

NEW MEXICO EMERGENCY GUIDELINES FOR SCHOOLS

2022 EDITION



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

- AEDs
 - Allergic Reaction
 - Asthma & Difficulty Breathing
 - Behavioral Emergencies
 - Bites
 - Bleeding
 - Blisters
 - Bruises
 - Burns
 - CPR (Infant, Child, & Adult)
 - Choking
 - Child Abuse
 - Communicable Diseases
 - Cuts, Scratches, & Scrapes
 - Diabetes
 - Diarrhea
 - Ear Problems
 - Electric Shock
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 - Mouth & Jaw Injuries
 - Neck & Back Pain
 - Nose Problems
 - Poisoning & Overdose
 - Pregnancy
 - Puncture Wounds
 - Rashes
 - Seizures
 - Shock
 - Splinters
 - Stabs/Gunshots
 - Stings
 - Stomachaches & Pain
 - Teeth Problems
 - Ticks
 - Unconsciousness
 - Vomiting
- Also Includes:**
- Emergency Plans & Procedures
 - Calling EMS
 - Special Needs
 - Infection Control

EMERGENCY GUIDELINES FOR SCHOOLS

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Colorado Department of Public Health & Environment, University of Colorado and Children's Hospital of Colorado, which updated and expanded on the Ohio Department of Public Safety Emergency Guidelines for Schools in 2016, upon which this document is modeled.

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We would also like to acknowledge the following for their contributions to the Emergency Guidelines for Schools (EGS) development:

School nurses and other school personnel who took time to provide feedback on their use of the EGS so the guidelines could be improved for future users.

ABOUT THE GUIDELINES

The Emergency Guidelines for Schools Manual (EGS) is meant to provide recommended procedures for school staff that have little or no medical/nursing training to use when the School Nurse is not available. It is recommended that staff who are in a position to provide first aid to students complete an approved first aid and CPR course. Although designed for a school environment, this resource is equally appropriate for a childcare or home setting.

The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety's Emergency Medical Services for Children Program in 1997. The Colorado Department of Education and the Colorado Department of Public Health and Environment revised the guidelines in 2016. The New Mexico Department of Health has made revisions to make the guidelines specific for New Mexico.

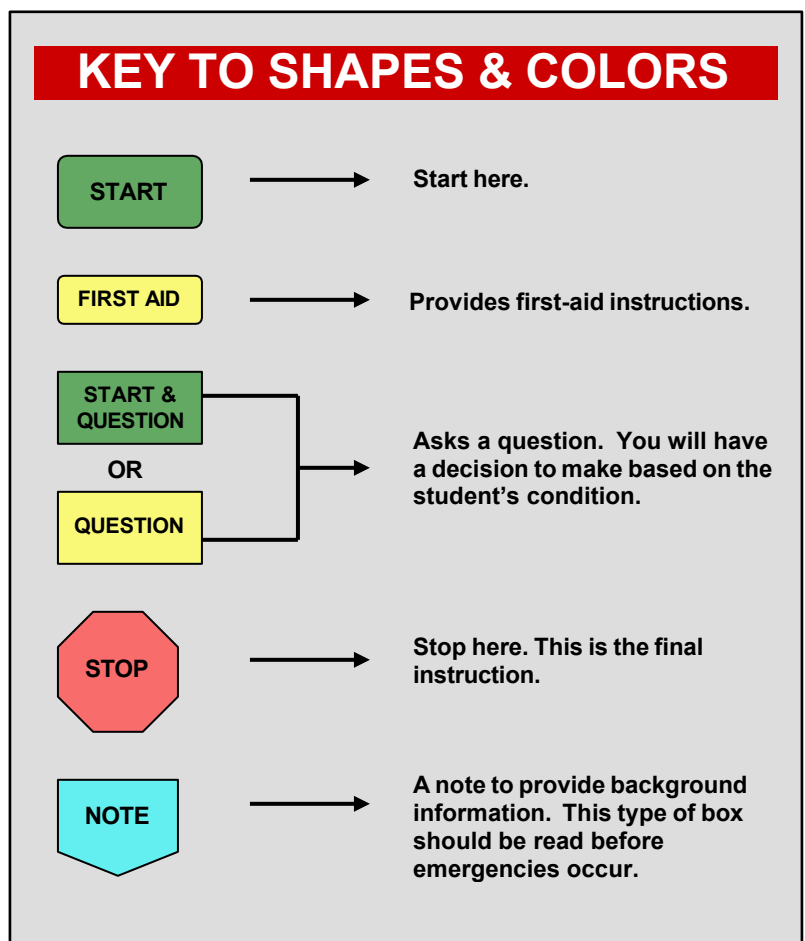
The EGS has been created as **recommended** procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board or the State of New Mexico. Please consult your School Nurse or the state School Nurse consultant if you have questions about any of the recommendations.

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

For more information contact your regional School Health Advocate, the State School Health Consultant, or your Regional Health Officer.

HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptoms (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 last page of the guidelines contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.
- The guidelines are arranged in **alphabetical order** for quick access.
- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors**.
- Take some time to familiarize yourself with the **Emergency Procedures for Injury or Illness**. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- In addition, information has been provided about Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning and Emergency Preparedness.



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/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.



EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Be familiar with process for contacting EMS within your school campus. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent/legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring the above procedures as required by local school policy.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities, or communication challenges. Include caring for these students' special needs in emergency and disaster planning.

HEALTH CONDITIONS

Some students may have special conditions that put them at risk for life-threatening emergencies:

- Seizures
- Diabetes
- Asthma or other breathing difficulties
- Life-threatening or severe allergic reactions
- Technology-dependent or medically fragile conditions

Your school nurse or other school health professional, along with the student's parent or legal guardian and physician should develop individual action plans for these students when they are enrolled. These action plans should be made available to all appropriate staff.

In the event of an emergency situation, refer to the student's emergency care plan.

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PHYSICAL ABILITIES

Other students in your school may have special emergency needs due to their physical abilities. For example, students who are:

- In wheelchairs
- Temporarily on crutches/walking casts
- Unable or have difficulty walking up or down stairs

These students will need special arrangements in the event of a school-wide emergency (e.g., fire, tornado, evacuation, etc.). A plan should be developed, and a responsible person should be designated to assist these students to safety. All staff should be aware of this plan.

COMMUNICATION CHALLENGES

Other students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

- Vision impairments
- Hearing impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issues

These students may need special communication considerations in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **standard precautions**. Standard precautions are a set of guidelines that assume all blood and certain other body fluids are potentially infectious. It is important to follow standard precautions when providing care to *any* student, whether or not the student is known to be infectious. The following list describes standard precautions:

- **Wash hands thoroughly** with running water and soap for at least 15 seconds:
 1. Before and after physical contact with any student (*even if gloves have been worn*).
 2. Before and after eating or handling food.
 3. After cleaning.
 4. After using the restroom.
 5. After providing any first aid.

Be sure to scrub between fingers, under fingernails, and around the tops and palms of hands. If soap and water are not available, an alcohol-based waterless hand sanitizer may be used according to manufacturer's instructions.

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (*wear disposable gloves*). Double-bag the trash in plastic bags and dispose of it immediately. Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool, or vomit) home with the student in a double-bagged plastic bag.
- Do not touch your mouth or eyes while giving any first aid.

GUIDELINES FOR STUDENTS:

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

Please see Chapter 10 of the School Health Manual for detailed response to infectious disease.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

AEDs are devices that help to restore a normal heart rhythm by delivering an electric shock to the heart after detecting a life-threatening irregular rhythm. AEDs are not substitutes for CPR, but are designed to increase the effectiveness of basic life support when integrated into the CPR cycle.

AEDs are safe to use for **all ages**, according to the American Heart Association (AHA). Some AEDs are capable of delivering a “child” energy dose through smaller child pads. Use child pads/child system for children 0–8 years if available. If a child system is not available, use adult AED and pads. Do not use the child pads or energy dose for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer’s instructions. The location of AEDs should be known to all school personnel.

American Heart Association Guidelines for AED/CPR Integration

- For a sudden, witnessed collapse in an infant/child, use the AED first if it is immediately available. If there is any delay in the AED’s arrival, begin CPR first. Prepare AED to check heart rhythm and deliver 1 shock as necessary. Then, immediately begin 30 CPR chest compressions in about 20 seconds followed by 2 slow breaths of 1 second each. Complete 5 cycles of CPR (30 compressions to 2 breaths x 5) of about 2 minutes. The AED will perform another heart rhythm assessment and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.
- For a sudden, unwitnessed collapse in an infant/child, perform 5 cycles of CPR first (30 compressions to 2 breaths x 5) of about 2 minutes, and then apply the AED to check the heart rhythm and deliver a shock as needed. Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

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

If your school has an AED, this guideline will refresh information provided in training courses as to incorporating AED use into CPR cycles.

1. Gently tap the shoulder and shout, "Are you OK?" If person is unresponsive, shout for help and **send someone to CALL EMS and get your school's AED if available.**
2. Follow primary steps for CPR (see "CPR" for appropriate age group: infant, 1–8 years, over 8 years, or adults).
3. If available, set up the AED according to the manufacturer's instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to information below:



IF CARDIAC ARREST OR COLLAPSE WAS WITNESSED:

4. Use the AED first if immediately available. If not, begin CPR.
5. Prepare AED to check heart rhythm and deliver 1 shock as necessary.
6. Begin 30 CPR chest compressions in about 20 seconds followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions in about 20 seconds to 2 breaths for a rate of at least 100 compressions per minute).
8. Prompt another AED rhythm check.
9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
10. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.



IF CARDIAC ARREST OR COLLAPSE WAS NOT WITNESSED:

4. Start CPR first. See age-appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions in about 20 seconds to 2 breaths at a rate of at least 100 compressions per minute.
5. Prepare the AED to check the heart rhythm and deliver a shock as needed.
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) GUIDELINES

INTRODUCTION

In cardiac arrest cases due to cardiac fibrillation, a combination of early advanced medical care access, early cardiopulmonary resuscitation (CPR), and early defibrillation can save lives. The shorter the time between collapse of the person and defibrillation, the greater the chances of survival for a victim. Response from community emergency teams and school emergency teams can be instrumental in increasing survival rates in cardiac arrest victims through the use of AEDs. The ideal location is typically any location where large quantities of people gather.

NMSA 1978 24-10C-2 [<https://www.nmonesource.com/nmos/nmsa/en/item/4384/index.do#24-10C-2>] states:

“A. The legislature finds that:

(1) each year more than three hundred fifty thousand Americans die from out-of-hospital sudden cardiac arrest;

(2) the American heart association estimates that more than twenty thousand deaths could be prevented each year if early defibrillation were more widely available. In cardiac arrest the first several minutes are the most crucial time in which performing defibrillation can significantly improve chances for survival;

(3) the reality is that even in the best emergency medical services systems, emergency medical technicians or first responders may not always be able to arrive during that critical window of time; and

(4) virtually all communities in New Mexico have invested in 911 emergency response systems, emergency medical personnel and ambulance vehicles. However, many of them do not have enough defibrillators in their community [communities].

B. It is the purpose of the Cardiac Arrest Response Act to encourage greater acquisition, deployment and use of automated external defibrillators in communities across the state.”

GUIDELINES: New Mexico Regulations

The Emergency Medical Services Act authorizes the NM Department of Health (NMDOH) to adopt rules to establish a cardiac arrest targeted response program. These rules are promulgated in the NM Administrative Code (NMAC) 7.27: <https://www.nmonesource.com/nmos/nmac/en/item/18064/index.do#7c27>

Why register with an AED Program? The primary reason is to improve responses for someone suffering from a sudden cardiac arrest.

A ‘trained targeted responder’ means a person who has completed an authorized AED training program and who uses an AED. They should also be trained in CPR and how to activate the local emergency medical system.

AED Program registration with NMDOH provides limited immunity protections for persons or entities associated with the Program. These protections are provided when the AED Program is established, registered and operated in accordance with the code regulations. This program is for the use of semi-automated cardiac defibrillators (operator pushes the button).

- The registration regulations include the following requirements:
 - AED Program Director who manages the Cardiac Arrest Targeted Response Program assigned by the school/school district
 - Trained responders selected by the Program Director
 - Must be trained through approved training program in both CPR & AED use
 - Cardiac Care Standards as set by the American Heart Association (AHA)

- Recertify every 2 years
- Must notify emergency services that AED is in use
- Comply with program protocols
- Submit to NMDOH a copy of report from all AED responses (within 20 calendar days)
- Inspect at least monthly all AED equipment
- Maintain AED program records to include:
 - Copy of program protocols
 - Copy of registration
 - AED maintenance records
 - Perform quality assurance review of all AEDs
 - Ensure maintained per manufacturer's guidelines
 - Trained targeted responder training records
 - To include dates of CPR & AED training
 - AED usage records
- Provide evidence of coordination with local EMS services (EMS must be notified of establishment of AED program or if said program ends)
- Register the AED program with the department and pay registration fees

Initial registration with NMDOH is for a period of 4 years. Registration and renewals occur with submission of the application along with the appropriate fee. (\$75 initial/\$50 renewal). This cost is per program and not each AED within the program.



2023 AED Program
Application.pdf

The EMS Bureau website for the AED Program does not have the current information. Please, use this page's directions and application. We will work with the EMS Bureau to ensure this page remains current for the processes and forms. As always, please feel free to reach out to your regional SHA with any questions.

