

# Emergency Healthcare Guidelines for School Districts

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**CTRAC**

**Central Texas**   
**Regional Advisory Council**

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# EMERGENCY HEALTHCARE GUIDELINES FOR SCHOOL DISTRICTS

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The **Central Texas Regional Advisory Council** (RAC) continues to bring this valuable tool to the school districts that are part of Education Service Center (ESC) Region 12. This booklet was initially developed in Ohio through the Emergency Services for Children (EMS-C) Program. In 2011, the Heart of Texas RAC partnered with ESC Region 12 and Hilco Electric COOP to develop one for use in Texas. The Central Texas RAC joined the partnership in 2019 and has continued to revise and update it annually.

It is recommended that the booklet(s), both electronic and hard copies, are placed in areas that are easily accessible and that all school staff are made aware of its availability. This important resource may serve as an essential tool to assist first responders with the principal steps necessary to achieve the best outcome when medical emergencies occur.

These emergency guidelines are meant to serve as basic, “what to do in an emergency”, information for school staff without medical/nursing training when the school nurse is not available. **It is strongly recommended that staff who can provide first-aid to students; complete an approved first aid and CPR course and Stop the Bleed®. To perform CPR and Stop the Bleed® safely and effectively, skills should be practiced in the presence of a trained instructor.**

The guidelines have been created as a **recommended** procedure. It is not the intent of these guidelines to supersede or make invalid any laws, or rules, established by a school system, a school board, or the State of Texas. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines. In a true emergency, use your best judgment!

Please take some time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency. The guidelines have been provided in an electronic format to all of you to add specific information for your school or school district and reproduce as needed.

We encourage feedback on this booklet. Please feel free to contact the Central Texas RAC at (254) 770-2316 or [info@centraltexasrac.org](mailto:info@centraltexasrac.org).

# How to use the Emergency Guidelines

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The last page of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency.

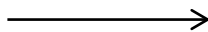
The guidelines are arranged with tabs in alphabetical order for quick access. A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors** page.

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

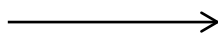
In addition, information has been provided about guidelines for when to call EMS, infection control procedures, and planning for students with special needs.

## Keys to Shapes and Colors

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Start here.



Provides first-aid instructions.



A question is being asked. You will have a choice based on the student's condition.



Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur.

# Emergency Procedures for Injury or Illness

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1. Remain calm and assess the situation is safe for you to approach. The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic, or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the responsible school authority that is designated to handle emergencies. This person will take charge of the emergency.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
5. Do **NOT** move a severely injured or ill student unless necessary for immediate safety. If moving is necessary to prevent further injury, follow the "NECK AND BACK PAIN" guideline.
6. Call Emergency Medical Services (EMS) and arrange for transportation of the ill or injured student, if necessary.
7. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
8. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute, and call either the physician or the hospital designated on the Emergency Information Card, so they will know what to expect of the injured student.
9. A responsible adult should stay with the injured student.
10. Fill out a report for all injuries requiring the above procedures as directed by school policy and procedures.

# When to Call EMS?

## **Call Emergency Medical Services (EMS) when a:**

1. Child is unconscious, semi-conscious or unusually confused.
2. Child's airway is blocked.
3. Child is not breathing.
4. Child is having difficulty breathing, shortness of breath or is choking.
5. Child has no pulse.
6. Child has bleeding that won't stop.
7. Child is coughing up or vomiting blood.
8. Child has been poisoned.
9. Child has a seizure for the first time or a seizure that lasts more than 5 minutes.
10. Child has injuries to the head, neck or back.
11. Child has sudden, severe pain anywhere in the body.
12. Child's condition is an injury or injuries that may leave the child permanently disabled unless he/she receive immediate care.
13. Child's condition could worsen or become life-threatening on the way to the hospital.
14. Moving the child could cause further injury.
15. Child needs the skills or equipment of paramedics or emergency medical technicians.
16. Distance or traffic conditions would cause a delay in getting the child to the hospital.

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

# Infection Control

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **Universal Precautions**. Universal precautions are a set of guidelines which assumes that all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to any student, whether the student is known to be infectious. The following list describes universal precautions:

- **Wash hands thoroughly** with warm running water and a mild, preferably liquid soap for at least 20 seconds:
  1. Before and after physical contact with any student (even if gloves have been worn).
  2. Before and after eating or handling food.
  3. After contacting a cleaning agent.
  4. After using the restroom.
  5. After providing any first aid.
- Be sure to scrub between fingers, under fingernails, and around the tops and palms of hands.
- Wear disposable gloves when in contact with blood and other body fluids. Wear protective eyewear when body fluids may encounter 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 a plastic bag or place in a Ziploc bag and dispose of 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, stool, or vomit) home with the student in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes, while giving first aid.

## **Guidelines for students:**

- Remind students to wash hands thoroughly after encountering their own blood or body fluids.
- Remind students to avoid contact with another person's blood or body fluids.



# Planning for Students with Special Needs

Some students in your school may have special emergency care needs. Below are some reasons why this statement is true.

## **Medical Conditions:**

Some students in your school may have special conditions that put them at risk for life-threatening emergencies. For example, students who have:

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

Your school nurse or other school health professional, along with the student's parent or legal guardian and personal physician, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available to always appropriate staff. In the event of an emergency, refer to the student's emergency care plan. The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children with Special Needs. It can be downloaded from [www.aap.org](http://www.aap.org) or [www.acep.org](http://www.acep.org).

## **Physical Abilities:**

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

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

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

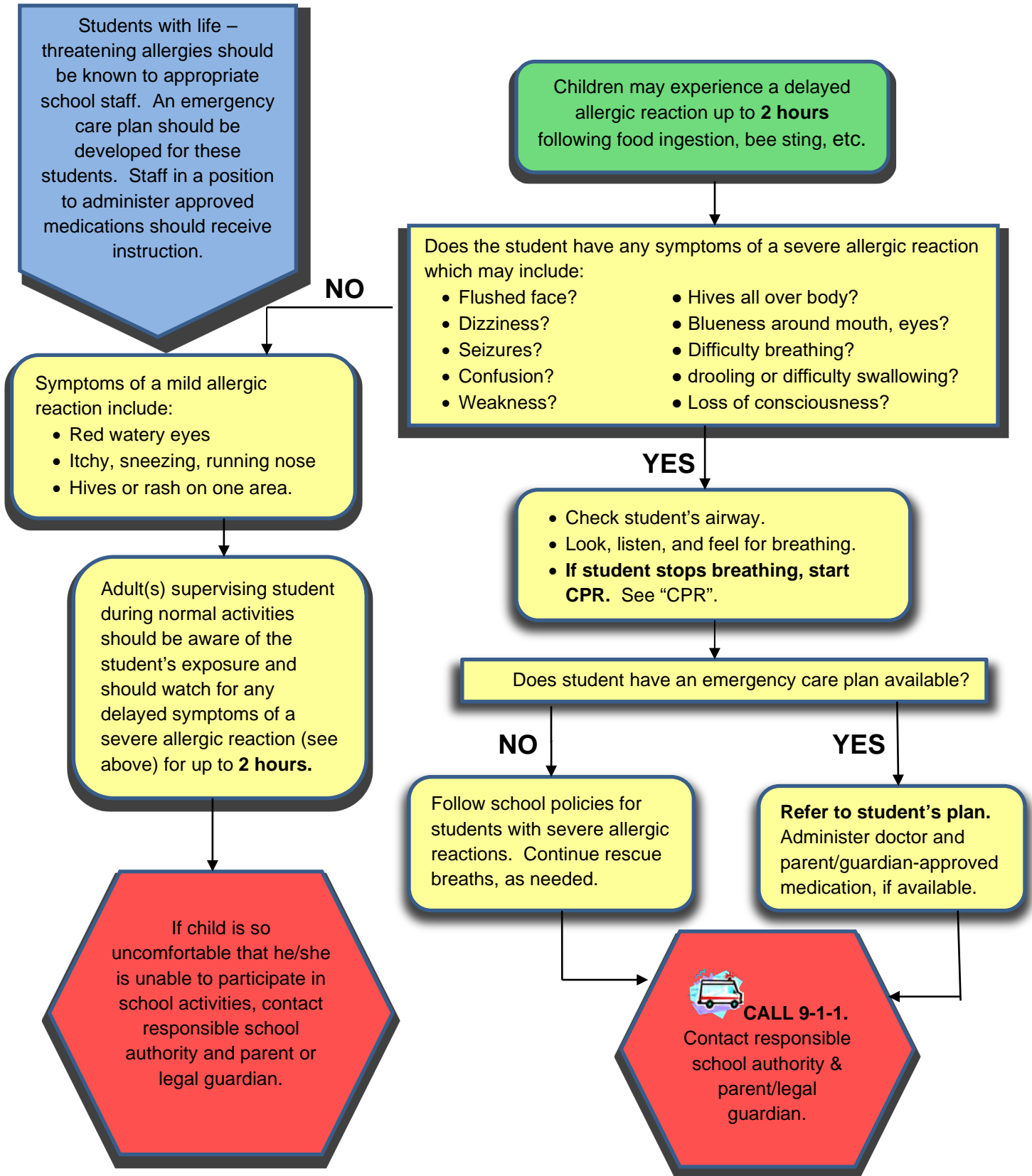
## **Communication Challenges:**

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

- Vision and/or hearing impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issue

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

# ALLERGIC REACTION



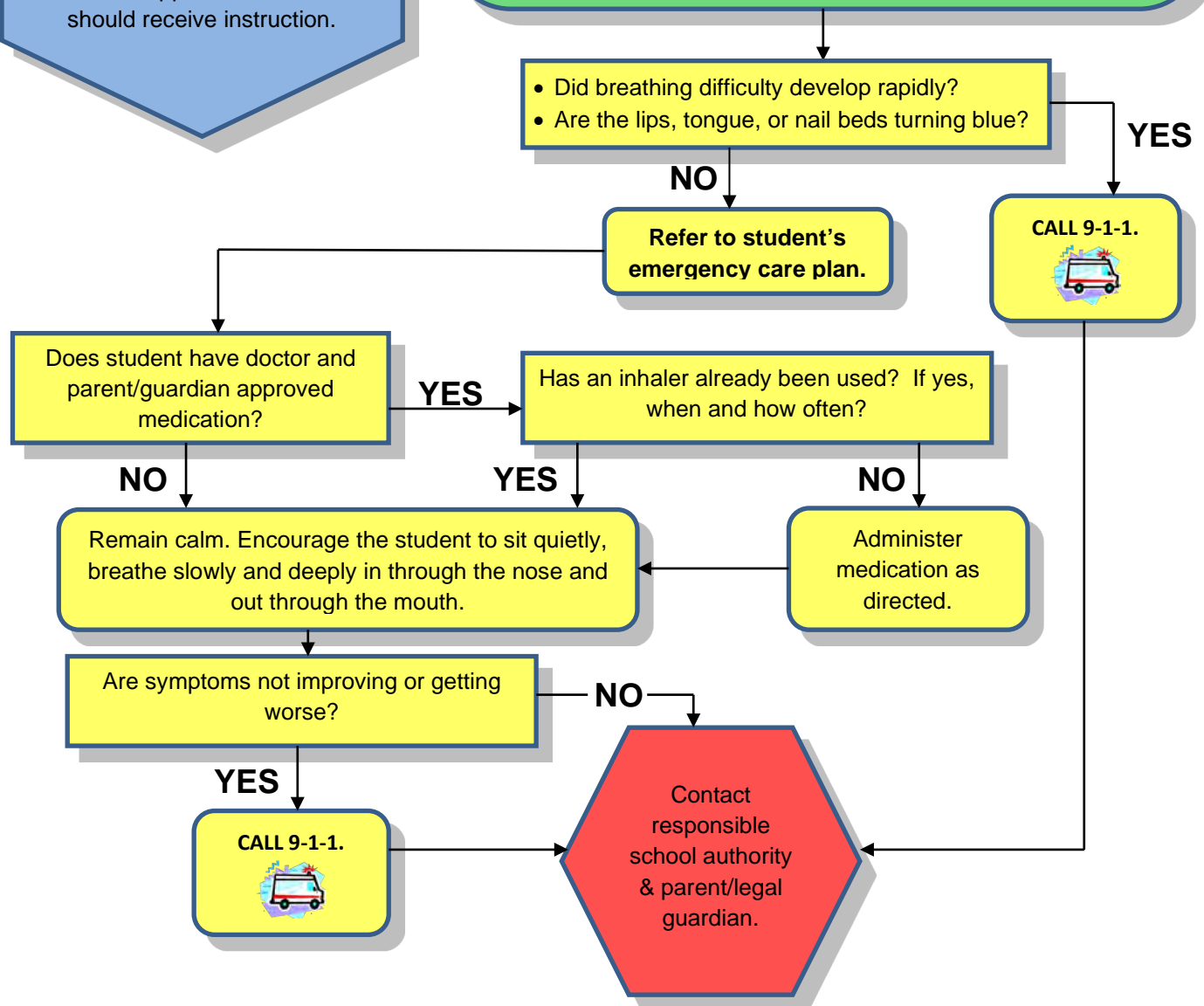
# ASTHMA – WHEEZING – DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/wheezing, should be known to appropriate school staff. A care plan which includes an emergency action plan should be developed.

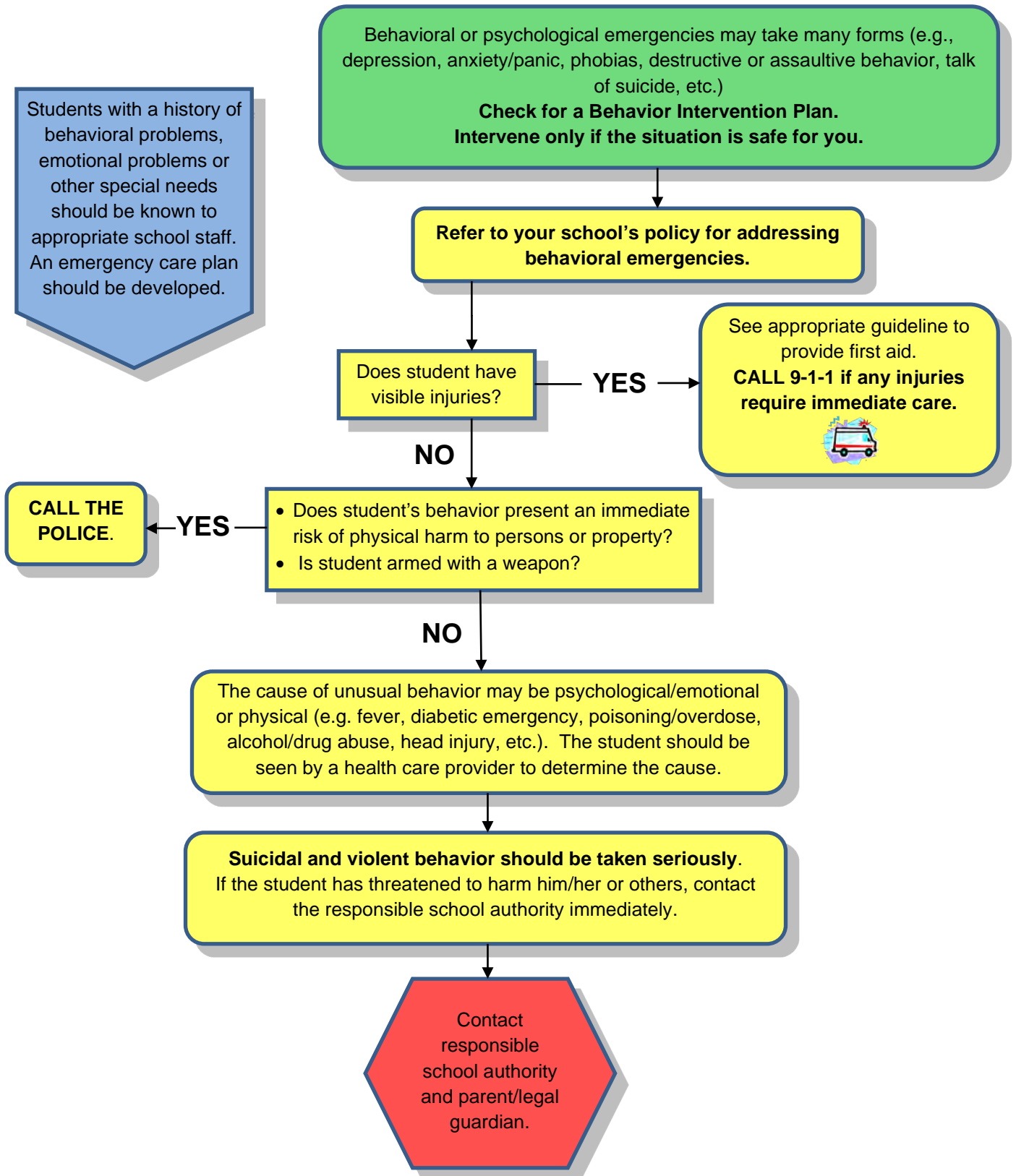
Section 38.015 of the Texas Education Code allows students to possess and use an asthma inhaler in the school. Staff in a position to administer approved medications should receive instruction.

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

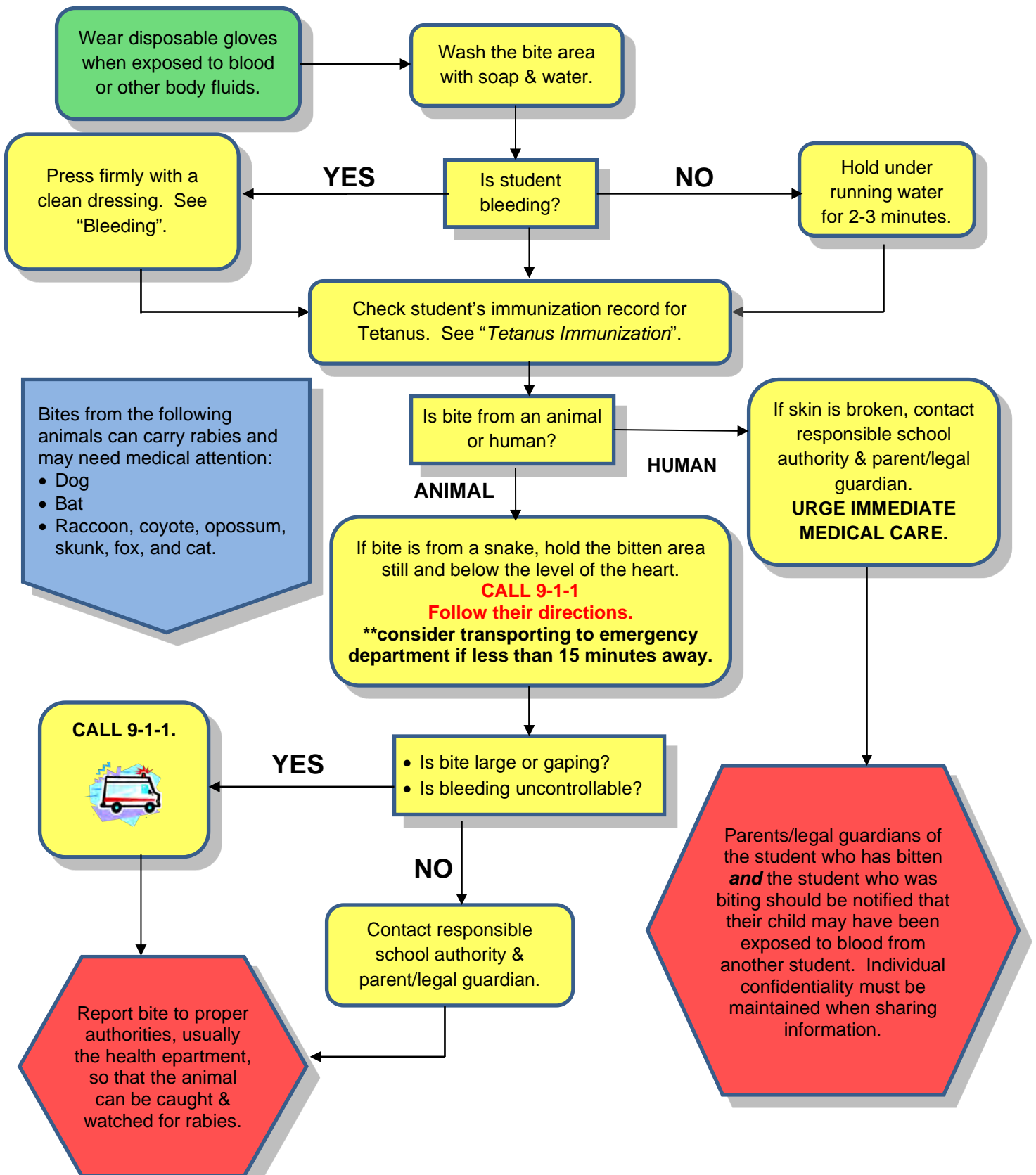
- Uncontrolled coughing;
- Wheezing – a high-pitched sound during breathing out;
- Rapid breathing;
- Flaring (widening) of nostrils;
- Increased use of stomach and chest muscles during breathing; abdominal distress.
- Tightness in chest
- Not speaking in full sentences.



