FIRST AID
HOW TO PROCEED IN CASE OF INJURY TO STUDENT

See: District Procedure 6371 – “Illness and Minor Injuries”
   Emergency First Aid (California Schools) - http://www.emsa.ca.gov/pubs/pdf/emsa196.pdf

DIRECTIONS FOR FIRST AID:
- To be used by all school personnel.
- Copies are to be placed in all first-aid boxes and posted in first-aid areas.
- Wear disposable gloves when exposed to blood or other body fluids.
- Cleaning wounds and abrasions should be done with soap and water.
- Call parent, guardian or any person parent has listed on the emergency card (always referred to as “parent” in this document).

School employees may render first aid. First aid is the immediate care provided to a suddenly ill or injured person.

SERIOUS INJURY OR ILLNESS

PROTOCOL
- DO NOT MOVE PATIENT until extent of injury is determined.
- Notify school nurse (if on site) and principal; render first aid as appropriate.
- **Call 911 after assessment if needed (see page 23)**
  While awaiting first-responders:
  - Provide constant monitoring of:
    - Airway/breathing.
    - If airway/breathing compromised, begin Basic Life Support/CPR (including AED defibrillation, if available).
  - If severe bleeding – apply pressure to stop bleeding.
  - Notify parent immediately; if unavailable, school or city police may assist you in contacting parents.
  - Keep person calm, in position of comfort and warmth (not hot); maintain normal body temperature.
  - Do not give food or drink.
  - Prepare to give to Emergency Responders the parent contact information and any records we have on allergies, medications or underlying illness
  - **Whenever 911 is called, complete an SDUSD Report on Accident form** and send copy to Risk Management. If epinephrine (any type) has been administered also send a copy to Nursing and Wellness.

- **For all injuries to students (accidental or not):** Principal or principal’s designee completes form PS2652 SDUSD Report on Accident (“Students and Others not in the Employ of the School District”), available from site secretary or from the district’s Risk Management website.
  **Make sure that completed form is sent to Risk Management as soon as possible.**
For all injuries to staff members, refer to principal or designee so that an appropriate form can be completed.

ABDOMINAL PAIN
Stomach aches have several possible causes: hunger, overeating, diarrhea-illness, food poisoning, constipation, gas pain, pregnancy and menstrual difficulties. Psychological issues can also produce real abdominal pain.

- If student had an injury associated with abdominal pain, then contact parent and encourage medical evaluation that day.
- If a student has a fever, severe abdominal pain or vomiting, contact the parent/guardian and encourage medical care.
- If student has extremely severe pain (constant & unable to lie still without complaining or crying), call 911. If uncertain of action to take, speak with a school nurse.

- If there is no fever and the abdominal pain is not severe, then allow the student to use the bathroom and rest for 20-30 minutes in the office, lying down. If student has not eaten and may be hungry, offer food.
- (Optional) If you have signed parent permission to give antacids (e.g., Rolaids, Tums, Calcium Carbonate), you are trained and authorized by a school nurse to administer OTC medications, you have followed the OTC Medication protocol and completed the OTC Medication Log, then you may offer the student this medication to be self-administered.
- If relieved, send back to class. If not relieved, then have parent pick up and encourage medical attention.

If appropriate, see MENSTRUAL PAIN

ALLERGIC REACTION, SEVERE / ANAPHYLAXIS
- Symptoms may begin as early as 5 minutes and as late as 2 hours after exposure to allergen (such as food, insect sting, medication).
- Symptoms can recur 2-3 hours after treatment. Always call 911, even if improved.

Anaphylactic reaction may include following symptoms.
- tingling sensation
- may begin with a metallic taste in the mouth
- itching
- hives
- sensation of warmth
- asthma symptoms
- vomiting, diarrhea, cramping
- swelling of the mouth and throat area, face, neck or tongue
- “tightening” of throat or chest
- difficulty breathing
- sense of doom
- suddenly appears seriously sick
- loss of consciousness or confusion
- a drop in blood pressure (if measured)
Management

1. **Administer Epinephrine** (Adrenaline); Use 1:1000 or *EpiPen, Auvi-Q or Adrenaclick* and gently massage. *May repeat dose at 15-minute intervals for a total of three doses if necessary.*

   (A) **Prefilled Epinephrine Pens (EpiPen; Adrenaclick Auvi-Q):** Give intramuscularly as per directions on package*

<table>
<thead>
<tr>
<th>Weight Range</th>
<th>Dose</th>
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<tbody>
<tr>
<td>33-65 lbs:</td>
<td>Give EpiPen Junior, Twinject or Adrenaclick 0.15mg IM</td>
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<tr>
<td>&gt; 66 lbs:</td>
<td>Give EpiPen (Reg), Twinject or Adrenaclick 0.30mg IM</td>
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   *Note:* Staff members designated to give epinephrine should receive training from a school nurse and be certified in CPR. However anyone, even without this training, may administer epinephrine if the child is suspected of having anaphylaxis.

2. **CALL 911** (Have staff call student’s parent simultaneously). Notify administrator/office staff of 911 calls

3. **Initiate CPR if needed** until paramedics arrive

4. **Nurses should monitor heart rate, respiratory rate, and blood pressure** every 5 minutes.

5. "**Trendelenburg position**": This means to lie the patient flat with feet 30° elevated above the height of the head. This helps to correct low blood pressure.

6. **Transfer to a medical facility by Paramedics** for further treatment, and call parents

7. **Document this incident and give report to nurse.** All incidents should be reported to district nursing office as soon as possible on Irregular Occurrence form. Site nurse will document this on the student’s health record.

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**AMPUTATION**
- Control bleeding.
- Call 911.
- Locate dismembered part quickly.
- Rinse the amputated body part with disinfected water (or saline if available).
- Wrap the amputated body part in dry sterile gauze.
- Place the wrapped body part in a clean plastic bag and seal the bag.
- Place the sealed plastic bag in ice water, making sure no water can get into the bag and that the body part does not get wet.
- Do not place the body part on ice, or it may freeze or be injured by the cold.
- Transport the body part to the hospital along with the injured person.

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**ASTHMA/WHEEZING/DIFFICULTY BREATHING**
- Sit person in upright position of comfort. STAY CALM.
- Find out if student has allergies or medication prescribed.
- If has medication at school, administer and observe 4-5 minutes. If needed, repeat medication as ordered by provider. Monitor student. May give room-temperature water to drink; If condition improves, student may return to class.
- Call 911 IF:
- symptoms worsen e.g. loud wheezes, difficulty speaking in full sentences, cannot stop coughing
- lips, tongue or nail beds are blue.
- confused, decreased level of consciousness.

