



**MANAGEMENT
OF
INJURIES AND ILLNESSES
AT SCHOOL**

Student Health Services Department

INDEX

MANAGEMENT OF INJURIES AND ILLNESSES AT SCHOOL

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Management of Injuries and Illnesses at School

The following are broad directions for observation and management of student injuries and illnesses made to the clinical aide or other school staff. Clinical aides, administrators, teachers and other unlicensed assistive personnel (UAP's) must **collaborate with the school nurse for more specific direction regarding individual students' health management.** Care provided to students by the school nurse or clinical aide will be documented in Infinite Campus within the same school day. Documentation of care by the clinical aide back-up and other employees will be noted on the "Student Accident and Illness Log" and entered in Infinite Campus by the clinical aide or school nurse within five school days.

In cases of moderate to severe injury, the administrator should be consulted about the necessity of completing a "Student Injury Report," (PLI-F008). In addition, students with moderate or severe injury or illness should not be allowed to board WCSD transportation or to walk or drive home.

The administrator is responsible for ensuring the safety and welfare of all students enrolled at the school site, and for ensuring that staff complies with WCSD health policies and procedures. The school nurse oversees the functioning of the health office, manages and delegates the health and nursing services provided to students, and implements policies and procedures relative to student health services. Medical and dental referrals, interpretation of health records and medical orders, and health recommendations on behalf of the student are solely within the purview of the school nurse. Diagnosis and decisions regarding treatment are solely within the purview of the student's medical provider. School personnel are to describe to parents and students what they see, rather than offering a diagnosis.

The clinical aide and other UAP's are responsible for routine first aid and supportive care of sick and injured children, the provision of delegated nursing services, and work under the direction and licensure of the school nurse in all areas pertaining to student health. In addition to immediately contacting the school nurse, when students present to the health office with complex or potentially serious health concerns, clinical aides and UAP's are to contact the school nurse regarding students needing medical or dental referrals.

The health office is an area of the school where continuous supervision and specific health services are provided to students on a short-term basis. **For safety reasons, particularly the risk of exposure to communicable disease, only students with an illness, injury or other health concern are allowed in the health office.**

In cases where the student is excluded from school for health-related reasons, the clinical aide or other UAP must make every attempt to contact the student's parent/guardian or their authorized emergency contact. If ongoing attempts to reach a parent/guardian or their designee are unsuccessful, the clinical aide or UAP is to notify the school nurse and site administrator.

Because they are not trained or qualified to do so, clinical aides are not permitted to participate or assist in the assessment, documentation (including photographing), or investigation of matters related to student violence, sexual harassment, or child abuse.

It is important to remember that students with chronic health conditions may have individualized health care plans developed by the school nurse that address specific management. The school nurse should always be consulted if there are questions or concerns regarding student health management. Students with serious or potentially life-threatening illnesses or injuries should remain under close, continuous observation until the parent or 911 arrive.

Standard Precautions: All school district personnel will adhere to Standard Precautions for the handling of body fluids. No distinction will be made between body fluids from individuals with a known disease or individuals without symptoms or with an undiagnosed disease. These procedures provide

effective precautions against transmission of diseases to persons potentially exposed to the blood or body fluids of another. Gloves are to be used when handling all body fluids (e.g. bloody nose, abrasions or handling clothes soiled by incontinence). Hands are to be washed after glove removal. **For more specific instructions refer to (SAF-G005) Regulations and Exposure Control Plan.**

NOTE: Only items stocked by WCSD Warehouse may be used to render first aid to students.

ALLERGIC REACTIONS

The causes of allergies are not fully understood. Allergens can be inhaled, eaten, injected (from stings or medicine), or they can come into contact with the skin. Some of the more common allergens are:

- Pollens
- Molds
- Animal dander and saliva (cat, dog, horse, rabbit)
- Cleaning products
- Some foods and medicines
- Insect venom

Mild reactions typically involve only localized itching, rash, hives, watering or redness of eyes, and/or nasal congestion. The eyes or affected area may be gently flushed with cool water. The parent should be contacted if the symptoms are prolonged or interfere with the student's ability to participate in school/classroom activities.

ANAPHYLAXIS

Anaphylaxis is a rare, extremely serious, allergic reaction that can result in difficulty breathing, loss of consciousness, and even death. Onset is usually within one hour after exposure to the allergen. ***ANAPHYLAXIS IS A LIFE THREATENING EMERGENCY. CALL 911!***

Symptoms Include

- Generalized hives, rash, itching, warmth, or redness
- Congestion, wheezing or gasping
- Trouble swallowing and/or swollen tongue
- Itching or tingling of mouth, face or throat
- Difficulty speaking or breathing
- Signs of shock, including poor color, sweating, dizziness, weakness
- Confusion or unconsciousness

Management

- **Refer to the student's Health Care Plan, if there is one**
- Administer Epi-pen if ordered
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- **When 911 arrives, give a copy of the student's health care plan to the "EMS officer in charge."**
- Contact the school nurse when student is out of immediate danger or 911 has arrived

ASTHMA

Asthma is a chronic lung disease that causes swelling and narrowing of the airways, and excess secretions. Symptoms range from mild to severe, and can be life threatening. Medications, particularly inhalers, can help to minimize or control acute episodes. Students should be encouraged to carry their inhaler at all times and to use it as directed.

Common Triggers of Asthma Symptoms

- Allergens
- Irritants such as tobacco smoke, strong odors
- Weather changes
- Viral or sinus infections
- Exercise
- Reflux disease (Stomach acid flowing back up the esophagus or “food pipe”)
- Medications or foods
- Emotional anxiety

Symptoms Include

- Cough
- Chest tightness
- Shortness of breath
- Wheezing
- Nasal flaring
- Pursed lips
- Exaggerated movement of abdominal and/or shoulder muscles with each breath

Management of Mild Symptoms

- **Refer to the student’s Health Care Plan if there is one**
- Have the student rest in a well ventilated area in a position of comfort
- Encourage the student to use his/or her inhaler if he or she has not already done so
- Give calm reassurance, encouraging the student to consciously relax
- Offer sips of warm water
- If no improvement within 5 minutes after implementing these measures, contact the school nurse for further instructions

Management of Severe Symptoms

- **Refer to the student’s Health Care Plan, if there is one**
- Have the student rest in a well ventilated area in a position of comfort
- Encourage the student to use his/or her inhaler, if he or she has not already done so
- Give calm reassurance, encouraging the student to consciously relax

If no immediate improvement with the above measures

- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan and a hard copy of the student’s health information printed from Infinite Campus to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

BITES AND STINGS

Animal Bites

Each year, over 400,000 children are bitten by dogs, cats, and other animals. Tetanus and rabies, while rare, can be transmitted from a bite. *As with any puncture wound, a bite that breaks the skin can become infected.* Warn children never to touch animals that run loose, including cats, dogs, squirrels, chipmunks, or other wild animals.

- If a student is bitten, try to identify the biting animal, but do not try to capture it
- Thoroughly wash the wound with running water and soap for at least 5 minutes to remove all saliva
- Apply a loose dressing
- Notify the school administrator
- Contact the school nurse for further instructions
- Refer parent questions about appropriate follow-up measures to the school nurse or the student's primary health care provider
- Inform the parent that the school nurse can assist with a referral if needed
- If it has been more than five years since the last Tetanus immunization, a copy of the IZ record should be sent home with the student

A bite from any warm-blooded animal that breaks the skin must be reported.

