

# EMERGENCY GUIDELINES FOR SCHOOLS

2ND EDITION

2000 National  
EMSC "Innovation in  
Product Development  
Award" Recipient



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

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Ohio Chapter  
American  
Academy of  
Pediatrics



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[http://www.state.oh.us/odps/division/ems/ems\\_local/emsc/EMSForChildren.htm](http://www.state.oh.us/odps/division/ems/ems_local/emsc/EMSForChildren.htm)

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# ABOUT THE GUIDELINES

The emergency guidelines in this booklet were produced by the Ohio Department of Public Safety's (ODPS), Emergency Medical Services for Children (EMSC) program, in cooperation 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 of 2000. This 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 Ohio. This second edition of the Guidelines has been 3-hole punched so that you may place it in a binder and add individualized instructions per your school, if you desire. 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 judgement.

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.

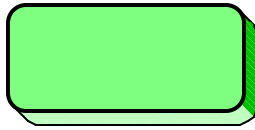
A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors** page.

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.

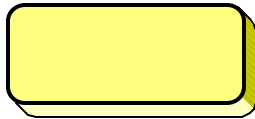
In addition, information has been provided about developing a school-wide emergency plan, guidelines for when to call EMS, infection control procedures and planning for students with special needs.

The guidelines have been 3-hole punched for your convenience. You may place them in a binder and add specific information for your school.

# KEY TO SHAPES & COLORS



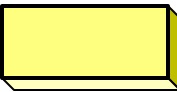
Start here.



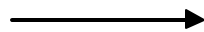
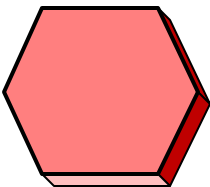
Provides first-aid instructions.



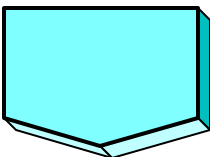
OR



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.

**Green Shapes = Start**

**Yellow Shapes = Continue**

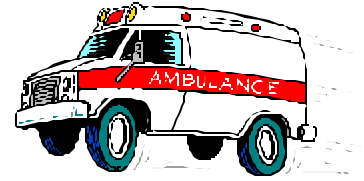
**Red Shapes = Stop**

**Blue Shapes = Background Information**

# EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the responsible school authority who 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 if indicated by school policy.

# WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)?



## Call EMS if:

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

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

# 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 is 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 any first aid.

## **Guidelines for students:**

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



# DEVELOPING AN EMERGENCY PLAN

A school-wide emergency plan should be developed in cooperation with school health staff, school administrators, local EMS, local hospital, 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. Inservice training is provided to maintain knowledge and skills for employees designated to respond to emergencies.
- *At least* one individual, other than the nurse, is trained in CPR and first aid in each building. Teachers and employees working in high risk areas (e.g. labs, gyms, shops, etc.) are trained in CPR and first aid.
- Current, written standing orders are maintained for common emergency problems. These orders are distributed to appropriate employees.
- Files are in order for each child and are kept in a central location. The files should contain current emergency contact and authorization information, immunization and medical records, phone number of child's doctor, medication administration forms and emergency care plans for students with special needs.
- 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*.)
- Emergency numbers are available and posted by all phones. (See "*Emergency Phone Numbers*" on *outside 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, extra curricular 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 & 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.

# 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 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](http://www.aap.org) or [www.acep.org](http://www.acep.org).

## **Physical Abilities:**

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

- Deaf
- Blind
- In wheel chairs
- Unable or have difficulty walking up or down stairs
- Temporarily on crutches

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.

# ALLERGIC REACTION

*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.

Symptoms of a severe allergic reaction include:

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

Symptoms of a mild allergic reaction include:

- Red, watery eyes
- Itchy, sneezing, runny nose

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 & parent or legal guardian.

Does the student have symptoms of a severe, allergic reaction?

NO

YES

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

Administer doctor and parent/guardian-approved medication, if available.

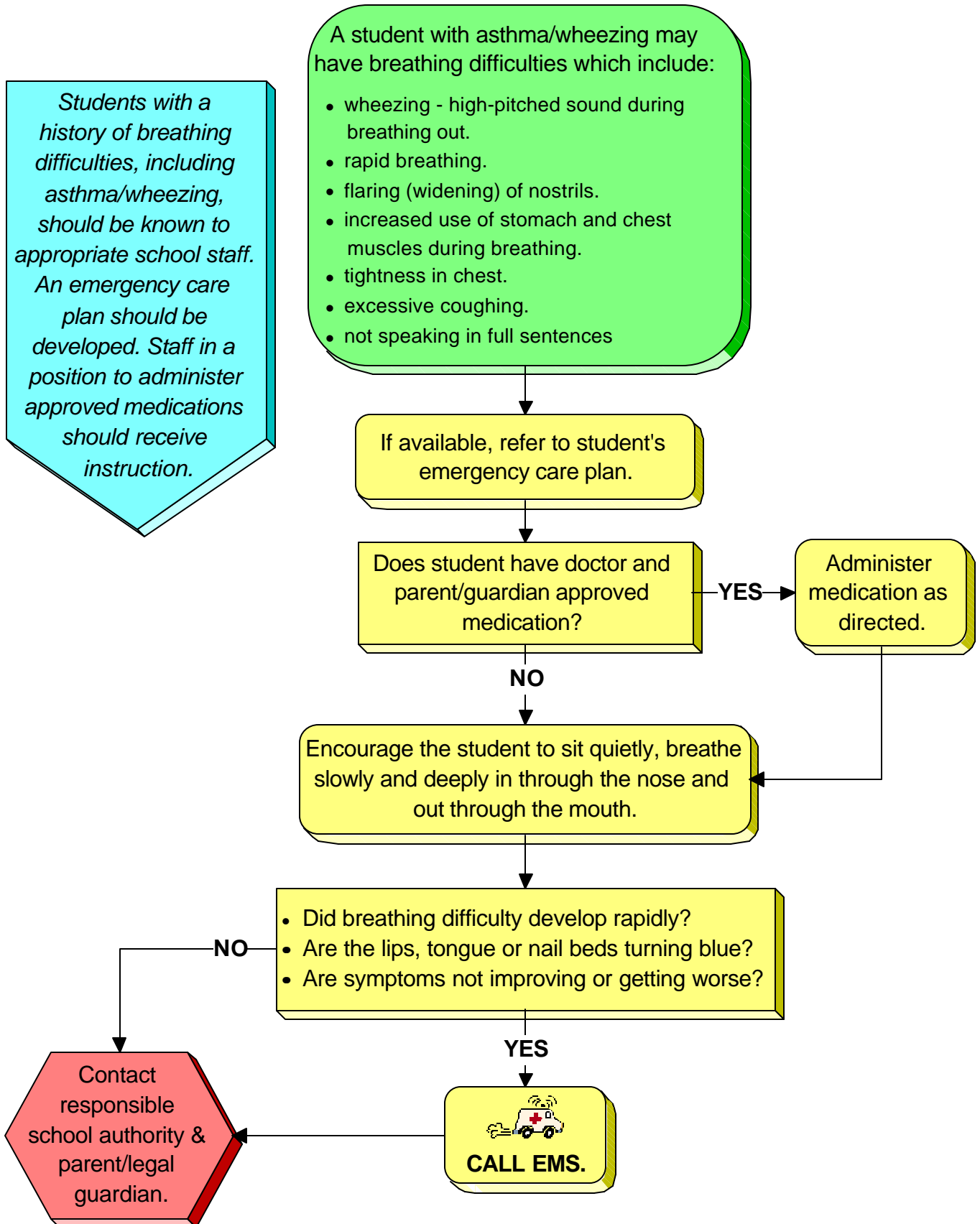


**CALL EMS.**

Contact responsible school authority & parent/legal guardian.

Look, listen and feel for breath. If child stops breathing, see "CPR"

# ASTHMA/WHEEZING/DIFFICULTY BREATHING



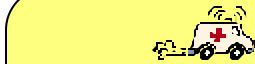
# BEHAVIORAL EMERGENCIES

Students with a history of behavioral problems, emotional problems or other special needs should be known to appropriate staff. An emergency care plan should be developed at time of enrollment.

Refer to your school's policy for addressing behavioral emergencies. Behavioral or psychological emergencies may take many forms (e.g. depression, anxiety/panic, phobias, destructive or assaultive behavior, etc.).  
**Intervene only if the situation is safe for you.**

Does student have visible injuries?

YES



See appropriate guideline to provide first aid.  
**CALL EMS** if any injuries require immediate care.

