

APPENDIX B: First Aid Guide for School Emergencies

This flipbook is a quick reference guide for administering immediate and temporary care to an injured or ill individual. It contains practical, step-by-step instructions that describe what to do when caring for an injured or ill person. It replaces a previous addition published in 1991.

Who Should Use this Flipbook

This flipbook is designed for use by teachers, school nurses, clinic aides, and other staff members who are responsible for the health and safety of students and others in the school setting.

How to Use This Flipbook

This flipbook should be posted in a place that is easily accessible to all staff members. It is recommended that **all** staff become familiar with the contents of this flipbook **prior** to the necessity for handling an emergency situation.

This flipbook is designed to help the user locate procedures for handling emergency situations:

- ◆ The first section, *Topical Index*, is an alphabetical listing of all topics contained in this flipbook.
- ◆ The second section, *General Emergency Guidelines*, provides general guidance and information on the administration of emergency assistance to individuals who are ill or injured prior to the arrival of emergency medical personnel.
- ◆ The third section, *Universal Precautions*, provides an overview of handling blood and body fluids in the school setting.
- ◆ The fourth section, *First Aid Procedures*, describes specific procedures for treating an ill or injured individual.
 - ◇ This section lists each first aid procedure in alphabetical order.
 - ◇ Within each procedure, circumstances in which the first aid provider may need to refer to an additional first aid procedure and/or an emergency care procedure have been **bolded**.
 - ◇ Within each first aid procedure, the need to call the **Rescue Squad, Poison Control**, or a **parent** has been bolded. (The term “parent” refers to the student’s parent or legal guardian or the designated emergency contact person.)
- ◆ The fifth section, *Emergency Care Procedures*, describes the following procedures for the handling of emergency and life-threatening crisis medical situations:
 - ◇ Choking

- ◇ Cardiopulmonary Resuscitation (CPR)
- ◇ Rescue Breathing
- ◆ The sixth, and final section, *Poisonings*, gives the first aid provider detailed instructions for the handling of an individual who has ingested or, in some way, come into contact with a poison.

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Rescue Breathing
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Rescue Breathing
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GENERAL EMERGENCY GUIDELINES

1. Remain calm and communicate a calm, supportive attitude to the ill or injured individual.
2. Never leave an ill or injured individual unattended. Have someone else call a parent/Rescue Squad.
3. **Do not** move an injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury/altercation.
4. If trained and if necessary, institute CPR or Rescue Breathing.
5. Have Rescue Squad called immediately if there is:
 - ◆ Breathing problem
 - ◆ Bleeding-severe
 - ◆ Anaphylactic reaction (shock)
 - ◆ Burns (serious or covering large area)
 - ◆ Head, neck, or back injury
 - ◆ Concern about heart problem
 - ◆ Poisoning
 - ◆ Unconsciousness
 - ◆ Seizures (more than one convulsion)
 - ◆ Serious limb injury or amputation
 - ◆ Penetrating injury or impalement
 - ◆ Foreign object in throat
6. **Do not** become involved in using treatment methods beyond your skill. Recognize the limits of your competence. Perform procedures only within your scope of practice. When in doubt, call the Rescue Squad. All persons working with students are encouraged to obtain training in CPR/First Aid through an authorized community agency.

UNIVERSAL PRECAUTIONS: FOR HANDLING BLOOD/BODY FLUIDS IN SCHOOL

- ◆ Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections.
- ◆ Use universal precautions and infection control techniques in **all** situations that may present the hazard of infection.
- ◆ Precautions should be observed when caring for bleeding injuries or handling other body fluids in emergency situations. Body fluids include blood, drainage from cuts, scabs, skin lesions, urine, feces, vomitus, nasal discharge, and saliva. The body fluids of all persons should be considered to be potentially hazardous.
- ◆ Avoid direct contact with body fluids. Caregivers who anticipate assisting in first aid when body fluids are present (e.g., cleaning cuts and scrapes, treating a bloody nose) should use disposable gloves.
- ◆ If unanticipated skin contact occurs, hands and all other affected skin should be washed with soap and running water as soon as possible.
- ◆ Diligent and proper hand washing, the use of barriers (e.g., gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.
- ◆ If it is necessary to perform rescue breathing, a one-way mask or other infection control barrier should be used. However, rescue breathing should not be delayed while such a device is located.

HAND WASHING PROCEDURE

1. Wash hands vigorously with soap under a stream of running water for at least 10 seconds.
2. Rinse hands well with running water and thoroughly dry with paper towels.
3. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes or instant hand cleaner may be used.

GLOVES

1. Gloves should be worn when direct care may involve contact with any type of body fluid.
2. Disposable single-use, waterproof gloves (e.g., latex or vinyl) should be used. (Vinyl gloves should be used with individuals who have a latex allergy or a high potential for developing a latex allergy, e.g., individuals with spina bifida.)
3. **Do not** reuse gloves.

DISPOSAL OF INFECTIOUS WASTE

1. All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, bandages) except syringes, needles, and other sharp implements should be placed into a plastic bag and sealed. This bag can be thrown into the garbage out of reach of children or animals.
2. Needles, syringes, and other sharp objects should be placed **immediately** after use in a metal or other puncture-proof container that is leak proof on the bottom and sides. To reduce the risk of a cut or accidental puncture by a needle, **NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL**. Once the container is full, it should be sealed, bagged, and kept out of the reach of children or animals until it can be disposed of properly.
3. Body waste (e.g., urine, vomitus, feces) should be disposed of in the toilet. If body fluids (e.g., urine, vomitus) are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

CLEAN-UP: Spills of blood and body fluids

1. Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.
2. Wear gloves.
3. Mop up spill with absorbent material.
4. Wash the area well, using the disinfectant cleaner supplied in the clinic or a 1:10 water/bleach solution. (Mix 1 part household bleach in 10 parts of water. Replace solution daily.)
5. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as already indicated.

CLEAN-UP: Routine environmental clean-up

1. When clinics and bathrooms become contaminated with blood or body fluids, use the procedures outlined above.
2. Regular cleaning of non-contaminated surfaces, (e.g., toilet seats, tabletops) can be done with standard cleaning solutions or the 1:10 water/bleach solution described above. Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.
3. Rooms and dustpans must be rinsed with disinfectant. Mops must be soaked in disinfectant, washed, and thoroughly rinsed. The disinfectant solution should be disposed of promptly down the drain.

Please refer to:

- ◆ The Occupational Safety and Health Administration (OSHA) Final Bloodborne Pathogens Standards for the most recent requirements.

- ◆ Keen, T., Cox, A., Ford, N., & Henry, J. (Eds.). (1996). Guidelines for Specialized Health Care Procedures, pp. IV- 1-33. Richmond, Va.: Virginia Department of Health.

FIRST AID PROCEDURES

ABDOMINAL INJURY

GENERAL WOUNDS

TREATMENT

1. Determine cause of injury.
2. Call **Rescue Squad**.
3. Carefully position individual on their back.
4. If movement of the legs does not cause pain, place a pillow under knees to help relax the abdominal muscles.
5. If movement of the legs causes pain, leave individual lying flat.
6. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
7. Control bleeding with a dressing.
8. **Do not** give food or drink.
9. **Do not** give medication.
10. Call parent.

PROTRUDING WOUNDS

NOTE: A protruding abdominal wound is an injury to the abdomen causing organs to be exposed or protrude.

TREATMENT

1. Determine cause of injury.
2. Call **Rescue Squad**.
3. Carefully position individual on their back.
4. If movement of the legs does not cause pain, place a pillow under knees to help relax the abdominal muscles.
5. If movement of the legs causes pain, leave individual lying flat.
6. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
7. **Do not** apply any pressure to the protruding organs.
8. **Do not** attempt to push protruding organs back into the abdomen.
9. Remove any clothing from around wound.
10. Cover wound with clean cloth (preferably sterile).
11. If there is a delay in medical assistance:
 - Apply moist sterile dressings or a clean cloth loosely over the wound.
 - Use warm tap water to moisten the dressings.
 - Hold dressing in place with firm bandage.
 - **Do not** allow bandage to interfere with blood flow.
12. Treat for Shock. (See **Shock**.)
13. **Do not** give food or drink.
14. **Do not** give medication.
15. Call parent.

ABDOMINAL PAINNON SEVERE/ STOMACH ACHE**TREATMENT**

1. Take temperature.
2. Have individual rest 10-30 minutes.
3. If temperature is greater than 100 °F and/or pain intensifies, call parent and recommend follow-up medical care.

SEVERE/ WITH OR WITHOUT VOMITING**TREATMENT**

1. Call **Rescue Squad**.
2. **Do not** give anything to eat or drink.
3. **Do not** give medication.
4. Take temperature.
5. Call parents and recommend follow-up medical care.

ALLERGIC REACTION

ANAPHYLACTIC

NOTE: An anaphylactic reaction (**shock**) is a rare, severe, and sudden generalized reaction that is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Apprehension and flushing
- ◆ Rash (especially the face)
- ◆ Swelling of affected areas (especially the face and tongue)
- ◆ Breathing difficulty, wheezing, gurgling, high-pitched sounds
- ◆ Skin feels moist and/or appears flushed, pale, or bluish
- ◆ Absent or weak pulse

TREATMENT

1. Call **Rescue Squad**.
2. If individual is known to have allergies, consult the written action plan on file and proceed with physician's recommendations.
3. Check individual's pulse and respiration. Be alert for breathing and pulse being slower or faster than usual.
4. If necessary, cover with blankets to keep warm.
5. If necessary, certified personnel start CPR and/or Rescue Breathing. (See **CPR, Rescue Breathing, and Shock**.)
6. Call parent.

HIVES (RASH)/ITCHING

Note: Hives are eruptions of the skin caused by contact with or ingestion of an allergic substance or food. Hives appear as more or less tiny, round bumps on the skin, white in the middle, with pale, red periphery, often accompanied by itching. Hives involving mouth, eyelids and tongue are **potentially life threatening**.

TREATMENT

1. If hives involve eyelids, lips, mouth, or tongue, call **Rescue Squad** immediately.
2. Apply cold compress.
3. Give reassurance.
4. If individual is too uncomfortable to do school work, send home.
5. Call parent and recommend follow-up medical care.

SWELLING

NOTE: An allergic reaction that causes swelling is **potentially life threatening**.

TREATMENT

1. If there is face, mouth, and neck swelling, call **Rescue Squad** immediately.
2. Apply cold compresses.
3. Give reassurance.
4. Call parent and recommend follow-up medical care.

WHEEZING

NOTE: Wheezing is an abnormally high-pitched noise resulting from a partially obstructed airway. Airway obstruction is **potentially life threatening**.

