

CHAPTER 8 EMERGENCY SERVICES AND FIRST AID

Guide to Providing Emergency Care

The school nurse is often the first health professional who responds to a school emergency. The school nurse has the education and knowledge to identify emergency situations, manage the scene until emergency medical services (EMS) arrives.

- Assess the situation.
- Is the area safe for YOU? (Remember Infection control/Universal precautions.)
 - Seek needed help if situation is unsafe.
- Assess the student or staff member.
 - Are they conscious or unconscious?
 - Gently tap and ask, “Are you okay?”
- Assess individual to determine if situation is an emergency.
 - Assess airway, breathing, and circulation. Intervene as necessary.
 - Do not give oral fluids
 - Activate 911 if indicated
- Contact responsible school authority and parent/legal guardian

Emergency Procedures for Injury or Illness

- Assess the situation. Be sure the situation is safe to approach. The following dangers will require caution:
 - live electrical wires,
 - gas leaks,
 - building damage,
 - fire or smoke,
 - traffic,
 - violence.
- A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies of the situation. This person will take charge of the emergency, render any further first aid needed and request additional resources as required.
- DO NOT give medications unless there has been prior approval by the parent or guardian. Follow school district medication policy.
- DO NOT move a severely injured or ill student, staff member or other individual unless necessary for immediate safety. If moving is necessary, follow guidelines for “Neck/Back Injuries” in this section.
- Under no circumstances should a sick or injured student be sent home without the knowledge and permission of the parent/legal guardian.
- In the presence of a life-threatening emergency, call 911 or local Emergency Medical Services (EMS). The responsible school authority or a designated individual should

then notify the parent/legal guardian of the emergency as soon as possible to assist in determining the appropriate course of action.

- If the parent/legal guardian cannot be reached, notify a parent or legal guardian substitute and call either the physician or the hospital designated on the school Emergency Information Card to alert the receiving entity to expect the injured student. If necessary, arrange for transportation of the injured student by ambulance/EMS.
- A responsible individual should stay with the injured student.
- Fill out a report for all incidents requiring above procedures as required by school policy and document as required by school policy.

Automatic External Defibrillator (AED) Guidelines

In cardiac arrest cases due to cardiac fibrillation, a combination of early advanced medical care access, early cardiopulmonary resuscitation (CPR) and early defibrillation can save lives. The shorter the time between collapse of the person and defibrillation, the greater the chances of survival for a victim. Response from community emergency teams and school emergency teams can be instrumental in increasing survival rates in cardiac arrest victims through the use of AEDs that have been demonstrated to be safe and effective even when used by lay people. The ideal location of AEDs is typically targeted to public facilities, businesses, meeting areas, buildings or any location where large quantities of people gather.

New Mexico Regulations

The Emergency Medical Services Act [24-10B-4.M NMSA 1978] authorizes the NM Department of Health (NMDOH) to adopt “rules to establish a cardiac arrest targeted response program pursuant to the Cardiac Arrest Response Act. They include AED Program registration with NMDOH that provides limited immunity protections for persons or entities associated with the Program. These protections are provided when the AED Program is established, registered, and operated in accordance with the NM Administrative Code. Initial registration with NMDOH EMS Bureau is for a period of 4 years at a cost designated in the administrative code. Registration renewal occurs with submission of a new application along with appropriate fee. School districts with multiple schools or schools with multiple AEDs just pay the one fee, and complete only one application. [NMAC 7.27.8](#)

The [Registration Packet](#) include the following requirements:

- An identified AED Program Director who manages the Cardiac Arrest Targeted Response Program. The AED program manager is the person responsible for maintaining the quality checks and documentation on the AED(s) and requisite documentation and who maintains the current roster of all CPR and AED certified personnel on campus. In the school setting, the best person to serve as the AED program director would be the school nurse lead, supervisor, or director.

- Schools who do not have a school nurse must declare a AED program manager(s). This person(s) must be CPR and AED certified. This person will be responsible for maintaining the quality checks and documentation on the AED(s) and requisite documentation, maintain the current roster of all CPR and AED certified personnel on campus.
- Select individuals to be trained on the use of an AED (Trained Targeted Responders).
- Note- a medical director is no longer required (NM law changed in 2015). Just put N/A in the box on the registration form.

- Schools or school districts are to submit written policy on use of their AED, procedures and protocols with the registration application or renewal.

Emergency Response Protocols

- The following information should be included when developing emergency response protocols for the school/school district when an AED is available as part of emergency response equipment in the school setting.
- School districts should identify an AED program director who is on site at a school district facility.
- All front-line trained targeted emergency responders should receive appropriate training in cardiopulmonary resuscitation (CPR) and in the use of AEDs through a recognized course such as American Heart Association or American Red Cross.
- When choosing and/or purchasing an AED, the selected model should be approved by the U.S. Drug Administration and have the capability of reporting life-threatening cardiac arrhythmia in read-out format.
- Written procedures on appropriate use of the AED should be available and indicate establish the energy setting of each shock to be delivered using the AED as well as when and how CPR and other life-saving measures are used.
- School/school district policy should address responsibilities of trained targeted emergency responders, location of AED in school setting and availability of the AED during non-school hours such as school outings, sporting events, etc.
- In the event the AED is used; schools or districts are to contact the manufacture of the AED and complete the AED use form contained in the registration packet. Forms are to be submitted to Alyssa.Patterson@state.nm.us.

Allergic Reaction

Students with life-threatening allergies should be known to all staff. An emergency plan should be developed for these students. Children may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, etc.

