

Guide for Emergency Care in Maryland Schools

The *Guide for Emergency Care in Maryland Schools* was developed by the guidelines committee of the Maryland State School Health Council. It reflects input from staff from the Maryland State Department of Education, Department of Health and Mental Hygiene, Emergency Medical Systems for Children, and many local health department and local school system school health services staff.

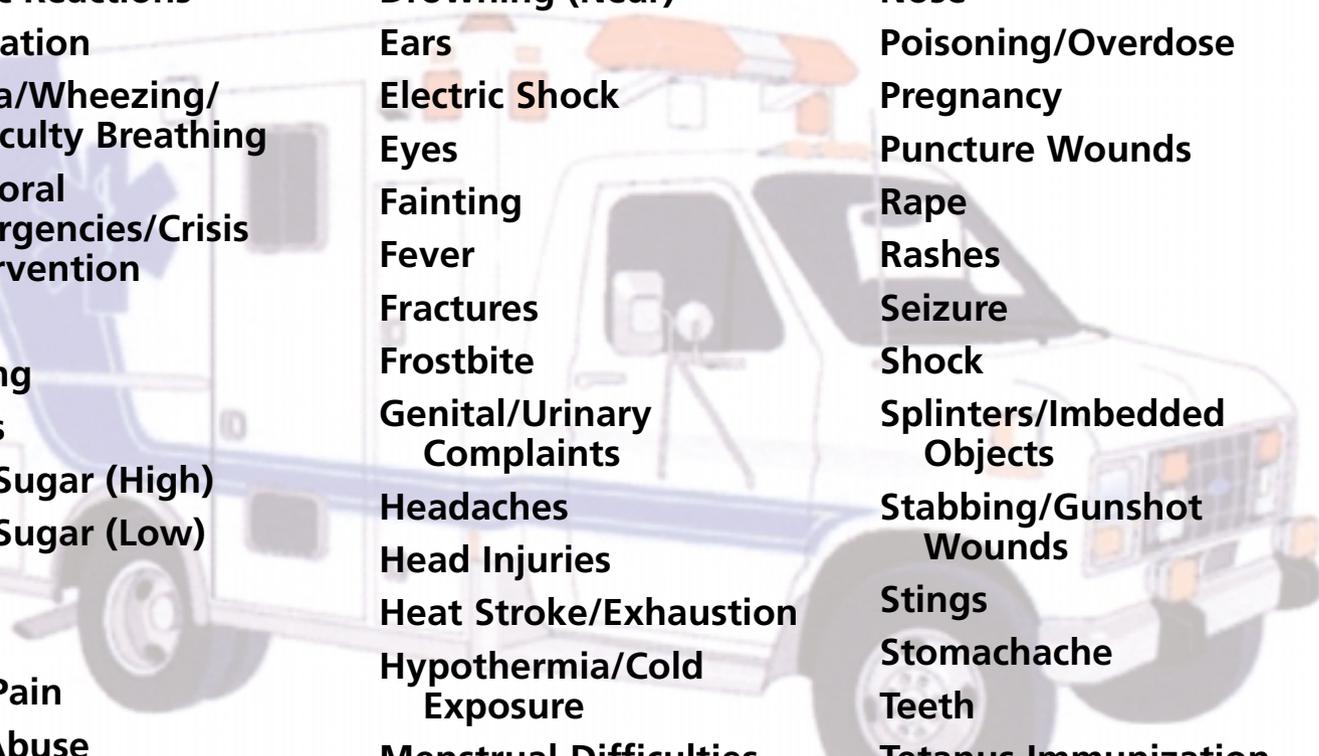
The purpose of the *Guide for Emergency Care in Maryland Schools* is to provide school staff with a resource for addressing a variety of health emergencies and health issues in the school setting when the school nurse is not available. It also serves to aid school nurses and health aids in addressing common conditions seen in the health room. The algorithms contained in the guide reflect current medical and nursing practice and are to be used in conjunction with clinical judgment or available health care provider orders. Use of these algorithms does not exclude other acceptable methods of clinical practice based on provider experience and individual circumstances.

Instructions for Downloading:

The guide is being made available for download for your convenience. The original printed version of the guide was formatted with tabbed pages and in color to maximize ease of use and clinical effectiveness. Due to the nature of the content of the guide and the original formatting, it is recommended that it be printed in color in order to assure that the copy accurately reflects the content and process of each algorithm.

GUIDE FOR EMERGENCY CARE IN MARYLAND SCHOOLS

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



Allergic Reactions	Drowning (Near)	Nose
Amputation	Ears	Poisoning/Overdose
Asthma/Wheezing/ Difficulty Breathing	Electric Shock	Pregnancy
Behavioral Emergencies/Crisis Intervention	Eyes	Puncture Wounds
Bites	Fainting	Rape
Bleeding	Fever	Rashes
Blisters	Fractures	Seizure
Blood Sugar (High)	Frostbite	Shock
Blood Sugar (Low)	Genital/Urinary Complaints	Splinters/Imbedded Objects
Boils	Headaches	Stabbing/Gunshot Wounds
Burns	Head Injuries	Stings
Chest Pain	Heat Stroke/Exhaustion	Stomachache
Child Abuse	Hypothermia/Cold Exposure	Teeth
Choking	Menstrual Difficulties	Tetanus Immunization
CPR	Mental Health Emergencies	Unconsciousness
Cuts	Mouth/Jaw Injuries	Vomiting
Diarrhea	Neck/Back Pain	



Robert L. Ehrlich, Jr., Governor
Michael S. Steele, Lieutenant Governor
S. Anthony McCann, Secretary

Acknowledgements

The emergency guidelines in this manual were originally produced for the Emergency Medical Services for Children Program by the Ohio Department of Public Safety, in cooperation with the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics. The Maryland State Department of Education, Maryland Department of Health and Mental Hygiene, Maryland State School Health Services Guidelines Committee, and Maryland Emergency Medical Services for Children, have revised the manual to make it specific for Maryland.

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S. Anthony McCann
Secretary



Robert R. Bass, MD
Executive Director



Nancy S. Grasmick
*State Superintendent
of Schools*

About the Guidelines

The Guide for Emergency Care in Maryland Schools was developed in accordance with Code of Maryland Regulations (COMAR) 13A.05.05.09 to provide recommended procedures for school staff to use when the school nurse is not available. In addition, COMAR 13A.05.05.09 mandates training in first aid and CPR for designated school personnel.

These guidelines have been created as a suggested minimum standard of care to be used in conjunction with local policies and regulations as well as state and federal guidelines. Please consult your school nurse if you have questions concerning the recommendations contained in these guidelines.

It is important to take time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency situation.

It is also important to take time to familiarize yourself with the procedures necessary to notify the responsible school authority and how to contact Emergency Medical Services.

Child abuse and neglect situations must be handled according to school policy and state law.

School staff who follow these guidelines are doing so in an effort to assist others. If something should go wrong during the course of assistance, Maryland law contains protections which may provide immunity for school staff from personal civil liability in certain circumstances. For example, most school nurses and other school system employees would be protected by § 4-106 of the Education Article, Annotated Code of Maryland, and § 5-518 of the Courts Article, Annotated Code of Maryland, which provide that school system employees cannot be held personally liable for acts of negligence if the employee was acting within the scope of employment and was acting without malice and gross negligence. School health staff who are employed by a local health department and are working for the school system through an MOU, would be covered by the Local Government Tort Claims Act, §§ 5-301 *et seq.* of the Courts Article which provides that the local government is liable for any judgment against its employee for damages resulting from tortious acts or omissions committed by the employee within the scope of employment with the local government.

How to Use the Emergency Guide

The back outside cover of the manual contains a place to record important information and key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet; you will need to have this information available quickly in an emergency situation.

The guidelines are tabbed in alphabetical order for quick access.

A colored flow chart format is used to guide you through all steps and symptoms from start to stop. "See the Key to Shapes and Colors page."

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

In addition, guidelines have been provided for when to call Emergency Medical Services and for infection control procedures.

The Guide has been three-hole punched for your convenience. You may place it in a binder and add specific information for your school.

If you have questions, please contact your school health supervisor.

www.fha.state.md.us/mch

Recommended Emergency Equipment and Supplies

Equipment and Supplies may include, but are not limited to, the following:

1. *Guide for Emergency Care in Maryland Schools* manual
2. Wheelchair
3. Cot and mattress with waterproof cover
4. Blankets, sheets, pillows and pillow cases (disposable covers are suitable)
5. Wash cloths, hand towels, small portable basin
6. Covered waste receptacle with disposable liners
7. Bandages, scissors, and tweezers
8. Thermometer (may use disposable thermometer or disposable thermometer covers)
9. Expendable supplies:
 - a. Bandage tape
 - b. Cotton balls
 - c. Disposable facial tissues
 - d. Disposable gloves (non-latex)
 - e. Eyewash capability
 - f. Flashlight
 - g. Gauze bandage (1 inch and 2 inch widths)
 - h. Ice bags
 - i. Paper towels
 - j. Pocket mask/face shield for CPR
 - k. Safety pins
 - l. Sanitary, trauma or OB pads
 - m. Soap (plain)
 - n. Sterile adhesive compresses (1 inch x 3 inches), individually packaged
 - o. Sterile cotton tipped applicators, individually packaged
 - p. Sterile gauze squares (2 inches x 2 inches; 3 inches x 3 inches), individually packaged
 - q. Tongue blades
 - r. Triangular bandages for slings

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 with running water and soap for at least 15 seconds:
 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 contact with a cleaning agent
 4. After using the restroom
 5. After providing any first aid
- Be sure to scrub between fingers, under fingernails, and around the tops and palms of hands
- Dry hands with disposable paper towels. Before discarding, these paper towels should be used to turn off faucet to prevent recontamination of hands
- Wear disposable gloves when in contact with blood or other body fluids
- Do not reuse disposable gloves
- 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) using disposable cleaning cloths or paper towels
- Double-bag the trash in plastic bags. Clean the area with a hospital grade approved tuberculocidal disinfectant or a bleach solution (one part liquid bleach to 10 parts water) that is mixed fresh every 24 hours
- Send all soiled clothing (i.e., clothing with blood, stool, or vomit) home with the student in double plastic bags
- Do not eat, or touch your mouth or eyes, while giving first aid

GUIDELINES FOR STUDENTS

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

Emergency Procedures for Injury or Illness

Remain calm and assess the situation.

1. 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. Send word to the responsible school authority that is designated to handle emergencies. This person will take charge of the emergency.
3. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
4. Do **NOT** give medications unless there has been prior approval by the student's parent/guardian and doctor according to local school board policy or the student's health care plan.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary to prevent further injury, follow the **NECK AND BACK PAIN** guideline.
6. Call Emergency Medical Services (EMS) (i.e., 911) and arrange for transportation of the ill or injured student, if necessary.
7. The responsible school authority or a designated employee should notify the parent/guardian of the emergency as soon as possible.
8. If the parent/guardian cannot be reached, notify the emergency contact person designated on the Emergency Information Card. Notify either the physician or the hospital designated on the Emergency Information Card to expect the injured student.
9. A responsible individual should stay with the injured student, if transported to hospital.
10. Fill out a report for all injuries requiring above procedures as indicated by school policy.

When to Call Emergency Medical Services (EMS)

Call EMS if:

- The person is unconscious, semi-conscious or unusually confused
- The person's airway is blocked
- The person is not breathing
- The person is having difficulty breathing, shortness of breath or is choking
- The person has no pulse or signs of circulation
- The person has bleeding that won't stop
- The person is coughing up or vomiting blood
- The person has been exposed to a poison
- The person has a seizure for the first time, or the seizure lasts more than 5 minutes
- The person has an injury to the neck or back
- The person has a possible broken bone
- The person has sudden, severe pain anywhere in the body
- Moving the person could cause further injury
- The person has a severe eye injury, amputation or other severe injury that may leave the person permanently disabled unless he/she receives immediate care



If any of the above conditions exist, or if you are not sure, it is best to call EMS.

Call EMS if there are situations such as heavy traffic, flooding, etc. that could cause a delay in getting the person to the hospital.

When EMS is called, have a copy of Emergency Information Card and health forms for transport.

KEY TO SHAPES AND COLORS



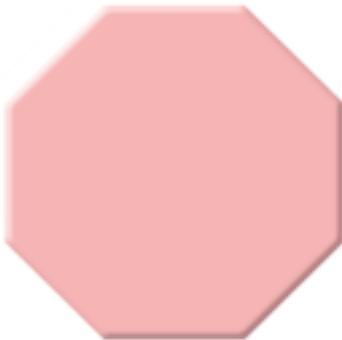
Start here. Provides specific background information or guidance.



Provides emergency instructions.



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



Stop here. This is the final instruction.



A note to provide general background information.

ALLERGIC REACTION/ANAPHYLAXIS

Persons with life-threatening allergies may develop anaphylaxis and must be known to ALL school staff. An emergency protocol/action plan should be developed for these students in collaboration with the child's health care provider. Some school systems may have emergency protocols for students with anaphylaxis who do not have emergency plans or medications. Be sure to be familiar with any such protocol.

People may experience a delayed allergic reaction up to two hours following food ingestion, bee sting, etc., or they may experience very rapid onset of severe life threatening symptoms.

Does the person have any symptoms of a **severe allergic reaction or anaphylaxis** that are listed below?

- Hives all over body
- Flushing
- Paleness
- Blueness around mouth, eyes
- Seizures
- Difficulty breathing
- Confusion
- Drooling or difficulty swallowing
- Weakness
- Dizziness
- Facial or lip swelling

YES

Rapidly check airway, breathing and circulation and begin CPR as necessary. See "CPR."

Does the person have an emergency protocol/action plan available?

NO

For mild allergic symptoms (Red, watery eyes, itching, sneezing, runny nose, or hives on one part of the body), administer parent/guardian and authorized prescriber approved medication as indicated. Follow local school system's policy.

NO

Follow local emergency protocol or policy for persons with anaphylaxis. Observe and administer CPR if necessary.

YES

Administer parent/guardian and authorized prescriber approved medication as indicated. Follow local school system's policy.

CALL EMS.
Notify responsible school authority and parent/guardian.



ALLERGIC REACTION / ANAPHYLAXIS

AMPUTATION

Always use universal precautions.

Stump – The end of a limb left after amputation.

Amputation – The removal of a limb or other appendage.

CALL EMS.



Stop bleeding by applying direct pressure to stump. See "Bleeding."
Elevate the injured extremity/stump.

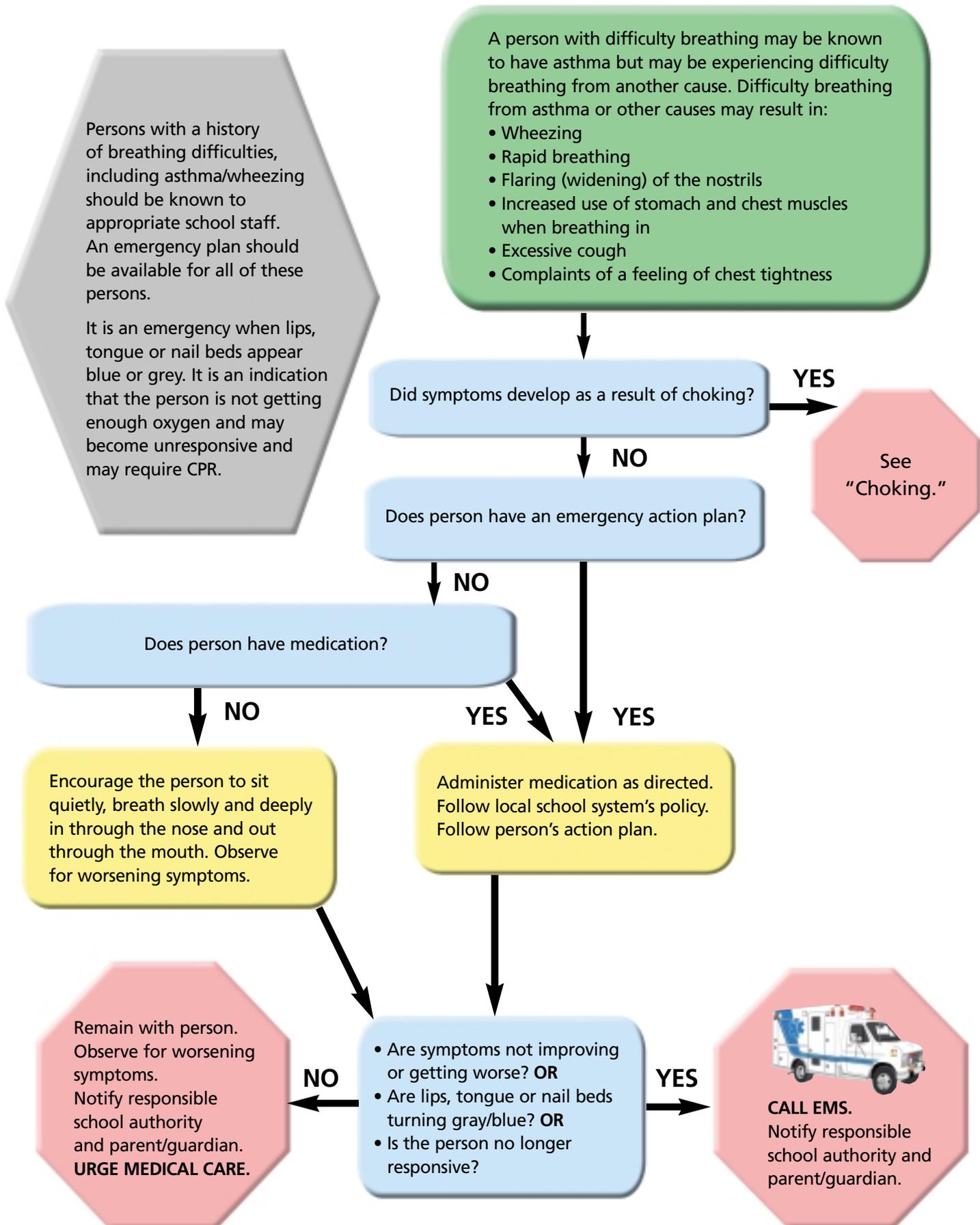
Support the affected extremity for comfort.
Treat person for shock. See "Shock."

CARE OF AMPUTATED PART:

- Locate part if possible
- Do not attempt to clean
- Wrap in dry sterile dressing
- Place in a clean plastic bag
- Place plastic bag on a cool surface
- Do not place directly on ice
- Transport amputated part with person or as soon as it is located.

Notify responsible school authority and parent/guardian.

