

# Emergency First Aid Guidelines for California Schools



EMSA #196

# EMERGENCY FIRST AID GUIDELINES FOR CALIFORNIA SCHOOLS

Prepared by:

The California Emergency Medical Services Authority

Maureen McNeil  
Chief, EMS Division  
California EMS Authority

Bonnie Sinz, RN  
EMS Systems Manager  
California EMS Authority

Carol Biancalana  
EMSC Coordinator  
California EMS Authority

Sandy Salaber  
EMS Systems Analyst  
California EMS Authority



Richard E. Watson  
Interim Director  
California EMS Authority

Kim Belshé  
Secretary  
California Health and Human Services Agency

Arnold Schwarzenegger  
Governor

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## **Emergency First Aid Guidelines for Schools - Pilot Project Staff**

Les Gardina, M.S.N., R.N., EMSC Coordinator, County of San Diego EMS  
Cynthia Frankel, R.N., EMSC Coordinator, Alameda County EMS  
Kris Helander-Daughtery, RN, BSN, Prehospital Care Coordinator, Alameda County EMS

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County of San Diego School Nurse Resource Group  
California EMSC Technical Advisory Committee  
California EMSC Coordinators Group  
San Diego Unified School District  
Jim Harley, M.D., San Diego Chapter of American Academy of Pediatrics, COPEM  
Chris Riccitelli, R.N., School Nurse Program Specialist, San Diego Office of Education  
Barbara Muller, Coordinator for Bay Region IV, Alameda County Office of Education  
Terri Christofk, Shannon Brandt, Jan Bagdasar, Meg Pesavento, San Marcos Unified  
Frank De Luca, Chula Vista Elementary School  
Anita Gillchrist, R.N., School Nurse, San Ysidro Elementary  
Stacy Hanover, RN, ED Supervisor, Children's Hospital, Oakland, CA  
Ruth Hawkins, R.N., School Nurse, Encinitas Union Elementary  
Patricia Murrin, RN, MPH, EMS Coordinator, County of San Diego EMS  
Dale Parent, Chula Vista Elementary School  
James E. Pointer, MD, Medical Director, Alameda County EMS  
Mary Rutherford, MD, Director ED, Children's Hospital, Oakland, CA  
Augusta Saulys, MD, Emergency Department, Children's Hospital, Oakland, CA  
Pat Stalcup, R.N., School Nurse, Ramona Unified  
Gary Vilke, MD, Medical Director, County of San Diego EMS

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## Acknowledgements

### EMSC Technical Advisory Committee

Judith Brill, MD	Director, Pediatric Intensive Care Unit Department of Pediatrics Division of Critical Care UCLA Medical Center
Patrice Christensen, RN	Trauma and EMSC Coordinator San Mateo County EMS Agency
Megan Corry, EMT-P	Commissioner Commission EMS Liaison City College of San Francisco John Adams Campus
Ron Dieckmann, MD	Director of Pediatric Emergency Medicine San Francisco General Hospital
Robert Dimand, MD	Associate Director, Pediatric Trauma Children's Hospital - Central Valley UCSF-Fresno
Erin Dorsey, RN	EMSC Coordinator Los Angeles County EMS Agency
Jan Fredrickson, RN, MN, CPNP	Pediatric Liaison Nurse Northridge Hospital Medical Center
Jim Harley, MD	Committee on Pediatric Emergency Medicine Department of Emergency Medicine Children Specialists of San Diego
Debbie Smades Henes	Parent Advocate Representative
Deborah Henderson, PhD, RN	Assistant Professor of Pediatrics UCLA School of Medicine Harbor-UCLA Medical Center
Marianne Gausche-Hill, MD, FACEP, FAAP	Professor of Medicine David Geffen School of Medicine at UCLA Director of EMS Harbor-UCLA Medical Center
Ramon Johnson, MD	Associate Director, Emergency Department Mission Hospital and Regional Medical Center Director, Pediatric Emergency Medicine
Frank Kelley, EMT-P	American Medical Response

## EMSC Technical Advisory Committee, continued

Allen J. Morini, MD

Deputy Medical Director  
Coastal Valleys EMS-Napa County

Barbara Pletz, RN

EMS Administrator  
San Mateo County EMS Agency

Nicholas C. Saenz, MD

Pediatric Surgeon  
Childrens Hospital San Diego

**Alternates:**

Nancy McGrath, MN, RN, CPNP

Lecturer, UCLA School of Nursing  
Harbor UCLA Medical Center

Michael Osur, MBA, EMT-P

Assistant Public Health Administrator  
EMS Director  
Riverside County EMS Agency



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# INTRODUCTION

The Emergency First Aid Guidelines for Schools document was developed by San Diego and Alameda Counties and funded in part by a grant from the California Emergency Medical Services (EMS) Authority. The Guidelines are based on the second edition of the Ohio Emergency Guidelines for Schools, 2000. The purpose of the Emergency First Aid Guidelines for Schools reference manual is to assist school staff (health aides, secretaries, and teachers, etc.) to respond to medical emergencies until emergency medical professionals arrive on scene. Due to declining school districts' budgets, school nurses are not always present on school grounds when medical emergencies occur. It is not uncommon to have a school nurse for only two hours a week per campus. Currently, only fifty percent (50%) of school districts in California have a school nurse on staff. Therefore, the Guidelines were enthusiastically received in the pilot areas by school nurses and educators as a layperson's emergency medical reference tool. The Emergency First Aid Guidelines for Schools reference manual was developed over a period of two years and piloted in thirteen schools in San Diego County and three schools in Alameda County.

Once the pilot projects were completed, the draft Guidelines were reviewed and revised by the local Emergency Medical Services for Children (EMSC) Coordinators Group and the EMSC Technical Advisory Committee (TAC). Extensive comments and revisions were made by these committees. The EMSC Coordinators Group is composed of local EMSC program managers and the TAC membership includes emergency physicians, nurses, and prehospital and administrative experts in EMSC. The EMSC TAC approved the draft Emergency First Aid Guidelines for Schools during its January 29, 2004 meeting and forwarded the Guidelines to the EMS Authority for review and approval.

During review of the Guidelines document, the EMS Authority collaborated with the California Department of Education and the California School Nurses Association. The revised Emergency First Aid Guidelines for Schools document was sent out for a 30-day public comment period from April 16, 2004 to May 17, 2004. Comments and suggested revisions received have been incorporated into the Guidelines and/or responded to as appropriate. The Emergency First Aid Guidelines for School document was approved on June 23, 2004 by the Commission on EMS. One hard copy and a CD of the Emergency First Aid Guidelines for Schools were distributed to approximately 10,000 California schools.



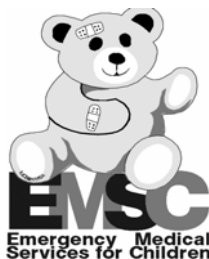
# Emergency First Aid Guidelines for California Schools



## Guidelines for helping an ill or injured person

- When to Call 9-1-1
- Emergency Plans & Procedures
- Infection Control
- Special Needs
- First Aid Supplies
- Phone Numbers

- Allergic Reaction
- Asthma & Difficulty Breathing
- Behavioral Emergencies
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- CPR/AED
- Chest Pain
- Child Abuse
- Choking
- Communicable Disease
- Cuts/Scraps
- Diabetes
- Diarrhea
- Drowning
- Ear Problems
- Electric Shock
- Eye Problems
- Fainting
- Fever/Not Feeling Well
- Finger/Toenail Injury
- Fractures & Sprains
- Frostbite
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- Heat Emergencies
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Pain
- Nose Problems
- Poisoning/Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Seriously Sick/Shock
- Smog Alert
- Snake Bite
- Splinters
- Stabs/Gunshots
- Stings
- Stomach Pain
- Teeth & Gums
- Tetanus Immunization
- Ticks
- Unconsciousness
- Vomiting



# ABOUT THE GUIDELINES

The emergency guidelines in this document were produced by the California Emergency Medical Services Authority's (EMSA) Emergency Medical Services for Children (EMSC) program to provide an emergency medical reference for helping an ill or injured person. These guidelines are based on the second edition of the *Ohio Emergency Guidelines for Schools, 2000*.

The guidelines have been created as a **recommended** procedure for when advanced medically trained personnel are not available on the school site. 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 California.

It is strongly recommended that staff who are in a position to provide first aid to students complete an approved first-aid and cardiopulmonary resuscitation (CPR) course. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines. In a true emergency situation, use your best judgment. **These guidelines are not intended to delay calling 9-1-1 in the event of an emergency.**

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section on page 10 prior to an emergency situation.

Periodically, the EMS Authority will send out updates on procedures dealing with the medical emergencies that are in the guidelines. Please remove the old information and replace with the updated information.

# HOW TO USE THE EMERGENCY GUIDELINES

The last page of the binder provides space for important emergency phone numbers in your area. It is important to complete this information as soon as you receive the binder 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 symptoms and management steps from beginning to ending. See the **Key to Shapes and Colors** (page 11).

Take some time to familiarize yourself with the **Emergency Procedures for an Injury or Illness** section (page 12). These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

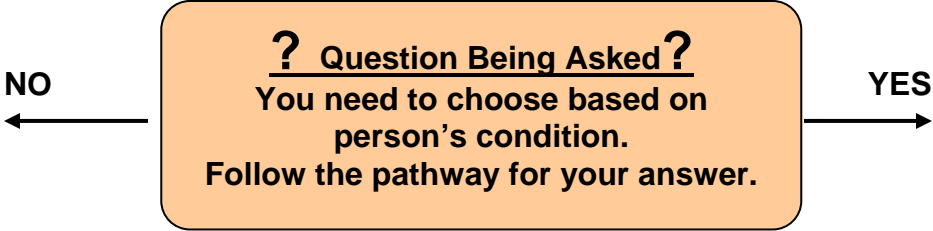
In addition, information has been provided for when to call EMS (page 14); developing a school wide emergency plan (page 15), infection control procedures (page 16), and planning for persons with special healthcare needs (page 17).

Have someone contact the 9-1-1 system as soon as possible after it is known that assistance is needed. **Delay in accessing the Emergency Medical (9-1-1) System can result in worsening of a person's condition and may lead to additional injury.**

# KEY TO SHAPES & COLORS

**START HERE**

This note provides background information.  
This type of box should be read before emergencies occur.



**Provides First-Aid Instructions**

**STOP HERE.**  
This is the final instruction.

**Additional 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, chemical exposure, building damage, unstable structures, 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. ***Under life and death circumstances, 9-1-1 should be called without delay regardless if the designated emergency person is present or not. If there has been a crime, attempt to minimize disturbance of the scene to preserve evidence.***
3. Notify the responsible school nurse or administrator designated to handle emergencies. This person will take charge of the emergency.
4. Do **NOT** give medications unless there has been prior written approval by the person's parent or legal guardian and doctor. Administer medications according to local school board policy and state or federal laws and regulations.
5. Do **NOT** move a severely injured or ill person 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 9-1-1), if appropriate, or arrange for transportation of the ill or injured person, if necessary. Provide EMS personnel with copies of physician/parents' signed record of medical instructions for emergencies (i.e., pupil emergency card).
7. The responsible school nurse, administrator, 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 or ill person.
9. Each person should have an emergency information record (i.e., pupil emergency card) on file that provides essential contact information, medical conditions, medications and an emergency care plan if appropriate.
10. Fill out a report for all injuries and illnesses requiring above procedures if indicated by school policy.

## CALL 9-1-1 FOR

- ❖ **Difficulty Breathing**
  - Absent or labored breathing
  - Choking
  - Wheezing due to allergic reaction
  - Near drowning
  - After bee sting
- ❖ **Unconsciousness**
  - After any injury
  - With history of diabetes
  - Unexplained reason
  - After seizure
- ❖ **Uncontrolled Bleeding**
- ❖ **Head Injury**
- ❖ **Possible Poisoning**

**IF STILL IN DOUBT - CALL 911**

## 9-1-1 Guidelines For Schools

### Call 911 Immediately

- ❖ **Answer Questions**
- ❖ **Follow Instructions**
- ❖ **Do not hang up**

- ❖ **Stay Calm**
- ❖ **Provide First Aid until ambulance arrives**

These guidelines are not intended to limit good judgment in emergency situations! 9-1-1 brings medical professionals to the scene of the emergency. Delays in accessing the 9-1-1 system can cause harm to the injured. Consult your local policies on the management of health emergencies.

# WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS 9-1-1)

## Call EMS if:

- The person is not breathing.
- The person is having difficulty breathing, shortness of breath or is choking.
- The person has no pulse.
- The person is unconscious, semi-conscious or unusually confused.
- The person has bleeding that won't stop.
- The person is coughing up or vomiting blood.
- The person has chest pain or pressure persisting more than 3-5 minutes, or has chest pain that goes away and comes back.
- The person has been poisoned or taken an overdose.
- The person has a seizure for the first time, a seizure that lasts more than **5** minutes, multiple seizures, or has a seizure and is pregnant or diabetic.
- The person has injuries to the head, neck or back.
- The person has sudden, severe pain anywhere in the body.
- The person has an open wound over a suspected fracture or where bone or muscle is exposed.
- The person's condition is limb-threatening [for example: lack of pulse, feeling, or normal color on injured limb (arm or leg); amputation; severe eye injury; or other injuries that may leave the person permanently disabled unless he/she receives immediate care].
- Moving the person could cause further injury.
- The person needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the person to the hospital.

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

*Sources: American Red Cross & American College of Emergency Physicians*

# 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 reviewed and updated annually, and should consider the following:

- Staff roles are clearly defined in writing. For example, staff responsibility for rendering care, accessing EMS, notifying responsible school administrator and parents, and supervising uninjured children are outlined and practiced. A responsible administrator for emergency situations has been designated within each school. In-service 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 school. Teachers and employees working in high-risk areas or activities (e.g., labs, gyms, shops, P.E., 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 person and are kept in a central location. The files should contain current emergency contact and authorization information, immunization and medical records, phone number of person's doctor, medication administration forms and emergency care plans for persons 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, persons with special needs and other important information about the school.
- A written policy exists which describes procedures for accessing EMS without delay at all times and from all locations (e.g., playgrounds, athletic fields, fieldtrips, extracurricular activities, etc.).
- Instructions for transportation of an injured or ill person are clearly stated in written policy.
- Instructions for addressing persons with special needs are included (See *"Planning for Persons with Special Needs"*).
- A doctor or school nurse, and a dentist are designated to act as consultants to the school for health & safety related questions. (Education Code 44871-44878)

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.



# INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow Universal Precautions. Universal precautions are a set of guidelines that assume that all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to *any* person, whether or not the person 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 (be sure to scrub between fingers, under fingernails, and around the tops and palms of hands):
  1. Before and after physical contact with any person (*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
- 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 plastic bags, 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, feces or vomit) home with the person in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes, while giving any first aid.

## Guidelines:

- Remind people to wash hands thoroughly after coming in contact with any blood or body fluids.
- Remind people to avoid contact with another person's blood or body fluid.

# PLANNING FOR PERSONS WITH SPECIAL NEEDS

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

## **Medical Conditions:**

Some persons may have special or chronic conditions that put them at risk for life-threatening emergencies. For example, persons 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 duly qualified supervisor of health, along with the person's parent or legal guardian and personal physician, should develop individual emergency care plans for these persons 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 person's emergency care plan. The American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP) 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 persons in your school may have special emergency needs due to physical disabilities. For example, persons who are:

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

These persons will need special arrangements in the event of a school-wide emergency (e.g., fire, tornado, earthquake, building collapse, evacuation, etc.).

