

## The School Board of Leon County Administrative Procedures

Procedures posted on this site reflect current administrative practice in Leon County Schools. Other administrative procedures may be found at <http://www.planning.leon.k12.fl.us/Procedures/Index.html>.

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### 5340B - EMERGENCY FIRST AID CARE

#### Emergency Procedure

If a student or staff member requires immediate attention for an accident or illness:

- A. Follow procedures as set forth in AP [5340A](#) regarding assessing the situation and calling 911. If an assessment determines that the school can safely administer first aid, then follow procedures as outlined below.
- B. Complete the appropriate incident/accident form (Form 5340A F1 for students and Form 8442 F1 for staff).
- C. Require that staff to whom emergency first aid care is provided follows the District Risk Management office procedures immediately following the incident.

#### First Aid Procedures

Any staff member qualified to do so may administer first aid. After initial first aid treatment, the legal responsibility for subsequent care rests with the victim or the parents of a student victim.

Internal medication cannot be administered even in emergencies to any student by school personnel other than a physician. Any treatment beyond first aid of any condition is prohibited.

In any case involving bodily fluids, the District's Blood-Borne Pathogens Policy [8453](#), Policy 8453.01, AP [8453](#), and AP [8453.01](#) must be followed.

- A. **Abrasions, minor cuts, scratches**

Cleanse area with soap and water and apply a band-aid.

- B. **Fainting**

Loosen clothing, place child flat on back with head lower than body. Do not give any fluids.

- C. **Headache**

If student has a fever or appears ill, send student home; otherwise allow him/her to rest for a while. If due to a head injury, notify the parent immediately.

**D. Stomach ache**

If pain is severe, or student is feverish or appears ill, send student home.

**E. Seizures**

If you know the person has epilepsy, it is usually not necessary to call EMS unless:

1. the seizure lasts longer than a few minutes;
2. another seizure begins soon after the first;
3. s/he does not regain consciousness after the jerking movements have stopped;
4. according to student's medical management plan (Allergy Action Plan Form 5330.01 F1, Asthma Rescue Medication Orders Form 5330.01 F2, Diabetes Medical Management Plan Form 5335 F1, Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump Form 5335 F2, Medical Management Plan Form 5330 F1, and/or Seizure Action Plan Form 5330 F5).

However, you should call EMS when someone having a seizure also:

1. is pregnant;
2. carries identification as a diabetic;
3. appears to be injured;
4. is in the water and has swallowed large amounts of water;
5. has no history of seizures.

A person having a seizure cannot control it. As someone trained in first aid, you can prevent injuries to him/her by removing anything nearby that might get in the way, such as furniture or equipment. You can also prevent injuries by not interfering: **Do not** try to put anything between the teeth. Also, do not hold or restrain the person. Loosen clothing. If the victim vomits, roll him/her on one side. Place padded protection under the victim's head to help prevent head injuries.



Following a seizure, the muscles relax. Check airway, breathing, and circulation (ABCs). A person recovering from a seizure is likely to be drowsy and disoriented. S/He needs rest and reassurance. Stay with the person until s/he is fully conscious and aware of surroundings once again.

**F. Diabetic**

In a diabetic emergency, it is possible to confuse the signs and symptoms of insulin shock and diabetic coma. Since insulin shock is a true emergency that needs quick response, give any fully conscious person in a diabetic emergency sugar--candy, fruit, juice, or a soft drink containing sugar. This will quickly get sugar into the blood to help someone in insulin shock. If instead of insulin shock, s/he is in diabetic coma, the sugar will not cause further harm.

If the person is unconscious, check ABCs and call EMS.

A victim of diabetic coma also needs immediate transport to the hospital. Again, check ABCs and call EMS.

**G. Poison**

Quickly take any containers to the phone; then call EMS and the local Poison Control Center (1-800-222-1222) and follow their instructions. Care for shock and check breathing frequently. Do not give anything by mouth until you have been advised by medical professionals.

Be sure to save any containers and vomit for EMS. These will help them identify the poison and give the appropriate treatment.

