

EMERGENCY GUIDELINES FOR MAINE SCHOOLS



Revised January 30, 2014

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

- Allergic Reaction
- Asthma & Difficulty Breathing
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- CPR
- Choking
- Cuts
- Diabetes
- Diarrhea
- Ear Problems
- Electric Shock
- Eye Problem
- Fainting
- Fever
- Fractures & Sprains
- Frostbite
- Headache
- Head Injuries
- Heat Stroke
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Injuries
- Nose Problems
- Poisoning & Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Splinters
- Stabs/gunshots
- Stings
- Stomach Aches
- Teeth Problems
- Tetanus
- Tick Bite & Removal
- Unconsciousness
- Vomiting
- Recommended Equipment & Supplies
- Emergency Procedures
- Infection Control
- Special Needs

ABOUT THE GUIDELINES

The Emergency Guidelines for Schools Manual is meant to provide recommended procedures for school staff who have no medical/nursing training to use when the school nurse is not available. It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course.

The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety's Emergency Medical Services for Children Program, and revised by the North Dakota EMS-C. Maine Emergency Medical Services has revised this version of the manual to make it specific for Maine.

These guidelines have been created as recommended procedures. 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 Maine. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation. It is also important to know how to contact your local EMS service and have a plan to direct the EMS providers to the location of the emergency upon their arrival.

HOW TO USE THE EMERGENCY GUIDELINES

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

The guidelines are arranged with tabs in alphabetical order for quick access.

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

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

In addition, some information has been provided about infection control procedures and emergency planning for students with special needs.

INFECTION CONTROL

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

- Wash hands thoroughly:
 1. before and after physical contact with any student (*even if gloves have been worn*).
 2. before and after eating or handling food.
 3. after cleaning
 4. after using the restroom
- Wear 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 gloves*). Double-bag the trash in a plastic bag or place the bloody material in a ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).
- Send all soiled clothing (i.e. clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes, while giving first aid.

Guidelines for students:

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

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

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

Medical Conditions:

Some students may have special conditions, which put them at risk for life-threatening emergencies. For example students with:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Asthma or other breathing difficulties

Your school nurse or other school health professional, along with the student's personal doctor, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available at all times.

In the event of an emergency situation, refer to the student's individual care plan.

Physical Abilities:

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

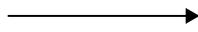
- Students in wheel chairs
- Students who have difficulty walking up or down stairs (*for whatever reason*).
- Students who are temporarily on crutches.

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

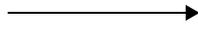
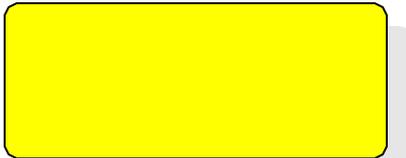
EMERGENCY PROCEDURES FOR ACCIDENT OR ILLNESS

1. **Call 9-1-1 for any illness or injury that may require more than first-aid.** Since January 2007, all 9-1-1 dispatchers in Maine have been trained and licensed as Emergency Medical Dispatchers (EMD). Emergency Medical Dispatchers will not only send Emergency Medical Services to your location, they will also provide pre-arrival medical instructions on how to care for the injured or ill person until the ambulance arrives. **Call 9-1-1 if you are unsure whether an ambulance is needed.**
2. **Don't become a victim.** Assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
3. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
4. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
5. **DO NOT** give medications unless there has been prior approval by the parent or guardian.
6. **DO NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guideline in **NECK AND BACK INJURIES** section.
7. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
8. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured student. Arrange for transportation of the injured student by Emergency Medical Services (EMS), if necessary,
9. A responsible individual should stay with the injured student.
10. Fill out a report for all accidents requiring above procedures if required by school policy.

KEY TO SHAPES AND COLORS



Start Here



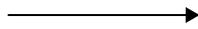
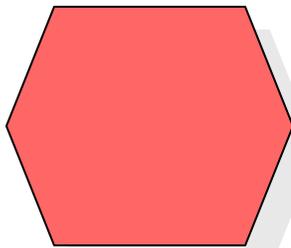
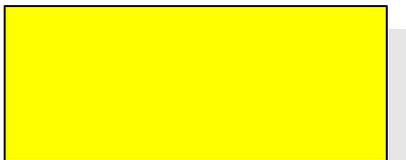
Provides first-aid instructions



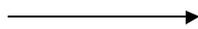
OR



Question is being asked. You will have a choice based on the student's condition.



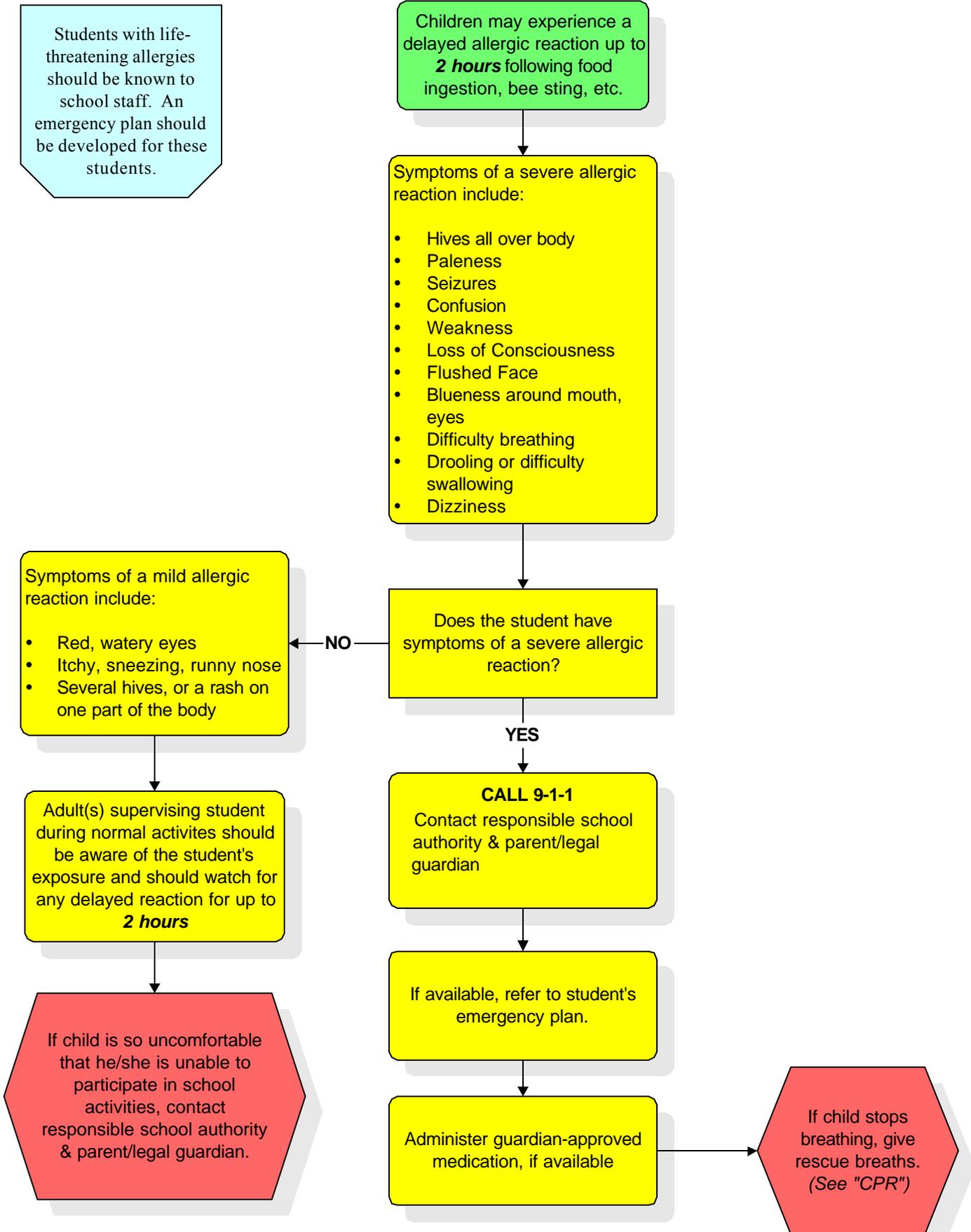
Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur

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

ALLERGIC REACTION



ASTHMA/WHEEZING/DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/wheezing, should be known to all school staff. A health/emergency care plan should be developed.

A student with asthma/wheezing may have breathing difficulties that include:

- wheezing - high pitched sound during breathing out.
- rapid breathing
- flaring (widening) of the nostrils.
- increased use of stomach and chest muscles during breathing.
- tightness in chest.
- excessive cough.

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

Does student have guardian-approved medication?

YES

Administer medication as directed

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

- Did difficulty breathing develop rapidly?
- Are the lips, tongue or nail beds turning blue?
- Are symptoms not improving or getting worse?
- Is speaking difficult due to shortness of breath?