**A plan should be developed and a responsible person should be designated to assist these persons and staff to safety. All appropriate staff should be aware of this plan.**

# ALLERGIC REACTION

**Persons with a history of life-threatening allergies should be known to appropriate school staff. An emergency care plan is needed upon enrollment. Staff in a position to administer approved medications should receive instruction. Check for a medical bracelet or medallion.**

A person may experience a delayed allergic reaction up to **2 hours** following food or medication ingestion, bites, bee sting or exposure to chemicals, plants, etc.

- Ask person if they have a history of allergic reaction
- Ask if person is having difficulty breathing or swallowing

- Does the person have symptoms of a severe allergic reaction? OR
- Known severe allergic reaction to exposure?

- NO**
- Brush off dry substances (wear gloves)
  - Flush contact area or substance from skin & eye with water
  - Notify adults supervising person of exposure and possibility of delayed allergic reaction
  - Observe mild reactions
  - Review person's emergency plan

- YES**
- ## CALL EMS 9-1-1

  - Refer to Emergency Care Plan
  - Administer doctor and parent/guardian-approved medication as prescribed
  - Administer EpiPen as per school protocol

Is person so uncomfortable that he is unable to participate in school activities?

- Keep quiet & in position of comfort
- Be prepared to use "CPR"

**NO**

Return to class

Contact responsible school nurse or administrator & parent or legal guardian

**Symptoms Of A Severe Allergic Reaction After Exposure**

• Difficulty breathing, wheezing	• Pale, gray, blue or flushed skin/lips
• Difficulty swallowing, drooling	• Poor circulation (See "Shock")
• Continuous coughing or sneezing	• Nausea and/or vomiting
• Tightening of throat or chest	• Weakness, dizziness
• Swelling of face, neck or tongue	• Seizures
• Confusion or loss of consciousness	• Suddenly appears seriously sick

**Symptoms Of A Mild Allergic Reaction**

• Rapid pulse	• Pale skin
• Red, watery eyes	• Itchy, sneezing, runny nose
• Rash or hives in local area	• Localized swelling, redness

# ASTHMA/WHEEZING/DIFFICULTY BREATHING

Asthma/wheezing attacks may be triggered by many substances/activities. Hypersensitive airways may become smaller, causing wheeze, cough, and difficulty breathing. Attacks may be mild, moderate or severe. Refer to emergency care plan.

Persons with a history of breathing difficulties, including asthma or wheezing, should be known to appropriate school staff. Develop a school asthma action plan during enrollment. Keep asthma inhaler and spacer available. Staff authorized to administer medications should receive instruction.

- Sit person upright in position of comfort
- STAY CALM. Be reassuring
- Ask if person has allergies or medication

- Did breathing difficulty develop rapidly?
- Are lips, tongue or nail beds turning blue?
- Change in level of consciousness-confusion?

YES



**CALL EMS 9-1-1**

NO

- If available, check school asthma action plan
- If person has doctor and parent/guardian approved medication, administer medication as directed
- Observe for 4-5 min and repeat as directed if not improved
- Encourage person to sit quietly, breathe slowly and deeply in through the nose and out through the mouth

NO

- Are symptoms not improving or getting worse?
- Having difficulty speaking in full sentences?
- Loud wheeze, or persistent cough?
- Decreased level of consciousness?

YES

- May give water to drink (not cold or hot)
- Person may return to class when recovered

Contact Responsible school nurse or administrator and parent or legal guardian



**CALL EMS 9-1-1**

## Signs of Breathing Difficulty

Rapid/Shallow breathing  
Not speaking in full sentences  
Wheezing (high pitched sound)

Tightness in chest  
Widening of nostrils  
Increased use of stomach and chest muscles

Excessive coughing  
Very sleepy / fatigued

# BEHAVIORAL EMERGENCIES

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.  
Call for assistance**

Persons 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.

Are there visible injuries?

YES

See appropriate guideline to provide first aid, if any injury requires immediate care



**CALL EMS 9-1-1**

NO

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

YES

**CALL POLICE 9-1-1**  
Ask for a police response

NO

Communications should be non-threatening. Acknowledge that the person is upset, offer to help, face at eyeball level, and avoid physical contact. **DO NOT** challenge or argue. Attempt to involve people who the person trusts, and talk about what is wrong. Check Emergency Care Plan for more Information.

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 person should be seen by a health care provider to determine the cause.

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

Contact Responsible school nurse or administrator and parent or legal guardian

# BITES (Human & Animal)

Wear disposable gloves when exposed to blood or other body fluids

Is the person bleeding?

YES

- Press firmly with a clean dressing/cloth on bleeding site
- See "Bleeding"

NO

- Hold bite area under running water for 2-3 minutes
- Wash with soap and water
- If wound bled, apply clean bandage

NO

Is bite large or gaping?  
Is blood spurting?

YES



**CALL 9-1-1**  
See "Bleeding"

Is bleeding uncontrolled?

YES

NO

Is bite from a human?

YES

NO

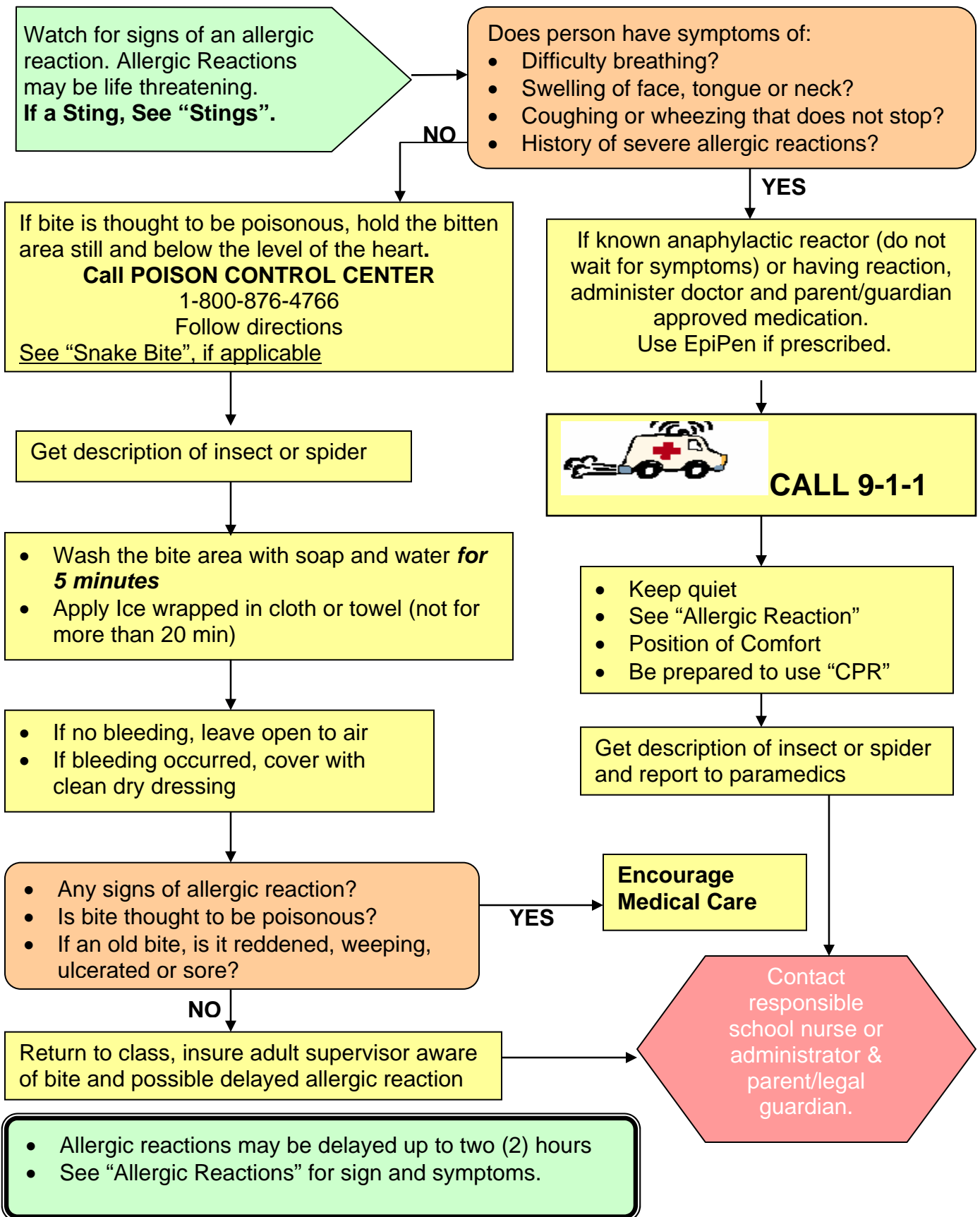
If bite is from a snake, scorpion or other reptile, hold the bitten area still and below the level of the heart.  
**Call POISON CONTROL CENTER**  
1-800-876-4766  
See "Snake Bite", if appropriate

Check immunization record for DT, DPT (tetanus). See "Tetanus" for more information.

- Don't try to catch or touch the animal
- Get description and location of animal
- Report to Animal Control or proper authority, usually the local Health Department, so that animal can be caught & watched for rabies

Contact responsible school nurse or administrator and parents/legal guardians. Inform if a human bite that both the person bitten and the person biting may have been exposed to blood from other person.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**  
**File Incident Report**

# BITES (Insect & Spider)



# BLEEDING

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

Wear disposable gloves when exposed to blood or other body fluids. **Do not remove impaled object.**

NO

- Is injured part amputated (severed)?
- Is blood bright red or spurting?
- Is muscle, fat or bone showing?

YES



**CALL EMS 9-1-1**

- Press firmly with a clean hand, cloth or dressing to stop bleeding
- Object in wound, see "Puncture Wound"
- Elevate bleeding extremity. If fracture is suspected, see "Fractures..."

- If amputated, place part in sealed plastic bag and place bag in ice water
- **DO NOT PUT AMPUTATED PART DIRECTLY ON ICE**
- Send part in bag to the hospital with person

- Bandage wound firmly, but not tight enough to compromise circulation
- Check skin circulation frequently by checking for warmth, pinkness, and good sensation
- **DO NOT USE A TOURNIQUET**
- If bandage is saturated with blood, **Do Not** remove it. Reinforce with another dressing over existing dressing/bandage

Is there continued uncontrollable bleeding?

YES



**CALL EMS 9-1-1**

*Maintain Direct Pressure on wound.*

NO

- If bleeding is minor, wash area with soap and water
- Rinse, pat dry, and apply bandage
- If deep or gaping, wounds may need stitches - **ENCOURAGE MEDICAL CARE**

- Have person lie down
- Elevate feet 8-10 inches, unless this causes pain/discomfort, **OR** a neck/back/hip injury is suspected
- Keep person warm but not hot
- Reinforce existing dressing as needed.

Contact responsible school nurse or administrator & parent or legal guardian.



# BLISTERS (FROM FRICTION)

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

- Wash area with soap and water
- **DO NOT BREAK BLISTER**
- Apply band-aid or dressing to prevent further rubbing

If infection is suspected, contact responsible school nurse or administrator & parent or legal guardian.

Blisters heal best when kept clean and dry.


# BRUISES

A bruise is bleeding under the skin. Bleeding is usually self-limited by pressure of surrounding tissues. Initially red, later turning dark colors like purple. An old bruise later may turn yellow. Painful, large or swelling areas may indicate more severe damage of muscle, bone, or internal tissues that may need medical care.

If a child comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "CHILD ABUSE"

Is there rapid swelling?  
Is person in great pain?

YES

Consider other potential injuries and see appropriate guide. Contact responsible school authority & parent or legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**  
OR  
  
**CALL EMS 9-1-1**

NO

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

- **Rest injured part**
- Apply cold compress or ice bag covered with a cloth or towel, to injured part (not more than 20 min)

If too uncomfortable to return to normal activities, contact responsible school nurse or administrator & parent or legal guardian.

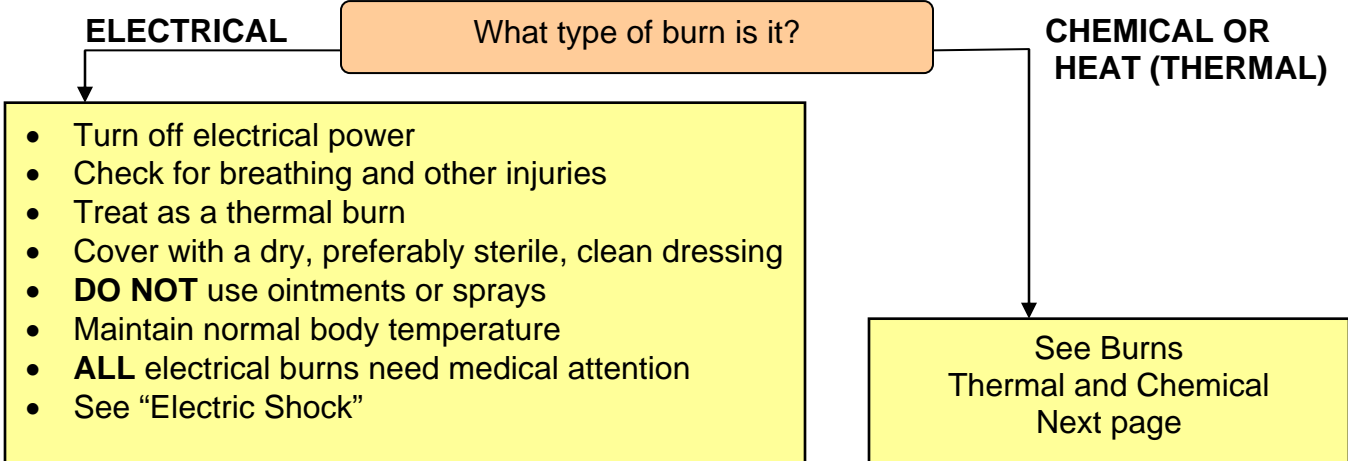
# BURNS

Always make sure that the situation is safe for you before helping the person.  
***If an electrical burn is suspected, turn off electricity before touching person.***  
Burns may be associated with other injuries, see appropriate topic.

- Remove the source of burning
- Maintain Airway & Breathing (see CPR if needed)

Are any of these true for the person:

- Confused or unconsciousness?
- Is having difficulty breathing?
- Has soot around mouth or nose?
- Have a burn of face or eye?
- Burn is deep or includes a large area?
- Burned skin is white, brown, black or charred?
- Burn is from an explosion?
- Are there other injuries?



# BURNS (Continued)

Burns Continued

What type of burn is it?

Heat (Thermal)

Chemical

Flush the burn with large amounts of cool running water, or cover loosely with a clean, cool, damp cloth to cool the burn & relieve pain. Avoid chilling. Keep warm.  
**DO NOT USE ICE**  
**DO NOT BREAK BLISTERS**

- If chilling, cover with dry loose dressing
- For burns of multiple parts of body cover with dry clean sheet. Keep air off burn
- **DO NOT USE ointment**
- Avoid chilling or overheating

- Keep wound/burn clean
- Treat other injuries
- Persons with superficial burns (i.e., sunburn without blisters) may return to class unless so uncomfortable they are unable to participate

- Wear gloves and, if possible, goggles
- Avoid chemical contact
- Brush off dry chemicals from skin
- Remove all clothing & jewelry possibly exposed to chemical
- Rinse chemicals off skin, eyes and away from body **IMMEDIATELY** with large amounts of water. Rinse for 20-30 minutes.
- See "Eyes" if necessary
- Try to identify substance

**CALL POISON CONTROL CENTER**  
while flushing burn & ask for instructions. Phone #  
1-800-876-4766  
Follow directions received.

