Emergency Healthcare Guidelines For School Districts
EMERGENCY HEALTHCARE GUIDELINES FOR SCHOOL DISTRICTS

Special Recognition:

Ohio Department of Public Safety, Division of EMS, EMS for Children Program

Acknowledgements:

HOTRAC Pediatric Committee Members
HOTRAC Physicians Advisory Committee Members
HOTRAC Board of Directors
Education Service Center Region 12
HILCO Operation Round Up Program

The Heart of Texas Regional Advisory Council (HOTRAC) in coordination with the Education Service Center (ESC) Region 12 is pleased to bring this valuable tool to the school districts in Heart of Texas Region (Bosque, Hill, Falls, Limestone, and McLennan counties). The distribution of this booklet was made possible through funding from the Heart of Texas Regional Advisory Council and in part by $2,000 from a U. S. Department of Education Readiness and Emergency Management for Schools grant through the Education Service Center Region 12 and by $2,000 from the HILCO Operation Round Up Grant Program.

HOTRAC has made some changes to the third addition of this booklet developed originally by the State of Ohio to allow for treatment changes and State of Texas requirements. A copy of this booklet will be provided to each school building as well as an electronic version to the school district.

It is recommended that this booklet is placed in an area that is easily accessible and that all school staff is made aware of its availability. This important resource may serve as an essential tool to assist first responders with the principal steps necessary to achieve the best outcome when medical emergencies occur.

We encourage feedback on this booklet. Please feel free to contact any HOTRAC staff member at (254) 202-8740.
About the Guidelines

The emergency healthcare guidelines in this booklet were originally produced in the Ohio Department of Public Safety’s (ODPS), Emergency Medical Services for Children (EMSC) program, in coordination with the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics (AAP). As a part of the development process, the Guidelines were field tested in seven school districts throughout Ohio in 1997 and revised based on school feedback. In September of 1998, a copy of the first edition was distributed to each school building in Ohio. An evaluation was conducted in spring 2000. The second edition incorporates the results of the evaluation with revisions based on the recommendations of school nurses and secretaries who utilized the book in their schools.

In March of 2000, the Guidelines won the National EMSC Program’s “Innovation in Product Development Award”. This award is given to recognize a unique product designed to advance emergency medical services for children. To date, over 21,000 copies of the guidelines have been distributed in Ohio and thousands more throughout the United States.

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

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

Please take some time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency situation.
How to use the Emergency Guidelines

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

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

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

In addition, information has been provided about developing a school-wide emergency plan, guidelines for when to call EMS, infection control procedures and planning for students with special needs.

The guidelines have been provided in both an electronic format and a hard copy for your convenience. You may reproduce this booklet and add specific information for your school.
Keys to Shapes and Colors

- Green Shapes = Start
- Yellow Shapes = Continue
- Red Shapes = Stop
- Blue Shapes = Background Information

Start here.
Provides first-aid instructions.
A question is being asked. You will have a choice based on the student’s condition.
Stop here. This is the final instruction.
A note to provide background information. This type of box should be read before emergencies occur.
Emergency Procedures for Injury or Illness

1. **Remain calm and assess the situation is safe for you to approach.** The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.

2. **A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.**

3. **Send word to the responsible school authority that is designated to handle emergencies.** This person will take charge of the emergency.

4. **Do NOT give medications unless there has been prior approval by the student’s parent or legal guardian and doctor according to local school board policy.**

5. **Do NOT move a severely injured or ill student unless absolutely necessary for immediate safety.** If moving is necessary to prevent further injury, follow the “NECK AND BACK PAIN” guideline.

6. **Call Emergency Medical Services (EMS) and arrange for transportation of the ill or injured student, if necessary.**

7. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.

8. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured student.

9. **A responsible individual should stay with the injured student.**

10. **Fill out a report for all injuries requiring above procedures as directed by school policy and procedures.**
When to Call EMS?

Call Emergency Medical Services (EMS) when a:

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

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

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1 Sources: American Red Cross & American College of Emergency Physicians
Infection Control

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

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

- Be sure to scrub between fingers, under fingernails, and around the tops and palms of hands.
- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).
- Wipe-up any blood or body fluid spills as soon as possible (wear disposable gloves). Double-bag the trash in a plastic bag or place in a Ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).
- Send all soiled clothing (i.e. clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes, while giving first aid.

**Guidelines for students:**

- Remind students to wash hands thoroughly after coming in contact with their own blood or body fluids.
- Remind students to avoid contact with another person’s blood or body fluids.
Planning for Students with Special Needs

Some students in your school may have special emergency care needs due to their medical conditions or physical abilities.

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

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

Your school nurse or other school health professional, along with the student's parent or legal guardian and personal physician, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available to appropriate staff at all times. In the event of an emergency situation, refer to the student’s emergency care plan. The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children with Special Needs. It can be downloaded from www.aap.org or www.acep.org and is provided for review on the next page of this booklet.