RESOURCES

NM Statute, [NMAC 7.27.8](#)

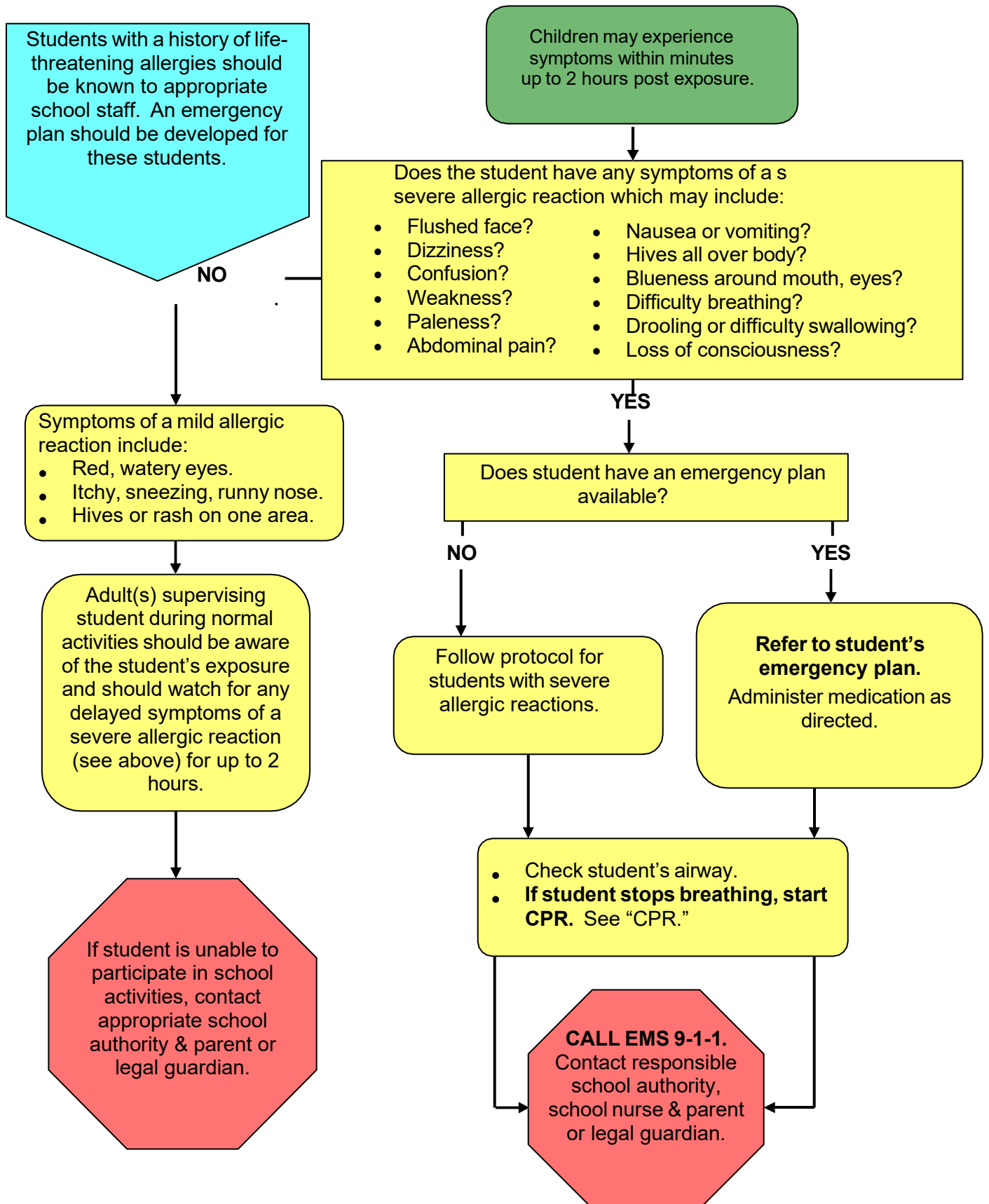
National Center for Early Defibrillation, National Center for Early Defibrillation, fast facts for sudden cardiac arrest <http://www.early-defib.org/>

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ALLERGIC REACTION



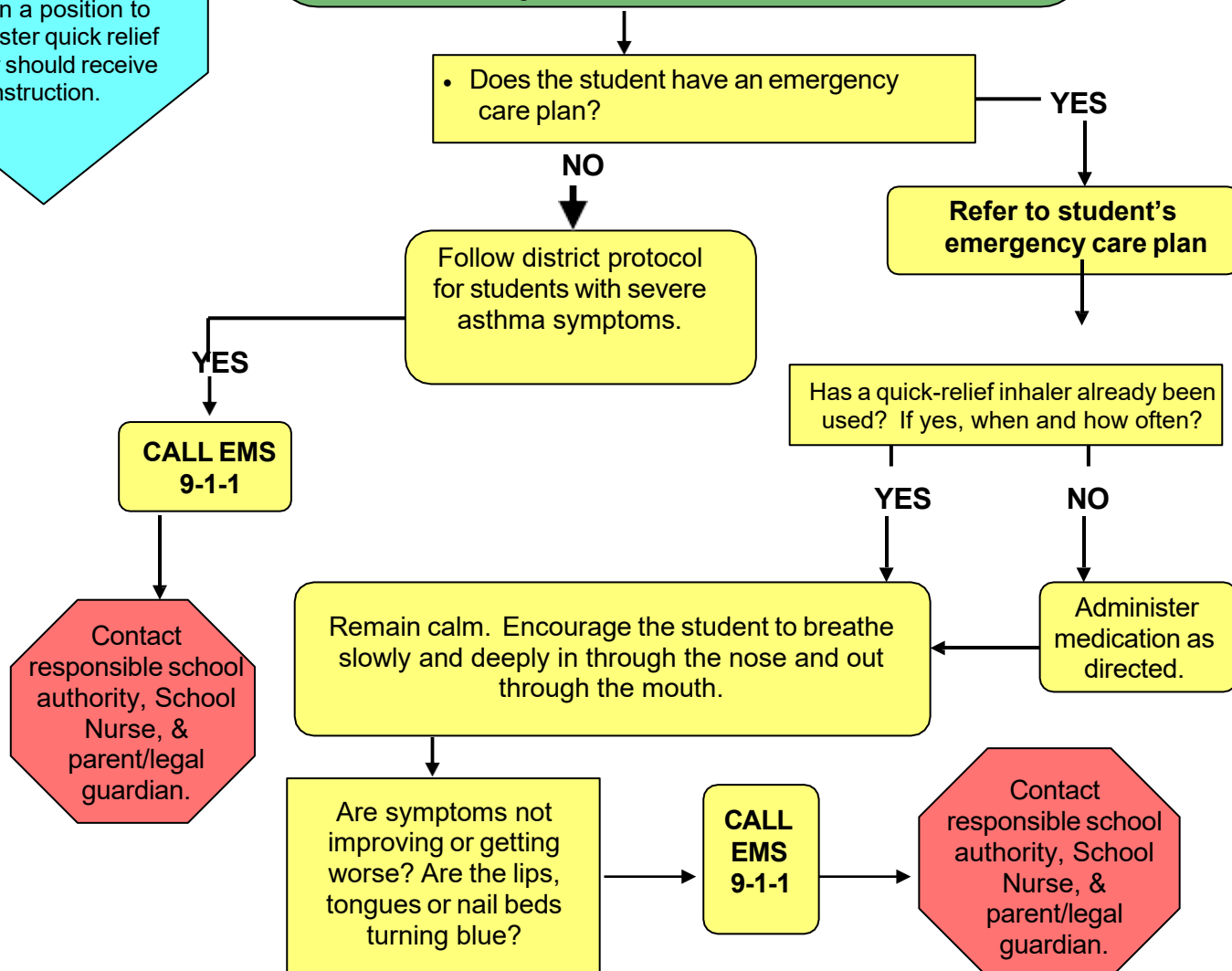
ASTHMA – WHEEZING – DIFFICULTY BREATHING

Students with a history of breathing difficulties including asthma/wheezing should be known to appropriate school staff and an asthma plan in place. An emergency care plan should also be developed.

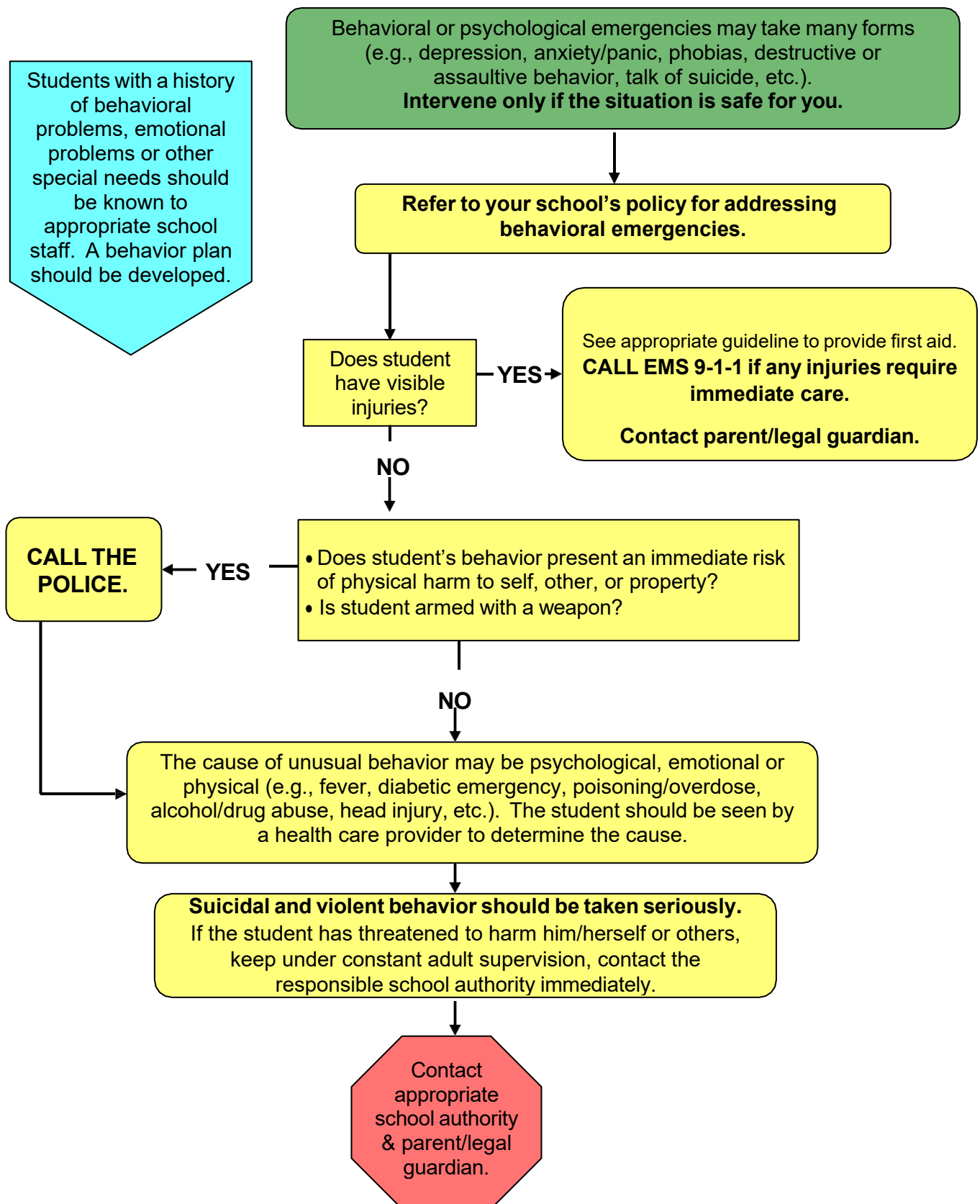
Staff in a position to administer quick relief inhaler should receive instruction.

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

- Uncontrollable coughing.
- Wheezing – a high-pitched sound during breathing out.
- Rapid breathing
- Flaring (widening) of nostrils
- Feeling of tightness in the chest.
- Not able to speak in full sentences.
- Increased use of stomach and chest muscles during breathing.



