



FIRST AID HOW TO PROCEED IN CASE OF INJURY TO STUDENT

Emergency First Aid (California Schools) - <http://www.emsa.ca.gov/pubs/pdf/emsa196.pdf>

Police : 911
Poison : 1-800-222-1222
Fire : 911

DIRECTIONS FOR FIRST AID:

- To be used by all school personnel.
- Copies are to be placed in all first-aid boxes and posted in first-aid areas.
- Wear non-latex disposable gloves when exposed to blood or other body fluids.
- Cleaning wounds and abrasions should be done with soap and water.
- Call parent, guardian or any person parent has listed on the emergency card (always referred to as “parent” in this document).

School employees may render first aid. First aid is the immediate care provided to a suddenly ill or injured person.

SERIOUS INJURY OR ILLNESS

PROTOCOL

- DO NOT MOVE PATIENT until extent of injury is determined.
- Notify school nurse (if on site) and principal; render first aid as appropriate.
- **Call 911 after assessment if needed (see page15)**
While awaiting first-responders:
 - Provide constant monitoring of:
 - Airway/breathing.
 - If airway/breathing compromised, begin Basic Life Support/CPR (including AED defibrillation, if available).
 - If severe bleeding – apply pressure to stop bleeding.
 - Notify parent immediately; if unavailable, school or city police may assist you in contacting parents.
 - Keep person calm, in position of comfort and warmth (not hot).
 - Do not give food or drink.
 - Prepare to give to Emergency Responders the parent contact information and any records we have on allergies, medications or underlying illness.
 - Whenever 911 is called, complete an “Irregular Occurrence form” and send copy to Nursing and Wellness Office.
- **For all injuries to students (accidental or not):** Principal or principal’s designee completes form PS2652 **SDUSD Report on Accident** (“*Students and Others not in the Employ of the School District*”), available from site secretary or from the district’s Risk Management website. ***Make sure that completed form is sent to Risk Management as soon as possible.***
- **For all injuries to staff members,** refer to principal or designee so that an appropriate form can be completed.

ABDOMINAL PAIN

Stomach aches have several possible causes: hunger, overeating, diarrhea-illness, food poisoning, constipation, gas pain, pregnancy and menstrual difficulties. Psychological issues can also produce real abdominal pain.

- If a student has a fever, severe abdominal pain or vomiting, be sure to contact the parent/guardian and encourage medical care. If extremely severe (constant & unable to lie still without complaining or crying), call 911. If uncertain of action to take, speak with a school nurse.
- If there is no fever and the abdominal pain is not severe, then allow the student to use the bathroom and rest for 20-30 minutes in the office, lying down. If relieved, send back to class. If not relieved, then have parent pick up and encourage medical attention.

If appropriate, see MENSTRUAL PAIN

ALLERGIC REACTION, SEVERE / ANAPHYLAXIS

- Symptoms may begin as early as 5 minutes and as late as 2 hours after exposure to allergen (such as food, insect sting, medication).
- Symptoms can recur 2-3 hours after treatment. Always call 911, even if improved.

Anaphylactic reaction may include following symptoms.


- tingling sensation
- may begin with a metallic taste in the mouth
- itching
- hives
- sensation of warmth
- asthma symptoms
- vomiting, diarrhea, cramping
- swelling of the mouth and throat area, face, neck or tongue
- “tightening” of throat or chest
- difficulty breathing
- sense of doom
- suddenly appears seriously sick
- loss of consciousness or confusion
- a drop in blood pressure (if measured)

Management

1. **Administer Epinephrine** (Adrenaline); Use 1:1000 or *EpiPen*, *Twinject* or *Adrenaclick* intramuscularly (IM) and gently massage. May repeat dose at 15-minute intervals for a total of three doses if necessary.