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

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

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

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

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

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

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# Emergency Information Form For Children With Special Health Care Needs

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Patient ID</strong></td>
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<tr>
<td>Patient's name</td>
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<tr>
<td>Date of birth</td>
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<tr>
<td>Address</td>
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<tr>
<td>Primary language</td>
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<tr>
<td>Parent/Guardian</td>
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<tr>
<td>Contact phone</td>
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<tr>
<td>Emergency contacts</td>
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<table>
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<tr>
<th>Field</th>
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<tr>
<td><strong>Care Provider</strong></td>
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<tr>
<td>Provider's Name</td>
<td></td>
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<tr>
<td>Specialties</td>
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<tr>
<td>All contact phone numbers (E-mail options)</td>
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<tr>
<td>Fax</td>
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<table>
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<th>Field</th>
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<tbody>
<tr>
<td><strong>Clinical Baseline</strong></td>
<td></td>
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<tr>
<td>Diagnosed/proven list (first starting with most important)</td>
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</tr>
<tr>
<td>Baseline physical findings</td>
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<tr>
<td>Baseline vital signs</td>
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<tr>
<td>Baseline neurologic status</td>
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<td>Immunologic competency status</td>
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<tr>
<td>Syncope of clinical status</td>
<td></td>
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<tr>
<td>Medications (doses, purpose)</td>
<td></td>
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<tr>
<td>Antibiotics (drug, dose, duration)</td>
<td></td>
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<tr>
<td>Significant baseline, imaging, diagnostic studies</td>
<td></td>
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<tr>
<td>Prostheses, appliances, advanced technology devices, life support</td>
<td></td>
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<tr>
<td>Allergies</td>
<td></td>
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<tr>
<td>Medications, foods, substances to be avoided and why</td>
<td></td>
</tr>
<tr>
<td>Advanced directives (include date of last review)</td>
<td></td>
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<tr>
<td>Procedures to be avoided and why</td>
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<tbody>
<tr>
<td><strong>ED Management</strong></td>
<td></td>
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<tr>
<td>Comments on child, family, or other specific medical issues</td>
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<tr>
<td>EPT dates</td>
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<td>Elap dates</td>
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<td>EVD or IV dates</td>
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<td>MVR dates</td>
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<td>HS dates</td>
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<td>Pneumococcal-7</td>
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<td>Other</td>
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<th>Field</th>
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<td><strong>Immunizations</strong></td>
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<td>EPT dates</td>
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<td>Elap dates</td>
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<td>Pneumococcal-7</td>
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<th>Field</th>
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<tbody>
<tr>
<td><strong>Disaster Planning &amp; Drills</strong></td>
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<tr>
<td>Check or enter at least two of the most likely disasters that could affect this patient</td>
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<tr>
<td>Power failure</td>
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<tr>
<td>Natural</td>
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<td>Earthquake</td>
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<td>Flood</td>
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<td>Tornado</td>
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<td>Tsunami</td>
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<td>Blizzard</td>
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<td>Other</td>
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<tr>
<td><strong>Disaster Planning &amp; Drills</strong></td>
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<tr>
<td>Disaster drills reviewed or practiced with patient</td>
<td>Documentation of completed skills and planned dates for future skills</td>
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<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Disaster type</td>
<td>Example drills:</td>
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<tr>
<td>Oralal review</td>
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<tr>
<td>Paper review</td>
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<td>Table top model</td>
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<tr>
<td>Computer simulation</td>
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<td>Hands on practice</td>
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<td>Equipment review</td>
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<tr>
<td>Alternate electrical power</td>
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<tr>
<td>Electric generator</td>
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<tr>
<td>Other (describe)</td>
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Developing Multi-Hazard Emergency Operations Plan

Texas Education Code Title 2. Subtitle G. Chapter 37, Subchapter A, Section 37.108 states that each school district shall adopt and implement a multi-hazard emergency operations plan for use in the district’s facilities and must address:

- Mitigation
- Preparedness
- Response
- Recovery

The plan must also be coordinated with local health departments and the Department of State Health Services.

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

- Staff roles are clearly defined in writing. For example, staff responsibility for rendering care, accessing EMS, notifying responsible school authority and parents, and supervising uninjured children are outlined and practiced. A responsible authority for emergency situations has been designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.
- Appropriate staff, in addition to the nurses, is trained in CPR and first aid in each building. For example, teachers and employees working in high risk areas (e.g. labs, gyms, shops, etc.) are trained in CPR and first aid.
- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for students with special needs should be available, as well as distributed to appropriate staff.
- First aid kits are stocked with up-to-date supplies and are available in central locations, high risk areas and for extra-curricular activities. (See “Recommended First Aid Supplies” on inside back cover.)
- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally.
- Emergency numbers are available and posted by all phones. (See “Emergency Phone Numbers” on outside of back cover.) All employees are familiar with emergency numbers.
- School personnel have communicated with local EMS regarding the emergency plan, services available, children with special needs and other important information about the school.
- A written policy exists which describes procedures for accessing EMS without delay at all times and from all locations (e.g. playgrounds, athletic fields, fieldtrips, extracurricular activities etc.).
- Transportation of an injured or ill student is clearly stated in written policy.
- Instructions for addressing students with special needs are included (See “Planning for Students with Special Needs”).
- A doctor or nurse and a dentist are designated to act as consultants to the school for health and safety related questions.
- All injuries are documented in a standard format and maintained in an organized manner. Injury reports are reviewed on a regular basis to revise the emergency plan and remedy hazards.
Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed for these students. Staff in a position to administer approved medications should receive instruction.