Report to: (double check numbers)

Reno Animal Control	353-8900
Reno Police Department	334-2121
Sparks Animal Control	322-3647
Reno/Sparks Reservation	785-8776
Hungry Valley Reservation	785-1385
Pyramid Lake Reservation	574-1000

Human Bites

Bites that do not break the skin present minimal risk of cross infection. However, as with any puncture wound, a human bite that breaks the skin can become infected. The risk of Hepatitis B virus (HBV), Hepatitis C virus (HCV) or Human Immunodeficiency Virus (HIV) transmission from a human bite is extremely low for both the child who was bitten and the child who did the biting. Nevertheless, when a biting incident occurs, clinical aides and other UAP's will adhere to the "Clinical Guidelines for Managing Human Bites" in the Infectious Disease Manual, section 1 page 5, and follow guidelines for Standard Precautions.

First aid for Bites that Break the Skin

- Immediately cleanse the wound with running water and soap for at least 5 minutes to remove all saliva.
- Apply a loose dressing
- Contact the school nurse for further instructions and then call the parents of both students
- Encourage parents to consult with their primary health care provider about appropriate follow-up measures, and inform the parent that the school nurse can assist with a referral if needed
- If it has been more than five years since the last Tetanus immunization, a copy of the IZ record should be sent home with the student.

Snake Bites

While not all snakes are poisonous, some snake bites can be deadly if not treated quickly. Children are at higher risk for death or serious complications because of their smaller body size. The most important step is to get the snakebite victim to the hospital quickly.

- Keep the victim calm and restrict movement
- Call 911 and follow standard code blue procedures
- Remove any rings or constricting items because the affected area may swell
- **Position the site of the bite below the level of the heart**
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student's health care plan to the "EMS officer in charge."
- Contact the school nurse when student is out of immediate danger or 911 has arrived

DO NOT

- Apply a tourniquet
- Put ice or cold compresses on the wound
- Cut the bite wound
- Try to suction the venom by mouth
- Give food or fluids to the victim
- Raise the site of the bite above the level of the victim's heart

IMPORTANT! Do not waste time hunting for the snake and do not risk another bite if it is not easy to contain the snake. Be careful of the head -- a dead snake can bite from reflex for up to an hour.

Insect Stings

The stinger of insects consists of a hollow tube that enables poisonous venom to be inserted just below the skin. Unlike the stingers of wasps, which are smooth and can re-sting the victim repeatedly, a bee's stinger is barbed and can sting only once. Since it takes two to three minutes for the bee's venom sac to inject all its venom, immediate removal of the stinger is likely to reduce harmful effects. In fact, it is not necessary to follow any particular method in taking out the stinger. Time, not technique, is important. A person's reaction to the sting determines the treatment required. Allergies to bee, wasps, and other insect stings are extremely rare, affecting only 0.5 to 5% of the U.S. population

Most people stung will experience a "local" reaction to the venom, manifested by redness, pain, swelling and itching only at the sting site. The symptoms last a few hours but quickly dissipate. In some cases, the sting site is more painful and swelling and itching may be present both at the sting site and in surrounding areas. The reaction may last for days.

First aid for non-life threatening insect stings

If a stinger is visible, wear gloves or use a clean gauze pad to remove it immediately

- Wash the area thoroughly with soap and water
- Apply a cold compress to the site
- Contact the parent
- Send the student home if pain and/or swelling interfere with the student's ability to participate in classroom activities

Those who are known to be allergic to the insect's venom or who present with signs of an allergic reaction after being stung are at risk of a life-threatening reaction.

Management of life –threatening symptoms

- **Refer to the student’s Health Care Plan, if there is one**
- Administer Epi-pen if ordered
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

Spider Bites/Scorpion Stings

All spiders have venom with varying degrees of potency. The fangs of a spider are hollow and are typically used to inject venom into insects or predators. Fortunately, most spiders are not dangerous to humans because spider fangs are either too short or too fragile to penetrate human skin. Bite marks from most spiders are usually too small to be easily seen. Often, the patient will not recall being bitten. Many spider bites will result in pain, tiny puncture wounds, redness, itching, muscle spasms, and swelling that lasts a couple of days.

For students who present with localized pain, swelling and irritation from a suspected spider bite

- Wash the area thoroughly with soap and water
- Attempt to make a visual identification of the spider but do not attempt to contain it unless it is safe to do so
- Call the Poison Control Center and follow their directives **1-800-222-1222**
- Contact the school nurse for further instructions and then call the parent

If the local irritation and pain of a spider bite is accompanied by systemic response such as dizziness/weakness, muscle spasm, nausea/vomiting, or signs of shock, consider the situation potentially life-threatening

- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

Ticks

Ticks should not be removed. Contact the parent/guardian and refer to physician.

BLEEDING Adhere to the Principles of Standard Precautions

Routine Care: On first glance, bleeding tends to appear much more severe than it actually is. Staying calm is the first and most difficult step in rendering assistance to someone who is bleeding. It helps to remember that bleeding is nature’s way of cleansing wounds and that most of the major arteries are deep and well protected from routine, superficial injuries. Wounds of the face, head or mouth will sometimes bleed more liberally because these areas are rich in blood vessels. Because most small cuts or scrapes will stop bleeding in a short time, thorough cleansing of in the wound to prevent infection is the first priority.

First Aid for Routine Bleeding

- Using standard precautions, cleanse the area with soap and water
- Use a clean gauze pad to apply firm, continuous pressure directly to the wound for up to 10 minutes
- Do not remove the original dressing if the wound bleeds through. Instead, apply additional layers of gauze as needed
- If bleeding continues, have the student elevate the wound above the level of the heart and apply pressure to pressure point
- Follow standard precautions by minimizing blood spillage, and by ensuring that the wound is covered and has stopped bleeding before the student leaves the clinic
- If student develops signs of shock, difficulty breathing or changes level of consciousness call 911 and follow standard code blue procedures.

The following types of wounds are considered “major,” and may require medical follow up. Notify the school nurse for further instructions prior to calling the parent if

- The student has a health care plan or is known to have a bleeding disorder such as Von Willibrand’s Disease or Hemophilia
- The wound is on the face, chest or abdomen
- The edges of the wound are jagged, gape open, or continue to seep blood despite 10 minutes of firm, continuous pressure
- The student reports that the area of the wound is numb or extremely painful
- A student with a wound is running a fever
- The student presents with a wound that oozes fluid or is excessively red, swollen, or warm
- Dirt or debris is embedded in the wound

If the student manifests signs of shock or becomes unconscious

- **Refer to the student’s Health Care Plan, if there is one**
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, one rescuer will continue to apply firm pressure to the wound, while the other begins standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

Nosebleeds

Because they occur in the front part of the nose where only small vessels are located, spontaneous nosebleeds are unlikely to be serious. Most will stop after a few minutes with minimal intervention. However, bleeding from the nose can be life-threatening for those diagnosed with a bleeding disorder, or in cases where large vessels in the back of the nose are involved. In addition, a nosebleed can be a sign of a serious internal injury in someone who has sustained a blow to the face or head.

