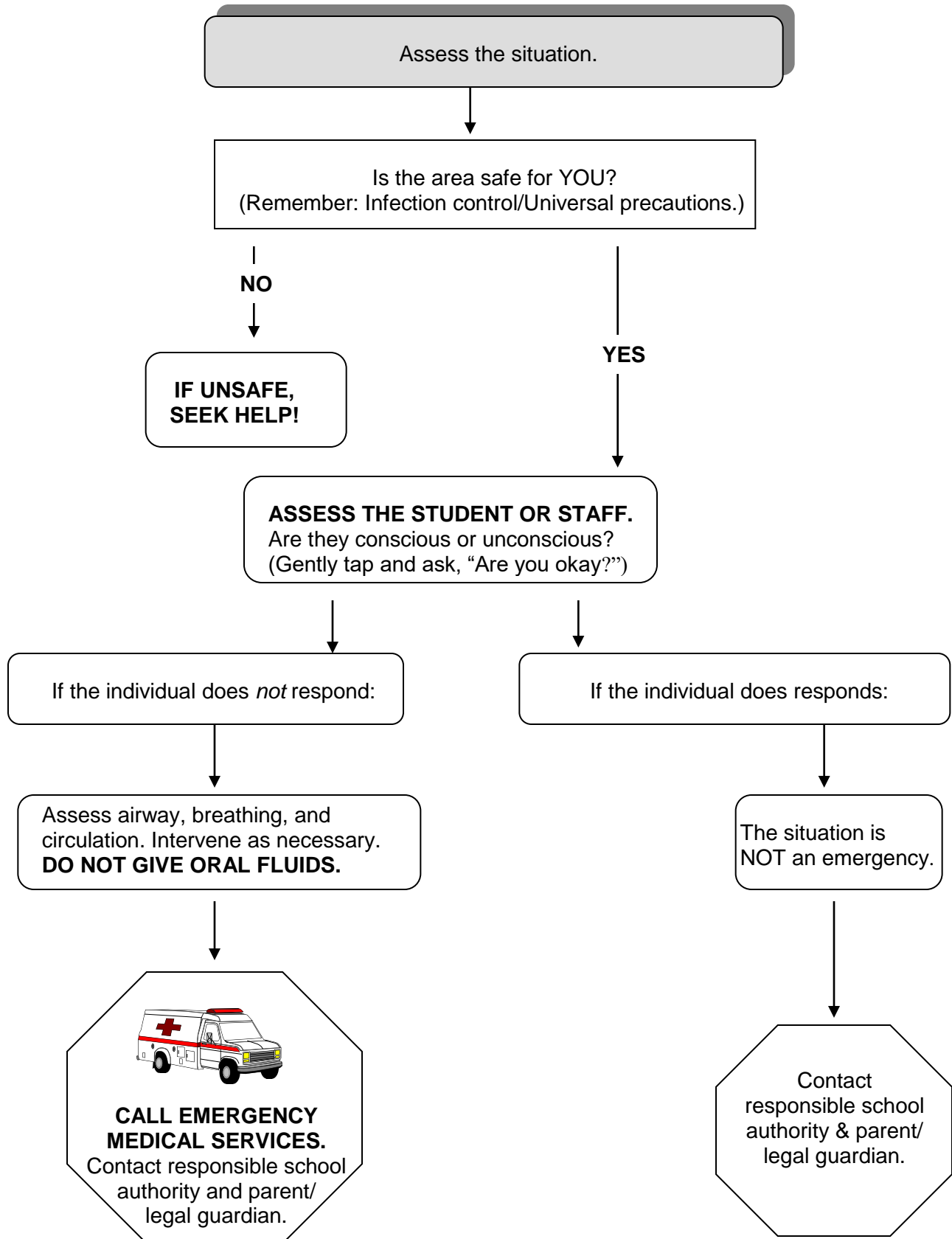


# CHAPTER 8

## EMERGENCY GUIDE TO PROVIDING EMERGENCY CARE



# CHAPTER 8

## ALLERGIC REACTION

Students with life-threatening allergies should be known to all staff. An emergency plan should be developed for these students.

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

Symptoms of **severe** allergic reaction include:

- Hives all over body
- Flushed face
- Weakness
- Paleness
- Seizures
- Confusion
- Dizziness
- Blueness around eyes, mouth
- Loss of Consciousness
- Drooling or difficulty breathing.

Symptoms of **mild** allergic reaction include:

- Red itchy eyes.
- Itchy, sneezing, runny nose.
- Several hives, or rash on one part of the body.

Refer to student's emergency plan. Administer guardian-approved medication or use school/student's epinephrine pen, if available.

Does individual have symptoms of severe allergic reaction?

NO

YES

Adult(s) supervising student during normal activities should be aware of the student's exposure and watch for any delayed reaction for up to **2 hours**.

**CALL EMERGENCY MEDICAL SERVICE.** Contact responsible school authority & parent/legal guardian.

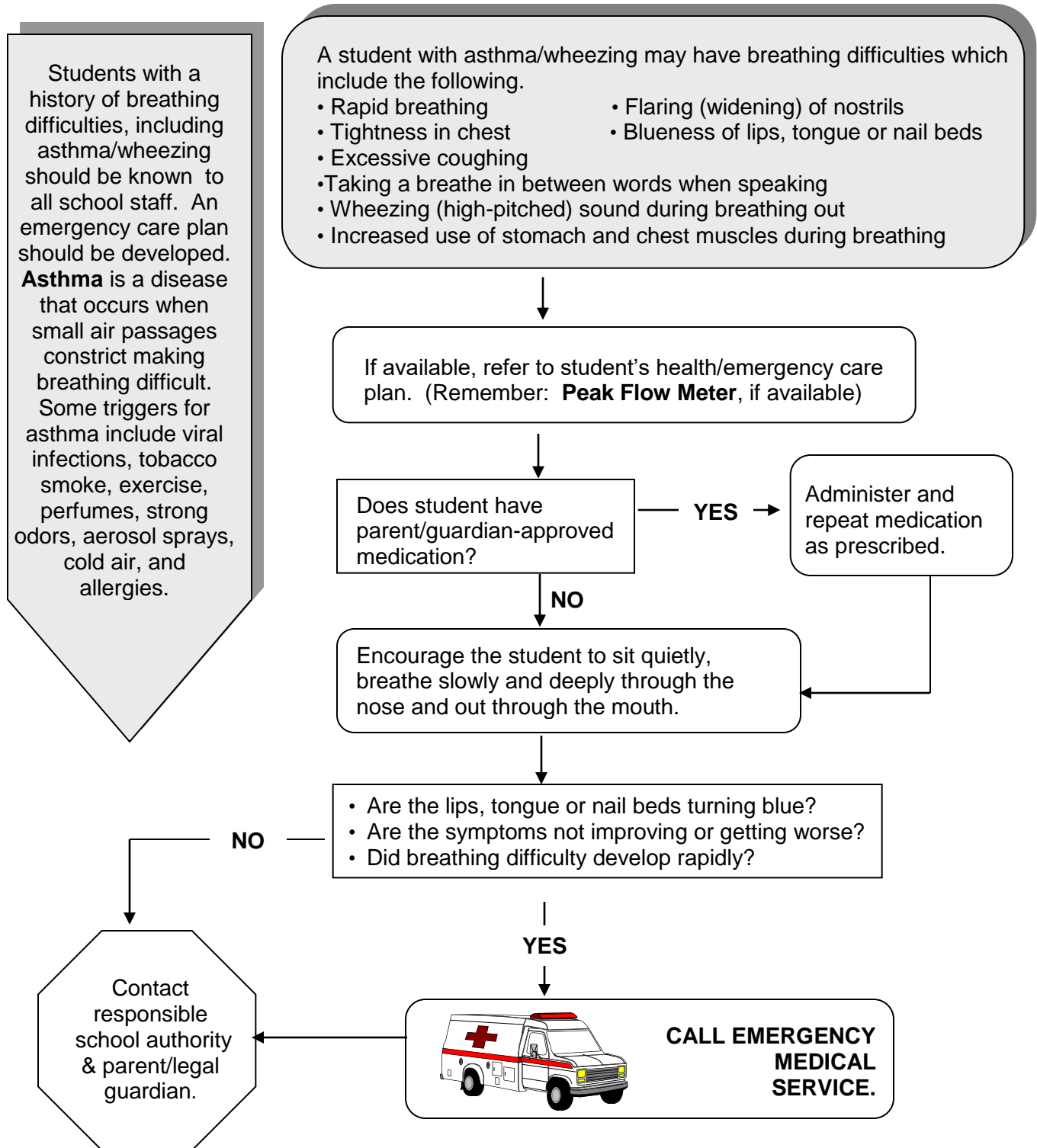


If child is unable to participate in school activities, contact appropriate school authority & parent/legal guardian.

If child stops breathing, give rescue breaths.