Check person's immunization record for DT, DPT (tetanus). See "Tetanus" for more information.

Contact responsible school nurse or administrator & parent or legal guardian.  
If more than a superficial burn,  
**ENCOURAGE URGENT MEDICAL CARE**

If person comes to school with patterned burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of abuse. See "CHILD ABUSE"

# NOTES ON PERFORMING CPR

The American Red Cross (ARC) guidelines follow the American Heart Association's (AHA) new CPR guidelines for laypersons, "Guidelines 2000 for Emergency Cardiopulmonary Resuscitation and Emergency Cardiovascular Care."

## 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 exist (e.g., face shields, pocket masks). 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.

## AUTOMATED EXTERNAL 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. A physician's prescription is required to purchase an AED. A physician is also required to provide medical direction to the school or school district that acquires an AED. If your school has an AED, obtain training in its use, and training in CPR, before an emergency occurs. The majority of AED use in the schools will be on adults at the facility, since the medical conditions likely to require use of an AED on a child are extremely rare.

AED training is offered through the American Heart Association, the American Red Cross, the American Health and Safety Institute, the National Safety Council and other CPR and AED training programs. AED manufacturers are also offering training. The AED regulations are available at the EMS Authority's website [www.emsa.ca.gov](http://www.emsa.ca.gov). See CA Code of Regulations, Title 22, Division 9, Chapter 1.8, Training Standards and Utilization for Use of the Automated External Defibrillator by Non-Licensed and Certified Personnel for further information.

# AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

**AED**  
Automated External Defibrillator



## CHECK WHICH APPLIES:

NO AED AVAILABLE AT THIS SCHOOL.

My School's AED is located at: \_\_\_\_\_

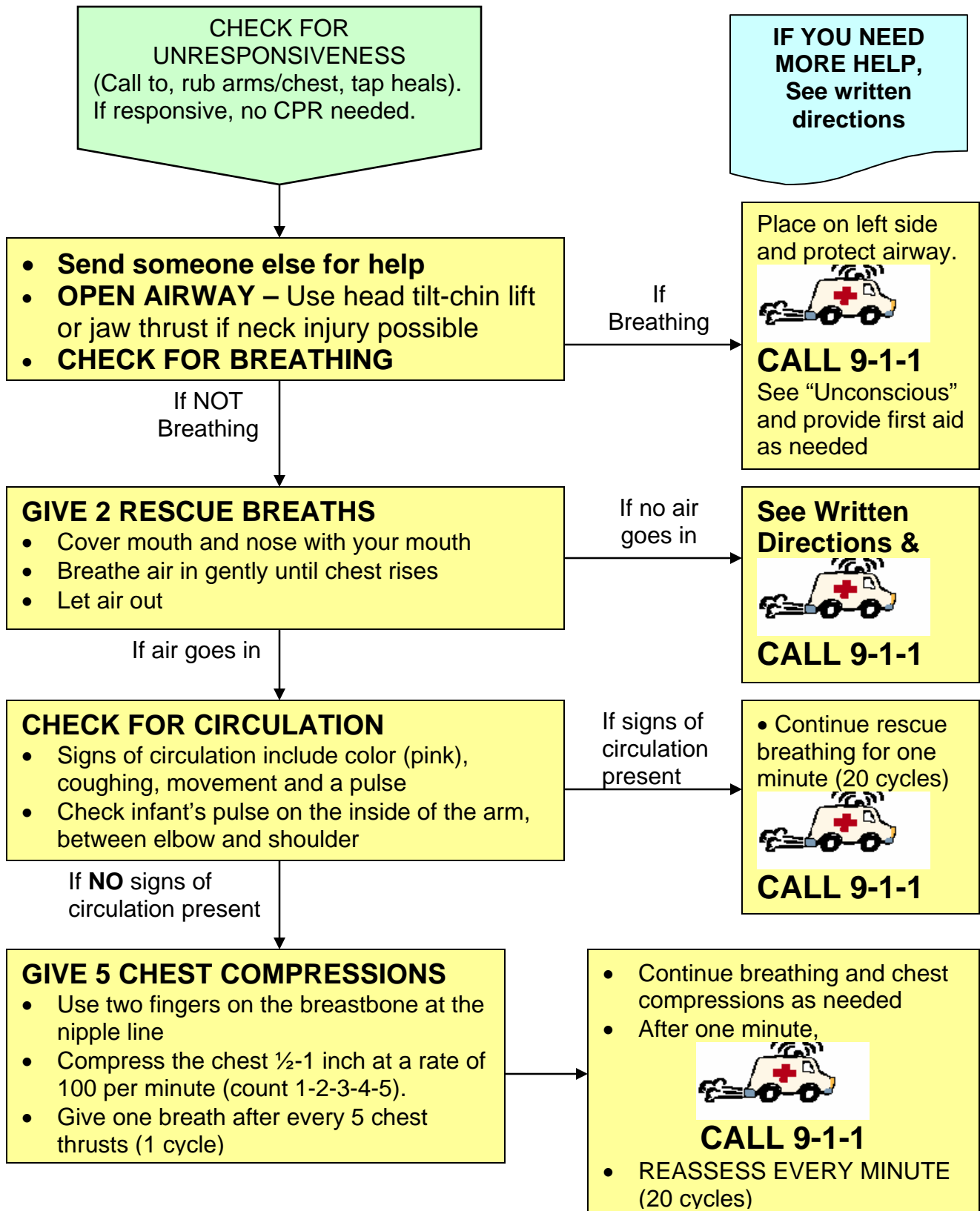
\_\_\_\_\_  
\_\_\_\_\_



Persons must be trained to use an AED. The training usually takes about 4 hours and is relatively easy. After receiving training on how to use the AED, remember to:

- Check for unresponsiveness
- Call 9-1-1 and retrieve the AED
- Check for breathing. If none, give two breaths
- Check for signs of circulation, if none initiate CPR
- If no pulse, turn on AED and follow directions
- Attached AED electrode pads, analyze rhythm, and ensure no one is touching the person
- When the AED recommends the patient needs to be shocked, make sure no one is touching the person and press the "Shock" button
- Follow instructions from AED unit
- If instructed to do so by AED, resume CPR for one (1) minute and follow instructions from AED device
- If no signs of circulation, resume CPR

# LAYPERSON CPR (Abbreviated) FOR INFANTS UNDER ONE YEAR



# LAYERPERSON 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 9-1-1**.
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 and nose, **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, coughing, or pulse. 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.



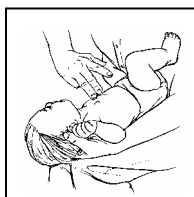
8. **Call EMS 9-1-1**, if not already called.

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 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 AT LEAST 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)**

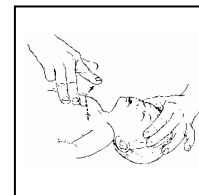
6. Re-tilt head back. Try to give 2 breaths again.

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

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

7. Have someone call 9-1-1.

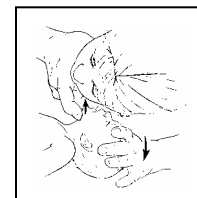
8. Find finger position near center of breastbone about one finger width below the nipple line. (Make sure fingers are not over the very bottom of the breastbone.)



9. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone.

10. Lift jaw and tongue and look in mouth. If foreign object is seen, sweep it out with finger. If object is not seen, **DO NOT SWEEP WITH FINGER BLINDLY**,

11. **REPEAT STEPS 6-10 UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.**



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# LAYPERSON CPR (Abbreviated) FOR CHILDREN 1 TO 8 YEARS OF AGE

**CHECK FOR UNRESPONSIVENESS**  
If responsive, no CPR needed.

**IF YOU NEED  
MORE HELP,  
See written  
directions**



- **Send someone else for help**
- **OPEN AIRWAY** – Use head tilt-chin lift or jaw thrust if neck injury possible
- **CHECK FOR BREATHING**

If breathing

Place on left side and protect airway.

See “Unconscious” and provide first aid as needed

If NOT Breathing

## GIVE 2 RESCUE BREATHS

- Cover mouth with your mouth
- Give breaths until chest rises
- Let air out

If no air goes in

**See Written Directions**

If air goes in

## CHECK FOR CIRCULATION

- Signs of circulation include color (pink), coughing, movement and a pulse
- Check person’s pulse

If signs of circulation present

- Continue rescue breathing for one minute (20 cycles)

If **NO** signs of circulation present

## GIVE 5 CHEST COMPRESSIONS

- Remember, on children under 8 yrs use only one hand
- Compress the chest 1-2 inches at a rate of 100 per minute (count “1 and 2 and”).
- Give one breath after every 5 chest compressions (1 cycle)

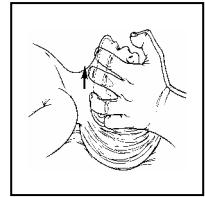
- Continue breathing and chest compressions as needed
- **REASSESS EVERY MINUTE (20 cycles)**
- If patient starts breathing, place on left side and protect airway

# LAYERPERSON 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 9-1-1**.
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**. If Head or neck injury suspected, hold head still and move jaw forward to open airway.
4. Check for **BREATHING**. With your ear close to child's mouth and nose, **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.



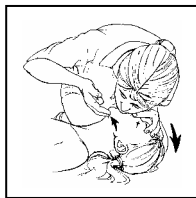
### **IF AIR GOES IN:**

**(Chest rises with rescue breath)**

6. Briefly check for **SIGNS OF CIRCULATION**: look, listen and feel for normal breathing or coughing, or pulse. 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 9-1-1** 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 the lower half of breastbone. Do **NOT** place your hand over the very bottom of the breastbone.
11. Compress chest 5 times with heel of one 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 PERSON SHOWS SIGNS OF BREATHING EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION, OR HELP ARRIVES.**



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

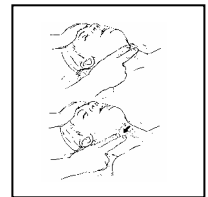
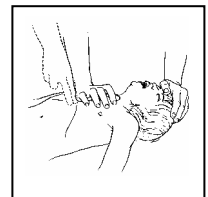
**(Chest does NOT rise with rescue breath)**

6. Re-tilt head back (Steps 3-5). 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 1-1½ 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. If object is not seen, **DO NOT SWEEP WITH FINGER BLINDLY**.
10. **REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATHE EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION OR HELP ARRIVES.**



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# LAYPERSON CPR (Abbreviated) FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

**CHECK FOR UNRESPONSIVENESS**  
If responsive, no CPR needed.

**IF YOU NEED  
MORE HELP,  
See written  
directions**



**CALL 9-1-1**

- **Send someone else for help**
- **OPEN AIRWAY** – Use Head tilt-chin lift or jaw thrust if neck injury possible
- **CHECK FOR BREATHING**

If breathing

Place on left side and protect airway.

See “Unconscious” and provide first aid as needed

If NOT breathing

## GIVE 2 RESCUE BREATHS

- Cover mouth with your mouth
- Give breaths until chest rises
- Let air out

If no air goes in

**See Written Directions**

If air goes in

## CHECK FOR CIRCULATION

- Signs of circulation include color (pink), coughing, movement and a pulse
- Check person’s pulse

If signs of circulation present

Continue rescue breathing for one minute (20 cycles)

If **NO** signs of circulation present

## GIVE 15 CHEST COMPRESSIONS

- Remember, on children over 8 yrs use both hands
- Compress the chest 1 ½ -2 inches at a rate of 100 per minute (count “1 and 2 and”).
- Give two breaths after every 15 chest compressions (1 cycle)

- Continue breathing and chest compressions as needed
- **REASSESS EVERY MINUTE (20 cycles)**
- If patient starts breathing, place on left side and protect airway

# LAYERPERSON CPR

## FOR CHILDREN OVER 8 YEARS OF AGE and 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 9-1-1.
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**. If head or neck injury suspected, hold head still and move jaw forward to open airway.
4. Check for **BREATHING**. With your ear close to person's mouth and nose, **LOOK** at the chest for movement, **LISTEN** for sounds of breathing & **FEEL** for air movement 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 (20 breaths). Keep airway open.

8. **Call EMS 9-1-1** 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 the lower half of breastbone. Place heel of other hand on top of the first and interlock fingers. Do **NOT** place your hand over the very bottom of the breastbone.
11. Position self on knees and vertically above person's chest and with straight arms, compress chest 15 times with heel of both hands (about 1½ to 2 inches) Lift fingers to avoid pressure on ribs during compressions
12. Give 1 slow breath 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 BREATHING, CIRCULATION, OR HELP ARRIVES.

### IF AIR WON'T GO IN:

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

6. Re-tilt head back (Steps 3-5). Try to give 2 breaths again.



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

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

7. Assume airway is obstructed. With person lying in supine position, place heel of one hand top of the center of the 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 on knees 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. If object is not seen, **DO NOT SWEEP WITH FINGER BLINDLY.**
10. REPEAT STEPS 6-10 UNTIL BREATHS GO IN, PERSONS STARTS TO BREATHE EFFECTIVELY ON OWN, OR HELP ARRIVES.

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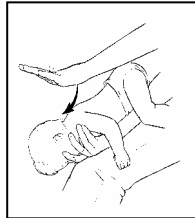
# CHOKING FOR CONSCIOUS VICTIMS

**Call 9-1-1 or activate EMS after starting rescue efforts.**

## INFANTS UNDER ONE YEAR OF AGE

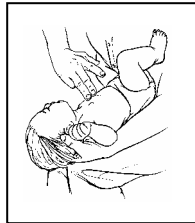
Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, DO NOT do any of the following, but call EMS 9-1-1, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.

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 the 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 (Page 31).**

## CHILDREN OVER ONE YEAR OF AGE & ADULTS

Begin the following if the child/adult is choking and is unable to breathe. However, if the child/adult is coughing or crying, DO NOT do any of the following, but call EMS 9-1-1, try to calm the child/adult and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.



1. Stand or kneel behind person and place your arms under the armpits to encircle the chest.

2. Place thumb side of fist against middle of abdomen just above the navel. DO NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand. Press with quick backward and upward thrusts.

3. Give up to 5 quick inward and upward thrusts.
4. Repeat steps 1-2 until object is coughed up, or person starts to breathe or becomes unconscious.

**IF PERSON BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 6 OF CHILD OR ADULT CPR IN RIGHT COLUMN (Page 35).**

### FOR OBESE OR PREGNANT PERSON

Stand behind person and place your arms under the armpits to encircle the chest. Place thumb side of fist against lower half of breastbone and thrust backwards.

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# CHEST PAIN - (Heart Attack)

Cardiovascular disease and heart attacks are rare among children under 18 years of age. However, some children have a history of heart problems. Check emergency medical information. Adults over 40 are more likely to have a heart attack.

Chest pain can be caused by:

- Injury
- Esophageal spasm
- Lung inflammation
- Pneumonia
- Gastric disturbance
- Anxiety/Stress
- Heart conditions

- Any loss of consciousness or confusion?
- Does person look seriously ill?
- Has heart attack symptom(s)?
- Has significant chest pain stopped and returned?

YES



**CALL EMS 9-1-1**

Even if person objects. Do not transport by private car.

NO

- Ask person if this has occurred before and what made it better?
- Place in position of comfort & keep quiet
- Loosen tight clothing

- If unconscious, See "Unconsciousness"
- If breathing stops; See "CPR"
- Place in position of comfort
- Keep calm, don't panic, reassure person
- **DO NOT GIVE MEDICATIONS UNLESS AUTHORIZED**

- See other possible causes (e.g., stomach, breathing difficulties)
- Check medical history for cause if symptoms occurred before.
- **Encourage medical care** to determine cause.