TREATMENT

1. If breathing problem is severe or prolonged past 2 minutes, call **Rescue Squad**.
2. Place individual in comfortable position, usually sitting.
3. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)
4. Call parent.

AMPUTATION

NOTE: Amputation is the severing (all or part) of a limb or digit of the body.

TREATMENT

1. Call **Rescue Squad** immediately.
2. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
3. Control bleeding by placing a clean dressing (preferably sterile) over the wound and apply pressure on a nearby artery.
4. Treat for Shock. (See **Shock**.)
5. If complete amputation:
 - Place direct pressure on wound site.
 - Place indirect pressure on nearby arteries.
 - Locate severed body part.
 - **Do not** wash severed part.
 - Wrap part in moist, clean (preferably sterile) cloth.
 - Place part in plastic airtight bag and lay on ice to transport.
 - Give part to Rescue Squad personnel.
6. Call parent.

ASTHMA

NOTE: Asthma is a lung disease that causes repeated episodes of breathing problems. Symptoms of asthma can be mild, severe, or fatal. Asthma is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Breathing problems
- ◆ Wheezing (high-pitched, whistling sound)
- ◆ Coughing
- ◆ Tightness in chest
- ◆ Shortness of breath

TREATMENT

1. If breathing problem is severe or prolonged past 2 minutes, call **Rescue Squad** immediately.
2. Place individual in comfortable position, usually sitting.
3. Remain calm.
4. If individual is known to school personnel as having asthma, refer to the written action plan on file and proceed with physician's recommendations.
5. If any of the following conditions exist, administration of subcutaneous epinephrine should be considered by qualified personnel:
 - Breathing rate of less than 12 or greater than 36 times a minute.
 - An anxious individual or individual with decreased consciousness.
 - Shortness of breath or inability to speak more than 3-5 word sentences.
 - Difficulty breathing (significant use of neck and chest muscles for breathing or poor air movement).
 - Bluish lips or nail beds.
 - Pale skin.
6. Call parent.

BITES

NOTE: For all bites, if there is any history of allergic reaction or if any of the following signs and symptoms are present, call **Rescue Squad**.

SIGNS AND SYMPTOMS

- ◆ Hives (tiny bumps on the skin)
- ◆ Itching and swelling involving skin, nose, or eyes
- ◆ Throat tightness, swelling inside the mouth, metallic taste, and hoarseness
- ◆ Wheezing (high-pitched, whistling sound), difficulty breathing, chest tightness
- ◆ Person appears pale
- ◆ Weakness, dizziness, headache, fainting
- ◆ Abdominal pain
- ◆ Nausea
- ◆ Vomiting
- ◆ Diarrhea

ANIMAL**TREATMENT**

1. Call **Rescue Squad**.
2. If alert, allow individual to sit up.
3. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
4. Cleanse wound thoroughly with soap and water for 5 minutes.
5. Cover wound with clean bandage (preferably sterile).
6. Determine individual's tetanus immunization status from school record.
7. Call parent and recommend follow-up medical care.
8. Call Animal Control.
9. Report all animal bites to the local health department.

HUMAN**TREATMENT**

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Cleanse wound thoroughly with soap and water for 5 minutes.
3. Cover wound with clean bandage (preferably sterile).
4. If signs and symptoms of allergic reaction as described above (See **Bites**) occur, call **Rescue Squad**.
5. Call parent and recommend follow-up medical care.

SPIDER: BLACK WIDOW &/OR BROWN RECLUSE

NOTE: Bites from black widow spiders and brown recluse spiders can make a person sick and are **potentially life threatening**.

TREATMENT

1. Lower affected part below the level of the heart.
2. Cleanse area with soap and water.
3. If signs and symptoms of allergic reaction as described above (See **Bites**) occur, call **Rescue Squad**.
4. Call parent and recommend immediate follow-up medical care.

TICK**TREATMENT**

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Using tweezers, remove tick as follows:
 - Grasp tick as close to the skin as possible.
 - Gently, but firmly pull tick straight out.
 - Avoid any twisting or jerking motion that may break off the mouth parts in the skin.
3. **Do not** remove tick using nail polish, petroleum jelly, alcohol, or a hot match.
4. After the tick has been removed, cleanse area thoroughly with soap and water.
5. Apply an antiseptic, (e.g., alcohol or iodine) to the bite site.
6. If signs and symptoms of allergic reaction as described above (See **Bites**) occur, call **Rescue Squad**.
7. Call parent and recommend follow-up medical care.

BLEEDING

INTERNAL

NOTE: Internal bleeding is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Tender, swollen, bruised, or hard areas of the body
- ◆ Rapid, weak pulse
- ◆ Skin feels cool and moist
- ◆ Skin looks pale or bluish
- ◆ Vomiting or coughing up blood
- ◆ Excessive thirst
- ◆ Confusion, fainting, drowsiness, or unconsciousness

TREATMENT

1. Determine cause of injury.
2. Call **Rescue Squad**.
3. Maintain open airway. If necessary, certified personnel start CPR and Rescue Breathing. (See **CPR** and **Rescue Breathing**.)
4. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
5. Control bleeding by applying pressure on a nearby artery.
6. Monitor for signs and symptoms of shock. (See **Shock**.)
7. If vomiting, lay individual on side.
8. Keep individual warm, comfortable, and calm.
9. Call parent.

SEVERE BLEEDING FROM A WOUND

TREATMENT

1. Determine cause of injury.
2. Call **Rescue Squad** immediately.
3. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
4. Control bleeding by placing a clean covering (preferably sterile) over wound and applying pressure on a nearby artery.
5. If injury does not appear to involve broken bone, elevate injured area above the level of the heart.
6. If necessary, add more dressings. **Do not** remove previous dressing. Secure dressing in place.
7. In case of amputation:
 - ◆ Place direct pressure on wound site.
 - ◆ Place indirect pressure on nearby arteries.
 - ◆ Locate severed body part.
 - ◆ **Do not** wash part.
 - ◆ Wrap part in moist, clean (preferably sterile) cloth.
 - ◆ Place part in plastic airtight bag and lay on ice to transport.
 - ◆ Give part to Rescue Squad personnel.
8. Treat for shock. (See **Shock**.)
9. If necessary, certified personnel should start CPR and Rescue Breathing. (See **CPR** and **Rescue Breathing**.)
10. Call parent.

BLISTERS**TREATMENT**

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Cleanse area with soap and water. Avoid breaking blister.
3. Apply a dry bandage.
4. If blister is broken, wash with soap and water and apply dry bandage.
5. If blistered area is red, swollen, and/or painful, call parent and recommend follow-up medical care.

BROKEN BONES

CASTS

NOTE: Swelling of extremity may occur when a cast is used. This may cause a restriction in blood flow and is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Complaints of pain, tingling, and numbness
- ◆ Feelings of cold
- ◆ Swelling
- ◆ Discoloration

TREATMENT

1. Elevate casted extremity.
2. Call parent and recommend immediate follow-up medical care.

DISLOCATION

NOTE: A dislocation is the movement of a bone from its normal position.

SIGNS AND SYMPTOMS

- ◆ Inability to move the affected part normally
- ◆ A bump, ridge, or hollow that does not normally exist in a nonfunctioning joint
- ◆ Pain
- ◆ Bruising
- ◆ Swelling

TREATMENT

1. Determine cause of injury.
2. Keep individual quiet and warm
3. **Do not** attempt to put part back in place.
4. Immobilize extremity. Splint with pillows, blankets, broomstick, uninjured limb, etc.
5. Apply ice/cold pack. (**Do not** apply directly to skin.)
6. Call parent and recommend follow-up medical care.

CLOSED FRACTURE

NOTE: A closed fracture is a complete break, chip, or crack in a bone in which the skin is not broken. Fractures are **potentially life threatening** when the break involves a large bone (e.g., thigh), severs an artery, or affects breathing.

SIGNS AND SYMPTOMS

- ◆ Possible deformity
- ◆ Bruising
- ◆ Swelling

- ◆ Inability to use the affected part normally
- ◆ Pain
- ◆ Injured area is cold and numb

TREATMENT

1. Determine cause of the injury.
2. If fracture is suspected or obvious, call **Rescue Squad**.
3. Keep individual quiet, still, and warm.
4. Unless there is danger to life, **do not** move from place of accident until affected part has been properly splinted or immobilized.
5. Immobilize extremity. Splint with pillows, blankets, broomstick, uninjured limb, etc.
6. Assess for shock. (See **Shock**.)
7. If necessary, certified personnel start CPR and Rescue Breathing. (See **CPR and Rescue Breathing**.)
8. Apply ice/cold pack. (**Do not** apply directly to skin.)
9. Call parent immediately.

OPEN FRACTURE

NOTE: An open fracture is the complete break, crack, or chip in a bone in which the skin is broken. There is the risk of infection and severe bleeding with open fractures. Fractures may be **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Possible deformity
- ◆ Bone fragments sticking out of the wound
- ◆ Inability to use the affected part normally
- ◆ Bleeding
- ◆ Injured area is cold and numb

TREATMENT

1. Determine cause of injury.
2. Call **Rescue Squad**.
3. Keep individual quiet, still, and warm.
4. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
5. Control bleeding by placing a clean cloth (preferably sterile) over the wound and applying pressure on a nearby artery.
6. Assess for shock. (See **Shock**.)
7. If necessary, certified personnel start CPR and Rescue Breathing. (See **CPR and Rescue Breathing**.)
8. Unless there is danger to life, **do not** move from place of accident until affected limb has been properly splinted or immobilized.

9. Immobilize extremity. Splint with pillows, blankets, broomstick, uninjured limb, etc.
10. Apply ice/cold pack. (**Do not** apply directly to skin.)
11. Call parent.

BRUISES

SIGNS AND SYMPTOMS

- ◆ Skin appears deep red, purple, and/or bluish
- ◆ Swelling
- ◆ Pain

TREATMENT

1. Rest affected part.
2. Apply cold compresses or ice/cold packs immediately. (**Do not** apply directly to skin.)
3. If skin is broken, wear gloves. Use Universal Precautions. (See **Universal Precautions** and **Wounds**)
4. If there is swelling or severe pain, call parent and recommend follow-up medical care.

BURNS

CHEMICAL

NOTE: Treatment will vary with the nature of the chemical and the extent of the burn.

TREATMENT

1. Call **Rescue Squad** immediately.
2. Flush skin or eye immediately with large amounts of cool water.
3. If possible, remove outer clothing while burn is being flushed.
4. If available, follow directions on chemical container.
5. Call **Poison Control Center**.
6. If there is a burn center in the area, call immediately.
7. Call parent and recommend follow-up medical care.
8. If available, send chemical container with the individual.

