

REGULATION

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CARE OF INJURED AND ILL PERSONS (M)

R 8441 CARE OF INJURED AND ILL PERSONS (M)

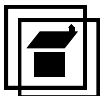
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A. Immediate Attention

These regulations apply when a person--pupil, staff member, or visitor--on school premises or in the course of a school-sponsored event or field trip is injured or becomes suddenly ill. The school staff member or other responsible adult present who takes charge should act quickly but not hastily.

1. The injury or illness shall be reported immediately to the school nurse or, in the absence of the school nurse, to the Principal. The report may be made directly (over an intercom) or by another adult or by a pupil messenger.
2. If it is clearly evident that the illness or injury is serious, emergency medical assistance shall be immediately summoned by telephone call to 911.
3. The victim shall be examined for breathing obstructions, bleeding, and broken bones.
4. The victim shall be checked for the presence of a necklace or bracelet that identifies a particular medical problem such as diabetes or epilepsy.
5. The victim will not be moved, except as may be absolutely necessary to remove the person from a dangerous environment. If necessary, furniture or equipment will be moved to permit space around the victim.
6. The victim should be made as comfortable as possible, without moving him/her, by loosening binding clothing and providing warm coverings.
7. No food or liquid should be given to the victim except on the orders of a health professional.
8. The victim should be calmed with assurances that he/she is receiving or is about to receive aid.

B. Emergency First Aid Procedures



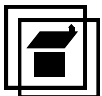
The school nurse shall administer the following emergency first aid procedures, as appropriate to the victim's illness or injury. If the school nurse or other health professional is not available or cannot be summoned quickly or the victim's illness or injury is so serious as to warrant immediate attention, these first aid procedures may be followed by the responsible adult present.

1. ALLERGIC REACTIONS

- a. The victim may show sudden blotchy swelling of the skin (hives) and mucous membranes, difficulty in breathing, wheezing, increased pulse rate, nausea, abdominal cramps, vomiting, fall in blood pressure with weak pulse.
- b. The use of a single dose auto-injector for epinephrine may be indicated. The school nurse or trained teacher shall decide whether or not to administer the appropriate dose.
- c. In a severe allergic (anaphylaxis) reaction, the victim should be taken immediately to hospital emergency services or a doctor's office.

2. BLEEDING, SEVERE

- a. Apply direct pressure with a sterile compress, if available; if no compress is available, the gloved or otherwise protected hand or fingers may be used until a compress can be obtained.
- b. Unless there is evidence of a fracture, a severe wound of the hand, neck, arm, or leg should be elevated above the level of the victim's heart.
- c. Apply pressure on the supplying artery if severe bleeding does not stop after application of direct pressure plus elevation.
- d. A tourniquet may be used only for a severe, life threatening hemorrhage that cannot be controlled by other means. The decision to use a tourniquet may be made only by a health professional.



3. BREATHING OBSTRUCTION

- a. Tilt the victim's head, clear the airway, and begin mouth-to-mouth or mouth-to-nose breathing immediately.

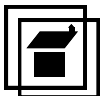
Initially, give four quick, full breaths without allowing the lungs to fully deflate between each breath.

- b. Maintain the head tilt and look, listen, and feel for exhalation of air. Check the carotid pulse for at least five but no more than ten seconds.
- c. If there is no pulse and no breathing, cardiopulmonary resuscitation (CPR) should be commenced by a person trained to give CPR.
- d. If there is a pulse but no breathing, mouth-to-mouth breathing should be continued until the victim breathes spontaneously.

4. BURNS, MAJOR

The victim has sustained a second- or third-degree burn, i.e. has burned the epidermis and underlying dermis and perhaps underlying tissues, possibly over a large area; the skin will appear red and blistered or, in a very serious burn, white or blackened.

- a. If the burn was caused by exposure to a chemical,
 - (1) Flush the affected area under cool running water for at least fifteen minutes;
 - (2) Apply any first aid measures specified on the chemical container;
 - (3) Cover the burn with a cool, wet dressing; and
 - (4) Take the victim to hospital emergency services.
- b. If the burn is a second degree burn that covers an area less than two or three inches across,



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- (1) Rinse the burn with cool water and gently wash and rinse the burned area;
 - (2) Spray with an antiseptic spray and cover with a sterile dressing;
 - (3) Do not apply ointments, petroleum jelly, margarine, grease, oil, or butter; and
 - (4) Do not break blisters to avoid the risk of infection.
- c. If the burn affects an area more than two or three inches across or is a third degree burn,
- (1) Immerse the burned area in cold water or apply cold compresses to the affected area to bring skin temperature back to normal, and
 - (2) Wrap the victim loosely in a clean sheet and transport him/her to hospital emergency services or, if the burn affects more than ten percent of the body, to a specialized burn facility.