- **Use standard precautions**
- Position the student upright, and have him or her lean slightly forward, with the head higher than the heart
- Using clean, absorbent material, have the student pinch his or her nostrils firmly, just below the bridge of the nose
- Continuous pressure should be applied for at least five to ten minutes, or until the flow of blood stops
- A cold compress may be placed across the bridge of the nose to further stem the flow of bleeding

Contact the school nurse prior to calling the parent if

- The student has a known bleeding disorder or a health care plan
- The bleeding continues for more than 15 minutes despite the above measures
- The bleeding occurs after an impact injury to the head or face (**see section K, page 19, “Head Injury.”**)

If the student manifests signs of shock or becomes unconscious

- **Refer to the student’s Health Care Plan, if there is one**
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

Hemorrhage

Because blood is a vital, life-sustaining fluid, excess blood loss can be fatal. For wounds that are pulsating or gushing blood profusely, prevention of infection is not a priority. Rather, immediate measures must be taken to slow or stop the flow of blood until 911 personnel arrives.

- **Refer to the student’s Health Care Plan, if there is one**
- Call 911 and follow standard code blue procedures
- Using standard precautions apply firm pressure directly and continuously, with gauze or other clean absorbent material, over the sight of the bleed
- If possible, have the victim lie down and elevate the part that is bleeding
- Keep the victim calm and restrict movement
- If blood seeps through the original dressing, add layers of absorbent material and apply pressure to pressure point.
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, one rescuer will continue to apply firm pressure to the wound, while the other begins standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

DO NOT

- Remove embedded objects from the wound
- Use tourniquets
- Remove saturated dressings
- Elevate or re-position an obvious fracture

BLISTERS

They are the body’s way of sealing off the area where damaged skin is undergoing repair.

- Do not open
- If the area appears soiled, or the blister is open, use standard precautions to cleanse the area thoroughly with soap and water
- Apply a band-aid or light dressing.
- If the blister shows signs of infection, call the parent

BURNS

Burns are the result of damage to the skin caused by contact with heat, chemicals, or radiation. The depth and the location of the burn are factors that, together, determine the risk of shock, infection, scarring and other life-threatening consequences. **First aid for any burn should be given immediately! The faster the burn is treated, the fewer the side effects!**

Burns are classified into four different levels or degrees, depending upon the depth of the burn

- 1st degree burns are minor and heal quickly. Symptoms are redness, tenderness and soreness (like most sunburns).
- 2nd degree burns are characterized by pain, swelling and blistering. A second-degree burn may or may not be serious, depending upon the size and location. If the second-degree burn is no larger than 2 to 3 inches in diameter, it can be treated as a minor burn. If the burn is larger, it may require medical evaluation and treatment.
- 3rd degree burns are characterized by white, brown or charred tissue often surrounded by blistered areas. There may be little or no pain at first. Third degree burns are most apt to occur on direct exposure to flames, scalding liquids or very hot metal. A third degree burn should always be treated as a potentially life-threatening injury. Emergency medical treatment will be needed.
- 4th degree burns are those that penetrate through the skin into underlying structures such as muscle and bone. Electrical burns or exposure to fire are common causes. The risk of immediate, life-threatening complications, such as shock and respiratory arrest, is extremely high. The victim will always require emergency medical treatment.

Aside from depth, burn location is the other important factor in determining the seriousness of a burn. For example, a burn on or near the eye is considered an emergency because it may lead to clouded or lost vision. Burns of the neck, face, or mouth can interfere with breathing by causing life-threatening swelling of the airway. Burns over joints, or on the hands, feet, face, genitals, or buttocks, can leave scar tissue that interferes with normal function.

If a burn victim is showing no signs of shock

- Stop the burning process and reduce swelling and pain by *immediately* running the burn under cool water for up to ten minutes
- Using standard precautions cover the burn loosely with a clean, dry gauze pad.
- For large, deep, or “at risk” burns, contact the school nurse for further instructions and then call the parent

First aid for severe burns

- Call 911 and follow standard code blue procedures
- Using standard precautions, position the victim supine and remove burned clothing that is *not* stuck to the skin
- Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins.
- Cool the burn with wet, sterile dressings until help arrives.
- If possible, elevate the injured area
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures

- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

First aid for chemical burns

Using standard precautions, quickly remove saturated clothing and store away from further contact

- Immediately flush the skin or eyes with copious amounts of cool water for up to ten minutes
- In the absence of shock or other life-threatening symptoms, contact the Poison Center **1-800-222-1222** immediately, and proceed as directed
- If signs of shock or other life-threatening symptoms are present, or if the damage to the tissue is extensive, follow the above guidelines for management of severe burns

DO NOT

- Break blisters
- Use ice
- Apply lotion, butter, or any other topical

CHEST PAIN

While chest pain in an adult may indicate a life-threatening heart problem (see section on heart attack), this symptom is rarely serious in children or adolescents. Typical causes include: asthma, bronchitis, and other viral illnesses, as well as injuries to the rib or chest muscle. In rare instances, chest pain is a sign of a serious medical condition such as heart failure or defects of the heart.

If a student with chest pain is fully conscious and is showing no signs of shock

- **Refer to the student’s Health Care Plan, if there is one**
- Have student rest in position of comfort
- Give calm reassurance, encouraging the student to consciously relax
- Ask student “what happened”?
- Determine the possible cause of the chest pain (i.e. asthma, bruised rib, etc.) and provide first aid according to standard guidelines.
- If, after several minutes, the above steps are not effective in lessening the chest pain, contact the school nurse for further instructions before calling the parent

If chest pain is immobilizing or accompanied by symptoms of severe dizziness/weakness, nausea/vomiting, shortness of breath, or other signs of shock, consider the situation potentially life-threatening

- **Refer to the student’s Health Care Plan, if there is one**
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student’s health care plan to the “EMS officer in charge.”
- Contact the school nurse when student is out of immediate danger or 911 has arrived

CHOKING

Follow the guidelines of the American Heart Association and/or American Red Cross

Remember!

- Don't hit a choking person on the back
- Begin abdominal thrusts only if the victim cannot cough, speak or breathe effectively
- Call 911 and follow standard code blue procedures if abdominal thrusts are not immediately successful
- Do not put your fingers in a conscious person's mouth
- For an unconscious choking victim, attempt rescue breaths and, if unable to ventilate, attempt a finger sweep (over age 8) and administer five abdominal thrusts before trying rescue breathing again
- Contact the school nurse when student is out of immediate danger or 911 has arrived

DENTAL EMERGENCIES

Knocked Out Tooth

- ***Remember! The faster dental first aid is administered, the more likely the tooth can be saved!***
- If tooth is hanging, do not pull out.
- Using standard precautions, retrieve the tooth and, being careful not to remove or scrub any tissue remnants, rinse the tooth gently in cool water
- Have the student gently rinse his or her mouth with cool water and examine the mouth and other teeth for signs of injury
- If the student is calm and old enough to cooperate, have him or her immediately replace the tooth in the socket and hold it there with clean gauze
- If the tooth cannot be safely put back in the socket, it should be placed in a clean container of milk or water
- Contact the school nurse for further instructions and then call the parent
- Advise the parent to pick up the student (and the tooth) and contact the dentist immediately

Important! A student who presents with an impact injury to the mouth or face may also have sustained a severe head injury! If signs of head injury are present, call 911 and follow standard first aid procedures (see section K, page 19, "Head Injury.")

