

Injury Management

Emergency Care:

On occasion, a student has an accident that requires immediate medical care. A clinic worker can give first aid at the scene. The school office needs to be notified immediately. The student's clinic card is pulled and emergency instructions followed. **School administration has the authority to call an ambulance for emergency transportation.** A clinic worker should not be the person to place such a call, unless deemed appropriate or directed. When the parent is notified of the accident, as much information should be shared about the accident as possible, including where the student is being taken for emergency treatment. See the policy on "Student Accidents Requiring Treatment" in the Special Programs Section of the Health Manual. For emergency medical assistance, fire, police dial 911. Poison Control Center # 404.616.9000 (Grady Hospital). Post this number in the Clinic.

Reporting Accidents:

All accidents that require medical attention are to be reported to the school office so that accident forms may be filed. It helps in completing these forms if the clinic worker learns where the accident occurred, what teacher was present and how the accident happened.

Call 911 for Emergency Medical Services:

- Trouble breathing from
 - Drowning
 - Electric shock
 - Allergic reaction
 - Choking
- No breathing
- Severe blood loss
- Loss of consciousness after head injury
- Ingestion of poison (call 404.616.9000)
- Severe burn

Tell 911 dispatcher:

- Your name
- The problem
- What has been done
- Address
- Phone
- Ask for emergency instructions
- Hang up last

Call the Parents:

- Any time emergency medical services have been called
- Burns
- Poisonous substance ingestion (poison control #404.616.9000)
- Serious cut
- Swallowing of a smooth or pointed object
- Injury to eye or ear
- Possible broken bone
- Dog bite
- Puncture wound
- Unexpected health problem (fever, vomiting, seizure)

May Handle Yourself:

- Bumps and bruises
- Scrapes
- Cuts, unless on the face, around the eyes or large gaping cuts (stitches)
- Nosebleeds
- Splinters (unless embedded)
- Falls
- Minor burns (no blister, only red)
- Bee stings (unless history of allergies)
- Breath Holding

Note: Always notify parents or guardians of any unusual event. Follow your schools guidelines. Always be alert for possible child abuse.

FIRST AID

- 1. First Aid Procedures**
- 2. First Aid Chart**

FIRST AID PROCEDURES

1. Have a written plan for emergencies, with someone designated to call 911 and parents if clinic personnel are caring for child.
2. Call 911 if situation is potentially life-threatening. Always notify principal.
3. Notify parents.
4. Give immediate attention to:
 - A. Establish open airway. Check breathing. Give artificial respiration if student has stopped breathing. Check pulse. Begin compressions, if no pulse. (CPR) *
 - B. Stop hemorrhage/bleeding with direct pressure.
 - C. Treat for shock.
 - D. Remain calm; reassure victim.
 - E. Do not move victim unless in immediate danger.
 - F. Splint suspected fractures in position found.
 - G. Give nothing by mouth.
 - H. If child is transported by EMS before parents arrive, a school employee must accompany child, taking copies of emergency medical card and emergency transportation release.
- Please insert list of staff with current CPR training.
5. Ice applications for injuries (do not use for burns):
 - May use frozen gel pack, freezer weight ziplock bag with a frozen sponge, washcloth or ice cubes.
 - Always put a thin layer of paper towels or cloth between skin and ice application.
 - Leave ice on for 10-15 minutes, and reapply every 30-60 minutes if needed, to decrease pain and swelling.
6. Minor abrasions and skin injuries
 - Control bleeding if necessary with firm pressure.
 - Clean thoroughly with soap and water.
 - Cover with bandage or small dressing to fit.
 - If there is a laceration that is greater than $\frac{1}{4}$ inch, gaping, or with uncontrolled bleeding, dress the wound and notify parents to seek medical attention.

Refer to the Health Manual for a detailed guide on First Aid Procedures

Abdominal Injury—find out how injury occurred.