ASTHMA/WHEEZING/DIFFICULTY BREATHING



BEHAVIORAL EMERGENCIES/CRISIS INTERVENTION

Appropriate staff should be made aware of persons with a history of behavioral problems, emotional problems, or other special needs. The person should be seen by a health care provider to determine the cause. The cause of unusual behavior may be psychological/emotional or physical (e.g., fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). If the person has threatened to harm him/herself or others, contact the responsible school authority immediately. Suicidal and violent behavior should be taken seriously. Refer to school policy for handling violent incidents and behavioral emergencies.

Behavioral or psychological emergencies may be the results of many conditions (e.g., depression, anxiety/panic, phobias, destructive or violent behavior, etc.).
Intervene only if the situation is safe for you.

Does person have visible injuries?

YES

See appropriate guideline to provide emergency care.
CALL EMS if any injuries require immediate care.



NO

- Does person's behavior present an immediate risk of physical harm to self, others or property? **OR**
- Is person armed with a weapon?

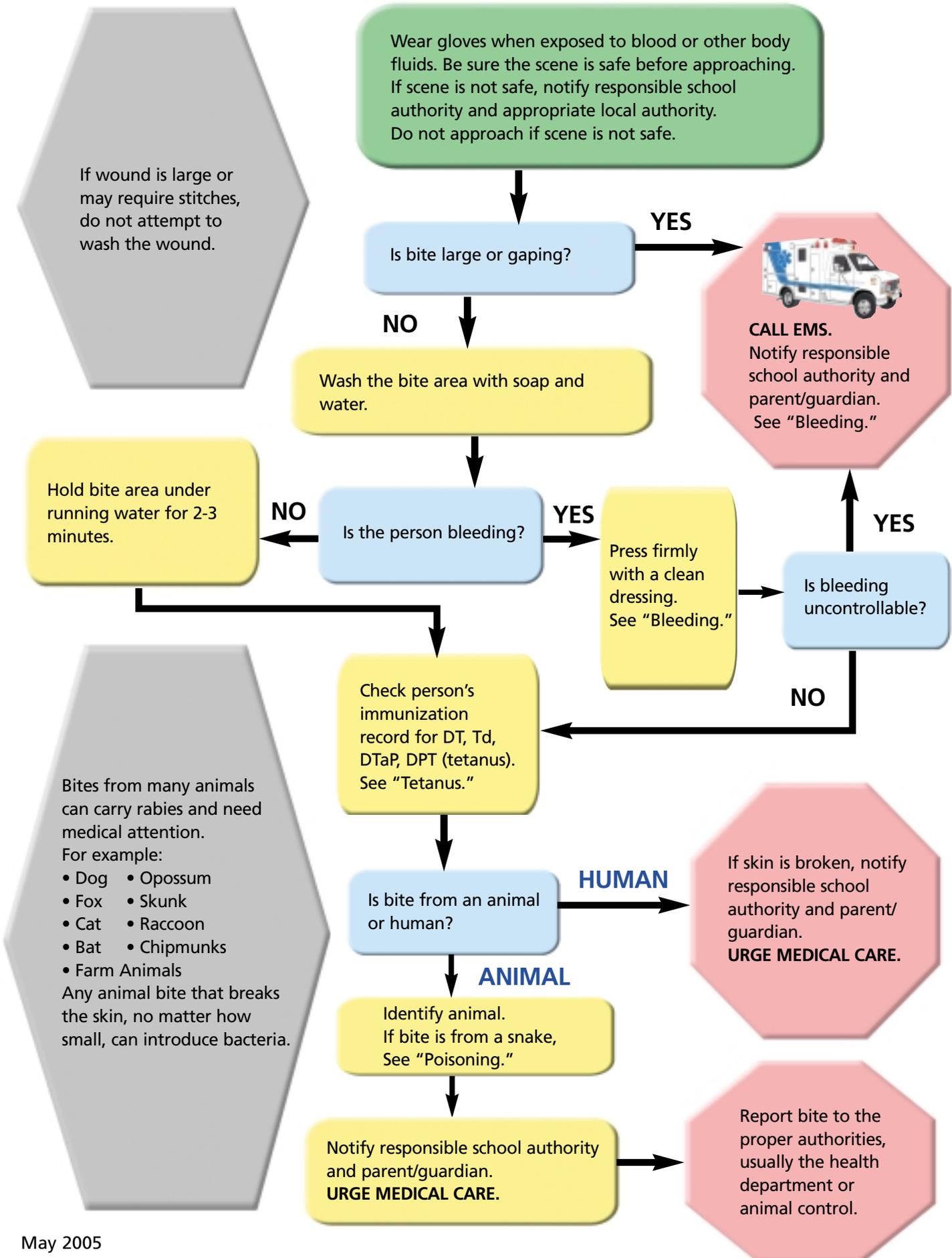
YES

CALL THE POLICE.

NO

Follow school's emergency crisis plan. Notify responsible school authority and parent/guardian.

BITES (ANIMAL AND HUMAN)



BLEEDING

BLEEDING

Wear gloves when exposed to blood or other body fluids.

If the wound needs stitches, the student should be evaluated within 4-6 hours in order to assure satisfactory healing and minimal scarring after the stitches are placed.

- Press firmly with a sterile or clean bandage for 5-10 minutes to stop bleeding.
- Elevate bleeding body part (gently) above the level of the heart.
- If fracture is suspected, gently support part and elevate. See "Fracture."
- **Bandage wound firmly without interfering with circulation to the body part.**
- **DO NOT USE A TOURNIQUET.**

Is bleeding uncontrollable?

NO

If wound is gaping, person may need stitches. Notify responsible school authority and parent/guardian. **URGE MEDICAL CARE.**

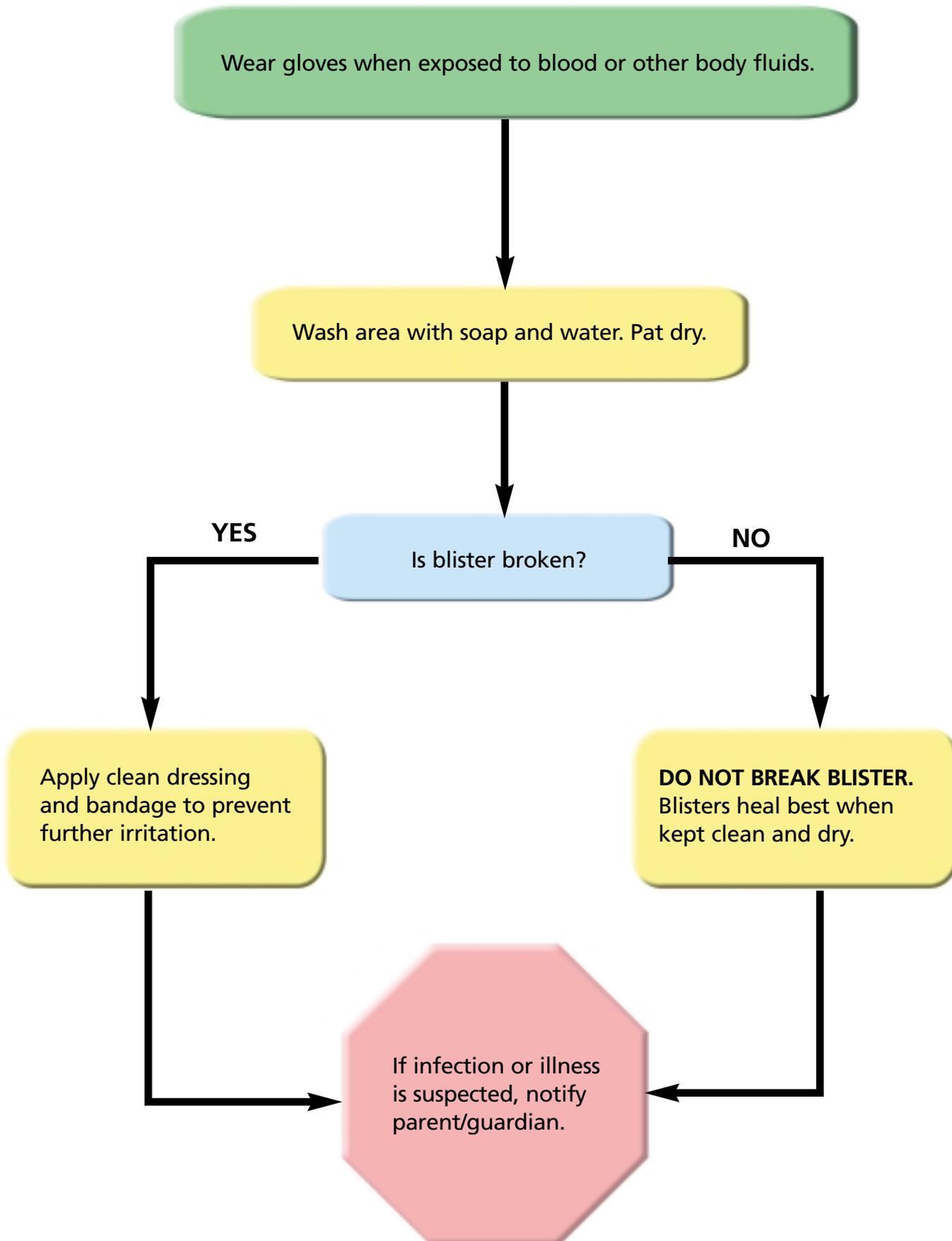
YES

CALL EMS.
See "Shock." Notify responsible school authority and parent/guardian.



Check person's immunization record for DT, Td, DTaP, DPT, (tetanus).

BLISTERS



BLOOD SUGAR HIGH/DIABETES

Hyperglycemia is when a person has a high blood sugar. Causes of high blood sugar include:

- Too much food
- Too little insulin
- Decreased activity
- Illness, infection
- Stress

Onset: Several hours or days.

A person with diabetes may experience symptoms of hyperglycemia as below. The symptoms can progressively become worse.

MILD SYMPTOMS:	MODERATE SYMPTOMS:	SEVERE SYMPTOMS:
Thirst	Mild symptoms plus:	Mild and Moderate plus:
Frequent urination	Dry mouth	Weakness
Fatigue/sleepiness	Nausea	Labored, rapid breathing
Increased hunger	Vomiting	Unconsciousness/coma
Blurred vision	Stomach cramps	
Lack of concentration		
Sweet/fruity breath		
Facial flushing		

Is the person:

- Vomiting? **OR**
- Confused? **OR**
- Having labored breathing? **OR**
- Unconscious?

NO

YES

Are symptoms mild, moderate or progressing?

Follow action plan, if available. If possible, check blood sugar according to the plan. Give water or sugar-free liquids. Allow liberal bathroom privileges. Continue to observe symptoms.

MILD

MODERATE OR PROGRESSING

Resume activities; monitor symptoms and respond according to plan. Notify responsible school authority and parent/guardian.

Notify responsible school authority and parent/guardian.
URGE MEDICAL CARE.

CALL EMS.

- Notify responsible school authority and parent/guardian.
- Assess airway, breathing, and signs of circulation.
- Follow action plan.
- See "CPR" if needed.



BLOOD SUGAR HIGH/DIABETES

BLOOD SUGAR LOW/DIABETES

Hypoglycemia is when a person has low blood sugar. Causes of low blood sugar include:

- Too much insulin
 - Missed food
 - Delayed food
 - Too much exercise
 - Unscheduled exercise
- Onset: May be sudden.

A person with diabetes may experience symptoms of hypoglycemia as stated below. If untreated, the symptoms will progress.

MILD

- Hungry
- Irritable
- Shaky
- Weak
- Sweaty
- Headache
- Crying
- Drowsy
- Anxious
- Dizzy
- Pale skin
- Unable to concentrate
- Numbness of lips and tongue

MODERATE

- Sleepy
- Erratic behavior
- Poor coordination
- Confused
- Slurred speech

SEVERE

- Unable to swallow
- Combative
- Unconscious
- Seizure

Is the person:

- Unable to swallow? **OR**
- Combative? **OR**
- Unconscious? **OR**
- Having a seizure?

BLOOD SUGAR
LOW /
DIABETES

NO

Follow action plan if available. If possible, check blood sugar action plan. **ALWAYS TREAT IF IN DOUBT. NEVER LEAVE PERSON ALONE.**

YES

MILD/MODERATE

Provide sugar source: 4 oz. regular soda, or 3 tsp. sugar in water, or 1/2 c. juice, or glucose gel provided. **After 15 minutes – check blood sugar. If symptoms persist or blood glucose less than 70, give glucose source again. Follow with a snack of carbohydrate and protein, e.g., crackers and cheese. Monitor symptoms.**

Notify responsible school authority and parent/guardian. **URGE MEDICAL CARE.**

YES

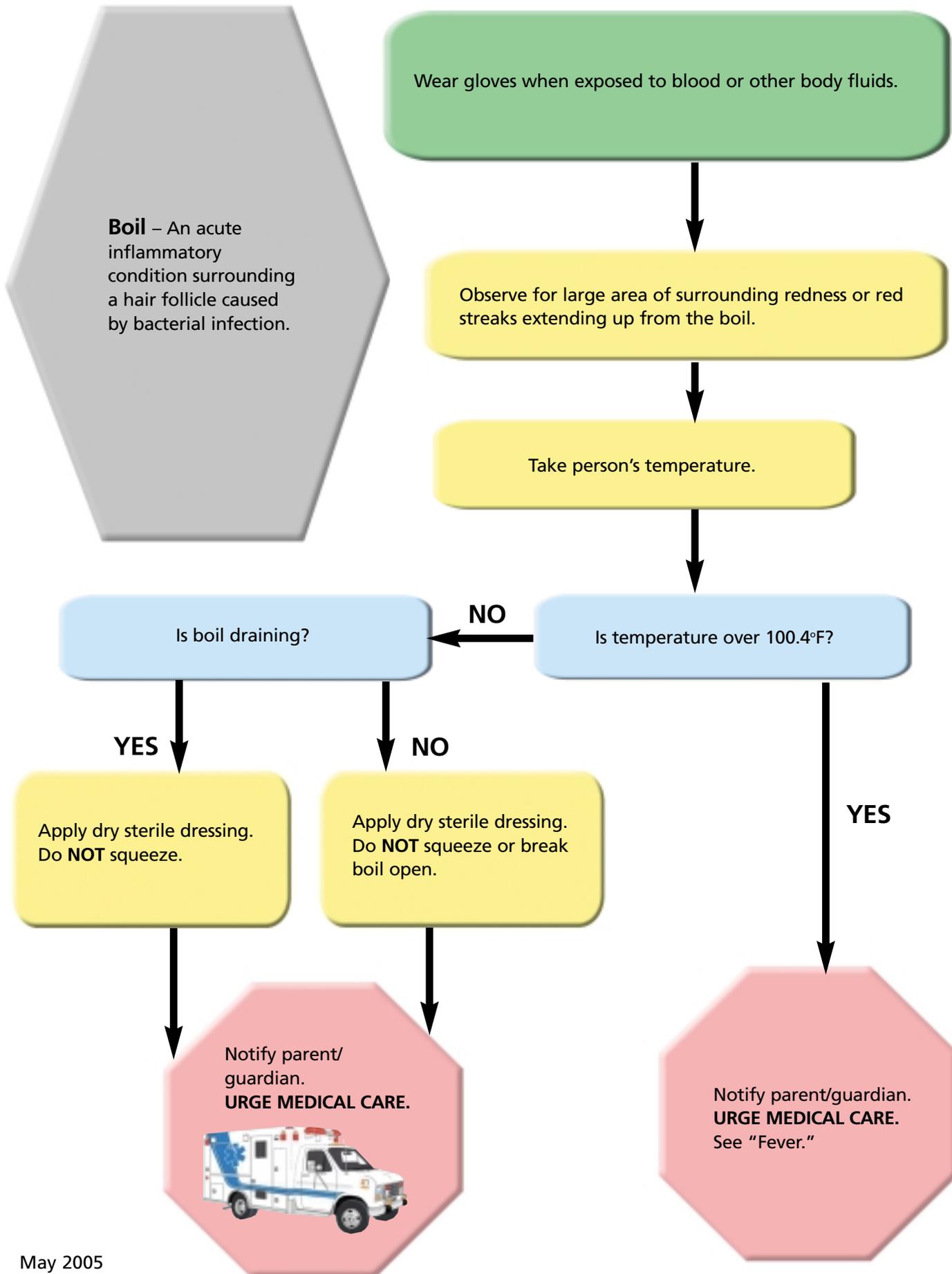
Are symptoms improving after 30 minutes?

NO

CALL EMS. Notify responsible school authority and parent/guardian. Assess airway, breathing and signs of circulation. Follow action plan if available.



BOILS



BOILS

BURNS

Burns can be caused by heat, electricity or chemicals.

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

What type of burn is it?

ELECTRICAL

THERMAL (HEAT)

CHEMICAL

CALL EMS.



Do not touch victim.
Turn off power switch.
See "Electric Shock."

When safe, check for signs of breathing and circulation. See "CPR."

When safe, treat wound as a thermal (heat) burn. Note: There may be both an entry and exit wound (on feet).

Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth.
Do not use ice.

- Is burn large or deep? **OR**
- Is burn on face or eye? **OR**
- Is person having difficulty breathing? **OR**
- Is person unconscious?

YES

NO

CALL EMS.



Bandage loosely.
Elevate burned limbs above heart level.

Wear gloves. Wear goggles if possible. Rinse chemicals off skin and/or eyes **IMMEDIATELY** with large amounts of cool water for 20 minutes. Remove person's clothing and jewelry if exposed to chemical.

CALL POISON CONTROL CENTER and follow instructions.
Phone # 1-800-222-1222.

Check person's immunization record for DT, Td, DTaP, DPT, (tetanus). See "Tetanus."

Contact responsible school authority and parent/guardian.

CHEST PAIN

A person with chest pain may:

- Be awake, able to talk but complains of severe chest pain
- Complain of chest pain or pressure located in the center of the chest
- State that pain feels like pressure, fullness, squeezing, or heaviness in chest
- State that pain travels to shoulders, neck, lower jaw or down arms
- State that pain lasts more than 3-5 minutes
- State that pain has stopped completely and returned a short time later



CALL EMS.

Have person rest quietly.
Place in a position of comfort.
Loosen any tight clothing.

Observe for these additional vague symptoms:

- Lightheadedness or "feeling dizzy"
- Sweating
- Nausea
- Shortness of breath
- Ache, heartburn, or indigestion, nausea
- Fainting or loss of consciousness

Monitor airway, breathing and signs of circulation. See "CPR."

Send for CPR trained staff. If person stops breathing or becomes unresponsive, begin CPR. See "CPR."

