

ALTO ISD
INJURY AND ILLNESS
EMERGENCY
GUIDELINES



Drafted by SHAC

(The Student Health Advisory Committee for Alto ISD)

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

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

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ABOUT THE GUIDELINES

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

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



These emergency guidelines have been created as recommended procedures. It is not the intent of the Emergency Guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the State of Texas.

Please consult your school nurse if you have questions about any of the recommendations. In a true emergency situation, use your best judgment.

HOW TO USE THE EMERGENCY GUIDELINES

- **In an emergency, refer first to the guideline for treating the most severe symptom (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 guidelines are arranged in alphabetical order for quick access.**
- **Take some time to familiarize yourself with the Emergency Procedures for Injury or Illness. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.**
- **In addition, information has been provided about Infection Control, Planning for Pandemic Flu, Injury reporting, School Safety Planning, and Emergency Preparedness.**

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

******If calling 9-1-1, send for any AED that is located on every campus******

- The child is unconscious, semi-conscious or unusually confused.
 - The child's airway is blocked.
 - The child is not breathing.
- The child is having difficulty breathing, shortness of breath or is choking.
 - The child has no pulse.
 - The child has bleeding that won't stop.
 - The child is coughing up or vomiting blood.
 - The child has been poisoned.

Poison Control # 1-800-222-1222

- The child has a seizure for the first time or a seizure that lasts more than five minutes.
 - The child has injuries to the neck or back.
 - The child has sudden, severe pain anywhere in the body.
- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
 - The child's condition could worsen or become life-threatening on the way to the hospital.
 - Moving the child could cause further injury.
 - The child needs the skills or equipment of paramedics or emergency medical technicians.
 - Distance or traffic conditions would cause a delay in getting the child to the hospital.

****The following people on campus are trained in CPR: Kim Holmes, Coach Gould, Coach King, Coach Low, Coach Moore, Coach Brashear, Coach Gardner, Coach Baulkcom, Sharon Delgado, Amy Gardner, Gay Hicks, Ginger Johnson, Lanette Skinner****

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 wire, gas leaks, building damage, fire or smoke, traffic or violence.**
- 2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.**
- 3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.**
- 4. Do NOT give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.**
- 5. Do NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.**
- 6. The responsible school authority or designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.**
- 7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.**
- 8. A responsible individual should stay with the injured student.**
- 9. Fill out a report for all injuries requiring above procedures. The following Student Injury Report Form may be photocopied and used as needed.**

Post-Crisis Intervention Following Serious Injury or Death

Discuss with counseling staff.

- **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/stress management team.**
- **Assess stress level of staff. Recommend counseling to all staff.**
- **Follow-up with students and staff who receive counseling.**
- **Designate staff person(s) to attend funeral.**
- **Allow for changes in normal routines or schedules to address injury or death.**

STUDENT INJURY REPORT FORM

GUIDELINES

The Student Injury Report form may be used to document school-related injuries. AISD suggests completing the form when an injury leads to any of the following:

- The student misses $\frac{1}{2}$ day or more of school.
- The student seeks medical attention (health care provider office, urgent care center or ER)
- An injury occurs on any school equipment
- EMS 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. Anytime an AISD employee assists with a school-related injury it is strongly recommended that the incident be documented for your protection.**



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STUDENT INJURY REPORT FORM

Student Information:

Name _____ Date of Incident _____

Date of Birth _____ Time of Incident _____

Grade _____ . Male. Female

Parent/Guardian Information:

Name(s) _____

Address _____

Phone # Work _____ Home _____

School Information:

School _____ Phone # _____

Principal _____

District _____ Phone # _____

Description of accident/injury:



AISD



STUDENT INJURY REPORT FORM

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): _____

When Did the Incident Occur (check appropriate box):

- Recess
- Lunch
- P.E. Class
- In Class (not P.E.)
- Class Change
- Athletic Practice
- Athletic Team Competition
- Intramural Competition
- Before School
- After School
- Field Trip
- Unknown
- Other _____



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STUDENT INJURY REPORT FORM

Injury occurred on what Surface:

- Asphalt
- Carpet
- Concrete
- Dirt
- Gravel
- Ice/Snow
- Lawn/Grass
- Mat(s)
- Sand
- Wood Chips/Mulch
- Tile
- Synthetic Surface
- Gymnasium Floor
- Other (specify)

Body part(s) injured: (circle all that apply)

Head	Forearm	Foot/Toe
Eye	Wrist	Abrasion/Scrape
Ear	Finger	Bite
Nose	Fingernail	Bump/swelling
Mouth/lips	Chest/ribs	Bruise
Teeth	Back	Burn/Scald
Jaw	Abdomen	Cut/laceration
Chin	Groin	Dislocation
Neck/throat	Genitals	Fracture
Collarbone	Pelvis/hips	Pain/Tenderness
Shoulder	Leg	Other (specify)
Upper Arm	Knee	Forearm
Elbow Ankle	Ankle	



AI**SD**



STUDENT INJURY REPORT FORM

Contributing Factors (check all that apply):

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

Unknown

. Other _____

Description of the Incident:



AISD



STUDENT INJURY REPORT FORM

Witnesses to the Incident:

Staff involved:

- Teacher
- Secretary
- Nurse
- Cafeteria
- Principal
- Assistant Principal
- Custodian
- Bus driver
- Other (specify) _____

Incident Response (check all that apply):

- First Aid

Time: _____ By Whom _____

- Parent/Guardian Notified

Time: _____ By Whom _____

- Unable to Contact Parent/Guardian

Time: _____ By Whom _____

Parents Deemed No Medical Action Necessary

Returned to Class

Sent/Taken Home



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STUDENT INJURY REPORT FORM

Assessment from school nurse:

Additional Comments:

Signature of Staff Member Completing Form _____

Date/time _____

Nurse's Signature _____

Date/time _____

Principal's Signature _____

Date/time _____

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities or communication challenges. Include caring for these student's 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, 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.

