

# EMERGENCY FIRST AID GUIDELINES FOR MICHIGAN SCHOOLS

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



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In Partnership with:



**MICHIGAN**  
EMSC State Partnership Program

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## Safe and Legal Emergency Care in Michigan Schools

In the absence of appropriate training and written documentation, there are only 5 things schools can provide to students\*\*:

Soap

Water

Bandages

Ice\*

Comfort

\*\*Caution ice should not be applied to anyone with Sickle Cell Disease

**\*\* Emergency?**

**ALWAYS call 911 and then the Parent**

# ABOUT THE GUIDELINES

The Emergency First Aid Guidelines for School Manual (EGS) is meant to provide recommended procedures for school staff that have little or no medical/nursing training to use when the school nurse is not available. *These guidelines should not delay calling 9-1-1 in the event of an emergency.*

It is **strongly recommended** that staff designated to provide first aid to students complete:

- An approved [First Aid & AED/CPR course](#) (in order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor).
- “[Stop the Bleed](#)” training teaches three quick actions to control serious bleeding and the ability to recognize life-threatening bleeding and intervene effectively.
- [Sports Concussion](#) training for anyone who has oversight for children engaged in athletic activities to take as required by Michigan law. This must be refreshed every three years.
- Medical Emergency Response Team (MERT) Training to identify actions and roles for responding to any medical emergency in the school setting.

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

The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety’s Emergency Medical Services for Children Program in 1997. The Michigan Department of Health and Human Services (MDHHS) revised the guidelines to make it specific for Michigan. The Emergency Guidelines for Schools (EMS) has been created as **recommended** procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board, or the State of Michigan. Please consult your school nurse or the state school nurse consultant if you have questions about any of the recommendations.

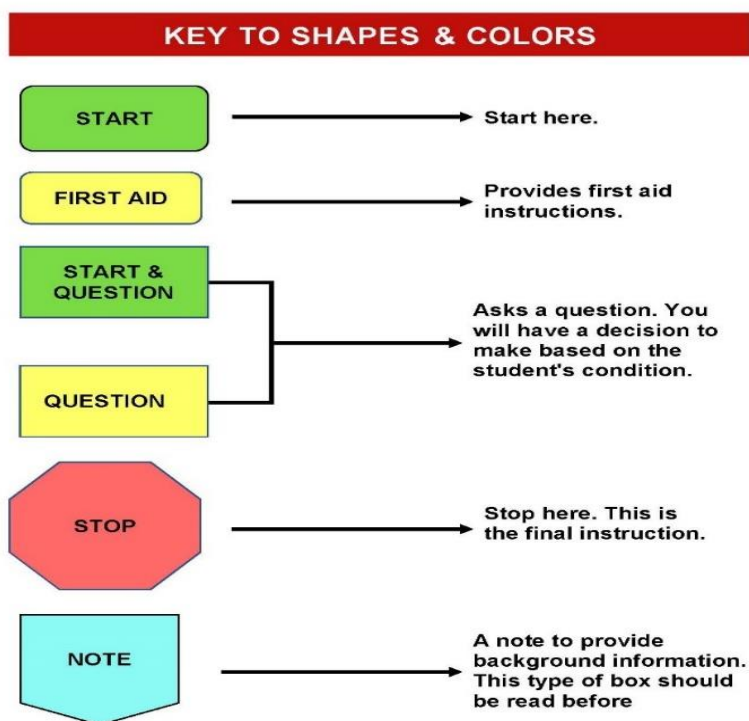
This document is available for downloading and printing to allow you to add specific instructions for your school as needed. For more information contact: Michigan Department of Health and Human Services, at [Michigan School Health Services](#).

## [Laws and Model Policies That Guide Health Service Programs in Michigan A Resource for School Nurses](#)

- ▶ Anaphylaxis
- ▶ Opioid Antagonists
- ▶ Cardiac Emergency Response
- ▶ Medical and First Aid Services
- ▶ Emergency Preparedness -
- ▶ [Michigan Department of Education CPR & First Aid Approved Providers](#)

## How to Use the Emergency Guidelines

- ◆ In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.).
- ◆ Learn when EMS (Emergency Medical Services) should be contacted. Copy the **When to Call EMS** page and post in key locations.
- ◆ The back outside cover of the booklet contains important information about key **emergency numbers** in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.
- ◆ The guidelines are arranged with tabs in **alphabetical order** for quick access.
- ◆ A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors**.



- ◆ Take some time to familiarize yourself with the **Emergency Procedures for Injury or Illness**. These procedures give a general overview of the recommended steps in an emergency and the safeguards that should be taken.
- ◆ In addition, information has been provided about **Infection Prevention and Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning** and **Emergency Preparedness**.

# WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

## Call EMS if:

- The person is unconscious, semi-conscious, dizzy, or unusually confused.
- The person has slurred speech or expresses vision loss or blurred vision.
- The person's airway is blocked, or the person is choking.
- The person is not breathing.
- The person is having difficulty breathing, shortness of breath or is choking.
- The person does not have a pulse.
- The person has bleeding that will not stop.
- The person is coughing up or vomiting blood.
- The person has been poisoned, exposed to a toxic substance or to something to which they are allergic.
- The person has a seizure for the first time or a seizure that lasts more than five-minutes.
- The person has injuries to the head, neck or back.
- The person has sudden, severe pain anywhere in the body.
- The person has a condition which is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- The person has a condition that could worsen or may become life-threatening on the way to the hospital.
- Moving the person could cause further injury.
- The person needs the skills or equipment of paramedics or emergency medical technicians.

**If any of the above conditions exist, or if you are not sure, it is best to call EMS 9-1-1.**

# EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, or violence.
2. Call 9-1-1 and activate the Medical Emergency Response Team (MERT) who are designated to handle emergencies. The MERT Team will take charge of the emergency and render any further first aid needed. A responsible adult should stay at the scene and give help until the MERT Team arrives.
3. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
4. Do **NOT** move a severely injured or ill student unless necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
5. 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.
6. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
7. If the parent/legal guardian is unavailable to accompany the student in the ambulance, a school administrator or a responsible school authority should accompany with the injured student.
8. Fill out a report for all injuries requiring above procedures as required by local school policy. The [Michigan Student Injury Report Form](#) may be photocopied and used as needed. A copy of the form with instructions follows.

## POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

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

# MICHIGAN STUDENT INJURY REPORT FORM GUIDELINES

The Michigan Department of Health & Human (MDHHS) / Michigan Department of Education (MDE) provides the following Student Injury Report Form and guidelines as an example for districts to use in tracking the occurrence of school-related injuries. MDHHS/MDE suggests completing the form when an injury leads to any of the following:

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

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

## INSTRUCTIONS

- Student, parent, and school information: self-explanatory.
- Check the box to indicate the location and time the incident occurred.
- Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- Check the appropriate box(es) for factors that may have contributed to the student's injury.
- Provide a detailed description of the incident. Indicate any witnesses to the event and 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 may 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.

A printer-friendly version of the form is available on the [Michigan Department of Education School Health Services webpage](#).

# MICHIGAN STUDENT INJURY REPORT FORM

## Student Information

Name *Click or tap here to enter text.*

Date of Birth *Click or tap here to enter text.*  
*here to enter text.*

Grade *Click or tap here to enter text.*

Date of Incident *Click or tap to enter a date.*

Time of Incident *Click or tap*

Male

Female

## Parent/Guardian Information

Name(s) *Click or tap here to enter text.*

Address *Click or tap here to enter text.*

Phone # Work *Click or tap here to enter text.*

Home # *Click or tap here to enter text.*

## School Information

School *Click or tap here to enter text.*

Principal *Click or tap here to enter text.*

District *Click or tap here to enter text.*

Phone # *Click or tap here to enter text.*

Phone # *Click or tap here to enter text.*

## Location of Incident (check appropriate box):

Athletic Field

Cafeteria

Classroom

Gymnasium

Hallway

Bus

Stairway

Restroom

Playground

No equipment involved

Equipment involved (describe)

Parking Lot

Vocation/Shop Lab

Other (explain): *Click or tap here to enter text.*

## When Did the Incident Occur (check appropriate box):

Recess

Lunch

P.E. Class

In Class (not P.E.)

Class Change

Athletic Practice/Session:

Athletic Team Competition

Intramural Competition

Before School

After School

Field Trip

Unknown

Other

## Surface (check all that apply):

Asphalt

Dirt

Lawn/Grass

Wood Chips/Mulch

Gymnasium Floor

Carpet

Gravel

Mat(s)

Tile

Other (specify) \_\_\_\_\_

Concrete

Ice/Snow

Sand

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bump/Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn/Scald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crushing Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut/Laceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbness/Loss of Sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain/Tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
- Unknown
- Other *Click or tap here to enter text.*

**Description of the Incident:** *Click or tap here to enter text.*

**Witnesses to the Incident:** *Click or tap here to enter text.*

**Staff involved:**  Teacher  Nurse  Principal  Assistant Staff  Custodian  Bus Driver  
 Secretary  Cafeteria  Other (specify) *Click or tap here to enter text.*

**Incident Response** (check all that apply):

- First Aid Time *Click or tap here to enter text.*  
By Whom *Click or tap here to enter text.*
- Parent/Guardian Notified Time *Click or tap here to enter text.*  
By Whom *Click or tap here to enter text.*
- Unable to Contact Parent/Guardian Time *Click or tap here to enter text.*  
By Whom *Click or tap here to enter text.*
- Parents Deemed No Medical Action Necessary
- Returned to Class
- Sent/Taken Home  
Days of School Missed *Click or tap here to enter text.*
- Assessment/Follow-up by School Nurse  
Action Taken *Click or tap here to enter text.*
- Called 9-1-1
- Taken to Health Care Provider/Clinic/Hospital/Urgent Care  
Diagnosis *Click or tap here to enter text.* Days of School Missed *Click or tap here to enter text.*
- Hospitalized  
Diagnosis *Click or tap here to enter text.* Days of School Missed *Click or tap here to enter text.*
- Restricted School Activity  
Explain *Click or tap here to enter text.*  
Length of Time Restricted *Click or tap here to enter text.*  
Days of School Missed *Click or tap here to enter text.*
- Other *Click or tap here to enter text.*

Describe care provided to the student: *Click or tap here to enter text.*

Additional Comments: *Click or tap here to enter text.*

**Signature of Staff Member Completing Form** *Click or tap here to enter text.* Date/time *Click or tap to enter a date.*

**Nurse's Signature** *Click or tap here to enter text.* Date/time *Click or tap to enter a date.*

**Principal's Signature** *Click or tap here to enter text.* Date/time *Click or tap to enter a date.*

# PLANNING FOR STUDENTS WITH SPECIAL NEEDS

[MCL 380.1308b](#) requires school districts, intermediate school districts, or public-school academy to develop an emergency plan in partnership with at least one law enforcement agency that has jurisdiction over the district and with input from the public.

The emergency operations plan must include but is not limited to:

- School violence attacks
- Threats of school violence and attacks
- Bomb threats
- Fire
- Weather-related emergencies
- Intruders
- Parent and pupil reunification
- A plan to improve school building security
- An act of violence
- Continuity of operations after the incident
- A vulnerability assessment
- A plan to train teachers on mental health and teacher/pupil safety
- Threats to school-sponsored activity/event whether or not it is held on school premises

**Emergency situations can be especially overwhelming and may cause sensory overload in some of the students. Some students in your school may have special emergency care needs due to health conditions, physical abilities or communication challenges. Include caring for these students' special needs in emergency and disaster planning.**

## HEALTH CONDITIONS

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

- Seizures
- Diabetes
- Asthma or other breathing difficulties
- Life-threatening or severe allergic reactions
- Technology-dependent or medically fragile conditions

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

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

## 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 cases
- 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 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, or a specific person assigned in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

## SPECIAL NEED STUDENTS 504 ACCOMMODATION PLANNING

The building's Emergency Operations plan for Special Need students must accommodate student's health conditions, physical abilities, and communication challenges. To address this facet of the plan you will need to assemble the following information:

- The number of students with special needs who regularly attend the school.
- The nature of their disabilities.
- Their class schedules or anticipated location throughout the day.

### **Evacuation:**

Create one-on-one assignments to ensure that assistance is provided to those who require it. Review the accessibility of entrances and exits designated as evacuation routes and create alternative routes if need.

### **Shelter in Place**

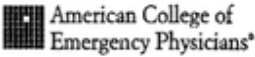
During a widespread disaster, regular services and access to normal care may be disrupted for an extended time. Ensure the school's inventory of necessary medication and special supplies will last 72 hours.

If some students depend on electronic assistive devices, you will need to ensure that fully charged batteries and auxiliary power mechanisms are in place and are routinely tested.

\*Scott, Lori, RN, BSN, MS. (2017). Wrightslaw. Emergency Evacuation Planning for Students with Disabilities. <https://www.wrightslaw.com/info/emer.evac.plans.scott.htm>

# EMERGENCY INFORMATION FORM FOR CHILDREN WITH SPECIAL NEEDS

## Emergency Information Form for Children With Special Needs



American Academy  
of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

Last name:

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

<b>Diagnoses/Past Procedures/Physical Exam:</b>	
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:**

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

**Management Data:**

<b>Allergies: Medications/Foods to be avoided</b>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____
<b>Procedures to be avoided</b>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Immunizations (mm/yy)**

<b>Dates</b>						<b>Dates</b>					
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:** \_\_\_\_\_

© [Year] [Company name]. Permission to reprint granted with acknowledgement.

# INFECTION PREVENTION AND CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **Standard (universal) 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 universal precautions when providing care to *any* student, whether the student is known to be infectious. The following list describes universal precautions:

- **Wash hands thoroughly** with running water and soap for at least 15 seconds:
- Before and after physical contact with any student (*even if gloves have been worn*).
- Before and after eating or handling food.
- After cleaning.
- After using the restroom.
- After providing any first aid.

