



# Emergency Guidelines for Schools

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

- |                                 |                         |                              |
|---------------------------------|-------------------------|------------------------------|
| ◆ AED Procedures                | ◆ Diarrhea              | ◆ Rashes                     |
| ◆ Allergic Reaction             | ◆ Eye/Ear/Nose Injuries | ◆ Seizures                   |
| ◆ Asthma & Difficulty Breathing | ◆ Fainting              | ◆ Shock                      |
| ◆ Behavioral Emergencies        | ◆ Fever                 | ◆ Splinters                  |
| ◆ Bites                         | ◆ Fractures & Sprains   | ◆ Stings                     |
| ◆ Bleeding                      | ◆ Head Injuries         | ◆ Stomach Aches & Pains      |
| ◆ Blisters                      | ◆ Headache              | ◆ Teeth Problems             |
| ◆ Bruises                       | ◆ Heat-Related Illness  | ◆ Tick Bite & Removal        |
| ◆ Burns                         | ◆ Hypothermia/Frostbite | ◆ Unconsciousness            |
| ◆ CPR                           | ◆ Menstrual Problems    | ◆ Vomiting                   |
| ◆ Child Abuse & Neglect         | ◆ Mouth & Jaw Injuries  | ◆ Emergency Preparedness     |
| ◆ Choking                       | ◆ Neck & Back Injuries  | Resources                    |
| ◆ Communicable Diseases         | ◆ Poisoning & Overdose  | -Pandemic/Outbreak Planning  |
| ◆ Cuts, Scratches & Scrapes     | ◆ Pregnancy             | -First Aid Equipment/Go-Bags |
| ◆ Diabetes                      | ◆ Puncture Wounds       | -Students with Special Needs |



**ARIZONA DEPARTMENT OF  
EDUCATION**



**ARIZONA**  
DEPARTMENT OF  
**HEALTH SERVICES**

# ABOUT THE GUIDELINES

The **Emergency Guidelines for Schools** Manual outlines recommended procedures for school health office staff with medical certification and those with little or no medical or nursing training when the school nurse is unavailable.

It is recommended that any staff member responsible for providing first aid to students complete the following training: An approved first aid and CPR course, "Stop the Bleed" training, Training on how to administer emergency stock medications

While this resource is specifically designed for a school environment, it can also be used in childcare settings or at home.

The emergency guidelines in this booklet are adapted from the Ohio Department of Public Safety's Emergency Medical Services for Children (EMSC) Program in cooperation with the Emergency Care Committee of the Ohio Chapter and the American Academy of Pediatrics. The 2017 Arizona Emergency Guidelines for Schools content was reviewed and updated by the 2024 Redbook Update Workgroup, which involved representatives from the Arizona Department of Health Services, the Arizona Department of Education, and various Arizona public school districts.

Thank you to the school districts represented in the 2024 Redbook Update Workgroup:  
Deer Valley Unified School District, Paradise Valley Unified School District, Dysart Unified School District, Peoria Unified School District, Flagstaff Unified School District, Tempe Elementary School District, Mesa Public Schools

These guidelines are only recommended procedures; they do not supersede or invalidate any laws or rules established by the local school board, local health department, state entity, or other ruling authority. Please consult your school nurse, local health department, or the Arizona Department of Education if you have any questions about the recommendations contained in this manual.

The Arizona Redbook's original development was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H33MC06690 EMS for Children Partnership and the Title V Maternal and Child Health Block Grant.

The current iteration of the Arizona Redbook is supported by the U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR), Hospital Preparedness Program (HPP).

The content of this manual and the conclusions are those of the author(s) and revision work group representatives. The information in this manual should not be construed as the official position or policy of HRSA, HHS, or the U.S. Government.

# HOW TO USE THE EMERGENCY GUIDELINES

Page 11-12 of this booklet contains important information about key **emergency numbers** in your area. It is important to complete this information as soon as you receive the booklet to have it ready in an emergency.

The **Flowcharts** are arranged in alphabetical order for quick access, starting on page 13. A colored flow chart format guides you easily through all steps and symptoms from beginning to end. See the **Key to Shapes and Colors** on page 6.

Take some time to familiarize yourself with the **Emergency Procedures for an Accident, Illness** section on page 8 and the **Infection Control** section on page 10. These procedures give a general overview of the recommended steps in an emergency and the safeguards to be taken. Emergency planning for students with special healthcare needs is located on page 9

In addition, **Emergency Preparedness Resources** are provided in this manual starting on page 64. This section includes information about **Emergency Operation Planning** requirements, **Outbreak and Pandemic Planning** for schools, **Exclusion Guidelines**, and recommendations for **First-Aid supplies** and **Go-Bags**.

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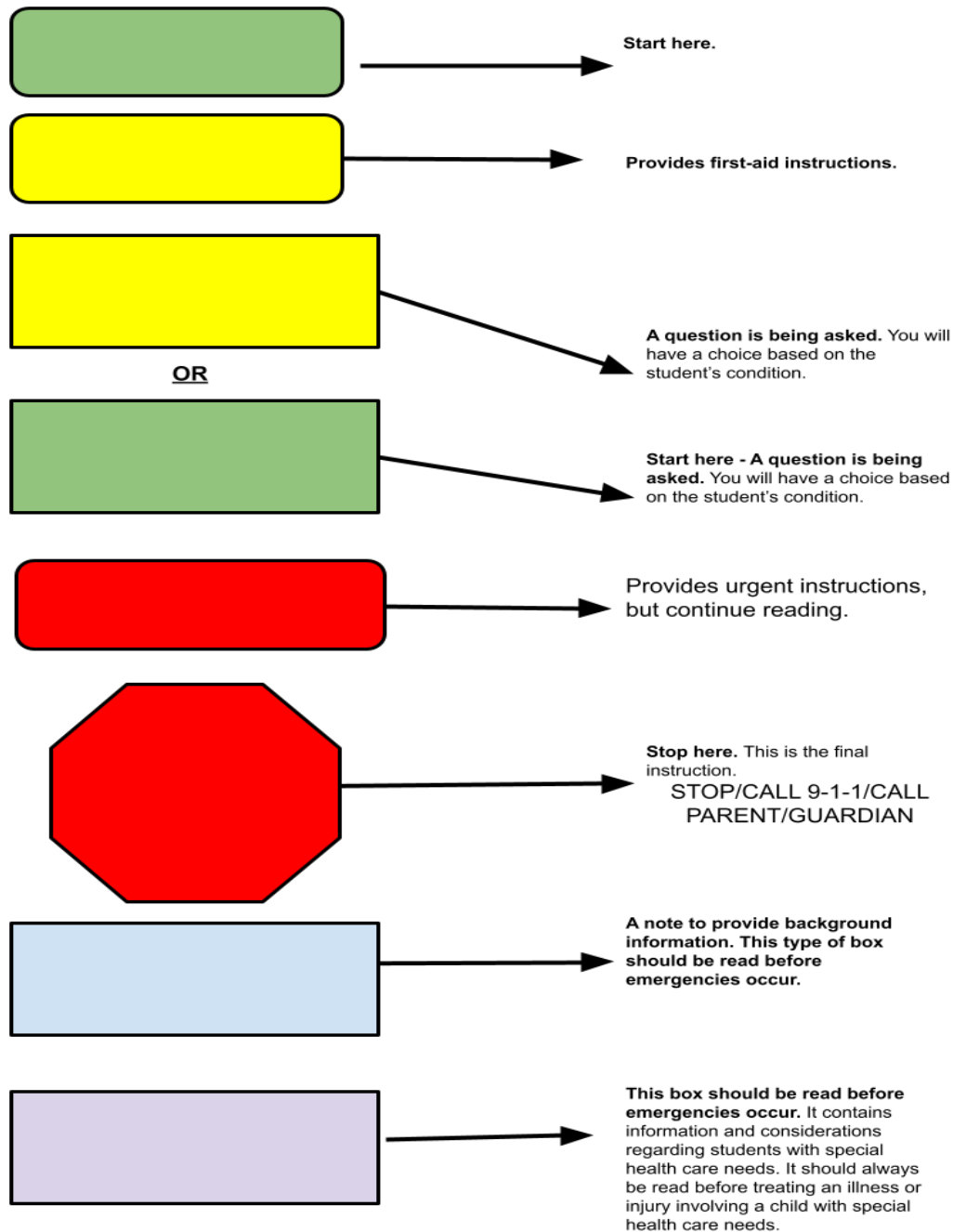
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# KEY TO SHAPES & COLORS



Green Shapes = Start

Yellow Shapes = Continue

Red Shapes = Stop /Call 911/Call Parent or Guardian

Blue Shapes = Background Information

Lavender Shapes = Information for Students with Special Healthcare Needs

# WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)

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

# EMERGENCY PROCEDURES FOR ACCIDENT 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/legal guardian and doctor according to local school board policy, **or**
  - The school physician has provided standing orders or prescriptions.
5. **Do NOT move a severely injured or ill student *unless*:**
  - It is necessary for immediate safety.
  - If moving is necessary, follow the guidelines listed in the **NECK AND BACK PAIN** (see page 46) section.
6. The responsible school authority or a designated employee should **notify the parent/legal guardian of the emergency as soon as possible** to determine the appropriate course of action.
7. **If the parent/legal guardian cannot be reached:**
  1. Notify an emergency contact or the parent/legal guardian substitute **and**
  2. 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.
  3. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. **Fill out a report** for all injuries requiring emergency procedures as required by your school's policies and procedures.

# PLANNING FOR STUDENTS WITH DISABILITIES & OTHER FUNCTIONAL NEEDS

Some students in your school may have additional needs during an emergency due to health conditions, physical abilities, or communication challenges. Include caring for these students' special healthcare needs in emergency and disaster planning.

## HEALTH CONDITIONS:

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

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

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

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

## PHYSICAL ABILITIES:

Other students in your school may have additional needs during an emergency 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.

If students require assistance walking up or down stairs, ensure that staff are assigned to assist and procure any assistive equipment (such as stair sleds) prior to an emergency.

## COMMUNICATION CHALLENGES:

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

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

These students may need special communication considerations in the event of a school-wide emergency.

All staff should be aware of plans to communicate information to these students.

# INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **Standard Precautions**.

Standard Precautions are guidelines that assume that all blood and other body fluids are potentially infectious. It is important to follow standard precautions when providing care to any student whether or not the student is known to be contagious. The following list describes standard precautions:

- **Wash hands thoroughly** with running water 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. Before and after providing 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 the manufacturer's instructions.

- **Wear disposable gloves** when in contact with blood and other body fluids.
  - Wipe up any blood or body fluid spills immediately (*wear disposable gloves!*) with a disposable towel. Under OSHA requirements, blood specimens or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. Label the container as "biohazard materials".
  - Send all soiled clothing (e.g., clothing with blood, stool, or vomit) home with the student in a container.
- **Wear protective eyewear** when body fluids may come in contact with eyes (e.g. squirting blood).
- **Do not** eat or touch your face, mouth, or eyes while giving first aid.

## Guidelines for students:

- Wash hands after contact with your own blood or body secretions.
- Avoid contact with another person's blood or body fluids.



# EMERGENCY PHONE NUMBERS

**\*COMPLETE THIS PAGE AS SOON AS POSSIBLE BEFORE AN EMERGENCY OCCURS\***

## **IMPORTANT EMERGENCY SERVICE CONTACTS:**

- Fire Department **9-1-1** or \_\_\_\_\_
- Police **9-1-1** or \_\_\_\_\_
- Hospital or Nearest Emergency Facility \_\_\_\_\_
- 988 Suicide & Crisis Lifeline **9-8-8** or \_\_\_\_\_
- School Nurse \_\_\_\_\_

## **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 \_\_\_\_\_
- Location of the school's AED(s) \_\_\_\_\_

## **BE PREPARED TO GIVE THE FOLLOWING INFORMATION:**

**\*\*DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP\*\***

- Your Full Name \_\_\_\_\_
- School Name \_\_\_\_\_
- School Phone Number \_\_\_\_\_
- School Address \_\_\_\_\_
- Directions to the School \_\_\_\_\_  
\_\_\_\_\_
- Nature of emergency \_\_\_\_\_
- The exact location of the injured person (e.g., behind the building in the parking lot)
- Help already given \_\_\_\_\_
- Ways to make it easier to find you (e.g., standing in front of XX building, by red flag).

# EMERGENCY PHONE NUMBERS

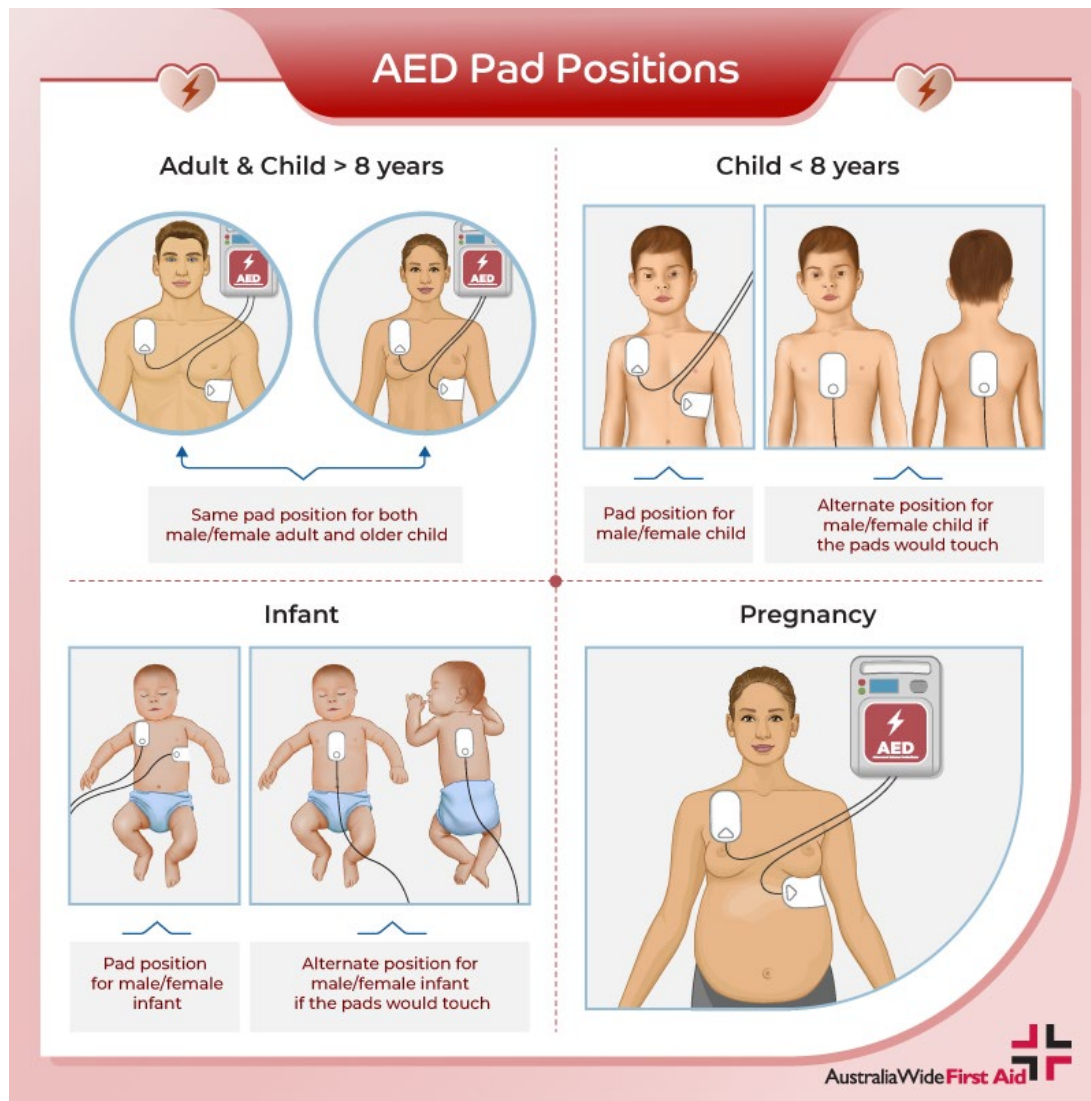
## OTHER IMPORTANT PHONE NUMBERS

- Arizona Child Abuse Hotline **1-888-SOS-CHILD (1-888-767-2445)**
- National Sexual Assault Hotline **1-800-656-HOPE (1-800-656-4673)**
- Strong Hearts Native Helpline **1-844-7NATIVE (1-844-762-8483)**
- Poison Control Center **1-800-222-1222**
- Statewide Crisis Hotline **1-844-534-HOPE (1-844-534-4673)**
- National Substance Use and Disorder  
Issues Referral and Treatment Hotline **1-800-662-HELP (1-800-662-4357)**
- Local Health Department \_\_\_\_\_
- Taxi \_\_\_\_\_
- Other medical services information \_\_\_\_\_

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

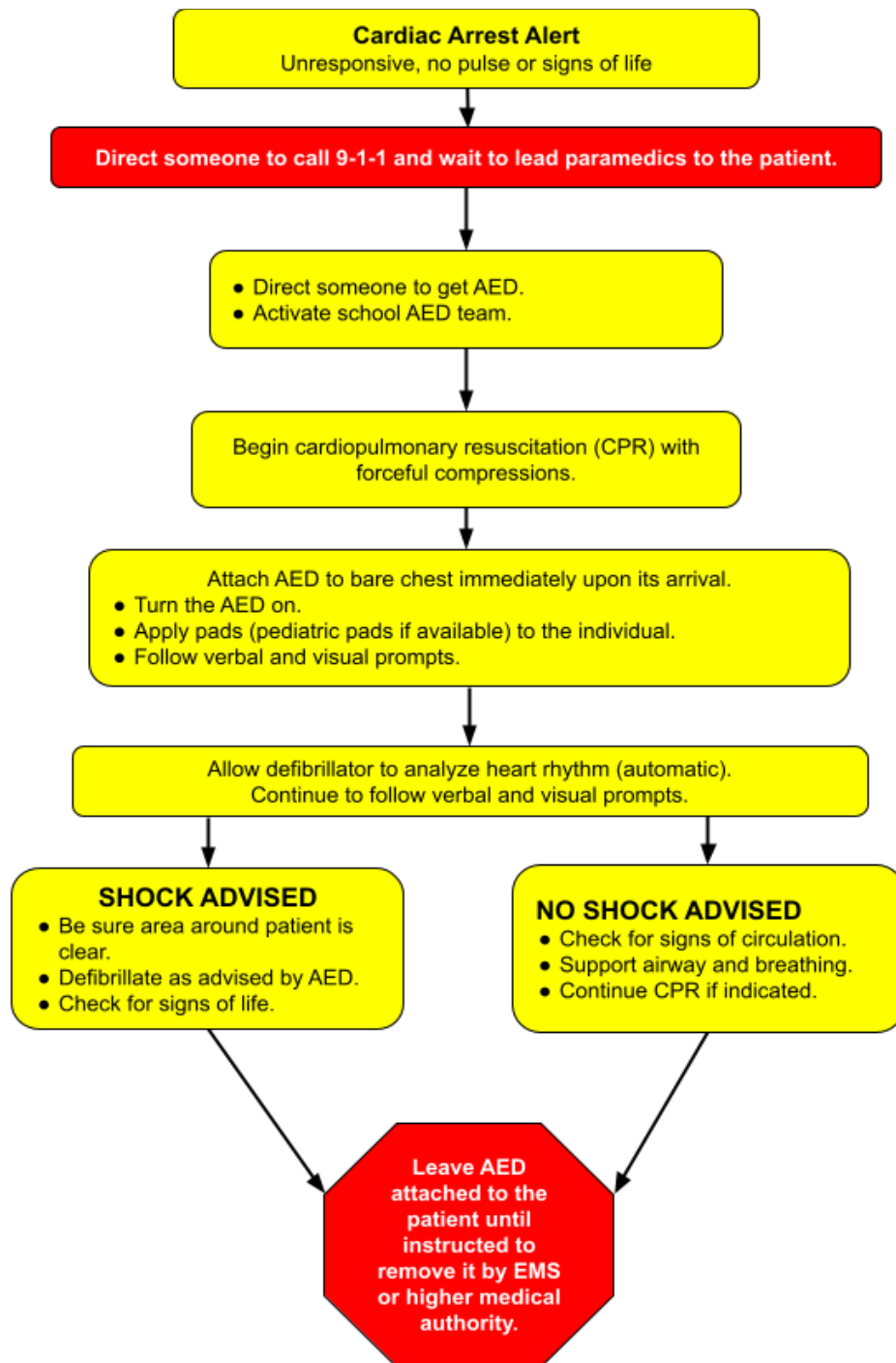
An **Automated External Defibrillator (AED)** delivers a controlled electric shock in the first critical moments after a sudden cardiac arrest. An AED is best used by designated and trained staff, but if these persons are not available, an AED can be used by a lay person following instructions. Use of the AED does not replace the care that must be provided by emergency responders and is only meant to provide a lifesaving bridge during the first few critical minutes to allow advanced life support providers to arrive.

## AED Pad Placement



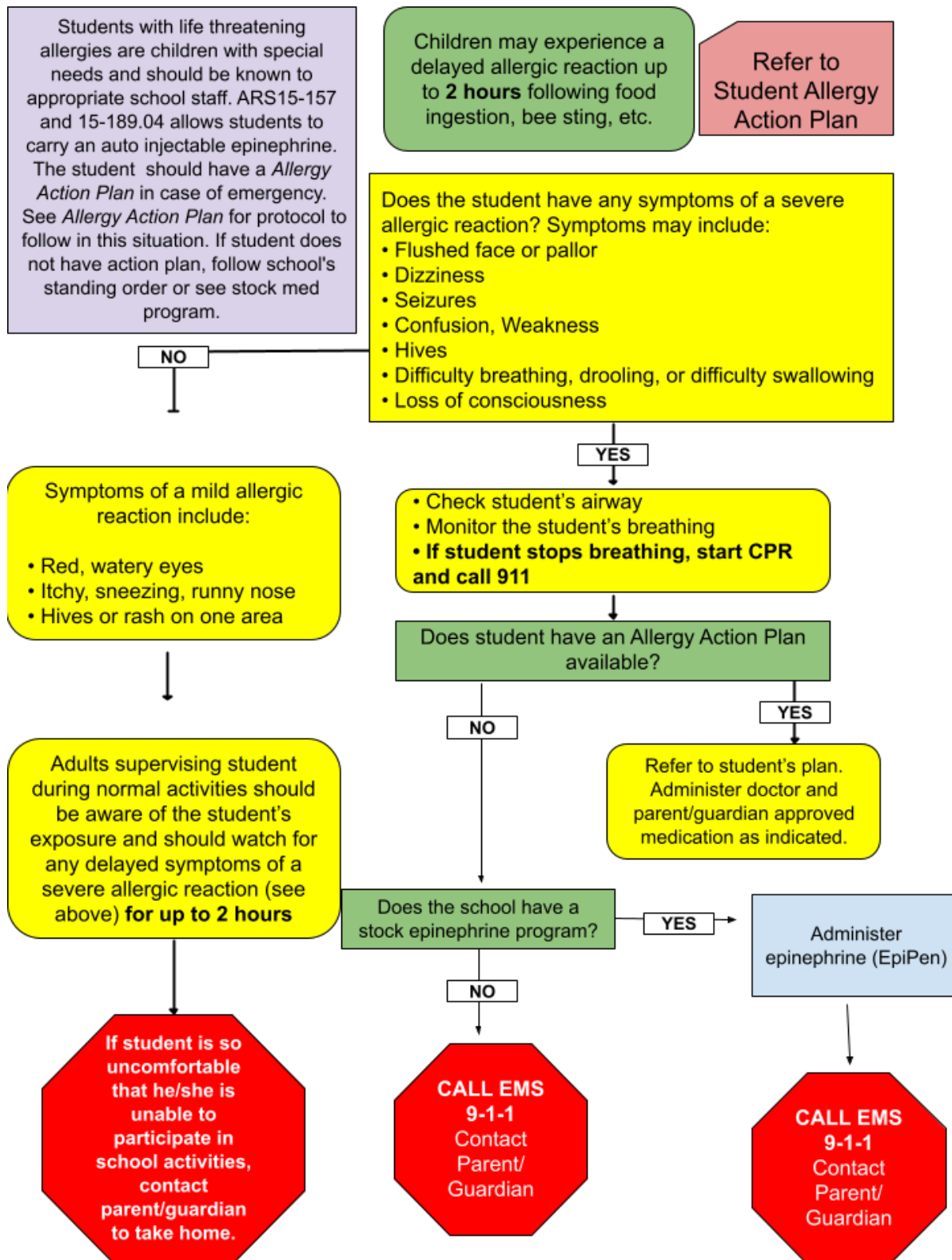
Flip to next page for AED Flowchart

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED)



Complete documentation and forward incident report to AED site coordinator and appropriate school authority within 5 days, order new pads, review manual.