**BACK AND NECK INJURIES**
With any head injury, other than minor head bumps, always suspect NECK or BACK INJURY. Neck or Back Injury More Likely if:
- If neck pain or inability to move or feel arms or legs (likely a neck or back injury)
- If numbness or tingling or arms or legs (likely a neck or back injury)
- If has electric shock-like pains (likely a neck or back injury)
- If pain results from falls over 8 feet or falling on head
- If thrown from a moving vehicle, in sports, from violence, or after struck by a fast moving object.

Plan
1. Do not move person; *Only if necessary to keep safe from immediate danger*, when moving person from scene of accident, do not move or twist the spine or neck; head, neck and trunk must stay aligned at all times.
2. If a helmet is in place, leave it on if breathing is adequate.
3. Keep person quiet and warm;
4. Place a hand on each side of head to keep it from moving until 911 arrives (or may place rolled up towels/clothing on both sides of head so it will not move)
5. If vomiting, simultaneously turn body and head together to left side. Keep head and neck in a straight line with trunk.
6. Do not elevate feet
7. **Call 911 immediately** and transport by stretcher with neck immobilized when moving;
8. Observe breathing;
9. Do not give food or fluids;
10. Check and treat for SHOCK – maintain body temperature.

**BITES**
- **Animal**
  - If bleeding, press firmly with clean dressing/cloth. See “BLEEDING”
  - Wash wound thoroughly with soap and running water (3 minutes). Dry thoroughly.
  - Apply clean and dry dressing.
  - Notify parent/guardian; refer to family physician for treatment.
    - Check tetanus immunization status on school records. Let parent/guardian know to notify student’s provider if it has been more than 5 years since last tetanus booster.
    - Obtain information on incident and notify Department of Animal Regulations (619) 236-4250.

- **Human**
  - If bleeding, press firmly with clean dressing/cloth. See “BLEEDING”
  - Wash wound thoroughly with soap and running water (3 minutes). Dry thoroughly.
  - Apply sterile dressing (or clean bandage, if sterile dressing not available).
  - Check Hepatitis B and DPT immunization status of biter and person bit, if information available.
  - Notify parents of the biter and the bitten students.
  - If skin is broken, injured student and the biter should always seek medical evaluation, with school nurse collecting history and then providing a written description of the incident so that it is
available to the bitten person’s and biter’s medical providers. HIV prophylaxis is, in rare circumstances, recommended.

- If a staff member is injured, refer to principal or designee for appropriate form to be completed.
- If a student injured, complete Report on Accident form (“Students and Others not in the Employ of the School District”), available from site secretary or from district’s Risk Management website.

- **Insect** (bee, hornet, wasp, ant)
  - Check records or ask child about previous allergic reactions. If allergic, symptoms will likely occur, within 20 minutes after sting; Check for signs of anaphylaxis and respond accordingly (See Anaphylaxis section, page 1 of this document).
  - Remove stinger quickly; if possible by scraping away with tongue blade, or credit card toward sting site. DO NOT USE TWEEZERS, NEVER SQUEEZE.
  - Remove any tight fitting jewelry from affected area
  - If bite thought to be poisonous (e.g., scorpion), first call Poison Control 1-800-222-1222 and then parent.
  - Give prescribed medication for that child, if available.
  - Cleanse area with soap and water; may cover with cold pack for 15 minutes.
  - If no bleeding, leave open to air.
  - If bleeding apply clean & dry dressing.
  - Notify parent/guardian.
  - Observe for at least 20 minutes
  - (Optional): If there is no bleeding, but mild itching or irritation persists after the insect bite, you may apply Calamine Lotion if you are trained and authorized by the school nurse to do so, you have followed the OTC Medication protocol, you have completed the OTC Medication Log and you have parent-signed permission to offer this.
  - Call 911 if serious allergic reaction/anaphylaxis suspected. See ALLERGIC REACTION (above).

- **Snake** *(Treat all snakebites as poisonous until snake is positively identified)*
  - Call 911; notify parent/guardian.
  - **Do not apply tourniquet or cut off blood flow**
  - **Do not apply ice.**
  - **Do not incise or suction fang marks.**
  - Have patient lie down, keep warm and calm.
  - Remove constrictive clothing, rings, and watches.
  - Immobilize bitten extremity; keep at or below heart level.
  - Flush bite with large amounts of water; may wash with soap and water.
  - Mark a line with ink at the most proximal level of swelling and record the time. If swelling is spreading, mark a new line and new time again, every few minutes.
  - Monitor pulse, color and respirations; prepare to perform CPR if needed.
  - Do NOT try to capture or kill snake; Take photo if possible; If snake is dead, send to hospital with victim.
  - Contact Department of Animal Regulations (619) 236-4250.

**BLEEDING**

- **Profuse**
  - **Do not use a tourniquet**
  - Apply direct pressure to area of bleeding
  - When bleeding is controlled, apply dry, clean dressing (or sterile dressing if available) and bandage firmly. Call 911 if uncontrollable bleeding and notify parent/guardian.
  - **Do not remove dressing**: reinforce only with more dressing.
- Treat for shock and follow serious injury protocol.

  • Moderate
  - Apply pressure dressing; **do not remove dressing**, reinforce only.
  - If bleeding stops, clean around area with soap and water.
  - Notify parent.

  • Other
  - Do NOT remove any impaled objects
  - As appropriate, see FRACTURE, PUNCTURE WOUNDS, BLISTERS

**BLISTERS**
- DO NOT OPEN OR BREAK.
- If blister is open, cleanse with soap and water and apply dressing.
- If intact blister, then apply dressing and avoid further friction
- If infection is suspected, call school nurse and parent

**BRUISES**
- If bruise accompanied by rapid swelling and/or student is in great pain, contact parent.
  and encourage immediate medical care. If unable to reach parent, contact principal & call 911.
- Bruises are initially red, later turning black or purple; Old bruises may later turn yellow or green.
- If skin is broken, treat as a cut - see “CUTS, SCRATCHES & SCRAPES”. If fracture is suspected, see “FRACTURES”.
- If unusual degree of pain, consider other potential injuries and contact parent. If rapid swelling or severe pain, consider calling 911.
- Rest bruised part and apply cold compress to injured area for no more than 20 minutes.
- For unexplained, unusual, or frequent bruises, consider possibility of child abuse.

