Emergency First Aid Guidelines for California Schools

Emergency Medical Services Authority
California Health and Human Services Agency

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EMERGENCY FIRST AID GUIDELINES FOR CALIFORNIA SCHOOLS - 2013 EDITION

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Emergency First Aid Guidelines for Schools - Pilot Project Staff (First Version)

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ABOUT THE GUIDELINES

The *Emergency First Aid Guidelines for California Schools'* document was initially developed by San Diego and Alameda Counties, funded in part by a grant from the California Emergency Medical Services (EMS) Authority. The Guidelines were originally based on the second edition of the Ohio Emergency Guidelines for Schools, 2000. The *Emergency First Aid Guidelines for California Schools* manual is meant to provide recommended procedures for school staff in responding to medical emergencies when the school nurse is not available and until emergency medical services responders arrive on scene. These guidelines provide recommended actions and do not supersede or invalidate any laws or rules established by a school system, a school board, or the State.

Due to declining school district budgets, school nurses are not always present on school grounds when medical emergencies occur. It is not uncommon to have a school nurse present for only two hours a week per campus. Currently, only fifty percent (50%) of school districts in California have a school nurse on staff. The *Emergency First Aid Guidelines for California Schools* was developed over a two-year period and piloted in thirteen schools in San Diego County and three schools in Alameda County. They were enthusiastically received in the pilot areas by school nurses and educators as a layperson's emergency medical reference tool.

Once the pilot projects were completed, the draft Guidelines were reviewed and revised by the local Emergency Medical Services for Children (EMSC) Coordinators Group and the EMSC Technical Advisory Committee (TAC). Extensive comments and revisions were made by these committees. The EMSC Coordinators Group is composed of local EMSC program managers and the TAC membership is composed of emergency physicians, nurses, prehospital and administrative experts in EMSC. The EMSC TAC first approved the draft Guidelines during its January 29, 2004 meeting and forwarded the document to the EMS Authority for review and approval.

During the first revision of the Guidelines document in 2004, the EMS Authority collaborated with the California Department of Education and the California School Nurses Association. The revised *Emergency First Aid Guidelines for California Schools'* document was sent out for a 30-day public comment period from April 16, 2004 to May 17, 2004. Comments and suggested revisions received have been incorporated into the Guidelines and/or responded to as appropriate. The *Emergency First Aid Guidelines for Schools* document was approved on June 23, 2004 by the Commission on EMS. One hard copy and a CD of the Guidelines were distributed to approximately 10,000 California schools.

The current version, the second revision, is based on *2010 American Heart Association Guidelines* for CPR and ECC, which was approved by the EMSC TAC and EMSC Coordinators Group on January 26-27, 2012.

ABOUT THE GUIDELINES (CONT.)

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section on page 6 prior to an emergency situation. The guidelines are **recommended** procedures for when advanced medically trained personnel are not available on the school site. **It is strongly recommended that staff who are in a position to provide first aid to students complete an approved first-aid and cardiopulmonary resuscitation (CPR) course.** Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines.

These guidelines should not delay calling 9-1-1 in the event of an emergency.

Periodically, the EMS Authority may send out updates on procedures dealing with the medical emergencies that are in the guidelines. When received, please remove the old information and replace with the updated information.

We welcome comments, suggestions, or experiences using these guidelines.

Email address: firstaidguidelines@emsa.ca.gov

HOW TO USE THE EMERGENCY GUIDELINES

The last page of this document provides space for important emergency phone numbers in your area. It is important to complete this information, when you receive the document, to have this information ready in an emergency situation.

A colored flow chart format is used to guide you easily through all symptoms and management steps from beginning to end. See the **Key to Shapes and Colors** (pg. 7).

Emergency Procedures for an Injury or Illness section (pg. 8) gives a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

Additional information includes when to call EMS (pg. 10), developing a school wide emergency plan (pg. 11), infection control procedures (pg. 12), and planning for persons with special healthcare needs (pg. 12).

If medical assistance is needed, have someone contact the 9-1-1 system as soon as possible.

KEY TO SHAPES & COLORS

START HERE

Initial Information, questions, actions

This note provides background information.

This type of box should be read before emergencies occur.

NO

? Question Being Asked?
You need to choose based on person's condition or response. Follow the pathway for your answer.

YES

Provides First-Aid Instructions

STOP HERE

This is the final instruction

Additional Information

EMERGENCY PROCEDURES

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, chemical exposure, building damage, unstable structures, fire or smoke, traffic, agitated or violent students.

2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives. ***For serious injury or illness, call 9-1-1 without delay.***

3. Notify the responsible school nurse or administrator designated to handle emergencies. Upon arrival this person should take charge of the emergency.

4. Do **NOT** give medications unless there has been prior written approval by the person's parent or legal guardian and doctor. Administer medications according to local school board policy and state or federal laws and regulations.

5. Do **NOT** move a severely injured or ill person unless absolutely necessary for immediate safety. If moving is necessary, protect the neck by keeping it straight to prevent further injury, see the "Neck and Back Pain" guideline (pg. 56).

6. Call Emergency Medical Services (EMS 9-1-1), if appropriate, or arrange for transportation of the ill or injured person, if necessary. Provide EMS personnel with copies of physician/parents' signed record of medical instructions for emergencies (i.e., pupil emergency card).

7. The responsible school nurse, administrator, 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 a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured or ill person.

9. Each person should have an emergency information record (i.e., student emergency card) on file that provides essential contact information, medical conditions, medications and an emergency care plan if appropriate. Provide a copy of student's emergency information to EMS upon arrival, if authorized by parent/legal guardian.

10. Fill out a report for all injuries and illnesses requiring above procedures if indicated by school policy.

9-1-1 GUIDELINES FOR SCHOOLS

CALL 9-1-1 FOR:

Difficulty Breathing Caused by

- Absent or labored breathing (pg. 32)
- Choking (pg. 33)
- Wheezing due to allergic reaction
- Near drowning (pg. 39)
- After bee sting (pg. 17)

Loss of Consciousness (pg. 53)

For any reason, including

- After any injury
- With history of diabetes
- After seizure
- Unexplained reason

Uncontrolled Bleeding (pg. 24)

Head Injury with (pg. 49)

- Severe headache
- Vomiting
- Change in Behavior

Possible Poisoning (pg. 59)

IF IN DOUBT - CALL 9-1-1

Call 911 Immediately

- Verify address
- Answer Questions
- Follow Instructions
- Do Not Hang Up
- Stay Calm
- Provide First Aid until ambulance arrives

These guidelines are not intended to limit good judgment in emergency situations! 9-1-1 brings medical professionals to the scene of the emergency.

Delays in accessing the 9-1-1 system can cause harm to the injured. Consult your local policies on the management of health emergencies.

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

Call EMS if:

- ☑ The person is not breathing.
- ☑ The person is having difficulty breathing, shortness of breath or is choking.
- ☑ The person has no pulse.
- ☑ The person is unconscious, semi-conscious or unusually confused.
- ☑ The person has bleeding that won't stop.
- ☑ The person is coughing up or vomiting blood.
- ☑ The person has chest pain or pressure persisting more than 3-5 minutes, or has chest pain that goes away and comes back.
- ☑ The person has been poisoned or taken an overdose.
- ☑ The person has a seizure for the first time, a seizure that lasts more than 5 minutes, multiple seizures, or has a seizure and is pregnant or diabetic.
- ☑ The person has received anti-seizure medication as allowed under the provisions of Education Code Section 49414.7.
- ☑ The person has injuries to the head, neck or back.
- ☑ The person has sudden, severe pain anywhere in the body.
- ☑ The person has an open wound over a suspected fracture or where bone or muscle is exposed.
- ☑ The person's condition is limb-threatening or other injuries that may leave the person permanently disabled unless he/she receives immediate care; for example: lack of feeling or normal color on injured limb (arm or leg); amputation; severe eye injury or chemical exposure to the eye.
- ☑ Moving the person could cause further injury.
- ☑ The person needs the skills or equipment of paramedics or emergency medical technicians.
- ☑ Distance or traffic conditions would cause a delay in getting the person 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).

Sources: American Red Cross & American College of Emergency Physicians

DEVELOPING AN EMERGENCY PLAN

A school-wide emergency plan should be developed in cooperation with school health staff, school administrators, local EMS, local hospital, local health department and parent/guardian organizations. All employees should be trained on the emergency plan and a written copy should be available at all times. The plan should be reviewed and updated annually, and should consider the following:

- Staff roles are clearly defined in writing. For example, staff responsibility for rendering care, accessing EMS, notifying responsible school administrator and parents, and supervising uninjured children are outlined and practiced. A responsible administrator for emergency situations has been designated within each school. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.

- *At least* one individual, other than the nurse, is trained in CPR and first aid in each school. Teachers and employees working in high-risk areas or activities (e.g., labs, gyms, shops, P.E., etc.) are trained in CPR, use of AED, and first aid.

- With appropriate staff training, these First Aid Guidelines could be utilized by staff for immediate care of students. The Guidelines are to be distributed or available to appropriate employees.

- Files are in order for each student and are kept in a central location. The files should contain current emergency contact and authorization information, immunization and medical records, phone number of student's doctor, medication administration forms and emergency care plans for students with special needs.

- First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extracurricular activities. *See "Recommended First Aid Supplies" (pg. 74)*

- All employees have rapid access to emergency numbers. Emergency numbers are available and posted by phones. *See "Emergency Phone Numbers" (pg. 75)*

- School personnel have communicated with local EMS regarding the emergency plan, services available, persons with special needs and other pertinent information about the school.

- A written policy describes procedures for accessing EMS without delay from all locations (e.g., playgrounds, athletic fields, fieldtrips, extracurricular activities, etc.).

- A written policy that provides instructions for transportation of an injured or ill student.

- Considerations and procedures for a person with special needs. *See "Planning for Persons with Special Needs" (pg. 12)*

- A doctor or school nurse and a dentist are designated to act as consultants to the school for health and safety related questions. (Education Code 44871-44878)

- All injuries are documented in a standard format and maintained in an organized manner. Injury reports are reviewed on a regular basis to revise the emergency plan and remedy hazards.

PLANNING FOR PERSONS WITH SPECIAL NEEDS

Some persons in your school may have special emergency care needs due to their medical conditions or functional needs.

Medical Conditions:
Some persons may have special or chronic conditions that put them at risk for serious or life-threatening emergencies. For example, persons who have:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Technology-dependent or medically fragile conditions

Your school nurse or other duly qualified supervisor of health, along with the person's parent or legal guardian and personal physician, should develop individual emergency care plans for these persons 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 person's emergency care plan. The American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP) have created an *Emergency Information Form for Children with Special Needs*. It can be downloaded from www.aap.org or www.acep.org.

Physical Abilities:
Other persons in your school may have special emergency needs due to physical disabilities. For example, persons who are:

- Deaf
- Blind
- In wheel chairs or using other assistive devices
- Unable or have difficulty walking up or down stairs
- Temporarily on crutches

These persons will need special arrangements in the event of a school-wide emergency (e.g., fire, tornado, earthquake, building collapse, evacuation, etc.).

A plan should be developed and a responsible person should be designated to assist these persons and staff to safety. All appropriate staff should be aware of this plan.

MEDICATION ADMINISTRATION in SCHOOL SETTINGS

A significant and growing number of school children have health problems that require the administration of medication during the school day. There are several reasons why students might require medications in schools, including: (1) chronic conditions requiring medication in order to benefit from classroom instruction; (2) acute, but temporary, medical needs that require medicine during the school day, such as an antibiotic for an infection; or (3) conditions that might require emergency medication, such as an Epinephrine (Epi-pen)® for a bee sting or food allergy.

Children who require medications in order to fully benefit from public education are protected by federal and state disability laws. It has become a complex issue due to a variety of factors, such as federal and state disability law, new pharmaceutical and medical technologies, evolving mental and medical health practices, fewer full-time school nurses, and increasing numbers of children with complex as well as simple health needs in schools.

The National Association of School Nurses states that the school nurse has the educational background, knowledge, and licensure that provide the unique qualifications to direct the administration of medications in the school setting. The position statement recommends that "school districts develop policies and procedures to address medication administration in accordance with federal and state laws and guidelines."[1] If a child needs specified medication during the course of the school day to attend school and benefit from the educational program; it is in the school's interest to make this accommodation.[2]

California law states[3], with a few clearly specified legal exceptions, that only a licensed nurse or physician may administer medication. In the school setting, these exceptions are situations where: (1) The student self-administers the medication; (2) parent or parent designee, such as a relative or close friend, administers the medication[4]; or (3) there is a public disaster or epidemic.[5]

The Legislature has enacted four statutes that authorize unlicensed school personnel to be trained and supervised in order to administer four specific medications in medical emergencies:

1. Under the supervision of a school nurse or physician designee, an unlicensed school employee may administer epinephrine via auto-injector;[6]
2. Under the supervision of a school nurse, physician, registered nurse, or public health nurse, an unlicensed school employee may administer glucagon;[7]
3. Under the supervision of a school nurse, physician, registered nurse, or public health nurse, an unlicensed school employee may administer Diastat, and[8]
4. Under the supervision of a school nurse, physician, registered nurse, or public health nurse, an unlicensed school employee may administer insulin.[9]

MEDICATION ADMINISTRATION in SCHOOL SETTINGS (CONT.)