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| <ol style="list-style-type: none"> 1. Place student supine with legs elevated. Notify parents. 2. If bleeding, control with firm pressure. 3. First aid for shock. Maintain airway. 4. Observe for dizziness on standing, distension, vomiting, blood in urine and call 911 if any of these occur. | <ol style="list-style-type: none"> 1. Do not give fluid or food. |
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Open Wounds of the Abdomen

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| <ol style="list-style-type: none"> 1. Cover protruding intestines or abdominal organs with moist dressings. 2. Hold dressing in place with a firm bandage. 3. If breathing is difficult, keep student's head and shoulders elevated with pillow. 4. Summon medical attention as rapidly as possible. Call 911 and parents. 5. Give first aid for shock. | <ol style="list-style-type: none"> 1. Do not try to replace protruding intestines or abdominal organs. 2. Do not apply bandages so tightly as to cause constriction. 3. Do not give fluids or solid food. |
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Abdominal Pain

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| <ol style="list-style-type: none"> 1. Allow student to rest in a position of comfort. Notify parent/school nurse for severe pain, or if pain is made worse with jumping. 2. Ask if child has eaten, needs to go to the bathroom. Check temperature. | <ol style="list-style-type: none"> 1. Do not give <u>anything</u> by mouth unless pain is minimal, and child states he missed breakfast/lunch, feels hungry. |
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Asthma Attacks (See also: "Asthma" in Chronic Disease Chapter, p. 6-3)

Symptoms: Labored, wheezing breathing and fast pulse. Anxious and distressed appearance is common. Rapid breathing is usually present.

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| <ol style="list-style-type: none"> 1. Follow Asthma Action Plan. Remain calm. 2. Contact parent immediately. 3. Make child comfortable in a sitting position. 4. Keep in a well ventilated room so student can breathe more easily. 5. Call 911 if unable to reach parent or attack worsens (breathing more difficult, lips turn blue). 6. Have CPR-trained person at student's side. 7. Have inhalers of <u>rescue</u> medicine easily accessible for use. | <ol style="list-style-type: none"> 1. Do not give fluids or solid foods. |
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Bites**A. Human**

1. Cleanse the wound thoroughly with soap and water, and cover with clean dry dressing. Notify parent to seek medical attention.

B. Animal--Call Poison Control Center (1-800-282-5846) to report the bite.

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| <ol style="list-style-type: none"> 1. Flush the bitten area well with water, then clean thoroughly with soap and water. Cover with a clean dressing. 2. Make sure that the student avoids movement of the affected part until seen. 3. Notify parent to seek medical attention. | <ol style="list-style-type: none"> 1. <i>Do not let anyone kill the dog or wild animal.</i> (Have the animal confined for 10 days.) |
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DO**DO NOT****Bleeding**

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| <ol style="list-style-type: none"> 1. Wear gloves. Call 911 immediately if blood is spurting out with each pulse beat. 2. Apply direct pressure over wound with a clean cloth. Hold pressure at least 7-10 min. 3. Apply pressure bandage to hold dressing in place after bleeding slows. 4. Elevate, if an extremity is involved. 5. If bleeding continues, apply pressure on supplying artery in addition to direct pressure and elevation. 6. Treat for shock. 7. Notify parents. | <ol style="list-style-type: none"> 1. Do not disturb blood clots after they have formed. 2. Do not remove dressing. Reinforce if needed with more clean dressing. 3. Do not substitute the pressure point for direct pressure and elevation. If bleeding continues, use the pressure point in addition to those techniques. 4. Do not apply tourniquet unless necessary for life. 5. Do not give anything by mouth. 6. Do not elevate legs if head injury is suspected. |
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Cessation of Breathing

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| <ol style="list-style-type: none"> 1. Have someone call 911. Make sure the airway is clear. (Head tilt, chin lift) 2. Give artificial respirations. | <ol style="list-style-type: none"> 1. Do not move student from accident scene to give aid. 2. Do not give anything by mouth. |
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**** Please attach list of staff with current CPR training.***

Burns**Chemical Burns**

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| <ol style="list-style-type: none"> 1. Wash area immediately and for 10 to 20 minutes with large quantities of cool clean water. 2. Follow recommendations for thermal burns. 3. Notify parents to consult their child's physician. | <ol style="list-style-type: none"> 1. Do not apply anything other than cool water to the burn. |
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Thermal BurnsFirst Degree Burns (redness)

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| <ol style="list-style-type: none"> 1. Immerse the burned part in cool water (not ice water) for 1-2 minutes, or apply repeated cool wet dressing applications. 2. Apply a dry dressing | <ol style="list-style-type: none"> 1. Do not use an antiseptic preparation, ointment, spray, or home remedy on a burn. |
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Second Degree Burns (redness and blisters)

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| <ol style="list-style-type: none"> 1. Immerse the burned part in cool water (not ice water) for 1-2 minutes, or apply repeated cool wet dressing applications. 2. Gently blot the area dry. 3. Apply dry, sterile gauze or clean cloth as protective bandage. 4. If the arms or legs are affected, keep them elevated. 5. Notify parents. | <ol style="list-style-type: none"> 1. Do not break blisters or remove tissue. 2. Same as # 1 above. |
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DO**DO NOT**

Third - Degree Burns (charred or pale, not painful, may involve muscle, bone or other tissue).