Chipped or Fractured Tooth/Injuries to the Gums or Other Structures in the Mouth

- Using standard precautions, place tooth fragments in a clean container of milk or water
- Have the student gently rinse his or her mouth with cool water and examine the mouth and other teeth for signs of injury
- Contact the school nurse for further instructions and then call the parent
- Advise the parent to pick up the student (and any tooth fragments) and contact the dentist immediately

Toothaches/Dental Problems

- A cold compress may be placed on the face next to the painful tooth
- Dental pain, abscessed teeth, and/ or swollen gums should be reported to the school nurse so that dental care can be arranged with the parent.

Bitten Tongue or Lip

- Using standard precautions, apply direct pressure to bleeding area with a sterile or clean cloth.
- If swelling is present, apply cold compresses.
- If bleeding does not stop, the bite is severe, or the student has a known bleeding disorder, contact the school nurse for further instructions and then call the parent

Orthodontic Problems (braces and retainers)

- If a wire is causing irritation, cover the end of the wire with a small cotton ball or a piece of gauze until the parent is contacted.
- If a wire is embedded in the cheek, tongue, or gum tissue, do not attempt to remove it. Call the parent.
- If the parent cannot be reached, contact the school nurse.

Objects Wedged Between Teeth

Contact the parent.

DIABETES

Diabetes is a serious health condition that requires complex management by the school nurse. When the body does not produce or properly use insulin, students with diabetes may have higher or lower than normal blood glucose (sugar) levels. Students with diabetes typically check their blood glucose levels throughout the day using a “glucometer” (blood glucose meter). This meter indicates how much glucose is in the blood at that time. Based on the glucometer reading, students with diabetes then take insulin by injection, eat, or modify their activity to try to stay within their target blood glucose range. Both high and low blood glucose levels endanger the student’s health. ***However, extremely low levels may be immediately life-threatening.*** All students with diabetes will have a nursing care plan written by the school nurse based upon doctor’s orders. Each school clinic has a diabetes protocol binder that should be referred to for more in-depth information.

Remember! If the student with diabetes has a seizure, a change in level of consciousness, or becomes unconscious

- **Refer to student’s Health Care Plan, if there is one**
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student’s Health Care Plan to the “EMS officer in charge.”
- Contact the school nurse when the student is out of immediate danger or 911 has arrived

DRUG/ALCOHOL OVERDOSE

You may be asked to care for a student who is suspect for the use of drugs or alcohol, particularly if the student is demonstrating mild signs of confusion, slurred speech, trouble walking or standing, and /or depressed motor control. Your main concern is the immediate health and safety of the student. Remember you are describing and identifying behaviors; you are **NOT** making a diagnosis.

Non-Emergency Situations: Students who do not manifest symptoms but report, or are suspected of inappropriate use of medications, or of using drugs or alcohol

- Keep the student under close, continual supervision
- Call Poison Control [1-800-222-1222](tel:1-800-222-1222) immediately and follow their directive
- Contact the school nurse for further instructions
- Notify the site administrator; the administrator will direct parent notification
- Maintain confidentiality at all times. Only those persons with a specific need to know will be given information about the situation

Emergency Situations: Students who present with symptoms of drug, alcohol, or medication abuse (confusion, slurred speech, trouble walking or standing, and/or depressed motor control)

- Call 911 and follow standard code blue procedures
- Monitor the student's airway, breathing, and circulation continuously and begin rescue breathing and CPR if necessary
- Do not attempt to restrain the student
- Contact the school nurse when the student is out of immediate danger or 911 has arrived
- Do Not allow student to leave school without a parent or guardian
- Maintain confidentiality at all times. Only those persons with a specific need to know will be given information about the situation

EARACHES

There are a number of conditions that can result in ear pain: inflammation or infection of the middle ear (otitis media), dental ailments such as toothache, a foreign object in the ear, ear canal injury (as from cotton swabs), or hard earwax. Of these, otitis media (ear infection) is the most common in children. Although ear inflammation itself is not communicable, the student who also manifests with symptoms of upper respiratory infection, fever, nasal drainage, or cough, may be infectious to others. Common symptoms of otitis are: ear pain, sudden loss of hearing, a sense of fullness in the ear, or sudden flow of drainage from the ear canal.

- Contact the parent for pick up if the student is in acute pain or demonstrates other signs (i.e., temperature, drainage, sore throat) of infectiousness
- If the parent cannot be contacted, call the school nurse for further instructions

EMOTIONAL DISTURBANCE

Individuals with emotional disturbances may present to the clinic with agitation, combative (violent) behavior, irrational thought patterns, and behavior that is destructive to themselves or others. Recall that you are describing and identifying behaviors; you are not making a diagnosis. A calm tone and focused attention may allow the individual to regain control of his/her emotions at least momentarily. **If violence appears imminent, keep yourself and others at a safe distance away while you summon help!**

- Keep the student under close, constant supervision
- Notify the school assistance team: site administrator, school nurse, counselor and/or school police
- Administration will direct parent notification
- Maintain confidentiality at all times. Only those persons with a specific need to know will be given information about the situation

DO NOT

- Attempt to restrain the student
- Challenge or provoke the student
- Allow the student to return to class without clearance from the site administrator (or other member of the assistance team if the administrator is unavailable)
- Allow student to leave school without a parent or guardian

EYE INJURIES

DO NOT

- Delay first aid
- Allow the student to rub or press the injured eye
- Apply ice directly to the eyeball
- Patch the eye
- Try to remove foreign or embedded objects from the eye
- Permit the student to return to class until symptoms have subsided

Routine Eye Irritations

Contact Lenses

- Do not insert or remove contact lenses for students.
- If the contact lens is causing irritation or pain, have the student remove it
- Using standard precautions, gently flush the affected eye using a clean, disposable, container of lukewarm water
- The parent should be notified if the student is unable to remove the lens or removal and flushing do not resolve symptoms of irritation

Foreign Bodies on the Eye Surface

The most common types of eye injury involve the cornea — the clear, protective "window" at the front of the eye. A superficial scratch of the cornea is called a corneal abrasion.

Because the cornea is extremely sensitive, scratches or foreign body irritations to the cornea can be extremely painful and often result in excess tearing, blurred vision, and increased sensitivity or redness around the eye. In rare cases, damage to the cornea can result in severe eye infections and permanent loss of vision.

- Using standard precautions, and with the student's affected eye open and tilted down over the sink, gently pour a clean, disposable container of lukewarm water in a continuous stream across the eye
- Flush for up to 15 minutes, checking the eye every 5 minutes to see if the foreign body has been flushed out
- Between flushes, encourage the student to blink rapidly several times. This movement may remove small particles of dust or sand

- If the foreign object is attached to the undersurface of the upper eyelid, have the student pull the upper eyelid over the lower eyelid so that the lower lashes can brush the foreign body away
- If unsuccessful in clearing the foreign body from the eye, or the student complains of ongoing pain or vision problems, contact the school nurse for further instructions and then call the parent

Eye Emergencies

Chemical Splash

- Using standard precautions, and with the student's affected eye open and tilted down over the sink, immediately flush the eye with copious amounts of cool or lukewarm water for up to 10 minutes
- While still flushing the eye, call the Poison Control Center [1-800-222-1222](tel:1-800-222-1222) for further instructions
- Call the school nurse and then the parent after Poison Control Center directives have been followed

Embedded Foreign Body (An Object Penetrates the Eye)

It is essential that pressure be kept off the globe of the eye. A paper cup held lightly over the injured eye can help protect it until help arrives. Contact the school nurse after 911 rescuers have assumed care of the student

- **Do not** attempt to remove a foreign object from the eye
- Have student sit upright or keep head elevated
- Call 911 and follow standard code blue procedures
- Keep the student calm and quiet until help arrives
- Contact the school nurse when the student is out of immediate danger or 911 has arrived

Impact Injuries (Blunt Trauma) to the Eye

In the school setting, impact injuries to the eye and/or the surrounding bones are typically caused by a ball, a fist, or a fall onto the hard surfaces of playground equipment. The extent of damage to the eye and facial bones depends on the size, hardness, and force of the blunt object.

