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

Does the student have any symptoms of a SEVERE allergic reaction which may include:
- Blueness around mouth, eyes?
- Confusion?
- Difficulty breathing?
- Drooling or difficulty swallowing?
- Swelling of face, lips, tongue, mouth?
- Feeling of impending doom?
- Flushed face?
- Hives all over body?
- Loss of consciousness?
- Paleness?
- Dizziness?
- Seizures?
- Vomiting?
- Weakness?

Symptoms of a MILD allergic reaction include:
- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

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

Does the student have an emergency care plan available or does the school have stock epinephrine available?

UNLICENSED ASSISTIVE PERSONNEL MAY NOT ADMINISTER STOCK EPINEPHRINE TO STUDENT WITH UNKNOWN

CALL EMS/911
- Contact Superintendent’s Office & parent/guardian.
- Complete Risk Management Reporting Protocol

Does the student have an allergy emergency care plan?

If student is so uncomfortable and unable to participate in school activities, contact responsible school authority & parent/guardian.

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor for signs & symptoms of severe allergic reaction.

Refer to the student’s plan. Administer healthcare provider and parent approved medication as indicated.

Document care provided and medication administered, if applicable.
Students with a history of breathing difficulties, including asthma/wheezing, should be identified to all staff. A health or emergency care plan should be developed.

A student with asthma/wheezing may have breathing difficulties, which include:

- Wheezing - high-pitched sound during breathing out (exhaling).
- Rapid breathing.
- Flaring (widening) of nostrils.
- Increased use of stomach and chest muscles during breathing.
- Tightness in chest.
- Excessive coughing.

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

Does the student have a healthcare provider and parent/guardian approved medication?

- YES
  - Administer the medication as directed.

- NO
  - Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

Did the breathing difficulty develop rapidly?
- Are the lips, tongue or nail beds turning blue?
- Are symptoms not improving or getting worse?

- CALL EMS/911

- YES
  - Document care provided and medication administered, if necessary.

- NO
  - Contact responsible school authority & parent/guardian.
    - If unable to reach parent/guardian, monitor student closely.
    - If symptoms worsen, CALL EMS/911.
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.

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

Has an injury

Did the student walk in or was the student found lying down?

LYING DOWN

- Do not move the student unless there is IMMEDIATE danger of further physical harm.
- If the 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 the student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

WALK IN

• 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.

The child may return to class, if student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/guardian.

Call EMS/911. Contact responsible school authority & parent/guardian.

Document care provided.
Bites (Human & Animal)

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

Wash the bite area with soap and water.

Is the student bleeding? NO

Hold under running water for 2-3 minutes.

Is bite from an animal or a human?

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.

Was the skin broken? YES

Contact responsible authority & parent/legal guardian.

While maintaining confidentiality, notify parents/legal guardians of the child who was bitten and the child who was biting that their child may have been exposed to blood from another child.

Apply cool compress to area for up to 20 minutes. Notify responsible school authority & parent/legal guardian. Student may return to class.

Contact responsible school authority & parent/legal guardian.

Document care provided. Complete accident/incident report, if required.

Press firmly with a clean bandage. See BLEEDING

Is bite large or gaping? Is bleeding continuing? YES

CALL EMS/911.
Continue to apply pressure and additional bandages. Do not take soiled bandages off the wound.

Report bite to proper authorities, usually the local health department or animal control, so animal can be caught and watched for rabies.

If bite is from a human, wash the bite area with soap and water.

Is the student bleeding? NO

Apply cool compress to area for up to 20 minutes. Notify responsible school authority & parent/legal guardian. Student may return to class.

Contact responsible school authority & parent/legal guardian.

Document care provided. Complete accident/incident report, if required.
Wear disposable gloves when exposed to blood or other body fluids.

Is the injured part amputated (severed)?

- Press firmly for 5-10 minutes 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.

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.

If student’s clothes became soiled with blood, find a change of clothing. Send soiled clothes home with student.

Allow the student to return to class.

Document care provided.

Is the wound gaping?

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.

Is there continued uncontrollable bleeding?

- Locate the amputated body part.
- Keep the body part dry.
- Wrap the body part in a clean, dry, sterile dressing.
- Put in a plastic bag and place it on ice.
- DO NOT submerge the body part in ice or water.
- Send bag to the hospital with student.

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.

