CO EMERGENCY GUIDELINES FOR SCHOOLS

2025 EDITION



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

- AEDs
- CPR
- Allergic Reaction
- Asthma & Difficulty Breathing
- Behavioral Emergencies
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- Choking
- Child Abuse
- Communicable Diseases
- Cuts, Scratches, & Scrapes
- Diabetes
- Diarrhea
- Ear Problems
- Electric Shock
- Eye Problems
- Fainting
- Fever
- Fractures & Sprains
- Frostbite
- Headache
- Head Injuries
- Heat Emergencies
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Pain
- Nose Problems
- Poisoning & Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Shock
- Splinters
- Stabs/Gunshots
- Stings
- Stomachaches & Pain
- Teeth Problems
- Ticks
- Unconsciousness
- Vomiting

Also Includes:

- Emergency Plans & Procedures
- Calling EMS
- Infection Control
- Special Needs
- Recommended First Aid Supplies
- Emergency Phone Numbers

Also available in Accessible Plain Text Version (PDF)

EMERGENCY GUIDELINES FOR SCHOOLS 2025 EDITION

Description of Updates:

2025 – Updated hyperlinks and current laws regarding epinephrine administration and AEDs, added plain text accessible version

2022 - During the COVID-19 Pandemic, the Flu Pandemic information was revised to reflect a more general, non-disease specific, pandemic planning process for schools.

2016 – General Review and Updates

1997 - The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety's Emergency Medical Services for Children Program. The Colorado Department of Education and the Colorado Department of Public Health and Environment revised the guidelines to make them specific for Colorado.

Acknowledgements:

Special thanks go to the following organizations for the original development of this resource:

Ohio Department of Public Safety, Division of Emergency Medical Services, and Ohio Department of Health, which published Emergency Guidelines for Schools, 3rd Edition, 2007, upon which this document is modeled.

Permissions have been obtained from the Ohio Department of Health, with modifications specific to Colorado law and regulations.

We would also like to acknowledge the following for their contributions to the Emergency Guidelines for Schools (EGS) development:

School nurses and other school personnel who took time to provide feedback on their use of the EGS so the guidelines could be improved for future users.

ABOUT THE GUIDELINES

The Emergency Guidelines for Schools 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. It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course. Although designed for a school environment, this resource is equally appropriate for a child care or home setting.

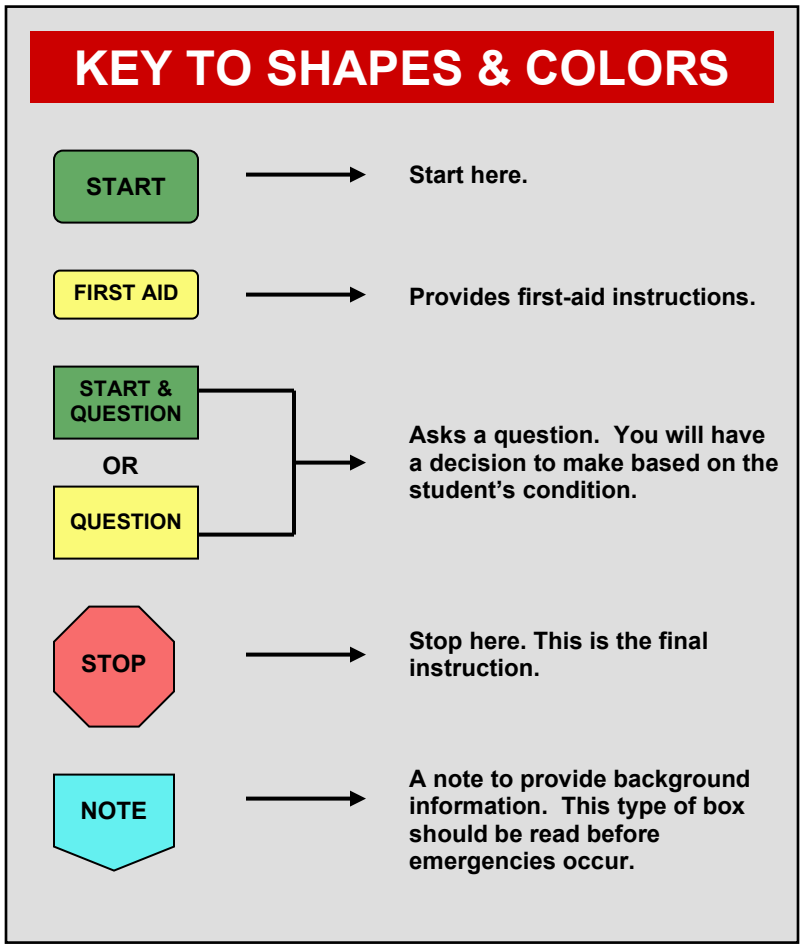
The EGS has been created as recommended procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board or the State of Colorado. Please consult your school nurse or the state school nurse consultant if you have questions about any of the recommendations.

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

For more information contact: Colorado Department of Education School Nursing and Health

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 last page of the guidelines contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.
- The guidelines are arranged 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 situation and the safeguards that should be taken.
- In addition, information has been provided about **Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning and Emergency Preparedness.**



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

Call EMS if:

- ☐ The child is unconscious, semi-conscious or unusually confused.
- ☐ The child's airway is blocked.
- ☐ The child is not breathing.
- ☐ The child is having difficulty breathing, shortness of breath or is choking.
- ☐ The child has no pulse.
- ☐ The child has bleeding that won't stop.
- ☐ The child is coughing up or vomiting blood.
- ☐ The child has been poisoned.
- ☐ The child has a seizure for the first time or a seizure that lasts more than five minutes.
- ☐ The child has injuries to the neck or back.
- ☐ The child has sudden, severe pain anywhere in the body.
- ☐ The child's condition is 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.

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. 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.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy.

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 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 action plans for these students when they are enrolled. These action 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 casts
- Unable or have difficulty walking up or down stairs

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

COMMUNICATION CHALLENGES:

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

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

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

INFECTION CONTROL

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

- **Wash hands thoroughly** with running water and soap for at least 15 seconds:
  1. Before and after physical contact with any student *(even if gloves have been worn)*.
  2. Before and after eating or handling food.
  3. After cleaning.
  4. After using the restroom.
  5. 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.

AUTOMATIC EXTERNAL DEFIBRILLATORS (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 ***all ages, 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 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, and then 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.

Colorado Rules and Regulations related to AEDs & CPR in Schools

The laws regarding AEDs in schools were updated by SB25-191 and SB24-227. Relevant statutes for schools include:

- CRS 22-1-129.7. Placement and maintenance of automated external defibrillator - definitions.
- CRS 13-21-108.1. Persons rendering emergency assistance through the use of automated external defibrillators - limited immunity - definition.
- CRS 25-53-102. Placement of automated external defibrillator - donations - acquisitions - limited immunity.
- 6 CCR 1010-6. CDPHE Rules & Regulations Governing Schools
    - At all times during the school day and during school sponsored events, including those off-site, **at least one staff member shall be on duty in each school who has a current certification from a nationally recognized course in Standard First Aid and Cardio Pulmonary Resuscitation (CPR) certification course.** A list of persons currently certified, as described above, shall be maintained in each school office.
    - D. Schools that acquire Automated External Defibrillators (AEDs) shall ensure public health and safety in accordance with C.R.S. 13-21-108.1.

- CRS 22-1-125.5. Requirement for Certification of Public School Athletic Coaches in Cardiopulmonary Resuscitation
- 1 CCR 301-26. 5.01(i) Colorado Rules for the Operation, Maintenance, and Inspection of School Transportation Vehicles - School Transportation Vehicle Operator Requirements
- 1 CCR 301-68 5.02 (b) Rules for Administration of Medications - Schools with stock epinephrine policies

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

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

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

1. Gently tap the shoulder and 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. 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 the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to information below:

IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

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



IF CARDIAC ARREST OR COLLAPSE WAS *NOT* WITNESSED:

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

NOTES ON PERFORMING CPR

NOTE: If the guidance in this document differs from the instructions you were taught, follow the methods you learned in your training class.

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2016 and 2024. Other organizations such as the American Red Cross also offer CPR training classes. 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.

Current first aid, choking and CPR manuals, and wall chart(s) should also be available. The American Academy of Pediatrics offers many visual aids for school personnel and can be purchased at https://www.aap.org.

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 ratio of 30 compressions to 2 breaths.
- "Push hard and push fast." Compress chest at a rate of at least 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants (approximately 1 ½ inches), and 2 inches for children and 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

It is recommended that schools that offer food service have at least one employee who has received instruction in methods to intervene and assist someone who is choking to be present in the lunch room at all times.

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.

1. Gently tap the infant's shoulder or flick the bottom of the infant's feet. If no response, shout for help and send someone to call EMS.
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. Check for **BREATHING**.

IF NOT BREATHING AND NOT RESPONSIVE:

5. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are ***NOT*** over the very bottom of the breastbone.)



6. Compress chest hard and fast at rate of 30 compressions in about 20 seconds with 2 or 3 fingers *about* 1/3 to 1/2 the depth of the infant's chest.

   Use equal compression and relaxation times. Limit interruptions in chest compressions.

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

8. 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.

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

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.

- Gently tap the shoulder and 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 the 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.**
- If you witnessed the child’s collapse, first set up the AED and connect the pads according to the manuf acturer’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.

IF NOT BREATHING AND NOT RESPONSIVE

1. Find hand position near center of breastbone at the nipple line. (Do ***NOT*** place your hand over the very bottom of the breastbone.)
2. Compress chest hard and fast 30 times in 20 seconds wit 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.
3. Lift fingers to avoid pressure on ribs. Use equal compression and relaxation times. Limit interruptions in chest compressions.
4. Give 2 normal breaths, each lasting 1 second. Each breat h should make the chest rise.
5. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BR EATHS AT A RATE OF AT LEAST 100 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 20 SECONDS UNTIL THE CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.
6. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not alreadycalled.



***Hand positions for child CPR:**

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

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.

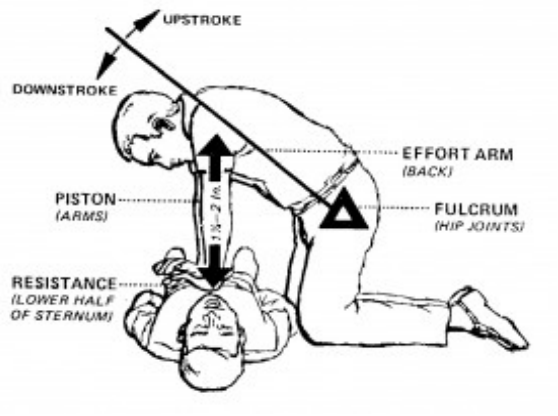
- Gently tap the shoulder and shout, "Are you OK?" If person is unresponsive, shout for help and send someone to **call EMS AND get your school's AED if available.**
- Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
- 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**. **Gasping in adults should be treated as *no breathing*.**
- 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.

IF NOT BREATHING AND NOT RESPONSIVE:

1. 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.)

2. Position self vertically above victim's chest and with straight arms, **compress chest hard and fast about 1½ to 2 inches at a rate of 30 compressions in about 20 seconds with both hands.**

3. 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 VICTIM RESPONDS OR HELP ARRIVES.

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

HANDS-ONLY CPR
FOR TEENS OR ADULTS WHO SUDDENLY COLLAPSE

Call 911
Push hard and fast in the center of the chest to the beat of the disco song "Stayin Alive."
"Stayin Alive" is the perfect match for a rate of 100-120 compressions per minute.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of drowning, drug overdose, or people who collapse due to breathing problems. *Only perform mouth to mouth with a barrier device for adult*

ALLERGIC REACTION

Students with a history of life-threatening allergies should be known to appropriate staff. An Allergy/Anaphylaxis Action Plan should be developed. CO law allows students to possess and use emergency epinephrine in schools. Staff in a position to administer epinephrine should receive instruction.

Children may experience symptoms within minutes up to 2 hours post exposure.

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

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

NO

Symptoms of a mild allergic reaction include:

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

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

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

YES

Does student have an Allergy Action plan available?

NO

Follow protocol for students with severe allergic reactions.

YES

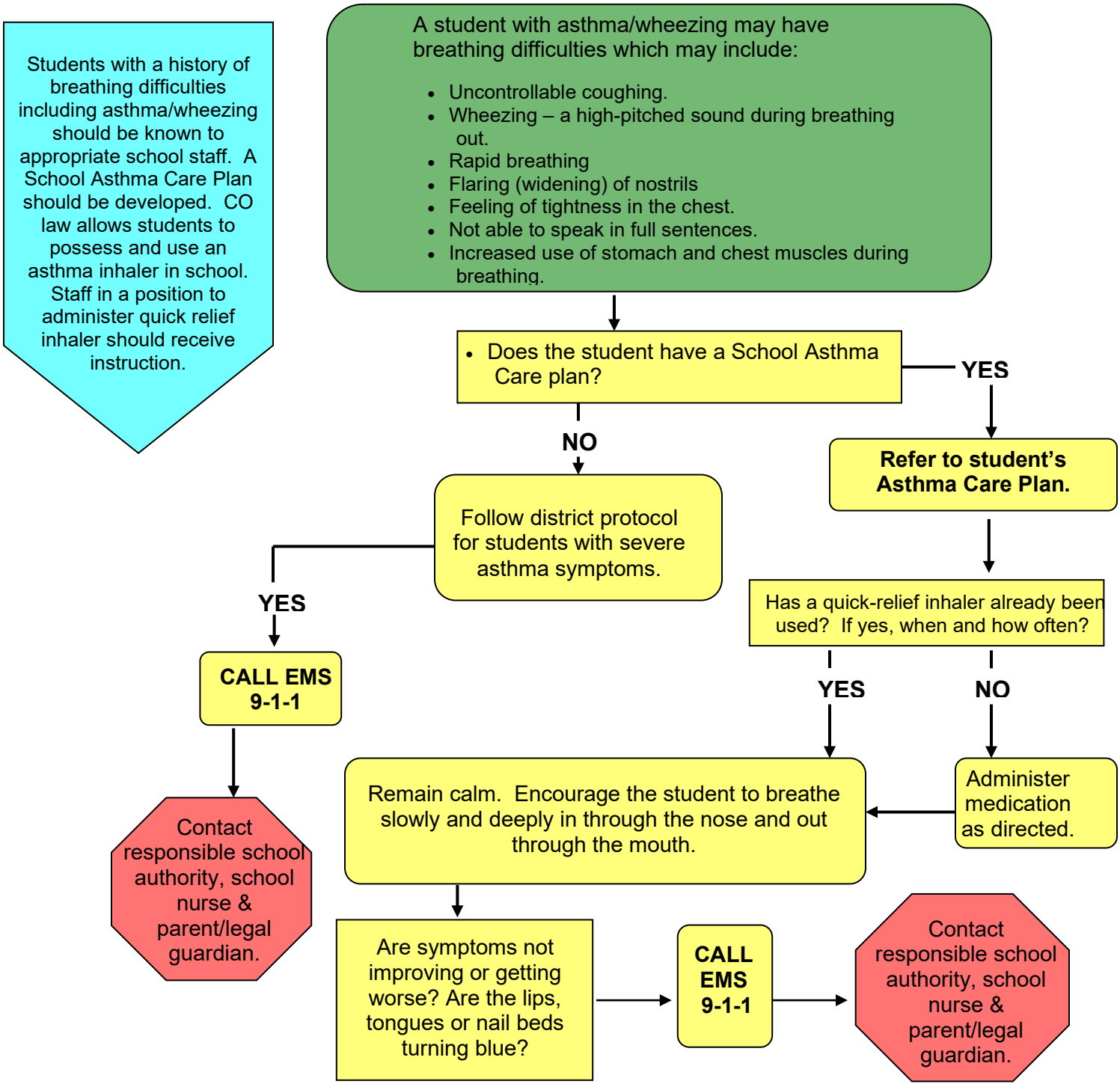
Refer to student's Allergy Action plan.

Administer medication as directed.