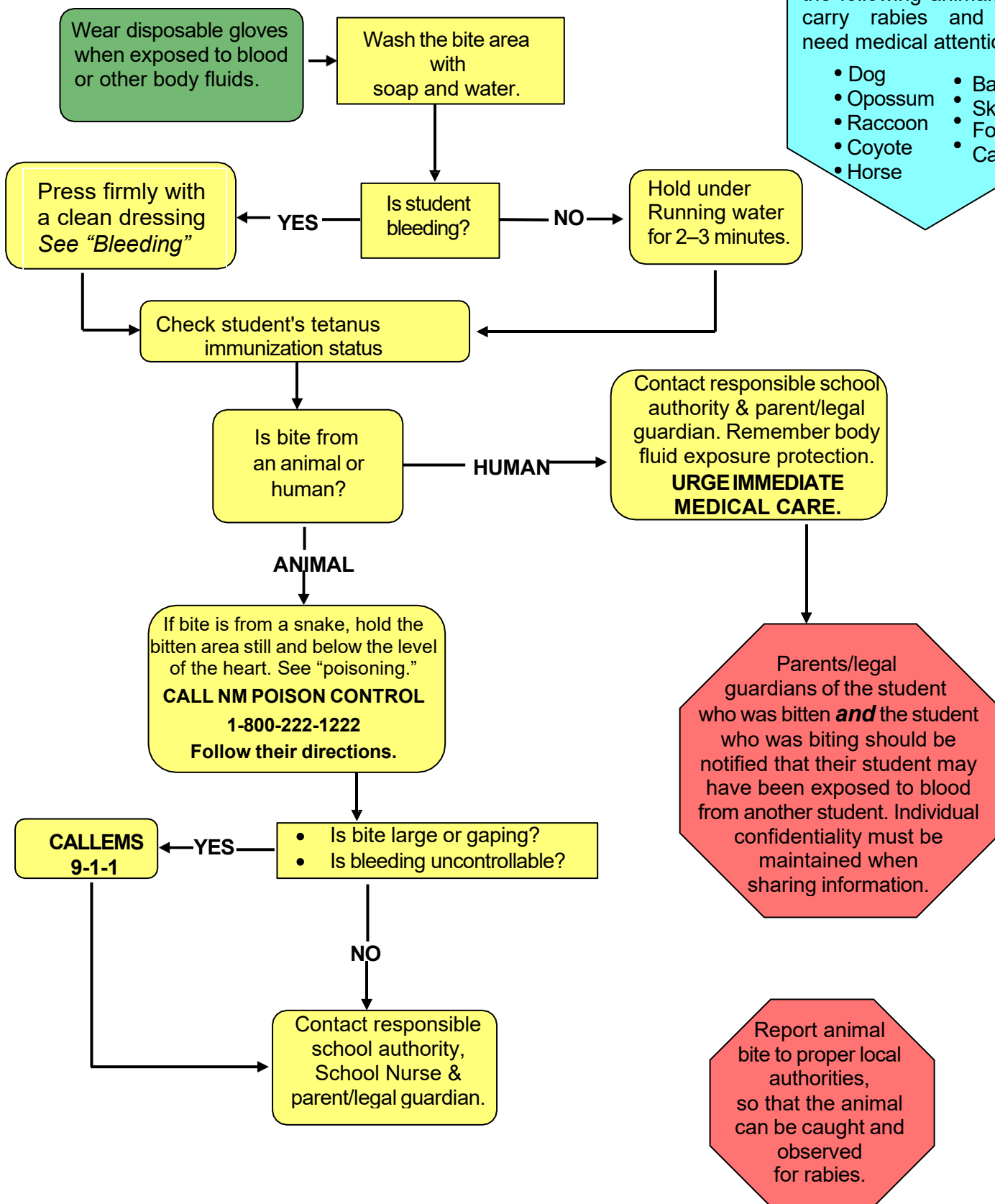
BEHAVIORAL EMERGENCIES



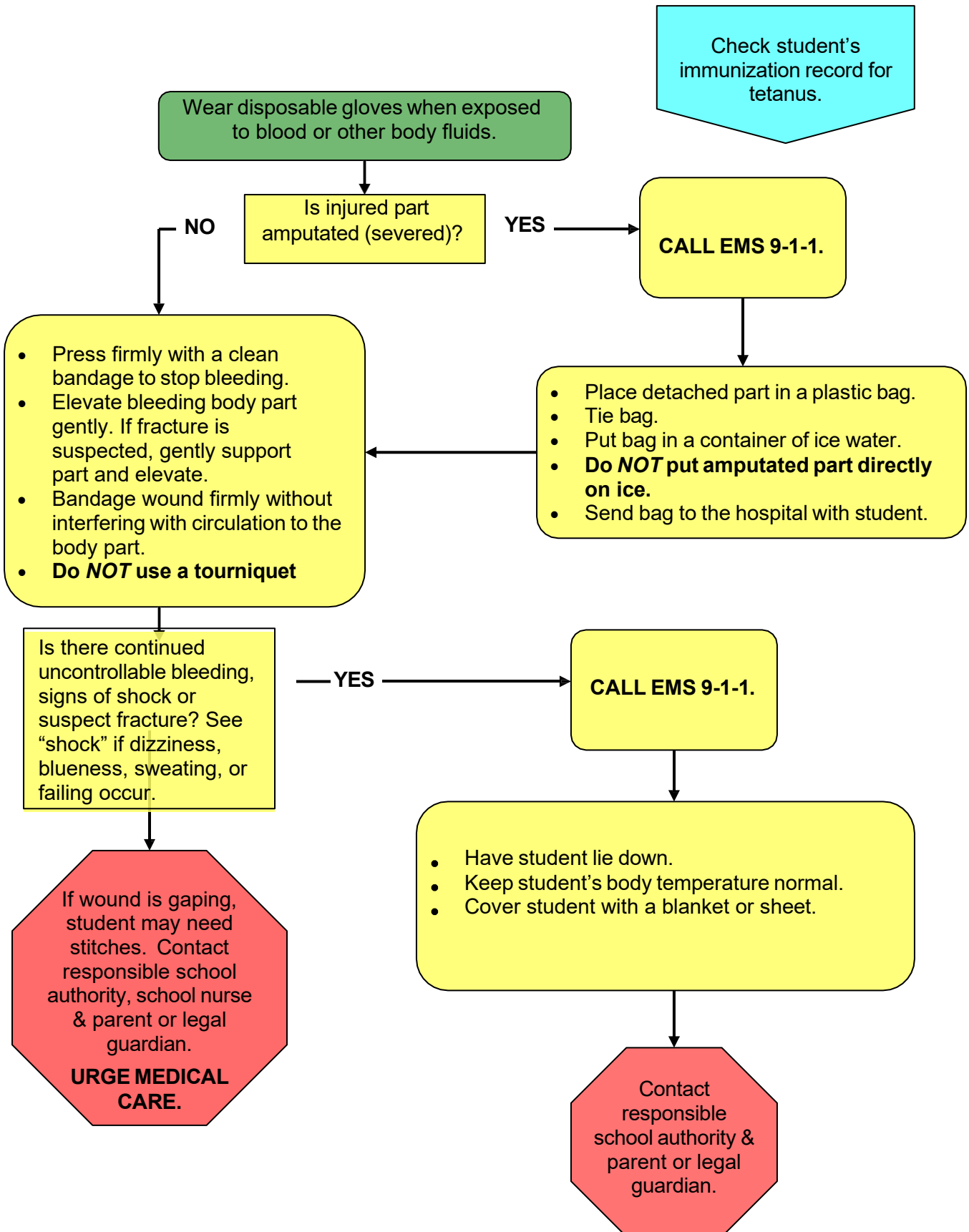
BITES (HUMAN & ANIMAL)

Human and animal bites are treated as lacerations or punctures. Bites from the following animals can carry rabies and may need medical attention:

- Dog
- Opossum
- Raccoon
- Coyote
- Horse
- Bat
- Skunk
- Fox
- Cat

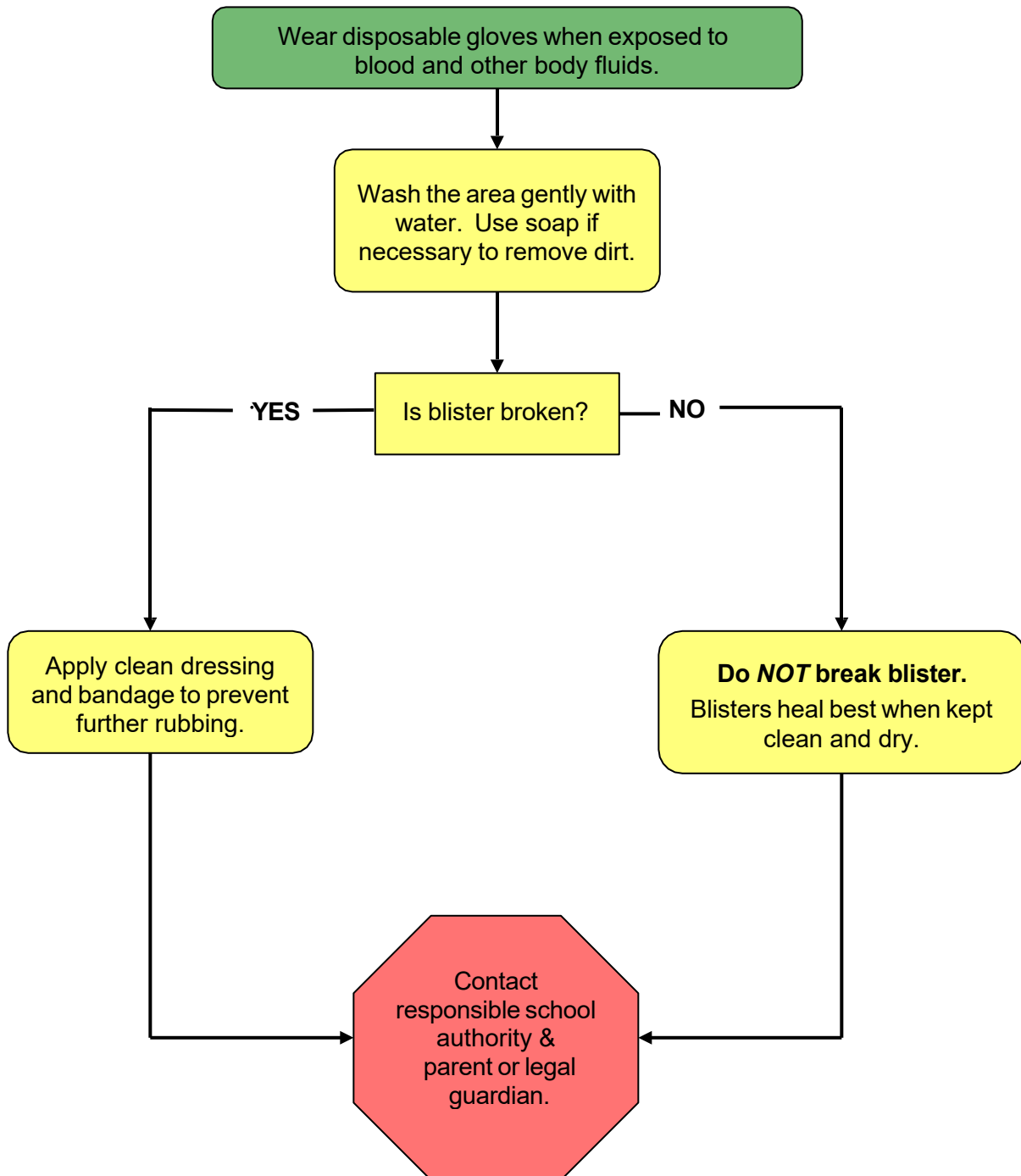


BLEEDING



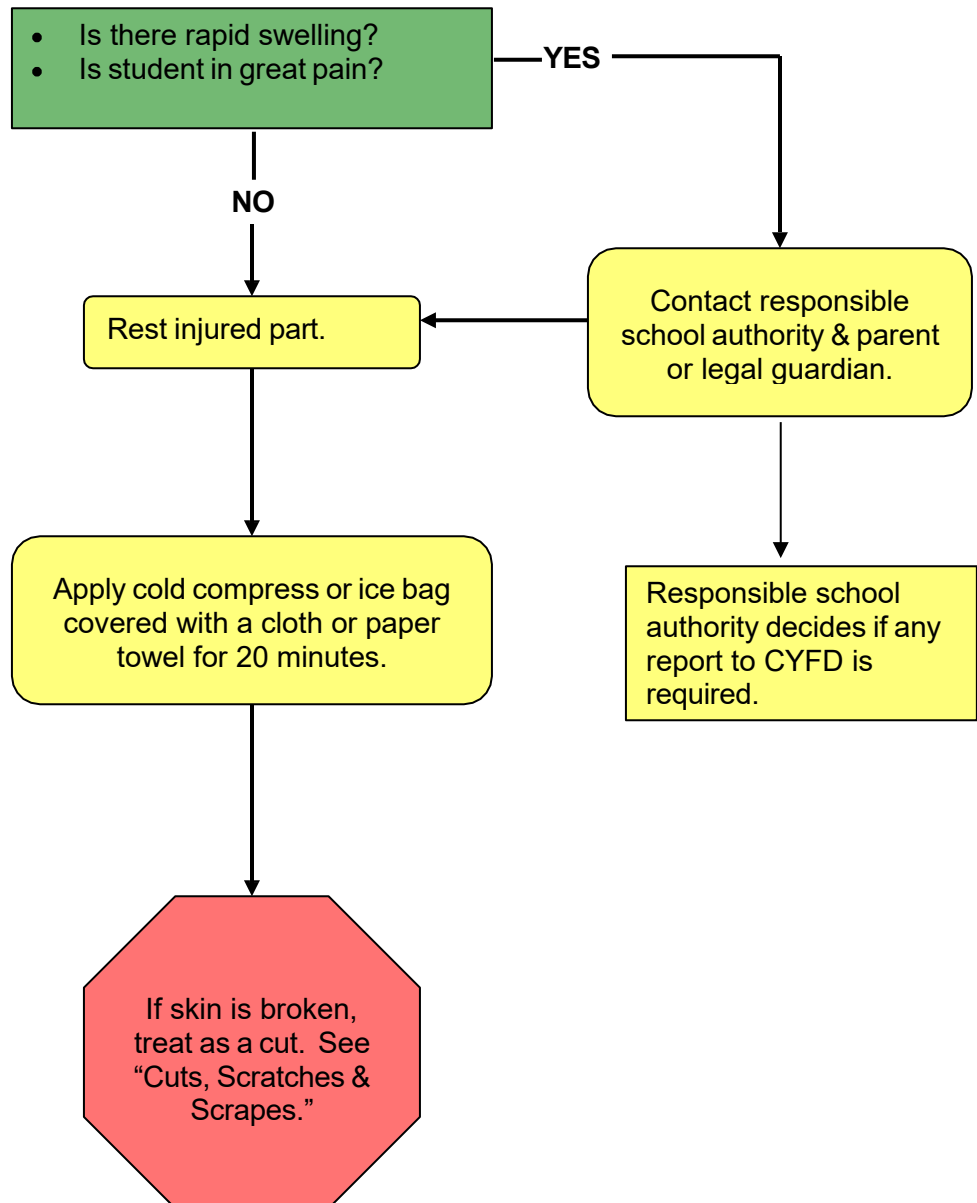
BLISTERS

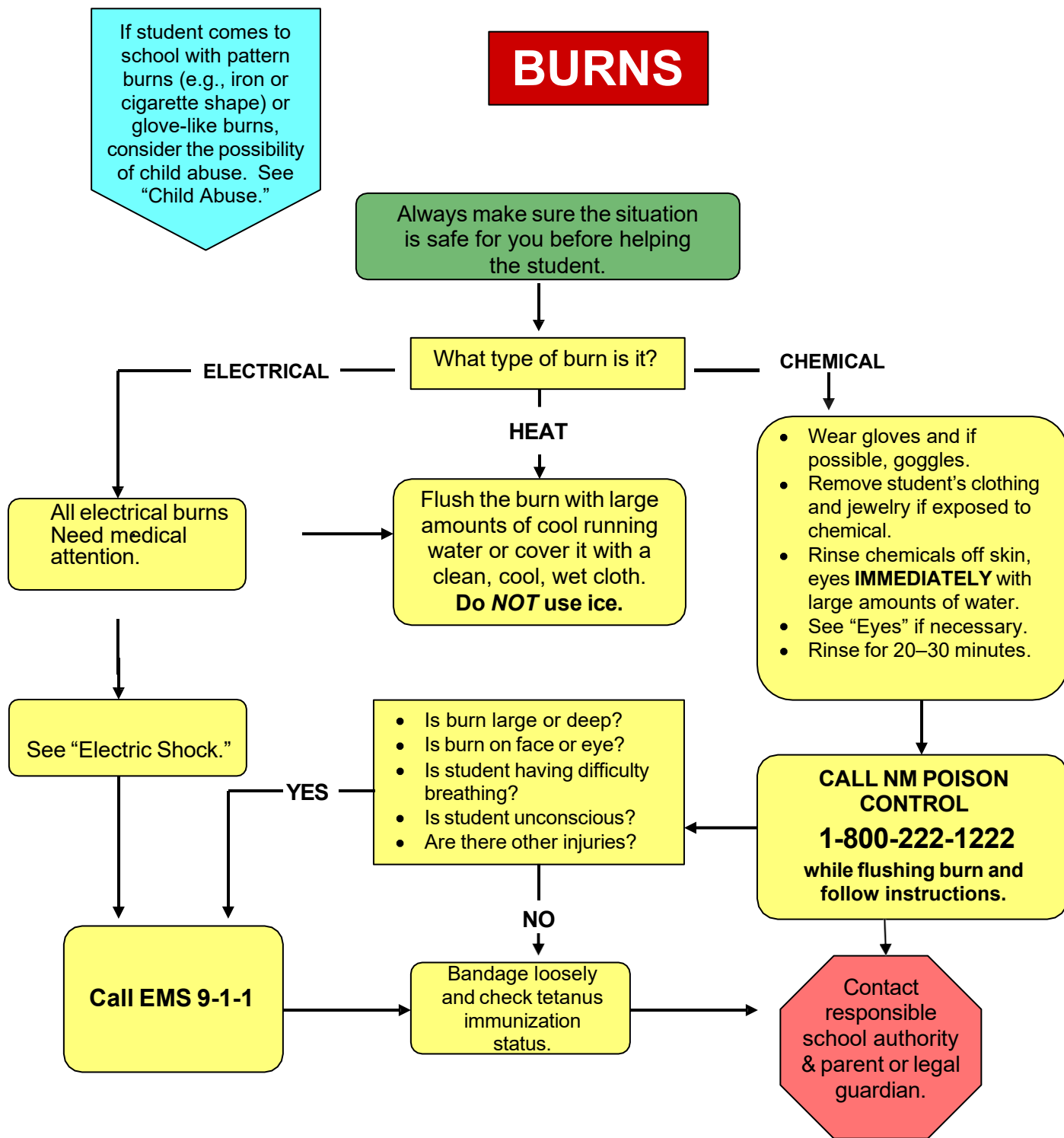
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Assess student closely if they present with bruises. If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse. See "Child Abuse."

