

POWAY UNIFIED SCHOOL DISTRICT  
**GUIDELINES FOR**  
**SCHOOL FIRST AID PROCEDURES**

EMERGENCY - (fire, police, paramedics).....	911
Animal Control.....	619-236-2341
Child Abuse (CPS).....	1-800-344-6000/858-560-2191
CPS FAX: .....	858-467-0412
Crisis Team Hotline.....	1-888-724-7240
Crisis Team (Suicide Prevention).....	1-800-479-3339
Poison Control.....	1-800-222-1222
Police Business.....	619-531-2000/858-484-3154
Northeastern Area Police Station.....	858-538-8000
Carmel Mountain Ranch, Rancho Penasquitos, Sabre Springs .....	858-538-8090
Rancho Bernardo.....	858-538-8146
Poway Sheriff – Business .....	858-513-2800
4-S Ranch Sheriff.....	858-521-5200
Referral Info (housing, mental health, etc.)...211	

**Poway Unified School District – HEALTH SERVICES**

Internal Number .....	88-02-2812
External Phone Number .....	858-521-2812

**I. Definition of First Aid**

First Aid is the immediate and temporary care given to an injured or ill person.

**II. General Guidelines**

1. Sick or injured students will be assisted by the Health Technician and/or other designated staff members under the supervision of the school Principal and the health direction of Health Services. Conditions which might appear serious should be discussed with the Principal or the Principal's designee and Resource Nurse.
2. **Unlicensed personnel are not to make Medical or Nursing Diagnosis and/or Assessment.**
3. Written physician and parent authorization are required for all medication, either carried by a student or kept at school, and must be administered per procedure.
4. Parents are to be informed of any first aid rendered in school except for minor cuts, abrasions, etc.
5. In general, students too ill to participate in normal activities should be excluded from school attendance.
6. A student should not be sent home without permission from the parent or guardian, following district guidelines.
7. Ice application: When applying ice or a cold pack, do not place directly on the skin. Wrap the ice or cold pack in a cloth or towel (can be moistened) and apply for a maximum of 20 minutes.
8. Temperature information:
  - If temperature is below 100.4 F, give a drink of water and allow to rest for 15 minutes. Retake temperature. If no other symptoms and student feels capable, return to class.
  - Temperature 100.4 F or more, contact parent and send home from school.
  - If temperature is 102 F or above, place cool compress on head and/or back of neck, and give water to drink, if tolerated. Do not cover with blanket or additional clothes while awaiting parent pick-up.
  - Inform parent that student with temperature of 100.4 F or above must be kept home for 24 hours **after** being fever-free without fever-reducing medication.

NOTE: Oral temperatures should not be taken with seizure disorder, irrational behavior or anomalies of the oral cavity.

9. Ill students with **SYMPTOMS** (e.g. cough, sore throat, stomachache, headache), and oral temperature of 100.4 F or above shall be sent home. Document symptoms of students who look ill.
10. Students with **UPPER RESPIRATORY INFECTIONS** Common symptoms include persistent (5-6 days) nasal discharge that is purulent or green, oral temperature of 100.4 degrees or above, productive cough, excessive coughing, or student appears to be too ill or uncomfortable to adequately function in classroom setting. Student should stay home until no symptoms for 24 hours or a written medical release is obtained.
11. Students with **PERSISTENT VOMITING** (2 or more times) or vomiting once with other symptoms should be excluded until vomiting has stopped for at least 24 hours.
12. Students with **PERSISTENT DIARRHEA** should be excluded until diarrhea has ceased for at least 24 hours.
13. Students with **SUSPECTED CONTAGIOUS DISEASE** (e.g. rash) shall be excluded until released by medical care provider (preferably in writing). Consult Resource Nurse.
14. Students with **KNOWN CONTAGIOUS DISEASES** shall be excluded until symptom-free or released by a physician in writing.
15. Students identified with **HEAD LICE (Pediculosis)** are excluded from school until their hair is free of nits. PUSD has a "No Nit" policy.
16. Students who have undergone a **Medical Procedure Requiring General Anesthesia** should remain home for at least 24 hours.
17. Resource Nurse shall be informed when serious illness or injuries occur or when paramedics are called to a school site (call should not interfere with providing first aid care).
18. Call Resource Nurse for clarification, questions or support on **all** health matters.
19. **Student Incident Report (SIR)** must be completed for any injury that requires a physician referral or when there is a potential for litigation. Refer to SIR procedure in Health Technician Manual.
20. **Anaphylactic Incident Report (H-58E)** must be completed for any Epinephrine Auto-Injector administration.
21. Document first aid care per procedure.
22. **All health information is confidential.**

**UNIVERSAL PRECAUTIONS** should always be used when providing care to an injured or ill person.

- Universal precautions/guidelines are appropriate for preventing the spread of ALL infectious disease.
- Universal Precautions include thorough hand-washing (20 seconds), gloving in the presence of body fluids and proper disposal of contaminated waste.
- The routine use of appropriate precautions by the caregiver regardless of knowledge of germs present in the person's blood, saliva, nasal discharge, vomitus, urine or feces prevents the transmission/spread of disease and protects the caregiver.
- Always use Universal Precautions when handling discharges from another person's body.
- Use of Universal Precautions removes the need to know who may be an infectious disease carrier and what germs may be present.

***Refer to Poway Unified School District Universal Precautions***

## FIRST AID CARE

### ABDOMINAL COMPLAINTS

1. Check temperature.
2. Allow to go to the bathroom.
3. Allow student to rest.
4. If vomiting occurs, do not give anything to eat or drink.
5. If medication is provided by parents, give as prescribed.
6. If temperature is elevated or pain persists/recurs, contact parent and recommend medical evaluation.
7. Allow student to rest if unable to continue in class due to discomfort, menstrual cramps, or feeling faint.
8. If symptoms persist, contact parent and send student home.
9. If a **FORCEFUL** abdominal injury occurs (hard blows to the stomach), contact parent and recommend medical evaluation due to possibility of internal injury.