Notify responsible school authority and parent/guardian or emergency contact for adults.

CHEST PAIN

CHILD ABUSE AND NEGLECT

Child maltreatment includes physical abuse, sexual abuse, emotional abuse, and/or neglect. Suspicions of child abuse and neglect must be reported to the local authorities. Failure to report may result in revocation of licensure or certification and loss of employment. Follow local school system policy and State law on reporting Child Abuse and Neglect.

Sexual Abuse

Signs and symptoms may include:

- Torn and/or bloody clothing
- Genital soreness, burns
- Vaginal and penile discharge
- Sexually transmitted infection (STI)
- Inappropriate touching, sexual play
- Precocious sexual display
- Difficulty walking
- Exposure to pornography
- Pregnancy at a very young age
- Vaginal bleeding

Physical Abuse

Signs and symptoms may include:

- Unexplained injuries
- Suspicious bruises or burns
- Repeated injuries/fractures
- Burns around hand/foot
- Unusual patterns of bruises or burns
- Partially healed and untreated injury

Neglect

Signs and symptoms may include:

- Poor hygiene
- Underfed appearance
- Repeated lack of prescribed medication
- Lack of medical care

All communication should be done in a nonjudgmental and confidential manner.

Are there life-threatening injuries?

NO

Provide first aid for specific injury.

Do not allow child to shower/clean up.

Remain calm and respect child's privacy. Reassure child. **Do not leave child unsupervised.**

YES

CALL EMS.



Provide first aid for specific injury.

Call local authorities. Keep child in school until local authorities arrive.

CHOKING (RESPONSIVE VICTIM)

These instructions are for a choking person who is conscious and responsive but unable to breathe.

INFANTS UNDER ONE YEAR:

If the infant is choking and unable to breathe (no sounds, no cough, no breath coming from mouth or nose).

1. Place the infant face down on your knee/lap. Support the infant's jaw and head.

2. Give up to 5 back blows with the heel of hand between infant's shoulder blades.



3. Position infant face up on your other forearm.

4. Give 5 chest thrusts near center of breastbone using 2-3 fingers and pushing sternum straight down.



5. Repeat steps 1-4 until object is coughed up, infant starts to breathe, or infant becomes unresponsive.

IF INFANT BECOMES UNRESPONSIVE, GO TO STEP 4 OF INFANT CPR.

IF THE INFANT IS COUGHING, CRYING, OR MAKING OTHER SOUNDS:

Place infant upright in a comfortable position. Try to calm the infant and watch for worsening of symptoms. Notify EMS if symptoms worsen.

ADULTS AND CHILDREN OVER ONE YEAR OF AGE:

If the child/adult is choking and unable to breathe (grasping the throat, unable to speak, no breath coming from mouth or nose).



1. Stand behind the victim. Place the thumb side of your fist against middle of the victim's abdomen just above the navel. Grasp your fist with your other hand.

2. Give up to 5 quick inward and upward thrusts.

3. Repeat steps 1-2 until object is coughed up, child/person starts to breathe, or person becomes unresponsive.



IF PERSON BECOMES UNRESPONSIVE, GO TO STEP 4 OF CPR FOR APPROPRIATE AGE (CHILD OR ADULT).

IF THE CHILD/ADULT IS COUGHING, CRYING, OR ABLE TO SPEAK:

Try to calm the child/adult. Assist them to a comfortable position and watch for worsening of symptoms. Notify EMS if symptoms worsen.

FOR OBESE OR PREGNANT PERSONS:

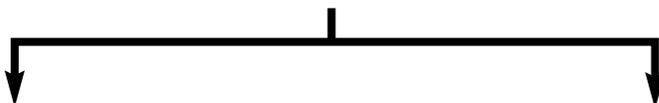
Stand behind person and place your arms under the armpits to encircle the chest. Press the chest with quick inward thrusts.



CPR (LAYERPERSON) FOR INFANTS

CPR is to be used when a child is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the child's shoulder. Shout "Are you OK?"
2. If the child is unresponsive, shout for help and send someone to call EMS. If you are alone, provide 1 minute of CPR before leaving to call EMS.
3. Turn the child onto its back while supporting the head and neck. If you suspect a head or neck injury, keep head and neck in line with the body and turn head, neck and body together.
4. **AIRWAY:** To open the airway, tilt the head back by lifting the chin gently with one hand while pushing down on the forehead with the other hand (head tilt-chin lift). Avoid pressing on the soft area under the jaw. If you think the child's head or neck is injured, open the airway by lifting the jaw only (jaw-thrust). Look for an object in the mouth, and if seen, remove it.
5. **BREATHING:** Check for BREATHING by placing your ear close to the child's mouth. LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for a breath on your cheek.
6. **Give rescue breaths:** If child is not breathing, seal your lips tightly around his/her mouth and pinch the nose. Give 2 slow breaths (1 to 1-1/2 seconds per breath). The child's chest should rise each time you give a rescue breath.



IF AIR GOES IN:

(Chest DOES rise with rescue breath)

7. **SIGNS OF CIRCULATION:** Check for signs of circulation (normal breathing, coughing, or movement) after giving the 2 rescue breaths.

IF THERE ARE SIGNS OF CIRCULATION:

8. Give 1 slow breath every 3 seconds for 1 minute (about 20 breaths). Keep airway open.
9. Call EMS if not already called.
10. Continue rescue breathing as long as other SIGNS OF CIRCULATION are present, but infant is not breathing.

IF THERE ARE NO SIGNS OF CIRCULATION:

11. Place 2-3 fingers in center of chest between the infant's nipples.
12. Maintain head-tilt with your other hand.
13. Press down on the infant's chest 1/3 to 1/2 the depth of the infant's chest. Release your pressure completely to allow the chest to expand after each compression.
14. Give 1 breath after every 5 compressions until the chest rises. Do not move your fingers off the infant's chest.
15. REPEAT CYCLES OF 5 COMPRESSIONS TO 1 BREATH AT A RATE OF AT LEAST 100 COMPRESSIONS PER MINUTE UNTIL CHILD SHOWS SIGNS OF CIRCULATION OR HELP ARRIVES.
16. After providing CPR for approximately 1 minute (about 20 cycles of 5 compressions and 1 breath), re-check for signs of circulation. If no signs of circulation are present, continue CPR until EMS arrives.



IF AIR WON'T GO IN:

(Chest DOES NOT rise with rescue breath)

7. Open airway again. Try to give 2 breaths again.
8. Look in the mouth again each time you provide rescue breaths. If you see an object, carefully remove it by sweeping it out with finger.

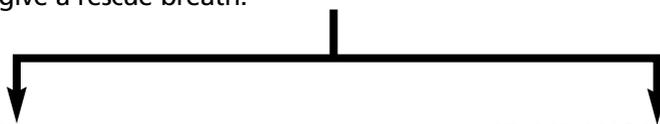
IF AIR GOES IN, GO TO STEP 7 IN LEFT COLUMN.

IF AIR STILL WON'T GO IN, GO TO STEP 11 IN LEFT COLUMN.

CPR (LAYERPERSON) FOR CHILDREN 1 TO 8 YEARS OF AGE

CPR is to be used when a child is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the child's shoulder. Shout "Are you OK?"
2. If the child is unresponsive, shout for help and send someone to call EMS. If you are alone, provide 1 minute of CPR before leaving to call EMS.
3. Turn the child onto its back while supporting the head and neck. If you suspect a head or neck injury, keep head and neck in line with the body and turn head, neck and body together.
4. **AIRWAY:** To open the airway, tilt the head back by lifting the chin gently with one hand while pushing down on the forehead with the other hand (head tilt-chin lift). Avoid pressing on the soft area under the jaw. If you think the child's head or neck is injured, open the airway by lifting the jaw only (jaw-thrust). Look for an object in the mouth, and if seen, remove it.
5. **BREATHING:** Check for BREATHING by placing your ear close to the child's mouth. LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for a breath on your cheek.
6. **Give rescue breaths:** If child is not breathing, seal your lips tightly around his/her mouth and pinch the nose. Give 2 slow breaths (1 to 1-1/2 seconds per breath). The child's chest should rise each time you give a rescue breath.



IF AIR GOES IN:

(Chest DOES rise with rescue breath)

7. **SIGNS OF CIRCULATION:** check for signs of circulation (normal breathing, coughing, or movement) after giving the 2 rescue breaths.

IF THERE ARE SIGNS OF CIRCULATION:

8. Give 1 slow breath every 3 seconds for 1 minute (about 20 breaths). Keep airway open.
9. Call EMS if not already called.
10. Continue rescue breathing as long as other SIGNS OF CIRCULATION are present, but child is not breathing.

IF THERE ARE NO SIGNS OF CIRCULATION:

11. Place the heel of one hand on the center of breastbone. Do NOT place your hand over the very bottom of the breastbone.
12. Compress the child's chest 5 times with heel of 1 hand (about 1/3 to 1/2 the depth of the chest). Lift fingers to avoid pressure on ribs. Release your pressure completely to allow the chest to expand after each compression.
13. Give 1 slow breath until chest rises.
14. REPEAT CYCLES OF 5 COMPRESSIONS TO 1 BREATH AT A RATE OF AT LEAST 100 COMPRESSIONS PER MINUTE UNTIL CHILD SHOWS SIGNS OF CIRCULATION OR HELP ARRIVES.
15. After providing CPR for approximately 1 minute (about 20 cycles of 5 compressions and 1 breath), re-check for signs of circulation. If no signs of circulation are present, continue CPR until EMS arrives.



IF AIR WON'T GO IN:

(Chest DOES NOT rise with rescue breath)

7. Open airway again. Try to give 2 breaths again.
8. Look in the mouth again each time you provide rescue breaths. If you see an object, carefully remove it by sweeping it out with finger.

IF AIR GOES IN, GO TO STEP 7 IN LEFT COLUMN.

IF AIR STILL WON'T GO IN, GO TO STEP 11 IN LEFT COLUMN.

CPR (LAYPERSON) FOR ADULTS AND CHILDREN OVER 8 YEARS OF AGE

CPR is to be used when a person is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the victim's shoulder. Shout "Are you OK?"
2. If person is unresponsive, shout for help and send someone to call EMS. Call EMS immediately, before beginning rescue efforts, if alone.
3. Turn the person onto their back while supporting the head and neck. If you suspect that the person is injured, keep head and neck in line with the body and turn head, neck and body together. DO NOT BEND OR TURN NECK.
4. **AIRWAY:** To open the airway, tilt the head back by lifting the chin with one hand while pushing down on the forehead with the other hand (head tilt-chin lift). Avoid pressing on the soft area under the jaw. If you think the person's head or neck is injured, open the airway by lifting the jaw only (jaw-thrust). Look for an object in the mouth, and if seen, remove it.
5. **BREATHING:** Check for BREATHING by placing your ear close to the person's mouth. LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for a breath on your cheek.
6. **Give rescue breaths:** If person is not breathing, seal your lips tightly around his/her mouth and pinch the nose. While keeping the airway open, give 2 slow breaths (2 seconds per breath). The person's chest should rise each time you give a rescue breath.



IF AIR GOES IN:

(Chest rises with rescue breath)

7. **SIGNS OF CIRCULATION:** Check for signs of circulation (normal breathing, coughing, or movement) after giving the 2 rescue breaths.

IF THERE ARE SIGNS OF CIRCULATION:

8. Give 1 slow breath every 5 seconds for 1 minute (about 12 breaths). Keep airway open.
9. Call EMS if not already called.
10. Continue rescue breathing as long as other SIGNS OF CIRCULATION are present, but person is not breathing.

IF THERE ARE NO SIGNS OF CIRCULATION:

11. Place heel of one hand on top of the center of breastbone. Place heel of the second hand on top of the first hand. Interlock fingers. Do NOT place your hand over the very bottom of the breastbone.
12. Position your body directly over your hands. Push the breastbone in and compress the chest 15 times with both hands (about 1 to 2 inches). Lift fingers to avoid pressure on ribs.
13. Give 2 slow breaths until chest rises.
14. REPEAT CYCLES OF 15 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL PERSON SHOWS SIGNS OF CIRCULATION OR HELP ARRIVES.
15. After providing CPR for approximately 1 minute (about 20 cycles of 5 compressions and 1 breath), re-check for signs of circulation. If no signs of circulation are present, continue CPR until EMS arrives.



IF AIR WON'T GO IN:

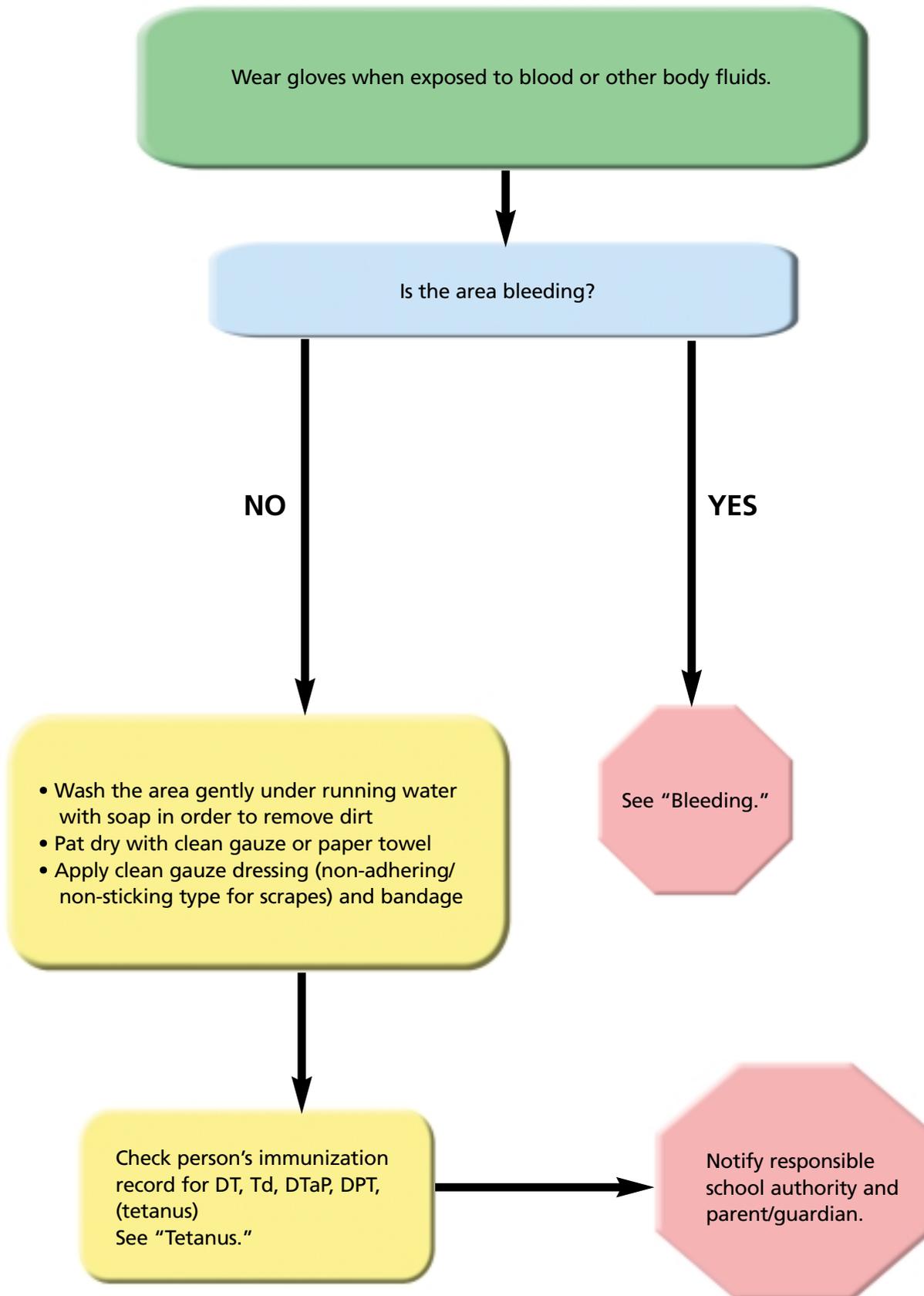
(Chest DOES NOT rise with rescue breath)

7. Open airway again. Try to give 2 breaths again.
8. Look in the mouth again each time you provide rescue breaths. If you see an object, carefully remove it by sweeping it out with finger.

IF AIR GOES IN, GO TO STEP 7 IN LEFT COLUMN.

IF AIR STILL WON'T GO IN, GO TO STEP 11 IN LEFT COLUMN.

CUTS, SCRATCHES AND SCRAPES



CUTS,
SCRATCHES
AND SCRAPES

DIARRHEA

Diarrhea is the frequent passage of watery bowel movements.

One or two episodes is considered MILD.

Three or more episodes is considered SEVERE.

Fever, blood in bowel movements, dizziness, and severe pain may accompany diarrhea. Severe diarrhea can cause dehydration and possibly poor circulation.

