

# Injury and Illness Protocols

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## WISHeS Injury and Illness Protocols

### About the Protocols:

The injury and illness protocols were developed by the WISHeS: Wisconsin Improving School Health Services Project. The protocols have been researched and reviewed by numerous qualified healthcare professionals. Information contained in the protocols was adapted from the Ohio Department of Public Safety's *Emergency Guidelines for Schools, 3<sup>rd</sup> Edition* and the *Wisconsin Emergency Preparedness Guidelines for Schools*.

The injury and illness protocols are meant to serve as basic first aid and illness management and are intended to be used by *staff without medical/nursing training*, when a nurse or other medical professional is not available. It is recommended that the protocols be reviewed and approved by the school district's medical advisor. It is also recommended that staff who are responsible for providing first aid and illness management to children complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor and reviewed yearly.

**The protocols have been created as recommended procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a facility, system, governing board or the State of Wisconsin. The algorithms contained in the guide reflect current medical and nursing practice and are to be used in conjunction with a student's health care provider orders, if available.**

If you have any questions or comments regarding the injury or illness protocols, please contact Teresa DuChateau, WISHeS Project Coordinator at [Teresa@Badgerbay.co](mailto:Teresa@Badgerbay.co) or at 414.875.7257.

Please take some time to familiarize yourself with the format, and review the "How to Use the Guidelines" section prior to an emergency situation.

**Please note, if a staff member feels emergency medical services are needed at any point while providing first aid and illness management, EMS/911 should be called.**

**More information about the WISHeS Project can be found at:**

[http://www.wpha.org/?page=wishes\\_project](http://www.wpha.org/?page=wishes_project)

## Accessing the Protocols:

The protocols are available to you through two mechanisms:

- Download. The protocols are available as a PDF document. Due to the nature of the content of the protocols and the original formatting, it is **highly** recommended that the protocols be printed in color in order to ensure that the copy accurately reflects the content and steps of each algorithm. The downloadable version of the protocols can be found at:  
[http://c.ymcdn.com/sites/www.wpha.org/resource/resmgr/WiSHES\\_Project/Injury\\_and\\_Illness\\_Protocols.pdf](http://c.ymcdn.com/sites/www.wpha.org/resource/resmgr/WiSHES_Project/Injury_and_Illness_Protocols.pdf)
- Online. The protocols can also be found online at the following website:  
[www.wishesprojects.org](http://www.wishesprojects.org). Click on the Illness and Injury Protocols link.

Both the online and downloadable version of the protocols are in a format that does not allow for editing. If your school district and medical advisor would like to edit any of the protocols, please email the project coordinator at [Teresa@badgerbay.co](mailto:Teresa@badgerbay.co) and indicate which protocol(s) you would like to receive via email.

## Emergency Procedure for Injury and Illness Management

Listed below are steps that should be taken for students who suffer an illness or injury.

- The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
- A responsible adult should stay at the scene and provide assistance until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
  - Note: It is important to always be aware of the primary and secondary individuals designated for emergency situations in your school.
- **Do NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
- **Do NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.
- The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
- If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
- A responsible individual should stay with the injured/ill student.
- Document all care and, if applicable, any medications given to the student.
- Fill out a report for all injuries requiring above procedures as required by local school policy.
  - The Wisconsin Department of Public Instruction has created a Student Accident Report Form that may be photocopied and used as needed. The form can be found at the following link: <http://dpi.wi.gov/files/forms/doc/pod1945.doc>.

## WHEN TO CALL EMS/911

### Call EMS:

- The child is unconscious, semi-conscious or unusually confused.
- The child's has a blocked airway.
- The child is not breathing.
- The child is having difficulty breathing, shortness of breath or is choking.
- The child has no pulse.
- The child has bleeding that won't stop.
- The child is coughing up or vomiting blood.
- The child has been poisoned.
- The child has a seizure for the first time or a seizure that lasts more than five minutes.
- The child has injuries to the neck or back.
- The child has sudden, severe pain anywhere in the body.
- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- The child's condition could worsen or become life-threatening on the way to the hospital.
- Moving the child could cause further injury.
- The child needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the child to the hospital.
- If any of the above conditions exist, or if you are not sure, it is best to call EMS/911.

## Minimal Essential Emergency Equipment and Resources for Schools

The following is a list of minimal essential emergency equipment and resources that should be present in every school. The list was formulated by a group of child health experts including the American Association of Pediatrics and the National Association of School Nurses.

- Accessible keys to locked supplies
- Accessible list of phone resources
- Biohazard waste bag
- Blunt scissors
- Clock with second hand
- CPR staff on site when students are on the premises
- Disposable blankets
- Emergency cards on all staff
- Emergency cards on all students
- Established relationship with local EMS personnel
- Ice (not cold packs)
- Individual care plans for students with specialized needs
- First-aid tape
- Non-latex gloves
- One-way resuscitation mask
- Phone
- Posters with CPR/Heimlich instructions
- Refrigerator or cooler
- Resealable plastic bags
- School wide plan for emergencies
- Soap
- Source of oral glucose (i.e., frosting)
- Splints
- Staff that have received basic first-aid training
- Variety of bandages and dressings
- Water source, normal saline

Bobo, N.; Hallenbeck, P; Robinson, J. (2003). Recommended Minimal Emergency Equipment and Resources for Schools; National Consensus Report. *The Journal of School Nursing*, 19(3), 150-156.

## Infection Control

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow standard precautions. Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

The following are standard precautions:

- Hand hygiene which can be either washing with plain or anti-bacterial soap and water or the use of alcohol gel to decontaminate hands.
  - When performing nursing or medical interventions, if the hands are not visibly soiled, the use of an alcohol-based sanitizer is the preferred method of hand hygiene. Follow manufacturer's guidelines for use of hand sanitizer.
- Treating all blood and body fluids as potentially infectious.
- Using personal protective equipment (PPE), for example, gloves, when at risk for exposure to blood or body fluids.
- Proper disposal of medical waste.
  - Disposing sharps, contaminated items that may easily cause cuts or punctures in the skin (used needles, lancets, broken glass or rigid plastic vials) and unused needles and lancets that are being discarded, into a puncture resistant, leak-proof, closable, container labeled with the biohazard symbol or are red in color.
  - Non-sharp disposable items that are saturated with blood or body fluids (i.e. fluid can be poured or squeezed from the item or fluid is flaking or dripping from the item), such as a gauze bandage saturated in blood, should be disposed of in biohazard bags that are puncture resistant, leak-proof, and labeled with a biohazard symbol or red in color.

It is recommended that school district staff who are responsible for providing first aid and illness management complete a bloodborne pathogen training. More information and resources on bloodborne pathogen training can be found on the Department of Public Instruction website: [http://ssp.wi.gov/ssp\\_bloodborne](http://ssp.wi.gov/ssp_bloodborne).

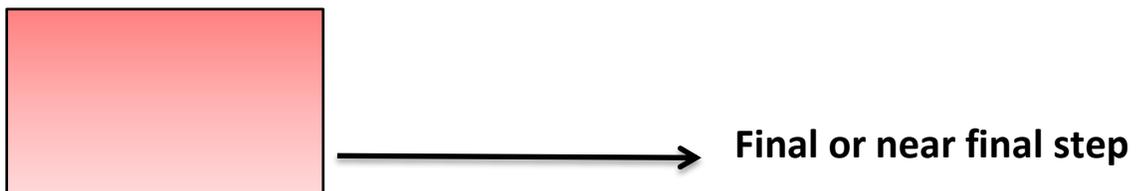
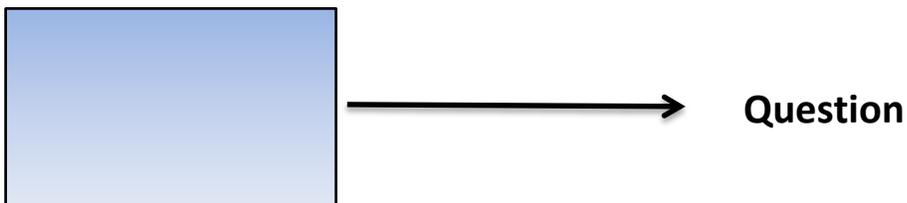
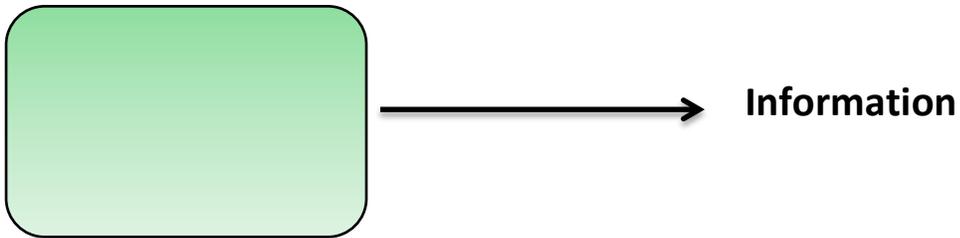
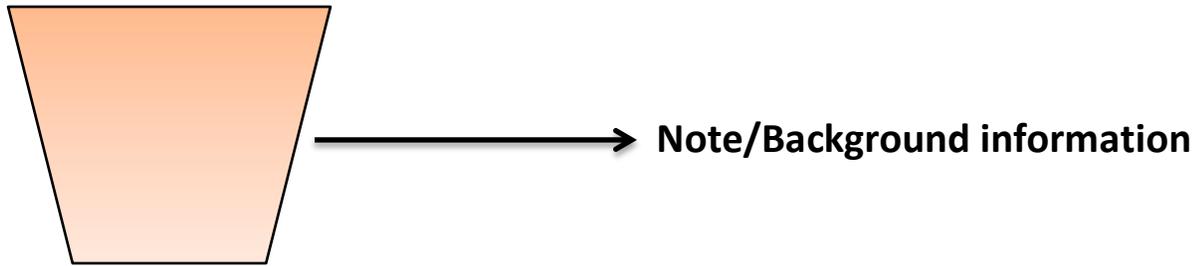
### Hand Hygiene should be performed at the following times:

1. Before and after physical contact with any student (*even if gloves have been worn*).
2. Immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even if gloves have been worn).
3. Immediately after removing gloves.
4. Before and after eating or handling food.
5. After using the restroom.
6. After sneezing or coughing.
7. After providing any first aid.

**The following precautions should also be used when disposing of medical waste.**

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (*wear disposable gloves*).
- Double bag the trash in plastic bags and dispose of immediately.
- Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag (Wisconsin Department of Health Services, 2014).

## INJURY AND ILLNESS PROTOCOL LEGEND



# Injury and Illness Protocols

# ALLERGIC REACTION

Children may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, nuts, etc.

Does the student have any symptoms of a **SEVERE** allergic reaction which may include:

- Blueness around mouth, eyes ?
- Confusion?
- Difficulty breathing?
- Dizziness?
- Drooling or difficulty swallowing?
- Feelings of impending doom?
- Flushed face?
- Hives all over body?
- Loss of consciousness?
- Paleness?
- Seizures?
- Swelling to face, lips, tongue, mouth?
- Vomiting?
- Weakness ?

NO

Symptoms of a **MILD** allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

YES

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

Does the student have an emergency care plan available or does the school have stock epinephrine available?

Does the student have an allergy emergency care plan?

NO

NO

Continue monitoring, initiate CPR if needed.

Stock epinephrine

Student emergency care plan

If student is uncomfortable and unable to participate in school activities, contact responsible school authority & parent/guardian.

**CALL EMS/911**

Contact responsible school authority & parent/guardian.

Refer to the school's non-student specific stock epinephrine protocol. Administer stock epinephrine as indicated.

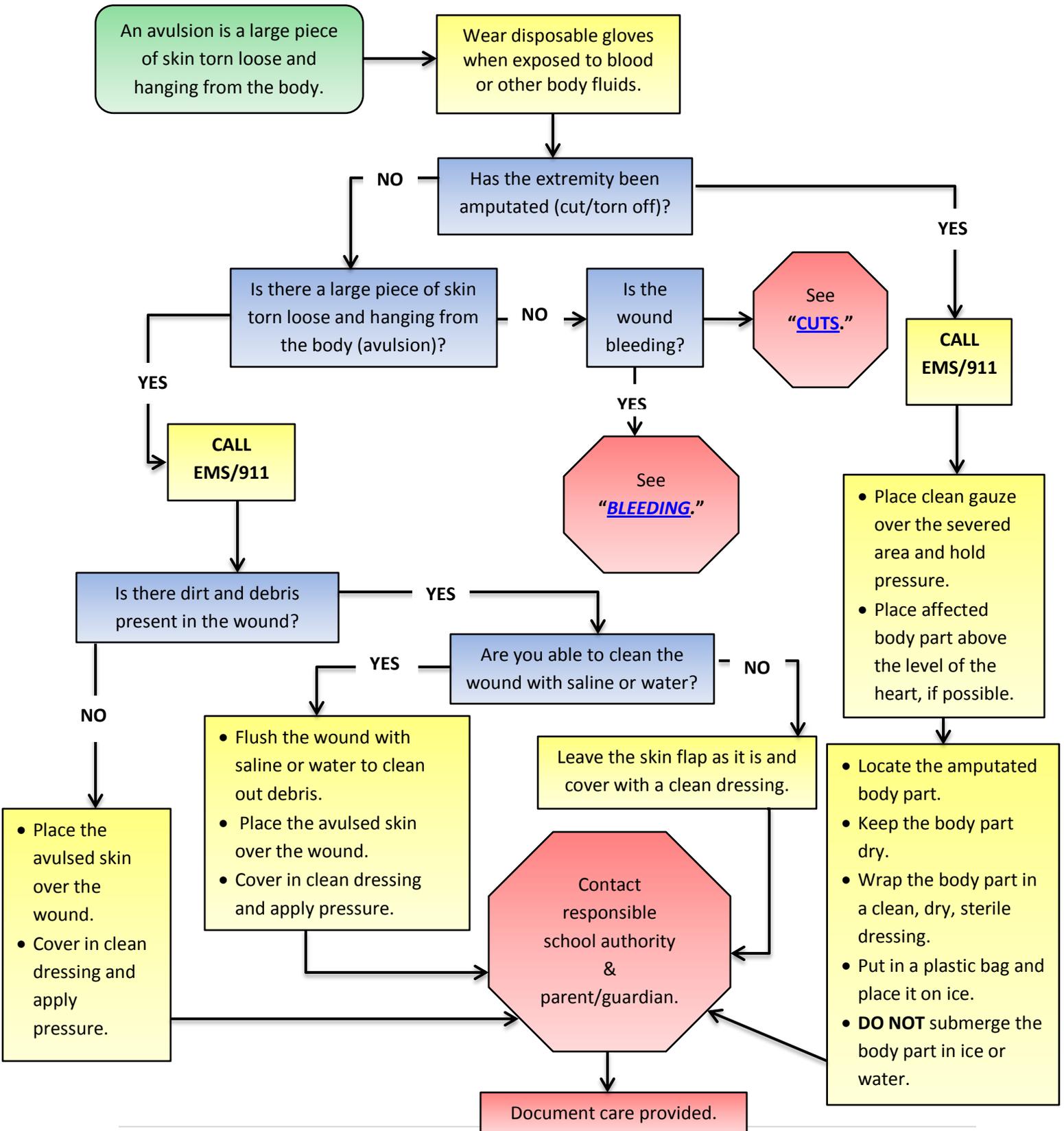
Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.

Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor for signs & symptoms of severe allergic reaction.

Document care provided and medication administered, if applicable

# AVULSION OR AMPUTATION



# ASTHMA/WHEEZING/BREATHING DIFFICULTY

Students with a history of breathing difficulties, including asthma/wheezing, should be identified to all staff. A health or emergency care plan should be developed.

A student with asthma/wheezing may have breathing difficulties, which include:

- Wheezing - high-pitched sound during breathing out (exhaling).
- Rapid breathing.
- Flaring (widening) of nostrils.
- Increased use of stomach and chest muscles during breathing.
- Tightness in chest.
- Excessive coughing.

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

Does the student have a healthcare provider and parent/guardian approved medication?

YES

Administer the medication as directed.

NO

Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

Did the breathing difficulty develop rapidly?  
Are the lips, tongue or nail beds turning blue?  
Are symptoms not improving or getting worse?

NO

Contact responsible school authority & parent/guardian.

YES

CALL EMS/911

- If unable to reach parent/guardian, monitor student closely.
- If symptoms worsen, **CALL EMS/911**.

