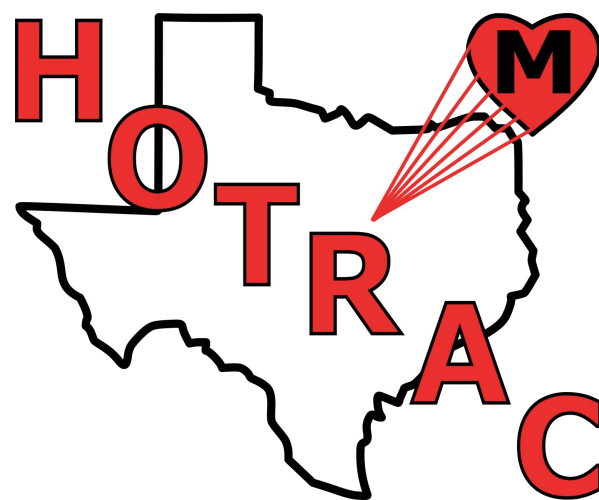


# Emergency Healthcare Guidelines For School Districts

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# EMERGENCY HEALTHCARE GUIDELINES FOR SCHOOL DISTRICTS

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## **Special Recognition:**

### ***Ohio Department of Public Safety, Division of EMS, EMS for Children Program***

The Heart of Texas Regional Advisory Council (HOTRAC) and Central Texas Advisory Council (CTRAC) in coordination with the Education Service Center (ESC) Region 12 is pleased to bring this valuable tool to the school districts in the following counties: Bell, Bosque, Coryell, Falls, Hamilton, Hill, Lampasas, Limestone, McLennan, Milam, and Mills.

HOTRAC made some changes to the 5th edition of this booklet developed originally by the State of Ohio to allow for treatment changes and State of Texas requirements in April 2012. CTRAC and HOTRAC are providing an update booklet for Fall 2021. This booklet will be provided to each school district an electronic version for their use.

It is recommended that this booklet is placed in an area that is easily accessible and that all school staff is made aware of its availability. This important resource may serve as an essential tool to assist first responders with the principal steps necessary to achieve the best outcome when medical emergencies occur.

We encourage feedback on this booklet. Please feel free to contact any HOTRAC/CTRAC staff member at (254) 202-8740 or (254) 770-2316.

# About the Guidelines

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The emergency healthcare guidelines in this booklet were originally produced in the Ohio Department of Public Safety's (ODPS), Emergency Medical Services for Children (EMSC) program, in coordination with the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics (AAP). As a part of the development process, the Guidelines were field tested in seven school districts throughout Ohio in 1997 and revised based on school feedback. In September of 1998, a copy of the first edition was distributed to each school building in Ohio. An evaluation was conducted in spring 2000. The second edition incorporates the results of the evaluation with revisions based on the recommendations of school nurses and administrative assistants who utilized the book in their schools.

In March of 2000, the Guidelines won the National EMSC Program's "Innovation in Product Development Award." This award is given to recognize a unique product designed to advance emergency medical services for children. To date, over 21,000 copies of the guidelines have been distributed in Ohio and thousands more throughout the United States.

The emergency guidelines are meant to serve as basic "what to do in an emergency" information for school staff without medical/nursing training when the school nurse is not available. **It is strongly recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.**

The guidelines have been created as a **recommended** procedure. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the State of Texas. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines. In a true emergency situation, use your best judgment!

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation.

# How to use the Emergency Guidelines

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The back outside cover of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.

The guidelines are arranged with tabs in alphabetical order for quick access. A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors** page.

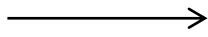
Take some time to familiarize yourself with the **Emergency Procedures for an Accident or Illness** section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

In addition, information has been provided about developing a school-wide emergency plan, guidelines for when to call EMS, infection control procedures, and planning for students with special needs.

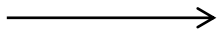
The guidelines have been provided in both an electronic format. You may reproduce this booklet and add specific information for your school.

# Keys to Shapes and Colors

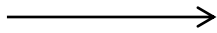
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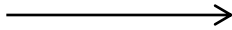
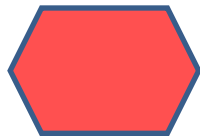
Start here.



Provides first-aid instructions.



A question is being asked. You will have a choice based on the student's condition.



Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur.

Green Shapes = Start

Yellow Shapes = Continue

Red Shapes = Stop

Blue Shapes = Background Information

# Emergency Procedures for Injury or Illness

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1. Remain calm and assess the situation is safe for you to approach. The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the responsible school authority that is designated to handle emergencies. This person will take charge of the emergency.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary to prevent further injury, follow the "NECK AND BACK PAIN" guideline.
6. Call Emergency Medical Services (EMS) and arrange for transportation of the ill or injured student, if necessary.
7. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
8. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured student.
9. A responsible individual should stay with the injured student.
10. Fill out a report for all injuries requiring above procedures as directed by school policy and procedures.

# When to Call EMS?<sup>1</sup>

## Call Emergency Medical Services (EMS) when a:

1. Child is unconscious, semi-conscious, unusually confused, or if any of these symptoms are witnessed.
2. Child's airway is blocked.
3. Child is not breathing.
4. Child is having difficulty breathing, shortness of breath or is choking.
5. Child has no pulse.
6. Child has bleeding that won't stop.
7. Child is coughing up or vomiting blood.
8. Child has been poisoned.
9. Child has a seizure for the first time or a seizure that lasts more than 5 minutes.
10. Child has injuries to the head, neck or back.
11. Child has sudden, severe pain anywhere in the body.
12. Child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receive immediate care.)
13. Child's condition could worsen or become life-threatening on the way to the hospital.
14. Moving the child could cause further injury.
15. Child needs the skills or equipment of paramedics or emergency medical technicians.
16. Distance or traffic conditions would cause a delay in getting the child to the hospital.

**If any of the above conditions exist, or if you are not sure, it is best to call EMS.**

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<sup>1</sup> Sources: American Red Cross & American College of Emergency Physicians

# Infection Control

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow **Universal Precautions**. Universal precautions are a set of guidelines which assumes that all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to any student, whether or not the student is known to be infectious. The following list describes universal precautions:

- **Wash hands thoroughly** with warm running water and a mild, preferably liquid soap for at least 20 seconds:
  1. Before and after physical contact with any student (even if gloves have been worn).
  2. Before and after eating or handling food.
  3. After contact with a cleaning agent.
  4. After using the restroom.
  5. After providing any first-aid.
- Be sure to scrub between fingers, under fingernails, and around the tops and palms of hands.
- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).
- Wipe-up any blood or body fluid spills as soon as possible (wear disposable gloves). Double-bag the trash in a plastic bag or place in a Ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).
- Send all soiled clothing (i.e. clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes, while giving first aid.

## **Guidelines for students:**

- Remind students to wash hands thoroughly after coming in contact with their own blood or body fluids.
- Remind students to avoid contact with another person's blood or body fluids.



# Planning for Students with Special Needs

Some students in your school may have special emergency care needs due to their medical conditions or physical abilities.

## Medical Conditions:

Some students in your school may have special conditions that put them at risk for life-threatening emergencies. For example, students who have:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Asthma or other breathing difficulties
- Technology-dependent or medically fragile conditions

Your school nurse or other school health professional, along with the student's parent or legal guardian and personal physician, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available to appropriate staff at all times. In the event of an emergency situation, refer to the student's emergency care plan. The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children with Special Needs<sup>2</sup>. It can be downloaded from [www.aap.org](http://www.aap.org) or [www.acep.org](http://www.acep.org) and is provided for review on the next page of this booklet.

## Physical Abilities:

Other students in your school may have special emergency needs due to their physical abilities. For example, students who are:

- In wheelchairs
- Unable or have difficulty walking up or down stairs
- Temporarily on crutches/walking casts

These students will need special arrangements in the event of a school-wide emergency (e.g. fire, tornado, evacuation, etc.). A plan should be developed and a responsible person should be designated to assist these students to safety. All appropriate staff should be aware of this plan.

## Communication Challenges:

Other Students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

- Vision impairments
- Hearing impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issue

These students may need special communication considerations in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

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<sup>2</sup> ©American College of Emergency Physicians and American Academy of Pediatrics. Reaffirmed by the ACEP Board of Directors in October 2008 and AAP in April 2010.

Emergency Information Form For Children With Special Health Care Needs				
Today's date		Who is completing this form? You must confirm consent to use this form:		
Your name		Is this a new form or just an update? <input type="radio"/> Update <input checked="" type="radio"/> New		
Patient ID	<b>CONSENT REQUIRED</b>		I (above named person) confirm that parent/guardian consents to the use of this form <input type="checkbox"/> Consent	
	Patient's name		Address	
	Birthdate		Nickname	
	Primary language		Parent/guardian	
Contact phones		Emergency contacts		
Facilities & Providers	Care Provider	Provider's Name	Specialties	All contact phone numbers (E-mail optional)
	Primary Care			Fax
	Specialist-1			
	Specialist-2			
	Specialist-3			
	Specialist-4			
	Specialist-5			
Others				
Primary Pharmacy (branch, phone, other)				
Anticipated primary emergency department (name, phone, other)				
Anticipated tertiary care center (name, phone, other)				
Clinical Baseline	Diagnoses/problem list (list all) starting with most important			
	Baseline physical findings			
	Baseline vital signs			
	Baseline neurologic status			
	Immunologic competency status			
	Synopsis of clinical status			
	Medications (doses, purpose)			
	Antibiotic prophylaxis (drug, dose, indication)			
	Significant baseline lab/imaging/diagnostic studies			
	Prostheses, appliances, advanced technology devices, life support			
Allergies: Medications, foods, substances to be avoided and why				
Advanced directives (include date of last review)				
Procedures to be avoided and why				
ED Management	Describe common presenting problems/findings		Suggested studies	Treatment recommendations
	Problem-1			
	Problem-2			
	Problem-3			
	Problem-4			
	Problem-5			
	Problems-other			
Comments on child, family, or other specific medical issues				
Immunizations	DPT dates		Varicella status	
	Dtap dates		Hep B dates	
	OPV or IPV dates		Hep A dates	
	MMR dates		Meningococcal	specify which one if possible
	HiB dates		TB status	
	Pneumococcal-7		HP virus	
	Other		Other	
Disaster Planning & Drills	Check or enter at least two of the most likely disasters that could affect this patient:			
	<input type="checkbox"/> Power failure	<input type="checkbox"/> Fire, forest fire		
	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Infrastructure (roads, communication) damage		
	<input type="checkbox"/> Tornado	<input type="checkbox"/> Shelter structure damage		
	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Food and water supply compromise		
<input type="checkbox"/> Flood	<input type="checkbox"/> Medication, supplies, equipment compromise			
<input type="checkbox"/> Tsunami	<input type="checkbox"/> Nuclear radiation accident (fallout, meltdown, contamination, detonation, etc.)			
<input type="checkbox"/> Blizzard	<input type="checkbox"/> Explosion, blast, Other (e.g., terrorism, biological accident, chemical accident, other weather)			
<input type="checkbox"/> Avalanche	<input type="checkbox"/> Other (e.g., terrorism, biological epidemic/accident, chemical accident, other weather event)			
<input type="checkbox"/> Land/Mud slide				
Other (describe)		Other (describe)		
Disaster drills reviewed or practiced with patient. Documentation of completed drills and planned dates for future drills.				
Date	Disaster type	Example drills:	Describe type of drill	
		verbal review		
		paper review		
		table top model		
		computer simulation		
		hand on practice		
		equipment review		
		in home review		
		alternate electrical		
		power		
		electric generator		
		use		

# Multi-Hazard Emergency Operations Plan

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*Texas Education Code Title 2. Subtitle G. Chapter 37, Subchapter A, Section 37.108* states that each school district shall adopt and implement a multi-hazard emergency operations plan for use in the district's facilities and must address:

- Mitigation
- Preparedness
- Response
- Recovery

The plan must also be coordinated with Local Health Districts, the Department of State Health Services, local emergency management, EMS Providers, fire departments, and police departments.

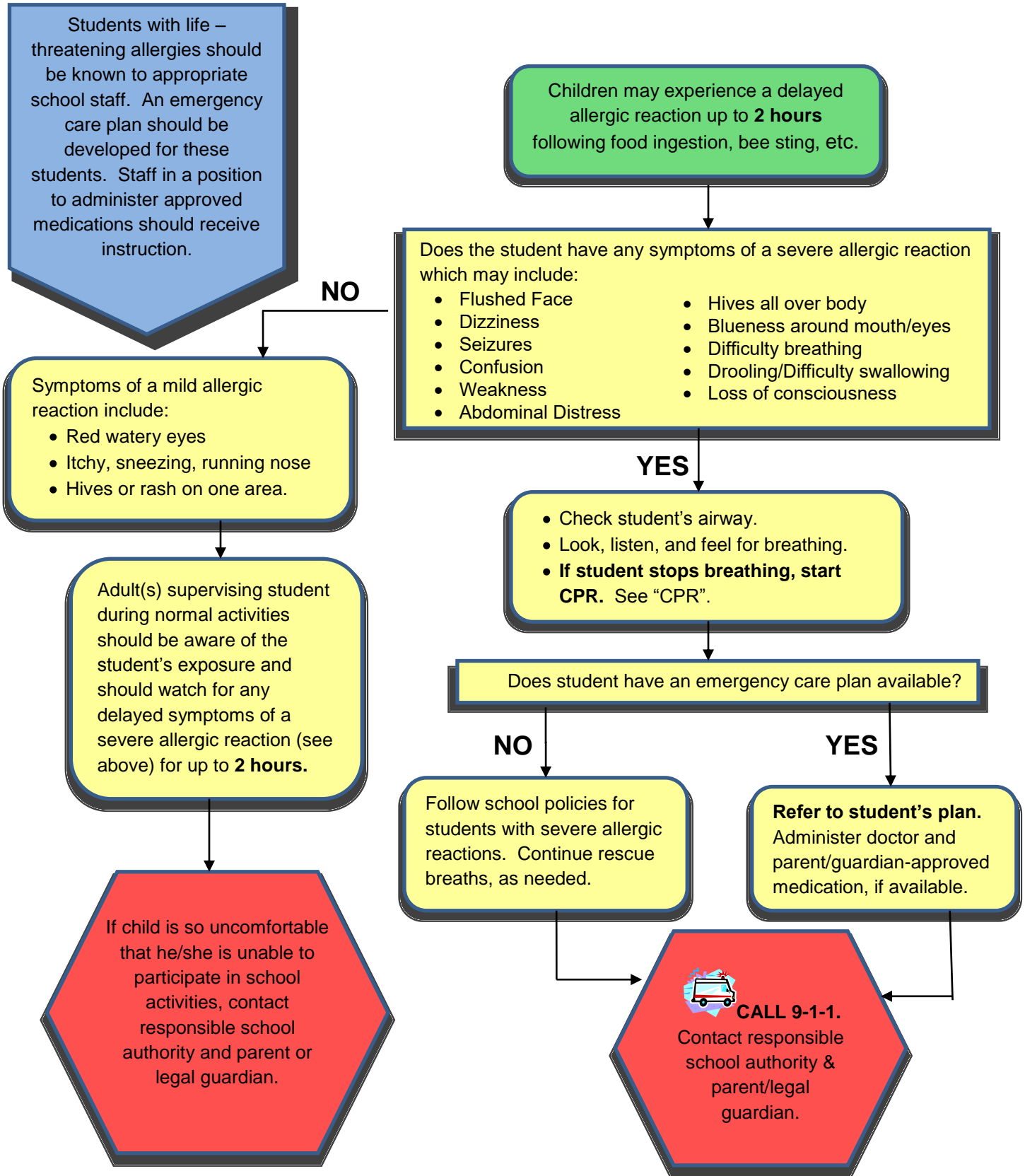
A school-wide emergency plan should be developed in cooperation with school health staff, school administrators, local EMS, local hospitals, local health department and parent/guardian organizations. All employees should be trained on the emergency plan and a written copy should be available at all times. The plan should be periodically reviewed and updated and should consider the following:

- Staff roles are clearly defined in writing. For example, staff responsibility for rendering care, accessing EMS, notifying responsible school authority and parents, and supervising uninjured children are outlined and practiced. A responsible authority for emergency situations has been designated within each building. In-service training is provided to maintain knowledge and skills for employees designated to respond to emergencies.
- Appropriate staff, in addition to the nurses, is trained in CPR and first aid in each building. For example, teachers and employees working in high risk areas (e.g. labs, gyms, shops, etc.) are trained in CPR and first aid.
- Student and staff emergency contact information is maintained in a confidential and accessible location. Copies of emergency health care plans for students with special needs should be available, as well as distributed to appropriate staff.
- First aid and bleeding control kits are stocked with up-to-date supplies and are available in central locations, high risk areas and for extra-curricular activities. (See "Recommended First Aid & Bleeding Control Supplies" on inside back cover.)
- Schools have developed instructions for emergency evacuation, sheltering in place, hazardous materials, lock-down and any other situations identified locally.
- Emergency numbers are available and posted by all phones. (See "Emergency Phone Numbers" on outside of back cover.) All employees are familiar with emergency numbers.
- School personnel have communicated with local EMS regarding the emergency plan, services available, children with special needs and other important information about the school.
- A written policy exists which describes procedures for accessing EMS without delay at all times and from all locations (e.g. playgrounds, athletic fields, fieldtrips, extracurricular activities etc.).
- Transportation of an injured or ill student is clearly stated in written policy.

- Instructions for addressing students with special needs are included (See “Planning for Students with Special Needs”).
- A doctor or nurse and a dentist are designated to act as consultants to the school for health and safety related questions.
- All injuries are documented in a standard format and maintained in an organized manner. Injury reports are reviewed on a regular basis to revise the emergency plan and remedy hazards.

The section should not be considered the final authority on emergency planning in general or for school districts. Specific requirements may be found in Education Code 37, Section 37.108 as well as with the school districts local elected officials.

