

EMERGENCY GUIDELINES FOR SCHOOLS

3RD EDITION



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

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- Also Includes:**
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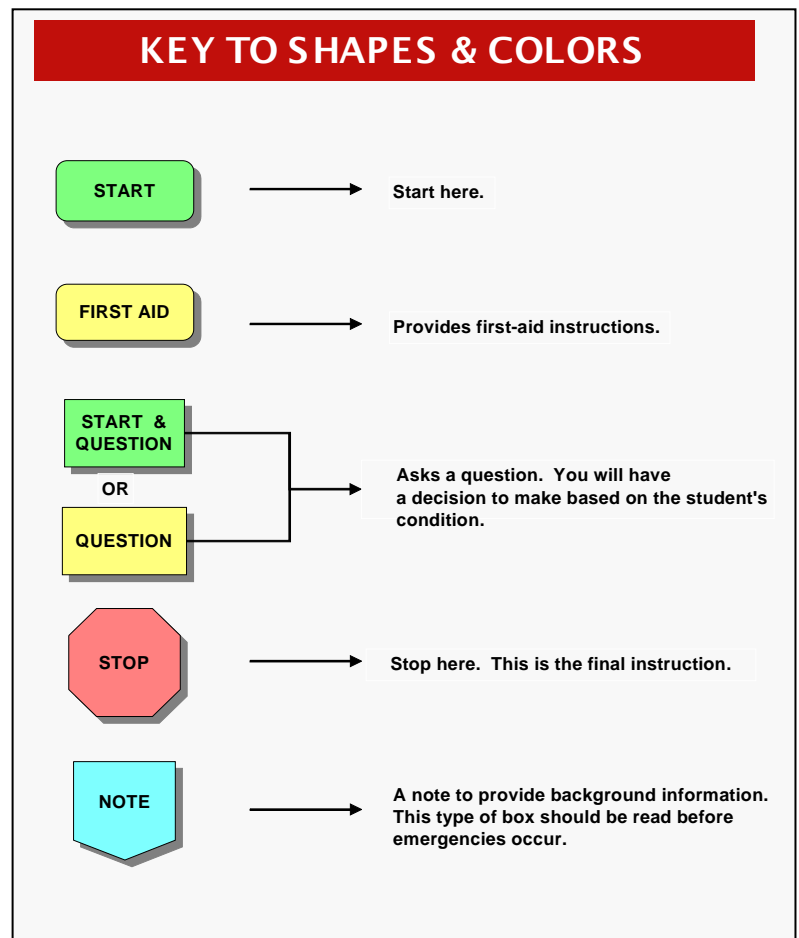
American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN®

HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptom (e.g., unconsciousness, bleeding, etc.).
- Learn when EMS (Emergency Medical Services) should be contacted. Copy the **When to Call EMS** page and post in key locations.
- The back outside cover 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 situation.
- 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**.
- Take some time to familiarize yourself with the **Emergency Procedures for Injury or Illness**. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- In addition, information has been provided about **Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning and Emergency Preparedness**.



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

Call EMS if:

- The child is unconscious, semi-conscious or unusually confused.
- The child's airway is blocked.
- The child is not breathing.
- The child is having difficulty breathing, shortness of breath or is choking.
- The child has no pulse.
- The child has bleeding that won't stop.
- The child is coughing up or vomiting blood.
- The child has been poisoned.
- The child has a seizure for the first time or a seizure that lasts more than five minutes.
- The child has injuries to the neck or back.
- The child has sudden, severe pain anywhere in the body.
- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- The child's condition could worsen or become life-threatening on the way to the hospital.
- Moving the child could cause further injury.
- The child needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the child to the hospital.



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



EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy. The Department of Health has created a *Student Injury Report Form* that may be photocopied and used as needed. A copy of the form with instructions follows.

POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

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



Department of Health

STUDENT INJURY REPORT FORM GUIDELINES

The Department of Health (DOH) provides the following Student Injury Report Form and guidelines as an example for districts to use in tracking the occurrence of school-related injuries. DOH suggests completing the form when an injury leads to any of the following:

1. **The student misses ½ day or more of school.**
2. **The student seeks medical attention (health care provider office, urgent care center, emergency department).**
3. **EMS 9-1-1 is called.**

Schools are encouraged to review and use the information collected on the injury report form to influence local policies and procedures as needed to remedy hazards.

INSTRUCTIONS

- ◆ Student, parent and school information: self-explanatory.
- ◆ Check the box to indicate the location and time the incident occurred.
- ◆ Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- ◆ Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- ◆ Check the appropriate box(es) for factors that may have contributed to the student's injury.
- ◆ Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
- ◆ Incident response: include all areas that apply.
- ◆ Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future.
- ◆ Sign the completed form.
- ◆ Route the form to the school nurse and the principal for review/signature.
- ◆ Original form and copies should be filed according to district policy.



Contributing Factors (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Bite | <input type="checkbox"/> Overextension/Twisted | <input type="checkbox"/> Contact with Hot or Toxic Substance |
| <input type="checkbox"/> Collision with Object | <input type="checkbox"/> Foreign Body/Object | <input type="checkbox"/> Drug, Alcohol or Other Substance Involved |
| <input type="checkbox"/> Collision with Person | <input type="checkbox"/> Hit with Thrown Object | <input type="checkbox"/> Weapon |
| <input type="checkbox"/> Compression/Pinch | <input type="checkbox"/> Tripped/Slipped | Specify _____ |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Struck by Object (bat, swing, etc.) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Struck by Auto, Bike, etc. | <input type="checkbox"/> Other _____ |

Description of the Incident: _____

Witnesses to the Incident: _____

Staff involved: Teacher Nurse Principal Assistant Staff Custodian Bus Driver
 Secretary Cafeteria Other (specify) _____

Incident Response (check all that apply):

- First Aid
Time _____ By Whom _____
- Parent/Guardian Notified
Time _____ By Whom _____
- Unable to Contact Parent/Guardian
Time _____ By Whom _____
- Parents Deemed No Medical Action Necessary
- Returned to Class
- Sent/Taken Home
Days of School Missed _____
- Assessment/Follow-up by School Nurse
Action Taken _____
- Called 9-1-1
- Taken to Health Care Provider/Clinic/Hospital/Urgent Care
Diagnosis _____
Days of School Missed _____
- Hospitalized
Diagnosis _____
Days of School Missed _____
- Restricted School Activity
Explain _____
Length of Time Restricted _____
Days of School Missed _____
- Other _____

Describe care provided to the student: _____

Additional Comments: _____

Signature of Staff Member Completing Form _____ Date/time _____
Nurse's Signature _____ Date/time _____
Principal's Signature _____ Date/time _____

HEA #4200

12/06



PLANNING FOR STUDENTS WITH SPECIAL NEEDS

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

HEALTH CONDITIONS:

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

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

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

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

The American College of Emergency Physicians and the American Academy of Pediatrics have created an *Emergency Information Form for Children (EIF) with Special Needs*, that is included on the next pages. It can also be downloaded from <http://www.aap.org>. This form provides standardized information that can be used to prepare the caregivers and health care system for emergencies of children with special health care needs. The EIF will ensure a child's complicated medical history is concisely summarized and available when needed most - when the child has an emergency health problem when neither parent nor physician is immediately available.

PHYSICAL ABILITIES:

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

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

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

COMMUNICATION CHALLENGES:

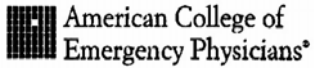
Other students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

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

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

Emergency Information Form for Children With Special Needs

Last name:



American Academy of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary care physician:		Emergency Phone:	
		Fax:	
Current Specialty physician:		Emergency Phone:	
Specialty:		Fax:	
Current Specialty physician:		Emergency Phone:	
Specialty:		Fax:	
Anticipated Primary ED:		Pharmacy:	
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam:	
1.	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	Baseline neurological status:

*Consent for release of this form to health care providers

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	Prostheses/Appliances/Advanced Technology Devices:
5. _____	_____
6. _____	_____

Management Data:
Allergies: Medications/Foods to be avoided and why:
1. _____
2. _____
3. _____
Procedures to be avoided and why:
1. _____
2. _____
3. _____

Immunizations (mm/yy)											
Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis: _____ Indication: _____ Medication and dose: _____

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

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

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

INFECTION CONTROL

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

- **Wash hands thoroughly** with running water and soap for at least 15 seconds:
 1. Before and after physical contact with any student (*even if gloves have been worn*).
 2. Before and after eating or handling food.
 3. After cleaning.
 4. After using the restroom.
 5. After providing any first aid.

Be sure to scrub between fingers, under fingernails and around the tops and palms of hands. If soap and water are not available, an alcohol-based waterless hand sanitizer may be used according to manufacturer's instructions.

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (*wear disposable gloves*). Double bag the trash in plastic bags and dispose of immediately. Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not touch your mouth or eyes while giving any first aid.

GUIDELINES FOR STUDENTS:

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



AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) FOR CHILDREN OVER 1 YEAR OF AGE & ADULTS



CPR and AEDs are to be used when a person is unresponsive or when breathing or heart beat stops.

If your school has an AED, this guideline will refresh information provided in training courses as to incorporating AED use into CPR cycles.

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If person is unresponsive, shout for help and **send someone to CALL EMS and get your school's AED if available.**
2. Follow primary steps for CPR (see "CPR" for appropriate age group – infant, 1-8 years, over 8 years and adults).
3. If available, set up the AED according to the manufacturer's instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions and training method.



IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

4. Use the AED first.
5. Prepare AED to check heart rhythm and deliver 1 shock as necessary.
6. Begin 30 CPR chest compressions followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions to 2 breaths at a rate of 100 compressions per minute).
8. Prompt another AED rhythm check.
9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
10. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

IF CARDIAC ARREST OR COLLAPSE WAS NOT WITNESSED:

4. Start CPR first. See age appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions to 2 breaths at a rate of 100 compressions per minute.
5. Prepare the AED to check the heart rhythm and deliver a shock as needed.
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.



ALLERGIC REACTION

Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction.

Children may experience a delayed allergic reaction up to **2 hours** following food ingestion, bee sting, etc.

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

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

NO

Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

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

YES

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


Does student have an emergency care plan available?

NO

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

YES

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


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



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.

Try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.

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

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

• Did breathing difficulty develop rapidly?
• Are the lips, tongue or nail beds turning blue?

Refer to student's emergency care plan.


CALL EMS 9-1-1.

Does student have doctor- and parent/guardian-approved medication?

Has an inhaler already been used? If yes, when and how often?

Remain calm. Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

Administer medication as directed.