Symptoms of severe allergic reaction include:

- Hives all over body
- Flushed face
- Weakness
- Paleness
- Seizures
- Confusion
- Dizziness
- Blueness around eyes, mouth
- Loss of Consciousness
- Drooling or difficulty breathing

Symptoms of mild allergic reaction include:

- Red itchy eyes
- Itchy, sneezing, runny nose
- Several hives, or rash on one part of the body.

For signs and symptoms of severe allergic reaction:

- Use student's epinephrine pen, if available.
- Use stock epinephrine if available at school.
- Always CALL 911 (EMERGENCY MEDICAL SERVICE).
- Contact responsible school authority & parent/legal guardian.
- If child stops breathing, give rescue breaths.

For signs and symptoms of mild allergic reaction:

- Refer to student's emergency plan. Administer guardian-approved medication or use student's epinephrine pen, if available.
- If student's epinephrine pen is used, student needs to be transported to ER for further evaluation.
- Adult(s) supervising student during normal activities should be aware of the student's exposure and watch for any delayed reaction for up to 2 hours.
- If child is unable to participate in school activities, contact appropriate school authority & parent/legal guardian.

Asthma/Wheezing or Difficulty Breathing

Students with a history of breathing difficulties, including asthma/wheezing need to be known to all school staff and need to have an asthma plan in place. These students also

need an emergency care plan. A student with asthma/wheezing may have breathing difficulties which include the following.

- Rapid breathing
- Flaring (widening) of nostrils
- Tightness in chest
- Blueness of lips, tongue or nail beds
- Excessive coughing
- Taking a breath in between words when speaking
- Wheezing (high-pitched) sound during breathing out
- Increased use of stomach and chest muscles during breathing.
- If available, refer to student's health/emergency care plan. Follow asthma action plan.
- Check pulse oximetry and give oxygen if available and part of student's action plan.
- If student has medication as part of their action plan, administer and repeat medication as prescribed.
- Encourage the student to sit quietly, breathe slowly and deeply through the nose and out through the mouth.
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Is student's condition worsening?

- Are the lips, tongue or nail beds turning blue?
- Are the symptoms not improving or getting worse?
- Did breathing difficulty develop rapidly?
- CALL 911 and transport for further care.
- Contact responsible school authority & parent/legal guardian.

Behavioral Emergencies

- See Chapter 14 Mental Health, Child Abuse and Neglect

Bites Human & Animal

Wear gloves for potential exposure to blood and other body fluids. Wash the bite area with soap & water.

- If student is not bleeding, hold bite area under running water for 2-3 minutes.
- If student is bleeding, press firmly with a clean dressing.
- Check student's tetanus immunization status.

Human and animal bites are treated as lacerations or punctures.

Is bite animal or human?

- If it is human:
- Contact responsible school authority & parent/legal guardian.
- URGE *IMMEDIATE* MEDICAL CARE.
- Remember body fluid exposure protection.
- Notify parent/legal guardian of student who was bitten and student who was biting that their children may have been exposed to blood from another student.
- If it is animal,
- Bites from the following animals can carry rabies and may need medical attention:
- dog, bat, opossum, cat, bat, raccoon coyote and fox
- Report animal bite to proper authorities so that animal can be caught and observed for rabies.
- If bite is from snake see "*Poisoning.*"
- If bite is from insect see "*Sting.*"

Call Emergency Medical Services if:

- Bite is large or gaping
- Bleeding is uncontrollable
- Report animal bite to proper authorities so that animal can be caught and observed for rabies.
- Contact responsible school authority & parent/legal guardian.

Bleeding

Wear gloves for potential exposure to blood or other body fluids.

Is there an amputation?

YES

- CALL EMS
- Place detached part in a plastic bag.
- Tie bag and put bag in container of ice water.
- Send bag to hospital with student.
- DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.
- Contact responsible school authority & parent/legal guardian.

NO

- Press firmly with clean bandage to stop bleeding.
- Elevate bleeding body part gently,
- *If fracture is suspected, gently support part and elevate.*
- Do not use a tourniquet.

Is there uncontrolled bleeding, signs of shock or suspect fracture?

- If there are, call EMS

- See “shock” if dizziness, blueness, sweating, clammy skin. fainting occurs.
- Contact responsible school authority & parent/legal guardian.

If wound is gaping:

- Student may need stitches.
- Contact responsible school authority & parent/legal guardian.
- *URGE MEDICAL CARE.*

Establish student’s tetanus immunization status.

Blisters from Friction

- Wear disposable gloves for potential exposure to blood and other body fluids.
- Wash area with soap and water.
- If blister is broken:
 - Apply clean dressing and bandage to prevent further breakdown of skin integrity
 - Contact parent/legal guardian
- If blister is unbroken:
 - DO NOT BREAK BLISTER.
- Blisters heal best when kept clean and dry.

Bruises

- If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See “*Child Abuse/Neglect.*”
- Assess closely student who presents with bruises.
- If there is swelling or student is in great pain:
 - Contact responsible school authority & parent/legal guardian (if it is safe to contact parent/legal guardian).
 - If indicated, responsible school authority decides if report to CYFD is required.
- If student isn’t in great pain with significant swelling:
 - Rest injured part.
 - Apply cold compress or ice bag covered with a cloth or paper towel for half an hour.
- If skin is also broken see “*Cuts/Scratches/Scrapes.*”

Burns

Partial Thickness

The partial thickness burn involves the outermost layer and lower layers of skin, and the symptoms include redness, mild swelling, pain, mottling, and blisters. It is frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to still intact nerve endings.

Full Thickness

The full thickness burn is the most serious burn. It extends through all skin layers and can extend into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may be experienced. This is a medical emergency immediately call 911- EMS.

