

Students

Emergency Care in School for Students

When To Exclude A Child From School

1. Temperature of 100 or over.
2. Temperature of 99 with symptoms.
3. Any skin eruption suggestive of a communicable disease.
4. Any skin eruption suggestive of impetigo or scabies.
5. Live pediculosis (head lice) or live nits are found in the hair.
6. Poor body hygiene which is offensive to others.
7. Any possible eye infection.

Requirements for Readmission to School

Children who have had pediculosis, chicken pox, mumps, or scabies must be checked by the school nurse, school health aide, Principal, or Principal's designee.

Children with pediculosis may be readmitted after the parent signs a statement attesting to administration of appropriate treatment. (see #5141.2 Form #5)

Children may return to school following the chicken pox one week after the first crop of vesicles appears.

Children with impetigo may return to school 24 hours after antibiotic therapy has begun.

Children with mumps may return to school when swelling has subsided.

Children with bacterial infections of the eye may return when symptoms have cleared.

Children with streptococcal infections may return 24 hours after antibiotic therapy has begun.

Children with scabies may return after treatment with an insecticide.

A note from a physician stating the child is free from communicable disease will be accepted in all cases.

Accidents in the Home or Off School Premise

Responsibility for such accidents rests with the family and the family physician. When accidents or illnesses occur outside, the school nurse and the teacher should have the family assume the responsibility for medical attention. If necessary, the child should be sent home and the family advised to obtain medical care. The school should give only emergency or first aid nursing care.

Students

Emergency Care in School for Students

Who Shall Do First Aid in the Schools

1. First Aid shall be done by the school health aide, nurse, Principal or teacher, who have been trained in first aid.
2. No child or children shall be permitted to give first aid to other children.
3. A record of all children receiving first aid shall be kept on file in the health room for 3 years.

Categories of Emergencies

Category I Emergency and/or Needs Immediate Treatment and Mobilization of Emergency Medical Services:

- A. Acute airway obstruction
- B. Cardiac or respiratory arrest
- C. Near drowning
- D. Massive external hemorrhage or internal hemorrhage
- E. Internal poisoning or external poisoning
- F. Anaphylaxis
- G. Neck or back injury
- H. Chemical burns of the eye
- I. Heat stroke
- J. Penetrating/crushing chest wounds and pneumothorax

Category II Urgent - Immediate Evaluation and Referral to Treatment Facility

- A. Internal bleeding
- B. Coronary occlusion
- C. Dislocations and fractures
- D. Unconscious states
- E. Heat problems
- F. Major burns
- G. Drug overdose
- H. Head injury with loss of consciousness
- I. Penetrating eye injuries
- J. Seizure - cause unknown

Students

Emergency Care in School for Students

Categories of Emergencies (continued)

Category III Medical Consultation Desirable Within an Hour

- A. Lacerations
- B. Bites and stings--animals, insect, and snake (without anaphylaxis)
- C. Burns with blisters
- D. Accidental loss of tooth
- E. Acute emotional state
- F. Moderate reactions to drugs
- G. High fever above 103 degrees
- H. Asthma/wheezing
- I. Non-penetrating eye injury

Category IV Attention by a Trained Staff Person with School Nurse/Parent Consultation

- A. Convulsion in epileptic
- B. Insulin reaction in diabetic
- C. Severe abdominal pain
- D. Fever 100 - 103 degrees
- E. Sprains
- F. Frostbite
- G. Emotional states (hyperventilating)

Category V Minor Injuries/Illnesses – Can be Handled by a Trained Staff Person Following Standard Procedures

Pertinent Legislation Relating To Emergency Medical Care

Sec. 10-205 of the General Statutes: requires the Board of Education of towns with a population of ten thousand or more and permits the Board in towns with a smaller population to appoint a School Medical Advisor.

Sec. 10-212 of the General Statutes: permits a local Board of Education to appoint one or more school nurses and outlines some of their duties.