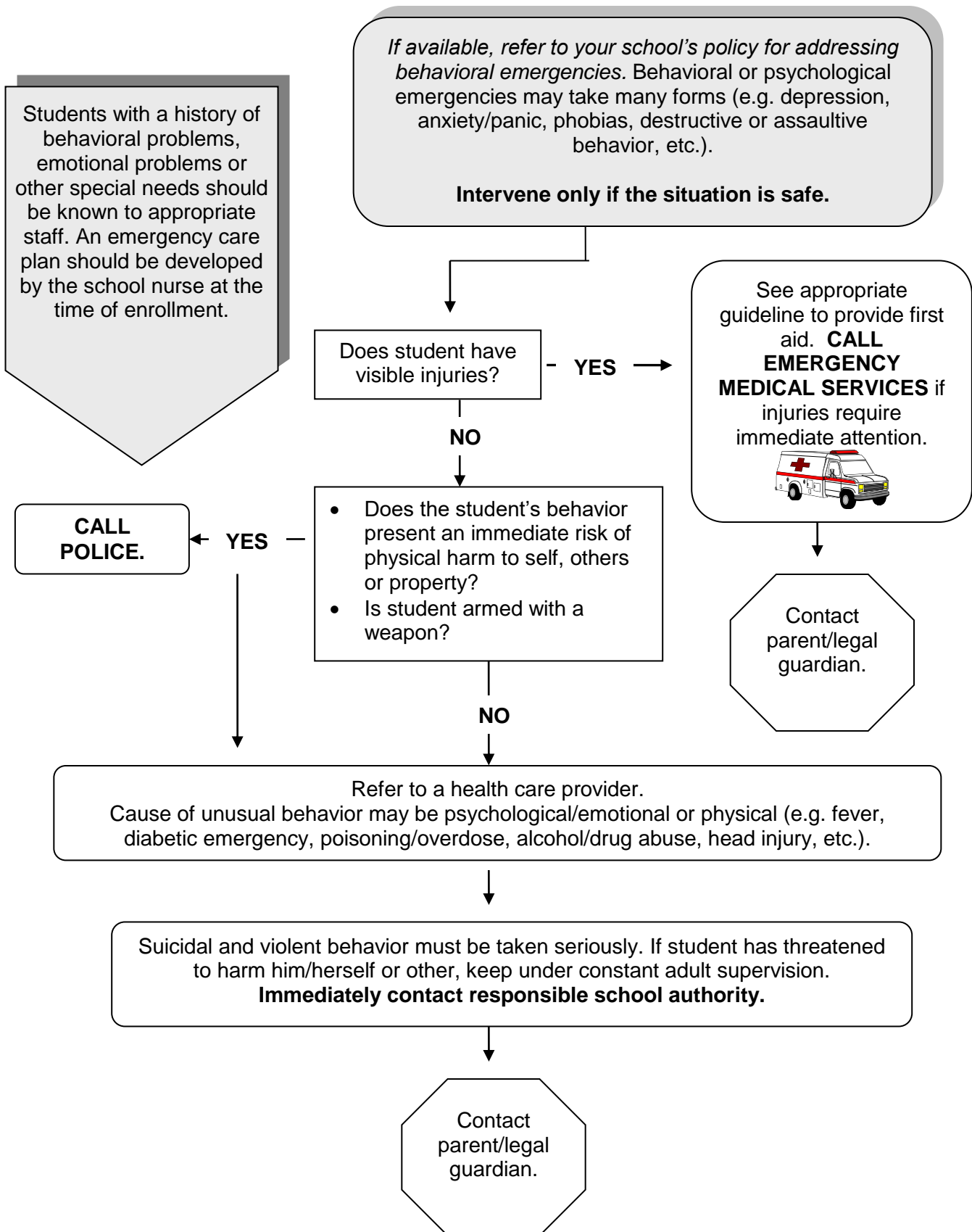
# CHAPTER 8

## ASTHMA/WHEEZING OR DIFFICULTY BREATHING



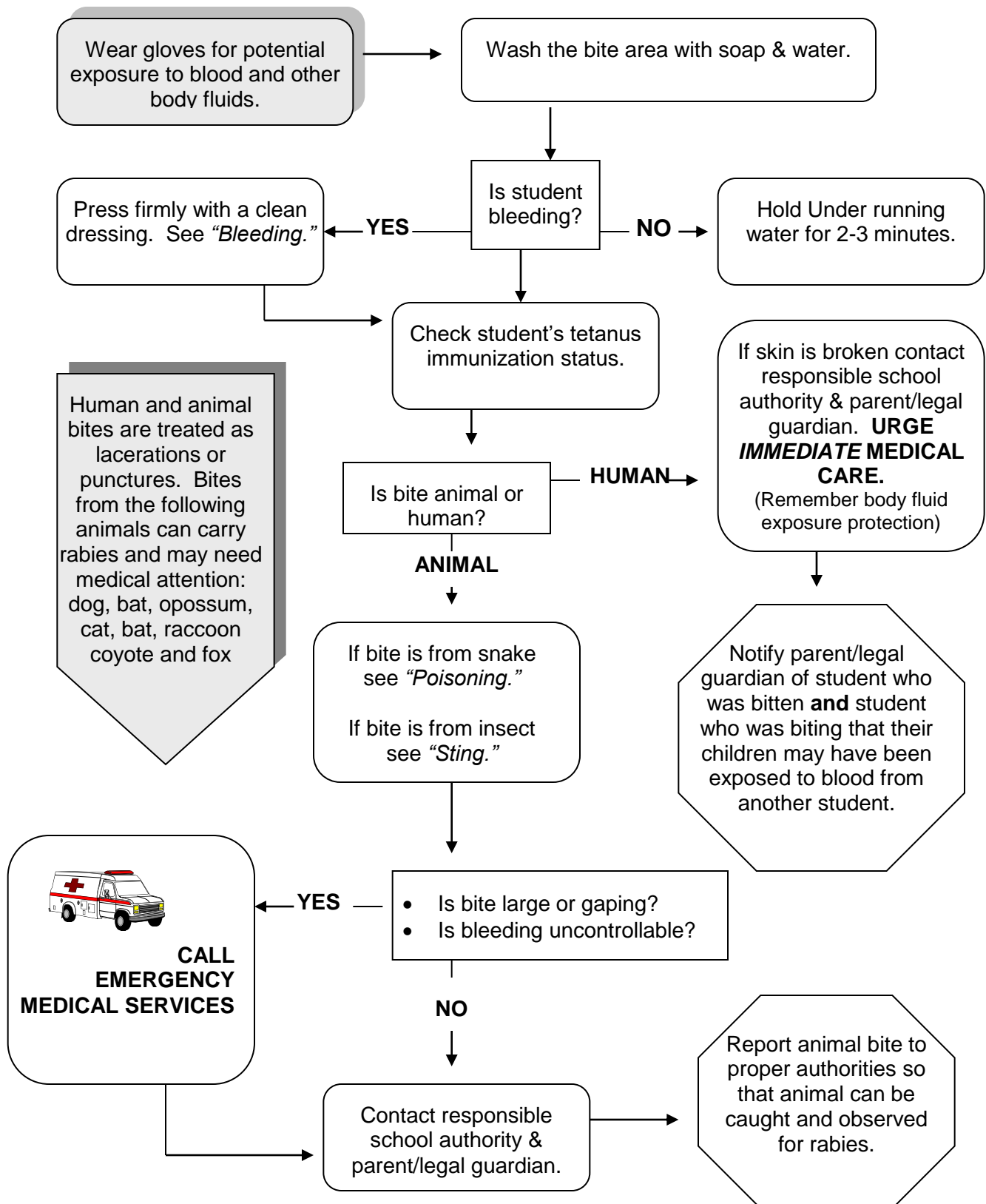
# CHAPTER 8

## BEHAVIORAL EMERGENCIES



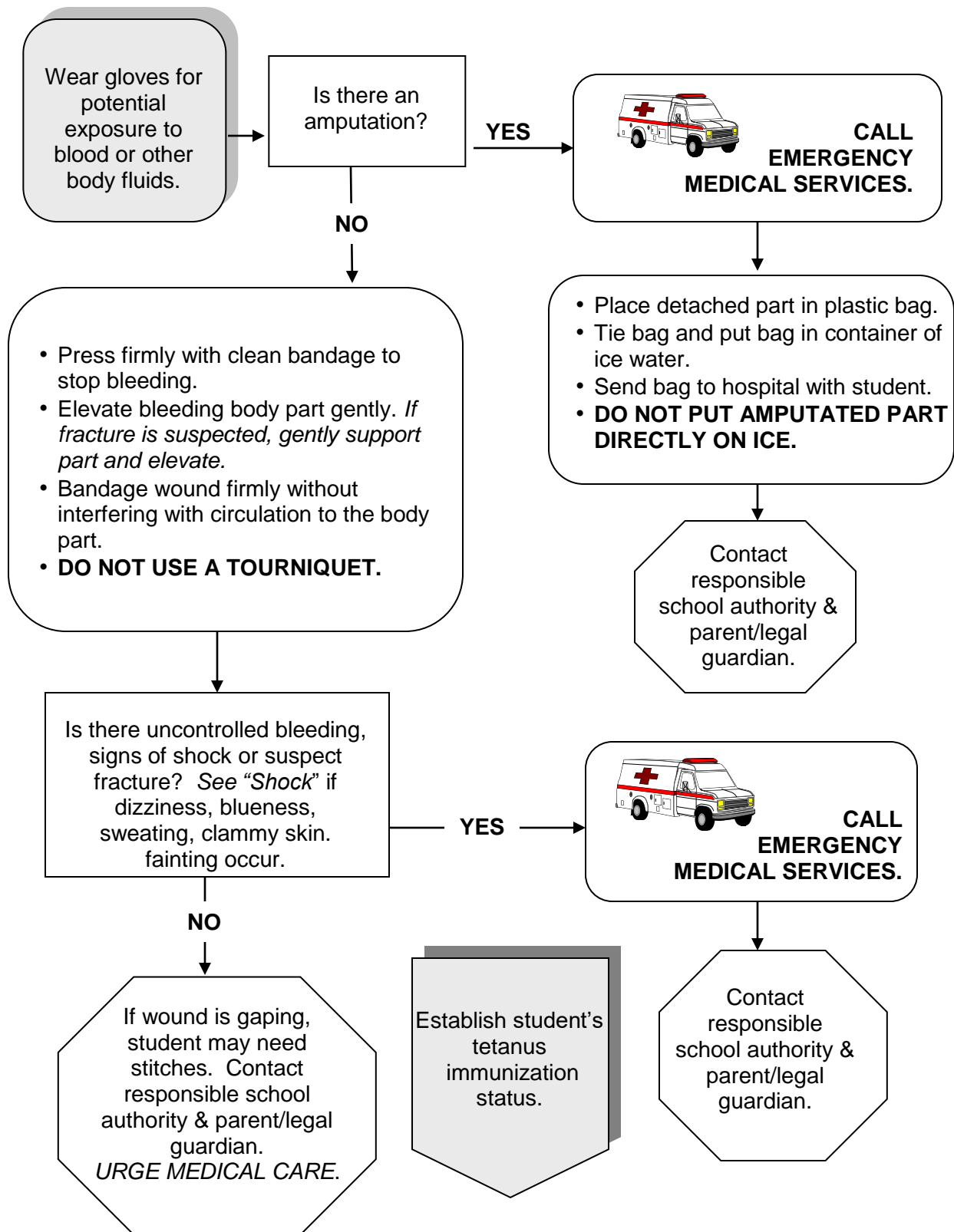
# CHAPTER 8

## BITES (HUMAN & ANIMAL)

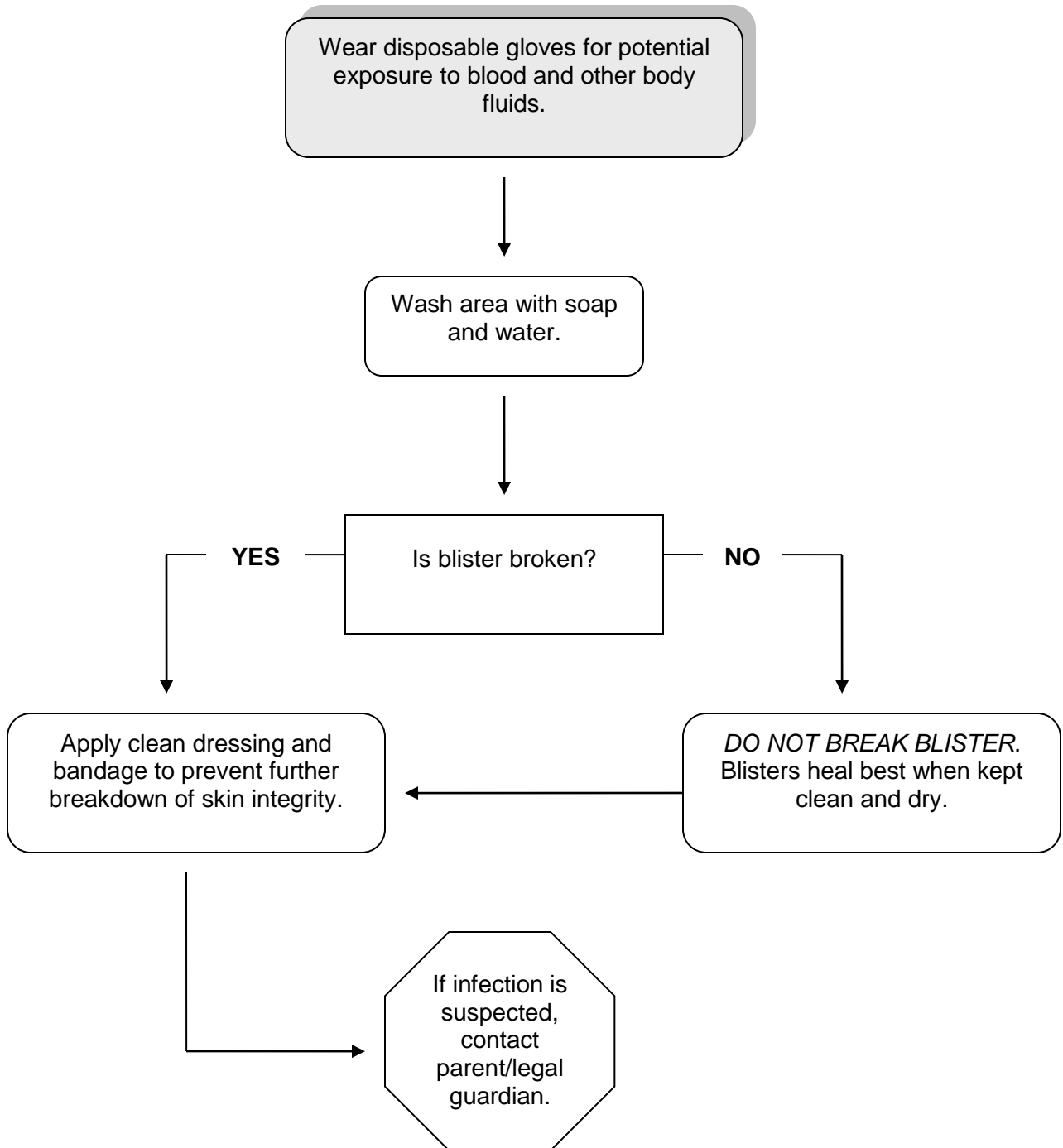


# CHAPTER 8

## BLEEDING

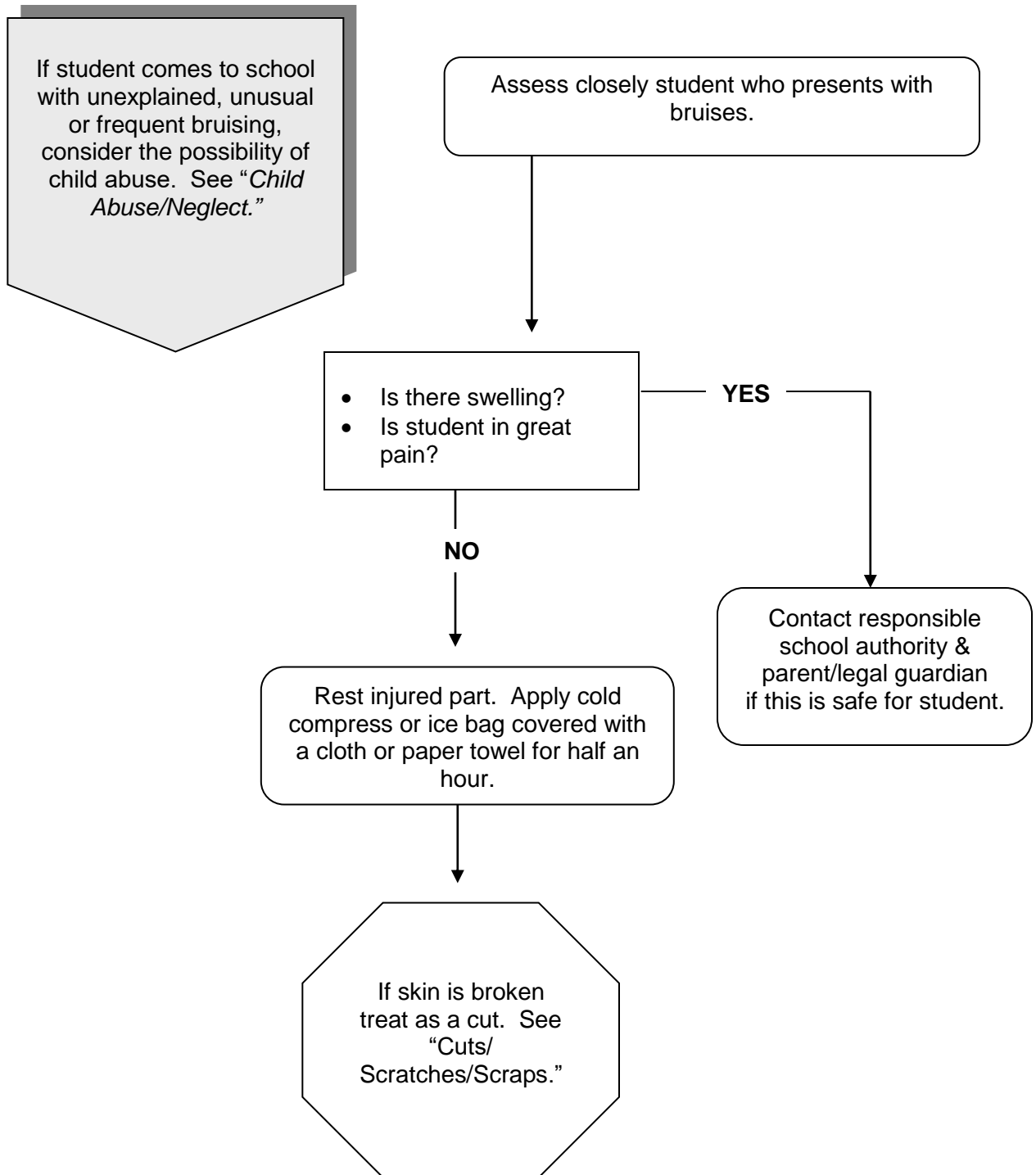


**BLISTERS FROM FRICTION**



# CHAPTER 8

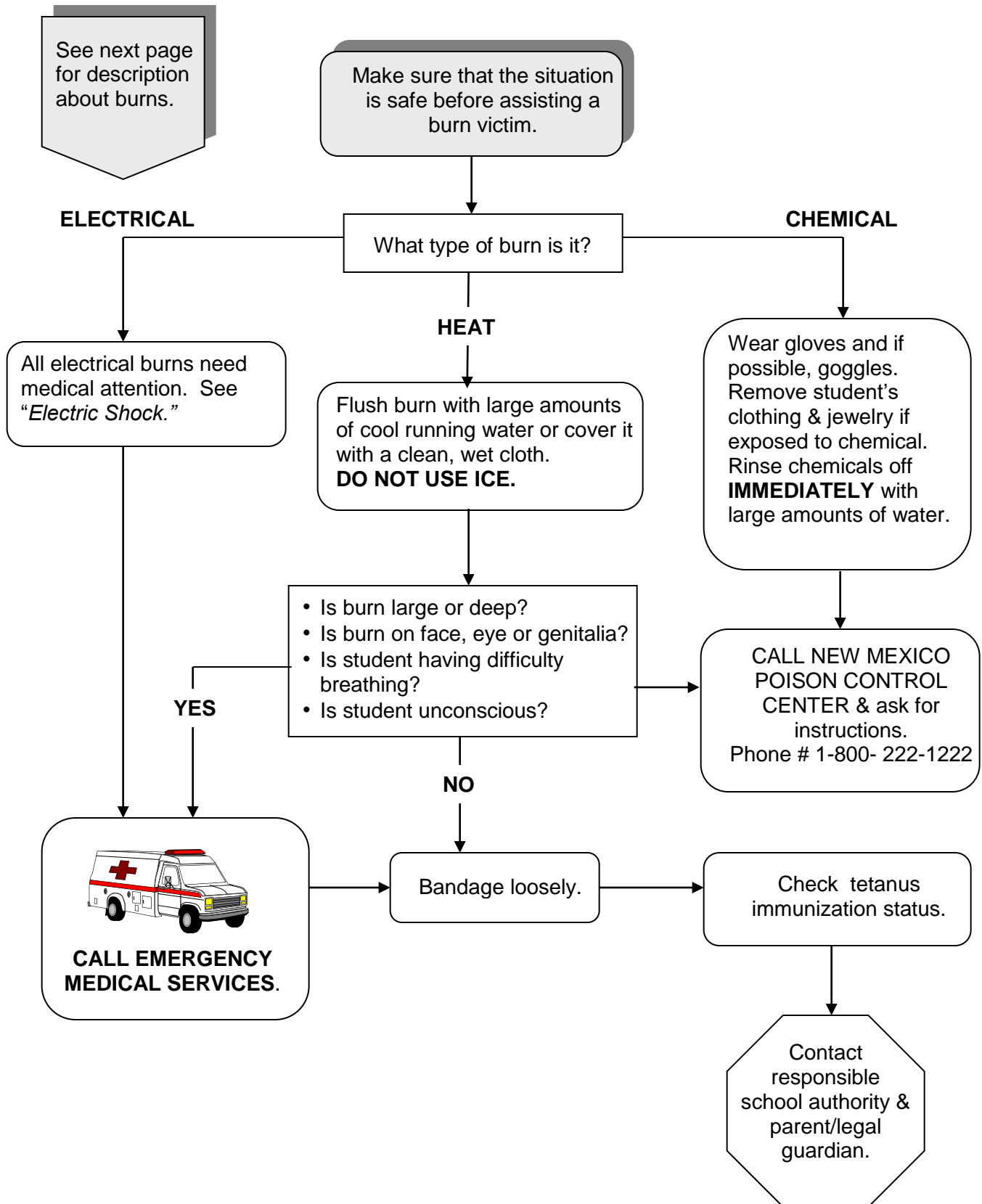
## BRUISES





# CHAPTER 8

## BURNS



## CHAPTER 8

### BURNS

#### **PARTIAL THICKNESS**

The partial thickness burn involves the outermost layer and lower layers of skin, and the symptoms include redness, mild swelling, pain, mottling, and blisters. It is frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to still intact nerve endings.

#### **FULL THICKNESS**

The full thickness burn is the most serious burn. It extends through all skin layers and can extend into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may be experienced.

# CHAPTER 8

## CHILD ABUSE/NEGLECT

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

If child has visible injuries, refer to appropriate guideline for first aid instruction. **CALL EMERGENCY MEDICAL SERVICES** if any injuries require immediate medical care.

All professional school staff are required to report **suspected** child abuse/neglect to Children, Youth and Family Division (CYFD). Refer to school policy for additional guidance on reporting.  
*(It is not the suspicious person's responsibility to decide to what degree abuse/neglect is probable. Any reason for SUSPECT requires reporting.)*

**CYFD @ 1 (877) 890-4692**

**Evaluate for abuse/neglect. Abuse may be physical, sexual or emotional in nature. Some signs of abuse/neglect follow.**

- 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).
- "Glove-like" or "sock-like" burns.
- Depression, low self-esteem, poor self-image.
- Hostility, acting-out, classroom disruption, aggression toward peers or adults.
- Decreased academic performance.
- Poor hygiene, underfed appearance, provocative dress.
- Severe injury or illness without medical care.
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.