In accordance with *Education Code* (EC) sections 49414, 49414.5 an unlicensed school employee could "administer" epinephrine via auto-injector directly into a student suffering anaphylaxis, glucagon via needle and syringe directly into a student suffering from severe hypoglycemia, insulin, via needle and syringe directly into a student suffering from severe hyperglycemia or Diastat, a medication that is administered rectally to a student with epilepsy suffering from seizures. No other California statute allows an unlicensed school employee to administer any other medication in California public schools, even if the unlicensed school employee is trained and supervised by a school nurse or other similarly licensed nurse.

EC Section 49423 permits the school nurse or other designated school personnel to "assist" students who must "take" medication during the school day that has been prescribed for that student by his or her physician. The terms “assist” and “administer” are not synonymous. An example of an unlicensed school employee “assisting” a student pursuant to *EC* Section 49423 would be when the school employee removes the cap from the medication bottle, pours out the prescribed dose into a cup or a spoon, and hands the cup or spoon to the student, who then "takes" or self-administers the required medication. With the above-stated statutory exceptions, there is no clear statutory authority in California permitting that same unlicensed school employee to "administer” any other medication.

PROGRAM ADVISORY ON MEDICATION ADMINISTRATION[10]

CCR Title 5 601-611: California Department of Education “Program Advisory on Medication Administration” (2005, reviewed 2012).

A school may administer medication to a child only if a parent or guardian has specifically requested such action and there is a reason to administer the medication when the child is at school. A written order from an individual who is licensed to prescribe medications must be on file in order to administer medications. Medication may be administered at school by the school nurse, other duly qualified supervisors of health,[11] site administrator or designee as allowed by law. Neither the school nurse nor her designee is permitted to administer medication unless:

1. The medication is in the original properly labeled container. If it is a prescription medicine, the student’s name, name of the drug, dosage, time for administering, and name of health care provider and current date is printed on the container.
2. Written orders from the student's health care provider are on file in the school stating:
   - Student’s name
   - Date of Birth
   - Name of medication
   - Dosage ***(EC Section 49423)***
   - Purpose of the medication
   - Method of administration ***(EC Section 49423)***
   - Time of day medication is to be given ***(EC Section 49423)***
   - Anticipated number of days it needs to be given in school and possible side effects

3. Name, address, telephone number, and signature of the California authorized health care provider.
4. The parent/guardian provides written permission to the school to administer a prescription or over-the-counter medication.
5. School personnel keep an individual record of any medications administered by school personnel.
6. Medication is stored in a clean, locked cabinet or container.
7. Written statements authorizing medications to be administered at school be renewed yearly or whenever changes in medication or authorized health care provider occur.
8. Changes in medication authorization that generate a new written statement include the following circumstances:

   a. Changes in medication dose, time, and method of administration

   b. Change in medication

   c. Change in California authorized health care provider

   d. Discontinuance of medication administration

Additionally, school districts may want to consider requiring parents to sign a release from responsibility pertaining to side effects or other medical consequences that may be related to the medication(s).

[1] National Association of School Nurses. (2003). Position statement: Medication administration in the school setting. http://www.nasn.org/positions/medication.htmv.

[2] Schwab, N.C. and Gelfman, M.H.B., (2001). Legal Issues in School Health, Sun River Press, North Branch, MN: Sunrise River Press, 205.

[3] California *Business and Professions Code (Nursing Practice Act* (NPA)) Sections 2725 and 2727 and the California *Education Code.*

[4] *NPA* Section 2727(a) states that parents and other relatives or close friends may administer medication, which is defined as "gratuitous nursing."

[5] *NPA* Section 2727(d) states that a district not having a school nurse does not qualify as a "public disaster."

[6] *EC* Section 49414

[7] *EC* Section 49414.5

[8] EC Section 49414.7 is an optional law that was signed by Governor Brown October 7, 2011 and went into effect January 1, 2012 –SB 61 (Huff).

[9] EC Section 49423 provides that unlicensed school personnel may assist with medication administration; BPC 2725(b)(2) and the CCR, Title 5, section 604 authorize specified persons to administer insulin in California's public schools pursuant to a Section 504 Plan or an IEP.

[10] *California Code of Regulations Title V*, Article 4.1: Administering Medication to Students or Otherwise Assisting Students in the Administration of Medication During the Regular School Day. http:// www.cde.ca.gov/ls/he/hn/documents/medadvisory.pdf

[11] Medication may be administered at school by the school nurse, other duly qualified supervisors of health, site administrator or designee as allowed by law, the parent or guardian or their designee as allowed by law or LEA policy, a contracted licensed health care professional whose licensure permits administration of the medication, or by the student under specified conditions. Unlicensed school personnel designated by the site administrator administer medication if: a. The unlicensed staff member is willing to perform medication administration; b. The unlicensed staff member is trained and determined to be capable and competent to be able to safely and accurately administer the medication by a licensed health care professional, who is legally authorized to provide such training and determine competence; c. The unlicensed staff member performing medication administration is supervised by the licensed health care professional who provided the training, and the supervision, review, and monitoring of the medication administration is documented.

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 when providing care to *any* ill or injured student, whether or not the person is known to be infectious. Universal precautions are a set of guidelines that assume that all blood and certain other body fluids are potentially infectious. The following list describes universal precautions:

☑ **Wash hands thoroughly** with soap and water for at least 20 seconds. When hands are visibly dirty or visibly soiled with blood or other body fluids (be sure to scrub between fingers, under fingernails, and around the tops and palms of hands). If hands are not visibly soiled you may use an alcohol-based hand rub. Wash hands:

1. Before and after physical contact with any person (*even if gloves have been worn*).
2. Before and after eating or handling food
3. After contact with a cleaning agent
4. After using the restroom
5. After providing any first-aid

☑ 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, or place in a Ziploc bag and dispose immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).

☑ Send all soiled clothing (i.e., clothing with blood, feces or vomit) home with the person in a double-bagged plastic bag.

☑ Do not eat, touch your mouth, or touch your eyes while giving any first aid.

Guidelines:

- Remind students to wash hands thoroughly after coming in contact with any blood or body fluids.

.

- Remind students to avoid contact with another person's blood or body fluid.

ALLERGIC REACTION

Persons with a history of life-threatening allergies should be known to appropriate school staff. An emergency care plan is needed upon enrollment. Staff in a position to administer approved medications should receive instruction.

A person may experience a delayed allergic reaction up to **2 hours** following food or medication ingestion, bites, bee sting or exposure to chemicals, plants, etc.

- Ask if person is having difficulty breathing or swallowing
- Ask person if they have a history of allergic reaction
- Check for a medical bracelet or medallion

- Does the person have a history or current symptoms of a severe allergic reaction to the recent exposure? (see below)

NO

- Brush off dry substances (wear gloves)
- Flush contact area or substance from skin and eyes with water
- Notify adult supervising person of exposure (bee sting or ingestion) and possibility of delayed allergic reaction
- Observe mild reactions
- Review person's emergency plan

Is person so uncomfortable that he is unable to participate in school activities?

YES

NO

Return to class

YES

- Refer to Emergency Action/Care Plan, if available
- Administer Epinephrine (EpiPen) as per school protocol
- Administer other doctor and parent/guardian-approved medication as prescribed - **CALL EMS 9-1-1**

- Keep quiet & in position of comfort
- Be prepared to use "CPR"

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

Symptoms of a Severe Allergic Reaction after Exposure

Difficulty breathing, wheezing
Difficulty swallowing, drooling
Continuous coughing or sneezing
Tightening of throat or chest
Swelling of face, neck or tongue
Confusion or loss of consciousness
Pale, gray, blue or flushed skin/lips
Poor circulation (See "Seriously Ill/Shock")
Nausea and/or vomiting
Weakness, dizziness
Seizures
Suddenly appears seriously sick
Generalized rash or hives

Symptoms Of A Mild Allergic Reaction

Red, watery eyes
Rash or hives in local area or widely scattered
Itchy, sneezing, runny nose
Localized swelling, redness

ASTHMA/WHEEZING/DIFFICULTY BREATHING

Asthma/wheezing attacks may be triggered by many substances/activities. Hypersensitive airways become smaller, causing wheeze, cough, and difficulty breathing. Attacks may be mild, moderate or severe. Refer to emergency care plan.

Persons with a history of breathing difficulties, including asthma or wheezing, should be known to appropriate school staff. Develop a school asthma action plan during enrollment. Keep asthma inhaler and spacer available. Student may carry their own medication. Staff authorized to administer medications should receive instruction.

- Sit person upright in position of comfort
- STAY CALM. Be reassuring
- Ask if person has allergies or medication

- Did breathing difficulty develop rapidly?
- Is the student having difficulty speaking due to shortness of breath?
- Are lips, tongue or nail beds turning blue?
- Change in level of consciousness-confusion?

YES →

CALL EMS 9-1-1

NO ↓

- If available, check school asthma action plan
- If person has doctor and parent/guardian approved inhaler medication, assist or administer medication as directed
- Observe for 4-5 min and repeat as directed, if not improved
- Encourage person to sit quietly, breathe slowly and deeply in through the nose and out through the mouth

- Are symptoms not improving or getting worse?
- Having difficulty speaking in full sentences?
- Loud wheeze or persistent cough?
- Decreased level of consciousness?

NO →

- May give room temperature water to drink
- Person may return to class when recovered

YES →

CALL EMS 9-1-1

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

Signs of Breathing Difficulty

- Rapid/Shallow breathing
- Not able to speak in full sentences
- Wheezing (high pitched sound)
- Tightness in chest
- Widening of nostrils
- Increased use of stomach and chest muscles
- Excessive coughing
- Appears very anxious

BEHAVIORAL EMERGENCIES

Refer to your school's policy for addressing behavioral emergencies. Behavioral or psychological emergencies may take many forms (e.g., depression, anxiety/panic, phobias, destructive or assaultive behavior, etc.).

Intervene only if the situation is safe for you.
Call for assistance

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

Are there visible injuries? Signs of poisoning or patient has admitted to taking medications or drugs.

YES → See appropriate guideline to provide first aid, if any injury requires immediate care.

CALL EMS 9-1-1

NO ↓

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

YES → **CALL POLICE 9-1-1**
Ask for a police response.

NO ↓

Communications should be non-threatening. Acknowledge that the person is upset, offer to help, make eye contact, and avoid physical contact. Stay out of reach, and ensure an accessible escape route. DO NOT challenge or argue. Attempt to involve people who the person trusts, and talk about what is wrong. If available, have another adult stand nearby, in a nonthreatening manner, in case student's behavior escalates. Check Emergency Action/Care Plan for more information.

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

If needed:
Suicide Hotline
(1-800-273-8255)
*www.**suicideprevention**lifeline.org*

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

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

BITES (HUMAN & ANIMAL)

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

Is the person bleeding?

YES

- Press firmly with a clean dressing/cloth on bleeding site, see "Bleeding" (pg. 24)

Is bite large or gaping? Is blood spurting?

NO

YES

Maintain direct pressure

CALL 9-1-1

See "Bleeding" (pg. 24)

NO

- Hold bite area under running water for 2-3 minutes
- Wash with soap and water
- If wound bled, apply clean bandage

Is bleeding uncontrolled?

NO

YES

Is bite from a human?

NO

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

Call POISON CONTROL CENTER

1-800-222-1222

See "Snake Bite", if appropriate (pg. 23)

YES

Check immunization record for DT, DPT, Tdap, or DTaP (tetanus). See "Tetanus" (pg. 68) for more information.

If bite is from an animal:

- Don't try to catch or touch the animal
- Get description and location of animal
- Report to Animal Control or proper authority, usually the local Health Department, so that animal can be caught & watched for rabies

Contact responsible school nurse or administrator and parents/legal guardian. If a human bite, inform both the person bitten and the person biting that they may have been exposed to blood from another person. If skin is broken seek medical care.

ENCOURAGE IMMEDIATE MEDICAL CARE

File Incident Report

BITES & STINGS (INSECT)

Also see
Bites & Stings for:
Human (pg. 20)
Marine (pg. 22) &
Allergic Reaction (pg. 17)

Known history of allergic reactions should be recorded at school and made available to all school staff. An emergency care plan is needed.

Did a scorpion sting person?

YES

Call POISON CONTROL CENTER
1-800-222-1222
Follow directions

Get description of insect or 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?

YES

If known history of anaphylaxis to insect bite or envenomation and symptoms are present, even if mild, administer doctor and parent/guardian approved medication.
Use EpiPen if prescribed.