Students

Emergency Care in School for Students

Pertinent Legislation Relating To Emergency Medical Care (continued)

Sec. 52-557b (a) The Good Samaritan Law includes teachers and other school personnel in immunity from liability for emergency medical assistance upon completion of a course in first aid with proof of current certification offered by the American Red Cross, the American Heart Association, the State Department of Health Services or any director of health. This Good Samaritan Law also includes teachers or other school personnel in immunity from liability for rendering emergency care by administration of medications by injections upon completion of a course in first aid as in the previous paragraph and a course given by the medical advisor of the school or by a licensed physician in the administration of medication by injection.

Personnel Training

Required First Aide Training

Each Waterford Public School Principal and Administrator will be trained in First Aide including skills associated with CPR. Certification courses will be arranged by the Superintendent or his/her designee.

Volunteer First Aide Training

A first aide/CPR course will be offered periodically to interested staff members. Staff will volunteer time to attend these courses and the courses will be offered at no cost to staff members.

At least one person assigned to supervise students in the cafeteria are to be trained in the use of the Heimlich Maneuver. This training will be updated at least on an annual basis.

Heimlich Maneuver

The school system will offer training in the Heimlich Maneuver for staff members who have expressed an interest.

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

Emergency Information

Student's Name _____ Date _____

Address _____

Parent/Guardian _____ Time of Notification _____

Phone Number: Home _____ Work _____

Date of Birth _____ Age _____ Weight _____

Physician _____

Summary of Incident: _____

First Aid/Emergency Care Given: _____

Significant Medical History: _____

Current Medications if any: _____

Allergies: _____

Date of last Tetanus Shot: _____

Received By _____ Nurse/School Health Aide _____

Optional form to be given to Ambulance Personnel (Paramedic/EMT) when student is transferred to hospital.

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Dear Parent:

Today, _____ received an injury at _____ .

A brief description of how the injury occurred: _____

Your child was seen in the Health Room and had no problems at that time, but you should watch for any of the following symptoms:

- A. Signs indicative of needing prompt physician consultation:
 - 1. Pain awakens at night/persists at same mild-to moderate intensity beyond 48 hours.
 - 2. Pain increases.
 - 3. Swelling increases/persists at same intensity beyond 48 hours.
 - 4. Blueness or discoloration of extremity.
 - 5. Numbness/tingling.
- B. Rest affected area; no weight bearing until free of acute pain (minimum rest of 24 hours).
- C. Ice application 20 minutes, 4 to 5 times daily for first 36 to 48 hours, discontinuing if swelling disappears within that time. Warm soaks/heating pad four times a day thereafter.
- D. Compression; ace wrap NOT to be used through night to avoid circulatory impairment.
- E. Elevation of affected part until swelling gone for 24 hours.
- F. Buddy splinting of jammed finger for support.
- G. Abstaining from physical activity until complete healing. Athletes should NOT participate until receiving medical assessment if ANY of the following occurred during sports activity injury:
 - 1. Obvious swelling
 - 2. Limited/painful range of motion.
 - 3. Loss of normal functioning
 - 4. Assistance needed to leave the field.
 - 5. Athlete felt unable to continue play

NOTE: If you notice any of the above symptoms, contact your local doctor or emergency room. Do NOT give aspirin or Tylenol.

- Parent/Guardian notified
- Attempted to contact Parent/Guardian and unable to reach.

School Nurse/Health Aide _____ Telephone _____

This form is to be completed and distributed for all suspected fractures, dislocations or sprains which are referred to the health room.

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Dear Parent:

Today, _____ received an injury to the head at _____ .

(Student Name) _____ (time) _____

A brief description of how the injury occurred: _____

Your child was seen in the Health Room and had no problems at that time, but you should watch for any of the following symptoms:

1. Severe Headache.
2. Excessive drowsiness (awaken the child at least twice during the night).
3. Nausea and/or vomiting.
4. Double vision, blurred vision, or pupils of different sizes.
5. Loss of muscle coordination such as falling down, walking strangely, or staggering.
6. Any unusual behavior such as being confused, breathing irregularly, or being dizzy.
7. Convulsion.
8. Bleeding or discharge from an ear.

Note: If you notice any of the above symptoms, contact your local doctor or emergency room. Do NOT give aspirin or Tylenol.

- Parent/Guardian notified
 Attempted to contact Parent/Guardian and unable to reach.