### DEEP ABDOMINAL WOUND

1. Place student on back with pillow under the knees.
2. Control bleeding with sterile or clean dressing or pad.
3. Treat for "Shock" (see Shock).
4. Do not replace a protruding organ. Cover with clean dressing.
5. Never remove a foreign object. Immobilize object in place.
6. Bandage firmly, but do not restrict breathing.
7. Elevate head and shoulders if breathing is difficult.
8. **Call 911** to transport.

**ABRASIONS** (Scrape), **INCISION** (Clean Cut), **LACERATION** (Jagged Cut), **PUNCTURE** (Small Hole: Minor, see Splinter; Major, see Impaled Object).

1. Cleanse area with soap and rinse with water.
2. Apply bandaid, pressure dressing or clean dressing.
3. If abrasion is extensive, dirty, gaping, deep or has imbedded material, contact parent and recommend medical evaluation for need of stitches, infection control, internal bleeding and tetanus booster (advised if last booster was given more than 5 years ago)

### AMPUTATION/SEVERED BODY PART

1. Control bleeding with elevation, direct pressure on the bleeding artery. **DO NOT** remove any dressings, as this could cause further bleeding.
2. **Call 911.**
3. Protect wound from contamination and infection with clean/sterile dressing.
4. Treat for shock (See "Shock").
5. Retrieve amputated tissue. Wrap tissue in sterile/clean gauze or other clean material and place wrapped body part in plastic bag and seal. Place sealed bag in cold water or ice water slurry. Do not place body parts directly onto ice or damage may occur.
6. Send amputated tissue with student to the hospital.
7. Contact parent.

### ANAPHYLAXIS-LIFE-THREATENING ALLERGIES

#### Recognize Anaphylaxis Symptoms:

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
  - Skin: Hives, itchy rash, swelling of the face or extremities
  - Gut: Nausea, abdominal cramps, vomiting, diarrhea
  - Throat: Tightening of throat, hoarseness, hacking cough
  - Lung: Shortness of breath, repetitive coughing, wheezing
  - Heart: Weak or thready pulse, low blood pressure, fainting, pale, blueness
1. Determine if the student has a known allergy (e.g. to foods, insect stings, bites, medications, or latex).
  2. Refer to individual's Life Threatening Allergy Plan and follow orders or administer stock epinephrine per standing order. Note time and dose given.
  3. If antihistamine is ordered and administered, contact parent to take student home.
  4. Maintain airway, monitor circulation, start CPR as necessary.
  5. **Call 911.** Report anaphylaxis suspected and epinephrine was given.
  6. Direct someone to call parent.

7. Repeat dose after 10 minutes if symptoms persist and emergency medical services has not arrived.
8. Stay with and monitor person until emergency medical services arrives.
9. Provide EMS with used epinephrine auto injector labeled with name, date, and time given to take to hospital with student.
10. Complete Anaphylaxis Incident Report H-58E and send a copy to Resource Nurse and Risk Management.
11. Ensure student or stock epinephrine auto injector replaced.

## **ASTHMA**

1. Treat with a calm, controlled, reassuring manner.
2. Encourage student to relax. Suggest slow respirations with pursed lips to establish diaphragmatic breathing. Note number of respirations per minute, color of lips and nail bed, any associated cough and mucus, etc.
3. Give prescribed medication if provided by parent per Medication Procedure.
4. Return student to class only if wheezing ceases, respiratory rate returns to normal and color is pink. If attack appears to be associated with activity, request that student be allowed to restrict activities that day. Contact parent and request medication recommendations for school activities.
5. If symptoms continue after 15 minutes, or appear to be worsening, contact parent immediately.
6. If severe difficulty breathing, **call 911 IMMEDIATELY**.

## **BACK AND NECK INJURIES**

A stiff or sore neck and/or back are different than neck and/or back pain from a sudden injury. Non-injured stiff necks may be uncomfortable but are not medical emergencies.

### **A. Severe:** Brief or suspected loss of consciousness after a fall or injury.

1. **DO NOT MOVE STUDENT unless necessary for safety. Do not drag student sideways.**
2. If in doubt, assume there is a spinal injury.
3. Stabilize neck/back by supporting both sides with rolled towels, blankets, etc.
4. If spinal injury suspected, call ambulance/paramedics to move.
5. Keep warm, treat for shock, and observe breathing. High spinal cord fractures can cause respiratory arrest.
6. Check for other injuries without moving student.
7. Contact parent.

### **B. Walking with Complaints of Back and/or Neck Pain:**

1. Have student lie down on back
2. Keep head straight.
3. Keep person quiet and warm and stabilize head with towels, blankets, etc.
4. **Call 911** for any of the following symptoms:
  - Paralysis or feeling of numbness in arms, legs, or other parts of the body
  - Loss of sensation, "tingling or burning sensation"
  - Difficulty breathing
  - Unconsciousness
  - Loss of bowel or bladder control
5. Contact parent.

A stiff or sore neck and/or back are different than neck and/or back pain from a sudden injury. Non-injured stiff necks may be uncomfortable but are not medical emergencies.

## **BITES**

### **A. Animal**

1. Wash wound thoroughly with soap and running water.
2. Apply clean dressing only if bleeding is present.
3. Contact parent and recommend medical evaluation for tetanus booster/infection control/stitches.
4. Contact appropriate Animal Control Center.
5. Sequester the animal if possible and safe.
6. If bite from classroom pet, follow parts 1, 2, 3, and 6.