**If child reveals abuse:**

- Remain calm.
- Take student seriously.
- Tell student that he/she did the right thing by revealing.
- Let student know that for you reporting the abuse/neglect is required by law.
- Do not make promises that cannot be kept.
- Respect the sensitive nature of student's situation.
- Follow appropriate reporting procedures.

Contact responsible school authorities & parent/legal guardian as appropriate.  
**REPORT SUSPECTED ABUSE/NEGLECT TO CYFD.**

## CHAPTER 8

### CHOKING

Activate **EMERGENCY MEDICAL SERVICES (EMS)** after starting rescue efforts.

<http://depts.washington.edu/learncpr/>

#### INFANTS ONE YEAR OLD OR LESS

If infant is conscious:

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 blows with the heel of hand between infant's shoulder blades.
- 3 If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
- 4 With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, about one finger width below the nipple line.
- 5 Open mouth and look. If foreign object is visible, sweep it out with finger.
- 6 Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
- 7 Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

#### CHILDREN OVER ONE YEAR OF AGE & ADULTS

If individual is conscious:

Begin the following if the individual is choking and unable to breathe. However, if the individual is coughing, crying or speaking, **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.

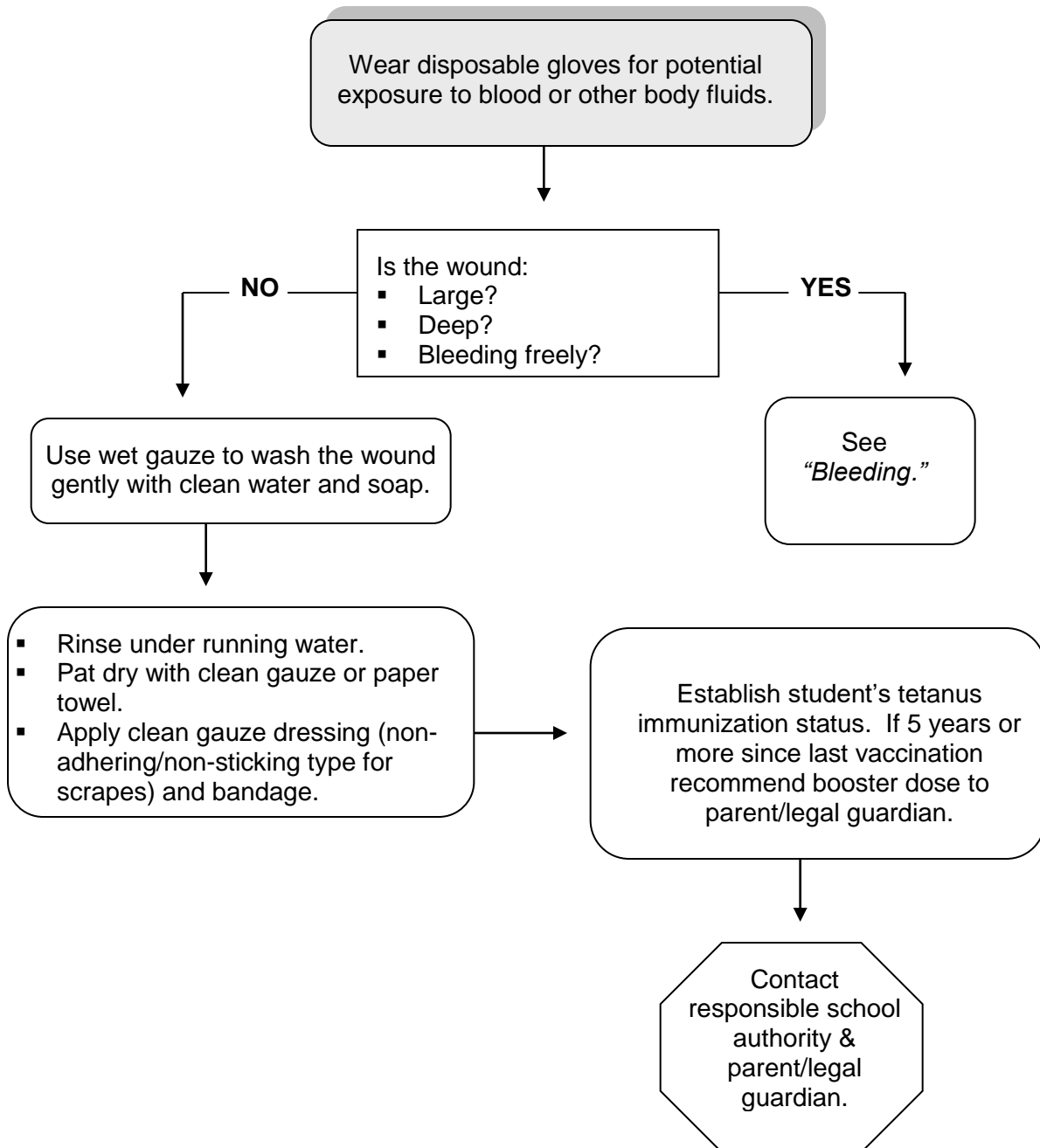
- 1 Stand or kneel behind person with arms encircling the individual.
- 2 Place thumb side of fist against middle of abdomen just above the navel. Do **NOT** place your hand over the very bottom of the breastbone. Grasp fist with other hand.
- 3 Give up to 5 quick inward and upward thrusts.
- 4 Repeat steps 1-2 until object is coughed up, individual starts to breathe or becomes unconscious.

#### OBESSE OR PREGNANT PERSON

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

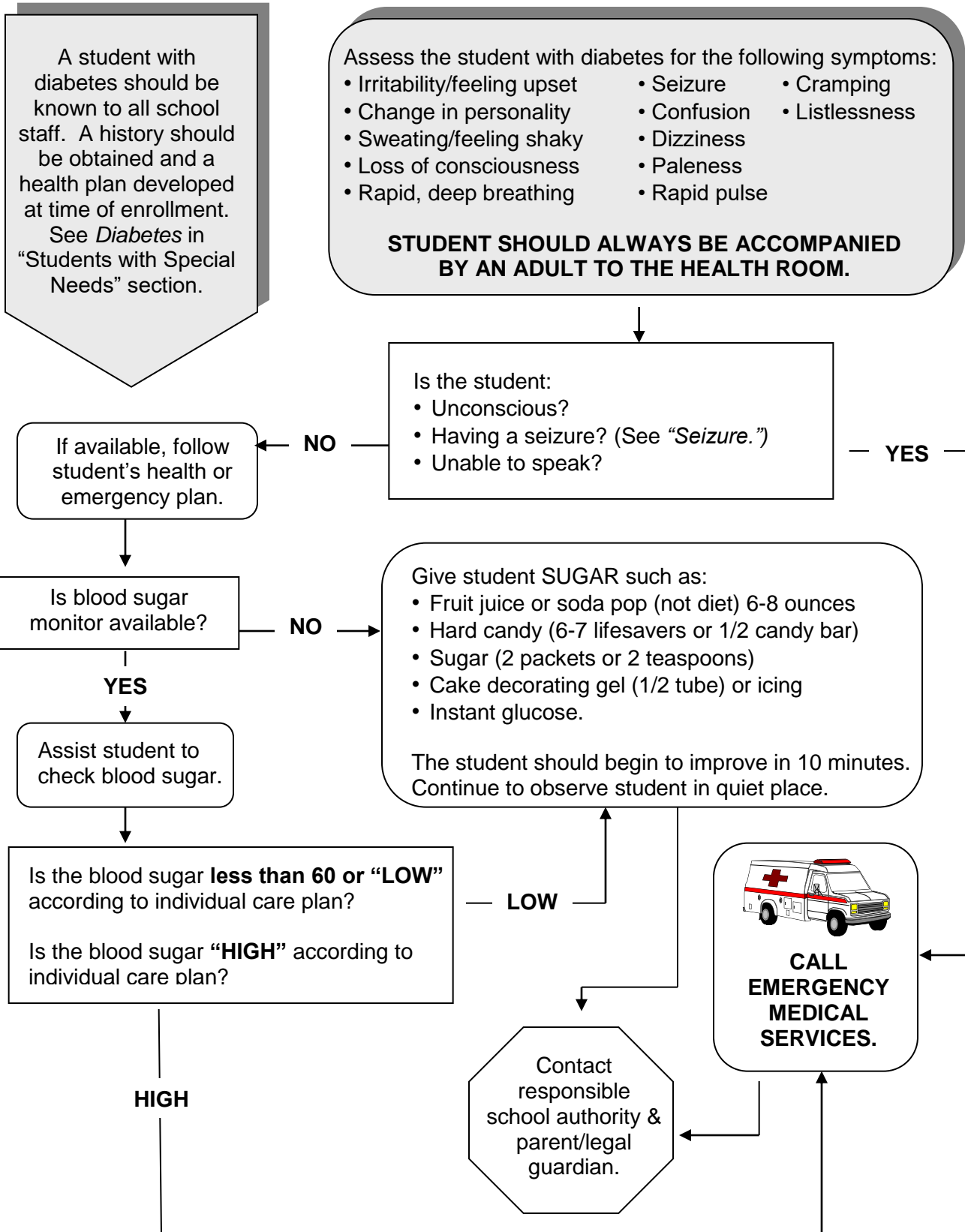
# CHAPTER 8

## CUTS/SCRATCHES/SCRAPES



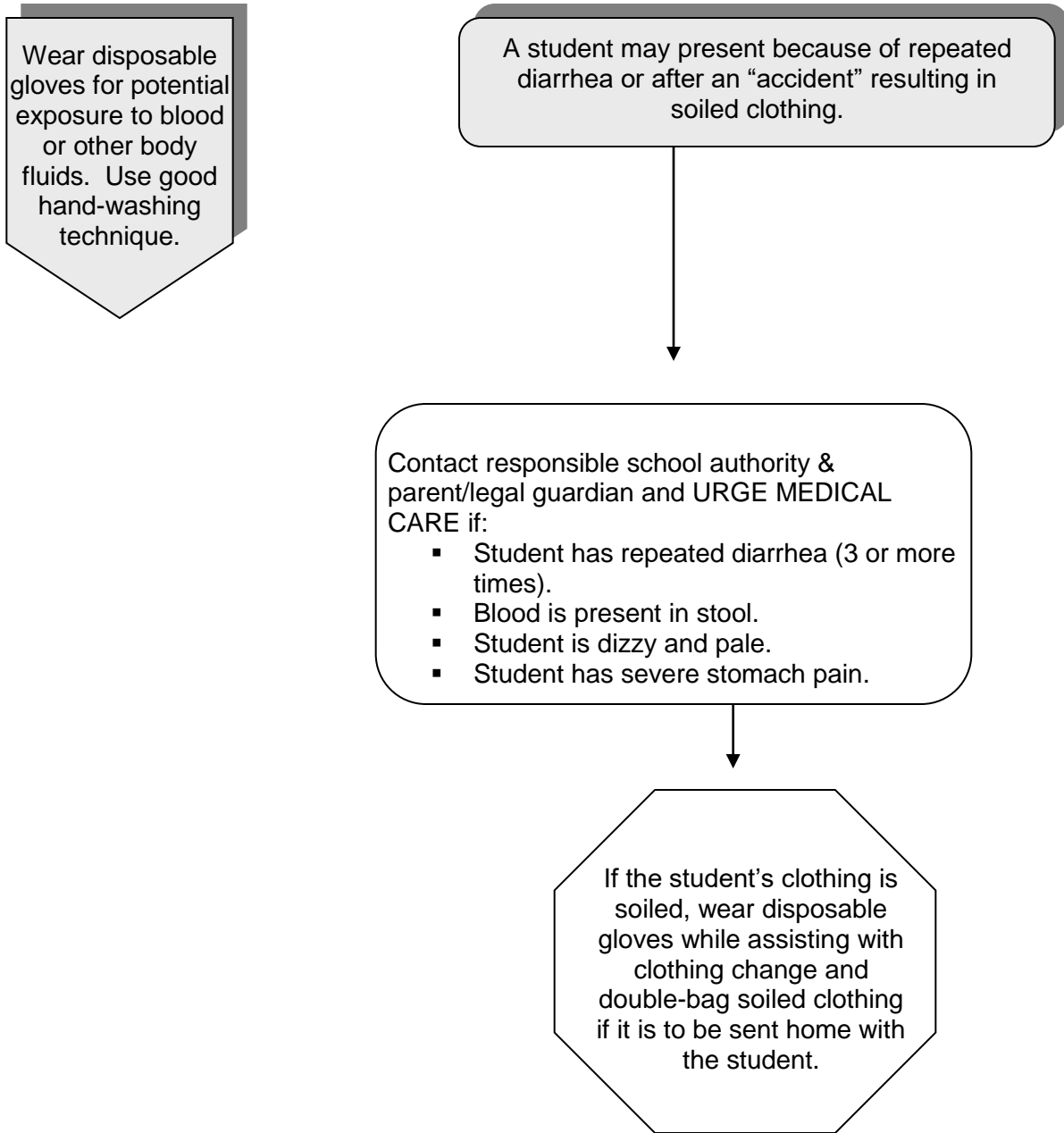
# CHAPTER 8

## DIABETES



# CHAPTER 8

## DIARRHEA



# CHAPTER 8

## EARS

An earache is most commonly caused by an infection behind the middle ear. A student may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

### DRAINAGE FROM EAR

Do **NOT** try to clean out drainage from ear canal.



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

### EARACHE

A warm water bottle or heating pad (NOT HOT) against the ear can give comfort to the student with an earache.



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

### OBJECT IN EAR CANAL

**DO NOT ATTEMPT TO REMOVE ANY OBJECT IN THE EAR CANAL.**

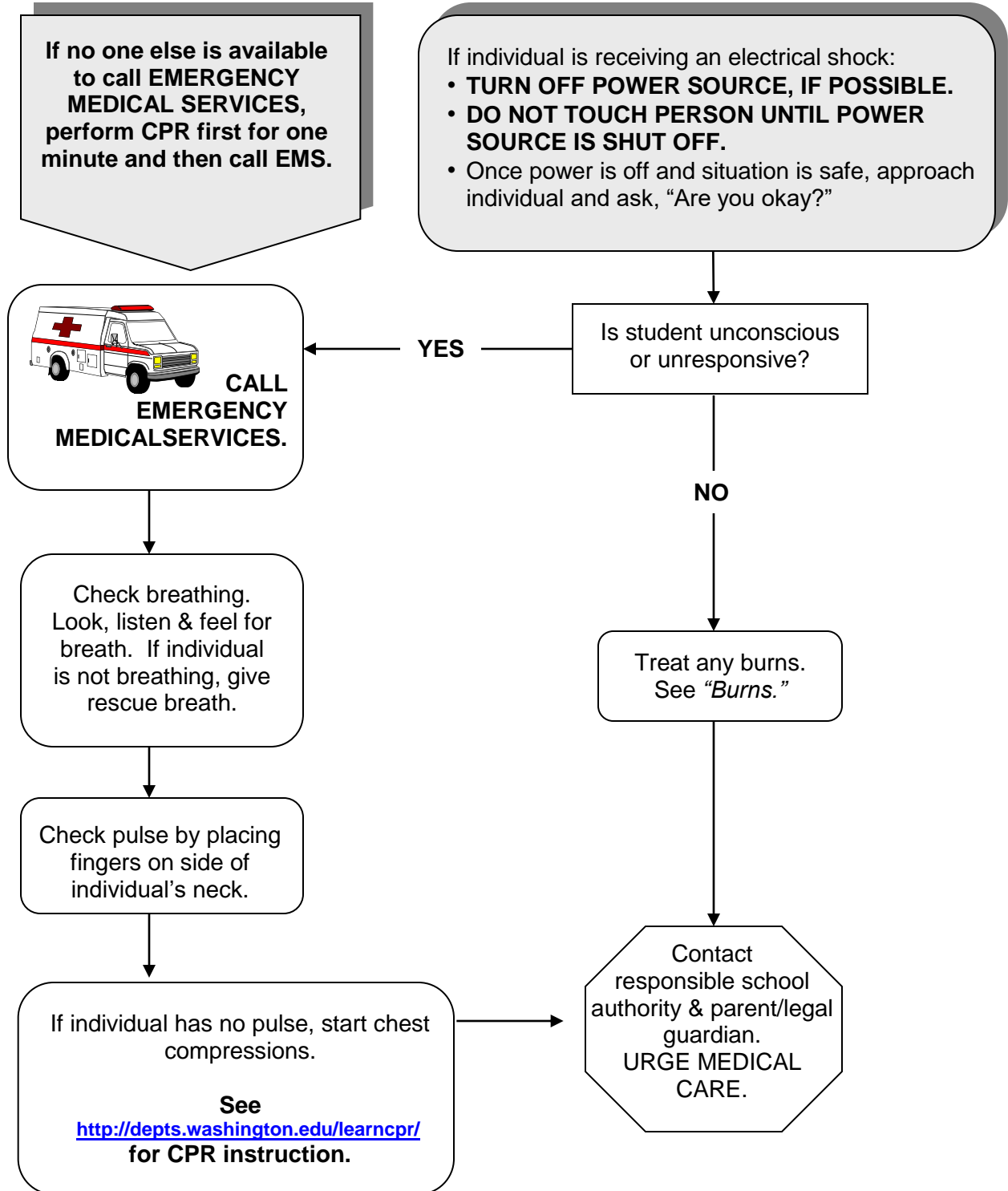


Contact responsible school authority & parent/legal guardian.  
**URGE MEDICAL CARE.**



