

# HEADACHE

Have child lie down for a short time in a room which affords privacy.

Has a head injury occurred?

YES

See "Head Injuries"

NO

Give no medication unless previously authorized.

Apply a cold cloth or compress to the child's forehead.

- Is headache severe?
- Are other symptoms, such as vomiting, fever (See "Fever"), blurred vision or dizziness present?

NO

If headache persists, contact parent/legal guardian.

YES

Contact parent/legal guardian. **URGE MEDICAL CARE.**

# HEAT EXHAUSTION/HEAT STROKE

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- red, hot, dry skin
- weakness and fatigue
- cool, clammy hands
- vomiting
- loss of consciousness
- profuse sweating
- headache
- nausea
- confusion

- Move child to cooler place. Have the child lie down.
- Take temperature.

Does child have:

- loss of consciousness?
- hot, dry red skin?

NO

YES

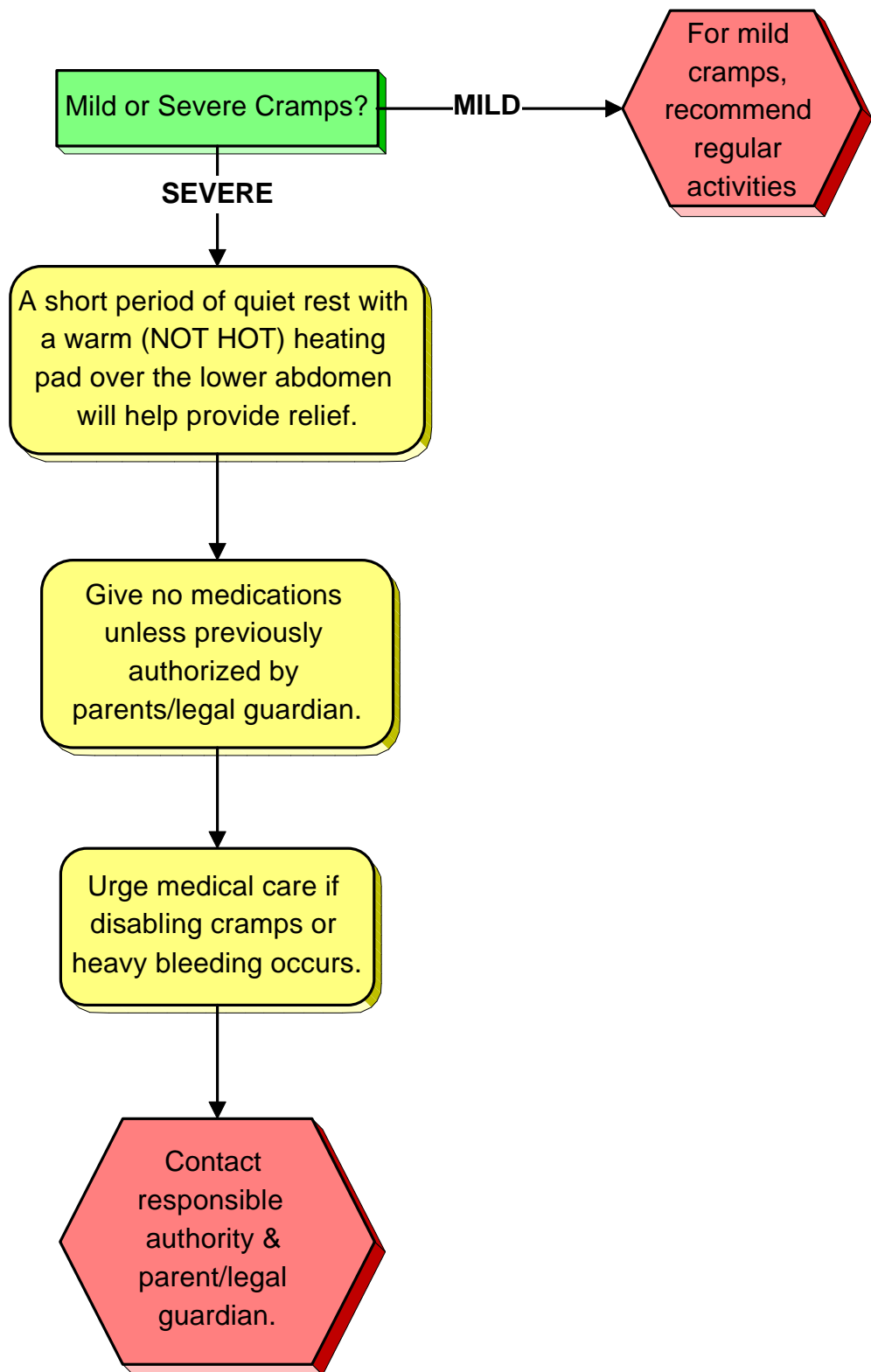
Give clear fluids such as water, 7-up or Gatorade frequently in small amounts.