**BURNS**
Always call 911 if:
- Confused or unconscious
- Difficulty breathing
- Soot around mouth or nose
- Burn on face or eye
- Deep burn or includes a large area or multiple parts of body
- Burned skin is white, brown, black or charred
- Burn is from an explosion

Determine the type of burn
- **Heat and Thermal Burns:** First Degree (red area only) / Second Degree (blisters only)
1. Immerse or flush burns with cool water 2–5 minutes or until pain subsides.
2. Cover burn with non-stick, dry, loose, sterile dressing or dry, clean dressing.
3. **Never apply ointment or other remedies; never break blisters.**

- **Third Degree** (tissue damage with some loss of sensation or any burn >15% of body.)
  - Assess and treat for respiratory distress and shock as needed (anticipate this for burns near face and neck if smoke is involved).
  - Cover burn with non-stick, dry, sterile dressing or **clean** sheet, T-shirt or equivalent.
  - For third degree, call 911 / Seek medical attention immediately.

- **Electrical Burns**
  - Call 911 for all electrical burns.
- Delay assistance if you cannot be protected from electrical hazard.
- Turn off power (main power source).
- Look for entrance and exit wounds on body and cover each with dry, sterile dressing.
- Report findings to paramedics when they arrive.

- Chemical Burns
  - Wear gloves to protect yourself.
  - Follow directions on chemical container. If none, have someone else call Poison Control (800-222-1222).
  - While awaiting poison control instructions, flush skin or eye thoroughly for 10-15 minutes with tepid or cool water.
  - When washing eyes, turn head, lift eyelid and pour water from nose to outer side; never wash toward the nose.
  - When eye involved, place clean gauze or eye patch over eye and bandage eye closed.
  - Have someone call 911: to assure immediate medical attention; if of face or eye involved; if burn is from an explosion; if burn is deep or includes a large area, if person confused or unconscious; if difficulty breathing; or if burned skin is white, brown, black or charred.

CANCER ARREST AND/OR RESPIRATORY ARREST
- Call 911 immediately and obtain AED if available.
- Begin CPR and continue until paramedics arrive or victim begins to breathe.
- For CPR, begin chest compressions at a rate of 100/minute; deliver 30 compressions
  - For infants, use 2 fingers in middle of breast bone and compress ½ to 1 inch
  - For small children, use heel of hand, compress 1½ -2 inches
  - For adults, use both hands- one on top of the other in middle of breast bone and compress at least 2 inches. Allow for full recoil of chest
- If NOT breathing or only gasping;
  - Continue with “Hands Only” and chest compressions. Reassess every 2 minutes for responsiveness; Continue CPR if unresponsive. If patient starts breathing, place on left side and protect airway.
- If school site has AED (Automated External Defibrillator), follow CPR protocol.

CHEST PAIN
Chest pain has several possible causes: injury, sprain of chest muscle, spasm of the esophagus, pneumonia or other inflammation of the lungs, stomach problems or other gastrointestinal disturbance, anxiety and stress, or heart conditions (like heart attack).
- Call 911 if the chest pain is associated with confusion or loss of consciousness or dizziness, if the person looks seriously ill, or if there are symptoms of a heart attack (intense pain, pain travels down left arm/shoulder or jaw/neck, shortness of breath, unusual fatigue, cold sweat and clammy, pale or bluish skin).
- If none of the above symptoms are present, then put person in a comfortable position and loosen clothing and allow to rest. If pain persists, have parent pick student up.
- As Chest Pain can actually be abdominal pain that is felt in the chest, or lung tightness in asthma, also see ABDOMINAL PAIN or ASTHMA.

CHILD ABUSE & NEGLECT
- If student has visible injuries, refer to appropriate section and provide first aid.
- District staff who have contact with students are required to report suspected cases of Child Abuse & Neglect. Refer to SDUSD District Procedure 6370.
CHOKING (see infants below)
- If student is breathing & can speak, do not interfere with their attempt to dislodge foreign object.
- Observe.
- May exhibit one or more of the following:
  - Unable to speak.
  - Clutching throat.
  - Skin bluish or dusky color.
  - High pitched sound while breathing in.
  - Unconsciousness, partial or complete.

Choking: Age 1 thru adults
- Perform manual thrust:
  - Stand behind person; put your arms around person’s front.
  - Make fist and place thumb side up into area just below person’s breastbone and above navel.
  - Grab fist with other hand, keep elbows out, press thumb side of your fist into the person’s abdomen just below breastbone and above navel.
  - Give 5 quick, upward and inward thrusts until obstruction relieved victim becomes unconscious.
  - Check if breathing is restored.
  - Check victim after every 5th thrust, then repeat if not breathing.

Choking: Infants
- Apply four rapid, sharp blows to back between shoulder blades using heel of hand.
  - Person’s head should be lower than chest.
- If child, turn upside down and apply blows to back.
- Call 911 if symptoms not completely resolved.
- Contact parents

If any choking victim becomes unconscious:
- Dial 911.
- Look for object in mouth – and with deep fingers scoop out IF object is seen.
- Begin steps of CPR.

COMMUNICABLE DISEASE
- Refer to appropriate Symptom Section in this first aid guide (RASH, DIARRHEA, etc.)
- Contact your site/itinerant nurse for guidance regarding the district’s exclusion protocol, if applicable (rash, for example). If unable to reach nurse, call the Nursing & Wellness office.

CONCUSSION
- When there are symptoms of concussion, follow these guidelines, as if the concussion were definitively diagnosed.
- Note that a concussion occurs when the head is jolted, which can occur as a result of a direct hit to the head directly, a hit to the face, or a hit to the chest where the head was jolted from impact.
- Helmets do not offer protection against concussion, only against skull injuries
- If unsure of reason for loss of consciousness, see: LOSS OF CONSCIOUSNESS in this guide.
- Symptoms of concussion are any one of the following within an hour or so of the injury:
- Headache (unless scalp pain from cut)  
- Disturbed level of consciousness  
- Amnesia of event or just before/after  
- Ringing in ear  
- Irritability or personality change  
- Nausea or vomiting  
- Slurring of speech  
- Dizziness/“Seeing stars”  
- Light or noise sensitive  
- Disorientation  
- Confusion/foggy  
- Delayed response to questions  
- Inability to respond to simple commands

Plan

1. Allow person to rest;
2. Do not allow the student to return to play or return to class.
3. Check for neck injury [see HEAD INJURY]
4. Call parent/guardian and send child home with instructions to reach a licensed healthcare provider
5. Collect and record details of the injury, symptoms and signs, and witnesses
6. Complete the District form: “School Referral to a Health Evaluation for Concussion Symptoms”; keep one copy for school file (for school nurse); give other to parent/guardian.
7. May also provide parents with: “Return to Play” and “Return to Learn” forms following concussion, to hand to the child’s doctor.
8. Most students will not return to school the first day after a concussion, and start school for a partial day on the first day back after a concussion.
9. Always notify school nurse about concussion, to coordinate “return to learn” and “return to play” with student’s managing doctor.