Burn Treatment

- Make sure the situation is safe before assisting a burn victim.
- What type of burn is it?
 - HEAT
 - Flush burn with large amounts of cool running water or cover it with a clean, wet cloth,
 - DO NOT USE ICE.
 - CALL EMS IF:
 - Burn is large or deep,
 - Is on face, eye or genitalia,
 - Student is having trouble breathing
 - Student is unconscious
 - Bandage loosely
 - Check tetanus immunization status.

Electrical Burns

- All electrical burns need medical attention.
- CALL EMERGENCY MEDICAL SERVICES.
- See Electric Shock

Chemical Burns

- Wear gloves and if possible, goggles.
- Remove student's clothing & jewelry if exposed to chemical.
- Rinse chemicals off IMMEDIATELY with large amounts of water.
- CALL NEW MEXICO POISON CONTROL CENTER & ask for instructions.
- Phone 1- 800-222-1222.

Child Abuse/Neglect

- See Chapter 14 Mental Health, Child Abuse and Neglect

Chocking

Activate EMS after starting rescue efforts.

Infants One Year Old or Less

For infant one year old or less...if conscious, and able to cough or cry, call EMS, Calm child, monitor for worsening of symptoms. If cough is ineffective, then follow STEPS 1-7.

- 1 Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do NOT compress throat).

- 2 Give up to 5 back blows with the heel of hand between infant's shoulder blades.
- 3 If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
- 4 With 2 or 3 fingers, give up to 5 chest compressions near center of breastbone, about one finger width below the nipple line.
- 5 Open mouth and look. If foreign object is visible, reach in and get object.
- 6 Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
- 7 Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

Children Over One Year of Age & Adult

If individual is conscious, able to cough or cry, call EMS, calm individual, monitor for worsening of symptoms.

If cough is ineffective, then follow STEPS 1-4.

- 1 Stand or kneel behind person with arms encircling the individual.
- 2 Place thumb side of fist against middle of abdomen just above the navel. Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.
- 3 Give up to 5 quick inward and upward thrusts.
- 4 Repeat steps 1-2 until object is coughed up, individual starts to breathe or becomes unconscious.

Obese or Pregnant Person

Stand behind person and place arms under the individual's armpits to encircle the chest. Press with quick backward thrusts. [American Heart Association CPR](#)

Concussions

A concussion is mild traumatic brain injury resulting from traumatic biomechanical forces. Concussion is common in youth participating in sports and is increasingly viewed as a significant public health concern. Typically, the effects of a single concussion are thought to be benign and long-lasting negative effects are not expected. Only 10-25% of concussions involve a loss of consciousness. Best practice recommends that all youth sports organizations build a protocol and assemble a concussion management team in advance to effectively deal with concussion when it happens. Recognition of a concussion and immediate assessment is critical in prevention further injury and for post-concussion management. Research has demonstrated that recovery for the school-

age student generally occurs within three weeks from injury. During the recovery phase, the student may have an array of physical, mental, and emotional symptoms, which can affect the student in the school setting. Children diagnosed with concussions require

cognitive rest and a graduated re-entry plan to pre-concussion activities. (NASN Position Statement., [Concussions-The Role of the School Nurse](#))

Cuts/Scratches/Scrapes

Wear disposable gloves for potential exposure to blood or other body fluids.

If the wound is:

- Large?
- Deep?
- Bleeding freely?
- See “*Bleeding*” section.

If not, use wet gauze to wash the wound gently with clean water and soap.

- Rinse under running water.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering/non-sticking type for scrapes) and bandage.
- Establish student’s tetanus immunization status. If 5 years or more since last vaccination recommend booster dose to parent/legal guardian
- Contact responsible school authority & parent/legal guardian.

Diabetes

- A student with diabetes should be known to all school staff. A history should be obtained and a health plan developed at time of enrollment. See *Diabetes* in “Students with Special Needs” section.
- If the student with diabetes is feeling bad they SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.

Assess the student with diabetes for the following symptoms:

- Irritability/feeling upset,
- Seizure
- Cramping
- Change in personality
- Confusion
- Listlessness
- Sweating/feeling shaky
- Dizziness
- Loss of consciousness
- Paleness
- Rapid, deep breathing
- Rapid pulse

If the student is:

- Unconscious or
- Having a seizure (See “*Seizure*”) or
- Unable to speak

- CALL EMERGENCY MEDICAL SERVICES.

If the student is not having the above signs:

- If available, follow student's health or emergency plan.
- If blood sugar monitor is available,
- If the blood sugar is less than 60 or "LOW" according to individual care plan:
- Give student SUGAR such as:
- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers or 1/2 candy bar)
- Sugar (2 packets or 2 teaspoons)
- Cake decorating gel (1/2 tube) or icing
- Instant glucose, such as glucagon.
- The student should begin to improve in 10 minutes.
- Continue to observe student in quiet place.
- If the blood sugar is "HIGH" according to individual care plan:
- CALL EMERGENCY MEDICAL SERVICES.

If no blood sugar monitor is available:

- Give student SUGAR such as:
- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers or 1/2 candy bar)
- Sugar (2 packets or 2 teaspoons)
- Cake decorating gel (1/2 tube) or icing
- Instant glucose.
- The student should begin to improve in 10 minutes.
- Continue to observe student in quiet place.
- Contact responsible school authority & parent/legal guardian.

Diarrhea

- Wear disposable gloves for potential exposure to blood or other body fluids. Consider use of disposable gowns also, especially if norovirus is a possible cause. Use good hand-washing technique.
- A student may present because of repeated diarrhea or after an "accident" resulting in soiled clothing.
- Contact responsible school authority & parent/legal guardian and URGE MEDICAL CARE if:
- Student has repeated diarrhea (3 or more times).
- Blood is present in stool.
- Student is dizzy and pale.
- Student has severe stomach pain.