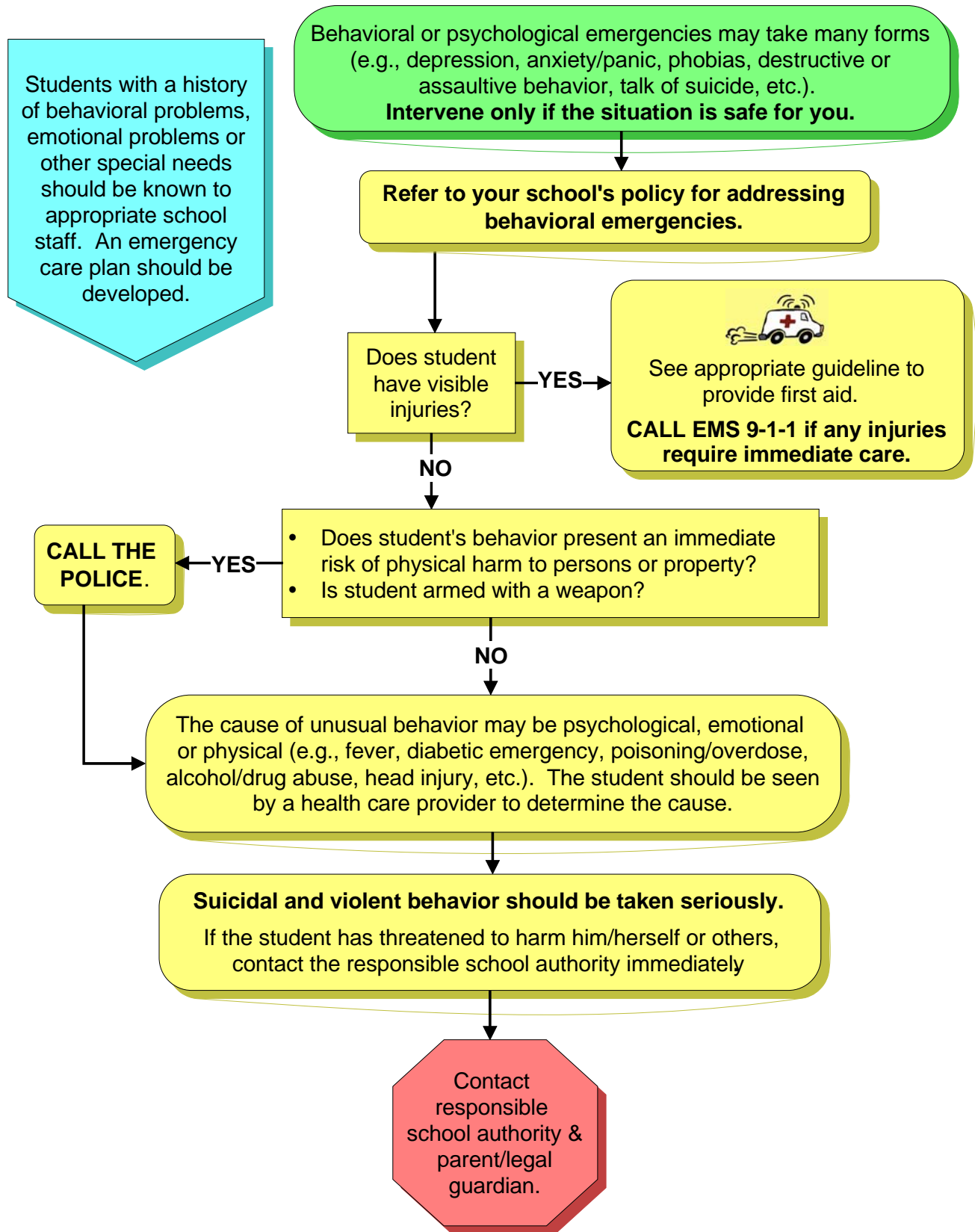
Are symptoms not improving or getting worse?

Contact responsible school authority & parent/legal guardian.

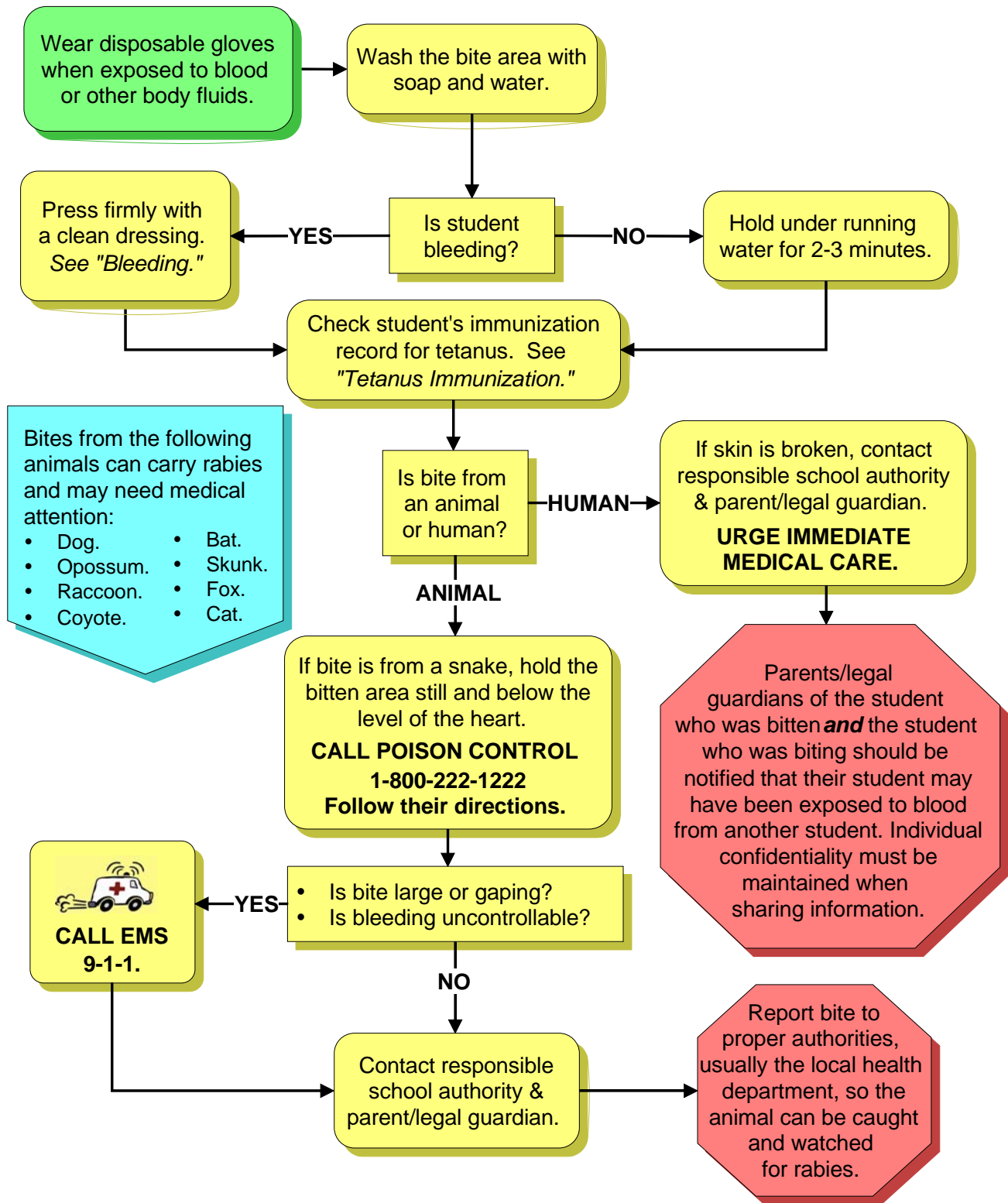

CALL EMS 9-1-1.



BEHAVIORAL EMERGENCIES



BITES (HUMAN & ANIMAL)



BLEEDING

Check student's immunization record for tetanus. See "Tetanus Immunization."

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

Is injured part amputated (severed)?


CALL EMS 9-1-1.

- Press firmly with a clean bandage to stop bleeding.
- Elevate bleeding body part gently. If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- **Do NOT use a tourniquet.**

- Place detached part in a plastic bag.
- Tie bag.
- Put bag in a container of ice water.
- **Do NOT put amputated part directly on ice.**
- Send bag to the hospital with student.

Is there continued uncontrollable bleeding?


CALL EMS 9-1-1.

If wound is gaping, student may need stitches. Contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.

- Have student lie down.
- Elevate student's feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.

Contact responsible school authority & parent or legal guardian.



BLISTERS (FROM FRICTION)

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

Wash the area gently with water. Use soap if necessary to remove dirt.

Is blister broken?

YES

NO

Apply clean dressing and bandage to prevent further rubbing.

Do NOT break blister.
Blisters heal best when kept clean and dry.

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



BRUISES

If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "*Child Abuse.*"

- Is bruise deep in the muscle?
- Is there rapid swelling?
- Is student in great pain?

YES

Contact responsible school authority & parent or legal guardian.

NO

Rest injured part.

Apply cold compress or ice bag, covered with a cloth or paper towel, for 20 minutes.

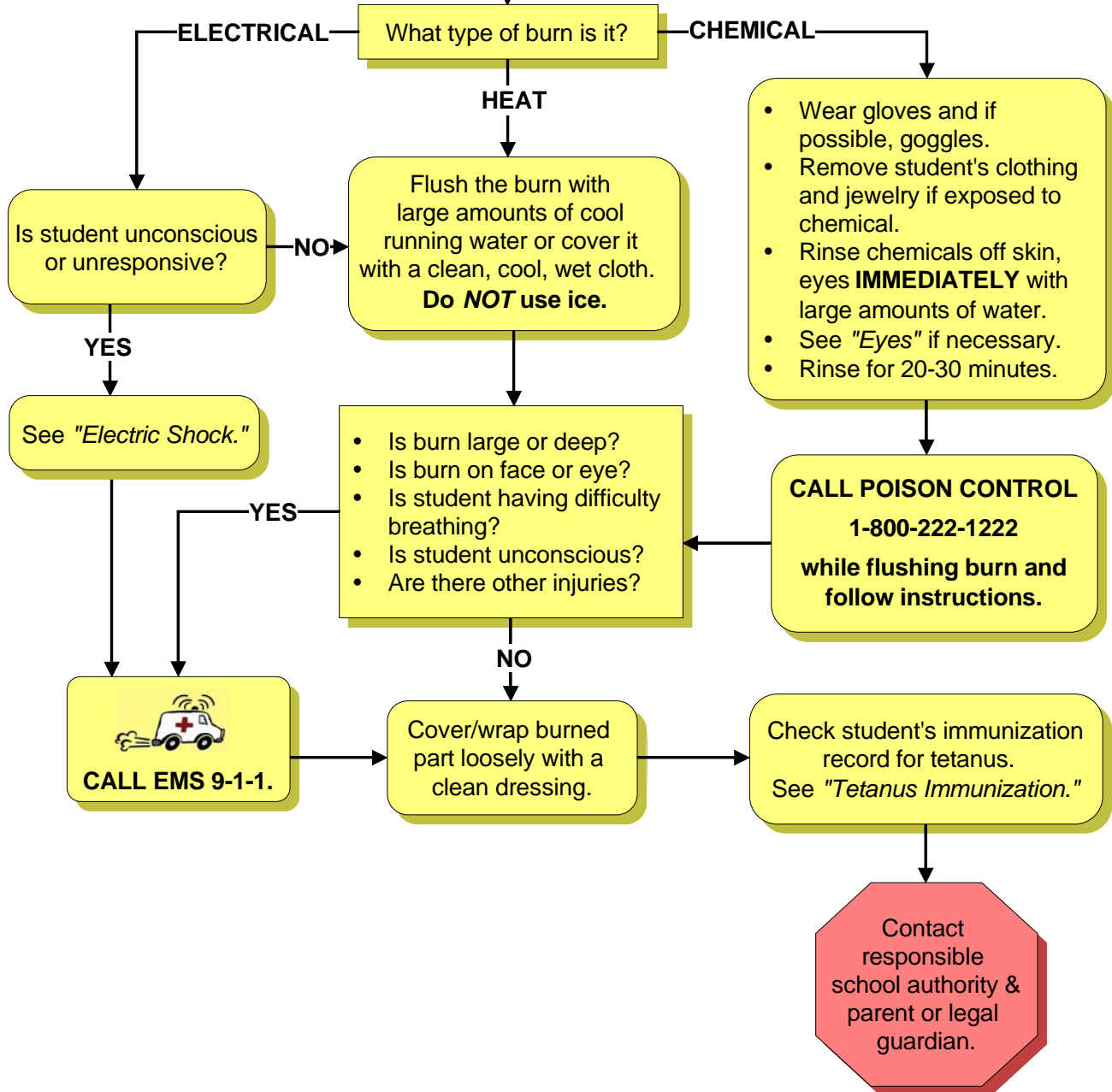
If skin is broken, treat as a cut. See "*Cuts, Scratches & Scrapes.*"



BURNS

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

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



NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2005.* Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

Current first aid, choking and CPR manuals and wall chart(s) should also be available. The American Academy of Pediatrics offers the Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart for sale at <http://www.aap.org>.

CHEST COMPRESSIONS

The AHA is placing more emphasis on the use of effective chest compressions in CPR. CPR chest compressions produce blood flow from the heart to the vital organs. To give effective compressions, rescuers should:

- Follow revised guidelines for hand use and placement based on age.
- Use a compression to breathing ratio of 30 compressions to 2 breaths.
- “Push hard and push fast.” Compress chest at a rate of about 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants and children, and 1½ to 2 inches for adults.
- Allow the chest to return to its normal position between each compression.
- Use approximately equal compression and relaxation times.
- Try to limit interruptions in chest compressions.