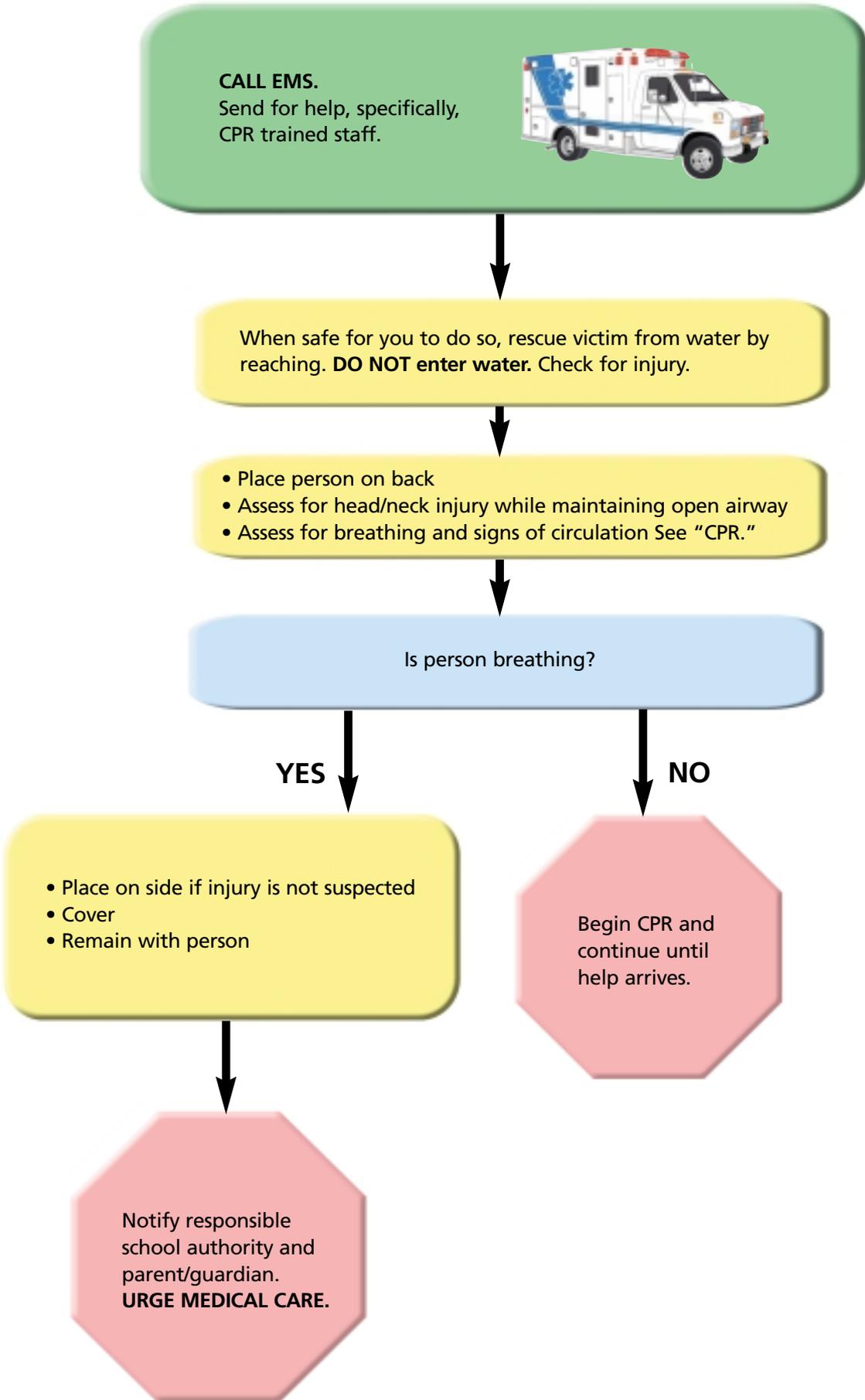
Wear gloves when exposed to blood or other body fluids.

Assist student with clean up/clothing change.
DOUBLE BAG SOILED ITEMS TO GO HOME.

Notify parent/guardian.
URGE MEDICAL CARE.

DIARRHEA

DROWNING (NEAR)



DROWNING

EARS

DRAINAGE FROM EAR

Do **NOT** try to clean out ear.
Wear gloves when exposed to blood
and other body fluids.



Notify responsible
school authority and
parent/guardian.
URGE MEDICAL CARE.

EARACHE

Apply warm (not hot) compress to ear.



Notify responsible
school authority and
parent/guardian.
URGE MEDICAL CARE.

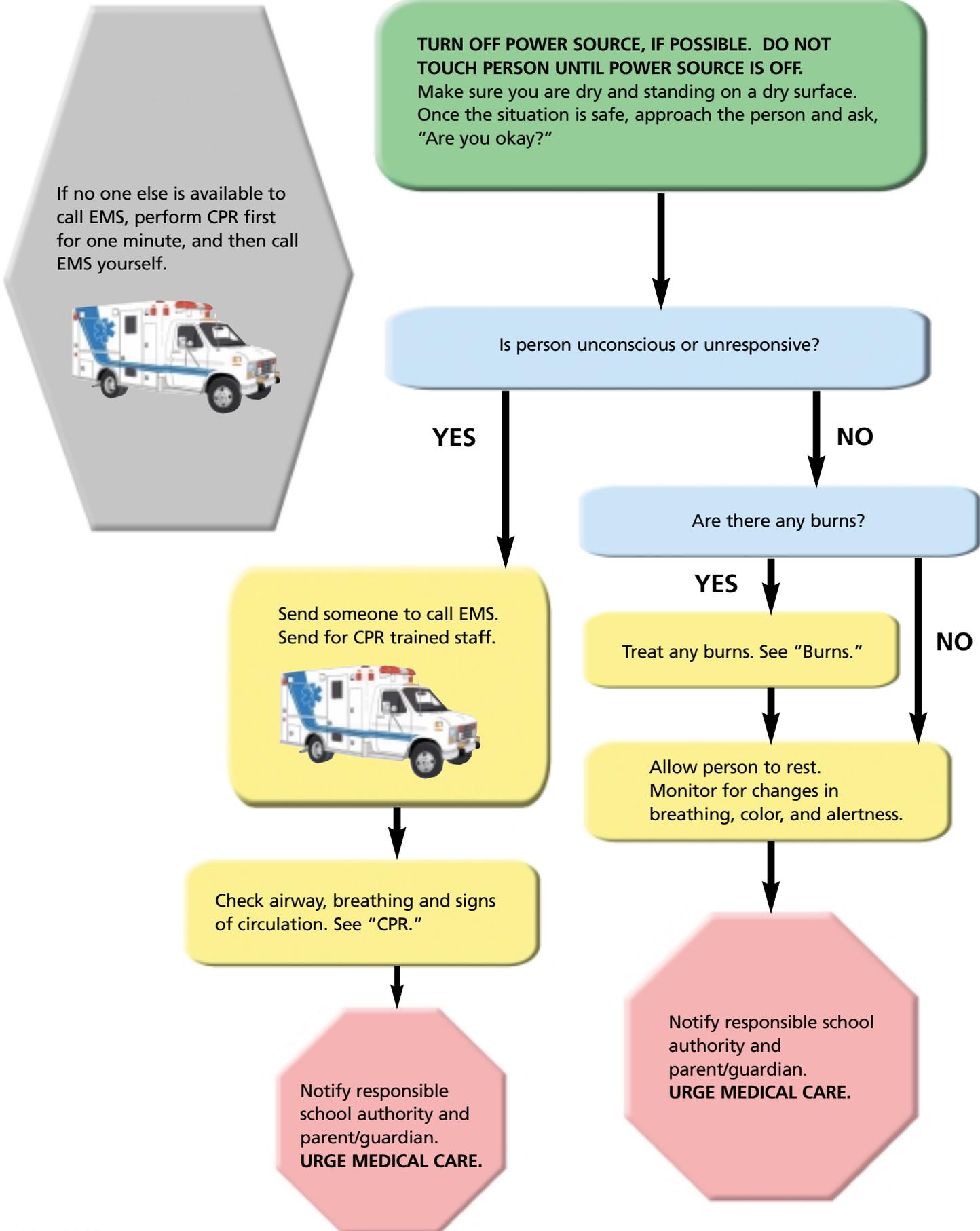
OBJECT IN CANAL

DO NOT ATTEMPT TO REMOVE OBJECT.



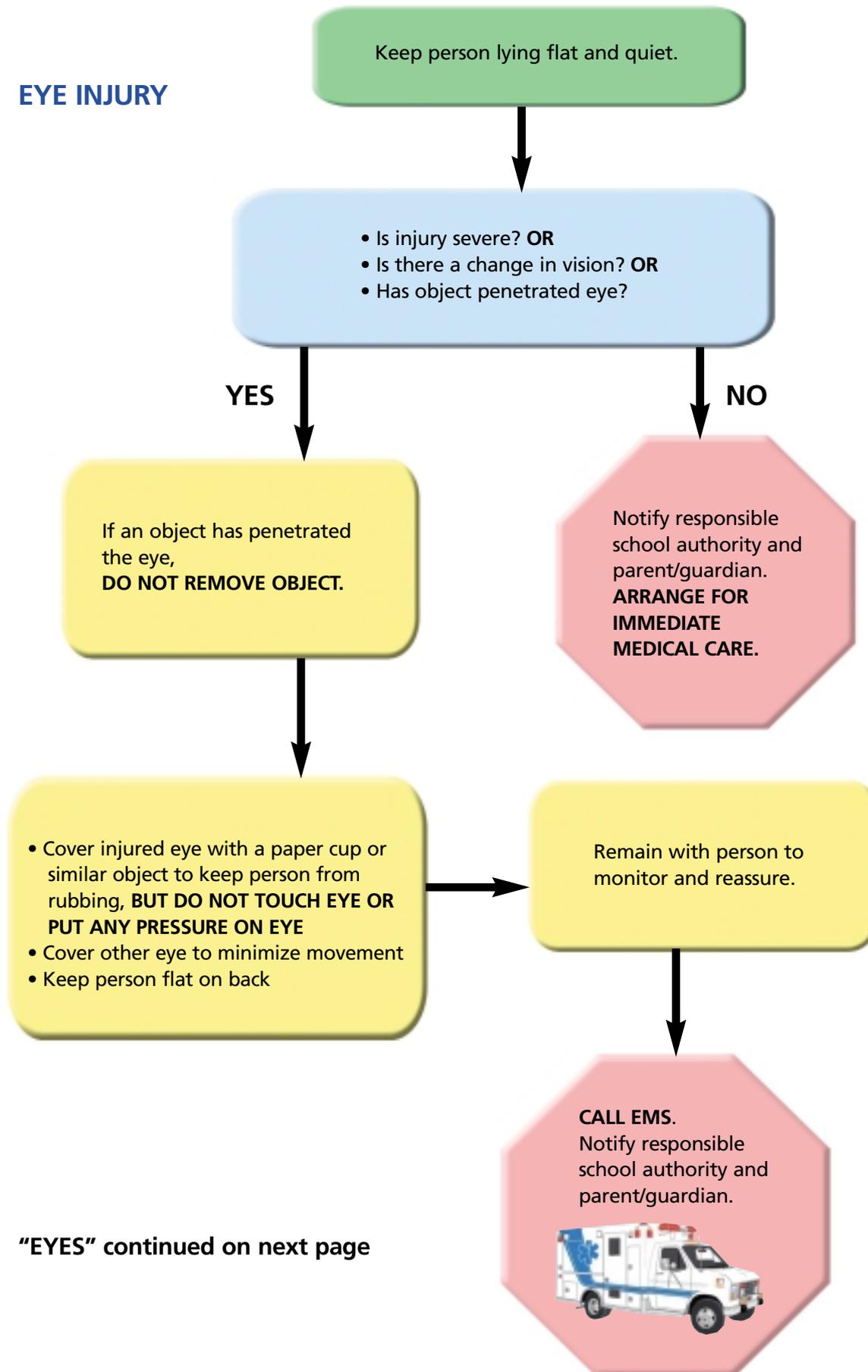
Notify responsible school
authority and parent/
guardian.
URGE MEDICAL CARE.

ELECTRIC SHOCK



EYES

EYE INJURY

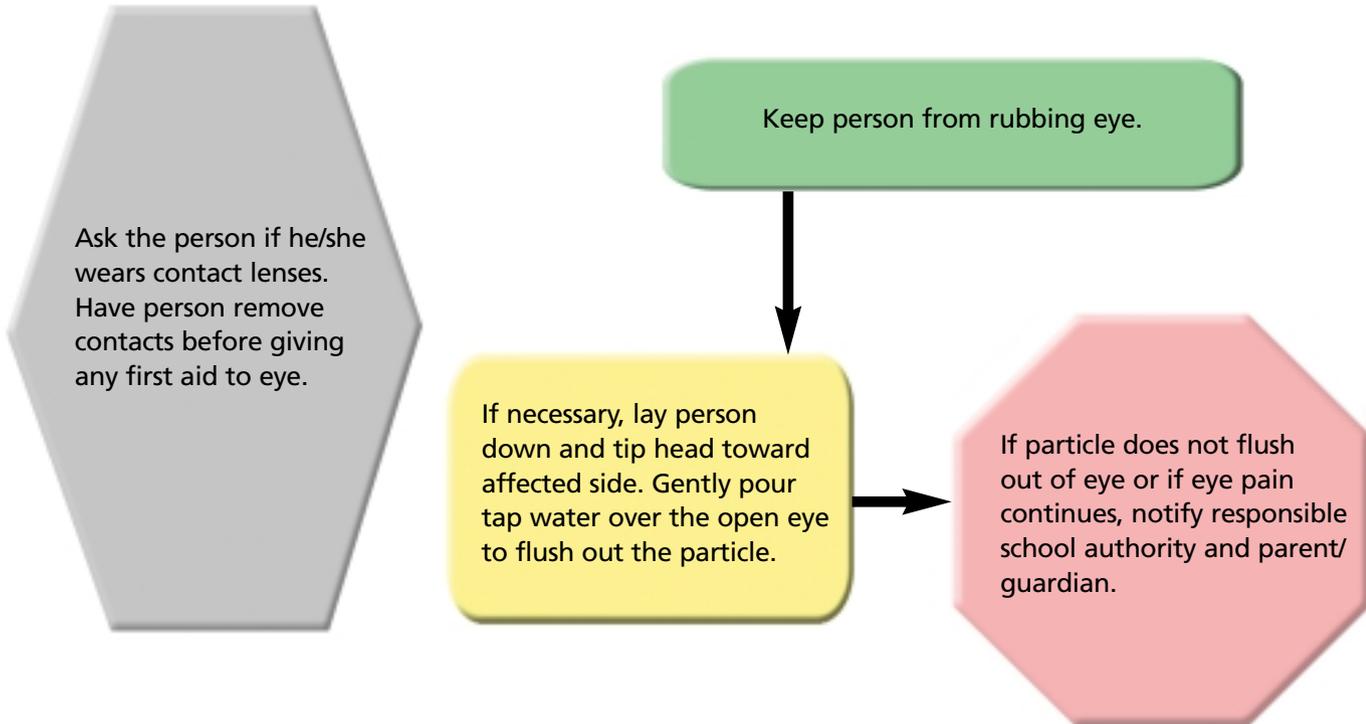


"EYES" continued on next page

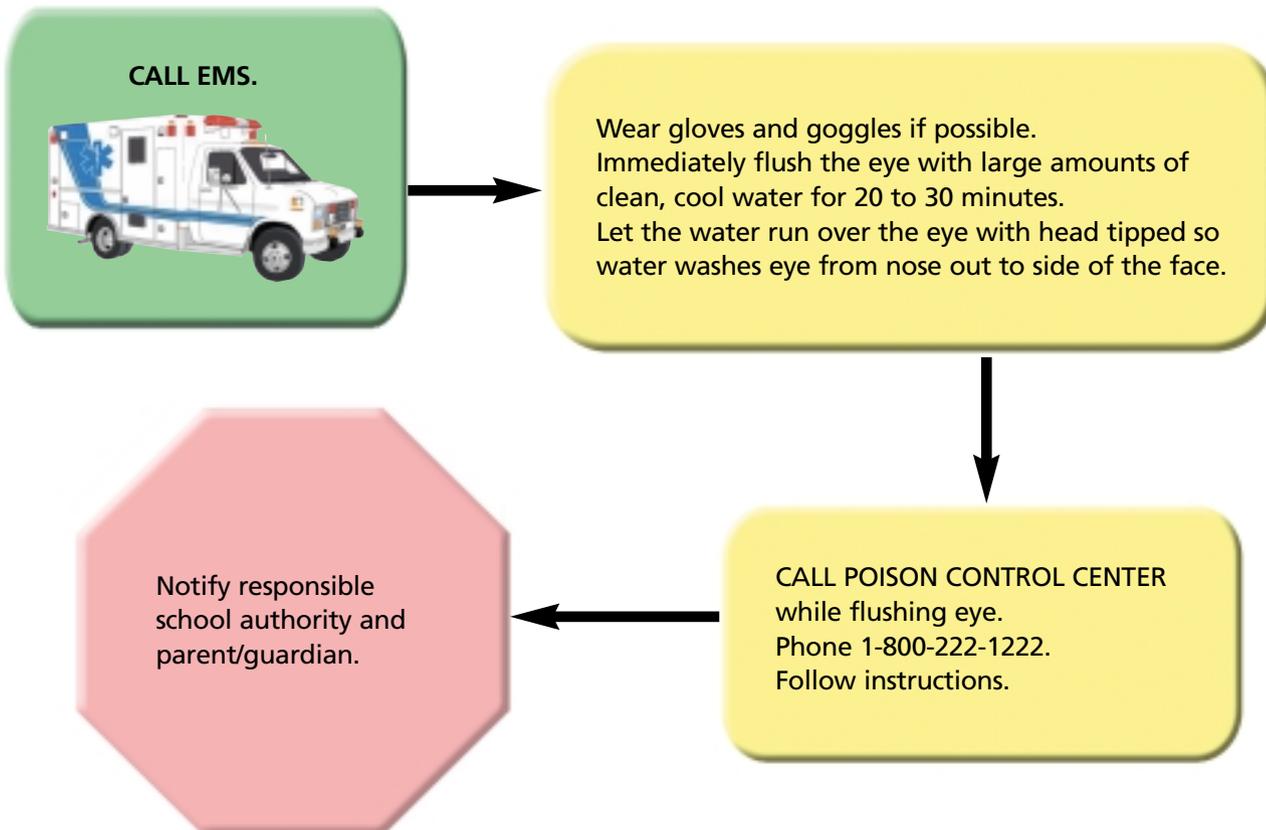
EYES

PARTICLE IN EYE

Continued from previous page



CHEMICALS IN EYE



FAINTING

Fainting may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing "at attention" for too long, etc. If you know the cause of the fainting, see the appropriate guideline and/or person's emergency health care plan.

If you observe any of the following:

- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pale, sweaty skin

have the person lie down to prevent injury.

If person faints and does not regain consciousness immediately, See "Unconsciousness."

• Is fainting due to injury? **OR**
• Did fainting cause an injury?

YES OR NOT SURE

Treat as possible neck injury.
See "Neck and Back Pain."

- Keep airway clear and monitor breathing
- Keep person warm, but not hot
- Provide emergency care as needed (always wear gloves).
- Give nothing by mouth

Are symptoms (dizziness, light-headedness, weakness, fatigue, etc.) still present when person is sitting or standing?

YES

Have person lie down again.

CALL EMS.
Notify responsible school authority and parent/guardian.



