

R 8441 CARE OF INJURED AND ILL PERSONS

A. Immediate Attention

These regulations apply when a person--pupil, staff member, or visitor on school premises or in the curriculum of a school-sponsored event or field trip is injured or becomes suddenly ill. The school staff member or other responsible adult present who takes charge should act quickly but not hastily.

1. The injury or illness shall be reported immediately to the school nurse or, in the absence of the school nurse, to the Principal.
2. If it is clearly evident that the illness or injury is serious, emergency medical assistance shall be immediately summoned by telephone call to 911.
3. The victim shall be examined for breathing obstructions, bleeding, and broken bones.
4. The victim shall be checked for the presence of a necklace or bracelet that identifies a particular medical problem such as diabetes or epilepsy.
5. The victim will not be moved, except as may be absolutely necessary to remove the person from a dangerous environment. If necessary, furniture or equipment will be moved to permit space around the victim.
6. The victim should be made as comfortable as possible, without moving him/her, by loosening binding clothing and providing warm coverings.
7. No food or liquid should be given to the victim except on the orders of a health professional.
8. The victim should be calmed with assurances that he/she is receiving or is about to receive aid.



B. Emergency First Aid Procedures

The school nurse shall administer the following emergency first aid procedures, as appropriate to the victim's illness or injury. If the school nurse or other health professional is not available or cannot be summoned quickly or the victim's illness or injury is so serious as to warrant immediate attention, these first aid procedures may be followed by the responsible adult present.

1. ALLERGIC REACTIONS

The victim may show sudden blotchy swelling of the skin (hives) and mucous membranes, difficulty in breathing, wheezing, increased pulse rate, nausea, abdominal cramps, vomiting, fall in blood pressure with weak pulse.

The use of a single dose auto-injector for epinephrine may be indicated. The school nurse or trained teacher shall decide whether or not to administer the appropriate dose.

In a severe allergic (anaphylaxis) reaction, call 911 and the victim's parent, and the victim should be taken immediately to hospital emergency services.

2. BLEEDING, SEVERE

- a. Apply direct pressure with a sterile compress, if available; if no compress is available, the gloved or otherwise protected hand or fingers may be used until a compress can be obtained.
- b. Unless there is evidence of a fracture, a severe wound of the hand, neck, arm, or leg should be elevated above the level of the victim's heart.
- c. Apply pressure on the supplying artery if severe bleeding does not stop after application of direct pressure plus elevation.
- d. A tourniquet may be used only for a severe, life threatening hemorrhage that cannot be controlled by other means. The decision to use a tourniquet may be made only by a health professional.
- e. Call 911 and victim's parent.



3. BREATHING OBSTRUCTION

- a. Tilt the victim's head, clear the airway, and begin mouth-to-mouth or mouth-to-nose breathing immediately. Initially, give four quick, full breaths without allowing the lungs to fully deflate between each breath.
- b. Maintain the head tilt and look, listen, and feel for exhalation of air. Check the carotid pulse for at least five but no more than ten seconds.
- c. If there is no pulse and no breathing, cardiopulmonary resuscitation (CPR) should be commenced by a person trained to give CPR.
- d. If there is a pulse but no breathing, mouth-to-mouth breathing should be continued until the victim breathes spontaneously.
- e. Call 911 and parent.

4. BURNS, MAJOR

The victim has sustained a second- or third-degree burn, i.e. has burned the epidermis and underlying dermis and perhaps underlying tissues, possibly over a large area; the skin will appear red and blistered or, in a very serious burn, white or blackened.

- a. If the burn was caused by exposure to a chemical,
 - (1) Flush the affected area under cool running water for at least fifteen minutes;
 - (2) Apply any first aid measures specified on the chemical container;
 - (3) Cover the burn with a cool, wet dressing;
 - (4) Call 911 and the victim's parent; and
 - (5) Take the victim to hospital emergency services.
- b. If the burn is a second degree burn that covers an area less than two or three inches across,



- (1) Rinse the burn with cool water and gently wash and rinse the burned area;
 - (2) Cover with a sterile dressing; and
 - (3) Do not break blisters to avoid the risk of infection.
- c. If the burn affects an area more than two or three inches across or is a third degree burn,
- (1) Immerse the burned area in cold water or apply cold compresses to the affected area to bring skin temperature back to normal, and
 - (2) Wrap the victim loosely in a clean sheet and transport him/her to hospital emergency services or, if the burn affects more than ten percent of the body, to a specialized burn facility.

