



Emergency Guidelines For Schools

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

- ◆ AED Procedures
- ◆ Allergic Reaction
- ◆ Anaphylaxis
- ◆ Asthma & Difficulty Breathing
- ◆ Behavioral Emergencies
- ◆ Bites
- ◆ Bleeding
- ◆ Blisters
- ◆ Bruises
- ◆ Burns
- ◆ CPR
- ◆ Choking
- ◆ Cuts, Scratches & Scrapes
- ◆ Diabetes
- ◆ Diarrhea
- ◆ Ear Problems
- ◆ Eye Problems
- ◆ Fainting
- ◆ Fever
- ◆ Fractures & Sprains
- ◆ Head Injuries
- ◆ Headache
- ◆ Heat Stroke
- ◆ Hypothermia/Frostbite
- ◆ Mouth & Jaw Injuries
- ◆ Neck & Back Injuries
- ◆ Nose Problems
- ◆ Poisoning & Overdose
- ◆ Pregnancy
- ◆ Puncture Wounds
- ◆ Rashes
- ◆ Seizures
- ◆ Shock
- ◆ Splinters
- ◆ Stings
- ◆ Stomach Aches & Pains
- ◆ Teeth Problems
- ◆ Tick Bite & Removal
- ◆ Unconsciousness
- ◆ Vomiting
- ◆ Emergency Procedures
 - ◆ Accident or Illness
 - ◆ Infection Control
- ◆ Students with Special Needs



ARIZONA DEPARTMENT
OF HEALTH SERVICES

ABOUT THE GUIDELINES

The Emergency Guidelines for Schools Manual is meant to provide recommended procedures for school staff who have little or no medical/nursing training to use when the school nurse is not available. It is strongly recommended that staff who are in a position to provide first-aid to students complete an approved first aid and CPR course. Although designed for a school environment, this resource is equally appropriate for a child care or home setting.

The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety's Emergency Medical Services for Children Program, in cooperation with the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics.

These guidelines have been created as recommended procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by the school system, the school board, or the state. Please consult your school nurse or Arizona Department of Education if you have any questions concerning the recommendations contained in the guidelines.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H33MC06690 EMS for Children Partnership and Maternal Child Health, Title V, Children with Special Health Care Needs. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

HOW TO USE THE EMERGENCY GUIDELINES

Page 11 of this booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.

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

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

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

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

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KEY TO SHAPES & COLORS



Start here



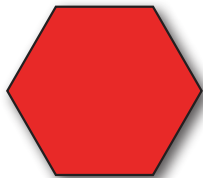
Provides first-aid instructions.



OR



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



Stop here. This is the final instruction.



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



This type of box should be read before emergencies occur. These contain information regarding students with special needs.

Green Shapes = Start

Yellow Shapes = Continue

Red Shapes = Stop /Call 911/Call Parent or Guardian

Blue Shapes = Background Information

Lavender Shapes = Special Needs Information

EMERGENCY PROCEDURE

Infection Control

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

- Wash hands thoroughly
 1. before and after physical contact with any student (*even if gloves have been worn*)
 2. before and after eating or handling food
 3. after cleaning
 4. after using the restroom.
- Wear gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (wear gloves). In accordance with OSHA requirements, specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. Label the container as “biohazard materials”.
- Send all soiled clothing (i.e. clothing with blood, stool or vomit) home with the student in a container.
- Do not eat, or touch your mouth or eyes, while giving any first aid.

Guidelines for students:

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

EMERGENCY PROCEDURE

Emergency Procedure for Accident or Illness

1. Assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. DO NOT give medications unless there has been prior approval by the parent or guardian.
5. DO NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guideline in NECK AND BACK INJURIES section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured student. Arrange for transportation of the injured student by Emergency Medical Services (EMS). If necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all accidents requiring above procedures if required by school policy.

EMERGENCY INFORMATION

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

EMERGENCY MEDICAL SERVICES INFORMATION

You should know where your EMS is located and how to contact it. Many areas use the 911 system; others use a 7-digit phone number.

- ◆ EMERGENCY PHONE NUMBER: 911 or _____
- ◆ Name of service: _____
- ◆ Their average emergency response time to your school: _____
- ◆ Directions to your school building: _____

OTHER IMPORTANT PHONE NUMBERS

- ◆ School Nurse: _____
- ◆ Responsible School Authority: _____
- ◆ Poison Control Center: _____
- ◆ Other Numbers: _____

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special needs and may require a Health Care Plan to address routine and/or emergency care due to their medical, behavioral, developmental/ cognitive, or physical conditions.

Medical Conditions:

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

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

Your school nurse or other school health professional, along with the student's personal doctor, should develop an individual healthcare plan (emergency plan should be a part of the student's health care plan). The student's individual (emergency) care plan should be made available at all times to school and emergency staff.

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

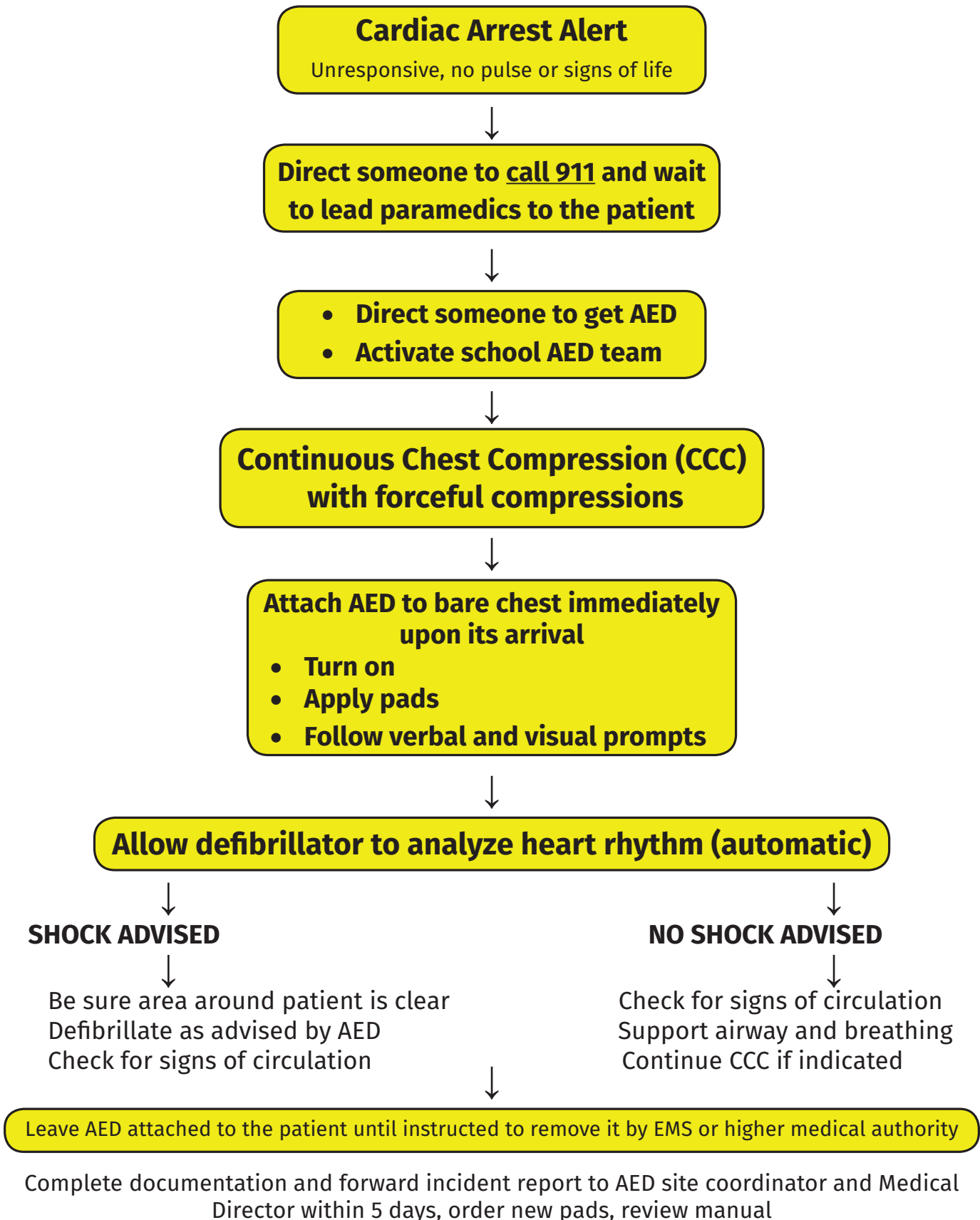
Physical Abilities:

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

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

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

AED Protocol Flow Chart



AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROCEDURES

The Automated External Defibrillator will enable targeted responders to deliver early defibrillation to victims in the first critical moments after a sudden cardiac arrest. The responder's use of the AED should not replace the care provided by emergency medical service (EMS) providers, but is meant to provide a lifesaving bridge during the first few critical minutes it takes for advanced life support providers to arrive.

AED Responders

School staff that have participated in AED training at the school site.

Medical Director

The medical director is a physician, licensed in Arizona who is proficient in emergency medical services protocols, cardiopulmonary resuscitation and the use of automated external defibrillators and the EMS system.

The medical director ensures quality assurance, compliance to protocols, proper training of responders and review of any incidents.

AED Medical Director: Save Hearts in Arizona Registry & Education (AZ SHARE) <http://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/save-hearts-az-registry-education/index.php>

AED District Coordinator

The AED District Coordinator is an employee who is the primary liaison between the school/district and the Medical Director. The AED coordinator is responsible for program development and oversight. The AED coordinator will monitor site training and assure periodic Mock Code evaluations.

AED Site Coordinator (school nurse OR certified trainer)

The AED Site Coordinator is responsible for training site responders, maintaining training records, and maintenance logs. The Site Coordinator will arrange Mock Code training drills, supervised by the Medical Director and District Coordinator. A list of trained responders will be maintained at each school.

School: _____

AED Site Coordinator: _____

Phone Number: _____

PROCEDURE FOR AED USE

Early Access

- Assess scene safety
- Assess responsiveness of victim. Tap shoulder and shout, “Are you OK?”
- If unresponsive, immediately activate emergency response plan. Assign individuals to:
 - ✓ Call 911. Provide dispatcher with location of victim, emergency details, and notify them that an AED is being deployed within the school.
 - ✓ Get the AED machine.
 - ✓ Broadcast over the PA system that a “Code Blue” is in effect. This will activate targeted responders, and inform them of the location of the victim.
 - ✓ Lead the EMS personnel to the victim.
- Check for Signs of Life:
 - ✓ Assess Airway. Perform head-tilt, chin lift to open airway.
 - ✓ Assess Breathing.
 - ✓ Assess Signs of Circulation.

Early CPR/CCC

- Perform CPR/CCC until the AED arrives at location of incident.

Early Defibrillation

- When AED arrives, place it near the head of the victim. Use personal protective equipment provided.
 - ✓ Turn on the AED
 - ✓ Bare and prepare the chest (cut away clothing, shave or clip excessive chest hair, if present, dry the chest if wet, wipe off any medication creams if present being careful not to get medication onto rescuer skin.
 - ✓ Follow AED’s verbal and visual prompts
 - ✓ Apply electrodes per manufacturer’s directions
 - ✓ Allow AED to analyze. Be sure that no one is touching the victim. “I’m clear”. “You’re clear”. “We’re all clear.”
 - ✓ If indicated, deliver shock per manufacture’s directions.
 - ✓ Follow care per AED treatment algorithm.

PROCEDURE FOR AED USE

Early Advanced Care Life Support

- Have assigned personnel wait for EMS providers and help guide them through the building to the victim.
- Communicate important information to the EMS providers such as:
 - ✓ Victim's name
 - ✓ Any known medical problems, allergies, or medical history
 - ✓ Time the victim was found and amount of time prior to the start of CPR/CCC
 - ✓ Initial and current condition
 - ✓ Information from the AED screen
 - ✓ Number of shocks delivered
 - ✓ Length of time defibrillator has been in use
- Help EMS personnel as requested.

Follow-Up Procedure

- The AED Site Coordinator will do the following after any AED use:
 - ✓ Notify by phone the District Coordinator and Medical Director.
 - ✓ Complete the AED Incident Report and send a copy to the Medical Director and District Coordinator.
 - ✓ If the AED has a patient data card, replace with a new card and label used data card and give to EMS personnel.
 - ✓ Restock any used electrode pads, batteries, razors, mouth barriers devices and gloves.
 - ✓ Inspect unused supplies for any damage or old expiration dates.
 - ✓ Remove and replace battery in the AED and perform battery test.
 - ✓ Clean AED per manufacturer's directions.
 - ✓ Arrange for debriefing of all personnel involved. Contact the crisis team if needed.

Training Records

- A record of trained site responders will be kept with the AED site coordinator.
- A current copy of the responder's CRP card with expiration date will be maintained.
- The AED site coordinator is responsible for maintaining maintenance and training records.
 - ✓ AED weekly check sheet
 - ✓ Mock Code Evaluation records

PROCEDURE FOR AED USE

AED Inventory

- o AED
- o Users guide
- o Gloves
- o Mouth barrier device
- o Razor
- o Scissors
- o 4 X 4 gauze

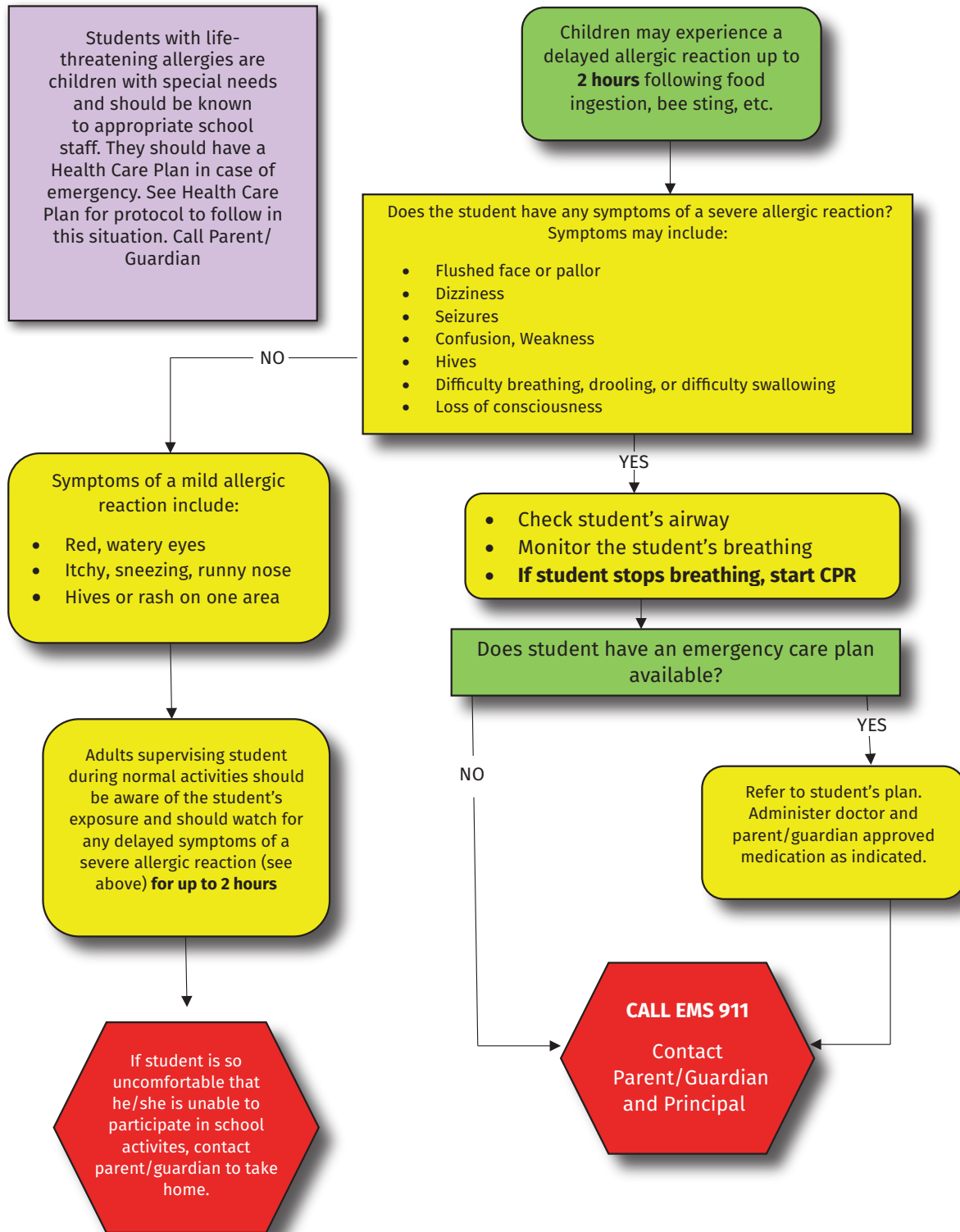
Equipment Checks- Performed Weekly During School Operation

- o Status indicator
- o Battery
- o Supplies
- o Signs of damage

Resources

Save Hearts in Arizona Registry and Education (AZ SHARE) <http://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/save-hearts-az-registry-education/index.php>

ALLERGIC REACTION

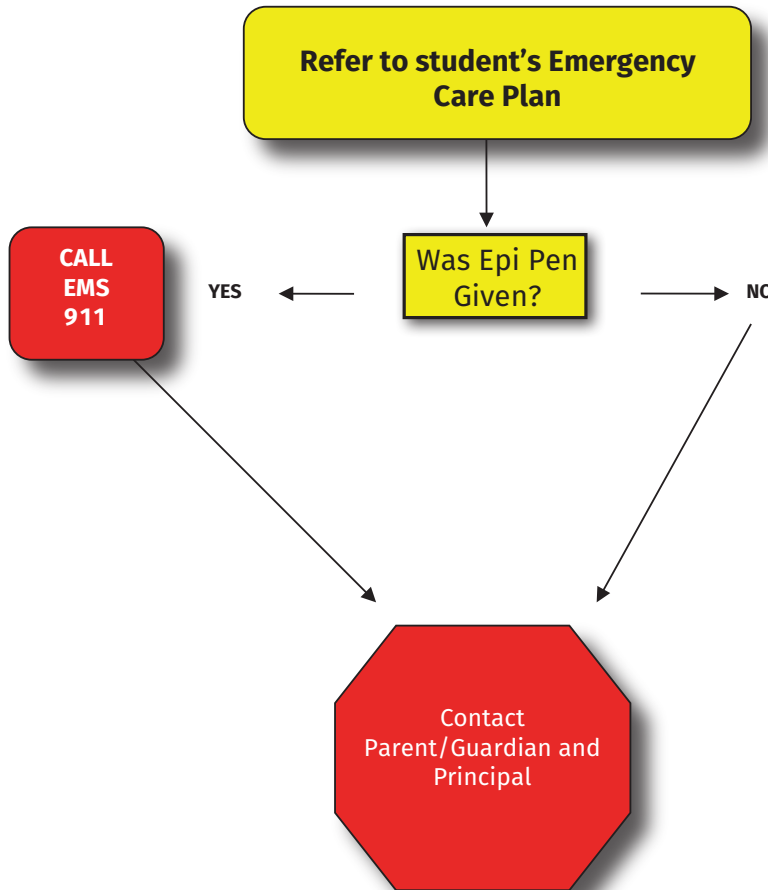


ANAPHYLAXIS

Students with a history of anaphylaxis should be known to appropriate school staff. A care plan which includes an emergency action plan needs to be readily available. Staff must try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.