# CHAPTER 8

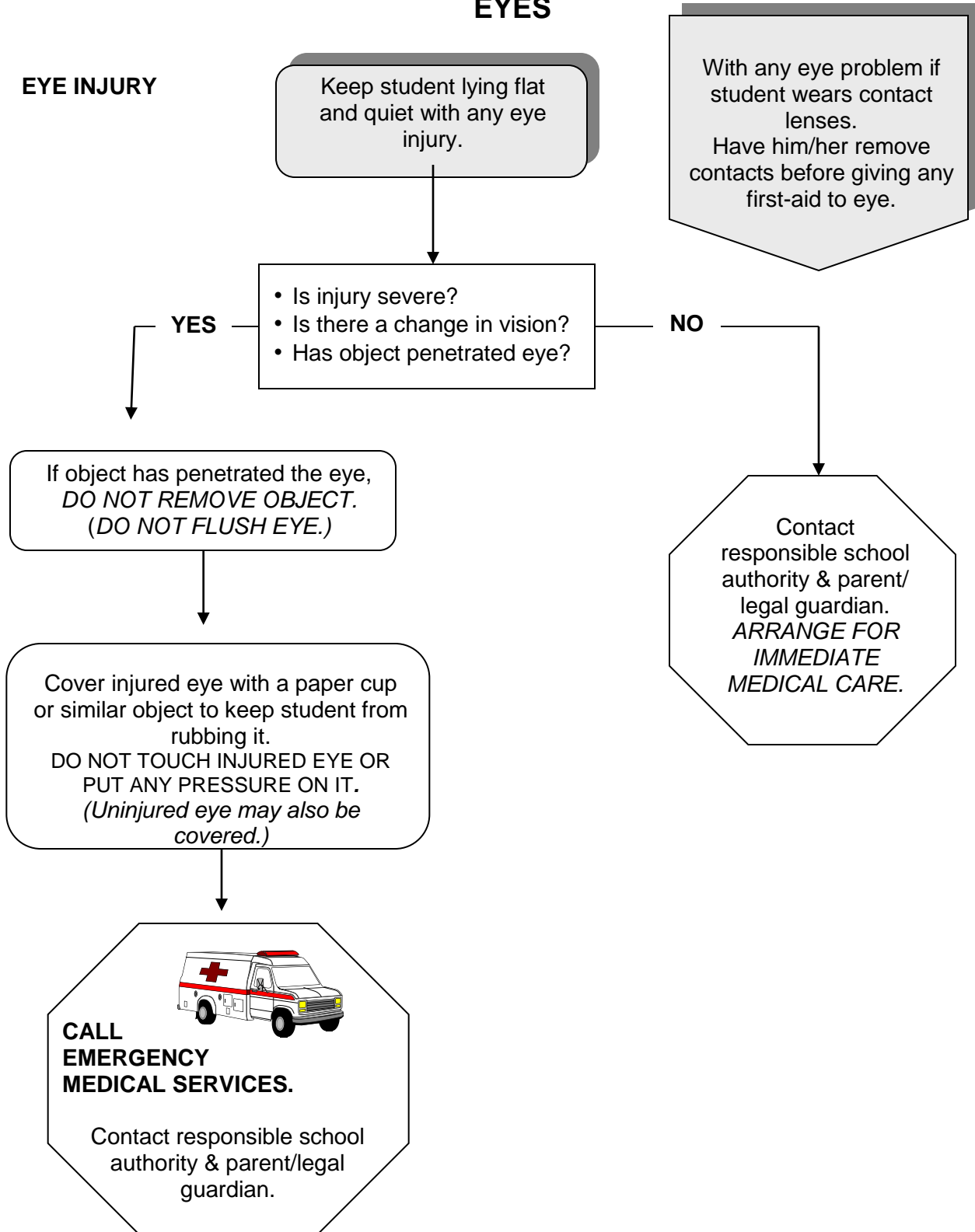
## ELECTRIC SHOCK



# CHAPTER 8

## EYES

### EYE INJURY



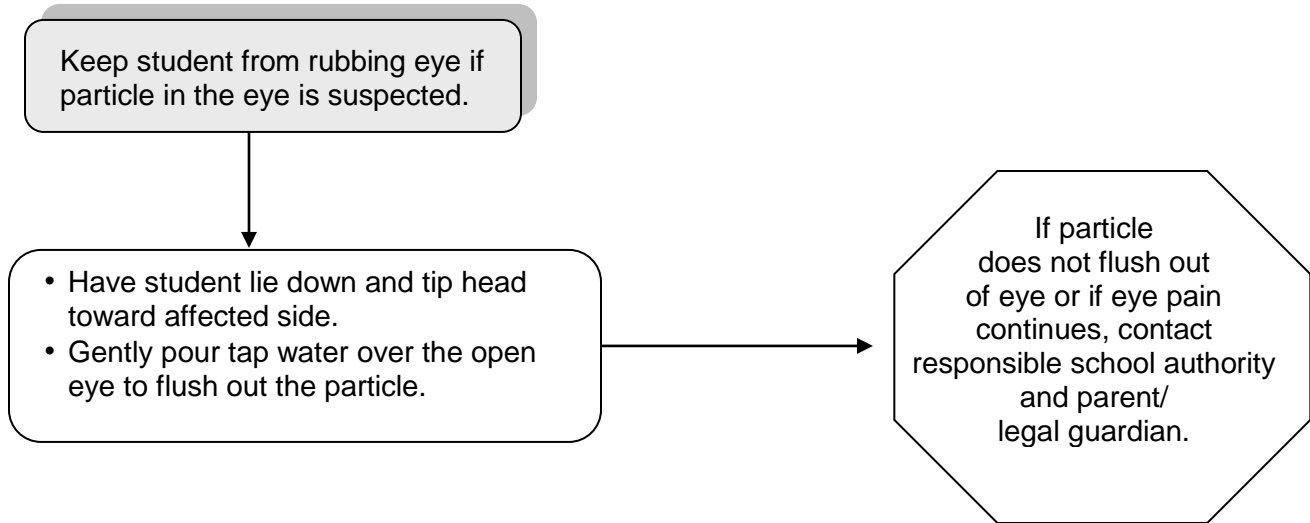
(Continued on next page)

# CHAPTER 8

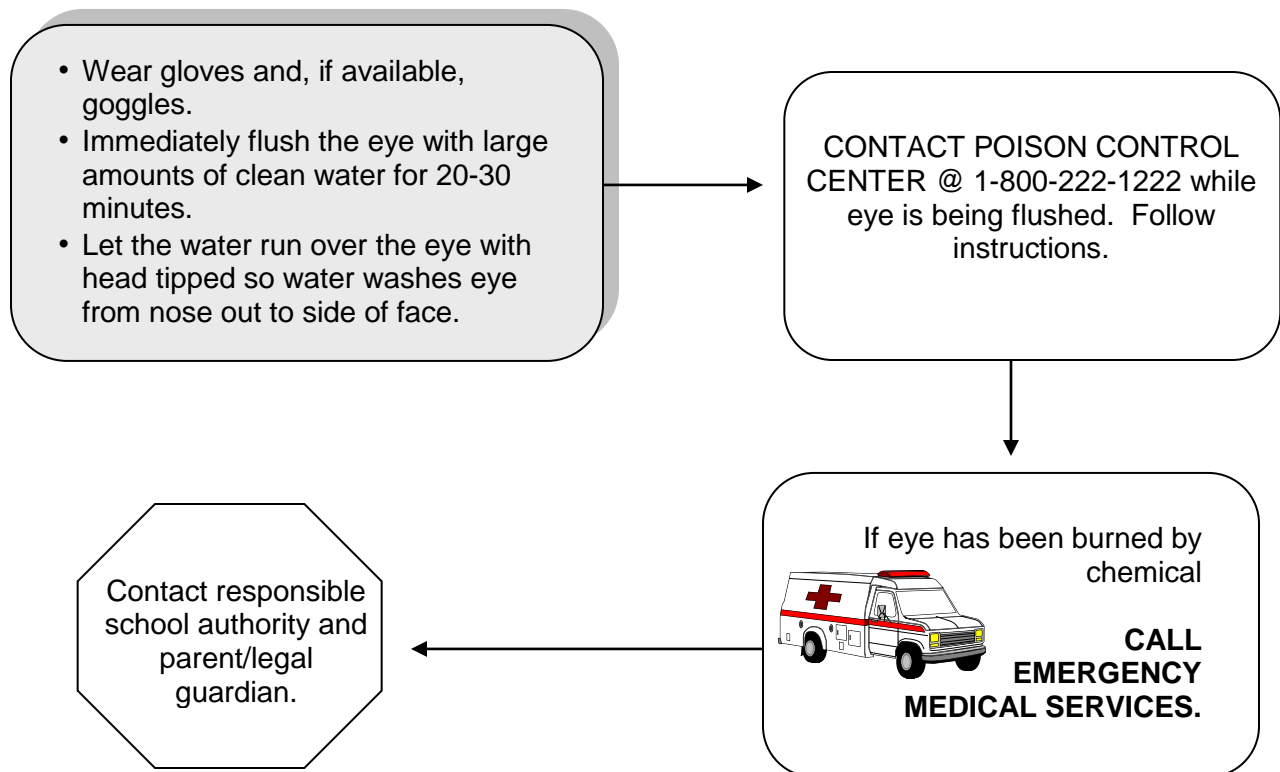
## EYES

(Continued from previous page)

### PARTICLE IN EYE

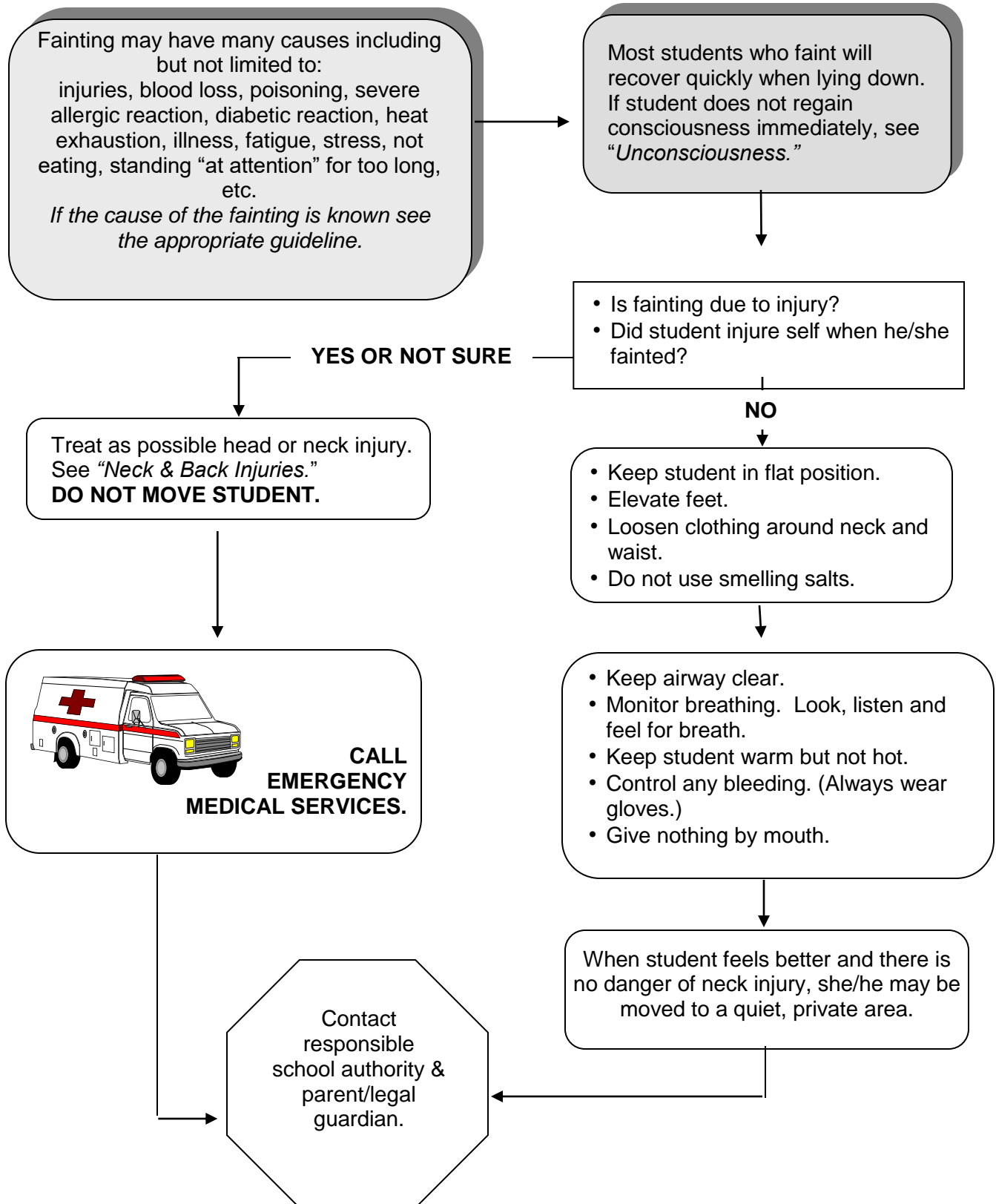


### CHEMICALS IN EYE



# CHAPTER 8

## FAINTING



# CHAPTER 8

## FEVER/DOESN'T FEEL WELL

A fever is the body's normal response to infection. A fever is a symptom of infection 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, and/or a hot environment. Oral temperatures can be elevated by hot food or drink.

With suspected fever take student's temperature, if possible. Assess temperature over 101.0° F as fever.

Have student lie down in a room which affords privacy.

