EMERGENCY GUIDE TO PROVIDING EMERGENCY CARE

Assess the situation.

Is the area safe for YOU?
(Remember: Infection control/Universal precautions.)

NO

IF UNSAFE, SEEK HELP!

YES

ASSESS THE STUDENT OR STAFF.
Are they conscious or unconscious?
(Gently tap and ask, “Are you okay?”)

If the individual does not respond:

Assess airway, breathing, and circulation. Intervene as necessary.
DO NOT GIVE ORAL FLUIDS.

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority and parent/legal guardian.

If the individual does respond:

The situation is NOT an emergency.

Contact responsible school authority & parent/legal guardian.
Students with life-threatening allergies should be known to all staff. An emergency plan should be developed for these students.

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

Symptoms of severe allergic reaction include:
- Hives all over body
- Flushed face
- Weakness
- Paleness
- Seizures
- Confusion
- Dizziness
- Bluiness around eyes, mouth
- Loss of Consciousness
- Drooling or difficulty breathing.

Symptoms of mild allergic reaction include:
- Red itchy eyes.
- Itchy, sneezing, runny nose.
- Several hives, or rash on one part of the body.

Refer to student’s emergency plan. Administer guardian-approved medication or use school/student’s epinephrine pen, if available.

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

If child is unable to participate in school activities, contact appropriate school authority & parent/legal guardian.

If child stops breathing, give rescue breaths.

CALL EMERGENCY MEDICAL SERVICE. Contact responsible school authority & parent/legal guardian.

Does individual have symptoms of severe allergic reaction?

NO

YES
ASTHMA/WHEEZING OR DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/wheezing should be known to all school staff. An emergency care plan should be developed. Asthma is a disease that occurs when small air passages constrict making breathing difficult. Some triggers for asthma include viral infections, tobacco smoke, exercise, perfumes, strong odors, aerosol sprays, cold air, and allergies.

A student with asthma/wheezing may have breathing difficulties which include the following.
- Rapid breathing
- Tightness in chest
- Excessive coughing
- Taking a breathe in between words when speaking
- Wheezing (high-pitched) sound during breathing out
- Increased use of stomach and chest muscles during breathing

If available, refer to student’s health/emergency care plan. (Remember: Peak Flow Meter, if available)

Does student have parent/guardian-approved medication?

YES
- Administer and repeat medication as prescribed.

NO
- Encourage the student to sit quietly, breathe slowly and deeply through the nose and out through the mouth.
  - Are the lips, tongue or nail beds turning blue?
  - Are the symptoms not improving or getting worse?
  - Did breathing difficulty develop rapidly?

NO
- Contact responsible school authority & parent/legal guardian.

YES
- CALL EMERGENCY MEDICAL SERVICE.
Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate staff. An emergency care plan should be developed by the school nurse at the time of enrollment.

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

Intervene only if the situation is safe.

- Does the student's behavior present an immediate risk of physical harm to self, others or property?
  - Is student armed with a weapon?

Refer to a health care provider. Cause of unusual behavior may be psychological/emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.).

Suicidal and violent behavior must be taken seriously. If student has threatened to harm him/herself or other, keep under constant adult supervision. **Immediately contact responsible school authority.**

CALL POLICE.

CALL EMERGENCY MEDICAL SERVICES if injuries require immediate attention.

Contact parent/legal guardian.

Contact parent/legal guardian.
Wear gloves for potential exposure to blood and other body fluids.

Press firmly with a clean dressing. See “Bleeding.”

Check student’s tetanus immunization status.

If skin is broken contact responsible school authority & parent/legal guardian. URGE IMMEDIATE MEDICAL CARE. (Remember body fluid exposure protection)

Notify parent/legal guardian of student who was bitten and student who was biting that their children may have been exposed to blood from another student.

CALL EMERGENCY MEDICAL SERVICES

Is bite large or gaping?
• Is bite large or gaping?
• Is bleeding uncontrollable?

Contact responsible school authority & parent/legal guardian.

Report animal bite to proper authorities so that animal can be caught and observed for rabies.

Is student bleeding?

HUMAN

ANIMAL

If bite is from snake see “Poisoning.”

If bite is from insect see “Sting.”

Human and animal bites are treated as lacerations or punctures. Bites from the following animals can carry rabies and may need medical attention: dog, bat, opossum, cat, bat, raccoon coyote and fox

Wash the bite area with soap & water.

