

## FIRST AID PROCEDURES

**Always notify your principal/administrator of any serious accident or illness.**

**Parents should always be notified of an injury or sudden illness and the action taken.**

**FLORIDA POISON INFORMATION CENTER 1-800-222-1222.**

### **Fever Chart:**

<b>Oral Thermometer</b>	<b>Temporal Thermometer</b>	<b>Underarm Reading</b>
<b>100° or higher</b>	<b>101.2° or higher</b>	<b>99° or higher</b>

### **Abdominal Pain:**

1. Take temperature. If fever is present, call parent.
2. Allow student to rest for up to 20 minutes.
3. Observe for vomiting, diarrhea.
4. If pain, vomiting or diarrhea persists call parent.

### **Abrasions: (Mild scrape) Use Universal Precautions**

1. Clean area with soap and water. Bactine may be applied.
2. Cover with a dry dressing if necessary.

### **Asthma Episode:**

1. Follow Student Health Care Plan if available.
2. Keep student in sitting position. Speak calmly and reassuringly to them.
3. Administer asthma medications if prescribed for the student.
4. If breathing difficulty continues or medications are not available, call 911.
5. Notify parent.

### **Back, Neck or Spine Injury (Suspected):**

1. Keep student lying down with head in straight line.
2. Do not move student. Keep student warm and calm.
3. Call 911 and parent.

### **Back, Neck Pain Without Injury**

1. Take temperature. If fever is present, call parent

**Bites: (Animal or Human) Use Universal Precautions**

1. Clean bite area with soap and water for five minutes. Bactine may be applied.
2. Apply ice if indicated then cover with dry dressing.
3. Notify parent.
4. Check for date of last tetanus booster and advise parent.
5. Notify RN if skin is broken. If bite is from a human, follow the bloodborne pathogen exposure policy.
6. If bite is from an animal, notify Animal Control due to possible rabies exposure. 772-465-5770

**Bites/Stings: (Insect) Check student information for indication of allergic reactions. Follow Student Health Care Plan if available for students who are highly allergic.**

1. Wash well with soap and water. Apply ice for 5 minutes. Bactine may be applied.
2. If stinger needs to be removed, do not use tweezers. Scrape with edge of hard plastic card (i.e. credit card or ID badge).
3. Observe student for up to 30 minutes for possible allergic reaction. Call 911 if severe reaction occurs.
4. Notify parent.

**Bleeding: (Other than Nosebleed) Use Universal Precautions**

1. Apply direct pressure to bleeding area by placing gloved hand directly over laceration. Gently elevate injury if possible.
2. If bleeding is uncontrollable, call 911.
3. Notify parent.

**Blister:**

1. Do not puncture blister.
2. Clean with soap and water. Apply bandage.

**Broken Bone/Fracture: (Suspected)**

1. Immobilize affected area.
2. Keep student calm and in a position of comfort.
3. If bone has broken through skin, cover it with a sterile/clean dressing.
4. Notify parent. Call 911 if necessary.

**Bruise:**

1. Apply cold compress for up to 20 minutes.
2. Notify parent.

**Burns: (Use Universal Precautions)**

1. Minor burns- apply cool running water to area.
2. More severe burns
  - a. Loosely wrap burned area in a dry sterile dressing.
  - b. Put nothing else directly on burned area.
  - c. Comfort student and keep them calm.
  - d. Notify parent. Call 911 for large or deep burns or burns on face or eye.

**Burns: Chemical**

1. Wear gloves-Flush affected area of the body immediately with large amounts of clear, cool water for 20-30 minutes. Call Poison Information Center for further instructions.
2. Notify parent.

**Chapped Lips:**

1. Use clean technique and a cotton tipped swab to apply small amount of Vaseline (petroleum jelly) to chapped lips.
2. Notify parent.