Contact responsible authority & parent/legal guardian.

If child has loss of consciousness, cool rapidly by completely wetting clothing with room temperature water. **DO NOT USE ICE WATER.**

  
**CALL EMERGENCY MEDICAL SERVICES.**  
Contact responsible authority & parent/legal guardian.

# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES

Wear gloves when exposed to blood or other body fluids.

Have teeth been injured?

YES

See "Teeth".

NO

Has jaw been injured?

YES

**DO NOT TRY TO MOVE JAW.** Gently support jaw with hand.

NO

If tongue, lips, or cheek are bleeding, apply direct pressure with sterile gauze or clean cloth.

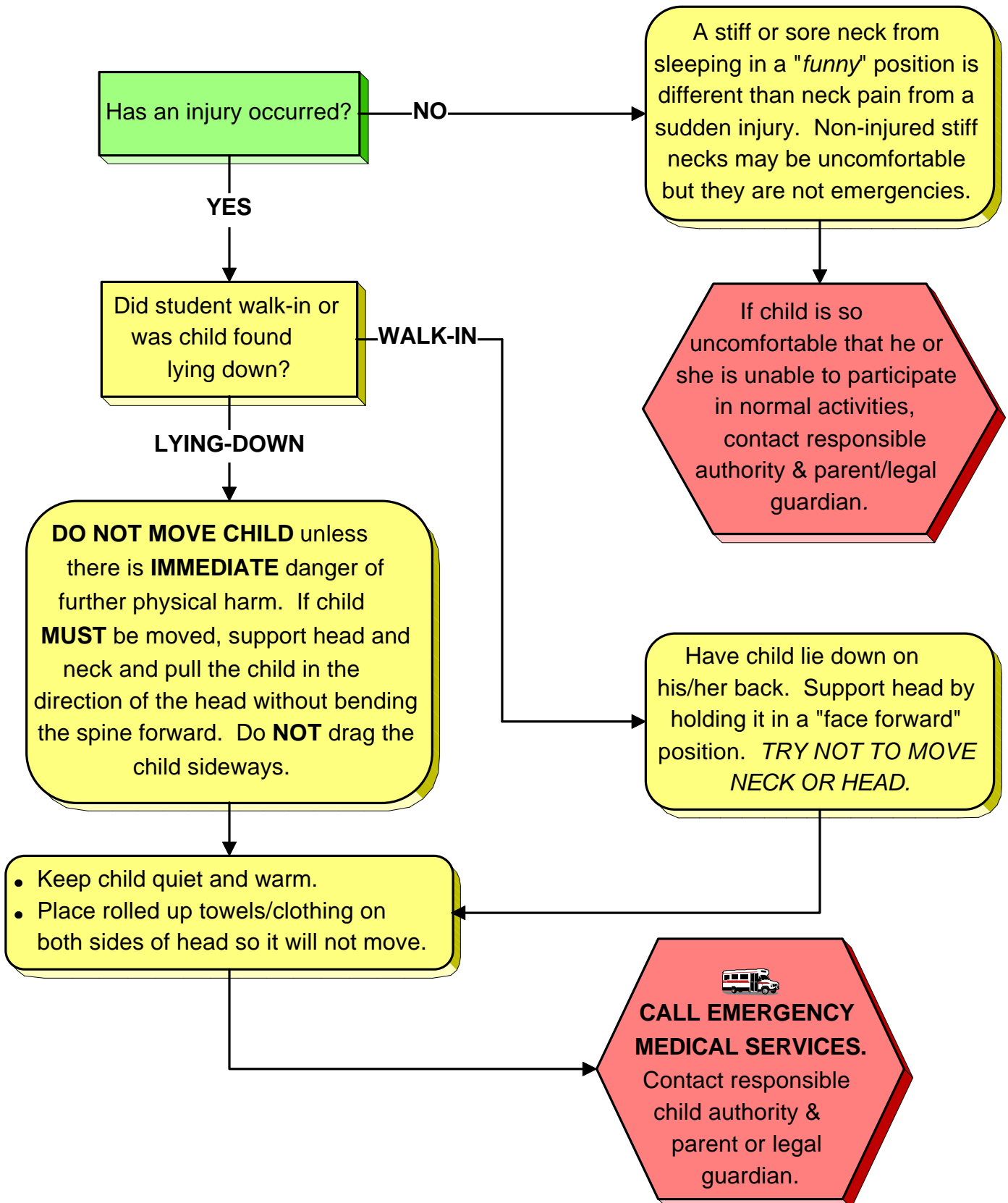
Place a cold compress over the area to minimize swelling.

