

Chapter 6: Guidelines for Childhood Injuries

We are using the algorithms from the Oklahoma Emergency Guidelines for Schools.

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ABOUT THE GUIDELINES

The emergency guidelines are meant to serve as basic “what to do in an emergency” information for child care providers without medical/nursing training. **It is strongly recommended that staff who are in a position to provide first-aid to children complete an approved first-aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.**

The guidelines have been created as **recommended** procedures for when advanced medically trained personnel are not available on site. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by the Department of Human Services (DHS), Child Care Services. Please consult DHS Child Care Services if you have any questions concerning the recommendations contained in the guidelines. In a true emergency situation, use your best judgment.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation.

The Oklahoma State Department of Health has reproduced these guidelines with the permission of the Ohio Department of Public Safety.

Special thanks go to the following individuals from the Ohio Department of Public Safety for their outstanding contributions to the development and preparation of the *Emergency Guidelines for Schools (EGS)*:

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HOW TO USE THE EMERGENCY GUIDE

In an emergency, refer first to the guideline for treating the most severe symptom (e.g., unconsciousness, bleeding, etc.).

- Learn when EMS (Emergency Medical Services) should be contacted. Copy the **When to Call EMS** page and post in key locations.
- The guidelines are arranged in **alphabetical order** for quick access.
- When the guidelines refer to school policies, you are to refer to the Oklahoma Licensing Requirements for child care programs, and any policies related to medical emergencies developed by the child care program.
- When the guidelines refer to student(s) they are referring to children attending the child care program.
- When the guidelines refer to responsible school authority they are referring to the child care director, family child care primary caregiver, or DHS Child Care Services.

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 9-1-1

Call EMS if:

- The child is unconscious, semi-conscious or unusually confused.
- The child's airway is blocked.
- The child is not breathing.
- The child is having difficulty breathing, shortness of breath or is choking.
- The child has no pulse.
- The child has bleeding that won't stop.
- The child is coughing up or vomiting blood.
- The child has been poisoned.
- The child has a seizure for the first time or a seizure that lasts more than five minutes.
- The child has injuries to the neck or back.
- The child has sudden, severe pain anywhere in the body.
- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he or she receives immediate care).
- The child's condition could worsen or become life-threatening on the way to the hospital.
- Moving the child could cause further injury.
- The child needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the child to the hospital.



If any of the above conditions exist, or if you are not sure, it is best to call EMS 9-1-1.

ALLERGIC REACTION

Students with life-threatening allergies should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer approved medications should receive instruction.

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

Does the student have any symptoms of a severe allergic reaction which may include:

- Flushed face?
- Dizziness?
- Seizures?
- Confusion?
- Weakness?
- Paleness?
- Hives all over body?
- Blueness around mouth, eyes?
- Difficulty breathing?
- Drooling or difficulty swallowing?
- Loss of consciousness?

NO

Symptoms of a mild allergic reaction include:

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

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

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

YES

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR. See "CPR."**

Does student have an emergency care plan available?

NO

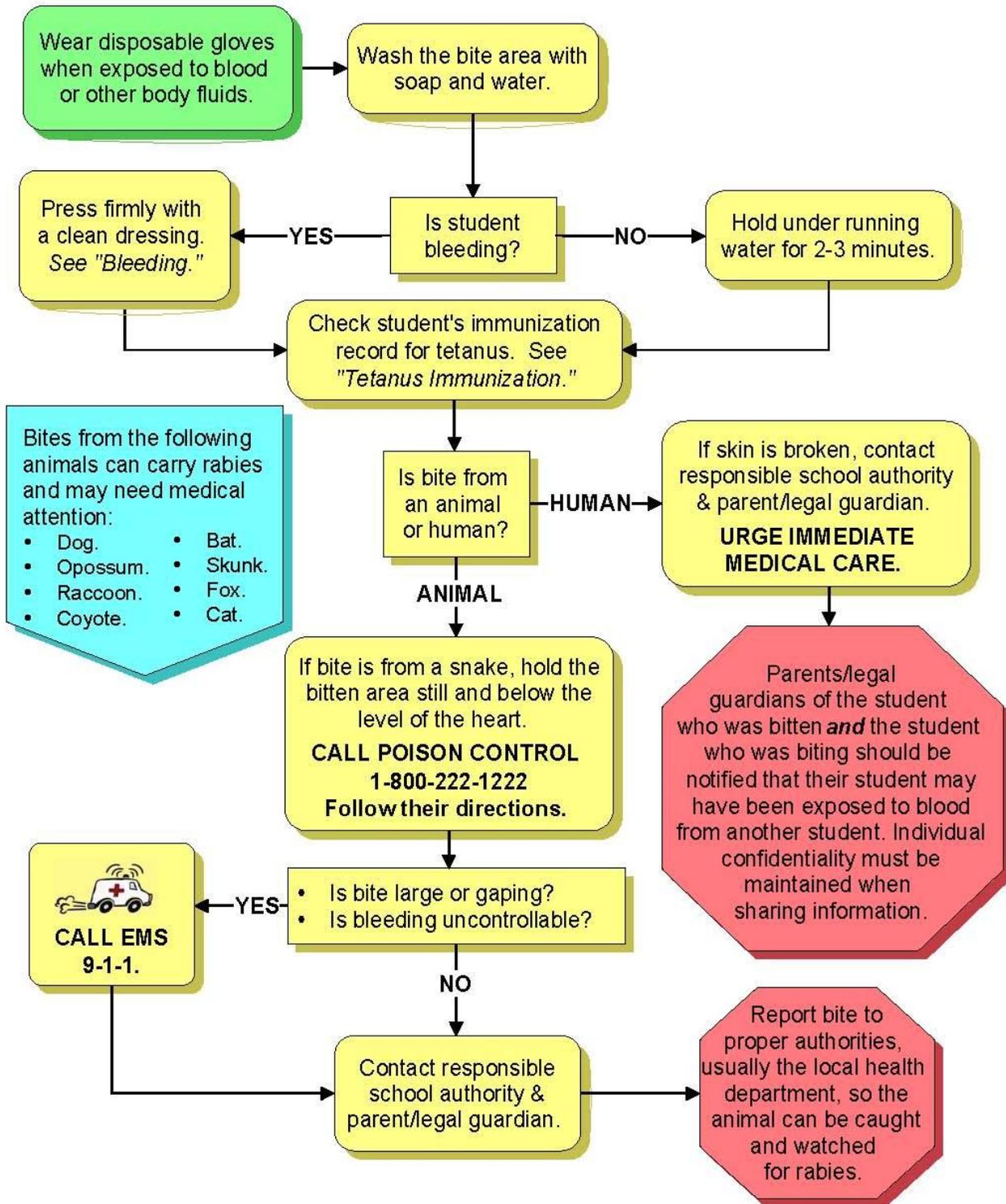
Follow school policies for students with severe allergic reactions. Continue CPR if needed.

YES

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

 **CALL EMS 9-1-1.** Contact responsible school authority & parent or legal guardian.

BITES (HUMAN & ANIMAL)



BITES (Insect & Spider)

Watch for signs of an allergic reaction. Allergic Reactions may be life threatening.

If a Sting, See "Stings".

NO

Does person have symptoms of:

- Difficulty breathing?
- Swelling of face, tongue or neck?
- Coughing or wheezing that does not stop?
- History of severe allergic reactions?

YES

If bite is thought to be poisonous, hold the bitten area still and below the level of the heart.

Call POISON CONTROL CENTER

1-800-222-1222

Follow directions

See "Snake Bite", if applicable

If known anaphylactic reactor (do not wait for symptoms) or having reaction, administer doctor and parent/guardian approved medication.

Use EpiPen if prescribed.

Get description of insect or spider.

- Wash the bite area with soap and water **for 5 minutes**.
- Apply Ice wrapped in cloth or towel (not for more than 20 min).



CALL 9-1-1

- Keep quiet.
- See "Allergic Reaction".
- Position of Comfort.
- Be prepared to use "CPR".

- If no bleeding, leave open to air.
- If bleeding occurred, cover with clean dry dressing.

Get description of insect or spider and report to paramedics.

- Any signs of allergic reaction?
- Is bite thought to be poisonous?
- If an old bite, is it reddened, weeping, ulcerated or sore?