(A) Prefilled Epinephrine Pens (*EpiPen*; *Twinject*; *Adrenaclick*); Give intramuscularly as per directions on package*

33-65 lbs:	Give <i>EpiPen Junior</i> , <i>Twinject</i> or <i>Adrenaclick</i> 0.15mg IM
> 66 lbs:	Give <i>EpiPen (Reg)</i> , <i>Twinject</i> or <i>Adrenaclick</i> 0.30mg IM

***Note:** Any staff member designated to give epinephrine should receive training from a school nurse and be certified in CPR. However, I authorize a person who is not trained by a nurse or not certified in CPR to administer epinephrine, via *EpiPen*, *Twinject* or *Adrenaclick*, if the child is suspected of having anaphylaxis.  H. Taras, MD

(B) Epinephrine Solution [to be administered by school nurses]

1 mg/ml is the same as a concentration of 1:1000

1:1000 comes in 1 ml vials; 30cc vials and in 2 ml prefilled syringes.

Epinephrine Solution dose is 0.0045cc per pound, with max of 0.30cc IM

For syringes with maximum accuracy of 0.10cc, use this guide

18 to 29 lbs: Give 0.10cc IM

30 to 55 lbs: Give 0.20cc IM

> 56 lbs: Give 0.30cc IM

2. **CALL 911** (Have staff call student's parent simultaneously). Notify administrator/office staff of 911 calls.
3. **Initiate CPR if needed** until paramedics arrive.
4. **Nurses should monitor heart rate, respiratory rate, and blood pressure** every 5 minutes.
5. **“Trendelenburg position”**: This means to lay the patient flat with feet 30° elevated above the height of the head. This helps to correct low blood pressure.
6. **Transfer to a medical facility by Paramedics** for further treatment, and call parents
7. **Document this incident and give report to nurse.** All incidents should be reported to district nursing office as soon as possible on Irregular Occurrence form. Site nurse will document this on the student's health record.

AMPUTATION

- Control bleeding.
- Call 911.
- Locate dismembered part quickly.
- Rinse the amputated body part with disinfected water (or saline if available).
- Wrap the amputated body part in dry sterile gauze.
- Place the wrapped body part in a clean plastic bag and seal the bag.
- Place the sealed plastic bag in ice water, making sure no water can get into the bag and that the body part does not get wet.
- Do not place the body part on ice, or it may freeze or be injured by the cold.
- Transport the body part to the hospital along with the injured person.

ASTHMA/WHEEZING/DIFFICULTY BREATHING

- Sit person in upright position of comfort. **STAY CALM.**
- Find out if student has allergies or medication prescribed.
- If has medication at school, administer and observe 4-5 minutes. If needed, repeat medication as ordered by provider. Monitor student. If condition improves, student may return to class.
- Call 911:
 - If symptoms worsen e.g. loud wheezes, difficulty speaking in full sentences.
 - If lips, tongue or nail beds are blue.
 - If confused, decreased level of consciousness.

BACK AND NECK INJURIES

- Suspect neck/back injury if pain results from falls over 8 feet or falling on head; if thrown from a moving vehicle, sports, violence, or being struck by a fast moving object. If spinal injury suspected, call 911.
- Do not move injured person until extent of injury is assessed. Protect head and neck from movement.
- If a helmet is in place, leave it on if breathing is adequate.
- Treat for shock – keep person warm, but not hot.

BITES

- Animal
 - Wash wound thoroughly with soap and running water. Dry thoroughly.
 - Apply clean and dry dressing.
 - Notify parent/guardian; refer to family physician for treatment.
 - Check tetanus immunization status on school records. Let parent/guardian know to notify student's provider if it has been more than 5 years since last tetanus booster.
 - Obtain information on incident and notify Department of Animal Regulations (619) 236-4250.
- Human
 - Wash wound with soap and running water; dry thoroughly.
 - Apply sterile dressing (or clean bandage, if sterile dressing not available).
 - Check Hepatitis B and DPT immunization status of biter and person bit, if information available.
 - Notify parent.
 - If skin is broken, injured should always seek medical evaluation, with school nurse collecting history and then providing a written description of the incident so that it is available to injured person's medical provider. HIV prophylaxis is, in rare circumstances, recommended.
 - If a staff member is injured, refer to principal or designee for appropriate form to be completed.
 - If a student is injured, complete **Report on Accident** form ("*Students and Others not in the Employ of the School District*"), available from site secretary or from district's Risk Management website.
- Insect (bee, hornet, wasp, ant)
 - Check records or ask child about previous allergic reactions. If allergic, symptoms will likely occur, within 20 minutes after sting; Check for signs of anaphylaxis and respond accordingly (See Anaphylaxis section, page 1 of this document).
 - Remove stinger quickly; if possible by scraping away with tongue blade, or credit card toward sting site. **DO NOT USE TWEEZERS, NEVER SQUEEZE.**
 - Give prescribed medication for that child, if available.
 - Cleanse area with soap and water; may cover with cold pack for 15 minutes.
 - If no bleeding, leave open to air. If bleeding apply clean & dry dressing.
 - Notify parent/guardian.
 - Call 911 if serious allergic reaction/anaphylaxis suspected. See ALLERGIC REACTION (above).
- Snake (*Treat all snakebites as poisonous until snake is positively identified*)
 - Call 911; notify parent/guardian.
 - **Do not apply tourniquet.**
 - **Do not apply ice.**
 - **Do not incise or suction fang marks.**
 - Have patient lie down, keep warm and calm.
 - Remove constrictive clothing, rings, and watches.