Document care provided and medication administered, if applicable.

# BACK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO

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 are not emergencies.

YES

Did the student walk in or was student found lying down?

WALK IN

LYING DOWN

• Do not move the student unless there is IMMEDIATE danger of further physical harm.

• If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.

• **Do NOT** drag the student sideways.

• 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.**

• Keep the student quiet and warm.

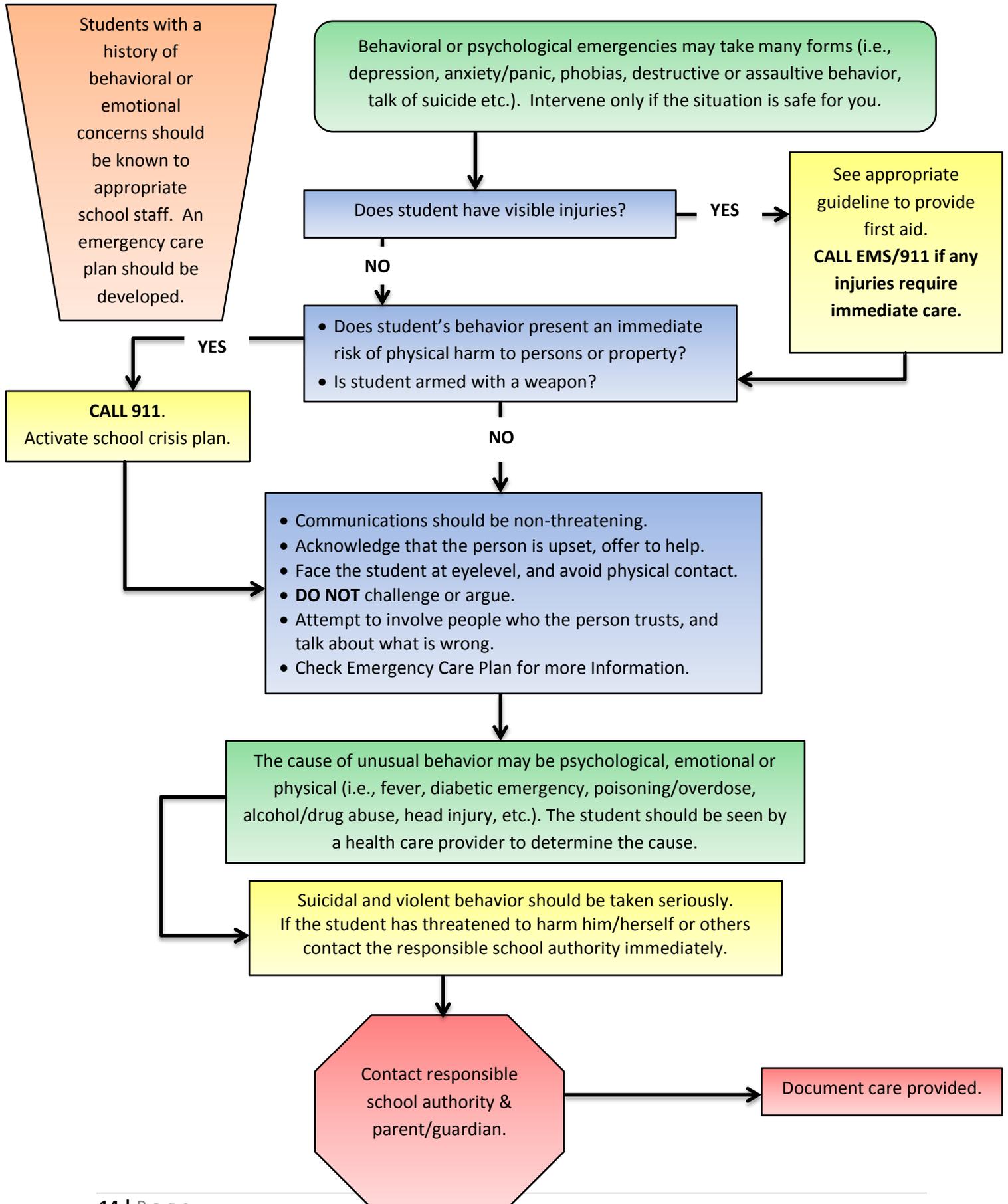
• Hold the head still by gently placing one of your hands on each side of the head.

The child may return to class, if student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

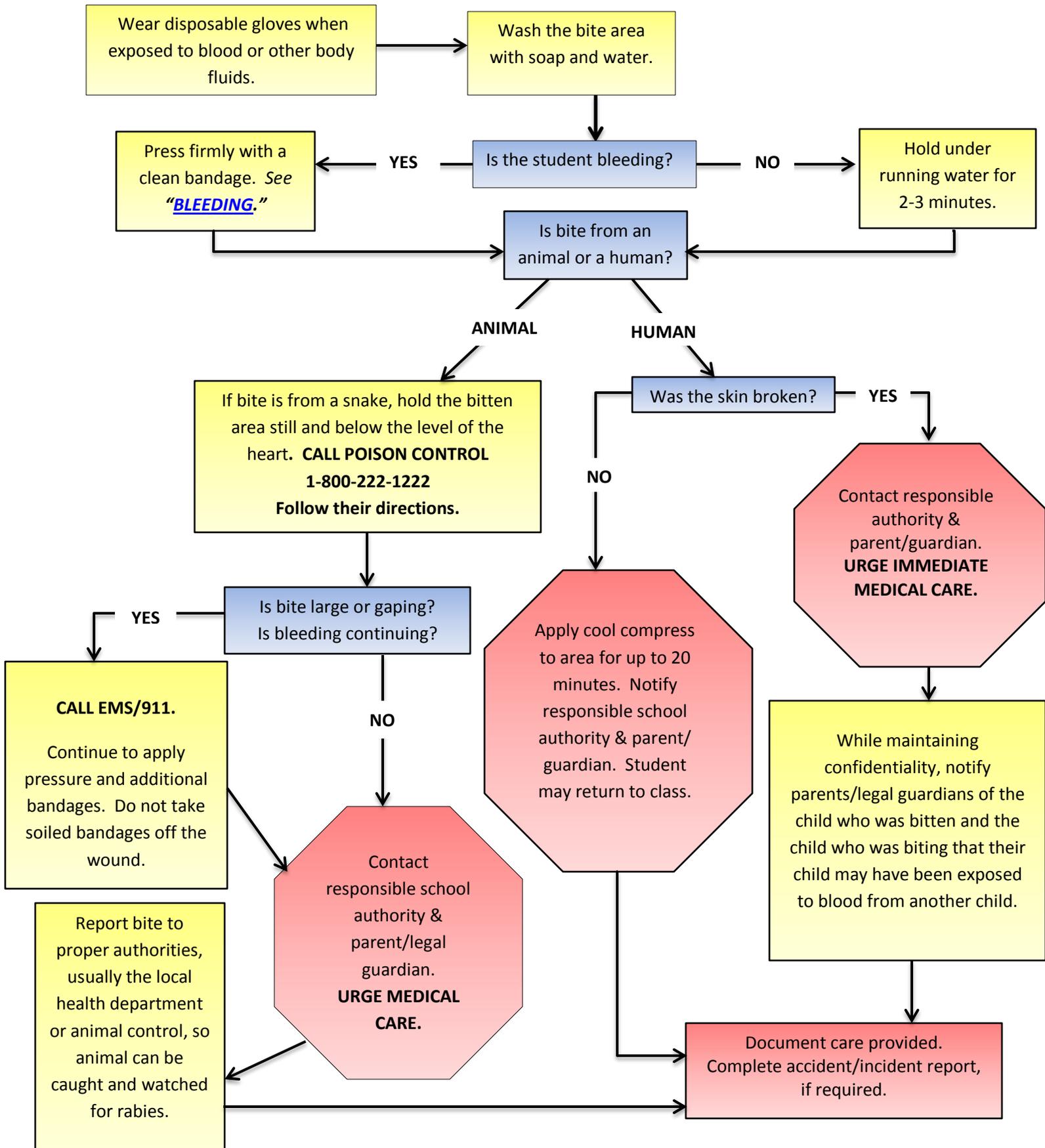
**Call EMS/911.**  
Contact responsible school authority & parent/guardian.

Document care provided.

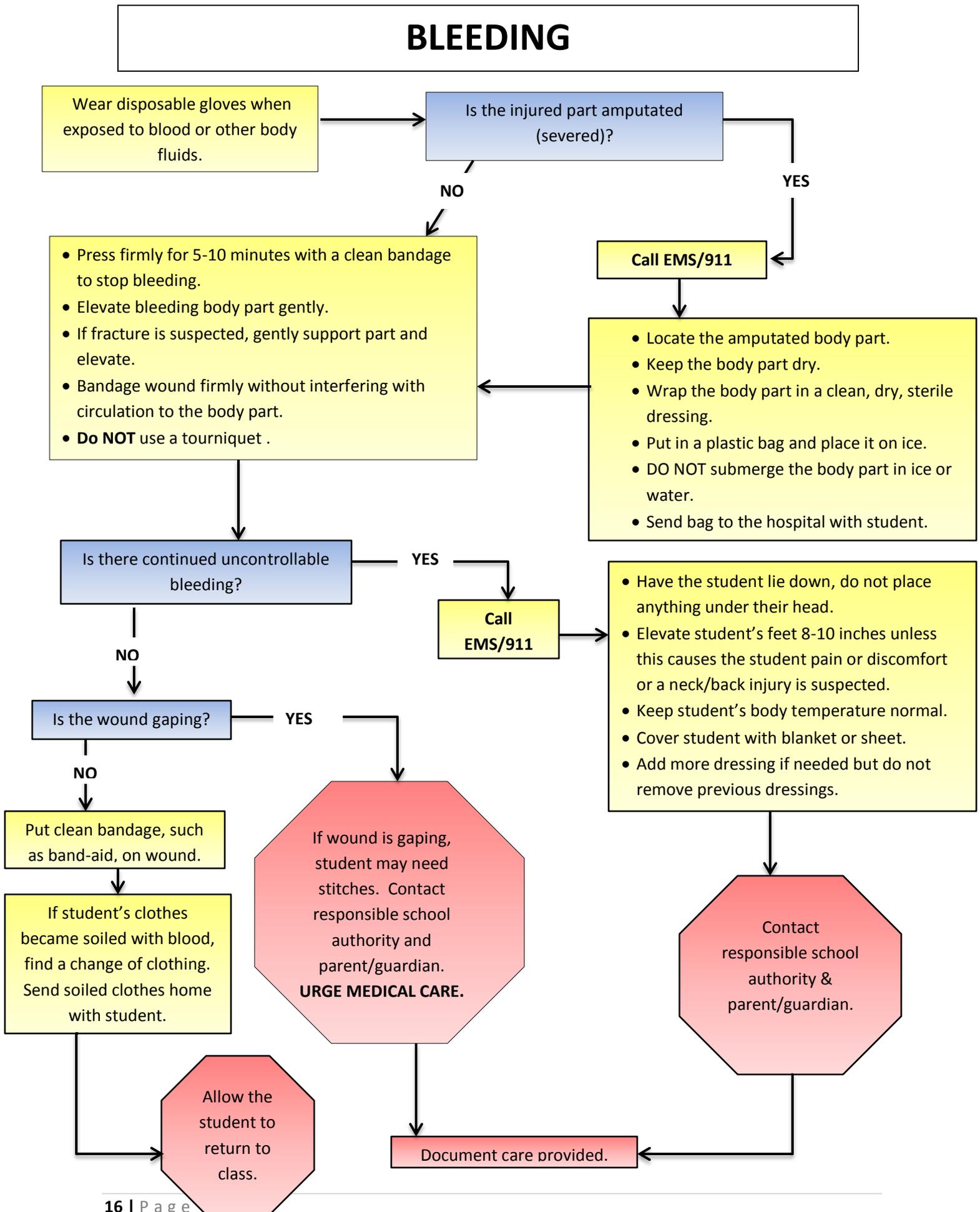
# BEHAVIORAL EMERGENCIES



# BITES (HUMAN & ANIMAL)



# BLEEDING



# BLISTERS (FROM FRICTION)

Wear disposable gloves when exposed to blood and other body fluids.

Wash the area gently with water.  
Use soap if necessary to remove dirt.

Is blister broken?

YES

NO

Is area red, swollen, painful to touch and/or has green or yellow drainage?

YES

NO

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

- **Do NOT** break blister.
- Blisters heal best when kept clean and dry.
- Apply clean dressing (such as a Band-Aid) to help alleviate further irritation.

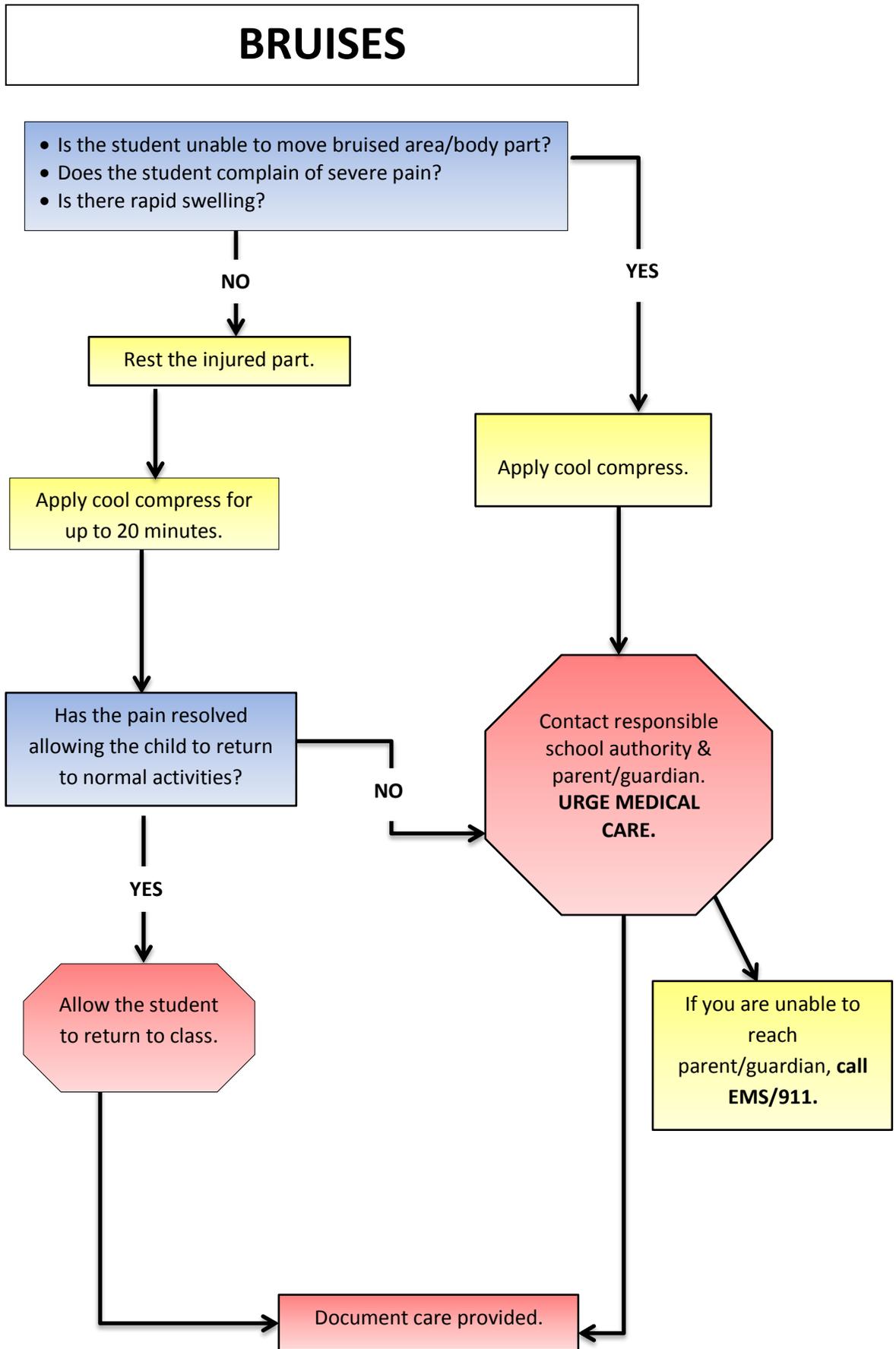
Apply clean dressing (such as a Band-Aid) to prevent further rubbing.

