

REGULATION

BOARD OF EDUCATION DENVER

OPERATIONS

R 8441 CARE OF INJURED AND ILL PERSONS (M)

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A. Immediate Attention

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

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

8. The victim should be calmed with assurances that he/she is receiving or is about to receive aid.

B. Emergency First Aid Procedures

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

1. ALLERGIC REACTIONS

The victim may show sudden blotchy swelling of the skin (hives) and mucous membranes, difficulty in breathing, wheezing, increased pulse rate, nausea, abdominal cramps, vomiting, fall in blood pressure with weak pulse.

The use of a single dose auto-injector for epinephrine may be indicated. The school nurse or trained delegate shall decide whether or not to administer the appropriate dose and call 911 if administered.

In a severe allergic (anaphylaxis) reaction, the victim should be transported by ambulance immediately to hospital.

2. BLEEDING, SEVERE

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

3. CHOKING VICTIM

The Heimlich maneuver can be used safely on both adults and children, but most experts do not recommend it for infants less than 1 year old. You can also perform the maneuver on yourself.

- For a conscious person who is sitting or standing, position yourself behind the person and reach your arms around his or her waist.
- Place your fist, thumb side in, just above the person's navel (belly button) and grab the fist tightly with your other hand.
- Pull your fist abruptly upward and inward to increase airway pressure behind the obstructing object and force it from the windpipe.
- If the person is conscious and lying on his or her back, straddle the person facing the head. Push your grasped fist upward and inward in a maneuver similar to the one above.

You may need to repeat the procedure several times before the object is dislodged. If repeated attempts do not free the airway,

- Roll the person onto the back on a hard surface, keeping the back in a straight line while firmly supporting the head and neck. Expose the person's chest.
- Open the person's mouth with your thumb and index finger, placing your thumb over the tongue and your index finger under the chin. If the object is visible and loose, remove it. If the person is older than age 8, sweep two fingers from one side of the throat to the other to attempt to remove the object.
- Lift the person's chin while tilting the head back to move the tongue away from the windpipe.
- Place your ear close to the person's mouth and watch for chest movement. For 5 seconds look, listen, and feel for breathing.
- If the person is breathing, give first aid for unconsciousness.
- If the person is not breathing, begin rescue breathing. Maintain the head position, close the person's nostrils by pinching them with your thumb and index finger, and cover the person's mouth tightly with your mouth. Give two slow, full breaths with a pause in between.
- If the person's chest does not rise, reposition the head and give two more breaths.
- Open the person's mouth with your thumb and index finger. If the object is visible and loose, remove it.

- If the object is removed, but the person has no pulse, begin CPR with chest compressions. If no object is visible, CPR
- If the person starts having convulsions or seizures, give first aid for this problem.

After removing the object that caused the choking, keep the person still and get medical help. Anyone who is choking should have a medical examination, because complications can arise not only from the choking, but also from the first aid measures that were taken.

4. BURNS, MAJOR

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

- a. If the burn was caused by exposure to a chemical,
 - (1) Flush the affected area under cool running water for at least fifteen minutes;
 - (2) Apply any first aid measures specified on the chemical container;
 - (3) Cover the burn with a cool, wet dressing; and
 - (4) Victim to be sent hospital emergency services.

- b. If the burn is a second degree burn that covers an area less than two or three inches across,
 - (1) Rinse the burn with cool water and gently wash and rinse the burned area;
 - (2) Cover with a sterile dressing;
 - (3) Do not apply ointments, petroleum jelly, margarine, grease, oil, or butter; and
 - (4) Do not break blisters to avoid the risk of infection.

- c. If the burn affects an area more than two or three inches across or is a third degree burn,
 - (1) Immerse the burned area in cold water or apply cold compresses to the affected area to bring skin temperature back to normal, and
 - (2) Call 911

5. HEAD INJURY

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

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

6. CONVULSION OR SEIZURE

- a. Protect the victim from self-injury by lying him/her down, preferably on a padded surface, and loosen his/her clothing.
- b. Turn the victim's head to one side to keep the airway open and permit saliva to flow out of the mouth. Do not place a finger in the victim's mouth or try to force open the victim's clenched jaws.
- c. Do not restrain the victim.
- d. If vomiting occurs, turn the head so that vomitus is expelled from the mouth and is not inhaled.
- e. If the seizure continues for more than a minute, or recurs in a short time, and the child does not have a seizure plan, Call 911.