YES

Encourage Medical Care

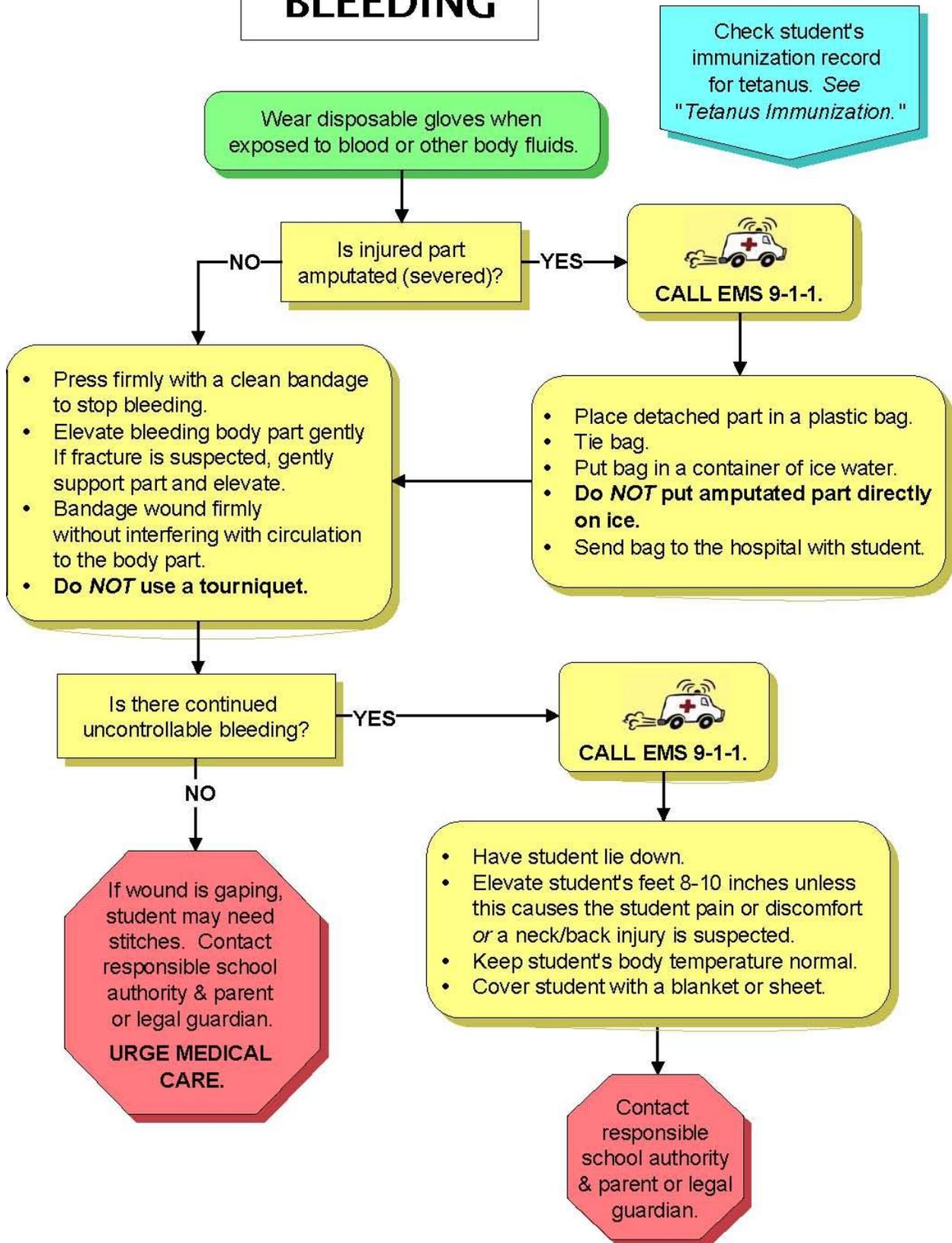
NO

Return to class, insure adult supervisor aware of bite and possible delayed allergic reaction.

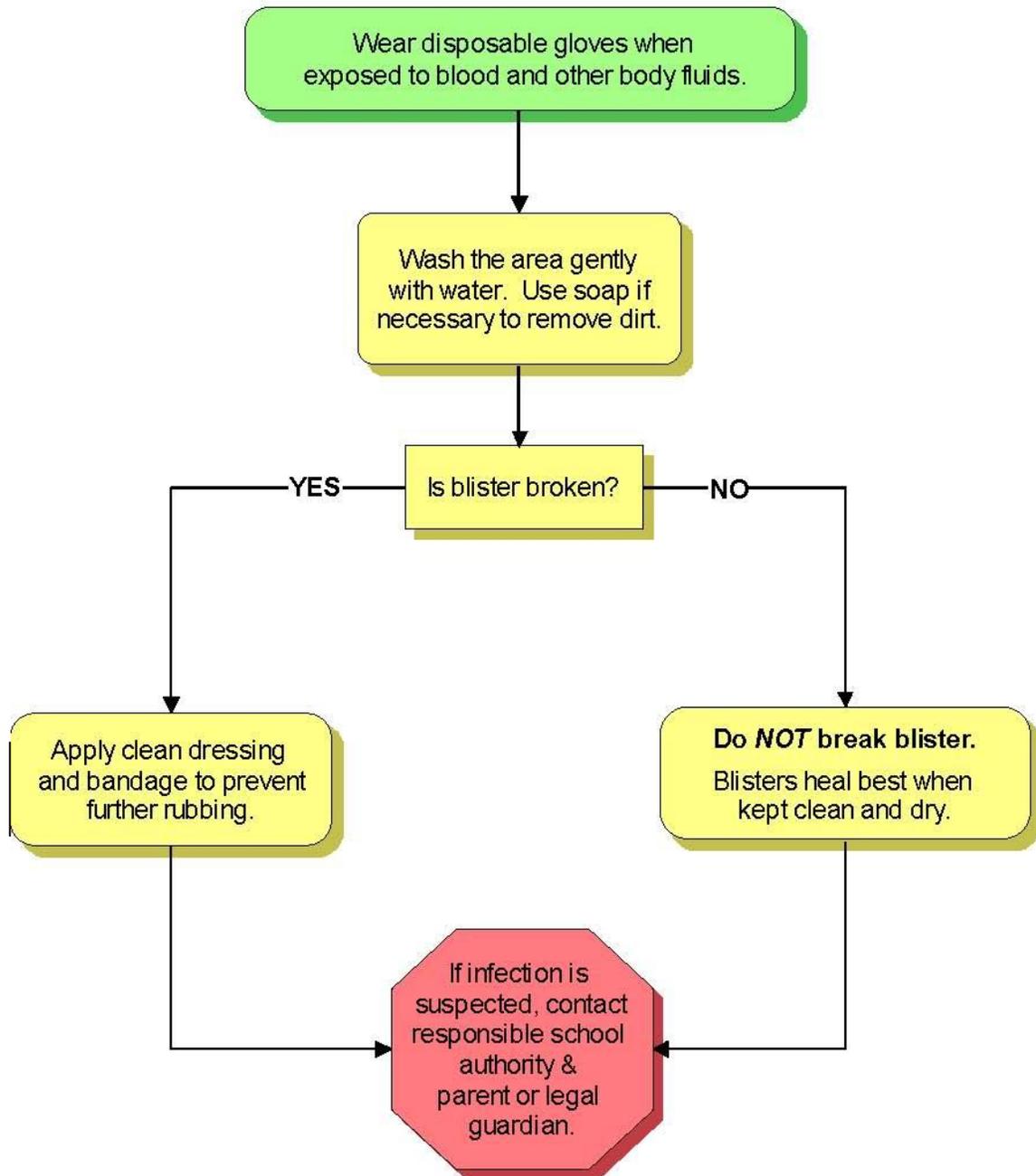
Contact responsible school nurse or administrator & parent/legal guardian.

- Allergic reactions may be delayed up to two (2) hours.
- See "Allergic Reactions" for sign and symptoms.

BLEEDING

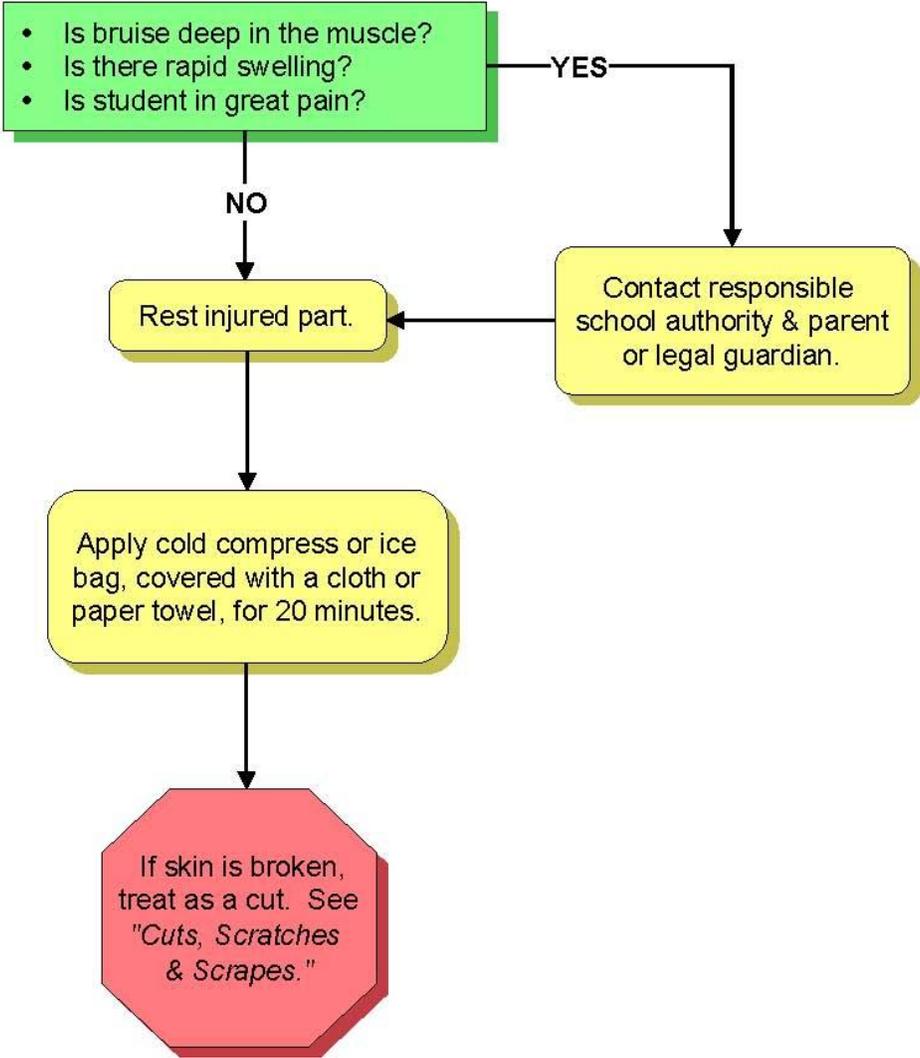


BLISTERS (FROM FRICTION)