ELECTRICAL

NOTE: Electrical burns, including lightning burns, may be more serious than initial appearance. The entrance wound may be small, but the electricity continues to burn as it penetrates deeper. Electrical burns are often accompanied by respiratory or cardiac arrest. Respiratory arrest usually occurs first and is later complicated by cardiac arrest.

TREATMENT

1. Call **Rescue Squad**.
2. **Do not** attempt to remove individual from the source of electricity. Never go near an individual who may have been injured by electricity until you are sure power source has been turned off.
3. If necessary, and only after contact is broken with electrical source, certified personnel start CPR and Rescue Breathing. (See **CPR** and **Rescue Breathing**.)
4. Cover the burned area with a dry (preferably sterile) dressing.
5. Look for a second burned area where the electricity left the body.
6. Treat for shock. (See **Shock**.)
7. Call parent.

FIRST DEGREE THERMAL/HEAT

NOTE: Involves only the top layer of the skin.

SIGNS AND SYMPTOMS

- ◆ Skin is red and dry
- ◆ Burn is usually painful
- ◆ Area may swell

TREATMENT

1. Maintain open airway.
2. If burned on face or smoke inhaled, anticipate need for Rescue Breathing. Call **Rescue Squad**.
3. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)
4. Cool burn area with cool compresses or water for 10-15 minutes. (**Do not** use ice.)
5. **Do not** apply any grease, salves, or lotions.
6. If necessary, bandage lightly to protect the area and to decrease pain.
7. If possible, elevate burned arm or leg.
8. If necessary, treat for shock. (See **Shock**.)
9. Call parent and recommend immediate follow-up medical care.

SECOND DEGREE THERMAL/HEAT

NOTE: Involves the top layers of skin.

SIGNS AND SYMPTOMS

- ◆ Skin is red and has blisters
- ◆ Blisters may open and weep clear fluid
- ◆ Skin may appear blotchy
- ◆ Burn is usually painful
- ◆ Area may swell

TREATMENT

1. Follow guidelines for first degree burns unless extensive area (greater than the size of palm) is involved. In this instance, follow procedure for treatment of third degree burns.
2. If difficulty breathing, call **Rescue Squad** immediately.
3. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)

THIRD DEGREE THERMAL/HEAT

Note: Destroys all layers of skin and any or all of the underlying structures—fat, muscles, bones, and nerves. Critical burns are **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Skin appears brown or black (charred) with tissues underneath sometimes appearing white.
- ◆ May be extremely painful or painless if burn destroys nerve endings.

TREATMENT

1. Call **Rescue Squad** immediately.
2. Maintain open airway.
3. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**)

4. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
5. If possible, elevate burned area.
6. **Do not** apply moist compresses, grease, salves, or lotions.
7. Keep individual quiet, comfortable and warm.
8. Cover area with clean (preferably sterile) cloth.
9. Remove clothing only if not stuck to burned area, contaminated, or on fire.
10. Treat for shock. (See **Shock**.)
11. Call parent.

DENTAL PROBLEMS

BABY TEETH/ TOOTH LOSS

(No injury) age 6-11

TREATMENT

1. Rinse mouth with warm water.
2. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
3. If bleeding, have individual bite on gauze for several minutes.
4. Send tooth home with individual in sealed container (e.g., envelope or plastic bag).
5. Call parent.

BROKEN BRACES & WIRES

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Cover ends of broken braces and wires with wax or a piece of gauze.
3. If wire becomes stuck in the cheek or gum tissues, **do not** attempt to remove it.
4. If appliance is loose or breaks, save any broken pieces.
5. Call parent and recommend follow-up dental care.

BROKEN/DISPLACED TOOTH

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Gently clean dirt from the injured area with warm water.
3. Apply ice/cold pack on the face, over the injured area. (**Do not** apply directly to skin.)
4. If tooth has a sharp edge, cover with gauze to prevent cutting lips or cheek.
5. Save any broken tooth fragments.
6. If tooth is displaced or has been pushed up into the gum, **do not** attempt to pull it into position or move it.
7. Call parent and recommend immediate dental care.

KNOCKED OUT/ PERMANENT TOOTH

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Try to locate tooth.
3. Hold tooth by its crown (white portion)—not the root.
4. Rinse tooth gently in water. **Do not** scrub.
5. If you are certain that you can replace the tooth in the correction position (consult a dentist, if necessary), gently replace tooth in the socket and hold in place. Be sure

tooth is securely held and will not be swallowed. Timing is critical—replantation within 20-30 minutes is best.

6. When insertion is not possible, place tooth in a container of cool milk or water.
7. Control bleeding by applying gentle pressure.
8. Apply ice/cold pack on the face, over the injured area. (**Do not** apply directly to skin.)
9. Call parent and recommend immediate dental care.

TOOTHACHE

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Rinse the mouth with warm water to clean it out.
3. If available, use dental floss to dislodge any trapped food.
4. If swelling is present, apply ice/cold pack on the face over the affected part. (**Do not** apply directly to skin.)
5. Use ice chips for pain caused by an incoming permanent tooth.
6. Call parent and recommend dental follow-up care.

WEDGED OBJECTS BETWEEN TEETH

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. If available, try to remove the object with dental floss.
3. **Do not** try to remove the object with sharp or pointed instrument.
4. If unsuccessful, call parent and recommend follow-up dental care.

DIABETES

NOTE: The diabetic reaction may be in response to blood sugar that is too low (hypoglycemia) or blood sugar that is too high (hyperglycemia). When the first aid care provider is uncertain of the type of diabetic reaction, treat for the symptoms of hypoglycemia (low blood sugar). The immediate effects of low blood sugar can be more detrimental than those of high blood sugar. If the individual is known to the school personnel as having diabetes, **consult the written action plan** on file and proceed as directed in the physician's statement.

HYPERGLYCEMIA

NOTE: The onset of symptoms of hyperglycemia (high blood sugar) is usually gradual. If untreated, this condition is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Dry, warm, and flushed skin
- ◆ Drowsiness
- ◆ Increased thirst
- ◆ Increased urination
- ◆ Hunger
- ◆ Fruity breath odor
- ◆ Nausea/vomiting
- ◆ Changes in vision
- ◆ Heavy breathing
- ◆ Eventual stupor and unconsciousness

TREATMENT

1. Determine if individual is hyperglycemic. (If available, use finger stick test.)
2. If individual is known to have diabetes, consult the written action plan on file and proceed with physician's recommendations.
3. Encourage individual to drink large quantities of sugar-free fluids.
4. If treatment is not effective and individual displays any of the symptoms listed below, call **Rescue Squad**.
 - ◆ Sunken eyes
 - ◆ Drowsiness
 - ◆ Pain
 - ◆ Vomiting
5. Call parent.

HYPOGLYCEMIA (IF THE INDIVIDUAL IS NOT UNCONSCIOUS)

NOTE: The onset of hypoglycemia (low blood sugar) is usually sudden. If left untreated, this condition **can quickly become life threatening.**

SIGNS AND SYMPTOMS

- ◆ Headache
- ◆ Shakiness
- ◆ Sweaty, pale skin
- ◆ Drowsiness
- ◆ Staggering
- ◆ Poor coordination
- ◆ Bad temper/anger
- ◆ Confusion
- ◆ Disorientation
- ◆ Eventual stupor or unconsciousness

TREATMENT

1. If individual can swallow, give one fruit exchange. One fruit exchange equals one of the following:
 - ◆ 3 teaspoons of sugar.
 - ◆ ½ cup orange juice.
 - ◆ 1/3 cup apple juice.
 - ◆ 1/3 cup soda, preferably lemon-lime (not diet).
2. If low blood sugar is the problem, recovery will usually occur in 10-15 minutes. If symptoms persist after 10-15 minutes, administer another fruit exchange. Repeat every 10-15 minutes until symptoms subside.
3. If the individual is known to have diabetes, consult the written action plan on file and proceed with physician's recommendations.
4. If treatment is not effective and individual's condition worsens, call **Rescue Squad**.
5. Call parent.

HYPOGLYCEMIA (IF THE INDIVIDUAL BECOMES UNCONSCIOUS)

TREATMENT

1. Call **Rescue Squad** immediately.
2. Place individual on side, ensuring drainage of secretions or vomiting.
3. If the individual is known to have diabetes, consult the written action plan on file and proceed with physician's recommendations.
4. If individual awakens and is able to swallow, give sips of non-diet, lemon-lime or other soda. Give no more than 3-6 ounces.
5. Call parent and recommend follow-up medical care.

EAR**BUG/INSECT****TREATMENT**

1. Place a few drops of alcohol in the ear to quiet the insect.
2. Call parent and recommend follow-up medical care.

EARACHE**TREATMENT**

1. Wear gloves. Use Universal Precautions (See **Universal Precautions**.)
2. If discharge is present, wipe from outer ear only.
3. Allow free drainage.
4. **Do not** use cotton plugs in ear.
5. Call parent and recommend follow-up medical care.

FOREIGN OBJECT**TREATMENT**

1. **Do not** attempt removal of object at school.
2. Call parent and recommend immediate medical care.

ELECTRICAL SHOCK

NOTE: Electrical shock resulting from the passage of electric current through any part of the body is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Burns
- ◆ Weak, rapid pulse
- ◆ Cold, clammy skin
- ◆ Restlessness
- ◆ Confusion
- ◆ Unresponsive/unable to answer questions
- ◆ Skin over knees, hands, and feet may appear blotchy
- ◆ Face may be pale or blue
- ◆ Mucous membranes inside mouth and eyelids may be blue
- ◆ Eyes dull, pupils dilated
- ◆ Fainting
- ◆ Sweating
- ◆ Vomiting
- ◆ Breathing may be rapid, irregular, gasping, shallow, or labored

TREATMENT

1. Call **Rescue Squad**.
2. **Do not** go near an individual who may have been injured by electricity until you are sure power source has been turned off.
3. If a power line is down, wait for the fire department/power company before approaching.
4. If applicable, turn off source of electrical current.
5. Check breathing and pulse. If necessary, certified personnel start CPR and Rescue Breathing. (See **CPR** and **Rescue Breathing**)
6. If necessary, treat for Shock. (See **Shock**.)
7. Check individual for other injuries and consult appropriate procedures.
8. **Do not** move individual.
9. Cover electrical burn with dry, sterile dressing. **Do not** cool burn. (See **Burns/Electrical**)
10. If there are no signs and symptoms of electrical shock, continue to observe individual.
11. Call parent.

EYES

CHEMICAL BURNS

TREATMENT

1. Determine cause of the injury.
2. Call **Rescue Squad**.
3. Immediately flush eye with large quantities of cool water. Turn head to the side and pour water from nose outward. **Do not** allow chemical to wash into unaffected eye.
4. Call **Poison Control Center** for further instructions.
5. Call parent.