School Nurse/Health Aide _____ Telephone _____

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

ADDENDUM TO MEDICAL SCHOOL FORM
Anaphylaxis (Severe Allergic Reaction to Bee Stings, Food Allergies, etc.)

Student's Name _____ School _____

Address _____ Date of Birth _____

Physician's Name _____ Physician # _____

Diagnosis _____

Specific Allergen _____

If student ingests or thinks ingested the above-named allergen:

- Observe patient for symptoms of anaphylaxis **
- Administer Epinephrine (Epi pen) before symptoms occur
- Administer Epinephrine (Epi pen) if symptoms occur
- Administer Benadryl _____ (dosage) or Atarax _____ (dosage)
- Transport to ER for observation if symptoms occur

Physician Signature _____ Date _____

****SYMPTOMS****

Chest tightness, cough, shortness of breath
Tightness in throat, difficulty swallowing
Swelling of lips, tongue, throat
Itching Mouth

Hives or Hoarseness
Stomach cramps, vomiting, or diarrhea
Dizziness or faintness

I have read and understand the above information.

Parent Signature _____ Date _____

To be completed at the beginning of each school year or at initial registration.

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

Date _____

Student's Name _____

Teacher's Name _____

Dear School Nurse,

I have read the appropriate procedures associated with the treatment of head lice and have followed the directions as requested. This includes the application of a head louse shampoo.

Signature of Parent/Guardian

This form is to be signed and returned after initial identification of head lice.

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

Date _____

Student's Name _____

Teacher's Name _____

Dear School Nurse,

I have read the appropriate procedures associated with the treatment of head lice and have followed the directions as requested. This includes the application of a head louse shampoo.

Signature of Parent/Guardian

This form is to be signed and returned to the school nurse seven to ten days after head lice identification.

EMERGENCIES AND FIRST AID MANUAL FOR PROCEDURES FOR THE WATERFORD SCHOOL SYSTEM

The following procedures are outlined for school personnel as general directions in cases of accident, injury or sudden illness (physical or mental). These procedures are for students, Waterford employees and visitors.

Emergencies

In situations involving minors or children in school, call parents and if they cannot be contacted, telephone the child's physician for instructions on how to proceed. If neither parent nor the family physician can be reached, call the school medical advisor for instructions. If an adult, call family physician for instructions. If warranted by condition, take or have child or adult taken to hospital emergency room or other appropriate medical facility immediately.

Prevention of Disease Transmission in Schools

Routine and standard procedures should be used to clean up after a child or adult has an accident or injury at school. Blood, vomitus, stool, urine, or other body fluids from any child or adult, should be treated cautiously. Gloves should be worn when cleaning up all spills whenever possible. These spills should be disinfected with either bleach or another disinfectant, and persons coming in contact with them should wash their hands afterwards. Handwashing after contact with a school child or adult is routinely recommended.

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the office of the custodian, nurse, or principal. Gloves are recommended when direct hand contact with body fluids is anticipated (i.e. treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If extensive contact is made with body fluids, hands should be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

PROCEDURES FOR FIRST AID

Abdominal Pain - Place victim in comfortable position. Take temperature. Do not give anything by mouth. Elicit recent diet history plus history of vomiting, stool pattern, menstrual cycle. Notify parent or guardian. Advise medical consultation if pain is unusually severe or persists beyond one (1) hour.

Abrasions - Wash with antibacterial soap and water or hydrogen peroxide if necessary, and sterile dressing.

PROCEDURES FOR FIRST AID (continued)

Acute Airway Obstruction - See “Foreign Body in Throat.”

Acute Emotional State - Calm victim by speaking in quiet voice. If hyperventilating, have them breathe into a paper bag. Try to understand what is upsetting the person. Be kind, gentle, and sympathetic. Seek professional assistance from trained personnel (e.g., psychologist, social worker, nurse, or counselor).

Anaphylaxis – See Standing Order

Asthma/Wheezing - Place victim in comfortable sitting position. Encourage fluids. Refer to standing orders and/or school medical advisor. Call parents and refer to medical facility or physician as condition requires.

