

# **How to Respond**

## **Injury and Illness at School**

**Medical Emergencies and Injuries**  
**911: CPR**

**Allergic Reactions**

**Asthma, Breathing Difficulty, Choking**

**Behavioral Health**

**Bites and Stings**

**Bleeding, Blisters, Infection, Swelling**

**Bone, Joint, and Muscle Injuries**

**Burns**

**Diabetes**

**Eye Injuries**

**Head Injuries, Loss of Consciousness**

**Heat and Cold Injuries**

**Oral Injuries**

**Poisoning**

**Pregnancy**

**Seizures**

**Shock**

**Common Illnesses and Health Problems**

**October 2016**

# Emergency Telephone Numbers

Emergency: **911**

Washington Poison Center: **1-800-222-1222**

Local Health Jurisdiction: \_\_\_\_\_

Local Police Department: \_\_\_\_\_

Local Fire Department: \_\_\_\_\_

Local Hospital: \_\_\_\_\_

Local Mental Health Crisis Line:<sup>1</sup> \_\_\_\_\_

Mental Health Crisis WA Recovery Help Line: **1-866-789-1511**

National Suicide Prevention Hotline: **1-800-273-8255**

Personal and private information learned about students is considered privileged information and is protected by confidentiality laws. Please be aware of the laws and penalties for breaching confidentiality.



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For persons with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

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# About the Guide

**How to Respond: Injury and Illness at School** is a reference guide from the Washington State Department of Health and the Washington State Office of Superintendent of Public Instruction through funding from the Centers for Disease Control and Prevention (CDC).

This booklet is designed to help school personnel and volunteers respond quickly, safely, and effectively when students are injured or become ill at school or during a school-sponsored activity. Knowing how to respond to a medical emergency may mean the difference between life and death.

**This book is not a substitute for taking a first aid course.**

We recommend that all adult staff complete basic first aid training and mental health first aid training and that they familiarize themselves with this booklet, how to use it, and where to find it. The booklet can hang on the wall of a classroom or health room, fit into a school first aid kit, and be carried on field trips or athletic events. Other recommended areas include being carried in emergency backpacks and on school buses. In addition, please stay current on health-related state laws and required staff training.

The information in this booklet is based in part on the American Academy of Pediatrics' course book *Pediatric First Aid for Caregivers and Teachers*;<sup>2</sup> Washington State Office of Superintendent of Public Instruction's *Infectious Disease Control Guide*<sup>3</sup> and *Health Services*;<sup>4</sup> National Association of School Nurses' *School Nursing: A Comprehensive Text*;<sup>5</sup> American Heart Association 2015 *Highlights: Guidelines Update for CPR and ECC*;<sup>6</sup> and the CDC.

Topics are divided into "Medical Emergencies and Injuries" and "Common Illnesses and Health Problems". Each topic also describes when the situation requires immediate medical care. It is important to document conditions and the care given.

The health concerns listed in this guide were directed by the Washington State School Data Workgroup who identified "Reason for Visit," "Intervention" and "Disposition" medical conditions. Using these conditions helps us better understand how to address our students' health needs.

**Reviewed and approved by:**

- Washington State Department of Health
- Office of Superintendent of Public Instruction, Health Services
- Washington Chapter of the American Academy of Pediatrics
- Washington State School Nurse Corps

# Contents

## Medical Emergencies and Injuries

Students with Special Health Care Needs.....	4
<b>What to Do in a Medical Emergency</b> .....	5
<b>911: CPR, Breathing Stopped</b> .....	7
<b>Using an Automated External Defibrillator (AED)</b> .....	10

## Allergic Reactions

Allergies .....	11
<b>Severe Allergic Reaction (Anaphylaxis)</b> .....	12

## Asthma, Breathing Difficulty, Choking

<b>Asthma Attack or Breathing Difficulty</b> .....	13
<b>Choking</b> .....	14

## Behavioral Health

Mental Health.....	15
<b>Youth Mental Health First Aid – ALGEE</b> .....	16
Depression .....	17
<b>Suicide Ideation</b> .....	17
Alcohol and Drug Use .....	19

## Bites and Stings

<b>Animal Bites</b> .....	20
<b>Bees, Insects, Spiders, Ticks</b> .....	21
Human Bites.....	22

## Bleeding, Blisters, Infection, Swelling

<b>Amputation of a Finger (or Other Body Part)</b> .....	23
<b>Bleeding</b> .....	24
Blisters .....	25
Nosebleeds .....	25
Punctures, Scrapes, Splinters .....	26
Skin Infections and Open Sores .....	26
Swelling and Bruises.....	27

## Bone, Joint, and Muscle Injuries

<b>Back and Neck Injuries</b> .....	28
<b>Broken Bone</b> , Dislocation, Sprain, Strain.....	29

## Burns

<b>Burn Severity</b> .....	30
Chemical or Electrical Burn .....	30
Heat, Flames, or Sun Burn .....	31

## Diabetes

<b>Diabetic Emergencies</b> .....	32
Type 2 Diabetes .....	34

## Eye Injuries

<b>Chemical in the Eye</b> .....	35
Cuts to the Eye or Lid and Minor Bruising .....	35
<b>Penetrating Object in the Eye</b> .....	36
Small Object in the Eye.....	36

## Head Injuries, Loss of Consciousness

<b>Head Injury (Concussion)</b> .....	37
<b>Loss of Consciousness and Fainting</b> .....	38

## Heat and Cold Injuries

<b>Heat Exhaustion and Heat Stroke</b> .....	39
<b>Hypothermia and Frostbite</b> .....	40

## Oral Injuries

Abscesses and Toothaches .....	42
Bleeding After Losing a Baby Tooth .....	42
Braces and Wires Broken .....	42
Broken Tooth .....	42
Displaced Tooth .....	43
Permanent Tooth Knocked Out .....	43
<b>Jaw Injury – Broken or Dislocated</b> .....	44
Lip, Cheek, or Tongue Cut or Bitten .....	45

## Poisoning

<b>Ingested Poison</b> .....	46
<b>Inhaled Poison</b> .....	46
Poisonous Plants .....	47

## Pregnancy

<b>Pregnancy Complications and Miscarriage</b> .....	48
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## Seizures

<b>Convulsive</b> .....	49
<b>Nonconvulsive</b> .....	50

## Shock

<b>Treatment for Shock</b> .....	51
----------------------------------	----

## Common Illnesses and Health Problems

Abdominal Pain, Stomachache, Cramps .....	52
Cold and Flu .....	52
Diarrhea .....	53
Ear Pain .....	53
Fever .....	53
Headache .....	54
Head Lice .....	54
Nausea and Vomiting .....	55
Scabies .....	55

## Resources and References

<b>Emergency Response to School-wide Event</b> .....	56
Standard Precautions to Prevent Infection .....	58
504 Evaluation .....	59
First Aid Supplies Checklist .....	60
Health and Safety Resources .....	61
References .....	62

NOTE: Topics in **red** indicate medical emergency or may require urgent care.

# Medical Emergencies and Injuries

## Students with Special Health Care Needs:

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### Emergency Care Plan or Individual Health Care Plan

Students should have up-to-date Emergency Care Plans if they have life-threatening health conditions. Other students may have special needs that are less severe, but still require awareness of their conditions. These students may need Emergency Care Plans (ECPs) or Individual Health Care Plans (IHPs).

Teachers, administrators and unlicensed school staff that have responsibility for students with these conditions should have appropriate training to the contents of these plans, directed and delivered by the school nurse.

The school nurse may need to periodically reevaluate a student's condition and change health plans as needed. Share any changes you may see in a student's condition with the school nurse.

Never assume a student is independent in recognizing their need for assistance with their health concerns. Ask your school nurse for more information regarding these students if you feel you have a need to know more to safely care for them.

### Examples of conditions you may encounter:

- Asthma.
- Diabetes.
- Seizures.
- Severe allergies.
- Less common conditions that may predispose a student to the possibility of dying at school (undiagnosed heart condition, heart-related illness and eating disorders like bulimia and anorexia nervosa).
- Students with health conditions that require accommodations to ensure safety and access to their education.

# Medical Emergencies and Injuries

## What to Do in a Medical Emergency

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**Do not move a student if he or she has a head, neck, or back injury, or is having trouble breathing. If there is a clear danger of further injury, then move the student carefully to safety. Do not deal with medical emergencies by yourself—get help!**

### While you give first aid, have someone else:

- **Call 911.**
- Notify the school nurse, if available.
- Notify the student's parent or legal guardian.

**Do not delay emergency medical care** because you can't reach a parent or legal guardian. Use your best judgment.

**Before calling 911**, survey the scene and make sure it is safe. Check the student's airway, breathing, and circulation (the ABCs of first aid). Someone trained in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and first aid should start providing emergency care.

### Call 911 for medical emergencies:

- Severe allergic reaction (Anaphylaxis).
- Choking or severe difficulty breathing.
- Shock (see page 51).
- Deep wound or part of the body that was crushed.
- Bleeding that is difficult to control.
- Back and neck injuries or broken bones.
- Severe head injury.
- Unconsciousness.
- Seizure—if the student has never had a seizure before or if directed by student's Emergency Care Plan.
- Serious burns.
- Spill or release of hazardous chemicals.

**NOTE:** In a medical emergency, if the parent's consent is not readily available, the consent requirement is satisfied and the minor can receive medical services [RCW 7.70.050(4)]. Follow your district policy and procedure for emergency treatment.

# Medical Emergencies and Injuries

## **When calling 911:**

- Stay on the phone and follow their instructions.
- Give the address and clear directions.
- If possible, have someone meet the emergency medical team when they arrive and direct them to the exact location.