If cut is large or deep, or if bleeding cannot be stopped, SEE BLEEDING contact responsible authority & parent/legal guardian. **URGE MEDICAL OR DENTAL CARE.**

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

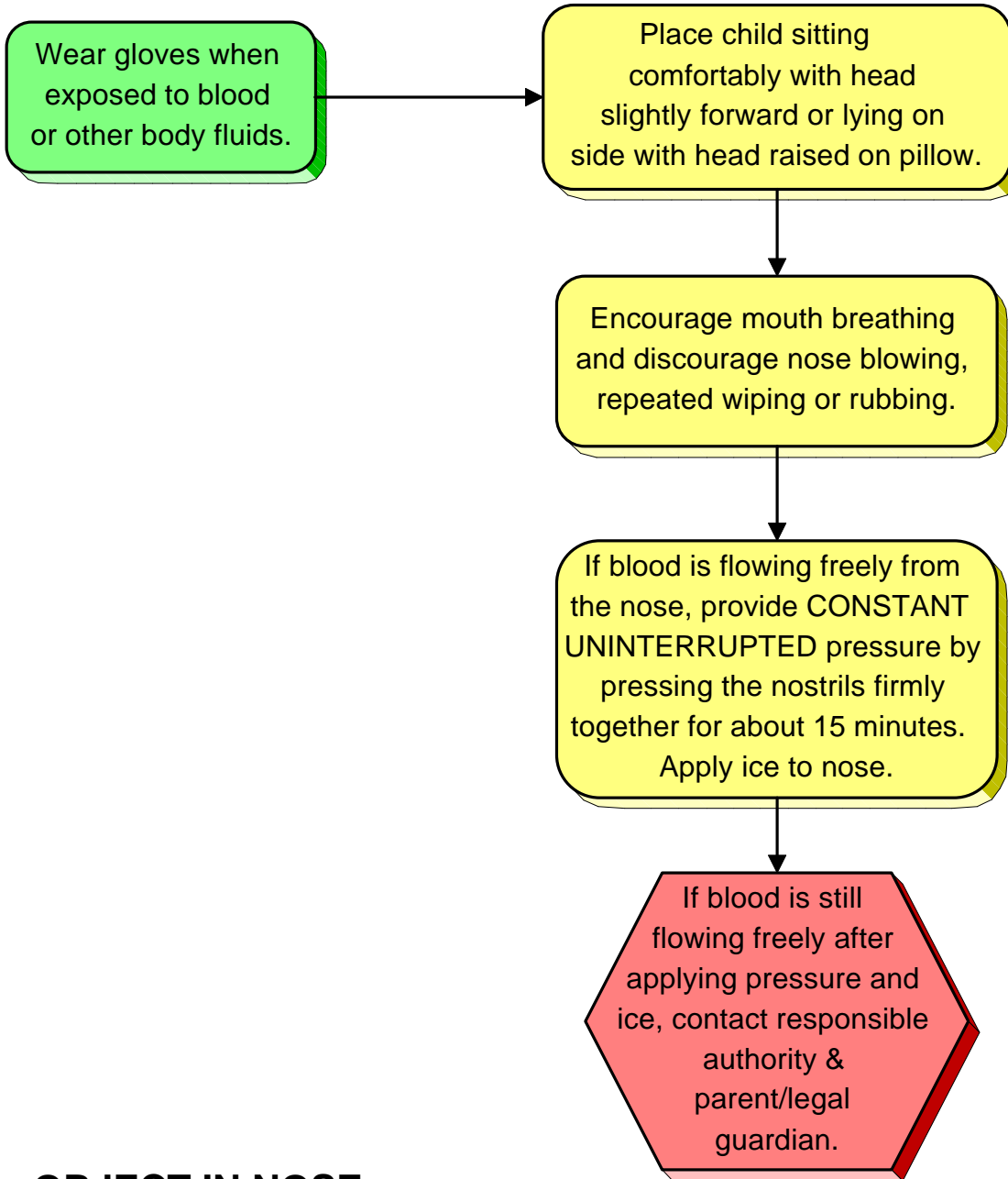
See "Head Injuries" if you suspect a head injury other than mouth or jaw.