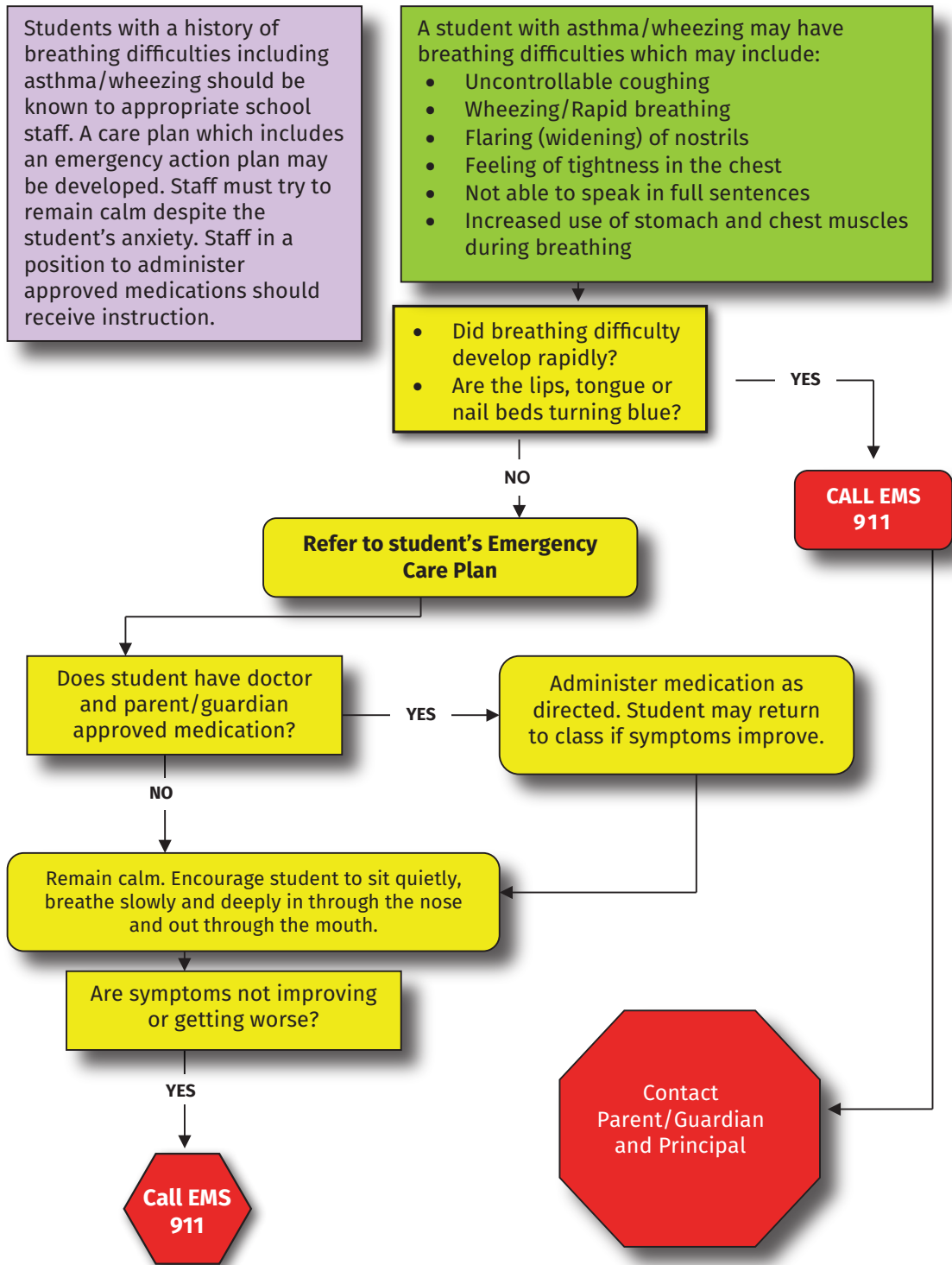
A student with a serious allergic reaction may have symptoms which include:

- Itching or swelling of lips, mouth or tongue
- Wheezing or coughing
- Rash or hives
- Tightness of throat
- Nausea or vomiting
- Swelling around the mouth or eyes
- Ingestion of allergic antigen has a higher incidents of anaphylaxis



- **Arizona law allows students to carry an auto injectable epinephrine**
- **All staff working with the student need to be informed of student's allergy**
- **Please refer to Arizona Revised Statute: 15-157 and 15-189.04 regarding auto injectable epinephrine management in schools.**

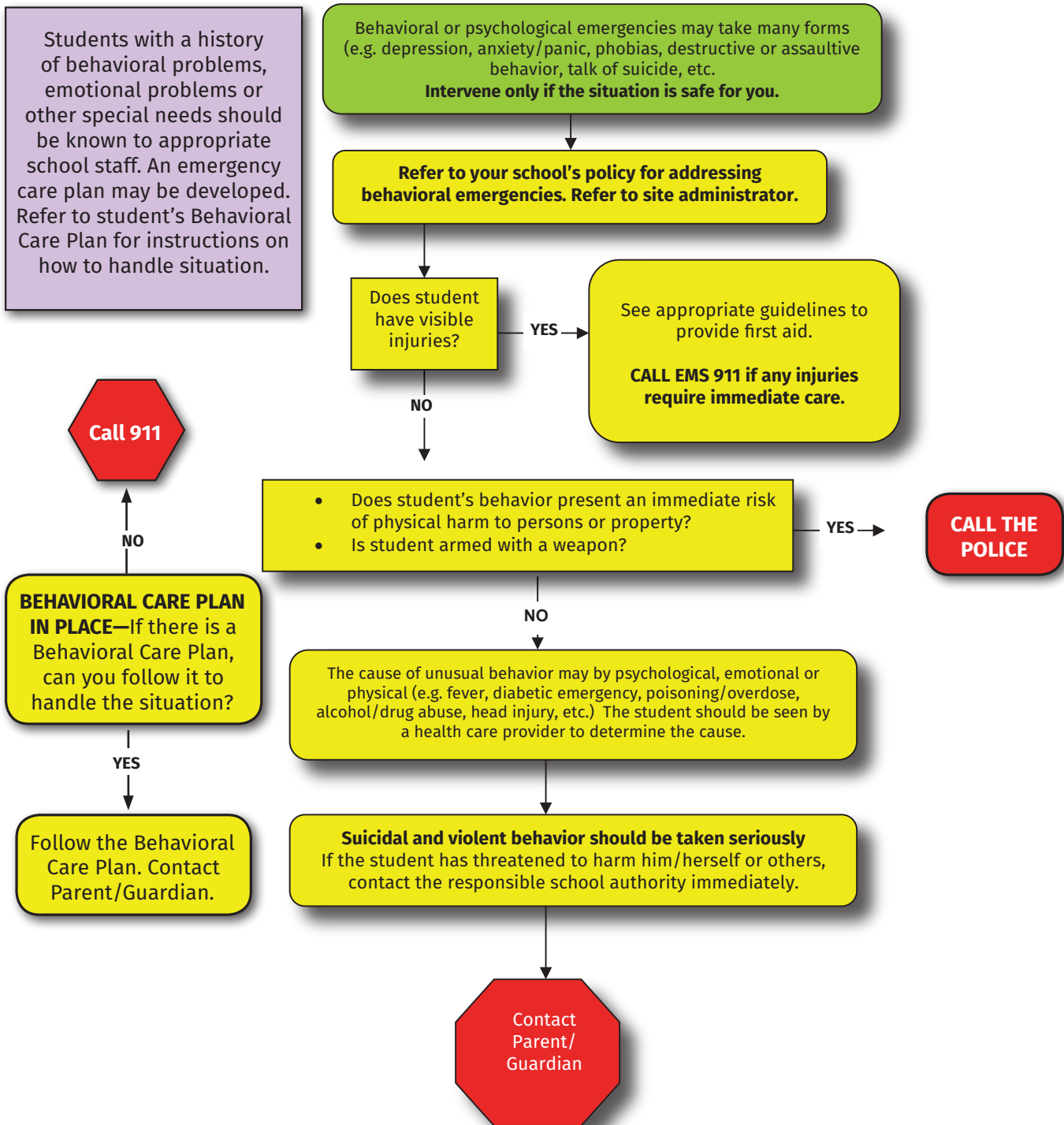
ASTHMA - WHEEZING - DIFFICULTY BREATHING



ASTHMA - WHEEZING - DIFFICULTY BREATHING

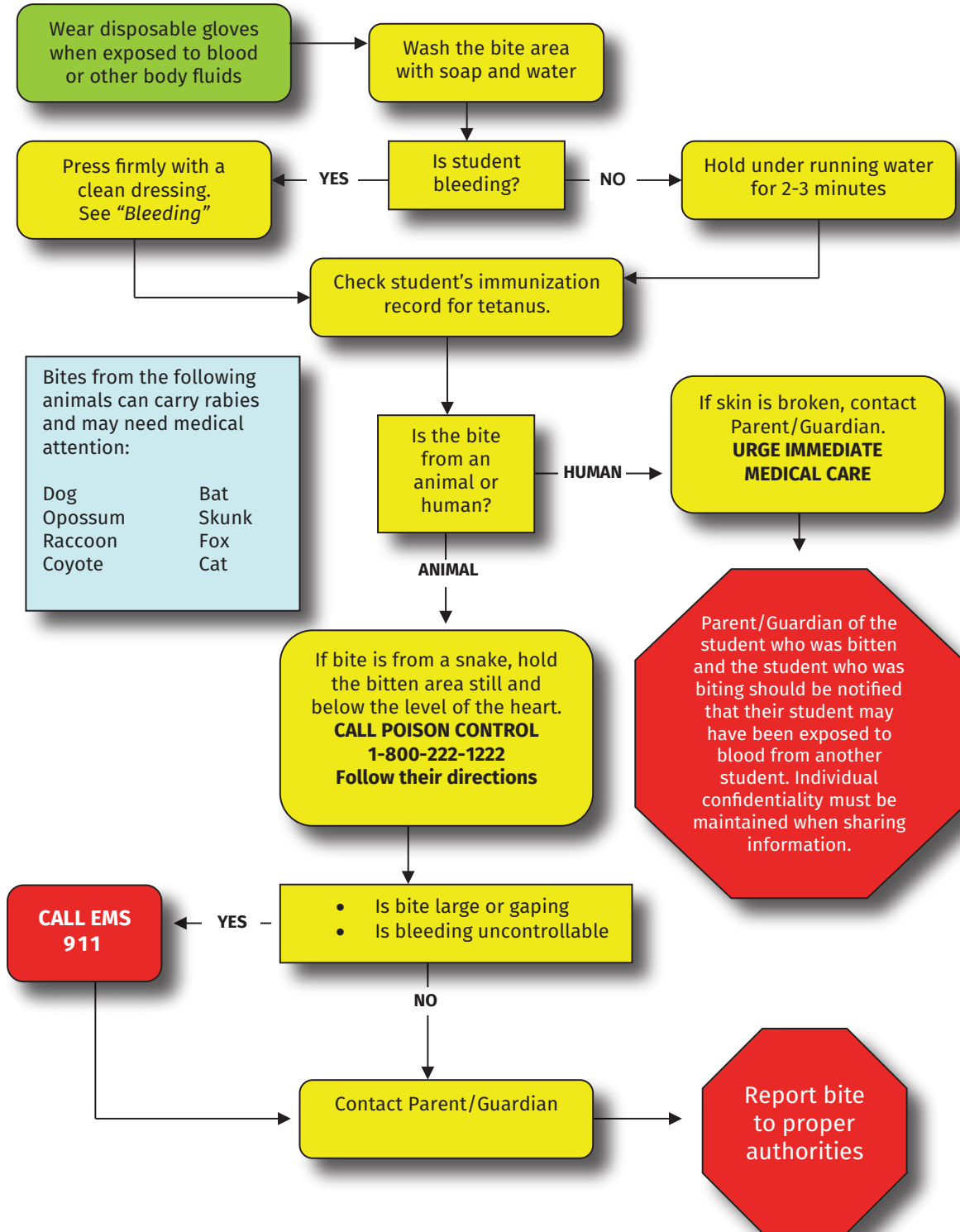
- Arizona law (ARS: 15-341) allows students to carry emergency inhalers
- Call the Parent/Guardian for any student who has not improved after treatment.

BEHAVIORAL EMERGENCIES



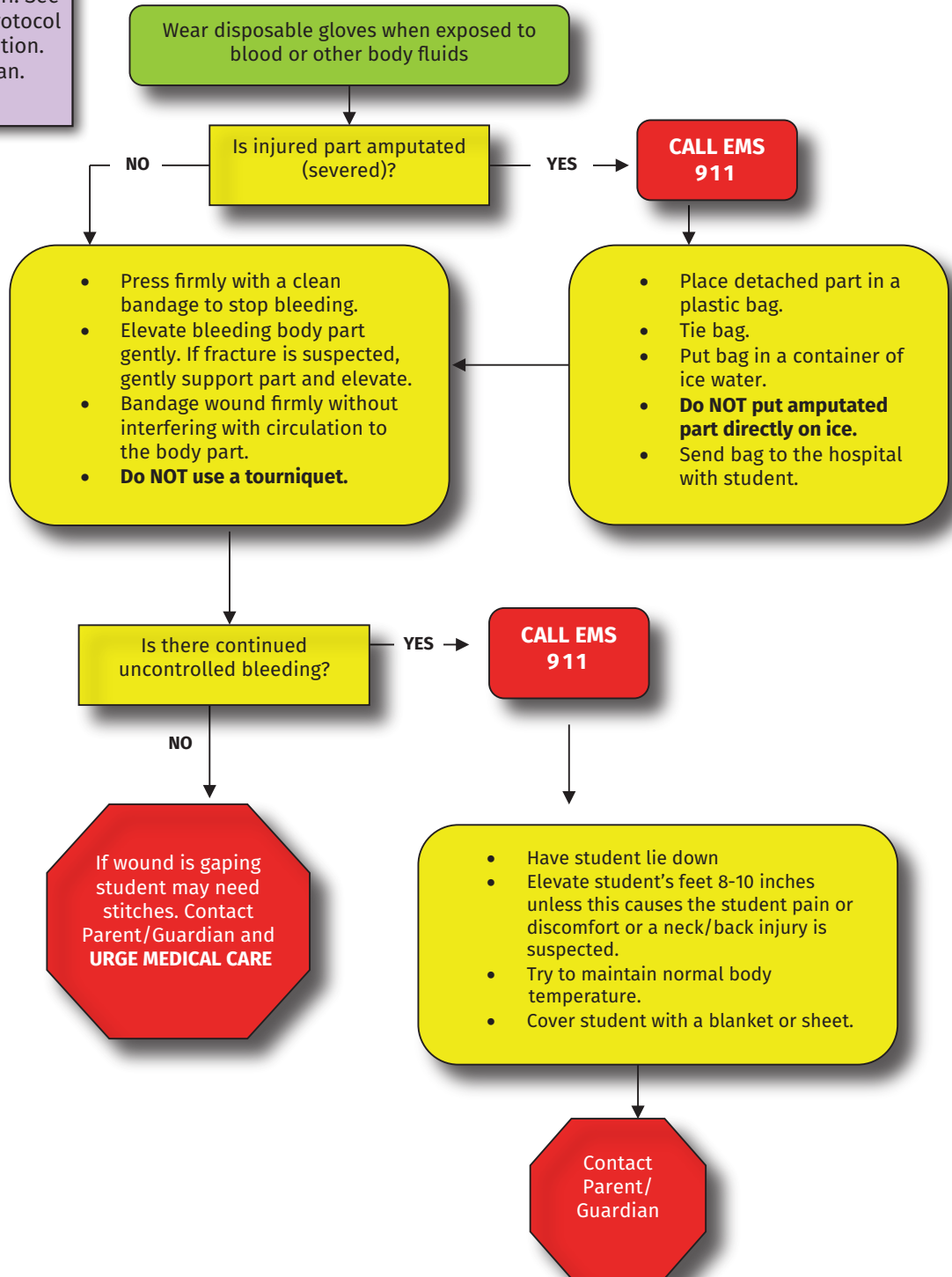
- The school Health Office is not equipped to be a “holding area” for a student having severe behavioral problems, as the Health Office staff must be prepared to assist with student emergency needs.