# ALLERGIC REACTION



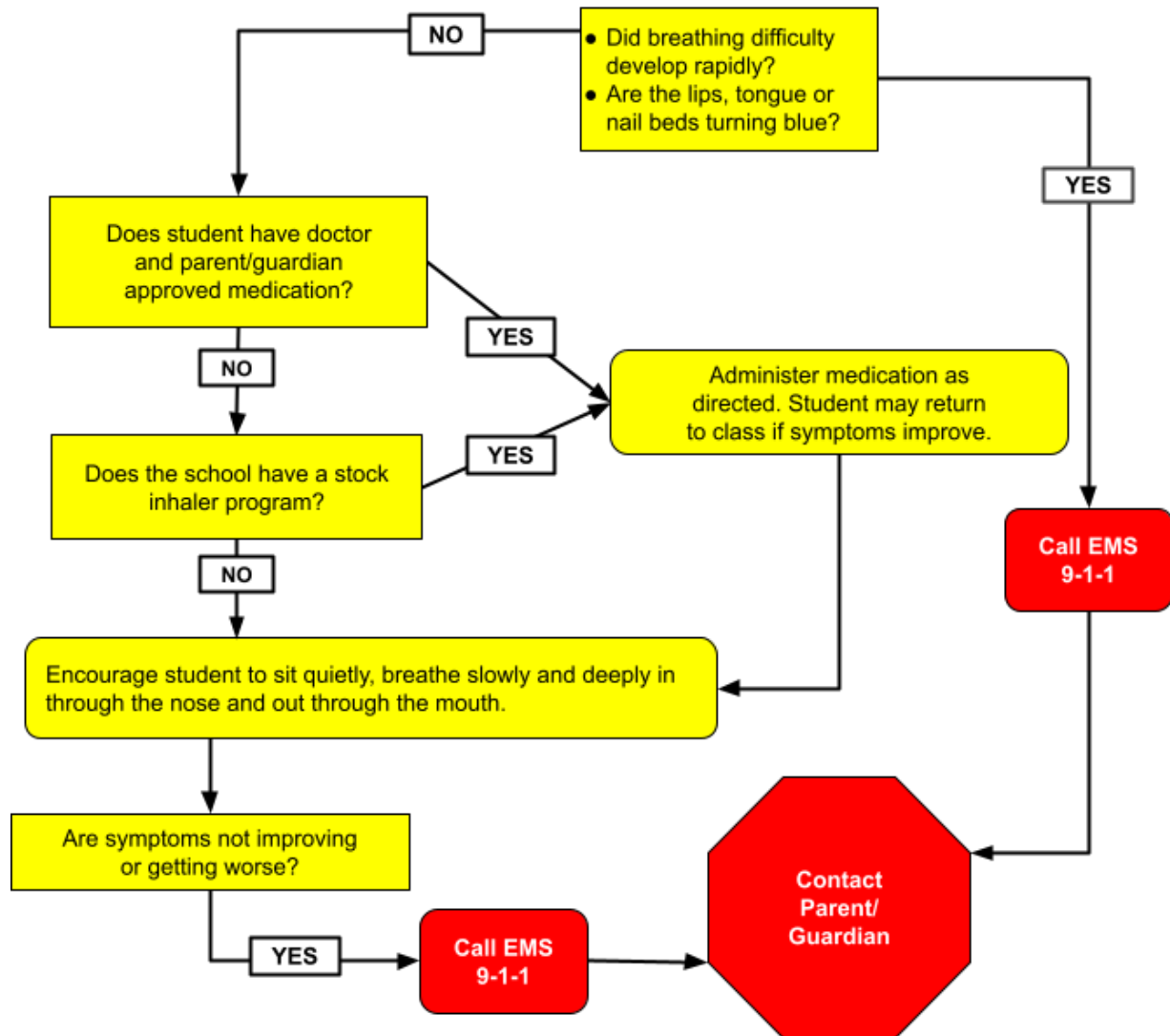
# ASTHMA-WHEEZING-DIFFICULTY BREATHING

Students with a history of breathing difficulties including asthma/wheezing should be known to appropriate school staff. Arizona law (A.R.S. 15-158) allows students to possess and use an asthma inhaler in school. A care plan which includes an emergency action plan may be developed. Staff must try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.

Refer to  
Student Health  
Care Plan

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

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



# BEHAVIORAL HEALTH EMERGENCIES

The cause of unusual behavior may be psychological, emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.) The student should be seen by a health care provider to determine the cause.

In the event of a crisis, dial **9-8-8** to connect with a crisis counselor. For more information on local crisis lines, visit this [AHCCCS webpage](#).

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.**

Students with a history of behavioral problems, emotional problems, or other special healthcare needs should be known to appropriate school staff. An emergency care plan may be developed. Refer to student's Behavioral Intervention Plan for instructions on how to handle situation.

Engage site school-based mental health professional and/or administrator.

Does student have visible, life-threatening injuries?

YES

**CALL 9-1-1 if any injuries require immediate care.**

NO

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

YES

**CALL 9-1-1**

NO

Does student exhibit signs of suicidal, violent, or self-injurious behavior?

YES

**Contact parent/guardian, school authority, and crisis line (9-8-8). Follow behavioral intervention plan if available.**

NO

Is there a Behavioral Intervention Plan in place?

NO

**Contact Parent / Guardian**

YES

Can you follow the Behavioral Intervention Plan to handle the situation?

NO

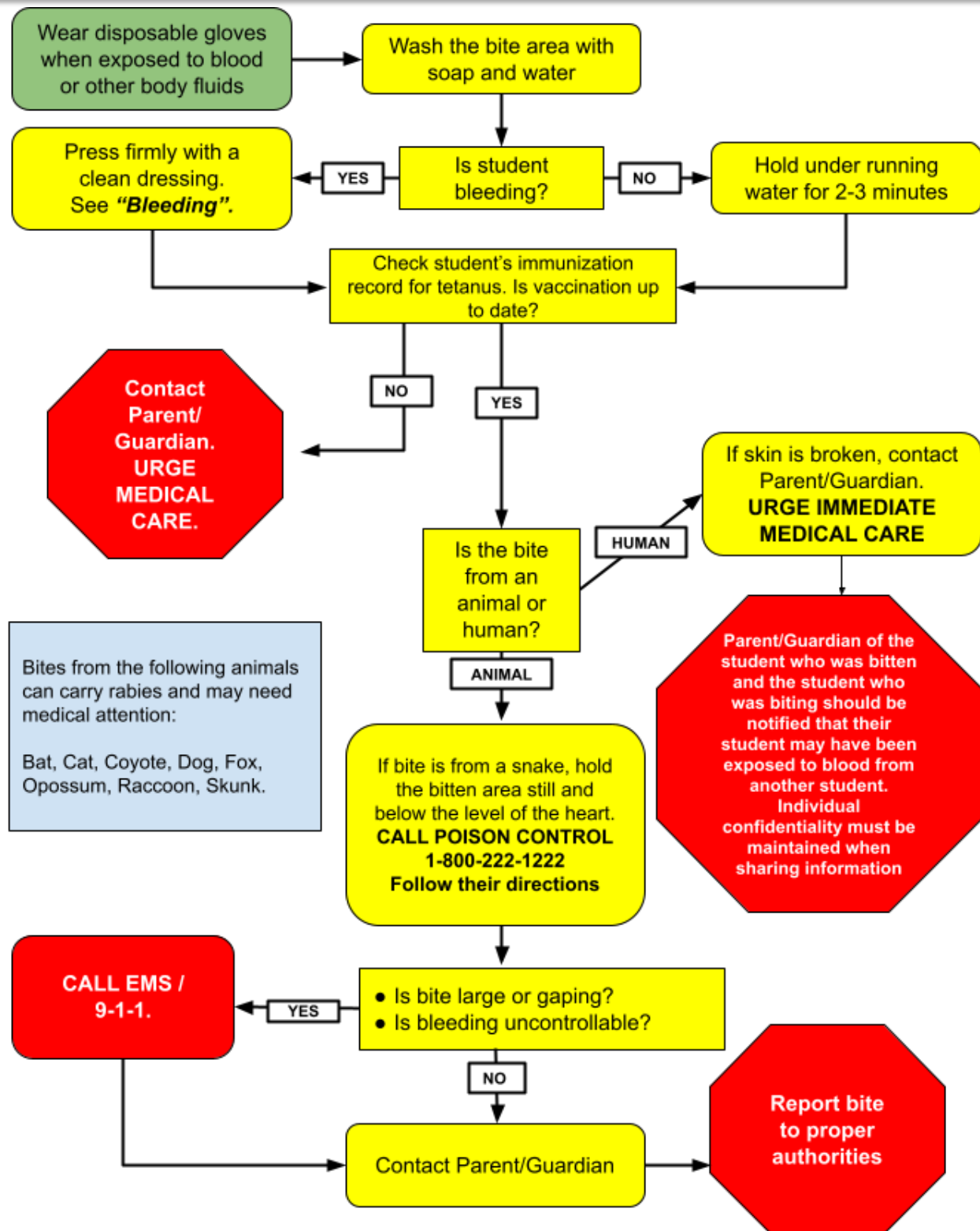
**Call 9-1-1**

YES

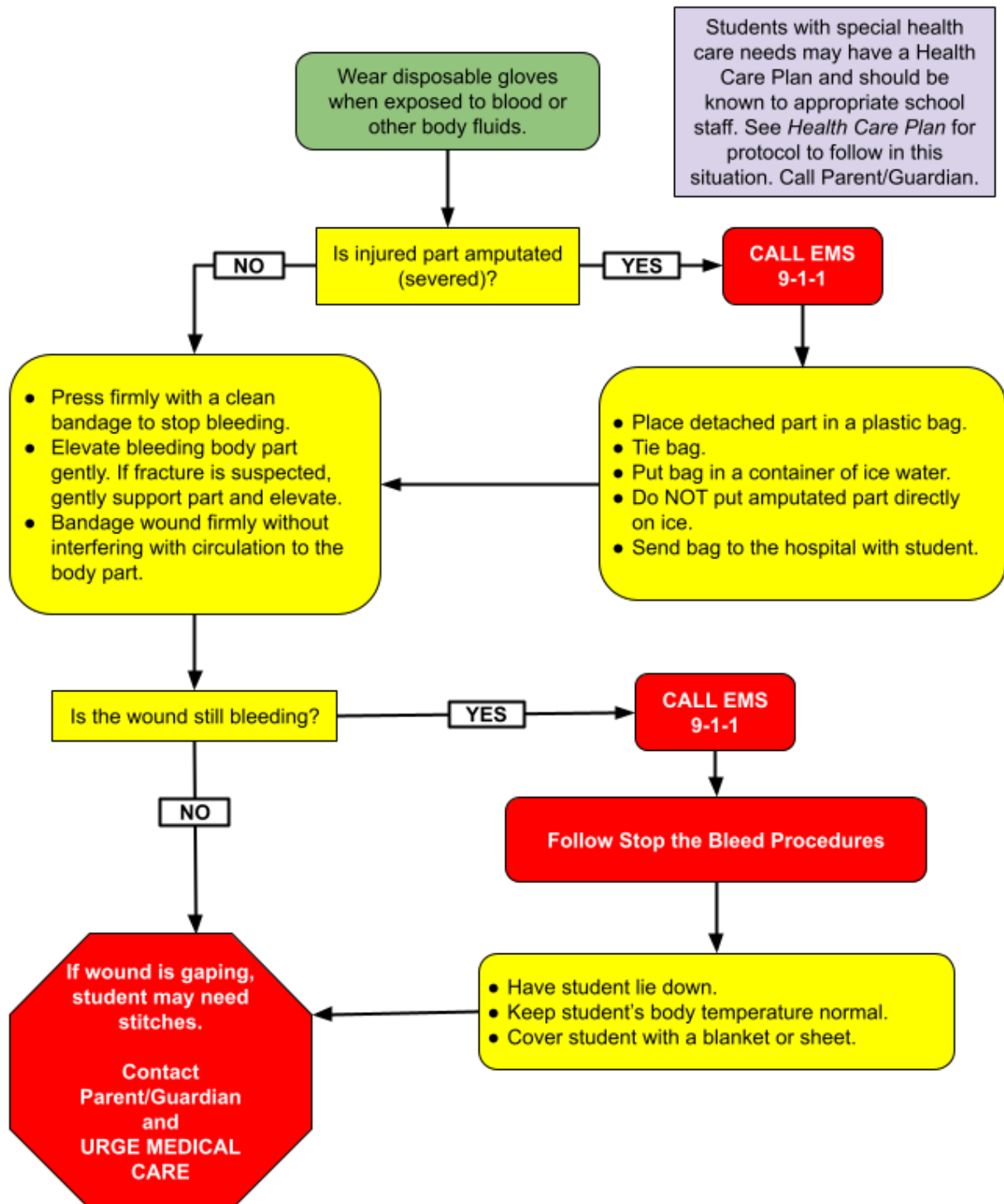
**Follow the Behavioral Intervention Plan. Contact Parent/ Guardian.**



# BITES (HUMAN & ANIMAL)



# BLEEDING



Flip to next page for a graphical display of the steps to apply a tourniquet.

# BLEEDING

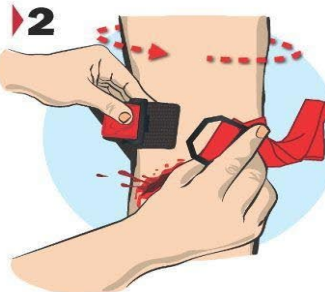


## Applying a Tourniquet

A wound on the leg or arm that won't stop bleeding is a good candidate for a tourniquet.

### Step 1: Stop the bleeding. Now!

Expose the wound. Tear clothing away. Immediately apply firm, direct pressure to the wound using gauze, clean cloth, an elbow, hand, or knee – whatever it takes to slow or stop the hemorrhage. If the pressure does not stop the bleeding, and the dressing becomes soaked with blood, you will need to apply a tourniquet.

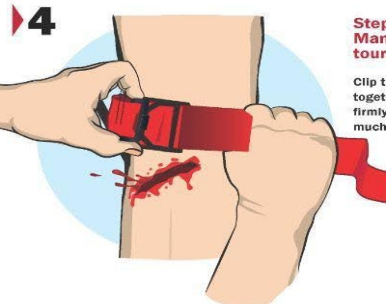


### Step 2: Apply the Tourniquet

If the bleeding doesn't stop, place a tourniquet at least 2-3 inches from the wound. The tourniquet may be applied and secured over clothing.

### Step 3: Adjust the tourniquet.

Be sure the tourniquet is at least 2-3 inches from the wound. The tourniquet should be placed between the wound and the heart. Do not apply a tourniquet over a joint, such as an elbow, knee, wrist, or ankle. (Joints protect blood passageways and prevent the pressure needed to stop an arterial bleed.)



### Step 4: Manually tighten the tourniquet

Clip the sides of the tourniquet together using the buckle and pull firmly on the end strap. Tighten it as much as you can.

### Step 5: Use the windlass rod to further tighten the tourniquet.

Twist the windlass rod in one direction to increase the pressure and stop the bleeding.



### Step 6: Secure the windlass rod.

Using the windlass clip, secure the rod so that it does not unwind. If there is a velcro strap, also use that to secure the windlass.



### Step 7: Make a note of the time.

Note the time that the tourniquet was applied. This is important because leaving a tourniquet on too long can cause damage to the tissue. A time-stamp will help care-givers know which patients to treat first.

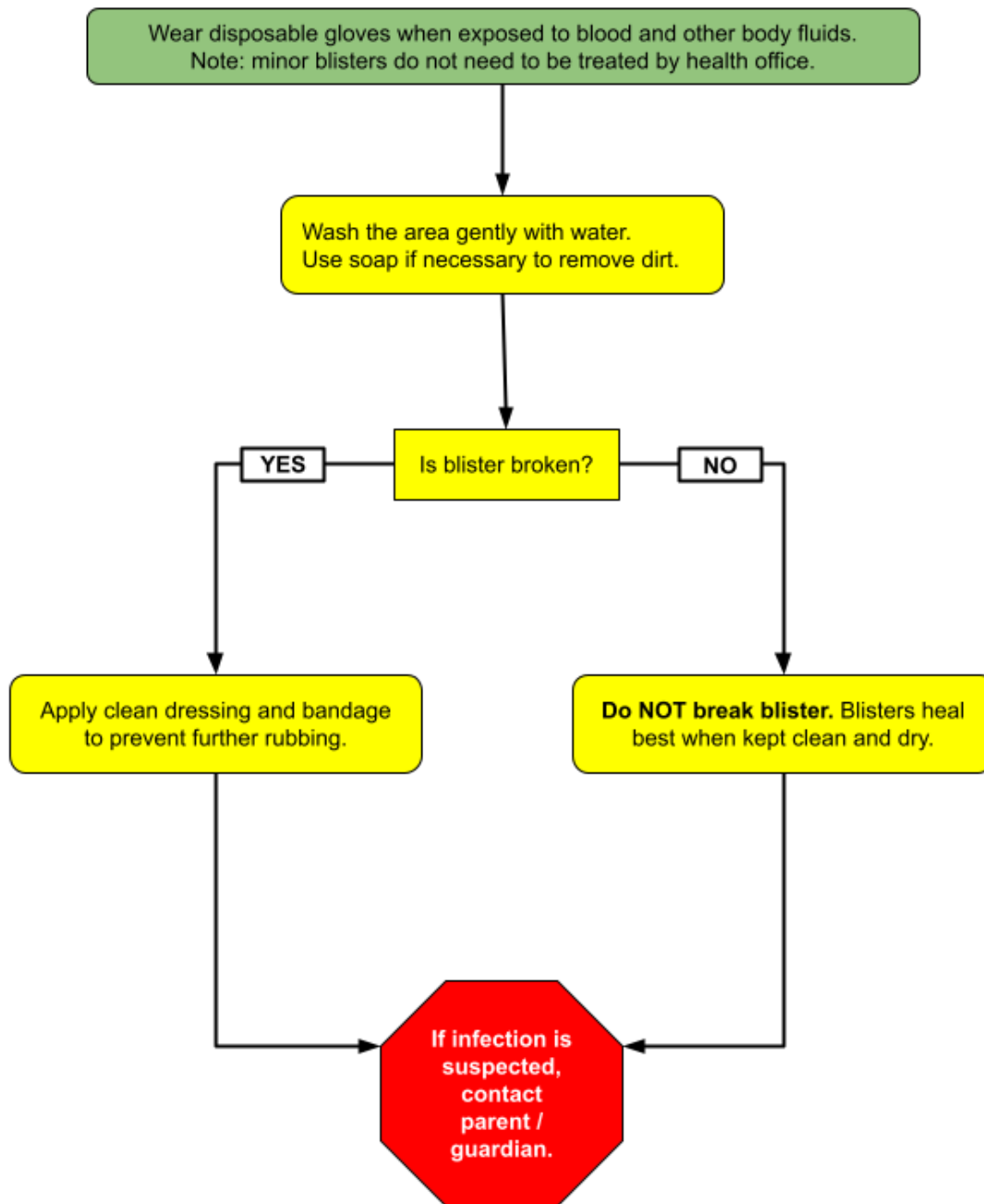


Homeland  
Security

The "Stop the Bleed" campaign was initiated by a federal interagency workgroup convened by the White House National Security Council Staff. The purpose of the campaign is to build national resilience by raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. The Department of the Defense owns the "Stop the Bleed" logo and phrase.

STB\_Tourniquet\_08-06-2018

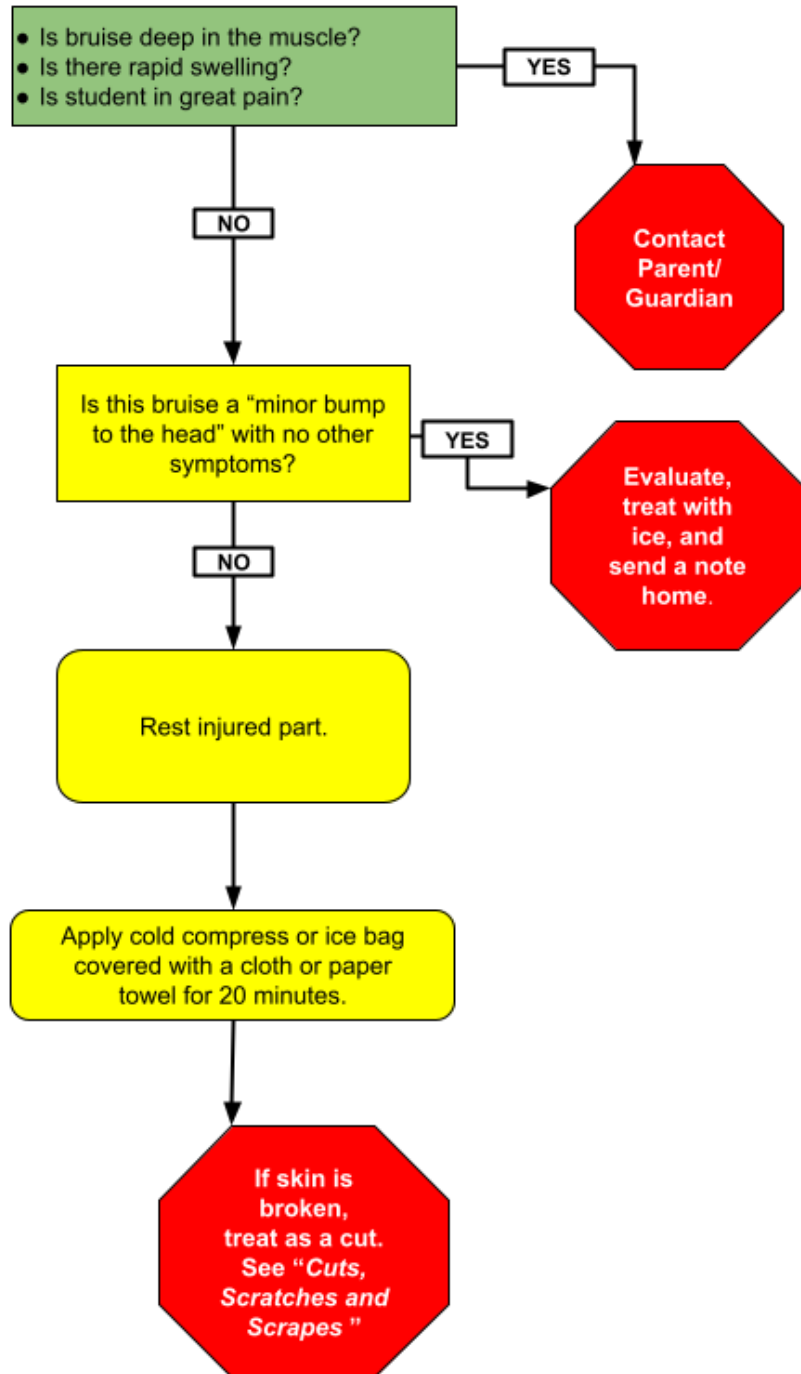
# BLISTERS (FROM FRICTION)