Contact responsible school nurse or administrator & parent/legal guardian.

## Signs & Symptoms Of A Heart Attack

- Chest pain described as constant heavy pressure, vise like, or pain in the middle or upper chest. The discomfort may travel across the chest to arm, neck or jaw and also include:
  - Left arm/shoulder pain
  - Jaw/neck pain
  - Sudden unexplained weakness or dizziness with or without nausea
  - Sweaty, clammy, pale, ashen or bluish skin
  - Signs of poor circulation
  - Shortness of breath or breathing is abnormal

# CHILD ABUSE & NEGLECT

If child has visible injuries, refer to the appropriate guideline to provide first aid.  
Call EMS 9-1-1 if any injuries require immediate medical

**Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in recognition of child abuse/neglect. Mandated reporters should receive required annual training.**

Teachers and other professional school staff are required to report suspected abuse and neglect to the Child Protective Services agency. Refer to your own school's policy for additional guidance on reporting.  
**Child Protective Services # \_\_\_\_\_**

**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 person seriously
- Tell the person that he/she did the right thing by telling
- Do not make promises that you cannot keep
- Respect the sensitive nature of the person's situation. Remember each case is individual and use your best judgment to act in the best interest of the child
- Follow appropriate reporting procedures
- See Department of Social Services, Publication 132 "The California Child Abuse & Neglect Reporting Law - Issues and Answers for Mandated Reporters", at <http://www.dss.cahwnet.gov/pdf/PUB132.pdf>



# COMMUNICABLE DISEASES

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

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

In general, there will be little that you can do for a person in school who has a communicable disease. The following are some general guidelines for the infected to follow: 1) stay away from others; 2) cover mouth and nose when coughing or sneezing; 3) use a tissue and encourage hand washing or use of alcohol based hand gel. Refer to your school's exclusion policy for illness. **Common diseases include:** Chicken pox, head lice, pink eye, strep throat and influenza (flu).

**Does person have:**

**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, extreme sleepiness, loss of consciousness?

YES



NO

**Does person have:**

**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?

YES

Contact responsible school nurse or administrator and parent or legal guardian.  
**ENCOURAGE MEDICAL CARE**

NO

**OR SIGNS OF POSSIBLE ILLNESS? Like**

Earache	Headache	Itchy scalp
Fussiness	Runny nose	Mild cough

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



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

**Wear disposable gloves when exposed to blood or other body fluids.  
Use direct pressure on the wound to control bleeding.**

A large force to the trunk or abdomen may cause internal injuries. Observe for return to normal.

Is the Wound:

- Large?
- Deep?
- Bleeding freely?

NO

YES

Use wet gauze or towel to wash the wound gently with clean water and soap in order to remove dirt.

See  
"Bleeding"

- Rinse under running water
- Pat dry with clean gauze or paper towel
- Apply clean gauze dressing (non-adhering/non-sticking type) and bandage

Check person's immunization record for DPT/DT  
See "Tetanus" for more information.

## Some Signs of Internal Bleeding

Include persistent abdominal pain, rapid-weak pulse, cool-moist skin, paleness, confusion or fainting, weakness, vomiting or blood in sputum. Internal bleeding needs immediate medical attention.

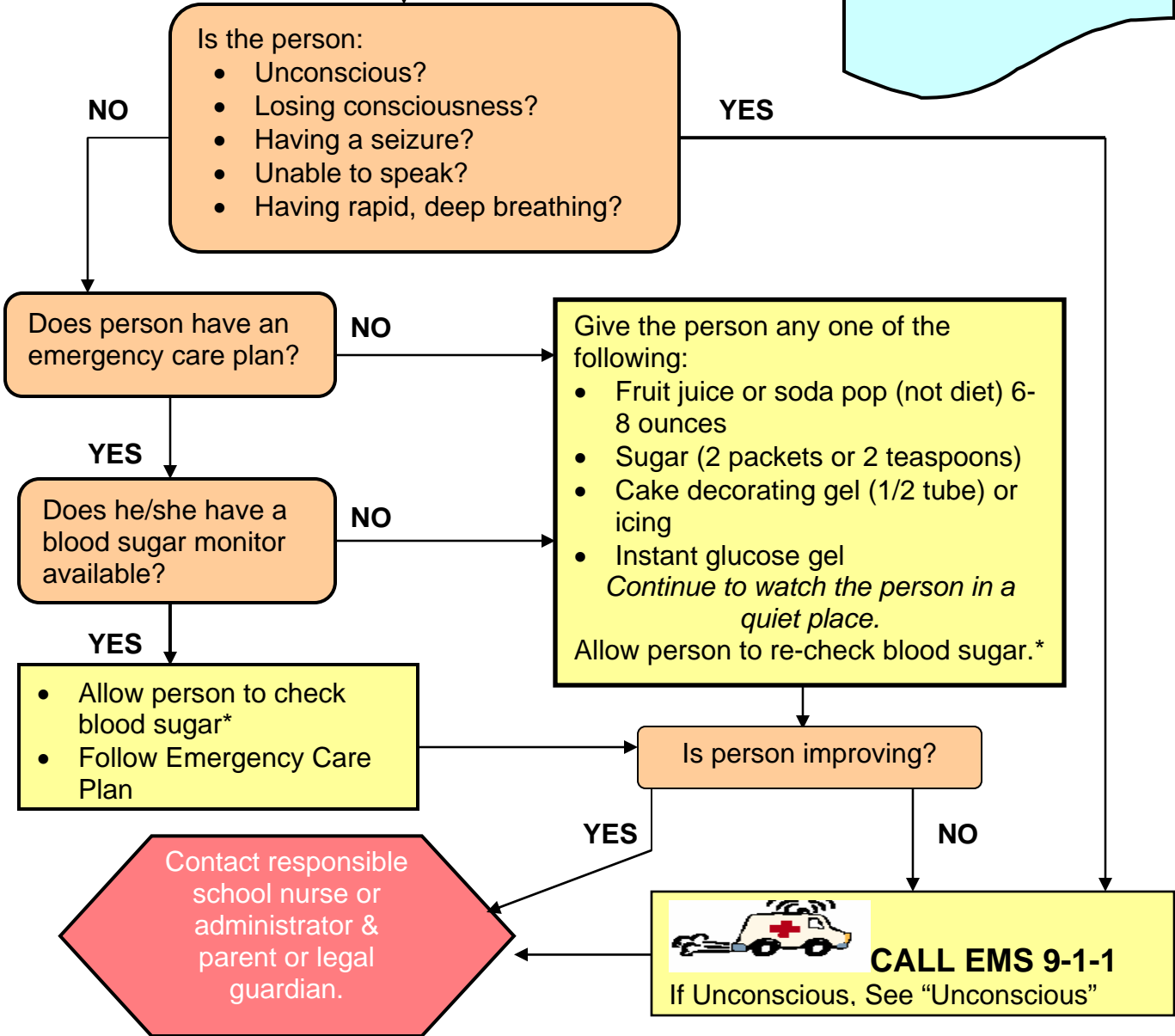
Notify parent if wound is deep, dirty, gaping or has embedded material. Contact responsible school nurse or administrator & parent or legal guardian.

# DIABETES

**A person having a diabetic reaction could have the following signs & symptoms:**

- Irritability and feeling upset
- Sweating and feeling "shaky"
- Change in personality
- Unconsciousness
- Rapid, deep breathing
- Seizure
- Fruity or sweet breath
- Rapid pulse
- Cramping
- Dizziness
- Listlessness
- Pallor
- Confusion
- Strange behavior

**A person 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.



\*If blood sugar is between 60-100, give person carbohydrates (food, not high sugar).

# DIARRHEA

Wear disposable gloves when exposed to blood or other body fluids. A person may come to the office because of repeated diarrhea, or after an “accident” in the bathroom

- Check temperature
- Allow the person to rest if experiencing any stomach pain
- Give the person small amounts of fluid (water, sport drink, etc.) to drink to prevent dehydration

Contact responsible school nurse or administrator & parent or legal guardian and urge medical care if:

- The person has continued diarrhea (3 or more times)
- The person has a fever, > 100.0 F (See “Fever”)
- Blood is present in the stool
- The person is dizzy and pale
- The person has severe stomach pain

If the person’s clothing is soiled:

- Maintain privacy, offer change of clothing or a blanket to wrap up in
- Wear disposable gloves
- Double-bag the clothing to be sent home

Wash hands thoroughly.


# DROWNING/NEAR DROWNING

Drowning can occur in 2 inches of liquid.  
Immediate medical care is needed.

- Send someone for help (CPR trained staff )
- Get person out of the water
- Place on back with head and neck straight
- Open and maintain AIRWAY (if head or neck injury suspected or unknown, assume injury and lift jaw without moving head)
- Assess breathing, look & listen

Is victim:  
 • Not breathing?  
 • Unconscious, confused, lethargic?


YES

Give rescue breaths, if not breathing. See "CPR"  
  
**CALL EMS 9-1-1**  
 DO NOT MOVE VICTIM  
 Contact responsible school authority and parent/legal guardian

NO

Is patient regurgitating water?

YES

Give rescue breaths, if not breathing. See "CPR"  
  
**CALL EMS 9-1-1**  
 DO NOT MOVE VICTIM  
 Contact responsible school authority and parent/legal guardian

NO

- Support head & neck and turn body and head as one (logroll) to the left side
- Clear airway of vomit/objects if needed
- Minimize head & neck movement
- Support head, keep airway open

Give rescue breaths, if not breathing. See "CPR"  
  
**CALL EMS 9-1-1**  
 DO NOT MOVE VICTIM  
 Contact responsible school authority and parent/legal guardian

- Monitor breathing, level of consciousness and circulation
- If changes occur, see appropriate guideline

Was victim injured?

NO

YES

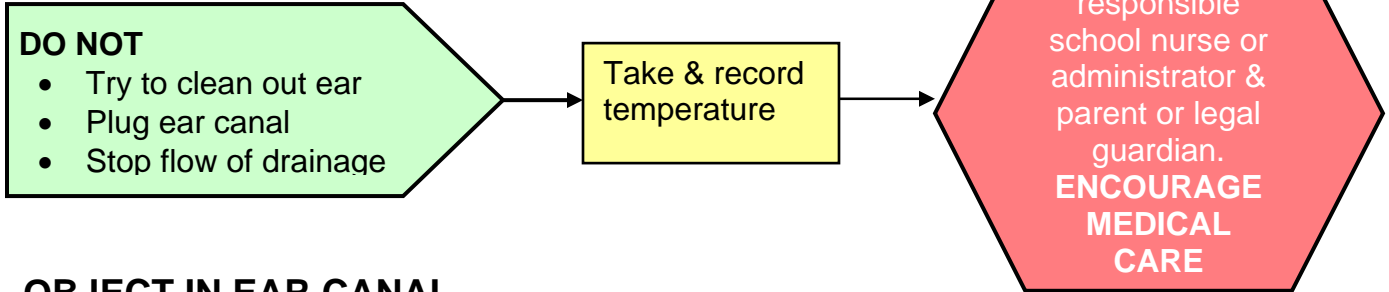
See appropriate guidelines

If victim recovers with initial rescue efforts, complications may still occur after near drowning

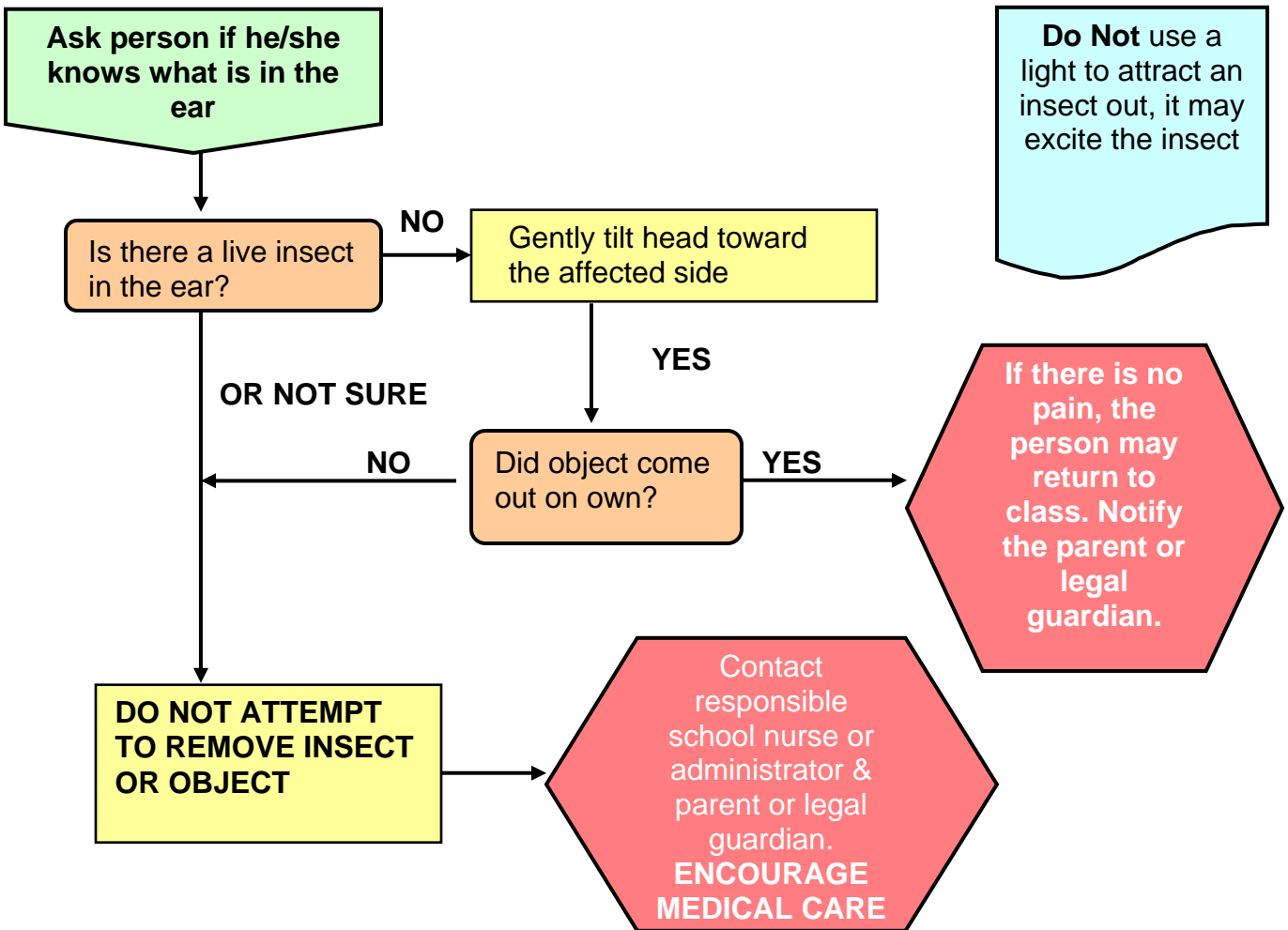
Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**

# EARS

## DRAINAGE FROM EAR OR EARACHE



## OBJECT IN EAR CANAL



# ELECTRIC SHOCK

- **TURN OFF POWER SOURCE, IF POSSIBLE**
- **DO NOT TOUCH PERSON UNTIL POWER SOURCE IS SHUT OFF**
- Once power is off and situation is safe, approach the person and ask, "Are you okay?"
- **Any electrical shock with injury needs medical evaluation**

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

Did person lose consciousness or become unresponsive?  
Was person struck by lightning?

