

STANDING ORDERS FOR EMERGENCY CARE OF STUDENTS

It is both proper and lawful for school personnel to give emergency care to sick and injured students whenever the illness or injury comes to the attention of the school personnel, in any group under school supervision or on school property (including buses, or adjacent to school environs).

The First Aid should be considered a joint responsibility of the various members of the school staff. When the nurse is in the building only part-time, or out of her office on other duties, the teacher and office staff necessarily must accept the major responsibility of caring for emergency illness and accidents.

All students must first report to the teacher under whose care they are at the time. This should be taught to the students just as are other emergency measures.

When a student becomes ill or injured in school, the following procedures should be followed. In general, the person to whom the student has reported his injury or illness shall fill out a health office pass and send the student to the nurse, or the main office, if the nurse is not in the building.

- I. MINOR INJURY ON PLAYGROUND, IN CLASSROOM OR IN PHYSICAL EDUCATION CLASS
 - A. Send student to nurse's office with a "PASS".
 - B. In absence of nurse, call person designated or qualified to give First Aid.
 - C. Record incident and action taken on "Daily Treatment Log".
 - D. Call parent, if indicated.

- II. SERIOUS INJURY
 - A. Send or call for nurse or person designated or qualified to give First Aid.
 - B. Notify office to call 911 if necessary.
 - C. Contact parents/persons designated on emergency card. Contact school physician/family physician if necessary.
 - D. Complete "Incident Report Form". Make 3 copies (1-Nurse's Office, 2-Principal's Office, 3- Superintendent's Office). Record on Daily Treatment Log. Record on student's health record.

- III. EXTREME EMERGENCIES

While First Aid is being administered, additional personnel should:

 - A. Call ambulance- 911.
 - B. Notify parents or other person indicated on emergency card.
 - C. Obtain medical help from school physician, family physician, or EMT.
 - D. Complete Incident Report Form. Make 3 copies (1-Nurse's Office, 2-Principal's Office, 3- Superintendent's Office). Record on Daily Treatment Log. Record on student's health record.
 - E. Provide parent with School Insurance Form.

DO NOT ATTEMPT TO TREAT THE FOLLOWING:

1. Head injuries (if serious)- DO NOT MOVE.
 2. Eye injuries.
 3. Abdominal injuries.
 4. Burns covering a large area-DO NOT MOVE.
 5. Puncture wounds.
 6. Major laceration- APPLY PRESSURE- DO NOT MOVE.
 7. Possible fractures-DO NOT MOVE.
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ABDOMINAL/STOMACH PAIN

- A. Localized- Check for temperature. No food or drink. Place under care of parents. Advise not to give laxatives and to call physician if pain persists.
- B. Stomach or Gastric Upset- Check temperature. Notify parents if there is a fever, acute nausea or vomiting present. May use Tums if desired.

ACHES (MUSCLES, SPORTS, STIFF NECK)

Check range of motion. Apply cold or warm compress or massage as indicated.

BITES

- A. Dog Bite- Wash area with soap and water. Clean with Bactine. Notify parents. Refer to physician if skin is broken. Report to Police Department. Try to identify owner.
- B. Insect Bite or Bee Sting- Remove stinger if still present. Clean with Bactine. Ice, Killsting swab may be applied. Observe for allergic reaction. Refer to parents if allergic condition exists.

SYMPTOMS OF SEVERE REACTION:

1. Difficulty breathing
2. Swelling or redness greater than 4" diameter within 10 minutes of sting
3. Rapid pulse- 120 beats per minute
4. Profuse sweating

BLEEDING

- A. **Bleeding (Severe) from Wound-** Apply direct pressure over wound, preferably with sterile compress. After bleeding has been controlled, without disturbing compress, apply additional layers of dressing and bandage firmly. Notify parents and refer to physician immediately. If possible, in severe bleeding cases, elevate wound above heart.
- B. **Nosebleed-** Have patient sit up, check throat to determine extent of bleeding. Control bleeding by:
- Have student hold head tilted slightly downward and pinch nostrils for minimum of 5 minutes.
 - Apply ice or cold compress to bridge of nose or back of neck.