Call EMS/911

• Have the student lie down, do not place anything under their head.
• Elevate student’s feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
• Keep student’s body temperature normal.
• Cover student with blanket or sheet.
• Add more dressing if needed but do not remove previous dressings.

Call EMS/911

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.

If student’s clothes became soiled with blood, find a change of clothing. Send soiled clothes home with student.

Allow the student to return to class.

Document care provided.

Is there continued uncontrollable bleeding?

NO

Is there continued uncontrollable bleeding?

YES

NO

Is the wound gaping?

YES

Put clean bandage, such as band-aid, on wound.

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.

If student’s clothes became soiled with blood, find a change of clothing. Send soiled clothes home with student.

Allow the student to return to class.

Document care provided.
ISSUES WITH DENTAL

WIRE and RUBBER LIGATURE PROBLEMS:

Tiny rubber bands or small, fine wires, known as ligatures, hold the wire to the bracket.

If a rubber or wire ligature is lost, contact responsible school authority & parent/guardian.

Does the student have the ligature that is loose or fell off?

- YES
  - Is the ligature a wire or rubber band?
    - RUBBER
      - If student is not having pain or other dental concerns, student may return to class.
      - Remove wire with clean tweezers. Dispose of wire in garbage.
    - WIRE
      - If student is not having pain or other dental concerns, student may return to class.
  - NO
    - Other ligatures may be loose, examine all ligatures.

- Update parent/guardian.
- Document care provided.
- Attempt to put the rubber band back in place using clean tweezers.
- If unable to reattach, put in plastic bag and send home with student.
- If student is not having pain or other dental concerns, student may return to class.
ISSUES WITH DENTAL BRACES

MOUTH PAIN:

Tiny rubber bands or small, fine wires, known as ligatures, hold the wire to the bracket.

Is the pain being caused by:
- Wire ligature sticking out into the lip or gum?
- Irritation from metal on braces?

YES

NO

Does the student have:
- Inflammation?
- Swelling?
- Sores or bleeding from the gums or lips?
- Did the student suffer trauma to the mouth?

YES

NO

Does the student have appropriate authorization for administration of medication? (such as Tylenol or Ibuprofen)

YES

NO

Administer medication as directed.

Has this helped to relieve the pain?

YES

NO

Contact responsible school authority & parent/guardian.

ENCourage PARENT/GUARDIAN TO CONTACT ORTHODONTIST.

Update parent/guardian. Document care provided and medication administered, if applicable.

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area to help relieve pain.

If student pain has resolved and has no other dental concerns, student may return to class.

Did the student recently have their braces adjusted?

YES

NO

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area to help relieve pain.

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area to help relieve pain.

Allow student to return to class, instruct student to return if pain is not resolved.

Update parent/guardian. Document care provided and medication administered, if applicable.

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area to help relieve pain.

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area to help relieve pain.
Wear disposable gloves when exposed to blood or other body fluids.

A student may come to the 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 (two) loose stools a day?
- Oral temperature over 100°F? See FEVER
- Blood in his/her stool?
- Severe stomach pain?
- Student is dizzy or pale?

If the student is experiencing stomach pains, allow the student to rest for up to 30 minutes, with adult supervision. Give the student sips of water to drink.

Has the stomach pain improved after resting?

- YES: Allow the student to return to class. Instruct the student to return if he/she has further diarrhea. Instruct student to wash hands frequently, especially after using restroom.
- NO: Contact responsible school authority & parent/guardian.

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

Document care provided.
**DRAINAGE FROM EAR**

- **Do NOT** try to clean out the ear.
- Contact responsible school authority & parent/guardian. **Document care provided.**
- If unable to reach parent/guardian, allow student to rest with adult supervision.

**EARACHE**

- Contact responsible school authority & parent/guardian. **Document care provided.**
- If unable to reach parent/guardian, allow student to rest with adult supervision.
INJURY TO THE EYE

Keep student lying flat and quiet.

• Is injury severe?
• Is there a change in vision?
• Has object penetrated eye?

If an object penetrated the eye, DO NOT REMOVE THE OBJECT.

Cover eye with a paper cup or similar object to keep student from rubbing, but do not touch eye or put any pressure on eye.

If unable to contact parent/guardian, allow to student to rest, with adult supervision, until parent/guardian can be reached.