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

- If a person has an electrical burn:
- Check for breathing and other injuries
  - Apply clean, preferably sterile, dry dressing
  - DO NOT use ointments
  - Maintain normal body temp
  - All electrical burns need medical attention consideration. Electrical current can travel through the underlying tissues and cause unseen injury.



Contact responsible school nurse or administrator & parent or legal guardian. If injured **ENCOURAGE URGENT MEDICAL CARE**

Contact responsible school nurse or administrator & parent or legal guardian.

# EYES (Injury)

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

Keep person lying flat with head and chest slightly elevated and quiet

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

NO

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**

YES

If an object has penetrated the eye or eye socket,  
**DO NOT REMOVE OBJECT.**  
A large object should be supported with dressings to minimize movement.



**CALL EMS 9-1-1**

Keep person from rubbing eye, or moving object.  
**DO NOT TOUCH THE EYE**  
OR  
**PUT ANY PRESSURE ON THE EYE OR THE OBJECT**

Contact responsible school nurse or administrator & parent or legal guardian.

EYES CONTINUED ON NEXT PAGE

# EYES (Continued)

## PARTICLE IN EYE:

Keep person from rubbing eye.  
Ask what is in eye?

- Have person blink repeatedly to flush out particle
- If necessary, lay person down, & tip head toward affected side
- Gently pour cool tap water over open eye to flush out particle

If particle does not flush out of eye, or if eye pain continues, contact responsible school nurse or administrator and parent or legal guardian.  
**ENCOURAGE MEDICAL CARE.**  
**Close Eyelid & Cover**

## CHEMICALS IN EYE

Wear gloves and if possible, goggles.  
Ask what is in eye?

- Immediately flush eye with large amounts of tepid or cool, clean water
- Tip the head so that the affected eye is below the unaffected eye washing the eye from nose out to side of face for 20-30 minutes
- While flushing eye try to determine substance that entered eye and

**Call POISON CONTROL CENTER**

**1-800-876-4766**

Follow Instructions.

If eye has been injured by chemical



**CALL EMS 9-1-1**

Contact responsible school nurse or administrator & parent or legal guardian.



# FAINTING

If you observe, or the person complains of any of the following signs or symptoms of fainting, have the person lie down to prevent injury from falling:

- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

Fainting may have many causes including: injuries, blood loss, poisoning, severe allergy, diabetic reaction, heat exhaustion, hypoglycemia, illness, fatigue, stress, not eating, standing still for too long, etc. Most persons who faint will recover quickly when lying down. If person does not regain consciousness immediately, see "Unconsciousness"

Is fainting due to a forceful injury?

YES



**CALL EMS 9-1-1**  
See "Unconsciousness"

NO

- Did person injure self when he/she fainted/fell?

YES OR NOT SURE

NO

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

See appropriate guideline. If head or neck injury suspected. Treat as possible neck injury. See "NECK & BACK PAIN"

- Keep airway clear and monitor breathing
- Keep person warm, but not hot
- Control bleeding if needed (See "BLEEDING")
- Give nothing to eat or drink

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

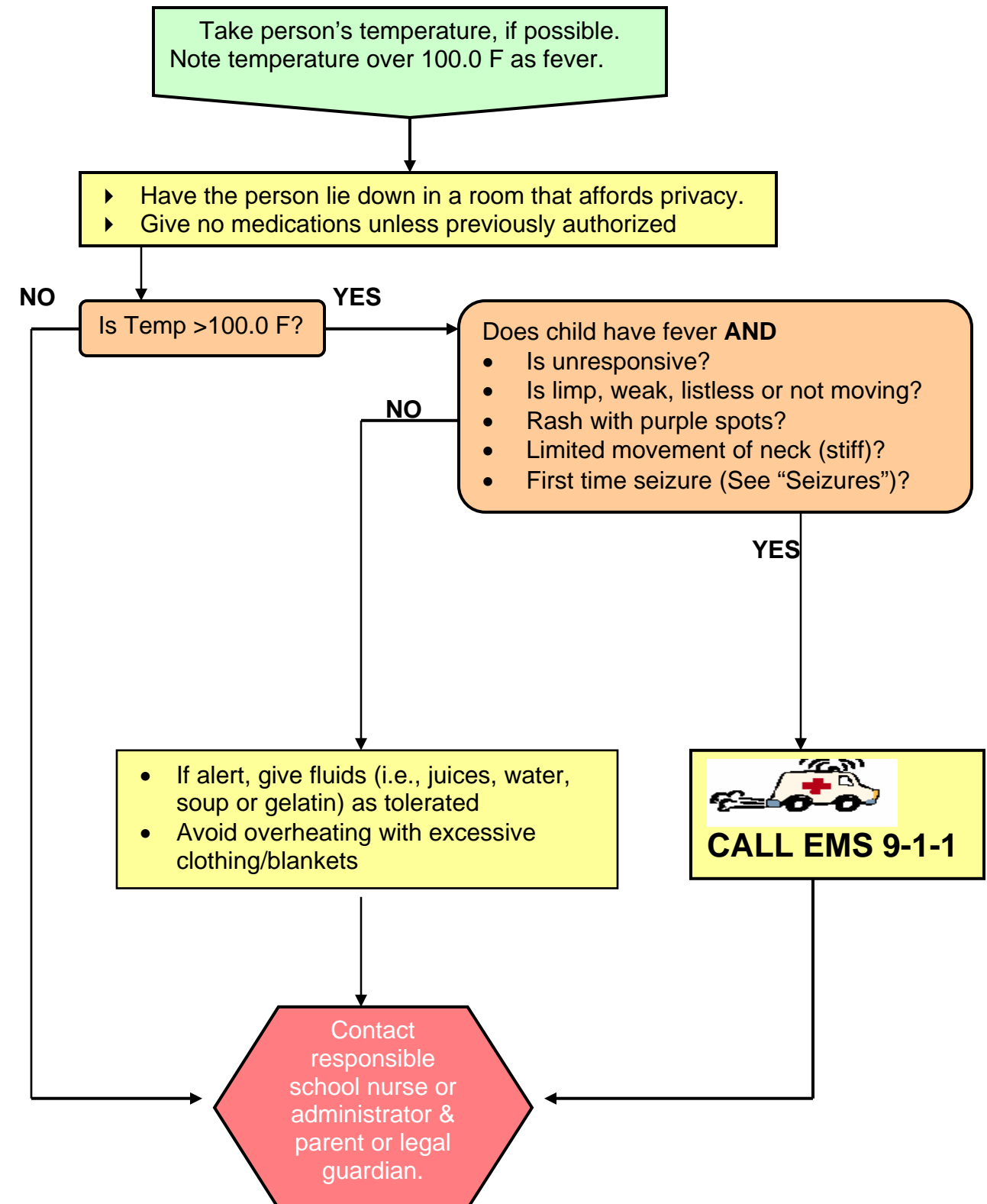
Are symptoms (dizziness, light-headedness, weakness, fatigue, etc.) still present?

YES

Contact responsible school nurse or administrator & parent/legal guardian.

Keep person lying down. Contact responsible school nurse or administrator & parent or legal guardian. **ENCOURAGE URGENT MEDICAL CARE**

# FEVER & NOT FEELING WELL



# FINGER/TOENAIL INJURY

Assess history of injury and examine injury.  
A crush injury to finger tip may result in fracture or bleeding under intact fingernail, creating pressure that may be very painful.

- Wear gloves if bleeding
- Use gentle direct pressure until bleeding stops.
- Wash with soap and water, apply band-aid or tape overlay to protect nail bed
- Apply ICE PACK for 10-20 min for pain and prevent swelling

After 20 minutes of ICE, has pain subsided?

NO

YES

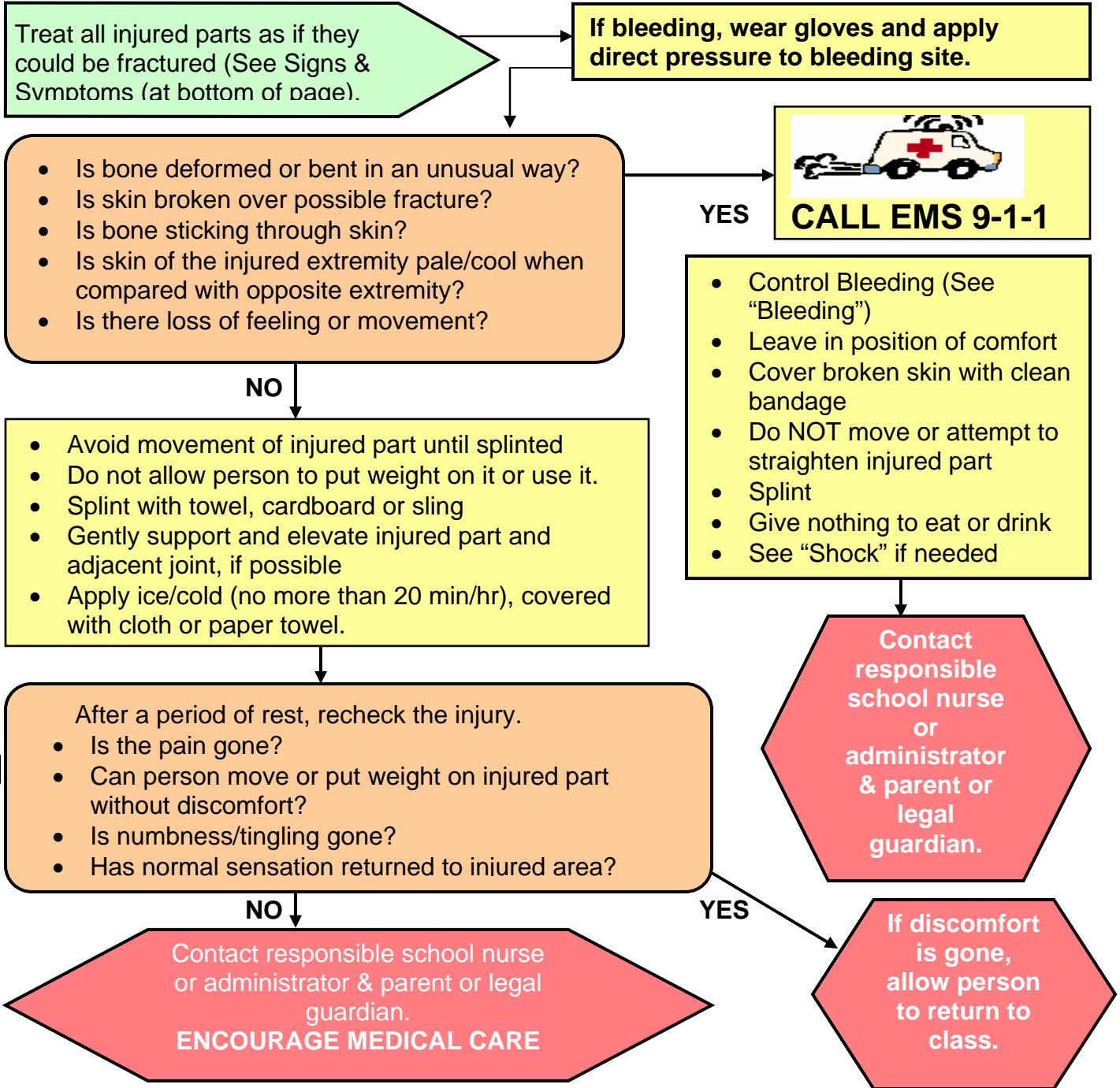
If you suspect a fracture, See "Fractures..."

Return to class

Contact responsible school nurse or administrator & parent/legal guardian.  
**ENCOURAGE MEDICAL CARE**

Contact responsible school nurse or administrator & parent/legal guardian.

# FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



- Signs & Symptoms of Fracture, Dislocation, Sprains or Strains**
- Pain and/or swelling in one area
  - Feeling "heat" in injured area
  - Large bruise/discoloration
  - Sounds/feels like bones rubbing
  - Bent or deformed bone/extremity
  - Cold and numb
  - Loss of sensation or movement
  - Disfigurement at joint

# FROSTBITE

Exposure to cold even for short periods of time may cause "HYPOTHERMIA" (a low temperature) in children. See "HYPOTHERMIA"  
The nose, ears, chin, cheeks, fingers and toes are parts most often affected by frostbite.

### Frostbitten skin may:

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

### Deeply frostbitten skin may:

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

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

- Take to warm place
- Remove cold or wet clothing and replace with warm, dry clothes
- Protect cold part from further injury (may not have any sensation)
- 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 dressing or dry blanket

Does extremity/part:

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

NO

Keep person and part warm

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE MEDICAL CARE**

YES



**CALL 9-1-1**

Keep person and part warm

# HEAD INJURIES

If person only bumped head and does not have any other complaints or symptoms, See "BRUISES". Ask questions about how injury occurred.

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"

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"

- Have person rest, lying flat
- Keep person quiet & warm

Is person vomiting?

NO

YES

Watch person closely.  
**DO NOT LEAVE PERSON ALONE**

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

Are any of the following present:

- Unconsciousness, seizure or neck pain?
- Blood is flowing freely from the head (See "Bleeding")?
- Inability to respond to simple commands?
- Blood or watery fluid from ears or nose?
- Inability to move or feel arms or legs?
- Person is sleepy, confused or asks repetitive questions?
- Taking blood thinners (e.g., Coumadin)

YES



**CALL EMS 9-1-1**

Look, listen & feel for breathing. If person stops breathing, See "CPR"

**GIVE NOTHING TO EAT OR DRINK**

NO

If person was briefly confused and seems fully recovered, contact responsible school nurse or administrator & parent or legal guardian.

**WATCH FOR DELAYED SYMPTOMS & ENCOURAGE MEDICAL CARE.** Send home instructions for observing delayed symptoms.

Contact responsible school nurse or administrator & parent or legal guardian.

# HEADACHE

Have person lie down for a short time in a room that affords privacy. Headache can be due to the lack of adequate food. Ask about what person ate last.

Has a head injury occurred?

YES

See  
"Head  
Injuries"

NO

Is temperature >100.0 F?

YES

See "FEVER"

NO

Give no medication unless previously authorized.

- Apply cold cloth or compress to head
- Offer food or juice if person hasn't eaten adequately
- Allow to rest in quiet, low light room

- Is headache severe?
- Are other signs or symptoms present (nausea, vomiting, fever, vision disturbance or dizziness)
- History of chronic headache, stiff neck, or sensitivity to light (light hurts eyes)?

YES

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE MEDICAL CARE**

NO

If headache persists, contact responsible school nurse or administrator & parent or legal guardian.

# HEAT EXHAUSTION /HEAT STROKE

Heat exhaustion is most common and is due to lack of body fluids. Heat Stroke is life-threatening and occurs when the body is overwhelmed by heat. Strenuous activity in the heat may cause heat-related illness. See signs & symptoms of heat emergencies below.

Spending too much time in the heat may cause heat emergencies.

Heat emergencies can be life-threatening situations.

Is person unconscious or losing consciousness?

NO

YES

- Move person to a cooler place
- Have person lie down
- Elevate feet
- Loosen or remove clothing
- Fan person

- Quickly remove person from heat to a cooler place
- Put on side to protect airway
- Look, listen and feel for breathing. If not breathing, see "CPR"

Are any of the following happening:

- Hot, dry, red skin?
- Vomiting? Fever?
- Confusion, dizziness?
- Rapid shallow breathing?