BRUISES





NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2016.* 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 many visual aids for school personnel and can be purchased 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 push fast.” Compress chest at a rate of at least 100 compressions per minute for all victims.
- Compress about 1/3 to 1/2 the depth of the chest for infants (approximately 1 ½ inches), and 2 inches for children and 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 DEVICES

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 an emergency situation. Rescue breathing technique may be affected by these devices.



CHOKING RESCUE

It is recommended that schools that offer food service have at least one employee who has received instruction in methods to intervene and assist someone who is choking to be present in the lunch room at all times.

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 tap the infant's shoulder or flick the bottom of the infant's feet. 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**.

IF NOT BREATHING AND NOT RESPONSIVE

5. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
6. Compress chest hard and fast at rate of 30 compressions in about 20 seconds with 2 or 3 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.

7. Give 2 normal breaths, each lasting 1 second. Each breath should make chest rise.
8. 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.
9. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



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

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

1. Gently tap the shoulder and shout, "Are you OK?" If child is unresponsive, shout for help and send someone to **call EMS and get your school's AED if available.**
2. Turn the child onto his/her back as a unit by supporting the head and neck. If 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.**
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.

IF NOT BREATHING AND NOT RESPONSIVE

6. Find hand position near center of breastbone at the nipple line.
(Do **NOT** place your hand over the very bottom of the breastbone.)
7. Compress chest hard and fast 30 times in 20 seconds 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.
8. 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 AT LEAST 100 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 20 SECONDS UNTIL THE 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.



***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.

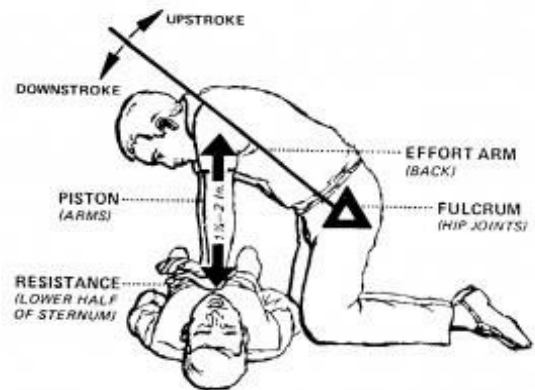
CARDIOPULMONARY RESUSCITATION (CPR) FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

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

- Gently tap the shoulder and shout, “Are you OK?” If person is unresponsive, shout for help and send someone to **call EMS AND get your school’s AED if available.**
- Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
- Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**
- Check for normal **BREATHING.** **Gasping in adults should be treated as *no breathing.***
- If you witnessed the 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.

IF NOT BREATHING AND NOT RESPONSIVE

1. Place heel of one hand on top of the center of 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.)
2. Position self vertically above victim’s chest and with straight arms, **compress chest hard and fast about 1½ to 2 inches at a rate of 30 compressions in about 20 seconds with both hands.**
3. Give 2 normal breaths, each lasting 1 second. Each breath should make the chest rise.
4. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.
5. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.



HANDS-ONLY CPR FOR TEENS OR ADULTS WHO SUDDENLY COLLAPSE

- Call 911.
- Push hard and fast in the center of the chest to the beat of the disco song “Stayin Alive.” “Stayin Alive” is the perfect match for a rate of 100–120 compressions per minute.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of drowning, drug overdose, or people who collapse due to breathing problems. *Only perform mouth to mouth with a barrier device for adult*

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 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 the 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 5 OF INFANT CPR (p. 21).

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 THE CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD, OR STEP 6 OF 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.

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in the recognition of suspected child abuse/neglect.

If student has visible injuries, refer to the appropriate guideline to provide first aid.
CALL EMS 9-1-1 if any injuries require immediate medical care.

All school staff are required to report suspected child abuse and neglect to Children, Youth, and Family Division (CYFD). Refer to your school policy for additional guidance on reporting.

Any reason to suspect abuse/neglect REQUIRES reporting.
NM CYFD @ 1 (855) 333-SAFE (7233)
CELL PHONE # SAFE OR #7233

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This *NOT* a complete list.

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises, or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching, or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed appearance.

If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the student know that you are required to report the abuse.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority.
REPORT SUSPECTED ABUSE/NEGLECT TO CYFD

COMMUNICABLE DISEASES

For more information on protecting yourself from communicable diseases, see "Communicable Disease Resources."

Chickenpox, pink eye, strep throat, and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease.

Refer to your local school's policy for ill students.

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

Signs of PROBABLE illness:

- Sore throat.
- Redness, swelling, drainage of eye.
- Unusual spots/rash with fever or itching.
- Crusty, bright yellow, gummy skin sore.
- Diarrhea (more than 2 loose stools a day).
- Vomiting.
- Yellow skin or yellow "white of eye."
- Oral temperature greater than 100.0 F.
- Extreme tiredness or lethargy.
- Unusual behavior.

Contact responsible school authority & parent or legal guardian.

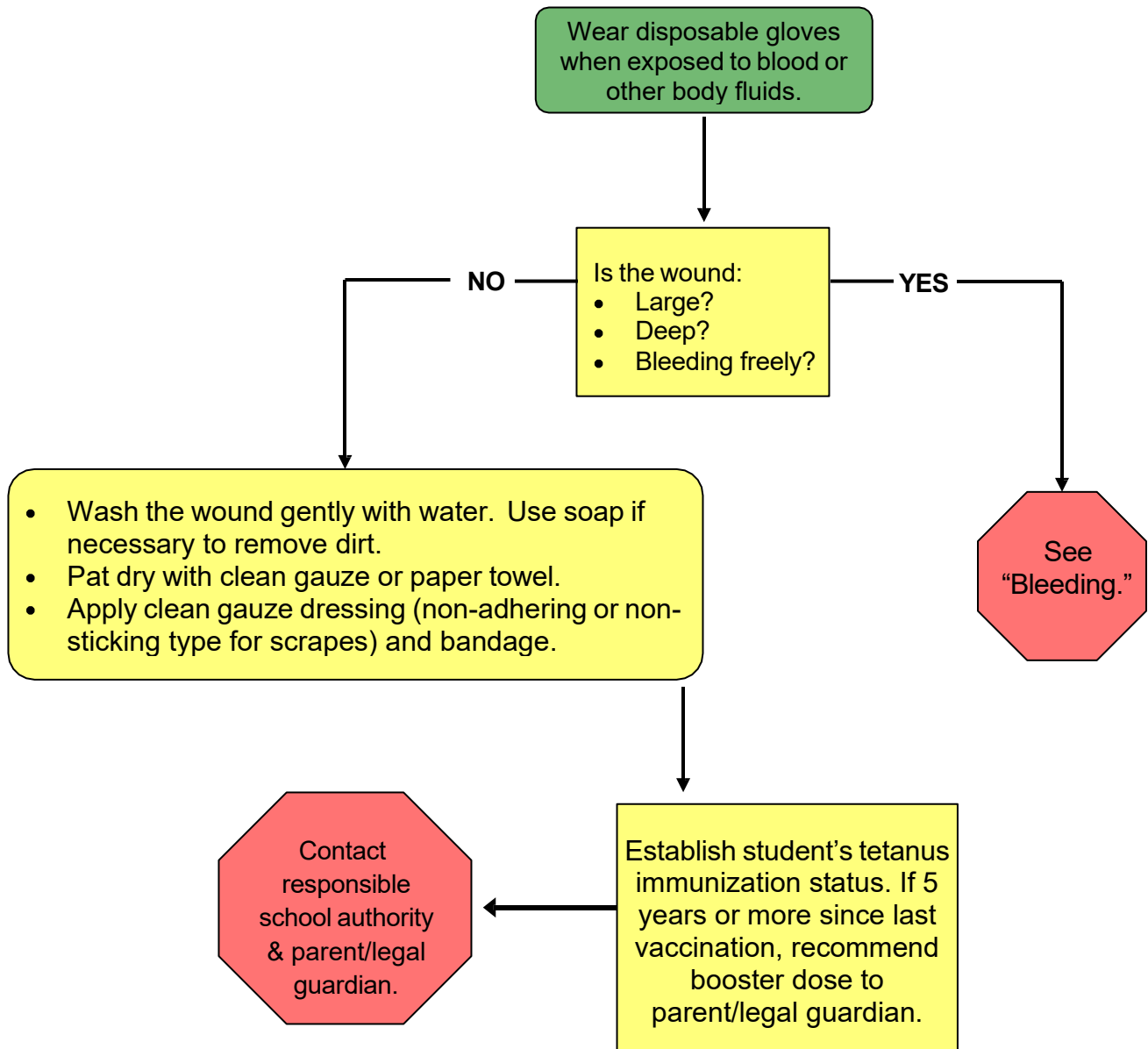
ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:

- Earache.
- Fussiness.
- Runny nose.

Monitor student for worsening of symptoms.
Contact parent/legal guardian

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



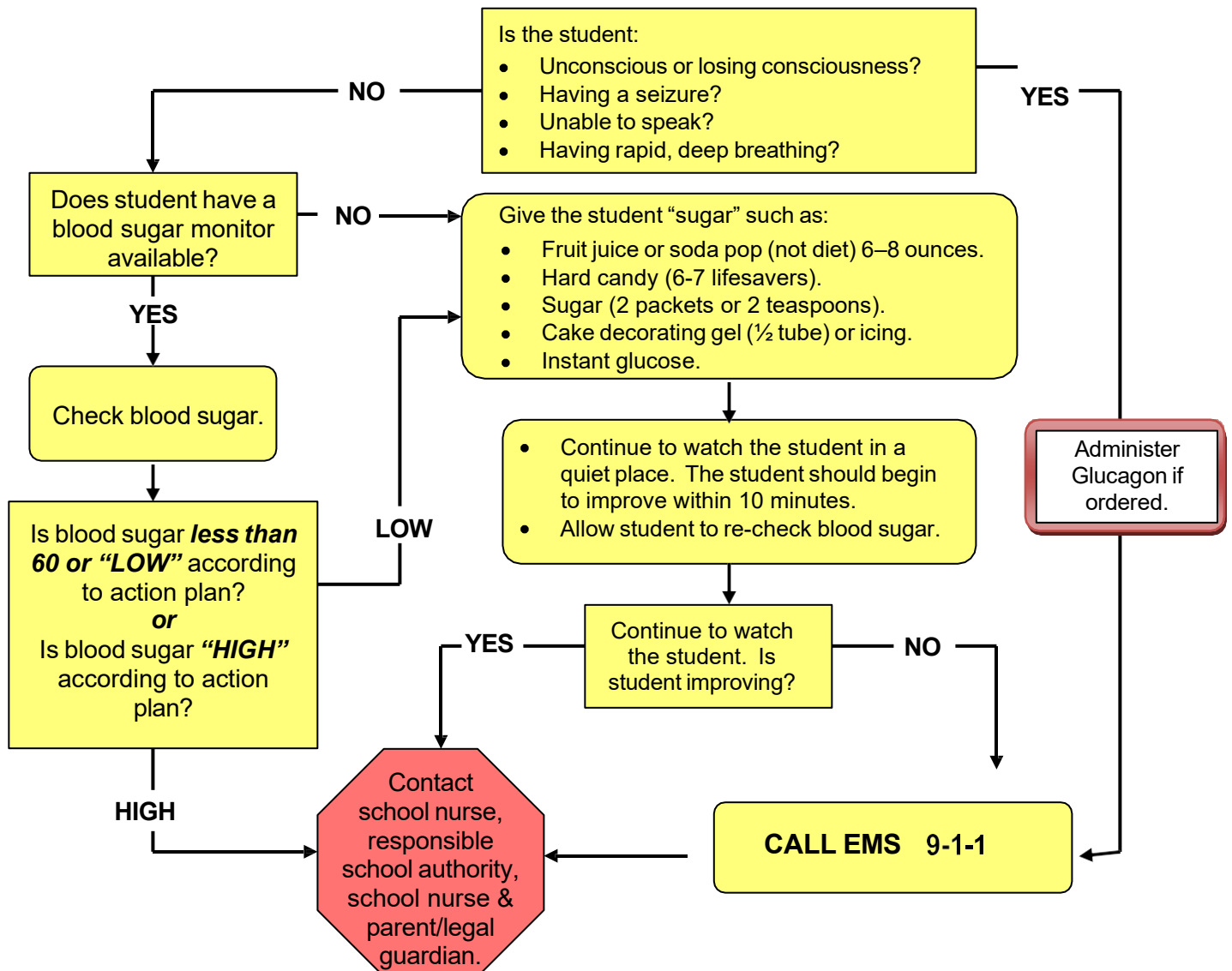
DIABETES

A student with diabetes should be known to all school staff.
A history should be obtained and a health plan developed at time of enrollment. See *Diabetes* in "Students with Special Needs."

A student with diabetes may have the following symptoms of low blood sugar:

- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling "shaky."
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing or rapid pulse.
- Confusion, dizziness or listlessness.
- Seizure.
- Cramping.

Refer to student's health plan.



DIARRRHEA

Wear disposable gloves when exposed to blood or other body fluids. Use good hand-washing technique.

A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.

If you are noticing large numbers of students with similar symptoms of diarrhea and vomiting. Communicable disease should be considered please see Chapter 10 Communicable Diseases for reporting recommendations.

Does student have any of the following signs of probable illness:

- More than 2 loose stools a day?
- Oral temperature over 100.0 F? See "Fever."
- Blood present in the stool?
- Severe stomach pain?
- Student is dizzy and pale?

YES

NO

- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.