# BEHAVIORAL EMERGENCIES

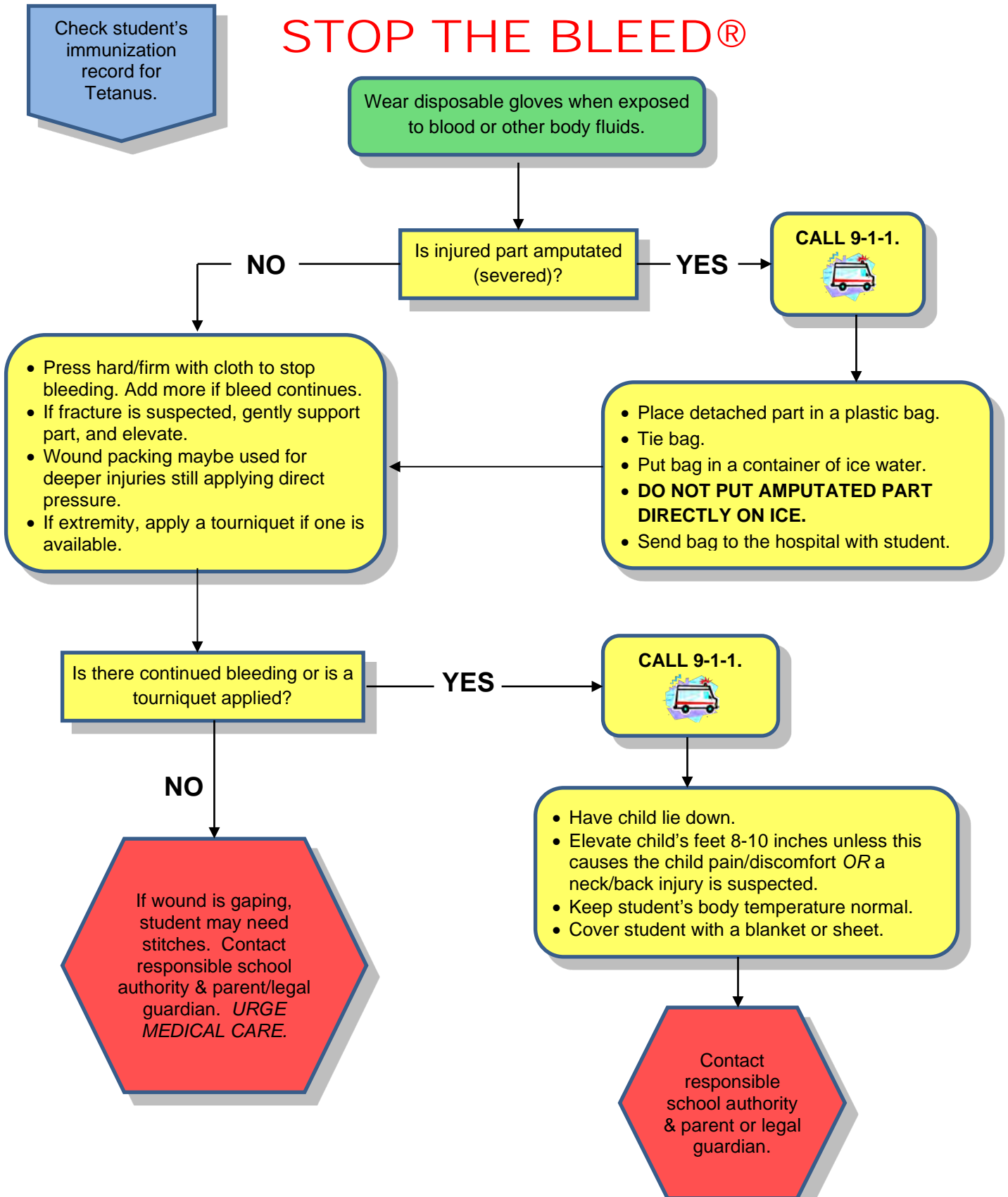


# BITES (HUMAN & ANIMAL)

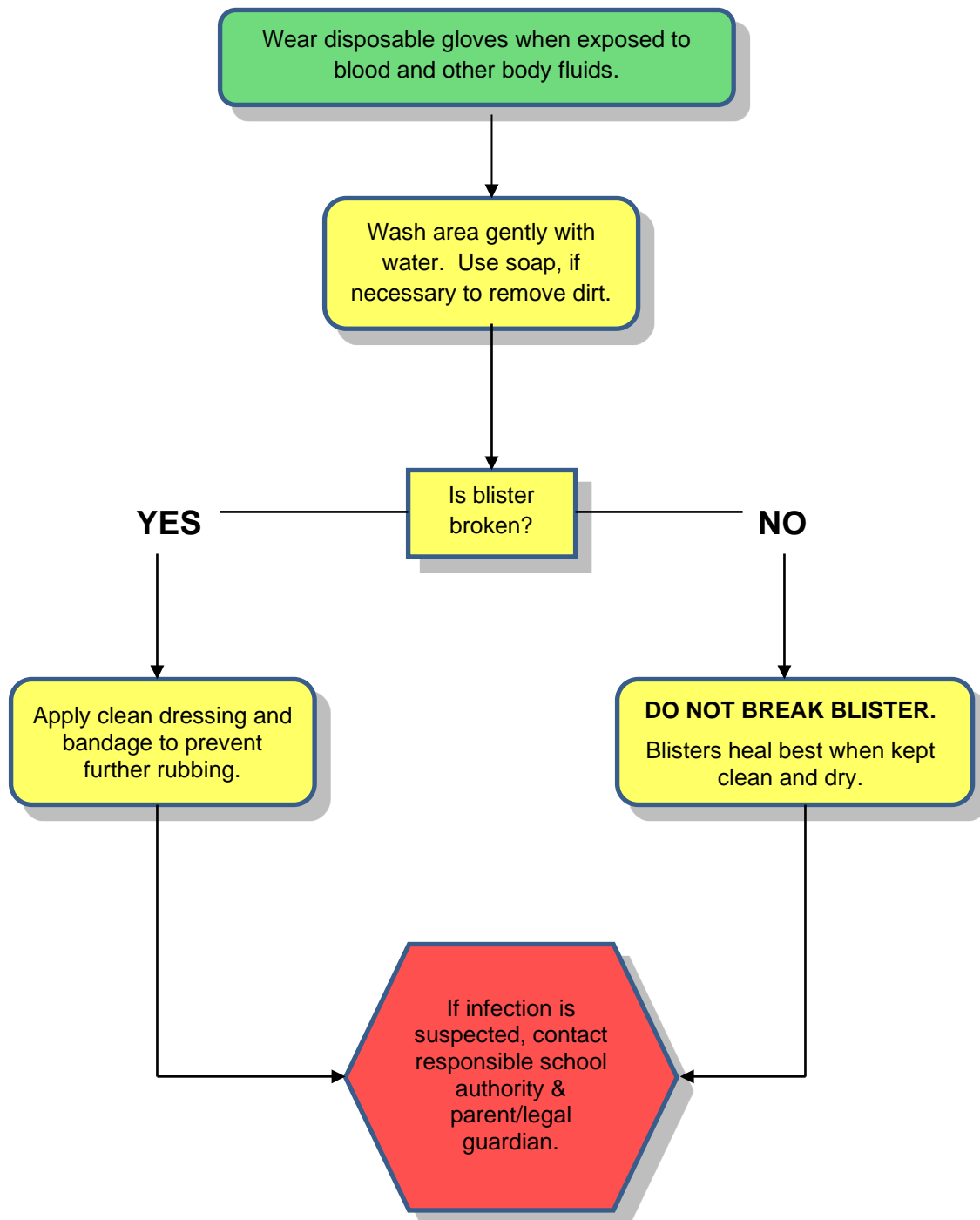


# BLEEDING CONTROL

## STOP THE BLEED®

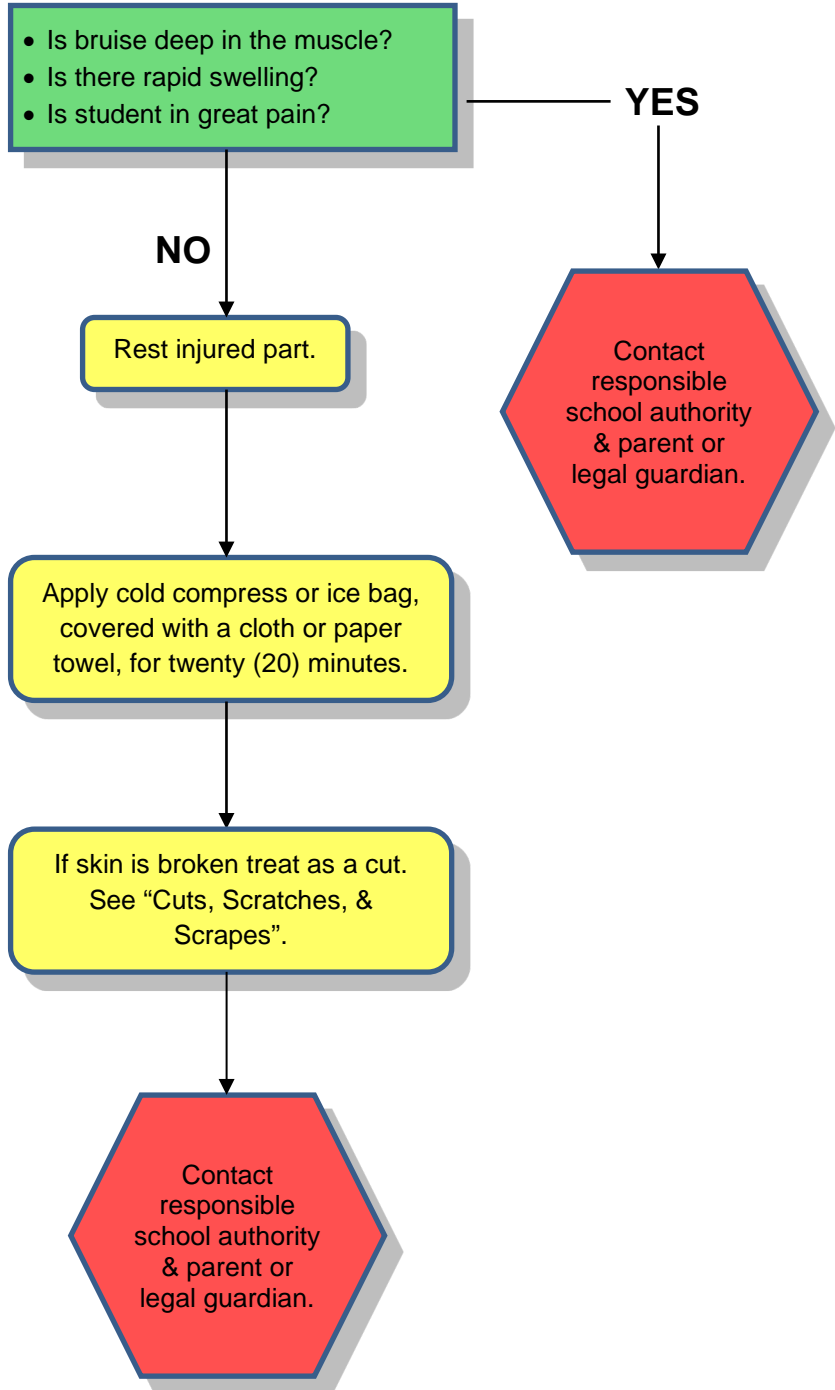


# BLISTERS (From Friction)



# BRUISES

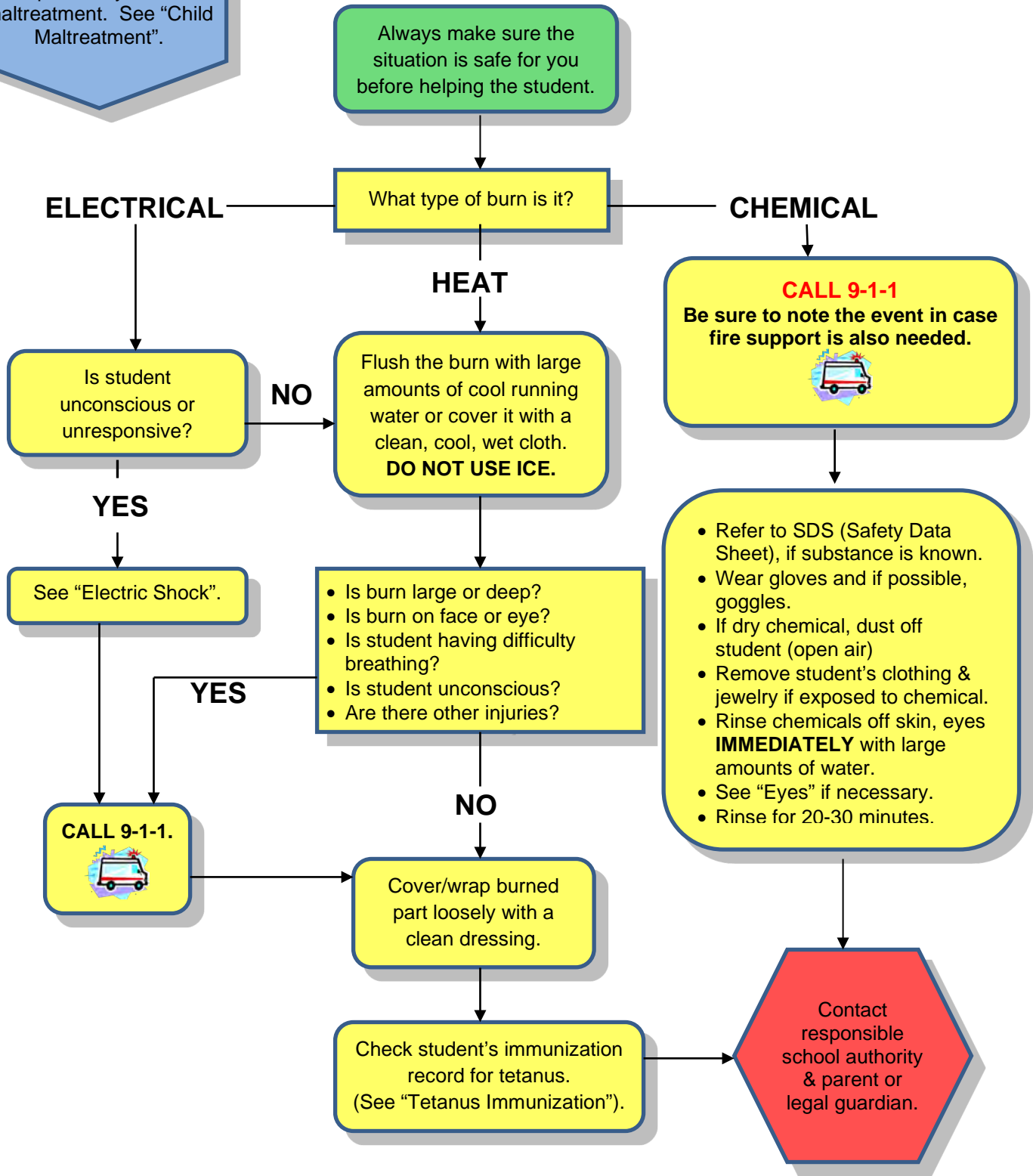
If student comes to school with unexplained, unusual, or frequent bruising, consider the possibility of child maltreatment. See “Child Maltreatment”.





# BURNS

If student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child maltreatment. See “Child Maltreatment”.



# Notes on Performing CPR<sup>1</sup>

## Why Is CPR Important?

Keeping the blood flow active – even partially – extends the opportunity for a successful resuscitation once trained medical staff arrive on site.

## Chain of Survival

CPR is a critical step in the AHA's Chain of Survival. The term Chain of Survival provides a useful metaphor for the elements of the emergency cardiac care systems concept.



The 5 links in the adult out-of-hospital Chain of Survival are:

- Recognition of cardiac arrest and calling 9-1-1
- Early CPR with an emphasis on chest compressions
- Rapid defibrillation
- Basic and advanced emergency medical services
- Advanced life support and post-cardiac arrest care

A strong Chain of Survival can improve chances of survival and recovery for victims of cardiac arrest.

## About Automated External Defibrillators (AED)

AEDs can greatly increase a cardiac arrest victim's chance of survival. Here's a two-page guide on how to implement an AED program at a company or organization. To minimize the time to defibrillation for cardiac arrest victims, deployment of AEDs should not be limited to only trained people (although training is still recommended).

Learn more about how the use of AEDs can dramatically boost survival of cardiac arrest patients.

## How CPR Is Performed?

There are two commonly known versions of CPR:

1. For healthcare providers and those trained: conventional CPR using chest compressions and mouth-to-mouth breathing at a ratio of 30:2 compressions-to-breaths. In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a rate of 100 to 120/min and to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).

2. For the public or bystanders who witness an adult collapse: compression-only CPR, or Hands-Only CPR. Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult collapse in an out-of-hospital setting (such as at home, at work, or in a park).

### **Even Children Can Perform Successful CPR**

A study tested sixth graders and their capacity to use Hands-Only CPR to save lives. The study found that most children could perform CPR in the correct location and at the appropriate compression rate, making this a viable group to train to help save lives.

In fact, Texas is dedicated to training the next generation of lifesavers through its CPR in Schools program. We led the charge to make CPR training a high school graduation requirement.

### **Hands-Only CPR consists of two easy steps:**

1. Call 9-1-1 (or send someone to do that)
2. Push hard and fast in the center of the chest.



### **About High-Quality CPR**

High-quality CPR should be performed by anyone - including bystanders. There are five critical components:

- \*\*Minimize interruptions in chest compressions
- \*\*Provide compressions of adequate rate and depth
- \*\*Avoid leaning on the victim between compressions
- \*\*Ensure proper hand placement
- \*\*Avoid excessive ventilation

# CHOKING (Conscious Person)

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first aid as quickly as possible.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

If choking is occurring, the Red Cross recommends a "five-and-five" approach to delivering first aid:

- **Give 5 back blows.** First, deliver five back blows between the person's shoulder blades with the heel of your hand.
- **Give 5 abdominal thrusts.** Perform five abdominal thrusts (also known as the Heimlich maneuver).
- **Alternate between 5 blows and 5 thrusts** until the blockage is dislodged.