- Immobilize bitten extremity; keep it at or below heart level.
- Flush bite with large amounts of water; may wash with soap and water.
- Mark a line with ink at the most proximal level of swelling and record the time. If swelling is spreading, mark a new line and new time again, every few minutes.
- Monitor pulse, color and respirations; prepare to perform CPR if needed.
- Contact Department of Animal Regulations (619) 236-4250.

BLEEDING

- Profuse
 - **Do not use a tourniquet.**
 - Apply direct pressure to area of bleeding.
 - When bleeding is controlled, apply dry, clean dressing (or sterile dressing if available) and bandage firmly. Call 911 if uncontrollable bleeding and notify parent/guardian.
 - **Do not remove dressing;** reinforce only with more dressing.
 - Treat for shock and follow serious injury protocol.
- Moderate
 - Apply pressure dressing; **do not remove dressing,** reinforce only.
 - If bleeding stops, clean around area with soap and water.
 - Notify parent.

BLISTERS

- DO NOT OPEN OR BREAK.
- If blister is open, cleanse with soap and water and apply dressing.

BRUISES

- If bruise accompanied by rapid swelling and/or student is in great pain, contact parent. Encourage immediate medical care. If unable to reach parent, contact principal & call 911.
- If skin is broken, treat as a cut - see "CUTS, SCRATCHES & SCRAPES". If fracture is suspected, see "FRACTURES".
- Rest bruised part and apply cold compress to injured area for no more than 20 minutes.
- For unexplained, unusual, or frequent bruises, consider possibility of child abuse.

BURNS

- First Degree (red area only) / Second Degree (blisters only)
 - Immerse or rinse in cool water 2–5 minutes or until pain subsides.
 - Cover burn with non-stick, dry, loose, sterile dressing or dry, clean dressing.
 - **Never apply ointment or other remedies; never break blisters.**
- Third Degree (tissue damage with some loss of sensation or any burn >15% of body.)
 - Assess and treat for respiratory distress and shock as needed (anticipate this for burns near face and neck if smoke is involved).
 - Cover burn with non-stick, dry, sterile dressing or clean sheet, T-shirt or equivalent.
 - Call 911 / Seek medical attention immediately.
- Electrical Burns
 - Call 911 for all electrical burns.
 - Delay assistance if you cannot be protected from electrical hazard.
 - Turn off power (main power source).
 - Look for entrance and exit wounds on body and cover each with dry, sterile dressing.
 - Report findings to paramedics when they arrive.

- Chemical Burns
 - Have someone call 911: to assure immediate medical attention; if of face or eye involved; if burn is from an explosion; if burn is deep or includes a large area, if person confused or unconscious; if difficulty breathing; or if burned skin is white, brown, black or charred.
 - Wear gloves to protect yourself.
 - Follow directions on chemical container. If none, have someone else call Poison Control.
 - While awaiting poison control instructions, flush skin or eye thoroughly for 15 minutes with tepid or cool water.
 - When washing eyes, turn head, lift eyelid and pour water from nose to outer side; never wash toward the nose.
 - When eye involved, place clean gauze or eye patch over eye and bandage eye closed.