NO

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

YES

**CALL THE POLICE.**

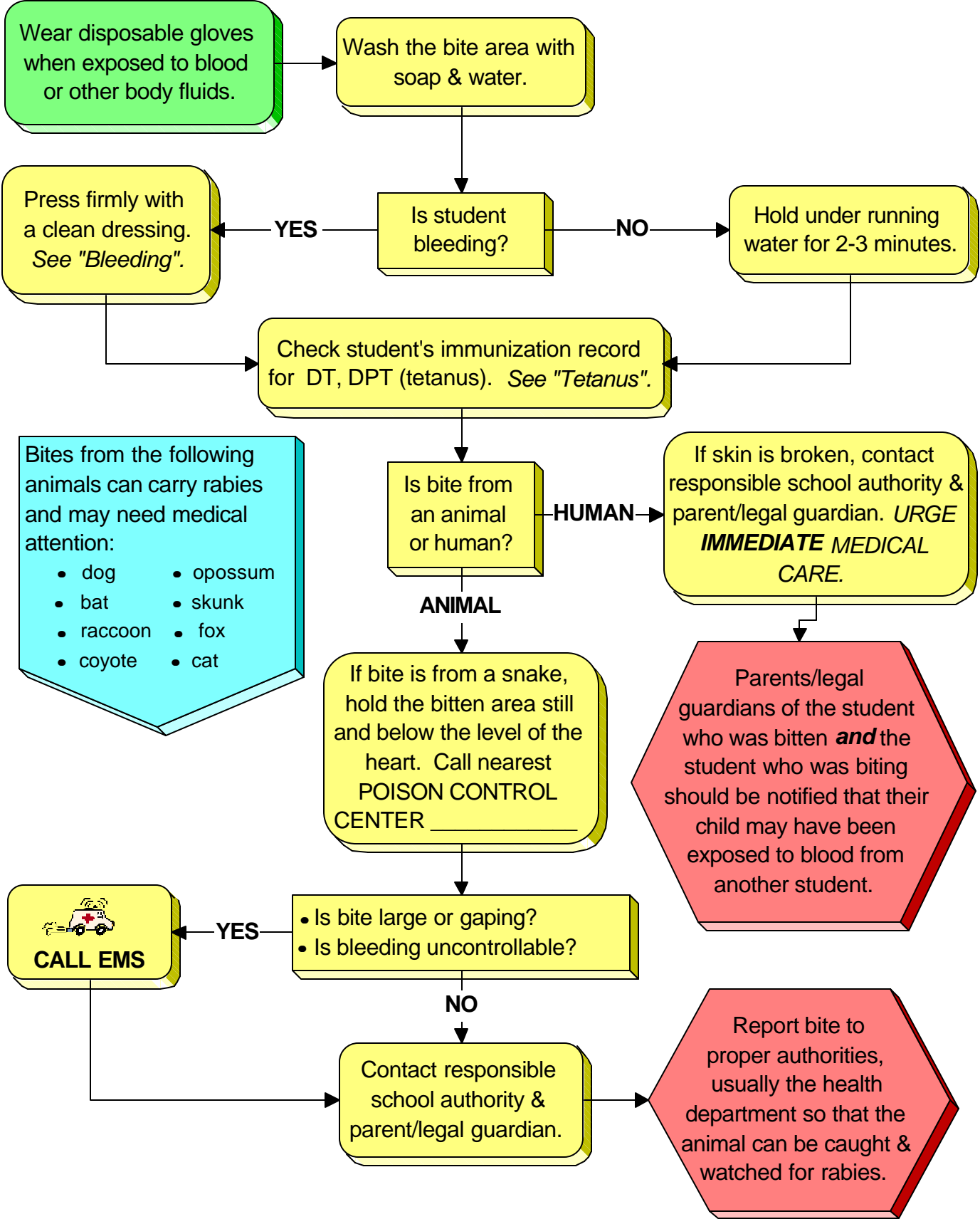
NO

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/herself or others, contact the responsible school authority immediately.

Contact responsible school authority and parent/legal guardian.

# BITES (HUMAN & ANIMAL)



# BLEEDING

Check student's immunization record for DPT, DT (tetanus).

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

Is injured part amputated (severed)?

NO

YES



CALL EMS

- 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?

YES



CALL EMS

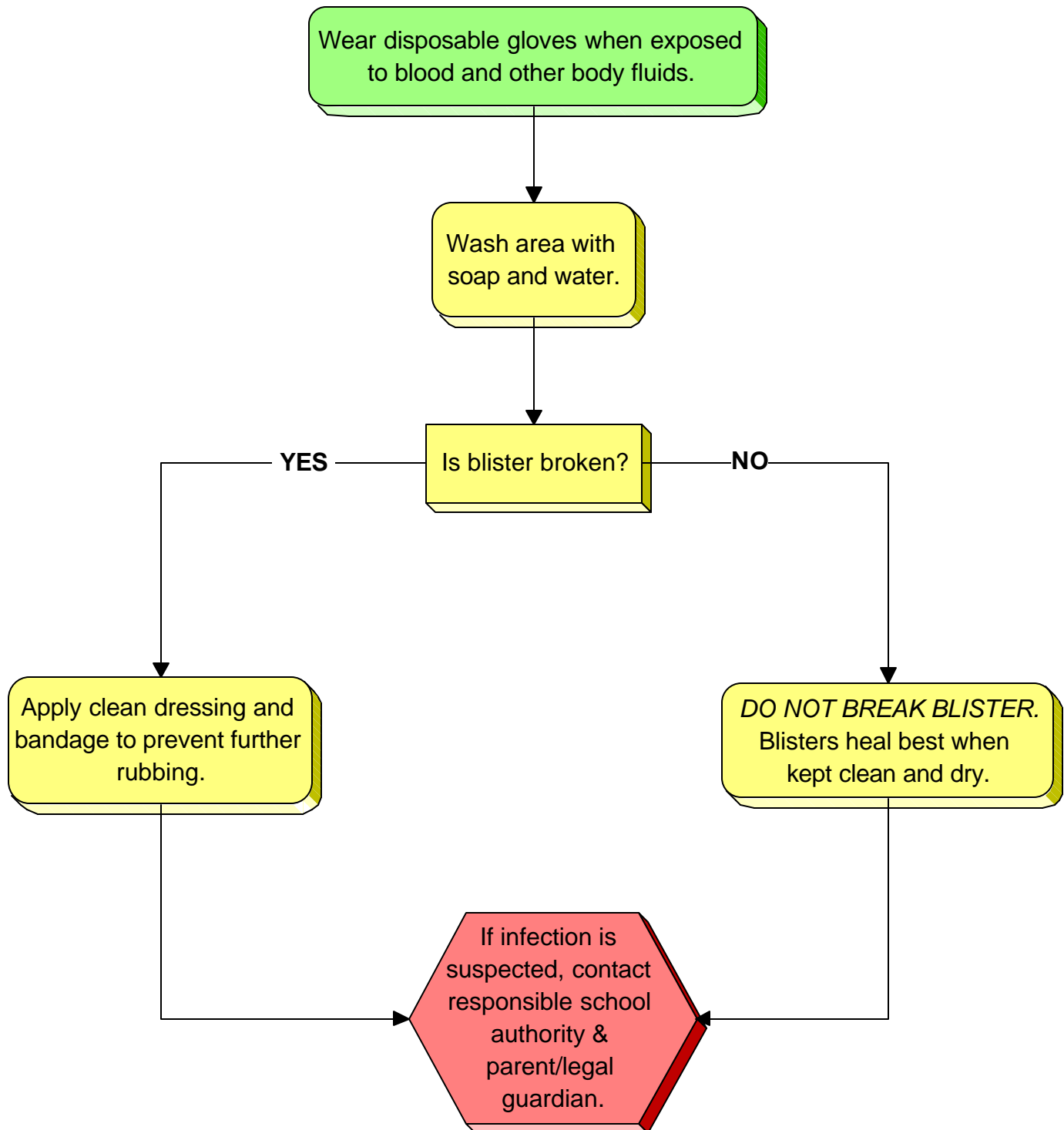
NO

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

- 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 child warm but not hot. Cover child with a light blanket or sheet.

Contact responsible school authority & parent or legal guardian.

# BLISTERS (FROM FRICTION)





# BRUISES

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

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

YES

Contact responsible school authority & parent/legal guardian.

NO

Rest injured part.

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

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

# BURNS

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

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

ELECTRICAL

What type of burn is it?

CHEMICAL

HEAT

All electrical burns need medical attention. (See "Electric Shock").

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

Wear gloves and if possible, goggles. Remove student's clothing & jewelry if exposed to chemical. Rinse chemicals off skin, eyes **IMMEDIATELY** with large amounts of water. See "Eyes" if necessary. Rinse for 20-30 minutes.

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

CALL NEAREST POISON CONTROL CENTER while flushing burn & ask for instructions.  
Phone # \_\_\_\_\_

YES

NO

 CALL EMS.

Cover or wrap burned part loosely with a clean dressing.

Check student's immunization record for DT, DPT (tetanus). (See "Tetanus Immunization").

Contact responsible school authority & parent or legal guardian.

# NOTES ON PERFORMING CPR

The American Heart Association issued new CPR guidelines for laypersons in 2000. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.

## **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 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. AEDs are recommended for ***children over 8 years of age or 80 pounds and adults. They are NOT to be used on children under 8 years or under 80 pounds.*** A physician's prescription is required to purchase an AED. If your school has an AED, obtain training in its use and training in CPR before an emergency occurs. The American Heart Association and American Red Cross offer courses.

# LAYPERSON CPR

## FOR INFANTS UNDER ONE YEAR

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

1. Gently shake infant. If no response, shout for help and send someone to call **EMS**.
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4. Check for **BREATHING**. With your ear close to infant's mouth, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing & **FEEL** for breath on your cheek.
5. If infant is not breathing, seal your lips tightly around his/her mouth and nose. While keeping the airway open, give 2 slow breaths (1 to 1½ seconds per breath) until chest rises.



### **IF AIR GOES IN:**

**(Chest rises with rescue breath)**

6. Briefly check for **SIGNS OF CIRCULATION**: look, listen and feel for normal breathing or coughing. Scan for other signs of movement.

### **IF THERE ARE SIGNS OF CIRCULATION:**

7. Give 1 slow breath every 3 seconds for 1 minute (20 breaths). Keep airway open.
8. Call EMS if not already called.
9. Continue rescue breathing as long as other **SIGNS OF CIRCULATION** are present, but infant is not breathing.

### **IF THERE ARE NO SIGNS OF CIRCULATION:**

10. Find finger position near center of breastbone about one finger width below the nipple line. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
11. Compress chest 5 times with 2 or 3 fingers (*about ½ to 1 inch*).
12. Give 1 slow breath until chest rises.
13. REPEAT CYCLES OF 5 COMPRESSIONS TO 1 BREATH AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION OR HELP ARRIVES.

### **IF AIR WON'T GO IN:**

**(Chest does *NOT* rise with rescue breath)**

6. Retilt head back. Try to give 2 breaths again.

### **IF AIR GOES IN, FOLLOW LEFT COLUMN.**

### **IF AIR STILL WON'T GO IN:**

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

# LAYPERSON CPR

## FOR CHILDREN 1 TO 8 YEARS OF AGE

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

1. Tap or gently shake the shoulder. Shout "Are you OK?" If child is unresponsive, shout for help and send someone to call **EMS**.
2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, **DO NOT BEND OR TURN NECK**.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4. Check for **BREATHING**. With your ear close to child's mouth, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing & **FEEL** for breath on your cheek.
5. If child is not breathing, seal your lips tightly around his/her mouth; pinch nose shut. While keeping the airway open, give 2 slow breaths (1 to 1½ seconds per breath) until chest rises.