CALL 9-1-1

- Keep person quiet
- See "Allergic Reaction" (pg. 17)
- Position of Comfort
- Be prepared to perform "CPR"

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

NO

- Move to a safer area to avoid more stings
- Remove stinger as quickly as possible by scraping with edge of fingernail or credit card
- Remove any tight fitting jewelry from affected area
- Wash area with soap and water
- Apply ice or cold pack wrapped in cloth/towel for 10-15 minutes
- Observe for at least 20 minutes or
- Call EMS 9-1-1 if person's symptoms worsen

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

YES

NO

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

- Allergic reactions may be delayed up to two (2) hours
- See "Allergic Reaction" for sign and symptoms (pg. 17)

BITES & STINGS (MARINE)

Marine envenomation from bite, spine or contact can cause anaphylaxis.
See "Allergic Reaction (pg. 17)
Marine field trips should carry first aid kits with specific items for marine stings.
When unsure of marine animal or plant contacted, obtain description and
Call POISON CONTROL CENTER
1-800-222-1222
Follow directions

Known history of allergic reactions should be recorded at school and available to all school staff. An emergency care plan is needed.

Jellyfish
May cause severe pain and shock depending on species
Coral

- Rinse with sea water (not fresh)
- Apply vinegar, rubbing alcohol, baking soda, if available
- Remove adherent nematocysts by applying shave cream, baking soda or talc and scrape with razor or sharp edge

Fish bite
There will be pain at the site; possible breathing difficulties

- Use hot fluid
- Treat as wound See "Wounds (Puncture)" (pg. 72)
- Apply pressure if bleeding, clean wound, apply clean dry dressing

Sponge:
May leave tiny spicules in skin

- Rinse with sea water or vinegar to detoxify
- Remove spicules with tape, rubber cement or facial mask

Spine Puncture: .
Stingray, Stonefish, Sea Urchin or Star fish - Causes severe intense pain

- Immerse hand or foot in hot (not scalding) water for 30-90 minutes to relieve pain

Adult supervising person should be aware of sting and should observe for allergic reaction.
Does person have:

- Difficulty breathing? Hoarseness or difficulty swallowing?
- Swelling of the face, throat or mouth?
- A history of allergy to marine stings?

YES

CALL EMS 9-1-1
See "Allergic Reactions" (pg. 17)

NO

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

Injury from a marine spine requires evaluation for potential foreign body and pain control

BITES & STINGS (SNAKE)

Treat all snakebites as poisonous unless snake is positively identified as harmless.

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

ALL SNAKE BITES

- **Need medical evaluation.**
- **Do not try to capture or kill snake.**
- **Take picture, if possible, of snake.**
- **If snake is dead send with victim to hospital.**

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

- Is snake known as poisonous?
- Is person not breathing? See "CPR (pg. 29)

YES

CALL EMS 9-1-1

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

ENCOURAGE MEDICAL CARE

NO or UNKNOWN

- Wash with soap and water
- Cover with clean compress
- Monitor pulse, color and respirations; prepare to perform CPR if needed

If greater than 30 minutes from emergency department:

- Apply a tight bandage around the entire extremity where the bite occurred. Do not cut off blood flow
- Parents may transport for medical evaluation if condition is not life threatening
- If capable and off-road, walk slowly to road or trailhead and then take to emergency department

Signs & Symptoms of Poisonous Bite:

- Fang marks or mark
- Swelling, discoloration or pain at site
- Rapid pulse, weakness, sweating, fever
- Shortness of breath
- Burning, numbness or tingling sensation
- Blurred vision, dizziness, fainting
- Nausea & vomiting

Severe:

- Swelling of tongue or throat
- Rapid swelling and numbness
- Severe pain
- Shock
- Pinpoint pupils
- Twitching, seizures
- Paralysis and unconsciousness
- Loss of muscle coordination

BLEEDING

Wear disposable gloves when exposed to blood or other body fluids. **Do not remove impaled object.**

- Is injured part amputated (severed)?
- Is blood bright red or spurting?
- Is muscle, fat or bone showing?

YES

CALL EMS 9-1-1

NO

- Press firmly with a clean gloved hand, cloth or dressing for several minutes to stop bleeding
- Object in wound, see "Wound-Puncture" (pg. 72)
- Elevate bleeding extremity. If fracture is suspected, see "Fractures…" (pg. 47)

- If amputated part, place part in sealed plastic bag and place bag in ice water
- **DO NOT PUT AMPUTATED PART DIRECTLY ON ICE**

- Bandage wound firmly, but not tight enough to compromise circulation
- Check skin circulation frequently by checking for warmth, pinkness, and good sensation
- If bandage is saturated with blood, **Do Not** remove it
- Reinforce with another dressing over existing dressing/bandage, and
- Hold firm pressure for 10 minutes

Is there continued uncontrollable bleeding?

YES

CALL EMS 9-1-1

Maintain Direct Pressure on wound.

- Have person lie down
- Elevate feet 8-10 inches, unless this causes pain/discomfort, ***OR*** a neck/back/hip injury is suspected
- Keep person warm but not hot
- Reinforce existing dressing and apply pressure to wound as needed

NO

- Wash surrounding area with soap and water
- Rinse, pat dry, and apply bandage
- If deep or gaping, wounds may need stitches – **RECOMMEND MEDICAL CARE**

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

BLISTERS (FROM FRICTION)

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

- Wash area with soap and water
- **DO NOT BREAK BLISTER**
- If ruptured blister, clean and cover with "2nd skin bandage," plain athletic tape, or "mole skin" type bandage
- If intact blister, apply dressing and avoid further friction (different shoes, if possible)
- If red, sensitive but no blisters, apply tape directly over area
- Apply bandage, tape or dressing to prevent further rubbing

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

Blisters heal best when kept clean and dry with avoidance of further friction at blister site.

BRUISES

A bruise is bleeding under the skin. Bleeding is usually self-limited by pressure of surrounding tissues. Initially red, later turning dark colors like purple. An old bruise later may turn yellow then green.
Painful, large bruises or marked swelling areas may indicate more severe damage of muscle, bone, or internal tissues that need medical care.

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

See "Child Abuse" (pg. 35)

Is there rapid swelling?
Is person in great pain?

YES

Consider other potential injuries and see appropriate guide. Contact responsible school authority & parent or legal guardian.

ENCOURAGE IMMEDIATE MEDICAL CARE OR

CALL EMS 9-1-1

NO

If skin is broken:
Treat as a cut.
See "Wounds" (pg. 71)
If fracture suspected,
See “Fractures…” (pg. 47)

- Rest injured part
- Apply cold compress or ice bag covered with a cloth or towel, to injured part (not more than 20 min)

If it is too uncomfortable to return to normal activities, contact responsible school nurse or administrator & parent or legal guardian.

BURNS

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

Burns may be associated with other injuries, see appropriate topic.

- Remove from source of burn
- Maintain airway and breathing, see “CPR” if needed (pg. 32)

Are any of these findings present:

- Confused or unconsciousness?
- Difficulty breathing?
- Soot around mouth or nose?
- Burn on face or eye?
- Burn is deep or includes a large area, or multiple parts of the body?
- Burned skin is white, brown, black or charred?
- Burn is from an explosion?

YES

CALL EMS 9-1-1

NO

What type of burn is it?

ELECTRICAL

- Turn off electrical power
- Check for breathing and other injuries
- Cover with a dry, preferably sterile, clean dressing
- Maintain normal body temperature
- **Electric shock that leaves a visible burn** requires medical attention
- See “Electric Shock”

CHEMICAL OR HEAT (THERMAL)

See “Burns Thermal and Chemical” (pg. 28)

BURNS (CONT.)

If person comes to school with patterned burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of abuse. See "Child Abuse" (pg. 35)

What type of burn is it?

Heat (Thermal)

- Flush all burns with cool running water
- Cover large burns with a clean dry cloth
- Cover smaller burns loosely with a clean, cool, damp cloth to cool the burn and relieve pain
- Keep victim warm

DO NOT BREAK BLISTERS

- Cover with dry dressing
- For burns on multiple parts of body cover with dry clean sheet. Keep air off burn
- DO NOT USE ointment on burns unless directed by a physician

- Keep wound/burn clean
- Treat other injuries
- Persons with small and superficial burns (e.g., sunburn without blisters) may return to class unless so uncomfortable they are unable to participate

Chemical

- Wear gloves and, if possible, goggles
- Avoid chemical contact
- Brush off dry chemicals from skin
- Remove all clothing and jewelry possibly exposed to chemical
- Rinse chemicals off skin, eyes and away from body **IMMEDIATELY** with large amounts of water. Rinse for 10 minutes.
- If eyes are involved, see "Eyes" (pg. 42)
- Try to identify substance

CALL POISON CONTROL CENTER
1-800-222-1222
while flushing burn & ask for instructions.
Follow directions received.

Check person's immunization record for DT, DPT (tetanus). See "Tetanus" for more information.

Contact responsible school nurse or administrator & parent or legal guardian, if more than a small superficial burn.

ENCOURAGE URGENT MEDICAL CARE

CPR

NOTES ON PERFORMING CPR

The American Red Cross (ARC) guidelines follow the American Heart Association's (AHA) new CPR guidelines for laypersons, "Guidelines 2010 for Emergency Cardiopulmonary Resuscitation and Emergency Cardiovascular Care."

BARRIER DEVICES

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

AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

AEDs are devices that help to restore a normal heart rhythm when the heart is not beating properly. It does this by delivering an electric shock to the heart. A physician's prescription is required to purchase an AED. A physician is also required to provide medical direction to the school or school district that acquires an AED. If your school has an AED, obtain training in its use, and training in CPR, before an emergency occurs. The majority of AED use in the schools will be on adults at the facility, since the medical conditions likely to require use of an AED on a child are extremely rare.

AED training is offered through the American Heart Association, the American Red Cross, the American Health and Safety Institute, the National Safety Council and other CPR and AED training programs. AED manufacturers also offer training. The AED regulations are available at the EMS Authority's website http://www.emsa.ca.gov. See CA Code of Regulations, Title 22, Division 9, Chapter 1.8, Training Standards and Utilization for Use of the Automated External Defibrillator by Non-Licensed and Certified Personnel for further information.

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

CHECK WHICH APPLIES:

☐ NO AED AVAILABLE AT THIS SCHOOL.

☐ My School's AED is located at:_____

_____

_____

Persons must be trained to use an AED. After receiving training on how to use the AED, remember to:

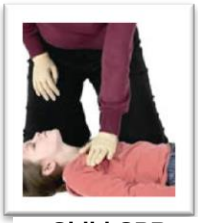
- Check for unresponsiveness
- Call 9-1-1 and retrieve the AED
- Check for unresponsiveness or gasping breathing
- If unresponsive or breathing only gasping begin chest compressions
- Turn on AED and follow directions
- Attach AED electrode pads, analyze rhythm
- When the AED recommends the patient needs to be shocked, make sure no one is touching the person and press the "Shock" button
- Follow instructions from AED unit
- If instructed to do so by AED, resume CPR for 2 minutes and follow instructions from AED device
- If no signs of circulation, resume CPR

LAY PERSON CPR

CHECK FOR UNRESPONSIVENESS
(Call out, rub arms/chest).
If responsive, no CPR needed.

Additional written directions and pictures on next page (pg. 32).

Infant CPR


Child CPR

Adult CPR

If unresponsive, call 9-1-1.
If anyone else available, have them call for help and an AED.

- **BEGIN CHEST COMPRESSIONS AT A RATE OF 100/MIN; deliver 30 compressions**
- Infants: use 2 fingers in middle of breast bone and compress ½" -1" inch
- Small children: use heel of hand, compress 1½"-2"
- Adults: use both hands – one on top of other in middle of breast bone and compress at least 2" – allow for full recoil of chest

If Breathing

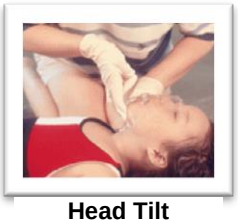
Place on left side and protect airway

CALL 9-1-1
See "Loss of Consciousness" and provide first aid as needed (pg. 53).

If NOT Breathing or only Gasping

<u>If trained</u> - Give 2 rescue breaths
- Tilt head back and open jaw
- Cover mouth with your mouth
- Give breaths until chest rises
- Continue with 30 compressions and 2 breaths

<u>If untrained</u> – continue "Hands only"
- Continue breathing and chest compressions as needed
- REASSESS EVERY 2 MINUTES for responsiveness; if unresponsive, continue CPR
- If patient starts breathing, place on left side and protect airway


Head Tilt

LAY PERSON CPR (CON'T)
FOR CHILDREN ONE YEAR OLD TO ADULT

CPR is to be used when a child or adult is unresponsive or when breathing or heart beat stops**.**

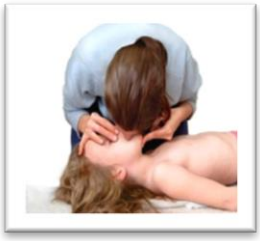
1. Tap or gently shake the shoulder. Shout "Are you OK?" If that person is unresponsive, shout for help and send someone to call **EMS 9-1-1.**
2. Turn the person onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**. If head or neck injury suspected, hold head still and move jaw forward to open airway.

4. Check for normal breathing by observation of chest, if there is no breathing or the patient is making gasping breaths then begin chest compressions at a rate of 100 per minute. Compress 30 times before beginning rescue breaths.
5. If child is not breathing, seal your lips tightly around his/her mouth; pinch nose shut. While keeping the airway open, give 2 slow breaths (1 to 1½ seconds per breath) until chest rises.