Allow student to return to class.  
Instruct student to return for further pain or problems.

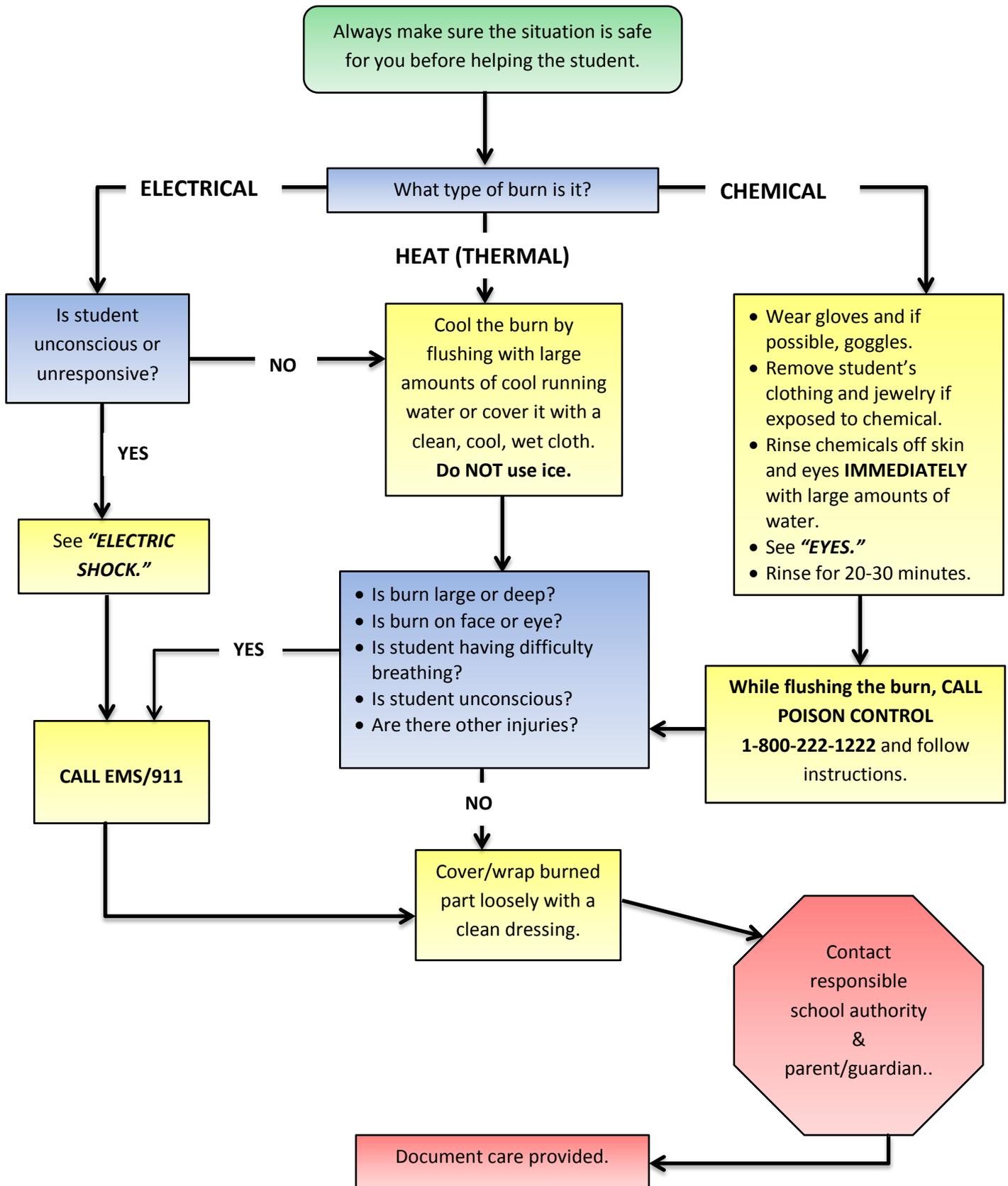
Document care provided.

# BRUISES

If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "**CHILD ABUSE.**"



# BURNS



# CHILD ABUSE

- If student has visible injuries, refer to the appropriate guideline to provide first aid.
- **CALL EMS/911** if any injuries require immediate medical care.

- All school staff are required to report suspected child abuse and neglect to the appropriate authorities.
- Refer to your own school's policy for additional guidance on reporting.
- School districts should have clear policies in place that support school district staff in this responsibility.

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This is NOT a complete list:

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed appearance.

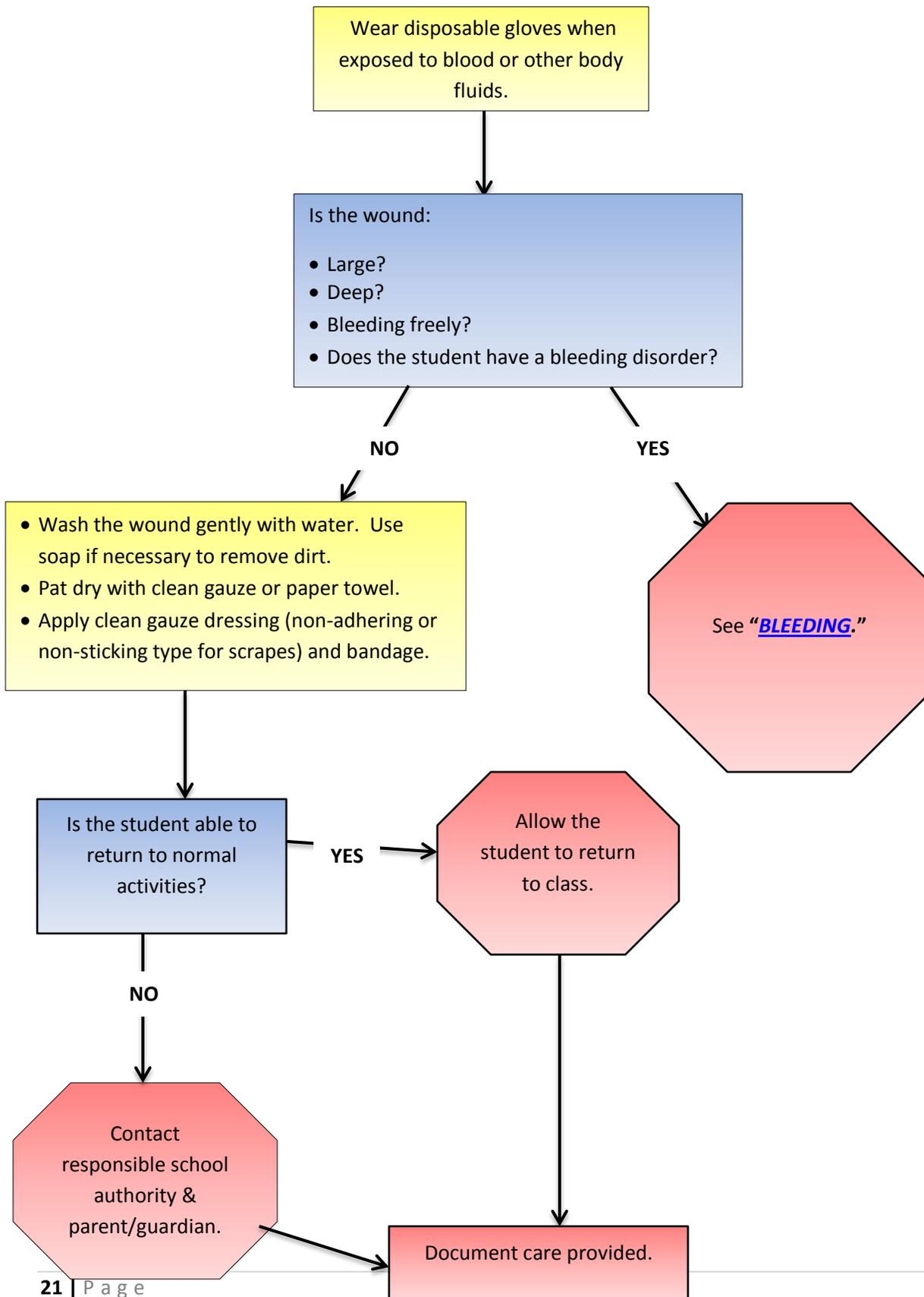
If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the student know that you are required to report the abuse to county or city child protective services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority.  
Contact appropriate county or city child protective services.

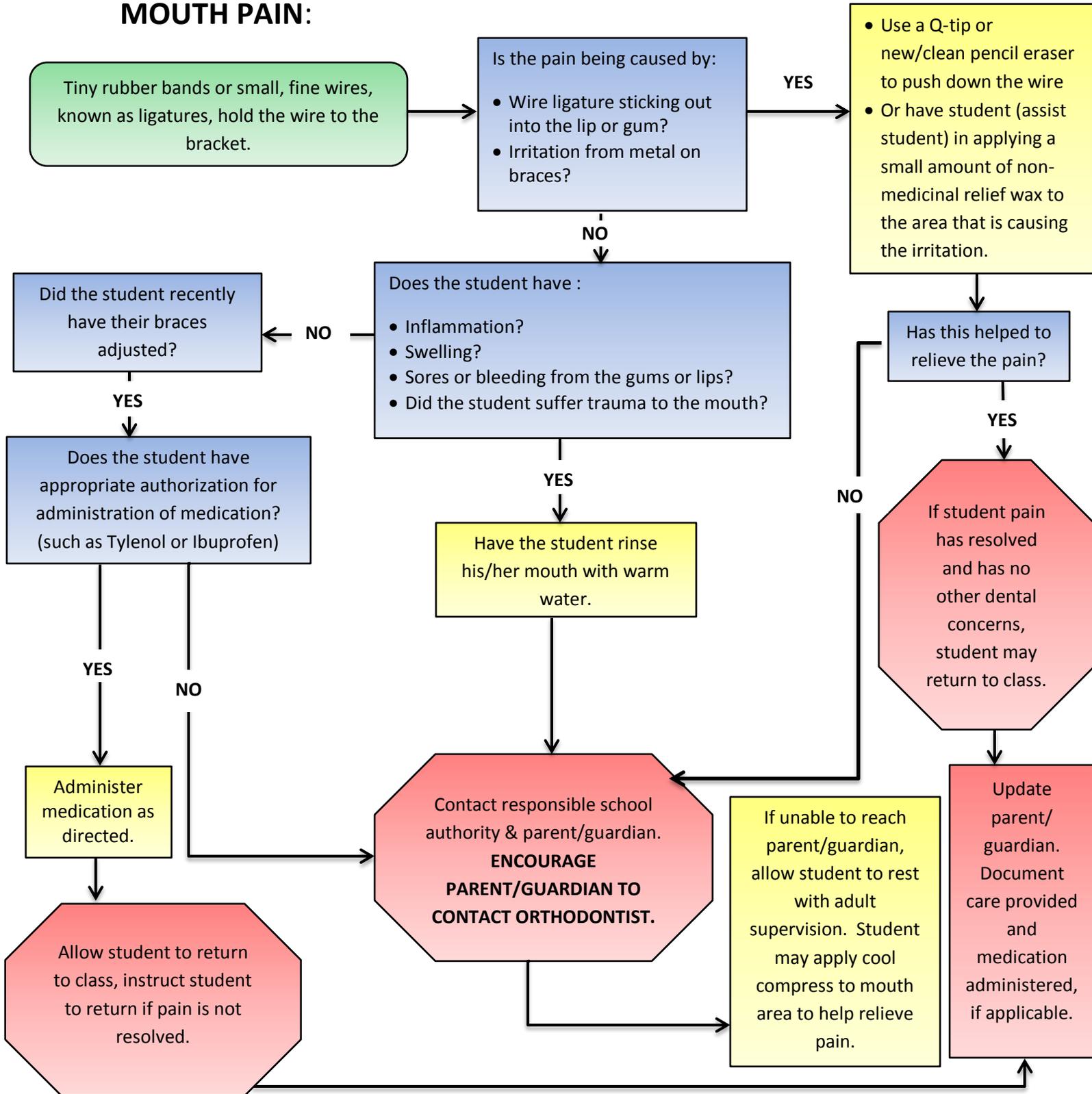
Document care provided and complete appropriate school reports.

# CUTS (SMALL), SCRATCHES and SCRAPES



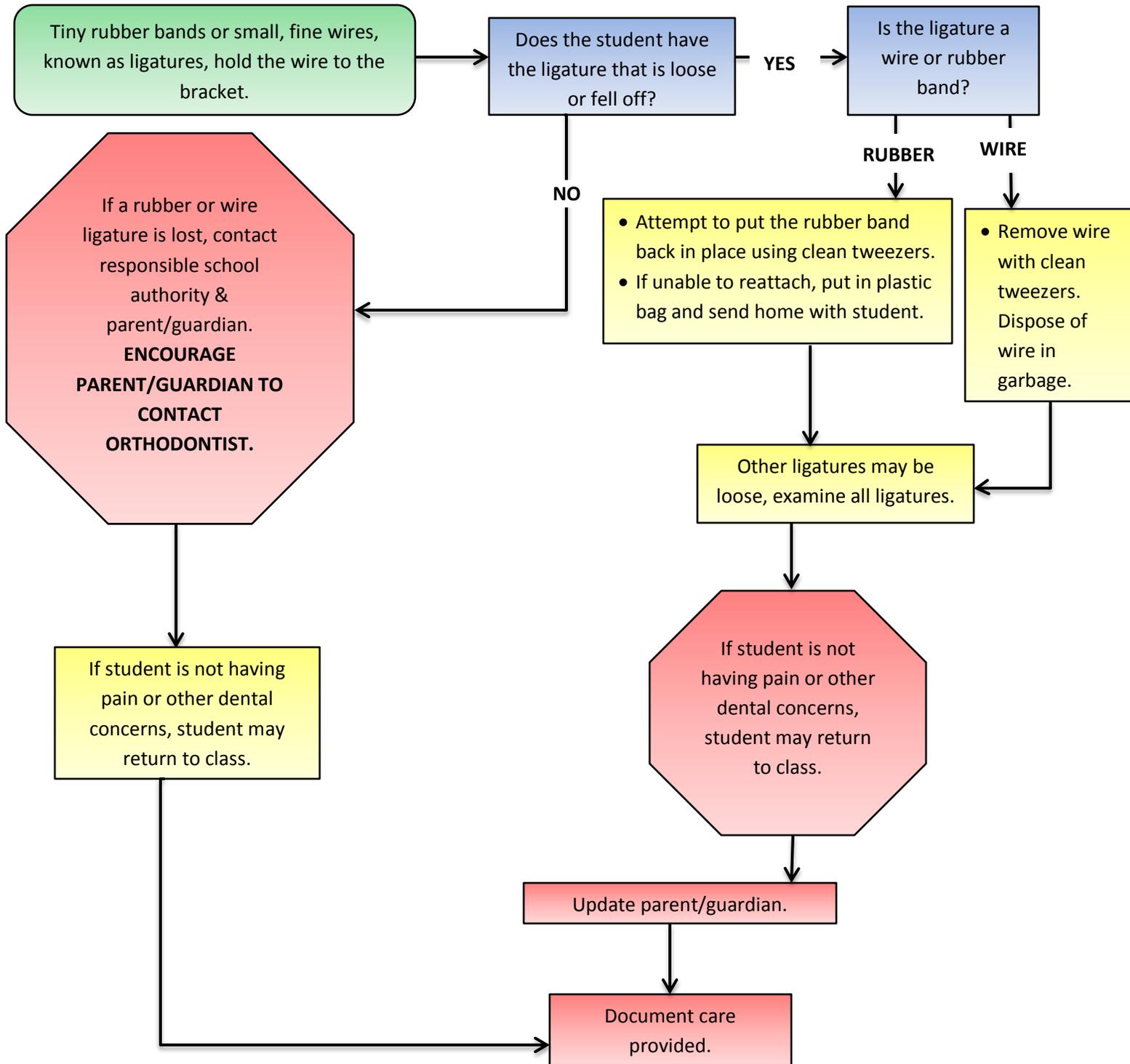
# ISSUES WITH DENTAL BRACES

## MOUTH PAIN:



# ISSUES WITH DENTAL BRACES

## WIRE and RUBBER LIGATURE PROBLEMS:



# DIABETES

A student with diabetes may have the following symptoms:

- Tiredness/Sleepiness.
- Weakness.
- Lightheaded/Dizziness.
- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling “shaky.”
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.
- Breath has a sweet “fruity” odor.