YES



**CALL EMS 9-1-1**

NO

- Give clear fluids frequently (water, sport drink, etc.), in small amounts, if fully awake and alert,
- If condition improves, may return to class. NO PE.
- **If no improvement, person NEEDS IMMEDIATE MEDICAL CARE**

Cool rapidly by completely wetting clothing/skin with room temperature water.  
**DO NOT USE ICE WATER.**

## Signs & Symptoms of Heat Related Injury

### Heat Exhaustion

- Cool, moist, pale skin
- Weakness & fatigue
- Sweating, headache
- Vomiting, nausea
- Confusion, dizziness
- Muscle cramping

### Heat Stroke

- Red, hot, dry skin
- High temperature
- Rapid, weak pulse
- Rapid, shallow breathing
- Seizure
- Loss of consciousness

Contact responsible school nurse or administrator & parent or legal guardian.



# 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 being outside in the cold or in cold water.**

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

- Continue to warm with blankets
- Provide a warm environment
- If fully awake and alert, offer warm **(NOT HOT)** fluids, but no food
- **Do NOT Break Blisters**
- **Do not rub frostbitten areas**

Does person have:

- Decreasing consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?
- No feeling in part of body?

NO

YES

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE MEDICAL CARE**



## **CALL EMS 9-1-1**

- Give nothing to eat or drink
- Continue to warm with blankets
- If sleepy or losing consciousness, place on left side and protect airway. See "Unconscious"
- Look, listen and feel for breathing. If breathing stops, see "CPR"

- Signs & Symptoms of Hypothermia (COLD)**
- Confusion
  - Weakness
  - Blurry vision
  - Slurred speech
  - Numbness
  - Shivering
  - Sleepiness
  - White/gray skin color
  - Impaired judgment
  - Slow, irregular pulse

# MENSTRUAL DIFFICULTIES

Menstrual difficulties may present with:

- Abdominal pain, cramping
- Abnormal menses
- Abnormal bleeding

Provide for privacy

Is it possible the person is pregnant?

YES OR  
NOT SURE

See  
"PREGNANCY"

NO

Mild or severe symptoms/cramping?

MILD

For mild cramps recommend walking or regular activities.

SEVERE

- Give no medications unless previously authorized by parent/legal guardian
- If bleeding, offer a feminine pad

These may provide relief:
 

- Short period of quiet rest
- Warm (not hot) heating pad over lower abdomen

Does person have continuing severe abdominal pain?

YES

  
**CALL EMS 9-1-1**

NO

- Encourage medical care if disabling cramps occur
- **ENCOURAGE IMMEDIATE MEDICAL CARE,** if heavy vaginal bleeding occurs

Contact responsible school nurse or administrator & parent or legal guardian.

# MOUTH & JAW INJURIES


Wear disposable gloves when exposed to blood or other body fluids. Use direct pressure to control bleeding.

See "HEAD INJURIES" or "NECK INJURY" if you suspect an injury other than mouth or jaw.

Does person have:

- Difficulty breathing?
- Frequent choking?
- Loss of consciousness?
- Uncontrollable bleeding?

YES



CALL EMS 9-1-1

NO

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

YES

Has jaw been injured?  
Is cut large, deep?

- Protect neck **by keeping straight**
  - Protect airway **by log rolling on to left side to allow drainage of blood**
  - DO NOT TRY TO MOVE JAW**
  - Gently support jaw with hand**
  - See "Teeth" for any tooth injury**
  - Control bleeding with direct pressure**

NO

Have teeth been injured?

YES


See "Teeth"

NO

- Place cold compress over the area to minimize swelling
  - Look for difficulty breathing

Contact responsible school nurse or administrator and parent or legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**

If bleeding uncontrolled,



CALL EMS 9-1-1

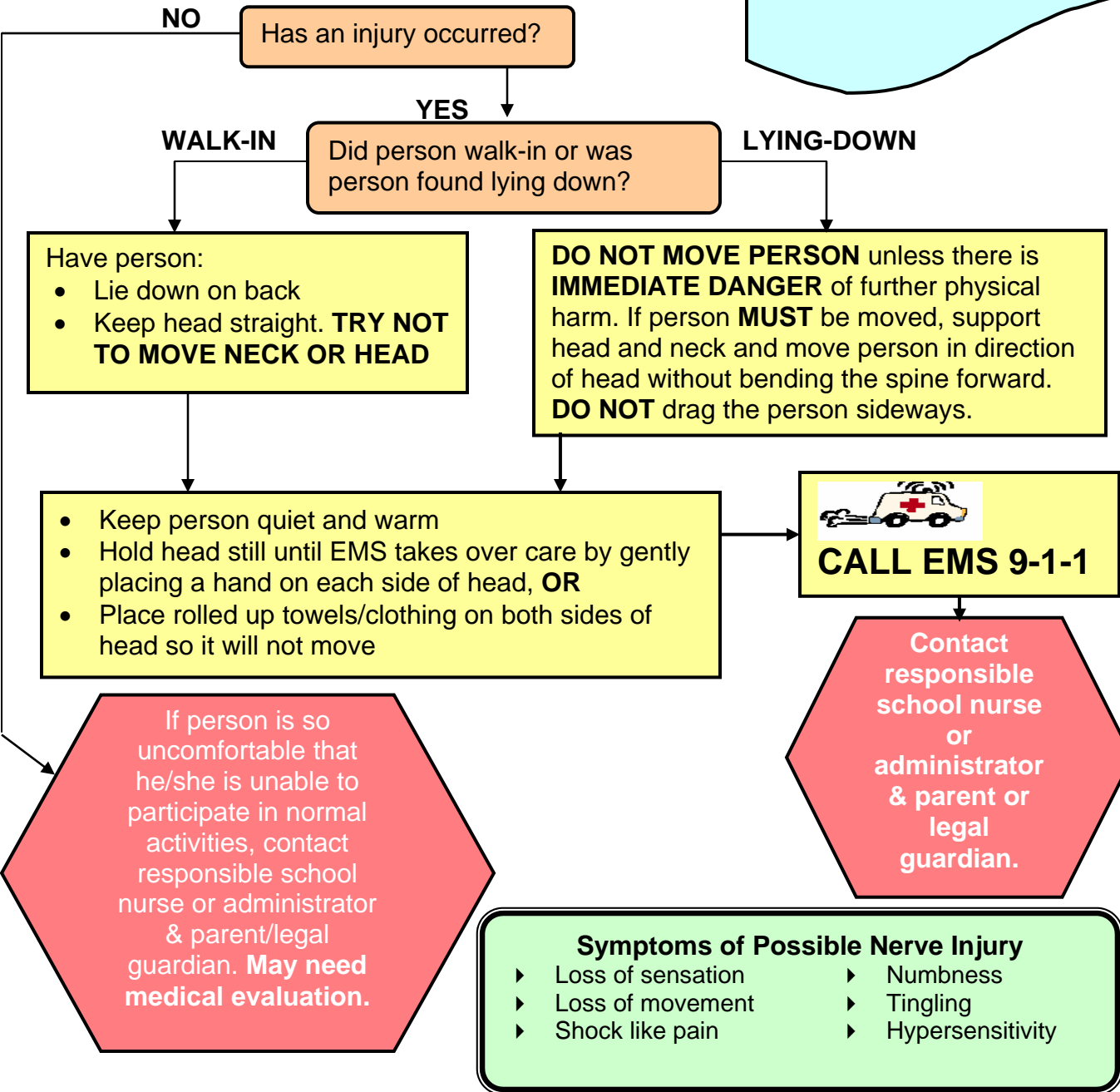
Contact responsible school nurse or administrator and parent or legal guardian.  
**ENCOURAGE MEDICAL OR DENTAL CARE**

# NECK & BACK PAIN

- Suspect a neck/back injury if pain results from:
- Falls over 8 feet or falling on head
  - Being thrown from a moving vehicle
  - Sports
  - Violence
  - Being struck by a car or other fast moving object

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 usually not emergencies.

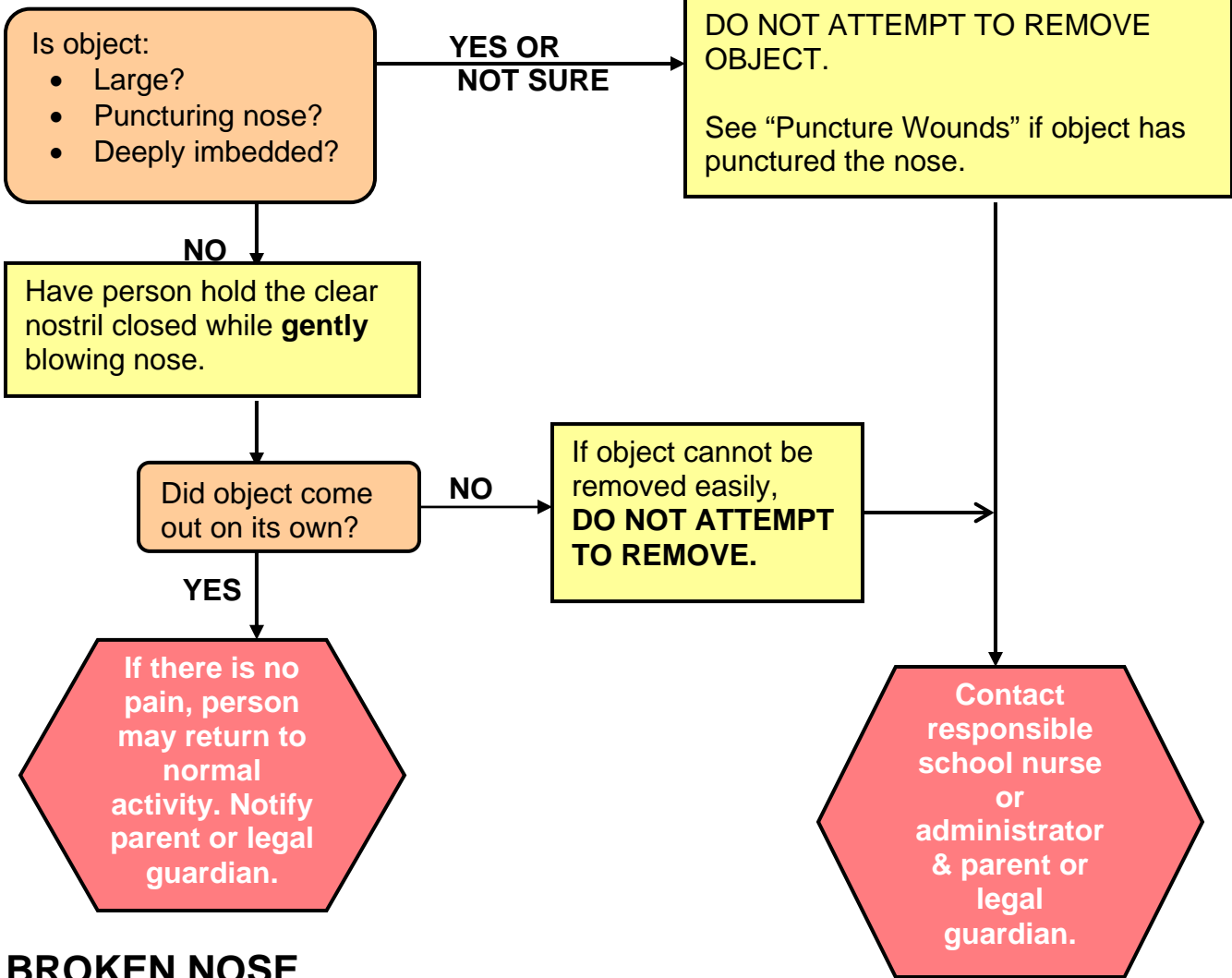
**Symptoms of Nerve Injury (see below) need medical evaluation, even if they resolve**



- Symptoms of Possible Nerve Injury**
- ▶ Loss of sensation
  - ▶ Loss of movement
  - ▶ Shock like pain
  - ▶ Numbness
  - ▶ Tingling
  - ▶ Hypersensitivity

# NOSE

## OBJECT IN NOSE



## BROKEN NOSE

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

NOSE CONTINUED ON NEXT PAGE

# NOSE (Continued)

## NOSEBLEED

Nosebleed may be caused by injury, allergy, blowing or picking nose, or dry tissues. Wear disposable gloves when exposed to blood or other body fluids

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

- ▶ Lean head forward while sitting or lying on side with head raised on pillow
- ▶ Pinch nostrils together maintaining constant, uninterrupted pressure for about 15 minutes. Apply ice to nose

NO **Has Bleeding stopped?** YES

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE MEDICAL CARE**

Person may return to normal activity. Avoid strenuous activity for the day to prevent recurrence of bleeding. Notify parent or legal guardian.

# POISONING & OVERDOSE

Possible warning signs of poisoning include:

- Pills, berries or unknown substance in mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating, chest or abdominal pain
- Upset stomach, vomiting, diarrhea
- Dizziness or fainting
- Seizure or convulsions

Remove source of poisoning or get person away from toxic fumes.

Poisons can be swallowed, inhaled, absorbed through the skin, eyes or mucosa, or injected.

When you suspect poisoning:  
**Call EMS 9-1-1 & Poison Control**  
**Phone # 1-800-876-4766**

Continue to monitor:

- Airway
- Breathing
- Signs of circulation (pulse, skin color, capillary refill)
- Level of consciousness

Is person unconscious (See "Unconsciousness")?  
Is person having difficulty breathing (See "CPR")?

YES



**CALL EMS 9-1-1**

NO

Wear gloves and remove any remaining substance in mouth.  
If possible, find out:

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

CALL POISON CONTROL CENTER  
& follow instructions.  
Phone # 1-800-876-4766



**CALL EMS 9-1-1**

**DO NOT INDUCE VOMITING** or give anything **UNLESS** Poison Control instructs you to. With some poisons, vomiting can cause greater damage.

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

Send sample of vomited material, or ingested material with its container (if available), to the hospital with the person.

- If person has any changes in level of consciousness, place on his/her side and look, listen and feel for breathing. If breathing stops, see "CPR"
- Contact responsible school nurse or administrator & parent or legal guardian


# PREGNANCY

For morning sickness, see "Vomiting".