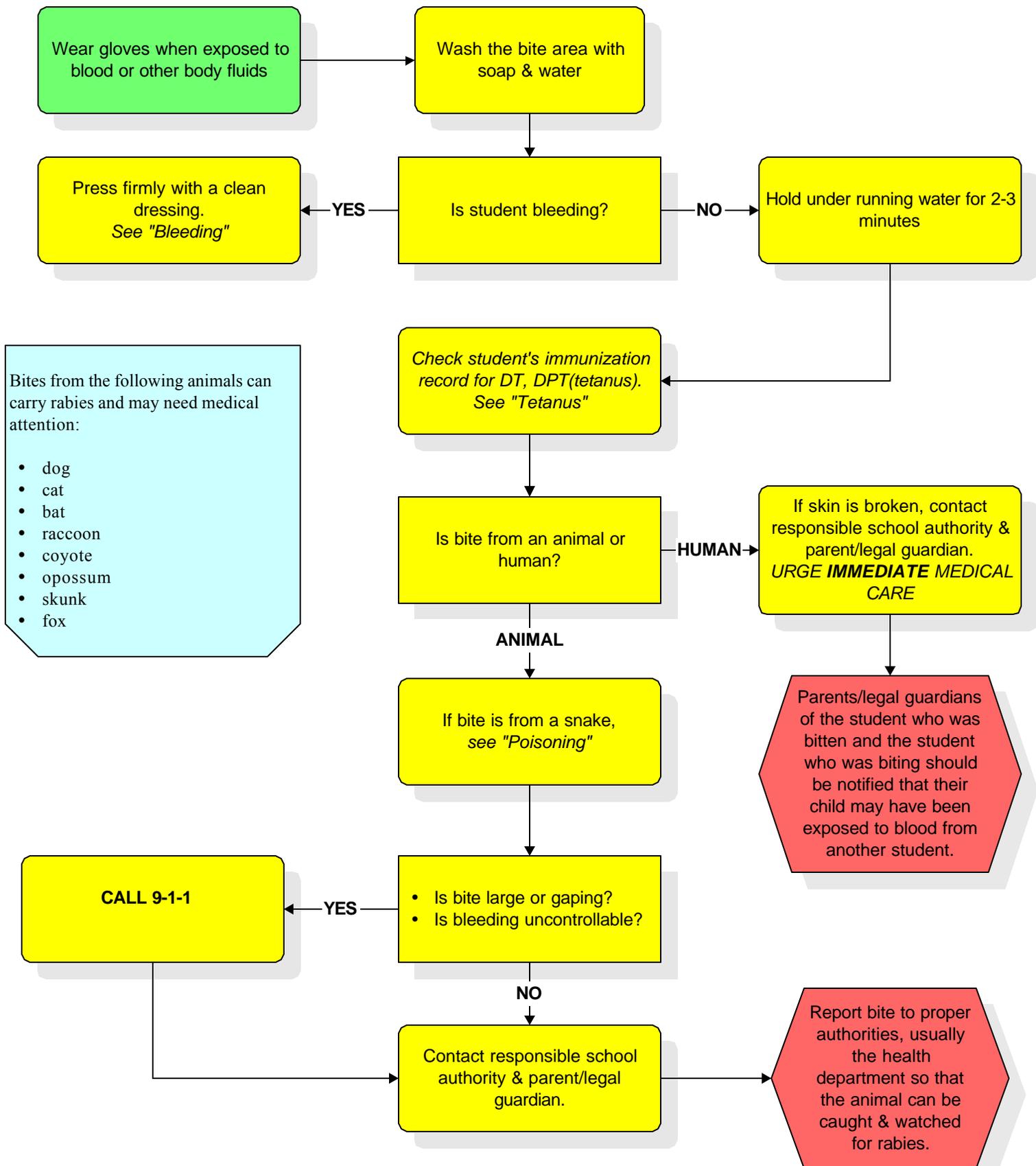
NO

Contact responsible school authority & parent/legal guardian

YES

CALL 9-1-1

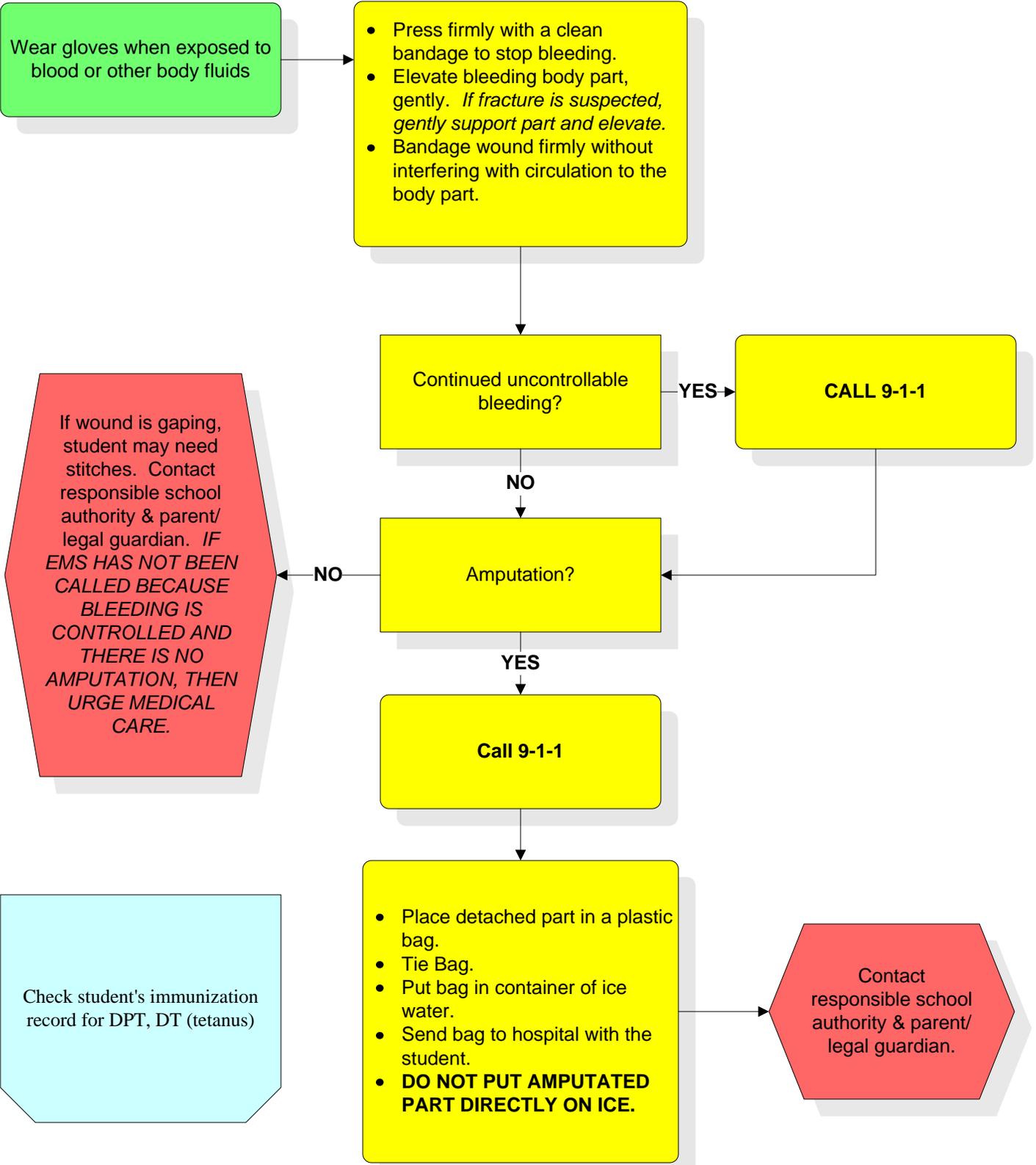
BITES (Human & Animal)



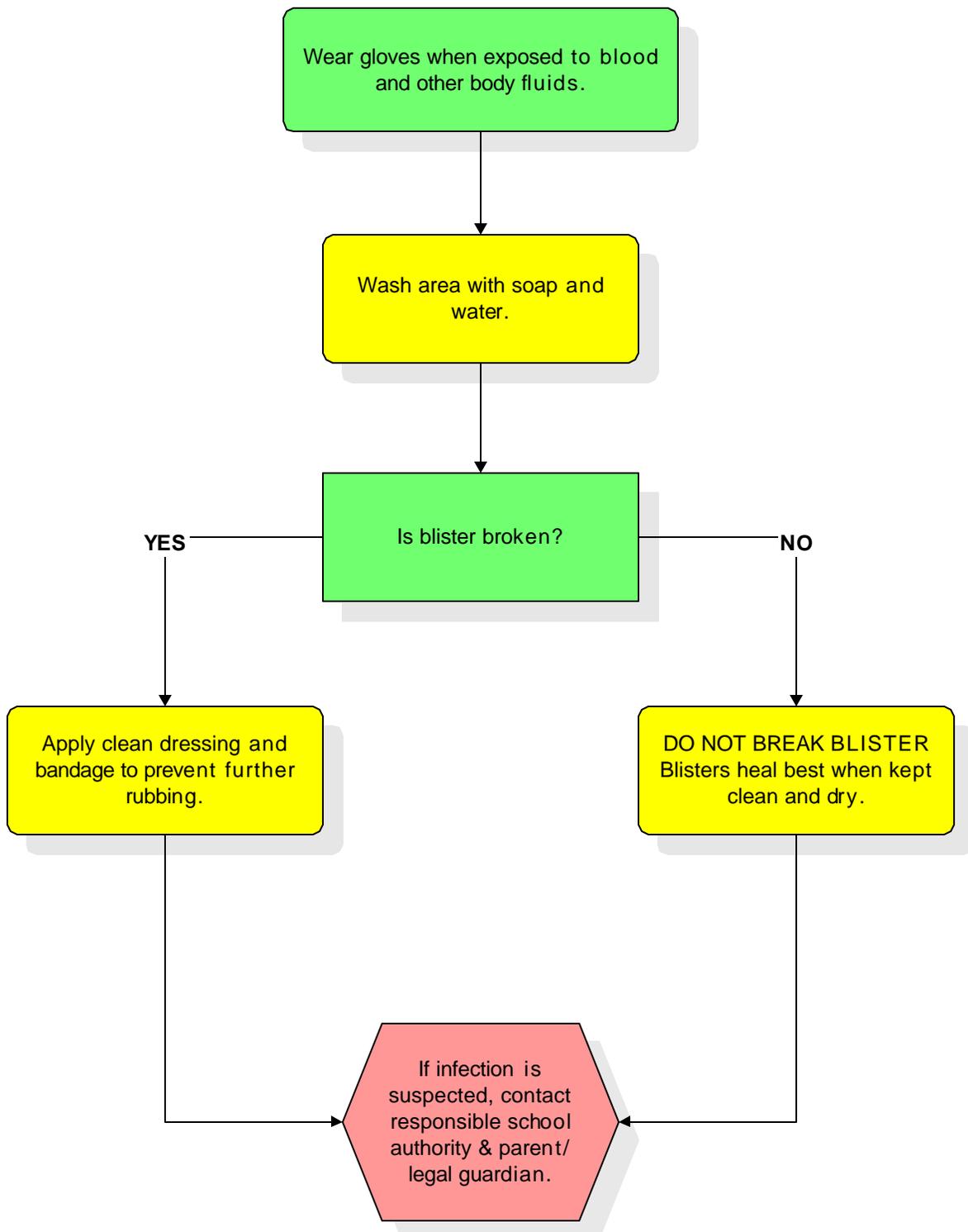
Bites from the following animals can carry rabies and may need medical attention:

- dog
- cat
- bat
- raccoon
- coyote
- opossum
- skunk
- fox

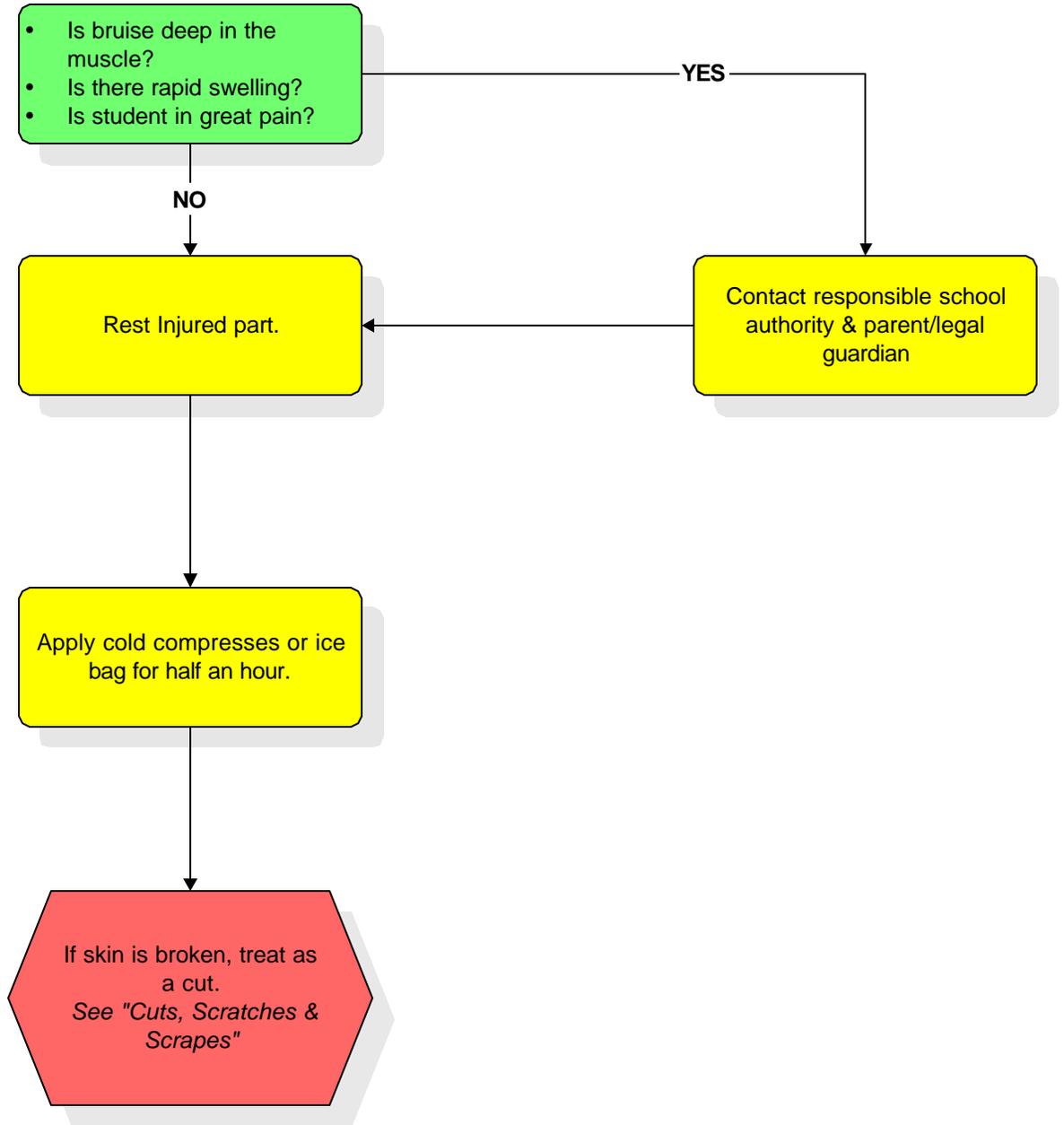
BLEEDING



Blisters (from friction)



BRUISES



BURNS

Burns can be caused by heat, electricity, or chemicals.

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

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?

YES

Call 9-1-1

What type of burn is it?

ELECTRICAL

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

CHEMICAL

Wear gloves and if possible, goggles. Remove student's clothing & jewelry if exposed to chemicals.

(Refer to school's exposure plan for specific information about the chemical)

Wet Chemicals - Rinse chemicals **IMMEDIATELY**, with large amounts of water.

Dry Chemicals – Brush off as much of the chemical as possible then rinse affected area with large amounts of water

HEAT

Flush the burn with cool running water and bandage loosely with a clean cloth. **DO NOT USE ICE.**

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

Contact responsible school authority & parent/legal guardian.

CALL POISON CONTROL CENTER & ask for instructions. **The number for the Northern New England Poison Control Center is:**

1-800-222-1222

CHOKING (Conscious Infant – Younger Than 1 Year)

If Alone, perform back blows and chest thrust (see instructions below) for 1 minute before calling 9-1-1. If another person is available have them call 9-1-1 immediately

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying or speaking DO NOT do any of the following, but call 9-1-1, try to calm the child and watch for worsening of symptoms

Position the infant face down on your arm, supporting the head

Give up to 5 back slaps between the infant's shoulder blades with the heel of your hand

Turn the infant as a unit, supporting the infant's back, neck and head. Keep the infant's head lower than the trunk.

Place two fingers on the infant's breastbone, just below an imaginary line between the nipples and give 5 chest thrusts, about 1 per second. Each compression should be $\frac{1}{3}$ - $\frac{1}{2}$ the depth of the chest.