### **IF AIR GOES IN:**

**(Chest rises with rescue breath)**

6. Briefly check for **SIGNS OF CIRCULATION**: look, listen and feel for normal breathing or coughing. Scan for other signs of movement.

### **IF THERE ARE SIGNS OF CIRCULATION:**

7. Give 1 slow breath every 3 seconds for 1 minute (about 20 breaths). Keep airway open.
8. Call EMS if not already called.
9. Continue rescue breathing as long as other **SIGNS OF CIRCULATION** are present, but child is not breathing.

### **IF THERE ARE NO SIGNS OF CIRCULATION:**

10. Find hand position near center of breastbone. Do **NOT** place your hand over the very bottom of the breastbone.
11. Compress chest 5 times with heel of 1 hand (about 1 to 1½ inches). Lift fingers to avoid pressure on ribs.
12. Give 1 slow breath until chest rises.
13. REPEAT CYCLES OF 5 COMPRESSIONS TO 1 BREATH AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL CHILD SHOWS SIGNS OF CIRCULATION OR HELP ARRIVES.

### **IF AIR WON'T GO IN:**

**(Chest does NOT rise with rescue breath)**

6. Retilt head back. Try to give 2 breaths again.

### **IF AIR GOES IN, FOLLOW LEFT COLUMN.**

### **IF AIR STILL WON'T GO IN:**

7. Find hand position near center of breastbone. Do **NOT** place your hand over the very bottom of the breastbone.
8. Compress chest 5 times with the heel of 1 hand (about 1 to 1½ inches). Lift fingers to avoid pressure on ribs.
9. Lift jaw and tongue and look in mouth. If foreign object is seen, sweep it out with finger.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES

# LAYPERSON CPR

## FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

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

1. Tap or gently shake the shoulder. Shout "Are you OK?" If person is unresponsive, shout for help and send someone to call **EMS**.
2. Turn the person onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, **DO NOT BEND OR TURN NECK**.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
4. Check for **BREATHING**. With your ear close to person's mouth, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing & **FEEL** for breath on your cheek.
5. If person is not breathing, seal your lips tightly around his/her mouth; pinch nose shut. While keeping the airway open, give 2 slow breaths (1 to 1½ seconds per breath) until chest rises.



**IF AIR GOES IN:**  
**(Chest rises with rescue breath)**

6. Briefly check for **SIGNS OF CIRCULATION**: look, listen and feel for normal breathing or coughing. Scan for other signs of movement.

**IF THERE ARE SIGNS OF CIRCULATION:**

7. Give 1 slow breath every 5 seconds for 1 minute (about 12 breaths). Keep airway open.
8. Call EMS if not already called.
9. Continue rescue breathing as long as other **SIGNS OF CIRCULATION** are present, but person is not breathing.

**IF THERE ARE NO SIGNS OF CIRCULATION:**

10. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. Do **NOT** place your hand over the very bottom of the breastbone.
11. Position self vertically above person's chest and with straight arms, compress chest 15 times with both hands (*about 1½ to 2 inches*). Lift fingers to avoid pressure on ribs.
12. Give 2 slow breaths until chest rises.
13. REPEAT CYCLES OF 15 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL PERSON SHOWS SIGNS OF CIRCULATION OR HELP ARRIVES.

**IF AIR WON'T GO IN:**  
**(Chest does NOT rise with rescue breath)**

6. Retilt head back. Try to give 2 breaths again.

**IF AIR GOES IN, FOLLOW LEFT COLUMN.**

**IF AIR STILL WON'T GO IN:**

7. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. Do **NOT** place your hand over the very bottom of the breastbone.
8. Position self vertically above person's chest and with straight arms, compress chest 15 times with both hands (*about 1½ to 2 inches*). Lift fingers to avoid pressure on ribs.
9. Lift jaw and tongue and look in mouth. If foreign object is seen, sweep it out with finger.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN OR HELP ARRIVES.

# CHOKING

## FOR CONSCIOUS VICTIMS

Call 911 or activate EMS after starting rescue efforts.

### INFANTS UNDER ONE YEAR

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

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do NOT compress throat).
2. Give up to 5 back blows with the heel of hand between infant's shoulder blades.
3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, about one finger width below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

***IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR IN RIGHT COLUMN.***

### CHILDREN OVER ONE YEAR OF AGE & ADULTS

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

1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.
3. Give up to 5 quick inward and upward thrusts.
4. Repeat steps 1-2 until object is coughed up, child starts to breathe or child becomes unconscious.


***IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 6 OF CHILD OR ADULT CPR IN RIGHT COLUMN.***

### FOR OBESE OR PREGNANT PERSONS:

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

# 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 child has visible injuries, refer to the appropriate guideline to provide first aid. **CALL EMS** if any injuries require immediate medical care. 

Teachers and other professional school staff are required to report suspected child abuse and neglect to the County Children's Services Agency. Refer to your own school's policy for additional guidance on reporting. County Children's Service Agency # \_\_\_\_\_

**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).
- "Glove-like" or "sock-like" burns.
- 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:**

- Try to remain calm.
- Take the child seriously.
- Tell the child that he/she did the right thing by telling.
- Let the child know that you are required to report the abuse to Children's Services.
- Do not make promises that you can not keep.
- Respect the sensitive nature of the child's situation.
- Follow appropriate reporting procedures.

Contact responsible school authority.



*The Ohio Department of Health has created an Infectious Disease Control Manual. At the time this resource was printed, it could be found at <http://www.odh.state.oh.us>. Then select: "Health Resources"/"Publications"/"Manuals".*

*A Communicable Disease wall chart is available to schools by calling the Ohio Department of Job and Family Services at 614-466-3822.*

# COMMUNICABLE DISEASES

For more information on protecting yourself from communicable diseases, see "Infection Control" listed under the "Emergency Procedures" tab.

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

Chicken pox, head lice, 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 that you can do for a child in school who has a communicable disease. Following, are some general guidelines. Refer to your school's exclusion policy for ill students.

- SIGNS OF LIFE-THREATENING ILLNESS:**
- Difficulty breathing or swallowing, rapid breathing.
  - Severe coughing, high pitched whistling sound.
  - Blueness in the face.
  - Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.

  
**CALL EMS.**  
Contact responsible school authority and parent or legal guardian.

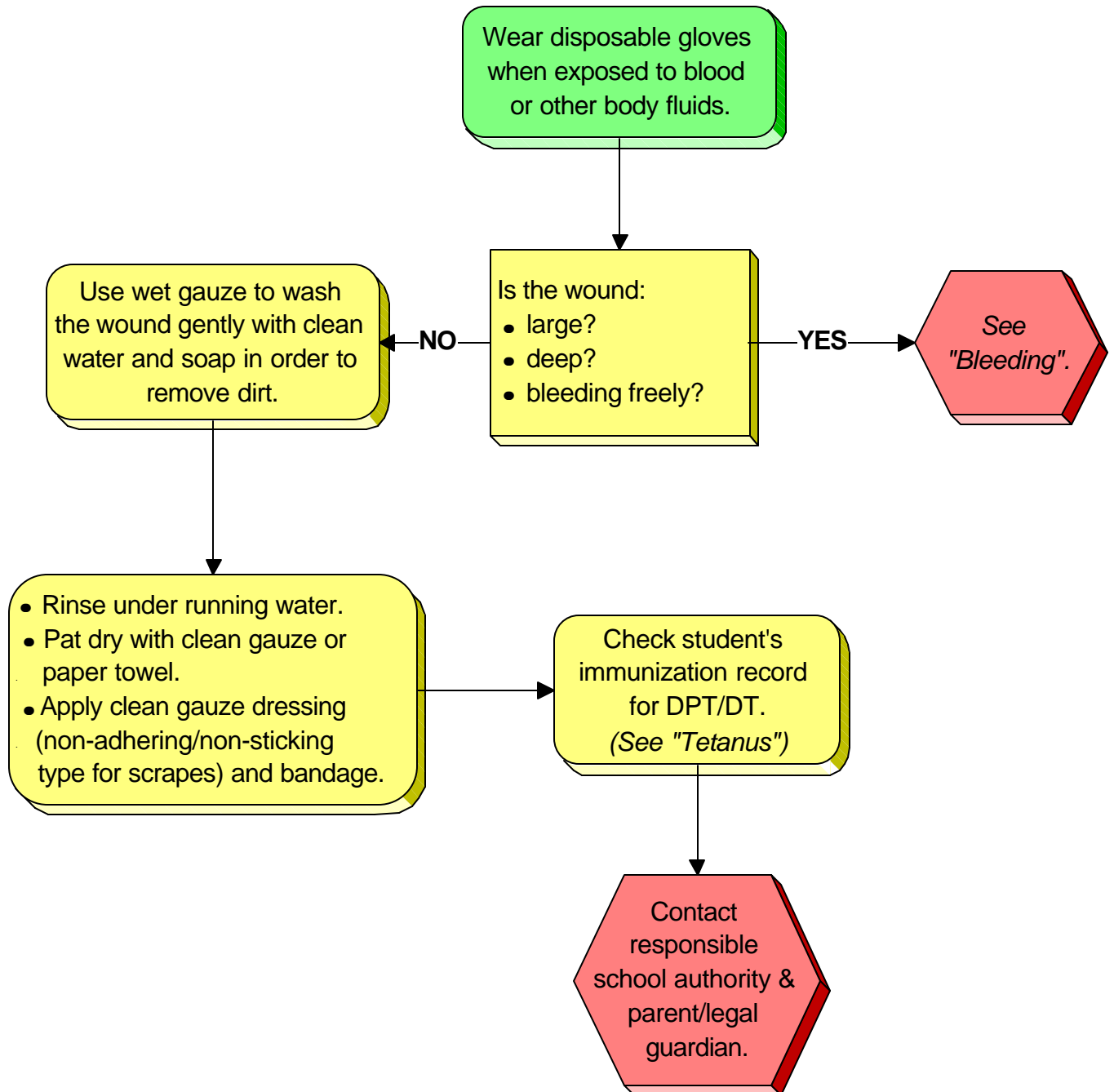
- SIGNS OF PROBABLE ILLNESS:**
- Sore throat
  - Redness, swelling, drainage of eye
  - Unusual spots/rash with fever or itching
  - Crusty, bright yellow, gummy skin sores
  - Diarrhea (more than two loose stools a day)
  - Vomiting
  - Yellow skin or yellow "white of eye"
  - Fever greater than 100.0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

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

- SIGNS OF POSSIBLE ILLNESS:**
- |                    |              |
|--------------------|--------------|
| • Earache          | • Headache   |
| • Itching of scalp | • Fussiness  |
| • Runny nose       | • Mild cough |

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

# CUTS (SMALL), SCRATCHES & SCRAPES (INCLUDING ROPE & FLOOR BURNS)



# DIABETES

A student with diabetes should be known to appropriate school staff. A history should be obtained and an emergency care plan should be developed at time of enrollment.