NO

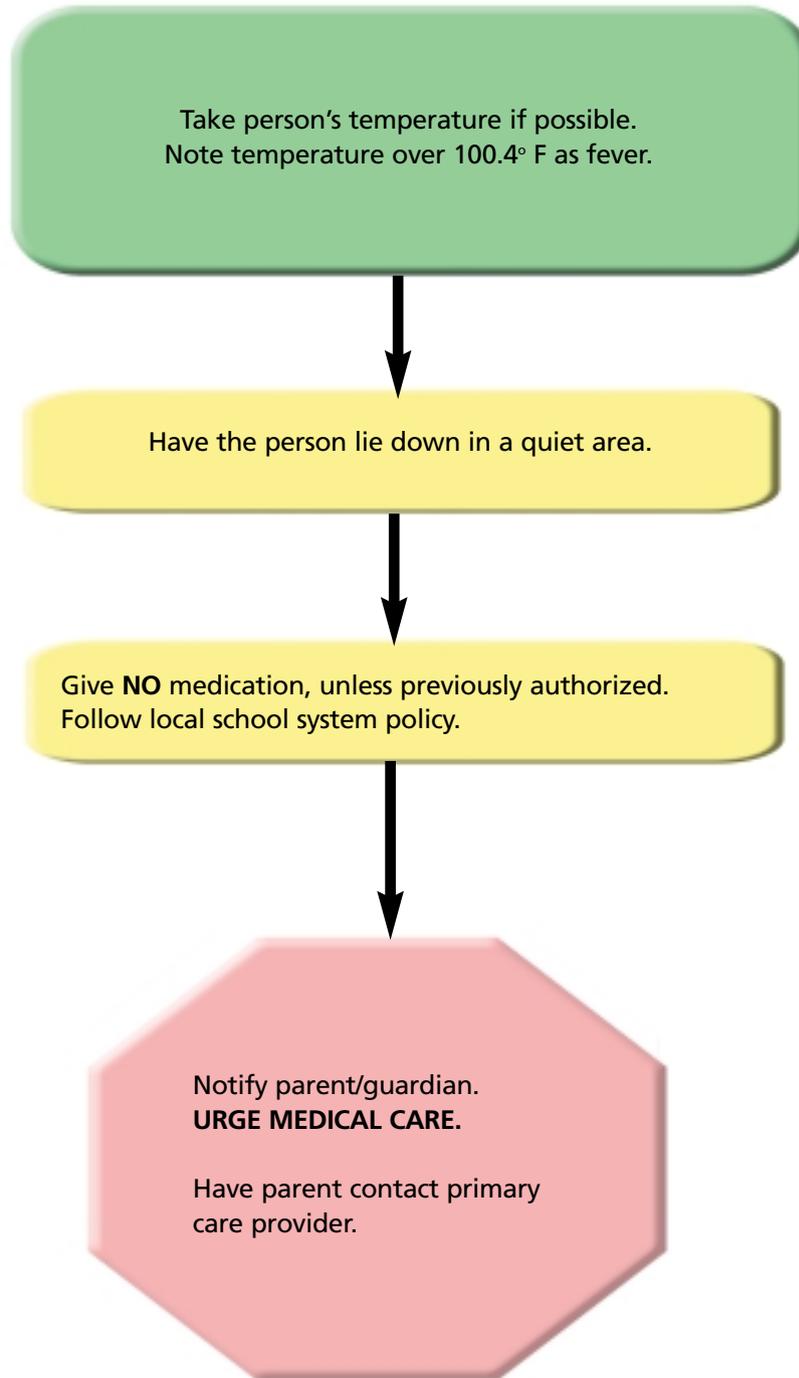
Keep person flat on back
Elevate feet
Loosen clothing around neck and waist

NO

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

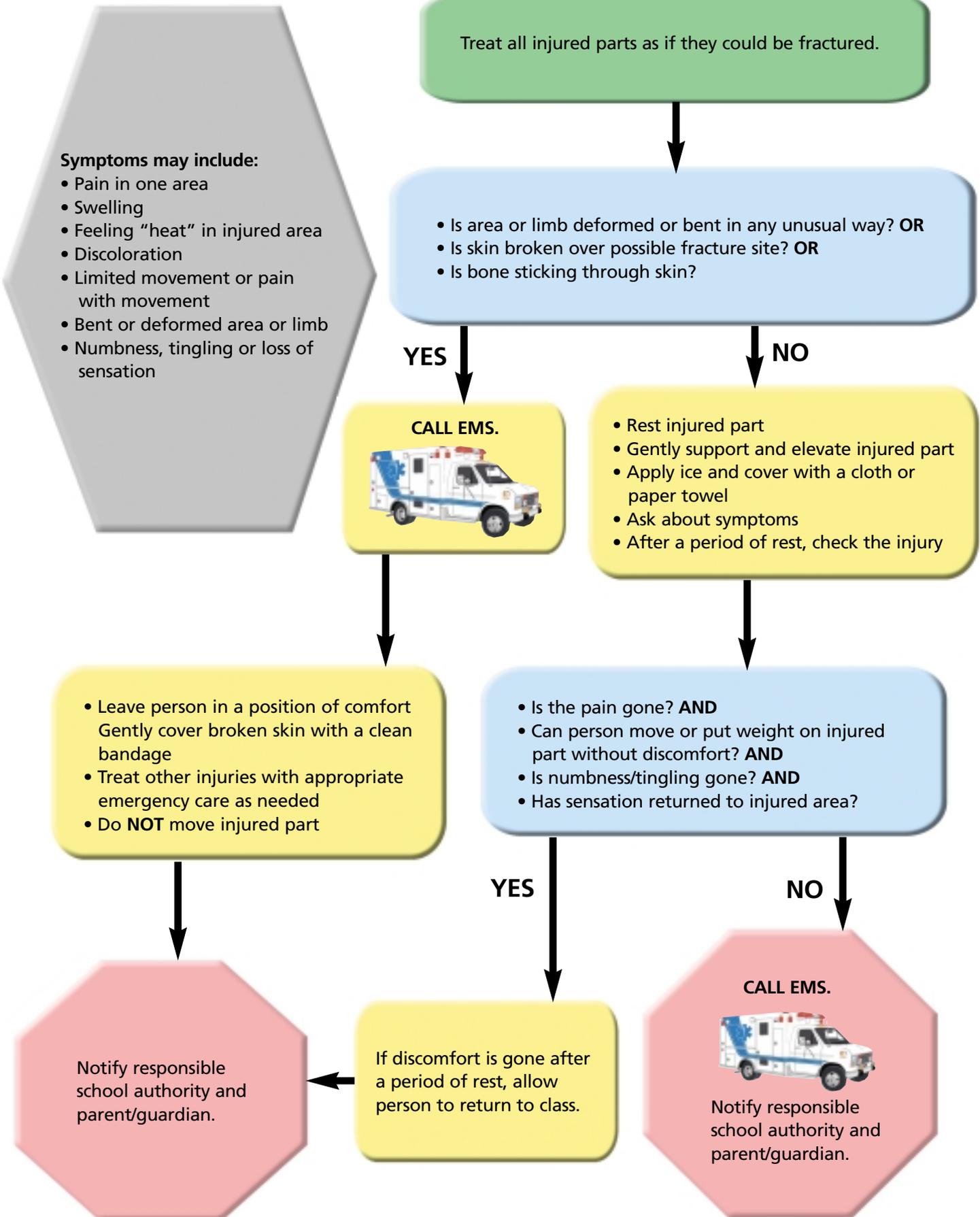
Notify responsible school authority and parent/guardian.
URGE MEDICAL CARE.

FEVER



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

FRACTURES,
DISLOCATIONS,
SPRAINS



FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

The nose, ears, chin, cheeks, fingers, and toes are the parts most often affected by frostbite. Exposure to cold even for short periods of time may cause hypothermia in children. See "Hypothermia."

- Take the person to a warm place. Remove cold or wet clothing and give person warm, dry clothing. Protect cold part from further injury
- Do NOT rub or massage the cold part OR apply heat such as a water bottle or hot running water, heat lamp or hot stove
- Do NOT break any blisters
- Cover part loosely with nonstick, sterile dressing, dry clothing or blanket. If these items are not available, place affected part in contact with any other body part that is warm

Are any of the following present:

- Loss of sensation? **OR**
- Discoloration of skin – grayish, white, pale or waxy? **OR**
- Does the part feel firm – hard (frozen)?

YES

CALL EMS.



NO

Continue to keep person and part warm.
DO NOT RUB.

Notify responsible school authority and parent/guardian.
URGE MEDICAL CARE.

GENITO-URINARY COMPLAINTS

Genito-urinary complaints include trauma, injury, infection of the genitals (penis, testicles, vagina, vulva and surrounding area), itching, unusual odor, or unusual color. Sexually transmitted infection and abuse must be ruled out regardless of person's age.

Complaints may include:

- Painful urination
- Blood or pus in urine
- Discharge from penis, vagina, or urethra
- Ulcers
- Swollen or painful inguinal (groin) lymph glands
- Swelling, redness, and tenderness of genitals
- Injury
- Trauma
- Rash

Is there:
• Severe trauma? OR
• Pain? OR
• Bleeding?

NO

YES

Is there suspicion of abuse?

NO

YES

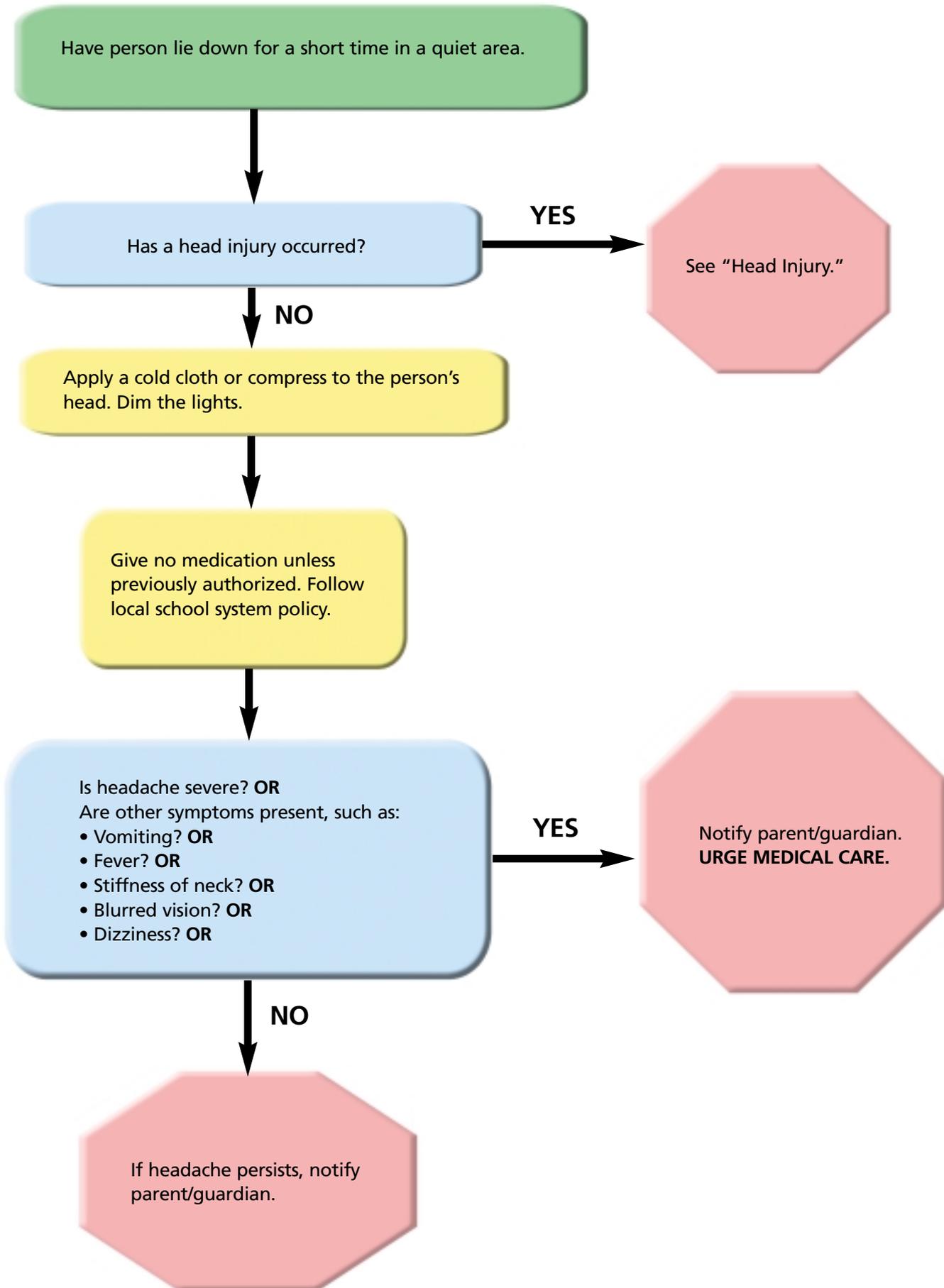
Notify parent/guardian.
Notify responsible school
authority.
URGE MEDICAL CARE.

See "Child
Maltreatment."

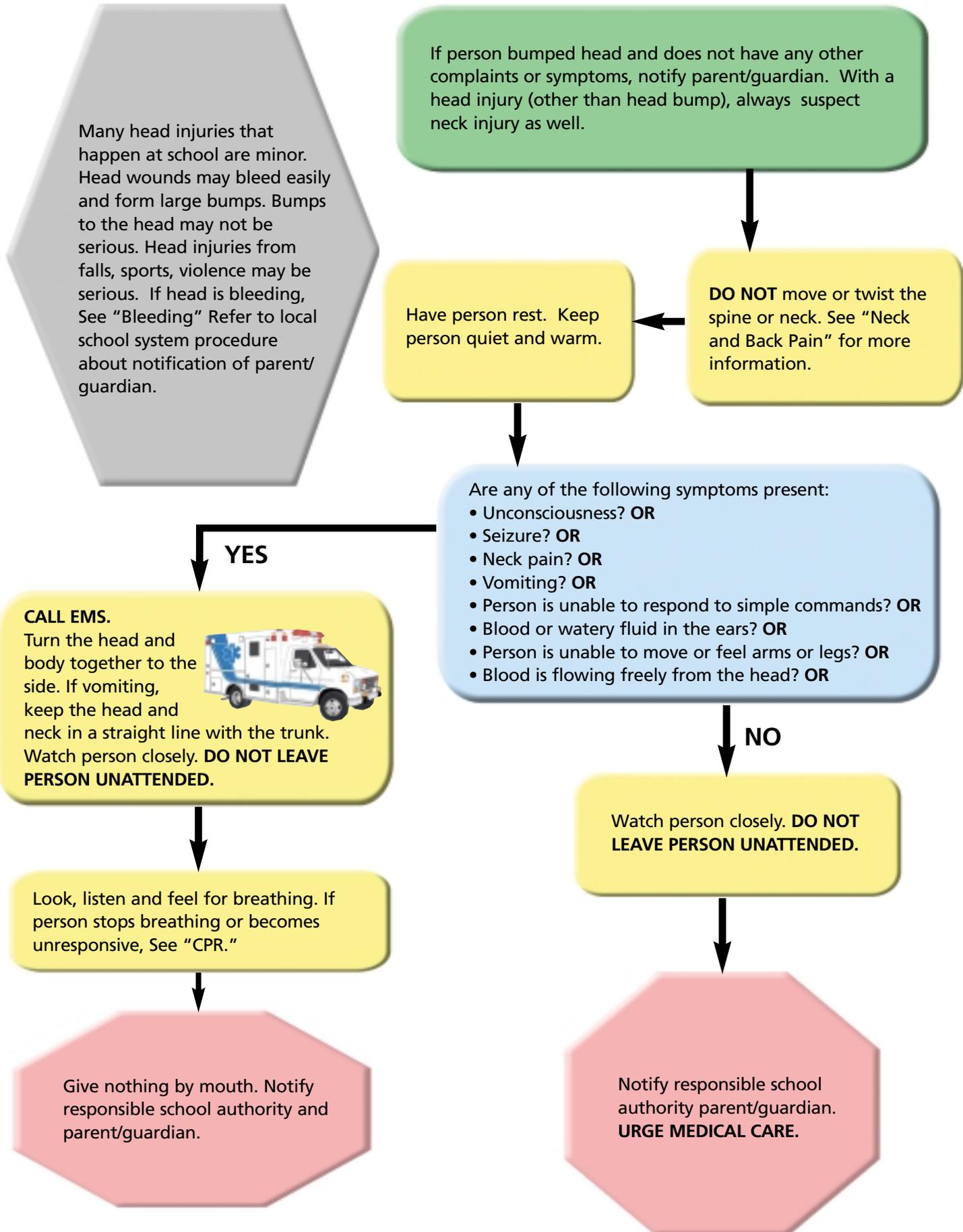
Call EMS.


See "Bleeding."
or See "Menstrual
Difficulties,"
if needed.

HEADACHE

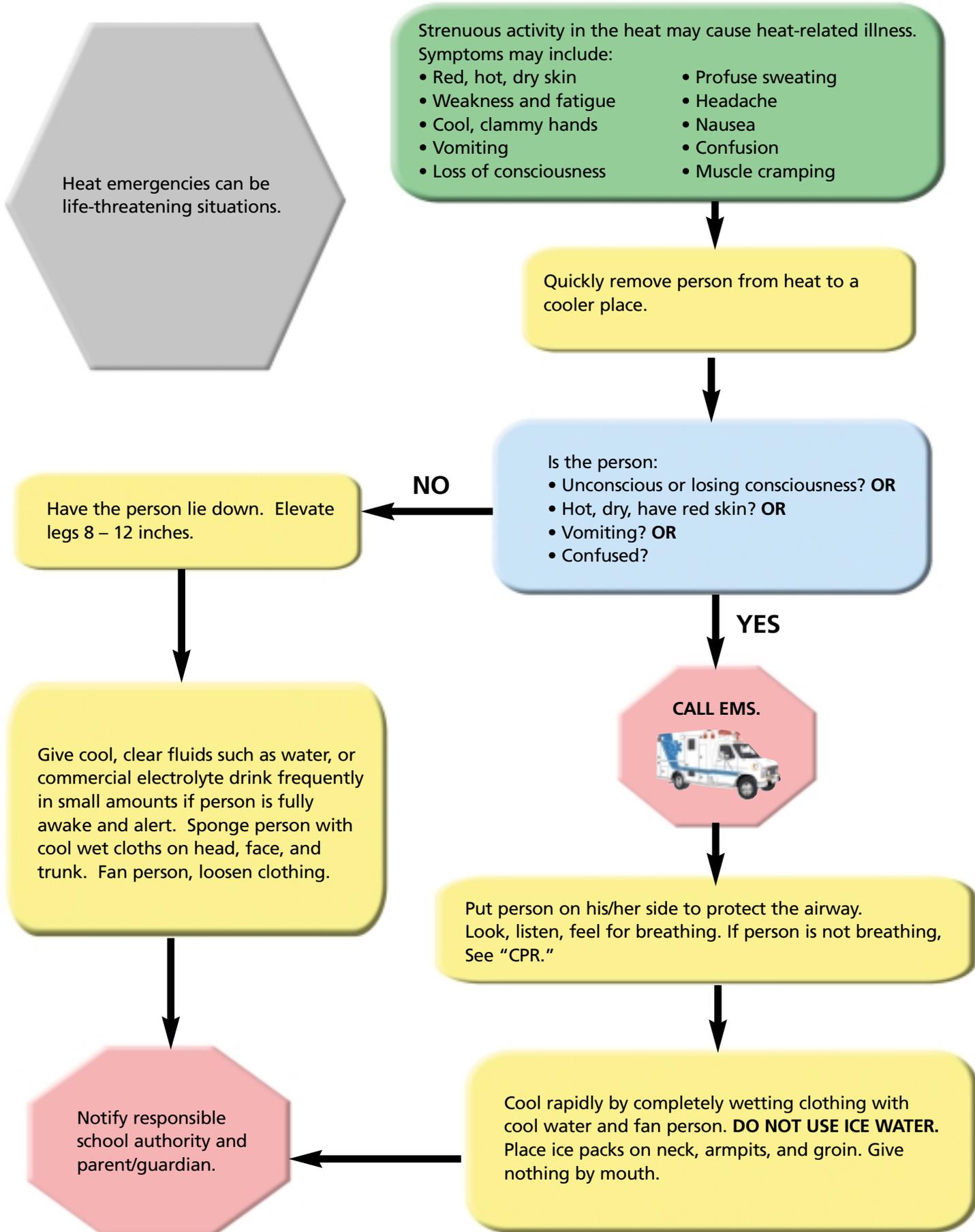


HEAD INJURIES



HEAD INJURIES

HEAT STROKE/HEAT EXHAUSTION



HYPOTHERMIA/COLD EXPOSURE

Hypothermia (low body temperature) happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a person has been outside in the cold or in cold water. Symptoms may include:

- Confusion
- Weakness
- Blurry vision
- Shivering
- Sleepiness
- Slurred speech
- White or grayish skin color or nail beds

Take the person to a warm place. Remove cold or wet clothing and wrap person in a warm, dry blanket. Do not rub effected area.