- If the student's clothing is soiled, wear disposable gloves while assisting with clothing change and double-bag soiled clothing if it is to be sent home with the student.

Ears

An earache may be caused by an infection of the middle ear. A student may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

Drainage from Ear

- Do NOT try to clean out drainage from ear canal.
- Contact responsible school authority & parent/ legal guardian.
- URGE MEDICAL CARE.

Earache

- A warm water bottle or heating pad (NOT HOT) against the ear can give comfort to the student with an earache.
- Contact responsible school authority & parent/ legal guardian.
- URGE MEDICAL CARE.

Object In Ear Canal

- DO NOT ATTEMPT TO REMOVE ANY OBJECT IN THE EAR CANAL.
- Contact responsible school authority & parent/ legal guardian.
- URGE MEDICAL CARE.

Electric Shock

For unresponsive victim, if no one else is available to call EMS, perform CPR first for one minute and then call EMS.

If individual is receiving an electrical shock:

TURN OFF POWER SOURCE, IF POSSIBLE.

DO NOT TOUCH PERSON UNTIL POWER SOURCE IS SHUT OFF.

Once power is off and situation is safe, approach individual and ask, "Are you okay?"

If student is unconscious or unresponsive:

- CALL EMS.
- Check breathing. Look, listen & feel for breath. If individual is not breathing, give rescue breath.
- Check pulse by placing fingers on side of individual's neck.
- If individual has no pulse, start chest compressions.
- Contact responsible school authority & parent/ legal guardian.
- Activate 911 and transport.

If student is conscious and responsive:

- Treat any burns. See "Burns."

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

Eyes

With any eye problem if student wears contact lenses, have him/her remove contacts before giving any first-aid to eye.

Eye Injury

Keep student lying flat and quiet with any eye injury.

Is injury severe?

Is there a change in vision?

Has object penetrated eye?

- If object has penetrated the eye, DO NOT REMOVE OBJECT. (DO NOT FLUSH)
- Cover injured eye with a paper cup or similar object to keep student from rubbing it.
- DO NOT TOUCH INJURED EYE OR PUT ANY PRESSURE ON IT.

(Uninjured eye may also be covered.)

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

If injury is not severe or penetrating:

- Contact responsible school authority & parent/ legal guardian.
- ARRANGE FOR IMMEDIATE MEDICAL CARE

Particle in Eye

- Keep student from rubbing eye if particle in the eye is suspected
- Have student lie down and tip head toward affected side.
- Gently pour tap water over the open eye to flush out the particle.
- If particle does not flush out of eye or if eye pain continues, contact responsible school authority and parent/ legal guardian.

Chemical in Eye

- Wear gloves and, if available, goggles.
- Immediately flush the eye with large amounts of clean water for 20-30 minutes.
- Let the water run over the eye with head tipped so water washes eye from nose out to side of face.
- CONTACT POISON CONTROL CENTER @ 1-800-222-1222 while eye is being flushed. Follow their instructions.
- If eye has been burned by chemicals, CALL EMERGENCY MEDICAL SERVICES.
- Contact responsible school authority and parent/legal guardian.

Fainting

Fainting may have many causes including but not limited to:

injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, illness, heat exhaustion, fatigue, stress, not eating, standing “at attention” for too long, etc. If the cause of the fainting is known, see the appropriate guideline.

- Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see “*Unconsciousness.*”
- Is fainting due to injury or did the student injure self when he/she fainted?
- Treat as possible head or neck injury. See “*Neck & Back Injuries.*”
- DO NOT MOVE STUDENT.
- CALL EMERGENCY MEDICAL SERVICES.
- Contact responsible school authority and parent/legal guardian.

If no injury is involved:

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts.
- Keep airway clear.
- Monitor breathing. Look, listen and feel for breath.
- Keep student warm but not hot.
- Control any bleeding. (Always wear gloves.)
- Give nothing by mouth.
- When student feels better and there is no danger of neck injury, she/he may be moved to a quiet, private area.
- Contact responsible school authority and parent/legal guardian.

Fever

A fever is a symptom and not an illness in itself. The body’s average temperature can vary during the day, between 97.6°F to 99.5°F. Mild elevations between 100.4°F to 101.2° F can be the result of exercise, excess clothing, a hot environment and/or infection. Oral temperatures can be elevated by hot food or drink.

- With suspected fever take student's temperature, if possible. Assess temperature over 100.5 ° F as fever.
- Have student lie down in a room which affords privacy. Loosen clothing, apply damp cloth/cold pack, use fan to cool student.
- Note other signs/symptoms, such as: drowsiness, headache, nausea/vomiting, respiratory symptoms, stiff neck, rash, irritability, ear pain, pain with urination, and pallor (pale skin color).
- If it is suspected that the temperature elevation is due to exercise, excess clothing, hot environment, or warm food give fluids and take the temperature again in half an hour after removing the suspected cause. See "*Heat Stroke.*"
- Give no medication unless authorized by parent/legal guardian consent.
- Contact responsible school authority and parent/legal guardian.

Fractures/Dislocations/Sprains/Strains

Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open fractures the bone may be visible and may protrude through the skin. Signs and symptoms may include an audible snap at the time of injury, a grating sensation, a crooked bone, pain, tenderness, swelling and bruising, and an inability to move the injured part.

Dislocations

Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the ligaments that hold them in place. Signs/symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

Sprains or Strains

Sprains occur when ligaments and tendons around a joint are stretched or partially torn. Sprains are usually caused by a twisting injury. Signs/symptoms include tenderness to touch, swelling and discoloration.