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| <ol style="list-style-type: none"> 1. Have someone call 911 if it is a large area. 2. Stay with child. Cover burns with thick, sterile dressing or clean cloths. 3. Elevate involved limbs (The student should not be allowed to walk.) 4. Have the student with face burns sit up or prop him up and keep him under continuous observation for breathing difficulty. If respiration problems develop, an open airway must be maintained. 5. Notify parents. 6. Observe and treat for shock. | <ol style="list-style-type: none"> 1. Do not remove adhered particles of charred clothing. 2. Do not immerse the area in water, but if it is a small area with pain and intact skin, may use cool compress 1-2 min. 3. Do not apply ointment, commercial preparation, grease, or other home remedy. (Such substances may cause further complications and interfere with treatment by the physician.) |
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Choking

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| <ol style="list-style-type: none"> 1. Ask, "Are you choking?" If unable to speak, breathe, or if turning blue start Heimlich maneuver and have someone call 911. 2. Deliver abdominal thrusts (Heimlich maneuver) repeatedly until airway is clear: <ol style="list-style-type: none"> a. Standing behind victim wrap arms around waist and grasp one of your fists with other hand. b. Press your fist (thumb side in) into center of the victim's waist. c. Deliver firm upward thrusts into the abdomen. 3. If child becomes unconscious, follow unconscious airway obstruction protocol. | <ol style="list-style-type: none"> 1. If able to talk or cough, do nothing except observe and encourage to cough. |
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Convulsions - Seizures - Epilepsy

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| <ol style="list-style-type: none"> 1. Prevent student from hurting himself and lower him to floor. <u>Consult seizure plan</u>, if available. 2. Check airway and monitor breathing. 3. Loosen constricting clothing. 4. Assist to side-lying position after seizure. 5. <u>Call 911 if</u> : <ul style="list-style-type: none"> first known seizure repeated seizures seizure lasting longer than 5 minutes child cannot be aroused after seizure 6. Notify parents. 7. Allow to rest; keep child comfortable. Someone should stay with student. | <ol style="list-style-type: none"> 1. Do not force blunt object between student's teeth. 2. Do not restrain him. 3. Do not give <u>anything</u> by mouth until completely awake. |
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Diabetes (see also: “Diabetes” in Chronic Disease Chapter, p.6-13)

Insulin Shock: (Hypoglycemia) - Remember this occurs when there is too much insulin, too little food, or too much exercise. Onset of symptoms is sudden.

Symptoms: Pale face, moist skin, weakness, trembling and headache, hunger, impaired vision, irritability, confusion, nausea, dizziness, drowsiness, feels faint or has fainted

1. If a 504 plan or IHP is available, follow physician’s instructions.
2. If no plan, give 5 small sugar cubes, 4 packets or 4 teaspoons sugar, 1/2 to 2/3 cup
3. applesauce or fruit juice, carbonated beverage (not diet), 1/4 to 1/3 candy bar. Student will need coaxing to eat. Check blood glucose, if possible.
4. Contact parents.
5. Observe—do not leave the child unattended.
6. If cannot reach parents, no response, or student relapses after 15 to 20 minutes. See Diabetes information in Chronic Disease section for slow-acting carbohydrates.
7. If loss of consciousness or seizure occurs, call 911. Maintain airway.

Diabetic Coma: (Hyperglycemia) The student has not been getting enough insulin to meet demands, has consumed too much food, is ill or stressed. Child is often lethargic or sleepy.

If unconscious or very decreased level of consciousness, call 911.

Symptoms: Sweet, fruity odor of the breath, flushed face, dry skin, blurred vision, increased thirst, frequent urination, hunger, drowsiness.

1. Follow IHP or 504 plan.
2. Notify parents of symptoms immediately.
3. Offer free access to water, if not vomiting.
4. Check blood glucose if possible.

Dislocation

Symptoms: Severe pain and noticeable deformity are present, with swelling.