**Choking:**

1. If student is choking and unable to breathe, use Heimlich Maneuver until object is dislodged.
2. If unable to dislodge, call 911.
3. If student becomes unconscious, call 911 and activate the CPR/AED Team. (see Unconsciousness section for further instructions)
4. Notify parent

**Communicable Conditions: Suspected**

1. Students with symptoms suspicious of communicable disease will be excluded from school until medical attention is sought and/or condition clears. See Exclusions/Readmissions Policy.
2. A fever may accompany a communicable disease.
3. Notify parent. Provide parent with a Notice of Possible Communicable Condition Letter (E.3)

**Convulsions: See Page A.4 Emergency Seizure Plan for School Staff for Instructions****Cough:**

1. Check temperature. If fever is present or child feels generally ill, notify parent.
2. Provide drink of cool water.
3. Observe child. If coughing persists, notify parent.

**Cuts:**

1. Clean with soap and water. Bactine may be applied.
2. Cover with dry dressing.
3. Notify parent.

**Diarrhea\*: (Use Universal Precautions)**

1. Check temperature. If fever is present, notify parent.
2. Allow student to use restroom.
3. Give the student water to drink for hydration.
4. Urge parent to seek medical care if pain or other symptoms are present.
5. Use gloves- double bag any soiled clothing. Wash hands thoroughly.
6. Provide parent with a Notice of Possible Communicable Condition Letter (E.3) Student may return to school 24 hours after last episode of diarrhea.
7. If 2 or more students in one classroom have diarrhea, notify the RN and initiate Disease Surveillance Form.

**Ear Problems:**

1. Check temperature. If fever is present, notify parent.
2. If foreign object is in ear canal, tilt head toward affected side to see if object drops out. Do not attempt to remove with fingers or tweezers. Notify parent. Urge parent to seek medical care.
3. If drainage from ear or ear pin, notify parent. Urge parent to seek medical care.

**Eye Problems:**

1. Chemicals in eye:
  - a. Flush eye with abundant amount of clear cool water for at least 15 minutes.
  - b. Call Poison Information Center for further instructions.
  - c. Notify parent. Call 911 if eye is burned by the chemical.
2. Particle in eye:
  - a. Discourage student from rubbing the eye.
  - b. Gently flush eye with water. If particle does not flush out or if eye pain continues, notify parent and urge medical care.
3. Injury to eye:
  - a. Keep student lying flat and quiet and notify the parent.
  - b. If injury is severe or there is change in vision, do not touch the eye or put any pressure on it. Call 911 and notify parent.
  - c. If an object has penetrated the eye, do not remove the object. Cover the eye with a paper cup to keep the student from touching the eye. Call 911 and notify the parent.
4. Possible conjunctivitis:
  - a. If there is marked redness, swelling, tearing, discharge, complaint of itching or crusting of the eye, notify parent. If conjunctivitis is

diagnosed, student may return to school 24 hours after appropriate treatment.

**Fainting:**

1. Keep student in flat position. Elevate feet. Loosen clothing around neck and waist.
2. Keep airway clear and monitor breathing.
3. Apply cool, damp cloth to face.
4. If student does not regain consciousness quickly, see “Unconsciousness”.
5. Notify parent. If parent is not able to be reached, call 911.

**Fever\*:** (101.2 or higher, temporal or 100 or higher, oral)

1. Have student lie down and rest. Encourage sips of water.
2. Give no medication unless prescribed and physician order is on file.
3. Apply cool compress to head and under arms.
4. Notify parent. Student may return to school when fever free for 24 hours without use of fever reducing medications (Tylenol, Motrin, etc).
5. If fever is present and parent is unable to be reached, consult the RN.

\*\* If 2 or more students or staff in one classroom become ill with fever and possible influenza symptoms (cough and/or sore throat) notify the SLC Health Department RN and School Health Services Coordinator.