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

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

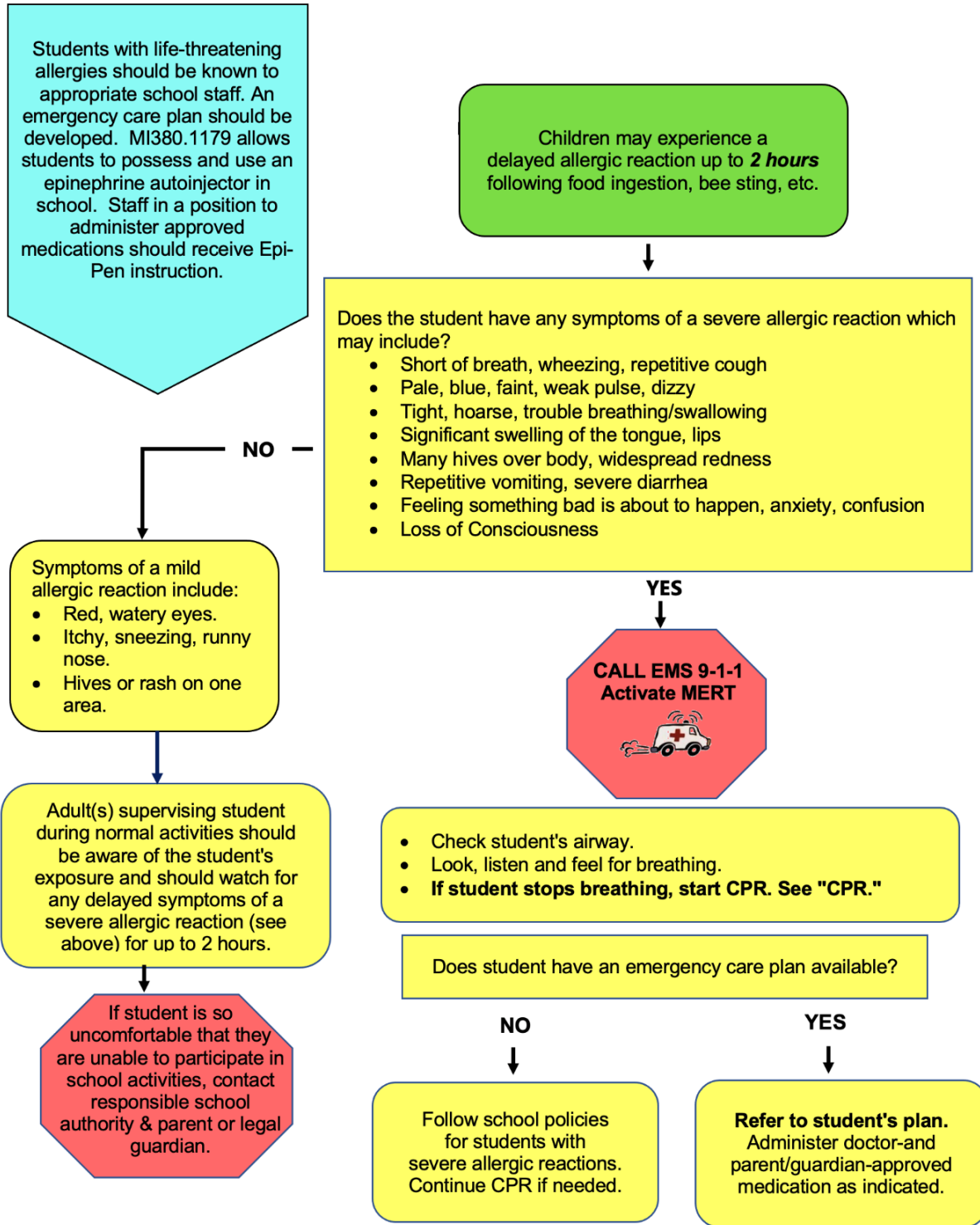
## GUIDELINES FOR STUDENTS

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

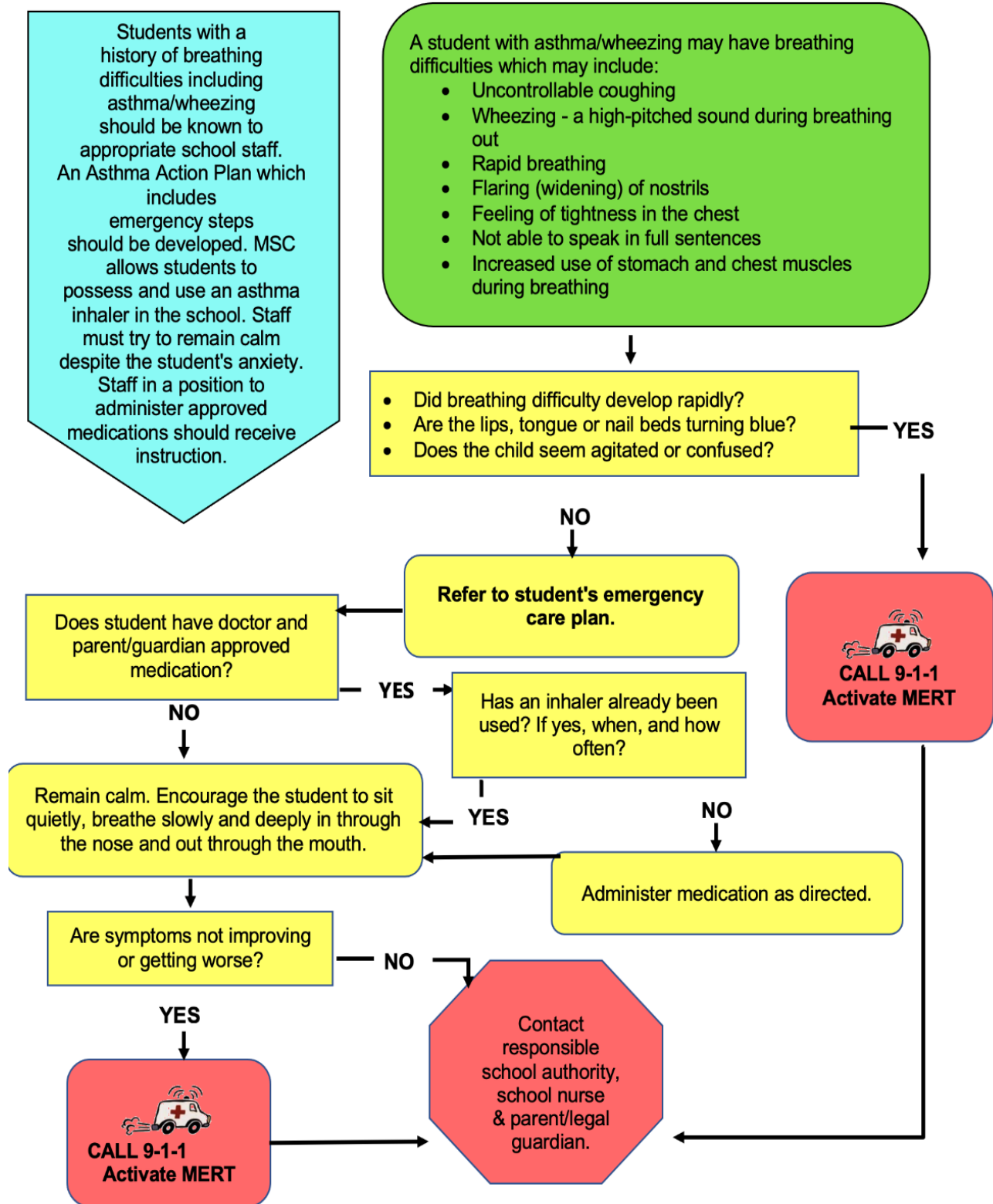


# EMERGENCY FIRST AID FLOW CHARTS

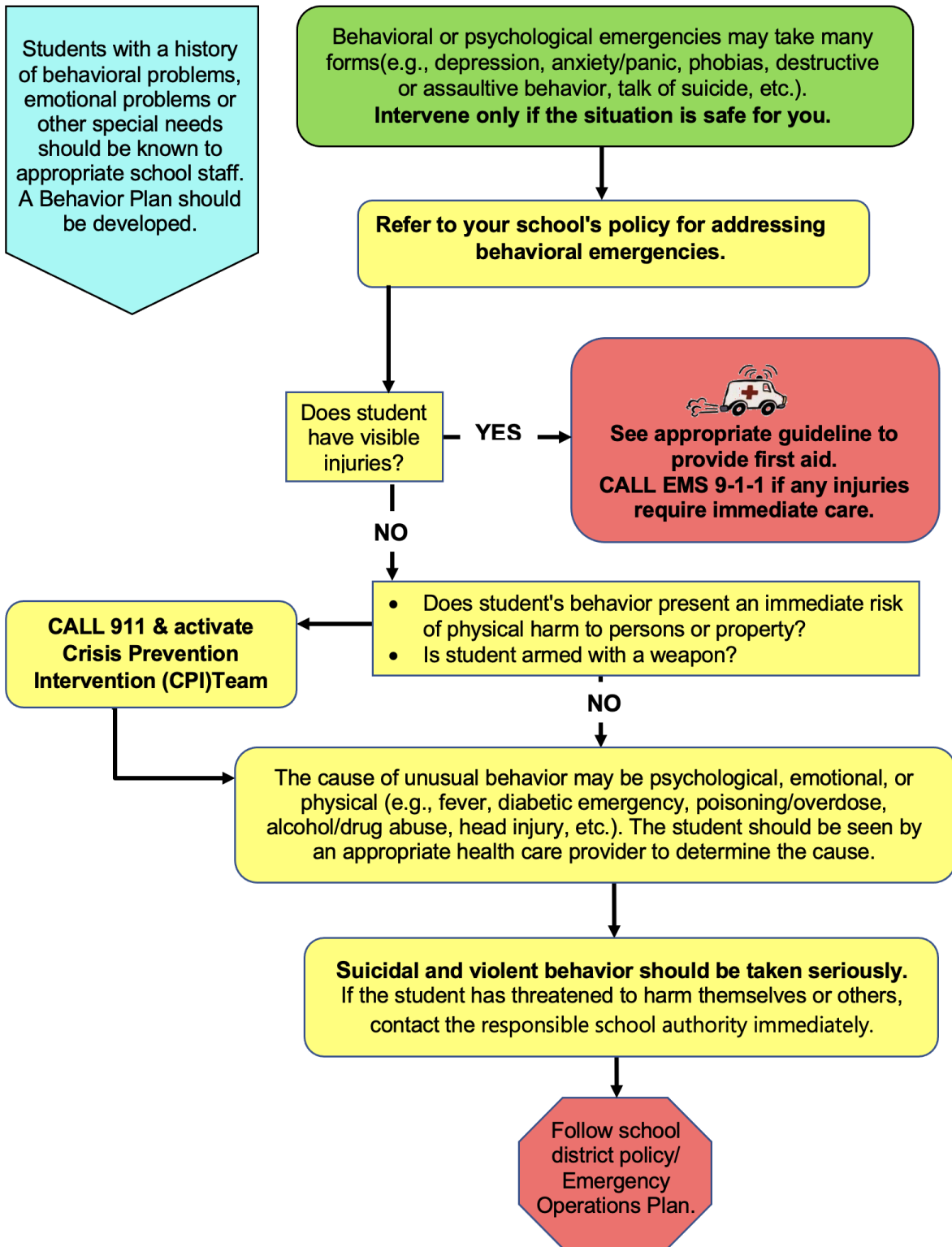
# ALLERGIC REACTION



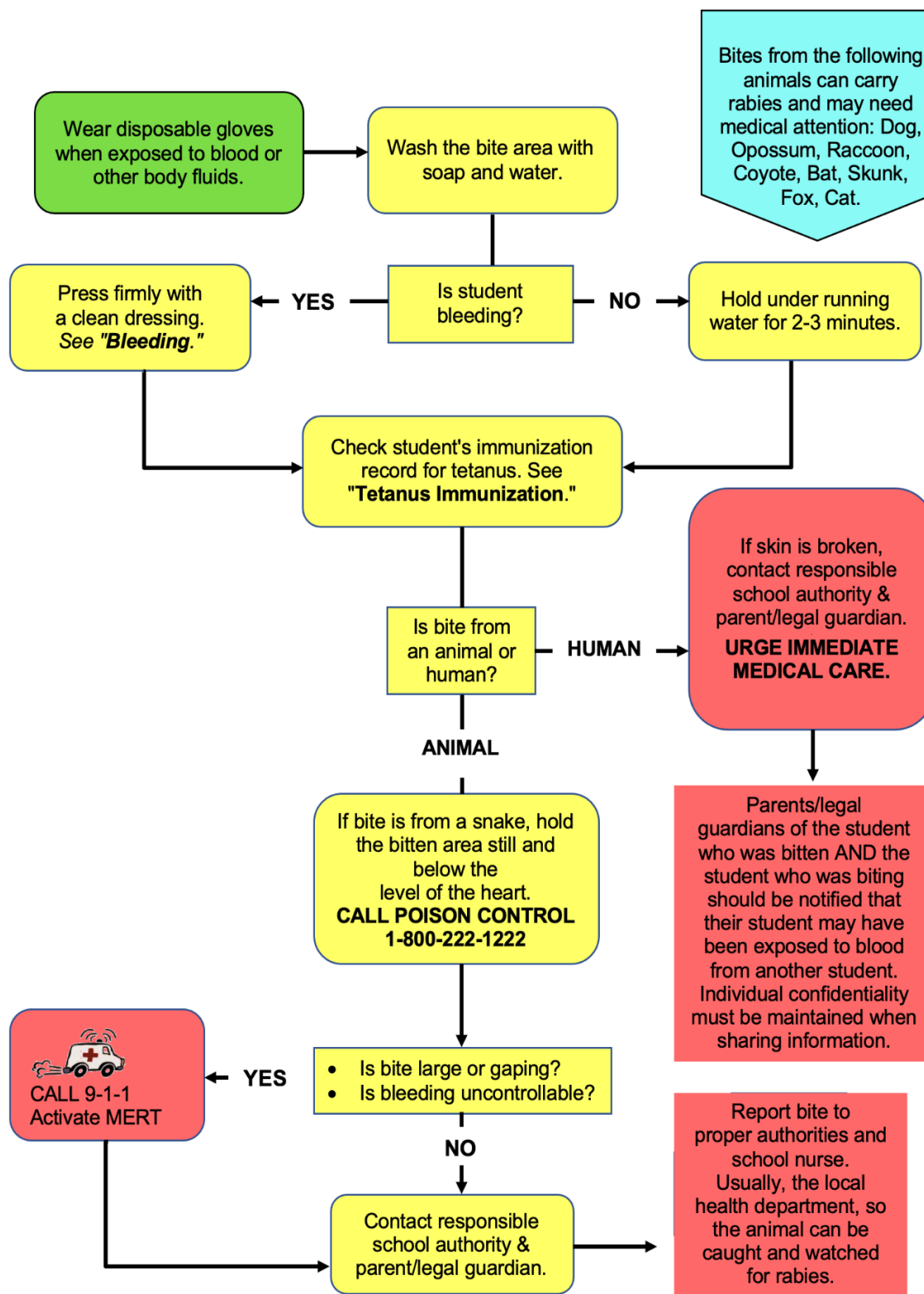
# ASTHMA / DIFFICULTY BREATHING



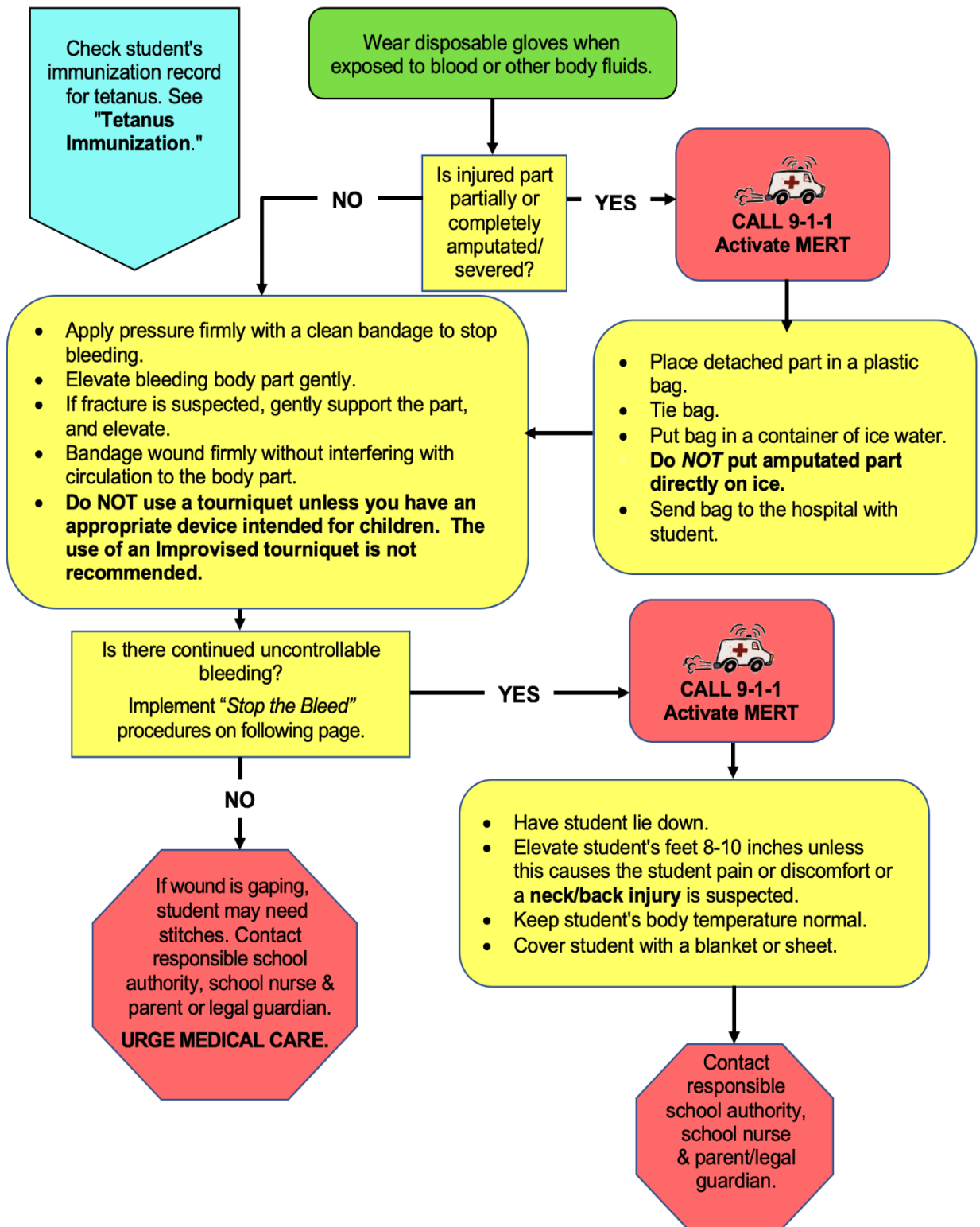
# BEHAVIORAL EMERGENCIES



# BITES (HUMAN & ANIMAL)



# BLEEDING

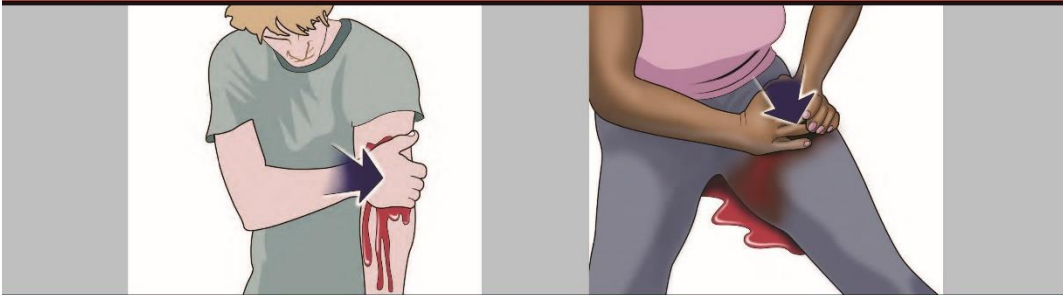




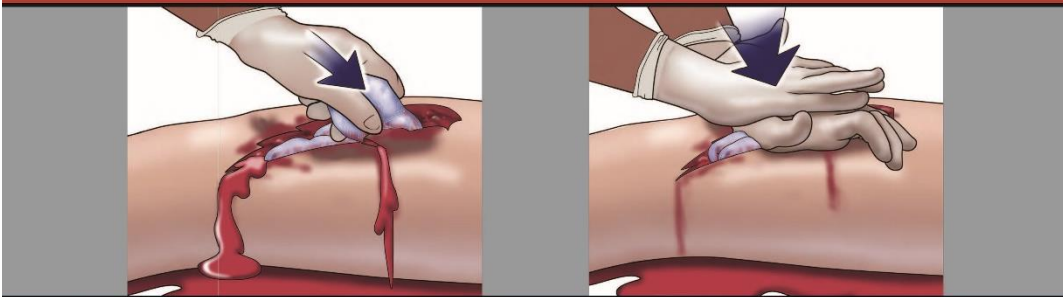
# STOP THE BLEED<sup>SM</sup> SAVE A LIFE



## 1 APPLY PRESSURE WITH HANDS



## 2 APPLY DRESSING AND PRESS



## 3 APPLY TOURNIQUET



WRAP

WIND

SECURE

TIME

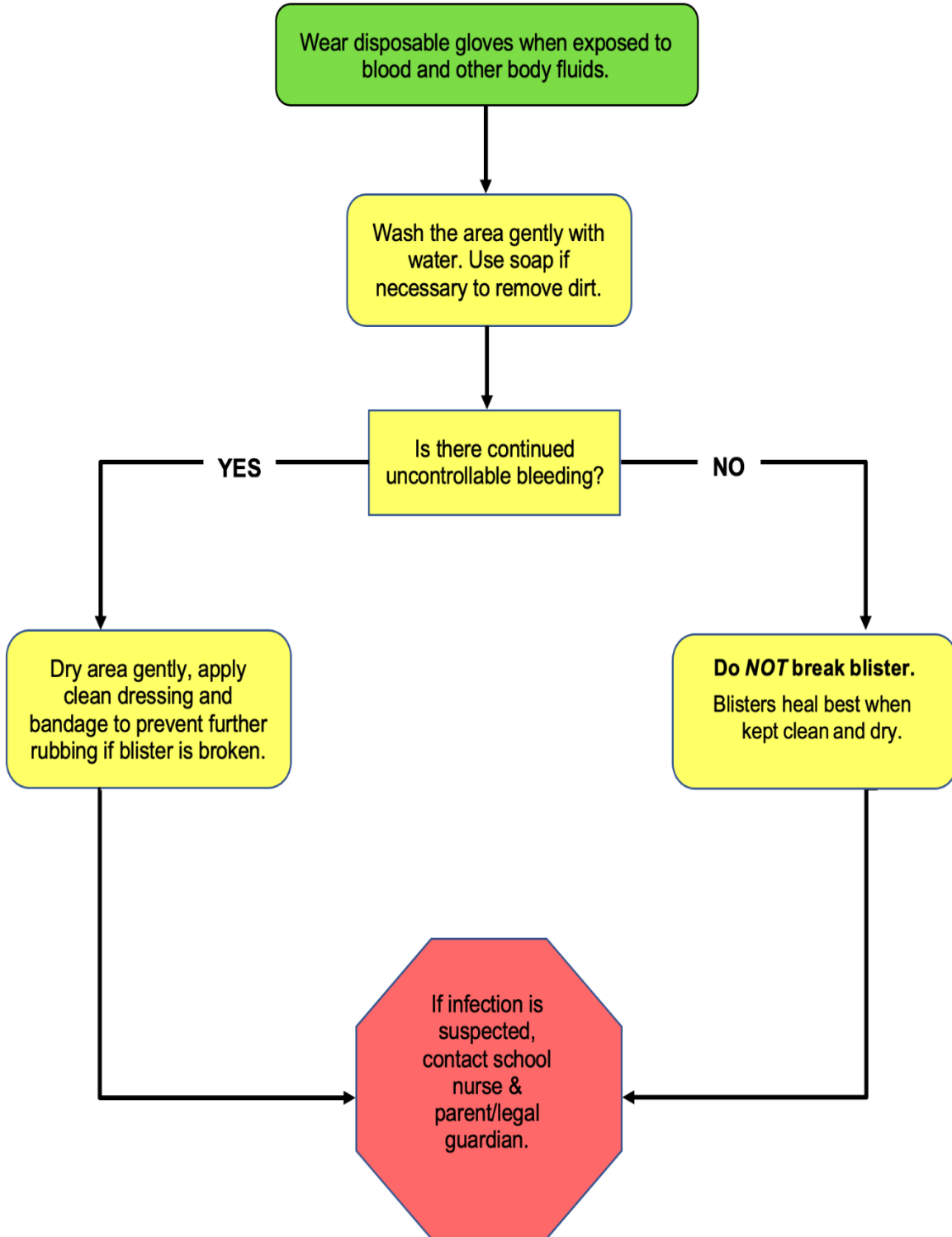
# CALL 911

The 'Stop the Bleed' campaign was initiated by a federal interagency working group convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life-threatening bleeding following and only emergencies and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public. The Department of Defense owns the 'Stop the Bleed' logo and phrase. Trademark pending.

Picture Permission: Stop The Bleed 2022

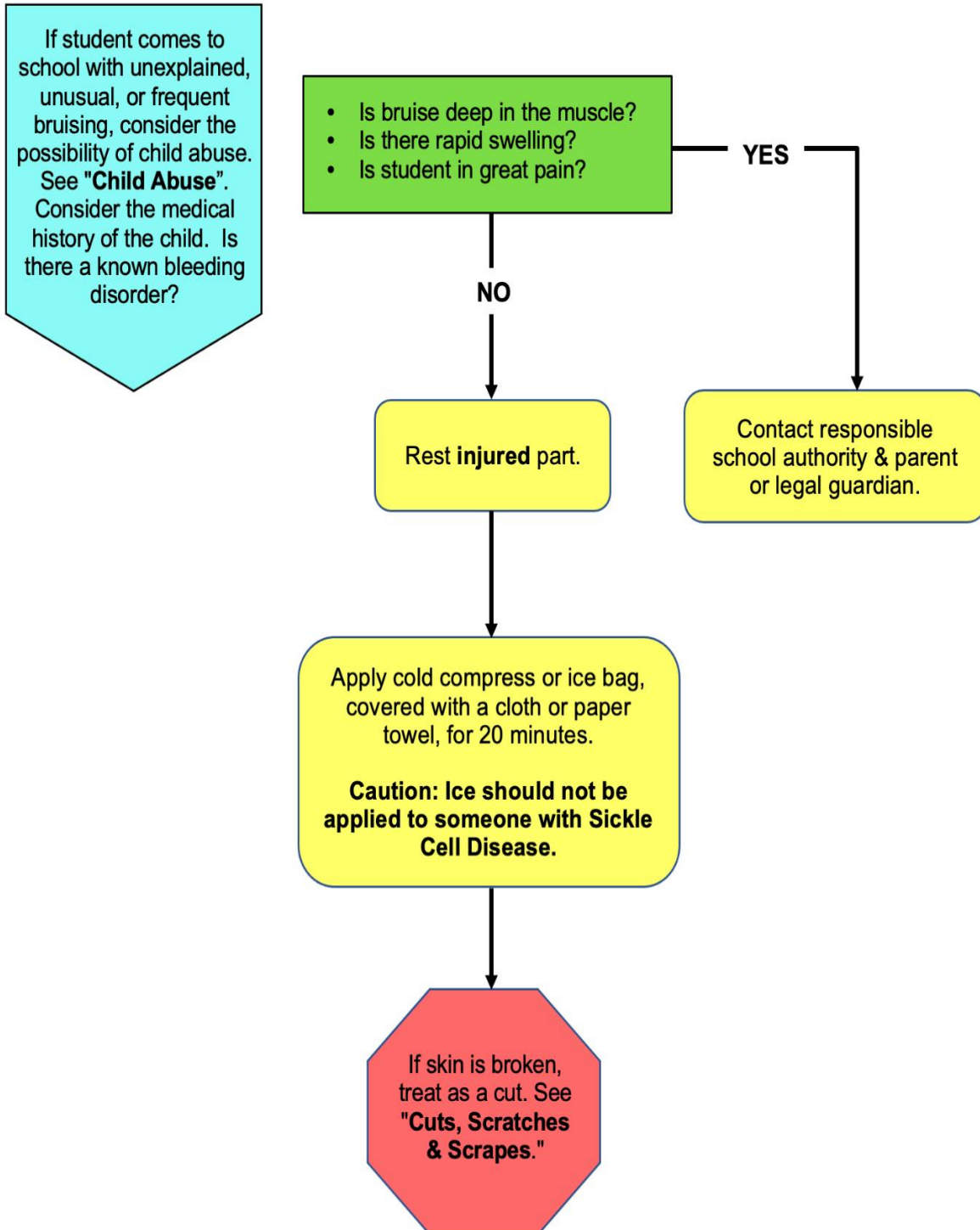


# BLISTERS

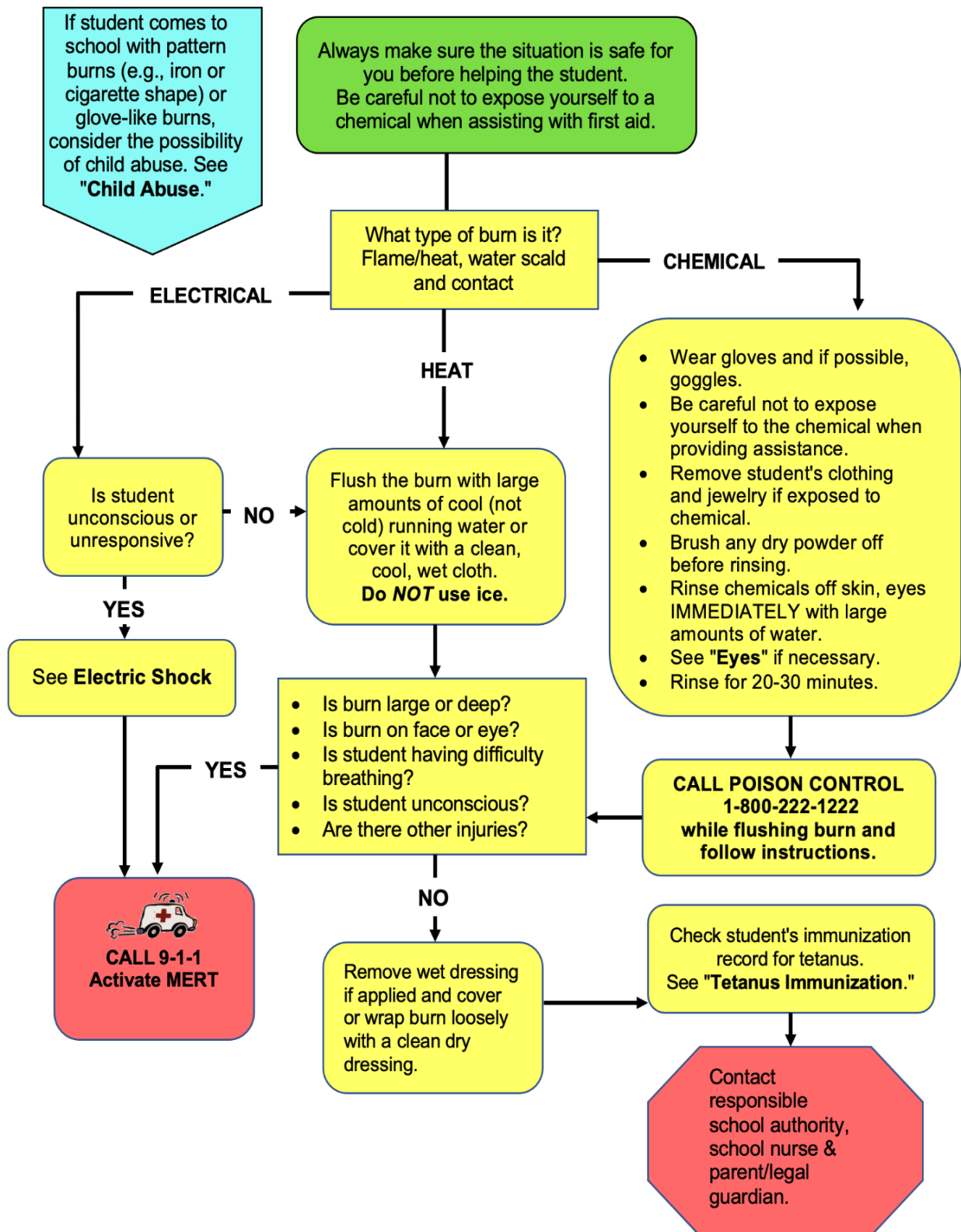




# BRUISES



# BURNS



# CARDIAC ARREST

## RESOURCES

- [MI HEARTSAFE Schools](#):
  - Cardiac Emergency Response Plan - Cardiac Emergency Response Protocol
- American Heart Association new 2020 [CPR for lay personnel/CPR training classes](#)
- Current first aid, choking and CPR manuals and wall chart(s) should be available. The Academics of Pediatrics offers the Pediatric First Aid for Caregivers and Teachers (PedFACTS) ResourceManual and 3-in-1 First Aid, Choking, CPR Chart for sale at <http://www.aap.org>.

## MICHIGAN LAWS

Michigan Compiled Law (MCL) 380.1531d requires coursework in First Aid (FA) and Adult & Pediatric Cardiopulmonary Resuscitation (CPR), including a test demonstration on a mannequin, for all teacher certificate candidates recommended for initial certification.

MCL 380.1531d makes an allowance for educators who are unable to fulfill CPR/FA requirements due to physical limitations.

## Michigan Statutory References Related to AEDS

MCL 380.1170a (2017) - Requires schools provide instruction in cardiopulmonary resuscitation and automated external defibrillators for pupils enrolled in grades 7 to 12.

MCL 29.19 The governing body of a school that operates any of grades, kindergarten to 12 shall adopt and implement a cardiac emergency response plan for the school. The cardiac emergency response plan shall address and provide for at least all of the following:

- a) Use and regular maintenance of automated external defibrillators, if available.
- b) Activation of a cardiac emergency response team during an identified cardiac emergency.
- c) A plan for effective and efficient communication throughout the school campus.
- d) If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in cardiopulmonary resuscitation techniques.
- e) Incorporation and integration of the local emergency response system and emergency response agencies with the school's plan.
- f) An annual review and evaluation of the cardiac emergency response plan.

Michigan's Good Samaritan Law focuses on the **preservation of life**. The [law](#) provides immunity from civil liability to certain authorized medical personnel who in good faith render medical aid in emergency situations, except where an act or omission amounts to gross negligence or willful and wanton misconduct.

## BARRIER DEVICES

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

# AUTOMATIC EXTERNAL DEFIBRILLATORS (AED)

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

AEDs are safe to use for **all ages, according to the American Heart Association (AHA)**. Some AEDs can deliver a “child” energy dose through smaller child pads. Use child pads/child system for children 0-8 years if available. If child system is not available, use adult AED and pads. Do not use the child pads or energy dose for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer’s instructions. The location of AEDs should be known to all school personnel.

## American Heart Association Guidelines for AED/CPR Integration

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

# AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) FOR CHILDREN OVER 1 YEAR OF AGE & ADULTS



CPR and AEDs are to be used when a person is unresponsive or not breathing normally (may have abnormal breaths and may have seizure like movement).

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 (may have abnormal breaths and may have seizure like movement), shout for help and **send someone to CALL EMS and get your school’s AED if available.**
2. Follow primary steps for CPR (see “CPR” for appropriate age group – infant, 1-8 years, over 8 years and adults).
3. If available, set up the AED according to the manufacturer’s instructions. Turn on 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:

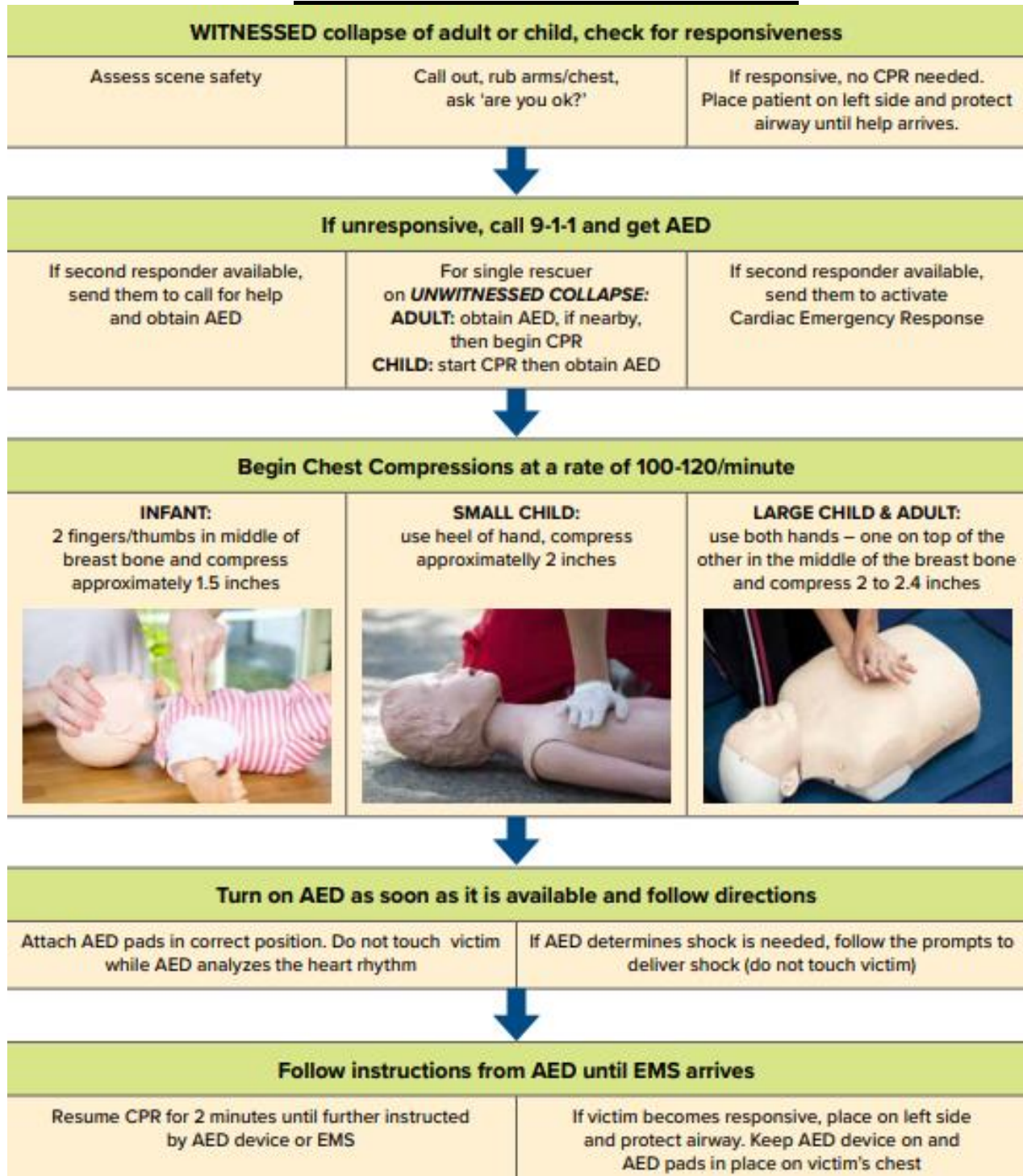
4. Use the AED as soon as an AED available, If not, begin CPR.
5. Prepare AED to check heart rhythm, deliver one shock as necessary.
6. Begin “hands only” CPR or if trained begin 30 “hands only” CPR chest compressions in 15-18 seconds followed by 2 normal rescue breaths. See age-appropriate CPR Guidelines.
7. Complete 5 cycles of CPR (30 chest compressions in 15-18 seconds to 2 breaths at a rate of 100-120 compressions per minute (Approximately 2 minutes).
8. Prompt another AED rhythm check. Rhythm checks should be performed after every 5 cycles of CPR.
9. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

## IF CARDIAC ARREST OR COLLAPSED WAS NOT WITNESS

4. *If you did **NOT** witness the collapse,* begin CPR chest compressions **IMMEDIATELY** for two minutes, for 5 cycles or about 2 minutes of 30 chest compressions to 2 breaths at a rate of 100-120 compressions per minute.
5. If someone comes to help you, have that person call 911 and get an AED. If you are alone and have a cell phone, call 911 and put on speaker and get an AED, if available. **Use the AED as soon as you have it.**
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM (approx., 2 minutes). CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.



# “HANDS ONLY” CARDIOPULMONARY RESUSCITATION FOR UNTRAINED PERSONNEL



Picture Permission: Project Adam 2022

**CPR is to be used when a student is unresponsive or when breathing or heartbeat stops.**

# CARDIOPULMONARY RESUSCITATION (CPR) FOR TRAINED PERSONNEL CHILDREN 1 TO 8 YEARS OF AGE

1. Gently tap the shoulder and shout, "Are you OK?" If child is unresponsive, shout for help and send someone to **CALL EMS 9-1-1 and get your school's AED if available.**
2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, **DO NOT BEND OR TURN NECK.**
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
4. Quickly check for **BREATHING** (take less than 10 seconds to check).
5. *If you **witnessed** the collapse*, first call EMS 9-1-1 or have someone else call EMS 9-1-1, then immediately start chest compressions and continue CPR until EMS or the AED arrives. For **unwitnessed** collapse, perform CPR for 2 minutes and then call EMS 9-1-1, use AED **as soon** as you have it.

## **IF NOT BREATHING AND NOT RESPONSIVE (abnormal breathing or seizure like activity)** pulmonary

6. Find hand position near center of breastbone at the nipple line.  
(Do **NOT** place your hand over the very bottom of the breastbone.)
7. **Compress chest 30 times in 15-18 seconds (100 – 120 compressions per minute) with the heel of 1 or 2 hands. Compress at least 2 inches or 1/3 of the depth of the child's chest. Allow the chest to return to normal position between each compression.**
8. **Minimize interruptions in chest compressions.**
9. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.
10. **REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 to 120 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 15-18 SECONDS UNTIL THE CHILD STARTS BREATHING ON OWN OR HELP ARRIVES**
11. Call **EMS 9-1-1** after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



Single hand chest compression technique for child-sized victim

### **\*Hand positions for child CPR:**

- **1 hand:** Use heel of 1 hand only. Keep arm straight.
- **2 hands:** Use heel of 1 hand with second on top of first.