# ALLERGIC REACTION

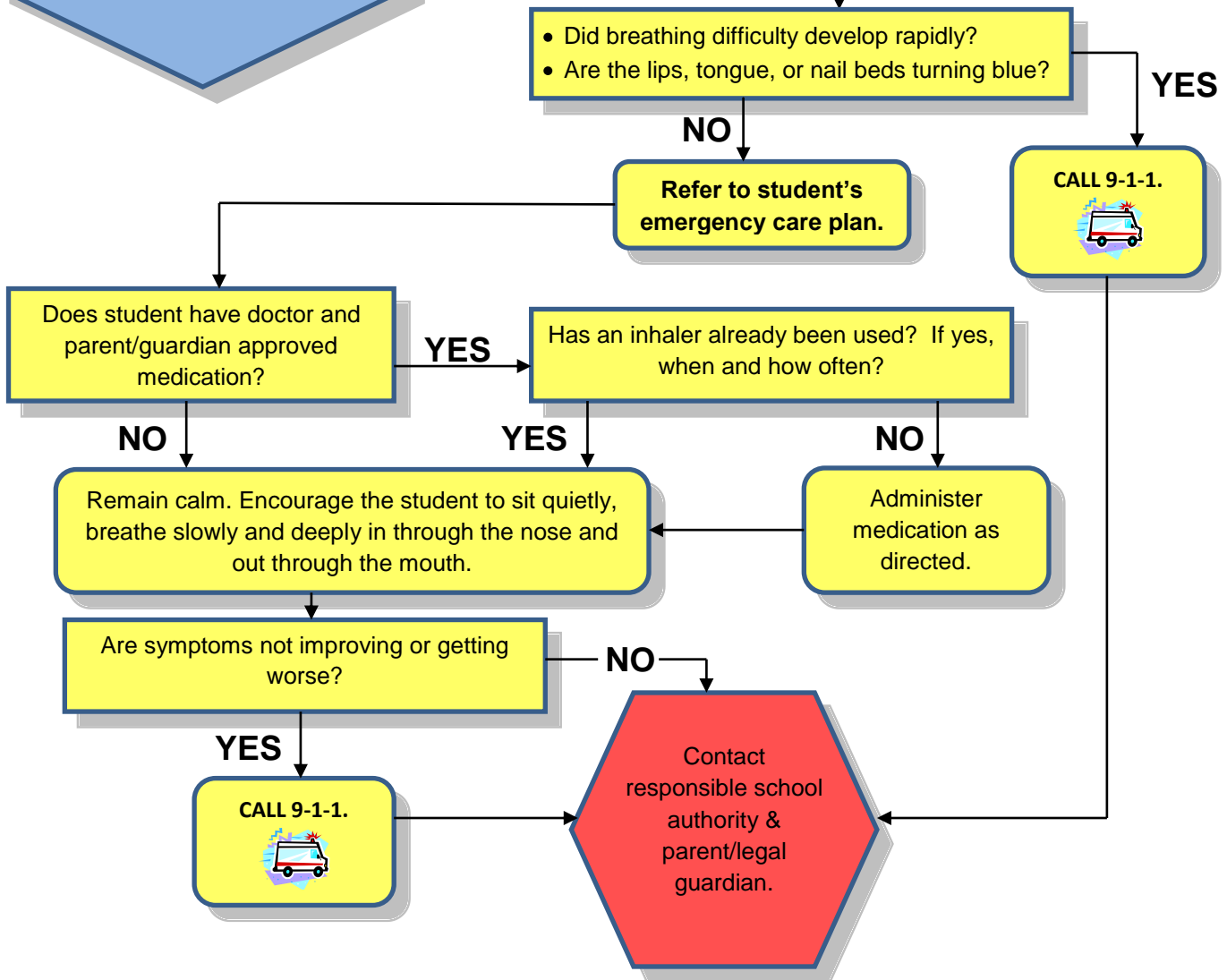


# ASTHMA – WHEEZING – DIFFICULTY BREATHING

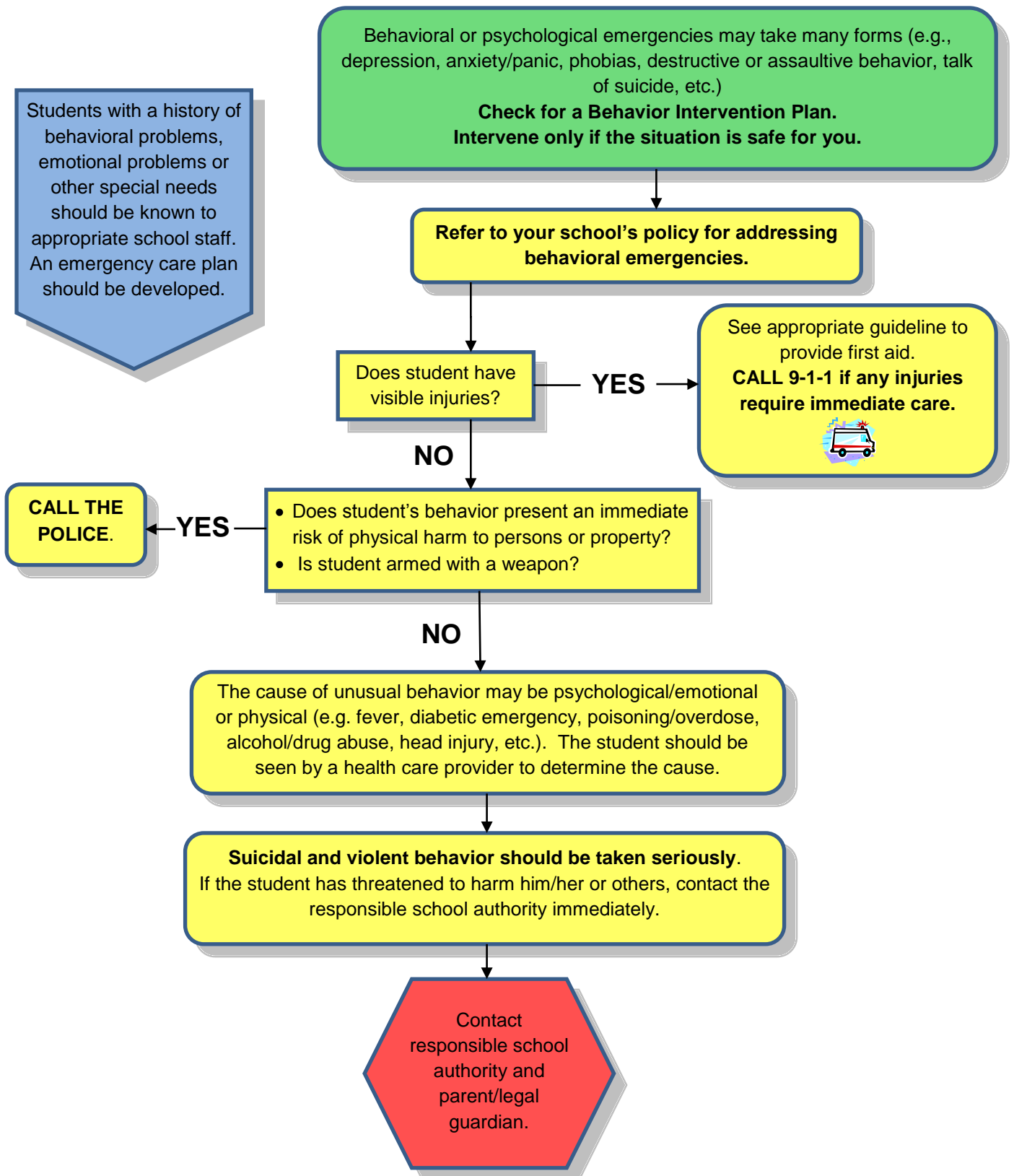
Students with a history of breathing difficulties, including asthma/wheezing, should be known to appropriate school staff. A care plan which includes an emergency action plan should be developed. Section 38.015 of the Texas Education Code allows students to possess and use an asthma inhaler in the school. Staff in a position to administer approved medications should receive instruction.

A student with asthma/wheezing may have breathing difficulties which include:

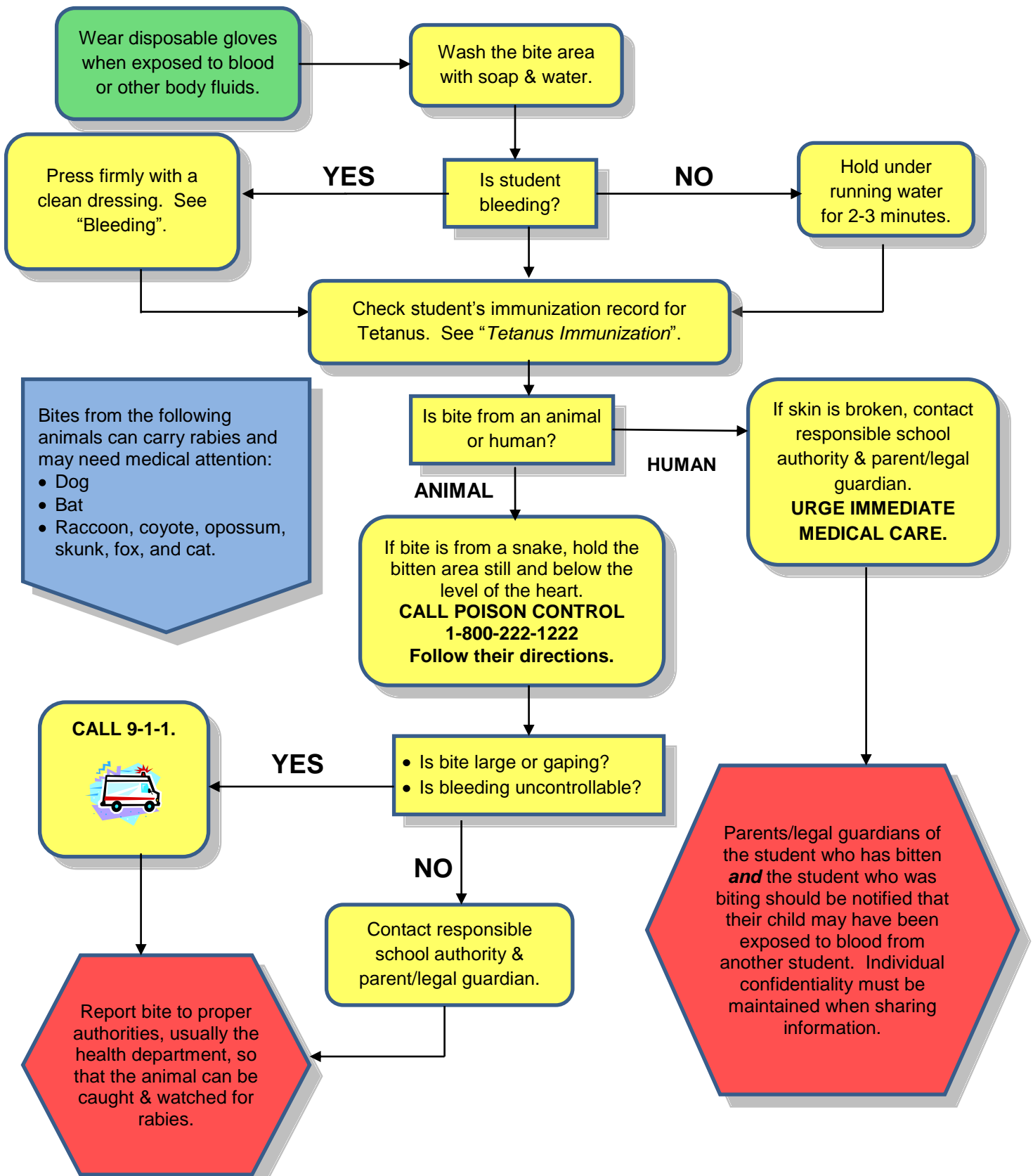
- Uncontrolled coughing;
- Wheezing – a high-pitched sound during breathing out;
- Rapid breathing;
- Flaring (widening) of nostrils;
- Increased use of stomach and chest muscles during breathing;
- Tightness in chest
- Not speaking in full sentences.



# BEHAVIORAL EMERGENCIES

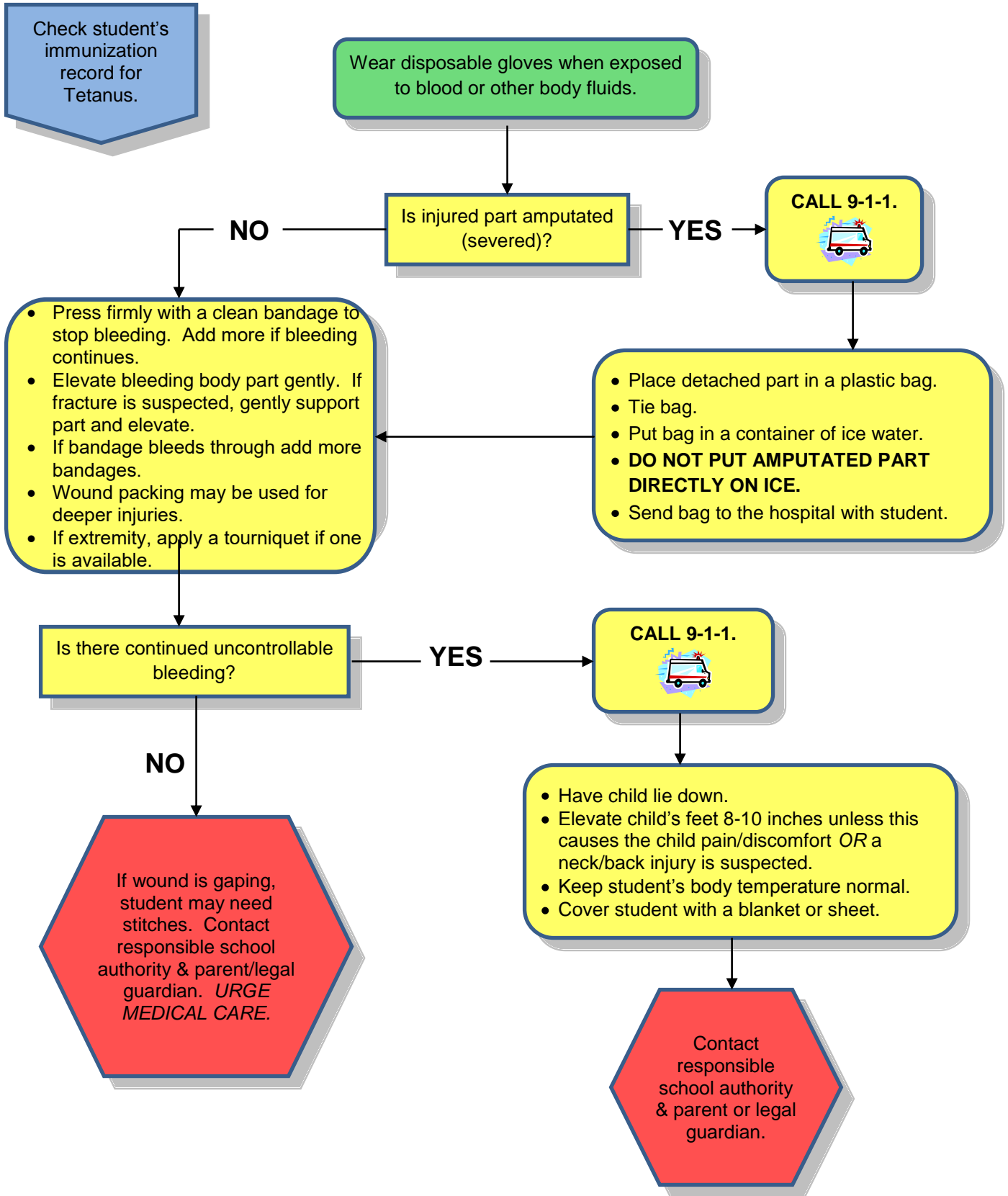


# BITES (HUMAN & ANIMAL)

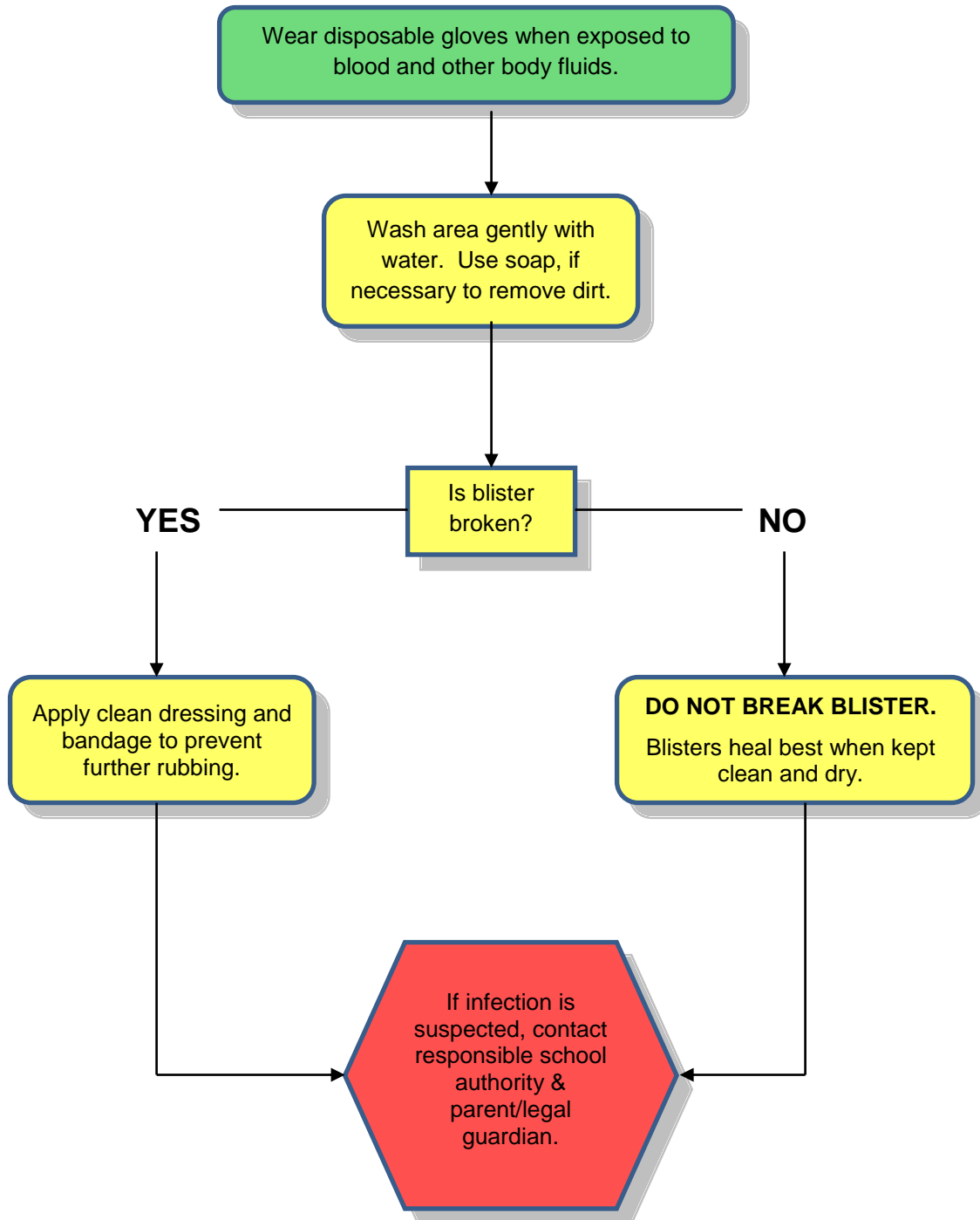




# BLEEDING

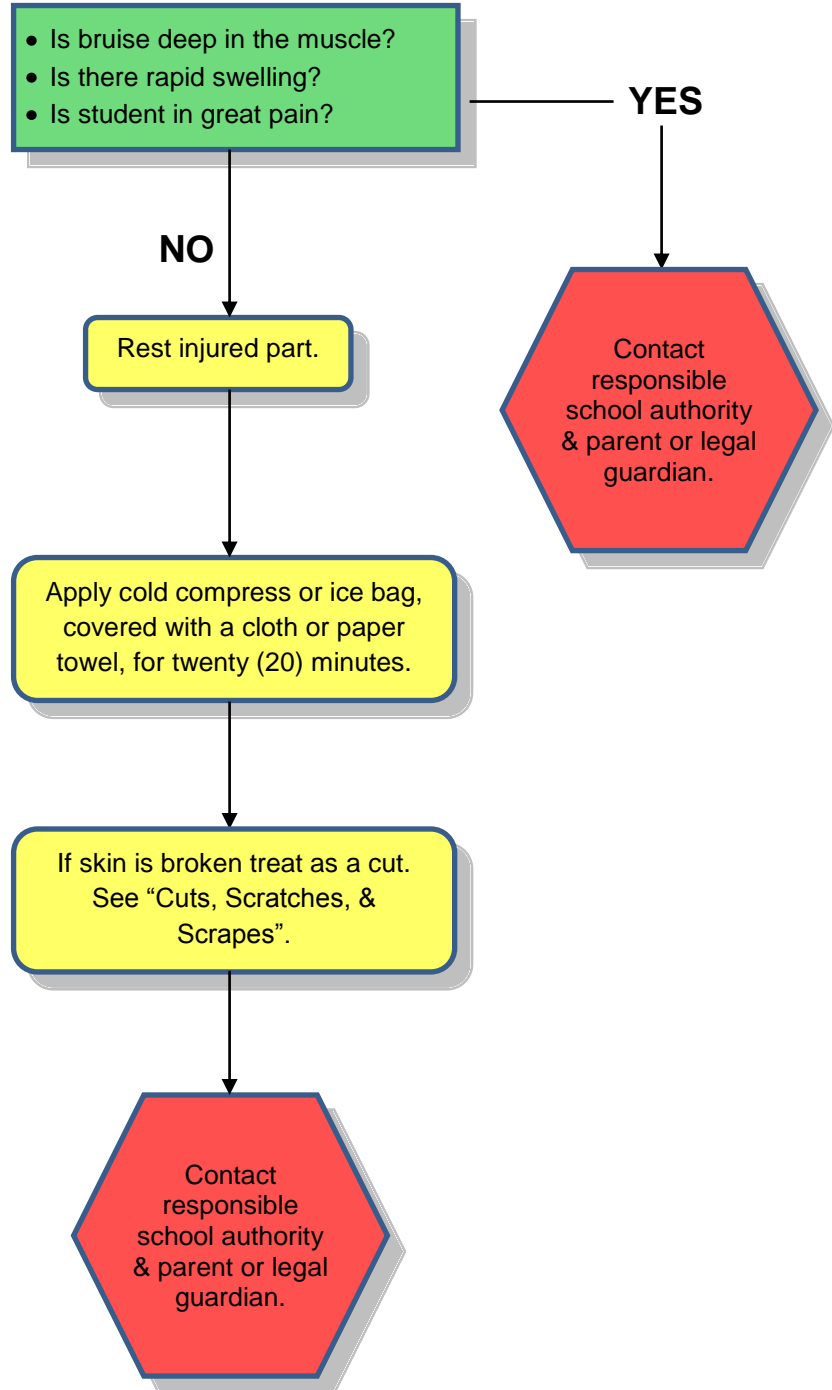


# BLISTERS (From Friction)



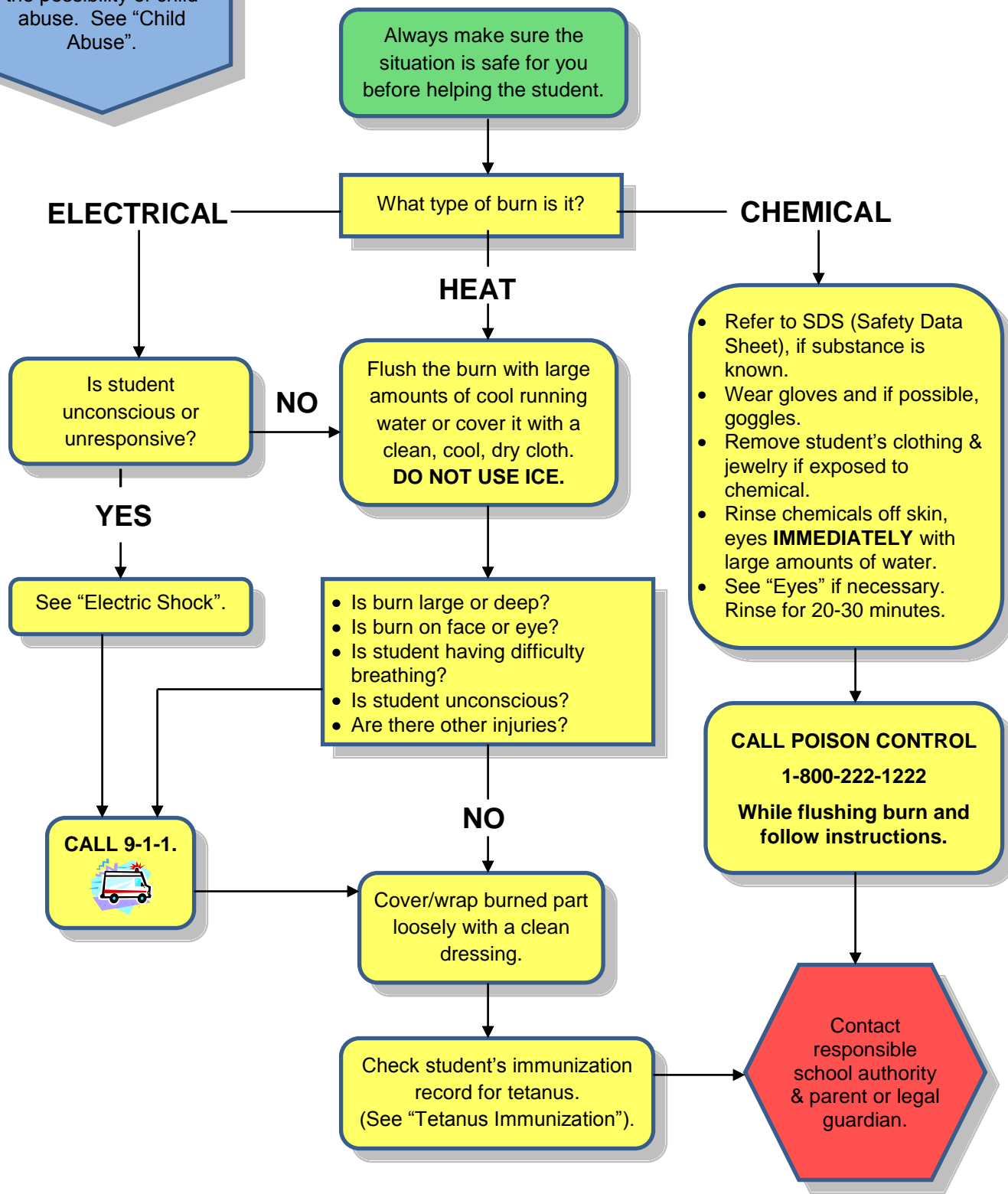
# BRUISES

If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "Child Abuse".