****These individualized care plans are located in the black binder next to the sink in the nurse's office. ****

****The child's principal and teachers will also have a copy of care plans as well****

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

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

Physical Abilities:

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

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

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

Communication Challenges:

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

Vision impairments

Hearing impairments

Processing disorders

Limited English proficiency

Behavior or developmental disorders

Emotional or mental health issues

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

INFECTION CONTROL

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

Wash hands thoroughly with running water and soap for at least 15 seconds:

- 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.

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.



School Network for Absenteeism Prevention

It's A SNAP

AUTOMATIC EXTERNAL DEFIBRILLATOR (AEDs)

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

AEDs are safe to use for children as young as age 1, according to the American Heart Association (AHA).* Some AEDs are capable of delivering a “child” energy dose through smaller child pads.

Use child pads/child system for children 1-8 years if available. If child system is not available, use adult AED and pads. Do not use the child pads or energy doses for adults in cardiac arrest. AISD

has at least 1 AED on each campus, as well as in the Field House. Obtain training in its use before an emergency occurs, and follow manufacturer’s instructions as well as AISD Protocol (following page). The location of AEDs should be known to all school personnel.

American Heart Association Guidelines for AED/CPR Integration*

- For a sudden, witnessed collapse in a child, use the AED first. Prepare AED to check heart rhythm and deliver 1 shock as necessary. Then, immediately begin 30 CPR chest compressions followed by 2 normal rescue breaths. Complete 5 cycles of CPR (30 compressions to 2 breaths). Then prompt another AED assessment and shock. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.
- For un-witnessed cardiac arrest, start CPR first. Continue for 5 cycles or about 2 minutes. Then prepare 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.

Protocol

1) First Responder will monitor the victim, provide appropriate first aid, and send support personnel to get the AED and Call 911. If there are no additional personnel available the first responder will run and get the district AED unit, they will then return to the victim and administer appropriate First Aid.

2) Activate EMS (call 911)

Note: if 911 telephone does not work due to reception, pull nearest fire alarm to the victim, this will give 911 the approximate location of the incident.

3) Upon arrival of AED at the injury scene, 911 will again be called and with incident specific information including location, nearest entrance, first aid being provided and need for Advanced Life Support

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

CPR and AEDs are to be used when a person is unresponsive or when breathing or heart beat stops
This guideline will refresh information provided in training courses as to incorporating AED use into CPR cycles.

1. Tap or gently shake the shoulder. Shout, “Are you OK?” If person is unresponsive, shout for help and send someone to CALL EMS and get the school’s AED.
2. Follow primary steps for CPR (see “CPR” for appropriate age group – infant, 1-8 years, over 8 years and adults).
3. Set up the AED according to the manufacturer’s instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions and training methods.

IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

- Use the AED first.
- Prepare AED to check heart rhythm and deliver shock as necessary.
- Begin 30 CPR chest compressions followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
- Complete 5 cycles of CPR (30 chest compressions to 2 breaths at a rate of 100 compressions per minute).
- AED will prompt for another rhythm check.
- Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
- REPEAT CYLES OF 2 MINUTES OF CPR TO 1
- AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

IF CARDIAC ARREST OR COLLAPSE WAS NOT WITNESSED:

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

ALLERGIC REACTION

Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction.

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

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

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

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

Symptoms of a mild allergic reaction include:

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

Check Student's airway! Look, listen and feel for breathing

If student stops breathing, start CPR. See "CPR" and have another adult get the AED and dial 9-1-1

Contact responsible school authority and parent or legal guardian.

ASTHMA – WHEEZING – DIFFICULTY BREATHING

Students with a history of breathing difficulties including asthma/wheezing should be known to appropriate school staff. A care plan which includes an emergency action plan should be developed. Students are allowed to possess and use an asthma inhaler in the school in accordance with Education Code 38.015. Staff must try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.

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

- Uncontrollable coughing
- Wheezing – a high-pitched sound during breathing out
- Rapid breathing
- Flaring (widening) of nostrils
- Feeling of tightness in the chest
- Not able to speak in full sentences
- Increased use of stomach and chest muscles during breathing

If the child is experiencing difficulty breathing as a result of asthma, offer inhaler. Most asthmatics carry their inhalers with them.

- Remain calm
- Encourage the student to sit quietly,
- Encourage breathing slowly and deeply in through the nose and out through the mouth.

If the inhaled medication is not easing the child's discomfort, call the guardian.

If the child stops breathing, initiate CPR, while another adult gets the AED and calls 9-1-1

BEHAVIORAL EMERGENCIES

Behavioral or psychological emergencies may take many forms (e.g., depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide, etc.).

Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate school staff. An emergency care plan should be developed.

Refer to your school's policy for addressing behavioral emergencies.

For Behavioral Emergencies:

- Contact responsible school authority & parent/legal guardian.
- Suicidal and violent behavior should be taken seriously.
- If the student has threatened to harm him/herself or others, contact the responsibility school authority immediately.

The cause of unusual behavior may be psychological, emotional or physical (e.g., fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.).

The student should be seen by a health care provider to determine the cause.

Call 9-1-1 if:

- The student's behavior present an immediate risk of physical harm to persons or property
- Weapons are involved

BITES (HUMAN & ANIMAL)

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

- Wash the bite area with soap and water.
- Press firmly with a clean dressing.
- Is the student bleeding?
- Hold under running water for 2-3 minutes.
- Apply pressure to the bleeding
- Check student's immunization record for tetanus. See "Tetanus Immunization."