Hold Under running water for 2-3 minutes.
BLEEDING

Wear gloves for potential exposure to blood or other body fluids.

Is there an amputation?

CALL EMERGENCY MEDICAL SERVICES.

• Place detached part in plastic bag.
• Tie bag and put bag in container of ice water.
• Send bag to hospital with student.
• DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.

Contact responsible school authority & parent/legal guardian.

Is there uncontrolled bleeding, signs of shock or suspect fracture? See “Shock” if dizziness, blue skin, sweating, clammy skin, fainting occur.

CALL EMERGENCY MEDICAL SERVICES.

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

Establish student’s tetanus immunization status.

Contact responsible school authority & parent/legal guardian.

• Press firmly with 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.
CHAPTER 8

BLISTERS FROM FRICTION

Wear disposable gloves for potential exposure to blood and other body fluids.

Wash area with soap and water.

Is blister broken?

YES

Apply clean dressing and bandage to prevent further breakdown of skin integrity.

NO

DO NOT BREAK BLISTER. Blisters heal best when kept clean and dry.

If infection is suspected, contact parent/legal guardian.
If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See “Child Abuse/Neglect.”

Assess closely student who presents with bruises.

- Is there swelling?
- Is student in great pain?

YES

Contact responsible school authority & parent/legal guardian if this is safe for student.

NO

Rest injured part. Apply cold compress or ice bag covered with a cloth or paper towel for half an hour.

If skin is broken treat as a cut. See “Cuts/Scratches/Scraps.”
Make sure that the situation is safe before assisting a burn victim.

See next page for description about burns.

**Electrical**

All electrical burns need medical attention. See “Electric Shock.”

**Chemical**

Wear gloves and if possible, goggles. Remove student’s clothing & jewelry if exposed to chemical. Rinse chemicals off immediately with large amounts of water.

**Heat**

Flush burn with large amounts of cool running water or cover it with a clean, wet cloth.

**Do not use ice.**

• Is burn large or deep?
• Is burn on face, eye or genitalia?
• Is student having difficulty breathing?
• Is student unconscious?

**CALL NEW MEXICO POISON CONTROL CENTER & ask for instructions. Phone # 1-800-222-1222**

**CALL EMERGENCY MEDICAL SERVICES.**

Bandage loosely.

Check tetanus immunization status.

Contact responsible school authority & parent/legal guardian.

**YES**

**NO**
CHAPTER 8

BURNS

PARTIAL THICKNESS
The partial thickness burn involves the outermost layer and lower layers of skin, and the symptoms include redness, mild swelling, pain, mottling, and blisters. It is frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to still intact nerve endings.

FULL THICKNESS
The full thickness burn is the most serious burn. It extends through all skin layers and can extend into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may be experienced.
Child abuse/neglect is a complicated issue with many warning signs. Anyone in a position to care for children should be trained in the recognition of suspected child abuse/neglect.

If child has visible injuries, refer to appropriate guideline for first aid instruction. **CALL EMERGENCY MEDICAL SERVICES** if any injuries require immediate medical care.

All professional school staff are required to report **suspected** child abuse/neglect to Children, Youth and Family Division (CYFD). Refer to school policy for additional guidance on reporting. *(It is not the suspicious person’s responsibility to decide to what degree abuse/neglect is probable. Any reason for SUSPECT requires reporting.)*

**CYFD @ 1 (877) 890-4692**

**Evaluate for abuse/neglect. Abuse may be physical, sexual or emotional in nature. Some signs of abuse/neglect follow.**

- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g. burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- “Glove-like” or “sock-like” burns.
- Depression, low self-esteem, poor self-image.
- Hostility, acting-out, classroom disruption, aggression toward peers or adults.
- Decreased academic performance.
- Poor hygiene, underfed appearance, provocative dress.
- Severe injury or illness without medical care.
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.

**If child reveals abuse:**

- Remain calm.
- Take student seriously.
- Tell student that he/she did the right thing by revealing.
- Let student know that for you reporting the abuse/neglect is required by law.
- Do not make promises that cannot be kept.
- Respect the sensitive nature of student’s situation.
- Follow appropriate reporting procedures.

Contact responsible school authorities & parent/legal guardian as appropriate. **REPORT SUSPECTED ABUSE/NEGLECT TO CYFD.**
CHAPTER 8

CHOKING

Activate EMERGENCY MEDICAL SERVICES (EMS) after starting rescue efforts.

http://depts.washington.edu/learnCPR/

INFANTS ONE YEAR OLD OR LESS

If infant is conscious:

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 blows 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, about one finger width below the nipple line.