Bee Sting or Insect Bites - Immediately check child’s health record for allergy to insect venom and follow specific orders for that child. Remove stinger, if present, by scraping. Apply ice or cold compresses to relieve pain and minimize swelling. Notify parents, and consider medical attention. Watch for possible allergic reaction to sting such as itching, puffiness, difficulty in breathing, fainting and hives. If signs of allergic reactions are noted, follow orders under “Anaphylaxis” to administer adrenalin.

Bites:

- A. Small Animal Bites** - Cleanse wound with soap and water. Assess child’s or adult’s tetanus status by school record and refer to doctor for immunization and follow-up. Refer to family physician or medical advisor for possible rabies prophylaxis if bite was by raccoon, skunk, bat, or fox (in Connecticut).
- B. Insect and Spider Bites (without anaphylaxis)** - Remove stinger, if present. Apply ice to reduce swelling and pain. Refer to family physician or to medical advisor if minor local inflammation. Check records and ask for history of allergy.
- C. Snake Bites** - Poisonous snake (mostly copperhead in this area) leaves two (2) deep fang marks about 2 cm apart and causes immediate swelling and pain of extremity. Non-poisonous snake bite is a ring of teeth in a semi-circle and essentially no [immediate] local reaction. If bite is in a limb, immobilize the arm or leg in a lowered position, keeping the involved area below the level of the victim’s heart. Transfer to medical facility.

PROCEDURES FOR FIRST AID (continued)

Bleeding:

- A. Nosebleed** - Press the bleeding nostril firmly against the puddle partition of the nose for 10 minutes to allow clot to form. Keep the child or adult in a sitting position; tilt the head forward to avoid swallowing blood. Try to prevent child or adult from blowing through nose for several hours so clot will not be dislodged. If bleeding persists, contact parents and advise medical care.

In an adult, in addition to above efforts, check blood pressure and refer to medical care when indicated.

- B. Cuts** - Wash with antibacterial soap and water, apply hydrogen peroxide if necessary, and apply sterile dressing. Apply direct pressure over cut.
- C. Small Wound** - Cleanse with antibacterial soap and water. Apply bandaid or sterile gauze dressing. If bleeding cannot be effectively controlled by applying pressure with sterile gauze and fingers at the site of the wound, notify parents and recommend medical attention.
- D. Large Wound** - Apply direct pressure with a clean dressing or any cloth and fingers over site of bleeding until medical aid may be secured.
- E. Puncture Wounds** - Wash gently but thoroughly with antibacterial soap and water. Cover with sterile dressing.
- F. Laceration** - Wash with antibacterial soap and water or hydrogen peroxide if needed. Apply pressure dressing if necessary and arrange for patient to see his own physician or go to emergency room at hospital.

If as a result of laceration or injury careful examination of the wound reveals that there has been an amputation of a part, the part is to be sent as cleanly and moistly as possible with the patient, to the physician or hospital.

G. Massive Hemorrhage:

1. External hemorrhage (e.g., severed limb, lacerated artery, nosebleed in hemophilia).

Control bleeding by placing a clean covering; such as a sterile dressing over the wound and applying pressure. If the bleeding cannot be controlled, put pressure on the nearby artery (pressure point). Seek medical attention. (Call 911) In the case of a severed limb, protect severed part and transport with victim. Wash hands immediately after completing care.

PROCEDURES FOR FIRST AID (continued)

Bleeding: (continued)

G. Massive Hemorrhage: (continued)

2. Internal hemorrhage (e.g., abdominal trauma, fracture).

Immobilize immediately and do not move until medical aid arrives. Position patient with abdominal trauma on back or side and observe carefully for vomiting and cardiorespiratory arrest (initiate CPR). Treat for shock as instructed in certified course.

3. Internal Bleeding.

Victim may exhibit signs of shock and if so, should be treated accordingly. It is most important that the victim should lie comfortably and quietly. If a limb is fractured, it should be immobilized.

Bruises - Apply cool compresses for 30 minutes. No ice next to skin.