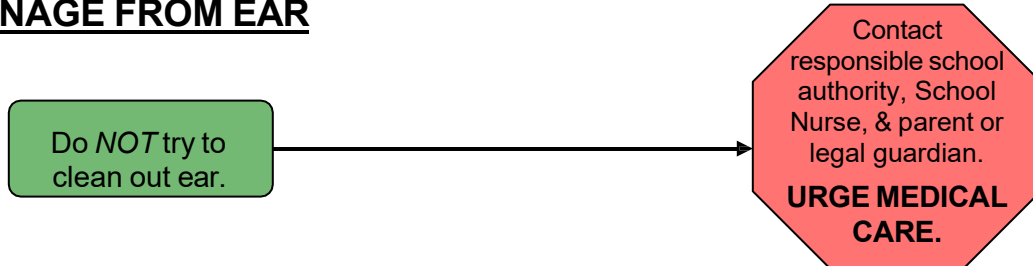
Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE

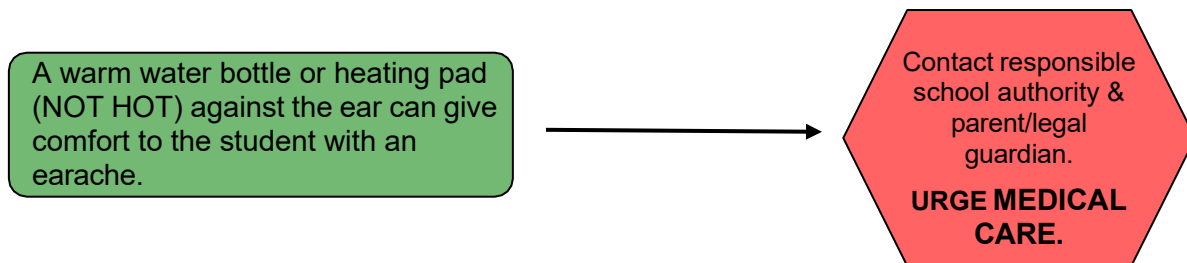
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EAR PROBLEMS

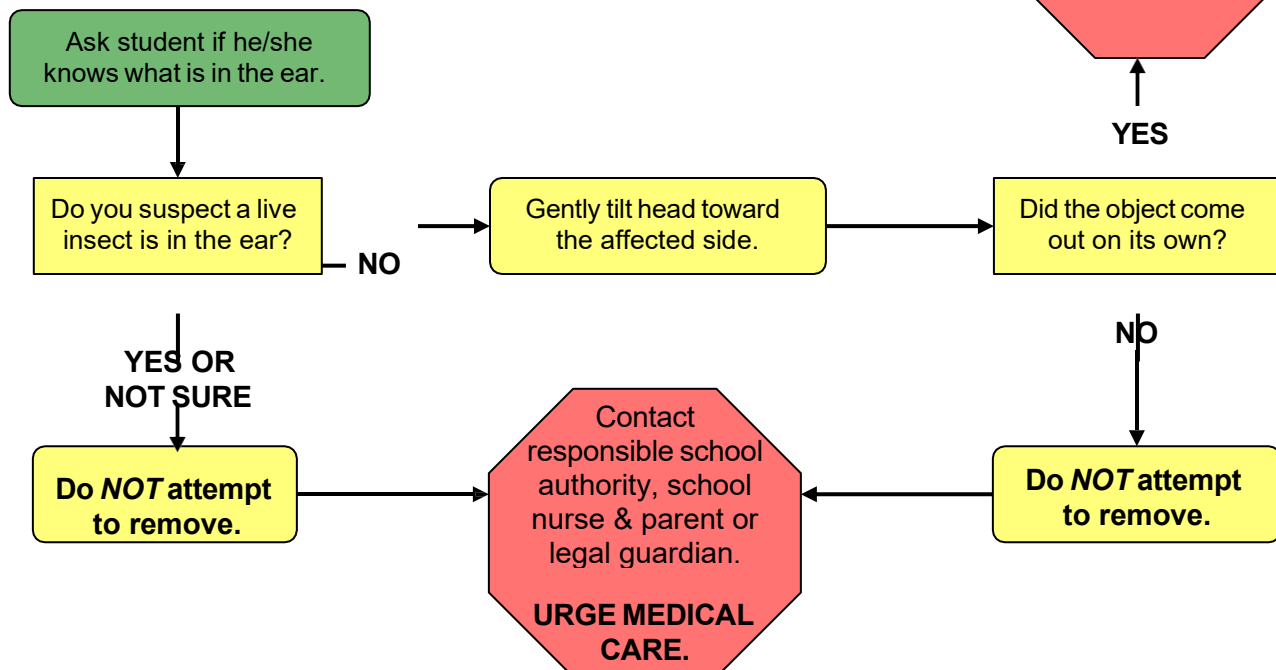
DRAINAGE FROM EAR



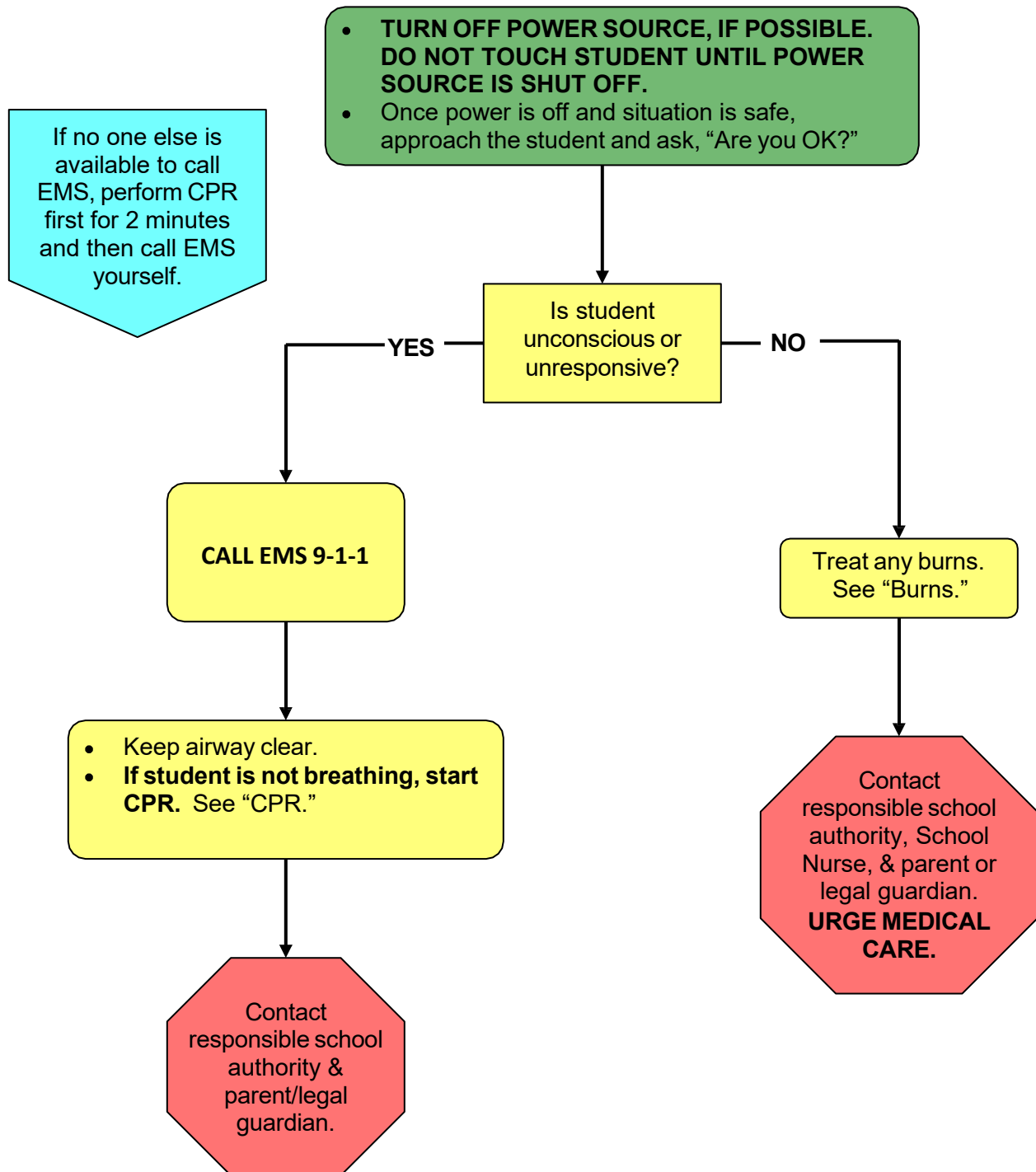
EARACHE



OBJECT IN EAR CANAL



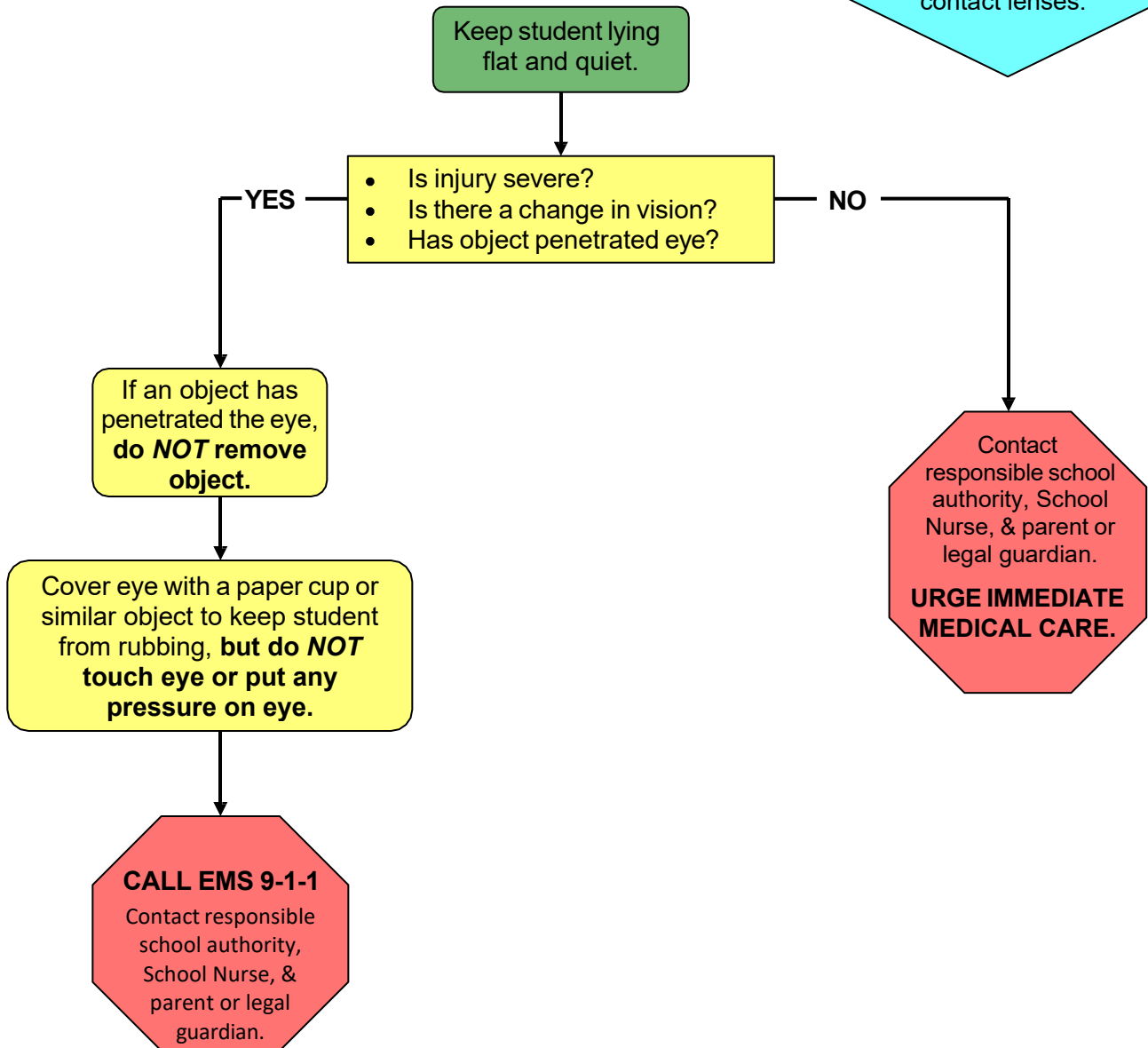
ELECTRIC SHOCK



EYE PROBLEMS

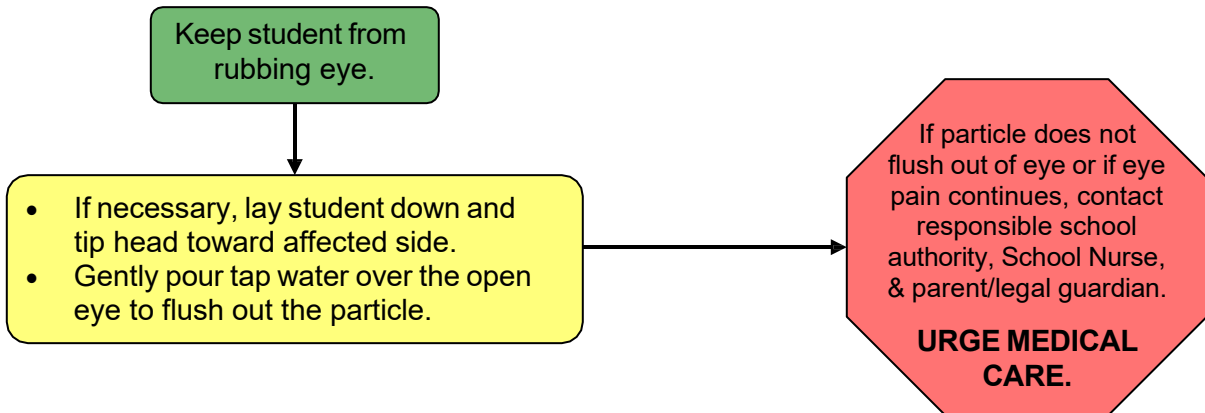
EYE INJURY

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye unless chemicals have splashed in the eye. Flush first without removing the contact lenses.