# BURNS

If student comes to school with pattern burns (e.g. iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See "Child Abuse".



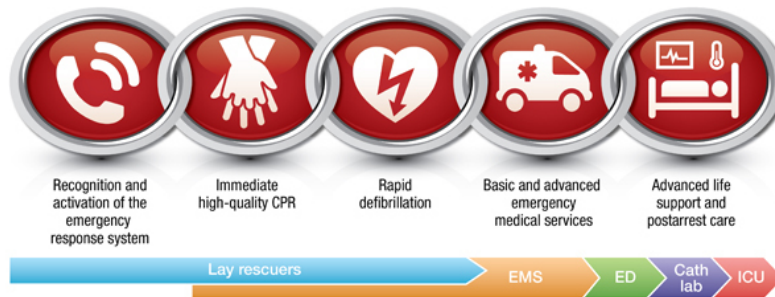
# Notes on Performing CPR<sup>3</sup>

## Why Is CPR Important?

Keeping the blood flow active – even partially – extends the opportunity for a successful resuscitation once trained medical staff arrive on site.

## Chain of Survival

CPR is a critical step in the AHA's Chain of Survival. The term Chain of Survival provides a useful metaphor for the elements of the ECC systems concept.



The 5 links in the adult out-of-hospital Chain of Survival are:

- Recognition of cardiac arrest and calling 9-1-1
- Early CPR with an emphasis on chest compressions
- Rapid defibrillation
- Basic and advanced emergency medical services
- Advanced life support and post-cardiac arrest care

A strong Chain of Survival can improve chances of survival and recovery for victims of cardiac arrest.

## About Automated External Defibrillators (AED)

AEDs can greatly increase a cardiac arrest victim's chances of survival. Here's a two-page guide on how to implement an AED program at a company or organization. To minimize the time to defibrillation for cardiac arrest victims, deployment of AEDs should not be limited to only trained people (although training is still recommended).

Learn more about how the use of AEDs can dramatically boost survival of cardiac arrest patients.

## How CPR Is Performed?

There are two commonly known versions of CPR:

1. For healthcare providers and those trained: conventional CPR using chest compressions and mouth-to-mouth breathing at a ratio of 30:2 compressions-to-breaths. In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a rate of 100 to 120/min and to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).

<sup>3</sup> The American Heart Association website, [www.heart.org](http://www.heart.org).

2. For the general public or bystanders who witness an adult suddenly collapse: compression-only CPR, or Hands-Only CPR. Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly collapse in an out-of-hospital setting (such as at home, at work, or in a park).

**Hands-Only CPR consists of two easy steps:**

1. Call 9-1-1 (or send someone to do that)
2. Push hard and fast in the center of the chest



**About High-Quality CPR**

High-quality CPR should be performed by anyone - including bystanders. There are five critical components:

- \*\*Minimize interruptions in chest compressions
- \*\*Provide compressions of adequate rate and depth
- \*\*Avoid leaning on the victim between compressions
- \*\*Ensure proper hand placement
- \*\*Avoid excessive ventilation

**Even Children Can Perform Successful CPR**

A recent study tested sixth graders and their capacity to use Hands-Only CPR to save lives. The study found that the majority of children could perform CPR in the correct location and at the appropriate compression rate, making this a viable group to train to help save lives.

In fact, the AHA is dedicated to training the next generation of lifesavers through its CPR in Schools program. We led the charge to make CPR training a high school graduation requirement in 39 states – and counting!

**TEXAS is one of the 39 states!!!!**

# CPR Guide

## Hands-Only CPR vs. CPR with breaths



### HANDS-ONLY CPR



CALL 911

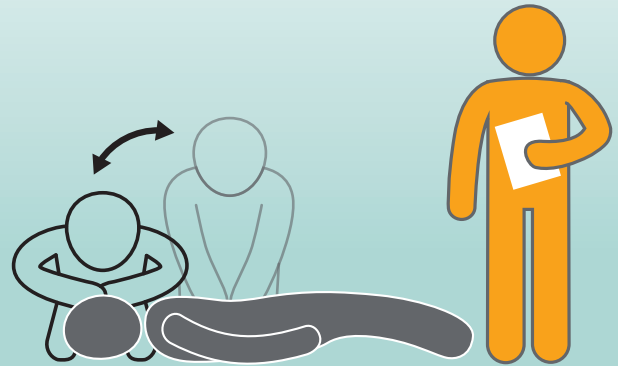


PUSH HARD AND FAST  
IN THE CENTER OF THE CHEST

Public awareness campaign to get more people to act when they encounter a cardiac arrest. Starting point to get more people to learn CPR.

**Will not meet requirements if you need CPR for your job.**

### CPR Training



COMPRESSIONS + BREATHS

Offered through online or in-person classes. Provides more in-depth training with an instructor, including CPR with breaths and choking relief.

**Often necessary for people who need CPR training for work.**

#### How does it work?

Chest compressions are good for the *first few minutes* someone is in cardiac arrest pushing remaining oxygen through body to keep vital organs alive. Buys time until someone with more skills can provide help.

CPR with breaths combines chest compressions and breaths, providing additional oxygen to circulate throughout the body.

#### Who can I use it on?

Adults and teens.

Anyone who is in cardiac arrest, including: adults and teens, infants and children, and any victims of drowning, drug overdose, collapse due to breathing problems or prolonged cardiac arrest.

#### How do I learn?

Go to  
**heart.org/handsonlycpr**  
to learn the steps of Hands-Only CPR.

Go to  
**heart.org/cpr**  
and click on FIND A COURSE  
to find a class online or near you.

# CHOKING (Conscious Person)

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first aid as quickly as possible.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

If choking is occurring, the American Red Cross recommends a "five-and-five" approach to delivering first aid:

- **Give 5 back blows.** First, deliver five back blows between the person's shoulder blades with the heel of your hand.
- **Give 5 abdominal thrusts.** Perform five abdominal thrusts (also known as the Heimlich maneuver).
- **Alternate between 5 blows and 5 thrusts** until the blockage is dislodged.

***If unsuccessful, call 9-1-1, and then contact responsible school authority and the patient/legal guardian.***



# CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in the recognition of child abuse/neglect.

If student has visible injuries, refer to the appropriate guideline to provide first aid. **CALL 9-1-1** if any injuries require immediate medical care.



All school staff is required to report suspected child abuse and neglect to the Department of Family & Protective Services (DFPS). Refer to your own school's policy for additional guidance on reporting.

**Department of Family & Protective Services**

**1-800-252-5400**

[www.txabusehotline.org](http://www.txabusehotline.org)

**Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This is *NOT* a complete list:**

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Poor hygiene, underfed appearance.
- Severe injury or illness without medical care.

**If a child reveals abuse to you:**

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the child know that you are required to report the abuse to the Department of Family & Protective Services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the child's situation.
- Follow appropriate reporting procedures.

Contact responsible school authority.

***Follow up with school report.***

# COMMUNICABLE DISEASES

For more information on protecting yourself from communicable disease, see "infection Control."

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, and parasite) cause communicable diseases.

Chicken pox, pink eye, strep throat and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease. Following, are some general guidelines.

**Refer to your school's exclusion policy for ill students.**

## SIGNS OF PROBABLE ILLNESS:

- Sore throat
- Redness, swelling, drainage of eye
- Unusual spots/rash with fever or itching
- Crusty, bright yellow, gummy skin sores
- Diarrhea (more than two loose stools a day)
- Vomiting
- Yellow skin or yellow "white of eye"
- Fever greater than 100.0 F
- Extreme tiredness or lethargy
- Unusual behavior

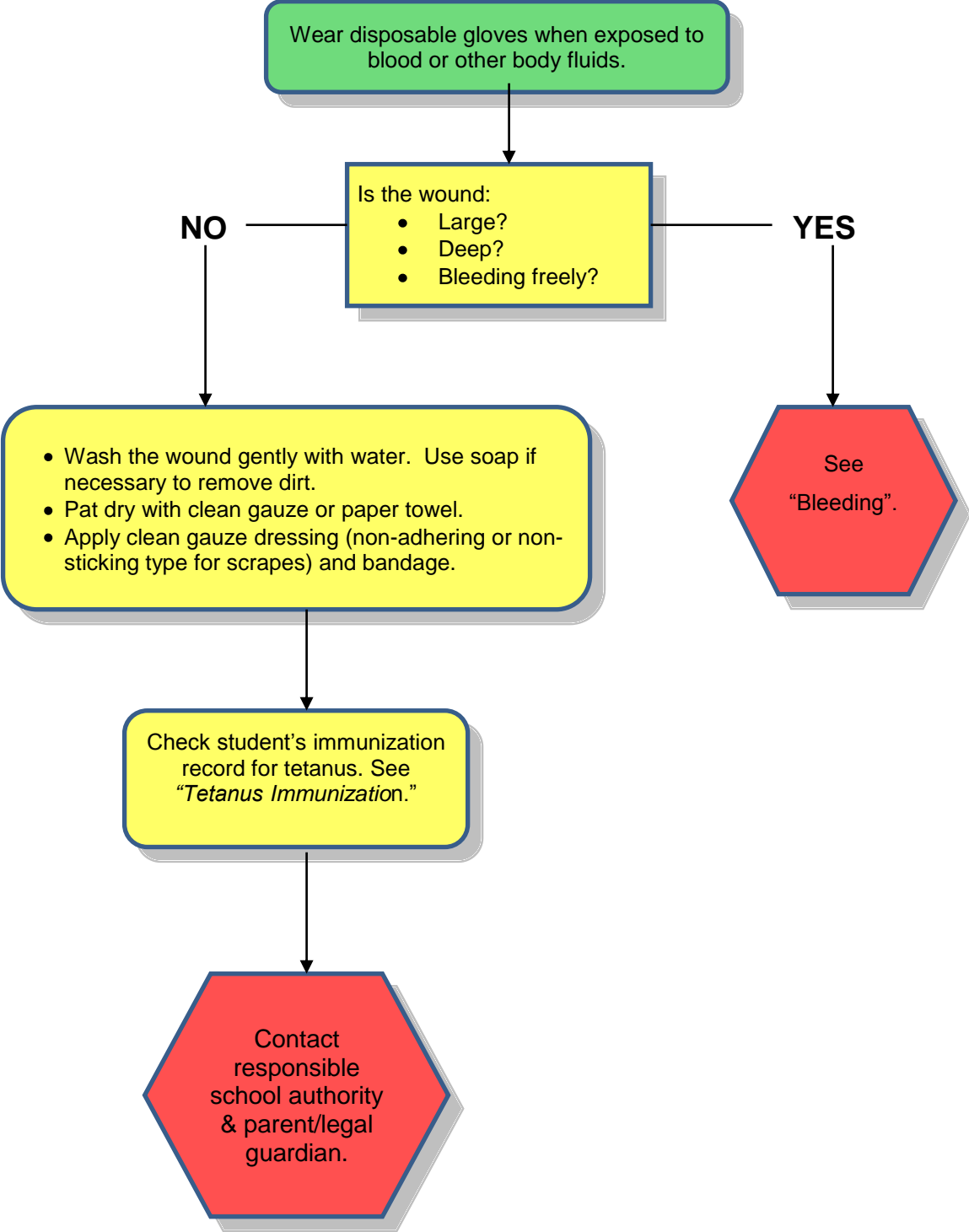
Contact responsible school authority and parent or legal guardian.  
**URGE MEDICAL CARE.**

## SIGNS OF POSSIBLE ILLNESS:

- Earache
- Fussiness
- Runny nose
- Mild cough

Monitor child for worsening of symptoms. Contact parent/legal guardian and discuss.

# CUTS (SMALL), SCRATCHES & SCRAPES (INCLUDING ROPE & FLOOR BURNS)



# DIABETES

A student with diabetes should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer any approved medications should receive training.

A student with diabetes could have the following symptoms:

- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling “shaky”.
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.

Refer to student's emergency care plan.

Is the student:

- Unconscious or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

NO

YES

Does student have a blood sugar monitor available?

YES

Allow student to check blood sugar.

Is blood sugar *less than 60* or “LOW” according to emergency care plan?

OR

Is blood sugar “HIGH” according to emergency care plan?

NO

LOW

HIGH

Give the student “SUGAR” such as:

- Fruit juice or soda pop (not diet) 6-8 oz.
- Hard candy (6-7 lifesavers) or ½ candy bar.
- Sugar (2 packets or 2 teaspoons).
- ½ tube of cake decorating gel or icing.
- Instant glucose

- Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
- Allow student to re-check blood sugar.

YES

Continue to watch the student. Is student improving?

NO

Contact responsible school authority & parent/legal guardian.

CALL 9-1-1.



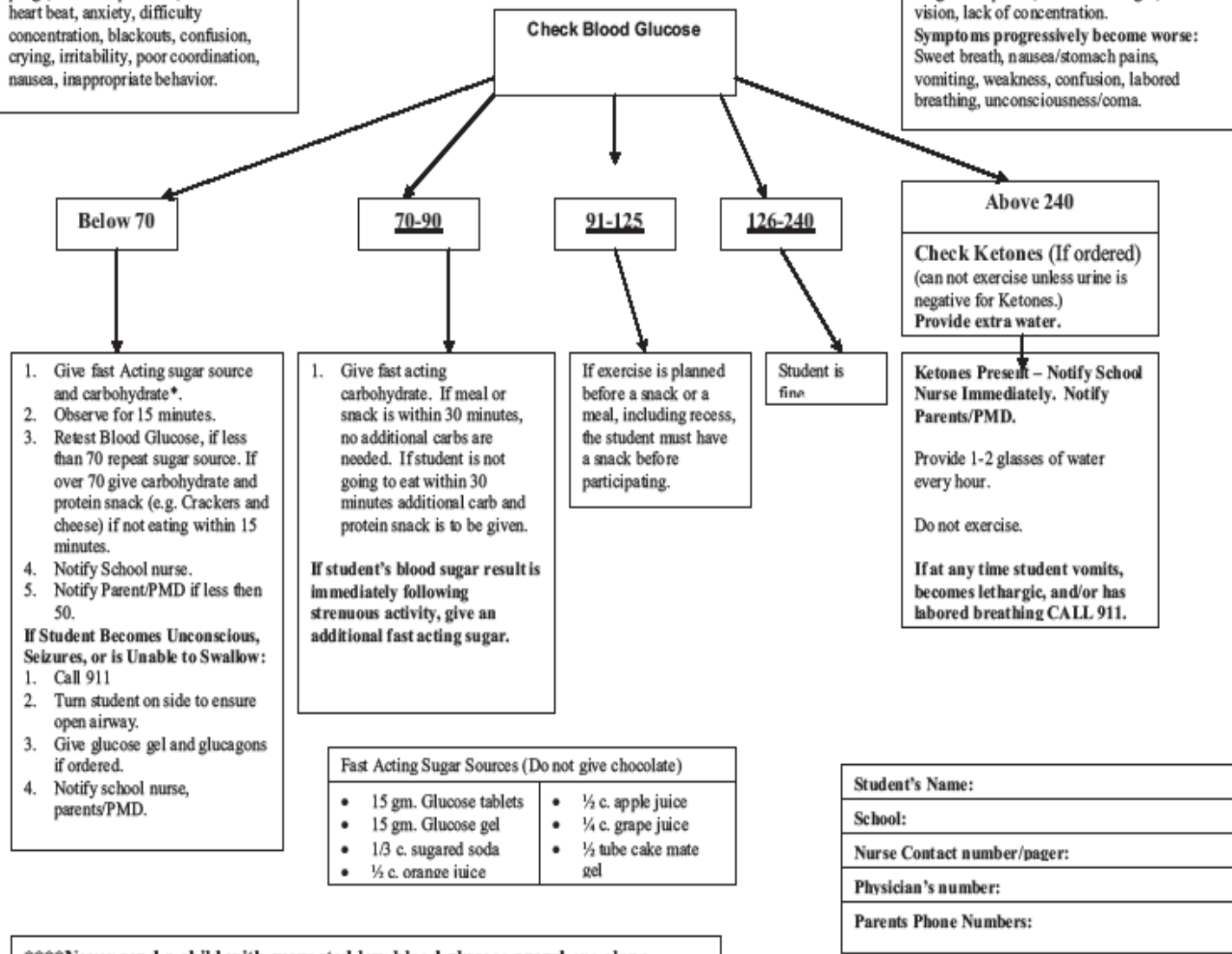
If student is unconscious, see “Unconsciousness”.

# Algorithms for Blood Glucose Results

**Signs of Low Blood Sugar:**  
 Fatigue, excessive sweating, trembling, clammy, dizziness, headache, hunger pangs, visual impairment, accelerated heart beat, anxiety, difficulty concentration, blackouts, confusion, crying, irritability, poor coordination, nausea, inappropriate behavior.

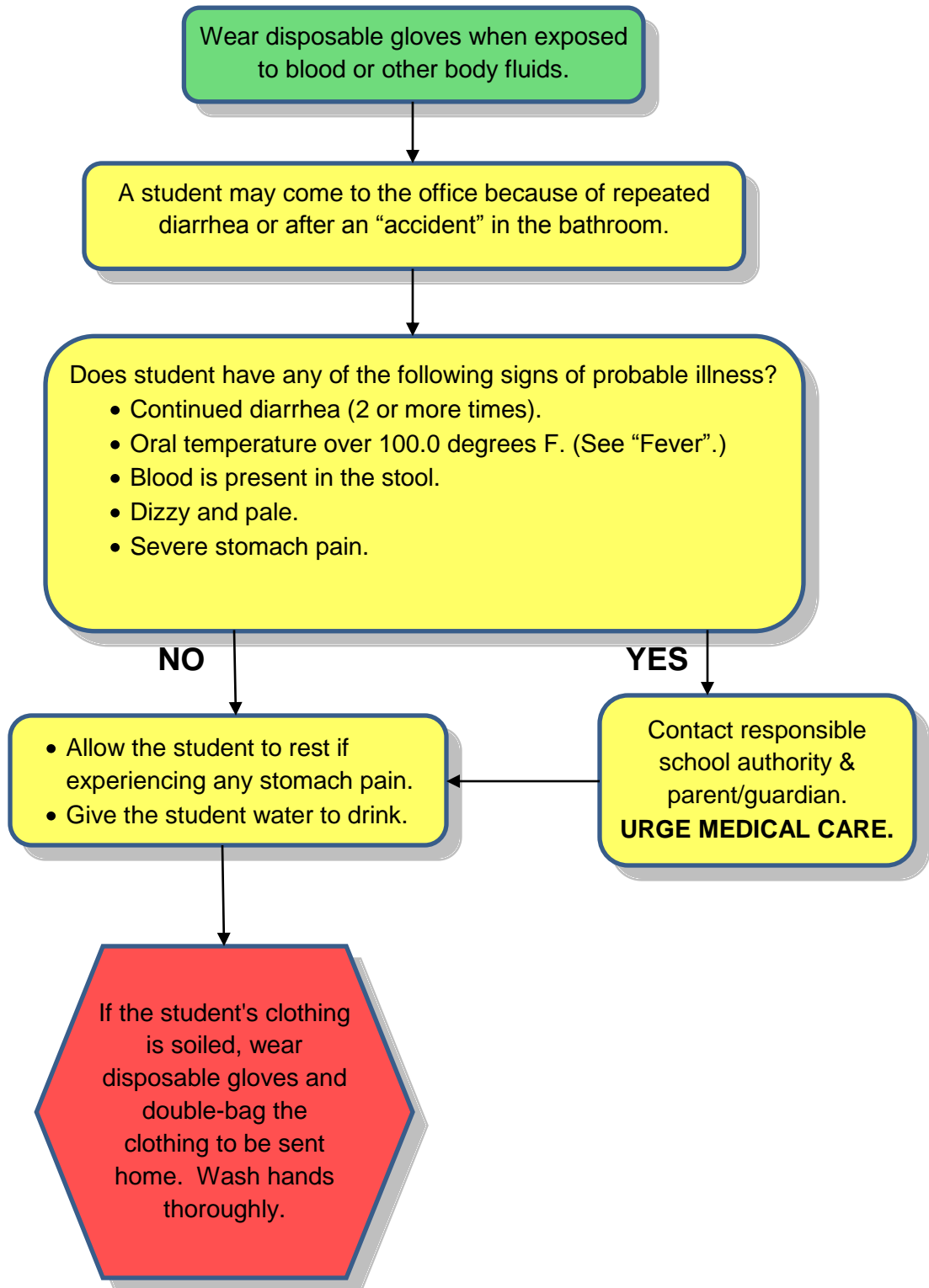
**Signs of high Blood sugar:**  
**Early Symptoms:**  
 Thirsty /dry mouth, frequent urination, fatigue/sleepiness, increased hunger, blurred vision, lack of concentration.  
**Symptoms progressively become worse:**  
 Sweet breath, nausea/stomach pains, vomiting, weakness, confusion, labored breathing, unconsciousness/coma.