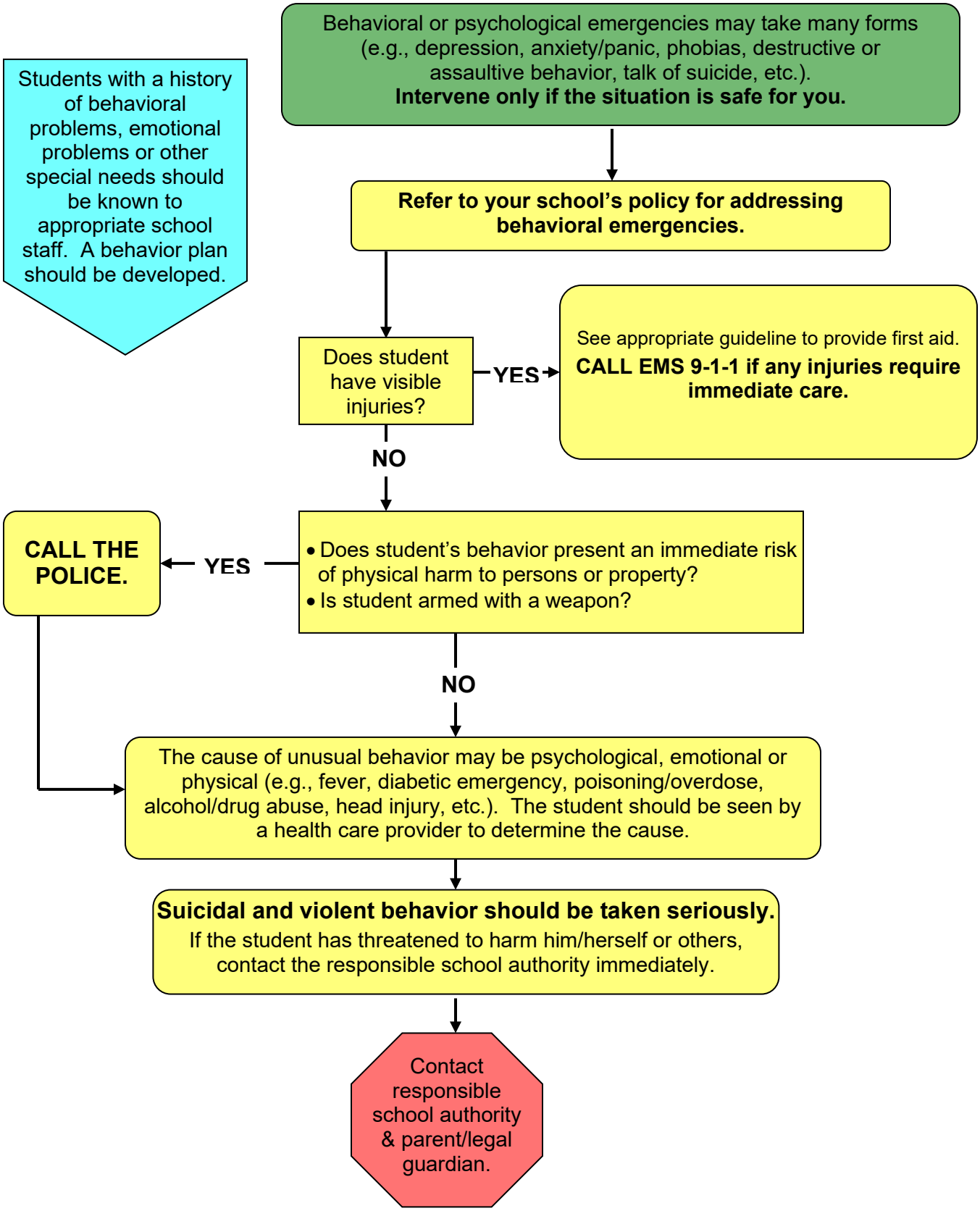
- Check student's airway.
- **If student stops breathing, start CPR.** See *"CPR"*

CALL EMS 9-1-1.
Contact responsible school authority, school nurse & parent or legal guardian.

ASTHMA – WHEEZING – DIFFICULTY BREATHING



BEHAVIORAL EMERGENCIES



BITES (HUMAN & ANIMAL)

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

- Dog
- Opossum
- Raccoon
- Coyote
- Horse
- Bat
- Skunk
- Fox
- Cat

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

Wash the bite area with soap and water.

Is student bleeding?

YES → Press firmly with a clean dressing *See "Bleeding"*

NO → Hold under Running water for 2-3 minutes.

Check student's immunization record for tetanus.

Is bite from an animal or human?

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

Parents/legal guardians of the student who was bitten ***and*** the student who was biting should be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.

ANIMAL → If bite is from a snake, hold the bitten area still and below the level of the heart. **CALL POISON CONTROL 1-800-222-1222 Follow their directions.**

- Is bite large or gaping?
- Is bleeding uncontrollable?

YES → **CALL EMS 9-1-1**

NO → Contact responsible school authority, school nurse & parent/legal guardian.

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

BLEEDING

** If you have an appropriately sized commercial tourniquet device available, it is OK to use on children for uncontrolled bleeding. The use of an improvised tourniquet is not recommended.

Check student's immunization record for tetanus.

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

Is injured part amputated (severed)?

NO

YES

CALL EMS 9-1-1.

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

- Press firmly with a clean bandage to stop bleeding.
- 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 unless you have an appropriate device intended for children.****

Is there continued uncontrollable bleeding?

YES

CALL EMS 9-1-1.

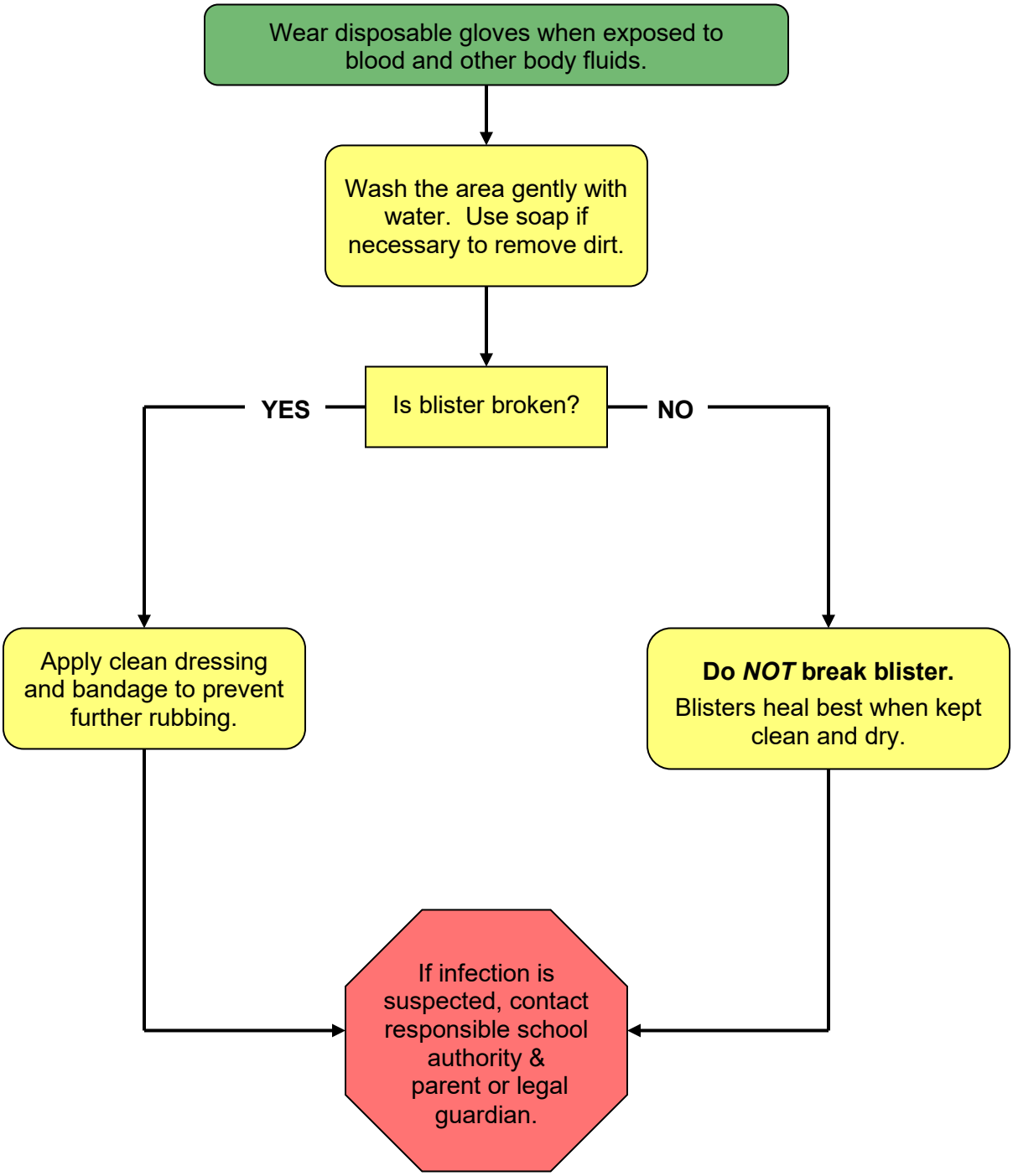
- Have student lie down.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.

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

URGE MEDICAL CARE.

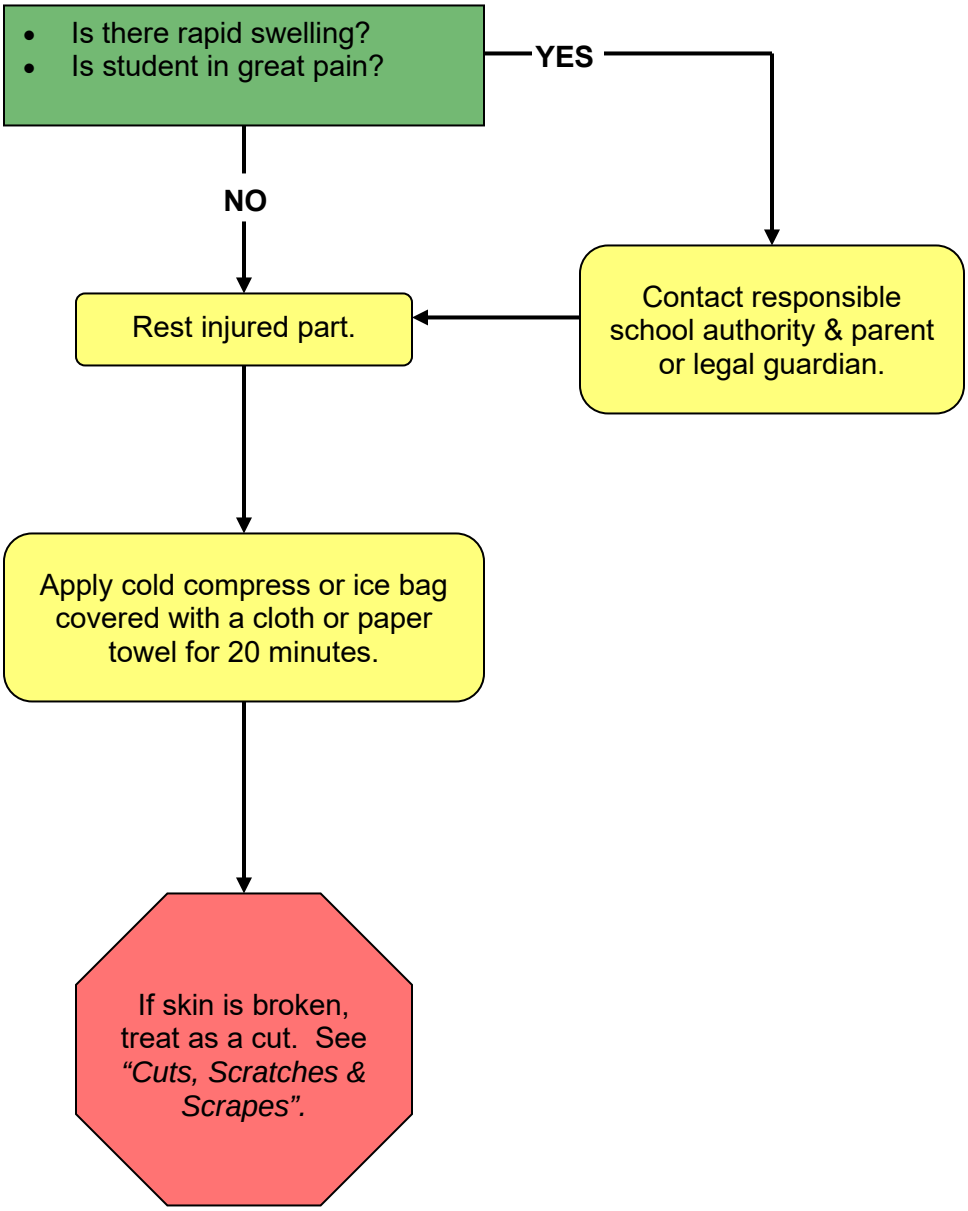
Contact responsible school authority & parent or legal guardian.

BLISTERS
(FROM FRICTION)



BRUISES

If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse.
See *"Child Abuse".*



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?

ELECTRICAL

Is student unconscious or unresponsive?

NO

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth. **Do *NOT* use ice.**

YES

See *"Electric Shock"*

HEAT

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth. **Do *NOT* use ice.**

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

YES

Call EMS 9-1-1

NO

Cover/wrap burned part loosely with a clean dressing.

CHEMICAL

- 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.

CALL POISON CONTROL
1-800-222-1222
while flushing burn and follow instructions.

Contact responsible school authority & parent or legal guardian.

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 then rest of body.



4. With 2 or 3 fingers, give 5 chest thrusts near center of breastbone, just below the nipple line.

5. Open mouth and look. If foreign object is seen, sweep it out with the 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 BECOMES UNCONSCIOUS, GO TO STEP 5 OF INFANT CPR (p.).

CHILDREN OVER 1 YEAR OF AGE & 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 thumbside of fist against middle of abdomen just above the navel. (Do ***NOT*** place your hand over the very bottom of the breastbone. Grasp fist with other hand).

3. Give up to 5 quick inward and upward abdominal thrusts.

4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

IF THE CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD, OR STEP 6 OF 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. According to Colorado law (19-3-304 C.R.S.), all school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to their county department or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect. Failure to report suspected abuse or neglect may result in a class 3 misdemeanor and liable for damages.

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 their local Department of Human Services or local law enforcement. Refer to your own school's policy for additional guidance on reporting.

Colorado Child Abuse and Neglect Hotline at 1-844-CO-4-KIDS (1-844-264-5437)

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

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

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 the Department of Social 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 Human Services. Follow up with school report.

COMMUNICABLE DISEASES

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

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

Chickenpox, pink eye, strep throat and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease.

Refer to your local school's policy for ill students.

Signs of PROBABLE illness:

- Sore throat
- Redness, swelling, drainage of eye
- Unusual spots/rash with fever or itching
- Crusty, bright yellow, gummy skin sore.
- Diarrhea (more than 2 loose stools a day)
- Vomiting
- Yellow skin or yellow "white of eye"
- Oral temperature greater than 100.0 F
- Extreme tiredness or lethargy
- Unusual behavior

Contact responsible school authority & parent or legal guardian.

ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:

- Earache
- Fussiness
- Runny nose

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

INFECTIOUS DISEASE GUIDELINES FOR SCHOOLS AND CHILD CARE SETTINGS: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

https://cdphe.colorado.gov/communicable-diseases/infectious-disease-guidelines-schools-childcare

Exclusion Guidelines for Children and Staff

Excluding a child who has an infectious disease from attending child care or school may decrease the spread of illness to others. The decision to exclude is typically based on the disease, and it should be made in conjunction with the school nurse or the child care health consultant, state or local public health agency, health care professionals, and parents/guardians. Exclusion recommendations are included for each disease or condition addressed in these guidelines.