IF AIR GOES IN:
(Chest rises with rescue breath)

6. Place heel of one hand on the lower half of breastbone. Do **NOT** place your hand over the very bottom of the breastbone.
7. Compress chest 30 times with heel of one hand (at least 2 inches). Lift fingers to avoid pressure on ribs.

8. Give 2 slow breaths until chest rises.



9. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL PERSON SHOWS SIGNS OF BREATHING EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION, OR HELP ARRIVES.

IF AIR WON'T GO IN:
(Chest does *NOT* rise with rescue breath)

6. Re-tilt head back (Steps 3-5). Try to give 2 breaths again.

IF AIR GOES IN, FOLLOW LEFT COLUMN.
IF AIR STILL WON'T GO IN:

7. Find hand position near center of breastbone. Do NOT place your hand over the very bottom of the breastbone.

8. Compress chest 30 times with the heel of 1 hand (at least 2 inches). Lift fingers to avoid pressure on ribs.
9. Lift jaw and tongue and look in mouth. If foreign object is seen, sweep it out with finger. If object is not seen, Do Not Sweep With Finger Blindly.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATH EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION OR HELP ARRIVES.

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2. *Text based on Community First Aid & Safety, 2002 American Red Cross*
3. *2010 American Heart Association Guidelines for CPR*

CHOKING
FOR CONSCIOUS VICTIMS

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

INFANTS UNDER ONE YEAR OF AGE

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 9-1-1, 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 blows with the heel of the hand between infant's shoulder blades.

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

4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, about one finger width below the nipple line.

5. Open mouth and look. If foreign object is seen sweep it out with finger.

6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.

7. Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

IF INFANT BECOMES UNCONSCIOUS, LAY ON BACK AND GO TO PAGE 32, RIGHT COLUMN, STEP 6 OF CPR INSTRUCTIONS USING 2 FINGERS IN MIDDLE OF BREAST BONE FOR COMPRESSIONS.

CHILDREN OVER ONE YEAR OF AGE & ADULTS

Begin the following if the child/adult is choking and is unable to breathe. However, if the child/adult is coughing or crying, DO NOT do any of the following, but call EMS 9-1-1, try to calm the child/adult and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1.

1. Stand or kneel behind person and place your arms under the armpits to encircle the chest.

2. Place thumb side of fist against middle of abdomen just above the navel. DO NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand. Press with quick backward and upward thrusts.

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

4. Repeat steps 1-2 until object is coughed up, or person starts to breathe or becomes unconscious.

IF PERSON BECOMES UNCONSCIOUS, LAY ON BACK AND GO TO PAGE 32, RIGHT COLUMN, STEP 6 OF CPR INSTRUCTIONS.

FOR OBESE OR PREGNANT PERSON

Stand behind person and place your arms under the armpits to encircle the chest. Place thumb side of fist against lower half of breastbone and thrust backwards.

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2. *Text based on Community First Aid & Safety, 2002 , American Red Cross*

CHEST PAIN (POSSIBLE HEART ATTACK)

Chest pain can be caused by:

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

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.
The risk of heart attack increases steadily over 40 years of age.

- Any loss of consciousness or confusion?
- Does person look seriously ill?
- Has heart attack symptom(s)? (see below)
- Has significant chest pain stopped and returned?

YES

CALL EMS 9-1-1

Even if person objects.
Do not transport by private car.

- If unconscious, see "Loss of Consciousness" (pg. 53)
- If breathing stops; see "CPR" (pg. 32)
- Place in position of comfort
- Keep calm, don't panic, reassure person
- **DO NOT GIVE MEDICATIONS UNLESS AUTHORIZED**

NO

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

Contact responsible school nurse or administrator & 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 also include:
  - Left arm/shoulder pain
  - Jaw/neck pain
  - 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

If child has visible injuries, refer to the appropriate guideline to provide first aid. Call EMS 9-1-1 if any injuries require immediate medical care.

Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in recognition of child abuse/neglect. Mandated reporters should receive required annual training.

Teachers and other professional school staff are required to report suspected abuse and neglect to the Child Protective Services Agency. Refer to your own school's policy for additional guidance on reporting.
Child Protective Services # _____

Abuse may be physical, sexual or emotional in nature. 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)
- "Glove-like" or "sock-like" burns on hands or feet
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children
- Poor hygiene, underfed appearance
- Severe injury or illness without medical care

If a child reveals abuse to you:

- Stay calm
- Take the child seriously
- Tell the child that he/she did the right thing by telling you
- Do not make promises that you cannot keep
- Respect the sensitive nature of the child's situation. Remember each case is individual and use your best judgment to act in the best interest of the child
- Follow appropriate reporting procedures
- See Department of Social Services, Publication 132 “The California Child Abuse & Neglect Reporting Law - Issues and Answers for Mandated Reporters,” at http://www.dss.cahwnet.gov/pdf/PUB132.pdf

COMMUNICABLE DISEASES

For more information on protecting yourself from upper respiratory infections listed under the "Emergency Procedures" tab, see "Infection Control" (pg. 16).

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

Does the person have
SIGNS OF LIFE-THREATENING ILLNESS:

- Difficulty breathing or swallowing, rapid breathing?
- Severe coughing, noisy breathing?
- Fever over 100.0 degrees F in combination with lethargy, extreme sleepiness, abnormal behavior

YES →

CALL EMS 9-1-1

NO ↓

Does the person have?
SIGNS OF PROBABLE ILLNESS or INFECTION:

- Redness, swelling, drainage of eye?
- Unusual spots/rash with fever or itching?
- Crusty, bright yellow, swollen, tender, red or open draining skin sores?
- Diarrhea (more than two loose stools a day)?
- Vomiting?
- Yellow skin or yellow "white of eye"?
- Fever greater than 100.0 degrees F?
- Extreme tiredness or lethargy?
- Unusual behavior?

Additional signs & symptoms:

Fussiness	Runny nose	Mild cough
Headache	Itchy scalp	Stomach ache
Sore throat	Ear ache	

YES →

Remove student from the classroom, contact responsible school nurse or administrator and parent or legal guardian.

ENCOURAGE MEDICAL CARE

↓

Monitor child for worsening of symptoms and contact parent/legal guardian.

In general, there will be little that you can do for a person in school who has an infection; however, limit the exposure and spread of disease to others by encouraging student(s) to cover mouth and nose when coughing or sneezing; use a tissue and encourage hand washing or use of alcohol based hand gel. Refer to your school's exclusion policy for illness.

Common diseases include: *Chicken pox, head lice, pink eye, strep throat and influenza (flu).*

DIABETES

A person having a diabetic reaction could have the following signs & symptoms:

- Irritability and upset
- Sweating and feeling "shaky"
- Change in behavior
- Unconsciousness
- Rapid, deep breathing
- Seizure
- Fruity or sweet breath
- Rapid pulse
- Cramping
- Dizziness
- Listlessness
- Pallor
- Confusion

A person with diabetes should be known to appropriate school staff. A history should be obtained and an emergency care plan should be developed at time of enrollment**.**

Is the person:

- Unconscious?
- Confused or acting unusual?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

NO → Does person have an emergency action/care plan?

YES → Does he/she have a blood sugar monitor available?

NO → Does person have an emergency action/care plan? **NO** → Give the person any one of the following:

- Fruit juice or soda pop (not diet) 6-8 ounces
- Sugar (2 packets or 2 teaspoons) dissolved in water or juice
- Cake decorating gel (1/2 tube) or icing
- Instant glucose gel

Continue to watch the person in a quiet place

YES → Does he/she have a blood sugar monitor available? **YES** →

- Allow person to check blood sugar*
- Follow Emergency Action/Care Plan

→ Is person improving?

YES → Contact responsible school nurse or administrator & parent or legal guardian.

NO →

CALL EMS 9-1-1

If unconscious, see "Loss of Consciousness" (pg. 53)

DIARRHEA

Wear disposable gloves when exposed to blood or other body fluids. A person may come to the office because of repeated diarrhea, or after an "accident" in the bathroom.

- Check temperature
- Allow the person to rest if experiencing any stomach pain
- Give the person small amounts of fluid (water, sport drink, etc.) to drink to prevent dehydration; avoid sodas
- Juice or sports drink mixed 50/50 with water

Contact responsible school nurse or administrator & parent or legal guardian and urge medical care if:

- Has three or more episodes of diarrhea
- The person has a fever, over 100.0 degrees F, see "Fever" (pg. 45)
- Blood is present in the stool
- The person is dizzy and pale
- The person has severe stomach pain

If the person's clothing is soiled:

- Maintain privacy, offer change of clothing or a blanket to wrap up in
- Wear disposable gloves
- Double-bag the clothing to be sent home

Wash hands thoroughly

DROWNING/NEAR DROWNING

- CPR trained staff should send someone for help.
- Get person out of the water.
- Place on back with head and neck straight.
- Open and maintain AIRWAY (if head or neck injury suspected or unknown, assume injury and lift jaw without moving head).
- Assess breathing.
- Clear airway of vomit/objects if needed.
- Support head & neck and turn body and head as one (logroll) to the left side.
- Minimize head & neck movement.

Drowning can occur in 2 inches of liquid.

Immediate medical care is needed.

Is victim:
- Not breathing?
- Unconscious, confused, lethargic?

YES →

Give rescue breaths, if not breathing, see "CPR" (pg. 32)

CALL EMS 9-1-1
DO NOT MOVE VICTIM

Contact responsible school authority and parent/legal guardian.

NO ↓

- Support head & neck & turn body & head as one (logroll) to the left side
- Minimize head & neck movement

Is patient regurgitating water? → **YES** → (Give rescue breaths, see "CPR" (pg. 32))

NO ↓

Was victim injured?

NO →

- Monitor breathing, level of consciousness and circulation
- If changes occur, see appropriate guideline

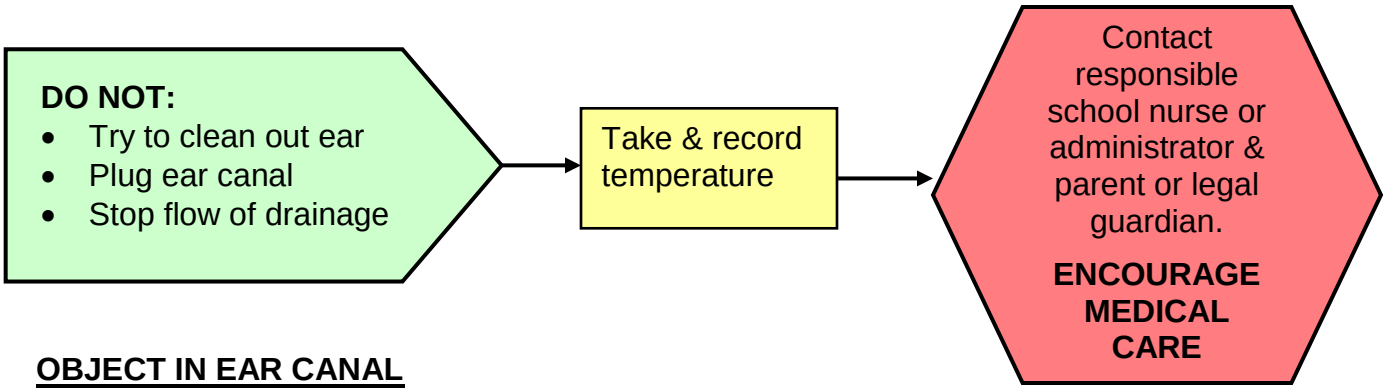
YES → See appropriate guidelines → Contact responsible school nurse or administrator & parent or legal guardian.