## Algorithms for Blood Glucose Results



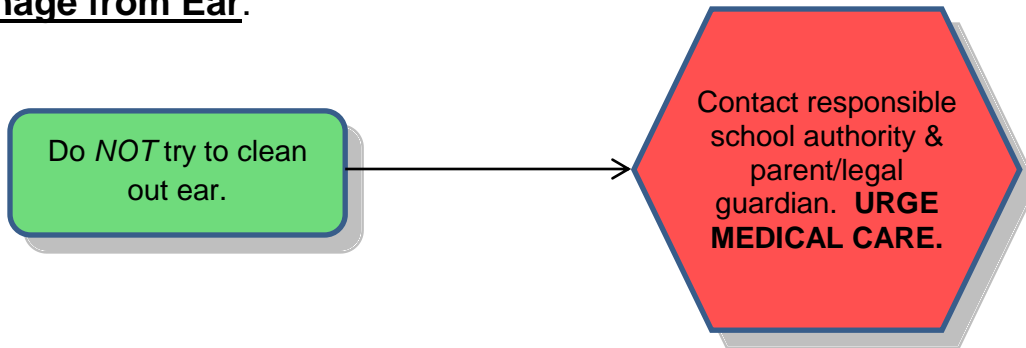
\*\*\*\*Never send a child with suspected low blood glucose anywhere alone.  
*Document of External Origin*

# DIARRHEA



# EARS

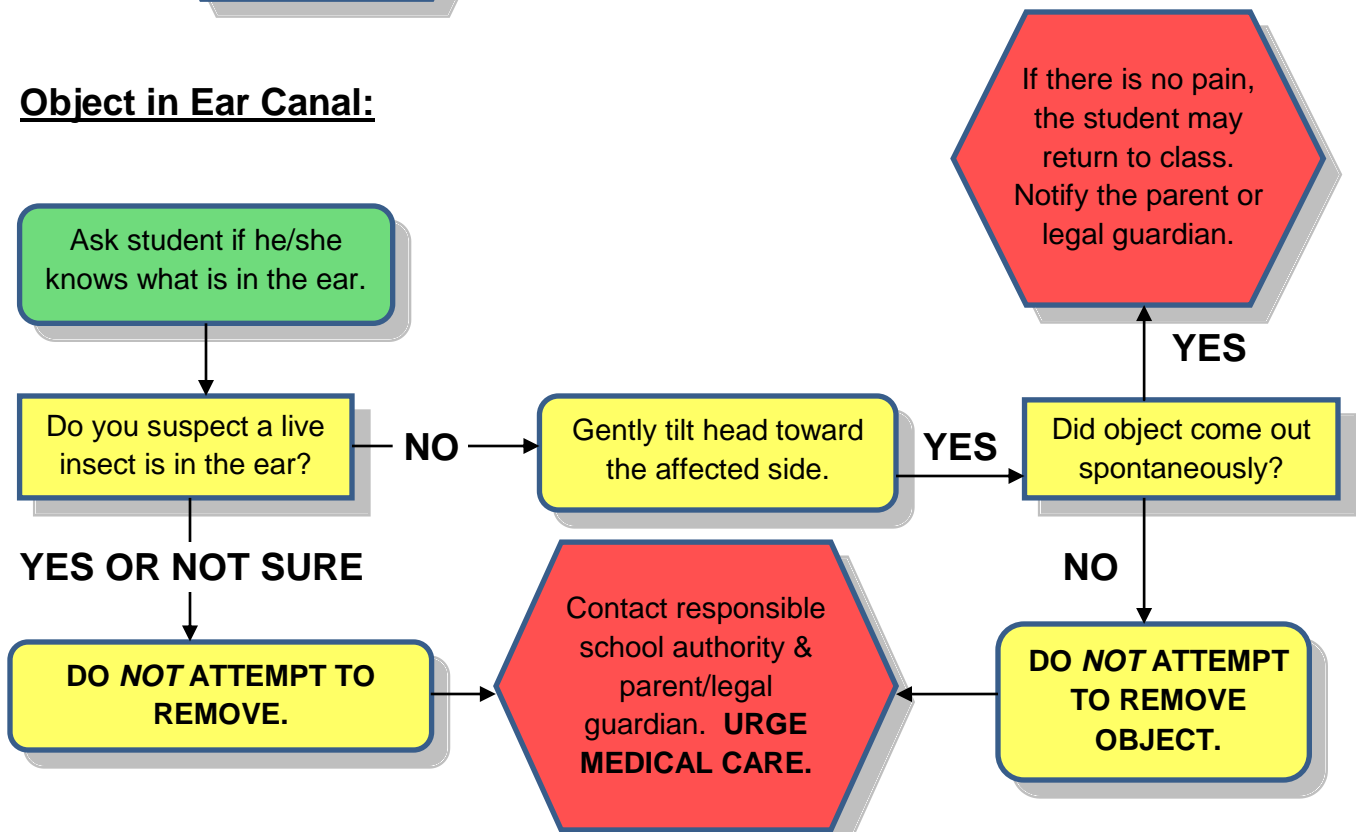
## Drainage from Ear:



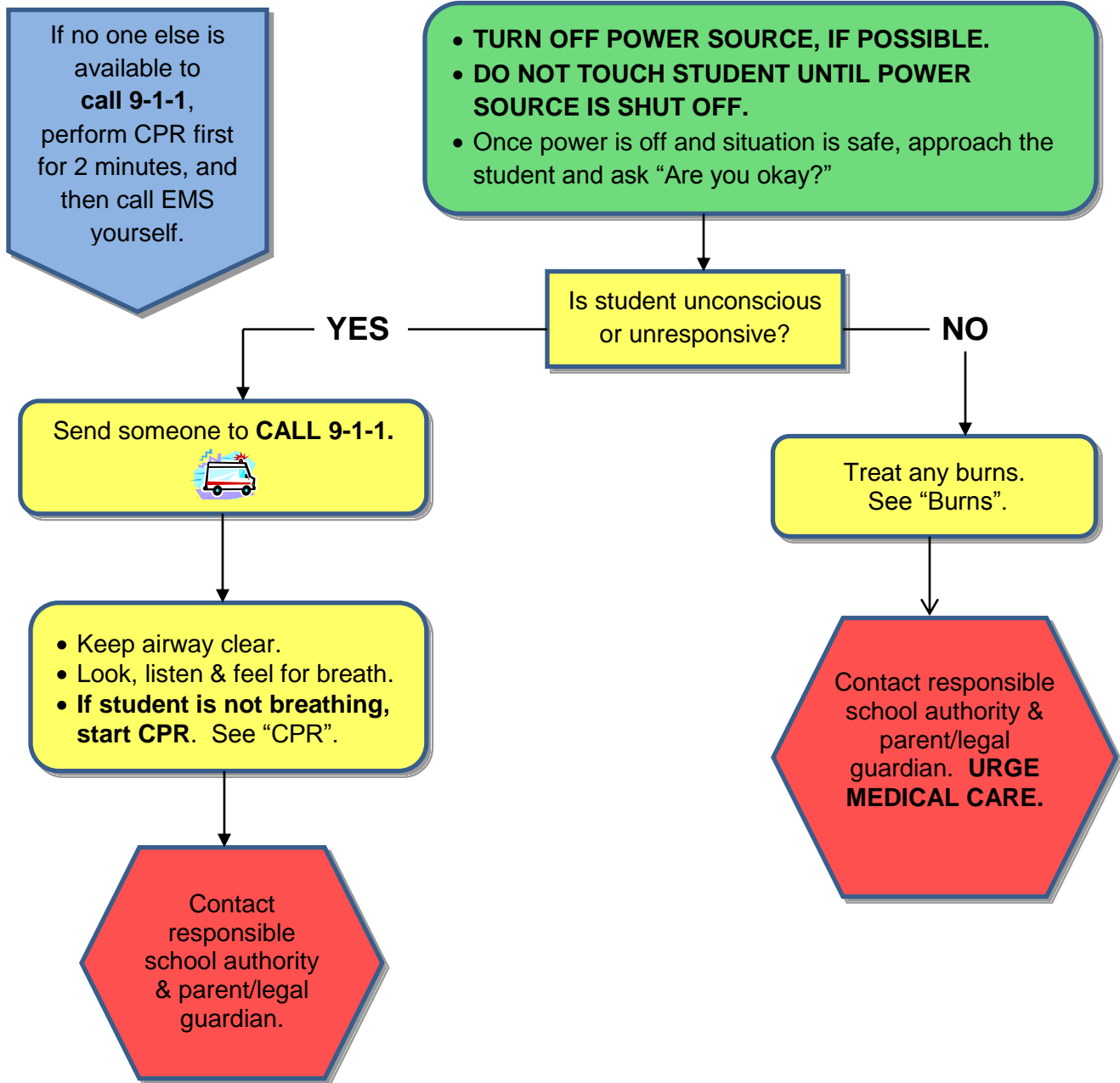
## Earache:



## Object in Ear Canal:



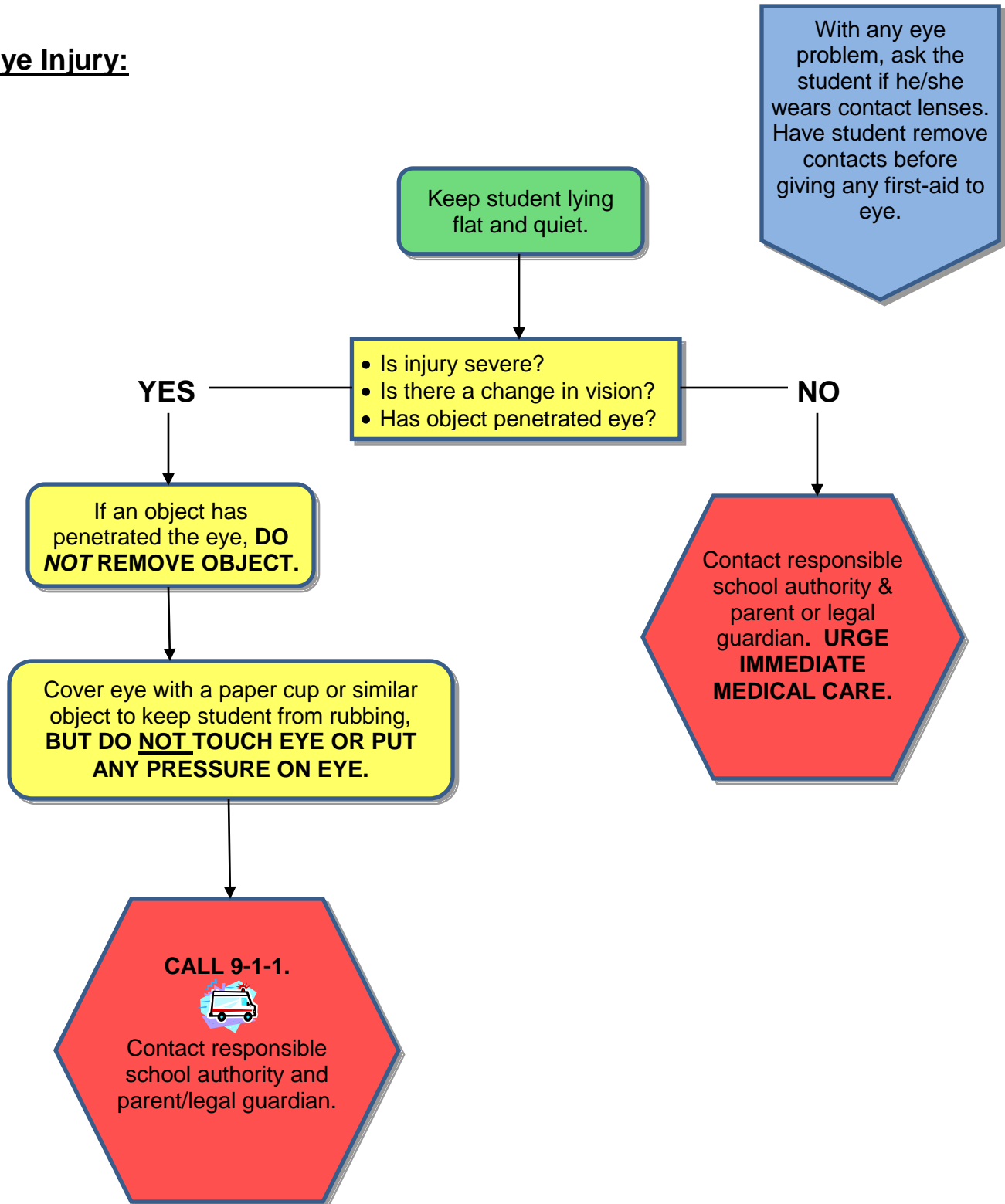
# ELECTRIC SHOCK





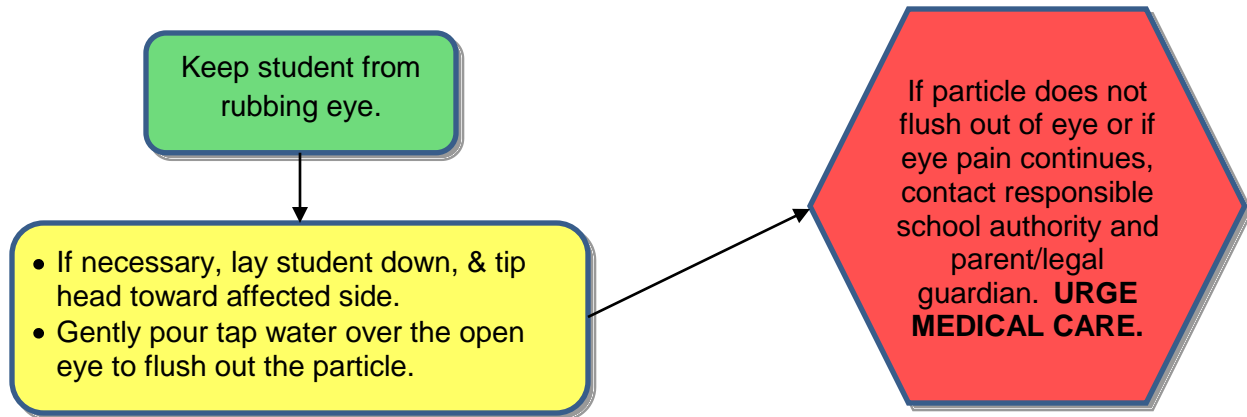
# EYES

## Eye Injury:

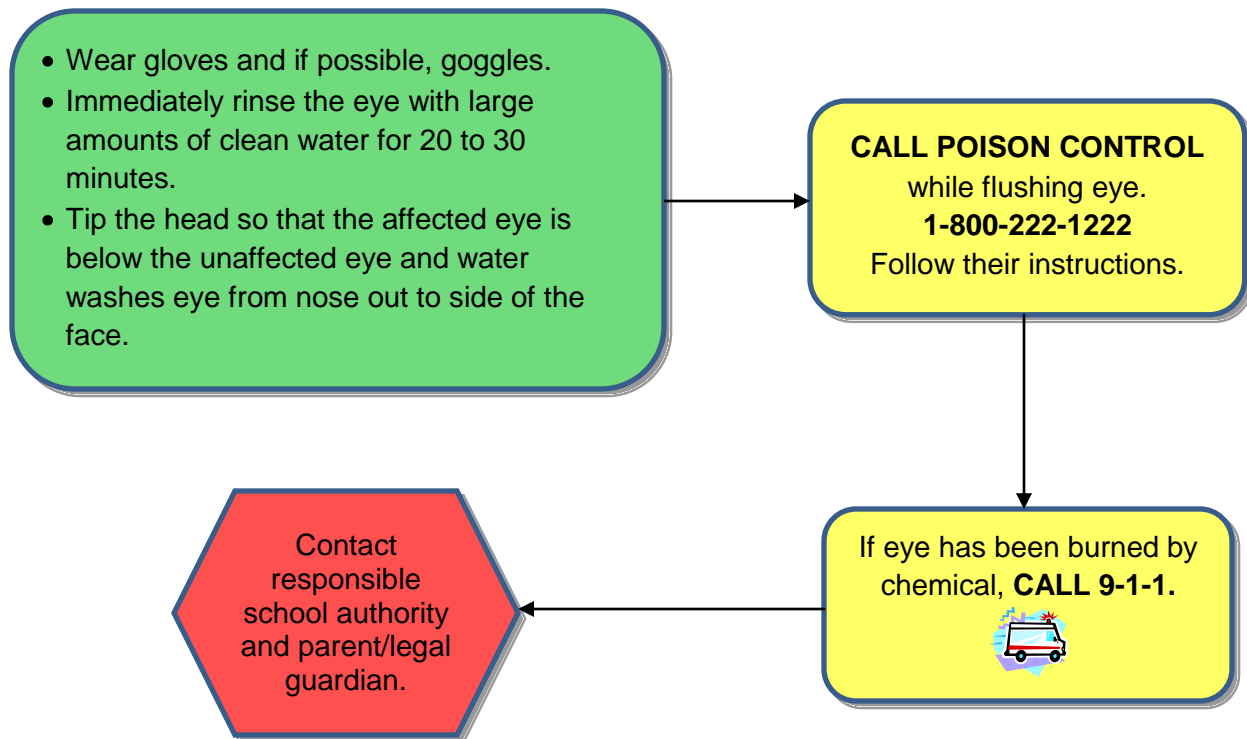


# EYES

## Particle in Eye:



## Chemicals in Eye:



# FAINTING

Fainting may have many causes including:

- Injuries
- Blood loss/shock.
- Diabetic reaction.
- Severe allergic reaction.
- Heat exhaustion.
- Standing still for too long.

If you know the cause of the fainting, see the appropriate guideline.

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see *"Unconsciousness"*.

**YES or NOT SURE**

- Is fainting due to injury?
- Did student injure self when he/she fainted?

Treat as possible neck injury. See *"Neck & Back Pain"*.  
**DO NOT MOVE STUDENT.**

**NO**

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding if needed (wear disposable gloves).
- Give nothing by mouth.

**YES**

Are symptoms (dizziness, light-headedness, weakness, fatigue, etc.) still present?

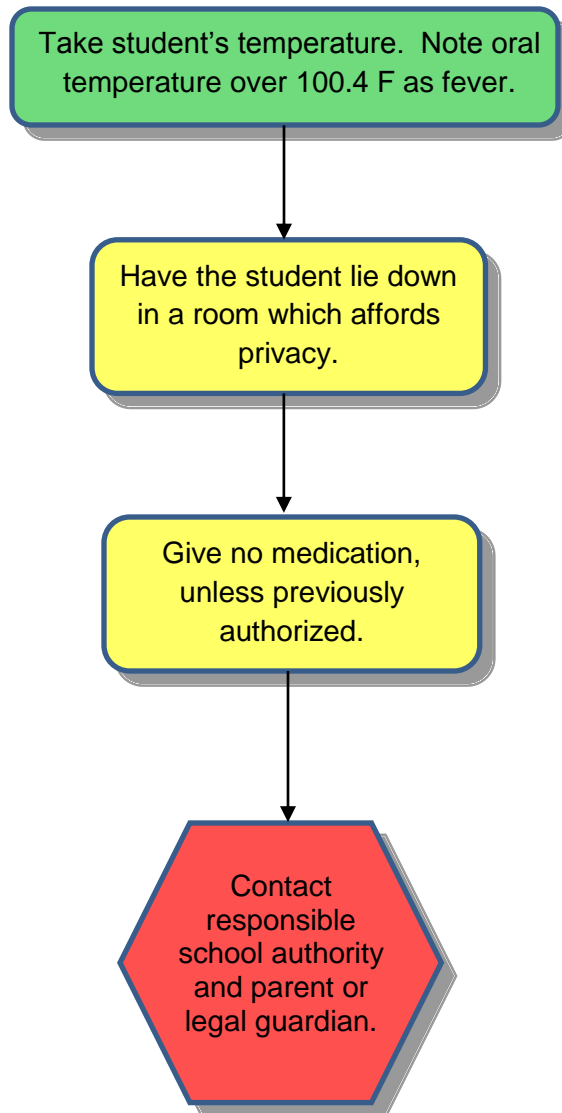
Keep student lying down. Contact responsible school authority & parent/legal guardian. **URGE MEDICAL CARE.**

**NO**

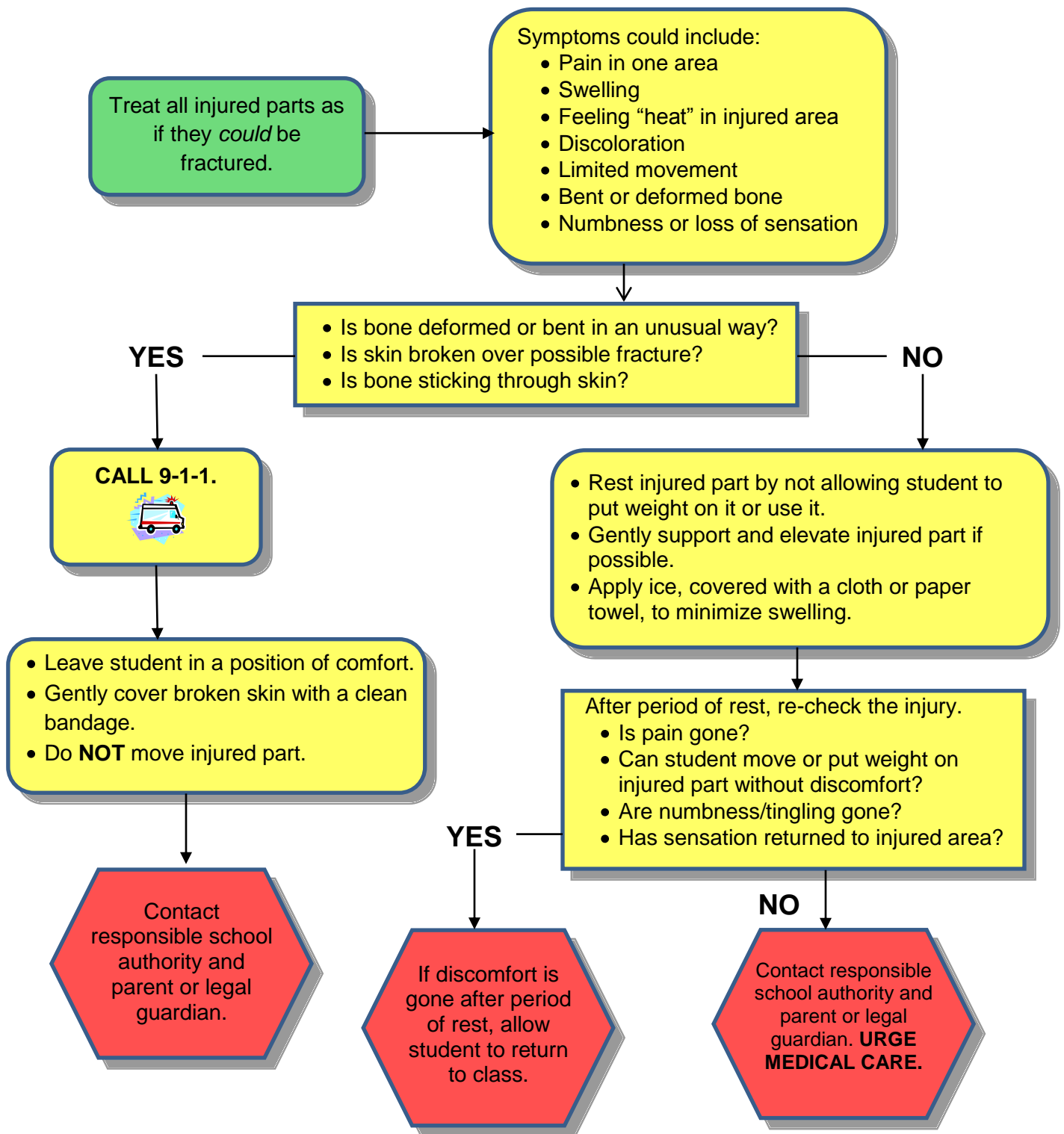
If student feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Contact responsible school authority & parent/legal guardian.