BRUISES

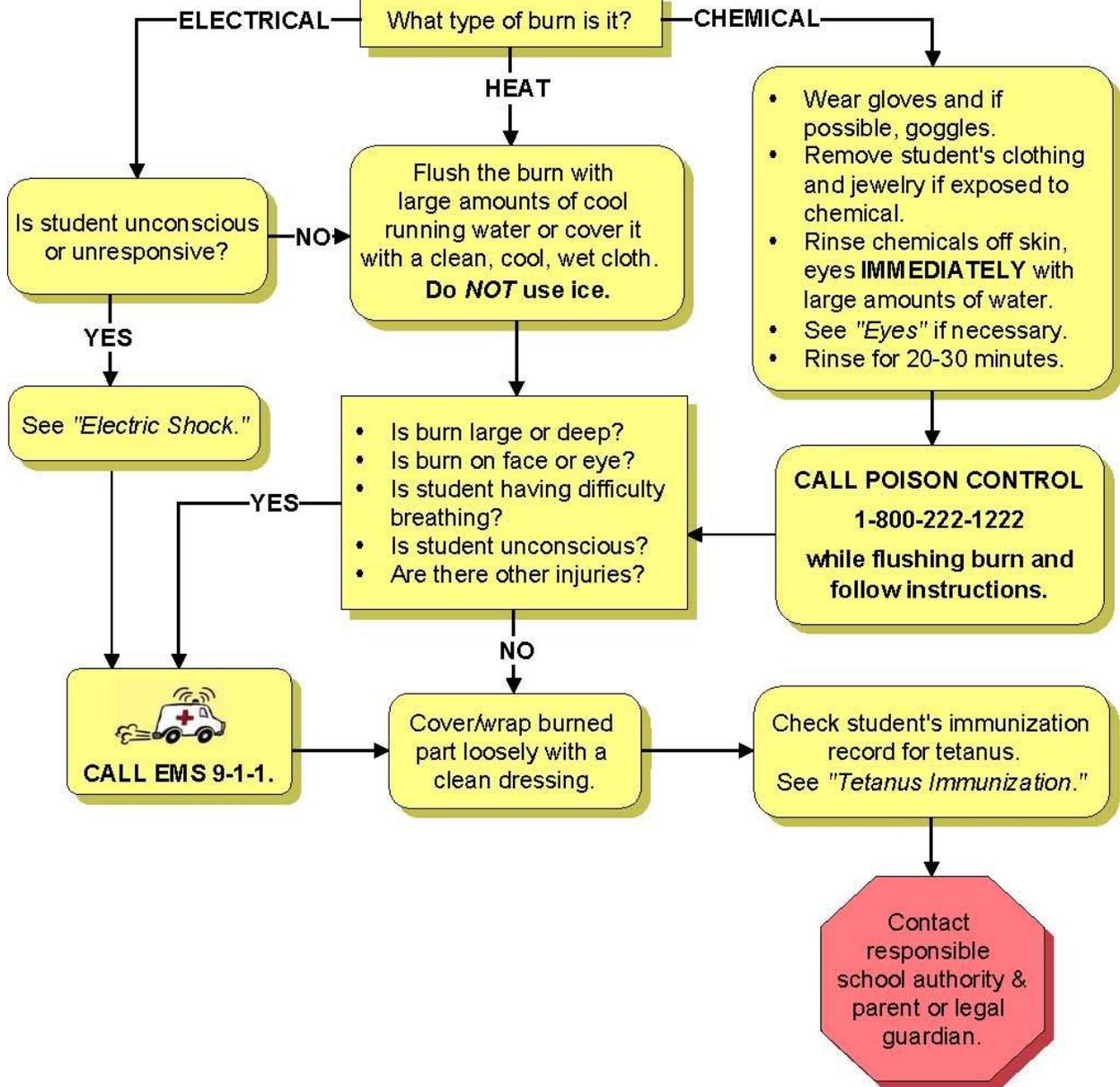
If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "Child Abuse."



BURNS

If student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See "Child Abuse."

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



NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2010.* Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

Current first aid, choking and CPR manuals and wall chart(s) should also be available. The American Academy of Pediatrics offers the Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart for sale at <http://www.aap.org>.

CHEST COMPRESSIONS

The AHA is placing more emphasis on the use of effective chest compressions in CPR. CPR chest compressions produce blood flow from the heart to the vital organs. To give effective compressions, rescuers should:

- Follow revised guidelines for hand use and placement based on age.
- Use a compression to breathing ratio of 30 compressions to 2 breaths.
- “Push hard and fast.” Compress chest at a rate of about 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants and children, and 1 1/2 to 2 inches for adults.
- Allow the chest to return to its normal position between each compression.
- Use approximately equal compression and relaxation times.
- Try to limit interruptions in chest compressions.

BARRIER DEVICE

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing rescue breathing. Several different types (e.g., face shields, pocket masks) exist. It is important to learn and practice using these devices in the presence of a trained CPR instructor before attempting to use them in any emergency situation. Rescue breathing technique may be affected by these devices.



CARDIOPULMONARY RESUSCITATION (CPR) FOR INFANTS UNDER 1 YEAR

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

- 1 Gently shake infant. If no response, shout for help and send someone to call **EMS**.
- 2 Turn the infant onto his/her back as a unit by supporting the head and neck.
- 3 Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY**.
- 4 Check for **BREATHING**. With your ear close to infant's mouth, LOOK at the chest for movement, LISTEN for sounds of breathing and FEEL for breath on your cheek.
- 5 If infant is not breathing, take a normal breath. Seal your lips tightly around his/her mouth and nose. While keeping the airway open, give 1 normal breath over 1 second and watch for chest to rise.



IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

6. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
7. Compress chest hard and fast 30 times with 2 fingers *about* 1/3 to 1/2 the depth of the infant's chest.

Use equal compression and relaxation times. Limit interruptions in chest compressions.
8. Give 2 normal breaths, each lasting 1 second. Each breath should make chest rise.
9. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.
10. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN)

6. Re-Tilt head back. Try to give 2 breaths again.

**IF CHEST RISES WITH RESCUE BREATH,
FOLLOW LEFT COLUMN.**

IF CHEST STILL DOES NOT RISE:
7. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are not over the bottom of the breastbone.)
8. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are not over the bottom of the breastbone.)
9. Look in mouth. If foreign object is seen, remove it. Do not perform a blind finger sweep or lift the jaw or tongue.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, INFANT STARTS TO BREATHE ON OWN OR HELP ARRIVES.

CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN 1 to 8 YEARS OF AGE

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you okay?" If child is unresponsive, shout for help and send someone to call EMS and get your schools AED if available.
2. Turn the child onto his/her back as a unit by supporting the head and neck. If a head or neck injury is suspected, **DO NOT BEND OR TURN NECK.**
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
4. Check for normal BREATHING. With your ear close to child's mouth, take 5-10 seconds to LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for breath on your cheek.
5. If you witnessed the child's collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If child is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.

IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

7. Find hand position near center of breastbone at the nipple line. (Do **NOT** place your hand over the very bottom of the breastbone.)
8. Compress chest hard and fast 30 times with the heel of **1 or 2 hands**.* Compress about 1/3 to 1/2 depth of child's chest. Allow the chest to return to normal position between each compression.
Lift fingers to avoid pressure on ribs. Use equal compression and relaxation times. Limit interruptions in chest compressions.
9. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
10. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.
11. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

7. Re-tilt head back. Try to give two breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST DOES NOT RISE:

8. Find hand position near center of breast bone at the nipple line. (Do **NOT** place your hand over the very bottom of the breastbone.)
9. Compress chest fast and hard 5 times with the heel of **1-2 hands**.* Compress about 1/3 to 1/2 depth of child's chest. Lift fingers to avoid pressure on the ribs.
10. Look in mouth. If foreign object is seen, remove it. Do **NOT** perform a blind finger sweep or lift the jaw or tongue.
11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, CHILD STARTS TO BREATHE EFFECTIVELY ON OWN, OR HELP ARRIVES.

***Hand positions for child CPR:**

- 1 hand: Use heel of 1 hand only.
- 2 hands: Use heel of 1 hand with second on top of first.

CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout, "Are you okay?" If child is unresponsive, shout for help and send someone to call EMS and get your schools AED if available.
2. Turn the child onto his/her back as a unit by supporting the head and neck. If a head or neck injury is suspected, **DO NOT BEND OR TURN NECK.**
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
4. Check for normal BREATHING. With your ear close to child's mouth, take 5-10 seconds to LOOK at the chest for movement, LISTEN for sounds of breathing, and FEEL for breath on your cheek.
5. If you witnessed the child's collapse, first set up the AED and connect the pads according to the manufacturer's instructions. Incorporate use into CPR cycles according to instructions and training method. For an unwitnessed collapse, perform CPR for 2 minutes and then use AED.
6. If child is not breathing, take a normal breath. Seal your lips tightly around his/her mouth; pinch nose shut. While keeping airway open, give 1 breath over 1 second and watch for chest to rise.



IF CHEST RISES WITH RESCUE BREATH (AIR GOES IN)

7. Give a second rescue breath lasting 1 second until chest rises.
8. Place heel of one hand on top of the center of the breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do **NOT** place your hands over the very bottom of the breastbone.)
9. Position self vertically above victim's chest and with straight arms, **compress chest hard and fast about 1 ½ to 2 inches 30 times in a row with both hands.** Allow chest to return to normal between each compression. *Lift fingers when pressing to avoid pressure on ribs.* Limit interruptions to chest compressions.
10. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
10. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.
11. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF CHEST DOES NOT RISE WITH RESCUE BREATH (AIR DOES NOT GO IN):

7. Re-tilt head back. Try to give two breaths again.

IF CHEST RISES WITH RESCUE BREATH, FOLLOW LEFT COLUMN.

IF CHEST DOES NOT RISE:

8. Place heel of one hand on top of the center of the breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do **NOT** place your hands over the very bottom of the breastbone.)
9. Position self vertically above person's chest and with straight arms, compress chest 30 times with both hands *about 1 ½ to 2 inches.* Lift fingers to avoid pressure on ribs.
10. Look in mouth. If foreign object is seen, remove it. Do **NOT** perform a blind finger sweep or lift the jaw or tongue.
11. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN, OR HELP ARRIVES.

CHOKING (Conscious Victims)

Call EMS 9-1-1 after starting rescue efforts.

INFANTS UNDER 1 YEAR

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, do **NOT** do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do **NOT** compress throat).
2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.
3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, just below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. REPEAT STEPS 1-6 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
8. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR.

CHILDREN OVER 1 YEAR OF AGE & ADULTS

Begin the following if the victim is choking and unable to breathe. Ask the victim: "Are you choking?" If the victim nods yes or can't respond, help is needed. However, if the victim is coughing, crying or speaking, do **NOT** do any of the following, but call EMS, try to calm him/her and watch for worsening of symptoms. If cough becomes ineffective (loss of sound) and victim cannot speak, begin step 1 below.