- Have the student sit upright or keep head elevated to minimize facial swelling
- If mild pain and swelling are present, gently apply an icepack to the affected facial bones
- Contact the school nurse for further instructions and then call the parent

Remember! A student who presents with an impact injury to the eye may also have sustained a fracture of the facial bones or a severe head injury! If symptoms of severe pain, facial swelling, vision problems, bleeding around or from the eyeball, or signs of head injury are present, call 911 and follow standard first aid procedures (see section K, page 19, "Head Injury.")

Black Eye (see section above, "Impact Injuries (Blunt Trauma) to the Eye").

FAINTING

This is a non-medical term used by the layperson to describe unconsciousness, or a sudden sensation of weakness and dizziness. There are many possible causes, including illness, fatigue, injury, low blood sugar, seizures, drug overdose, etc.

- Immediately assist the student to lie down with the feet elevated
- **Refer to student's Health Care Plan, if there is one**
- If the cause is known, render appropriate first aid
- Do not allow the student to return to class until the school nurse has been contacted for further instructions and the parent has been called
- If symptoms persist despite the above measures, call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- When 911 arrives, give a copy of the student's Health Care Plan to the "EMS officer in charge."
- Contact the school nurse when the student is out of immediate danger or 911 has arrived

FEVER

Normal body temperature varies with factors such as age, general health, activity level, and the time of day. When a person is sick with a viral or bacterial illness, a higher-than-normal body temperature, or "fever", assists the immune system in fighting the infection. However, body temperature may be normal even when an infectious disease is present. Students with symptoms of illness that interfere with learning should be excluded with or without fever

Because they may be infectious to others, students having a temperature greater than 101° must be excluded. It is important to remember that, except in the case of heat stroke, fever itself is not a Health Problem and does not require first aid measures.

If a student with a health care plan presents with a fever, the care plan should be followed and the school nurse notified. Otherwise, the goal is to keep the student comfortable until the parent arrives. Comfort measures may include:

- Allowing the student to rest
- In the absence of vomiting, encouraging fluid intake
- Having the student remove heavy outer clothing
- Applying a cool compress to the face or neck

DO NOT

- Decide whether fever is present by feeling the skin—a thermometer is the only reliable way to determine the presence of fever
- Check temperature within 15 to 20 minutes after food or fluids have swallowed
- Use drastic means such as sponging with water or alcohol to lower the body temperature
- Lighten clothing to the point where the student begins shivering

FOREIGN BODY IN THE EAR OR NOSE

Foreign objects must only be removed by a physician or qualified health care provider. Do not probe with any instrument or allow the student to do so. Contact the school nurse for further instructions and then call the parent.

FRACTURES, SPRAINS & STRAINS

By definition, a fracture is a broken or cracked bone, a sprain is an injury to the ligaments near a joint, and a strain results when a muscle is pulled or twisted. Each of these injuries may present with identical symptoms of severe pain, bruising, swelling, and limited movement or deformities of the affected part. A specific diagnosis cannot be made based only on the presence of some or all of these symptoms. Only an x-ray can determine the nature extent of injury.

Some bone/muscle injuries are not serious and can be tolerated by the student long enough for them to remain in school after simple first aid. However, if the injury impairs the student's ability to participate safely in school activities, they must be sent home. First aid consists of supportive care to prevent further damage until the student recovers enough to safely return to class, the parent picks the student up, or 911 responders arrive.

DO NOT

- Attempt to realign or straighten disfiguring injuries
- Wrap the injured part
- Apply ice if an open wound is visible.
- Use Splints

First aid for minor or routine injuries

- Prevent weight-bearing and/or movement of the affected part
- Apply an ice pack for up to 20 minutes
- If it is not painful to do so, elevate the injury
- Send the student home with the "Bone/Muscle Injury Parent Letter 76-308"

Signs of severe injury

- Deformity of the injured area
- Student cannot be transferred to a wheelchair or assisted to the clinic without severe pain
- The affected part is discolored or numb
- A deep wound is visible over the injured area
- Bone has pierced through the skin
- Pain or swelling are so severe, that it can't wait for the parent
- The student exhibits signs of shock

First aid for severe injury

- Prevent movement of the injured area
- Call 911 and follow standard code blue procedures
- If severe bleeding, use standard precautions and follow guidelines for hemorrhage
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- Contact the school nurse when student is out of immediate danger or 911 has arrived

Fractured Ribs

A broken rib is a common problem that usually occurs from an impact injury to the rib cage (see section K, page 23, “Impact Injury/Blunt Force Trauma”).

Symptoms may include:

- Difficult or painful breathing
- Tenderness around the ribs
- Limited movement
- Deformity, bruising or laceration around the injured area

As with other fractures, first aid consists of supportive care to prevent further damage until the student recovers enough to safely return to class, the parent picks the student up, or 911 responders arrive. Follow first aid guidelines for, “Impact Injuries” (see section K, page 23, “Impact Injury/Blunt Force Trauma”).

HEADACHE

Headaches are common during childhood and become more common and increase in frequency during adolescence. Most headaches in children are the result of routine illness and not a sign of serious disease. For reoccurring headaches, refer to the school nurse.

First Aid for minor or routine headache

- **Follow the health care plan, if there is one**
- Assess for fever and/or other “excludible” symptoms
- Allow the student to rest in a dim, quiet room
- As a comfort measure, a cold compress may be applied to the forehead
- If no improvement or the headache interferes with the student’s ability to participate in classroom activities, contact the parent for student pick up

Contact the school nurse for further instructions if the headache is accompanied by any of the following symptoms:

- Severe, continuous, head pain
- Stiff neck
- Changes in vision
- Dizziness, unsteady gait, weakness, or slurred speech
- Changes in sensation (numbness and/or tingling)
- Sensitivity to normal light
- Vomiting

Call 911 and follow standard code blue procedures if

- The student with a severe headache has sustained a head or impact injury
- There are signs of shock or changes in level of consciousness

HEAD INJURY

A head injury is any trauma that leads to injury of the scalp, skull, or brain. These injuries can range from a minor bump on the skull to a devastating brain injury. A concussion is a type of head injury that

involves the brain. Unlike injuries to the scalp or skull, a concussion has the potential to result in non-reversible brain damage. Common causes of head injury in the school setting are: playground injuries, pedestrian and bicycle accidents, falls, sports injuries, and physical assaults.

Important Facts about Head Injury

- The size of the “goose egg” does not determine the level of damage to the brain
- Checking the student’s level of consciousness, *not pupils*, is a more reliable way to tell if there is a brain injury
- The signs of concussion can develop slowly over several hours or more
- People with severe concussion do not always lose consciousness
- A victim of head injury may also have undetected spinal or neck injuries

Most head injuries are minor because the skull provides the brain with considerable protection. Symptoms of minor head injuries do not typically require medical follow up and usually resolve with time. Asking the student routine questions such as full name, date, parent name, home phone number, etc., is a good way to determine whether the brain is functioning normally. If a student who has suffered an impact injury or blow to the head is able to think clearly, move freely without pain, and quickly resume normal activities, he or she is unlikely to have suffered a concussion.