Bites from the following animals can carry rabies and may need medical attention:

Dog, opossum, raccoon, coyote, bat, skunk, fox, cat

Is bite from an animal or human?

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

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

CALL POISON CONTROL: 1-800-222-2122 and follow their directions

Call EMS/ 9-1-1 if:

- The wound is large and gaping
- The bleeding is uncontrollable
- The Child is unconscious

BLEEDING

Is there continued uncontrollable bleeding?

- Press firmly with a clean bandage to stop bleeding.
- Elevate bleeding body part gently. If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- Do NOT use a tourniquet.

Has a part of the body become detached?

- Place detached part in a plastic bag.
- Tie bag
- Put bag in a container of ice water.
- Do NOT put amputated part directly on ice.
- Send bag to the hospital with student

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

Always contact parent or legal guardian for any injury

While waiting for EMS or parent:

- Have student lie down.
- Elevate student's feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.

BLISTERS (FROM FRICTION)

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

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

Apply clean dressing and bandage to prevent further rubbing.

Do NOT break blister.

Blisters heal best when kept clean and dry.

If infection is suspected, contact responsible school authority & parent or legal guardian.

BRUISES

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

See “Child Abuse.”

Ask yourself these questions:

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

If you answered “yes”:

- Rest injured part.
- Contact responsible school authority & parent or legal guardian.
- Apply cold compress or ice bag, covered with a cloth or paper towel, for 20 minutes.

If skin is broken, treat as a cut. See “Cuts, Scratches, & Scrapes.”

BURNS

If student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility

of child abuse. See “Child Abuse.”

Always make sure the situation is safe for you before helping the student.

What type of burn is it?

- Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth.
- Do NOT use ice.
- Wear gloves and if possible, goggles.
- Remove student’s clothing and jewelry if exposed to chemical.
- Rinse chemicals off skin, eyes IMMEDIATELY with large amounts of water.
- See “Eyes” if necessary.
- Rinse for 20-30 minutes.
- Cover/wrap burned area loosely with a clean dressing

Is student unconscious or unresponsive? ***See “Electric Shock.” ***

CALL 9-1-1, NOTIFY PARENT OR GUARDIAN

NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2005.* Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

CHEST COMPRESSIONS

The AHA is placing more emphasis on the use of effective chest compressions in CPR. CPR chest compressions produce blood flow from the heart to the vital organs. To give effective compressions, rescuers should:

- Follow revised guidelines for hand use and placement based on age.
- Use a compression to breathing ration of 30 compressions to 2 breaths.
- “Push hard and push fast.” Compress chest a rate of about 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants and children, and 1 ½ to 2 inches for adults.
- Allow the chest to return to its normal position between each compression.
- Use approximately equal compression and relaxation times.
- Try to limit interruptions in chest compressions.

BARRIER DEVICES

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

CHOKING RESCUE

- . Ask: “Are you choking?” If yes, ask: “Can you speak?” If no, tell the child/adult you are going to help.
- . Kneel or stand behind the victim, wrapping your arms around the abdomen.
- . Make a fist with one hand; hold it with the other hand against the center of the abdomen, just above the navel and below the breastbone. Provide abdominal thrusts (Heimlich maneuver) until the object is expelled or the victim becomes unresponsive.
- . If the victim becomes unresponsive, phone 911 and begin CPR. Each time you open the airway, look for a foreign object (remove it if seen). Continue rescue breaths and chest compressions until rescue personnel arrive.

If the victim is an infant (Birth to 1 year):

- Hold the infant face down on your forearm, with the infant's head in your hand (rest your arm on leg or lap for support).
- Deliver up to five back blows with the heel of your free hand.
- Turn the infant over and give up to 5 chest thrusts (on the lower half of the breastbone).
- Alternate 5 back blows and 5 chest thrusts until the object is expelled or the infant becomes unresponsive.
- If the infant becomes unresponsive, begin CPR. Each time you open the airway, look for a foreign object (remove it if seen). Continue rescue breaths and chest compressions.
- Phone 911 after about 1 minute of CPR.

CARDIOPULMONARY RESUSCITATION (CPR)

FOR INFANTS UNDER 1 YEAR

- CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.
- Gently shake infant. If no response, shout for help and send someone to call EMS.
- Turn the infant onto his/her back as a unit by supporting the head and neck.
- Lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY.
- Check for BREATHING. With your ear close to infant's mouth, LOOK at the chest for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek.

If infant is not breathing, take a normal breath. Seal your lips tightly around his/her mouth and nose. While keeping the airway open, give 1 normal breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

CHEST COMPRESSIONS FOR INFANT

- Find finger position near center of breastbone just below the nipple line. (Make sure fingers are NOT over the very bottom of the breastbone.)
- Compress chest hard and fast 30 times with 2 or 3 fingers about 1/3 to 1/2 the depth of the infant's chest.

THEN, AFTER 30 COMPRESSIONS, GIVE TWO MORE RESCUE BREATHS

*** Each breath should make chest rise.

INFANT CPR

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

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

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

- Re-tilt head back. Try to give 2 breaths again

IF CHEST STILL DOES NOT RISE: THERE COULD BE AN OBJECT OBSTRUCTING THE AIRWAY

Follow these instructions:

- Find finger position near center of breastbone just below the nipple line. (Make sure fingers are not over the very bottom of the breastbone.)
- Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are NOT over the very bottom of the breastbone.)
- Look in mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep or lift the jaw or tongue.

**** REPEAT STEPS ABOVE UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.**

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

CPR is to be used when a student is unresponsive or when breathing or heart beat stops.