Burns:

- A. Burns with Blisters** - Blisters form quickly. Apply cool, wet compresses gently and lightly to reduce tissue damage. Do not break blisters. Cover loosely with gauze and refer to medical facility.
- B. Major Burns** - Assess consciousness and respiratory status. Burned extremities or small burned areas of body (15%) should be cooled with cool water to prevent further tissue damage. Cover lightly with clean gauze or cloth and transfer to medical facility.
- C. Minor Burns** - Cool burned area in cool water. Cover loosely with gauze or leave open if very minor.

Cessation of Breathing - See “Unconscious State.”

Choking - See “Foreign Body in Throat.”

Coma - Observe symptoms and ascertain possible contributory causes (trauma, drugs, alcohol, diabetes) for immediate report to physician. Loosen clothing to facilitate breathing. Call for an ambulance.

Convulsions - Place patient on back and turn head to side. Protect from injury (especially head) if thrashing. Loosen clothing. Allow to rest when seizure is over. Report observations to physician. Do not leave patient unattended.

PROCEDURES FOR FIRST AID (continued)

Cuts – See “Bleeding.”

Dental Emergencies:

- A. Toothache** - Rinse the mouth vigorously with warm water to clean out debris. Use dental floss to remove any food that might be trapped within the cavity (especially between teeth). If swelling is present, place cold compresses to the outside of the cheek. (DO NOT USE HEAT.) DO NOT place aspirin on gum tissue or aching tooth. If the pain is severe, contact student’s parent.

- B. Knocked Out Tooth** - If the tooth is dirty, rinse it gently in running water. Do not scrub it. If this is not possible, place the tooth in a container of milk or cool water. Refer to dentist (within thirty (30) minutes, if possible). Send tooth with patient to dentist. With parent’s or guardian’s permission, follow instructions of dental professional on emergency replacement of avulsed tooth (lost tooth). Parent or guardian should follow up on further treatment needed by victim.

- C. Broken Tooth** - Try to clean dirt or debris from injured area with warm water. Place cool compresses on face next to injured tooth to minimize swelling. Refer individual to the dentist immediately.

- D. Bitten Tongue or Lip** - Apply direct pressure to bleeding areas with a sterile or clean cloth. If swelling is present, apply cool compresses. If bleeding doesn’t stop readily or the bite is severe, refer the individual to his/her dentist or to the hospital emergency room.

- E. Orthodontic Problem (Braces and Retainers)** - If a wire is causing irritation, cover the end of the wire with a wax ball. Refer individual to his/her orthodontist.

If a wire is imbedded in the cheek, tongue, or gum tissue, DO NOT attempt to remove it. Refer the individual to the orthodontist immediately.

If there is a loose or broken appliance, refer the individual to the orthodontist.

- F. Object Wedged Between Teeth** - Try to remove the object with dental floss. Guide the floss in carefully so as not to cut the gums. If unsuccessful, refer the individual to a dentist. DO NOT try to remove with sharp or pointed objects.

- G. Possible Fractured Jaw** - Immobilize the jaw by any means (handkerchief, necktie, towel). If swelling is present, apply cold compresses. Call your dentist or go immediately to a hospital emergency room.

PROCEDURES FOR FIRST AID (continued)

Drowning - Consider the possibilities of neck or back injury; carefully remove victim from water using a board or other back support, keeping neck in line with spine. Perform artificial resuscitation. If necessary initiate Cardiopulmonary Resuscitation (CPR), watching carefully for vomiting (turn head to side and evacuate throat). Keep patient warm, continue CPR and transfer immediately to medical facility.

Drug Intoxication and Alcohol Ingestion - Use lifesaving and protective measures as needed. Observe symptoms (note patient's respiratory and cardiac status, degree of alertness and size of pupils) and report to doctor. Attempt to determine type of drug used. Obtain immediate medical care from family physician. Refer patient's family for further counseling. Do not remain in the situation alone, but call for or seek assistance.

Earache - Check temperature. Nurse may check student's ear with otoscope. If signs of infection or inflammation exist, the student is to be sent home, and medical attention is to be recommended.

Electric Shock - Turn off current, if possible. Use a long, dry stick, dry rope, dry clothing or other nonconductor to break contact with victim. Give CPR if indicated. Call for an ambulance.