Picture Permission: Project Adam

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

CPR is to be used when a person is unresponsive or when breathing or heartbeat stops.

1. Tap or gently shake the shoulder. Shout “Are you OK?” If person is unresponsive, shout for help and send someone to **call EMS AND get your school’s AED if available.**
2. Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, **DO NOT BEND OR TURN NECK.**
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
4. Check for normal **BREATHING.** With your ear close to person’s mouth, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing and **FEEL** for breath on your cheek. **Gasping in adults should be treated as no breathing.**
5. If victim is not breathing, take a normal breath, seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

## **IF NOT BREATHING AND NOT RESPONSIVE** **(Abnormal breathing or has seizure like activity)**

6. Position self vertically above the victim’s chest with straightened arms. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do **NOT** place your hands over the very bottom of the breastbone). Give a second rescue breath lasting 1 second, until chest rises.
7. **Compress chest at least 2 inches at a rate of 30 compressions in 15- 18 seconds (100-130 compressions per minute). Allow the chest to return to normal position between each compression.**
8. **Minimize interruptions in chest compressions.**
9. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
10. **REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.**
11. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



Picture Permission: Project Adam



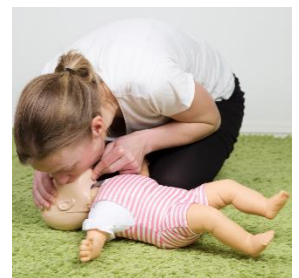
# CARDIOPULMONARY RESUSCITATION (CPR)-INFANT FOR TRAINED PERSONNEL

**CPR is to be used when an infant is unresponsive or when breathing or heartbeat stops.**

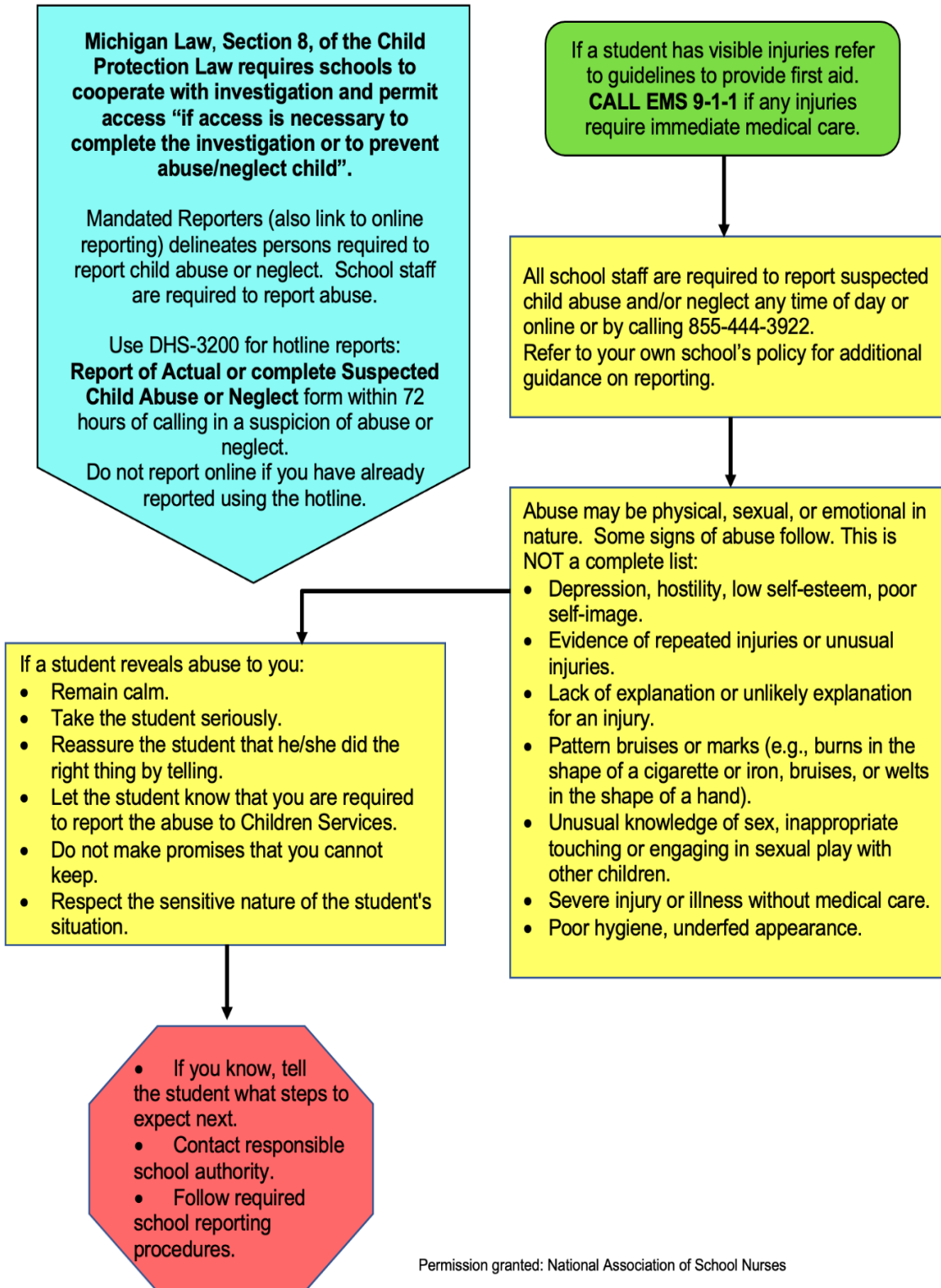
1. Gently tap the infant's shoulder or flick the bottom of the infant's feet. If no response, yell for help and send someone to **CALL EMS 9-1-1 and get your school's AED if available.**
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY.
4. Quickly check for BREATHING (take less than 10 seconds to check).
5. If you witnessed the collapse, first call **EMS 9-1-1** or have someone else call EMS 9-1-1, then immediately start chest compressions and continue CPR until EMS or the AED arrives. For **unwitnessed** collapse, perform CPR for 2 minutes and then call EMS 9-1-1, use AED **as soon** as you have it.
6. For **unwitnessed** collapse, perform CPR for 2 minutes and then call EMS 9-1-1 use AED **as soon** as you have it. Call 911 and put the phone on speaker and get an AED if available.
7. Use the AED as soon as you have it.

## **IF NOT BREATHING AND NOT RESPONSIVE (Abnormal breathing or has seizure like activity)**

8. Find finger position near center of breastbone just below the nipple line (Make sure fingers are NOT over the very bottom of the breastbone).
9. Compress chest at a rate of 30 compressions in 15 - 18 seconds (100 – 120 compressions per minute) with 2 fingers or 2 thumbs approximately 1½ inches or about 1/3 of the depth of the infant's chest.  
Allow the chest to return to normal position between each compression.  
If unable to perform chest compressions to the recommended depth, use the heel of one hand.
10. **Minimize interruptions in chest compressions.**
11. Give 2 normal breaths, each lasting 1 second. Each breath should make chest rise.
12. REPEAT CYCLES OF 30:2 COMPRESSIONS/ BREATHS or if 2 RESCUERS 15:2 AT A RATE OF 100-120 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.
13. Call EMS after 2 minutes (5 cycles of 30:2 compressions/rescue breaths) if not already called.



# CHILD NEGLECT AND ABUSE



Permission granted: National Association of School Nurses

# CHOKING CONSCIOUS VICTIM

## 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 child with arms encircling child.
2. Place thumb side of fist against middle of abdomen just above the belly button. (Do **NOT** place your hand over the very bottom of the breastbone. Grasp fist with other hand.)
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

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

### **FOR OBESE OR PREGNANT PERSONS:**

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

**It is recommended that schools designate at least one employee who has received instruction in choking rescue to be present in the cafeteria at all meals.**

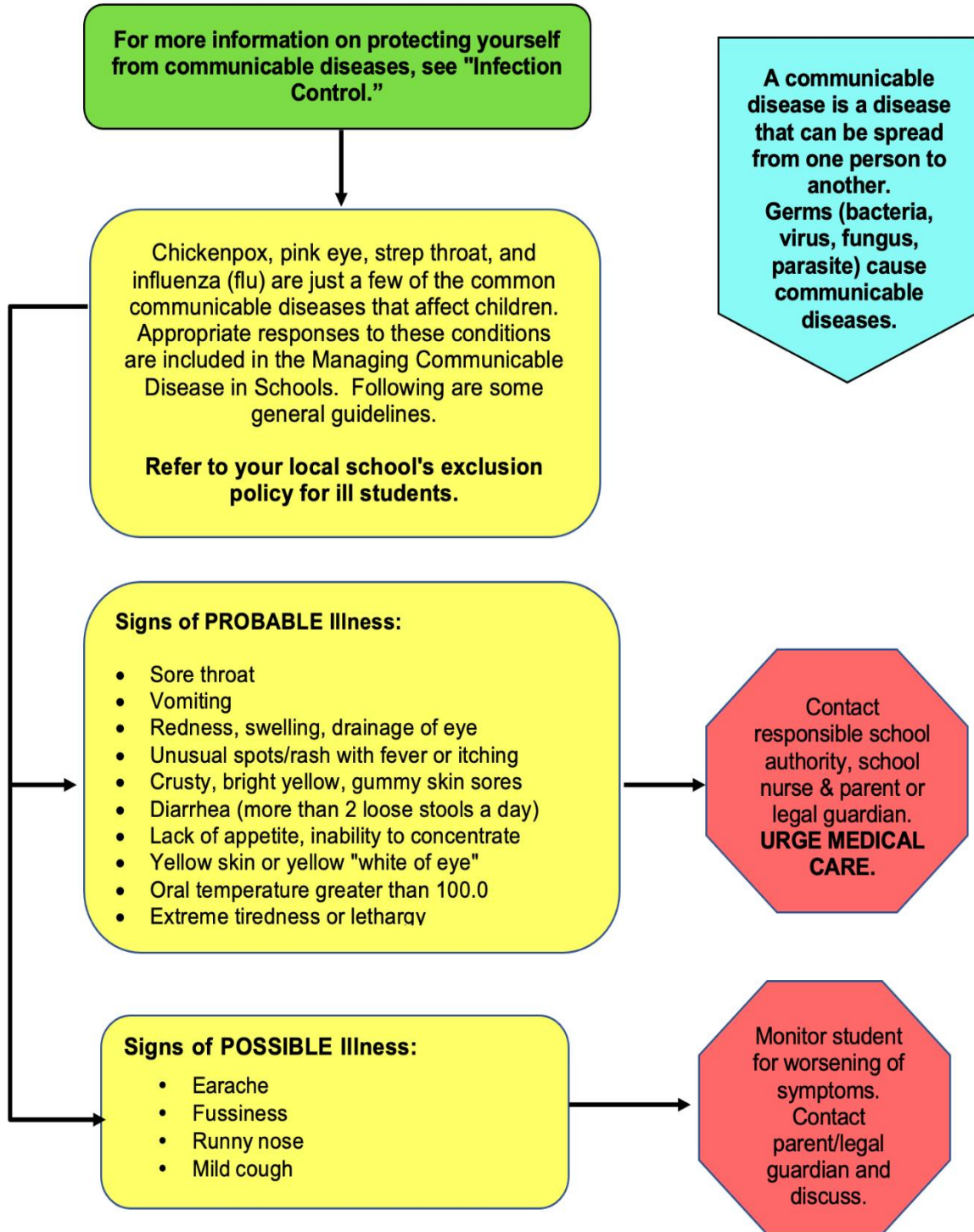
Copyright American Heart Association.

# COMMUNICABLE DISEASE RESOURCES

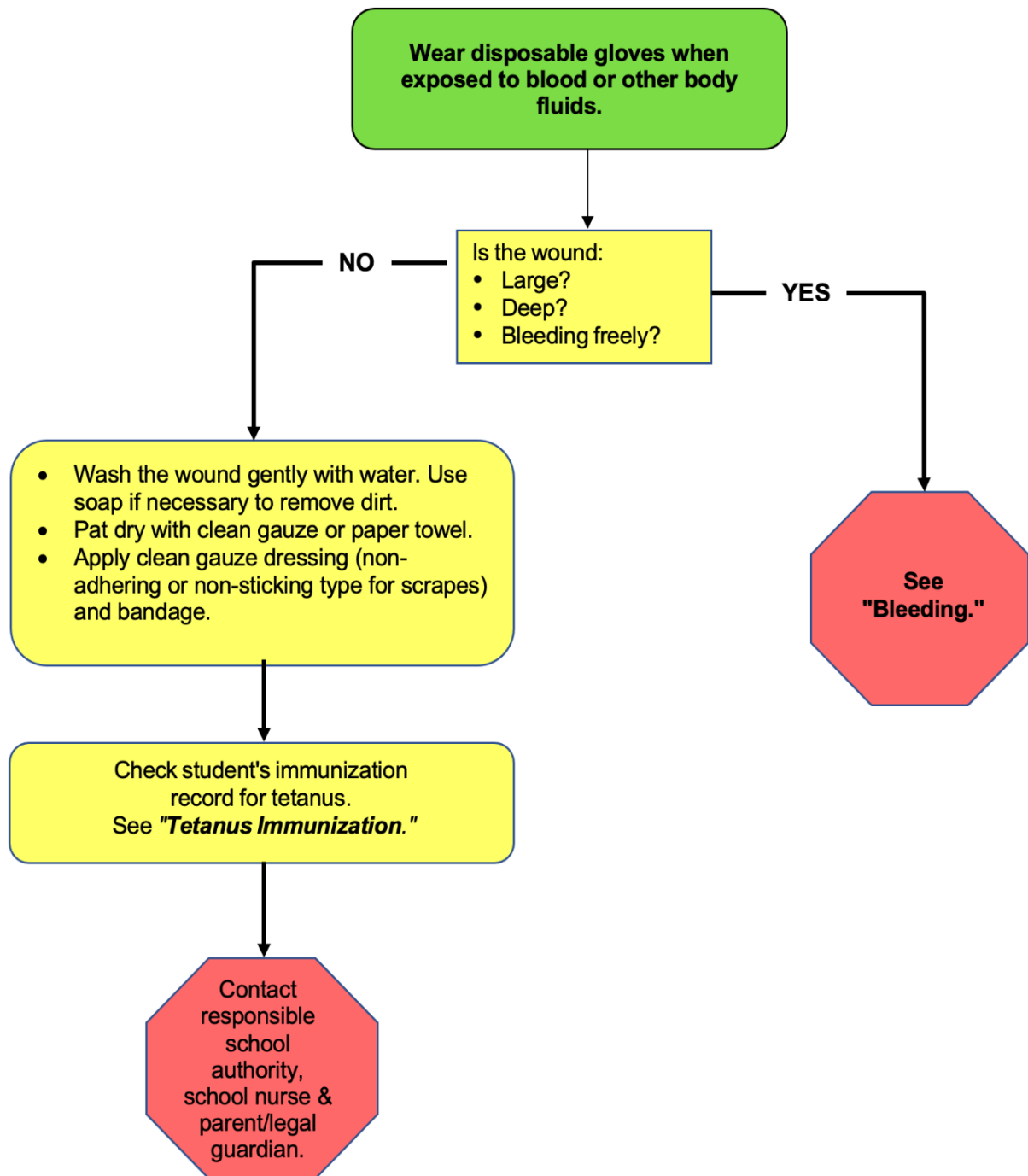
## [Managing Communicable Diseases in Schools](#)

Prepared by Michigan Department of Education and Michigan Department of Health and Human Services, Divisions of Communicable Disease & Immunization