**Fractures: (Suspected) See “Broken Bones”**

**Gum Injury or Sore in Mouth:**

1. Rinse mouth with warm salt water.
2. Notify parent.

**Headache:**

1. Take temperature. If fever is present, notify parent.
2. Give no medication unless prescribed and physician order is on file.
3. If no fever, allow student to rest for up to 30 minutes.
4. Apply cool cloth or compress to head. Offer drink of water.
5. If headache persists or is severe, notify parent.

**Head Injury: \*\*If student is unconscious, call 911 and see “Unconsciousness”.**

1. If conscious, have student lie flat and remain calm.
2. Watch student closely- do not leave student alone. Notify parent.
3. Call 911 if any of the following is observed: unconsciousness, seizure, neck pain, student unable to respond to simple commands, blood or watery fluid in ears, unable to move or feel arms or legs, student is sleepy or confused, blood is flowing freely from the head.
4. Use Head Injury Form (page 7-21) as indicated.

**Heat Emergencies: (Can be life threatening)**

1. Remove child from the heat into a cooler environment. Have child lie down. Take temperature. If 103 degrees or less, using oral thermometer give clear fluids to drink for hydration.. If temperature is higher than 103, do not give fluids by mouth.
2. Loosen and/or remove clothing and apply cool compresses to trunk and extremities.
3. Place child on his/her side to protect airway. Monitor breathing. Notify parent.
4. If unconscious, losing consciousness, vomiting, confused or has cold, pale, and clammy skin or hot, dry red skin, or has a temperature higher than 103, call 911 and notify parent. Continue with cool compresses until paramedics arrive.

**Hiccups:**

1. Give student a glass of water to drink slowly.

**Hyperventilation:**

1. Allow student to rest in a calm environment.
2. Reassure student and attempt to ascertain cause.
3. Notify parent.

**Impetigo\*: Suspected or diagnosed (Use Universal Precautions)**

1. Clean sores with soap and water.
2. Cover with dry dressing.
3. Sores must be covered with dry dressing or clothing while at school. If unable to cover or keep covered, exclude from school. See Exclusions/Readmissions Policy.

**Lacerations: (See section on Bleeding)****Menstrual Discomfort:**

1. If mild, student should be encouraged to continue normal activities. Do not administer any medications unless prescribed and physician order is on file.
2. If discomfort persists, have student lie down and rest for up to 30 minutes.
3. For chronic discomfort speak with parent about possibly obtaining an order for medication to be kept in the clinic.

**Nausea:**

1. Check temperature. If fever is present, notify parent.
2. If no fever, allow student to rest for up to 30 minutes.
3. Apply cool compress to face and neck.
4. If student does not feel better within 30 minutes, notify parent to come for student.

**Neck Injury: Suspected (See Section on Back, Neck or Spine Injury)**

**Neck Stiff:**

1. Check temperature. If fever is present, notify parent.

**Nosebleed: (Use Universal Precautions)**

1. Seat student in comfortable upright position with head slightly forward.
2. Pinch nostrils together for 5-15 minutes. A cold compress may be used on the bridge of the nose. Encourage mouth breathing and discourage nose blowing.
3. If blood continues to flow freely, notify parent.

**Puncture Wound: (Use Universal Precautions)**

1. If impaled object is still stuck in wound- do not remove object. Wrap bulky dressing around object to support it. If object is large, the wound is deep or bleeding freely or squirting blood- call 911 and notify parent.
2. If object is not still in wound, wash wound gently with soap and water. Cover with a clean, dry bandage. See section on “Bleeding”.
3. Check immunization record for last tetanus booster and notify parent.

**Rash: (Localized)**

1. Rinse with cool water. Pat dry. Cover with a clean, dry dressing.
2. Notify parent.
3. If rash worsens or spreads, see below.

**Rash\*: (Generalized)**

1. Take temperature and contact parent. Allow student to rest in clinic until parent arrives.
2. Urge parent to seek medical care if any of the following accompany the rash: fever, headache, diarrhea, sore throat, vomiting, rash is bright red and sore to touch, rash is all over body, or student is so uncomfortable that he/she cannot participate in school activities.

