parents and diabetes management plan authorizes it.

NOTES ON THE LAWS

Missouri Mandated Reporter Law requires certain occupational groups, such as school staff, to make reports to the hotline and are considered mandated reporters. For a complete list of mandated reporters, please review RSMo 210.115.1. Effective August 28, 2004, Missouri law requires all mandated reporters to identify themselves when making a report. Online reporting is now available for Mandated Reporters and should only be used to report non-emergencies: https://apps.dss.mo.gov/OnlineCanReporting/default.aspx; https://revisor.mo.gov/main/OneSection.aspx?section=210.1 15&bid=35615&hl=

Will's Law (SB710 section 167.625, RSMo.), was signed into law in 2022 to prioritize school safety for children diagnosed with a seizure disorder, including epilepsy. This law has three key components:

1. Requires the school nurse or designee to ensure school staff are trained every two years on the care of students with epilepsy and seizure disorders.
2. Requires the school nurse or designee to coordinate care for students with a seizure disorder, including communication with students' health care providers through proper release of information.
3. Requires the school nurse to develop an individualized emergency health care plan and an individualized health care plan for students identified through parent request for seizure disorder care while at school.

AUTOMATIC EXTERNAL DEFIBRILLATORS: FOR CHILDREN OVER 1 YEAR OF AGE AND ADULTS

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

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

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If person is unresponsive, shout for help and **send one person to CALL EMS and another to get your school's AED if available**.
2. Follow primary steps for CPR (see *"CPR"* for appropriate age group – infant, 1-8 years, and over 8 years, including adults).
3. If available, set up the AED according to the manufacturer's instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions and training method.

IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

4. Use the AED first if **immediately** available. If not, begin CPR.
5. Prepare AED to check heart rhythm and deliver 1 shock as necessary.
6. Begin 30 CPR chest compressions in about 20 seconds followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions in about 20 seconds to 2 breaths for a rate of 100 compressions per minute).
8. Prompt another AED rhythm check.
9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
10. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

IF CARDIAC ARREST OR COLLAPSE WAS *NOT* WITNESSED:

4. Start CPR first. See age appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions in about 20 seconds to 2 breaths at a rate of 100 compressions per minute.
5. Prepare the AED to check the heart rhythm and deliver a shock as needed.
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

ANAPHYLAXIS

Students with life-threatening allergies should be known to appropriate school staff. An emergency action plan should be developed. RSMo. 167.208, which allows schools to maintain a supply of pre-filled auto syringes of epinephrine for anaphylactic reaction. Staff in a position to administer approved medications should receive instruction,

and MO Law does permit students to carry and self-administer epinephrine auto-injectors after determined to be competent by the School Nurse. See page 14 for more information.

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

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

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

NO

Symptoms of a mild allergic reaction include:

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

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

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

YES

- Check student's airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.**

YES

Does student have an emergency action plan available?

NO

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

YES

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

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

A 2nd dose of epinephrine may be required.

**** See epinephrine administration insturctions on the next 2 pages**

How to use EpiPen® and EpiPen® Jr (epinephrine) Auto-Injectors.

Remove EpiPen® Auto-Injector from carrier tube

1

- Hold firmly with orange tip pointing downward
- **Remove blue safety release**

2

- **Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'**
- Hold on thigh for several seconds

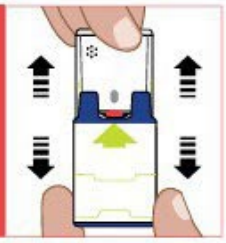
Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle

! ***After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.***

STEP 1:

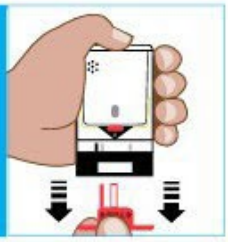
Pull AUVI-Q up from the outer case.



Do not go to Step 2 until you are ready to use AUVI-Q. If you are not ready to use AUVI-Q, put it back in the outer case.

STEP 2:

Pull red safety guard down and off of AUVI-Q.



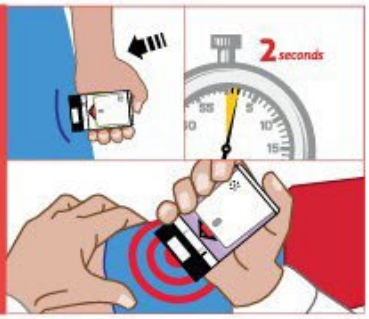
To reduce the chance of an accidental injection, do not touch the base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

Note: The red safety guard is made to fit tight. Pull firmly to remove.

STEP 3:

Place black end of AUVI-Q against the middle of the outer thigh, then push firmly until you hear a click and hiss sound, and hold in place for 2 seconds.

If you are administering AUVI-Q to a young child or infant, hold the leg firmly in place while administering an injection.



AUVI-Q can inject through clothing, if necessary. ONLY inject into the middle of the outer thigh.

To minimize the risk of injection-related injury when administering AUVI-Q to younger children or infants, remember to hold the child's leg firmly in place during an injection with AUVI-Q and limit movement prior to and during injection.

STEP 4:

Instruct patients to seek emergency medical attention immediately after use, as AUVI-Q is not a replacement for definitive medical care.

Indication

AUVI-Q® (epinephrine injection, USP) is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to allergens, idiopathic and exercise-induced anaphylaxis. AUVI-Q is intended for patients with a history of anaphylactic reactions or who are at increased risk for anaphylaxis.

Important Safety Information

AUVI-Q is intended for immediate self-administration as emergency supportive therapy only and is not a substitute for immediate medical care. **In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care.** Each AUVI-Q contains a single dose of epinephrine for single-use injection. More than two sequential doses of epinephrine should only be administered under direct medical supervision. Since the doses of epinephrine delivered from AUVI-Q are fixed, consider using other forms of injectable epinephrine if doses lower than 0.1 mg are deemed necessary.

AUVI-Q should **ONLY** be injected into the anterolateral aspect of the thigh. Do not inject intravenously, or into buttock, digits, hands, or feet. Instruct caregivers to hold the leg of young children and infants firmly in place and limit movement prior to and during injection to minimize the risk of injection-related injury.

Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop any of the following symptoms at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Epinephrine should be administered with caution to patients with certain heart diseases, and in patients who are on medications that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported in patients with underlying cardiac disease or taking cardiac glycosides or diuretics. Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

Please see the full Prescribing Information and Patient Information available at www.auvi-q.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit **www.fda.gov/medwatch** or call 1-800-FDA-1088.

ASTHMA AND DIFFICULTY BREATHING

Panic attacks have many variations, but symptoms usually come on suddenly and peak within minutes. Symptoms include:

- Sense of impending doom or danger.
- Fear of loss of control or death.
- Rapid, pounding heart rate.
- Sweating.
- Trembling, shaking.
- Shortness of breath.
- Chills.
- Hot flashes.
- Nausea, abdominal cramps.
- Headache.
- Dizziness.
- Feeling of unreality or detachment.

Are symptoms from other cause such as asthma, diabetes, injury or illness?

YES

See appropriate section:
"Asthma"
"Diabetes"
Or other specific section as needed.

Contact responsible school authority and parent/legal guardian.

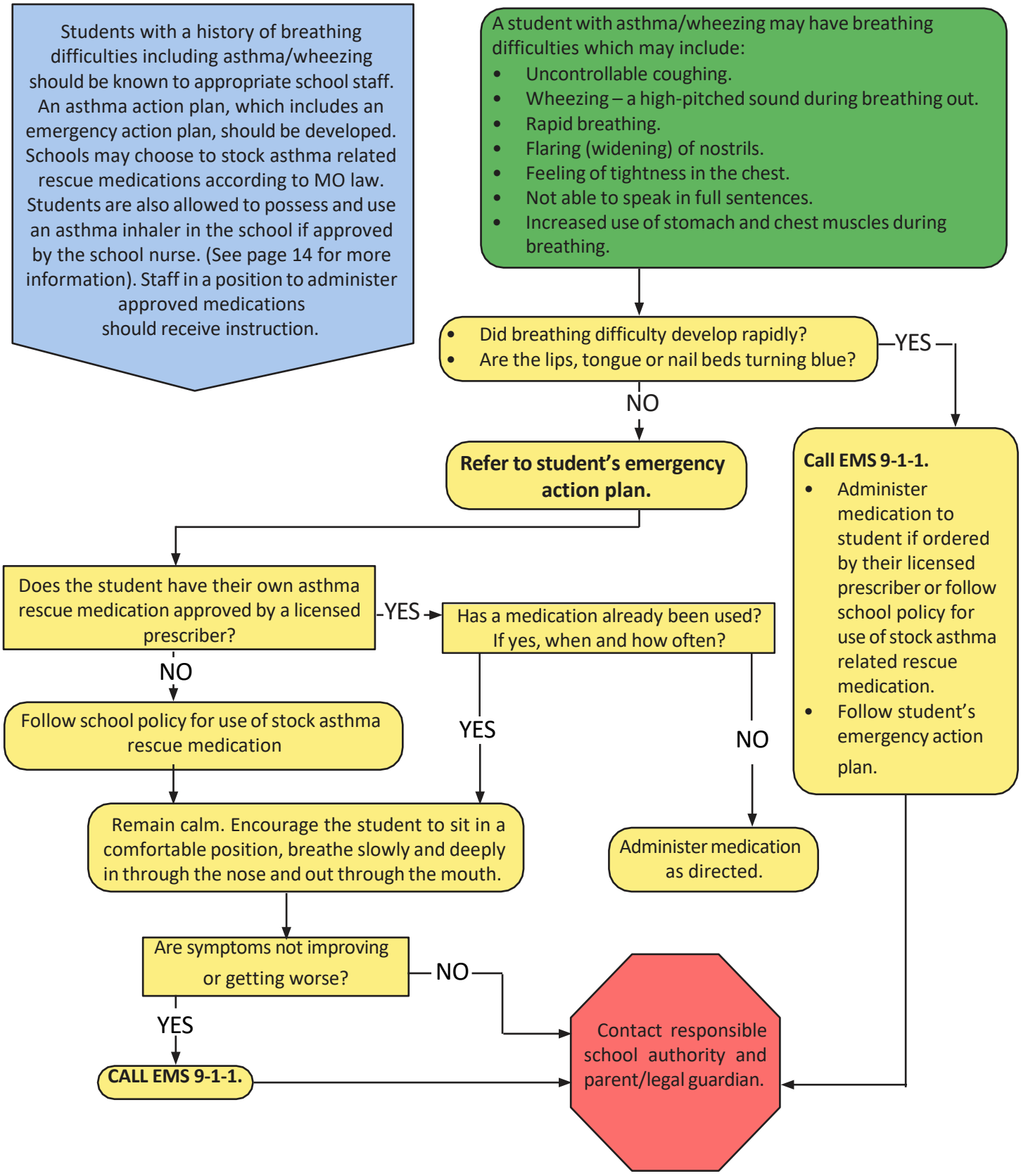
NO

- Stay calm
- Use mindfulness techniques such as:
  - Deep breathing through mouth (in for 4 seconds, hold, and out for 4 seconds).
  - Closing eyes.
  - Finding a focus object like a clock.
  - Focus on physical sensations – ground under your bare feet, feeling of pants material on hands, lotion on hands.
  - Short walk outside.
  - Picture your happy place.
  - Utilize calming room or corner.
  - Get a drink of water.
  - Count to 5 and then count backward.
  - Place hands in pockets and push down.
  - Distract with fidget toys or sensory toys.

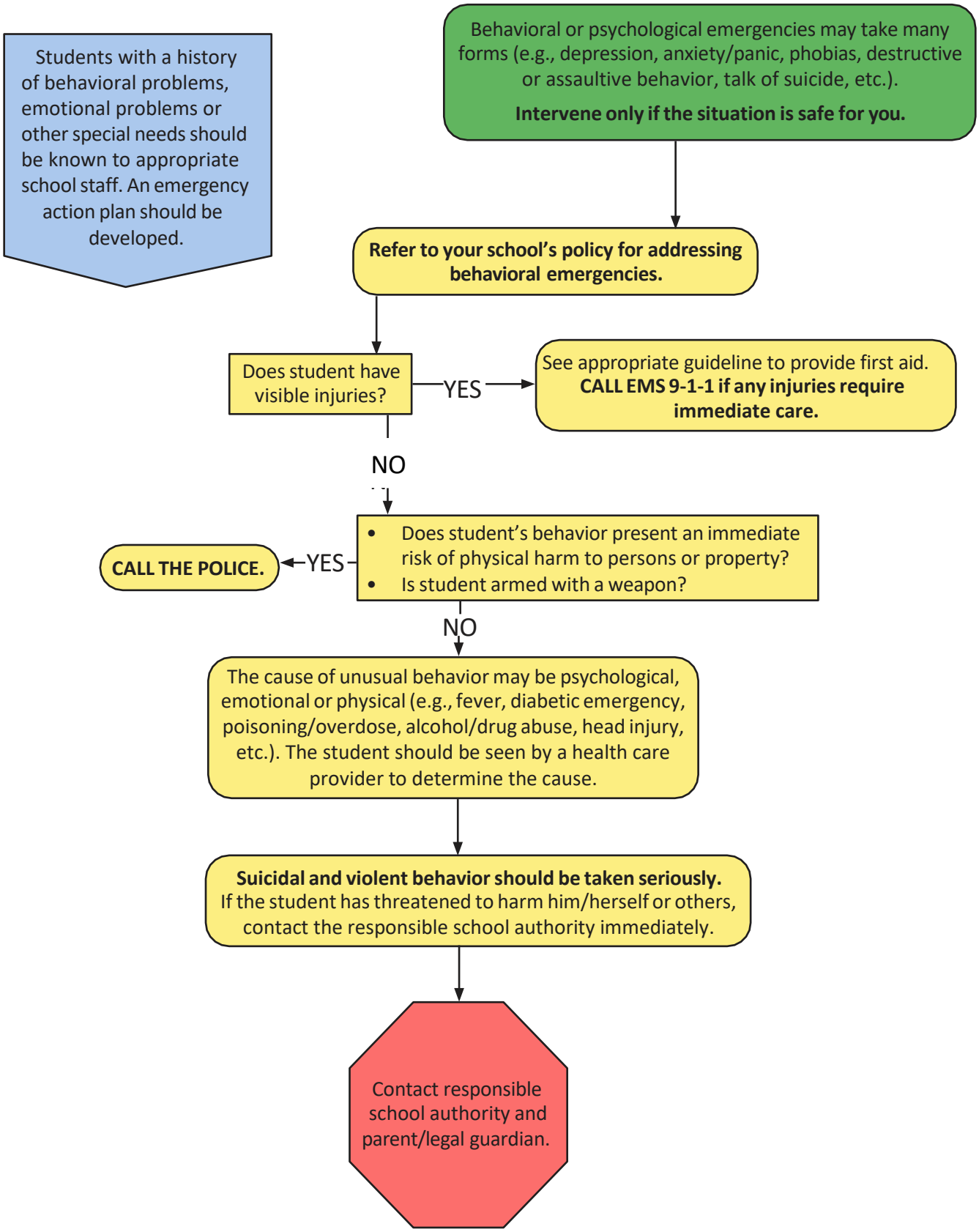
These are just a few options of calming techniques. Use the technique that the student has practiced when calm and uses frequently if at all possible.

- Allow student to rest before returning to class.

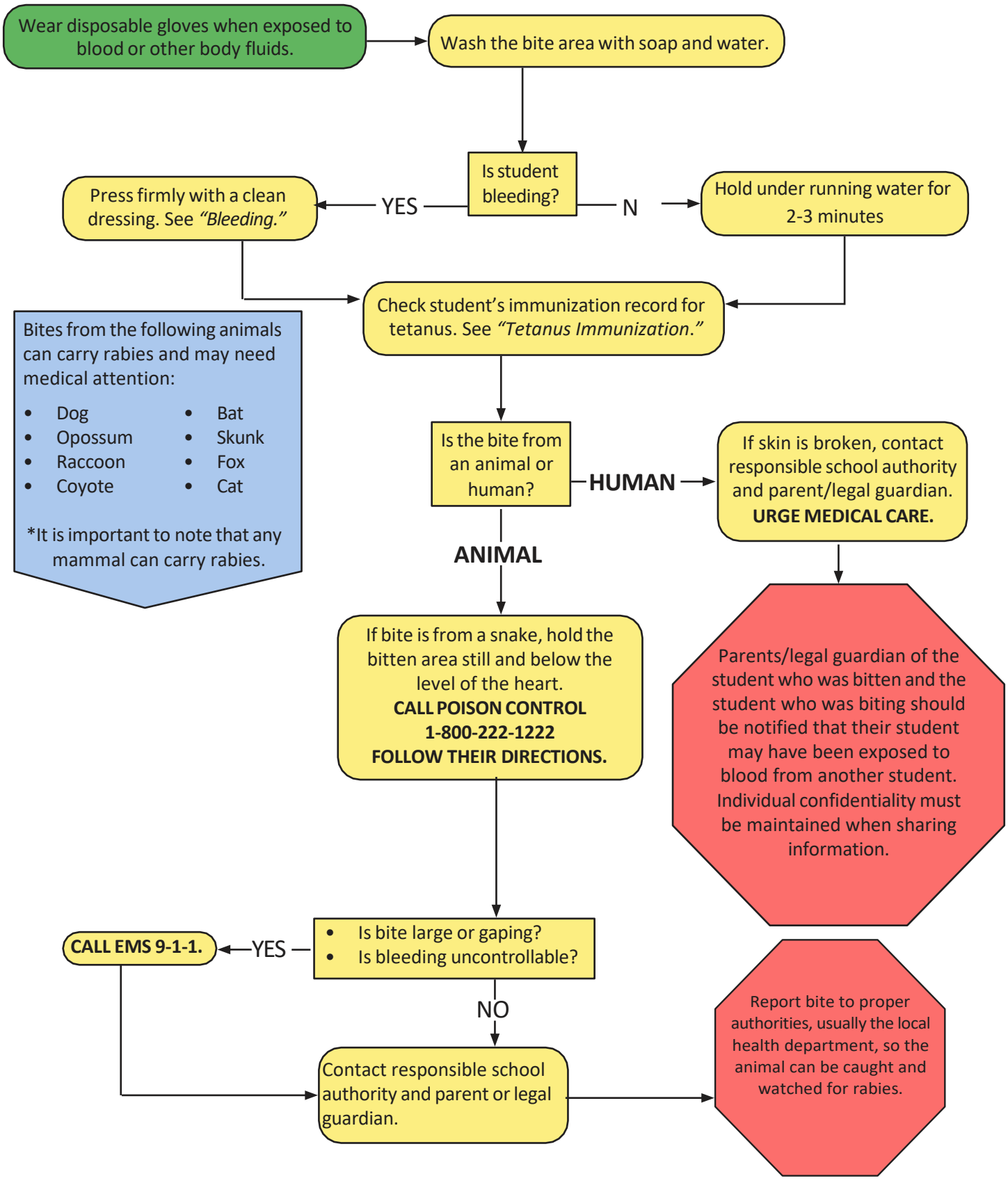
ASTHMA AND DIFFICULTY BREATHING



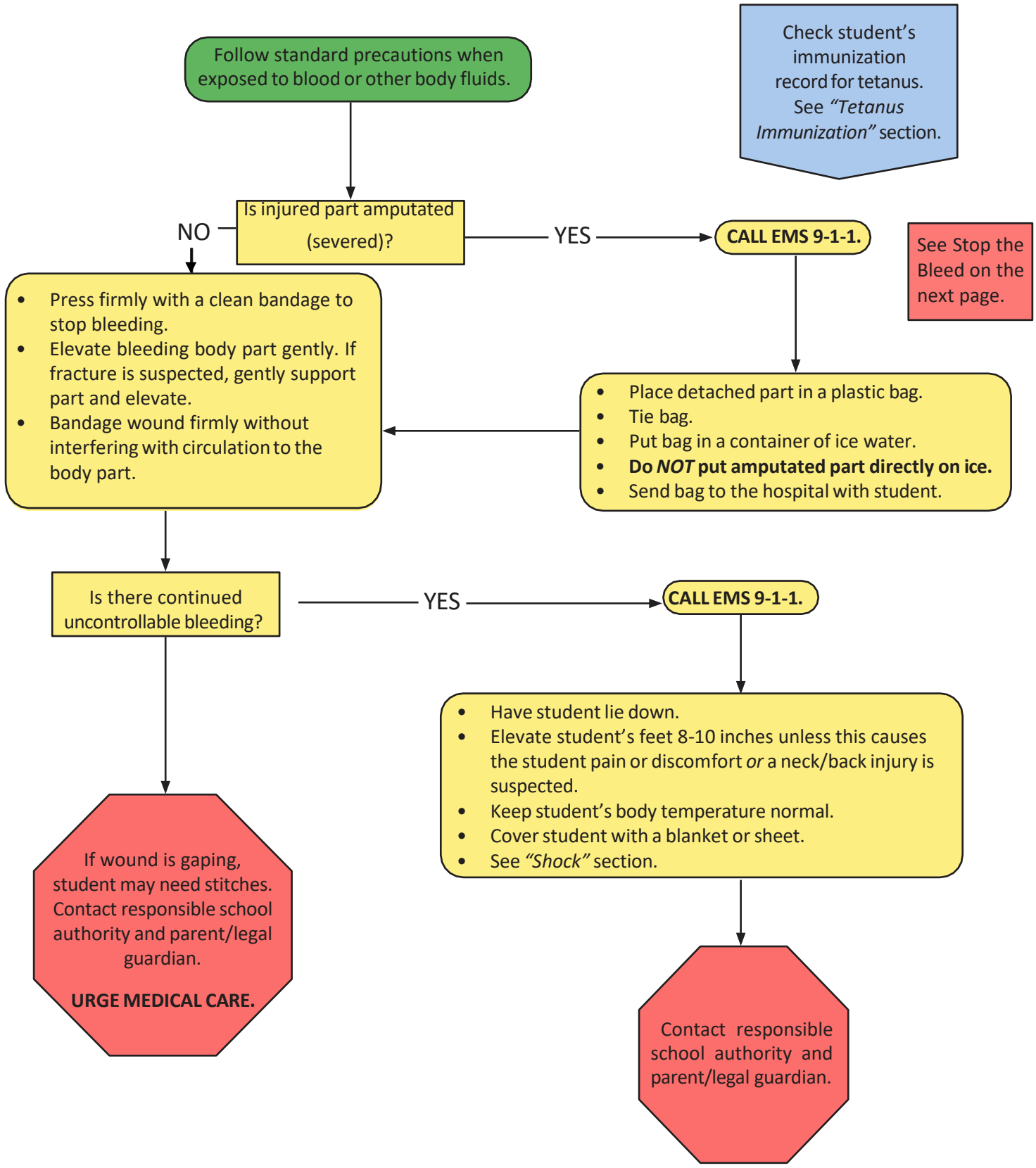
BEHAVIORAL EMERGENCIES



BITES (HUMAN & ANIMAL)