- Tap or gently shake the shoulder. Shout, “Are you OK?” If child is unresponsive, shout for help and send someone to call EMS and get your school’s AED if available.
- Turn the child 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.
- Lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY.
- Check for normal BREATHING. With your ear close to child’s mouth, take 5-10 seconds to LOOK at the chest for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek.
- If you witnessed the child’s collapse, first set up the AED and connect the pads according to the manufacturer’s instructions. Incorporate use into CPR cycles according to instructions and training method.
- For an un-witnessed collapse, perform CPR for 2 minutes and then use AED.

If child is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut.

While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH

(AIR GOES IN):

- Find hand position near center of breastbone at the nipple line.
(Do NOT place your hand over the very bottom of the breastbone.)
- Compress chest hard and fast 30 times with the heel of 1 or 2 hands.* Compress about 1/3 to 1/2 depth of child’s chest.
 - Allow the chest to return to normal position between each compression.
- Lift fingers to avoid pressure on ribs. Use equal compression and relaxation times. Limit interruptions in chest compressions.
- Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.

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

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

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

- Re-tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, CONTINUE NORMAL CPR

IF CHEST STILL DOES NOT RISE:

- Find hand position near center of breastbone at the nipple line.(Do NOT place your hand over the very bottom of the breastbone.)
- Compress chest fast and hard 5 times with the heel of 1 or 2 hands.* Compress about 1/3 to 1/2 depth of child's chest.
- Lift fingers to avoid pressure on ribs.
- Look in mouth. If foreign object is seen, remove it. Do NOT perform a blind finger sweep or lift the jaw or tongue.

*****REPEAT STEPS UNTIL BREATHS GO IN, CHILD STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.**

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

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

1. Tap or gently shake the shoulder. Shout, “Are you OK?” If person is unresponsive, shout for help and send someone to call EMS and get your school’s AED if available.

2. Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO

NOT BEND OR TURN NECK.

3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY.

4. Check for normal BREATHING. With your ear close to person’s mouth, LOOK at the 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 you witnessed the collapse, first set up the AED and connect the pads according to the manufacturer’s instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.

6. If victim is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

7. Give a second rescue breath lasting 1 second until chest rises.

8. Place heel of one hand on top of the center of breastbone.

Place heel of other hand on top of the first. Interlock fingers.

(Do NOT place your hands over the very bottom of the breastbone.)

9. Position self vertically above victim's chest and with straight arms, compress chest hard and fast about 1 ½ to 2 inches 30 times in a row with both hands. Allow the chest to return to normal position between each compression. Lift fingers when compressing to avoid pressure on ribs. Limit interruptions in chest compressions.

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

11. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.

12. Call EMS after 2 minutes if not already called.

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

7. Re-tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW NORMAL CPR.

IF CHEST STILL DOES NOT RISE:

8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do NOT place your hand over the very bottom of the breastbone.)

9. Position self vertically above person's chest and with straight arms, compress chest 30 times with both hands about 1 ½ to 2 inches. Lift fingers to avoid pressure on ribs.

10. Look in mouth. If foreign object is seen, remove it. Do NOT perform a blind finger sweep or lift the jaw or tongue.

11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.

CHOKING (CONSCIOUS VICTIMS)

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

INFANTS UNDER 1 YEAR

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

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do NOT compress throat).
2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.
3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breast bone, just below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
8. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

*****IF INFANT BEOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR*****

CHILDREN OVER 1 YEAR OF AGE & ADULTS (CHOKING)

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 navel. (Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.)
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

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

FOR OBESE OR PREGNANT PERSONS:

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

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. Anyone who cares for children should be trained in the recognition of child abuse and neglect (Education Code 38.004). All school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to Child Protective Services or local law enforcement agency (Family Code 261.101 (a) & 261.101 (b)). The law provides immunity from liability for those who make reports of possible abuse or neglect, and requires Children Services agencies to keep reporters' identities confidential. Failure to report suspected abuse or neglect may result in a penalty of a class B misdemeanor. Failure to report violates the Educator's Code of Ethics and may result in sanctions against an educator's certificate as addressed in 19 TAC 249.19. 19 TAC 61.1051

If student has visible injuries, refer to the appropriate guideline to provide first aid.

CALL EMS 9-1-1 if any injuries require immediate medical care.

All school staff are required to report suspected child abuse and neglect to the Child Abuse Hotline. Refer to AISD School Policy for additional guidance on reporting.

Child Abuse Hotline: Phone # 1-800-252-5400

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

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

CHILD ABUSE

If a student reveals abuse to you:

- Remain calm
- Take the student seriously
- Reassure the student that he/she did the right thing by telling
- Let the student know that you are required to report the abuse to Child Services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority. Contact Child Services. Follow up with school report.

COMMUNICABLE DISEASE RESOURCES

A Communicable Disease Chart for Schools And Day Care Centers is located In the AISD nurse's office.

Further information may be found at

<http://www.dshs.state.tx.us/>

Additional information may also be found at

The Centers for Disease Control at

<http://www.cdc.gov>

DIABETES

A student with diabetes may have the following symptoms:

- Irritability and feeling upset
- Change in personality
- Sweating and feeling “shaky”
- Loss of consciousness
- Confusion or strange behavior
- Rapid, deep breathing
- Seizure
- Listlessness
- Cramping
- Dizziness
- Paleness
- Rapid Pulse

A student with diabetes should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer any approved medications should receive training. Refer to student’s emergency care plan.

****Care Plan for Diabetics is in black binder next to sink in nurse’s office****

DIABETES IS A VERY COMPLICATED DISEASE. BLOOD SUGAR TRENDS ARE UNPREDICTABLE AND CAN BE DEADLY. PLEASE ALWAYS BE AWARE OF YOUR CHILDREN WITH DIABETES AND ALWAYS MONITOR CLOSELY!