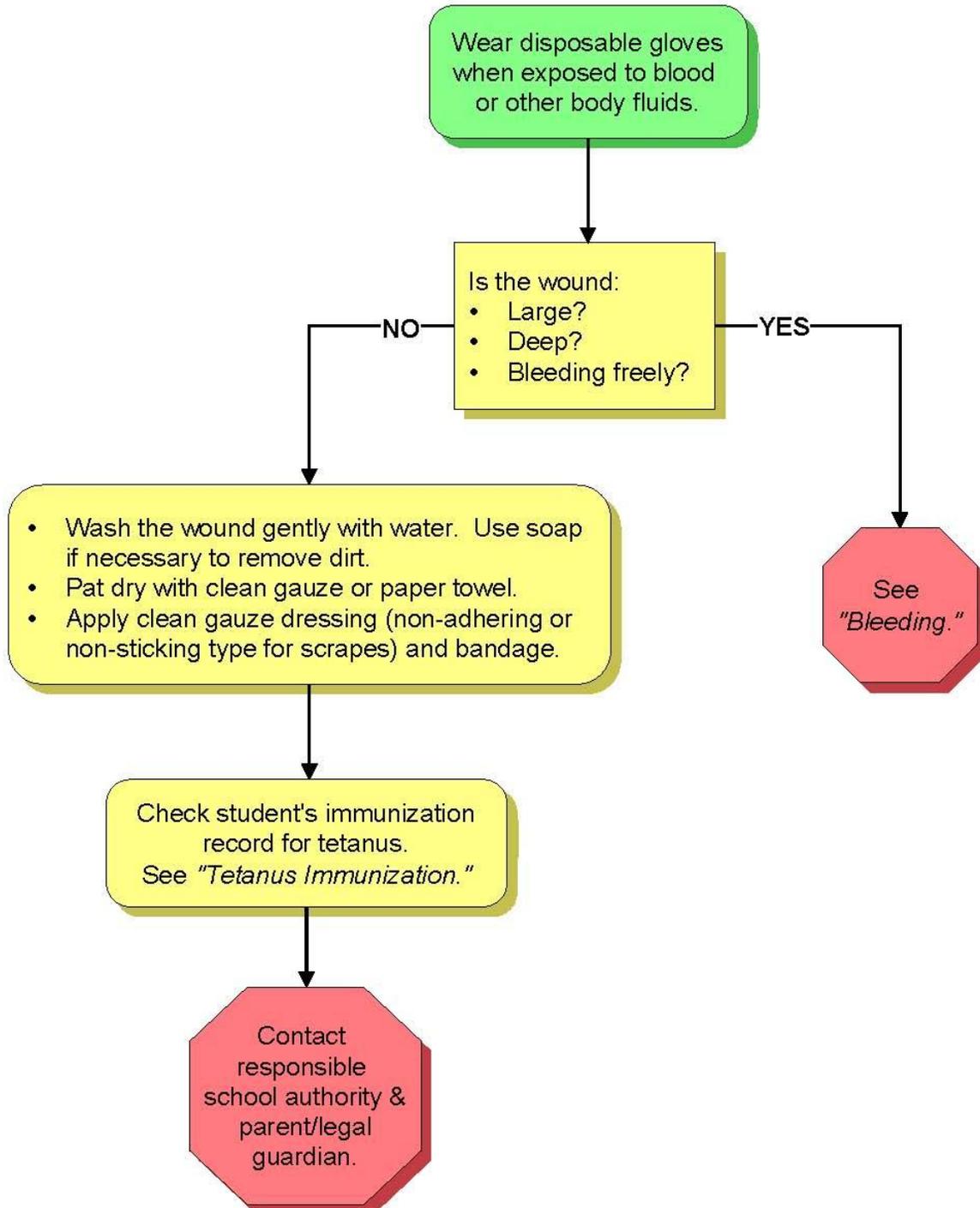
1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do **NOT** place your hand over the very bottom of the breastbone. Grasp fist with other hand.)
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD OR ADULT CPR.

FOR OBESE OR PREGNANT PERSONS:

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

CUTS (SMALL), SCRATCHES & SCRAPES (INCLUDING ROPE & FLOOR BURNS)



EARS

DRAINAGE FROM EAR

Do **NOT** try to clean out ear.

Contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.

EARACHE

Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE.

OBJECT IN EAR CANAL

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

Do you suspect a live insect is in the ear?

NO

Gently tilt head toward the affected side.

Did object come out on its own?

YES

If there is no pain, the student may return to class. Notify the parent or legal guardian.

YES OR NOT SURE

Do **NOT** attempt to remove.

Contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.

Do **NOT** attempt to remove.

NO

ELECTRIC SHOCK

If no one else is available to call EMS, perform CPR first for 2 minutes and then call EMS yourself.

- **TURN OFF POWER SOURCE, IF POSSIBLE. DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- Once power is off and situation is safe, approach the student and ask, "Are you OK?"

Is student unconscious or unresponsive?


CALL EMS 9-1-1.

- Keep airway clear.
- Look, listen and feel for breath.
- **If student is not breathing, start CPR. See "CPR."**

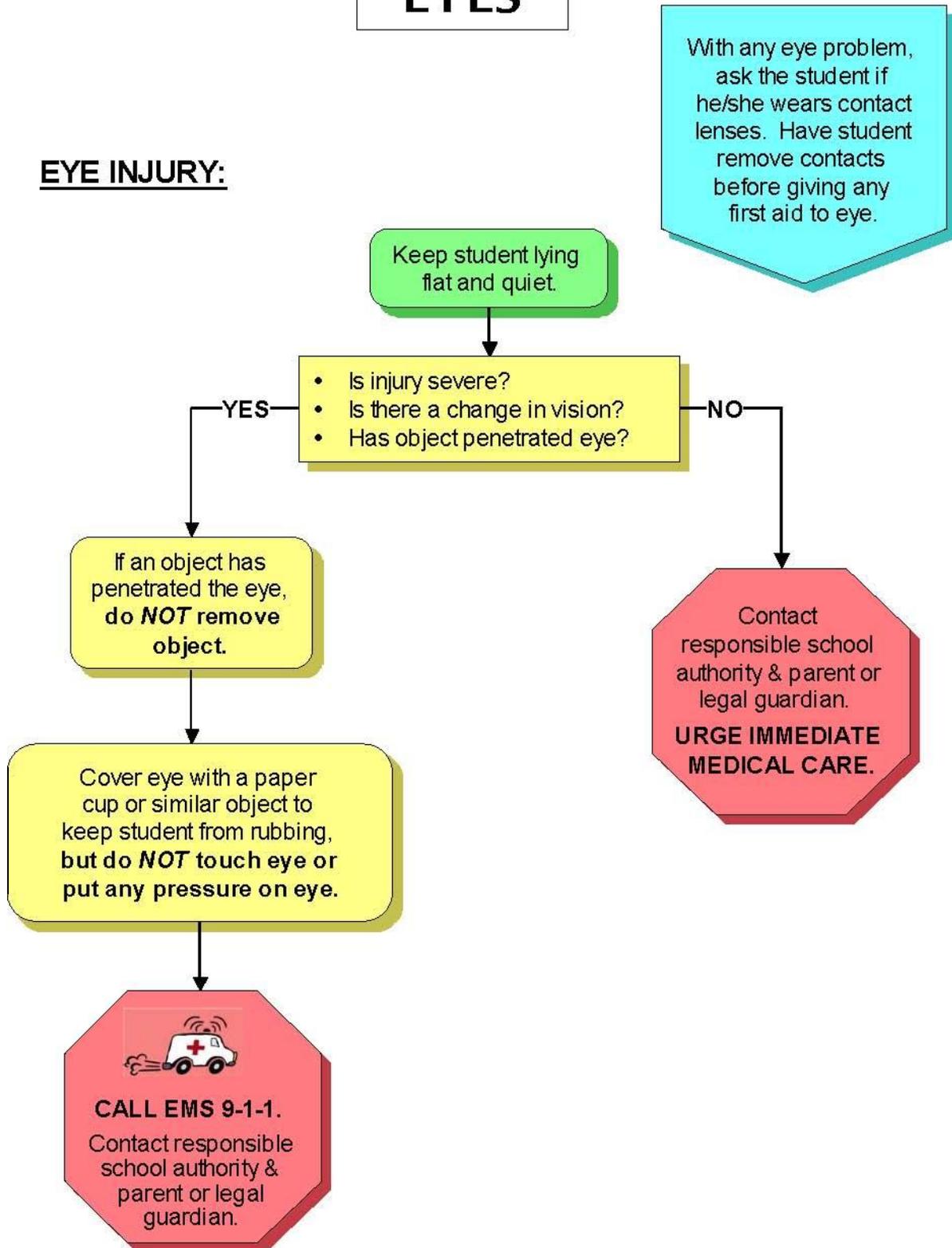
Contact responsible school authority & parent/legal guardian.

Treat any burns.
See "Burns."

Contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.

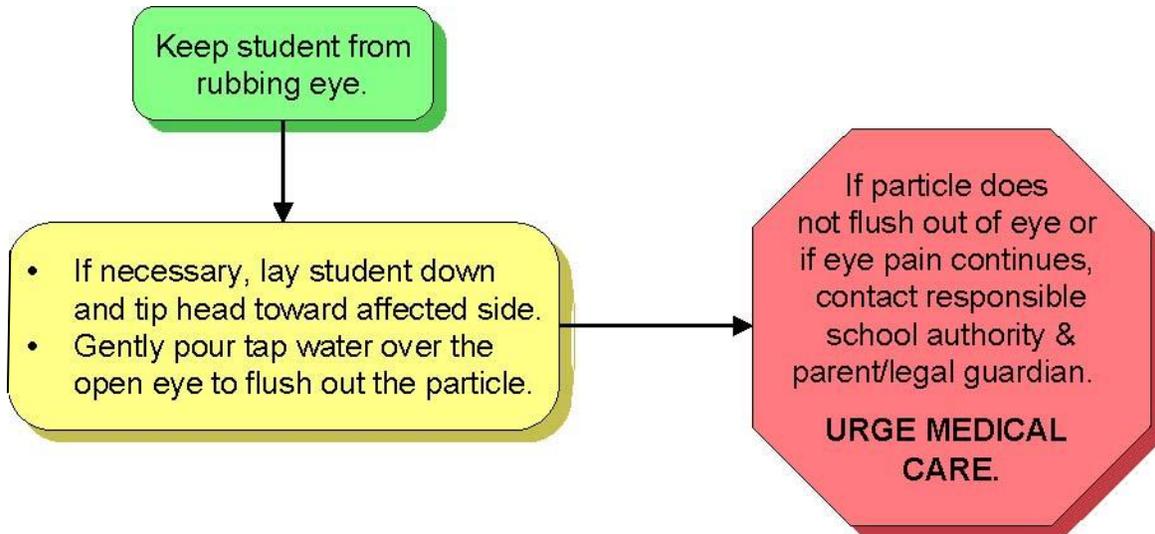
EYES

EYE INJURY:

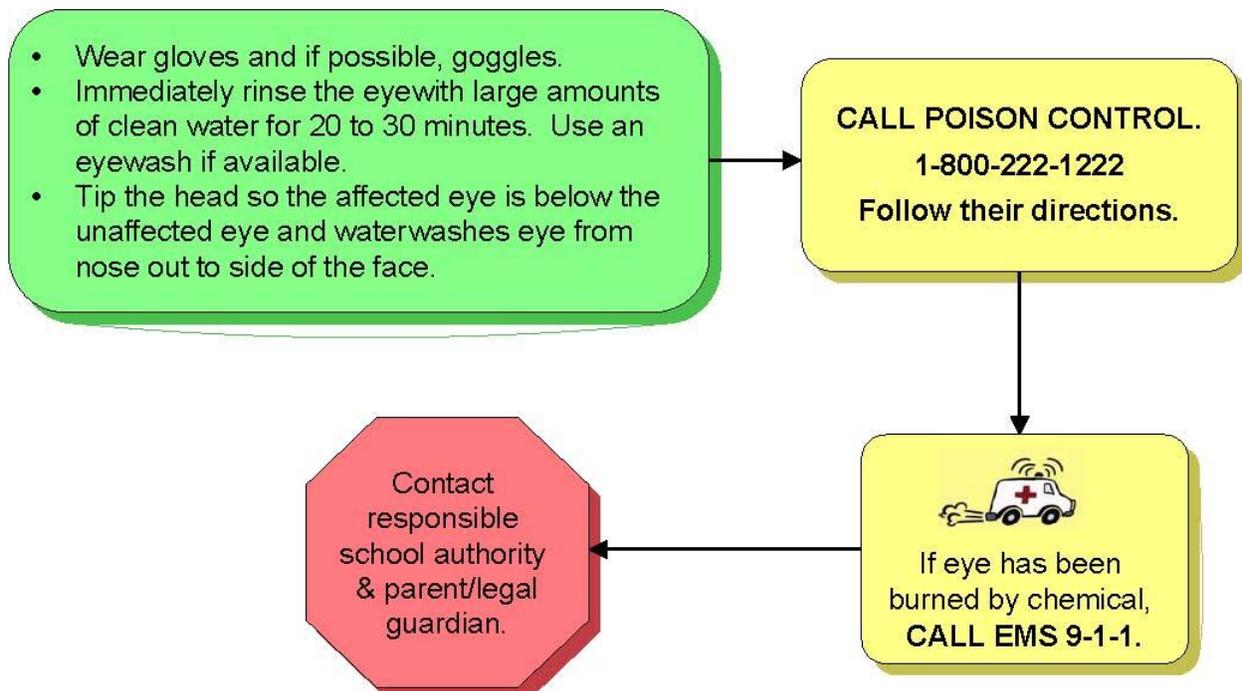


EYES

PARTICLE IN EYE



CHEMICALS IN EYE



FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

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

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."

YES OR NOT SURE

- Is fainting due to injury?
- Was student injured when he/she fainted?

NO

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

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding if needed (wear disposable gloves).
- Give nothing by mouth.

Are symptoms (*dizziness, light-headedness, weakness, fatigue, etc*) still present?

YES

Keep student lying down. Contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.**

NO

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

Contact responsible school authority & parent/legal guardian.

FINGER/TOENAIL INJURY

Assess history of injury and examine injury. A crush injury to fingertip may result in fracture or bleeding under intact fingernail, creating pressure that may be very painful.

- Wear gloves if bleeding.
- Use gentle direct pressure until bleeding stops.
- Wash with soap and water, apply band-aid, or tape overlay to protect nail bed.
- Apply ICE PACK for 10-20 minutes for pain and prevention of swelling.

NO

After 20 minutes of ICE, has pain subsided?

YES

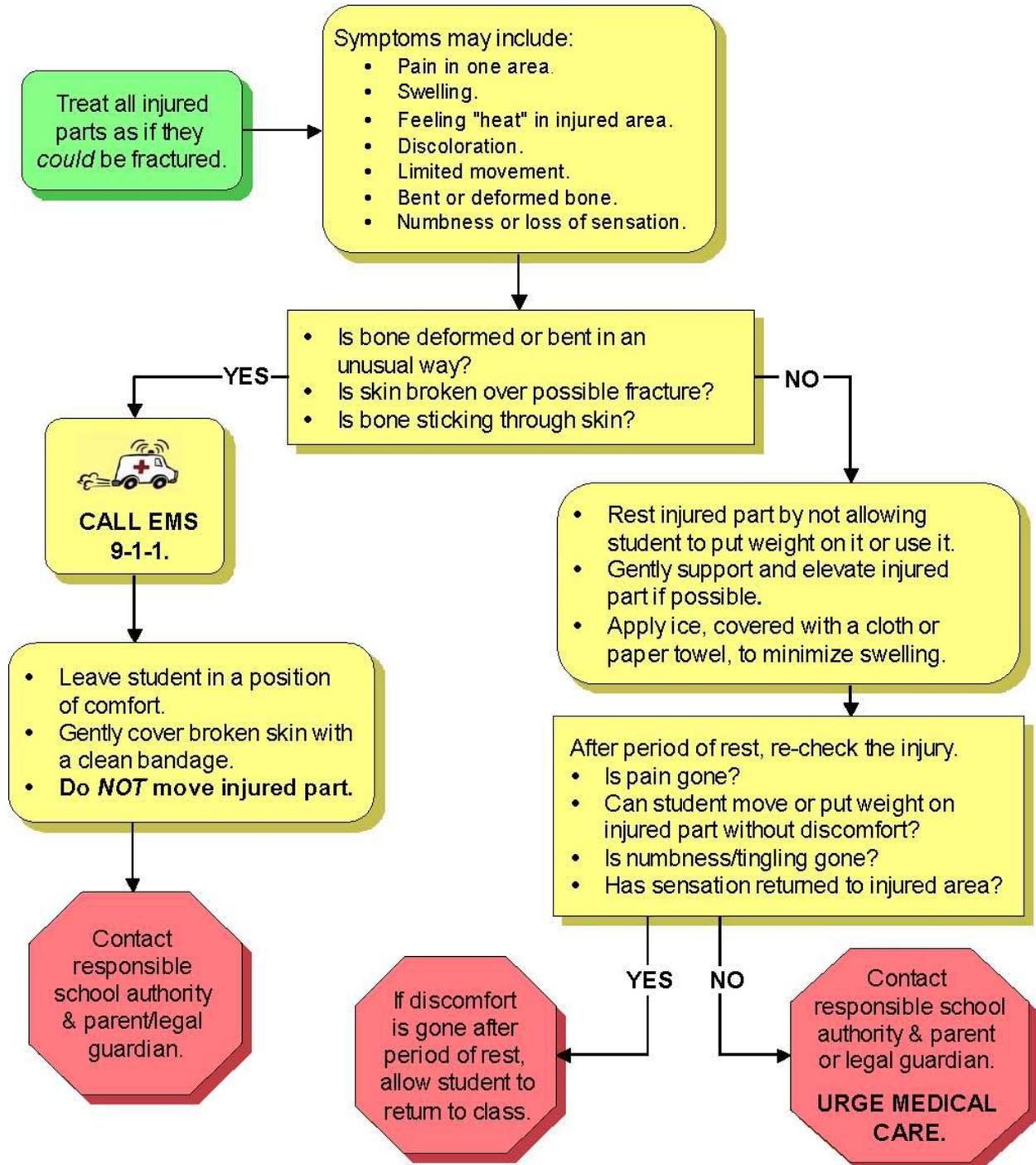
If you suspect a fracture, see "Fractures..."

Return to class.

Contact responsible school nurse or administrator & parent/legal guardian.
ENCOURAGE MEDICAL CARE

Contact responsible school nurse or administrator & parent/legal guardian.

FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTBITE

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

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

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).

- Take the student to a warm place.
- Remove cold or wet clothing and give student warm, dry clothes.
- 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.**
- Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/part:

- Look discolored - grayish, white or waxy?
- Feel firm/hard (frozen)?
- Have a loss of sensation?


CALL EMS 9-1-1.
Keep student warm and part covered.

Contact responsible authority & parent or legal guardian.

Contact responsible authority & parent or legal guardian.
Encourage medical care.

Keep student and part warm.

HEAD INJURIES

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."

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

- With a head injury (*other than head bump*), always suspect neck injury as well.
- **Do NOT move or twist the back or neck.**
- See "Neck & Back Pain" for more information.

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

Is student vomiting?

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

Watch student closely.
Do NOT leave student alone.

Are any of the following 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?
- Student is sleepy or confused?

 CALL EMS 9-1-1.

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "CPR."

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

Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE.
Watch for delayed symptoms.

HEAT STROKE - HEAT EXHAUSTION

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

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Vomiting.
- Loss of consciousness.

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

Is student unconscious or losing consciousness?

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

• Does student have hot, dry, red skin?
• Is student vomiting?
• Is student confused?

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

Give clear fluids such as water, 7Up or Gatorade frequently in small amounts if student is fully awake and alert.

Contact responsible authority & parent/legal guardian.


CALL EMS 9-1-1.
Contact responsible authority & parent or legal guardian.

HYPOTHERMIA (EXPOSURE TO COLD)

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

- Confusion.
- Weakness.
- Blurry vision.
- Slurred speech.
- Shivering.
- Sleepiness.
- White or grayish skin color.
- Impaired judgment.

• Take the student to a warm place.
• Remove cold or wet clothing and wrap student in a warm, dry blanket.

Does student have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

NO → Continue to warm student with blankets. If student is fully awake and alert, offer warm (**NOT hot**) fluids, but no food.

