



EMERGENCY PROCEDURES

In case of an accident or severe illness the following guidelines will be instituted by the Snowflake Unified School District:

1. In the event of a severe emergency, contact 911.
2. Notify the Health Staff and the Nurse Supervisor.
3. Notify the parent or legal guardian.
4. Notify emergency contact as listed in School Master if parent cannot be reached.
5. Obtain copy of the emergency release form and have available for ambulance or physician.
6. Fill out district accident report form.

DEFINITE EMERGENCIES

These are life threatening emergencies-call 911, fire department and/or police for the fastest assistance appropriate to the situation.

- Student has stopped breathing and still has a heartbeat.
- Student has stopped breathing with NO heartbeat.
- Large open bleeding wound of the stomach or chest.
- Open fracture (bone protruding through the skin).
- Neck or spine injuries-DO NOT MOVE-treat for shock and wait for assistance.
- Severe bleeding (pumping, spurting bleeding from a wound or large amounts of constant bleeding).
- Slow weak breathing.
- Unresponsiveness
- Choking (turning blue, unable to speak or breathe).

SCHOOL INTERACTION WITH EMERGENCY MEDICAL SYSTEMS

The following information should be give when requesting EMS assistance:

1. Nature of illness or injury.
2. Name of school and address (make sure the person calling knows the address and location of injury such as playground, gym, classroom, health office, etc.)
3. Be specific in directions to location of the victim or emergency.

The health Staff should provide the following information to EMS personnel upon their arrival:

1. Chief complaint (how did injury happen).
2. Identifying information.
3. Present condition (respiratory, circulatory and neurological status).
4. Vital signs.
5. Vital sign s.
6. Details regarding symptoms (location, duration, etc.)
7. A copy of the Health History Card should be available.

PROCEDURE FOR TREATMENT OF ANAPHYLAXIS

DEFINITION: Anaphylaxis is a severely **LIFE THREATENING** allergic reaction which may be brought on by insect bites and stings, ingestion or contact with some other allergen (food, etc.).

1. SIGNS AND SYMPTOMS

- a. Difficulty breathing, choking sensation
- b. Extreme anxiety
- c. Puffy face, mouth, or eyelids
- d. Hives or extensive rash
- e. Generalized swelling.
- f. Sneezing, coughing or asthmalike wheezing

2. FIRST AID TREATMENT

- a. Phone 911 **IMMEDIATELY**
- b. If student responds and has an epinephrine pen, help the student to go get it and ask the student to use it. If a student cannot give the injection, use Epi-pen if you are trained to do so by following directions on the pen.
- c. Call parents.
- d. If the student stops responding, start the steps of CPR if trained to do so.

PROCEDURE FOR TREATMENT OF BITES AND STINGS

1. DOG AND OTHER ANIMAL BITES: (Utilizations of gloves with blood or body fluids)
 - a. Stay away from any animal that is acting strangely. An animal with rabies can bite again. Try to have someone else follow the animal so that authorities can capture it later. The animal must be kept under observation for 14 days to rule out rabies.
 - b. Cleanse wound thoroughly with soap and water, rinse with clean water and apply sterile dressing.
 - c. NOTIFY PARENTS and advise immediate attention by physician.
 - d. Report to County Rabies Control officer or county health department and follow their instructions (incubation period in humans for rabies can range from 10 days to 1 year).
 - e. IMPORTANT: RABIES- Assume that an animal has rabies if
 - i. The animal attacks without being provoked
 - ii. The animal behaves in an unusual manner.
 - iii. The animal is a skunk, raccoon, fox or bat.
 - iv. You are not sure.

2. HUMAN BITES: Wounds caused by human bites, especially if they are deep and penetrating, are extremely dangerous because they can infect a person with bacteria.
 - a. If wound is bleeding freely, wash wound under running water.
 - b. Wash wound with soap and water.
 - c. Let wound dry and apply sterile dressing.
 - d. Further treatment depends on hepatitis B immunization information regarding both individuals
 - e. Human immunodeficiency virus (HIV) transfer is a threat, and student, perpetrator may need testing depending on county/district/school policy.
 - f. Notify parent and urge them to contact their physician; alert parent to signs of possible infection.