CONJUNCTIVITIS

- Also known as Pink Eye
- Can be caused by a virus (with or before cold symptoms), bacteria, an allergy, a chemical/irritant, or it can be part of an underlying immunologic disease.
  - If there is marked pain, swelling around eye, or any sensitivity to light (“photophobia”), call the parent immediately and have student seen by a doctor as soon as possible.
  - If there is no marked pain or swelling, and no photophobia, then notify parent. Parents may choose to take child to a doctor for fuller diagnosis and possible treatment, but this is not a requirement.
  - Children without pain, photophobia, swelling or fever may be sent back to class.
- Educate teacher that rubbing one’s eyes (with or without a discharge) and then touching shared objects or others can spread the virus that causes colds and pink eye. Encourage frequent hand washing, putting aside handled toys, wiping keyboards etc, when students rub eyes and touch items before they are washed. Explain to classroom staff that conjunctivitis is similar to colds: children touch their watery noses and eyes, but are not excluded from school, as per public health guidelines.
  - If there are 5 or more cases of conjunctivitis among one group of children within a 2 week period, reach the Nursing and Wellness Office. In these epidemic situations, and in consultation with the public health department, exclusion from school is often advisable.
- Site health office school nurse or health technician may offer the parent of a student with conjunctivitis the district Fact Sheet, “Conjunctivitis”.

CUTS, SCRATCHES & SCRAPES

- Control bleeding by applying direct pressure.
- Clean area with soap and water.
- Cover with dry, sterile dressing or BandAid.
- If dirt is imbedded or stitches are required, apply temporary dressing and refer to physician.
- Notify parent.
If appropriate, see PUNCTURE WOUNDS, GUNSHOT AND STABBING or BLEEDING

**DENTAL INJURIES / MOUTH INJURIES / JAW INJURIES**
If bleeding, use direct pressure to control the blood.

- Call 911 if the person has: difficulty breathing, frequent choking, loss of consciousness, or uncontrollable bleeding. Protect the neck by keeping it straight. If the airway of a person who is not sitting or standing needs protection from blood, “log roll” the person to left side to allow drainage of blood.

**Jaw and Mouth Injuries**
- Do not try to move jaw.
- Gently try to support the jaw with your hand.
- Contact parent for immediate medical care.

**Broken Tooth**
- If bleeding from around tooth, use gauze pack.
- Notify parent refer to dentist.

**Dislodged Tooth**
- Primary tooth
  - Use gauze pack to stop bleeding.
  - Give tooth to child to take home.
  - Notify parent.
- Permanent tooth
  - Control bleeding and apply cold compress to area.
  - Locate tooth; rinse carefully if dirty, grasping by the crown, not the root. (DO NOT scrub, rub or scrape to remove dirt.)
  - Alternatives:
    o For transport, place tooth into a container of milk, “normal saline”, or cup of water with pinch of salt.
    o Have student spit in a cup and place tooth in it for transport.
  Reimplantation may be possible if done within an hour.

**Toothache**
- Notify parent; refer for immediate dental care.

**DIARRHEA**
- Check temperature. Wear disposable gloves if needed.
- If also has stomachache, allow to rest.
- Offer and encourage to drink small amounts of water to prevent dehydration.
- Contact parent and encourage medical care if any of the following:
  o Student has continued diarrhea (3 or more times).
  o Fever of 100.5°F or more, taken orally (or 101°F taken by ear, rectally or temporal scan).
  o Blood or mucus is present
  o Student is dizzy and pale or has severe stomach pain.
DIABETES / LOW BLOOD SUGAR: See HYPOGLYCEMIA

DROWNING/NEAR DROWNING
- Send for help (CPR trained staff).
- Get student out of the water, place on back with head and neck straight.
- If cardiac or respiratory arrest Begin CPR and continue until paramedics arrive or victim begins to breathe (see CARDIAC ARREST/RESPIRATORY ARREST).
- Support head, neck and turn body as one to the left side.
- Maintain open airway. Clear airway of vomit/objects if needed until paramedics arrive.
- Call 911. Notify parent and principal.

EARS
- Foreign Body
  - If cannot be easily removed by gravity or adult finger, do not attempt to remove.
  - Call parent for pick-up and refer to physician for removal.
- Ear Discharge (either clear fluid or pus)
  - If painful or if fever, call parent for pick-up and refer to physician.
  - Do not clean out, plug ear canal or stop flow of drainage (may clean skin of outer ear only).
  - If not painful, notify parent for non-emergency physician visit.

EYE INJURIES
If penetration injury with object stuck in eye, call 911 and do NOT remove object.
- Cover with cone or paper cup and do not apply pressure on the eye.
- Contact parent and seek medical attention immediately if severe injury, a change in vision, or has a penetrated object.

Particle in Eye:
- Caution student not to rub eye; Ask what is in eye
- Have student blink repeatedly to flush out particle
- Pull down lower lid. If object lies on surface, try to lift off gently with light touch using corner of moist gauze square.
- If necessary, lay person down and tip head toward affected side, and gently pour cool tap water over open eye to flush out particle.
- If particle does not come out of eye, call parent and encourage medical care

Chemicals in Eye:
- Wear gloves, and if possible, goggles. Ask what is in eye
- Immediately flush eye with large amount of tepid or cool, clean water for 5-10 minutes
- Flush eye from direction from nose to side of face;
- Call Poison Control: 800-222-1222 and 911

Pink Eye or Discharge from eye
- See CONJUNCTIVITIS

FAINTING
- Lie person down with feet elevated. Loosen clothing around the neck/waist.
- If fainting is due to a forceful injury, call 911
- Ask about underlying conditions (allergy, diabetes) and then treat accordingly
- Keep person warm, but not hot. Monitor breathing, give nothing to eat/drink unless person
Always refer to physician if cause is uncertain.
If fainting follows a previous head injury, is accompanied by seizure-like movements, has an unconscious period greater than 1-2 minutes, or occurs more than once that day, seek immediate medical help or call 911.
Immediately notify parent of incident