Is the person:

- Unconscious? **OR**
- Breathing slowly? **OR**
- Confused or slurred speech? **OR**
- White, grayish or blue skin or nailbeds?

NO

YES

Continue to warm person with blankets. If person is fully awake and alert, offer warm (**NOT HOT**) fluids, but no food.

Notify responsible school authority and parent/guardian.
URGE MEDICAL CARE.

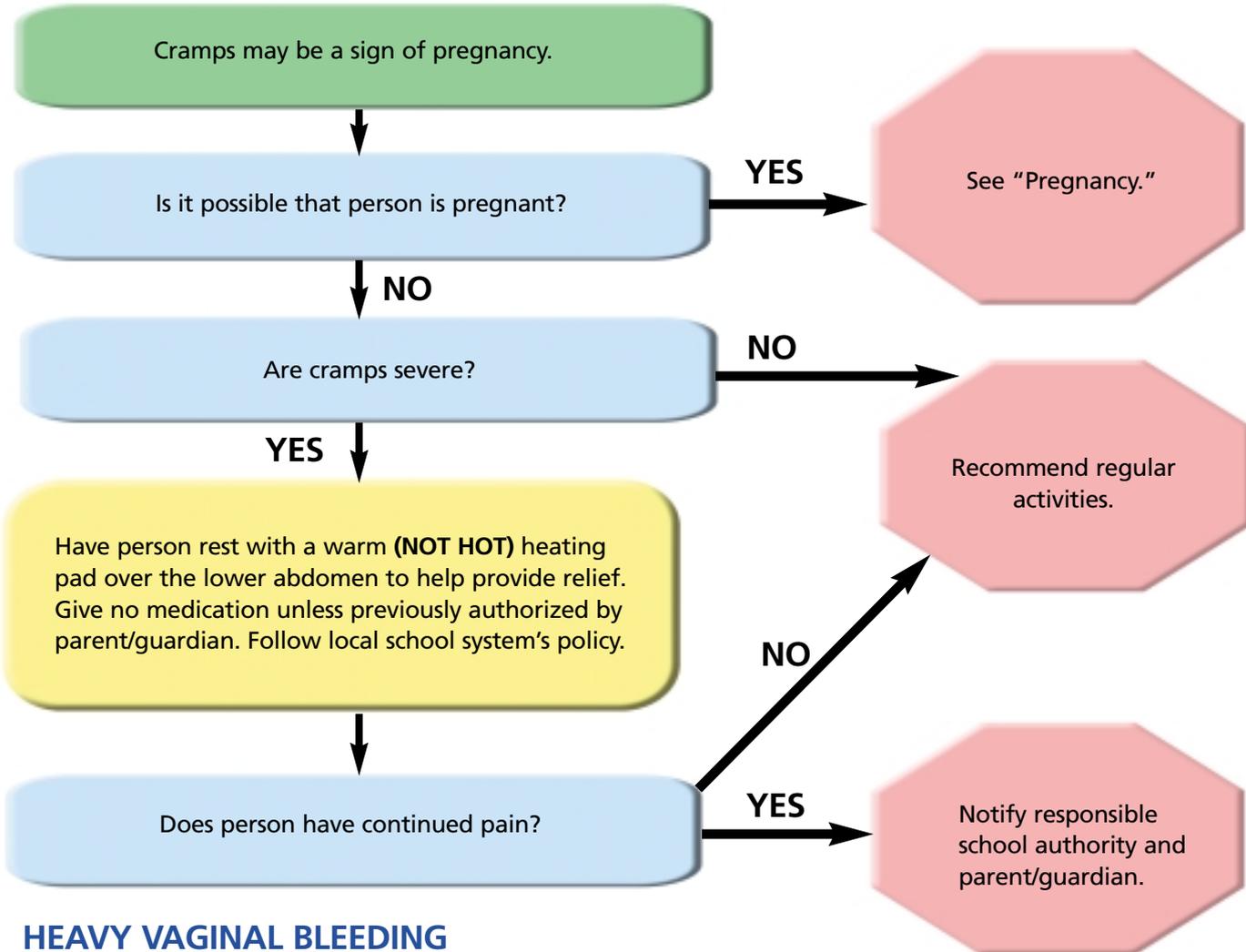
CALL EMS.

Give nothing by mouth. Continue to warm person with blankets. If person is sleepy or losing consciousness, place the person on his/her side to protect the airway. Look, listen, and feel for breathing. If person stops breathing, See "CPR."
Notify responsible school authority and parent/guardian.

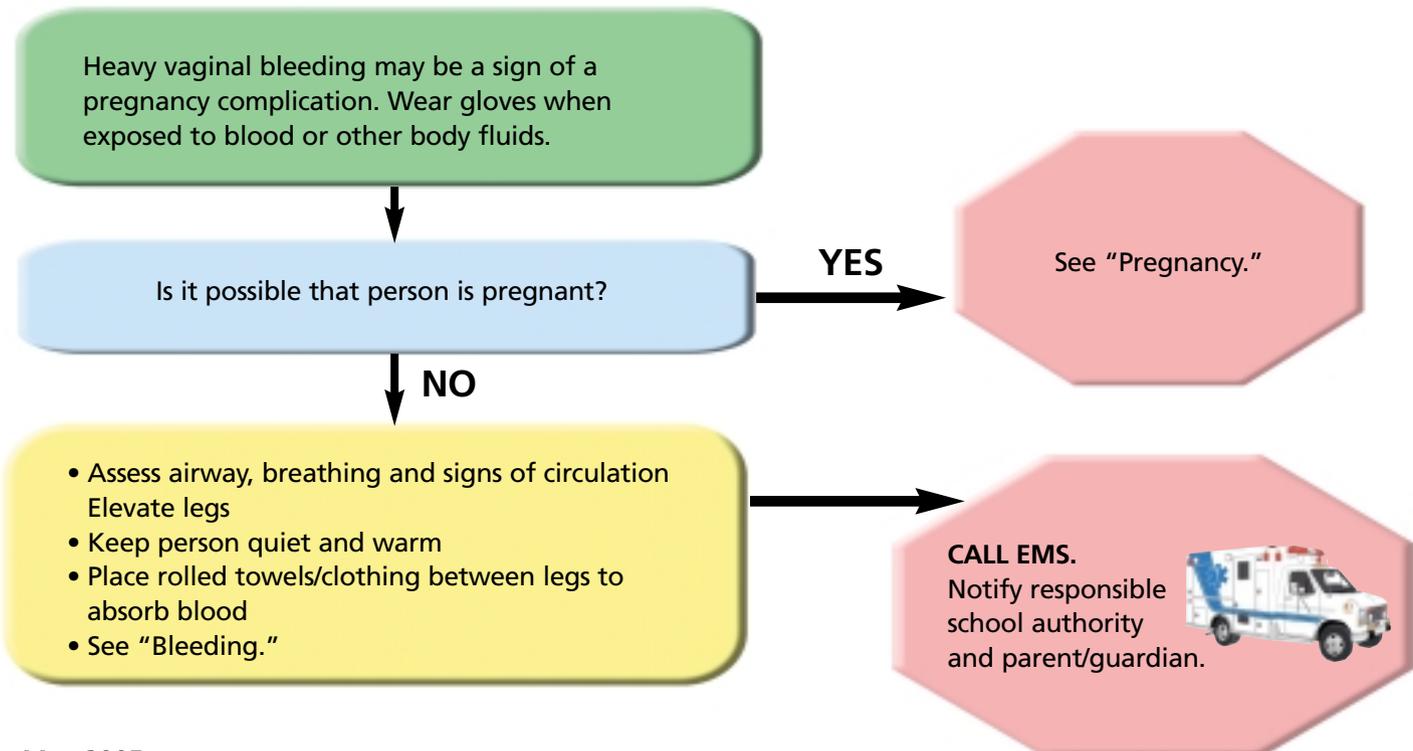


MENSTRUAL DIFFICULTIES

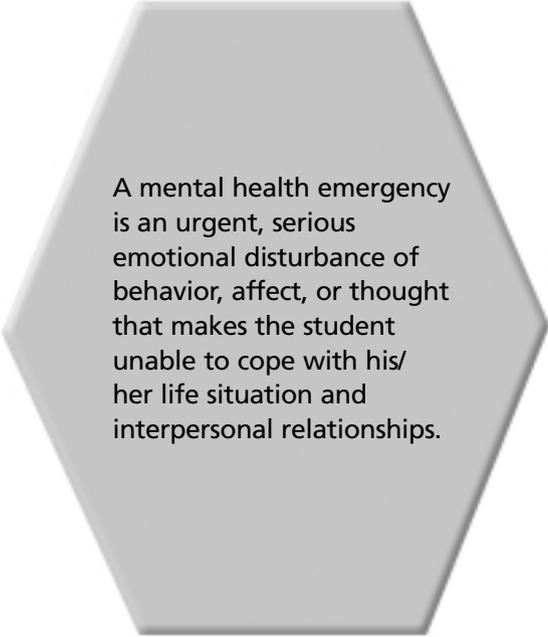
CRAMPS



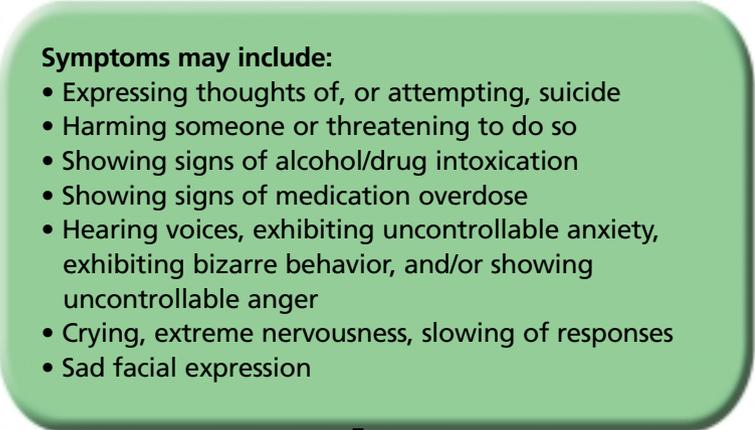
HEAVY VAGINAL BLEEDING



MENTAL HEALTH EMERGENCIES

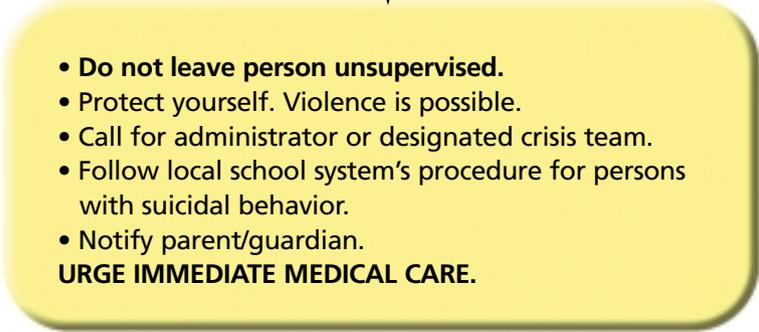


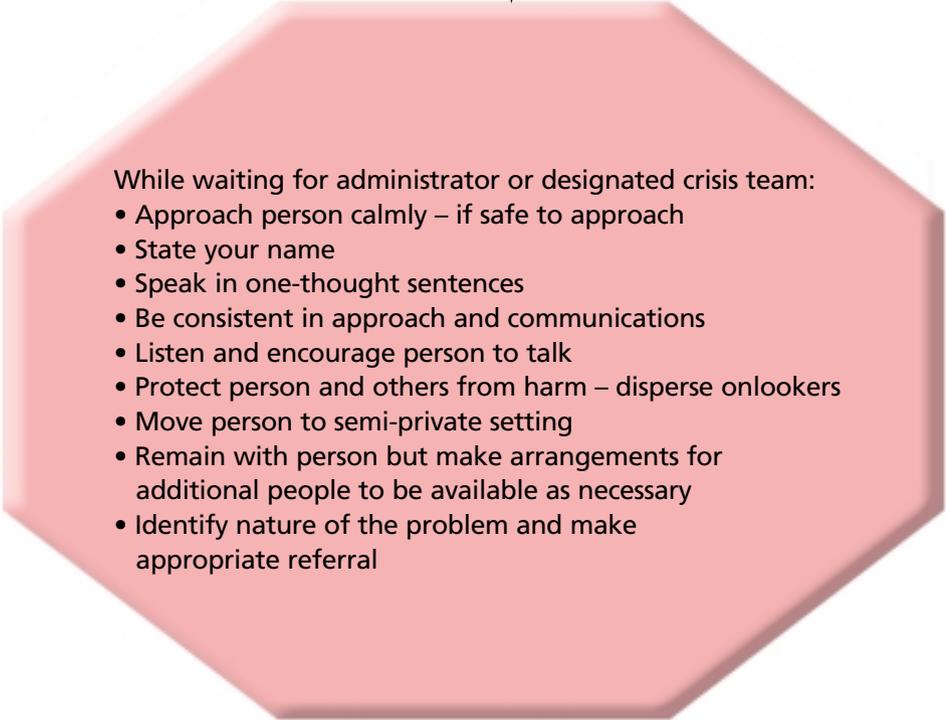
A mental health emergency is an urgent, serious emotional disturbance of behavior, affect, or thought that makes the student unable to cope with his/her life situation and interpersonal relationships.



Symptoms may include:

- Expressing thoughts of, or attempting, suicide
- Harming someone or threatening to do so
- Showing signs of alcohol/drug intoxication
- Showing signs of medication overdose
- Hearing voices, exhibiting uncontrollable anxiety, exhibiting bizarre behavior, and/or showing uncontrollable anger
- Crying, extreme nervousness, slowing of responses
- Sad facial expression

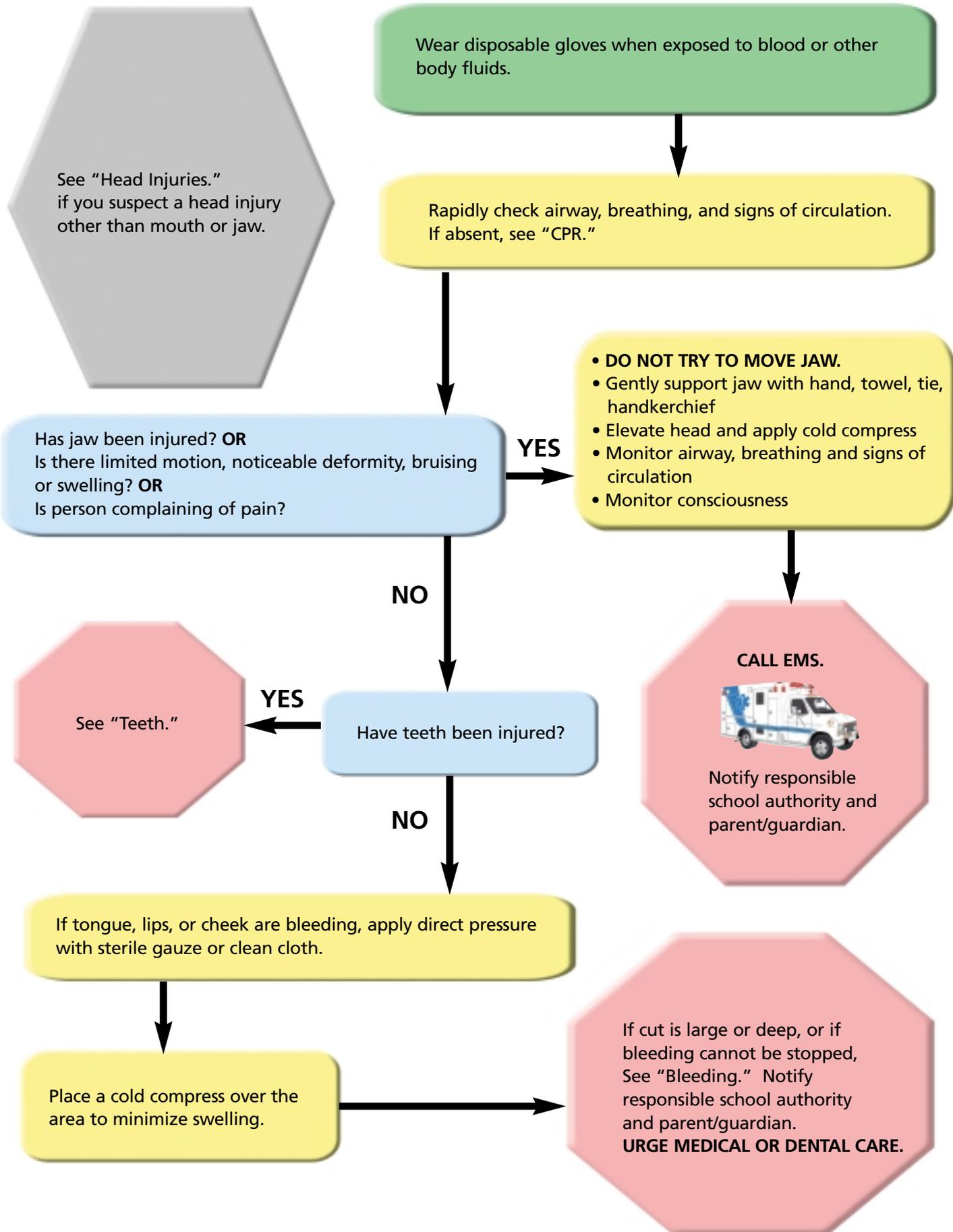
- 
- **Do not leave person unsupervised.**
 - Protect yourself. Violence is possible.
 - Call for administrator or designated crisis team.
 - Follow local school system's procedure for persons with suicidal behavior.
 - Notify parent/guardian.
- URGE IMMEDIATE MEDICAL CARE.**



While waiting for administrator or designated crisis team:

- Approach person calmly – if safe to approach
- State your name
- Speak in one-thought sentences
- Be consistent in approach and communications
- Listen and encourage person to talk
- Protect person and others from harm – disperse onlookers
- Move person to semi-private setting
- Remain with person but make arrangements for additional people to be available as necessary
- Identify nature of the problem and make appropriate referral

MOUTH AND JAW INJURIES



NECK AND BACK PAIN

Suspect a neck/back injury if pain results from:

- Falling down or falling on head
- Being thrown from a moving object
- Sports
- Violence
- Being struck by a car or other fast moving object

Has an injury occurred?