CARDIAC ARREST AND/OR RESPIRATORY ARREST

- Call 911 immediately and obtain AED if available.
- Begin CPR and continue until paramedics arrive or victim begins to breathe.
- If school site has AED (Automated External Defibrillator), follow CPR protocol.

CHEST PAIN

Chest pain has several possible causes: injury, sprain of chest muscle, spasm of the esophagus, pneumonia or other inflammation of the lungs, stomach problems or other gastrointestinal disturbance, anxiety and stress, or heart conditions (like heart attack).

- Call 911 if the chest pain is associated with confusion or loss of consciousness or dizziness, if the person looks seriously ill, or if there are symptoms of a heart attack (intense pain, pain travels down left arm/shoulder or jaw/neck, shortness of breath, unusual fatigue, cold sweat and clammy, pale or bluish skin).
- If none of the above symptoms are present, then put person in a comfortable position and loosen clothing and allow to rest. If pain persists, have parent pick student up.
- As Chest Pain can actually be abdominal pain that is felt in the chest, or lung tightness in asthma, also see ABDOMINAL PAIN or ASTHMA.

CHILD ABUSE & NEGLECT

- If student has visible injuries, refer to appropriate section in this protocol and provide first aid.
- District Staff who have contact with students are required to report suspected cases of Child Abuse & Neglect. Refer to SDUSD District Procedure 6370.

CHOKING (see infants below)

- If student is breathing & can speak, do not interfere with their attempt to dislodge foreign object.
- Observe.
- May exhibit one or more of the following:
 - Unable to speak.
 - Clutching throat.
 - Skin bluish or dusky color.
 - High pitched sound while breathing in.
 - Unconsciousness, partial or complete.

Choking: Age 1 thru adults

- Perform manual thrust:
 - Stand behind person; put your arms around person's front.
 - Make fist and place thumb side up into area just below person's breastbone and above navel.
 - Grab fist with other hand, keep elbows out, press thumb side of your fist into the person's abdomen just below breastbone and above navel.

- Give 5 quick, upward and inward thrusts until obstruction relieved victim becomes unconscious.
- Check if breathing is restored.
- Check victim after every 5th thrust, then repeat if not breathing.

Choking: Infants

- Apply four rapid, sharp blows to back between shoulder blades using heel of hand.
 - Person's head should be lower than chest.
 - If child, turn upside down and apply blows to back.
 - Call 911 if symptoms not completely resolved.
 - Contact parents.

If any choking victim becomes unconscious:

- Dial 911.
- Look for object in mouth – and with deep fingers scoop out IF object is seen.
- Begin steps of CPR.

COMMUNICABLE DISEASE

- Refer to appropriate Symptom Section in this first aid guide (RASH, DIARRHEA, etc.)
- Contact your site/itinerant nurse for guidance regarding the district's exclusion protocol, if applicable (rash, for example). If unable to reach nurse, call the Nursing & Wellness office.

CUTS, SCRATCHES & SCRAPES

- Control bleeding by applying direct pressure.
- Clean area with soap and water.
- Cover with dry, sterile dressing or adhesive bandage (e.g. BandAid).
- If dirt is imbedded or stitches are required, apply temporary dressing and refer to physician.
- Notify parent.

If appropriate, see PUNCTURE WOUNDS, GUNSHOT AND STABBING or BLEEDING

DENTAL INJURIES / MOUTH INJURIES / JAW INJURIES

If bleeding, use direct pressure to control the blood.

- Call 911 if the person has: difficulty breathing, frequent choking, loss of consciousness, or uncontrollable bleeding. Protect the neck by keeping it straight. If the airway of a person who is not sitting or standing needs protection from blood, "log roll" the person to left side to allow drainage of blood.

Jaw and Mouth Injuries

- Do not try to move jaw.
- Gently try to support the jaw with your hand.
- Contact parent for immediate medical care.

Broken Tooth

- If bleeding from around tooth, use gauze pack.
- Notify parent refer to dentist.

Dislodged Tooth

- Primary tooth
 - Use gauze pack to stop bleeding.