Continue back blows and chest thrusts until the object is expelled or the infant becomes unresponsive. If infant becomes unresponsive go to **Infant CPR**. **Look inside the mouth when opening the mouth to give breaths. If you see an object in the mouth, remove it.**

If Alone, call 9-1-1 after 1 minute

CHOKING (Child over 1 Year of Age and Adult)

If Alone, perform abdominal thrusts (see instructions below) for 1 minute before calling 9-1-1. If another person is available have them call 9-1-1 immediately

Begin the following if the child or adult is choking and is unable to breathe. However, if the person is coughing, crying or speaking **DO NOT** do any of the following, but call 9-1-1, try to calm the person and watch for worsening of symptoms

Stand or kneel behind the person and reach around the person's abdomen

Make a fist with one hand and place your fist (thumb side in) against the stomach, just above the belly button

Grasp your fist with your other hand and press your fist into the person's abdomen with a quick upward thrust

Repeat the thrusts until the object is expelled or the person becomes unconscious

If the person becomes unresponsive go to **CPR**. **Look inside the person's mouth when opening the mouth to give breaths, and remove any object that you can see.**

If Alone, call 9-1-1 after 1 minute

CPR (Infant - Less Than 1 Year of Age)

If Alone, perform CPR (see instructions below) for 2 minutes before calling 9-1-1. If another person is available, have them call 9-1-1 immediately

Begin the following if the infant is unresponsive:

Place the infant on a firm, flat surface and remove any clothing from the infant's chest

Open the Airway by tilting the head slightly and lifting the chin

Put your ear next to the infant's mouth and look listen and feel for signs of breathing for 5 – 10 seconds

Is the Infant Breathing?

Monitor breathing and make sure that 9-1-1 has been called

NO

Cover the infant's nose and mouth with your mouth and give a breath to make the infant's chest rise

Did Infant's chest rise?

Reposition the head by tilting the head slightly and lifting the chin - give another breath

YES

Give a second breath. Cover the infant's nose and mouth with your mouth and give a breath to make the infant's chest rise

Draw an imaginary line between the nipples and place two fingers just below the line

Give chest compressions by pressing down on the infant's breastbone about 1/3 to 1/2 the depth of the chest. After each compression, completely release the pressure on the breastbone, but do not remove your fingers from the chest.

Compress the chest 30 times at a rate of 100 compressions per minute

Repeat 2 breaths and 30 compressions until EMS arrives or until the patient starts to move

If Alone, perform CPR for 2 minutes and then call 9-1-1

CPR (Child - 1 to 8 Years of Age)

Send another person to phone 9-1-1 and get an Automatic External Defibrillator (AED), if available

Begin the following if the child is unresponsive:

Place the child on a firm, flat surface and remove any clothing from the child's chest

Open the Airway by tilting the head and lifting the chin

Put your ear next to the child's mouth and look listen and feel for signs of breathing for 5 – 10 seconds

Is the Child Breathing?

Monitor breathing and make sure that 9-1-1 has been called

NO

Pinch the child's nose and cover their mouth with your mouth - Give a breath to make the child's chest rise

Did the Child's Chest Rise?

Perform another head tilt, chin lift and give another breath

YES

Pinch the child's nose and cover their mouth with your mouth – Give a second breath to make the child's chest rise

Put your hand on the child's breastbone, between the nipples. Use one or two hands, as needed

Give chest compressions by pressing down on the child's breastbone about 1/3 to 1/2 the depth of the chest. After each compression, completely release the pressure on the breastbone, but don't remove your hand from the chest.

Compress the chest 30 times at a rate of 100 compressions per minute

Repeat 2 breaths and 30 compressions until EMS arrives or until the patient starts to move

If Alone, perform CPR for 2 minutes and then call 9-1-1

If AED becomes available, follow AED instructions

CPR

Hand Only CPR* - Age 8 and Older (including Adults)

**Call (or send another person) to phone 9-1-1.
Have someone get an Automatic External Defibrillator (AED), if available**

Begin the following if the person is unresponsive:

Place the person on a firm, flat surface

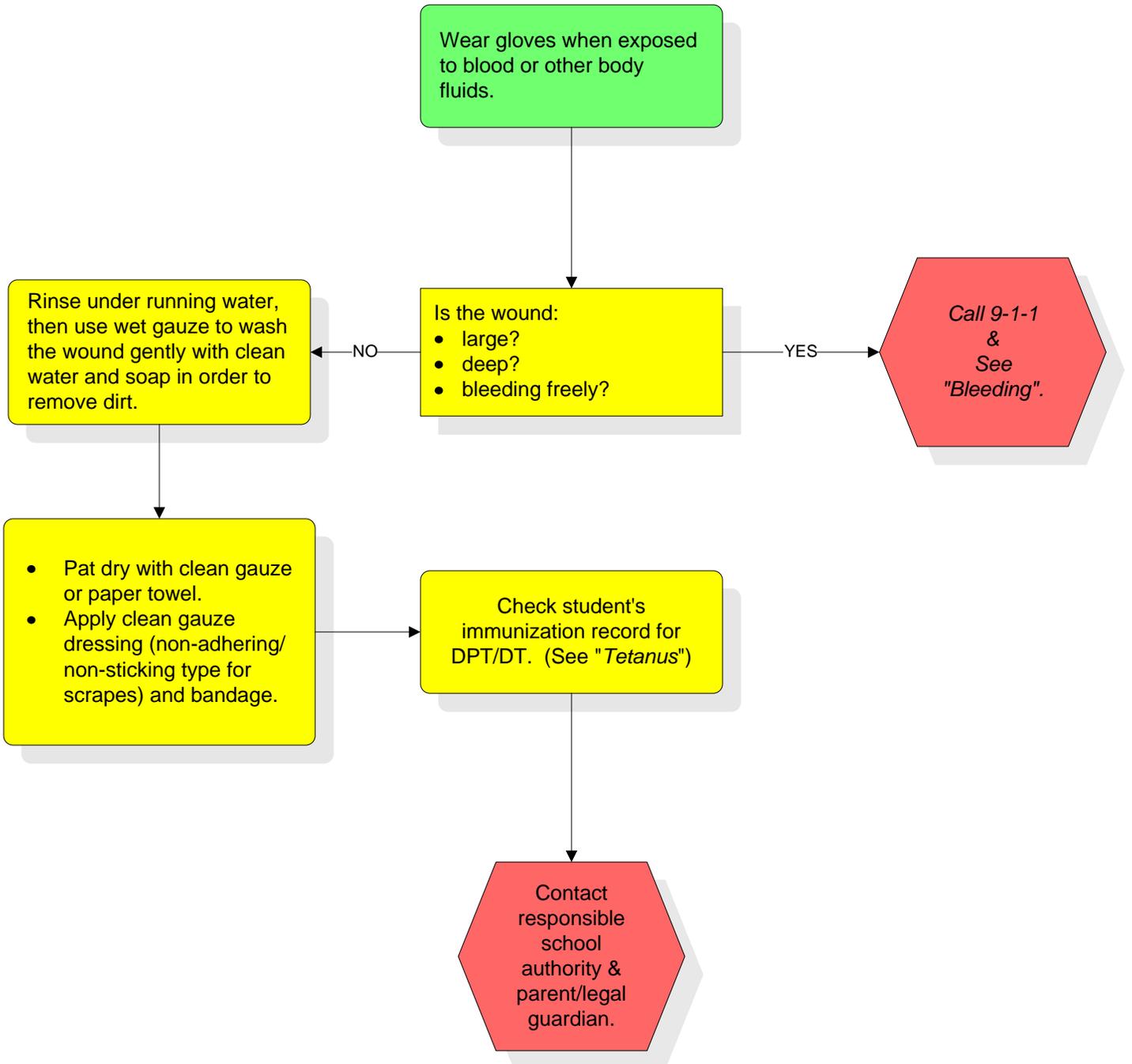
Kneel next to the person

Push hard and fast on the person's chest until an AED arrives and is ready for use or EMS Providers take over care.

***If you were previously trained in CPR and you are comfortable in your ability to provide rescue breaths then provide conventional CPR using a 30:2 compression to ventilation ratio or Hands-Only CPR until an AED arrives and is ready for use or EMS providers take over care.**

***If you were previously trained in CPR, but are not confident in your ability to provide CPR that includes rescue breaths, then do Hands-Only CPR until an AED arrives and is ready for use or EMS providers take over care.**

CUTS (Small), SCRATCHES & SCRAPES (Including Rope and Floor Burns)



A student with diabetes should be known to all school staff. A history should be obtained and a health plan should be developed at time of enrollment

DIABETES

A student with diabetes could have the following symptoms:

- Irritability and feeling upset
- Change in personality
- Sweating and feeling "shaky"
- Loss of consciousness
- Confusion
- Rapid, deep breathing
- Seizure
- Listlessness
- Cramping
- Dizziness
- Paleness
- Rapid pulse
- Vomiting

Is the student:

- Unconscious?
- Having a seizure?
- Unable to speak?
- Vomiting?

YES

Call 9-1-1

NO

If available, follow student's health or emergency care plan.

Contact responsible school authority & parent/ legal guardian.

Give the student "SUGAR" such as:

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

The student should begin to improve within 10 minutes. Continue to watch the student in a quiet place.

NO

Does the student have a blood sugar monitor available?

YES

Allow student to check blood sugar.

LOW

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

HIGH

Contact responsible school authority & parent/ legal guardian.