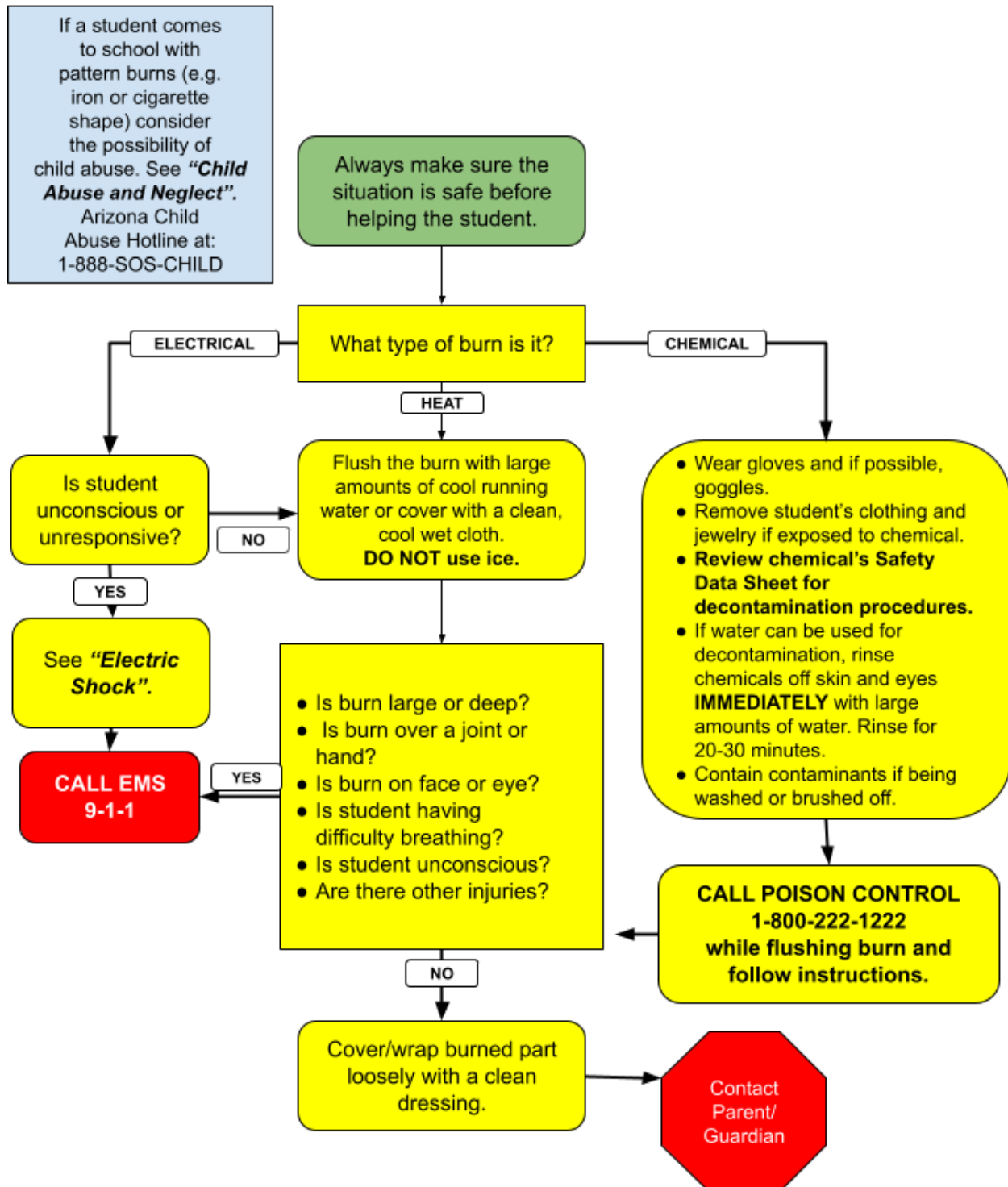
# BRUISES

If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse and report to Department of Child Safety  
Arizona Child Abuse Hotline at:  
**1-888-SOS-CHILD**

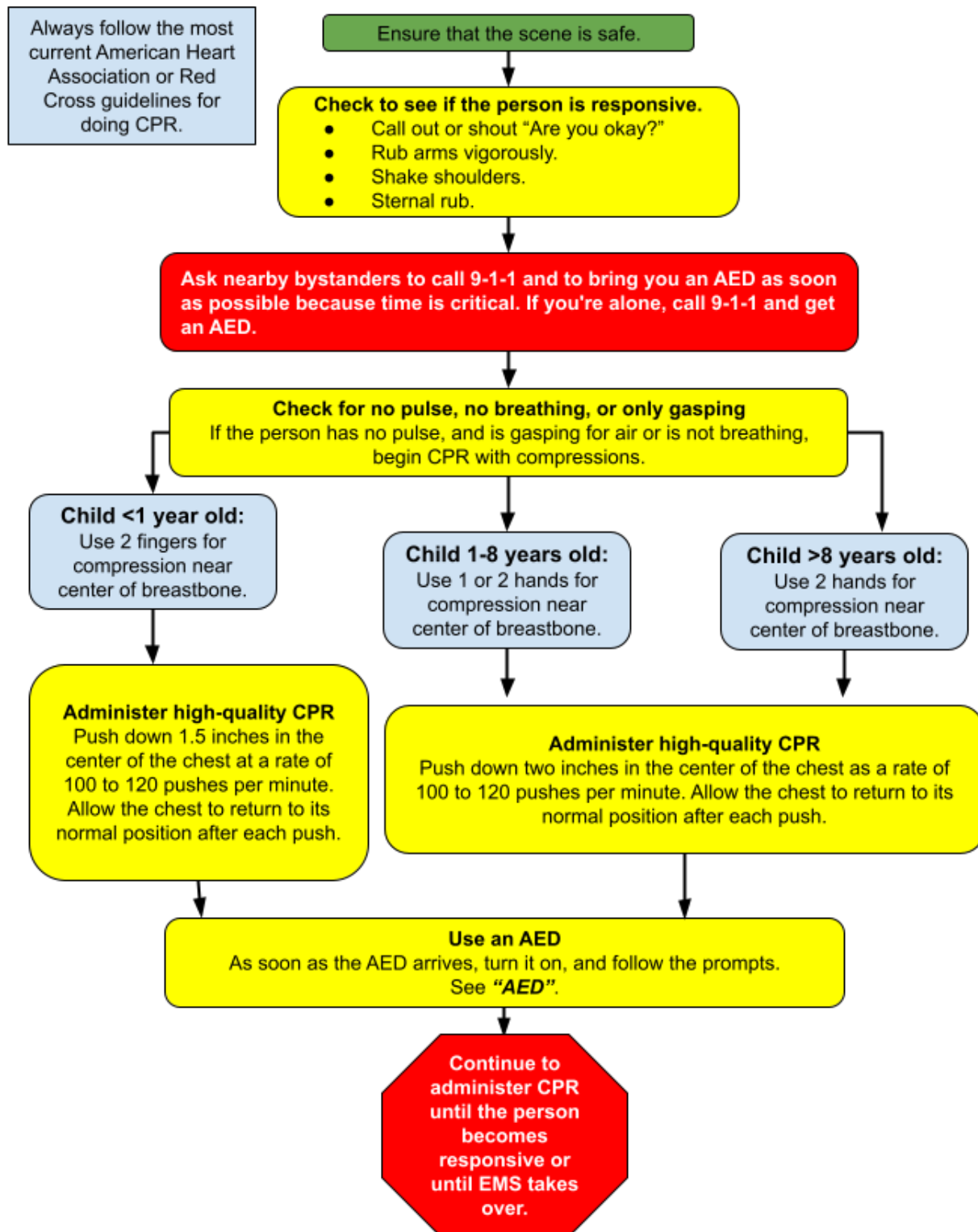
Students with special health care needs may have bruising from care or treatment. They should have a Health Care Plan that is known to appropriate school staff. See *"Planning for Students with Special Health Care Needs"* section and Health Care Plan for protocol to follow in this situation.



# BURNS



# CARDIOPULMONARY RESUSCITATION (CPR)



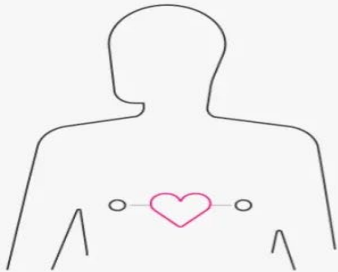
Flip to next page for a graphical display of hand placement for chest compressions



# CARDIOPULMONARY RESUSCITATION (CPR)

## hand placement & position

### ADULTS



**BOTH HANDS**  
interlocked  
between nipples



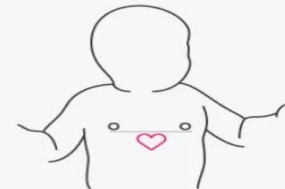
### CHILDREN 1 - 8



**ONE HAND**  
between nipples



### INFANTS



**TWO FINGERS**  
just below  
nipple line



## chest compressions



↓ press down  
**2 inches**



↓ press down  
**2 inches**



↓ press down  
**1.5 inches**

**30 compressions** at  
**100 - 120 compressions per minute**  
**allow** chest to recoil between compressions  
Immediately follow with **rescue breaths**

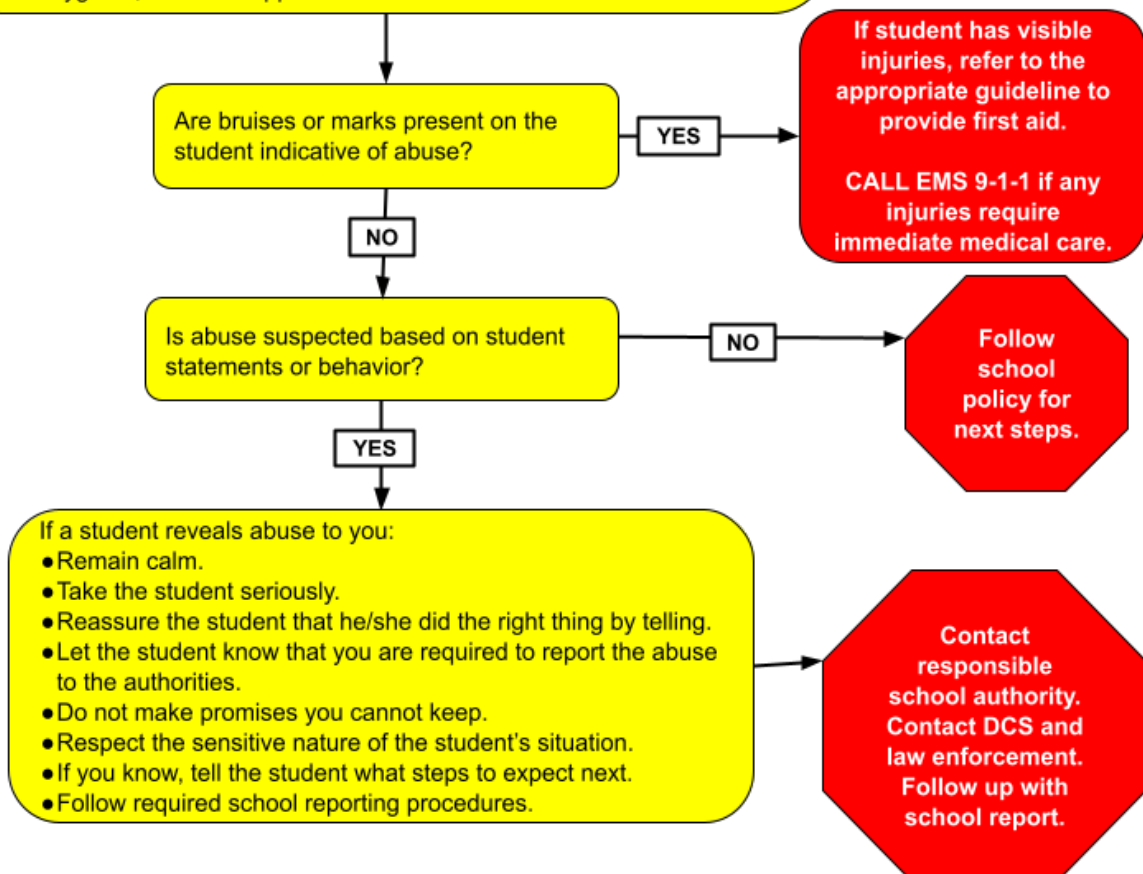
# CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. According to Arizona law (ARS 13-3620), **all school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to DCS or local law enforcement.** The law protects reporters from retaliation. A person who violates this section is guilty of a class 1 misdemeanor. If the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

Students with special needs may have bruising from care or treatment. They should have a Health Care Plan that is known to appropriate school staff. See "Planning for Students with Special Needs" section and *Health Care Plan* for protocol to follow in this situation.

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

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



# CHOKING

## Signs of choking:

- One or both hands clutched to the throat
- A look of panic, shock, or confusion
- Inability to talk
- Strained breathing or squeaky sounds
- Skin, lips, and nails turning blue or gray
- Loss of consciousness

**If the choking person can cough forcefully, let them keep coughing.**

Coughing might naturally remove the stuck object.

**If the choking person cannot cough, talk, cry or laugh forcefully, begin first aid.**

## Give five back blows.

- Place your arm across the chest to support the person's body.
- Bend the person over at the waist so they are facing the ground.
- Strike five times between the shoulder blades using the heel of your hand.

Did this remove the object?

YES

NO

Contact  
Parent/  
Guardian

URGE  
MEDICAL  
CARE

CONSCIOUS

CALL EMS  
9-1-1

UNCONSCIOUS

Begin CPR  
See "CPR"

## Give five abdominal thrusts.

- Stand behind the person and wrap your arms around their waist. Tip them forward slightly.
- Make a fist with one hand and place it just above their navel
- Grasp the fist with your other hand. Press into their stomach with a quick, upward thrust. Use gentle yet firm pressure
- **Alternate between give blows and five thrusts until the blockage is dislodged**

# CHOKING

## CHOKING (Conscious Victims)

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

### INFANTS UNDER 1 YEAR

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

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do **NOT** compress throat).



2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.

3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.



4. With 2 or 3 fingers, give 5 chest thrusts near center of breastbone, just below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with the finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
8. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

**IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 5 OF INFANT CPR (p.).**

### CHILDREN OVER 1 YEAR OF AGE & ADULTS

Begin the following if the victim is choking and unable to breathe. Ask the victim: "Are you choking?" If the victim nods yes or can't respond, help is needed. However, if the victim is coughing, crying or speaking, do **NOT** do any of the following, but call EMS, try to calm him/her and watch for worsening of symptoms. If cough becomes ineffective (loss of sound) and victim cannot speak, begin step 1 below.



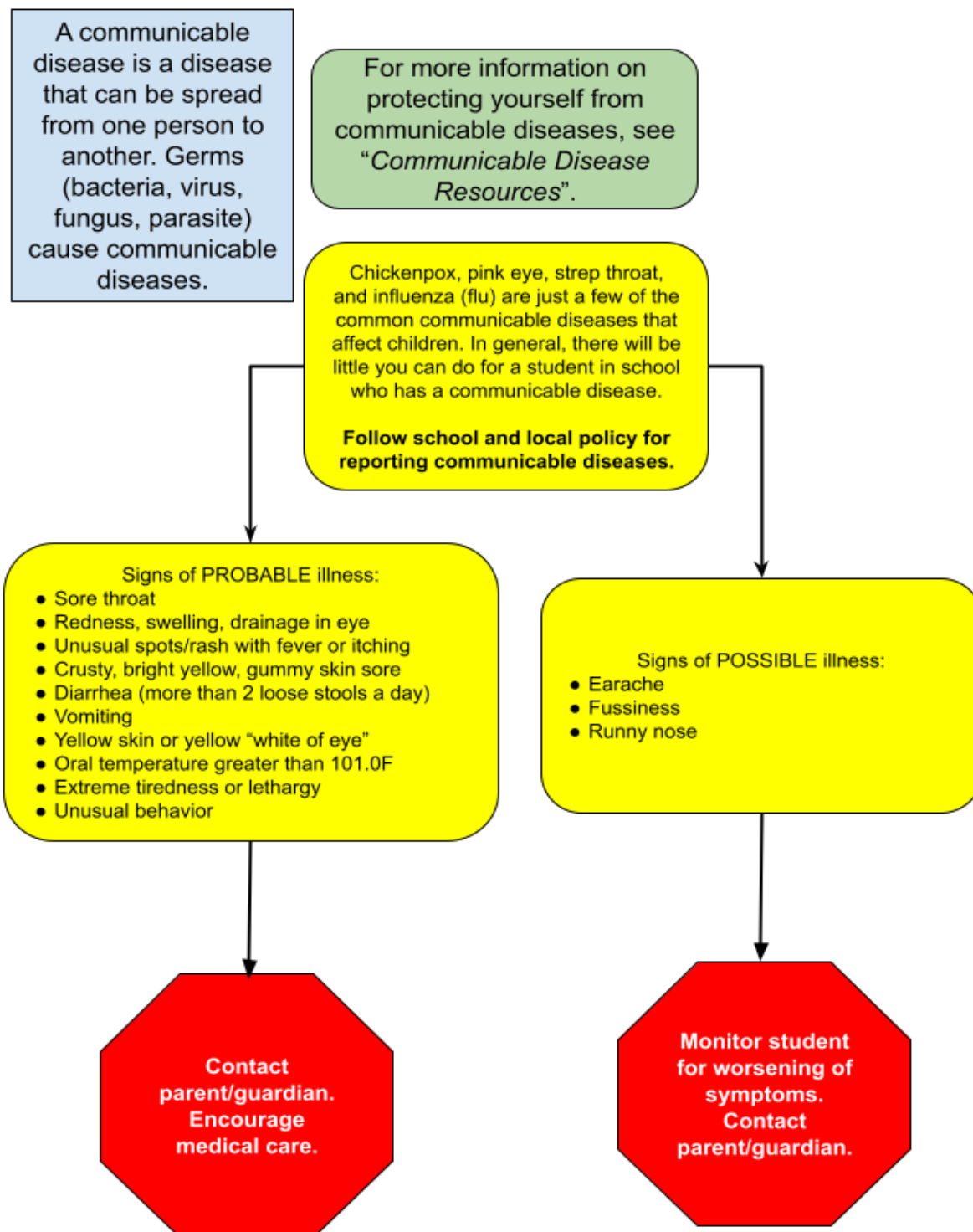
1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do **NOT** place your hand over the very bottom of the breastbone. Grasp fist with other hand).
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS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

**IF THE CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD, OR STEP 6 OF ADULT CPR.**

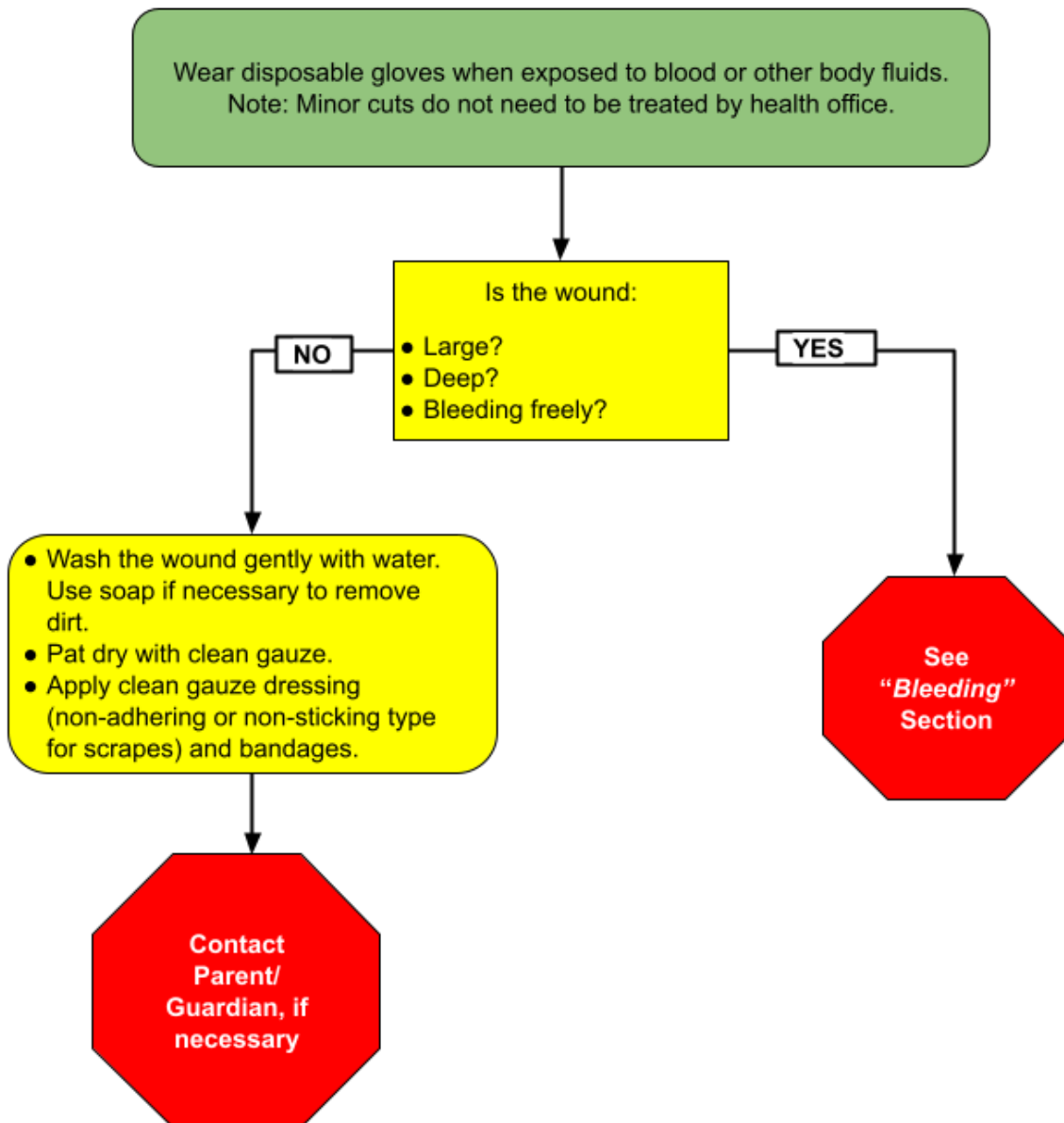
### FOR OBESE OR PREGNANT PERSONS:

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

# COMMUNICABLE DISEASES



# CUTS(small), SCRATCHES, & SCRAPES (inc. rope & floor burns)



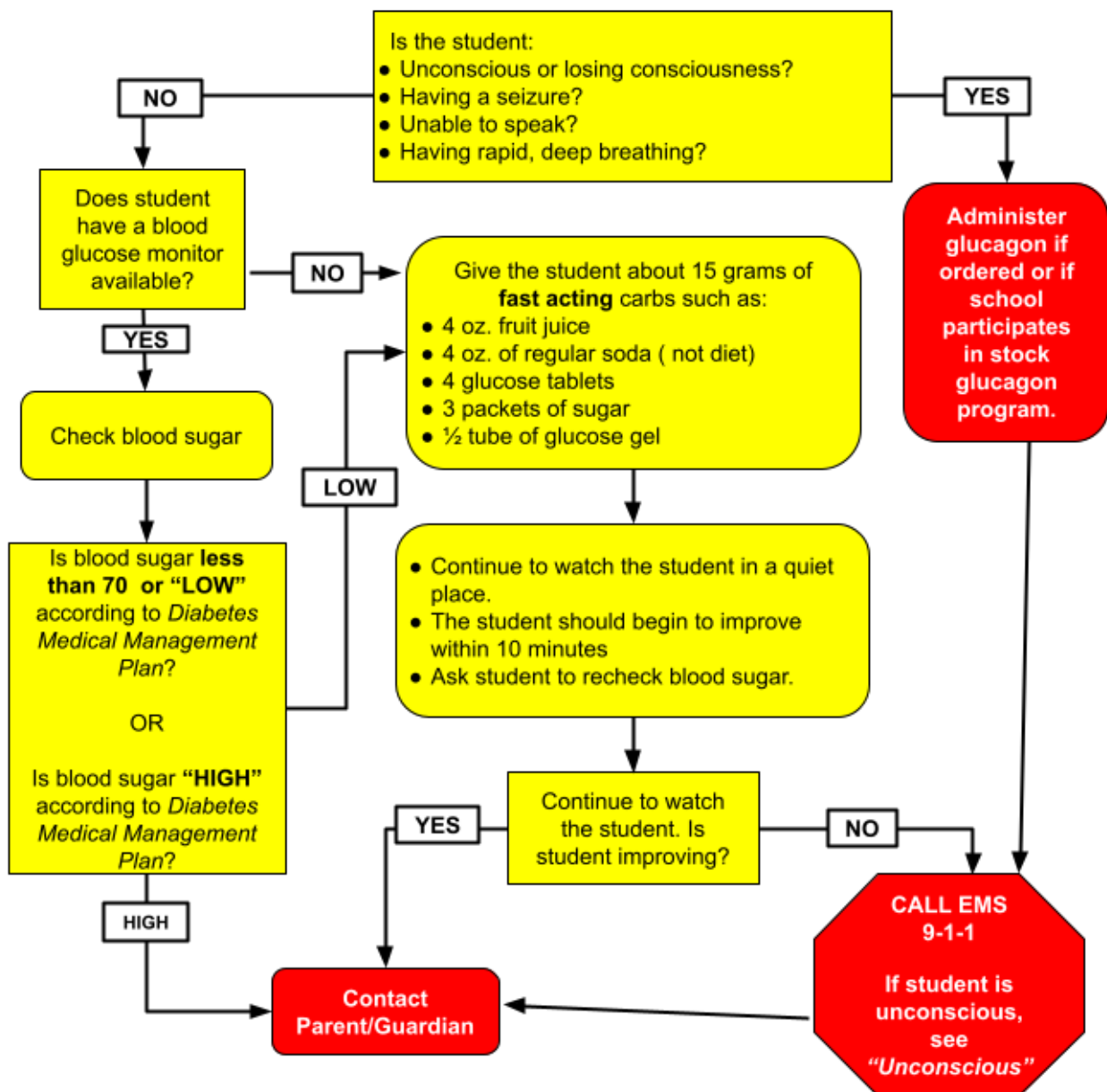
# DIABETES

Students with diabetes are children with special health needs and should be known to appropriate school staff. They should have a *Diabetes Medical Management Plan* in case of emergency. Refer to school policy on stock diabetes medication and student self-administration (ARS 15-344.01).