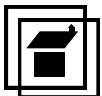
5. CONCUSSION

The victim may be dazed or unconscious, bleed from mouth, nose or ears; have rapid but weak pulse; have eye pupils unequal in size; complain of headache and dizziness; be nauseated or vomiting,

- a. Keep victim lying down and warmly covered.
- b. Ice may be applied to head.
- c. Medical attention must be sought to determine extent of injury.

6. CONVULSION OR SEIZURE

- a. Protect the victim from self-injury by lying him/her down, preferably on a padded surface, and loosen his/her clothing.



- b. Turn the victim's head to one side to keep the airway open and permit saliva to flow out of the mouth. If possible, place a rolled-up handkerchief or other soft object (not a hard object) between the upper and lower teeth. Do not place a finger in the victim's mouth or try to force open the victim's clenched jaws.
- c. Do not restrain the victim unless gentle restraint is necessary to prevent self-injury.
- d. If vomiting occurs, turn the head so that vomitus is expelled from the mouth and is not inhaled.
- e. If the seizure continues for more than a few minutes or recurs in a short time, summon an ambulance.

7. INSULIN SHOCK

The victim may have a sudden onset of weak, drowsy appearance; moist and pale skin; drooling; intense hunger, vision disturbance; normal or shallow respirations; full and pounding pulse; irritability;

- a. Administer some kind of carbohydrate, which can be in the form of sugar, fruit juice, candy, sugared soda pop (not artificially sweetened). If the victim has lost consciousness, honey or granulated sugar should be placed under the victim's tongue.
- b. After symptoms have subsided (in ten to fifteen minutes), offer the victim a food snack.
- c. If the symptoms do not subside, the victim should be taken to a hospital emergency service.

8. DIABETIC COMA

The victim may have an extremely ill appearance, dry flushed skin, intense thirst, exaggerated respiration with hunger for air, weak and rapid pulse, dimming of vision, and acetone or fruity odor on breath. A person in diabetic coma must be taken immediately to a hospital emergency service.



9. HEAT EXHAUSTION

The victim may have pale, clammy skin, rapid and weak pulse, weakness, headache, nausea, cramps of abdomen or limbs.

- a. The victim should lie down with his/her head lower than the body.
- b. The victim should be protected from chilling.
- c. If the symptoms do not subside, the victim should be taken to a hospital emergency service.

10. POISONING

- a. Contact the Poison Control Center by calling 911 for instructions. Be prepared to give information regarding the substance and amount ingested and the state of the victim.
- b. If the Poison Control Center cannot be consulted and the poison can be identified with certainty and its original container is available, administer the antidote specified on the container in the method and dosage recommended and seek medical assistance.
- c. If the poison is unknown, dilute the poison by requiring the victim to drink quantities of water or milk.
- d. If the poison is not corrosive or a petroleum product (see paragraph B10e) and the victim is not unconscious, induce vomiting by:
 - (1) Administering one to two tablespoons of Ipecac Syrup followed by water, or
 - (2) Inserting a spoon handle or finger in the victim's throat to produce a gag reflex.
- e. If the poison is a corrosive substance (drain cleaner, lye, bleach, or other acid or alkali product) or a petroleum product, do not induce vomiting. Burns on or in the mouth may indicate a corrosive



substance and a smell of petroleum on the victim's breath indicates a petroleum product.

- f. Remove the victim, along with the container of the substance ingested and any vomitus, to hospital emergency services.

11. SHOCK

The victim may be drained of color and have a clammy skin, weak and rapid pulse, irregular or labored breathing, perspiration on upper lip and forehead. Victim may be nauseated and/or thirsty.

- a. Keep the victim covered and lying down, with feet raised higher than the heart.
- b. Loosen tight clothing and keep the victim comfortably warm.
- c. If the victim is conscious, has no abdominal injury, and is not vomiting, the victim may be given fluid.