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

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

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

CHILDREN OVER ONE YEAR OF AGE & ADULTS

If individual is conscious:

Begin the following if the individual is choking and unable to breathe. However, if the individual is coughing, crying or speaking, 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 Stand or kneel behind person with arms encircling the individual.

2 Place thumb side of fist against middle of abdomen just above the navel. Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.

3 Give up to 5 quick inward and upward thrusts.

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

OBESE OR PREGNANT PERSON

Stand behind person and place arms under the individual’s armpits to encircle the chest. Press with quick backward thrusts.
CUTS/SCRATCHES/SCRAPES

Wear disposable gloves for potential exposure to blood or other body fluids.

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

NO

Use wet gauze to wash the wound gently with clean water and soap.

YES

See "Bleeding."

Establish student’s tetanus immunization status. If 5 years or more since last vaccination recommend booster dose to parent/legal guardian.

Contact responsible school authority & parent/legal guardian.
A student with diabetes should be known to all school staff. A history should be obtained and a health plan developed at time of enrollment. See Diabetes in “Students with Special Needs” section.

Assess the student with diabetes for the following symptoms:
- Irritability/feeling upset
- Change in personality
- Sweating/feeling shaky
- Loss of consciousness
- Rapid, deep breathing
- Seizure
- Confusion
- Cramping
- Dizziness
- Paleness
- Rapid pulse

STUDENT SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.

Is the student:
- Unconscious?
- Having a seizure? (See “Seizure.”)
- Unable to speak?

Yes

Is blood sugar monitor available?

No

Assist student to check blood sugar.

Yes

Assess the student with diabetes for the following symptoms:
- Irritability/feeling upset
- Change in personality
- Sweating/feeling shaky
- Loss of consciousness
- Rapid, deep breathing
- Seizure
- Confusion
- Cramping
- Dizziness
- Paleness
- Rapid pulse

STUDENT SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.

Is the student:
- Unconscious?
- Having a seizure? (See “Seizure.”)
- Unable to speak?

Yes

Give 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.

The student should begin to improve in 10 minutes. Continue to observe student in quiet place.

Is the blood sugar less than 60 or “LOW” according to individual care plan?

Yes

LOW

CALL EMERGENCY MEDICAL SERVICES.

HIGH

Contact responsible school authority & parent/legal guardian.
DIARRHEA

A student may present because of repeated diarrhea or after an "accident" resulting in soiled clothing.

Contact responsible school authority & parent/legal guardian and URGE MEDICAL CARE if:
- Student has repeated diarrhea (3 or more times).
- Blood is present in stool.
- Student is dizzy and pale.
- Student has severe stomach pain.

If the student’s clothing is soiled, wear disposable gloves while assisting with clothing change and double-bag soiled clothing if it is to be sent home with the student.

Wear disposable gloves for potential exposure to blood or other body fluids. Use good hand-washing technique.
An earache is most commonly caused by an infection behind the middle ear. A student may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

DRAINAGE FROM EAR

Do NOT try to clean out drainage from ear canal.

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

EARACHE

A warm water bottle or heating pad (NOT HOT) against the ear can give comfort to the student with an earache.

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

OBJECT IN EAR CANAL

DO NOT ATTEMPT TO REMOVE ANY OBJECT IN THE EAR CANAL.

Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.
CHAPTER 8

ELECTRIC SHOCK

If no one else is available to call EMERGENCY MEDICAL SERVICES, perform CPR first for one minute and then call EMS.

If individual is receiving an electrical shock:
- TURN OFF POWER SOURCE, IF POSSIBLE.
- DO NOT TOUCH PERSON UNTIL POWER SOURCE IS SHUT OFF.
- Once power is off and situation is safe, approach individual and ask, “Are you okay?”

CALL EMERGENCY MEDICAL SERVICES.

YES

Is student unconscious or unresponsive?

NO

Check breathing. Look, listen & feel for breath. If individual is not breathing, give rescue breath.

Treat any burns. See “Burns.”

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

Check pulse by placing fingers on side of individual’s neck.

If individual has no pulse, start chest compressions.

See http://depts.washington.edu/learnCPR/ for CPR instruction.
CHAPTER 8

EYE INJURY

Keep student lying flat and quiet with any eye injury.