Call 9-1-1



DIARRHEA

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

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

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

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

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

EARS

DRAINAGE FROM EAR



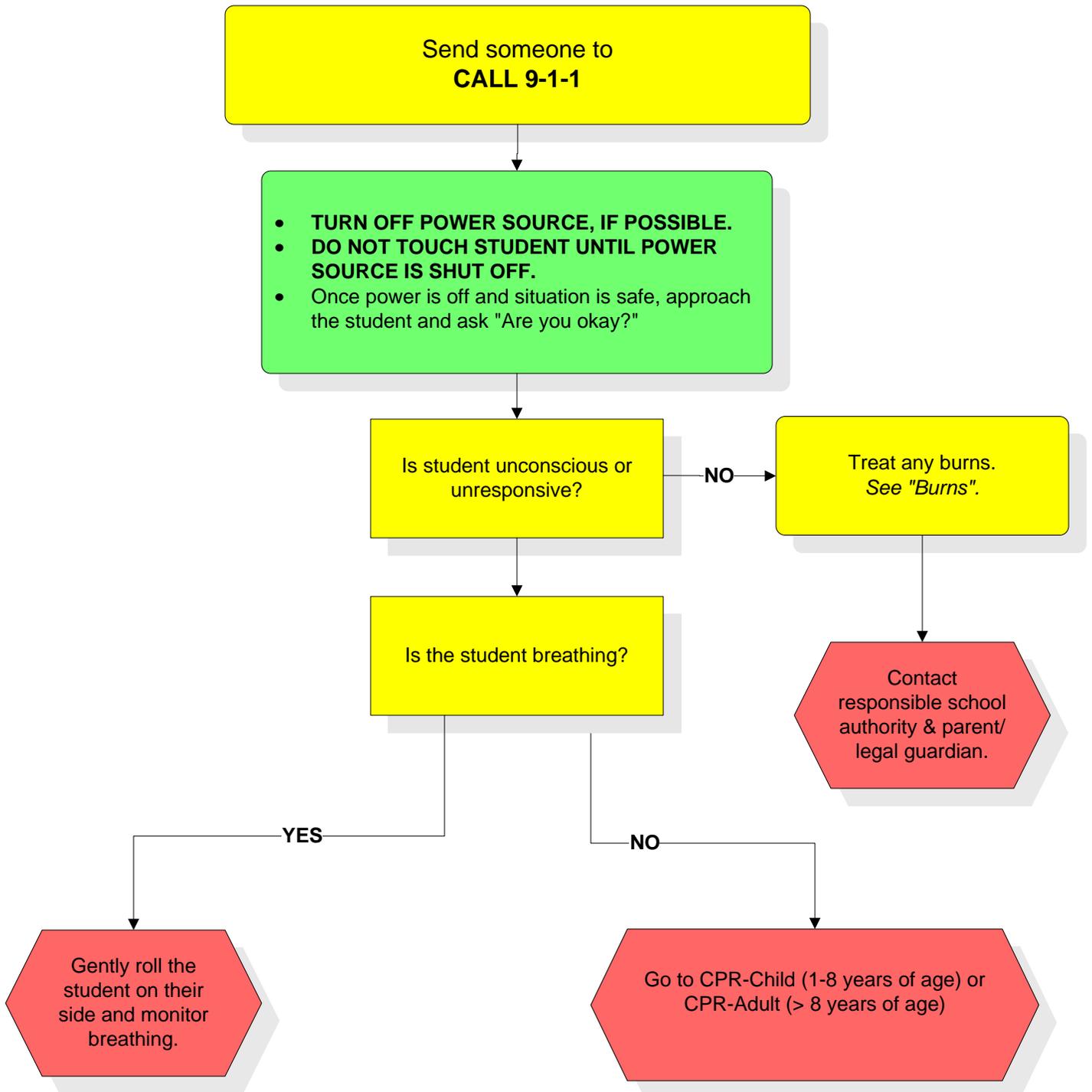
EARACHE



OBJECT IN EAR CANAL



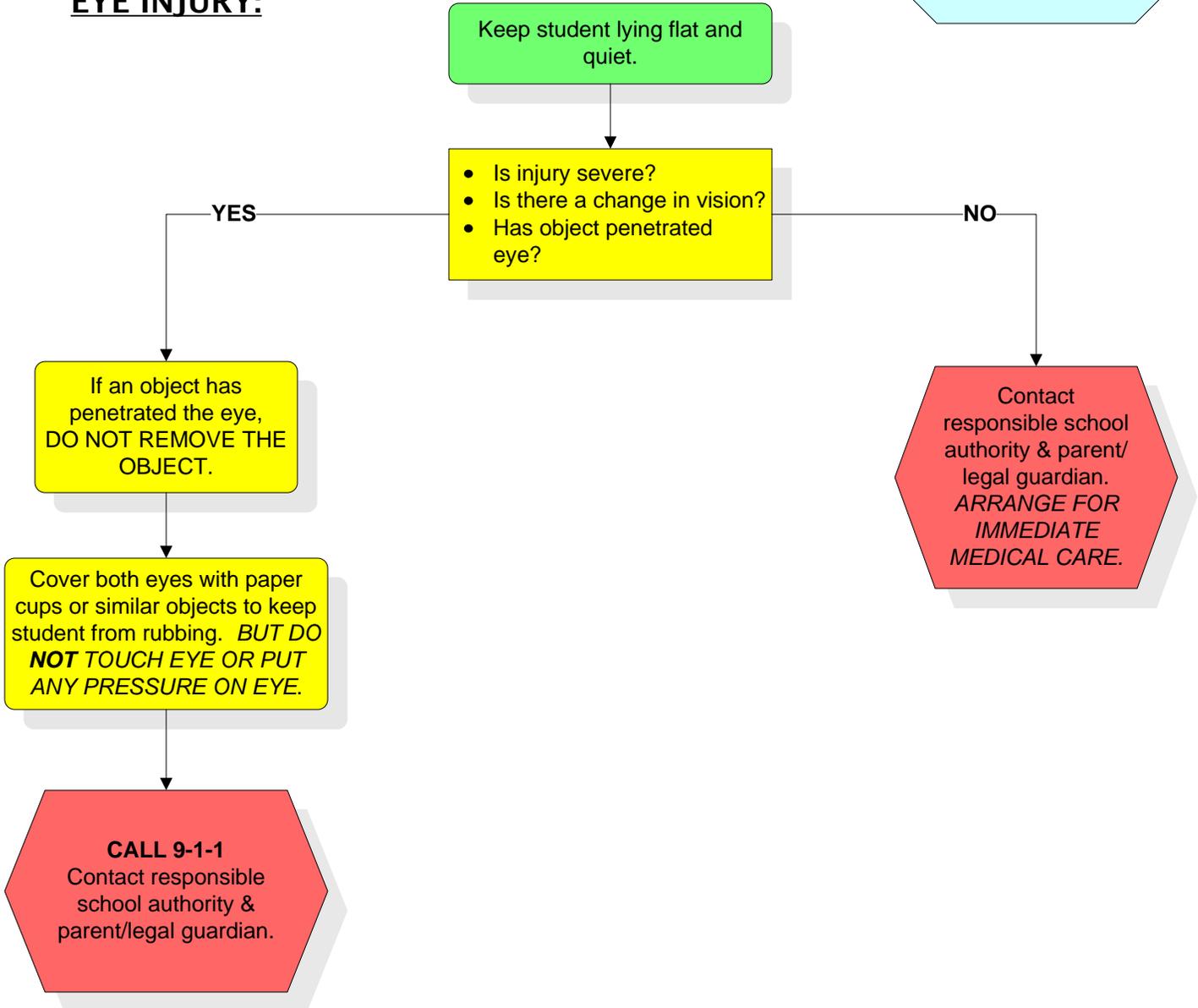
ELECTRIC SHOCK



EYES

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

EYE INJURY:

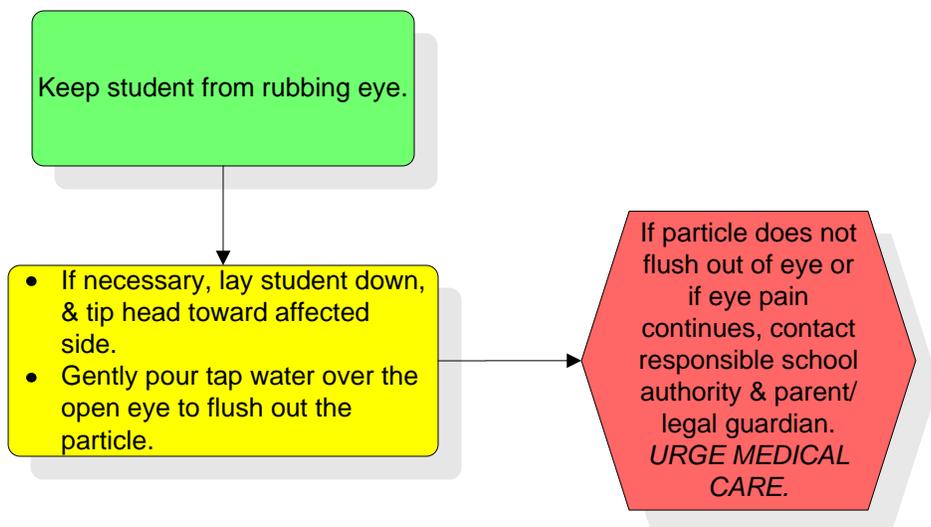


"EYES" continued on next page

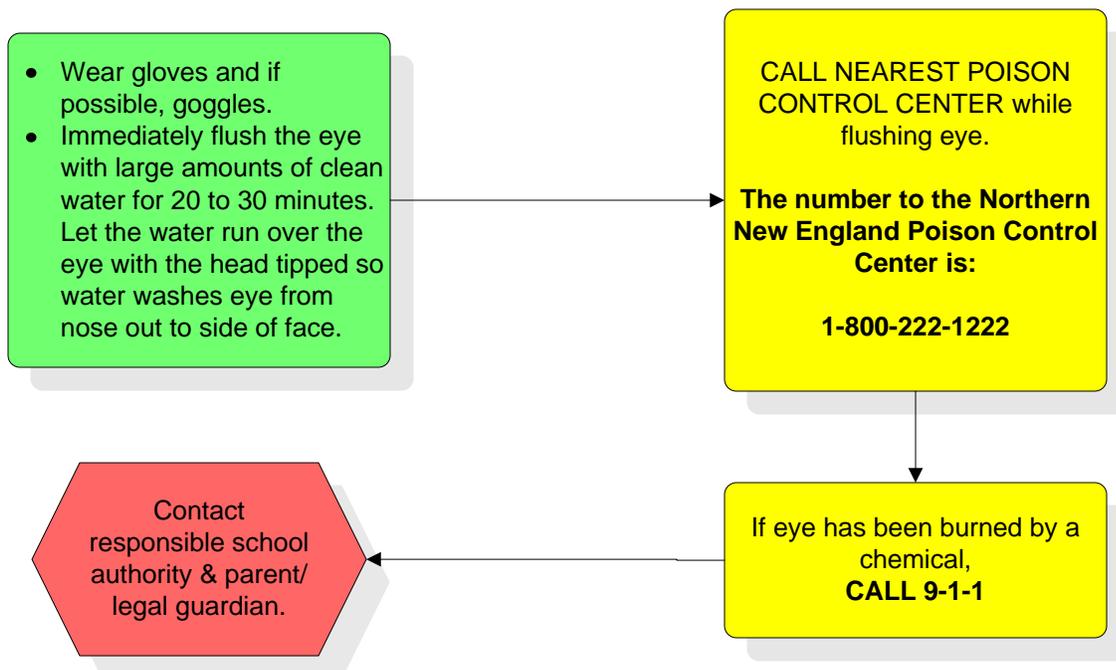
EYES

(continued from previous page)

PARTICLE IN EYE:



CHEMICALS IN EYE:



FAINTING

Fainting may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, abnormal heartbeat/dysrhythmia, heat exhaustion, illness, fatigue, stress, not eating, standing "at attention" for too long, etc. *If you know the cause of the fainting, see the appropriate guideline.*

Call 9-1-1

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

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

YES OR NOT SURE

Treat as possible neck injury. See "Neck and Back Injuries". **DO NOT MOVE STUDENT.**

NO

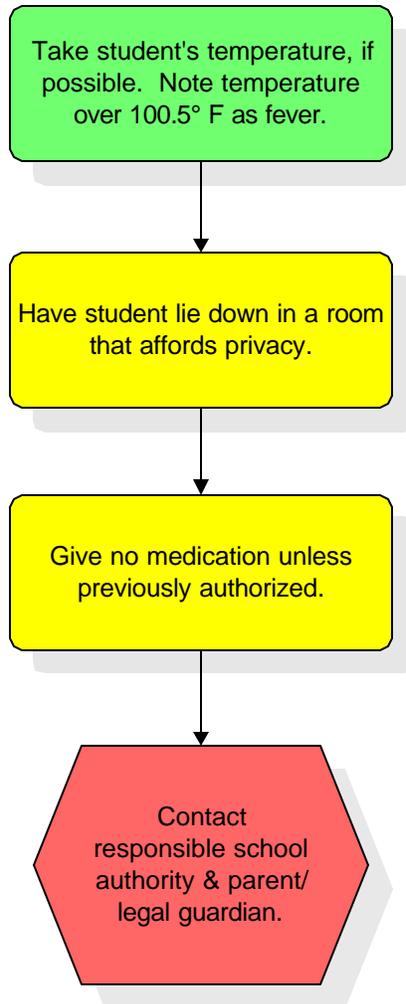
- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear.
- Check breathing. Look, listen and feel for breath.
- Keep student warm, but not hot.
- Control bleeding if needed (always wear gloves).
- Give nothing by mouth.

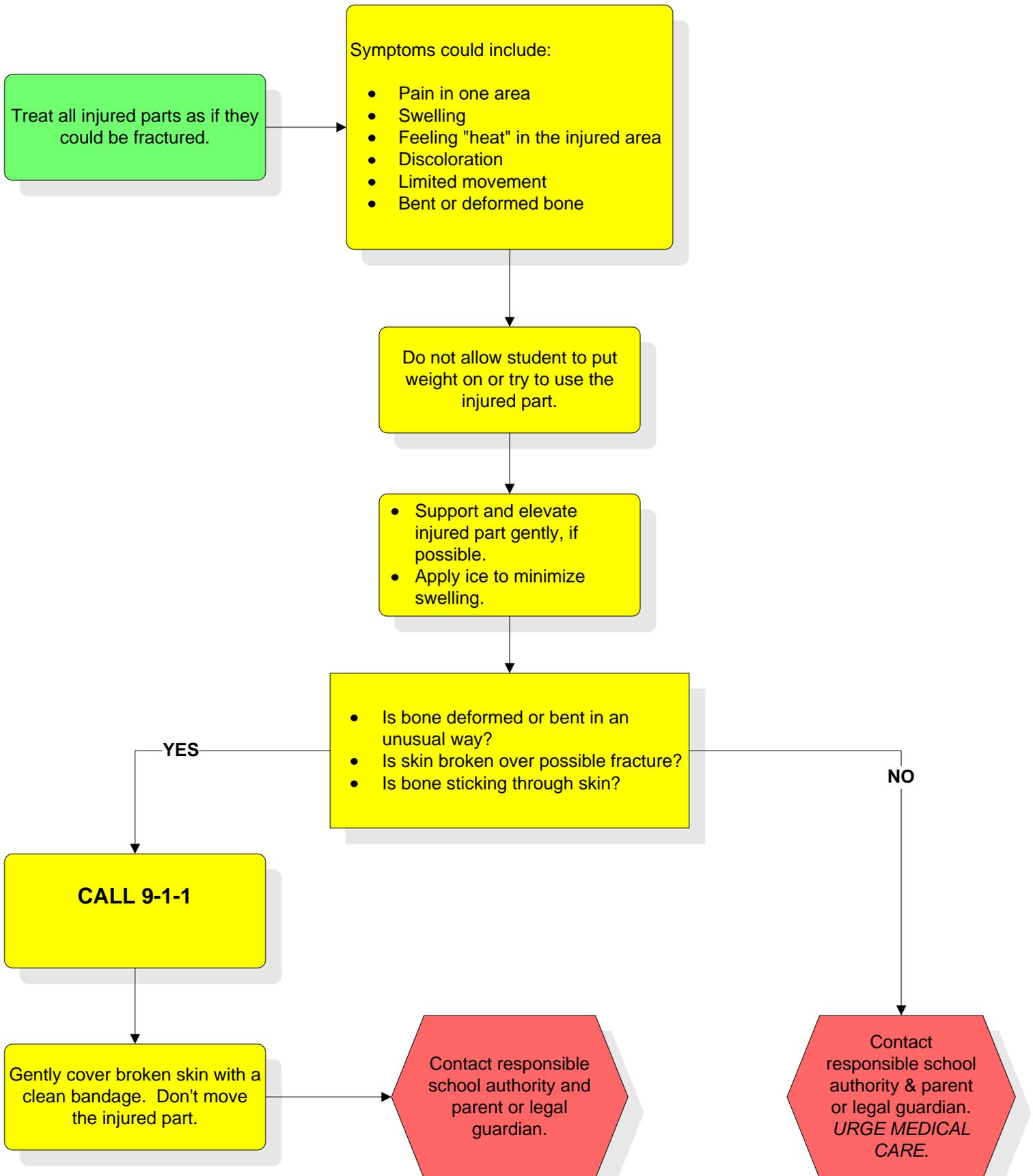
Contact responsible school authority & parent/legal guardian.

