

# RECOMMENDED PROCEDURES FOR EMERGENCY CARE

## PURPOSE OF GUIDE (2/06)

For more detail refer to EMS School Manual

The purpose of this guide is to aid school personnel in taking quick and effective action in case of sudden illness or injury at school. Aid described is intended to be immediate and temporary, given in case of accident or sudden illness before the services of a physician can be secured.

**ADRENALIN ADMINISTRATION**  
For emergency use only! May be needed for allergic reaction to stings, medications or food.

Signs and Symptoms

- respiratory difficulty
- asthmatic breathing
- faintness
- a sense of tightness in the chest
- marked flushing

Action

1. Epi Pen or 0.5cc (1/2cc) of adrenalin chloride intramuscular (0.3cc for children under 60 lbs.)
2. Observe pulse, respiration, color
3. Send for ambulance

**BACK OR NECK INJURY**  
Keep the person in the position found where injury occurred. Do NOT bend back. Keep flat. Do NOT allow movement of head. Keep person warm. If necessary treat for shock.

**BITES & STINGS**

Insects  
Use cold applications to relieve pain.

Human & Animal  
Cleanse wound with soap and water. See that animal is confined if possible, and report to appropriate authority. Advise medical care. For allergies, see adrenalin administration.

**BLEEDING**  
Exert pressure with fingers or hands directly over the bleeding site using clean dry dressing. Elevate about level of heart if no fracture.

**BLISTERS**  
Cleanse area with soap and water. Apply dry sterile dressing.

**BUMPS & BRUISES**  
Apply cold compresses directly following injury. Watch for swelling and notify parent.

**BURNS**

Flame & Scald Burns  
Immerse part in cold water.  
Advise medical care.

Chemical Burns  
Refer to MSDS.

**CONVULSIONS**  
Lower person to floor, with head to one side. Do NOT restrain. Do NOT force anything in the mouth. Loosen clothing. Do NOT move person until he/she is quiet and relaxed.

**ELECTRIC SHOCK**  
Break the contact between person and electric conductor at once. Do NOT touch person or clothing until contact is broken. Start mouth to mouth resuscitation, if person is not breathing. Send for a physician and/or ambulance.

**EARS**  
Discharging  
Gently place a loose cotton plug at the opening of external canal. Severe earache or foreign body in ear requires person to be examined by physician. Do NOT remove foreign body in ear. Do NOT put anything in the ear, e.g. oil.

**EYES**

Foreign Body  
Flush eye with water. Superficial bodies can sometimes be removed by inverting the eyelid and gently touching the foreign body with a moist applicator. If the foreign body is embedded, notify the parent and advise medical care.

Eye Wounds  
Wounds of the eye ball should be seen by a physician. Cover both eyes to decrease eye movement. Never exert pressure. Wounds of the eyelid, apply a dry sterile dressing and hold firmly in place.

Chemical Burns  
Flush immediately for 20 minutes with clear water by tilting head toward the injured side. Holding the eyelid open with the finger and thumb, slowly pour fluid into the corner of the eye (never directly on the eye ball). Apply dry sterile dressing, and have person taken to medical care.

Hot Metal Burns  
Do not irrigate. Apply dressing and ice pack, then take to medical care.

**FAINTING**  
Keep person lying down with head lowered and feet elevated. Call for assistance.

**FRACTURES**  
Keep person quiet and warm. Avoid moving injured part. Cover the area with a sterile dressing if the skin is broken. Arrange transportation.

**FROSTBITE**

Signs and Symptoms

- Skin is white and /glossy

Action

1. (a) Immerse affected area in warm water (100-105F).
- (b) Apply firm steady pressure of warm hands (no rubbing).
- (c) Hold fingers motionless in the armpits.
2. Obtain medical care as soon as possible.

**HEAD INJURY**  
Keep person lying down with head elevated. Apply cold compress of ice to site of injury. Observe and ask parents to watch for at least 48 hours for increasing headache, vomiting, or lethargy. Encourage parents to call medical care.

