OKLAHOMA

EMERGENCY GUIDELINES

FOR SCHOOLS

OKLAHOMA State Department of Health

OKLAHOMA Education

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About

These Emergency Guidelines are for use in Oklahoma Public Schools.

The emergency guidelines are meant to serve as basic “what to do in an emergency” information for school staff without medical/nursing 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. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.

The guidelines have been created as recommended procedures for when advanced medically trained personnel are not available on the school site. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the State of Oklahoma. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines. In a true emergency situation, use your best judgment.

Please take some time to familiarize yourself with the format and review the Emergency Guidelines before an emergency.

The Oklahoma State Department of Health and the Oklahoma State Department of Education have reproduced these guidelines with the permission of the Ohio Department of Public Safety.

Emergency Guide

How to Use

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 it in key locations.

The guide contains important emergency numbers and a place to add your local numbers. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.

The guidelines are arranged 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 Students with Special Needs, School Safety Planning, and Emergency Preparedness.

Emergency Management Plans

House Bill 1512 was passed and signed into law by Governor Henry on May 29, 2003. This law relates to emergency management and makes the following requirement of schools:
https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=435775

“School districts are authorized to plan, design, and construct new school buildings and make additions to existing school buildings that afford protection for the anticipated school body, faculty, and visitors against tornados and severe weather.”

“Each school, administration building, and institution of higher learning shall have written plans and procedures in place for protecting students, faculty, administrators, and visitors from natural and man-made disasters and emergencies. Plans shall be placed on file at each school district and each local emergency management organization within the district.”

“Each school district and institution of higher learning shall make annual reports to the local school board or Board of Regents detailing the status of emergency preparedness and identified safety needs for each school or institution.”

“Each school district of the state is authorized to participate in such federal assistance programs as may be available or may become available to assist in providing tornado and severe weather protection.”

“Man-made disaster” means a disaster caused by acts of man including, but not limited to, an act of war, terrorism, chemical spill or release, or power shortages that require assistance from outside the local “political subdivision” (any county, city, town, or municipal corporation of the state represented by an elected governing body).

This law went into effect May 29, 2003.

See resources:
https://oklahoma.gov/education/services/student-development/crisis-preparedness-and-response.html

Emergency Management Plan Development Guidelines

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

- Staff roles are clearly defined in writing. For example, staff responsibility for giving care, accessing EMS and/or law enforcement, student evacuation, notifying responsible school authority and parents, and supervising and accounting for uninjured students are outlined and practiced. A responsible authority for emergency situations is designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.
- Appropriate staff, in addition to the school nurse or coach, are trained in CPR and first aid in each building. For example, teachers and employees working in high-risk areas (e.g., labs, gyms, shops, etc.) are trained in CPR and first aid. At a minimum one certified staff member and one non-certified staff member in each building is required to be CPR/AED/First Aid trained.
- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency healthcare plans for students with special needs should be available, as well as distributed to appropriate staff.
- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extracurricular activities. See “First Aid Equipment & Supplies-Recommended.”
- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, and any other situations identified locally. Schools have prepared evacuation To-Go Bags containing class rosters and other evacuation information and supplies. These bags are kept up to date.
- Emergency numbers are available and posted by all phones. Employees are familiar with emergency numbers. See “Emergency Phone Numbers.”
- School personnel have communicated with local EMS regarding the emergency plan, services available, students with special healthcare needs and other important information about the school.
- A written policy exists that describes procedures for accessing EMS without delay at all times and from all locations (e.g., playgrounds, athletic fields, field trips, extra-curricular activities, etc.).
- Transportation of an injured or ill student is clearly stated in written policy.
- Instructions for addressing students with special needs are included in the school safety plan. See “Planning for Students with Special Needs.”

Crisis Management Kit Checklist

The following items are listed as basic for creating and maintaining a Crisis Management Kit for each site. The list includes specific items that may save time in implementing a school plan to manage emergencies. Additional items may be needed depending on the individual needs of each school.

Map

School map, building layout, floor plans, or aerial maps with locations of:

- ☐ Exits
- ☐ First aid, CPR, and/or EMT training identified
- ☐ First aid kit locations, closets, HVAC shutoff, and utilities shutoff
- ☐ Current yearbook, class photos, student identification
- ☐ Map of evacuation route(s) to pre-assigned buildings and locations
- ☐ Bus routes and rosters

Phone Lists

Community Emergency Numbers

- ☐ General emergency number
- ☐ Ambulance
- ☐ Poison Control Center
- ☐ Local Hospital
- ☐ Police Department/Sheriff/State Police/Highway Patrol
- ☐ Fire Department
- ☐ School directory
- ☐ City/County Emergency Management Office
- ☐ Student teachers, support staff home/cell phone numbers

School Numbers

- ☐ Extension numbers for school security, school health nurse, guidance services, and district office
- ☐ Fax phone number(s) at school site and district offices

Other Resource Numbers

- ☐ Home/business numbers of school volunteers, local clergy, and other resources previously identified
- ☐ Student roster including phone numbers of parents and guardians
- ☐ Master schedule

Equipment

Crisis response equipment. Make a list and location of items such as:

- ☐ Two-way radios or cell phones
- ☐ Laptop computers
- ☐ Fully charged bullhorn
- ☐ Flashlights
- ☐ Whistles
- ☐ AM/FM Radio – Battery Powered

Tools

- ☐ Hammer, crowbar, pliers, screwdrivers
- ☐ If possible, laptop computer, printer, and access to a copier for immediate use
- ☐ Spare flashlight batteries and bulbs

Supplies

- ☐ Sign-in sheets for Crisis Response Team Members
- ☐ 10 legal pads or notebooks
- ☐ 10 ballpoint pens
- ☐ 10 felt-tip markers
- ☐ 1,000 plain white peel-off stickers to be used to identify injured students and adults First aid supplies
- ☐ Masking tape
- ☐ Blankets
- ☐ Caution tape or police boundary tape
- ☐ Bottled water
- ☐ Placards labeled: PARENTS, COUNSELORS, MEDIA, CLERGY, VOLUNTEERS, and KEEP OUT

Emergency Phone Numbers

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

Emergency Medical Services (EMS) Information

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

EMERGENCY PHONE NUMBER: 9-1-1 or

Name of EMS agency:

Their average emergency response time to your school:

Directions to your school:

Location of the school's AED(s):

Be Prepared To Give The Following Information And Do NOT Hang Up Before The Emergency Dispatcher Hangs Up

Name and school name:

School telephone number:

Address and easy directions:

Nature of emergency:

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

Help already given:

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

Other Important Phone Numbers

School Nurse:

Responsible School Authority:

Poison Control Center: 1-800-222-1222

Fire Department: 9-1-1 or

Police: 9-1-1 or

Hospital or Nearest Emergency Facility:

County Children Services Agency:

Rape Crisis Center: 1-800-656-HOPE

Suicide & Crisis Hotline: 988

Other Medical Services Information:

First Aid Equipment and Supplies

Recommended

- ☐ Current first aid, choking and CPR manual and wall chart(s)
- ☐ First Aid, Choking, CPR Chart to hang in prominent areas such as the cafeteria and gymnasium.
- ☐ Cot: mattress with waterproof cover (disposable paper covers and pillowcases)
- ☐ Small portable basin
- ☐ Covered waste receptacle with disposable liners
- ☐ Bandage scissors & tweezers
- ☐ Non-mercury thermometer
- ☐ Sink with running water
- ☐ One flashlight with spare bulb and batteries
- ☐ Tooth preserving system
- ☐ 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.
- ☐ Expendable supplies:
  - ☐ Sterile cotton-tipped applicators, individually packaged
  - ☐ Sterile adhesive compresses (1”x 3”), individually packaged
  - ☐ Cotton balls
  - ☐ Sterile gauze squares (2”x 2”; 3”x3”), individually packaged
  - ☐ Adhesive tape (1” width)
  - ☐ Gauze bandage (1” and 2” widths)
  - ☐ Splints (long and short)
  - ☐ Cold packs (compresses)
  - ☐ Tongue blades
  - ☐ Triangular bandages for sling
  - ☐ 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
  - ☐ Narcan
  - ☐ Eye Wash or Access to Eye Wash Station

Pandemic Flu Planning for Schools

Flu Terms Defined	Influenza Symptoms
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 human. There is no human immunity and non-vaccine is available. **Pandemic flu** is 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.	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 ache Influenza is a respiratory disease *Source: Centers for Disease Control and Prevention (CDC)*

Infection Control Guidelines For Schools

1. Recognize the symptoms of flu:
    a. Fever
    b. Cough
    c. Headache
    d. Body ache
2. Stay home if you are ill
3. Cover your cough:
    a. Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
    b. If tissues are not available, cough into your elbow or upper sleeve area, not your hand.
    c. Wash your hands after you cough or sneeze.
4. Wash your hands:
    a. Using soap and water after coughing, sneezing or blowing your nose.
    b. Using alcohol-based hand sanitizers if soap and water are not available.
5. Have regular inspections of the school hand washing facilities to ensure that soap and paper towels are available.
6. Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms.
7. 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).

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. State Epi On-Call number is **405-426-8710** for questions regarding communicable diseases and procedures.

Preparedness/Planning Phase - Before An Outbreak Occurs

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

Response - During An Outbreak

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

Recovery - Following An Outbreak

- Continue to communicate with the local health department regarding the status of disease in the community and the school.
- Communicate with parents regarding the status of the education process.
- Continue to monitor disease surveillance and report disease trends to the health department.
- 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.

School Safety Checklist

May be completed by a school administrator and shared with Safe School Committee.

The Existence Of A Comprehensive Safety Plan

An emergency preparedness plan has been developed to address the following emergencies:

	YES	NO	N/A
Fire			
Tornado			
Hurricane			
Bomb Threat/Explosion			
School Bus Accident			
Intruder			
Earthquake			

Threats to the school (i.e., potential for nuclear accident, hazardous chemical release, and train derailment) have been identified and the emergency preparedness plan addresses them.

	YES	NO	N/A

Procedures for Handling Visitors

	YES	NO	N/A
Visitors are required to report to the office.			
A school policy for interception and response to unauthorized persons on campus is established.			
Signs concerning visitor policy and trespassing are properly displayed at entrances to the campus and buildings.			

Communication of Discipline Policies and Procedures

	YES	NO	N/A
There is a policy for dealing with violence and vandalism in your school.			
There is an incident reporting system available to all students and staff.			
There is in-service training for teachers and staff in the areas of violence, vandalism, and reporting policies and procedures.			
Students are made aware of behavioral expectations and school discipline procedures.			
Parents are made aware of and acknowledge student behavioral expectations and school discipline procedures.			

Interagency and Intra-agency Emergency Planning

	YES	NO	N/A
School emergency plans are coordinated with district emergency plans.			
School emergency plans have been developed in cooperation with law enforcement and other emergency response agencies.			
Security and local police have vehicle access to the campus to assist during emergencies.			
Local police are familiar enough with the campus to assist during emergencies.			
There is an up-to-date inventory of equipment and valuable property. At least one copy is kept off school grounds.			
School files and records are kept in a fireproof safe or storage area.			

Recording of Disruptive Incident

	YES	NO	N/A
Violations of state and federal law that occur on school grounds are reported immediately by school officials to the appropriate law enforcement agencies.			
An incident reporting procedure has been established for all disruptive incidents which take place on school property.			
A database is developed from disruptive incident reports, and it is analyzed to identify recurring school safety problems.			

Training of Staff and Students

	YES	NO	N/A
Training sessions and drills are conducted on a regular basis to test the effectiveness and efficiency of safety plans and procedures.			
Parents, students, teachers, and administrators are involved in reviewing school policies and prevention strategies involved in school safety.			
Staff training is provided in weapons detection and reporting, and in responding to confrontations when weapons are involved.			
Staff training is provided to clarify expectations for reporting and responding to student violence and includes laws that pertain to teachers and students.			
Some staff members are trained in first aid and cardiopulmonary resuscitation (CPR)			
Staff members are trained by law enforcement or other knowledgeable persons in the interception of and response to intruders.			

Assignment of Personnel in Emergencies

	YES	NO	N/A
An emergency team has been organized to carry out emergency plans and, if necessary, coordinate post emergency activities with an external crisis intervention team.			
Staff members have been assigned responsibilities to implement all parts of emergency plans.			
An individual is designated to be responsible for overall security operations.			

Emergency Communication and Management Procedures

	YES	NO	N/A
The school has emergency phone capability.			
A procedure has been developed to notify bus drivers when emergency evacuation of buildings and grounds is necessary.			
In the event of power failure, alarm systems and phones are operative.			
A communication capability between the office and all teaching stations exists.			

Assessment of Building and Grounds

	YES	NO	N/A
External doors are kept locked to outside admittance where feasible during school hours.			
The capability exists to notify all teachers to lock classrooms in an emergency.			
School grounds are properly lit for night activities.			
The capability exists to monitor the main entrance.			
Break-resistant glass is used when possible, and lights are equipped with break-resistant lenses, especially in high-risk areas.			
Entrance doors have see-through safety glass.			
Locks on exterior doors cannot be reached if glass is broken.			
Exterior doors are solid-core style.			
All areas within the building are adequately lighted.			
Student locker areas can be monitored by school staff.			
School official locks empty student lockers with color-coded locks.			
Handrails are provided on stairways.			
Steps are covered with nonslip material.			
Access to electrical panels in all areas is restricted.			
Mechanical rooms and other hazardous material storage areas are kept locked.			
Shrubbery and trees permit good visual surveillance of all parts of the school campus.			
If feasible and potentially effective, the perimeter of the school, including field areas, is fenced, and secure gates are installed.			
School building areas are fenced separately from playground.			
Visitor parking is clearly marked in a high-visibility location as close to the main office as feasible.			
A high visibility area is designated as the pick-up/drop-off point for students and staff.			
Access to bus-loading areas by other vehicles is restricted as feasible.			
Parking areas can be monitored by school staff.			
Entrances and exits to parking areas are restricted.			
Barriers exist to prevent unauthorized vehicles access to the campus.			
Bicycles are stored in secure areas during school hours.			

	YES	NO	N/A
All door and window locks are regularly checked, and ground floor windows have extra security precautions.			
Buildings have internal security fire alarms and automatic fire control sprinklers.			
Fire prevention personnel have recently inspected facilities and have made prevention suggestions.			
Buildings have burglar alarms, and the alarm system is regularly maintained.			
Local police, security, and fire departments are alerted by the alarm system.			
Roofs are accessible only by a ladder and are fire-retardant.			
Parking areas can be monitored by school staff.			

Transportation Rules and Accident Procedures

	YES	NO	N/A
School bus safety rules have been developed and distributed to all students.			
Parents have been informed in writing of school bus safety rules.			
All students participate in school bus emergency evacuation drills twice yearly.			
Safety training is provided for all school bus drivers.			
Drivers are trained on school bus emergency evacuation drills twice yearly.			
Accident procedures have been developed and communicated to bus drivers.			
Passenger lists for all bus routes are maintained at the school site and are updated as changes occur.			
Route descriptions for field trips are filled in the school office before trips begin.			
Passenger lists are developed and filed in the school office for each vehicle going on a field trip.			
All students and staff participating in a field trip carry identification.			
Students with medical problems have identification of these problems on them when participating in field trips, or adult supervisors have a written list of medical problems.			

Shelter In Place Procedures

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

- Identify safe areas in each building.
- Administrators instruct students and staff to assemble in safe areas.
- Bring all persons inside the building.
- Staff will take the evacuation To-Go Bag containing emergency information and supplies.
- Close all exterior doors and windows, if appropriate.
- Turn off ventilation leading outdoors, if appropriate.
- Staff should account for all students after arriving in designated area.
- All persons must remain in designated areas until notified by administrator or emergency responders.

Evacuation - Relocation Centers

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

Evacuation

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

Staff

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

Relocation Centers

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

Primary Relocation Center _____

Address _____

Phone _____

Other Information _____

Secondary Relocation Center _____

Address _____

Phone _____

Other Information _____

_____

_____

_____

_____

_____

_____

_____

To-Go Bag Guidelines

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

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
- ☐ Recording 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 contact
- ☐ Current yearbook with pictures
- ☐ Staff roster including emergency contacts
- ☐ Lists of district personnel's phone and fax
- ☐ Other: _____
- ☐ Other: _____

Supplies

- ☐ Flashlight
- ☐ First aid kit with extra gloves
- ☐ CPR disposable mask
- ☐ Battery-powered radio
- ☐ Two-way radios and/or cellular phones available
- ☐ Whistle
- ☐ Extra batteries for radio and flashlight
- ☐ Peel-off stickers and markers for name tags
- ☐ Paper and pen for note taking
- ☐ Individual emergency medications/health equipment that would need to be removed from the building during an evacuation. (Please discuss and plan for these needs with your school nurse.)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Person(s) responsible for routine toolbox updates: _____
- ☐ Person(s) responsible for bag delivery in emergency: _____

This information is provided by the Oklahoma State Department of Health, Child & Adolescent Health Services Program. We strongly encourage you to customize this form to meet the specific needs of your school and community.

Hazardous Materials Incident Management

Incident Occurs In School

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

Incident Occurs Near School

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

Consider extra staffing for students with special medical and/or physical needs.

Hazardous Materials Inventory

Conduct inventories of your cleaning chemicals and chemicals stored for biology and chemistry labs on an annual basis. Possible hazardous materials should be kept under lock and key and monitored. If a crisis occurs, this form should be made available to law enforcement, fire department officials, and emergency medical responders.

Chemical	Location	Who Has Access	Date

Storage and Training Regarding Possible Hazardous Materials at School

Oklahoma's Right to Know Hazard Communication Act

In Oklahoma, a written training program on handling hazardous materials is required and training must be provided annually. For more information, contact information is below.

Oklahoma State Department of Labor - Public Employee Health and Safety Division

409 NE 28t St., 3rd Floor
Oklahoma City, OK 73105

Email: labor.info@labor.ok.gov
(405) 521-6100 | Toll-free: (888) 269-5353

Material Safety Data Sheets (MSDS)

Minimum standards for MSDS include:

- Chemical name
- Hazardous components
- Physical characteristics
- Physical hazards
- Health hazards; Carcinogens must be identified
- Primary routes or entry
- Permissible exposure limits
- Any applicable precautions (gloves, goggles, etc.)
- First aid and emergency procedures (chemical splash, spill handling, etc.) Date prepared
- Name and address of the manufacturer or MSDS preparer including phone number

An up-to-date inventory and a list of all hazardous chemicals must be assembled. An inventory consists of the name of the chemical, the quantity, and storage location.

Laws require the employer to notify the employee of any potential exposure or actual exposure to a hazardous substance.

For more information on the Chemical Hygiene Plan, please visit: https://www.osha.gov/sites/default/files/publications/OSHAfactsheet-laboratory-safety-chemical-hygiene-plan.pdf

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 all blood and certain other 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:
    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 their hands thoroughly after coming in contact with their own blood or body fluids.
- Remind students to avoid contact with another person's blood or body fluids.

Emergency Medical Services (EMS) 9-1-1
When to Call

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.

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

Emergency Procedures for Injury or Illness

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, or violence.
2. 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. Do NOT provide food or water in case surgery is required.
7. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
8. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
9. A responsible individual should stay with the injured student.
10. Fill out a report for all injuries requiring above procedures as required by local school policy.

Post-Crisis Intervention Following Serious Injury Or Death

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

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 emergency care plans for these students when they are enrolled. These emergency care plans should be made available to appropriate staff at all times.

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

The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children (EIF) with Special Needs, that is included on the next pages. It can also be downloaded from https://www.acep.org/by-medical-focus/pediatrics/medical-forms/emergency-information-form-for-children-with-special-health-care-needs.

This form provides standardized information that can be used to prepare the caregivers and healthcare system for emergencies of children with special healthcare needs. EIF will ensure a child's complicated medical history is concisely summarized and available when needed most - when the child has an emergency health problem when neither parent nor physician is immediately available.

Physical Abilities

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

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

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

Communication Challenges

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

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

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

Emergency Information Form for Children with Special Needs

Last name:

American College of Emergency Physicians®

American Academy of Pediatrics

Date form completed	Revised	Initials
By Whom	Revised	Initials

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

Physicians:

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

Diagnoses/Past Procedures/Physical Exam:

1.

2.

3.

4.

Synopsis:

Baseline physical findings:

Baseline vital signs:

Baseline neurological status:

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

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

Management Data:

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

Immunizations (mm/yy)

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

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations

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

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

Airway Obstruction

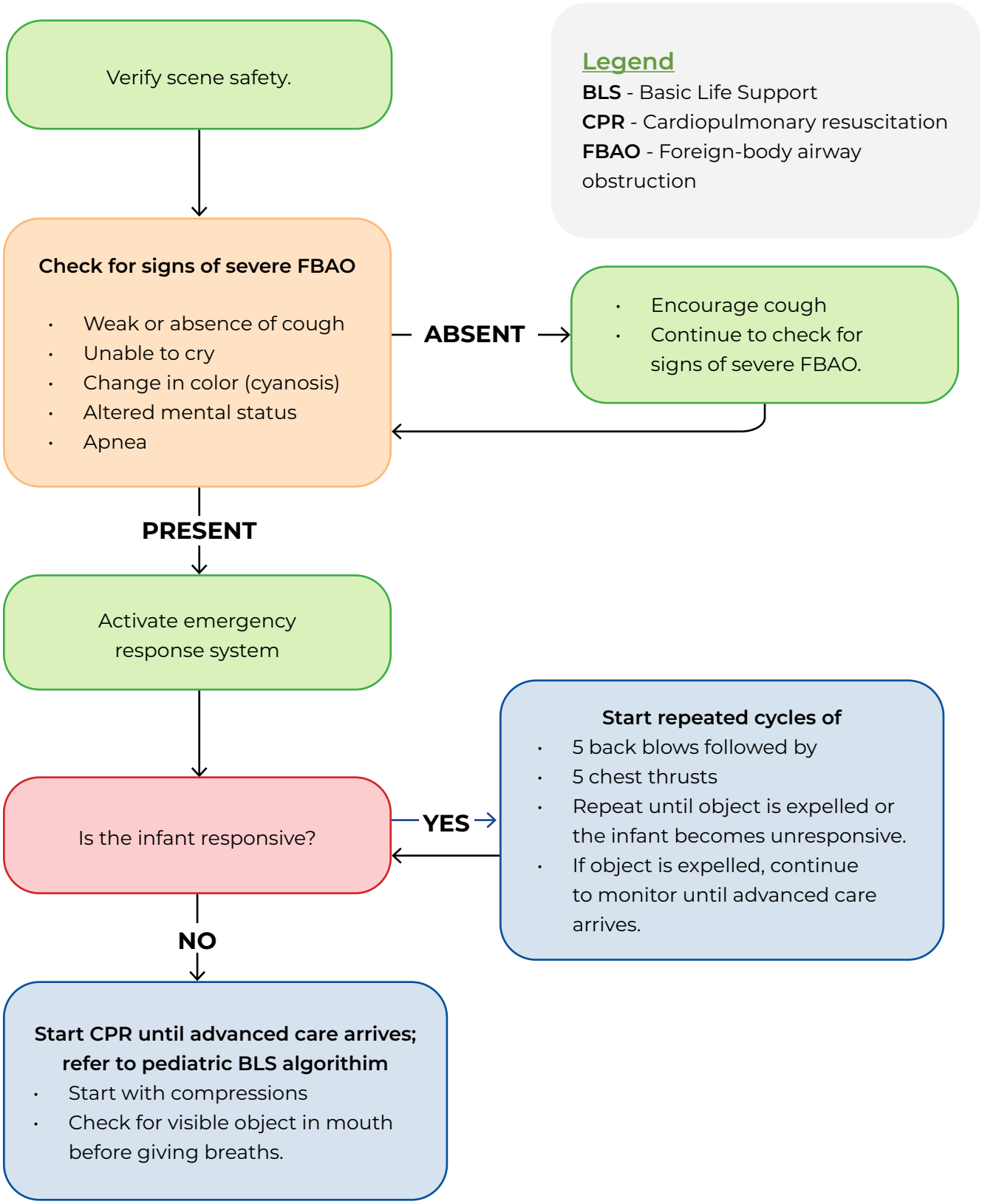
Call EMS 9-1-1 after starting rescue efforts.