BROKEN/ FRACTURED BONE OR SPRAIN

Immobilize part as it lies. Ice pack. Notify parents and refer to physician. Seek immediate medical help.

BRUISE/ CONTUSION

Apply ice. If injury is to head, allow to rest. Observe for adverse symptoms. Notify parents if indicated.

BURNS

- **FIRST DEGREE (Skin reddened) or MILD SECOND DEGREE (Skin blistered)**
Hold under ice water or cold running water. Never use antiseptic on a burn. Do not try to clean. Do not break blisters. If needed, cover with sterile telfa dressing.
- **EXTENSIVE SECOND AND THIRD DEGREE**
Do not apply any ointments. If possible, cover with sterile dressings. Refer to procedure for extreme emergencies.
- **CHEMICAL BURNS**
Cleanse with large quantity of water. Proceed as with heat burns. Irrigate with copious amount of clear water. Apply loose dressing. Notify parents and refer to physician immediately.

CHAPPED/DRY SKIN OR LIPS

Vaseline may be applied.

CHOKING (Per Guidelines of American Red Cross)

Execute Heimlich Manuever- Let patient attempt to cough up object. DO NOT probe with fingers. If the object is not dislodged promptly, repeat the above procedure until the foreign body is expelled or the victim becomes unconscious. Refer to procedure for extreme emergencies. If breathing stops, begin rescue breathing.

COLD/ UPPER RESPIRATORY INFECTION

Check temperature. If fever or acute symptoms, such as sneezing and coughing are present, send home. May use HALL's if indicated.

CONVULSIONS/ SEIZURES

Place patient on back on floor where he cannot hurt himself. Loosen clothing. Turn head to side. Raise and pull lower jaw forward. Do not move until seizure has ceased. Allow to rest in darkened room. Notify parents. Repeated convulsions require immediate medical attention- Call 911 if parent not available. DO NOT PUT ANYTHING IN PATIENT'S MOUTH.

CUT/ LACERATIONS/ ABRASIONS

A. Cut or Minor Abrasion

Clean area with soap and water. Check for embedded dirt. Bactine may be used as needed. Hydrogen peroxide should be used for all puncture type wounds. Apply sterile dressing if needed. Notify parents if indicated.

B. Severe Cut/ Laceration

Control bleeding. Clean area with soap and water. Apply sterile dressing. Notify parents and refer to physician at once. Notify parents that Tetanus Booster may be needed if over 10 years since last booster (dirty wounds).

DIABETIC REACTIONS

A. Insulin Shock Symptoms: Blurred vision, lack of coordination, restlessness, pallor, cold, clammy skin, fatigue, perspiration, increased pulse rate. TREATMENT – to known diabetics give orange juice or other concentrated sweet. Glucagon or sugar may be used. Keep patient warm. Notify parents. If unconscious refer to procedure for extreme emergencies.

B. Diabetic Coma Symptoms: Labored breathing, sweet breath (acetone), nausea, vomiting, drowsiness to coma. TREATMENT – refer to procedure for extreme emergencies.

EARACHE

Check temperature. Place cotton loosely in outer ear. Ice pack may be used to relieve pain until medical attention is received.

EYE

A. Foreign Body or Irritation

May use Visine or sterile eye wash. Advise not to rub eye. Lying on side opposite effected eye with eyes closed will sometimes allow tears to wash away object. Notify parents if object cannot be removed or there is evidence of injury. Use eye flush where applicable.

B. Wound To Surface of Eyeball

Make no attempt to remove penetrating object if still present. Cover with loose bandage. Keep patient flat. Notify parents and seek immediate medical care.

C. Blunt Blow (as with ball or elbow)

Rest with cold pack; check vision for blurring and acuity (on eye chart). Notify parent if necessary.

FAINTING

Patient to remain where fainted until conscious and oriented. Elevate feet. Whiffs of aromatics may be used. Notify parents. Transport to nurse's office.