## **Be ready to give this information to medical personnel:**

- Name, age, and sex of the student.
- A copy of the Individual Health Plan.
- A description of the injury or symptoms.
- The student's condition.
- The name and contact information of the student's parent or legal guardian.
- The name of the student's healthcare provider.

## **Call the student's parent or legal guardian.**

- Describe the medical emergency and what you are doing to care for the student.
- Find out the recommended hospital or medical facility and the student's healthcare provider.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## **When calling 911 for transport:**

- Do not use a personal car or school car for transporting a critically ill or injured student.
- Keep trying to reach the student's parent or legal guardian or the student's healthcare provider.
- Call an alternate emergency number for the student if you can't reach a parent or legal guardian.

## **Complete a written record of the incident immediately.**

It is important for the administrative team to be aware as they may be contacted by the student's parent or legal guardian regarding the emergency/incident.



# Medical Emergencies and Injuries

## 911: CPR, Breathing Stopped

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**Child (ages 13 to adult):**<sup>7</sup>


- 1** Verify that the person is unresponsive and is not breathing or is only gasping.
- 2** Ensure that the person is face-up on a firm, flat surface.
- 3** Give **30** chest compressions.  
Push hard and fast in the center of the chest to a depth of at least 2 inches and at a rate of 100–120 compressions per minute.
- 4** Give **2** rescue breaths.
  - Open the airway, pinch the nose shut, and make a complete seal over the person's mouth with your mouth.
  - Blow into the person's mouth for about 1 second, ensuring that the chest rises.  
*If the chest does not rise, retilt the head and ensure a proper seal before giving the second rescue breath.*
  - Take a breath, make a seal, and then give the second rescue breath.  
*If the second breath does not make the chest rise, begin compressions.*  
*After the next set of chest compressions, open the mouth, look for an object and, if seen, remove it.*  
*Continue to check the mouth for an object after each set of compressions until the rescue breaths go in.*
- 5** Continue giving sets of **30** chest compressions and **2** rescue breaths.

# Medical Emergencies and Injuries

## 911: CPR, Breathing Stopped

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### Child (ages 1 through 12):<sup>7</sup>

- 
- 1** Verify that the child is unresponsive and is not breathing or is only gasping.
  - 2** Ensure that the child is face-up on a firm, flat surface.
  - 3** Give **30** chest compressions.  
Push hard and fast in the center of the chest to a depth of about 2 inches and at a rate of 100–120 compressions per minute.
  - 4** Give **2** rescue breaths.
    - Open the airway, pinch the nose shut, and make a complete seal over the child's mouth with your mouth.
    - Blow into the child's mouth for about 1 second, ensuring that the chest rises.  
*If the chest does not rise, retilt the head and ensure a proper seal before giving the second rescue breath.*
    - Take a breath, make a seal, and then give the second rescue breath.  
*If the second breath does not make the chest rise, begin compressions.*  
*After the next set of chest compressions, open the mouth, look for an object and, if seen, remove it.*  
*Continue to check the mouth for an object after each set of compressions until the rescue breaths go in.*
  - 5** Continue giving sets of **30** chest compressions and **2** rescue breaths.

## 911: CPR, Breathing Stopped

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### Infant (birth to 12 months):<sup>7</sup>

- 1** Verify that the infant is unresponsive and is not breathing or is only gasping.
- 2** Ensure that the infant is face-up on a firm, flat surface.
- 3** Give **30** chest compressions.  
Push hard and fast in the center of the chest to a depth of about 1½ inches and at a rate of 100–120 compressions per minute.
- 4** Give **2** rescue breaths.
  - Open the airway and make a complete seal over the infant's nose and mouth with your mouth.
  - Blow into the infant's nose and mouth for about 1 second, ensuring that the chest rises.  
*If the chest does not rise, retilt the head and ensure a proper seal before giving the second rescue breath.*
  - Take a breath, make a seal, and then give the second rescue breath.  
*If the second breath does not make the chest rise, begin compressions.*  
*After the next set of chest compressions, open the mouth, look for an object and, if seen, remove it.*  
*Continue to check the mouth for an object after each set of compressions until the rescue breaths go in.*
- 5** Continue giving sets of **30** chest compressions and **2** rescue breaths.

# Medical Emergencies and Injuries

## Using an Automated External Defibrillator (AED)

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**An AED is a medical device that can analyze heart rhythms and deliver an electric shock that may be able to restore a normal heart rhythm.**

- For children age 12 and younger, give 5 cycles of CPR before using the AED.
- Attach pads to student. Use pediatric pads for children age 8 and younger, and adult pads over age 8. May use adult pads if pediatric ones are unavailable.
- Follow the AED prompts as given.
- Ensure no one is touching the student when shock is to be delivered.
- As soon as shock is delivered or the AED prompts “no shock,” immediately start CPR again, beginning with chest compressions.
- Continue to follow AED prompts until student is responsive or EMS takes over.
- If the student is being transported to a medical facility, inform the student’s parent or legal guardian and have them meet the student at the facility.

## Allergies

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Allergies can be caused by foods, dust, plants, pollen, animal dander, latex, mold, insects, mites, fragrances, medications, and chemicals.

Students with known allergies should have an Individual Health Care Plan for taking medications and dealing with symptoms and emergencies. Follow the plan.

Have someone notify the school nurse, if available.

### Watch for:

- Symptoms and note what triggers the allergy.
- Difficulty breathing. **Call 911 if unsure about student's condition.**

## Mild and Moderate Allergic Reactions

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Try to determine how the student was exposed to the allergen.  
Stop exposure if possible.

### Watch for:

- Runny nose.
- Itchy or watery eyes.
- Itchy throat.
- Coughing or wheezing.
- Rashes or hives.
- Tissue swelling.

### First Aid:

- Monitor student for any signs that the reaction is becoming severe (see page 12).
- Notify the student's parent or legal guardian as soon as possible.

# Allergic Reactions

## Severe Allergic Reaction (Anaphylaxis)

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If a student has a known history of Anaphylaxis or severe allergic reaction and has known or suspected exposure to an allergen, give epinephrine immediately and call 911.

Students with severe allergies should have an Individual Health Care Plan for taking medications and dealing with symptoms and emergencies. Follow the plan. Notify school nurse, if available.

### Watch for:

- Swelling of the face, lips, tongue, mouth, and airway.
- Wheezing and shortness of breath.
- Tightness in the chest.
- Dizziness.
- Blue or gray color around the lips.
- Nausea and vomiting.
- Itchy skin, hives or other rashes appearing quickly.

### First Aid:

- Administer an epinephrine auto-injector if the student has one prescribed. **Call 911 and ask for help.**
- Have student sit in any position that is comfortable and allows them to breathe more easily.
- Calm and reassure the student.
- Watch the student's breathing carefully.
- If unresponsive, lay the student on his or her left side to reduce the risk of blocking the airway. Check for breathing, and if not breathing, start CPR until the student starts breathing or until the emergency medical team arrives.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

**IMPORTANT:** State law and school policy may allow administration of an epinephrine auto-injector from stock supply with standing order protocol for a diagnosed student without epinephrine auto-injector. (RCW 28A.210.380) Ask your school nurse.

# Asthma, Breathing Difficulty, Choking

## Asthma Attack or Breathing Difficulty

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**Call 911 if the student has severe trouble breathing and does not have a quick-relief inhaler or if the inhaler is not helping. Notify the school nurse, if available. Students with asthma should have an Individual Health Care Plan for taking medications and dealing with symptoms and emergencies. Follow the plan.**

### Early signs of an asthma attack:

- Coughing.
- Shortness of breath when walking.
- Tickle in throat.

### Moderate to severe symptoms:

- Tightness in chest.
- Wheezing or grunting.
- Unable to talk without stopping to breathe.
- Gasping, rapid breaths.
- Nostrils flaring.
- Feelings of fear or confusion.
- Bluish color of lips and skin.
- Changes in alertness.

### First Aid:

- Have the student sit in an upright position and breathe slowly and deeply.
- If the student has medication and is able to take it, assist the student to inhale medication slowly and fully.
- Calm and reassure the student.
- If symptoms don't resolve in 20 minutes or if symptoms worsen, **call 911.**
- Inform the student's parent or legal guardian about the attack.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

**IMPORTANT:** Quick-relief inhalers should only be used with both a licensed health professional's instructions and with consent from the student's parent or legal guardian.

# Asthma, Breathing Difficulty, Choking

## Choking

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Clearing a blocked airway may be critical to saving a student before the emergency medical team arrives. If the student is choking and responsive, follow the steps to clear the blocked airway. Repeat until the object is dislodged.

Have someone call 911.

Have someone notify the school nurse, if available.

### Steps to clear a blocked airway:

- **For infants**  
Hold the infant face down on your arm, chest in your hand and infant's head lowered, give five slaps between the shoulder blades, then turn the infant face up, and using your fingers to press up on the breastbone, give five quick chest thrusts.
- **For older students**  
Get behind the student, make a fist with one hand and grasp it with the other hand just above the student's navel, pull the student close to you, and thrust your fist upward against the student's abdomen.
- A good cough is more effective than anything you can do.
- If student becomes unresponsive, start CPR.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.
- Even if the object was dislodged, inform the student's parent or legal guardian. Advise them that the student must be seen by their healthcare provider.