DIARRHEA

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

A student may come to the office because of repeated diarrhea or after an “accident” in the bathroom.

Does student have any of the following signs of probable illness:

More than 2 loose stools a day?

Oral temperature over 100.3 F? See “Fever”

Blood present in the stool?

Severe stomach pain?

Student is dizzy and pale?

IF ANY SIGNS OF A VIRAL INFECTION, THE STUDENT MUST BE SENT HOME AND MAY NOT RETURN UNTIL FREE OF SYMPTOMS FOR AT LEAST 24 HOURS

ELECTRIC SHOCK

TURN OFF POWER SOURCE, IF POSSIBLE. DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.

Once power is off and situation is safe, approach the student and ask, "Are you OK?"

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

Keep airway clear.

Look, listen and feel for breath.

If student is not breathing, start CPR. See "CPR."

Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

FAINTING

If you observe any of the following signs of fainting have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness
- Pale, sweaty skin.
- Nausea

Fainting may have many causes including:

- Injuries
- Illness
- Blood loss/shock
- Heat exhaustion
- Diabetic reaction
- Severe allergic reaction
- Standing still for too long
- Not eating
- Stress
- Fatigue
- Poisoning

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

FEVER & NOT FEELING WELL

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

(Students may not remain at school if temperature is 100.5 or above.)

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

Give no medication, unless previously authorized.

Contact responsible school authority and parent or legal guardian to pick child up from school. Child must not return until fever free for 24 hours.

FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

Treat all injured parts as if they could be fractured

Symptoms may include:

- Pain in one area.
- Swelling.
- Feeling “heat” in injured area.
- Discoloration.
- Limited movement.
- Bent or deformed bone.
- Numbness or loss of sensation.

Call 9-1-1 if:

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

If suspected injury call parent or guardian and follow these guidelines:

- Rest injured part by not allowing student to put weight on it or use it.
- Gently support and elevate injured part if possible.
- Apply ice, covered with a cloth or paper towel, to minimize swelling
- Leave student in a position of comfort.
- Gently cover broken skin with a clean bandage.
- Do NOT move injured part.

HEADACHE

Give no medication unless previously authorized.

Has a head injury occurred? See “Head Injuries.”

Is headache severe?

Are other symptoms present such as:

- Vomiting?
- Oral temperature over 100.0 F (See “Fever”)?
- Blurred vision?
- Dizziness?

Have student lie down for a short time in a room that affords privacy. Apply a cold cloth or compress to the student’s head.

If headache persists, contact parent/legal guardian.

URGE MEDICAL CARE.

HEAD INJURIES

Give nothing by mouth.

Contact responsible school authority & parent or legal guardian.

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR. See "CPR."

Are any of the following symptoms present CALL 9-1-1

- Unconsciousness
- Seizure
- Neck pain
- Student is unable to respond to simple commands
- Blood or watery fluid in the ears
- Student is unable to move or feel arms or legs
- Blood is flowing freely from the head
- Student confused

While waiting for EMS:

- Try not to move student. If it is absolutely necessary, Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.
- Watch student closely.
- Do NOT leave student alone.
- Have student rest, lying flat.
- Keep student quiet and warm.

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

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

With a head injury (other than head bump), always suspect neck injury as well.

Do NOT move or twist the back or neck.

See “Neck & Back Pain” for more information.

Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

Watch for delayed symptoms.

HEAT STROKE – HEAT EXHAUSTION

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

- Strenuous activity in the heat may cause heat-related illness.

Symptoms may include:

- Red, hot, dry skin.
 - Weakness and fatigue
 - Cool, clammy hands.
 - Vomiting.
 - Loss of consciousness.
 - Profuse sweating.
 - Headache.
 - Nausea.
 - Confusion.
 - Muscle cramping.
-
- Remove student from the heat to a cooler place.
 - Have student lie down.
 - Quickly remove student from heat to a cooler place.
 - Put student on his/her side to protect the airway.
 - Look, listen and feel for breath.
 - If student stops breathing, start CPR. See “CPR.”
 - Give clear fluids such as water, 7Up or Gatorade frequently in small amounts if student is fully awake and alert. DO NOT GIVE ICE WATER

Contact responsible school authority & parent/legal guardian.

MENSTRUAL DIFFICULTIES

Is it possible that student is pregnant? **See “Pregnancy.”

Are cramps mild or severe?

A short period of quiet rest may provide relief.

For mild cramps, recommend regular activities.

MOUTH & JAW INJURIES

Check student's immunization record for tetanus. See "Tetanus Immunization."

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

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

See "Head Injuries".

Have teeth been injured?

See "Teeth."

Has jaw been injured?

**Do NOT try to move jaw.

- If tongue, lips or cheeks are bleeding, apply direct pressure with sterile gauze or clean cloth.
- Gently support jaw with hand.
- Apply firm direct pressure to active bleeding using sterile gauze
- Apply ice to minimize swelling
- Contact responsible school authority & parent/legal guardian.
- URGE Guardian to seek IMMEDIATE MEDICAL CARE.

NECK AND BACK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head (CALL 9-1-1)
- Being thrown from a moving object (CALL 9-1-1)
- Sports
- Violence
- Being struck by a car or fast moving object

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

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

If you suspect a head/neck injury and the child is in severe pain: CALL 9-1-1

- Do NOT move student unless there is IMMEDIATE danger of further physical harm.
 - If student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
 - Do NOT drag the student sideways.
 - Have student lie down on his/her back.
 - Support head by holding it in a “face forward” position.
 - Try NOT to move neck or head.
 - Keep student quiet and warm.
 - Hold the head still by gently placing one of your hands on each side of the head

Contact responsible school authority & parent or legal guardian.