3. INSECT BITES: Bites from insects such as mosquitoes, fleas and other insects can cause swelling, irritation, and redness. Impetigo can occur as a result of scratching the bites.
 - a. Have student sit down. Determine if student has a known allergy to bee stings by referring to Emergency Release and Health History Form. If student has a history of ALLERGY TO BEE STINGS, see below.
 - b. Wash with soap and water.
 - c. If bee stung the student:
 - i. Look for the stinger. Bees are the only insects that may leave their stingers behind.
 - ii. Scrape away the stinger and venom sac using something with a
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Cont... dull edge such as a credit card. Do not pull the stinger out with tweezers or your fingers. Squeezing the venom sac can release more poison (venom).

- d. Put an ice packs wrapped in a towel or cloth over the bite or sting area to help reduce swelling.
- e. Watch the child for at least 15 minutes for signs of a bad allergic reaction (call teacher to continue to observe for allergic reaction).
- f. Notify parents.
- g. SYMPTOMS FO A BAD ALLERGIC REACTION;
 - i. Flushed skin.
 - ii. Puffy face, mouth, or eyelids.
 - iii. Hives or extensive skin rash.
 - iv. Difficulty breathing or swallowing, hoarseness.
 - v. Sneezing, cough or asthmalike wheezing
 - vi. Generalized swelling
 - vii. Dizziness, stomachache, vomiting, confusion or weakness.

4. PROCEDURE FOR ALLERGIC REACTION (DEPENDS ON SEVERITY OF DISTRESS)

- a. If the student has an epinephrine pen (EPI-pen) use it immediately.
- b. If student is in respiratory distress, has compromised breathing episodes, or other severe symptoms above, CALL 911
- c. Give antihistamine, if not contraindicated on student health record.
- d. If the child stops responding, start the steps of CPR.

PROCEDURE FOR TREATMENT OF DROWNING AND FOREIGN BODY IN THROAT (CHOKING)

1. DROWNING:

- a. Have someone CALL 911 immediately and NOTIFY THE PARENT.
- b. Check if student is responding.
- c. IF THE STUDENT IS RESPONDING:
 - i. Move the student to a quiet warm place. Be ready to start the steps of CPR if the child stops responding.
- d. Remove the student's wet clothes and wrap him/her in blankets.
- e. IF STUDENT IS NOT RESPONDING:
 - i. Open student's airway.
 - ii. Check to see whether student is breathing. If the student is not breathing, start steps of CPR until EMS arrive.

2. CHOKING:

- a. Allow student to cough up the object if they can make sounds and cough loudly.
- b. Call parent.
- c. If the student suddenly cannot breathe, talk, or make any sounds, give abdominal thrusts (Heimlich maneuver).
 - i. Kneel or stand firmly behind student and wrap your arms around her so that your hands are in front.
 - ii. Make a fist with one hand. Put the thumb side of your fist slightly above her navel and well below the breastbone.
 - iii. Grasp the fist with your other hand and give quick upward thrusts into her abdomen.
 - iv. Give thrust until the object is forced out and he/she can breathe, cough, or talk or until the student stops responding. If the student stops responding, CALL 911. Lower student to the ground, face up and start CPR (see CPR section).

3. Complete an Accident Report form.

SNOWFLAKE UNIFIED SCHOOL DISTRICT #5 HEALTH SERVICES

PROCEDURE FOR TREATMENT OF DENTAL EMERGENCIES

1. TOOTH INJURIES (utilization of gloves with blood or body fluid)
 - a. Check the child's mouth for any missing teeth, loose teeth, or parts of teeth.
 - b. If tooth is loose, have the child bite down on a piece of gauze to keep the tooth in place and call the child's parent/guardian or dentist.
 - c. If a tooth is chipped, gently clean the injured area and call the child's parent/guardian or dentist.
 - d. If the child has lost a permanent tooth, rinse the tooth in water, put the tooth in a cup of milk, and immediately take the child and the tooth to a dentist or emergency department.
 - e. Apply pressure with gauze to stop any bleeding at the tooth socket.
 - f. Tell the child's parent/guardian to talk with a dentist if a child's tooth changes color after an injury.
 - g. DO NOT hold the tooth by the root or try to reinsert the tooth.

2. FIRST AID FOR ORTHODONTIC PROBLEMS (Braces and Retainers)
 - a. If a wire is causing irritation, cover end of the wire with beeswax or a piece of gauze until child can be seen by a dentist.
 - b. If a wire is embedded in the cheek, tongue, or gum tissue, do NOT attempt to remove it. CALL PARENT to take child to dentist immediately.
 - c. If an appliance becomes loose or a piece of it breaks off, CONTACT PARENT and advise to take child and the appliance to the dentist as soon as possible.