BITES (HUMAN AND ANIMAL)



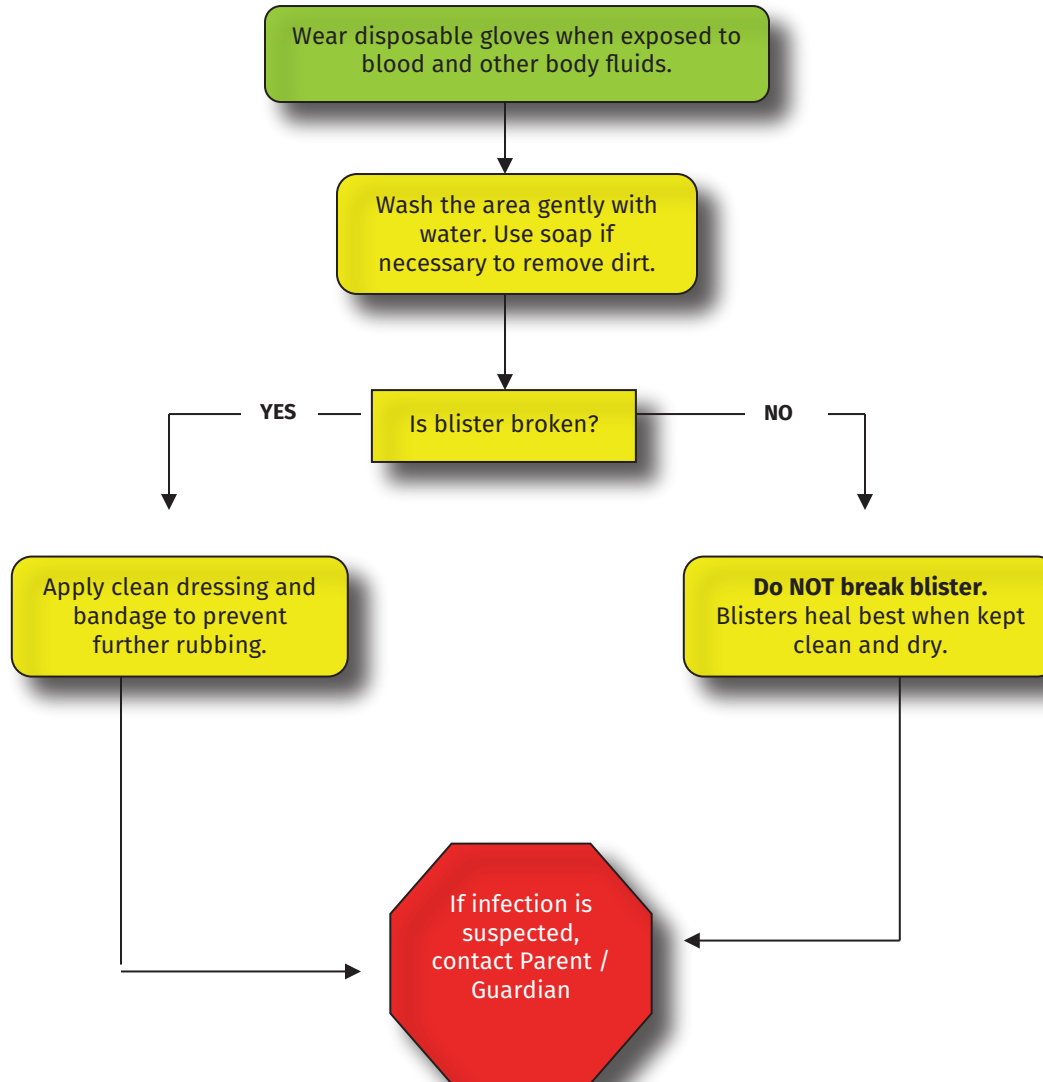
BLEEDING

Students with special needs may have a Health Care Plan and should be known to appropriate school staff. See Health Care Plan for protocol to follow in this situation. Call Parent/Guardian.



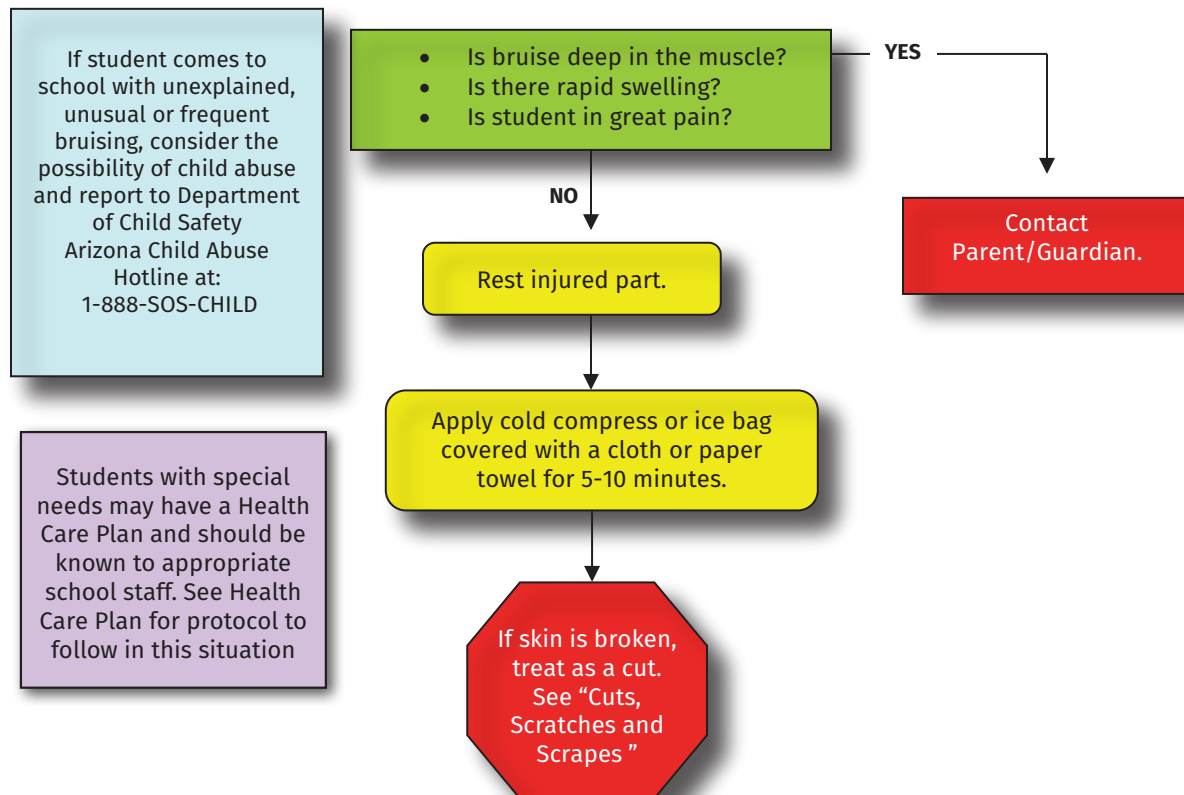
- For minor cuts: clean, apply dressing and notify Parent/Guardian.

BLISTER (FROM FRICTION)



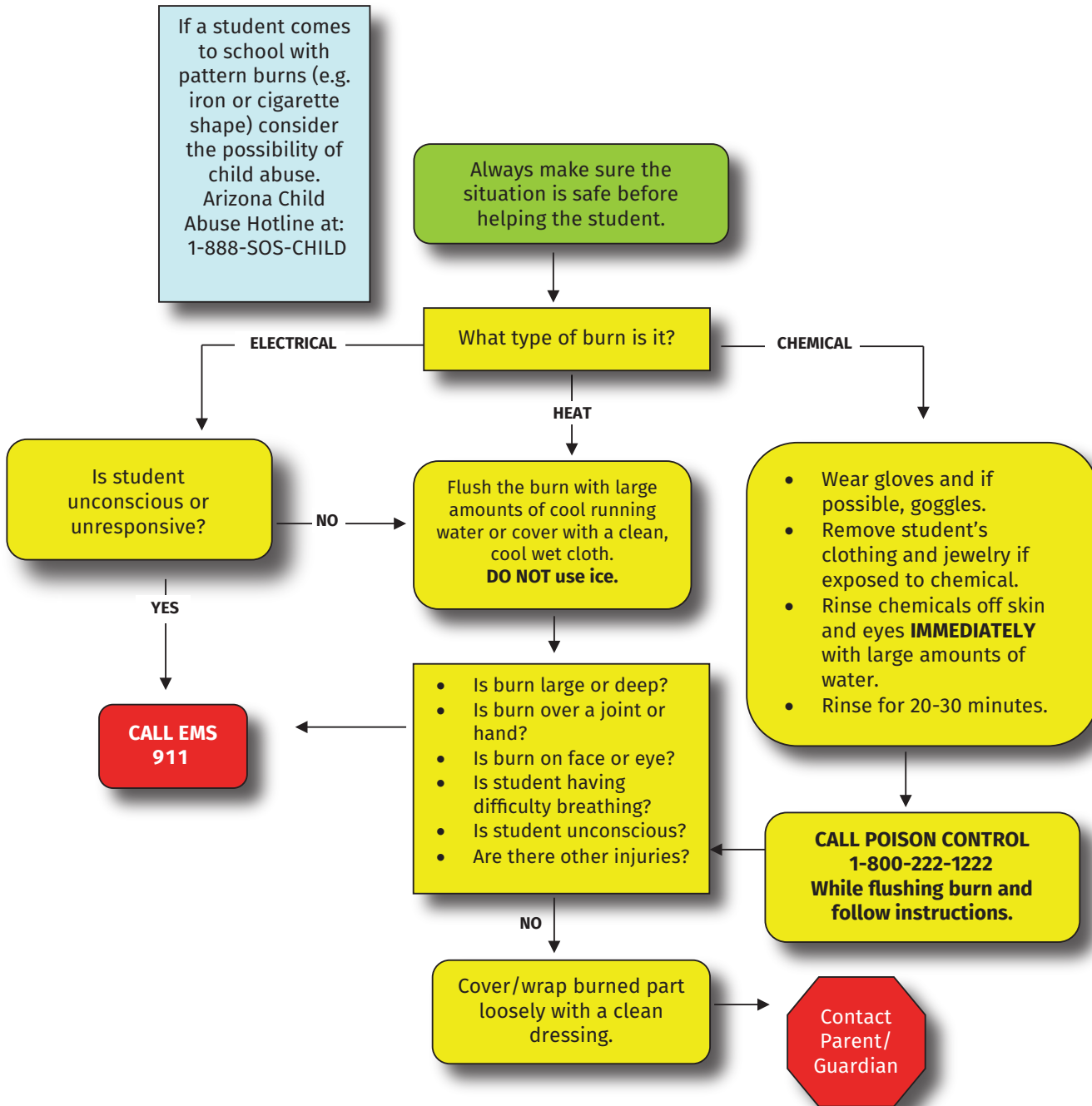
- **Minor blisters do NOT need to be treated in the Health Office.**

BRUISES



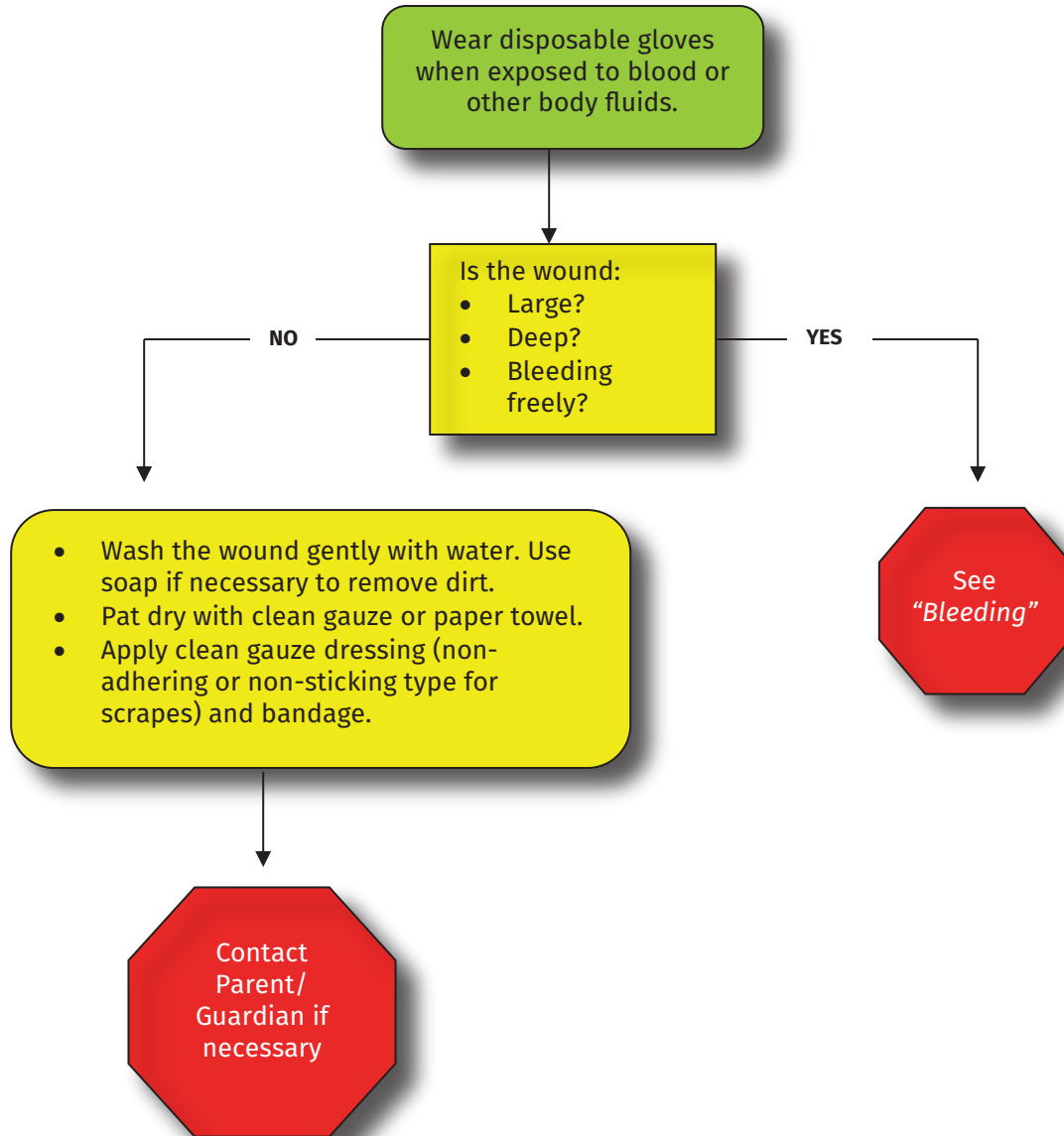
- **If a student has obtained a bruise at school, it is best to send a note or phone call to the parent explaining the reason.**
- **Minor bruises from home do NOT need to be seen in the Health Office.**
- **If the injury is a minor “bump to the head” with no other symptoms; evaluate, treat with ice and send note home.**

BURNS



- Contact Parent/Guardian for any burn at school.