C. Routine First Aid Care

The school nurse shall administer the following routine first aid procedures, as appropriate to the victim's illness or injury. If the school nurse or other health professional is not available or cannot be summoned quickly, these first aid procedures may be followed by the responsible adult present.

1. ABDOMINAL PAIN

- a. Take the victim's temperature and pulse rate.
- b. Check for recent history of nausea, vomiting, and food ingestion and whether victim has had appendectomy.
- c. Require victim to lie down for rest period.
- d. If pain does not diminish or intensifies, notify parent(s) or legal guardian(s) or the school physician.

2. ABRASIONS AND LACERATIONS

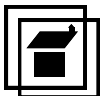


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- a. Wash area gently with bland soap and cool water, rinsing carefully.
 - b. Apply an approved antiseptic.
 - c. Cover area with a light protective adhesive bandage.
3. BITES and STINGS
- a. A wound resulting from the bite of an animal--dog, cat, hamster, mouse--should be treated as follows:
 - (1) Wash wound immediately with soap under running water. Apply an antiseptic and an antibiotic.
 - (2) If the wound is severe or a puncture wound, cleanse and send victim to hospital emergency services.
 - (3) Attempt to identify and capture animal.
 - b. A wound resulting from the bite of a human being should be washed and treated by a physician.
 - c. A bee sting should be treated as follows:
 - (1) Remove the stinger by scooping it out of the skin.
 - (2) Apply an ice pack or flush with cold water.
 - (3) Apply calamine lotion or cream to ease itching and swelling.
 - (4) If severe allergic reaction occurs, take the victim to hospital emergency services.
4. BLISTERS (other than those caused by burns)
- a. Apply a light protective bandage.
 - b. Do not break; allow tissues to absorb fluid.



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c. If blister ruptures, wash with antiseptic and water and apply sterile dressing.

5. BOILS

a. Apply dry dressing.

b. If boil has erupted, cleanse area and apply sterile dressing.

6. BRUISES

a. Apply cold compresses or ice to bruised area.

b. If bruise is black eye, examine pupil's eye and check victim for head injury.

7. BURNS, MINOR

a. Cool burned area under cold running water or with application of cold compress.

b. Encourage victim to drink fluids.

8. DIARRHEA

a. Take the victim's temperature.

b. Call parent(s) or legal guardian(s).

9. DISLOCATIONS

a. Apply ice or cold compress.

b. If possible, e.g., in the dislocation of a finger joint, apply a splint.

c. Notify pupil's parent(s) or legal guardian(s).

d. Take victim to hospital emergency services or a doctor's offices.



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10. EARACHE

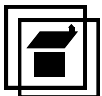
- a. Check victim's temperature and examine ear.
- b. Place small piece of cotton gently in outer orifice to provide warmth and/or comfort.
- c. Call parent(s) or legal guardian(s).

11. FAINTING

- a. Recline victim to lying position on his/her back. Loosen clothing for comfort.
- b. Check victim for pulse rate and breathing; if necessary, apply CPR.
- c. Permit victim to recover slowly.
- d. If recovery does not occur in reasonable period of time or other symptoms indicate possibly complications, take victim to hospital emergency services.

12. FOREIGN OBJECTS

- a. If the object is in the eye,
 - (1) Wash hands and examine the inner surface of the lower lid by pulling lid gently down.
 - (2) Remove object with slightly moistened swab.
 - (3) If object has not been removed, pull upper lid down over lower lid so that tears may wash object to corner of eye.
 - (4) Eye may be flushed with clean running water to dislodge object.
 - (5) If object remains, take victim to hospital emergency services or doctor's office.



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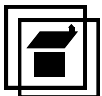
- b. If the object is in the ear,
 - (1) Use tweezers to remove any soft object that is clearly visible.
 - (2) Tilt the victim's head so that affected ear is downward and gently shake the victim's head.
 - (3) Place oil in ear only to immobilize an insect in the victim's ear.
 - (4) If object remains, take victim to hospital emergency services or doctor's office.

- c. If the object is in the nose,
 - (1) Use tweezers to remove any soft object that is clearly visible.
 - (2) Have victim gently blow his/her nose once or twice to attempt to dislodge the object.
 - (3) If object remains, take victim to hospital emergency services or doctor's office.