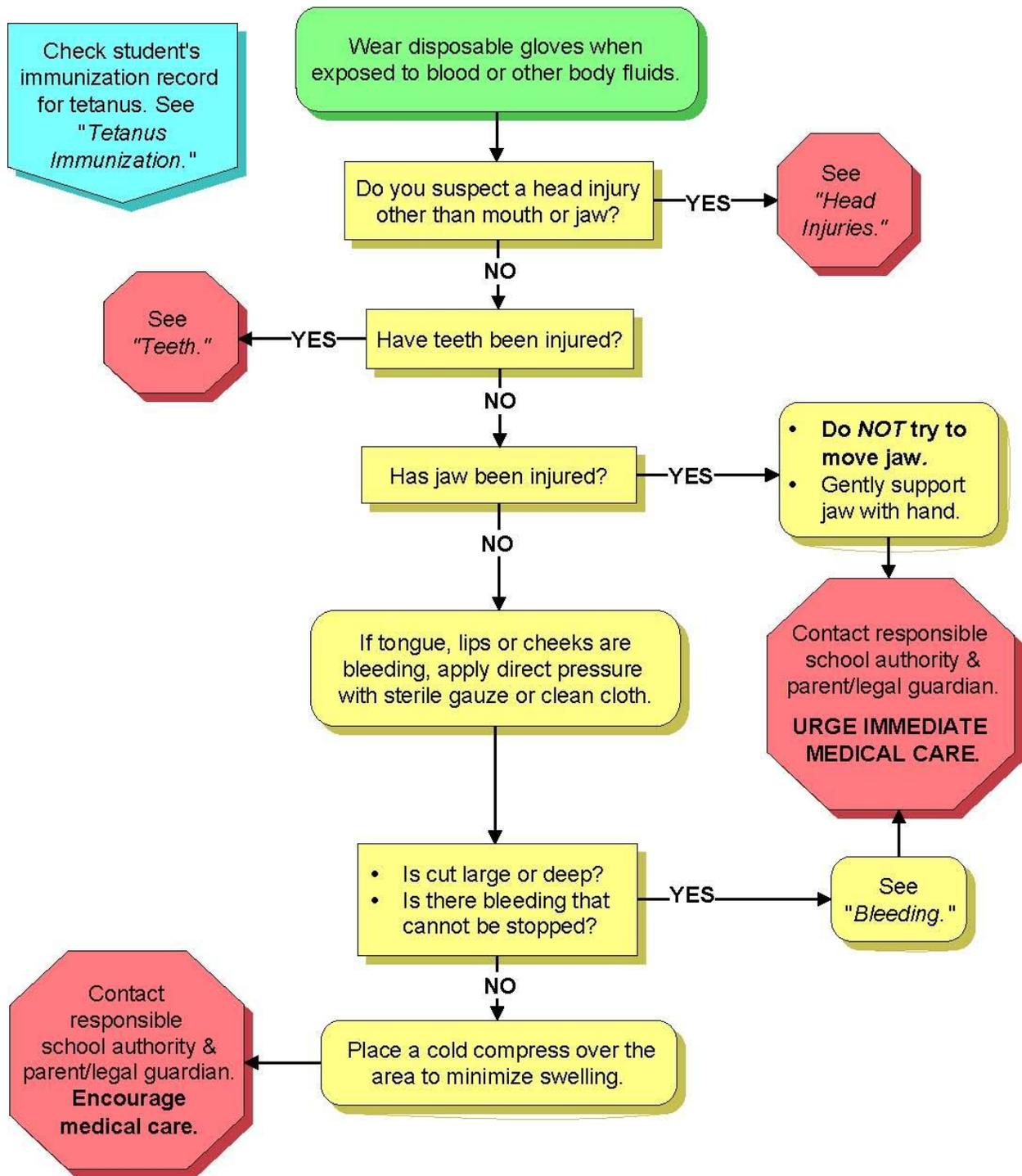
YES →

- **CALL EMS 9-1-1.**
- Give nothing by mouth.
- Continue to warm student with blankets.
- If student is sleepy or losing consciousness, place student on his/her side to protect airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "CPR".

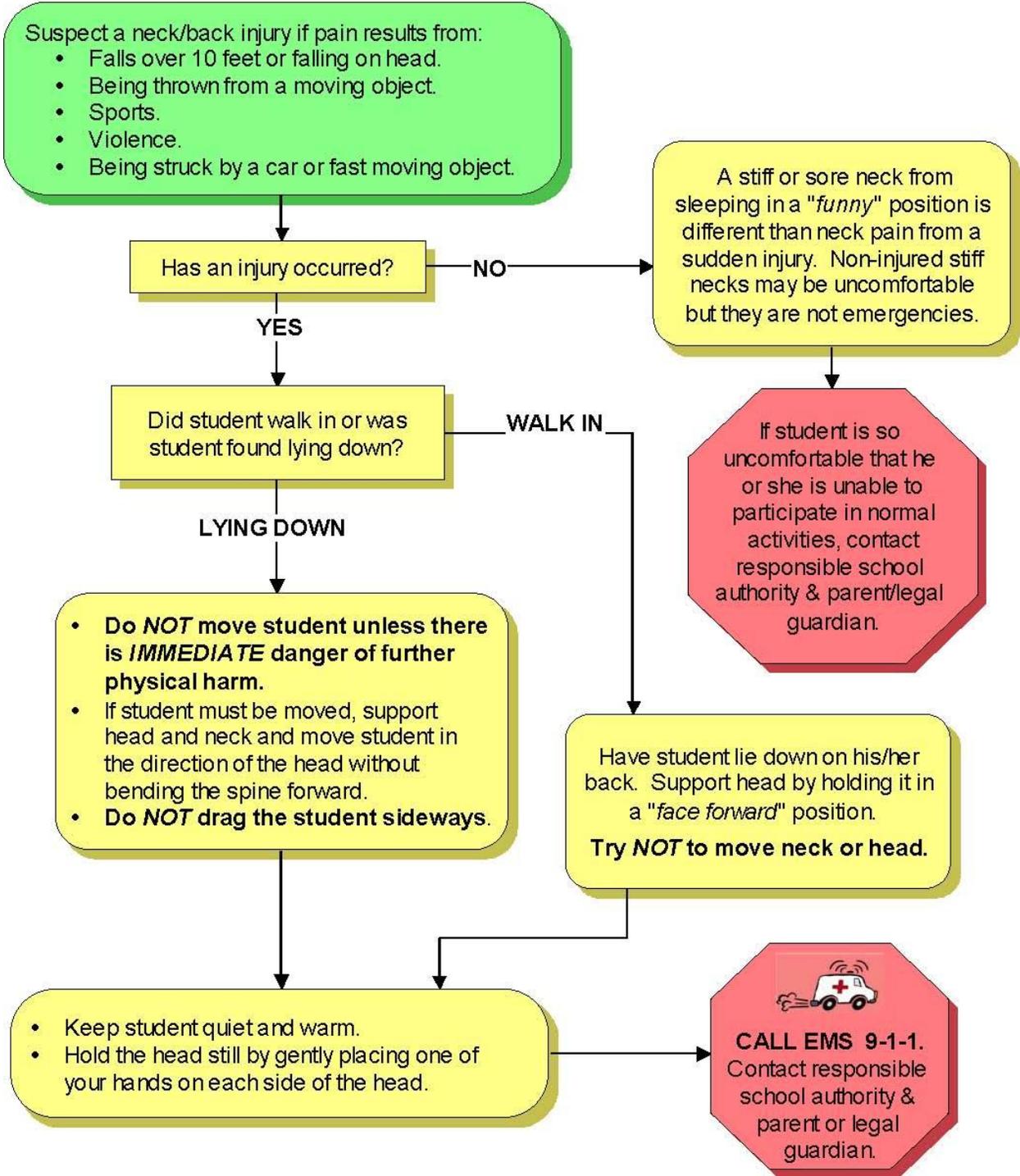


Contact responsible authority & parent or legal guardian.
Encourage medical care.