## B. Human

1. If bleeding freely, allow to bleed 3-4 seconds.
2. Wash wound thoroughly with soap and running water.
3. If bleeding has stopped, gently dry with clean gauze.
4. If wound continues to bleed, press firmly over bite area with gauze, elevate if possible.
5. Contact parent and administrator.
6. Recommend medical evaluation. May need tetanus booster. Human bites have a high potential of infection and may be treated by a physician with prophylactic antibiotics.

## C. Insect (Bee, Wasp, Hornet)

1. Scrape the stinger away from the skin with a tongue blade, credit card, or flat plastic card.
2. Do not use tweezers or squeeze.
3. Check the Life Threatening Conditions List posted in Health Office for history of severe allergic reaction and recommended care.
4. Wash site with soap and water.
5. Apply cold pack to sting site for 15 minutes. Do not put ice directly on the skin.
6. Observe student for signs of allergic reaction for at least 20 minutes.
7. Contact parent.
8. Follow individual Life Threatening Allergy Plan or District Protocol regarding the administration of medication in an anaphylactic (life threatening) reaction. Use epinephrine auto injector if prescribed/indicated, and **call 911**.
9. Refer to "Anaphylaxis-Life Threatening Allergies" for treatment of students with signs and symptoms of anaphylaxis who do not have a Life Threatening Allergy Plan on file.

## D. Spider/Scorpion

1. Cleanse area.
2. Apply cold pack.
3. Contact parent. Student needs immediate medical evaluation if bitten by black widow or brown recluse spider or stung by a scorpion.
4. If anaphylactic reaction occurs, **call 911**. Use epinephrine auto injector as prescribed or per district protocol.

## E. Ticks

1. Remove with tweezers getting as close to the tick's head as possible.
2. Pull straight up firmly. Be careful to remove all insect parts. Save the tick.
3. Thoroughly wash the area with soap and water.
4. Notify parent. Recommend medical evaluation.

## BLEEDING

Elevate part if possible. Always wear gloves and use Universal Precautions.

### A. Profuse/Heavy

1. Apply direct pressure by placing palm of hand on sterile/clean dressing over wound.
2. **Call 911** if needed and continue methods to control bleeding.
3. Reinforce/add dressings. **DO NOT REMOVE** original dressing.
4. Apply pressure dressing as needed for reinforcement.
5. Check circulation frequently. If extremity below dressing is blue or cold to touch, loosen dressing.
6. Contact parent. Recommend immediate medical care.

### B. Moderate

1. Apply pressure dressing.
2. If bleeding stops, clean around area.
3. Do not remove dressing. Reinforce only.
2. Contact parent, send home and recommend medical evaluation for infection control and possible stitches.

### C. Internal (Suspected)

1. **Call 911** for symptoms of shock (see "Shock") or for the following injuries/symptoms:
  - Forceful blow to abdomen or bruised, swollen tender rigid abdomen
  - Bruise on chest, rib tenderness to touch with breathing, difficulty breathing, or does not want to take a full breath (possible rib fracture)
  - Blood in vomit
  - Wounds penetrating chest or abdomen (stabilize if penetrating object, and cover with airtight dressing)
  - Bleeding from the ears, rectum, vagina or urinary meatus
  - Bleeding from fractures, including the pelvis

2. Contact parent. Recommend medical evaluation for any suspected internal bleeding.

## **BLISTERS**

1. Do not break blister.
2. Cleanse area with soap and water.
3. Cover with clean dressing or band-aid.
4. Determine cause and make recommendation regarding prevention/inform parent.
5. If blister is broken, treat as an open wound (see Abrasion, Incision, Laceration).

## **BRUISES**

Bleeding under the skin, initially red, later turning darker in color. Painful, large, or increasing swelling of an area may indicate more severe damage of muscle, bone, or internal tissues, which may require medical care.

1. Rest injured part.
2. Apply wrapped ice pack to injured area for 20 minutes.
3. Contact parent and recommend medical care for suspected severe bruises.

## **BURNS**

**Do not apply ointment of any kind. Do not apply ice. Do not remove pieces of clothing that stick to burned area.**

- A. First Degree (superficial burn: red, dry, and painful)
  1. Rinse with cool water (no ice) until pain subsides.
  2. Apply sterile or clean dressing/bandage.
  3. Contact parent.
- B. Second Degree (partial thickness burn: red, blisters, painful, swelling)
  1. Rinse with cool water until pain subsides.
  2. Apply sterile or clean dressing.
  3. Never break blister.
  4. If arms or legs involved, elevate extremity above heart level.
  5. Contact parent.
- C. Third Degree (full thickness burn, with or without pain, looks black/charred)
  1. **Call 911.**
  2. Flush with cool water (\*American Red Cross treats all burns the same)
  3. Bandage loosely with dry, sterile or clean dressing.
  4. Treat for shock if indicated. See procedure for "Shock."
  5. Contact parent.
- D. Chemical
  1. Call Poison Control (1-800-222-1222) and follow instructions provided and/or follow directions on chemical container.
  2. If no directions, flush skin for five minutes, dry and bandage.
  3. If eyes are involved, flush thoroughly for 15 minutes with tepid or cool water. Turn head, lift eyelids, pour water from nose to outer side; never wash toward the other eye. Tape clean gauze eye patch over eye.
  4. If burn is on clothed skin, remove contaminated clothing immediately.
  5. Contact parent. **Call 911** if unable to reach parent immediately or burn is severe.

## **CHOKING (Foreign Body Airway Obstruction)**

### **Conscious Victim (Child or Adult)**

- If the person is breathing, coughing, or can talk, **DO NOT** interfere with their attempt to displace foreign object.
- If not breathing, unable to talk, turning blue or dusky, clutching throat, crowing or making high-pitched sound when breathing in:
  1. Act to relieve obstruction.
  2. Stand or kneel behind the person.
  3. Make a fist and place thumb side of your fist against the person's abdomen in the midline slightly above the naval and well below the breastbone.
  4. Grasp fist with your other hand (wrapping arms around person) and press your fist into the person's abdomen with a quick, forceful upward thrust.
  5. Repeat abdominal thrusts (up and in forcefully with a separate distinct movement) until the object is expelled or the person becomes unresponsive.
  6. If the victim becomes unresponsive, **call 911** and start CPR.