**Ringworm\*: Suspected or diagnosed (Use Universal Precautions)**

1. Clean area with soap and water.
2. Cover with dry dressing.
3. Sores must be covered with dry dressing or clothing while at school. If unable to cover or keep covered, exclude from school. See Exclusions/Readmissions Policy.

**Seizures: See Page 1-11 Emergency Seizure Plan for School Staff for Instructions**

1. Follow Student Health Care Plan if available and administer prescribed medications if indicated.

**Spine Injury: Suspected (See Section on Back, Neck or Spine Injury)**

**Splinter:**

1. Never probe or remove splinter or foreign object.
2. Wash area gently with soap and water.
3. Cover with bandaid.
4. Notify parent.

**Sprain/Strain: Suspected**

1. Apply ice or cold compress. Elevate injured part if possible.
2. Notify parent.

**Stings: See Bites/Stings: (Insect) \*\*Check student information for indication of allergic reactions.**

1. Follow Student Health Care Plan if available for students who are highly allergic.

**Sunburn:**

1. Apply cool, damp compress. Bactine may be applied to minor sunburn. **Do not** use Bactine if sunburn is severe or if blisters are present.
2. Notify parent.

**Tick Bites:**

1. Never attempt to remove ticks that are embedded in skin.
2. Notify parent.

**Toothache:**

1. Notify parent. Urge dental care.
2. Notify RN if further follow-up is needed.

**Tooth Injury: (Knocked out or broken permanent tooth)**

1. Find tooth. DO NOT handle tooth by the root.
2. If tooth is dirty, gently rinse with water. DO NOT scrub the knocked out tooth.
3. Tooth must not dry out. The following are steps listed in order of preference. Within 15-20 minutes, do one of the following:
  - a. place gently back in socket and have student hold it in place or
  - b. place in a “Save-a-Tooth” kit if available or
  - c. place in a glass of skim or low-fat milk or
  - d. place in normal saline solution or
  - e. have student spit into a cup and place tooth in it or
  - f. place in a glass of water
4. Notify Parent. Urge emergency dental care. Student must be seen by a dentist within 60 minutes for tooth to be saved.

**Unconsciousness:**

1. Call 911
2. Keep student lying down in a flat position.
3. Elevate feet.
4. Loosen clothing around neck and waist.
5. Observe for signs of breathing.

**If not breathing:**

- A. Activate the AED/CPR team.
- B. Give 2 rescue breaths and begin CPR.
- C. Apply AED pads as soon as AED arrives to the scene. Follow AED directives.
- D. Notify parent
- E. Continue CPR until paramedics arrive or student begins breathing again on their own.

Continued on next page.

**If student is unconscious but is breathing:**

- A. Call 911
- B. Keep student warm but not hot.
- C. Examine from head to toe and administer first aid for specific conditions.
- D. Give nothing by mouth
- E. Notify parent.

**Vomiting\*: Use Universal Precautions**

1. Apply cool, damp cloth to student's neck and face.
2. Encourage student to lie down on their side or sit comfortably. Have a bucket available.
3. Give no food or medications by mouth. Only ice chips or clear fluids if student is thirsty.
4. Notify parent. Student may return to school 24 hours after last episode of vomiting.

\*\* If 2 or more students or staff in the same classroom become ill with the same symptoms, suspect possible food poisoning or communicable illness. Notify the SLC Health Department RN and School Health Services Coordinator.

**Wounds\*:**

1. To prevent spread of possible infection, all open and/or draining wounds must be covered with a clean dry dressing for school attendance.

## Taking a Student's Temperature

A student's temperature should be taken and documented on Skyward anytime he/she complains of not feeling well. This would include complaints of coughing, headache, earache, stomach pain, throat pain or generally not feeling well. Refer to the First Aid section (A.1) of this manual for more specific guidelines and refer to the Exclusion and Readmission Policy (E.2) as needed.