**A student with diabetes may have the following symptoms if their blood sugar is low (hypoglycemic):**

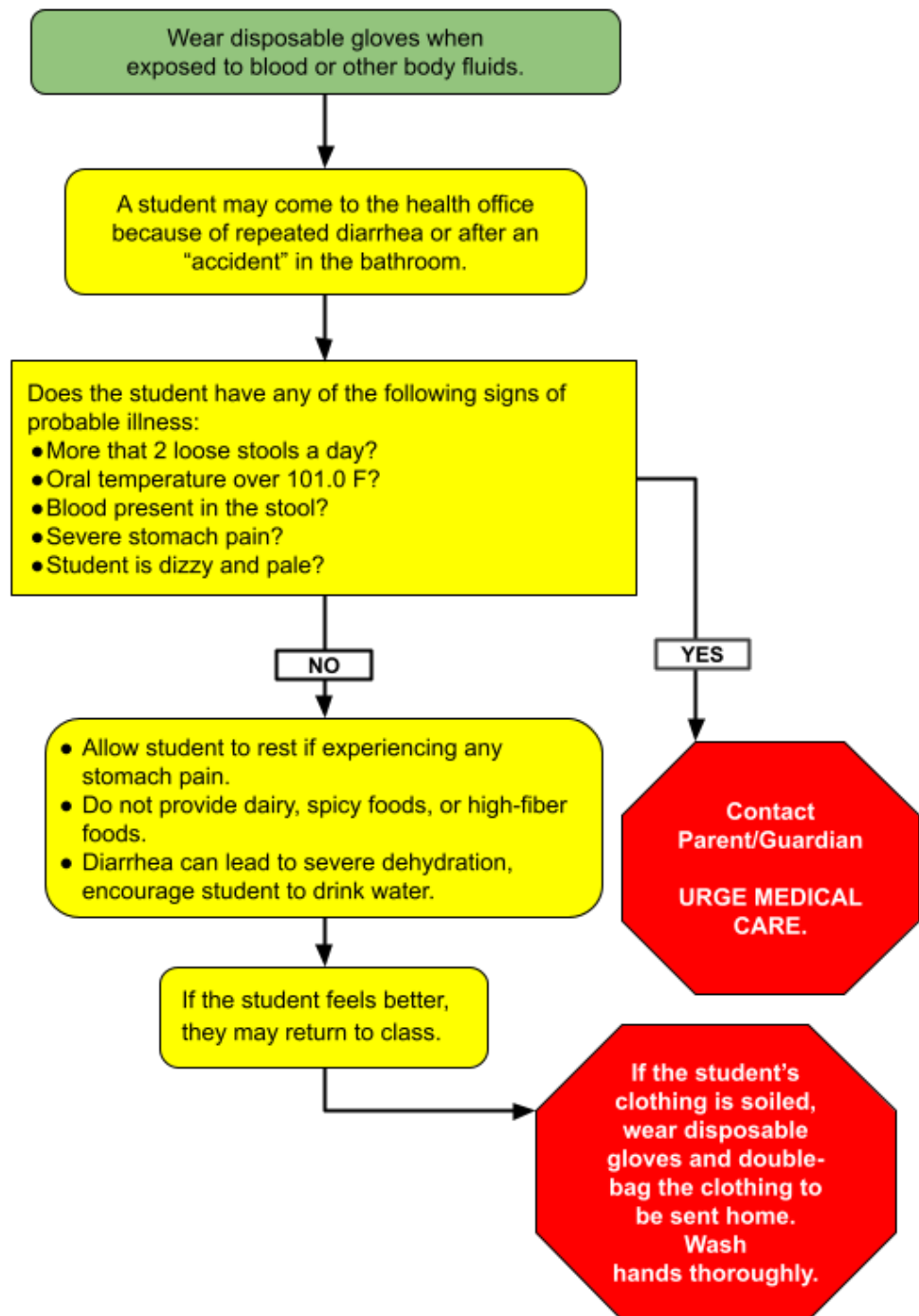
- Irritability, easily upset
- Altered level of consciousness
- Change in personality
- Sweating and feeling "shaky"
- Loss of consciousness
- Confusion or strange behavior
- Rapid, deep breathing

Refer to Student Diabetes Medical Management Plan



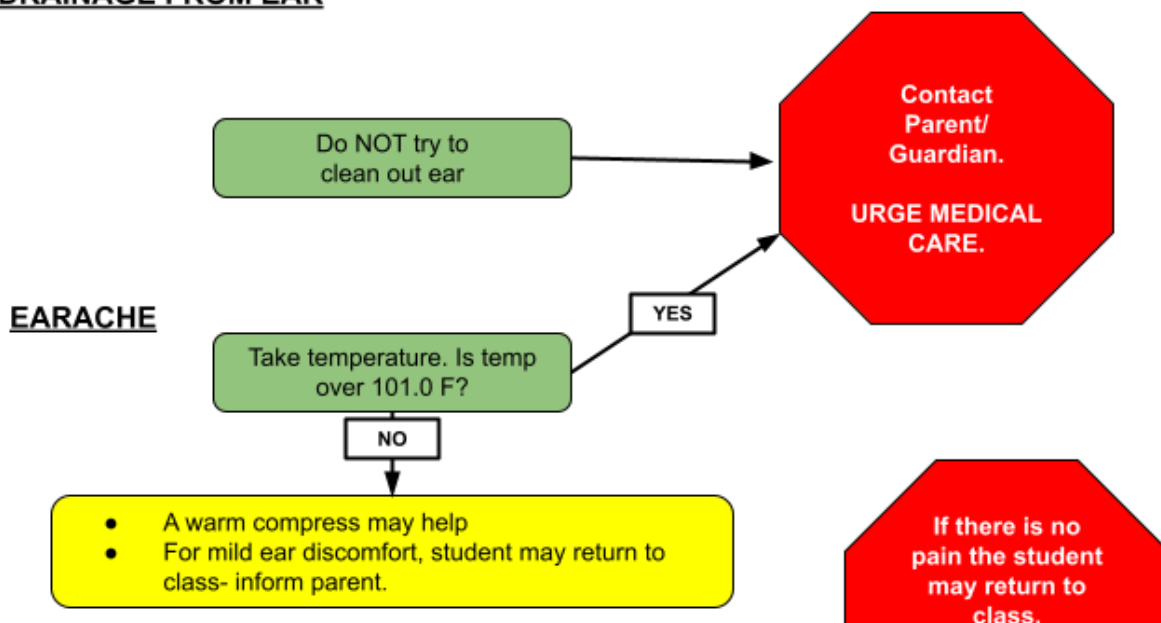


# DIARRHEA

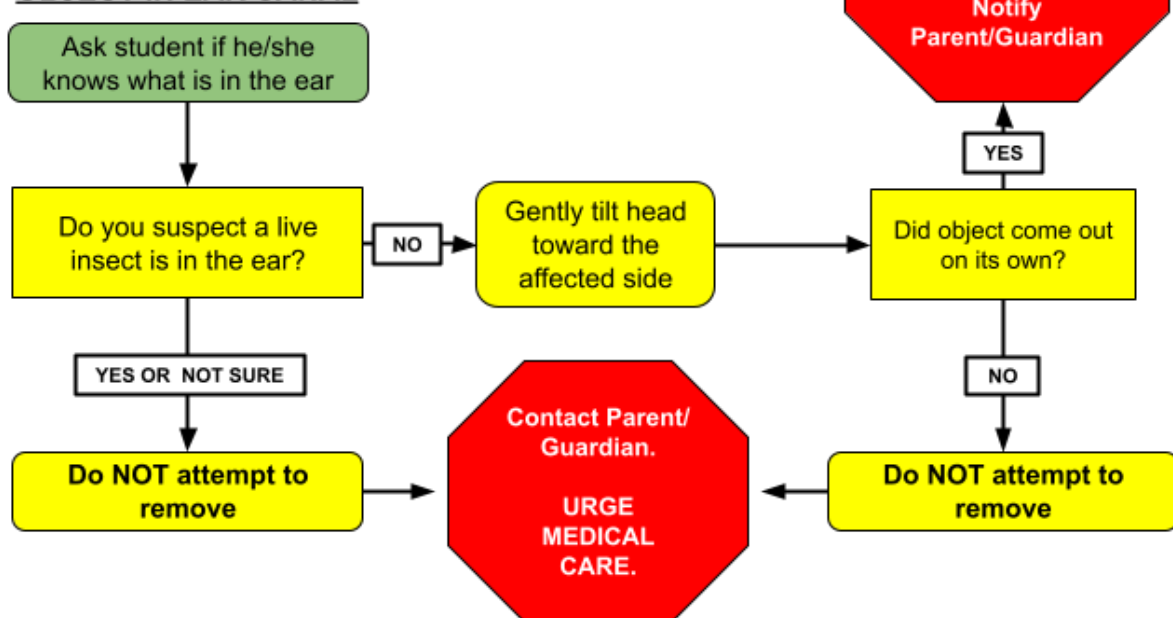


# EAR

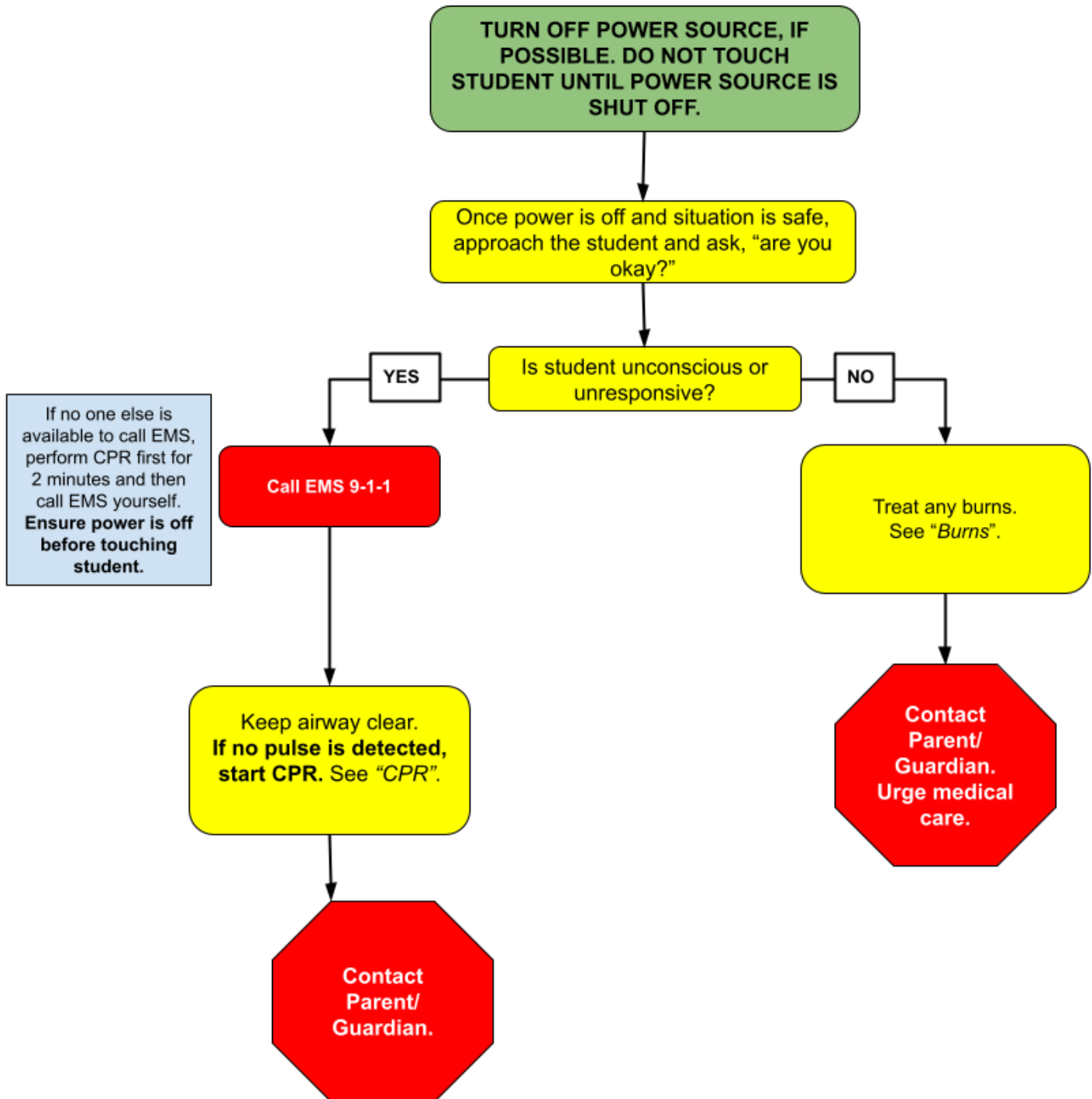
## DRAINAGE FROM EAR



## OBJECT IN EAR CANAL

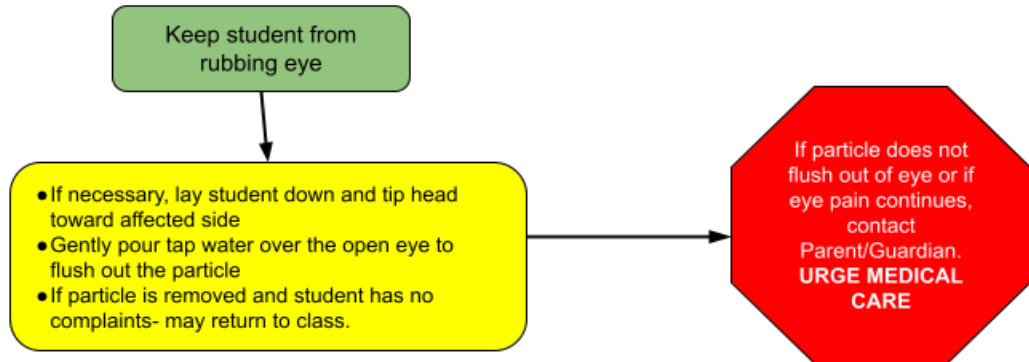


# ELECTRIC SHOCK



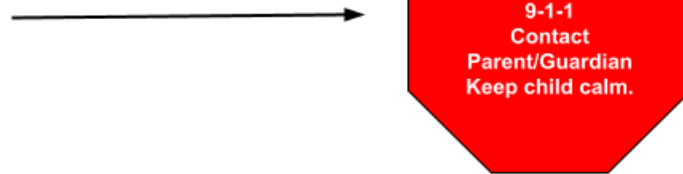
# EYES

## PARTICLE IN EYE

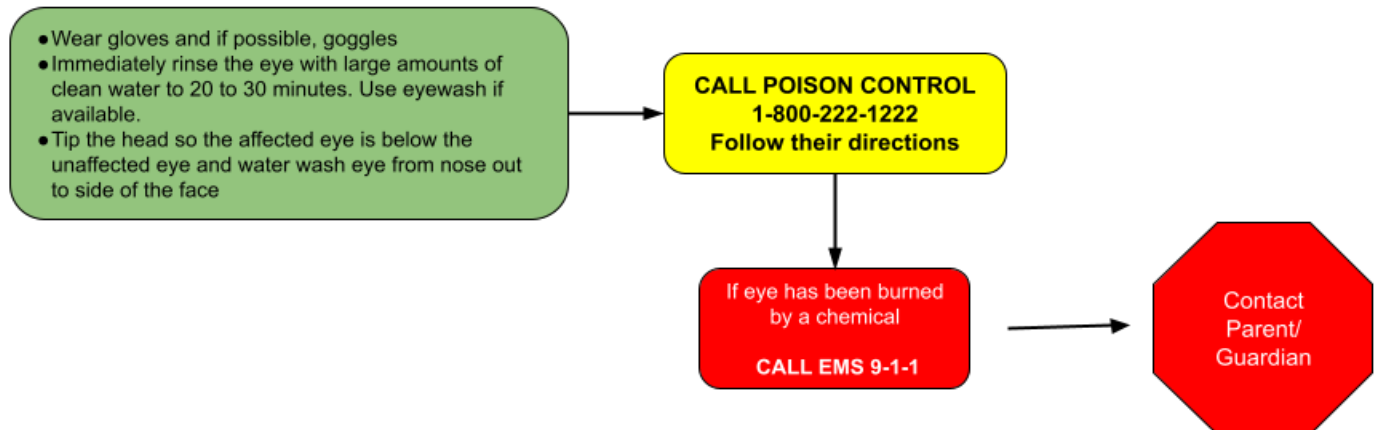


With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye unless chemicals have splashed in the eye. Flush first without removing the contact lenses.

## IMBEDDED OBJECT IN EYE



## CHEMICALS IN EYE



# FAINTING

Fainting may have many causes including:

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

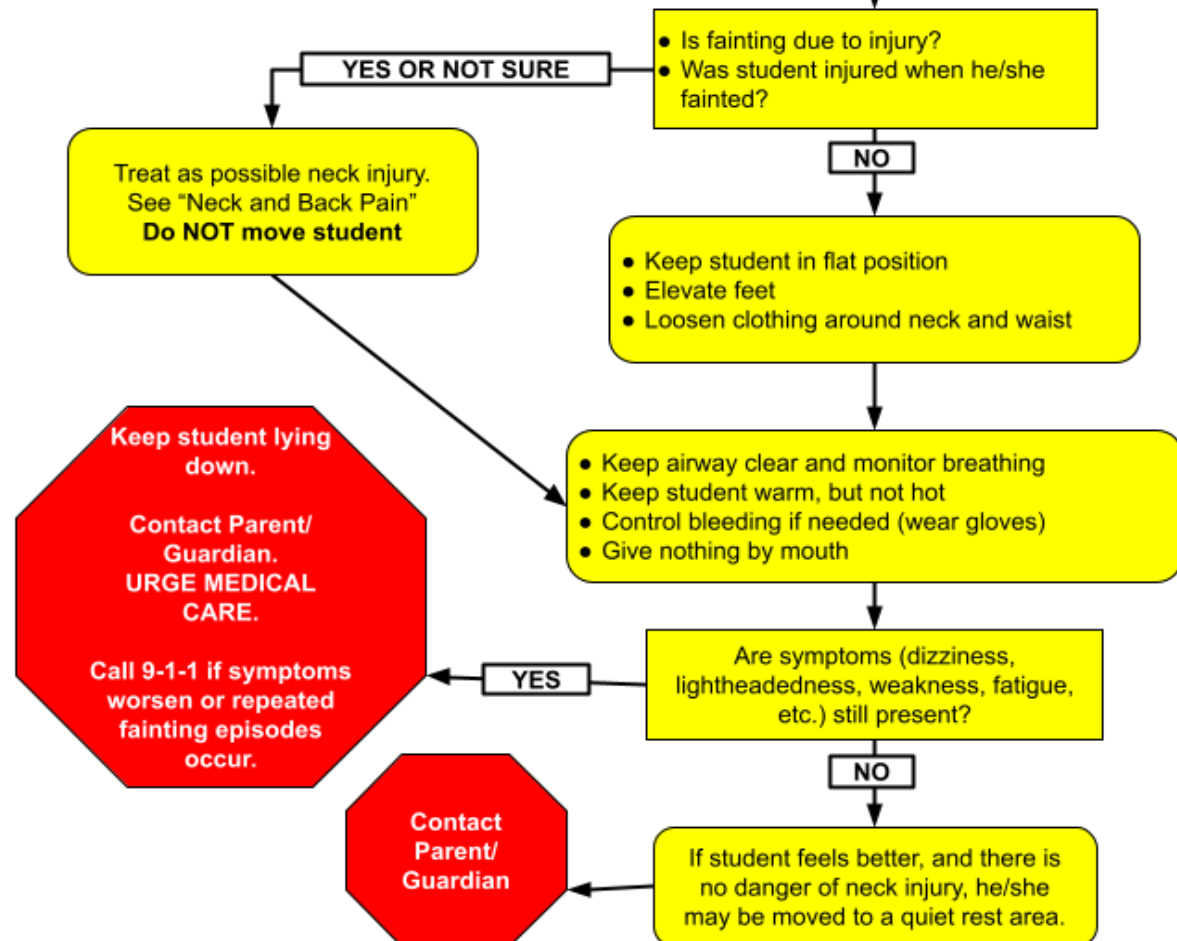
If you know the cause of the fainting, see the appropriate guideline.

Students with special health care needs may have a Health Care Plan and should be known to appropriate school staff. See *Health Care Plan* for protocol to follow in this situation.

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

- Extreme weakness or fatigue
- Dizziness or lightheadedness
- Pale sweaty skin
- Nausea

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



# FEVER

The body's average temperature can vary greatly during the day. Mild elevations between 100.4 F and 101.2 F can be caused by exercise, excess clothing, and hot weather. Oral temperatures can be elevated by hot food or drink. A fever may be a response to an infection.

Students with special health care needs such as having an immunodeficient conditions present differently related to fevers. These students may have a Health Care Plan and should be known to appropriate school staff. See Health Care Plan for protocol to follow in this situation. Call Parent/Guardian.

Take student's temperature. Note temperature over 101.0 F is a fever.

Have the student lie down.