- d. When a foreign object has been swallowed or is in the victim's air passages,
 - (1) Apply the Heimlich maneuver.
 - (2) Remove victim to hospital emergency services.

13. FRACTURES

- a. When the fracture is simple (no wound or break in skin),
 - (1) Support the fracture with a splint or bandage, as required.
 - (2) Take the victim to hospital emergency services or a doctor's office.

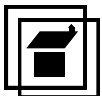


- b. When the fracture is compound (punctures the skin),
 - (1) Take measures to stop the bleeding and apply a protective dressing to the wound.
 - (2) Provide support but do not move or handle the injured part until the bone has been splinted.
 - (3) Summon the ambulance and keep victim warm and comfortable.

- c. When the fracture occurs to the skull (to be suspected when the victim is unconscious or semiconscious after a blow to the head) or to the neck or spinal column,
 - (1) Do not move the victim; be careful to keep neck in alignment with the rest of the spine.
 - (2) Control any bleeding with gentle direct pressure.
 - (3) If it is absolutely necessary to move victim (to remove him/her from a life-threatening situation), first place victim on board or other firm object, with head, neck, and spine in alignment and immobilized.
 - (4) Summon an ambulance to take the victim to hospital emergency services.

14. HEADACHE

- a. Ascertain how and when the headache started, the length of time it has persisted, and what medication, if any, has been taken.
- b. Take victim's temperature.
- c. Have victim rest for ten minutes.
- d. Offer fluid and apply ice pack to back of head.



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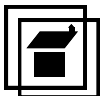
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- e. In case of frequent recurring headaches or complicating symptoms, notify parent(s) or legal guardian(s).
15. MENSTRUAL DISCOMFORT
- a. Have victim rest and apply heating pad for thirty minutes.
 - b. If a physician's permission has been given, administer analgesic.
 - c. If pain is severe, notify parent(s) or legal guardian(s).
16. NOSEBLEEDS (not associated with head injury)
- a. Have victim sit with head angled slightly forward so that blood cannot run back into the throat.
 - b. If bleeding is from one nostril only, press that nostril toward the center; if from both nostrils, pinch nostrils together five to ten minutes. Ask victim to breathe through the mouth.
 - c. If bleeding persists when pressure is removed, make twist of sterile gauze or clean cloth and insert in nostril(s). Reapply pressure for ten minutes.
 - d. If bleeding stops, gently remove packing after thirty to sixty minutes.
 - e. If bleeding cannot be stopped or recurs frequently, notify parent(s) or legal guardian(s) or take victim to doctor's office.
17. POISON IVY, OAK, SUMAC
- a. If person has recently been exposed to toxic plant, wash exposed skin area with soap and rinse thoroughly.
 - b. After rash appears, apply calamine lotion to lessen itching and burning.
 - c. Weeping rash should be covered with a dressing. Victim with weeping rash should be excluded from school.



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18. SORE THROAT

- a. Check victim's temperature.
- b. Observe throat for infection, redness, swollen tonsils, and the like.
- c. If fever or complicating symptom is present, notify parent(s) or legal guardian(s).

19. SPLINTERS

- a. Cleanse area with soap and water, followed by alcohol.
- b. Remove visible splinter with tweezers or sterile needle and cleanse area again. Apply antiseptic and light protective adhesive bandage.
- c. If splinter is imbedded, do not remove. Notify parent(s) or legal guardian(s).

20. SPRAIN

- a. Eliminate all stress on the injured part.
- b. Keep the area raised, elevated on a pillow or sling.
- c. Apply ice pack or cold compresses to the injured part to keep swelling down.
- d. Bandage with elastic bandage for support.
- e. Notify parent(s) or legal guardian(s).

21. TEETH

- a. Apply a mild analgesic (Anbesol) to a mild toothache if physician's or dentist's permission has been granted.



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- b. If the toothache is severe, notify the parent(s) or legal guardian(s) and suggest dental care. A cold pack may be applied for temporary relief.
- c. If a tooth is broken or is knocked out, notify the parent(s) or legal guardian(s).
- d. A permanent tooth knocked out should be placed in water or a clean wet cloth and sent with the victim to a dentist immediately.

This regulation shall not be in effect unless it has the specific approval of the School Medical Inspector.

Adopted: 10 September 2007