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| <ol style="list-style-type: none"> 1. Splint and immobilize the affected joint in the position in which it was found. 2. Apply a sling if appropriate (i.e. shoulder). 3. Keep victim calm and quiet. 4. Call 911, unless it is a finger or shoulder. Notify parents for these. | <ol style="list-style-type: none"> 1. Never attempt to reduce (put back in place) a dislocation by pulling. |
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Dysmenorrhea (Menstrual Cramps)

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| <ol style="list-style-type: none"> 1. Keep quiet and warm. 2. May have student lie on her stomach or side with a pillow under the abdomen. 3. Notify parents if not better after 30 minutes. 4. Report to school nurse if chronic problem. | <ol style="list-style-type: none"> 1. Do not give any medication, unless an authorization form and medication are on file. |
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Earache and Ear Injuries

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| <ol style="list-style-type: none"> 1. Notify parents of earaches, injuries and draining ears; advise medical attention. 2. Apply a warm towel or compress for an earache. | <ol style="list-style-type: none"> 1. Do not put drops in the ear. 2. Do not put oil in the ear. 3. Do not attempt to remove any foreign object. 4. Do not use Q-tips, hairpins, etc., in ear. |
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Eye Injuries**Foreign Bodies**

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| <ol style="list-style-type: none"> 1. Flush eye with large amounts of water for several minutes. 2. Cover with gauze if unable to flush object from eye, and pain is not relieved. 3. Notify parents to seek immediate medical advice. | <ol style="list-style-type: none"> 1. Do not rub eye. 2. Do not use cotton. |
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Injury of the Eyelids

1. Stop bleeding with gentle pressure.
2. Cleanse wound with water and apply clean dressing.
3. Prevent swelling by applying cool compress, not ice.
4. Notify parents to seek immediate medical attention.

Penetrating Eye Injury

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| <ol style="list-style-type: none"> 1. In case of penetrating eye injury, keep student flat. 2. Call 911, and parents. 3. Apply clean dressing to unaffected eye to avoid eye movement. May use a small cup or eye shield to cover the affected eye. | <ol style="list-style-type: none"> 1. Avoid side to side movement of head. 2. Do not attempt to remove object. 3. Do not put any pressure on affected eye. |
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Fainting (including dizziness or “threatened” faint)

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| <ol style="list-style-type: none"> 1. Have student lie down with feet elevated 10-12 inches. 2. Loosen clothing. 3. Maintain open airway. 4. If student vomits, turn head to side. 5. Bathe student’s face gently with cool water. 6. Notify parents. | <ol style="list-style-type: none"> 1. Do not give anything by mouth, unless child able to say he is hungry. 2. Do not pour water over face. |
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Fractures Or Suspected Fractures

(Treat Suspected Fractures as Fractures)

Open Fracture - Bone is through the skin

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| <ol style="list-style-type: none"> 1. Cover wound with sterile dressing. 2. Call 911. 3. Treat bleeding and shock, as necessary. 4. Splint in position found. | <ol style="list-style-type: none"> 1. Do not give anything by mouth. 2. Do not move unnecessarily. 3. Do not attempt to set or reduce. 4. Do not apply air splint. |
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Closed Fracture - Bone does not penetrate skin.

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| <ol style="list-style-type: none"> 1. Apply appropriate air splint or splint in position found. 2. Elevate if extremity is involved. 3. Apply cold pack beside the area (not on top). 4. Notify parents immediately. | <ol style="list-style-type: none"> 1. Do not move until splint is applied. |
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Groin Injuries (Blunt)

1. Apply cold packs.
2. Allow child to lie down.
3. Notify parents.

Head Injuries: Find out how injury happened, if there was loss of consciousness. If there was a significant fall or force of contact, assume there may also be a neck injury.

If injury seems mild:

1. Apply cold pack.
2. Allow student to rest, check vision.
3. If better after a few minutes, may return to class, but have child return to clinic in 1 hour for recheck.