In situations in which a child does not have a diagnosed disease/condition but has signs or symptoms indicative of a potentially infectious disease, exclusion may also be warranted. Generally, if any of the following conditions apply, exclusion from child care or school should be considered:

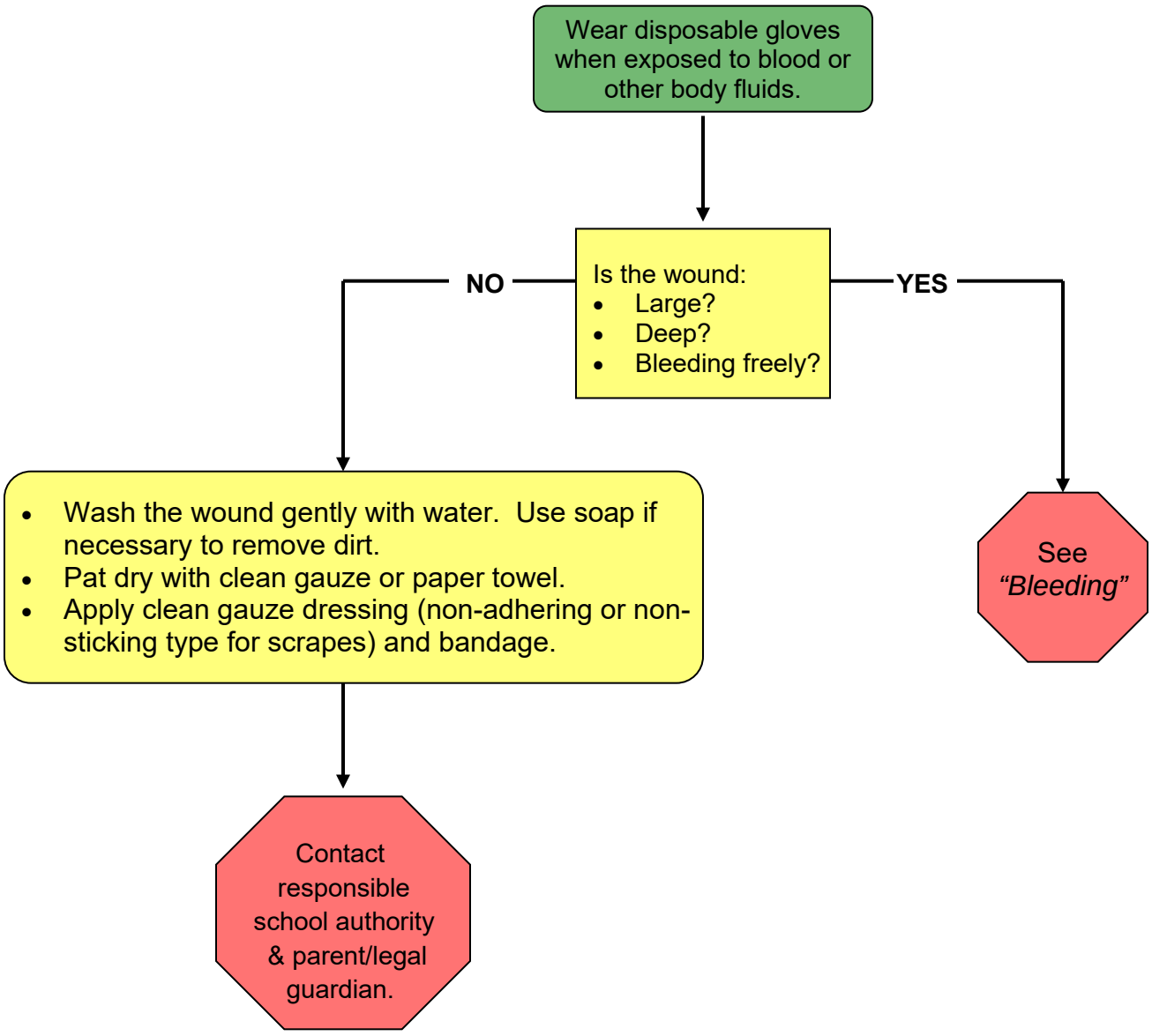
- The child does not feel well enough to participate comfortably in usual activities.
- The child requires more care than the child care or school personnel are able to provide.
- The child is ill with a potentially contagious illness, and exclusion is recommended by a health care provider, the state or local public health agency, or these guidelines.
- The child has signs or symptoms of a possible severe illness, such as trouble breathing.
- The facility is experiencing an outbreak.

In cases in which unvaccinated children are exposed to a vaccine preventable disease (such as measles, mumps, rubella, and pertussis), the state or local public health agency should be consulted in order to determine if exclusion of unvaccinated children is necessary.

If a child is excluded based on symptoms (and not a diagnosed illness), the child should be allowed to return to child care or school once symptoms have subsided, or a health care provider clears the child or determines the illness is not communicable, provided that the child can participate in routine activities.

CDPHE has another tool called "How Sick is Too Sick" that can help school and child care staff, and parents/guardians/caregivers determine if a child should stay home due to illness.

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



DIABETES

A student with diabetes may have the following symptoms of low blood sugar:

- Irritability and feeling upset
- Change in personality
- Sweating and feeling "shaky"
- Loss of consciousness
- Confusion or strange behavior

A student with diabetes should be known to appropriate school staff. A Diabetes Action plan must be developed. Staff in a position to administer a Glucagon injection should receive training and delegation.

Refer to student's Diabetes Action plan.

Is the student:

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

YES → Administer Glucagon if ordered → **CALL EMS 9-1-1**

NO → Does student have a blood sugar monitor available?

NO → Give the student "sugar" such as:

- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers)
- Sugar (2 packets or 2 teaspoons
- Cake decorating gel (½ tube) or icing
- Instant glucose

- Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
- Allow student to re-check blood sugar.

Continue to watch the student. Is student improving?

YES → Contact school nurse, responsible school authority, & parent/legal guardian.

NO → **CALL EMS 9-1-1**

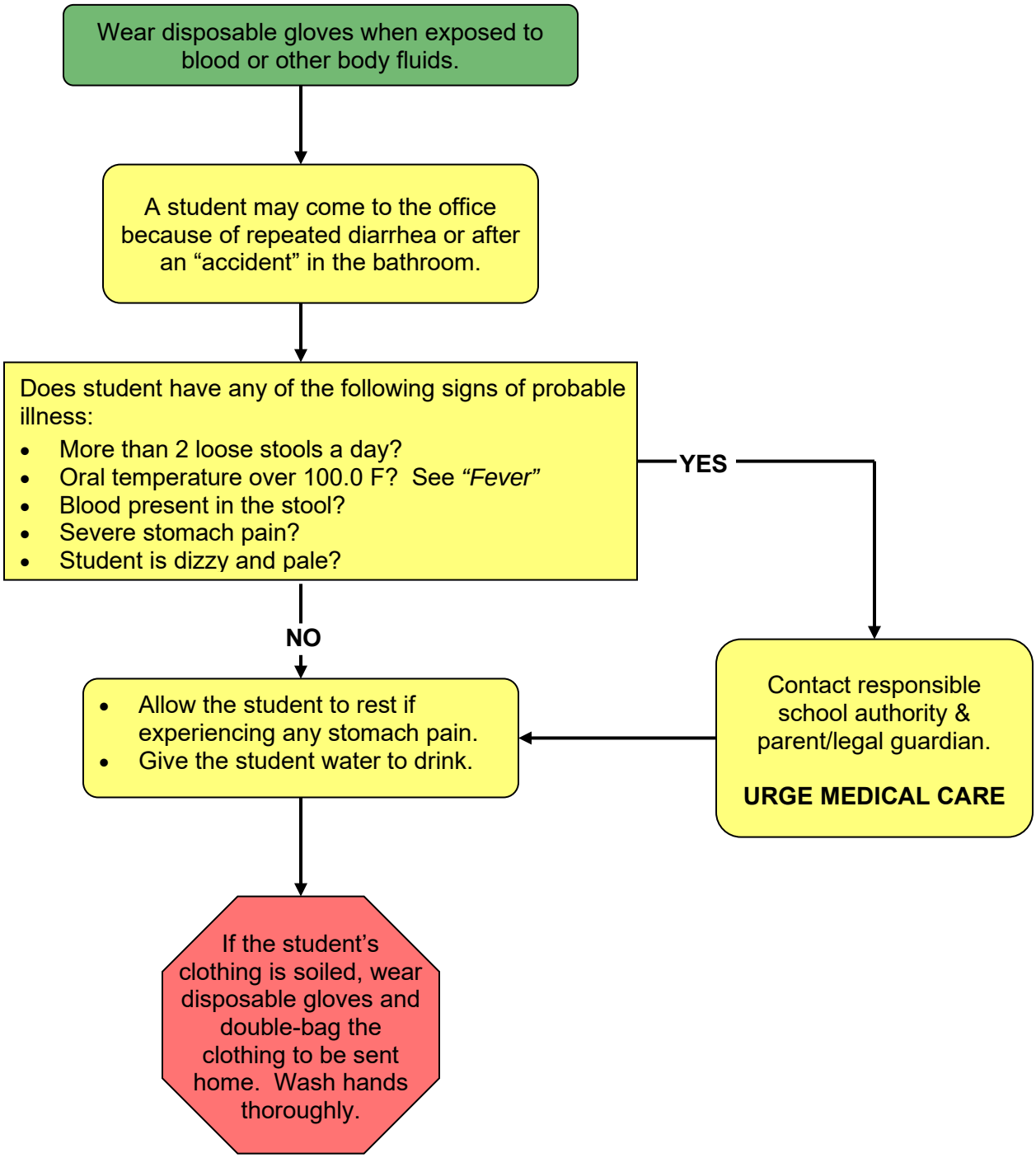
YES → Check blood sugar

Is blood sugar ***less than 60 or "LOW"*** according to action plan?
or
Is blood sugar ***"HIGH"*** according to action plan?

LOW → Give the student "sugar" such as:

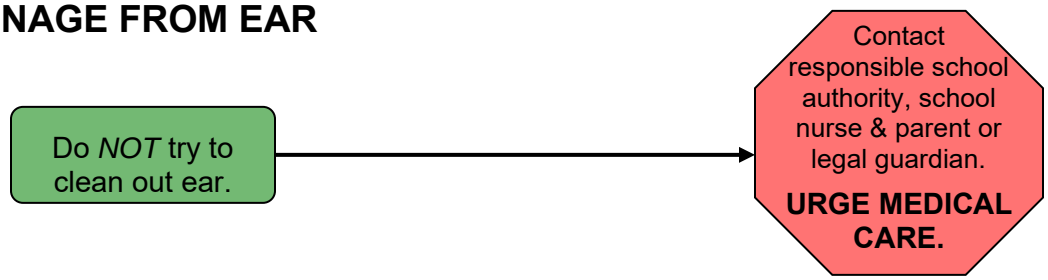
HIGH → Contact school nurse, responsible school authority, & parent/legal guardian.

DIARRHEA

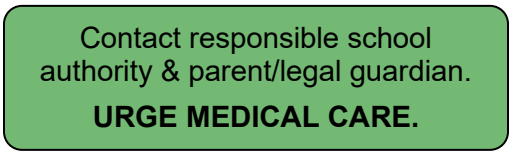

Wear disposable gloves when exposed to blood or other body fluids.
A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.
Does student have any of the following signs of probable illness:
• More than 2 loose stools a day?
• Oral temperature over 100.0 F? See "Fever"
• Blood present in the stool?
• Severe stomach pain?
• Student is dizzy and pale?
YES
NO
• Allow the student to rest if experiencing any stomach pain.
• Give the student water to drink.
Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EAR PROBLEMS