CALL EMS/911
Contact responsible school authority & parent/guardian.

Apply cool compress.

Contact responsible school authority & parent/guardian.

If the student complaining of pain?
Is there bruising or swelling to the eye?

• Apply a cool compress.
• Allow the student to rest with adult supervision, for up to 30 minutes.
• Student can return to class.
• Update parent/guardian regarding injury.

YES

Document care provided.

YES

Apply cool compress.

NO

NO

YES

NO

Is the student complaining of pain?
Is there bruising or swelling to the eye?

Is there a change in vision?
Has object penetrated eye?
PARTICLE IN THE EYE

Keep student from rubbing eye.

Is the student wearing contact lenses?

Gently grasp the upper eyelid and pull out and down over lower eyelid, this might dislodge the object.

Does the student feel the pain has resolved?

• If necessary, lay student down and tip head toward affected side.
• If necessary, hold student’s eye open with your fingers.
• Gently pour tap water over the eye while the eye is down and the water washes the eye from nose out to side of the face.

Has the student removed his/her contact lenses?

Does the student feel the particle has been removed?

• If unable to reach parent/guardian, attempt to flush eye again with water.
• Have student place cool compress on eye.
• Allow student to lie down, under adult supervision, and close eyes, to help decrease irritation and pain.
• If pain becomes severe or student complains of difficulty seeing, CALL EMS/911

Contact responsible school authority & parent/guardian.

Allow student to return to class.

Document care provided.

NO

YES
• Wear gloves and if possible, goggles.
• If needed, hold the injured eye open with your fingers.
• Immediately rinse the eye with large amounts of clean water for 20-30 minutes. Use eyewash station if available.
• Tip the head so the injured eye is down and the water washes the eye from nose out to side of the face.
• If the student is wearing contact lenses, remove them if you are able.

CALL EMS/911

While you are rinsing the eye, have someone

Call POISON CONTROL
1-800-222-1222
Follow their directions.

Continue rinsing the student’s eye until EMS arrives.

Contact responsible school authority & parent/guardian.

Document care provided.
Wear disposable gloves when exposed to body fluids.

Is there drainage from the facial sore?

Does the facial sore have a thick, soft, golden crust?

Is the child old enough to control the drainage and prevent others from being exposed?

• Provide the student with tissues or gauze to remove drainage as needed.
• Instruct student to frequently wash their hands and dispose of used tissues/gauze in garbage.

Advise the child to avoid touching the facial sore and to be sure to frequently wash their hands. If child is experiencing pain, a cool compress may be applied for up to 20 minutes.

Contact responsible school authority & parent/guardian.

Allow the student to return to class.

Document care provided.
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 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.
- Extreme sleepiness.
- 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 without a pillow under the head.
• 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 disposable gloves.)
• Give nothing by mouth.

Has the student regained

- Dizziness?
- Lightheadedness?
- Weakness?
- Fatigue?

If student feels better, and there is no danger of neck injury, move student to quiet, private area and maintain adult supervision.
Is the student’s temperature equal or greater than:

100° oral/tympanic (ear)?
99° axillary?

---

NO

If student has other complaints, see appropriate protocol.

YES

Have the student lie down in a quiet, private area that allows for adult supervision.

Give no medicine unless previously authorized and appropriate permission forms are on file.

Contact responsible school authority & parent/guardian

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour.

If temperature reaches 104° axillary or 105° orally/tympanic, CALL EMS/911.

Document care provided and medication administered, if necessary.

To receive a more accurate reading, it is recommended to take the student’s temperature either oral or tympanic whenever possible.
FRACTURES, DISLOCATIONS, SPRAINS/STRAINS

Treat all injured parts as if they could be fractured.

Symptoms may include:
- Pain in one area
- Swelling
- Feeling "heat" in injured area.
- Bent or deformed bone.
- Numbness or loss of sensation.

- Is the bone deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?

CALL EMS/911

- Rest injured part by not allowing student to put weight on it or use it.
- Gently support and elevate injured part if possible.
- Apply ice, covered with a cloth or paper towel for up to 20 minutes, to minimize swelling.
- Allow the student to rest for up to 30 minutes while ensuring adult supervision.

After period of rest, recheck the injury:
- Is pain gone?
- Can student move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has sensation returned to injured area?

Contact responsible school authority & parent/guardian.