FEVER
- A fever is defined as:
  - 100.5°F or more, taken orally or under arm.
  - 101°F or higher taken by ear, rectally or with a temporal scan.
  - For infants under age 1 year, upper limit for temperature is 100 degrees (rectally, by ear or by temporal artery), not 101 degrees.
- If there is a borderline fever, have the student sit comfortably for 10 minutes, and re-check to confirm.
- If other symptoms accompany the fever, always also refer to those symptoms (in this First Aid guide).
- If fever is accompanied by: unresponsiveness, limpness, or not moving, rash with purple spots, limited movement of neck (stiff), a first-time seizure, a severe headache, severe abdominal pain, or difficulty breathing, call 911.
- Notify parent and send child with a fever home. Offer fluids (juice, water); Avoid overheating with blankets.
  - (Optional) If you have signed parent permission to give Acetaminophen or Ibuprofen, you are trained and authorized by a school nurse to administer OTC medications, you have followed the OTC Medication protocol and completed the OTC Medication Log, then you may offer the student one of these medications to be self-administered.

Note 1: Student may return to school if fever-free the preceding evening/night, without the help of acetaminophen or ibuprofen
Note 2: During months when there is a declared epidemic, as defined by the County Health Department, the temperature defining fever may decrease (e.g., to 100 degrees, taken orally) and the duration of being afebrile before student can return to school may change. Check with Nursing and Wellness Office.

FINGERNAIL OR TOENAIL INJURY
1. Assess details of injury and examine. A crush injury to fingertip may result in fracture or bleeding under an intact fingernail, creating pressure that may be painful.
2. If bleeding, wear gloves, use gentle direct pressure until bleeding stops, wash with warm soap and water, apply Band-Aid or tape to protect nail bed, and apply ice pack for 10-20 minutes for pain and to prevent swelling
3. Of after 20 minutes of ice, pain has not subsided or if the student cannot “pinch” an object without significant pain, then: suspect a fracture or high-pressure under fingernail, and call parent or refer to medical assistance immediately.

FRACTURES (Suspected Fracture)
1. Determine if 911 needs to be called.
   Always call 911 if injured person is unresponsive, isn't breathing or isn't moving, first call 911. Then begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.

   Symptoms and Signs also requiring 911 to be called:
   - Heavy bleeding.
• Signs of shock (result of excessive blood loss; see SHOCK, below).
• Pain is extreme with even gentle pressure.
• Limb or joint appears deformed.
• Bone has pierced the skin.
• Extremity of the injured arm or leg (e.g., toe or finger) is numb or bluish at tip.
• Suspected broken bone is: neck, head, jaw, back bone, hip pelvis or upper leg.
• Suspected skull fracture (see HEAD INJURY / Severe, below).

**Actions While Awaiting Ambulance**

a. Stop bleeding by applying pressure to the wound with clean bandage or cloth.
b. Immobilize injured area, but do NOT try to realign bone. May elevate injured part or support it, with pillows or folded towels, if possible.
c. Apply ice (indirectly with towel or cloth) to limit swelling and relieve pain.
d. Do not move victim, except when necessary for victim’s safety.
e. Do not allow person to put weight on injured area
f. Splint with towel, cardboard or sling if very painful to move
g. Stay with victim until help arrives.

2. **If 911 does not need to be called:**
   a. Protect injured limb from external contact and from movement. (If trained, splint with towel, cardboard, or sling). Leave in position of comfort. Elevate limb if that position is comfortable.
b. Call parent to take child to medical provider.
c. May apply ice or cold compress, for no more than 20 minutes.
d. May return the child to class if pain is gone, person can move and put weight on injured part without pain, any numbness or tingling is gone, student has normal sensation in injured area, and student’s color and circulation is normal. Inform Parent.

**GROIN and GENITALIA INJURIES**

- If a groin muscle sprain, apply compression and ice pack and provide rest. Notify parent immediately.
- If male or female genitalia, always notify parent and refer to physician if pain, bleeding, swelling, lump, limp, or other symptoms.

**GUN SHOT WOUNDS**

- See PUNCTURE WOUNDS, GUNSHOT AND STABBING

**HEADACHE**

- Ask if induced by injury to head. If so, go to HEAD INJURY instructions;
- Ask if associated with injury to other part of body: If so read further AND evaluate for CONCUSSION

**Severe Headaches and Headaches with Other Symptoms**

- If headache is severe, or if child is vomiting, or if there is blurred vision or dizziness, or if headache is associated with fever and medication is not given, then call parent and recommend a medical evaluation
- If severe or associated with vomiting, blurred vision or dizziness and the parent is unavailable, then either bring student to medical care or call 911 if you are concerned.
- If headache associated with rash, breathing problems or other symptoms, refer to those areas of this First Aid Guidelines document.
Non-Severe Headache; Only Other Problem is Fever

- If not severe, and no symptoms other than fever, then either call parent or administer
  Acetaminophen or Ibuprofen if you are authorized to do so.
  - (Optional) If you have signed parent permission to give Acetaminophen or Ibuprofen,
    you are trained and authorized by district physician to administer OTC medications,
    you have followed the OTC Medication protocol and completed the OTC Medication
    Log, then you may offer the student one of these medications to be self-administered.

Non-Severe Headaches; No Other Symptoms or Signs

- If not severe, and there are no other symptoms, check when student last ate. Offer food if
  response indicates, as headache can come from hunger between meals.
- If not severe and not associated with vomiting, fever, blurred vision, or dizziness, have
  student lie down for a short time. Apply a cold cloth or compress to student’s head.
  - (Optional) Offer Tylenol or Acetaminophen, if parent has pre-approved it and you are
    a nurse; (or if you are not a nurse but are trained and authorized to do so by a district
    physician and have parent verbal consent from parent on telephone; Follow OTC
    medication protocol and complete the OTC medication log).
- Send back to class if child is okay. Call parent if no relief.

HEAD INJURY  [includes NECK INJURY]

A. Rule out (1) Severe Head Injury, (2) Neck Injury, and (3) Concussion:
1. Ask and check for any one of following problems, indicative of a severe injury or cranial bleed:
   - Blood or watery fluid in ears or nose
   - Decreasing level of consciousness
   - Unequal pupils (blacks of eyes)
   - Increasing pain

Plan
1. Have person rest, lying flat; Keep person warm and quiet
2. Do not allow student to be moved until physical assessment is completed and level of
   consciousness determined.
3. Call 911 immediately
4. Do not elevate feet.
5. Do not give fluids.

