

WISCONSIN EMERGENCY PREPAREDNESS GUIDELINES FOR SCHOOLS



Guidelines for helping children in emergency situations – illness, injury and various incidents

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ABOUT THE GUIDELINES

The emergency guidelines in this book were produced by the Wisconsin Emergency Medical Services for Children Program within the Department of Health and Family Services, Division of Public Health, Bureau of EMS and Injury Prevention. The book was a collaborative effort of Wisconsin Emergency Management, Department of Military Affairs and the Emergency Care, Department of Public Instruction and School Health Committee of the Wisconsin Chapter of American Academy of Pediatrics. It has been reviewed by various professionals who are concerned about the health, safety and well being of Wisconsin's children. Information contained in the guidelines was adapted from the Ohio Department of Public Safety's *Emergency Guidelines for Schools*, the Minnesota Department of Public Safety's *Emergency/Disaster Preparedness – A Planning Guide for Schools* and the Federal Emergency Management Agency (FEMA), Emergency Management Institute's *Multi-Hazard Program for Schools*.

The emergency guidelines are meant to serve as basic “what to do in an emergency” information for staff without medical/nursing training, when a nurse or other medical professional is not available. It is recommended that staff who are in a position to render care to children 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 and reviewed periodically.

The guidelines have been created as **recommended** procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a facility, system, governing board or the State of Wisconsin. If you have any questions concerning the recommendations contained in the guidelines, please contact the Emergency Medical Services for Children office at (608) 266-7457, your local public health department or your local emergency management office. We recommend that you include specific local information in the guideline booklet such as floor plans, evacuation plans, etc.

Please take some time to familiarize yourself with the format, and review the “How to Use the Guidelines” section prior to an emergency situation. We also recommend that the guidelines be used for staff inservice training, disaster drill situations and other internal educational opportunities.

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HOW TO USE THE EMERGENCY GUIDELINES

The back outside cover of the booklet provides space in which to record key local emergency service telephone numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.

The guidelines are arranged with tabs which identify each emergency management section. The tabs are in alphabetical order to provide ease of use for quick access to specific topic areas.

A colored flow chart format is used to guide you easily through all medical emergency identification, decision and action steps from beginning to end. The charts are an illustrative educational tool. See the **Key to Shapes and Colors**. The flow charts are designed to be used as guideline summaries, a memory tool in the actual emergency situations, and as educational information prior to an event. Use them wisely, not blindly. These lists should not be considered endorsements, requirements or standards of care in a legal sense, but are guidelines to follow to promote clinical understanding.

Take some time to familiarize yourself with the **Emergency Procedures for an Accident or Illness** section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

In addition, some information has been provided about **Infection Control** procedures and **Emergency Planning for Children with Special Needs**.

EMERGENCY PROCEDURES FOR ACCIDENT OR ILLNESS

1. 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 civil 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 situation and render any further first aid or care needed.
4. DO NOT give medications without appropriate authorization.
5. DO NOT move a severely injured or ill child unless absolutely necessary for immediate safety. If moving is necessary, follow guideline in NECK AND BACK INJURIES section.
6. The responsible authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible and determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, if appropriate, for further management direction. Arrange for transportation of the injured child by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured child.
9. Fill out a report for any incident requiring above procedures as required by facility policy.

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CALL 911 WHEN CHILDREN ARE SERIOUSLY INJURED OR ILL

Because children are small and easily transported, it is tempting to bring them in your car or truck to the emergency department if they are injured or ill. This practice is fine when the child's illness or injury is not serious. However, emergency personnel routinely face the situation where a seriously ill or injured child is transported by private vehicle when the child would have benefited from the skilled prehospital care that trained Emergency Medical Technicians provide. In such cases it is important to call 911 or the local emergency number.

When should you call 911 rather than transporting a child by private vehicle? There are three circumstances when it is important to do so:

1. When the child is seriously ill or injured. How to assess this is discussed below.
2. When the child has been injured in a way which carries a high risk of serious consequences, even if the child seems normal. Examples of such mechanisms include:
 - Falls of more than 6 feet.
 - Any motor vehicle crash versus pedestrian or cyclist.
 - Any injury which involves temporary loss of consciousness.
 - Any injury with an obvious fracture of hand, arm or leg.
3. If you are worried, you know the child, and can trust your instincts. It is much preferable to call 911 when it might not have been necessary, than to not call when it was important to do so.

When should you suspect that the child is seriously ill or injured, and it is important to call 911? There are three especially useful observations, which can be performed in a few seconds, to help you decide:

1. **Appearance:** A child's general appearance is the single most useful indicator of serious illness or injury. The ill child **looks** ill. Particularly helpful signs include:
 - Is the child alert, or irritable, or lethargic? If the child is irritable and hard to console, or lethargic **call 911**.
 - What is the child's level of activity? If the child is much less active than normal with "floppy" muscle tone **call 911**.
 - Is the child's color normal, pale or dusky, or blue? If the child is dusky or blue in color **call 911**.
 - Is the child's speech or cry strong or weak? If the cry is weak **call 911**.
2. **Work of breathing:** Normal breathing requires very little effort. When a child is obviously working hard to take each breath **call 911**.
3. **Circulation to the skin:** In a warm environment, a child's skin, including the hands and feet, is normally warm. If the child's skin, especially the extremities, is cold **call 911**.

INFECTION CONTROL

To reduce the spread of infectious diseases (diseases caused by germs that can be spread from one person to another), it is important to follow Universal Precautions. Universal Precautions are guidelines which assumes that all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to **any child**, whether or not the child is known to be infectious. The following list describes universal precautions:

- Wash hands thoroughly:
 - ◆ Before and after physical contact with any child (even if gloves have been worn).
 - ◆ Before and after eating or handling food.
 - ◆ After cleaning.
 - ◆ After using the restroom.
- Wear latex-free gloves when contact with blood and other body fluids is likely.
- 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 latex-free gloves). Double-bag the trash in two plastic bags or place the contaminated or soiled material in a Ziploc-type bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach or sodium hypochlorite to 10 parts water).
- Double-bag all soiled clothing (i.e. contaminated with blood, stool or vomit) in plastic and send home with the child.
- Do not touch your mouth or eyes, eat or drink while giving any first aid.

Guidelines for Children:

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

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PLANNING FOR CHILDREN WITH SPECIAL NEEDS

Some children in your care may have special emergency care needs due to their medical conditions or physical disabilities. If the child is not enrolled in the Wisconsin “**Child Alert Program**”, contact the Emergency Medical Services for Children office to get referral to the Child Alert Facilitator in your area of the state.

Medical Conditions:

Some children in your care may have special conditions that put them at risk for life-threatening emergencies. For example children with:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Asthma or other breathing difficulties

Your staff, parents and the child’s personal doctor, should develop individual emergency care plans for these children when they are enrolled (preferably before the first day). These emergency care plans should be available at all times. In the event of an emergency situation, refer to the child’s individual emergency care plan.

Physical Abilities:

Other children may have special emergency needs due to their physical disabilities. For example:

- Children who are blind, deaf or hard of hearing
- Children in wheelchairs
- Children who have difficulty walking up or down stairs (for any other reason, i.e. children who are on crutches).

These children will need special arrangements in the event of an emergency (e.g. fire, tornado, evacuation, etc.). A plan should be developed and responsible persons should be designated to assist these children to safety.

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