If discomfort is gone after period of rest, allow student to return to

Contact responsible school authority & parent/guardian.

If unable to reach parent/guardian, allow student to rest with adult supervision.
- If pain becomes severe, CALL EMS/911

Document care provided.

- If possible, do not move the student.
- Leave student in a position of comfort.
- Gently cover broken skin with a clean bandage.
- Do NOT move injured part.

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

Frostbitten skin may:
- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the student.

Deeply frostbitten skin may:
- Look white or waxy.
- Feel firm or hard (frozen).

Wear gloves when exposed to body fluids.

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes, and give student warm, dry clothes.
- Protect cold part from further injury.
- Do NOT rub or massage the cold part
- Do NOT apply a hot water bottle or hold body part under hot running water.
- Cover part loosely with nonstick, sterile dressings or dry warm blanket.

Does extremity/body part:
- Look discolored - grayish, white or waxy?
- Feel firm/hard (frozen)?
- Have a loss of sensation?
- Is the area swollen?
- Has the affected body part developed blisters?

YES
- Call EMS/911.
- Keep student warm and the body part covered.
- Students who have suffered frostbite may also be suffering from hypothermia. (See HYPOTHERMIA)

Keep student and the body part warm by either soaking body part in warm water or wrapping in blankets for up to 20 minutes.

NO

Contact responsible school authority & parent/guardian.

Document the care provided.

Contact responsible school authority & parent/guardian. Student may remain in school if no further symptoms.

Students who have suffered frostbite may also be suffering from hypothermia. (See HYPOTHERMIA)
If the student only bumped their 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 PAIN & BACK PAIN** for more information.

Have student rest, lying flat. Keep student quiet and warm.

- Is student vomiting?
- Did the student lose consciousness at all, even briefly?

If the student is vomiting, turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

CALL EMS/911

- Check student’s airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR, using head tilt/chin lift.

- If unable to reach parent/guardian, have student rest with adult supervision.
- Complete concussion checklist every 60 minutes.

Are any of the following signs and symptoms present:

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

Give nothing by mouth. Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.

Document care provided.

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 head is bleeding, see **BLEEDING**
HEADACHE

Has a head injury occurred?

NO

Is the headache severe?
Are there other symptoms present such as:
  - Vomiting?
  - Blurred vision?
  - Oral/tymppanic temperature 100° or greater or
    axillary temperature 99° or greater?
  - Dizziness?

NO

Allow the student to lie down for up to 30 minutes in a room that affords privacy but has adult supervision. Dim the lights.

Does the student have appropriate authorization for administration of medication? (such as Tylenol or Ibuprofen)

NO

Administer medication as directed.

YES

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

Has pain subsided?

NO

Document care provided and medication administered, if applicable.

YES

The child may return to class.

NO

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.

• If unable to reach parent/guardian, allow student to rest with adult supervision.
• Monitor temperature every hour.
• If temperature reaches 104° axillary or 105° orally/tympanic, CALL EMS/911.

YES

Contact responsible school authority & parent/guardian.

See HEAD INJURY
Hypothermia can occur after a student has been outside in the cold or in cold water. Symptoms may include:
- Confusion
- Shivering
- Weakness
- Sleepiness
- Blurry Vision
- Slurred Speech
- Impaired Judgement
- White or grayish skin color

Does the student have:
- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes and socks, and wrap student in a warm, dry blanket.

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

- Give nothing by mouth.
- Continue to warm student with blankets.
- See FROSTBITE
  - If student is sleepy, place student on his/her side to protect airway.
  - Look, listen, and feel for breathing.
  - If student stops breathing, start CPR.

Contact responsible school authority & parent/guardian.

Document care provided.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide warm fluids.

CALL EMS/911

Hypothermia 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 (EXPOSURE TO COLD)
MOUTH & JAW

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

- Do you suspect a head injury other than mouth or jaw?
  - See HEAD INJURY

- Have teeth been injured?
  - See TEETH
  - YES
  - NO

- Has the jaw been injured?
  - NO
  - YES
  - • Do NOT try to move the jaw.
  - • Gently support jaw with hand.
  - If tongue, lips or cheeks are bleeding, apply direct pressure with a clean bandage.
  - • Is cut large or deep?
  - • Is there bleeding that cannot be stopped?
  - YES
  - See BLEEDING
  - NO
  - Place a cool compress over the area, for up to 20 minutes to minimize swelling.
  - If unable to reach parent/guardian, allow student to rest with adult supervision.