A student suffering from hypoglycemia can worsen rapidly; it is important to continuously monitor the student.

Refer to the student’s emergency care plan.

Is the student:

- Unconsciousness or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

Does the student have a blood sugar monitor immediately available?

CALL EMS/911

Allow the student to check blood sugar, assisting as needed.

Is blood **sugar less than 60** or **“LOW”** according to emergency care plan?  
Or  
Is blood sugar **“HIGH”** according to emergency care plan?

LOW

Give the student “sugar” such as: (be cautious with sugar choice if student is not alert or is losing consciousness:

- Fruit juice or soda (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or ½-candy bar.
- Sugar (2 packets or 2 teaspoons).
- Instant glucose.
- Cake icing.

- Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
- Allow student to re-check blood sugar, assisting student as needed.

Does the student have authorization for glucagon administration?

YES

NO

Administer glucagon per MD order. When EMS arrives, inform that glucagon was administered.

Monitor the student until EMS arrives.

HIGH

Is the student exhibiting any of the following signs and symptoms?

- Dry mouth, extreme thirst, and dehydration.
- Nausea and vomiting.
- Severe abdominal pain.
- Fruity breath.
- Heavy breathing or shortness of breath.
- Chest pain.
- Increasing sleepiness or lethargy.
- Depressed level of consciousness.

Is the student improving?

NO

YES

CALL EMS/911.

Monitor student until EMS arrives.

NO

Follow the student’s health care plan for treatment of hyperglycemia.

Contact responsible school authority & parent/guardian.

Document care provided and medication administered, if applicable.

# DIARRHEA

Wear disposable gloves when exposed to blood or other body fluids.

A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.

Does the student have any of the following signs of probable illness:

- More than 2 (two) loose stools a day?
- Oral temperature over 100°? See "FEVER"
- Blood in his/her stool?
- Severe stomach pain?
- Student is dizzy or pale?

NO

YES

Has the stomach pain improved after resting?

YES

- Allow the student to return to class.
- Instruct the student to return if he/she has further diarrhea.
- Instruct student to wash hands frequently, especially after using restroom.

- If the student is experiencing stomach pains, allow the student to rest for up to 30 minutes, with adult supervision.
- Give the student sips of water to drink.

NO

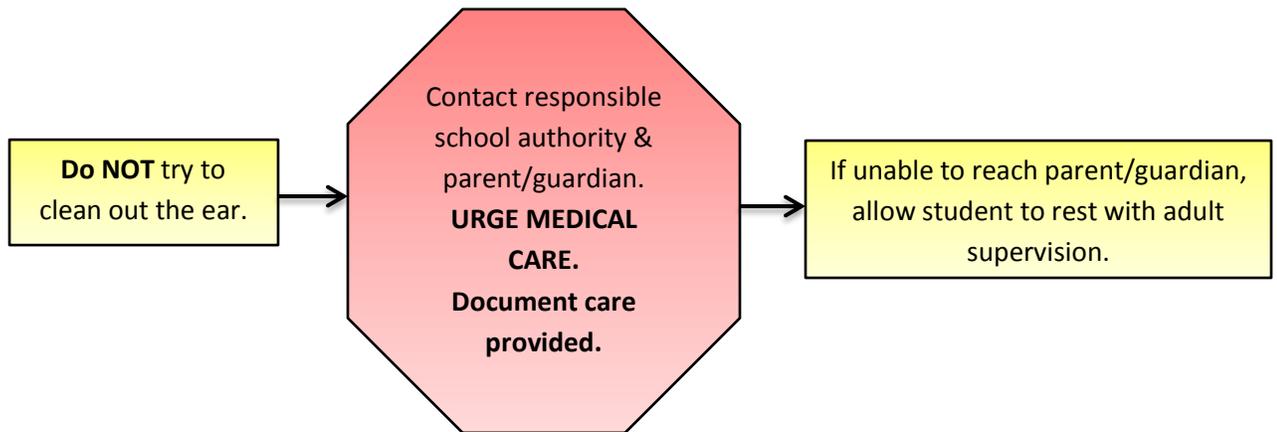
Contact responsible school authority & parent/guardian.  
**URGE MEDICAL CARE.**

Document care provided.

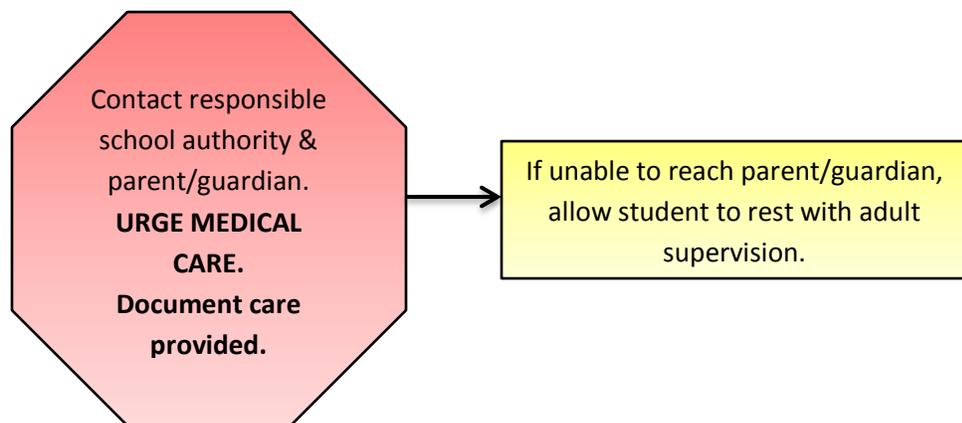
If the student soiled their clothing, wear disposable gloves and double bag the clothing to be sent home. Wash hands thoroughly.

# EARS

## DRAINAGE FROM EAR



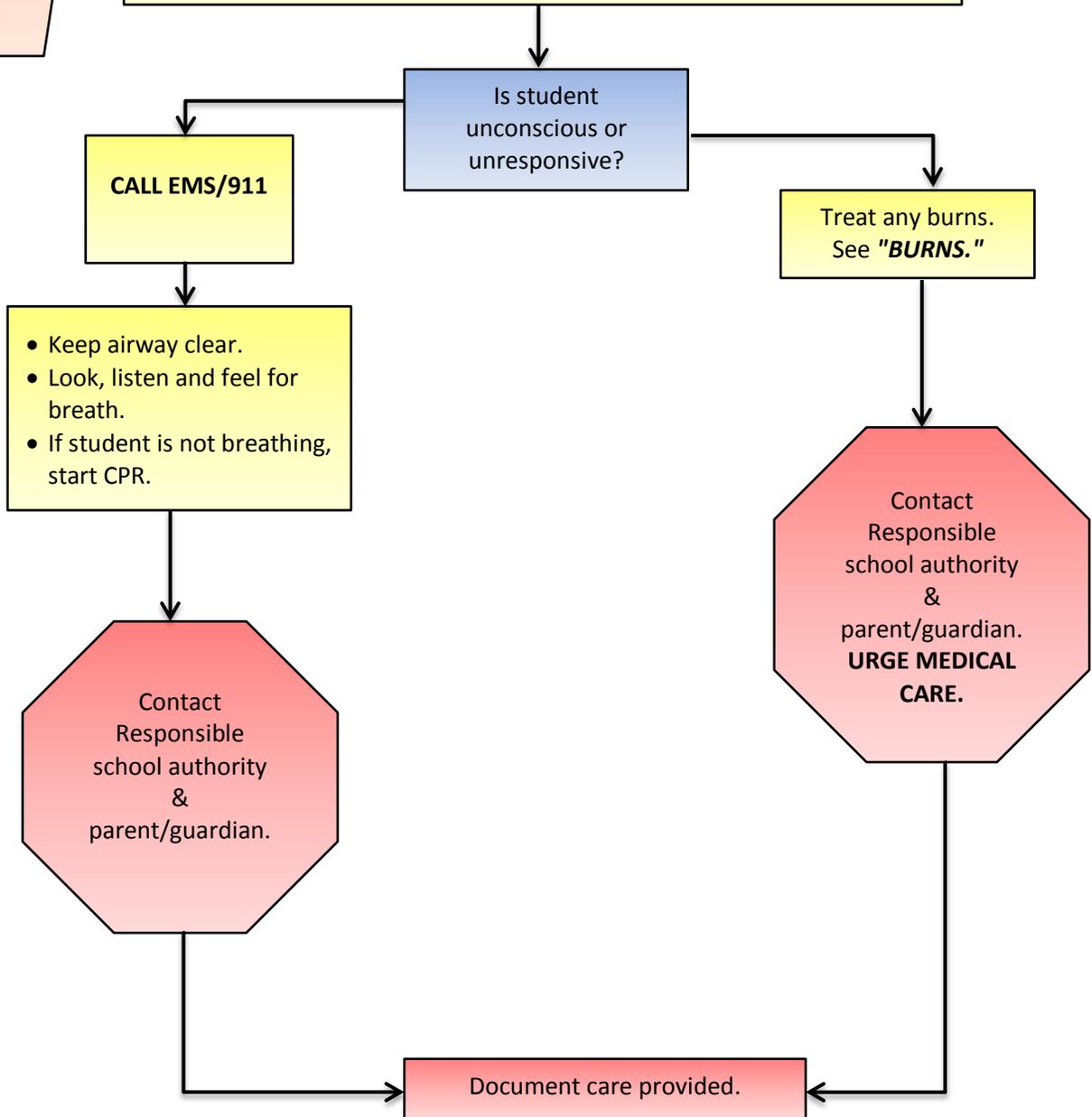
## EARACHE



# ELECTRIC SHOCK

If no one else is available to call EMS/911, perform CPR first for 2 minutes and then call EMS/911 yourself.

- **TURN OFF POWER SOURCE, IF POSSIBLE.**
- **DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- **IF AVAILABLE USE A NON-CONDUCTIVE POLE to move the power source away from the child.**
- **KEEP OTHERS AWAY FROM THE AREA.**
- **Once power is off and situation is safe, approach the student and ask, "Are you OK?"**



# EYE-CHEMICALS IN THE EYE

- Wear gloves and if possible, goggles.
- If needed, hold the injured eye open with your fingers.
- Immediately rinse the eye with large amounts of clean water for 20-30 minutes. Use eyewash station if available.
- Tip the head so the injured eye is down and the water washes the eye from nose out to side of the face.
- If the student is wearing contact lenses, remove them if you are able.

**CALL EMS/911**

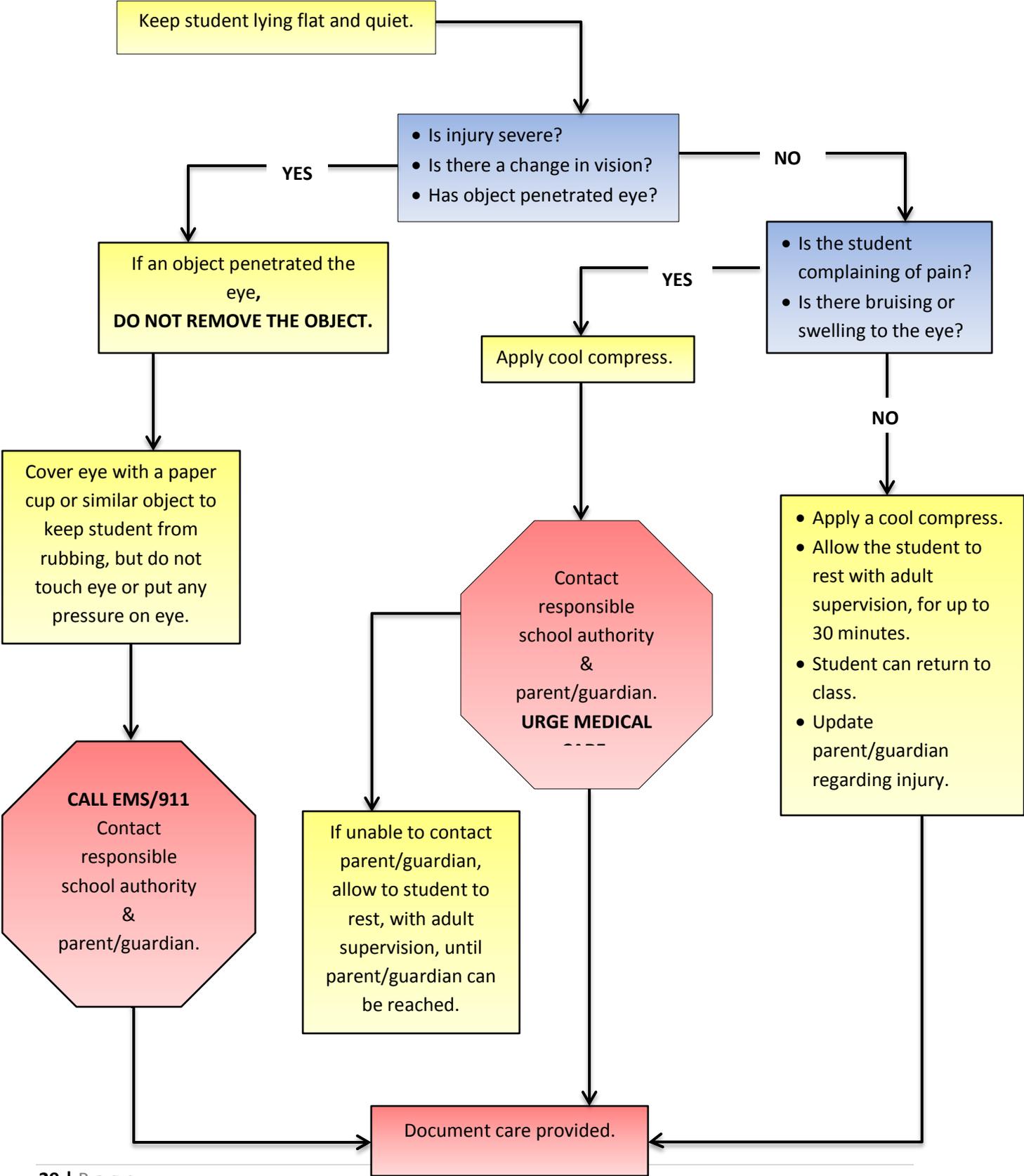
While you are rinsing the eye, have someone call **POISON CONTROL**  
**1-800-222-1222**  
Follow their directions.

Continue rinsing the student's eye until EMS arrives.

Contact responsible school authority & parent/guardian

Document care provided.

# EYE-INJURY TO THE EYE



# EYE-PARTICLE IN THE EYE

Keep student from rubbing eye.

Does the student have contact lenses in?

NO

YES

Have the student remove contact lenses.

Gently grasp the upper eyelid and pull out and down over lower eyelid, this might dislodge the object.

Does the student feel the pain has resolved?

NO

YES

- If necessary, lay student down and tip head toward affected side.
- If necessary, hold student's eye open with your fingers.
- Gently pour tap water over the eye while the eye is down and the water washes the eye from nose out to side of the face.

If the student removed his/her contact lenses, have them put them back in.

- If unable to reach parent/guardian, attempt to flush eye again with water.
- Have student place cool compress on eye.
- Allow student to lie down, under adult supervision, and close eyes, to help decrease irritation and pain.
- If pain becomes severe or student complains of difficulty seeing, **CALL EMS/911.**

Does the student feel the particle has been removed?