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
- Seizure
- Listlessness
- Cramping
- Dizziness
- Paleness
- Rapid pulse

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

Is the student:

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

NO

YES

Does student have a blood sugar monitor available?

NO

YES

Allow student to check blood sugar.

Is blood sugar **less than 60 or "LOW"** according to emergency care plan?  
**OR,**  
Is blood sugar **"HIGH"** according to emergency care plan?

LOW

HIGH

Give the student "SUGAR" such as:

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

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

Is student improving?

YES

NO

Contact responsible school authority & parent/legal guardian.

**CALL EMS.** 

If student is unconscious, see "Unconsciousness".

# DIARRRHEA

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.

- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.

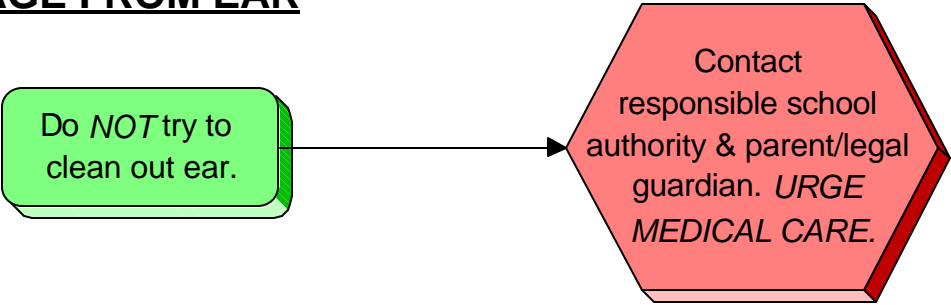
Contact responsible school authority & parent/legal guardian and urge medical care if:

- the student has continued diarrhea (3 or more times).
- the student has a fever. (See "*Fever*".)
- blood is present in the stool.
- the student is dizzy and pale.
- the student has severe stomach pain.

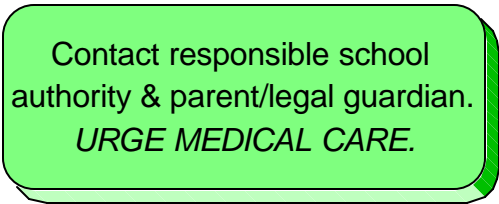
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

# EARS

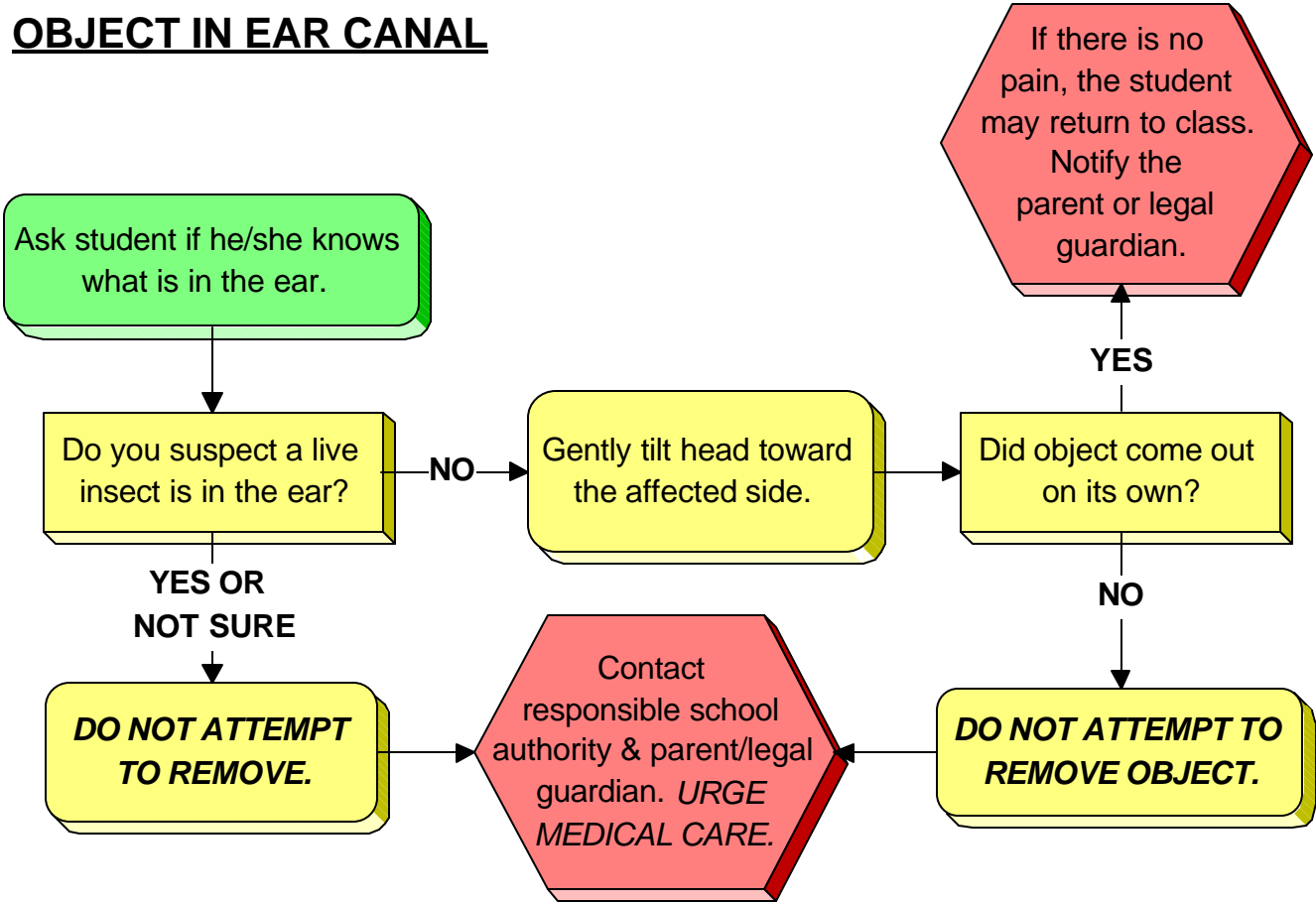
## DRAINAGE FROM EAR



## EARACHE



## OBJECT IN EAR CANAL



# ELECTRIC SHOCK

*If no one else is available to call EMS, perform CPR first for one minute, and then call EMS yourself.*

- **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?"

Is student unconscious or unresponsive?

YES

NO

  
Send someone to **CALL EMS.**

Treat any burns.  
See "Burns".

Keep airway clear.  
Look, listen & feel for breath. If student is not breathing, see "CPR".

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

Contact responsible school authority & parent/legal guardian.

# EYES

## EYE INJURY:

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

Keep student lying flat and quiet.

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

YES

NO

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

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

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 EMS.**  
Contact responsible school authority and parent/legal guardian.

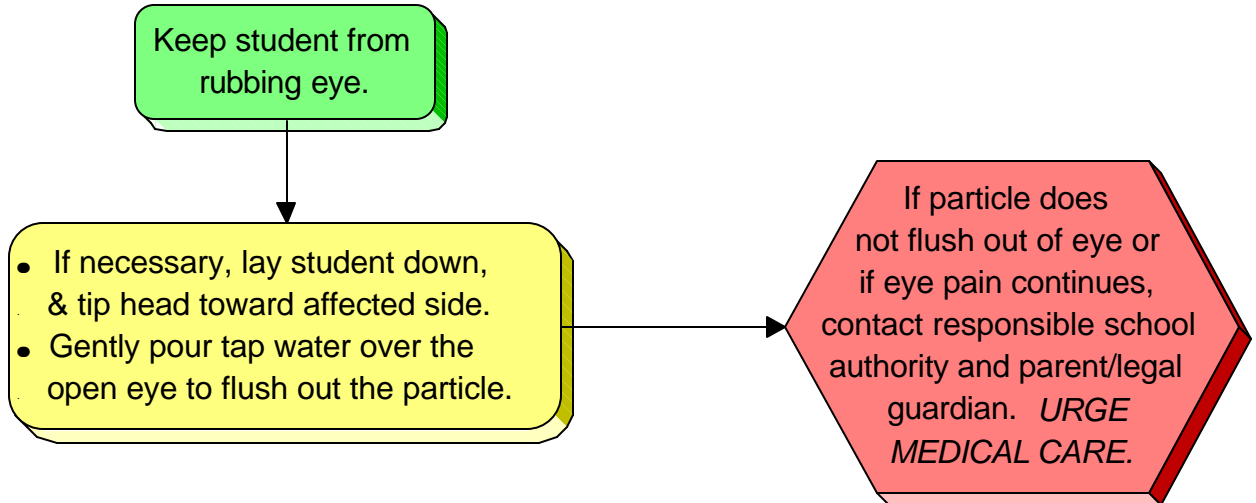
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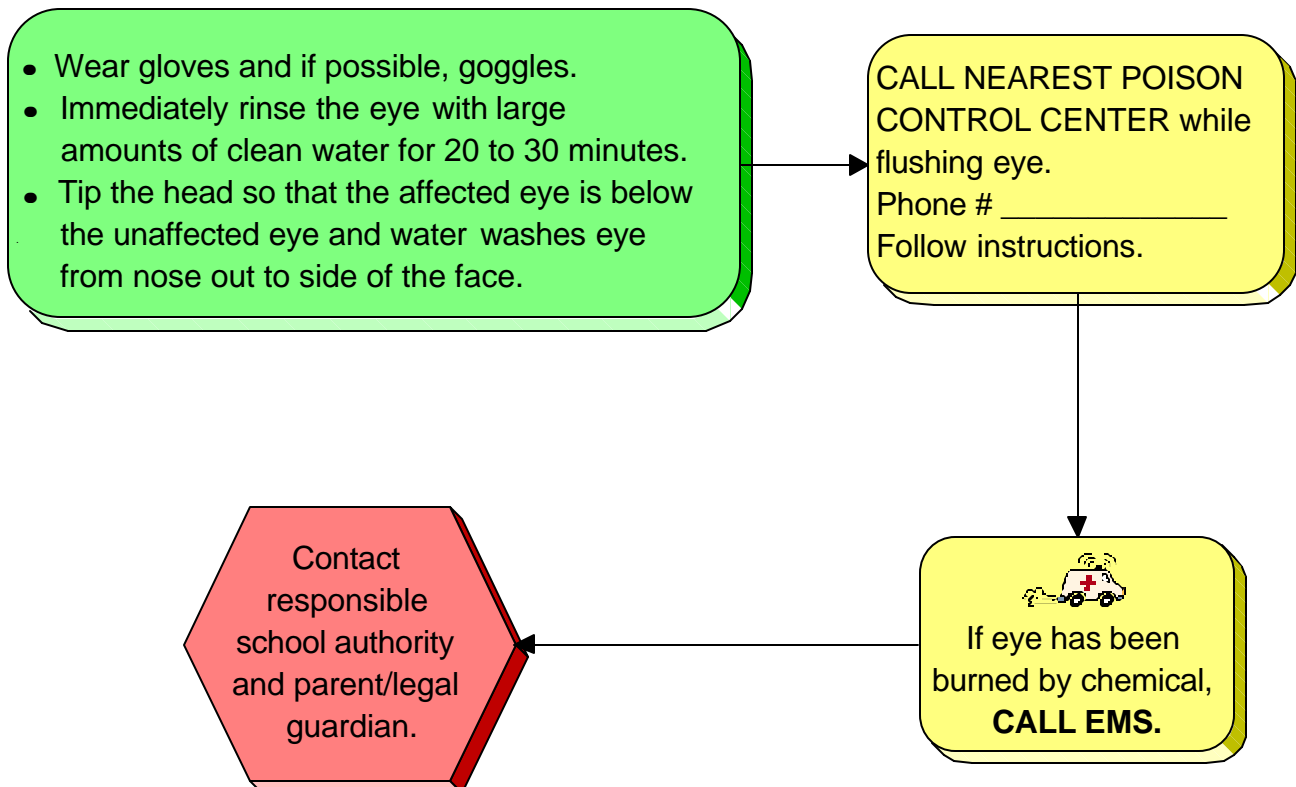
# EYES