- Contact responsible school authority & parent/guardian.
- If unable to reach parent/guardian, call EMS/911
- Document care provided.
NECK PAIN

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?

Did the student walk in or was student found lying down?

LYING DOWN

- Do not move the student unless there is IMMEDIATE danger of further physical harm.
- If the 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 the student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

Call EMS/911
Contact responsible school authority & parent/legal

WALK IN

Is the student able to participate in normal activities?

NO

If unable to reach parent/guardian, allow student to rest with adult supervision.

YES

The student may return to class.

Is the student's temperature equal to or greater than:
- 100° oral/tymppanic (ear)?
- 99° axillary?

YES

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

CALL EMS/911.

See FEVER
The student may have a serious infection. Contact responsible school authority & parent/guardian. If student seems extremely ill

NO

If student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/legal.

Document care provided.
OBJECT IN NOSE

Have the student hold the clear nostril closed while gently blowing his/her nose.

Did the object come out on its own?

- NO
  - Wear disposable gloves when exposed to body fluids.
  - Is the object:
    - Large?
    - Puncturing the nose?
    - Deeply imbedded?

- YES
  - DO NOT ATTEMPT TO REMOVE THE OBJECT. See PUNCTURE WOUND if object has punctured the nose.

If object cannot be removed easily, DO NOT ATTEMPT TO REMOVE.

Contact responsible school authority & parent/guardian.

- Document care provided.
  - If unable to reach parent/guardian and student is in significant pain or having difficulty breathing through nostril, CALL EMS/911.
  - If student is not having difficulty breathing or experiencing severe pain, allow them to rest with adult supervision.

If there is no pain, the student may return to class. Update parent/guardian.
Wear disposable gloves when exposed to body fluids.

Is the nosebleed a result of an injury?

• Have student sit comfortably with head slightly forward.
• Encourage the student to breathe through his/her mouth.
• Discourage nose blowing, repeated wiping or rubbing.

Does the student have a bleeding disorder?

• If blood is flowing freely from the nose, provide constant pressure by pinching the nostrils firmly.
• Apply constant pressure for 15 minutes.
• Apply cool compress, wrapped in a cloth, to the nose.

Is blood still flowing freely?

If unable to reach parent/guardian.

Contact responsible school authority & parent/guardian.

If unable to reach parent/guardian.

Have student rest, sitting up.

Apply constant pressure by pinching the bridge of the nose firmly.

Allow the student to return to class. Instruct them to not pick at nose, blow nose or repeatedly wipe his/her nose. Instruct student to return if bleeding resumes.

Document care provided.
NOT FEELING WELL

1. Take the student's temperature.

2. Is the student's temperature equal or greater than:
   - 100° oral/tympanic (ear)?
   - 99° axillary?

   - **YES**
     - See FEVER
     - Have the student lie down in a room that affords privacy but allows for adult supervision. Allow the student to rest for up to 30 minutes. Observe the student, if other symptoms develop, refer to appropriate protocol.

   - **NO**
     - Is the student feeling better?

   - **NO**
     - Contact responsible school authority & parent/guardian.

   - **YES**
     - Allow the student to return to class.

3. If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911**.

4. Document care provided.
POISONING AND OVERDOSE

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

- Medicines.
- 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 substance in student's mouth.
- Burns around mouth or on skin.
- Strange odor on breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.

- Wear disposable gloves.
- Check student’s mouth.
- Remove any remaining substance(s) from mouth.
- If there is a powder on the student, shake or brush it off, do not apply water.

If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of “poison” it was.
- 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 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.
- Look, listen and feel for breathing. If student stops breathing, start CPR.

CALL EMS/911
Contact responsible school authority & parent/guardian.

If possible, send some of the vomited material and ingested material with its container (if available) to the hospital with the student.

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

Has the eye been wounded?

- NO

Is the object still stuck in the wound?

- NO

Do NOT try to probe or squeeze.

- Wash the wound gently with soap and water.
  - Check to make sure the object left nothing in the wound.
  - Cover with clean bandage.

- YES

Do NOT remove object.
- Wrap bulky dressing around object to support it.
- Try to calm student.

- YES

See BLEEDING if wound is deep or bleeding freely.