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

YES

If object has penetrated the eye, DO NOT REMOVE OBJECT. (DO NOT FLUSH EYE.)

Cover injured eye with a paper cup or similar object to keep student from rubbing it. DO NOT TOUCH INJURED EYE OR PUT ANY PRESSURE ON IT. (Uninjured eye may also be covered.)

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent/legal guardian.

NO

With any eye problem if student wears contact lenses. Have him/her remove contacts before giving any first-aid to eye.

Contact responsible school authority & parent/legal guardian. ARRANGE FOR IMMEDIATE MEDICAL CARE.

(Continued on next page)
PARTICLE IN EYE

Keep student from rubbing eye if particle in the eye is suspected.

• Have student lie down and tip head toward affected side.
• Gently pour tap water over the open eye to flush out the particle.

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

CHEMICALS IN EYE

• Wear gloves and, if available, goggles.
• Immediately flush the eye with large amounts of clean water for 20-30 minutes.
• Let the water run over the eye with head tipped so water washes eye from nose out to side of face.

CONTACT POISON CONTROL CENTER @ 1-800-222-1222 while eye is being flushed. Follow instructions.

If eye has been burned by chemical

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority and parent/legal guardian.
Fainting may have many causes including but not limited to: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing "at attention" for too long, etc. 

*If the cause of the fainting is known see the appropriate guideline.*

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

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

If yes or not sure, treat as possible head or neck injury. See "Neck & Back Injuries." 

**DO NOT MOVE STUDENT.**

If no, keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts.

**CALL EMERGENCY MEDICAL SERVICES.**

- Keep airway clear.
- Monitor breathing. Look, listen and feel for breath.
- Keep student warm but not hot.
- Control any bleeding. (Always wear gloves.)
- Give nothing by mouth.

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

Contact responsible school authority & parent/legal guardian.
A fever is the body’s normal response to infection. A fever is a symptom of infection and not an illness in itself. The body’s average temperature can vary during the day, between 97.6°F to 99.5°F. Mild elevations between 100.4°F to 101.2°F can be the result of exercise, excess clothing, and/or a hot environment. Oral temperatures can be elevated by hot food or drink.

With suspected fever take student’s temperature, if possible. Assess temperature over 101.0°F as fever.

Have student lie down in a room which affords privacy.

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

If it is suspected that the temperature elevation is due to exercise, excess clothing, hot environment, or warm food give fluids and take the temperature again in half an hour after removing the suspected cause. See “Heat Stroke.”

Give no medication unless authorized by parent/legal guardian consent.

Contact responsible school authority & parent/legal guardian.
Treat all injured parts as if there might be a fracture. See attached page for descriptions of injuries.

Injury symptoms might include:
- Pain in one area
- Swelling
- Heat sensation in injured area
- Discoloration
- Limited movement
- Bent or deformed bone.

Do not allow student to put weight on or try to use the injured part.

- Support and elevate injured part gently, if possible.
- Apply ice to minimize swelling.

Is bone deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?

CALL EMERGENCY MEDICAL SERVICES.

Gently cover broken skin with a clean bandage. Don’t move the injured part.

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

(Continued on next page)
CHAPTER 8

FRACTURES/DISLOCATIONS/SPRAINS/STRAINS

(Continued from previous page)

FRACTURES
Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open fractures the bone may be visible and may protrude through the skin. Symptoms may include an audible snap at the time of injury, a grating sensation, a crooked bone, pain, tenderness, swelling and bruising, and an inability to move the injured part.

DISLOCATIONS
Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the ligaments that hold them in place. Symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

SPRAINS OR STRAINS
Sprains occur when ligaments and tendons around a joint are stretched or partially torn. Sprains are usually caused by a twisting injury. Symptoms include tenderness to touch, swelling and discoloration.
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, white.
- Feel cold to the touch.
- Feel numb to the child.

Deeply frostbitten skin may:
- Look white or waxy.
- Feel firm/hard (frozen).

- Take individual suspected of frostbite to a warm place.
- Remove cold or wet clothing and provide warm, dry clothes.
- Protect cold part from further injury.
- Do NOT rub or massage the cold part.
- Do not apply heat such as a water bottle or hot running water.
- Cover part loosely with non-stick, sterile dressings or dry blanket.

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

- CALL EMERGENCY MEDICAL SERVICES.
  - Keep individual and affected area warm.

- Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.
  - Keep individual and affected area warm.
Headaches should be evaluated as the possible result of trauma, especially in children and adolescents.

Has a head injury occurred?

See “Head Injury.”

Is headache severe?

▪ Have individual lie down for a short time in a private place.
▪ Apply a cold cloth or compress to the individual’s head.
▪ Assess individual’s last intake of food.
▪ Give no medication unless authorized by parental/legal guardian.

CALL EMERGENCY MEDICAL SERVICES. Notify school authority & contact parent/legal guardian.

Contact parent/legal guardian if headache persists.

▪ Are other symptoms such as vomiting, fever, blurred vision dizziness present?
▪ Is there confusion, behavioral changes, disorientation?

YES

NO
Head wounds may bleed easily and form large bumps. Head injuries from falls, sports and violence may be serious.

With a head injury always suspect neck injury as well. Do NOT move or twist the spine or neck. See “Neck/Back Injuries.”

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

Is student vomiting?

YES

Keeping head and neck in a straight line with the trunk, turn the head and body together to one side.

NO

Observe student closely. DO NOT LEAVE STUDENT ALONE.

Are any of the following symptoms present?
- Unconscious
- Seizure
- Neck Pain
- Student unable to respond to simple commands
- Blood or watery fluid in the ears
- Student unable to move or feel arms or legs
- Blood flowing freely from the head
- Student sleepy or confused

CALL EMERGENCY MEDICAL SERVICES.

YES

Monitor breathing. Look, listen and feel for breath. If student stops breathing, give rescue breaths.

NO

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

Even if student only briefly confused and seems fully recovered, contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE. Observe for delayed symptoms.
HEAT STROKE/HEAT EXHAUSTION

Heat stroke may occur as result of untreated heat exhaustion. During strenuous physical activity, the heat regulation mechanism of the brain may stop functioning. The person stops sweating and the skin becomes very red and hot. This is an immediate and life-threatening emergency.

Strenuous activity in heat may cause heat-related illness. Symptoms may include the following.
- Red, hot, dry skin
- Weakness and fatigue
- Cool, clammy hands
- Loss of consciousness
- Normal or below normal temperature
- Profuse sweating
- Headache
- Nausea
- Cramping

- Remove student from heat to a cooler place.
- Have student lie down.

Does student have
- Loss of consciousness?
- Hot, dry, red skin?

NO

Give clear fluids such as water frequently in small amounts.

YES

If student has loss of consciousness, cool rapidly by completely wetting clothing with room temperature water. DO NOT USE ICE WATER.

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent/legal guardian.

Contact responsible school authority & parent/legal guardian.
CHAPTER 8

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.

Hypothermia can occur after an individual has been in cold air or cold water. Symptoms may include the following.

- Confusion
- Blurry vision
- Shivering
- Sleeplessness
- Weakness
- Slurred Speech
- White or grayish skin color
- Impaired judgment

Take individual to a warm place.
Remove cold/wet clothing and wrap in a warm, dry blanket.

Does individual have any of the following?
- Loss of consciousness
- Slowed breathing
- Confused or slurred speech
- White, grayish/blue skin

NO

Contact responsible authority & parent/legal guardian.

YES

CALL EMERGENCY MEDICAL SERVICES.

- Give nothing by mouth.
- Continue to warm individual with blankets.
- If individual is sleepy or losing consciousness, place him/her on side to protect airway.
- Look, listen and feel for breathing. If no indication of breathing start CPR. See http://depts.washington.edu/learncpr/.

URGE MEDICAL CARE.

Give nothing by mouth.
Urge medical care.
Contact responsible authority & parent/legal guardian.

MENSTRUAL DIFFICULTIES

Does individual have Mild or Severe cramps?

MILD

For mild cramps, recommend regular activities.

SEVERE

A short period of quiet rest with a warm (NOT HOT) pad over the lower abdomen will help provide relief. See “Stomach Aches/Pain.”

Give no medications unless previously authorized by parent/legal guardian.

URGE MEDICAL CARE if patient has fever (above 101.0°), disabling cramps, or heavy bleeding occurs.

Contact responsible school authority & parent/legal guardian.
Students may be at risk for depression, suicide, and substance abuse.

Do not leave a student unattended exhibiting any of the symptoms below.

