

PROCEDURES FOR POLICY ON STUDENT HEALTH

CARE OF INJURED PUPILS

1. The school physician will yearly review and update, where appropriate, the first aid policy.
2. The school nurse will post the first aid policy in each school at points conveniently accessible to the personnel (e.g. main offices, nurse's office, cafeteria, gymnasium, school bus, shops, and similar work areas).
3. An updated Emergency Verification form will be kept on each student. Information will include:
 - a. Home and business addresses and telephone numbers of each parent/guardian and two other adults who would assume temporary responsibility in emergency situations.
 - b. Name and telephone number of family physician or health care provider.
 - c. Medical information such as chronic disease conditions and allergies.
 - d. Health insurance carrier.
4. In the event of a serious injury, a parent/guardian will be notified at once. In cases of ***extreme emergency***, when the parent/guardian cannot be notified, the student will be transported to the nearest hospital via ***Rescue Squad***.

Call Rescue Squad (911) immediately for:

- a) Loss of consciousness
 - b) Profuse bleeding
 - c) Possible fractures
 - d) Inability to breathe, difficulty in breathing
 - e) Severe head, neck or back injuries
 - f) Suspicion of internal injuries
 - g) Anaphylaxis
 - h) Conditions (other than mentioned above) which in the opinion of the school nurse need immediate medical attention.
5. An accident report (J-25) must be filled out by the person(s) observing the accident or by the teacher in charge at the time of the accident. Essential information should include: name of student, age, address, date, time of day, place, description of accident and injury, type of first aid administered, means of transportation.
 6. If a child has been injured at home, this does not constitute an emergency for the school. ***Diagnosis*** or ***treatment*** beyond the first aid procedure is not the responsibility of the school. No bandages are to be changed by school personnel. Parents should be notified of all home injury complaints. Students who report to school with crutches or casts should report to the school nurse with a medical clearance from their physician.

FIRST AID

Wash hands before administering first aid.

ABRASIONS, BRUISES, CUTS

Wash with soap and warm water or saline. Apply adhesive strip or sterile bandage if wound is open.

First Aid ointment or triple antibiotic ointment may be applied.

BED BUGS

If you find a bed bug on a student, this may be an indication that the student has bed bugs in his/her home. **DON'T PANIC.** Remember, people do not become infested with bed bugs, bed bugs feed on people.

- a. It is important to treat each child with discretion, dignity, and respect when dealing with this issue. After removing the student discreetly from the classroom, any bugs noticed should be removed and collected for identification and the specimen kept intact as possible.
- b. If a confirmed bed bug was found on the student, the school administrator or certified school nurse should contact the student's parents or guardians to inform them of the bed bug presence on their child. The student will be sent home and educational materials should be provided to the family.
- c. Contact the custodial staff to identify affected areas and to determine further actions.
- d. The school principal or certified school nurse may consider notifying the parents of the affected class or classes.
- e. Mass classroom screenings are not recommended.

BLEEDING (External)

NOTE: Applying pressure directly with sterile gauze over the wound can often best control bleeding. See below "Body Fluids"

After bleeding has been controlled, apply several layers of cloth and bandage snugly. Do not remove dressing. If re-enforcement is needed, apply over existing dressing and tighten bandage. Notify school nurse or parent/guardian.

BODY FLUIDS

Do not touch or allow anyone besides the injured student to touch their body fluids. Use gloves and standard precautions when coming in contact with body fluids. Contact the custodial department for appropriate clean up.

BURNS

First degree:	skin red, painful, no blisters
Second degree:	skin red, painful, blistered
Third degree:	skin charred, usually painless

1. Apply cold compress.
2. If wound is open, apply loosely sterile bandage.
3. Notify school nurse or parent/guardian.

CHAPPED LIPS

Vaseline ointment may be applied.

DIARRHEA

Notify parent/guardian. Send home.

DOGS AND OTHER ANIMAL BITES

1. Wash the wound thoroughly with warm water and soap.
2. If wound is open, apply dry, sterile dressing.
3. Notify parent/guardian and recommend consulting the family physician or health clinic.
4. It is a state law that all animal bites are reported to the local Board of Health.
5. No animals are to be brought into the school building without permission of the building administrator.

EYE INURIES

Liquid/Powder Burns:

Flush eye with copious amounts of plain tap water. Notify school nurse and parent/guardian.

Foreign Objects:

Do not attempt to remove. Notify school nurse and parent/guardian.

FAINING

1. Place the head on the same level with or lower than the chest. If dizziness occurs while sitting in a chair, lower the head between the knees. A child who has fainted and is lying on the floor should remain there until recovery.
2. Notify school nurse and parent/guardian.
3. If recovery does not occur within a short time, call *Rescue Squad*.

