Students with life-threatening allergies should be known to all staff. An emergency plan should be developed for these students.

Children may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, etc.

Symptoms of severe allergic reaction include:
- Hives all over body
- Flushed face
- Weakness
- Paleness
- Seizures
- Confusion
- Dizziness
- Blueness around eyes, mouth
- Loss of Consciousness
- Drooling or difficulty breathing

Symptoms of mild allergic reaction include:
- Red itchy eyes.
- Itchy, sneezing, runny nose.
- Several hives, or rash on one part of the body.

Adult(s) supervising student during normal activities should be aware of the student’s exposure and watch for any delayed reaction for up to 2 hours.

If child stops breathing, give rescue breaths.

If child is unable to participate in school activities, contact appropriate school authority & parent or legal guardian.

Refer to student’s emergency plan. Administer guardian-approved medication or use school/student’s epinephrine pen, if available.

CALL EMERGENCY MEDICAL SERVICE. Contact responsible school authority & parent or legal guardian.

NO

YES
Students with a history of breathing difficulties, including asthma/wheezing should be known to all school staff. An emergency care plan should be developed. **Asthma** is a disease that occurs when small air passages constrict making breathing difficult. Some triggers for asthma include viral infections, tobacco smoke, exercise, perfumes, strong odors, aerosol sprays, cold air, and allergies.

A student with a asthma/wheezing may have breathing difficulties which include:
- Rapid breathing
- Flaring (widening) of nostrils
- Tightness in chest
- Blueness of lips, tongue or nail beds
- Excessive coughing
- Having to take a breathe between words when speaking
- Wheezing -high-pitched sound during breathing out.
- Increased use of stomach and chest muscles during breathing

If available, refer to student’s health/emergency care plan. (Remember: **Peak Flow Meter**, if available)

**Does student have parent/guardian-approved medication?**

- **YES**  
  Administer medication as directed.

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

  - Are the lips, tongue or nail beds turning blue?
  - Are the symptoms not improving or getting worse?
  - Did breathing difficulty develop rapidly?

  **YES**
  **CALL EMERGENCY MEDICAL SERVICE.**

  **NO**

**Contact responsible school authority & parent or legal guardian.**
Wear gloves when exposed to blood and other body fluids.

Wash the bite area with soap & water.

Is student bleeding?
- YES
  - Press firmly with a clean dressing. See "Bleeding, P. 9"
- NO
  - Hold under running water for 2-3 minutes.

Check student’s immunization record. Is tetanus current?

Is bite from an animal or human?
- HUMAN
  - If skin is broken, contact responsible school authority & parent/legal guardian. URGE IMMEDIATE MEDICAL CARE. (Remember body fluid exposure.)
  - If bite is from snake, see "Poisoning". If bite is from insect, see "Stings".
  - Is bite large or gaping?
    - YES
      - CALL EMERGENCY MEDICAL SERVICES.
    - NO
      - Is bleeding uncontrollable?
        - YES
          - Contact responsible school authority & parent or legal guardian.
        - NO
          - Report bite to proper authorities, so that the animal can be caught & watched for rabies.

- ANIMAL
  - Contact responsible school authority & parent or legal guardian.

Human and animal bites are treated as lacerations or punctures. Bites from these animals can carry rabies and may need medical attention: dog, bat, opossum, cat, bat, raccoon, coyote, and fox.
BLEEDING

Wear gloves when exposed to blood or other body fluids.

Amputation?

YES

CALL EMERGENCY MEDICAL SERVICES.

NO

• Press firmly with clean bandage to stop bleeding
• Elevate bleeding body part gently. If fracture is suspected, gently support part and elevate.
• Bandage wound firmly without interfering with circulation to the body part.
• DO NOT USE A TOURNIQUET.

• Place detached part in plastic bag.
• Tie bag and put bag in container of ice water.
• Send bag to hospital with student.
• DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.

Contact responsible school authority & parent or legal guardian.

Continued uncontrollable bleeding or signs of shock? See “Shock,” (dizziness, blueness, sweating, clammy face, fainting.)

YES

CALL EMERGENCY MEDICAL SERVICES.

NO

If wound is gaping, student may need stitches. Contact responsible school authority & parent or legal guardian. URGE MEDICAL CARE.

Check student’s immunization record

Contact responsible school authority & parent or legal guardian.
Always make sure that the situation is safe for you before helping the student.

What type of burn is it?

ELECTRICAL

All electrical burns need medical attention. See “Electric Shock”.