### Unconscious Victim (Child or Adult)

1. **Call 911** and call for help.
2. Start CPR with chest compressions. Do not perform pulse check.
3. After 30 compressions, open airway with chin lift/head tilt.
4. Observe into the mouth--if you see the foreign body, attempt to grasp it, **but do not perform blind finger sweep.**
5. Attempt to give two breaths and continue cycles of chest compressions and breaths until object is expelled (30 compressions to 2 breaths).
6. Look for object after each round of compressions and remove object if seen.
7. Be persistent. Continue rescue breaths and compressions until emergency medical services arrives or air goes into lungs and victim revives.

### CPR

1. Check to see that the scene is safe.
2. Check person for response: tap, shout "are you ok"?
3. Call for help, send someone to **call 911** and get an AED.
4. Check for breathing or gasping.
5. If no breathing or only gasping, start CPR (chest compressions first).
6. Place hands for compression (adults on lower half of breastbone). For children use one or two hands.
7. Deliver 30 compressions pushing fast and hard.
8. Give 2 breaths after opening airway and continue cycle (30 compressions and two breaths) until victim wakes up, help arrives, or you are too tired to continue.
9. If AED is brought to you, turn it on and follow instructions.

Adult victim: If no phone near, leave victim to **call 911** and get AED, if available. Then return to victim and start CPR.

Child victim: If no phone near, start CPR and give 5 sequences (cycles of 30 compressions and 2 breaths). Then find phone and **call 911**. Bring back an AED if available and continue CPR.



Adult Compression



Child Compression

### CUTS (see Lacerations)

### DENTAL INJURY/TOOTHACHE

**Use Universal Precautions including using gloves**

#### Broken Tooth

1. Keep student calm.
2. If bleeding from around the tooth, use gauze pack, being careful not to dislodge the tooth.
3. Keep air from exposed surface of tooth to decrease pain.
4. Contact parent and recommend immediate dental care.

#### Dislodged Tooth

##### Temporary Tooth

1. Use gauze to stop bleeding.
2. Have child rinse their mouth.
3. Give tooth to child to take home after placing in sealed container or envelope.

#### Permanent Tooth

1. Locate tooth. Pick up by crown not root.
2. **DO NOT** scrub, rub or scrape tooth to remove dirt.
3. **DO NOT** reinsert tooth in socket.
4. Immediately place tooth in milk or commercially prepared tooth preserving liquid.
5. Control bleeding by having student bite on a folded gauze dressing.
6. Contact parent and recommend immediate dental care. (the sooner the tooth is re-implanted by a dentist, the better possibility of success).

#### Toothache

1. Check for cause of toothache:
  - If cavities are present, a warm water mouth rinse may remove food from tooth.
  - If pain is from incoming permanent tooth, ice chips may provide comfort.
  - A loose temporary tooth may cause discomfort.
2. Contact parent and recommend dental evaluation, if indicated.

#### DERMATITIS – Contact (Poison Ivy, Poison Oak, Allergy)

1. Wash area thoroughly with mild soap and water.
2. If reaction is mild, contact parent and return to class.
3. If reaction is severe, contact parent, recommend medical evaluation.
4. If area is draining/oozing, it must be covered during school hours.

#### DIABETIC REACTIONS

Nursing care for students with diabetes is provided under Specialized Physical Health Care procedures. Follow the student's Diabetic Management Plan.

##### In General:

1. If in doubt, treat all diabetic reactions as insulin shock (low blood sugar) and **IF CONSCIOUS**, give 6 ounces of juice, hard candy, or sugar (2 tsp in 6 oz. of water). Test blood sugar if possible.
2. If unable to drink or swallow, **call 911** and insert 1-2 inches glucose gel/cake-mate frosting (if available) along the gum line inside mouth.
3. If unconscious, **call 911**, give glucagon injection (if available and you have been trained).
4. Insulin reaction/ low blood sugar (rapid onset) symptoms include nervousness, tremor, hunger, sweating, mental confusion, drowsiness and slurred speech (most common reactions seen in school setting).
5. Diabetic coma/high blood sugar (slow onset) symptoms include listlessness, slow, deep and noisy respirations, and fruity breath. Call parent and 911 if needed. This reaction seldom occurs at school.
6. Follow physician's orders for blood glucose monitoring if available and you are trained.
7. Notify parent and report symptoms and treatment provided.
8. Student may return to class following mild reactions and when blood sugar is in the normal range according to their individual Diabetic Management Plan.

#### DISLOCATION OF JOINTS (see Fractures)

#### DROWNING

1. Check that the scene is safe.
2. Direct someone to **call 911** and get AED.
3. Remove person from water and check for response.
4. Start CPR and/or rescue breathing (see CPR).
5. Contact parent.

#### EARACHE

1. Do not apply heat or cold to ear.
2. Take temperature, If using ear thermometer, use less painful ear.
3. Check for drainage or visible foreign body in ear.
4. **Do not** attempt to dislodge any foreign body, rinse ear, flush ear or put anything into ear.
5. Contact parent and recommend medical evaluation.

#### ELECTRIC SHOCK

1. Turn off power source, if able, or **call 911** to do this.

2. Do not touch person until electrical power is turned off.
3. When power source is off, approach person and ask, "are you okay?"
4. If injury is sustained during electrical shock, person requires medical evaluation.
5. If person is unresponsive or unconscious, **call 911** and start CPR.