BARRIER DEVICES

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



CARDIOPULMONARY RESUSCITATION (CPR) FOR INFANTS UNDER 1 YEAR

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Gently shake infant. If no response, shout for help and send someone to call **EMS**.
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open **AIRWAY**.
4. Check for **BREATHING**. With your ear close to infant's mouth, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing and **FEEL** for breath on your cheek.
5. If infant is not breathing, take a normal breath. Seal your lips tightly around his/her mouth and nose. While keeping the airway open, give 1 normal breath over 1 second and watch for chest to rise.



IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

6. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
7. Compress chest hard and fast 30 times with 2 or 3 fingers *about* 1/3 to 1/2 the depth of the infant's chest.



Use equal compression and relaxation times. Limit interruptions in chest compressions.

8. Give 2 normal breaths, each lasting 1 second. Each breath should make chest rise.
9. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.
10. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

6. Re-tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

7. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are not over the very bottom of the breastbone.)
8. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
9. Look in mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep or lift the jaw or tongue.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.



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CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN 1 to 8 YEARS OF AGE

CPR is to be used when a student is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you OK?" If child is unresponsive, shout for help and send someone to **call EMS and get your school's AED if available.**
2. Turn the child onto his/her back as a unit by supporting 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.**
4. Check for normal **BREATHING.** With your ear close to child's mouth, take 5-10 seconds to **LOOK** at the chest for movement, **LISTEN** for sounds of breathing and **FEEL** for breath on your cheek.
5. If you witnessed the child's collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If child is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

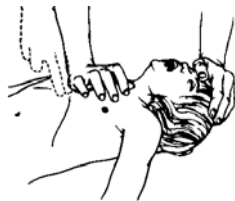


IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

7. Find hand position near center of breastbone at the nipple line. (Do **NOT** place your hand over the very bottom of the breastbone.)
8. Compress chest hard and fast 30 times with the heel of **1 or 2 hands.*** Compress about 1/3 to 1/2 depth of child's chest. Allow the chest to return to normal position between each compression.



Lift fingers to avoid pressure on ribs. Use equal compression and relaxation times. Limit interruptions in chest compressions.



9. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
10. **REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.**
11. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

7. Re-tilt head back. Try to give 2 breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

8. Find hand position near center of breastbone at the nipple line. (Do **NOT** place your hand over the very bottom of the breastbone.)
9. Compress chest fast and hard 5 times with the heel of **1 or 2 hands.*** Compress about 1/3 to 1/2 depth of child's chest. Lift fingers to avoid pressure on ribs.
10. Look in mouth. If foreign object is seen, remove it. Do **NOT** perform a blind finger sweep or lift the jaw or tongue.
11. **REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.**



***Hand positions for child CPR:**

- **1 hand:** Use heel of 1 hand only.
- **2 hands:** Use heel of 1 hand with second on top of first.

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CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

CPR is to be used when a person is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout "Are you OK?" If person is unresponsive, shout for help and send someone to **call EMS AND get your school's AED if available.**
2. Turn the person onto his/her back as a unit by supporting 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.**
4. Check for normal **BREATHING.** With your ear close to person's mouth, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing and **FEEL** for breath on your cheek. Gaspings in adults should be treated as *no breathing.*
5. If you witnessed the collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If victim is not breathing, take a normal breath, seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.



IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN):

7. Give a second rescue breath lasting 1 second until chest rises.
8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do **NOT** place your hands over the very bottom of the breastbone.)
9. Position self vertically above victim's chest and with straight arms, **compress chest hard and fast about 1½ to 2 inches 30 times in a row with both hands.** Allow the chest to return to normal position between each compression. *Lift fingers when compressing to avoid pressure on ribs.* Limit interruptions in chest compressions.
10. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
11. **REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.**
12. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

7. Re-tilt head back. Try to give 2 breaths again.
8. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do **NOT** place your hands over the very bottom of the breastbone.)
9. Position self vertically above person's chest and with straight arms, compress chest 30 times with both hands *about 1½ to 2 inches.* Lift fingers to avoid pressure on ribs.
10. Look in the mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep or lift the jaw or tongue.
11. **REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.**



IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST STILL DOES NOT RISE:

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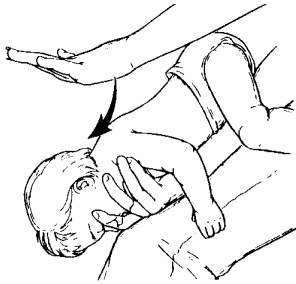
CHOKING (Conscious Victims)

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

INFANTS UNDER 1 YEAR

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

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



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

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



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

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



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

7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.

8. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR.

CHILDREN OVER 1 YEAR OF AGE & ADULTS

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



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

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

FOR OBESE OR PREGNANT PERSONS:

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

COMMUNICABLE DISEASES

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

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

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

Refer to your local 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 2 loose stools a day).
- Vomiting.
- Yellow skin or yellow "white of eye".
- Oral temperature greater than 100.0 F.
- Extreme tiredness or lethargy.
- Unusual behavior.

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

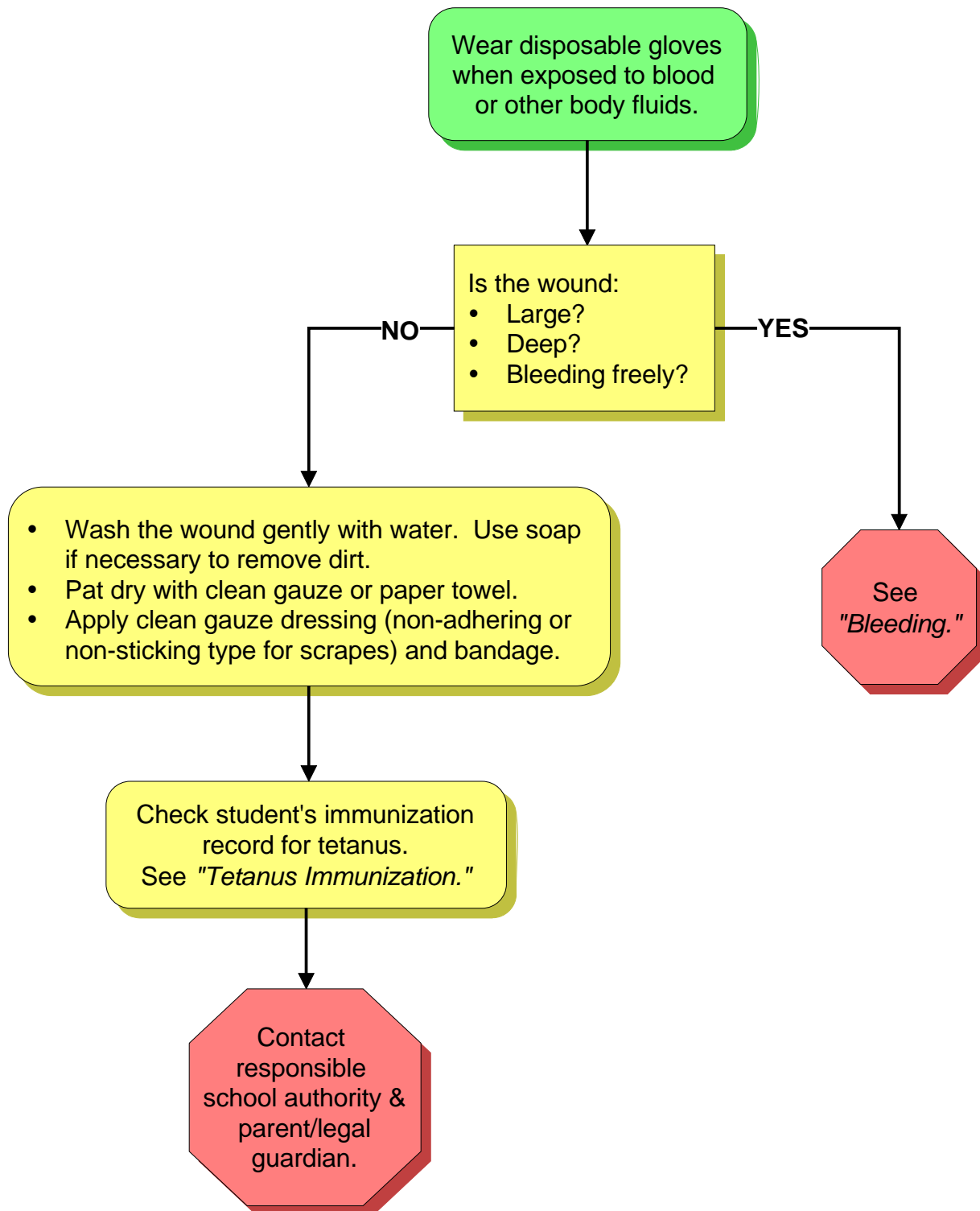
Signs of POSSIBLE Illness:

- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

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



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 may 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

Does student have a blood sugar monitor available?

NO

Give the student "sugar" such as:

- Fruit juice or soda pop (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or 1/2 candy bar.
- Sugar (2 packets or 2 teaspoons).
- Cake decorating gel (1/2 tube) or icing.
- Instant glucose.

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?

LOW

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

Continue to watch the student. Is student improving?

YES

NO

HIGH

Contact responsible school authority & parent/legal guardian.

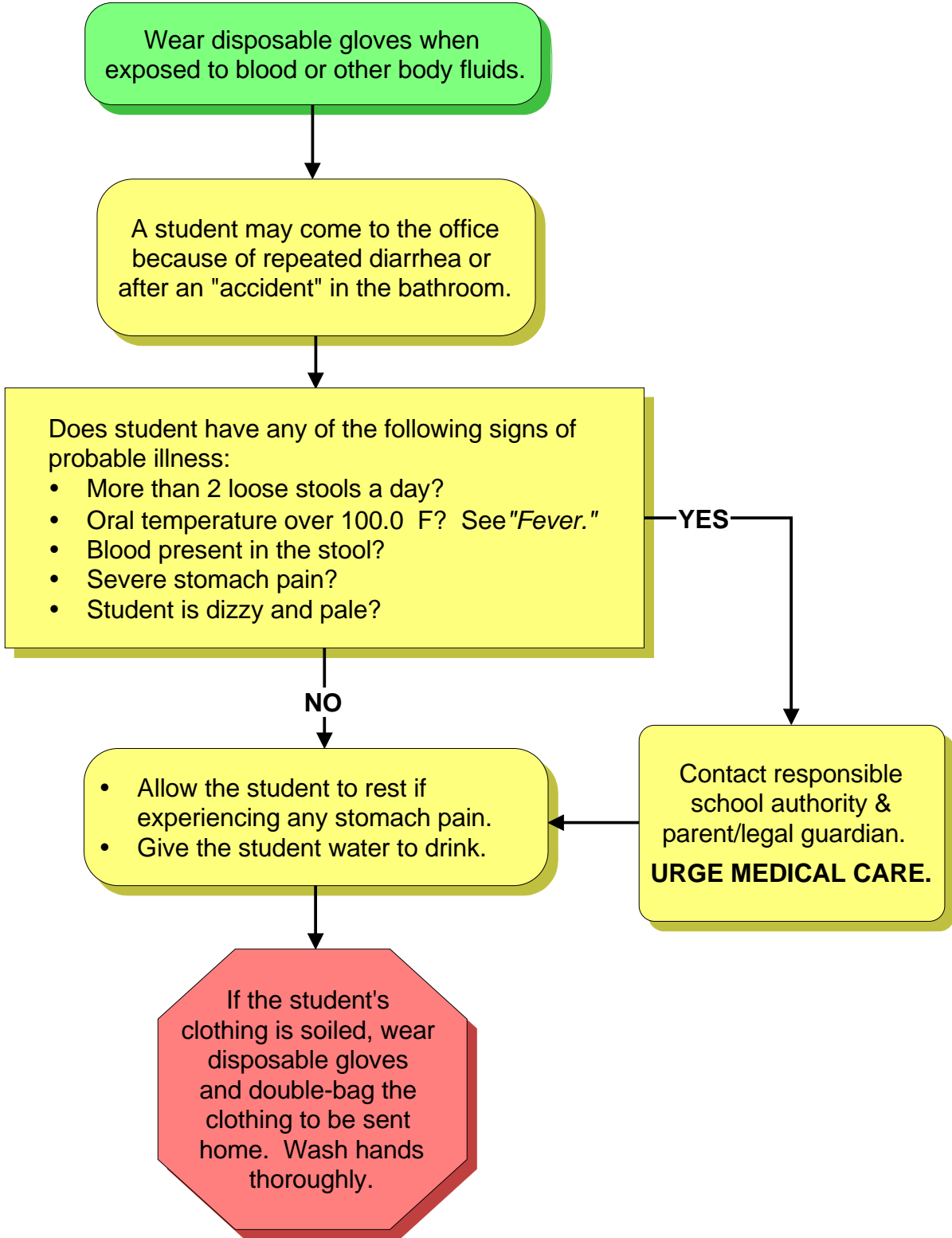
CALL EMS
9-1-1.