# COMMUNICABLE DISEASES

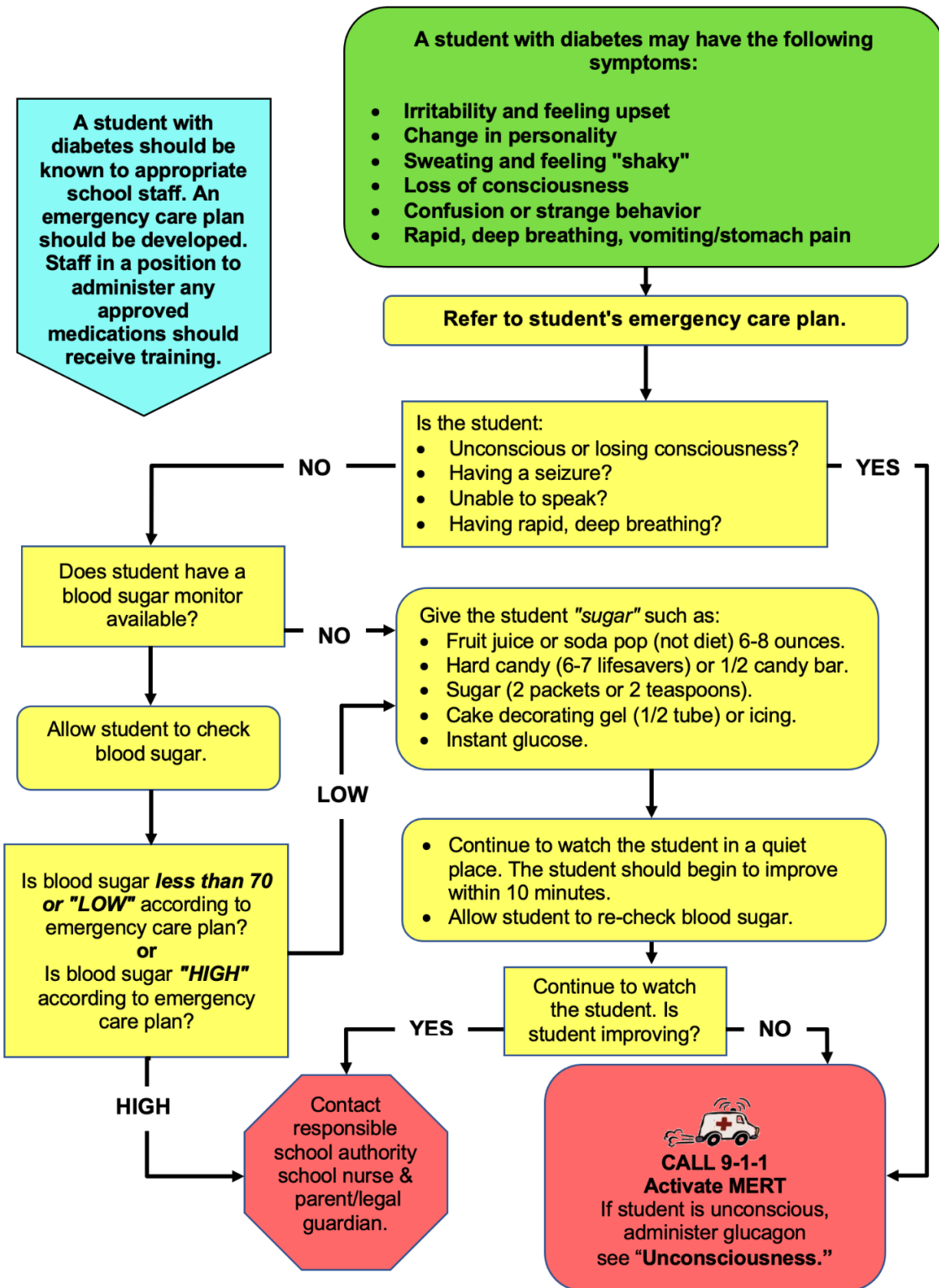


# CUTS (SMALL), SCRATCHES & SCRAPES

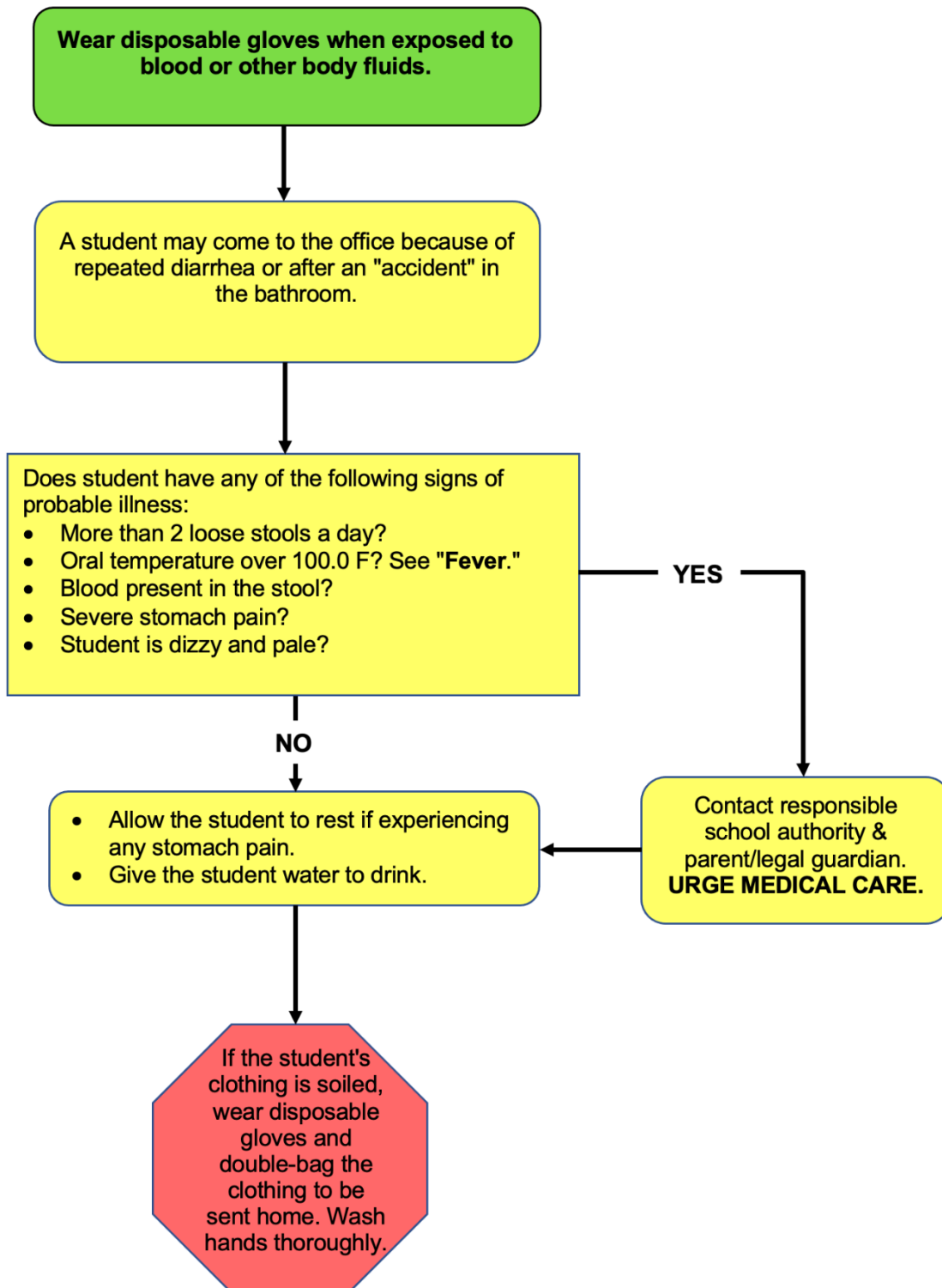




# DIABETES



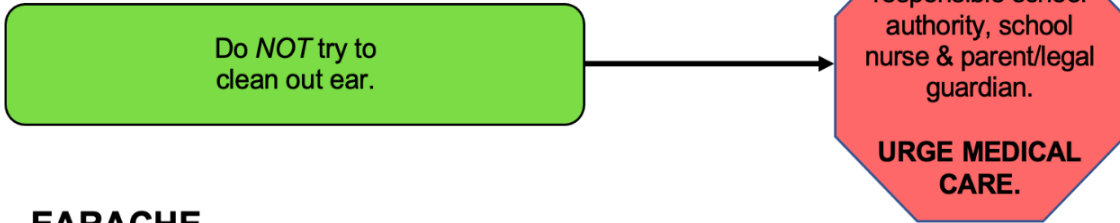
# DIARRHEA



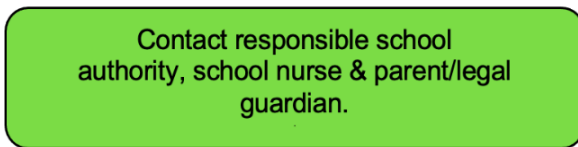


# EARS

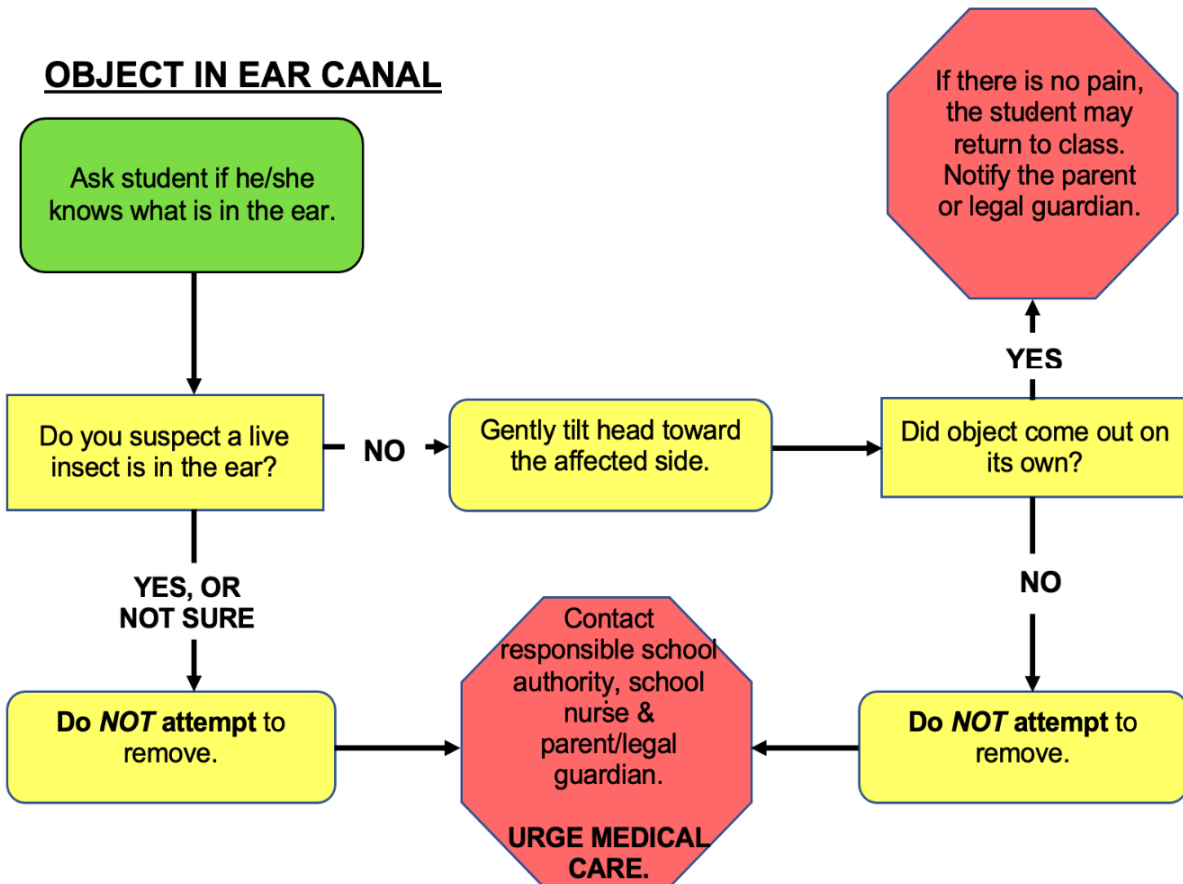
## DRAINAGE FROM EAR



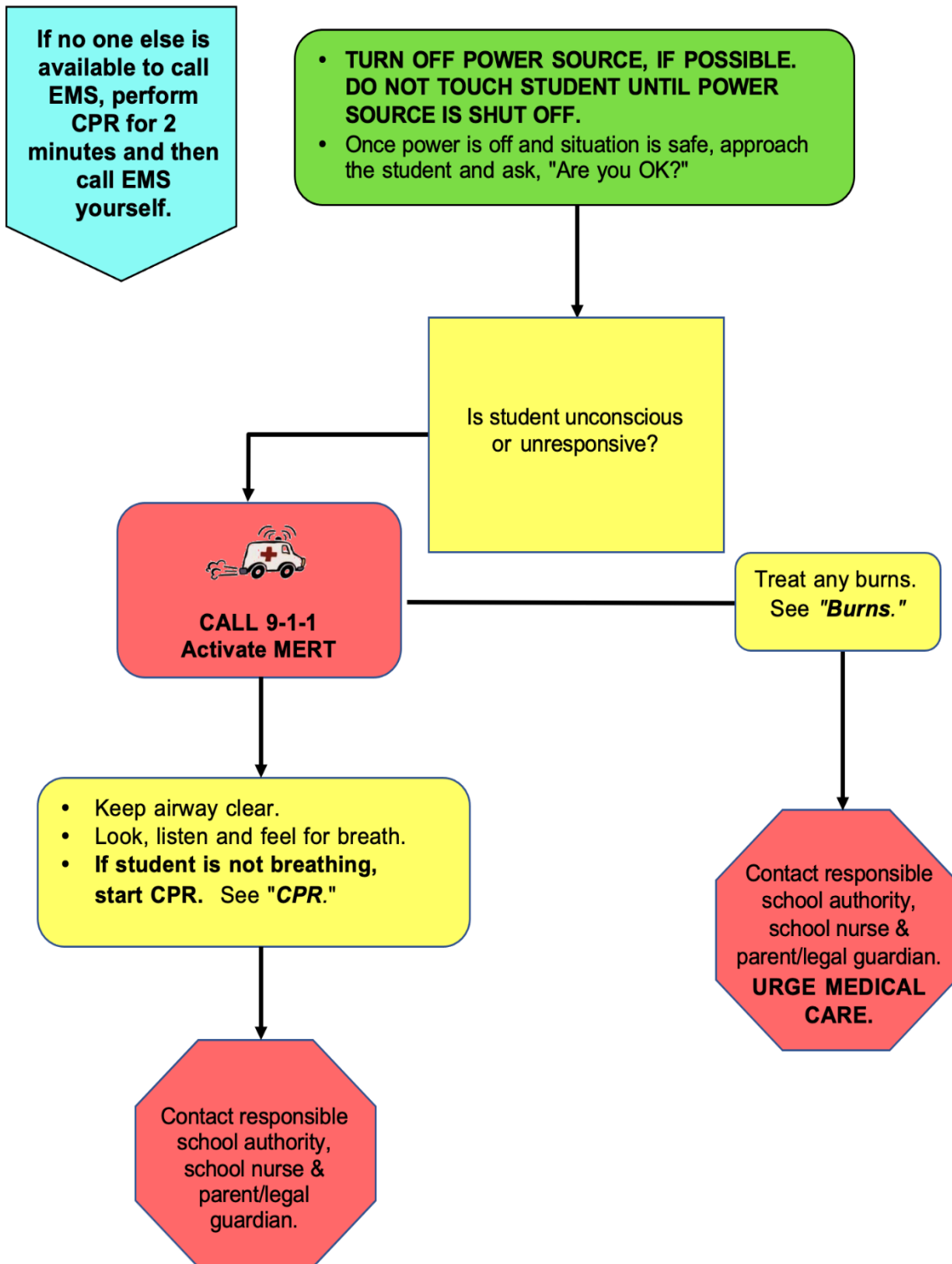
## EARACHE



## OBJECT IN EAR CANAL

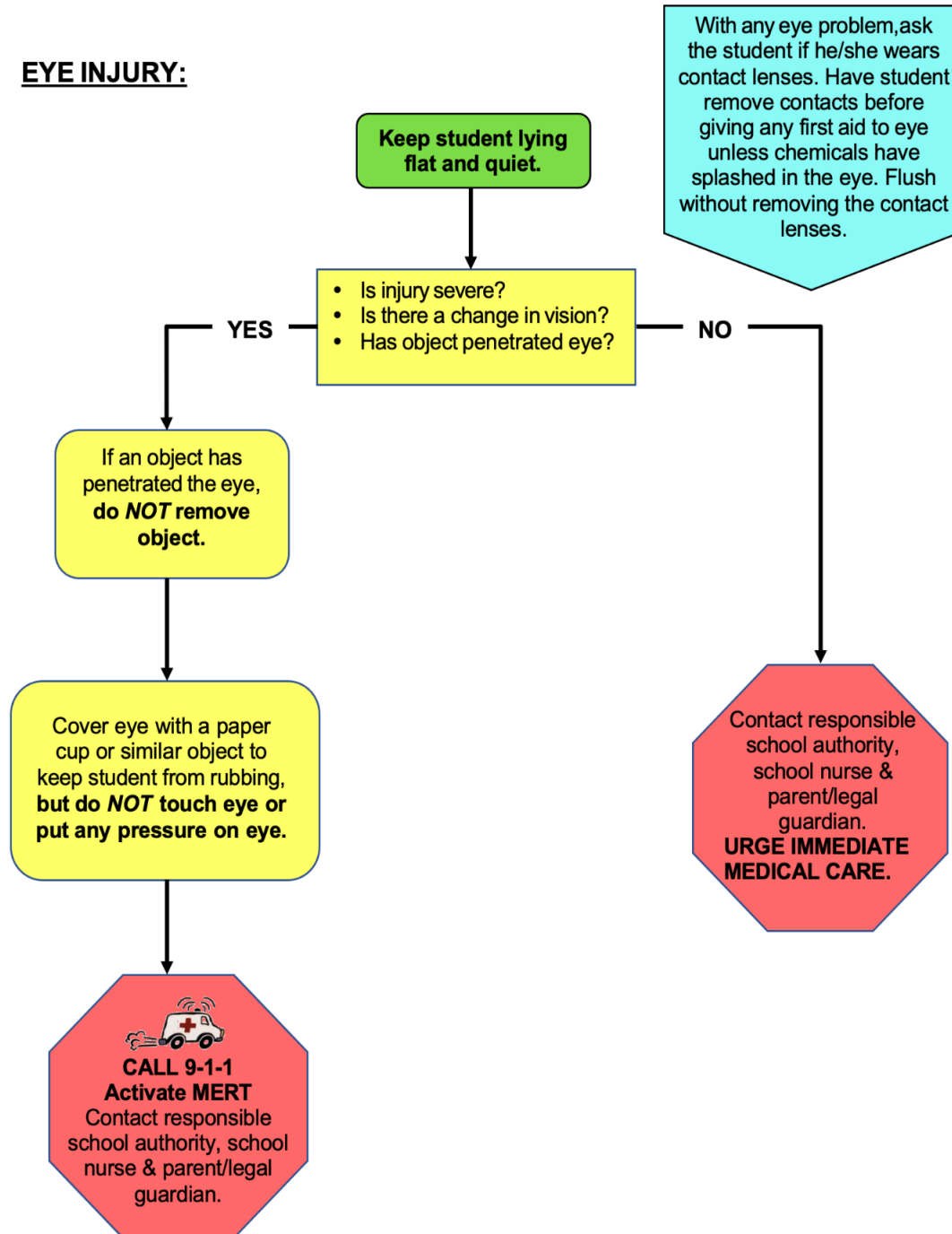


# ELECTRIC SHOCK



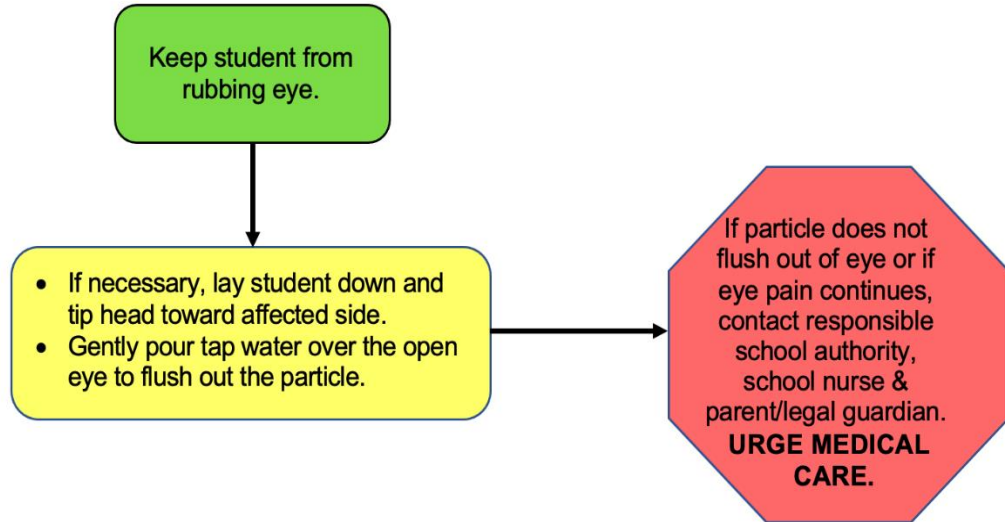
# EYES

## EYE INJURY:

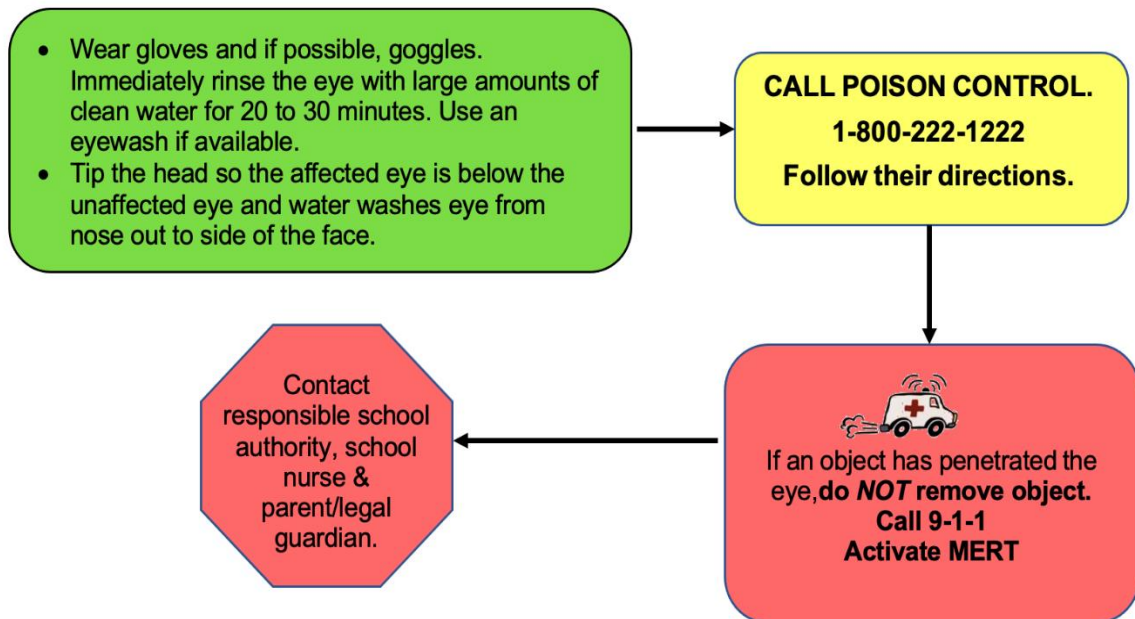


EY

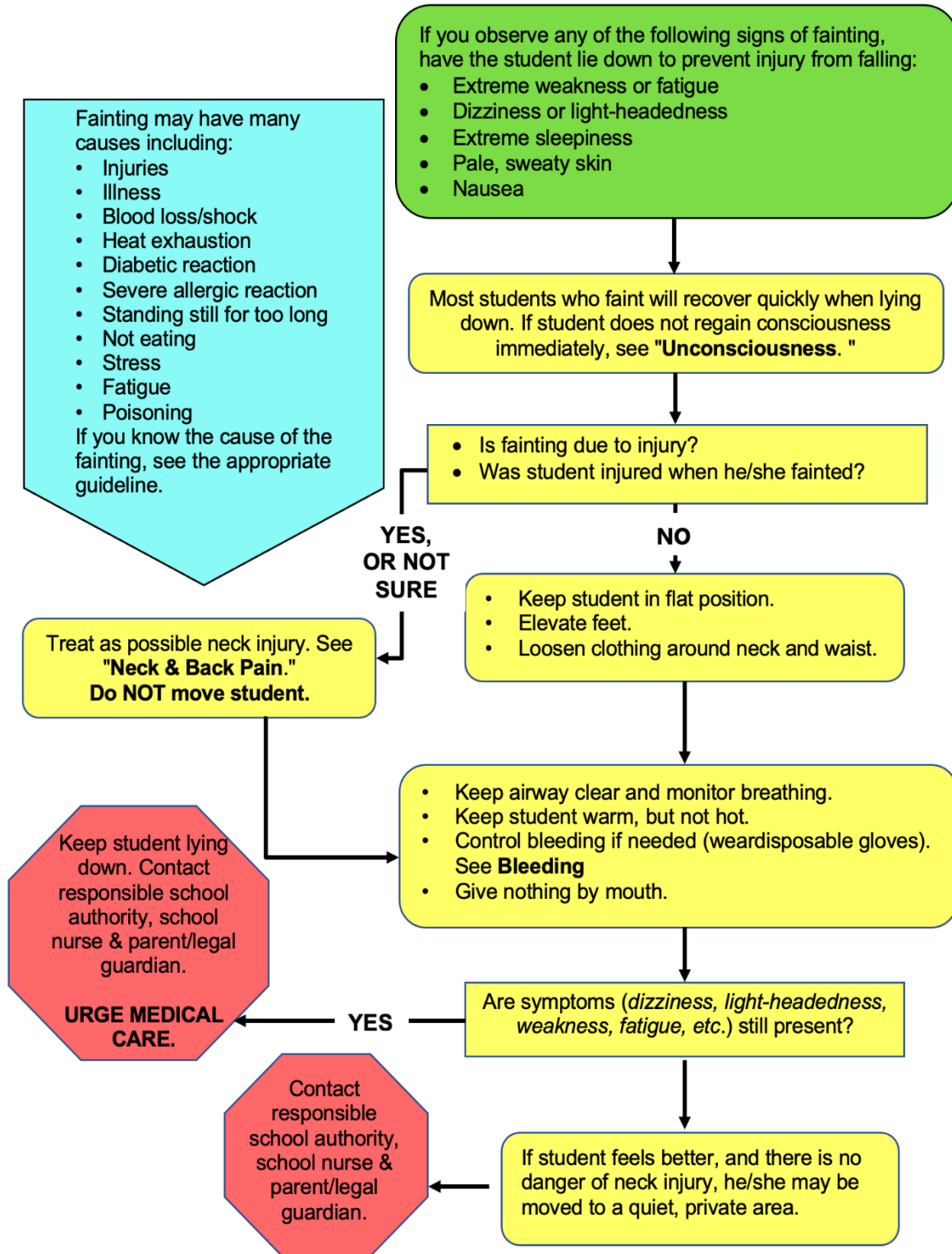
## PARTICLE IN EYE



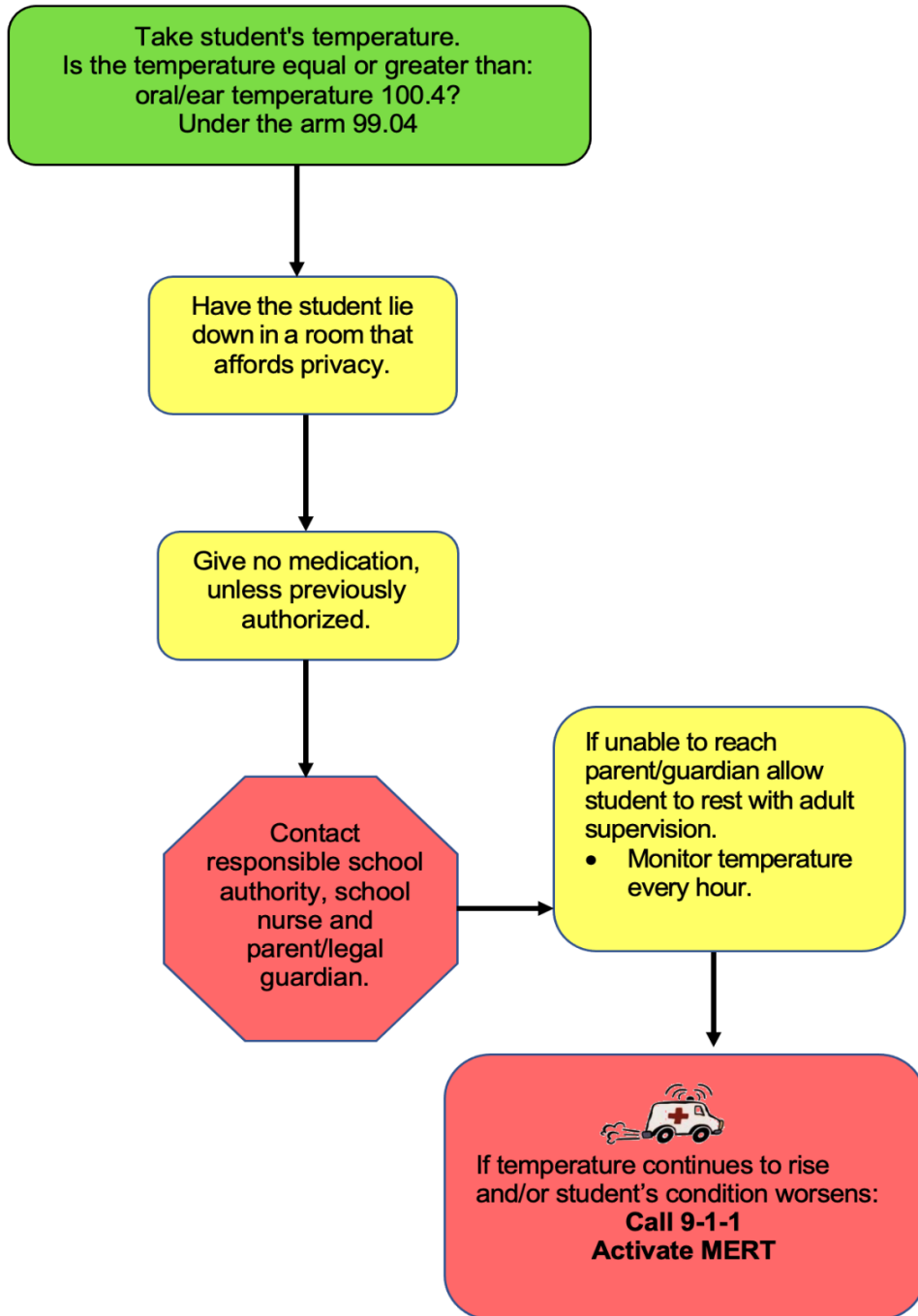
## CHEMICALS IN EYE



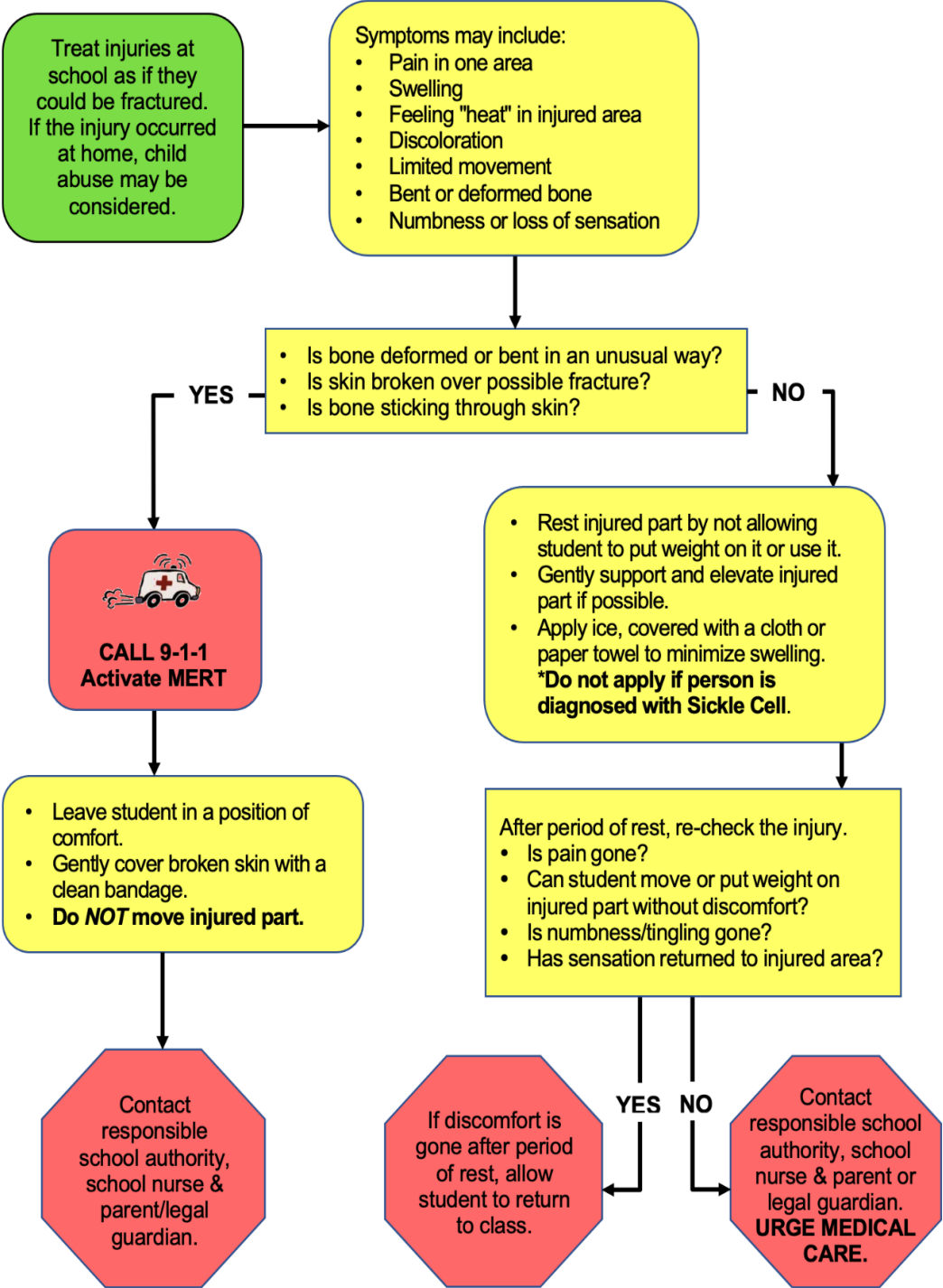
# FAINTING



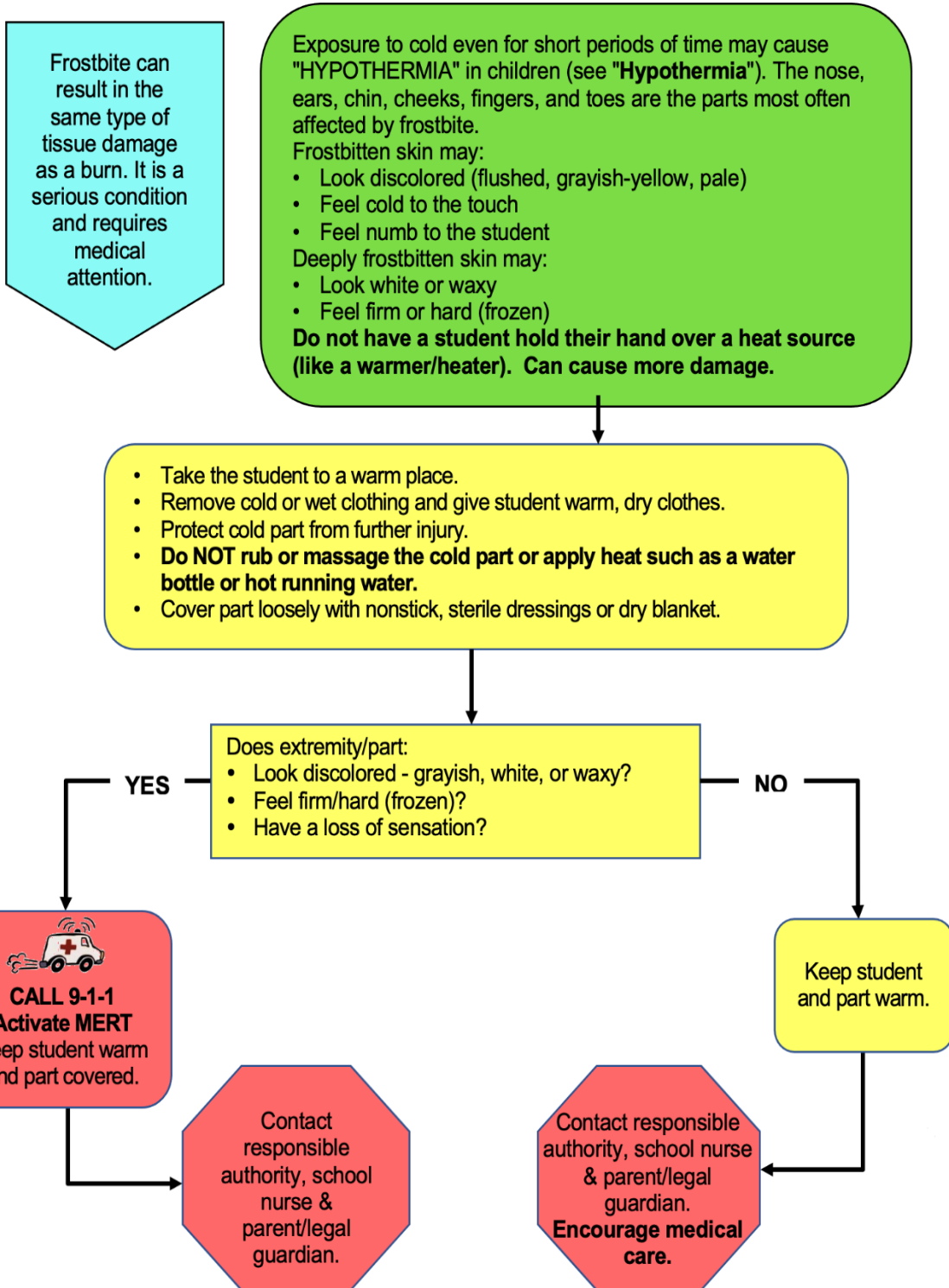