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

Does the student have any symptoms of a severe allergic reaction which may include:
- Flushed face?
- Dizziness?
- Seizures?
- Confusion?
- Weakness?
- Hives all over body?
- Blueness around mouth, eyes?
- Difficulty breathing?
- Drooling or difficulty swallowing?
- Loss of consciousness?

Yes

Symptoms of a mild allergic reaction include:
- Red watery eyes
- Itchy, sneezing, running nose
- Hives or rash on one area.

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

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

Follow school policies for students with severe allergic reactions. Continue rescue breaths, as needed.

Refer to student's plan. Administer doctor and parent/guardian-approved medication, if available.

CALL 9-1-1. Contact responsible school authority & parent/legal guardian.
This page is intentionally left blank.
Students with a history of breathing difficulties, including asthma/wheeze, should be known to appropriate school staff. A care plan which includes an emergency action plan should be developed. Section 38.013 of the Texas Education Code allows students to possess and use an asthma inhaler in the school. Staff in a position to administer approved medications should receive instruction.

A student with asthma/wheeze may have breathing difficulties which include:
- Uncontrolled coughing;
- Wheezing – a high-pitched sound during breathing out;
- Rapid breathing;
- Flaring (widening) of nostrils;
- Increased use of stomach and chest muscles during breathing;
- Tightness in chest;
- Not speaking in full sentences.

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

YES

Refer to student’s emergency care plan.

NO

CALL 9-1-1.

Does student have doctor and parent/guardian approved medication?

YES

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

NO

Administer medication as directed.

YES

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

NO

Are symptoms not improving or getting worse?

YES

CALL 9-1-1.

NO

Contact responsible school authority & parent/legal guardian.

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- Increased use of stomach and chest muscles during breathing;
- Tightness in chest;
- Not speaking in full sentences.

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

YES

Refer to student’s emergency care plan.

NO

CALL 9-1-1.

Does student have doctor and parent/guardian approved medication?

YES

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

NO

Administer medication as directed.

YES

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

NO

Are symptoms not improving or getting worse?

YES

CALL 9-1-1.

NO

Contact responsible school authority & parent/legal guardian.
This page is intentionally left blank.
Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate school staff. An emergency care plan should be developed.

Behavioral or psychological emergencies may take many forms (e.g., depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide, etc.)

Check for a Behavior Intervention Plan. Intervene only if the situation is safe for you.

Refer to your school’s policy for addressing behavioral emergencies.

Does student have visible injuries? YES

CALL 9-1-1 if any injuries require immediate care.

NO

Does student’s behavior present an immediate risk of physical harm to persons or property?

CALL THE POLICE.

NO

Is student armed with a weapon?

NO

The cause of unusual behavior may be psychological/emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

Suicidal and violent behavior should be taken seriously. If the student has threatened to harm him/her or others, contact the responsible school authority immediately.

Contact responsible school authority and parent/legal guardian.
**Bites (Human & Animal)**

1. **Wear disposable gloves when exposed to blood or other body fluids.**
2. **Wash the bite area with soap & water.**
   - **Is student bleeding?**
     - **YES**
       - Press firmly with a clean dressing. See “Bleeding”.
     - **NO**
       - Hold under running water for 2-3 minutes.
   - **NO**
     - Check student’s immunization record for Tetanus. See “Tetanus Immunization”.

3. **Is bite from an animal or human?**
   - **HUMAN**
     - Contact responsible school authority & parent/legal guardian. **URGE IMMEDIATE MEDICAL CARE.**
   - **ANIMAL**
     - If bite is from a snake, hold the bitten area still and below the level of the heart. **CALL POISON CONTROL 1-800-222-1222** Follow their directions.

4. **Bites from the following animals can carry rabies and may need medical attention:**
   - Dog
   - Bat
   - Raccoon, coyote, opossum, skunk, fox, and cat.

5. **CALL 9-1-1.**
   - **YES**
     - Report bite to proper authorities, usually the health department, so that the animal can be caught & watched for rabies.
   - **NO**
     - Contact responsible school authority & parent/legal guardian.

6. **Is bite large or gaping?**
   - **Is bleeding uncontrollable?**
     - **YES**
       - Parents/legal guardians of the student who has bitten and the student who was biting should be notified that their child may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.
This page is intentionally left blank.
Check student’s immunization record for Tetanus.

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

Is injured part amputated (severed)?

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

- Place detached part in a plastic bag.
- Tie bag.
- Put bag in a container of ice water.
- **DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.**
- Send bag to the hospital with student.

Is there continued uncontrollable bleeding?

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

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

Contact responsible school authority & parent or legal guardian.