NOSE

See “Head Injuries” if you suspect a head injury other than a nosebleed or broken nose.

- Wear disposable gloves when exposed to blood or other body fluids.
- Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.
- Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.
- If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes. (Ice may be applied to bridge of nose.)

If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian. **URGE GUARDIAN TO SEEK MEDICAL ATTENTION***

POISONING & OVERDOSE

POISON CONTROL: 1-800-222-1222

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

- Medicines
- Insect bites and stings
- Snake bites
- Plants
- Chemicals/cleaners
- Drugs/alcohol
- Food poisoning
- Inhalants
- Or if you are not sure.

Possible warning signs of poisoning include:

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

Wear disposable gloves.

- Check student's mouth.
- Remove any remaining substance(s) from mouth.
- Do NOT induce vomiting or give anything UNLESS instructed to by Poison Control. With some poisons, vomiting can cause greater damage.
- Do NOT follow the antidote label on the container; it may be incorrect.

If student becomes unconscious, place on his/her side.

- Check airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.
- CALL EMS 9-1-1.
- Contact responsible school authority & parent or legal guardian.
- Send sample of the vomited material and ingested material with its container (if available) to the hospital with the student.

PREGNANCY

Pregnant students should be known to appropriate school staff. Any student who is old enough to be pregnant, might be pregnant.

Pregnancy may be complicated by any of the following:

- SEVERE STOMACH PAIN
- SEIZURE (This may be a serious complication of pregnancy)
- VAGINAL BLEEDING
- AMNIOTIC FLUID LEAKAGE (This is NOT normal and may indicate the beginning of labor)
- MORNING SICKNESS (Treat as vomiting. See “Vomiting”)

****For any of the above symptoms, OTHER THAN MORNING SICKNESS, CALL EMS 9-1-1. ****

Then, Contact responsible school authority & parent or legal guardian.

****All pregnant student need to be evaluated by their OB/GYN for any abnormal symptoms****

PUNCTURE WOUNDS

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

If object is still stuck in wound:

- Do NOT try to probe or squeeze.
- Do NOT remove object.
- Wrap bulky dressing around object to support it.
- Try to calm student.
- **Call 9-1-1 for severe puncture wounds or uncontrolled bleeding**
- Then call parent or guardian

Is wound bleeding freely or squirting blood?

- Apply firm pressure

If object is not in wound:

- Wash the wound gently with soap and water.
- Check to make sure the object left nothing in the wound (e.g., pencil lead).
- Cover with a clean bandage.

RASHES

Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites

dry skin or skin irritations.

Some rashes may be contagious.

Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

- Eczema
- Psoriasis
- Scabies
- Molluscum
- Ringworm
- Hives
- Poison oak or sumac
- Red spots (large or small, flat or raised).
- Purple spots
- Small blisters

Contact responsible school authority & parent/legal guardian.

Urge Medical Care and Student may not return to school until cleared by a physician

****Written physician statement is mandatory to return to school****

SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact
- Staring involving twitching of the arm and leg muscles
- Generalized jerking movements of the arms and legs
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc)

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

Refer to student's emergency care plan.

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

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

Note:

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

Call 9-1-1 for:

- student having a seizure lasting longer than 5 minutes
- student without a known history of seizures having a seizure
- student having any breathing difficulties after the seizure

Contact responsible school authority & parent or legal guardian.

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

SHOCK

If injury is suspected, see “Neck & Back Pain” and treat as a possible neck injury.

Do NOT move student unless he/she is endangered.

Any serious injury or illness may lead to shock, which is a lack of blood and oxygen getting to the body tissues.

Shock is a life-threatening condition.

- Stay calm and get immediate assistance.
- Check for medical bracelet or students emergency care plan if available.
- See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.
- Keep student in flat position of comfort.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

SIGNS OF SHOCK:

- Pale, cool, moist, skin
- Mottled, ashen, blue skin
- Altered consciousness or confused
- Nausea, dizziness or thirst
- Severe coughing, high pitched whistling sound
- Blueness in the face
- Fever greater than 100.00 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity
- Unresponsive
- Difficulty breathing or swallowing
- Rapid breathing
- Rapid, weak pulse
- Restlessness/irritability

CALL EMS/9-1-1 IF SOMEONE IS EXPERIENCING SHOCK

Contact responsible school authority & parent or legal guardian.

SPLINTERS OR IMBEDDED PENCIL LEAD

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

- Check student's immunization record for tetanus.
- Gently wash area with clean water and soap.
- Remove with tweezers unless this causes student pain.
- Do NOT probe under skin.
- Wash again.
- Apply clean dressing.

If unable to remove embedded object, call guardian and urge medical treatment

STABBING & GUNSHOT INJURIES

IMMEDIATELY CALL 9-1-1

- CALL EMS 9-1-1 for injured student.
- Call the police.
- Ensure the safety of other students
- Intervene only if the situation is safe for you to approach.
- Refer to AISD policy for addressing violent incidents.
- Wear disposable gloves when exposed to blood or other body fluids.
- Apply firm pressure to bleeding wounds
- DO NOT attempt removing objects from wounds
- Check student's airway
- Look, listen and feel for breathing
- If student stops breathing, start CPR. See "CPR."
- Lay student down in position of comfort if he/she is not already doing so.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back injury is suspected.
- Elevate injured part gently, if possible
- Keep body temperature normal. Cover student with a blanket or sheet.

Contact responsible school authority & parent or legal guardian. Document on student injury report

STINGS

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

Call 9-1-1 for:

- Difficulty breathing
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue
- A history of allergy to stings and without an epipen

Refer to student's emergency care plan.