2. With any head injury, other than minor head bumps, always suspect NECK or BACK INJURY.
   Neck or Back Injury More Likely if:
   - If neck pain or inability to move or feel arms or legs (likely a neck or back injury)
   - If numbness or tingling or arms or legs (likely a neck or back injury)
   - If has electric shock-like pains (likely a neck or back injury)
   - If pain results from falls over 8 feet or falling on head
   - If thrown from a moving vehicle, in sports, from violence, or after struck by a fast moving
     object.

Plan
1. Do not move person; Only if necessary to keep safe from immediate danger, when moving
   person from scene of accident, do not move or twist the spine or neck; head, neck and trunk must
   stay aligned at all times.
2. If a helmet is in place, leave it on if breathing is adequate.
3. Keep person quiet and warm;
4. Place a hand on each side of head to keep it from moving until 911 arrives (or may place rolled
   up towels/clothing on both sides of head so it will not move)
5. If vomiting, simultaneously turn body and head together to left side. Keep head and neck in a straight line with trunk.
6. Do not elevate feet
7. **Call 911 immediately** and transport by stretcher with neck immobilized when moving;
8. Observe breathing;
9. Do not give food or fluids;
10. Check and treat for SHOCK – maintain body temperature.

3. Ask and check for following problems, indicative of CONCUSSION:
   *Note that concussions may occur without direct injury to head (e.g., blow to chest), if the head is jolted*
   - Headache (unless scalp pain from cut)
   - Nausea or vomiting
   - Disorientation
   - Disturbed level of consciousness
   - Slurring of speech
   - Confusion/foggy
   - Amnesia of event or just before/after
   - Dizziness/“Seeing stars”
   - Light or noise sensitive
   - Slurring of speech
   - Observation of level of consciousness
   - Delayed response to questions
   - Irritability or personality change
   - Inability to respond to simple commands

**Plan**
If any one of the above symptoms, consider concussion:
1. Have person rest, lying flat; Keep person warm and quiet
2. See “CONCUSSION” guidelines.
3. Do not send a child from/to health office alone after head injury or symptoms of concussion.

**B. Minor Bumps:** If person only bumped head and has NO other complaints or symptoms:
1. Check for bleeding (from a cut to the scalp; See BLEEDING) and for bumps (bumps may not be serious);
2. If no headache or no concussion symptoms are evident after 30 minutes, allow child to leave health office. Notify parent of incident by phone and send Head Injury Fact Sheet. If unable to reach by phone, send a note home with Head Injury Fact Sheet.
3. Make teacher aware of head injury and to have someone accompany student to office if any of the above possible signs and symptoms appear
4. If headache persists, or any of the above symptoms appear, notify parent immediately and recommend medical care.
5. Do not send a child from/to health office alone after head injury or symptoms of concussion.

- **Always notify parent regardless of degree of head injury.**

**HEART ATTACK**
See CHEST PAIN

**HEAT STROKE/HEAT EXHAUSTION**
**Symptoms of heat stroke**
- Hot, dry, and red skin, high temperature, rapid and weak pulse, rapid and shallow breathing, seizures; may be unconscious.

**Symptoms of heat exhaustion**
- Normal temperature, headache, nausea & vomiting, cool and clammy skin, faint feeling, weakness, nausea, cramps, confusion, and dizziness.

**Actions to take for heat stroke and heat exhaustion**
- Call 911 and notify parent.
- Lie patient down, elevate feet, loosen clothing.
- Sponge bare skin with cool water (**do not** use ice water or alcohol).
Give sips of water or sport drinks, in small amounts if alert only.
Keep victim cool (in air conditioned room or repeated sponging with cool water).

HIVES
See RASHES
See ALLERGIC REACTION, SEVERE / ANAPHYLAXIS

HYPOGLYCEMIA
LOW BLOOD SUGAR
LOW BLOOD GLUCOSE
Hypoglycemia can occur to children or adults who have Diabetes and who receive insulin. Eating carbohydrates (such as foods with sugar or starch) raises blood sugar. Insulin lowers people’s blood sugar by moving sugar from the blood stream into the body’s cells. When a person has received insulin but has not eaten enough, they can get low blood sugar, also known as “hypoglycemia”.

Symptoms of low blood sugar:
• Shakiness
• Dizziness
• Sweating
• Hunger
• Headache
• Pale skin color
• Sudden moodiness or behavior changes, such as crying for no apparent reason
• Clumsy or jerky movements
• Seizure
• Difficulty paying attention, or confusion
• Tingling sensations around the mouth

Actions to take:
1. Call for someone trained in diabetes management.
   Each school or program that has a student with diabetes should always have someone present who has been trained to recognize and manage low blood sugar. In the absence of such a person, follow the following steps:
2. Most people with diabetes carry glucose tablets or glucose gel. If the person experiencing symptoms is adequately awake, give them the tablet or gel. If none available, other common foods that raise blood sugar are: fruit juice or regular sugar soda, hard candies, pretzels and crackers.
3. If the person is able, have him/her check their blood sugar.
4. Always call a school nurse for assistance and further instructions, even if the person feels better. If it is a student, call parent.
5. If a person with diabetes is not conscious enough to take a source of sugar orally, or does not respond to oral glucose, call 911. Make sure medics/ first responders know this person has diabetes. If the person has Glucagon at school (Glucagon is an injectable medication that raises blood sugar), make that available to a medical professional.

LOSS OF CONSCIOUSNESS
There are many causes to loss of consciousness: head injury, blood loss, poisoning, severe allergic reaction, hypoglycemia (diabetic reaction), heat exhaustion, illness, fatigue, stress, not eating, and more.
• If you know the cause of unconsciousness, see the appropriate guideline.
• If you do not know the cause and the person HAS regained consciousness, then:
  1. Position person on their back
2. Loosen clothing around neck and waist
3. Elevate feet and keep warm
4. Control bleeding if present
5. Give nothing by mouth
6. Keep person lying down 10-15 minutes
7. See FAINTING or SEIZURES

- If you do not know the cause and the person has NOT regained consciousness, then:
  1. Treat as having possible neck injury; SEE HEAD INJURY [includes NECK INJURY]
  2. Do NOT move person unless a threat exists; Immobilize neck
  3. Open airway using jaw thrust maneuver
  4. If vomiting, turn body and head simultaneously to left side and support head in neutral position
  5. Call 911, Monitor breathing and begin CPR if necessary.

