



INJURY

PROCEDURE FOR TREATMENT OF BLISTERS, BRUISES AND SPLINTERS

1. **BLISTERS:**
 - a. If blister has not ruptured and surrounding area is clean, apply only sterile gauze dressing; do not attempt to open blister.
 - b. If area is dirty, clean blister and surrounding area with soap and water, rinse and apply bandage.
 - c. If blister is open, clean surrounding area with soap and water, rinse and cover with dressing or bandage.
 - d. Notify parents.

2. **BRUISES:**
 - a. Immediately apply cold compress or ice pack to reduce swelling and relieve pain; elevate bruised part if possible.
 - b. Notify parents.

3. **SPLINTERS:**
 - a. If splinter is large and deeply embedded, leave it alone and notify parent.
 - b. Try using sticky tape to remove a splinter by putting the tape over the splinter and pull tape off.
 - c. If splinter is near surface and protruding, cleanse area thoroughly with mild soap solution and gently remove splinter with tweezers.
 - d. Apply light dressing or bandage.

SNOWFLAKE UNIFIED SCHOOL DISTRICT #5
HEALTH SERVICES

PROCEDURE FOR TREATMENT OF BURNS INCLUDING CHEMICAL
AND ELECTRICAL BURNS

- A. FIRST AID FOR MINOR BURNS (First Degree—redness and pain only):
1. Remove rings, bracelets, or any constricting jewelry before swelling occurs. Place burned area under cold running water. Repeat until pain stops.
 2. Cover with sterile gauze.
 3. Do not apply any ointments.
 4. Notify parent(s).
 5. Send Illness/Injury note home with child. Retain copy in Student's file.
- B. FIRST AID FOR SECOND-, PARTIAL THICKNESS BURN
1. Run cool running water over burned area until pain subsides.
 2. Cover with sterile gauze or clean dressing.
 3. If arms or legs are burned, elevate them above victim's heart level.
 4. Do not apply ointments or attempt to break blisters or remove tissue.
 5. Notify parent(s) and recommend that the student be seen by primary care provider.
- C. FIRST AID FOR THIRD-DEGREE, FULL THICKNESS BURN
1. Activate emergency medical services (EMS) and notify parent(s).
 2. Do not attempt to remove garments that are clinging to area; cut around them.
 3. Do not apply cold water, cold compresses, ice packs, or ointments.
 4. Cover area with sterile gauze or clean cloth.
 5. If legs are burned, elevate them above victim's heart level if possible.
 6. Keep student warm, calm, and reassured.
 7. If necessary, treat student for shock or administer CPR.
 8. Check immunizations records for current tetanus vaccine.
- D. CHEMICAL BURNS (Chemical burns can occur in chemistry, shop, photography, or automobile classes).
1. Activate EMS and notify parent(s).
 2. If possible, immediately remove all contaminated clothing.
 3. Run water over area at least 15 minutes.
 4. Cover burn area with a sterile dressing.

E. FIRST AID FOR CHEMICAL BURNS OF THE EYE

1. Blush eye with tap water for 15 minutes. While flushing the eye, notify parents and arrange transportation of student to hospital emergency department.
2. If person is lying down, turn head to side and pour water into eye, from inner corner of eye outward; hold eye open and do not wash chemical toward other eye.
3. Immobilize eye by covering it with dry dressing.
4. If possible, cover both eyes.
5. Alkali burns of the eye can be caused by drain cleaner, laundry and dishwasher detergent, or other cleansing agents; an eye may appear slightly injured but later may become deeply inflamed and develop tissue damage with possible loss of sight.

SNOWFLAKE UNIFIED SCHOOL DISTRICT #5
HEALTH SERVICES

PROCEDURE FOR TREATMENT TO INJURIES TO THE EYE(S)

A. EYE INJURY

1. When an eye sustains a severe blow, cut or perforating wound, do not attempt to open eye; put eye pad on affected eye and notify parents for immediate care.
2. If student is cooperative, patch both eyes to restrict movement.
3. Do not apply pressure.
4. Treat bruises immediately with cold applications.
5. NOTIFY PARENT and advise medical attention.

B. FOREIGN BODY IN EYE

1. Wash hands before examining eye.
2. DO NOT rub the eye. Try to prevent child from doing this.
3. Invert upper lid by gently pulling downward, outward, and upward on the lashes.
4. If object remains, flush eye several times with water. Tilt head so that water runs from inner to outer aspect of eye.
5. If flushing does not remove foreign body, close eye apply eye pad, and notify parents; advise immediate medical care.
6. If student will tolerate, patch both eyes to control eye movement.

C. EYE INFLAMMATION AND DISCHARGE

1. Apply warm soak.
2. CONTACT PARENT and advise medical attention to check for Conjunctivitis (pink-eye).
3. Exclude from school for 24 hours under treatment if positive for Conjunctivitis.

D. STY:

1. Apply warm soak.
2. CONTACT PARENT and advise medical treatment if painful.

E. FOLLOW-UP PROCEDURE:

1. Complete an Accident Report form for any significant accidental eye injury and retain HEALTH OFFICE copy in student's file.

PROCEDURE FOR TREATMENT OF NOSEBLEEDS

1. FIRST AID FOR NOSEBLEEDS: (Utilization of gloves with blood and body fluids)
 - a. Have student sit with head erect, leaning forward, if possible, to avoid drainage of blood into airway or esophagus.
 - b. With gloved fingers, apply firm but gentle pressure over bleeding nostrils for at least 10 minutes.
 - c. If bleeding continues, press harder.
 - d. Assist student as necessary in cleansing his/her face, hands, etc.
 - e. If bleeding does not stop within about 15-20 minutes, notify parents and urge care. Call 911 if bleeding is heavy, such as gushing blood or the child has trouble breathing.
 - f. Complete Accident Report if the nosebleed is related to an accident/injury.