NO

A stiff or sore neck may result from sleeping in a "funny" position or illness. This is different from neck pain of a sudden injury. Check temperature. If stiff neck is suspected to be from illness, See "Fever."

YES

Quickly check airway, breathing, and signs of circulation. If absent, See "CPR."

Have person lie down on his/her back.

If person is so uncomfortable that he/she is unable to participate in normal activities, notify responsible school authority and parent/guardian.

- **DO NOT MOVE PERSON** unless there is **IMMEDIATE** danger of further physical harm
- If person **MUST** be moved, support head and neck without bending the spine forward
- Avoid unnecessary movement of head and neck; do not pull or twist neck
- Do **NOT** drag the person sideways
- Keep person quiet and warm
- Hold the head still by gently placing one of your hands on each side of the head, **OR** place rolled up towels/clothing on both sides of head so it will not move

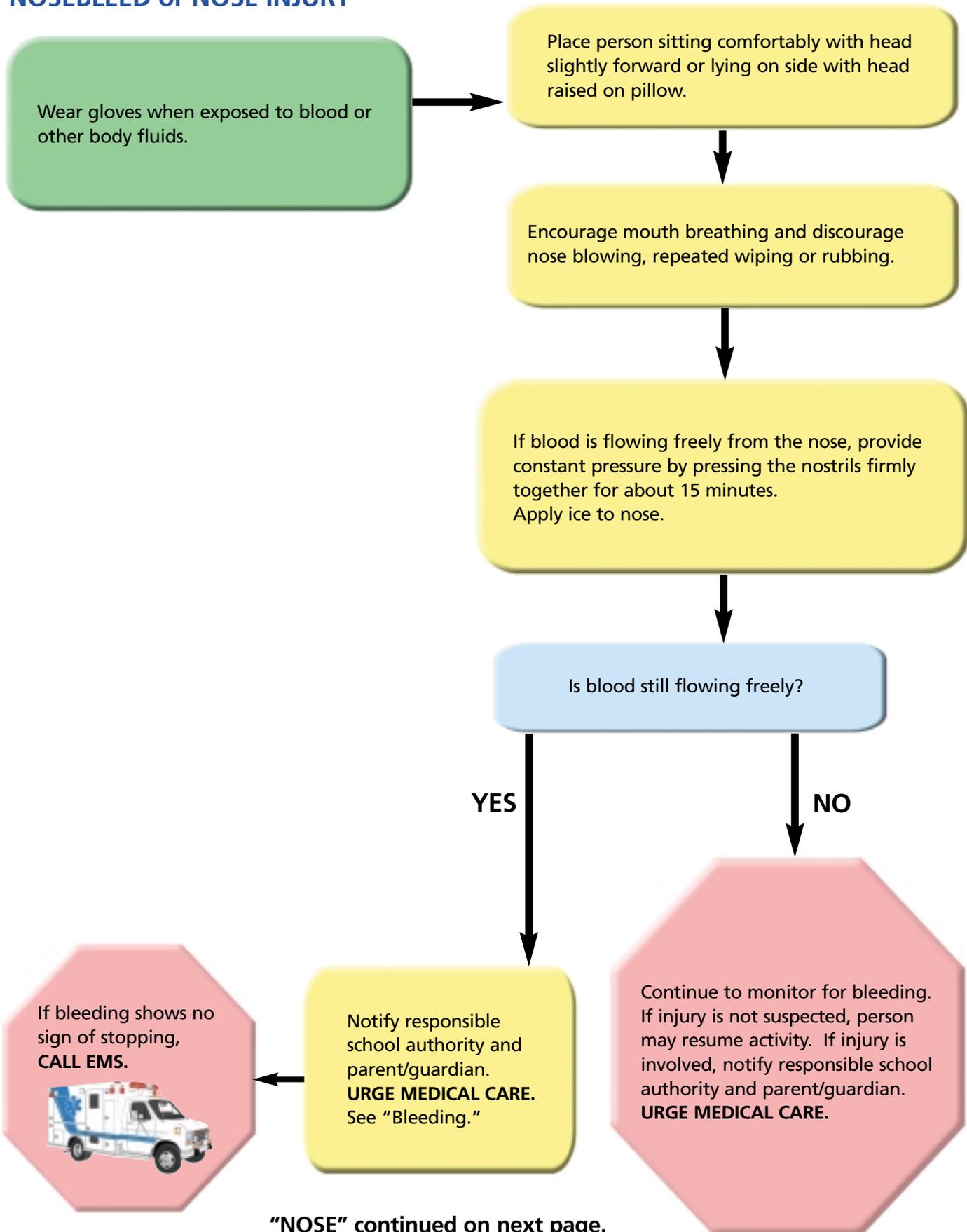
CALL EMS.

Notify responsible school authority and parent/guardian.



NOSE

NOSEBLEED or NOSE INJURY



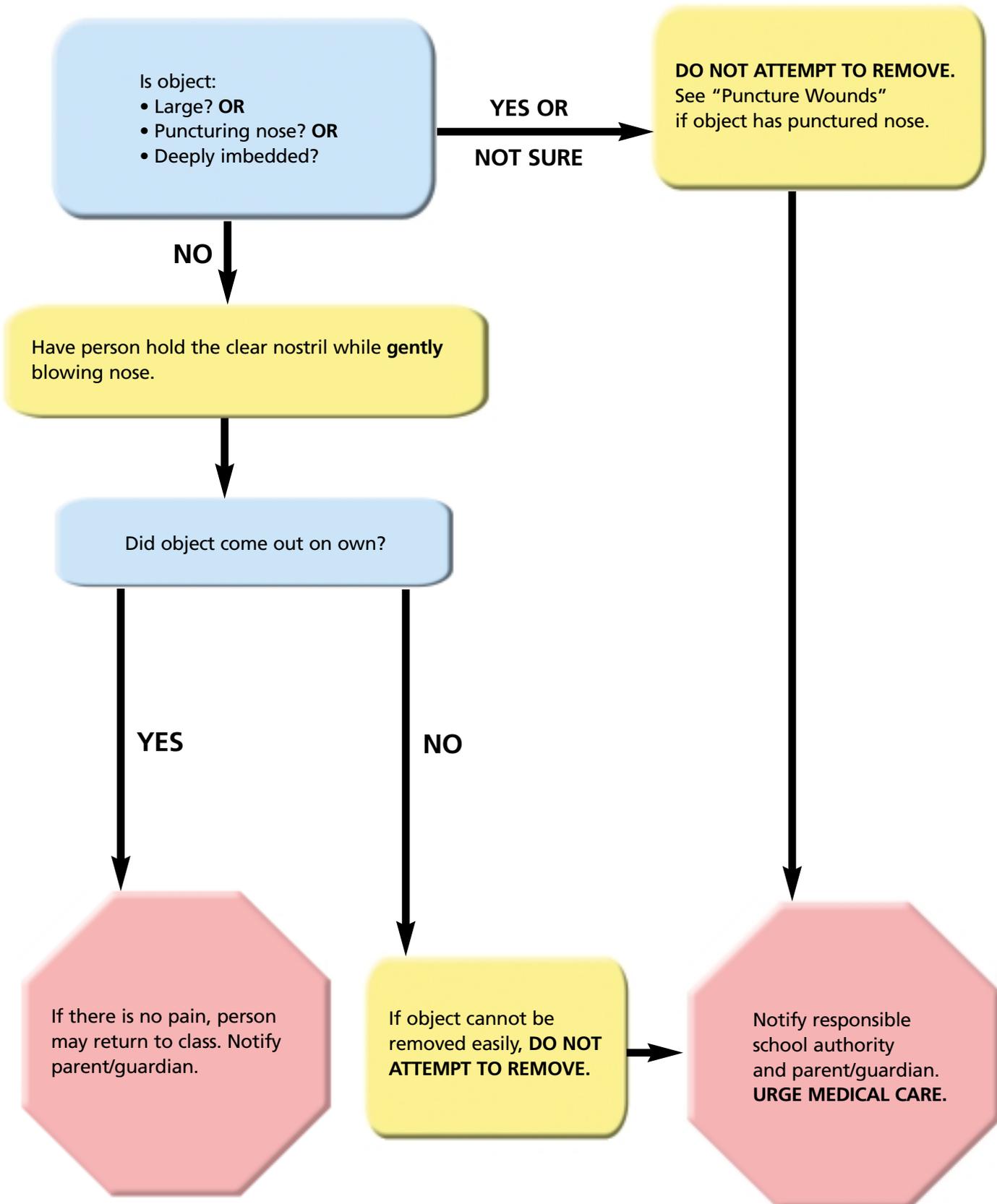
NOSE

"NOSE" continued on next page.

NOSE

Continued from previous page

OBJECT IN NOSE



NOSE continued

POISONING AND OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control (1-800-222-1222) when you suspect poisoning from:

- Medicines
- Insect bites and stings
- Snakebites
- Plants
- Chemicals/cleaners
- Drugs/Alcohol
- Food poisoning
- Unknown substance

Possible warning signs of poisoning include:

- Pills, berries or unknown substance in person's 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 person.
- What the person swallowed or what type of "poison" it was.
- How much and when it was taken.

CALL POISON CONTROL CENTER, 1-800-222-1222 and follow instructions.

CALL EMS

When instructed by Poison Control or when in doubt. Notify responsible school authority and parent/guardian.



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

PREGNANCY

Follow local school system's policy for confidentiality.
Pregnancy may be complicated by any of the following:

Seizure

This may be a serious complication of pregnancy. **CALL EMS.** Notify responsible school authority and parent/guardian.



Vaginal Bleeding

CALL EMS. Notify responsible school authority and parent/guardian. **URGE IMMEDIATE MEDICAL CARE.**



Severe Cramps (Labor)

Short, mild cramps when it is near the due date may be normal. If cramps persist with increasing pain, notify responsible school authority and parent/guardian or call EMS. If NOT near term or if you do not know, notify responsible school authority and parent/guardian or call EMS.



Vaginal Fluid Leakage

This is **NOT** normal and may indicate the beginning of labor. If large amount of fluid and it is near the due date, notify responsible school authority and parent/guardian or call EMS.



Abdominal Trauma

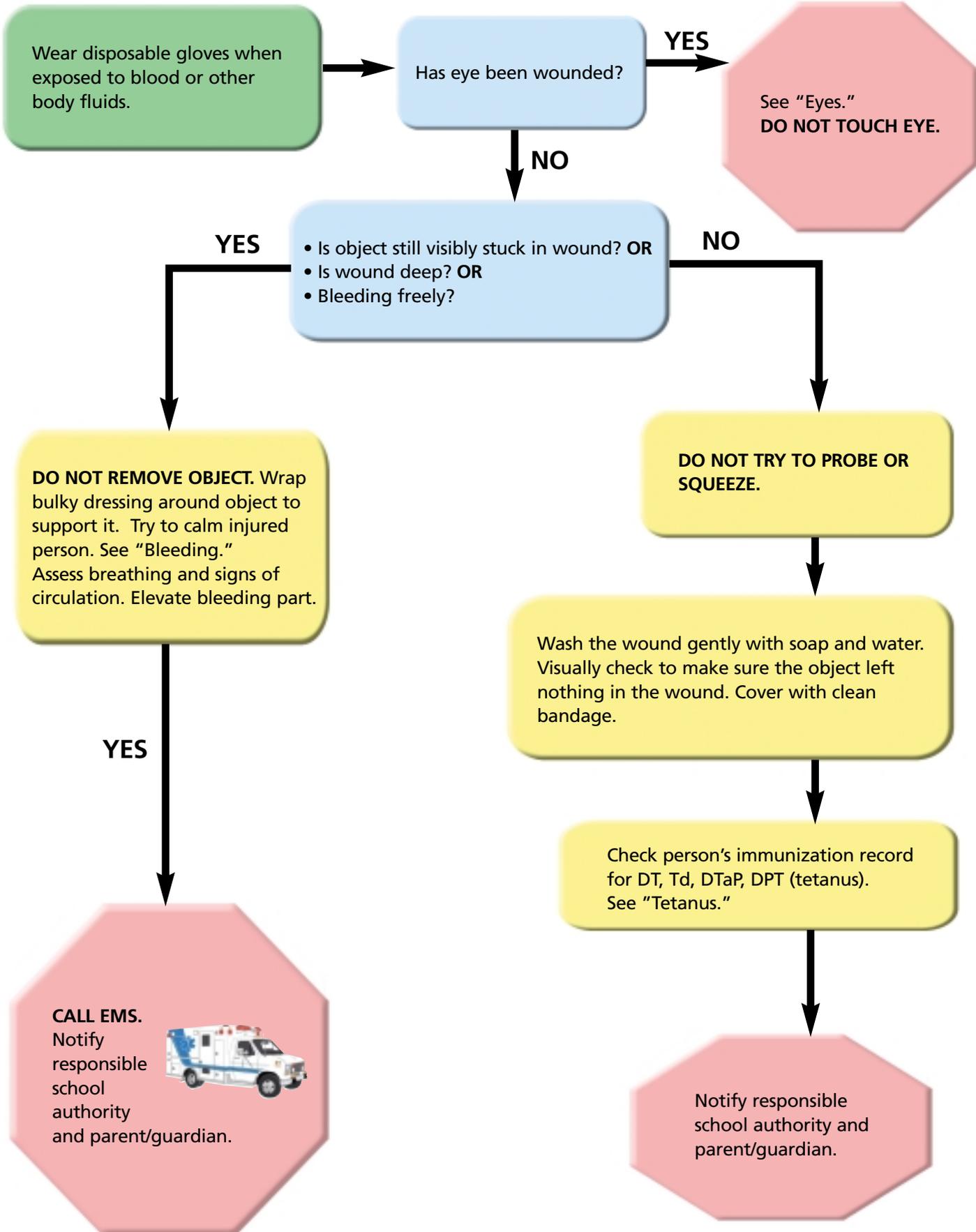
This could result in complications of pregnancy. **CALL EMS.** Notify responsible school authority and parent/guardian.



Nausea

Treat as vomiting. If severe, notify responsible school authority and parent/guardian.

PUNCTURE WOUNDS



PUNCTURE WOUNDS

RAPE

Rape is sexual intercourse by violence or without the person's consent. Suspected victims or victims of alleged sexual assault are considered emergency patients with needs to be met equally by law enforcement and medical measures. Victims may be male or female. Follow local school system's policy regarding reporting.

Victims may display:

- Agitation
- Anxiety
- Vaginal or anal bleeding
- Torn clothing
- Signs of injury from physical assault

Did the incident occur within minutes/hours of the report?

YES

CALL EMS.

Contact responsible school authority.
Notify police.



Arrange transportation to nearest hospital.

DO NOT disturb potential evidence by washing body, changing or discarding clothes.

NO

- Follow locally determined protocol and local and state laws regarding reporting
- See "Child Maltreatment."
- Reassure victim and offer support
- Consider possible sexually transmitted infection, pregnancy, or delayed emotional reactions
- Notify responsible school authority and parent/guardian
- Advise medical care and/or refer to a local Rape Crisis Center

RAPE

RASHES

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

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

Rashes include such things as:

- Hives (itchy, red, raised patches; may come and go)
- Red spots (large or small, flat or raised)
- Purple spots
- Small blisters
- Itchy patches

Other symptoms may indicate whether the person needs medical care. See "Allergic Reaction."

Does person have:

- Loss of consciousness? **OR**
- Difficulty breathing or swallowing? **OR**
- Purple spots (bleeding into skin)?

YES

CALL EMS.

Notify responsible school authority and parent/guardian.



NO

If the following symptoms are present, contact responsible school authority and parent/guardian.

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

RASHES

SEIZURES

For persons with seizure disorders, a detailed description of the onset, type, duration, and after effects of the typical seizures should be written and kept available at all times.

Seizures may be any of the following:

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

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

Observe details of the seizure in order to communicate details to parent/guardian, emergency personnel or physician. Note:

- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.
- Check airway, breath and signs of circulation. See "CPR."

- If person 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 IN THE MOUTH** or give anything by mouth

Is person:

- Having a seizure lasting longer than 5 minutes? **OR**
- Having multiple seizures following one another at short intervals? **OR**
- Having a seizure without a known history of seizures? **OR**
- Having an atypical seizure with known history of seizure?

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

NO

Seizures may be followed by sleep or a period of confusion. This may last from 15 minutes to an hour or more. After the sleeping period, the person should be encouraged to participate in normal activities.

YES

CALL EMS.
Notify responsible school authority and parent/guardian.



Notify responsible school authority and parent/guardian.
URGE MEDICAL CARE.

SHOCK

Shock is the failure of the circulatory system to provide enough blood to all vital parts of the body. Allergic reactions, severe bleeding, injury, drug reaction, heart problems, dehydration, etc. may cause shock.