- Give tooth to child to take home.
 - Notify parent.
 - Permanent tooth
 - Control bleeding and apply cold compress to area.
 - Locate tooth; rinse carefully if dirty, grasping by the crown, not the root. (**do not** scrub, rub or scrape to remove dirt.)
 - Alternatives:
 - For transport, place tooth into a container of milk, “normal saline”, or cup of water with pinch of salt.
 - Have student spit in a cup and place tooth in it for transport.
- Reimplantation may be possible if done within an hour.

Toothache

- Notify parent; refer for immediate dental care.

DIARRHEA

- Check temperature. Wear disposable gloves if needed.
- If also has stomachache, allow to rest.
- Offer and encourage drinking small amounts of water to prevent dehydration.
- Contact parent and encourage medical care if:
 - Student has continued diarrhea (3 or more times).
 - Fever of 100.5°F or more, taken orally (or 101°F taken by ear, rectally or temporal scan).
 - Blood or mucus is present
 - Student is dizzy and pale or has severe stomach pain.

DROWNING/NEAR DROWNING

- Send for help (CPR trained staff).
- Get student out of the water, place on back with head and neck straight.
- If cardiac or respiratory arrest, begin CPR and continue until paramedics arrive or victim begins to breathe.
- Support head, neck and turn body as one to the left side.
- Maintain open airway. Clear airway of vomit/objects if needed until paramedics arrive.
- Call 911. Notify parent and principal.

EARS

- Foreign Body
 - If cannot be easily removed by gravity or adult finger, do not attempt to remove.
 - Call parent for pick-up and refer to physician for removal.
- Ear Discharge (either clear fluid or pus)
 - If painful or if fever, call parent for pick-up and refer to physician.
 - **Do not** clean out, plug ear canal or stop flow of drainage (may clean skin of outer ear only).
 - If not painful, notify parent for non-emergency physician visit.

EYE INJURIES

- Foreign Body
 - Caution student not to rub eye.
 - Pull down lower lid. If object lies on surface, lift off gently with corner of moist gauze square.
 - Flush eye with clear water or saline solution, if available.

- If penetration injury with object stuck in eye, call 911 and **do not** remove object.
- Cover with cone or paper cup and **do not** apply pressure on the eye.
- Contact parent and seek medical attention immediately.

FAINTING

- Lie person down with feet elevated. Loosen clothing around the neck/waist.
- Keep person warm, but not hot.
- Aromatic spirits of ammonia, if available, may be used as an inhalant for students over age 12 and adults. Do not use on persons with asthma or emphysema or students under age 12.
- Always refer to physician if cause is uncertain.
- If fainting follows a previous head injury, is accompanied by seizure-like movements, has an unconscious period greater than 1-2 minutes, or occurs more than once that day, seek immediate medical help or call 911.
- Immediately notify parent of incident

FRACTURES (Suspected Fracture)

1. Determine if 911 needs to be called.

Always call 911 if injured person is unresponsive, isn't breathing or isn't moving, first call 911. Then begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.

Symptoms and Signs also requiring 911 to be called:

- Heavy bleeding.
- Signs of shock (result of excessive blood loss; see SHOCK, below).
- Pain is extreme with even gentle pressure.
- Limb or joint appears deformed.
- Bone has pierced the skin.
- Extremity of the injured arm or leg (e.g., toe or finger) is numb or bluish at tip.
- Suspected broken bone is: neck, head, jaw, back bone, hip pelvis or upper leg.
- Suspected skull fracture with signs of concussion (see HEAD INJURY, below).

Actions While Awaiting Ambulance

- a. Stop bleeding by applying pressure to the wound with clean bandage or cloth.
- b. Immobilize injured area, but **do not** try to realign bone.
- c. Apply ice (indirectly with towel or cloth) to limit swelling and relieve pain.
- d. Do not move victim, except when necessary for victim's safety.
- e. Stay with victim until help arrives.

2. If 911 does not need to be called:

- a. Protect injured limb from external contact and from movement. (If trained, splint with towel, cardboard, or sling). Leave in position of comfort. Elevate limb if that position is comfortable.
- b. Call parent to take child to medical provider.
- c. May apply ice or cold compress, for no more than 20 minutes.