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Emergency Healthcare Guidelines for School Districts

April 2012
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BLISTERS (From Friction)

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

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

Is blister broken?

YES
Apply clean dressing and bandage to prevent further rubbing.

NO
DO NOT BREAK BLISTER. Blisters heal best when kept clean and dry.

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

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

YES

NO

Rest injured part.

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

If skin is broken treat as a cut. See “Cuts, Scratches, & Scrapes”.

Contact responsible school authority & parent or legal guardian.

Contact responsible school authority & parent or legal guardian.
This page is intentionally left blank.
If student comes to school with pattern burns (e.g. iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See “Child Abuse”.

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

**ELECTRICAL**

What type of burn is it?

**CHEMICAL**

**HEAT**

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth. **DO NOT USE ICE.**

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?
- Are there other injuries?

**CALL POISON CONTROL**

1-800-222-1222

While flushing burn and follow instructions.

Contact responsible school authority & parent or legal guardian.

**CALL 9-1-1.**

Cover/wrap burned part loosely with a clean dressing.

Check student’s immunization record for tetanus. (See “Tetanus Immunization”).

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

Always make sure the situation is safe for you before helping the student.
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Notes on Performing CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2010. Other organizations such as the American Red Cross also offer CPR courses. If the guidance in this booklet differs from the instructions you were taught, follow the methods you learned in your training course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

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

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

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

“Hands-only CPR”
If a bystander is not trained in CPR, the bystander should provide Hands-Only™ (compression-only) CPR for the adult victim who suddenly collapses, with an emphasis to “push hard and fast” on the center of the chest, or follow the directions of the EMS dispatcher. The rescuer should continue Hands-Only CPR until an AED arrives and is ready for use or EMS providers or other responders take over care of the victim. All trained lay rescuers should, at a minimum, provide chest compressions for victims of cardiac arrest. In addition, if the trained lay rescuer is able to perform rescue breaths, compressions and breaths should be provided in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED arrives and is ready for use or EMS providers take over care of the victim.

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

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3 The American Heart Association website, www.heart.org.
an emergency situation. The length of rescue breaths and the amount of air that you breathe to make the victim’s chest rise can be affected by these devices.

**Automatic Electronic Defibrillators (AEDs)**

AEDs are devices that help to restore a normal heart rhythm when the heart is not beating properly. It does this by delivering an electric shock to the heart. For attempted defibrillation of children 1 to 8 years of age with an AED, the rescuer should use a pediatric dose-attenuator system if one is available. If the rescuer provides CPR to a child in cardiac arrest and does not have an AED with a pediatric dose-attenuator system, the rescuer should use a standard AED. For infants (<1 year of age), a manual defibrillator is preferred. If a manual defibrillator is not available, an AED with pediatric dose attenuation is desirable. If neither is available, an AED without a dose attenuator may be used... If your school has an AED, obtain training in its use and training in CPR before an emergency occurs. Your local EMS, American Heart Association, and American Red Cross offer courses.
CPR revised guidelines: Think C-A-B

**COMPRESSIONS**
Push at least 2 inches on adult breastbone, 100 times per minute, to move oxygenated blood to vital organs

**AIRWAY**
Open the airway and check for breathing or blockage; watch for rise of chest and listen for air movement

**BREATHING**
Tilt chin back for the unobstructed passing of air; give two breaths and resume chest compressions

NOTE: Those untrained in CPR can simply do chest compressions until help arrives.
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CHOKING (Conscious Person)

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

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

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

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

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

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

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

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

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

Department of Family & Protective Services
1-800-252-5400
www.txabusehotline.org

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This is NOT a complete list:
- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Poor hygiene, underfed appearance.
- Severe injury or illness without medical care.

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

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

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

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

Refer to your school’s exclusion policy for ill students.

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

Contact responsible school authority and parent or legal guardian.

URGE MEDICAL CARE.

SIGNS OF POSSIBLE ILLNESS:
- Earache
- Fussiness
- Runny nose
- Mild cough

Monitor child for worsening of symptoms. Contact parent/legal guardian and discuss.
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CUTS (SMALL), SCRATCHES & SCRAPES
(INCLUDING ROPE & FLOOR BURNS)

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

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

NO

- Wash the wound gently with water. Use soap if necessary to remove dirt.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering or non-sticking type for scrapes) and bandage.

YES

See “Bleeding”.

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

Contact responsible school authority & parent/legal guardian.
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A student with diabetes could have the following symptoms:
- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling “shaky”.
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.

Refer to student’s emergency care plan.

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

Does student have a blood sugar monitor available?

YES

Allow student to check blood sugar.

LOW

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

OR

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

YES

Continue to watch the student. Is student improving?

NO

CALL 9-1-1.

If student is unconscious, see “Unconsciousness”.

HIGH

Contact responsible school authority & parent/legal guardian.

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

**Signs of Low Blood Sugar:**
- Fatigue, excessive sweating, trembling, clammy, dizziness, headache, hunger pangs, visual impairment, accelerated heart beat, anxiety, difficulty concentration, blackouts, confusion, crying, irritability, poor coordination, nausea, inappropriate behavior.