- NO

Contact responsible school authority & parent/guardian.

- YES

CALL EMS/911

- NO

See BLEEDING if wound is deep or bleeding freely.

- YES

CALL EMS/911

- NO

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

Rashes include such things as:
- Hives
- Red spots
- Purple spots
- Small blisters

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

Does the student have:
- Loss of consciousness
- Difficulty breathing or swallowing?
- Purple spots that don’t turn white when you press on them?
- Does the student appear extremely ill?

Are any of the following symptoms present?
- Drainage from the rash?
- Oral or tympanic temperature over 100° or axillary temperature over 99° (See FEVER)?
- Headaches?
- Diarrhea?
- Sore throat?
- Vomiting?
- Rash is bright red and sore to the touch?
- Rash (hives) all over the body?
- Student is uncomfortable (itchy, sore, feels ill) and is unable to participate in school activities?

CALL EMS/911

Is the student possibly having an allergic reaction?

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 104° axillary or 105° orally/tympanic, call EMS/911.

If rash is mild, located in small area of the body, and not causing the student to be uncomfortable, student can remain in school. Contact

Document care provided.
SORE THROAT

Is the student having difficulty breathing or extreme trouble swallowing causing him/her to drool?

- YES: CALL EMS/911
- NO: Is the student’s temperature equal to or greater than:
  - 100° oral/tympanic (ear)?
  - 99° axillary?

- NO: Have the student gargle with warm water.
- YES: See FEVER

Did that help to alleviate or minimize the pain?

- NO: Allow the student to return to class.
- YES: Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.

Document care provided.
STOMACHACHES/PAINS

Suspect neck injury. See NECK PAIN and BACK PAIN

Is stomachache severe or not improving?

YES

Call EMS/911

NO

Contact responsible school authority & parent/guardian.

Has pain subsided?

YES

Allow child to return to class.

NO

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?

NO

Is the student’s temperature equal to or greater than:
100⁰ oral/tympanic (ear)?
99⁰ axillary?

NO

Does the student complain of:
Severe stomach pains?
Vomiting?

YES

Allow the student to use the restroom.
Allow student to rest for up to 30 minutes with adult supervision.

NO

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 104⁰ axillary or 105⁰ orally/tympanic, CALL EMS/911.

YES

Document care provided.

Contact responsible school authority & parent/guardian.
• 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 tooth gently back in socket and have student hold in in place with tissue or gauze, or
2. Place in HBSS (Save-A-Tooth Kit) if available, or
3. Place in glass of milk, or
4. Place in normal saline, or
5. Have student spit into a cup and place tooth in it, or
6. Place in glass of water.

TOOTH MUST NOT DRY OUT

Apply a cool compress to face, for up to 20 minutes, to minimize swelling.

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area, to help relieve pain.

Contact responsible school authority & parent/guardian. OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.

Document care provided.
If student stops breathing, and no one else is available to call EMS/911, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may be caused by:
• Injuries.
• Blood loss/shock.
• Poisoning.
• Severe allergic reaction.
• Diabetic reaction.
• Heat exhaustion.
• Illness.
• Fatigue.
• Stress.
• Not eating.

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

Did the student regain consciousness immediately?

Yes

See FAINTING

No

Is unconsciousness due to injury?

Yes

See NECK PAIN AND BACK PAIN and treat as a possible neck injury. Do NOT move student.

CALL EMS/911

• Open airway with head tilt/chin lift.
• Look, listen and feel for breathing.

Is student breathing?

Yes

CALL EMS/911

• 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 student warm and protected. Cover student with sheet or blanket.
• Give nothing to eat or drink.
• If student vomits, roll onto left 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.

Contact responsible school authority & parent/guardian.

Document care provided.

No

Begin CPR
VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning.

CALL POISON CONTROL 1-800-222-1222 and ask for instructions. See POISONING.

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.

Is the student’s temperature equal or greater than:
- 100° oral/tympanic (ear)?
- 99° axillary?

Have student lie down for up to 30 minutes in a room that affords privacy but allows for adult supervision.
Apply a cool, damp cloth to student’s face or forehead.
Have a bucket available.
Give no food or medication, although you may offer the student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

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

CALL EMS/911.
Contact responsible school authority & parent/guardian.

Document care provided.

Contact responsible school authority & parent/guardian.

See FEVER.

YES

NO