If student is unconscious, see "Unconsciousness."

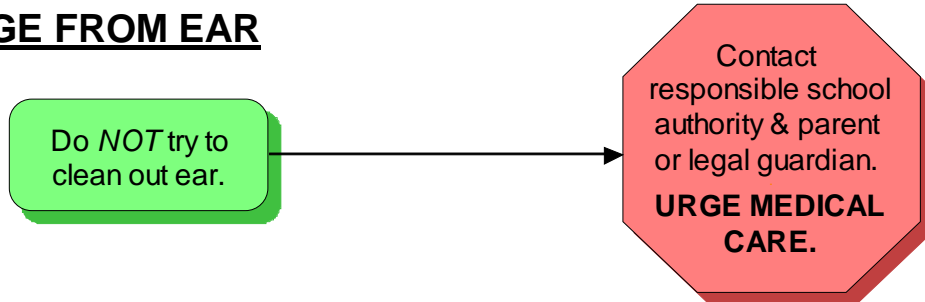


DIARRHEA

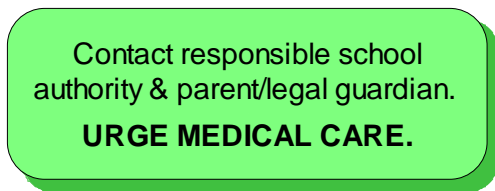


EARS

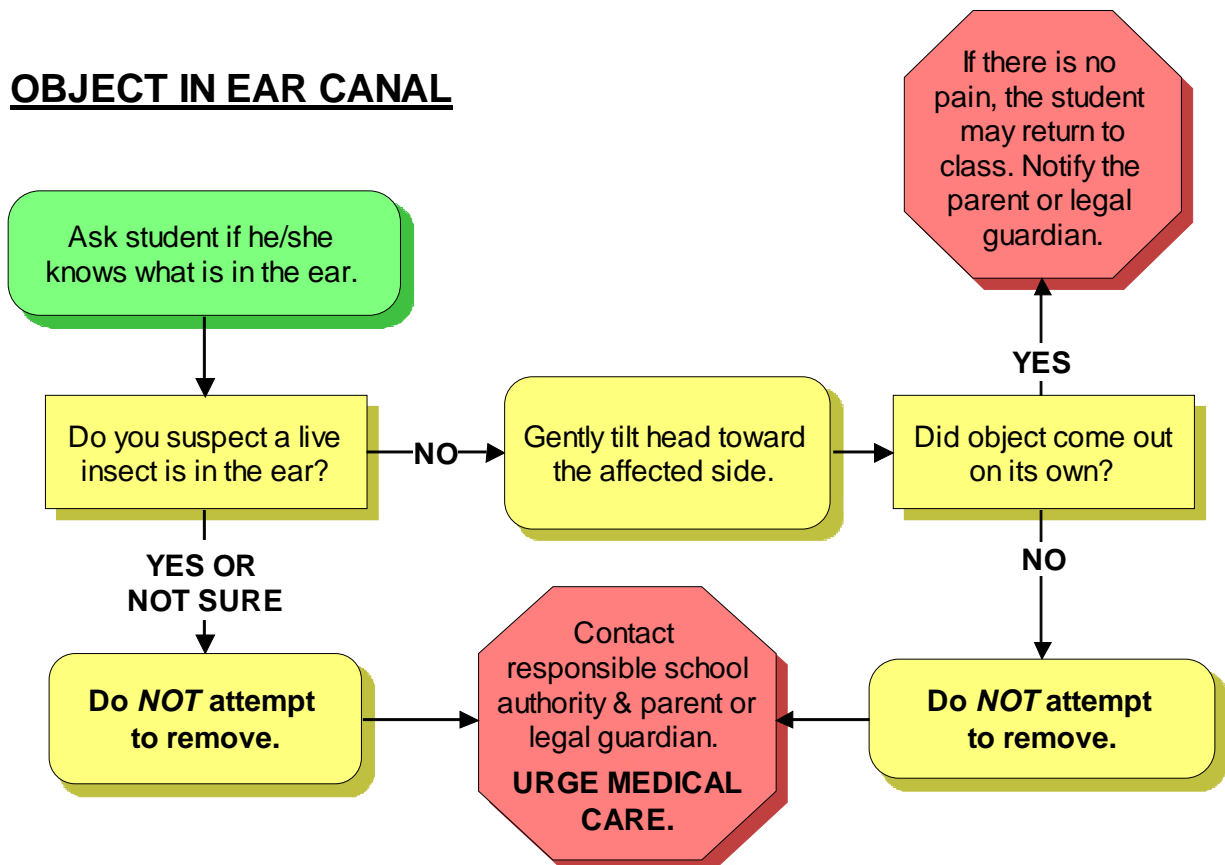
DRAINAGE FROM EAR



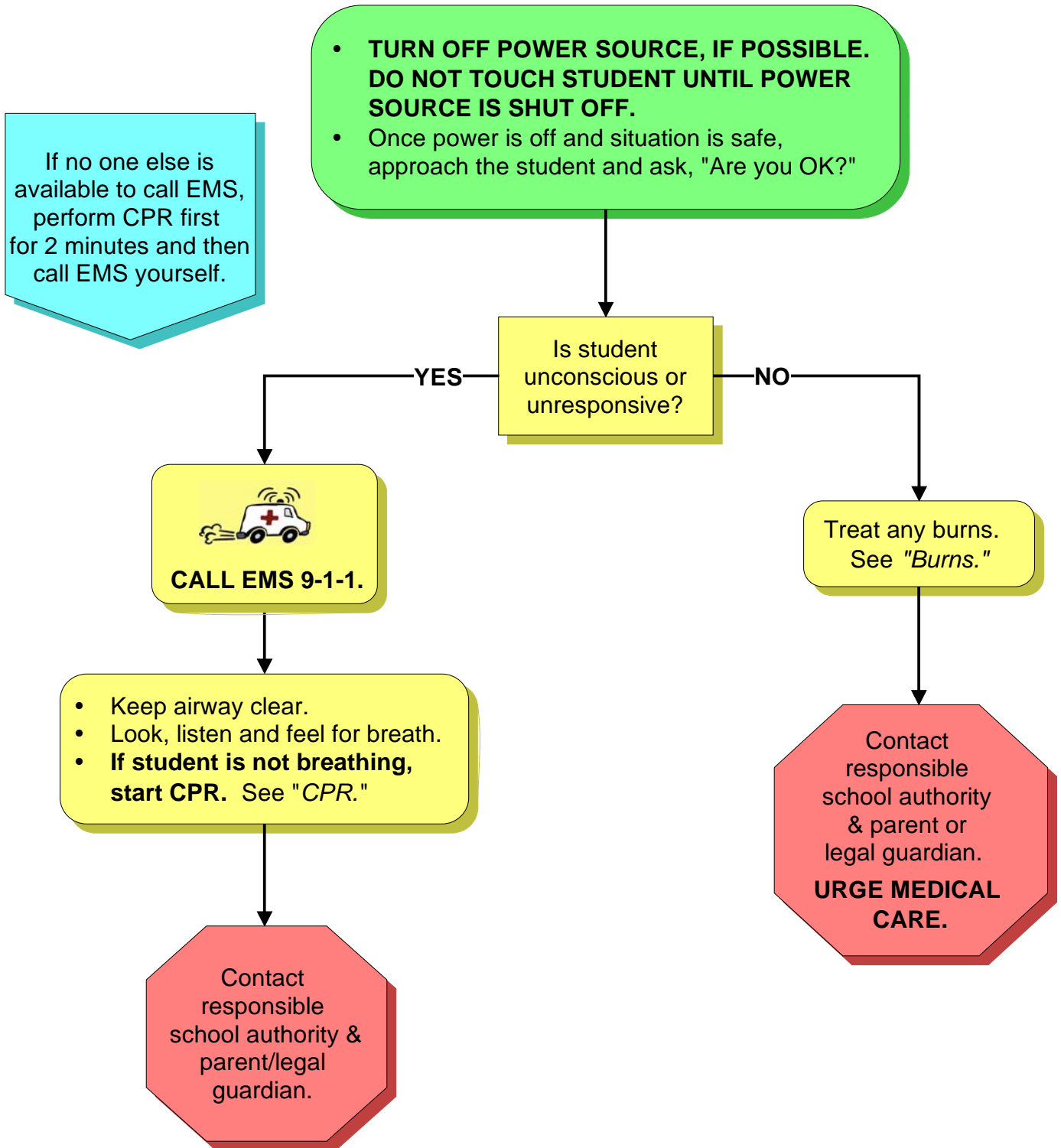
EARACHE



OBJECT IN EAR CANAL



ELECTRIC SHOCK



EYES

EYE INJURY:

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye.

Keep student lying flat and quiet.

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

YES

NO

If an object has penetrated the eye, **do NOT remove object.**

Cover eye with a paper cup or similar object to keep student from rubbing, **but do NOT touch eye or put any pressure on eye.**

Contact responsible school authority & parent or legal guardian.
URGE IMMEDIATE MEDICAL CARE.

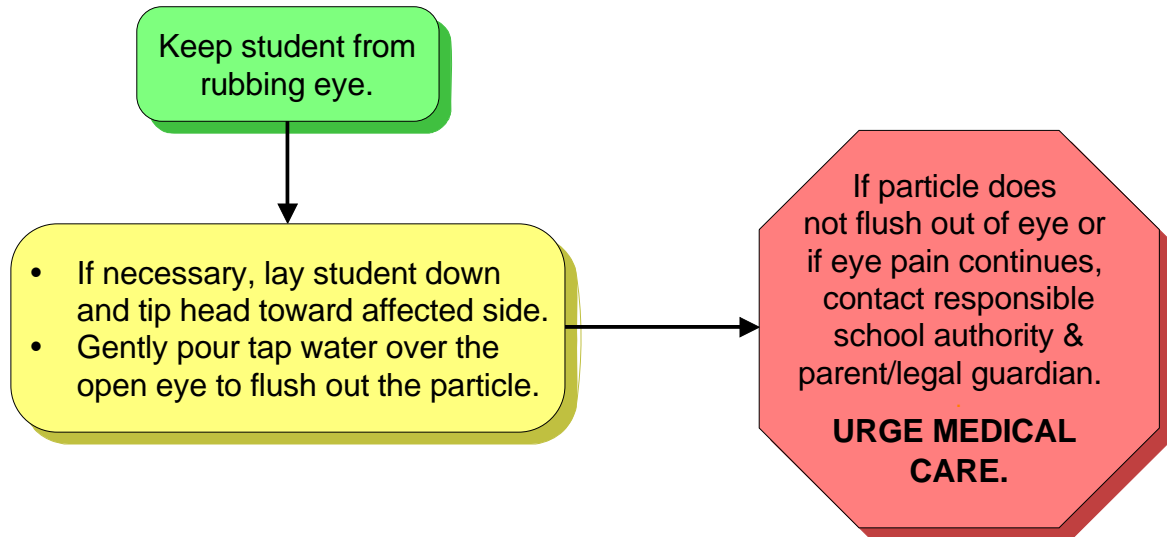


CALL EMS 9-1-1.
Contact responsible school authority & parent or legal guardian.