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

FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



Exposure to cold environments even for short periods of time can cause hypothermia. Fingers, toes, nose and ears are particularly prone to frostbite.

FROSTBITE

Symptoms may include:

- Loss of sensation
- Discoloration of skin
- Grayish - yellow
- Pale - soft white.

Deep frostbite may see:

- Discolored
- White or waxy
- Feels firm - hard (frozen)

Remove student from cold environment. Protect cold extremity/part from further injury. **DO NOT** rub or massage cold extremity/part, or run affected area under water. Cover part with dry clothing or blanket.

Does the student have:

- Loss of sensation?
- Discoloration of skin - grayish, white, pale, waxy?
- Part feels firm - hard (frozen)?

YES

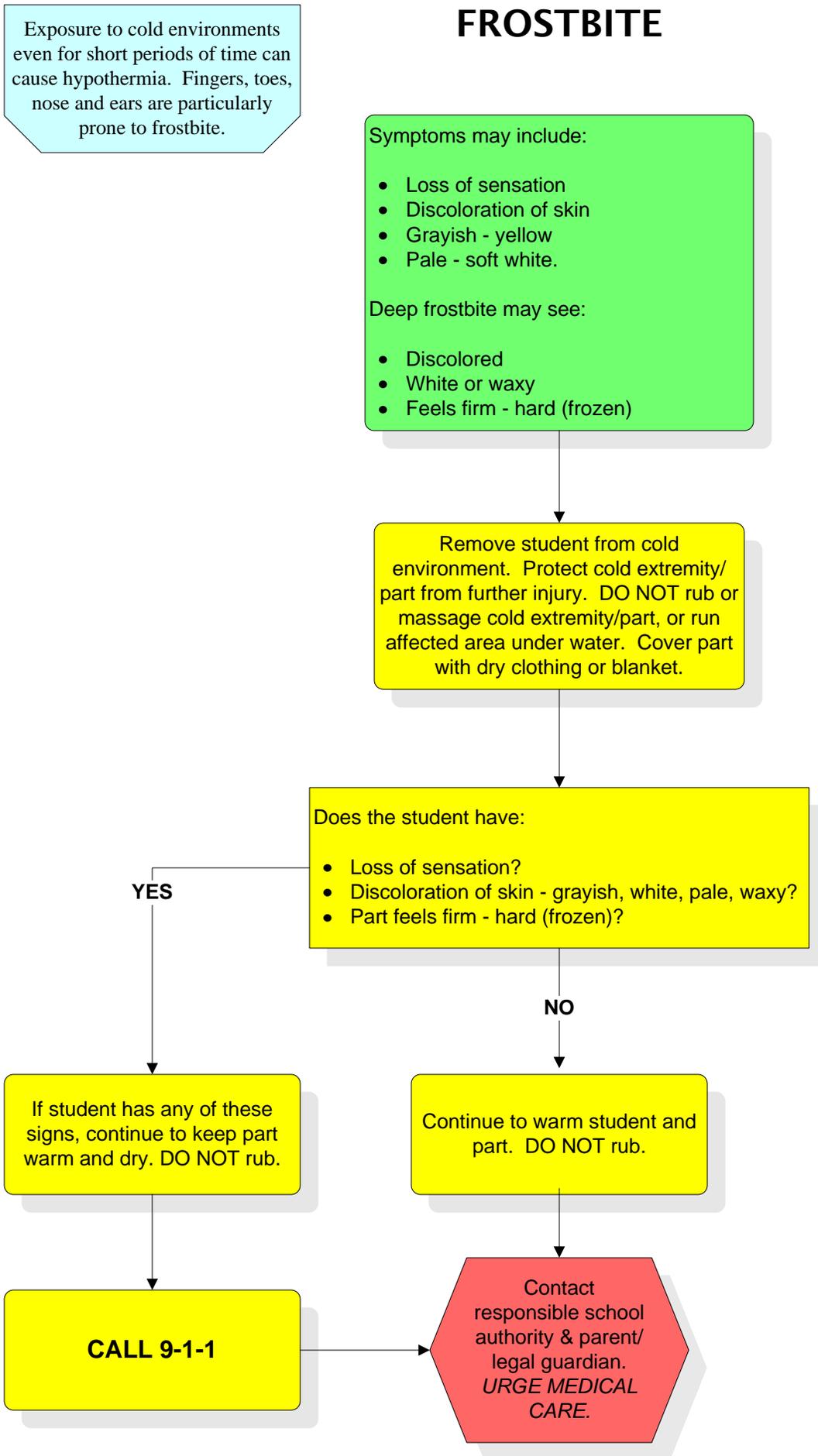
If student has any of these signs, continue to keep part warm and dry. **DO NOT** rub.

CALL 9-1-1

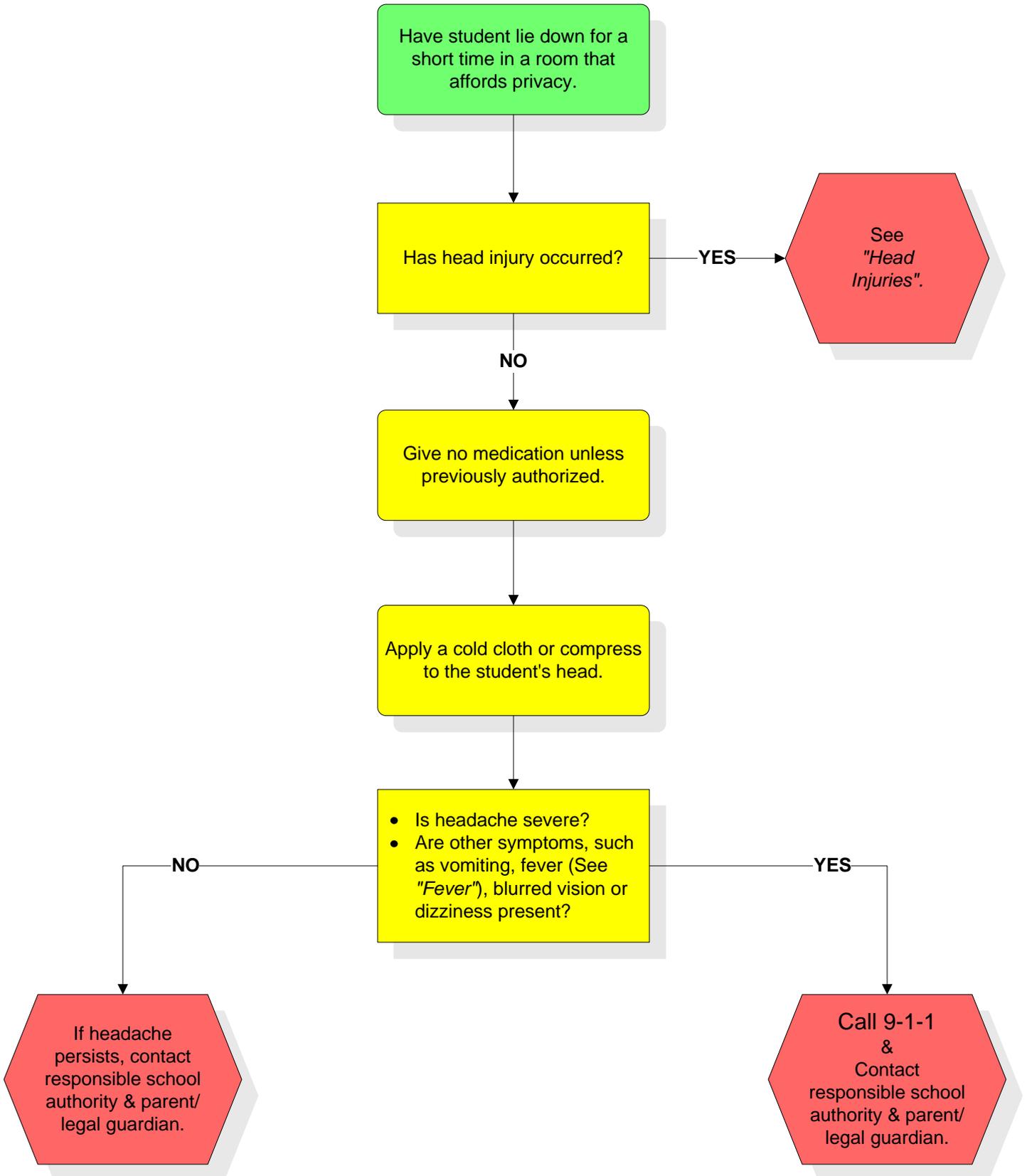
NO

Continue to warm student and part. **DO NOT** rub.

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



HEADACHE



HEAD INJURIES

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

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports & violence may be serious. If head is bleeding, see "*Bleeding*". If student only bumped head and does not have any other complaints or symptoms, see "*Bruises*".

NO

YES

CALL 9-1-1

Is Student Breathing?

NO

Go to CPR

YES

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

If the student vomits, turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

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

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

HEAT STROKE/HEAT EXHAUSTION

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

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

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

Does the student have:

- loss of consciousness?
- hot, dry red skin

NO

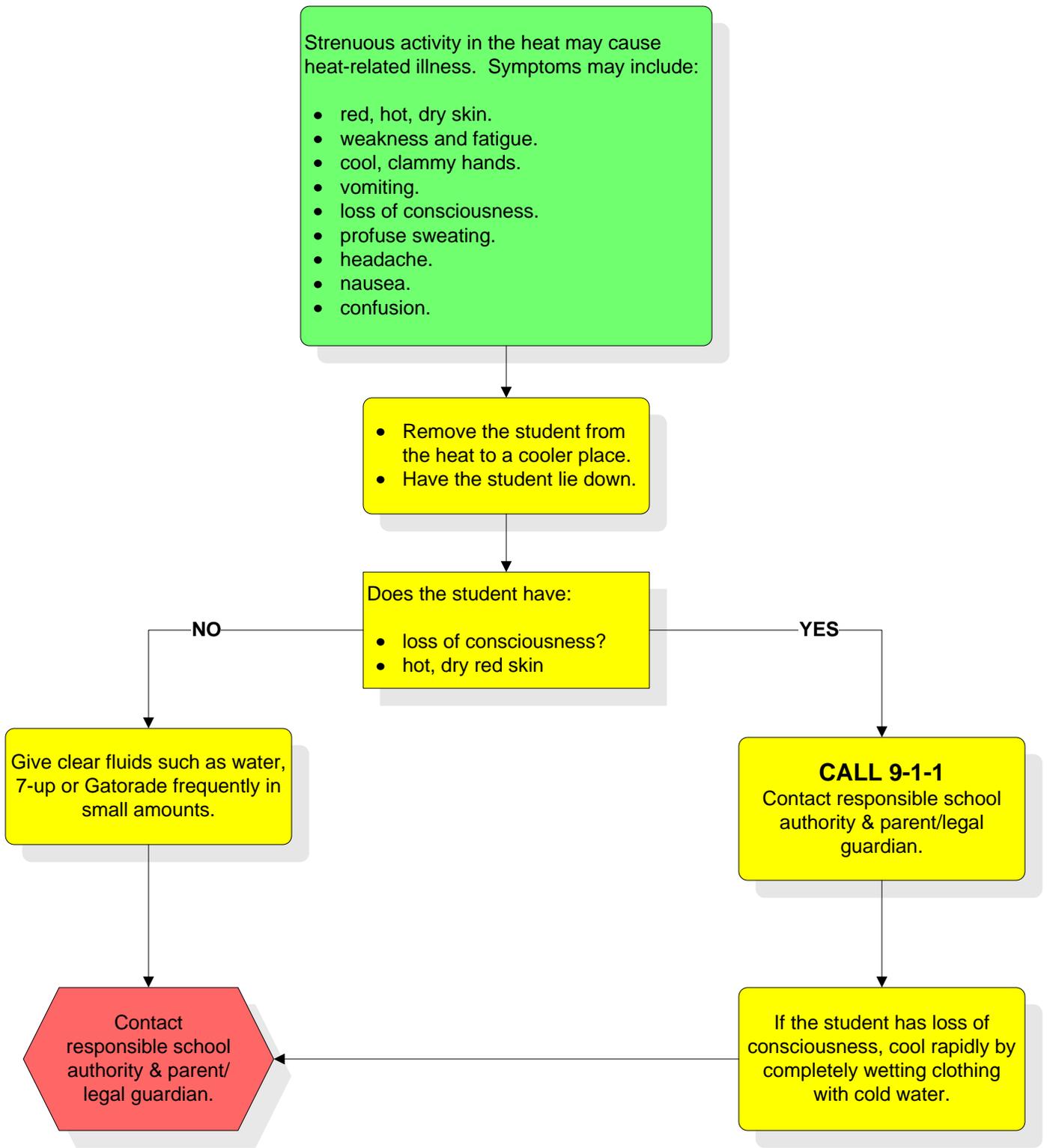
YES

Give clear fluids such as water, 7-up or Gatorade frequently in small amounts.

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

Contact responsible school authority & parent/legal guardian.