3. FIRST AID FOR BITTEN TONGUE OR LIP;
 - a. Apply direct pressure to the bleeding area with a clean cloth or gauze. If swelling is present, apply cold compress. If bleeding does not stop, CALL PARENT or 911 (depending on severity).

4. FOLLOW-UP PROCEDURE
 - a. Complete an Accident Report form for any significant accidental dental injury and retain Health Office copy in Accident Report File.

PROCEDURE FOR TREATMENT OF HEAD/NECK INJURIES

- A. IMMEDIATE CARE: (Utilization of gloves for treatment of any body fluids.)
1. Have student lie down for ALL head injuries.
 2. Watch for symptoms of SHOCK (see Procedure for Treatment of SHOCK in the emergency section of the manual.)
 3. Do NOT give fluids by mouth.
 4. REMEMBER, head injuries or wounds tend to bleed profusely.
 5. Check for signs of concussion as listed below:
 - a. Loss of consciousness
 - b. Weakness or paralysis of face or limbs
 - c. Blood or clear fluid draining from ears or nose
 - d. Convulsions
 - e. Eye changes:
 1. Loss of vision
 2. Unequal pupils
 3. Double or blurred vision
 - f. Severe swelling at the site of injury
 - g. Severe headache and/or stiffness of neck
 - h. Nausea or vomiting
 - i. Dizziness or sleepiness
 - j. Paleness or flushing of face
 - k. Confusion or loss of memory
 - l. Slowing of pulse
 - m. Rise in temperature

CALL 911 AND PARENT IMMEDIATELY IF ANY OF THE ABOVE SYMPTOMS OCCUR OR IF STUDENT'S CONDITION IS WORSENING

6. Apply ice pack to area of injury to minimize bruising and swelling.
7. Carefully clean minor lacerations with soap and water. Apply bandage.
8. Do not clean more serious lacerations, as cleaning could cause serious bleeding. Apply a bandage.
9. Contact parents if student develops any significant symptoms
10. Have the student rest quietly and observe closely. Recheck for any symptoms before allowing the student to return to class and/or leave the school premises.

B. NECK OR SPINAL CORD INJURY:

1. DO NOT MOVE HEAD OR NECK!
2. Give First-aid for SHOCK (see Procedure for Treatment of SHOCK in the emergency section of the manual.)
3. CALL (9)-911 IMMEDIATELY and NOTIFY PARENTS.

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PROCEDURE FOR TEMPERATURE-RELATED EMERGENCIES
(HEATSTROKE AND FROSTBITE)

1. HEAT-RELATED EMERGENCIES

- a. HEAT EXHAUSTION SYMPTOMS: Muscle cramps, Sweating, Headache, Nausea, Weakness, Dizziness
 - Move student to a cool, shaded and well-ventilated room or area.
 - Loosen or remove tight clothing from the student.
 - Sponge the student with cool (not ice cold) water a fan the student.
 - Encourage student to drink water if the student can sit up and swallow.
 - Continue to cool the student until his/her behavior is normal again. Call 911 if there are any signs of heatstroke.
 - Notify parents.

- b. HEATSTROKE SYMPTOMS: High body temperature, Hot, red and dry skin, Confusion or strange behavior, Vomiting, Inability to drink, Headache and Fatigue
 - CALL 911
 - Take student into shade or cool room indoors and sponge or spray the student with cool water. Remove or loosen tight clothing and fan the student. Continue to cool the child until trained help arrives.
 - Notify parents.

2. FROSTBITE

- a. SIGNS AND SYMPTOMS: Exposure to cold, Shivering, Low body temperature, Tingling and Numbness, Skin is white, waxy, or grayish-yellow, Skin is cold and numb, Skin is hard and doesn't move.
 - Move student to a warm place.
 - Remove wet clothing, rings, and bracelets.
 - Do not try to thaw frozen part if you are close to a medical facility or you think there may be a chance of refreezing.
 - Keep other area of body warm by covering them with blanket.

DO NOT RUB OR MASSAGE THE FROSTBITE. DO NOT USE A HEATING PAD, STOVE, OR FIRE TO REWARM FROSTBITE. DO NOT THAW THE FROZEN PART IF THERE IS ANY CHANCE OF REFREEZING. SEVERE FROSTBITE MUST BE MANAGED BY EMERGENCY SPECIALISTS - CALL 911!

PROCEDURE FOR TREATMENT OF SHOCK

DEFINITION: Shock develops when there is not enough blood flowing to the cells of the body and could be LIFE TREATENING even though a student's injuries would not otherwise be fatal. Shock can develop after any **injury**, loss of a lot of **blood** that you may not be able to see, severe **heart attack** or student has had a **bad allergic reaction**.