***If unsuccessful, call 9-1-1, and then contact responsible school authority and the patient/legal guardian.***

# CHILD MALTREATMENT

Child maltreatment is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in the recognition of child maltreatment.

If student has visible injuries, refer to the appropriate guideline to provide first aid. **CALL 9-1-1** if any injuries require immediate medical care.



All school staff is required to report suspected child abuse and neglect to the Department of Family & Protective Services (DFPS). Refer to your own school's policy for additional guidance on reporting.

**Department of Family & Protective Services**

**1-800-252-5400**

[www.txabusehotline.org](http://www.txabusehotline.org)

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

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

**If a child reveals abuse to you:**

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the child know that you are required to report the abuse to the Department of Family & Protective Services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the child's situation.
- Follow appropriate reporting procedures.

Contact responsible school authority.

***Follow up with school report.***

# COMMUNICABLE DISEASES

For more information on protecting yourself from communicable disease, see "Infection Control."

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

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

***Refer to your school's exclusion policy for ill students.***

## **SIGNS OF PROBABLE ILLNESS:**

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

Contact responsible school authority and parent or legal guardian.  
**URGE MEDICAL CARE.**

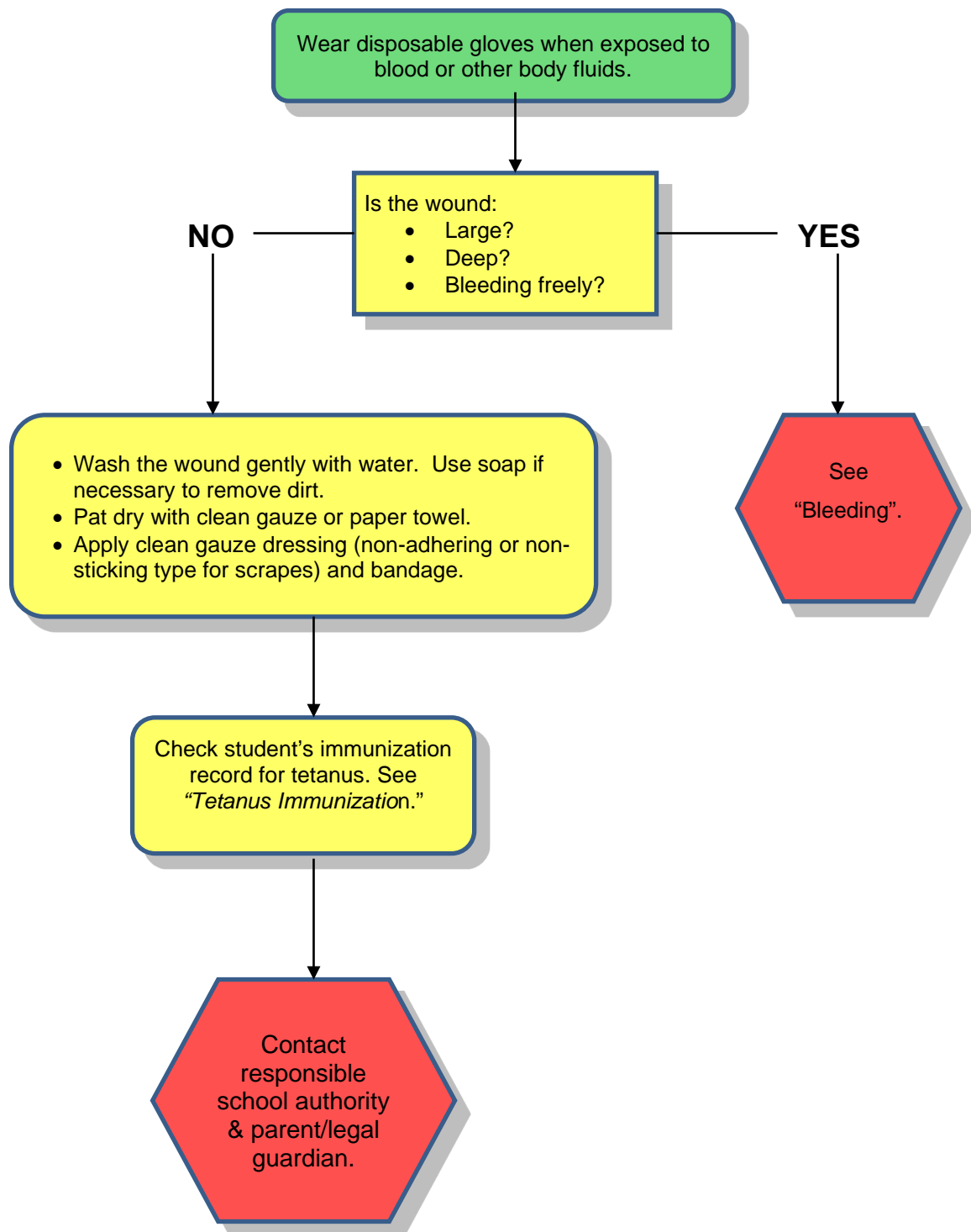
## **SIGNS OF POSSIBLE ILLNESS:**

- Earache
- Fussiness
- Runny nose
- Mild cough

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

# CUTS (SMALL), SCRATCHES & SCRAPES

## (INCLUDING ROPE & FLOOR BURNS)



# DIABETES

A student with diabetes should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer any approved medications should receive training.

A student with diabetes could have the following symptoms:

- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling “shaky”.
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.

Refer to student's emergency care plan.

Is the student:

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

YES

NO

Does student have a blood sugar monitor available?

YES

Allow student to check blood sugar.

Is blood sugar **less than 60** or “**LOW**” according to emergency care plan?

OR

Is blood sugar “**HIGH**” according to emergency care plan?

NO

LOW

Give the student “SUGAR” such as:

- ½ cup - fruit juice or soda pop (not diet)
- Hard candy (6-7 small) or ½ candy bar.  
**Do not give chocolate.**
- Sugar (2 packets or 2 teaspoons).
- ½ tube of cake decorating gel or icing.
- Tube of glucose gel
- 1 cup skim milk

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

YES

Continue to watch the student.  
Is student improving?

NO

CALL 9-1-1.



If student is unconscious, see “Unconsciousness”.

Contact responsible school authority & parent/legal guardian.

HIGH



# Algorithms for Blood Glucose Results

Student's usual **LOW** blood glucose symptoms:

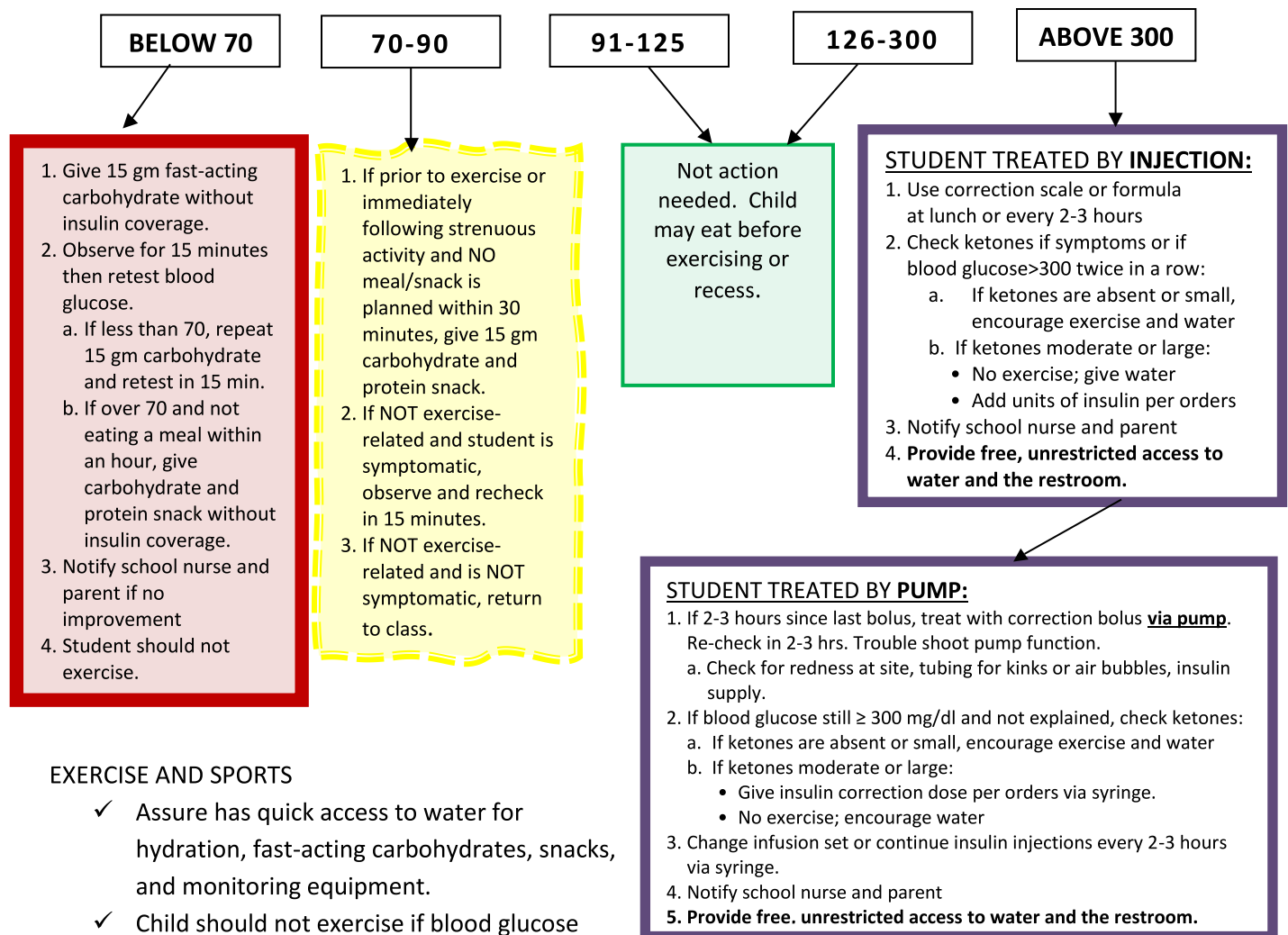
- \_ Shaky or jittery
- \_ Sweaty
- \_ Hungry
- \_ Pale
- \_ Headache
- \_ Blurry vision
- \_ Sleepy
- \_ Dizzy
- \_ Uncoordinated
- \_ Irritable, nervous
- \_ Argumentative
- \_ Combative
- \_ Changed personality
- \_ Changed behavior
- \_ Unable to concentrate
- \_ Weak, lethargic

Student's usual **HIGH** blood glucose symptoms:

- |                                   |  |
|-----------------------------------|--|
| <i>Hyperglycemia</i>              | <i>Emergency levels</i>                |
| _ increased thirst, dry mouth     | _ Extreme thirst                       |
| _ Frequent or increased urination | _ Nausea, vomiting                     |
| _ Change in appetite, nausea      | _ Severe abdominal pain                |
| _ Blurry vision                   | _ Fruity breath                        |
| _ Fatigue                         | _ Heavy breathing, shortness of breath |
|                                   | _ Increasing sleepiness, lethargy      |

**\*\*Never send a child with suspected low blood glucose anywhere alone.\*\***

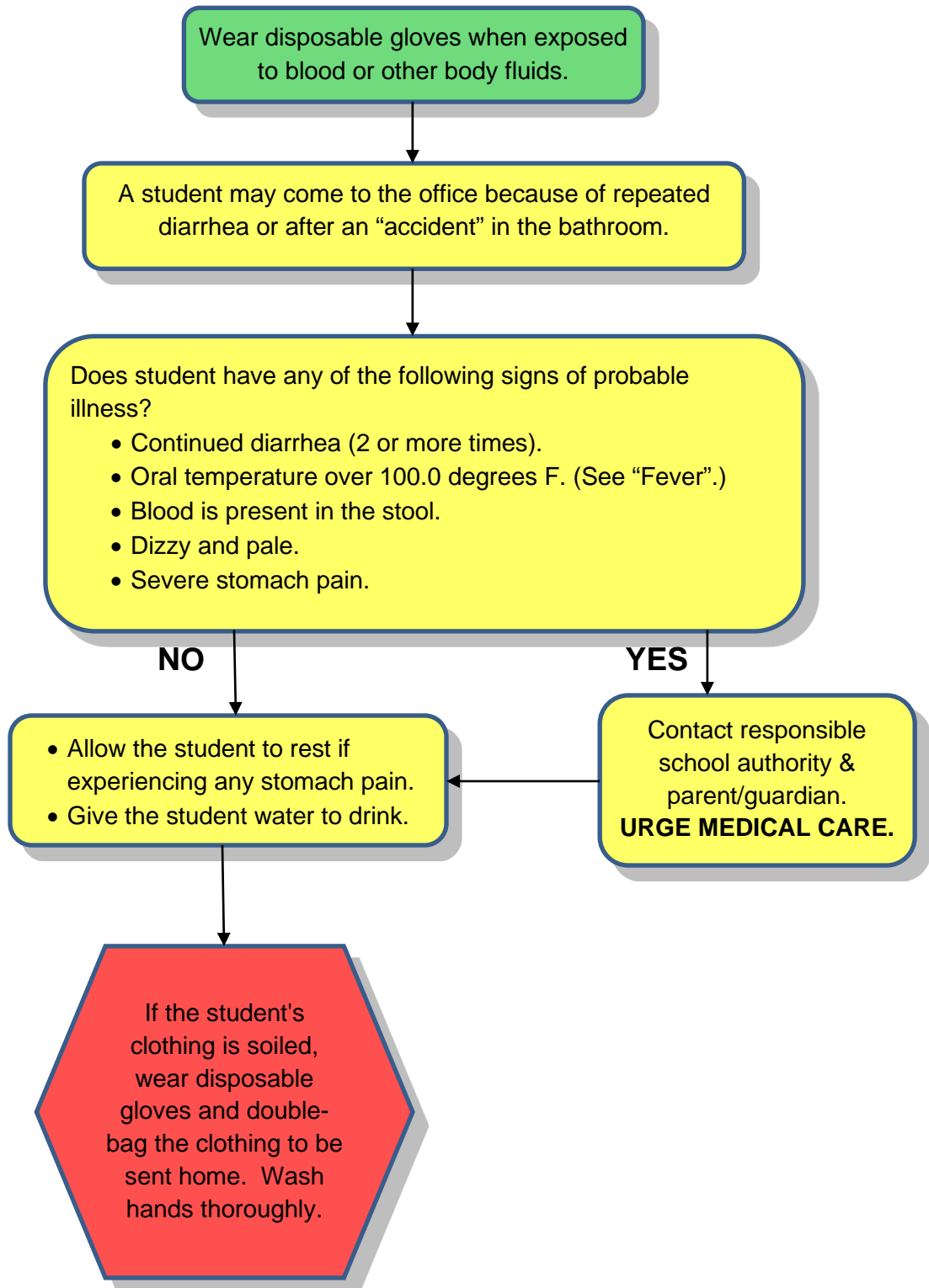
## Check Blood Glucose



### EXERCISE AND SPORTS

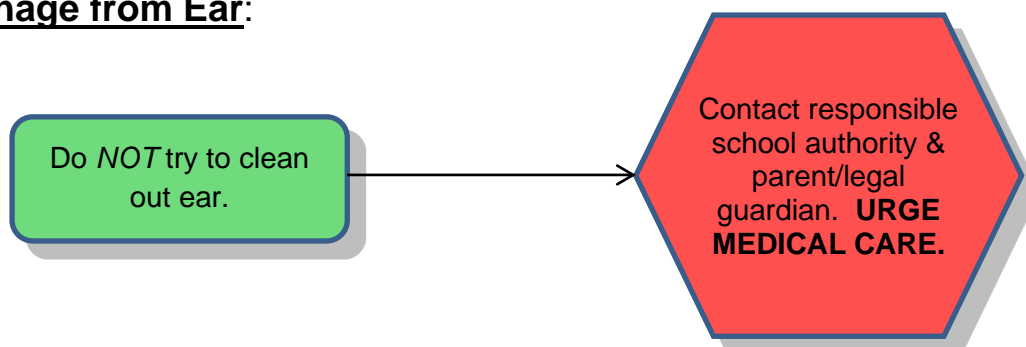
- ✓ Assure has quick access to water for hydration, fast-acting carbohydrates, snacks, and monitoring equipment.
- ✓ Child should not exercise if blood glucose level is below 70 mg/dl or if has moderate to large ketones.