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



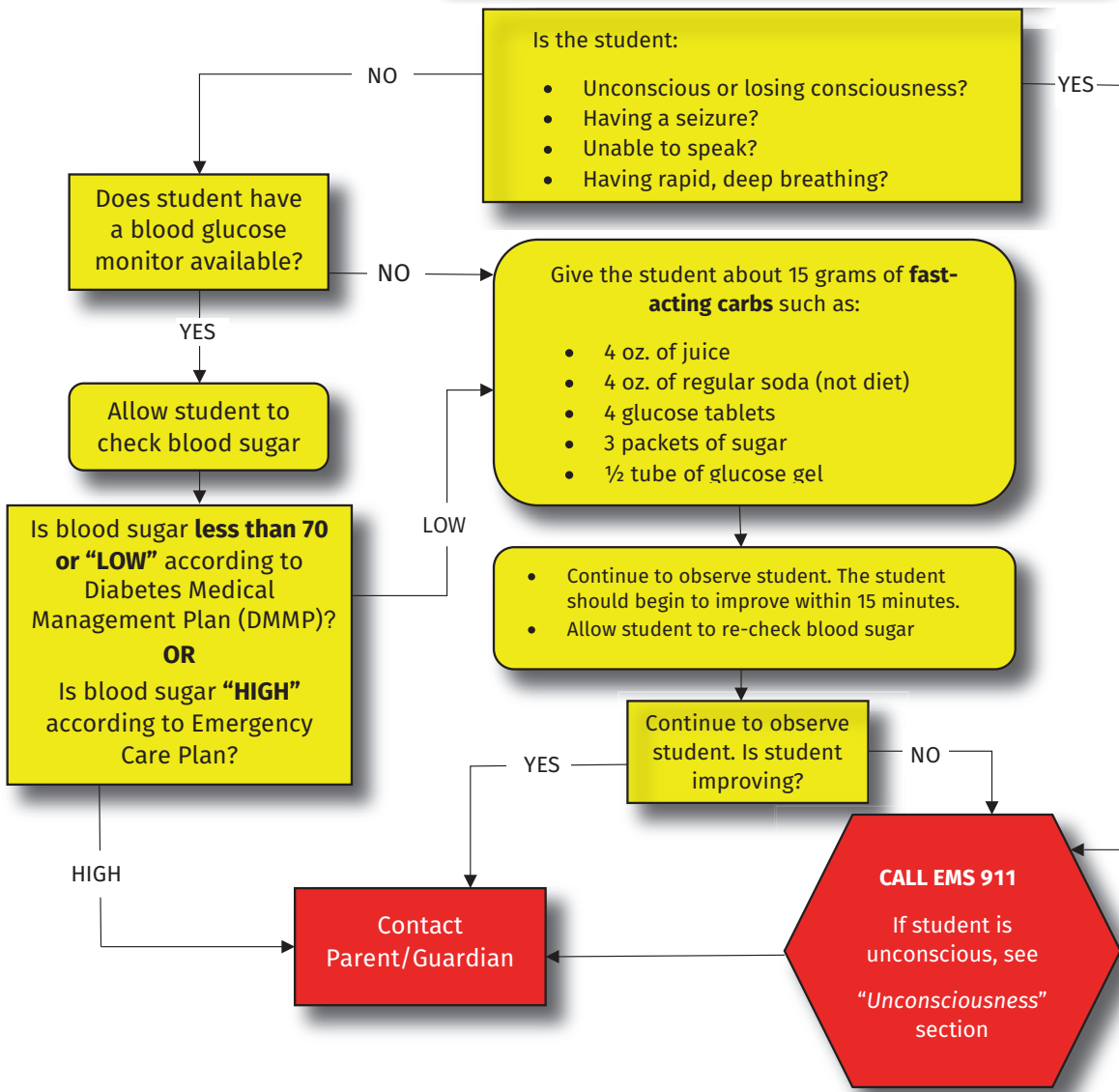
- **Minor cuts and scratches do not need to be treated in the Health Office.**
- **Treat with soap/water and bandage.**

DIABETES

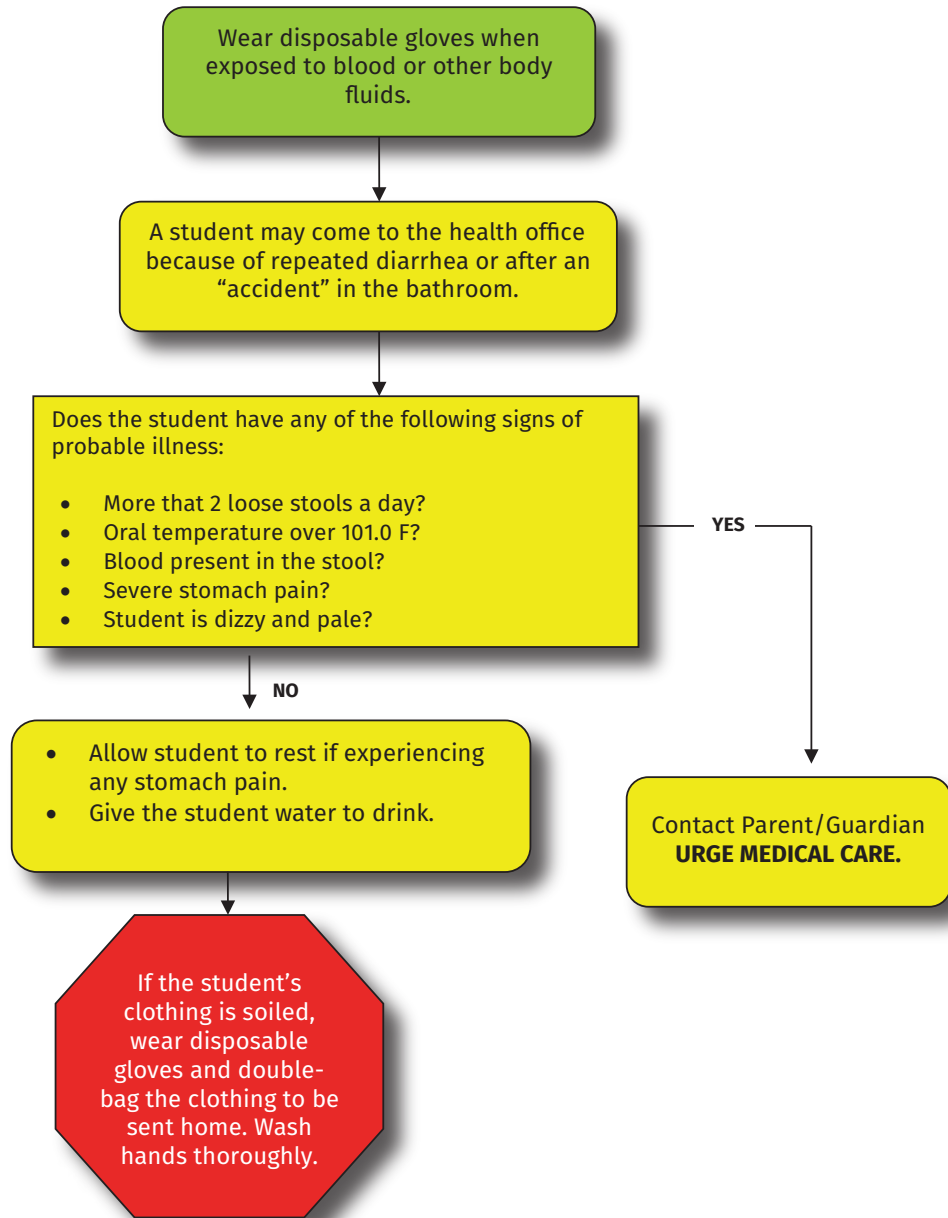
A student with diabetes should be known to appropriate school staff. An Emergency Care Plan is developed. Only trained staff may administer glucagon or insulin at school.

- A student with diabetes may have the following symptoms:**
- Irritability, easily upset
 - Change in personality
 - Sweating and feeling “shaky”
 - Loss of consciousness
 - Confusion or strange behavior
 - Rapid, deep breathing

Refer to student’s Diabetes Medical Management Plan



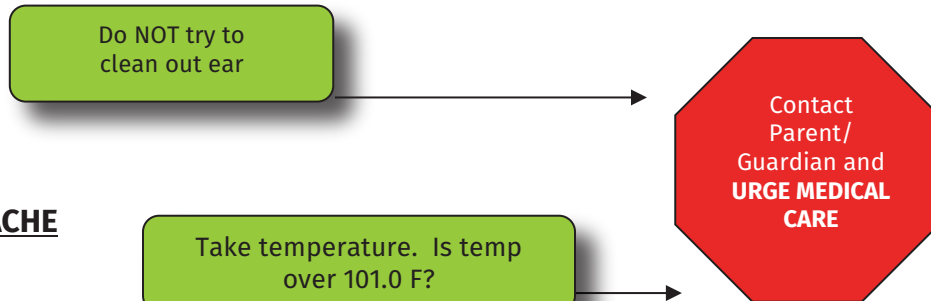
DIARRHEA



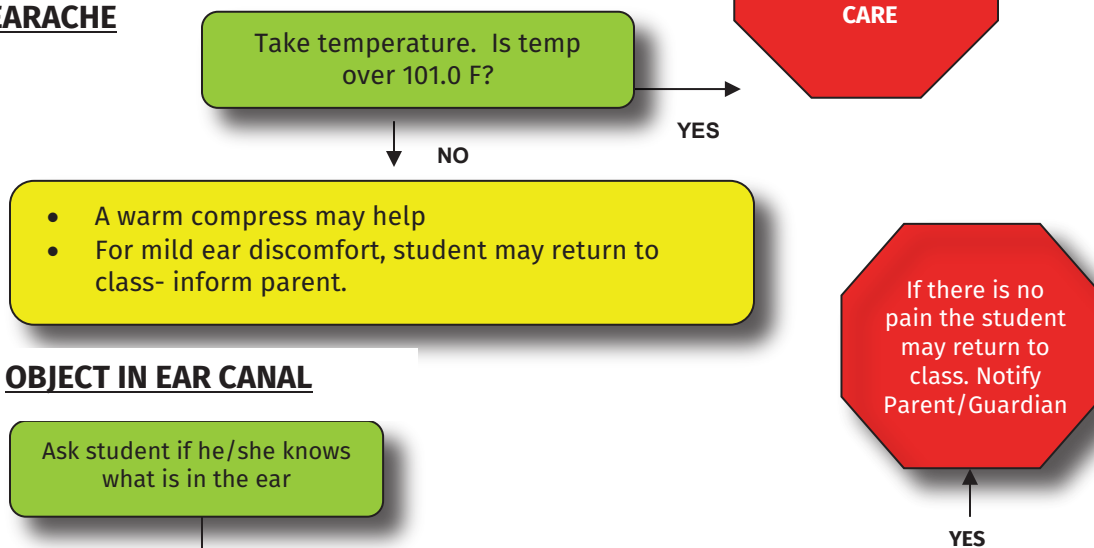
- **If diarrhea is associated with a temperature over 101.0 F degrees, it is recommended that the student go home.**
- **No milk products for 24 hours or as recommended by the child's medical provider.**
- **If only one loose stool and the student feels better, they may return to class.**

EARS

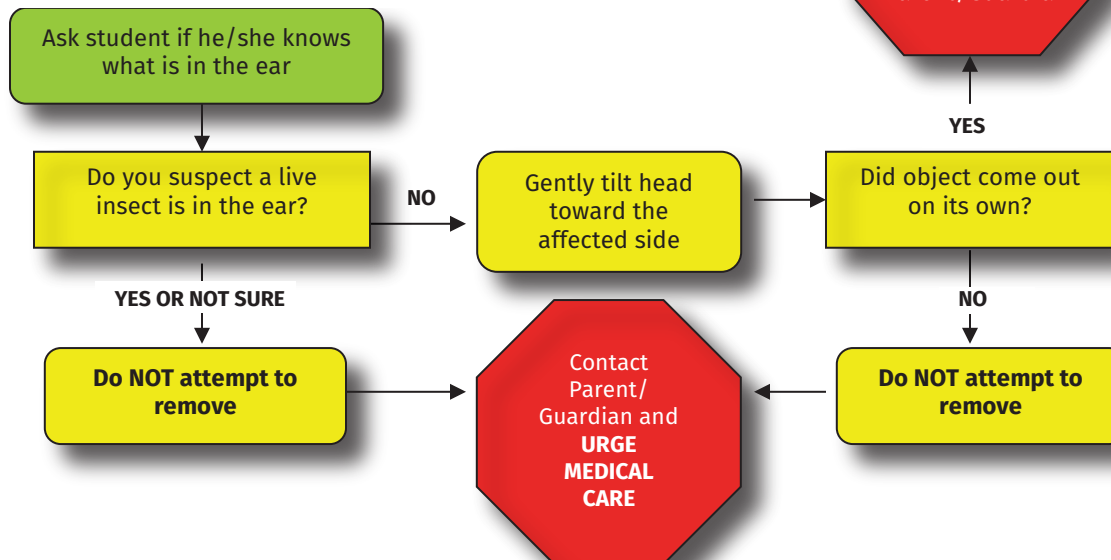
DRAINAGE FROM EAR



EARACHE



OBJECT IN EAR CANAL



EARS

EYES

IMBEDDED OBJECT IN EYE

DO NOT remove object. Call EMS 911
Contact Parent/Guardian
Keep child calm.

PARTICLE IN EYE

Keep student from rubbing eye

- If necessary, lay student down and tip head toward affected side
- Gently pour tap water over the open eye to flush out the particle
- If particle is removed and student has no complaints- may return to class.

If particle does not flush out of eye or if eye pain continues, contact Parent/Guardian
URGE MEDICAL CARE

CHEMICALS IN EYE

- Wear gloves and if possible goggles
- Immediately rinse the eye with large amounts of clean water to 20 to 30 minutes. Use eyewash if available.
- Tip the head so the affected eye is below the unaffected eye and water wash eye from nose out to side of the face.

CALL POISON CONTROL
1-800-222-1222
Follow their directions

If eye has been burned by a chemical
CALL EMS 9 1 1

Contact Parent/Guardian

- **Notify Parent/Guardian of incident**
- **Monitor for any problems with vision**
- **Refer to medical provider for any problems**

FAINTING

Fainting may have many causes including:

- Injuries
- Illness
- Blood loss/shock
- Heat exhaustion
- Diabetic reaction
- Severe allergic reaction
- Standing still for too long

If you know the cause of the fainting, see the appropriate guideline

Students with special needs may have a Health Care Plan and should be known to appropriate school staff. See Health Care Plan for protocol to follow in this situation.

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling.

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

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

- Is fainting due to injury?
- Was student injured when he/she fainted?

YES OR NOT SURE

Treat as possible neck injury.
See "Neck and Back Pain"
Do NOT move student

NO

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

- Keep airway clear and monitor breathing
- Keep student warm, but not hot
- Control bleeding if needed (wear gloves)
- Give nothing by mouth

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

YES

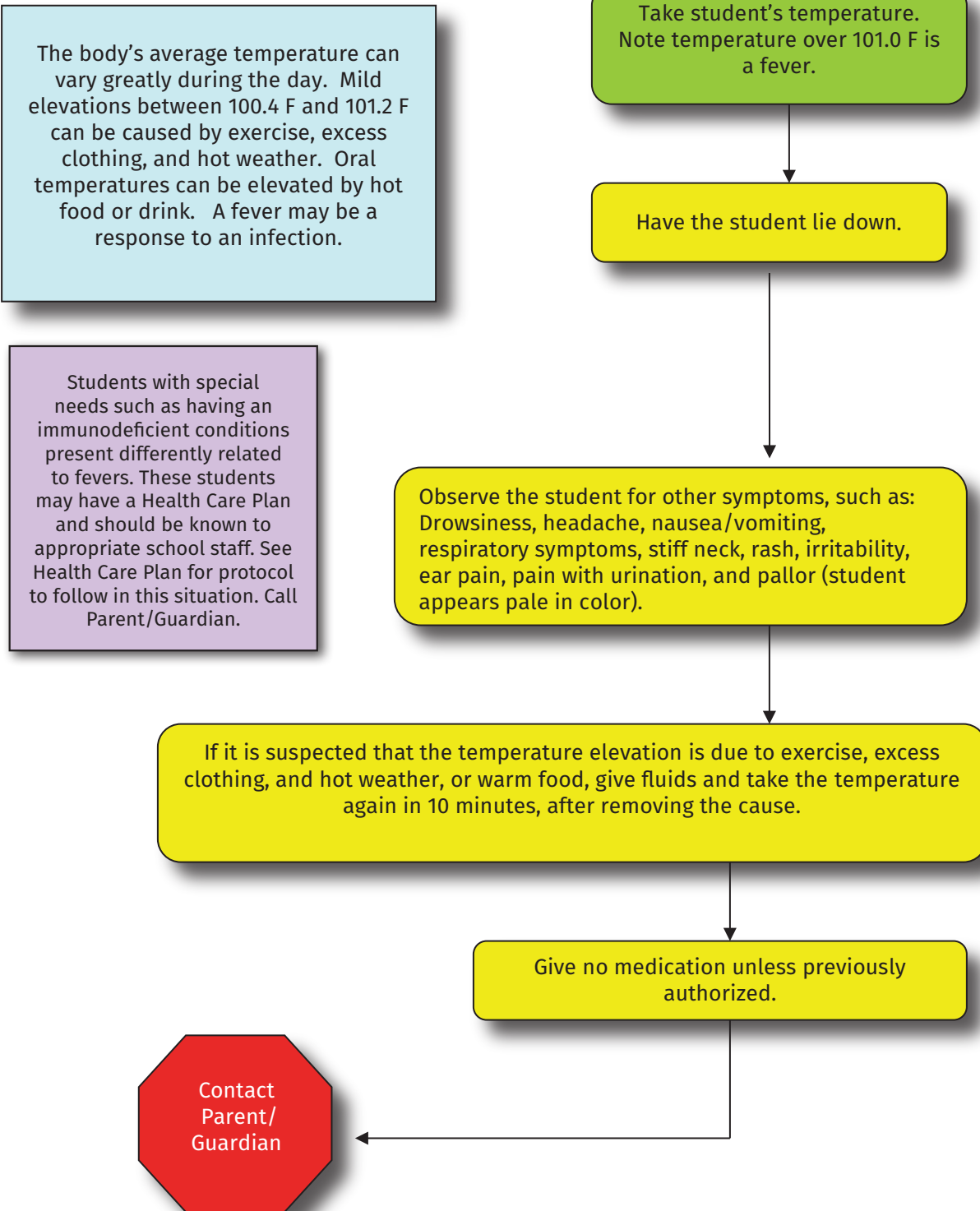
Keep student lying down.
Contact Parent/
Guardian
URGE MEDICAL CARE