**Adult victim:** If no phone or help near, leave victim to **call 911** and get AED, if available. Return to victim, begin CPR for two minutes, then use AED, following instructions.

**Child victim:** If no phone or help near, start CPR and give 5 sequences (cycles of 30 compressions and 2 breaths). Then find phone and **call 911**. Bring back an AED if available and use AED, following instructions.

## EYE INJURIES

Distribute Eye injury form (H-56b) to parent. Complete a Student Incident Report.

### A. Foreign Body

1. Flush eye with clear, tepid water from inner (nose) to outer edge of affected eye while having student look downward.
2. Wash hands. Examine the eye for obvious foreign body but do not attempt to remove any foreign body.
3. After flushing, allow student to rest with a cool compress over eyes until irritation subsides.
4. Caution student not to rub eye.
5. If rinsing does not remove foreign object or pain continues, apply dressing and contact parent and inform of the need for immediate medical care.

### B. Chemical

1. Manually separate eyelids. Flush immediately with large amounts of clear/tepid water for 15 minutes (see directions above). Determine chemical that entered eye and follow directions on container. If no directions, call Poison Control (1-800-222-1222)
2. **Call 911** if indicated and continue to rinse the eye until emergency medical services arrives.
3. Contact parent and recommend medical evaluation.

### B. Blows (contusions, bruises, cuts)

1. **Call 911** for a severe blow or penetrating wound.
2. Do not attempt to open or flush eyes.
3. Treat bruises immediately with cold compress for 20 minutes.
4. Bandage both eyes lightly.
5. Contact parent and recommend immediate medical evaluation.
6. Keep student quiet and flat until parent/emergency medical services arrives.

### D. Impaled Objects

1. Make no attempt to remove object or wash eyes.
2. **Call 911.**
3. Cover injured eye with cone or paper cup for protection. Cover both eyes with loose, sterile/clean dressing.
4. Keep student quiet and lying flat.
5. Contact parent.

## FAINTING

If dizziness occurs, have student assume a sitting position with head low, taking deep breaths and/or have student lie down. If symptoms persist, contact the parent.

After a fainting attack has occurred:

1. Keep the student lying down with feet elevated about 8-12 inches.
2. Maintain an open airway, loosen tight clothing, and keep crowds away.
3. Give nothing to eat or drink.
4. If the student vomits, roll onto side.
5. Bathe face gently with cool water.
6. If student fell, determine extent of injuries.
7. If unconsciousness prolonged, **call 911** immediately.
8. Contact parent.

**FEVER:** See temperature information (#8) in General Guidelines

## FOREIGN BODY

1. **Ear:** See procedure under "Ear".
2. **Eye:** See procedure under "Eye".
3. **Nose:** Contact parent and recommend medical care promptly if foreign body is absorbent or sharp. Do not attempt to remove object from nostril.
4. **Throat:** See procedure under "choking".
5. **Swallowed:** If no distress and object easily swallowed, contact parent. Object may pass through without difficulty. Recommend medical evaluation. If object is sharp and/or pain is present, **call 911**.

### **FRACTURES (or suspected) /DISLOCATION OF JOINTS**

Symptoms of fractures/dislocated joints include:

- Displacement of bone end at a joint with disfigurement of extremity
- Swelling and discoloration
- Limitation of motion
- Pain upon movement and tenderness to touch

**Call 911** for:

- Unresponsiveness, signs of shock
- Compound fracture (bone piercing the skin),
- Heavy bleeding
- Suspected fracture of the head, neck, back (do not move student)
- Suspected fracture of pelvis or upper leg (i.e. leg and foot turn out abnormally)
- Suspected fracture of the rib with difficulty breathing
- Blueness or numbness of injured extremity.

Fractures:

1. Stop any bleeding by applying pressure with sterile/clean bandage/cloth.
2. Avoid movement of injured part and immobilize the injured area. Do not straighten limb. Stabilize by applying splint as you found it.
3. If indicated, apply triangular bandage or sling to support injured arm/shoulder.
4. Apply wrapped ice packs (per general guidelines #7) to limit swelling/relieve pain until parent or emergency medical services arrives. If possible elevate injured part.
5. Keep student warm and treat for shock if necessary.
6. For any suspected fracture, contact parent and recommend medical evaluation.

Dislocated joints:

1. Never attempt to reduce or put bone back into place.
2. Immobilize the affected joint in the position in which it was found. Treat as a fracture.
3. Elevate if possible.
4. Apply ice ( per general guidelines #7).
5. Contact parent and recommend immediate medical evaluation.
6. **Call 911** if unable to immediately contact parent.

\*Always check for other injuries with any fracture or dislocation.

### **HEADACHE**

Determine cause, if possible and respond accordingly.

1. Take temperature, if 100.4 degrees or greater call parent to come and pick up student.
2. If history of head injury or blow to head, see **Head Injury** and contact parent.
3. If history of migraine headaches, a cold pack to lower back of head and rest may help.
4. Give medication, if prescribed.
5. Have student rest with a cool compress to head with light dimmed if feasible.
6. If headache is persistent or recurrent, contact parent.
7. Recommend parent to seek medical evaluation if student complains of: dizziness, fainting, decreased alertness or confusion, weakness, skin rash, neck pain or stiffness, persistent vomiting or fever.

### **HEAD INJURY**

Always distribute Head Injury Observation form (H-56) to Parents

**Minor** (no loss of consciousness or apparent injury)

1. Have student lie down. May use cool compress for pain.  
Observe for:
  - Nausea or vomiting
  - Dizziness/loss of balance

- Unequal pupils
  - Disorientation
  - Slurring of words
  - Blood or fluid draining from ears or nose
  - Increasing pain/discomfort
  - Decreasing level of alertness
  - Unequal hand grasps
  - Inability to move one side of body or face
  - Seizures
2. **Call 911** and contact parents immediately for increasing disorientation, changing level of alertness, slurred speech, blood/fluid from ears, or change from equal to unequal pupils, or seizures.
  3. If no headache, or none of the above symptoms occur after 30 minutes, allow student to return to class. If questionable, recheck student in 1 hour. Contact parent and send Head Injury form home with student.
  4. If headache occurs, or any of the above symptoms appear, contact parent and recommend immediate medical evaluation.