# FEVER AND NOT FEELING WELL



# FRACTURES, DISLOCATIONS, SPRAINS & STRAINS

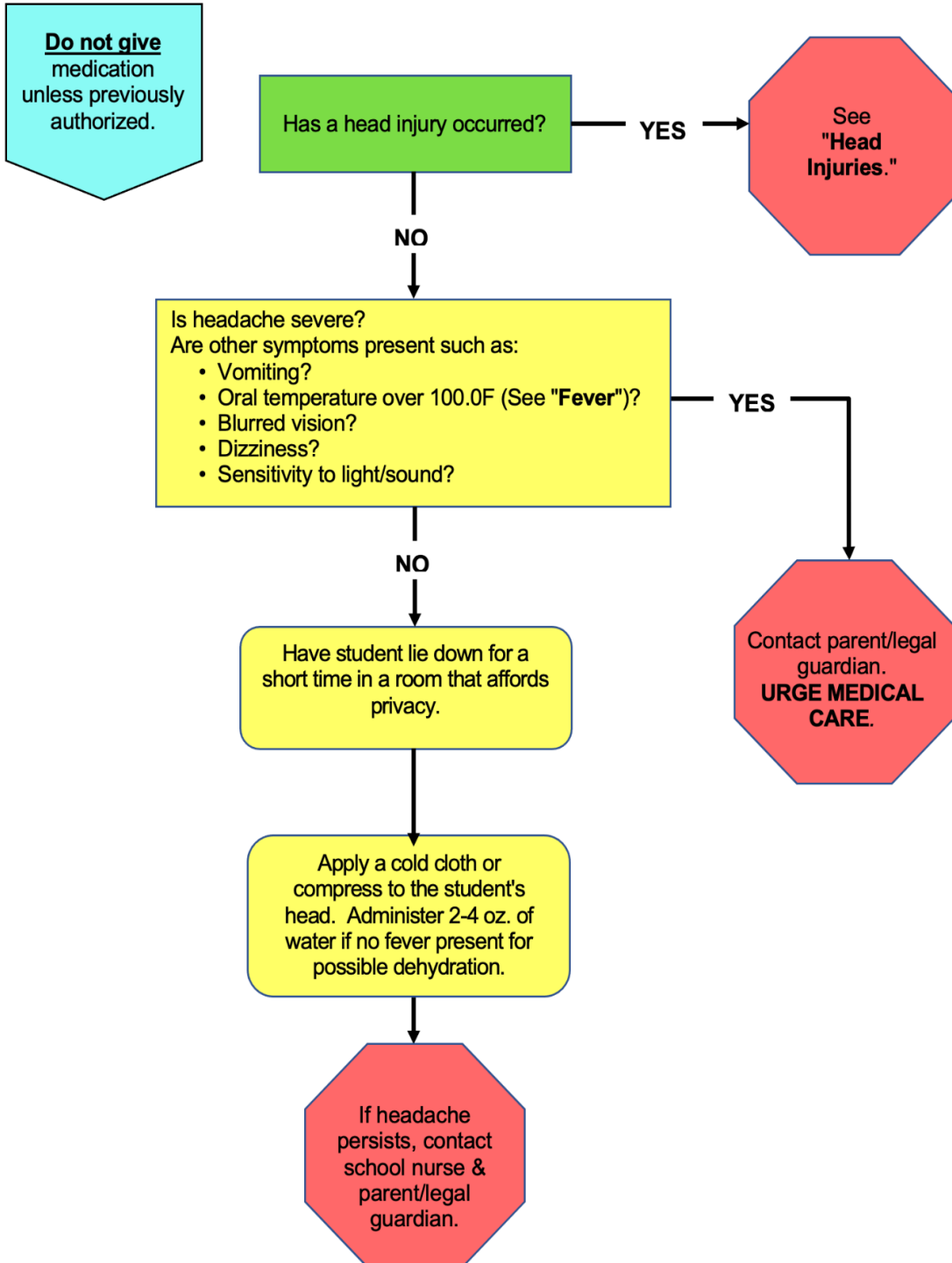


# FROSTBITE

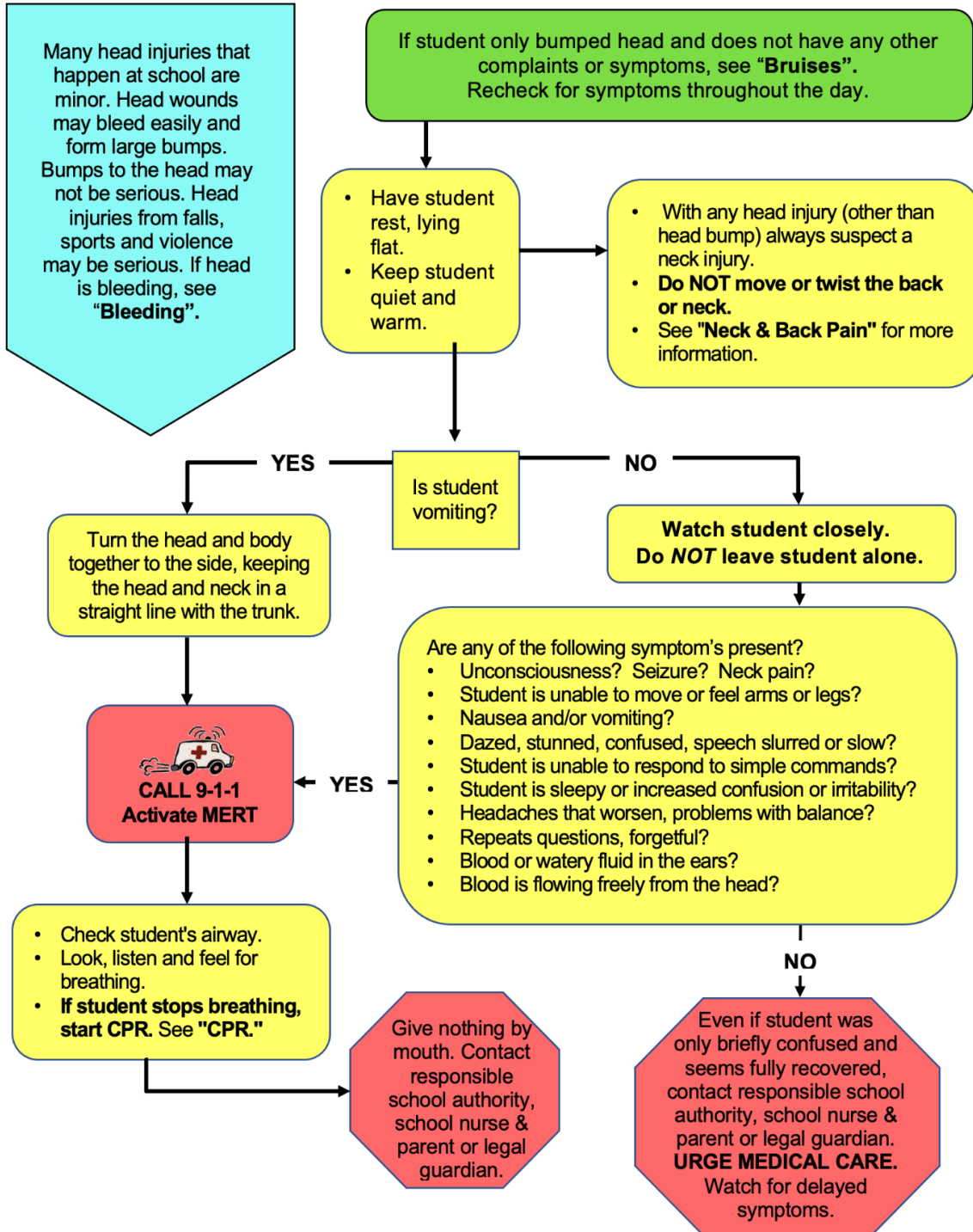




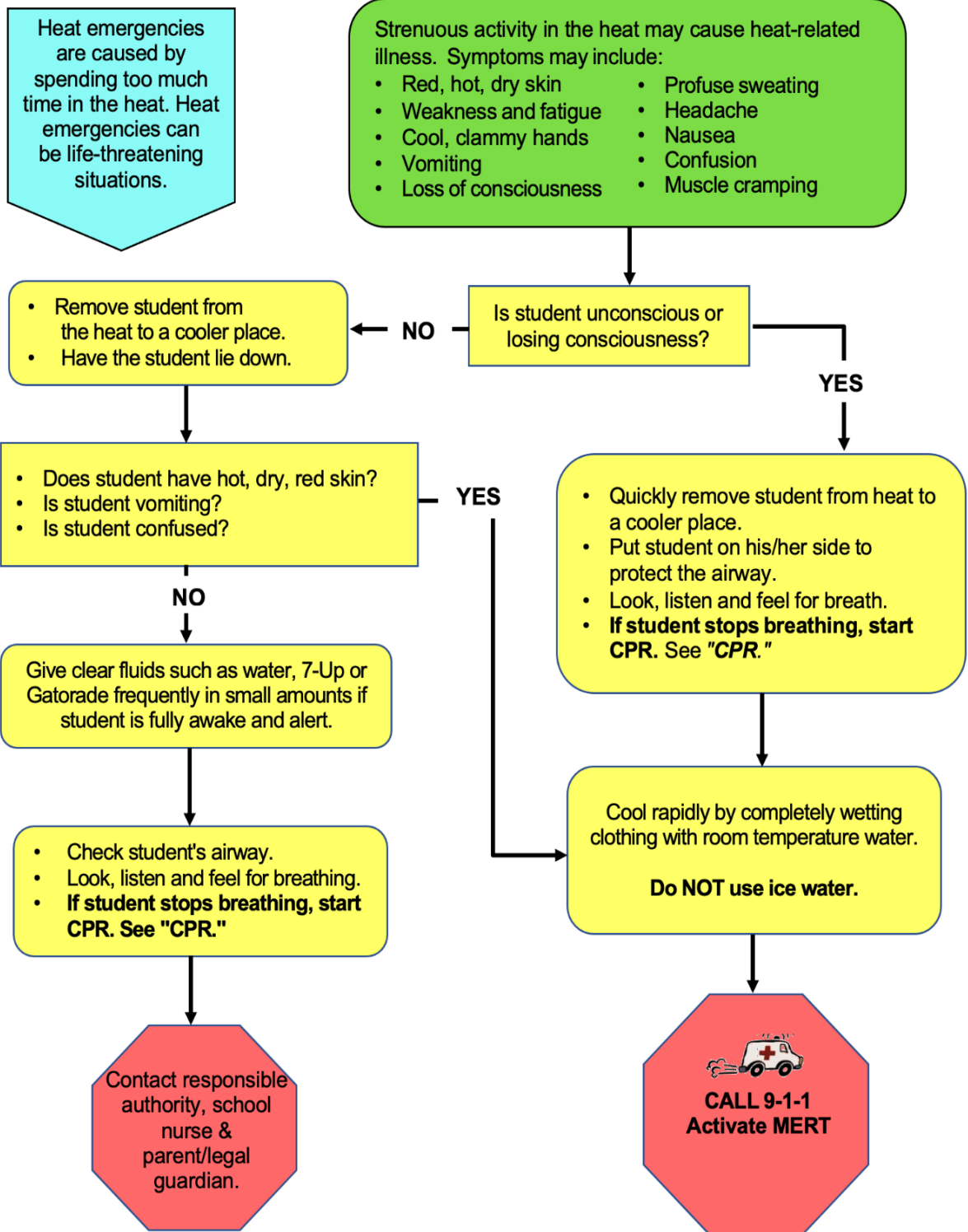
# HEADACHE



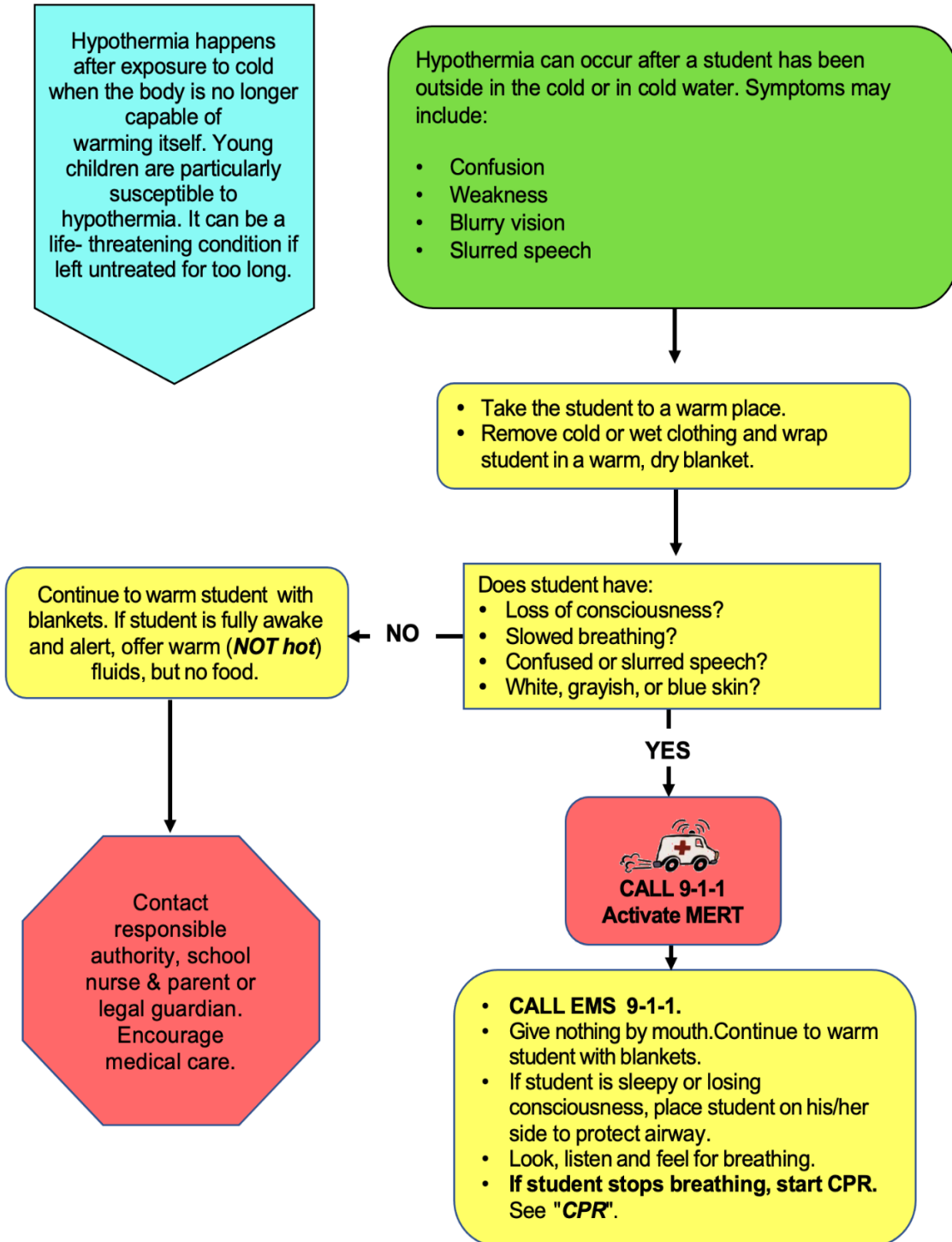
# HEAD INJURIES



# HEAT STROKE



# HYPOTHERMIA

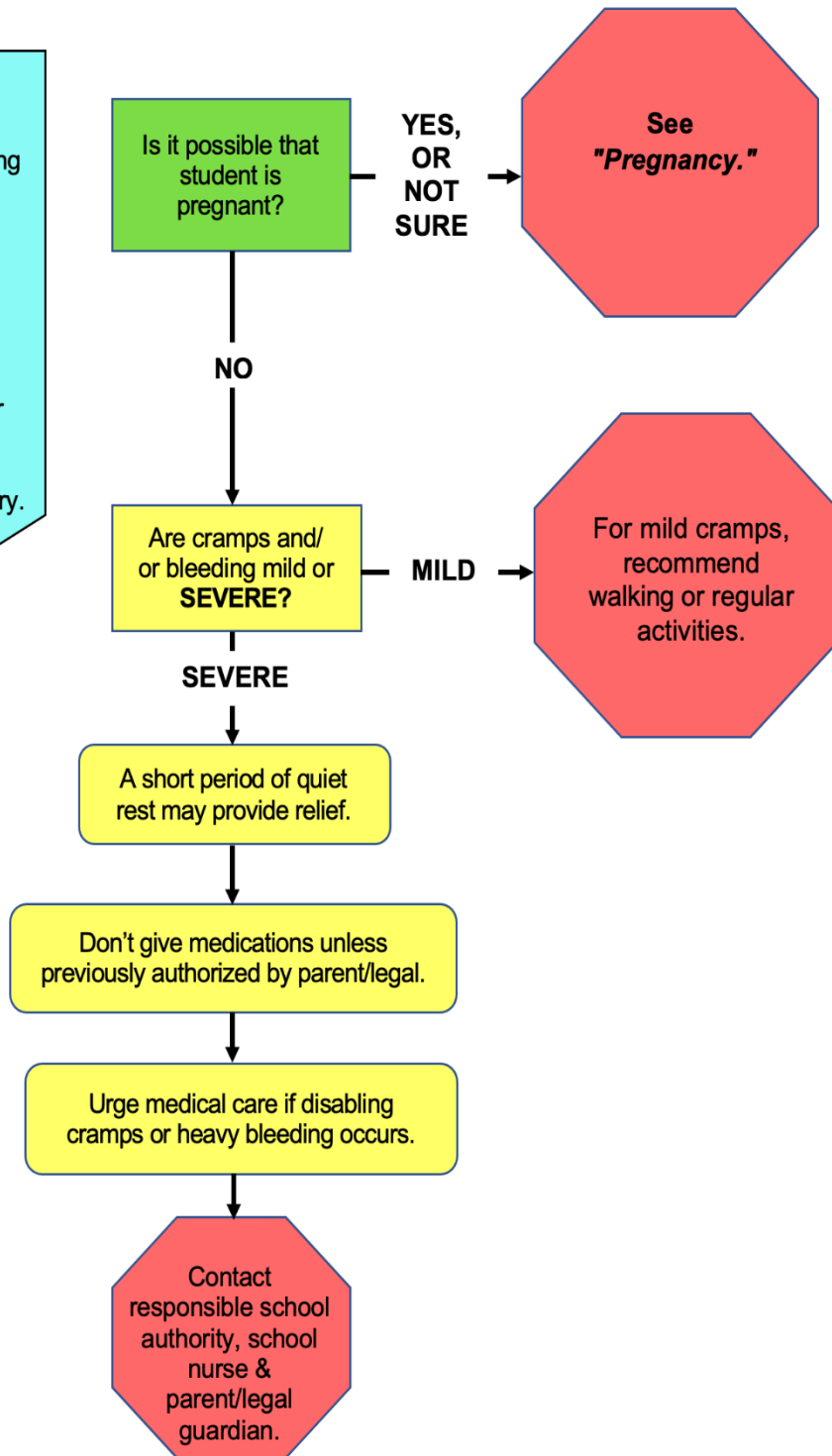


# MENSTRUAL DIFFICULTIES

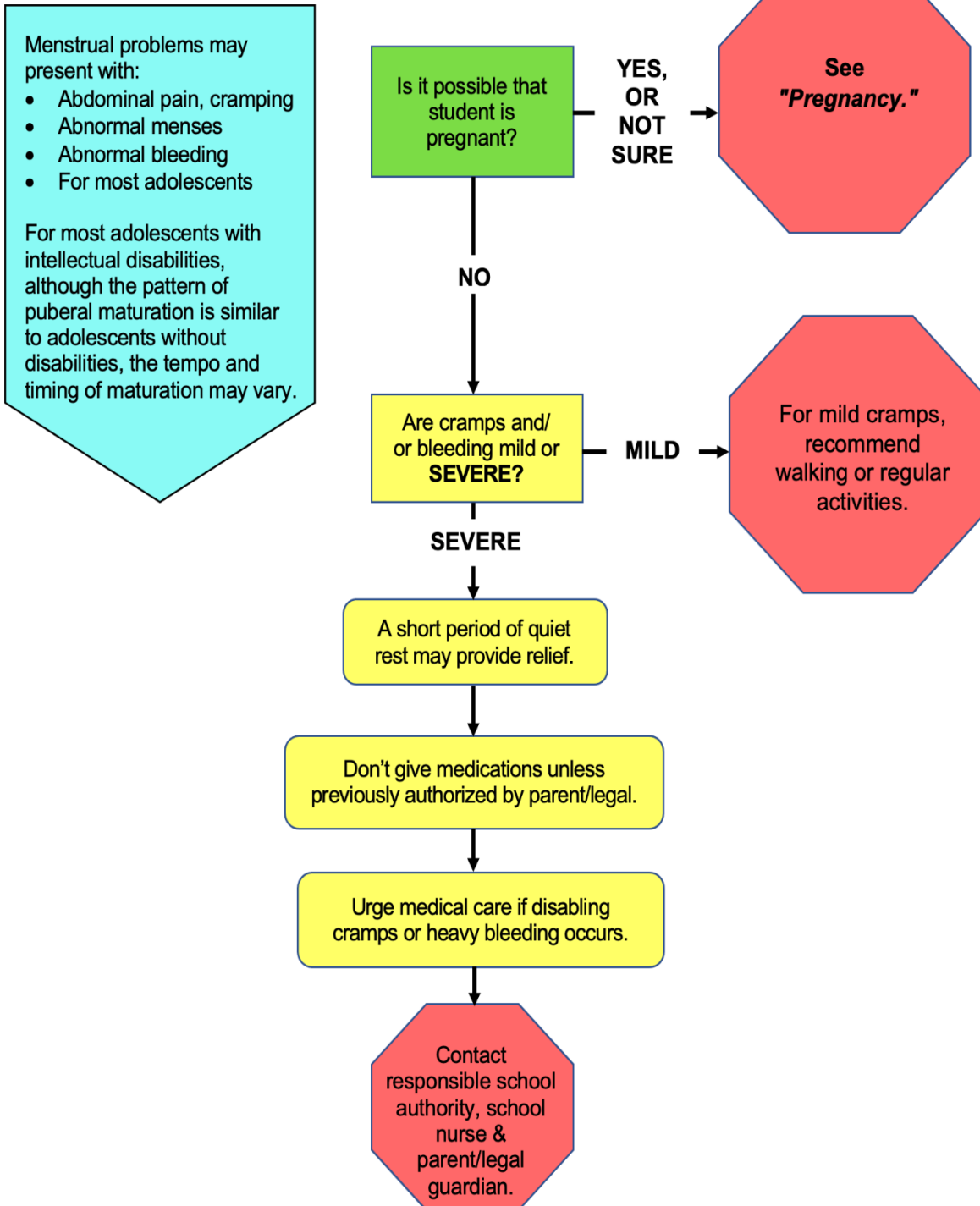
Menstrual problems may present with:

- Abdominal pain, cramping
- Abnormal menses
- Abnormal bleeding
- For most adolescents

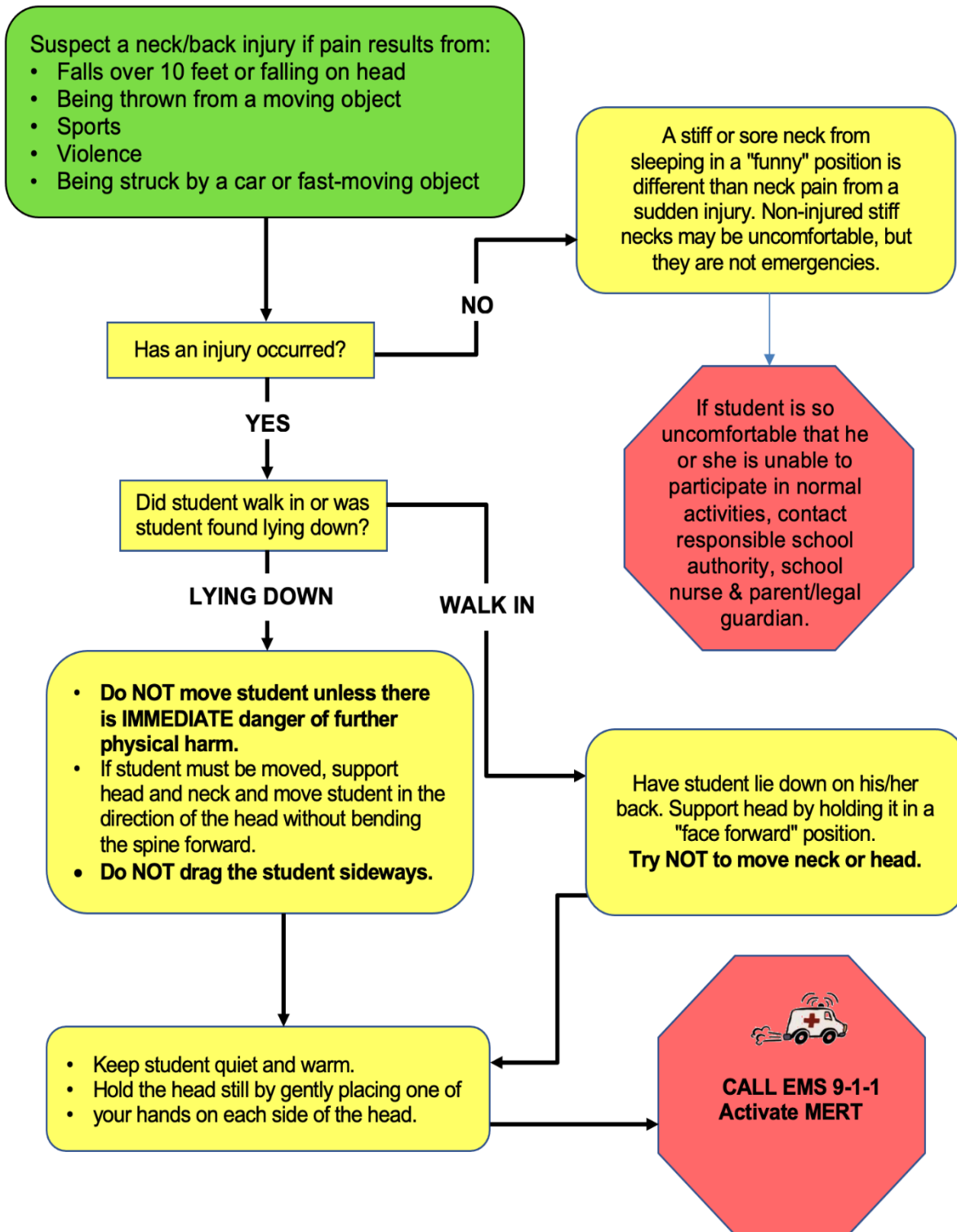
For most adolescents with intellectual disabilities, although the pattern of puberal maturation is similar to adolescents without disabilities, the tempo and timing of maturation may vary.



