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
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.

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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.
# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY TO SHAPES &amp; COLORS</td>
<td>7</td>
</tr>
<tr>
<td>EMERGENCY PROCEDURE</td>
<td>9</td>
</tr>
<tr>
<td>PLANNING FOR STUDENTS WITH SPECIAL NEEDS</td>
<td>13</td>
</tr>
<tr>
<td>AED PROTOCOL FLOW CHART</td>
<td>15</td>
</tr>
<tr>
<td>AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROCEDURES</td>
<td>17</td>
</tr>
<tr>
<td>ALLERGIC REACTION</td>
<td>21</td>
</tr>
<tr>
<td>ANAPHYLAXIS</td>
<td>23</td>
</tr>
<tr>
<td>ASTHMA - WHEEZING - DIFFICULTY BREATHING</td>
<td>25</td>
</tr>
<tr>
<td>BEHAVIORAL EMERGENCIES</td>
<td>27</td>
</tr>
<tr>
<td>BITES (HUMAN AND ANIMAL)</td>
<td>29</td>
</tr>
<tr>
<td>BLEEDING</td>
<td>31</td>
</tr>
<tr>
<td>BLISTER (FROM FRICTION)</td>
<td>33</td>
</tr>
<tr>
<td>BRUISES</td>
<td>35</td>
</tr>
<tr>
<td>BURNS</td>
<td>37</td>
</tr>
<tr>
<td>CUTS (SMALL), SCRATCHES &amp; SCRAPES (INCLUDING ROPE &amp; FLOOR BURNS)</td>
<td>39</td>
</tr>
<tr>
<td>DIABETES</td>
<td>41</td>
</tr>
<tr>
<td>DIARRHEA</td>
<td>43</td>
</tr>
<tr>
<td>EARS</td>
<td>45</td>
</tr>
<tr>
<td>EYES</td>
<td>47</td>
</tr>
<tr>
<td>FAINTING</td>
<td>49</td>
</tr>
<tr>
<td>FEVER</td>
<td>51</td>
</tr>
<tr>
<td>HEAD INJURIES</td>
<td>53</td>
</tr>
<tr>
<td>HEADACHE</td>
<td>55</td>
</tr>
</tbody>
</table>
**KEY TO SHAPES & COLORS**

- **Green Shapes = Start**
- **Yellow Shapes = Continue**
- **Red Shapes = Stop / Call 911 / Call Parent or Guardian**
- **Blue Shapes = Background Information**
- **Lavender Shapes = Special Needs Information**

- **Start here**

- **Provides first-aid instructions.**

- **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.
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 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 electoral 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.
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: ____________________________


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**

**Cardiac Arrest Alert**
Unresponsive, no pulse or signs of life

↓

Direct someone to **call 911** and wait to lead paramedics to the patient

↓

- Direct someone to get AED
- Activate school AED team

↓

**Continuous Chest Compression (CCC) with forceful compressions**

↓

Attach AED to bare chest immediately upon its arrival
- Turn on
- Apply pads
- Follow verbal and visual prompts

↓

Allow defibrillator to analyze heart rhythm (automatic)

↓

**SHOCK ADVISED**
- Be sure area around patient is clear
- Defibrillate as advised by AED
- Check for signs of circulation

↓

Leave AED attached to the patient until instructed to remove it by EMS or higher medical authority

↓

**NO SHOCK ADVISED**
- Check for signs of circulation
- Support airway and breathing
- Continue CCC if indicated

↓

Complete documentation and forward incident report to AED site coordinator and Medical Director within 5 days, order new pads, review manual
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 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: __________________________
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.
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
- AED
- Users guide
- Gloves
- Mouth barrier device
- Razor
- Scissors
- 4 X 4 gauze

Equipment Checks- Performed Weekly During School Operation
- Status indicator
- Battery
- Supplies
- Signs of damage

Resources
Students with life-threatening allergies are children with special needs and should be known to appropriate school staff. They should have a Health Care Plan in case of emergency. See Health Care Plan for protocol to follow in this situation. Call Parent/Guardian.