**Severe Injury** (loss of consciousness, even if brief)

1. **Call 911** and contact parent.
2. Do not allow student to be moved until extent of injury and level of consciousness are determined.
3. Assume student has sustained a neck or spinal injury. If necessary to move student for safety, immobilize head and neck.
4. Ensure open airway and start CPR if necessary.
5. If bleeding, control with clean/ sterile dressing and pressure. If deep scalp wound present, **do not** attempt to cleanse as this can cause serious bleeding and possible contamination.
6. Do not elevate feet or place pillow under head.
7. Do not give anything orally.
8. Keep student warm until emergency medical services arrives.
9. Record extent and duration of loss of consciousness and other symptoms.
10. Complete Student Incident Report and notify Resource Nurse.

**HEART ATTACK** (most often occurs in an adult)

- A. Symptoms: (One or all of the symptoms may be present)
  - Extreme shortness of breath with or without chest discomfort
  - Pain or uncomfortable pressure in chest, back, neck, jaw, or arms
  - Indigestion, nausea, heartburn
  - Agitation and apprehension
  - Pale, moist skin
  - Denial of the seriousness of symptoms
- B. What to Do
  1. **Call 911** and get AED, if available.
  2. Ask if person has medication with him/her and assist to take it, if indicated.
  3. Keep person lying down or in "most comfortable position."
  4. Loosen tight clothing.
  5. Check for pulse and respiration.
  6. Start CPR, if indicated, and use AED, if available.
  7. Contact parent/next of kin.
- C. Student with known cardiac condition should have approved written Emergency Plan.
  1. Follow emergency plan.
  2. Contact parent.

**HEAT-RELATED ILLNESS**

There are different types of heat-related illnesses, ranging from those that cause temporary discomfort to the potentially fatal condition known as heat stroke.

**Heat Rash:** Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. Heat rash looks like a red cluster of pimples or small blisters.

1. If student is uncomfortable, allow to rest.
2. Contact parent.

**Heat Cramps:** A person who has been exercising or participating in other types of strenuous activity in the heat may develop painful muscle spasms in the arms, legs or abdomen referred to as heat cramps.

1. Allow student to rest. Offer water to drink,
2. Contact parent.

**Heat Syncope:** Sudden dizziness, feeling faint and sometimes fainting may occur after exercising in the heat. As with heat cramps, skin appears pale and sweaty but remains cool. Body temperature is normal. The heart rate is usually rapid and the pulse may be weakened.

1. Allow student to rest. Offer water to drink.
2. Contact parent.
3. If fainted, monitor student until parent arrives to take student home.

**Heat Exhaustion:** Heat exhaustion is a warning that the body is getting too hot. A student with heat exhaustion may be thirsty, giddy, weak, uncoordinated, nauseous, irrational and belligerent. As with heat syncope and heat cramps, the body temperature is usually normal. There is profuse sweating, and the skin is usually cold and clammy.

1. Have student lie down, elevate feet and loosen clothing.
2. Do not give food. Give sips of water, 4 oz. every 15 minutes.
3. Contact parent.
4. **Call 911** if no improvement in 15 minutes, if student refuses water, vomits, or becomes unconscious.

**Heat Stroke:** Acute medical emergency! **CALL 911!** Heat stroke is a life-threatening condition that occurs when the body loses its ability to control its temperature. Temperature can rapidly rise to dangerous levels within minutes, usually about 104 F, but may rise even higher.

Symptoms include: rapid breathing, disorientation, bizarre behavior, feeling faint, staggering, dry flushed skin, lack of sweating. Seizures and coma may occur.

While waiting for emergency medical care:

1. Loosen clothing.
2. Cool body quickly by sponging skin with cool water.
3. Contact parent.

While heat cramps, heat syncope and heat exhaustion may all be present in mild degrees, parent should be contacted and student referred for medical evaluation if the symptoms are severe or worsen with time.

## **HYPERVENTILATION** (Breathing too fast or too deep)

Can be caused by anxiety/panic attack or exercise

Symptoms include: rapid respirations, a feeling of panic, numbness and tingling of the fingers and toes, cramping of muscles in hands or feet.

1. Reassure student with calming measures: speak softly, hold student's hand, encourage slower breathing (i.e. have student count to 3 between breaths).
2. Student can breathe through one nostril by having student place one finger against one side of the nose and breathe with mouth closed. Continue to encourage student to breathe slowly.
3. If symptoms worsen or do not subside, student may faint or lose consciousness. This usually causes breathing to return to normal.
4. Contact parent.
5. **Call 911** if needed.

## IMPALED OBJECTS

1. Never remove an impaled object. Immobilize object in place.
2. Control bleeding with a sterile/clean pressure dressing, being careful not to interfere with breathing.
3. Elevate head.
4. Administer CPR if needed.
5. **Call 911.**
6. Contact parent.

## LACERATIONS/CUTS

1. Control bleeding.
2. Apply ice for no longer than 15 minutes at a time.
3. If minor, clean area with soap and running water.
4. Cover with a clean/ sterile bandage or dressing.
5. If dirt embedded or stitches required (gaping wound) apply a temporary clean/ sterile dressing.
6. Contact parent and recommend medical care.

## MISCARRIAGE (Suspected)

1. Cover vagina with sterile pad/sanitary napkin. Change as necessary, but keep all napkins for evaluation of the total amount of blood loss.
2. Place student in shock position (See Shock).
3. If tissue has passed through the vagina, it should be saved and accompany student. Do not attempt to pull any tissue out of the vagina.
4. Contact parent and recommend immediate medical evaluation.
5. **Call 911** if bleeding is severe.