First Aid for Minor Head Injuries

- Have the student remain in a sitting position, or lying down with the head elevated
- For superficial wounds of the scalp, use standard precautions and control bleeding using firm pressure; then gently wash with soap and water
- Provided there is no visible wound, an ice pack may be applied to swelling of the scalp
- Keep the student under constant observation to ensure that level of consciousness does not change
- Immediately notify parent/guardian by phone
- If the student is symptom-free after 10 minutes of close observation, and the parent has been contacted, allow student to return to class
- If unable to reach the parent/guardian, notify the administrator, keep the student under close observation in the clinic, and contact the school nurse for further direction
- Notify and instruct the teacher/s to contact the school health office immediately at the first sign of any symptoms
- Advise the student to return to the clinic if his or her condition changes
- Send home the Head Injury Form 76-308

Signs of serious head injury

- Sleepiness
- Severe head or facial bleeding
- Seizure or loss of consciousness, even if temporary
- Fluid or blood seeping from ears or nose
- Drowsiness, confusion, or inability to remember how the injury occurred
- Weakness, loss of balance, or difficulty moving arms or legs
- Headache
- Slurred speech or blurred vision
- Ringing in the ears
- Vomiting
- Signs of shock

First Aid for Severe Head Injury

- Prevent movement of the head, neck, or back
- If student is brought to the clinic, assist him or her to lie flat and motionless
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- Contact the school nurse when student is out of immediate danger or 911 has arrived

HEAD LICE

- If live lice and/or nits ½ inch or closer to the scalp are visible, contact parent/guardian
- Send student home with “Head Lice Policy” form number 75-370 and “Ten Steps To Staying Ahead Of Lice” form number 75-372
- Student may be readmitted when free of live lice and evidence of treatment has been provided
- Recheck student’s scalp over the next few days to detect signs of re-infestation
- Do not notify parents of other students unless directed to do so by the school nurse
- Refer to Head Lice Policy in the Infectious Disease Manual, section 2 page 24

HEART ATTACK- MYOCARDIAL INFARCTION

Oxygen is carried to the heart by the arteries (blood vessels). Most heart attacks are caused when a blockage in these arteries cuts off the supply of oxygen to the heart muscle. Because it takes many years for a blockage to develop, heart attacks rarely occur in individuals under age 35. In fact, of the approximately 7,000,000 Americans who have a heart attack, most are over 65.

Heart Attack Warning Signs (AHA)

Some heart attacks are sudden and intense -- the "movie heart attack," where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- **Chest discomfort:** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain
- **Discomfort in other areas of the upper body:** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach
- **Shortness of breath:** May occur with or without chest discomfort
- **Other signs:** These may include breaking out in a cold sweat, nausea or lightheadedness
- **Important! The steps for CPR should be reviewed and practiced periodically.**

If symptoms of a heart attack occur, remember the American Heart Association’s “Chain of Survival:”

- Early Access to Medical Care (Call 911 and follow standard code blue procedures)
- Early CPR
- Early Defibrillation
- Early Advanced Care

HEAT-RELATED ILLNESSES

Water is essential for regulating body temperature. Under normal circumstances, the body loses water continually through sweat, tears, urine, and digestion, and replaces it through the intake of fluids and water-containing foods. In higher climate temperatures, the body can quickly become dehydrated and be much more susceptible to life-threatening increases in core temperature. Young children, medically fragile students, and athletes are at the greatest risk of developing a heat-related illness. Adequate intake of fluids, particularly on hot days, is the most effective way to prevent heat emergencies. The focus of first aid for all heat-related illnesses is to cool and, if possible, re-hydrate the victim as quickly as possible.

Heat Cramps

The first sign that the body may be overheating, heat cramps consist of painful, sustained muscle cramping. Action should be taken immediately to ensure that dehydration and overheating do not progress further.

- Have the student immediately stop all activity and rest in a cool or air conditioned environment
- Begin re-hydration by having the student slowly drink half a glass of water
- Allow the student to gently massage or stretch cramping muscles
- Contact the school nurse for further instructions and then call the parent
- Encourage the student to rest and continue drinking fluids until the school nurse clears the student for return to class, or the parent arrives for pick up.

Heat Exhaustion

This condition typically occurs in students who sweat profusely during exercise and experience significant dehydration. Often core body temperature rises dangerously to between 100.4 and 104.9 degrees. Mild symptoms include: nausea, fatigue, dizziness, weakness, headache, profuse sweating, and muscle cramping.

First Aid

- Have the student immediately stop all activity and lie down in a cool or air conditioned environment
- If the student can safely swallow, immediately give small, frequent sips of cool water
- Take measures to cool the body by applying cool compresses or towels to the neck or under the arms (*no ice water!*)
- If the symptoms quickly subside, contact the school nurse for further instructions and then call the parent for pick up

Call 911 and follow standard code blue procedures *if* the victim

- Vomits or cannot safely swallow fluids
- Exhibits confusion, drowsiness, or inability to concentrate/follow instructions
- Has hot, dry, red skin

Heat Stroke

Heat stroke is the most severe form of heat-related illness and should be treated as an acute, life-threatening emergency. It is caused by a total failure of the body's cooling system and a dangerous increase in body temperature. In heat stroke, core body temperatures can soar as high as 107.0,

resulting in disruption of normal heart function, poor circulation, and seizures. In addition to the above symptoms, the victim will often deteriorate rapidly and begin manifesting signs of shock, unconsciousness, or semi-consciousness. About 10% of heat stroke victims die even with good emergency care. Help is needed fast!

- Immediately move the student to a cooler place
- Have the student lay down with feet elevated
- Call 911 and follow standard code blue procedures
- Quickly remove any excess clothing and apply wet, cool towels to areas of exposed skin (*no ice water!*)
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- Contact the school nurse when the student is out of immediate danger or 911 has arrived

IMPACT INJURIES (BLUNT FORCE TRAUMA) TO THE CHEST OR ABDOMEN

Even without an obvious external injury, a hard blow to the mid-section of the body can cause life-threatening damage to internal organs. Any student who suffers a fall, sports injury, “body slam,” collision injury, or other impact to the torso should be observed closely for signs of shock (Refer to the section on SHOCK on page J-26). Sudden pain that worsens over time can be an indicator of severe damage to the chest or abdominal organs such as the heart, lungs, liver or spleen and will require immediate emergency measures.

First Aid for Minor Impact Injuries

When there are no signs of shock, pain is mild and improving, and the student can move comfortably on his/her own power, the injury is unlikely to be life-threatening or serious. In this case, routine first aid and observation is appropriate.

- Visually inspect the injured area
- Refer to appropriate first aid guidelines for treatment of minor/superficial injuries
- Have the student rest under close observation until pain and other symptoms have subsided
- Contact the parent to report the incident

First Aid for Severe Impact Injuries

Call 911 and treat for “Shock” for any of the following symptoms

- Pain that worsens over time
- Pale or gray skin color
- Severe weakness or dizziness, to the point where walking or standing are difficult
- Rapid, shallow breathing, or gasping breaths, causing restlessness and anxiety
- Cool, sweaty skin
- Disorientation, or difficulty concentrating or remembering

If the Student is Conscious

- Have the student lie down and, unless head, neck or spine are injured, elevate feet
- Provide appropriate first aid for visible injuries or bleeding

- Loosen constrictive clothing
- Keep the victim warm by covering with a light blanket
- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student becomes unconscious, begin standard rescue measures
- Contact the school nurse when student is out of immediate danger or 911 has arrived

IMPORTANT: DO NOT GIVE FOODS OR FLUIDS TO A VICTIM IN SHOCK!