Significant New and Update Recommendations

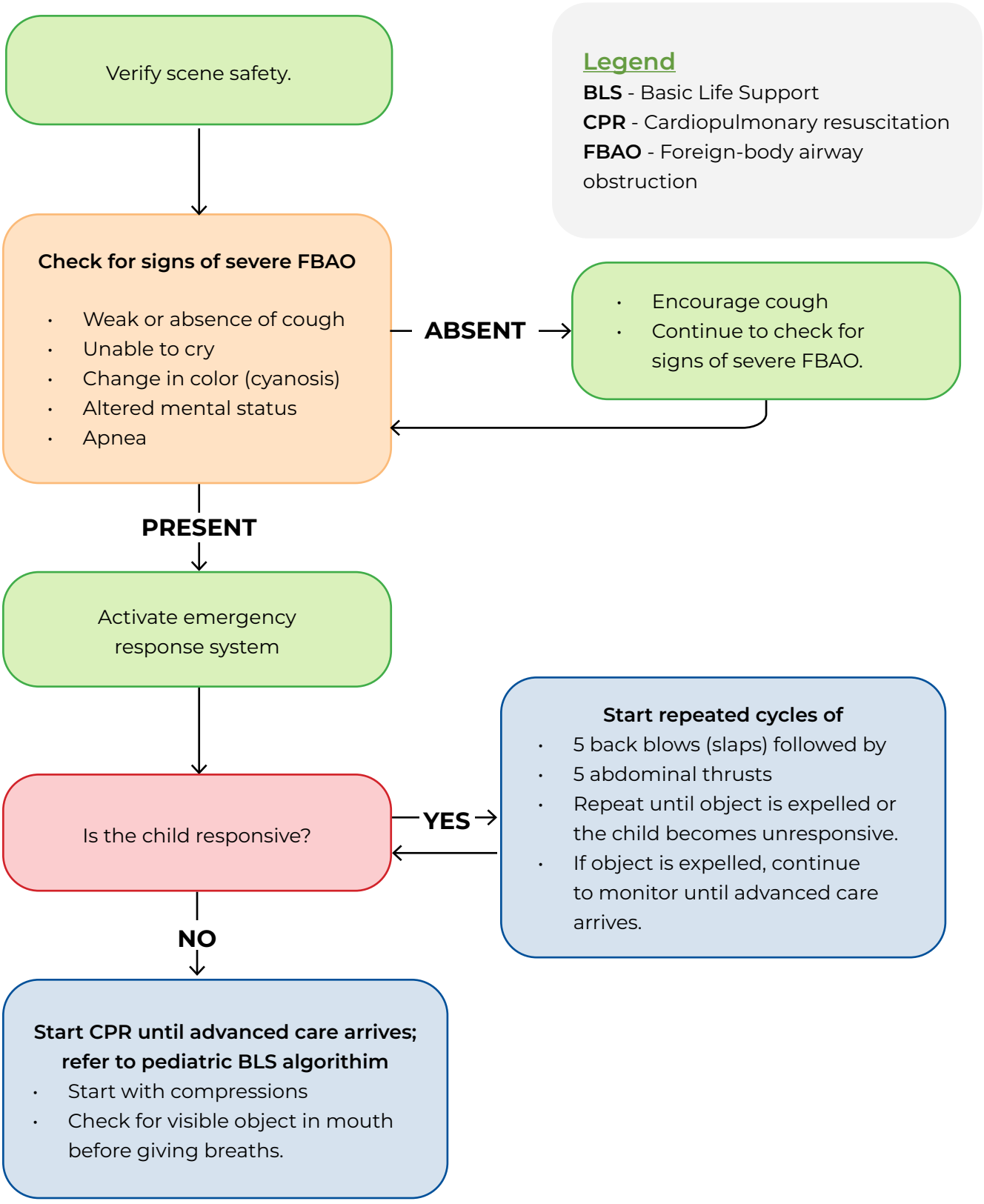
Foreign Body Airway Obstruction
Based on additional evidence of effectiveness and safety, the use of back blows is now recommended as the initial step for conscious adults with FBAO, followed by abdominal thrusts (COR 1, LOE B-NR). As in 2020, once the person becomes unresponsive, the recommendation is to initiate CPR (COR 1, LOE C-LD), with inspection of the mouth for the presence of a foreign body prior to delivery of breaths (COR 1, LOE C-EO). A new algorithm for treatment of FBAO for adults is included.

BLS - Basic Life Support
CPR - Cardiopulmonary resuscitation
FBAO - Foreign-body airway obstruction

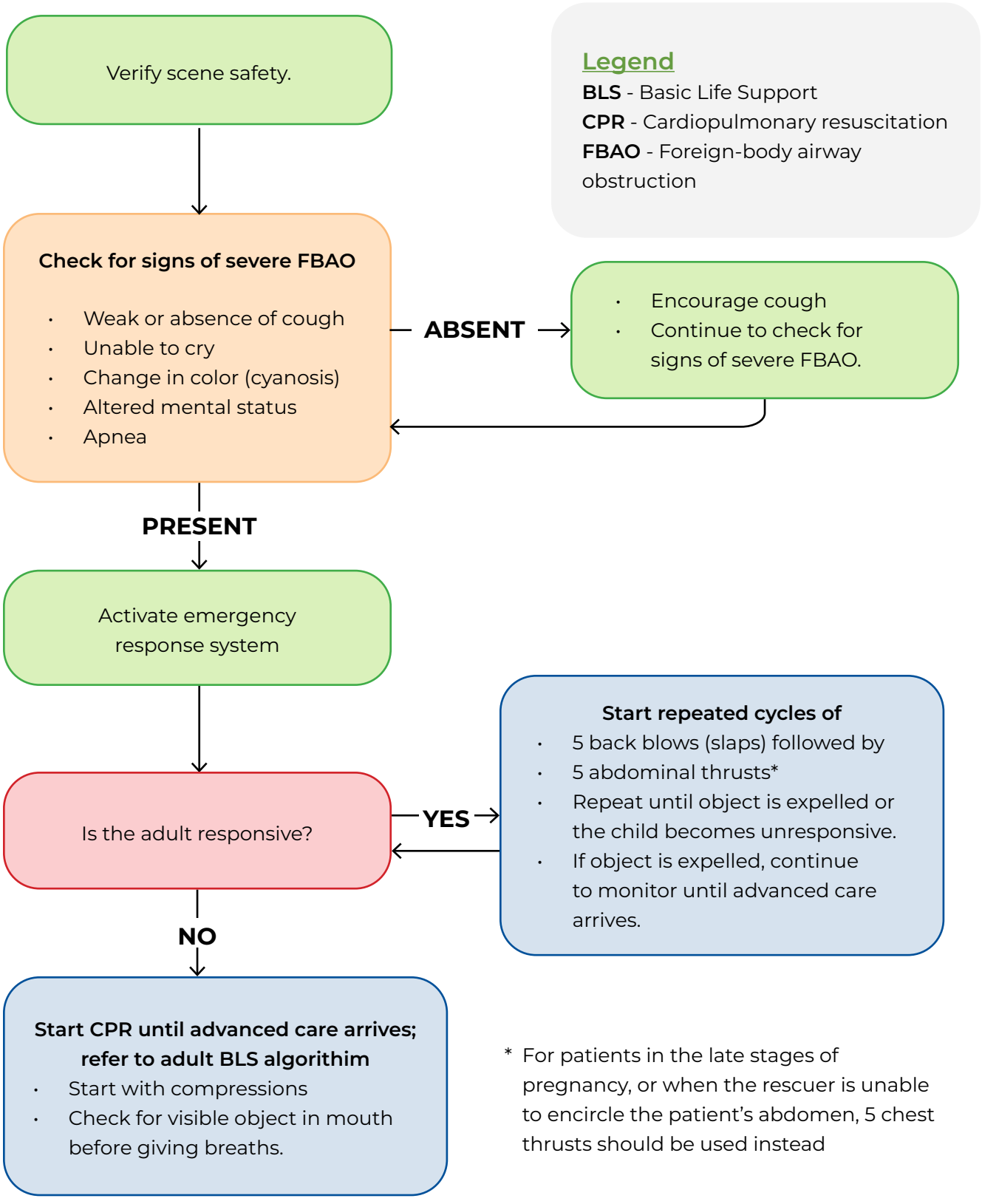
Foreign-Body Airway Obstruction (FBAO) - Infant



Foreign-Body Airway Obstruction (FBAO) - Child



Foreign-Body Airway Obstruction (FBAO) - Adult



* For patients in the late stages of pregnancy, or when the rescuer is unable to encircle the patient's abdomen, 5 chest thrusts should be used instead

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 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. 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.**

Please become familiar with your school's particular AED brand.

For pediatric BLS, guidelines apply as follows:

- Infant guidelines apply to infants younger than approximately 1 year of age (excluding newborn infants).
- Child guidelines apply to children approximately 1 year of age until puberty. For teaching purposes, puberty is defined as breast development in females and the presence of axillary hair in males.
- For those with signs of puberty and beyond, adult BLS guidelines should be followed.

Oklahoma Statutes

Title 70. Schools
§70-1210.200. Short title - Availability of automated external defibrillators in schools.
https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=476659

References

- American Heart Association (2025). CPR and AED Guidelines.
- American Red Cross (2025). CPR/AED for Professional Rescuers and Healthcare Providers.

**American Heart Association Guidelines for AED/CPR Integration, 2025*

How to Use an AED

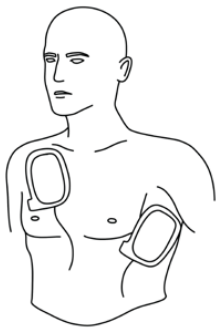
AUTOMATED EXTERNAL DEFIBRILLATOR

EASY TO-FOLLOW 1-2-3 STEP INSTRUCTIONS

1 TURN AED ON

Press the large power button and follow the instructions given by the voice prompt

2 PLACE PADS



Apply defibrillator pads to the right upper chest and lower left side of the victim

3 PRESS SHOCK BUTTON

If the voice prompt instructs, press the shock button to administer a defibrillation shock

SUDDEN CARDIAC ARREST - CHAIN OF SURVIVAL

IN AN EMERGENCY CALL 911

cpr-savers.com 1-800-480-1277

CPR Savers & FIRST AID SUPPLY®

Allergic Reaction

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

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.

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

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

YES

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

Does student have an emergency care plan available?

NO

Follow school policies for students with severe allergic reactions. Continue CPR if needed.

YES

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

NO

Symptoms of mild allergic reaction which may 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 two hours.

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

CALL EMS 9-1-1

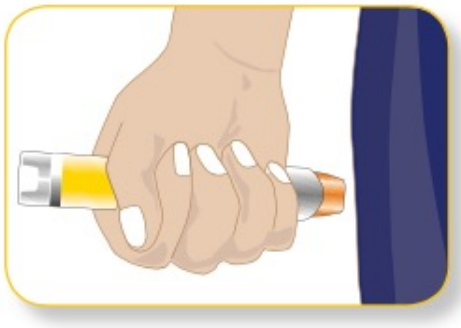
Contact responsible school authority and parent or legal guardian.

How to Use an Epipen

1 Form fist around **EpiPen®** and **PULL OFF BLUE SAFETY CAP.**

2 **POSITION ORANGE END** about 10cm away from outer mid-thigh*.

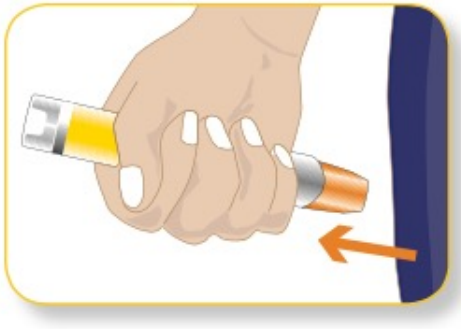
* Either clothed, or unclothed, avoiding seams and pocket areas.



3 **SWING AND JAB ORANGE TIP** into thigh at 90˚ angle and hold in place for 10 seconds.

4 **REMOVE EpiPen®** Massage injection site for 10 seconds*.

*After use the orange needle cover automatically extends to cover the injection needle.

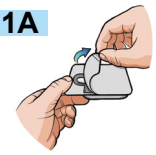


How to Use an Epi Neffy

Please become familiar with your students' type/brand of epinephrine to properly administer.

How to use the neffy nasal spray device

1A



Remove neffy from packaging (see Figure 1A).

Pull open the packaging to remove the neffy nasal spray device.

1B

Hold device as shown (see Figure 1B).

Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle.

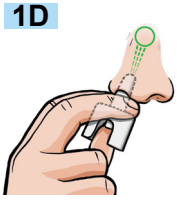
- **Do not pull or push on the plunger.**
- **Do not test or prime (pre-spray). Each device has only 1 spray.**

1C

Insert the nozzle into a nostril until your fingers touch your nose (see Figure 1C).

Keep the nozzle straight into the nose pointed toward your forehead.
Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.

1D

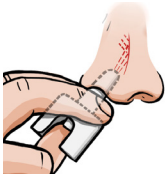


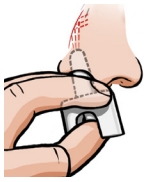
Press plunger up firmly until it snaps up and sprays liquid into the nostril (see Figure 1D).

Avoid sniffing during or after receiving a dose of neffy. If you do sniff by accident, or any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms.

Do not angle nozzle

Do not point (angle) the nozzle to the septum wall or outer wall of the nose.



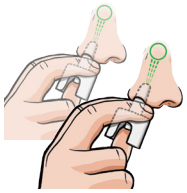


Get emergency medical help if needed

Get emergency medical help for further treatment of the allergic emergency (anaphylaxis), if needed, after using neffy. Tell them that a neffy nasal spray has been used.

Before you receive neffy, your healthcare provider should talk to you about when to get emergency medical help.

After 5 minutes, repeat dose if needed

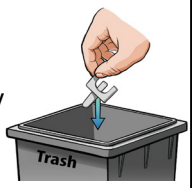


Check for symptoms after the first dose of neffy.

If symptoms get worse or come back, give a second dose of neffy in the **same nostril** starting 5 minutes after the first dose.

Throwing away the used neffy nasal spray device:

- Throw away (dispose of) the used neffy nasal spray device in household trash.
- Do not recycle.



How should I store the neffy nasal spray device?

- Store neffy nasal spray in the blister pack or neffy carry case until ready to use. Neffy carry case is included in the carton.
- Store neffy at room temperature between 68°F to 77°F (20°C to 25°C).
- **Do not** intentionally freeze to below 5ºF (-15ºC). If neffy is accidentally frozen the device will not spray. Neffy may still be used if it has been thawed after being previously frozen.
- Exposure of neffy to high temperatures up to 122ºF (50ºC) is allowed for a few days.

Additional Information: For more information about neffy, call ARS at 1-877-MY-NEFFY (877-696-3339) or visit www.neffy.com for the most current labeling and instructional videos.

ARS Pharmaceuticals Operations, Inc.
11682 El Camino Real, San Diego, CA 92130

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Revised: 03/2026

https://neffypro.com/resources/
https://www.ars-pharma.com/wp-content/uploads/pdf/Instructions_For_Use.pdf

Emmerson Kate Cole Law: https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=436413

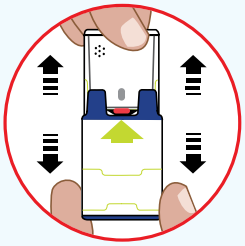
How to Use AuviQ

https://www.auvi-q.com/pdf/ifu-poster.pdf

Auvi-Q®
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

1 Pull AUVI-Q up from the outer case.

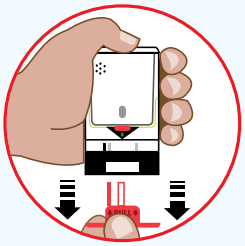
Do not go to Step 2 until you are ready to use AUVI-Q. If you are not ready to use AUVI-Q, put it back in the outer case.



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

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

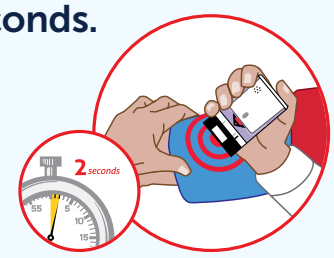
Note: The red safety guard is made to fit tight. Pull firmly to remove.



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

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

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



4 Get medical care for further treatment of the allergic emergency if needed after using AUVI-Q.

Scan to watch how to administer AUVI-Q

Watch in English

Watch in Spanish

How to Use AuviQ (continued)

What is AUVI-Q?

AUVI-Q® (epinephrine injection) is a prescription medicine used to treat life-threatening allergic reactions including anaphylaxis in adults and children who weigh 16.5 pounds or more who are at risk for or have a history of serious allergic reactions. AUVI-Q is for immediate self (or caregiver) administration.

Important Safety Information

What is the most important information I should know about AUVI-Q?

• Always carry two AUVI-Q devices with you because you may not know when a life-threatening allergic reaction may happen. If a second dose of AUVI-Q is needed, it should be given starting 5 minutes after the first. If you need more than 2 doses of epinephrine for a single anaphylaxis episode, more doses must be given by a healthcare provider.

• Talk to your healthcare provider about when it is necessary to get medical care for further treatment of the allergic emergency after using AUVI-Q.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have more or longer lasting side effects when you use AUVI-Q.

Before using AUVI-Q, tell your healthcare provider about all of your medical conditions, especially if you have heart problems, high blood pressure, diabetes, thyroid problems, kidney problems, history of depression, Parkinson's disease, or are pregnant (or plan to become pregnant), are breastfeeding (or plan to breastfeed).

Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. AUVI-Q and other medicines may affect each other, causing side effects.

AUVI-Q may cause serious side effects.

AUVI-Q should only be injected into your outer thigh, through your clothing if necessary. Do not inject AUVI-Q into your veins, buttocks, fingers, toes, hands, or feet. If this occurs, go to the nearest hospital emergency room right away and inform the healthcare provider of the location of the accidental injection.

Rarely, people who use AUVI-Q may get infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have any of the following at an injection site: redness that does not go away, swelling, tenderness, the area feels warm to the touch.

If you inject a young child or infant with AUVI-Q, hold their leg firmly in place before and during the injection to prevent injuries. Ask your healthcare provider to show you how to properly hold the leg during an injection.

Common side effects of AUVI-Q include: fast, irregular, or 'pounding' heartbeat, sweating, shakiness, headache, paleness, feelings of over excitement, nervousness, or anxiety, weakness, dizziness, nausea and vomiting, breathing problems. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all of the possible side effects of AUVI-Q.

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

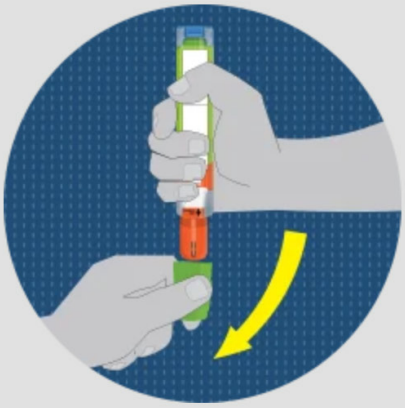
You are encouraged to report side effects to kaleo, Inc. at 1-877-302-8847 or to the FDA at **www.fda.gov/medwatch or 1-800-FDA-1088**.

How to Use TEVA

The blue safety release helps prevent accidental injection of the device. Do not remove the blue safety release until you are ready to use it.

1. Prepare the injection

- Quickly twist off the yellow or green cap in the direction of the "twist arrow" to remove it
- **Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release**



Only inject into the middle of the outer thigh (upper leg). Never inject into any other part of the body. The auto-injector is designed to work through clothing.

2. Administer the injection

If you are administering epinephrine injection to a young child, hold their leg firmly in place

- Place the orange tip against the middle of the outer thigh (upper leg) at a right angle to the thigh. **Swing and push the auto-injector firmly** until it 'clicks'. The click signals that the injection has started
- **Hold firmly in place for 3 seconds (count slowly 1, 2, 3). The injection is now complete**
- **Remove the auto-injector from the thigh.** The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it
- Massage the injection area for 10 seconds

SWING AND PUSH

HOLD FIRMLY

REMOVE AUTO-INJECTOR & MASSAGE AREA

Caution: Never put your thumb, fingers, or hand over the orange tip. Never press or push the orange tip with your thumb, fingers, or hand. The needle comes out of the orange tip.

Accidental injection into fingers, hands or feet may cause a loss of blood flow to those areas. If this happens, go immediately to the nearest emergency room. Tell the healthcare provider where on your body you received the accidental injection.

How to Use an TEVA (continued)

3. Get emergency medical help now

- You may need further medical attention. You may need to use a second epinephrine injection if symptoms continue or recur. Take your used auto-injector with you when you go to see a healthcare provider
- Tell the healthcare provider that you have received an injection and where it was injected
- Give the used epinephrine auto-injector to the healthcare provider for inspection and proper disposal, and ask for a refill if needed

Rarely, people who have used epinephrine may develop infections at the injection site within a few days of the injection. Some of these infections can be serious. Call your healthcare provider right away if you have redness that does not go away, swelling, tenderness, or area is warm to the touch.

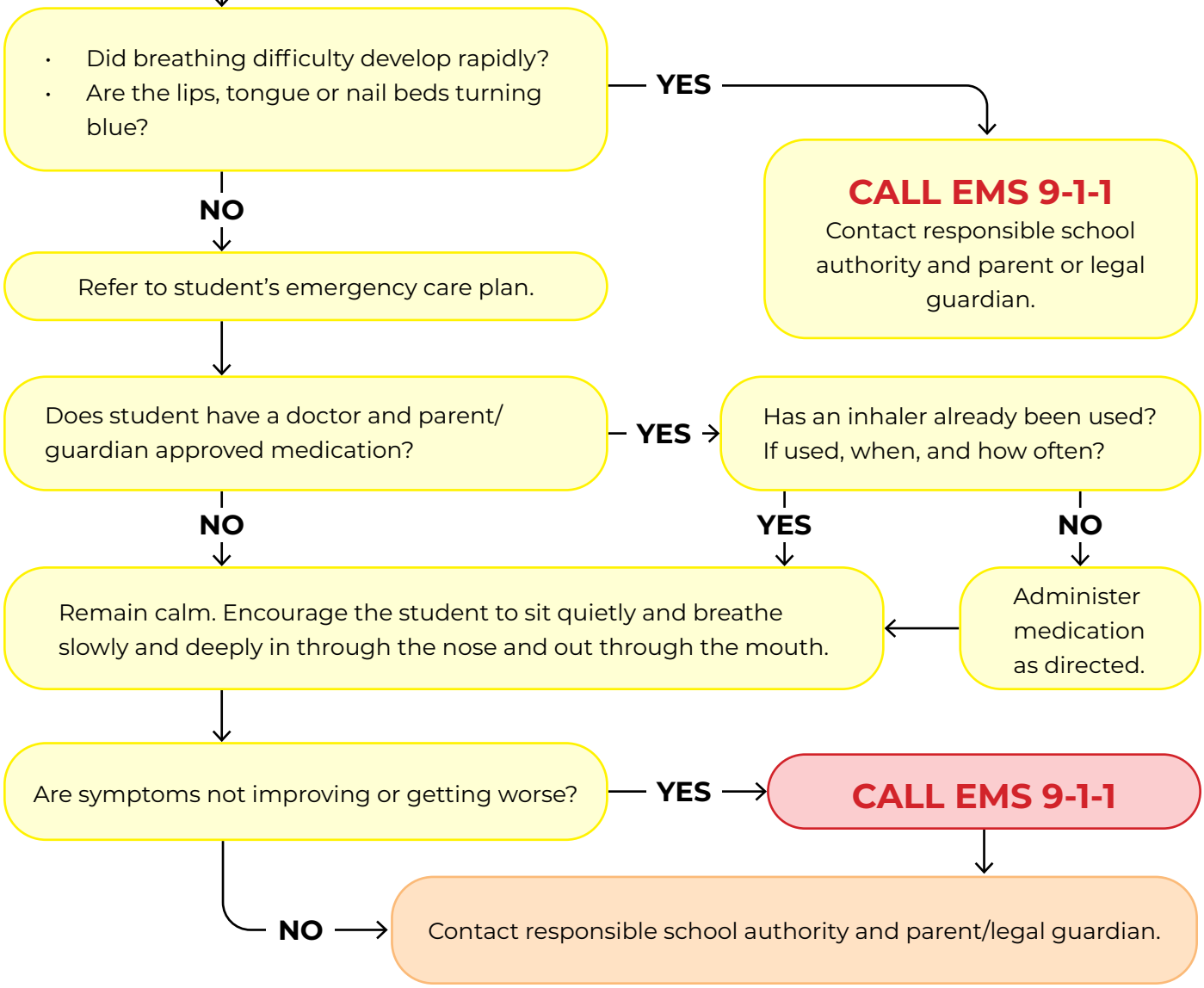
https://www.tevaepinephrine.com/howtouse