# NECK & BACK INJURIES



# NOSE

## NOSEBLEED



## OBJECT IN NOSE

If object cannot be removed easily, contact responsible authority & parent/legal guardian.  
**URGE MEDICAL CARE**

# POISONING & OVERDOSE

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

- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Or if you are not sure

Possible warning signs of poisoning include:

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


If possible, find out:

- Age and weight of child.
  - What the child swallowed or what type of "poison" it was.
  - How much & when it was taken.
- CALL POISON CONTROL CENTER & ask for instructions.**

Phone 1-800-222-1222

*To induce vomiting, give Ipecac (if available) according to the directions on the label. Help child lean over basin while vomiting to avoid choking.*

Do **NOT** induce vomiting **UNLESS** you are instructed to by poison control.

  
**CALL EMERGENCY MEDICAL SERVICES.**

Contact responsible authority and parent/legal guardian.

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

# PREGNANCY

Staff should be made aware of any pregnant child. *Keep in mind that any child who is old enough to be pregnant, might be pregnant.*

Pregnancy may be complicated by any of the following:

- **Morning Sickness:**

Treat as vomiting. (See "Vomiting") If severe, contact responsible authority & parent/legal guardian.

- **Severe Cramps (Labor):**

Short, mild cramps in a near term child may be normal. If **NOT** near term or if you don't know, contact responsible authority & parent/legal guardian.

- **Vaginal Bleeding:**

Contact responsible authority & parent/legal guardian. **URGE IMMEDIATE MEDICAL CARE.**

- **Seizure:**

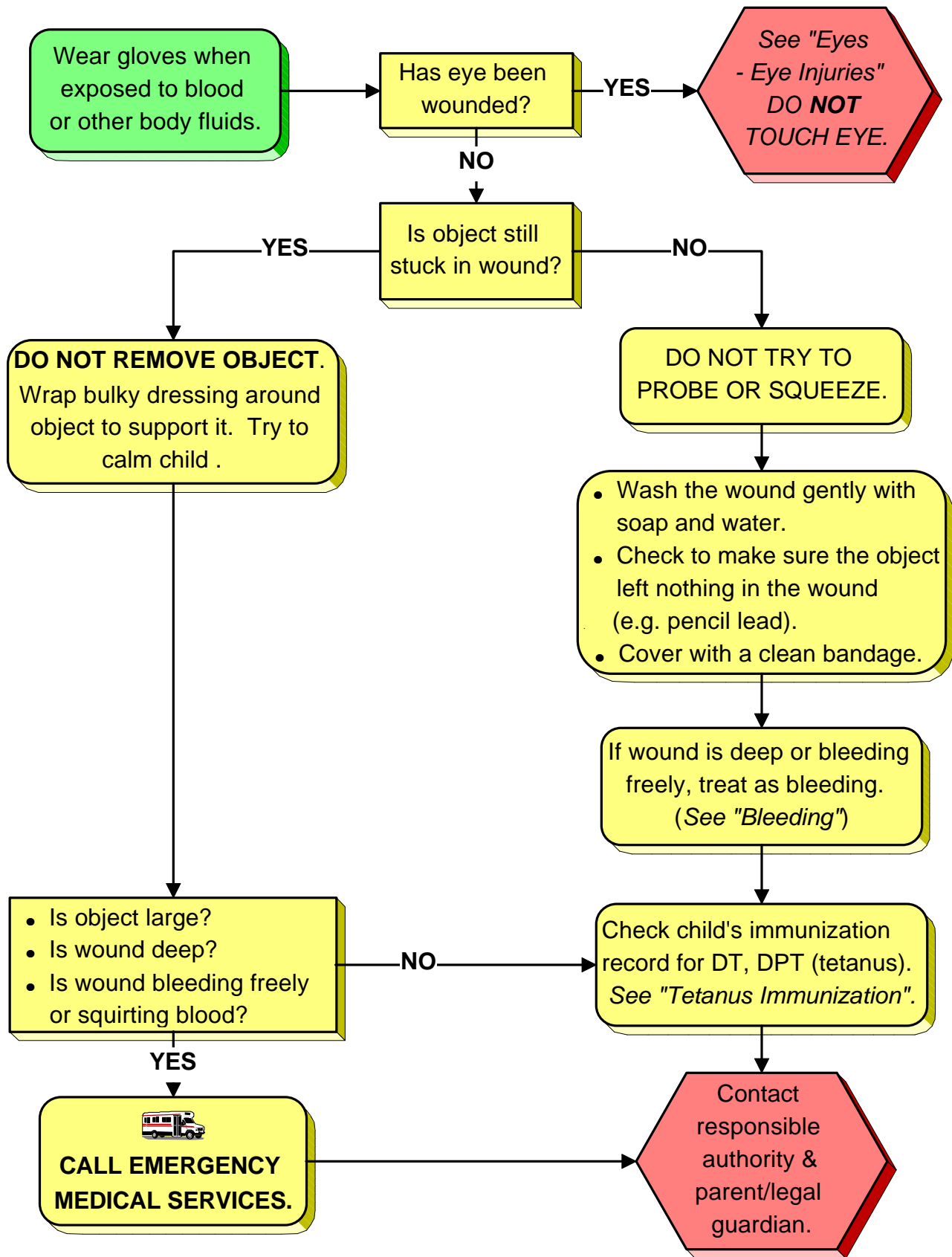
This may be a serious complication of pregnancy. **CALL EMERGENCY MEDICAL SERVICES.**