MENSTRUAL PAIN / CRAMPS / OTHER MENSTRUAL DIFFICULTIES
Menstrual difficulties may present with abdominal pain and cramping, abnormal menstrual periods or abnormal bleeding.
- If it is possible the student is pregnant, refer to a school nurse.
- If the pain or cramps are mild, recommend walking and other moderate exercise. Note that it is normal to have mild pain for up to 2-3 days in the pelvic area, lower abdomen, lower back or down legs for many menstruating women. Sadness accompanying menstrual periods is normal and temporary.
- If pain or sadness persists beyond a couple of days, recommend to parent that girl sees her doctor.
- For mild cramps, recommend that the student walk or do regular activities.
- For moderate to severe pain, nurses may administer over-the-counter medications if there is parent authorization on file. Contact nurse if over-the-counter medication is authorized to be given
- If pain is severe (disabling), then call 911 and notify parent.
- If bleeding, offer feminine pad. If heavy bleeding is worrisome, call parent and encourage immediate medical care.

MOUTH INJURIES / JAW INJURIES
- See DENTAL INJURIES

NECK INJURY
- See HEAD INJURY, or BACK/NECK INJURY

NOSE BLEEDS
- Encourage mouth breathing and discourage: nose blowing, repeated wiping or rubbing
- Have child sit with head slightly forward. If need to lay down, then lie on side.
- Apply firm pressure with fingers on lower portion of nose for 10-15 minutes, pinching nostrils together just below nasal bones.
- If bleeding stops, warn against nose blowing and active play for remainder of school day, allow to return to class and normal activity. Inform parent
- If bleeding prolonged or severe, notify parent and advise medical care.
NOSE: OBJECT IN NOSE
- If you can see an object, do not attempt to remove it if it is: large, punctured nose, deeply imbedded, causing bleed. Contact parent to bring child to medical assistance.
- If you can see an object but it is not large, not punctured and not deeply imbedded, then have person hold the clear nostril and gently blow his/her nose. If object does not come out on its own, contact parent to bring child to medical assistance.

PENCIL LEAD INJURY
See PUNCTURE WOUNDS

PINK EYE
See CONJUNCTIVITIS

POISONS
- Identify poison, amount consumed and time of ingestion. Try to get container and read the directions for overdose/ingestion on label.
- If person is unconscious or having difficulty breathing, call 911, and see “LOSS OF CONSCIOUSNESS”
- Call Poison Control (1-800-222-1222) immediately and follow instructions provided.
- If unable to contact Poison Control: Give 2 or more glasses of water (Except for caustics, petroleum or strychnine products).
- Call 911, notify parent
- Send bottle of poison and vomitus, if any, with child to emergency room.
- If child is unconscious or seizing, do not give fluids.

PUNCTURE WOUNDS, STABBING, GUNSHOTS
- For Gunshots and Stab wounds call 911 for emergency medical response and call school police. Have someone call parent.
- For any stab wound or puncture, call 911 if: the object is large, if wound seems deep, if the wound is bleeding uncontrollably, the wound is squirting blood, or if air is escaping from the chest.
- If there is blood or other body fluids, wear disposable gloves
- If object is still in the wound, do not try to remove it. Wrap it in bulky dressing around the object and keep person calm.
- If there is no object in the wound, bleeding is not profuse and there are no other symptoms, wash the wound gently with warm, soapy water and cover with a clean bandage. Do not try to probe or squeeze.
- Check for breathing (and begin CPR if appropriate) if the person is losing consciousness, having difficulty breathing, or bleeding uncontrollably.
- For stab wounds and gunshot wounds, press firmly with a clean bandage, have person lie down, elevate feet 8-10 inches, elevate injured part gently if possible, and cover with blanket or sheet.

If appropriate, see also SPLINTERS/PENCIL LEAD, and BLEEDING

RASHES
- Rashes include such things as: hives, red spots (large or small; flat or raised), purple spots, small blisters.
- If the rash consists of small purple spots that do not momentarily disappear when pressed with your finger, call 911.
- If rash is associated with change in consciousness, call 911
- If rash is bright red and sore to the touch, seek urgent medical care.
• If rash is associated with headache, fever, diarrhea, sore throat, vomiting, then parent or school staff must seek urgent medical care. If rash is associated with breathing problems, also follow guidelines for those symptoms and consider anaphylaxis (strong allergic reaction). The student may require Epinephrine Injection. (See ALLERGIC REACTION, SEVERE / ANAPHYLAXIS)
• Isolate from other children if considering contagion. Consider contagion if accompanied by fever, headache, neck pain, sore throat, diarrhea, vomiting, pink eye, or other symptoms. Call parent to retrieve student. Refer child to physician.
• If unexplained rashes are suspected or diagnosed as being part of a contagious disease, discuss this with a school nurse (because sometimes a doctor’s note is required for return to school or a Parent Fact Sheet is distributed by the nurse).

SEIZURES
• Ease child to floor; line floor with blanket or mat if possible.
• Keep calm. **Seizure must run its course**. Observe for details: duration of seizure, movements of eyes, mouth, arms, and legs, loss of urine/bowel control, loss of consciousness or change in behavior. Record observations.
• If vomiting, maintain airway by turning head to side.
• **DO NOT put anything in mouth or give anything by mouth, or try to restrain movement.**
• Prevent self-injury to student; protect head.
• Notify parent/guardian; refer to physician if indicated.
• Check to see if child has medication prescribed to stop seizures lasting > 5 minutes
• Call 911 if: seizure activity is continuous, non-subsiding in nature, or seizure finishes but breathing difficulties continue after the seizure, or it lasts greater than five minutes or there are several repeated (cluster) seizures in a row (unless that is considered normal for that person, as documented in individualized health service plan or health record).
• First-Time Versus Recurrent:
  - Call 911 for transport to emergency room for any first-time seizure.

SHOCK
• This is a life threatening condition. Stay calm and get medical assistance.
• Look for:
  - Pale, cool, clammy skin.
  - Weak, rapid pulse.
  - General body weakness.
• Call 911.
• Keep person lying down.
• Elevate feet (**exception in cases of head injury or if elevation causes pain or respiratory distress.**)
• Cover only to maintain body heat.
• **DO NOT give fluids** if nauseated, unconsciousness, or abdominal wound is present (unless medical assistance is not available for over an hour).

SKIN INJURY
• Abrasions
  - Wash with soap and water.
  - Apply non-stick, sterile dressing to dried wound.
  - If abrasion is extensive, deep, or has imbedded material, notify parent/guardian and refer for medical care.