GROIN and GENITALIA INJURIES

- If a groin muscle sprain, apply compression and ice pack and provide rest. Notify parent immediately.
- If male or female genitalia, always notify parent and refer to physician if pain, bleeding, swelling, lump, limp, or other symptoms.

GUN SHOT WOUNDS

- See PUNCTURE WOUNDS, GUNSHOT AND STABBING

HEAD INJURY

- **Always notify parent regardless of degree of head injury.**
- **Minor** (No loss of consciousness or was stunned less than 5 seconds).
 - Have child lie down to rest, keep quiet & warm; observe for following signs/symptoms:

Nausea or vomiting	Blood or fluid in ears
Unequal pupils (blacks of eyes)	Increasing pain
Disorientation	Decreasing level of consciousness
Slurring of speech	
 - If no headache or none of the above symptoms are evident after 30 minutes, allow child to leave health office. Notify parent of incident by phone and send Head Injury Parent Notification. If unable to reach by phone, send a note home with Head Injury Parent Notification.
 - Make teacher aware of head injury and to have someone accompany student to office if any of the above possible signs and symptoms appear
 - If headache persists, or any of the above symptoms appear, notify parent immediately and recommend medical care.
- **Severe** (Loss of consciousness greater than 5 seconds or accompanied by symptoms as noted above under Head Injury/Minor).
 - Do not allow student to be moved until physical assessment is completed and level of consciousness determined.
 - Call 911 and transport by stretcher with neck immobilized when moving.
 - Do not elevate feet.
 - Do not give fluids.

HEART ATTACK

See CHEST PAIN

HEAT STROKE/HEAT EXHAUSTION

Symptoms of heat stroke

- Hot, dry, and red skin, high temperature, rapid and weak pulse, rapid and shallow breathing, seizures; may be unconscious.

Symptoms of heat exhaustion

- Normal temperature, headache, nausea & vomiting, cool and clammy skin, faint feeling, weakness, nausea, cramps, confusion, and dizziness.

Actions to take for heat stroke and heat exhaustion

- Call 911 and notify parent.
- Lie patient down, elevate feet, loosen clothing.
- Sponge bare skin with cool water (**do not** use ice water or alcohol).
- Give sips of water or sport drinks, in small amounts if alert only.
- Keep victim cool (in air conditioned room or repeated sponging with cool water).

MENSTRUAL PAIN / CRAMPS / OTHER MENSTRUAL DIFFICULTIES

Menstrual difficulties may present with abdominal pain and cramping, abnormal menstrual periods or abnormal bleeding.

- If it is possible the student is pregnant, refer to a school nurse.
- If the pain or cramps are mild, recommend walking and other moderate exercise. Note that it is normal to have mild pain for up to 2-3 days in the pelvic area, lower abdomen, and lower back or down legs for many menstruating women. Sadness accompanying menstrual periods is normal and temporary.

- If pain or sadness persists beyond a couple of days, recommend to parent that girl sees her doctor.
- For moderate to severe pain, nurses may administer over-the-counter medications if there is parent authorization on file. Contact nurse if over-the-counter medication is authorized to be given
- If pain is severe (disabling), then call 911 and notify parent.
- If bleeding, offer feminine pad. If heavy bleeding is worrisome, call parent and encourage immediate medical care.

MOUTH INJURIES / JAW INJURIES

- See DENTAL INJURIES

NOSE BLEEDS

- Have child sit with head slightly forward.
- Apply firm pressure with fingers on lower portion of nose for 5-15 minutes.
- If bleeding prolonged or severe, notify parent and advise medical care.
- Warn against nose blowing and active play for remainder of school day.

PENCIL LEAD INJURY

See PUNCTURE WOUNDS

POISONS

- Identify poison, amount consumed and time of ingestion. Find container and read the directions for overdose/ingestion on label.
- Call Poison Control (1-800-222-1222) immediately and follow instructions provided.
- If unable to contact Poison Control: Give 2 or more glasses of water (**Except for caustics, petroleum or strychnine products**).
- Call 911, notify parent.
- Send bottle of poison and vomitus, if any, with child to emergency room.
- If child is unconscious or seizing, **do not give fluids**.