Asthma - Wheezing - Difficulty Breathing

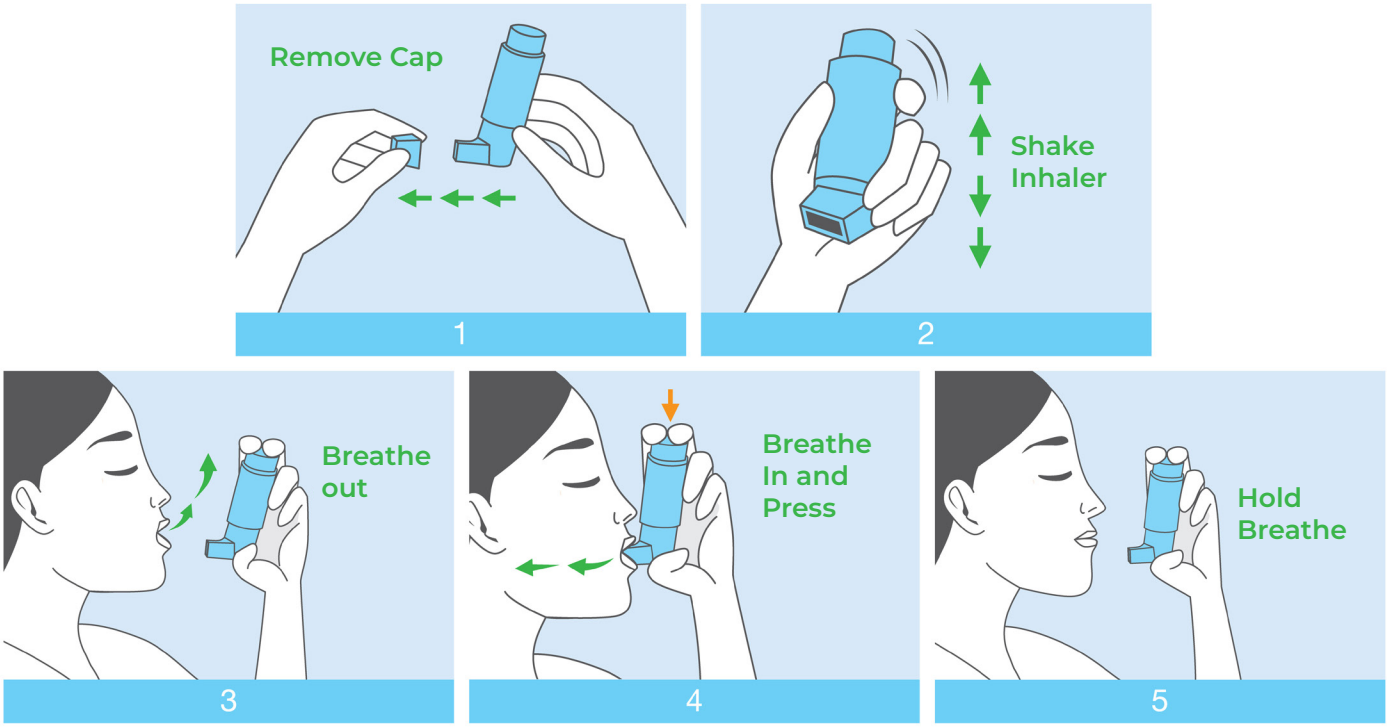
A student with asthma/wheezing may have breathing difficulties which may include:

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

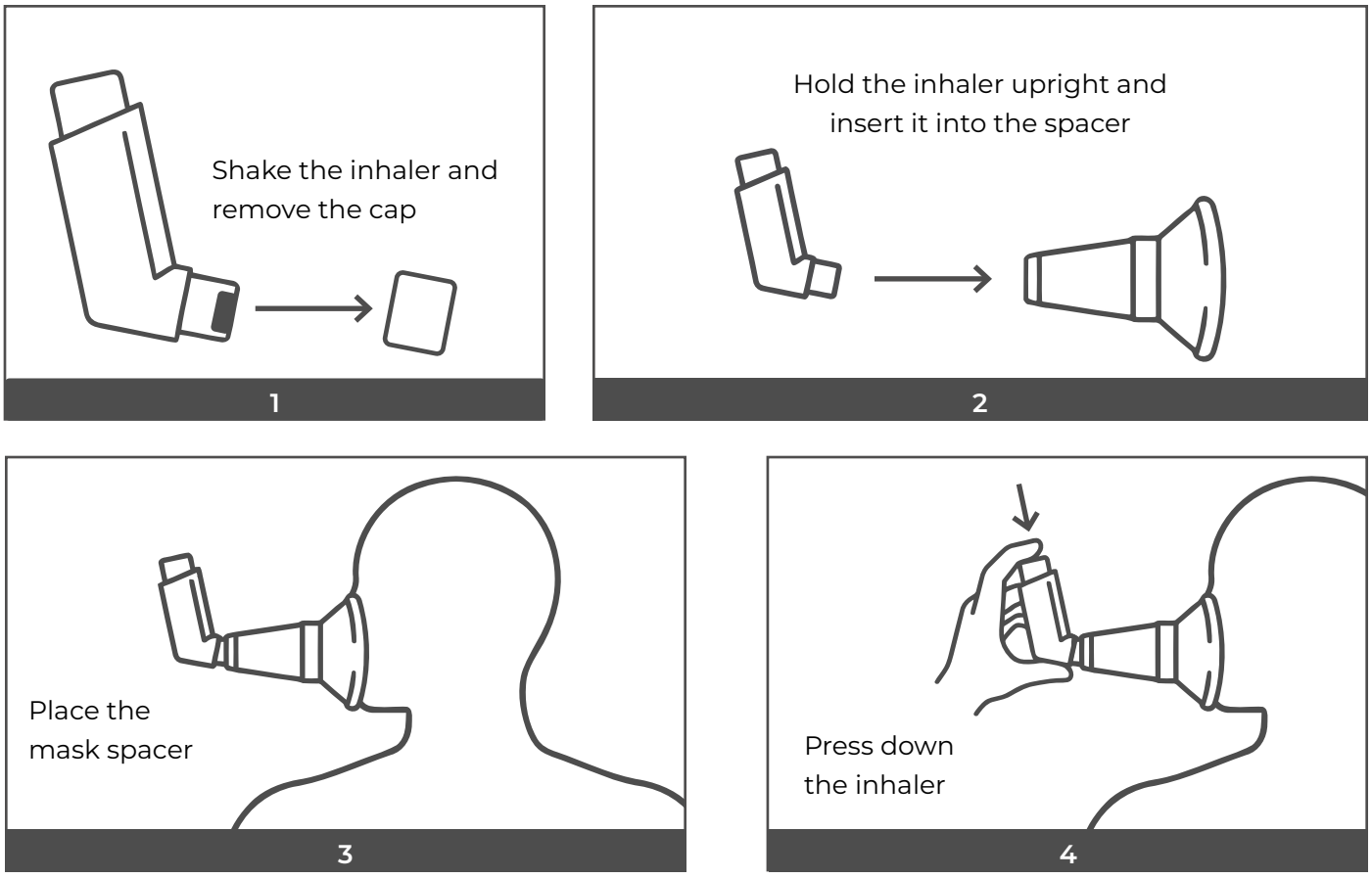
Students with a history of breathing difficulties including asthma/ wheezing should be known to appropriate school staff. A care plan which includes an emergency action plan should be developed. Oklahoma code 70 O.S. 1-116.3 allows students to possess and use an asthma inhaler in the school. Staff must try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.



How to Use an Inhaler



With Spacer



Behavioral Emergencies

Behavioral or psychological emergencies may take many forms (e.g., depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide, etc.). **Intervene only if the situation is safe for you.**

↓

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

↓

Does student have visible injuries?

YES →

See appropriate guideline to provide first aid. **CALL EMS 9-1-1 if any injuries require immediate care.**

NO

↓

- Does student's behavior present an immediate risk of physical harm to persons or property?
- Is student armed with a weapon?

YES →

CALL POLICE 9-1-1

NO

↓

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 healthcare provider to determine the cause.

↓

Suicidal and violent behavior should be taken seriously. If the student has threatened to harm him/herself or others, contact the responsible school authority immediately.

↓

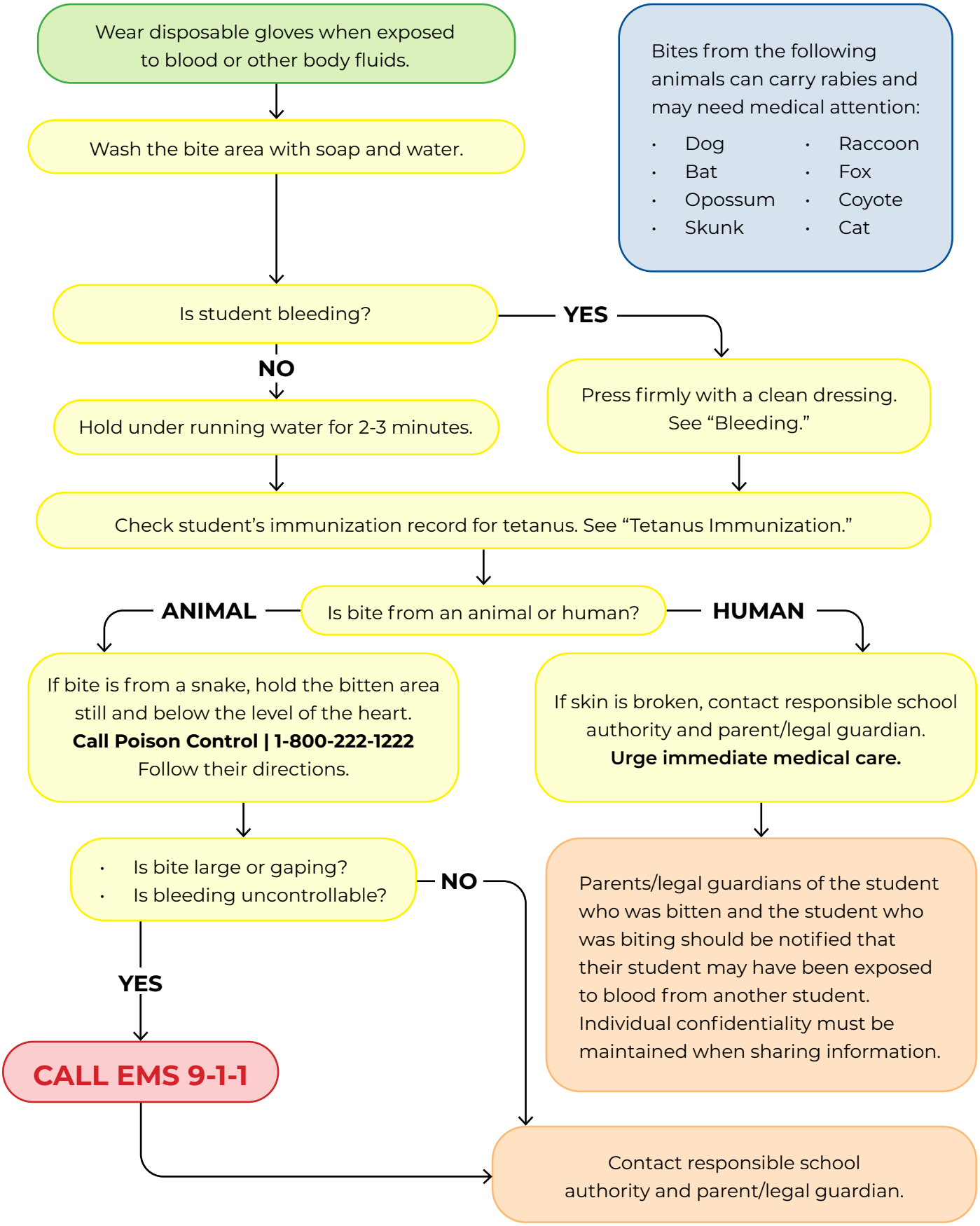
Contact responsible school authority and parent/legal guardian.

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.

Mental Health Resources

- mhaok.org/services/mental-health-resources/
- oklahoma.gov/odmhsas
- oklahoma.gov/education/services/student-development/school-based-mental-health
- okahoma.gov/education/services/student-development/school-based-mental-health

Bites (Human & Animal)



Bites (Insect & Spider)

Does person have symptoms of:

- Difficulty breathing
- Swelling of face, tongue or neck
- Coughing or wheezing that does not stop
- History of severe allergic reactions

NO

If bite is thought to be poisonous, hold the bitten area still and below the level of the heart.
Call Poison Control Center | 1-800-222-1222
Follow Directions
See "Snake Bite", if applicable

Get description of insect or spider.

- Wash the bite area with soap and water for five minutes.
- Apply ice wrapped in cloth or towel (not for more than 20 min).

- If no bleeding, leave open to air.
- If bleeding occurred, cover with clean dry dressing.

- Any signs of allergic reaction?
- Is bite thought to be poisonous?
- If an old bite, is it reddened, weeping, ulcerated or sore?

NO

Return to class, insure adult supervisor is aware of bite and possible delayed allergic reaction.

YES

Encourage Medical Care

YES

Watch for signs of an allergic reaction. Allergic reactions may be life threatening.
If a sting, See "Stings".

- Allergic reactions may be delayed up to two (2 hours).
- See "Allergic Reactions" for signs and symptoms.

If known anaphylactic reactor (do not wait for symptoms) or having reaction, administer doctor and parent/ guardian approved medication. Use EpiPen if prescribed.

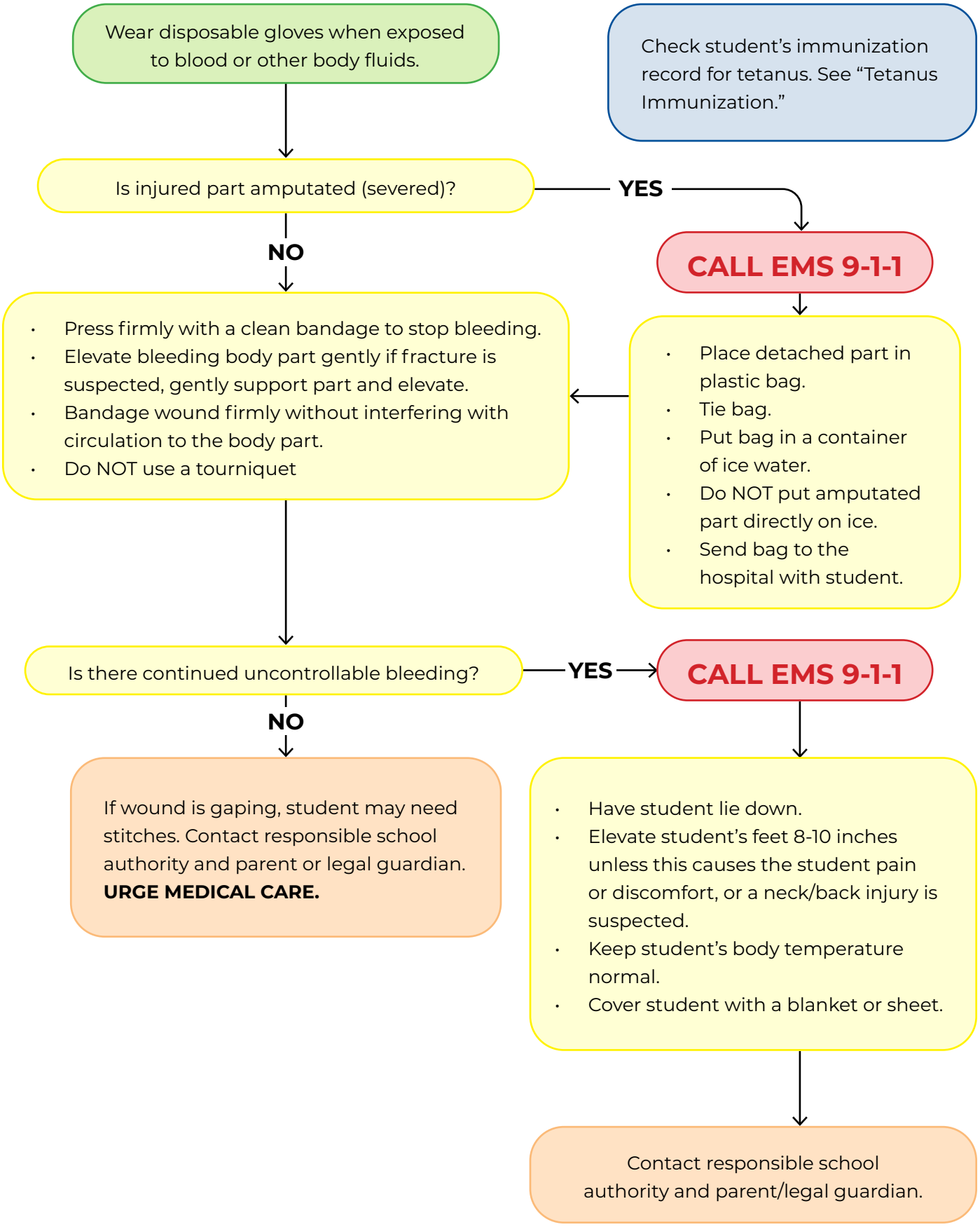
CALL EMS 9-1-1

- Keep quiet.
- See "Allergic Reaction."
- Position of comfort.
- Be prepared to use CPR.

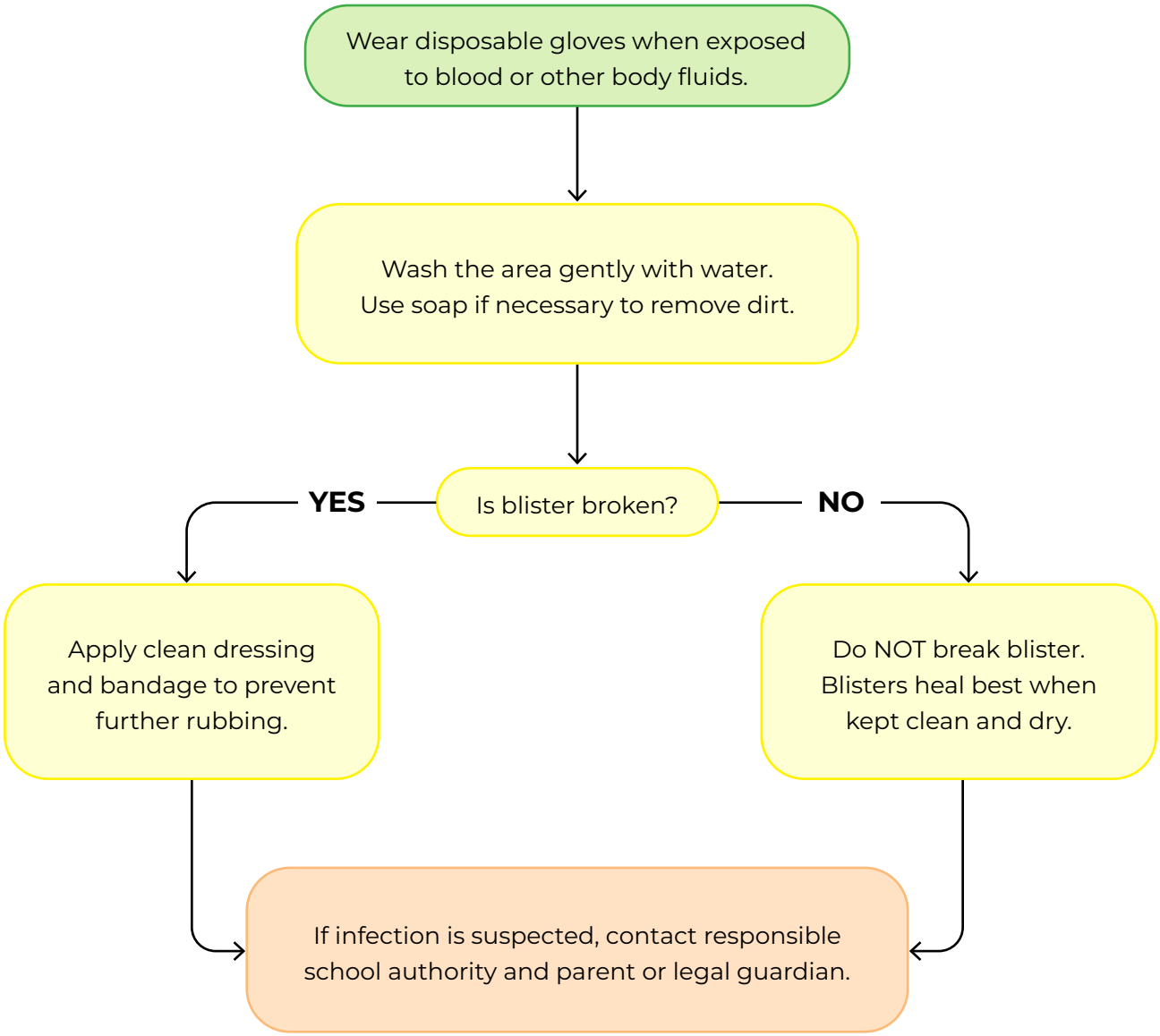
Get description of insect or spider and report to paramedics.

Contact responsible school nurse or administrator & parent /legal guardian.

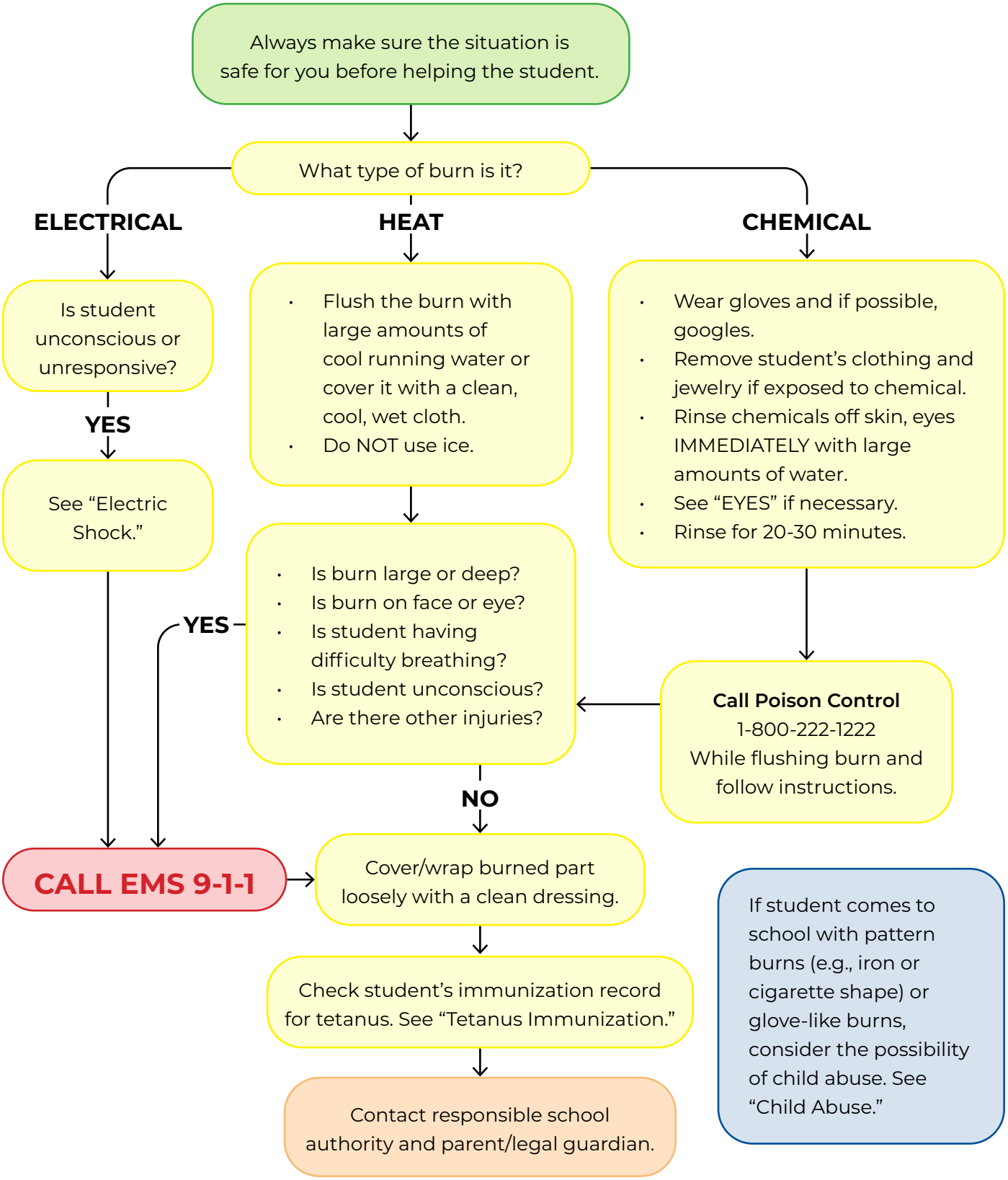
Bleeding


Wear disposable gloves when exposed to blood or other body fluids.
Check student's immunization record for tetanus. See "Tetanus Immunization."
Is injured part amputated (severed)?
YES
NO
CALL EMS 9-1-1
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
Place detached part in plastic bag.
Tie bag.
Put bag in a container of ice water.
Do NOT put amputated part directly on ice.
Send bag to the hospital with student.
Is there continued uncontrollable bleeding?
YES
NO
CALL EMS 9-1-1
If wound is gaping, student may need stitches. Contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE.
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.
Contact responsible school authority and parent/legal guardian.

Blisters


Wear disposable gloves when exposed to blood or other body fluids.
Wash the area gently with water. Use soap if necessary to remove dirt.
Is blister broken?
YES
NO
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 and parent or legal guardian.

Burns


Always make sure the situation is safe for you before helping the student.
What type of burn is it?
ELECTRICAL
HEAT
CHEMICAL
Is student unconscious or unresponsive?
YES
See "Electric Shock."
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, googles.
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.
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 Poison Control
1-800-222-1222
While flushing burn and follow instructions.
NO
CALL EMS 9-1-1
Cover/wrap burned part loosely with a clean dressing.
Check student's immunization record for tetanus. See "Tetanus Immunization."
Contact responsible school authority and parent/legal guardian.
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."