**Algorithm for Blood Glucose Results**

1. **Check Blood Glucose**
   - **Below 70:**
     1. Give fast acting sugar source and carbohydrate.*
     2. Observe for 15 minutes.
     3. Retest Blood Glucose, if less than 70 repeat sugar source. If over 70 give carbohydrate and protein snack (e.g., crackers and cheese) if not eating within 15 minutes.
     5. Notify Parent/PMD if less than 50.
     If Student Becomes Unconscious, Seizures, or is Unable to Swallow:
     1. Call 911
     2. Turn student on side to ensure open airway.
     3. Give glucose gel and glucagon if ordered.
     4. Notify school nurse, parent/PMD.

2. **70-90**
   1. Give fast acting carbohydrate. If meal or snack is within 30 minutes, no additional carbohydrates are needed. If student is not going to eat within 30 minutes additional carb and protein snack is to be given.

3. **91-125**
   1. If exercise is planned before a snack or a meal, including noon, the student must have a snack before participating.

4. **126-240**
   1. If exercise is planned before a snack or a meal, including noon, the student must have a snack before participating.

5. **Above 240**
   - Check Ketones (If ordered)
     (can not exercise unless urine is negative for Ketones.)
     Provide extra water.

   **Student is fine**
   - Ketones Present – Notify School Nurse Immediately, Notify Parents/PMD.
     - Provide 1-2 glasses of water every hour.
     - Do not exercise.
     - If at any time student vomits, becomes lethargic, and/or has labored breathing CALL 911.

**Fast Acting Sugar Sources (Do not give chocolate):**
- 15 gm. Glucose tablets
- 15 gm. Glucose gel
- 1/3 c. sugared soda
- 1/3 c. orange juice

- 1/2 c. apple juice
- 1/2 c. grape juice
- 1/2 tube cake mate gel

**Document of External Origin**

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

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Emergency Healthcare Guidelines for School Districts
April 2012
DIARRHEA

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

A student may come to the office because of repeated diarrhea or after an “accident” in the bathroom.

- Does student have any of the following signs of probable illness?
  - Continued diarrhea (2 or more times).
  - Oral temperature over 100.0 degrees F. (See “Fever”.)
  - Blood is present in the stool.
  - Dizzy and pale.
  - Severe stomach pain.

  NO
  - Allow the student to rest if experiencing any stomach pain.
  - Give the student water to drink.

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

If the student’s clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.
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EARS

Drainage from Ear:

Do NOT try to clean out ear. → Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

Earache:

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

Object in Ear Canal:

Ask student if he/she knows what is in the ear.

Do you suspect a live insect is in the ear?

YES OR NOT SURE → DO NOT ATTEMPT TO REMOVE.

NO → Gently tilt head toward the affected side.

YES → Did object come out spontaneously?

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

NO → DO NOT ATTEMPT TO REMOVE OBJECT.
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**ELECTRIC SHOCK**

If no one else is available to call 9-1-1, perform CPR first for 2 minutes, and then call EMS yourself.

- **NO**  
  - Send someone to **CALL 9-1-1**.

  - Treat any burns. See “Burns”.

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

- **YES**  
  - Is student unconscious or unresponsive?

  - **YES**  
    - Keep airway clear.
    - Look, listen & feel for breath.
    - **If student is not breathing, start CPR.** See “CPR”.

  - Contact responsible school authority & parent/legal guardian.

  - **TURN OFF POWER SOURCE, IF POSSIBLE.**
  
  - **DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
  
  - Once power is off and situation is safe, approach the student and ask “Are you okay?”
Eye Injury:

Keep student lying flat and quiet.

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

If an object has penetrated the eye, **DO NOT REMOVE OBJECT.**

Cover eye with a paper cup or similar object to keep student from rubbing, **BUT DO NOT TOUCH EYE OR PUT ANY PRESSURE ON EYE.**

**CALL 9-1-1.**

Contact responsible school authority and parent/legal guardian.

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

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

**Particle in Eye:**

- Keep student from rubbing eye.
- If necessary, lay student down, & 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. **URGE MEDICAL CARE.**

**Chemicals in Eye:**

- Wear gloves and if possible, goggles.
- Immediately rinse the eye with large amounts of clean water for 20 to 30 minutes.
- Tip the head so that the affected eye is below the unaffected eye and water washes eye from nose out to side of the face.

**CALL POISON CONTROL** while flushing eye.

1-800-222-1222

Follow their instructions.

If eye has been burned by chemical, **CALL 9-1-1.**
Fainting may have many causes including:
- Injuries
- Blood loss/shock.
- Diabetic reaction.
- Severe allergic reaction.
- Heat exhaustion.
- Standing still for too long.

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

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:
- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

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

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

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

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

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

Contact responsible school authority & parent/legal guardian.
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FEVER & NOT FEELING WELL

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

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

Give no medication, unless previously authorized.