CHEMICAL

Wear gloves and if possible, goggles. Remove student’s clothing & jewelry if exposed to chemical. Rinse chemicals off skin, eyes IMMEDIATELY with large amounts of water.

HEAT

Flush burn with large amounts of cool running water or cover it with a clean, wet cloth. DO NOT USE ICE.

• Is burn large or deep?
  • Is burn on face, eye or genitalia?
  • Is student having difficulty breathing?
  • Is student unconscious?

YES

CALL EMERGENCY MEDICAL SERVICES.

NO

CALL NEW MEXICO POISON CONTROL CENTER & ask for instructions.
Phone # 1-800-222-1222

Bandage loosely.

Check student’s immunization record.

Contact responsible school authority & parent or legal guardian.
BURNS

PARTIAL THICKNESS
This burn involves the outermost layer and lower layers of skin. The symptoms include redness, mild swelling, pain, mottling, and blisters. They are frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to intact nerve endings.

FULL THICKNESS
Most serious. This burn extends through all skin layers, possibly into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may occur.
A student with diabetes should be known to all school staff. A history should be obtained and a health plan developed at time of enrollment. See Diabetes in “Students with Special Needs” section.

A student with diabetes could have the following symptoms:
- Irritability/feeling upset
- Seizure
- Change in personality
- Confusion
- Sweating/“feeling shaky”
- Dizziness
- Loss of consciousness
- Paleness
- Rapid, deep breathing
- Rapid pulse

STUDENT SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.

Is the student:
- Unconscious?
- Having a seizure? (See “Seizure.”)
- Unable to speak?

If available, follow student’s health or emergency plan.

Is blood sugar monitor available?

- NO
- YES

Allow student to check blood sugar.

Is the blood sugar less than 60 or “LOW” according to individual care plan?

- NO
- YES

Give student “SUGAR” such as:
- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers or 1/2 candy bar)
- Sugar (2 packets or 2 teaspoons)
- Cake decorating gel (1/2 tube) or icing
- Instant glucose

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

Is the blood sugar “HIGH” according to individual care plan?

- NO
- YES

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent or legal guardian.
EARS

DRAINAGE FROM EAR

Do NOT try to clean out ear.

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

EARACHE

A warm water bottle or heating pad (NOT HOT) against the ear will give comfort while waiting for parent or legal guardian.

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

OBJECT IN EAR CANAL

DO NOT ATTEMPT TO REMOVE OBJECT.

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

An earache is most commonly caused by an infection behind the middle ear. A student may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

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ELECTRIC SHOCK

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

- TURN OFF POWER SOURCE, IF POSSIBLE.
- DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.
- Once power is off and situation is safe, approach student and ask, “Are you okay?”

CALL EMERGENCY MEDICAL SERVICES.

Is student unconscious or unresponsive?

YES

Check breathing. Look, listen & feel for breath. If student is not breathing, give rescue breath.

Check pulse by placing fingers on side of student’s neck.

If student has no pulse, start chest compressions. See “CPR.”

NO

Treat any burns. See “Burns”.

Contact responsible school authority & parent or legal guardian. URGE MEDICAL CARE
With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first-aid to eye.

Keep student lying flat and quiet.

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

If object has penetrated the eye, DO NOT REMOVE OBJECT. (DO NOT FLUSH EYE.)

Cover eye with a paper cup or similar object to keep student from rubbing. BUT DO NOT TOUCH EYE OR PUT ANY PRESSURE ON EYE. (COVER UNINJURED EYE TOO.)

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.

Contact responsible school authority & parent or legal guardian. ARRANGE FOR IMMEDIATE MEDICAL CARE.

(Continued on next page)
EYES
(Continued from previous page)

PARTICLE IN EYE

Keep student from rubbing eye.

• If necessary, lay student down, & tip head toward affected side.
• Gently pour tap water over the open eye to flush out the particle.

If particle does not flush out of eye or if eye pain continues, contact responsible school authority and parent or legal guardian.
URGE MEDICAL CARE.

CHEMICALS IN EYE

• Wear gloves and if possible, goggles.
• Immediately flush the eye with large amounts of clean water for 20-30 minutes.
• Let the water run over the eye with head tipped so water washes eye from nose out to side of face.

CALL NEAREST POISON CONTROL CENTER while flushing eye. Phone # 1-800-222-1222 Follow instructions.