# DIARRHEA



# EARS

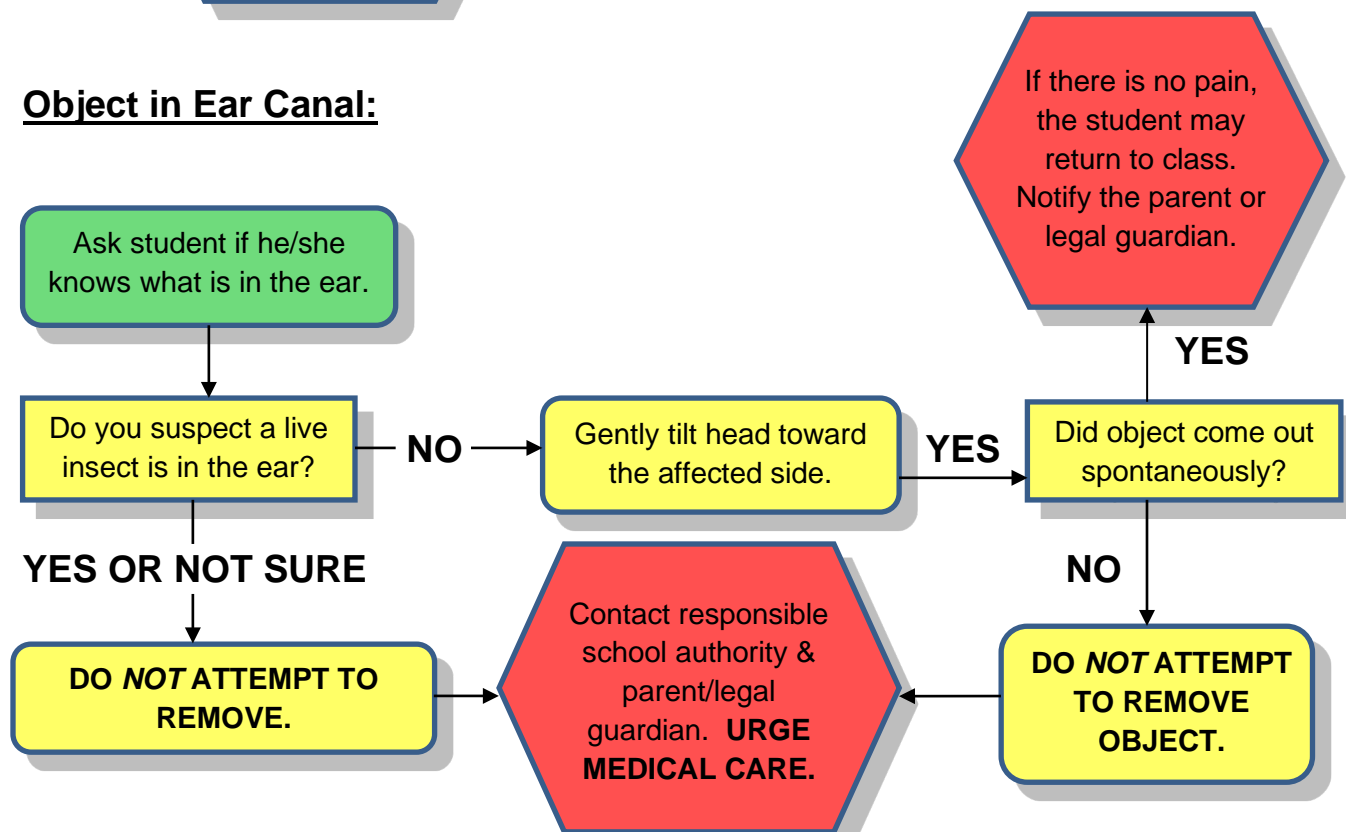
## Drainage from Ear:



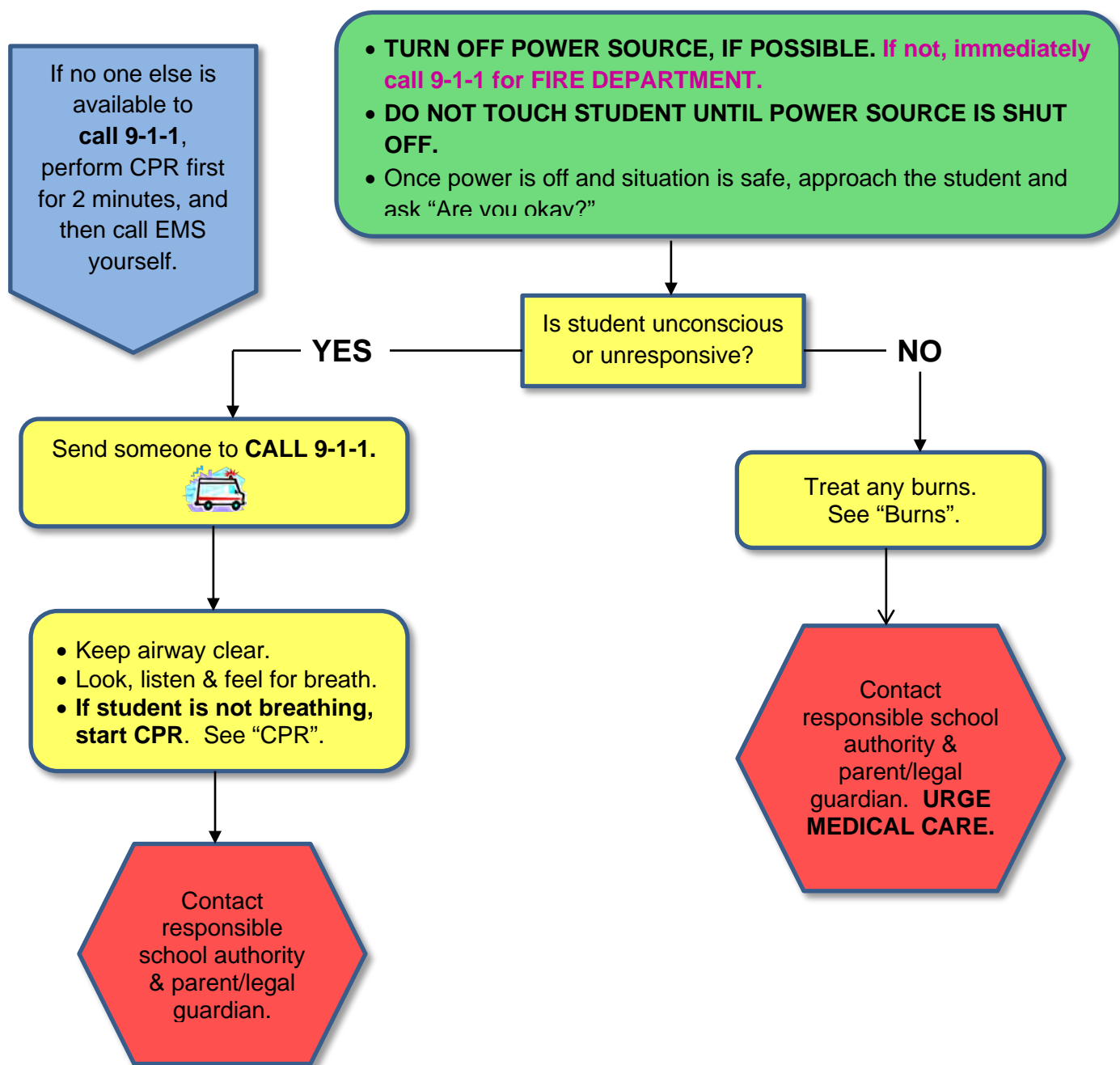
## Earache:



## Object in Ear Canal:

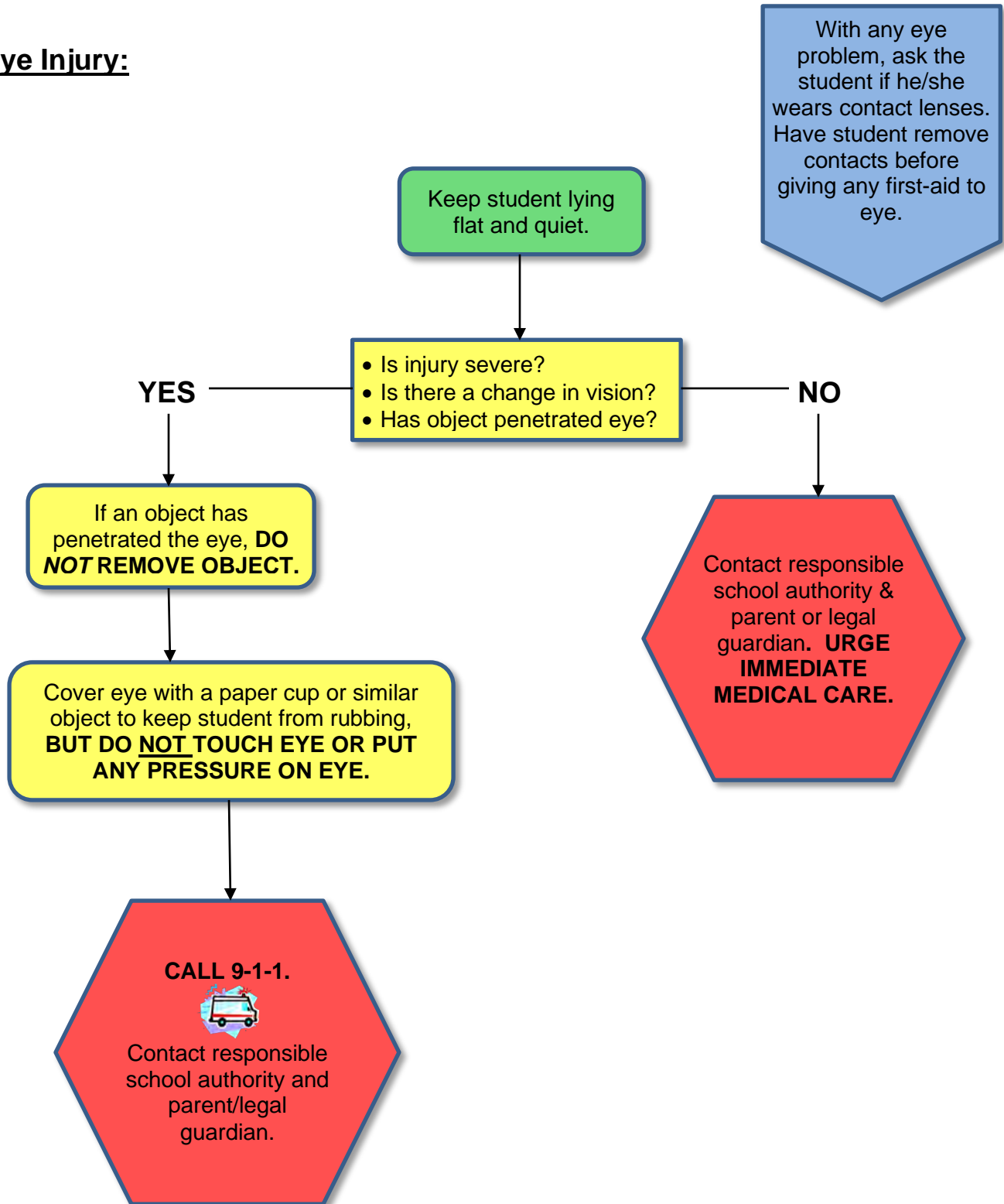


# ELECTRIC SHOCK



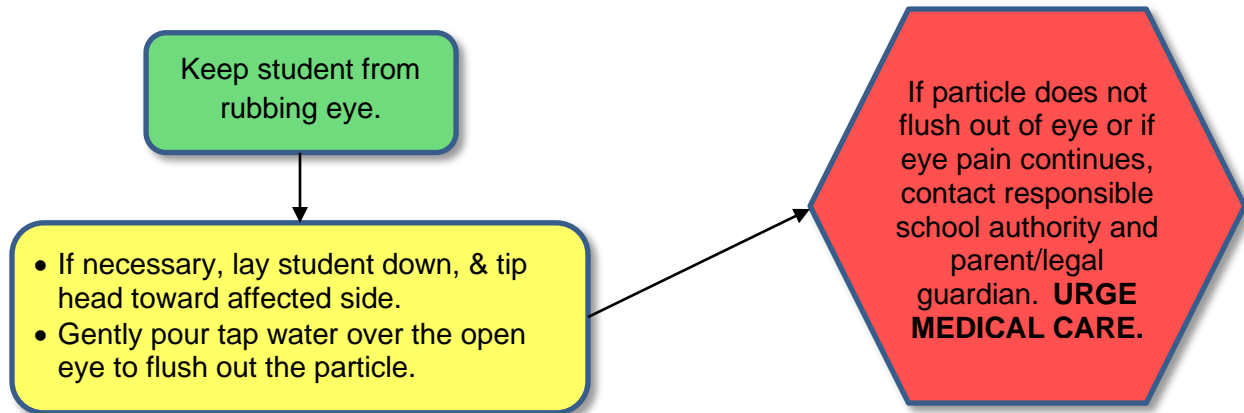
# EYES - Injury

## Eye Injury:

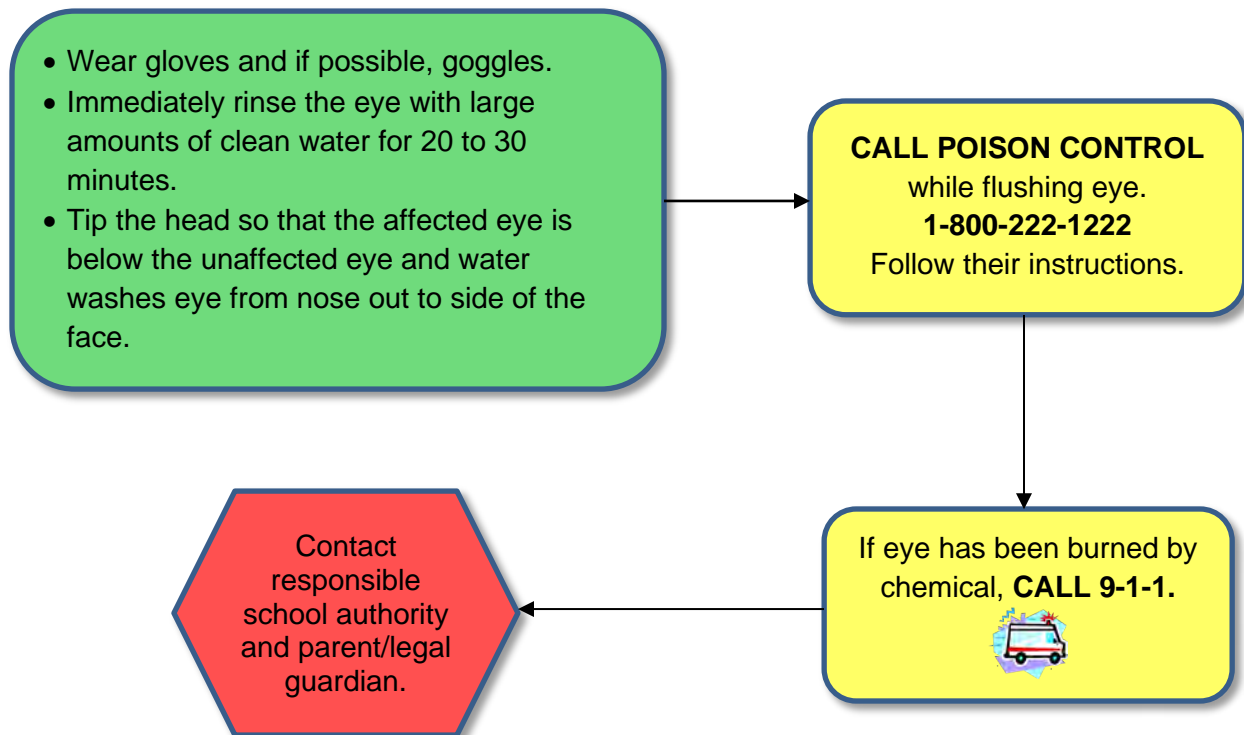


# EYES – Foreign Item

## Particle in Eye:



## Chemicals in Eye:



# FAINTING

Fainting may have many causes including:

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

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

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

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

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

**YES or NOT SURE**

Treat as possible neck injury. See *"Neck & Back Pain"*.  
**DO NOT MOVE STUDENT.**

- Is fainting due to injury?
- Did student injure self when he/she fainted?

**NO**

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

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

**YES**

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

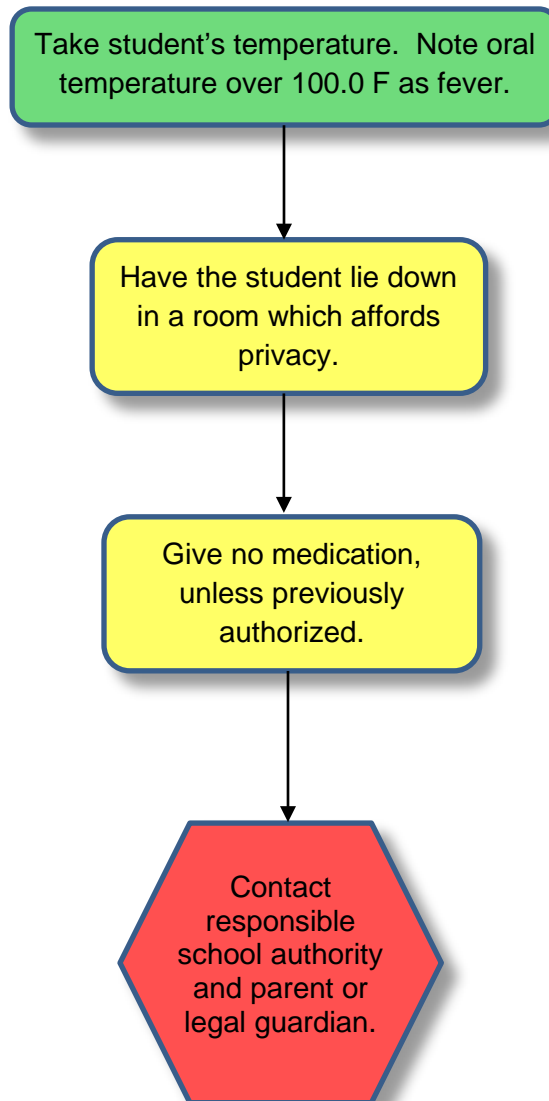
Keep student lying down. Contact responsible school authority & parent/legal guardian.  
**URGE MEDICAL CARE.**

**NO**

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

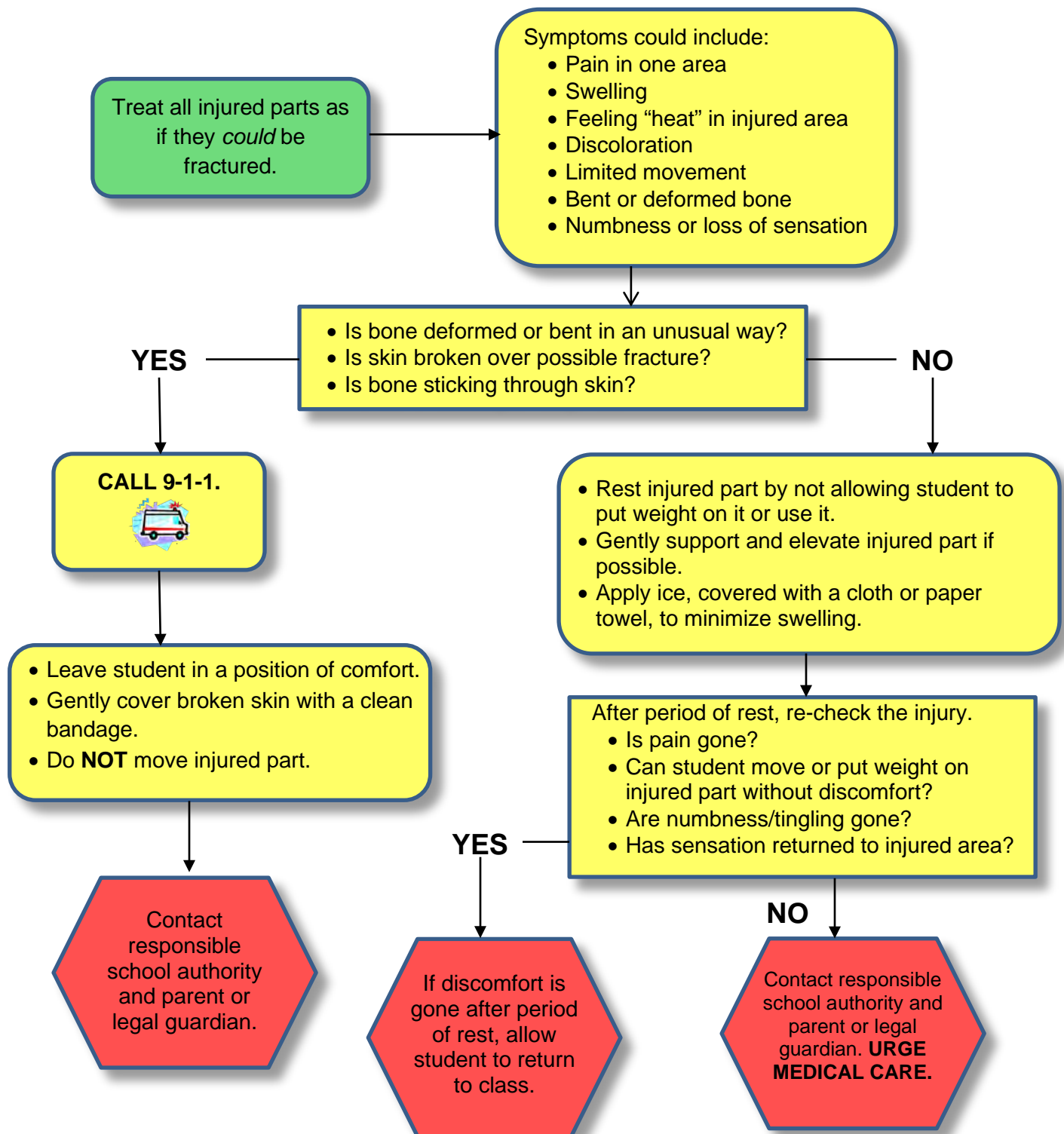
Contact responsible school authority & parent/legal guardian.