1. SIGNS AND SYMPTOMS

a. Symptoms of Shock

- i. Skin is bluish in color or pale and cold to the touch.
- ii. Moist, clammy skin.
- iii. Rapid or weak pulse.
- iv. Feel weak, faint, or dizzy.
- v. Act restless, agitated, or confused.
- vi. Increased rate of breathing.

2. IMMEDIATE FIRST AID

- i. Activate 911 and notify parents
- ii. Keep student lying down with feet 6 to 12 inches unless injury contradicts position.
- iii. Keep student warm.
- iv. Give nothing by mouth.
- v. Keep student quiet and reassured.

What is a poison?

A **poison** is any product or substance that can harm someone if it is used in the wrong way, by the wrong person, or in the wrong amount. Potentially poisonous items could include some household products, chemicals at work or in the environment, drugs (prescription, over-the-counter, herbal, illegal or animal medicines), snake bites, spider bites, and scorpion stings. Poisons can enter the body through the eyes/ears, on or through the skin, by breathing them, or by swallowing something you shouldn't.

What should I do if I think someone's been poisoned?

- Follow the first aid instructions if you can. Then call your poison center right away!
- The poison center experts will tell you exactly what to do. They will frequently follow-up with you by phone to be sure that everything is all right.
- **DO NOT** wait to call! If you call right away, the problem can often be taken care of over the phone. Don't wait for symptoms!

How can I be prepared for a poison emergency?

- Call your poison center at 1-800-222-1222. The poison center can send you telephone stickers or magnets with the emergency phone number. Post that number on or near your telephones.
- If you have a poisoning emergency call 1-800-222-1222.

What are the most common poisons for children?

- Cosmetics such as perfume or nail polish, and personal care products such as deodorant and soap.
- Cleaning products (for example, laundry detergent and floor cleaners).
- Pain medicines (analgesics) such as acetaminophen or ibuprofen.
- Foreign bodies and toys including utility gel packages to remove moisture in packaging and glow products.
- Topical preparations such as diaper rash products, hydrogen peroxide, acne preparations, or colicine lotion.

What are the most common poisons for adults?

- Pain medicines (analgesics) which can be over-the-counter, prescribed, or illegal. Examples include aspirin, oxycodone, acetaminophen, methadone, and ibuprofen.
- Sedatives (drugs to reduce anxiety), hypnotics (sleeping pills), and antipsychotics (drugs used to treat mental illness).
- Household cleaning products
- Antidepressants (drugs to treat depression)
- Cardiovascular drugs (drugs to treat heart disease)
- Alcohols

What are the most dangerous poisons?

The most common poisons are not necessarily the most dangerous ones. Some of the more dangerous types of poisons that could be found in a home include:

- Antifreeze and windshield washer products
- Some medicines
- Corrosive cleaners like drain openers, oven cleaners, toilet bowl cleaners and rust removers
- Fuels such as kerosene, lamp oil, gasoline, and tiki-torch oil
- Pesticides

As well, teens and adults should be aware of the dangers of improperly used medications,

PROCEDURE FOR ILLNESS

SEIZURE DISORDER/EPILEPSY

A disorder of the nervous system caused by an abnormal electrical discharge in the brain.

SIGNS

GRAND MAL

Muscles tense.

Body becomes rigid.

Eyes roll upward.

Temporary loss of consciousness and violent shaking of part or all of the body.

Jerking movements from trunk and extremities.

Saliva from the mouth (drooling).

Abnormal breathing.

Loss of bladder and/or bowel control.

May last from 2-5 minutes.

PETIT MAL

Blinking and staring spells.

Lasts less than one minute.

Student will not be able to hear commands during these periods.

Attack often mistaken for inattentiveness or daydreaming.

PROCESS CRITERIA

The Health Staff will:

GRAND MAL

1. Keep student calm.
2. Do not restrain.
3. Move student as to lie on their side if possible.
4. Remove all hard or sharp objects near student.
5. Loosen clothing and remove glasses if possible.
6. Do not force anything into the student's mouth.
7. CALL 911 for seizures lasting longer than two minutes, trouble breathing, seizure is followed immediately by more seizures, or for no known previous seizure activity.
8. Remain with student at all times until conscious and no longer confused.
9. When seizure is over, allow student to remain down and resting.
10. Once back in control, re-orient the student to the environment.
11. Do a neuro check and take vitals
12. Contact parent.
13. Contact physician when student has continual or frequent seizure episodes.