# MOUTH AND JAW INJURIES



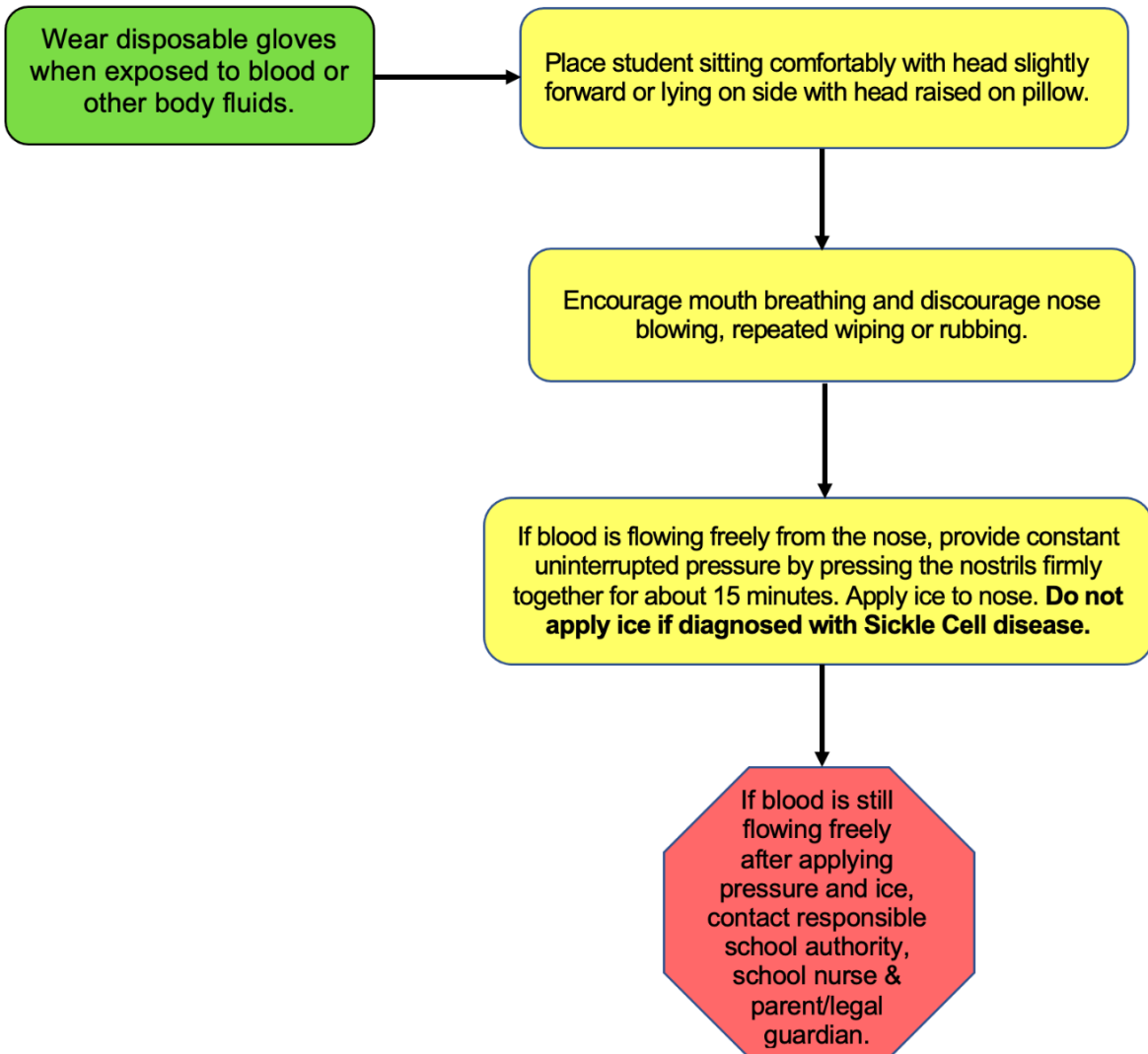
# NECK AND BACK PAIN



# NOSE

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

## NOSEBLEED



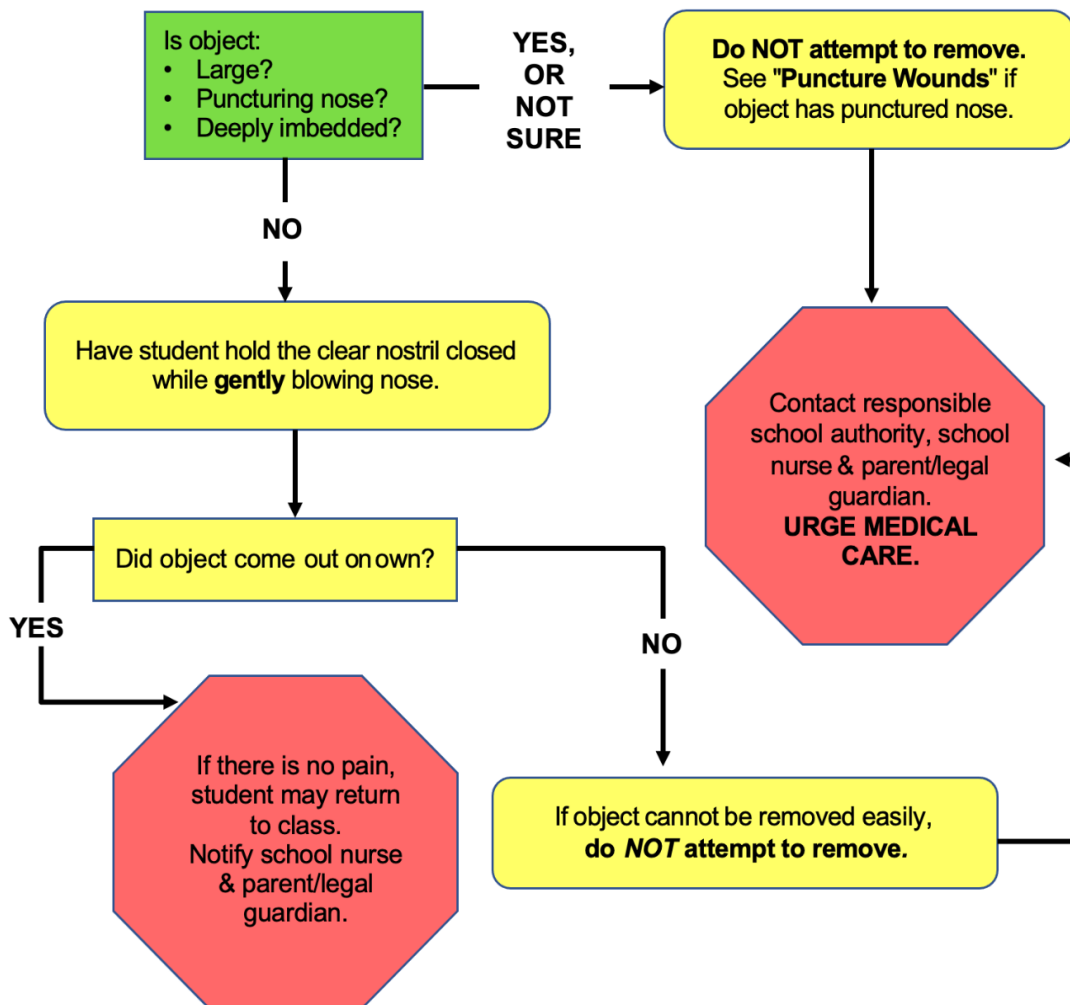


## NOSE (CONTINUED)

### BROKEN NOSE

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

### OBJECT IN NOSE



# OPIOID OVERDOSE

## MICHIGAN LAW

An agency that purchases, possesses, or distributes an opioid antagonist under section 103, and an employee or agent that possesses or in good faith administers an opioid antagonist under section 105, is immune from civil liability for injuries or damages arising out of the administration of that opioid antagonist to an individual under this act if the conduct does not amount to gross negligence that is the proximate cause of the injury or damage.

## RECOGNIZE:

**Observe individual for signs and symptoms of opioid poisoning**

**Suspected or confirmed opioid overdose consists of:**

- Respiratory depression evidenced by slow respiration or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

**Suspicion of opioid overdose can be based on:**

- Presenting symptoms
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

## Opioid Overdose vs. Opioid Intoxication

Opioid Intoxication	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Slowed or slurred speech, slowed or shallow breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart rate/pulse	Slowed heartbeat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution Naloxone Pilot Project)

## **RESPOND:**

If an overdose is suspected, immediately call for help by dialing 911.

- Request an Advanced Life Support transport, which is equipped to handle Patients experiencing an overdose.
- Tell the dispatcher that someone is unresponsive and not breathing and provide a specific address and/or description of your location.
- After calling 911, follow the dispatcher's instructions.

## **REVERSE:**

**Administer naloxone Via Intra-Nasal Narcan:** Instructions for intra-naloxone naloxone administration are provided below.

\*\*\*NOTE: Administering naloxone to a person who has not taken an opioid medication **WILL NOT** injure or harm the person. Follow all packaging instructions when administering naloxone.

If more than one responder is present, one responder can give rescue breathing while the other responder administers nasal naloxone, but naloxone administration is the priority. For more information on rescue breathing, see the Respirations section below.

If you are alone and need to leave the person to go get the naloxone it, place the person in the recovery position (on their side).

If after 2-3 minutes, the person does not respond, give an additional dose of naloxone. Follow the packaging instructions for information on additional dosing.

**Administer naloxone VIA Intra -Nasal Narcan:** Instructions for intra nasal naloxone administration are provided below.

If the person does not wake, an additional dose may be needed; give in the other nostril. Narcan may be dosed every 2-3 minutes until the person responds or EMS arrives.

**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.



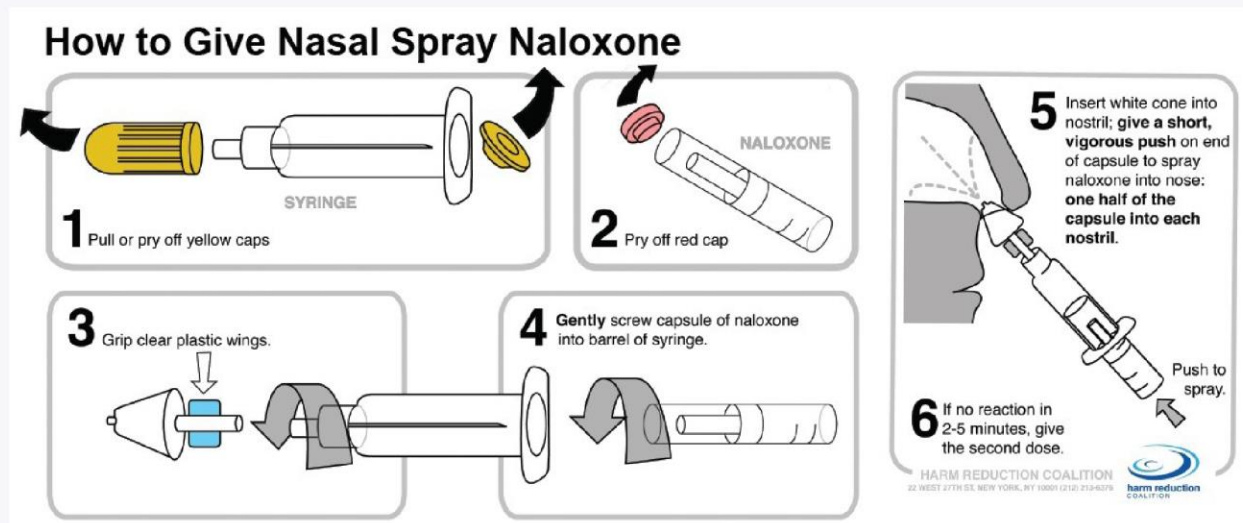
**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.

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



Graphic credit: ADAPT Pharma, 2015 Narcan USPI Aug,2015 A1135PDF

## Administer naloxone Via Intra-Nasal Naloxone (Generic)



Project Lazarus (2022) [540bd6\\_94c5e66994254431bd6b5f3ce3eda5ff.pdf](https://www.wixstatic.com/540bd6_94c5e66994254431bd6b5f3ce3eda5ff.pdf) (wixstatic.com)

## Administer naloxone via intra-nasal **Kloxxado**

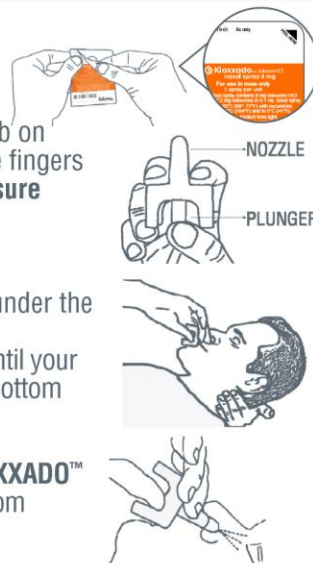
**REMOVE** KLOXXADO™ nasal spray from the box. Peel off the back tab with the triangle (▲) to open the KLOXXADO™ nasal spray blister.

**HOLD** the KLOXXADO™ nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle (**do not apply any pressure until you are ready to give the dose**).

**INSERT** the tip of the nozzle into one 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 KLOXXADO™ nasal spray. Remove the KLOXXADO™ nasal spray from the nostril after giving the dose.



## After administering naloxone:

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of naloxone.**

(2023) <https://kloxxado.com/>

## **RESPIRATIONS:**

**Assess breathing. To support respiration, give CPR if you have been trained or perform rescue breathing, if needed.**

- Place the person on their back.
- Tilt their chin up to open the airway.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
  - If present, remove it.
- If using mask, place and hold mask over mouth and nose.
- If not using mask, pinch their nose with one hand and place your mouth over their mouth to make a seal.
- Give 2 even, regular-sized breaths.
- Blow enough air into their lungs to make their chest rise.
  - If you are using a mask and don't see their chest rise out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
  - If you are not using a mask and don't see their chest rise, out of the corner of your eye make sure you're pinching their nose.
- Breathe again.
- Give one breath every 5 seconds.

## **REFER AND MONITOR**

- Have the individual transported to the nearest medical facility even if the symptoms seem to be better.
- Contact parents or legal guardian or school protocol.
- Complete Naloxone Administration Report form, if part of school protocol.
- Follow up with treatment referral recommendations.

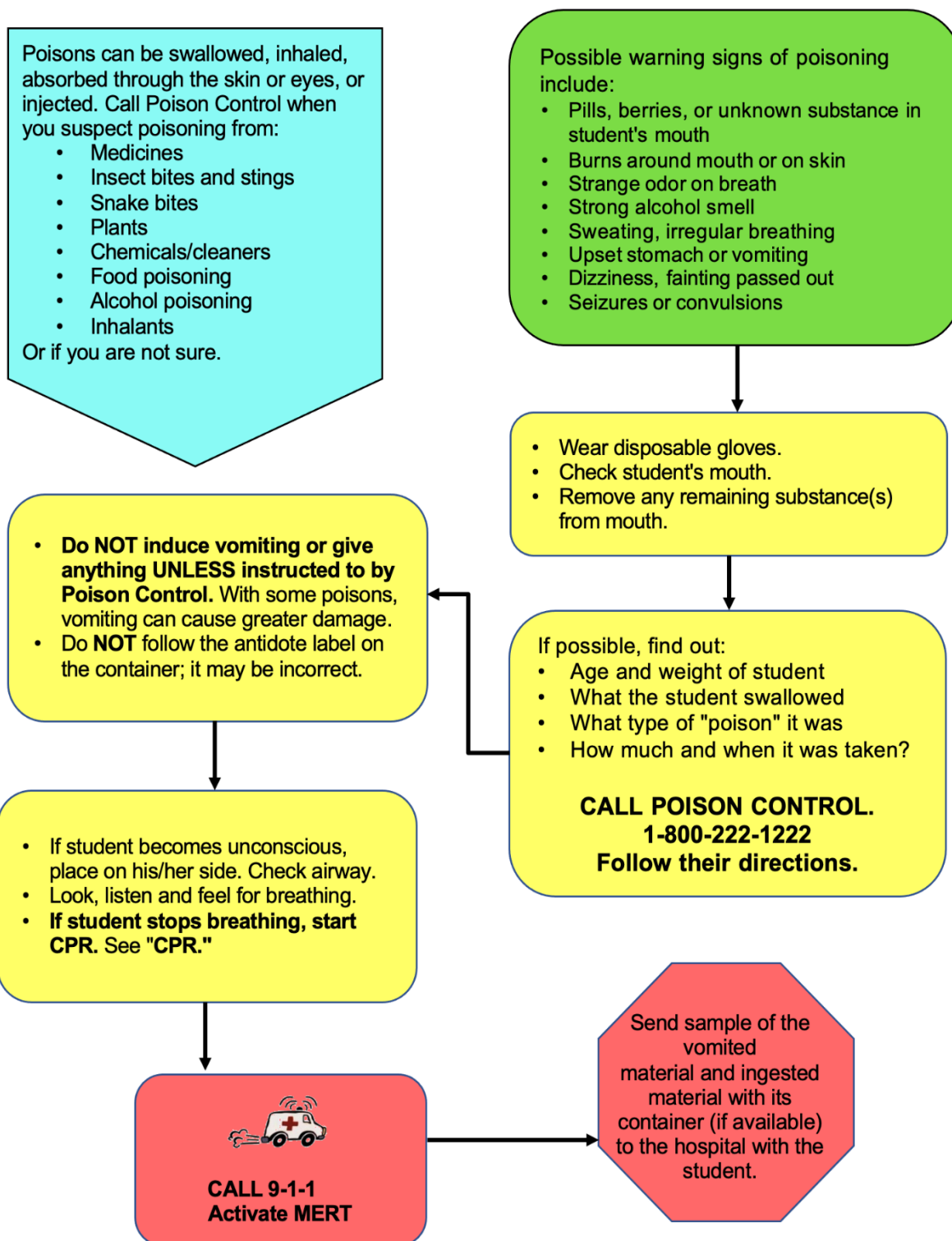
## **References:**

Substance Abuse and Mental Health Services Administration (2022) Opioid Overdose Prevention Toolkit. [Five Essential Steps for First Responders \(samhsa.gov\)](https://www.samhsa.gov)

Hikma Pharmaceuticals USA Inc. (2023) Kloxxado Nasal Spray 8 mg. <https://kloxxado.com/>

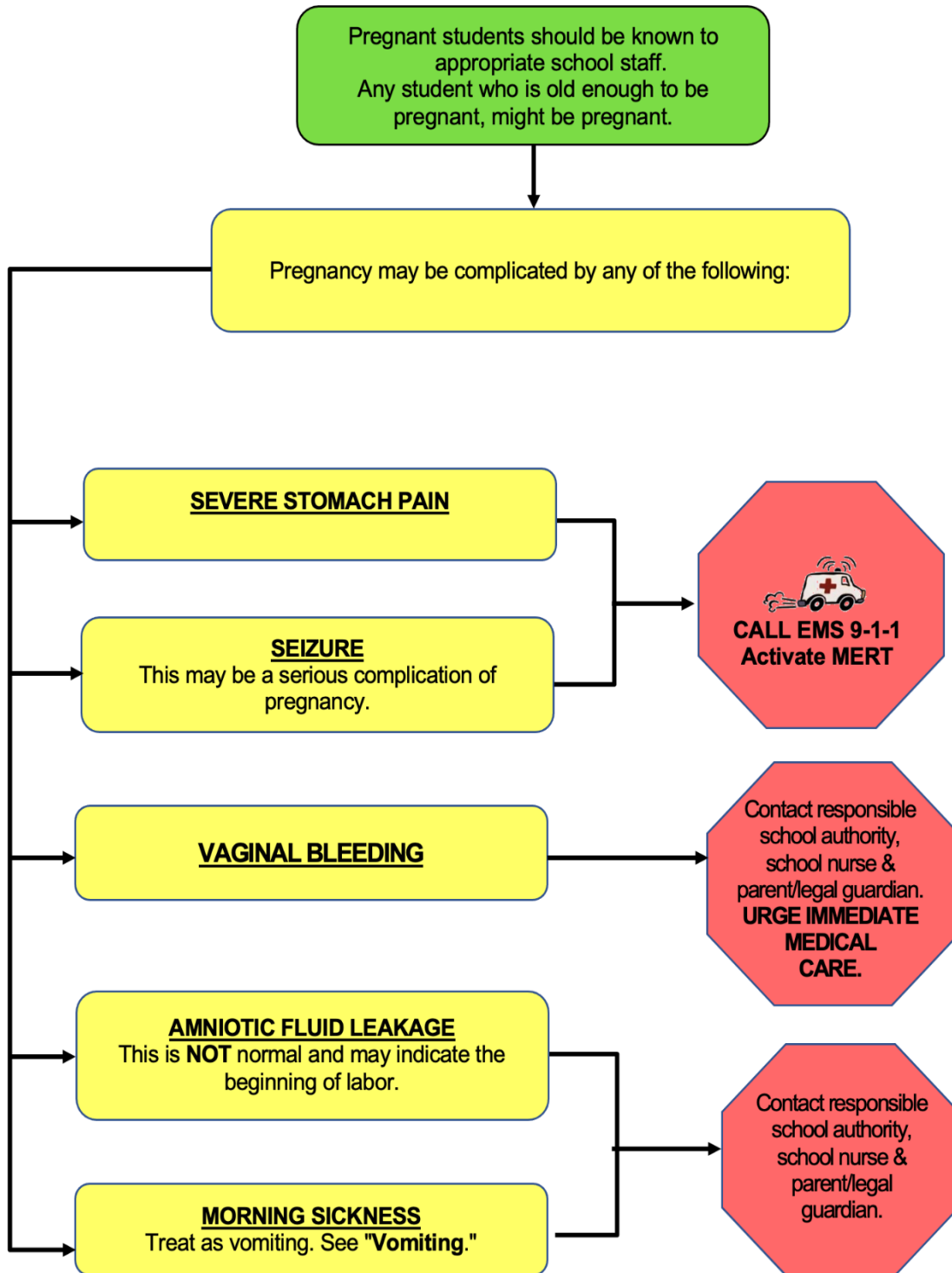
Permission granted: National Association of School Nursing  
Naloxone Toolkit for School Nurses