ENCOURAGE IMMEDIATE MEDICAL CARE

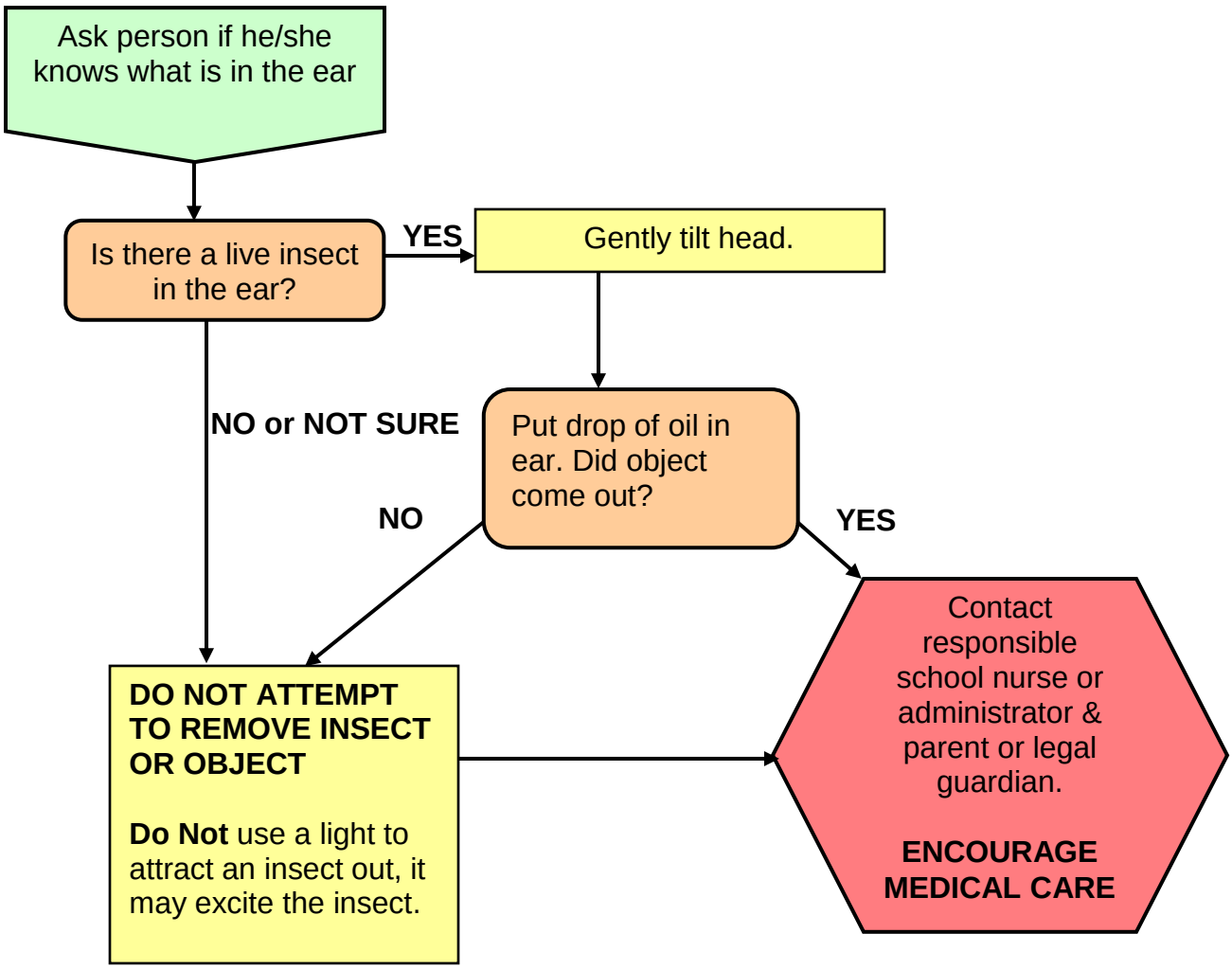
If victim recovers with initial rescue efforts, complications may still occur after near drowning. → **ENCOURAGE IMMEDIATE MEDICAL CARE**

EARS

DRAINAGE FROM EAR or EARACHE



OBJECT IN EAR CANAL



ELECTRICAL INJURY

- Injury from any electric source other than household, **Call 9-1-1**
- If exposed power source, **TURN OFF POWER SOURCE**, if possible
- **DO NOT TOUCH PERSON UNTIL POWER SOURCE IS SHUT OFF**
- Once power is off and situation is safe, approach the person and ask, "Are you okay?"
- Any electrical shock with injury needs medical evaluation

If patient is unresponsive and no one else is available to call EMS, call EMS yourself then begin CPR.

Did person lose consciousness or become unresponsive?

YES

If unresponsive or has only gasping breathing, begin CPR;
see "CPR" (pg. 32)

Send someone to
CALL EMS 9-1-1

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

NO

If a person has signs of an electrical burn, it may be subtle:

- Check for other injuries
- Apply clean, dry dressing
- DO NOT use ointments
- Protect from hot and cold
- All electrical burns need medical attention. Electrical current can travel through the underlying tissues and cause unseen injury

Contact responsible school nurse or administrator & parent or legal guardian, if injured.

ENCOURAGE URGENT MEDICAL CARE

EYES (INJURY)

Keep person comfortable with head and chest in sitting position or elevated and quiet.

With any eye problem, ask if the person wears contact lenses. Have person remove contacts before giving any first-aid to eye.

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

NO

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

ENCOURAGE IMMEDIATE MEDICAL CARE

YES

CALL EMS 9-1-1

If an object has penetrated the eye or eye socket,
DO NOT REMOVE OBJECT.
A large object should be supported with dressings to minimize movement.

Keep person from rubbing eye, or moving object.

DO NOT TOUCH THE EYE

OR

PUT ANY PRESSURE ON THE EYE OR THE OBJECT

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

EYES CONTINUED ON NEXT PAGE (pg. 43)

EYES (CONT.)

PARTICLE IN EYE:

Keep person from rubbing eye.

Ask what is in eye?

- Have person blink repeatedly to flush out particle
- If necessary, lay person down, & tip head toward affected side
- Gently pour cool tap water over open eye to flush out particle

If particle does not flush out of eye, or if eye pain continues, contact responsible school nurse or administrator and parent or legal guardian.

ENCOURAGE MEDICAL CARE

Close Eyelid & Cover

CHEMICALS IN EYE

Wear gloves and if possible, goggles.
Ask what is in eye?

- Immediately flush eye with large amounts of tepid or cool, clean water
- Tip the head so that the affected eye is below the unaffected eye washing the eye from nose to side of face for 5-10 minutes
- While flushing eye try to determine substance that entered eye and

Call POISON CONTROL CENTER

1-800-222-1222
Follow Instructions

If eye has been injured by a chemical or continued pain or visual change

CALL EMS 9-1-1

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

FAINTING

If you observe, or the person complains of any of the following signs or symptoms of fainting, have the person lie down to prevent injury from falling:

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

Fainting may have many causes including: injuries, blood loss, poisoning, severe allergy, diabetic reaction, heat exhaustion, hypoglycemia, illness, fatigue, stress, not eating, standing still for too long, etc.

Most persons who faint will recover quickly when lying down. If person does not regain consciousness within 1 minute, see "Loss of Consciousness" (pg. 53) **and CALL 9-1-1.**

Is fainting due to a forceful injury?

YES →

CALL EMS 9-1-1

See "Loss of Consciousness" (pg. 53).

NO ↓

Did person injure self when he/she fainted/fell?

YES or NOT SURE →

See appropriate guideline. If head or neck injury suspected. Treat as possible neck injury. See "Neck & Back Pain" (pg. 56).

DO NOT MOVE PERSON

NO ↓

- Keep person in flat position lying on back
- Elevate feet above level of heart
- Loosen clothing around neck and waist

- Keep airway clear and monitor breathing
- Keep person warm, but not hot
- Control bleeding if needed , see "Bleeding" (pg. 24)
- Give nothing to eat or drink
- Check for a medical alert tag or bracelet

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

NO →

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

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

YES →

Keep person lying down. Contact responsible school nurse or administrator & parent or legal guardian.

ENCOURAGE URGENT MEDICAL CARE

FEVER & NOT FEELING WELL

Take person's temperature, if possible. Note temperature over 100.0 degrees F as fever.

- Have the person lie down in a room that affords privacy.
- Give no medications unless previously authorized; such as acetaminophen or ibuprofen

Is Temp over 100.0 degrees F?

NO

YES

Does child have fever **and**

- Is unresponsive?
- Is limp, weak, listless or not moving?
- Rash with purple spots?
- Limited movement of neck (stiff)?
- First time seizure? See "Seizures" (pg.62)
- Severe headache?
- Abdominal pain?
- Difficulty breathing?

NO

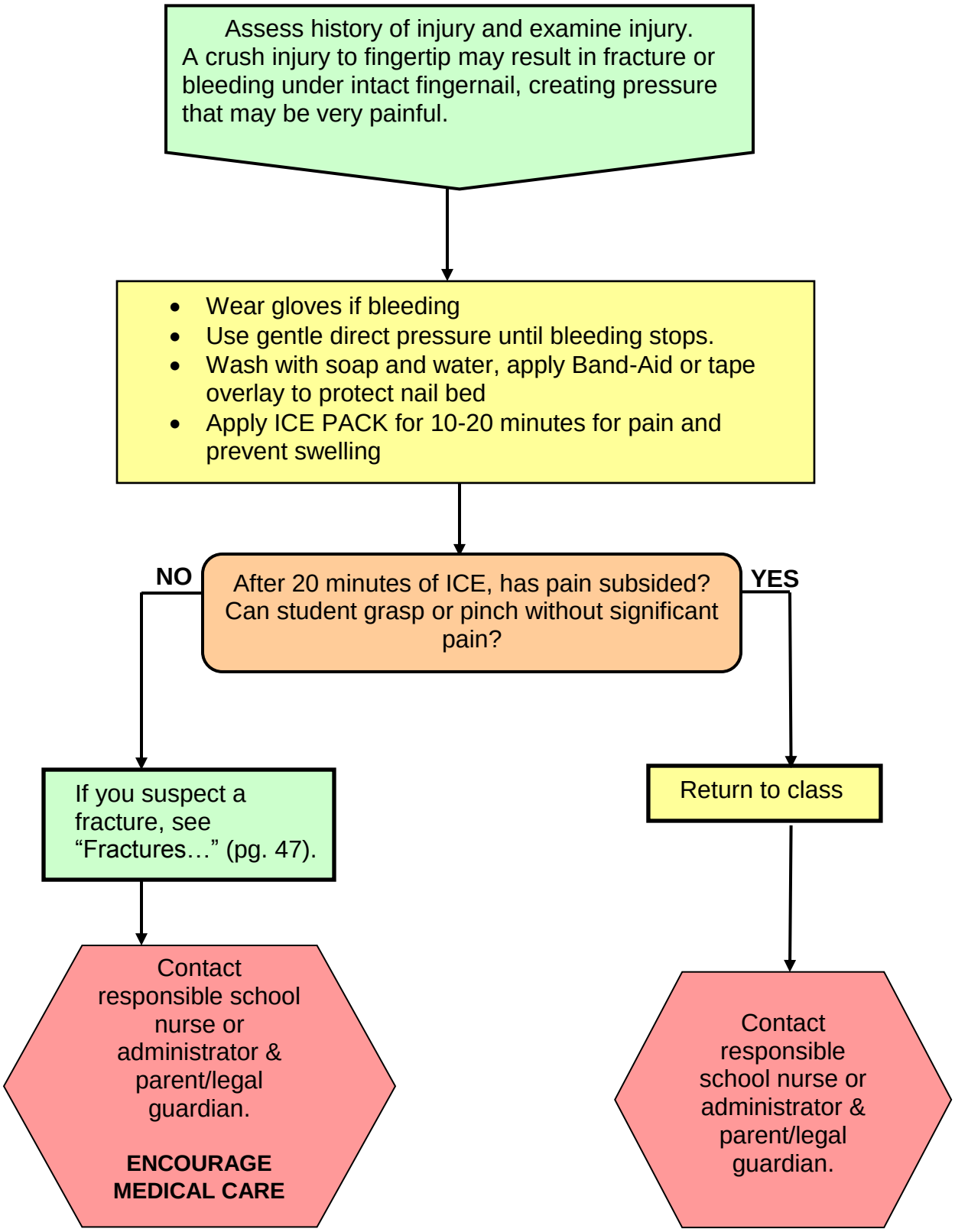
YES

- If alert, give fluids (i.e., juices, water, soup or gelatin) as tolerated
- Avoid overheating with excessive clothing/blankets

CALL EMS 9-1-1

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

FINGERNAIL/TOENAIL INJURY



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

Treat all injured parts as if they Could be fractured (See Signs & Symptoms at bottom of page)

- Is bone or joint deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?
- Is skin of the injured extremity pale/cool when compared with opposite extremity?

YES →

CALL EMS 9-1-1

If bleeding, wear gloves and apply direct pressure to bleeding site.

- Control Bleeding, see "Bleeding" (pg. 24)
- Leave in position of comfort
- Cover broken skin with clean bandage
- Do NOT move or attempt to straighten injured part
- Splint
- Give nothing to eat or drink
- See "Seriously Ill/Shock" if needed (pg. 63)

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

NO ↓

- Avoid movement of injured part
- Do not allow person to put weight on it or use it
- Splint with towel, cardboard, or sling
- Gently support and elevate injured part and adjacent joint, with pillow or folded towel, if possible
- Apply ice/cold (no more than 20 min/hr.), covered with cloth or paper towel

After a period of rest, recheck the injury.

- Is the pain gone?
- Can person move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has normal sensation returned to injured area?
- Is coloration, circulation normal?

YES →

If discomfort is gone, allow person to return to class.

NO ↓

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

ENCOURAGE MEDICAL CARE

Signs & Symptoms of Fracture, Dislocation, Sprains or Strains

- Pain and/or swelling in one area
- Large bruise/discoloration
- Sounds/feels like bones moving rubbing
- Bent or deformed
- Cold and numb
- Loss of sensation or movement
- Disfigurement at joint

FROSTBITE

Exposure to cold even for short periods of time may cause "Hypothermia" (a low temperature) in children, see "Hypothermia" (pg. 52). The nose, ears, chin, cheeks, fingers and toes are parts most often affected by frostbite.