If the student has loss of consciousness, cool rapidly by completely wetting clothing with cold water.



HYPOTHERMIA

Exposure to cold environments even for short periods of time can cause hypothermia.

Symptoms may include:

- Shivering
- Slurred speech
- Disoriented speech
- Whitish or grayish skin color

Remove student from the cold.
Protect from further heat loss.
Remove wet clothing and cover with blanket.

Does student have:

- Loss of consciousness?
- Slurred or disoriented speech?
- White, grayish or blue skin?

YES

NO

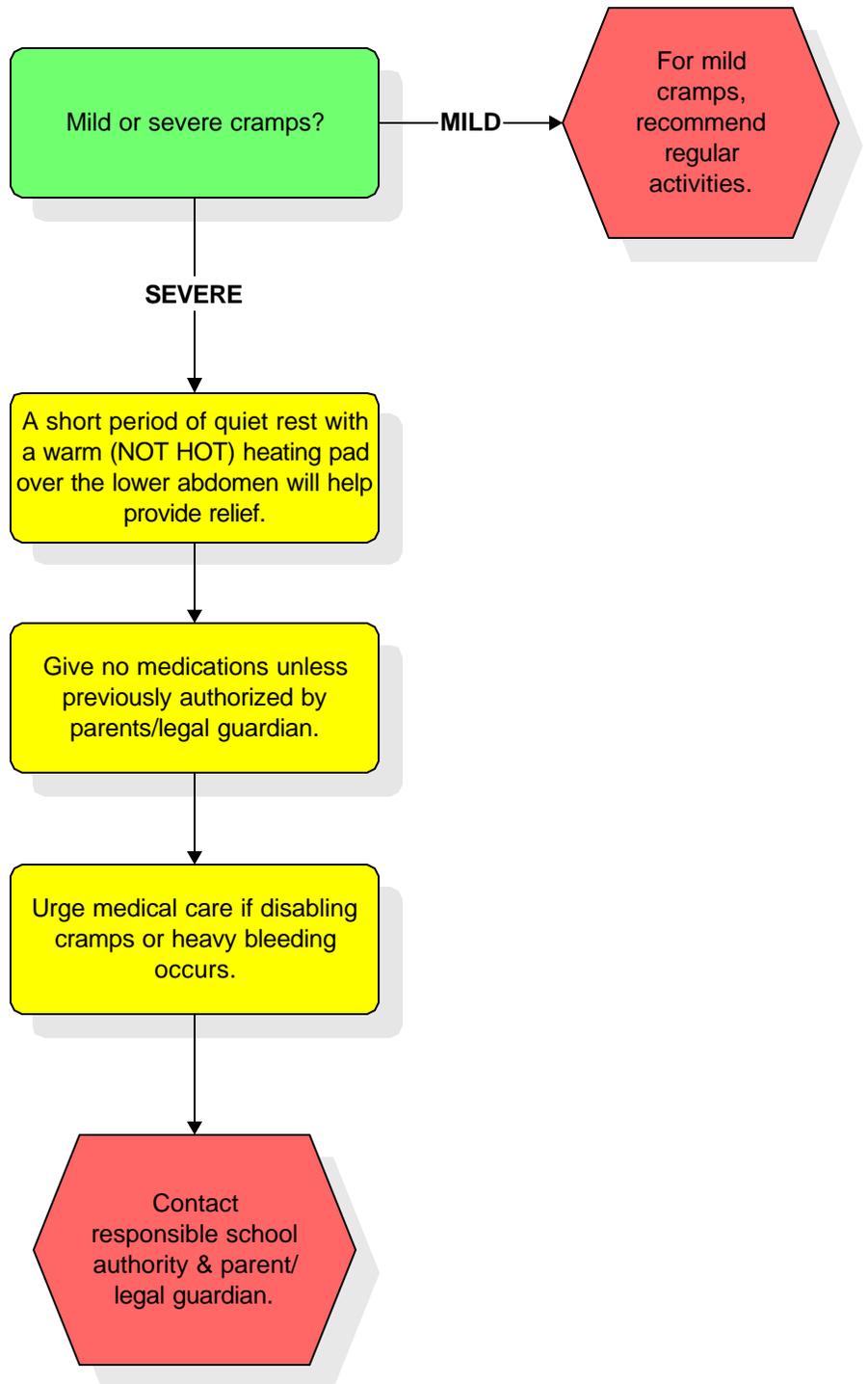
If student has any of these signs, continue to keep student warm with blankets

Continue to warm student with blankets and increase room temperature.

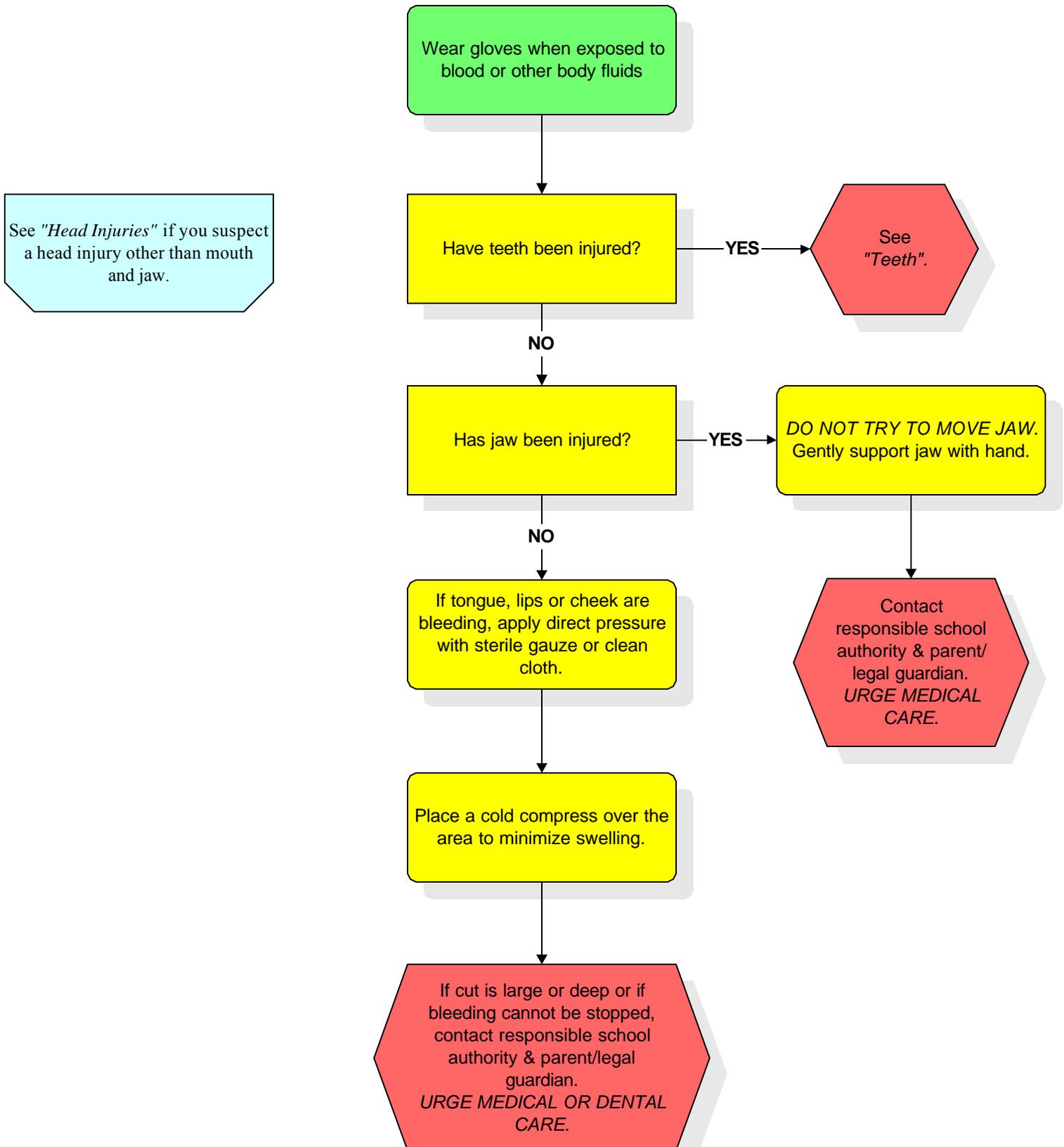
CALL 9-1-1

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

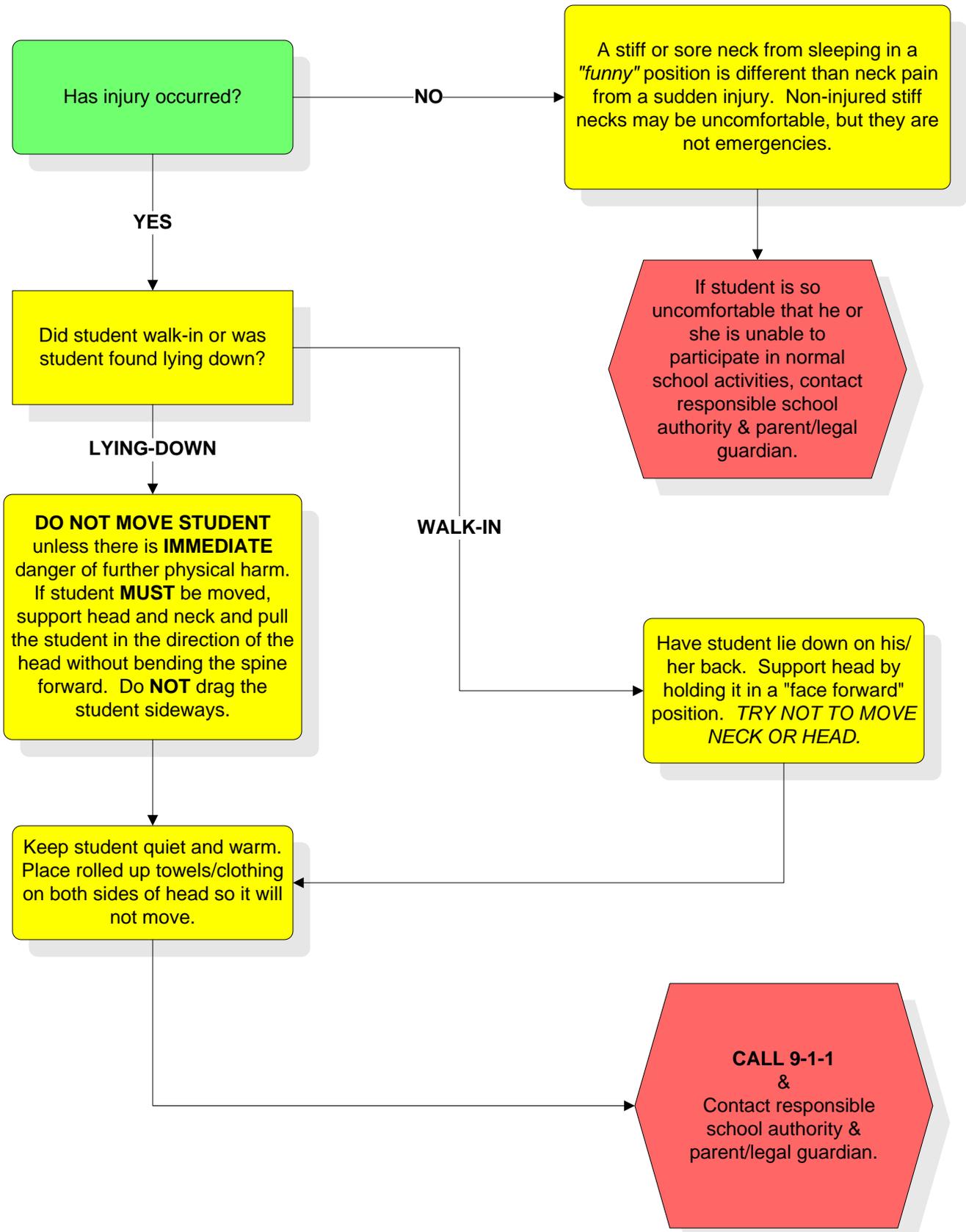
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK & BACK INJURIES



NOSE

Object in Nose

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

Nosebleed

Wear gloves when exposed to blood or other body fluids

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow. Do not have them tilt their head back.

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

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

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

POISONING & OVERDOSE

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

- medicines.
- insect bites and stings.
- snake bites.
- plants.
- chemicals/cleaners.
- drugs/alcohol.
- food poisoning.
- or, if you are not sure.

Call 9-1-1 if the following are present:

- burns around the mouth or on skin.
- strange odor on breath.
- sweating.
- upset stomach or vomiting.
- dizziness or fainting
- seizures or convulsions.

If possible, find out:

- age and weight of student.
- what the student swallowed or what type of "poison" it was.
- how much & when it was taken.

CALL NEAREST POISON CONTROL CENTER, & ask for instructions.

The Northern New England Poison Control Center number is:

1-800-222-1222

Do **NOT** induce vomiting
UNLESS you are instructed to
by poison control.

Contact responsible school
authority and parent/legal
guardian.

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

PREGNANCY

School staff should be made aware of any pregnant students. *Keep in mind that any student who is old enough to be pregnant, might be pregnant.*

Pregnancy may be complicated by any of the following:

Morning Sickness:
Treat as vomiting (See "Vomiting"). If severe, contact responsible school authority & parent/legal guardian.