# FEVER & NOT FEELING WELL





# FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



# HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports & violence may be serious. **According to TEC section 38.156, a student 'shall be removed from an UIL athletics practice or competition...if student might have sustained a concussion.'** If head is bleeding, see "Bleeding Control".

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

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

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

Is student vomiting?

YES

NO

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

CALL 9-1-1.



YES

Watch student closely. **DO NOT LEAVE STUDENT ALONE.**

Are any of the following symptoms present:

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

NO

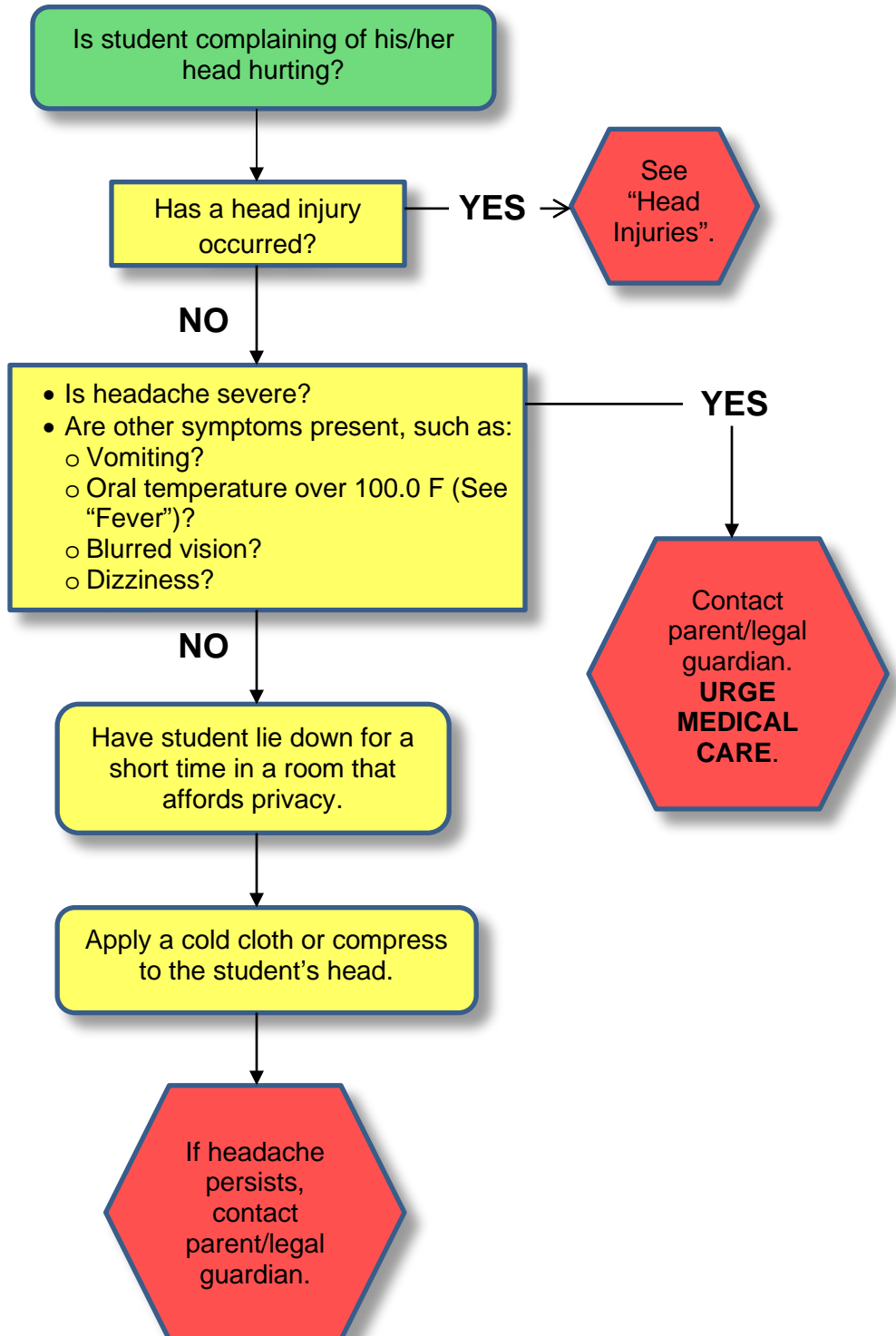
- Check student's airway.
- Look, listen, & feel for breathing.
- **If student stops breathing, start CPR.** See "CPR".

Give nothing by mouth. Contact responsible school authority & parent or legal guardian.

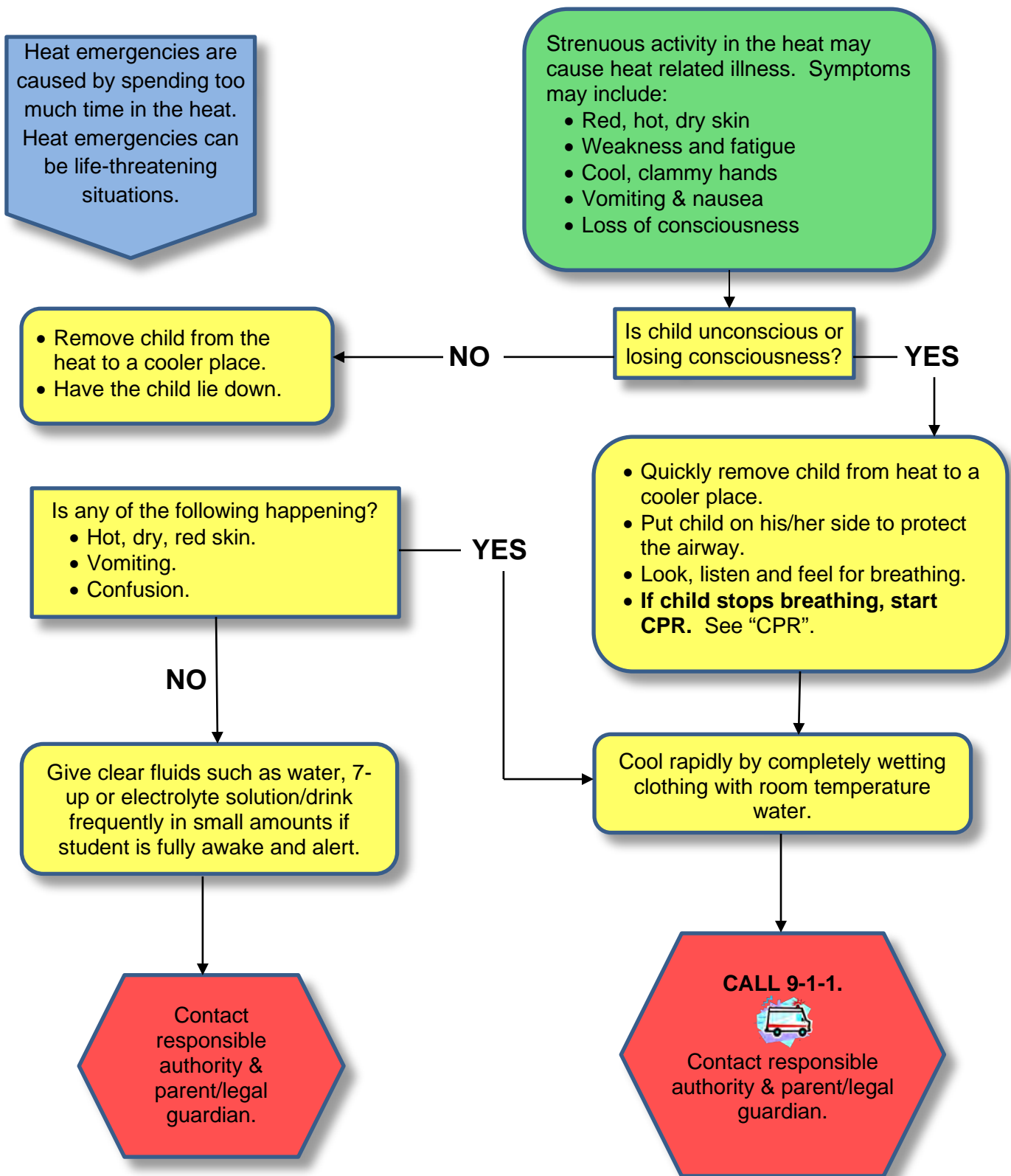
Even if student was only briefly confused & seems fully recovered, contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.

# HEADACHE

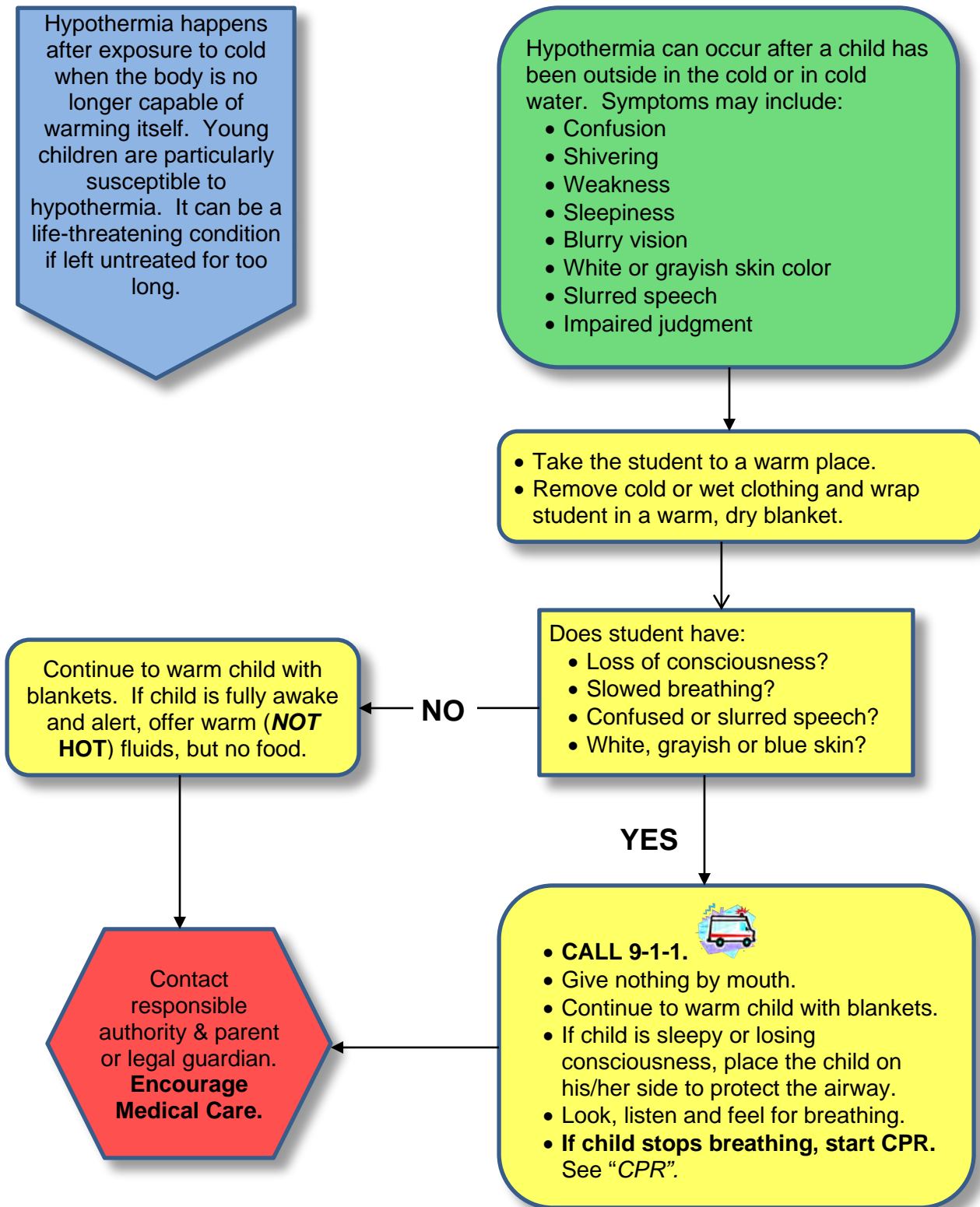
Give no medication  
unless previously  
authorized.



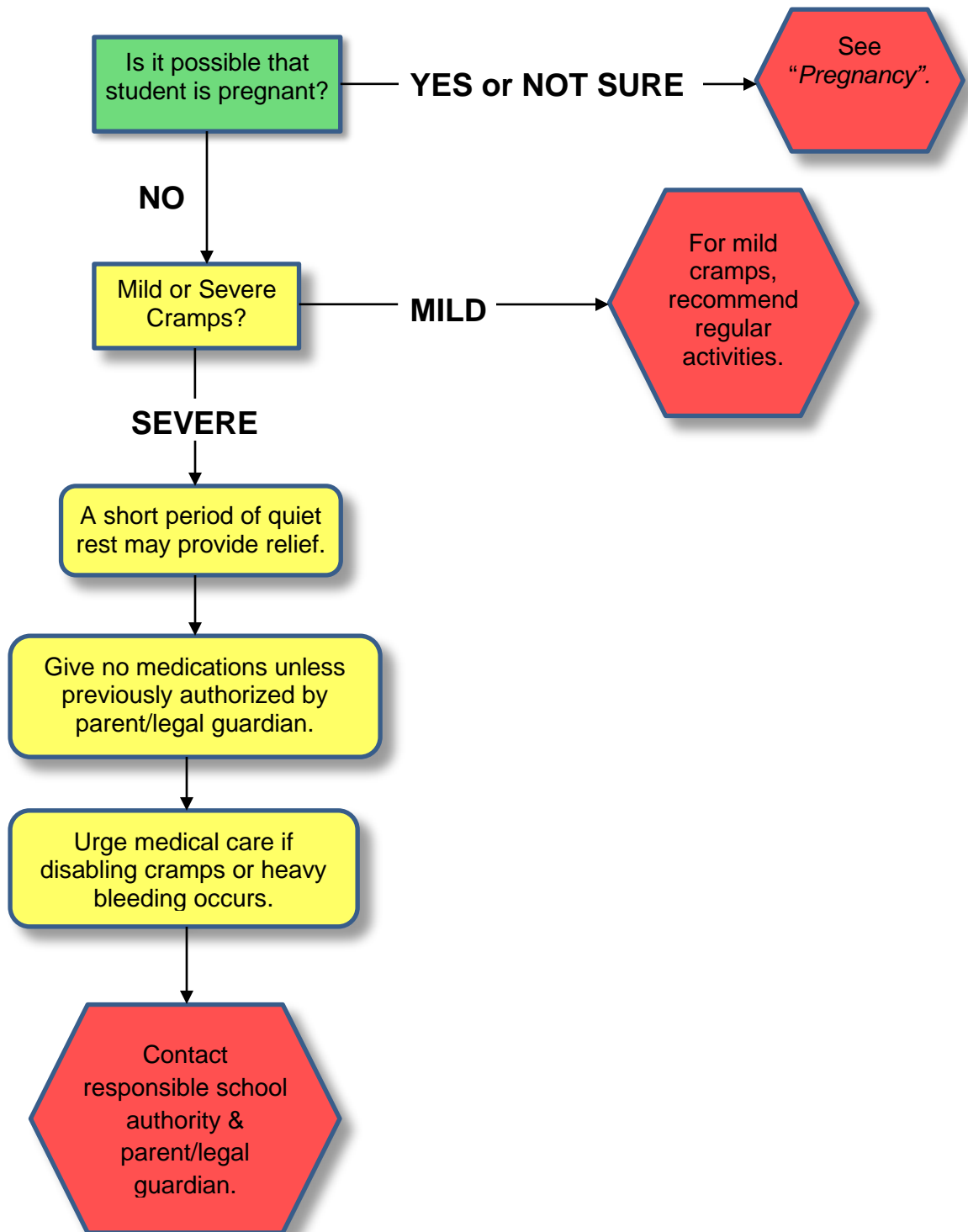
# HEAT EXHAUSTION / HEAT STROKE



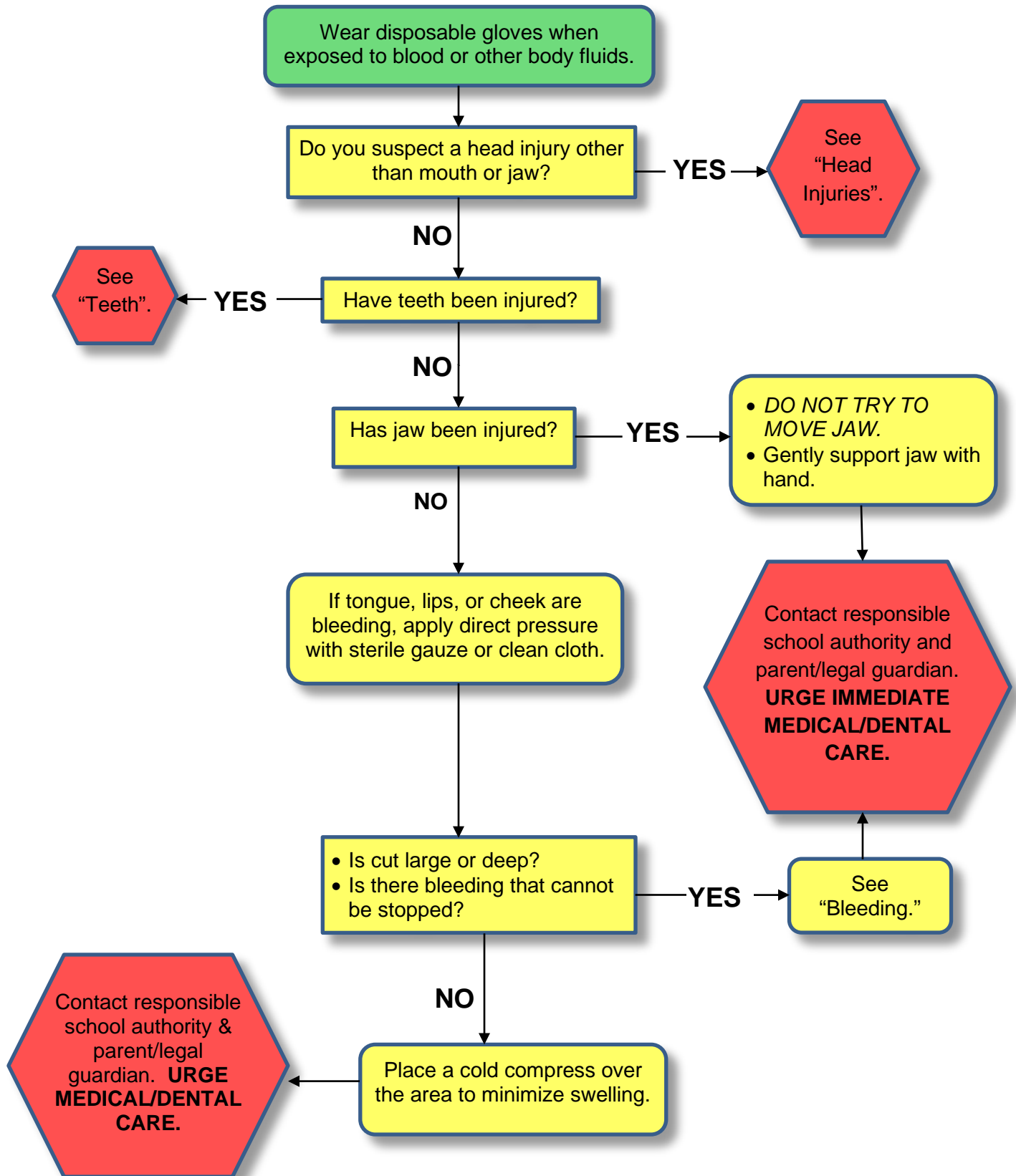
# HYPOTHERMIA (Exposure to Cold)