### Oral Method (Digital Thermometer):

Make sure that the student's mouth is clear of candy, gum, or food. If they have recently had a hot or cold drink, wait 15 minutes before taking their temperature.

To get an accurate temperature, the student must be able to breathe through the nose. If this is impossible because of a stuffy nose or lack of cooperation, use a temporal thermometer or underarm method.

Always use a new disposable thermometer cover for each student. Place thermometer probe under tongue. Probe tip should rest in "correct area" as shown in diagram. Tell the student to hold the thermometer in the same spot under the tongue with their **mouth closed**. Press the button to begin and listen for the "beep" signaling a completed reading. A fever using the oral method is considered 100 degrees or higher.

✓ = correct area, x = incorrect areas



### Temporal Thermometer Method (Arterial Temperature):

This method is very accurate because it measures the arterial temperature. With most models no cover is needed. Brush child's hair aside if covering the forehead. Place the probe flush on the center of the forehead. Press and hold the gray button located under the LCD window on the front of the thermometer. Continue to hold the button down and slowly slide the probe from the center of the forehead straight across to the hairline. The LED light will flash and the thermometer will beep to indicate it is reading temperatures. Lift the probe from the forehead and touch on the neck just behind the ear lobe.

Release the button and read the digital temperature. The reading will stay on the LCD display for 30 seconds. When finished, just press the button again to clear the screen. A fever using the temporal thermometer is considered 101.2 degrees or higher.

The thermometer requires minimal care. The probe is like a camera lens, so if it is dirty, it won't work properly, usually resulting in a low reading. The probe lens should be shiny clean (it's silver). If it's not, it should be wiped with a small cloth or alcohol swab to clean.

### **Underarm (Axillary) Method:**

This alternative method should be used as a last resort for school age children or for babies or toddlers if the temporal method or oral method is not feasible. Although simpler, the axillary method is less accurate and takes longer.

Make sure the underarm is dry and there is no material between the chest and arm. Point the thermometer upward and place the tip well into the patient's underarm. Fold student's arm over chest to hold the thermometer in place and keep air away from the underarm.

Many people find hugging the child while taking the temperature helps assure it is taken correctly and also comforts the child. **When using this method, hold the thermometer securely in place for 4 minutes (ignore beeps).** A fever is considered 99 degrees or higher.

## Signs of an ASTHMA Episode

### Symptoms:

-  Coughing.
-  Wheezing.
-  Difficulty breathing.
-  Breathing in quickly with inability to speak.
-  Chest discomfort or tightness.
-  Anxiety or restlessness.
-  Forward leaning posture.
-  Flaring nostrils.

### Intervention:

-  Place student in a sitting position within your view.
-  Follow asthma action plan.
-  Give quick relief (inhaler/nebulizer) medication as ordered by physician.
-  Continue to monitor student and offer reassurance.
-  Check student for rapid breathing.

### *If the student improves after rest and medication:*

1. Send student back to class.
2. Notify parent.

### *Call 911 If the student does not improve within 15 minutes after medication and rest or exhibits any of the following symptoms:*

- \* Struggling for air (breath)/talking in broken sentences due to shortness of breath.
- \* Pale or blue in color around lips or fingernails.
- \* Not mentally alert as evidenced by difficulty concentrating or appearing confused.
- \* Using neck, rib, or stomach muscles to breathe.
- \* Having obvious difficulty breathing.
- \* Quick relief medicine is not helping
- \* Peak flow reading is in the red zone.

**Remember:** when airways get very tight, wheezing often goes away because the child cannot breathe with enough force to cause a wheeze.

- Call parent/guardian and alert the principal that 911 has been called.