5. CONCUSSION

The victim may be dazed or unconscious, bleed from mouth, nose or ears; have rapid but weak pulse; have eye pupils unequal in size; complain of headache and dizziness; be nauseated or vomiting,

- a. Keep victim lying down and warmly covered.
- b. Ice may be applied to head.
- c. Assess victim for level of consciousness, mental status and vital signs.
- d. Medical attention must be sought to determine extent of injury.
- e. Call 911 and victim's parent.

6. CONVULSION OR SEIZURE

- a. Protect the victim from self-injury by lying him/her down, preferably on a padded surface, and loosen his/her clothing.



- b. Turn the victim's head to one side to keep the airway open and permit saliva to flow out of the mouth. Do not place a finger in the victim's mouth or try to force open the victim's clenched jaws.
- c. Do not restrain the victim.
- d. If vomiting occurs, turn the head so that vomitus is expelled from the mouth and is not inhaled.
- e. Assess the victim's level of consciousness, respiratory status and vital signs.
- f. If the seizure continues for more than a three minutes, call 911 and the victim's parent unless another plan is in place from the medical home with the parent's agreement

7. HEAT EXHAUSTION

The victim may have pale, clammy skin, rapid and weak pulse, weakness, headache, nausea, cramps of abdomen or limbs.

- a. The victim should lie down with his/her head lower than the body.
- b. Apply cool compress to the victim's head/back of neck.
- c. Provide a cool area for victim.
- d. Provide hydration slowly.
- e. Call parent and send victim home. If the symptoms do not subside, call 911 and the victim should be taken to a hospital emergency service.

8. POISONING

- a. Contact the Poison Control Center by calling 1-800-222-1222 for instructions. Be prepared to give information regarding the substance and amount ingested and the state of the victim.



- b. Remove the victim, along with the container of the substance ingested and any vomitus, to hospital emergency services.

9. SHOCK

The victim may be pale and have a clammy skin, weak and rapid pulse, irregular or labored breathing, perspiration on upper lip and forehead. Victim may be nauseated and/or thirsty.

- a. Keep the victim covered and lying down, with feet raised higher than the heart.
- b. Loosen tight clothing and keep the victim comfortably warm.
- c. If the victim is conscious, has no abdominal injury, and is not vomiting, the victim may be given water.

C. Routine First Aid Care

The school nurse shall administer the following routine first aid procedures, as appropriate to the victim's illness or injury. If the school nurse or other health professional is not available or cannot be summoned quickly, these first aid procedures may be followed by the responsible adult present.

1. ABDOMINAL PAIN

- a. Take the victim's temperature and pulse rate.
- b. Check for recent history of nausea, vomiting, and food ingestion and perform an abdominal assessment.
- c. Require victim to lie down for rest period.
- d. If pain does not diminish or intensifies, notify parent.

2. ABRASIONS AND LACERATIONS

- a. Wash area gently with bland soap and cool water, rinsing carefully.



- b. Apply an approved antiseptic or antibiotic ointment.
 - c. Cover area with a light protective adhesive bandage.
3. BITES and STINGS
- a. A wound resulting from the bite of an animal should be treated as follows:
 - (1) Wash wound immediately with soap under running water. Apply an antiseptic and/or an antibiotic ointment.
 - (2) Notify parent and advise to seek medical advice from private physician.
 - (3) If the wound is severe or a puncture wound, cleanse and send victim to hospital emergency services.
 - b. A wound resulting from the bite of a human being should be washed and treated by a school nurse..
 - c. A bee sting should be treated as follows:
 - (1) Remove the stinger if possible and clean site with soap and water.
 - (2) Apply an ice pack or flush with cold water.
 - (3) Apply calamine/caladryl lotion .
 - (4) Call parent and advise him/her to seek medical advice from private physician.
 - (5) If severe allergic reaction occurs, call 911 and parent.
 - (6) Complete exposure and incident report.
4. BLISTERS (other than those caused by burns)
- a. Apply a light protective bandage.



b. If blister ruptures, wash with soap and water or apply dressing.

c. Notify parent.

5. BOILS

a. Apply dry dressing.

b. If boil has erupted, cleanse area and apply antiseptic or antibiotic ointment.

c. Notify parent.

d. Physician evaluation is required.

6. CONTUSIONS

a. Apply cold compresses or ice to bruised area.

b. If contusion is to the eye area, examine pupil's eye and check victim for head injury.

c. Check vision acuity and visual fields if possible.

d. If complaint of decreased acuity, blurred vision or has severe swelling or pain, notify parent and refer for physician evaluation.