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

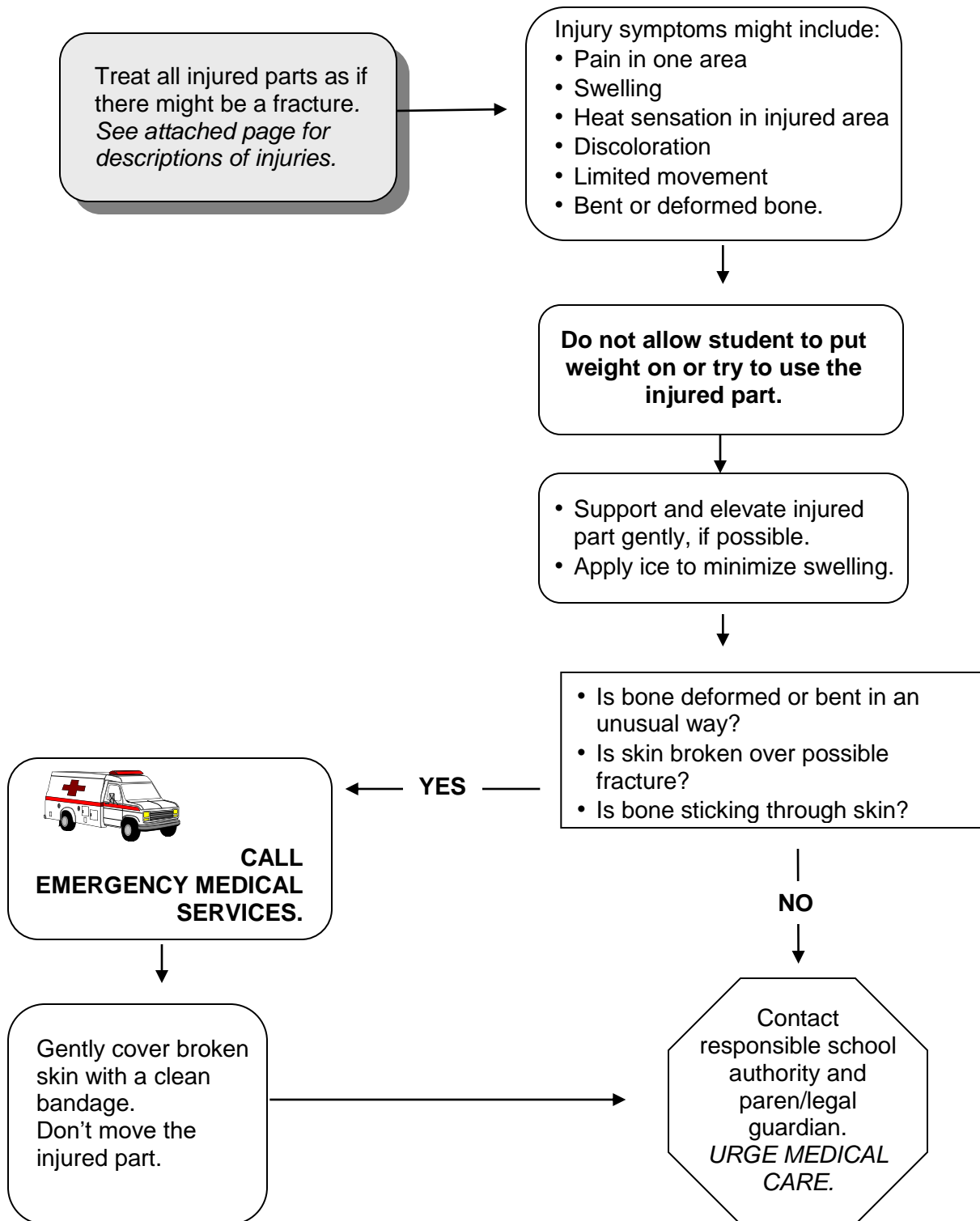
If it is suspected that the temperature elevation is due to exercise, excess clothing, hot environment, or warm food give fluids and take the temperature again in half an hour after removing the suspected cause. See "Heat Stroke."

Give no medication unless authorized by parent/legal guardian consent.

Contact responsible school authority & parent/legal guardian.

# CHAPTER 8

## FRACTURES/DISLOCATIONS/SPRAINS/STRAINS



(Continued on next page)

## CHAPTER 8

### FRACTURES/DISLOCATIONS/SPRAINS/STRAINS

(Continued from previous page)

#### **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. 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.

#### **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. Symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

#### **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. Symptoms include tenderness to touch, swelling and discoloration.

# CHAPTER 8

## FROSTBITE

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

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

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale, white.
- Feel cold to the touch.
- Feel numb to the child.

Deeply frostbitten skin may:

- Look white or waxy.
- Feel firm/hard (frozen).

- Take individual suspected of frostbite to a warm place.
- Remove cold or wet clothing and provide warm, dry clothes.
- Protect cold part from further injury.
- Do **NOT** rub or massage the cold part.
- Do not apply heat such as a water bottle or hot running water.
- Cover part loosely with non-stick, sterile dressings or dry blanket.

Does affected area:

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

YES

NO

**CALL  
EMERGENCY  
MEDICAL SERVICES.**

Keep individual and affected area warm.



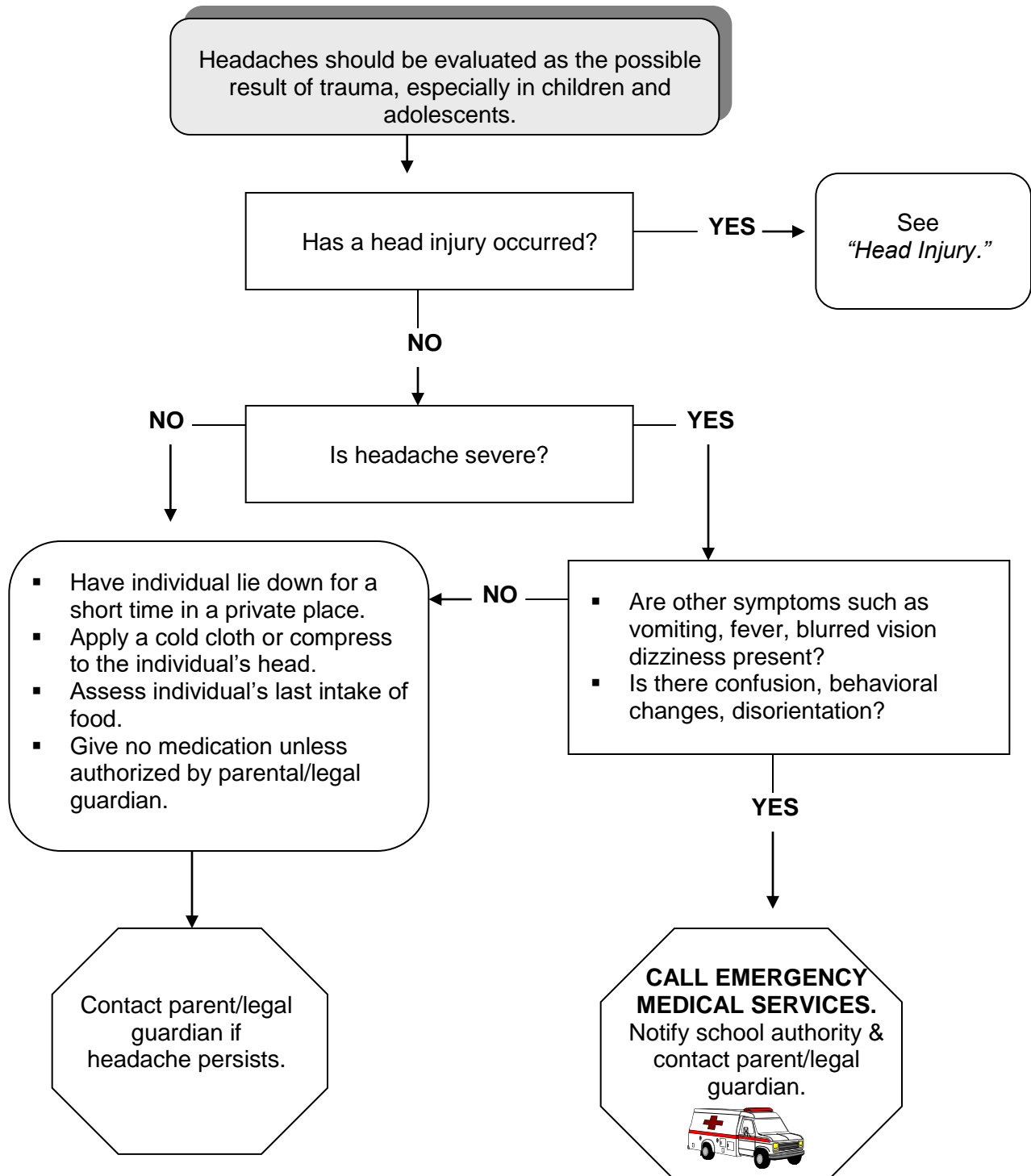
Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

Keep individual and affected area warm.

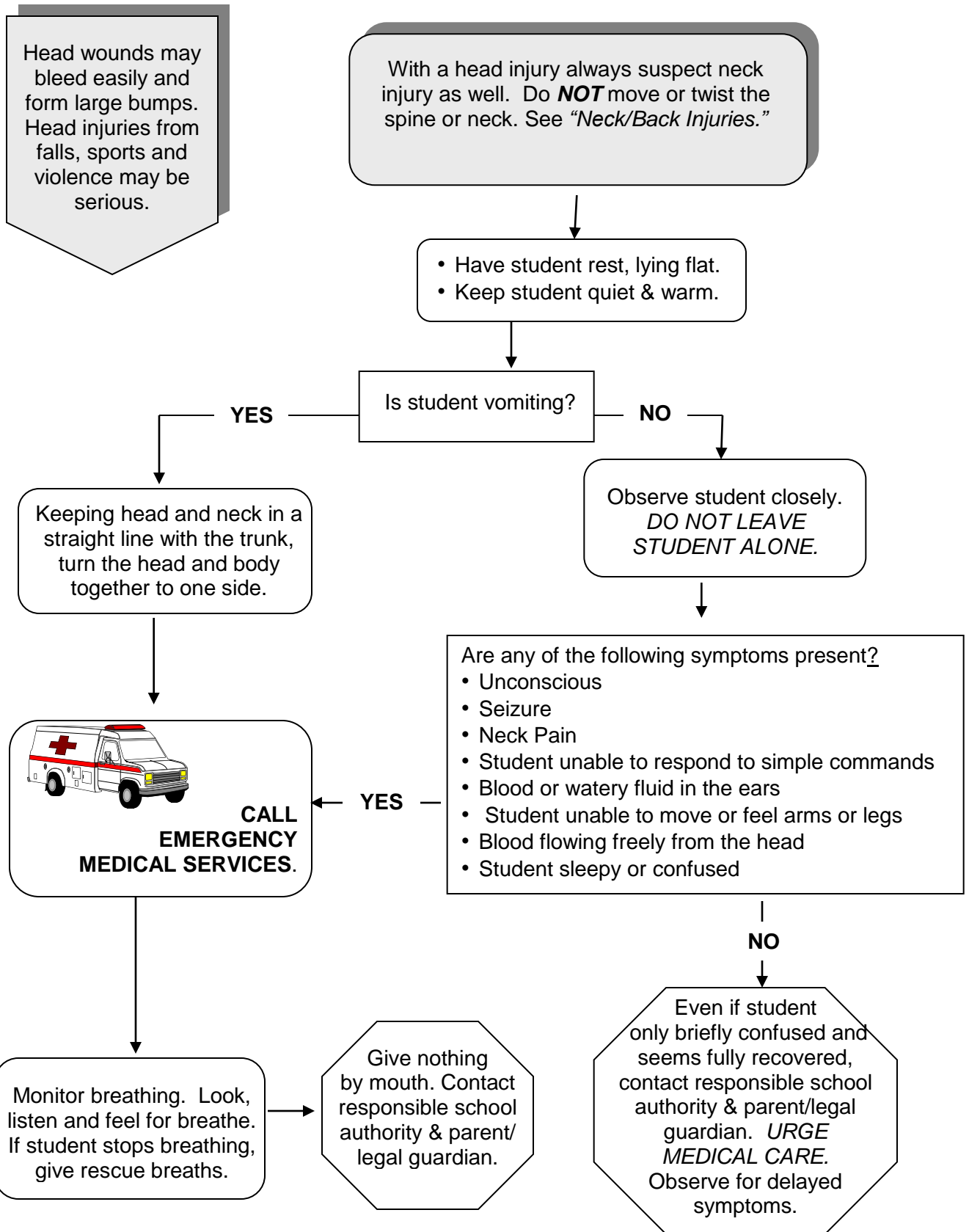


# CHAPTER 8

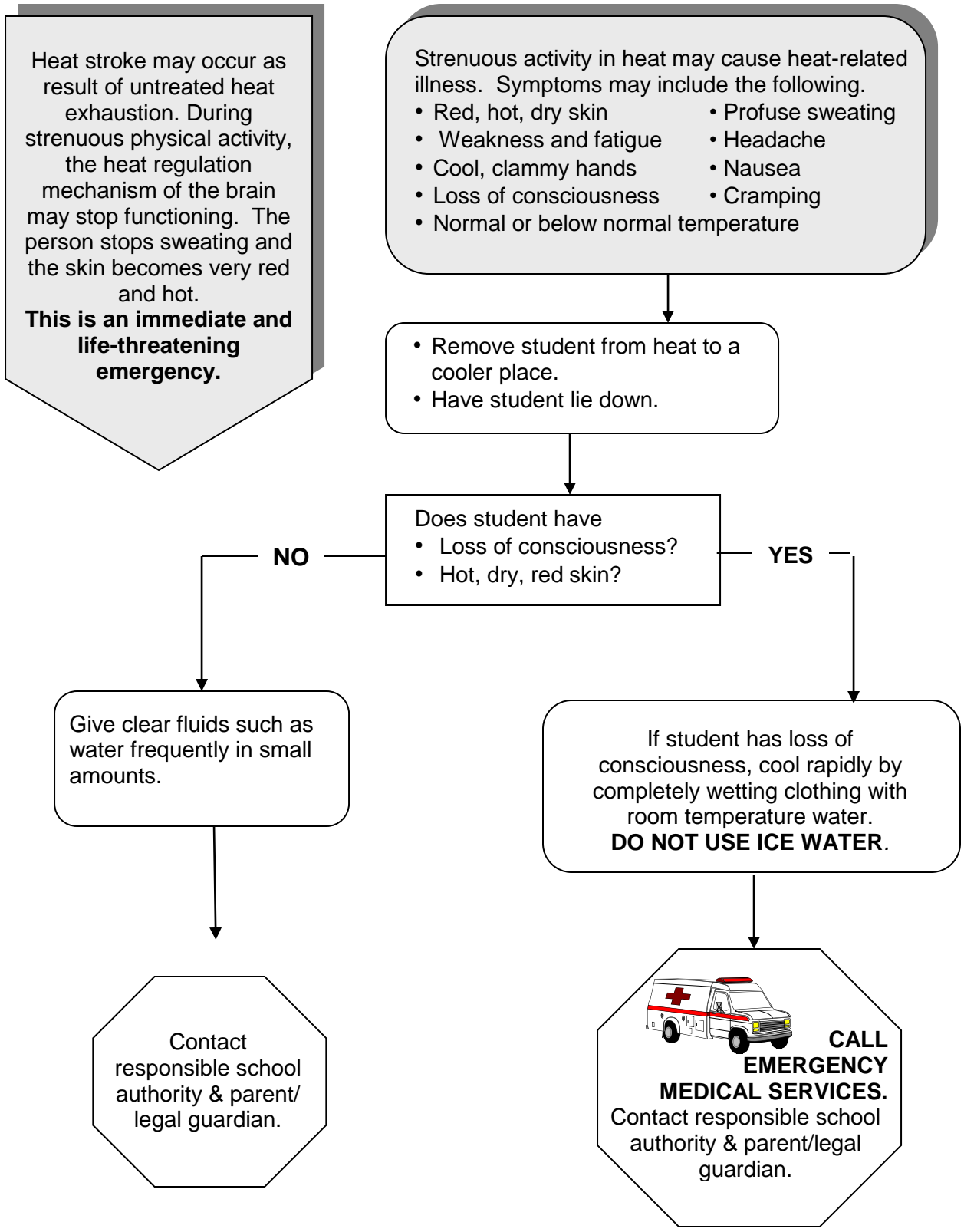
## HEADACHE



HEAD INJURIES



**HEAT STROKE/HEAT EXHAUSTION**



# CHAPTER 8

## 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.

Hypothermia can occur after an individual has been in cold air or cold water. Symptoms may include the following.

- Confusion
- Blurry vision
- Shivering
- Sleeplessness
- Weakness
- Slurred Speech
- White or grayish skin color
- Impaired judgment

- Take individual to a warm place.
- Remove cold/wet clothing and wrap in a warm, dry blanket.

Continue to warm individual with blankets. If he/she is awake and alert, offer warm (**NOT HOT**) fluids but **NO** food. **URGE MEDICAL CARE.**

Does individual have any of the following?