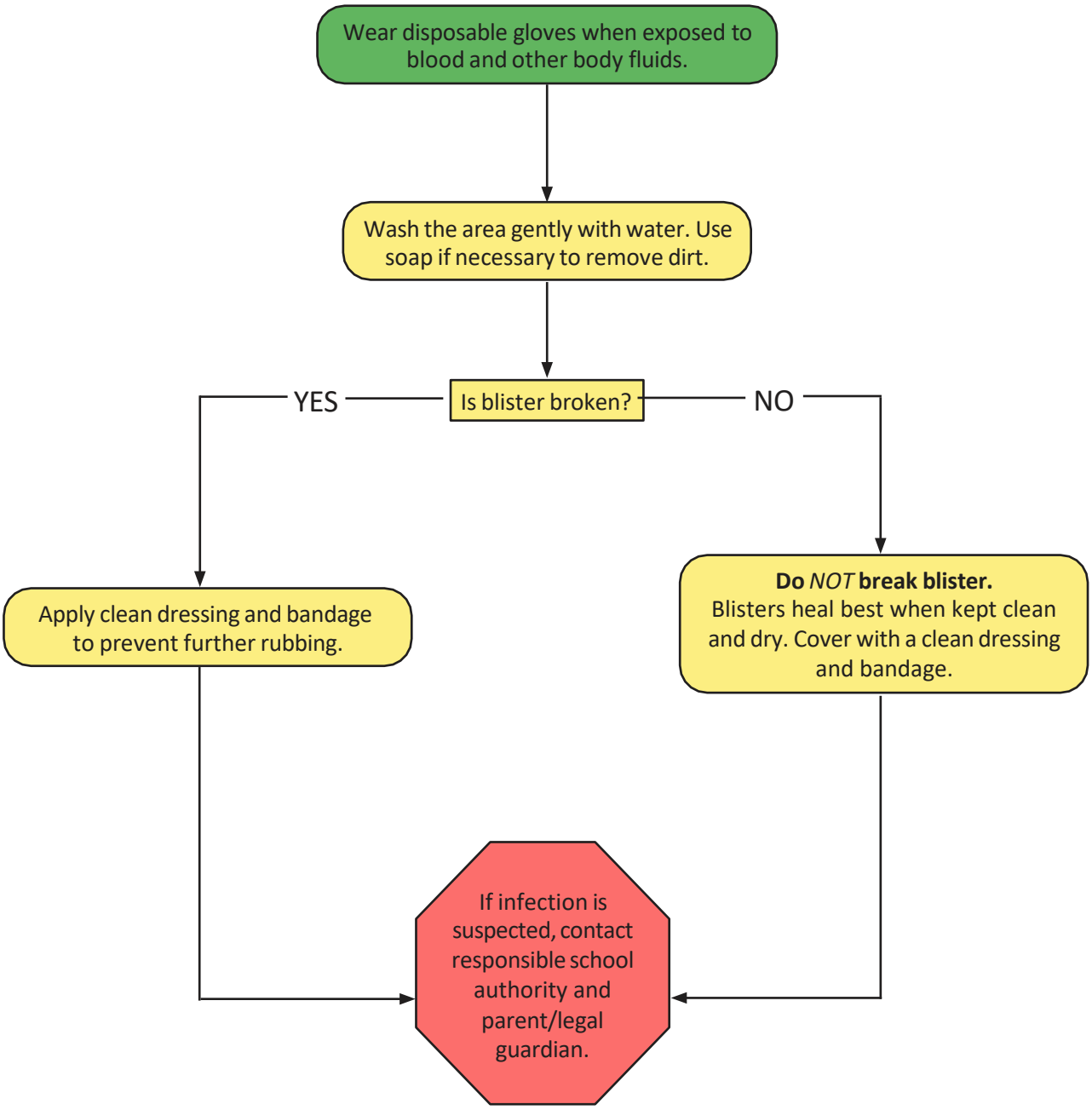


BLEEDING


Follow standard precautions when exposed to blood or other body fluids.
Check student's immunization record for tetanus. See "Tetanus Immunization" section.
Is injured part amputated (severed)?
NO
YES
CALL EMS 9-1-1.
See Stop the Bleed on the next page.
• 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.
• Place detached part in a plastic bag.
• Tie bag.
• Put bag in a container of ice water.
• Do NOT put amputated part directly on ice.
• Send bag to the hospital with student.
Is there continued uncontrollable bleeding?
YES
CALL EMS 9-1-1.
• Have student lie down.
• Elevate student's feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
• Keep student's body temperature normal.
• Cover student with a blanket or sheet.
• See "Shock" section.
If wound is gaping, student may need stitches. Contact responsible school authority and parent/legal guardian.
URGE MEDICAL CARE.
Contact responsible school authority and parent/legal guardian.


STOP
THE BLEED
SAVE A LIFE
American College of Surgeons
THE
COMMITTEE
ON TRAUMA
BLEEDINGCONTROL.ORG
1 APPLY PRESSURE WITH HANDS
2 APPLY DRESSING AND PRESS
3 APPLY TOURNIQUET
WRAP
WIND
SECURE
TIME
CALL 911

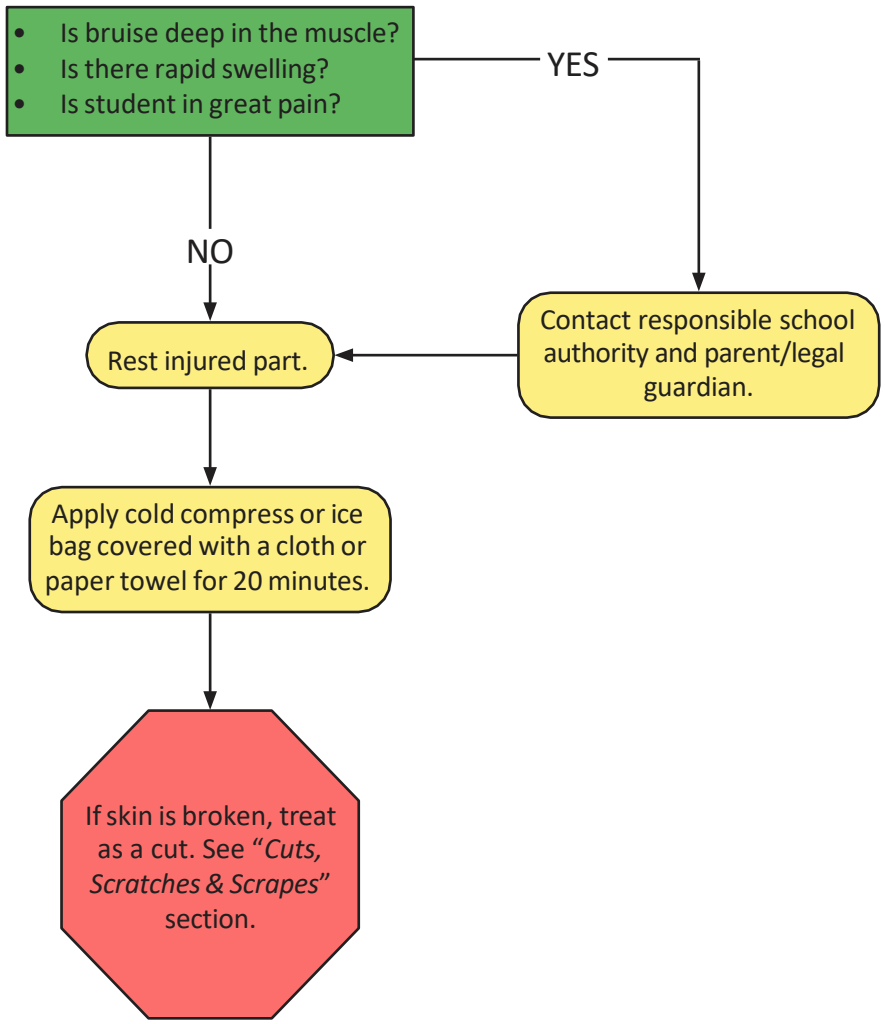
BLISTERS FROM FRICTION



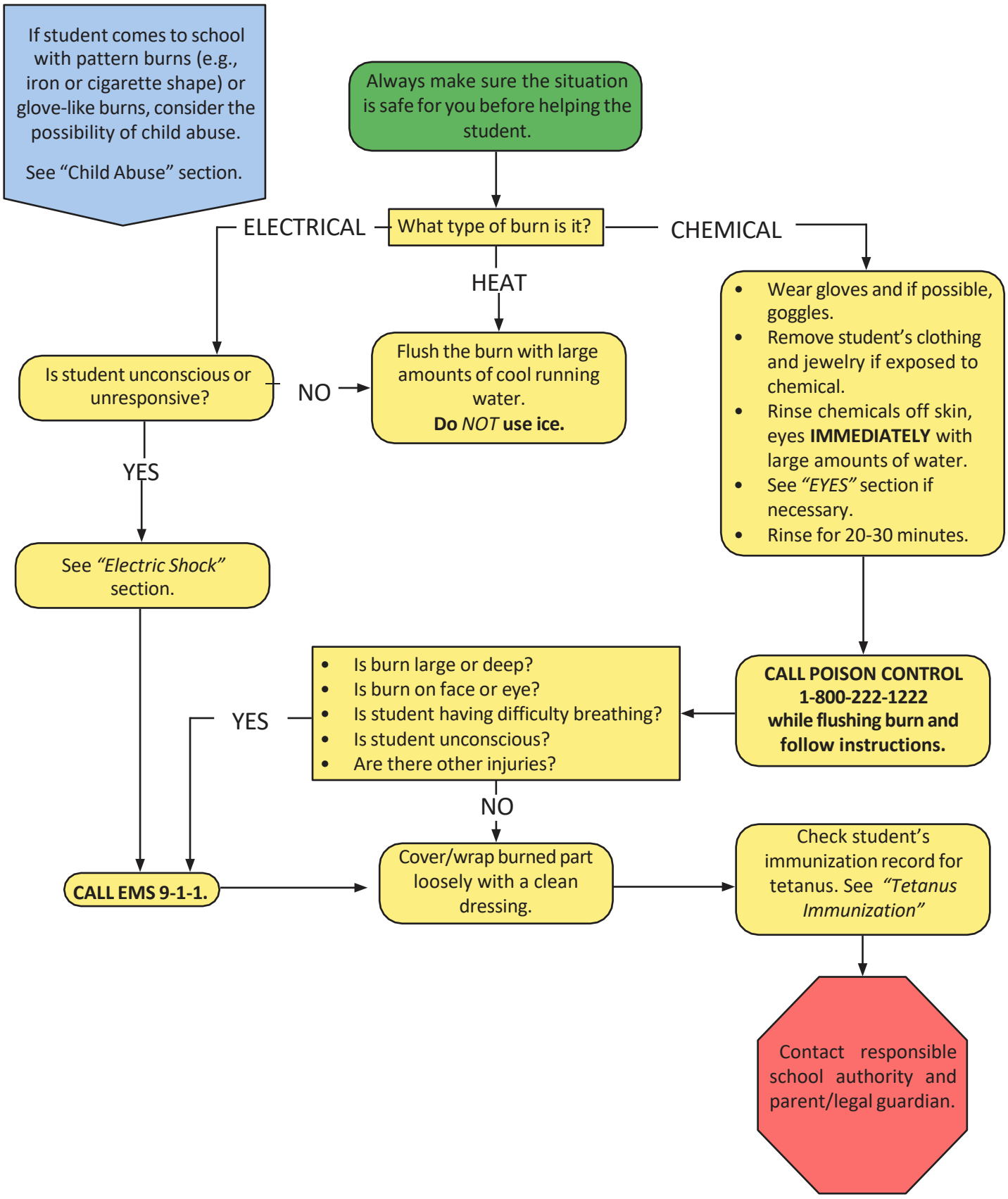
BRUISES

If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse.

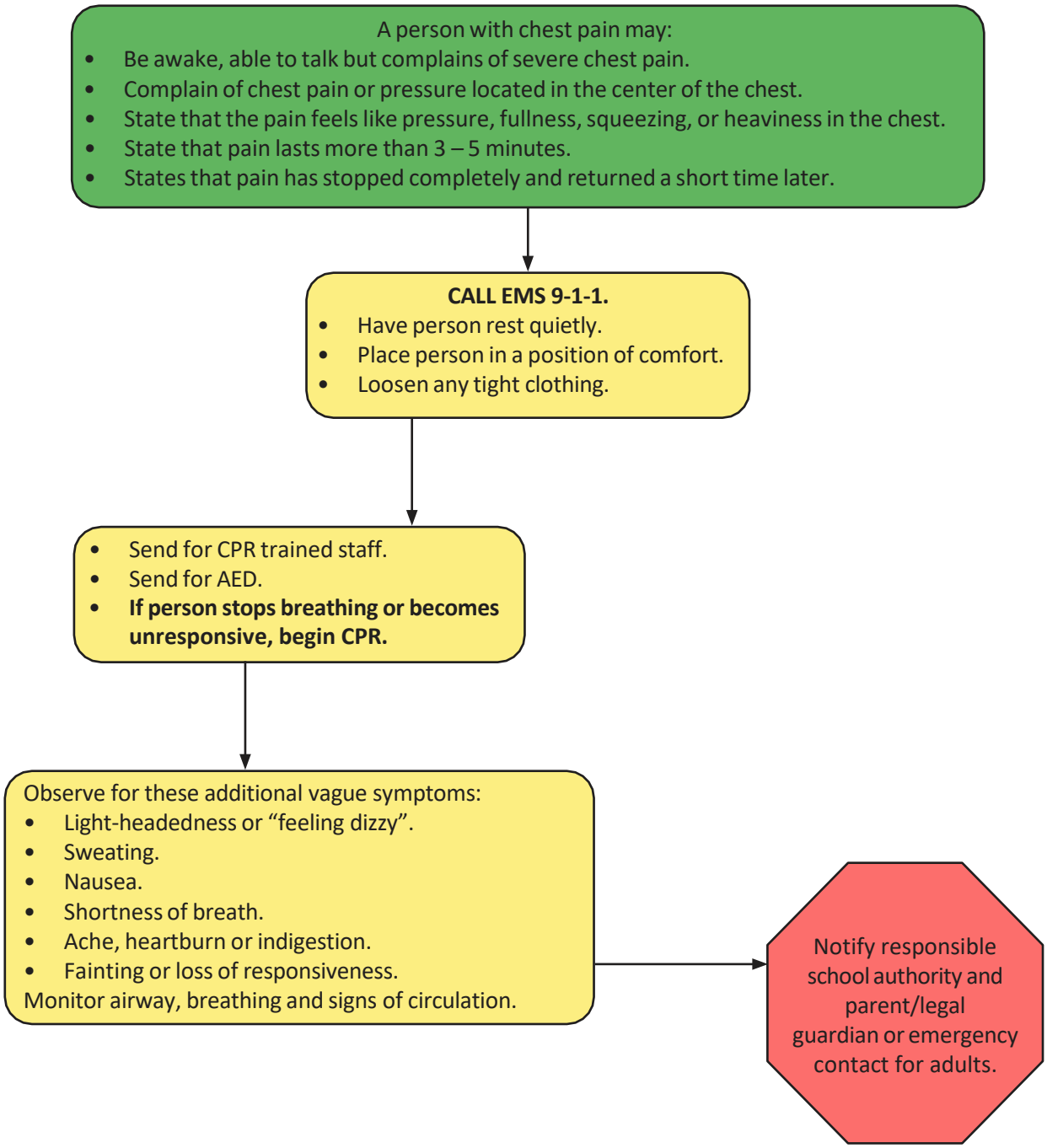
See "*Child Abuse*" section.



BURNS


If student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child abuse.
See "Child Abuse" section.
Always make sure the situation is safe for you before helping the student.
What type of burn is it?
ELECTRICAL
HEAT
CHEMICAL
Is student unconscious or unresponsive?
NO
Flush the burn with large amounts of cool running water.
Do NOT use ice.
YES
See "Electric Shock" section.
Wear gloves and if possible, goggles.
Remove student's clothing and jewelry if exposed to chemical.
Rinse chemicals off skin, eyes IMMEDIATELY with large amounts of water.
See "EYES" section if necessary.
Rinse for 20-30 minutes.
CALL POISON CONTROL 1-800-222-1222 while flushing burn and follow instructions.
Is burn large or deep?
Is burn on face or eye?
Is student having difficulty breathing?
Is student unconscious?
Are there other injuries?
YES
NO
CALL EMS 9-1-1.
Cover/wrap burned part loosely with a clean dressing.
Check student's immunization record for tetanus. See "Tetanus Immunization"
Contact responsible school authority and parent/legal guardian.

CHEST PAIN

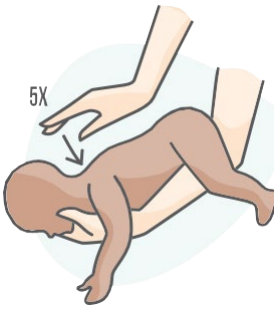

A person with chest pain may:
• Be awake, able to talk but complains of severe chest pain.
• Complain of chest pain or pressure located in the center of the chest.
• State that the pain feels like pressure, fullness, squeezing, or heaviness in the chest.
• State that pain lasts more than 3 – 5 minutes.
• States that pain has stopped completely and returned a short time later.
CALL EMS 9-1-1.
• Have person rest quietly.
• Place person in a position of comfort.
• Loosen any tight clothing.
• Send for CPR trained staff.
• Send for AED.
• If person stops breathing or becomes unresponsive, begin CPR.
Observe for these additional vague symptoms:
• Light-headedness or "feeling dizzy".
• Sweating.
• Nausea.
• Shortness of breath.
• Ache, heartburn or indigestion.
• Fainting or loss of responsiveness.
Monitor airway, breathing and signs of circulation.
Notify responsible school authority and parent/legal guardian or emergency contact for adults.

CHOKING (CONSCIOUS VICTIM)

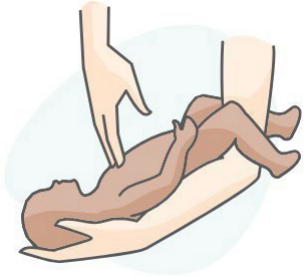
Call EMS 9-1-1 after starting rescue efforts.

INFANTS UNDER 1 YEAR

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



1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do NOT compress throat).
2. Give up to five backslaps 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 two or three fingers, give up to five chest thrusts near center of breastbone, just below the nipple line, at the rate of about one per second.
5. REPEAT STEPS 1-5 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
6. If infant becomes unconscious, call EMS (if not already called).

If infant becomes unconscious, call EMS (if not already called).

CHILDREN OVER 1 YEAR OF AGE and ADULTS

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

1. Stand or kneel behind the adult or child and wrap your arms around the victim's waist.
2. Place thumb side 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 five quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP AND THE VICTIM STARTS TO BREATHE OR BECOMES UNCONSCIOUS.

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

FOR OBESE OR PREGNANT PERSONS:

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

CHILD ABUSE & NEGLECT

Child abuse is an emotionally charged issue with several potential risk factors and indicators. **All school personnel are considered mandated reporters** under the MO Mandated Reporter Law and MUST make a referral to the Children's Division Child Abuse and Neglect Hotline, via phone or online, whenever there is a suspicion that a child is the victim of abuse and/or neglect. Mandated reporters have immunity from civil and criminal liability when making a report in good faith.

Mandated reporters do NOT need to contact a school office or administrator prior to the hotline.

Penalties for failing to make a report include fines and/or prison time, depending on the circumstances. For more information, visit the DSS website at https://dss.mo.gov/cd/keeping-kids-safe/can.htm.

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

All school staff are required to report suspected child abuse and neglect. Make the report as soon as possible, and refer to your own school's policy for additional guidance on reporting.

Child Abuse and Neglect Hotline
1-800-392-3738
https://apps.dss.mo.gov/OnlineCanReporting/default.aspx

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

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

- **REMAIN CALM.**
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Listen and do not make assumptions.
- Do not interrogate.
- Do not make promises you cannot keep.
- Respect the sensitive nature of the student's situation.
- Tell the student that you are required to report the situation.
- If you know, tell the student what steps to expect next.

Contact Child Abuse and Neglect Hotline via phone or online. Notify the person in charge (of the school) to facilitate cooperation with the investigation.