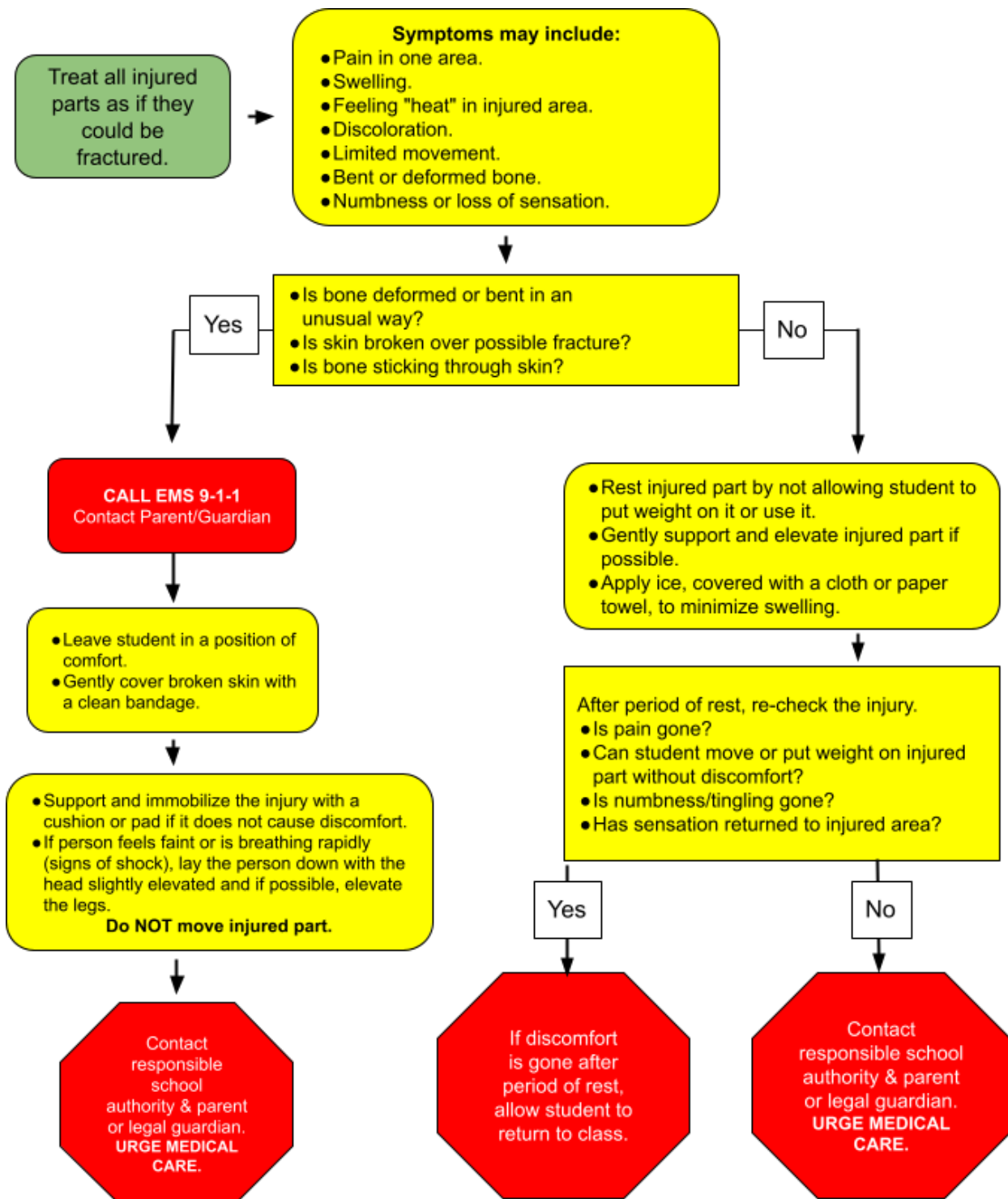
Observe the student for other symptoms, such as: Drowsiness, headache, nausea/vomiting, respiratory symptoms, stiff neck, rash, irritability, ear pain, pain with urination, and pallor (student appears pale in color).

If it is suspected that the temperature elevation is due to exercise, excess clothing, and hot weather, or warm food, give fluids and take the temperature again in 10 minutes, after removing the cause.

Give no medication unless previously authorized.

**Contact  
Parent/  
Guardian**

# FRACTURES & SPINAL INJURIES



# 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.

**Frostbite symptoms** may include:

- Loss of sensation
- Discoloration of skin- grayish, yellow or pale
- White or waxy skin
- Skin feels firm- hard (frozen)

Remove person from the cold  
Protect from further heat loss  
Remove wet clothing and cover with blanket  
DO NOT rub or massage cold extremity/part

Does the person exhibit:

- Loss of sensation?
- Discoloration of skin- grayish, white, pale or waxy?
- Part feels firm-hard (frozen)?

NO

Keep student and body part warm.

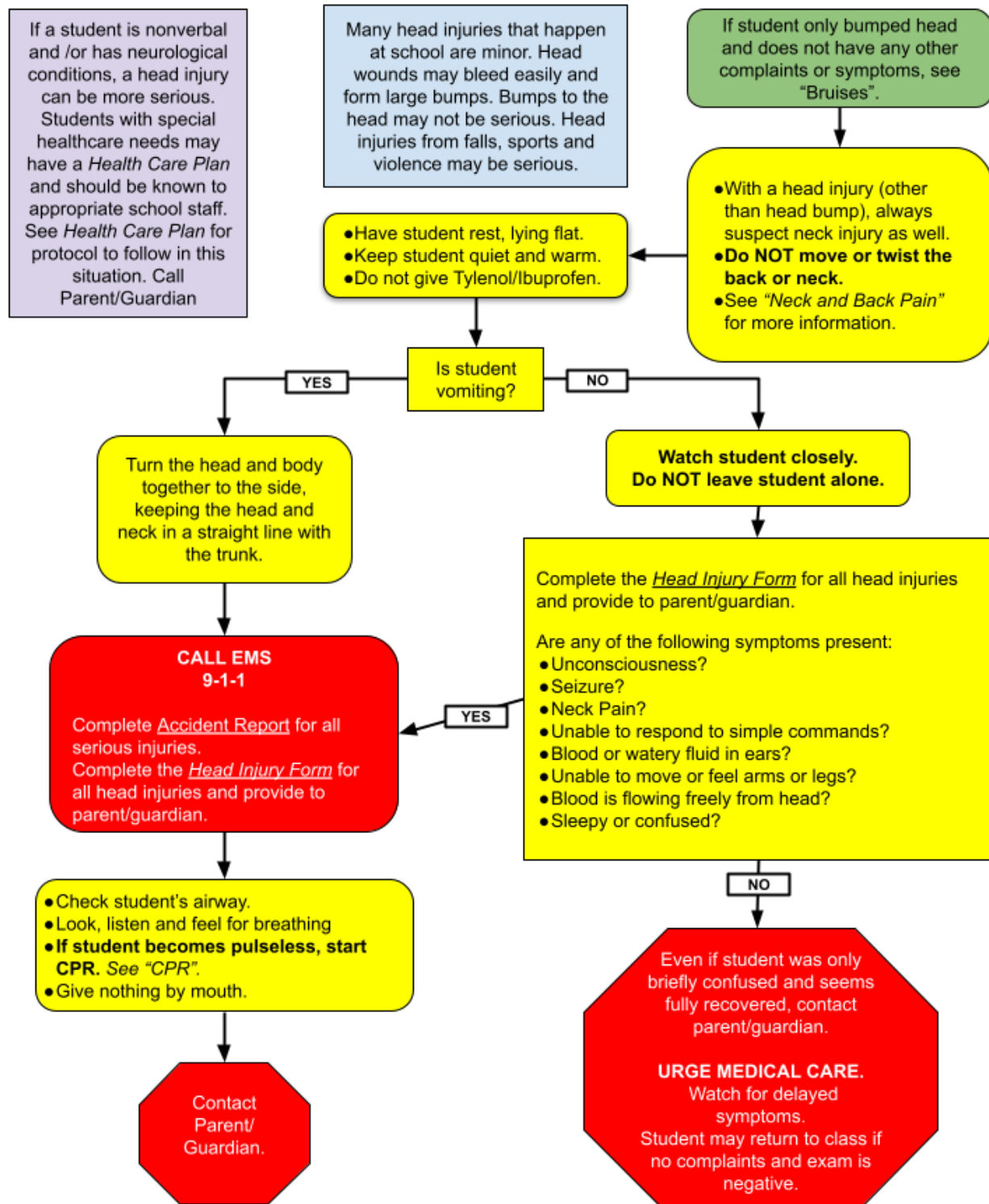
YES

If any of these symptoms are present:  
Keep warm and dry with blankets  
DO NOT rub affected area  
**CALL 9-1-1**

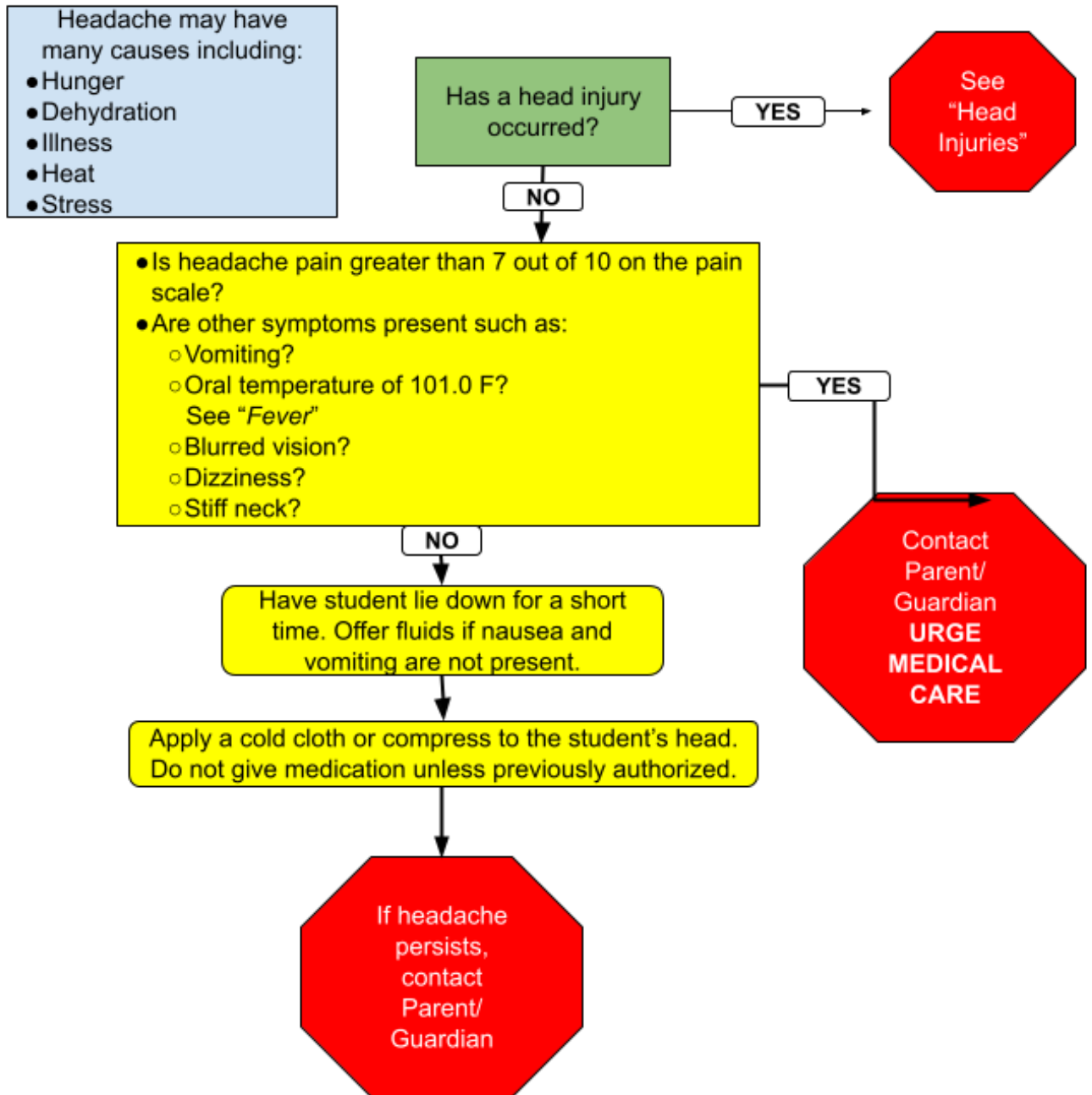
Contact parent/  
guardian and encourage  
medical care if  
necessary.



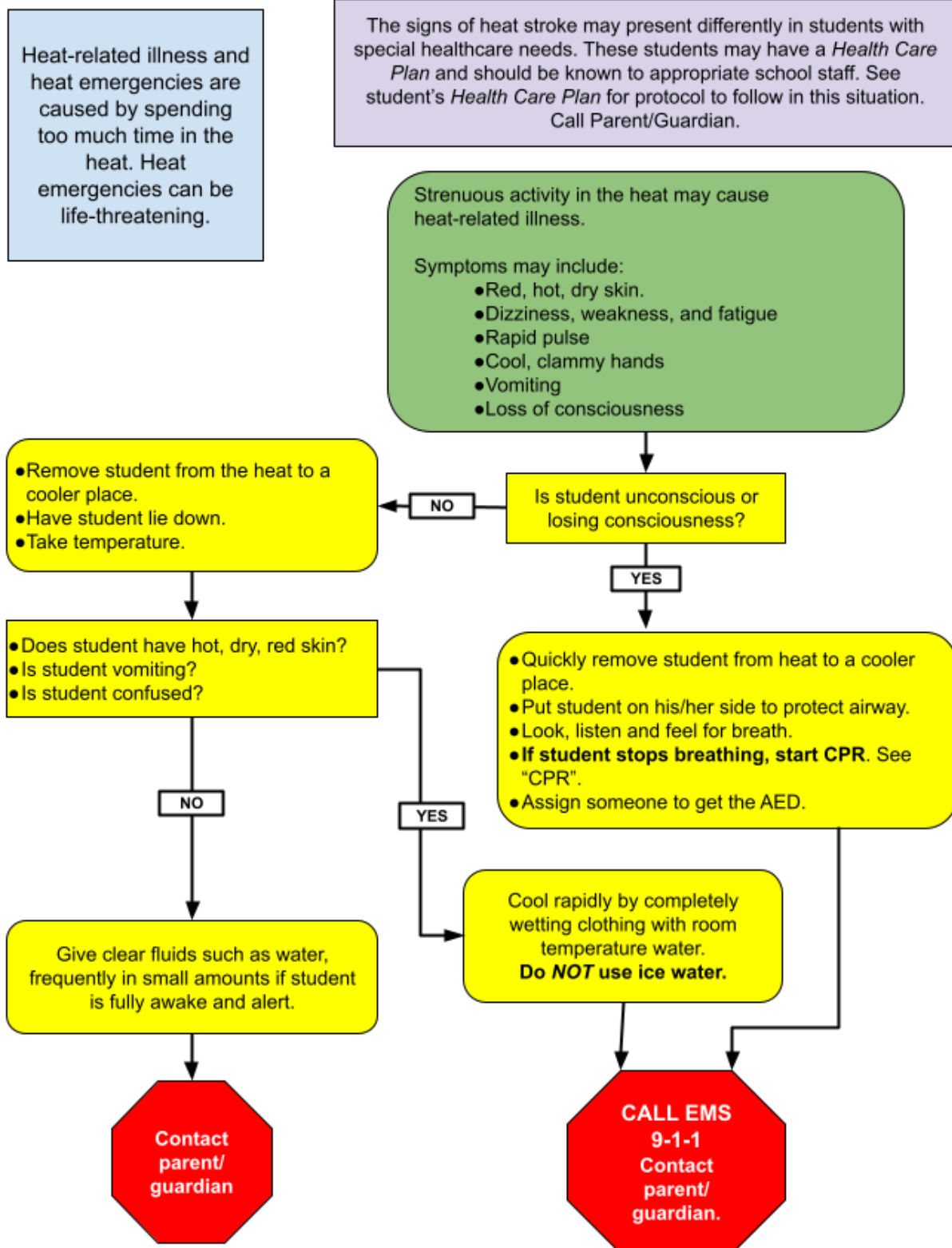
# HEAD INJURIES



# HEADACHE



# HEAT-RELATED ILLNESS



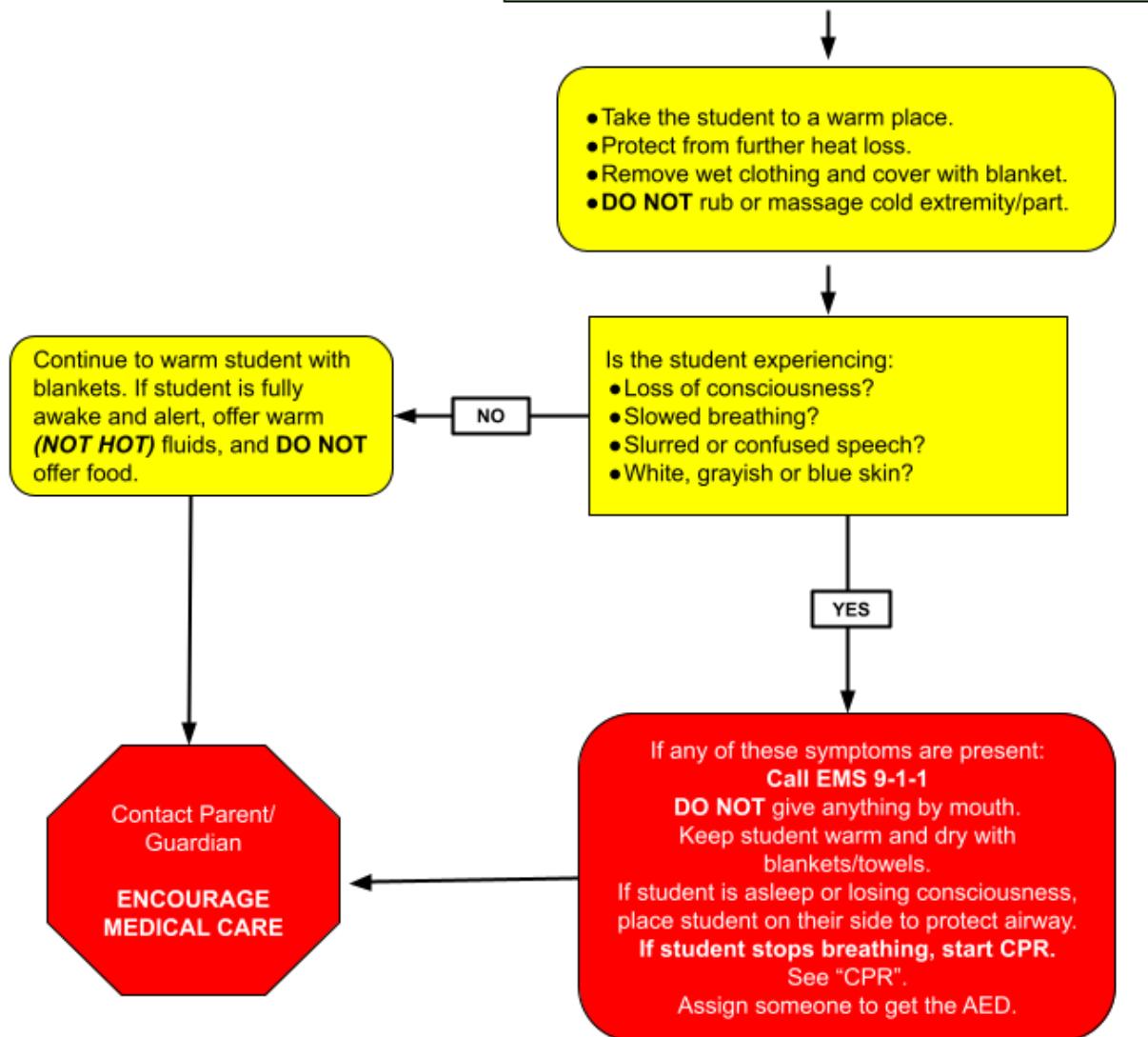
# HYPOTHERMIA

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.

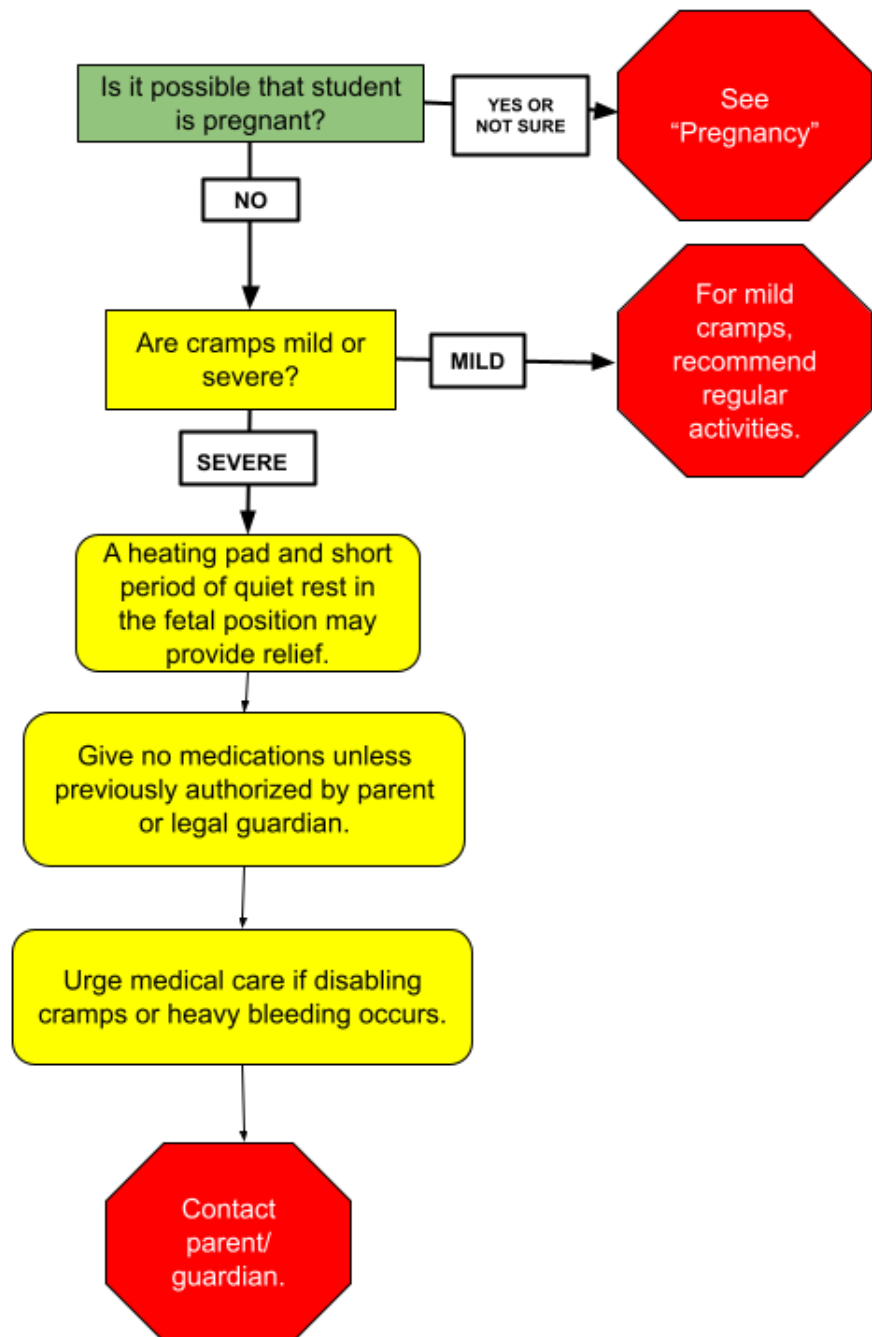
Hypothermia can occur after a student has been outside in the cold or in cold water.