The person may have:

- Weakness
- Rapid and weak pulse
- Dizziness
- Shallow and rapid breathing
- Nausea and possible vomiting
- Blue or white nail beds
- Pale, cool and clammy skin

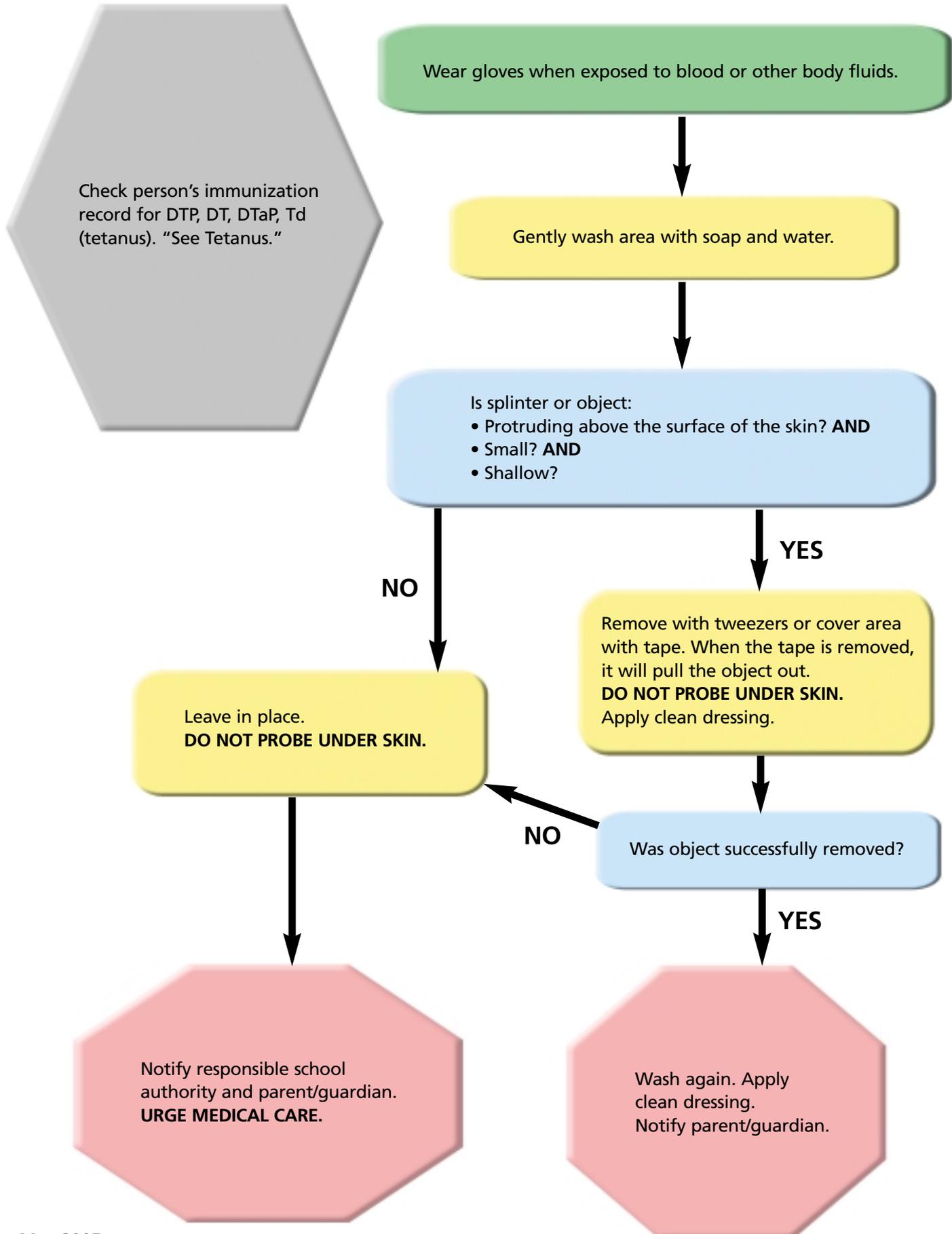
CALL EMS.



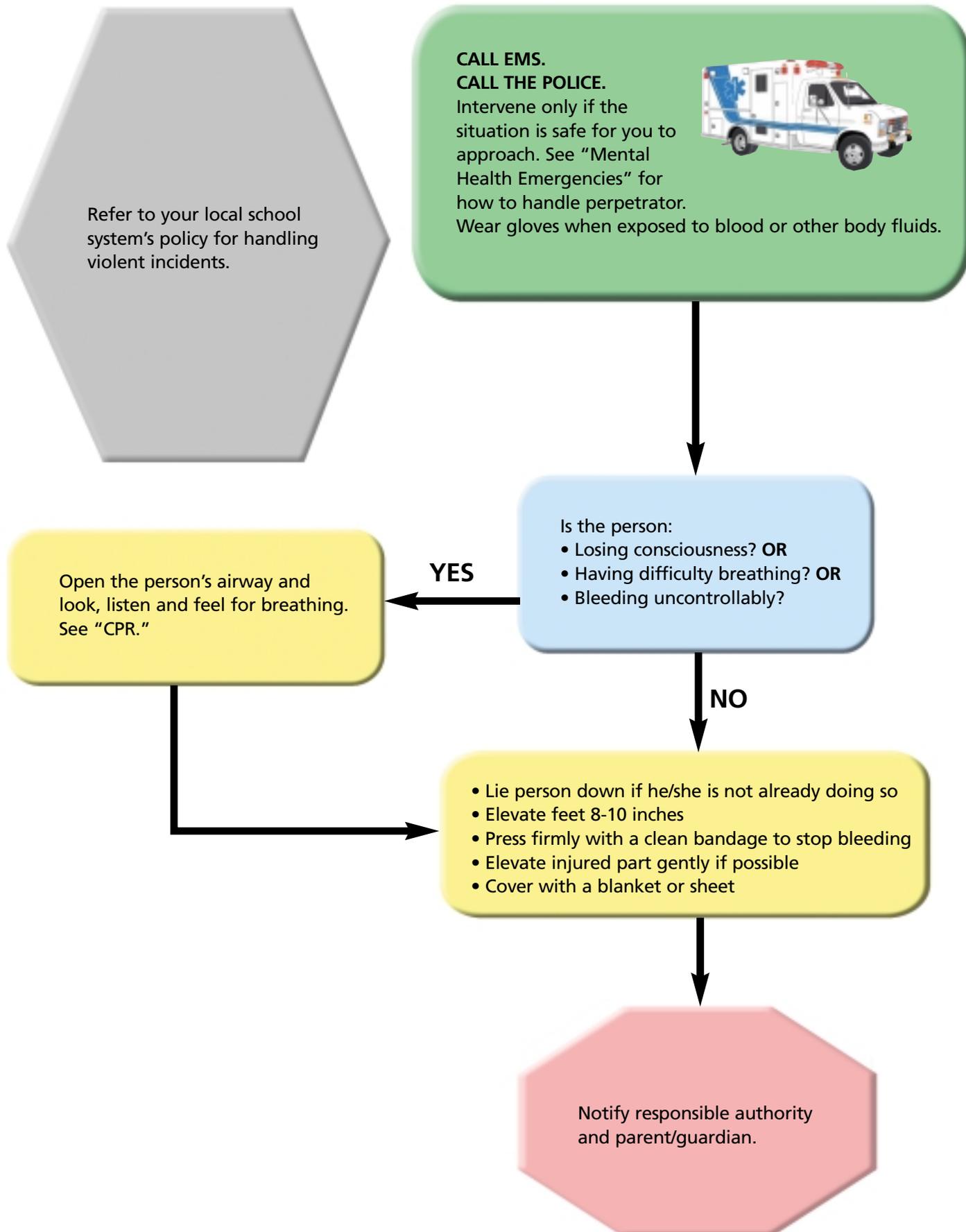
Notify responsible school authority and parent/guardian.

- Maintain open airway, rapidly check for breathing and signs of circulation See "CPR."
- Have person lie flat and rest (if chance of vomiting and no neck or back injury suspected, place on side)
- Control any external bleeding and immobilize major fractures. See "Fractures."
- Keep person warm
- Elevate feet 8 – 10 inches unless you suspect head, back, or neck injury See "Neck and Back Pain."
- Give nothing by mouth
- Remain with person

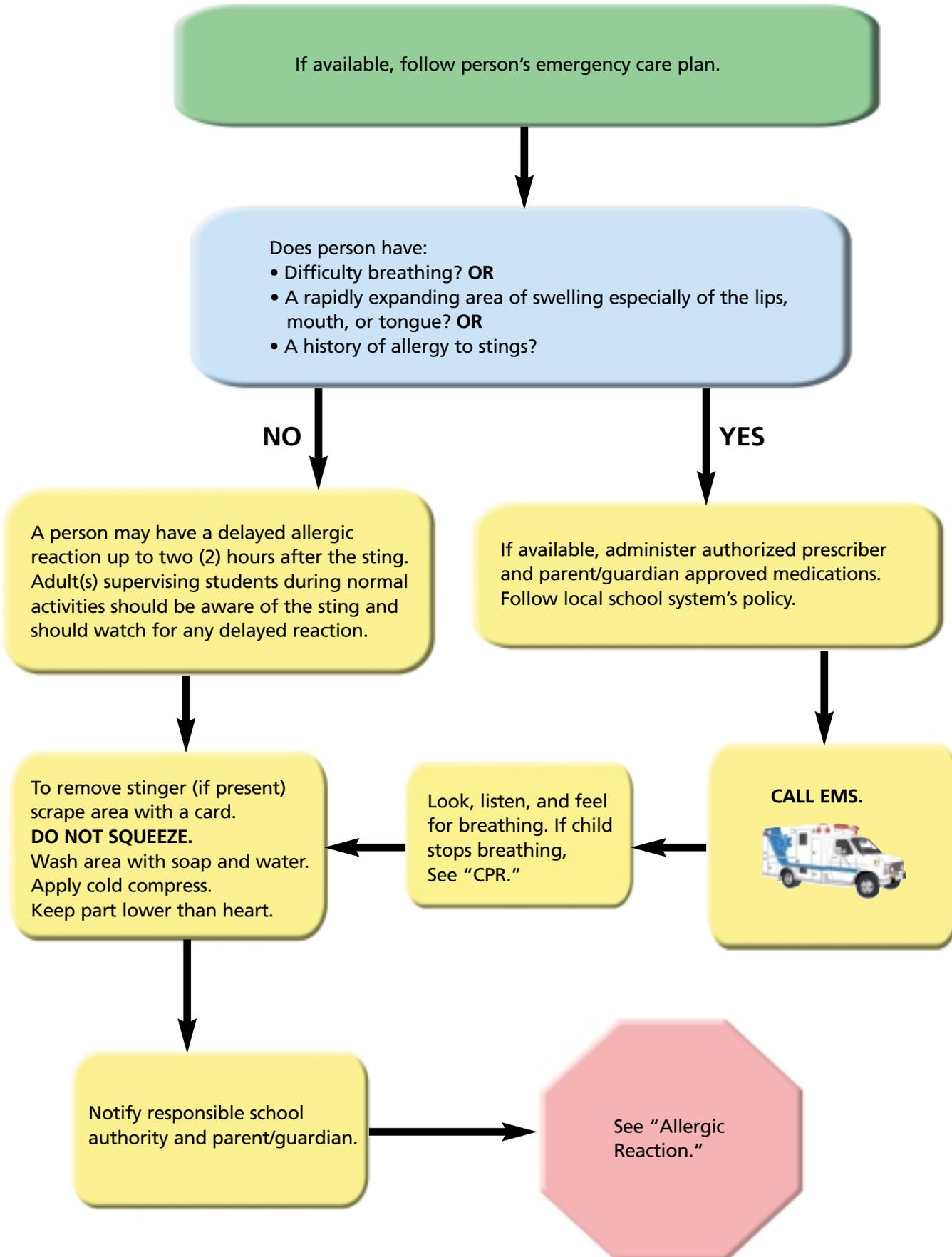
SPLINTERS OR IMBEDDED OBJECTS



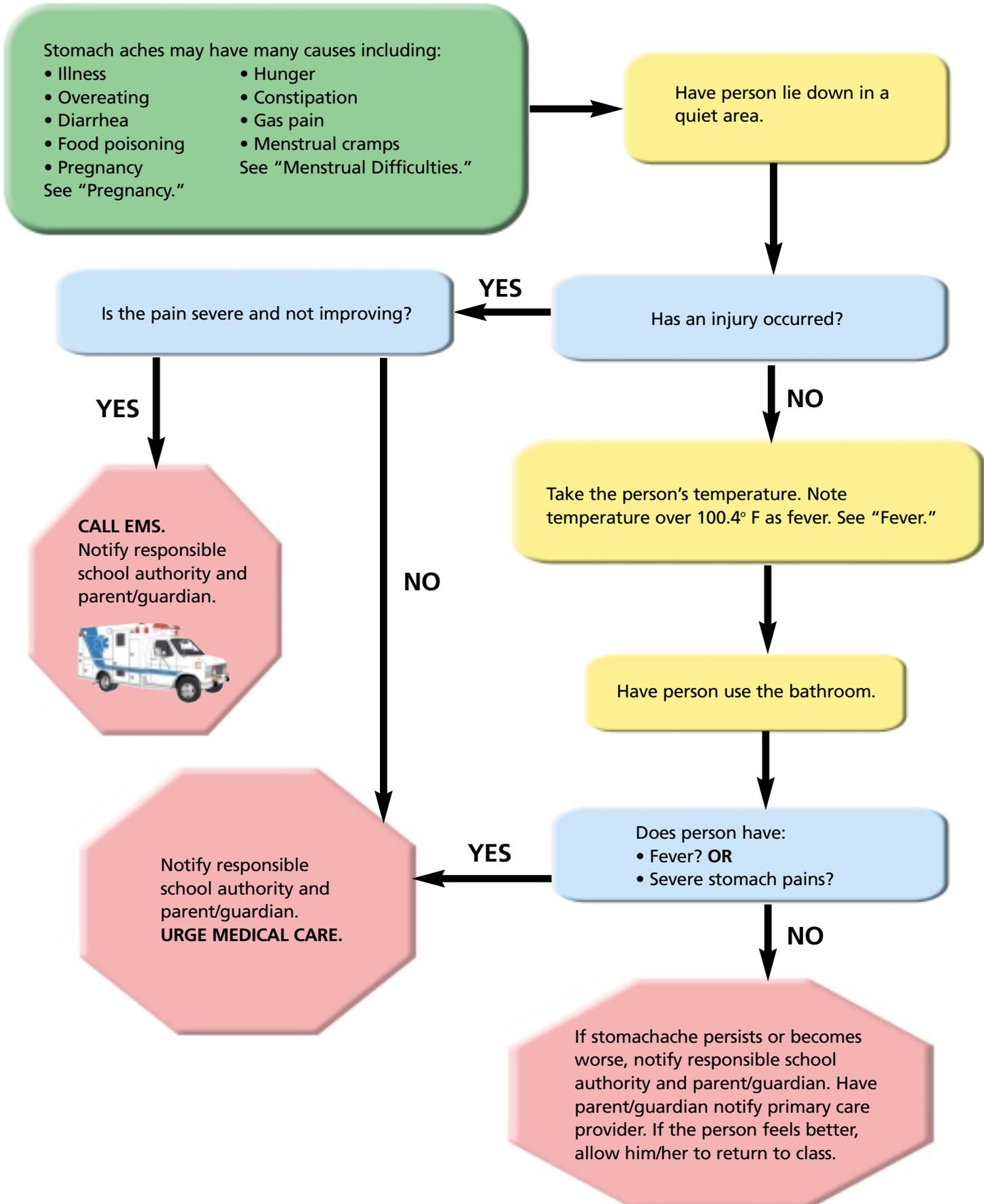
STABBING AND GUNSHOT INJURIES



STINGS



STOMACH ACHES/PAIN



TEETH

Refer to the “Dental First Aid for Children Guide” flip chart from the Office of Oral Health, Department of Health and Mental Hygiene (DHMH). Although these first aid procedures should provide temporary relief and assistance, they are not intended to permanently resolve a dental problem.

A local dentist should be consulted as soon as possible in most situations. If a child does not have a dentist, refer to the resources listed in the guide.

TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the student's immunization record for tetanus shot (i.e., DPT, DTaP, DT, Td) and notify parent or guardian.

A minor wound would need a tetanus booster only if it has been at least **10 years** since the last tetanus shot. A young child also may need a tetanus booster.

Encourage person to check their immunization status with their health care provider.

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

UNCONSCIOUSNESS

If a person under age 8, stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS yourself.

If a person over age 8 stops breathing, call EMS and then perform rescue breathing.



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

Did person regain consciousness immediately?

YES

See "Fainting."

NO

Call EMS



Is unconsciousness related to an injury?

YES OR NOT SURE

Treat as possible neck injury. See "Neck and Back Pain." and/or See "Head Injury."

NO

Keep person in flat position. Elevate feet 8-12 inches. Loosen clothing around neck and waist.

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

Notify responsible school authority and parent/guardian.

If person stops breathing, begin rescue breathing. See "CPR."

UNCONSCIOUSNESS

VOMITING

If a number of individuals or staff become ill with the same symptoms, **CALL POISON CONTROL CENTER 1-800-222-1222** and ask for instructions.

See "Poisoning." Notify responsible school authority.

Vomiting may have many causes including:

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

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

Wear gloves when exposed to blood and other body fluids.

Have person lie down on his/her side in a quiet place.

Apply a cool damp cloth to person's face or forehead.
Have a container available.

DO NOT GIVE medications. Give small sips of clear fluids containing sugar if the person is thirsty and not a known diabetic.

Notify responsible school authority and parent/guardian.
URGE MEDICAL CARE.

VOMITING

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update yearly or as needed. Copy and post near all phones.

EMERGENCY MEDICAL SERVICES INFORMATION

Know how to contact your EMS. Many areas use 911; others use a 10-digit phone number.

EMERGENCY PHONE NUMBER: 911 OR _____

Name of Service: _____

Their average emergency response time to your school: _____

Directions to your school: _____

**BE PREPARED TO GIVE THE FOLLOWING INFORMATION AND
DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP!**

Name and school name _____

Nature of emergency _____

School telephone number _____

Address and driving directions _____

Exact location of injured person (e.g., behind building in parking lot) _____

Description of help already given _____

Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.) _____

OTHER IMPORTANT PHONE NUMBERS

School nurse _____

Responsible school authority _____

Poison Control Center 1-800-222-1222 _____

EMS and Fire Department 911 or _____

Police 911 or _____

Hospital or nearest emergency facility _____

County Children's Services Agency _____

Rape Crisis Center _____

Local Health Department _____

Other medical services information (doctors, dentists) _____

School staff trained in CPR _____

Location of first-aid supplies _____