DISCHARGE

SIGNS AND SYMPTOMS

- ◆ Red, watery, swollen eyes
- ◆ Itching
- ◆ Crusting or history of crusting of eyes in the morning

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. **Do not** put a patch over a possible eye infection.
3. Exclude individual from school until condition has cleared up or individual has been authorized to return to school by a health care provider.
4. Call parent.

FOREIGN OBJECT

SIGNS AND SYMPTOMS

- ◆ Pain
- ◆ Tearing
- ◆ Redness
- ◆ Scratchy feeling in eye
- ◆ Vision changes

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Urge individual to avoid rubbing affected eye.
3. Flush with lukewarm water. Turn head to the side and pour water from nose outward.
4. If particle seems imbedded, **do not** attempt to remove.
5. If object remains, cover both eyes loosely with gauze or cloth to restrict eye movement.
6. Call parent and recommend immediate follow-up medical care.

EYE INJURIES**BRUISES/BLOWS****TREATMENT**

1. Determine the cause of the injury.
2. Apply ice/cold pack to eye. (**Do not** apply directly to skin.)
3. If iris (colored part of the eye) appears brown on blue-eyed individual or reddish on brown-eyed individual, call parent and recommend immediate medical care.

PENETRATING**TREATMENT**

1. Determine the cause of the injury.
2. Call **Rescue Squad**.
3. **Do not** attempt to remove object or wash eye.
4. Cover both eyes loosely with gauze or cloth, or use paper cup for protection of injured eye.
5. Keep individual calm and quiet.
6. Call parent.

FAINTING

SIGNS AND SYMPTOMS

- ◆ Pale, moist, clammy skin
- ◆ Weakness
- ◆ Dizziness
- ◆ Rapid, weak, irregular pulse
- ◆ Stomach discomfort

TREATMENT

1. Position individual on back on a flat surface.
2. If other injuries are present, see appropriate procedures.
3. If no injuries, elevate legs 8-12 inches.
4. Loosen clothing around neck and waist.
5. Apply cool, damp cloth to head.
6. Continue to observe carefully.
7. If recovery is not complete in less than 2 minutes, call **Rescue Squad**.
8. If breathing stops, certified personnel start Rescue Breathing. (See **Rescue Breathing**)
9. Call parent.

FEVER

NOTE: Fever may indicate a contagious illness.

SIGNS AND SYMPTOMS

- ◆ Oral temperature 100°F or greater
- ◆ Headache
- ◆ Watery, red, eyes and nose
- ◆ Cough
- ◆ Skin rash
- ◆ Sore throat
- ◆ Vomiting
- ◆ Diarrhea

TREATMENT

1. Take temperature. If fever is present (100 °F or greater), check for other symptoms of illness.
2. Allow individual to lie down.
3. Isolate individual for the benefit of others.
4. Call parent and recommend follow-up medical care.

FINGER INJURIESGENERAL**TREATMENT**

1. Determine cause of injury.
2. For finger injuries, such as being caught in a door, apply ice/cold pack. (**Do not** apply directly to skin.)
3. Call parent.

TORN FINGERNAIL/TOENAIL**TREATMENT**

1. Cut off fingernail to edge of nail bed and smooth edges.
2. If torn into nail bed, clean with soap and water and apply dressing.
3. If there is bleeding, wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
4. Use gentle pressure to stop bleeding.
5. Apply ice/cold pack to reduce swelling and pain. (**Do not** apply directly to skin.)
6. Call parent and recommend follow-up medical care.

FROSTBITE

NOTE: Severity of frostbite depends on air temperature, length of exposure, and the wind. Frostbite can cause loss of fingers, hands, arms, toes, feet, and legs. If freezing is deeper than the skin, tissue damage is severe. Gangrene may result. This condition is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Lack of feeling in the affected area
- ◆ Skin appears waxy
- ◆ Skin is cold to the touch
- ◆ Skin may become discolored—flushed, white, yellow or, blue

TREATMENT

1. Call **Rescue Squad** immediately.
2. Bring individual indoors quickly.
3. Warm affected part using body heat or warm water (100-105°F) until it looks normal and feels warm.
4. To warm ear, place hand over it.
5. **Do not** rub. **Do not** overheat. **Do not** use hot water bottles or heat lamps.
6. If blisters appear, **do not** break. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.) Cover blister loosely with clean dressing.
7. If possible, exercise the affected part after it has been warmed.
8. If feet are frostbitten, **do not** allow individual to walk. If toes or fingers are affected, put dry, sterile gauze between them after warming.
9. Call parent.

GENITAL INJURY

SCROTAL OR PENILE

SIGNS AND SYMPTOMS

- ◆ Bleeding
- ◆ Redness
- ◆ Pain

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. If possible, when examining an individual's genital area, the first aid provider should have another adult present.
3. Ensure privacy.
4. Determine cause of the injury.
5. Apply ice/cold pack. (**Do not** apply directly to skin)
6. If symptoms persist for more than 30 minutes, call parent and recommend follow-up medical care.

VAGINAL

SIGNS AND SYMPTOMS

- ◆ Bleeding
- ◆ Itching
- ◆ Redness
- ◆ Pain
- ◆ Swelling

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. If possible, when examining an individual's genital area, the first aid provider should have another adult present.
3. Ensure privacy.
4. Determine cause of the injury.
5. Apply sanitary napkin.
6. Maintain individual in a reclining position with knees and legs together.
7. Call parent and recommend follow-up medical care.

HEADACHE

NOTE: Headaches should receive emergency care if they are severe; severe with sudden onset; or accompanied by changes in vision, vomiting, seizure, or alteration in consciousness.

TREATMENT

1. If there has been a head injury, call **Rescue Squad**. (See **Head Injury**.)
2. If there has been no trauma to the head, have individual lie down for 20-30 minutes in darkened area.
3. Place a cool cloth /ice pack on the head to promote relaxation. (**Do not** apply directly to skin.)
4. If headache persists, call parent to take individual home.

HEAD INJURY

NOTE: All head injuries are **potentially life threatening** and should be referred for immediate medical care. Suspect neck injury with all serious head injuries and treat head and neck as one unit.

SIGNS AND SYMPTOMS

- ◆ Nausea or vomiting
- ◆ Drowsiness
- ◆ Disorientation, confusion
- ◆ Dizziness
- ◆ Loss of consciousness at any time
- ◆ Blood or fluid in ears
- ◆ Increasing pain
- ◆ Slurring of speech
- ◆ Numbness
- ◆ Marked swelling
- ◆ Blurred or double vision
- ◆ Unequal pupils

TREATMENT

1. Determine cause of injury.
2. If individual has any of the symptoms listed above, call **Rescue Squad**.
3. Keep individual lying down and quiet.
4. If individual is unconscious and neck injury is **not** suspected, support head and gently turn entire body to one side (log roll) so secretions drain from mouth. **Do not** turn head if neck injury is suspected.
5. Loosen clothing around neck.
6. Check for airway obstruction. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)
7. **Do not** insert anything into the individual's mouth.
8. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
9. Control extensive bleeding by applying pressure to a nearby artery.
10. **Do not** wash head wounds.
11. Small cuts on face or scalp may bleed extensively. Control bleeding of this kind by applying clean dressings (preferably sterile) directly on the wound.
12. If dressings become blood soaked, add more dressings. **Do not** remove original dressing.
13. For blows to the head not accompanied by any of the above symptoms, treat for headache. (See **Headache**)

14. If any of the above signs and symptoms occur at a later time, call parent and recommend follow-up medical care.

HEART ATTACK

GENERAL

NOTE: Any chest pain that is severe, lasts longer than 10 minutes, or persists even during rest requires immediate medical care. This is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Persistent pain or pressure in the chest that is not relieved by resting, changing position, or prescribed oral medication
- ◆ Pain ranges from discomfort to unbearable crushing pain behind breastbone described as dull, penetrating, pressure, squeezing
- ◆ Pain sometimes radiating down left arm, both arms, or neck
- ◆ Feeling of choking
- ◆ Agitation and apprehension
- ◆ Breathing that is noisy, faster than normal
- ◆ Shortness of breath
- ◆ Pulse faster or slower than normal or irregular
- ◆ Skin pale or bluish
- ◆ Face, moist
- ◆ Cold sweat

TREATMENT

1. Call **Rescue Squad** immediately and request **Advanced Life Support**.
2. Remain with individual until emergency personnel arrive.
3. Place the individual in a comfortable position, usually sitting up, particularly if there is shortness of breath. Individual's preference is usually a good guide.
4. Loosen tight clothing.
5. Provide reassurance.
6. Guard against drafts and exposure to cold air.
7. If individual has "heart medicine" with them or in the clinic, assist with taking it. (For a child, consult the written action plan on file and proceed with the physician's recommendations.)
8. **Do not** give food, drink, or "pills" to an unconscious individual.
9. **Do not** attempt to transport individual. This will add additional strain.
10. If necessary, certified personnel start CPR and/or Rescue Breathing. (See **CPR and Rescue Breathing**)
11. Call parent (or emergency contact person for non-student).

SEVERE CARDIAC ARREST

NOTE: The absence of a pulse is the main signal of cardiac arrest. Severe cardiac emergencies are **life threatening**.

SIGNS AND SYMPTOMS

- ◆ See **Heart Attack** signs and symptoms
- ◆ No pulse
- ◆ Severe difficulty or no breathing
- ◆ Sudden, severe chest pain

TREATMENT

1. For cardiac arrest (heart stops beating/no pulse), severe respiratory distress (difficulty or no breathing), coma, or shock, call **Rescue Squad** immediately. Certified personnel start CPR and Rescue Breathing. (See **CPR** and **Rescue Breathing**)
2. Keep individual quiet and calm.
3. Call parent (or emergency contact person for non-student).

HEAT EMERGENCIES

HEAT CRAMPS

NOTE: Heat cramps are often the first signal that the body is having trouble with heat.

SIGN AND SYMPTOMS

- ◆ Painful muscle spasm, usually occurring in the legs and abdomen

TREATMENT

1. Have individual rest in a cool place.
2. Give cool water or commercial sports drink.
3. Lightly stretch muscles and gently massage.
4. **Do not** give individual salt tablets or salt water.
5. When cramps stop, have individual drink plenty of fluids.
6. Watch individual for further signals of heat-related illness.
7. Individual may resume normal activity.
8. Call parent.

HEAT EXHAUSTION

NOTE: Heat exhaustion is a more severe condition than heat cramps. Often affects athletes and those wearing heavy clothing in a hot, humid environment.