If injury seems more severe:

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| <ol style="list-style-type: none"> 1. Have student lie down, notify parents. 2. Observe closely. Call 911, if there is: loss of consciousness, <u>persistent</u> vomiting, confusion, severe headache, difference in size or reaction of the pupils of the eyes, clear fluid from nose or ear, skull deformity. If there is a bleeding laceration, apply pressure, and notify parents to seek immediate medical attention. | <ol style="list-style-type: none"> 1. Do not give anything by mouth. 2. Do not move, especially if a neck injury is suspected or possible. |
| <ol style="list-style-type: none"> 3. <u>If unconscious:</u> <ol style="list-style-type: none"> a. Loosen clothing around neck. b. Give aid as needed for breathing, bleeding and shock. c. Call 911. | <ol style="list-style-type: none"> 1. Do not move, assume there may be a neck injury. |

Headaches

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| <ol style="list-style-type: none"> 1. Let the student rest. 2. Apply cold compress if tolerated. 3. Severe headaches - notify parents. 4. Headaches accompanied by the following require prompt (immediate) medical attention: <ol style="list-style-type: none"> a. Vomiting b. High fever c. Convulsions d. Loss of consciousness e. If the headache follows a moderate to severe head injury. | <ol style="list-style-type: none"> 1. May give non-aspirin product if written parent permission, medication on file. 2. Do not give aspirin or anything by mouth for headaches accompanied by symptoms under #4. |
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Heat Cramps, Heat Exhaustion, Heat Stroke**Heat Cramps**

1. Move child to a cool place. Provide fluids.
Fan. Gently stretch the cramping muscle.

Heat Exhaustion: Skin is flushed, moist. Accompanied by fatigue, faintness, nausea and headache. Student is usually sweating profusely - also muscle spasms are common.

1. Transport to air conditioned room, if possible. 1. Do not give fever reducers.
Fan the victim.
2. Have student lie down and raise feet.
3. Loosen clothes and apply cool, wet cloths.
4. Give student water (at least 4 oz. every 15 minutes)
5. Notify parents. Call 911 if no better in 30 minutes.
6. Avoid exposure to abnormally high temperatures for several days.

Heat Stroke: Is a medical emergency. Skin is red or pale, hot and dry. May be unconscious. Extremely high fever, disoriented, twitching, seizures.

1. Transport to air conditioned room if possible. See above.
2. Call 911. Notify parents.
3. Sponge with water and apply cold packs.
4. Avoid exposure to abnormally high temperatures for several days.

Hyperventilation

1. Remain calm and reassuring with child.
2. Have child sit down, and try to take slower breaths, of normal depth.
3. Tell child you will stay with him.
4. Distract his attention if possible.
1. Do not have child breathe into a paper bag for more than 30 seconds, and then only if hyperventilation came on suddenly in an adolescent, clearly well before the event.

Nosebleeds

1. Wear gloves.
2. Place student in sitting position, head forward.
3. Apply constant pressure on bleeding side, pressing nostril, for at least 10 minutes.
4. May apply cold compress to nose.
5. Keep student quiet.
6. Notify parents.
7. Prolonged or recurrent nosebleeds may need medical attention.
1. Do not let student blow nose.
2. Do not wash away clots.
3. Most children could not apply enough pressure for a long enough time.

Puncture Wounds

1. Rinse the wound thoroughly.
2. Wash with soap and water and dry.
3. Apply sterile or clean dressing.
4. Notify parent to seek medical advice regarding injury and tetanus immunization.
1. Do not probe to remove traumatizing object.
2. Do not remove puncturing object.

Shock (can occur with any severe illness or injury)

Symptoms: Skin is pale (or bluish) and cold to touch. Skin may be moist and clammy. Usually very weak, lethargic; may have rapid pulse, increased breathing rate or dilated pupils.

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| <ol style="list-style-type: none"> 1. Give urgent first aid measures immediately to treat the cause of shock; such as excessive bleeding. 2. Keep lying down, head flat, legs elevated. 3. Cover enough to keep from losing body heat. If on ground, place a blanket under student. 4. Call 911. | <ol style="list-style-type: none"> 1. Do not give anything by mouth. 2. In case of possible severe fracture, or spinal injuries, do not move. 3. Do not add extra heat with excessive covering. |
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Snake Bite

Poisonous or nonpoisonous, a snake bite should have medical attention. A snake bite victim should be taken to a hospital as quickly as possible, even in cases when a poisonous snake bite is only suspected.

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| <ol style="list-style-type: none"> 1. Keep the student from moving around. 2. Keep the student as calm as possible, preferably lying down. 3. Immobilize the bitten extremity and keep it <u>at</u> the heart level. (not above or below) 4. Call Poison Control Center, 1-800-282-5846. 5. Clean area with soap and water. 6. Kill snake if possible-give to person taking student to hospital for identification. | <ol style="list-style-type: none"> 1. Do not give anything by mouth except sips of water. |
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Mild to Moderate Symptoms: Mild swelling or discoloration and mild to moderate pain at the wound site with tingling sensations, rapid pulse, weakness, dimness of vision, nausea, vomiting and shortness of breath.