Contact responsible school authority and parent or legal guardian.
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FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS

Symptoms could include:
- Pain in one area
- Swelling
- Feeling "heat" in injured area
- Discoloration
- Limited movement
- Bent or deformed bone
- Numbness or loss of sensation

Treat all injured parts as if they could be fractured.

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

CALL 9-1-1.

YES
- Leave student in a position of comfort.
- Gently cover broken skin with a clean bandage.
- Do NOT move injured part.

NO
- Rest injured part by not allowing student to put weight on it or use it.
- Gently support and elevate injured part if possible.
- Apply ice, covered with a cloth or paper towel, to minimize swelling.

After period of rest, re-check the injury.
- Is pain gone?
- Can student move or put weight on injured part without discomfort?
- Are numbness/tingling gone?
- Has sensation returned to injured area?

YES
- Contact responsible school authority and parent or legal guardian.

If discomfort is gone after period of rest, allow student to return to class.

NO
- Contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE.
Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports & violence may be serious. According to TEC section 38.156, a student ‘shall be removed from an UIL athletics practice or competition...if student might have sustained a concussion.’ If head is bleeding, see “Bleeding”.

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

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

Is student vomiting?

YES

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

CALL 9-1-1.

YES

- Check student’s airway.
- Look, listen, & feel for breathing.
- If student stops breathing, start CPR. See “CPR”.

NO

Watch student closely. DO NOT LEAVE STUDENT ALONE.

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

YES

Even if student was only briefly confused & seems fully recovered, contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.
Watch for delayed symptoms.

NO

Give nothing by mouth. Contact responsible school authority & parent or legal guardian.
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HAS A HEAD INJURY OCCURRED?

IS HEADACHE SEVERE?
- Are other symptoms present, such as:
  - Vomiting?
  - Oral temperature over 100.0 F (See “Fever”)?
  - Blurred vision?
  - Dizziness?

IF HEADACHE PERSISTS, CONTACT PARENT/Legal GUARDIAN.

APPLICATION OF A COLD CLOTH OR COMPRESSION TO THE STUDENT’S HEAD.

IF HEADACHE PERSISTS, CONTACT PARENT/Legal GUARDIAN.

GIVE NO MEDICATION UNLESS PREVIOUSLY AUTHORIZED.
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Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be life-threatening situations.

Strenuous activity in the heat may cause heat related illness. Symptoms may include:
- Red, hot, dry skin
- Weakness and fatigue
- Cool, clammy hands
- Vomiting & nausea
- Loss of consciousness

Is child unconscious or losing consciousness?

• Quickly remove child from heat to a cooler place.
• Put child on his/her side to protect the airway.
• Look, listen and feel for breathing.
• If child stops breathing, start CPR. See “CPR”.

Remove child from the heat to a cooler place.
Have the child lie down.

Is any of the following happening?
- Hot, dry, red skin.
- Vomiting.
- Confusion.

Give clear fluids such as water, 7-up or Gatorade frequently in small amounts if student is fully awake and alert.

Contact responsible authority & parent/legal guardian.

Cool rapidly by completely wetting clothing with room temperature water.

CALL 9-1-1.
Contact responsible authority & parent/legal guardian.
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HYPOTHERMIA (Exposure to Cold)

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

Hypothermia can occur after a child has been outside in the cold or in cold water. Symptoms may include:
- Confusion
- Shivering
- Weakness
- Sleepiness
- Blurry vision
- White or grayish skin color
- Slurred speech
- Impaired judgment

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

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

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

If child stops breathing, start CPR. See “CPR”.

CALL 9-1-1.
Give nothing by mouth.
Continue to warm child with blankets.
If child is sleepy or losing consciousness, place the child on his/her side to protect the airway.
Look, listen and feel for breathing.
Encourage Medical Care.

Contact responsible authority & parent or legal guardian.
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MENSTRUAL DIFFICULTIES

Is it possible that student is pregnant?

YES or NOT SURE

See “Pregnancy”.

NO

Mild or Severe Cramps?

MILD

For mild cramps, recommend regular activities.

SEVERE

A short period of quiet rest may provide relief.

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

Urge medical care if disabling cramps or heavy bleeding occurs.

Contact responsible school authority & parent/legal guardian.
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MOUTH & JAW INJURIES

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

Do you suspect a head injury other than mouth or jaw?  
YES → See “Head Injuries”.

NO →  

YES → Have teeth been injured?  

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.

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

• Is cut large or deep?  
• Is there bleeding that cannot be stopped?

YES → See “Bleeding.”

NO →  

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

Place a cold compress over the area to minimize swelling.
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NECK & BACK PAIN

Suspect a neck/back injury if pain results from:
- Falls over 10 feet or falling on head
- Being thrown from a moving object
- Sports
- Violence
- Being struck by a car or fast moving object

Has an injury occurred?

NO

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

YES

Did student walk-in or was student found lying down?

WALK IN

LYING DOWN

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

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

CALL 9-1-1.

Contact responsible school authority & parent/legal guardian.
Nosebleed:

- Wear disposable gloves when exposed to blood or other body fluids.
- Place student sitting comfortably with head slightly forward or lying on side with head on pillow.
- Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.
- If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes. Apply ice to nose.
- If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.
- Care for nose as in “Nosebleed” above.