Eyes:

- A. Blow to Eye** - Apply cool compresses and seek medical attention.
- B. Eye Infection** - May be communicable. To be sent home at the judgment of nurse. Recommend medical attention. Readmit when cleared or under treatment.
- C. Eye Irritation** - Flush eye with clean water.
- D. Chemical Burns of the Eye** - Immediately irrigate the eye(s) copiously with most available source of water (shower, drinking fountain spigot), bandage eye loosely, retain name of chemical with victim and transfer directly to ophthalmologic care. Caution: Certain chemicals in laboratories react violently with water. Check with knowledgeable person.
- E. Eye Injuries** - For non-penetrating eye injuries gently close the eye, and apply clean, loose dressing, and refer for ophthalmologic care.

For penetrating eye injury, do not remove object. Cover both eyes loosely with sterile or clean dressing. Avoid pressure on eyes, keep victim quiet and transport by stretcher. To transfer patient with bleeding eye, have patient in sitting position.

- F. Foreign Body in Eye** - See "Foreign Bodies."

PROCEDURES FOR FIRST AID (continued)

Fainting - When symptoms first occur, place head between knees and if necessary place the patient in a horizontal position. Loosen clothing around the neck, use aromatic spirits of ammonia with caution, allow to sit before standing. A responsible person should remain with the patient until sufficiently recovered. See “Unconscious State” and “Coma.”

Fever - For fever of 100 degrees with symptoms, notify parent or guardian for dismissal.

Frostbite – Protect frozen area from further injury. Handle gently and do not massage. Warm affected area rapidly by immersing in warm water (102-105 degrees), or wrap part gently in a sheet or blanket.

Separate affected skin areas with sterile gauze, such as between fingers and toes. Notify parent or guardian. Advise medical consultation. Do not allow the victim to walk if feet are involved. Keep injured parts elevated during transportation.

Foreign Bodies:

- A. Foreign Body in Ear** - Do not attempt to remove foreign body if it does not come out readily by tilting head to affected side. Notify parents so they can arrange for removal by their physician.
- B. Foreign Body in Eye** - Do not rub. If possible, let tears wash out particle; if unsuccessful, keep eye closed and cover. May evert eyelid and attempt to remove with Q-tip. If suspicion of penetrating injury, cover with light gauze, lie flat and seek medical attention.
- C. Foreign Body in Nose** - If foreign body does not dislodge itself spontaneously, do not attempt to remove, and advise medical attention. Advise against blowing nose violently or blowing with one nostril shut.
- D. Foreign Body in Throat** - Let patient attempt to expel object by coughing if he can. If the object can be seen, attempt to remove it with your finger. Use HEIMLICH MANEUVER.

Grab the victim and stand behind him or her. Wrap your arms around the waist. Make a fist with one hand and grasp it with the other, placing both hands against the victim’s abdomen with a quick, forceful upward thrust, expelling the air in the lungs. Repeat six-eight (6-8) times if necessary, or until object is expelled or victim becomes unconscious.

If the victim is prone or unconscious, turn him on his back, kneel astride the torso, place both hands on the victim’s abdomen slightly above the navel and below the rib cage--and again, press with a quick forceful, upward thrust.

PROCEDURES FOR FIRST AID (continued)

Fractures—Dislocations—Sprains - If sprain or dislocation is suspected, apply cold pack for 30 minutes and keep extremity elevated if possible.

Carefully assess the patient's neurologic status (alertness, speech, voluntary and involuntary movement, ability to respond) at the site of the accident. **DO NOT** move the patient if he complains of pain in neck or back, or has tingling of feet or hands, or inability to move an extremity. Cover and keep warm. Call for an ambulance.

Assess for asymmetry, deformity, swelling, skin discolorations, point tenderness, altered Range of Motion, loss of function, absence of pulse above and below injury site.