Severe Symptoms (usually do not occur immediately): Severe symptoms include rapid swelling and numbness, followed by severe pain at the wound site. Other effects include pinpoint pupils, twitching, slurred speech, shock, convulsions, paralysis, unconsciousness and no breathing or pulse.

Spinal Injury Or Suspected Spinal Injury

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| <ol style="list-style-type: none"> 1. Call 911. Keep child still, holding head still. 2. Give aid as needed for breathing, bleeding and shock. | <ol style="list-style-type: none"> 1. Do not move unless in immediate danger. |
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Sprains

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| <ol style="list-style-type: none"> 1. Elevate and immobilize joint. 2. Apply ice cold compress to the side of the extremity. 3. Notify parent to consult physician. | <ol style="list-style-type: none"> 1. Do not give any medication. 2. Do not pack joint in ice or immerse limb in water that contains ice. 3. If ankle or knee is affected, do not allow to walk unassisted or bear weight. Use a rolling chair, or two-person lift if necessary. |
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Strains

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| <ol style="list-style-type: none"> 1. Elevate and immobilize joint. 2. Apply ice cold compress to the side of area. 3. Notify parents. | <ol style="list-style-type: none"> 1. If ankle or knee is affected do not allow to walk unassisted. 2. Do not give any medication. |
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Stings and Insect Bites (see also: “Allergic reactions” after this chart)Minor Bites and Stings

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| <ol style="list-style-type: none"> 1. Remove stinger by flicking out gently with a driver’s license or credit card. 2. Wash with soap and water, and apply cold compress. Observe for more severe reaction. 3. For bites, may apply calamine lotion, <u>if</u> ordered. | <ol style="list-style-type: none"> 1. Do not give aspirin. |
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Severe Reaction—facial swelling, difficulty breathing, wheezing, severe hives.

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| <ol style="list-style-type: none"> 1. Administer Epi-pen, if ordered. 2. Call 911. 3. Remove stinger by flicking out gently. 4. If weak, have child lie down with legs elevated. 5. Apply cold application. 6. Notify parents. | <ol style="list-style-type: none"> 1. Do not give aspirin. |
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Toothache and Broken TeethToothache

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| <ol style="list-style-type: none"> 1. Advise parent to take student to dentist. | <ol style="list-style-type: none"> 1. Do not use aspirin or toothache drops to relieve the pain. |
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Broken or Knocked Out Teeth

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| <ol style="list-style-type: none"> 1. Notify parent and advise to see dentist or go to ER without delay. (Even 1-2 hours may be too long, in some cases.) 2. Apply pressure by having child bite down on gauze, if tooth socket is bleeding. 2. If tooth is knocked out, put in cup of milk or commercial preparation like “Save A Tooth” and have student take it with her/him to the dentist or ER. 3. Rinse mouth with cool water. | <ol style="list-style-type: none"> 1. Do not try to replace tooth on a young child. Adolescents may be able to hold tooth replaced in the socket or hold in cheek. Never replace a baby tooth. 2. Do not attempt to clean or wrap the tooth with gauze. |
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SEVERE ALLERGIC REACTIONS ANAPHYLAXIS

An emergency situation may occur at any time or any place during the school day, when a hypersensitive student is exposed to an allergen. Allergens can include insect stings, foods such as peanuts and eggs, products such as latex. Allergic reactions (anaphylaxis) can be life-threatening within minutes, requiring the immediate availability of emergency medication and staff trained to use it. Anaphylaxis is the collection of severe symptoms of allergic reaction affecting multiple systems in the body, such as breathing difficulties and shock. Anaphylaxis is both preventable and treatable. Researchers believe the prevalence of allergies, especially food allergies, is increasing, and children are the largest group of the population affected. It is estimated that one to two percent of the population is at risk for anaphylaxis from food allergies, insect stings, and others such as drugs and latex, so there is high likelihood of these children attending any school.