# FEVER & NOT FEELING WELL



# FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



# HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports & violence may be serious. **According to TEC section 38.156, a student 'shall be removed from an UIL athletics practice or competition...if student might have sustained a concussion.'** If head is bleeding, see "Bleeding".

If student *only* bumped head and does not have any other complaints or symptoms, see "Bruises".

- With a head injury (other than head bump), always suspect neck injury
- **Do NOT move or twist the spine or neck.**
- See "Neck & Back Pain" for more information.

- Have student rest, lying flat.
- Keep student quiet & warm.

Is student vomiting?

YES

NO

Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

Watch student closely. **DO NOT LEAVE STUDENT ALONE.**

CALL 9-1-1.



YES

Are any of the following symptoms present:

- Unconsciousness
- Seizure
- Neck pain
- Student is unable to respond to simple commands
- Blood or watery fluid in the ears
- Student is unable to move or feel arms or legs
- Blood flowing freely from the head; **Refer to Pg 16**
- Student is sleepy or confused

- Check student's airway.
- Look, listen, & feel for breathing.
- **If student stops breathing, start CPR.** See "CPR".

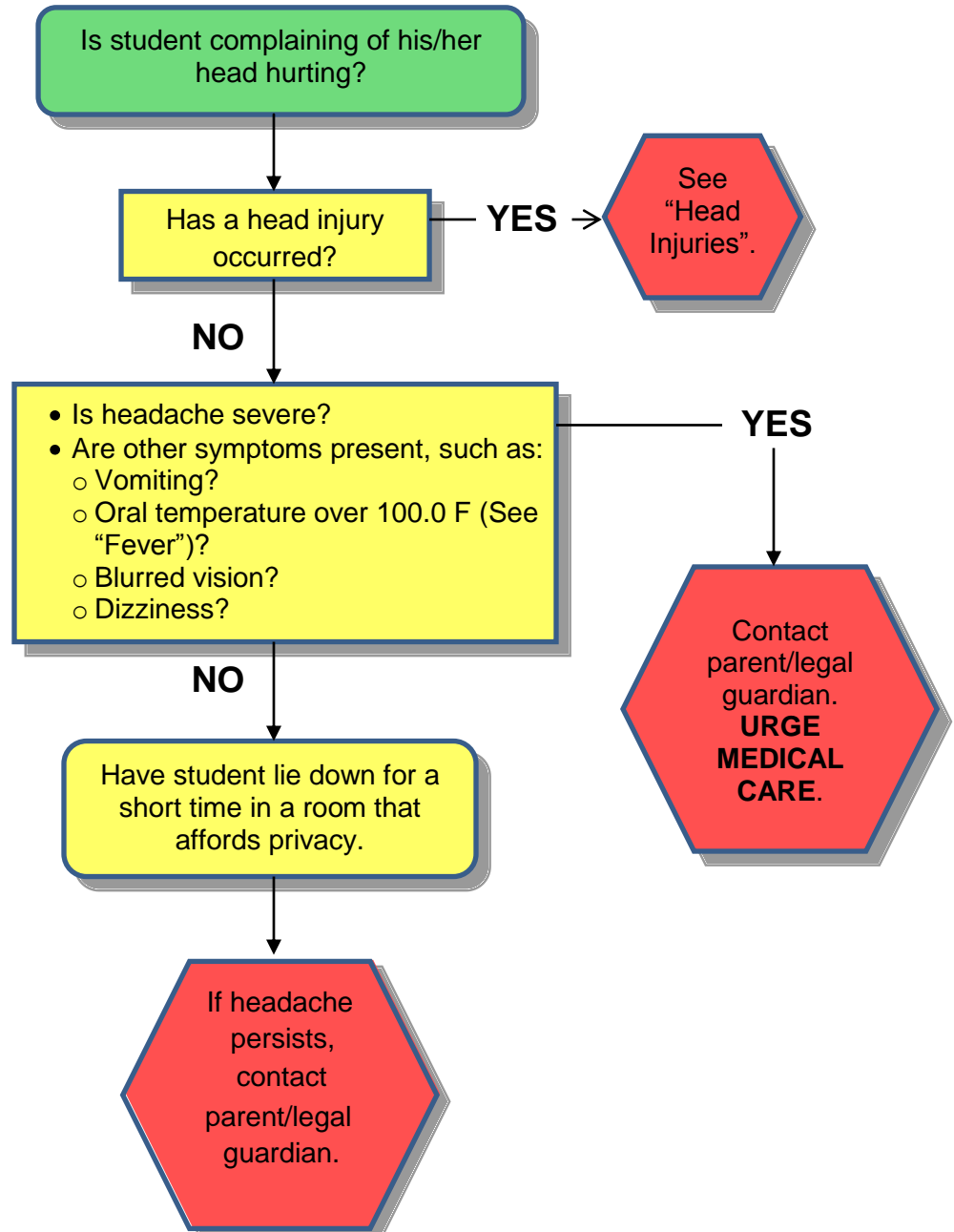
NO

Give nothing by mouth. Contact responsible school authority & parent or legal guardian.

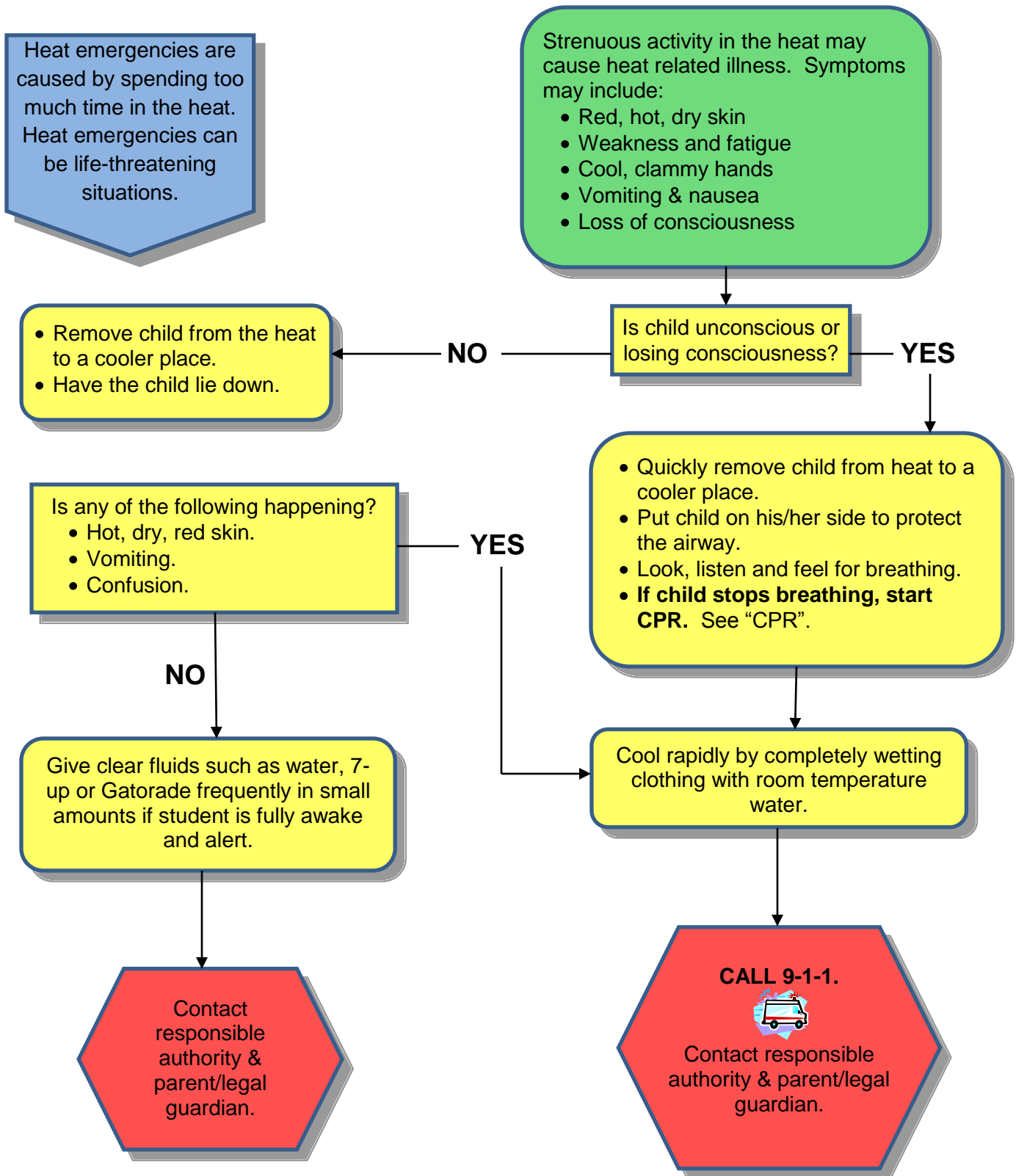
Even if student was only briefly confused & seems fully recovered, contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.

# HEADACHE

Give no medication unless previously authorized.

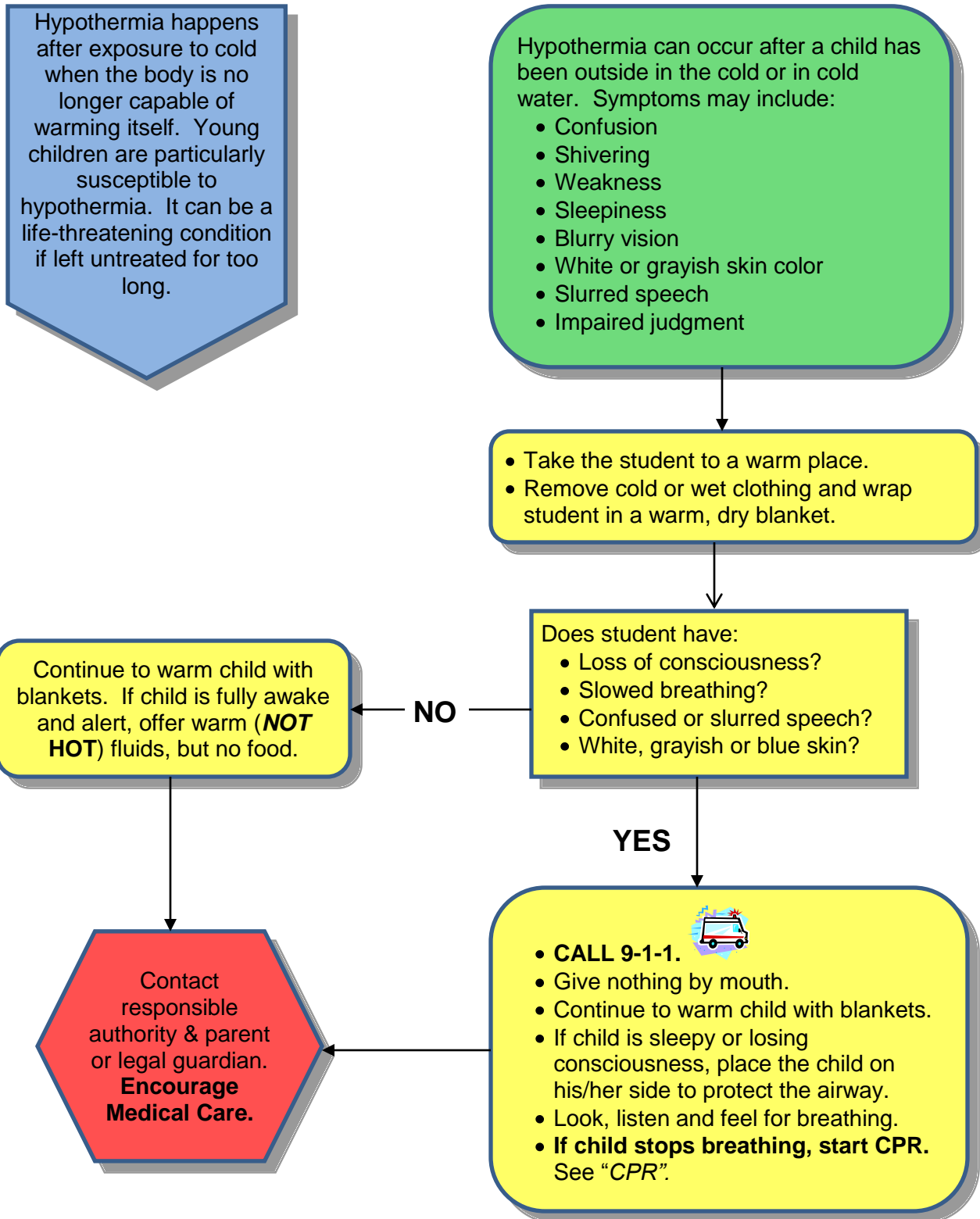


# HEAT EXHAUSTION / HEAT STROKE

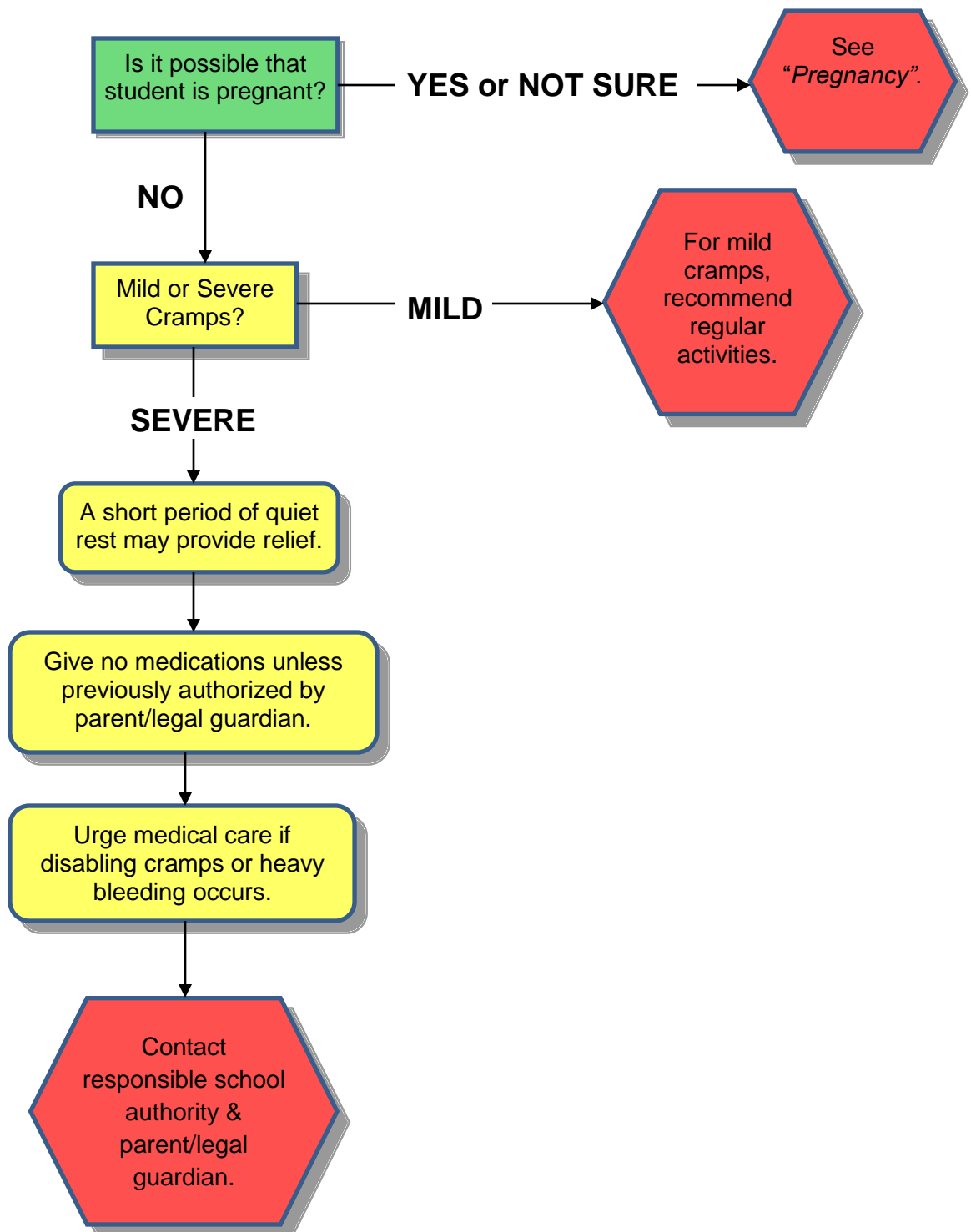




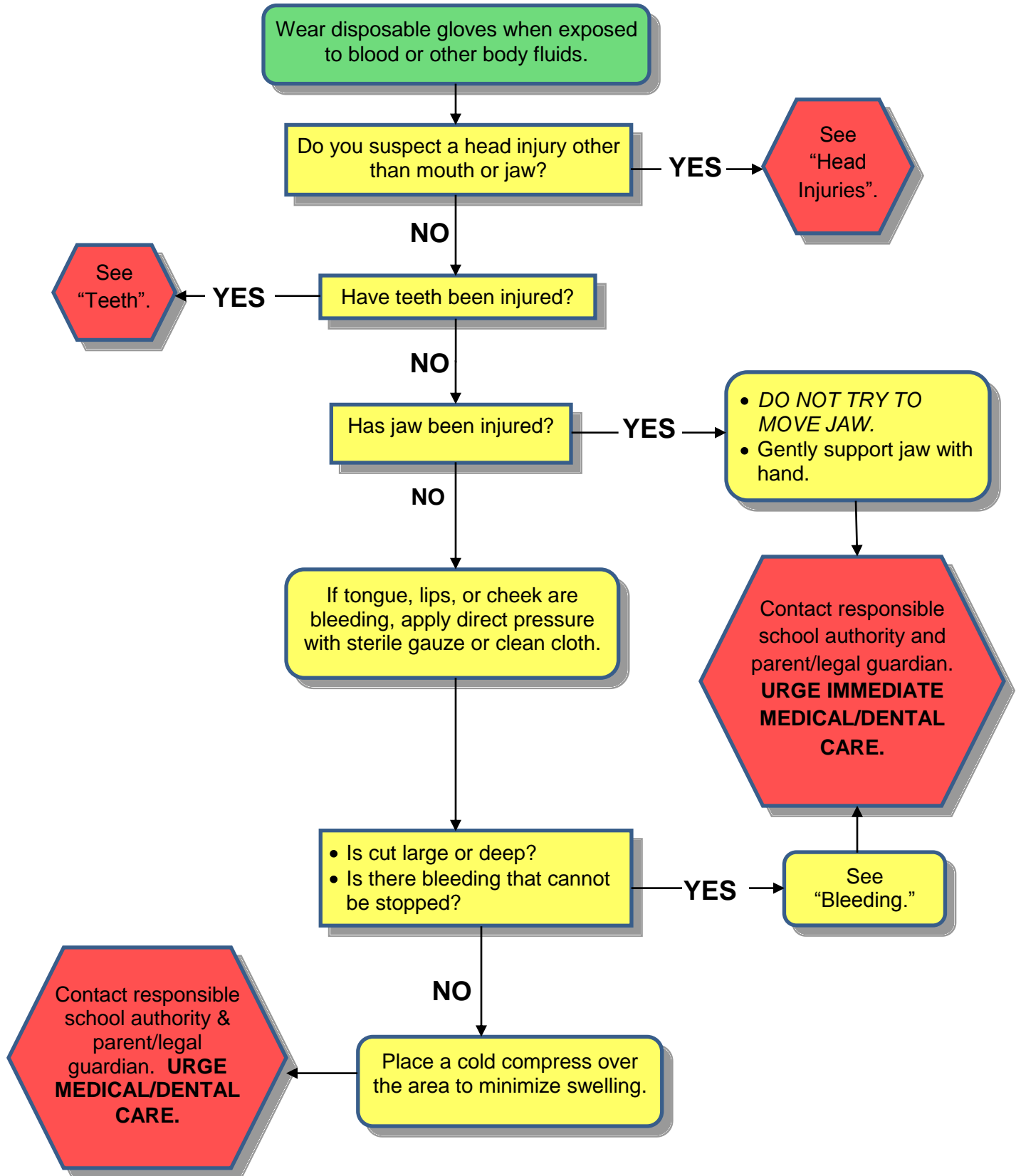
# HYPOTHERMIA (Exposure to Cold)