YES

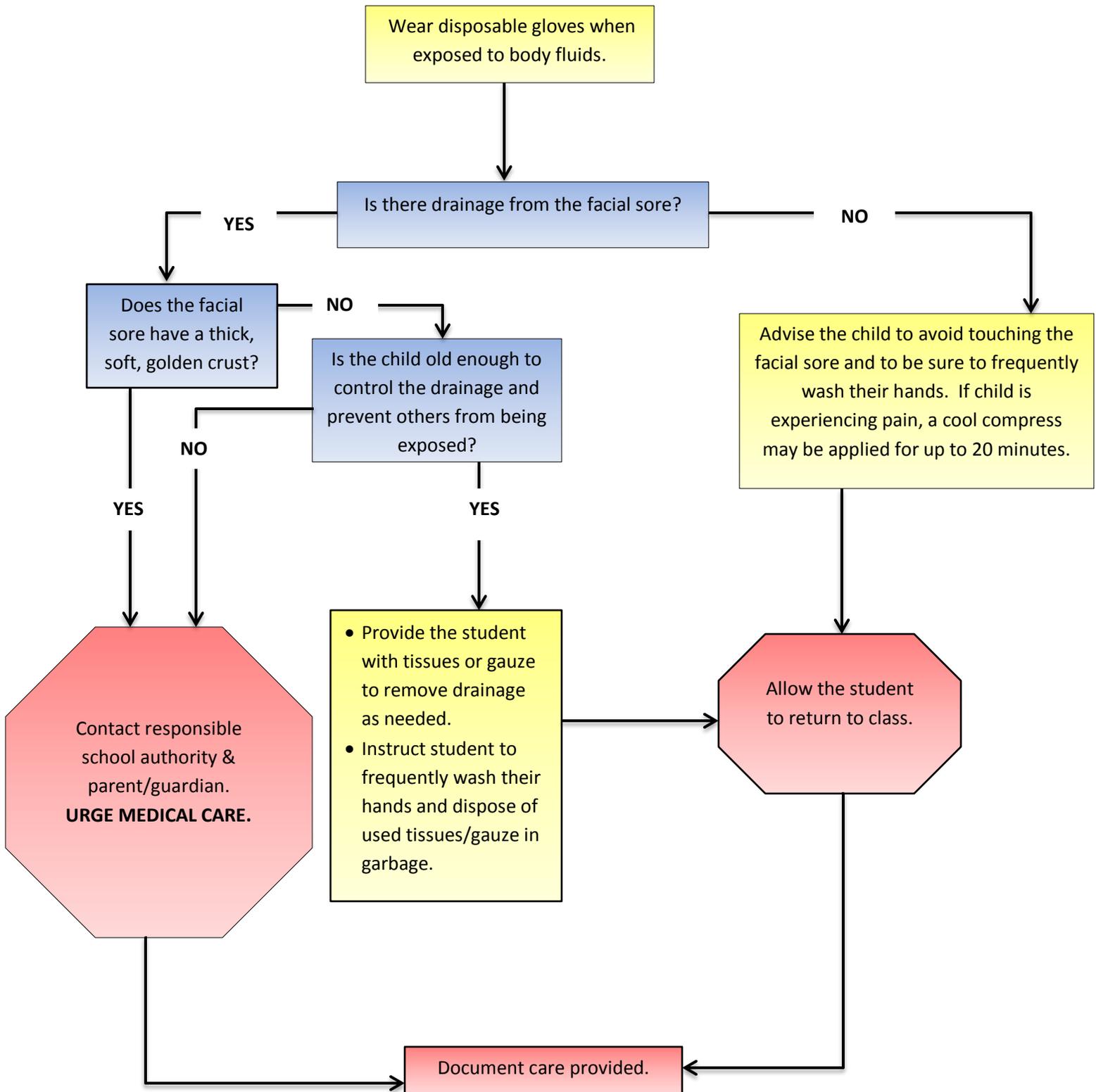
NO

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

Allow student to return to class.

Document care provided.

# FACIAL SORE (Cold/Canker Sore)



# FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see **"UNCONSCIOUSNESS."**

YES OR NOT SURE

- Is fainting due to injury?  
Was student injured when he/she fainted?

NO

Treat as possible neck injury.  
See **"NECK PAIN" AND "BACK PAIN."**  
Do NOT move the student.

- Keep student in flat position without a pillow under the head.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding, if needed (wear disposable gloves.)
- Give nothing by mouth.

Has the student regained consciousness?

NO

See **"UNCONSCIOUSNESS."**

YES

Does the student still complain of:

- Dizziness?
- Lightheadedness?
- Weakness?
- Fatigue?

NO

If student feels better, and there is no danger of neck injury, move student to quiet, private area and maintain adult supervision.

Keep student lying down with legs elevated. Contact responsible school authority & parent/guardian.  
**URGE MEDICAL CARE.**

Contact responsible school authority & parent/guardian.

Document care provided.

# FEVER

To receive a more accurate reading, it is recommended to take the student's temperature either oral or tympanic whenever possible.

Is the student's temperature equal or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

NO

If student has other complaints, see appropriate protocol.

YES

Have the student lie down in a quiet, private area that allows for adult supervision.

Give no medicine unless previously authorized and appropriate permission forms are on file.

Contact responsible school authority & parent/guardian.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911.**

Document care provided and medication administered, if necessary.

# FINGER/TOENAIL INJURY

A crush injury to the fingertip may result in fracture or bleeding under intact fingernail, creating pressure that may be very painful.

- Wear gloves when exposed to body fluids.
- Use clean bandage or gauze and apply gentle direct pressure until bleeding stops.
- Wash with soap and water, apply band-aid or tape overlay to protect nail bed.
- Apply cool compress for up to 20 minutes for pain and prevent swelling.

Has the pain improved after applying cool compress?

NO

If you suspect a fracture,  
See "**FRACTURE.**"

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

If unable to reach parent/guardian,  
allow student to rest with adult supervision.

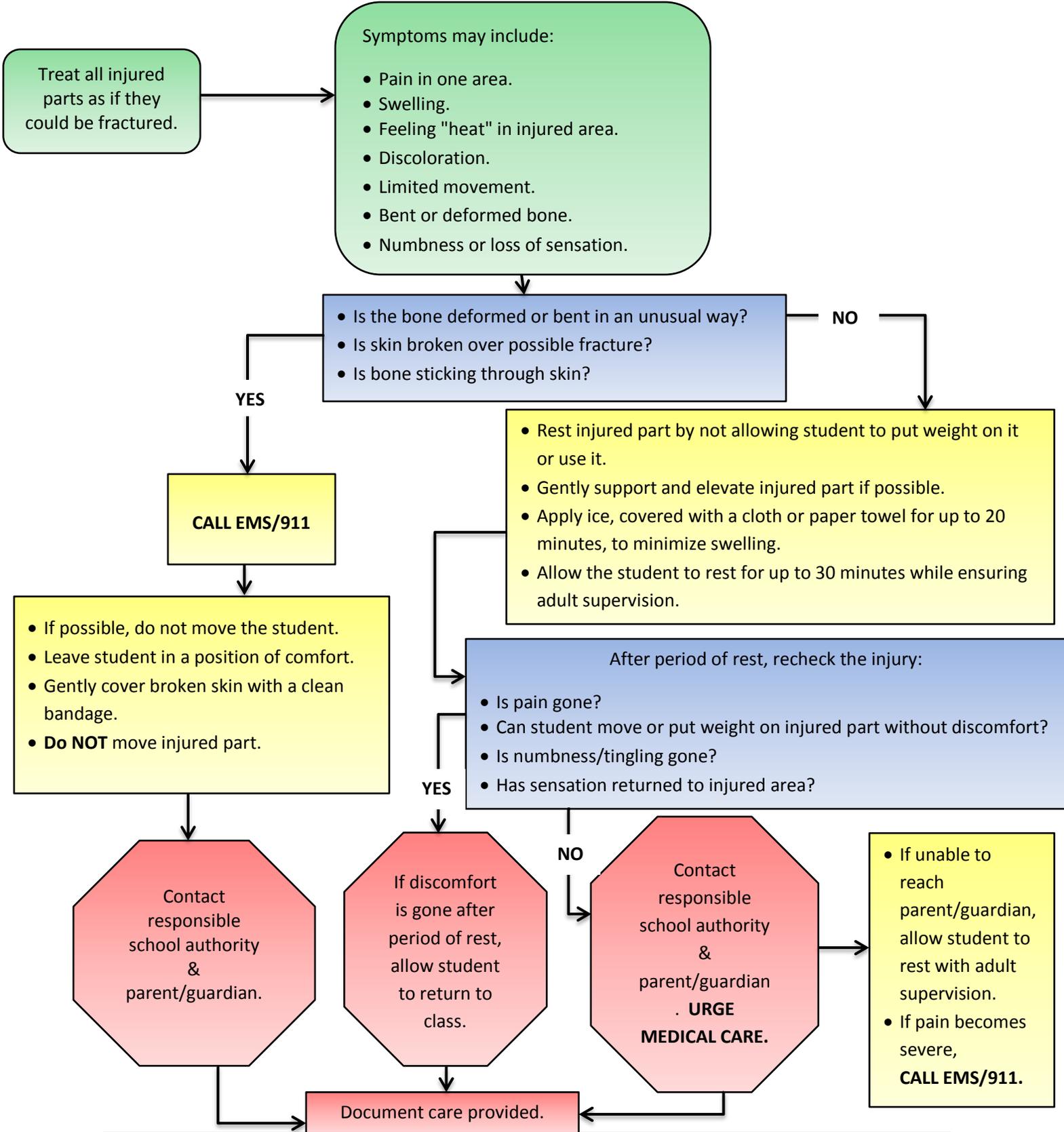
If pain becomes severe,  
**CALL EMS/911.**

YES

Have the student return to class.

Document care provided.

# FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



# FROSTNIP/FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

- Frostbitten skin may:
- Look discolored (flushed, grayish-yellow, pale).
  - Feel cold to the touch.
  - Feel numb to the student.
- Deeply frostbitten skin may:
- Look white or waxy.
  - Feel firm or hard (frozen).

Wear gloves when exposed to body fluids.

- Take the student to a warm place.
  - Remove cold or wet clothing, including shoes, and give student warm, dry clothes.
  - Protect cold part from further injury.
  - Do NOT** rub or massage the cold part or apply heat such as a water bottle or hot running water.
  - Cover part loosely with nonstick, sterile dressings or dry blanket.

- Does extremity/body part:
- Look discolored - grayish, white or waxy?
  - Feel firm/hard (frozen)?
  - Have a loss of sensation?
  - Is the area swollen?
  - Has the affected body part developed blisters?

- YES**
  - Call EMS/911.
  - Keep student warm and the body part covered.
  - Students who have suffered frostbite may also be suffering from hypothermia. (See **"HYPOTHERMIA."**)

**NO**  
 Keep student and the body part warm by either soaking body part in warm water or wrapping in blankets for up to 20 minutes.

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian. Student may remain in school if no further symptoms.

Document care provided.

# HEAD INJURY

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "[BLEEDING](#)."

If student only bumped their head and does not have any other complaints or symptoms, see "[BRUISES](#)."

- With a head injury (other than head bump), always suspect neck injury as well.
- **Do NOT** move or twist the back or neck.
- See "[NECK PAIN](#)" & "[BACK PAIN](#)" for more information.

Have student rest, lying flat. Keep student quiet and warm.

- Is student vomiting?
- Did the student lose consciousness at all, even briefly?

If the student is vomiting, turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

- Watch student closely.
- Do NOT leave student alone.
- Complete "[CDC Signs and Symptoms Concussion Checklist](#)"

CALL EMS/911

Are any of the following signs and symptoms present:

- Unconsciousness?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR, using head tilt/chin lift.

Give nothing by mouth. Contact responsible school authority & parent/guardian.

- If unable to reach parent/guardian, have student rest with adult supervision.
- Complete concussion checklist every 60 minutes.

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

Document care provided.

# HEADACHE

Has a head injury occurred?

See "[HEAD INJURY.](#)"

NO

- Is the headache severe?
- Are there other symptoms present such as:
  - Vomiting?
  - Blurred vision?
  - Oral/tympanic temperature 100° or greater or axillary temperature 99° or greater?
  - Dizziness?

NO

Allow the student to lie down for up to 30 minutes in a room that affords privacy but has adult supervision. Dim the lights.

Does the student have appropriate authorization for administration of medication? (such as Tylenol or Ibuprofen)

NO

Apply a cool cloth or compress to the student's head.

YES

Administer medication as directed.

Contact responsible school authority & parent/guardian.

**URGE MEDICAL CARE.**

Document care provided.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911.**

Contact responsible school authority & parent/guardian.

Has pain subsided?

NO

YES

The child may return to class.

Document care provided and medication administered, if applicable.

# HEAT EXHAUSTION/HEAT STROKE

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

- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Vomiting.
- Loss of consciousness.
- Profuse sweating.
- Headache.
- Nausea.
- Confusion.
- Muscle cramping.

Wear disposable gloves when exposed to body fluids.

Quickly remove the student from heat to a cooler, shaded place.

• Have the student lie down.  
• Elevate legs 8-12 inches.

NO

Is the student:

- Unconscious or losing consciousness?
- Hot, dry, have red skin?
- Vomiting?
- Confused?

YES

CALL EMS/911

- Give cool, clear fluids such as water, or commercial electrolyte drink frequently in small amounts if person is fully awake and alert.
- Sponge student with cool wet cloths on head, face, and trunk, change the cloths frequently.
- Fan student.
- Loosen clothing.
- Remove any additional layers of clothing

- Put the student on his/her side to protect the airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

Contact responsible school authority & parent/guardian.

- Remove any additional layers of clothing.
- Cool rapidly by completely wetting clothing with cool water and fan student.
- **DO NOT USE ICE WATER.**
- Place ice packs on neck, armpits, and groin.
- Give nothing by mouth.

Document care provided.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide clear fluids.

# 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 for too long.

Hypothermia can occur after a student has been outside in the cold or in cold water.

Symptoms may include:

- Confusion.
- Weakness.
- Blurry vision.
- Slurred speech
- Shivering.
- Sleepiness.
- White or grayish skin color.
- Impaired judgment.

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes and socks, and wrap student in a warm, dry blanket.

- Continue to warm the student with blankets.
- If student is fully awake and alert, offer warm (**NOT HOT**) fluids, but no food.

Does the student have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

NO

YES

**CALL EMS/911**

- Give nothing by mouth.
- Continue to warm student with blankets.
- See **"FROSTBITE."**
- If student is sleepy, place student on his/her side to protect airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

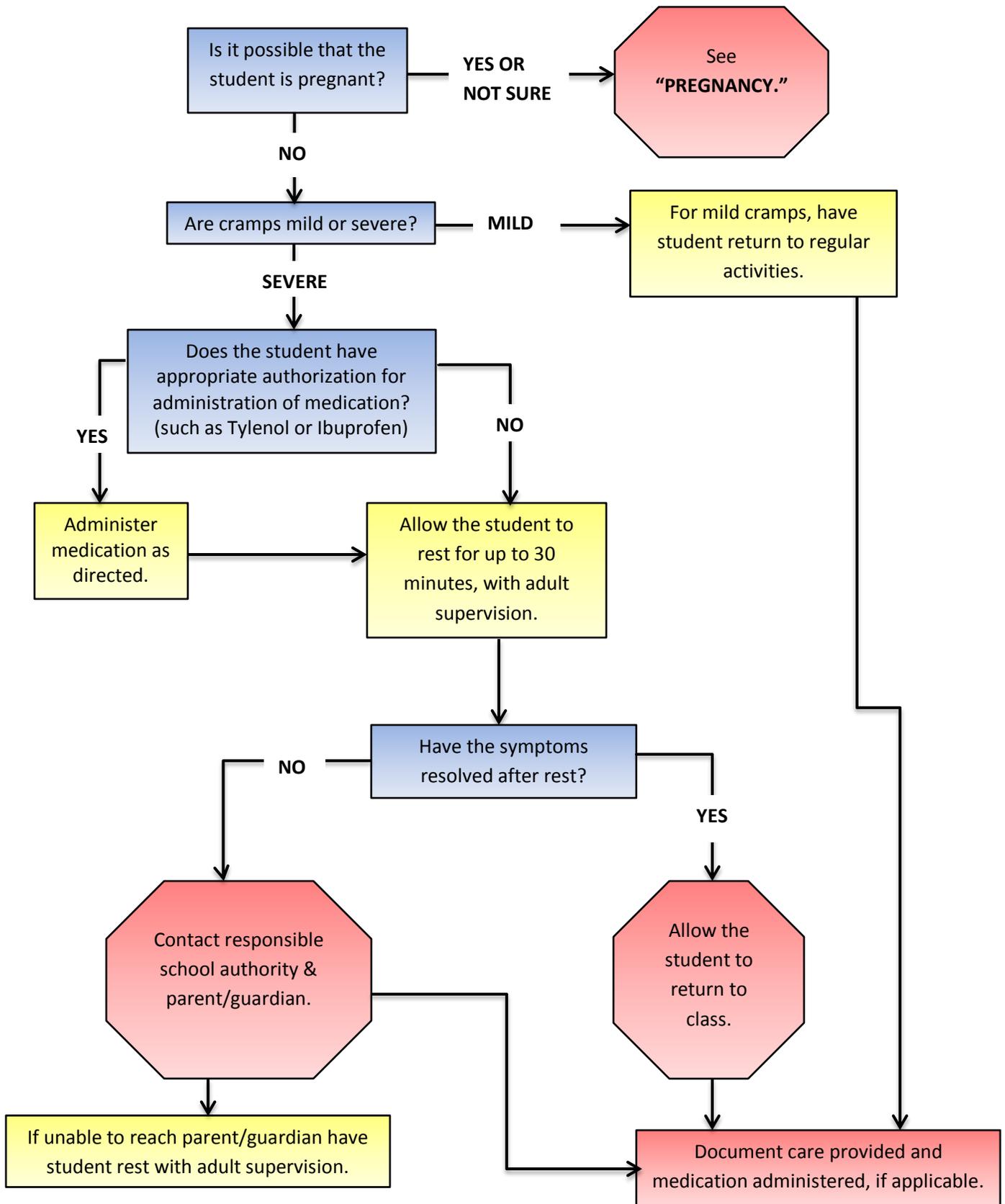
Contact responsible school authority & parent/guardian.  
**URGE MEDICAL CARE.**

Document care provided.