- **Amniotic Fluid Leakage:**

This is **NOT** normal and may indicate the beginning of labor. Contact responsible authority & parent/legal guardian.

# PUNCTURE WOUNDS



# RASHES

Rashes may have many causes, including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

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


Rashes include such things as:

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

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

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

YES

  
**CALL EMERGENCY MEDICAL SERVICES.**

Contact responsible authority & parent/legal guardian.

NO

If any of the following symptoms are present contact responsible authority & parent/legal guardian. **URGE MEDICAL CARE**

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

See "Allergic Reaction".

# SEIZURES

Seizures may include 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.)

If available, refer to child's health or emergency care plan.

- If child seems off balance, place him/her on the floor (on a mat) for observation & safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injury.
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth.

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

- Duration & type of movement
- Behavior and loss of bladder/bowel
- Body parts involved/direction of stare
- Loss of consciousness, etc.

After seizure, keep airway clear by placing child on his/her side. A pillow should not be used.

Is:

- Child having a seizure lasting longer than **5 minutes?**
- Child having seizures following one another at short intervals?
- Child *without a known history* of seizures, having a seizure?

**YES**



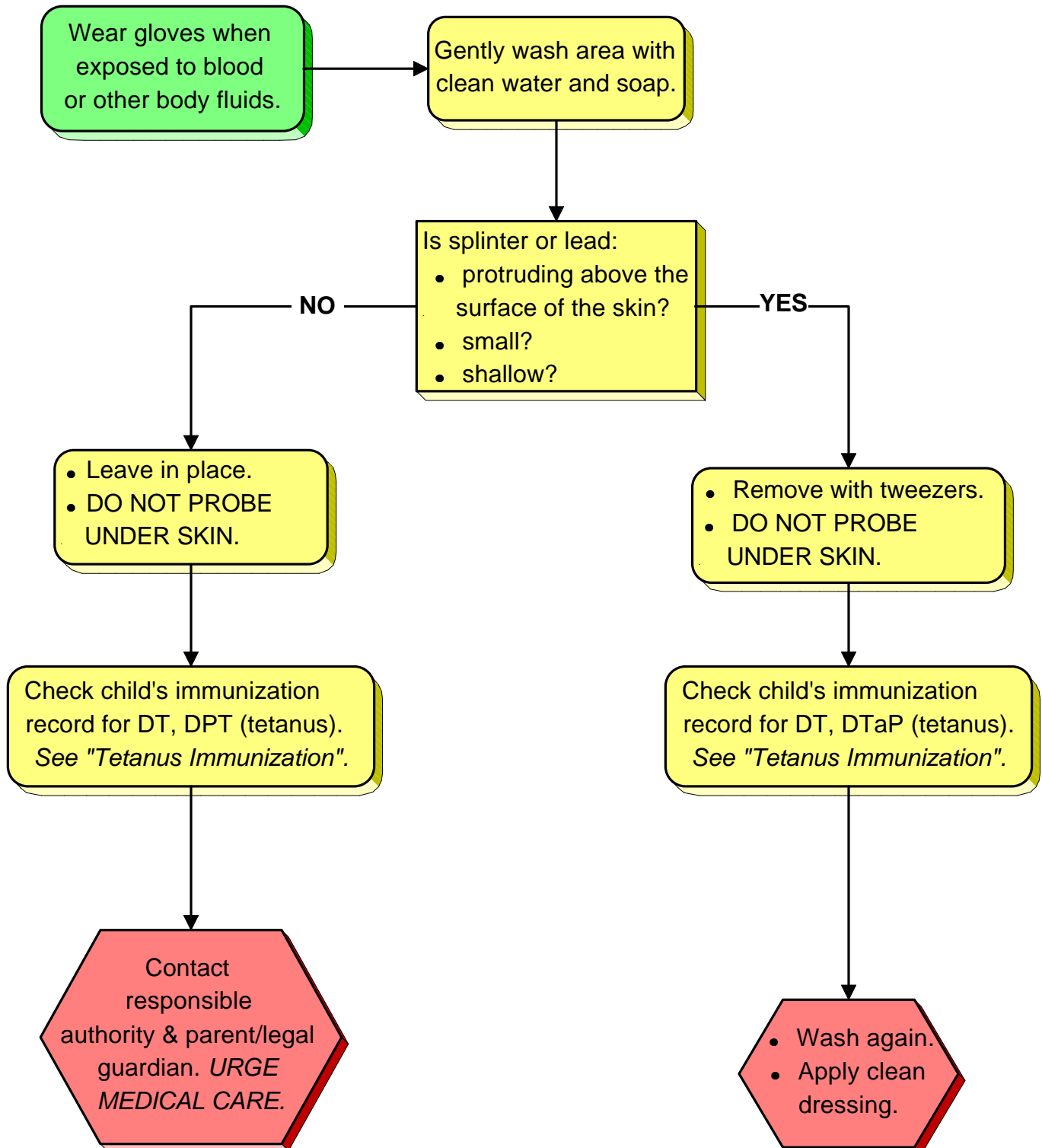
**CALL EMERGENCY MEDICAL SERVICES.**

Contact responsible authority & parent or legal guardian.

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

*A child with a history of seizures should be identified to all staff. A detailed description of the onset, type, duration and after-effects of the seizures should be taken and kept available at all times.*