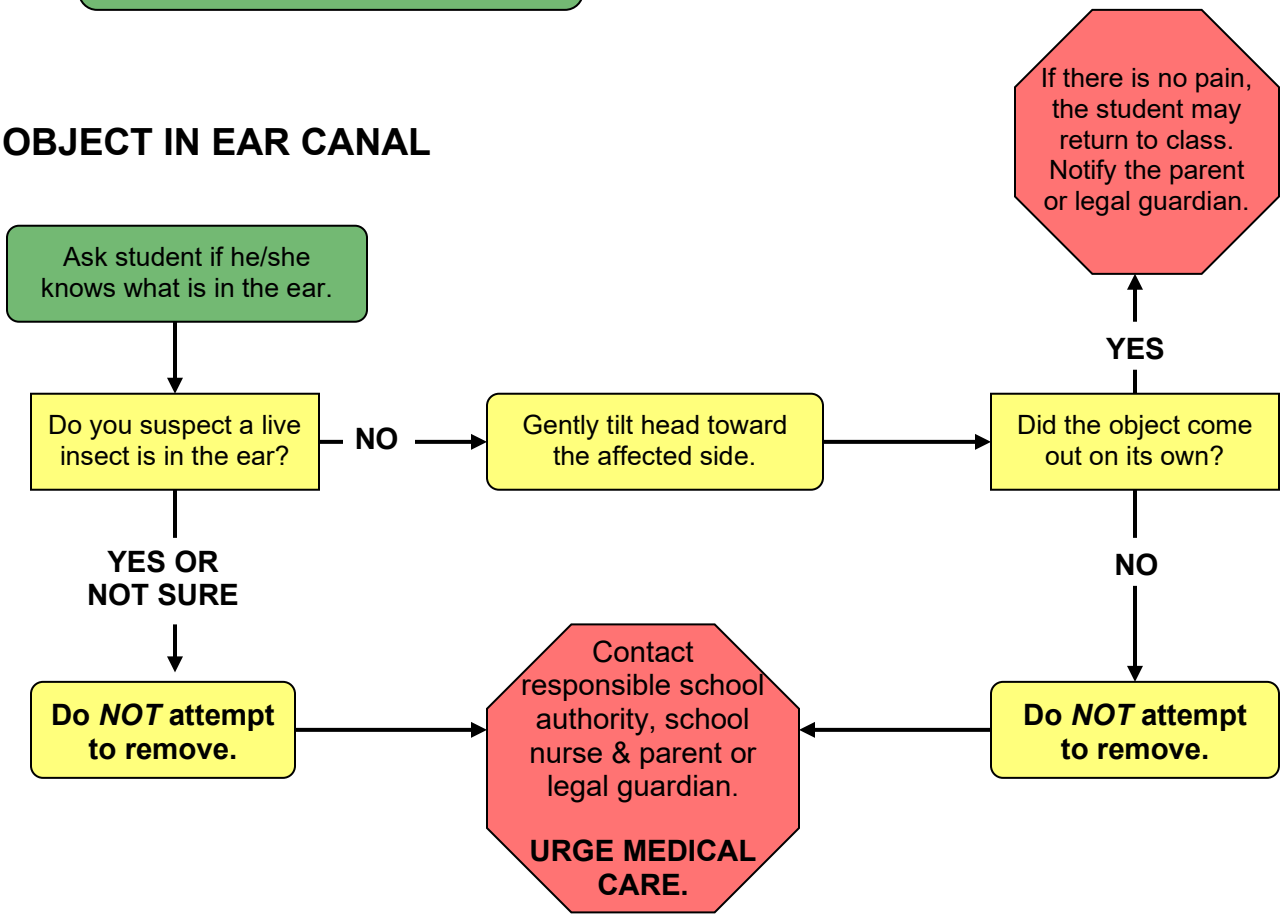
DRAINAGE FROM EAR



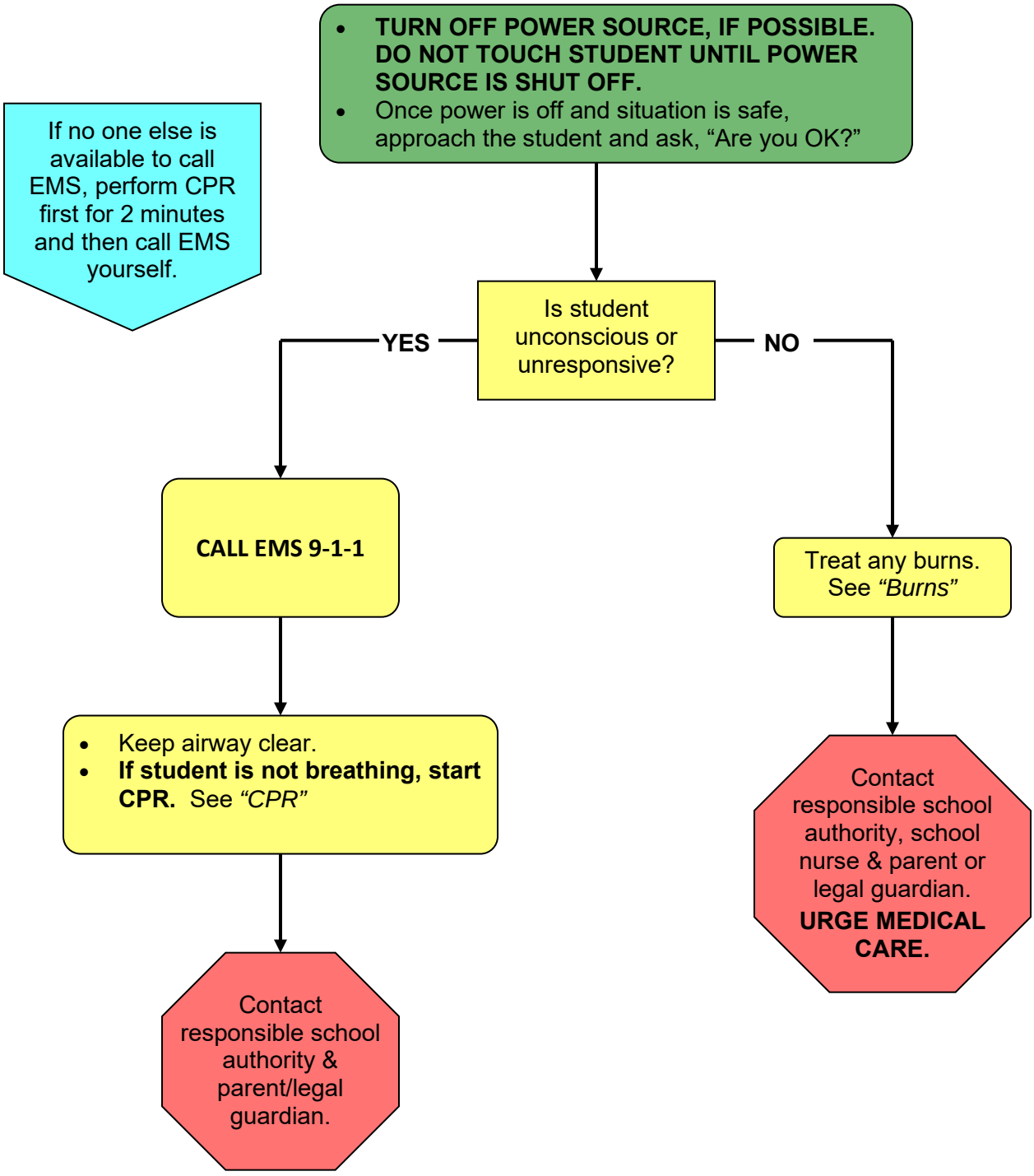
EARACHE



OBJECT IN EAR CANAL



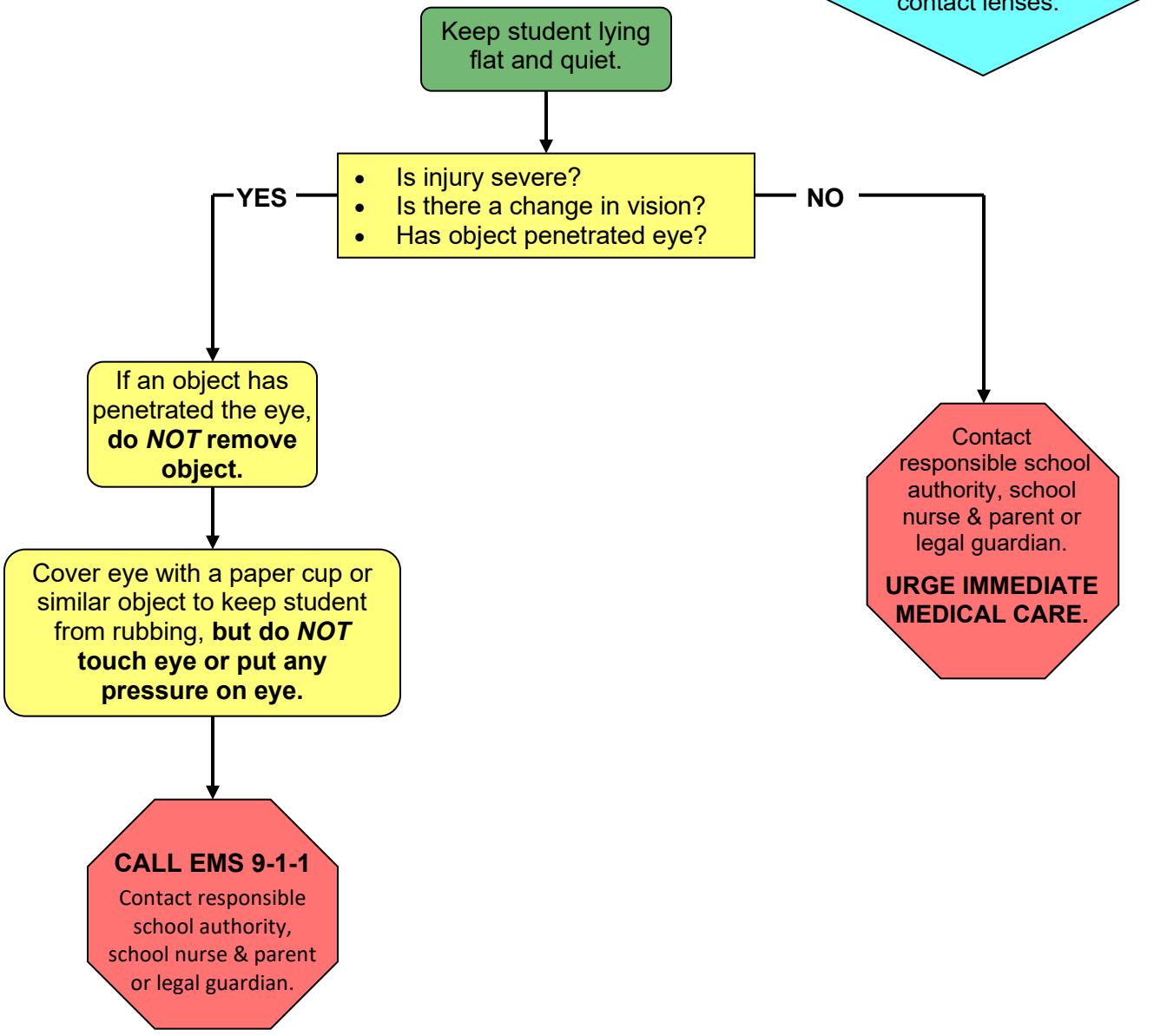
ELECTRIC SHOCK



EYE PROBLEMS

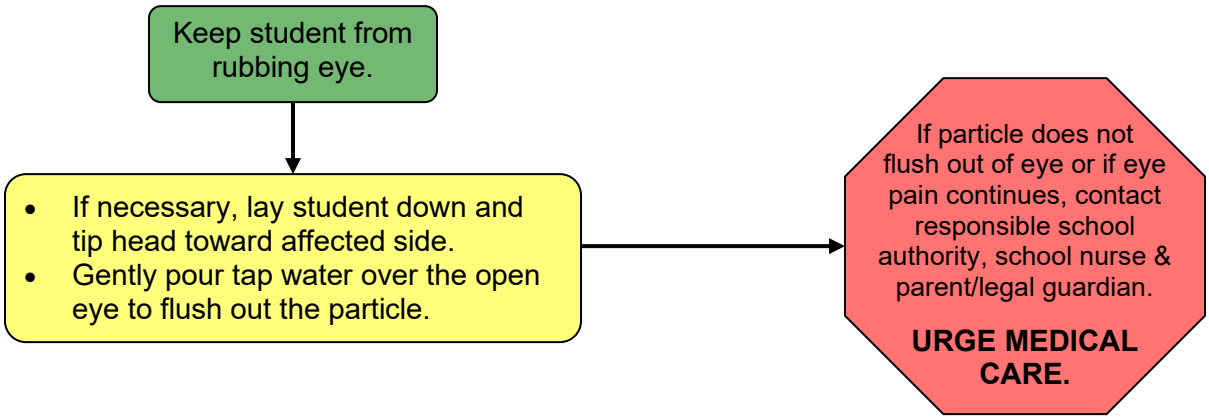
With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye unless chemicals have splashed in the eye. Flush first without removing the contact lenses.

EYE INJURY:

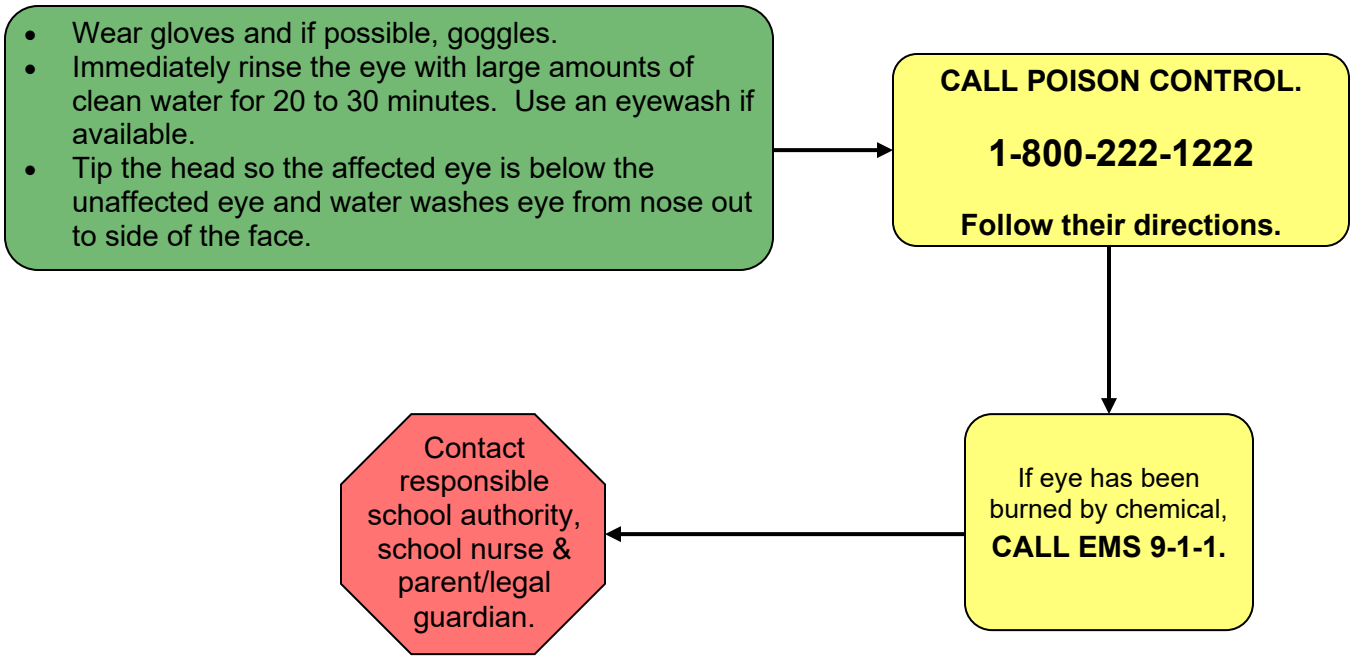


EYE PROBLEMS

PARTICLE IN EYE



CHEMICALS IN EYE



FAINTING

Fainting may have many causes including:

- Injuries
- Illness
- Blood loss/shock
- Heat exhaustion
- Diabetic reaction
- Severe allergic reaction
- Standing still for too long

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

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

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

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

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

YES OR NOT SURE

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

Do *NOT* move student.

NO

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

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

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

YES

Keep student lying down. Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

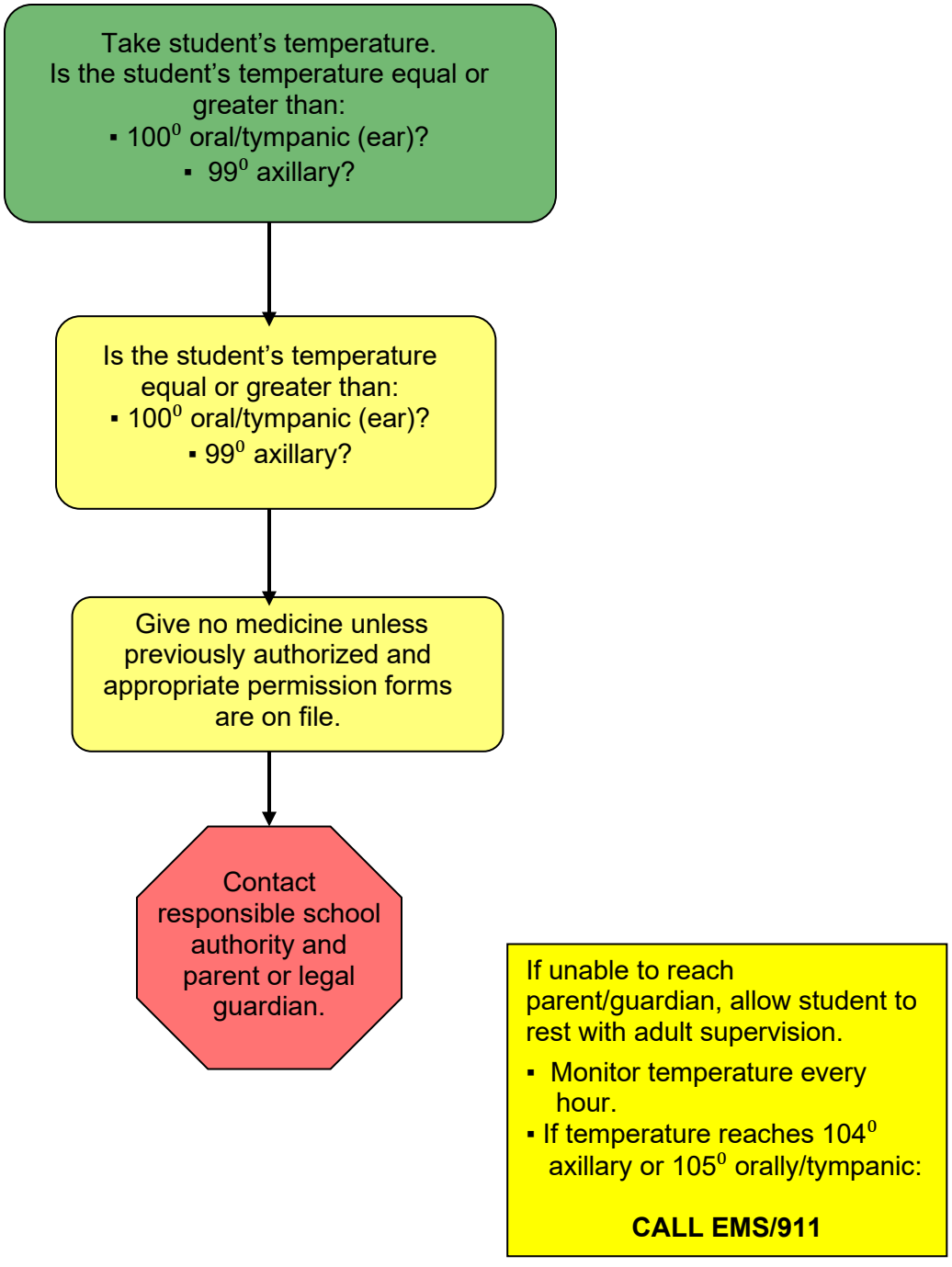
NO

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

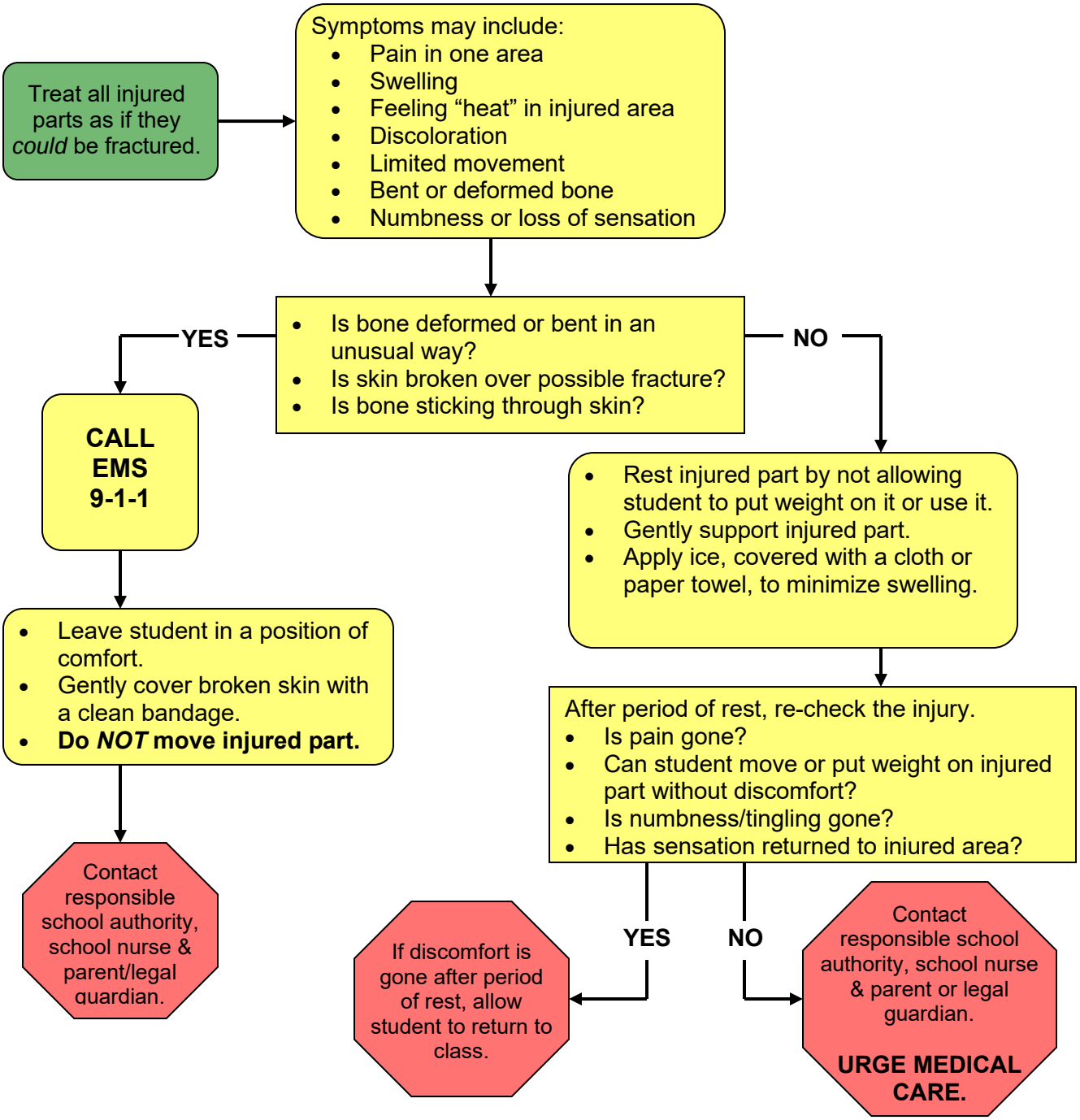
Contact responsible school authority & parent/legal guardian.