SIGNS AND SYMPTOMS

- ◆ Cool, moist, pale, or flushed skin
- ◆ Headache
- ◆ Nausea
- ◆ Dizziness
- ◆ Weakness
- ◆ Exhaustion

TREATMENT

1. Remove to cool area.
2. Keep individual lying down and elevate feet 8-12 inches.
3. Loosen clothing and remove the outer layers.
4. Cool by sponging, fanning, or immersing in cool water.
5. If fully conscious, give sips of water.
6. If individual becomes drowsy, unconscious or vomits, call **Rescue Squad**.
7. If necessary, certified personnel start CPR and Rescue Breathing. (See **CPR and Rescue Breathing**)
8. Call parent and recommend follow-up medical care.

HEAT STROKE

NOTE: Heat stroke is the most severe heat emergency and is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Red, hot, dry skin
- ◆ Changes in consciousness
- ◆ Rapid, weak pulse
- ◆ Shallow breathing
- ◆ High body temperature (106°-110°F)
- ◆ Pupils constricted

TREATMENT

1. Remove individual to a cool area.
2. Call **Rescue Squad**.
3. Loosen clothing and remove outer layer.
4. Attempt to cool quickly. Apply cold compresses to head. (**Do not** apply directly to skin.)
5. If individual is conscious, give cool water to drink. **Do not** let individual drink too quickly. Give about 4 ounces of water every 15 minutes.
6. Let individual rest in a comfortable position.
7. Watch for changes in individual's condition.
8. If individual vomits, wear gloves. Use Universal Precautions. (See **Universal Precautions**.) Stop giving fluids and position on side.
9. If breathing difficulty develops, certified personnel start Rescue Breathing. (See **Rescue Breathing**)
10. Apply ice/cold packs to each wrist and ankle, in the groin, under each armpit, and on the neck to cool large blood vessels. (**Do not** apply directly to skin.)
11. **Do not** apply rubbing alcohol.
12. If necessary, treat individual for shock. (See **Shock**)
13. Call parent.

HYPERVENTILATION

SIGNS AND SYMPTOMS

- ◆ Rapid, shallow breathing
- ◆ Profuse sweating
- ◆ Pale skin
- ◆ Nausea
- ◆ Tingling of hands, face, and feet

TREATMENT

1. Calm and reassure individual.
2. Encourage individual to breathe slowly.
3. **Do not** have individual breathe into a paper bag.
4. If individual does not respond and their condition worsens, call **Rescue Squad**.
5. Call parent.

MOUTH/JAW INJURIES

NOTE: Bleeding and fracture injuries of the mouth, jaw, lips, tongue, teeth, or inner cheek can create breathing difficulties. These injuries are **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Bleeding from mouth, lip, jaw, teeth
- ◆ Difficulty breathing
- ◆ Choking
- ◆ Pain

TREATMENT

1. Determine cause of injury.
2. Call the **Rescue Squad**.
3. Maintain open airway. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**)
4. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
5. If individual is conscious, bleeding from the mouth, and no neck injuries are suspected, prop individual up—leaning forward—to allow blood to drain.
6. If sitting position is not possible, place individual on their side to allow blood to drain from the mouth.
7. If lip is penetrated, place a rolled dressing between the lip and gum and another dressing on the outer surface of the lip. Apply ice/cold pack to reduce swelling and decrease pain. (**Do not** apply directly to lip.)
8. If tongue is bleeding, apply a dressing with gentle pressure. Apply ice/cold pack to reduce swelling and decrease pain. (**Do not** apply directly to tongue.)
9. If tooth has been knocked out, control bleeding and save tooth or tooth fragments. (See **Dental Problems**)
10. If bleeding is external, apply dressing (preferably sterile) with gentle pressure.
11. If bleeding is not severe or injury is not extreme, call parent and recommend follow-up medical care.

NOSE**NOSE BLEEDS****SIGNS AND SYMPTOMS**

- ◆ Bleeding
- ◆ Swelling
- ◆ Bruising
- ◆ Choking

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. If bleeding is from trauma, see **Head Injury**.
3. If bleeding is not related to trauma, keep individual slightly leaning forward and breathing through the mouth.
4. Loosen anything tight around the neck.
5. Pinch the sides of the nose against the septum (bone in center of nose) for at least 5-10 minutes to allow a clot to form.
6. Apply ice/cold packs to forehead, over bridge of nose and back of neck. (**Do not** apply directly to skin.)
7. Tell individual not to blow nose or sniff for 1-2 hours in order to prevent dislodging the clot.
8. If bleeding does not stop in 5-10 minutes or individual has frequent episodes, call parent and recommend follow-up medical care.
9. If individual vomits blood or starts spitting up blood, call parent and recommend immediate medical care.

FOREIGN OBJECTS**SIGNS AND SYMPTOMS**

- ◆ Pain
- ◆ Swelling
- ◆ Foul odor

TREATMENT

1. **Do not** attempt to remove object.
2. Call parent and recommend immediate follow-up medical care.

SEIZURE/CONVULSION

NOTE: Remain calm. A seizure cannot be stopped once it starts. Call **Rescue Squad** unless individual is known to have a seizure disorder (epilepsy) **and** there is a written action plan on file at the school. Parent should be called immediately.

SIGNS AND SYMPTOMS

May experience an aura (unusual sensation) or feeling immediately preceding seizure, such as:

- ◆ Visual hallucination
- ◆ Strange sound
- ◆ Lack of smell
- ◆ Urgent need to get to safety
- ◆ Mild blackout
- ◆ Daydreaming
- ◆ Rhythmic jerking or stiffening of all or some of the extremities and face
- ◆ Unresponsive during and for some time after the seizure episode

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. **Do not** place anything in individual's mouth. Place on side to prevent choking on secretions and blockage of airway by the tongue.
3. If individual is standing or sitting, gently lower to ground to avoid a fall.
4. If possible, place a cushion or blanket under individual's head.
5. **Do not** hold or restrain individual.
6. Clear area around the individual to prevent injury from sharp objects.
7. **Do not** give food, drink, or medications during a seizure.
8. Remain with individual during the seizure to monitor progress.
9. Observe all of the individual's activity during the seizure, including:
 - ◆ Time the seizure began.
 - ◆ Area of the body where seizure began.
 - ◆ Any movement of the seizure from one area of the body to the other.
 - ◆ Type of movements of the head, face, and arms that occur during the seizure.
10. When the seizure is over:
 - ◆ If necessary, clear secretions from mouth with a bulb syringe or suction catheter. If this equipment is not available, turn individual onto their side to allow for drainage of secretions.
 - ◆ Monitor breathing.
 - ◆ Determine level of awareness.
 - ◆ Determine individual's ability to move arms and legs.
 - ◆ Provide privacy.
 - ◆ Check for loss of control of urine and stool.
 - ◆ Check for injuries. See appropriate procedures for treatment.
 - ◆ If individual remains unconscious after seizure is over, maintain open airway and continue to assess breathing. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)

- ◆ Keep individual comfortable.
- ◆ Allow individual to sleep as needed. (May last from 30 minutes to several hours.)
- ◆ Record the length of the seizure and activity during and after the seizure.
- ◆ Call parent and recommend follow-up medical care.

SHOCK

NOTE: Shock is **life-threatening**.

SIGNS AND SYMPTOMS

- ◆ Restlessness
- ◆ Irritability
- ◆ Altered consciousness (weakness, confusion, drowsiness)
- ◆ Pale skin
- ◆ Moist extremities
- ◆ Rapid breathing
- ◆ Rapid pulse (greater than 100 beats per minute)
- ◆ Late stage: skin, lips, and area around eyes appear blue

TREATMENT

1. Call **Rescue Squad** immediately.
2. If necessary, certified personnel start CPR or Rescue Breathing. (See **CPR** and **Rescue Breathing**)
3. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
4. If vomiting occurs, turn individual onto one side, rolling body and head as one. Clear material from the mouth. **If neck injury is suspected, do not turn individual.**
5. Control all obvious bleeding by placing firm pressure on a nearby artery.
6. Unless injuries make this inadvisable, lay individual flat with legs elevated 12 inches. **Do not** elevate legs in case of head and neck injuries.
7. An individual in shock because of heart attack or with lung disease, may find it easier to breathe sitting up or in a semi-sitting position.
8. Darken room. Avoid rough and excessive handling of individual.
9. Prevent loss of body heat by putting blankets over the individual. **Do not** add extra heat.
10. **Do not** give anything to eat or drink.
11. Give first aid for any identified cause of shock (e.g., bleeding, burns) See appropriate procedure.
12. Call parent.

SPINE INJURY

BACK INJURY/NECK INJURY

NOTE: Injuries to the head and spine can cause paralysis, speech or memory problems, or other disabling conditions. This is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Changes in consciousness
- ◆ Severe pain in head, neck, or back
- ◆ Tingling or loss of sensation in hands, fingers, feet, and toes
- ◆ Partial or complete loss of movement of any body part
- ◆ Unusual bumps or depressions on head or spine
- ◆ Blood or other fluids draining from ears or nose
- ◆ Heavy external bleeding of head, neck, or back
- ◆ Seizures
- ◆ Difficulty breathing
- ◆ Vision problems
- ◆ Nausea or vomiting
- ◆ Loss of balance
- ◆ Bruising of head, especially around the eyes and behind the ears

TREATMENT

1. Determine cause of injury. Spinal injuries should be suspected in all falls, collisions, and impact injuries (e.g., contact sports).
2. Call **Rescue Squad** immediately.
3. **Do not** move individual.
4. If it is necessary to move the individual due to an immediate danger, support the head and move in the direction of the long axis without bending the spine. **Do not** drag sideways.
5. Keep individual warm and comfortable.
6. If bleeding or drainage, wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
7. If necessary, treat for shock. (See **Shock**)
8. If an individual cannot move their arms and legs, they may need Rescue Breathing. If necessary, certified personnel start Rescue Breathing (See **Rescue Breathing**)
9. Call parent.

SPLINTERS**SIGNS AND SYMPTOMS**

- ◆ Redness or other discoloration
- ◆ Swelling
- ◆ Pain

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Cleanse thoroughly with soap and water.
3. Inspect to determine depth.
4. If superficially lodged under the skin, grasp portion protruding above the skin and attempt to gently remove with tweezers. **Do not** probe under the skin with tweezers or other object.
5. Determine individual's tetanus immunization status from school record.
6. If lodged beyond superficial layer of skin, call parent and recommend immediate follow-up medical care.

SPRAINS

NOTE: A sprain is the tearing of ligaments at a joint. It is distinguished from a fracture only by x-ray.

