San Diego Unified School District
First Aid
How to Proceed in Case of Injury to Student

Nursing and Wellness Program
September 2011
Objectives

- Become familiar with protocol: “First Aid – How to Proceed in Case of Injury to Student”
- Calling 911
- Become familiar with forms sent home when student is injured.
- Know where to find “SDUSD Report on Accident – for students and others not in the employ of the School District”.
General Information

- First Aid protocol. Calling 911 is on page 15
- Wear non-latex disposable gloves when exposed (or potential) to blood or other body fluids
- Cleaning wounds, abrasions, and such use soap and water (use antiseptic only if no access to soap & water)
- Notify parent/guardian/person listed on the emergency contact after rendering aid
Report of Injury

- Injuries to students (accidental or not)
  Principal or designee completes form: Report on Accident (Students and others not in employ of the school district)

- Injuries to staff members
  Principal or designee completes form: Supervisor’s Report of Injury/Illness form 78

Both of these forms are available on the Risk Management website.
General Rules of First Aid

- Stay calm
- Be prepared
- Use universal precautions
Universal Precautions

- Handwashing
- Gloves
- Trash Disposal

Sharps
First Aid is the immediate care provided to a suddenly ill or injured person.
Examples of Serious Injury/Illness

- No breathing or pulse
- Difficulty breathing
- Chest pain
- Amputation
- Back/neck/head injury
- Burns to large area of body
- Penetrating injury (do not try to remove object)
- Snake bite
- Eye injury
- Prolonged seizures
- Allergic reactions
- Hemorrhage
- Poison ingestion
- Heatstroke
Serious Injury or Illness

- Do not move the patient until he or she has been assessed
- Notify nurse (if on site), and principal
- Determine if 911 needs to be activated and do so (refer to page 15 of procedure)
- Render first aid according to district protocol
- Notify parent/guardian
If Unconscious:

- Make sure 911 has been called and assess for **CAB**
- **Circulation** - check for pulse, if absent, start compressions - do thirty compressions
- **Airway** – position the patient to open airway
- **Breathing** – if absent, give mouth-to-mouth with mask
When 911 called

O Notify Parent/guardian; if unavailable, school or city police may assist in contacting

O Have ready for Emergency responders the parent’s contact information, any allergies, medications or underlying illness

O Remember to always let the site administrator know 911 called

O Complete “Irregular Occurrence” form and send to Nursing & Wellness
Abrasions and Cuts

- If needed, control bleeding by applying direct pressure
- Cleanse wound with soap & water
- Apply dry, sterile dressing or band aid
- Depending on severity, notify parent and refer for medical care
Bites - Animal

- Cleanse wound thoroughly with soap and running water for 5 minutes
- Apply clean & dry dressing
- Notify parent for referral to physician
- Notify Animal Control if appropriate
Bites - Human

- Wash with soap and running water for 5 minutes
- Apply sterile dressing or clean bandage
- Notify parent and recommend medical follow-up
Bites - Snake

- Call 911
- Have patient lie down & keep calm and warm
- Do NOT apply ice or tourniquet
- Immobilize bitten extremity and keep at or below heart level
- Flush bite with large amounts of water; or wash with soap and water
Bee Sting

- Check for history of allergy. Anaphylaxis on next slide
- If stinger is present, scrape it away
- Cleanse area & apply cold for 15 minutes
- Monitor for 1 hour
- Administer prescribed medication if available
- Notify parent of event
Anaphylaxis

- Rapid onset (5 – 60 minutes)
- Signs/symptoms
  - Tingling, itching, hives
  - Trouble breathing
  - Weakness, warmth
  - Feelings of anxiety, nausea
  - Swelling of mouth, throat, face
  - Abdominal cramps, vomiting
  - Loss of consciousness
  - Anaphylactic shock
Anaphylaxis treatment

- Nurse to administer Epinephrine 1:1000
- Other staff may administer EpiPen, Twinject, Adrenaclick
- Call 911, even if improved, and call parent/guardian
- CPR if needed. Monitor vital signs every 5 minutes
- Transport to emergency room for further treatment
Bleeding: Wounds

- Apply direct pressure via bandage and/or pressure points
- Elevate the injured part unless fracture is suspected
- Treat for shock and follow serious injury routine as appropriate
Blisters

- Do not open or break the blister
- If open, cleanse with soap and water and apply dressing
- If closed, may apply bandage to protect from further injury
Nosebleeds

- Have patient sit with head slightly forward
- Apply firm pressure to lower portion of nose for at least 5 minutes
- Advise against nose blowing and active play for 24 hours
- Notify parent of prolonged bleeding (>20 minutes)
Burns

- Rinse in cool water for 2-5 minutes; 15 minutes if chemical burn
- Do not apply ice, ointment, butter or salve
- Do not open blisters
- Apply non-stick, loose & dry dressing
- Refer for treatment as indicated. For electrical & chemical burns, call 911
Ear Problems