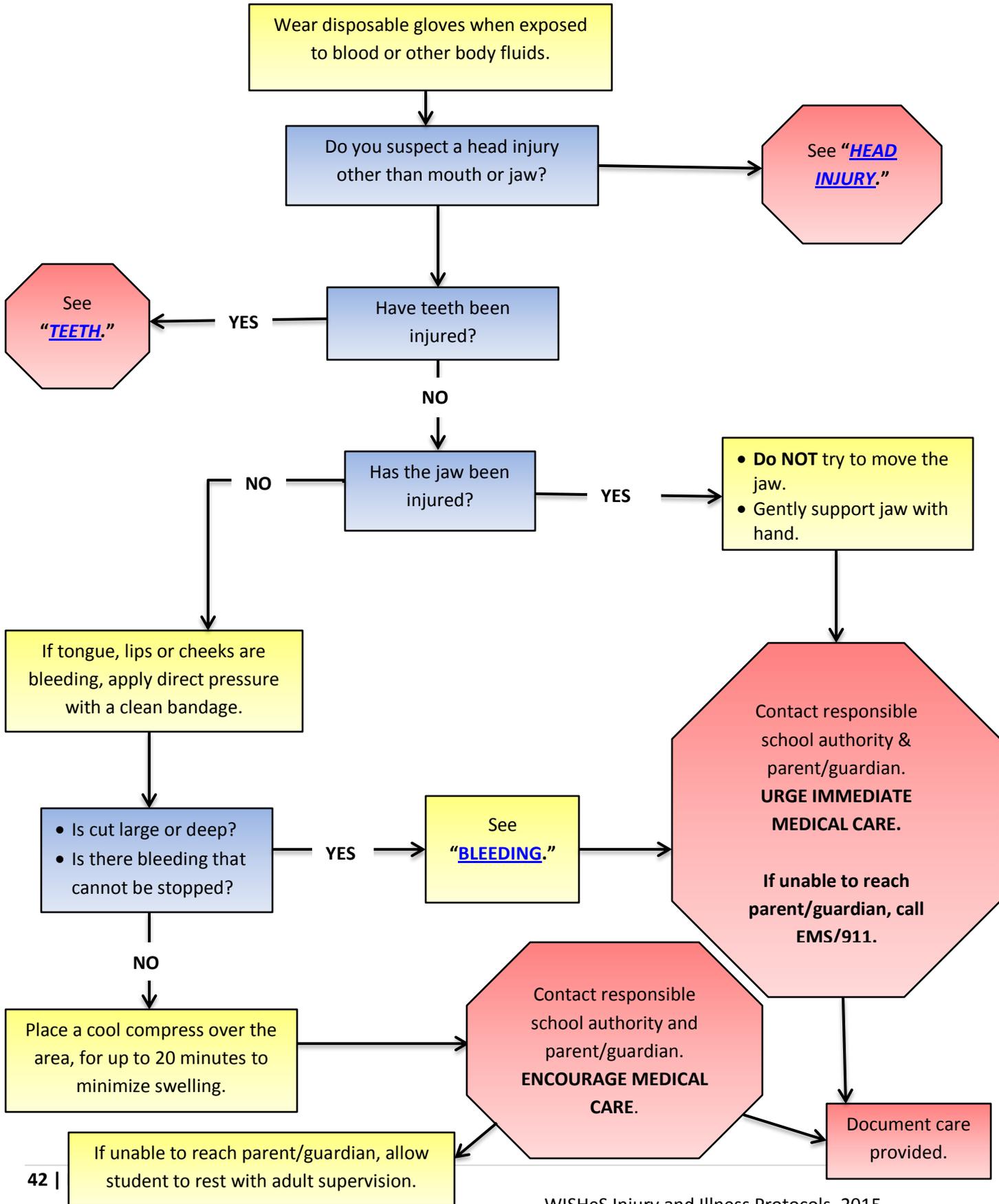
Contact responsible school authority & parent/guardian.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide warm fluids.

# MENSTRUAL DIFFICULTIES



# MOUTH & JAW INJURIES



# NECK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO

YES

Did the student walk in or was student found lying down?

WALK IN

LYING DOWN

- Do not move the student unless there is **IMMEDIATE** danger of further physical harm.
- If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
- Do NOT** drag the student sideways.

- Keep the student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

**Call EMS/911.**  
 Contact responsible school authority & parent/guardian.

Is the student's temperature equal to or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

YES

NO

See **"FEVER"**.  
 The student may have a serious infection. Contact responsible school authority & parent/guardian.  
**URGE MEDICAL CARE.**  
 If student appears extremely ill, **CALL EMS/911.**

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 are not emergencies.

Is the student able to participate in normal activities?

NO

YES

- 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.**

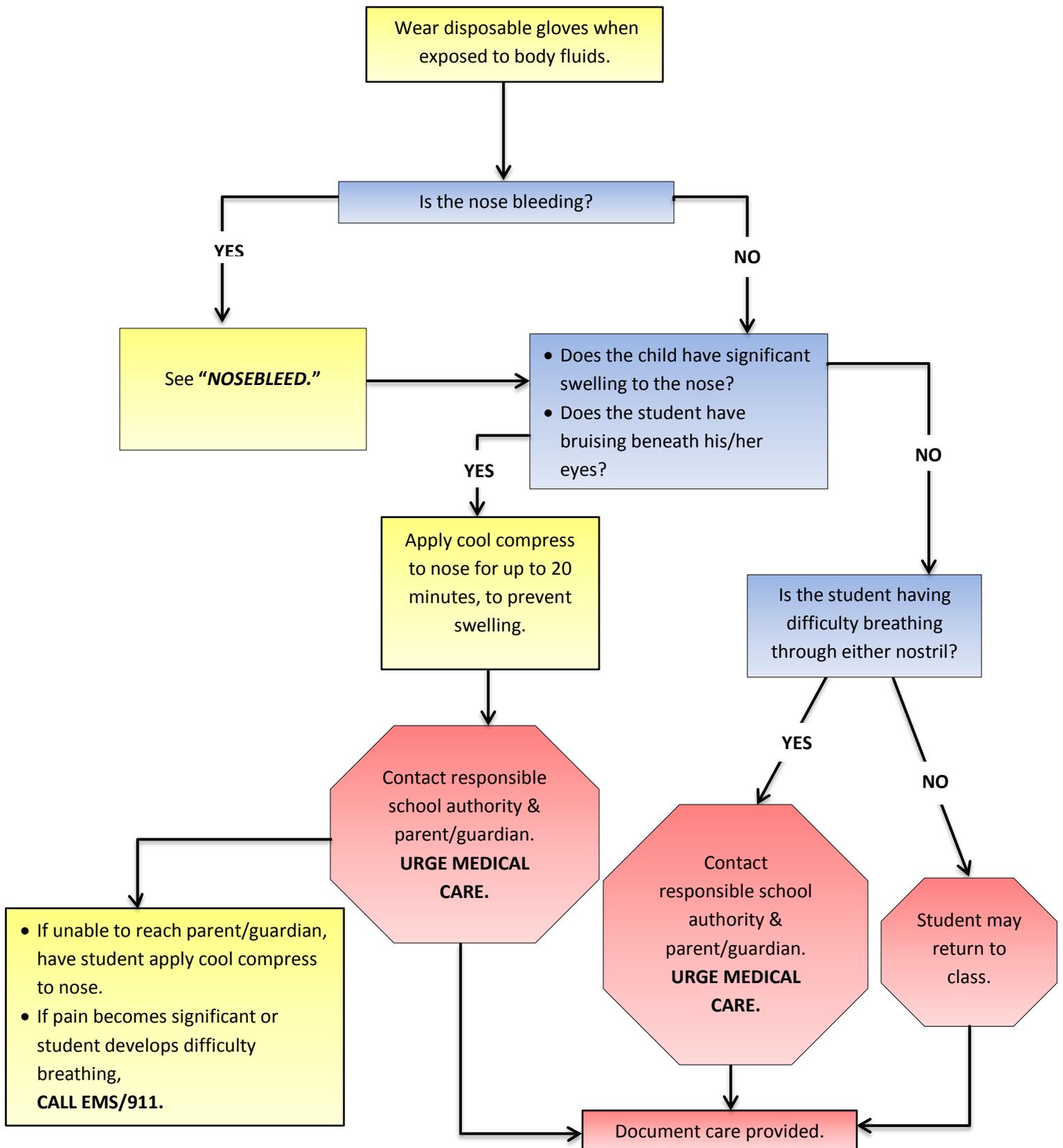
If student is uncomfortable and unable to participate in normal activities, contact responsible school authority & parent/guardian.  
**URGE MEDICAL CARE.**

If unable to reach parent/guardian, allow student to rest with adult supervision.

Student may return to class.

Document care provided.

# INJURY TO NOSE



# OBJECT IN NOSE

Wear disposable gloves when exposed to body fluids.

Is the object:

- Large?
- Puncturing the nose?
- Deeply imbedded?

NO

YES

**DO NOT ATTEMPT TO REMOVE THE OBJECT.**

See "**PUNCTURE WOUND**" if object has punctured the nose.

Have the student hold the clear nostril closed while gently blowing his/her nose.

Did the object come out on its own?

NO

If object cannot be removed easily, **DO NOT ATTEMPT TO REMOVE.**

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

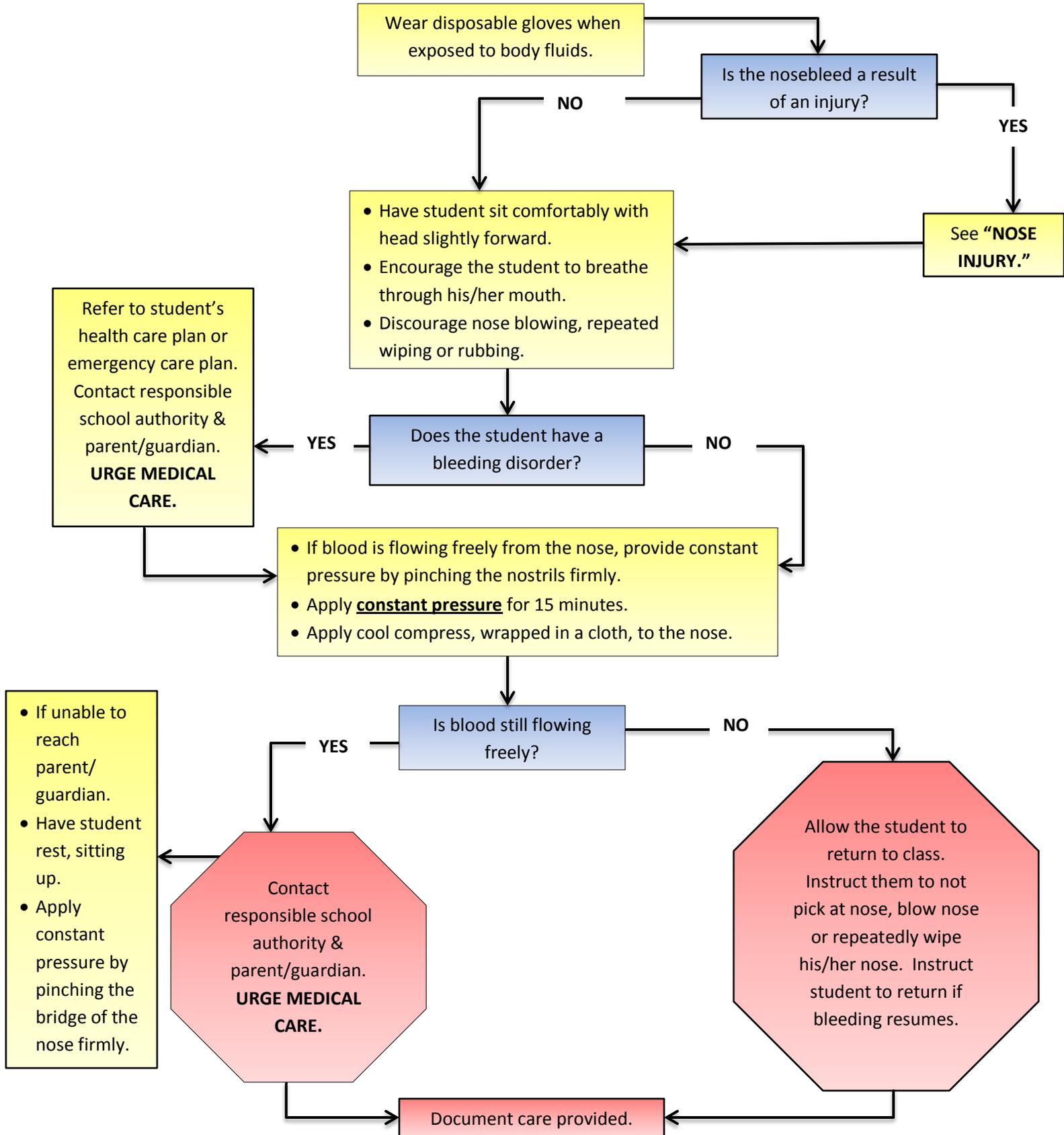
YES

If there is no pain, the student may return to class. Update parent/guardian.

Document care provided.

- If unable to reach parent/guardian and student is in significant pain or having difficulty breathing through nostril, **CALL EMS/911.**
- If student is not having difficulty breathing or experiencing severe pain, allow them to rest with adult supervision.

# NOSEBLEED



# NOT FEELING WELL

Take the student's temperature.

Is the student's temperature equal or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

YES

NO

See "[FEVER.](#)"

- Have the student lie down in a room that affords privacy but allows for adult supervision.
- Allow the student to rest for up to 30 minutes.
- Observe the student, if other symptoms develop, refer to appropriate protocol.

Is the student feeling better?