- Treat all injured parts as if there might be a fracture.
- Injury symptoms might include:
 - Pain in one area
 - Swelling
 - Heat sensation in injured area
 - Discoloration
 - Limited movement
 - Bent or deformed bone.

Do not allow student to put weight on or try to use the injured part.

- Support and elevate injured part gently, if possible.
- Apply ice to minimize swelling.

Call EMS if

- Bone is deformed or bent in an unusual way.
- Skin is broken over possible fracture.
- Bone is sticking through skin.
- Gently cover broken skin with a clean bandage.
- Don't move the injured part.
- Contact responsible school authority and parent/legal guardian.
- URGE MEDICAL CARE.

Frostbite

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention. The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

- Frostbitten skin may:
 - Look discolored (flushed, grayish-yellow, pale, white).
 - Feel cold to the touch.
 - Feel numb to the child.
- Deeply frostbitten skin may:
 - Look white or waxy.
 - Feel firm/hard (frozen).
- Exposure to cold even for short periods of time may cause hypothermia in children. (See "Hypothermia".)
- Take individual suspected of frostbite to a warm place.
- Remove cold or wet clothing and provide warm, dry clothes.
- Protect cold part from further injury.
- Do NOT rub or massage the cold part.
- Do not apply heat such as a water bottle or hot running water.
- Cover part loosely with non-stick, sterile dressings or dry blanket.
- Support and elevate injured part gently, if possible
- Keep individual and affected area warm.
- If affected area:
 - Looks discolored – grayish, white or waxy,
 - Feels firm-hard (frozen),
 - Has a loss of sensation?
- CALL EMERGENCY MEDICAL SERVICES.
- Contact responsible school authority and parent/legal guardian.
- URGE MEDICAL CARE.

Headache

- Headaches should be evaluated as the possible result of trauma, especially in children and adolescents.
- If a head injury has occurred, see *“Head Injury.”*

If the headache is severe:

- Are there other symptoms such as vomiting, fever, blurred vision dizziness present?
- Is there confusion, behavioral changes, disorientation?

CALL EMERGENCY MEDICAL SERVICES.

Notify responsible school authority and contact parent/legal guardian.

- If headache is not severe:
- Have individual lie down for a short time in a private place.
- Apply a cold cloth or compress to the individual’s head.
- Assess individual’s last intake of food.
- Give no medication unless authorized by parental/legal guardian.
- Contact parent/legal guardian if headache persists or is recurrent.

Head Injuries

Head wounds may bleed easily and form large bumps. Head injuries from falls, sports and violence may be serious. With a head injury, always suspect neck injury as well. Do ***NOT*** move or twist the spine or neck. See *“Neck/Back Injuries.”*

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

If student is vomiting:

- Keeping head and neck in a straight line with the trunk, turn the head and body together to one side.
- CALL EMERGENCY MEDICAL SERVICES
- Monitor breathing. Look, listen and feel for breath. If student stops breathing, give rescue breaths.
- Give nothing by mouth.
- Contact responsible school authority & parent/ legal guardian.

If student is not vomiting, assess for other symptoms and call emergency services if present

- Unconscious
- Seizure
- Neck Pain
- Student unable to respond to simple commands
- Blood or watery fluid in the ears
- Student unable to move or feel arms or legs
- Blood flowing freely from the head
- Student sleepy or confused.
- Even if student is only briefly confused and seems fully recovered, contact responsible school authority & parent/legal guardian. *URGE MEDICAL CARE.* Observe for delayed symptoms.

Heat Stress

- Heat stroke may occur as result of untreated heat exhaustion. During strenuous physical activity, the heat regulation mechanism of the brain may stop functioning. The person stops sweating and the skin becomes very red and hot.
- This is an immediate and life-threatening emergency.
- Strenuous activity in heat may cause heat-related illness. Symptoms may include the following.
 - Red, hot, dry skin
 - Profuse sweating
 - Weakness and fatigue
 - Headache
 - Cool, clammy hands
 - Nausea
 - Loss of consciousness
 - Cramping
 - Normal or below normal temperature.
 - Move student from heat to a cooler place, remove outer clothing. Have student lie down, use cool cloths to head/neck/groin, elevate legs, fan to cool student.

If student has loss of consciousness or hot, dry, red skin:

- cool rapidly by completely wetting clothing with room temperature water.
- DO NOT USE ICE WATER.
- CALL EMERGENCY MEDICAL SERVICES.
- Contact responsible school authority & parent/legal guardian.

If still conscious and skin is not hot, dry and red:

- Give clear fluids such as water frequently in small amounts.
- Contact responsible school authority & parent/ legal guardian.

Hypothermia

- (Exposure to Cold)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated. Hypothermia can occur after an individual has been in cold air or cold water. Symptoms may include the following.

- Confusion
- Weakness
- Blurry vision
- Slurred Speech
- Shivering
- White or grayish skin color
- Sleeplessness
- Impaired judgment.
- Take individual to a warm place.
- Remove cold/wet clothing and wrap in a warm, dry blanket.

If individual has any of the following:

- Loss of consciousness
- Slowed breathing
- Confused or slurred speech
- White, grayish/blue skin (see Frostbite)

CALL EMS and

- Give nothing by mouth.
- Continue to warm individual with blankets.
- If individual is sleepy or losing consciousness, place him/her on side to protect airway.
- Look, listen and feel for breathing. If no indication of breathing start CPR.
- Contact responsible school authority & parent/legal guardian.