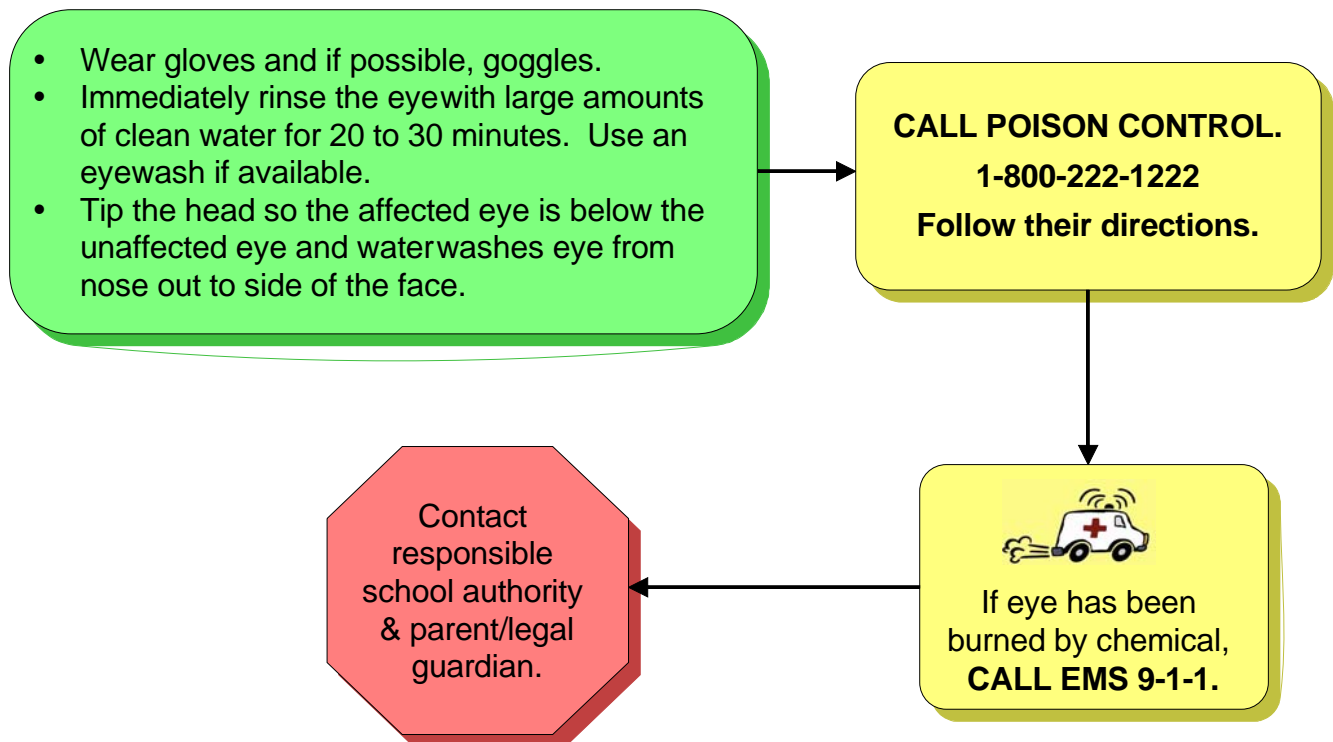


EYES

PARTICLE IN EYE



CHEMICALS IN EYE



FAINTING

Fainting may have many causes including:

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

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

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

- Is fainting due to injury?
- Was student injured when he/she fainted?

NO

Treat as possible neck injury. See "Neck & Back Pain." **Do NOT move student.**

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

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

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

YES

Keep student lying down. Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

NO

Contact responsible school authority & parent/legal guardian.

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



FEVER & NOT FEELING WELL

Take student's temperature.
Note oral temperature
over 100.0 F as fever.

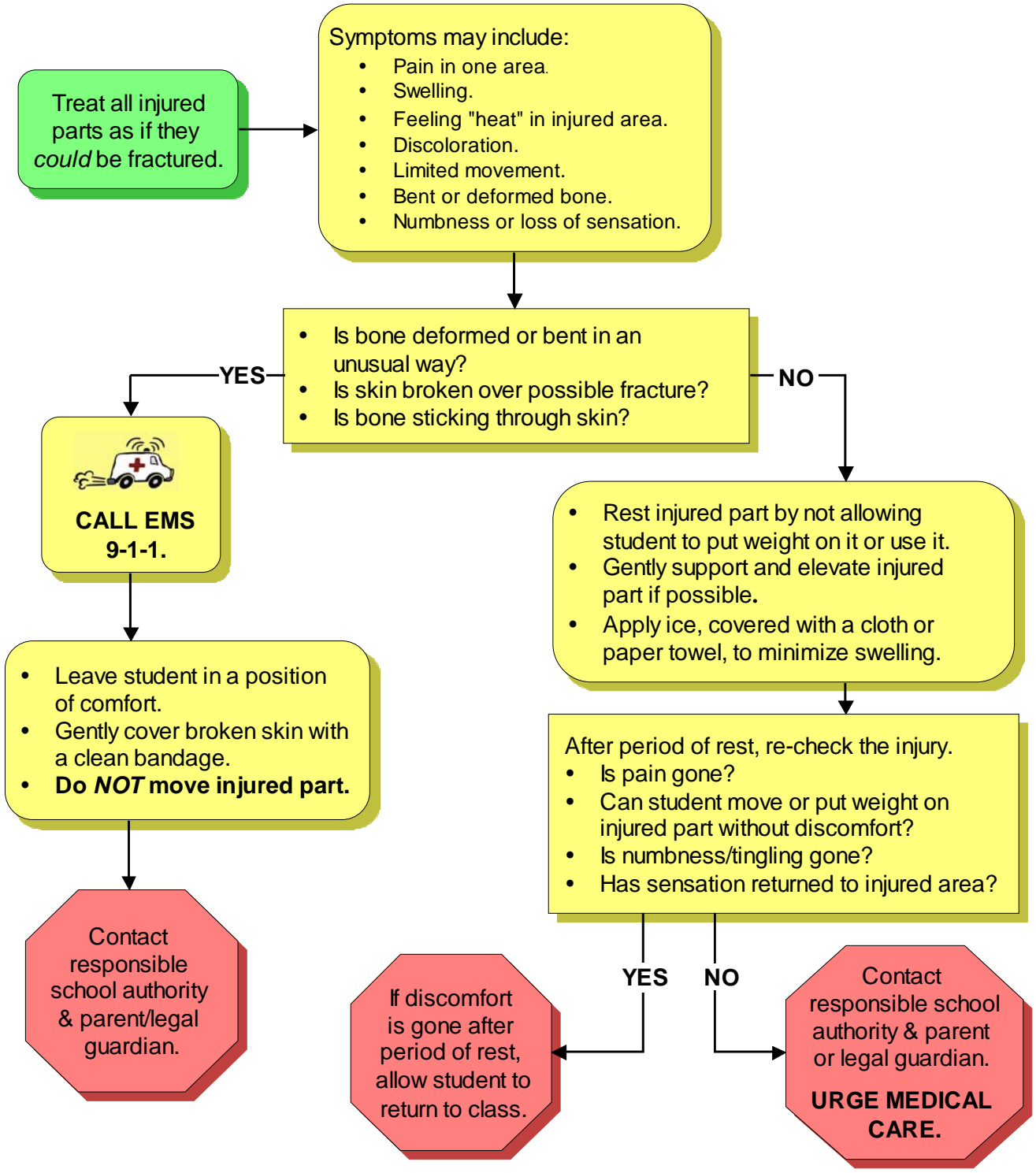
Have the student lie
down in a room that
affords privacy.

Give no medication,
unless previously
authorized.

Contact
responsible
school authority
and parent or
legal guardian.



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTBITE

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

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

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the student.


Deeply frostbitten skin may:

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

- Take the student to a warm place.
- Remove cold or wet clothing and give student warm, dry clothes.
- Protect cold part from further injury.
- **Do NOT rub or massage the cold part or apply heat such as a water bottle or hot running water.**
- Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/part:

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


CALL EMS 9-1-1.
Keep student warm and part covered.

Contact responsible authority & parent or legal guardian.

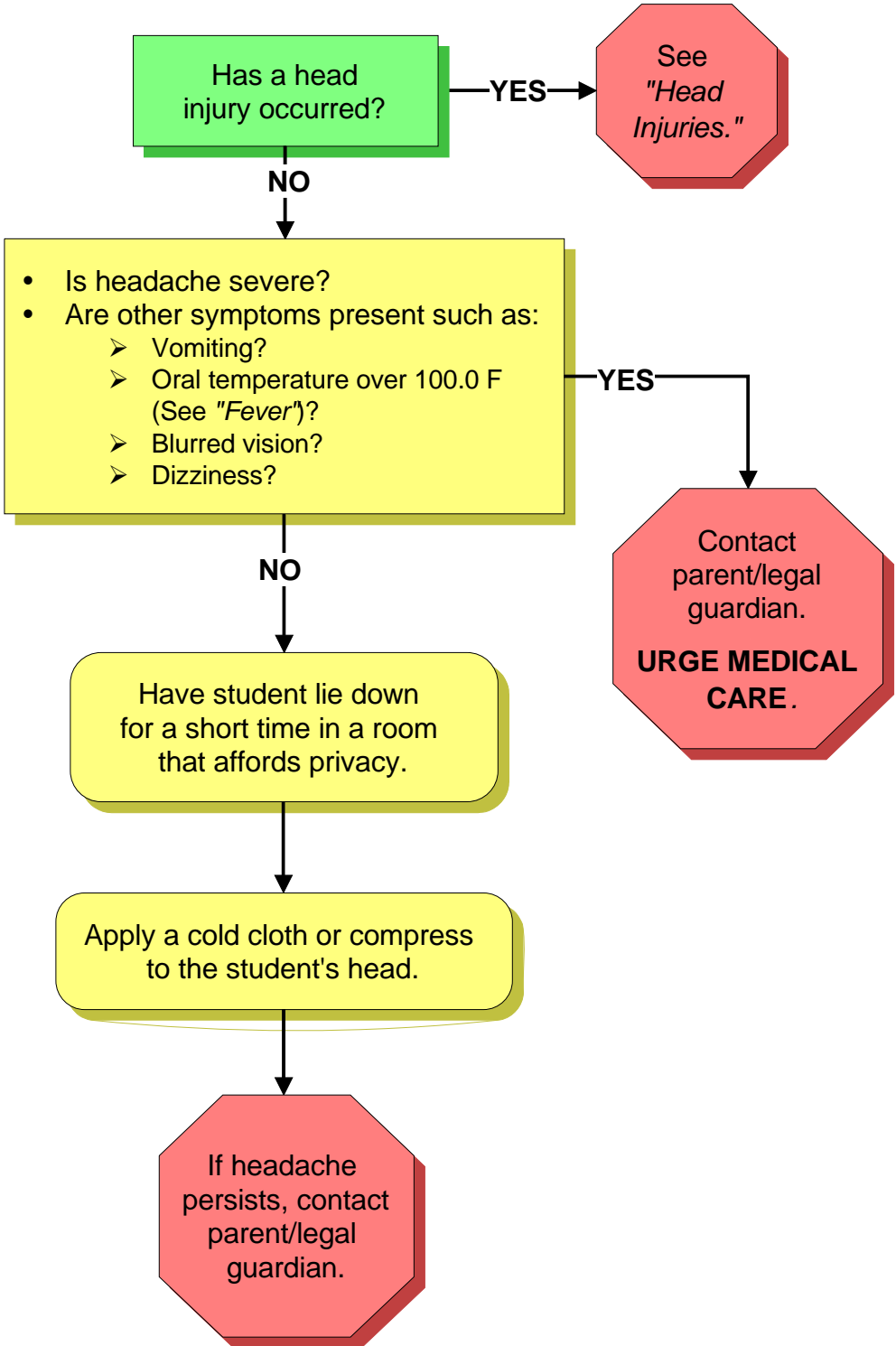
Contact responsible authority & parent or legal guardian.
Encourage medical care.