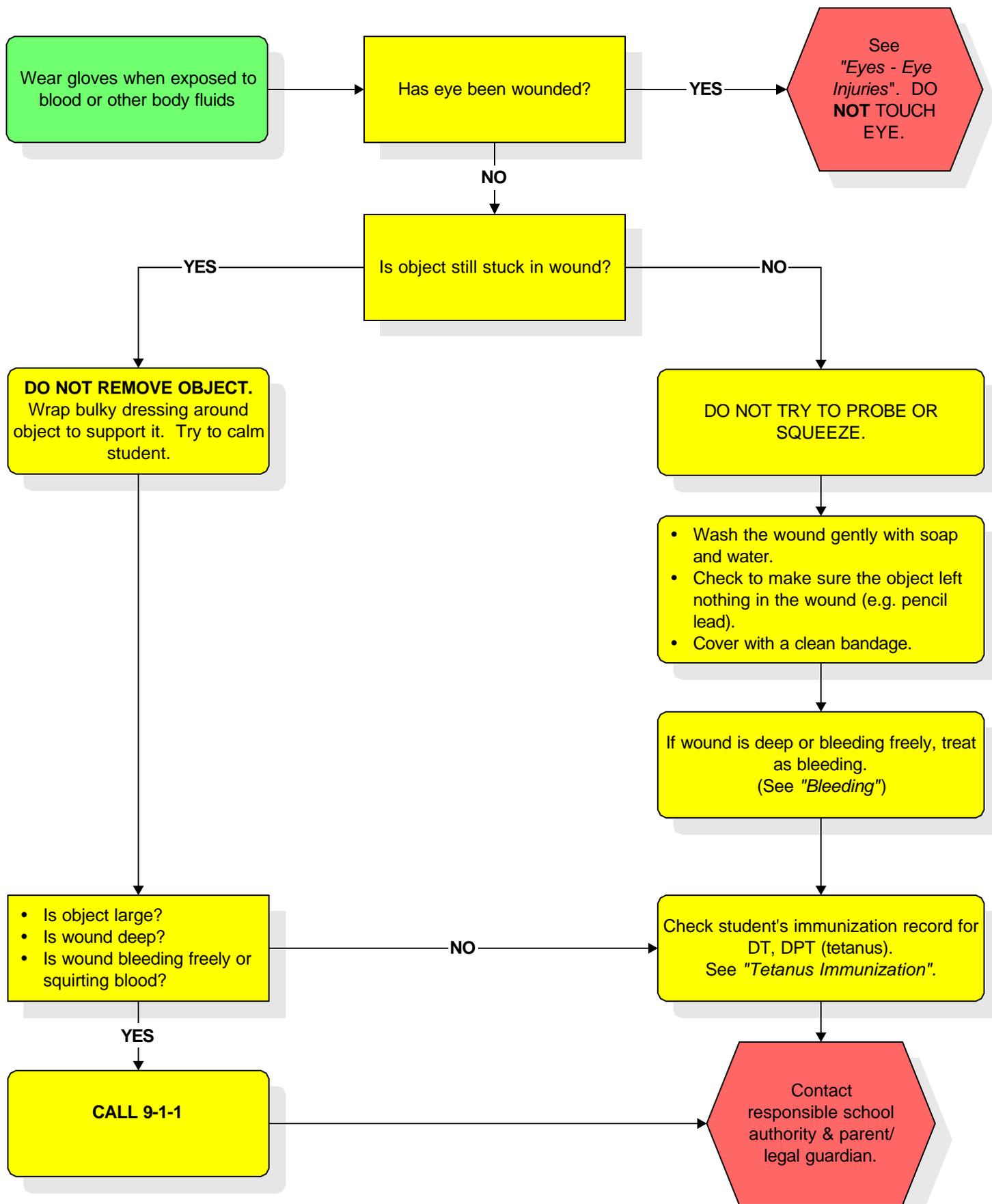
Severe Cramps (Labor):
Short, mild cramps in a near term student may be normal. If NOT near term or if you don't know, Contact responsible school authority & parent/legal guardian. URGE IMMEDIATE MEDICAL CARE

Vaginal Bleeding:
Contact responsible school authority & parent/legal guardian. URGE IMMEDIATE MEDICAL CARE

Seizure:
This may be a serious complication of pregnancy.
CALL 9-1-1

Amniotic Fluid Leakage:
This is **NOT** normal and may indicate the beginning of labor. Contact responsible school authority and parent/legal guardian. URGE IMMEDIATE MEDICAL CARE

PUNCTURE WOUNDS



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

RASHES

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

Rashes include such things as:

- hives.
- red spots (large or small).
- purple spots.
- small blisters.

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

- loss of consciousness?
- difficulty breathing or swallowing?
- purple spots?

YES

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

See "Allergic Reaction".

NO

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

- Fever
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to touch
- Rash (hives) is all over body.
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities

A student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration and after effects of the seizures should be taken and kept available at all times.

SEIZURES

Seizures may be from any of the following:

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

Call 9-1-1

and

Refer to student's health or emergency care plan, if available.

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

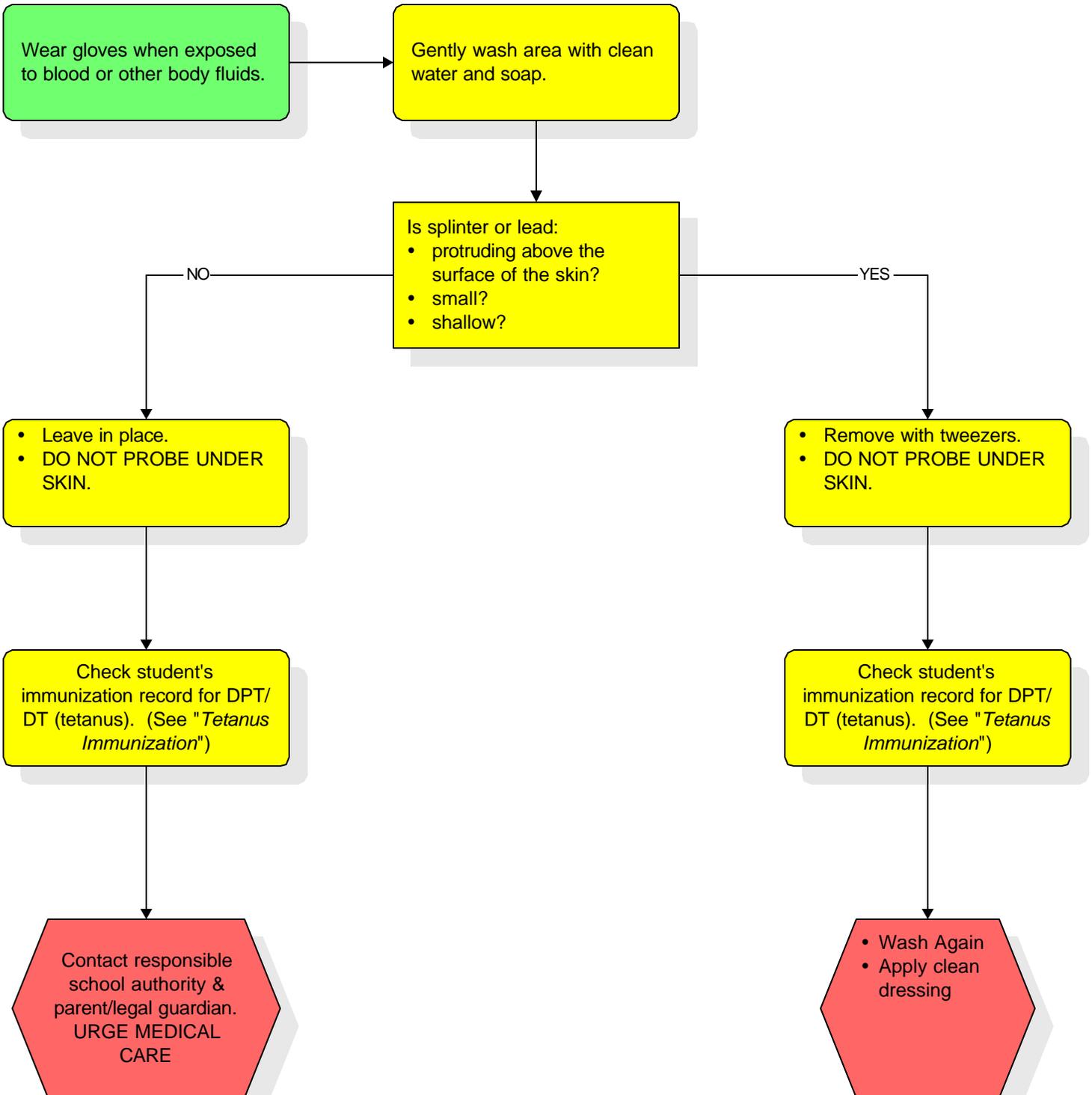
Observe details for parent/legal guardian, emergency personnel or physician. Note:

- duration.
- kind of body movement or behavior.
- body parts involved
- loss of consciousness, etc.

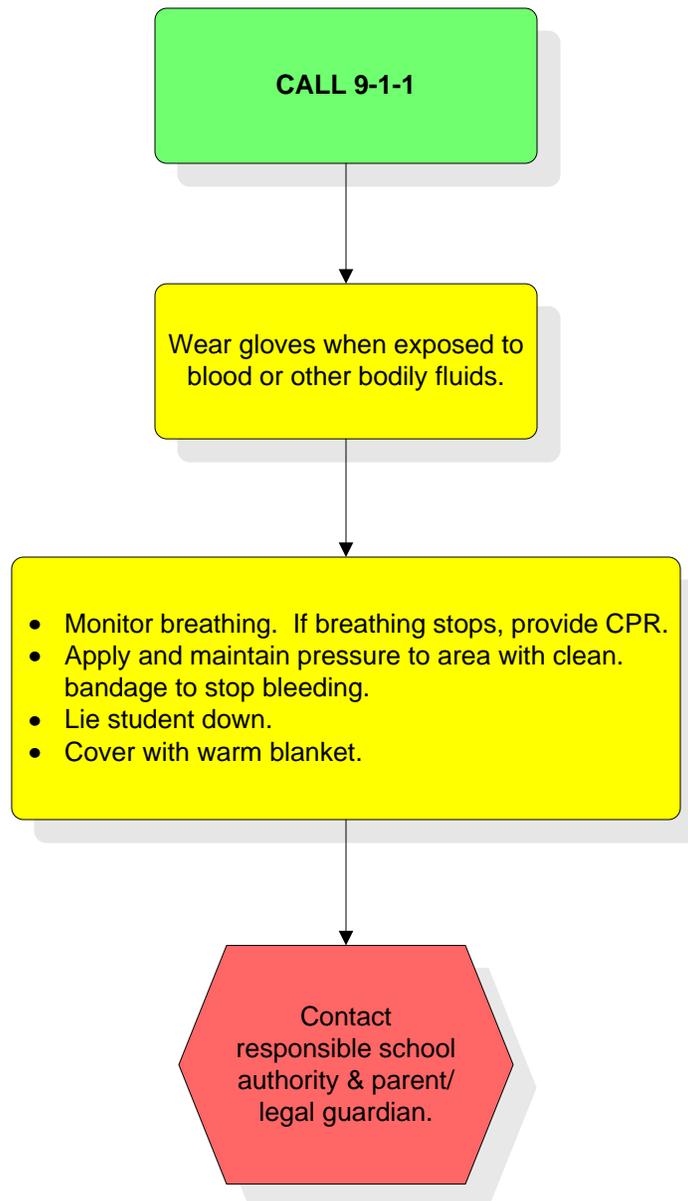
After seizure, keep airway clear by placing student on his/her side. A pillow should not be used.