Frostbitten skin may:

- Look discolored, grayish-yellow, pale, or white)
- Feel cold to touch
- Feel numb to the person

Deeply frostbitten skin may:

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

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

- Take to warm place and remove cold or wet clothing and replace with warm, dry clothes
- Protect cold part from further injury (may not have any sensation)
- Do **NOT** rub or massage the cold part OR apply heat such as a water bottle or hot running water
- Put affected body part in bath temperature water to warm & potentially thaw
- Cover part loosely with nonstick, clean dressing or dry blanket

Does extremity or body part:

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

NO

Keep person and part warm

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

ENCOURAGE MEDICAL CARE

YES

CALL 9-1-1

Keep person and affected area warm

HEAD INJURIES

If person only bumped head and does not have any other complaints or symptoms, See “Bruises” (pg. 26). Ask questions about how injury occurred.

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, & violence may be serious. If head is bleeding, see “Bleeding” (pg. 24).

With a head injury (other than minor head bump), always suspect neck injury as well. **Do NOT** move or twist the spine or neck, see “Neck & Back Pain” (pg. 56).

- Have person rest, lying flat
- Keep person quiet & warm

Is person vomiting?

NO

Watch person closely.
DO NOT LEAVE PERSON ALONE

YES

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

Are any of the following present:

- Unconsciousness, seizure or neck pain?
- Blood is flowing freely from the head wound, see “Bleeding” (pg. 24)?
  - Maintain firm, direct pressure
- Inability to respond to simple commands?
- Blood or watery fluid from ears or nose?
- Inability to move or feel arms or legs?
- Person is sleepy, confused or asks repetitive questions?

YES

CALL EMS 9-1-1
Look, listen & feel for breathing. If person stops breathing, see “CPR” (pg. 32)
GIVE NOTHING TO EAT OR DRINK

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

NO

If person was briefly confused and seems fully recovered contact responsible school nurse or administrator & parent or legal guardian.

WATCH FOR DELAYED SYMPTOMS & ENCOURAGE MEDICAL CARE.
Send home instructions for observing delayed symptoms.

HEADACHE

Have person lie down for a short time in a room that affords privacy. Headache can be due to the lack of adequate food or water. Ask person when and what they ate last.

Has a head injury occurred?

YES → See "Head Injuries" (pg. 49)

NO → Is temperature over 100.0 degrees F?

NO → Give medication only if previously authorized.

YES → See "Fever" (pg. 45) → Give medication only if previously authorized.

- Apply cold cloth or compress to head
- Offer food or juice if person hasn't eaten adequately
- Allow to rest in quiet, low light room

- Is headache severe?
- Are other signs or symptoms present? (nausea, vomiting, fever, vision disturbance or dizziness)
- History of chronic headache, stiff neck, or sensitivity to light (light hurts eyes)?

NO → If headache persists, contact responsible school nurse or administrator & parent or legal guardian.

YES → Contact responsible school nurse or administrator & parent or legal guardian.

ENCOURAGE MEDICAL CARE

If not alert & in abnormal mental state call **9-1-1.**

HEAT EXHAUSTION/HEAT STROKE

Heat exhaustion is common and is due to lack of body fluids. Heat Stroke is life-threatening and occurs when the body is overwhelmed by heat and cannot regulate body temperature. Strenuous activity in the heat may cause heat-related illness. See signs & symptoms of heat emergencies below.

Spending too much time in the heat, especially with exertion, may cause heat emergencies.

Heat emergencies can be life-threatening situations.

Is person unconscious or altered mental status?

NO

- Move person to a cooler place
- Have person lie down
- Elevate feet
- Loosen or remove outer clothing
- Spray with water and fan person

Are any of the following happening:

- Hot, dry, red skin?
- Altered mental status?
- Vomiting? Fever?
- Confusion, dizziness?
- Rapid shallow breathing?

YES

CALL EMS 9-1-1

Remove outer clothing, as appropriate. Cool rapidly by completely wetting clothing/skin with room temperature water.
DO NOT USE ICE WATER.

NO

- Give clear fluids frequently (water, sport drink, etc.), in small amounts, if fully awake and alert
- If condition improves, may return to class. NO P.E./Sports
- **If no improvement, child NEEDS IMMEDIATE MEDICAL CARE**

YES

- Quickly remove person from heat to a cooler place
- Put on side to protect airway
- Look, listen and feel for breathing. If not breathing, see "CPR" (pg. 32)

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

Signs & Symptoms of Heat Related Injury

Heat Exhaustion	Heat Stroke
Cool, moist, pale skin	Hot skin (usually dry)
Weakness & fatigue	High temperature
Sweating, headache	Rapid, weak pulse
Vomiting, nausea	Rapid, shallow breathing
Confusion, dizziness	Seizure
Muscle cramping	Loss of consciousness

HYPOTHERMIA (EXPOSURE TO COLD)

Hypothermia can happen from exposure to cold, wet, & windy conditions [does not require freezing temperatures] 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 being outside in the cold or in cold water.

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

Does person have:
- Decreasing consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?
- No feeling in part of body?

NO

- Continue to warm with blankets
- Provide a warm environment
- If fully awake and alert, offer warm **(NOT HOT)** fluids
- **If frostbite, do not rub, see "Frostbite" (pg. 48) and do not break blisters.**

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

ENCOURAGE MEDICAL CARE

YES

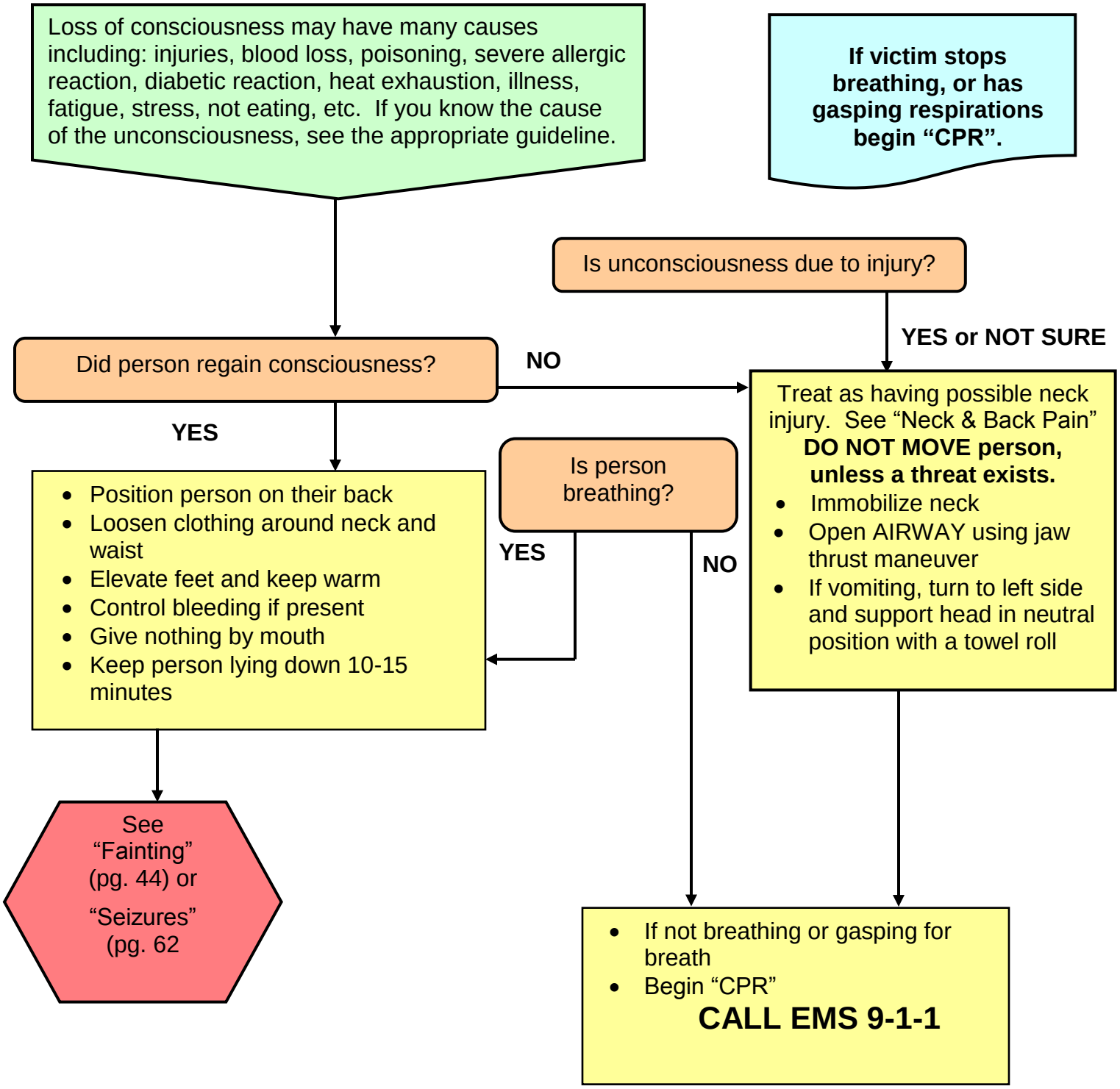
CALL EMS 9-1-1

- Give nothing to eat or drink
- Continue to warm with blankets
- If sleepy or losing consciousness, place on left side and protect airway, see "Loss of Consciousness" (pg. 53)
- Look, listen and feel for breathing. If breathing stops, see "CPR" (pg. 32)

Signs & Symptoms of Hypothermia (COLD)

- Confusion
- Clumsy
- Blurry vision
- Slurred speech
- Uncoordinated
- Shivering
- Lethargic
- Abnormal behavior
- Impaired judgment
- Slow, irregular pulse

LOSS OF CONSCIOUSNESS



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MENSTRUAL PROBLEMS

Menstrual problems may present with:
- Abdominal pain, cramping
- Abnormal menses
- Abnormal bleeding

Provide for privacy

Is it possible the person is pregnant? [Note: negative history is not reliable]

YES or NOT SURE → See "Pregnancy" (pg. 59)

NO ↓

- Mild or severe symptoms/cramping
- Abnormal bleeding

MILD → For mild cramps recommend walking or regular activities.

SEVERE ↓

- **Give no medications unless previously authorized by parent/legal guardian**
- **If bleeding, offer a feminine pad**

These may provide relief:
- Short period of quiet rest
- Warm (not hot) heating pad over lower abdomen (if allowed by the school district)

Does person have continuing severe abdominal pain?

YES →

CALL EMS 9-1-1 → Contact responsible school nurse or administrator & parent or legal guardian.

NO ↓

- Encourage medical care if disabling cramps occur
- **ENCOURAGE IMMEDIATE MEDICAL CARE,** if heavy vaginal bleeding occurs (greater than 5 pads/tampons per day or continued bleeding for 7 or more days)

MOUTH & JAW INJURIES

Wear disposable gloves when exposed to blood or other body fluids. Use direct pressure to control bleeding.

See "Head Injuries" (pg. 49) or "Neck Injury…" (pg. 56) if you suspect an injury other than mouth or jaw.

Does person have:
- Difficulty breathing?
- Choking sensation?
- Loss of consciousness?
- Persistent bleeding?

YES →

CALL EMS 9-1-1

If unconscious:
- Protect neck **by keeping straight**
- Protect airway **by log rolling on to left side to allow drainage of blood**
- **Gently support jaw with hand**
- **See "Teeth & Gums" (pg. 68) for any tooth injury**
- **Control bleeding with direct pressure**

NO ↓

If tongue, lips, or cheek are bleeding, apply direct pressure with sterile gauze or clean cloth
- Look for difficulty breathing

Has jaw been injured?
Is cut large, deep?

YES → (If unconscious:)

NO ↓

Have teeth been injured?

YES → See "Teeth & Gums" (pg. 66)

NO ↓

- Place cold compress over the area to minimize swelling

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

ENCOURAGE IMMEDIATE MEDICAL CARE

Signs of jaw fracture include:

- Marked tenderness from outer edge of jaw
- Teeth do not fit together normally
- Cannot open jaw widely
- Painful to clench teeth

NECK & BACK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 8 feet or falling on head
- Being thrown from a moving vehicle
- Sports
- Violence
- Being struck by a car or other fast moving object

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

Symptoms of Nerve Injury (see below) need medical evaluation, even if they resolve.

Has an injury occurred?

NO → If person is so uncomfortable that he/she is unable to participate in normal activities contact responsible school nurse or administrator & parent or legal guardian. **May need medical evaluation.**

YES → Did person walk-in or was person found lying down?

WALK-IN →

Allow person to assume position of comfort.

- Keep head straight

ADVISE PERSON NOT TO MOVE HEAD OR NECK.

LYING DOWN →

DO NOT MOVE PERSON unless there is **IMMEDIATE DANGER** of further physical harm.

If person **MUST** be moved, support head and neck – keep head, neck and back from bending.