- Violent
- Suspected of substance abuse
- Suicidal
- Confused
- Exhibiting bizarre behavior

Contact responsible school authority & parent/legal guardian. 
URGE PSYCHIATRIC CARE.
MOUTH/AND JAW INJURIES

Assess mouth/jaw injury for breathing difficulty.

Is airway clear?

NO

Start CPR.

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent/legal guardian.

NO

Has teeth been injured?

YES

See “Teeth.”

NO

Has jaw been injured?

YES

DO NOT TRY TO MOVE JAW. Gently support jaw with hand.

NO

If tongue, lips, or cheek are bleeding apply direct pressure with sterile gauze or clean cloth.

Place a cold compress over the area to minimize swelling.

If cut is large or deep, or if bleeding cannot be stopped, contact responsible school authority & parent/legal guardian. URGE MEDICAL OR DENTAL CARE.

See “Head Injuries” if a head injury other than mouth or jaw is suspected.
NECK/BACK INJURIES

Has a neck/back 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

LYING DOWN

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

• Do not move student.
• Keep student quiet and warm.
• Place rolled up towels/clothing on both sides of head so it will not move.

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent/legal guardian.

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.
A nosebleed may be caused by colds, allergies, chronic illness, injuries to the nose, medications, high altitudes, blowing the nose, foreign bodies in the nose, and low humidity. Nosebleeds are rarely serious and usually can be controlled.

When individual presents with nosebleed wear gloves for protection from exposure 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 free flowing, provide constant uninterrupted pressure by pressing nostrils firmly together for about 10 minutes. If bleeding continues, repeat pressure an additional 10 minutes, applying ice to nose.

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

Individual presents with object lodged in nasal passage.

Attempt to remove object without use of force.

If unable to easily remove object, contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.
OXYGEN ADMINISTRATION

The following symptoms are signs of respiratory distress.

- Increased shortness of breath, or rapid breathing rate
- Agitation
- Blueness or pallor of lips, nails or ear lobes
- Pulling in of the muscles at the neck or chest
- Confusion, dizziness, or headache
- Rapid or pounding pulse

Stay calm and reassure patient.
Position patient to open airway.
Make sure mouth, nose and/or throat are not obstructed by food or mucus.

Is airway open?

YES

- Apply oxygen.
- Make sure tank is not empty or defective.
- Make sure tubing, cannula or mask is not blocked or kinked.

NO

- Attempt to open airway by repositioning.
- Check pulse.
- If no pulse present begin CPR. [http://depts.washington.edu/learnCPR/](http://depts.washington.edu/learnCPR/)

Contact responsible school authority & parent/legal guardian.

CALL EMERGENCY MEDICAL SERVICES
POISONING/OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when poisoning is suspected from the following:
- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Unknown Substance

Be aware of own safety when responding to potential poisoning.

Warning signs of possible poisoning include the following:
- 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
- Unconsciousness
- Unusual behavior

In assessing potential poisonings obtain the following information:
- Age and weight of student
- Type of poison in question
- When poisoning occurred
- Amount of poison ingested

CALL POISON CONTROL CENTER @ 1-800-222-1222 & ask for instructions.

Do NOT induce vomiting UNLESS instructed to do so by Poison Control and under direction of EMS staff.

CALL EMERGENCY MEDICAL SERVICES if student is unconscious, in shock, requires CPR, or if directed to do so by the Poison Control Center. Contact responsible school authority & parent/legal guardian.

Send sample of vomited material and ingested material with its container (if available) with EMS crew.
Keep in mind that any student who is old enough to be pregnant might be pregnant.

**Morning Sickness:**
Treat as vomiting. See “Vomiting.”

- If severe, contact responsible school authority & parent/legal guardian.

**Vaginal Bleeding:**
This should be considered abnormal and requires further evaluation.

- Contact responsible school authority & parent/legal guardian.

**Severe Cramps** (Labor):
Short, mild cramps in a near term student may be normal.

- If NOT near term or if due date unknown, contact responsible school authority & parent/legal guardian.

**Amniotic Fluid Leakage:**
This is NOT normal and may indicate the beginning of labor.

- Contact responsible school authority & parent/legal guardian.

**Seizure:**
See “Seizure.”

- Contact responsible school authority & parent/legal guardian.
A puncture wound is caused when a pointed object such as splinters, a nail, pencil, piece of glass, or knife pierces the skin. Puncture wounds do not bleed a lot, so there is greater concern for the risk of infection associated with them.

Wear gloves for potential exposure to blood or other body fluids.

Has eye been wounded?