# POISONING

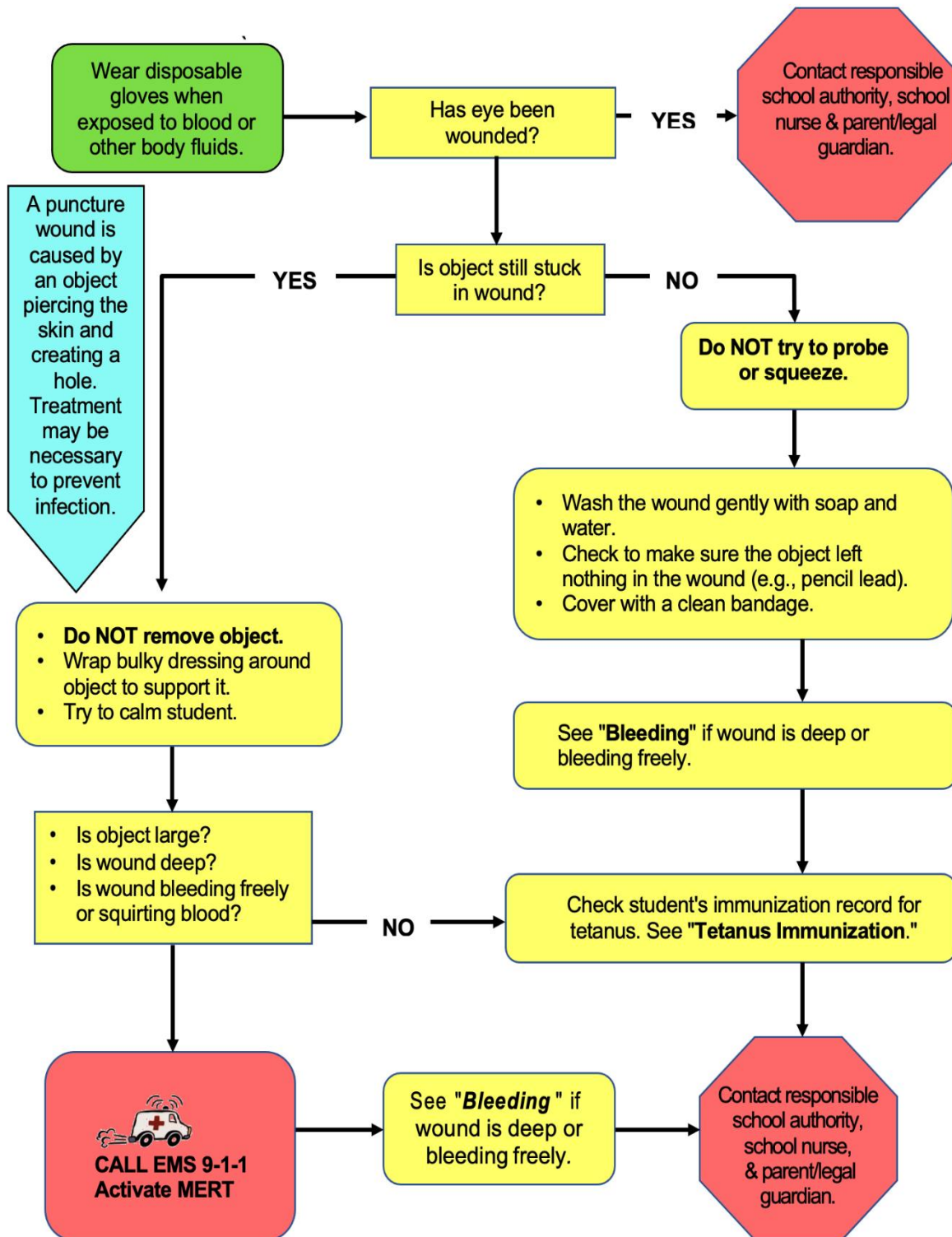




# PREGNANCY

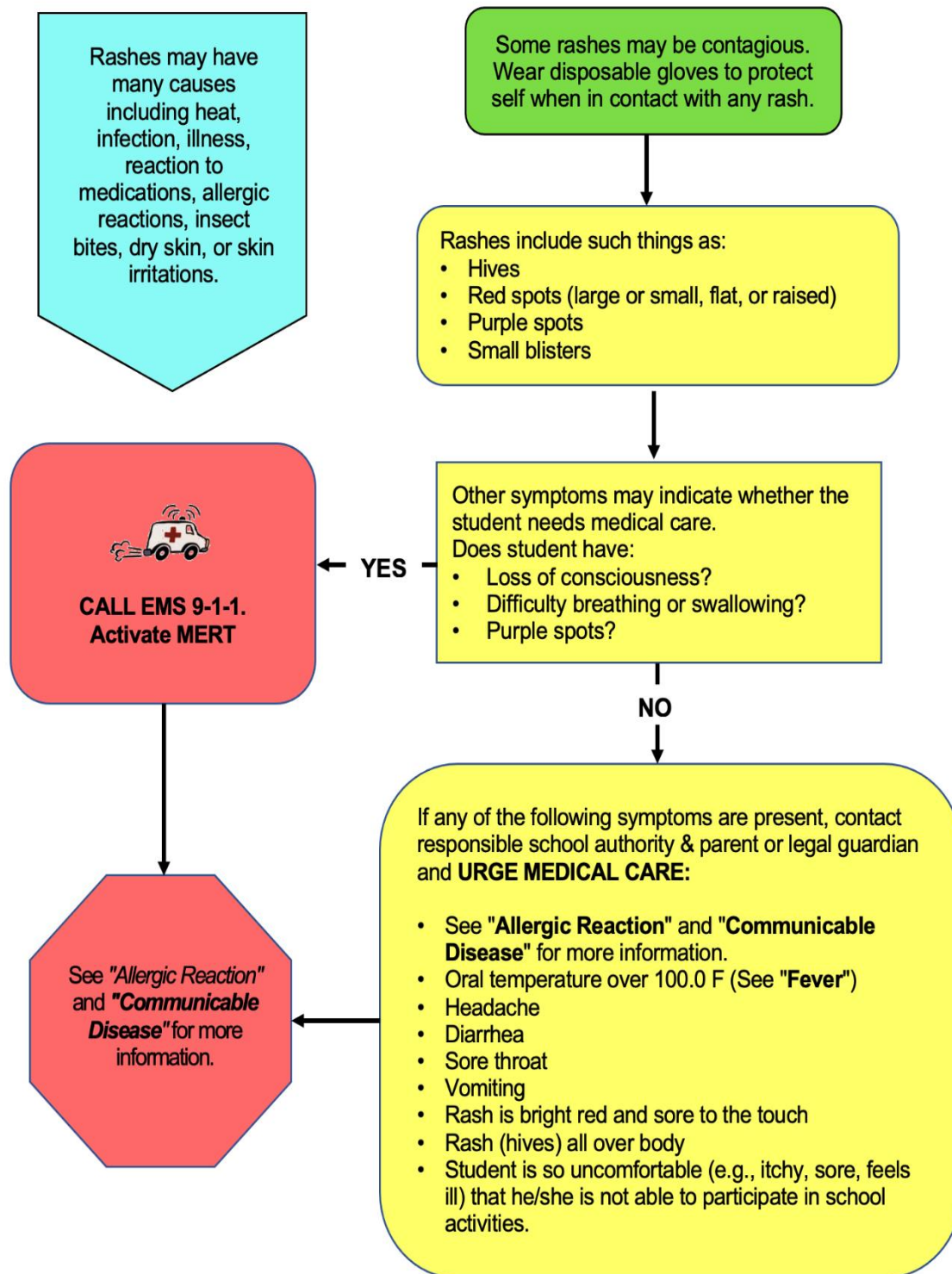


# PUNCTURE WOUNDS

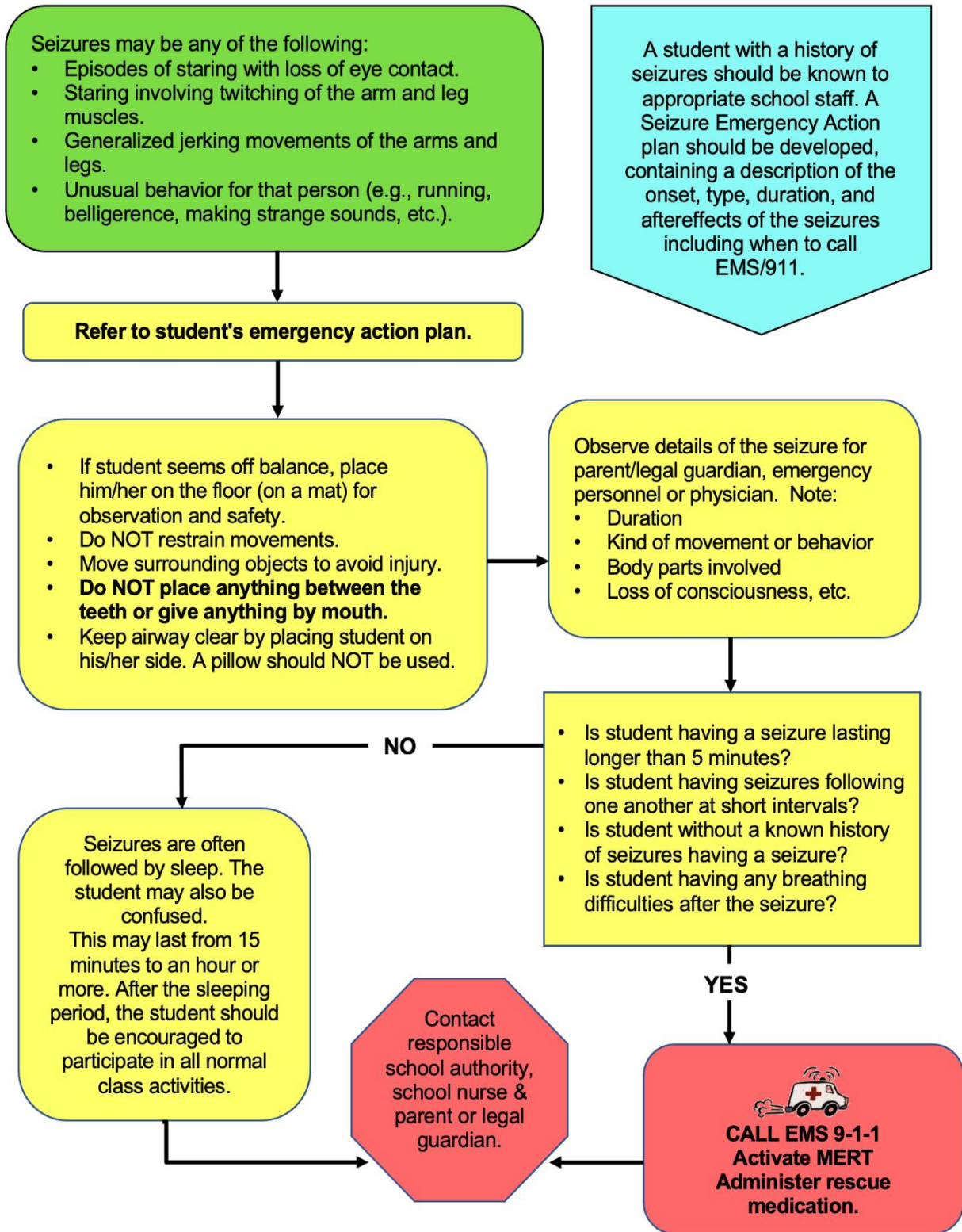




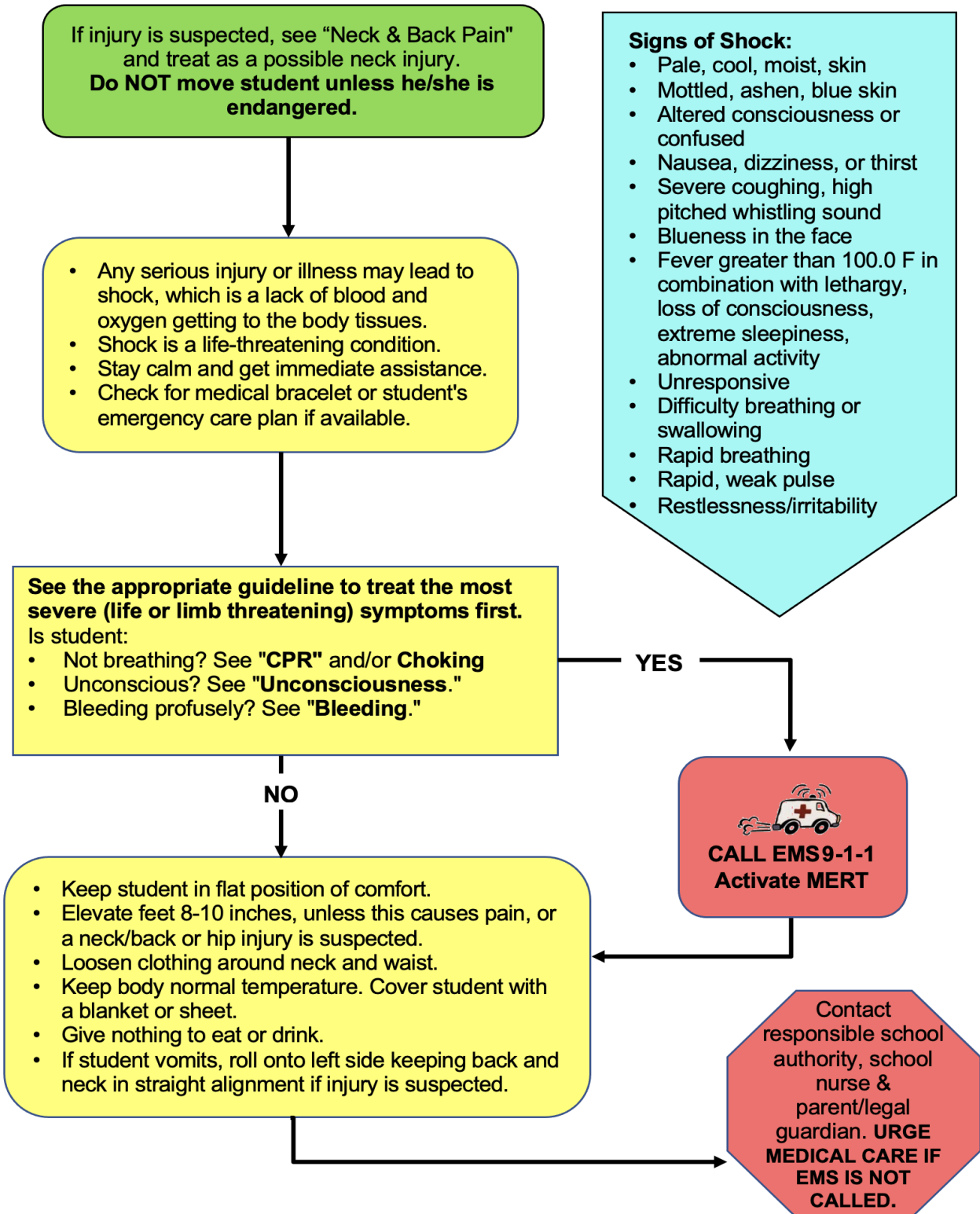
# RASHES



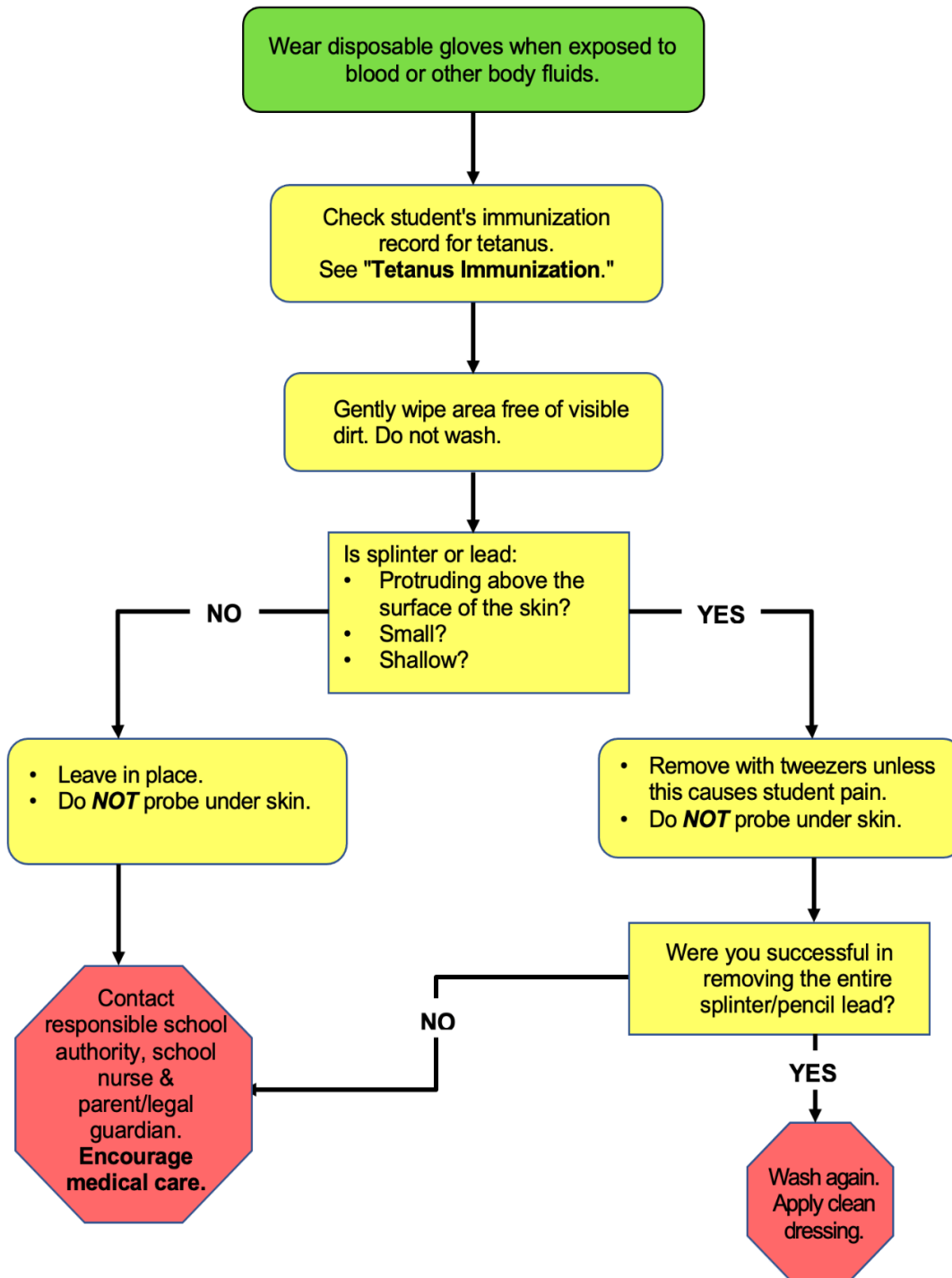
# SEIZURES



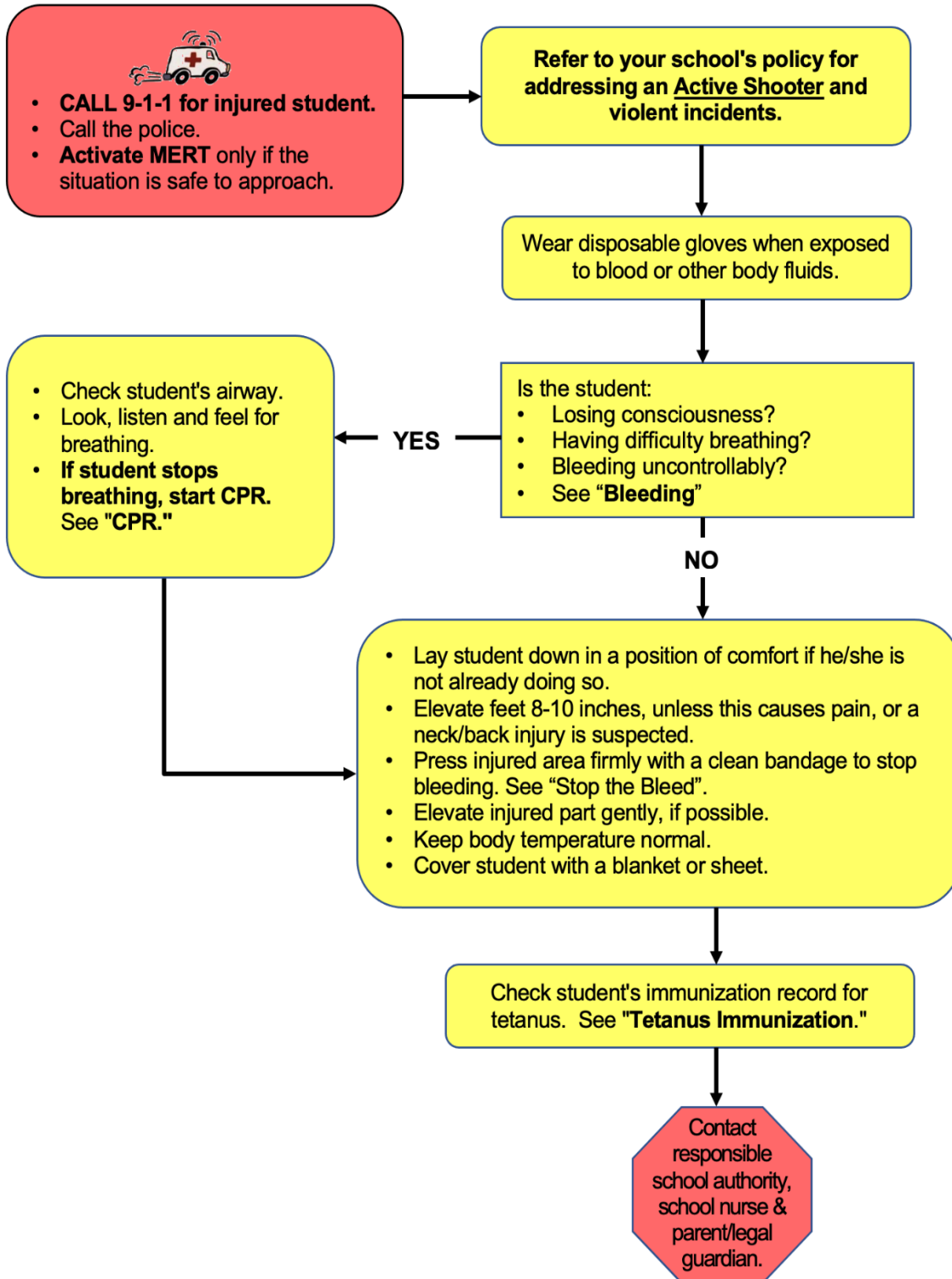
# SHOCK



# SPLINTERS OR IMBEDDED PENCIL LEAD

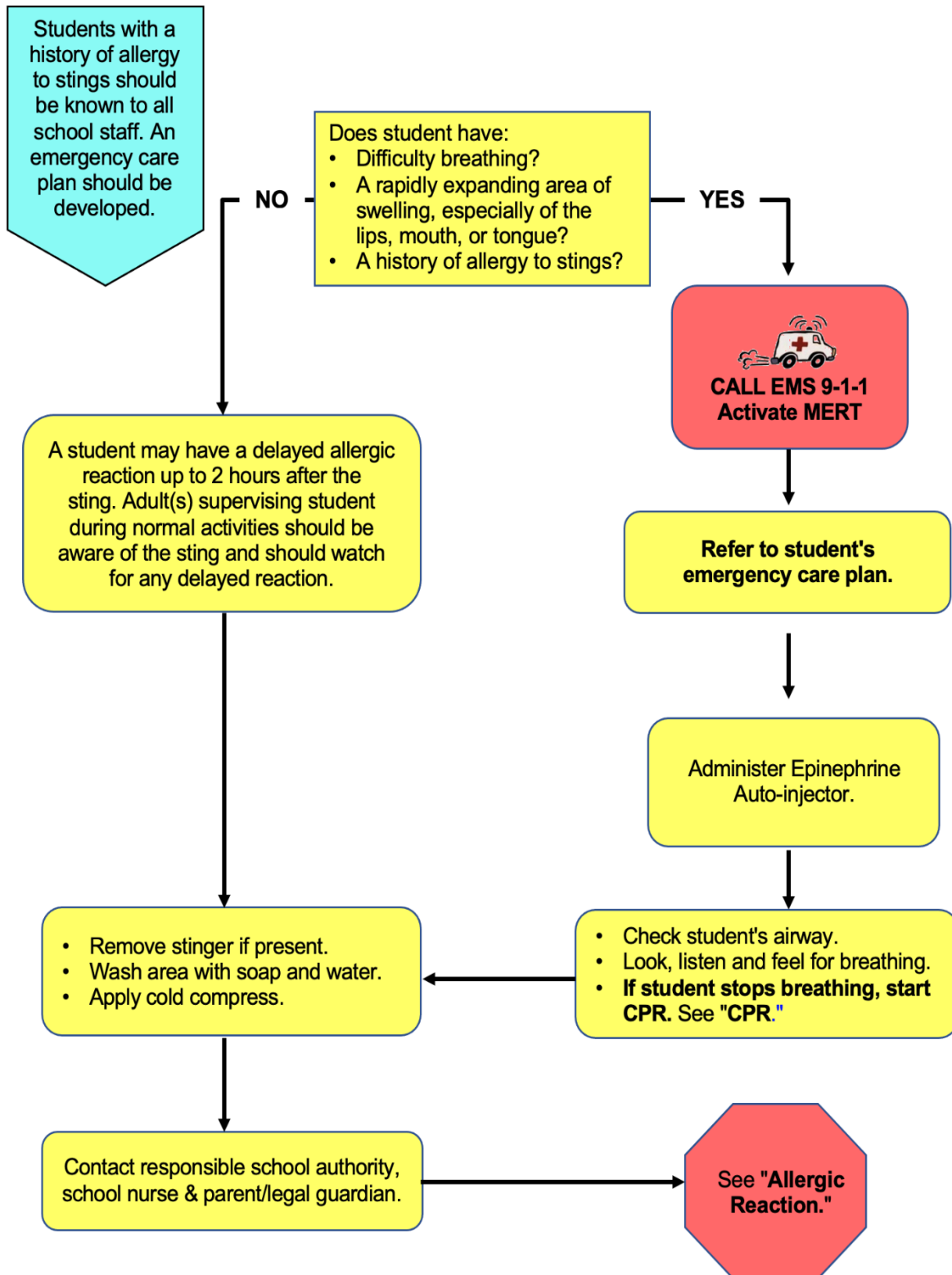


# STABBING & GUNSHOT INJURIES

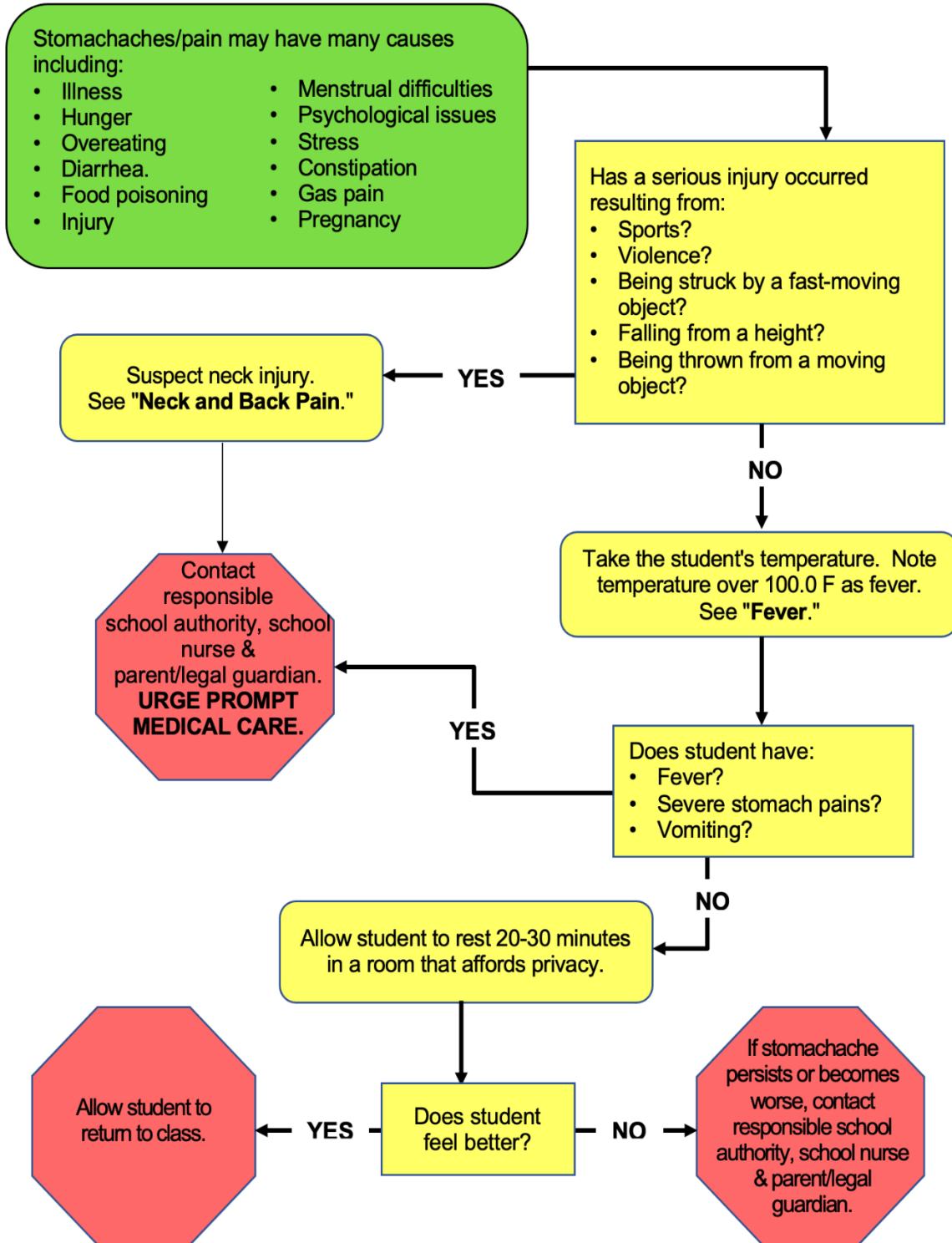




# STINGS

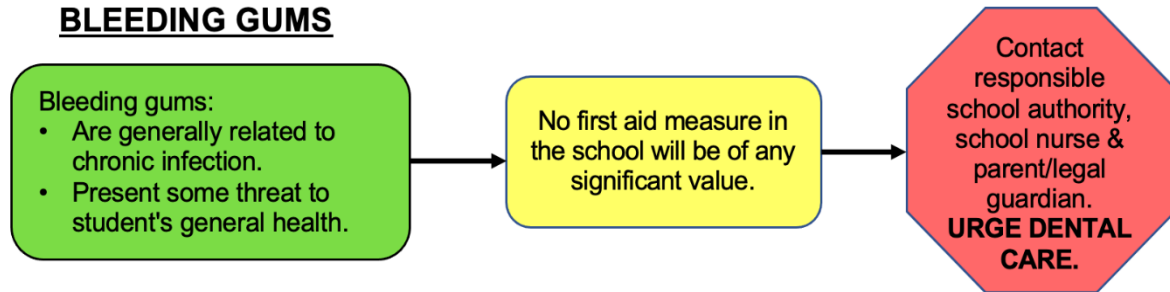


# STOMACHACHES/PAIN

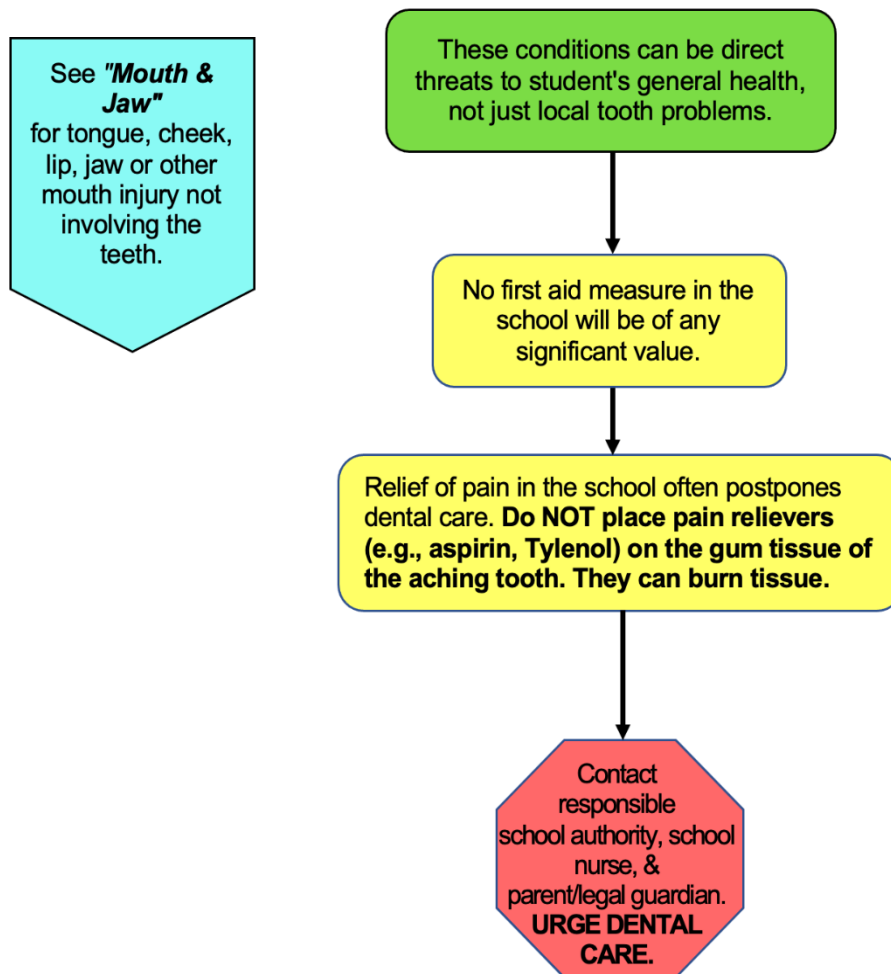


# TEETH

## BLEEDING GUMS



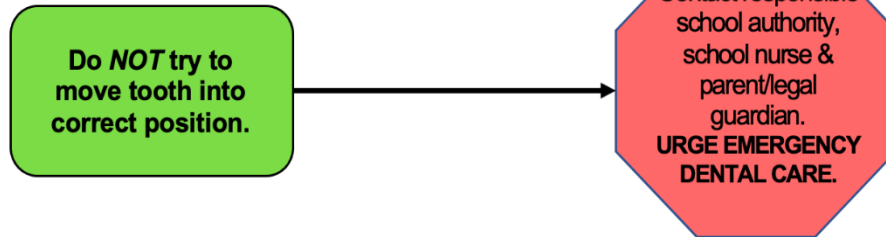
## TOOTHACHE OR GUM INFECTION



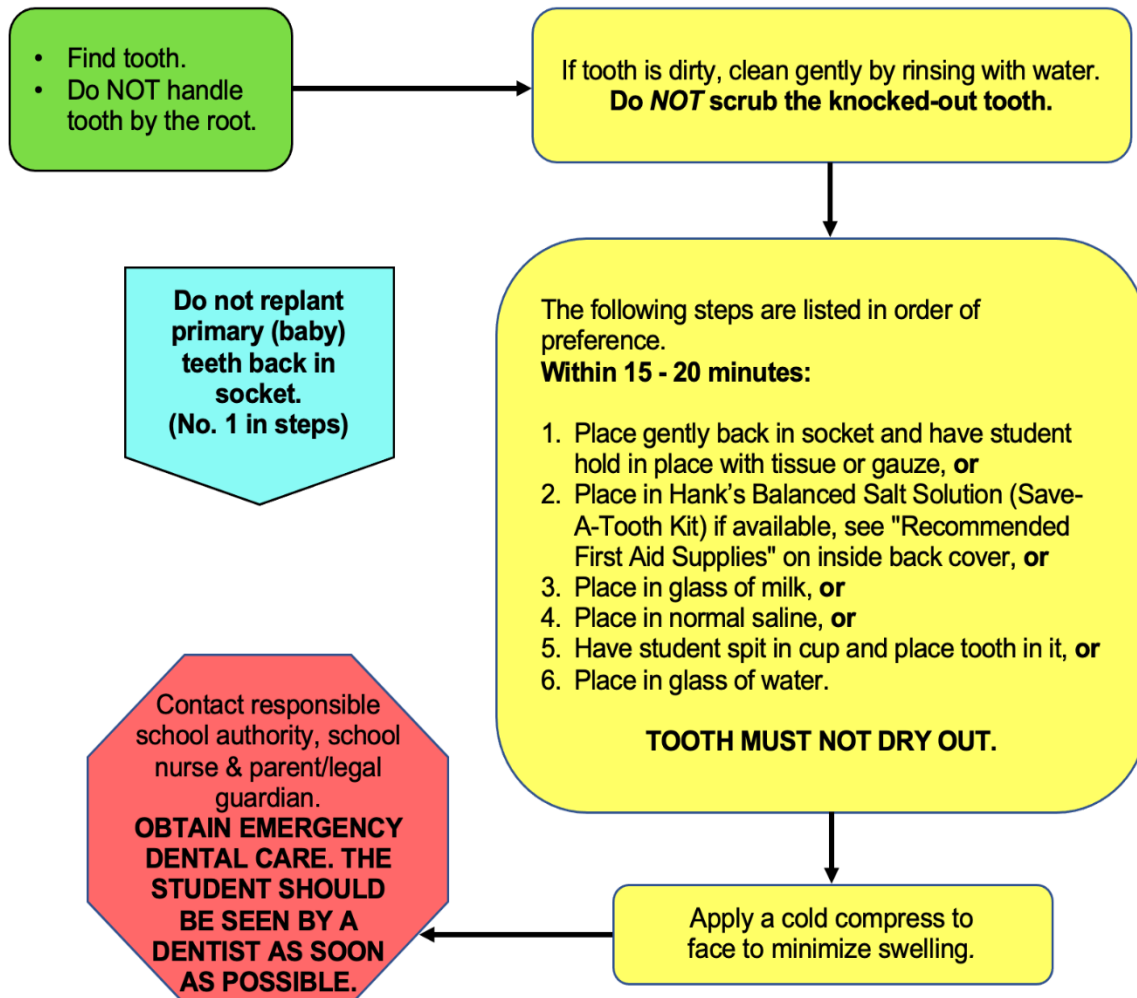


# TEETH (continued)

## DISPLACED TOOTH



## KNOCKED-OUT OR BROKEN PERMANENT TOOTH



# TETANUS IMMUNIZATION

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

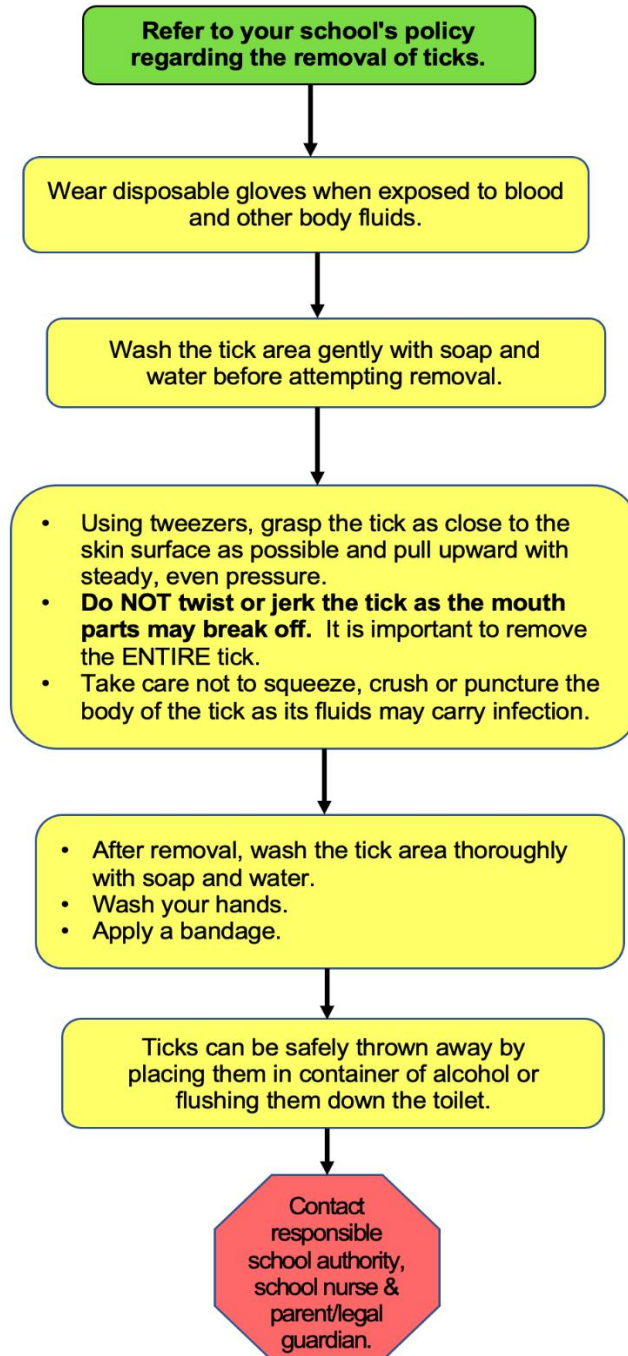
**A minor wound would** need a tetanus booster only if it has been at least **10 years** since the last tetanus shot or if the student is **5 years old or younger**.

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

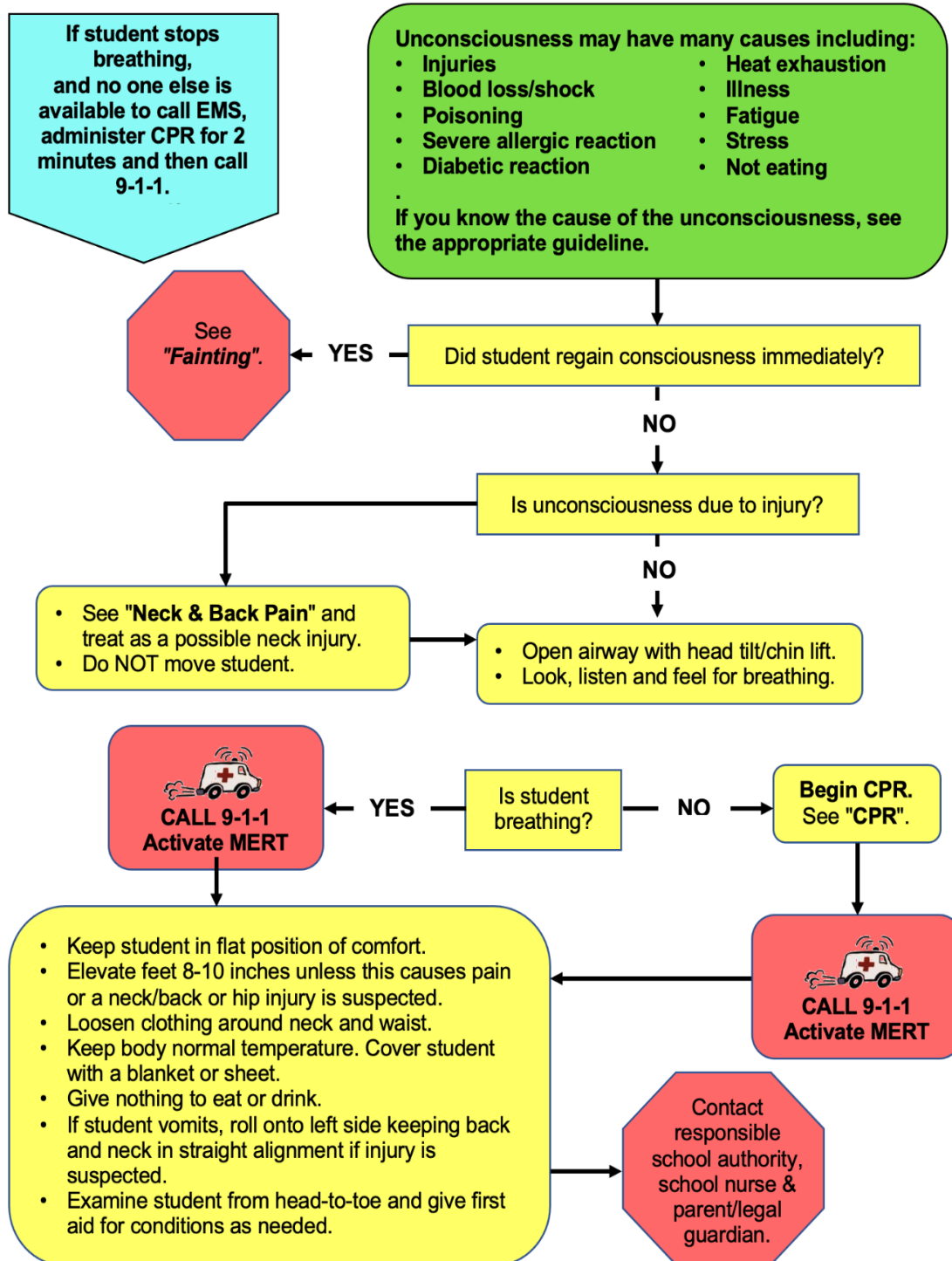
# TICKS

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

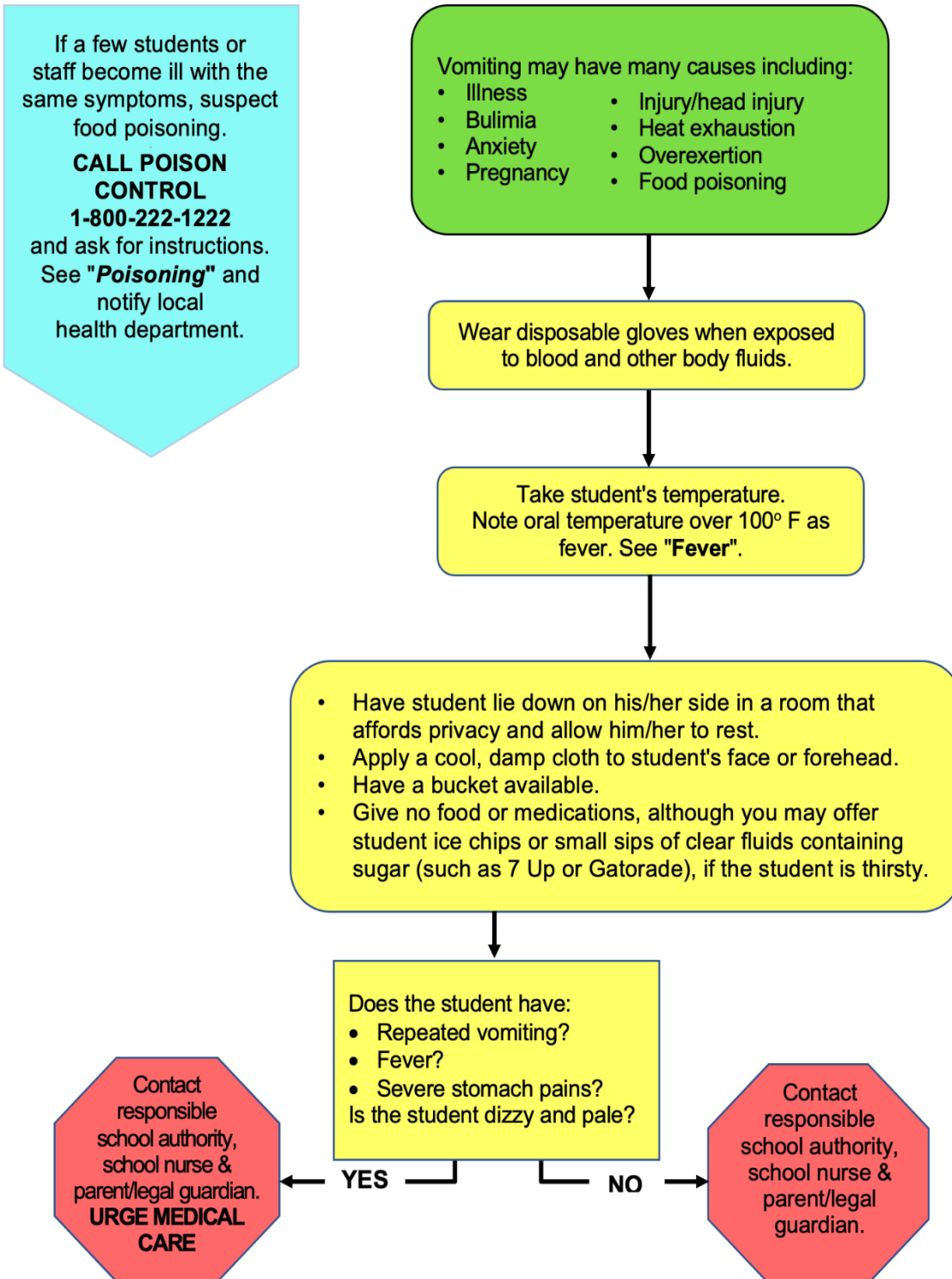
**Avoid handling ticks with bare hands if possible.**



# UNCONSCIOUSNESS



# VOMITING



# SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS

# Developing a School Safety Plan

## Final Recommendations for School Safety

### [Michigan School Safety Task Force Report](#)

#### SCHOOL SAFETY PLANS – [MI Revised School Code 380.1308b](#)

By January 2020, a school district, intermediate school district or public-school academy are required to adopt a school safety plan in partnership with at least one law enforcement agency that has jurisdiction over the district and with input for the public. The emergency operations plan must be approved by the board of the school district or intermediate school district or board of the public-school academy.

The emergency operations plan must include the guidelines and procedures that are required in the legislation.

An emergency operations plan must be developed in cooperation with law enforcement, school health staff, school administrators, local EMS, hospital staff, health department staff, and parent/guardian organizations. All employees should be trained on the emergency plan and a written copy should always be available. This plan is required to be reviewed every 2 years and updated as needed. It should consider the following:

#### **STAFF**

- 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.

#### **TRAINING**

- Appropriate staff, in addition to the nurse, are trained in CPR, AED use and first aid in each building. For example, staff that are included in the Medical Emergency Response Team (MERT) and teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) are trained in CPR and first aid.

## CONTACT INFORMATION

- 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.
- Plans for students and volunteers that may use English as a Second Language or English Learners.

## FIRST AID KITS

- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extra-curricular activities. See *“Recommended First Aid Equipment and Supplies for Schools”*.
- AEDs are kept up to date, in working order and easily accessible (not in a locked area) during all school sponsored activities.
- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally. Schools have prepared evacuation *To-Go Bags* containing class rosters and other evacuation information and supplies. These bags are kept up to date.
- Emergency numbers are available and posted by all phones. Employees are familiar with emergency numbers. See *“Emergency Phone Numbers”* on outside of back cover.
- School personnel have communicated with local EMS regarding the emergency plan, services available, students with special health care needs and other important information about the school.
- A written policy exists that describes procedures for always accessing EMS without delay and from all locations (e.g., playgrounds, athletic fields, field trips, extra-curricular activities, etc.).
- Transportation of an injured or ill student is clearly stated in written policy.

**Instructions for addressing students with special needs are included in the schoolsafety plan. See [“Planning for Students with Special Needs.”](#)**



# Shelter-In-Place Procedures

Shelter-in-place provides refuge for students, staff, and public within the building during an emergency. Shelters or safe areas are in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

- Identify safe areas in each building.
- Administrator instructs students and staff to assemble in safe areas. Safe areas may vary depending on the incident.
- Staff will take the evacuation *To-Go Bag* containing emergency information and supplies.
- Close all exterior doors and windows, if appropriate.
- Turn off ventilation leading outdoors, if appropriate.
- Staff should account for all students after arriving in designated area.
- All persons must remain in designated areas until notified by administrator or emergency responders.
- Emergency contact procedures for families and first responders.
- Parent-child reunification procedures.
- Emergency information plan.

# SHELTER-IN-PLACE PROCEDURES

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

## EVACUATION:

- **Call 9-1-1.** Notify administrator.
- Administrator issues evacuation procedures.
- Administrator determines if students and staff should be evacuated outside of building or to relocation centers. \_\_\_\_\_ Coordinates transportation if students are evacuated to relocation center.
- Administrator notifies relocation center.
- Direct students and staff to follow evacuation procedures and routes. Follow alternate route if normal route is too dangerous.
- Turn off lights, electrical equipment, gas, water faucets, air conditioning and heating system. Close doors.

## STAFF:

- Direct students to follow normal evacuation procedures unless administrator or emergency responders alter route.
- Take evacuation *To-Go Bag* with you.
- Close doors and turn off lights.
- When outside building, account for all students. Inform administrator immediately if any students are missing.
- If students are evacuated to relocation centers, stay with students. Take roll again when you arrive at the relocation center.

## RELOCATION CENTERS:

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

**Primary Relocation Center** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Other information \_\_\_\_\_

**Secondary Relocation Center** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Other information \_\_\_\_\_

# Hazardous Materials

Follow Your School Safety Plan - Consider the Actions Below

**\*\*Provide Extra Staffing for Students with Special Medical and/or Physical Needs as Needed**

## **INCIDENT OCCURS IN SCHOOL:**

- Notify building administrator.
- Call 9-1-1 or local emergency number. If material is known, report information.
- Fire officer in charge may recommend additional shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- If advised, evacuate to an upwind location, taking evacuation *To-Go Bag* with you.
- Seal off area of leak/spill. Close doors.
- Secure/contain area until fire personnel arrive.
- Consider shutting off heating, cooling, and ventilation systems in contaminated area to reduce the spread of contamination.
- Notify parent/guardian if students are evacuated, according to facility policy.
- Implement school reunification process according to school safety plan.
- Resume normal operations after fire officials have cleared situation.

## **INCIDENT OCCURS NEAR SCHOOL:**

- Fire or police will notify school administration.
- Consider shutting off heating, cooling, and ventilation systems in contaminated area to reduce the spread of contamination.
- Fire officer in charge of scene will recommend shelter or evacuation actions.
- Follow procedures for sheltering or evacuation.
- Evacuate students to a safe area or shelter students in the building until transportation arrives.
- Notify parent/guardian if students are evacuated, according to facility policy and/or guidance.
- Implement school reunification process according to school safety plan.
- Resume normal operations after consulting with fire officials.

## Guidelines to Use a *To-Go Bag*

1. Developing a *To-Go Bag* provides your school staff with:
  - a. Vital student, staff and building information during the first minutes of an emergency evacuation.
  - b. Records to initiate student accountability.
  - c. Quick access to building emergency procedures.
  - d. Critical health information and first aid supplies.
  - e. Communication equipment.
2. This bag can also be used by public health/safety responders to identify specific building characteristics that may need to be accessed in an emergency.
3. The *To-Go Bag* must be portable and readily accessible for use in an evacuation. This bag can also be **one** component of your shelter-in-place kit (emergency plan, student rosters, list of students with special health concerns/medications). Additional supplies should be assembled for a shelter-in-place kit such as window coverings and food/water supplies.
4. Schools may develop:
  - a. A building-level *To-Go Bag* (see Building *To-Go Bag* list) that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, **AND/OR**
  - b. A classroom-level *To-Go Bag* (see Classroom *To-Go Bag* list) that is maintained in the classroom and contains student specific information for use by the educational staff during an evacuation or lockdown situation.