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

**NO**

**YES**

**CALL  
EMERGENCY  
MEDICAL SERVICES.**

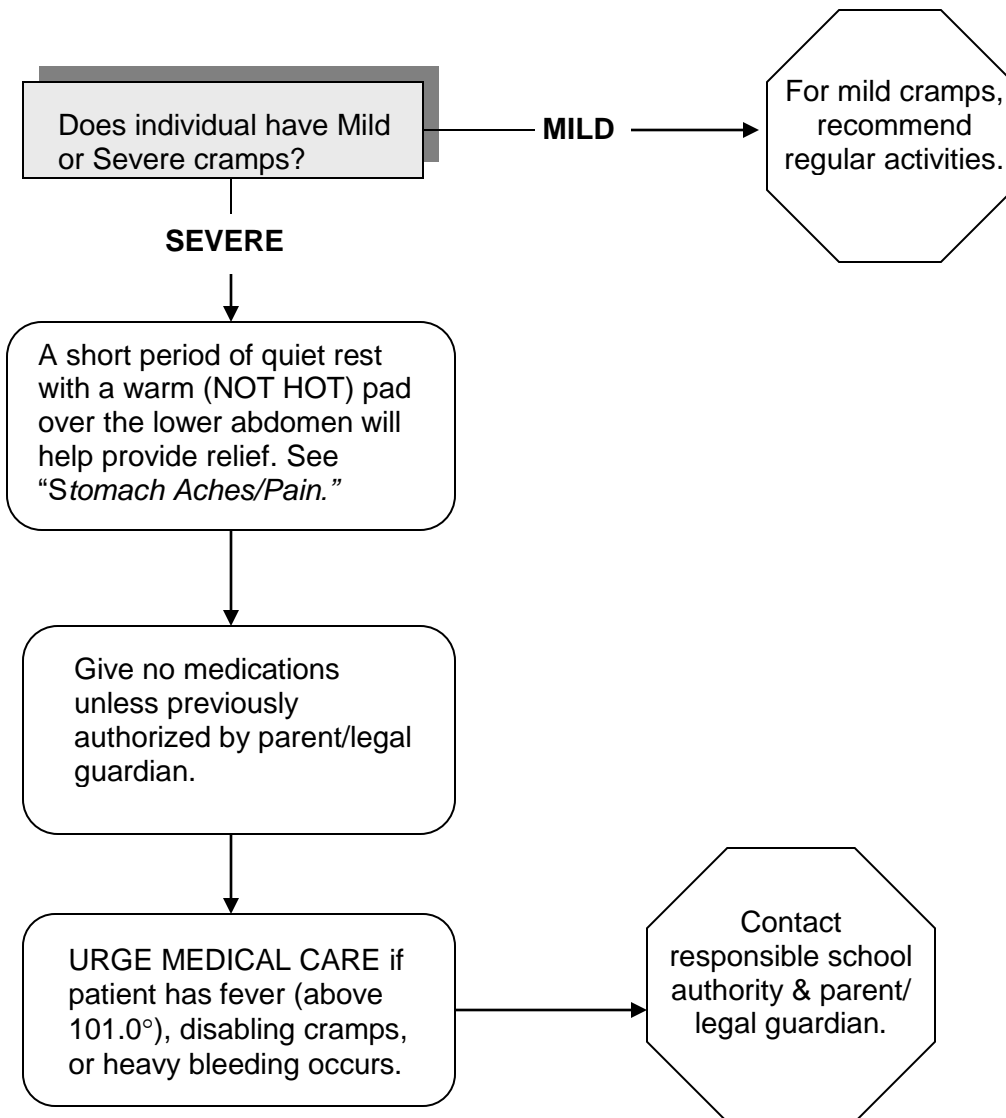


- Give nothing by mouth.
- Continue to warm individual with blankets.
- If individual is sleepy or losing consciousness, place him/her on side to protect airway.
- Look, listen and feel for breathing. If no indication of breathing start CPR. See <http://depts.washington.edu/learn/cpr/>.

Contact responsible authority & parent/legal guardian.

# CHAPTER 8

## MENSTRUAL DIFFICULTIES



# CHAPTER 8

## MENTAL HEALTH

Students may be at risk for depression, suicide, and substance abuse.

**Do not leave a student unattended exhibiting any of the symptoms below.**

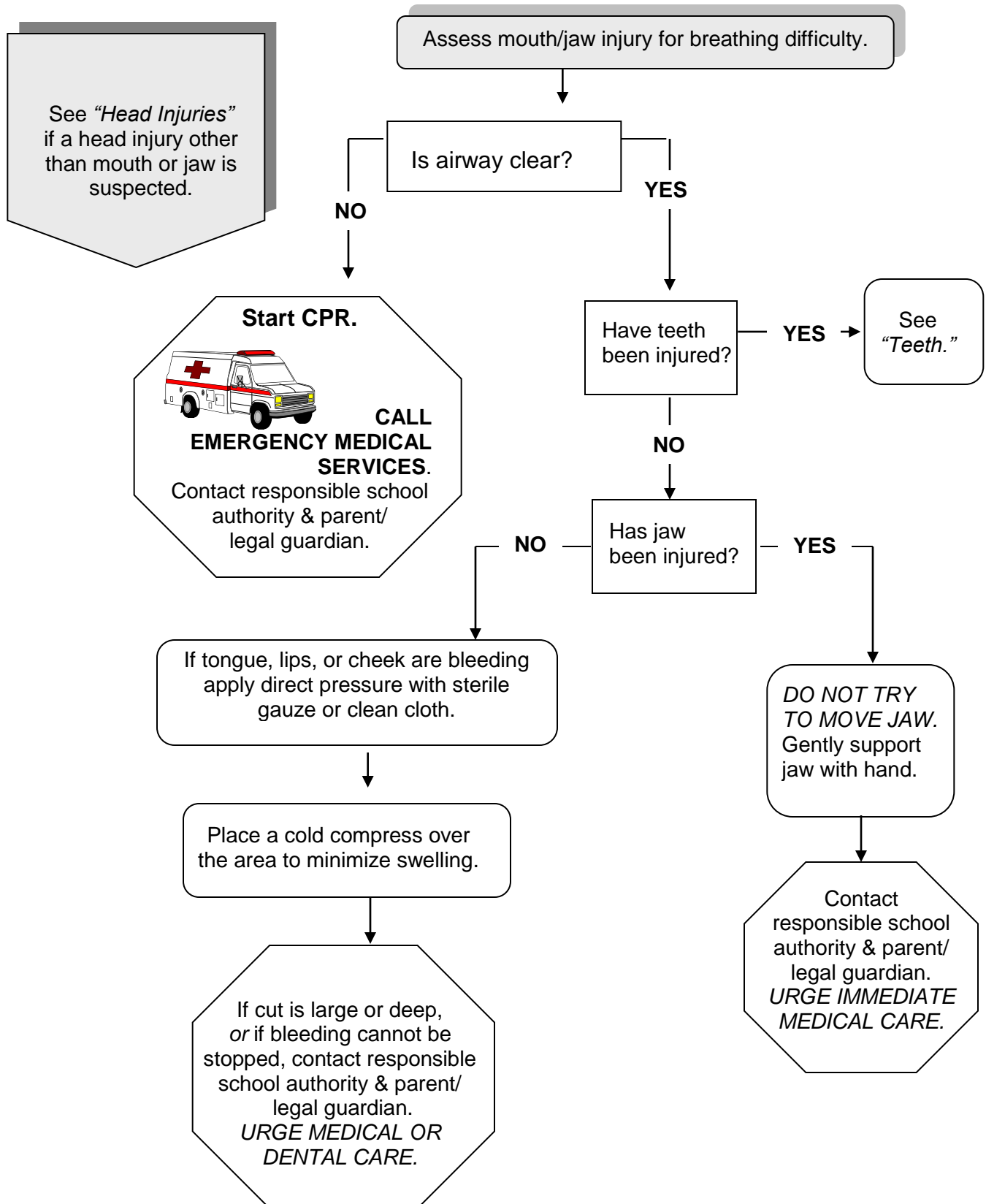
- Violent
- Suspected of substance abuse
- Suicidal
- Confused
- Exhibiting bizarre behavior



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

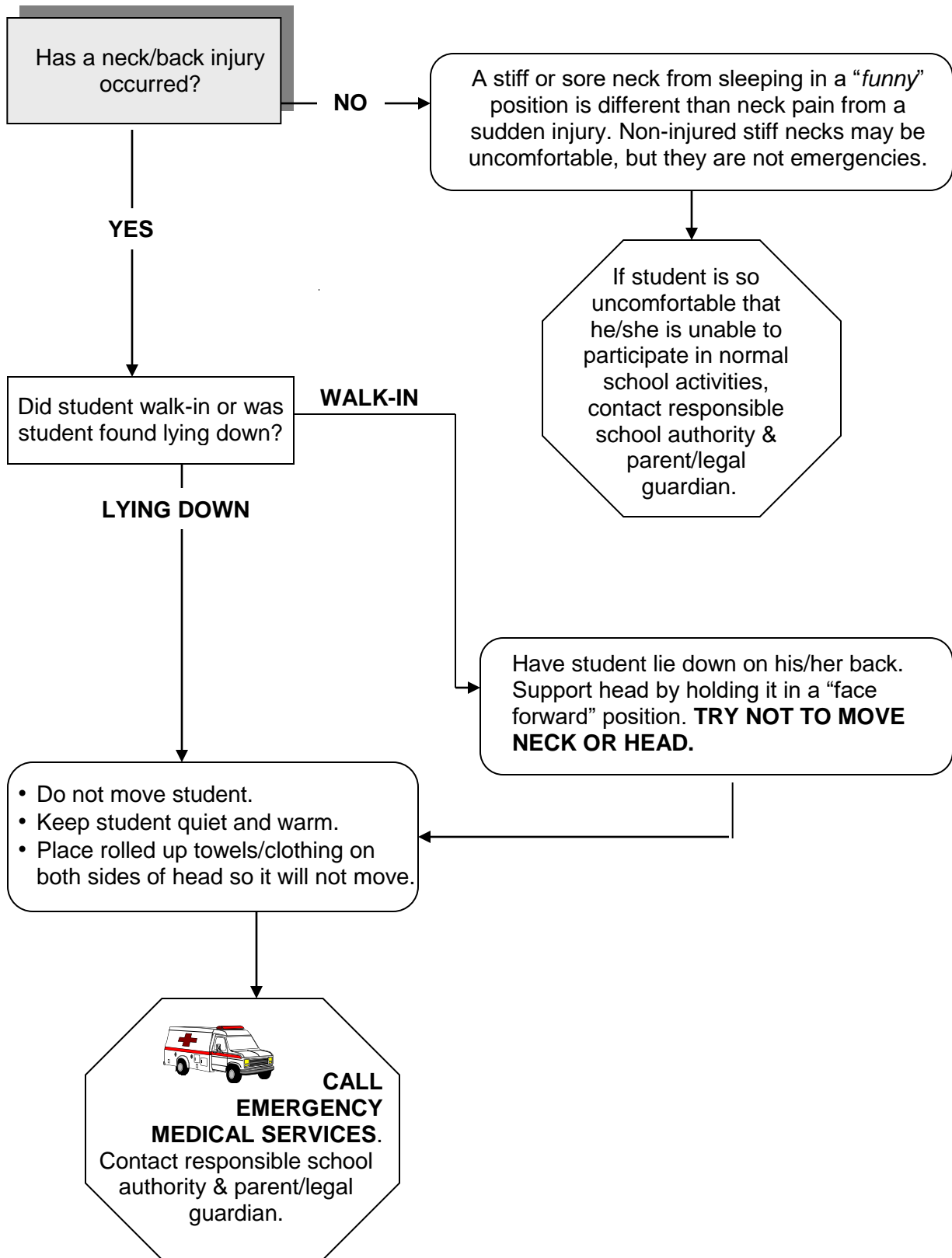
# CHAPTER 8

## MOUTH/AND JAW INJURIES



# CHAPTER 8

## NECK/BACK INJURIES





# CHAPTER 8

## NOSE

### NOSEBLEED

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.

When individual presents with nosebleed wear gloves for protection from exposure 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 free flowing, provide constant uninterrupted pressure by pressing nostrils firmly together for about 10 minutes. If bleeding continues, repeat pressure an additional 10 minutes, applying ice to nose.

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

### OBJECT IN NOSE

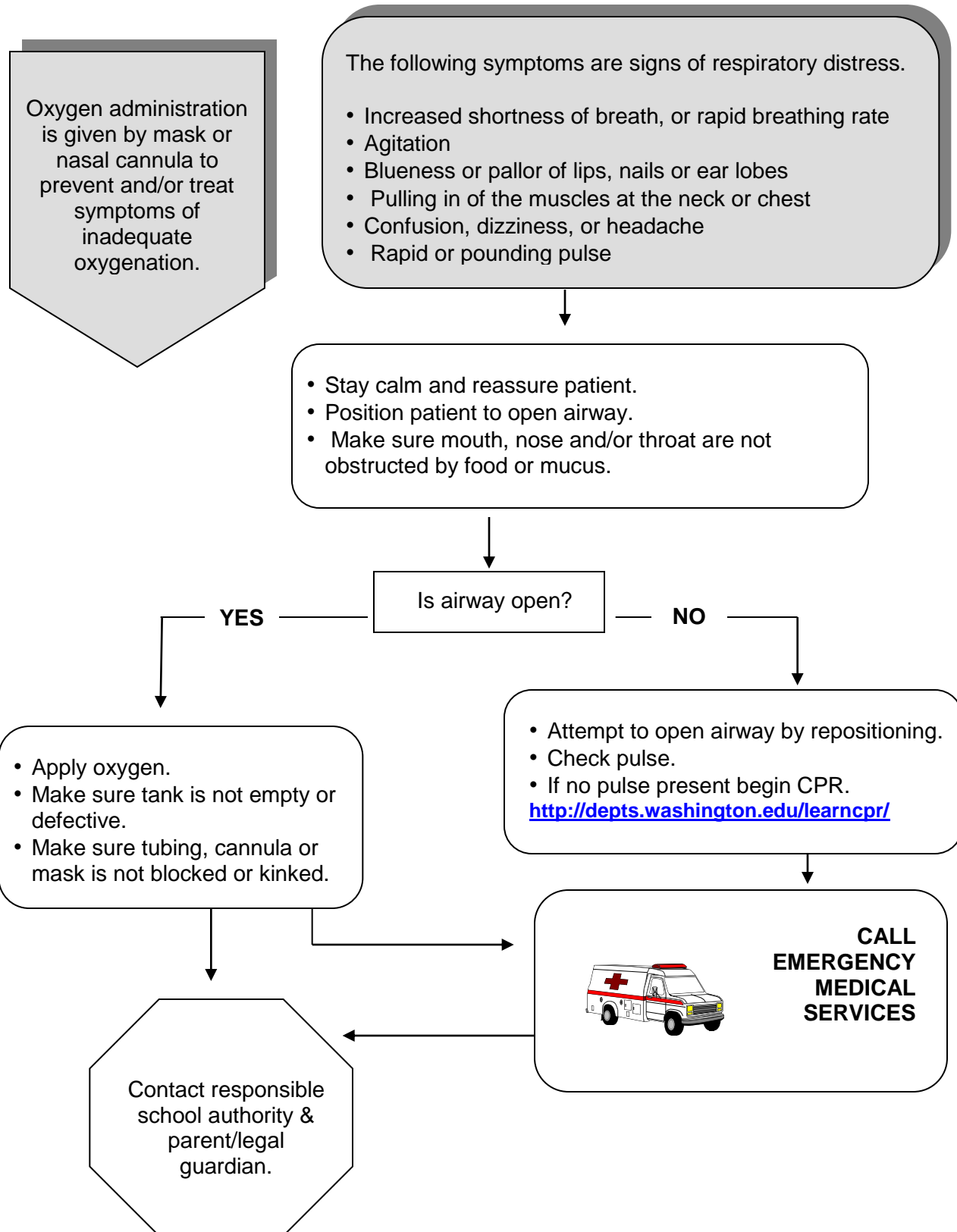
Individual presents with object lodged in nasal passage.

Attempt to remove object without use of force.

If unable to easily remove object, contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

# CHAPTER 8

## OXYGEN ADMINISTRATION



# CHAPTER 8

## POISONING/OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when poisoning is suspected from the following.

- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Unknown Substance

Be aware of own safety when responding to potential poisoning.

Warning signs of possible poisoning include the following.

- Pills, berries or unknown substance in student's mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating
- Upset stomach or vomiting
- Dizziness or fainting
- Seizures or convulsions
- Unconsciousness
- Unusual behavior

In assessing potential poisonings obtain the following information.

- Age and weight of student
- Type of poison in question
- When poisoning occurred
- Amount of poison ingested

**CALL POISON CONTROL CENTER @ 1-800-222-1222 & ask for instructions.**

Do **NOT** induce vomiting **UNLESS** instructed to do so by Poison Control and under direction of EMS staff.