Identification and treatment protocols for students with risk of anaphylactic reactions should be prescribed by their health care provider and provided to the school by parent or guardian. School personnel should create a systematic team approach for dealing with these students—including precautions to prevent exposure to known allergens and preparations to deal with emergencies that happen in spite of precautions. All school personnel should be aware of students who have been prescribed epinephrine—the emergency drug usually prescribed. Information about the specific allergy, warning signs of reactions, and emergency treatment, possibly with picture ID of the student should be available to clinic personnel, administrators, teachers, and school staff (including cafeteria workers). To provide confidentiality, these plans should not be available to other parents or students. This information should be discussed with parents, and repeated for staff at the beginning of each school year. Please contact the cluster/school nurse for assistance with developing student health plans.

If emergency medication is prescribed, it should be clearly labeled with name and classroom of the child. Identified school personnel should be trained and updated regularly in the use the injector, and should know where it is kept. Expiration dates should be checked regularly, and parents should be notified when expiration time is within the month. Epinephrine should be kept in locations that are easily accessible. The epinephrine injector should be taken whenever the child goes on field trips or other outings away from the school building.

If a severe allergic reaction occurs, there are “3 R’s” for handling the reaction (adapted from the Food Allergy Network’s School Food Allergy Program):

- **Recognize the symptoms.**
- **React quickly.**
- **Review what caused the reaction, and how well the emergency plan worked.**

All school staff and faculty should receive training/in-service on this information annually.

Recognition of symptoms: Symptoms can occur in the skin, respiratory tract, gastrointestinal tract and cardiovascular system. They can include:

- Itchy skin or eyes
- Hives (itchy, reddened, raised rash on any area of skin)
- Swelling of any body parts—eyes and lips especially
- Itching, swelling, or tightness of the throat, often with a change of voice
- Runny or stuffy nose
- Red, watery eyes
- Coughing, usually a dry, shallow cough
- Wheezing
- Difficulty breathing
- Difficulty swallowing
- Sense of doom, or increased anxiety
- Dizziness
- Fainting or loss of consciousness
- Change of color (pale or bluish)

Reactions can progress from one or more of the minor symptoms to difficulty breathing and loss of consciousness in a matter of minutes, so early recognition of symptoms is of key importance.

React Quickly: Immediate notification of emergency team members by any school employee who sees any of these symptoms in a child (even a child not previously known to have allergies) is necessary for the best response. If possible, this notification should take place by phone, intercom, pager or walkie-talkie, since time is of the essence. The emergency team should, of course, be identified ahead of time—usually including the clinic personnel (school nurse if available), principal or designee, other staff who are trained in first aid and CPR. If emergency medication is kept in the classroom, the teacher should be notified to bring it to wherever the incident occurs. Someone should be designated ahead of time, to notify EMS and parents. This person should have quick access to the emergency action plan for the student. Even if epinephrine is available and injected quickly, the student's symptoms can return after 10-20 minutes, so calling **911** in the beginning is appropriate.

Review what caused the reaction and how well the emergency plan worked. After the child has been cared for, the team needs to sit down and review and reflect on what happened, and how it was handled. Usually it is best to do this the same day, while it is still fresh in everyone's mind. Everyone who was involved with the student before the incident was recognized, during the incident, and with aftercare should be involved in this meeting. Any need for changes should be discussed thoroughly, and implemented immediately. This might include further training for staff, changes in location of equipment and medication, and improved communication. Some of the questions to ask would be:

- Were preventive measures in place?
- How did the exposure occur?
- Was the recognition of symptoms prompt?
- Was the team notified appropriately?
- Were the details of the plan for this child readily available to the team?
- Did the team respond according to the plan?
- Were there problems with availability of medication, emergency equipment, notification of EMS and parents?

FACTS ABOUT ALLERGIES

- Allergies to insects can include bees, hornets, yellow jackets, wasps, ants, deer flies, black flies, yellow flies
- Foods that most commonly cause allergic reactions in children are peanuts, tree nuts (almonds, pecans, walnuts, etc.), milk, eggs, soy, fish, shellfish and wheat. Often, allergies to milk, eggs, and wheat may be outgrown; but allergies to nuts and seafood are more often lifelong.
- Latex allergies are also increasing, with health workers, others who frequently wear latex gloves at work, and some medically fragile children (especially spina bifida) being at greatest risk.
- The amount of exposure to the allergen that will cause a reaction varies from person to person. In some cases, just being in the same room with the substance will cause a severe reaction. Ingesting even a tiny amount of food containing the allergen can often be a problem.
- Specific reactions to allergens vary from person to person as well. One child may have nausea and vomiting, and another may have hives and wheezing when exposed to the same offending allergen.
- Anaphylaxis symptoms may appear within one to five minutes, or may be delayed for as long as two hours after exposure to the allergen.
- Each exposure to the allergen carries the potential for a more severe reaction.
- A study reported in the New England Journal of Medicine in 1992, showed that four of six reported fatal allergic reactions studied occurred in schools. None of the students who died received epinephrine before severe symptoms developed.