**In Washington State, minors at age 13 can independently and confidentially access outpatient mental health and substance abuse treatment services.**

**For inpatient services, parent or legal guardian permission is required. Some schools provide school-based behavioral health services. Please refer to your school or district policies regarding internal referral protocols and key contact people.**

## **Mental Health**

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**Many common mental illnesses and disorders, also called brain disorders, are treatable conditions, and symptoms of them are not always an emergency. Many students with mental illness are able to thrive at school. Sometimes, these conditions are undetected and untreated.<sup>8</sup>**

### **Some common mental illnesses/brain disorders that affect adolescents include:<sup>9</sup>**

- Depression, Bipolar Disorder and other mood disorders.
- Anxiety disorders.
- Eating disorders.
- Attention Deficit Hyperactivity Disorder (ADHD) and other behavioral disorders.

### **What is a mental health emergency?<sup>10</sup>**

- Life threatening or likely to become life threatening.
- Threat of imminent harm to self or others, or harmful actions already taken (like hurting someone, taking an overdose of medication, or pulling out a weapon).
- Intoxication or self-injury that requires medical attention.
- Erratic or strange behavior that endangers the student's safety or others' safety (like behavior that is unpredictable and the student isn't able to control).

### **What should I do?**

- **Call 911** or get a colleague to do so.
- Ensure other students' safety, with help from school security or other colleagues if possible.
- **Do not leave the student alone**, even for a moment.

# Behavioral Health

- Do what you safely can to stabilize the student's safety, such as:
  - Removing harmful objects from the environment.
  - Helping the student de-escalate their behavior by helping them orient to reality, speaking in a calm and firm tone and helping them remember and use coping skills.
  - Seeking help from colleagues who can provide crisis intervention or first aid.
- Follow your school's crisis plan for emergencies.

## What is a mental health crisis?<sup>11</sup>

- Not life-threatening.
- Evidence of emotional or behavioral distress that the student can't manage on their own:
  - Agitated, angry or emotionally distraught.
  - Threats of harm to self or others without action.
  - Serious symptoms of depression like withdrawal from friends and activities or self-loathing or hopeless talk.
  - Intoxication.
  - Erratic or strange behavior.

## What should I do?

When a student is having a mental health crisis, use Youth Mental Health First Aid.

## Youth Mental Health First Aid - ALGEE:<sup>12</sup>

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**A**ssess for risk of suicide.

**L**isten nonjudgmentally.

**G**ive reassurance and information.

**E**ncourage professional help.

**E**ncourage self-help and other support strategies.

## Tips for Youth Mental Health First Aid:

- Help the student de-escalate their behavior. Talk softly and calmly, repeat calming statements, and don't engage with power struggles or attempts to pick a fight.
- Seek support from a colleague with expertise in mental health, like a school nurse, counselor, social worker, psychologist or administrator.

- As you wait for that person to come to you or bring the student to that person, get more information. Use open-ended questions and a calm, supportive approach.
  - Has something happened to cause this crisis?
  - How does the student usually handle feelings like this?
  - Has the student used a very high dose of caffeine, alcohol, or any recreational drugs today? Are they currently intoxicated?
  - Does the student get any care for mental health now?
  - Does the student usually take medication that they haven't taken today?
- When that person arrives, help the student connect with them and communicate the answers to these questions.

## Depression

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**Research indicates that depressive illnesses are disorders of the brain. Depression is a medical problem that ranges in severity, and depression can be treated.**

**Feeling sad or depressed for several days can lead to thoughts of suicide. Encourage and support treatment for individuals who may be depressed.**<sup>13</sup>

- Immediately place the student in responsible hands, such as the school principal or counselor.
- Be patient, reassuring, and firm. Never dismiss feelings, instead point out realities and offer hope.
- Offer emotional support, understanding, patience, and encouragement. Talk to the student, and listen carefully.
- Encourage treatment. Remind students that with time and treatment, depression can subside.
- Watch for warning signs of suicide, severe self-destructive behavior, extreme agitation, irrational behavior, or threats to others. Never ignore comments about suicide, and report them to the school counselor, nurse, and/or principal.
- Have a school administrator, counselor, or nurse inform the student's parent or legal guardian. Advise them to consult with their healthcare provider immediately.
- Complete a written report of what happened.

For 24-hour help for crisis counseling and referrals, call the Washington Recovery Help Line at 1-866-789-1511.

## Suicide Ideation

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Warning signs of suicide include talking about killing oneself, giving away favorite things, talking, reading, and writing about death, and feeling isolated.

### What should I do if a student appears to be considering suicide?

Every school is required to have a crisis plan in case a student is at risk of suicide (RCW 28A.320). Be familiar with yours, your role in it and where to find a copy quickly before you find yourself in a crisis!

- **Do not leave the student alone**, even for a moment.
- Know which of your colleagues have more training in suicide intervention. School nurses, counselors, social workers and psychologists are required to get training on suicide, so they are the appropriate people to reach out to for support early in this process.
- Maintain a caring, calm and nonjudgmental approach:<sup>14</sup>
  - **Show you care.** Ask the student open-ended questions about what you observe: “You seem very angry about something. Tell me more about what happened.” or “You said you just don’t want to be here anymore. What do you mean by that?” Listen to what the student has to say.
  - **Ask the question.** Ask calmly and directly about suicide: “Does that mean you plan to end your life?” or “Sometimes when people feel this way they think about suicide. Are you thinking about that?”
  - **Get help.** If the answer is yes, the National Suicide Prevention Lifeline (1-800-273-8255) is an immediate resource to use while waiting for a colleague with training on suicide to be available.
- Follow your school’s crisis plan for suicide.
- Have a school administrator, counselor or nurse inform the student’s parent or legal guardian. Advise them to consult with their healthcare provider immediately.

**Call the National Suicide Prevention Lifeline, 1-800-273-8255 for additional information or support.**

## Alcohol and Drug Use

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**Look for inappropriate behavior, staggering, slurred speech, and dilated or constricted pupils.**

- Know your school's policy on drug and alcohol use.
- Ensure an adult is available to monitor the student and watch for possible signs of overdose. Keep student in the clinic or health center if one exists.
- **Call 911** if the student loses consciousness.
- Have a school administrator, counselor or nurse inform the student's parent or legal guardian.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.
- If not transported, advise the student's parent or legal guardian to have the student seen by their healthcare provider.
- Follow your school's reporting and communication procedures to ensure student support teams or school-based intervention specialists are appropriately informed.

# Bites and Stings

## Animal Bites

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**Secure the scene. Remove the student and others from the area. Call 911 if uncontrolled bleeding of wounds or if it involves a wild animal. Notify school nurse, if available.**

**If bitten by a dog, cat or ferret, inform animal control so owners can be located. Reporting of bites to local health jurisdiction will be determined by healthcare provider.**

### First Aid:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Uncontrolled bleeding should be treated with direct pressure to wound(s) until EMS arrives.
- Wash minor wounds with soap and water.
- Cover with a bandage or dry dressing.
- For a minor injury in which the skin is not broken, wash the area with soap and rinse with water.
- Apply ice or cold pack. Always protect the skin by wrapping ice or a cold pack in a thin cloth. Direct contact of extreme cold on the skin can cause tissue damage.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider immediately and check on the student's last tetanus shot.

## Bees, Insects, Spiders, Ticks

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Call 911 if you know the bite is from a black widow or brown recluse spider. Call 911 if the student struggles to breathe or if the student is known to have severe allergic reactions.

Students with severe allergies should have an emergency care plan for taking medications and dealing with severe symptoms. Follow the plan. Have someone notify the school nurse, if available.

### First Aid:

- Move the student to a safe area.
- If insects are on or in the clothing, remove clothing to prevent additional stings or bites.
- Watch the student carefully for allergic reactions to insect stings.
- Keep the student calm and quiet and keep the student from moving around.
- Put on non-latex disposable gloves.
- Remove the body and stinger of an insect, but do not squeeze.
- Scrape it out with a credit card, driver's license or similar stiff card.
- Caterpillar spines can be removed using the sticky side of tape.
- If possible, capture the spider, tick or insect for identification.
- Use tweezers to pull out a tick. Grasp the tick's body as close to the student's skin as possible with the tweezers and lift it in the direction it entered making a "tent" in the skin's surface. Hold it there until the tick lets go. This may take several seconds. Do not twist or jerk it out.
- Wash the bitten area with soap and water.
- Apply a sterile dressing or band-aid as needed.
- To reduce pain and swelling, place a cold pack wrapped in a cloth over the bitten area.
- Keep area elevated above the heart.
- **If the student becomes unresponsive and stops breathing, begin CPR and call 911.**
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

# Bites and Stings

## Human Bites

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**Make sure the scene is safe. Have someone call 911 if the bite is serious or if there is uncontrolled bleeding. Have someone notify the school nurse, if available.**

### First Aid:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Uncontrolled bleeding should be treated with direct pressure to wound(s) until EMS arrives.
- Wash the wound with soap and rinse with water.
- Cover with a bandage or dry dressing.
- Apply ice or cold pack. Always protect the skin by wrapping ice or a cold pack in a thin cloth. Direct contact of extreme cold on the skin can cause tissue damage.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.



## Amputation of a Finger (or Other Body Part)

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Have someone call 911. Notify school nurse, if available.

### First Aid:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Have the student lie down.
- Apply direct pressure to the wound for at least five minutes to help stop the bleeding.
- Watch for signs of shock (see page 51).
- If the finger or other body part is still attached, keep it in a normal position as you apply pressure.
- Use sterile dressings over the wound while you apply pressure. If blood seeps through, add more dressings—**do not remove them**.
- If bleeding is hard to control, keep pressure on the wound, and also use your fingers to squeeze the pressure point on the inside of the upper arm just above the elbow.
- If the injury is on the lower body, press the palm of your hand on the pressure point at the top of the leg near the groin.
- If the finger or body part is detached, wrap it in clean gauze, put it in a plastic bag and put the bag on ice. The part should not be frozen or submerged in ice or water. Give it to the emergency medical team when they arrive.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.
- Clean and disinfect any surfaces that came in contact with blood.