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## PARTICLE IN EYE:



## CHEMICALS IN EYE



# FAINTING

*Fainting may have many causes including: injuries, blood loss, poisoning, severe allergic or diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing still for too long, etc. 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?

YES OR NOT SURE

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

NO

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

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

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

YES

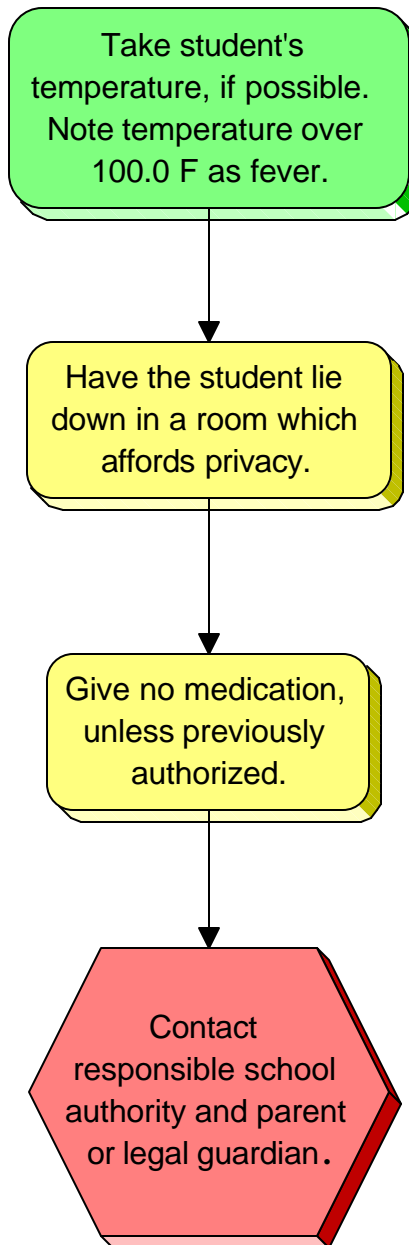
Keep student lying down. Contact responsible school authority & parent/legal guardian. **URGE MEDICAL CARE.**

NO

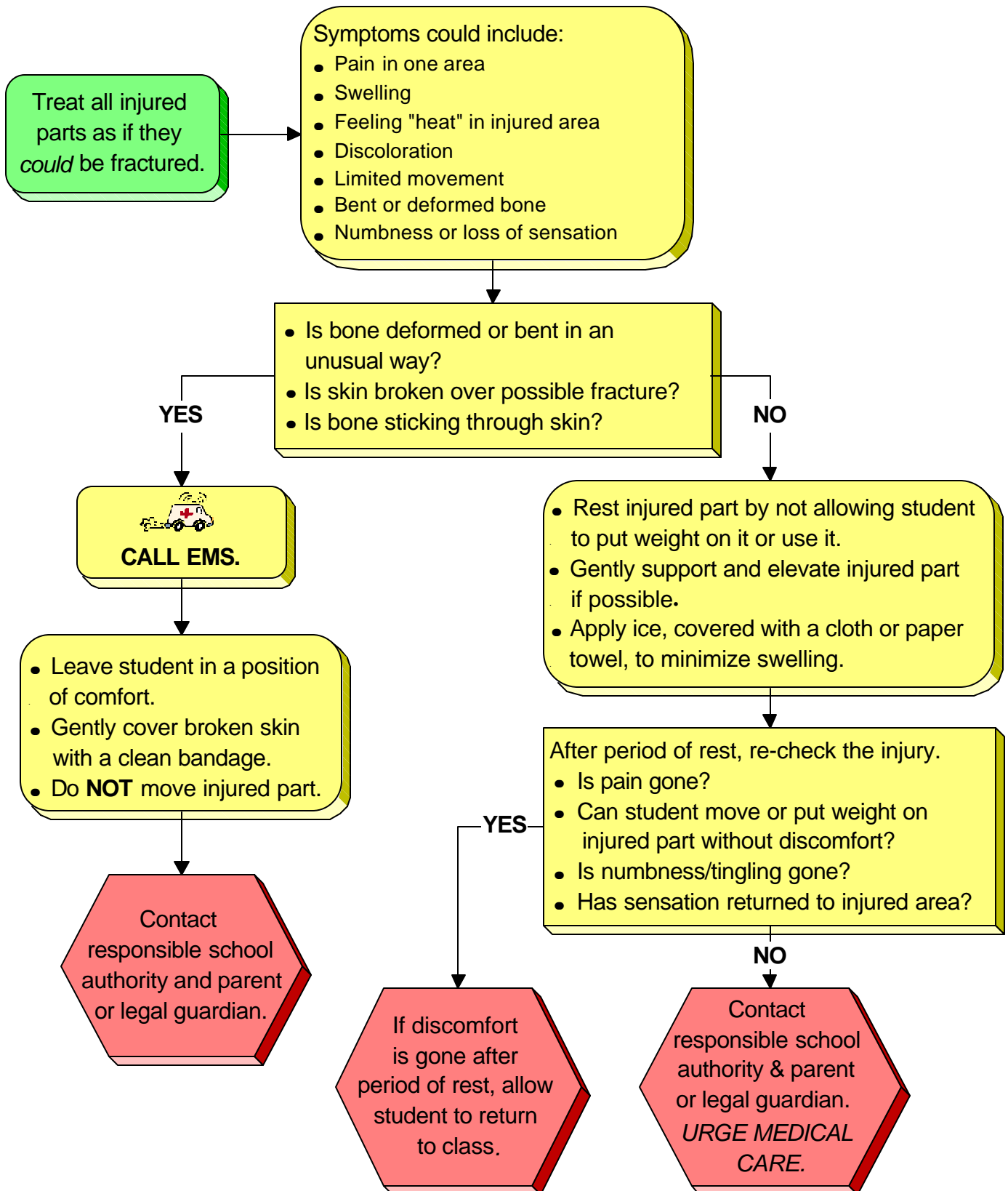
Contact responsible school authority & parent/legal guardian.

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

# FEVER & NOT FEELING WELL



# FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



# FROSTBITE

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

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

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

Deeply frostbitten skin may

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


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

Does extremity/part:

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

YES

NO

- **CALL EMS.** 
- Keep child warm and part covered.

Keep child and part warm.

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

# HEAD INJURIES

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

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

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

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

Is student vomiting?

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

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

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?

  
**CALL EMS.**

Look, listen & feel for breathing. If student stops breathing, see "CPR".

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

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

# HEADACHE

Have student lie down for a short time in a room which affords privacy.

Has a head injury occurred?

YES

See "Head Injuries"

NO

Give no medication unless previously authorized.

Apply a cold cloth or compress to the student's head.

- Is headache severe?
- Are other symptoms, such as vomiting, fever (See "Fever"), blurred vision or dizziness present?

NO

If headache persists, contact parent/legal guardian.