NO

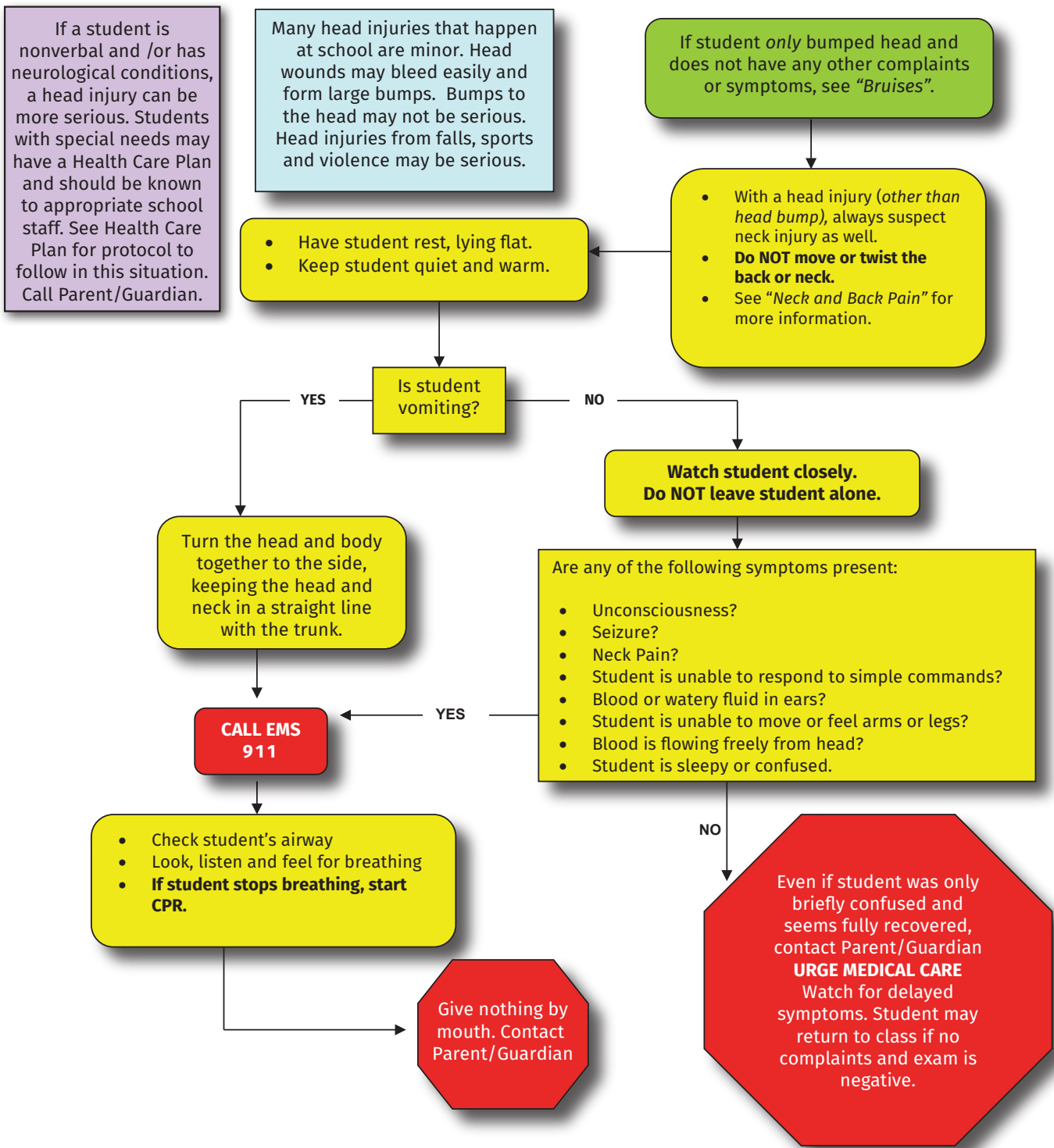
If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet, rest area

Contact Parent/
Guardian

FEVER

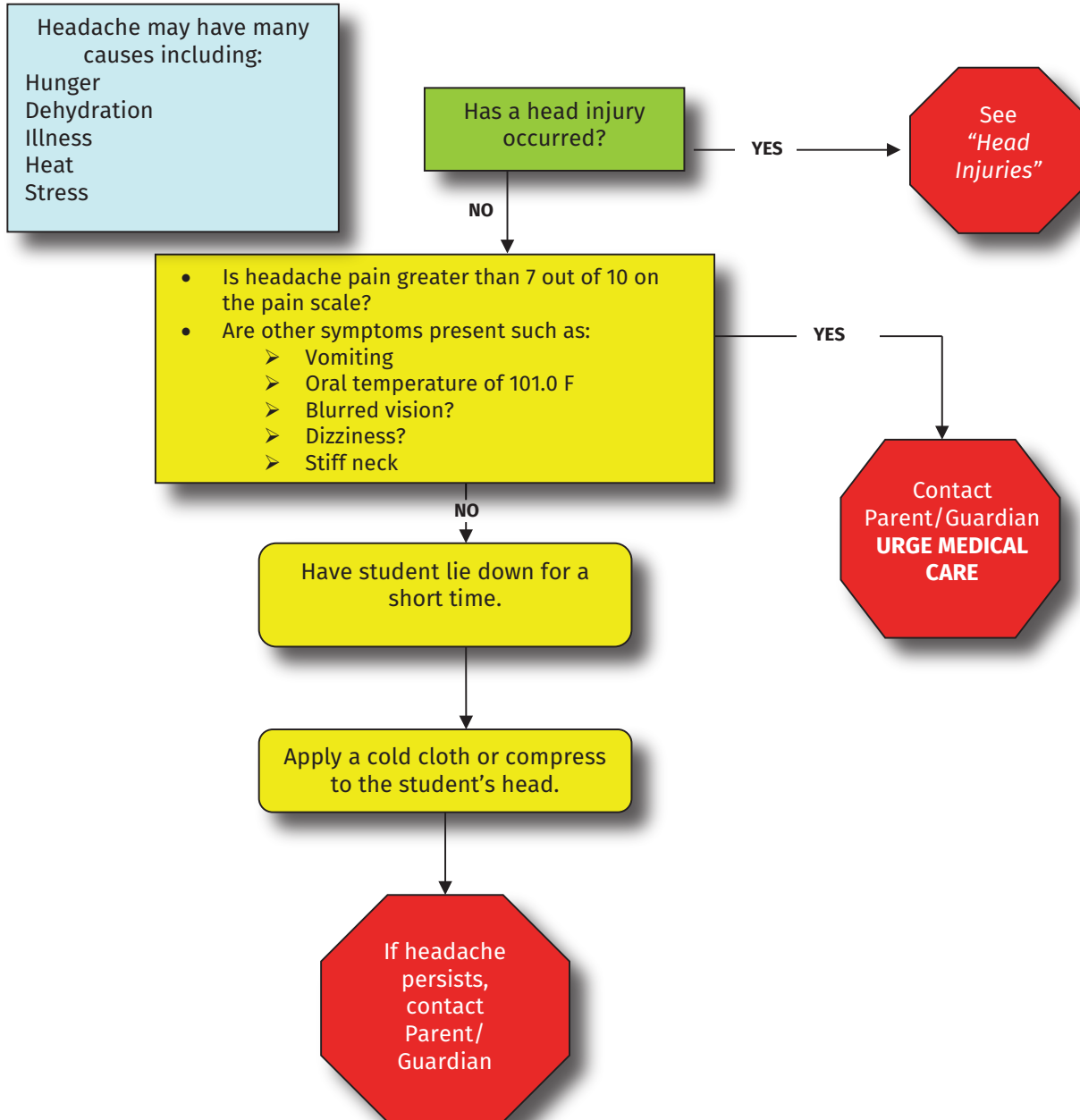


HEAD INJURIES



- Complete Accident Report for serious injury
- Complete Head Injury Form for all head injuries and give to parent.
- Always document findings and communicate with Parent/Guardian as soon as possible.

HEADACHE



HEADACHE

- **Do NOT give medication unless previously authorized.**
- **Give fluids unless headache is associated with nausea and vomiting.**
- **Consider possible vision problems**
- **Notify parents if student comes in frequently.**

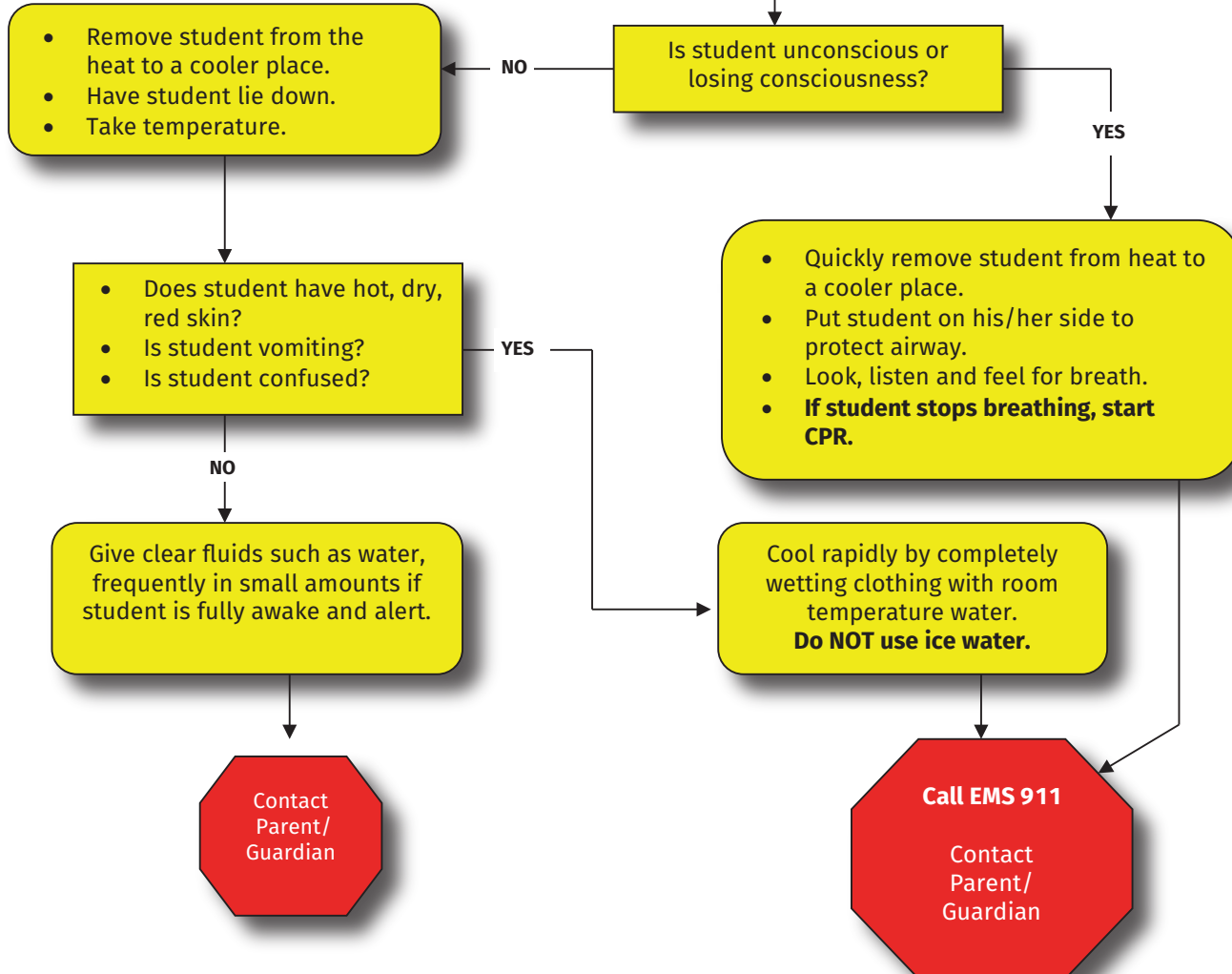
HEAT STROKE - HEAT EXHAUSTION

Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be life-threatening situations.

The signs of heat stroke may present differently in students with special needs. These students may have a Health Care Plan and should be known to appropriate school staff. See student's Health Care Plan for protocol to follow in this situation. Call Parent/Guardian.

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

- Red, hot, dry skin.
- Weakness and fatigue
- Cool, clammy hands
- Vomiting
- Loss of consciousness



HEAT STROKE - HEAT EXHAUSTION

HYPOTHERMIA / FROST BITE

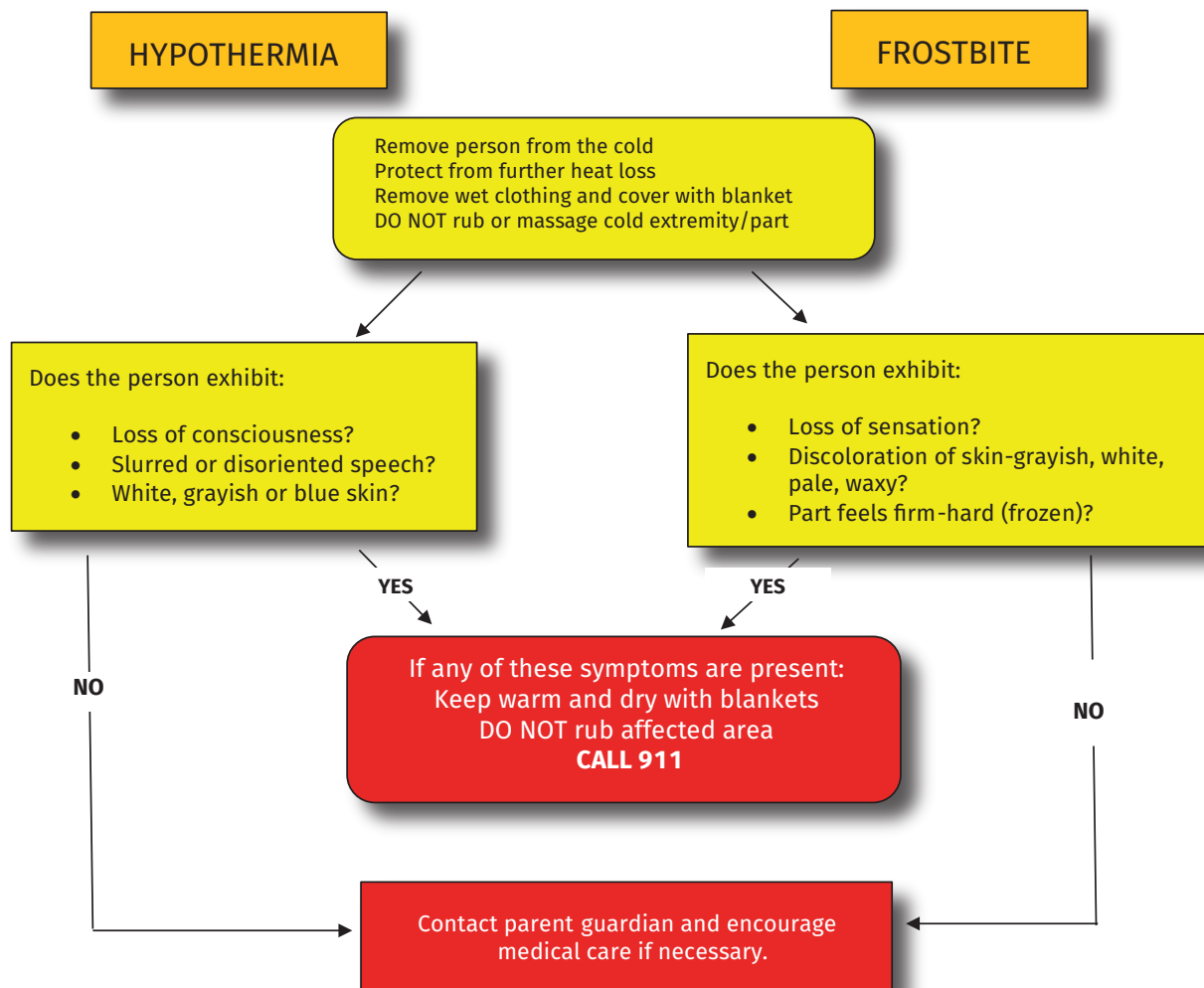
Exposure to cold environments even for short periods of time can cause hypothermia or frostbite. Fingers, toes, nose and ears are particularly prone to frostbite.