**EPINEPHRINE:
DRUG OF CHOICE FOR TREATMENT OF ANAPHYLAXIS AND
SEVERE ALLERGIC REACTION**

Epinephrine is a drug that interferes with the body's response to an allergen it has been exposed to. It acts in the body to relieve the respiratory symptoms of bronchospasm, reduces swelling and congestion in the throat and lungs. Epinephrine is available by prescription only, and is available in two strengths.

- EpiPen and EpiPen Jr. are contained in an auto-injector, about the size of a marker. The appropriate size should be ordered by the health care provider, and available at all times in the school.
- Emergency epinephrine is designed to be administered into the thigh muscle. (through clothing if necessary)

- 1. Pull off gray cap**
- 2. Place black tip against upper outer thigh**
- 3. Press hard into outer thigh, until pen clicks**
- 4. Hold in place 10 seconds, then remove.**
- 5. Discard EpiPen in impermeable can or sharps container, and dispose of per school policy, or give to emergency care provider.**

- EMS (911) should still be called, since a return of symptoms is possible.
- The student should never be left alone, until further medical attention is available.

In some cases, a child's health care provider may feel that an oral medication (antihistamine) can be used to treat minor symptoms. Usually liquid form of these medications is best because there is quicker action. Commonly used antihistamines are:

- Diphenhydramine, brand name Benadryl
- Hydroxyzine, brand name Atarax.
- Chlorpheniramine, trade name Chlor-Trimeton

These are prescribed based on the child's weight.

EMERGENCY HEALTH CARE PLAN

ALLERGY TO: _____

Student's Name: _____ D.O.B. _____

Teacher: _____ Classroom: _____

Is child asthmatic? Yes _____ No _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

MOUTH: itching and swelling of the lips, tongue, or mouth

THROAT: itching and/or a sense of tightness in the throat, hoarseness and hacking cough

SKIN: hives, itchy rash, and/or swelling about the face or extremities

GI TRACT: (uncommonly) nausea, abdominal cramps, vomiting and/or diarrhea

LUNGS: shortness of breath, repetitive coughing, and/or wheezing

HEART: weak and "thready" pulse, "passing out"

The severity of symptoms can change quickly. All of the above symptoms can potentially progress to a life-threatening situation.

ACTION:

1. If ingestion, exposure, or sting is suspected, give _____
(medication, dose, route)
and _____ immediately.

2. Call 911 or local Emergency Medical Services.

3. Call: Mother _____ Father _____
Or emergency contacts _____

4. Call Dr. _____ at _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMS EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED.

Parent/Guardian Signature **Date**

Health Care Provider's Signature **Date**

Emergency Contacts (name and phone)	Trained Staff Members (name and room)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

SPECIAL CONSIDERATIONS FOR FIELD DAY

Field days may pose the need for some special considerations by clinic personnel. In some schools, taking first aid equipment to the field area may be in order. It may also be helpful to try to recruit volunteer parents to help on those days. If there are volunteers, it may be smart to leave the most experienced first aid provider in the clinic, perhaps with a walkie-talkie or cell phone for better communication.

- Since field days are usually held in a high spirit of competition and near the end of school, heat may be a factor.
- Prepare yourself by checking the predicted temperature and humidity for the day. If the heat index is too high, activities may need to be held early in the day, or in a covered play area. Discuss this with the principal, if it seems likely to be a problem. A Heat Index chart is included on the next page. This can be used as a guideline for discussion.
- Remind teachers ahead of time, and again that day, to make provision for availability of drinking water on the field. It may help to make a flyer of signs of heat-related illnesses available to teachers as well.
- Students should be reminded that drinking water frequently is the best prevention for heat-related illness.
- Review the Heat Illness section of the first aid chart in this manual.
- Have water, ice and sports drinks available to replace fluids if a child has problems. Have a fan and towels available, to assist with cooling.

Make sure you have ice packs, splinting and dressing materials and plenty of soap and water available also.

Field day should be fun for all involved, and a great way to end the school year. Being prepared for any occurrence will help you to be able to relax and be a part of the fun.