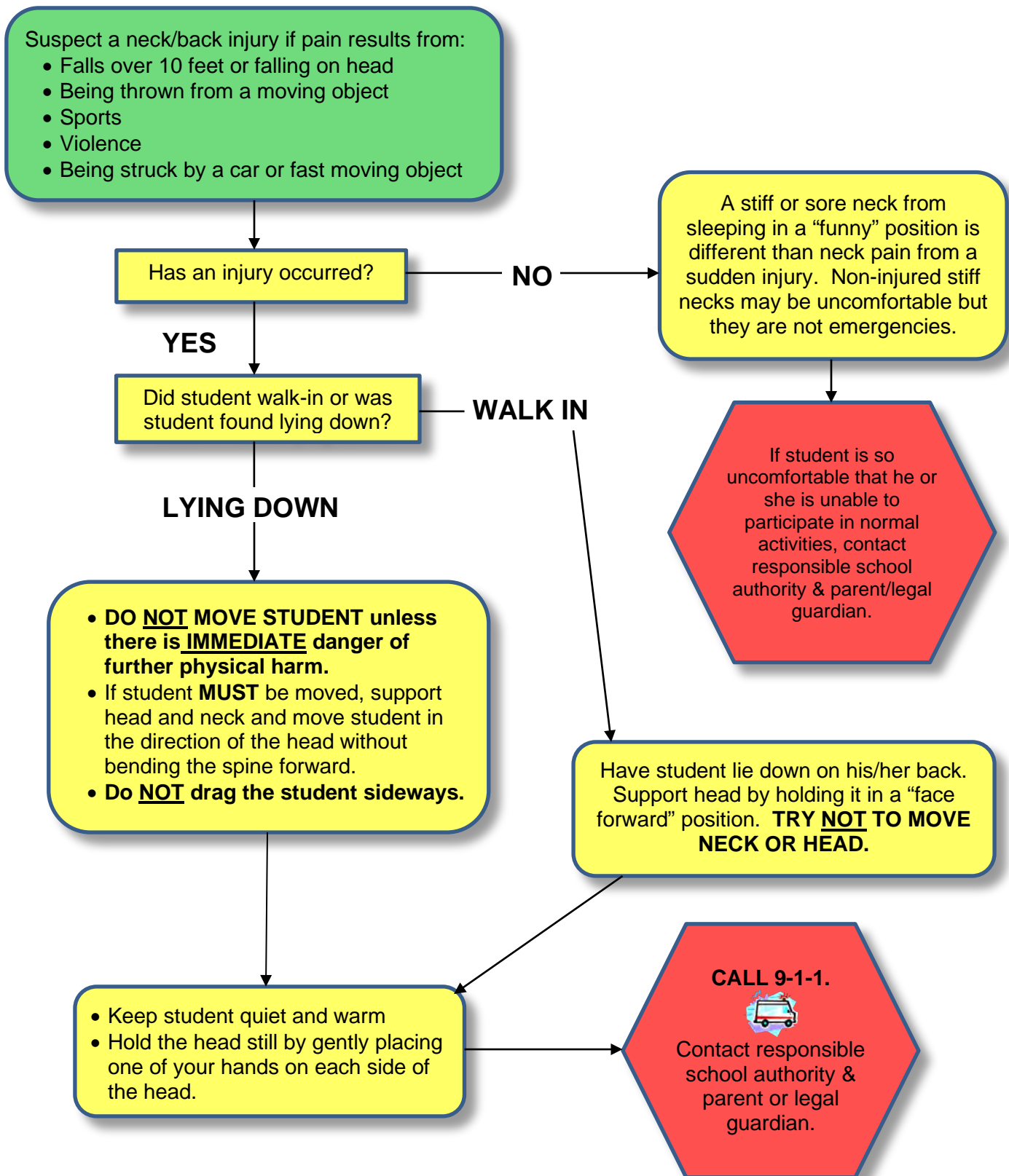
# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES



# NECK & BACK PAIN

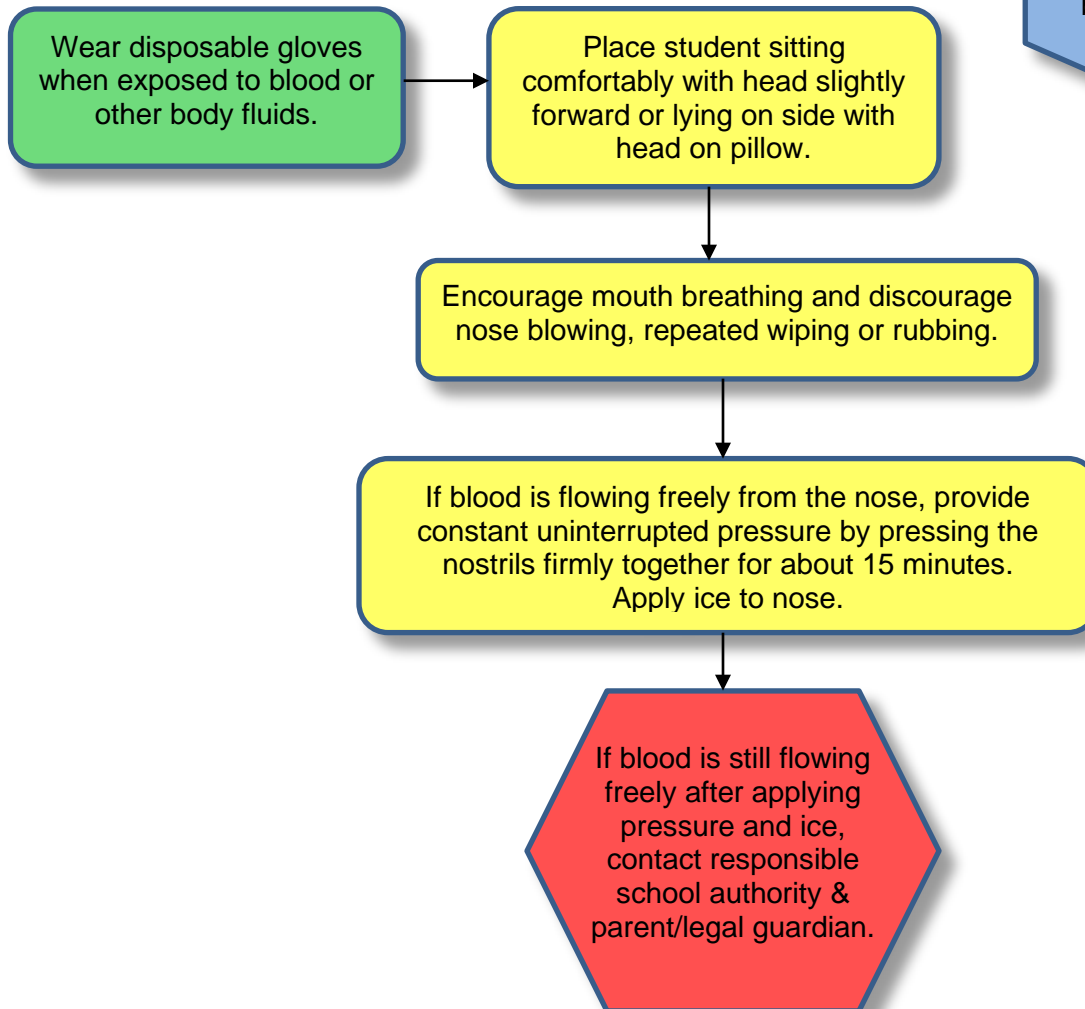




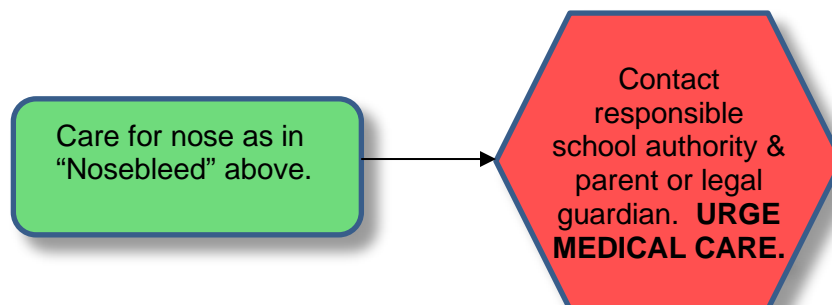
# NOSE - Injury

See “Head Injuries” if you suspect a head injury other than a nose bleed or broken nose.

## Nosebleed:

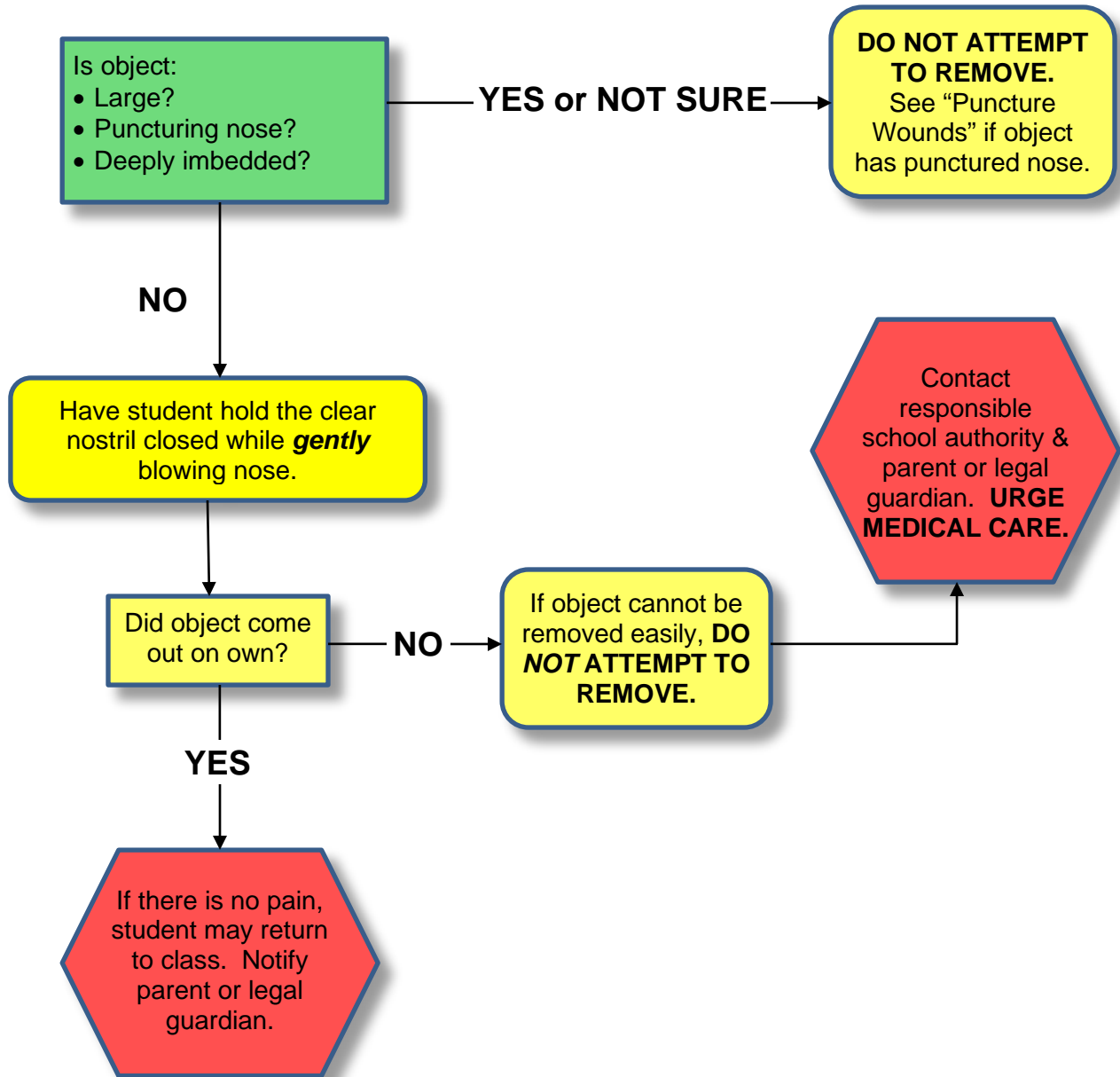


## Broken Nose:



# NOSE – Foreign Body

## Object in Nose:



# POISONING & OVERDOSE

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

- Medicines
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Inhalants
- Or if you are not sure.

Possible warning signs of poisoning include:

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

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


- **Do NOT induce vomiting or give anything UNLESS you are instructed to by poison control.** With some poisons, vomiting can cause greater damage.
- **Do NOT follow the antidote label on the container; it may be incorrect.**

If possible, find out:

- Age and weight of student.
- What the student swallowed or what type of "poison" it was?
- How much & when it was taken?

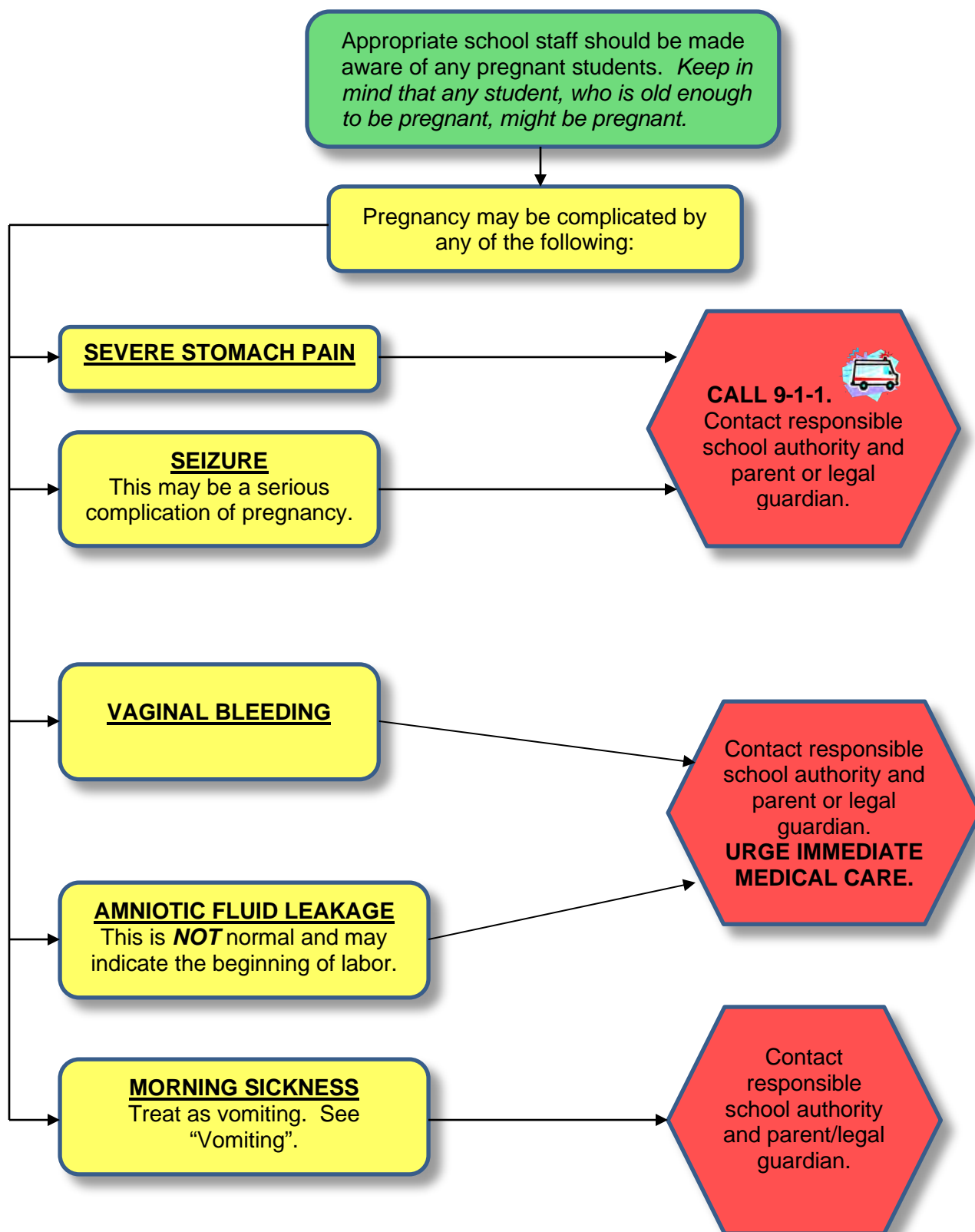
**CALL POISON CONTROL**  
**1-800-222-1222**  
**Follow their directions.**

- If student becomes unconscious, place on his/her side to keep student from aspirating.
- Look, listen and feel for breathing.
- **If child stops breathing, start CPR.** See "CPR".

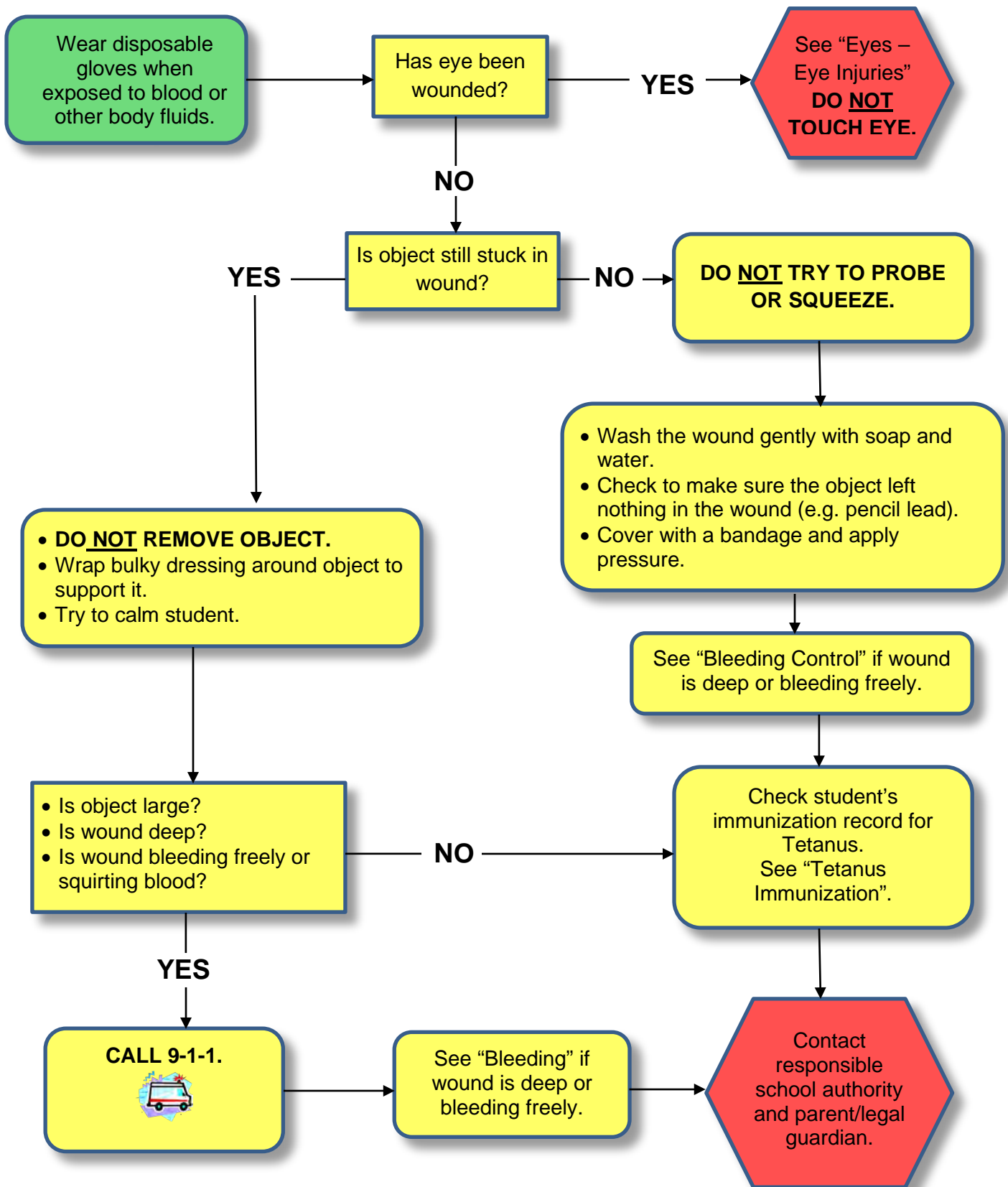
**CALL 9-1-1.**   
Contact responsible school authority & parent/legal guardian.