If eye has been burned by chemical, CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority and parent or legal guardian.
FAINTING

Fainting may have many causes including but not limited to: Injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing "at attention" for too long, etc. If you know the cause of the fainting, see the appropriate guidance.

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

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

YES OR NOT SURE

Treat as possible head or neck injury. See "Neck & Back Injuries." DO NOT MOVE STUDENT.

CALL EMERGENCY MEDICAL SERVICES.

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts.

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

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

Contact responsible school authority & parent or legal guardian.
FEVER OR NOT FEELING WELL

A fever is the body’s normal response to an infection. A fever is a symptom of an infection, and not an illness of its own. The body’s average temperature can vary greatly during the day, between 97.6°F to 99.5°F. Mild elevations between 100.4°F to 101.2°F can be caused by exercise, excess clothing, and hot weather. Oral temperatures can be elevated by hot food or drink.

Take student’s temperature, if possible. Note temperature over 101.0°F as fever.

Have the student lie down in a room which affords privacy.

Observe the student for other symptoms, such as: drowsiness, headache, nausea/vomiting, respiratory symptoms, stiff neck, rash, irritability, ear pain, pain with urination, and pallor. (student appears pale in color)

If it is suspected that the temperature elevation is due to exercise, excess clothing, hot weather, or warm food, give fluids and take the temperature again in half an hour, after removing the cause. See “Heat Stroke”.

Give no medication unless previously authorized.

Contact responsible school authority and/or parent or legal guardian.
Treat all injured parts as if there could be a fracture. 
See attached page for descriptions of injuries.

Symptoms could include:
- Pain in one area
- Swelling
- Feeling “heat” in injured area
- Discoloration
- Limited movement
- Bent or deformed bone

Do not allow student to put weight on or try to use the injured part.

- Support and elevate injured part gently, if possible.
- Apply ice to minimize swelling.

- Is bone deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?

CALL EMERGENCY MEDICAL SERVICES.

Gently cover broken skin with a clean bandage. Don’t move the injured part.

Contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE.

Contact responsible school authority and parent or legal guardian. URGE MEDICAL CARE.

(Continued on next page)
FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS

(Continued from previous page)

FRACTURES
Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open fractures the bone may be visible and may protrude through the skin. Symptoms may include an audible “snap” at the time of injury, a grating sensation, a “crooked” bone, pain, tenderness, swelling and bruising, and an inability to move the injured part.

DISLOCATIONS
Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the ligaments that hold them in place. Symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

SPRAINS OR STRAINS
Sprains occur when ligaments and tendons around a joint are stretched or partially torn. Sprains are usually caused by a twisting injury. Symptoms include tenderness to touch, swelling and discoloration.
Head wounds may bleed easily and form large bumps. Head injuries from falls, sports & violence may be serious.

With a head injury always suspect neck injury as well. Do NOT move or twist the spine or neck. See “Neck & Back Injuries” for more information.

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

Is student vomiting?

YES

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

NO

Watch student closely. DO NOT LEAVE STUDENT ALONE.

Are any of the following symptoms present:

- Unconscious? Seizure? Neck Pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

CALL EMERGENCY MEDICAL SERVICES.

YES

Check breathing. Look, listen & feel for breathe. If student stops breathing, give rescue breaths.

NO

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

Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE. Watch for delayed symptoms.
Heat stroke may occur as result of untreated heat exhaustion. During strenuous physical activity, the heat regulation mechanism of the brain may stop functioning. The person stops sweating and the skin becomes very red and hot. **This is an immediate and life-threatening emergency.**

Strenuous activity in heat may cause heat-related illness. Symptoms may include:
- red, hot, dry skin.
- weakness and fatigue.
- cool, clammy hands.
- vomiting.
- loss of consciousness.
- normal or below normal temperature.
- profuse sweating.
- headache.
- nausea.
- confusion.
- cramping.

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

Does the student have:
- loss of consciousness?
- hot, dry, red skin?

**NO**

Give clear fluids such as water frequently in small amounts.

**YES**

If the student has loss of consciousness, cool rapidly by completely wetting clothing with room temperature water. **DO NOT USE ICE WATER.**

Contact responsible school authority & parent or legal guardian.

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent or legal guardian.
HYPOTHERMIA/FROSTBITE

**Hypothermia** occurs when the entire body cools because its ability to keep warm fails. The body loses more heat than it can produce. **Frostbite** is damage to skin tissue from overexposure to the cold. The nose, cheeks, ears, fingers, and toes are usually affected.