# Bleeding, Blisters, Infections, Swelling

## Bleeding

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Have someone call 911 if bleeding is heavy or if there are signs of a puncture, stab, or other injuries, such as from a bad fall. Do not remove embedded object.

Students with bleeding disorders should have an emergency care plan for taking medications and dealing with bleeding. Follow the plan.

Have someone notify the school nurse, if available, especially when the bleeding is serious.

### First Aid for Bleeding:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Have the student lie down. Watch for signs of shock (see page 51).
- When bleeding is hard to control, apply direct pressure to the open wound with a clean dressing until the emergency medical team arrives or for at least five minutes. **Do not remove the dressing, but add more if needed.**

### First Aid for Minor Cuts:

- Have the student apply direct pressure with a clean dressing or cloth for at least one to two minutes or until the bleeding has stopped.
- Once bleeding has stopped on a minor cut, slowly remove the dressing and wash the wound with soap and water.
- Apply a sterile dressing or band-aid.
- Inform the student's parent or legal guardian. If the bleeding is the result of an injury, advise them to check on the student's last tetanus shot. Advise them to have the student seen by their healthcare provider if the wound will not stay closed or may need stitches.
- Clean and disinfect any surfaces that came in contact with blood.

**IMPORTANT:** If you have direct contact with blood or body fluids, follow your school's exposure plan as required by the Washington Administrative Code on blood-borne pathogens.

## Blisters

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**Do not open or pop a blister. Protect the blister with a band-aid or sterile dressing. This will help keep it from opening for as long as possible so the area can heal.**

### First Aid:

- If the blister has opened, put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Wash the area with soap and warm water. Let it air dry.
- Apply a band-aid or sterile dressing.
- Inform the student's parent or legal guardian and advise them to check with their healthcare provider if the blister is inflamed or larger than a quarter.

## Nosebleeds

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**If bleeding is severe and cannot be controlled after 15 minutes, call 911 and the student's parent or legal guardian. Notify the school nurse, if available.**

### First Aid:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Keep the student sitting up.
- Gently pinch the soft parts of the nose together and gently press the nose against the bones of the face. If possible, have student do this. Have the student lean forward **Do not tilt the head back.**
- Hold for a full five minutes—do not peek to see if the bleeding has stopped.
- If available, place a cold pack or ice bag wrapped in a cloth on the nose and cheeks.
- **After five minutes**, release the pinch slowly. Reapply pressure for longer than five minutes if bleeding starts again.
- Have the student sit quietly until the bleeding stops. Tell him or her to avoid blowing or touching the nose.
- Inform the student's parent or legal guardian about recurrent nosebleeds.
- Clean and disinfect any surfaces that came in contact with blood.

# Bleeding, Blisters, Infections, Swelling

## Punctures, Scrapes, Splinters

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**Call 911 if the wound is severe. For deep wounds or large splinters notify the school nurse, if available, especially when the wound is serious. Do not try to remove the object.**

### First Aid:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Clean the injury thoroughly and apply a sterile dressing or band-aid as needed.
  - **For minor punctures:** Do not try to pick out debris. Soak or wash in water. Do not use soap.
  - **For scrapes:** Apply pressure with gauze or a sterile dressing to stop bleeding, then wash the wound with soap and warm water.
  - **For splinters:** Remove small slivers close to the surface and wash the area with soap and warm water.
- Inform the student's parent or legal guardian, and advise them to check with their healthcare provider if further treatment is needed and to check on the student's last tetanus shot.
- Clean and disinfect any surfaces that came in contact with blood.

## Skin Infections and Open Sores

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**Do not touch sores. Notify the school nurse, if available, especially when the infection or sore is serious.**

### First Aid:

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Have the student wash hands frequently or use alcohol-based sanitizer if soap and warm water are not available.
- Avoid contact with any pus or fluid.
- Cover the sore with a bandage taped on all sides.
- If the sore is leaking fluid, put on extra bandages or dressings taped on all sides.

# Bleeding, Blisters, Infections, Swelling

- The student does not need to be removed from school unless the infection cannot be covered by a bandage or fluid cannot be contained in a bandage. If unsure, please consult the OSPI *Infectious Disease Control Guide*.<sup>15</sup>
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

## **Take precautions:**

- Everyone who has come in contact with the skin infection should wash their hands, including the student with the infection.
- Clean and disinfect with approved disinfectant all surfaces that came in contact with the infection.
- Dispose of contaminated items in a plastic bag and label it.

## **Swelling and Bruises**

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**To control swelling, place a cold pack or ice bag wrapped in a cloth over the injury.**

**Call 911 if there are signs of other injuries or if the cause of the swelling is a severe crush injury, where the body part was squeezed or caught between two hard surfaces.**

**Have someone notify the school nurse, if available, especially when the swelling or bruise is serious.**

## **First Aid:**

- Wrap the area of the injury in stretchy gauze or elastic bandages.
- Leave the tips of fingers and toes exposed so you can tell if the area is wrapped too tightly.
- Elevate the injury unless you suspect a broken bone or crush injury.
- Apply ice or cold pack. Always protect the skin by wrapping ice or a cold pack in a thin cloth. Direct contact of extreme cold on the skin can cause tissue damage.
- Inform the student's parent or legal guardian, and advise them to check with their healthcare provider if further treatment is needed.

# Bone, Joint, and Muscle Injuries

## Back and Neck Injuries

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Have someone call 911 if the student is unresponsive or if the student is unwilling to move a large body part.

Make sure the student does not move and that nobody moves the student unless absolutely necessary. Any movement of the neck or spine can make the injury worse. Let student remain in position as they are, without repositioning. Gently immobilize the head.

Have someone notify the school nurse, if available, especially when the injury is serious.

### What to watch for:

- Inability to move arms or legs.
- Pain in the back or neck.
- Tenderness, swelling or bruising to back or neck.
- Headache or pain radiating through the shoulders.
- Desire to keep neck still.
- Signs of shock (see page 51).

### First Aid:

- Keep the student warm and safe from further injury.
- Encourage the student to remain still and calm until the emergency medical team arrives.
- If the student is wearing a helmet, do not try to remove it.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

# Bone, Joint, and Muscle Injuries

## Broken Bone, Dislocation, Sprain, Strain

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Have someone call 911 if bleeding is severe, if the student is unresponsive, or if the student is unwilling to move a large body part.

Have someone notify the school nurse, if available, especially when the injury is serious.

### First Aid if Bone Broke Through Skin:

- Put on non-latex disposable gloves and control the bleeding. Apply pressure with sterile dressing. Do not move the ends of the bone.
- If the student must be moved, a splint helps prevent further injury. Use a folded blanket, magazine, or cardboard to support the injured part.
- Watch for signs of shock (see page 51).

### First Aid for Minor Injuries:

- **Rest:** Find a comfortable position for the student, sitting or lying down. Encourage the student to remain still.
- **Ice:** Place a cold pack or ice bag wrapped in a cloth over the injured area for periods of 20 to 30 minutes.
- **Elevation:** Use pillows to stabilize the injured part above the level of the heart.

# Burns

## Burn Severity

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The severity of a burn involves three factors: size, location and depth. Burns on the face, hands, feet and genitals are more serious than burns on other parts of the body. Larger and deeper burns are also more serious.

- **Superficial first-degree burns** involve only the top layer of skin.
- **Partial thickness or second degree burns** go deeper and cause blisters.
- **Full-thickness or third degree burns** damage the full depth of the skin and even muscle and nerve tissue.

## First Aid for All Burns:

- Cool the burn right away in cool water. Do this for all degrees of burns. Use a container of cool water or a gently running water tap.
- If large areas of the body are burned, cool smaller sections with water for one or two minutes to avoid chilling the whole body.
- Use a cold damp cloth for areas you cannot put in water—re-wet it every few minutes.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## Chemical or Electrical Burn

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Make sure the scene is safe before you get the student away from the source of the burn. Don't become another victim. Have someone call 911 if the burn involves eyes, face, hands, feet or genitals, or is a bigger area than the size of the student's palm (one percent of the body surface). Have someone notify the school nurse, if available, especially when the burn is serious.



## First Aid for Chemical Burns:

- Immediately rinse chemical from eyes. If possible, position the student's head over a sink with the injured eye down.
  - **Dry chemical:** Brush any dry chemicals off of the skin and then rinse under a tap continuously for 15 to 20 minutes. Take care not to get any in your eyes or the student's eyes.
  - **Wet chemical:** Flush affected areas with large amounts of cool running water for at least 20 minutes or until emergency personnel take over.

## First Aid for Electrical Burns:

- Do not go near the person until the power is shut off. If a power line is down, wait for the fire department or power company.
- Electrical burns and burns of the face, hands and genitals need treatment by a medical professional.