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

# PREGNANCY



# PUNCTURE WOUNDS



# RASHES

*Rashes may have many causes, including heat, infection, and illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.*  
See “Allergic Reaction” and “Communicable Disease” for more information.

Some rashes may be contagious (pass from one person to another). Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

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

Other symptoms may indicate whether the student needs medical care. Does student have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

**CALL 9-1-1.**



Contact responsible school authority & parent or legal guardian.

YES

NO

If the following symptoms are present, contact responsible school authority and parent/legal guardian and **URGE MEDICAL CARE.**

- Oral temperature over 100.0 F (See “Fever”).
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to the touch.
- Rash (hives) is all over body.
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities.

# SEIZURES

*A student 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 aftereffects of the seizures.*

Seizures may be any of the following:

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

Refer to student's emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat/carpet) for observation and safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injuries.
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH or give anything by mouth.**
- Keep airway clear by placing the student on his/her side. A pillow should **not** be used.

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

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

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

NO

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

YES



**CALL 9-1-1.**

Contact responsible school authority & parent or legal guardian.

# SHOCK

## Signs of Shock:

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

If injury is suspected, see “Neck & Back Pain” and treat as a possible neck injury.

**Do NOT move student unless he/she is endangered.**

- Any serious injury or illness may lead to shock, which is a lack of blood and oxygen getting to the body tissue.
- Shock is a life-threatening condition.
- Stay calm and get immediate assistance.
- Check for a medical alert bracelet or student's emergency care plan, if available.

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

Is student:

- Not breathing? See “CPR and/or “Choking”.
- Unconscious? See “Unconsciousness”.
- Bleeding profusely? See “Bleeding Control”.

**YES**



**CALL 9-1-1.**

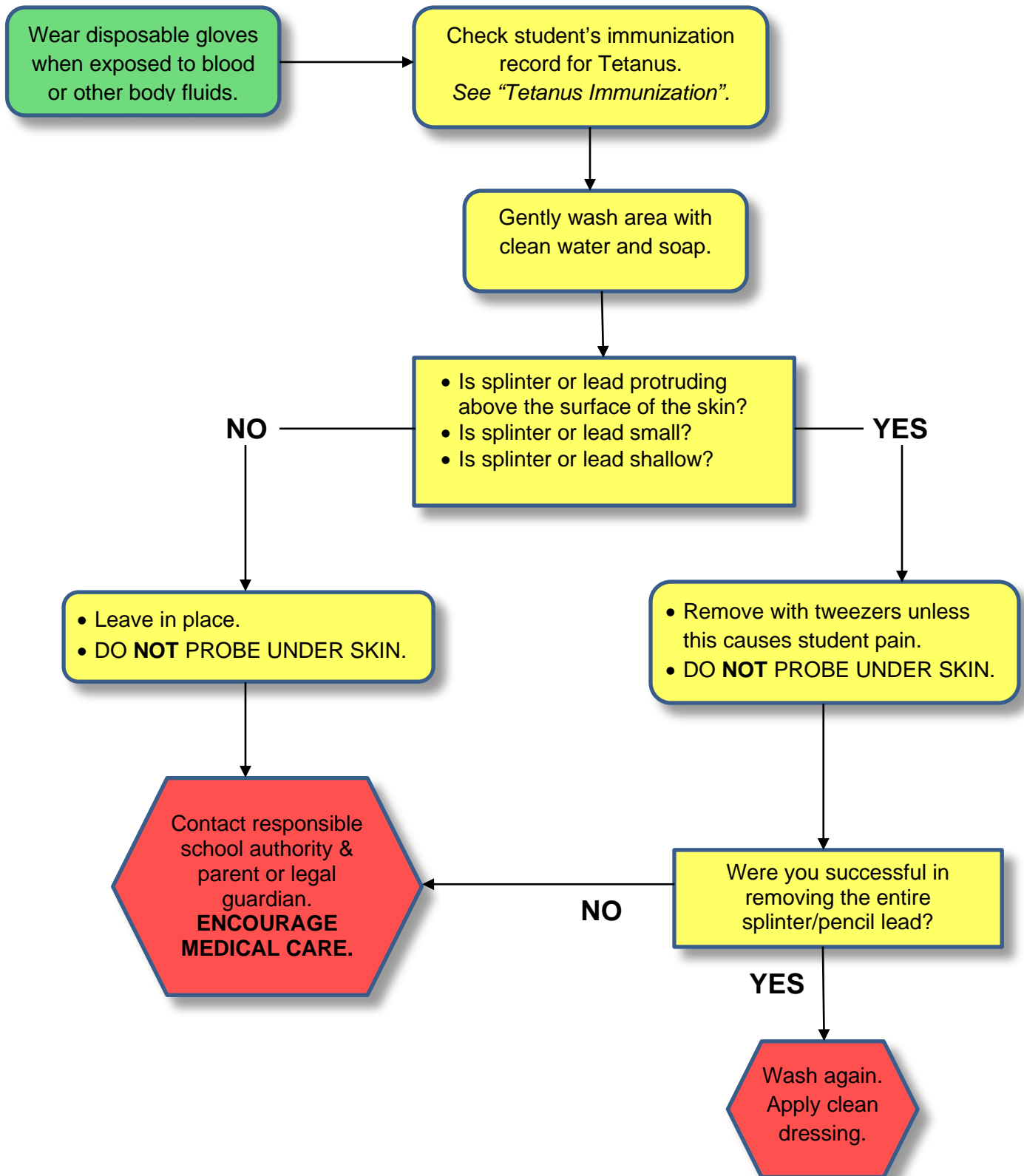
**NO**

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back or hip injury is suspected.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

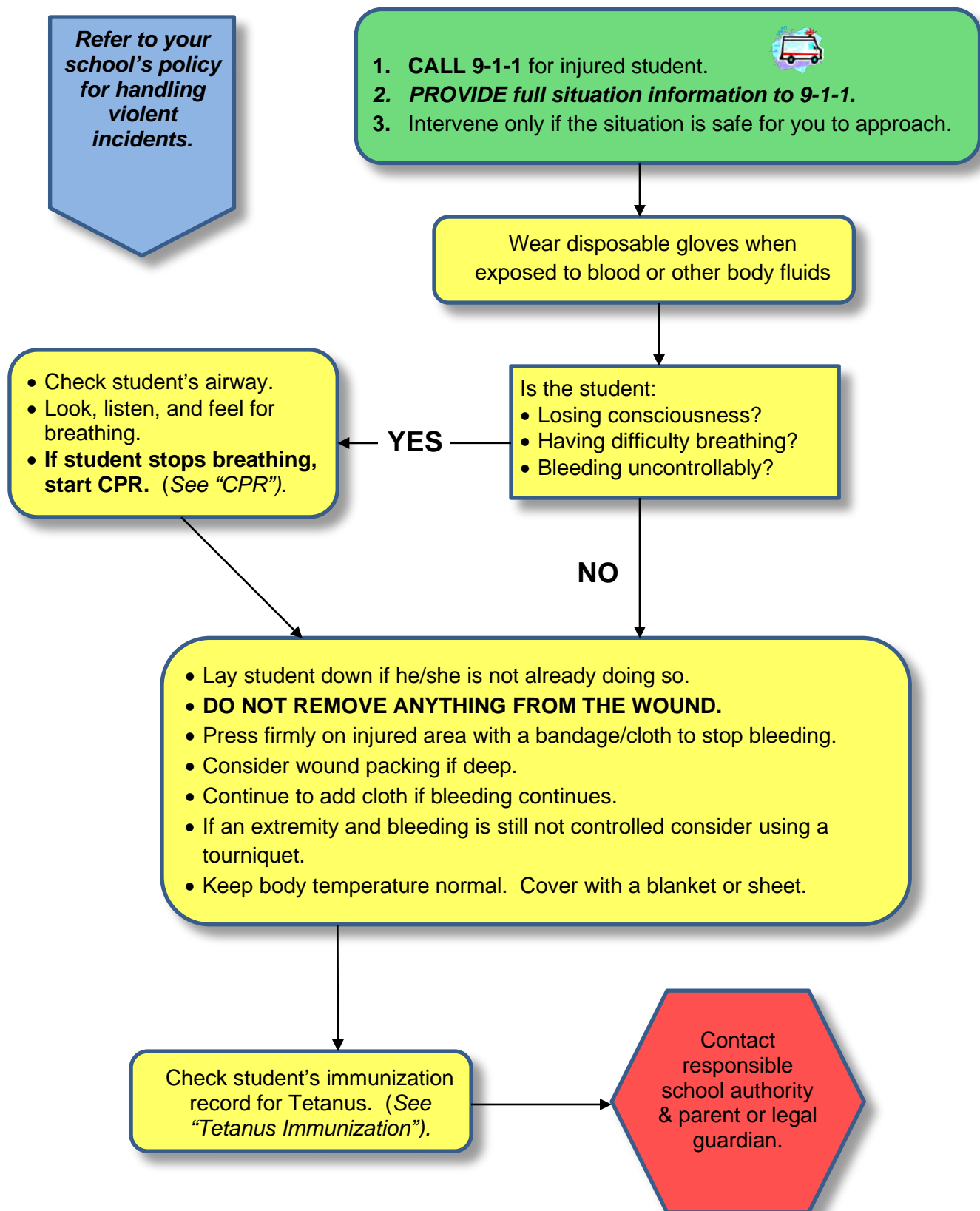
Contact  
responsible  
school authority  
& parent or legal  
guardian.