**Hypothermia symptoms** may include:

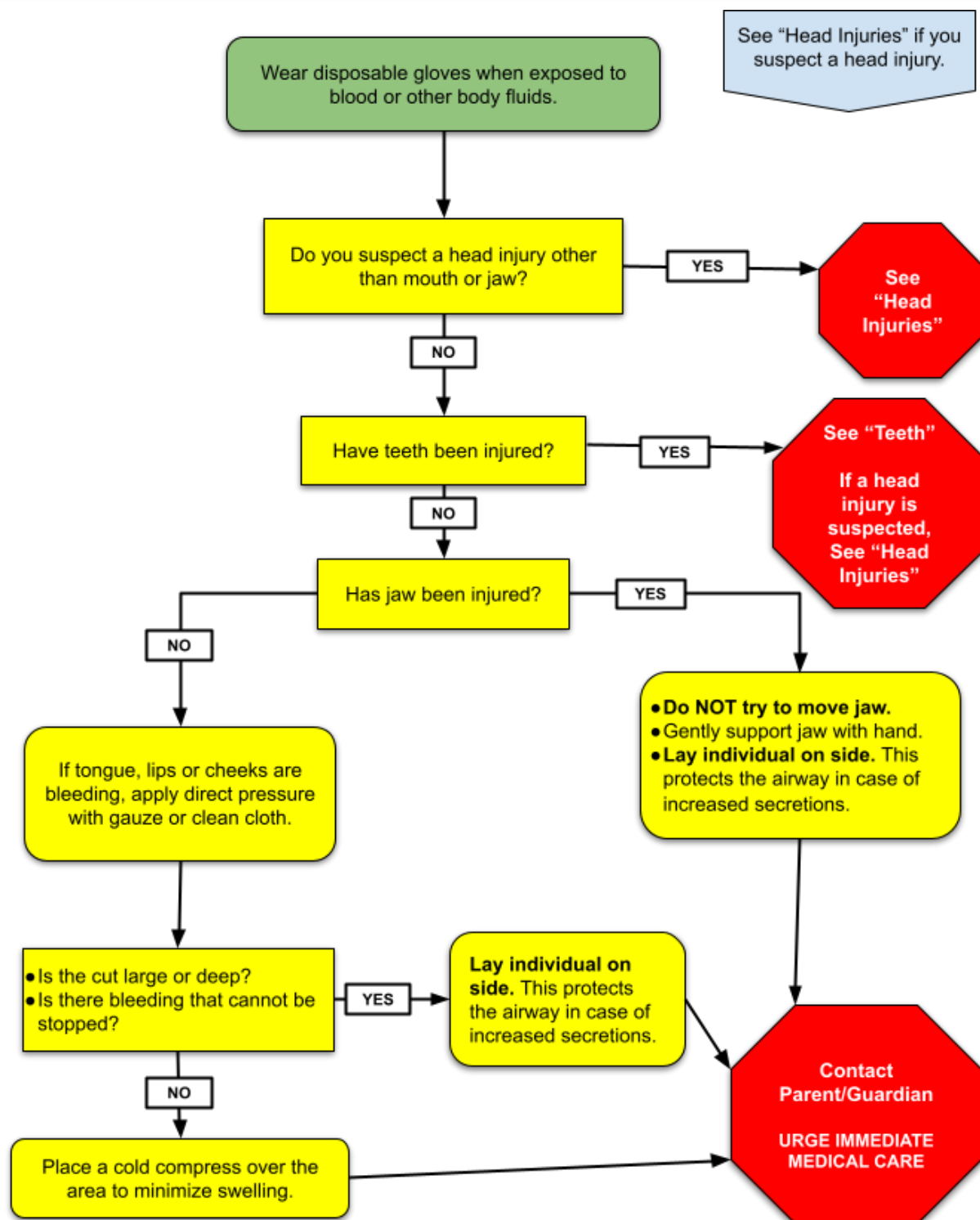
- Confusion/impaired judgment
- Weakness
- Blurry vision
- Shivering
- Slurred speech
- Disoriented speech
- White or gray skin color
- Body temp below 95 degrees F



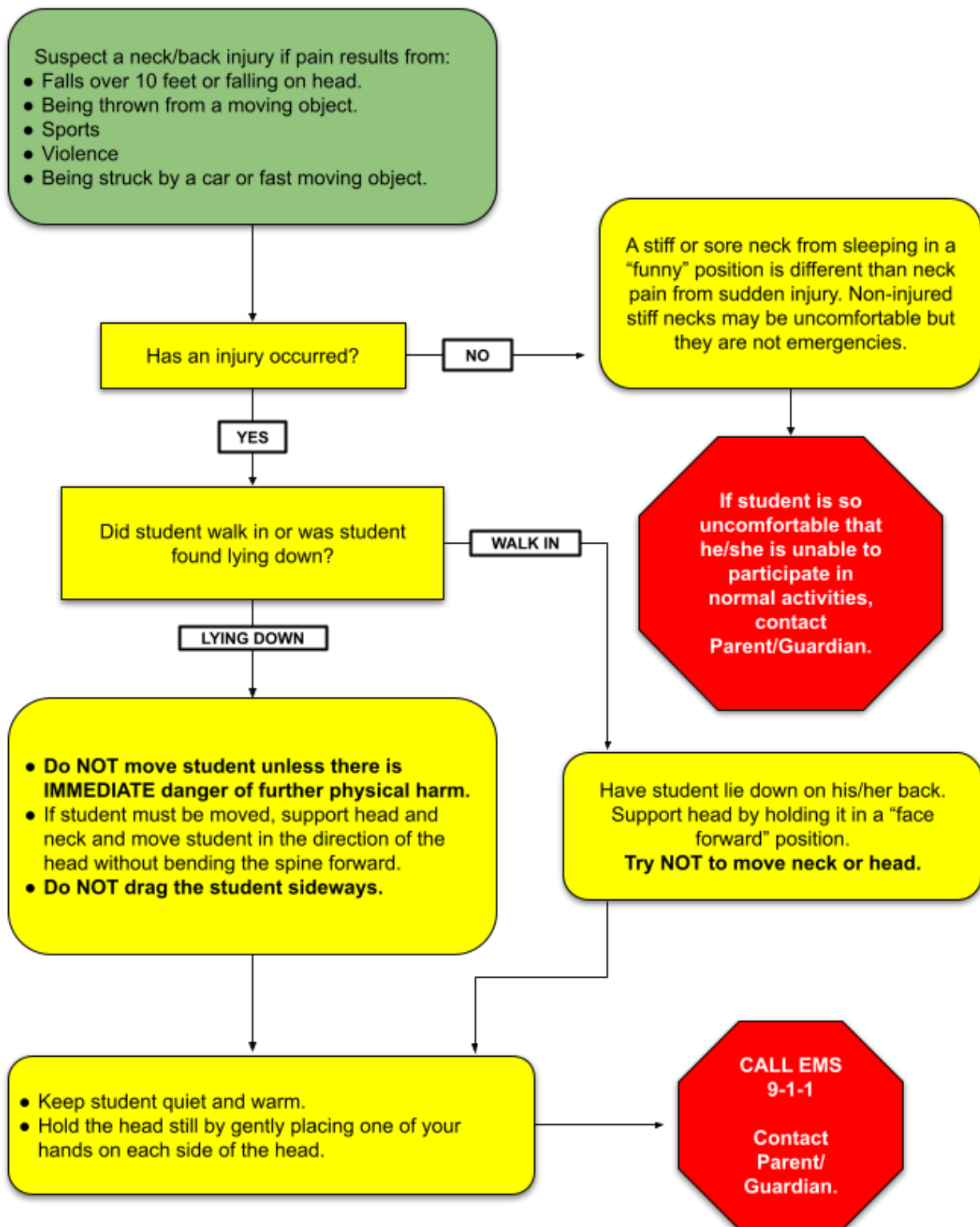
# MENSTRUAL PROBLEMS



# MOUTH & JAW INJURIES



# NECK & BACK PAIN (SERIOUS INJURY)



# NOSE

See "Head Injuries" if you suspect a head injury.

## NOSEBLEED

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

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.

Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing nostrils firmly together for about 15 minutes. Apply ice to nose.

If blood is still flowing freely after applying pressure and ice, contact Parent/Guardian.  
  
Request clean clothing from parents if student's clothing is soiled with blood.

## BROKEN NOSE

Treat as possible head injury. See "Head Injury".

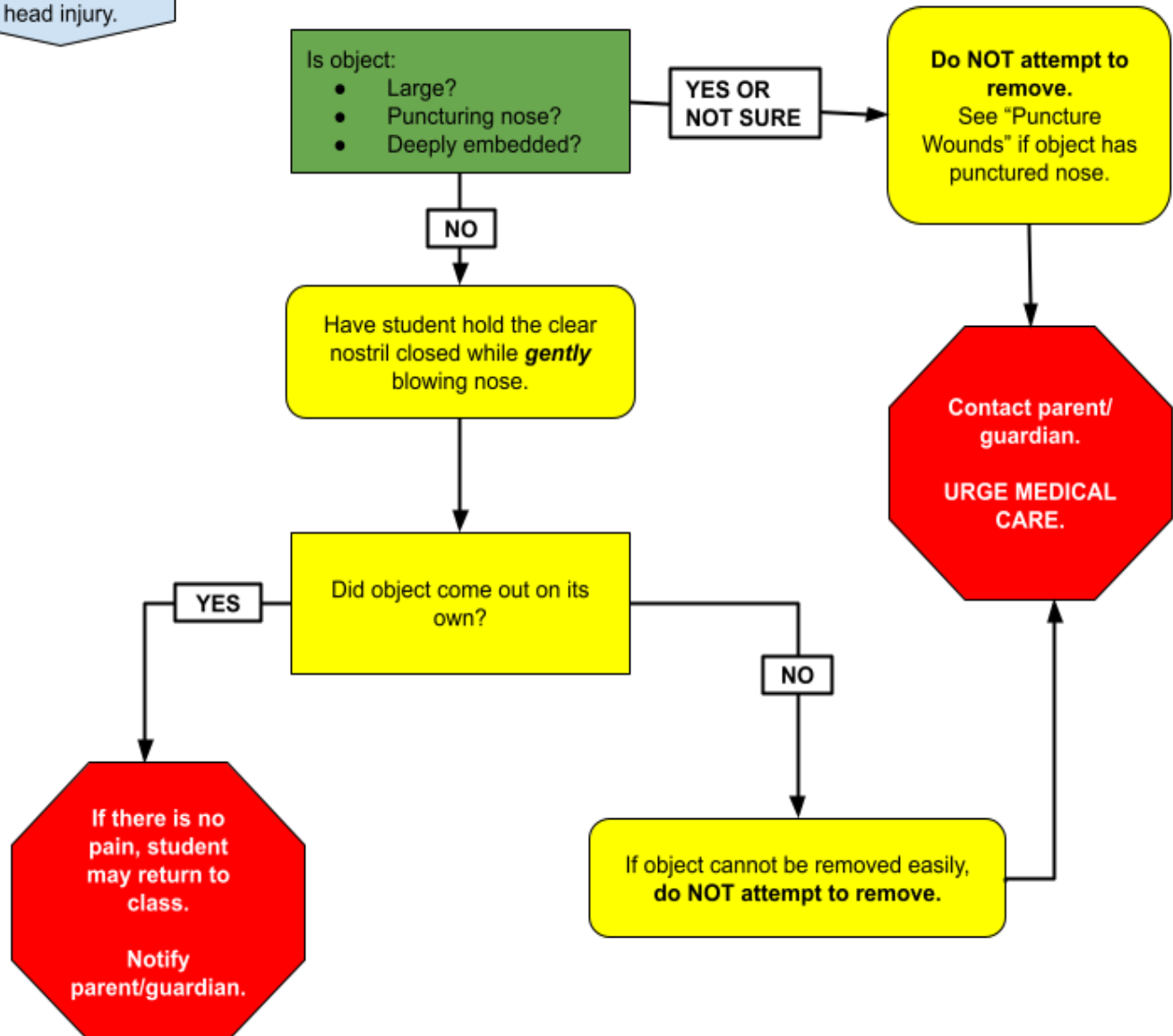
- Contact Parent/Guardian.
- URGE MEDICAL CARE.



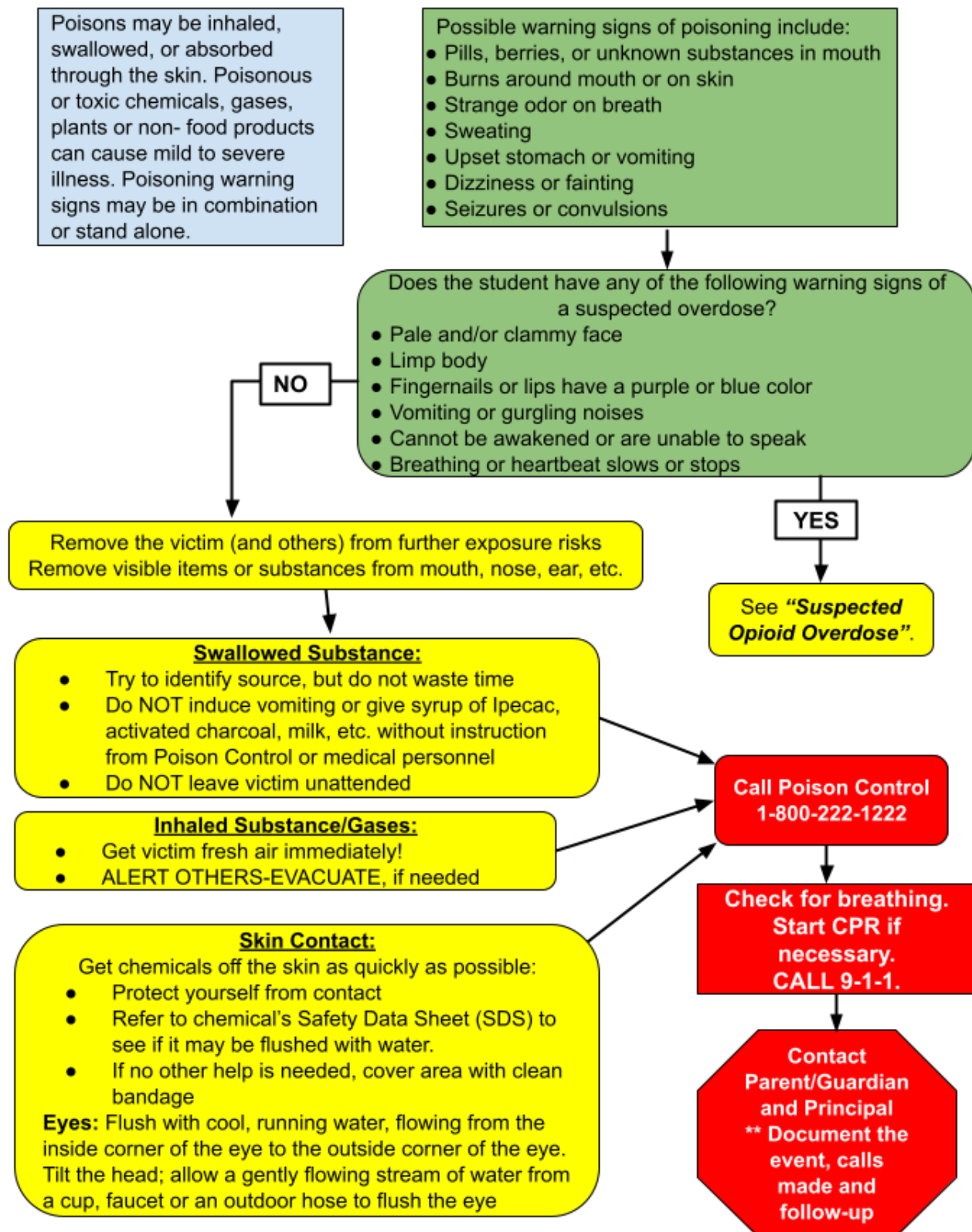
# NOSE

## OBJECT IN NOSE

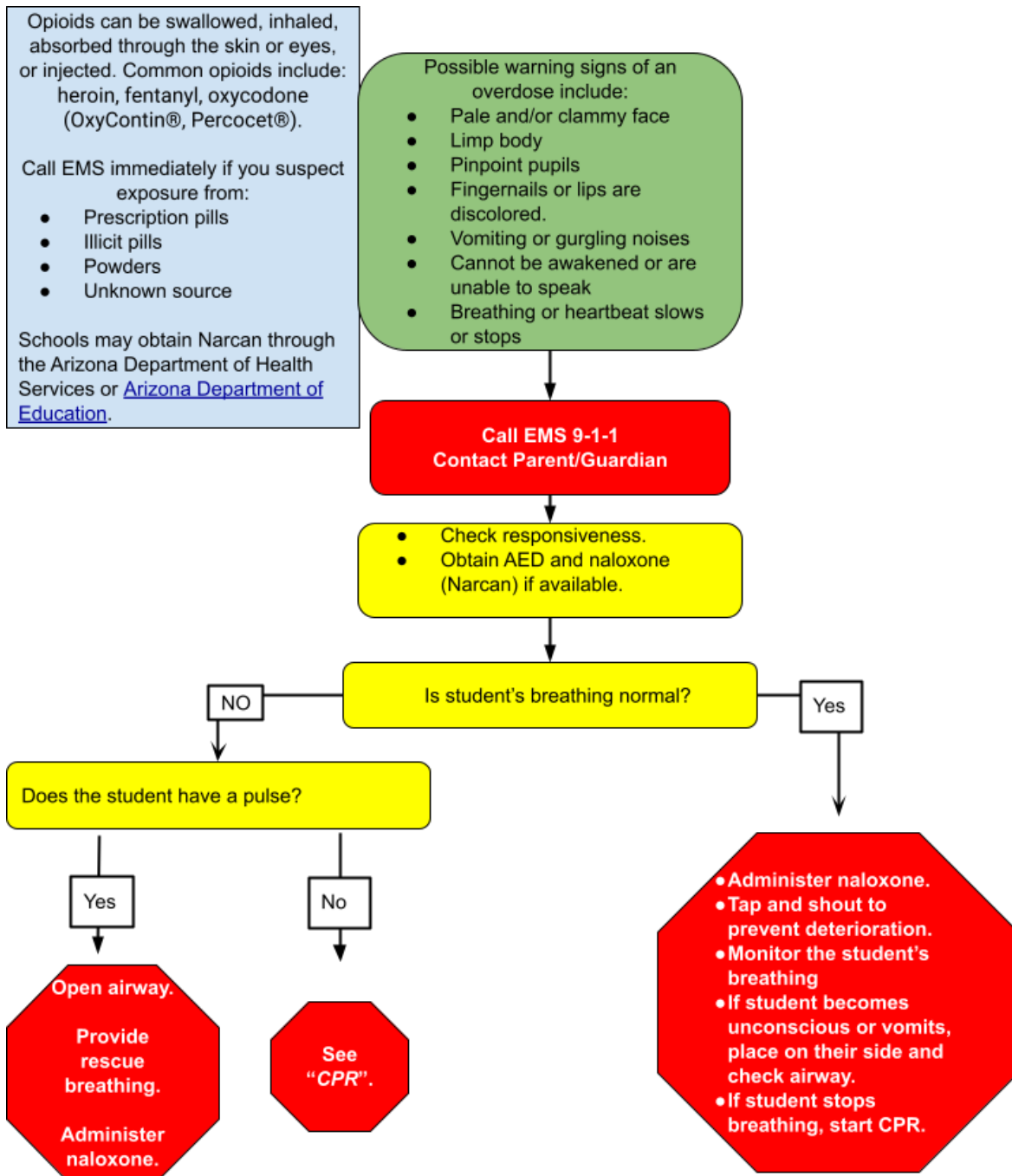
See "Head Injuries"  
if you suspect a  
head injury.