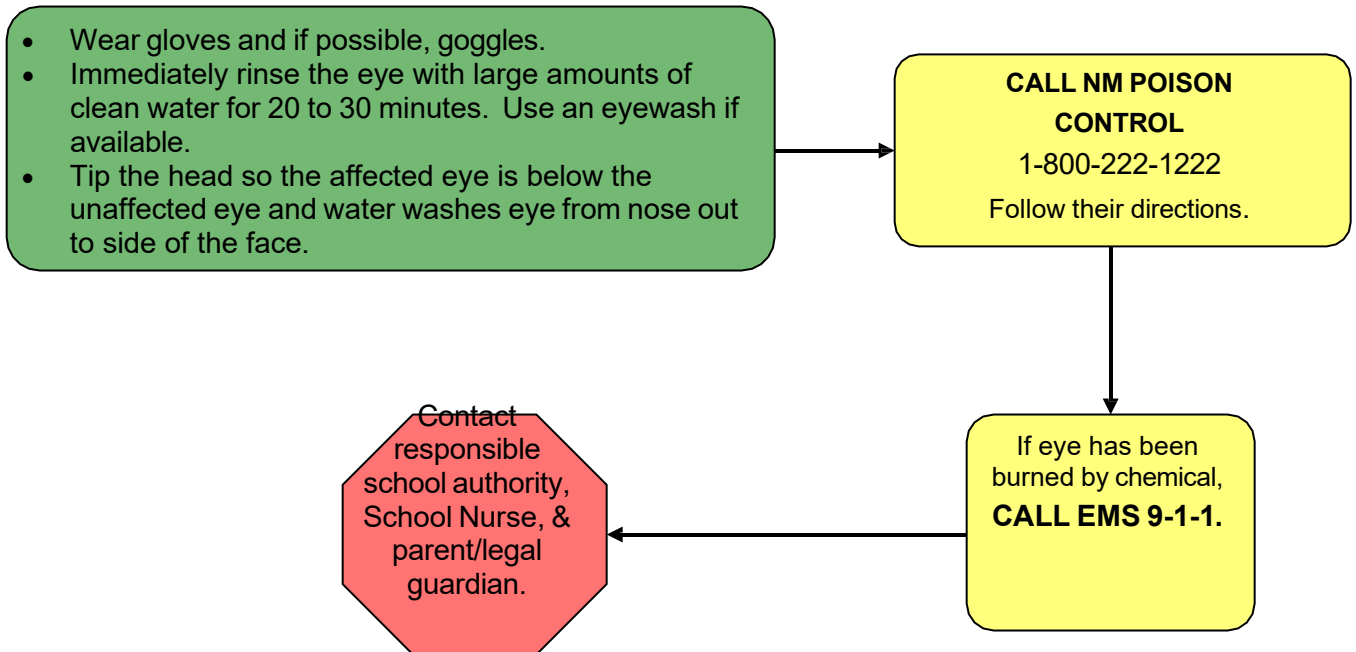


EYE PROBLEMS

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.

NOTE

If student has no history of fainting, contact School Nurse for follow-up.

FEVER & NOT FEELING WELL

A fever is a symptom and not an illness in itself. The body's average temperature can vary during the day, between 97.6°F to 99.5°F. Mild elevations between 100.4°F to 101.2° F can be the result of exercise, excess clothing, a hot environment and/or infection.

With suspected fever take student's temperature, if possible. Assess temperature over 100.4° F as a fever.

Have student lie down in a room which affords privacy. Loosen clothing, apply damp cloth/cold pack, use fan to cool student.

Note other signs/symptoms, such as: drowsiness, headache, nausea/vomiting, respiratory symptoms, stiff neck, rash, irritability, ear pain, pain with urination, and pallor (pale skin color).

If it is suspected that the temperature elevation is due to exercise, excess clothing, hot environment, or warm food give fluids and take the temperature again in half an hour after removing the suspected cause. See "Heat Stroke."

Give no medication unless authorized by parent/legal guardian consent. See "Standing Orders for Administration of OTC Medication."

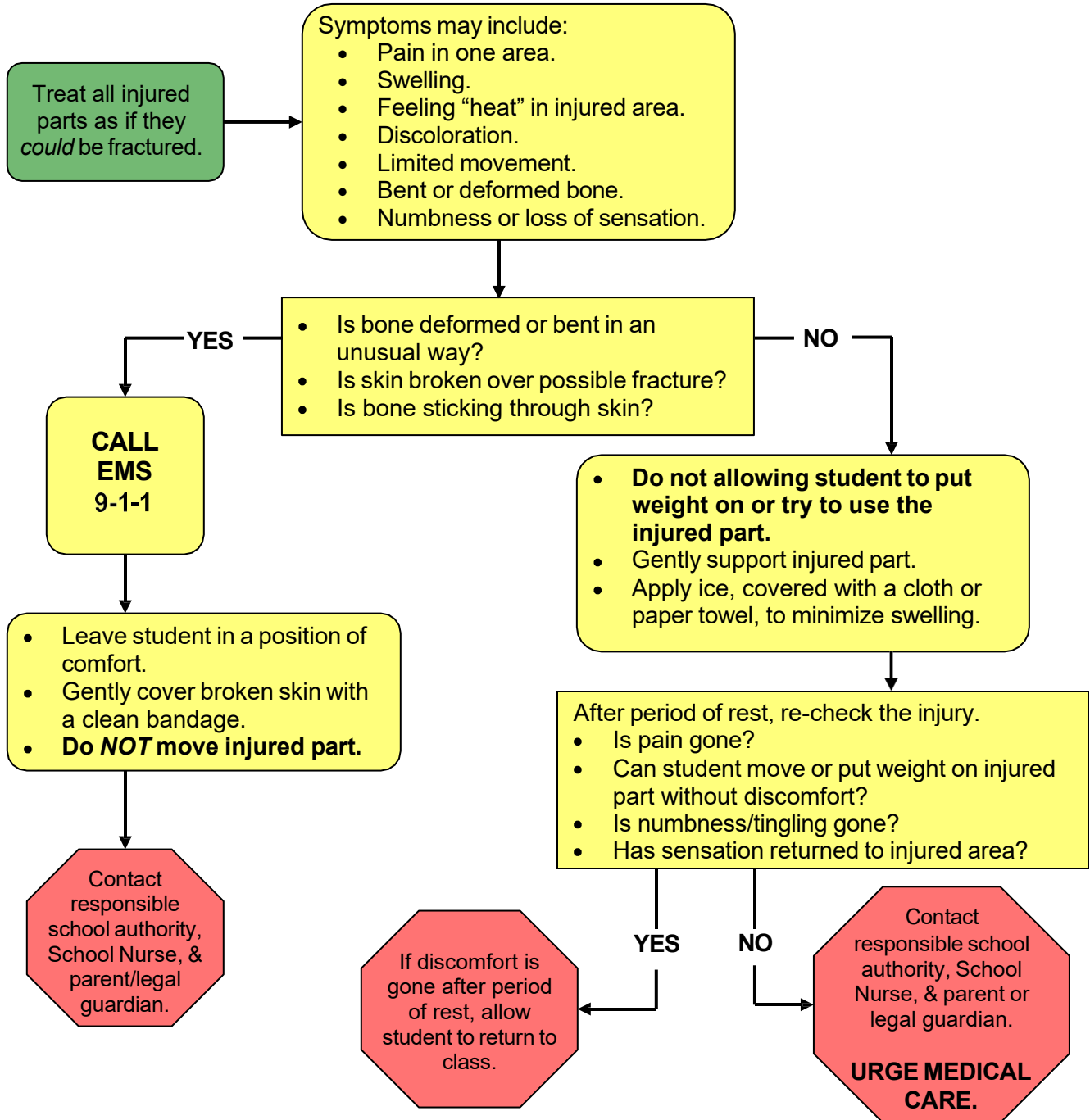
Contact responsible school authority and parent or legal guardian.

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

FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



FRACTURES

Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open fractures the bone may be visible and may protrude through the skin. Signs/symptoms may include an audible snap at the time of injury, a grating sensation, a crooked bone, pain, tenderness, swelling and bruising, and an inability to move the injured part.

SPRAINS OR STRAINS

Sprains occur when ligaments and tendons around a joint are stretched or partially torn. Sprains are usually caused by a twisting injury. Signs/symptoms include tenderness to touch, swelling and discoloration.

DISLOCATIONS

Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the ligaments that hold them in place. Signs/symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

FROSTBITE

Exposure to cold even for short periods of time may cause Hypothermia in children (see "Hypothermia.")

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention. The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

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?

YES

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

Contact responsible authority, School Nurse, & parent or legal guardian.

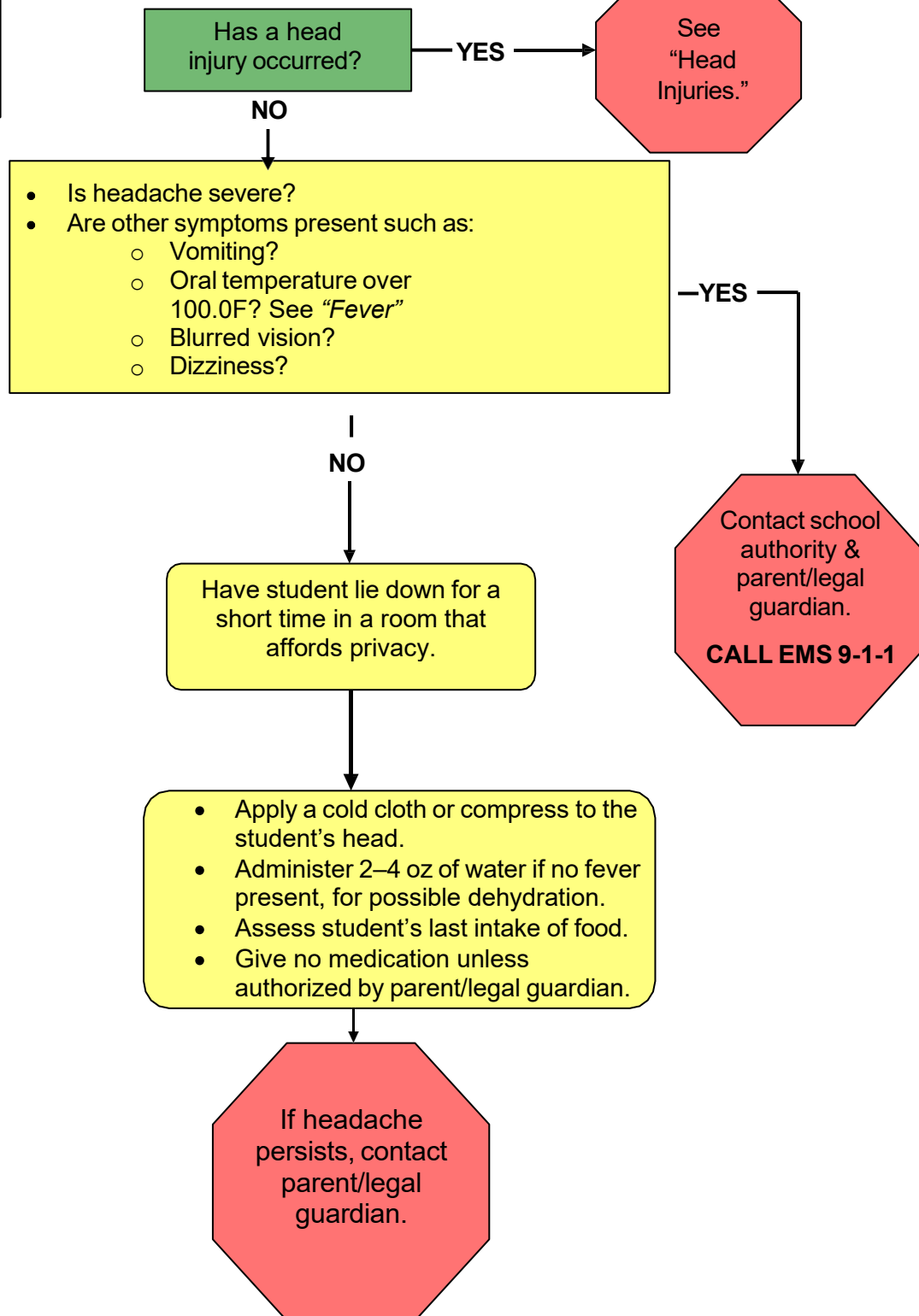
NO

Keep student and part warm.

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

Headaches should be evaluated as the possible result of trauma, especially in children and adolescents.

HEADACHE



HEAD INJURIES

Head wounds may bleed easily and form large bumps. 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."

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

- 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.

Is student vomiting?

YES

NO

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.

CALL EMS 9-1-1.

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?

YES

NO

- Check student's airway.
- **If student stops breathing, start CPR.** See "CPR."

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

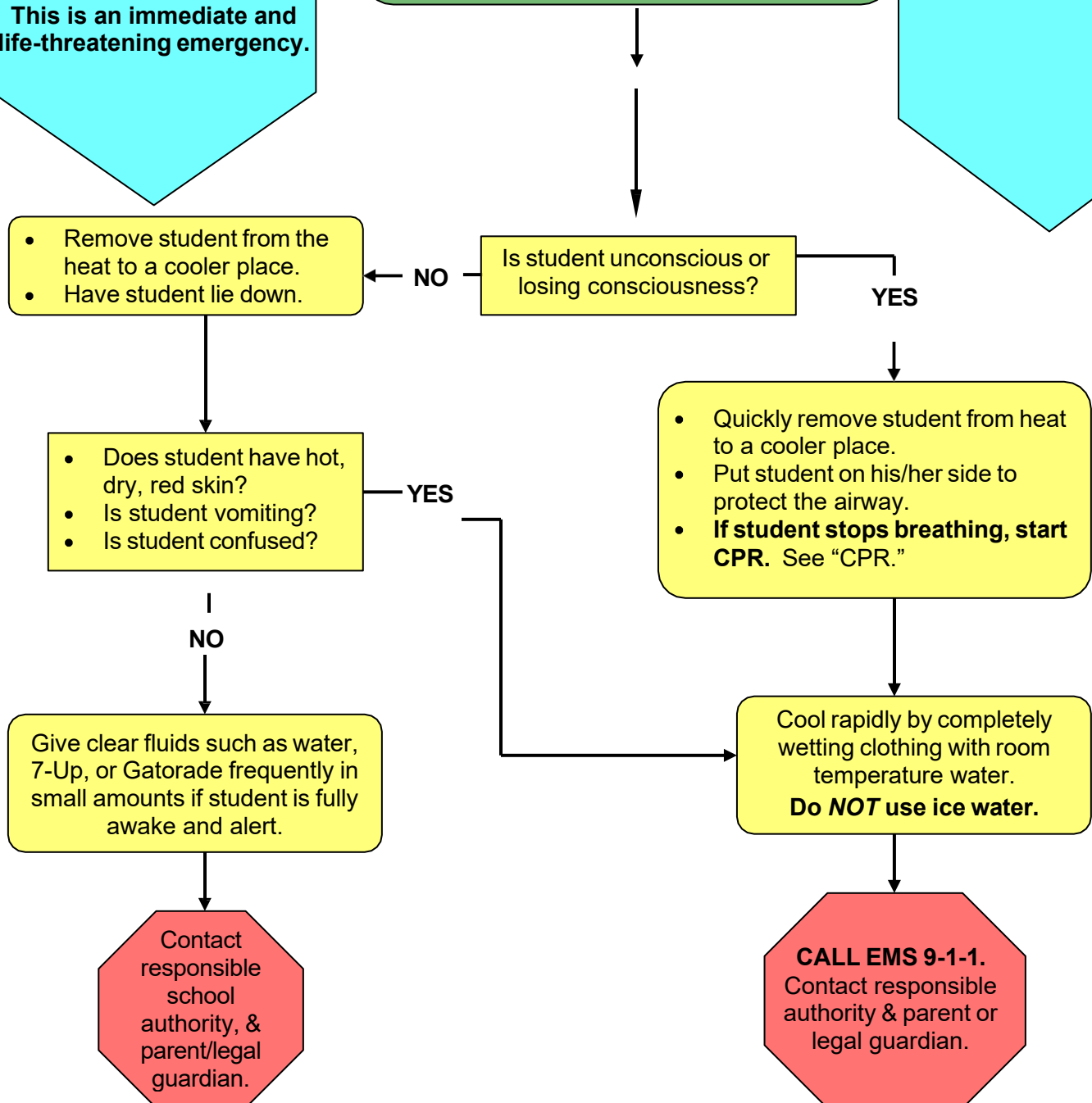
Heat stroke may occur as result of untreated heat exhaustion. During strenuous physical activity, the heat regulation mechanism of the brain may stop functioning. The person stops sweating and the skin becomes very red and hot.