- NO
- YES

Is object still in wound?

- NO
- YES

See “Eyes.”

DO NOT TOUCH EYE.

DO NOT PROBE OR SQUEEZE WOUND.

- Wash wound gently with soap and water.
- Make sure nothing was left in the wound.
- Cover with a clean bandage.

If wound is deep or bleeding freely, treat as bleeding. See “Bleeding.”

Establish student’s tetanus immunization status.

Contact responsible school authority & parent/legal guardian.

CALL EMERGENCY MEDICAL SERVICES.

- NO
- YES

Is object large?
- Is wound deep?
- Is wound bleeding freely or squirting blood?

- NO
- YES

Wrap bulky dressing around wound to protect it. Offer calming support as needed.
Rashes have multiple causes, including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

**CALL EMERGENCY MEDICAL SERVICES.**
Contact responsible school authority & parent/legal guardian.

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

Rashes include the following.
- Hives
- Red spots (large or small)
- Purple spots
- Small blisters

Does student have any of the following.
- Loss of consciousness
- Difficulty breathing or swallowing
- Purple spots

If following symptoms are present, see “Allergic Reaction.”
- Headache
- Fever (See “Fever”)
- Diarrhea
- Sore throat
- Vomiting
- Bright red rash sore to touch
- Rash (hives) all over body
- Discomfort (e.g. itchy, sore, feels ill) preventing participation in school activities

Yes

No
CHAPTER 8

SEIZURES

Seizures (or convulsions) have multiple causes including epilepsy, febrile seizures, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure the individual becomes unconscious and may fall. The eyes may roll back or they may stare. The body becomes stiff and arms and/or legs jerk. The individual may lose bladder control. *(Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity may jerk. These are usually not medical emergencies.)*

Any student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration, and after-effects of previous seizures should be kept available at all times.

If available, refer to student's health or emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation & safety.
- **DO NOT** RESTRAIN MOVEMENTS.
- Move surrounding objects to avoid injury.
- **DO NOT** PLACE ANYTHING BETWEEN TEETH or give anything by mouth.

After seizure keep airway clear by placing student on his/her side. Do not elevate head. Seizures are often followed by sleep. Student may also be confused for up to an hour or more. After sleeping, student should be encouraged to participate in normal class activities.

Contact responsible school authority & parent/legal guardian.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician that includes the following.
- Duration of seizure
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness

**s student having a seizure**

- lasting longer than 5 minutes?
- one after another with short intervals?
- with no known history of seizures?

**CALL EMERGENCY MEDICAL SERVICES.** Contact responsible school authority & parent/legal guardian.

Chapter 8 Emergency Response Algorithms
CHAPTER 8

SPLINTERS

Wear gloves for potential exposure to blood or other body fluids.

Gently wash area with clean water and soap.

Is splinter
• protruding above the surface of the skin?
• small?
• shallow?

NO

• Leave in place.
• DO NOT PROBE UNDER SKIN.

Establish student’s tetanus immunization status.

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

YES

• Remove with tweezers.
• DO NOT PROBE UNDER SKIN.

Rewash and apply clean dressing.

Establish student’s tetanus immunization status.

Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.
Shock occurs when vital tissues of the body do not receive enough blood; it can occur because of severe injuries resulting in blood loss, burns, or fractures. When shock occurs the blood pressure drops below what is needed to get blood to the brain and other organs. Shock can also occur from minor injuries in which case the body is so stunned by the injury that it goes into shock. This condition can also occur when someone experiences an emotional trauma which develops into emotional shock. It is important to know that fainting is very similar to shock; however, one recovers from fainting quickly.

Symptoms of shock can include any of the following.
- Cold and clammy skin
- Pale skin color
- Nausea
- Dizziness
- Weakness
- Sweating
- Fast, but weak, pulse
- Fast breathing

Are these associated with obvious injury, bleeding or trauma?

- Refer to student’s health care plan to determine if the student has severe, life-threatening allergies.
- Have student lie down and raise legs 8-10 inches above level of heart. However, if injury to neck, spine or leg/hip bones is suspected student should remain lying flat.
- Determine if other injuries have occurred and treat accordingly.
- Cover student with sheet or blanket.
- Do not give anything to eat or drink.
- Remain with student and provide reassurance.

Contact responsible school authority & parent/legal guardian.