**H. Fractures, Dislocations, Sprains, and Strains**

Sometimes it is difficult to tell whether an injury is a fracture, dislocation, sprain, or strain. Since you cannot be sure which of these a victim might have, always care for it as a fracture. If EMS is on the way, do not move the victim. Control any bleeding first. Care for shock, and monitor ABCs. If you are going to transport the victim to a medical facility, follow this general rule: "When in doubt, splint."

Splinting is a process of immobilizing a suspected fracture and is generally left up to trained professionals but if it is necessary to splint follow these guidelines. Materials that can immobilize a fractured bone and the joints above and below it can be used to splint. (Examples are rolled-up newspapers, magazines, and pieces of wood.) Commercial splints are also available.

The purpose of splinting is to:

1. immobilize a possibly fractured part of the body;
2. lessen pain;
3. prevent further damage to soft tissues;
4. reduce the risk of serious bleeding;
5. reduce the possibility of loss of circulation in the injured part;
6. prevent closed fractures from becoming open fractures.

The basic principles of splinting are:

1. splint only if you can do it without causing more pain and discomfort to the victim;
2. splint an injury in the position you find it;
3. apply the splint so that it immobilizes the fractured bone and the joints above and below the fracture;
4. check circulation before and after splinting.

If there are no splinting supplies available, splint the broken part of the body to another part. For example, a broken arm can be splinted to the chest. A fractured leg can be splinted to the other, uninjured leg.

If the injury is a closed fracture, dislocation, sprain, or strain, apply a cold pack. Do not apply a cold pack to an open fracture because doing so would require you to put pressure on the open fracture site and may cause discomfort to the victim.

For all of these injuries, care for shock and monitor ABCs.

Injury of the head, neck, and back (spinal injury) is serious and difficult to care for. Think about these injuries as possibilities when caring for a victim who has suffered **traumatic injury**. Examples of situations in which traumatic injury may occur are falls, motor-vehicle accidents, and diving or other sports-related accidents.



If the victim has an obvious head injury, suspect the possibility of spinal cord injury also. If the victim is unconscious and your survey of the scene suggests traumatic injury to the head, care for him/her as if there is a spinal injury.

If you do suspect a spinal injury, stabilize the victim's head and neck as you found them by placing your hands along both sides of the head. This keeps the head in line with the spine and prevents movement.

If you must move the victim, do it carefully, using the clothes drag rescue method.

Stay with the victim and continue to stabilize the head and neck until EMS arrives. Monitor ABCs.

#### **I. Insect Bites and Stings**

If the victim was stung and the stinger remains embedded, try to remove it. Do not squeeze the stinger, since that will release more venom into the blood. Instead use tweezers to remove the stinger, or scrape it away with something like a credit card. Wash well with soap and water. Put a cold pack on the area that has been stung to reduce swelling and pain. Place a clean cloth between the skin and the ice, to protect the skin. Place the stung area below the level of the heart to slow circulation of the venom.

If you see signs and symptoms of allergic reaction, call EMS quickly. While waiting for EMS to arrive, care for shock, and monitor ABCs.

#### **J. Nose Injuries and Nose Bleed**

If you suspect that the victim has a possible head, neck or back injury, do not try to control a nosebleed. Stopping the blood flow would increase pressure on injured soft tissues. Instead, leave the victim as you found him/her, and stabilize the head and neck. If the victim is conscious, tell him or her not to move.

If you do not suspect a head, neck, or back injury, try to control the bleeding. Have the victim sit down and lean forward, chin toward chest. Then pinch the nose shut.

Encourage the victim to rest quietly, since walking, talking, laughing, and blowing the nose can disturb blood clots and make the bleeding start again.

#### **K. Bites**

Dangerous infection can develop even from a minor bite. To help prevent infection, either wear non-latex gloves or wash your hands if possible before caring for someone with open wounds. If there is not heavy bleeding, wash wounds well with soap and water; then cover them with a clean dressing, bandage them, and seek medical help. Do not try to clean a wound that is bleeding heavily. Control the bleeding. Once it stops, cleaning might make it start again. Leave the dressing in place. A serious wound should be cleaned only by trained medical personnel.

#### **L. Eye Injuries**

Be extremely careful when touching the eyes. Wash your hands when possible before caring for an eye injury. Be gentle. If you cannot get a floating object off the surface of the eye or eyelid by the method outlined in the action guide, either loosely wrap a bandage around both eyes or tape dressings over them. You need to wrap both eyes, since the movement of one eye affects the other. Reassure the victim, since having one's eyes bandaged is frightening. Get medical help.