Cardiopulmonary Resuscitation (CPR)

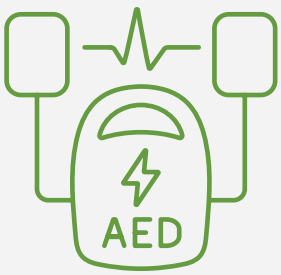
The American Heart Association (AHA) issued new CPR guidelines 2025. Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform 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.

Act fast and get help.

- If the child or infant is unresponsive, shout for help
- Call 911.
- Ask someone to get an AED.
- If the child or infant is not breathing normally, **immediately start CPR.**

Children and infants need compressions and breaths!

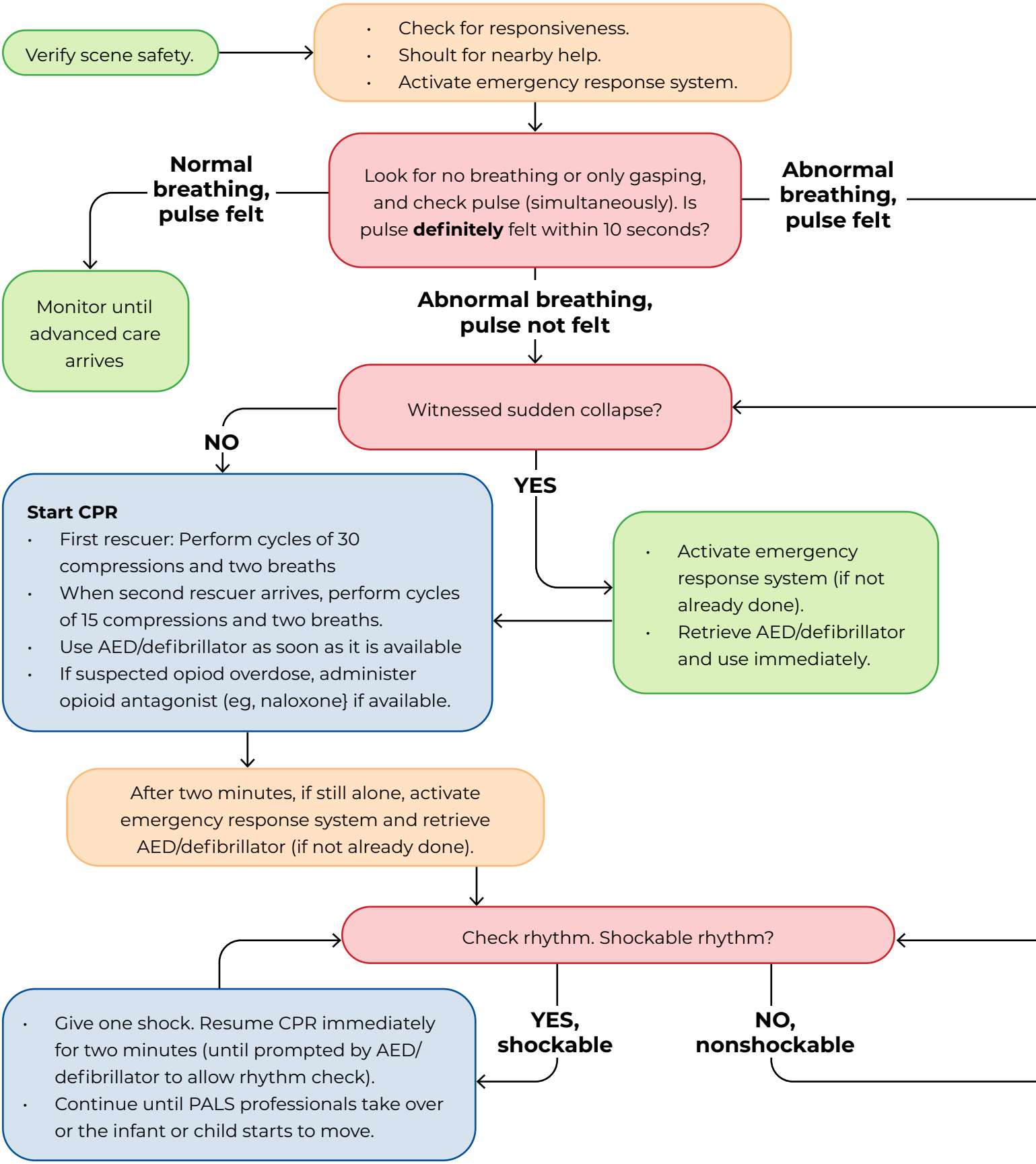
- Start CPR. Use the heel of one hand (for infants) or two hands (for children) to push hard and fast in the center of the chest
- After 30 compressions, give two breaths.
- Continue giving 30 compressions and two breaths until the AED or medical help arrives.

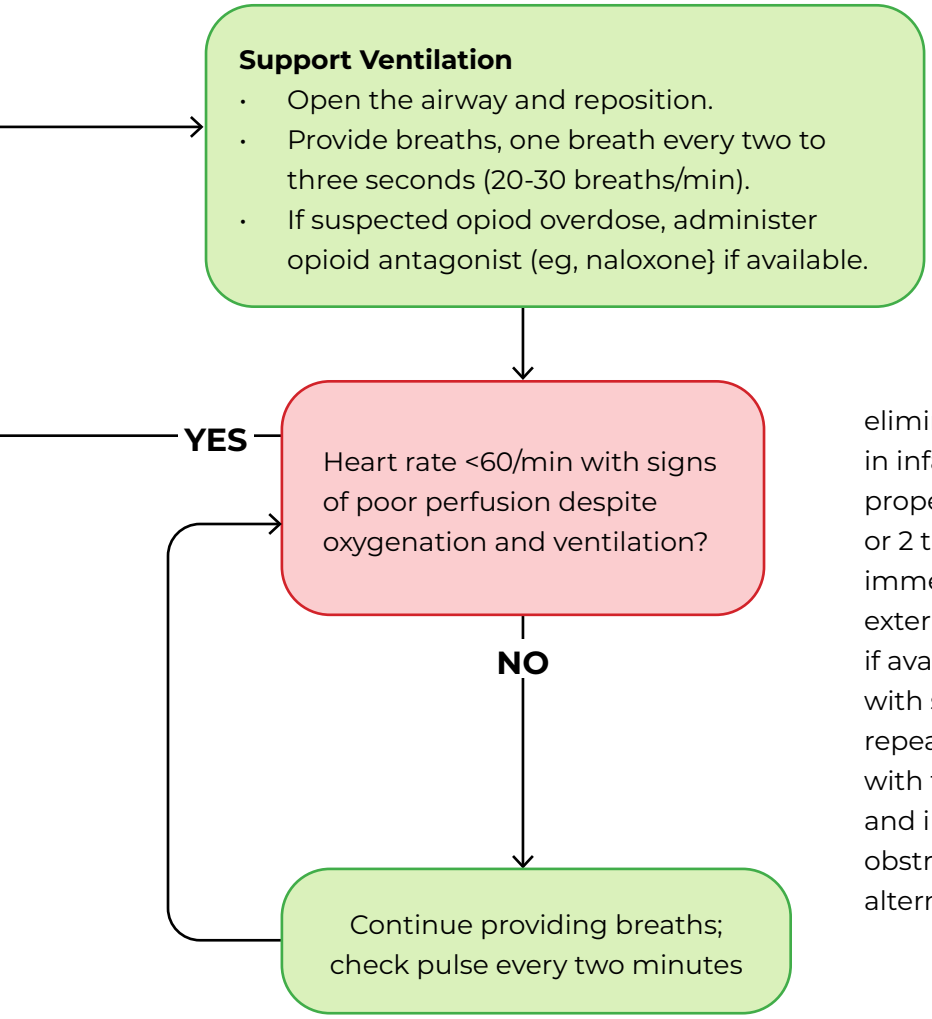


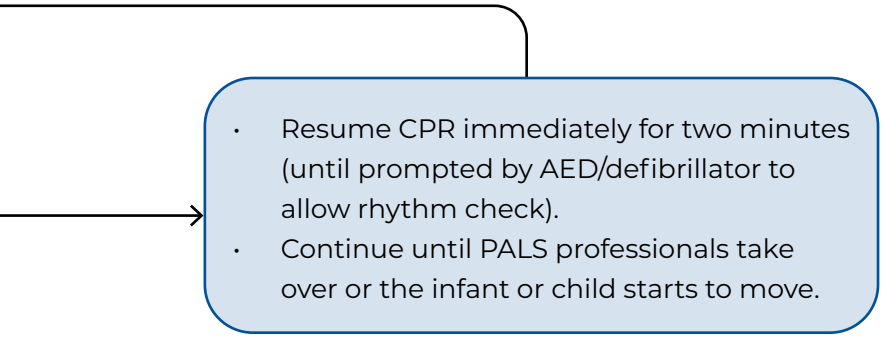
When that AED arrives, use it immediately!

- Turn on the AED and follow the prompts.
- Use child or infant pads, make sure the pads do not touch each other.
- Continue CPR and breaths until medical help arrives.

Pediatric BLS Algorithm (Infants to Puberty) for Healthcare Professionals - Two or More Rescuers







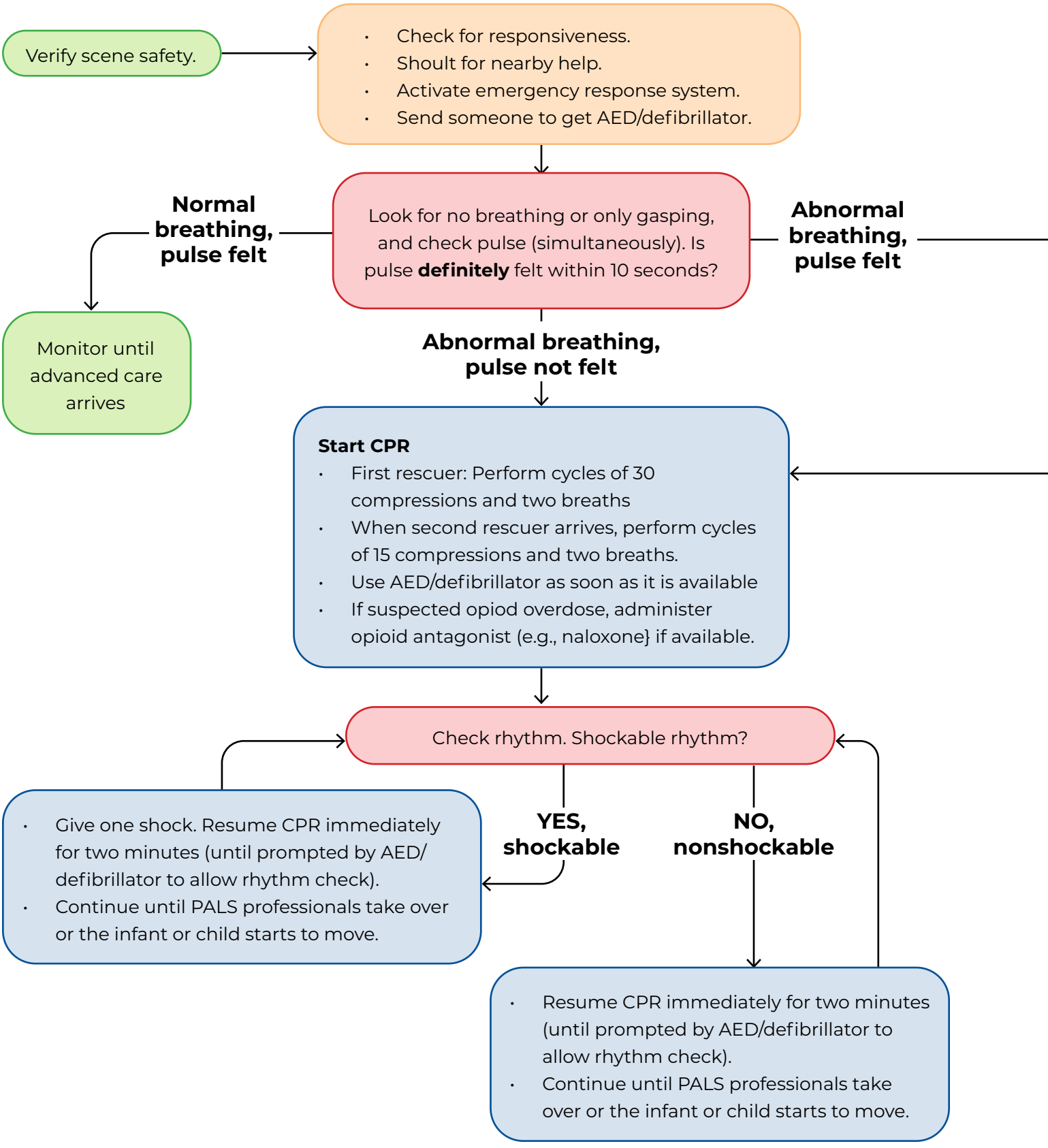
AED indicates automated external defibrillator; ALS, advanced life support; and CPR, cardiopulmonary resuscitation.

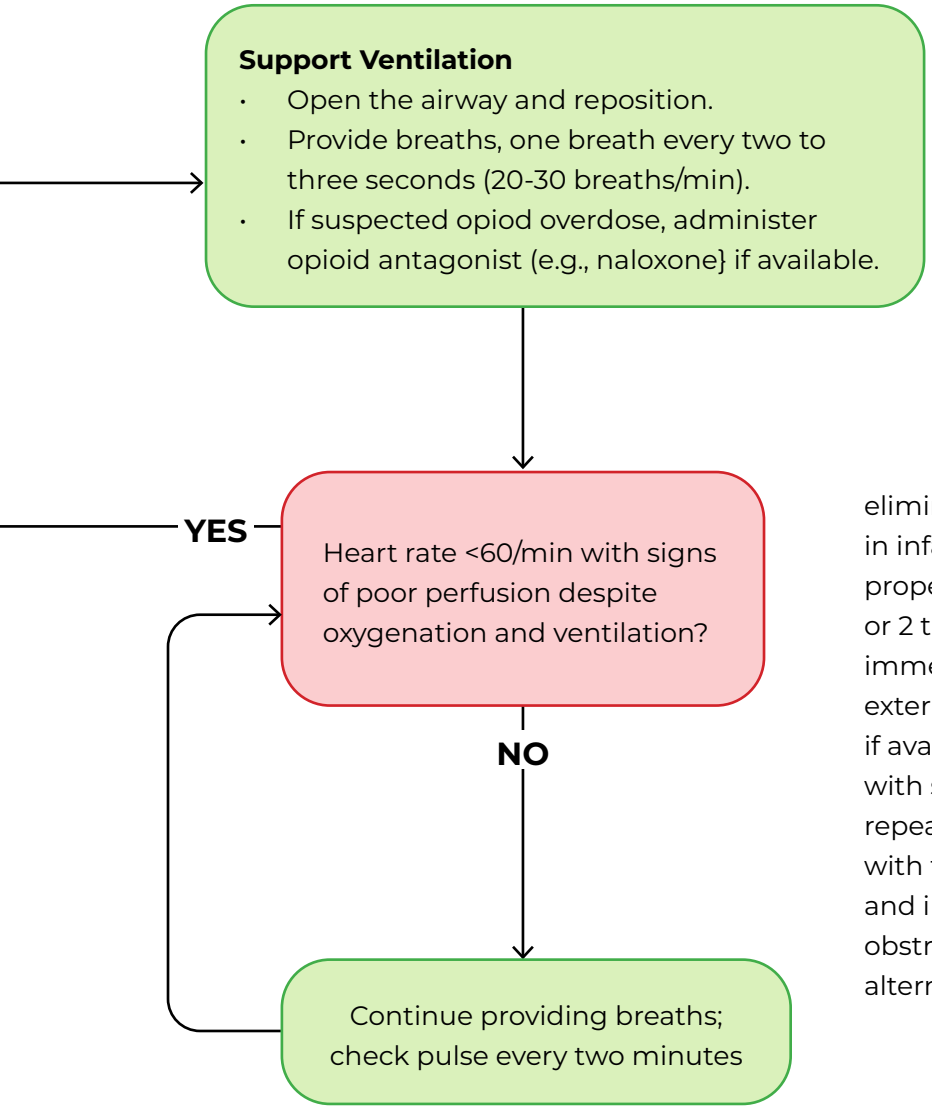
Hand positions for child CPR:
One hand: Use heel of one hand only.
Two hands: Use heel of one hand with second on top of first.
New literature 2025, include the elimination of 2-finger chest compressions in infants due to ineffectiveness of achieving proper depth with a recommendation of 1-hand or 2 thumb–encircling hands technique; the immediate application and use of an automated external defibrillator with a pediatric attenuator if available for cardiac arrest; and in infants with severe foreign-body airway obstruction repeated cycles of five back blows alternating with five chest thrusts (no abdominal thrusts), and in children with severe foreign-body airway obstruction repeated cycles of five back blows alternating with five abdominal thrusts.

References

- American Heart Association (2025). CPR and AED Guidelines.
- American Red Cross (2025). CPR/ AED for Professional Rescuers and Health Care Providers.

Pediatric BLS Algorithm (Infants to Puberty) for Healthcare Professionals - Single Rescuer





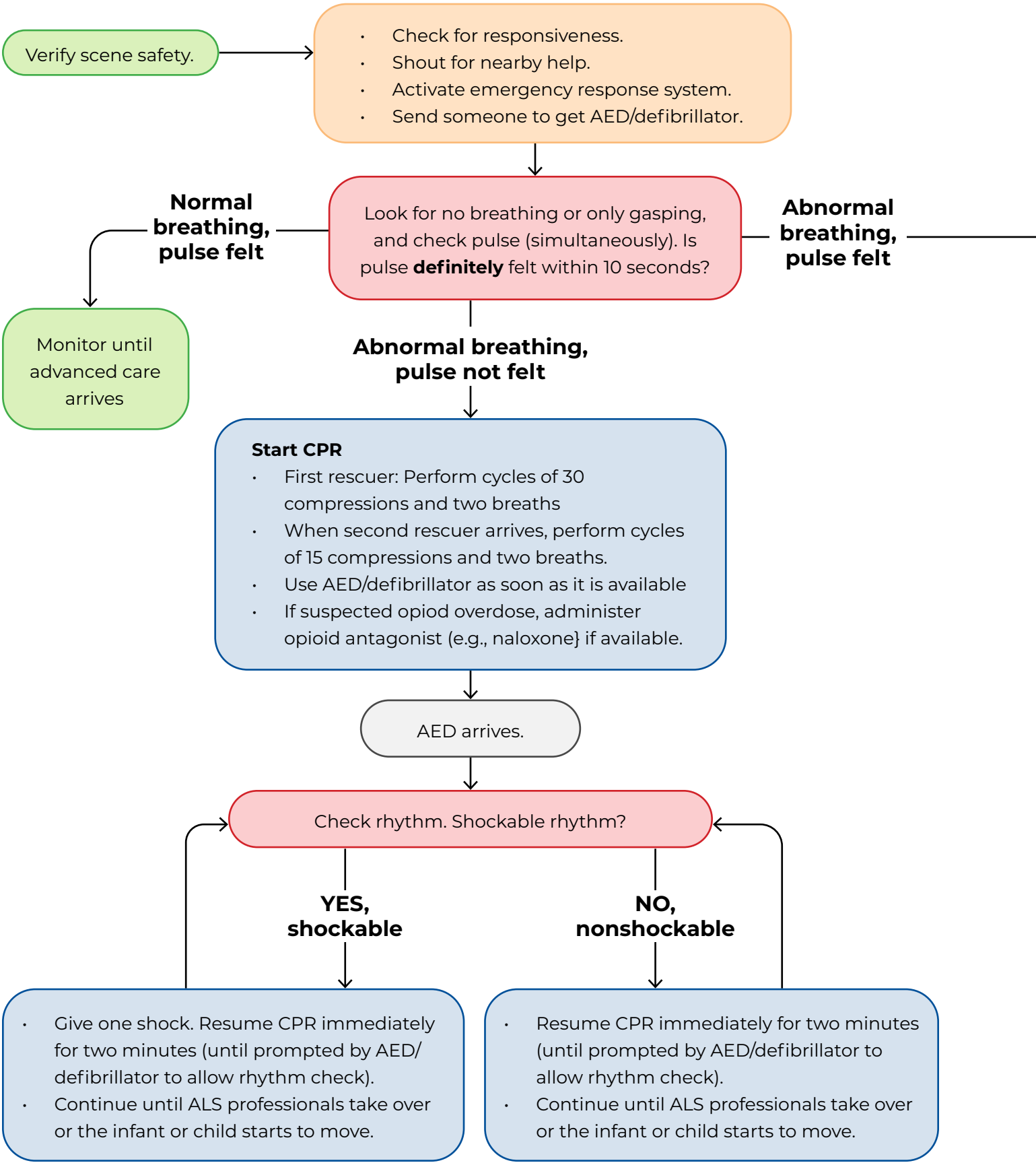
AED indicates automated external defibrillator; CPR, cardiopulmonary resuscitation; HR, heart rate; and PALS, pediatric advanced life support.

Hand positions for child CPR:
One hand: Use heel of one hand only.
Two hands: Use heel of one hand with second on top of first.
New literature 2025, include the elimination of 2-finger chest compressions in infants due to ineffectiveness of achieving proper depth with a recommendation of 1-hand or 2 thumb–encircling hands technique; the immediate application and use of an automated external defibrillator with a pediatric attenuator if available for cardiac arrest; and in infants with severe foreign-body airway obstruction repeated cycles of five back blows alternating with five chest thrusts (no abdominal thrusts), and in children with severe foreign-body airway obstruction repeated cycles of five back blows alternating with five abdominal thrusts.

References

- American Heart Association (2025). CPR and AED Guidelines.
- American Red Cross (2025). CPR/AED for Professional Rescuers and Health Care Providers.

Adult Basic Life Support Algorithm for Healthcare Professionals



If signs of puberty, treat as adult.

- Provide breaths, one breath every six seconds or 10 breaths/min.
- Check pulse every two minutes; if no pulse, start CPR.
- If suspected opioid overdose, adminster opioid antagonist (e.g., naloxone) if available.

AED indicates automated external defibrillator; ALS, advanced life support; and CPR, cardiopulmonary resuscitation.

References

- American Heart Association (2025). CPR and AED Guidelines.
- American Red Cross (2025). CPR/AED for Professional Rescuers and Health Care Providers.

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 fast." Compress chest at a rate of about 100 to 120 compressions per minute for all victims.
- Compress about ⅓ to ½ 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 Device

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 any emergency situation. Rescue breathing technique may be affected by these devices.

Abdominal Thursts (Heimlich Maneuver)

https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=91243

Title 70 Section 1210.199 - Short Title - Cardiopulmonary Resusitation and Heimlich Maneuver Instruction Program

A. This act shall be known and may be cited as the “Dustin Rhodes and Lindsay Steed CPR Training Act”.

B. Beginning with the 2015-2016 school year, all students enrolled in the public schools of this state shall receive instruction in cardiopulmonary resuscitation and awareness of the purpose of an automated external defibrillator, in accordance with subsection C of this section, at least once between ninth grade and graduation from high school. The instruction may be provided as a part of any course. A school administrator may waive the curriculum requirement required by this subsection for an eligible student who has a disability. A student shall not be required to meet the requirement of this subsection if a parent or guardian of the student objects in writing. All students enrolled in a virtual charter school in grades nine through twelve shall not be subject to the requirements of this section. All students enrolled in physical education classes in grades nine through twelve may receive instruction in the techniques of the Heimlich maneuver.

C. The State Board of Education shall establish a procedure for monitoring the requirements set forth in subsection B of this section. Instruction in cardiopulmonary resuscitation shall incorporate psychomotor skills training and shall be based upon an instructional program which is nationally recognized and is based upon the most current national evidence-based Emergency Cardiovascular Care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator.

D. Each public school district board of education shall ensure that a minimum of one certified teacher and one noncertified staff member at each school site receives training in cardiopulmonary resuscitation and the Heimlich maneuver each year.

E. School districts may use state funds allocated to the school district for professional development to pay for or to reimburse teachers and support personnel for training in the administration of first aid and techniques of cardiopulmonary resuscitation and the Heimlich maneuver.

F. Nothing in this section shall be construed to impose liability on any school district or school district employee for injury or death of any student, teacher, or other person resulting from any cardiopulmonary or choking incident or to absolve any school district or school employee of liability that might otherwise exist under The Governmental Tort Claims Act.

G. For purposes of this section, “psychomotor skills” means the use of hands-on practice to support cognitive learning.

H. A school district may use emergency medical technicians, paramedics, police officers, firefighters, teachers, other school employees or other similarly qualified individuals or organizations to provide the instruction prescribed by this section. Two or more school districts may enter into an interlocal or multidistrict cooperative agreement for the purpose of jointly and comparatively fulfilling the requirements of this section. Instruction provided pursuant to this section is not required to result in certification in cardiopulmonary resuscitation. If instruction is intended to result in certification in cardiopulmonary resuscitation, the course instructor shall be authorized by an instructional program which is nationally recognized and is based upon the most current national evidence-based Emergency Cardiovascular Care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator or a similar nationally recognized association to provide the instruction.