SPLINTERS / PENCIL LEAD
• Wear disposable gloves if exposure to blood or other body fluids.
• Wash area with water and soap
If splinter or pencil lead is small, shallow or is protruding above surface of skin, remove with tweezers. Stop if it causes pain or is not easily removed. Do not probe under the skin! If removed, wash area again and apply a clean dressing.

If it does not appear to be very easy to remove with tweezers or a trial of removal was unsuccessful, leave splinter (or pencil) in place and contact parent to get medical help.

**SPRAINS / STRAINS / “SOFT TISSUE” INJURY**
- Treat as a fracture until diagnosed.
- Elevate injured part and apply covered ice pack.
- Have patient avoid moving and weight bearing.
- If a groin sprain, compression and ice pack and rest (See GROIN INJURY).
- Notify parent and refer to physician.

**STABBING**
See PUNCTURE WOUNDS

**STOMACH ACHE**
See ABDOMINAL PAIN

**SUNBURN**
- The appearance of a red, warm rash only on areas exposed to the sun, within 2 to 6 hours after being in the sun.
- Protect burned skin from further sun
- Put a cool, wet compress on the skin 5-10 minutes.
- (Optional): If the skin is itchy, and if you have parent-signed permission to use Calamine Lotion and you are trained and authorized by the school nurse to administer OTC medications, you may assist a student and apply the lotion using the OTC Medication Protocol and OTC Medication Log. Do not use Calamine lotion if the student’s sunburn is widespread across a large area of skin or is blistering.
- If a student has a large area of skin affected by the sunburn and it is painful, if the sunburn is blistering, or if the student has chills or shakes, call the parent to pick their child up from school.
- Never break the blister on a sunburn.

**SUICIDE THREAT or SELF HARM**
Refer to District Emergency Procedure (EP 10)
- Do not leave the student alone. Put the student into the protective custody of 2 responsible adults.
- Keep the student away from sharp objects or potentially dangerous items.
- Employees should not attempt to move or transport students off school grounds.
- If the student is in immediate danger or can harm himself or others, notify School Police Services by emergency radio (Channel 1A), otherwise call 619-291-7678 to request an evaluation for possible committal to a mental health facility. Only a peace officer or public health officer may take people into protective custody and place them into a qualified institution.
- Immediately notify the student’s parent of the circumstances.
- If additional support staff is needed, consider requesting the assistance of the Counseling and Guidance Department. (See Procedure 5135).
- Complete “Suicide/Self Harm Risk Form” and “Parent/Guardian/Relative Notification Form” (Attachments 1 and 2), and forward them to the Counseling and Guidance Department, Ed Center, Annex 12. Maintain a copy for follow-up.
- Parent conference with school personnel is highly recommended upon student’s return to school.
- A confidential file should be maintained either by the counselor (Elementary) or head counselor (Secondary). Information on suicide/self harm attempts should not be entered on school records.
- When a student is a ward of the court, the legally responsible agency should be notified immediately by the principal or “designee for student threats”.

**STROKE**
- See HEAT STROKE / EXHAUSTION

**VOMITING**
Vomiting has several possible causes: illness or food poisoning; injury (including abdominal injury and head injury); pregnancy; heat exhaustion, overexertion; toxic exposure or ingestion, asthma
- Have person lie down on side. Have bucket available. Apply cool, damp cloth to face or forehead.
- If person is vomiting blood, or there is a change in consciousness, then call 911
- Take temperature and have parent pick-up student if there is a fever > 100.5 orally
- If appropriate, check instructions for the following accompanying symptoms: BLEEDING, DIARRHEA, HEAD INJURY, ABDOMINAL PAIN, HEAT STROKE, ASTHMA, etc…
- Give no food or medications. May offer ice chips or small sips of clear fluids (7-up, Gatorade) if person is thirsty.
- Contact parent to pick up if vomits more than once or nausea persists.
FIRST-AID KITS

- Room Kits
  - Plastic boxes are placed in classrooms for use by teachers in giving first aid for minor injuries. The health office supplies kits and re-stocks these kits with basic supplies.

- Field Trip Kits
  - Education Code 11953 states that every first-aid kit shall contain, as a minimum, the following:
    a. Twelve 3" x 2" sterile gauze packages,
    b. four 1" gauze roller bandages,
    c. four 2" gauze roller bandages,
    d. four triangular bandages,
    e. one 1" roll adhesive tape, and
    f. written instructions for use of the contents of the first-aid kits.

  - First Aid Kits should also contain:
    Waterproof plastic (e.g. Ziploc) bags for ice, when directed in first aid instructions

- Reminder:
  Please be aware that students with bee sting, peanut or other allergy(s) and diabetic students must have their epi-pen or glucagon injection for emergency treatment on field trips. The school nurse will instruct the teacher on their proper use.
WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS 9 – 1 – 1)

Call EMS if:

- The person is not breathing.
- The person is having difficulty breathing, shortness of breath or is choking.
- The person is wheezing due to allergic reaction.
- Near drowning.
- The person has no pulse.
- The person is unconscious, semi-conscious or unusually confused.
- The person has bleeding that won’t stop.
- The person is coughing up or vomiting blood.
- The person has chest pain or pressure persisting more than 3-5 minutes, or has chest pain that goes away and comes back.
- The person has been poisoned or taken an overdose.
- The person has a seizure for the first time; has a seizure that lasts more than 5 minutes (unless otherwise specified); has multiple seizures; or has a seizure and is pregnant or diabetic.
- The person has injuries to the head, neck or back; or severe eye injury.
- The person has sudden or persistent, severe pain anywhere in the body.
- The person has an open wound over a suspected fracture or where bone or muscle is exposed.
- The person’s condition is limb-threatening [for example: lack of pulse, feeling, or normal color on injured limb (arm or leg/amputation; or other injuries that may leave the person permanently disabled unless he/she receives immediate care)].
- Moving the person could cause further injury.
- The person needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the person to the hospital.

If any of the above conditions exist, or if you are not sure, it is best to call EMS.

Once 9-1-1 Call is initiated:

*Remain calm and speak slowly & clearly
*Listen to all instructions
*Don’t hang up
*Notify your site administrator
*Notify campus police
*Provide medical information

*Know address & directions to school
*Notify site school nurse of incident for follow-up action
*Provide first aid until ambulance arrives
*Provide parent/guardian contact information
*Accident Report (if intentional or accidental injury & any 911 call)
*Complete Irregular Occurrence Report, send to nursing

Sources: American Red Cross & American College of Emergency Physicians