## NOSEBLEED

Use Universal Precautions, including wearing gloves

1. Have student sit up with head tilted slightly forward. Do not tilt head back as this could cause blood to run down back of throat.
2. Keep student calm and reassure as crying and activity may increase blood flow.
3. Use thumb and forefinger to pinch nose firmly on lower portion just above nostrils. Hold for at least 10 minutes using uninterrupted pressure (young student will require adult to do this).
4. Caution student not to sniff or blow nose.
5. If bleeding is still occurring after 10 minutes, apply wrapped ice pack to nose and cheeks and continue to pinch nostrils for another 10 minutes.
6. Contact parent if bleeding lasts longer than 20 minutes, if bleeding recurs, or if bleeding is severe.

## POISONING

Poisons can be swallowed, inhaled, absorbed or injected.

1. If you suspect a poisoning, check the scene and the person. Try to find out what poison was taken. Look for any containers and take them with you to the phone.
2. Call the National Poison Control Center at 800-222-1222 and follow their instructions.
3. Provide First Aid as needed.
4. **DO NOT** give the person anything to eat or drink unless directed to do so by the National Poison Control Center.
5. **Call 911** if directed to do so or if there are any life threatening conditions.
6. Contact parent for immediate medical evaluation.

## RASH/SKIN ERUPTION

Definition: A change of skin which affects color, appearance or texture.

**Mild to Moderate:** Any skin eruption that is reddened, covers a limited area, can be easily covered and is present without other symptoms.

1. Contact parent.
2. Cover rash loosely, allowing air to circulate.
3. Student may return to class.

**Severe:** Any skin eruption with accompanying fever, behavior changes or complaint of feeling ill. Also included is any skin eruption that is fluid filled or crusted and occurring over large areas of body or skin eruption causing severe itching or that is oozing, draining, wet, red, warm to touch, swollen or looks infected.

1. For suspected impetigo, ringworm or scabies, cover with Band-Aid or gauze.
2. Contact parent.
3. Recommend medical evaluation.

#### **Chronic skin conditions**

1. It is recommended that a student with a chronic skin condition, that may look contagious, have a physician's note in the health record identifying the condition (e.g. eczema).

#### **SCROTAL INJURIES**

1. Provide privacy while determining extent of injury. Have a witness present.
2. Apply wrapped ice pack to injured area for 10 minutes.
3. Contact parent. If symptoms (bleeding, redness or pain) persist, recommend immediate medical evaluation.

#### **SEIZURES**

Note and document symptoms: duration, (check clock, measure seconds), level of consciousness, loss of body functions, etc. For students with known diagnosis, be aware condition may change with growth, development, medication, etc.

##### **Absence (Petit mal) or psychomotor seizures**

1. No active first aid required.
2. Gently guide the student to a safe area if psychomotor seizure occurs while standing.
3. Provide privacy for the student.
4. Minimize fears of other students by reassuring and answering questions.

##### **Tonic Clonic (Grand Mal-sudden uncontrollable muscular movements)**

1. Follow individual Emergency Plan if available and bring emergency medication, if ordered.
2. Keep Calm. You cannot stop the seizure; it must run its course. Clear the area of onlookers.
3. Help student to a safe place but do not restrain movements. If possible, ease student to the floor. Loosen clothing. Protect head from injury (put coat, blanket, etc. under student's head).
4. As soon as possible, roll student onto their side to facilitate drainage of secretions.
5. Cyanosis (blue tinge to skin) and cessation of breathing may occur briefly.

6. If student appears in respiratory distress and skin excessively blue, extend neck and gently pull on jaw.
7. If breathing does not resume, start rescue breathing and **call 911**.
8. **Call 911** for student with no known seizure history, for prolonged seizure (more than 5 minutes in duration), or multiple seizures following each other, if student is injured by a fall or does not regain consciousness.
9. Do not put anything between the teeth.
10. Remain nearby until student has fully recovered consciousness (may exhibit confusion and fatigue).
11. Do not give anything to drink/eat unless fully alert.
12. Allow student to rest before returning to class.
13. Contact parent.
14. Document seizure symptoms, duration, and care provided. Use PUSD Seizure Record Form (H-85).

## **SERIOUS INJURY**

General Information:

1. **KEEP CALM.**
2. Call for assistance. **Call 911** for life threatening injury.
3. Do not leave injured student alone.
4. Check for breathing. If necessary, open airway and begin rescue breathing.
5. Begin CPR, if indicated.
6. Check for severe bleeding. Apply pressure if needed.
7. Treat for shock (see Shock).
8. Do not move the student until extent of injury is determined. Be alert to possibility of back or neck injury or internal injuries.
9. Obtain and complete necessary information for Student Incident Report (SIR).  
Document detailed information; time of injury, action(s) taken, symptoms presented, all first aid rendered, condition of student, final disposition. Refer to SIR procedure.

Inform Health Services of all 911 calls.

## **SHOCK**

Some degree of shock occurs with most serious injuries. It may be immediate or delayed. Treat all serious injuries for shock even if signs/symptoms are not observed.

What to look for:

- Restlessness and irritability
- Altered level of consciousness
- Pale, cool, moist skin
- Rapid or irregular breathing
- Weak, rapid pulse

What to do:

1. **Call 911.**
2. Contact parents.
3. Have student lie flat and control any bleeding.
4. Elevate feet 12 inches unless head or back injury, heart attack or respiratory distress. If unsure, student should lie flat.
5. Cover student to keep warm, not hot.
6. Do not give food or fluids.
7. Give first aid for cause of shock (severe injury, bleeding, fracture. etc.).
8. Begin CPR, if indicated.