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

Does the student have any symptoms of a severe allergic reaction?

Symptoms may include:

- Flushed face or pallor
- Dizziness
- Seizures
- Confusion, Weakness
- Hives
- Difficulty breathing, drooling, or difficulty swallowing
- Loss of consciousness

Check student’s airway
Monitor the student’s breathing
If student stops breathing, start CPR

Does student have an emergency care plan available?

Refer to student’s plan. Administer doctor and parent/guardian approved medication as indicated.

CALL EMS 911
Contact Parent/Guardian and Principal

Symptoms of a mild allergic reaction include:

- Red, watery eyes
- Itchy, sneezing, runny nose
- Hives or rash on one area

Adults supervising student during normal activities should be aware of the student’s exposure and should watch for any delayed symptoms of a severe allergic reaction (see above) for up to 2 hours

If student is so uncomfortable that he/she is unable to participate in school activities, contact parent/guardian to take home.
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 incidence of anaphylaxis

Refer to student’s Emergency Care Plan

CALL EMS 911

Was Epi Pen Given?

YES

NO

Contact Parent/Guardian and Principal

- 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.
A student with asthma/wheezeing may have breathing difficulties which may include:

- Uncontrollable coughing
- Wheezeing/Rapid breathing
- Flaring (widening) of nostrils
- Feeling of tightness in the chest
- Not able to speak in full sentences
- Increased use of stomach and chest muscles during breathing

Students with a history of breathing difficulties including asthma/wheezeing should be known to appropriate school staff. A care plan which includes an emergency action plan may be developed. Staff must try to remain calm despite the student's anxiety. Staff in a position to administer approved medications should receive instruction.

- Did breathing difficulty develop rapidly?
- Are the lips, tongue or nail beds turning blue?

Refer to student’s Emergency Care Plan

Does student have doctor and parent/guardian approved medication?

- YES
  - Administer medication as directed. Student may return to class if symptoms improve.
  - NO
  - Remain calm. Encourage student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

Are symptoms not improving or getting worse?

- YES
  - Call EMS 911
- NO
  - Refer to student’s Emergency Care Plan

- CALL EMS 911
- YES
- NO

- 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 or psychological emergencies may take many forms (e.g. depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide, etc. Intervene only if the situation is safe for you.

Refer to your school’s policy for addressing behavioral emergencies. Refer to site administrator.

Does student have visible injuries?

YES → See appropriate guidelines to provide first aid.

CALL EMS 911 if any injuries require immediate care.

NO →

• Does student’s behavior present an immediate risk of physical harm to persons or property?
• Is student armed with a weapon?

YES → CALL THE POLICE

NO →

The cause of unusual behavior may be psychological, emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.) The student should be seen by a health care provider to determine the cause.

Suicidal and violent behavior should be taken seriously. If the student has threatened to harm him/herself or others, contact the responsible school authority immediately.

Contact Parent/Guardian

BEHAVIORAL CARE PLAN IN PLACE—If there is a Behavioral Care Plan, can you follow it to handle the situation?

YES → Follow the Behavioral Care Plan. Contact Parent/Guardian.

NO → Call 911

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)

Wear disposable gloves when exposed to blood or other body fluids.

Wash the bite area with soap and water.

Press firmly with a clean dressing. See “Bleeding”

Is the bite from an animal or human?

Check student’s immunization record for tetanus.

If skin is broken, contact Parent/Guardian.

URGE IMMEDIATE MEDICAL CARE

Is student bleeding?

Hold under running water for 2-3 minutes

Parent/Guardian of the student who was bitten and the student who was biting should be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.

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

CALL EMS 911

Is bite large or gaping
Is bleeding uncontrollable

Contact Parent/Guardian

Report bite to proper authorities

Parent/Guardian of the student who was bitten and the student who was biting should be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.