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

Care after a sting:

- If available, administer doctor- and parent- or guardian-approved medications
- Remove stinger if present
- Wash area with soap and water
- Apply cold compress
- Check student's airway
- Look, listen and feel for breathing
- If student stops breathing, start CPR. See "CPR." And have someone call 9-1-1
- Contact responsible school authority & parent or legal guardian

STOMACHACHES/PAIN

Stomachaches/pain may have many causes including:

- Illness
- Hunger
- Overeating
- Diarrhea
- Food poisoning
- Injury
- Menstrual difficulties
- Psychological issues
- Stress
- Constipation
- Gas pain
- Pregnancy
- Side effects of many medications

Take the student's temperature.

Note temperature over 100.3 F as fever. See "Fever."

Send student home if:

- Fever
- Severe stomach pains
- Vomiting

If the above symptoms are not present,

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

If student feels better allow them to return to class

If stomachache persists or becomes worse, contact parent/ legal guardian, send student home.

Urge medical attention

TEETH

BLEEDING GUMS

- Are generally related to chronic infection
- Present some threat to student's general health.
- No first aid measure in the school will be of any significant value.
- Contact responsible school authority & parent/legal guardian.
- INSIST THE CHILD SEE A DENTIST

See "Mouth & Jaw" for tongue, cheek, lip, jaw or other mouth injury not involving the teeth.

TOOTHACHE OR GUM INFECTION

These conditions can be direct threats to student's general health, not just local tooth problems.

- No first aid measure in the school will be of any significant value.
- Relief of pain in the school often postpones dental care.
- Do NOT place pain relievers (e.g., aspirin, Tylenol) on the gum tissue of the aching tooth. They can burn tissue.
- Contact responsible school authority & parent/legal guardian.
- INSIST THE CHILD SEE A DENTIST

DISPLACED TOOTH

- Do NOT try to move tooth into correct position.
- Contact responsible school authority & parent/legal guardian.
- OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do NOT handle tooth by the root.
- If tooth is dirty, clean gently by rinsing with water.
- Do NOT scrub the knocked-out tooth.

TEETH

KNOCKED PERMANENT TEETH

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

Place gently back in socket and have student hold in place with tissue or gauze, or

Place in glass of milk, or

Place in normal saline, or

Have student spit in cup and place tooth in it, or

Place in glass of water.

TOOTH MUST NOT DRY OUT.

Apply a cold compress to face to minimize swelling.

Do not replant primary (baby) teeth back in socket.

Contact responsible school authority & parent or legal guardian.

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

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 the 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.

- Wear disposable gloves when exposed to blood and other body fluids.
- Wash the tick area gently with soap and water before attempting removal.
- Do NOT handle ticks with bare hands.
- Contact responsible school authority & parent/legal guardian.
- Encourage Medical Treatment.
- Tick should be placed in plastic bag and sent home with student in areas where Lyme Disease is prevalent. Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.
- After removal, wash the tick area thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Removing the tick:

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

UNCONSCIOUSNESS

Unconsciousness may have many causes including:

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

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

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

Did student regain consciousness immediately? See: "Fainting"

Is unconsciousness due to injury? See: "Neck & Back Pain" and treat as a possible neck injury.

Do NOT move student.

Open airway with head tilt/chin lift.

Look, listen and feel for breathing.

If not breathing, begin CPR

CALL EMS 9-1-1

Contact responsible school authority & parent/legal guardian.

VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning.

CALL POISON CONTROL 1-800-222-1222 and ask for instructions.

See “Poisoning” and notify local health department.

Vomiting may have many causes including:

Illness

Bulimia

Anxiety

Pregnancy

Injury/head injury

Heat exhaustion

Overexertion

Food poisoning.

- Wear disposable gloves when exposed to blood and other body fluids.
- Take student’s temperature. Note oral temperature over 100.3 F as fever. See “Fever.”
- Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to student’s face or forehead.
- Have a bucket/trash container available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty

Send the student home for the following:

- Repeated vomiting
- Fever
- Severe stomach pains
- Is the student dizzy and pale?

URGE MEDICAL CARE

SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS SECTION

The Alto Independent School District shall attempt to ensure student safety through supervision of students in all school buildings, at all school-sponsored events or activities, and on all school grounds through special attention to the following:

1. Maintaining a reasonably safe school environment.
2. Observing safe practices in those areas of instruction or extracurricular activities that offer special hazards.
3. Developing age-appropriate safety programs and activities for students at each grade level.
4. Emphasizing safety education to students enrolled in laboratory courses in science, industrial arts, health, and physical education.
5. Providing first aid for students in case of accident or sudden illness.
6. Annually reviewing the adequacy of emergency procedures at each campus in the District and providing for staff training in such procedures.
7. Implementing appropriate crisis management procedures when emergencies occur.

The Superintendent and the principals shall develop plans and procedures for acquainting students with safe conduct and behavior in a variety of conditions and circumstances, including play and recreation, fire, severe weather, use of bicycles and automobiles, and use of school transportation. Teachers and administrators shall promote these procedures among students as appropriate. Each AISD employee has an Emergency Preparedness Handbook to quickly reference plans of action in the event of an emergency threat.

Additionally:

- Appropriate staff, in addition to the nurse, is trained in CPR and first aid in each building.
- First Aid Kits are available on each campus and are located in the clinic or main office of each campus. Alto ISD has developed instructions for emergency evacuation (building and site) and sheltering in place.
- Emergency numbers are available and posted by phones. See “Emergency Phone Numbers” on outside back cover.

(See also AISD Emergency Operations Plan)

(See also AISD Emergency Preparedness Procedures flipcharts)

GUIDELINES TO USE A TO-GO BAG

1) Developing a To-Go Bag provides your 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 T0-G0-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 building-level To-Go-Bag (see Building T0-Go-Bag list) that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, OR
- 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-G0-Bag lists that are included provide minimal supplies to be included in your school bags. We strongly encourage you to modify the content of the bag to meet your specific building and community needs.