PROCEDURE FOR TREATMENT OF LACERATIONS, ABRASIONS, AND PUNCTURE WOUNDS

1. MINOR WOUNDS: (Utilization of gloves with blood or body fluids)
 - a. Wash the wound well with water and soap if available.
 - b. Stop the bleeding with pressure.
 - c. Apply a dressing or bandage to the wound.

2. MAJOR CUTS AND SCRAPES:
 - a. Place thick sterile gauze pad directly over wound (if sterile material is not available, use cleanest cloth or material available and use gloved hands).
 - b. If bleeding is severe and continuous, apply pressure directly over wound until bleeding stops; elevate wound above child's heart level, if feasible.
 - c. If wound is gaping, call parents to take to health provider
 - d. If sutures are needed, they should be done within the first 12 hours.
 - e. Never remove initial dressing; if additional dressings are needed, place them over the old dressing; continue direct hand pressure even more firmly if bleeding persists.
 - f. The child should see the PHYSICIAN if fat is protruding from a wound, if dirt is embedded too deeply to wash off, or if wound is bleeding profusely.
 - g. Remember to watch for signs of SHOCK (see Procedure for Treatment of Shock in emergency section of manual.)
 - h. IF FINGER OR OTHER PART IS SEVERED, cover the amputated part with a clean dressing and place in a watertight plastic bag. Place that bag in another container with ice or ice and water. Send the child and bag to hospital.
 - i. Notify parents of injury; recommendations to parents depend on the extent of injury (e.g., immediate care for suturing or observations for infection). Remind parents that tetanus booster may be needed for all PUNCTURE and SEVERE wounds. Check school immunization record for date of last tetanus immunization (effective for 5 years).

3. Complete Accident Report as indicated.

IF A STUDENT IS INJURED AND A SHARP OBJECT, SUCH AS A NAIL OR A KNIFE, REMAINS PARTLY STUCK IN THE BODY, DO NOT TAKE IT OUT. TAKING IT OUT MAY CAUSE MORE DAMAGE.

PROCEDURE FOR TREATMENT OF NOSEBLEEDS

1. **FIRST AID FOR NOSEBLEEDS:** (Utilization of gloves with blood and body fluids)
 - a. Have student sit with head erect, leaning forward, if possible, to avoid drainage of blood into airway or esophagus.
 - b. With gloved fingers, apply firm but gentle pressure over bleeding nostrils for at least 10 minutes.
 - c. If bleeding continues, press harder.
 - d. Assist student as necessary in cleansing his/her face, hands, etc.
 - e. If bleeding does not stop within about 15-20 minutes, notify parents and urge care. Call 911 if bleeding is heavy, such as gushing blood or the child has trouble breathing.
 - f. Complete Accident Report if the nosebleed is related to an accident/injury.

PROCEDURE FOR MANAGEMENT OF SPRAINS, STRAINS, FRACTURES AND DISLOCATIONS

1. FIRST AID FOR SPRAINS:

- a. SYMPTOMS: Swelling, Tenderness, Pain with motion, Discoloration
 - i. If possible, elevate injured part and apply cold compresses or ice pack.
 - ii. Always place thin towel or cloth between skin and application of any cold treatment
 - iii. Immobilize the area of injury in most comfortable position.
 - iv. Notify parent to take child for medical attention for severe sprain.
 - v. Complete Accident Report.

2. SIGNS AND SYMPTOMS OF DISLOCATIONS, FRACTURES AND COMPOUND FRACTURES:

- a. Edema, swelling
- b. Discoloration
- c. Tenderness to the touch, pain
- d. Deformity and possible shortening of the limb...possible protruding broken bones through the skin (Compound fracture).
- e. Inability to bear weight or inability to move. Even if doubt exists as to the presence of a fracture, provide first-aid measures for fracture to prevent aggravation of existing injuries.

3. FIRST AID FOR DISLOCATION, FRACTURES AND COMPOUND FRACTURES:

- a. Put on disposable gloves if there is any bleeding or body fluid involved.
- b. Keep student quiet and, if indicated, treat for shock (see SHOCK section).
- c. Notify parent and call 911
 - i. Depending on severity and area of fracture injury, parents may decide to transport child to a local physician themselves.
- d. Do NOT attempt to move student unless danger of fire, drowning, etc.
- e. Do NOT attempt to 'set' or manipulate the bone.
- f. Cover any open wound with a clean dressing.
- g. IF student must be moved or parent will transport, apply splint and elevate limb slightly (newspapers, rolled blankets, pillows, sticks or boards).
- h. For COMPOUND fractures:
 - i. Cut away clothing
 - ii. Control hemorrhage by applying pressure with sterile or clean dressing over wound.
 - iii. Do not wash or probe wound
 - iv. If bone is protruding, cover wound with sterile compress,

PARENT NOTIFICATION OF POSSIBLE
SPRAINS/STRAINS/FRACTURES/DISLOCATIONS

Date: _____

Dear Parent:

_____ was in the Health room today for treatment of
a possible sprain/strain/fracture/dislocation.

Treatment that was given:

_____ ICE
_____ ELEVATION
_____ REST
_____ TEMPORARY STABILIZATION SPLINT
_____ TEMPORARY SLING
_____ PARENT NOTIFICATION
_____ UNABLE TO REACH PARENT AT TIME OF INJURY

OTHER _____

We recommend the following:

_____ Evaluation by your HEALTH CARE PROVIDER

Treated by:

_____ Phone: _____