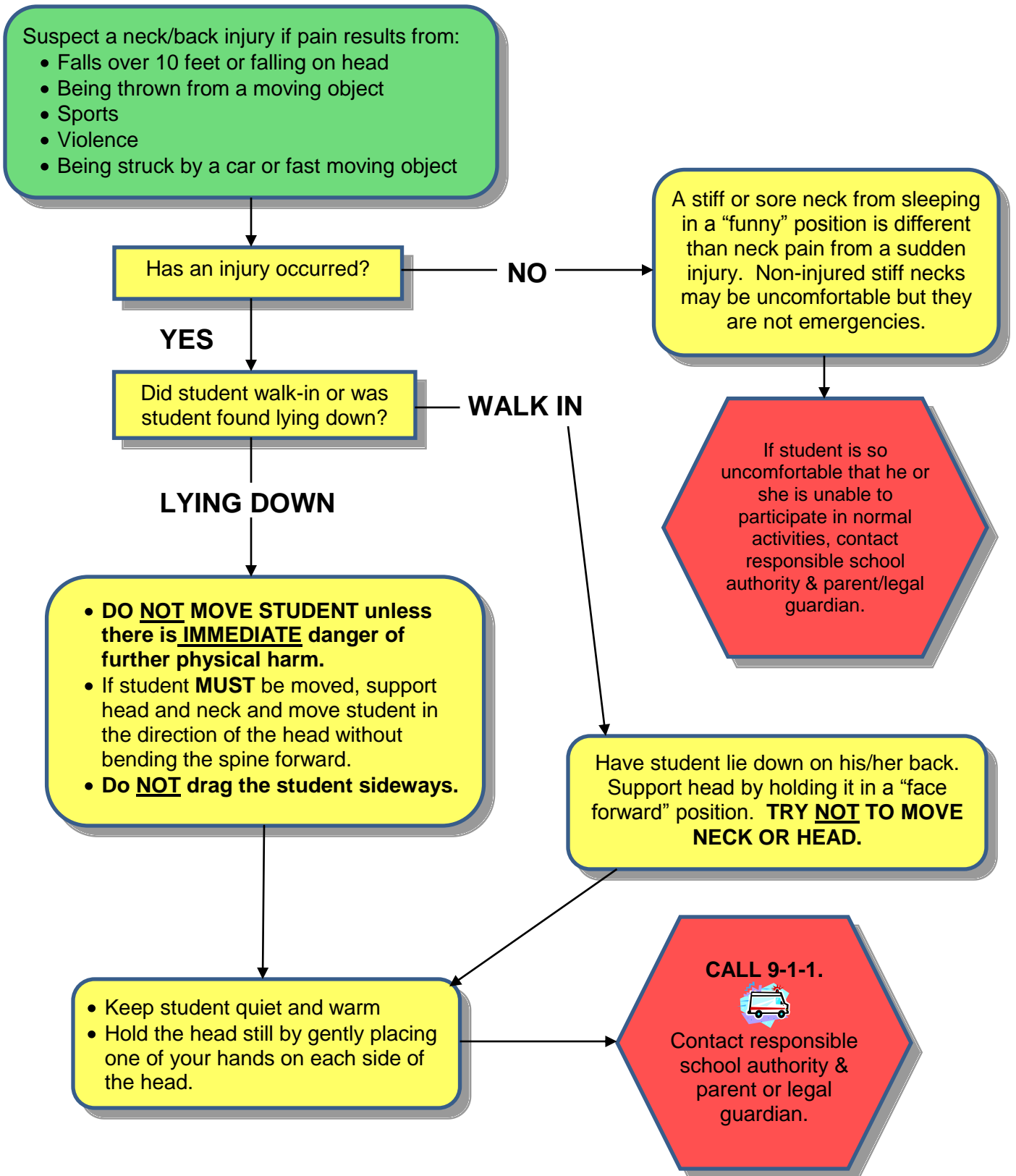
# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES



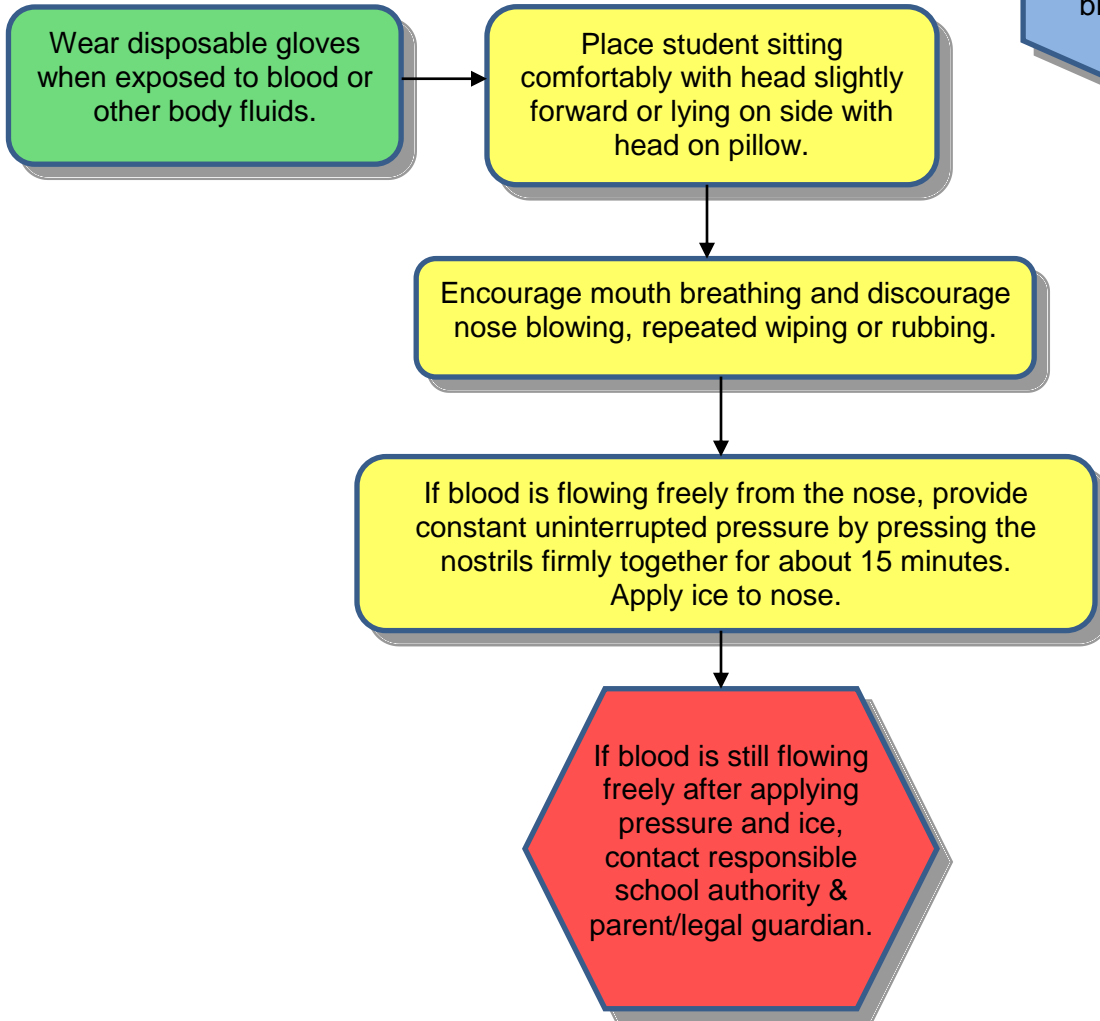
# NECK & BACK PAIN



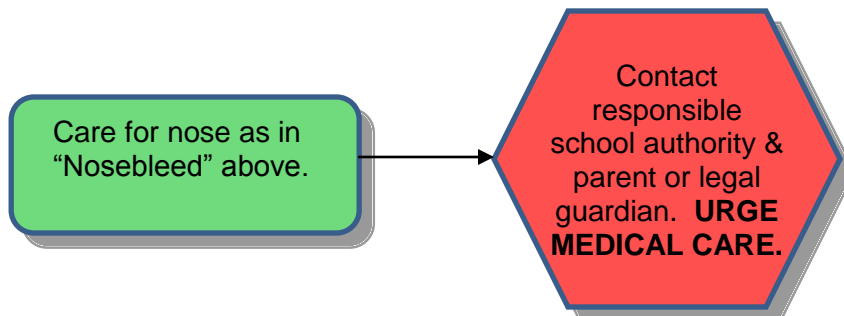
# NOSE

See “Head Injuries” if you suspect a head injury other than a nose bleed or broken nose.

## Nosebleed:

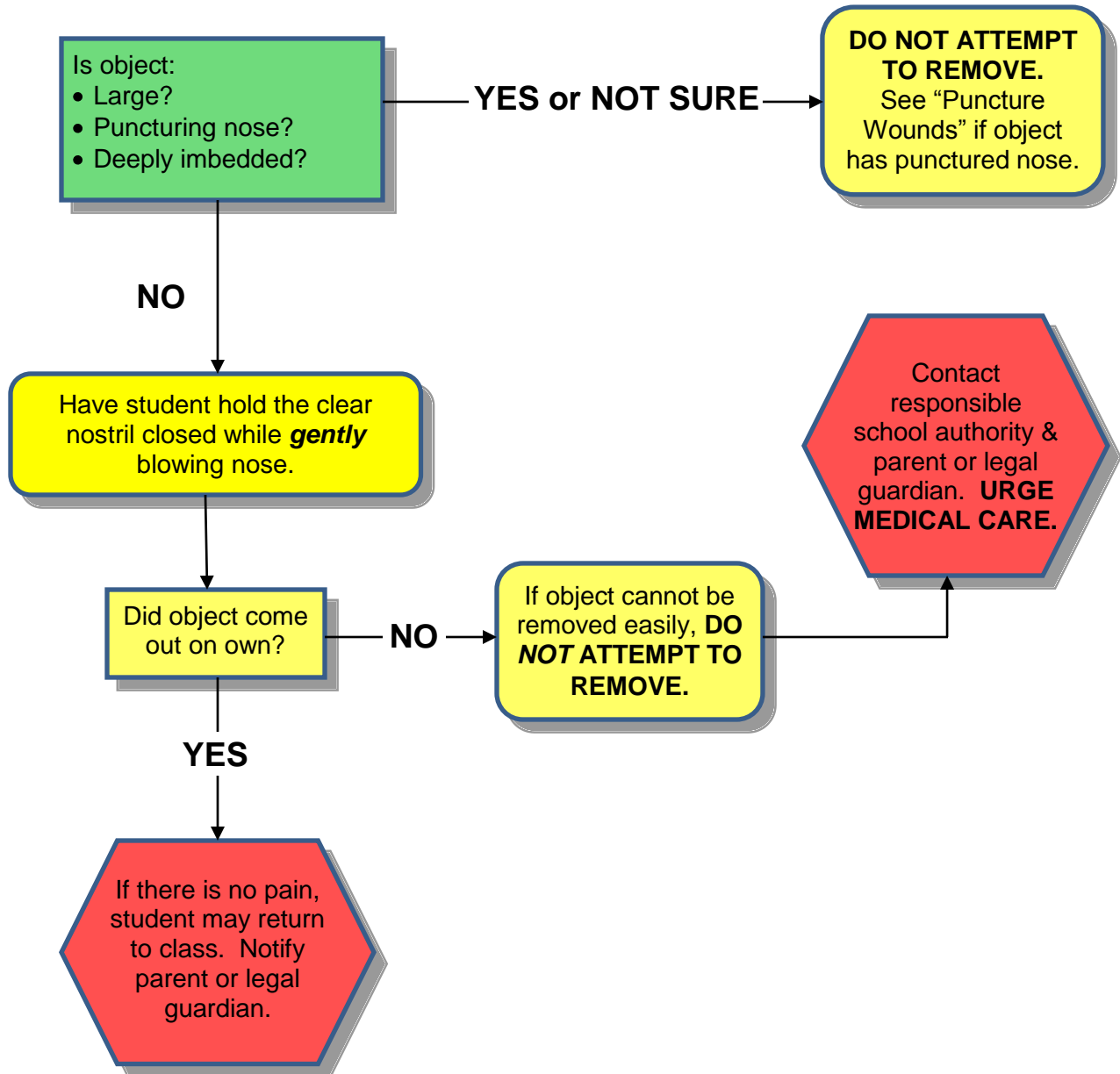


## Broken Nose:



# NOSE

## Object in Nose:



# POISONING & OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:

- Medicines
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Inhalants
- Or if you are not sure.

Possible warning signs of poisoning include:

- Pills, berries or unknown substance in student's mouth
- Burns around mouth or on skin
- Strange odor on breath
- Sweating
- Upset stomach or vomiting
- Dizziness or fainting
- Seizures or convulsions

- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.


- **Do NOT induce vomiting or give anything UNLESS you are instructed to by poison control.** With some poisons, vomiting can cause greater damage.
- **Do NOT follow the antidote label on the container; it may be incorrect.**

If possible, find out:

- Age and weight of student.
- What the student swallowed or what type of "poison" it was?
- How much & when it was taken?

**CALL POISON CONTROL**  
**1-800-222-1222**  
**Follow their directions.**

- If student becomes unconscious, place on his/her side to keep student from aspirating.
- Look, listen and feel for breathing.
- **If child stops breathing, start CPR.** See "CPR".

**CALL 9-1-1.**   
Contact responsible school authority & parent/legal guardian.

Send sample of the vomited material and ingested material with its container (if available) to the hospital with the student.

# PREGNANCY

Appropriate school staff should be made aware of any pregnant students. *Keep in mind that any student, who is old enough to be pregnant, might be pregnant.*

Pregnancy may be complicated by any of the following:

**SEVERE STOMACH PAIN**

**SEIZURE**

This may be a serious complication of pregnancy.

**VAGINAL BLEEDING**

**AMNIOTIC FLUID LEAKAGE**

This is **NOT** normal and may indicate the beginning of labor.

**MORNING SICKNESS**

Treat as vomiting. See "Vomiting".

**CALL 9-1-1.**



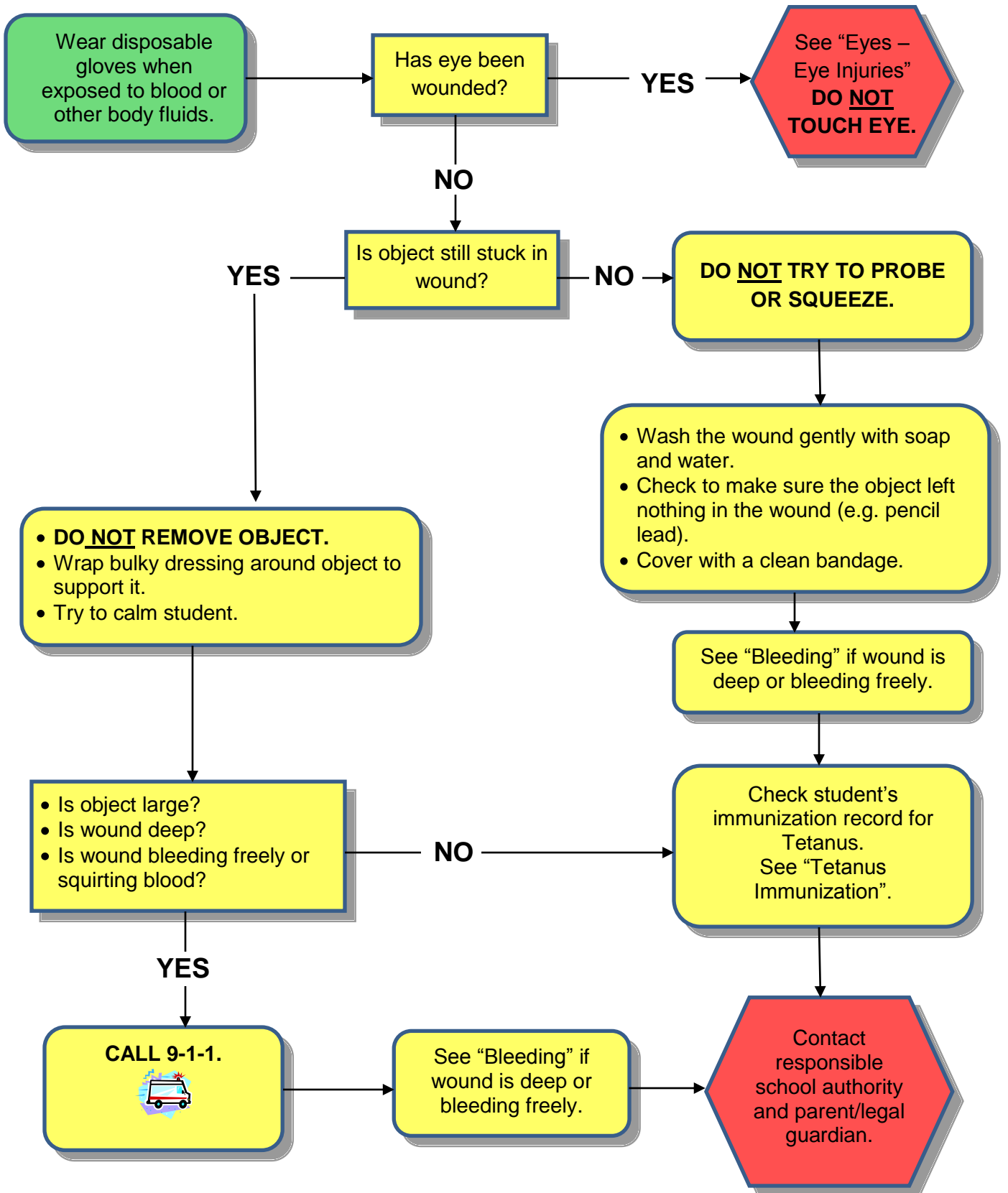
Contact responsible school authority and parent or legal guardian.

Contact responsible school authority and parent or legal guardian.  
**URGE IMMEDIATE MEDICAL CARE.**

Contact responsible school authority and parent/legal guardian.



# PUNCTURE WOUNDS



# RASHES

Rashes may have many causes, including heat, infection, and illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations. See "Allergic Reaction" and "Communicable Disease" for more information.

Some rashes may be contagious (pass from one person to another). Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

- Hives
- Red spots (large or small, flat, or raised)
- Purple spots
- Small blisters

Other symptoms may indicate whether the student needs medical care. Does student have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

**CALL 9-1-1.**



Contact responsible school authority & parent or legal guardian.

YES

NO

If the following symptoms are present, contact responsible school authority and parent/legal guardian and **URGE MEDICAL CARE.**

- Oral temperature over 100.0 F (See "Fever").
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to the touch.
- Rash (hives) is all over body.
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities.

# SEIZURES

A student with a history of seizures should be known to appropriate staff. An emergency care plan should be developed containing a description of the onset, type, duration and aftereffects of the seizures.

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person. (e.g. running, belligerence, making strange sounds, etc.)

Refer to student's emergency care plan.

- If student seems off balance, place him/her on the floor (on a mat/carpet) for observation and safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injuries.
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH or give anything by mouth.**
- Keep airway clear by placing the student on his/her side. A pillow should **not** be used.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:


- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in all normal class activities.

Is student having a seizure lasting longer than **5 minutes**?  
 Is student having seizures following one another at short intervals?  
 Is student *without* a known history of seizures having a seizure?  
 Is student having any breathing difficulties after the seizure?