COMMUNICABLE DISEASES

A communicable disease is an infectious disease that can be spread from one person to another through direct or indirect contact.

For more information on protecting yourself from communicable diseases, see *"Communicable Disease Resources"* section, located below.

It is important to recognize symptoms and determine what steps must be taken to protect others. Some examples of communicable diseases are influenza, chickenpox, and, measles, but there are many more. In general, there will be little you can do for a student in school who has a communicable disease but further prevention is key. Always use standard precautions with any ill student.

Signs of PROBABLE illness:

- Sore throat or mouth sores with inability to control saliva.
- Redness, swelling, drainage of eye.
- Unusual spots/rash with fever or itching.
- Crusty, bright yellow, gummy skin sores.
- Persistent diarrhea or vomiting.
- Rash with fever or behavioral change.
- Yellow skin or yellow "white of eye".
- Temperature greater than 100.4 °F.
- Extreme tiredness or lethargy.
- Unusual behavior.

Contact responsible school authority and parent/legal guardian.

ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:

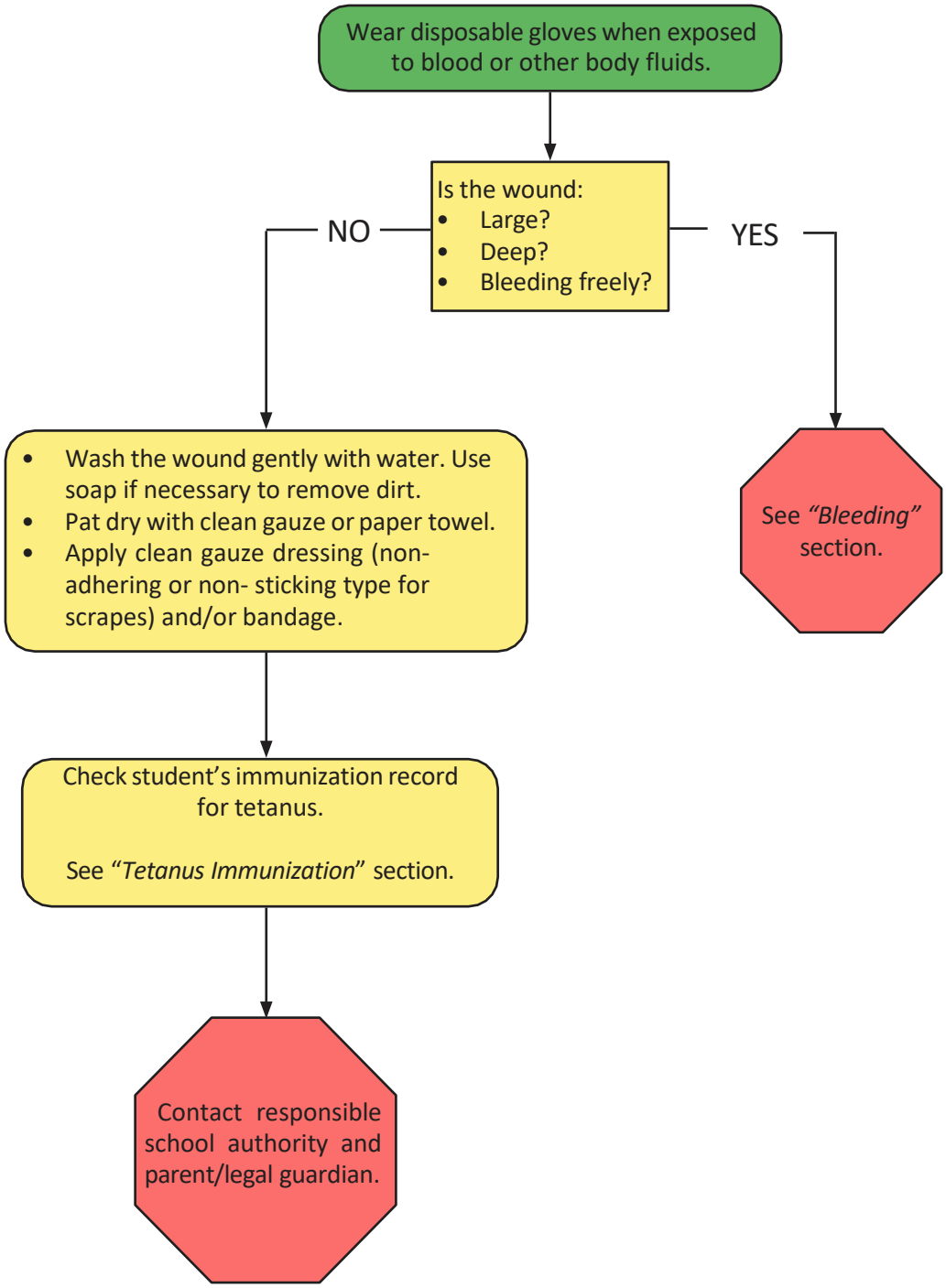
- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

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

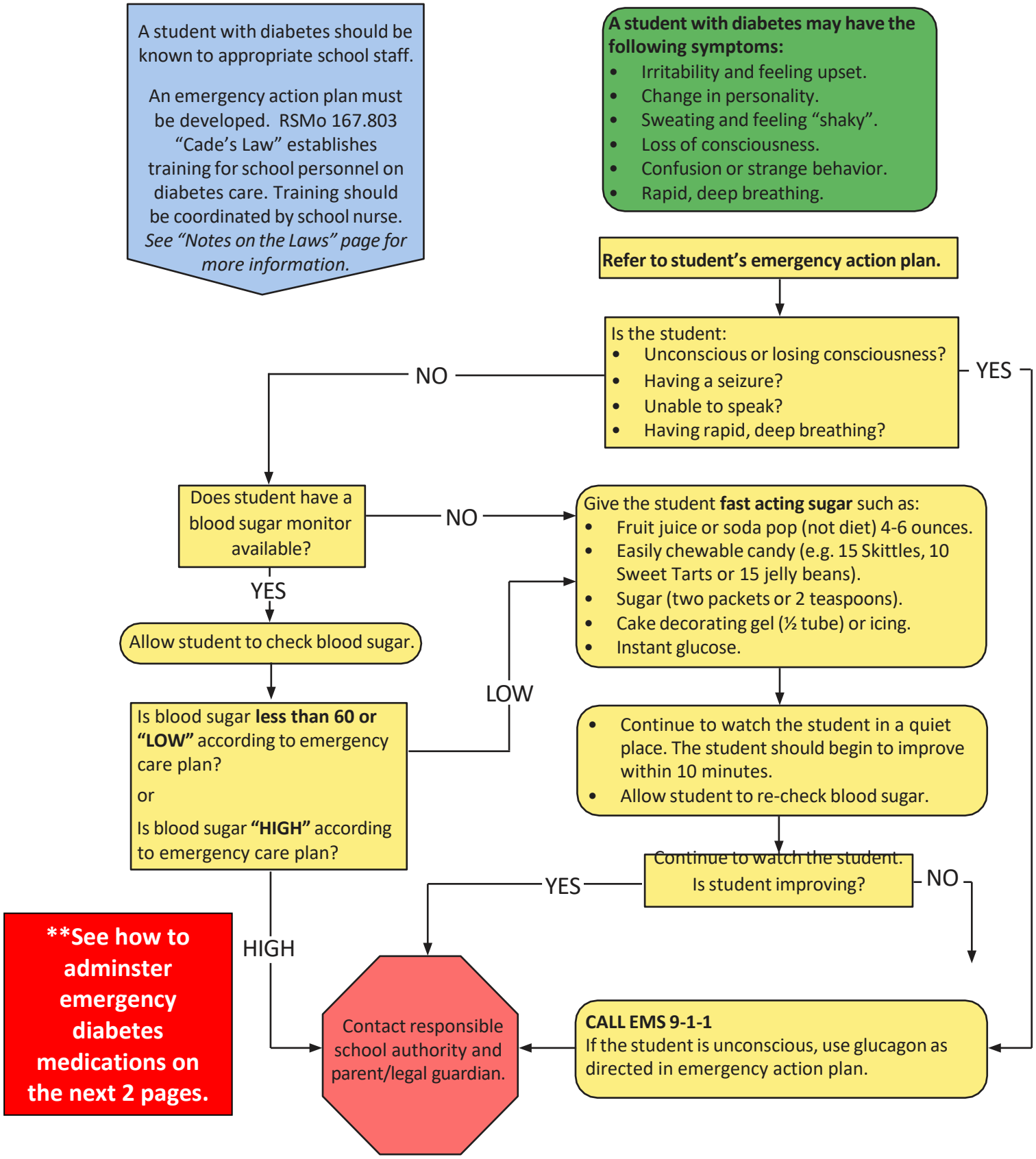
COMMUNICABLE DISEASE RESOURCES:

The Missouri Department of Health and Senior Services offers advice on the control of communicable disease. More information can be found at https://health.mo.gov/living/families/schoolhealth/pdf/Communicable_Disease.pdf.

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



DIABETES


A student with diabetes should be known to appropriate school staff.
An emergency action plan must be developed. RSMo 167.803 "Cade's Law" establishes training for school personnel on diabetes care. Training should be coordinated by school nurse. See "Notes on the Laws" page for more information.
A student with diabetes may have the following symptoms:
• Irritability and feeling upset.
• Change in personality.
• Sweating and feeling "shaky".
• Loss of consciousness.
• Confusion or strange behavior.
• Rapid, deep breathing.
Refer to student's emergency 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 care plan?
or
Is blood sugar "HIGH" according to emergency care plan?
LOW
HIGH
Give the student fast acting sugar such as:
• Fruit juice or soda pop (not diet) 4-6 ounces.
• Easily chewable candy (e.g. 15 Skittles, 10 Sweet Tarts or 15 jelly beans).
• Sugar (two packets or 2 teaspoons).
• Cake decorating gel (½ tube) or icing.
• Instant glucose.
• Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
• Allow student to re-check blood sugar.
Continue to watch the student.
Is student improving?
YES
NO
**See how to adminster emergency diabetes medications on the next 2 pages.
Contact responsible school authority and parent/legal guardian.
CALL EMS 9-1-1
If the student is unconscious, use glucagon as directed in emergency action plan.

HOW TO USE **BAQSIMI**

Read the Instructions for Use for BAQSIMI before using it.

BAQSIMI is used to treat very low blood sugar (severe hypoglycemia) that may cause you or your child to need help from others.

You should make sure you show your family, friends, and your child's teachers or school nurses where you keep BAQSIMI and explain how to use it by sharing these instructions. **They need to know how to use BAQSIMI before an emergency happens.**

- **Do not** remove the Shrink Wrap or open the Tube until you are ready to use it.

Preparing the Dose:

- Remove the Shrink Wrap by pulling on the red stripe.
- Open the lid and remove the Device from the Tube.
- **Caution: Do not press the Plunger until ready to give the dose.**

To watch a short video on how to use BAQSIMI, visit **BAQSIMI.com/how-to-use-BAQSIMI**.

Keep tube sealed until ready to use.

Giving the Dose:

- **Hold Device** between fingers and thumb.
- **Do not** push Plunger yet.

- **Insert Tip** gently into one nostril until finger(s) touch the outside of the nose.

- **Push Plunger** firmly all the way in.
- **Dose is complete when the Green Line disappears.**

After giving the dose, those helping should do the following:

- Call for emergency medical help right away.
- If the person is unconscious, turn the person on their side.
- **Throw away the used Device and Tube.**
- Encourage the person to eat as soon as possible. When they are able to safely swallow, give the person a fast-acting source of sugar, such as juice. Then encourage the person to eat a snack, such as crackers with cheese or peanut butter.
- If the person does not respond after 15 minutes, another dose may be given, if available.

Caution: Replace the used BAQSIMI right away so you will have a new BAQSIMI in case you need it.

baqsimi®
(glucagon) nasal powder 3mg

GVOKE HypoPen®
(glucagon injection)

Anyone can use Gvoke HypoPen to bring blood sugar up to safe levels with just 2 steps.[1,2]

You can even give Gvoke HypoPen to yourself in certain situations.[1]

1

Pull red
cap off.

2

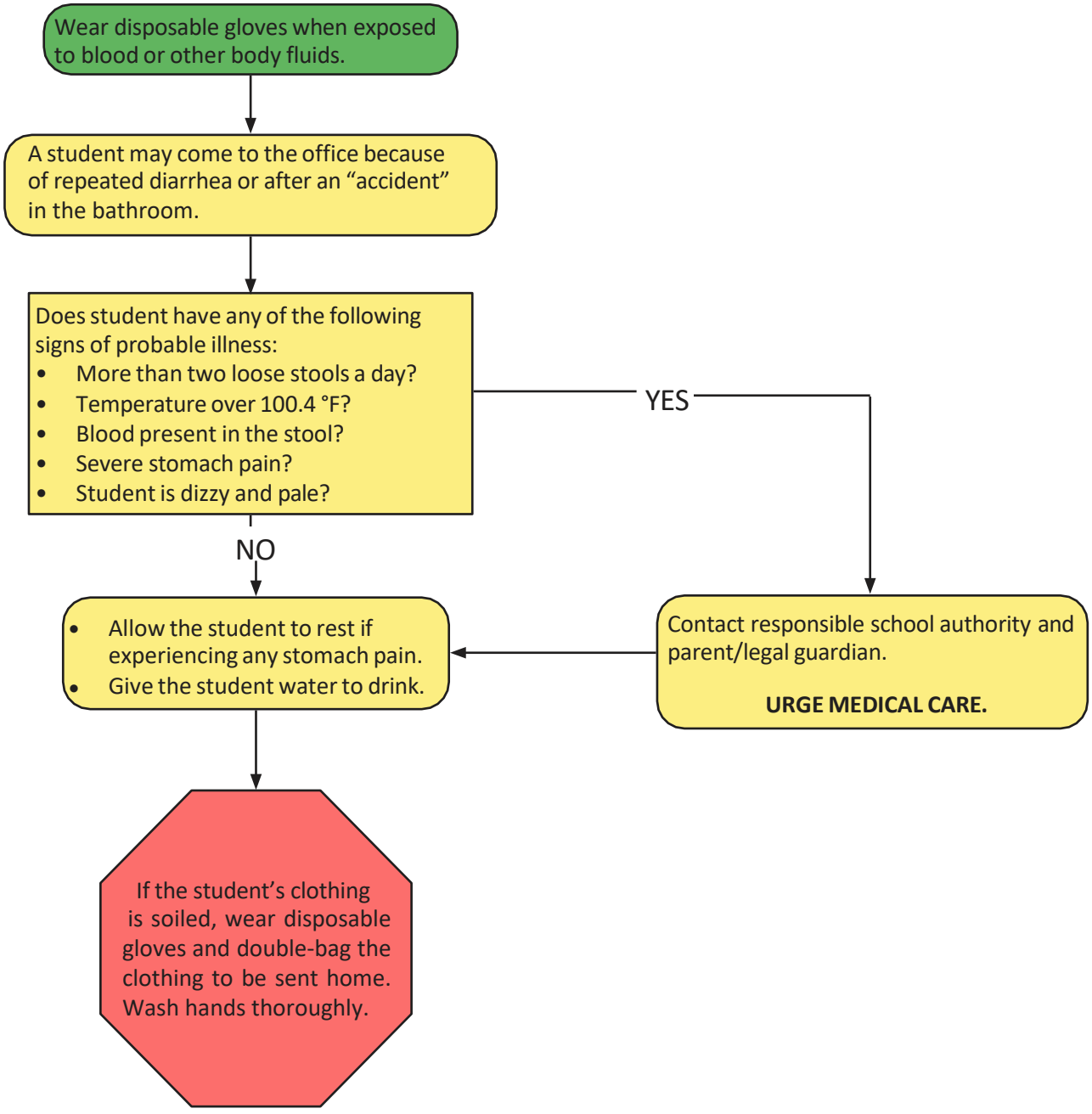
Push yellow
end down on skin and hold 5 seconds. Window will turn red.

Administer into upper arm, stomach, or thigh.

After using Gvoke HypoPen, turn person on their side if they have passed out or are seizing. Call for emergency help.[1]

Please see Gvoke HypoPen Instructions for Use for full detailed instructions at GvokeGlucagon.com.

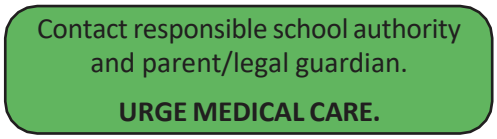
DIARRHEA


Wear disposable gloves when exposed to blood or other body fluids.
A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.
Does student have any of the following signs of probable illness:
• More than two loose stools a day?
• Temperature over 100.4 °F?
• Blood present in the stool?
• Severe stomach pain?
• Student is dizzy and pale?
YES
NO
Contact responsible school authority and parent/legal guardian.
URGE MEDICAL CARE.
• Allow the student to rest if experiencing any stomach pain.
• Give the student water to drink.
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