- Do not apply heat or cold to the ear
- Check temperature for fever
- Check for drainage or foreign bodies
- Do not remove foreign bodies
- Notify parent
Eye – Foreign Body

- Flush with clear, tepid water for at least 5 minutes
- Do not attempt to remove embedded objects
- Encourage not to rub eyes
- If pain persists, notify parent & advise immediate medical care
Eye – Chemical Burn

- Irrigate immediately with large amounts of clear, tepid water for at least 30 minutes
- Cover eye with sterile dressing
- Refer for immediate medical care & send with information on chemical type
Eye - Contusion

- If blurred vision, loss of vision, or pain with movement of eye – obtain immediate medical attention
- Apply cold compress
Eye - Penetrating Injury

- DO NOT WASH EYE OR ATTEMPT TO REMOVE OBJECT
- Cover both eyes loosely with sterile dressing
- Keep patient quiet – move via stretcher
- Obtain immediate medical attention
Fainting/Dizziness

- Have patient lie down with feet elevated
- Keep airway open
- Rest until recovered
- Notify parent & refer for follow-up medical care
- May use aromatic ammonia only if student over age 12, and has no history of asthma
Fractures

- Immobilize injured part
- Do not attempt to straighten deformity
- Apply ice (use towel/cloth as a barrier) to decrease swelling
- Elevate if possible
- If spine or skull fracture is suspected, call 911 & do not move the patient
- Complete accident report
Head Injury - Minor

- No loss of consciousness or stunned for less than 5 seconds
- Keep patient lying down
- Monitor for at least 30 minutes
- Notify parent, provide head injury information sheet & refer for medical care if indicated
- Watch for change in level of consciousness, blurred vision, bleeding from facial orifices, unequal pupils, trouble breathing, vomiting
Head Injury - Severe

- Loss of consciousness greater than 5 seconds
- Do not allow student to be moved until further assessment
- Call 911 and transport, immobilize neck
- Do not elevate feet or give fluids
- Always notify parent regardless of degree of head injury
Poisons

- Identify poison, amount consumed and time of ingestion
- Call Poison Control at (800)222-1222 & follow their directions
- Send bottle of poison and vomitus, if any, with child to hospital
Puncture Wounds

- Call 911 – if large object in wound, if wound seems deep, if uncontrolled bleeding, or if air is escaping from chest.
- If no object in wound, bleeding is not profuse, and no other symptoms, wash area gently with warm, soapy water & cover with clean bandage. Notify parent.
- If object in wound, do not try to remove it. Wrap in bulky dressing around object, keep calm. Notify parent and refer for medical care.
Seizures

- Position patient on side and maintain open airway and **time** how long the seizure lasts
- Protect head and create safe environment
- Do not insert anything in patient’s mouth
- Prevent self-injury to patient
- Allow rest period after seizure subsides
- Notify parent & refer for medical care when indicated
- Call 911 if seizure activity lasts greater than 5 minutes; if multiple seizures; or if this is the first time student has seizure
Shock

- Pale, cool, clammy skin, restless, thirsty or nauseated, weak and rapid pulse
- Have patient lie down with feet elevated
- Cover to maintain body temperature
- Call 911
- Notify parent and refer for medical care
Skin Conditions

- If draining or weeping, cover with dressing
- If contagion is suspected, exclude from school, notify parent and refer to physician
**Splinters**

- Remove only if readily accessible
- Wash area with soap and water
- If deeply imbedded, notify parent & advise physician visit
Sprains

- Treat as a fracture until diagnosed
- Elevate injured art
- Apply covered ice pack
- Have patient avoid moving and weight bearing
- Notify parent to follow up with physician
Swallowed Foreign Bodies

- Assess for choking
- If unable to cough, speak or breathe, administer Heimlich maneuver
- If unsuccessful, activate 911 and continue Heimlich maneuver
- If not choking, notify parent & refer for medical care
Teeth

- Toothache – refer for dental care
- Lost baby tooth – use gauze to stop bleeding
- Lost permanent tooth – place tooth in whole milk, student’s saliva or warm salt water & refer for immediate dental care
Heat Exhaustion

Signs/symptoms
- Cool, clammy skin
- Weak, nausea, cramps
- Feels faint

Treatment
- Call 911 and call parent
- Rest, lying down
- Keep cool
- Give sips of water, up to one quart
Heat Stroke

Signs/symptoms
- Hot, dry, red skin
- Rapid, strong pulse
- Temperature >103

Treatment
- Call 911 and call parent
- Loosen clothing
- Quickly cool body
- Sponge skin with cool water
In Summary

- Stay calm
- Assess CAB’s
- Control bleeding using universal precautions
- Protect from further injury
- If in doubt whether to notify parent, go ahead and notify parent
Resources

- SDUSD First Aid Procedure – be familiar with its contents, including last page is “When to call Emergency Medical Services (911)

- District Procedure 6371 “Illness and Minor Injuries”