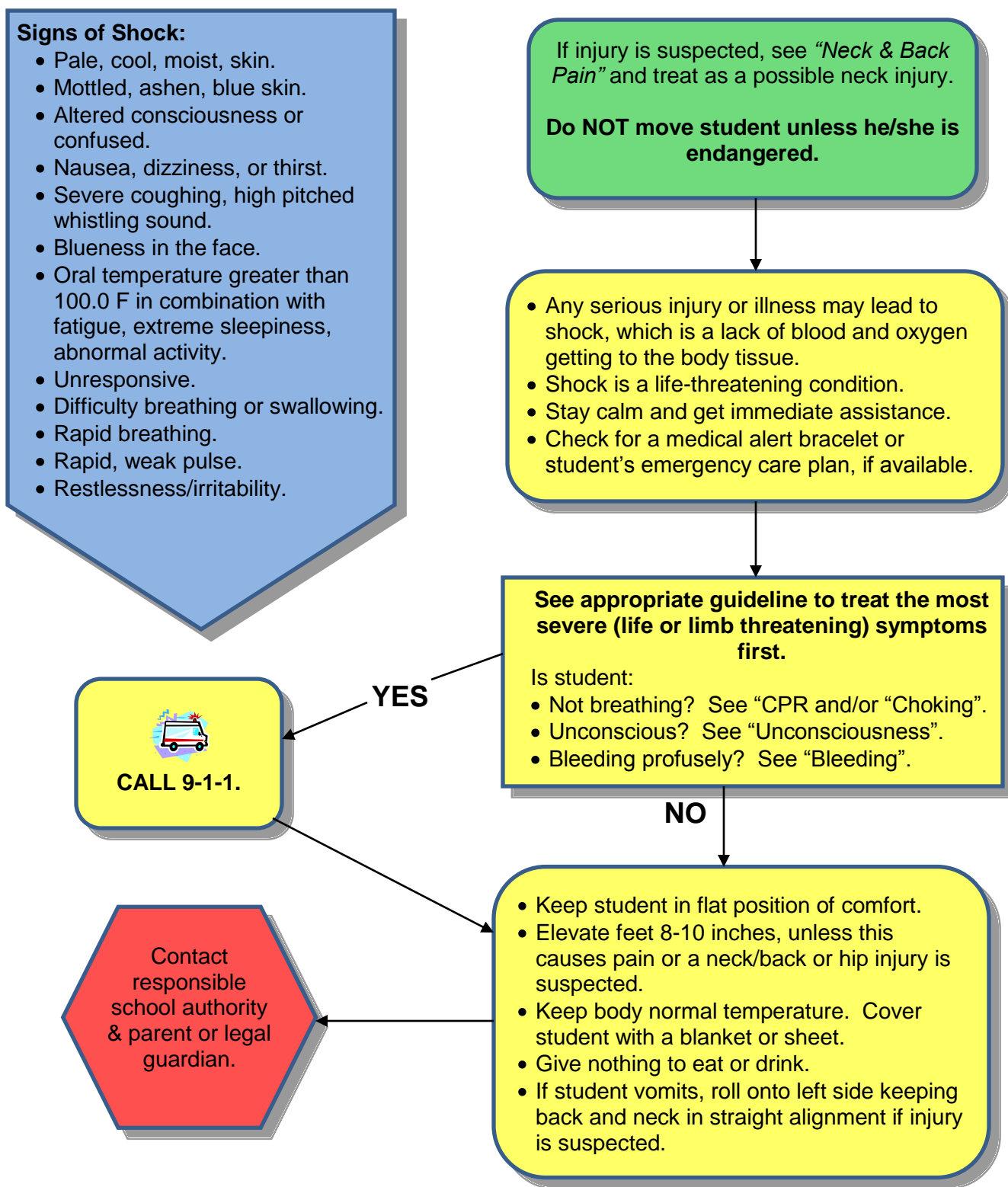
NO

YES

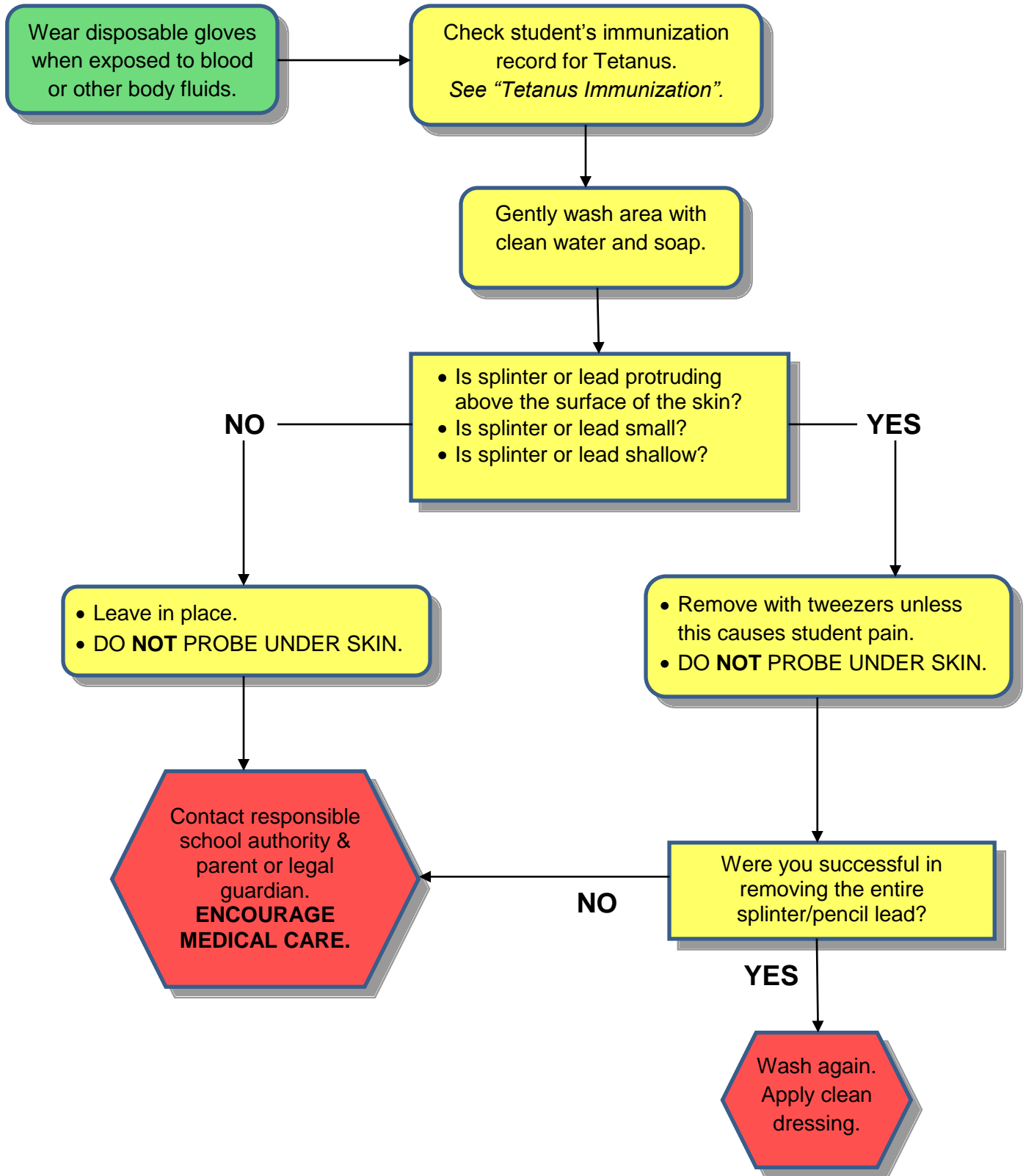
  
**CALL 9-1-1.**

Contact responsible school authority & parent or legal guardian.