5. The contents of the bags must be updated regularly and used only in the case of an emergency.
6. The classroom and building bags should be a part of your drills for consistency with response protocols.
7. The building and classroom *To-Go Bag* lists that are included provide minimal supplies to be included in your school's bags. **We strongly encourage you to modify the content of the bag to meet your specific building and community needs.**

# Classroom To-Go Bag

## 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 contact.
- Current yearbook with pictures.
- Staff roster including emergency contacts. Local telephone directory.
- Lists of district personnel's phone, fax, and beeper numbers.
- Other: \_\_\_\_\_

### SUPPLIES

- Flashlight.
- First aid kit with extra gloves.CPR disposable mask.
- Battery powered radio.
- Two-way radios and/or cellular phones available.
- Extra batteries for radio and flashlight.
- Whistle.
- Peel-off stickers and markers for name tags.Paper and pen for notetaking.
- Individual medications/health equipment. **(Please discuss and plan for these needs with your school nurse.)**
- Age-appropriate activities for students.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Person(s) responsible for routine toolbox updates: \_\_\_\_\_

# Building To-Go Bag

## BUILDING To-Go BAG

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

### **FORMS**

- Copies of all forms developed by your Emergency Response Team (chain of command, emergency plan, etc.)
- Map of building with location of phones, exits, first aid kits, and AED(s). Blueprint of school building including all utilities
- Turn-off procedures for fire alarm, sprinklers, and all utilities. Videotape of inside and outside of the building/grounds
- Map of local streets with evacuation routes. Master class schedule
- List of students requiring special assistance/medications.  
Student roster including emergency contacts
- Current yearbook with pictures
- Staff roster including emergency contacts. Local telephone directory
- Lists of district personnel's phone, fax, and beeper numbers.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### **SUPPLIES**

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

# Pandemic Planning for Schools

The following are steps schools can take before, during and after a pandemic outbreak. A pandemic may have several cycles, waves, or outbreaks so these steps may need to be repeated. Work closely with your local public health agency and Michigan Department of Public Health and Environment for the latest pandemic guidance.

## DEFINITIONS:

- **Endemic** - The amount of a particular disease that is usually present in a community. It's also called a baseline.
- **Epidemic** - An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in a specific area.
- **Pandemic** - An epidemic that has spread over several countries or continents and affects many people.

## Emergency/ Disaster Management Phases



## PREVENTION/ MITIGATION

1. Identify symptoms of pandemic disease
2. Educate the school community of symptoms and infection control techniques.
3. Work with public health and/or local health care providers to improve vaccine access through school-based vaccine clinics.

## Take steps to limit spread of disease:

- Cover your cough:
    - Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
    - If tissues are not available, cough into elbow or upper sleeve area, not hands.
    - Wash your hands after you cough or sneeze.
  - Wash your hands:
    - Using soap and water after coughing, sneezing, or blowing your nose.
    - Using alcohol-based hand sanitizers if soap and water are not available.
  - Consider masking and physical distancing when recommended by public health or local/state/federal guidance.
  - Follow public health and local/state/federal executive orders.
  - Have regular inspections of the school hand washing facilities to assure soap and paper towels are available.
  - Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms using usual cleaners.
  - Have appropriate supplies for students and staff including tissues, waste receptacles for disposing used tissues, hand washing supplies (soap and water or alcohol-based hand sanitizers), non-latex gloves, and masks.
  - Improve ventilation in school buildings, utilize outside spaces when possible.
- Permission Granted: Colorado Emergency Guidelines for Schools, 2022

# School Action Steps for Pandemics

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

## **PREPAREDNESS/PLANNING PHASE - BEFORE AN OUTBREAK OCCURS**

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

## **RESPONSE - DURING AN OUTBREAK**

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

## **RECOVERY - FOLLOWING AN OUTBREAK**

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



# Recommended First Aid Equipment and Supplies for Schools

1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers(PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at <http://www.aap.org>.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
4. Covered waste receptacle with disposable liners.
5. Bandage scissors & tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. "Stop the Bleed" kit, if available.
9. Expendable supplies:
  - Sterile cotton-tipped applicators individually packaged
  - Sterile adhesive compresses (1"x 3"), individually packaged
  - Cotton balls
  - Sterile gauze squares (2"x 2"; 3"x3"), individually packaged
  - Adhesive tape (1" width)
  - Gauze bandage (1" and 2" widths)
  - Splints (long and short)
  - Cold packs (compresses)
  - Tongue blades
  - Triangular bandages for sling
  - Thermal blanket
  - Safety pins
  - Bottled water
  - Soap
  - Disposable facial tissues
  - Paper towels
  - Sanitary napkins
  - Disposable gloves (latex or vinyl if latex allergy is possible)
  - Pocket mask/face shield for CPR
  - One flashlight with spare bulb and batteries
  - Hank's Balanced Salt Solution (HBSS) \*available in the Save-A-Tooth emergency toothpreserving system manufactured by 3M™.
  - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*



# Medical Emergency Response Teams (MERT)

## Medical Emergency Response Protocol

### **Potential Medical Emergency Identified**

**Note the time, Check the scene for safety!**

**Protect student from injury and initiate actions below.**

- 1. Call 9-1-1 immediately:**
  - a. Make call from location of incident, if possible.
  - b. Use speaker mode on phone, if possible.
  - c. Be prepared to provide EMS Dispatcher with location name and address, and entrance door number nearest to the emergency.
  - d. Don't hang up the phone until instructed to do so by the EMS Dispatcher.
  
- 2. Immediately initiate the student's specific Emergency Care Plan (ECP)/Emergency Action Plan (EAP)**
  - a. If no ECP/EAP on file, employ Basic First Aid/CPR/AED training.
  
- 3. Notify front office of potential Medical Emergency.**
  - **Announcement** (  OVER-HEAD;  WALKIE-TALKIE)  
***"Attention Staff and Students: We are now going into Lock-in\* for a medical emergency in Room Click or tap here to enter text.. MERT team please respond."***  
(\*notice for all to stay in place)
  
- 4. Available MERT members immediately carry out assigned tasks.**
  - a. Take AED and any emergency medical supplies and medication to location.
  - b. Inform Central Administration of Emergency.
  - c. Contact parents; Provide regular updates; Meet in the parking lot when they arrive.
  - d. Unlock the gate/door and direct traffic.
  - e. Meet the ambulance, Guide to location of emergency. (If elevator needed to reach location of emergency, direct EMS to entrance door nearest the elevator.)
  - f. Provide copy of the student emergency card/medical records to EMS.
  - g. Control the scene; Clear the area by directing uninvolved persons to alternate location.
  - h. Document situation and response on Emergency Response/Incident Report form.
  
- 5. If student is unconscious but breathing:**
  - a. Position on side, keep airway open, monitor breathing – **If breathing stops/becomes ineffective, start CPR, and use AED as soon as available.**
  - b. **Ensure that 9-1-1 has been called.**
  
- 6. Conduct debriefing session of incident and response following each event.**
  
- 7. When logical and possible, initiate actions simultaneously.**

**Members include: Principal, Secretary, Paraprofessional, Teachers, Teacher with Special Need Students, School nurse, Physical Education Teacher, and Others.**

# 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 *Click or tap here to enter text.*
- + Name of EMS agency *Click or tap here to enter text.*
- + Their average emergency response time to your school *Click or tap here to enter text.*
- + Directions to your school *Click or tap here to enter text.*
- + Location of the school's AED(s) *Click or tap here to enter text.*

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

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

OTHER IMPORTANT PHONE NUMBERS	
+ <b>School Nurse</b>	<i>Click or tap here to enter text.</i>
+ <b>Responsible School Authority</b>	<i>Click or tap here to enter text.</i>
+ <b>Poison Control Center</b>	<b>1-800-222-1222</b>
+ <b>Fire Department</b>	<b>9-1-1</b> or <i>Click or tap here to enter text.</i>
+ <b>Police</b>	<b>9-1-1</b> or <i>Click or tap here to enter text.</i>
+ <b>MiCAL Michigan Suicide and Crisis Hotline</b>	<b>9-8-8</b>
+ <b>Bullying</b>	<b>855-565-2729</b>
+ <b>County Children Services Agency</b>	<i>Click or tap here to enter text.</i>
+ <b>Rape Crisis Center</b>	<b>1-800-656-HOPE</b>
+ <b>Local Health Department</b>	<i>Click or tap here to enter text.</i>
+ <a href="#">Child Abuse</a>	<i>Click or tap here to enter text.</i>
+ <a href="#">Other Helpful Hotlines</a>	<i>Click or tap here to enter text.</i>