Bites from the following animals can carry rabies and may need medical attention:
- Dog
- Bat
- Opossum
- Skunk
- Raccoon
- Fox
- Coyote
- Cat

If bite is from a snake, hold the bitten area still and below the level of the heart. CALL POISON CONTROL 1-800-222-1222 Follow their directions

- Is bite large or gaping
- Is bleeding uncontrollable

Contact Parent/Guardian

Report bite to proper authorities
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.

Wear disposable gloves when exposed to blood or other body fluids.

Is injured part amputated (severed)?

- NO
- Press firmly with a 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.

- YES
- Place detached part in a plastic bag.
- Tie bag.
- Put bag in a container of ice water.
- Do NOT put amputated part directly on ice.
- Send bag to the hospital with student.

Is there continued uncontrolled bleeding?

- NO

If wound is gaping student may need stitches. Contact Parent/Guardian and URGE MEDICAL CARE

- YES

CALL EMS 911

- Have student lie down
- Elevate student’s feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
- Try to maintain normal body temperature.
- Cover student with a blanket or sheet.

CALL EMS 911

Contact Parent/Guardian

• For minor cuts: clean, apply dressing and notify Parent/Guardian.
• Minor blisters do NOT need to be treated in the Health Office.
• 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.

![Flowchart](image_url)

- If a student comes to school with pattern burns (e.g., iron or cigarette shape) consider the possibility of child abuse. Arizona Child Abuse Hotline at: 1-888-SOS-CHILD

- Always make sure the situation is safe before helping the student.

- **What type of burn is it?**
  - ELECTRICAL
    - Is student unconscious or unresponsive?
      - NO: Flush the burn with large amounts of cool running water or cover with a clean, cool wet cloth. **DO NOT use ice.**
      - YES: CALL EMS 911
  - CHEMICAL
    - Is burn large or deep?
      - NO: Is burn over a joint or hand?
        - NO: Is burn on face or eye?
          - NO: Is student having difficulty breathing?
            - NO: Is student unconscious?
              - NO: Are there other injuries?
                - NO: Cover/wrap burned part loosely with a clean dressing.
                - YES: CALL POISON CONTROL 1-800-222-1222 While flushing burn and follow instructions.
              - YES: CALL EMS 911
            - YES: CALL POISON CONTROL 1-800-222-1222 While flushing burn and follow instructions.
          - YES: CALL EMS 911
        - YES: CALL EMS 911
      - YES: Wear gloves and if possible, goggles.
    - Remove student’s clothing and jewelry if exposed to chemical.
    - Rinse chemicals off skin and eyes **IMMEDIATELY** with large amounts of water.
    - Rinse for 20-30 minutes.
  - HEAT
    - Is burn on face or eye?
      - YES: CALL EMS 911
    - Is student having difficulty breathing?
      - YES: CALL EMS 911
    - Is student unconscious?
      - YES: CALL EMS 911
    - Are there other injuries?
      - YES: CALL EMS 911
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.

Wear disposable gloves when exposed to blood or other body fluids.

Is the wound:
- Large?
- Deep?
- Bleeding freely?

NO

- Wash the wound gently with water. Use soap if necessary to remove dirt.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering or non-sticking type for scrapes) and bandage.

YES

See “Bleeding”

Contact Parent/Guardian if necessary
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

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**

Is the student:
- Unconscious or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

Give the student about 15 grams of fast-acting carbs such as:
- 4 oz. of juice
- 4 oz. of regular soda (not diet)
- 4 glucose tablets
- 3 packets of sugar
- ½ tube of glucose gel

Continue to observe student. The student should begin to improve within 15 minutes. Allow student to re-check blood sugar

CALL EMS 911
If student is unconscious, see “Unconsciousness” section

Contact Parent/Guardian

Is the student:
- Unconscious or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

Does student have a blood glucose monitor available?

Allow student to check blood sugar

Is blood sugar less than 70 or “LOW” according to Diabetes Medical Management Plan (DMMP)?

OR

Is blood sugar “HIGH” according to Emergency Care Plan?

YES

HIGH

YES

NO

NO

LOW

YES

Contact Parent/Guardian

NO

HIGH

Contact Parent/Guardian

Contact Parent/Guardian
Wear disposable gloves when exposed to blood or other body fluids.