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

Broken Nose:

- Contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.**
Object in Nose:

Is object:
- Large?
- Puncturing nose?
- Deeply imbedded?

YES or NOT SURE

DO NOT ATTEMPT TO REMOVE. See “Puncture Wounds” if object has punctured nose.

NO

Have student hold the clear nostril closed while gently blowing nose.

Did object come out on own?

NO

If object cannot be removed easily, DO NOT ATTEMPT TO REMOVE.

YES

If there is no pain, student may return to class. Notify parent or legal guardian.

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

Did object come out on own?

If there is no pain, student may return to class. Notify parent or legal guardian.
POISONING & OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:
- Medicines
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Inhalants
- Or if you are not sure.

Possible warning signs of poisoning include:
- Pills, berries or unknown substance in student’s mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating
- Upset stomach or vomiting
- Dizziness or fainting
- Seizures or convulsions

Do NOT induce vomiting or give anything UNLESS you are instructed to by poison control. With some poisons, vomiting can cause greater damage.

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

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

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

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

CALL POISON CONTROL
1-800-222-1222
Follow their directions.
This page is intentionally left blank.
Appropriate school staff should be made aware of any pregnant students. *Keep in mind that any student, who is old enough to be pregnant, might be pregnant.*

Pregnancy may be complicated by any of the following:

- **SEVERE STOMACH PAIN**
  - Treat as vomiting. See "Vomiting".

- **SEIZURE**
  - This may be a serious complication of pregnancy.

- **VAGINAL BLEEDING**

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

- **MORNING SICKNESS**
  - Treat as vomiting. See "Vomiting".

**CALL 9-1-1.**
Contact responsible school authority and parent or legal guardian.

**URGE IMMEDIATE MEDICAL CARE.**
Contact responsible school authority and parent/legal guardian.
This page is intentionally left blank.
PUNCTURE WOUNDS

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

Has eye been wounded?

YES

Is object still stuck in wound?

YES

• DO NOT REMOVE OBJECT.
  • Wrap bulky dressing around object to support it.
  • Try to calm student.

NO

DO NOT TRY TO PROBE OR SQUEEZE.

• Wash the wound gently with soap and water.
• Check to make sure the object left nothing in the wound (e.g. pencil lead).
• Cover with a clean bandage.

See “Bleeding” if wound is deep or bleeding freely.

Contact responsible school authority and parent/legal guardian.

NO

Is object large?

• Is wound deep?
• Is wound bleeding freely or squirting blood?

YES

CALL 9-1-1.

NO

See “Bleeding” if wound is deep or bleeding freely.

Check student’s immunization record for Tetanus. See “Tetanus Immunization”.

Has eye been wounded?

YES

DO NOT TOUCH EYE.

NO
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Rashes may have many causes, including heat, infection, and illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations. See “Allergic Reaction” and “Communicable Disease” for more information.

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

Rashes include such things as:
- Hives
- Red spots (large or small, flat, or raised)
- Purple spots
- Small blisters

Other symptoms may indicate whether the student needs medical care. Does student have:
- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

If the following symptoms are present, contact responsible school authority and parent/legal guardian and URGE MEDICAL CARE.
- Oral temperature over 100.0 F (See “Fever”).
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to the touch.
- Rash (hives) is all over body.
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities.

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

YES

NO
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A student with a history of seizures should be known to appropriate staff. An emergency care plan should be developed containing a description of the onset, type, duration and aftereffects of the seizures.

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

Refer to student’s emergency care plan.

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

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

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

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

Contact responsible school authority & parent or legal guardian.

CALL 9-1-1.
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**SHOCK**

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

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

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

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

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

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

**CALL 9-1-1.**

Contact responsible school authority & parent or legal guardian.

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

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

Check student’s immunization record for Tetanus. See “Tetanus Immunization”.

Gently wash area with clean water and soap.

- Is splinter or lead protruding above the surface of the skin?
- Is splinter or lead small?
- Is splinter or lead shallow?

NO

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

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

YES

- Remove with tweezers unless this causes student pain.
- DO NOT PROBE UNDER SKIN.

Were you successful in removing the entire splinter/pencil lead?

NO

Wash again. Apply clean dressing.

YES
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STABBING AND GUNSHOT INJURIES

**Refer to your school’s policy for handling violent incidents.**

- CALL 9-1-1 for injured student.
- CALL POLICE.
- Intervene only if the situation is safe for you to approach.

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

**Is the student:**
- Losing consciousness?
- Having difficulty breathing?
- Bleeding uncontrollably?

- **YES**
  - Check student’s airway.
  - Look, listen, and feel for breathing.
  - If student stops breathing, start CPR. *(See “CPR”).*

- **NO**
  - Lay student down if he/she is not already doing so.
  - Elevate feet 8-10 inches, unless this causes pain or a neck/back injury is suspected.
  - Press firmly on injured area with a clean bandage to stop bleeding.
  - Elevate injured part gently, if possible.
  - Keep body temperature normal. Cover with a blanket or sheet.