POISONS

Any non-food substance, such as: over-the-counter, herbal, or prescription medication, cosmetics, pesticides, street drugs, and cleaning products, are capable of causing serious illness or side effects if ingested or inhaled in sufficient quantity. Most incidents of poisoning involve ingestion of a poisonous substance. Other causes include inhalation of poisonous fumes, foreign substances in the eyes or on the skin, and bites and stings. While children often ingest poisons accidentally, the vast majority of adolescent deaths from poisons exposure are intentional.

If the student who has ingested or been exposed to a poisonous substance exhibits symptoms of dizziness/weakness, nausea/vomiting, shortness of breath, or other signs of shock, consider the situation potentially life-threatening

- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- Contact the school nurse when student is out of immediate danger or 911 has arrived

In the absence of life-threatening symptoms

- Call the Poison Control Center immediately **1-800-222-1222**
- Follow Poison Control Center directives.
- Contact the school nurse, and then call the parent

Remember!

- *Never* give food or fluids to a victim of poisoning *unless* instructed to do so by Poison Control Center personnel
- *Never* follow first aid instructions on product labels
- *Never* enter an area or attempt a rescue where poisonous gasses are present
- *Always* move the victim of inhaled poison to fresh air *before* calling the Poison Control Center
- *Always* assist the victim of contact poisoning by removing contaminated clothing and flushing the skin or eyes with copious amounts of water *before* calling the Poison Control Center
- *Always* wear gloves when rendering first aid for chemical poisoning
- *Always* keep a sample or container of the poisonous substance and send it to the hospital with the victim

PREGNANCY

If a student reports that they are pregnant and experiencing cramping or bleeding

- Contact the school nurse immediately

- Observe confidentiality at all times. Only those persons with direct need to know will be given information about the situation

Call 911 and follow standard code blue procedures if

- The student reports that bleeding is heavy
- Abdominal pain/cramping is severe
- The student reports that “something” is protruding or has been passed from the “birth canal” or vagina

SEIZURE DISORDER

As with any form of unconsciousness, seizures are a symptom, not a disease. Seizures happen as a result of sudden, abnormal electrical impulses in the brain. Common causes include: high fever; low blood sugar; head injury; problems in development of the brain before birth; drug, alcohol or lead poisoning; illnesses like meningitis; and brain damage due to infection or diseases of the brain. The term “epilepsy” is used to describe seizures that recur over a long period of time. In about seven out of ten people with epilepsy, no cause can be found.

Depending upon how many muscles are affected by these electrical impulses, a seizure may cause sudden stiffening of the body or complete relaxation of the muscles. A convulsion, sometimes called a “grand mal,” or “generalized tonic clonic” seizure, is the most dramatic type of seizure, causing, loss of bowel or bladder control, rapid violent movements, and sometimes unconsciousness lasting for several minutes. “Petit mal seizures,” also called “absence seizures,” in contrast, may consist of momentary twitching, staring spells, or lapses in attention that can easily go unnoticed.

While the sight of someone having a tonic-clonic seizure may be frightening, it will help to remember that most seizures stop on their own after a minute or two, and breathing almost always resumes spontaneously immediately after a seizure. After a convulsion the student may go into a deep sleep. He or she may be disoriented or agitated for a while after awakening.

First Aid for Petit Mal Seizure

- **Refer to the student’s Health Care Plan, if there is one**
- Contact school nurse and call parent/guardian

First Aid for Grand Mal Seizure

The goal of first aid is to prevent injury to the seizing person during the period when they are unconscious and not in control of their movements, and to determine if 911 should be called.

DO NOT

- Hold the student down or try to prevent movement during a seizure
- Place anything between the teeth
- Force the mouth open or hold the tongue down
- Put anything, including fingers, in a seizure victim’s mouth
- Attempt mouth-to-mouth breathing **unless** the student does not resume breathing once the seizure has stopped

DO

- Remain calm and reassure bystanders
- **Refer to the student's Health Care Plan, if there is one**
- Loosen ties or anything around the neck that may make breathing difficult
- Carefully place something flat and soft, like a towel or folded jacket under the head
- Turn him or her gently onto one side to keep the airway clear of vomit, food or saliva
- Clear the area of anything hard or sharp
- Monitor pulse and breathing
- If possible, time the duration of the seizure
- Be calm and reassuring as consciousness returns
- Contact the school nurse for further instructions before calling the parent
- Stay with the student until the seizure ends and the nurse and parent are contacted
- Do not allow the student to walk or drive home

Follow standard code blue procedures and call 911 for a seizure if

- The student's Health Care Plan directs that 911 be called for symptoms of seizure
- A seizure occurs in someone who is not known to have had a seizure before
- Breathing is difficult or does not resume when the seizure stops
- The skin remains blue or gray after the seizure has stopped
- The student sustains a head or neck injury before or during the seizure
- The seizure lasts longer than **3 minutes**
- The student has a second seizure after regaining consciousness from the first

Remember! While the conditions that cause a seizure may be serious or life threatening, seizures themselves do not cause brain damage. They are a result of a temporary change in brain activity.

SHOCK

Shock is word for a life-threatening drop in blood pressure due to severe illness or injury, internal/external bleeding, heatstroke, allergic reactions, severe illness, poisoning, or other major physiological problems.

Important: Signs of shock may occur even with minimal injury. The symptoms of shock result from a dangerous drop in oxygen levels to the brain and other vital organs. The victim may or may not lose consciousness. If left untreated, he or she may experience a respiratory or cardiac arrest.

Symptoms

- Pale or gray skin color
- Severe weakness or dizziness, to the point where walking or standing are difficult
- Rapid, shallow breathing, or gasping breaths, causing restlessness and anxiety
- Cool, sweaty skin
- Disorientation, or difficulty concentrating or remembering

If the Student is Conscious

- Have the student lie down and, unless head, neck or spine are injured, elevate feet
- Provide appropriate first aid for visible injuries or bleeding
- Loosen constrictive clothing
- Keep the victim warm by covering with a light blanket
- Do not give food or fluids

- If skin color, breathing, and level of consciousness do not immediately improve, call 911 and follow standard code blue procedures

If the Student Becomes Unconscious

- Call 911 and follow standard code blue procedures
- Monitor consciousness and breathing
- If student manifests signs of shock or becomes unconscious, begin standard rescue measures
- Contact the school nurse when student is out of immediate danger or 911 has arrived

IMPORTANT: DO NOT GIVE FOODS OR FLUIDS TO A VICTIM IN SHOCK!

SORE THROAT

Most sore throats are caused by a virus such as a cold or the flu (influenza) and usually go away on their own in about a week. Antibiotics do not work against viral infections. About 10 percent of sore throats result from bacterial infection, and will require medical follow up. Bacterial infections are sometimes treated with antibiotics, although drugs don't always speed healing or prevent infections from recurring.