7. BURNS, MINOR

a. Cool burned area under cold running water or with application of cold compress.

b. Encourage victim to drink fluids.

c. Notify parent.



8. DIARRHEA
 - a. Take the victim's temperature.
 - b. Encourage intake of water.
 - c. Perform abdominal assessment.
 - d. Call parent.
9. DISLOCATIONS
 - a. Apply ice or cold compress.
 - b. Immobilize injured area.
 - c. Notify pupil's parent and call 911 if needed.
 - d. Refer for physician evaluation.
10. EARACHE
 - a. Check victim's temperature and examine ear.
 - b. Call parent if foreign body is present or infection/fluid noted.
11. FAINTING
 - a. Recline victim to lying position on his/her back. Loosen clothing for comfort.
 - b. Check victim for pulse rate and breathing; if necessary, apply CPR.
 - c. Permit victim to recover slowly.
 - d. Call 911.
 - e. Notify parent.



12. FOREIGN OBJECTS

- a. Eye imbedded foreign object:
 - (1) Cover with an eye patch. If object is protruding, tape and paper cup over the eye.
 - (2) Call parent and refer immediately for medical intervention.
- b. Non-imbedded foreign object:
 - (1) Rinse with warm water or eye irrigant.
 - (2) Notify parent if no relief and refer for medical evaluation.
- c. If the foreign object is in the ear or nose, notify parent and refer for removal by a physician
- d. When a foreign object has been swallowed or is in the victim's air passages:
 - (1) Assess respiratory status.
 - (2) Perform Heimlich Maneuver if indicated.
 - (3) Notify parent.
 - (4) Call 911 if indicated.

13. FRACTURES

- a. When the fracture is simple (no wound or break in skin):
 - (1) Immobilize injured area, apply ice and elevate.
 - (2) Contact parent and refer for physician evaluation.
 - (3) Call 911 if necessary.



- b. When the fracture is compound fracture:
 - (1) Take measures to stop the bleeding and apply a protective dressing to the wound.
 - (2) Immobilize injured area.
 - (3) Notify parent.
 - (4) Call 911 if indicated.
- c. When a suspected fracture occurs to the skull or spinal column:
 - (1) Do not move the victim.
 - (2) Support the injured area.
 - (3) Control any bleeding.
 - (4) Notify parent and call 911.

14. HEADACHE

- a. Assess how and when the headache started, the length of time it has persisted, and what medication, if any, has been taken.
- b. Take victim's temperature.
- c. Have victim rest for ten minutes.
- d. Offer fluids.
- e. In case of frequent recurring headaches or complicating symptoms, notify parent.

15. NOSEBLEEDS

- a. Have victim sit with head angled slightly forward.



- b. If bleeding is from one nostril only, press that nostril toward the center; if from both nostrils, pinch nostrils together five to ten minutes. Ask victim to breathe through the mouth.
 - c. If bleeding persists, reapply pressure for ten minute
 - d. If bleeding cannot be stopped or recurs frequently, notify parent to take victim for medical evaluation.
16. POISON IVY, OAK, SUMAC
- a. If person has recently been exposed to toxic plant, wash exposed skin area with soap and rinse thoroughly.
 - b. After rash appears, apply calamine/caladryl lotion.
 - c. Weeping rash should be covered with a dressing.
 - d. Notify parent and advise parent to seek medical advice.
17. SORE THROAT
- a. Check person's temperature.
 - b. Assess throat for infection, redness, swollen tonsils.
 - c. If fever or complicating symptom is present, notify parent.
18. SPLINTERS
- a. Cleanse area with soap and water.
 - b. Remove visible splinter with tweezers if possible and rewash. Apply antiseptic and light protective adhesive bandage.
 - c. If splinter is imbedded, do not remove. Notify parent.



19. SPRAIN

- a. Assess injured area.
- b. Immobilize injure area.
- c. Apply ice pack or cold compresses to the injured area.
- d. Notify parent.
- e. Refer for medical evaluation.

20. TEETH

- a. Apply Anbesol/Orajel to a mild toothache.
- b. If the toothache is severe, notify the parent and recommend dental care. A cold pack may be applied for temporary relief.
- c. If a tooth is broken or is knocked out, notify the parent.
- d. If a tooth is knocked out or chipped, place the tooth in milk and send with the victim to a dentist immediately.

This regulation shall not be in effect unless it has the specific approval of the School Medical Inspector.

Adopted: May 26, 2009