This is an immediate and life-threatening emergency.

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

- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Loss of consciousness.
- Normal or below-normal temperature.
- Profuse sweating.
- Headache.
- Nausea.
- Cramping.

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



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.

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

Does the student have:

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

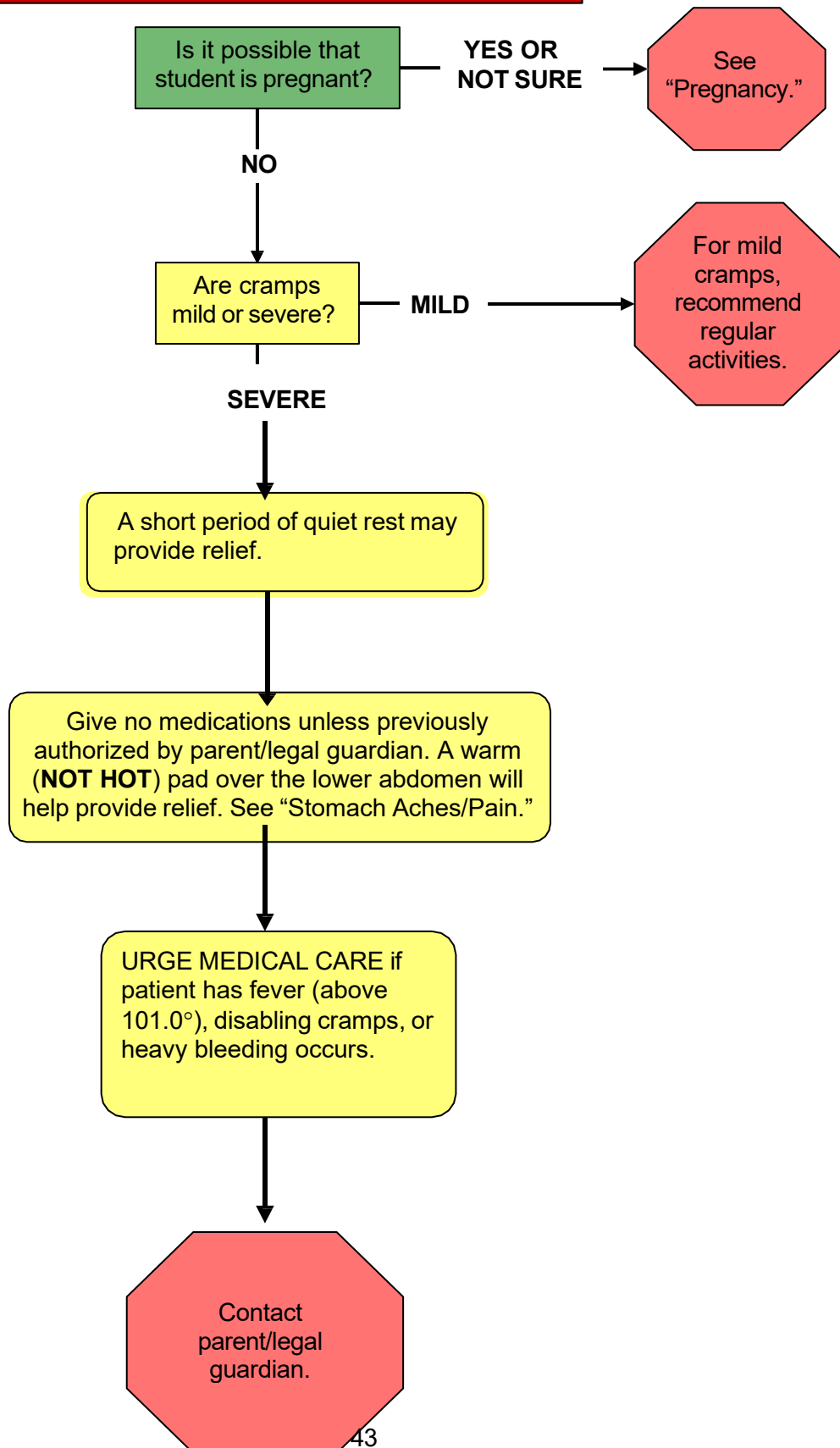
NO

YES

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

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

MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES

Assess mouth/jaw for breathing difficulty. If airway is not clear start CPT and call EMS 9-1-1

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

Do you suspect a head injury other than mouth or jaw?

YES

See
"Head
Injuries."

NO

Have teeth been injured?

YES

See
"Teeth."

NO

Has jaw been injured?

YES

- Do **NOT** try to move jaw.
- Gently support jaw with hand.

NO

If tongue, lips, or cheeks are bleeding, apply direct pressure with sterile gauze or clean cloth.

Contact responsible school authority, school nurse & parent/legal guardian.
URGE IMMEDIATE

- Is cut large or deep?
- Is there bleeding that cannot be stopped?

YES

See
"Bleeding."

NO

Place a cold compress over the area to minimize swelling.

Contact responsible school authority & parent/legal guardian.
Encourage medical care.

NECK & BACK 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?

NO

A stiff or sore neck from sleeping in a “funny” position is different than neck pain from a sudden injury. A non-injured stiff neck with neurological symptoms or fever could be an emergency.

YES

Did student walk in or was student found lying down?

WALK IN

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

LYING DOWN

- **Do NOT** move student unless there is *immediate* danger of further physical harm.
- If 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.

Have student lie down on his/her back. Support head by holding it in a face up position.

Try NOT to move neck or head.

- Keep student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

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

NOSE PROBLEMS

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

NOSEBLEED

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

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.

Encourage mouth breathing and discourage nose blowing, repeated wiping, or rubbing.

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes. Apply ice to nose.

If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.

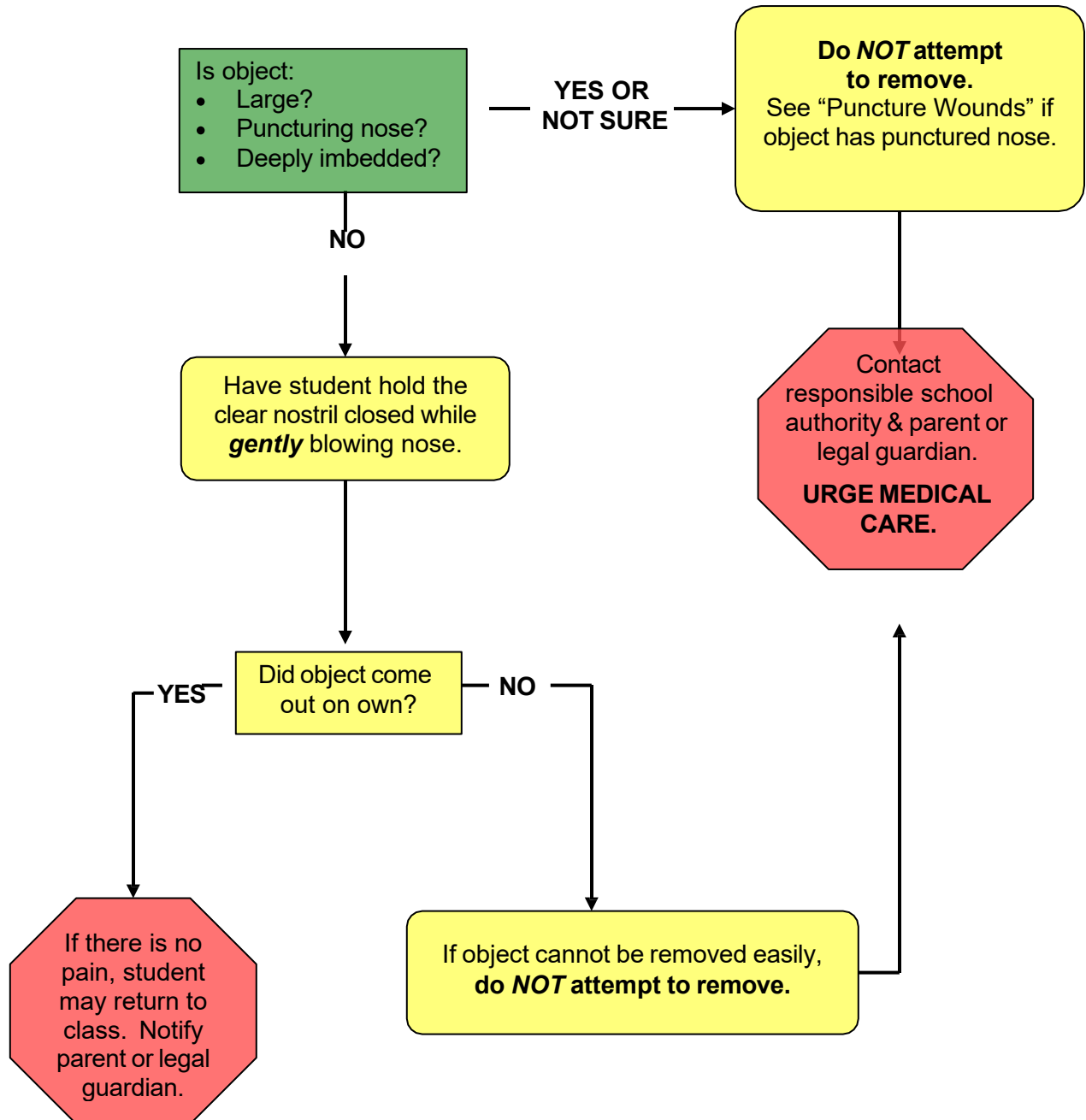
A nosebleed may be caused by colds, allergies, chronic illness, injuries to the nose, medications, high altitudes, blowing the nose, foreign bodies in the nose, and low humidity. Nosebleeds are rarely serious and usually can be controlled.

BROKEN NOSE

- Care for nose as in "Nosebleed" above.
- Contact responsible school authority & parent/legal guardian.
- **URGE MEDICAL CARE.**

NOSE PROBLEMS

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.

Be aware of own safety when responding to potential poisoning.

Possible warning signs of poisoning include:

- Pills, berries, or unknown substances 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.
- **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.

PREGNANCY

Pregnant students should be known to appropriate school staff.
Any student who is old enough to be pregnant, might be pregnant.

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN

SEIZURE

This may be a serious complication of pregnancy.

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

VAGINAL BLEEDING

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

AMNIOTIC FLUID LEAKAGE

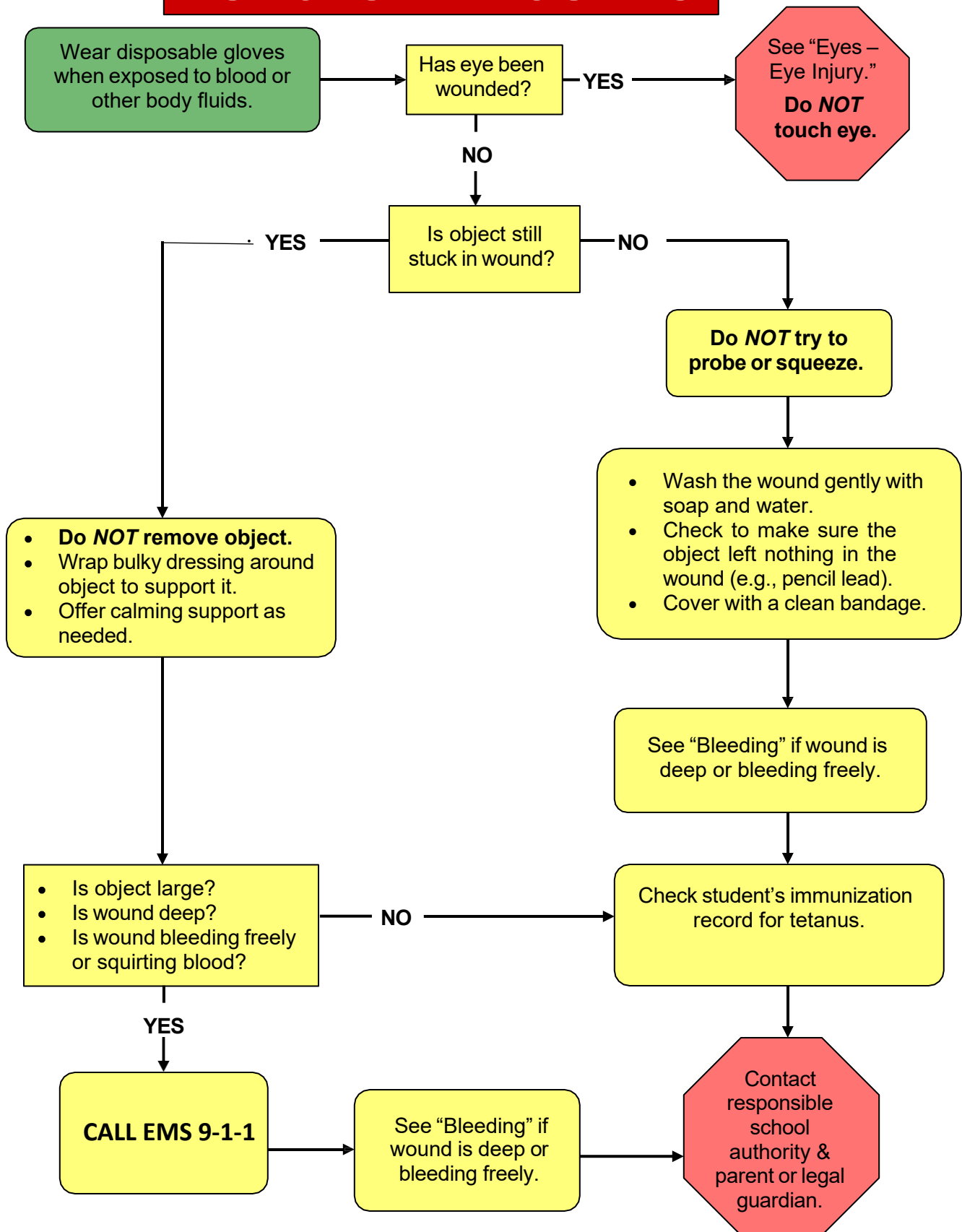
This is **NOT** normal and may indicate the beginning of labor.