YES

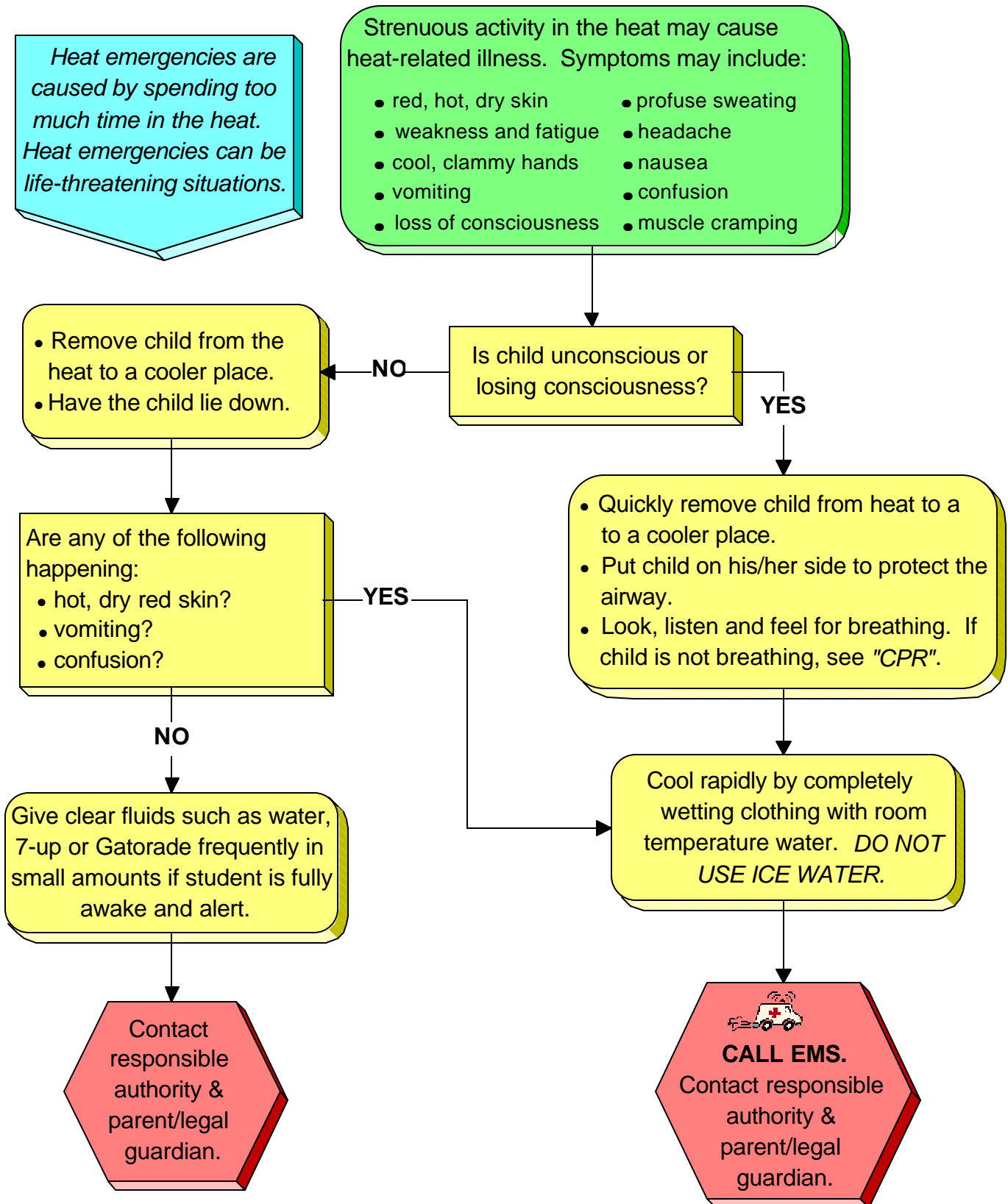
Contact parent/legal guardian. **URGE MEDICAL CARE.**

# HEAT STROKE/HEAT EXHAUSTION

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

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

- red, hot, dry skin
- weakness and fatigue
- cool, clammy hands
- vomiting
- loss of consciousness
- profuse sweating
- headache
- nausea
- confusion
- muscle cramping





# 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
- weakness
- blurry vision
- slurred speech
- shivering
- sleepiness
- white or grayish skin color
- impaired judgment

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

Does child have:

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

NO

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

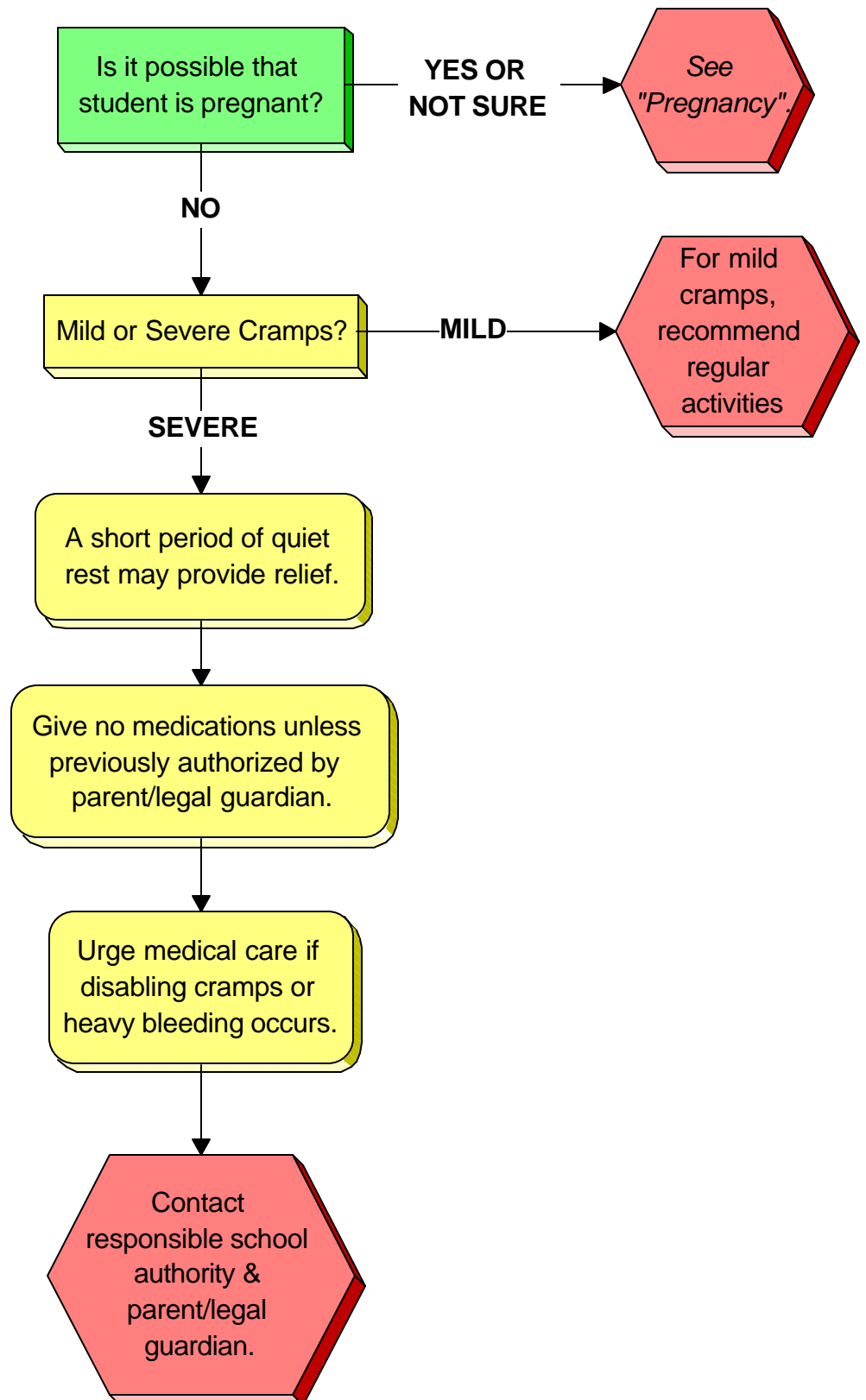
YES

- **CALL EMS.**
- 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. If child stops breathing, see *CPR*.



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

# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES

See "Head Injuries" if you suspect a head injury other than mouth or jaw.

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

Have teeth been injured?

YES

See "Teeth".

NO

Has jaw been injured?

YES

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

NO

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

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

Place a cold compress over the area to minimize swelling.

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

# 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 other 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?

LYING-DOWN

WALK-IN

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

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

Have student lie down on his/her back. Support head by holding it in a "face forward" position. **TRY NOT TO MOVE NECK OR HEAD.**

- Keep student quiet and warm
- Hold the head still by gently placing one of your hands on each side of the head **OR**
- Place rolled up towels/clothing on both sides of head so it will not move