# SPLINTERS OR IMBEDDED PENCIL LEAD



# STINGS

*Children with a history of allergy to stings should be identified to all staff. An emergency care plan should be developed.*

Does child have:

- difficulty breathing?
- a rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- a history of allergy to stings?

NO

YES

A child may have a delayed allergic reaction up to **2** hours after the sting. Adult(s) supervising child during normal activities should be aware of the sting and should watch for any delayed reaction.

If available, follow child's emergency care plan.

If available, administer guardian-approved medications.

To remove stinger (if present) scrape area with a card.  
**DO NOT SQUEEZE.**  
Apply cold compress.



**CALL EMERGENCY MEDICAL SERVICES.**

Contact responsible authority & parent or legal guardian.

*See "Allergic Reaction".*

# STOMACH ACHES/PAIN

Stomach aches may have many causes including:

- Illness
- Overeating
- Diarrhea
- Food Poisoning
- Hunger
- Constipation
- Gas Pain
- Abuse/Trauma

Have child lie down in a room which affords privacy.

Has an injury occurred?

YES

Contact responsible authority & parent/legal guardian.  
*URGE PROMPT MEDICAL CARE.*

NO

Take the child's temperature. Note temperature over 100.5 F as fever. (See "Fever".)

Does child have:

- Fever?
- Severe stomach pains?

YES

NO

If stomach ache persists or becomes worse, contact responsible authority & parent or legal guardian. If the child feels better, allow him/her to return to class.

# TEETH

## BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to child's general health.

No first aid provided will be of significant value. **URGE PARENT/LEGAL GUARDIAN TO OBTAIN DENTAL CARE.**

## TOOTHACHE OR GUM BOIL

*For tongue, cheek, lip, jaw or other mouth injury not involving the teeth, refer to the "Mouth & Jaw".*

These conditions can be direct threats to child's general health, not just local tooth problems!