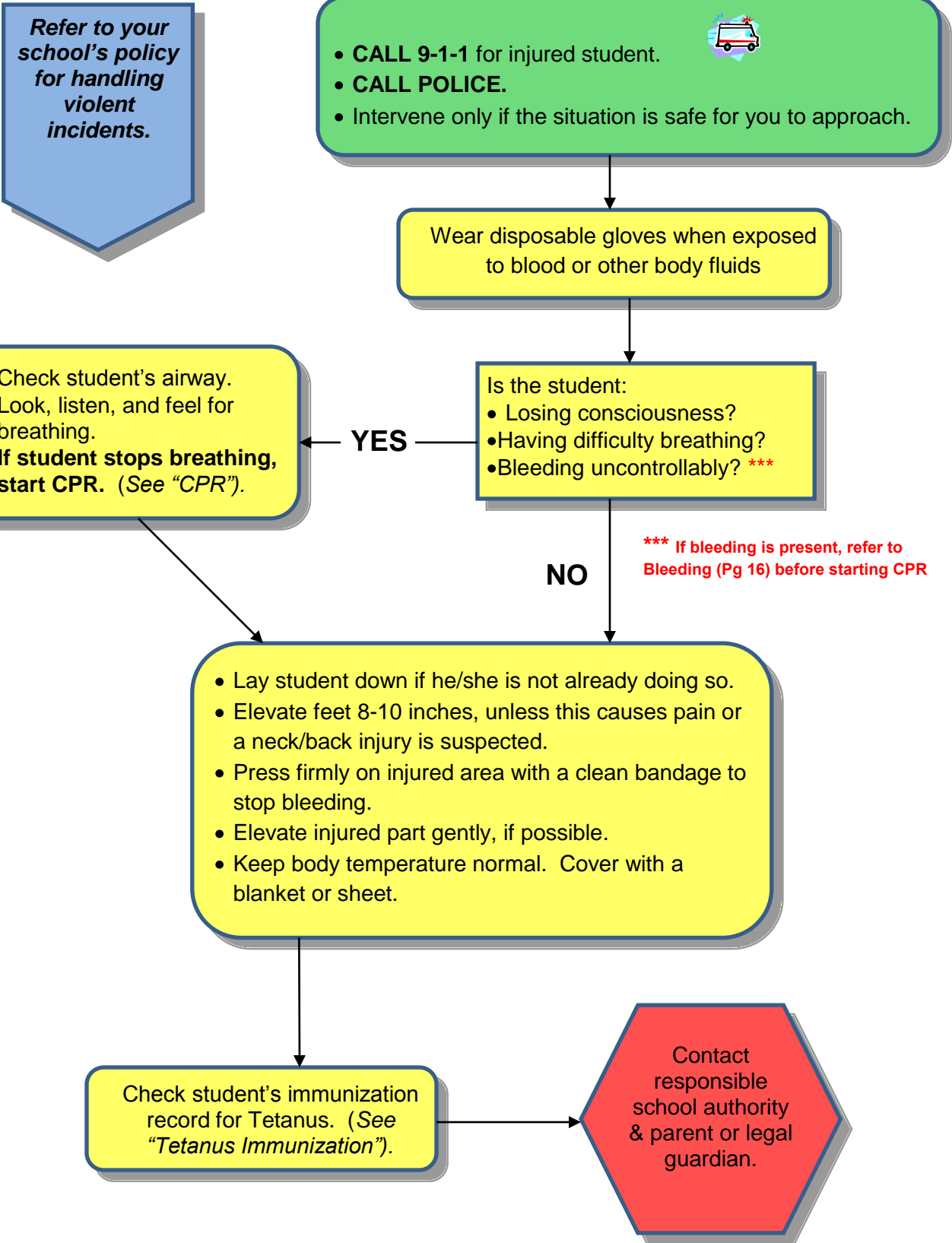
# SHOCK



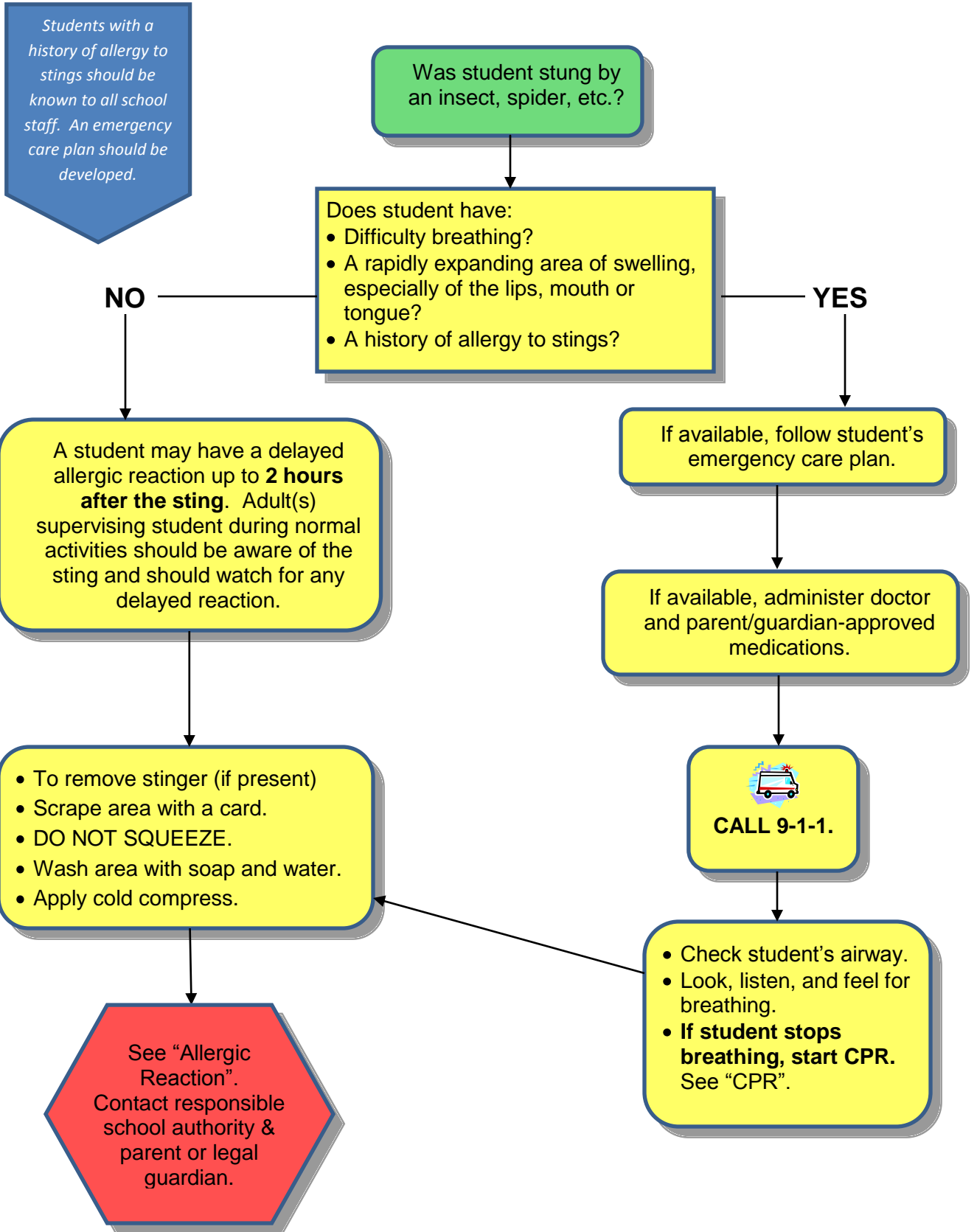
# SPLINTERS OR IMBEDDED PENCIL LEAD



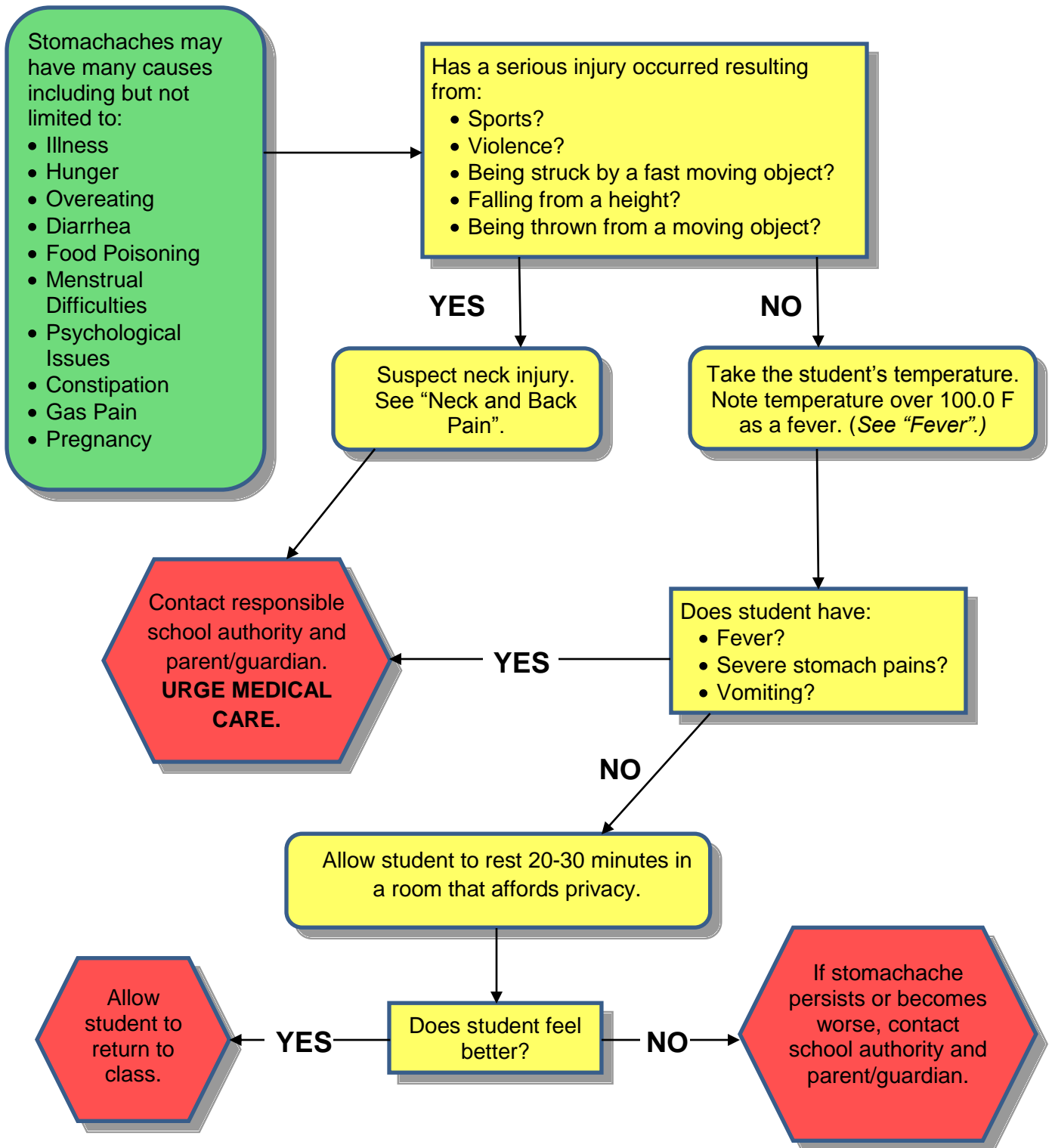
# STABBING AND GUNSHOT INJURIES



# STINGS



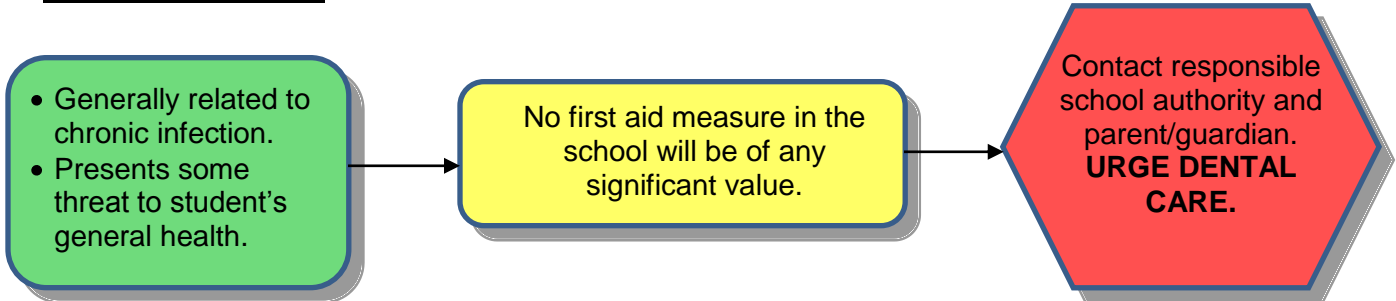
# STOMACHACHES/PAIN



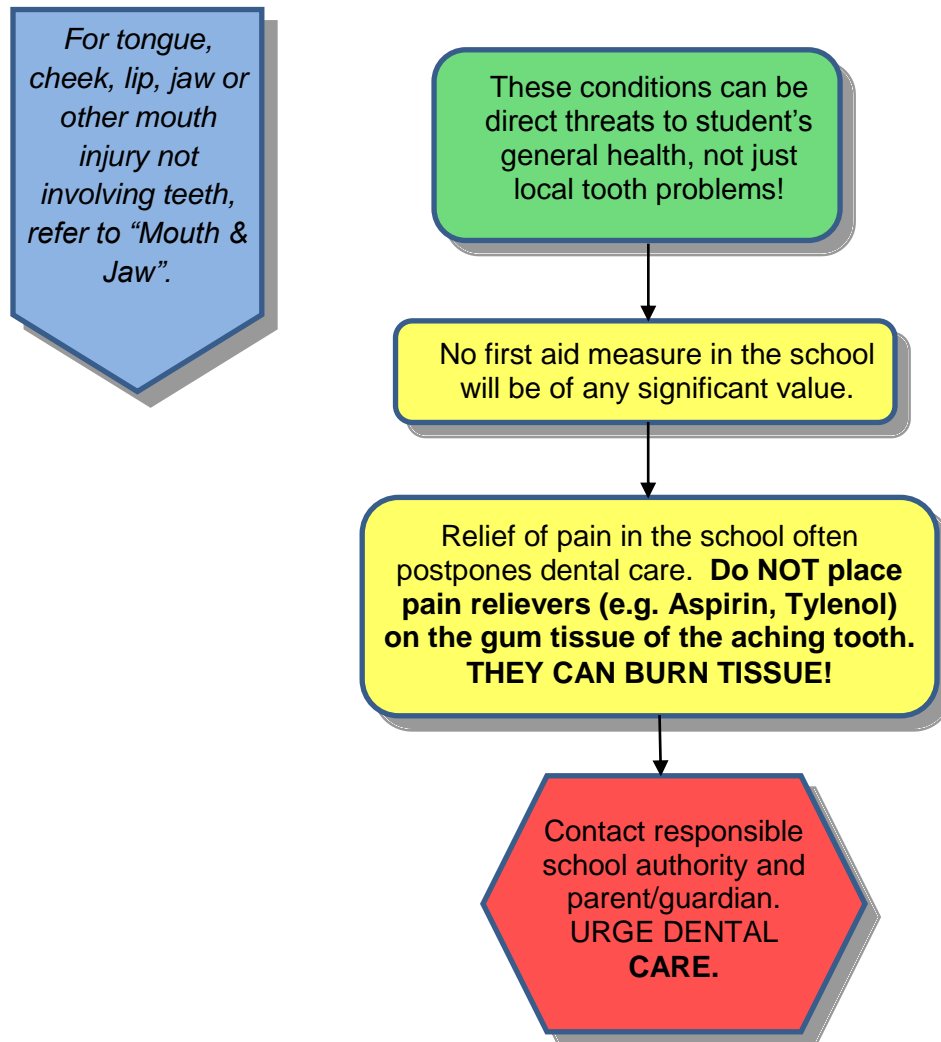


# TEETH

## BLEEDING GUMS:

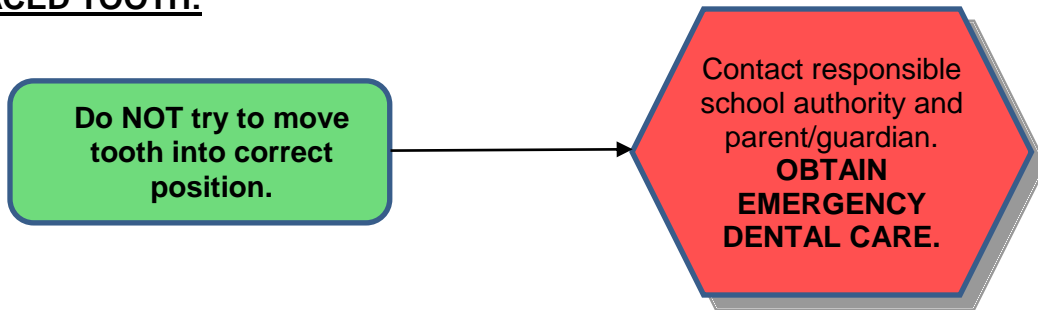


## TOOTHACHE OR GUM INFECTION:

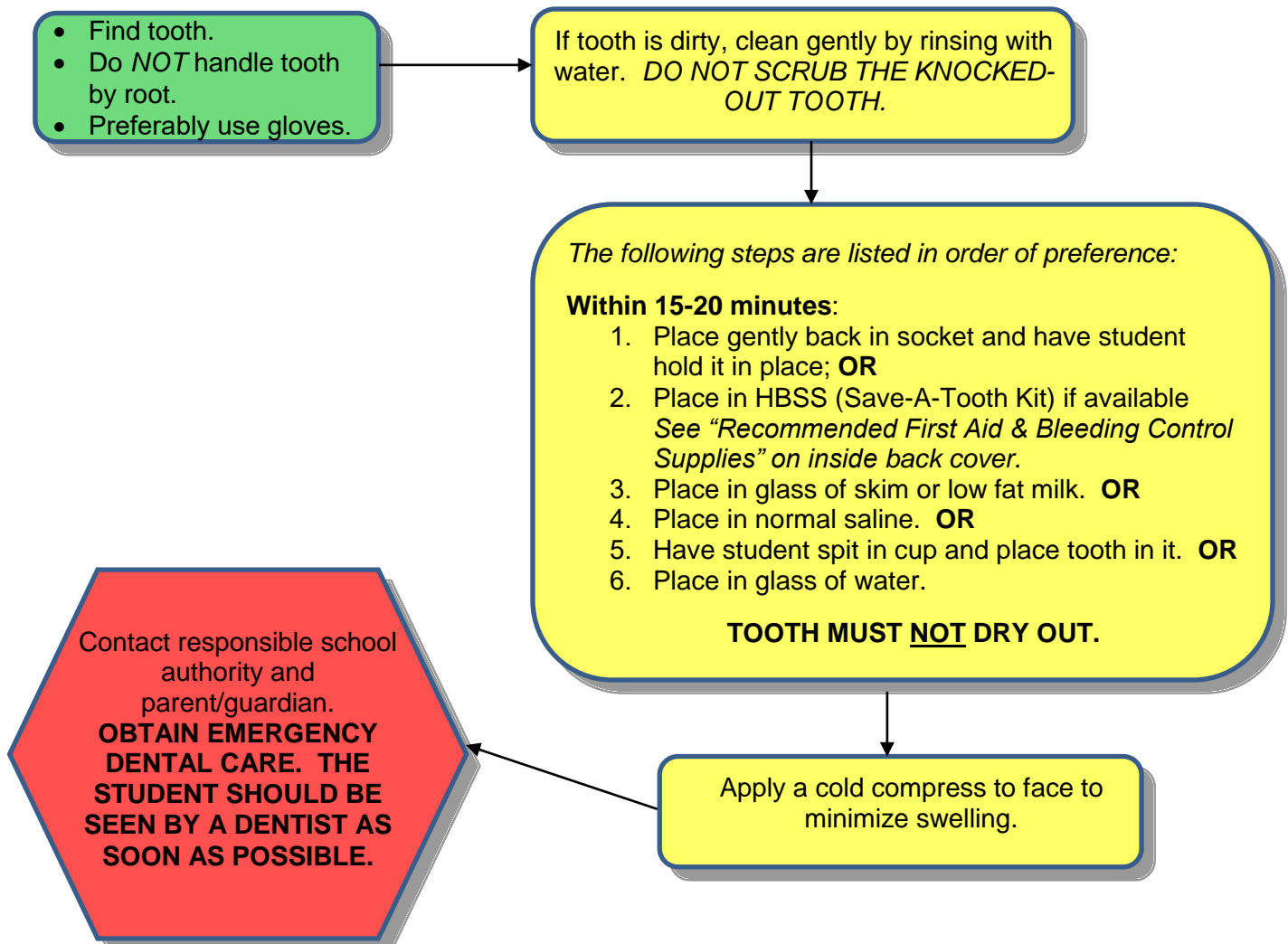


# TEETH

## DISPLACED TOOTH:



## KNOCKED-OUT OR BROKEN PERMANENT TOOTH:



# TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, *even a minor one*. After any wound, check the student's immunization record for Tetanus and notify parent or legal guardian.

A *minor wound* would need a tetanus booster *only* if it has been at least **10 years** since the last tetanus shot or if the student is **5 years old or younger**.\*

**Other wounds**, such as those contaminated by dirt, feces, and saliva ( or other body fluids); puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than **5 years** since last tetanus shot.\*

*\*Students in the seventh grade will be required to have a booster dose of Tdap only if it has been 5 years since their last dose of a tetanus-containing vaccine.*

*\*Students in grades 8 through 12 will be required to have a booster dose of Tdap vaccine if it has been 10 years since their previous dose of a tetanus-containing vaccine.*

*\*\*Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.*

# TICKS

*Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **Do NOT handle ticks with bare hands.***

Refer to your school's policy regarding the removal of ticks.

Wear disposable gloves when exposed to blood and body fluids.

Wash the tick area gently with soap and water before attempting removal.

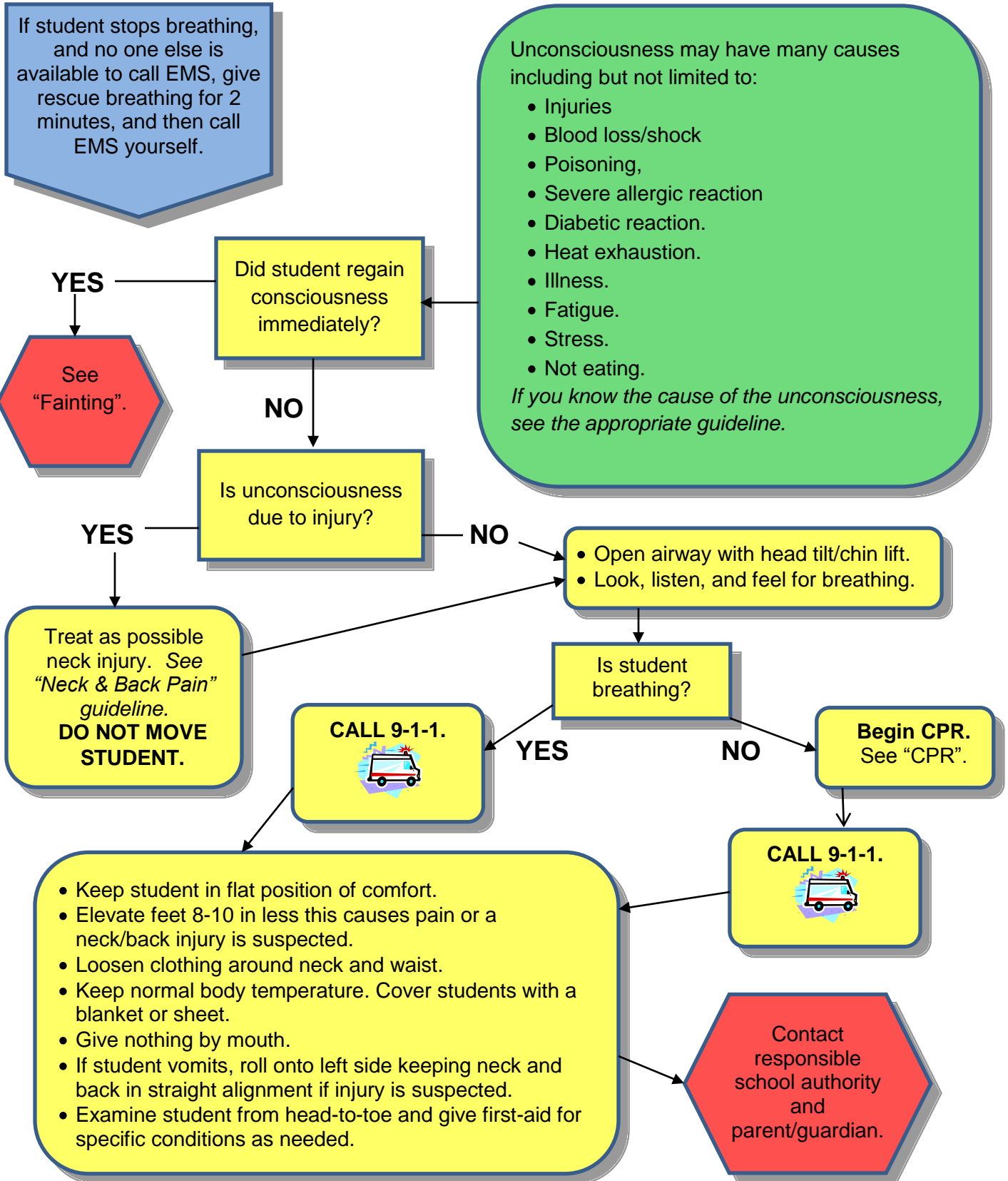
- Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- **Do NOT twist or jerk the tick as this may cause the mouth parts to break off.** It is important to remove the ENTIRE tick.
- Take care not to squeeze, crush, or puncture the body of the tick as its fluids may carry infection.

- After removal, wash the tick area thoroughly with soap and water.
- Wash your hands.
- Apply a sterile adhesive or Band-Aid type dressing.

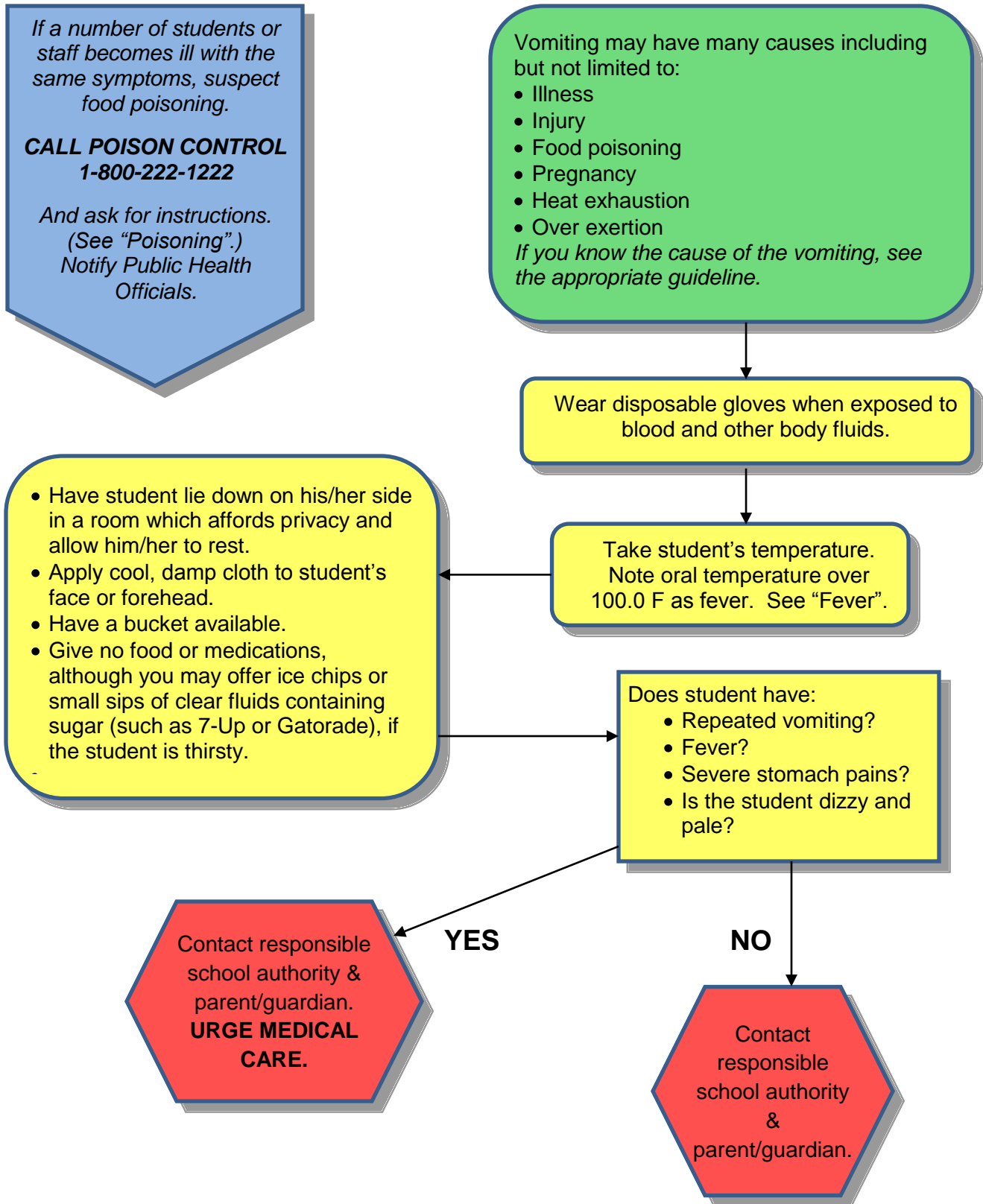
Ticks can be safely thrown away by placing them in a container of alcohol or flushing them down the toilet.

Contact responsible school authority and parent/guardian.

# UNCONSCIOUSNESS



# VOMITING



## RECOMMENDED FIRST-AID & BLEEDING CONTROL EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current First-aid Manual
2. American Academy of Pediatrics First-aid Chart
3. Cot: mattress with waterproof cover
4. Blankets, sheets/pillows/pillow cases (disposable are suitable)
5. Wash clothes, hand towels, small portable basin
6. Covered wash receptacle with disposable liners
7. Bandage scissors, tweezers, needle
8. Thermometer and covered container for storing thermometer in alcohol (suggest disposable thermometer or disposable thermometer covers)
9. Access to sink with running water
10. Consumable supplies:
  - Paper cups
  - Sterile cotton tipped applicators, individually packaged
  - Sterile adhesive bandages (1"x 3"), individually packaged
  - Cotton balls
  - Sterile gauze squares (2"x 2" 3"x 3"), individually packaged
  - Adhesive tape (1" width)
  - Gauze bandage (1" and 2" widths)
  - Splints (short and long)
  - Cold packs (compresses)
  - Triangular bandages for sling
  - Tongue blades
  - 70% Isopropyl alcohol for use with thermometer
  - Safety pins
  - Soap (plain) or solution containing hexachlorophene
  - Disposable facial tissue
  - Paper towels
  - Sanitary napkins
  - Disposable gloves (latex or vinyl, if latex allergy is possible)
  - Pocket mask/face shield for CPR
  - One ounce emergency supply of Ipecac (dated) *only to be used as directed by Poison Control Center*
  - One flashlight with spare bulb and batteries
  - Hank's Balanced Salt Solution (HBSS) – available in the Save-the-Tooth emergency tooth preserving system manufactured by 3M©.
  - Bleach for cleaning
11. Bleeding control kits as noted in Texas House Bill 496 (see next page).

House Bill 496 -- An act relating to traumatic injury response protocol and the use of bleeding control stations in public schools. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 38, Education Code, is amended by adding Section 38.030 to read as follows:

Sec. 38.030. TRAUMATIC INJURY RESPONSE PROTOCOL.

- (a) Each school district and open-enrollment charter school shall develop and annually make available a protocol for school employees and volunteers to follow in the event of a traumatic injury.
- (b) The protocol required under this section must:
- (1) provide for a school district or open-enrollment charter school to maintain and make available to school employees and volunteers bleeding control stations, as described by Subsection (d), for use in the event of a traumatic injury involving blood loss;
  - (2) ensure that bleeding control stations are stored in easily accessible areas of the campus that are selected by the district's school safety and security committee or the charter school's governing body;
  - (3) require that agency-approved training on the use of a bleeding control station in the event of an injury to another person be provided to:
    - (A) each school district peace officer commissioned under Section 37.081 or school security personnel employed under that section who provides security services at the campus;
    - (B) each school resource officer who provides law enforcement at the campus; and
    - (C) all other district or school personnel who may be reasonably expected to use a bleeding control station; and
  - (4) require the district or charter school to annually offer instruction on the use of a bleeding control station from a school resource officer or other appropriate district or school personnel who has received the training under Subdivision (3) to students enrolled at the campus in grade seven or higher.
- (c) A district's school safety and security committee or the charter school's governing body may select, as easily accessible areas of the campus at which bleeding control stations may be stored, areas of the campus where automated external defibrillators are stored.
- (d) A bleeding control station required under this section must contain all of the following required supplies in quantities determined appropriate by the superintendent of the district or the director of the school:
- (1) tourniquets approved for use in battlefield trauma care by the armed forces of the United States;
  - (2) chest seals;
  - (3) compression bandages;
  - (4) bleeding control bandages;
  - (5) space emergency blankets;
  - (6) latex-free gloves;
  - (7) markers;
  - (8) scissors; and
  - (9) instructional documents developed by the American College of Surgeons or the United States Department of Homeland Security detailing methods to prevent blood loss following a traumatic event.
- (e) In addition to the items listed under Subsection (d), a school district or open-enrollment charter school may also include in a bleeding control station any medical material or equipment that:
- (1) may be readily stored in a bleeding control station;
  - (2) may be used to adequately treat an injury involving traumatic blood loss; and
  - (3) is approved by local law enforcement or emergency medical services personnel.
- (f) To satisfy the training requirement of Subsection (b)(3), the agency may approve a course of instruction that has been developed or endorsed by:
- (1) the American College of Surgeons or a similar organization; or
  - (2) the emergency medicine department of a health-related institution of higher education or a hospital.
- (g) The course of instruction for training described under Subsection (f) may not be provided as an online course. The course of instruction must use nationally recognized, evidence-based guidelines for bleeding control and must incorporate instruction on the psychomotor skills necessary to use a bleeding control station in the event of an injury to another person, including instruction on proper chest seal placement.



(h) The course of instruction described under Subsection (f) may be provided by emergency medical technicians, paramedics, law enforcement officers, firefighters, representatives of the organization or institution that developed or endorsed the training, educators, other public school employees, or other similarly qualified individuals. A course of instruction described under Subsection (f) is not required to provide for certification in bleeding control. If the course of instruction does provide for certification in bleeding control, the instructor must be authorized to provide the instruction for the purpose of certification by the organization or institution that developed or endorsed the course of instruction.

(i) The good faith use of a bleeding control station by a school district or open-enrollment charter school employee to control the bleeding of an injured person is incident to or within the scope of the duties of the employee's position of employment and involves the exercise of judgment or discretion on the part of the employee for purposes of Section 22.0511, and a school district or open-enrollment charter school and the employees of the district or school are immune from civil liability, as provided by that section, from damages or injuries resulting from that good faith use of a bleeding control station. A school district or open-enrollment charter school volunteer is immune from civil liability from damages or injuries resulting from the good faith use of a bleeding control station to the same extent as a professional employee of the district or school, as provided by Section 22.053.

(j) Nothing in this section limits the immunity from liability of a school district, open-enrollment charter school, or district or school employee or volunteer under:

(1) Sections 22.0511 and 22.053;

(2) Section 101.051, Civil Practice and Remedies Code; or

(3) any other applicable law.

(k) This section does not create a cause of action against a school district or open-enrollment charter school or the employees or volunteers of the district or school.

SECTION 2. (a) Not later than October 1, 2019, the Texas Education Agency shall approve a course of instruction on the use of a bleeding control station that is appropriate to satisfy the requirement under Section 38.030, Education Code, as added by this Act.

(b) As soon as practicable after the effective date of this Act, and not later than January 1, 2020, each school district and open-enrollment charter school shall develop and implement the traumatic injury response protocol required by Section 38.030, Education Code, as added by this Act.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2019.

## EMERGENCY PHONE NUMBERS


Complete this page as soon as possible and update as needed. Copy and post near all phones.


### EMERGENCY MEDICAL SERVICES INFORMATION


Know how to contact your EMS.

#### **EMERGENCY Call 9-1-1.**

 Name of Service: \_\_\_\_\_

 Non-emergency phone number: \_\_\_\_\_

 Average emergency response time to school: \_\_\_\_\_

 Directions to school: \_\_\_\_\_

\_\_\_\_\_

### **BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP!**

- ✓ Your name and school name
- ✓ Nature of emergency
- ✓ **School telephone number:** \_\_\_\_\_
- ✓ Address and easy directions
- ✓ Exact location of injured person (e.g. behind building in parking lot)
- ✓ Help already provided
- ✓ Ways to make it easier to find you (e.g. standing in front of building, red flag, etc.)

### OTHER IMPORTANT PHONE NUMBERS

- School nurse \_\_\_\_\_
- Responsible School Authority \_\_\_\_\_
- Poison Control Center **1-800-222-1222**
- Fire Department **9-1-1** or non-emergency: \_\_\_\_\_
- Police Department **9-1-1** or non-emergency: \_\_\_\_\_
- Hospital Emergency Department \_\_\_\_\_
- Department of Family & Protective Services **1-800-252-5400**
- Rape Crisis Center \_\_\_\_\_
- Health Department \_\_\_\_\_
- Other medical information \_\_\_\_\_  
(e.g. dentist or physicians, etc.) \_\_\_\_\_