An object that has become embedded in or has penetrated the eyeball should not be removed by anyone but a doctor. First aid care for such an injury is to place an inverted paper cup over the injured eye. This prevents further damage by keeping the object in place without pressure. Then wrap a bandage around both eyes.

If the victim is unconscious, close the eyelids to keep the eyeballs from drying out.

For chemical burns, wash the eye with lots of running water, flushing from the nose outward, for fifteen (15) to thirty (30) minutes. Then wrap a bandage loosely around both eyes and reassure the victim. Monitor ABCs.

#### **M. Burns**

##### **HEAT BURNS**

Call EMS and then care for the burns. The major cause of shock in burn victims is heavy loss of body fluids through the burned area. Have the victim lie down. Elevate the burned part if doing so does not cause further pain. As always check for shock, maintain normal body temperature.

In general, care for heat burns as follows:

1. For first-degree burns and second-degree burns with no open blisters, flush with lots of cool running water. Apply moist dressings, and bandage loosely.



2. For second-degree burns with open blisters and third-degree burns, apply dry dressings and bandage loosely. Do not use water, as it increases the risk of shock.

#### ACID BURNS

Remove all contaminated clothing, jewelry, etc. Wash contaminated skin with plain water for fifteen (15) - thirty (30) minutes. For burns to eyes, wash with plain water at least thirty (30) minutes - beginning with the nose and washing out. DO NOT WASH FROM ONE EYE TO THE OTHER CROSSING OVER THE NOSE. Do not use a reactor. Call 911 or emergency squad as soon as possible.

#### N. **External Bleeding**

The purpose of first aid for external bleeding is to:

1. stop the bleeding;
2. prevent infection;
3. prevent shock.

Severe bleeding is arterial bleeding--bleeding that spurts from a wound with every beat of the heart. It is life-threatening and needs to be controlled immediately.

Keep in mind that a relatively small amount of bleeding can look dramatic. Do not get so concerned at the sight of blood that you overlook other injuries. Bleeding can also frighten the victim, so remember to reassure him/her.

Infection can develop within hours or days of an injury. The signs and symptoms of infection are pain or tenderness at the wound; redness, heat, or swelling at the wound; pus beneath the skin or in the wound; red streaks leading from the wound; and swollen lymph glands closest to the wound (in the groin for a leg infection, in the armpit for an arm infection, and in the neck for a head or neck infection). An infection can also cause a person to feel ill. If any of these signs or symptoms develop, the victim should get medical help.

To reduce your threat of infection, wear non-latex gloves or wash your hands if possible before caring for a wound. Use clean dressings and bandages. Wash minor wounds that are not bleeding severely with soap and water before applying the dressing. Do not try to clean major wounds that are bleeding severely, since that might cause more bleeding.

To control bleeding:

1. apply direct pressure on the wound with a dressing. (Use your hand alone if no dressing is available.) A dressing is a clean covering placed over the wound that protects it and helps control the bleeding by absorbing the blood and allowing it to clot. Once you put a dressing on a wound, do not remove it. If bleeding continues, add new dressings on top of the one already soaked with blood. The less a bleeding wound is disturbed, the better your chances of stopping the bleeding.
2. if bleeding continues and you do not suspect a fracture, elevate the wound above the level of the heart and continue to apply direct pressure.
3. if the bleeding does not stop, the next step is to apply pressure at a pressure point. Continue to do steps 1 and 2.
4. the final step to control bleeding is to apply a pressure bandage. A bandage is used to hold a dressing in place, restrain movement, and help stop bleeding. Apply pressure while wrapping the bandage over the dressing to keep pressure on the wound and slow the bleeding. Take the pulse and examine the fingertips in the injured limb after wrapping the bandage to make sure the bandage is not so tight that it slows or stops circulation. If it is too tight, the pulse rate may be slowed or absent and the fingertips or toes may look bluish.

O. **Dental Emergencies**

What to do for a knocked out tooth:

1. control bleeding with pressure
2. place in a glass of cold water or milk until you can see your dentist

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