## Heat, Flames, or Sun Burn

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**Have someone call 911 if the burn involves eyes, face, hands, feet, or genitals, or is a bigger area than the size of the student's palm (one percent of the body surface).**

**Do NOT use cotton, salves, ointments or ice packs. Do not give the student anything to eat or drink. Have someone notify the school nurse, if available.**

## First Aid:

- Get the student safely away from the source of the burn—out of the sun or away from flames.
- Cool the burn right away in cool water. Do this for all degrees of burns. Use a container of cool water or a gently running water tap.
- If large areas of the body are burned, cool smaller sections with water for one or two minutes to avoid chilling the whole body.
- Use a cold damp cloth for areas you cannot put in water—re-wet it every few minutes.
- For extensive or severe burns, treat for shock (see page 51).
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

# Diabetes

**Diabetes is a condition in which the body cannot regulate the sugars in the blood stream. A student with Type 1 diabetes requires manufactured insulin by injection (or other routes) because the pancreas stops making insulin. A student with Type 2 diabetes may still make insulin but it may not be enough or can't be utilized by the cells.**

The school nurse will consult and coordinate with the student's parents and healthcare provider in the creation of an **Individual Health Care Plan/Section 504 Plan** prior to the student attending school. The school nurse will train and supervise appropriate school staff in the proper care and procedures for the care of the student with diabetes.

A Parent Designated Adult (PDA) may also provide care. A PDA is a volunteer who may be a school employee, who receives additional training from a healthcare professional or expert in diabetes care. The PDA is selected by the parents and provides care consistent with the individual health plan. The care delivered by a PDA would otherwise be performed by a licensed health professional.

## Diabetic Emergencies

**Hypoglycemia (low blood sugar)** <sup>16</sup> is a sudden, potentially life threatening event in a student who takes insulin. It is defined as a blood sugar below 70mg/dl. This condition can develop in minutes and requires immediate attention.

### Symptoms :

- Irritability
- Anxiety
- Paleness
- Drowsiness
- Lethargy
- Trembling
- Shakiness
- Excessive sweating
- Weakness
- Dizziness
- Confusion
- Slurred speech
- Poor coordination
- Staggering
- Loss of responsiveness
- Seizures
- Fatigue
- Blurred vision

### **DO NOT LEAVE STUDENT ALONE**

**Treatment of low blood sugar should not be withheld if testing is unavailable and student is symptomatic.**

## First Aid:

- **Mild to moderate low blood sugar:**
  - Follow Student's Individual Health Plan for testing and treatment. Student can self-treat, or where needed by all school staff. Call school nurse or PDA as indicated in plan.
  - Student will ingest 15 grams of quick carbohydrates.  
(*Example: 4 oz. juice, 3 tsp glucose jell, 3–4 glucose tabs*)
  - Wait 15 minutes.
  - Student or appropriate staff will recheck blood sugar. If blood sugar is still below 70 mg/dl or symptoms persist, repeat with 15 grams quick sugar.
  - Recheck blood sugar in 15 minutes.
  - If blood sugar is above 70mg/dl, follow with a protein/complex carbohydrate snack (cheese and crackers) if next meal is more than one-half hour away.
  - If blood sugar continues to be below 70mg/dl, follow emergency instructions in Individual Health Care Plan. **Call 911 if unsure.**
- **Severe low blood sugar:**
  - Student may be unable to swallow, be unconscious or have a seizure.
  - Do not give anything by mouth.
  - Roll student on their side. **Call 911.**
  - School nurse or PDA may give Glucagon per healthcare provider order.
  - Be prepared to perform CPR.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

**Hyperglycemia (high blood sugar)**<sup>17</sup> is defined as blood sugar above 240mg/dl. It usually occurs over hours or days. It can be an emergency if it develops into diabetic ketoacidosis (DKA). If untreated it can lead to coma or death.

## Symptoms:

- |                                    |                          |
|------------------------------------|--------------------------|
| • Extreme thirst                   | • Fast breathing         |
| • Frequent urination               | • Warm dry skin          |
| • Drowsiness                       | • Nausea and vomiting    |
| • Difficulty concentrating         | • Headache               |
| • Fruity smell on student's breath | • Loss of responsiveness |

# Diabetes

## First Aid:

- Follow the Individual Health Plan for testing and treatment of hyperglycemia. Call school nurse, PDA or designated staff for assistance.
- Encourage water or sugar free fluid consumption.
- Check for ketones as indicated in plan.
- **Call 911 if student is unconscious.** Place on side. Be prepared to perform CPR.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## Type 2 Diabetes

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**Type 2 Diabetes is primarily a disease of insulin resistance. There are complex factors of heredity, ethnicity and environmental factors such as obesity and physical inactivity. Average age of onset is 12–14 years of age.**

## Symptoms you may see:

- Fatigue
- Thirst
- Weight loss
- Blurred vision
- Frequent infections and poor wound healing

## First Aid:

- Follow the student's Individual Health Plan. Appropriate staff may give medications or treatments that may be prescribed by healthcare provider.
- Inform school nurse and student's parents or legal guardian of health concerns.

## Chemical in the Eye

---

**Hold the injured eye open and flush the eye with clean, lukewarm water. Have someone call the Washington Poison Center, 1-800-222-1222. Follow their instructions. Have someone notify the school nurse, if available.**

### First Aid:

- Put on non-latex disposable gloves.
- If possible, position the student's head over a sink with the injured eye down.
- Keep the student as still as possible.
- Rinse the eye by running water into the inside corner of the eye (by the nose) for 15 to 20 minutes or until the emergency medical team arrives.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.
- If the student is not transported, advise the student's parent or legal guardian that the student must be seen by their healthcare provider.

## Cuts to the Eye or Lid and Minor Bruising

---

**Have someone notify the school nurse, if available.**

### First Aid for Cuts to the Eye or Eye Lid:

- Put on non-latex disposable gloves.
- Keep the student in a seated position.
- Cover the eye with a gauze pad and bandage loosely or an eye shield if the student can tolerate it.
- Do not try to flush the eye with water.
- Do not apply pressure to control bleeding.
- Do not apply any medicine, drops, or ointment to the eye.

### First Aid for Minor Bruises:

- Gently place a cold pack or ice bag wrapped in a wet cloth over the injured eye for 10 to 15 minutes.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

# Eye Injuries

## Penetrating Object in the Eye

---

**For penetrating eye injuries, have someone call 911. Have someone notify the school nurse, if available.**

### **First Aid:**

- Put on non-latex disposable gloves.
- Keep the student as quiet and still as possible. The best position is for the student to lie flat on his/her back. Don't force the student to lie in this position if they resist.
- Never attempt to remove the penetrating object. Never put pressure on the eye.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## Small Object in the Eye

---

**Small objects, like dust or hair, can usually be removed.**

### **First Aid:**

- Put on non-latex disposable gloves.
- Gently pull down the lower eyelid while the student looks up, and try to find the object.
- Wipe the inner surface of the lower lid with clean, wet gauze.
- Gently lifting the upper lid out and down will produce tears that can help wash the object out of the eye.
- If the object remains, flush the eye with clean, lukewarm water.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

# Head Injuries, Loss of Consciousness

## Head Injury (Concussion)

---

**Call 911 if the head injury is severe and there are signs of shock (see page 51). Consider the possibility of a spinal injury when caring for a student with a head injury. Move student only if necessary. Watch for loss of consciousness or seizure. Notify the school nurse, if available.**

### Signs of Head Injury (concussion):

- Unresponsiveness for any length of time.
- Confusion or memory loss.
- Unusual sleepiness.
- Listless or tires easily.
- Agitation, irritability or combativeness.
- Pale and sweaty skin.
- Nausea or vomiting.
- Severe headache or dizziness.
- Blurred vision.
- Trouble with walking or balance.
- Slurred speech; slowness in responding to questions.
- Seizure.
- Blood or clear fluid persistently dripping from nostril or ear canal.
- Loss of bowel/bladder control (when unusual for that student).

### First Aid:

- **If student is vomiting and has a head injury, call 911.**
- Try to determine the cause of the head injury. Even slight bumps can cause a concussion and have serious effects.
- Watch for signs of a concussion.
- Keep the student dry and warm.
- Place a cold pack or ice bag wrapped in a cloth on the injury for 10 to 15 minutes to reduce swelling.
- Do not allow the student to continue to participate in sports or physical activities if there is reason to suspect a concussion.

**IMPORTANT: Inform the student's parent or legal guardian and advise them to consult with their healthcare provider immediately.**

# Head Injuries, Loss of Consciousness

## Loss of Consciousness and Fainting

---


**Fainting is a temporary loss of consciousness that may have many possible causes. The episode is usually brief, typically lasting for less than a minute.**

**Call 911 if the student remains unresponsive for more than a minute. Notify the school nurse, if available.**

### **Possible causes:**

- Diabetic condition or low blood sugar.
- Choking.
- Not eating.
- Dehydration.
- Injury or blood loss.
- Allergic reaction or poisoning.
- Holding one's breath or hyperventilating.
- Fatigue or illness.
- Standing for a long time.
- Being too warm.
- Use of drugs or alcohol.
- Stress, fear, emotional upset.
- Heart problems.

### **First Aid:**

- 
- Lay the student on his/her back and check for breathing.
  - If not breathing, go to page 11 and follow the steps for Breathing Stopped. **Have someone call 911.**
  - Prop the legs up on a pillow or rolled towel to increase blood flow to the brain.
  - Loosen tight clothing.
  - Do not give anything by mouth.
  - Write down details of what happened, including the amount of time the student was unconscious, possible cause, and other signs or symptoms.
  - Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.



## Heat Exhaustion and Heat Stroke

---

Heat related injuries can be life threatening if not recognized. These injuries can develop when students are exposed to hot temperatures, actively playing, sweating or overly clothed. Students do not regulate body temperature as effectively as adults.

If these conditions are suspected, call the school nurse for assistance, if available. Be prepared to call 911.