PUNCTURE WOUNDS, STABBING, GUNSHOTS

- For Gunshots and Stab wounds call 911 for emergency medical response and call school police. Have someone call parent.
- For any stab wound or puncture, *call 911 if*: the object is large, if wound seems deep, if the wound is bleeding uncontrollably, the wound is squirting blood, or if air is escaping from the chest.
- If there is blood or other body fluids, wear disposable gloves.
- If object is still in the wound, do not try to remove it. Wrap it in bulky dressing around the object and keep person calm.
- If there is no object in the wound, bleeding is not profuse and there are no other symptoms, wash the wound gently with warm, soapy water and cover with a clean bandage. Do not try to probe or squeeze.
- For stab wounds and gunshot wounds, press firmly with a clean bandage, have person lie down, elevate feet 8-10 inches, elevate injured part gently if possible, and cover with blanket or sheet.

If appropriate, see also SPLINTERS/PENCIL LEAD, and BLEEDING

RASHES

- Isolate from other children if considering contagion (accompanied by fever, headache, neck pain, sore throat, diarrhea, vomiting, or other symptoms), and call parent to retrieve student.
- Refer to physician.

- If unexplained rashes are suspected or diagnosed as being part of a contagious disease, discuss this with a school nurse (because sometimes a doctor's note is required for return to school or a Parent Fact Sheet is distributed by the nurse).

SEIZURES

- Ease child to floor; line floor with blanket or mat if possible.
- Keep calm. Time length of seizure. **Seizure must run its course.**
- If vomiting, maintain airway by turning head to side.
- **DO NOT put anything in mouth or give anything by mouth, or try to restrain movement.**
- Prevent self-injury to student; protect head.
- Notify parent/guardian; refer to physician if indicated.
- Check to see if child has medication prescribed to stop seizures lasting > 5 minutes
- Call 911 if seizure activity is continuous, non-subsiding in nature, lasts greater than five minutes, or several repeated (cluster) seizures in a row (unless long seizures are considered normal for that person as documented in their individualized health service plan or health record).
- First-Time Versus Recurrent:
 - Call 911 for transport to emergency room for any first-time seizure.

SHOCK

- Look for:
 - Pale, cool, clammy skin.
 - Weak, rapid pulse.
 - General body weakness.
- Call 911.
- Keep person lying down.
- Elevate feet (**exception in cases of head injury or if elevation causes pain or respiratory distress.**)
- Cover only to maintain body heat.
- **DO NOT give fluids** if nauseated, unconsciousness, or abdominal wound is present (unless medical assistance is not available for over an hour).

SKIN INJURY

- Abrasions
 - Wash with soap and water.
 - Apply non-stick, sterile dressing to dried wound.
 - If abrasion is extensive, deep, or has imbedded material, notify parent/guardian and refer for medical care.

SPLINTERS / PENCIL LEAD

- Wear disposable gloves if exposure to blood or other body fluids.
- Wash area with water and soap
- If splinter or pencil lead is small, shallow or is protruding above surface of skin, remove with tweezers. Stop if it causes pain or is not easily removed. Do not probe under the skin! If removed, wash area again and apply a clean dressing.
- If it does not appear to be very easy to remove with tweezers or a trial of removal was unsuccessful, leave splinter (or pencil) in place and contact parent.

SPRAINS / STRAINS / "SOFT TISSUE" INJURY

- Treat as a fracture until diagnosed.
- Elevate injured part and apply covered ice pack.
- Have patient avoid moving and weight bearing.
- If a groin sprain, compression and ice pack and rest (See GROIN INJURY).
- Notify parent and refer to physician.