MOUTH & JAW INJURIES



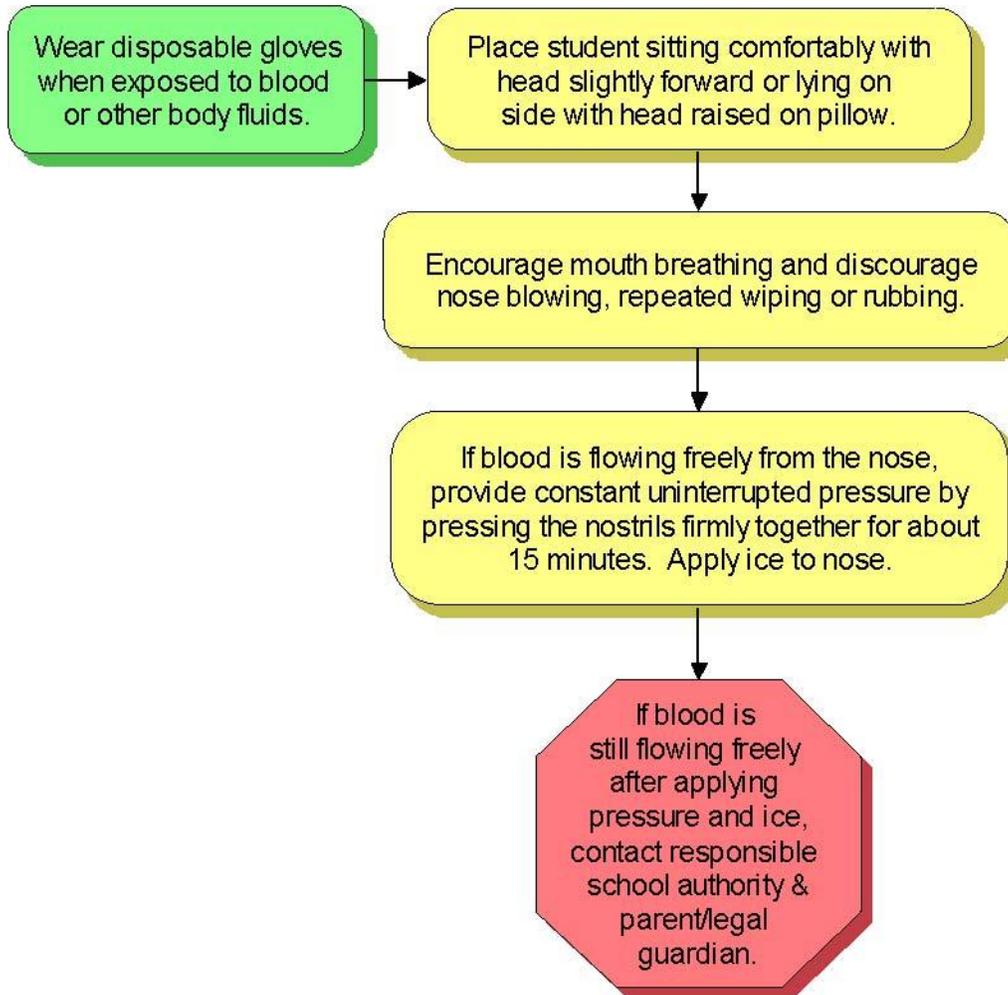
NECK & BACK PAIN



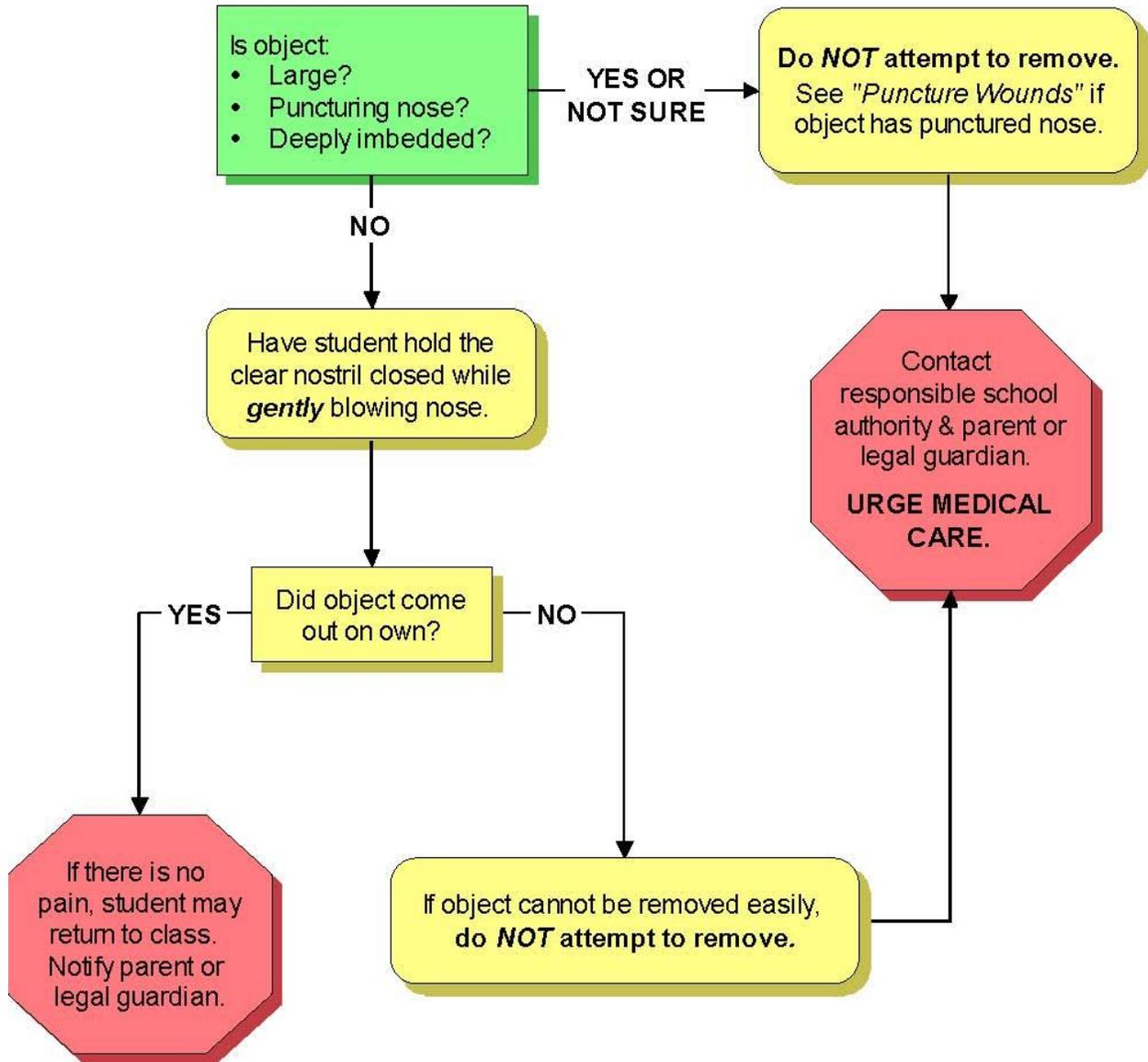
NOSE

See "Head Injuries" if you suspect a head injury other than a nose-bleed or broken nose.

NOSEBLEED



OBJECT IN NOSE



POISONING & 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.

- Do **NOT** induce vomiting or give anything **UNLESS** instructed to by **Poison Control**. With some poisons, vomiting can cause greater damage.
- Do **NOT** follow the antidote label on the container; it may be incorrect.

If 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.

- If student becomes unconscious, place on his/her side. Check airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR.** See "CPR."

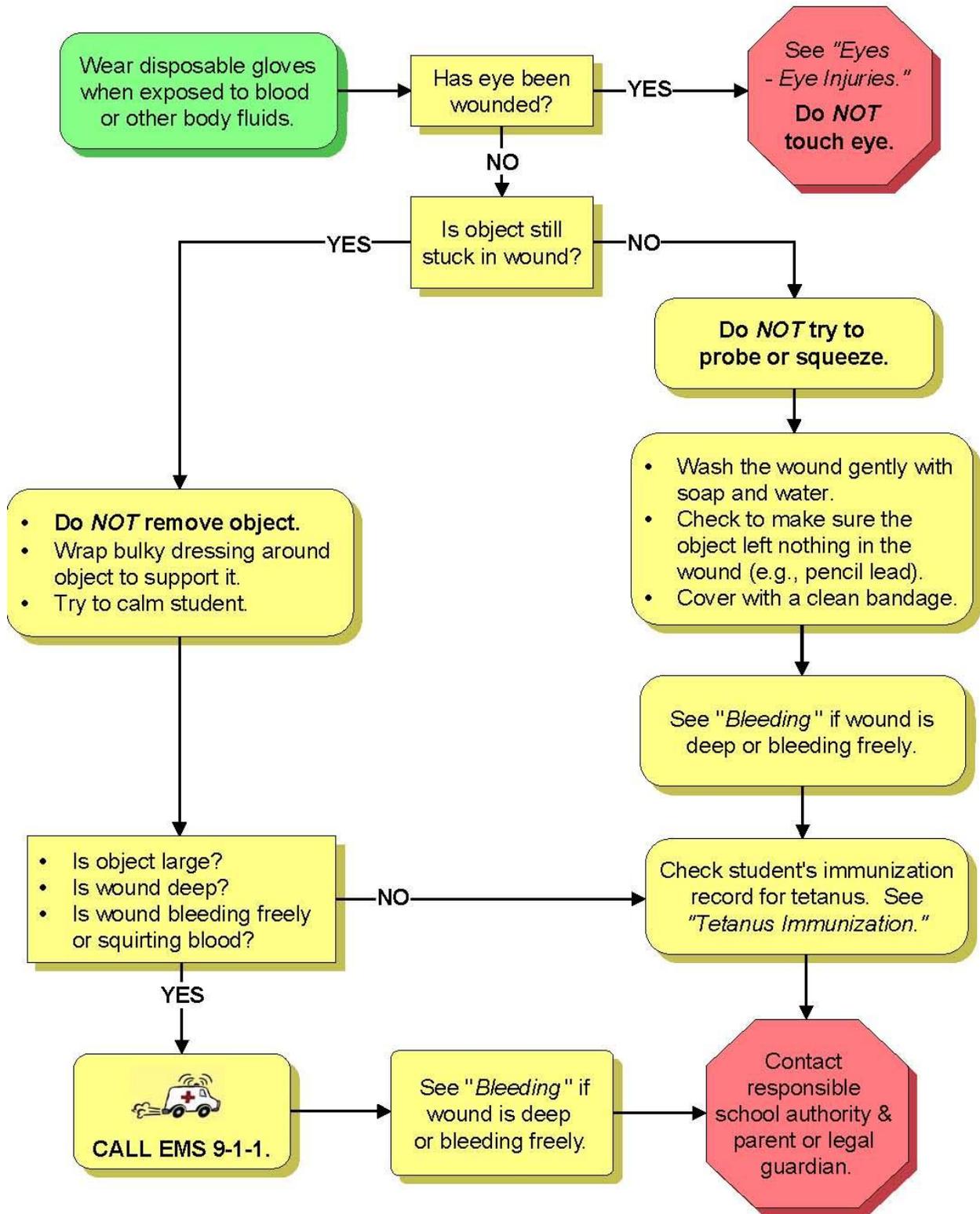
CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.



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

PUNCTURE WOUNDS



SHOCK

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

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

See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.
Is student:

- Not breathing? See *"CPR"* and/or *"Choking."*
- Unconscious? See *"Unconsciousness."*
- Bleeding profusely? See *"Bleeding."*

NO

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

- Signs of Shock:**
- Pale, cool, moist, skin.
 - Mottled, ashen, blue skin.
 - Altered consciousness or confused.
 - Nausea, dizziness or thirst.
 - Severe coughing, high pitched whistling sound.
 - Blueness in the face.
 - Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
 - Unresponsive.
 - Difficulty breathing or swallowing.
 - Rapid breathing.
 - Rapid, weak pulse.
 - Restlessness/irritability.

YES



Contact responsible school authority & parent or legal guardian.
URGE MEDICAL CARE if EMS not called.

SNAKE BITE

Treat all snake bites as poisonous until snake is positively identified.

- DO NOT cut wound.
- DO NOT apply tourniquet.
- DO NOT apply ice.

ALL SNAKE BITES

Need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a SNAKE BITE KIT for outdoor trips.

- Immobilize the bitten extremity at or below the level of the heart.
- Make person lie down, keep at complete rest, and avoid activity (walking).
- Keep victim warm and calm.
- Remove any restrictive clothing, rings, and watches.

- Is snake poisonous or unknown?
- Is person not breathing (See "CPR")?

YES

CALL EMS 9-1-1

NO

- Flush bite with large amount of water.
 - Wash with soap and water.
 - Cover with clean, cool compress, or moist dressing.
 - Monitor pulse, color, and respirations; prepare to perform CPR if needed.
 - Identify snake- if dead, send with victim to hospital.
 - Parents pay transport for medical evaluation if condition is not life threatening.
- If greater than 30 minutes from emergency department:**
- Apply a tight bandage, to an extremity bite, between the bite and the heart; do not cut off blood flow.
 - Use Snake Bite Kit suction device repeatedly.