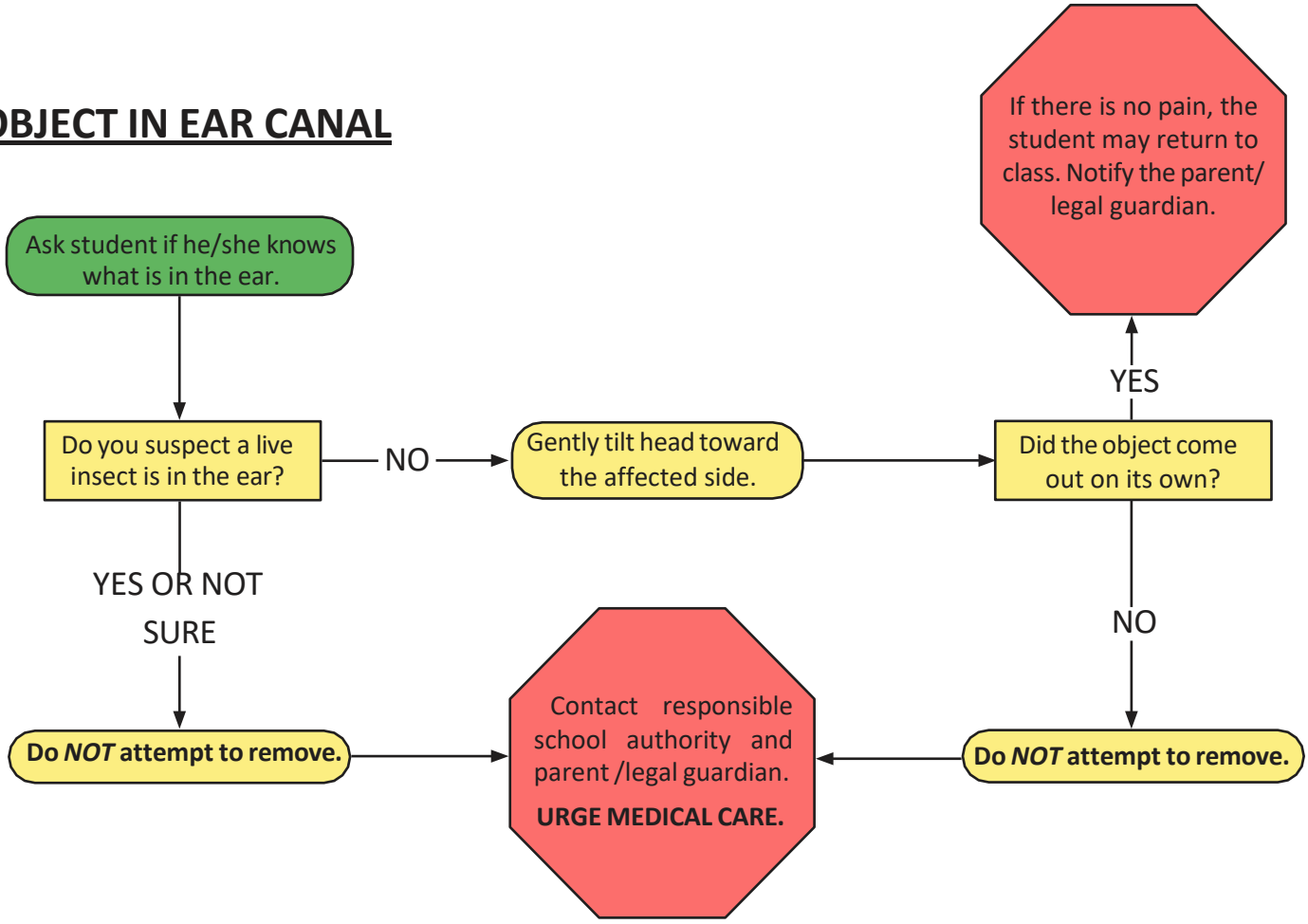
EAR PROBLEMS

DRAINAGE FROM EAR

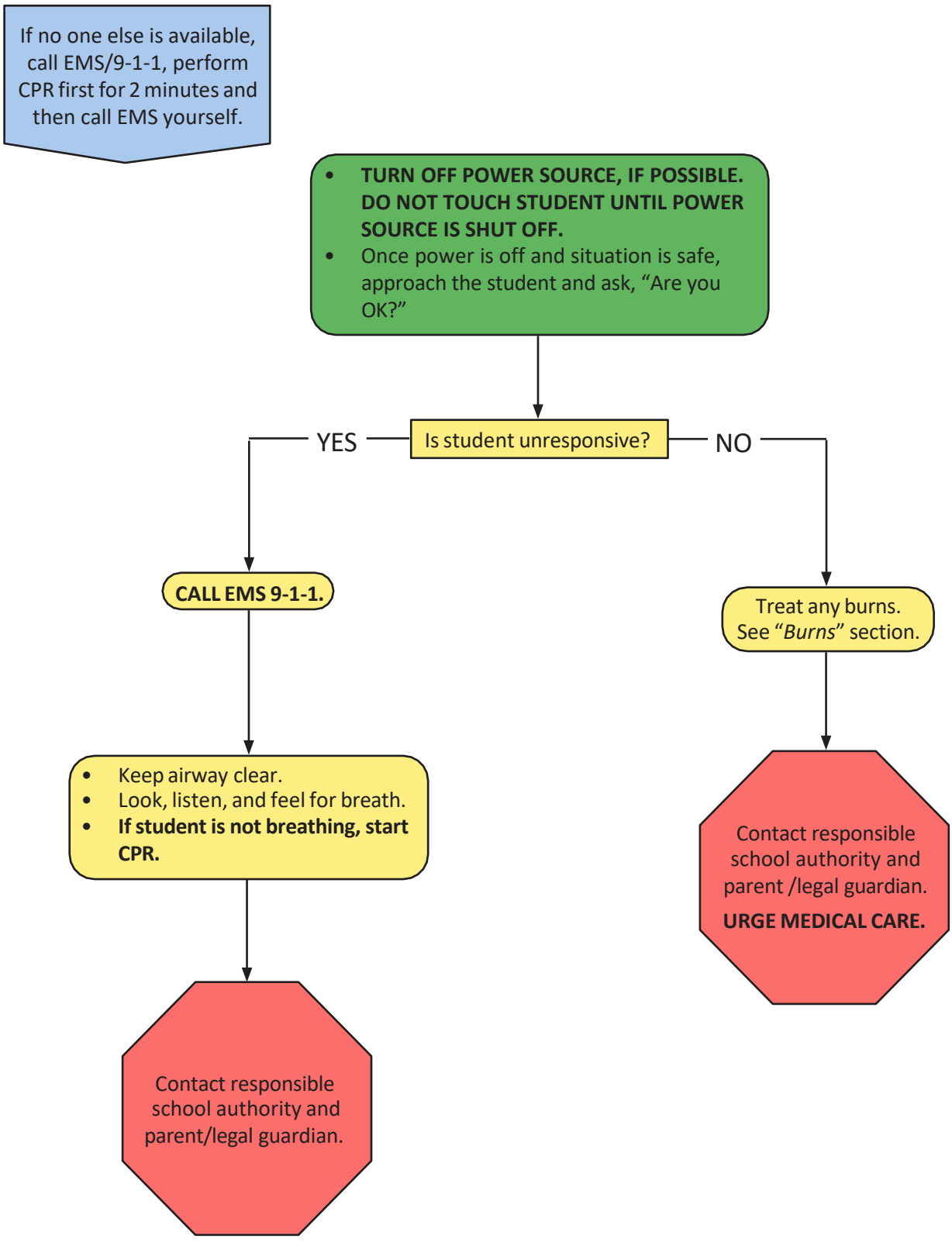
EARACHE



OBJECT IN EAR CANAL



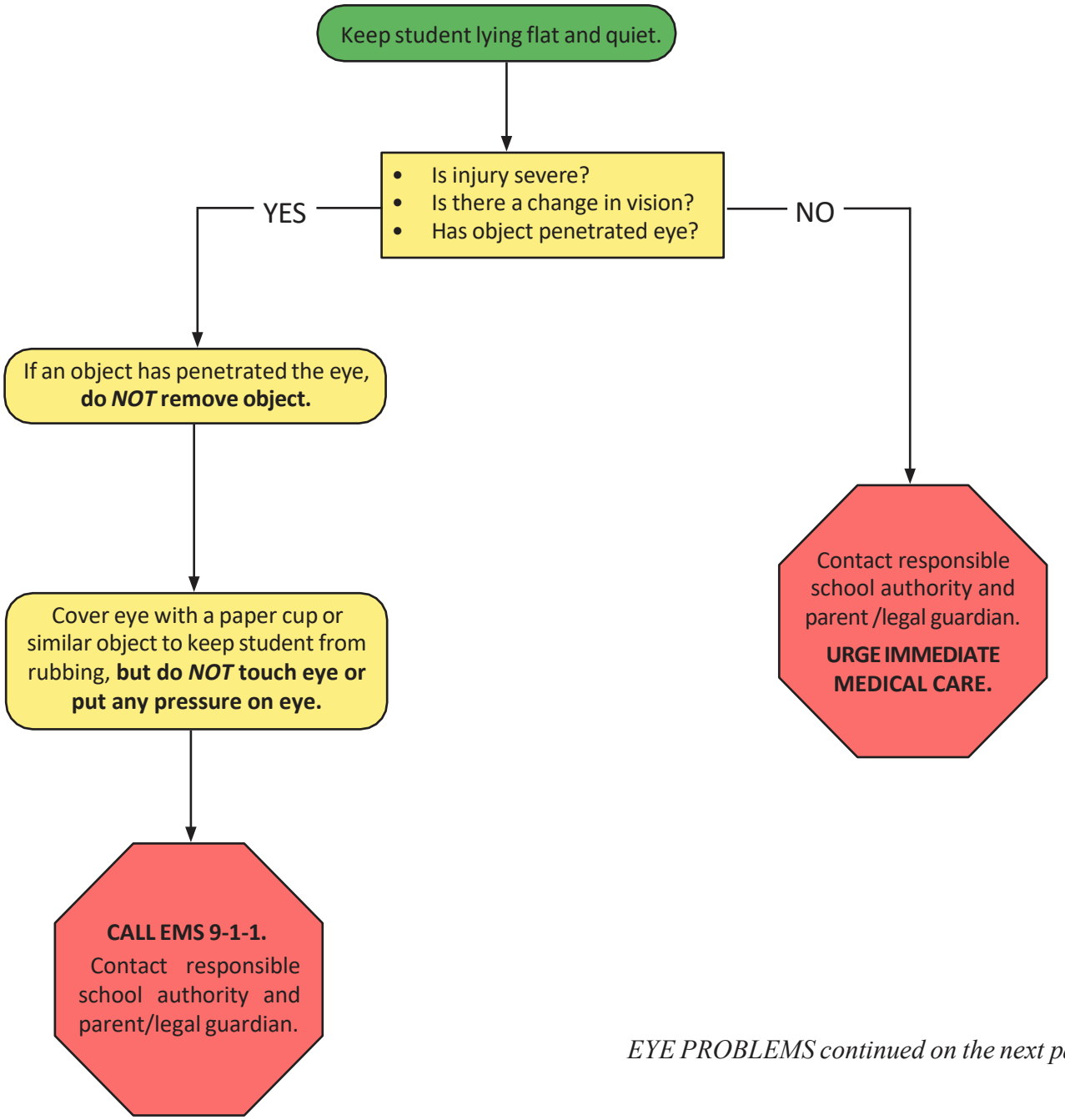
ELECTRICAL SHOCK



EYE PROBLEMS

EYE INJURY

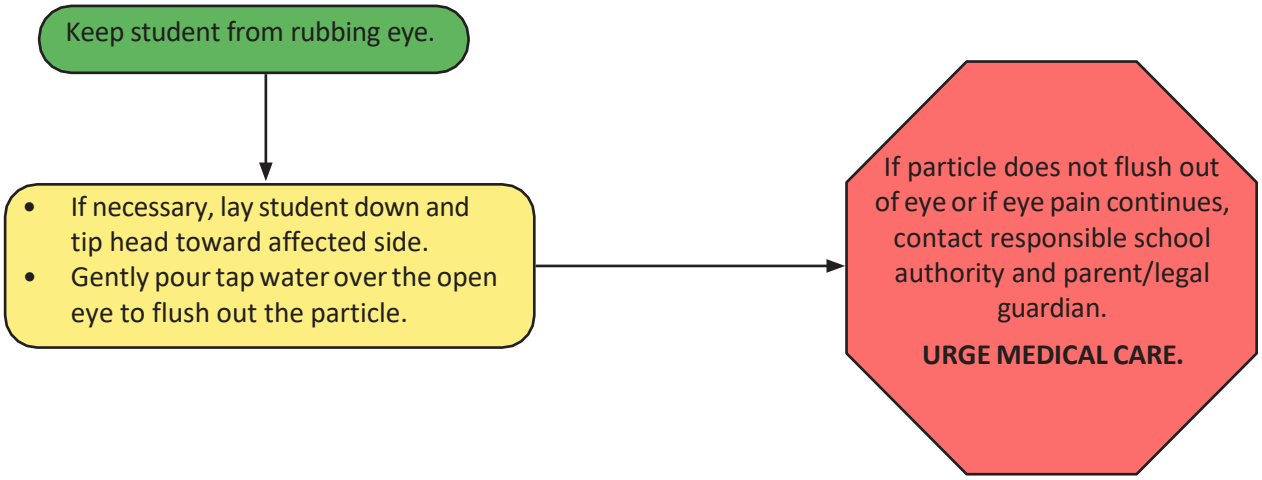
With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye.



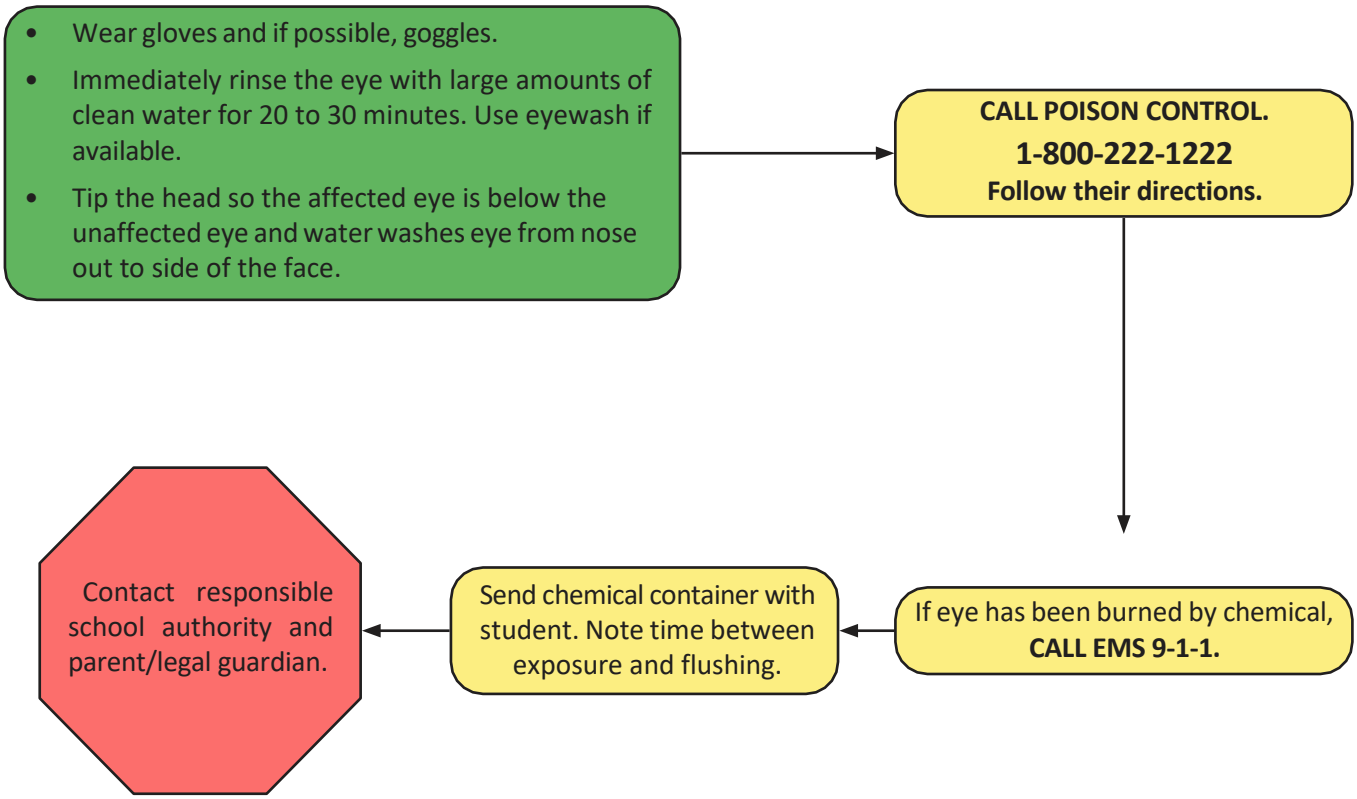
EYE PROBLEMS continued on the next page

EYE PROBLEMS (CONTINUED)

PARTICLE IN EYE



CHEMICALS IN EYE



FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.
- If you know the cause of the fainting, see the appropriate guideline.

- If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:
- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

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

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

YES
NOT SURE

Treat as possible neck injury. See *"Neck & Back Pain"* section.

Do *NOT* move student.

NO

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding if needed (wear disposable gloves).
- Give nothing by mouth.

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

YES

Keep student lying down. Contact responsible school authority and parent/legal guardian.

URGE MEDICAL CARE

NO

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

Contact responsible school authority and parent/ legal guardian.

FEVER

Take student's temperature.
Note if student has a fever defined as >100.4° F

↓

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

↓

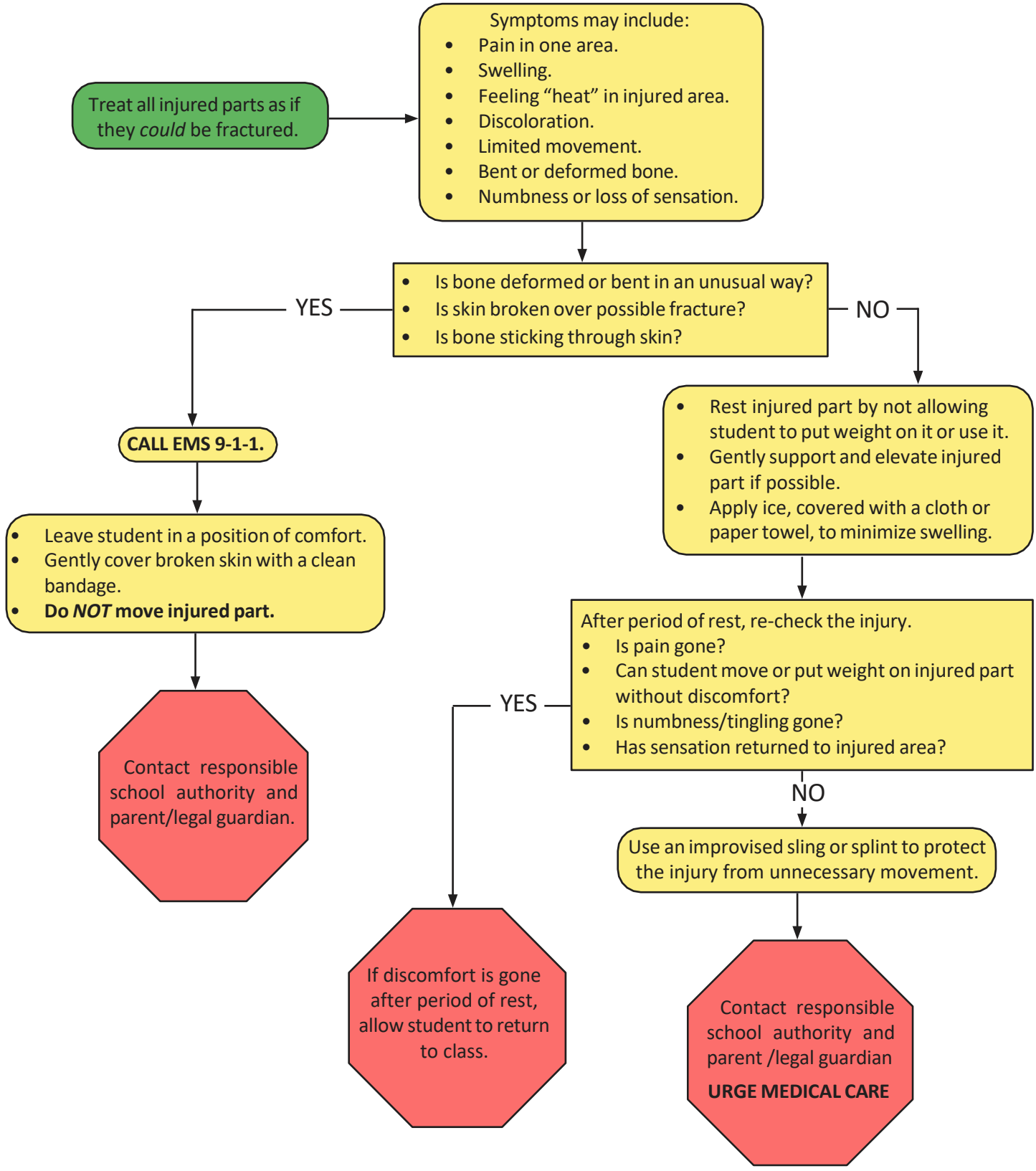
Give no medication, unless previously authorized.

↓

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

For more information, see *General Exclusion Guidelines for Ill Children/staff* at https://health.mo.gov/safety/childcare/pdf/PreventionandControlofCommunicableDiseases.pdf.

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).
- Feel cold to the touch.
- Feel numb to the student.

Deeply frostbitten skin may:

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

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

Does extremity/part:

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

YES

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

Contact responsible authority and parent/ legal guardian.

N

Keep student warm and part covered.

Contact responsible school authority and parent /legal guardian

Encourage medical care.

GENITOURINARY COMPLAINTS

Genitourinary complaints include trauma, injury, infection of the genitals (penis, testicles, vagina, vulva and surrounding area), itching, unusual color, or unusual odor.
Sexually transmitted infection and abuse must be ruled out regardless of person's age.

Physical examination should be left to medical professionals.

Complaints may include:

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

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

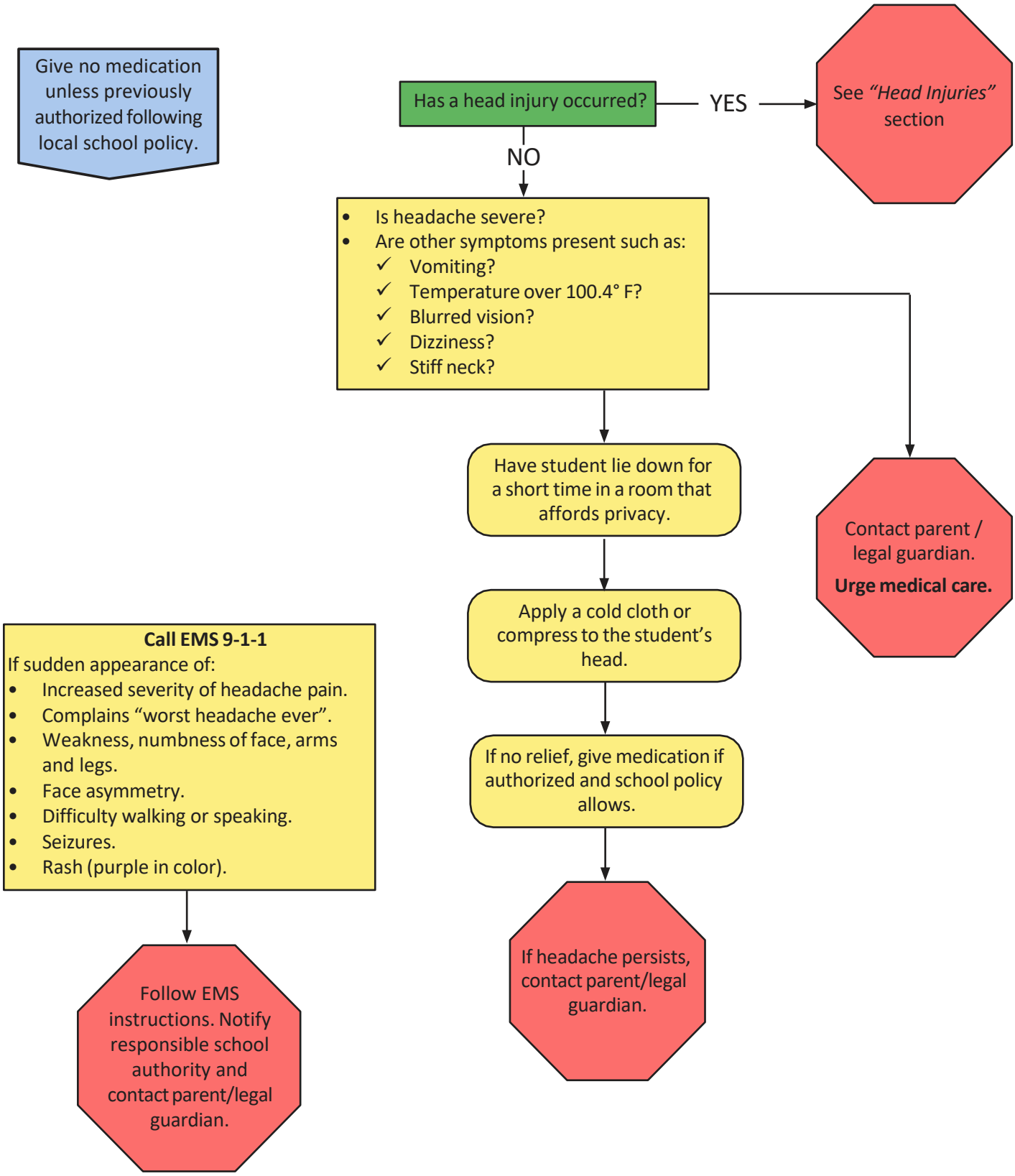
Is there severe genitourinary bleeding? — YES → See *"Bleeding"* or *"Menstrual Difficulties"*

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

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

Notify parent/legal guardian. Notify responsible school authority. **URGE MEDICAL CARE**

HEADACHE


Give no medication unless previously authorized following local school policy.
Has a head injury occurred?
YES
See "Head Injuries" section
NO
• Is headache severe?
• Are other symptoms present such as:
✓ Vomiting?
✓ Temperature over 100.4° F?
✓ Blurred vision?
✓ Dizziness?
✓ Stiff neck?
Have student lie down for a short time in a room that affords privacy.
Contact parent / legal guardian.
Urge medical care.
Apply a cold cloth or compress to the student's head.
If no relief, give medication if authorized and school policy allows.
If headache persists, contact parent/legal guardian.
Call EMS 9-1-1
If sudden appearance of:
• Increased severity of headache pain.
• Complains "worst headache ever".
• Weakness, numbness of face, arms and legs.
• Face asymmetry.
• Difficulty walking or speaking.
• Seizures.
• Rash (purple in color).
Follow EMS instructions. Notify responsible school authority and contact parent/legal guardian.

HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Head injuries from falls, sports, and violence may be serious. Parent or guardian should be contacted via phone and head injury documented if head injury/bump occurs at school. Follow local school system policy for head injury including concussions.

See CDC Concussion Report Form

Ask student or witness:

1. Was there a bump, blow, or jolt to head or body; and
2. Are there any of the signs and symptoms listed below?

Confusion	Repeats questions
Forgetfulness	Loss of consciousness
Feeling slowed down or foggy	Nervous or anxious
Sad/irritable	Headache
Nausea/Vomiting	Sensitivity to light
Dizzy	Vision problems
Sleeping	Behavior and personality changes

YES

- With head injury, always suspect neck injury as well.
- **DO NOT move or twist the back or neck.**
- See "Neck and Back Pain" section for more information.

NO

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

- Have student rest, lying flat.
- Keep student quiet and warm.
- Apply cold compress to injury area for 20 minutes.

Does the student have any of the following symptoms?

- Worsening headache.
- Significant nausea or 2-3 episodes of vomiting.
- Unusual behavior, confusion.
- Drowsiness or inability to wake up.
- Slurred speech or weakness.
- Seizures or convulsions (shaking).
- Loss of consciousness.

NO

- Monitor student for 30 minutes.
- Do NOT leave student alone.

YES

CALL EMS 9-1-1

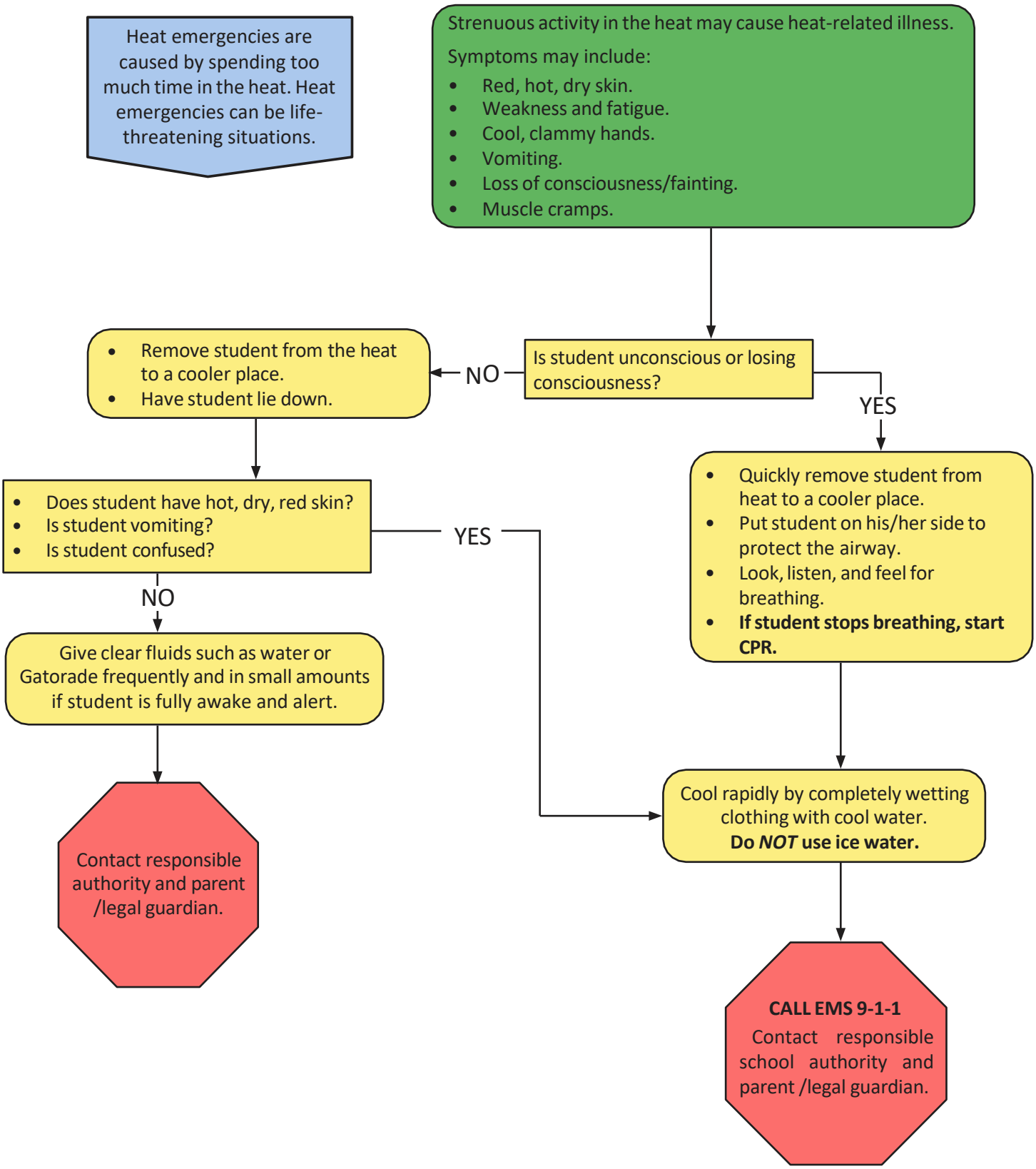
- Check student's airway.
- Monitor student's breathing.
- **If student stops breathing or is unresponsive, start CPR.**

Even if student only had mild symptoms and seems fully recovered, contact responsible school authority and parent/legal guardian.

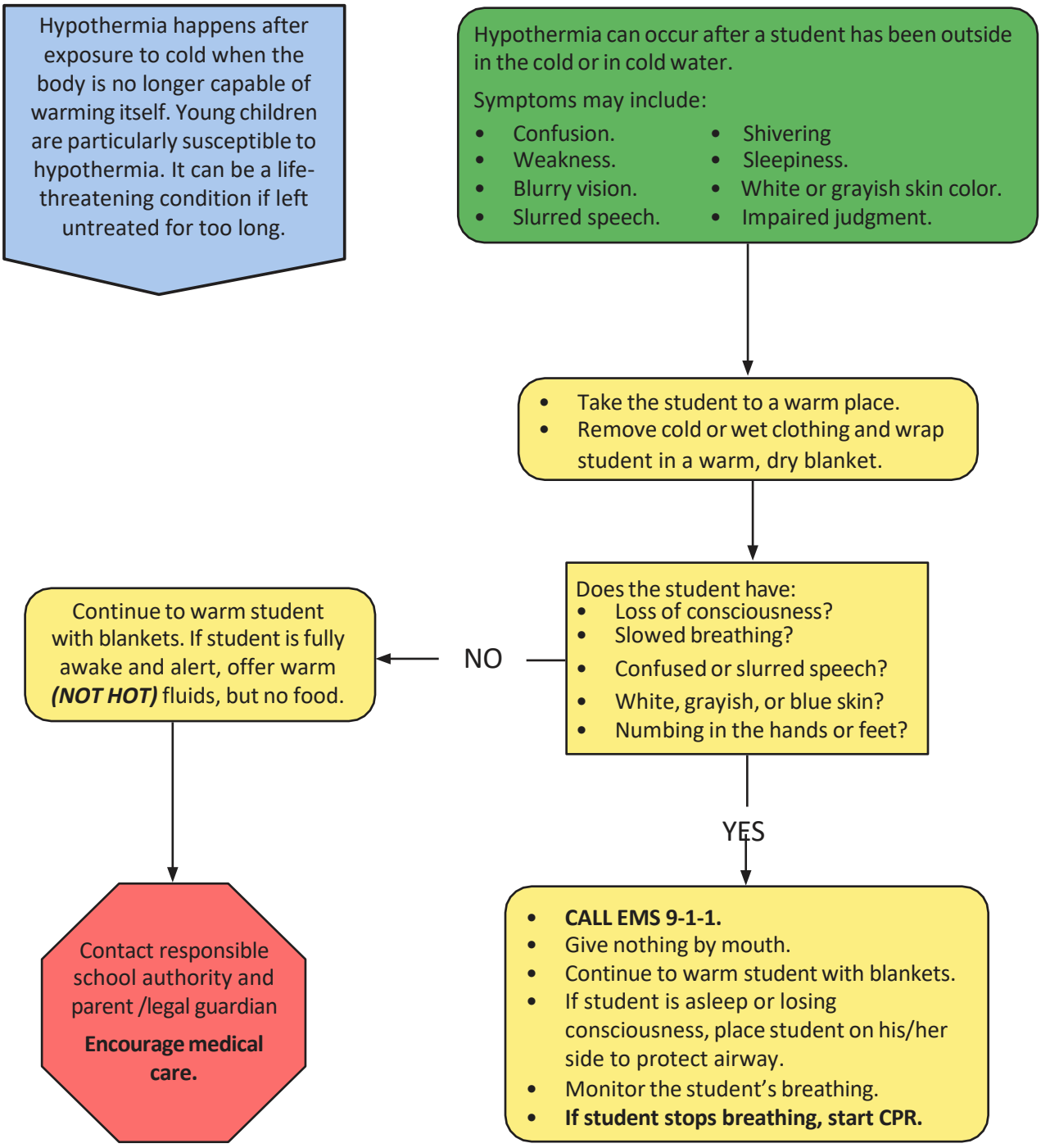
URGE MEDICAL CARE

Watch for delayed symptoms.

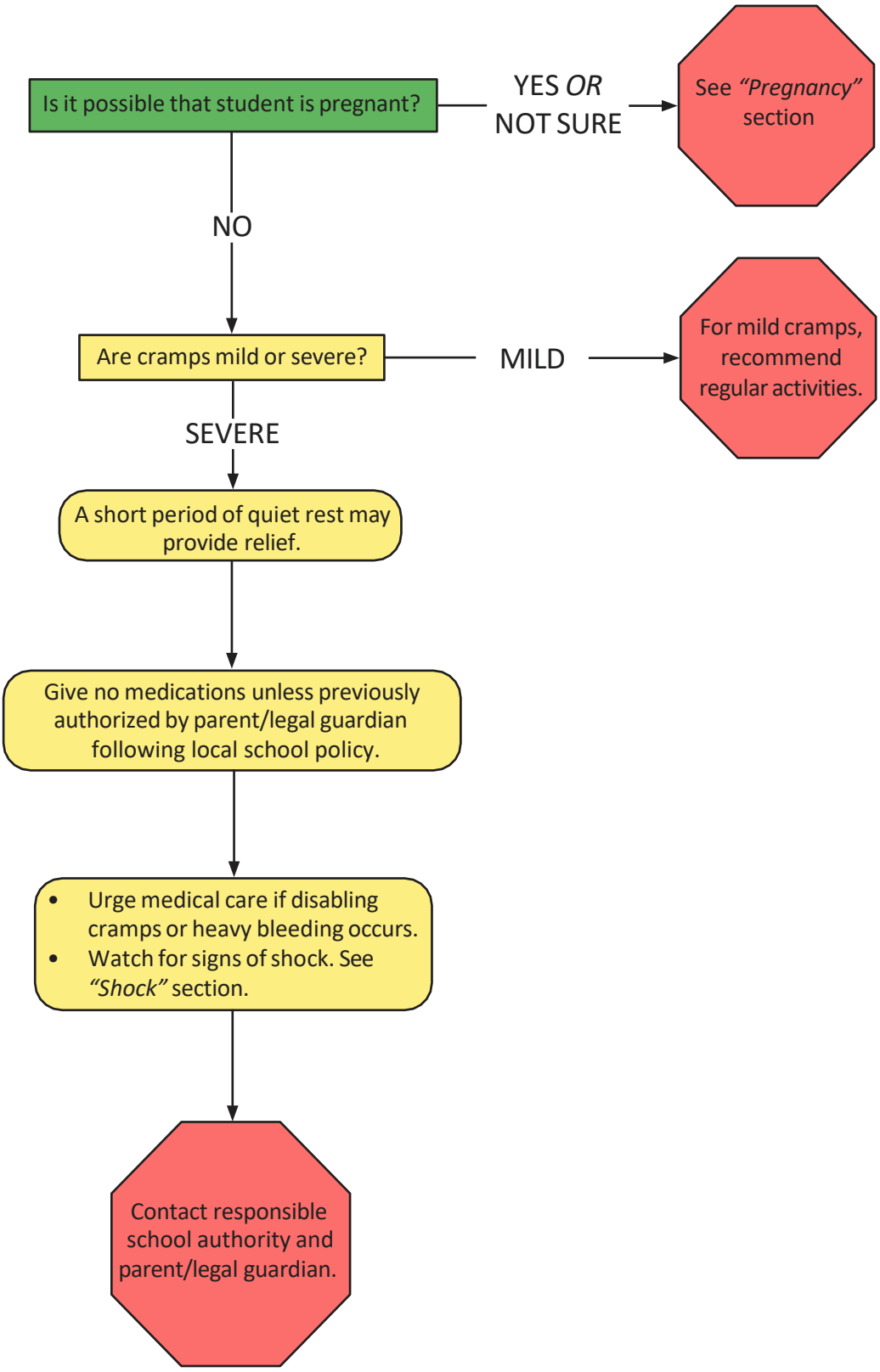
HYPERTHERMIA (HEAT) EMERGENCIES



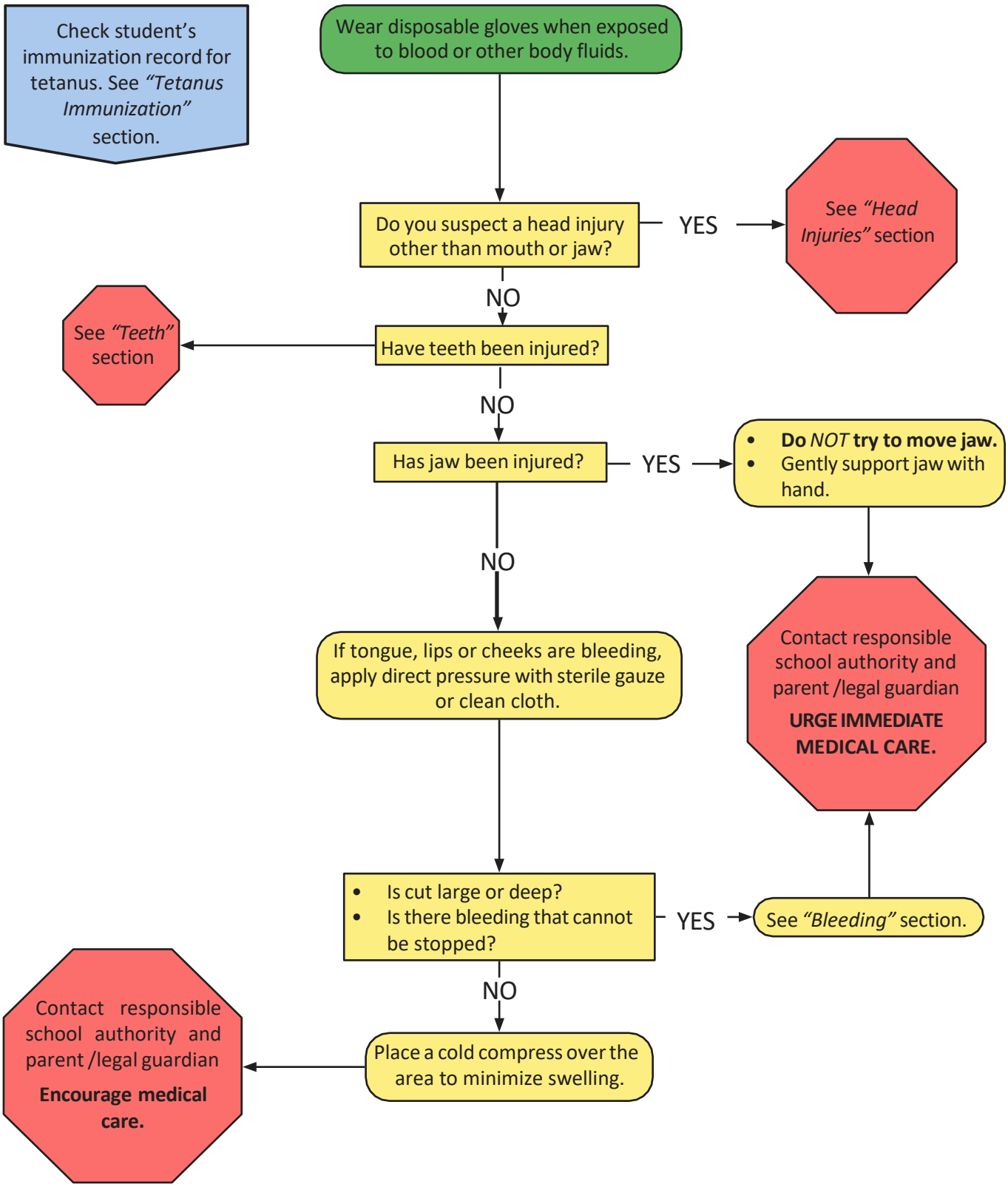
HYPOTHERMIA (COLD) EMERGENCIES



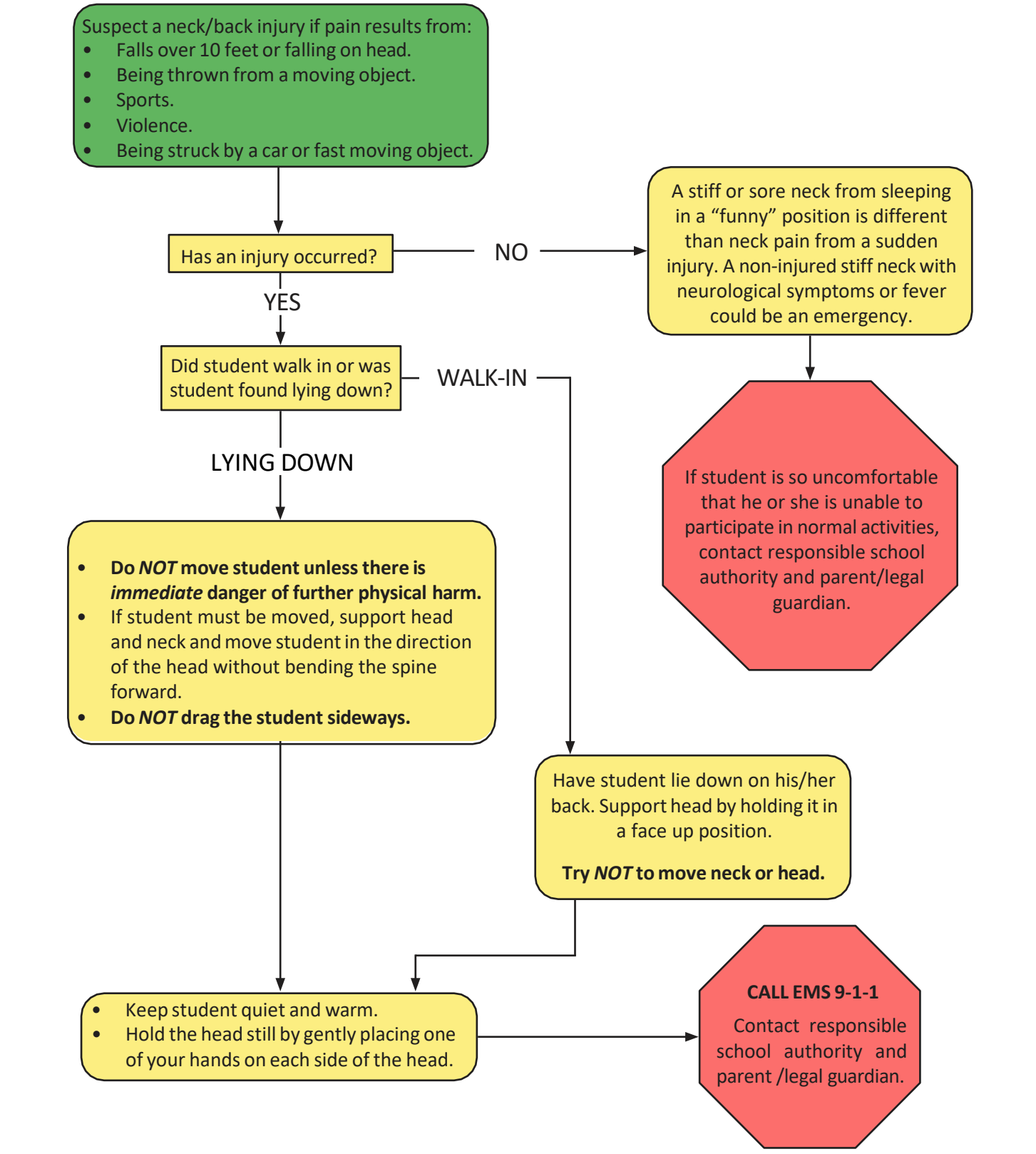
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES

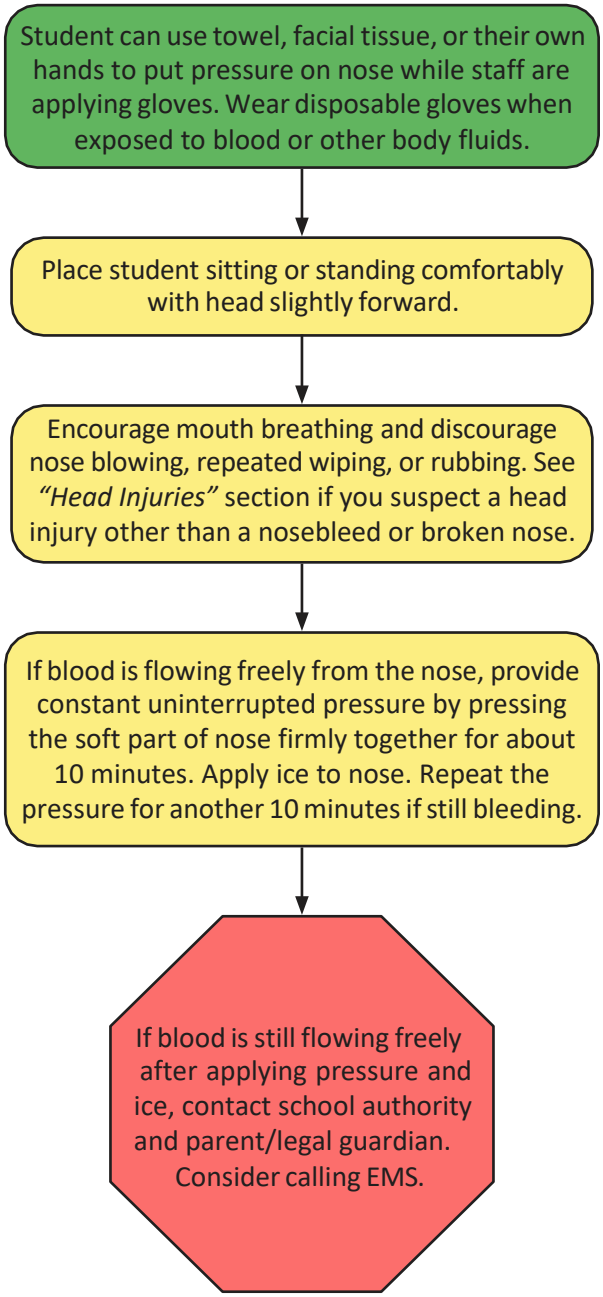


NECK & BACK PAIN



NOSE PROBLEMS

EPISTAXIS (NOSEBLEED)

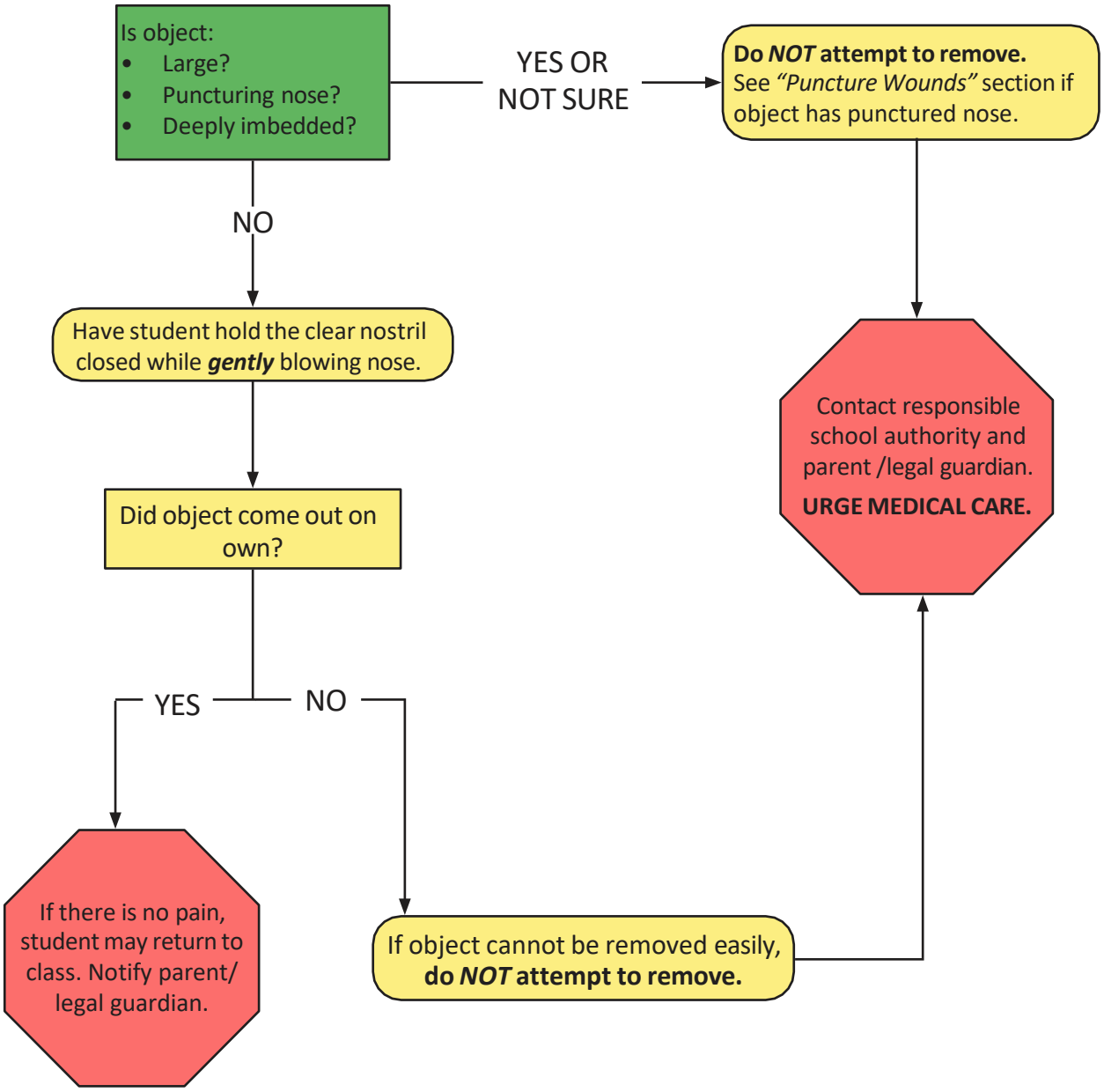


BROKEN NOSE

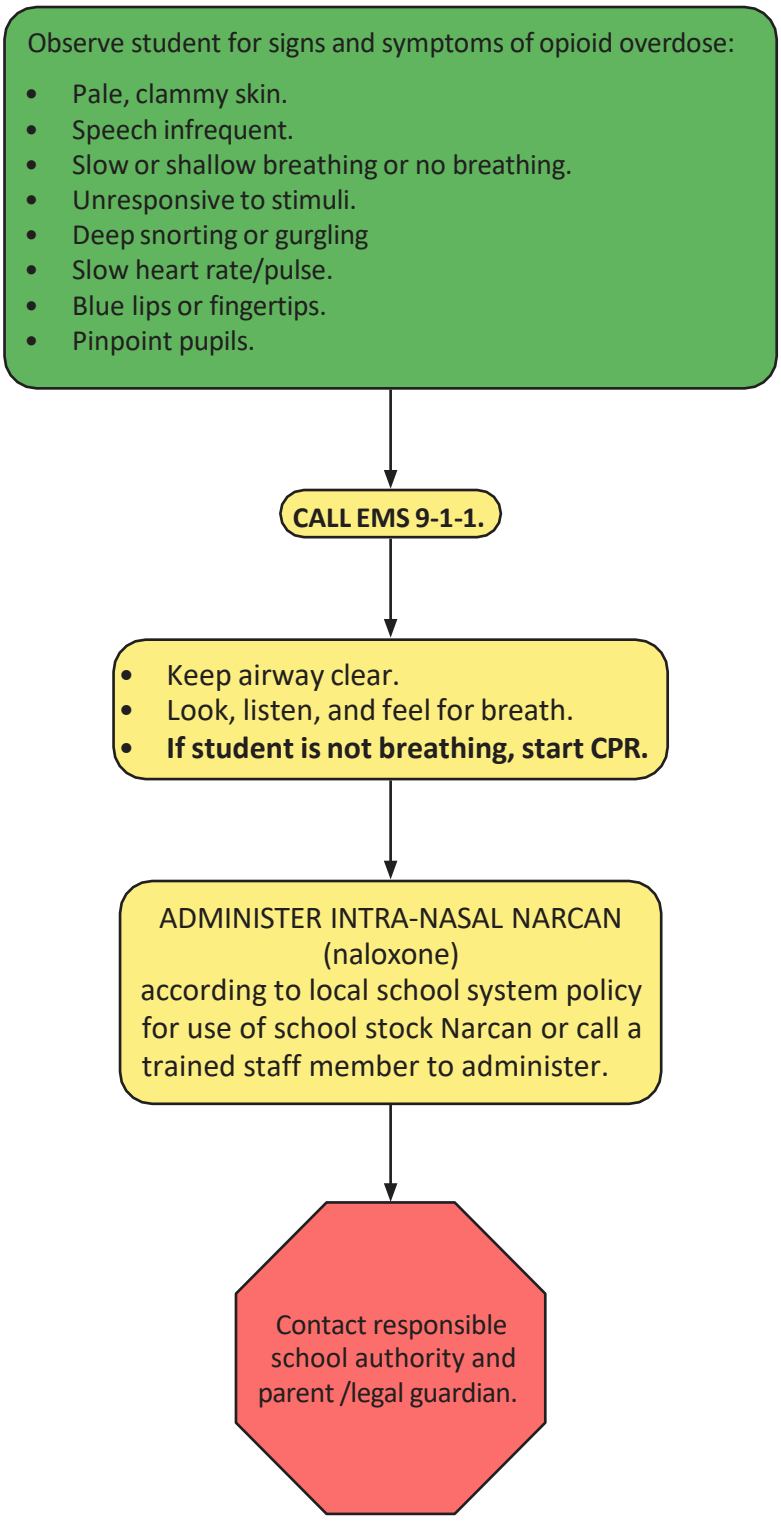
- Care for nose as in *"Nosebleed"* above.
- Contact responsible school authority and parent/legal guardian.
- **URGE MEDICAL CARE.**

NOSE PROBLEMS (CONTINUED)

OBJECTS IN NOSE



OPIOID OVERDOSE



OPIOID OVERDOSE (CONTINUED)

NARCAN® (naloxone HCl) NASAL SPRAY

QUICK START GUIDE

Opioid Overdose Response Instructions

Use NARCAN® (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of an opioid overdose:

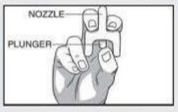
- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.

2 Give NARCAN Nasal Spray

REMOVE NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.

Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

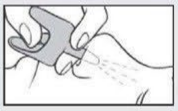


Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

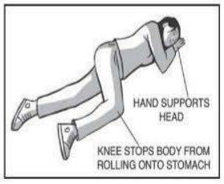
- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.



Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

ADAPT PHARMA

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).
You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

OPIOID OVERDOSE (CONTINUED)

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

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

Or if you are not sure.

Possible warning signs of poisoning include:

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

If unresponsive **CALL EMS 911.**

If not breathing, start CPR. If drug use is suspected see *"Opioid Overdose"* section.

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

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

If possible, find out:

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

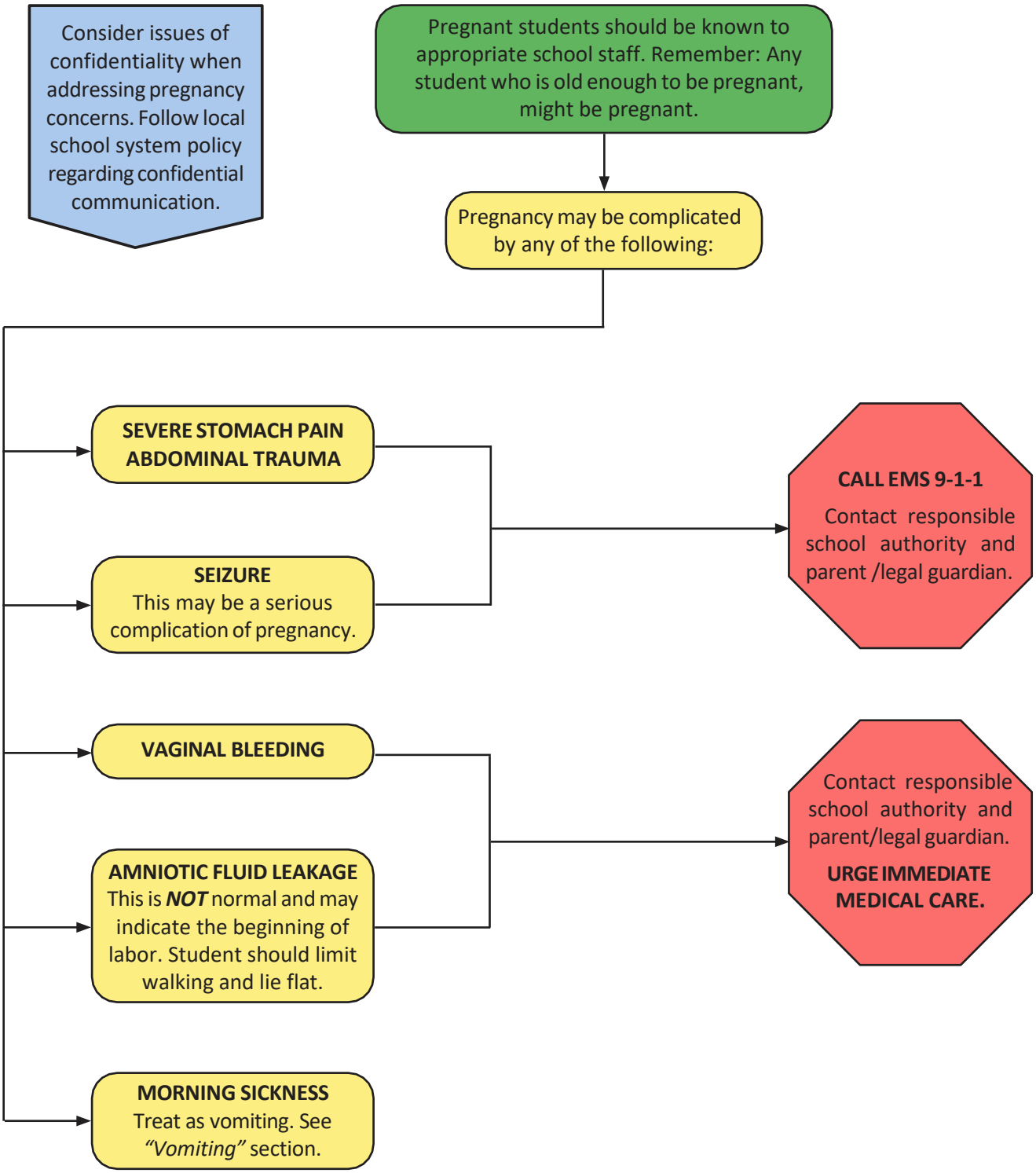
CALL POISON CONTROL 1-800-222-1222
Follow their directions.

- If student becomes unconscious, place on his/her side. Check airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.**

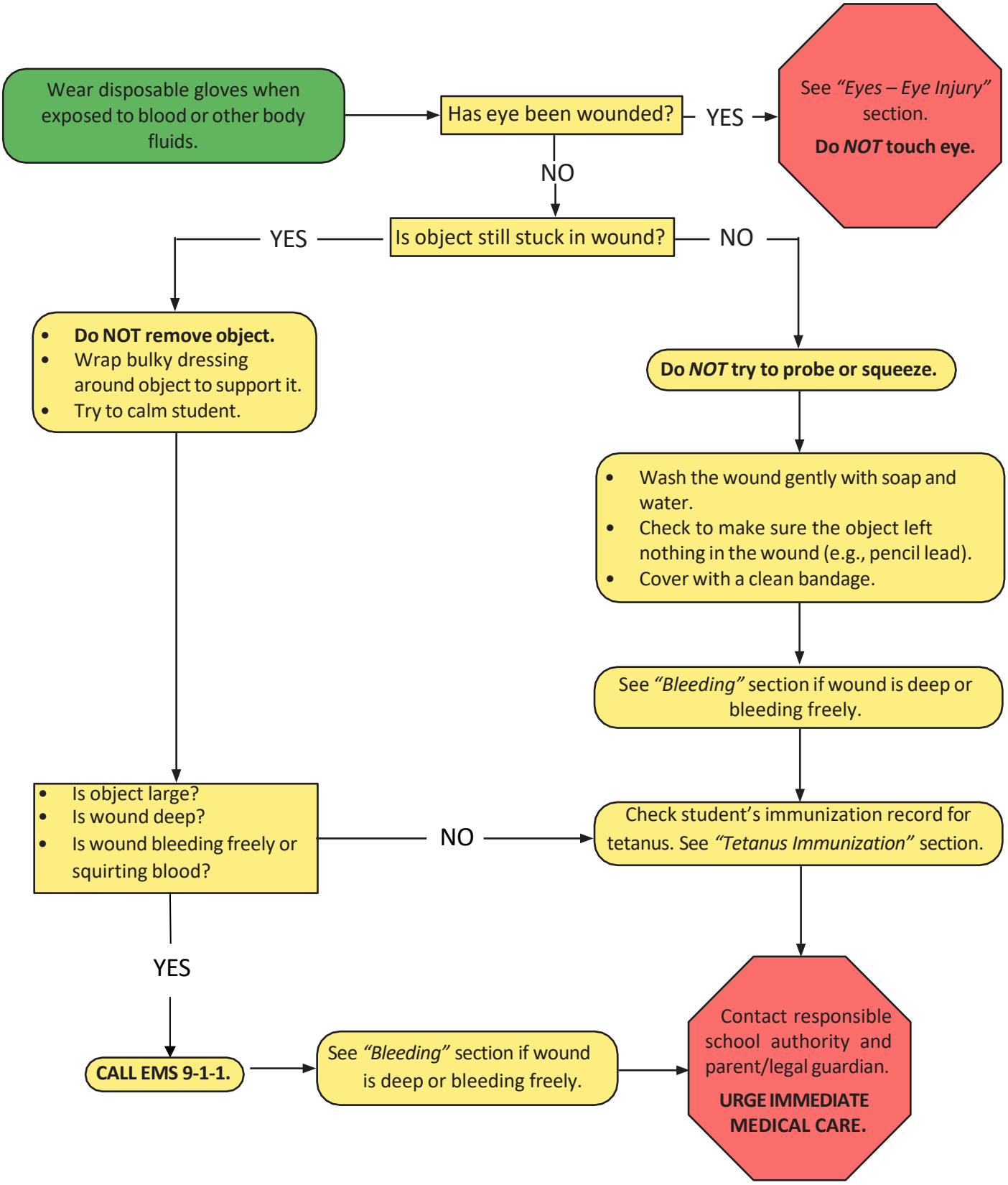
CALL EMS 9-1-1
Contact responsible school authority and parent/legal guardian.

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

PREGNANCY


Consider issues of confidentiality when addressing pregnancy concerns. Follow local school system policy regarding confidential communication.
Pregnant students should be known to appropriate school staff. Remember: Any student who is old enough to be pregnant, might be pregnant.
Pregnancy may be complicated by any of the following:
SEVERE STOMACH PAIN
ABDOMINAL TRAUMA
SEIZURE
This may be a serious complication of pregnancy.
CALL EMS 9-1-1
Contact responsible school authority and parent /legal guardian.
VAGINAL BLEEDING
AMNIOTIC FLUID LEAKAGE
This is NOT normal and may indicate the beginning of labor. Student should limit walking and lie flat.
Contact responsible school authority and parent/legal guardian.
URGE IMMEDIATE MEDICAL CARE.
MORNING SICKNESS
Treat as vomiting. See "Vomiting" section.

PUNCTURE WOUNDS



RAPE OR SEXUAL ASSAULT

Suspected victims of sexual assault are considered emergency patients with needs to be met equally by law enforcement and medical personnel. Victims may be male or female. Follow local school system's policy regarding reporting.