SIGNS AND SYMPTOMS

- ◆ Swelling
- ◆ Tenderness
- ◆ Pain upon motion
- ◆ Discoloration

TREATMENT

1. Determine cause of injury.
2. Keep individual warm and comfortable.
3. Immobilize extremity. Splint with pillows, blankets, broomstick, uninjured limb, etc.
4. Apply ice/cold pack to the area. (**Do not** apply directly to skin.)
5. If movement does not cause pain, elevate affected part.
6. Call parent and recommend follow-up medical care.

VOMITING**TREATMENT**

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. **Do not** give anything to eat or drink.
3. When vomiting stops, position individual comfortably.
4. Call parent and recommend follow-up medical care.

WOUNDS

CUTS/SUPERFICIAL

TREATMENT

1. Determine cause of injury.
2. Wear gloves. Use Universal precautions. (See **Universal Precautions**.)
3. Cleanse thoroughly with soap and water. **Do not** use hydrogen peroxide, alcohol, or other disinfectant.
4. If necessary, apply dry bandage.
5. **Do not** wash head wounds. Apply dry dressing (preferably sterile).
6. Determine individual's tetanus immunization status from school record.
7. Call parent and recommend follow-up medical care.

DEEP/EXTENSIVE

TREATMENT

1. Determine cause of injury.
2. Call **Rescue Squad**.
3. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
4. Control bleeding by covering with gauze dressing (preferably sterile). Apply pressure to nearby artery.
5. If necessary, apply more dressings. **Do not** remove original dressing.
6. **Do not** move individual unnecessarily.
7. **Do not** wash head wounds. Apply dry dressing.
8. In case of amputation:
 - ◆ Place direct pressure on wound site.
 - ◆ Place indirect pressure on nearby arteries.
 - ◆ Locate severed body part.
 - ◆ Wrap the part in moist, clean (preferably sterile) cloth.
 - ◆ Place part in plastic airtight bag and lay on ice to transport.
 - ◆ Give part to Rescue Squad.
9. If no fracture is suspected, elevate the extremity above the level of the heart to help stop bleeding.
10. Determine individual's tetanus immunization status from school record.
11. Call parent.

PUNCTURE**TREATMENT**

1. Determine cause of injury.
2. Call **Rescue Squad**.
3. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
4. Unless wound is spurting blood, allow to bleed freely.
5. If wound is spurting blood, apply pressure with clean gauze to stop the bleeding.
6. Cleanse thoroughly with soap and water.
7. Apply gauze dressing (preferably sterile).
8. Determine tetanus immunization status from school record.
9. Call parent and recommend follow-up medical care.

Emergency Care Procedures

CHOKING

CONSCIOUS: Speaking, breathing coughing (Child and Adult)

Child (ages 1-8)

Adult (age 8 & older)

1. If individual can breathe, cough, or speak, do not interfere.
2. Stay with the individual. Encourage to cough out the obstruction.
3. If individual cannot clear their airway by coughing, is unable to speak, breathe, or cough, or if breathing and coughing become weaker and more difficult, call **Rescue Squad**. (See **Choking/Conscious Child and Adult**.)



CONSCIOUS: Unable to dislodge object, difficulty breathing, weak/faint cough or speech (Child and Adult)

Child (ages 1-8)

Adult (age 8 and older)

NOTE: If the individual is choking and the Heimlich Maneuver is used, abdominal injury may occur. The individual should be examined by a physician.

1. **Check to see if the individual is conscious.**

Tap or gently shake them and shout, “Are you choking?” If individual cannot, cough, speak or breathe, shout “Help!” If someone is with you, have them call the **Rescue Squad**.

2. **Perform abdominal thrusts.** (Heimlich Maneuver).

- Stand behind the individual.
- Wrap arms around waist. Make a fist with one hand. Place thumb side of fist against middle of the abdomen, just above navel and well below lower tip of breastbone.
- Grasp your fist with your other hand.
- Keeping elbows out, press fist into individual’s abdomen with a quick upward thrust. Each thrust should be a separate and distinct attempt to dislodge the object.
- Repeat thrusts until the individual coughs up the object, starts to breathe or cough, or becomes unconscious.



3. Watch the individual to make sure they continue to breathe easily.
4. If a call has not been made, call **Rescue Squad** now.
5. If individual becomes unconscious, see **Choking/Unconscious Child and Adult**.

UNCONSCIOUS (Child and Adult)**Child (ages 1-8)****Adult (age 8 and older)**

NOTE: If alone with an unconscious child, give Rescue Breathing for **1 minute** and then call **Rescue Squad**. If someone is with you, have them call **Rescue Squad**. If a mask with a one-way valve or other infection control barrier is available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Check to see if the individual is conscious.**

Kneel down beside the individual and tap, or gently shake them and shout, “Are you okay?” If there is no response, call **Rescue Squad**.

2. **Position the individual on back.** Support the head and neck. Roll as one unit.

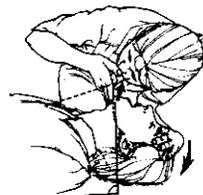
3. **Open the airway.** (Use head-tilt/chin-lift)

- Place hand (the one nearest the person’s ear) on the forehead.
- Place fingers of other hand under bony part of lower jaw near chin.
- Tilt head and lift jaw.
- **Avoid** closing individual’s mouth.
- **Avoid** pushing on the soft parts under the chin.



4. **Check for breathlessness.**

- Maintain open airway with head-tilt/chin-lift.
- Place ear next to mouth and nose.
- **Look, listen, and feel** for breathing for **5 seconds**.
- If no signs of breathing, give **2 slow breaths**. Pause between each breath. Watch for the chest rising to make sure breaths are going in. If not, retilt the head and try again.
- If unable to make a tight enough seal over an individual’s mouth (jaw or mouth is injured or your mouth is too small), **use mouth to nose breathing**.



5. **Check for a pulse for 5 seconds.** To check the pulse, feel at the front of the neck for the Adam’s apple and slide your fingers into the groove next to it in the side of the neck.



6. If pulse is present but individual is still not breathing, retilt the head, lift the chin, and attempt to give another breath.

7. If breaths still won’t go in:

- Straddle the legs of the individual.
- Position your hands one on top of the other on the individual’s abdomen with your fingers pointing toward the individual’s head.
- Give quick **upward thrusts**. Give up to **5 abdominal thrusts**.



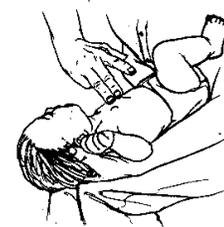
- Lift jaw and tongue. Sweep out mouth. (**For a child:** Check for object first *before* sweeping. If seen, sweep it out with finger.)
 - If object is not found and if breaths do not go in, reposition and try again.
 - Continue breaths, thrusts, and sweeps until individual coughs up the object, begins to breathe on their own, or forcefully coughs.
8. If individual resumes effective breathing, place on side in recovery position.

CONSCIOUS

Infant (up to 1 year old)

NOTE: Infants who have been treated for choking should always be examined by a physician.

1. If an infant is coughing forcefully, allow the infant to continue to cough. Watch the infant carefully.
2. If the infant does not stop coughing in a few minutes or if the infant coughs weakly, makes a high pitched sound while coughing, or cannot cry, cough, or breathe, call **Rescue Squad**.
3. **Position the infant:**
 - Place the infant face down on your arm, with hand supporting the infant's head.
 - With other hand, strike the infant between the shoulder blades **5 times (back blows)**.
 - Turn the infant over.
 - Place **two or three fingers** in the center of the breastbone.
 - Give **5 chest thrusts**. Each thrust should be about **1 inch** deep.
4. **Repeat** back blows and chest thrusts until object is coughed up, infant begins to breathe on own, or infant becomes unconscious.
5. Continue to watch the infant.
6. Call **Rescue Squad** now if a call has not been made.
7. If infant becomes unconscious, see **Choking/Unconscious Infant**.

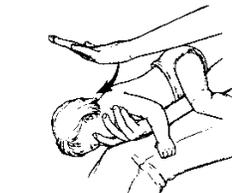
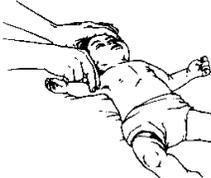
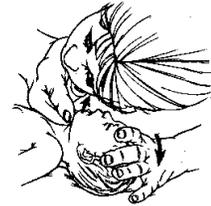


UNCONSCIOUS

Infant (up to 1 year old)

NOTE: If alone with an unconscious infant, give Rescue Breathing for **1 minute** and then call **Rescue Squad**. If someone is with you, have them call the Rescue Squad. If a mask with one-way valve or other infection control barrier is available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Check to see if the infant is conscious.** Tap or gently shake the infant. If there is no response, certified personnel start Rescue Breathing.
2. **Position the infant on their back.**
3. **Open the airway.**
 - Place hand on forehead and gently tilt head back. You do not need to tip an infant's head back very far to open the airway. Airway is open if the infant's chest rises and falls as you give breaths.
4. **Check for breathlessness.**
 - Maintain open airway with head-tilt method.
 - Place ear next to mouth and nose.
 - **Look, listen, and feel** for breathing for **5 seconds**.
5. **If no signs of breathing:**
 - Seal mouth over the infant's mouth and nose.
 - Give **2** slow breaths lasting about **1½ seconds** each. Pause between each breath. Watch for the chest rising to make sure breaths are going in. If not, retilt the head and try again.
6. **Check for a pulse for 5 seconds.** Check for a brachial pulse on the inside of the upper arm, between the infant's elbow and shoulder.
7. If pulse is present but infant is still not breathing, retilt the head. Attempt to give another breath.
8. If breaths still won't go in:
 - Place infant face down on your arm with hand supporting the infant's head.
 - With other hand strike the infant between the shoulder blades **5** times (**back blows**).
 - Turn the infant over.
 - Place **2 or 3** fingers in the center of the breastbone.
 - Give **5** chest thrusts. Each thrust should be about **1 inch** deep.
 - Lift jaw and tongue and check for the object. If the object is seen sweep it out with a finger.



- Tilt head back and give **2 breaths**. If breaths do not go in, reposition and try again.
 - If breaths still do not go in, continue the **back blows, chest thrusts, and breaths** until infant coughs up the object, begins to breathe or cough.
9. If infant resumes effective breathing, place in recovery position on side.
 10. Continue to observe until Rescue Squad arrives.

CARDIOPULMONARY RESUSCITATION

CPR

Adult/older child (ages 8 & older)

NOTE: An individual (8 & older) who is not breathing and does not have a pulse needs CPR. Call **Rescue Squad**. If someone is with you, have them call the Rescue Squad. If a mask with one-way valve or other infection control barrier is available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Check to see if the individual is conscious.**

Kneel down beside the individual and tap or gently shake them and shout, “Are you okay?” If there is no response call **Rescue Squad**.