STABBING

See PUNCTURE WOUNDS

STOMACH ACHE

See ABDOMINAL PAIN

SUICIDE THREAT or SELF HARM

Refer to District Emergency Procedure (EP 10)

- Do not leave the student alone. Put the student into the protective custody of 2 responsible adults.
- Keep the student away from sharp objects or potentially dangerous items.
- Employees should not attempt to move or transport students off school grounds.
- If the student is in immediate danger or can harm himself or others, notify School Police Services by emergency radio (Channel 1A), otherwise call 619-291-7678 to request an evaluation for possible committal to a mental health facility. Only a peace officer or public health officer may take people into protective custody and place them into a qualified institution.
- Immediately notify the student's parent of the circumstances.
- If additional support staff is needed, consider requesting the assistance of the Counseling and Guidance Department. (See Procedure 5135).
- Complete "Suicide/Self Harm Risk Form" and "Parent/Guardian/Relative Notification Form" (Attachments 1 and 2), and forward them to the Counseling and Guidance Department, Ed Center, Annex 12. Maintain a copy for follow-up.
- Parent conference with school personnel is highly recommended upon student's return to school.
- A confidential file should be maintained either by the counselor (Elementary) or head counselor (Secondary). Information on suicide/self harm attempts should not be entered on school records.
- When a student is a ward of the court, the legally responsible agency should be notified immediately by the principal or "designee for student threats".

SUN STROKE

- See HEAT STROKE / EXHAUSTION

VOMITING

Vomiting has several possible causes: illness or food poisoning; injury (including abdominal injury and head injury); pregnancy; heat exhaustion, overexertion; toxic exposure or ingestion, asthma.

- Have person lie down on side. Have bucket available. Apply cool, damp cloth to face or forehead.
- If person is vomiting blood, or there is a change in consciousness, then call 911.
- Take temperature and have parent pick-up student if there is a fever > 100.5 orally.
- If appropriate, check instructions for the following accompanying symptoms: BLEEDING, DIARRHEA, HEAD INJURY, ABDOMINAL PAIN, HEAT STROKE, ASTHMA, etc...
- Give no food or medications. May offer ice chips or small sips of clear fluids (7-up, Gatorade) if person is thirsty.
- Contact parent to pick up if vomits more than once or nausea persists.

FIRST-AID KITS

- **Room Kits**

Appropriate containers, such as plastic bags/fanny packs, are placed in classrooms for use by teachers in giving first aid for minor injuries. The health office supplies kits and re-stocks these kits with basic supplies. School site provide funding for their supplies.

Supplies for room kits:

- a. Adhesive bandages (e.g. BandAids)
- b. Disposable non-latex gloves
- c. 4x4 gauze pads
- d. Petroleum Jelly (such as Vaseline for chapped lips – more applicable for elementary grades)
- e. Cotton tipped applicators or tongue blades (for single use when using Petroleum Jelly)
- f. SDUSD First Aid Protocol

- **Field Trip Kits**

CA Education Code 32040 states that “whenever any pupils of the school are conducted or taken on field trips under the supervision of any teacher in, or employee of, the school” they shall be equipped with a first aid kit.

Suggested supplies for field trip kits:

- a. Disposable non-latex gloves
- b. Twelve 3" x 2" sterile gauze packages
- c. Four 1" gauze roller bandages
- d. Four 2" gauze roller bandages
- e. Four triangular bandages
- f. One 1" roll adhesive tape
- g. Benzalkonium Chloride Towelettes/alcohol wipes (for use only if no soap & water available)
- h. Hand sanitizer in packets or small container (for use only if no soap & water available by person providing assistance after glove removal)
- i. Instant cold pack or waterproof plastic (e.g. Ziploc) bags for ice
- j. Written instructions for contents of the first aid kits, and SDUSD First Aid protocol

- **Important Reminder**

Please be aware that students with health problems and medication orders from physician will need to have the medication available during field trips. This includes:

1. Students with bee stings, peanut or other allergies who have EpiPens
2. Students with Asthma who have inhalers
3. Students with Diabetes must have a Glucagon emergency kit. Consult with school nurse regarding other needs as they will vary depending on the time length and activity level for the field trip.

Please let school nurse know at least two weeks prior to a field trip. The school nurse will instruct the teacher on proper use of medication during field trip. For emergency medications such as EpiPens and Glucagon, or special procedures, a designated staff member with current CPR and trained in the particular student's orders/procedures must be present on the field trip or student's parent may volunteer to attend.