Chest Pain

Chest pain can be caused by:

- Injury
- Esophageal spasm
- Lung inflammation
- Pneumonia
- Gastric disturbance
- Anxiety/Stress

Cardiovascular disease and heart attacks are rare among children under 18 years of age. However, some children have a history of heart problems. Check emergency medical information. Adults over 40 are more likely to have a heart attack.

- Any loss of consciousness or confusion?
- Does person look seriously ill?
- Has heart attack symptoms?
- Has significant chest pain stopped and returned?

YES

NO

- Ask person if this has occurred. before and what made it better?
- Place in position of comfort and keep quiet.
- Loosen tight clothing.

CALL EMS 9-1-1
Even if person objects, do not transport by private car

- See other possible causes (e.g., stomach, breathing difficulties).
- Check medical history for cause if symptoms occurred before.
- Encourage medical care to determine cause.

- If unconscious, See "Unconsciousness".
- If breathing stops; See "CPR."
- Place in position of comfort.
- Keep calm, don't panic, reassure person.
- **Do not give medications unless authorized.**

Contact responsible school nurse or administrator and parent /legal guardian.

Signs & Symptoms of a Heart Attack

Chest pain described as constant heavy pressure, vise like, or pain in the middle or upper chest. The discomfort may travel across the chest to arm, neck or jaw and include:

- Left arm/shoulder pain.
- Jaw/neck pain.
- Signs of poor circulation.
- Sudden unexplained weakness or dizziness with or without nausea.
- Sweaty, clammy, pale, ashen or bluish skin.
- Shortness of breath or breathing is abnormal.

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. All school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to the Department of Human Services or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect and requires agencies to keep reporters' identities confidential. Failure to report suspected abuse or neglect may result in a penalty of a misdemeanor.

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 Department of Human Services. Refer to your own school's policy for additional guidance on reporting.
Department of Human Services
24-hour hotline | 1-800-522-3511

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 of an injury.
- Poor hygiene, underfed appearance.
- Pattern bruises or marks (e.g., burns in the shape of an 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.

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

Communicable Diseases

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

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

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 exclusion policy for ill students.** Following are some general guidelines.

Signs of PROBABLE illness:

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

Contact responsible school authority and parent or legal guardian.
Urge Medical Care

Signs of POSSIBLE illness:

- Earache
- Fussiness
- Runny nose
- Mild cough

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

Resources

Communicable Disease Epi On Call 24/7
405-426-8710
Leave a message, and they will return your call.

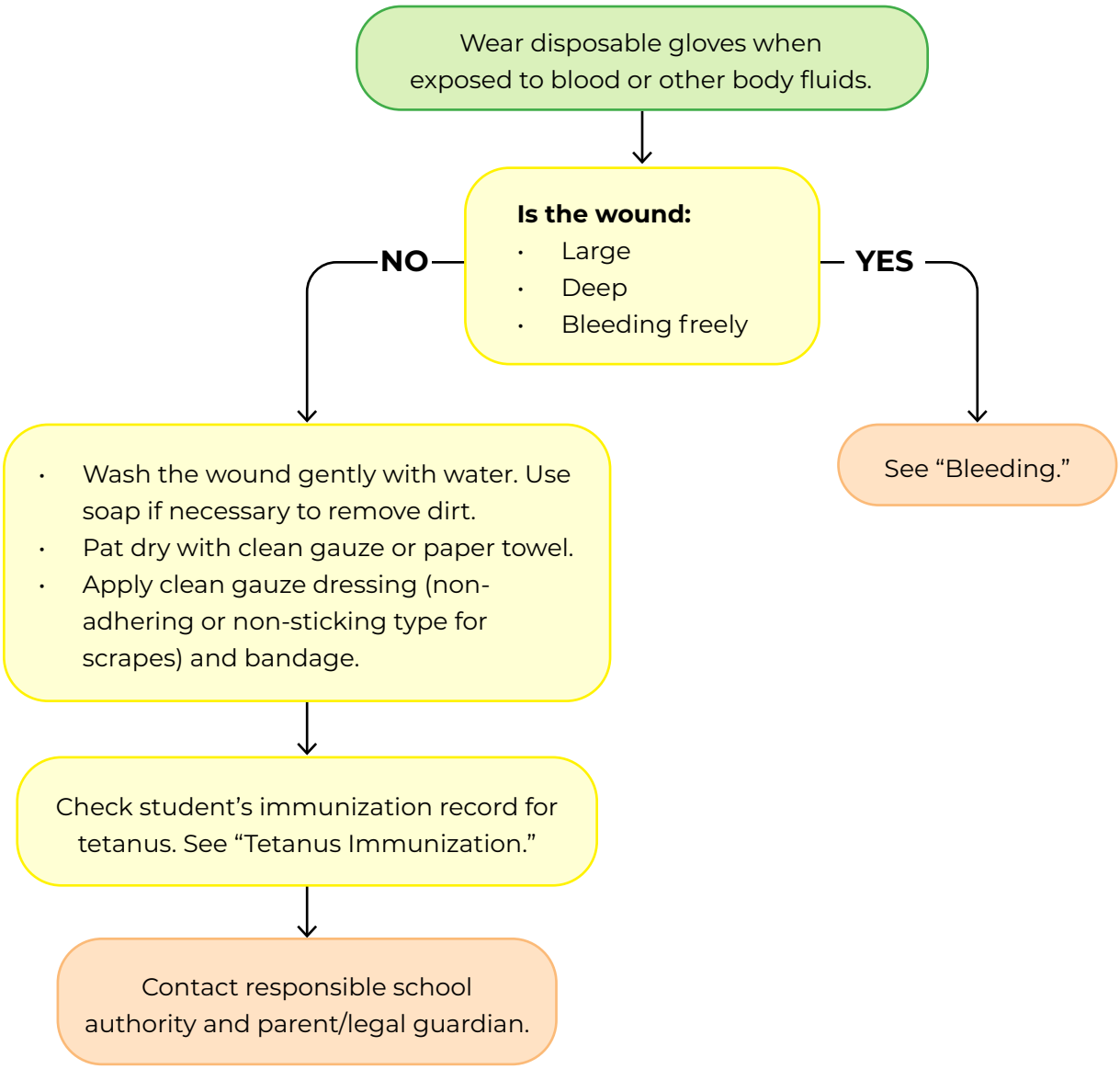
Good Health Handbook: English
https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/school-health/Good%20Health%20Handbook%20623.pdf

Good Health Handbook: Spanish
https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/school-health/SP%20Good%20Health%20Handbook.pdf

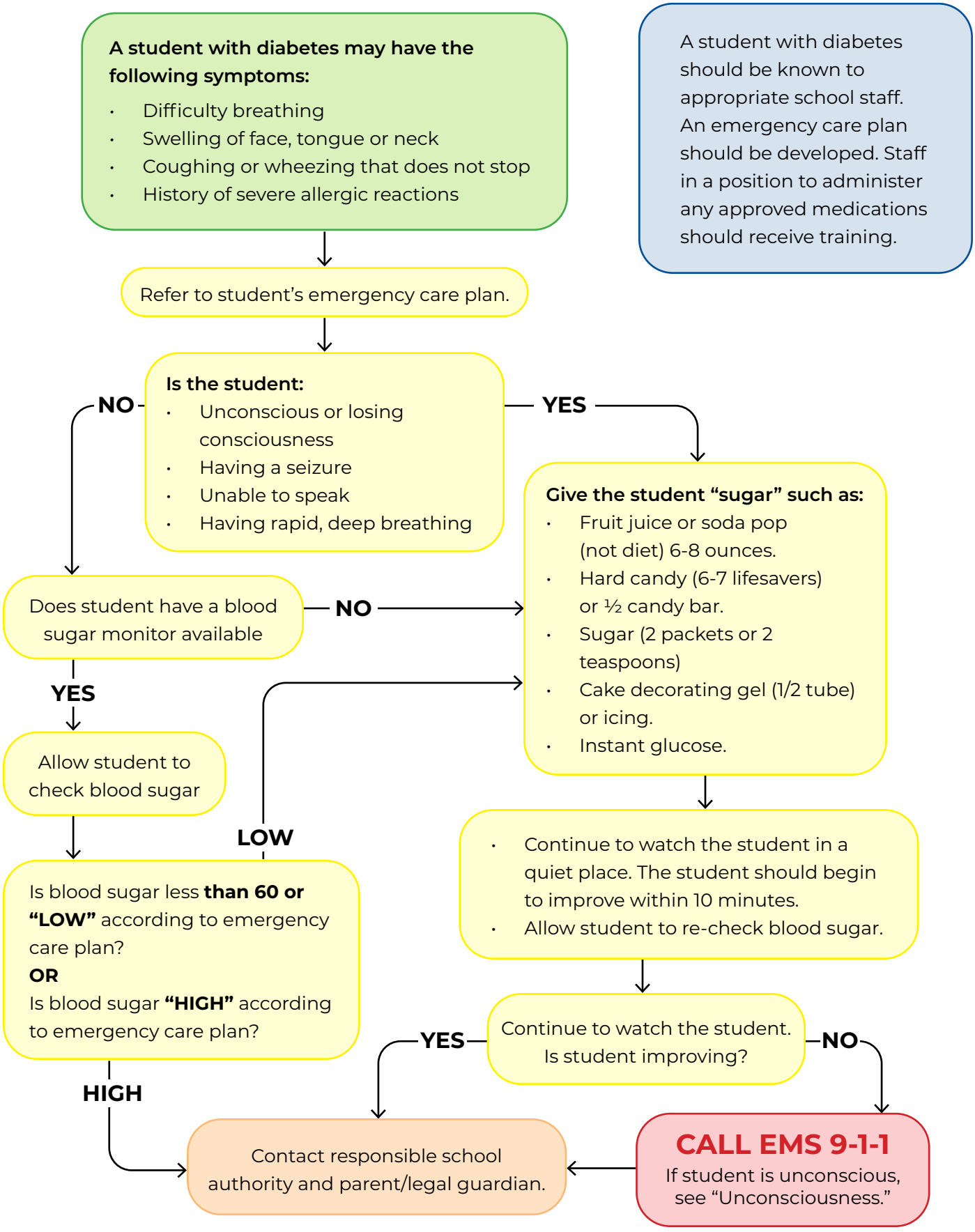
OSDH School Health
https://oklahoma.gov/health/health-education/children---family-health/maternal-and-child-health-service/child-and-adolescent-health/school-health.html

School Health Guidelines
https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/school-health/complete-school-health-guidelines.pdf

Cuts (small), Scratches & Scrapes



Diabetes


A student with diabetes may have the following symptoms:
Difficulty breathing
Swelling of face, tongue or neck
Coughing or wheezing that does not stop
History of severe allergic reactions
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.
Is the student:
Unconscious or losing consciousness
Having a seizure
Unable to speak
Having rapid, deep breathing
YES
NO
Give the student "sugar" such as:
Fruit juice or soda pop (not diet) 6-8 ounces.
Hard candy (6-7 lifesavers) or ½ candy bar.
Sugar (2 packets or 2 teaspoons)
Cake decorating gel (1/2 tube) or icing.
Instant glucose.
Does student have a blood sugar monitor available
NO
YES
Allow student to check blood sugar
LOW
Is blood sugar less than 60 or "LOW" according to emergency care plan?
OR
Is blood sugar "HIGH" according to emergency care plan?
HIGH
Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
Allow student to re-check blood sugar.
Continue to watch the student. Is student improving?
YES
NO
Contact responsible school authority and parent/legal guardian.
CALL EMS 9-1-1
If student is unconscious, see "Unconsciousness."

How to Use BAQSIMI

BAQSIMI

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

Insert tip gently in one nostril until finger(s) touch the outside of the nose.

Push plunger firmly all the way in.
Dose is complete when the Green Line disappears.

After giving BAQSIMI

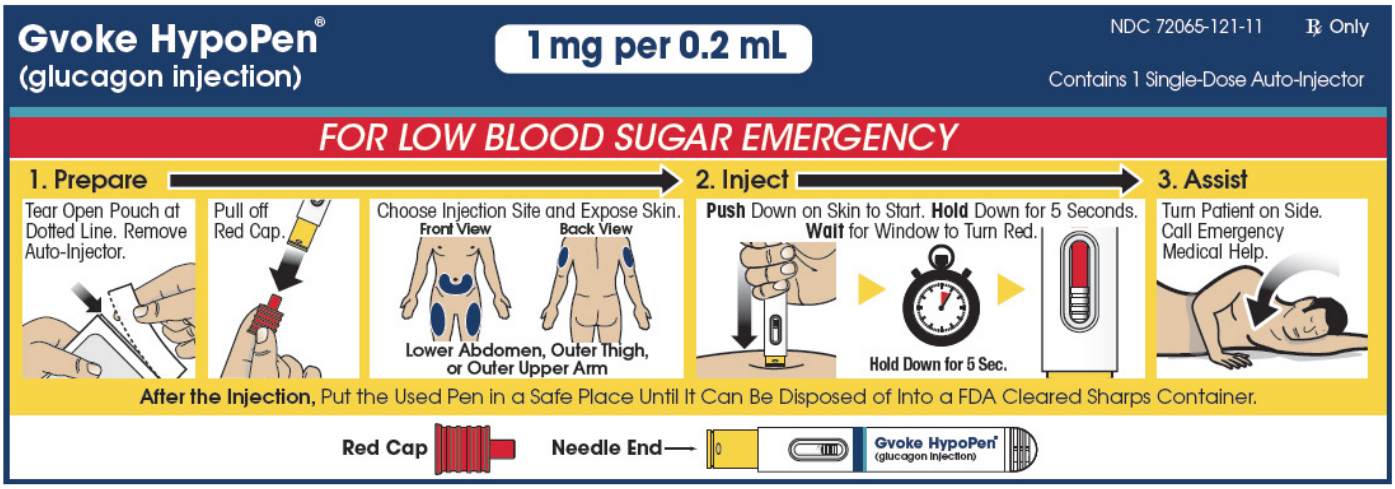
- **Call for emergency medical help right away**
- If the person is unconscious, turn the person on their side
- **Throw away the used device and tube**
- When you are able to safely swallow food or drink, your caregiver should give you a fast-acting source of sugar (such as a regular soft drink or fruit juice) and a long-acting source of sugar (such as crackers with cheese or peanut butter).

Storage and Handling

- **Do not remove Shrink Wrap or open the Tube until you are ready to use**
- Store BAQSIMI in the Shrink-Wrapped Tube at temperatures up to 86°F (30°C)
- Replace BAQSIMI before the expiration date printed on the Tube or carton

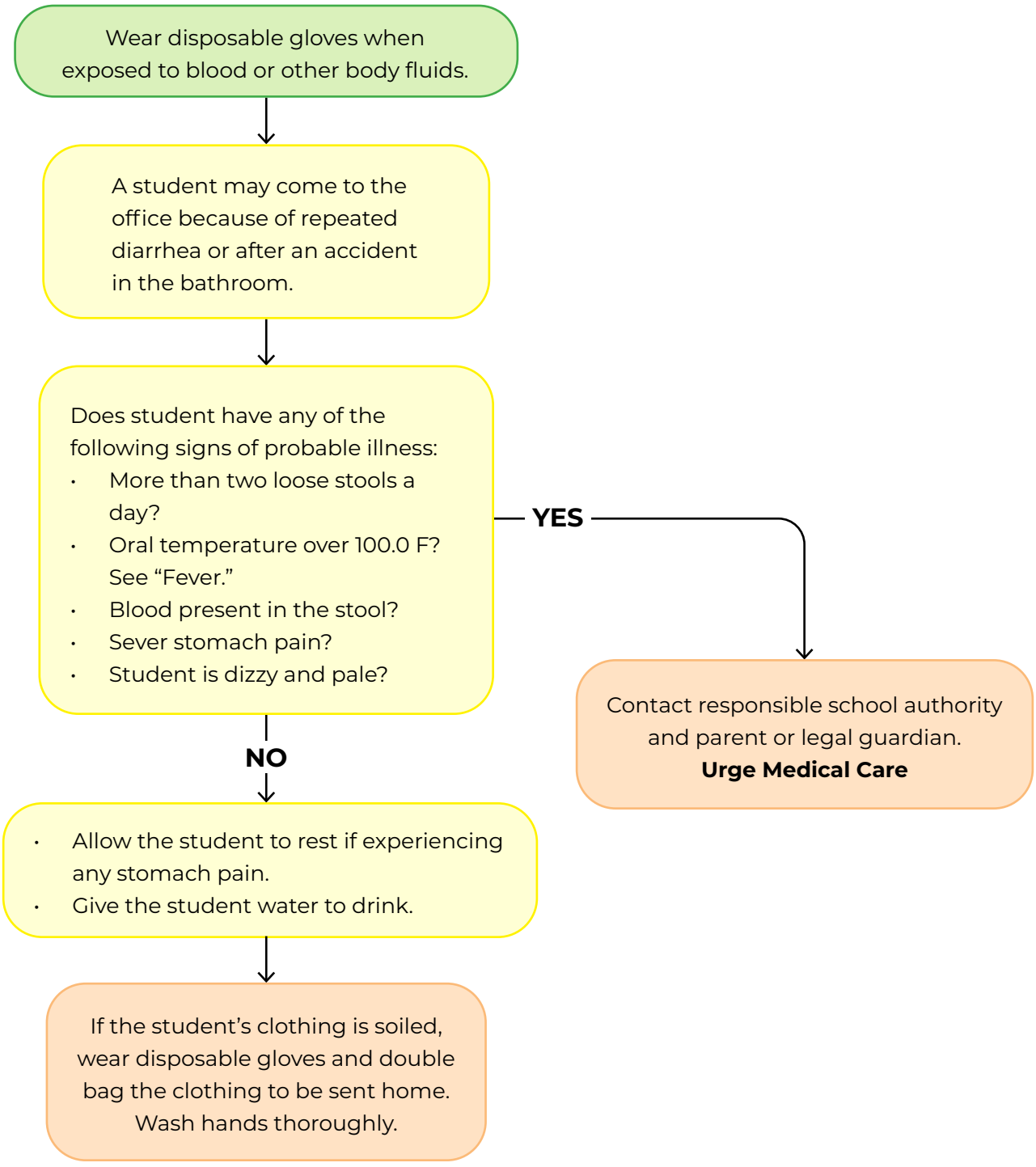
www.baqsimi.com/how-to-use-baqsimi/
https://childrenwithdiabetes.com/blood-sugar-management-t1d/glucagon/

How to Use Gvoke HypoPen



https://gvokehcp.com/wp-content/uploads/2024/02/Gvoke-Portfolio-Guide.pdf
https://gvokehcp.com/about-gvoke/#how-to-use

Diarrhea


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

Ears

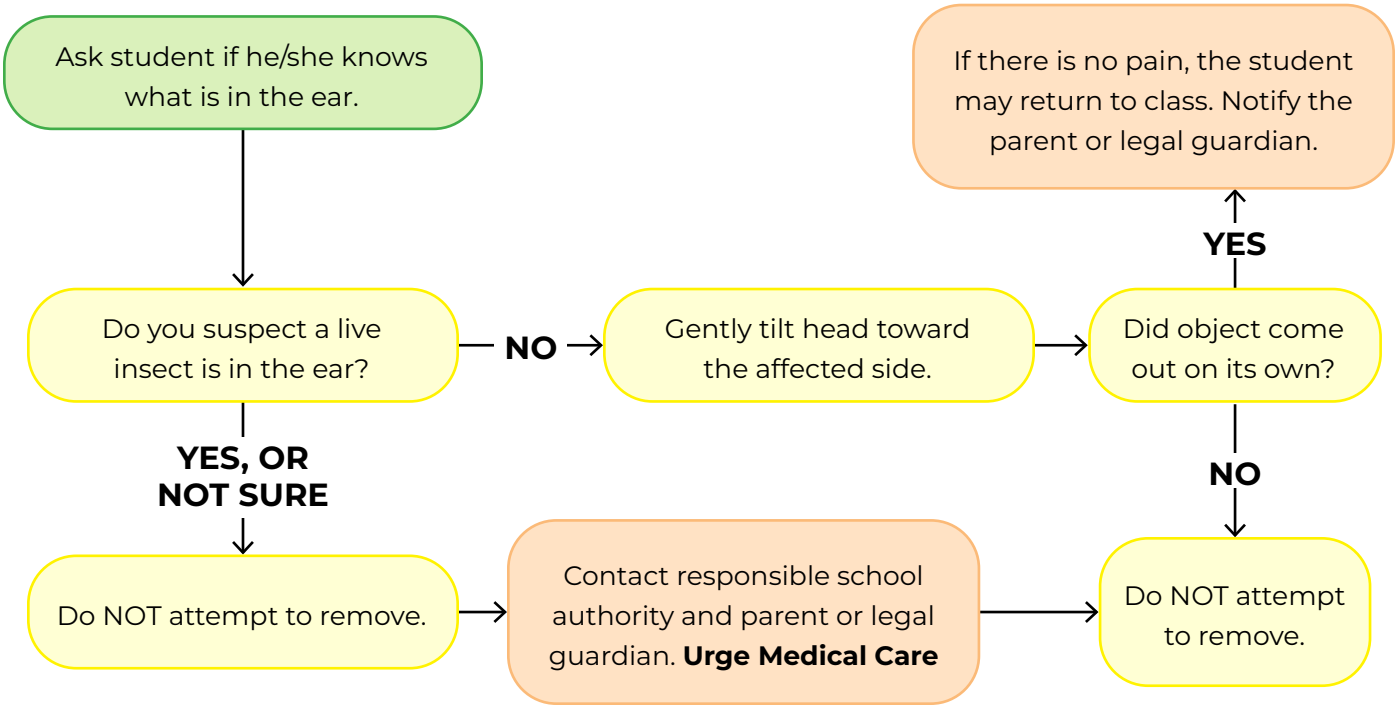
Drainage From Ear

Do NOT try to clean out ear. → Contact responsible school authority and parent or legal guardian. **Urge Medical Care**

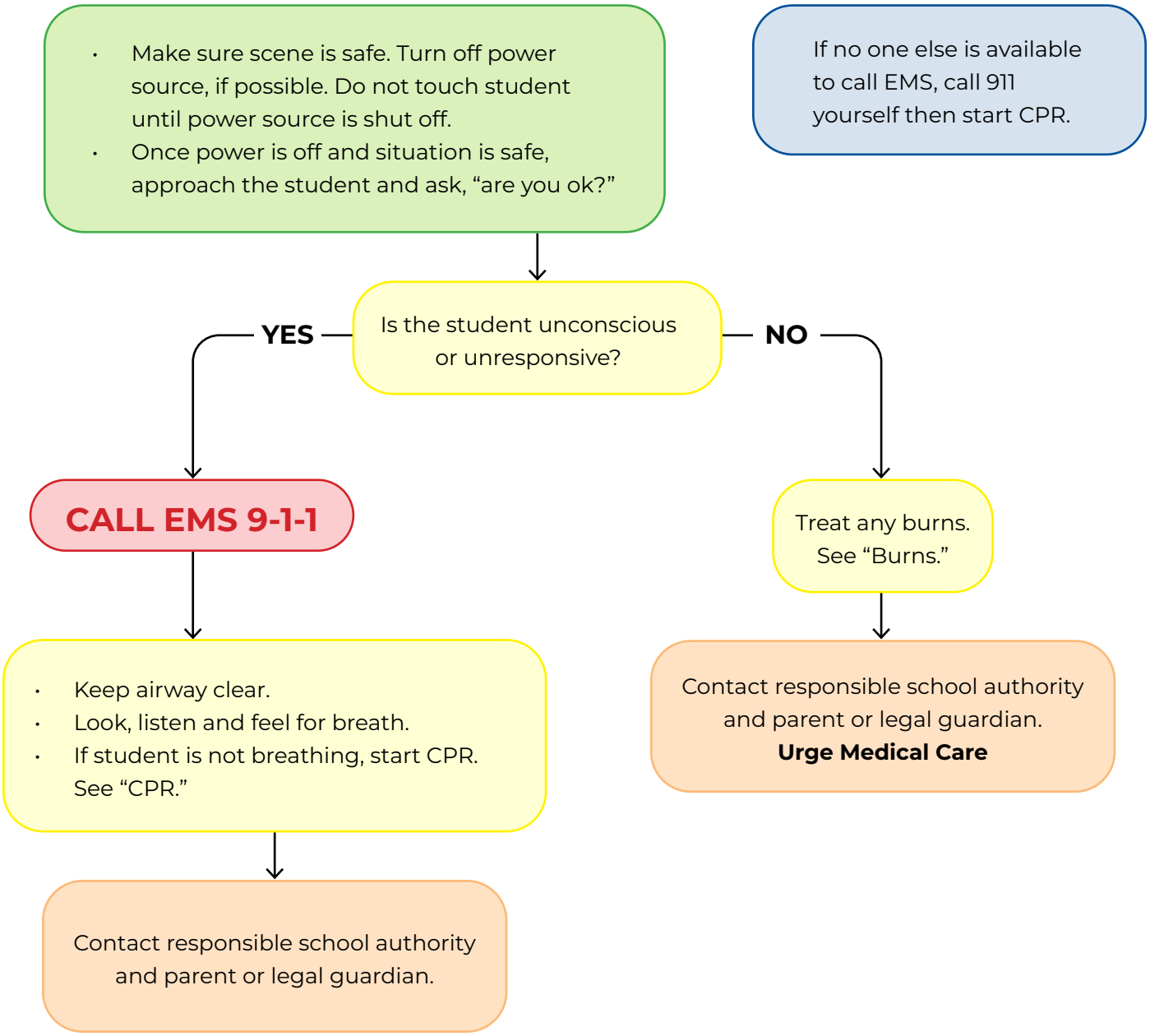
Earache

Contact responsible school authority and parent or legal guardian. **Urge Medical Care**