**MOUTH & THROAT**

Toothache  
Advise parent to take person to the dentist.

Mouth Injury  
Control bleeding and clean wound with tap water.

Foreign Bodies/Choking  
Visually inspect throat to remove the foreign body. If person is choking and is unable to breathe, stand behind person, put arms around and apply sudden upward thrusts to upper abdomen and lower rib cage (Abdominal Thrust). Repeat, if needed.

**NOSEBLEED**  
Have person sit upright, breathing through the mouth. Person should gently blow his/her nose to clear out clots then pinch both nostrils together for five (5) minutes.

**PAIN**

Abdominal  
Have person lie down. Advise parent to have person examined by a physician.

Menstrual  
Have girl lie down with warm water bottle to abdomen.

Leg & Joint Pain  
Advise parent to have child seen by a physician if pain is persistent.

Headache  
Have child lie down in a quiet place. Apply ice bag for comfort.

**POISON OAK, IVY, & SUMAC**  
If exposure occurs at school, wash the exposed areas with water and liquid dishwasher detergent. Rinse in clear water. If inflammation develops, advise medical care.

**SPLINTERS**  
Remove splinter with sterile needle or tweezers if it is superficially lodged and can be easily removed. Clean area well with soap and water before and after removing.

**SPRAINS & STRAINS**  
Apply ice or cold compresses as soon as possible after injury. Elevate the injured part. Advise medical care.

**WOUNDS & ABRASIONS**

Abrasion  
Apply pressure to control bleeding, wearing gloves, cleanse the wound with soap and water. Apply sterile dressing

Lacerations & Puncture Wounds  
Control bleeding, with pressure, clean around the wound with soap and water. Apply sterile dressing.

**LOW BLOOD SUGAR**

Signs:  
sudden onset  
hunger  
irritable  
weak  
erratic behavior  
confusion

Treatment  
Check care plan  
Give quick acting sugar immediately, i.e. soda, juice, glucose gel.  
If untreated will lead to unconsciousness!

**HIGH BLOOD SUGAR**

Signs:  
gradual onset  
thirsty  
frequent urination  
hunger  
blurred vision  
nausea/vomiting

Treatment  
Check care plan  
Check glucose  
Insulin needed. Drink water.

\* Poison Control Telephone Number  
1-800-222-122

### THE RESPONSIBILITIES OF THE SCHOOL

A school policy on first aid should be established and all school personnel should become familiar with it. At least one qualified staff member for each building, two in larger schools, should be designated as the person(s) to administer first aid, to notify parents or guardians, to call the school nurse or school doctor, to notify the family doctor and to arrange for transportation when necessary. All bus drivers should have Advanced Training. The first aid policy should be published in a form that will insure its availability in each classroom.

The school administrator has the responsibility for seeing that personnel are trained and ready to carry out the necessary duties in administering first aid. He/she must provide for purchasing and maintaining first aid equipment and supplies, for recommending policies to the school board, and for administering those policies when adopted. The school administrator is responsible for acquainting parents and others concerned with school plans and policies. It is the school administrator who will take the initiative in securing their understanding and cooperation. Each school should maintain the following emergency information on each child and school personnel:

Name of parent and/or other responsible person, and how these persons can be reached (at home and at business).

The name of the child's physician.

Action to be taken in case of illness or injury if responsible person or designated physician cannot be contacted, the following procedure is suggested:

1. Notify main office or person in charge of building.
2. Treatment should be given in the order of availability by a physician, nurse, teacher or other designated person who has had first aid training.
3. If the parent cannot be located, or if the injury is of such serious nature that more than emergency treatment is immediately necessary, see that the child has prompt treatment.
4. If the child is to go home, make sure someone will be there to receive him.
5. Notify parent of all circumstances in relation to the problem and treatment.
6. Complete accident reports and send copies to appropriate person.

Call parent or EMS per school protocol.