A student may come to the health office because of repeated diarrhea or after an “accident” in the bathroom.

Does the student have any of the following signs of probable illness:
- More than 2 loose stools a day?
- Oral temperature over 101.0 F?
- Blood present in the stool?
- Severe stomach pain?
- Student is dizzy and pale?

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

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

Contact Parent/Guardian
URGE MEDICAL CARE.

- 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.
**DRAINAGE FROM EAR**

Do NOT try to clean out ear

**EARACHE**

Take temperature. Is temp over 101.0 F?

- NO
- YES

- A warm compress may help
- For mild ear discomfort, student may return to class- inform parent.

**OBJECT IN EAR CANAL**

Ask student if he/she knows what is in the ear

Do you suspect a live insect is in the ear?

- NO
- YES OR NOT SURE

- Do NOT attempt to remove

Gently tilt head toward the affected side

Did object come out on its own?

- NO

Contact Parent/Guardian

Contact Parent/Guardian and URGE MEDICAL CARE

If there is no pain the student may return to class. Notify Parent/Guardian

Do NOT attempt to remove

Take temperature. Is temp over 101.0 F?

YES
**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.

**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
- Contact Parent/Guardian
- If eye has been burned by a chemical
  - CALL EMS 911

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

- 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

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

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

Contact Parent/Guardian

URGE MEDICAL CARE

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
The body’s average temperature can vary greatly during the day. Mild elevations between 100.4°F and 101.2°F can be caused by exercise, excess clothing, and hot weather. Oral temperatures can be elevated by hot food or drink. A fever may be a response to an infection.

Take student’s temperature. Note temperature over 101.0°F is a fever.

Have the student lie down.

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, and hot weather, or warm food, give fluids and take the temperature again in 10 minutes, after removing the cause.

Give no medication unless previously authorized.

Contact Parent/Guardian.

Students with special needs such as having an immunodeficient conditions present differently related to fevers. These students 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.
HEAD INJURIES

If a student is nonverbal and/or has neurological conditions, a head injury can be more serious. 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.

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious.

If student only bumped head and does not have any other complaints or symptoms, see "Bruises".

With a head injury (other than head bump), always suspect neck injury as well.

Do NOT move or twist the back or neck.

See "Neck and Back Pain" for more information.

Have student rest, lying flat.

Keep student quiet and warm.

Is student vomiting?

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

Are any of the following symptoms present:

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

Even if student was only briefly confused and seems fully recovered, contact Parent/Guardian.

URGE MEDICAL CARE

Watch for delayed symptoms. Student may return to class if no complaints and exam is negative.

Give nothing by mouth. Contact Parent/Guardian.

CALL EMS 911

• Check student’s airway
• Look, listen and feel for breathing
• If student stops breathing, start CPR.

• 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 may have many causes including:
- Hunger
- Dehydration
- Illness
- Heat
- Stress

Has a head injury occurred?

- Is headache pain greater than 7 out of 10 on the pain scale?
- Are other symptoms present such as:
  - Vomiting
  - Oral temperature of 101.0 F
  - Blurred vision?
  - Dizziness?
  - Stiff neck

See “Head Injuries”

Contact Parent/Guardian
URGE MEDICAL CARE

Have student lie down for a short time.

Apply a cold cloth or compress to the student’s head.

If headache persists, contact Parent/Guardian

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

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

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

Is student unconscious or losing consciousness?

- Quickly remove student from heat to a cooler place.
- Put student on his/her side to protect airway.
- Look, listen and feel for breath.
- **If student stops breathing, start CPR.**

Give clear fluids such as water, frequently in small amounts if student is fully awake and alert.

Cool rapidly by completely wetting clothing with room temperature water. **Do NOT use ice water.**

Call EMS 911
Contact Parent/Guardian

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.
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)

**Hypothermia**
- Remove person from the cold
- Protect from further heat loss
- Remove wet clothing and cover with blanket
- DO NOT rub or massage cold extremity/part

**Frostbite**
- Does the person exhibit:
  - Loss of consciousness?
  - Slurred or disoriented speech?
  - White, grayish or blue skin?