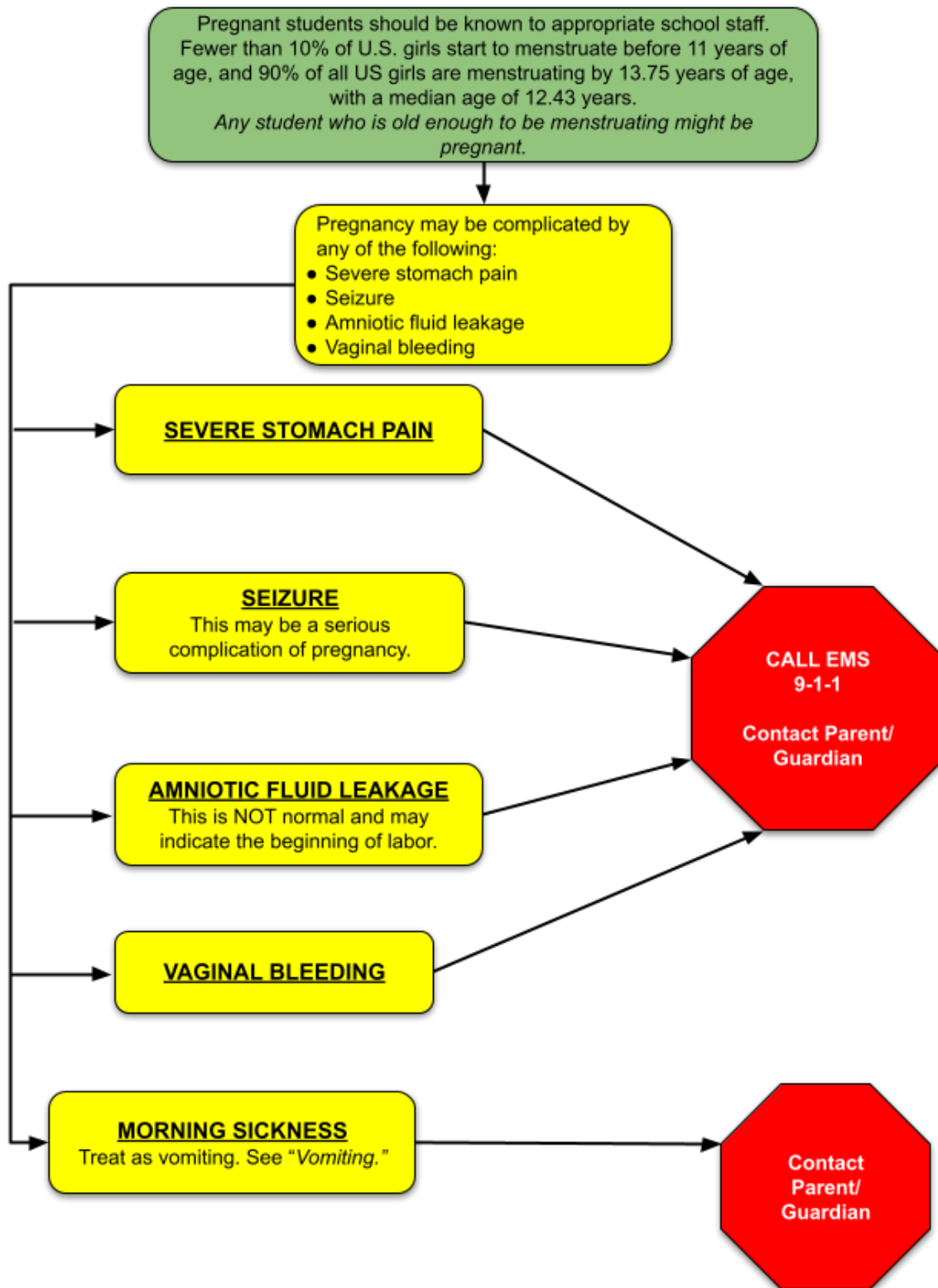
# POISON



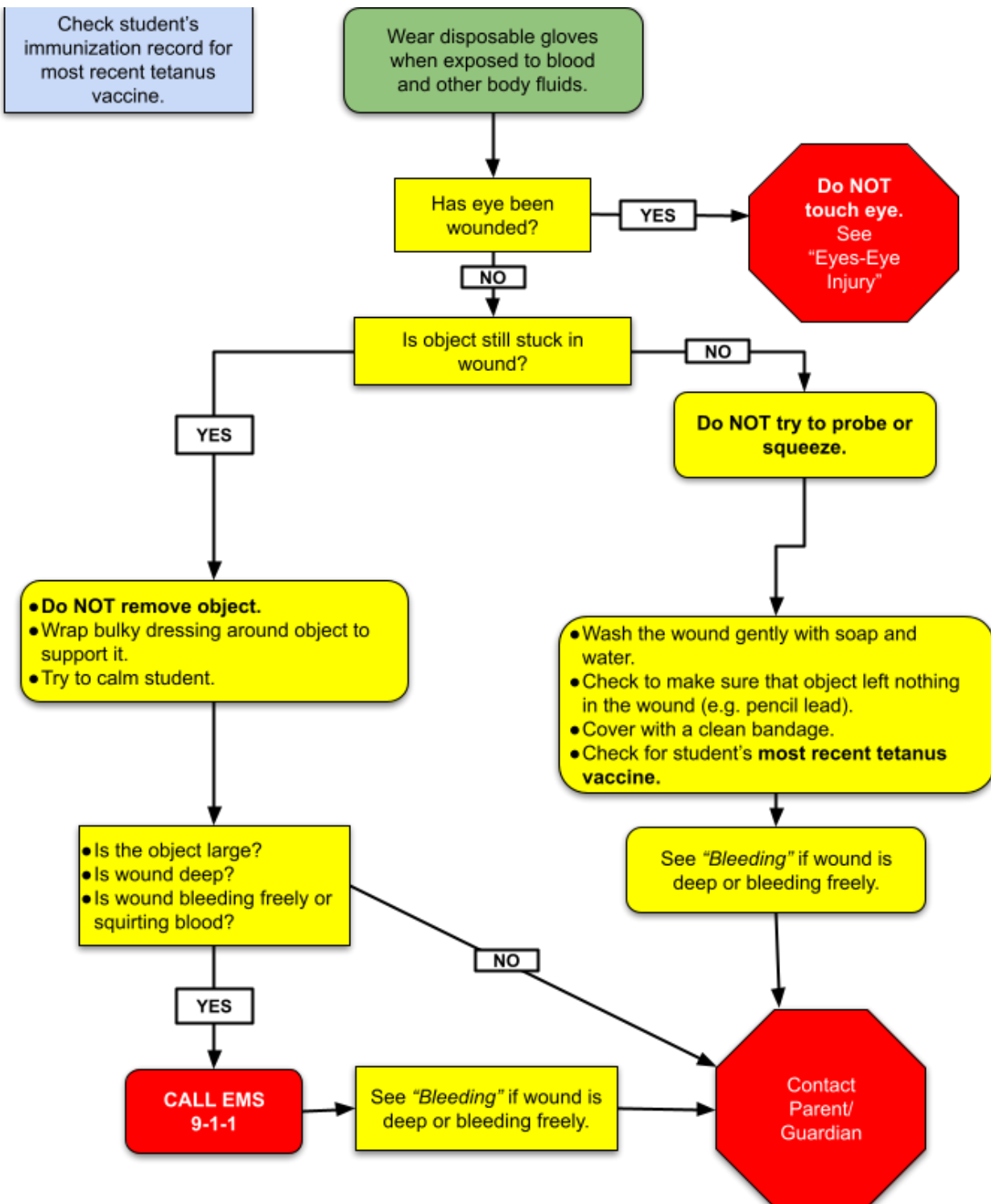
# SUSPECTED OPIOID OVERDOSE



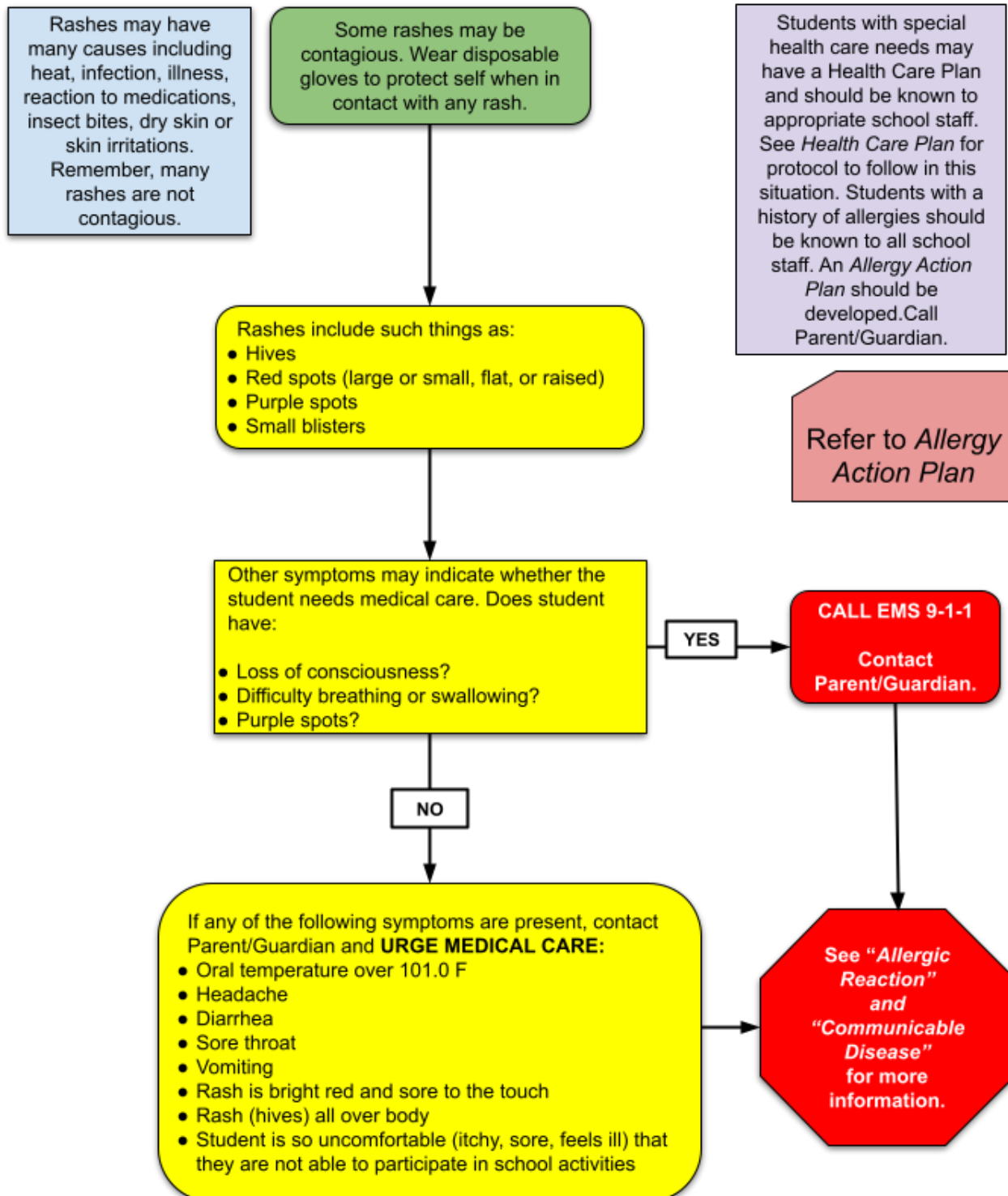
# PREGNANCY



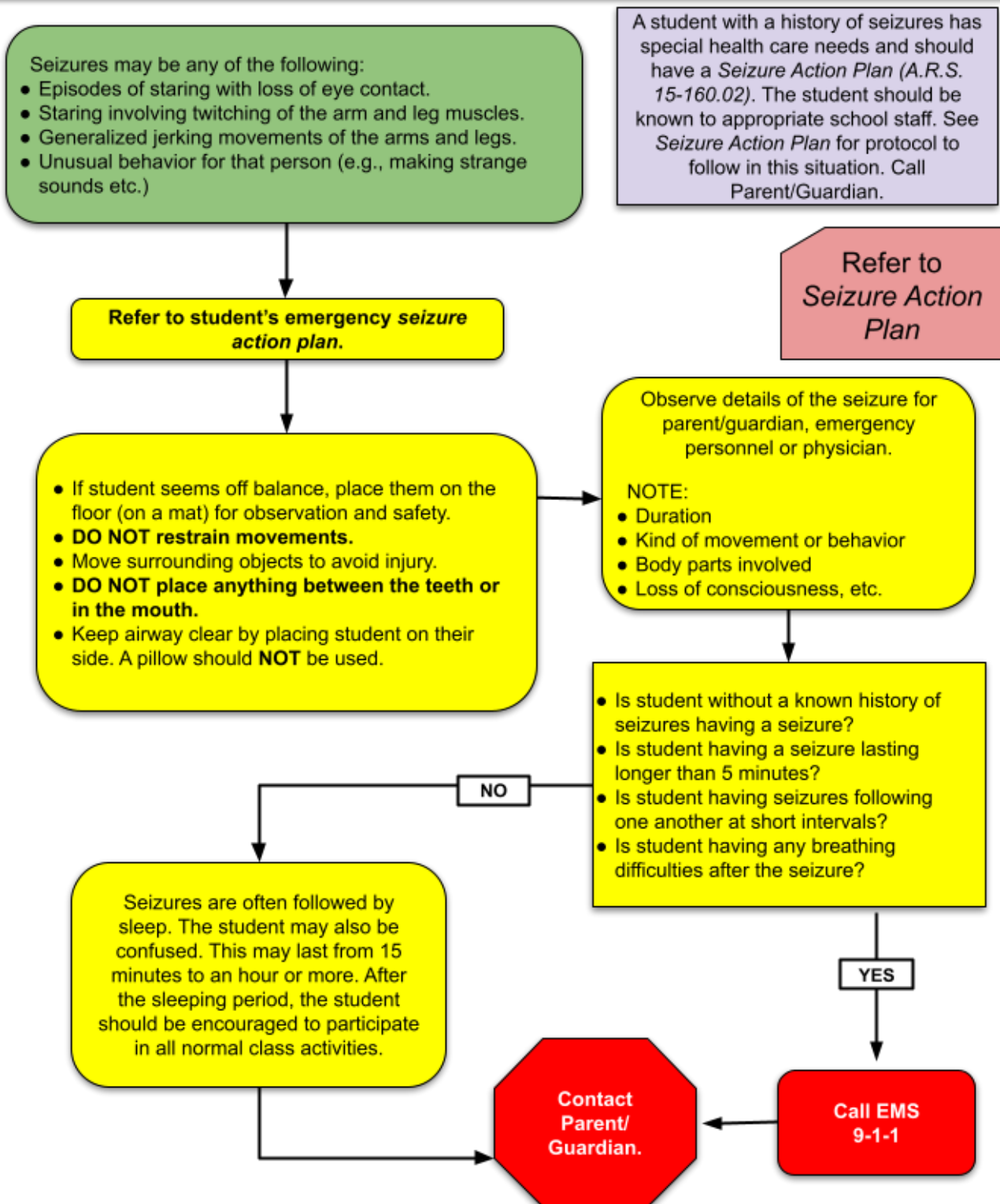
# PUNCTURE WOUNDS



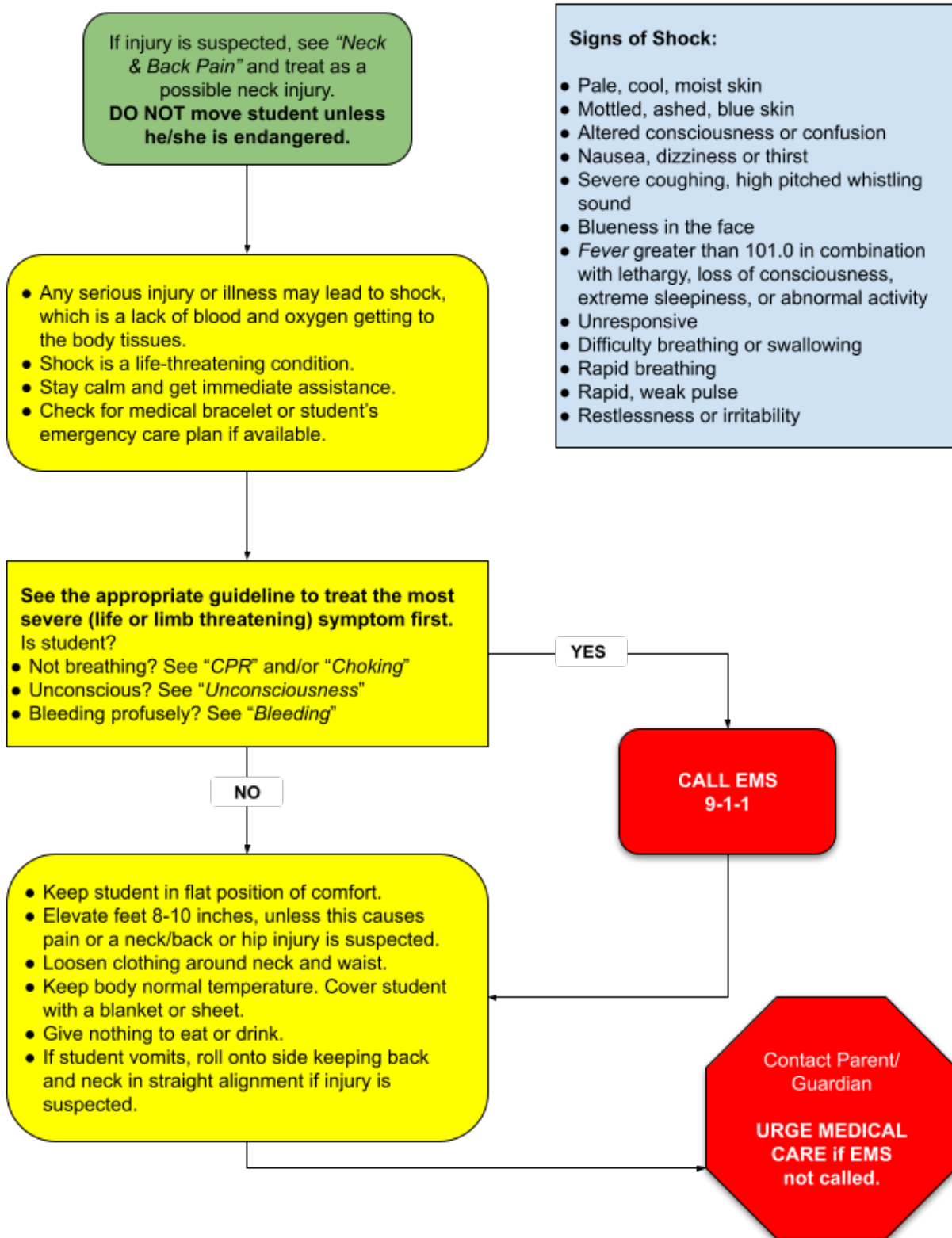
# RASHES



# SEIZURES

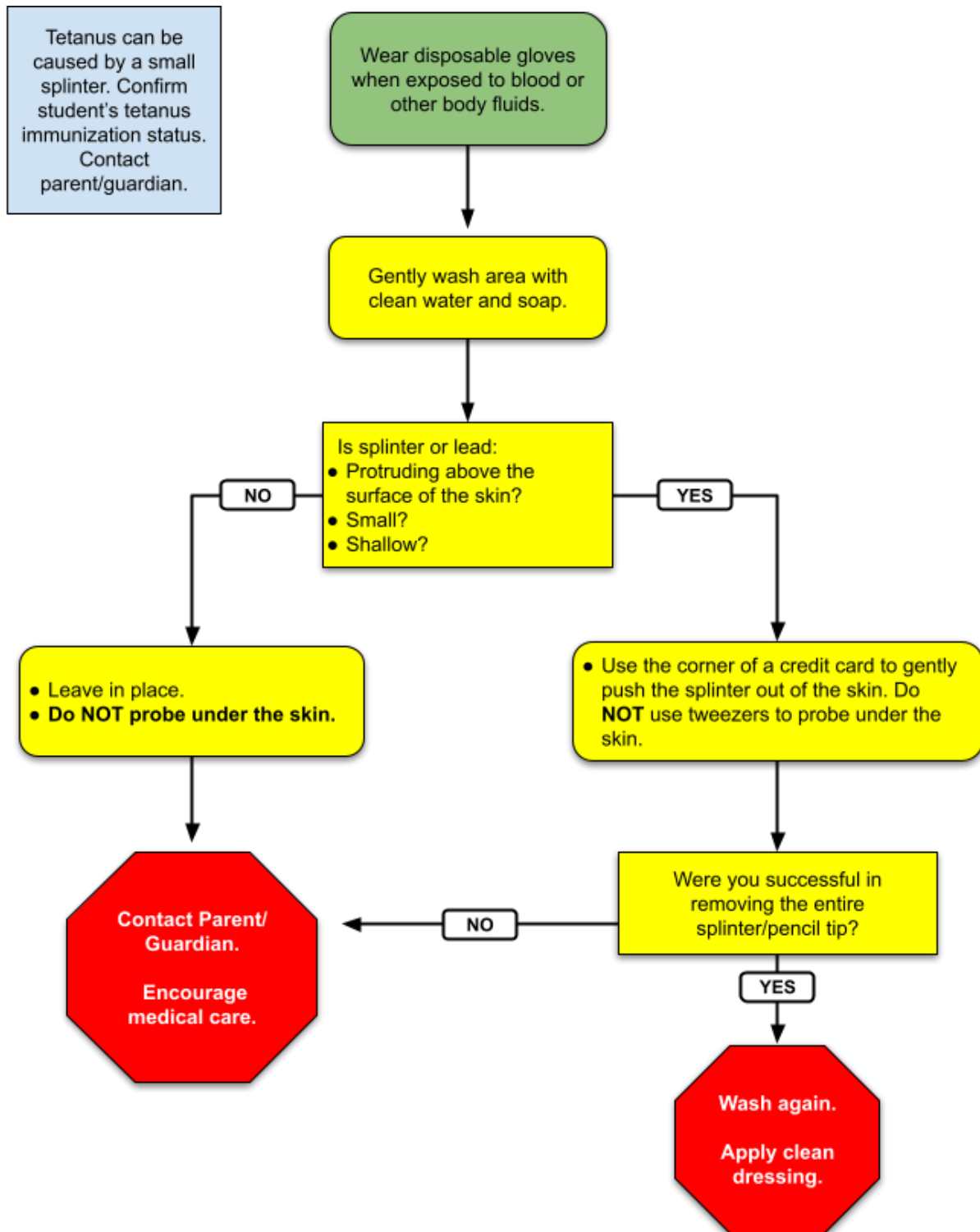


# SHOCK





# SPLINTERS



# STABBING & GUNSHOT INJURIES

It is important to keep the following information in mind when responding to stabbing and gunshot injuries.

- Call EMS 9-1-1 for injured student.
- Call the police.
- Check for scene safety prior to intervening, and intervene only if the situation is safe for you to approach.

Refer to your school's policy for addressing violent incidents.

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

Is the student:

- Losing consciousness/unconscious?
- Having difficulty breathing?
- Bleeding uncontrollably?

YES

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

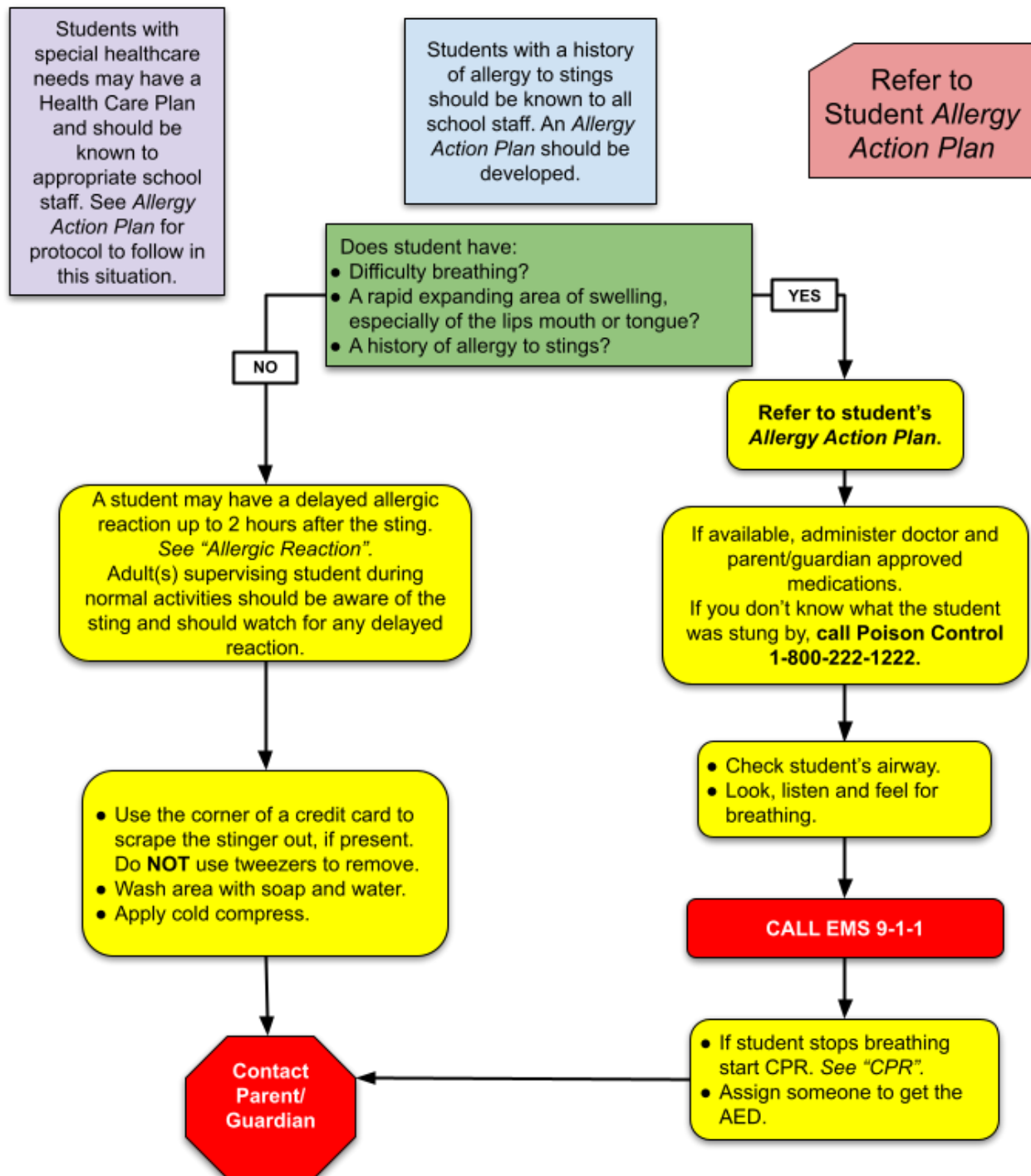
NO

- Lay student down in a position of comfort if he/she is not already doing so.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back injury is suspected. If suspect a neck/back injury, see "Neck and Back Pain".
- Press injured area firmly with a clean bandage to stop bleeding.
- Elevate injured part gently, if possible.
- Keep body temperature normal. Cover student with a blanket or sheet.