If none of the above signs are present:

- Continue to warm individual with blankets.
- If he/she is awake and alert, offer warm (NOT HOT) fluids but NO food.
- URGE MEDICAL CARE.

Menstrual Difficulties

Mild cramps, recommend regular activities.

Severe cramps, A short period of quiet rest with a warm (NOT HOT) pad over the lower abdomen will help provide relief. See “*Stomach Aches/Pain.*”

- Give no medications unless previously authorized by parent/legal guardian.
- URGE MEDICAL CARE if patient has fever (above 101.0°), disabling cramps, or heavy bleeding occurs. Contact responsible school authority & parent/ legal guardian.

Mouth or Jaw Injuries

See “*Head Injuries*” if a head injury other than mouth or jaw is suspected
Assess mouth/jaw injury for breathing difficulty.

If airway is not clear:

- Start CPR.
- CALL EMS.
- Contact responsible school authority & parent/
- legal guardian.
- If teeth have been injured, see “*Teeth.*”

Jaw is injured,

- DO NOT TRY TO MOVE JAW.
- Gently support jaw with hand.
- Contact responsible school authority & parent/ legal guardian.
- URGE IMMEDIATE MEDICAL CARE.
- 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, contact responsible school authority & parent/ legal guardian.
URGE MEDICAL OR DENTAL CARE.

Neck/Back Injuries

A stiff or sore neck from sleeping in a “*funny*” position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable, but they are not emergencies. If student is so uncomfortable that he/she is unable to participate in normal school activities, contact responsible school authority & parent/legal guardian.

If student walked in:

- Have student lie down on his/her back.
- Support head by holding it in a “face forward” position.
- TRY NOT TO MOVE NECK OR HEAD.

If student was found lying down:

- Do not move student.
- Keep student quiet and warm.
- Place rolled up towels/clothing on both sides of head so it will not move.
- CALL EMERGENCY MEDICAL SERVICES.
- Contact responsible school authority & parent/legal guardian.

Nose

Nosebleed

A nosebleed may be caused by colds, allergies, chronic illness, injuries to the nose, medications, high altitudes, blowing the nose, foreign bodies in the nose, and low humidity. Nosebleeds are rarely serious and usually can be controlled.

- When individual presents with nosebleed wear gloves for protection from exposure to blood or other body fluids.
- Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.
- Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing. If blood is free flowing, provide constant uninterrupted pressure by pressing nostrils firmly together for about 10 minutes. If bleeding continues, repeat pressure an additional 10 minutes, applying ice to nose
- If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.

Object in Nose

- When a student of staff presents with object lodged in nasal passage:
- Attempt to remove object without use of force.
- If unable to easily remove object, contact responsible school 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 poisoning is suspected from the following.

- Medicines
- Insect Bites & Stings
- Snake Bites
- Plants
- Chemicals/Cleaners
- Drugs/Alcohol
- Food Poisoning
- Unknown Substance

Be aware of your own safety when responding to potential poisoning.

Warning signs of possible poisoning include the following.

- 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
- Unconsciousness
- Unusual behavior.

In assessing potential poisonings obtain the following information.

- Age and weight of student
- Type of poison in question
- When poisoning occurred
- Amount of poison ingested

CALL POISON CONTROL CENTER @ 1-800-222-1222 & ask for instructions.

- Do NOT induce vomiting UNLESS instructed to do so by Poison Control.

CALL EMERGENCY MEDICAL SERVICES:

If student is:

- Unconscious,
- In shock,
- Requires CPR,
- If directed to do so by the Poison Control Center.

Contact responsible school authority & parent/legal guardian.

- Send sample of any vomited material or ingested material with its container (if available) with EMS crew.

Pregnancy

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.

- Morning Sickness:
 - Treat as vomiting. See "Vomiting."
 - If severe, contact responsible school authority & parent/legal guardian.
- Severe Cramps (Labor):
 - Short, mild cramps in a near term student may be normal.
 - If NOT near term or if due date unknown, contact responsible school authority & parent/legal guardian.
- Vaginal Bleeding
 - This should be considered abnormal and requires further evaluation.

- Seizure: See “Seizure” and contact responsible school authority & parent/legal guardian.
- Amniotic Fluid Leakage:
- This is *NOT* normal and may indicate the beginning of labor.
- Contact responsible school authority & parent/legal guardian.

Puncture Wounds

A puncture wound is caused when a pointed object such as splinters, a nail, pencil, piece of glass, or knife pierces the skin. Puncture wounds do not bleed a lot, so there is greater concern for the risk of infection associated with them.

Wear gloves for potential exposure to blood or other body fluids.

If eye has been wounded, see “Eyes.”

- DO NOT TOUCH EYE.

If object is still in wound?

- DO NOT PROBE OR SQUEEZE WOUND.
- DO NOT REMOVE OBJECT.
- Wrap bulky dressing around wound to protect it.
- Offer calming support as needed.

Wash wound gently with soap and water.

Make sure nothing was left in the wound.

Cover with a clean bandage.

- If wound is deep or bleeding freely, treat as bleeding. See “Bleeding.”
- Establish student’s tetanus immunization status.

CALL EMS if:

- If object is large,
- Wound is deep,
- Wound is bleeding freely or squirting blood.
- Contact responsible school authority & parent/legal guardian.

Rashes

Rashes have multiple causes, including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations. Some rashes may be contagious (*pass from one person to another*). Wear gloves for self-protection when in contact with any rash.

Rashes include the following.

- Hives
- Red spots (large or small)
- Purple spots
- Small blisters.
- CALL EMERGENCY MEDICAL SERVICES if the student has any of the following:
- Loss of consciousness
- Difficulty breathing or swallowing
- Purple spots.
- Contact responsible school authority & parent/legal guardian.