Hypothermia symptoms may include:

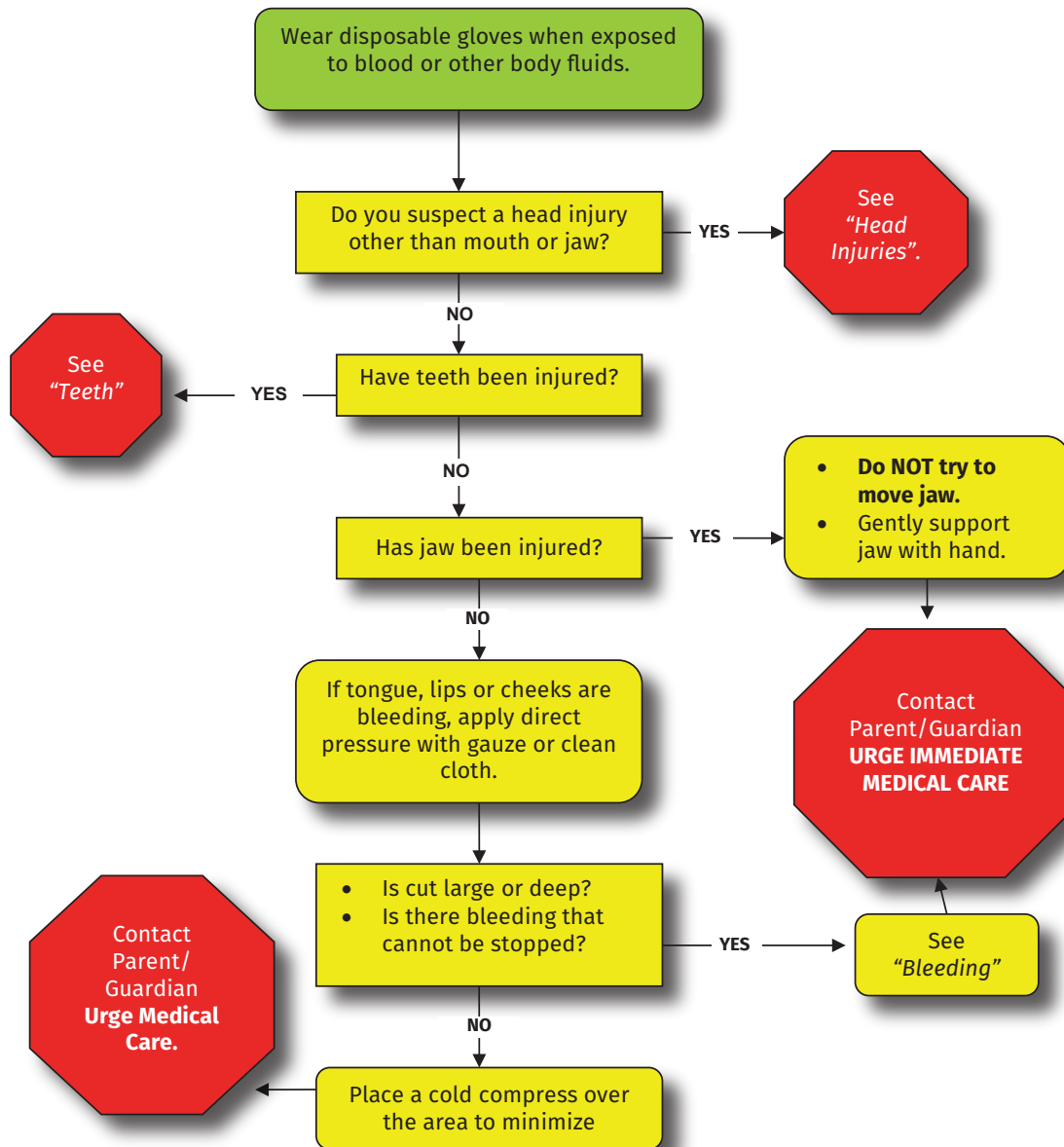
- Shivering
- Slurred speech
- Disoriented speech
- White or gray skin color
- Body temp below 95 degrees F

Frostbite symptoms may include:

- Loss of sensation
- Discoloration of skin- grayish, yellow or pale
- White or waxy skin
- Skin feels firm- hard (frozen)

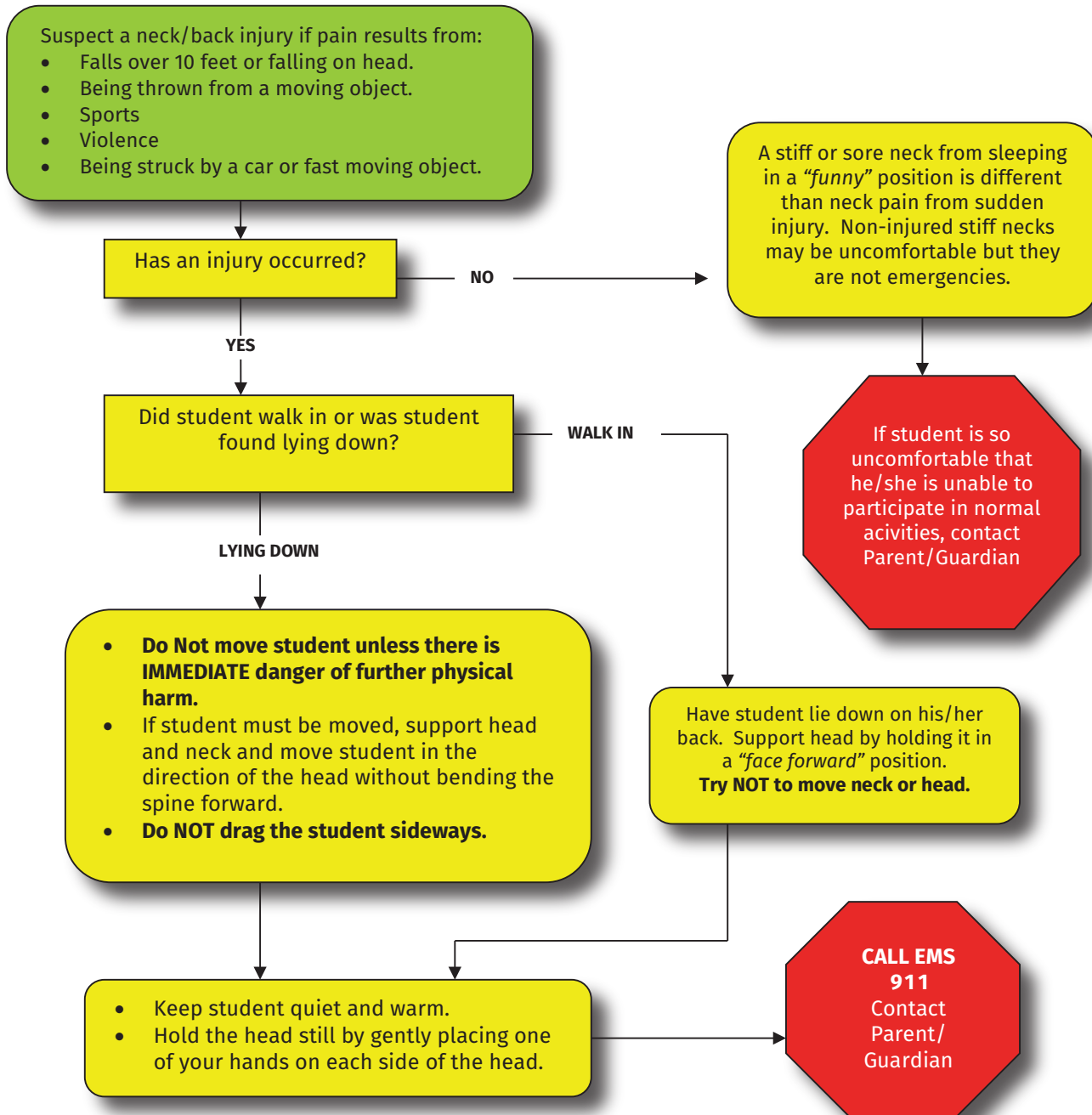


MOUTH & JAW INJURIES



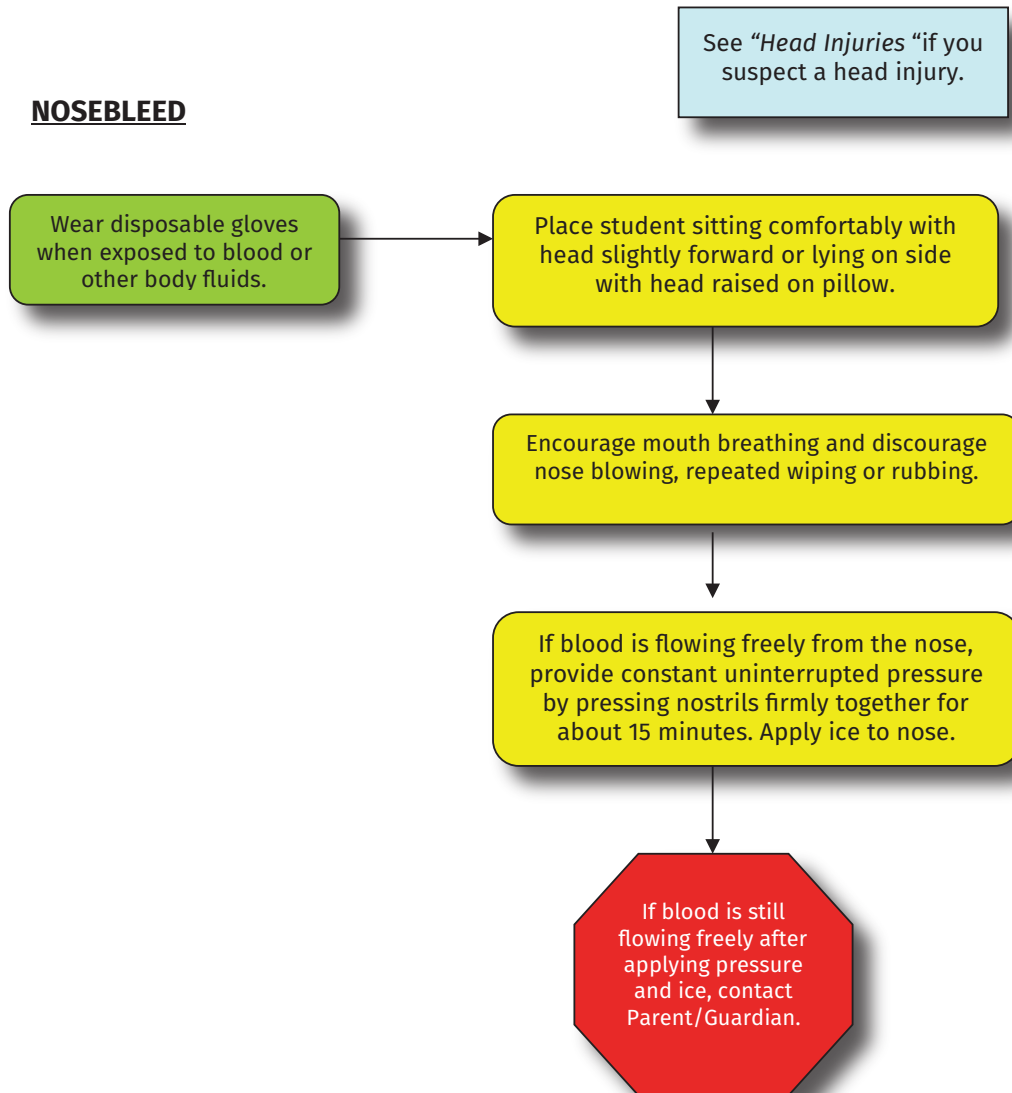
- For any serious mouth or jaw injury, also consider possible Head Injury

NECK & BACK PAIN (SERIOUS INJURY)



NOSE

NOSEBLEED



BROKEN NOSE

- Contact Parent/Guardian
- **URGE MEDICAL CARE**

- For broken nose, treat as a possible head injury.
- If large amount of blood on clothes, contact parent to bring clean clothes.

POISONING

Poisons may be inhaled, swallowed, or absorbed through the skin. Poisonous or toxic chemicals, gases, plants or non-food products can cause mild to severe illness. Poisoning warning signs may be in combination or stand alone.

Assess signs and symptoms which may include:

- Nausea and/or vomiting
- Headache
- Dizziness or loss of consciousness
- Abdominal pain and cramping
- Irritation or pain at the site of exposure (skin, mouth, eyes)
- Unusual discoloration of the mouth, lip, nose, skin, from the poisonous item, berry, dye, or chemical, etc.
- Watery eyes, prolonged coughing or choking

Remove the victim (and others) from further exposure risks
Remove visible items or substances from mouth, nose, ear, etc.

Swallowed Substance:

- Try to identify source, but do not waste time
- DO NOT induce vomiting or give Syrup of Ipecac, activated charcoal, milk, etc. without instruction from Poison Control or medical personnel
- DO NOT Leave victim unattended

Inhaled Substance/Gases:

- Get victim fresh air immediately!
- ALERT OTHERS – EVACUATE, if needed

Skin Contact:

Get chemicals off the skin as quickly as possible:

- Apply cool, running water to flush the area for 10-15 minutes
- Protect yourself from contact
- If no other help is needed, cover area with clean bandage

Eyes: Flush with cool, running water, flowing from the inside corner of the eye to the outside corner of the eye. Tilt the head; allow a gently flowing stream of water from a cup, faucet or an outdoor hose to flush the eye

Call Poison Control
1-800-222-1222

Check for breathing
– Start CPR if necessary

CALL EMS 911

Contact Parent/Guardian and Principal
** Document the event, calls made and follow-up

POISONING AND OVERDOSE

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

- Medication
- Insect bites and stings
- Snake bites
- Plants
- Chemicals/cleaners
- Drugs/ alcohol
- Food poisoning
- Inhalants

***Or if you are not sure**

Possible warning signs of poisoning include:

- Pills, berries, or unknown substances in mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating
- Upset stomach or vomiting
- Dizziness or fainting
- Seizures or convulsions

If possible, find out:

- Age and weight of student
- What the student swallowed
- What poison they came in contact with
- How much and when it was taken

CALL POISON CONTROL
1-800-222-1222
Follow their directions

- **Do NOT induce vomiting or give anything UNLESS instructed to by Poison Control.** With some poisons, vomiting can cause greater damage.
- **Do NOT** follow the antidote label on the container; it may be incorrect.

- If student becomes unconscious, place on his/her side. Check airway.
- Monitor the student's breathing.
- **If student stops breathing, start CPR.**