7. HYPERGLYCEMIA (LOW BLOOD SUGAR)

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

- a. Administer fast acting carbohydrate, which can be in the form of sugar, fruit juice, candy, sugared soda pop (not artificially sweetened).
- b. After symptoms have subsided (in ten to fifteen minutes), offer the victim a food snack.
- c. If the symptoms do not subside, the victim should be taken to a hospital emergency service.

8. HYPERGLYCEMIA

The victim may have an extremely ill appearance, dry flushed skin, intense thirst, difficulty breathing , weak and rapid pulse, dimming of vision, and acetone or fruity odor on breath. Call 911.

9. HEAT EXHAUSTION

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

- a. The victim should lie down apply cool compress to axilla and forehead.
- b. Administer small amounts of water.
- c. The victim should be protected from chilling.
- c. If the symptoms do not subside within a few minutes, call 911.

10. POISONING

- a. Contact the Poison Control Center 1-800-222-1222.for instructions. Be prepared to give information regarding the substance and amount ingested and the state of the victim.

- b. If the Poison Control Center cannot be consulted and the poison can be identified with certainty and its original container is available, administer the antidote specified on the container in the method and dosage recommended and seek medical assistance.
- c. Remove the victim, along with the container of the substance ingested and any vomitus, to hospital emergency services.

11. SHOCK

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

- a. Keep the victim covered and lying down, with feet raised higher than the heart.
- b. Loosen tight clothing and keep the victim comfortably warm.
- c. If the victim is conscious, has no abdominal injury, and is not vomiting, the victim may be given fluids.
- d. If victim is not recovering within a few minutes, call 911

C. Routine First Aid Care

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

1. ABDOMINAL PAIN

- a. Take the victim's temperature and pulse rate.
- b. Ask about recent history of nausea, vomiting, and food ingestion and whether victim has had appendectomy.
- c. Require victim to lie down for rest period.

- d. If pain does not diminish or intensifies, notify parent(s) or legal guardian(s) or the school physician.

2. ABRASIONS AND LACERATIONS

- a. Wash area gently with soap and cool water, rinsing carefully.
- b. Apply an approved antiseptic.
- c. Cover area with a light protective adhesive bandage.

3. BITES and STINGS

- a. A wound resulting from the bite of an animal--dog, cat, hamster, mouse--should be treated as follows:
 - (1) Wash wound immediately with soap under running water. Apply an antiseptic and an antibiotic.
 - (2) If the wound is severe or a puncture wound, cleanse and send victim to hospital emergency services.
 - (3) Call animal control.
- b. A wound resulting from the bite of a human being should be washed and treated by a physician.
- c. A bee sting should be treated as follows:
 - (1) Remove the stinger by scraping it out of the skin.
 - (2) Apply an ice pack or flush with cold water.
 - (3) Apply calamine lotion or cream to ease itching and swelling.
 - (4) If severe allergic reaction occurs, take the victim to hospital emergency services.

4. BLISTERS (other than those caused by burns)
 - a. Apply a light protective bandage.
 - b. Do not break; allow tissues to absorb fluid.
 - c. If blister ruptures, wash with antiseptic and water and apply sterile dressing.

5. BRUISES
 - a. Apply cold compresses or ice to bruised area.
 - b. If bruise is black eye, examine pupil's eye and check victim for head injury.

7. BURNS, MINOR
 - a. Cool burned area under cold running water or with application of cold compress.
 - b. Encourage victim to drink fluids.

8. DIARRHEA (loose stools)
 - a. Take the victim's temperature.
 - b. Call parent(s) or legal guardian(s).

9. DISLOCATIONS
 - a. Apply ice or cold compress.
 - b. Support affected area to immobilize.
 - c. Notify pupil's parent(s) or legal guardian(s).
 - d. Send victim to hospital emergency services..