Pregnancy may be complicated by any of the following:

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. Ask if person might be pregnant and when her last menstrual period (LMP) occurred.*

**Vaginal Bleeding, if severe**




**CALL EMS 9-1-1**

Contact responsible school nurse or administrator & parent/legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**

**Severe Stomach Pain or Cramps (labor)**

- Person may be in labor, if cramps are strong and repeat or "water has broken"
- If labor suspected or if severe abdominal pain persists



**CALL EMS 9-1-1**

Short, mild cramps in a near term person may be normal  
Contact responsible school nurse or administrator and parent/legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**

**Seizure:**  
**This may be a serious complication of pregnancy.**



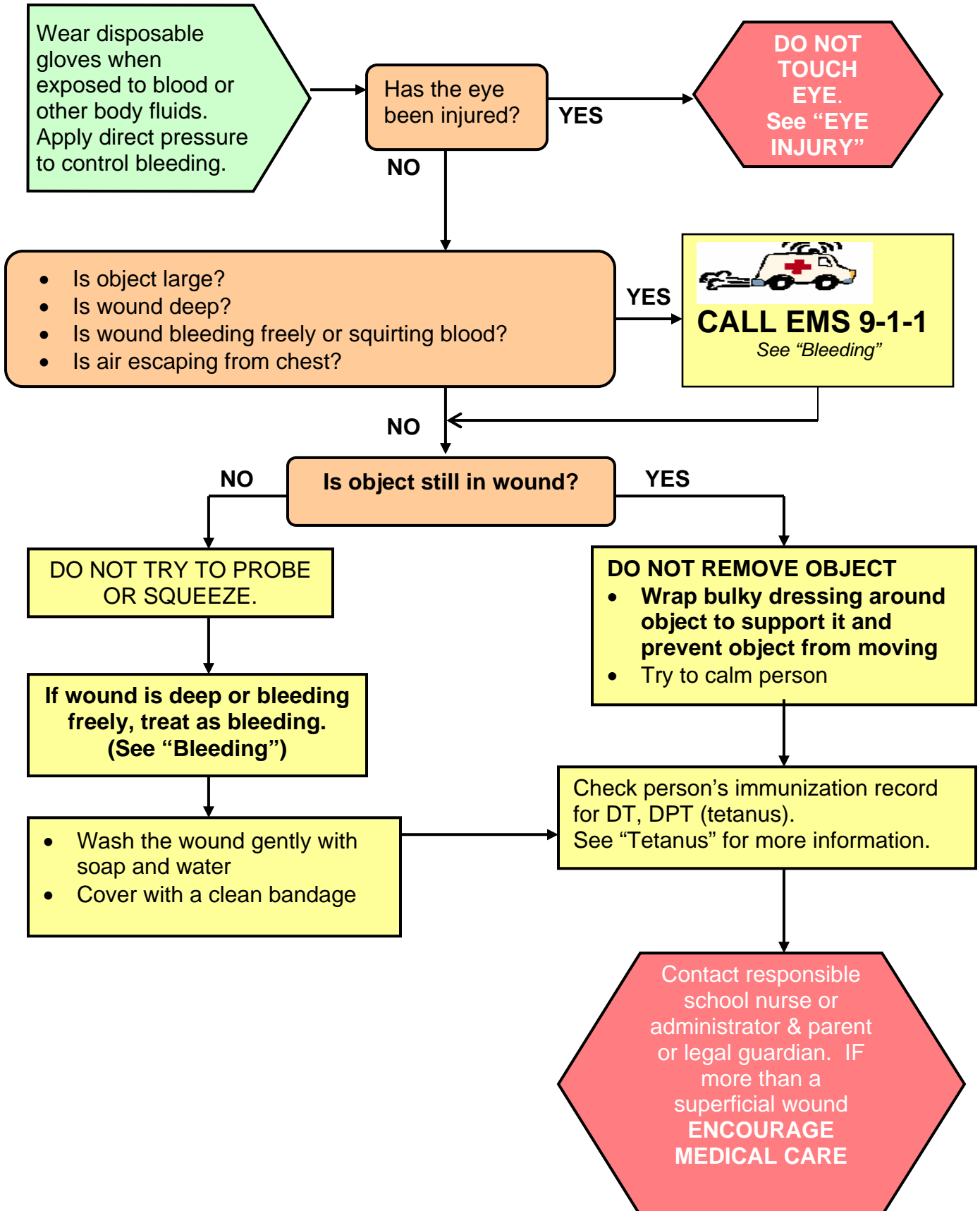
**CALL EMS 9-1-1 See "Seizure"**

Contact responsible school nurse or administrator & parent/legal guardian.  
**ENCOURAGE IMMEDIATE MEDICAL CARE**

**Amniotic Fluid Leakage:**  
**This is NOT normal and may indicate the beginning of labor and may lead to infection. Contact responsible school nurse or administrator, and parent or legal guardian.**



# PUNCTURE WOUNDS




# RASHES

- 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

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

- Other symptoms may indicate whether the person needs medical care. Does the person have:
- Loss of consciousness, confusion?
  - Difficulty breathing or swallowing?
  - Purple spots with fever?
  - Light-headedness, extreme weakness?

YES



**CALL EMS 9-1-1**  
Contact responsible school nurse or administrator & parent or legal guardian.

NO

- Contact responsible school nurse or administrator & parent or legal guardian, if any of the following symptoms are found in association with a rash **ENCOURAGE MEDICAL CARE.**
- Fever (See "Fever")
  - Headache
  - Diarrhea
  - Sore throat
  - Vomiting
  - Rash is bright red and sore to touch.
  - Rash (hives) is all over body
  - If person 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

Refer to person's **Emergency Care Plan**, if available, and follow instructions from person's guardian or physician.

**A person 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 that person's seizures. If there is a history of diabetes, check blood sugar. See "Diabetes" also.

- If person seems off balance, place on the floor (a mat) for observation and safety
- **DO NOT RESTRAIN MOVEMENTS**
- Move surrounding objects to avoid injury
- Protect head using a thin folded towel/cloth
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth

Observe details of the seizure for parent or legal guardian, emergency personnel, or physician. Note:

- Duration, movement of eyes & body parts
- Kind of movement or behavior
- Loss of urine/bowel control
- Loss of consciousness, etc.

- After seizure, keep airway clear by placing person on his/her side. A pillow should not be used.
- Seizures are often followed by sleep. The person may also be confused. This may last from 15 minutes to an hour or more.

NO

- Is seizure lasting longer than **5 minutes**?
- Is person having multiple seizures following one another at short intervals?
- Is this person's first known seizure?
- Is person having any breathing difficulties after the seizure?

YES

After the sleeping period, the person should return to normal and be encouraged to participate in all normal class activities.

Contact responsible school nurse or administrator & parent or legal guardian.



**CALL EMS 9-1-1**

## Signs & Symptoms of Seizure

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

# Seriously Sick (SHOCK)

Any serious injury or illness may lead to lack of blood and oxygen getting to tissues (SHOCK)

- Shock is a life-threatening condition
- **STAY CALM and get medical assistance**
- Check for medical bracelet or medallion

For Injury, **Do Not move** person until extent of injury is known, unless endangered.

Is person:

- Unconscious? (See "Unconsciousness")
- Not breathing? (See "CPR")
- Look seriously sick (see signs & symptoms listed below)?
- Bleeding profusely (See "Bleeding")?

YES

  
**CALL EMS 9-1-1**

NO

- Lie person down – keep body flat
- **Control Bleeding:** apply direct pressure and See "Bleeding"
- If person vomits, roll on to left side keeping back & neck straight if injury suspected

- Minimize pain by position of comfort
- Elevate feet 8-10 inches, unless this causes pain/discomfort, **OR** a neck/back/hip injury is suspected
- Keep body normal temperature, if cold provide blankets. Avoid Chilling
- **NOTHING to EAT OR DRINK**

Contact responsible school nurse or administrator & parent or legal guardian.

- Seriously Sick: Signs of SHOCK**
- |                                |                             |                            |
|--------------------------------|-----------------------------|----------------------------|
| • Pale, cool, moist skin       | • Unresponsive              | • Generalize weakness      |
| • Mottled, ashen, blue skin    | • Rapid breathing           | • Difficult breathing      |
| • Altered consciousness        | • Rapid, weak pulse         | • Delayed capillary refill |
| • Nausea, dizziness or thirsty | • Restlessness/irritability | • Very slow pulse in child |

# SMOG ALERT

## • **STAGE I ALERT**

- Modify outside activities that would increase respiratory effort.
- Persons with respiratory conditions should remain indoors.
- Athletic events should be modified, postponed, or relocated.

## **STAGE 2 ALERT**

- Discontinue all outdoor activities.
- Cancel all extracurricular outdoor activities.

## **STAGE 3 ALERT**

- Recommend all school activities cancelled for the day when Stage 3 Alert is forecasted.
- If not forecasted and Stage 3 Alert occurs, follow Stage 2 recommendations.

# SNAKE BITE

Treat all snakebites as poisonous until snake is positively identified.

- DO NOT CUT wound
- DO NOT apply tourniquet
- DO NOT apply ice

## All SNAKE BITES

need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a SNAKE BITE KIT for outdoor trips.

- Immobilize the bitten extremity at or below the level of the heart
- Make person lie down, keep at complete rest, avoid activity (walking)
- Keep victim warm and calm
- Remove any restrictive clothing, rings, and watches

- Is snake poisonous or unknown?
- Is person not breathing (See "CPR")?

YES



**CALL EMS 9-1-1**

NO

- Flush bite with large amount of water
- Wash with soap and water
- Cover with clean, cool compress or moist dressing.
- Monitor pulse, color and respirations; prepare to perform CPR if needed
- Identify snake – if dead, send with victim to hospital.
- Parents may transport for medical evaluation if condition is not life threatening.

**If greater than 30 minutes from emergency department:**

- Apply a tight bandage to an extremity bite between bite and heart. Do not cut off blood flow
- Use Snake Bite Kit suction device repeatedly

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE MEDICAL CARE.**

## Signs & Symptoms of Poisonous Bite

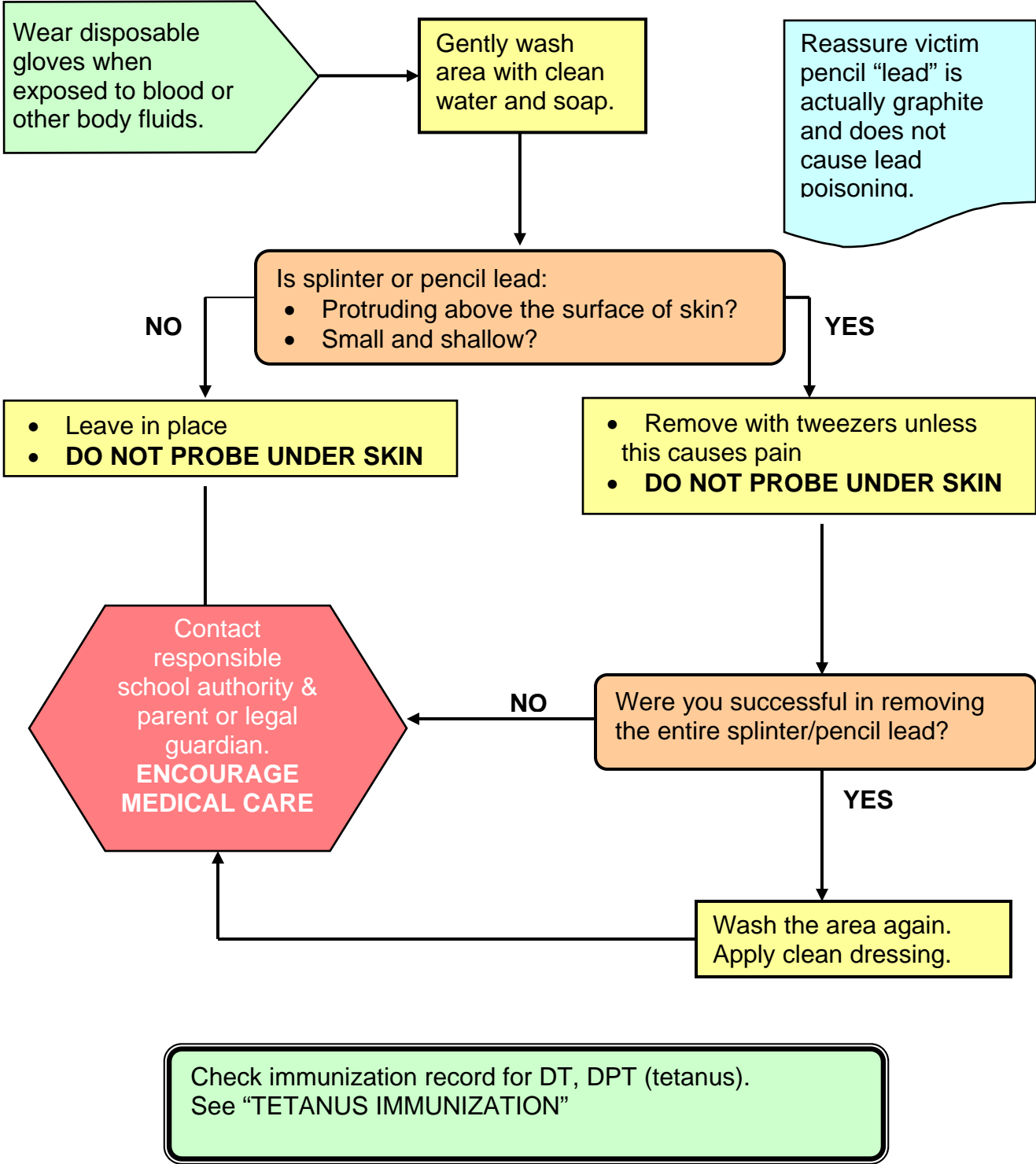
Mild to Moderate:

- Swelling, discoloration or pain at site
- Rapid pulse, weakness, sweating, fever
- Shortness of breath
- Burning, numbness or tingling sensation
- Blurred vision, dizziness, fainting
- Fang marks, nausea & vomiting, diarrhea


Severe:

- Swelling of tongue or throat
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis and unconsciousness
- Loss of muscle coordination

# SPLINTERS OR IMBEDDED PENCIL LEAD



# STABBING & GUNSHOTS



**CALL EMS 9-1-1**

- **Call the police via 9-1-1**
- Intervene only if the situation is safe for you to approach
- Get someone to assist you

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

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

Is the person:

- Losing consciousness?
- Having difficulty breathing?
- Bleeding uncontrollably?

**YES**

Open the airway and look, listen and feel for breathing. See "CPR"

**NO**

- Press firmly with a clean bandage to stop bleeding (See "Bleeding" also)
- Have person lie down
- Elevate feet 8-10 inches
- Elevate injured part gently, if possible
- Cover with a blanket or sheet
- If chest wound or object visible in wound, See "Puncture Wounds"

**Contact responsible nurse or administrator & parent or legal guardian.**



# STINGS

If marine sting, see "STINGS-MARINE". Allergic reactions may be life threatening and may be delayed up to two (2) hours after the sting. If available, follow person's emergency care plan.

Known history of allergic reactions should be made known to all school staff. An Emergency Plan is needed.

If known to have severe allergic reaction do not wait for symptoms, administer doctor and parent/guardian approved medication (do not wait for symptoms).


Does person have:

- Difficulty breathing?
- A rapidly expanding area of swelling, especially face, lips, mouth or tongue?
- A history of allergy to stings?
- A history of severe allergic reactions?

NO

YES

Obtain description of what stung person.

  
**CALL EMS 9-1-1**

- Remove stinger as quickly as possible
- Wash area with soap and water for 5 minutes
- Apply ICE /COLD wrapped in cloth or towel (no more than 20 minutes)
- Observe for at least 20 minutes

- Keep quiet
- Position of Comfort
- See "Allergic Reaction"
- Be prepared to use CPR

Did a scorpion sting person?

YES

**Call POISON CONTROL CENTER**  
1-800-876-4766  
Follow directions

NO

Adult supervising person should be aware of sting and should watch for any delayed allergic reaction.

Contact responsible school nurse or administrator & parent or legal guardian.

STINGS CONTINUED ON NEXT PAGE

# STINGS (MARINE)

Allergic reactions may be life threatening and may be delayed up to two (2) hours after the sting. If available, follow person's emergency care plan.

Known history of allergic reactions should be made known to all school staff. An emergency care plan is needed.

If known to have severe allergic reaction, do not wait for symptoms, administer doctor and parent/guardian approved medication.

Does person have:

- Difficulty breathing?
- A rapidly expanding area of swelling, especially face, lips, mouth or tongue?
- A history of allergy to marine stings?

NO

YES

- Remove stinger as quickly as possible
- Wash area with soap and water for 5 minutes



**CALL EMS 9-1-1**

Stingray Sting or Jellyfish?