  
**CALL EMS.**  
Contact responsible school authority & parent or legal guardian.

# NOSE

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

## NOSEBLEED

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

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

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

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

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

## BROKEN NOSE

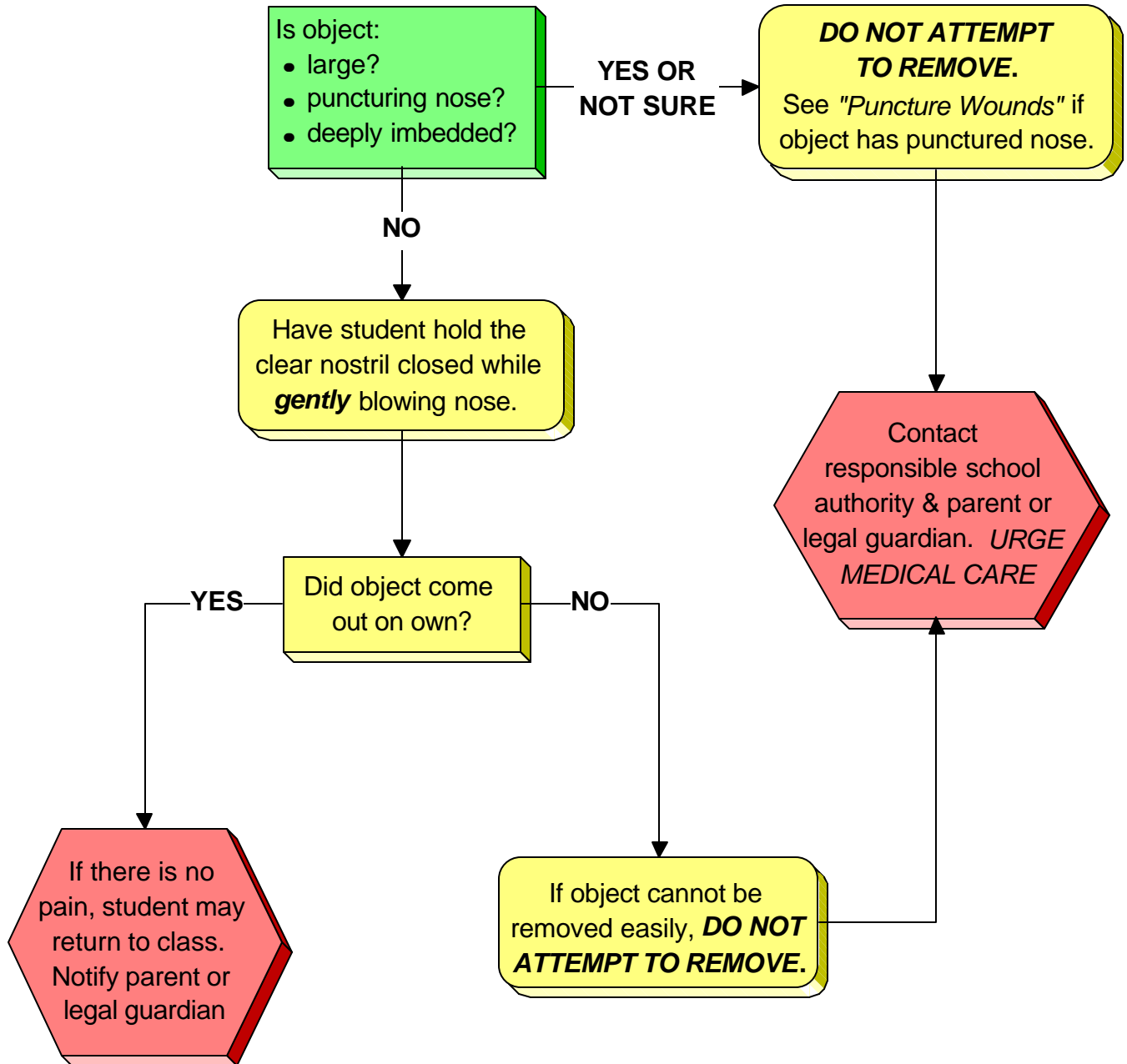
Care for nose as in "Nosebleed" above. Contact responsible school authority and parent/legal guardian. *URGE MEDICAL CARE.*

("NOSE" continued on next page.)

# NOSE

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## OBJECT IN NOSE



# POISONING & OVERDOSE

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

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

Possible warning signs of poisoning include:

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

Wear disposable gloves.  
Check student's mouth.  
Remove any remaining "poison".


If possible, find out:

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

CALL NEAREST POISON CONTROL CENTER, & follow instructions.  
Phone # \_\_\_\_\_

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. Look, listen and feel for breathing. If child stops breathing, see "CPR".

 **CALL EMS.**  
Contact responsible school authority & parent/legal guardian.

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

# PREGNANCY

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**

**SEIZURE**

This may be a serious complication of pregnancy.

**VAGINAL BLEEDING**

**AMNIOTIC FLUID LEAKAGE**

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

**MORNING SICKNESS**

Treat as vomiting. See "Vomiting".



**CALL EMS.**

Contact responsible school authority and parent or legal guardian.

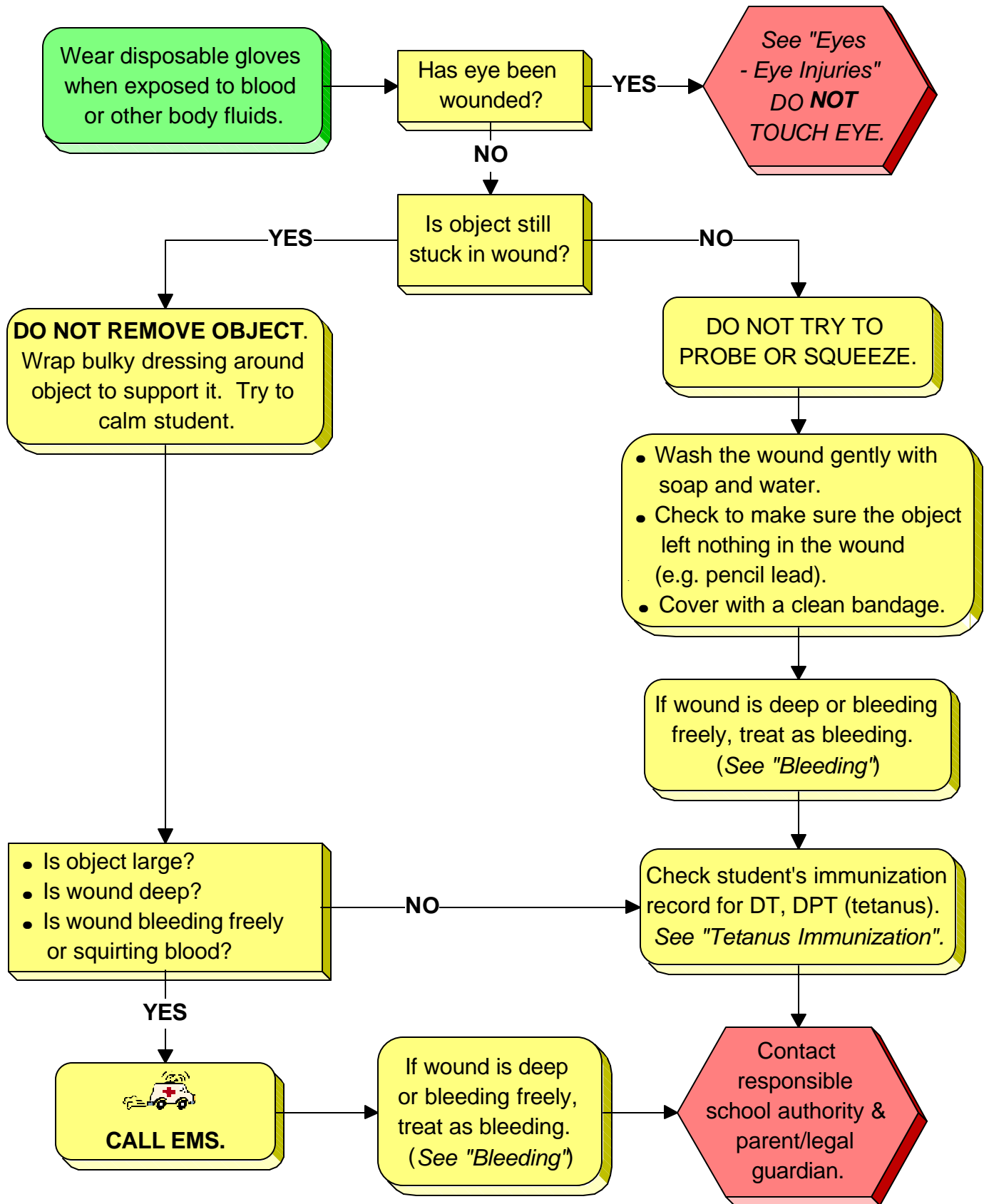
Contact responsible school authority and parent or legal guardian.

**URGE IMMEDIATE MEDICAL CARE.**

Contact responsible school authority and parent/legal guardian.



# PUNCTURE WOUNDS



# RASHES

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

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

Rashes include such things as:

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

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

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

  
**CALL EMS.**  
Contact responsible school authority & parent/legal guardian.

YES

NO

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

- Fever (*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.

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

# SEIZURES

Seizures may be any of the following:

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

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

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

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.

After seizure, keep airway clear by placing student on his/her side. A pillow should not be used.

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?

NO

YES

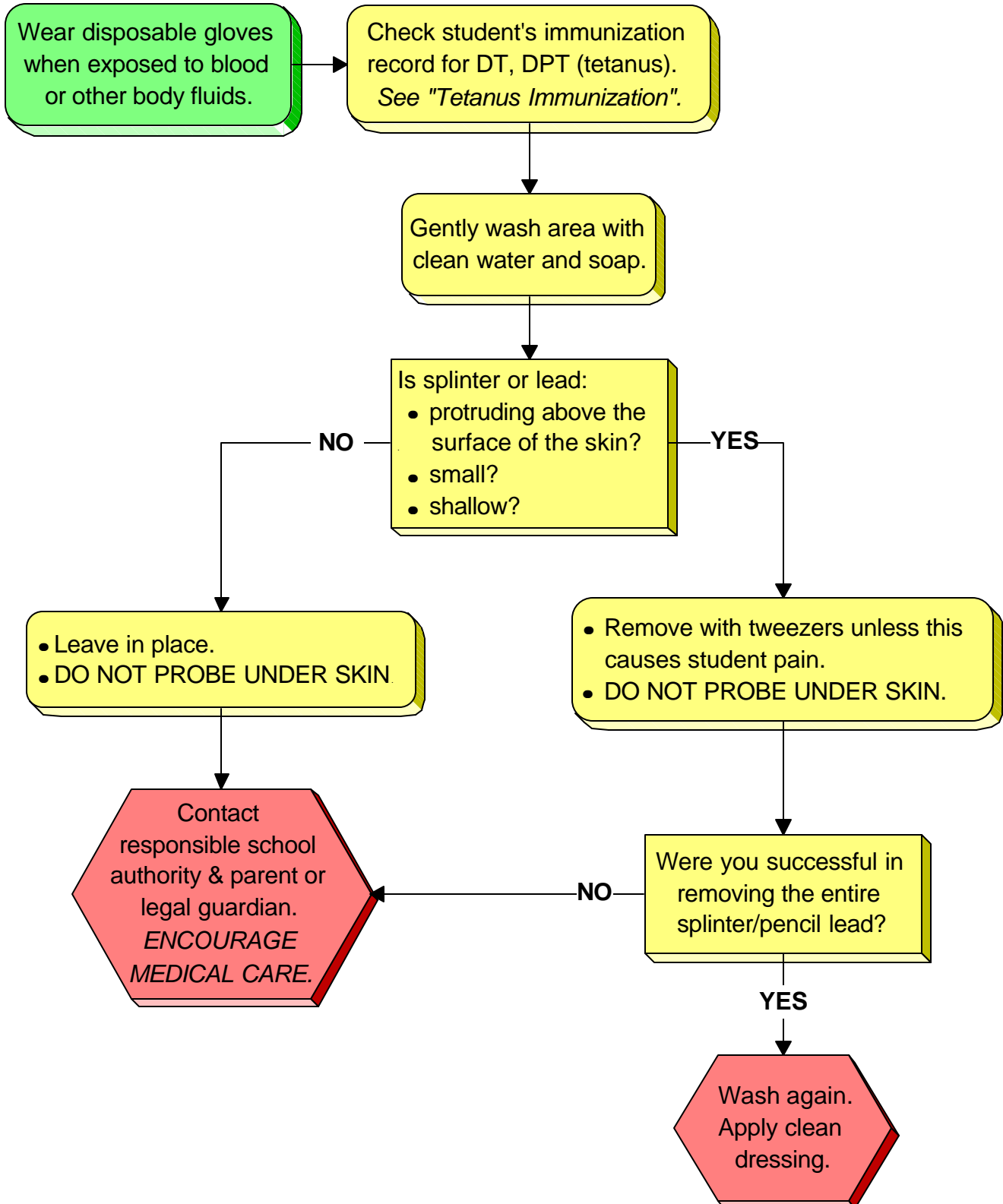


**CALL EMS.**

Contact responsible school authority & parent or legal guardian.