Check student’s immunization record for Tetanus. *(See “Tetanus Immunization”).*

Contact responsible school authority & parent or legal guardian.
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Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

STINGS

Was student stung by an insect, spider, etc.?

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

NO

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

- To remove stinger (if present)
- Scrape area with a card.
- DO NOT SQUEEZE.
- Wash area with soap and water.
- Apply cold compress.

See “Allergic Reaction”. Contact responsible school authority & parent or legal guardian.

YES

If available, follow student’s emergency care plan.

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

CALL 9-1-1.

- Check student’s airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR. See “CPR”.

Emergency Healthcare Guidelines for School Districts
April 2012
Stomachaches may have many causes including but not limited to:
- Illness
- Hunger
- Overeating
- Diarrhea
- Food Poisoning
- Menstrual Difficulties
- Psychological Issues
- Constipation
- Gas Pain
- Pregnancy

Has a serious injury occurred resulting from:
- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

Suspect neck injury. See “Neck and Back Pain”.

Take the student’s temperature. Note temperature over 100.0 F as a fever. (See “Fever”.)

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

Does student have:
- Fever?
- Severe stomach pains?
- Vomiting?

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

Does student feel better?

If stomachache persists or becomes worse, contact school authority and parent/guardian.

Allow student to return to class.

**Emergency Healthcare Guidelines for School Districts**
April 2012
**TEETH**

**BLEEDING GUMS:**
- Generally related to chronic infection.
- Presents some threat to student’s general health.

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

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

**TOOTHACHE OR GUM INFECTION:**

*For tongue, cheek, lip, jaw or other mouth injury not involving teeth, refer to “Mouth & Jaw”.*

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

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

Relief of pain in the school often postpones dental care. **Do NOT place pain relievers (e.g. Aspirin, Tylenol) on the gum tissue of the aching tooth. THEY CAN BURN TISSUE!**

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

DISPLACED TOOTH:

Do NOT try to move tooth into correct position.

Contact responsible school authority and parent/guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH:

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

If tooth is dirty, clean gently by rinsing with water. DO NOT SCRUB THE KNOCKED-OUT TOOTH.

The following steps are listed in order of preference:

Within 15-20 minutes:
1. Place gently back in socket and have student hold it in place; OR
2. Place in HBSS (Save-A-Tooth Kit) if available
   See “Recommended First Aid Supplies” on inside back cover.
3. Place in glass of skim or low fat milk. OR
4. Place in normal saline. OR
5. Have student spit in cup and place tooth in it. OR
6. Place in glass of water.

TOOTH MUST NOT DRY OUT.

Contact responsible school authority and parent/guardian.

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

Apply a cold compress to face to minimize swelling.
TETANUS IMMUNIZATION

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

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

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

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

*Students in grades 8 through 12 will be required to have a booster dose of Tdap vaccine if it has been 10 years since their previous dose of a tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.
Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. Do NOT handle ticks with bare hands.

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

Wear disposable gloves when exposed to blood and body fluids.

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

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

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

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

Contact responsible school authority and parent/guardian.
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If student stops breathing, and no one else is available to call EMS, give rescue breathing for 2 minutes, and then call EMS yourself.

Did student regain consciousness immediately?

Did unconsciousness due to injury?

Unconsciousness may have many causes including but not limited to:
- Injuries
- Blood loss/shock
- Poisoning,
- Severe allergic reaction
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

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

CALL 9-1-1.

Contact responsible school authority and parent/guardian.

Keep student in flat position of comfort.
- Elevate feet 8-10 in less this causes pain or a neck/back injury is suspected.
- Loosen clothing around neck and waist.
- Keep normal body temperature. Cover students with a blanket or sheet.
- Give nothing by mouth.
- If student vomits, roll onto left side keeping neck and back in straight alignment if injury is suspected.
- Examine student from head-to-toe and give first-aid for specific conditions as needed.

Open airway with head tilt/chin lift.
- Look, listen, and feel for breathing.

Begin CPR. See “CPR”.

CALL 9-1-1.
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**VOMITING**

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

**CALL POISON CONTROL**
1-800-222-1222

And ask for instructions. (See “Poisoning”.) Notify Public Health Officials.

Vomiting may have many causes including but not limited to:
- Illness
- Injury
- Food poisoning
- Pregnancy
- Heat exhaustion
- Over exertion

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

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

Take student’s temperature. Note oral temperature over 100.0°F as fever. See “Fever”.

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

Contact responsible school authority & parent/guardian.

**URGE MEDICAL CARE.**

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

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.
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RECOMMENDED FIRST-AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

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

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

EMERGENCY MEDICAL SERVICES INFORMATION

Know how to contact your EMS.

- **EMERGENCY Call 9-1-1.**
- Name of Service: ________________________________
- Non-emergency phone number: ________________________________
- Average emergency response time to school: ________________________________
- Directions to school: ________________________________________________

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

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

OTHER IMPORTANT PHONE NUMBERS

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

____________________________

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