10. EARACHE

- a. Check victim's temperature and examine ear.
- b. Call parent(s) or legal guardian(s).

11. FAINTING

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

12. FOREIGN OBJECTS

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

- (2) Tilt the victim's head so that affected ear is downward and gently shake the victim's head.
- (4) If object remains, send victim to hospital emergency services or doctor's office.
- c. If the object is in the nose,
 - (1) Use tweezers to remove any soft object that is clearly visible.
 - (2) Have victim gently blow his/her nose once or twice to attempt to dislodge the object.
 - (3) If object remains, take victim to hospital emergency services or doctor's office.
- d. When a foreign object has been swallowed or is in the victim's air passages,
 - (1) Apply the Heimlich maneuver.
 - (2) Remove victim to hospital emergency services.

13. FRACTURES

- a. When the fracture is simple (no wound or break in skin),
 - (1) Support the fracture with a splint or bandage, as required.
 - (2) Send the victim to hospital emergency services or a doctor's office.
- b. When the fracture is compound (punctures the skin),
 - (1) Take measures to stop the bleeding and apply a protective dressing to the wound.
 - (2) Provide support but do not move or handle the injured part until the bone has been splinted.

- (3) Call 911, and keep victim warm and comfortable.
- c. When the fracture occurs to the skull (to be suspected when the victim is unconscious or semiconscious after a blow to the head) or to the neck or spinal column,
- (1) Do not move the victim; be careful to keep neck in alignment with the rest of the spine.
 - (2) Control any bleeding with gentle direct pressure.
 - (3) If it is absolutely necessary to move victim (to remove him/her from a life-threatening situation), first place victim on board or other firm object, with head, neck, and spine in alignment and immobilized.
 - (4) Call 911 to take the victim to hospital emergency services.

14. HEADACHE

- a. Ascertain how and when the headache started, the length of time it has persisted, and what medication, if any, has been taken.
- b. Take victim's temperature.
- c. Have victim rest for ten minutes.
- d. Offer fluid and apply ice pack to back of head.
- e. In case of frequent recurring headaches or complicating symptoms, notify parent(s) or legal guardian(s).

15. MENSTRUAL DISCOMFORT

- a. Offer rest and apply heating pad.
- b. If a physician's permission has been given, administer analgesic.
- c. If pain is severe, notify parent(s) or legal guardian(s).

16. NOSE BLEEDS (not associated with head injury)
 - a. Sit with head angled slightly forward so that blood cannot run back into the throat.
 - b. Pinch nostrils together five to ten minutes and open and breathe through the mouth.
 - c. If bleeding persists when pressure is removed, you may make twist of sterile gauze or clean cloth and insert in nostril(s). Reapply pressure for ten minutes. Apply ice pack to back of head.
 - e. If bleeding cannot be stopped or recurs frequently, notify parent(s) or legal guardian(s).

17. POISON IVY, OAK, SUMAC
 - a. If person has recently been exposed to toxic plant, wash exposed skin area with soap and rinse thoroughly.
 - b. After rash appears, apply calamine lotion to lessen itching and burning.
 - c. Cover weeping rash with a dressing.

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

19. SPLINTERS
 - a. Cleanse area with soap and water..
 - b. Remove visible splinter with tweezers or sterile needle and cleanse area again. Apply antiseptic and light protective adhesive bandage.

- c. If splinter is imbedded, do not remove. Notify parent(s) or legal guardian(s).

20. JOINT INJURY

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

21. TEETH

- a. Apply a mild analgesic (i.e. Oragel) to a mild toothache if physician's or dentist's permission has been granted.
- b. If the toothache is severe, notify the parent(s) or legal guardian(s) and suggest dental care. A cold pack may be applied for temporary relief.
- c. If a tooth is broken or is knocked out, notify the parent(s) or legal guardian(s).
- d. A permanent tooth knocked out should be placed in water, milk or a clean wet cloth and sent with the victim to a dentist immediately.

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

Adopted: June 22, 2015