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

SPLINTERS OR EMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES



STINGS

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

Does the student have:

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

NO

YES

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

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

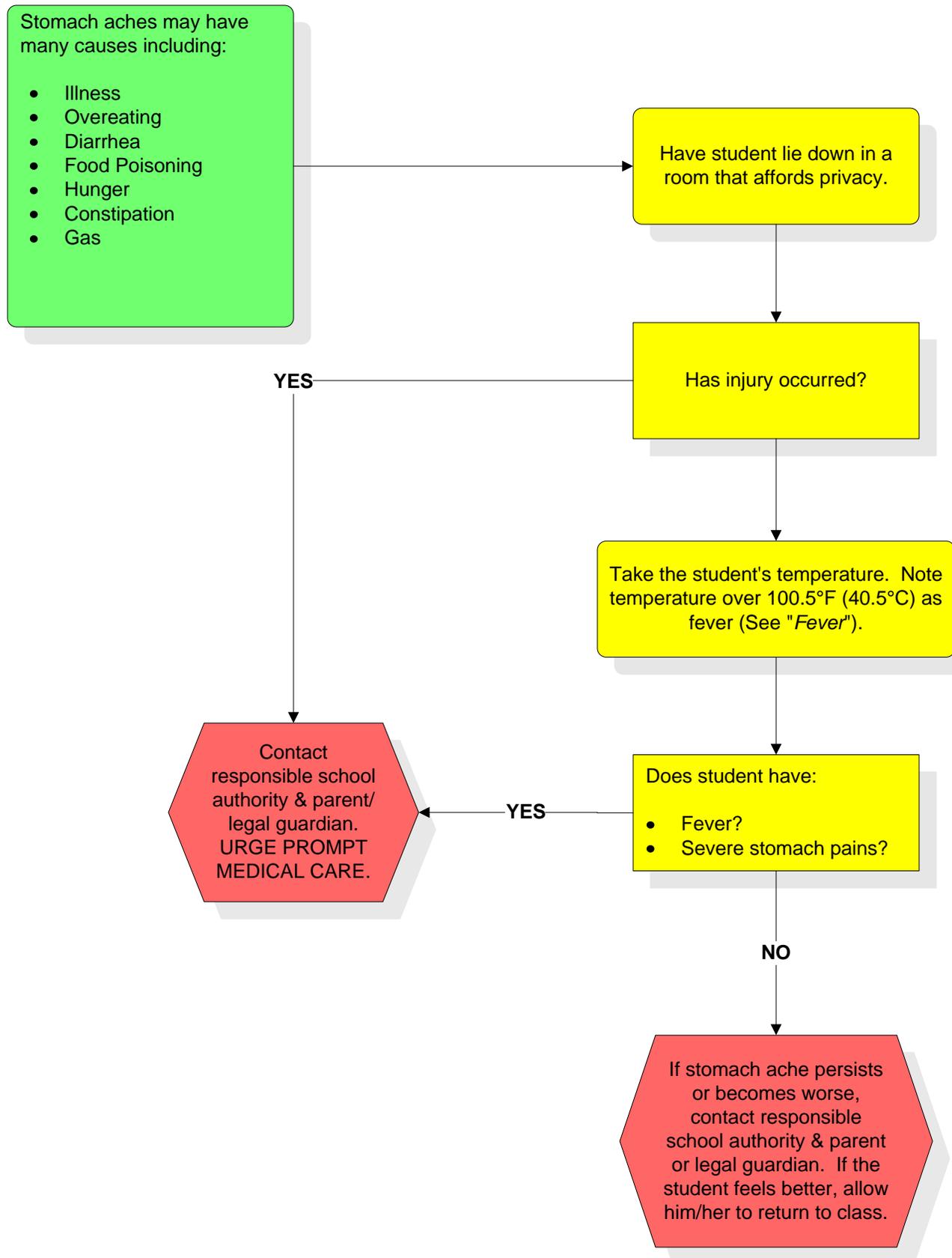
If available, follow student's emergency care plan.

To remove stinger(if present) scrape area with a card.
DO NOT SQUEEZE.
Apply cold compress.

If available, administer guardian-approved medications.

See "*Allergic Reaction*".

STOMACH ACHES/PAIN



TEETH

BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to student's general health.

No first aid in school will be of significant value. *URGE PARENT/LEGAL GUARDIAN TO OBTAIN DENTAL CARE.*

TOOTHACHE OR GUMBOIL

For tongue, cheek, lip, jaw or other mouth injury not involving the teeth, See "*Mouth and Jaw Injury*".

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

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

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

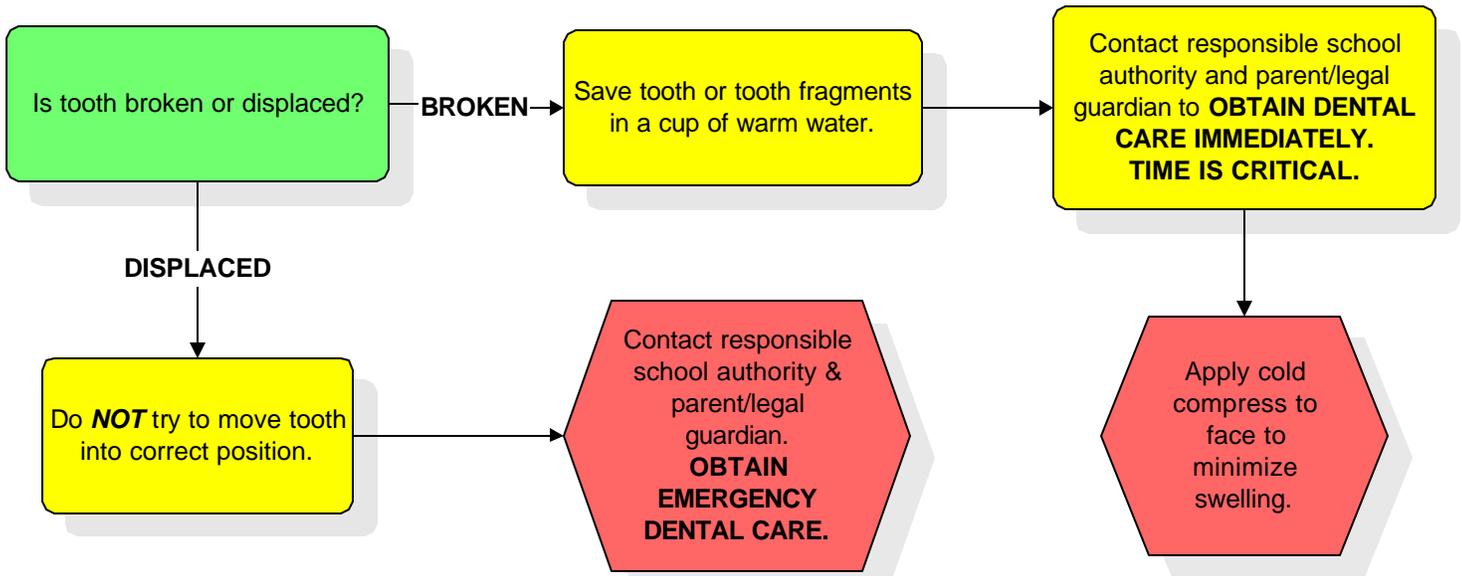
Relief of pain in the school often postpones dental care.
DO NOT PLACE ASPIRIN ON THE GUM TISSUE OF THE ACHING TOOTH. ASPIRIN CAN BURN TISSUE.

("TEETH" continued on next page)

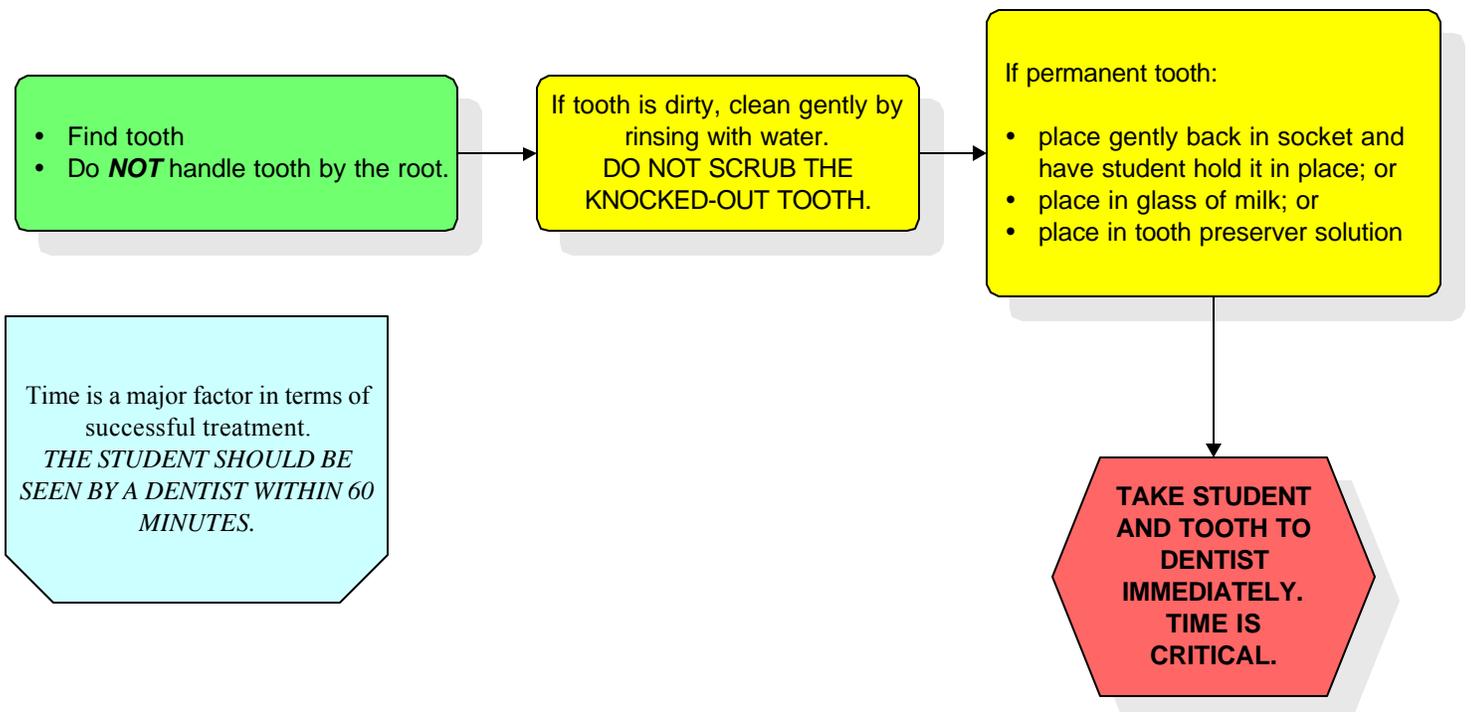
TEETH

(continued from previous page)

BROKEN OR DISPLACED TOOTH



KNOCKED-OUT TOOTH



TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one.

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

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

TICK BITE & REMOVAL

Ticks may transmit Rocky Mountain Spotted Fever (RMSF), Lyme Disease, tick paralysis, and ehrlichiosis.

Wear gloves when exposed to blood or other body fluids.

Wash the tick area prior to tick removal.

Pull upward with steady, even pressure using tweezers. Do not twist or jerk.

After removing the tick, thoroughly disinfect the bite site.

Apply a sterile adhesive dressing or a Band-Aid type dressing.

- Save the tick in an air tight container for possible identification by the student's personal physician.
- Ticks can be safely disposed of by placing them in a container of alcohol or by flushing down the toilet.

Contact responsible school authority & parent/ legal guardian.

UNCONSCIOUSNESS

Call 9-1-1

Unconsciousness may have many causes including:

- injuries
- blood loss
- poisoning
- severe allergic reaction
- diabetic reaction
- heat exhaustion
- illness
- fatigue
- stress
- not eating

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

See "Fainting".

YES

Did student regain consciousness immediately?

NO

YES OR NOT SURE

Is unconsciousness due to injury?

NO

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

Treat as possible neck injury. See "Neck & Back Injuries" Guideline.

DO NOT MOVE STUDENT.

- Keep airway clear.
- Check breathing. Look, listen and feel for breath.
- Keep student warm, but not hot.
- Control bleeding if needed (always wear gloves).
- Give nothing by mouth.

If student is not breathing, begin CPR.

ENSURE THAT 9-1-1 HAS BEEN CALLED.

Contact responsible school authority & parent/legal guardian.

VOMITING

*If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL NEAREST POISON CONTROL CENTER & ask for instructions. **The number for the Northern New England Poison Control Center is:***

1-800-222-1222.

(See "Poisoning"). Notify public health officials (usually the health department).

Vomiting may have many causes including:

- Illness
- Injury
- Food poisoning
- Pregnancy
- Heat exhaustion
- Over exertion

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

Wear gloves when exposed to blood or other bodily fluids.

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

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

- Give no food or medications.
- Give small sips of clear liquids containing sugar (such as 7-Up or Gatorade), if the student is thirsty.

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

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Automatic External Defibrillator (AED)
2. Current American National Red Cross First Aid Manual or equivalent
3. American Academy of Pediatrics First Aid Chart
4. Portable stretcher
5. Cot: mattress with waterproof cover
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. Bandage scissors: tweezers: needle
10. Thermometer and covered container for storing thermometer in alcohol (could use disposal thermometer or disposable thermometer covers).
11. Expendable supplies:
 - Sterile cotton tipped applicators, individually packaged
 - Sterile adhesive compresses (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)
 - Splints (long and short)
 - Triangular bandages for sling
 - Tongue blades
 - 70% Isopropyl alcohol for use with thermometer
 - Safety pins
 - Soap (plain) or solution containing hexachlorophene
 - Disposable facial tissues
 - Paper towels
 - Eye droppers
 - Disposable gloves (consider vinyl if latex allergy possible)
 - Pocket mask/face shield for CPR
 - One ounce emergency supply of Ipecac (dated)

EMERGENCY INFORMATION

Please complete this page as soon as possible – before an emergency occurs. Each school building should update this information yearly.

EMERGENCY MEDICAL SERVICES INFORMATION

Call 9-1-1 if you need an ambulance.

It's also a good idea to have information on-hand about your local ambulance service:

? Name of Service: _____

? Their average emergency response time to your school: _____

? Directions to your school building: _____

OTHER IMPORTANT PHONE NUMBERS

? School Nurse: _____

? Responsible School Authority: _____

Northern New England Poison Control Center: 1-800-222-1222

? Other Numbers: _____