Object In Ear Canal

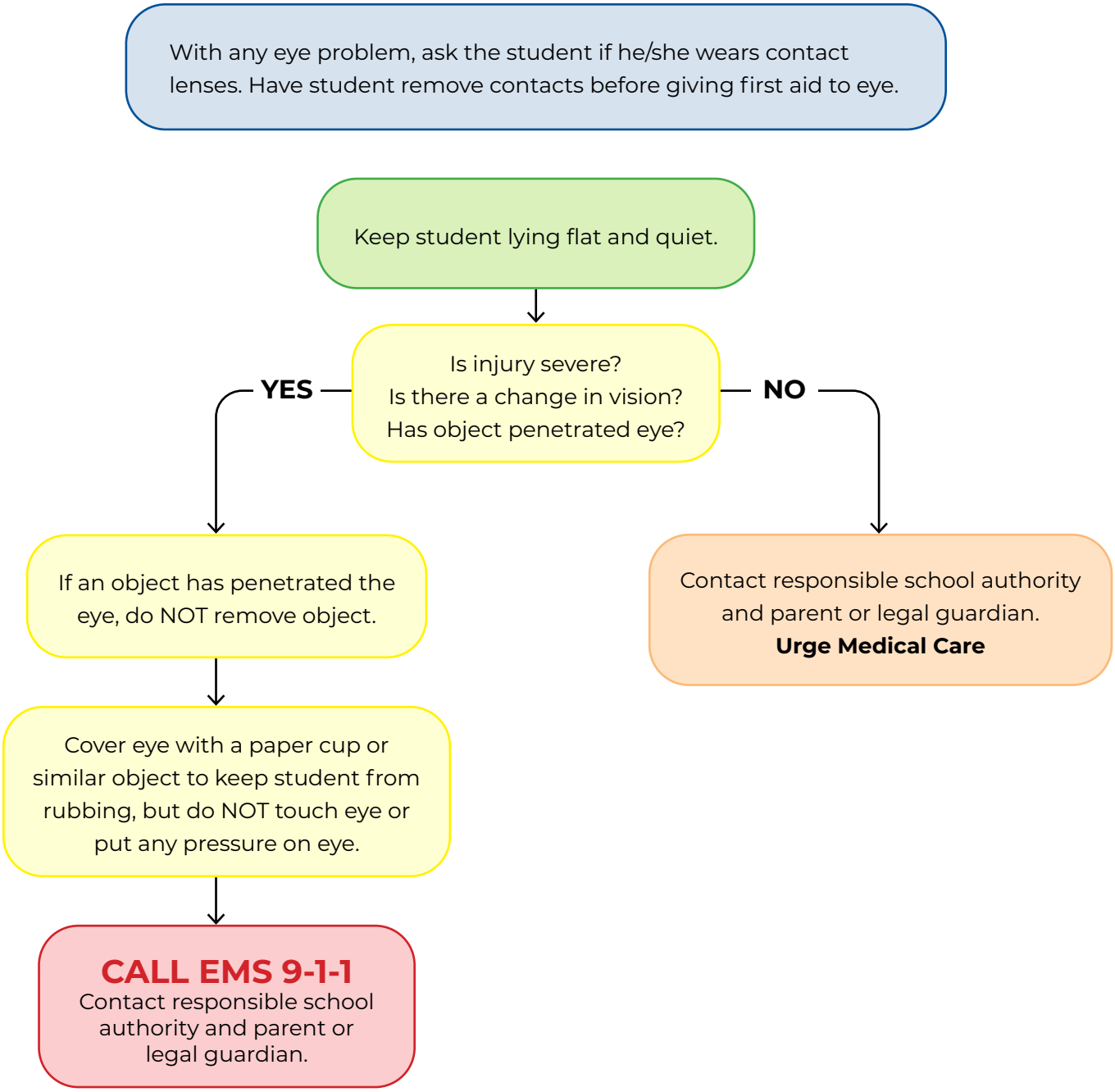


Electric Shock



Eyes

Eye Injury



Eyes (continued)

Particle In Eye

Keep student from rubbing eye.

- If necessary, lay student down and tip head toward affected side.
- Gently our tap water over the open eye to flush out the particle.

If particle does not flush out of eye or if eye pain continues, contact responsible school authority and parent/legal guardian.
Urge Medical Care

Chemicals In Eye

- Wear gloves and if possible, goggles.
- Immediately rinse the eye with large amounts of clean water for 20 to 30 minutes. Use an eyewash if available.
- Tip the head so the affected eye is below the unaffected eye and water washes eye from nose out to side of the face.

Call Poison Control.
1-800-222-1222
Follow their directions.

Is injury severe?
Is there a change in vision?
Has object penetrated eye?

If eye has been burned by chemical,
CALL EMS 9-1-1

Contact responsible school authority and parent or legal guardian.

Fainting

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

- Esophageal spasm
- Lung inflammation
- Gastric disturbance
- Anxiety/Stress
- Pneumonia
- Injury

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.

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.

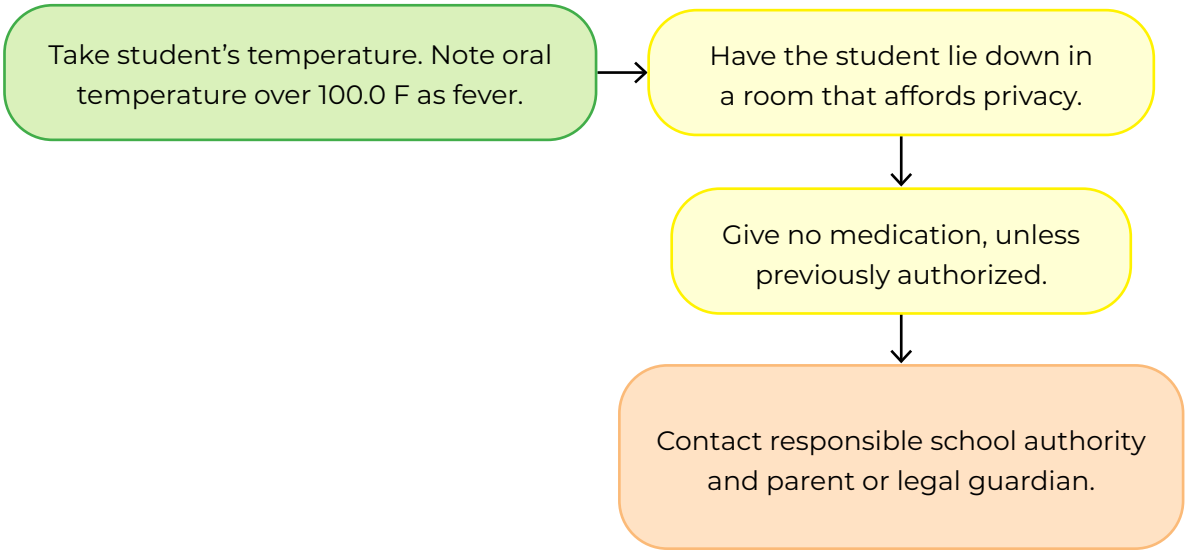
Are symptoms (dizziness, lightheadedness, weakness, fatigue, etc.) still present?

YES → Keep student lying down. Contact responsible school authority and parent/ legal guardian. **Urge Medical Care**

NO

If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet private area. → Contact responsible school authority and parent or legal guardian.

Fever & Not Feeling Well



Oklahoma Administrative Code
Title 310 - Oklahoma State Department of Health
Chapter 520 - Communicable Diseases in Schools Regulations
Section 310:520-1-4 - Diseases for which children should be excluded
Universal Citation: OK Admin Code 310:520-1-4
Current through Vol. 42, No. 19, June 16, 2025

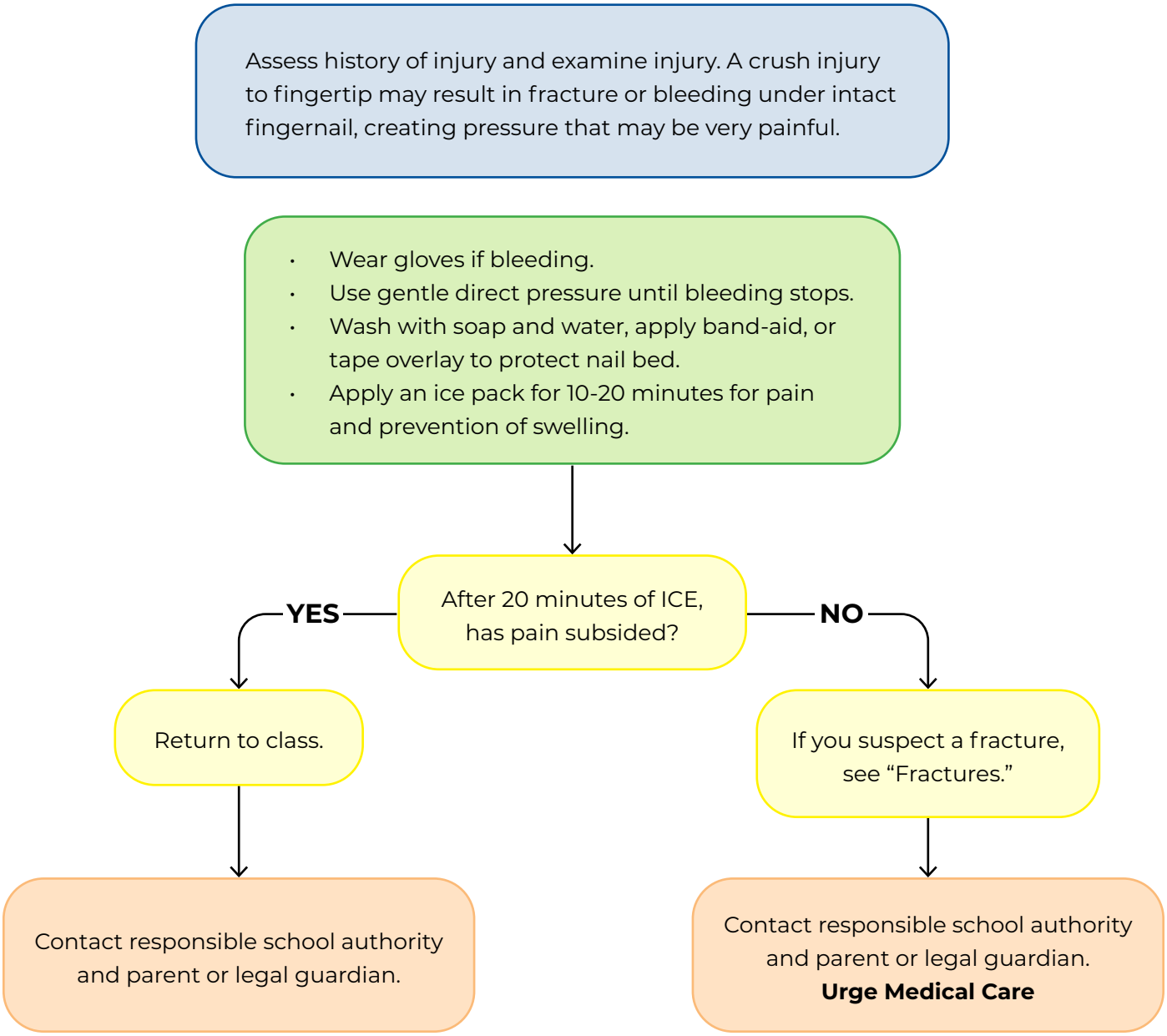
A. Diseases for which children should be excluded are shown on Appendix A of this Chapter. These are suggested periods of exclusion and can be modified on the circumstances surrounding the problem.

B. When school of officials have reasonable doubt as to the contagiousness of any person who has been excluded from school for an infectious diseases, they may require a written statement from the county health department director, county superintendent of health, school nurse, or a private physician before the person is permitted to reenter school.

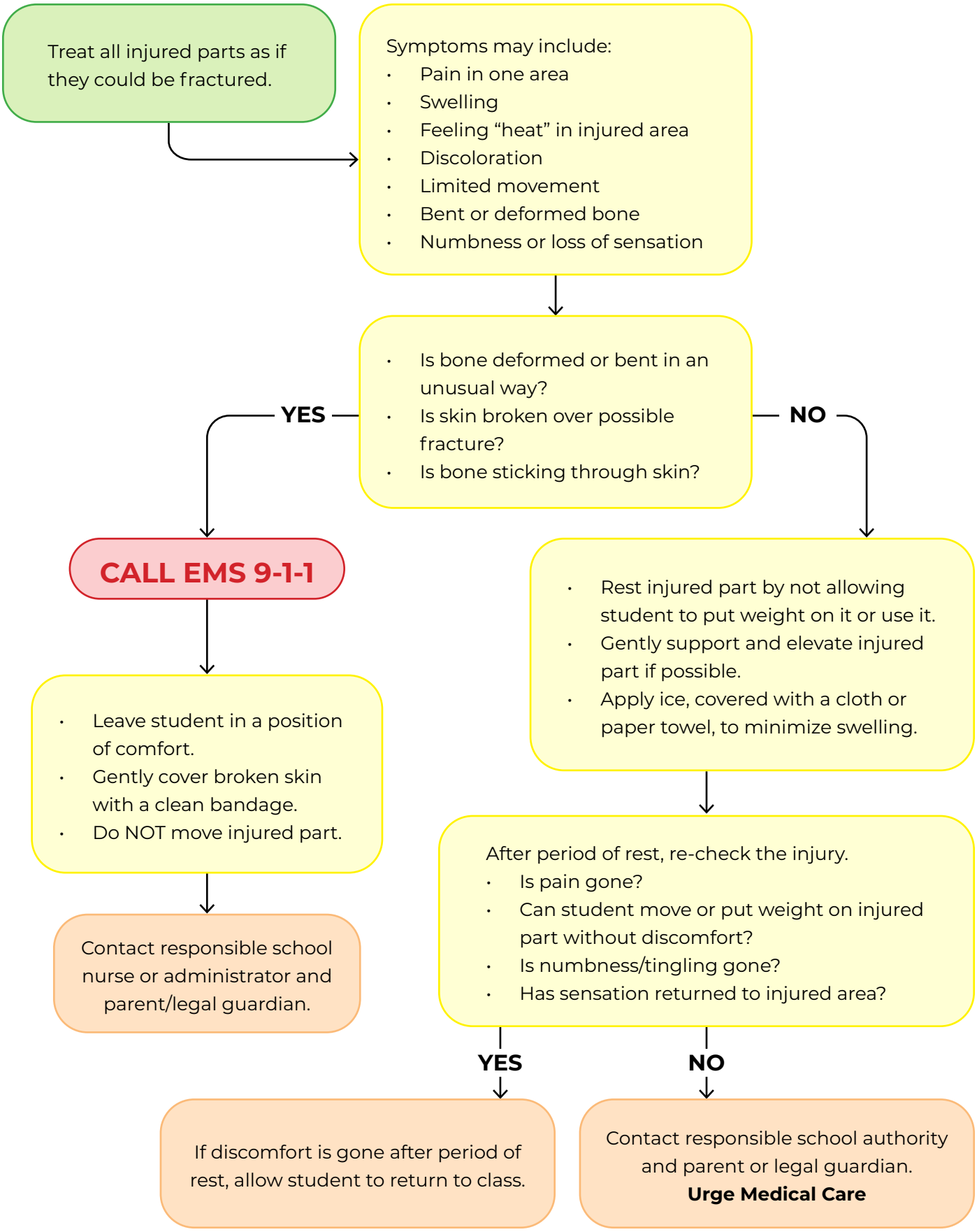
C. The superintendent, teacher, or other official in charge of any school may exclude any child suffering from or exhibiting the following symptoms:
   1. fever alone, 100 degrees Fahrenheit;
   2. sore throat or tonsillitis;
   3. any eruption of the skin, or rash;
   4. any nasal discharge accompanied by fever;
   5. a severe cough, producing phlegm; or
   6. any inflammation of the eyes or lids.

D. The decision to close schools in times of epidemics should be made by the school authorities in consultation with pubic health officials. In times of epidemics, the teachers should be unusually alert for signs of illness and report any symptoms of illness to the proper authorities.

Finger/Toenail Injury



Fractures


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
• Is bone deformed or bent in an unusual way?
• Is skin broken over possible fracture?
• Is bone sticking through skin?
YES
NO
CALL EMS 9-1-1
• Leave student in a position of comfort.
• Gently cover broken skin with a clean bandage.
• Do NOT move injured part.
Contact responsible school nurse or administrator and parent/legal guardian.
• 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.
After period of rest, re-check the injury.
• Is pain gone?
• Can student move or put weight on injured part without discomfort?
• Is numbness/tingling gone?
• Has sensation returned to injured area?
YES
NO
If discomfort is gone after period of rest, allow student to return to class.
Contact responsible school authority and parent or legal guardian.
Urge Medical Care

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.

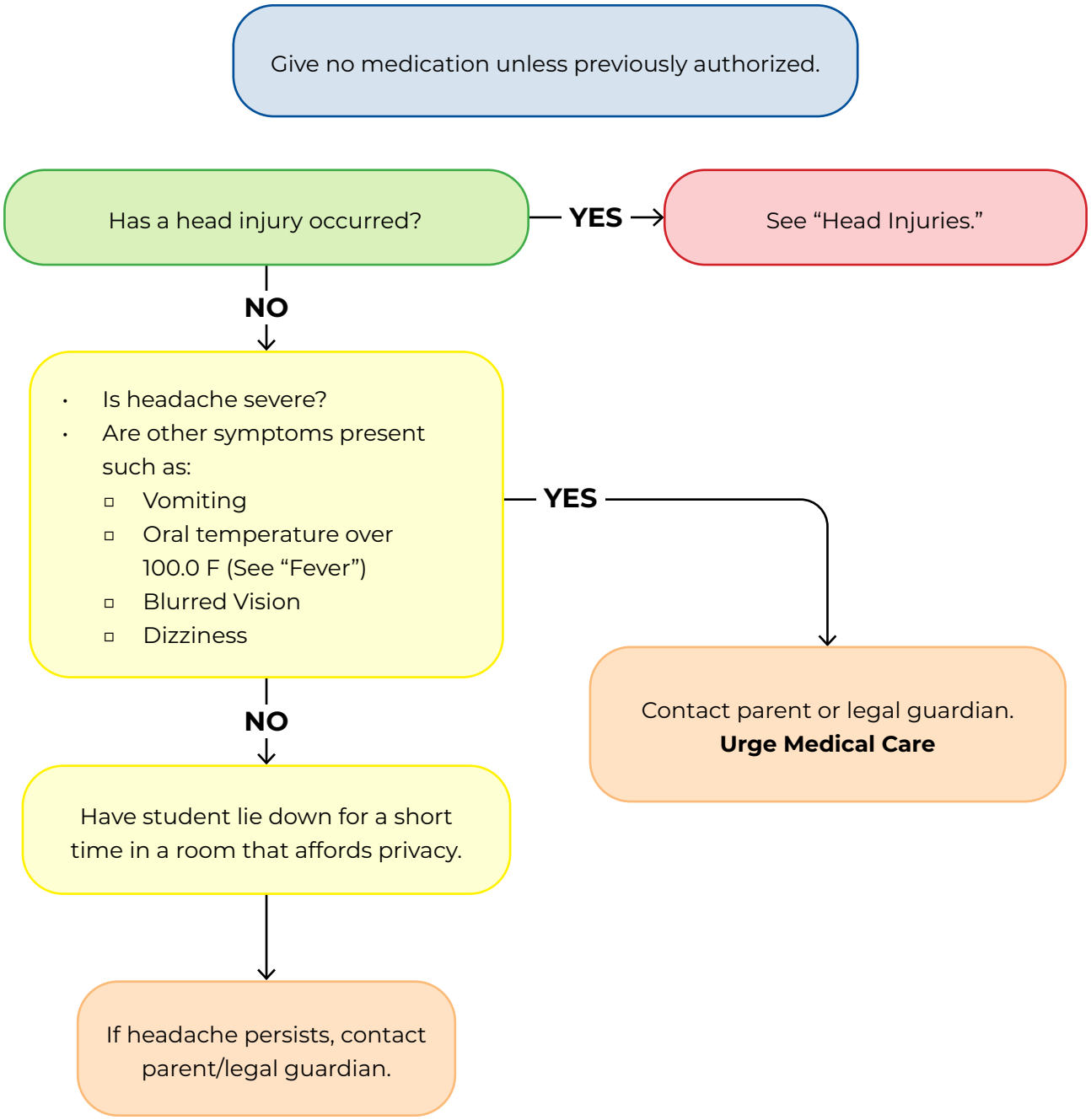
Contact responsible school nurse or administrator and parent/legal guardian.

NO

Keep student and part warm.

Contact responsible school authority and parent or legal guardian.
Urge 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 parent or legal guardian.
Urge Medical Care
NO
Have student lie down for a short time in a room that affords privacy.
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. Bumps to the head may not be serious. 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 other symptoms present such as:

- 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

YES

CALL EMS 9-1-1

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

Give nothing by mouth. Contact responsible school nurse or administrator and parent/legal guardian.

NO

Even if student was only briefly confused and seems fully recovered, contact responsible school authority and parent or legal guardian. **Urge medical care.** Watch for delayed symptoms.

Heat Stroke – Heat Exhaustion

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

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

Is student unconscious or losing consciousness?

YES

- 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."

NO

- Remove student from the heat to a cooler place.
- Have student lie down.

- Does student have hot, dry red skin?
- Is student vomiting?
- Is student confused?

YES

Cool rapidly by completely wetting clothing with room temperature water. **Do NOT use ice water.**

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

NO

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

Contact responsible school nurse or administrator and parent/legal guardian.

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

↓

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

↓

Does student have:

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

YES ↓

CALL EMS 9-1-1

- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is sleepy or losing consciousness, place student on his/her side to protect airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR. See “CPR.”