NO

YES

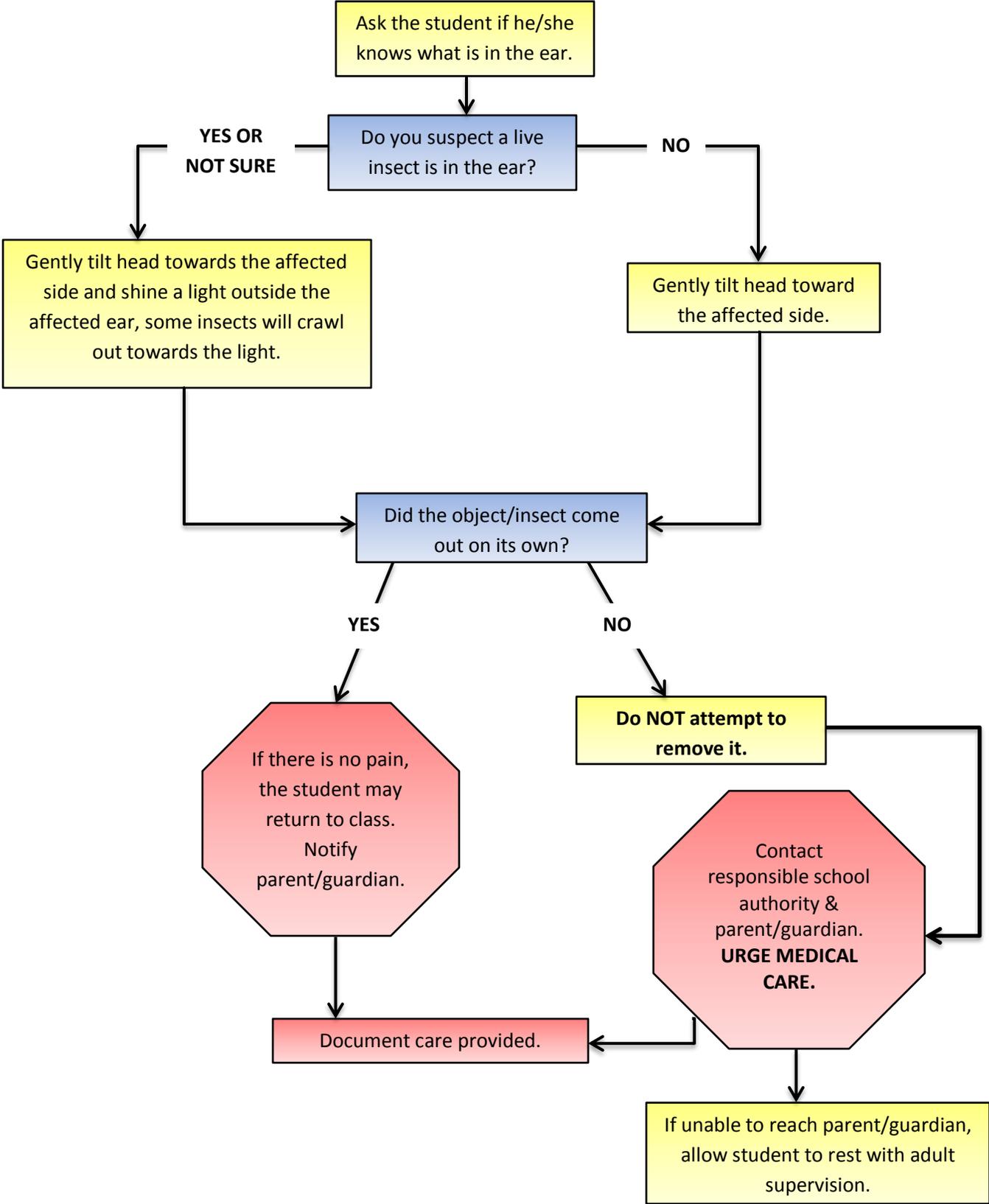
Allow the student to return to class.

Contact responsible school authority & parent/guardian.

Document care provided.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911.**

# OBJECT IN EAR CANAL



# POISONING AND OVERDOSE

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

- Medicines.
- Insect bites and stings.
- Snake bites.
- Plants.
- Chemicals/cleaners.
- Drugs/alcohol.
- Food poisoning.
- Inhalants.
- Or if you are not sure.

Possible warning signs of poisoning include:

- 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.

- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.
- If there is a powder on the student, shake or brush it off, do not apply water.

If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of "poison" it was.
- How much and when it was taken.

**CALL POISON CONTROL.**  
**1-800-222-1222**  
**Follow their directions.**

- Do not induce vomiting or give anything **UNLESS instructed by Poison Control.** With some poisons vomiting can cause greater damage.
- Do **NOT** follow the antidote label on the container, it may be incorrect.

- If student becomes unconscious, place on his/her side.
- Check airway.
- Look, listen and feel for breathing. If student stops breathing, start CPR.

**CALL EMS/911**

Contact responsible school authority & parent/guardian.

If possible, send some of the vomited material and ingested material with its container (if available) to the hospital with the student.

Document care provided.

# PREGNANCY

Pregnant students should be known to appropriate school staff. Any student who is old enough to be pregnant, might be pregnant.

Signs of labor include:

- Contractions that become stronger at regular and increasingly shorter intervals.
- Lower back pain and cramping that does not go away.
- “Water” breaks (can be a large gush or a continuous trickle).
- Bloody (brownish or red-tinged) mucus discharge from vagina.

Pregnancy may be complicated by any of the following:

**SEVERE STOMACH PAIN**

See “*STOMACH PAIN.*”

**SEIZURE**

See “*SEIZURE.*”

**VAGINAL BLEEDING**

**FLUID LEAKAGE FROM VAGINA**

This is NOT normal and may indicate the beginning of labor.

**MORNING SICKNESS**

Treat as vomiting.  
See “*VOMITING.*”

**CALL EMS/911.**

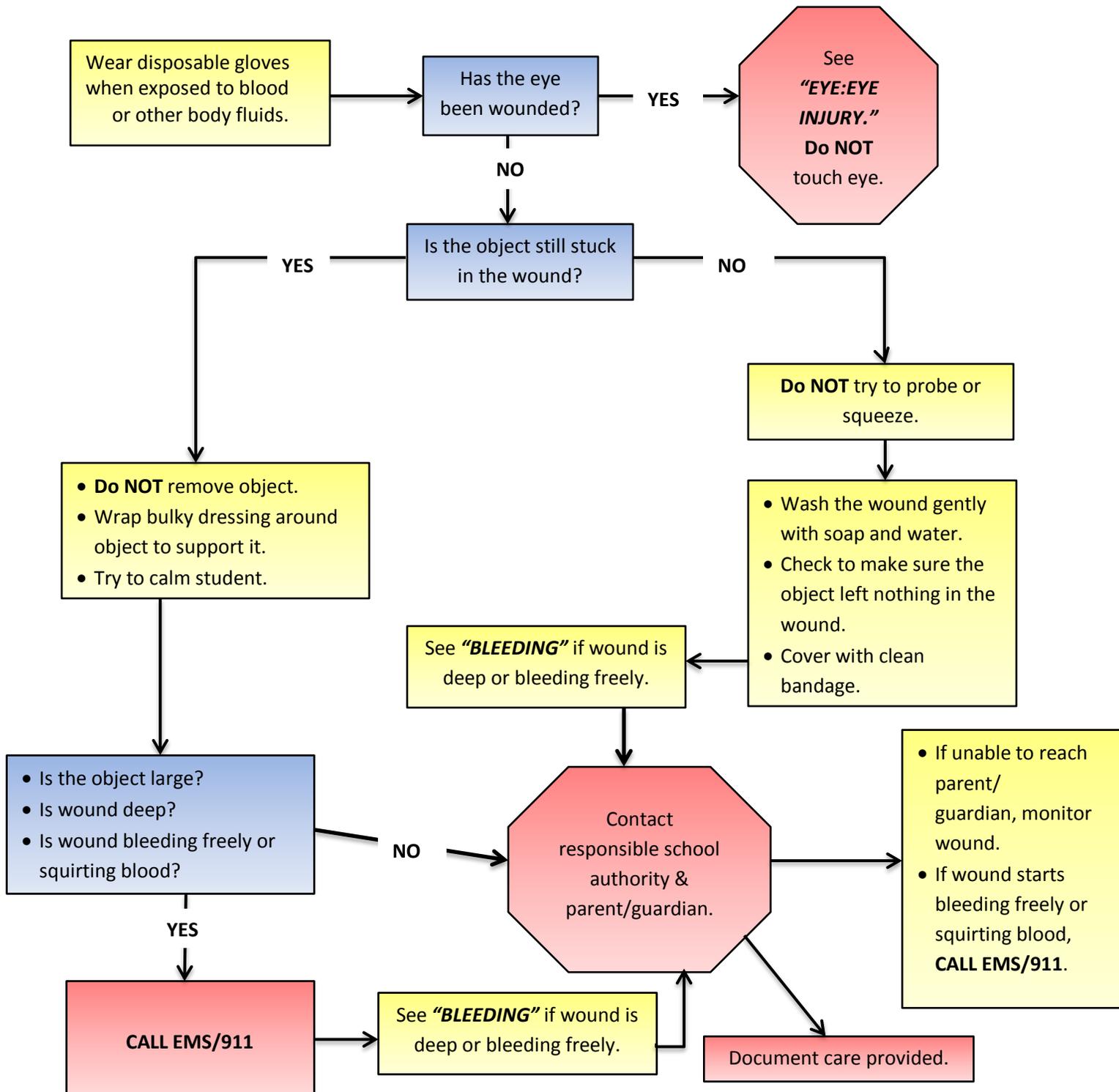
Contact responsible school authority & parent/guardian.  
Contact student’s support person, if applicable.

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

Contact responsible school authority & parent/guardian.

Document care provided.

# PUNCTURE WOUNDS



# RASHES

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

Rashes include such things as:

- Hives
- Red spots
- Purple spots
- Small blisters

Some rashes may be due to contagious diseases.  
Wear disposable gloves to protect yourself when in contact with any rash.

Does the student have:

- Loss of consciousness
- Difficulty breathing or swallowing?
- Purple spots that don't turn white when you press on them?
- Does the student appear extremely ill?

**CALL EMS/911**

Is the student possibly having an allergic reaction?

NO

Monitor breathing and initiate CPR if needed.

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

Are any of the following symptoms present?

- Drainage from the rash?
- Oral or tympanic temperature over 100° or axillary temperature over 99° (See "**FEVER**")?
- Headaches?
- Diarrhea?
- Sore throat?
- Vomiting?
- Rash is bright red and sore to the touch?
- Rash (hives) all over the body?
- Student is uncomfortable (e.g. itchy, sore, feels ill) and is unable to participate in school activities?

NO

NO

YES

See "**ALLERGIC REACTION.**"

YES

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 104° axillary or 105° orally/tympanic, call **EMS/911**.

Document care provided.

If rash is mild, located in small area of the body, and not causing the student to be uncomfortable, student can remain in school. Contact parent/guardian with an update.

# SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).

Does the student have an emergency care plan?

YES

NO

Refer to the student's emergency care plan. Follow emergency plan instructions related to emergency medication administration and follow up instructions.

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

- Time the seizure started.
- Duration of seizure.
- Kind of movement or behavior.
- Body parts involved.
- Loss of consciousness, etc.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do NOT restrain movements.**
- Move surrounding objects to avoid injury.
- **Do NOT place anything between the teeth or give anything by mouth.**
- Keep airway clear by placing student on his/her side. A pillow **should NOT** be used.

- Is student having a seizure lasting longer than 5 minutes?
- Is student having seizures following one another at short intervals?
- Is student without a known history of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

NO

- Seizures are often followed by sleep.
- The student may also be confused.
- This may last from 15 minutes to an hour or more.
- Allow student to rest with adult supervision.
- After the sleeping period, the student should be encouraged to participate in all normal class activities.

YES

**CALL EMS/911**  
Contact responsible school authority & parent/guardian.

Update parent/guardian. Student may remain in school if no further concerns.

Document care provided.

# SICKLE CELL DISEASE

In sickle cell disease, the red blood cells become distorted and look C-shaped, like a sickle. Sickle cells die early, which leads to anemia. Also, these sickle-shaped blood cells tend to get stuck in narrow blood vessels and clog blood flow. This can cause severe pain and organ damage, especially to the spleen. People with sickle cell disease are susceptible to certain bacterial infections because of damage done to the spleen.

Allow a student with sickle cell to drink water throughout the day. Staying well hydrated by drinking plenty of water can help prevent pain episodes and other health problems.

Refer to the student's health plan or Emergency plan.

Does the student have any of the following signs and symptoms:

- Blurred vision?
- Chest pain?
- Difficulty breathing?
- Fast rate of breathing?
- Harsh noisy breathing?
- Inability to speak?
- Oral/tympanic temperature greater than 101° or axillary greater than 100°?
- Severe headache?
- Sudden or constant dizziness?
- Sustained, unwanted erection?
- Upper left abdominal pain?
- Weakness on either side of body?

YES

NO

CALL EMS/911

Does the student have the following signs and symptoms:

- Bone/joint/hip pain?
- Noticeable change in the color of skin, lips, fingernails?
- Difficulty with memory?
- Vomiting?
- Swelling in hands, feet or joints?

YES

NO

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

- Review student's health plan and/or emergency plan for all other concerns.
- Follow instructions in health plan.

Document care provided.

# SNAKE BITE

## Signs and Symptoms of Poisonous Bite

### Mild to Moderate:

- Swelling, discoloration, or pain to site.
- Rapid pulse, weakness, sweating, fever.
- Shortness of breath.
- Burning, numbness or tingling sensation.
- Blurred vision, dizziness, fainting.
- Fang marks, nausea, vomiting, diarrhea.

### Severe:

- Swelling of tongue or throat.
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis and unconsciousness.
- Loss of muscle coordination.

Treat all snakebites as poisonous until snake is positively identified.

- **Do NOT cut wound.**
- **Do NOT apply tourniquet.**
- **Do NOT apply ice.**

**ALL SNAKE BITES** need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a snake kit for outdoor trips.

Although there are only two types of venomous snakes found in Wisconsin, it is always important to be prepared for poisonous snakebites, especially when traveling outside of Wisconsin.

- Immobilize the bitten extremity **AT OR BELOW** the level of the heart.
- Make person lie down, keep at complete rest, avoid activity (walking).
- Keep student warm and calm.
- Remove any restrictive clothing, rings and watches.

**NO** → [Decision Box: Is snake poisonous or unknown? / Is the person not breathing? (If yes, initiate CPR)] → **YES** → [Call EMS/911]

**Call EMS/911**

- Flush bite with large amount of water.
- Wash with soap and water.
- Cover with clean, cool compress or moist dressing.
- Monitor pulse, student's skin color and respirations; prepare to perform CPR, if needed.
- Identify snake-if dead, send with student to the hospital.
- Parent/guardian may transport student to the hospital for medical evaluation if condition is not life threatening.

**If greater than 30 minutes from emergency department:**  
 Apply a tight bandage to extremity bite between bite and heart. **Do not cut off blood flow.**  
 Use Snake Bite Kit suction device repeatedly.

Contact responsible school authority & parent/guardian.  
**ENCOURAGE MEDICAL CARE.**

Document care provided.

# SORE THROAT

Is the student having difficulty breathing or extreme trouble swallowing causing him/her to drool?

YES

CALL EMS/911

NO

Is the student's temperature equal to or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

YES

NO

Have the student gargle with warm water.

YES

Did that help to alleviate or minimize the pain?

NO

Contact responsible school authority & parent/guardian.

Allow the student to return to class.

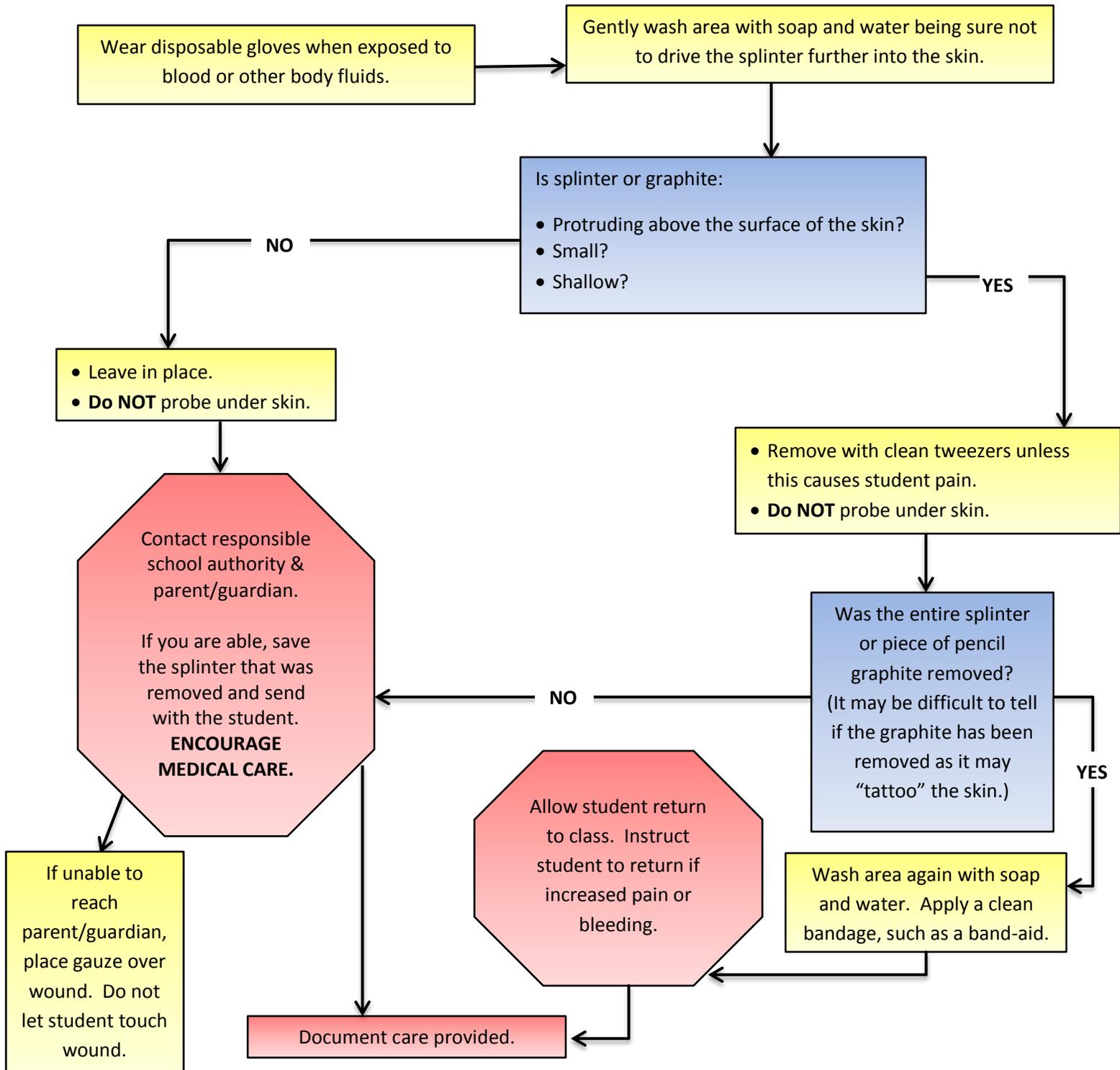
Contact responsible school authority & parent/guardian.