- Keep person quiet and warm
- Hold head still until EMS takes over care by gently placing a hand on each side of head, **OR**
- Place rolled up towels/clothing on both sides of head so it will not move

CALL EMS 9-1-1

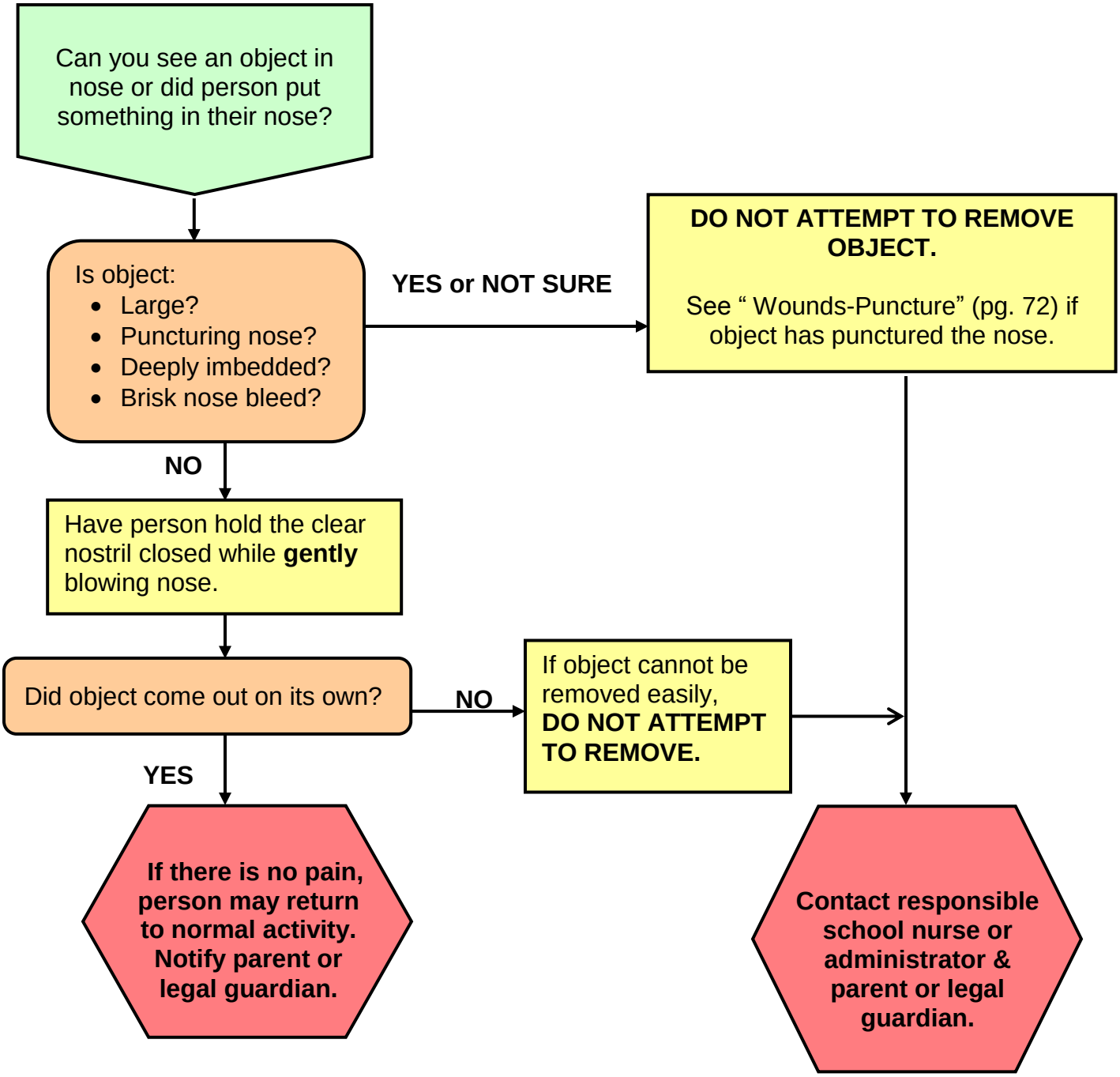
Contact responsible school nurse or administrator & parent or legal guardian.

Symptoms of Possible Spinal Nerve Injury

- Loss of sensation
- Loss of movement
- Electric shock-like pains
- Numbness or tingling of arms or legs

NOSE

OBJECT in NOSE



BROKEN NOSE (swollen and/or deformed with nose bleed)

Care as in "Nosebleed" on next page. Contact responsible school authority and parent/legal guardian.

ENCOURAGE MEDICAL CARE

NOSE CONTINUED ON NEXT PAGE (pg. 58)

NOSEBLEED

Nosebleed may be caused by injury, allergy, blowing or picking nose, or dryness. Wear disposable gloves when exposed to blood or other body fluids

DO NOT TILT HEAD BACK
If head is tilted back, person may spit up blood from throat.

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

- Lean head forward while sitting; if need to lie down, lie down on side.
- Pinch nostrils together just below nasal bones, maintaining constant pressure for 10-15 minutes.
- If continued bleeding after pressure or if injury to nose, apply cold pack to nose for 10-15 minutes and continue to pinch for bleeding

Has bleeding stopped?

NO

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

ENCOURAGE MEDICAL CARE

YES

Person may return to normal activity. Avoid strenuous activity for the day to prevent recurrence of bleeding. Notify parent or legal guardian.

POISONING & OVERDOSE

Ask person if they ingested any medications or other substances. Possible warning signs of poisoning include:

- Pills, berries or unknown substance in mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating, chest or abdominal pain
- Upset stomach, vomiting, diarrhea
- Dizziness or fainting
- Seizure or convulsions

Remove source of poisoning or get person away from toxic fumes.

Poisons can be swallowed, inhaled, absorbed through the skin, eyes or mucosa, or injected.

When you suspect poisoning:
CALL EMS 9-1-1 & Poison Control Center: 1-800-222-1222

Continue to monitor

- Airway
- Breathing
- Signs of circulation (pulse, skin color, capillary refill)
- Level of consciousness
- Speech, orientation

Is person unconscious?
Is person having difficulty breathing? See "Loss of Consciousness" (pg. 53)

YES

CALL EMS 9-1-1

Wear gloves and remove any remaining substance in mouth.
If possible, find out:

- Age and weight of person
- What was swallowed or what type of "poison" it was
- How much & when was it taken

CALL POISON CONTROL CENTER
& follow instructions.
Phone # 1-800-222-1222

CALL EMS 9-1-1

DO NOT INDUCE VOMITING or give anything **UNLESS** Poison Control instructs you to. With some poisons, vomiting can cause greater damage.

DO NOT follow the antidote label on the container; it may be incorrect.

Send sample of vomited material, or ingested material with its container (if available), to the hospital with the person.

- If person has any changes in level of consciousness, place on his/her side and look, listen and feel for breathing. If breathing stops, see "CPR" (pg. 32)
- Contact responsible school nurse or administrator & parent or legal guardian

PREGNANCY

For morning sickness, see "Vomiting" (pg. 69).

Pregnancy may be complicated by any of the following:

Appropriate school staff should be made aware of any pregnant students. **Ask if person might be pregnant and when her last menstrual period (LMP) occurred.** *Keep in mind that any student who is old enough to be pregnant might be pregnant.* NOTE: History may not be reliable.

Vaginal Bleeding, if severe

CALL EMS 9-1-1

Contact responsible school nurse or administrator & parent or legal guardian. **ENCOURAGE IMMEDIATE MEDICAL CARE**

Severe Stomach Pain or Cramps

- Person may be in labor or having a miscarriage if cramps are strong and repeat or "water has broken"
- If labor suspected or if severe abdominal pain persists

CALL EMS 9-1-1

Short, mild cramps in a near term person may be normal. Contact responsible school nurse or administrator & parent or legal guardian.

ENCOURAGE IMMEDIATE MEDICAL CARE

Seizure

This may be a serious complication of late pregnancy, see "Seizure" (pg. 62).

CALL EMS 9-1-1

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

ENCOURAGE IMMEDIATE MEDICAL CARE

Amniotic Fluid Leakage

This is **NOT** normal and may indicate the beginning of labor or may lead to infection. Contact responsible school nurse or administrator, and parent or legal guardian.

RASHES

- Some rashes may be contagious by direct contact or respiratory droplets
- Wear disposable gloves to protect self when in contact with any rash.

Rashes may look like:

- Hives
- Red spots (large or small, flat or raised)
- Purple spots
- Blisters

Rashes may have many causes, including heat, infection, illness, allergic reactions, insect bites, dry skin or skin irritations.

Other symptoms may indicate that the person needs medical care. Does the person have:

- Abnormal behavior?
- Difficulty breathing or swallowing?
- Purple spots with fever?
- Light-headedness, extreme weakness?

YES

CALL EMS 9-1-1

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

NO

If any of the following symptoms are found in association with a rash, contact responsible school nurse or administrator & parent or legal guardian and

ENCOURAGE MEDICAL CARE

- Fever (See "Fever") (pg. 45)
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to touch.
- Rash (hives) is all over body
- If person is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities

See "Allergic Reaction" (pg. 17) and "Communicable Diseases" (pg. 36) for more information.

SEIZURES

Refer to person's **Emergency Action/Care Plan,** if available, follow instructions from person's guardian or physician.

A person with a history of seizures should be known to appropriate staff.
An emergency care plan should be developed containing a description of the onset, type, duration and after effects of that person's seizures. If there is a history of diabetes, check blood sugar, see "Diabetes" (pg. 37).

- During or immediately after a seizure, place on the floor (preferably a mat) for observation and safety
- **DO NOT** RESTRAIN MOVEMENTS
- Move surrounding objects to avoid injury
- Protect head and neck using a jacket or padding like a folded towel/cloth
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth

Note:
Observe details of the seizure for parent or legal guardian, emergency personnel, or physician.
- Duration, movement of eyes, mouth, arms & legs
- Loss of urine/bowel control
- Loss of consciousness or change in behavior

- Is seizure lasting longer than **5 minutes?**
- Is person having multiple seizures following one another at short intervals?
- Is person having any breathing difficulties after the seizure?

NO

- After seizure, keep airway clear by placing person on his/her left side and support the head in a neutral position with a towel roll
- Seizures are often followed by sleepiness and confusion. This may last from 15 minutes to an hour or more

After the sleeping period, the person should return to normal and be encouraged to participate in all normal class activities.

YES

CALL EMS 9-1-1

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

Signs & Symptoms of Seizure
- Episodes of staring and nonresponsive
- Staring with twitching of the arm and/or leg muscles
- Generalized jerking movement of arms and/or legs with unconsciousness
- Sudden unusual behavior for that person (e.g., strange sounds, belligerence, running)
- If trained personnel and medication available, administer Diastat.

SERIOUSLY ILL/SHOCK

Any serious injury or illness may lead to shock which is a lack of blood and oxygen getting to tissue.

- **STAY CALM and get medical assistance**
- Shock is a life-threatening condition
- Check for medical bracelet or medallion

For Injury **Do Not move** person until extent of injury is known, unless endangered.

Is person:

- Unconscious? See "Loss of Consciousness" (pg. 53)
- Not breathing? See "CPR" (pg. 29)
- Look seriously sick? (see signs & symptoms listed below)
- Bleeding profusely? See "Bleeding" (pg. 24)

YES

CALL EMS 9-1-1

NO

- Lie person down – keep body flat
- **Control Bleeding**: apply direct pressure and see "Bleeding" (pg. 24)
- If person vomits, roll on to left side keeping back & neck straight if injury suspected

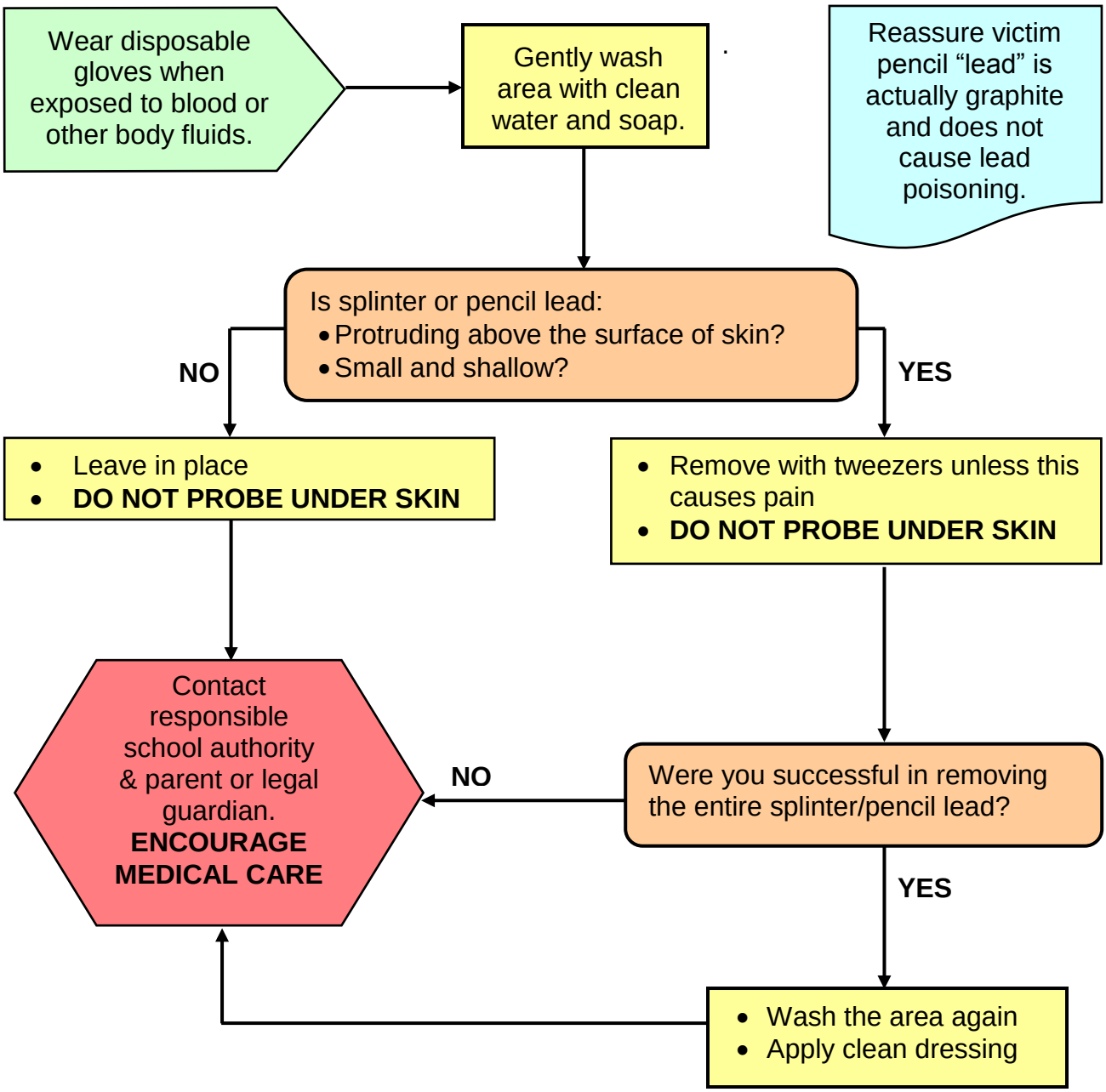
- Minimize pain by position of comfort
- Elevate feet 8-10 inches, unless this causes pain/discomfort, ***OR*** a neck/back/hip injury is suspected
- Keep body normal temperature, if cold provide blankets. Avoid chilling
- NOTHING to EAT OR DRINK