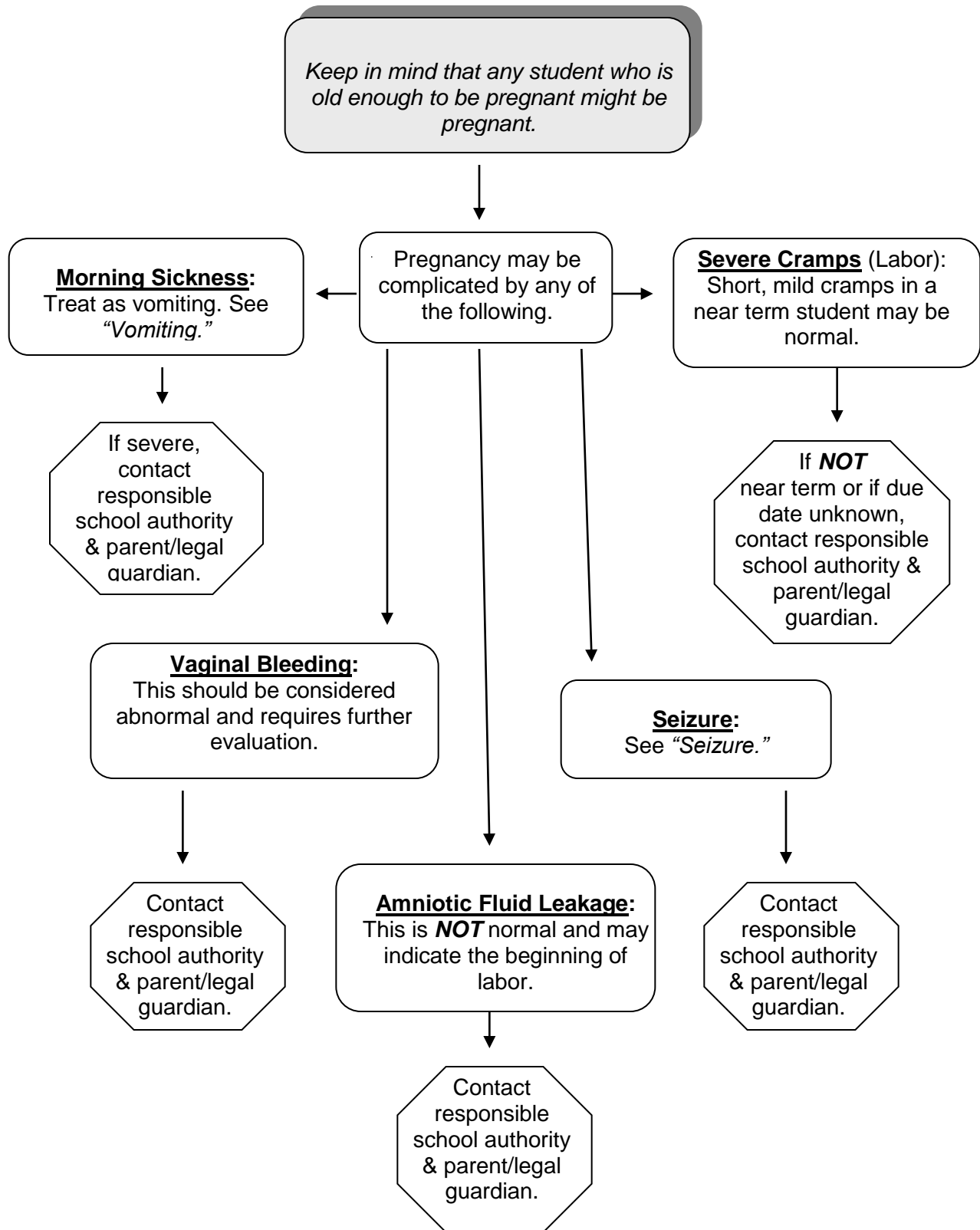
### CALL EMERGENCY MEDICAL SERVICES

if student is unconscious, in shock, requires CPR, or if directed to do so by the Poison Control Center. Contact responsible school authority & parent/legal guardian.

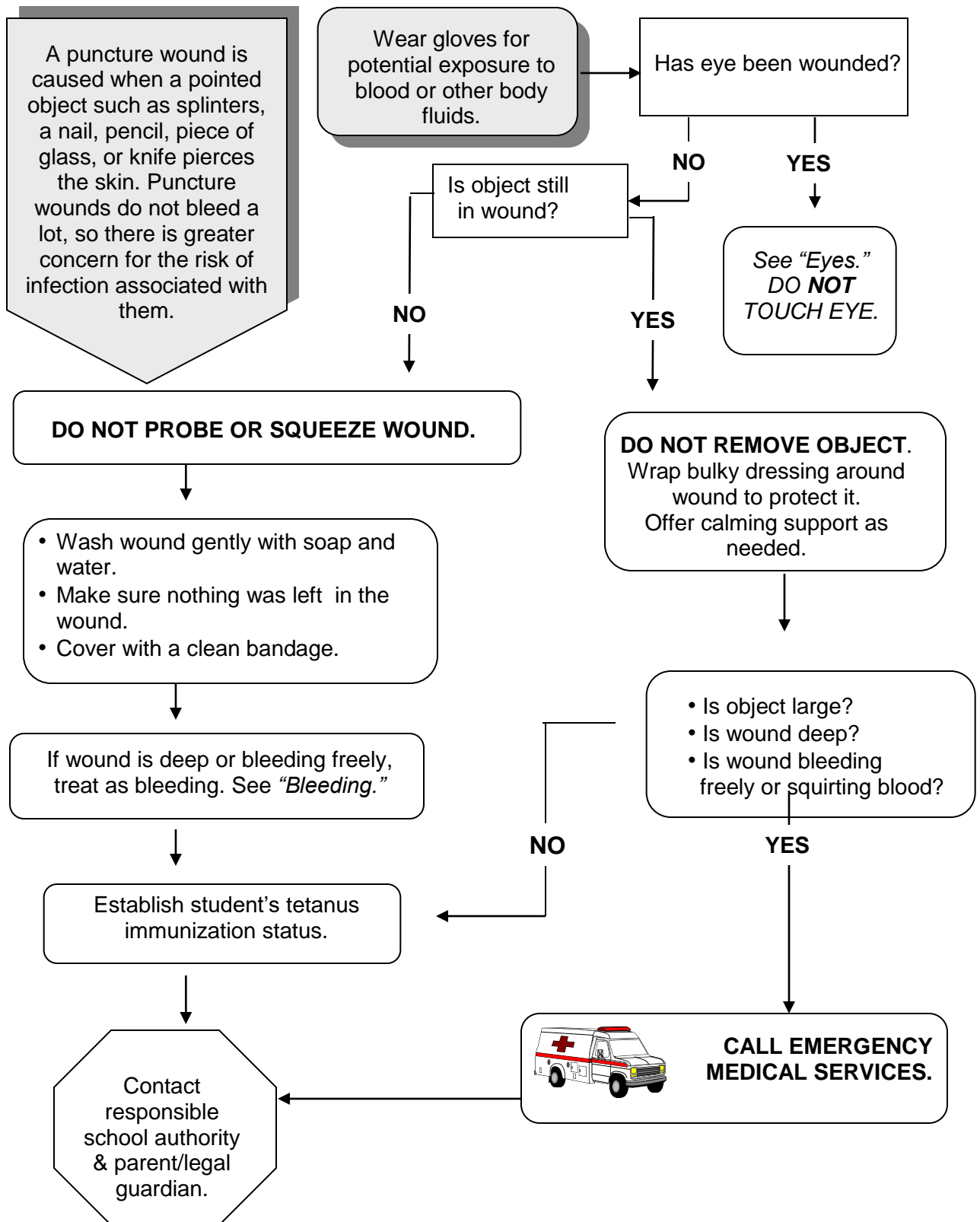
Send sample of vomited material and ingested material with its container (if available) with EMS crew.

# CHAPTER 8

## PREGNANCY

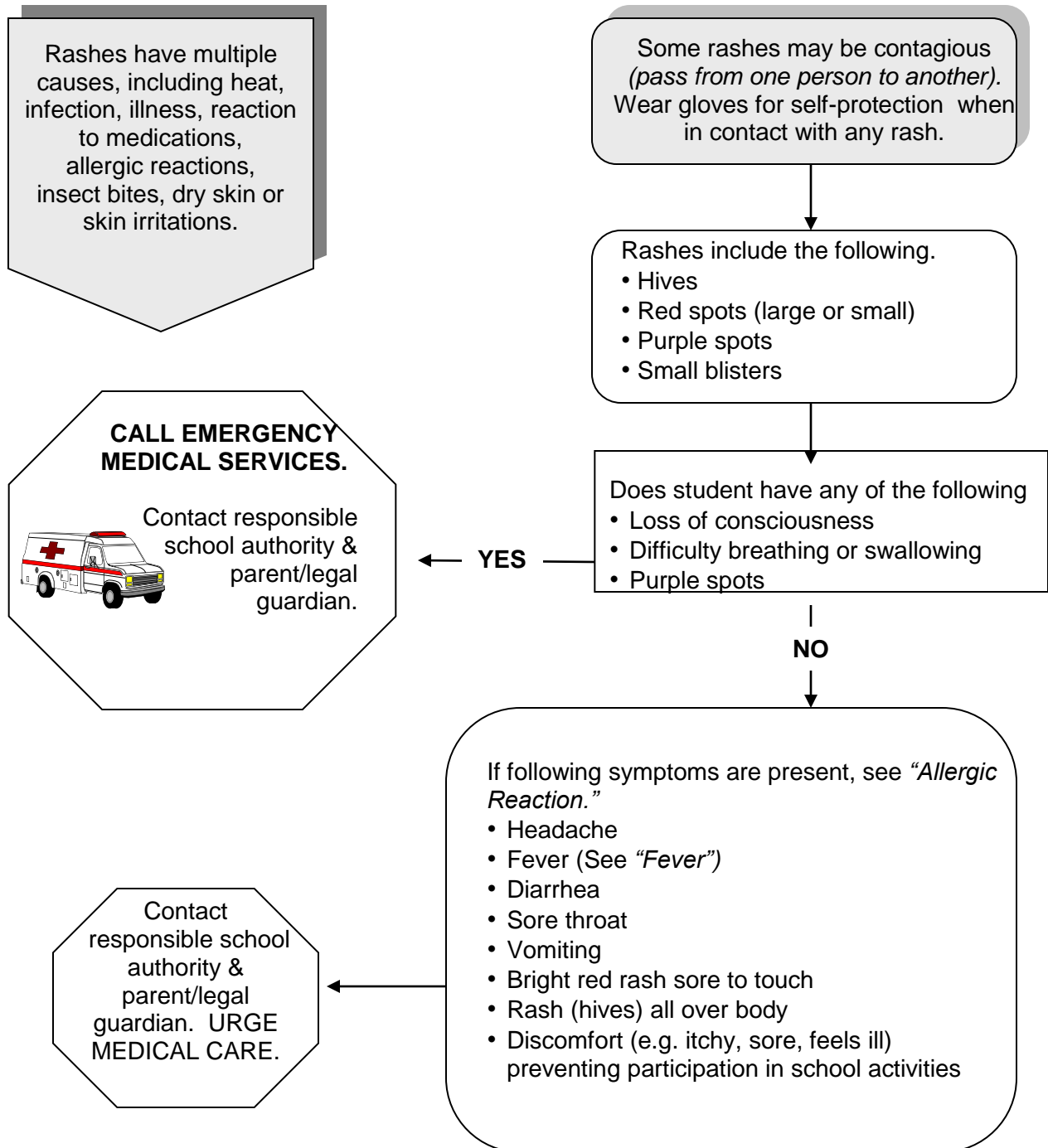


PUNCTURE WOUNDS



# CHAPTER 8

## RASHES



# CHAPTER 8

## SEIZURES

Seizures (or convulsions) have multiple causes including epilepsy, febrile seizures, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure the individual becomes unconscious and may fall. The eyes may roll back or they may stare. The body becomes stiff and arms and/or legs jerk. The individual may lose bladder control. *(Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity may jerk. These are usually not medical emergencies.)*

Any student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration, and after-effects of previous seizures should be kept available at all times.

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

- If student seems off balance, place him/her on the floor (on a mat) for observation & safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injury.
- **DO NOT PLACE ANYTHING BETWEEN TEETH** or give anything by mouth.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician that includes the following.

- Duration of seizure
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness

Is student having a seizure

- lasting longer than 5 minutes?
- one after another with short intervals?
- with *no known history* of seizures?

NO

After seizure keep airway clear by placing student on his/her side. Do not elevate head. Seizures are often followed by sleep. Student may also be confused for up to an hour or more. After sleeping, student should be encouraged to participate in normal class activities.

Contact responsible school authority & parent/legal guardian.

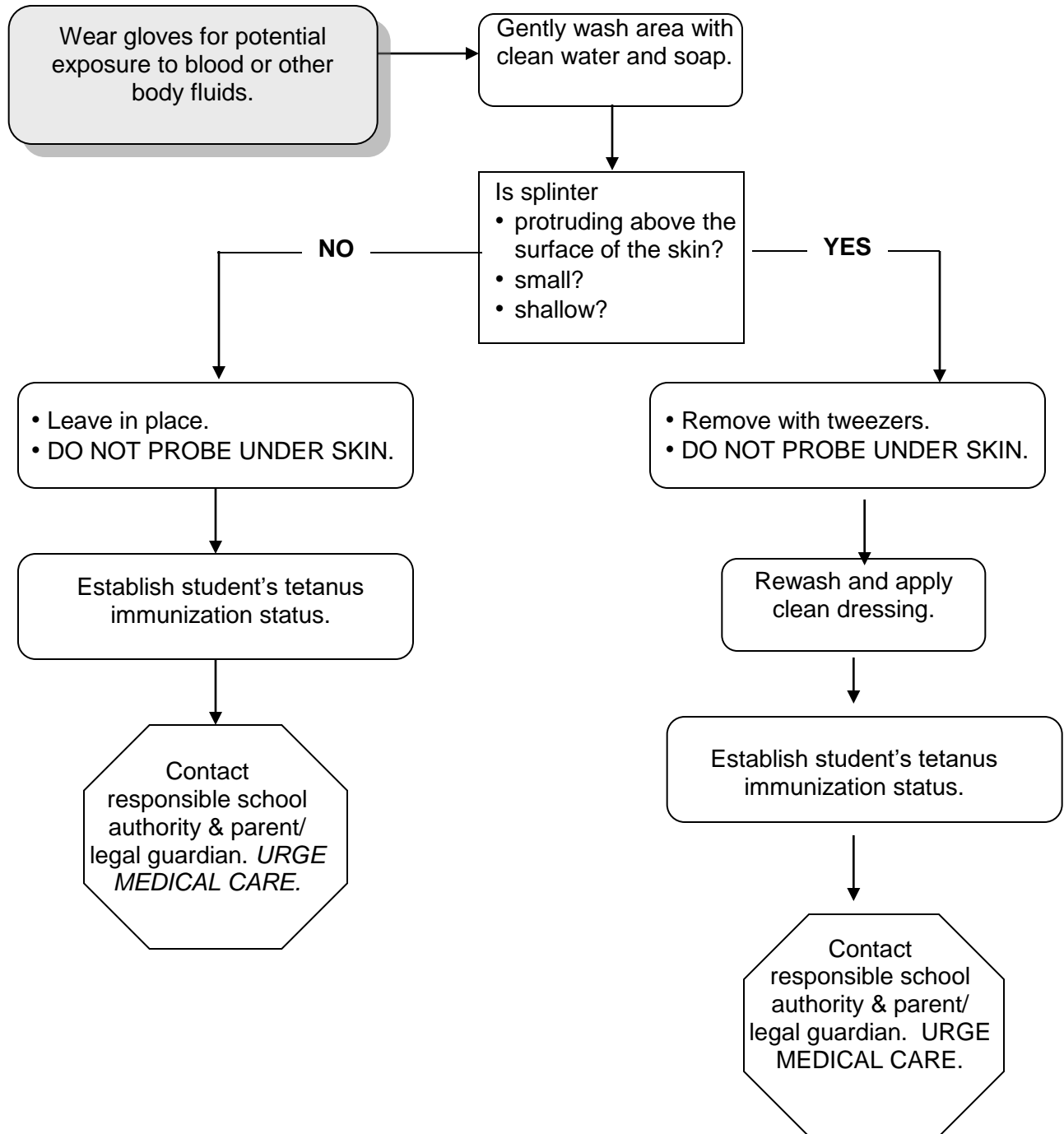
YES



**CALL  
EMERGENCY  
MEDICAL SERVICES.**

Contact responsible school authority & parent/legal guardian.