FEVER

Although variations can occur, an elevation of the body's temperature to 100 degrees Fahrenheit (37.7 degrees Celsius) or above is generally considered a fever and a possible sign of illness. It is important to note that in most 2-5 day childhood illness, a fever is the lowest in the morning, rises in the afternoon and is highest in the evening and at night. As a child begins to recover, the morning temperature will be normal, with fever still present later in the day. Student should be excluded from school anytime during the day under the following conditions:

1. Oral temperature of 100 degrees Fahrenheit or above.
2. Axillary temperature of 99 degrees Fahrenheit or above.

It is recommended that student be fever-free (less than 100 degrees Fahrenheit without the use of anti-pyretic medication) for 24 hours before returning to school.

A fever of 105 degrees Fahrenheit or greater is considered a medical emergency. If a parent is not readily available, call 911.

FOREIGN BODIES IN EAR AND NOSE

Do not attempt to remove. Notify parent/guardian and advise to consult family physician or health clinic.

FRACTURES AND DISLOCATIONS

1. Apply cold compress to the affected area.
2. Keep affected area immobile.
3. Notify school nurse and parent/guardian.
4. *Call Rescue Squad.*

HEADACHES

Have the student rest in health office for 15-20 minutes. If headache persists, notify parent/guardian and send home.

HEAD INJURIES

Mild:	Apply cold compress. Rest in health office. Observe for 30 minutes. Notify parent/guardian.
Moderate or Severe:	(Any period of altered mental status no matter how brief). <i>If unconscious, do not move. Call Rescue Squad immediately and notify parent/guardian.</i>

HEAD LICE

1. Any student found with live lice shall be temporarily excluded from school. Mass classroom inspections are not required. Immediate treatment at home is advised. The student will be readmitted to school after treatment and examination by the school nurse or physician clearance. If upon examination, the school nurse finds no live lice on the student, and there are nits (farther than 1\4 inch from the scalp), the student should be allowed in school. Parents should be encouraged to remove nits daily and treat as if live lice are observed.
2. If the parents are unable to pick up the student immediate removal of the child from class is unnecessary. The student should be restricted from activities involving close contact (i.e. hugging) or sharing personal items (i.e., hats, clothing, and brushes) with other children.

HUMAN BITES

Wash wound thoroughly with soap and warm water. Apply loose dressing, as necessary. Notify parent/guardian and advise to consult family physician or health clinic.

INSECT BITES

Apply calamine lotion and cover bite with an ice pack. Notify parent/guardian.

Bee/Wasp bite: Remove stinger with your hand or a piece of cardboard. Using tweezers or pinching will cause venom to be ejected. Apply ice or ice water. Notify parent/guardian.

*Be mindful of systemic allergic reaction from bee/wasp stings and the possible use epinephrine if needed.

NAUSEA AND VOMITING

One episode of vomiting does not mean the child must see a doctor or go home. Vomiting may be attributed to many factors such as food allergies, too much exercise, emotional anxiety, etc. Assess the child's temperature after the first episode of vomiting. If fever is present, notify the parent/guardian to pick up the child (see protocol for fever). If no fever is noted, allow the student to rest quietly for 20 minutes and if there are no further symptoms, send the student back to class and exempt from strenuous activity.

If after a 10-20 minute rest, the student shows continues or increased discomfort, call the parent/guardian to pick up the student. *See "Body Fluids"*.

NOSEBLEEDS

Have child sit with head upright. Have child apply pressure with thumb and forefinger to each side of nose simultaneously. Have child breath through the open mouth. Observe for 15-10 minutes. *See "Body Fluids"*.

MENSES

Allow student to rest 15 to 20 min. If discomfort persists, call parent/guardian.

PENCIL POINT INJURIES

Wash with warm water and soap, and then apply adhesive strips or sterile bandage. Notify parent/guardian if wound is deep.

SEIZURE (Grand mal, complex, partial or absence)

A seizure is an atypical, sudden burst of electrical energy that can alter consciousness, motor activity, sensory phenomena, or appropriate behavior. A seizure disorder is a condition of chronic, unprovoked recurring seizures.

Signs and symptoms of seizure activity

- May vary depending on type and location in brain of seizure activity
- May involve movement of specific parts of the body or the entire body
- May involve hallucinations, or dream-like state
- May exhibit signs of fear or anxiety
- Sudden, brief contractions of a muscle or muscle group
- Loss of consciousness, followed by rhythmic contractions of entire body (grand mal seizure)

Immediate First Aid

1. Note the time of day
2. Protect the student from injury to self or others
3. DO NOT put anything in the mouth or try to restrain the person
4. Call 911 as indicated on the IHP or if the seizure last greater than 5 minutes
5. Contact parent/guardian to notify them of the seizure. It may not always be necessary for student with known seizures to be sent home.

SUSPICIOUS RASHES

Notify parent/guardian and advise to consult family physician or health clinic. Send home.

SPLINTERS

Do not attempt to remove, unless very superficial. Wash with warm water and soap, then apply band-aids or sterile bandage. Notify parent/guardian if wound is deep.

STOMACHACHE

Rest in health office for 15-20 minutes. If stomachache persists, notify parent/guardian and send home.

STRAINS AND SPRAINS

Apply cold compress. Notify parent/guardian and advise to consult family physician or health clinic.

TOOTHACHE

Notify parent/guardian. Send home.