**If any of these symptoms are present:**
- Keep warm and dry with blankets
- DO NOT rub affected area
- **CALL 911**

**Contact parent guardian and encourage medical care if necessary.**
MOUTH & JAW INJURIES

 Wear disposable gloves when exposed to blood or other body fluids.

 Do you suspect a head injury other than mouth or jaw?
   - YES  → See “Head Injuries”.
   - NO → Have teeth been injured?

 Have teeth been injured?
   - YES → See “Teeth”.
   - NO → Has jaw been injured?

 Has jaw been injured?
   - YES → Do NOT try to move jaw.
   - NO → If tongue, lips or cheeks are bleeding, apply direct pressure with gauze or clean cloth.

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

 Contact Parent/Guardian
 URGE IMMEDIATE MEDICAL CARE

 • Is cut large or deep?
 • Is there bleeding that cannot be stopped?

 Contact Parent/Guardian
 Urge Medical Care.

 Place a cold compress over the area to minimize

 • For any serious mouth or jaw injury, also consider possible Head Injury
Suspect a neck/back injury if pain results from:
- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports
- Violence
- Being struck by a car or fast moving object.

Has an injury occurred?

YES

Did student walk in or was student found lying down?

LYING DOWN

WALK IN

- Do Not move student unless there is IMMEDIATE danger of further physical harm.
- If student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
- Do NOT drag the student sideways.

- Keep student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

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

If student is so uncomfortable that he/she is unable to participate in normal activities, contact Parent/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.

CALL EMS
911
Contact Parent/Guardian
**NOSE**

**NOSEBLEED**

- Wear disposable 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 nostrils firmly together for about 15 minutes. Apply ice to nose.

**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.

See “Head Injuries” if you suspect a head injury.
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
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
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:

- **SEVERE STOMACH PAIN**
  
- **SEIZURE**
  This may be a serious complication of pregnancy.

- **AMNIOTIC FLUID LEAKAGE**
  This is **NOT** normal and may indicate the beginning of labor.

- **VAGINAL BLEEDING**

- **MORNING SICKNESS**
  Treat as vomiting. See “Vomiting.”

CALL EMS 911
Contact Parent/Guardian

Call EMS and Parent

Contact Parent/Guardian
PUNCTURE WOUNDS

Wear disposable gloves when exposed to blood and other body fluids.

Is object still stuck in wound?
- Do NOT try to probe or squeeze.
- Wash the wound gently with soap and water.
- Check to make sure that object left nothing in the wound (e.g. pencil lead).
- Cover with a clean bandage.
- See “Bleeding” if wound is deep or bleeding freely.

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?

YES
- CALL EMS 911

NO

Parent may request a copy of the student’s immunization record for last tetanus date.
Rashes may have many causes including heat, infection, illness, reaction to medications, insect bites, dry skin or skin irritations.

Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.

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

Other symptoms may indicate whether the student needs medical care.
Does student have:
- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

If any of the following symptoms are present, contact Parent/Guardian and **URGE MEDICAL CARE**:
- Oral temperature over 101.0
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to the touch
- Rash (hives) all over body
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities

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

See “Allergic Reaction” and “Communicable Disease” for more information.

CALL EMS 911
Contact Parent/Guardian

YES

NO
Seizures may be any of the following:
- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., making strange sounds etc.)

Refer to student’s emergency care plan.

If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- DO NOT restrain movements.
- Move surrounding objects to avoid injury.
- DO NOT place anything between the teeth or give anything by mouth.
- 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 all normal class activities.

A student with a history of seizures has special needs and 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.