### Signs and Symptoms of Heat Exhaustion

- Flushed (red) skin, especially in the face.
- Moist, sweaty skin.
- Nausea and vomiting.
- Headache.
- Thirsty, dry tongue and mouth.
- Dizziness.
- Fainting from standing up too fast.
- Fatigue.
- Fast breathing rate.
- Normal to slightly elevated body temperature.

### First Aid Care for Heat Exhaustion:

- Move student to cool place.
- Remove outer clothing.
- Pour cool water on skin.
- Continue to rinse and reapply cool cloths once they become warmed by the body.
- Place cool cloths on skin and direct a fan towards student.
- Have student drink lots of water.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.
- If student does not improve or cannot drink fluids, **call 911**.

# Heat and Cold Injuries

## **Signs and Symptoms of Heat Stroke (Life-threatening)**

- Flushed (red) face and skin.
- Dry hot skin (not sweating).
- Confusion or disorientation.
- Unresponsiveness.
- High body temperature (104°F or higher).
- Progression to seizures, stroke or cardiac arrest.

## **First Aid for Heat Stroke:**

- **Call 911.**
- Call the student's parent or legal guardian.
- Cool the student immediately.
- Remove outer clothing.
- Pour cool water over student's skin.
- Direct fan towards student.
- Put ice packs, wrapped in cloths in armpit and groin areas.
- Do not try to give fluids by mouth because students with heatstroke are not alert to safely swallow.

**IMPORTANT:** Heat stroke is life threatening. Be prepared to perform CPR if student becomes unresponsive. Call 911 if suspected. If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## Hypothermia and Frostbite

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Call 911 if the student is severely chilled and sluggish. Bring the student to a warm place. Notify the school nurse, if available.

### First Aid for Hypothermia

**Call 911**—this is a life threatening condition that occurs when the body loses heat faster than it can produce heat. A student with hypothermia has a dangerously low body temperature (lower than 95°F).

- Until you can get the student to a warm room, hug the student close to your body.
- Strip off cold, wet clothes, socks and shoes. Replace with dry clothes and wrap the student in blankets.

### First Aid for Frostbite:

**Injury caused by freezing of body tissues.**

- Allow toes, fingers, and ears to return to normal body temperature slowly.
- Do not rub toes, fingers, ears, or skin.
- Do not break any blisters, but wrap any that have broken in gauze.
- If toes or fingers are damaged, put dry gauze between them to keep them from rubbing.

### The difference between frostnip (mild injury that affects areas exposed to the cold) and frostbite:

- If affected area returns to normal appearance after rewarming, the student has **frostnip** and does not need immediate medical care. Inform the student's parent or legal guardian to consult with their healthcare provider.
- If the area is very red, very pale, swollen or has blisters, the student has **frostbite**. Notify the student's parent or legal guardian that the student needs immediate medical care.

# Oral Injuries

**For treating any oral injury, always put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.**

## Abscesses and Toothaches

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### First Aid:

- Have the student rinse the mouth with warm saline solution.
- Use dental floss to remove anything trapped between teeth.
- Apply cold compresses to the jaw for up to 20 minutes.
- Inform the student's parent or legal guardian. Advise them to see a dentist as soon as possible.

## Bleeding After Losing a Baby Tooth

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### First Aid:

- Put a clean, folded gauze pad over the spot that is bleeding.
- Have the student bite on the gauze with pressure for 15 minutes.
- Change the gauze and repeat if necessary. Avoid rinsing.
- Inform the student's parent or legal guardian. Advise them to consult a dentist if bleeding doesn't stop.

## Braces and Wires Broken

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### First Aid:

- Broken wires can be covered with gauze until the student can be seen by an orthodontist.
- Do not remove wire embedded in the cheek, tongue or gums.
- Inform the student's parent or legal guardian. Advise them to see an orthodontist immediately.

## Broken Tooth

---

### First Aid:

- Gently clean dirt from the injured area with warm water.
- Place a cold pack or ice bag wrapped in a cloth on the face over the injured area.
- Inform the student's parent or legal guardian. Advise them to see a dentist immediately.

## Displaced Tooth

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### First Aid:

- Position the student so that bleeding does not cause choking.
- Have the student rinse mouth with cold water.
- Have student bite down on a wad of gauze to help control bleeding or to stabilize the tooth.
- Apply ice or cold pack wrapped in a thin cloth over the injured area (on the face) if there is any swelling.
- Inform the student's parent or legal guardian. Advise them to see a dentist as soon as possible.

## Permanent Tooth Knocked Out

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### First Aid:

- Have someone notify the school nurse, if available, when the injury is severe.
- Find the tooth. The faster you act, the better the chances of saving the tooth.
- Handle the tooth by its crown, not the root.
- If the tooth is dirty, gently rinse it with water. Do NOT scrub antiseptic on the tooth.
- Gently put the tooth back into its socket, making sure that the front of the tooth is facing you.
- Have the student hold the tooth in place with clean gauze.
- If the tooth cannot be reinserted into the socket, put the tooth into a cup of fresh milk, or a zip lock bag with some of the student's saliva. Or wrap the tooth in a clean wet cloth.
- Apply gentle pressure on the socket if bleeding continues.
- Do not remove the blood clot from the socket—it is important for healing.
- Inform the student's parent or legal guardian. Advise them to see a dentist immediately.

# Oral Injuries

## **Jaw Injury – Broken or Dislocated**

---

**A broken or dislocated jaw requires prompt medical attention because of the risk of breathing problems or bleeding.**

**Have someone call 911. Have someone notify the school nurse, if available.**

### **Symptoms of a Broken Jaw:**

- Bleeding from the mouth.
- Difficulty opening the mouth widely.
- Facial bruising.
- Facial swelling.
- Jaw stiffness.
- Jaw tenderness or pain, worse with biting or chewing.
- Loose or damaged teeth.
- Lump or abnormal appearance of the cheek or jaw.
- Numbness of the face (particularly the lower lip).
- Very limited movement of the jaw (with severe fracture).

### **First Aid:**

- Temporarily bandaging the jaw (around the top of the head) to prevent it from moving may help reduce pain.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## **Symptoms of a Dislocated Jaw:**

- Bite that feels “off” or crooked.
- Difficulty speaking.
- Drooling because of inability to close the mouth.
- Inability to close the mouth.
- Jaw that may protrude forward.
- Pain in the face or jaw, located in front of the ear or on the affected side, and gets worse with movement.
- Teeth that do not line up properly.
- The student’s jaw line may appear distorted.

## **First Aid:**

- Keep the student still and calm and try to keep the student from moving.
- Make sure the student can breathe.
- If the student is being transported to a medical facility, inform the student’s parent or legal guardian and have them meet the student at the facility.

## **Lip, Cheek, or Tongue Cut or Bitten**

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### **First Aid:**

- Have student rinse their mouth with water so that the site of injury can be identified.
- Gently clean the area of the injury with a clean, wet cloth.
- Apply pressure with gauze to stop the bleeding.
- Place a cold pack or ice bag wrapped in a cloth over the injury to control swelling.
- Inform the student’s parent or legal guardian. Advise them to see a healthcare provider or dentist, especially if the injury is deep or bleeding doesn’t stop easily.

# Poisoning

## Ingested Poison

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**If the student is unresponsive, have someone call 911. Have someone notify the school nurse, if available.**

### **Watch for one or more of the following:**

- Open container of medicine, chemical, illegal drug or alcohol.
- Spilled liquid, medication, or drug on the floor or on the student.
- Unusual odor from the student's mouth or clothes.
- Burns in and around the mouth indicating contact with a corrosive chemical.
- Nausea or vomiting.
- Abdominal pain or diarrhea.
- Drowsiness.
- Unresponsiveness.

### **First Aid**

- If the student is responsive, gather the following information and call the Washington Poison Center, 1-800-222-1222:
  - Age and weight of the student.
  - What was swallowed, the amount and when.
  - The student's condition.
- **If the student is unresponsive and breathing, call 911** and place them on their side. This position helps keep the airway open and allows vomit to drain from the mouth.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

## Inhaled Poison

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**Make sure the scene is safe before you remove the student from the toxic area. Don't become another victim. If the student is unresponsive, have someone call 911. Have someone notify the school nurse, if available.**

### **Watch for one or more of the following:**

- Source of fumes that may or may not have an odor
- Change in student's behavior
- Change in student's appearance



**First Aid:**

- If the student is responsive, gather the following information and call the Washington Poison Center, 1-800-222-1222:
  - Age and weight of the student.
  - What was inhaled, the amount and when.
  - The student's condition.
- If the student is being transported to a medical facility, inform the student's parent or legal guardian and have them meet the student at the facility.

**Poisonous Plants**

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**If the student's skin is exposed to poisonous plants have them immediately wash the skin with soap and running water.**

**Watch for one or more of the following symptoms:**

- Rash
- Itching
- Blisters
- Swelling
- Redness

**First Aid:**

- Put on non-latex disposable gloves to protect yourself.
- Gather the following information and call the Washington Poison Center, 1-800-222-1222:
  - Age and weight of the student.
  - What and where the poison touched the student's skin, and when.
  - The student's condition.
- Clean the area to remove plant oil. Wash the skin immediately with soap and running water.
- Save a sample of the plant.
- Have the student change out of clothing that was exposed. Put the clothing in a plastic bag.
- Watch for allergic reactions.
- Inform the student's parent or legal guardian.

## **Pregnancy Complications and Miscarriage**

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Symptoms are severe vaginal bleeding with abdominal pain and severe cramping or leaking of amniotic fluid. Symptoms may include fever, fainting, or dizziness. Complications may include ectopic pregnancy and placenta previa.