2. **Position the individual on their back.** Support the head and neck. Roll as a unit.

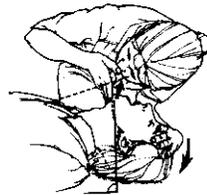
3. **Open the airway.** (Use head-tilt/chin-lift)

- Place hand (the one nearest the individual’s ear) on the forehead.
- Place fingers of other hand under bony part of lower jaw and near chin.
- Tilt head and lift jaw.
- **Avoid** closing individual’s mouth.
- **Avoid** pushing on the soft parts under the chin.



4. **Check for breathlessness.**

- Maintain open airway with head-tilt/chin-lift.
- Place ear next to mouth and nose.
- **Look, listen, and feel** for breathing for **5 seconds**.



5. **If no signs of breathing:**

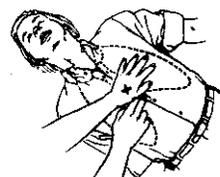
- Pinch nose shut.
- Take a deep breath, make a tight seal with your mouth around the individual’s mouth.
- Give **2** slow breaths lasting about **1 ½ seconds** each. Pause between each breath. Watch for the chest rising to make sure breaths are going in. If not, retilt the head and try again.
- If unable to make a tight enough seal over the individual’s mouth (jaw or mouth is injured or your mouth is too small), **use mouth to nose breathing**.

6. **Check for pulse for 5 seconds.** To check for the pulse in an adult, feel at the front of the neck for the Adam’s apple and slide your fingers into the groove next to it in the side of the neck. Keep head titled. If there is no breathing and no pulse, certified personnel start CPR.

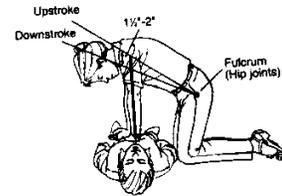


7. **Position:**

- Place the individual on their back, on a firm level surface.



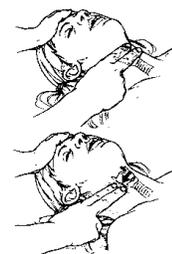
- Kneel beside the chest.
 - Find the notch where the lower ribs meet the breastbone. Place the heel of hand on the breastbone next to your index finger. Place other hand on top of the first.
 - Use the heel of bottom hand to apply pressure on the breastbone.
 - To compress the chest of an adult, keep shoulders directly over hands and elbows locked. Push straight down.
8. Perform **15 chest compressions**.
- A set of **15 compressions** should take about **10 seconds**.
 - Compress the chest about **2 inches**.
 - Retilt the head and lift the chin.
 - Give **2** slow breaths. (A cycle of **15 compressions** and **2 breaths** should take about **15 seconds**.)
 - Do **4** continuous cycles of **15 compressions** and **2 breaths** taking about **1 minute**.
9. Recheck pulse and breathing for about **5 seconds**. If there is still no pulse, continue sets of **15 compressions** and **2 breaths**. Recheck pulse and breathing every few minutes.
10. **When to stop CPR:**
- If individual is breathing and has a pulse.
 - If another trained individual takes over CPR for you.
 - If Rescue Squad arrives and takes over care of the individual.
 - If you are exhausted and unable to continue.
 - The scene becomes unsafe.



CPR**Child (ages 1-8)**

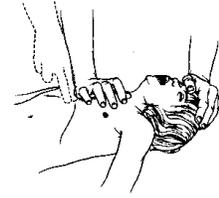
NOTE: A child who is not breathing and does not have a pulse needs CPR. Call **Rescue Squad**. If alone, give CPR for **1 minute** and then call Rescue Squad. If someone is with you, have them call the Rescue Squad. If a mask with one-way valve is available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Check to see if the child is conscious.** Kneel down beside the child and tap or gently shake them and shout, “Are you okay?” If there is no response call **Rescue Squad**.
2. **Position the child on their back.** Support the head and neck. Roll as a unit.
3. **Open the airway.** (Use head-tilt/chin-lift.)
 - Place your hand (the one nearest the child’s ear) on the forehead.
 - Place fingers of other hand under bony part of lower jaw and near chin.
 - Tilt head and lift jaw.
 - **Avoid** closing child’s mouth.
 - **Avoid** pushing on the soft parts under the chin.
4. **Check for breathlessness.**
 - Maintain open airway with head-tilt/chin-lift.
 - Place your ear next to mouth and nose.
 - **Look, listen, and feel** for breathing for **5 seconds**.
5. **If no signs of breathing:**
 - Pinch nose shut with the thumb and forefinger of the hand maintaining pressure on the child’s forehead. Lift chin with other hand.
 - Take a deep breath, make a tight seal over the child’s mouth.
 - Give **2** slow breaths lasting about **1 ½ seconds** each. Pause between each breath. Watch for the chest rising to make sure your breaths are going in. If not, retilt the head and try again.
 - If you are unable to make a tight enough seal over the child’s mouth (jaw or mouth is injured or your mouth is too small), **use mouth to nose breathing**.
6. **Check for a pulse for 5 seconds.** To check the pulse of a child, feel at the front of the neck for the Adam’s apple and slide your fingers into the groove next to it in the side of the neck. If there is no breathing and no pulse, certified personnel start CPR.



7. Position:

- Place the child on their back on a firm, level surface.
- Kneel beside the chest.
- Keep the head tilted back with one hand.
- Place the heel of the other hand on the lower half of the breastbone in the middle of the chest. When giving CPR to a child, compressions are performed with the heel of **1 hand only**.
- Position your shoulders over your hands.
- Keep elbows straight.
- Push straight down.

**8. Perform 5 chest compressions.**

- Each series of 5 chest compressions should take about **3 seconds**. Compress the chest about **1 ½ inches**. Count “one, two, three...” to help maintain a regular rhythm.
- After giving **5 compressions**, give **1** slow breath for about **1 ½ seconds**.
- Repeat cycles of **5 compressions** and **1 breath** for about **1 minute (12 cycles)**.

9. Recheck pulse and breathing for about **5 seconds**. If there is still no pulse, continue sets of **5 compressions** and **1 breath**. Recheck pulse and breathing every few minutes.

10. When to stop CPR:

- If child is breathing and has a pulse.
- If another trained individual takes over CPR for you.
- If Rescue Squad arrives and takes over care of the child.
- If you are exhausted and unable to continue.
- The scene becomes unsafe.

11. If the child is breathing on own, has a pulse, and there is no evidence of trauma, place the child in the recovery position.

12. Continue to observe until Rescue Squad arrives.

CPR**Infant (up to 1 year old)**

NOTE: An infant who is not breathing and does not have a pulse needs CPR. If alone, give CPR for **1 minute** and then call **Rescue Squad**. If someone is with you, have them call **Rescue Squad**. If a mask with one-way valve or other infection control barrier is available, it should be used during rescue breathing.

Do not delay rescue breathing while such a device is located.

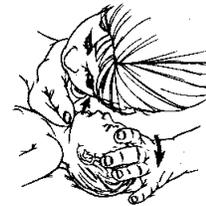
1. **Check to see if the infant is conscious.**

Kneel down beside the infant and tap or gently shake them and shout, “Are you okay”? If there is no response (noise, crying) and you are alone, certified personnel start Rescue Breathing.

2. **Place infant on back** (floor, table). Support the head and neck. Roll as a unit.

3. **Open the airway.**

- Place hand on forehead and gently tilt head back. **Do not** tip infant’s head back very far to open the airway. Airway is open if the infant’s chest rises and falls as you give breaths.



4. **Check for breathlessness.**

- Maintain open airway. Tilt head back.
- Place your ear next to mouth and nose.
- **Look, listen, and feel** for breathing for **5 seconds**.

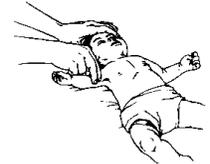


5. **If no signs of breathing:**

- Seal your mouth over the infant’s mouth and nose.
- Give **2** slow breaths lasting about **1½ seconds** each. Pause between each breath. Watch for the chest rising to make sure your breaths are going in. If not, retilt the head and try again.

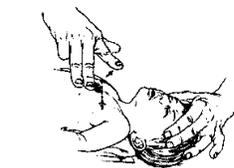


6. **Check for a pulse for 5 seconds.** Check for a brachial pulse on the inside of the upper arm, between the infant’s elbow and shoulder. If infant is not breathing and has no pulse, certified personnel start CPR.



7. **Position:**

- Place one hand on infant’s forehead.
- Place **2 fingers** on the breastbone just below an imaginary line between the nipples. Compress about **½ to 1 inch**.



8. **Perform 5 chest compressions.**

- Count “one, two three, four, five...” to help keep a regular and even rhythm, at least 100 per minute.
- After giving **5 compressions**, give **1 slow breath** (about **1 ½ seconds**).
- Do **12 cycles** of **5 compressions** and **1 breath**.



9. Recheck pulse and breathing for about **5 seconds**. If there is still no pulse, continue sets of **5 compressions** and **1 breath**. Recheck pulse and breathing every few minutes.

10. **When to stop CPR:**

- If infant is breathing and has a pulse.
- If another trained individual takes over CPR for you.
- If Rescue Squad arrives and takes over care of the infant.
- If you are exhausted and unable to continue.
- The scene becomes unsafe.

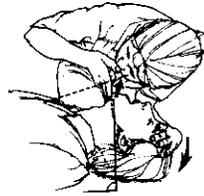
RESCUE BREATHING

Rescue Breathing

Adult: ages 8 & older

NOTE: An individual (ages 8 & older) who is not breathing needs Rescue Breathing. Call the **Rescue Squad**. If someone is with you, have them call the Rescue Squad. If a mask with one-way valve or other infection control barrier is readily available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Open the airway.** (Use head-tilt/chin-lift)
 - Place individual on hard surface.
 - Place hand (the one nearest the individual's ear) on the forehead.
 - Place fingers of other hand under bony part of lower jaw near chin.
 - Tilt head and lift jaw.
 - **Avoid** closing individual's mouth.
 - **Avoid** pushing on the soft parts under the chin.
2. **Check for breathlessness.**
 - Maintain open airway with head-tilt/chin-lift.
 - Place your ear next to mouth and nose.
 - **Look, listen, and feel** for breathing for **5 seconds**.
3. **If no signs of breathing:**
 - Pinch nose shut, make a tight seal with your mouth around the individual's mouth.
 - If you are unable to make a tight enough seal over individual's mouth (jaw or mouth is injured or your mouth is too small), **use mouth to nose breathing**.
 - Give **2 slow breaths** each lasting about **1½ seconds**. Pause between each breath. Watch for the chest rising to make sure your breaths are going in. If not, retilt the head and try again.
4. **Check for a pulse for 5 seconds.** To check for a pulse, feel at the front of the neck for the Adam's apple and slide your fingers into the groove next to it in the side of the neck.
5. If pulse is present but individual is still not breathing, certified personnel start Rescue Breathing.
 - Give **1 breath** every **5 seconds** for about **1 minute (12 breaths)**.
 - Count "one one-thousand, two one-thousand, three one-thousand." Then take a breath on "four one-thousand" and breathe into the individual on "five one-thousand."
6. Recheck pulse and breathing for about **5 seconds**.
7. Continue Rescue Breathing as long as a pulse is present but individual is not breathing.
8. **When to stop Rescue Breathing:**
 - The individual begins to breathe on own.
 - The individual has no pulse. If the individual has no pulse, certified personnel start CPR. (See **CPR**)
 - Another trained rescuer takes over for you.
 - You are too tired to continue.
 - The scene becomes unsafe.