For suspected dislocation/fracture:

- Determine site and mechanism of injury
- Cover protruding bones with sterile/clean bandage
- **DO NOT** probe or wash such wounds
- Assist student to relax and keep affected area still
- **DO NOT** attempt to put dislocation back in place
- Use sling to support hand and wrist with elbow slightly lower than forearm
- Monitor pulse and respirations and check for shock every 15 minutes until transported
- Inform parent
- Transfer to medical facility if appropriate

For suspected sprains:

- Determine site and mechanism of injury
- Assist student to keep calm and keep affected area still
- Elevate affected part if possible with support of pillow or sling
- Apply ice to affected area for 30 minutes, protecting skin with cloth
- Buddy-tape jammed fingers
- Refer for prompt medical assessment if:
 - limping severely/unable to bear weight
 - unable to move associated joint with severe pain
- May ace wrap observing the following limitations:
 - for applying compression to mild sprain (Defined as having mild pain, minimal swelling, no point of tenderness and, if ankle involved, able to walk with pain)
 - for holding ice on an injured limb
 - for holding splint on an injured limb
 - do-wrap from distal to proximal to promote venous return:
 - use spiral turns covering one-third to one-half of each previous wrap;
 - avoid excessive pressure to avoid interference with circulation and nerve function;

PROCEDURES FOR FIRST AID (continued)

For suspected sprains: (continued)

- avoid covering fingers and toes to assess neurovascular status;
- check distal pulses and capillary refill;
- instruct student and parent to elevate and rest bandaged extremity and to consult health care provider immediately for numbness/blue or purplish coloration;
- when dismissing student from health room with ace wrap, advise student and parent of need for prompt medical assessment when symptoms of mild sprain persists beyond 48 hours and of need to rewrap ace if too tight or too loose.

Headache - Advise to rest for one-half hour. If febrile, recommend medical attention. Refer to policy on Administration of Student Medication (#5141.10) before administering any medications.

Head Injury - Complete rest, lying flat and level. Check for broken bones. Observe for headache, vomiting, nystagmus, drowsiness, loss of equilibrium. Advise medical attention for any of these symptoms. No head injury should be regarded lightly. If unconscious, keep victim lying flat, immobilize neck, observe vital signs, and transfer to medical facility. Parents should be notified of a child's head injury, and child should be sent home if any doubt regarding seriousness. See form #5141.12(e).

Heat Exhaustion - (weakness, dizziness, nausea, headache, skin cold and clammy, body temperature usually normal)

Take temperature. Remove to cool area, loosen clothes, place in head-low position, apply cold compresses or ice bag, give fluids. Secure medical attention immediately.

Heart Attack (Coronary Occlusion) - Patient may have complained of chest pain and have become weak, sweaty, pale and blue. May complain of difficult breathing. Loosen clothing, place victim in a position of comfort and do not leave patient alone. Call for an ambulance immediately. CPR to be implemented if appropriate.

Infections - See "Skin and Hair."

Insulin Reaction in Diabetic - Victim may complain of dizziness, light headedness, or headache; may appear pale or sweaty; speech may be incoherent. If able to react and swallow, give sugar, sugar solution, or candy. Notify parent or guardian, physician, and if necessary, refer to medical facility. If non-responsive, treat as unconscious state.

Neck or Back Injury - Carefully assess the victim's neurologic status (alertness, speech, voluntary and involuntary movements, ability to respond) before moving at the site of the accident. Do not move the victim if he/she complains of pain in the neck or back, or has tingling of feet or hands, or inability to move an extremity. Cover and keep warm. Await medical aid.

PROCEDURES FOR FIRST AID (continued)

Nosebleeds - See "Bleeding."

Pediculosis (Infection of Head Lice) - See "Skin and Hair."

Penetrating/Crushing Chest Wounds or Pneumothorax - Victim will complain of chest pain and shortness of breath. May require CPR. If there is a penetrating injury, there will be hemorrhage at the site of penetration, and the wound may gurgle air with each respiration. Place or tape a clean cloth over the penetration site and apply firm but constant pressure until medical aid can be obtained. If the penetrating object is in place and intact, leave it, and do not apply pressure. If the victim suddenly and without warning complains of shortness of breath, prop in a sitting position.

Poison Ivy or Poison Oak - See "Skin and Hair."

Poisons - Save sample of poison.

A. External - (e.g., insecticide spray, aniline dye)

Treat for shock or initiate CPR as indicated. Loosen or remove clothing, rinse affected area of victim with large volume of water. Send victim and sample of poison to medical facility.