*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.*

# SPLINTERS OR IMBEDDED PENCIL LEAD



# STABBING & GUNSHOT INJURIES

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

- **CALL EMS** for injured student.
  - Call the 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 child:

- losing consciousness?
- having difficulty breathing?
- bleeding uncontrollably?

Open the child's airway and look, listen and feel for breathing. (see "CPR").

YES

NO

- Lie student down if he/she is not already doing so.
- Elevate feet 8-10 inches.
- Press firmly with a clean bandage to stop bleeding.
- Elevate injured part gently if possible.
- Cover with a blanket or sheet.

Contact responsible authority & parent or legal guardian.

# STINGS

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

If available, follow student's emergency care plan.

Does student have:

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

NO

YES

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

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

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

Look, listen and feel for breathing.  
If child stops breathing, see "CPR".

  
**CALL EMS.**

Contact responsible school authority & parent or legal guardian.

See "Allergic Reaction".

# STOMACHACHES/PAIN

Stomachaches may have many causes including:

- Illness
- Hunger
- Overeating
- Diarrhea
- Food Poisoning
- Menstrual Difficulties
- Psychological Issues
- Constipation
- Gas Pain
- Pregnancy

Have student lie down in a room which affords privacy.

Has an injury occurred?

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

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

Does student have:

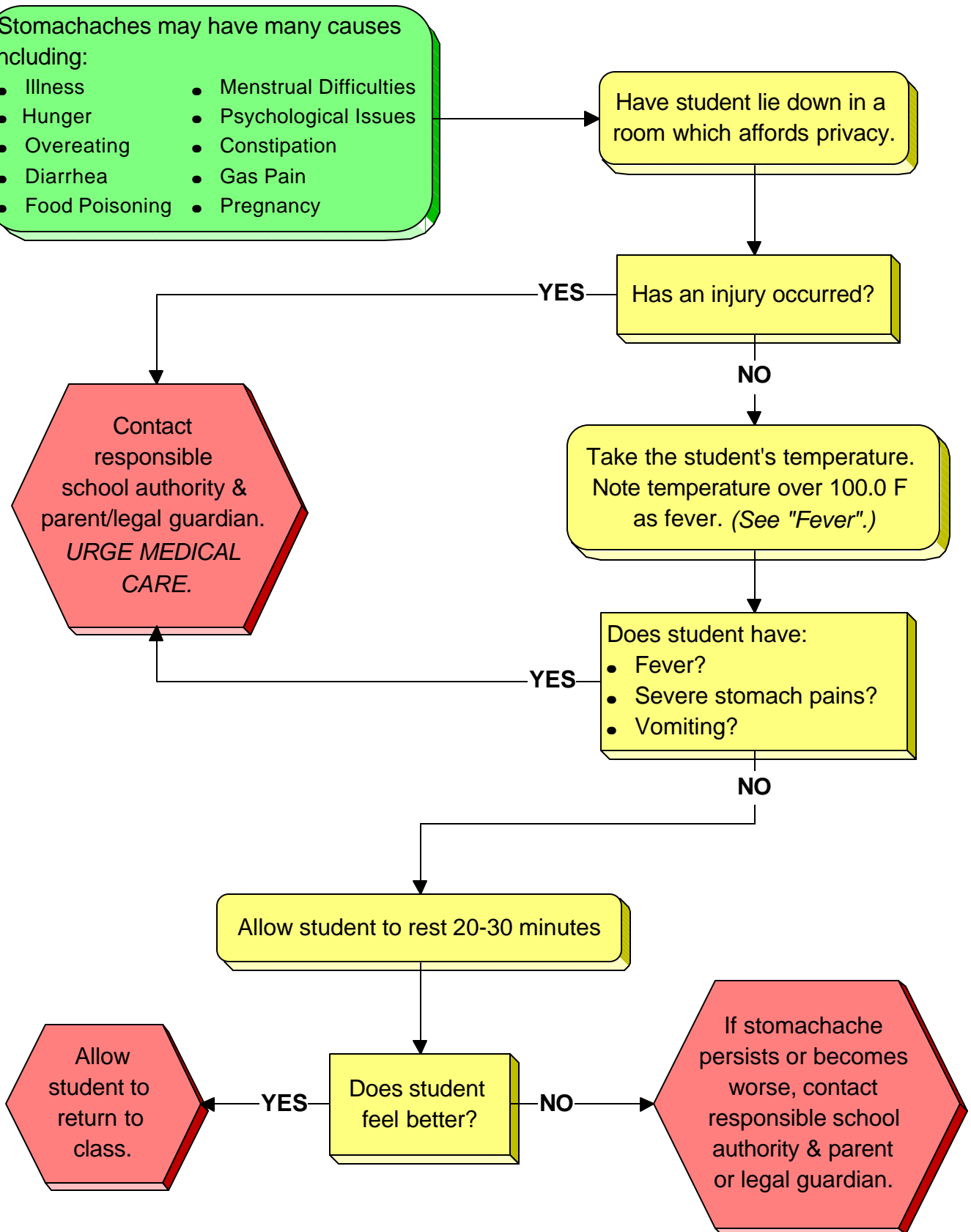
- Fever?
- Severe stomach pains?
- Vomiting?

Allow student to rest 20-30 minutes

Allow student to return to class.

Does student feel better?

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



# TEETH

## BLEEDING GUMS

- 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/legal guardian.  
**URGE DENTAL CARE.**

## TOOTHACHE OR GUM BOIL

*For tongue, cheek, lip, jaw or other mouth injury not involving the 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/legal guardian.  
**URGE DENTAL CARE.**



# TEETH

(continued from previous page)

## DISPLACED TOOTH

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

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

## KNOCKED-OUT OR BROKEN PERMANENT TOOTH

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

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

- The following steps are listed in order of preference. If permanent tooth (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.) **OR**
  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 & parent or legal guardian. **OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST WITHIN 60 MINUTES.**

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 DT, DPT (tetanus) and notify parent or legal guardian.

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

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

# TICKS

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

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

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

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

- Using a tweezer, 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 container of alcohol or flushing them down the toilet.

Contact responsible school authority & parent/legal guardian.

# UNCONSCIOUSNESS

*If student stops breathing, and no one else is available to call EMS, give rescue breathing for one minute, and then call EMS yourself.*

Unconsciousness may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc. *If you know the cause of the unconsciousness, see the appropriate guideline.*

See "Fainting".

Did student regain consciousness immediately?

NO

YES OR NOT SURE

Is unconsciousness due to injury?

NO

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


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

- Open AIRWAY with head tilt/chin lift or jaw thrust.
- Look, listen and feel for BREATHING.

Is student BREATHING?

YES

NO

- **CALL EMS.**
- Keep student warm, but not hot. 
- Control bleeding if needed (always wear gloves).
- Give nothing by mouth.
- Examine student from head-to-toe and give first-aid for specific conditions.

- 
- Give rescue breaths. See "CPR"
- CALL EMS.**

Contact responsible school authority & parent/legal guardian.

# VOMITING

*If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL NEAREST POISON CONTROL CENTER & ask for instructions. (See "Poisoning".) Notify public health officials (usually the health department).*

Vomiting may have many causes including:

- 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.

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

- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket available.

- Give no food or medications.
- 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/legal guardian.  
**URGE MEDICAL CARE.**

# RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current National American Red Cross First Aid Manual or equivalent
2. American Academy of Pediatrics First Aid Chart
3. Portable stretcher
4. Cot: mattress with waterproof cover
5. Blankets, sheets/pillows/pillow cases (disposable covers are suitable)
6. Wash cloths, hand towels, small portable basin
7. Covered waste receptacle with disposable liners
8. Bandage scissors, tweezers, needle
9. Thermometer and covered container for storing thermometer in alcohol (suggest disposable thermometer or disposable thermometer covers).
10. Sink with running water
11. Expendable 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 (long and short)
  - 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 tissues
  - 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-A-Tooth emergency tooth preserving system manufactured by 3M<sup>®</sup> OR 1/3 cup of powdered milk for dental first-aid (for mixing with water to make a liquid solution).
  - 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. Many areas use 911; others use a 7-digit phone number.

- + **EMERGENCY PHONE NUMBER: 911 or** \_\_\_\_\_
- + Name of Service: \_\_\_\_\_
- + Their average emergency response time to your school: \_\_\_\_\_
- + Directions to your school: \_\_\_\_\_

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

- ◆ 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 given
- ◆ Ways to make it easier to find you (e.g. standing in front of building, red flag, etc.)

## **OTHER IMPORTANT PHONE NUMBERS**

- + School Nurse \_\_\_\_\_
- + Responsible School Authority \_\_\_\_\_
- + Poison Control Center \_\_\_\_\_
- + Fire Department **911 or** \_\_\_\_\_
- + Police **911 or** \_\_\_\_\_
- + Hospital or Nearest Emergency Facility \_\_\_\_\_
- + County Children’s Services Agency \_\_\_\_\_
- + Rape Crisis Center 1-800-656-HOPE to connect with local hotline
- + Local Health Department \_\_\_\_\_
- + Other medical services information (e.g. dentists or physicians): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_