Call 911 if bleeding is heavy and pain is severe.

**Keep in mind that any student who is old enough to be pregnant might be pregnant.**

- A miscarriage may happen over several days and may not be just one event.
- Bleeding may be light to heavy.
- Bleeding and pain together may be a sign of miscarriage. Pain may start a few hours to several days after bleeding.
- Amniotic Fluid Leakage: This is NOT normal and may indicate the beginning of labor.

### **First Aid:**

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Refer for immediate medical assistance for cramping and bleeding.
- The student should be seen immediately by a healthcare provider if miscarriage is suspected.

## Convulsive

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**Lay the student on his/her left side on the floor. This helps keep the airway clear. Have someone notify the school nurse, if available, especially when the seizure is serious.**

**The student may have an early warning of a seizure (known as an aura) or may shout and fall down.**

### **Call 911 if:**

- The seizure lasts for more than three to five minutes.
- The student has trouble breathing.
- The student is seriously injured.
- The student has never had a seizure before.

### **First Aid:**

- Follow the student's Individual Health Plan if there is a history of seizures.
- Move toys and furniture out of the way so the student won't get injured.
- Protect the student's head with a towel, blanket, or clothing. Or slide your palm under the head to protect it. Be careful not to put yourself in danger.
- Loosen tight clothing.
- Note about how long the seizure lasts. Note the body parts that are affected. Your detailed description can be important for the healthcare provider.
- Let the student rest while lying on their side after the seizure.
- Stay calm and try to offer privacy where possible.
- Do not try to restrain the student or stop the convulsions.
- NEVER put anything into the student's mouth.
- Inform the student's parent or legal guardian.

# Seizures

## Nonconvulsive

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**Make sure the student is in a safe place to avoid injury. Have someone notify the school nurse, if available.**

### **Watch if the student:**

- Has a blank look on face.
- Is unable to speak or move.
- Acts in odd ways.
- Chews or smacks lips.
- Fiddles with clothing.

### **First Aid:**

- Note about how long the seizure lasts.
- Stay with the student and be reassuring. Convulsions may follow.
- Let the student rest.
- Follow the student's individual health plan if there is a history of seizures.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

## Treatment for Shock

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**Shock may develop when a person is suddenly injured, bleeding, or ill. Even mild injuries or witnessing a traumatic injury or illness can lead to shock.**

**Call 911 if you think someone is in shock. Notify the school nurse, if available.**

### **Signs of shock include:**

- Restless or irritable.
- Nauseated or vomiting.
- Is experiencing an altered level of consciousness (drowsy, confused or loses consciousness).
- Has pale, cool or moist skin.
- Has a blue tinge to lips and fingernails.
- Is breathing rapidly and has a rapid pulse.

### **First Aid:**

- **Treat as a medical emergency—call 911.**
- Do not move them if they have a head, neck, or back injury.
- Otherwise, have them lie down.
- Keep them dry and warm.
- Give nothing by mouth.
- Stop any bleeding.
- Keep them calm.

# Common Illnesses and Health Problems

## **Abdominal Pain, Stomachache, Cramps**

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Abdominal pain is pain or discomfort encompassing the area between the bottom of the rib cage to the groin creases. The causes are varied and range from mild to life-threatening. It is one of the most common reasons for health room visits in school.

Always verify whether a student has an Individual Health Plan that addresses a chronic health condition that may cause abdominal pain. Follow the student's plan of care.

**Call 911** anytime a student is unable to stand or move when complaining of abdominal pain.

### **For a student with an unknown cause of abdominal pain:**

- Have the student lie down and rest in a comfortable position. Give nothing by mouth.
- Offer access to restroom.
- Ask the student about the quality, duration, location and severity of pain.
- Check temperature.
- Report to school nurse and call student's parent or legal guardian with report of symptoms. Mild causes of abdominal pain usually resolve within 2 hours or less.

### **Parents should seek immediate medical attention if:**

- Pain becomes more severe.
- Pain is constant for over 2 hours.
- Student looks and acts sick.
- There is a history of injury.
- There is blood in stool or vomit.

## **Cold and Flu**

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**Have the student cover coughs and sneezes with a tissue or shirt sleeve.**  
**Instruct the student to wash hands frequently.**

- Make sure the student is in a comfortable position.
- Take the student's temperature. Allow the student to rest, and retake temperature.
- Do not send student home on bus if temperature is above 100.4°F or student appears ill and listless.
- Inform the student's parent or legal guardian.

# Common Illnesses and Health Problems

## Diarrhea

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**Diarrhea is caused by a number of things including viruses, bacteria, or parasites. It may be infectious. Watch for other symptoms such as vomiting, fever, and abdominal pain.**

- Have the student wash hands thoroughly and frequently.
- Take the student's temperature. Allow the student to rest, and retake temperature.
- Have the student take small sips of water.
- Inform the student's parent or legal guardian.
- In all cases of persistent diarrhea, especially with fever and cramps, the student must be seen by their healthcare provider.
- If several students suddenly have diarrhea, notify your local health jurisdiction.

## Ear Pain

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**Ear pain is often caused by a cold or flu. Watch for other symptoms such as fever, difficulty hearing, severe pain, irritability, discharge, and swelling around the ear.**

- Make sure the student is in a comfortable position.
- Take the student's temperature. Allow the student to rest, and retake temperature.
- Never try to probe or remove an item from the ear; this requires medical attention.
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

## Fever

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**Low fever without other symptoms is not harmful or a reason to send a student home. If the student's fever is over 100.4°F call a parent or legal guardian. Check for the cause of the fever and monitor for other symptoms.**

- Make sure the student is in a comfortable position but do not provide blankets for chill—try to warm room instead.
- Check to see if the student is overheated. See the section on Heat Stroke and Heat Exhaustion (page 39).
- Inform the student's parent or legal guardian. Advise them to consult with their healthcare provider.

# Common Illnesses and Health Problems

## Headache

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**Most headaches are minor and will go away without treatment.**

- Have the student lie down in a darkened room.
- Place a cool, wet cloth on the forehead to relieve pain.
- Only give medication prescribed by healthcare provider.
- Inform a parent or legal guardian. Advise them to consult with their healthcare provider.

Severe or sudden headaches with a stiff neck and vomiting may be a sign of meningitis, a life-threatening infection. **Call 911 if you suspect meningitis.**

## Head Lice

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**Head lice are parasitic insects that feed on the blood of the scalp. They lay eggs on the hair shaft until they hatch. Outbreaks are common and are not a sign of poor hygiene. Infestations are not a health hazard and do not spread any disease. It is principally a nuisance.**

**Lice is spread mainly from head-to-head contact. It is less commonly spread from inanimate objects. Call your school nurse for school and family support.**

### **Watch for:**

- Itching of head and scalp.
- Detection of live lice.
- Presence of nits (e.g., eggs or the young forms of a head louse attached to human hair).
- Sores and scratch marks on the head from scratching.
- Irritability and trouble sleeping reported.

### **How to respond:**

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Maintain student confidentiality and refer to your district infection control policy and procedure protocol for head lice. Student with head lice may remain in class and go home at the end of the day.
- Notify the student's parent or legal guardian of suspected case and recommend they contact their healthcare provider or the school nurse for more information about treatment options.



# Common Illnesses and Health Problems

## Nausea and Vomiting

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**Viral infections are the most common cause of nausea and vomiting and are often contagious. Notify the school nurse, if available.**

- Put on non-latex disposable gloves and follow standard precautions for exposure to blood and body fluids.
- Keep the student away from other students.
- Have the student lie down.
- Watch for other symptoms.
- If symptoms continue, student needs to be picked up. Call the student's parent or legal guardian.

## Scabies

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**Scabies is an itchy, contagious skin infestation caused by a mite. It affects persons from all socioeconomic levels without regard to age, sex or standards of personal hygiene. The infestation is usually spread by prolonged close personal contact or contact with infested objects such as towels, bedding or clothing.**

### **What you should look for:**

- Rash of itchy bumps or blisters.
- Severe itching that is worse at night.
- Older students and adults may tend to have the rash between fingers, wrist, toes, waist or groin with visible tiny red lines about ½ inch long.

### **How to respond:**

- Consider referring to school nurse to determine need for evaluation by healthcare provider.
- A student with mild cases may stay in school until the end of the day.
- Refer to school district infection control protocols.

# Resources and References

## Emergency Response to School-wide Event

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**Know your school's plan for handling emergencies, including responsibilities of administrators and staff.**

- **Bomb threat:** EVACUATE!
- **Chemical spill:** If the chemical spill is in your room or nearby, evacuate. If the chemical spill is outside of the building, shelter in place. Close and seal doors and windows.
- **Earthquake:** Drop, cover under a desk or table, and hold. Turn away from windows. Evacuate only if instructed to do so.
- **Fire:** EVACUATE! Turn off lights. Close door as you leave.
- **Intruder:** Lock-down.
- **Power outage:** Shelter in place. Turn off computers, lights and electrical devices.
- **Radiation leak:** Shelter in place.
- **Threat outside of the building:** Modified lock-down.
- **Tsunami warning:** Evacuate.

### **Evacuate:**

- Take students out of the building to an emergency assembly area or evacuation route.
- Bring any students in hallways with you.
- Stay away from overhangs, windows, and power lines.
- Keep your class separate from other classes.
- Take attendance.
- Follow school procedures for students being picked up or released to parents or legal guardians.