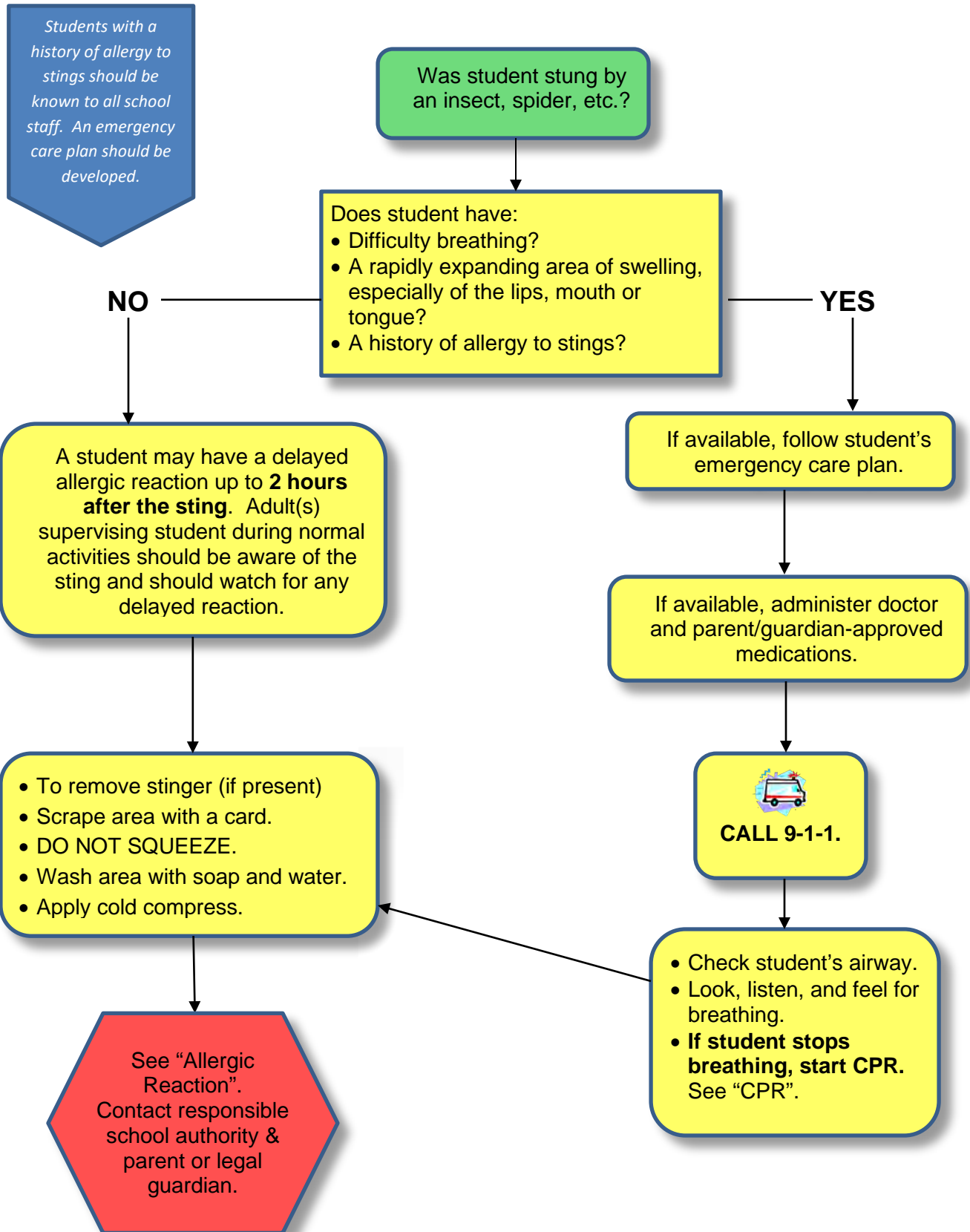
# SPLINTERS OR IMBEDDED PENCIL LEAD



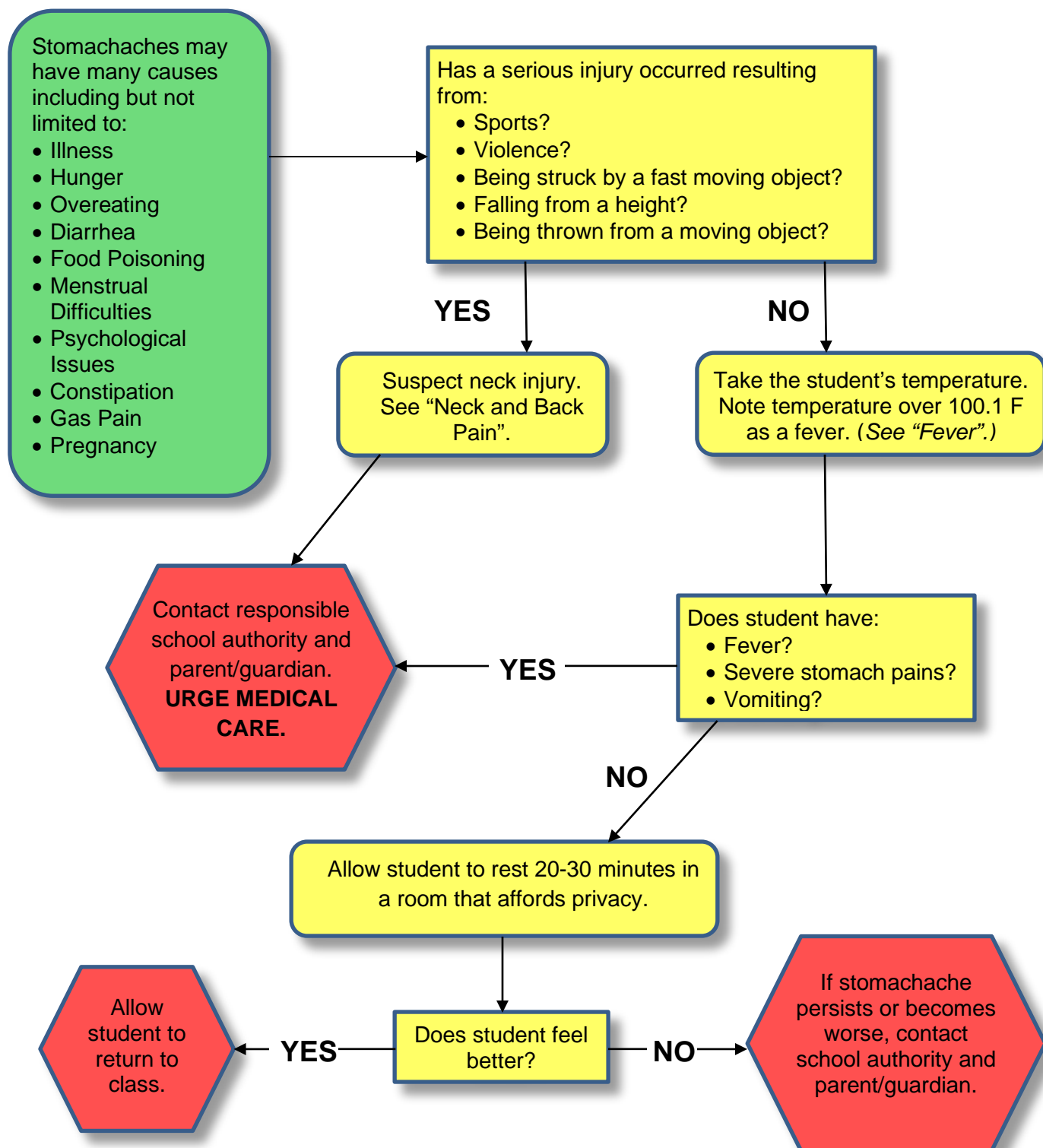
# STABBING AND GUNSHOT INJURIES



# STINGS

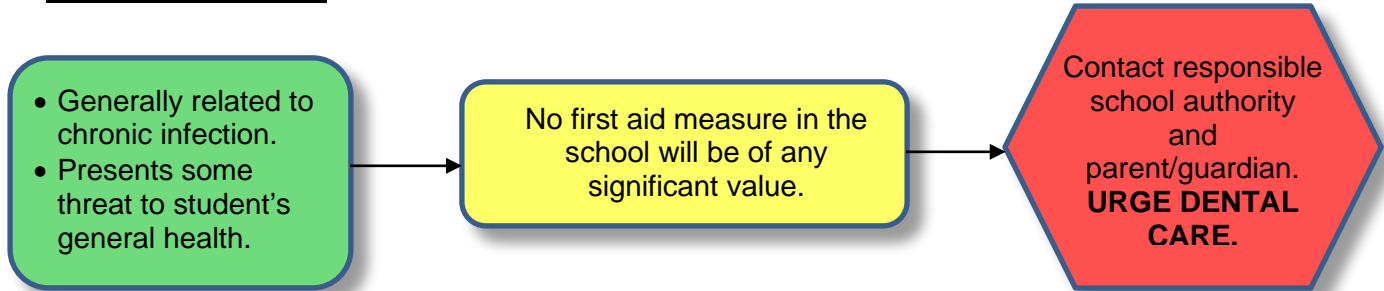


# STOMACHACHES/PAIN

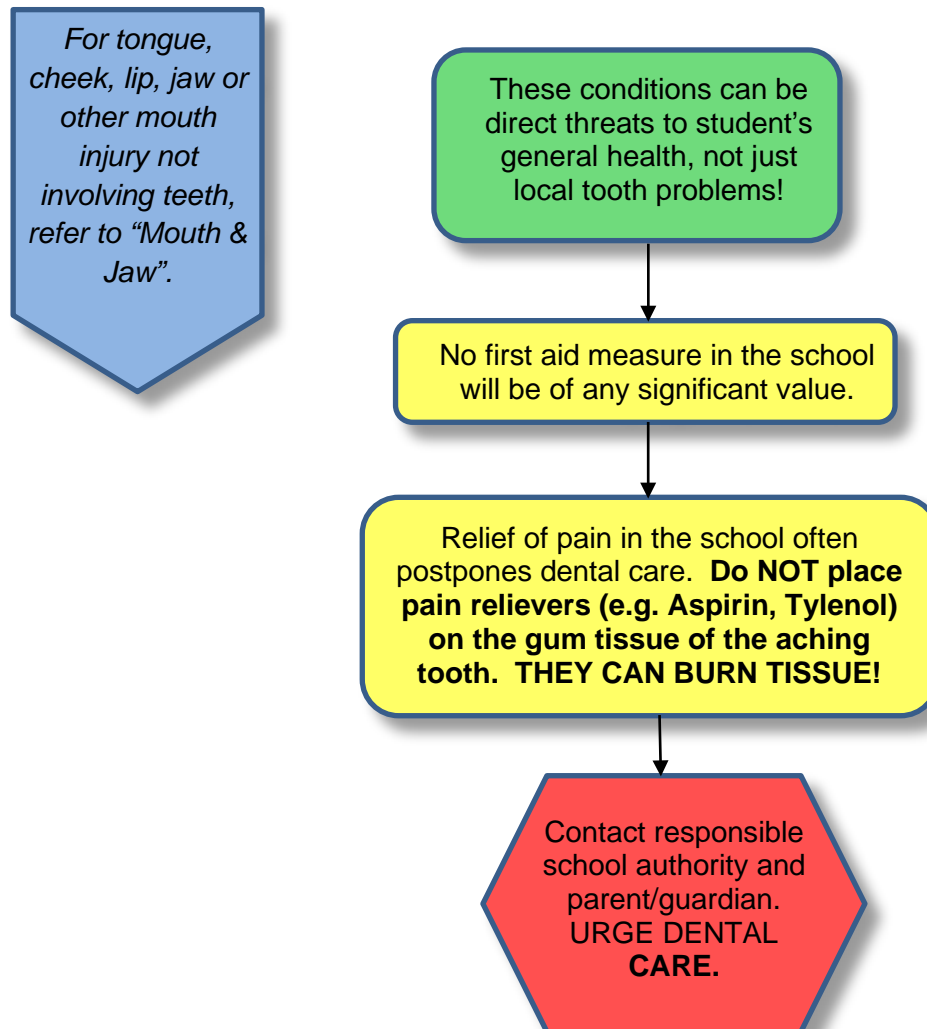


# TEETH

## BLEEDING GUMS:

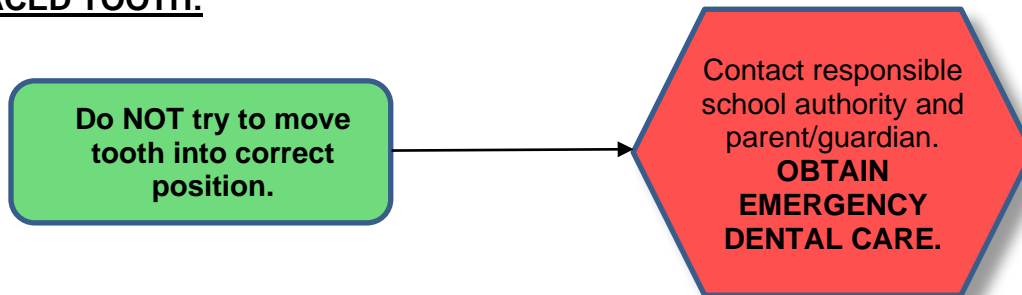


## TOOTHACHE OR GUM INFECTION:

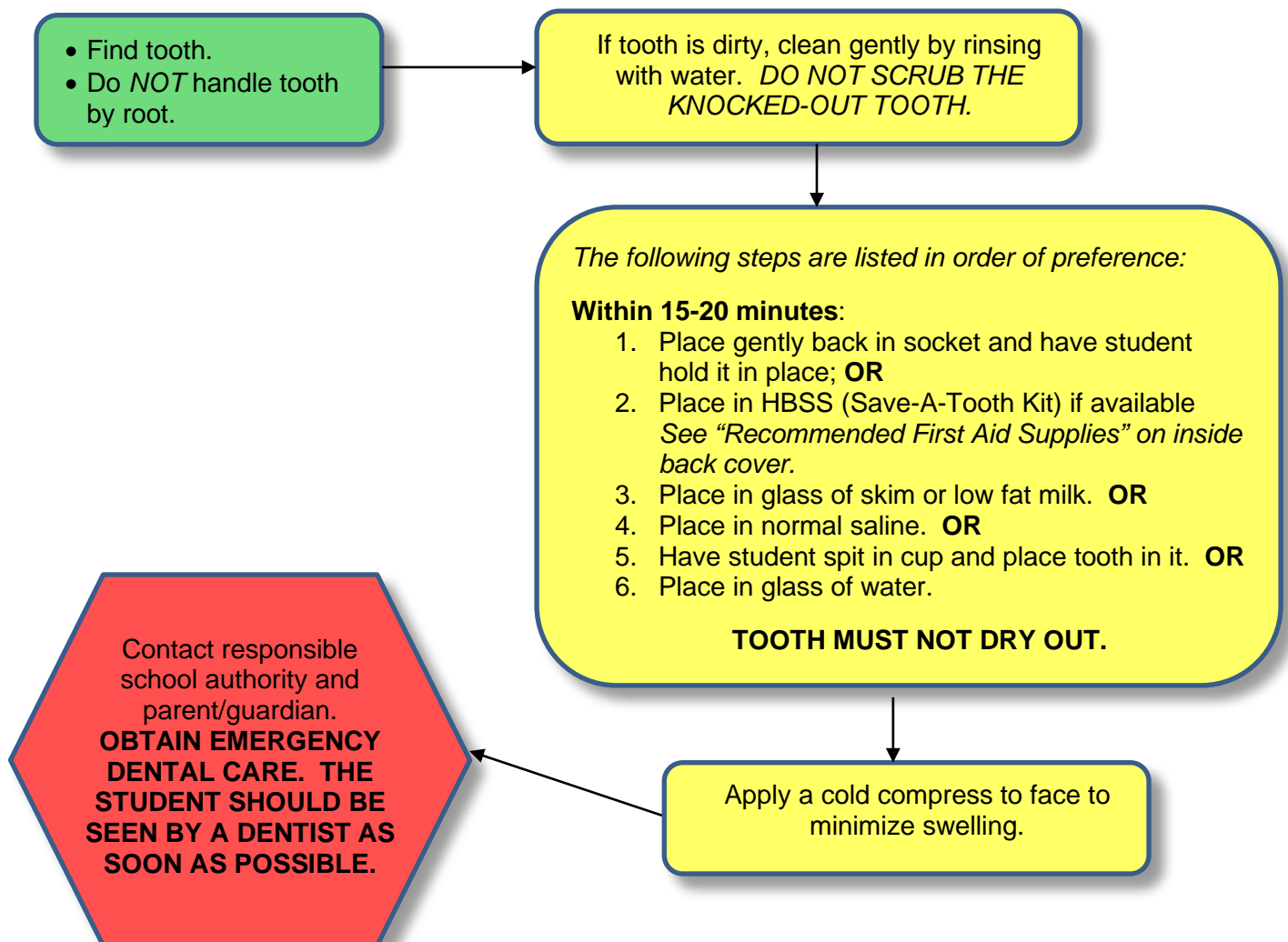


# TEETH - Displaced

## DISPLACED TOOTH:



## KNOCKED-OUT OR BROKEN PERMANENT TOOTH:



# TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, *even a minor one*. After any wound, check the student's immunization record for Tetanus and notify parent or legal guardian.

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

**Other wounds**, such as those contaminated by dirt, feces, and 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 last tetanus shot.\*

*\*Students in the seventh grade will be required to have a booster dose of Tdap only if it has been five years since their last dose of a tetanus-containing vaccine.*

*\*Students in grades 8 through 12 will be required to have a booster dose of Tdap vaccine if it has been 10 years since their previous dose of a tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.*

# TICKS

*Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **Do NOT** handle ticks with bare hands.*

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

Wear disposable gloves when exposed to blood and body fluids.

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

- Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- **Do NOT twist or jerk the tick as this may cause the mouth parts 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.

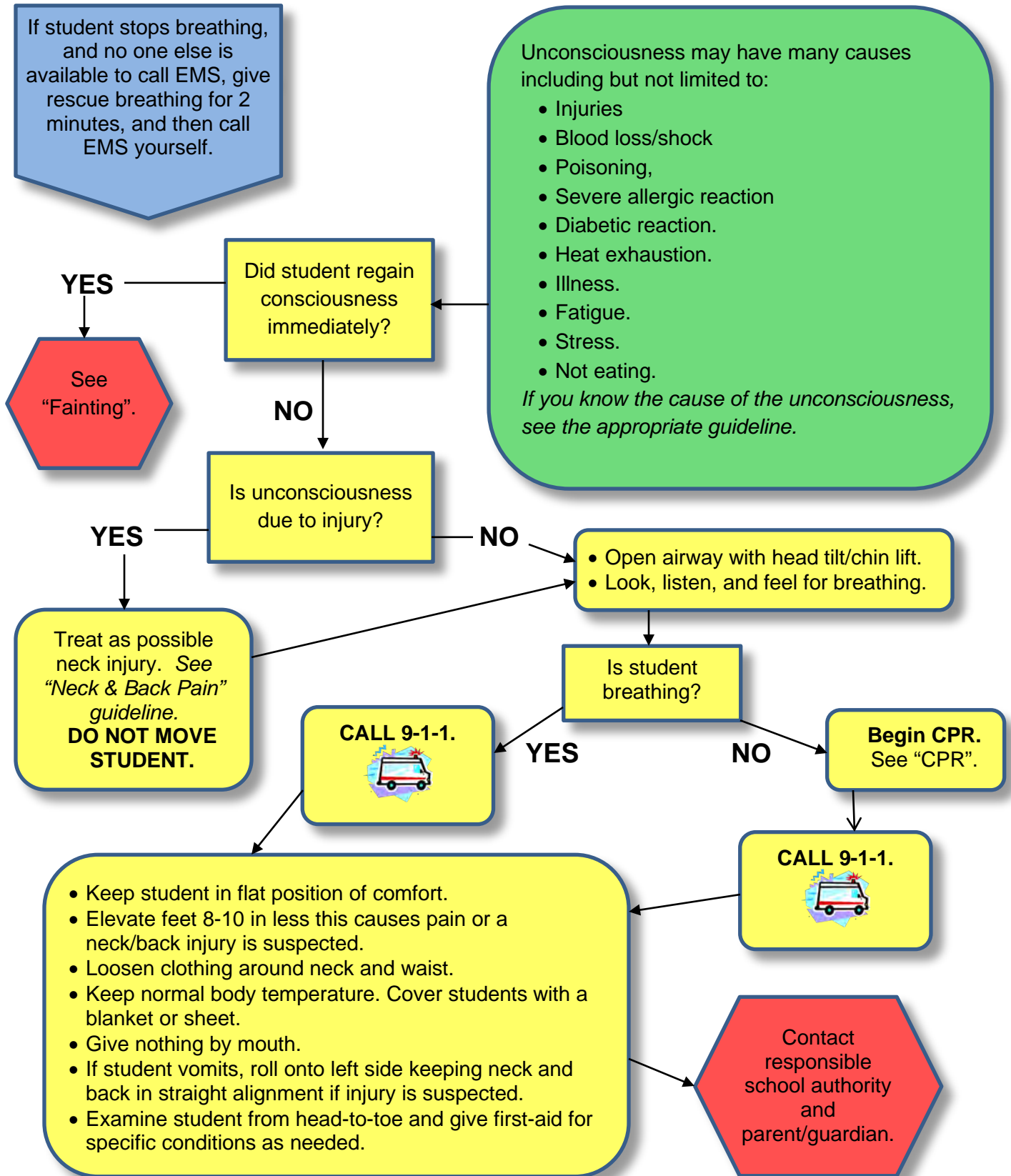
- After removal, wash the tick area thoroughly with soap and water.
- Wash your hands.
- Apply a sterile adhesive or Band-Aid type dressing.

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

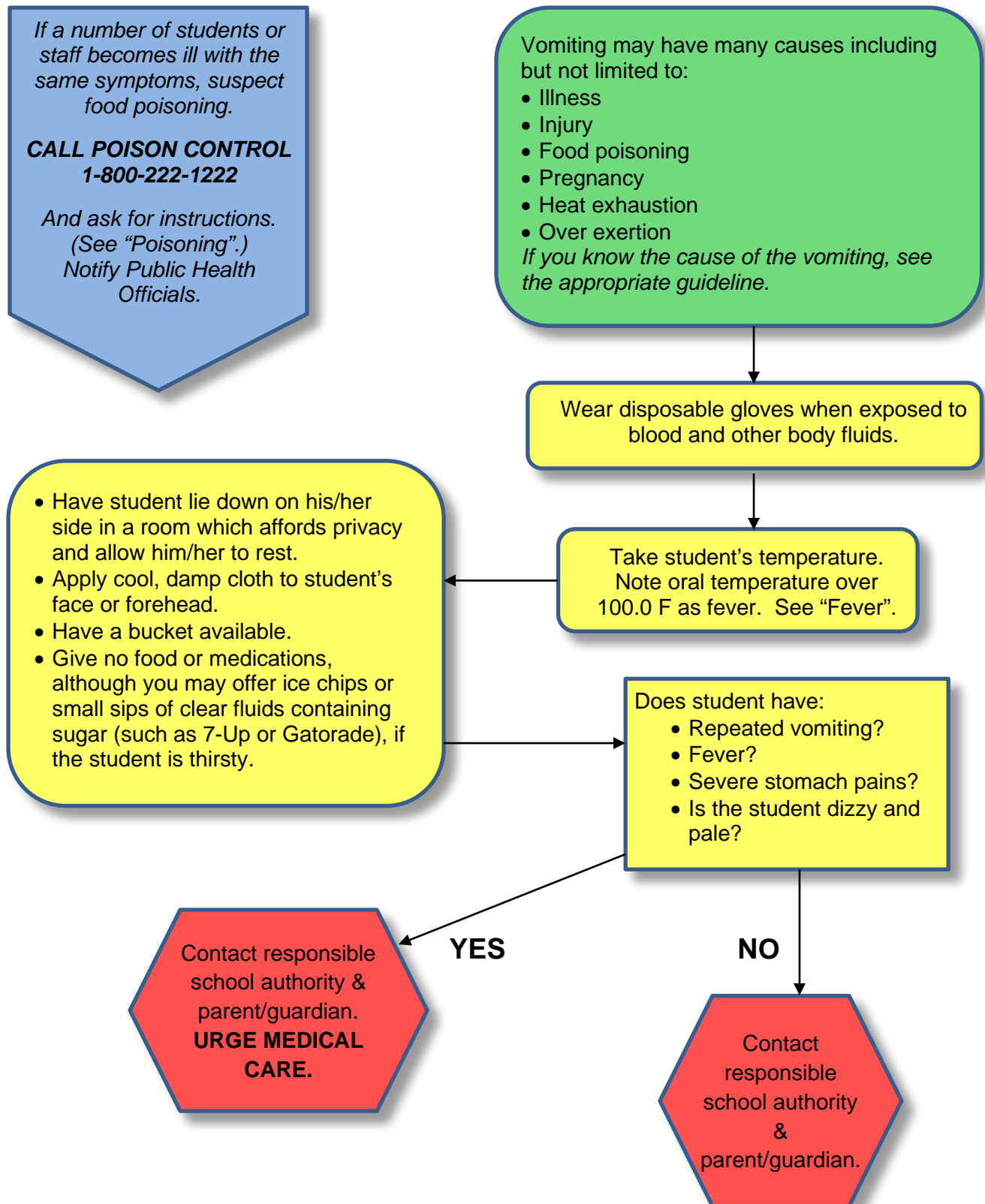
Contact responsible school authority and parent/guardian.



# UNCONSCIOUSNESS



# VOMITING



## **RECOMMENDED FIRST-AID EQUIPMENT AND SUPPLIES FOR SCHOOLS**

1. Current First-aid Manual
2. American Academy of Pediatrics First-aid Chart
3. Bleeding Control – STOP THE BLEED® kit(s)
4. Cot: mattress with waterproof cover
5. Blankets, sheets/pillows/pillow cases (disposable are suitable)
6. Wash clothes, hand towels, small portable basin
7. Covered wash receptacle with disposable liners
8. Bandage scissors, tweezers, needle
9. Thermometer and covered container for storing thermometer in alcohol (suggest disposable thermometer or disposable thermometer covers)
10. Access to sink with running water
11. Consumable supplies to consider:
  - Sterile cotton tipped applicators, individually packaged
  - Sterile adhesive bandages (1"x 3"), individually packaged
  - Cotton balls
  - Sterile gauze squares (2"x 2" 3"x 3"), individually packaged
  - Adhesive tape (1" width)
  - Gauze bandage (1" and 2" widths)
  - Splints (short and long)
  - Cold packs (compresses)
  - Triangular bandages for sling
  - Tongue blades
  - 70% Isopropyl alcohol for use with thermometer
  - Safety pins
  - Soap (plain) or solution containing hexachlorophene
  - Disposable facial tissue
  - Paper towels
  - Sanitary napkins
  - Disposable gloves (latex or vinyl, if latex allergy is possible)
  - Pocket mask/face shield for CPR
  - One ounce emergency supply of Ipecac (dated) *only to be used as directed by Poison Control Center*
  - One flashlight with spare bulb and batteries
  - Hank's Balanced Salt Solution (HBSS) – available in the Save-the-Tooth emergency tooth preserving system manufactured by 3M®.
  - Bleach for cleaning


## **EMERGENCY PHONE NUMBERS**


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


### **EMERGENCY MEDICAL SERVICES INFORMATION**


Know how to contact your EMS.

#### **EMERGENCY Call 9-1-1.**

 Name of Service: \_\_\_\_\_

 Non-emergency phone number: \_\_\_\_\_

 Average emergency response time to school: \_\_\_\_\_

 Directions to school: \_\_\_\_\_

\_\_\_\_\_

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

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

### **OTHER IMPORTANT PHONE NUMBERS**

- |  |                                      |
|--|--------------------------------------|
| ➤ School nurse                               | _____                                |
| ➤ Responsible School Authority               | _____                                |
| ➤ Poison Control Center                      | <b>1-800-222-1222</b>                |
| ➤ Fire Department                            | <b>9-1-1</b> or non-emergency: _____ |
| ➤ Police Department                          | <b>9-1-1</b> or non-emergency: _____ |
| ➤ Hospital Emergency Department              | _____                                |
| ➤ Department of Family & Protective Services | <b>1-800-252-5400</b>                |
| ➤ Rape Crisis Center                         | _____                                |
| ➤ Health Department                          | _____                                |
| ➤ Other medical information                  | _____                                |
| (e.g. dentist or physicians, etc.)           | _____                                |