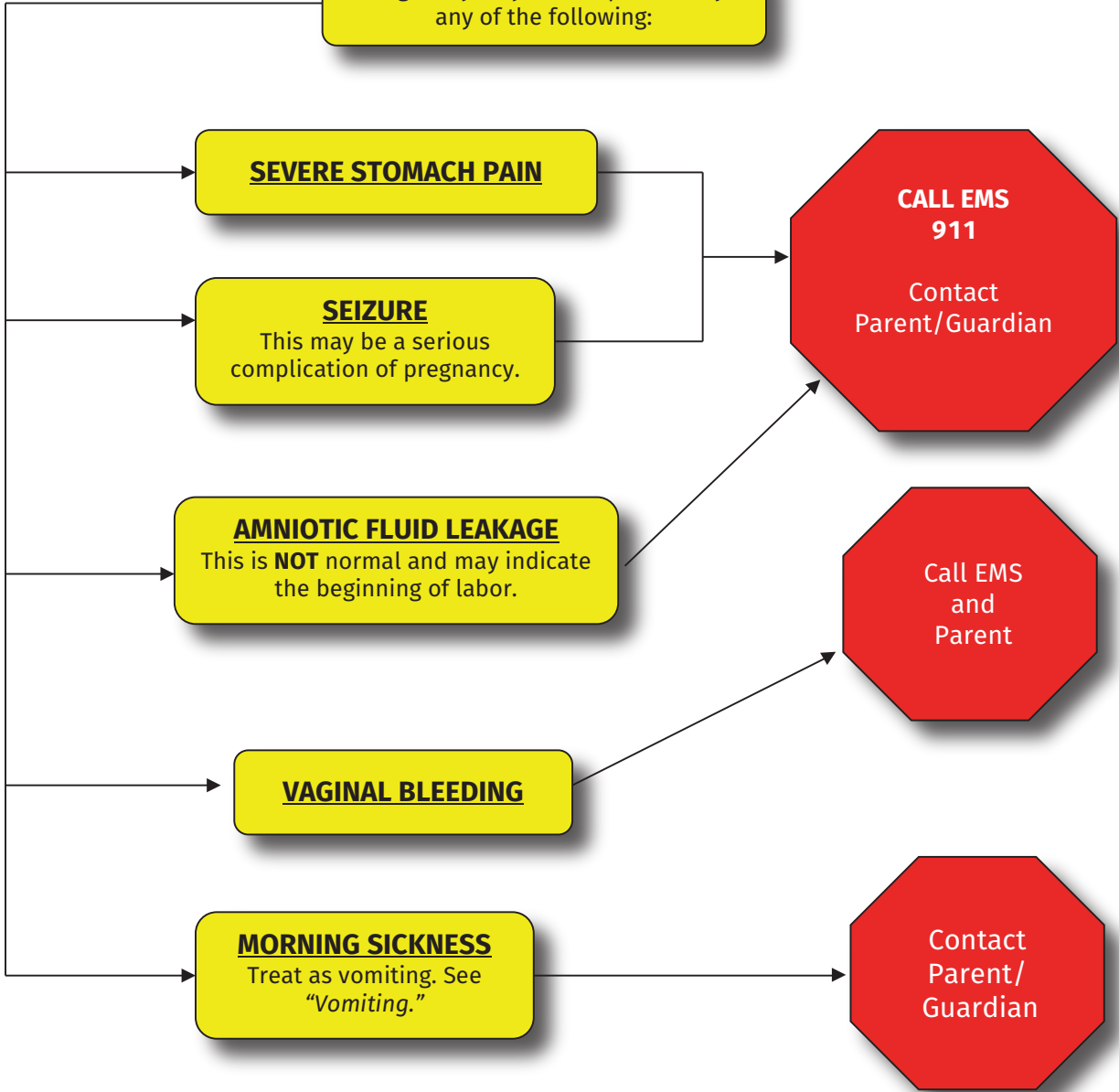
CALL EMS 911

Contact
Parent/Guardian

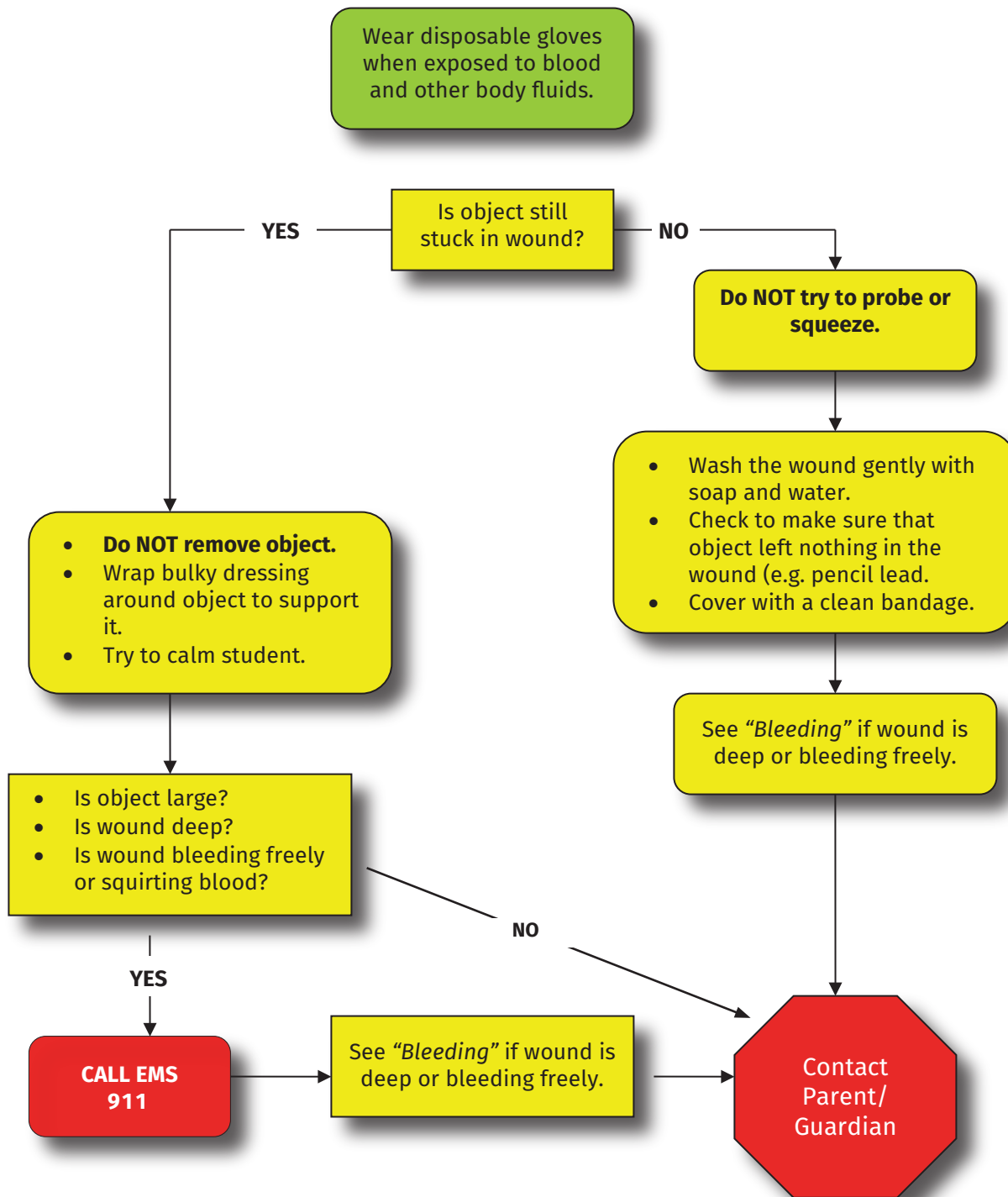
PREGNANCY

Pregnant students should be known to appropriate school staff. Fewer than 10% of U.S. girls start to menstruate before 11 years of age, and 90% of all US girls are menstruating by 13.75 years of age, with a median age of 12.43 years. Any student, who is old enough to be pregnant, might be pregnant.

Pregnancy may be complicated by any of the following:

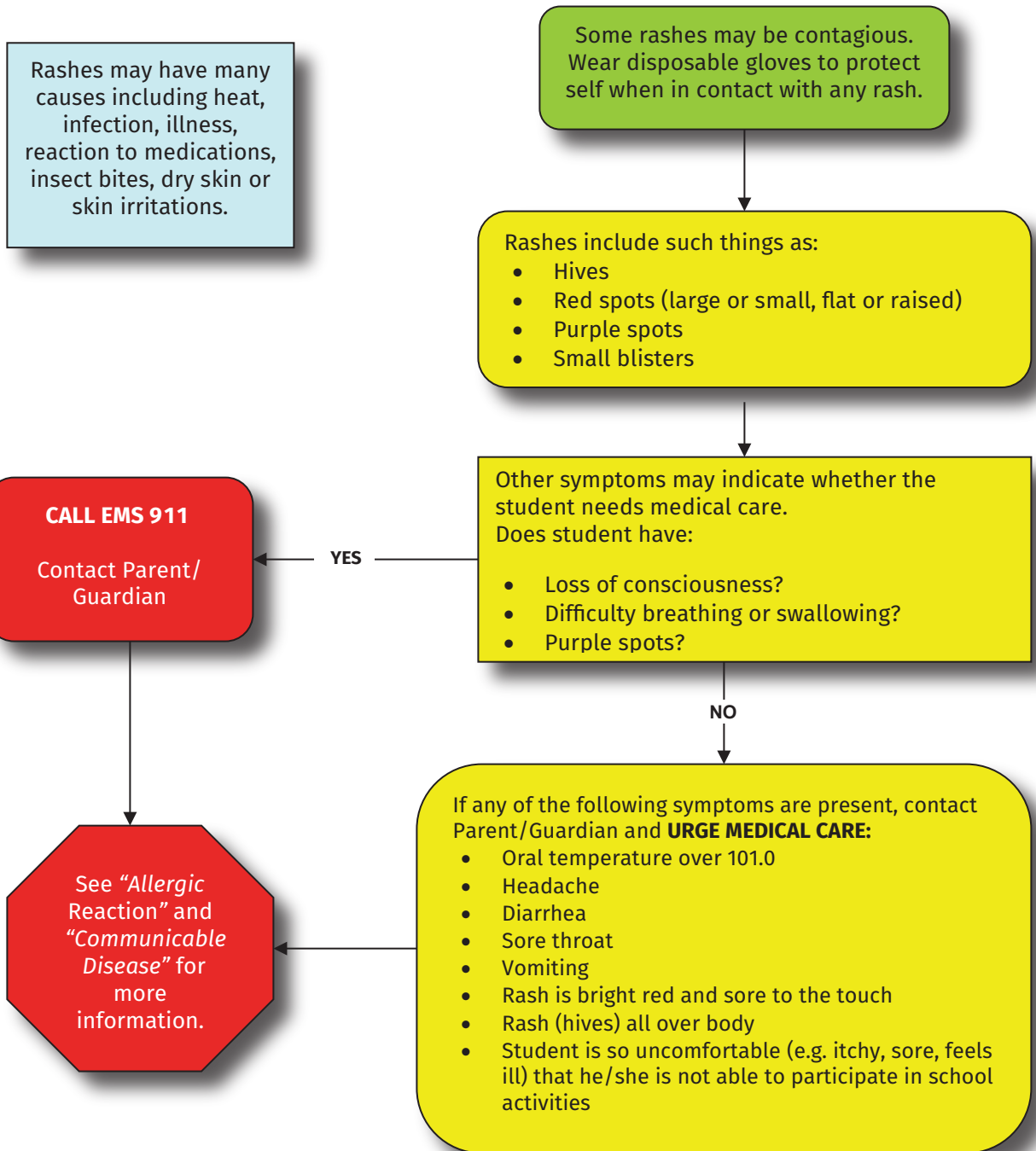


PUNCTURE WOUNDS



- Parent may request a copy of the student's immunization record for last tetanus date.

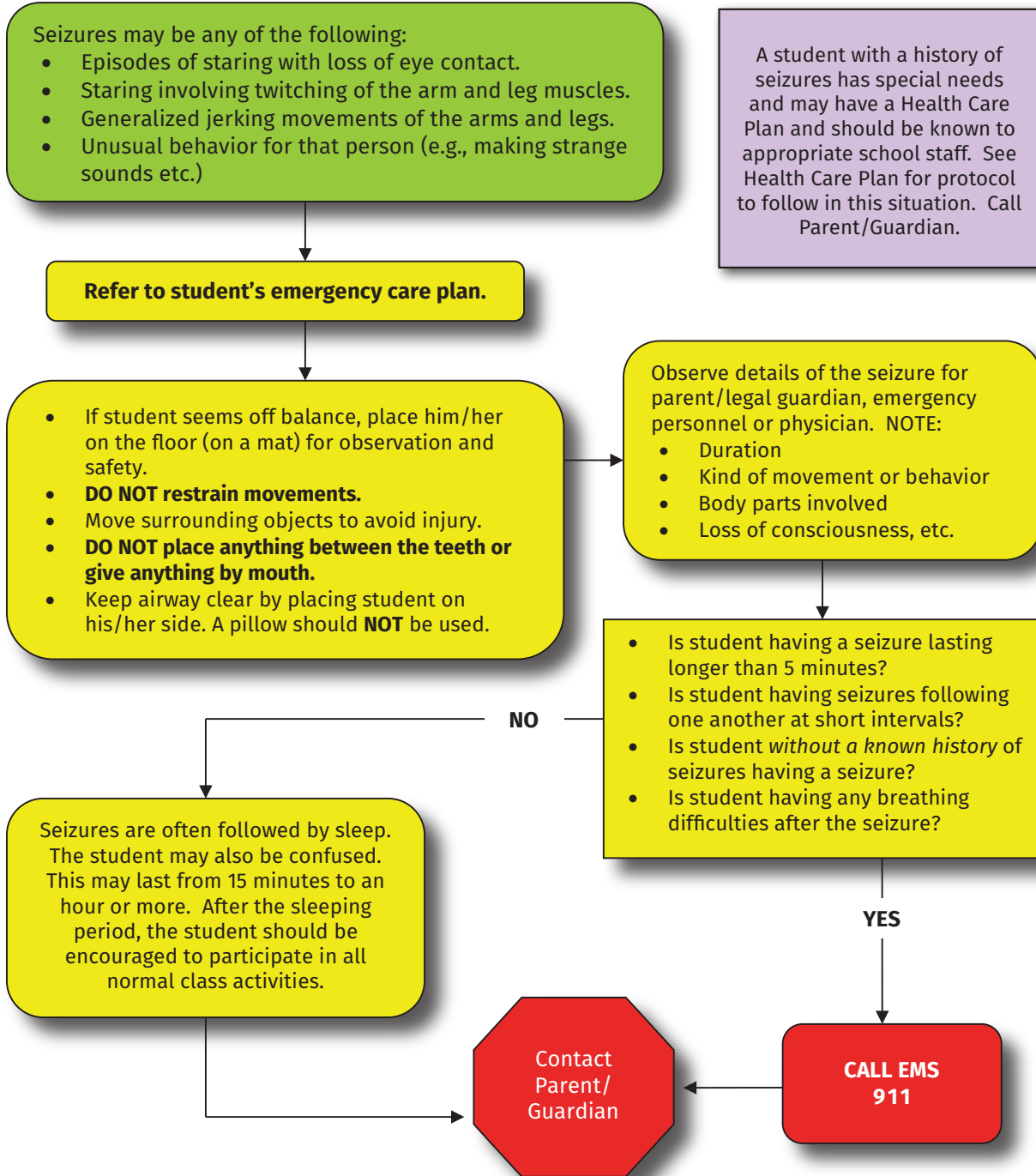
RASHES



RASHES

- Remember, many rashes are not communicable
- Be sure to communicate with Parent/Guardian