If following symptoms are present, see “*Allergic Reaction.*”

- Headache
- Fever (See “*Fever*”)
- Diarrhea
- Sore throat
- Vomiting
- Bright red rash sore to touch
- Rash (hives) all over body
- Discomfort (e.g. itchy, sore, feels ill) preventing participation in school activities.
- Contact responsible school authority & parent/legal guardian.

Seizures

Seizures (or convulsions) have multiple causes including epilepsy, fever, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure, the individual becomes unconscious and may fall. The eyes may roll back or they may stare. The body becomes stiff and arms and/or legs jerk. The individual may lose bladder control. *(Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity may jerk. These are usually not medical emergencies.)*

Any student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration, and after-effects of previous seizures should be kept available at all times. If available, refer to student’s health or emergency care plan.

If student 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 TEETH** or give anything by mouth.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician that includes the following:

- Duration of seizure
- Kind of movement or behavior

- Body parts involved
- Loss of consciousness

Is student having a seizure:

- Lasting longer than 5 minutes?
 - One after another with short intervals?
 - With *no known history* of seizures?
 - CALL EMS
 - Contact responsible school authority & parent/legal guardian.
-
- After seizure keep airway clear by placing student on his/her side.
 - Do not elevate head.
 - Seizures are often followed by sleep.
 - Student may also be confused for up to an hour or more.
 - After sleeping, student should be encouraged to participate in normal class activities.
 - Contact responsible school authority & parent/legal guardian.

Splinters

- Wear gloves for potential exposure to blood or other body fluids.
- Gently wash area with clean water and soap.

If splinter is:

- Protruding above the surface of the skin?
- Small?
- Shallow?
- Remove with tweezers.
- DO NOT PROBE UNDER SKIN.
- Rewash and apply clean dressing.

If splinter is not protruding above the skin:

- Leave in place.
- DO NOT PROBE UNDER SKIN.
- Contact responsible school authority & parent/legal guardian.
- *URGE MEDICAL CARE*
- Establish student's tetanus immunization status.

Shock

Shock occurs when vital tissues of the body do not receive enough blood; it can occur because of severe injuries resulting in blood loss, burns, or fractures. When shock occurs, the blood pressure drops below what is needed to get blood to the brain and other organs. Shock can also occur from minor injuries in which case the body is so stunned by the injury that it goes into shock. This condition can also occur when someone experiences an emotional trauma which develops into emotional shock. It is

important to know that fainting is very similar to shock; however, one recovers from fainting quickly.

Wear gloves for potential exposure to blood or other body fluids.

Symptoms of shock can include any of the following.

- Cold and clammy skin
- Pale skin color
- Nausea
- Dizziness
- Weakness
- Sweating
- Fast, but weak, pulse
- Fast breathing

If any of the above symptoms are these associated with obvious injury, bleeding or trauma:

- CALL EMERGENCY MEDICALSERVICES.
- Contact responsible school authority & parental/legal guardian.
- If no association with obvious injury, bleeding or trauma:
- Refer to student's health care plan to determine if the student has severe, life-threatening allergies.
- Have student lie down and raise legs 8-10 inches above level of heart. However, if injury to neck, spine or leg/hip bones is suspected student should remain lying flat.
- Determine if other injuries have occurred and treat accordingly.
- Cover student with sheet or blanket.
- Do not give anything to eat or drink.
- Remain with student and provide reassurance.
- Contact responsible school authority & parent/legal guardian.
- Urge medical care.

Stings

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be available.

Does student have the following?

- Difficulty breathing
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue
- A history of allergy to stings.

If available, follow student's emergency care plan.

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parental/legal guardian.

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

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

Stomach Aches/Pain

- Stomach aches can have many causes including the following:
- Injury
- Menstrual cramps
- Appendicitis
- Pregnancy (tubal)
- Bladder Infection
- Illness
- Overeating
- Diarrhea
- Food Poisoning
- Hunger
- Constipation
- Gas Pain
- Assist student to lie down in a room that affords privacy.

If an injury occurred:

- Assess student for severe pain, signs of shock, unconsciousness.
- CALL EMERGENCY MEDICAL SERVICES.
- Contact responsible school authority & parent/legal guardian.

If there is no injury:

- Take the student's temperature. Assess temperature of 100.5 F or higher as fever. See *"Fever."*

Does student have fever with severe stomach pains?

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

If stomach ache persists or becomes worse, contact responsible school authority & parent/legal guardian.

See: *"Pregnancy," "Vomiting," "Fever," "Menstrual Difficulties," "Shock."*

When student feels better, allow him/her to return to class.

Teeth

Bleeding Gums

- Generally related to chronic infection.
- This condition can be a direct threat to the student's general health, not just local tooth problems.
- No first aid in the school will be of significant value.
- *URGE PARENT/LEGAL GUARDIAN TO OBTAIN DENTAL CARE.*
- TOOTHACHE
- This condition can be a direct threat to the student's general health, not just local tooth problems.
- No first aid measure in the school will be of any significant value. Relief of pain at school often postpones dental care.
- *DO NOT PLACE ASPIRIN ON GUM TISSUE OF ACHING TOOTH. ASPIRIN CAN BURN TISSUE!*
- Contact responsible school authority and parent/legal guardian. *URGE DENTAL CARE.*
- BROKEN OR DISPLACED TOOTH

If tooth is broken

- Save tooth or tooth fragments in a cup of warm water.
- Apply cold compress to face to minimize swelling.
- Contact responsible school authority and parent/legal guardian to
- SEEK DENTAL CARE IMMEDIATELY. TIME IS CRITICAL!