## **SNAKEBITE**

Treat all snakebites as poisonous until the snake is positively identified. All snakebites need medical evaluation.

### **Symptoms of poisonous snakebite:**

- Pain
- Swelling
- Discoloration
- Tingling sensation
- Nausea/vomiting

- Blisters
- Dimness of vision
- Rapid pulse
- Weakness
- Pinpoint pupils
- Twitching/convulsions
- Paralysis
- Shock
- Local bleeding

#### **First Aid**

1. **Call 911** immediately and notify of snakebite.
2. Have student lie down; keep as calm as possible.
3. Keep limb immobilized and below the heart.
4. Remove any rings, watches, bracelets, boots, or other restricting items from the affected extremity (it will swell).
5. Gently clean site with soap and water.
6. Check for respirations; treat for shock; be prepared to begin CPR.
7. Contact parent.
8. **DO NOT** apply cold and/or ice packs.
9. **DO NOT** use a tourniquet, snakebite kit, or extractor.
10. **DO NOT** cut or suck wound.
11. **DO NOT** give any medications.

#### **SPLINTERS**

1. Wash area with soap and water.
2. Superficial, minor splinters may be removed, if easily accessible, with tweezers.
3. Wash area again and apply bandage.
4. If embedded, clean area and cover with bandage.
5. Contact parent.

#### **SPRAINS**

Torn, stretched tissue around a joint, commonly an ankle. Signs of sprains: swelling, tenderness, pain upon motion, discoloration.

1. Elevate injured part.
2. Apply a wrapped cold pack for 20 minutes.
3. Have student avoid moving and bearing weight on injured part.
4. Contact parent.
5. Recommend medical evaluation for swelling, audible popping sound, or inability to bear weight.
6. When in doubt, always treat as a fracture.

#### **STROKE**

1. **Call 911** for signs of a stroke, even if symptoms disappear after 10-20 minutes.
  - Sudden numbness, tingling, weakness, or loss of movement in the face, arm or leg, especially on only one side of the body
  - Sudden vision changes
  - Sudden trouble speaking
  - Sudden confusion or trouble understanding simple statements
  - Sudden problems with walking or balance
  - A sudden, severe headache that is different from past headaches
2. Maintain open airway; begin CPR if indicated.
3. Contact family.

#### **SUBSTANCE ABUSE** (suspected)

Depending upon substance used, student may present with varied symptoms including: altered level of consciousness, disorientation, dazed appearance, impaired speech, nervousness, restlessness, anxiety, confusion, irritability, aggression, tremors, muscle twitching, dizziness, flushed face, sweating, nausea and vomiting, convulsions, delusions and hallucinations, dilated pupils, increased or decreased respirations and pulse, depression, unconsciousness.

1. Inform administrator of student's suspected condition.
2. **DO NOT** diagnose student's condition.
3. Document objective observations that led to suspicion of drug misuse.
4. **Call 911** for violent behavior and/or for students who are unconscious or have minimal response to voice or touch. Follow CPR guidelines, if indicated.
5. Contact parent. Recommend medical evaluation.

**TOOTHACHE** (see Dental)

#### **TORN FINGERNAIL**

1. If torn into nail bed, cleanse with soap and water and apply dry dressing.
2. If bleeding, apply gentle pressure to stop bleeding and wrapped ice pack to reduce swelling and decrease pain.
3. Contact parent.

#### **VAGINAL INJURIES**

1. Provide privacy while determining extent of injury. Have a witness present.
2. Contact parent.
3. Provide privacy for student.
4. Offer student sanitary napkin and keep student in reclining position with knees and legs together.
5. Send home. Recommend observation for bleeding or difficulty urinating, and medical evaluation.
6. If significant bleeding **call 911**.
7. If assault is suspected, notify site administrator.

### **FIRST AID CARE CONTENTS GUIDE (IN ALPHABETICAL ORDER)**

ABDOMINAL COMPLAINTS

ABRASIONS

AMPUTATION/SEVERED BODY PART

ANAPHYLAXIS/LIFE-THREATENING ALLERGIES

ASTHMA

BACK AND NECK INJURIES

BITES

BLEEDING

BLISTERS

BRUISES

BURNS

CHOKING

CPR

CUTS (see LACERATIONS)

DENTAL INJURIES/TOOTHACHE

DERMATITIS  
DIABETIC REACTIONS  
DISLOCATION OF JOINTS (see FRACTURES)  
DROWNING  
EARACHE  
ELECTRIC SHOCK  
EYE INJURIES  
FAINTING  
FEVER  
FOREIGN BODY  
FRACTURES/DISLOCATION OF JOINTS  
HEADACHE  
HEAD INJURY  
HEART ATTACK  
HEAT-RELATED ILLNESS  
HYPERVENTILATION  
IMPALED OBJECTS  
LACERATIONS - CUTS  
MISCARRIAGE  
NOSEBLEED  
POISONING  
RASH/SKIN ERUPTION  
SCROTAL INJURIES  
SEIZURES  
SERIOUS INJURY  
SHOCK  
SNAKEBITE  
SPLINTERS  
SPRAINS  
STROKE  
SUBSTANCE ABUSE  
TOOTHACHE (SEE DENTAL)  
TORN FINGERNAIL  
VAGINAL INJURIES

#### REFERENCES

The preceding first aid information has been compiled from the following sources:

Advanced First Aid and Emergency Care, The American Red Cross

American Diabetes Association

American Heart Association

American Stroke Association

American Trauma Society

CDC Centers for Disease Control and Prevention

Epilepsy Foundation of San Diego County

Guidelines for School First Aid Procedures, California School Nurses Organization (CSNO)

-----

HEALTH SERVICES

POWAY UNIFIED SCHOOL DISTRICT

REVISED JUNE 2015