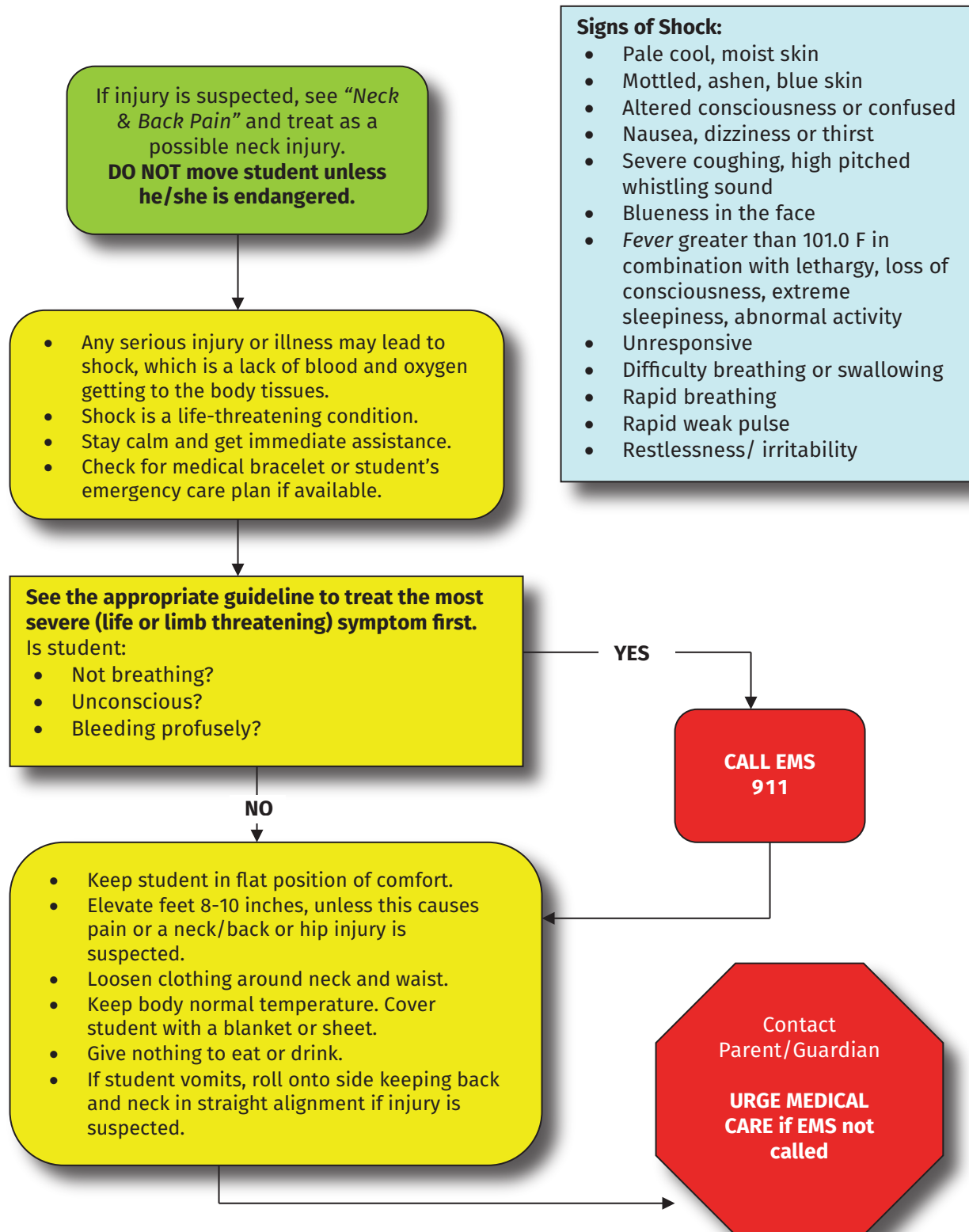
SEIZURES



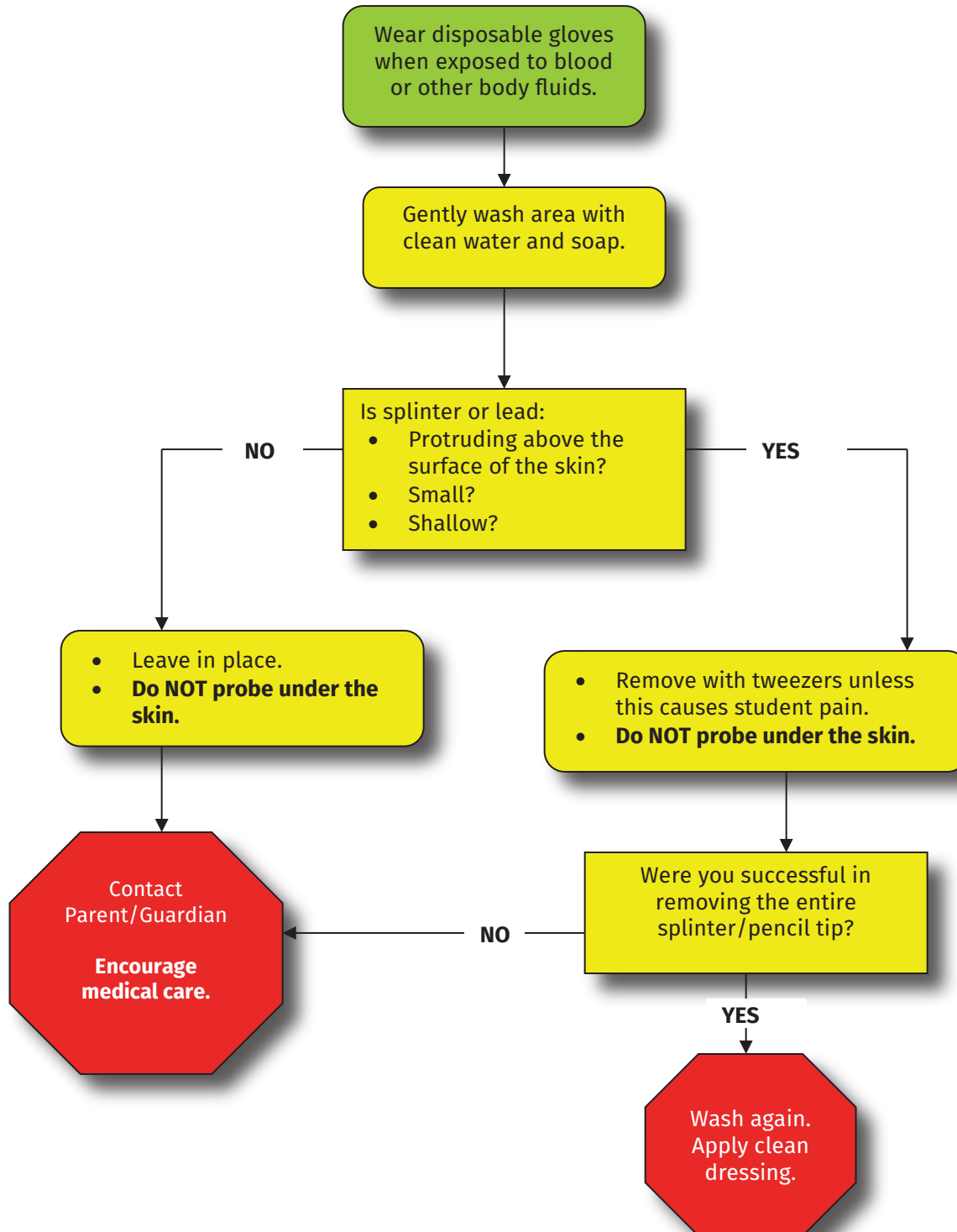
SEIZURES

- **Students with a current history of seizures should have an Individual Healthcare Plan for school treatment**

SHOCK

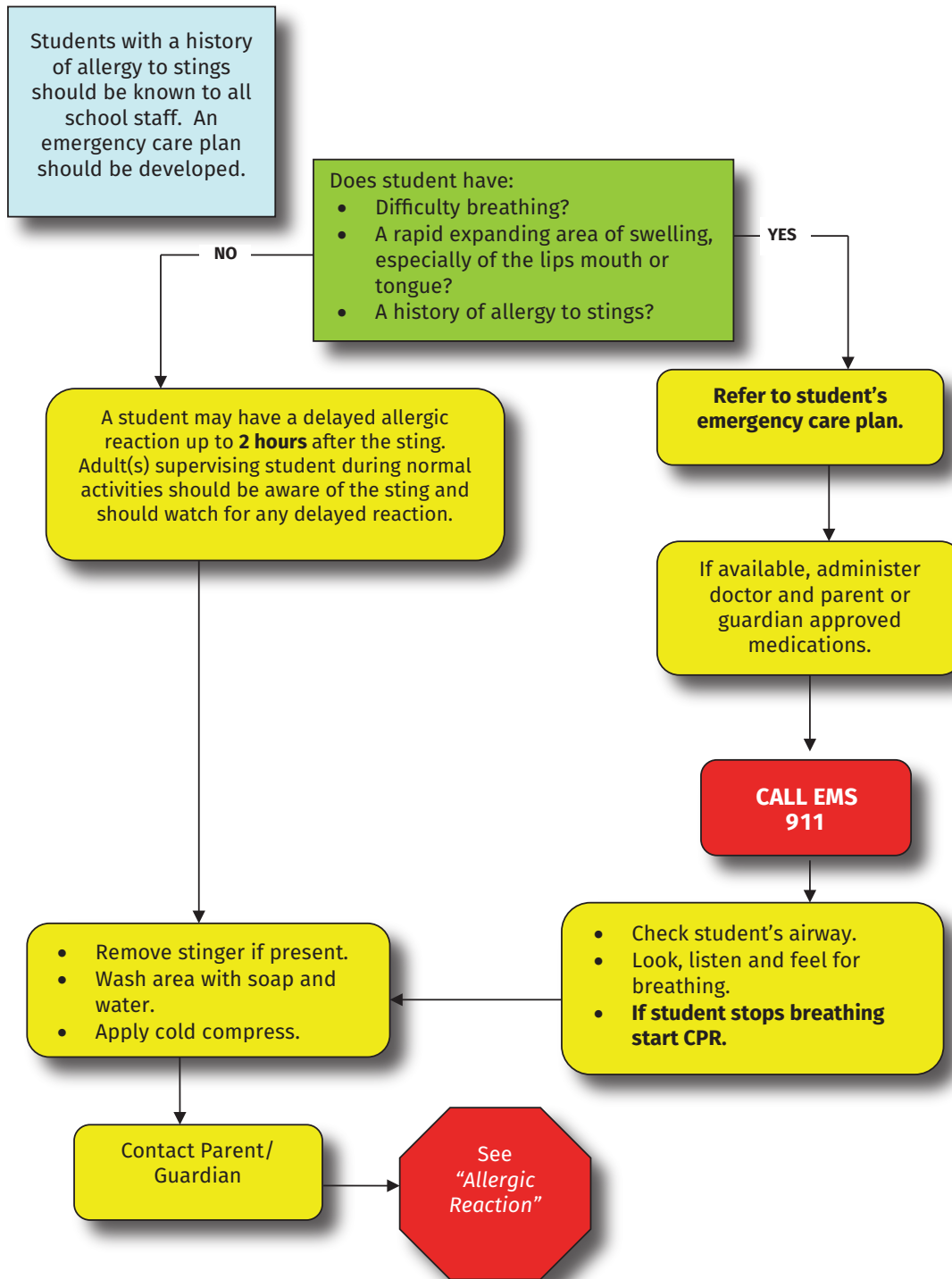


SPLINTERS OR IMBEDDED PENCIL TIP



- Notify parent if appropriate.

STINGS



- **Do NOT squeeze the stinger with tweezers; remove by scraping using a credit card or piece of paper.**
- **Contact Poison Control for information on insect bites and stings 1-800-222-1222.**

STOMACH ACHES & PAIN

Students with special needs may have a Health Care Plan and should be known to appropriate school staff. See Health Care Plan for protocol to follow in this situation. Call Parent/Guardian.

Stomach Aches/Pain may have many causes including:

Illness	Menstrual difficulties
Hunger	Psychological issues
Overeating	Stress
Diarrhea	Constipation
Food poisoning	Gas Pain
Injury	Pregnancy

Suspect neck injury
See "Neck and Back Pain"

Has a serious injury occurred resulting from:

- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

Contact Parent/Guardian
URGE PROMPT MEDICAL CARE

Take student's temperature

Does the student have:

- Fever? (101.0 F or higher)
- Severe stomach pains?
- Vomiting?

Allow student to rest 5-10 minutes.

Allow student to return to class.

Does student feel better?

If stomach ache persists or becomes worse, contact Parent/Guardian

STOMACH ACHES & PAIN

- Encourage teachers to have students get water and use restroom prior to sending to Health Office. If stomach ache does not resolve, then send to Health Office.
- Many young children use the term "stomach ache" when they are anxious, or need to use the restroom.

TEETH

DENTAL PAIN AND LOOSE BRACES

- Facial swelling and fever may be associated with a dental abscess.
- Dental wax can be used for soft tissue irritation from braces.

Contact
Parent/Guardian
**URGE DENTAL
CARE**

DISPLACED PERMANENT TOOTH

**Do NOT try to move
tooth into correct
position**

Contact
Parent/Guardian
**URGE PROMPT
DENTAL CARE**

KNOCKED-OUT OR BROKEN PERMANENT 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.

Do NOT replant
primary (baby)
teeth back in
socket

The following steps are listed in order of preference.

Within 15-20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze **OR**
2. Place in glass of milk **OR**
3. Place in glass of water.

TOOTH MUST NOT DRY OUT.

Apply a cold compress to face
to minimize swelling.

Contact
Parent/Guardian
**THE STUDENT SHOULD
BE SEEN BY A DENTIST
AS SOON AS POSSIBLE**

TICKS

Students should be inspected for ticks after time in the woods or brush. Ticks may carry serious infections and must be completely removed.

Do NOT handle ticks with bare hands.

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

Wear disposable gloves when exposed to blood and other body fluids

Wash the tick area gently with soap and water before attempting removal

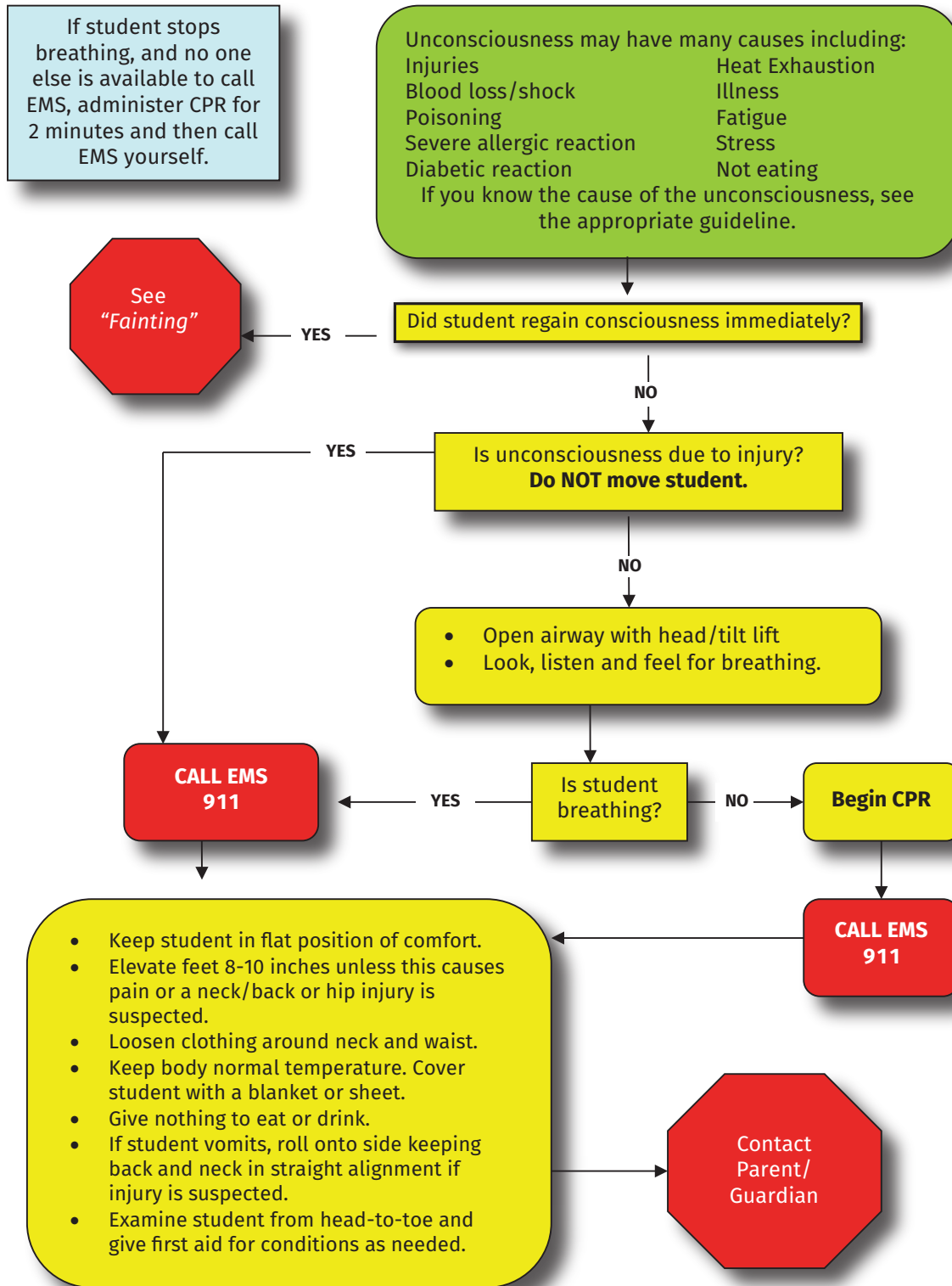
- Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- **Do NOT twist or jerk the tick as the mouth parts may break off.** It is important to remove the **ENTIRE** tick.
- Take care not to squeeze, crush or puncture the body of the tick as its fluids may carry infection and disease.

- After removal, wash the tick area thoroughly with soap and water
- Wash your hands
- Apply bandage

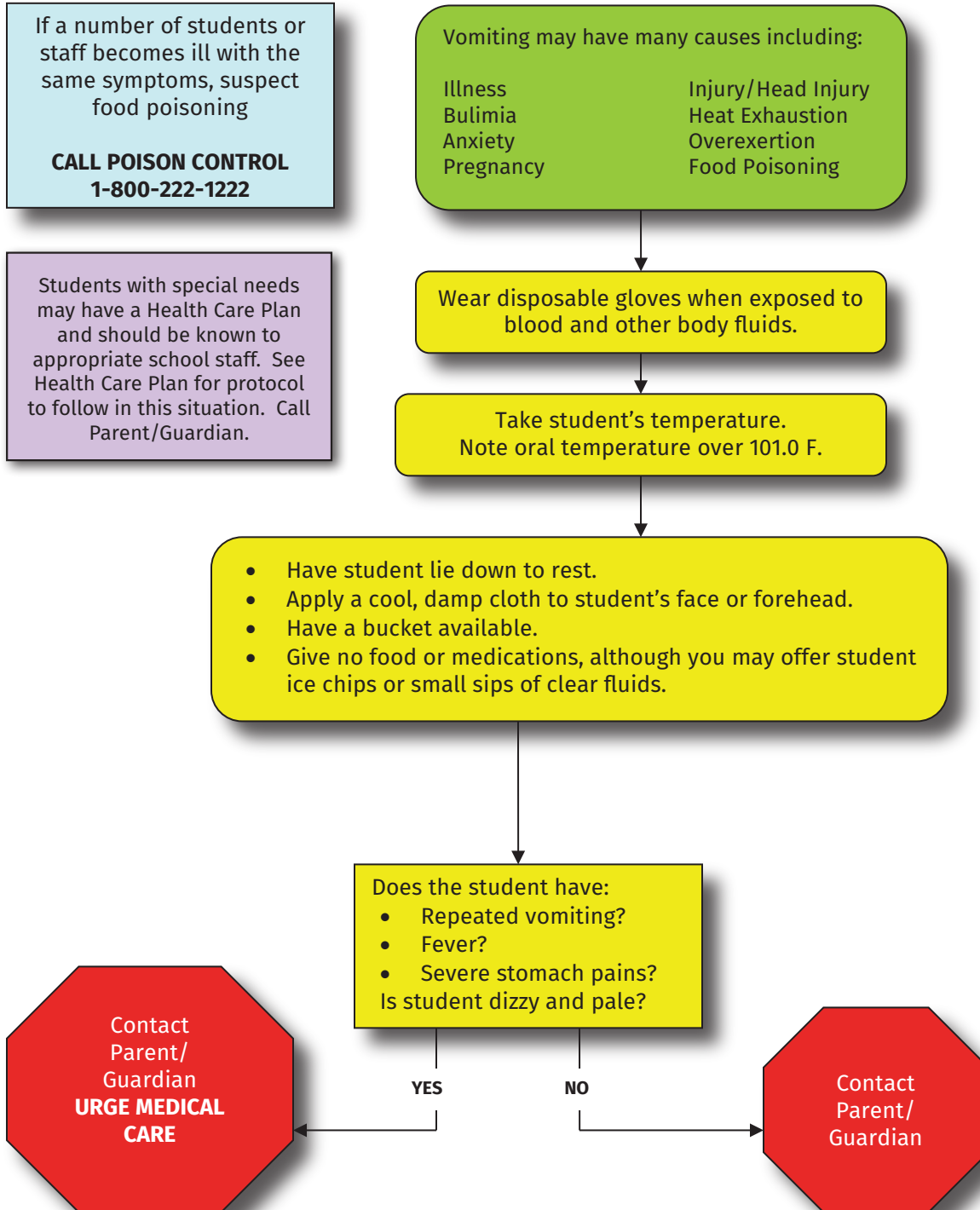
Save the tick in a plastic bag so medical staff can examine it to make sure head is intact and identify what kind of tick it is.

Contact Parent/
Guardian and advise medical follow up

UNCONSCIOUSNESS



VOMITING



VOMITING

- **One incident of vomiting may not indicate illness, contact parent and monitor.**
- **May return to class if improved.**



ARIZONA DEPARTMENT
OF HEALTH SERVICES