HEADACHE

Check temperature. Send home if elevated. Rest with cold compresses if indicated.

HEAD INJURY

A. Scalp or Face

Bruise/ Swelling: Rest with cold pack. Monitor vital signs, swelling, pupils, orientation and state of consciousness.

B. Concussion

Blow to head, loss of consciousness, pupils unequal and/ or dilated, amnesia or disorientation, nausea/ vomiting or dizziness: Stop all activity; rest with head slightly elevated; cold pack to swelling. Notify parent or 911 as necessary.

C. Skull Fracture

Moderate to severe blow to head. May be bleeding or not. Loss of consciousness, pupils unequal and/ or non-reactive to light, disorientation, dizziness. Stop all activity; lay down. Notify parent or 911 as necessary.

*** B and C **REQUIRE** notice from physician before returning to full activity.

POISON BY MOUTH

1. Try to find out what type of poison was taken.
2. Call the Poison Control Center (1-800-222-1222).
3. Give 1 glass of water or milk to drink.
4. Check breathing frequently.
5. Treat for shock (have student lie down, elevate legs, turn head to side, keep warm).

DO NOT GIVE MILK OR WATER TO DRINK WHEN VICTIM IS:

1. Unconscious
2. Convulsing (shaking all over and cannot control his/her muscles.
3. Very weak and tired (exhausted).

- Call ambulance- 911
- Have victim lie on side
- Treat for shock
- Check breathing frequently

RASH

Apply Rhulispray (Calamine) or hydrocortisone cream if skin is not open. Refer to parents if there are raw or weeping areas.

SORE THROAT

Check temperature. Check for swollen glands. In absence of fever, may use saline gargle. Send home if fever is present or acute discomfort.

SPLINTER

Soak in warm water. Remove with tweezers. Cleanse with Bactine. Cover if necessary.

TOOTHACHE/ SORE INSIDE MOUTH

Rinse with saline solution. Apply Anbesol if indicated.

EPIPEN (AUTO-INJECTOR EPINEPHINE)

Place the child in a supine position in the most comfortable position for the child. Epinephrine auto-injectors are available in 0.3mg (EPIPEN 1:1000) and 0.15mg (EPIPEN Jr. 1:2000)

DOSAGE: 0.3 mg Epipen if 5 years of age and older (33-66 lbs.)
0.15 mg Epipen Jr. if under 5 years of age (over 66 lbs.)

SCHOOL NURSE PROTOCOL FOR THE USE OF TYLENOL

1. Check for allergy to Tylenol.
2. Tylenol may be dispensed for the following indications:
 - Headache
 - Pain associated with cuts, scrapes, sprains, strains
 - Fever
 - Throat pain associated with URI, pharyngitis
 - Chest or abdominal discomfort associated with cough
 - Dysmenorrhea

Tylenol will be dispensed according to the student's age, as follows:

A. Tylenol chewable 80mg tablet (or generic or brand name equivalent)

24-35 lbs.	=	2 tablets QID
36-47 lbs.	=	3 tablets QID
48-59 lbs.	=	4 tablets QID
60-71 lbs.	=	5 tablets QID
72-95 lbs.	=	6 tablets QID

B. Tylenol regular strength (325mg tablet or equivalent)

48-94 lbs.	=	1 tablet QID
95 lbs. and above	=	2 tablets QID

SCHOOL NURSE PROTOCOL FOR THE USE OF IBUPROFEN

1. Check for allergy to aspirin or ibuprofen.
2. Check for allergy to bleeding tendencies.
3. Ibuprofen may be dispensed for the following indications:
 - Dysmenorrhea
 - Muscular/ skeletal discomfort
4. Ibuprofen will be dispensed as follows:
Ibuprofen 200mg (any OTC brand or generic) for age > 12 yrs. Give one tablet QID with crackers.

PPD AND HEPATITIS B VACCINE

The school nurse may administer PPD and Hepatitis B vaccine to staff and/or students as needed.

Nurse

Date

School Physician

Date