- Signs of **hypothermia** include shivering, numbness, glassy eyes, drowsiness, impaired thinking, and loss of consciousness.
- Signs of **frostbite** include numbness, pain, and whiteness of skin with little likelihood of blistering.

**Signs of hypothermia** include shivering, numbness, glassy eyes, drowsiness, impaired thinking, and loss of consciousness.

**Signs of frostbite** include numbness, pain, and whiteness of skin with little likelihood of blistering.

- Previous History
- Breathing slowed or stopped
- Frostbite seems deep

**NO**
- Remove student from wet/cold conditions.
- Remove wet clothing and warm with blankets/dry clothing.
- **DO NOT PLACE AFFECTED AREAS IN HOT WATER.**
- **DO NOT RUB AFFECTED AREAS.**

**Contact responsible school authority & parent or legal guardian.**

**YES**
- Start CPR if needed.

**CALL EMERGENCY MEDICAL SERVICES.**

Contact responsible school authority & parent or legal guardian.

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MENSTRUAL DIFFICULTIES

Mild or Severe Cramps?

MILD

For mild cramps, recommend regular activities.

SEVERE

A short period of quiet rest with a warm (NOT HOT) pad over the lower abdomen will help provide relief. See stomach aches/pain.

Give no medications unless previously authorized by parent or legal guardian.

Urge medical care if patient has fever (above 101.0°F), disabling cramps, or heavy bleeding occurs.

Contact responsible school authority & parent or legal guardian.
MENTAL HEALTH/PSYCHIATRIC PROBLEM

Students are at risk for depression, suicide, and substance abuse.

If student is:
• violent.
• suspected of substance abuse.
• suicidal.
• depressed.
• confused.
• exhibiting bizarre behavior.

Do not leave student alone.

Contact counselor, school nurse, responsible school authority & parent or legal guardian.

URGE PSYCHIATRIC CARE.
MOUTH AND JAW INJURIES

See “Head Injuries” if you suspect a head injury other than mouth or jaw.

Is airway clear?

NO

Start CPR.

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent or legal guardian.

YES

Have teeth been injured?

NO

Has jaw been injured?

NO

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

Place a cold compress over the area to minimize swelling.

YES

DO NOT TRY TO MOVE JAW. Gently support jaw with hand.

Contact responsible school authority & parent or legal guardian.

URGE IMMEDIATE MEDICAL CARE.

If cut is large or deep, or if bleeding cannot be stopped, contact responsible school authority & parent or legal guardian.

URGE MEDICAL OR DENTAL CARE.
Has an injury occurred?  NO  

A stiff or sore neck from sleeping in a “funny” position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable, but they are not emergencies.

YES

Did student walk-in or was student found lying down?  WALK-IN  LYING DOWN

If student is so uncomfortable that he or she is unable to participate in normal school activities, contact responsible school authority & parent or legal guardian.

• Do not move student.
• Keep student quiet and warm.
• Place rolled up towels/clothing on both sides of head so it will not move.

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent or legal guardian.

Have student lie down on his/her back. Support head by holding it in a “face forward” position. TRY NOT TO MOVE NECK OR HEAD.
NOSE

A nosebleed may be caused by colds, allergies, chronic illness, injuries to the nose, medications, high altitudes, blowing the nose, foreign bodies in the nose, and low humidity. Nosebleeds are rarely serious, and usually can be stopped.

NOSEBLEED

Wear gloves when exposed to blood or other body fluids.

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.

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

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 10 minutes. If bleeding has not stopped, repeat for an additional 10 minutes. Apply ice to nose.

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

OBJECT IN NOSE

If object cannot be removed easily, contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.
OXYGEN ADMINISTRATION

Oxygen administration is given by mask or nasal cannula to prevent hypoxia and symptoms of inadequate oxygenation.

Student or staff shows signs of respiratory distress:
- increased shortness of breath, or rapid breathing rate.
- agitation.
- blueness or pallor of lips, nails or ear lobes.
- pulling in of the muscles at the neck or chest.
- confusion, dizziness, or headache.
- rapid or pounding pulse.

- Stay calm. Reassure patient.
- Position patient to open airway. Make sure mouth, nose and/or trach tube are not obstructed by food or mucus.

Is airway open?

**YES**
- Apply oxygen.
- Make sure tank is not empty or defective.
- Make sure tubing, cannula or mask is not blocked or kinked.
- Check all oxygen sources to patient.

**NO**
- Open airway
- Reposition
- Check pulse
- Begin CPR

Call Emergency Medical Services.