NOTE
If student has no history of fainting, contact school nurse for follow-up

FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

Exposure to cold even for short periods of time may cause "HYPOTHERMIA" in children (see *"Hypothermia"*). The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale)
- Feel cold to the touch
- Feel numb to the student

Deeply frostbitten skin may:

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

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

Does extremity/part:

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

YES

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

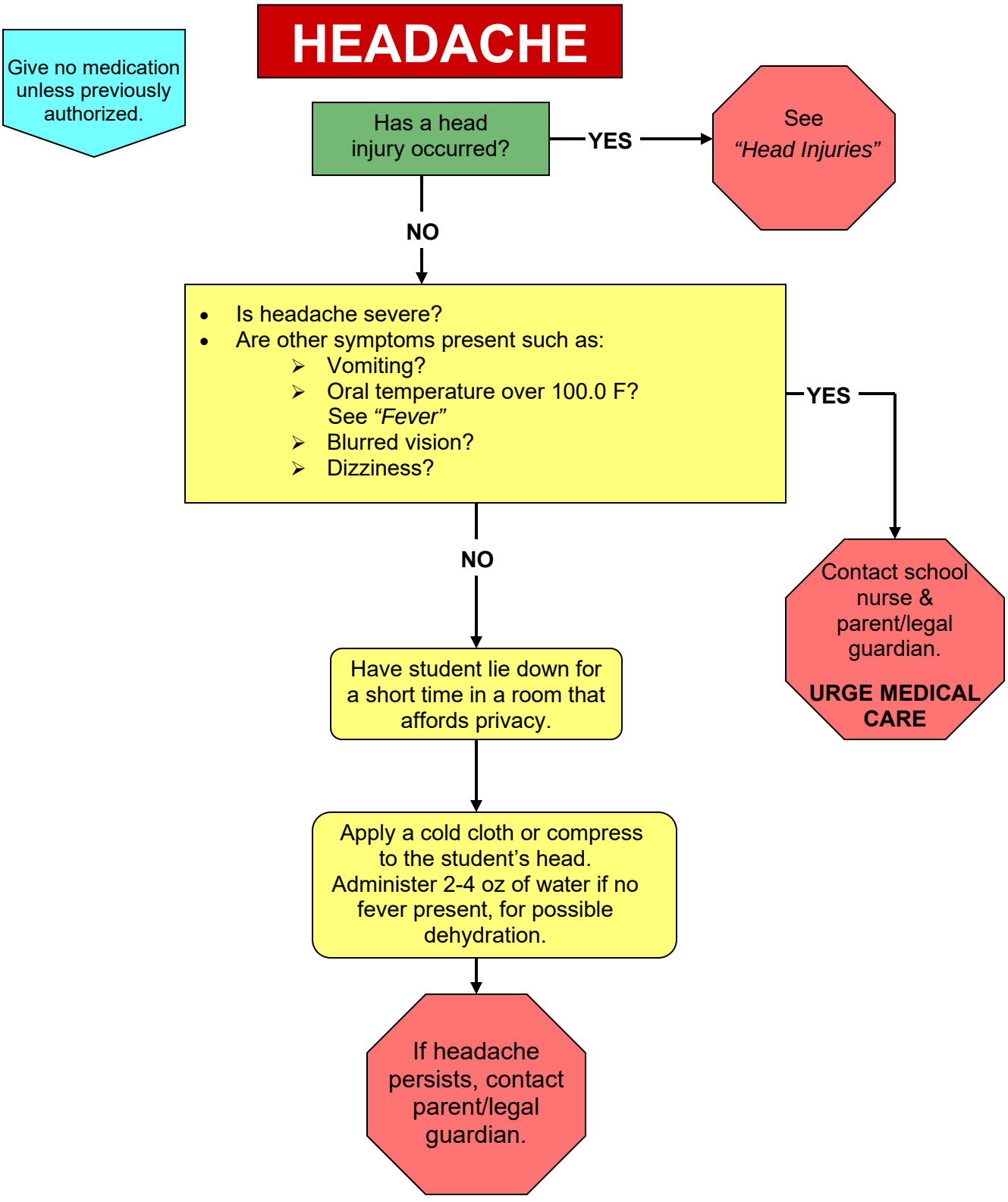
Contact responsible authority, school nurse & parent or legal guardian.

NO

Keep student and part warm.

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

Encourage medical care.


HEADACHE
Give no medication unless previously authorized.
Has a head injury occurred?
YES
See "Head Injuries"
NO
Is headache severe?
Are other symptoms present such as:
Vomiting?
Oral temperature over 100.0 F? See "Fever"
Blurred vision?
Dizziness?
YES
Contact school nurse & parent/legal guardian.
URGE MEDICAL CARE
NO
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. Administer 2-4 oz of water if no fever present, for possible dehydration.
If headache persists, contact parent/legal guardian.

HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Head injuries from falls, sports and violence may be serious. If head is bleeding, see *"Bleeding".*

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

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

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

Is student vomiting?

YES

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

NO

Watch student closely.
Do *NOT* leave student alone.

Are any of the following symptoms present:

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

YES

CALL EMS 9-1-1.

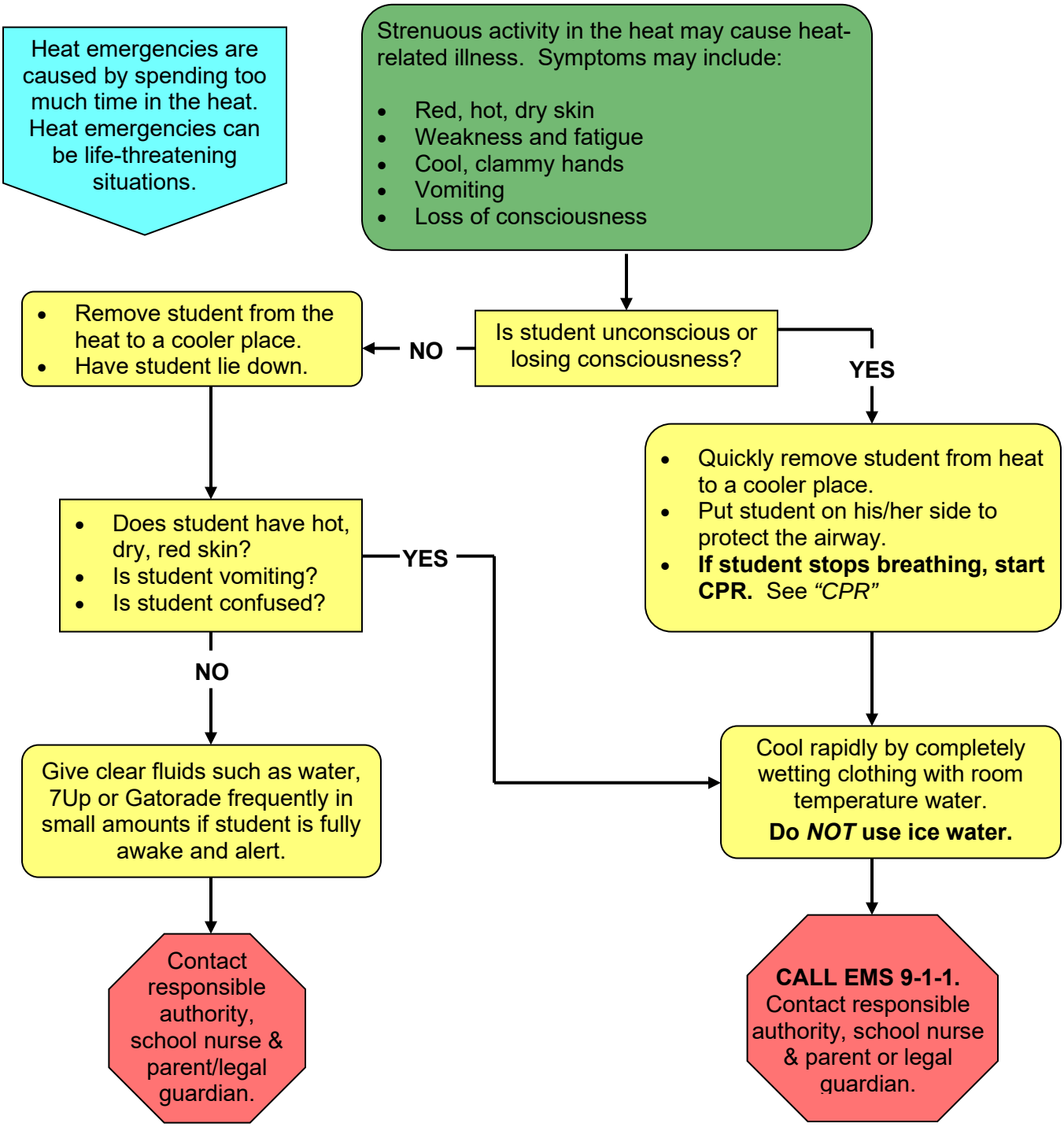
- Check student's airway.
- **If student stops breathing, start CPR.** See *"CPR".*

Give nothing by mouth. Contact responsible school authority, school nurse & parent/ legal guardian.

NO

Even if student was only briefly confused and seems fully recovered, contact responsible school authority, school nurse & parent or legal guardian.
URGE MEDICAL CARE.
Watch for delayed symptoms.

HEAT STROKE – HEAT EXHAUSTION



HYPOTHERMIA
(EXPOSURE TO COLD)

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

Hypothermia can occur after a student has been outside in the cold or in cold water. Symptoms may include:

- Confusion
- Weakness
- Blurry vision
- Slurred speech
- Shivering
- Sleepiness
- White or grayish skin color
- Impaired judgment

- Take the student to a warm place.
- Remove cold or wet clothing and wrap student in a warm, dry blanket.

Does the student have:

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

NO

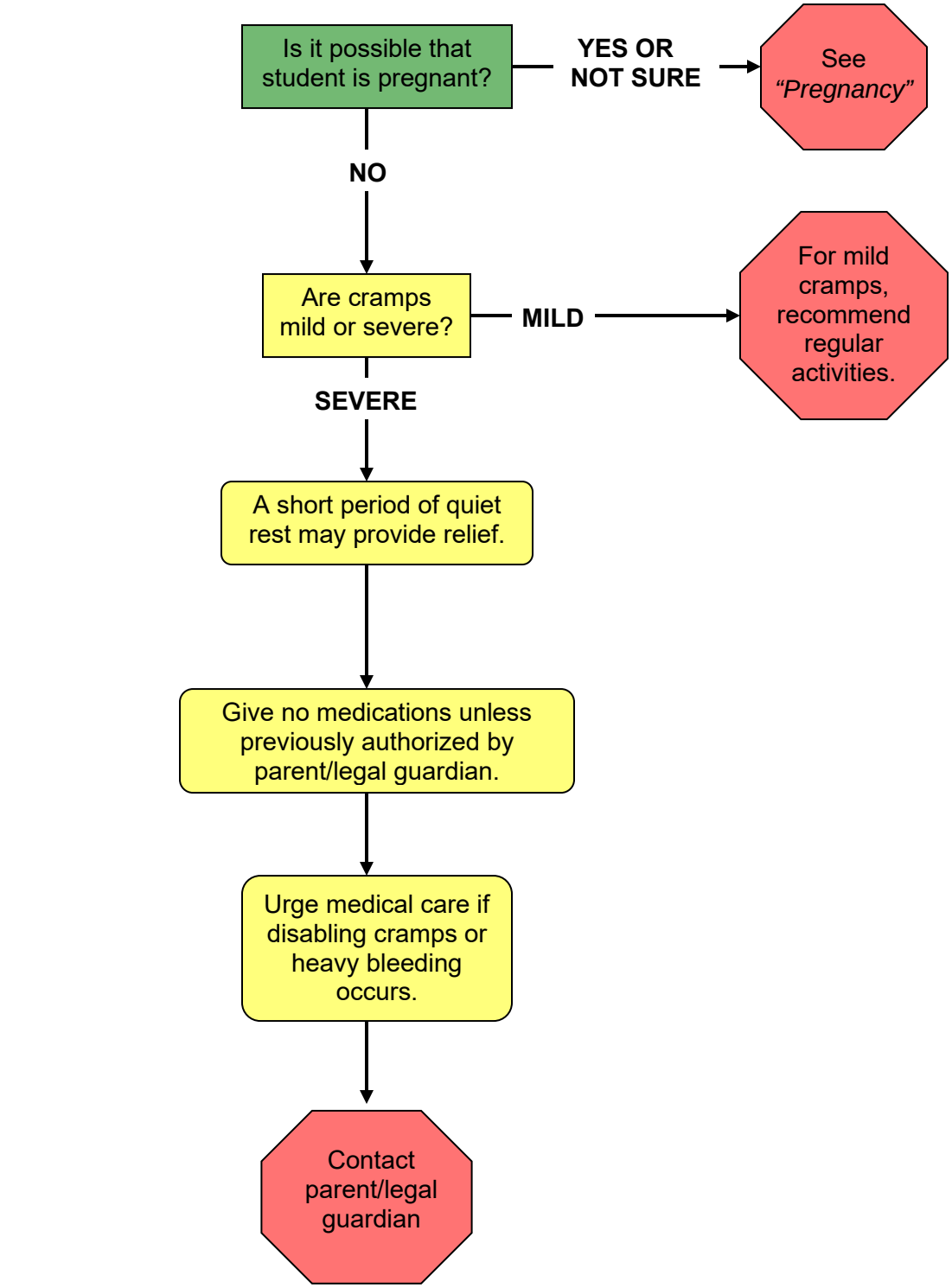
Continue to warm student with blankets. If student is fully awake and alert, offer warm (***NOT HOT***) fluids, but no food.