Rescue Breathing

Child: Ages 1-8

NOTE: A child who is not breathing needs Rescue Breathing. Call **Rescue Squad**. If alone, give Rescue Breathing for **1 minute** and then call Rescue Squad. If someone is with you, have them call the Rescue Squad. If a mask with one-way valve or other infection control barrier is available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Open the airway.** (Use head-tilt/chin-lift)
 - Place child on back on a hard surface (floor, table).
 - Place your hand (the one nearest the child's ear) on the forehead.
 - Place fingers of other hand under bony part of lower jaw near chin.
 - Tilt head and lift jaw.
 - **Avoid** closing child's mouth.
 - **Avoid** pushing on the soft parts under the chin.
2. **Check for breathlessness.**
 - Maintain open airway with head- tilt/chin lift.
 - Place your ear next to mouth and nose.
 - **Look, listen, and feel** for breathing for **5 seconds**.
3. **If no signs of breathing:**
 - Pinch nose shut, make a tight seal with your mouth around the child's mouth.
 - If unable to make a tight enough seal over child's mouth (jaw or mouth is injured or your mouth is too small), **use mouth to nose breathing**.
 - Give **2 slow breaths** each lasting about **1 ½ seconds**. Pause between each breath. Watch for the chest rising to make sure your breaths are going in. If not, retilt the head and try again.
4. **Check for a pulse for 5 seconds.** To check for the pulse in a child, feel at the front of the neck for the Adam's Apple and slide your fingers into the groove next to it in the side of the neck.
5. If pulse is present but child is still not breathing:
 - Give **1 breath** about every 3 seconds for about **1 minute (20 breaths)**.
 - Count "one one-thousand," take a breath on "two one-thousand," and breathe into the child on "three one-thousand."
6. Recheck pulse and breathing for about **5 seconds**.
7. Continue Rescue Breathing as long as a pulse is present but child is not breathing.
8. **When to stop Rescue Breathing:**
 - The child begins to breathe on their own.

- The child has no pulse. If the child has no pulse, certified personnel start CPR. (See **CPR**)
- Another trained rescuer takes over for you.
- You are too tired to continue.
- The scene becomes unsafe.

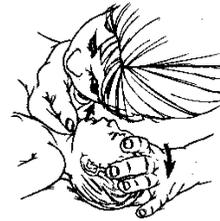
Rescue Breathing

Infant (up to 1 year)

NOTE: An infant who is not breathing needs Rescue Breathing. Call **Rescue Squad**. If alone with an infant who is not breathing, give Rescue Breathing for **1 minute** and then call the Rescue Squad. If someone is with you, have them call the Rescue Squad. If a mask with one-way valve or other infection control barrier is available, it should be used during rescue breathing. **Do not** delay rescue breathing while such a device is located.

1. **Open the airway:**

- Place infant on back on hard surface (floor, table).
- Place hand on forehead and gently tilt head back. **Do not tilt** infant's head back very far to open the airway. The airway is open if you can see the infant's chest rise and fall as you give breaths.



2. **Check for breathlessness.**

- Maintain open airway with head-tilt method.
- Place your ear next to mouth and nose.
- **Look, listen, and feel** for breathing for **5 seconds**.



3. **If no signs of breathing:**

- Seal your mouth over the infant's mouth and nose.
- Give **2 slow breaths** lasting about **1½ seconds** each. Pause between each breath. Watch for the chest rising to make sure your breaths are going in. If not, retilt the head and try again.



4. **Check for a pulse for 5 seconds.** Check for a brachial pulse on the inside of the upper arm, between the infant's elbow and shoulder.

5. If pulse is present but infant is still not breathing, certified personnel start Rescue Breathing.

- Give **1 slow breath every 3 seconds**. Do this for about 1 minute (20 breaths).
- Count "one one-thousand," take a breath on "two one-thousand," and breath into the infant on "three one-thousand."

6. Recheck pulse and breathing. If the infant still has a pulse but **is not** breathing, continue Rescue Breathing. Check the pulse **every minute**.

7. Continue Rescue Breathing as long as a pulse is present but infant is not breathing.

8. When to stop Rescue Breathing:

- The infant begins to breathe on their own.
- The infant has no pulse. If the infant has no pulse certified personnel start CPR. (See CPR)
- Another trained rescuer takes over for you.
- You are too tired to continue.
- The scene becomes unsafe.

POISONINGS

In cases of poisonings, **contact the regional Poison Control Center** that serves your school division. In Virginia, your regional poison center is roughly determined by your area code:

- ◆ In area code **804** (except Charlottesville and Lynchburg schools), **call Virginia Poison Center 1-800-552-6337.**
- ◆ In area code **757**, **call Virginia Poison Center 1-800-552-6337.**
- ◆ In area code **540** (also Charlottesville and Lynchburg schools), **call Blue Ridge Poison Center 1-800-451-1428.**
- ◆ In area code **703**, **call National Capitol Poison Center 1-202-625-3333.**

The poison center's nurses will assess the situation, determine if there is any risk to the individual, and recommend the correct care to give. They can also advise the first aid provider on the need for the individual to be seen by a physician.

Most cases of accidental poisoning can be managed without referral to a health care facility.

INGESTED/SWALLOWED

NOTE: Ingested poisoning can occur from drug overdoses, medication errors, caustic and corrosive substances, and plant exposures. If a potentially caustic or corrosive liquid chemical has been swallowed, have the individual rinse their mouth with water and spit it out several times before giving them **only** 4 ounces (1/2 cup) of water to drink. This is the **only** situation in which an individual can have something to drink before calling Poison Control. **Call Poison Control.**

TREATMENT

1. If individual is unconscious or in severe respiratory distress, call **Rescue Squad** immediately.
2. If necessary, certified personnel start Rescue Breathing or CPR. (See **CPR** and **Rescue Breathing**.)
3. If necessary, treat for Shock. (See **Shock**.)

4. When medical personnel are notified provide them with:
 - ◆ All containers, food, drinking glasses, bottles, etc. found near the individual.
 - ◆ Container of known poison.
 - ◆ Any information known regarding prescription medicine the individual is taking.
5. If individual is in no apparent life threatening distress, allow them to rest.
6. **Do not** give any medication, food, or liquid until told to do so by Poison Control.
7. Call **Poison Control Center** for additional treatment. Try to have the following information when you call:
 - ◆ **What** has been swallowed.
 - ◆ **Time** it was taken.
 - ◆ **Exact Name** of the substance or medicine.
 - ◆ **How much** was swallowed. (Number of pills, milligrams per pill)
8. Call parent.

INHALATION OF GAS VAPORS

NOTE: Inhalation poisoning can result from inhalation of carbon monoxide, mace, and pepper gas.

TREATMENT

1. If individual stops breathing or is in severe respiratory distress, call **Rescue Squad**.
2. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)
3. If individual cannot be moved, the room in which the gas/vapor exposure occurred should be ventilated with open windows, fans, etc.
4. Check individual for other injuries. See appropriate procedure for treatment.
5. If there is no injury that indicates individual should not be moved, move to fresh air immediately.
6. Allow individual to rest.
7. Individuals with asthma or other respiratory disease may react to inhaled gas/vapors more severely than others. If an asthma episode occurs, see **Asthma**.
8. **Call Poison Control Center** for additional advice.
9. Call parent.

OCULAR (EYE) EXPOSURE

NOTE: Eye poisonings can result from exposure to mace, pepper gas, and other substances/chemicals.

TREATMENT

1. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
2. Immediately rinse out the eye(s) with a gentle, steady stream of tepid water for at least **15 minutes**. When only one eye is affected, position the head so that affected eye is lower than non-affected eye. Remove the poison quickly to prevent corneal injury.

3. Assist individual to keep eyes open while the rinsing is done.
4. **Call Poison Control Center** for additional treatment advice.
5. Call parent.

SKIN EXPOSURE

NOTE: Skin poisoning can result from exposure to poison ivy, chemical substances, and pencil puncture wounds.

TREATMENT

1. Remove any clothing that has become contaminated by the substance(s).
2. Wear gloves. Use Universal Precautions. (See **Universal Precautions**.)
3. If poison is a dry substance, brush off as much as possible before rinsing. Avoid getting poison on your skin.
4. Rinse skin with a steady stream of tepid water for **5-10 minutes**.
5. Cleanse skin thoroughly with soap and rinse with lots of tepid water for an **additional 5 minutes**.
6. **Call Poison Control Center** for additional treatment advice.
7. Call parent. Recommend clothing be washed when exposure has been to poison ivy.
8. For a **pencil puncture wound**:
 - If lead is superficially lodged, remove with tweezers.
 - **Do not** push tweezers beneath the skin.
 - Wash with soap and water.
 - Determine individual's tetanus immunization status from the school record.
 - Call parent and recommend immediate medical care.

WASP & BEE STINGS**SIGNS AND SYMPTOMS**

- ◆ Intense pain
- ◆ A whitish bump with a red dot in its center
- ◆ Swelling **at the site** of the sting
- ◆ Rapid onset of breathing difficulty
- ◆ Vomiting
- ◆ Fainting
- ◆ An itchy, red rash distributed over the body
- ◆ Swelling **not** at the site of the sting

TREATMENT

1. If necessary, call **Rescue Squad**. (See **Allergic Reaction**.)
2. If necessary, certified personnel start Rescue Breathing. (See **Rescue Breathing**.)
3. Remove stinger. Gently scrape stinger off with the edge of a credit card or blunt edge of a table knife.
4. Apply an ice cube to sting site for **5-15 minutes** to reduce pain and swelling.
5. Apply a topical cream or lotion (e.g., calamine, caladryl, benadryl lotion) to site.
6. If the sting is on the arm or leg, raise the extremity above the level of the heart to help decrease pain and swelling.

7. **Call Poison Control Center** for additional treatment advice.
8. Call parent.

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