Notify Parent/Guardian.
Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:
- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Or if you are not sure (Remember your own safety)

Possible warning signs of poisoning include:
- Pills, berries or unknown substance in student’s mouth
- Burns around mouth or on skin.
- Strange odor on breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.
- Unconsciousness.
- Unusual behavior.

If possible, find out:
- Age and weight of student.
- What the student swallowed or what type of “poison” it was.
- How much & when it was taken.

CALL NEAREST POISON CONTROL CENTER, & ask for instructions. Phone # 1-800-222-1222

To induce vomiting, give Ipecac (if available) according to the directions on the label. Help student lean over basin while vomiting to avoid choking.

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

CALL EMERGENCY MEDICAL SERVICES if student is unconscious, in shock, requires CPR, or directed to do so by the Poison Control Center. Contact responsible school authority & parent or legal guardian.

Send sample of the vomited material and ingested material with its container (if available) to the hospital with the student.
PREGNANCY

Keep in mind that any student who is old enough to be pregnant might be pregnant.

Pregnancy may be complicated by any of the following:

- **Morning Sickness:** Treat as vomiting. See “Vomiting”. If severe, contact responsible school authority & parent or legal guardian.
- **Severe Cramps** (Labor): Short, mild cramps in a near term student may be normal. If NOT near term or if you don’t know, contact responsible school authority & parent or legal guardian.
- **Vaginal Bleeding:** Contact responsible school authority & parent or legal guardian.
- **Amniotic Fluid Leakage:** This is NOT normal and may indicate the beginning of labor. Contact responsible school authority & parent or legal guardian.
- **Seizure:** See “Seizure”.
A puncture wound is caused when a pointed object, such as splinters, a nail, pencil, piece of glass, or knife pierces the skin. Puncture wounds do not bleed a lot, so there is greater concern for the risk of infection associated with them.

DO NOT TRY TO PROBE OR SQUEEZE.

- Wash the wound gently with soap and water.
- Check to make sure the object left nothing in the wound.
- Cover with a clean bandage.

If wound is deep or bleeding freely, treat as bleeding. See “Bleeding”.

Check student’s immunization record for current tetanus.

Contact responsible school authority & parent or legal guardian.

Wear gloves when exposed to blood or other body fluids.

Has eye been wounded?

Is object still in wound?

See “Eyes”. DO NOT TOUCH EYE.

DO NOT REMOVE OBJECT. Wrap bulky dressing around object to support it. Try to calm student.

Is object large?

Is wound deep?

Is wound bleeding freely or squirting blood?

NO

YES

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

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

Rashes include such things as:
- Hives
- Red spots (large or small)
- Purple spots
- Small blisters

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.

Does student have:
- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

YES

NO

If the following symptoms are present, contact responsible school authority & parent or legal guardian. URGE MEDICAL CARE.
- Fever (See “Fever”)
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to the touch.
- Rash (hives) is all over body.
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities.

See “Allergic Reaction”.
SEIZURES

Seizures (or convulsions) can be caused by many things. These include epilepsy, febrile seizures, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure, the student becomes unconscious and may fall. The student’s eyes may roll back or they may stare. The body becomes stiff and arms and/or legs jerk. The student may lose bladder control. (Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity jerks. These are usually not medical emergencies.)

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

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

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

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in normal class activities. Contact responsible school authority & parent or legal guardian.

Observe details of the seizure for parent or legal guardian, emergency personnel or physician. Note:
- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.

Is student:
- having a seizure lasting longer than 5 minutes?
- having seizures following one another at short intervals?
- **without a known history** of seizures, having a seizure?

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.

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

Wear gloves when exposed to blood or other body fluids.

Gently wash area with clean water and soap.

Is splinter:
- protruding above the surface of the skin?
- small?
- shallow?

**NO**
- Leave in place.
- DO NOT PROBE UNDER SKIN.

Check student's immunization record for tetanus.

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

**YES**
- Remove with tweezers.
- DO NOT PROBE UNDER SKIN.

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

- Wash again.
- Apply clean dressing.
Shock occurs when vital tissues of the body do not receive enough blood. Shock can occur because of severe injuries resulting in blood loss, burns, or fractures. When shock occurs, the blood pressure drops below what is needed to push blood to the brain and other organs. Shock can also occur from minor injuries, in which case the body is so stunned by the injury that it goes into shock. This condition can also occur when someone experiences an emotional trauma. This condition is called emotional shock. It is important to know that fainting is very similar to shock; however, one recovers from fainting quickly.