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

Signs of SHOCK

- Pale, cool, moist skin
- Mottled, ashen, blue skin
- Altered consciousness
- Nausea, dizziness, thirsty
- Unresponsive
- Abnormal behavior
- Restlessness/irritability
- Generalized weakness
- Rapid or difficulty breathing

SPLINTERS or IMBEDDED PENCIL LEAD



Check immunization record for DT, DPT (tetanus).
See "Tetanus Immunization" (pg. 68).

STOMACH ACHES/PAIN

Stomach aches may have many causes including:

- Illness
- Hunger
- Overeating
- Diarrhea
- Food poisoning
- Menstrual difficulties
- Psychological issues
- Constipation
- Gas pain
- Pregnancy
- Trauma

Have person lie down in a room that affords privacy.
Ask female when last menstrual period was? Is she pregnant? If yes, see “Pregnancy” (pg.59)

- If vaginal bleeding, see “Menstrual Problems” (pg. 54)

Has an injury occurred?

YES → Contact responsible school nurse or administrator & parent or legal guardian.

ENCOURAGE MEDICAL CARE

NO →

- Take temperature
- Note temperature over 100.0 degrees F as fever, see “Fever” (pg. 45)

Does person have:

- Fever?
- Severe stomach pains?
- Vomiting?

YES → Contact responsible school nurse or administrator & parent or legal guardian.

ENCOURAGE MEDICAL CARE

NO → Allow person to rest for 20-30 minutes.

Is person better?

NO → Contact responsible school nurse or administrator & parent/legal guardian.

YES → **Allow person to return to class/work**

TEETH & GUMS

BLEEDING GUMS

Generally, related to chronic infection. Presents limited threat to general health.

No first aid measure in the school will be of any significant value.

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

ENCOURAGE DENTAL CARE

TOOTHACHE OR GUM ABCESS

These conditions can affect a person's general health, not just local tooth problems.

No first aid measure in the school will be of any significant value.

For tongue, cheek, lip, jaw or other mouth injury not involving the teeth, refer to "Mouth & Jaw" (pg. 55).

Relief of pain in the school often postpones dental care. Administer pain reliever, ibuprofen or acetaminophen as school protocol allows.
DO NOT place pain relievers (e.g., Aspirin, Tylenol) on the gum tissue of the aching tooth since they can cause burns to the tissue!

A few comfort measures:

- If cavities present, a warm salt-water rinse may remove food

NOTE:
A loose temporary tooth may ache

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

ENCOURAGE DENTAL CARE

TEETH CONTINUED ON NEXT PAGE (pg. 67)

KNOCKED-OUT TOOTH or Broken Permanent Tooth

For primary (temporary) teeth:
- Find Tooth
- Do not handle root of tooth
- **Use Disposable Gloves**

- Have student bite on folded gauze to stop bleeding
- Place tooth in container or envelope to take home
- Return to normal activities

If a permanent tooth is knocked-out (within 15-20 minutes):
- Apply cold compress to face to minimize swelling
- If tooth is dirty, hold tooth by crown rinse with water
- **DO NOT** scrub, rub or scrape to remove dirt from tooth
- Place in HBSS (Save-A-Tooth Kit) if available**, OR**
- If student is old enough, gently insert and hold the tooth in its socket, if not possible, place in glass of milk, **OR**
- Have person spit in cup and place tooth in it
- Remember to take the tooth with you

TOOTH MUST NOT DRY OUT

DISPLACED TOOTH (Still in Socket)

DO NOT try to move tooth into correct position.

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

OBTAIN EMERGENCY DENTAL CARE. A DENTIST SHOULD SEE THE PERSON WITHIN 60 MINUTES.

TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the person's immunization status for tetanus (DTaP, Tdap, DPT, DT Td) and notify parent or legal guardian.

Note: Tetanus toxoid is nearly always combined with diphtheria and pertussis (DPT or TdaP).

A ***wound*** would need a tetanus booster if it has been at least 5 - 10 years since the last tetanus shot or if the person is **5 years old or younger.**

Other wounds**,** such as those contaminated by dirt, feces, saliva or other body fluids; puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than **5 years** since the last tetanus shot.

TICKS

Refer to your school's policy regarding the removal of ticks. Proceed if not in conflict with policy. Wear disposable gloves when exposed to blood and other body fluids.

Inspect 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.

- 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 this may cause the mouthparts to 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
- **DO NOT ATTEMPT TO BURN A TICK OFF OR PRICK IT WITH A PIN**

- After removal, wash the tick area thoroughly with soap and water
- Wash your hands
- Apply a Band-Aid type dressing. If permitted by school policy, use an antiseptic or antibiotic ointment

Placing ticks in a container of alcohol or flushing them down the toilet will safely dispose of them. If any head or mouth parts remain in skin, **ENCOURAGE MEDICAL CARE.**

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

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VOMITING

Vomiting may have many causes including:

- Illness or Injury
- Pregnancy
- Overexertion
- Toxic Exposure or Ingestion
- Intestinal Illness
- Food Poisoning
- Heat Exhaustion
- Drugs or Alcohol
- Near Fainting

If you know the cause of the vomiting see the appropriate guideline.

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

If a number of adults and/or children become ill with the same symptoms, suspect food poisoning.

CALL POISON CONTROL CENTER

1-800-222-1222

Follow instructions.

(See "Poisoning")

Notify public health (usually the local County Health Department).

Phone #_____

Is person vomiting clots or more than flecks or streaks of blood? Does person have decreased level of consciousness?

YES

NO

- Have a bucket available
- Apply a cool, damp cloth to face or forehead
- Have person recline or lie down in a position of comfort in a room that affords privacy

- Give no food or medications
- Offer ice chips or small sips of clear fluids (e.g., water, diluted 7-up, diluted Gatorade) and assess ability to tolerate fluids

Does patient have altered level of consciousness, pain, and associated fever, diarrhea, dizziness or lethargy?
See appropriate guidelines.

CALL EMS 9-1-1

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

ENCOURAGE MEDICAL CARE

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

Wear disposable gloves when exposed to blood or other body fluids.
Use direct pressure on the wound to control bleeding.

Refer to primary care provider as needed to update immunizations against tetanus.

Is the Wound:
- Large?
- Deep?
- Bleeding freely?

NO

Use wet gauze or towel to wash the wound gently with clean water and soap in order to remove dirt.

- Rinse under running water
- Pat dry with clean gauze or paper towel
- Apply clean gauze dressing (non-adhering/non-sticking type) and bandage

YES

Apply direct pressure on bleeding site and see "Bleeding" (pg. 24).

Notify parent if wound is deep, dirty, gaping or has embedded material. Contact responsible school nurse or administrator & parent or legal guardian.

Some Signs of Internal Bleeding

Include persistent abdominal pain, rapid-weak pulse, cool-moist skin, paleness, confusion or fainting, weakness, vomiting or blood in sputum. Internal bleeding needs emergency medical attention.

WOUNDS (PUNCTURE)

Wear disposable gloves when exposed to blood or other body fluids. Apply direct pressure to control bleeding.

Has the eye been injured?

YES → **DO NOT TOUCH EYE See "Eye Injury" (pg. 42).**

NO ↓

- Is object large?
- Is wound deep?
- Is wound bleeding freely or squirting blood?
- Is air escaping from wound in the chest?

YES →

CALL EMS 9-1-1

See "Bleeding" (pg. 24)

NO ↓

Is object still visible in wound?

NO →

DO NOT TRY TO PROBE OR SQUEEZE

↓

If wound is deep or bleeding freely, treat as bleeding, see "Bleeding" (pg. 24).

↓

- Wash the wound gently with soap and water
- Cover with a clean bandage

YES →

DO NOT REMOVE OBJECT

- Try to calm person

↓

Check person's immunization record for DT, DPT (tetanus). See "Tetanus" (pg. 68) for more information.

↓

Contact responsible school nurse or administrator & parent or legal guardian. If more than a superficial wound **ENCOURAGE MEDICAL CARE**

WOUNDS (STABS & GUNSHOT)

CALL the police via 9-1-1

- Tell dispatcher if Emergency Medical Services are also needed
- Intervene only if the situation is safe for you to approach
- Get someone to assist you

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

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

Is the person:

- Pale, sweaty skin?
- Losing consciousness?
- Having difficulty breathing?
- Bleeding uncontrollably?

YES

Open the airway and look, listen and feel for breathing, see "CPR" (pg. 32).

NO

- **If impaled object, do not remove**
- Press firmly with a clean bandage to stop bleeding, see "Bleeding" (pg. 24)
- Have person lie down
- Elevate feet 8-10 inches
- Elevate injured part gently, if possible
- Cover with a blanket or sheet

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

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current National American Red Cross First Aid Manual or equivalent.
2. American Academy of Pediatrics First Aid Chart.
3. Portable stretcher
4. Cot: mattress with waterproof cover
5. 10 Triage Tags
6. Blankets, sheets/pillows/pillow cases (disposable covers are suitable)
7. Wash cloths, hand towels, small portable basin
8. Covered waste receptacle with disposable liners
9. Manual resuscitation bag (Ambu bag) [optional]
10. Bandage scissors, tweezers
11. Disposable thermometer or electronic thermometer with disposable covers
12. Sink with running water
13. Expendable supplies (refer to http://www.redcross.org/disaster/masters/supply.html for recommended inventory):
    - Pocket mask/face shield for CPR
    - Disposable gloves (including latex free gloves for persons with a latex allergy)
    - Soap (plain)
    - Cotton tipped applicators, individually packaged
    - Assorted Band-Aids (1”x3”)
    - Gauze squares (2”x2”’; 4”x4”), individually packaged
    - Adhesive tape (1” width)
    - Gauze bandage (2” and 4” widths) rolls
    - Ace bandage (2” and 4” widths)
    - Splints (long and short)
    - Cold packs
    - Triangular bandages for sling & Safety pins
    - Tongue blades
    - Disposable facial tissues
    - Paper towels
    - Sanitary napkins
    - One flashlight with spare bulb and batteries
    - Hank’s Balanced Salt Solution (HBSS) – Available in the Save-A-Tooth emergency tooth preserving system or 1/3 cup of powdered milk for dental first-aid (for mixing with water to make a liquid solution)
    - Bleach for cleaning contaminated surface

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible, review annually and update as needed. Copy and post near all phones.

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION
EMERGENCY PHONE NUMBER 9-1-1

Location(s) of Automated External Defibrillator(s) (AED)

_____

_____

Location of First Aid Supplies

_____

_____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP!

- Address
- Exact location of injured person (e.g., parking lot C, big oak tree)
- Provide easy directions to make it easier to find you
- School Telephone Number: _____
  - Cell phone number, if applicable
- Your name
- School name
- Nature of Emergency

Other Important Phone Numbers

School Nurse	
Responsible School Administrator	
Poison Control Center (National)	1-800-222-1222
Suicide Hotline	1-800-273-8255
Fire Department	9-1-1
Police	9-1-1
Hospital or Nearest Emergency Facility	
Child Protective Services	
Rape Crisis Center	
Local Health Department	
Other Medical Services Information	
(i.e., physicians, urgent care centers, dentists, etc.)	