Contact responsible school nurse or administrator & parent/legal guardian.
ENCOURAGE MEDICAL CARE

Signs & Symptoms of Poisonous Bite

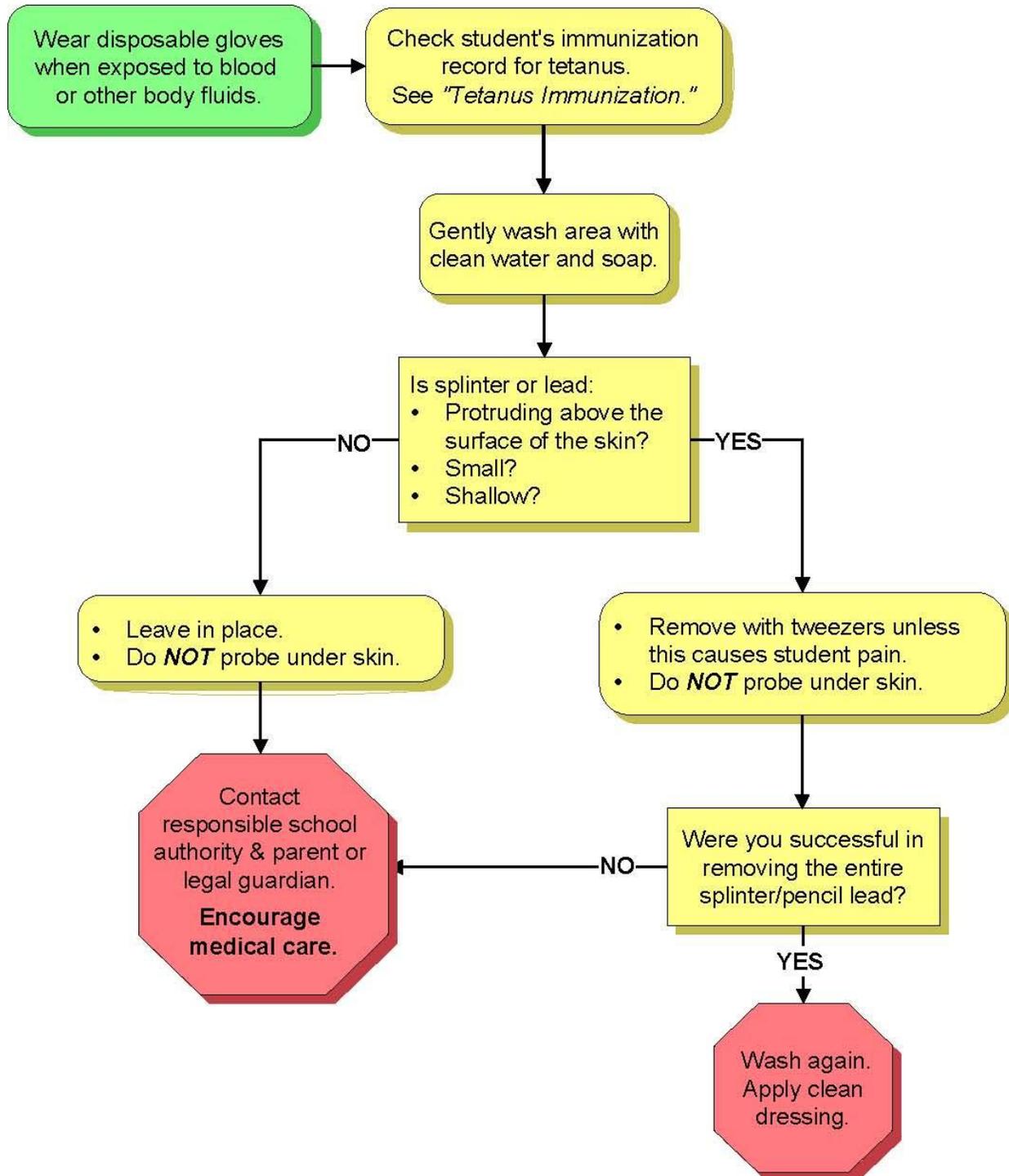
Mild to Moderate:

- Swelling, discoloration or pain at site.
- Rapid pulse, weakness, sweating, or fever.
- Shortness of breath.
- Burning, numbness, or tingling sensation.
- Blurred vision, dizziness, or fainting.
- Fang marks, nausea, vomiting, and diarrhea.

Severe:

- Swelling of tongue or throat.
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis, and unconsciousness.
- Loss of muscle coordination.

SPLINTERS OR IMBEDDED PENCIL LEAD



STINGS

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

Does student have:

- Difficulty breathing?
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

NO

YES

A student may have a delayed allergic reaction up to **2 hours** after the sting. Adult(s) supervising student during normal activities should be aware of the sting and should watch for any delayed reaction.

Refer to student's emergency care plan.

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



CALL EMS 9-1-1.

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

- Check student's airway.
- Look, listen and feel for breathing.
- **If student stops breathing, start CPR. See "CPR."**

Contact responsible school authority & parent or legal guardian.

See "Allergic Reaction."

TEETH

BLEEDING GUMS

Bleeding gums:

- Are generally related to chronic infection.
- Present some threat to student's general health.

No first aid measure in the school will be of any significant value.

Contact responsible school authority & parent/legal guardian.
URGE DENTAL CARE.

TOOTHACHE OR GUM INFECTION

See "*Mouth & Jaw*" for tongue, cheek, lip, jaw or other mouth injury not involving the teeth.

These conditions can be direct threats to student's general health, not just local tooth problems.

No first aid measure in the school will be of any significant value.

Relief of pain in the school often postpones dental care. **Do NOT place pain relievers (e.g., aspirin, Tylenol) on the gum tissue of the aching tooth. They can burn tissue.**

Contact responsible school authority & parent/legal guardian.
URGE DENTAL CARE.

DISPLACED TOOTH

TEETH

Do **NOT** try to move tooth into correct position.

Contact responsible school authority & parent/legal guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do **NOT** handle tooth by the root.

If tooth is dirty, clean gently by rinsing with water.
Do NOT scrub the knocked-out tooth.

Do not replant primary (baby) teeth back in socket.
(No. 1 in list.)

The following steps are listed in order of preference.

Within 15 - 20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze, **or**
2. Place in HBSS (Save-A-Tooth Kit) if available
See '*Recommended First Aid Supplies*' on inside back cover, **or**
3. Place in glass of milk, **or**
4. Place in normal saline, **or**
5. Have student spit in cup and place tooth in it, **or**
6. Place in glass of water.

TOOTH MUST NOT DRY OUT.

Apply a cold compress to face to minimize swelling

Contact responsible school authority & parent or legal guardian.

OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.

TICKS

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **Do NOT handle ticks with bare hands.**

Refer to your school's policy regarding the removal of ticks.

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

Wash the tick area gently with soap and water before attempting removal.

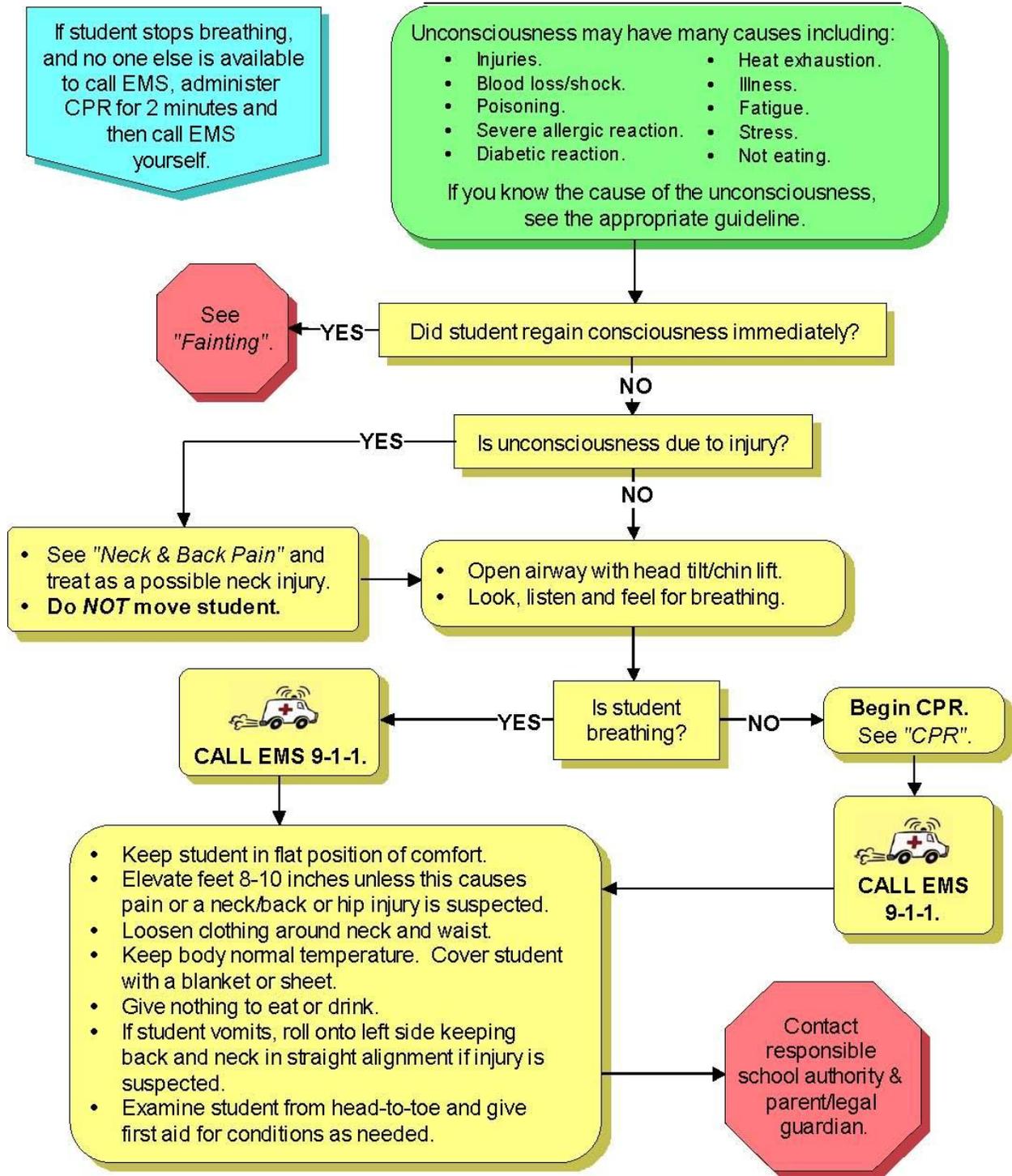
- Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- **Do NOT twist or jerk the tick as the mouth parts may break off.** It is important to remove the *ENTIRE* tick.
- Take care not to squeeze, crush or puncture the body of the tick as its fluids may carry infection.

- After removal, wash the tick area thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.

Contact responsible school authority & parent/legal guardian.

UNCONSCIOUSNESS



EMERGENCY PHONE NUMBERS

Complete this page, post by your phones, and update as needed.

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact your EMS. Most areas use 9-1-1; others use a 7-digit phone number.

- EMERGENCY PHONE NUMBER: 9-1-1 or _____
- Name of EMS agency _____
- Location of your program _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION AND DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

- Name of caller _____
- Name of program _____
- Address and easy directions to your program _____

- Nature of emergency _____
- Exact location of injured or ill person _____
- Help already given _____
- Ways to make it easier to find you (standing in front of the building, red flag, etc.).

OTHER IMPORTANT PHONE NUMBERS

Poison Control Center **1-800-222-1222** _____

DHS Child Care Licensing Representative _____

Fire Department **9-1-1** or _____

Police **9-1-1** or _____

Hospital _____

Local Health Department _____