YES

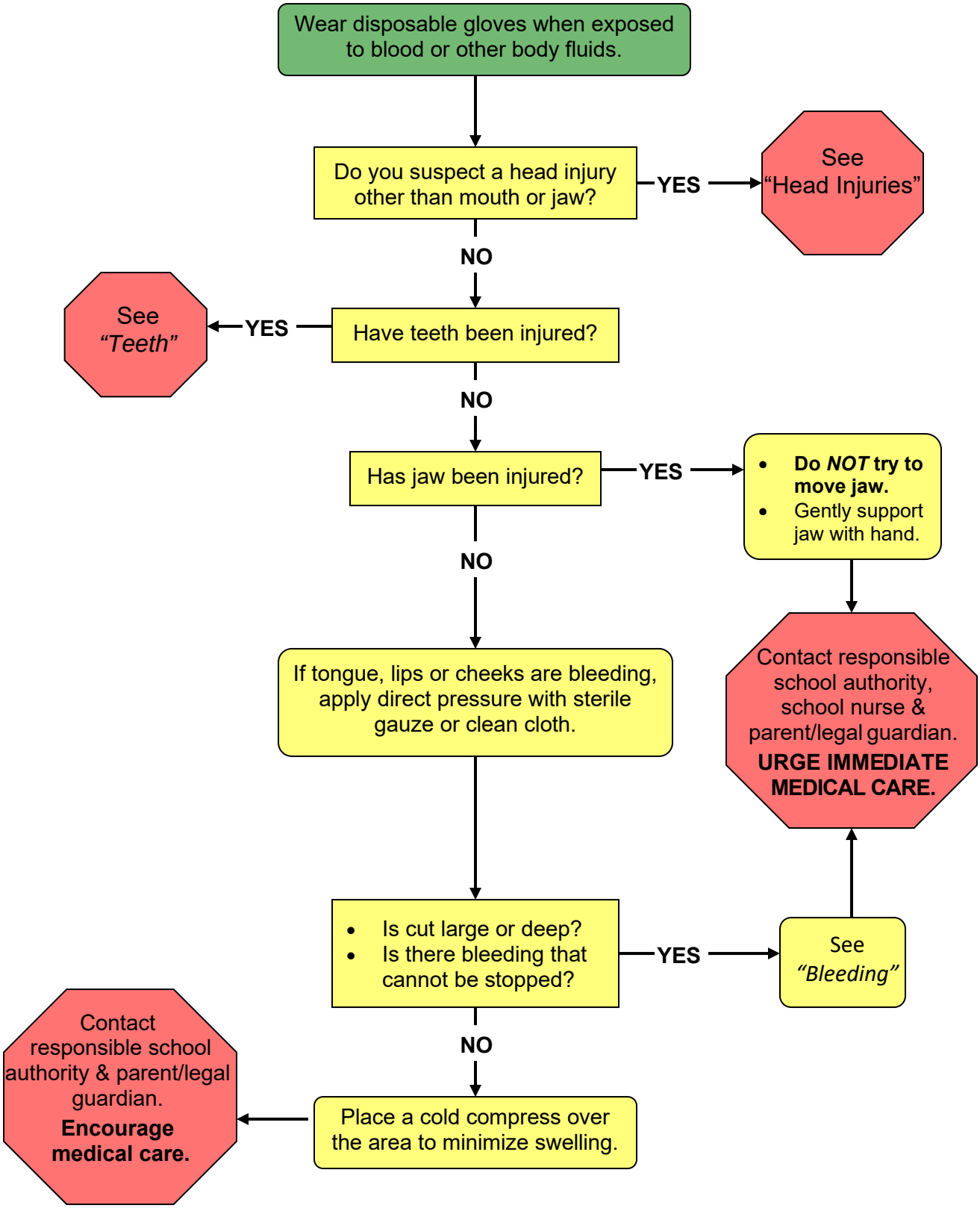
- **CALL EMS 9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is asleep or losing consciousness, place student on his/her side to protect airway.
- **If student stops breathing, start CPR.** See *"CPR"*.

Contact responsible authority, school nurse & parent or legal guardian. **Encourage medical care.**

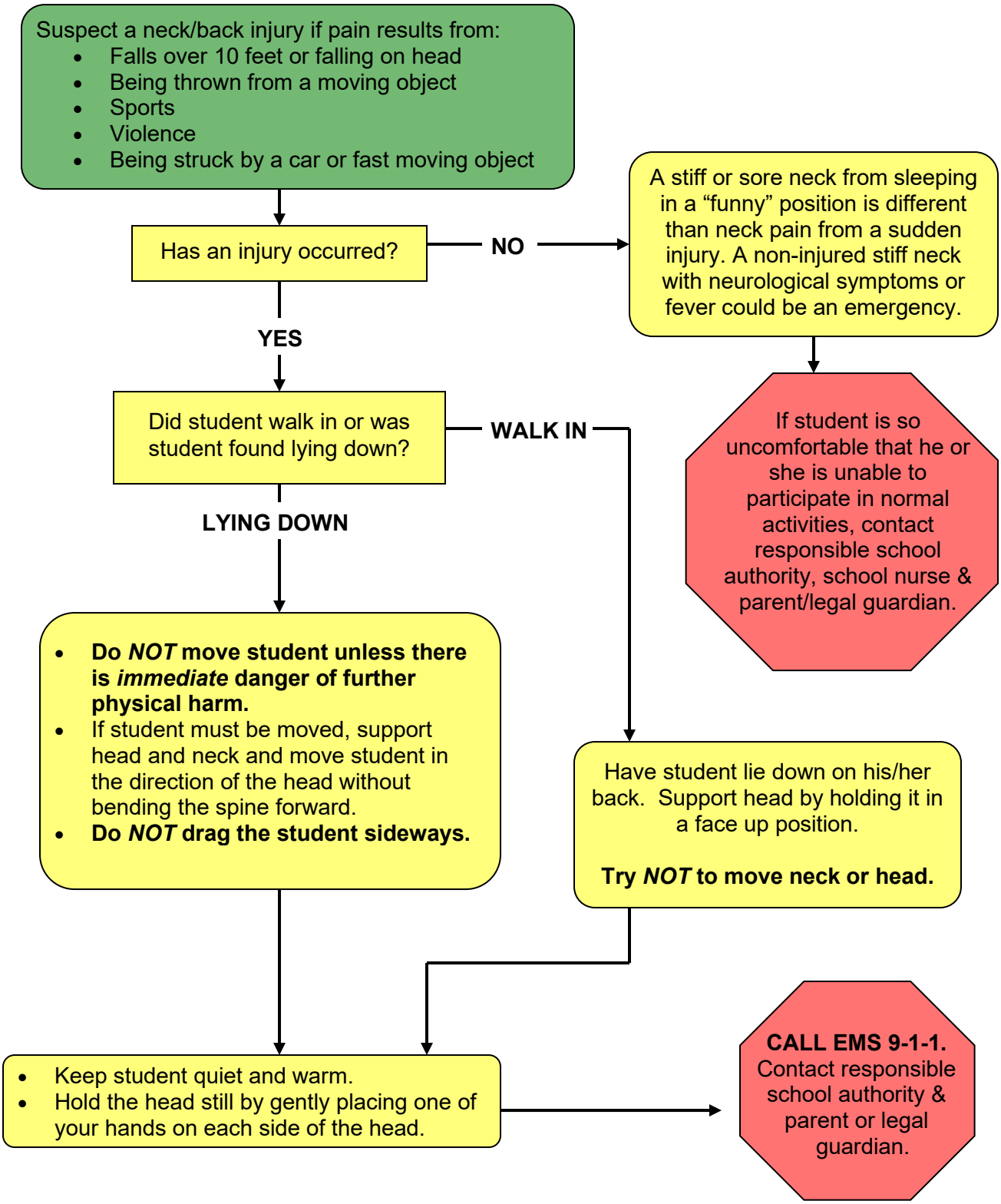
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



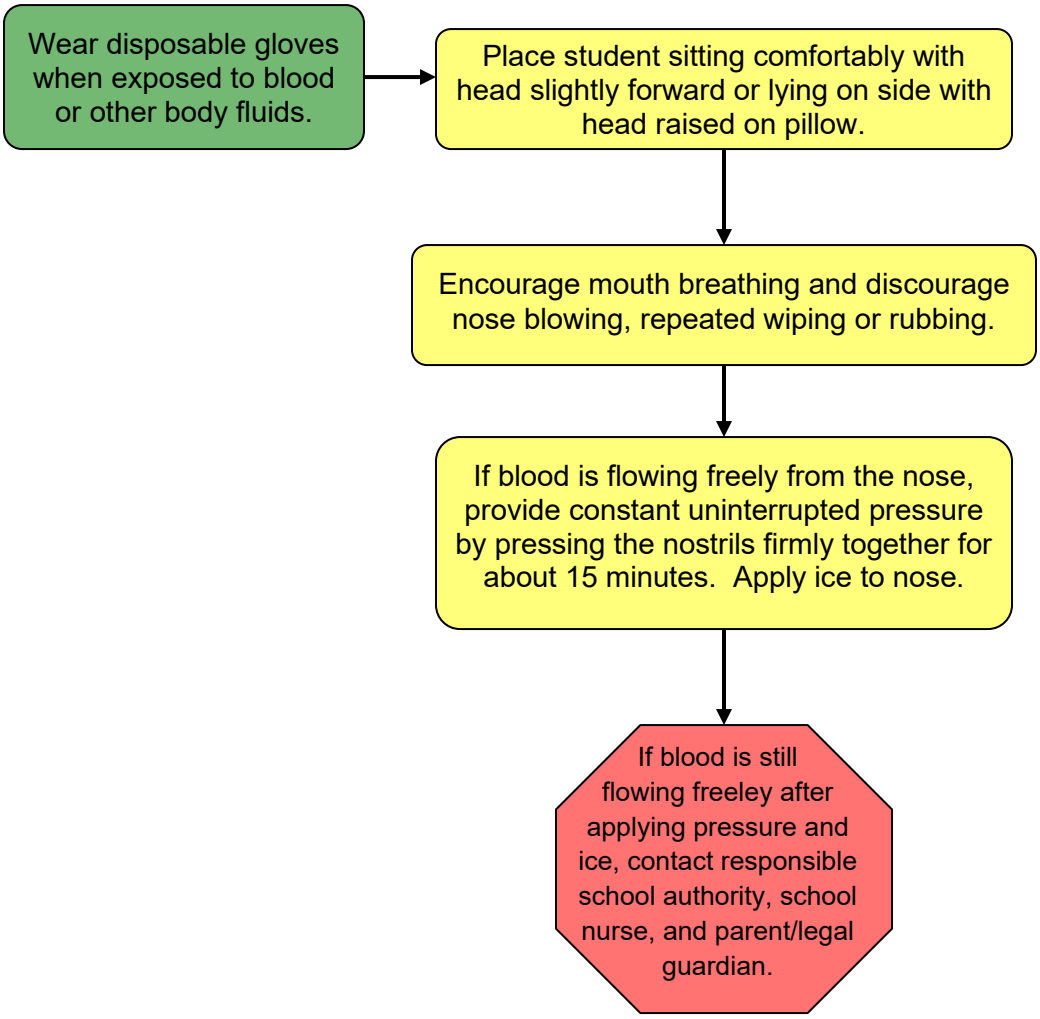
NECK & BACK PAIN



NOSE PROBLEMS

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

NOSEBLEED

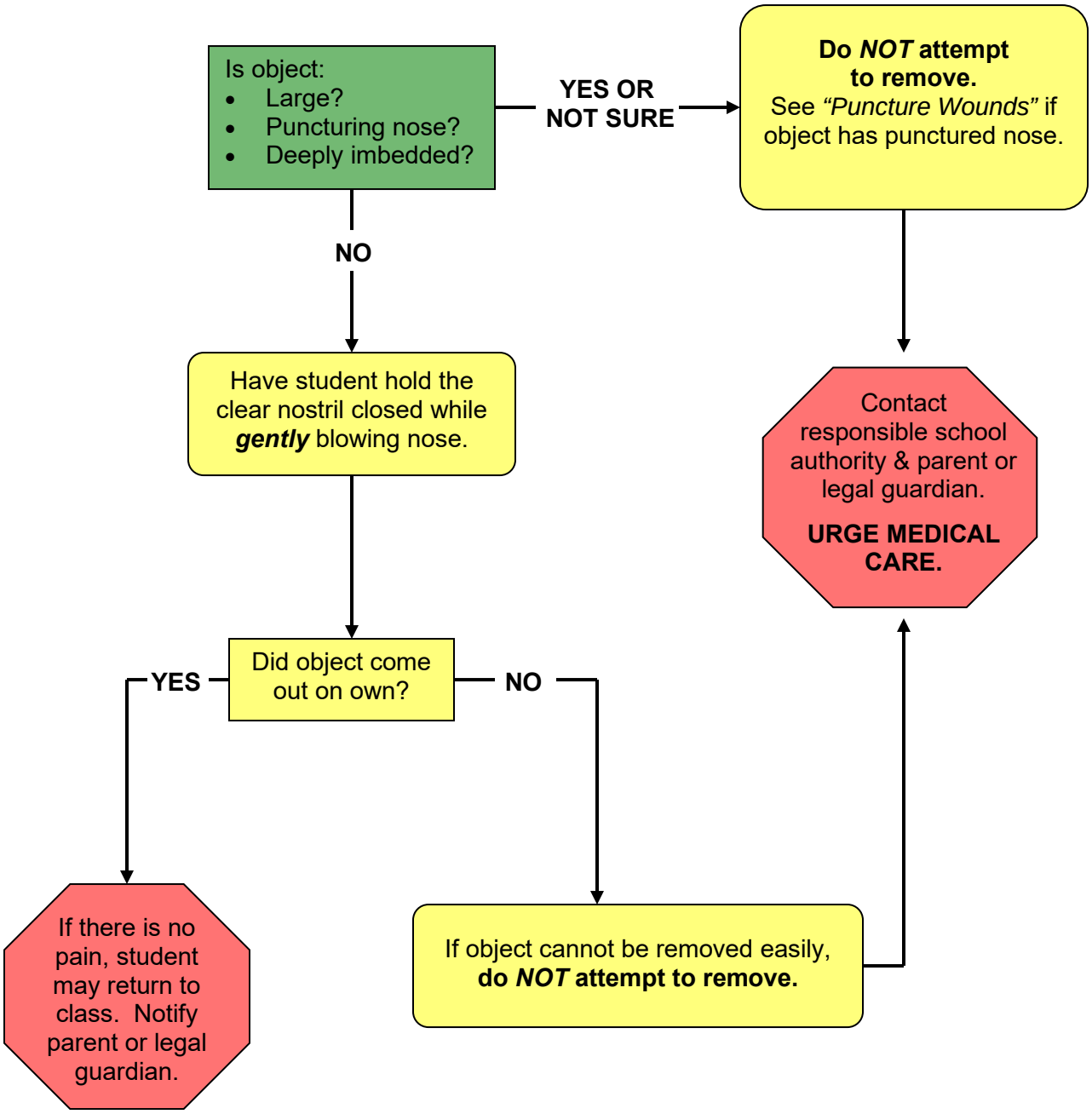


BROKEN NOSE

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

NOSE PROBLEMS

OBJECT IN NOSE



POISONING & OVERDOSE

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

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

Or if you are not sure

Possible warning signs of poisoning include:

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

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

If possible, find out:

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

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

- **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.
- **If student stops breathing, start CPR.** See *"CPR"*

CALL EMS 9-1-1

Contact responsible school authority, school nurse & 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.

CALL EMS 9-1-1.
Contact responsible school authority, school nurse & parent or legal guardian.

VAGINAL BLEEDING

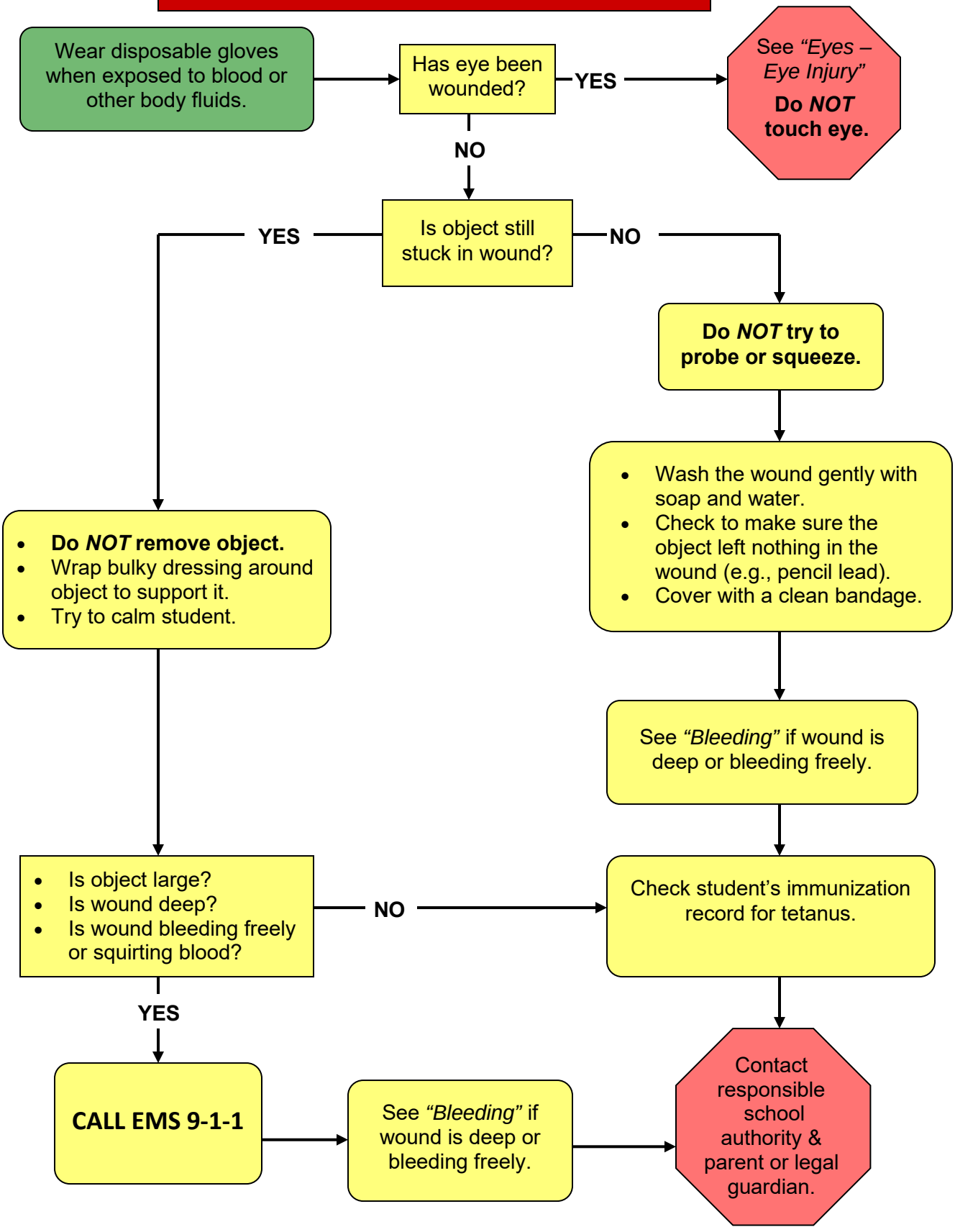
Contact responsible school authority, school nurse & parent or legal guardian.
URGE IMMEDIATE MEDICAL CARE.