Observe details of the seizure for parent/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?
- Is student having seizures following one another at short intervals?
- Is student without a known history of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

Contact Parent/Guardian

CALL EMS 911

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

**Signs of Shock:**
- Pale cool, moist skin
- Mottled, ashen, blue skin
- Altered consciousness or confused
- Nausea, dizziness or thirst
- Severe coughing, high pitched whistling sound
- Blueness in the face
- Fever greater than 101.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity
- Unresponsive
- Difficulty breathing or swallowing
- Rapid breathing
- Rapid weak pulse
- Restlessness/ irritability

If injury is suspected, see “Neck & Back Pain” and treat as a possible neck injury.
**DO NOT move student unless he/she is endangered.**

- Any serious injury or illness may lead to shock, which is a lack of blood and oxygen getting to the body tissues.
- Shock is a life-threatening condition.
- Stay calm and get immediate assistance.
- Check for medical bracelet or student’s emergency care plan if available.

**See the appropriate guideline to treat the most severe (life or limb threatening) symptom first.**
Is student:
- Not breathing?
- Unconscious?
- Bleeding profusely?

**YES**

**CALL EMS 911**

**NO**

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto side keeping back and neck in straight alignment if injury is suspected.

**Contact Parent/Guardian**

**URGE MEDICAL CARE if EMS not called**
Wear disposable gloves when exposed to blood or other body fluids.

Gently wash area with clean water and soap.

Is splinter or lead:
- Protruding above the surface of the skin?
- Small?
- Shallow?

- Leave in place.
- Do NOT probe under the skin.

- Remove with tweezers unless this causes student pain.
- Do NOT probe under the skin.

Were you successful in removing the entire splinter/pencil tip?

Contact Parent/Guardian
Encourage medical care.

NO

Wash again. Apply clean dressing.

YES

NO

Notify parent if appropriate.
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 rapid 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.

Refer to student’s emergency care plan.

If available, administer doctor and parent or guardian approved medications.

CALL EMS 911

- Check student’s airway.
- Look, listen, and feel for breathing.
- If student stops breathing start CPR.

- Remove stinger if present.
- Wash area with soap and water.
- Apply cold compress.

Contact Parent/Guardian

See “Allergic Reaction”

- 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 may have many causes including:
- Illness
- Hunger
- Overeating
- Diarrhea
- Food poisoning
- Injury
- Menstrual difficulties
- Psychological issues
- Stress
- Constipation
- Gas Pain
- Pregnancy

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?

Suspect neck injury
See “Neck and Back Pain”

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.

Does student feel better?

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

- 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.
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.

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.

THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.

DISPLACED PERMANENT TOOTH

Do NOT try to move tooth into correct position.

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.
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
If student stops breathing, and no one else is available to call EMS, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may have many causes including:
- Injuries
- Heat Exhaustion
- Blood loss/shock
- Illness
- Poisoning
- Fatigue
- Severe allergic reaction
- Stress
- Diabetic reaction
- Not eating

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

Did student regain consciousness immediately?

Is unconsciousness due to injury?
- **Do NOT move student.**
  - Open airway with head/tilt lift
  - Look, listen and feel for breathing.

CALL EMS 911

**YES**
- **Is student breathing?**
  - Begin CPR
  - CALL EMS 911

**NO**

**YES**
- Contact Parent/Guardian

**NO**
- Keep student in flat position of comfort.
- Elevate feet 8-10 inches unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto side keeping back and neck in straight alignment if injury is suspected.
- Examine student from head-to-toe and give first aid for conditions as needed.
If a number of students or staff becomes ill with the same symptoms, suspect food poisoning

**CALL POISON CONTROL**
1-800-222-1222

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.

Vomiting may have many causes including:
- Illness
- Bulimia
- Anxiety
- Pregnancy
- Injury/Head Injury
- Heat Exhaustion
- Overexertion
- Food Poisoning

Wear disposable gloves when exposed to blood and other body fluids.

Take student’s temperature. Note oral temperature over 101.0°F.

- Have student lie down to rest.
- Apply a cool, damp cloth to student’s face or forehead.
- Have a bucket available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids.

Does the student have:
- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is student dizzy and pale?

**Contact Parent/Guardian**

*URGE MEDICAL CARE*

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