### **Shelter in Place:**

- Move students to your assigned shelter location.
- Bring any students in hallways with you to the shelter location.
- Lock exterior doors near your room.
- Keep students calm and busy.
- Take attendance.
- Use e-mail or text message. Do not use phone to call.
- Close windows and seal them if directed.
- Turn off classroom heating and air vents. Cover vents.

### **Lock-down:**

- Move students indoors.
- Bring any students in hallways into your room.
- Lock all doors, including exterior doors near your room.
- Close windows and blinds. Cover exposed windows.
- Turn off lights.
- Have students remain quiet. Stay low and out of sight.
- Use e-mail or text message. Do not use phone to call.
- Let the office know about any threats.
- Take attendance.

### **Modified Lock-down:**

- Lock exterior doors near your room.
- Close windows and blinds. Cover exposed windows.
- Stop the movement of students between buildings or in halls.
- Bring students in from outside if it is safe to do so.
- Allow only known persons into the school or room.
- Reassure students by keeping calm and keeping them busy.
- Use e-mail or text message. Do not use phone to call.

# Resources and References

## Standard Precautions to Prevent Infection

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These precautions help prevent the spread of germs to both you and the student. Assume that everyone can be the source of infections and everyone needs to be protected.

Follow instructions in the OSPI's *Infectious Disease Control Guide* for cleaning and disposal of contaminated materials.

### **Avoid direct contact with blood and other body fluids:**

- Use a barrier between you and the body fluids, such as gloves, sterile dressings, cloths or tissues.
- Use non-latex disposable gloves if possible. Do not reuse gloves.
- Wash your hands frequently with soap and warm water.
- To avoid contact with blood, have the student hold a bandage or cloth over the area that is bleeding, if able.

### **Clean and sanitize contaminated surfaces, including sports equipment:**

- Use disposable gloves and disposable cleaning materials.
- Wipe up the body fluids.
- Use a detergent to wash the surface, and rinse with water.
- Clean again with a sanitizing solution, such as one tablespoon of bleach in one quart of water, or other appropriate disinfectant.
- Remove and launder contaminated clothing as soon as possible.

### **Dispose of contaminated items and cleaning materials:**

- Seal all contaminated materials, including gloves, in a plastic bag.
- Dispose of the bag in a plastic-lined trash can.
- Label the trash bag: "Contains blood and body fluids."
- Wash your hands thoroughly with soap and warm water.

**IMPORTANT:** If you have direct contact with blood or body fluids, follow your school's exposure plan as required by the Washington Administrative Code on blood-borne pathogens.

## 504 Evaluation

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All students with health impairments should be considered for a 504 referral and evaluation. This includes, but is not limited to, students with life threatening conditions. It also includes students with impairments that are episodic or in remission. Best practice is to notify the school nurse, school counselor, and 504 coordinator when a student has a health impairment so that the student can be assessed for a 504 evaluation.

A 504 plan describes the accommodations, aids and services a student needs due to disability (as is very broadly defined for purposes of Section 504) during school related activities to participate and benefit from their education. A student is protected under Section 504 if they have an impairment that substantially limits one or more major life activities.

### **Health related issues that warrant a 504 evaluation include those that impact a student:**

- Bending
- Breathing
- Caring for oneself
- Communicating
- Concentrating
- Eating
- Hearing
- Learning
- Lifting
- Performing manual tasks
- Reading
- Seeing
- Sleeping
- Speaking
- Standing
- Thinking
- Walking

**IMPORTANT:** There is no exhaustive list of impairments or of major life activities that impairment might substantially limit. No one person makes these determinations. This is the responsibility of a 504 team.

# Resources and References

## First Aid Supplies Checklist

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**Always check to see if your supplies are complete and are not out-of-date:**

- Adhesive tape
- Band-aids (various sizes), including nonstick dressings
- Blankets
- CPR breathing barrier
- Elastic bandages (2", 4", 6")
- Eye bandages
- Eye shield
- Gauze squares (3", 4")
- Ice bags or instant cold packs
- Non-latex disposable gloves
- Paper bags, cups, towels
- Pencil or pen and pad of paper
- Plastic bags
- Roller bandage (3", 4" wide)
- Rubbing alcohol (for cleaning instruments)
- Safety pins
- Saline solution (sterile)
- Scissors
- Sanitizing solutions, hand sanitizer
- Soap (mild liquid)
- Splints
- Thermometer, digital
- Tissues
- Towels, disposable
- Triangle bandages
- Tweezers

**IMPORTANT:** Emergency medications should be included based on a specific student's care plan. Medications should be given only when provided by parent and prescribed by a primary healthcare provider (RCW 28A.210.260 and 270 and district policy). A statement signed by parent and provider authorizing use of medications should be kept at school and updated annually.

## Health and Safety Resources

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- American Diabetes Association  
[www.diabetes.org](http://www.diabetes.org)
- Asthma and Allergy Foundation of America  
[www.aafa.org](http://www.aafa.org)
- Epilepsy Foundation Northwest  
[www.epilepsynw.org](http://www.epilepsynw.org)
- Infectious Disease Control Guide for School Staff  
[www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf](http://www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf)
- OSPI Health Services  
[www.k12.wa.us/HealthServices/default.aspx](http://www.k12.wa.us/HealthServices/default.aspx)
- Seattle Children's Safety Resources  
[www.seattlechildrens.org/safety-wellness/safety/](http://www.seattlechildrens.org/safety-wellness/safety/)
- School Nurse Corps Contact List  
[www.k12.wa.us/HealthServices/SchoolNurse.aspx](http://www.k12.wa.us/HealthServices/SchoolNurse.aspx)
- School Staff Health Training Guide  
[www.k12.wa.us/HealthServices/pubdocs/WAStateSchoolStaffHealthTrainingGuide.pdf](http://www.k12.wa.us/HealthServices/pubdocs/WAStateSchoolStaffHealthTrainingGuide.pdf)
- Student Health Services Guidebook  
[www.esd105.org/Page/494](http://www.esd105.org/Page/494)
- Youth Mental Health First Aid Training  
[www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/](http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/)

# Resources and References

## References

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- 1 County-specific behavioral health crisis numbers. <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/state-mental-health-crisis-lines>
- 2 Pediatric First Aid for Caregivers and Teachers, 2nd Edition. (2012) American Academy of Pediatrics. <http://pedfactsonline.com/>
- 3 Infectious Disease Control Guide. (2014) Office of Superintendent of Public Instruction. <http://www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf>
- 4 OSPI Health Services. Office of Superintendent of Public Instruction. <http://www.k12.wa.us/HealthServices/Resources.aspx>
- 5 School Nursing: A Comprehensive Text, 2nd Edition. (2013) Janice Selekman, ed. [https://portal.nasn.org/members\\_online/members/viewitem.asp?item=S004&catalog=MAN&pn=1&af=NASN](https://portal.nasn.org/members_online/members/viewitem.asp?item=S004&catalog=MAN&pn=1&af=NASN)
- 6 American Heart Association Highlights: Guidelines Update for CPR and ECC (2015). <https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>
- 7 First Aid/CPR/AED Ready Reference (Pediatric). American National Red Cross <https://www.redcrossstore.org/item/754002>
- 8 Brain Basics. National Institute of Mental Health. [www.nimh.nih.gov/health/educational-resources/brain-basics/brain-basics.shtml#Introduction](http://www.nimh.nih.gov/health/educational-resources/brain-basics/brain-basics.shtml#Introduction)
- 9 Treatment of Children with Mental Illness. National Institute of Mental Health. (2009) [www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/index.shtml](http://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/index.shtml)
- 10 Mental Health Emergency or Crisis. San Luis Obispo County. [http://www.slocounty.ca.gov/health/mentalhealthservices/Mental\\_Health\\_Emergency\\_or\\_Crisis.htm](http://www.slocounty.ca.gov/health/mentalhealthservices/Mental_Health_Emergency_or_Crisis.htm)
- 11 Ibid
- 12 ALGEE protocol from Mental Health First Aid. <http://www.mentalhealthfirstaid.org/cs/>
- 13 What is Depression? National Institute of Mental Health. <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- 14 Show you Care, Ask the Question, Get Help. This three-step model was developed by the Washington Youth Suicide Prevention Program, an excellent resource on suicide prevention with youth and young adults. [www.yspp.org](http://www.yspp.org)
- 15 Infectious Disease Control Guide. (2014) Office of Superintendent of Public Instruction. [www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf](http://www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf)
- 16 Guidelines for Care of Students with Diabetes. (2005) Washington State Task Force for Students with Diabetes. <http://www.k12.wa.us/HealthServices/pubdocs/diabetes/GuidelinesStudentswithDiabetes.pdf>
- 17 Ibid



# 8 Steps in First Aid to Students

## 1. Survey the Scene

Take a brief moment to look around and make sure the scene is safe. Find out who is involved and what happened.

## 2. Hands-off Check

As you approach the student, look at appearance, breathing, and circulation to decide if someone should call 911—this should take less than 30 seconds.

## 3. Supervise

Make sure other students near the scene are supervised and safe.

## 4. Hands-on Check

Check the student's condition. Decide if someone should call 911 and what first aid is needed.

## 5. First Aid Care

Provide first aid that is appropriate for the injury or illness.

## 6. Notify

As soon as possible have someone notify the student's parent or legal guardian. Also have someone notify the school nurse, if available.

## 7. Debrief

If possible, talk to the student about any concerns. Talk with other students who witnessed what happened and how you and others responded.

## 8. Document

Complete a written report of what happened.

*Adapted from the American Academy of Pediatrics' course book:  
Pediatric First Aid for Caregivers and Teachers, 2nd Edition*