**REMEMBER----Asthma can be fatal!!! When in doubt, call 911.**

## **EMERGENCY SEIZURE PLAN FOR SCHOOL STAFF**

At the beginning of a seizure:

- 1) Gently help the student to the floor (preferably a carpeted floor). Call for help and specify that there is a medical emergency.
- 2) Move all furniture from the immediate surrounding area to help protect the head from injury.
- 3) Look at a clock and note the time the seizure has begun.\*

During the seizure:

- 4) *Do not* attempt to restrain the student. *Do not* put anything in the student's mouth.
- 5) If possible, gently roll the student onto their side. (This will help keep their airway clear).
- 6) Stay with the student until the seizure ends or help arrives.
- 7) After the seizure, the student should be taken to the clinic to rest and parents notified of the event.

### **CALL 911 if:**

- 1) \*The actual seizure lasts more than 5 minutes.
- 2) The student turns blue and stays blue even when turned onto their side.
- 3) One seizure stops and the student goes into another seizure.
- 4) If an injury occurs during the seizure due to falling or thrashing.
- 5) If the seizure occurs in a student who does not have a history of seizures.

**Note:** Some students may have emergency medication, such as Diastat, or other specific treatments ordered for seizures. Doctor's orders and Care Plans should be reviewed for child-specific information.

The Seizure Observation Form should be used for documentation of seizure activity. Completed forms should be filed in the student's cumulative health folder. A copy of the form should be given to the RN.

## **Automated External Defibrillator (AED)**

### **Number of AED Units**

It is recommended that each school site have at least one AED unit, depending on the size and physical set up of the campus. Large campuses or ones that are spread out may need two or more AED units.

### **Location of AED Units**

The AED unit should be hung on a wall in a storage case in an area that is easily accessible to the general staff clearly marked with an AED sign. Location of the units should be planned so that if the AED is needed, it can be brought to the scene within five minutes. For example, depending upon the layout, large campuses may need to have one unit in the front office, one unit in the gymnasium and one in the cafeteria.

### **Trained Staff**

At least three school staff should be CPR/AED trained. Again the actual number will depend upon the layout and size of the school keeping in mind that the faster CPR/AED trained help arrives to the scene, the more likely it will be to have a favorable outcome.

### **AED Emergency Plans/Drills**

A written plan for a possible CPR/AED emergency should be developed and practiced, just as a fire drill is practiced. The practice drill should include as many trained staff members as possible. There are two pages in this health manual that schools will find useful in developing and practicing the plan- the AED Drill sheet and the AED Monthly Readiness Check sheet.

### **Monthly AED Unit Check**

The Health Paraprofessional is responsible for checking each AED unit on their campus at least once monthly to ensure that it is in proper working condition. The AED Monthly Readiness Check sheet is the checklist form that should be used to document the checks. If a school does not have a Health Paraprofessional, another staff member should be assigned to do the monthly check. Any time an AED unit is found to not be in good working condition (battery low, pads expired, etc.), it should be reported immediately to the School Health Services Coordinator at Student Services so that it can be corrected as soon as possible.

Note: The green “ready” light on the unit indicates that the unit is ready for use. If that light changes to a red “X” it will also emit a beeping sound. This is an indicator that something is wrong with the unit that requires follow-up.

**In the event of a serious medical emergency (difficulty breathing, stopped breathing, uncontrolled bleeding, state of shock, unconsciousness beyond fainting, extensive burns, or drug overdose):**

- 1) **CALL 911.**
- 2) Give first aid.
- 3) If student is unconscious and not breathing, activate the AED team and begin CPR. Apply AED as soon as it arrives on scene.
- 4) Notify principal as soon as possible.
- 5) Notify parent as soon as possible.
- 6) If unable to contact parent, follow instructions of principal.
- 7) Provide emergency services and hospital with the following information:
  - a) name and age of student
  - b) nature of injury
  - c) name of student's physician
  - d) any known allergies
- 8) An appropriate school representative should accompany the student to the hospital until a parent arrives.
- 9) Complete an accident report form and send a copy to Risk Management.
- 10) Record the incident and action taken on the student data system and in the student's health folder.
- 11) Notify the School Health Services Coordinator of 911 call.