B. Internal - (accidental or intentional drug ingestion)

Note patient's respiratory and cardiac status. Note size of pupils and degree of alertness (e.g., narcotics cause pinpoint pupils, atropine drugs cause dilated pupils). Smell breath, monitor airway, save container if available, and treat as indicated. Call the State Poison Information Center or the nearest regional hospital Poison Control Center.

Connecticut Poison Information Center
Farmington Avenue
Farmington, Connecticut 06032
Telephone: 1-800-343-2722

With certain poisons, such as strong alkalines, strong acids or petroleum products (e.g., gasoline, pine oil, lye), vomiting should not be induced because of the danger of aspiration. The Poison Control Center should advise you whether or not to use ipecac, milk, or nothing.

If the victim is awake and alert, and the Poison Control Center advised syrup of ipecac, give 20 cc (4 teaspoons). If the victim is given syrup of ipecac and vomits, save vomitus for analysis. Transfer patient to hospital.

PROCEDURES FOR FIRST AID (continued)

Seizures - May occur following head injury or other unknown causes in a person not previously epileptic. Turn victim on side to prevent occlusion by tongue or aspiration of vomitus. Take measures to prevent further injury to victim. Refer to medical facility.

Shock:

- A. Keep patient lying down with head lower than body. Lower extremities can be slightly elevated: maintain body heat, ascertain and control contributory causes such as bleeding and extreme pain. Check pulse and blood pressure. Obtain immediate advice from a physician.
- B. **Anaphylactic Shock** - See “Anaphylaxis.”
- C. **Insulin Shock** - See “Insulin Reaction in Diabetic.”

Skin and Hair:

- A. **Impetigo** - Send home until condition is cleared or is under medical treatment.
- B. **Pediculosis (infestation of head lice)** - Send child home. Advise family to contact their physician or pharmacy for a recommended shampoo and to follow directions on the bottle. Avoid contact with eyes and mucous membrane. Guide or assist family as needed in method of cleansing clothing and household articles. Encourage the combing out of all nits with appropriate steel comb. Take appropriate precautions to avoid spreading.
- C. **Poison Ivy** - Wash area well with soap and water. For itching, may apply Calamine Lotion.
- D. **Binges** - Send child home until condition is under medical treatment.
- E. **Scabies** - Send child home until condition is under medical treatment, and physician’s readmission slip is obtained.
- F. **Sunburn** - May apply Calamine Lotion, any other lotion, or sunburn spray.

Silvers or Splinters - Wash with antibacterial soap and water. If slight and protruding, remove with forceps. Wash again with antibacterial soap and water. Apply sterile dressing. If the sliver or splinter is large or deep, consult physician. If superficial, you may probe with a sterile needle. Check health record date of tetanus injection. If it is outdated, advise that a booster be given.

Sore Throat - Check temperature--if 100 degrees or more, child should be dismissed from school.

PROCEDURES FOR FIRST AID (continued)

Sprains - See “Fracture.”

Ticks:

The health worker is to remove the tick as quickly as possible to reduce the possibility of the tick transmitting the bacterium that causes Lyme Disease. At the earliest possible time, and advise parent to observe area of bite for signs of infection.

1. Do not handle the tick with bare hands- Use forceps or tweezers to remove the tick.
2. Grasp the tick as close to the skin surface as possible and pull upward with steady even pressure. Do not twist or jerk the tick as this may cause the mouthparts to break off and stay in the skin.
3. Do not squeeze, crush, or puncture the tick. Its fluids may contain infective agents.
4. After removing the tick, thoroughly wash with antibacterial soap and wash hands with antibacterial soap and water.
5. Tape the tick on to a 3x4 index card for consideration of Lyme Disease and send home with the child. If available, send information on Lyme Disease home with child.
6. Never remove the tick by using fingernail polish, alcohol, or hot matches.

Toothache – See “Dental.”

Unconscious State – Call for help. Position on back with face up, open airway and check for breathlessness and absence of pulse. If vomiting while unconscious, turn on side. Perform CPR if necessary.

Vomiting – Advise rest, nothing by mouth. If persistent, advise to contact a physician.