Victims may display:

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

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

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

YES

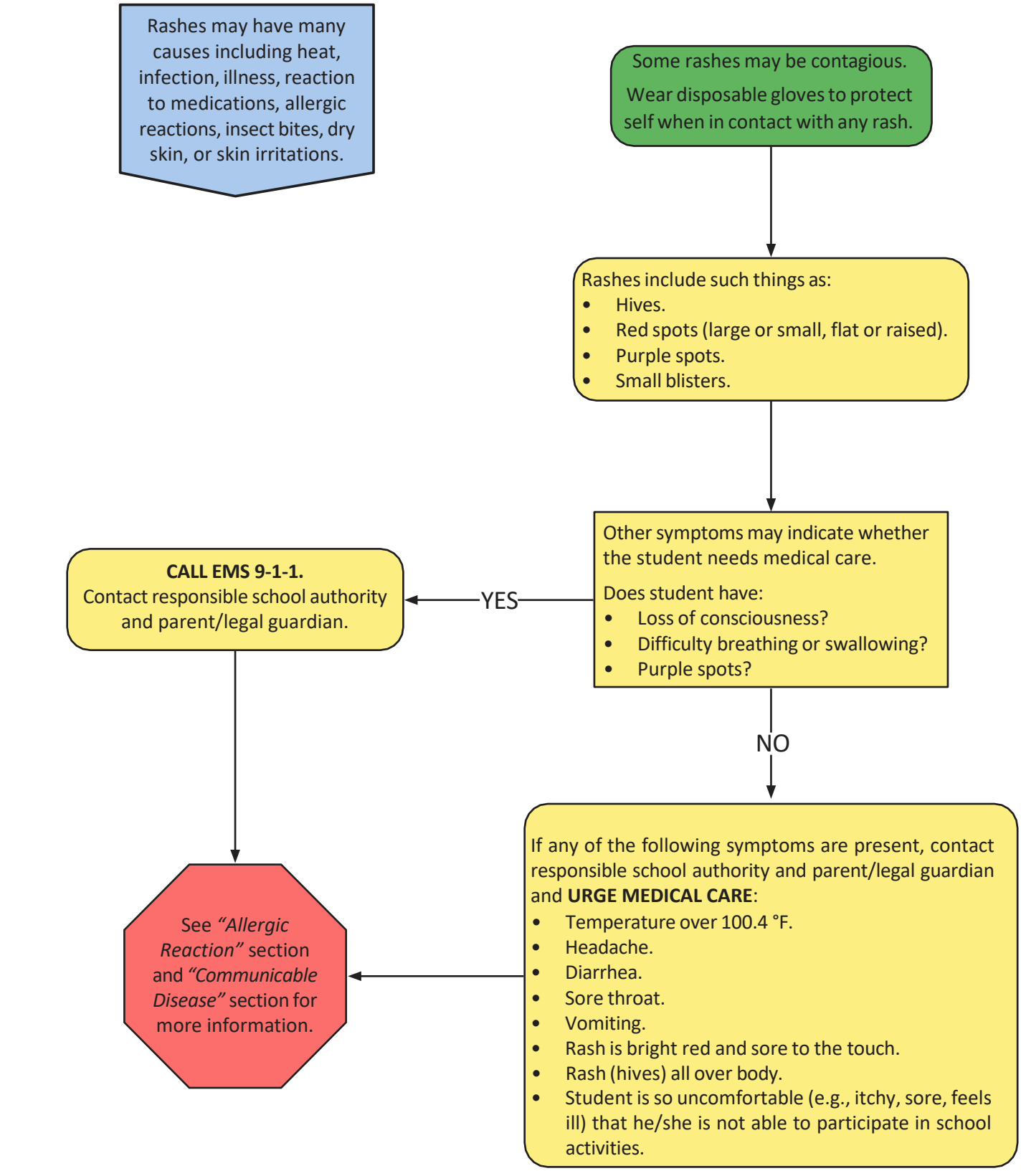
Call EMS
9-1-1.

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

NO

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

RASHES


Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin, or skin irritations.
Some rashes may be contagious.
Wear disposable gloves to protect self when in contact with any rash.
Rashes include such things as:
• Hives.
• Red spots (large or small, flat or raised).
• Purple spots.
• Small blisters.
Other symptoms may indicate whether the student needs medical care.
Does student have:
• Loss of consciousness?
• Difficulty breathing or swallowing?
• Purple spots?
YES
CALL EMS 9-1-1.
Contact responsible school authority and parent/legal guardian.
NO
If any of the following symptoms are present, contact responsible school authority and parent/legal guardian and URGE MEDICAL CARE:
• Temperature over 100.4 °F.
• Headache.
• Diarrhea.
• Sore throat.
• Vomiting.
• Rash is bright red and sore to the touch.
• Rash (hives) all over body.
• Student is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities.
See "Allergic Reaction" section and "Communicable Disease" section for more information.

SEIZURES

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

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

Refer to student's emergency action plan.

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

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

- Is student having a seizure lasting longer than 5 minutes?
- Is student having back to back seizures and not returning to normal in between?
- Is student *without a known history of* having a seizure?
- Is student having any breathing difficulties after the seizure?

NO

YES

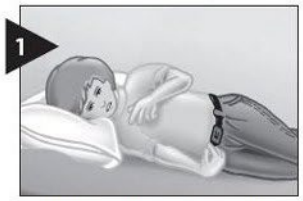
Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in all normal class activities.

Call EMS 9-1-1.
If student has emergency seizure medication at school, use medication as directed.

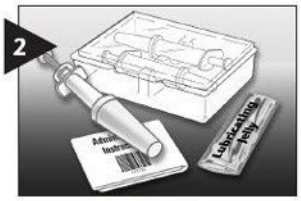
Contact responsible school authority and parent /legal guardian.

****See how to administer emergency seizure medications on the next 3 pages.**

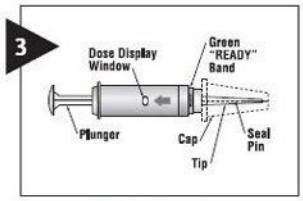
Diastat (Rectal Gel) Administration



Put person on their side where they can't fall.

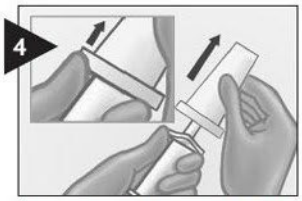


Get medicine.

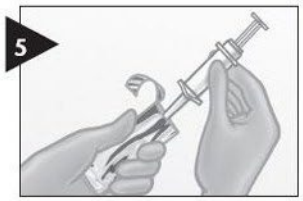


Get syringe.

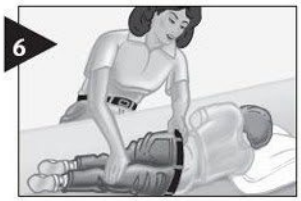
Note: Seal Pin is attached to the cap.



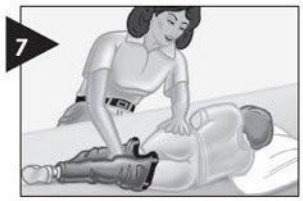
Push up with thumb and pull to remove cap from syringe. **Be sure Seal Pin is removed with the cap.**



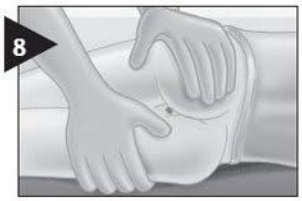
Lubricate rectal tip with lubricating jelly.



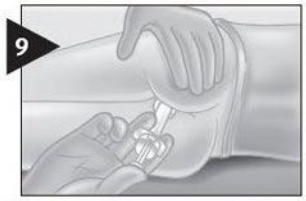
Turn person on side facing you.



Bend upper leg forward to expose rectum.



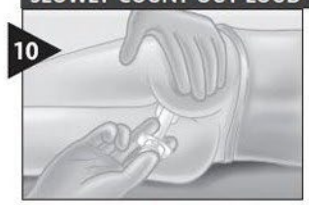
Separate buttocks to expose rectum.



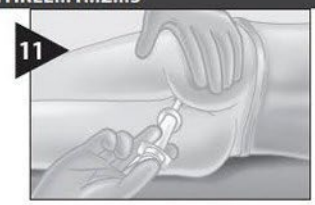
Gently insert syringe tip into rectum.

Note: Rim should be snug against rectal opening.

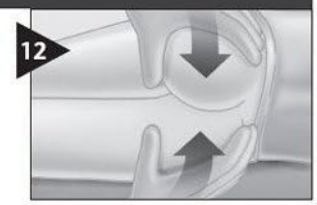
SLOWLY COUNT OUT LOUD TO THREE...1...2...3



Slowly count to 3 while gently pushing plunger in until it stops.



Slowly count to 3 before removing syringe from rectum.

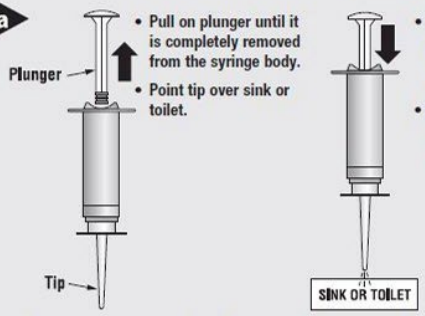


Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN

Keep person on side facing you, note time given and continue to observe.

DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL



- Pull on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.
- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.

This step is for Diastat® AcuDial™ users only

At the completion of step 14a:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

DISPOSAL FOR DIASTAT 2.5 MG

At the completion of step 13:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

INSTRUCTIONS FOR USE

For **5 mg** and **10 mg** Doses

VALTOCO® (diazepam nasal spray) CIV

You, your family members, caregivers, and others who may need to give VALTOCO should read these Instructions for Use before using it. Talk to your healthcare provider if you, your caregiver, or others who may need to give VALTOCO have any questions about the use of VALTOCO.

Important: For Nasal Use Only.

Do not test or prime the nasal spray device. Each device sprays one time only.
Do not use past the expiration date printed on box and blister pack.
Do not open blister pack until ready to use.

Each blister pack contains
1 nasal spray device.
1 dose = 1 nasal spray device.

To give VALTOCO nasal spray:

Step 1: **Open the blister pack** by peeling back the corner tab with the arrow.

Remove the nasal spray device from the blister pack.

Step 2: **Hold the nasal spray device** with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Do not press the plunger yet. If you press the plunger now, you will lose the medicine.

Step 3: **Insert the tip of the nozzle into 1 nostril** until your fingers, on either side of the nozzle, are against the bottom of the nose.

Step 4: **Press the bottom of the plunger firmly** with your thumb to give VALTOCO. The person does not need to breathe deeply when VALTOCO is given.

Remove the nasal spray device from the nose after giving VALTOCO.

After giving VALTOCO nasal spray:

Throw away (discard) the nasal spray device and the blister pack after use.

Call for emergency help if any of the following happen:

- Seizure behavior in the person is different from that of other episodes.
- You are alarmed by how often the seizures happen, by how severe the seizure is, by how long the seizure lasts, or by the color or breathing of the person.

Make a note of the time VALTOCO was given and continue to watch the person closely.

Time of first VALTOCO dose: _____ **Time of second VALTOCO dose (if given):** _____

The healthcare provider may prescribe another dose of VALTOCO to be given at least 4 hours after the first dose. If a second dose is needed, repeat Steps 1 through 4 with a new blister pack of VALTOCO.

For more information about VALTOCO, visit www.valtoco.com or call 1-866-696-3873. Report side effects of prescription drugs to the FDA by visiting www.fda.gov/medwatch or by calling 1-800-FDA-1088.

These Instructions for Use have been approved by the U.S. Food and Drug Administration. Issued: 02/2022

NEURELIS™

INSTRUCTIONS FOR USE

For **15 mg** and **20 mg** Doses

VALTOCO® (diazepam nasal spray) CIV

You, your family members, caregivers, and others who may need to give VALTOCO should read these Instructions for Use before using it. Talk to your healthcare provider if you, your caregiver, or others who may need to give VALTOCO have any questions about the use of VALTOCO.

Important: For Nasal Use Only.

Do not test or prime the nasal spray devices. Each device sprays one time only.
Do not use past the expiration date printed on box and blister pack.
Do not open blister pack until ready to use.

Each blister pack contains
2 nasal spray devices.
1 dose = 2 nasal spray devices.

To give VALTOCO nasal spray:

Step 1: **Open the blister pack** by peeling back the corner tab with the arrow.

Remove the first nasal spray device from the blister pack.

Step 2: **Hold the nasal spray device** with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Do not press the plunger yet. If you press the plunger now, you will lose the medicine.

Step 3: **Insert the tip of the nozzle into 1 nostril** until your fingers, on either side of the nozzle, are against the bottom of the nose.

Step 4: **Press the bottom of the plunger firmly** with your thumb to give VALTOCO. The person does not need to breathe deeply when VALTOCO is given.

Remove the nasal spray device from the nose after giving VALTOCO.

Step 5: **You have not given the full dose of VALTOCO yet.**

Remove the second nasal spray device from the blister pack.

Repeat Steps 2 through 4, using the second nasal spray device in the other nostril to give the full dose of VALTOCO.

After giving VALTOCO nasal spray:

Throw away (discard) both nasal spray devices and the blister pack after use.

Call for emergency help if any of the following happen:

- Seizure behavior in the person is different from that of other episodes.
- You are alarmed by how often the seizures happen, by how severe the seizure is, by how long the seizure lasts, or by the color or breathing of the person.

Make a note of the time VALTOCO was given and continue to watch the person closely.
Time of first VALTOCO dose (first dose equals 1 spray in each nostril): _____ /_____
Time of second VALTOCO dose (if given, second dose equals 1 spray in each nostril): _____ /_____

The healthcare provider may prescribe another dose of VALTOCO to be given at least 4 hours after the first dose. If a second dose is needed, repeat Steps 1 through 5 with a new blister pack of VALTOCO.

For more information about VALTOCO, visit www.valtoco.com or call 1-866-696-3873. Report side effects of prescription drugs to the FDA by visiting www.fda.gov/medwatch or by calling 1-800-FDA-1088.

These Instructions for Use have been approved by the U.S. Food and Drug Administration. Issued: 02/2022

NEURELIS

SHOCK

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

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

See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.
Is student:
- Not breathing? See *"Choking"* section.
- Unconscious? See *"Unconsciousness"* section.
- Bleeding profusely? See *"Bleeding"* section.

YES → **CALL EMS 9-1-1.**

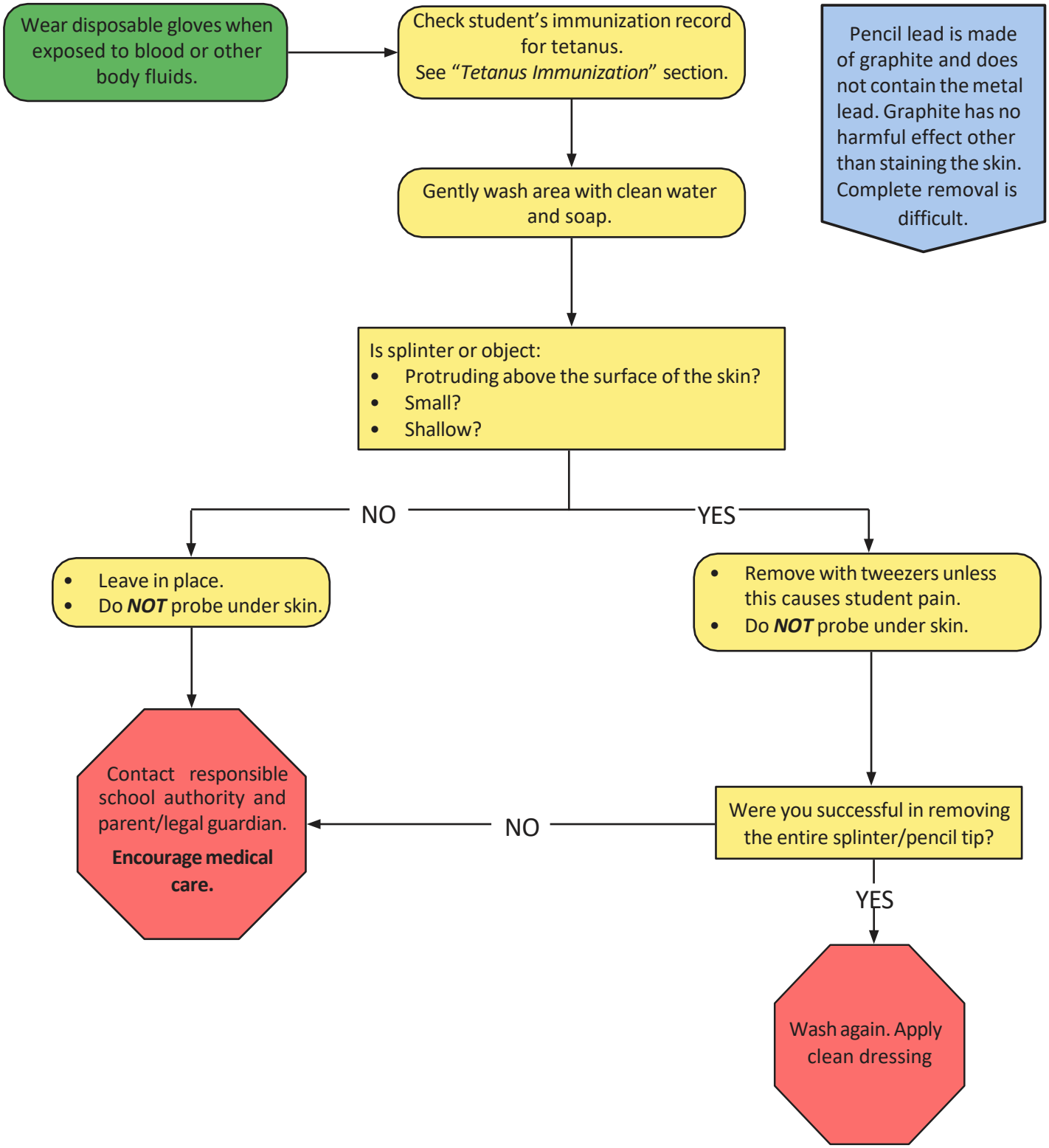
NO

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

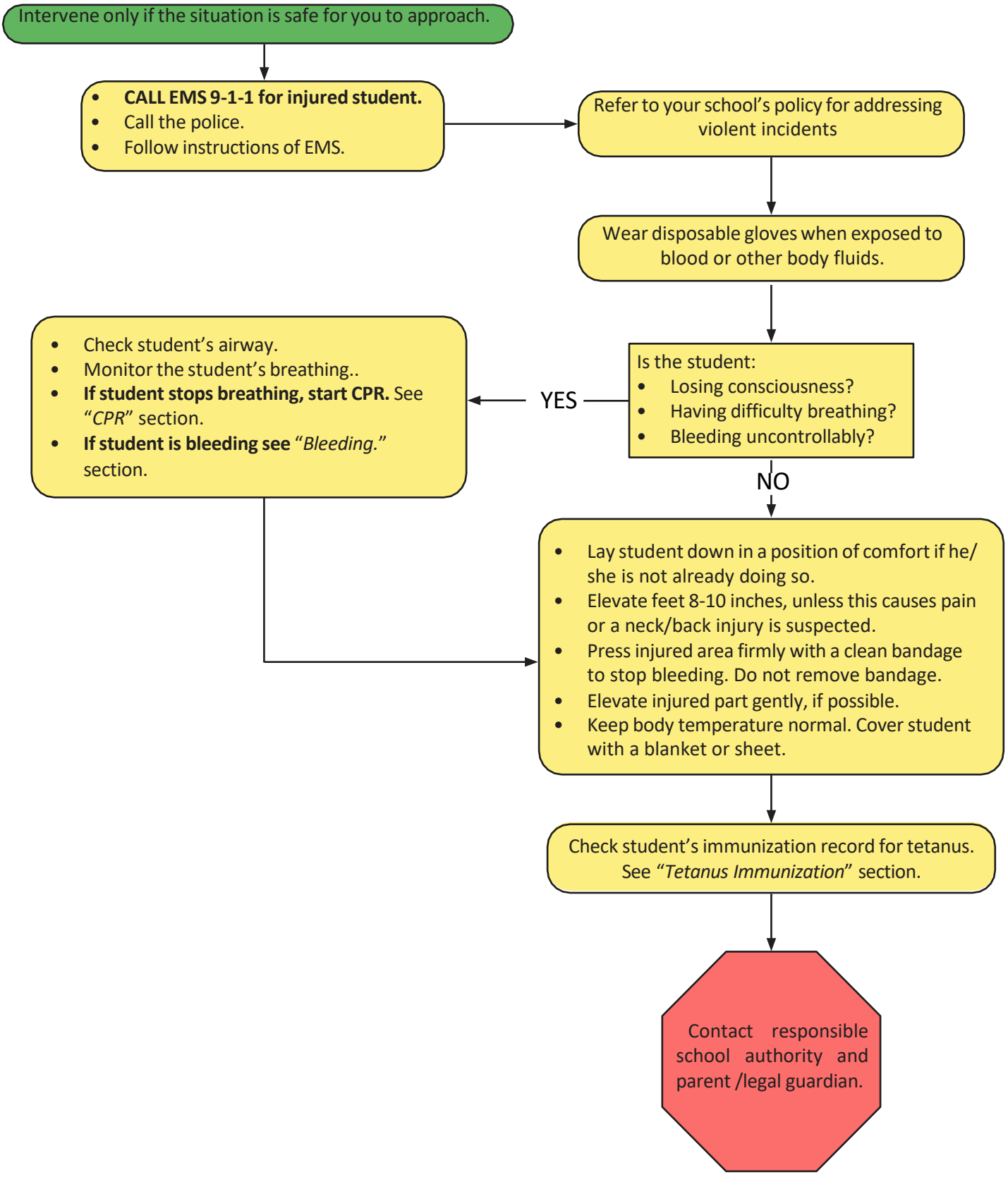
Contact responsible school authority and parent/legal guardian.
URGE IMMEDIATE MEDICAL CARE of EMS not called.

Signs of Shock:
- Pale, cool, moist skin.
- Mottled, ashen, blue skin.
- Altered consciousness or confused.
- Nausea, dizziness, or thirsty.
- Severe coughing, high pitched whistling sound.
- Blueness in the face.
- Fever greater than 100.4 °F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.