Contact responsible school authority & parent/legal guardian.

MORNING SICKNESS

Treat as vomiting. See "Vomiting."

PUNCTURE WOUNDS



RASHES

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

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

Rashes include such things as:

- Hives.
- Red spots (large or small, flat or raised).
- Purple spots.
- Small blisters.

Other symptoms may indicate whether the student needs medical care.

Does student have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

CALL EMS 9-1-1.

Contact responsible school authority & parent/legal guardian.

← YES

See "Allergic Reaction" and "Communicable Disease" for more information.

NO

If any of the following symptoms are present, contact responsible school authority & parent or legal guardian and **URGE MEDICAL CARE:**

- Oral temperature over 100.0 F. See "Fever."
- Headache.
- Diarrhea.
- Sore throat.
- Vomiting.
- Rash is bright red and sore to the touch.
- Rash (hives) all over body.
- Student is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities.

SEIZURES

Seizures may be any of the following:

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

A student with a history of seizures should be known to appropriate school staff. A care plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.

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

- If student seems off balance, place them on the floor (on a mat) for observation and safety.
- **Do NOT restrain movements.**
- Move surrounding objects to avoid injury.
- **Do NOT place anything in between the teeth or give anything by mouth.**
- Keep airway clear by placing student on their side. A pillow should **NOT** be used.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:

- Duration.
- Kind of movement or behavior.
- Body parts involved.
- Loss of consciousness, etc.

- Is student having a seizure lasting longer than *5 minutes*?
- Is student having seizures following one another at short intervals?
- Is student having any breathing difficulties after the seizure?
- Is student *without a known history of seizures* having a seizure?

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in all normal class activities.

NO

YES

CALL EMS 9-1-1.

Contact responsible school authority, school nurse & parent or legal guardian.

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"

YES

**CALL EMS
9-1-1**

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.

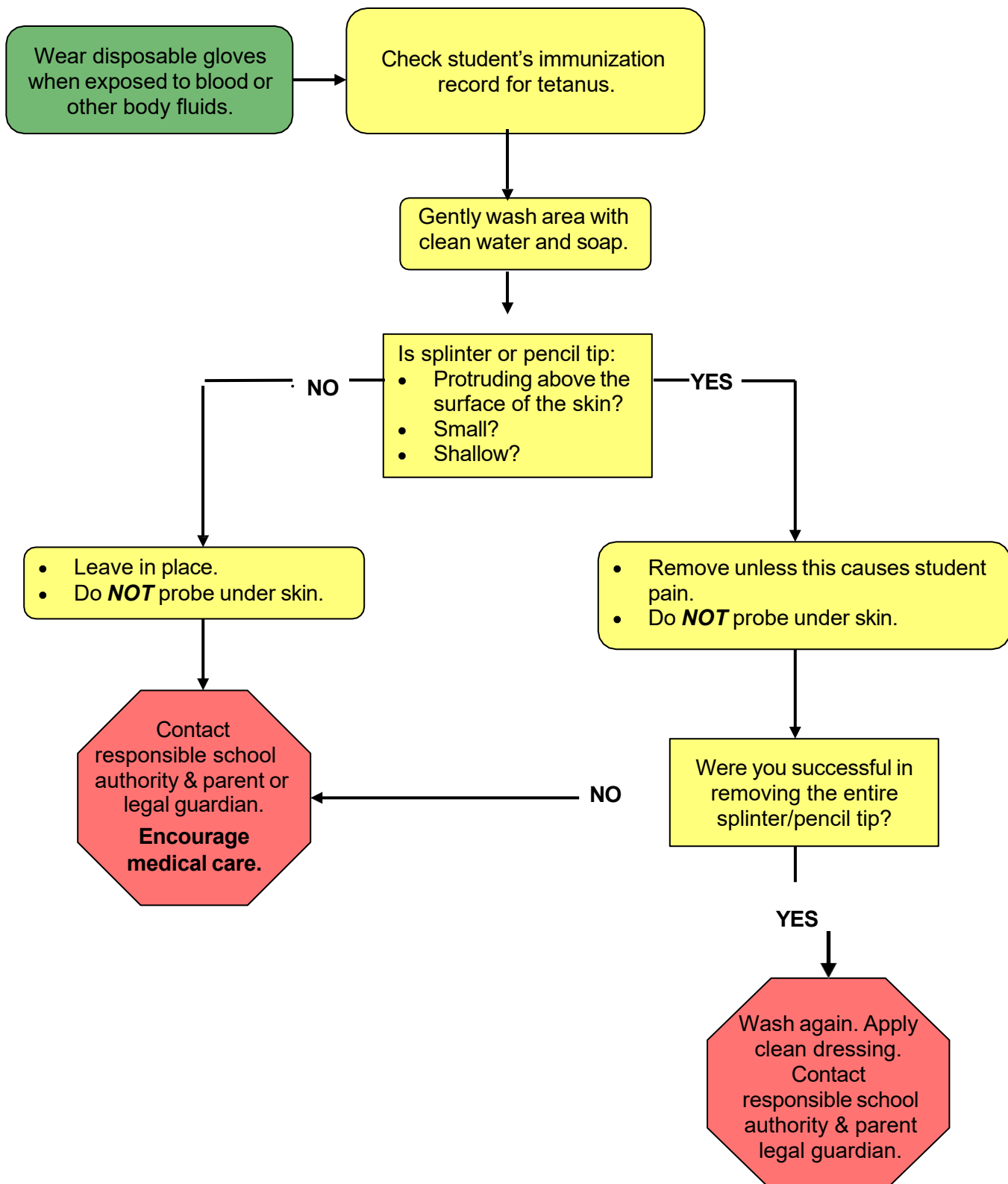
Contact
responsible school
authority, School
Nurse, & parent or
legal guardian.

**URGE MEDICAL
CARE if EMS
not called.**

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.

SPLINTERS OR IMBEDDED PENCIL



STABBING & GUNSHOT INJURIES

- **CALL EMS 9-1-1 for injured student.**
- Call the police.
- Intervene only if the situation is safe for you to approach.

Refer to your school's policy for addressing violent incidents.

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

Is the student:

- Losing consciousness?
- Having difficulty breathing?
- Bleeding uncontrollably?

YES

- Check student's airway.
- **If student stops breathing start CPR. See "CPR."**

NO

- Lay student down in a position of comfort if he/she is not already doing so.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back injury is suspected.
- Press injured area firmly with a clean bandage to stop bleeding.
- Elevate injured part gently, if possible.
- Keep body temperature normal. Cover student with a blanket or sheet.

Check student's immunization record for tetanus.

Contact responsible school authority, School Nurse, & parent or legal guardian.

STINGS

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

NO

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.

- Remove stinger if present.
- Wash area with soap and water.
- Apply cold compress. **DO NOT SQUEEZE!**

Contact responsible school authority, & parent or legal guardian.

Does student have:

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

YES

Does student have emergency care plan?

YES

If available, follow student's **emergency care plan**.

NO

CALL EMS 9-1-1

Contact responsible school authority and parent/legal guardian

- Check student's airway.
- **If student stops breathing, start CPR. See "CPR."**

See
"Allergic
Reaction."

STOMACH ACHES/PAIN

Stomachaches/pain may have many causes including:

- Illness.
- Hunger.
- Overeating.
- Diarrhea.
- Food poisoning.
- Injury.
- Menstrual difficulties.
- Psychological issues.
- Stress.
- Constipation.
- Gas pain.
- Pregnancy.

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?

If no concern for neck injury assist student to lie down in a room that affords privacy.

YES

Assess student for severe pain, signs of shock, and unconsciousness. See "Neck and Back Pain."

Contact responsible school authority, school nurse & parent/legal guardian.

URGE PROMPT MEDICAL CARE. CALL EMS 9-1-1

NO

Take the student's temperature. Note temperature over 100.0 F as fever. See "Fever."

Does student have:

- Fever?
- Severe stomach pains?
- Vomiting?
- See "Pregnancy," Vomiting," "Fever," & "Shock."

YES

If a number of students and/or staff become ill with the same symptoms, suspect food poisoning. Notify Public Health authorities.

NO

Allow student to rest 20–30 minutes in a room that affords privacy.

Does student feel better?

YES

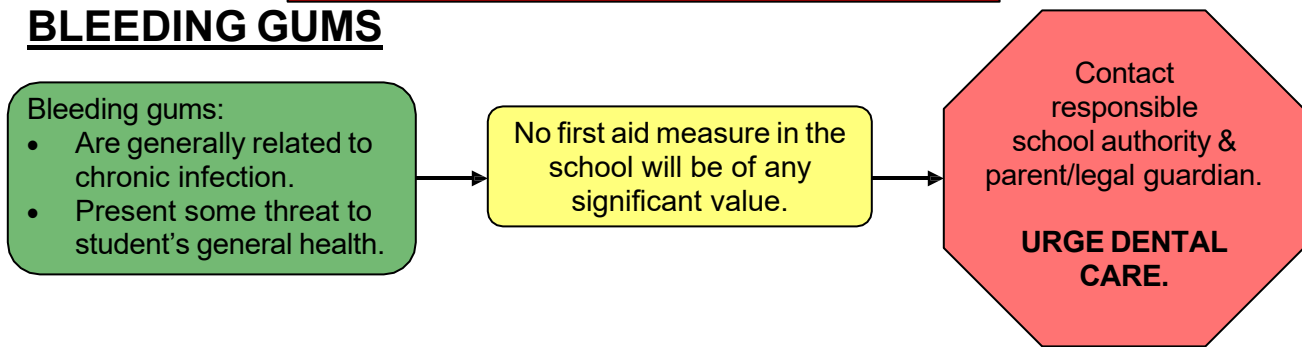
Allow student to return to class.

NO

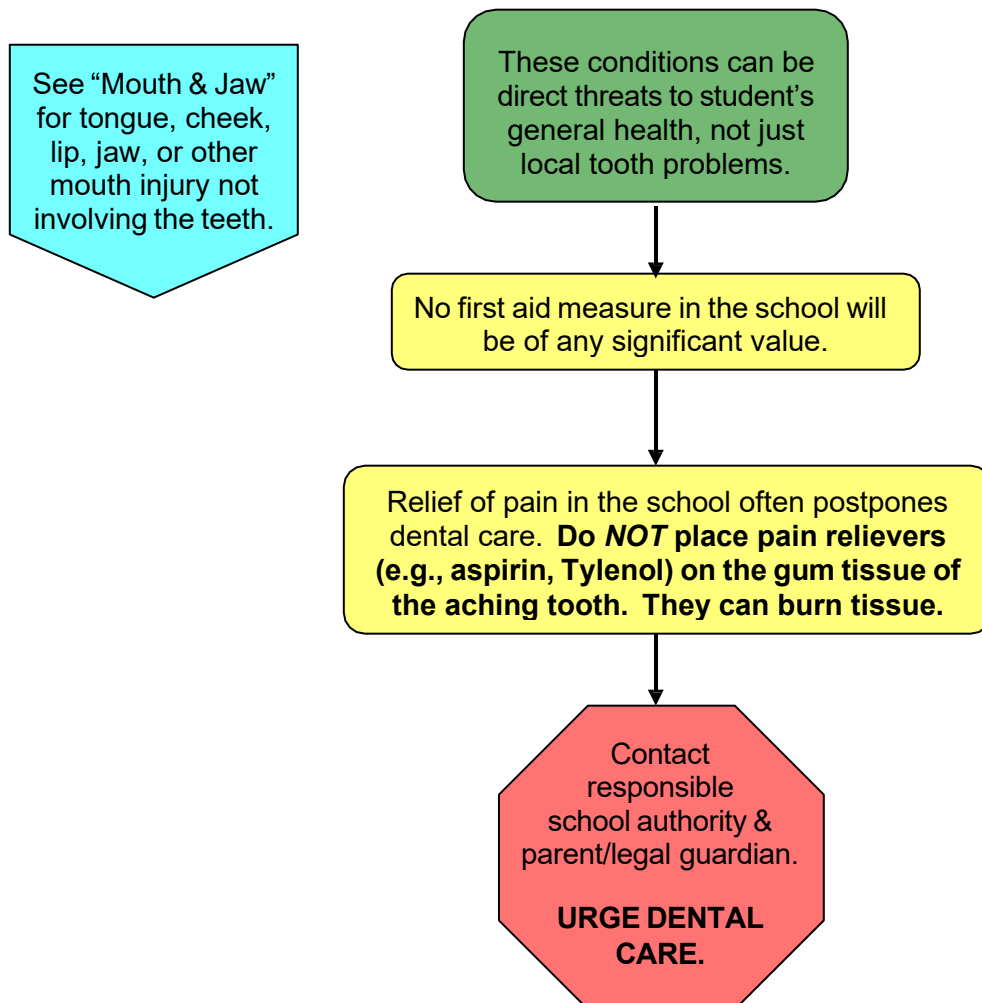
If stomach ache persists or becomes worse, contact responsible school authority, & parent or legal guardian.

TEETH PROBLEMS

BLEEDING GUMS



TOOTHACHE OR GUM INFECTION



TEETH PROBLEMS

DISPLACED TOOTH

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 glass of milk, **or**
3. Place in normal saline, **or**
4. Have student spit in cup and place tooth in it, **or**
5. Place in a glass of water.

TOOTH MUST NOT DRY OUT.

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

Apply a cold compress to face to minimize swelling.

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

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

Unconsciousness may have many causes including:

- 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 guideline.

Did student regain consciousness immediately?

NO

Is unconsciousness due to injury?

NO

• Open airway with head tilt/chin lift.

Is student breathing?

NO

Begin CPR.
See "CPR."

CALL EMS 9-1-1.

CALL EMS 9-1-1.

YES

- 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.
- Examine student from head-to-toe and give first aid for conditions as needed.

Contact responsible school authority, & parent/legal guardian.

See "Fainting."

YES

YES

- See "Neck & Back Pain" and treat as a possible neck injury.
- **Do NOT move student.**

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" and notify local health department.

Vomiting may have many causes including:

- Illness.
 - Bulimia.
 - Anxiety.
 - Pregnancy.
 - Injury/head injury.
 - Heat exhaustion.
 - Overexertion.
 - Food poisoning.
- If cause is known, see the guideline.

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

Take student's temperature.
Note oral temperature over 100.0 F as fever. See "Fever."

- Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7-Up or Gatorade), if the student is thirsty.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?

Is the student dizzy and pale?

YES

NO

Contact responsible school authority, School Nurse, & parent/legal guardian.

URGE MEDICAL CARE.

Contact responsible school authority & parent/legal guardian.