CALL EMERGENCY MEDICAL SERVICES.
STINGS

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

Does student have the following?
• Difficulty breathing
• A rapidly expanding area of swelling, especially of the lips, mouth or tongue
• A history of allergy to stings

NO

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

To remove stinger (if present) scrape area with a card. DO NOT SQUEEZE. Apply cold compress.

YES

If available, follow student’s emergency care plan.

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority and parent/legal guardian.

See “Allergic Reaction.”
Stomach aches can have many causes including the following:
- Injury
- Menstrual cramps
- Appendicitis
- Pregnancy (tubal)
- Bladder Infection
- Illness
- Overeating
- Diarrhea
- Food Poisoning
- Hunger
- Constipation
- Gas Pain

CALL EMERGENCY MEDICAL SERVICES.

Assist student to lie down in a room that affords privacy.

Has an injury occurred?

YES

Assess student for severe pain, signs of shock, unconsciousness.

Take the student’s temperature. Assess temperature of 101.0°F as fever. See “Fever.”

NO

• Does student have fever with severe stomach pains?

YES

If stomach ache persists or becomes worse, contact responsible school authority & parent/legal guardian.


NO

If a number of students and/or staff become ill with the same symptoms suspect food poisoning. Notify Public Health authorities.

Contact responsible school authority & parent/legal guardian.
CHAPTER 8

TEETH
(See Dental Health, Section XIII)

BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to student’s general health.

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

URGE PARENT/LEGAL GUARDIAN TO

TOOTHACHE

For tongue, cheek, lip, jaw, or other mouth injury not involving the teeth, See “Mouth/Jaw Injuries.”

This condition can be a direct threat to the 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 at school often postpones dental care.

DO NOT PLACE ASPIRIN ON GUM TISSUE OF ACHING TOOTH. ASPIRIN CAN BURN TISSUE!

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

BROKEN OR DISPLACED TOOTH

Is tooth broken or displaced?

BROKEN

Save tooth or tooth fragments in a cup of warm water.

Apply cold compress to face to minimize swelling.

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

DISPLACED

Do NOT try to move tooth into correct position.

Contact responsible school authority and parent/legal guardian to SEEK DENTAL CARE IMMEDIATELY. TIME IS CRITICAL!

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**KNOCKED-OUT 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.**

If permanent tooth
- place gently back in socket and have student hold it in place
  **or**
- place in glass of milk.

**TAKE STUDENT AND TOOTH TO DENTIST IMMEDIATELY. TIME IS CRITICAL!**

Contact school authority & parent/legal guardian.

**ALL TOOTH TRAUMA SHOULD BE EVALUATED BY A DENTIST WITHIN 60 MINUTES!**
UNCONSCIOUSNESS

If student stops breathing and no one else is available to call EMS, perform rescue breathing first for one minute and then call EMS.

Unconsciousness may have many causes including injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc.

If cause of unconsciousness is known, see the appropriate guideline.

Did student regain consciousness immediately?

See “Fainting.”

YES

Is unconsciousness due to injury?

YES or NOT SURE

Treat as possible neck or head injury. See “Neck/Back Injuries” and “Head Injuries.” DO NOT MOVE STUDENT.

No

YES

Keep airway clear.
• Monitor breathing. Look, listen and feel for breath.
• Keep student warm but not hot.
• Control bleeding (always wear gloves).
• Give nothing by mouth.

If student is not breathing begin rescue breathing.

CALL EMERGENCY MEDICAL SERVICES.

NO

• Keep student in flat position.
• Elevate feet.
• Loosen clothing around neck and waist.
• Do not use smelling salts.

Contact responsible school authority & parent/legal guardian.

NO

Chapter 8 Emergency Response Algorithms
VOMITING

If a number of students or staff become ill with the same symptoms suspect food poisoning. CALL POISON CONTROL CENTER @ 1-800-222-1222 and ask for instructions. See “Poisoning.” Notify Public Health officials.

Vomiting can have many causes including the following.
- Illness
- Injury
- Food poisoning
- Pregnancy
- Heat exhaustion
- Over exertion
  
  If cause of vomiting is known, see the appropriate guideline.

Wear gloves for potential exposure to blood and other body fluids.

Assist student to lie down on his/her side in a room which affords privacy.

• Give no food or medications.
• Give small sips of clear fluids containing sugar (such as 7-Up or Gatorade) if the student is thirsty.

Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

• Apply cool, damp cloth to student’s face or forehead.
• Have an emesis container available.