No first aid measure provided will be of any significant value.

Contact responsible authority and parent/legal guardian. **URGE DENTAL CARE.**

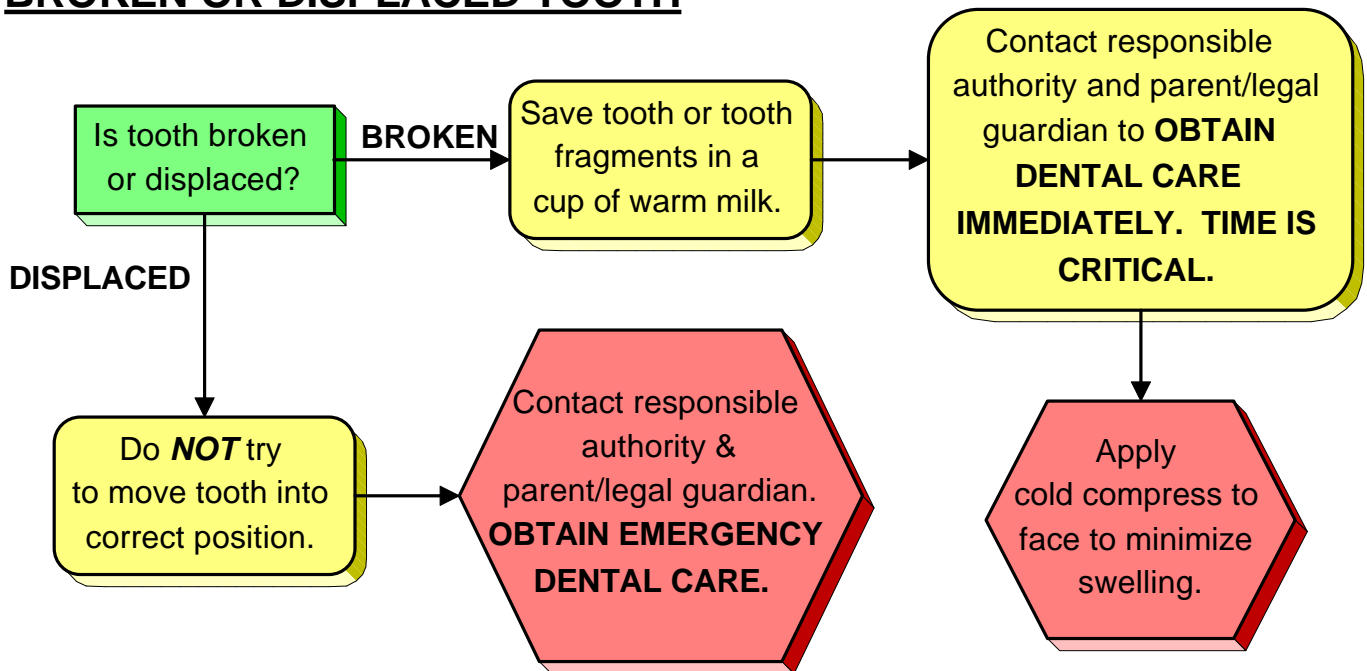
Relief of pain for the child will often postpone dental care. **DO NOT PLACE ASPIRIN ON THE GUM TISSUE OF THE ACHING TOOTH. ASPIRIN CAN BURN TISSUE!**

("TEETH" continued on next page)