AMNIOTIC FLUID LEAKAGE
This is ***NOT*** normal and may indicate the beginning of labor.

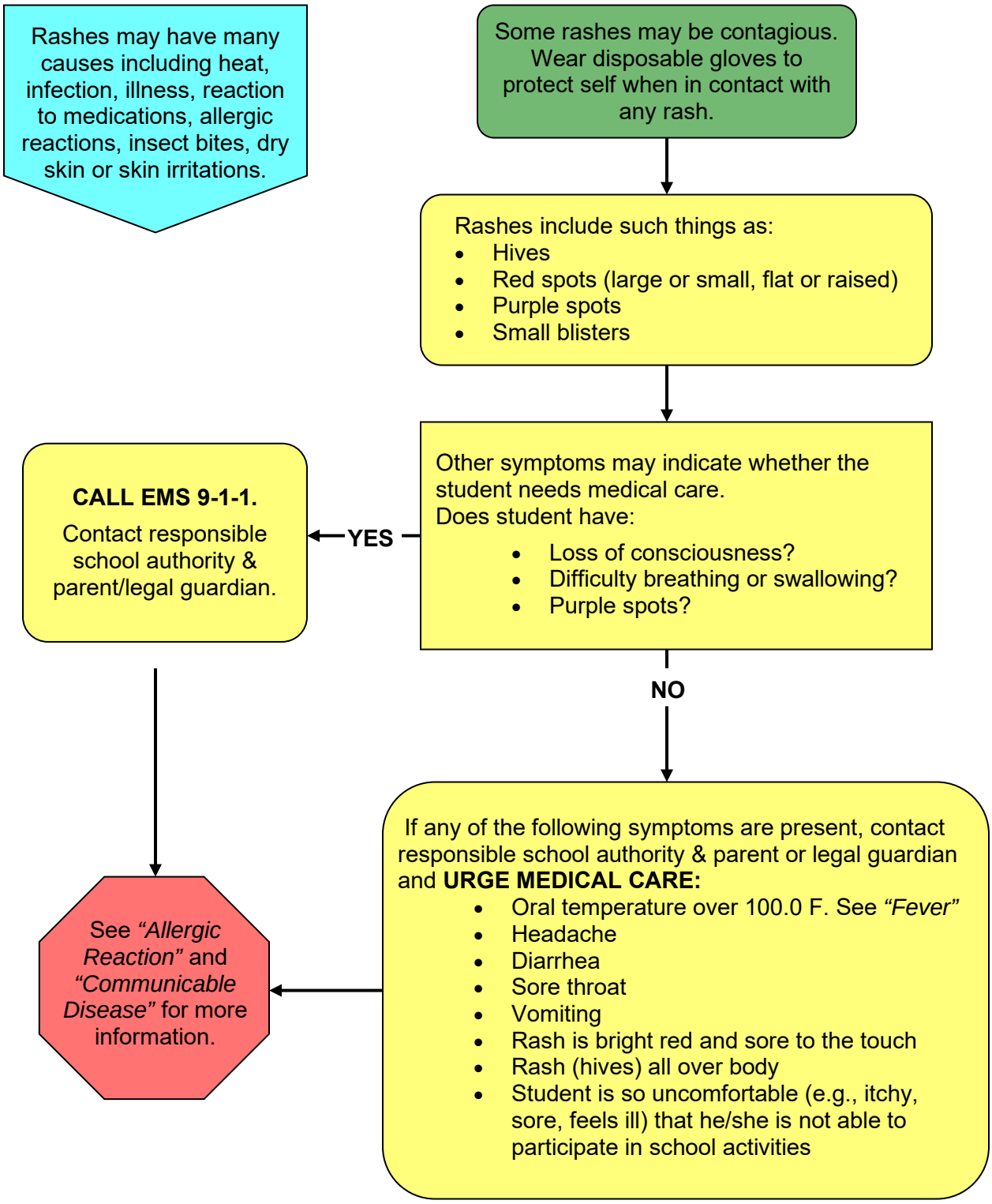
MORNING SICKNESS
Treat as vomiting. See *"Vomiting"*

Contact responsible school authority, school nurse & parent/legal guardian.

PUNCTURE WOUNDS



RASHES


Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.
Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.
Rashes include such things as:
• Hives
• Red spots (large or small, flat or raised)
• Purple spots
• Small blisters
Other symptoms may indicate whether the student needs medical care.
Does student have:
• Loss of consciousness?
• Difficulty breathing or swallowing?
• Purple spots?
YES
CALL EMS 9-1-1.
Contact responsible school authority & parent/legal guardian.
NO
If any of the following symptoms are present, contact responsible school authority & parent or legal guardian and URGE MEDICAL CARE:
• Oral temperature over 100.0 F. See "Fever"
• Headache
• Diarrhea
• Sore throat
• Vomiting
• Rash is bright red and sore to the touch
• Rash (hives) all over body
• Student is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities
See "Allergic Reaction" and "Communicable Disease" for more information.

SEIZURES

Seizures may be any of the following:

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

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

Refer to student's Seizure Action plan.

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

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

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

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

NO

YES

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

CALL EMS 9-1-1.

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

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 student's emergency care plan if available.

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 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity
- Unresponsive
- Difficulty breathing or swallowing
- Rapid breathing
- Rapid, weak pulse
- Restlessness/irritability

See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.
Is student:

- Not breathing? See *"CPR"* and/or *"Choking"*
- Unconscious? See *"Unconsciousness"*
- Bleeding profusely? See *"Bleeding"*

YES → **CALL EMS 9-1-1**

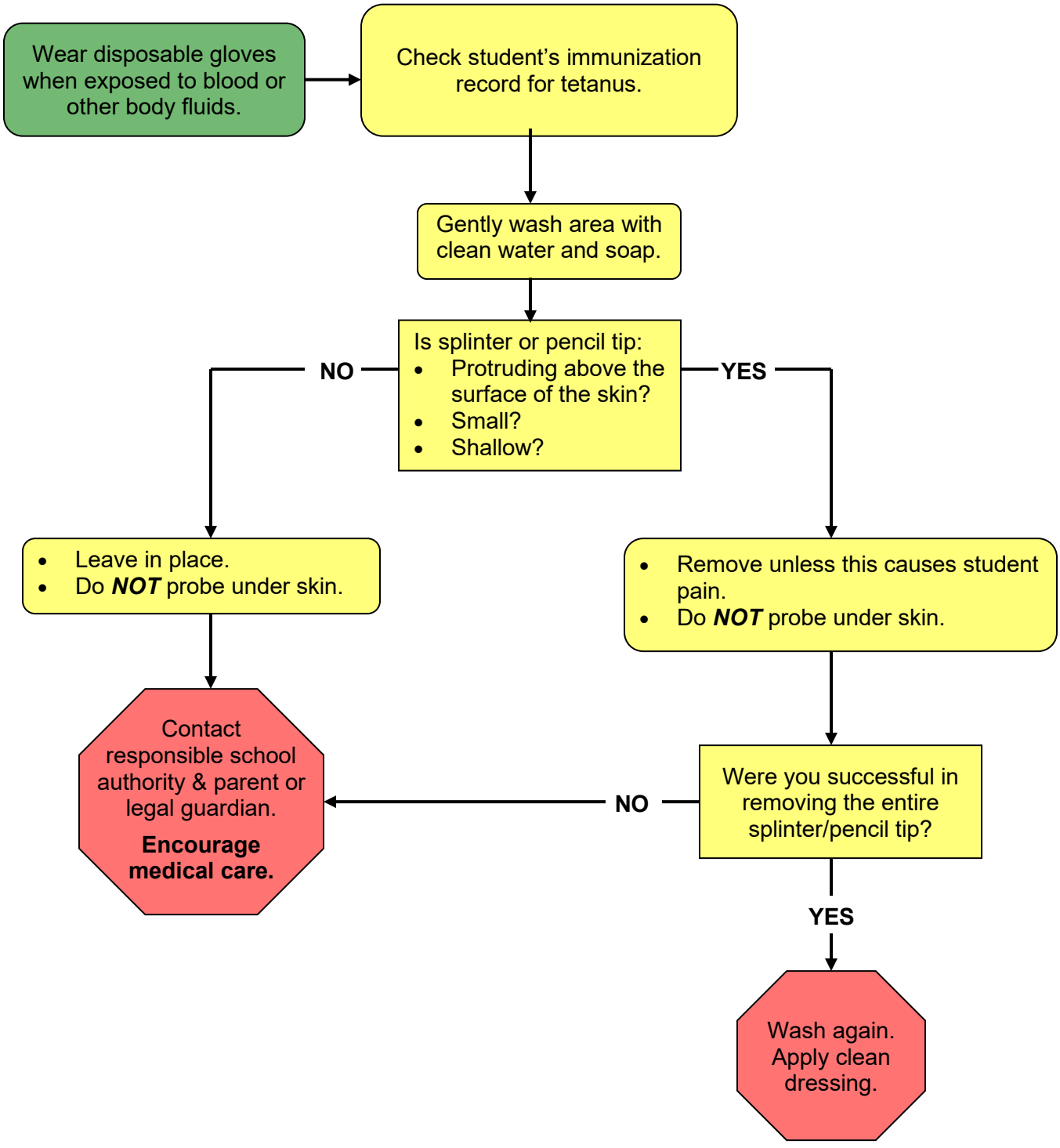
NO

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body 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.

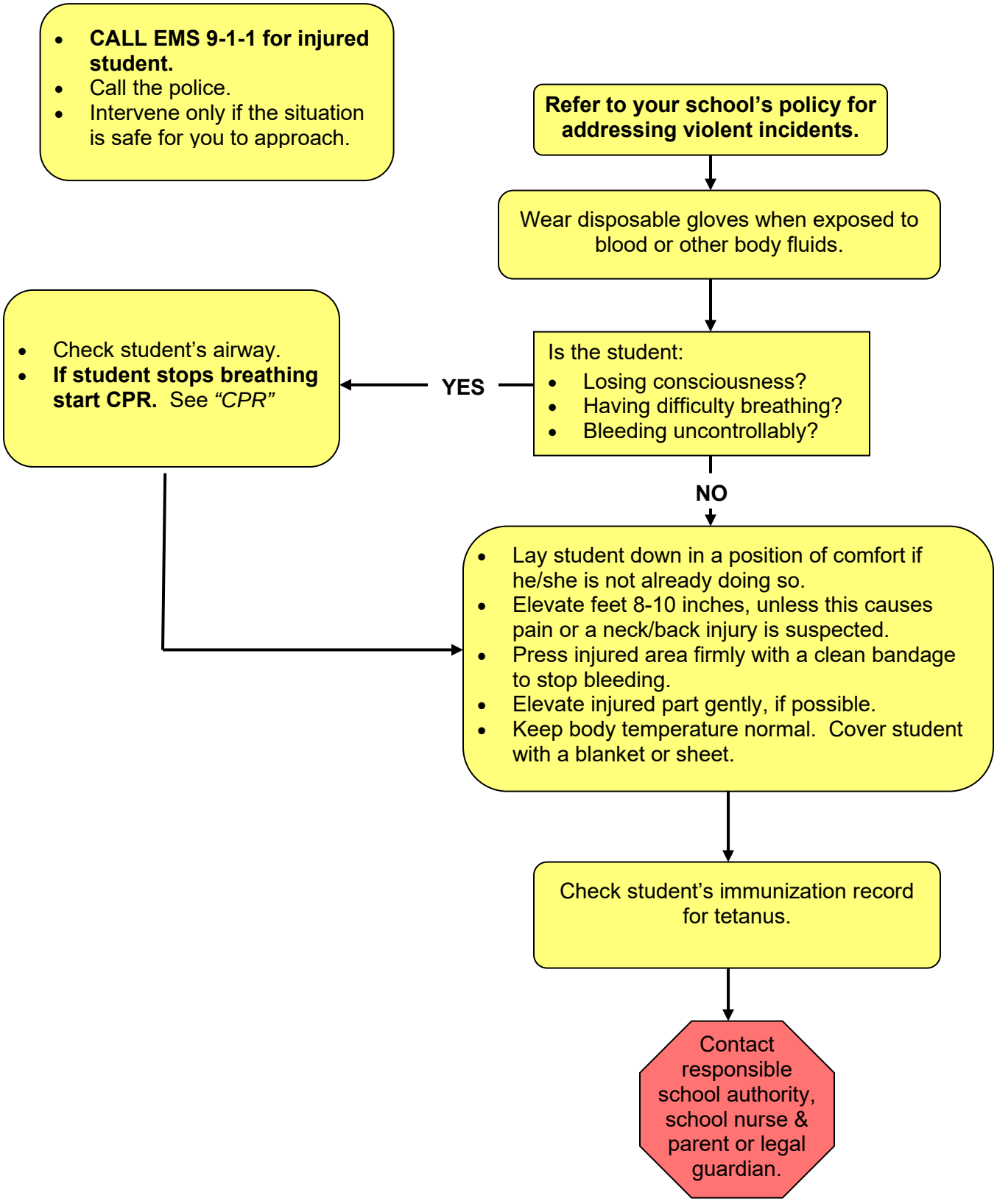
Contact responsible school authority, school nurse & parent or legal guardian.

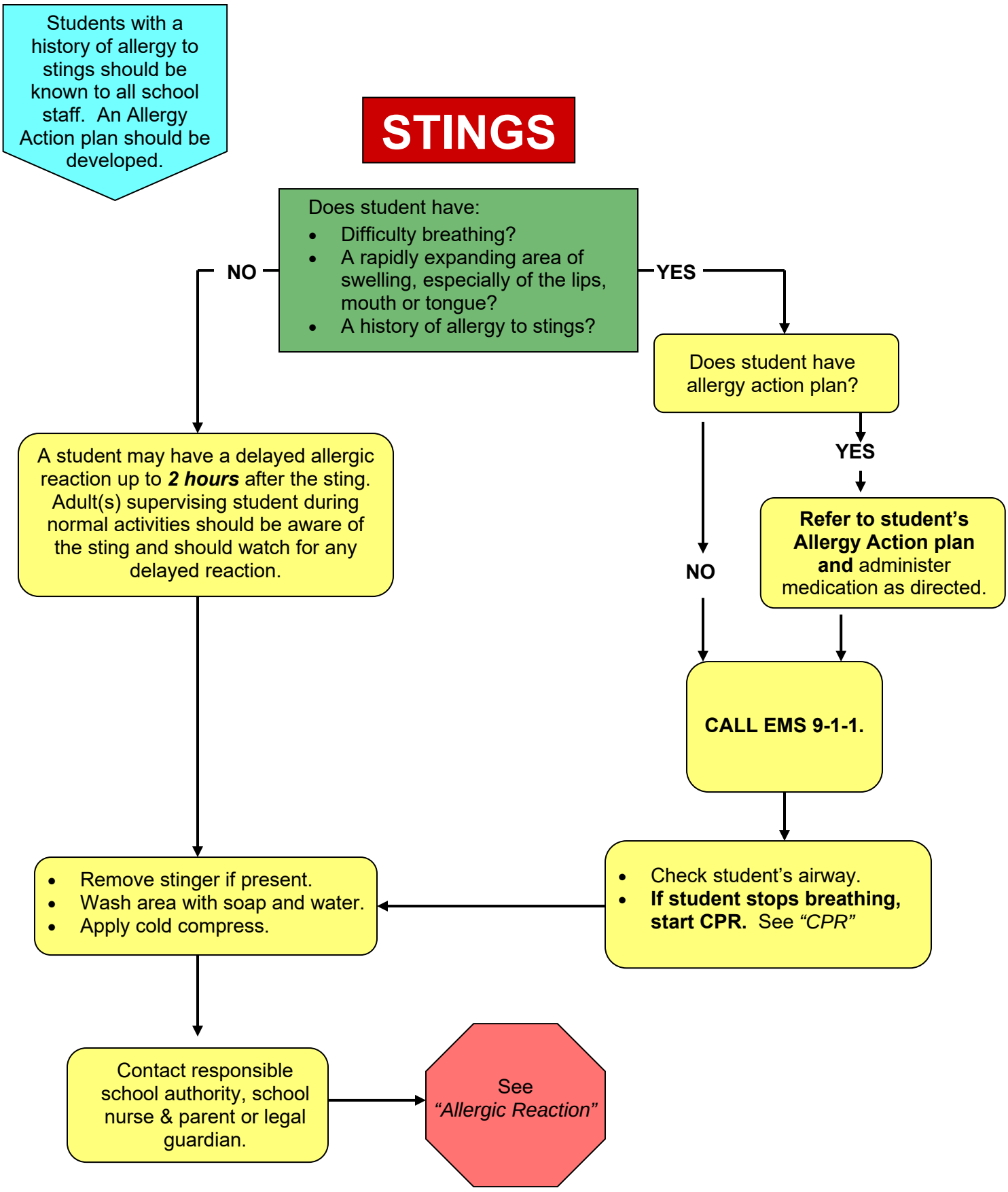
URGE MEDICAL CARE if EMS not called.