Keep student and part warm.



HEADACHE

Give no medication unless previously authorized.



HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "*Bleeding*."

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

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

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

Is student vomiting?

YES

NO

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

Watch student closely.
Do **NOT** leave student alone.


CALL EMS 9-1-1.

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?

YES

NO

- Check student's airway.
- Look, listen and 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 and seems fully recovered, contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.
Watch for delayed symptoms.

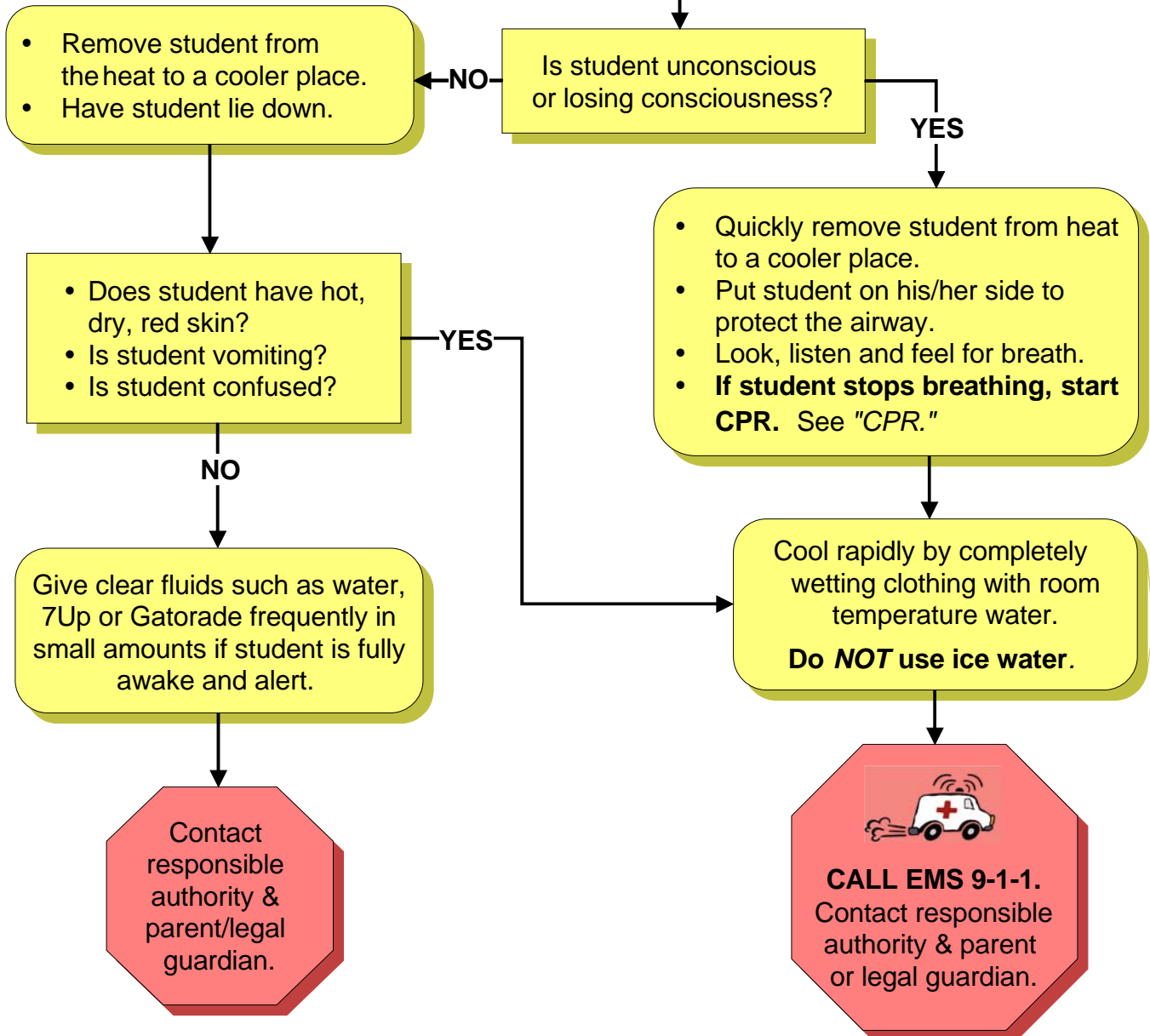


HEAT STROKE - HEAT EXHAUSTION

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

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Vomiting.
- Loss of consciousness.



HYPOTHERMIA (EXPOSURE TO COLD)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a student has been outside in the cold or in cold water. Symptoms may include:

- Confusion.
- Weakness.
- Blurry vision.
- Slurred speech.
- Shivering.
- Sleepiness.
- White or grayish skin color.
- Impaired judgment.

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

Does student have:

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

NO

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

YES

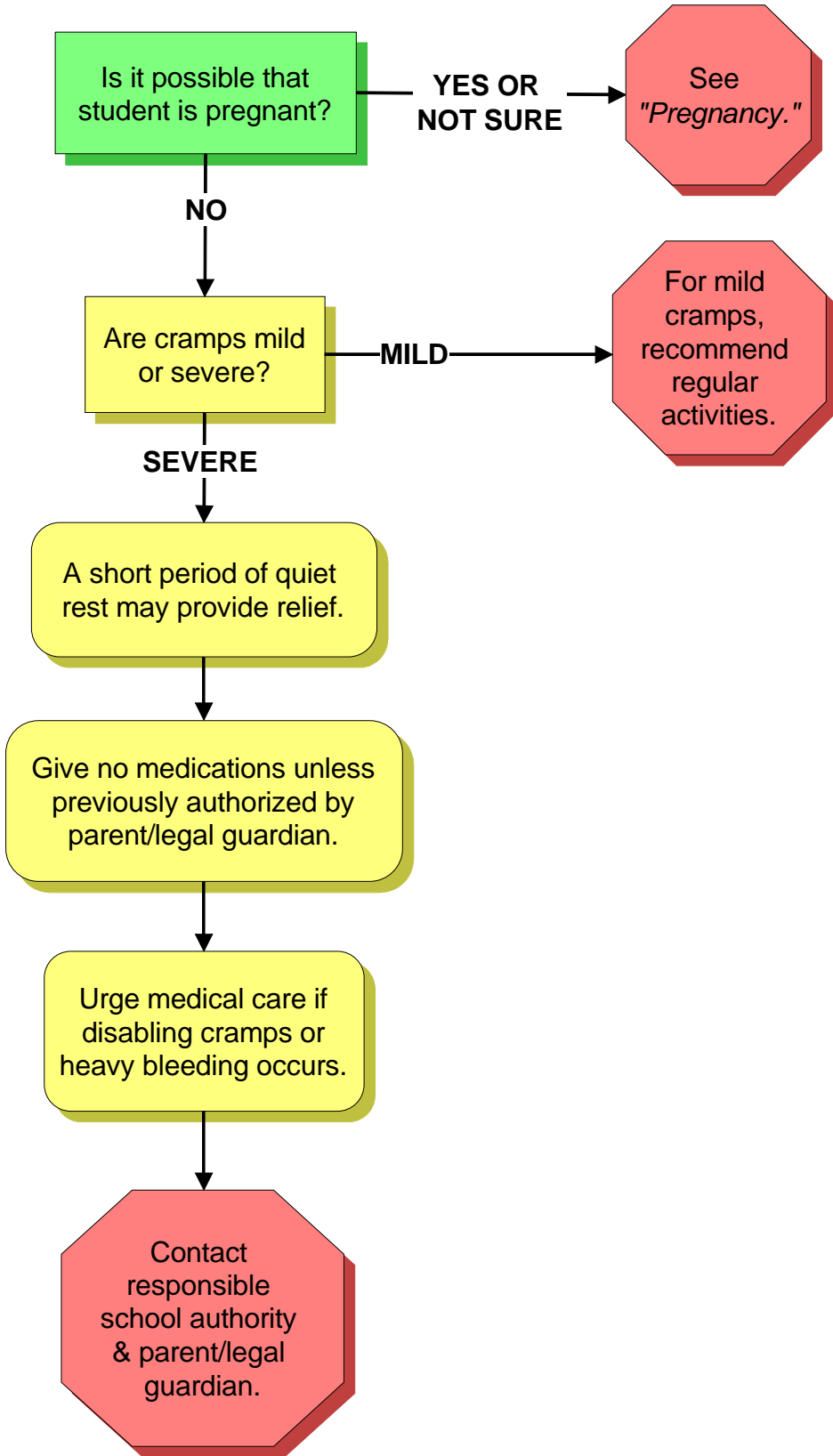
- **CALL EMS 9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is sleepy or losing consciousness, place student on his/her side to protect airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "**CPR**".



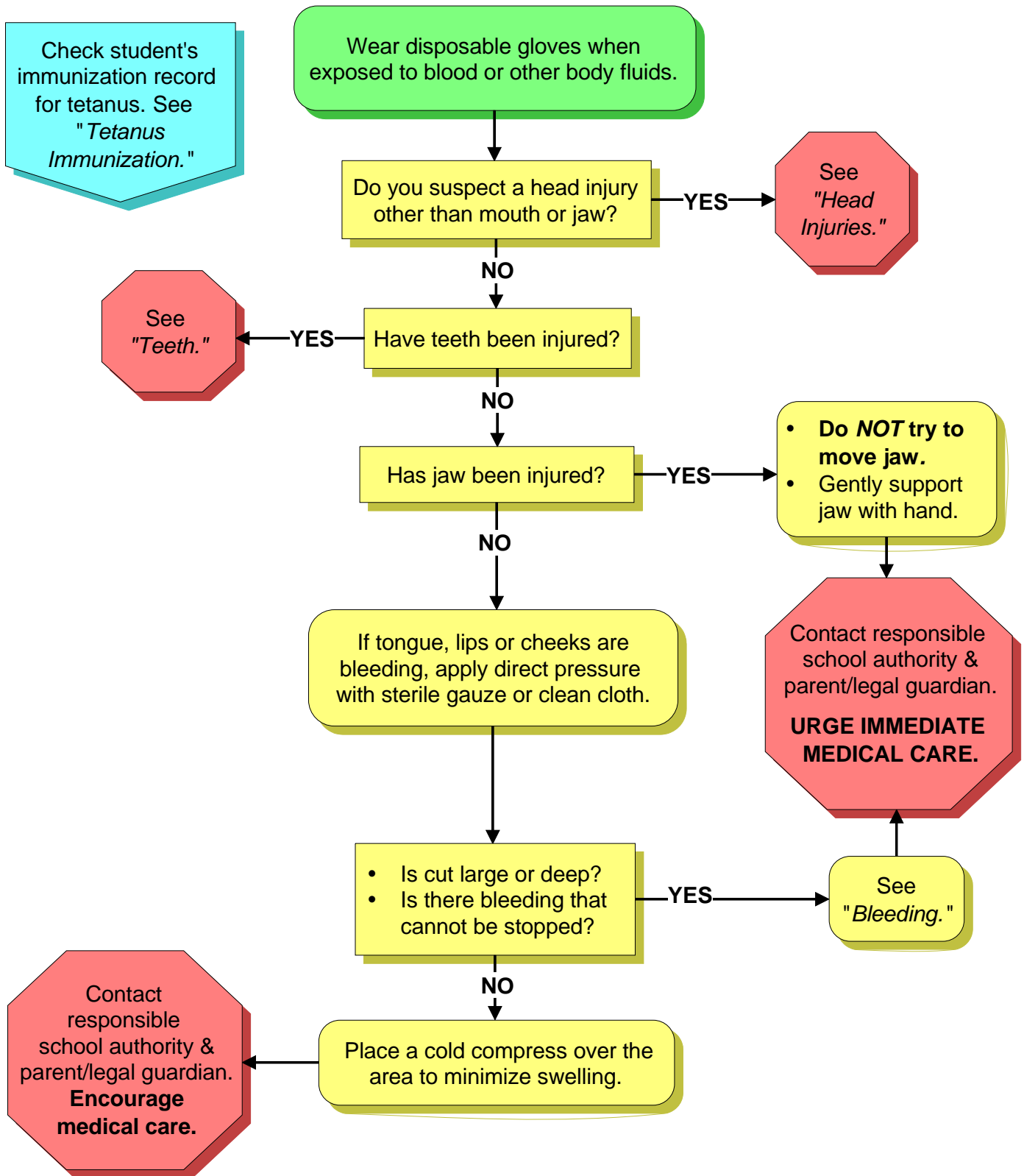
Contact responsible authority & parent or legal guardian.
Encourage medical care.



MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK & BACK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO

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 not emergencies.

YES

Did student walk in or was student found lying down?

WALK IN

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

LYING DOWN

- **Do NOT** move student unless there is **IMMEDIATE** danger of further physical harm.
- If student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
- **Do NOT** drag the student sideways.

Have student lie down on his/her back. Support head by holding it in a "face forward" position.
Try NOT to move neck or head.

- Keep student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.


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



NOSE

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

NOSEBLEED

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

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

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

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

If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.

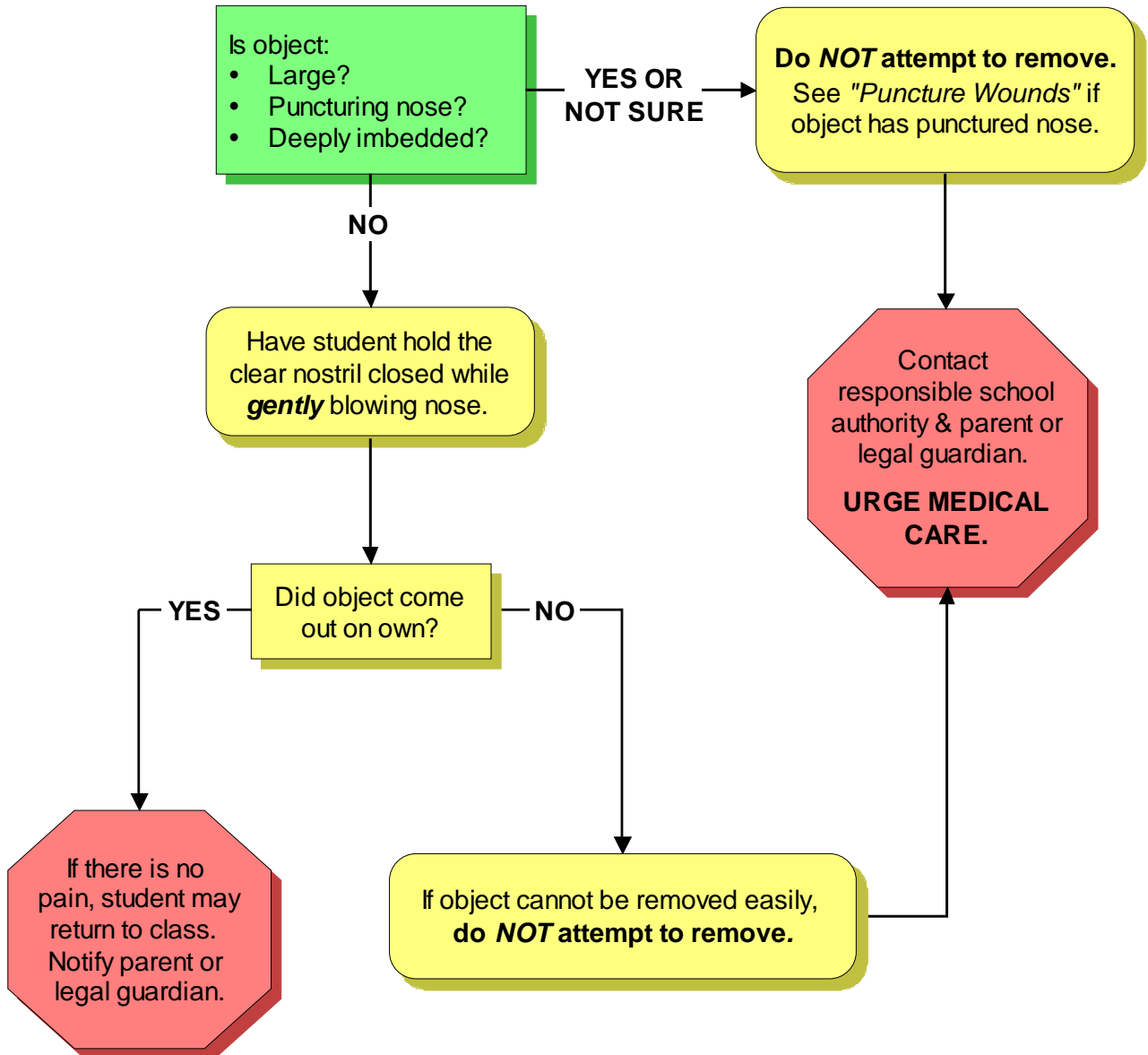
BROKEN NOSE

- Care for nose as in "Nosebleed" above.
- Contact responsible school authority & parent/legal guardian.
- **URGE MEDICAL CARE.**



NOSE

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.
- Insect bites and stings.
- 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 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.
- What type of "poison" it was.
- How much and when it was taken.

CALL POISON CONTROL.

1-800-222-1222

Follow their directions.

- If student becomes unconscious, place on his/her side. Check airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "CPR."

CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.



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



PREGNANCY

Pregnant students should be known to appropriate school staff.
Any student who is old enough to be pregnant, might be pregnant.

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN

SEIZURE
This may be a serious complication of pregnancy.

VAGINAL BLEEDING

AMNIOTIC FLUID LEAKAGE
This is **NOT** normal and may indicate the beginning of labor.

MORNING SICKNESS
Treat as vomiting. See "Vomiting."



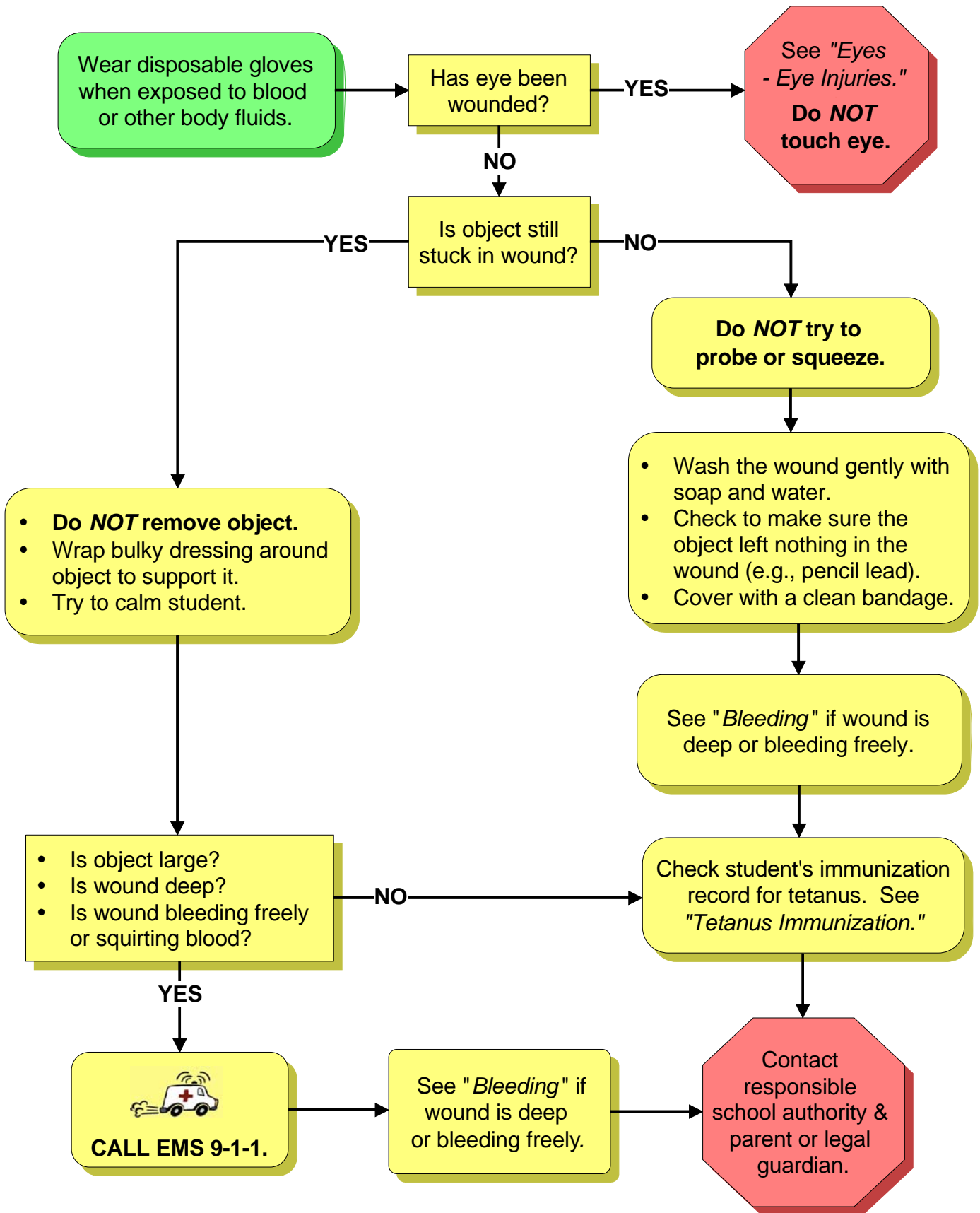
CALL EMS 9-1-1.
Contact responsible school authority & parent or legal guardian.

Contact responsible school authority & parent or legal guardian.
URGE IMMEDIATE MEDICAL CARE.

Contact responsible school authority & parent/legal guardian.



PUNCTURE WOUNDS



RASHES

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

Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

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

Other symptoms may indicate whether the student needs medical care.

Does student have:

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

YES


CALL EMS 9-1-1.

Contact responsible school authority & parent/legal guardian.

NO

If any of the following symptoms are present, contact responsible school authority & parent or 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) all over body.
- Student is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities.

See "Allergic Reaction" and "Communicable Disease" for more information.



SEIZURES

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.).

A student with a history of seizures should be known to appropriate school staff. An emergency care plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.

Refer to student's emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do NOT restrain movements.**
- Move surrounding objects to avoid injury.
- **Do NOT place anything between the teeth or give anything by mouth.**
- Keep airway clear by placing student on his/her side. A pillow should *NOT* be used.

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

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

- Is student having a seizure lasting longer than 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?

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

Contact responsible school authority & parent or legal guardian.


CALL EMS 9-1-1.



SHOCK

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

Do NOT move student unless he/she is endangered.

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

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

Is student:

- Not breathing? See *"CPR"* and/or *"Choking."*
- Unconscious? See *"Unconsciousness."*
- Bleeding profusely? See *"Bleeding."*

YES



**CALL EMS
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.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

Contact responsible school authority & parent or legal guardian.