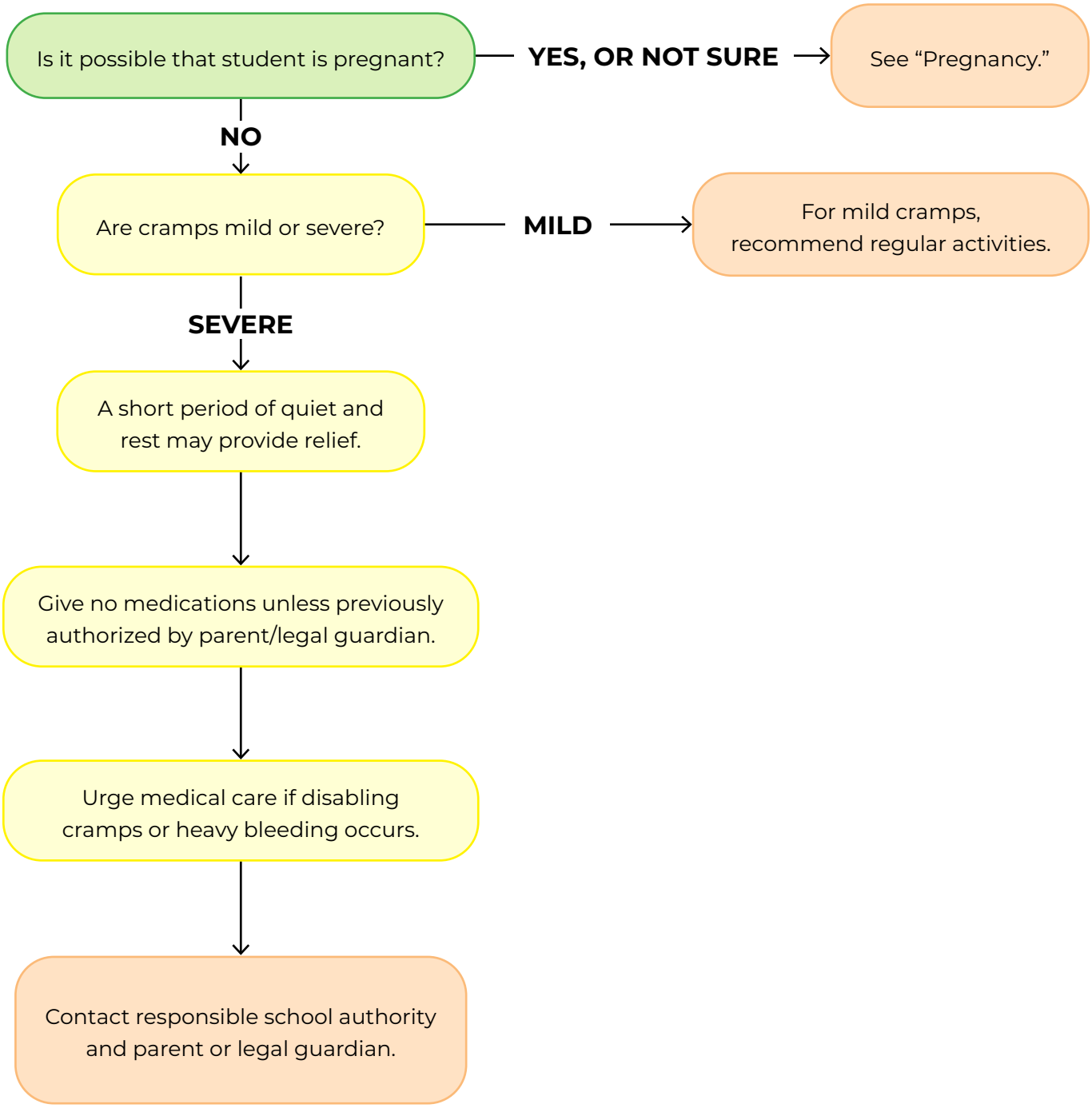
NO ↓

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

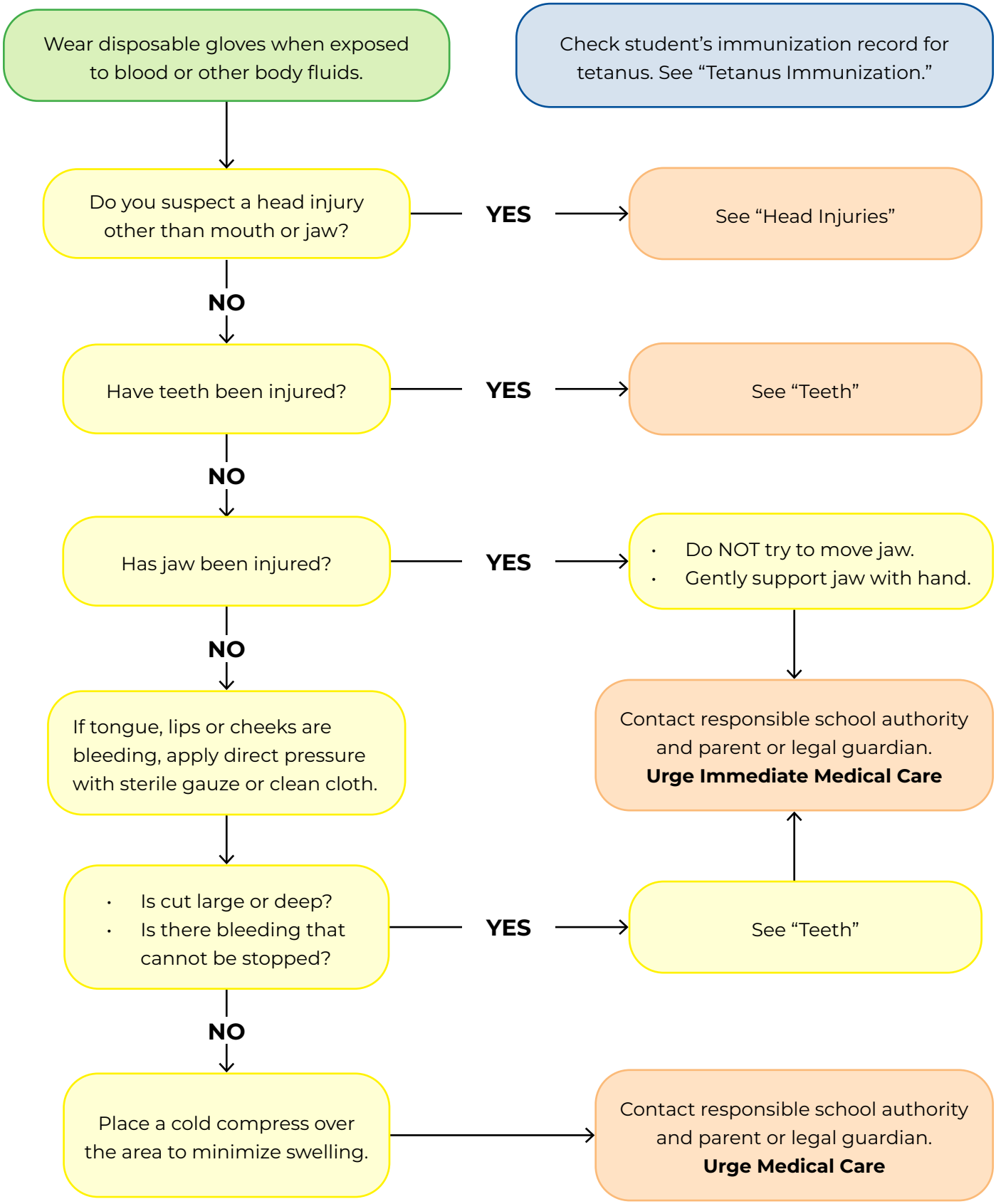
↓

Contact responsible school authority and parent or legal guardian.
Urge Medical Care

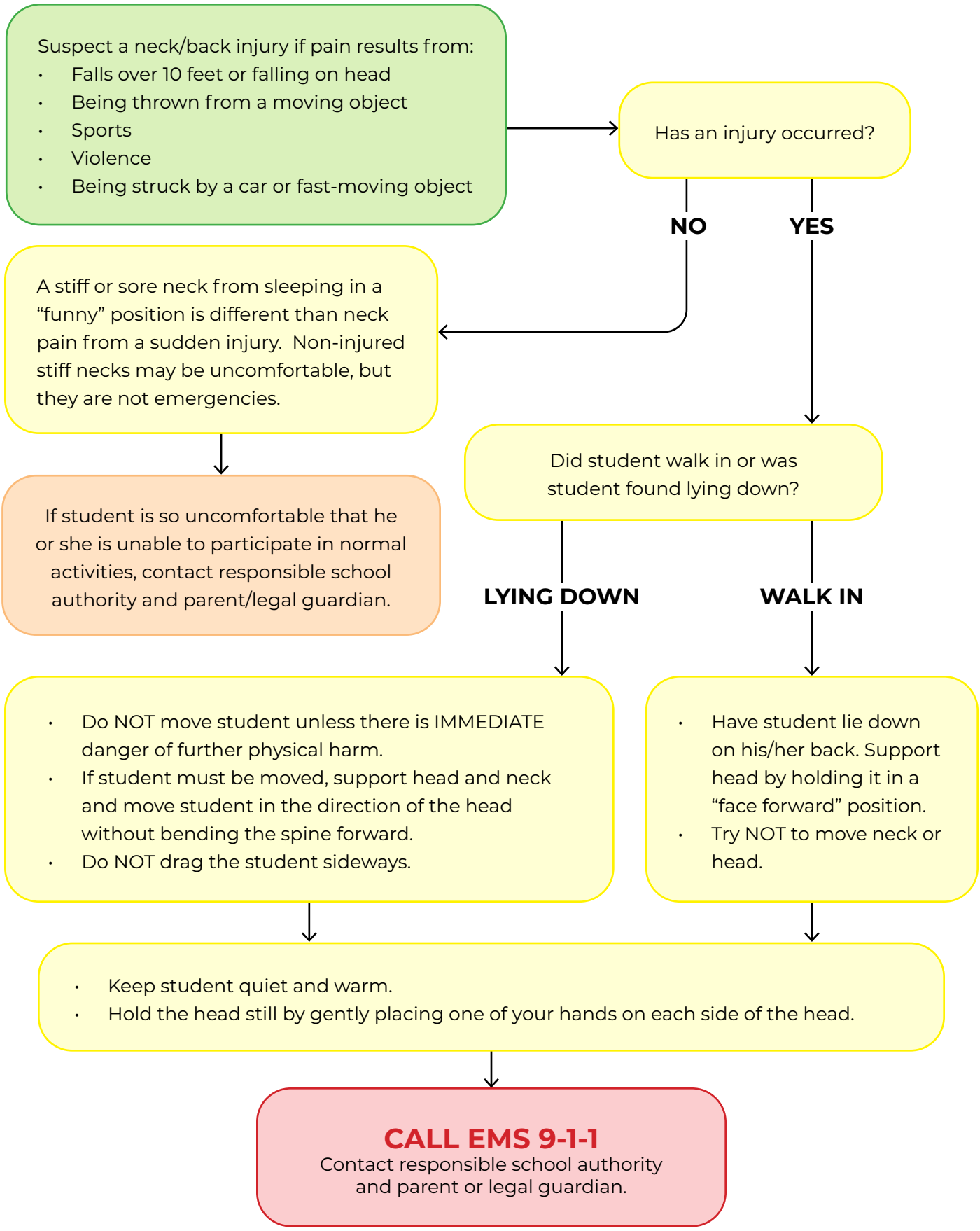
Menstrual Difficulties



Mouth & Jaw Injuries

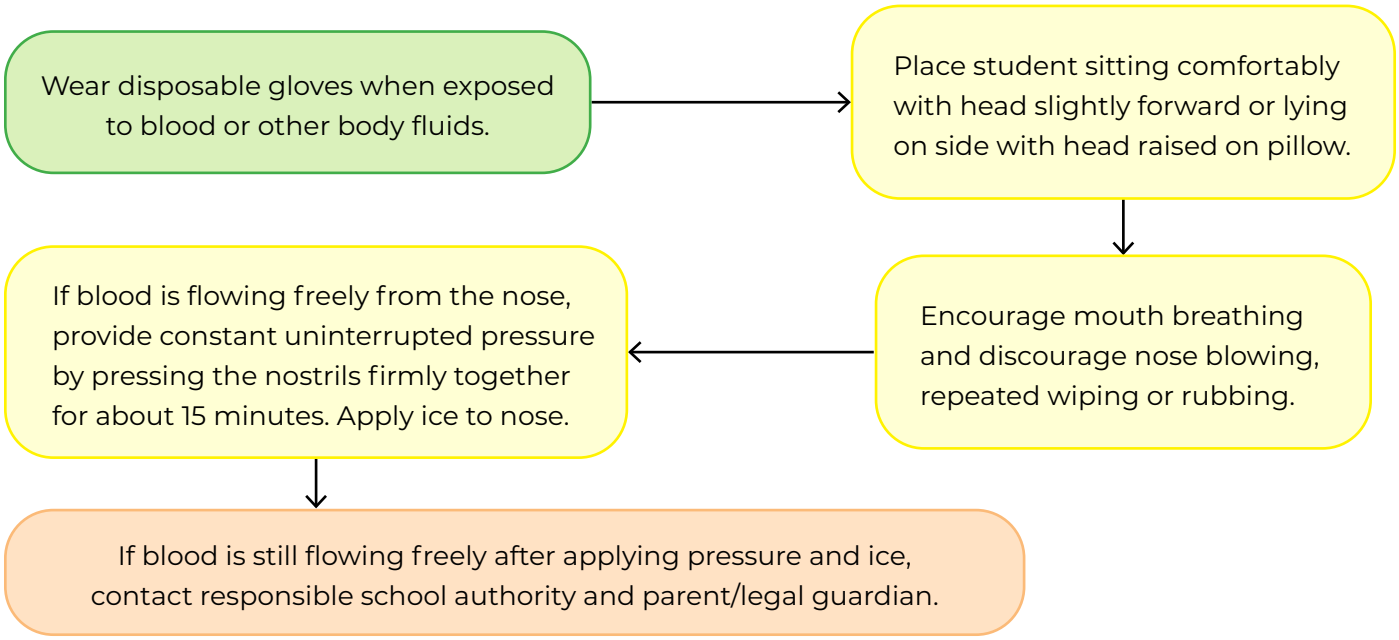


Neck & Back Pain

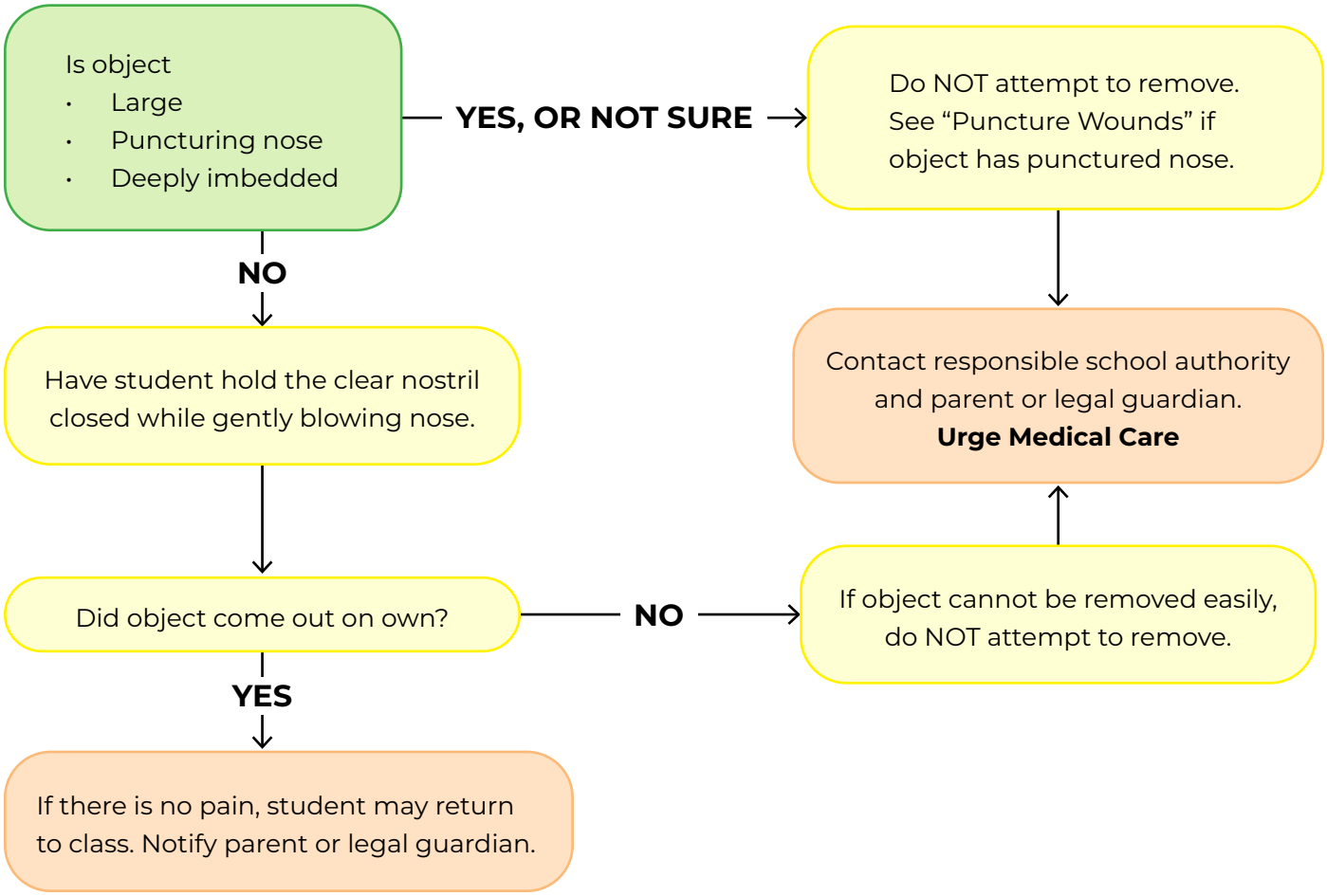


Nose

Nosebleed



Object In Nose



Poisoning & Overdose

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control if you are not sure or when you suspect poisoning from:

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

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.

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

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

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

Narcan Administration

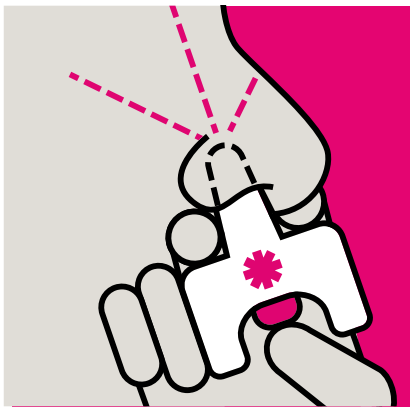
NARCAN® NASAL SPRAY

WHAT TO DO IN CASE OF A SUSPECTED

OPIOID EMERGENCY

LAY

- **Check for slowed breathing or unresponsiveness.**
- Lay the person on their back and tilt the head up.



SPRAY

- **Insert device into either nostril** and press plunger firmly.

STAY

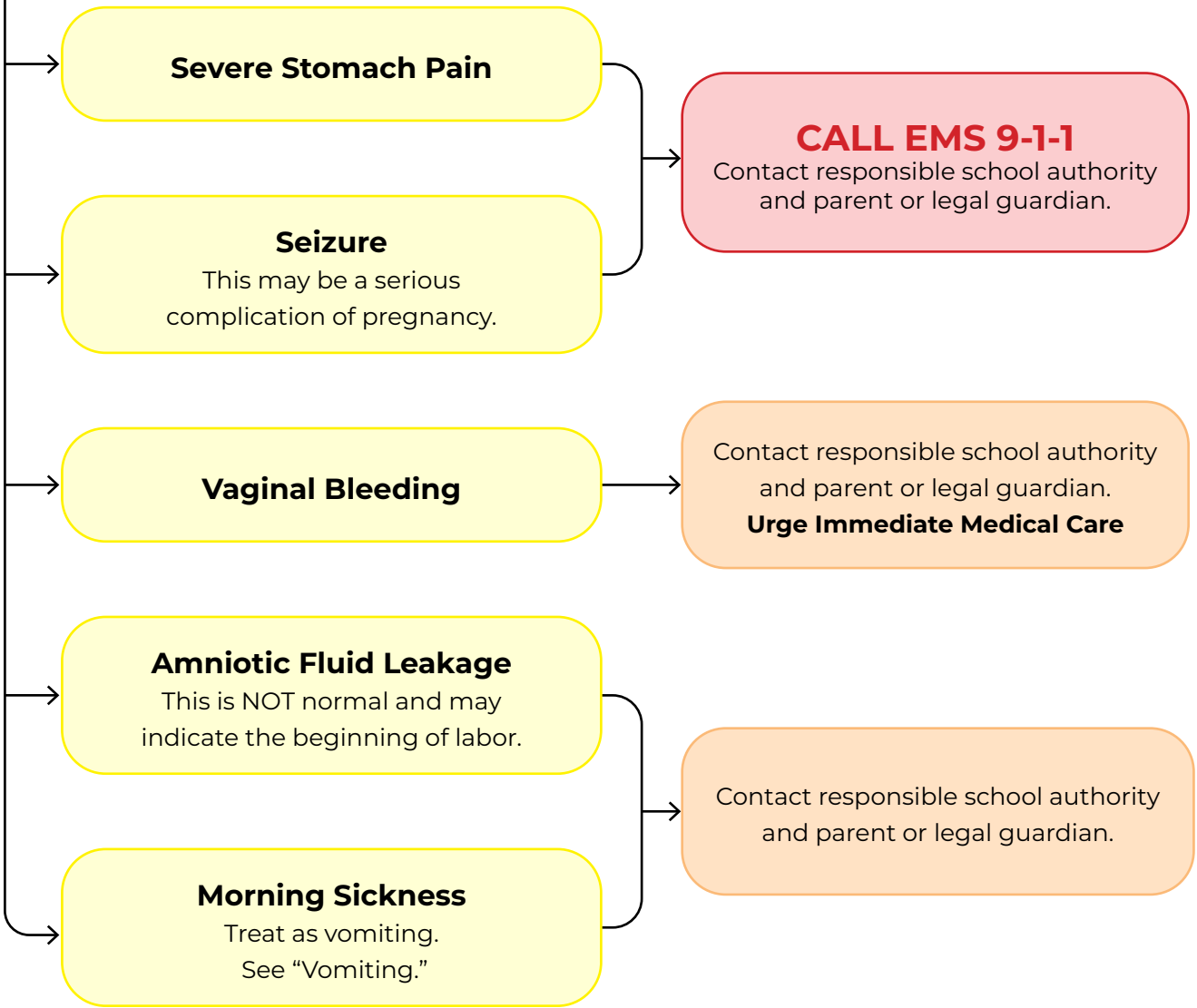
- **Call 911 immediately** and continue to administer doses as needed.

SCAN TO LEARN MORE

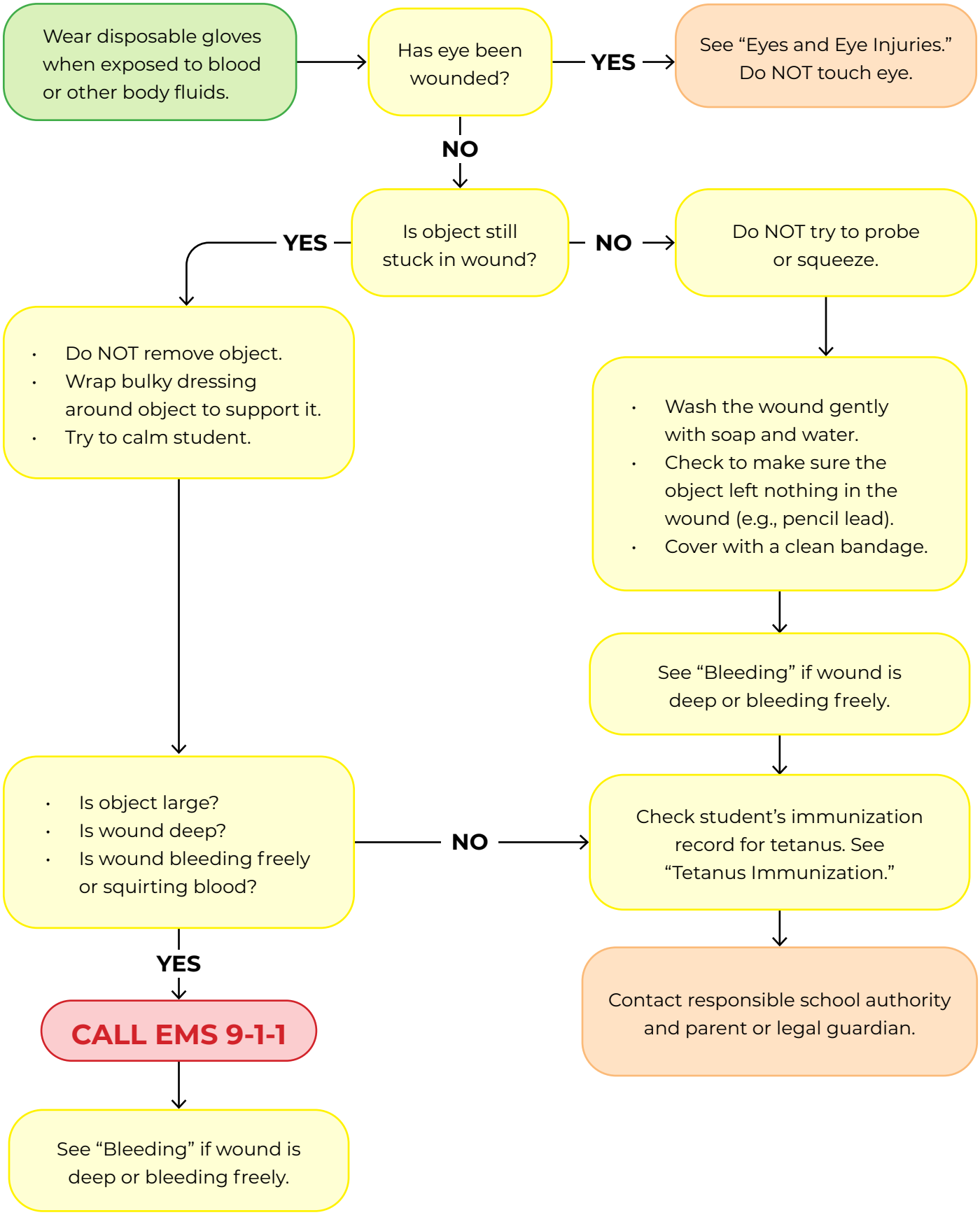
Pregnancy

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.



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:

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

YES

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

NO

If any of the following symptoms are present, contact responsible school authority and parent or legal guardian and urge medical care:

- Oral temperature over 100.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

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 aftereffects of the 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.).

→ Refer to student's emergency care 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 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 five minutes?
- Is student having seizures following one another at short intervals?
- Is student without a known history of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

NO →

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.

→ Contact responsible school authority and parent or legal guardian.