SPLINTERS OR IMBEDDED PENCIL

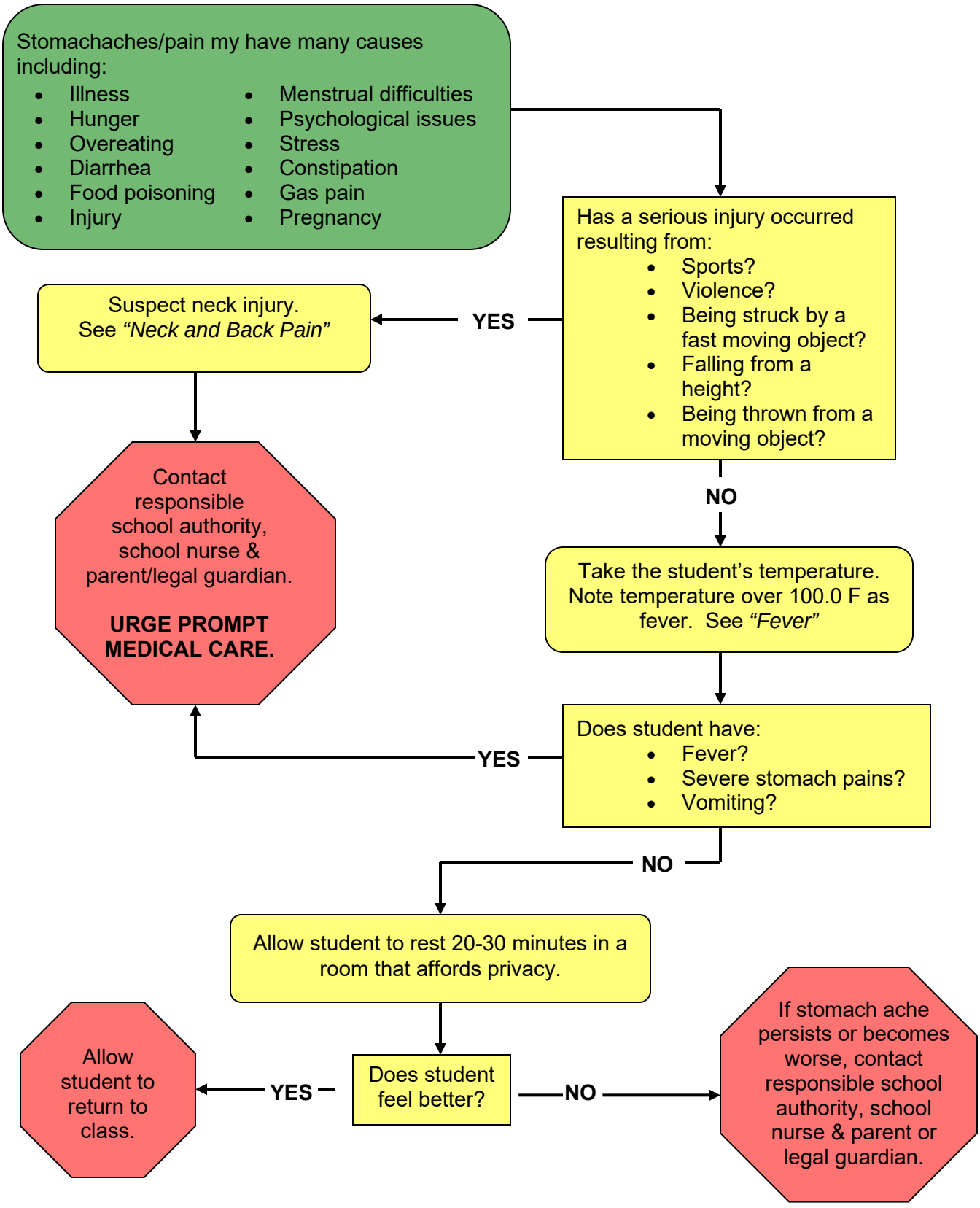


STABBING & GUNSHOT INJURIES



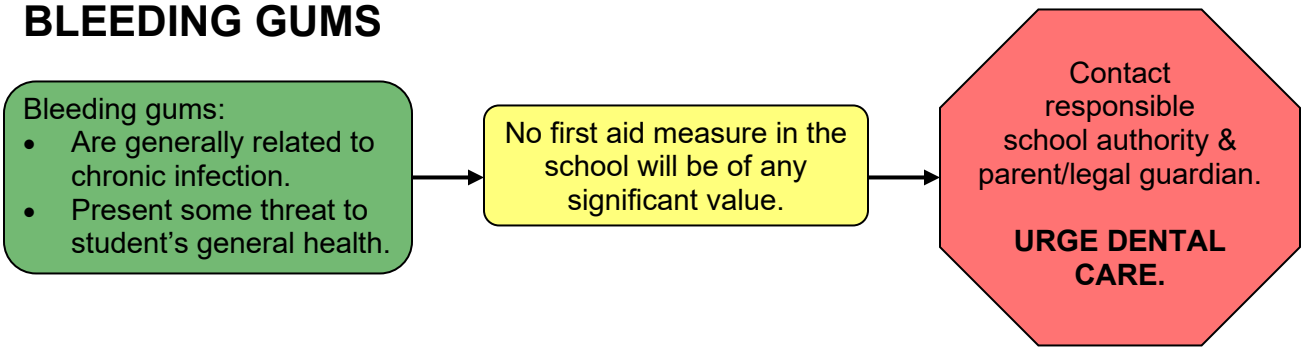

Students with a history of allergy to stings should be known to all school staff. An Allergy Action plan should be developed.
STINGS
Does student have:
Difficulty breathing?
A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
A history of allergy to stings?
NO
YES
Does student have allergy action plan?
YES
NO
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.
Refer to student's Allergy Action plan and administer medication as directed.
CALL EMS 9-1-1.
Check student's airway.
If student stops breathing, start CPR. See "CPR"
Remove stinger if present.
Wash area with soap and water.
Apply cold compress.
Contact responsible school authority, school nurse & parent or legal guardian.
See "Allergic Reaction"

STOMACH ACHES/PAIN

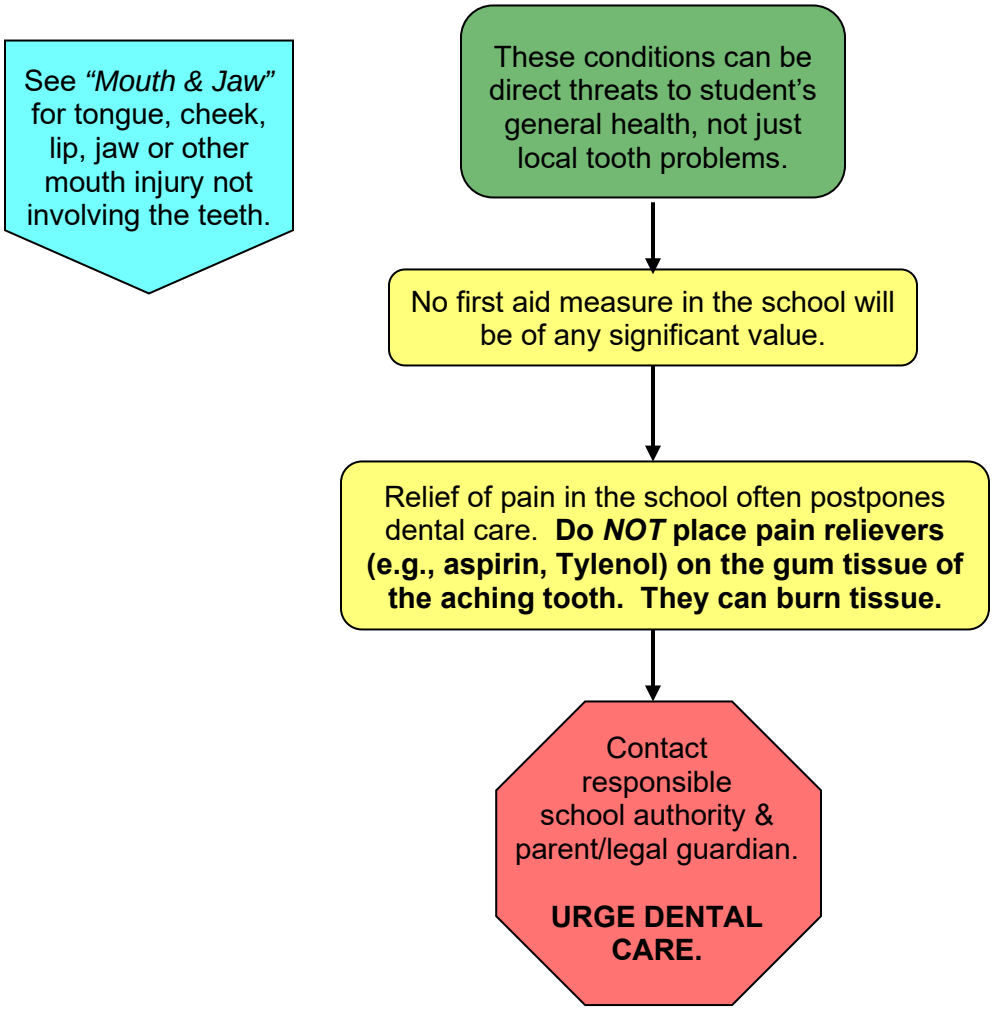


TEETH PROBLEMS

BLEEDING GUMS



TOOTHACHE OR GUM INFECTION



TEETH PROBLEMS

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.

↓

Do not replant primary (baby) teeth back in socket. (No. 1 in list.)

The following steps are listed in order of preference.

Within 15-20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze, ***or***
2. Place in glass of milk, ***or***
3. Place in normal saline, ***or***
4. Have student spit in cup and place tooth in it, ***or***
5. Place in a glass of water.

TOOTH MUST *NOT* DRY OUT.

↓

Apply a cold compress to face to minimize swelling.

→ Contact responsible school authority, school nurse & parent or legal guardian.

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

TICKS

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

Do *NOT* handle ticks with bare hands.

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

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

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

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

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

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

Contact responsible school authority, school nurse & parent/legal guardian.

UNCONSCIOUSNESS

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

Unconsciousness may have many causes including:

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

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

Did student regain consciousness immediately?

YES → See *"Fainting"*

NO

Is unconsciousness due to injury?

YES

- See *"Neck & Back Pain"* and treat as a possible neck injury.
- **Do *NOT* move student.**

NO

- Open airway with head tilt/chin lift.

Is student breathing?

YES → **CALL EMS 9-1-1.**

NO → **Begin CPR.** *See "CPR"*

CALL EMS 9-1-1.

- 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.
- Examine student from head-to-toe and give first aid for conditions as needed.

Contact responsible school authority, school nurse & 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 100.0 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 available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?

Is the student dizzy and pale?

YES → Contact responsible school authority, school nurse & parent/legal guardian.

URGE MEDICAL CARE.

NO → Contact responsible school authority & parent/legal guardian.

SCHOOL SAFETY PLANNING & EMERGENCY PREPAREDNESS

See current recommendations on the Colorado Office of School Safety School Safety Resource Center website.

GUIDELINES TO USE A TO-GO BAG

1) Developing a *To-Go Bag* provides your school staff with:
   a. Vital student 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 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* that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, OR
   b. A classroom-level *To-Go Bag* 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) We strongly encourage you to modify the content of the *To-Go Bag* to meet your specific building and student needs.

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 Colorado 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 your elbow or upper sleeve area, not your hand.
  - 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.

SCHOOLS ACTION STEPS FOR OUTBREAKS

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

PREPAREDNESS/PLANNING PHASE – BEFORE AN OUTBREAK OCCURS

1. Develop a pandemic plan for your school using CDC's Pandemic Flu Resources
2. Build a strong relationship with your state and local health department and include them in the planning process.
3. Train school staff to recognize symptoms of pandemic disease.
4. Encourage or require students and staff to stay home when they are ill, following public health guidance.
5. Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the local health department. Work with local public health to establish thresholds as they relate to absenteeism due to illness for school closures or pivot to online learning.
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 outbreaks.
9. Develop alternative learning strategies to continue education in the event of an outbreak or pandemic.
10. Consider organizing mock drills to enhance preparedness response. Develop a plan for supporting potential needs with key personnel to address and support educational planning, physical/mental health, facility management, nutritional services, and debriefing after an event occurs.

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 public 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.
5. Consider supporting available options for testing and vaccinations.
6. Implement plans for supporting educational, physical/mental health, facility management, and nutritional needs.

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.
5. Debrief with key personnel to review and evaluate the implementation and outcomes of the plans.

RECOMMEDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

Note: Also see 6 CCR 1010-6 Health Service (CDPHE's Rules and Regulations Governing Schools).

1. Current first aid, choking and CPR manual and wall chart(s) at American Heart Association or Red Cross and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin
4. Covered waste receptacle with disposable liners
5. Bandage scissors
6. Non-mercury thermometer
7. Sink with running water
8. Expendable supplies:
    - Sterile cotton-tipped applicators, individually packaged
    - Sterile adhesive compresses (1”x3”), individually packaged
    - Cotton balls
    - Sterile gauze squares (2”x2”; 3”x3”), individually packaged
    - Adhesive tape (1” width)
    - Gauze bandage (1” and 2” widths)
    - Cold packs (compresses)
    - Tongue blades
    - Triangular bandages for sling
    - Safety pins
    - Soap
    - Disposable facial tissues
    - Paper towels
    - Sanitary napkins
    - Disposable gloves (vinyl preferred)
    - Pocket mask/face shield for CPR
    - Disposable surgical masks
    - One flashlight with spare bulb and batteries
    - Appropriate cleaning solution such as an agent recommended for schools.
    - If using chlorine bleach, a *fresh solution of chlorine bleach must be mixed every 24 hours using 1 tablespoon of bleach to 1 quart of water (or ¼ cup to 1 gallon of water.* Rinse surface with clean water.

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

CRISIS TEAM MEMBERS

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

CPR/FIRST AID CERTIFIED STAFF

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

CRISIS CONTACTS

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

EMERGENCY PHONE NUMBERS

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

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

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

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

_____

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

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

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

OTHER IMPORTANT PHONE NUMBERS

+ School Nurse	_____
+ Responsible School Authority	_____
+ Poison Control Center	**1-800-222-1222**
+ Fire Department	**9-1-1 or** _____
+ Police	**9-1-1 or** _____
+ Hospital or Nearest Emergency Facility	_____
+ County Children Services Agency	_____
+ Colorado Child Abuse and Neglect Hotline	**1-844-CO-4-KIDS (1-844-264-5437)**
+ Rape Crisis Center	_____
+ Suicide Hotline	_____
+ Local Health Department	_____
+ Taxi	_____
+ Other medical services information	_____