Building To-Go Bag

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

FORMS

_____ 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 FOR TO GO BAGS

_____ 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 & flashlight

_____ Peel-off stickers & markers for name tags

_____ Paper & pen for note taking

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

_____ Other: _____

_____ Other: _____

Person(s) responsible for routine toolbox updates: _____

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

CLASSROOM TO-GO-Bag

This bag should be portable and readily accessible for use in an emergency. 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 and exits

_____ Map of local streets with evacuation routes

_____ Master schedule of classroom teacher

_____ List of students with special health concerns/medications

_____ Student roster including emergency contacts

_____ Current yearbook with pictures

_____ Staff roster including emergency contacts

_____ Local telephone directory

_____ Lists of district personnel's phone emergency contact info

_____ Other: _____

_____ Other: _____

SUPPLIES for Classroom To Go bags

_____ Flashlight

_____ First-aid kit with extra gloves

_____ CPR disposable mask

_____ Battery-powered radio

_____ Two-way radios and/or cellular phones available

_____ Whistle

_____ Extra batteries for radio and flashlight

_____ Peel-off stickers and markers for name tags

_____ Paper and pen for note taking

_____ Individual 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: _____

Replicating the To-Go Bag for Classroom Use

Developing classroom To-Go Bags will provide quick access to the information that the classroom staff needs to respond immediately and efficiently in the case of an emergency. This bag will be extremely valuable to initiate the process of student accountability. In addition, it will be a helpful resource to substitute teachers who may not have a daily working knowledge of your building. Developing this bag can be done with little or no cost but may require some creativity. Here are a few ideas:

1. Use the Classroom To-Go Bag list enclosed as a reference tool. Remember that this list is for the minimal contents for your bags. Discuss with your staff the items that are important to your particular setting that will be needed if a class has to evacuate the building. We highly encourage you to customize the list to meet the specific needs of your school and community.
2. Consider a fundraiser. This can provide financial support to assemble the bag. This is also an excellent opportunity to share portions of your emergency plan with parents in a proactive manner.
3. Consider using backpacks or bags that are left unclaimed in your lost and found. It is not necessary that all the bags look identical; it is important that they can be easily identified and that are located in the same place in each classroom. Use a laminated bag identifier that could be easily replicated on your copy machine and attached to each bag for easy and consistent identification. Consider putting a hook on the wall by the door in each classroom where the bag will be located.
4. As you develop the bag make sure you discuss who will be responsible for routinely updating this bag especially forms that may change regularly including class schedules and student rosters.
5. Make sure the contents of the bag are not utilized for daily use but reserved for emergency use.
6. Have your staff members use the bag during drills so that they are familiar with the contents and will find it easy to use during an emergency.

PANDEMIC FLU PLANNING FOR SCHOOLS

INFLUENZA SYMPTOMS

According to the Centers for Disease Control and Prevention (CDC) influenza symptoms usually start suddenly and may include the following:

- Fever
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Body aches

Influenza is a respiratory disease.

Source: Centers for Disease Control and Prevention (CDC)

FLU TERMS DEFINED

- Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available.
- Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Pandemic flu is a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

INFECTION CONTROL GUIDELINES FOR SCHOOLS

- Recognize the symptoms of flu:
 - 1) Fever
 - 2) Cough
 - 3) Headache
 - 4) Body aches

- Stay home if you are ill.
- Cover you cough:
- Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
- If tissues are not available, cough into your elbow or upper sleeve area, not your hand.
- Wash your hands after you cough or sneeze.
- 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.
- Have appropriate supplies for students and staff including tissues, waste receptacles for disposing used tissues and hand washing supplies (soap and water or alcohol-based hand sanitizers).

SCHOOLS ACTION STEPS FOR PANDEMIC FLU

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. See AISD Pandemic Flu Plan.
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 3-in-1 First Aid, Choking, CPR Chart (available at <http://www.aap.org>).
2. Cot: mattress with waterproof cover.
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. Expendable supplies:
 - Cotton-tipped applicators.
 - Band-Aids (1" x 3" and 2" x 3") individually packaged.
 - Cotton balls.
 - Sterile gauze squares (4" x 4"), individually packaged.
 - Non-sterile gauze squares (4" x 4")
 - Adhesive tape (1" width)
 - Gauze bandage (1" and 2" widths)
 - Splints (long and short).
 - Cold packs.
 - Tongue blades.
 - Sling or Triangular bandages.
 - Safety pins.
 - 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 tooth preserving 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.
 - Eye Wash Solution.
 - Sharp's containers.
 - Medicine cups and plastic cups for drinking water.

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

EMERGENCY PHONE NUMBER: 9-1-1

Their average emergency response time to your school: **15-30 minutes**

Directions to your school: **244 County Rd 2429, Alto, TX 75925**

Location of your school's AED(s): **Hanging on the wall next to every main office in each school and one in the field house**

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

Name and school name: **Alto ISD**

School Telephone Number: **936-858-7100**

Nature of emergency _____

Exact location of injured person (e.g., behind building in parking lot) _____

Help already given _____

Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.).

Other important emergency numbers:

- Poison Control Center 1-800-222-1222
- Fire Department 9-1-1
- Police 9-1-1.
- ETMC 903-683-3555
- East Texas Crisis Center (e.g., rape, domestic violence) 1-800-333-0358
- Suicide Hotline 1-800-273-8255
- Cherokee County Health Department 903-586-6191
- Abuse Hotline (Child-Disabled-Elderly) 1-800-252-5400
- Runaway Hotline 1-888-580-4357
- FBI Dallas 1-972-559-5000