- Contact the parent for pick up if the student is in acute pain or demonstrates other signs (i.e., fever, excessive or discolored nasal drainage, etc.) of infectiousness
- If the parent cannot be contacted, call the school nurse for further instructions

Important! A decision about whether a sore throat is bacterial or viral can only be made by a qualified health care provider. It is not within the purview of the clinical aide to inspect a child's throat and offer an opinion to the parent about the cause or severity of the child's throat pain.

SPLINTERS/EMBEDDED OBJECTS

A small, superficial wound caused by a splinter or other embedded object presents only a small risk of infection. However, proper care is important, because imbedded objects can become infected, particularly in the student with diabetes.

First Aid

- Have the student cleanse the area thoroughly with soap and water
- Do not use a needle or probe below the skin
- If the splinter or object is protruding from the skin and will come out readily, attempts can be made to remove it with tweezers
- Use standard precautions if assisting with the removal of a splinter or embedded object
- If splinter or embedded object is below the skin line or cannot be readily removed, the parent may be contacted

STOMACH OR ABDOMINAL PAIN

Stomach and abdominal aches and pains are common during childhood and adolescence. Most often symptoms in children are the result of routine illness, constipation, skipping meals, eating too much or too quickly, stress, or side effects of medications. Although severe abdominal pain can be a sign of acute

appendicitis, rarely is mild to moderate stomach or abdominal pain an indication of serious disease. For reoccurring stomach or abdominal pain, refer to the school nurse.

First Aid for minor or routine stomach/abdominal pain

- **Refer to the student’s Health Care Plan, if there is one**
- Assess for fever and/or other “excludible” symptoms
- Allow the student to rest for 10 minutes or use the bathroom
- If the student vomits, exhibits other signs of illness such as fever, or the severity of the stomach pain interferes with the student’s ability to participate in classroom activities, contact the parent for student pick up

Contact the school nurse for further instructions if stomach or abdominal pain occurs after an impact injury to the torso (see section K, page 23, “Impact Injury/Blunt Force Trauma”).

SUICIDE

Any and all threats of self-harm are to be taken seriously.

- Notify the *assistance team immediately*: school administrator, school nurse, counselor, or school police.

TOXIC GASES

Most routine chemical spills or leaks of airborne substances can be safely contained and removed by the custodial staff without posing a danger to students. In rare cases, however, chemicals that seep into the air can be highly poisonous and cause life-threatening side effects if inhaled. Strange odors or fumes, especially if staff or students complain of excess coughing, difficulty breathing, headache, chest pain or dizziness, may be an indication that toxic substances are present. Refer to the Washoe County School District Disaster Plan.

Remember!

- Any substance with a strong or noxious odor may be toxic if inhaled
- Some gases, such as carbon monoxide, are invisible and odorless, but highly poisonous
- Symptoms of inhalation poisoning may occur immediately or be delayed
- Medically fragile students or those with chronic respiratory conditions such as asthma may be highly reactive to the presence of ordinary substances such as perfumes, cleaners, cigarette smoke, etc.

First Aid for Minor Airborne Irritants

- Get the student(s) to fresh air immediately
- **Follow the student's Health Care Plan, if there is one**
- If it can be done safely and quickly, retrieve the container or label of the noxious substance for identification
- Provided the student begins breathing normally when exposed to fresh air, contact the Poison Control Center **1-800-222-1222** for further instructions before calling the school nurse
- The student may return to class only if there are no symptoms and the Poison Control Center, the school nurse, and the parent have been contacted

First Aid for Exposure to Toxic Fumes

- Do not enter an area where toxic fumes may be present! Instead, notify school administration so that 911 is called, immediate evacuation measures can be instituted, and the area sealed off to prevent further contamination
- Immediately remove victim(s) to a source of fresh air, if possible
- Do not come in contact with those who may be contaminated with residual toxic substances
- If it is safe to do so, provide standard emergency first aid, beginning with those who are unconscious, in shock, or whose breathing is severely compromised
- **When 911 arrives, give a copy of the student's Health Care Plan to the "EMS officer in charge."**
- Contact the school nurse when all students and staff are out of immediate danger and 911 has arrived

UNCONSCIOUSNESS

This is a state in which the brain "shuts down" to the point where the person is unresponsive to his or her surroundings. Common causes include major illness, serious injury, alcohol or substance abuse, or severe drops in blood pressure or blood sugar. Any situation where a student becomes unconscious and does not immediately and fully recover should be considered a life-threatening emergency. Always follow standard guidelines for rendering appropriate rescue measures: ABC's, Check, Call, and Care.

First Aid

- Call 911 and follow standard code blue procedures
- **Refer to the student's Health Care Plan, if there is one**
- If profuse bleeding is evident, use standard precautions and apply firm pressure to the site
- Position the student on his or her side unless a head, neck, or back injury is suspected
- If the student with a head, neck or back injury begins vomiting, "log roll" him or her to the side while carefully supporting the head, neck and back
- Keep the student warm by covering with a blanket
- Monitor breathing and, if breathing stops, begin standard rescue measures
- **When 911 arrives, give a copy of the student's Health Care Plan to the "EMS officer in charge."**
- Contact the school nurse when student is out of immediate danger or 911 has arrived

VOMITING

Typically, nausea and vomiting in children are temporary symptoms of mild illness, anxiety, migraine headache, or response to medication. Students who are vomiting should be:

- Isolated from contact with other students
- Observed carefully until the parent arrives
- Be provided with comfort measures in the clinic using standard precautions
- Upright or on side

Refer to the policy on vomiting in the Infectious Disease Manual

In rare cases, vomiting can be a sign of a potentially life-threatening condition such as poisoning; high blood sugar; drug or alcohol ingestion; head and other injury; or heat exhaustion. If the cause is known, refer to the appropriate topic in this Management of Injuries and Illnesses at School Guidelines.

WARTS

Advise student to consult with parent.

WOUNDS

A wound is any injury that breaks the skin. Most minor wounds can be dealt with in the clinic and do not require a phone call to the school nurse or to the parent. First aid for minor wounds consists of preventing infection by ensuring that the affected area is gently and thoroughly cleaned with mild soap and cool water, rinsed, patted dry, and then covered with a sterile dressing to keep out dirt and debris. Although parents may opt to do so, *clinic staff are not to treat wounds with alcohol, peroxide, or antibiotic ointments.*

Bleeding helps clean out wounds. Most small cuts or scrapes will stop bleeding in a short time. Remember that relatively minor cuts to the head, mouth, and face will bleed more than cuts to other parts of the body because of the greater number of small superficial blood vessels in those areas when bleeding occurs it is especially important to keep calm and apply steady pressure to control blood flow (see section J page 7 on Bleeding). ***Standard precautions should always be used in cases where the student needs assistance with wound care.***

The following types of wounds are considered “major,” and may require medical follow up. Notify the school nurse for further instructions prior to calling the parent if

- The student has a health care plan or is known to have a bleeding disorder such as Von Willibrand’s Disease or hemophilia
- The wound is on the face, chest or abdomen
- The edges of the wound are jagged, gape open, or continue to seep blood despite 10 minutes of firm, continuous pressure
- The student reports that the area of the wound is numb or extremely painful
- A student with a wound is running a fever
- The student presents with a wound that oozes fluid or is excessively red, swollen, or warm
- Dirt or debris is embedded in the wound

NOTE: FOR WOUNDS THAT ARE BLEEDING PROFUSELY, REFER TO THE SECTION ON “HEMMORHAGE.”