YES

Jellyfish: **Soak bite area in vinegar**  
Stingray: **Soak in warm to hot water for pain relief. Protect against scalding.**

NO

When unsure of marine animal or plant contacted, obtain description and **Call POISON CONTROL CENTER 1-800-876-4766**  
**Follow directions**

- Keep quiet
- Position of Comfort
- See "Allergic Reaction"

Adult supervising person should be aware of sting and should watch for any delayed allergic reaction or signs of poisoning. See "Allergic Reaction"

Contact responsible school nurse or administrator & parent or legal guardian.

# STOMACHACHES/PAIN

- Stomachaches may have many causes including:
- Illness
  - Hunger
  - Overeating
  - Diarrhea
  - Food poisoning
  - Menstrual difficulties
  - Psychological issues
  - Constipation
  - Gas pain
  - Pregnancy

Have person lie down in a room that affords privacy.  
Ask female when last menstrual period was? Is she pregnant? If yes, see "Pregnancy"

**Has an injury occurred?**

YES

NO

- Take Temperature. Note temperature over 100.0 F as fever (See "Fever")
- If vaginal bleeding, see "Menstrual Difficulties"

Does person have:

- Fever?
- Severe stomach pains?
- Vomiting?

YES

NO

Allow person to rest for 20-30 minutes.

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE MEDICAL CARE**

NO

**Is person better?**

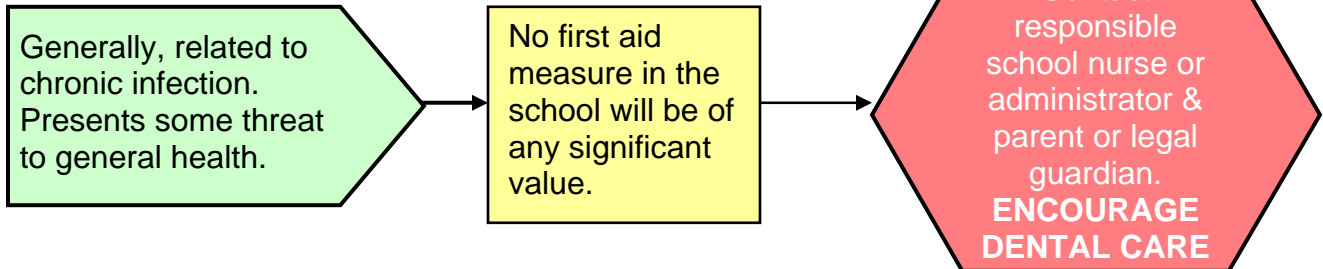
YES

Contact responsible school nurse or administrator & parent/legal guardian.

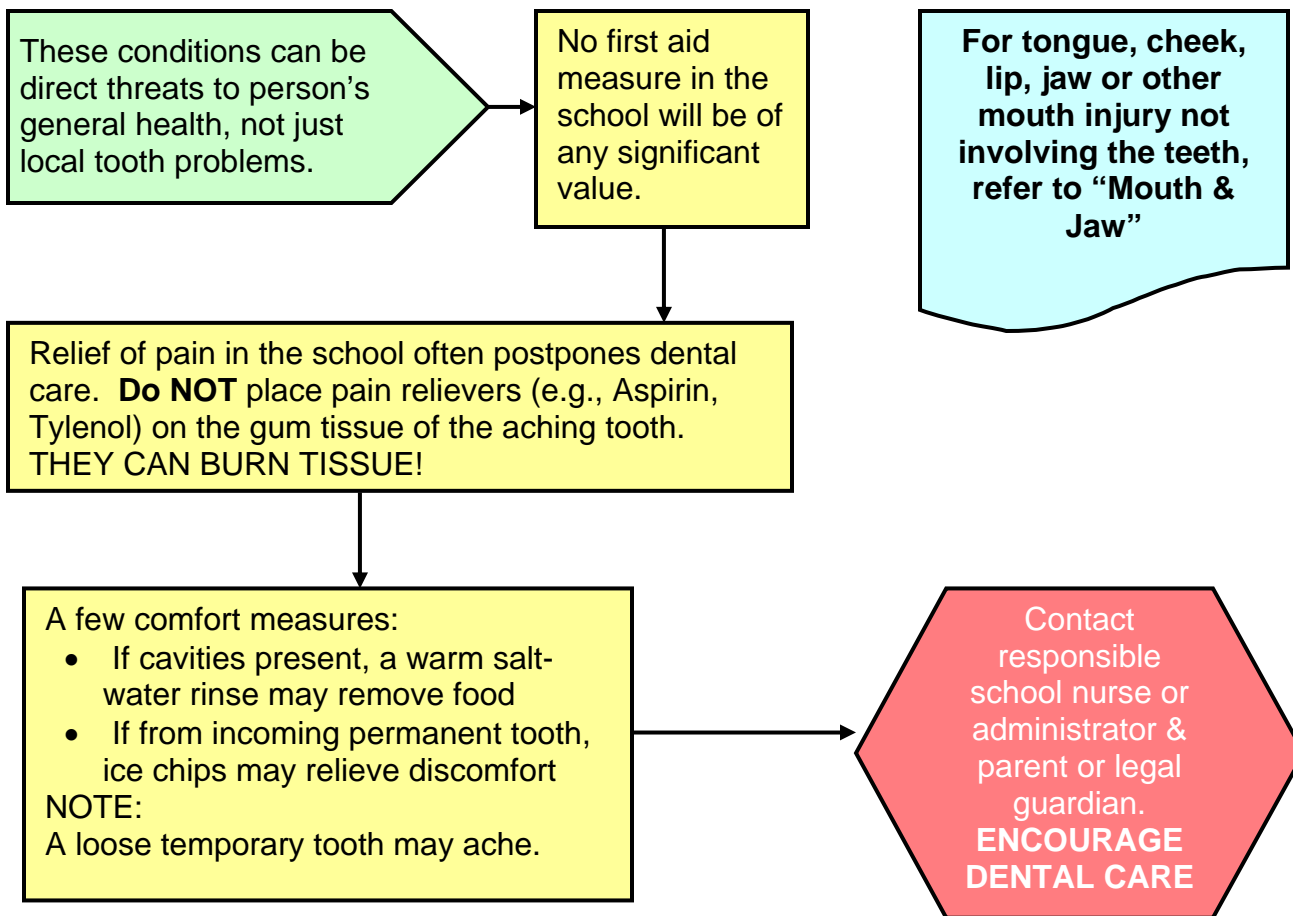
Allow person to return to class/work

# TEETH & GUMS

## BLEEDING GUMS



## TOOTHACHE OR GUM BOIL



TEETH CONTINUED  
ON NEXT PAGE

**TEETH (Continued)**

**KNOCKED-OUT TOOTH or Broken Permanent Tooth**

- Find Tooth.
- Do not handle root of tooth
- **USE DISPOSABLE GLOVES**

If a temporary tooth:

- Use gauze pack to stop bleeding.
- Place tooth in container or envelope to take home. Return to normal activities.

If a permanent tooth is knocked-out (within 15-20 minutes):

- Apply cold compress to face to minimize swelling
- If tooth is dirty, clean gently by rinsing with water
- **Do NOT** scrub, rub or scrape to remove dirt from tooth
- Place in HBSS (Save-A-Tooth Kit) if available, **OR**
- Place in glass of skim or low fat milk, **OR**
- Place in normal saline or mild salt water solution, **OR**
- Have person spit in cup and place tooth in it, **OR**
- Place in glass of water

**TOOTH MUST NOT DRY OUT**

**DISPLACED TOOTH (Still in Socket)**

DO NOT try to move tooth into correct position.

Contact responsible school nurse or administrator & parent/legal guardian.  
**OBTAIN EMERGENCY DENTAL CARE. A DENTIST SHOULD SEE THE PERSON WITHIN 60 MINUTES.**

# TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the person'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 person is **5 years old or younger**.

**Other wounds**, such as those contaminated by dirt, feces, 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 the last tetanus shot.

# TICKS

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

Proceed if not in conflict with policy.

Inspect 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.

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 tweezers with heat, 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 mouthparts 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
- **DO NOT ATTEMPT TO BURN A TICK OFF or PRICK IT WITH A PIN**

- After removal, wash the tick area thoroughly with soap and water
- Wash your hands
- Apply a sterile adhesive or Band-Aid type dressing. If permitted by school policy, use an antiseptic or antibiotic ointment.

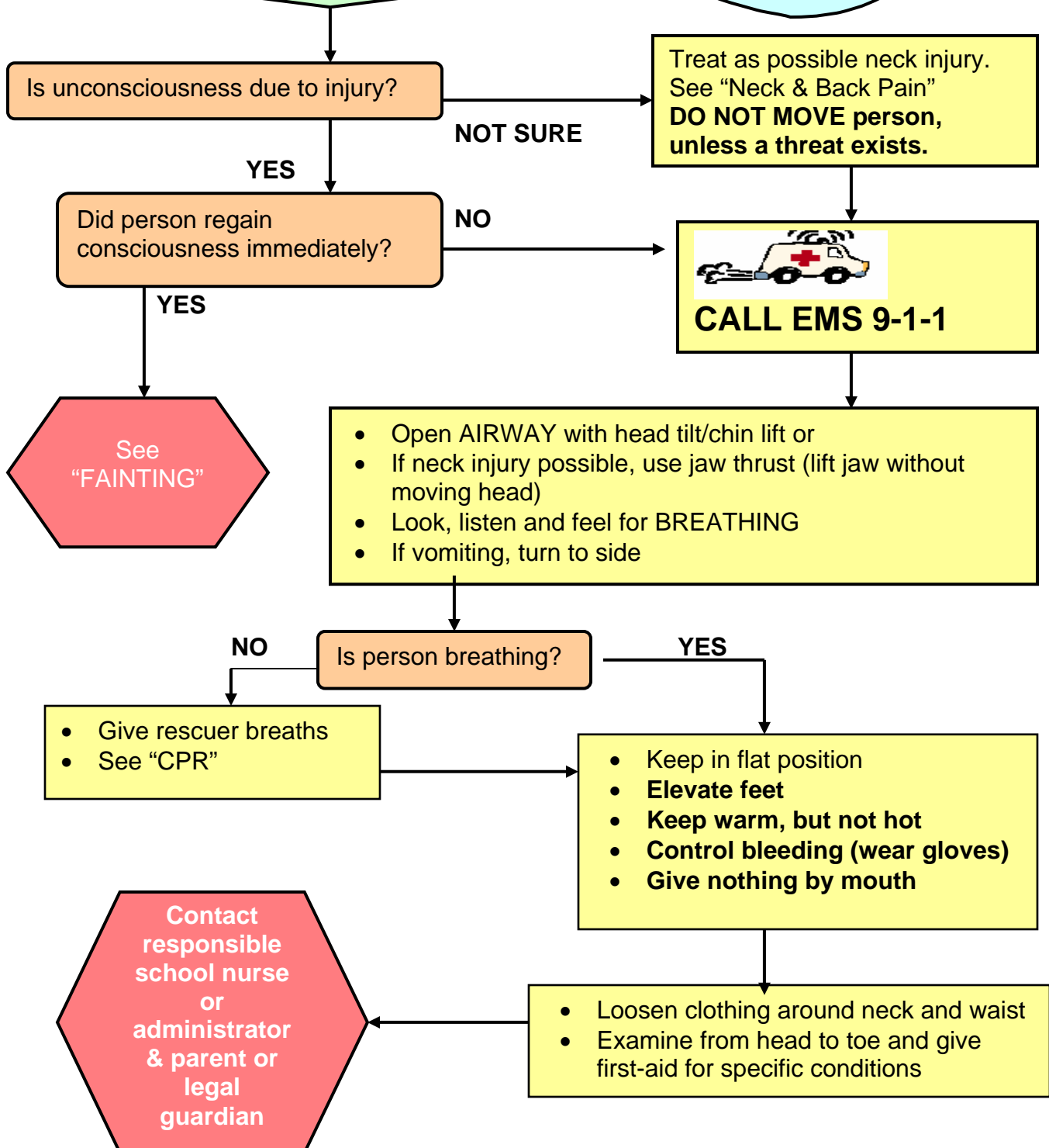
Placing ticks in a container of alcohol or flushing them down the toilet will safely dispose of them.

Contact responsible school nurse or administrator & parent or legal guardian.

# UNCONSCIOUSNESS

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.

If victim stops breathing, and no one else is available to call EMS, give rescuer breathing for one minute, and then call EMS yourself. Refer to "CPR".





# VOMITING

Vomiting may have many causes including:

- Illness or injury
- Food poisoning
- Pregnancy
- Heat exhaustion
- Overexertion
- Toxic exposure or ingestion

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

If a number of adults and/or children become ill with the same symptoms, suspect food poisoning.

**CALL POISON CONTROL CENTER**  
**1-800-876-4766**  
Follow instructions. (See "Poisoning")  
Notify public health (usually the local County Health Department).  
Phone # \_\_\_\_\_

**Wear disposable gloves when exposed to blood and other body**

**Have person lie down on his or her side in a room that affords privacy.**

- Have a bucket available, protect airway
- Apply a cool, damp cloth to face or forehead

Assess patient for consciousness, bleeding, pain, fever, and condition. See appropriate guidelines.

- Give no food or medications.
- Offer ice chips or small sips of clear fluids containing sugar (e.g., 7-up or Gatorade), if the person is thirsty

Is person vomiting a large amount of blood?

NO

YES

  
**CALL EMS 9-1-1**

Contact responsible school nurse or administrator & parent or legal guardian.  
**ENCOURAGE 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. 10 Triage Tags
6. Blankets, sheets/pillows/pillow cases (disposable covers are suitable)
7. Wash cloths, hand towels, small portable basin
8. Covered waste receptacle with disposable liners
9. Manual resuscitation bag (Ambu bag)
10. Bandage scissors, tweezers, needle
11. Disposable thermometer or thermometer with disposable covers.
12. Sink with running water.
13. Expendable supplies (refer to <http://www.redcross.org/disaster/masters/supply.html> for recommended inventory):
  - Pocket mask/face shield for CPR
  - Disposable gloves (including latex free gloves for persons with a latex allergy)
  - Soap (plain)
  - Sterile cotton tipped applicators, individually packaged
  - Sterile adhesive bandages (1"x3"), individually packaged
  - Cotton balls
  - Sterile gauze squares (2"x2"; 3"x3"), individually packaged
  - Adhesive tape (1" width)
  - Gauze bandage (1" and 2" widths) rolls
  - Ace bandage (1" and 2" widths)
  - Splints (long and short)
  - Cold packs (compresses)
  - Triangular bandages for sling & Safety pins
  - Tongue blades
  - Disposable facial tissues
  - Paper towels
  - Sanitary napkins
  - 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 3MO 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, review annually and update as needed. Copy and post near all phones.

## EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

**EMERGENCY PHONE NUMBER** \_\_\_\_\_ **9-1-1**

Name of service: \_\_\_\_\_  
Their average emergency response time to your school: \_\_\_\_\_  
Directions to your school: \_\_\_\_\_

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

- Your Name and School Name
- Nature of Emergency
- **School Telephone Number:** \_\_\_\_\_
- Address and Easy directions
- Exact location of injured person (e.g., parking lot C)
- 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 Administrator \_\_\_\_\_  
Poison Control Center (California) \_\_\_\_\_ **1-800-876-4766**  
Poison Control Center (National) \_\_\_\_\_ **1-800-222-1222**  
Fire Department \_\_\_\_\_ **9-1-1**  
Police \_\_\_\_\_ **9-1-1**  
Hospital or Nearest Emergency Facility \_\_\_\_\_  
Child Protective Services \_\_\_\_\_  
Rape Crisis Center \_\_\_\_\_  
Local Health Department \_\_\_\_\_  
Other Medical Services Information (i.e., physicians, urgent care centers, dentists, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_