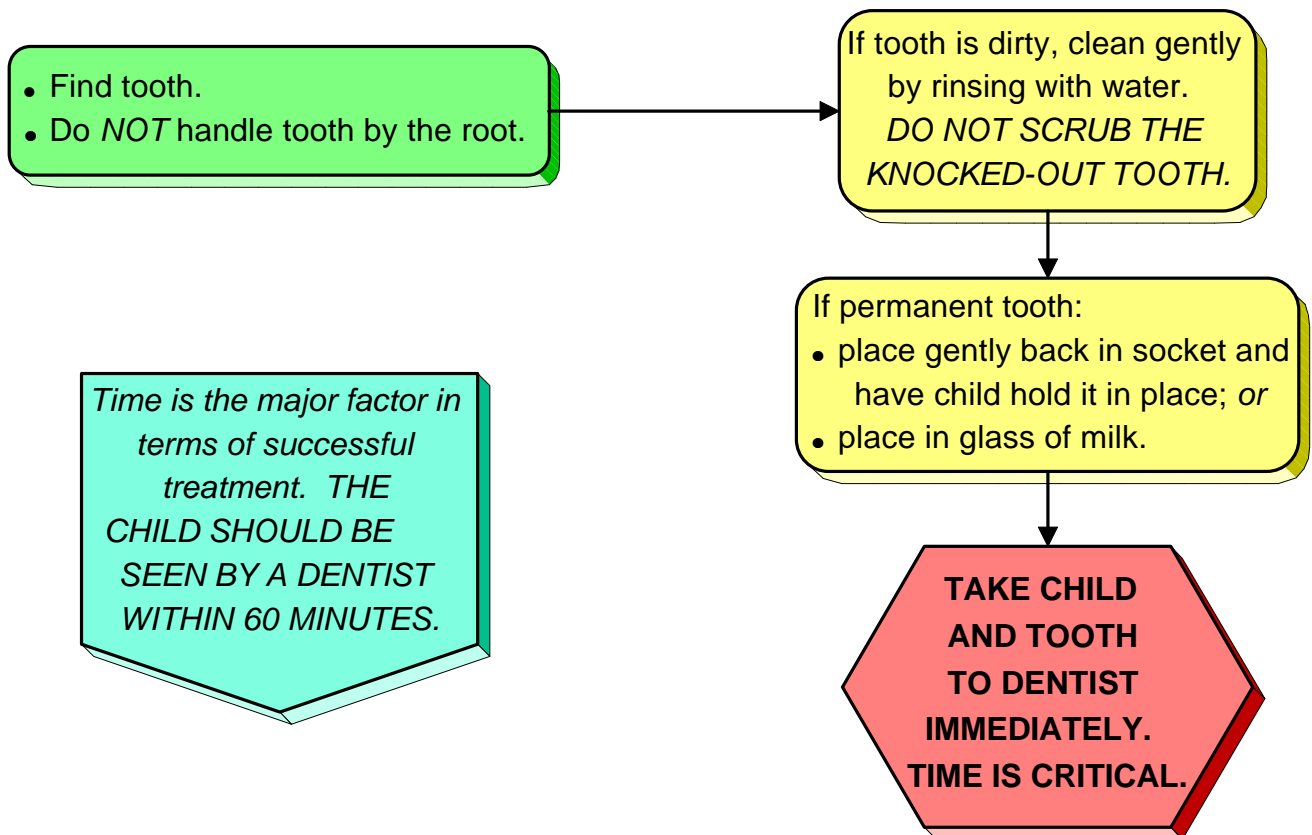
# TEETH

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## BROKEN OR DISPLACED TOOTH



## KNOCKED-OUT TOOTH



# TETANUS IMMUNIZATION

**Protection against tetanus should be considered with any wound, even a *minor one*.**

A ***minor wound*** would need a tetanus booster ***only*** if it has been at least ***10 years*** since the last tetanus (DT, DTaP) shot or if the child 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.

# UNCONSCIOUSNESS

If child stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS yourself.

Unconsciousness may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc. If you know the cause of the unconsciousness, see the appropriate guideline.

See "Fainting".

Did child regain consciousness immediately?

YES

NO

Is unconsciousness due to injury?

YES OR NOT SURE


NO

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

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

- Keep airway clear.
- Check breathing. Look, listen and feel for breath.
- Keep child warm, but not hot.
- Control bleeding if needed (always wear gloves).
- Give nothing by mouth.

Contact responsible authority & parent/legal guardian.

If child is not breathing, begin rescue breathing. (See "CPR"). **CALL EMERGENCY MEDICAL SERVICES.** 

# VOMITING

*If a number of children or staff become ill with the same symptoms, suspect food poisoning. CALL POISON CONTROL CENTER & ask for instructions. Phone 1-800-222-1222 Notify the local Public Health Department.*

Vomiting may have many causes including:

- Illness
- Injury
- Food poisoning/Suicide attempt
- Pregnancy
- Heat exhaustion
- Over exertion

*If you know the cause of the vomiting, see the appropriate guideline.*

Wear gloves when exposed to blood and other body fluids.

Have child lie down on his/her side in a room which affords privacy.

- Apply a cool, damp cloth to child's face or forehead.
- Have a bucket available.

- Give no food or medications.
- Give small sips of clear fluids containing sugar (such as 7-Up or Gatorade), if the child is thirsty.

Contact responsible authority & parent/legal guardian.  
**URGE MEDICAL CARE.**