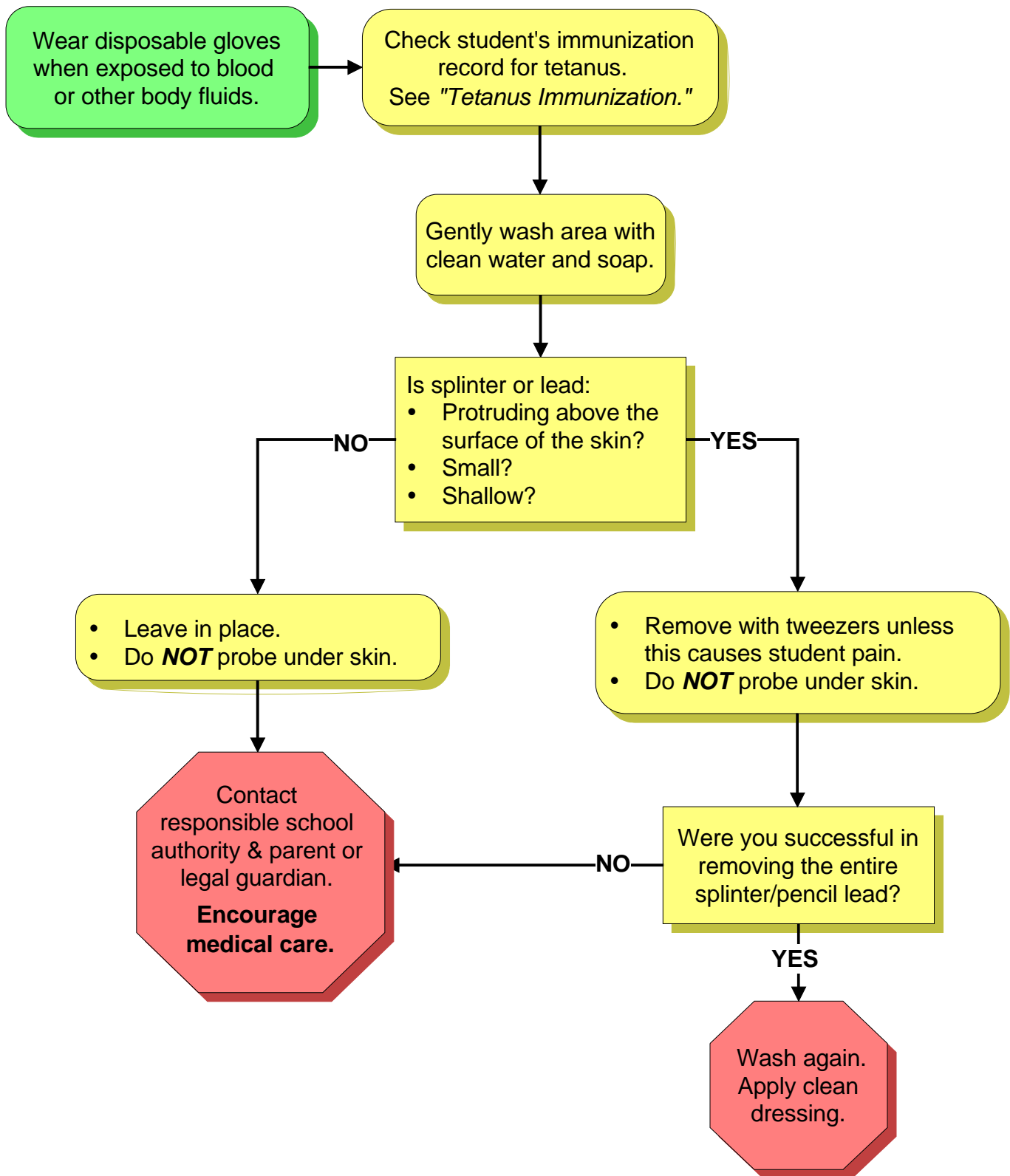
URGE MEDICAL CARE if EMS not called.

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.
- Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsive.
- Difficulty breathing or swallowing.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.



SPLINTERS OR IMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES

- **CALL EMS 9-1-1 for injured student.**
- Call the police.
- Intervene only if the situation is safe for you to approach.



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

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

Is the student:

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

YES

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

NO

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

Check student's immunization record for tetanus.
See "*Tetanus Immunization.*"

Contact responsible school authority & parent or legal guardian.



STINGS

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

Does student have:

- Difficulty breathing?
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

NO

YES

A student may have a delayed allergic reaction up to **2 hours** after the sting. Adult(s) supervising student during normal activities should be aware of the sting and should watch for any delayed reaction.

Refer to student's emergency care plan.

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



CALL EMS 9-1-1.

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

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

Contact responsible school authority & parent or legal guardian.

See "Allergic Reaction."



STOMACHACHES/PAIN

Stomachaches/pain may have many causes including:

- Illness.
- Hunger.
- Overeating.
- Diarrhea.
- Food poisoning.
- Injury.
- Menstrual difficulties.
- Psychological issues.
- Stress.
- Constipation.
- Gas pain.
- Pregnancy.

Suspect neck injury.
See "Neck and Back Pain."

Contact responsible school authority & parent/legal guardian.
URGE PROMPT MEDICAL CARE.

Has a serious injury occurred resulting from:

- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

NO

Take the student's temperature.
Note temperature over 100.0 F as fever. See "Fever."

Does student have:

- Fever?
- Severe stomach pains?
- Vomiting?

NO

Allow student to rest 20-30 minutes in a room that affords privacy.

Allow student to return to class.

Does student feel better?

If stomachache persists or becomes worse, contact responsible school authority & parent or legal guardian.



TEETH

BLEEDING GUMS

Bleeding gums:

- Are generally related to chronic infection.
- Present some threat to student's general health.

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

Contact responsible school authority & parent/legal guardian.
URGE DENTAL CARE.

TOOTHACHE OR GUM INFECTION

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

These conditions can be direct threats to student's general health, not just local tooth problems.

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

Relief of pain in the school often postpones dental care. **Do NOT place pain relievers (e.g., aspirin, Tylenol) on the gum tissue of the aching tooth. They can burn tissue.**

Contact responsible school authority & parent/legal guardian.
URGE DENTAL CARE.



TEETH

DISPLACED TOOTH

Do **NOT** try to move tooth into correct position.

Contact responsible school authority & parent/legal guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

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

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

Do not replant primary (baby) teeth back in socket.
(No. 1 in list.)

The following steps are listed in order of preference.

Within 15 - 20 minutes:

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

TOOTH MUST NOT DRY OUT.

Apply a cold compress to face to minimize swelling

Contact responsible school authority & parent or legal guardian.

OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.



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.



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 other body fluids.

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

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

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

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

Contact responsible school authority & parent/legal guardian.



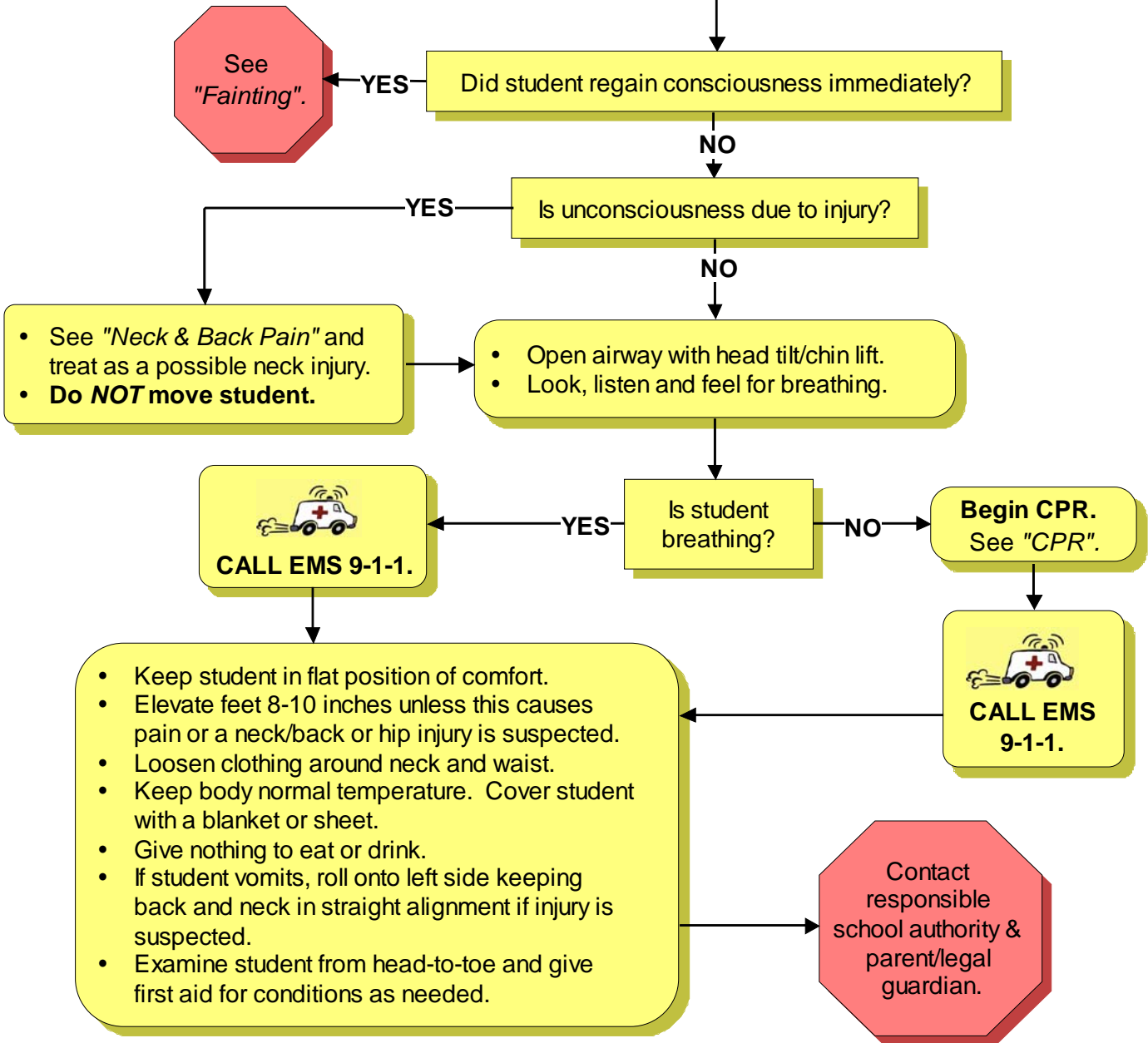
UNCONSCIOUSNESS

If student stops breathing, and no one else is available to call EMS, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may have many causes including:

- Injuries.
- Blood loss/shock.
- Poisoning.
- Severe allergic reaction.
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

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



VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning.

CALL POISON CONTROL
1-800-222-1222

and ask for instructions.
See "*Poisoning*" and notify local health department.

Vomiting may have many causes including:

- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/head injury.
- Heat exhaustion.
- Overexertion.
- Food poisoning.

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

Take student's temperature.
Note oral temperature over 100.0 F as fever. See "*Fever*".

- Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

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

YES

NO

Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE

Contact responsible school authority & parent/legal guardian.



RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at <http://www.aap.org>.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
4. Covered waste receptacle with disposable liners.
5. Bandage scissors & tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. Expendable supplies:
 - Sterile cotton-tipped applicators, individually packaged.
 - Sterile adhesive compresses (1"x 3"), individually packaged.
 - Cotton balls.
 - Sterile gauze squares (2"x 2"; 3"x3"), individually packaged.
 - Adhesive tape (1" width).
 - Gauze bandage (1" and 2" widths).
 - Splints (long and short).
 - Cold packs (compresses).
 - Tongue blades.
 - Triangular bandages for sling.
 - Safety pins.
 - Soap.
 - Disposable facial tissues.
 - Paper towels.
 - Sanitary napkins.
 - Disposable gloves (latex or vinyl if latex allergy is possible).
 - Pocket mask/face shield for CPR.
 - One flashlight with spare bulb and batteries.
 - Hank's Balanced Salt Solution (HBSS) *available in the Save-A-Tooth emergency tooth preserving system manufactured by 3M®.
 - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1 unit bleach to 9 units water.*



EMERGENCY PHONE NUMBERS

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

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

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

- + **EMERGENCY PHONE NUMBER: 9-1-1 or** _____
- + Name of EMS agency _____
- + Their average emergency response time to your school _____
- + Directions to your school _____

- + Location of the school's AED(s) _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

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

OTHER IMPORTANT PHONE NUMBERS

- + School Nurse _____
- + Responsible School Authority _____
- + Poison Control Center **1-800-222-1222**
- + Fire Department **9-1-1 or** _____
- + Police **9-1-1 or** _____
- + Hospital or Nearest Emergency Facility _____
- + County Children Services Agency _____
- + Rape Crisis Center **1-800-656-HOPE**
- + Suicide Hotline **1-800-SUICIDE**
- + Local Health Department _____
- + Taxi _____
- + Other medical services information (e.g., dentists or physicians): _____