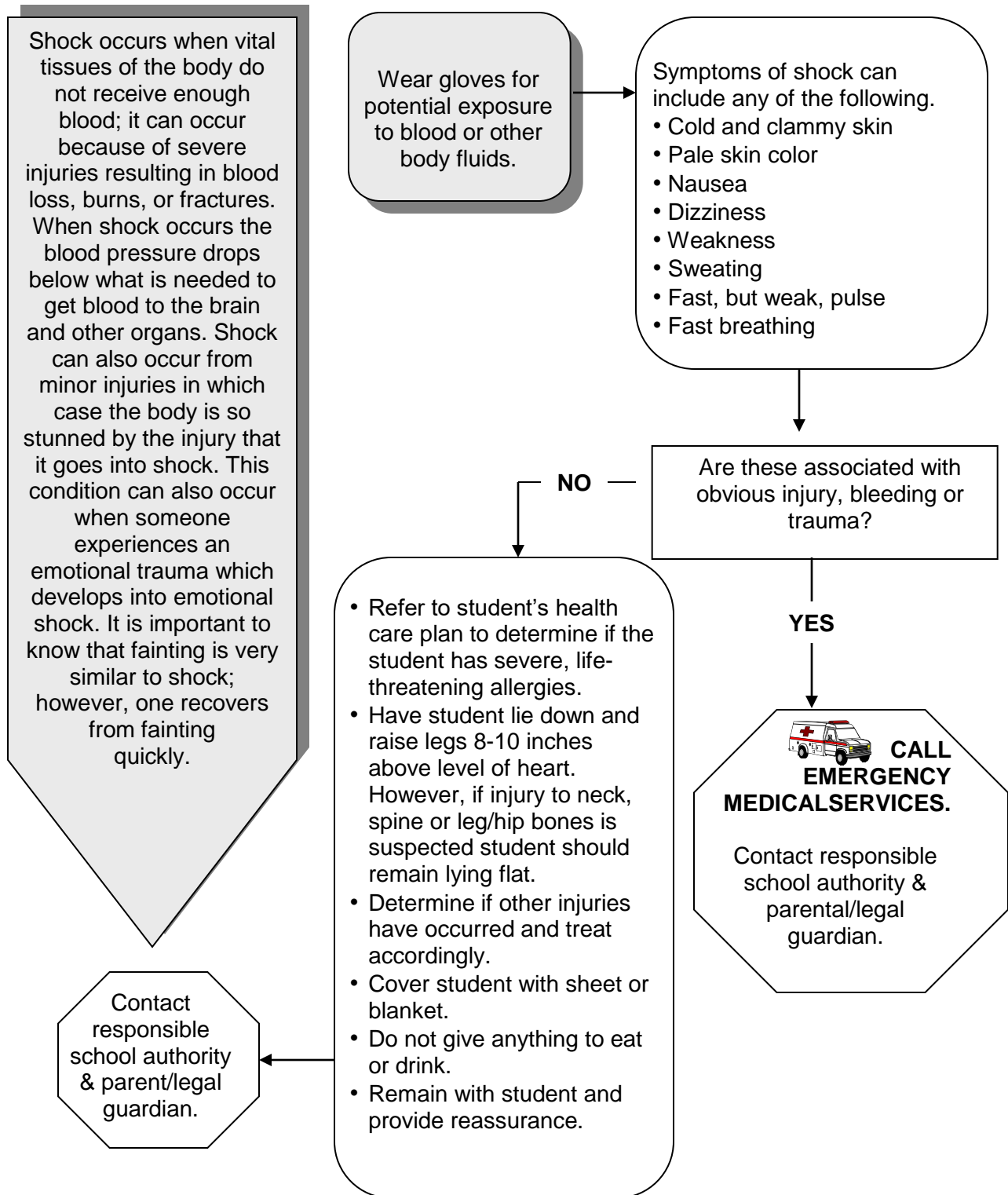
SPLINTERS





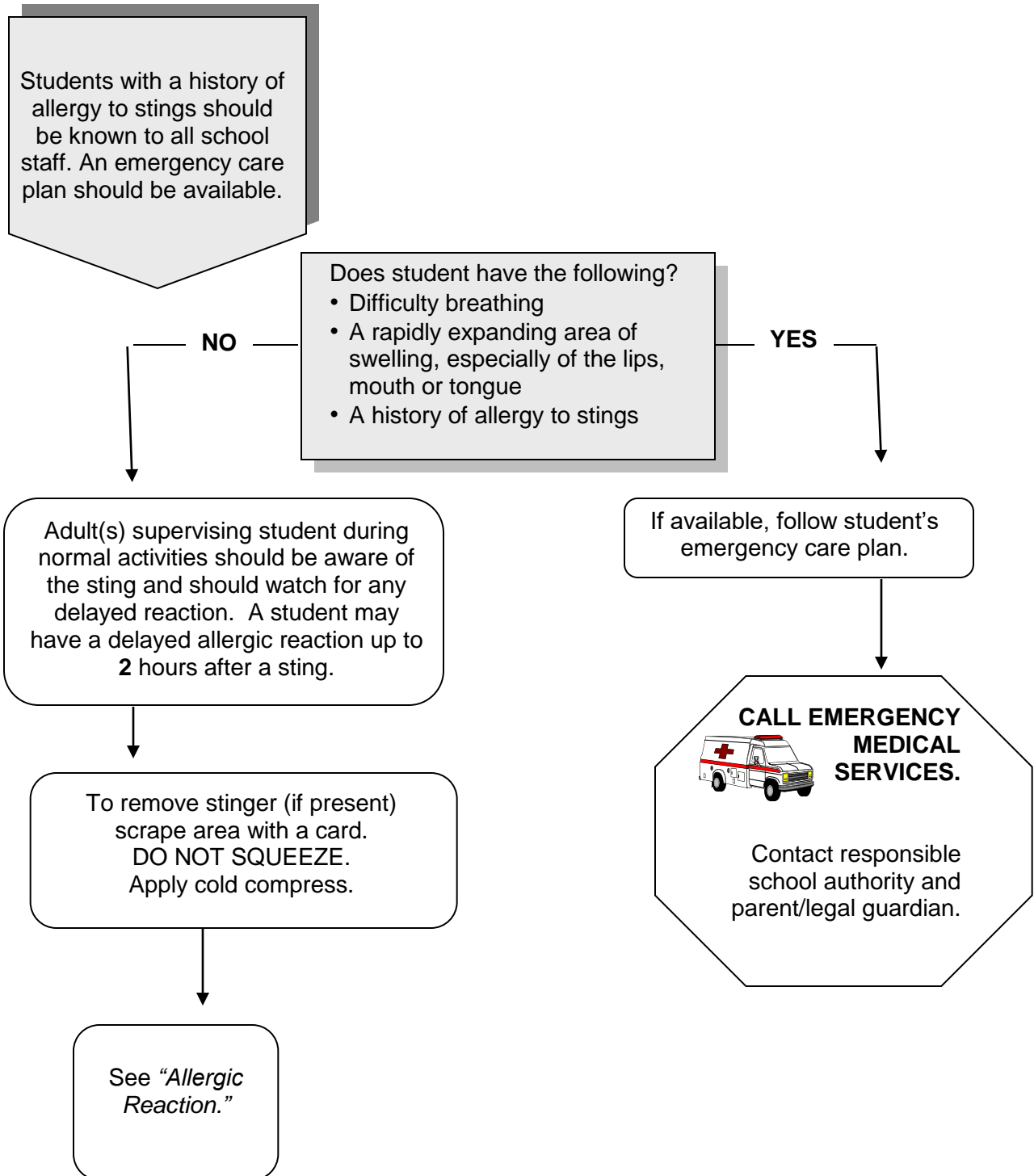
# CHAPTER 8

## SHOCK



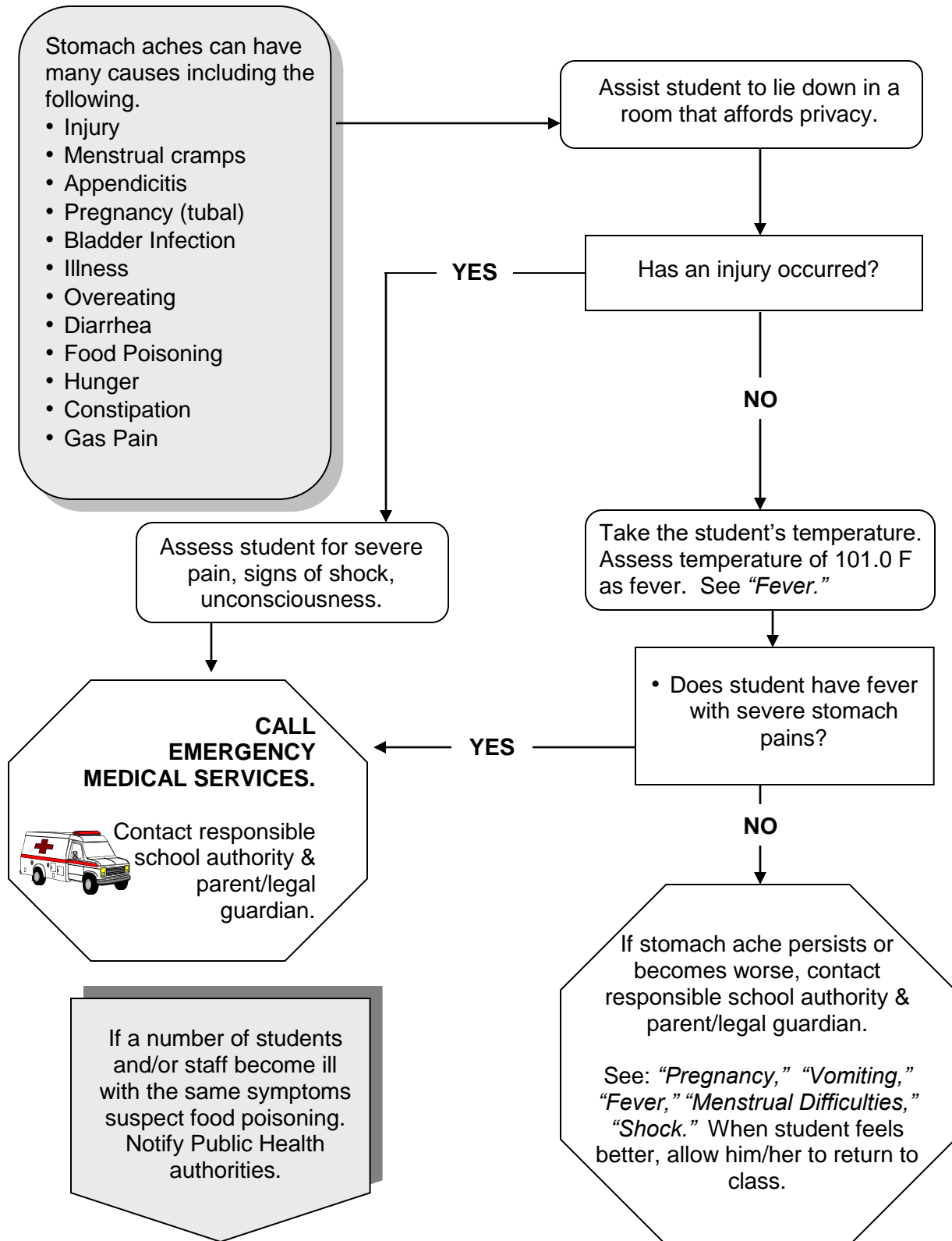
# CHAPTER 8

## STINGS



# CHAPTER 8

## STOMACH ACHES/PAIN



# CHAPTER 8

## TEETH (See Dental Health, Section XIII)

### BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to student's general health.

No first aid in the school will be of significant value.  
**URGE PARENT/LEGAL GUARDIAN TO**

### TOOTHACHE

This condition can be a direct threat to the student's general health, not just local tooth problems.

For tongue, cheek, lip, jaw, or other mouth injury not involving the teeth, See "Mouth/Jaw Injuries."

No first aid measure in the school will be of any significant value. Relief of pain at school often postpones dental care.

**DO NOT PLACE ASPIRIN ON GUM TISSUE OF ACHING TOOTH. ASPIRIN CAN BURN TISSUE!**

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

### BROKEN OR DISPLACED TOOTH

Is tooth broken or displaced?

**BROKEN**

Save tooth or tooth fragments in a cup of warm water.

Apply cold compress to face to minimize swelling.

**DISPLACED**

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

Contact responsible school authority & parent/legal guardian.  
**OBTAIN EMERGENCY DENTAL CARE.**

Contact responsible school authority and parent/legal guardian to **SEEK DENTAL CARE IMMEDIATELY. TIME IS CRITICAL!**

(Continued on next page)

# CHAPTER 8

## TEETH

(Continued from previous page)

### KNOCKED-OUT 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.**

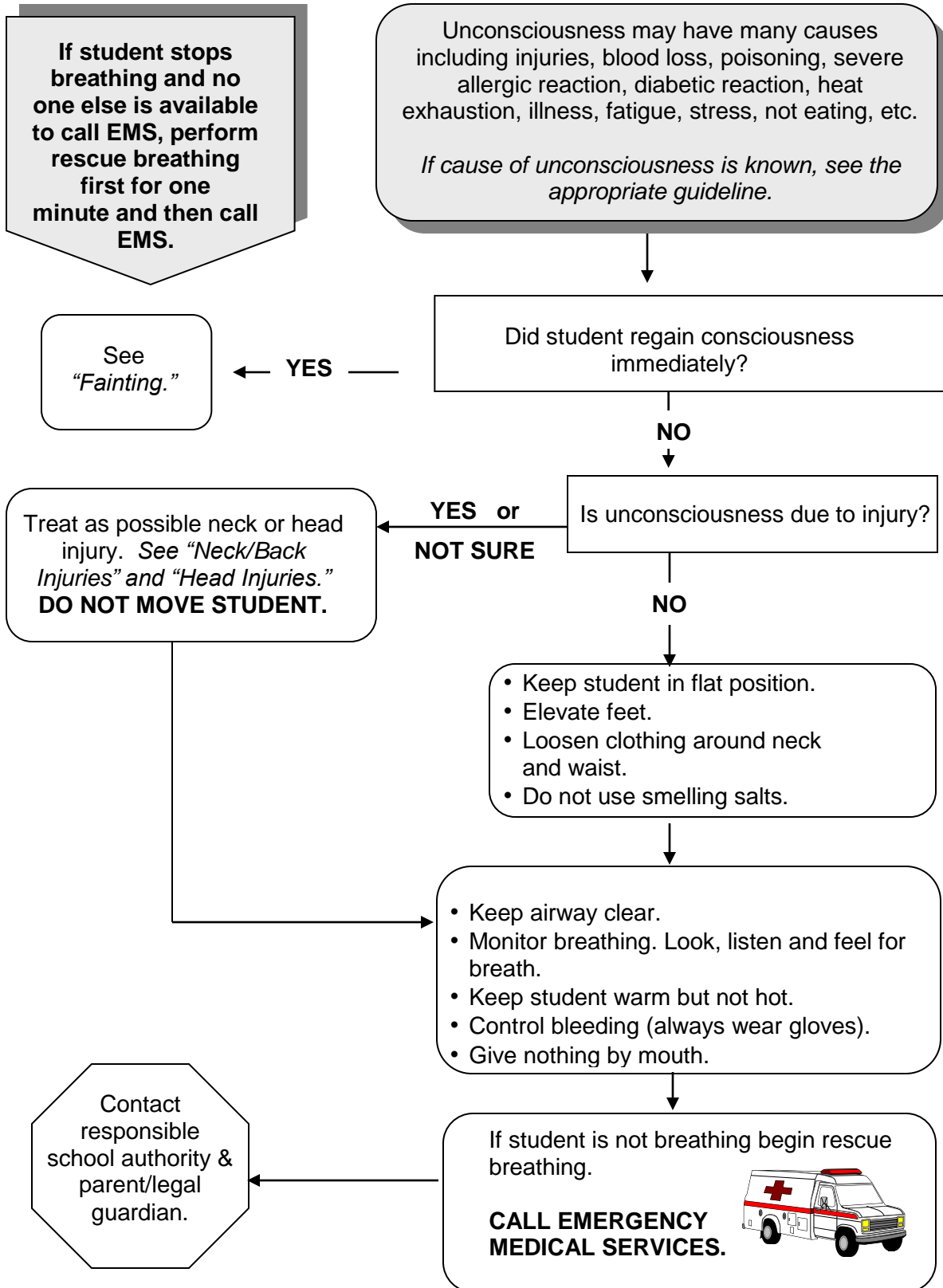
**ALL TOOTH TRAUMA SHOULD BE EVALUATED BY A DENTIST WITHIN 60 MINUTES!**

- If permanent tooth
- place gently back in socket and have student hold it in place
  - or**
  - place in glass of milk.

**TAKE STUDENT AND TOOTH TO DENTIST IMMEDIATELY. TIME IS CRITICAL!**

Contact school authority & parent/legal guardian.

**UNCONSCIOUSNESS**



VOMITING