SPLINTERS


Wear disposable gloves when exposed to blood or other body fluids.
Check student's immunization record for tetanus. See "Tetanus Immunization" section.
Pencil lead is made of graphite and does not contain the metal lead. Graphite has no harmful effect other than staining the skin. Complete removal is difficult.
Gently wash area with clean water and soap.
Is splinter or object:
• Protruding above the surface of the skin?
• Small?
• Shallow?
NO
YES
• Leave in place.
• Do NOT probe under skin.
• Remove with tweezers unless this causes student pain.
• Do NOT probe under skin.
Contact responsible school authority and parent/legal guardian.
Encourage medical care.
NO
Were you successful in removing the entire splinter/pencil tip?
YES
Wash again. Apply clean dressing

STABBING & GUN-RELATED INJURIES



STINGS

Students with a history of allergy to stings should be known to all school staff and an emergency action plan should be developed. MO law allows students to carry and self-administer epinephrine auto-injectors with permission of the school nurse. In MO, schools are also able to stock epinephrine auto-injectors to respond to anaphylaxis. See *"Notes on the Laws"* section for more details. Check your local school policy. Unlicensed personnel with approved training may administer epi auto-injectors.

- Does student have a known allergy to stings?
- Does student have any symptoms of a severe allergic reaction which may include:
  - Swelling of mouth, throat, or tongue, difficulty swallowing.
  - Coughing, wheezing, gasping, difficulty breathing.
  - Dizzy/lightheaded, unresponsive.
  - Hives, generalized itching.
  - Nausea, abdominal pain, vomiting.
  - Uneasiness, agitation, panic, feeling of impending doom.

YES

Refer to student's emergency action plan.

Immediately administer epi auto-injector according to local school policy. See *"Allergic Reaction"* section.

CALL EMS 9-1-1.
A 2nd dose of epinephrine may be needed if symptoms reappear.

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

NO

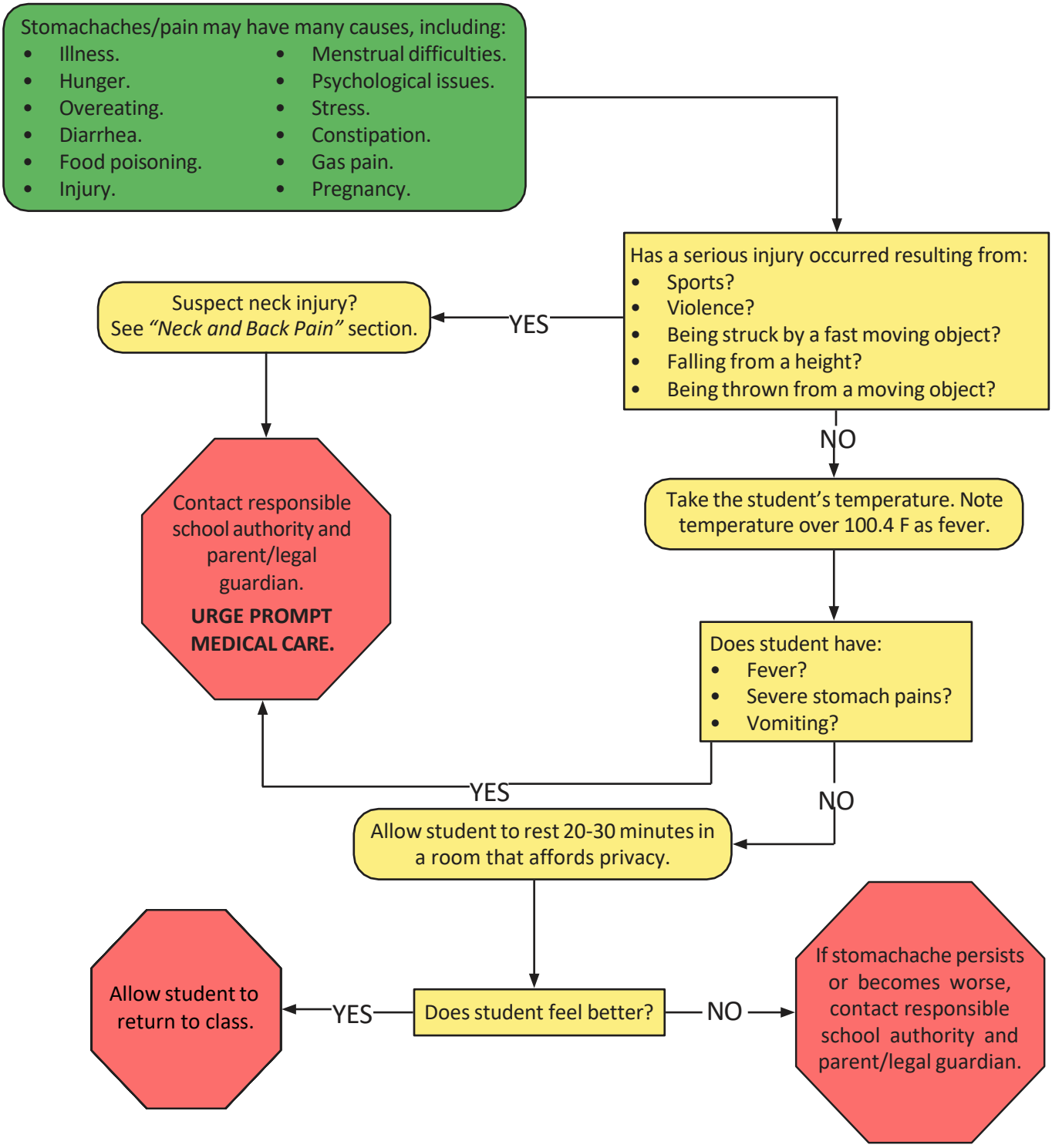
A student may have a delayed allergic reaction up to **2 hours** after the sting. Adult(s) supervising students during normal activities should be aware of the sting and should watch for any delayed reaction.

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

Contact responsible school authority and parent/legal guardian.

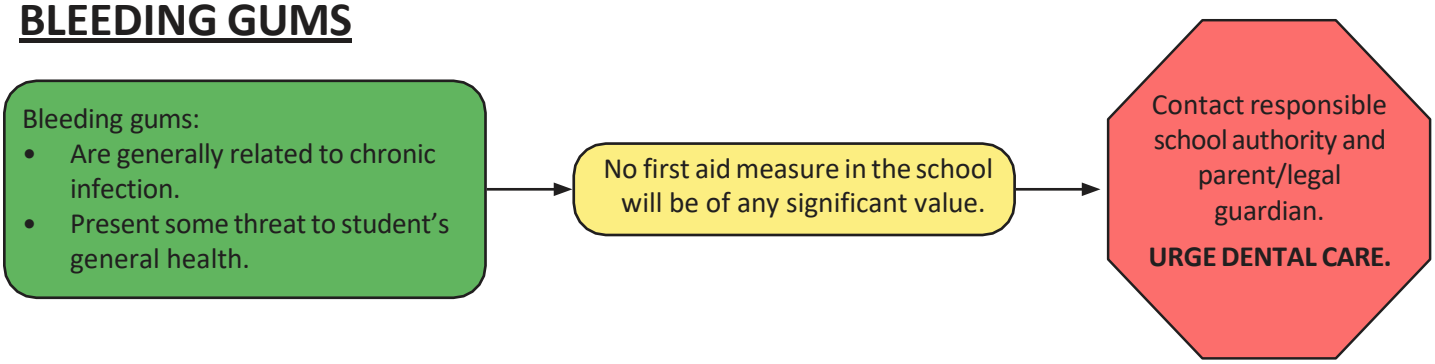
See *"Allergic Reaction"* section.

STOMACHACHES & PAIN

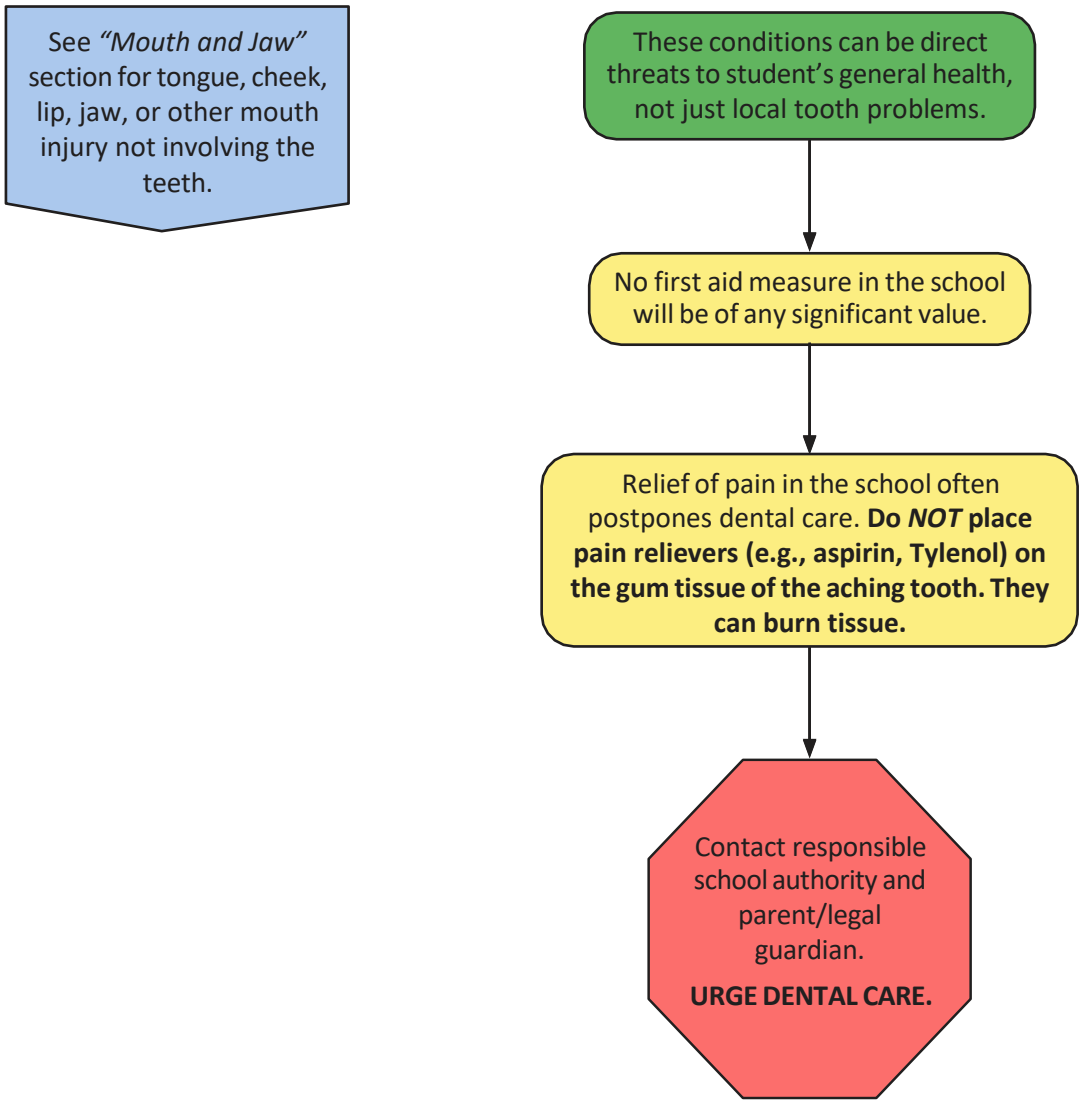


TEETH PROBLEMS

BLEEDING GUMS



TOOTHACHE OR GUM INFECTION



TEETH PROBLEMS (CONTINUED)

DISPLACED TOOTH

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

→ Contact responsible school authority and parent/legal guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

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

→ If tooth is dirty, clean gently by rinsing with water.
DO NOT scrub the knocked-out tooth.

↓

The following steps are listed in order of preference.
Within 15-20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze (Do **NOT** replant primary (baby) teeth, **or**
2. Place in HBSS (Save-A-Tooth Kit) if available. See *"Recommended First Aid Equipment and Supplies For Schools,"* section, or
3. Place in glass of milk, **or**
4. Place in normal saline, **or**
5. Have student spit in cup and place tooth in it, **or**
6. Place in a glass of water.

TOOTH MUST NOT DRY OUT.

↓

Apply a cold compress to face to minimize swelling.

← Contact responsible school authority and parent/legal guardian.

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

TETANUS IMMUNIZATIONS

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

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

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

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

Vaccines Required for School Attendance	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT[1]	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap[2]									1	1	1	1	1
MCV[3] (Meningococcal Conjugate)									1	1	1	1	2
IPV (Polio)[4]	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR[5]	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B[6]	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella[7]	2	2	2	2	2	2	2	2	2	2	2	2	1

*For a list of all required immunizations see https://health.mo.gov/living/wellness/immunizations/schoolrequirements.php

TICKS

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed.

Do *NOT* handle ticks with bare hands.

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

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

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

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

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

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

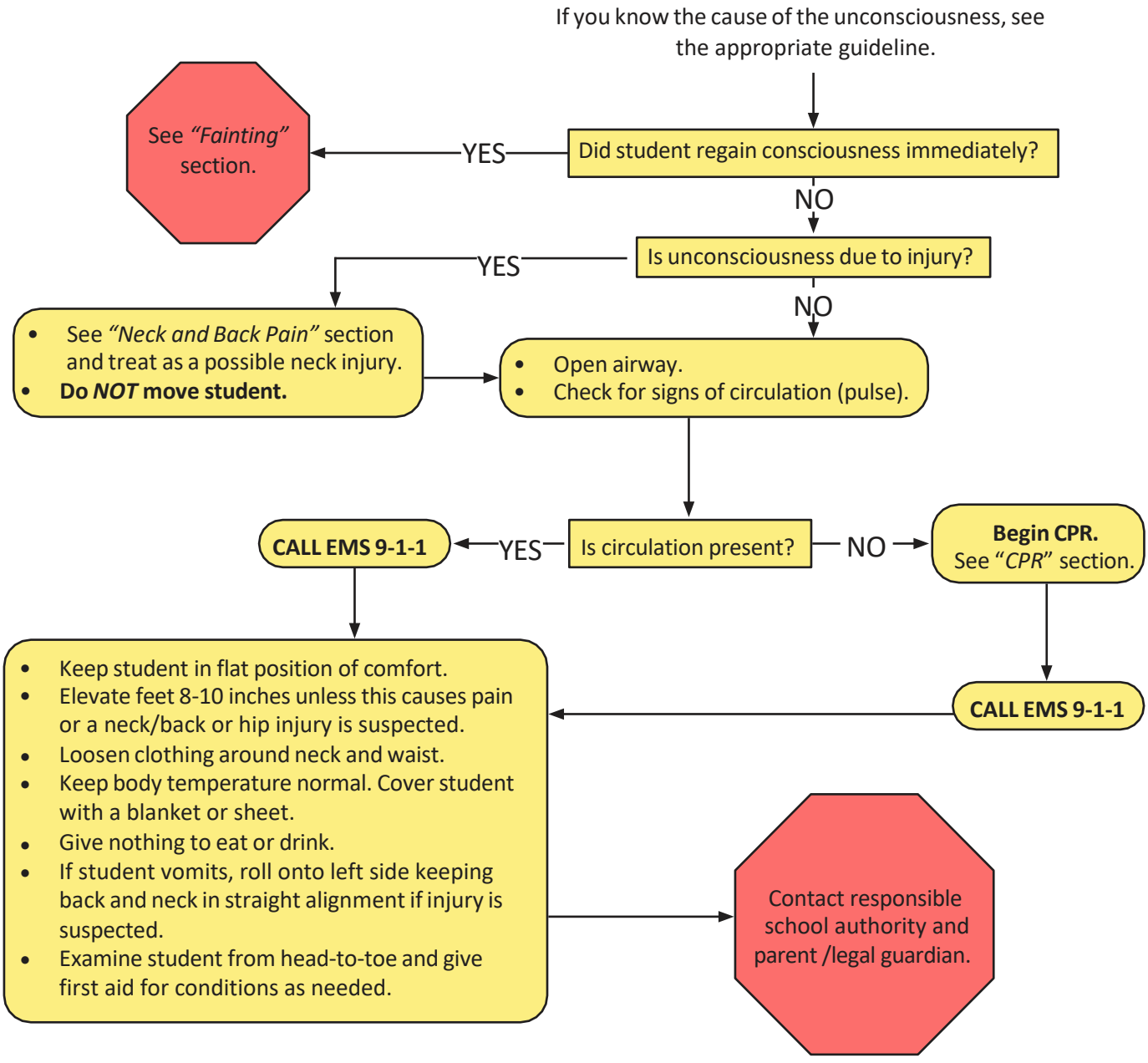
Contact responsible school authority and parent /legal guardian.

UNCONSCIOUSNESS

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

Unconsciousness may have many causes including:

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



VOMITING AND SEVERE NAUSEA

If a number of students or staff become ill with the same symptoms, suspect food poisoning.
CALL POISON CONTROL
1 (800) 222-1222
and ask for instructions.
See ***"Poisoning"*** section and notify local health department

Vomiting may have many causes including:
- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/head injury.
- Heat exhaustion.
- Overexertion.
- Food poisoning.

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

Take student's temperature. Note temperature over 100.4 F as fever.

- Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to student's face or forehead.
- Have a basin available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:
- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Severe head/neck pain?

Is the student dizzy and pale?

YES

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

NO

Contact responsible school authority and parent /legal guardian.

DEVELOPING A SCHOOL SAFETY PLAN

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

- Staff roles are clearly defined in writing. For example, staff responsibility for giving care, accessing EMS and/or law enforcement, student evacuation, notifying responsible school authority and parents, and supervising and accounting for uninjured students are outlined and practiced. A responsible authority for emergency situations is designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.
- Appropriate staff, in addition to a nurse, are trained in CPR and first aid in each building. For example, teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) are trained in CPR and first aid.
- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for students with special needs should be available, as well as distributed to appropriate staff.
- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extracurricular activities. See "*Recommended First Aid Equipment and Supplies*".

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

BUILDING

To-Go Bag

This bag should be portable and readily accessible for use in an emergency. Assign a member of the Emergency Response Team to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for ***emergency use only.***

FORMS

_____ Turn-off procedures for fire alarm, sprinklers, and all utilities.

_____ Map/diagram of inside and outside of the building/grounds.

_____ Map of local streets with evacuation routes.

_____ Current yearbook with pictures.

_____ Staff roster including emergency contacts.

_____ Local telephone directory.

_____ Lists of district personnels' contact info.

_____ Other: _____

_____ Other: _____

SUPPLIES

_____ Flashlight.

_____ First aid kit with extra gloves.

_____ CPR disposable mask.

_____ Battery-powered radio.

_____ Two-way radios and/or cellular phones available.

_____ Whistle.

_____ Extra batteries for radio and flashlight.

_____ Peel-off stickers and markers for name tags.

_____ Paper and pen for note taking.

_____ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (**Please discuss and plan for these needs with your school nurse.**)

_____ Other: _____

_____ Other: _____

Person(s) responsible for routine toolbox updates: _____

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

CLASSROOM

To-Go Bag

This bag should be portable and readily accessible for use in an emergency. The classroom teacher is responsible to keep the To-Go Bag updated (change batteries, update phone numbers, etc.). Items in this bag are for ***emergency use only.***

FORMS

_____ Copies of all forms developed by your Emergency Response Team (chain of command, emergency plan, etc.).

_____ Map of building with location of phones and exits.

_____ Map of local streets with evacuation routes.

_____ Master schedule of classroom teacher.

_____ List of students with special health concerns/medications.

_____ Student roster including emergency contacts.

_____ Current yearbook with pictures.

_____ List of important phone number

_____ Lists of district personnel's contact info.

_____ Other:_____

_____ Other: _____

SUPPLIES

_____ Flashlight.

_____ First aid kit with extra gloves.

_____ CPR disposable mask.

_____ Battery-powered radio.

Person(s) responsible for routine toolbox updates:

_____

_____ Two-way radios and/or cellular phones available.

_____ Whistle.

_____ Extra batteries for radio and flashlight.

_____ Peel-off stickers and markers for nametags.

_____ Paper and pen for note taking.

_____ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (**Please discuss and plan for these needs with your school nurse.**)

_____ Other:_____

_____ Other: _____

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

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

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

3. Small portable basin.

4. Covered waste receptacle with disposable liners.

5. Bandage scissors and tweezers.

6. Digital or electronic thermometers with disposable thermometer covers.

7. Sink with running water.

8. Expendable supplies:
    a. Cotton-tipped applicators.
    b. Sterile adhesive compresses (1"x3"), individually packaged.
    c. Cotton balls.
    d. Sterile gauze squares (2"x2"; 3"x3"), individually packaged.
    e. Adhesive tape (1" width).
    f. Gauze bandage (1" and 2" widths).
    g. Splints (long and short).
    h. Cold packs (compresses).
    i. Tongue blades.
    j. Triangular bandages for sling.
    k. Safety pins.
    l. Liquid soap.
    m. Hand sanitizer.
    n. Disposable facial tissues.
    o. Paper towels.
    p. Sanitary napkins.
    q. Disposable gloves (vinyl preferred).
    r. Pocket mask/face shield for CPR.
    s. One flashlight with spare bulb and batteries.
    t. Appropriate cleaning solution such as a tuberculocidal agent that kills Hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*

CRISIS TEAM MEMBERS

Position	Name	Work #	Home #	Cell/Pager	Room#
Administrator					
Designee					
Psychologist					
Counselor					
Nurse					
Secretary					

CPR/FIRST AID CERTIFIED STAFF

Name	Room	CPR – Yes/No	First Aid – Yes/No

CRISIS CONTACTS

Name	Emergency Contact Information	Alternate Contact Information
Local Critical Incident Management Team		

EMERGENCY PHONE NUMBERS

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

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

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

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

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

_____

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

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

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

OTHER IMPORTANT PHONE NUMBERS

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

Missouri Department of Health and Senior Services
Bureau of Community Health and Wellness
P. O. Box 570
Jefferson City, MO 65102-0570
573.522.2822
health.mo.gov