If tooth is displaced:

- *Do NOT try to move tooth into correct position.*
- Contact responsible school authority & parent/legal guardian.
- OBTAIN EMERGENCY DENTAL CARE.

Knocked-out Tooth

- Find tooth.
- Do *NOT* handle tooth by the root.
- If tooth is dirty, clean gently by rinsing with water.
- *DO NOT SCRUB THE KNOCKED-OUT TOOTH.*
- If permanent tooth place gently back in socket and have student hold it in place
Or place in glass of milk.
- TAKE STUDENT AND TOOTH TO DENTIST IMMEDIATELY. TIME IS CRITICAL!
- Contact school authority & parent/legal guardian.

ALL TOOTH TRAUMA SHOULD BE EVALUATED BY A DENTIST WITHIN 60 MINUTES!

- For tongue, cheek, lip, jaw, or other mouth injury not involving the teeth, See *“Mouth/Jaw Injuries.”*

Unconsciousness

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

Unconsciousness may have many causes including:

- injuries,
- blood loss,
- poisoning,
- severe allergic reaction,
- diabetic reaction,
- heat exhaustion,
- illness,
- fatigue,
- stress,
- not eating.

If cause of unconsciousness is known, see the appropriate guideline.

Did student regain consciousness immediately?

- See *“Fainting.”*

Is unconsciousness due to injury?

- Treat as possible neck or head injury.
- See *“Neck/Back Injuries”* and *“Head Injuries.”*
- DO NOT MOVE STUDENT.

If no injury is suspected:

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts

For all causes of unconsciousness:

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

If student is not breathing begin rescue breathing.

CALL EMS

Contact responsible school authority & parent/legal guardian.

Vomiting

If a number of students or staff become ill with the same symptoms suspect food poisoning.

- CALL POISON CONTROL CENTER @ 1-800-222-1222 and ask for instructions.
- See “Poisoning.”
- Notify Public Health officials.

Vomiting can have many causes including the following.

- Illness
- Heat exhaustion
- Over exertion
- Injury
- Food poisoning
- Pregnancy

If cause of vomiting is known, see the appropriate guideline.

Wear gloves for potential exposure to blood and other body fluids.

Care of student:

- Assist student to lie down on his/her side in a room which affords privacy.
- Apply cool, damp cloth to student’s face or forehead.
- Have an emesis container available.
- Give no food or medications.
- Give small sips of clear fluids containing sugar (such as 7-Up or Gatorade) if the student is thirsty.

Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

Student Emergency Medical Authorization Form

- It is highly recommended that all information on the form be included on any emergency medical form used by a school district
- The transportation of ill students is a liability concern of school district administrators. Without parental direction on treatment options school personnel become uncertain about how to address potential emergency health care needs. The purpose of the emergency medical authorization form is to establish prior parental authorization for the transport and treatment of a student in a medical emergency when the parent(s)/guardian(s) cannot be reached.
- Any emergency medical authorization forms must be renewed annually.
- Each student who comes on campus for any school activity as well as students who take part in school-sponsored activities off campus should have an emergency medical authorization form on file with the school of his/her grade level. Emergency authorization form requirements for home-schooled students and technology-based students engaged in distance learning curriculums should be the same as for

campus-based students. Ideally forms include authorization for school nurse to contact student's providers regarding student's health care. The form also needs to give permission for screenings to be done.

Form Criteria

- **Statement of Purpose:** This statement enables parents/guardians to authorize emergency treatment for their children while under school authority when a parent/guardian cannot be reached.
- **Statement of Use:** This statement makes a copy of the original form acceptable when identifying medical options listed by the parent/guardian for student emergency treatment.
- **Demographic Information:**
- **Student Insurance Information:**
- **Grant Consent Information:** This section must contain the following information.
- Statement authorizing transportation of the referenced child to a medical facility.
- Statement authorizing a specified doctor, dentist, nurse practitioner/physician assistant and/or hospital to give any reasonable and customary medical/health care deemed necessary for the referenced child.
- Statement releasing liability of any school official or employee who, in good faith, attempts to comply with this request.
- Parent/guardian signature and date.
- Statement that parent/guardian is financially responsible for all emergency care administered to the referenced child.
- **Student Medical History:** This section of the form must contain a minimum of all items listed on the PED-approved form. Even though a separate immunization record may

be kept on the student, it along with the medical history should accompany the student on any medical emergency transportation.

References and Resources

[Emergency Algorithms](#)

[Emergency Medical Authorization Forms](#)

[Emergency Medical Authorization Forms- Spanish](#)

NASN Position Statement., [Concussions-The Role of the School Nurse](#)) posted 03-13-2017

New Mexico Administrative Code. [NMAC 7.27.8](#) Emergency Medical Services, Cardiac Arrest Targeted Response Program.

Virtual School Nurse and Emergency Medical Services Learning Project (VSNEMS), UNM Health Services Center, Division of Pediatric Emergency Medicine. Interactive online instruction.

<https://emed.unm.edu/pem/programs/pediatric-emergencies-course/index.html> and <https://emed.unm.edu/pem/programs/school-nurse-program/index.html>

New Mexico Administrative Code 7.27.2 Scope of practice for EMS personnel in New Mexico, [NMAC 7.27.2](#)

National Association of School Nurse Position statement on school nurse role in emergency preparedness <http://www.nasn.org/Default.aspx?tabid=194>

National Association of School Nurse Position statement on school nurse role in preparing for school emergencies <http://www.nasn.org/Default.aspx?tabid=238>.

National Center for Early Defibrillation, <http://www.safeathletes.org/earlydefibrillation.html>