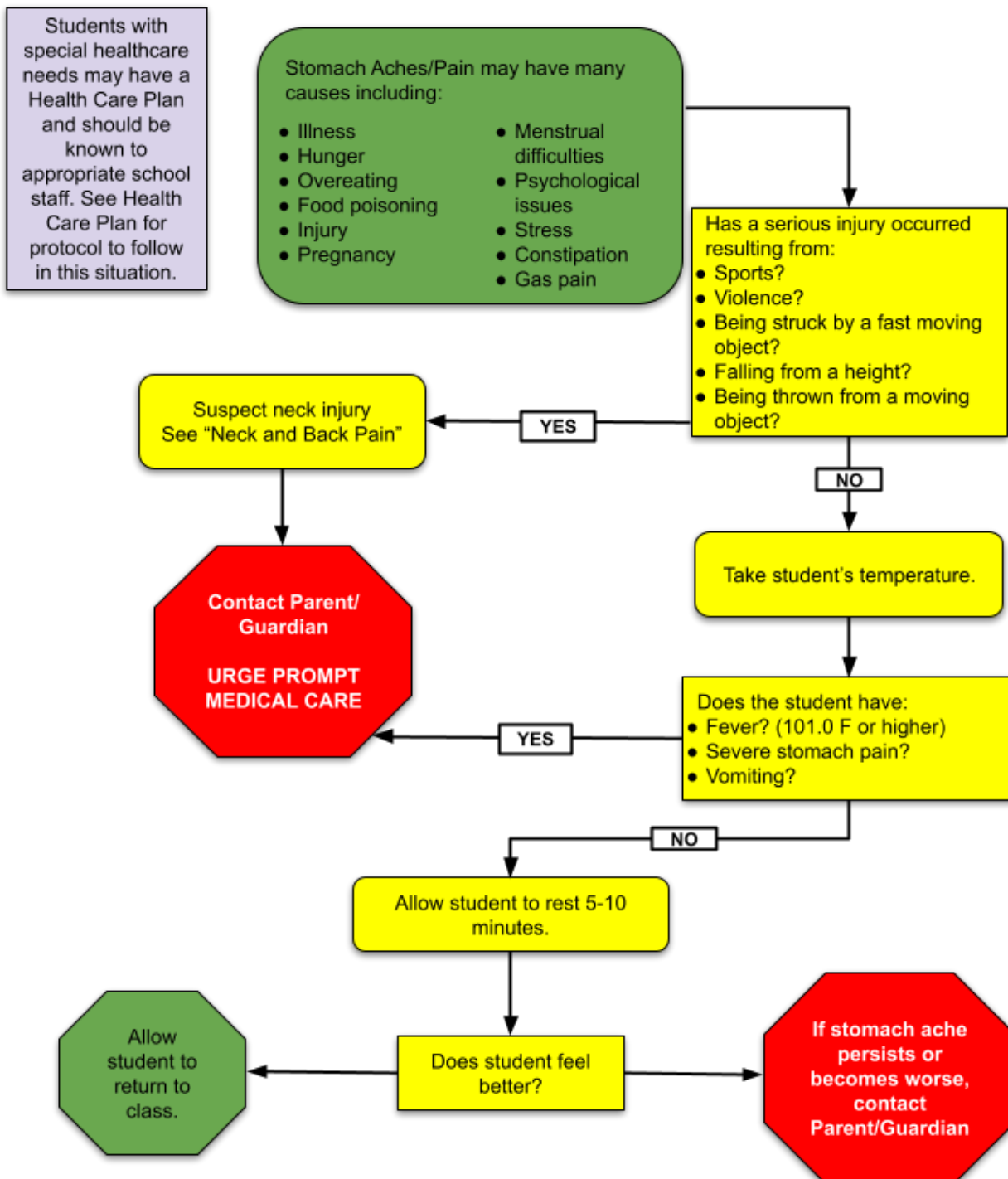
Check student's immunization record for tetanus.

Contact parent/  
guardian.

# STINGS



# STOMACH ACHES & PAINS



# TEETH

## DENTAL PAIN AND LOOSE BRACES

- Facial swelling and fever may be associated with a dental abscess.
- Dental wax can be used for soft tissue irritation from braces.

Contact Parent/  
Guardian

URGE DENTAL  
CARE

## DISPLACED PERMANENT TOOTH

Do **NOT** try to move the tooth into the correct position **OR** remove the tooth from the mouth.

Contact Parent/  
Guardian

URGE PROMPT  
DENTAL CARE

## KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do **NOT** handle tooth by the root.

Do **NOT** scrub the knocked-out tooth.

The following steps are listed in order of preference.

### **Within 15-20 minutes:**

1. Have student hold in place with tissue or gauze **OR**
2. Place in glass of milk **OR**
3. Place in a cup of the student's saliva. Placing the tooth in a cup of tap water could cause difficulty with reimplantation of the tooth.

**TOOTH MUST NOT DRY OUT.**

Apply a cold compress to face to minimize swelling.

Contact Parent/  
Guardian

URGE IMMEDIATE  
DENTAL CARE

THE STUDENT  
SHOULD BE SEEN  
BY A DENTIST AS  
SOON AS  
POSSIBLE

# TICKS

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

**Do NOT handle ticks with bare hands.**

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

Wear disposable gloves when exposed to blood and other body fluids

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

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

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

Symptoms of tick-borne illness:

- Fever/Chills
- Headache
- Fatigue
- Muscle aches
- Rash

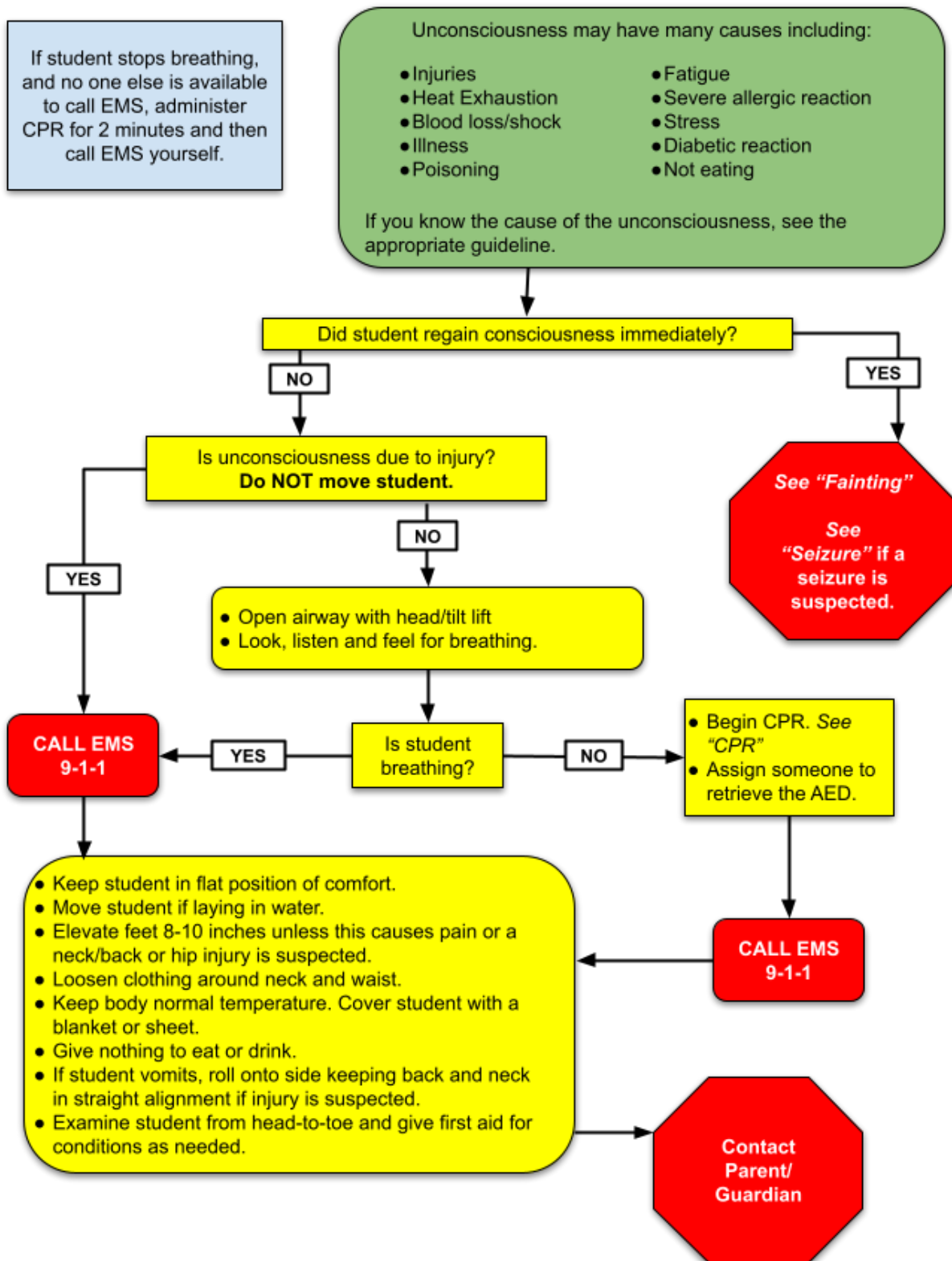
**Refer to primary care physician for follow-up.**

Save the tick in a plastic bag so medical staff can examine it to make sure head is intact and identify what kind of tick it is.

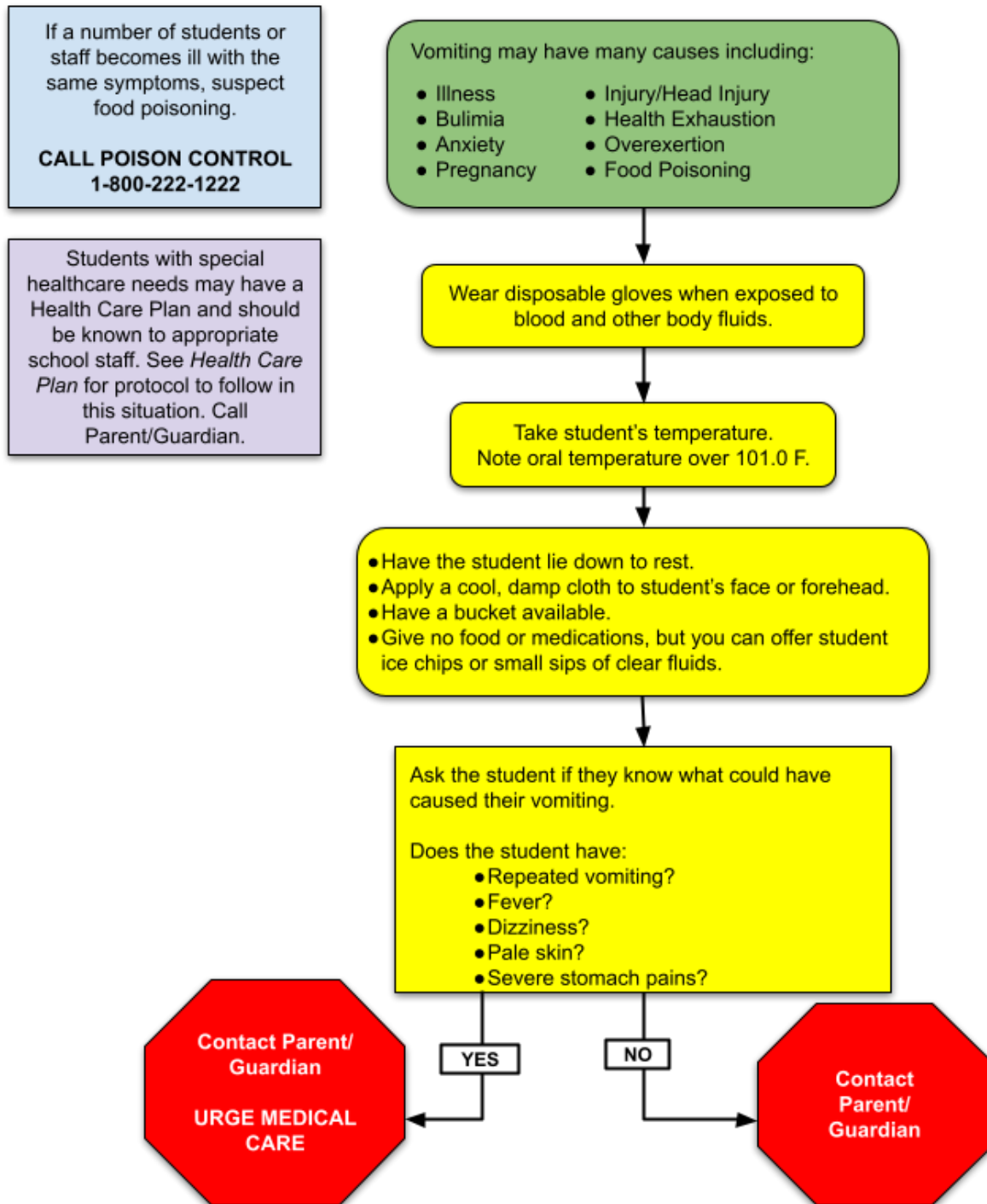
**Contact Parent/  
Guardian**

**Advise medical care.**

# UNCONSCIOUS



# VOMITING





# EMERGENCY PREPAREDNESS RESOURCES

## School Emergency Operations Planning Requirements

### Arizona Minimum Requirements for School Emergency Operations Plans (A.R.S. 15-341)

Arizona Revised Statute (ARS) 15-341 (A) (31) requires each school site to develop an emergency operations plan (EOP) that meets the prescribed minimum state requirements. The Arizona Department of Education (ADE) and the Arizona Department of Emergency and Military Affairs, Division of Emergency Management (AZDEMA) are responsible for revising the minimum standards for school emergency operations plans in Arizona. Each section below outlines the requirements that schools must abide by.

These requirements are organized into three parts:

1. Incident Command System
  - a. This part details that the Incident Command System shall be used for managing school emergencies and provides training requirements for individuals assigned to fill a role in the Incident Command System structure.
2. Emergency Operations Plan (EOP) Required Sections and Content
  - a. This part details the required sections of the Emergency Operations Plan, including the content that shall be housed in each section respectively.
3. Plan Maintenance, Training, and Exercise
  - a. This part details requirements for EOP reviews, drills and training, and post-drill debriefs.

Please reference the ADE School Preparedness' [School Emergency Planning \(EOP/COOP\) webpage](#) to access the most recent version of the Minimum Requirements for School Emergency Operations Plans.

# Pandemic Planning for Schools

## Emergency/Disaster Management Phases



Schools can take the following steps before, during, and after a pandemic outbreak. It is important to note that these steps may need to be repeated, as a pandemic may have several cycles, waves, or outbreaks. Work closely with your local public health agency and the Arizona Department of Health Services for the latest pandemic guidance.

### DEFINITIONS:

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

## **Pandemic Prevention and Mitigation Strategies**

Educate the school community about the symptoms of pandemic disease.

Educate the school community about infection control techniques.

Work with public health and local healthcare providers to improve vaccine access through school-based vaccine clinics.

### **Take steps to limit the spread of disease:**

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

## School Action Steps for Outbreaks

A pandemic may have several cycles, waves, or outbreaks so these steps may need to be repeated. Schools can take the following steps before, during, and after an outbreak to minimize the spread of the disease. Work closely with your local public health agency and the Arizona Department of Health Services for the latest pandemic guidance.

Communicable diseases that **MUST** be reported to the health department include:

- Campylobacteriosis
- Conjunctivitis: acute (outbreaks only)
- Cryptosporidiosis
- Diarrhea, nausea, or vomiting (outbreaks only)
- *Escherichia coli*, Shiga toxin-producing
- *Haemophilus influenzae*: invasive disease
- Hepatitis A
- Measles (rubeola)
- Meningococcal Invasive Disease
- Mumps
- Pertussis (whooping cough)
- Rubella (German measles)
- Salmonellosis
- Scabies (outbreaks only)
- Shigellosis
- Smallpox
- Streptococcal Group A infection (outbreaks only)
- Varicella (chickenpox)

The ADHS, [Communicable Disease Reporting](#) webpage provides additional details on who should report and the time frame for which the reporting is required to be received.

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

- Develop a pandemic plan for your school using <https://www.cdc.gov/orr/school-preparedness/infection-prevention/planning.html>
- Build a strong relationship with your state and local health department and include them in the planning process.
- Share educational materials on handwashing and hygiene - post materials in common areas, restrooms, and send home.
- Train school staff to recognize symptoms of pandemic disease.
- Encourage or require students and staff to stay home when they are ill, following public health guidance.
- Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the local health department. Work with local public health to establish thresholds as they relate to absenteeism due to illness for school closures or pivot to online learning.
- 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 health care provider regarding special precautions during outbreaks.

## **RESPONSE- DURING 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.
- Debrief with key personnel to review and evaluate the implementation and outcomes

## **RECOVERY- FOLLOWING AN OUTBREAK**

- Provide information regarding disease surveillance to the school community.
- 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 public 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.
- Consider supporting available options for testing and vaccinations.
- Implement plans for supporting educational, physical/mental health, facility management, and nutritional needs.

## Exclusion Guidelines for Students & Staff

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

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

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

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

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

The American Academy of Pediatrics recommends that children stay home from school if they have the following symptoms or conditions:

- Signs of severe illness (for example, unresponsiveness, difficulty breathing, quickly spreading rash)
- Fever above 101.0 F
- Diarrhea (2 or more loose stools in a 24-hour period)
- Vomiting (2 or more times in 24-hour period)
- Abdominal pain continuing for longer than 24 hours
- Mouth sores and inability to control secretions
- Rash with fever or behavioral changes

- Skin sores that are weeping fluid and cannot be covered with a bandage.
- Streptococcal infection until after first 12 hours on antibiotics
- Head lice, scabies, and ringworm until after the first treatment
- Chickenpox until all lesions have dried or crusted (about 6 days after onset of rash); no new lesions in 24 hours
- Hepatitis A until one week after onset of illness.

## Guidelines for Developing a Go- Bag

1. A Go Bag is a pre-packaged tote or backpack that is designed to easily evacuate with during an emergency. Developing a Go Bag provides your school staff with:
  - a. Vital student and building information during the first minutes of an emergency evacuation
  - b. Records to initiate student accountability
  - c. Quick access to building emergency procedures
  - d. Critical health information and first aid supplies
  - e. Communication equipment
2. This bag can be used by public health/safety responders to identify specific building characteristics that may need to be accessed in an emergency.
3. The Go Bag must be portable and readily accessible for use in an evacuation. It is recommended that Go Bags are clear so that emergency services can easily identify the contents inside during 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 Go Bag that is maintained in the office/administrative area and contains building-wide information for use by the building principal/incident commander, OR
  - b. A classroom-level Go Bag that is maintained in the classroom and contains student-specific information for use by the educational staff during an evacuation or lockdown situation.
  - c. A student-specific Go Bag that is maintained according to school policies and procedures and in accordance with FERPA and HIPAA, and contains critical medications, medical supplies, and additional instructions for assisting the student.
5. The contents of the bags must be updated regularly and used only in the case of an emergency.
6. The student, classroom and building bags should be a part of your drills for consistency with response protocols.

7. We strongly encourage you to discuss your Go Bags with your local first responders. Some jurisdictions require these bags to be clear in order to leave a building during a threat.
8. We strongly encourage you to modify the content of the Go Bag to meet your specific building and student needs.

## Recommended First- Aid Equipment & Supplies for School

1. Current first aid, choking and CPR manual and wall chart(s) from American Heart Association or Red Cross and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin
4. Manual resuscitation bag
5. Pen light
6. Resuscitation mask with valve or disposable face shields for CPR
7. Covered waste receptacle with disposable liners
8. Bandage scissors
9. Stair sleds for evacuation (if building has more than one floor)
10. Heating pad
11. Non-mercury thermometer
12. Safety glasses/goggles
13. Sling
14. Splint
15. Sphygmomanometer
16. Stop the Bleed Kits
17. Naloxone Kits (e.g., Narcan®; other opioid antagonist)
18. Tweezers
19. One flashlight with spare bulb and batteries
20. Sink with running water
21. Expendable supplies:
  - a. Alcohol prep pads (or alcohol in a dispensing bottle)
  - b. Antiseptic Cleanser
  - c. Bandages
  - d. Sterile cotton-tipped applicators, individually packaged
  - e. Sterile adhesive compresses (1"x3"), individually packaged
  - f. Contact solution
  - g. Cotton balls
  - h. Eye wash
  - i. Eye pads
  - j. Sterile gauze squares (2"x2"; 3"x3"), individually packaged
  - k. Adhesive tape (1" width)



- l. Gauze bandage (1" and 2" widths)
- m. Q tips
- n. Cold packs (compresses)
- o. Tongue blades
- p. Triangular bandages for sling
- q. Safety pins
- r. Soap
- s. Disposable facial tissues
- t. Paper towels
- u. Sanitary napkins
- v. Disposable gloves (vinyl preferred)
- w. Pocket mask/face shield for CPR
- x. Vented Chest seal
- y. Disposable surgical masks
- z. Appropriate cleaning solution such as an agent recommended for schools.
- aa. If using chlorine bleach, a fresh solution of chlorine bleach must be mixed every 24 hours using 1 tablespoon of bleach to 1 quart of water (or 1/4 cup to 1 gallon of water). Rinse surface with clean water.

## Stock Medication

### **Emergency Administration of Medication (Stock Medication) Programs**

Arizona offers three Emergency Administration of Medication Programs also known as stock medication programs for schools: Emergency Administration of Inhalers, Emergency Administration of Auto-injectable Epinephrine, and Narcan Administration. Arizona schools may participate in one or more of these programs but are not required. The following information will help you learn more about each program and the necessary steps to complete to offer these programs at your school.

Maricopa County Department of Public Health (MCDPH) offers an online program, the [School Surveillance and Medication Program \(SSMP\)](#), to assist schools in participating in the stock medication programs. The SSMP walks you through the requirements, including annual training and items needed to implement the program at your school. Currently, MCDPH is working with all Arizona public schools to implement the stock inhaler, epinephrine, and Narcan programs, collecting data and offering the annual standing orders, assuming schools sign up through the SSMP and

follow the requirements. By starting with the SSMP site, you will gather the information and tips to establish a stock medication program. For schools to participate, they must enroll in the [School Surveillance and Medication Program \(SSMP\) web application](#).

After completing and submitting the requirements, your school can receive annual standing orders and a prescription from the MCDPH Medical Director.

### **The Emergency Administration of Inhalers (Stock Albuterol Program) in**

Schools was put in place in 2017 by state law HB 2208, *Emergency administration of inhalers by trained personnel; immunity; definitions* and is in law as [Arizona Revised Statute \(ARS\) § 15-158](#). The [Arizona Asthma Coalition](#) has a thorough [description of the program](#) and offers program handouts and information for school administrators and parents. Toolkits are available for the program and provided by county location: [Pima County](#) and [all other counties](#). [Arizona Administrative Code \(AAC\) R7-2-810](#) describes the responsibility of Arizona public school districts and charter schools to stock inhalers on-site at school, the training required by those designated to administer inhalers in an emergency setting, and the procedures for its administration including obtaining the medication standing order. Questions about program implementation may be sent via email to [Stockinhaler@arizona.edu](mailto:Stockinhaler@arizona.edu).

The [Stock Albuterol Inhaler Training for School Personnel 2024-2025](#) is available online at the University of Arizona Mel & Enid Zuckerman College of Public Health Western Region Public Health Training Center (WRPHTC).

### **The Emergency Administration of Auto-injectable Epinephrine (Stock Epinephrine**

**Program)** in Schools was established in 2018 by HB 2085, *Emergency administration of epinephrine auto-injections by trained personnel; immunity* and is in law as [ARS § 15-157](#). The law allows trained individuals under a standing order to administer auto-injectable epinephrine to a child or adult at a public school or a school-sponsored activity. [AAC R7-2-809](#) describes the responsibility of Arizona public school districts and charter schools to stock auto-injectable epinephrine on-site at school, the training required by those designated to administer epinephrine in an emergency setting, and

the procedures for its administration. The [Kyah Rayne Foundation](#) also helps with the Stock Epinephrine Program in schools.

The [Stock Epinephrine Training, also known as the Kyah's EPICourse 2024-2025](#) is available online at the University of Arizona Mel & Enid Zuckerman College of Public Health WRPHTC.

**The Stock Naloxone (also known as Narcan) Program** is part of the AZ Opioid Epidemic Act/Action Plan, implemented in 2018. The Arizona Department of Health Services (ADHS) has a [website](#) with offering information on standing orders for Naloxone and details on ordering Naloxone Kits from community partners. The Stock Narcan Program is available within the SSMP, and we recommend schools implement it through the SSMP. More resources and tips for implementing the Stock Narcan Program are available [here](#).

The [Stock Naloxone \(Narcan\) Program Training 2024-2025](#) is available online at the University of Arizona Mel & Enid Zuckerman College of Public Health Western Region Public Health Training Center (WRPHTC).



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