Symptoms of shock can include any of the following:
- cold and clammy skin
- pale skin color
- nausea
- dizziness
- weakness
- sweating
- fast, but weak, pulse
- fast breathing

Are these associated with obvious injury, bleeding or trauma?

- Refer to the student’s health care plan to determine if the student has severe, life-threatening allergies.
- Have the student lie down and raise their legs 8-10 inches above the level of the heart. However, if injury to neck, spine of leg/hip bones is suspected, student must remain lying flat.
- Determine if other injuries have occurred and treat accordingly.
- Cover the student with a sheet or blanket.
- Do not give the student anything to eat or drink.
- Remain with, and reassure, the student.

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent or legal guardian.
Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

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

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

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

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority and parent or legal guardian.

See “Allergic Reaction”.
STOMACHACHES/PAIN

Stomach aches may have many causes including:
- Injury
- Menstrual cramps
- Appendicitis
- Pregnancy (tubal)
- Bladder Infection
- Illness
- Overeating
- Diarrhea
- Food Poisoning
- Hunger
- Constipation
- Gas Pain

Have student lie down in a room that affords privacy.

Has an injury occurred?

NO

Is pain severe?
Are there signs of shock?
Is the student unconscious?

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent or legal guardian.

Take the student’s temperature. Note temperature over 101.0 F as fever. See “Fever”.

Does student have:
- Fever?
- Severe stomach pains?

YES

NO

If stomach ache persists or becomes worse, contact responsible school authority & parent or legal guardian. See related guidelines: “Pregnancy”, “Vomiting”, “Fever”, “Menstrual Difficulties”, “Shock”. If the student feels better, allow him/her to return to class.

If a number of students and/or staff become ill with the same symptoms, suspect food poisoning. Notify public health authorities.
TEETH

BLEEDING GUMS

• Generally related to chronic infection.
• Presents some threat to student’s general health.

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

TOOTHACHE

This condition can be a direct threat to the student’s general health, not just local tooth problems!

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

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

Toothache

For tongue, cheek, lip, jaw, or other mouth injury not involving the teeth, See “Mouth & Jaw Injuries”.

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

BROKEN OR DISPLACED TOOTH

Is tooth broken or displaced?

BROKEN

Save tooth or tooth fragments in a cup of warm water.

Contact responsible school authority and parent/legal guardian to OBTAIN DENTAL CARE IMMEDIATELY. TIME IS CRITICAL.

Apply cold compress to face to minimize swelling.

DISPLACED

Do NOT try to move tooth into correct position.

Contact responsible school authority & parent or legal guardian. OBTAIN EMERGENCY DENTAL CARE.

(Continued on next page)
TEETH

(Continued from previous page)

**KNOCKED-OUT TOOTH**

- Find tooth
- Do NOT handle tooth by the root.

If tooth is dirty, clean gently by rinsing with water.
*DO NOT SCRUB THE KNOCKED-OUT TOOTH.*

If permanent tooth:
- place gently back in socket and have student hold it in place; or
- place in glass of milk.

**TAKE STUDENT AND TOOTH TO DENTIST IMMEDIATELY. TIME IS CRITICAL.**

ALL TOOTH TRAUMA SHOULD BE SEEN BY A DENTIST WITHIN 60 MINUTES!
UNCONSCIOUSNESS

Unconsciousness may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc. If you know the cause of the unconsciousness, see the appropriate guideline.

If student stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS yourself.

Contact responsible school authority & parent or legal guardian.

Did student regain consciousness immediately?

YES

See “Fainting”.

Treat as possible neck injury. See “Neck & Back Injuries”, and “Head Injuries”.

DO NOT MOVE STUDENT.

YES OR NOT SURE

Is unconsciousness due to injury?

NO

• Keep student in flat position.
• Elevate feet.
• Loosen clothing around neck and waist.
• Do not use smelling salts.

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

If student is not breathing, begin rescue breathing. CALL EMERGENCY MEDICAL SERVICES.
VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL NEAREST POISON CONTROL CENTER and ask for instructions. See “Poisoning”. Notify public health officials (usually the health department).

Vomiting may have many causes including:
• Illness
• Injury
• Food poisoning
• Pregnancy
• Heat exhaustion
• Over exertion
If you know the cause of the vomiting, see the appropriate guideline.

Wear gloves when exposed to blood and other body fluids.

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

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

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

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