YES

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

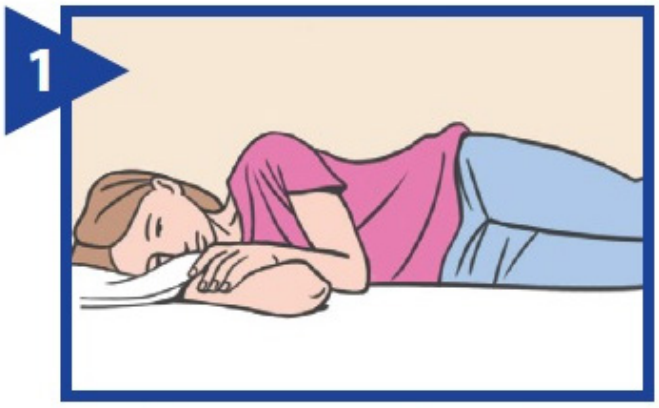
Epilepsy Resources

Epilepsy Foundation Emergencies
www.epilepsy.com/complications-risks/emergencies

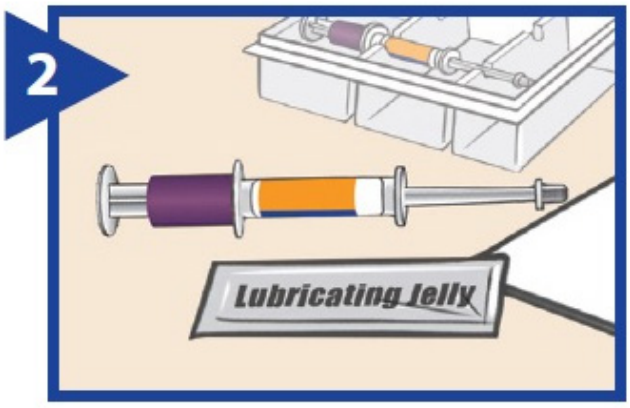
Epilepsy Foundation School Preparedness
www.epilepsy.com/preparedness-safety/schools

How to Use Rectal Gel Diazepam

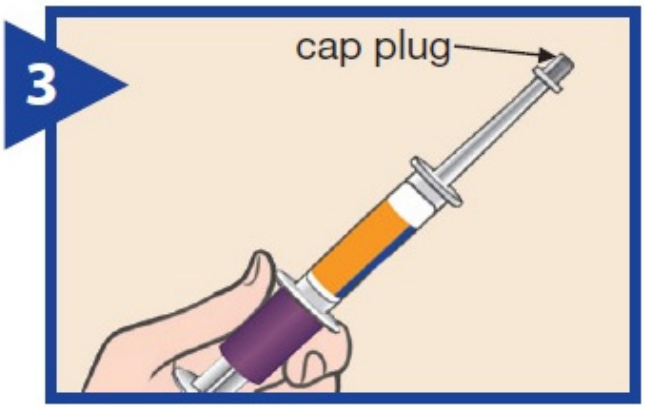
Diazepam Rectal Gel C IV
Rectal Delivery System



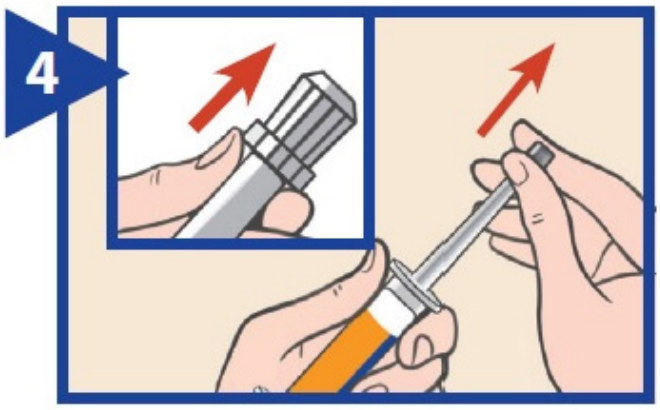
Put person on their side where they can't fall.



Get medicine.



Get syringe.



Remove cap plug from syringe.

How to Use VALTOCO

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

VALTOCO® (diazepam nasal spray) CV

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

Important: For Nasal Use Only.

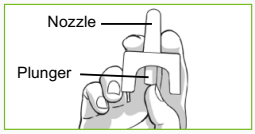
Do not test or prime the nasal spray device. Each device sprays one time only.
Do not use past the expiration date printed on box and blister pack.
Do not open blister pack until ready to use.

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

To give VALTOCO nasal spray:

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

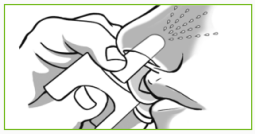
Remove the nasal spray device from the blister pack.



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

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

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



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

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

After giving VALTOCO nasal spray:

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

Call for emergency help if any of the following happen:

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

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

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

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

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

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

https://valtoco.com/know-your-dose/how-to-use/

How to Use VALTOCO (continued)

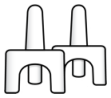
For **5 mg** and **10 mg** Doses

VALTOCO® (diazepam nasal spray) CIV

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

Important: For Nasal Use Only.

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

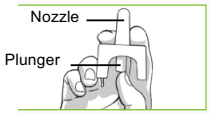


Each blister pack contains
2 nasal spray devices.
1 dose = 2 nasal spray devices.

To give VALTOCO nasal spray:

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

Remove the first nasal spray device from the blister pack.



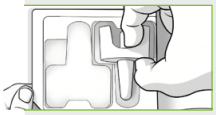
Step 2: **Hold the nasal spray device** with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

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

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

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

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



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

Remove the second nasal spray device from the blister pack.

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

After giving VALTOCO nasal spray:

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

Call for emergency help if any of the following happen:

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

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

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

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

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

NEURELIS™

Shock

If injury is suspected, see “Neck & Back Pain” 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.

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.”

Signs of Shock

- Pale, cool, moist skin
- Mottled, ashen, blue skin
- Altered consciousness or confused mental state
- Nausea, dizziness or thirst
- Rapid breathing
- Rapid, weak pulse
- Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Difficulty breathing or swallowing
- Restlessness/irritability
- Blueness in the face
- Unresponsive
- Severe coughing, high pitched whistling sound

NO

YES

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.

Contact responsible school authority and parent or legal guardian. **Urge medical care if EMS is not called.**

Snake Bite

Treat all snake bites as poisonous until snake is positively identified.

- DO NOT cut wound
- DO NOT apply tourniquet
- DO NOT apply ice

All snake bites need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a SNAKE BITE KIT for outdoor trips.

- Immobilize the bitten extremity at or below the level of the heart.
- Make person lie down, keep at complete rest, and avoid activity (walking).
- Keep victim warm and calm.
- Remove any restrictive clothing, rings, and watches.

- Is snake poisonous or unknown?
- Is person not breathing (See "CPR")?

YES →

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

NO ↓

- Flush bite with large amount of water.
- Wash with soap and water.
- Cover with clean, cool compress, or moist dressing.
- Monitor pulse, color, and respirations: prepare to perform CPR if needed.
- Identify snake – if dead, send with victim to hospital.
- Parents pay transport for medical evaluation if condition is not life threatening.

If greater than 30 minutes from emergency department:

- Apply a tight bandage, to an extremity bite, between the bite and the heart, do not cut off blood flow.
- Use Snake Bite Kit suction device repeatedly.

← Contact responsible school authority and parent or legal guardian.
Urge Medical Care

Signs & Symptoms of Poisonous Bite

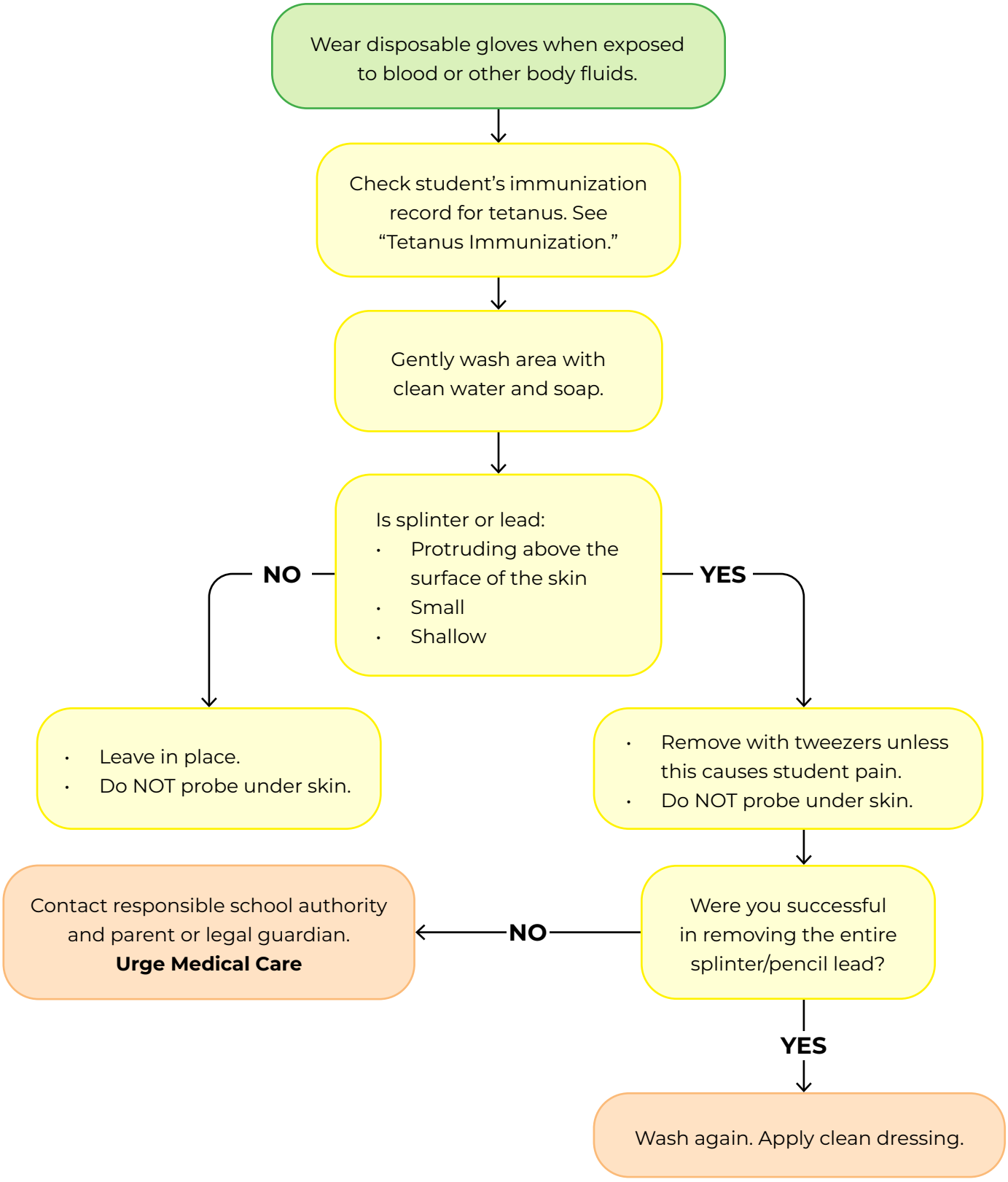
Mild to Moderate:

- Swelling, discoloration or pain at site
- Rapid pulse, weakness, sweating, or fever
- Shortness of breath
- Blurred vision, dizziness, or fainting
- Fang marks, nausea, vomiting, and diarrhea

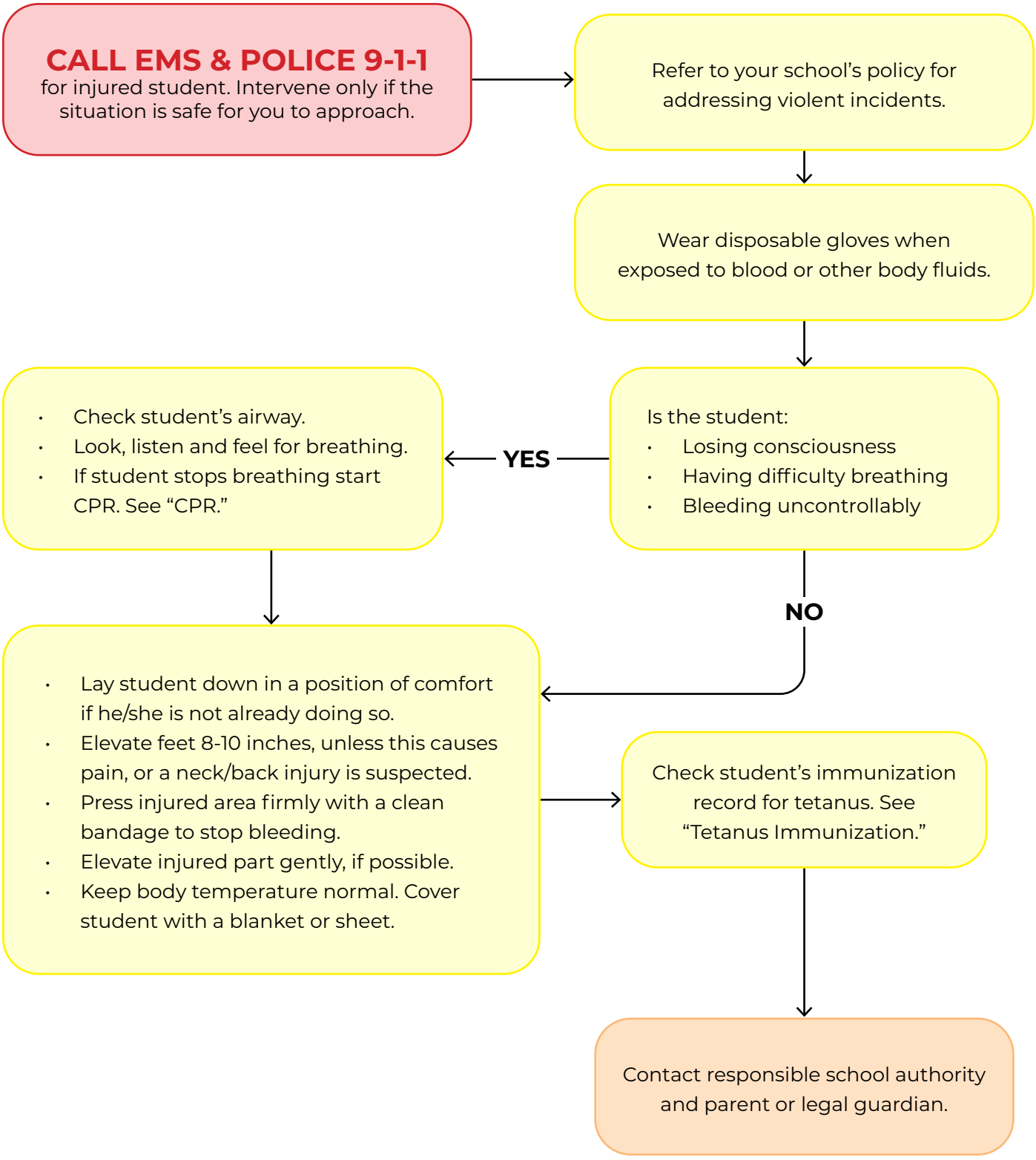
Severe:

- Swelling of tongue or throat
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis, and unconsciousness
- Loss of muscle coordination

Splinters or Imbedded Pencil Lead



Stabbing & Gunshot Injuries



Stings

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

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

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

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

Contact responsible school authority and parent or legal guardian.
See “Allergic Reaction.”

YES

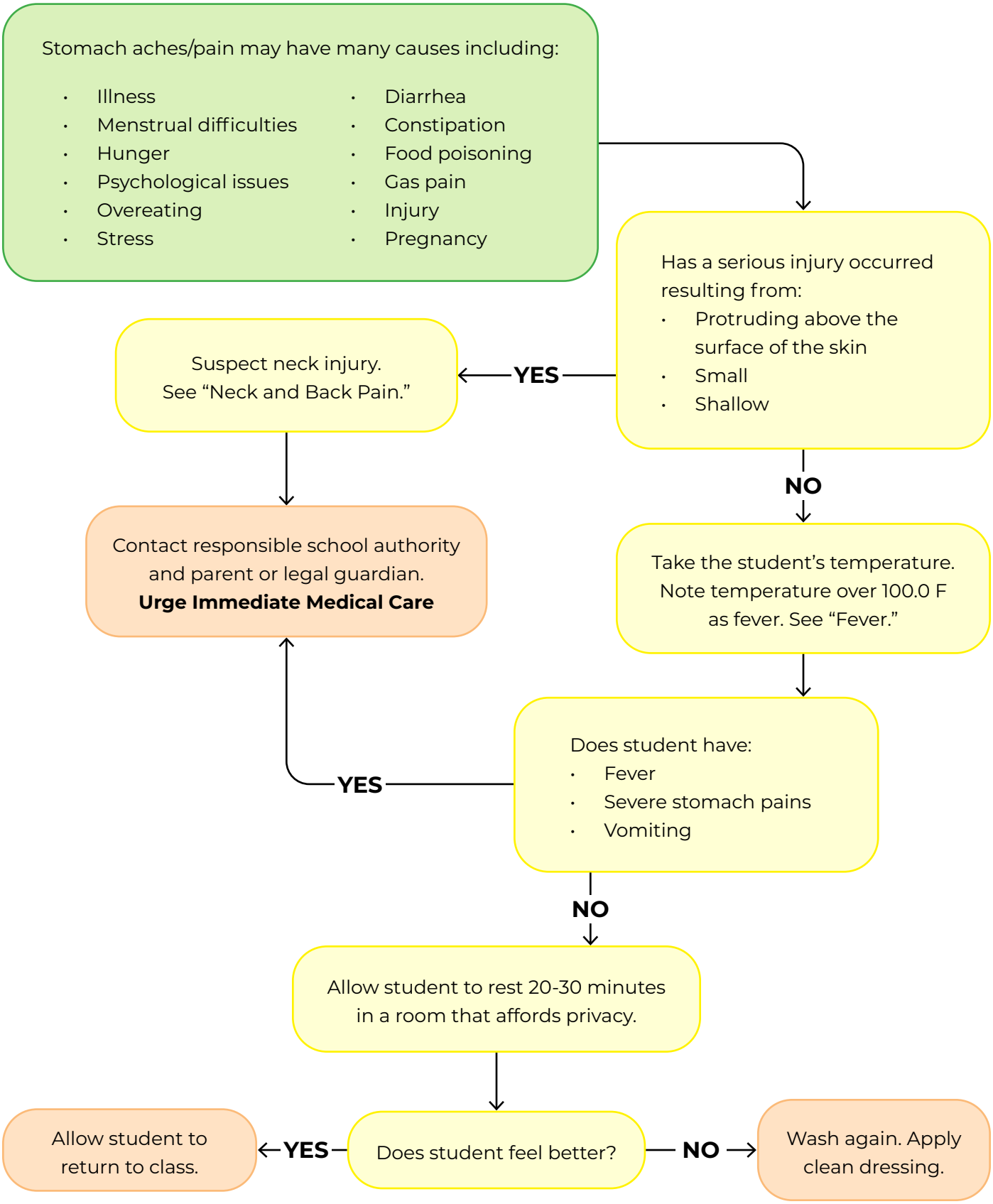
Refer to student’s emergency care plan.

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

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

- Check student’s airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR. See “CPR.”

Stomach Aches/Pains



Teeth

Bleeding Gums

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 and parent or legal guardian. **Urge Dental Care**

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 and parent or legal guardian. **Urge Dental Care**

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

Displaced Tooth

Do NOT try to move tooth into correct position.

→ Contact responsible school authority and parent or legal guardian. **Obtain Emergency Dental Care.**

Teeth (continued)

Knocked Out Or Broken Permanetnt Tooth

See “Mouth and Jaw” for tongue, cheek, lip, jaw or other mouth injury not involving the teeth.

- Find tooth
- Do NOT handle tooth by the root

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

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

1. Place gently back in socket and have student hold in place with tissue or gauze, or
2. Place in HBSS (Save-A-Tooth Kit) if available. See “Recommended First Aid Supplies” on inside back cover, or
3. Place in a glass of milk, or
4. Place in normal saline, or
5. Have student spit in cup and place tooth in it, or
6. Place in glass of water.

Tooth must not dry out.

Apply a cold compress to fact to minimize swelling.

Contact responsible school authority and parent or legal guardian. **Obtain emergency dental care. The student should be seen by a dentist as soon as possible.**

Tetanus Immunization

Such as, but not limited to, wounds contaminated with dirt, feces, soil, and saliva (human or animal); puncture wounds, avulsions, wounds resulting from missiles, crushing, burns, and frostbite.

Clean, minor wounds.

Children and adolescents with a minor wound do not need tetanus vaccination unless it has been 10 or more years since their last tetanus toxoid containing vaccination.

If 10 or more years, refer parent to obtain booster dose of Td or Tdap for child. Use Tdap vaccine if no prior doses of Tdap vaccine.

Wounds that are neither clean nor minor.

Children with three or less doses of tetanus toxoid-containing vaccine or who have an uncertain or unknowing history of prior doses.

Refer parent to obtain tetanus immune globulin (TIG) and to complete the tetanus, diphtheria, and pertussis vaccination series, for child, as soon as possible.

Children less than seven years of age, should complete the series with DTaP vaccine.

Children less than seven years of age should complete the series with a single dose of Tdap and any remaining doses with Td.

Children who completed a primary series of diphtheria, tetanus, and pertussis vaccine (four or five doses)

Less than five years since last DTaP, Td, or Tdap no vaccine is needed.

Five or more years since last dose of DTaP, Td, or Tdap.

Children less than seven years of age
Refer parent to obtain booster dose of DTaP vaccine for child (it is not likely that you will find a child <7 who completed the DTaP series five or more years previously).

Children seven years of age and older
Refer parent to obtain booster dose of Td or Tdap vaccine for child. Use Tdap vaccine if no prior doses of Tdap vaccine.

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. Contact parent for discussion of removal prior to removing tick.

↓

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

↓

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

↓

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

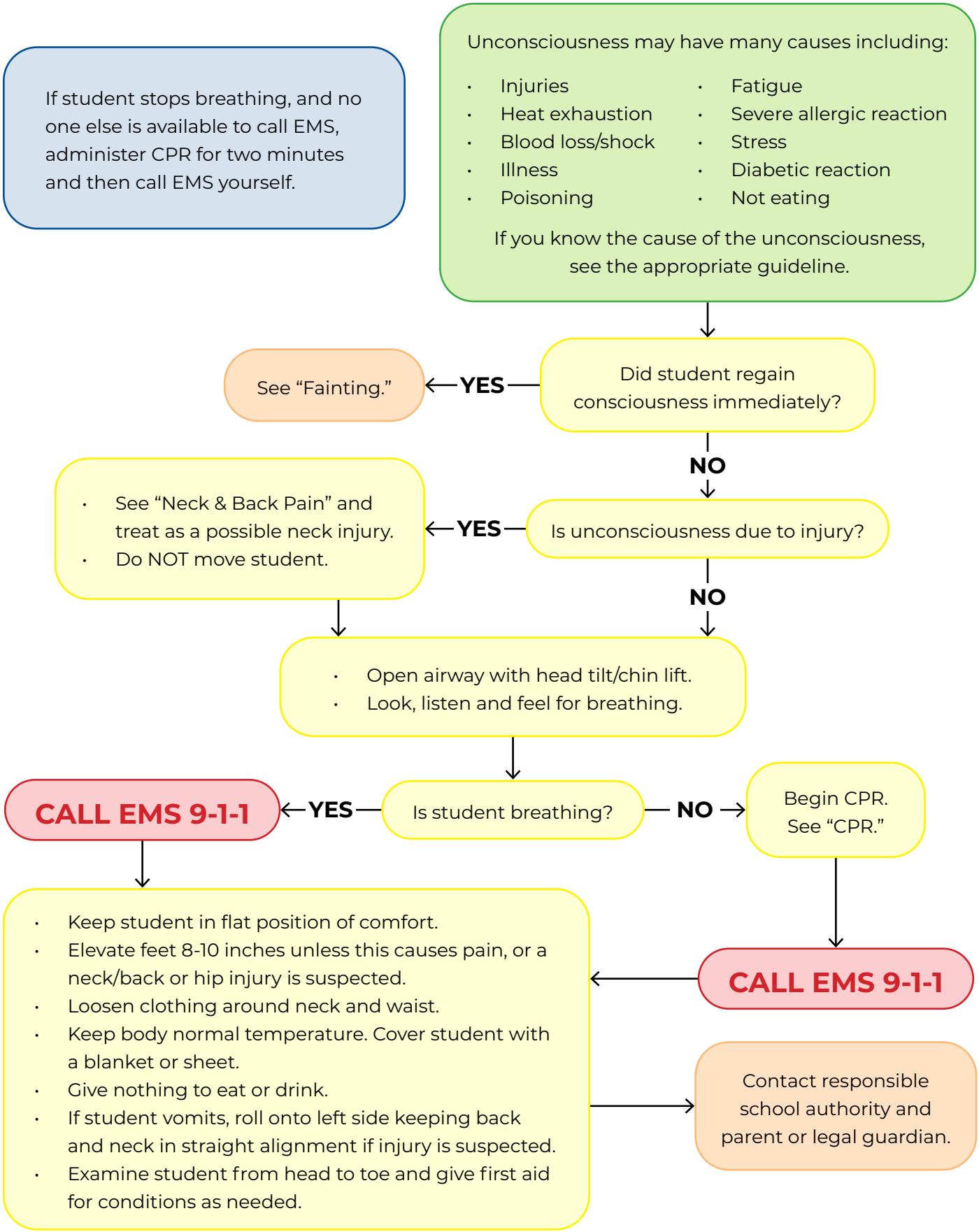
↓

Best practice is to place the tick in a container with a lid or a zip bag with the date removed on it and send it home with the student.

↓

Contact responsible school authority.

Unconsciousness



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
- Injury/head injury
- Bulimia
- Heat exhaustion
- Anxiety
- Overexertion
- Pregnancy
- 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 student have:

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

↓

Contact responsible school authority and parent or legal guardian.

OKLAHOMA
State Department of Health

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