See "FEVER."

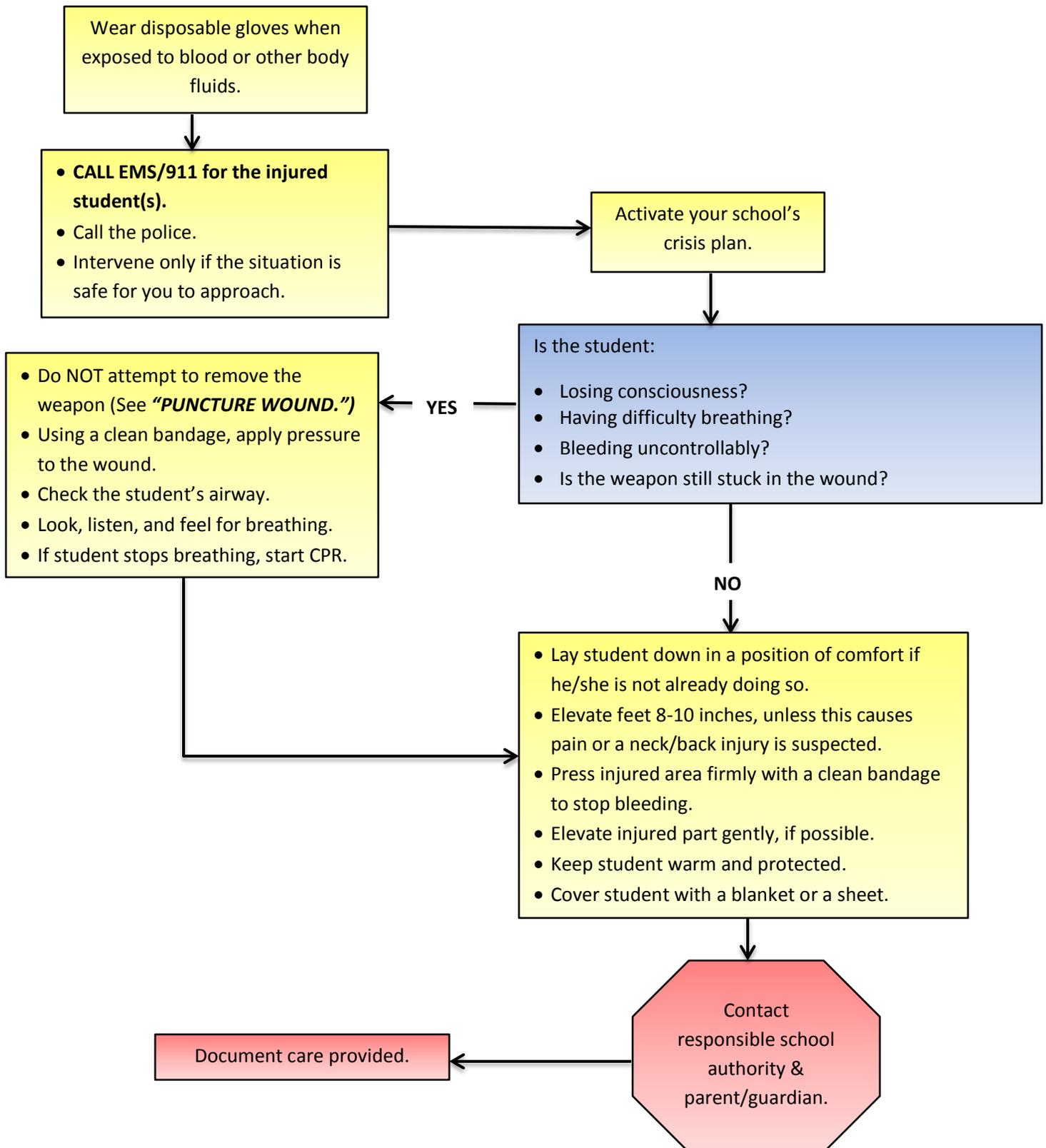
- Check the student's airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

Document care provided.

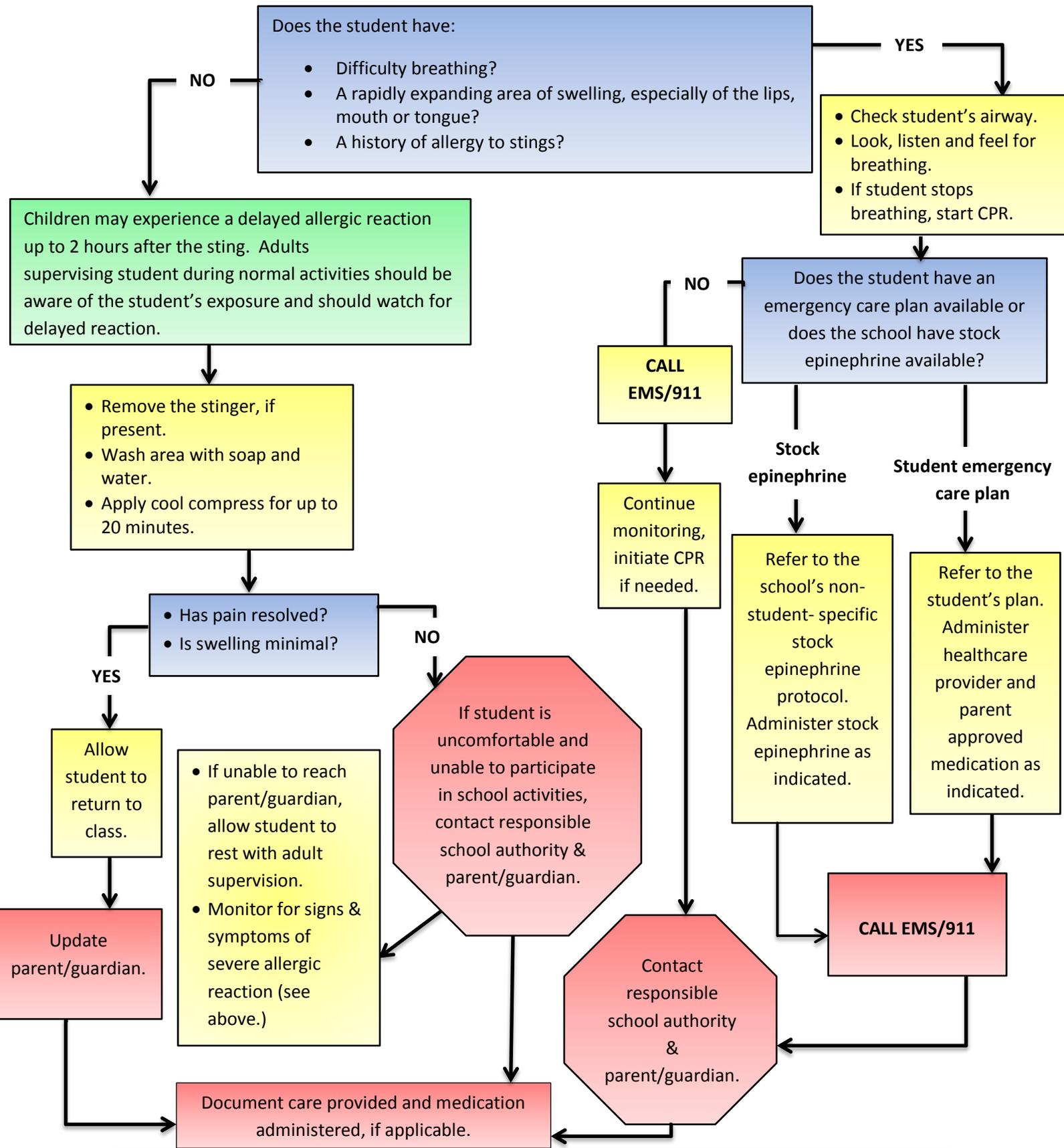
# SPLINTERS OR IMBEDDED PENCIL GRAPHITE



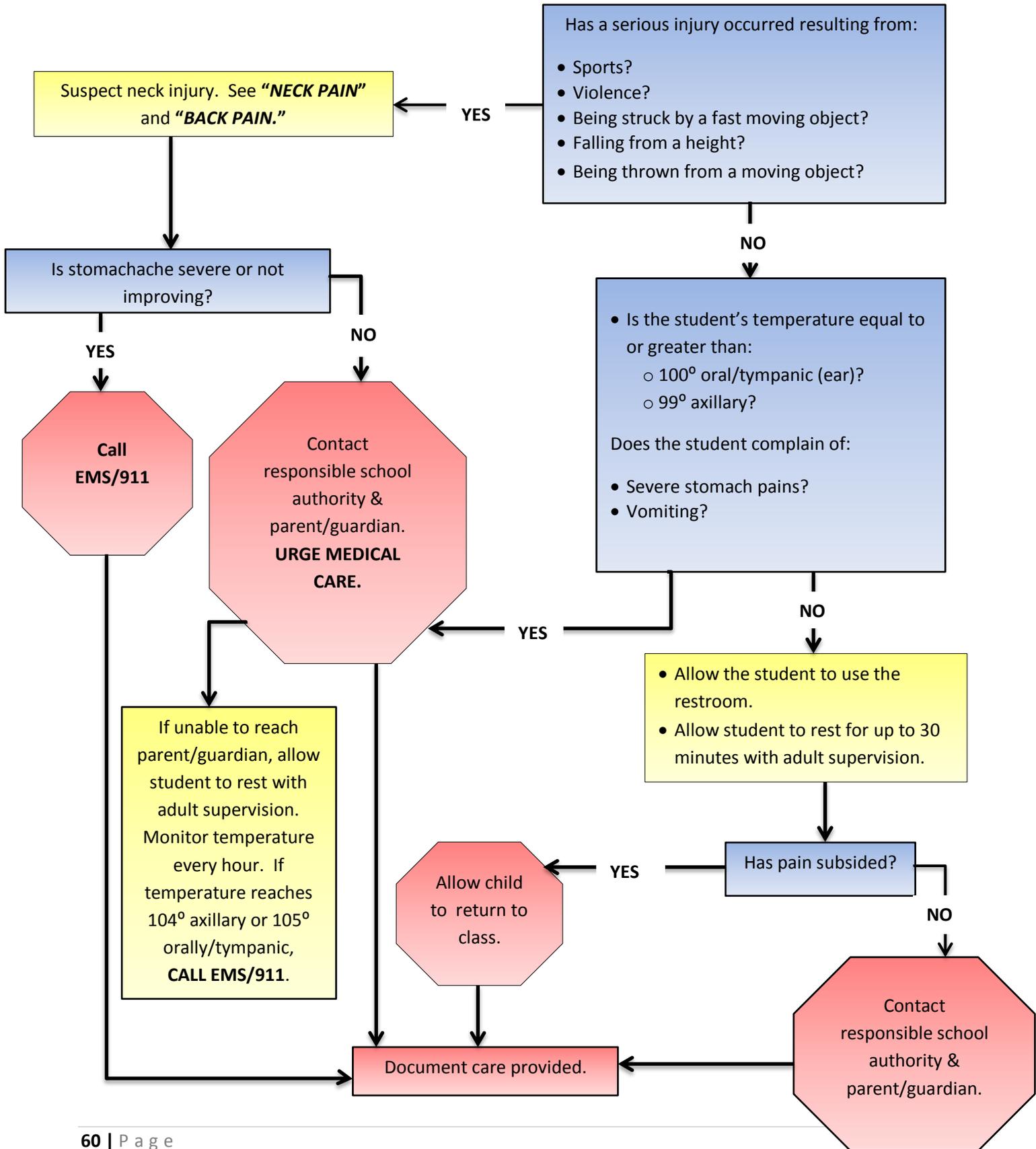
# STABBING & GUNSHOT INJURIES



# STINGS



# STOMACHACHES/PAINS



# TICKS

Wear disposable gloves when exposed to blood and other body fluids.

Wash the bite area gently with soap and water before attempting removal.

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **Do NOT** handle ticks with bare hands.

- There are a variety of tools that can be used to remove a tick.
- The key is to grasp the tick as close to the skin surface as possible, be careful to not squeeze the tick.
- Pull upward with steady, even pressure.
- **Do NOT** twist or jerk the tick as the mouth parts may break off.
- It is important to remove the ENTIRE tick.
- Take care not to squeeze, crush, or puncture the body of the tick as its fluids may carry infection.
- Never use petroleum jelly or a hot match to kill and remove a tick. These methods don't get the tick off the skin, and can cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

- Place tick in plastic bag incase parent/guardian wants to have the tick identified.
- Record the date and location of the tick bite.

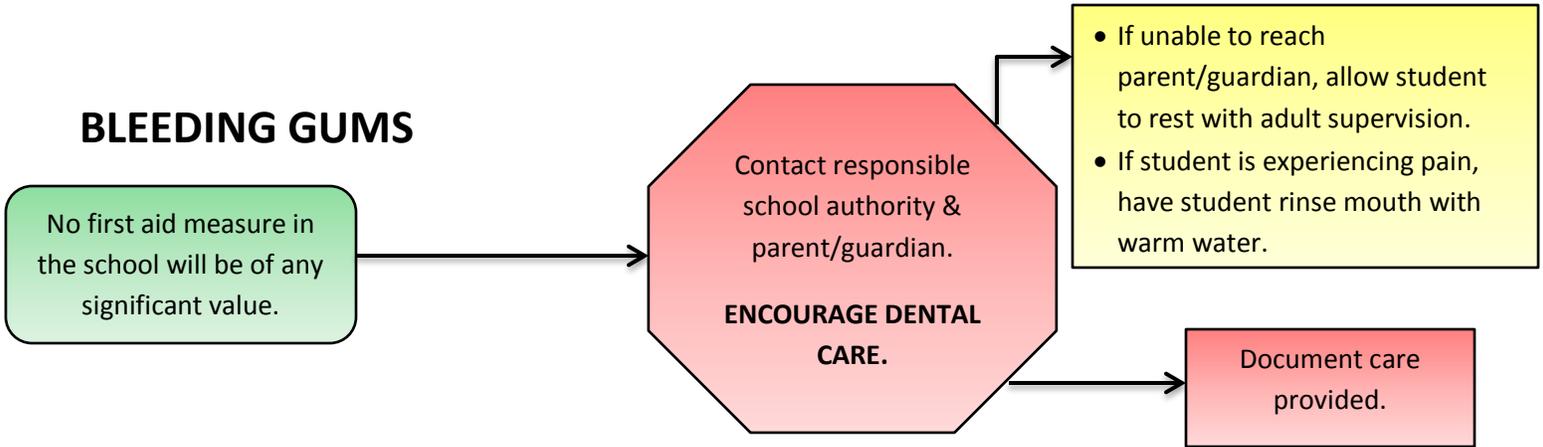
- After removal, wash the area of the body where the tick was, thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Contact responsible school authority & parent/guardian. Student may remain in school. Send tick home with student.

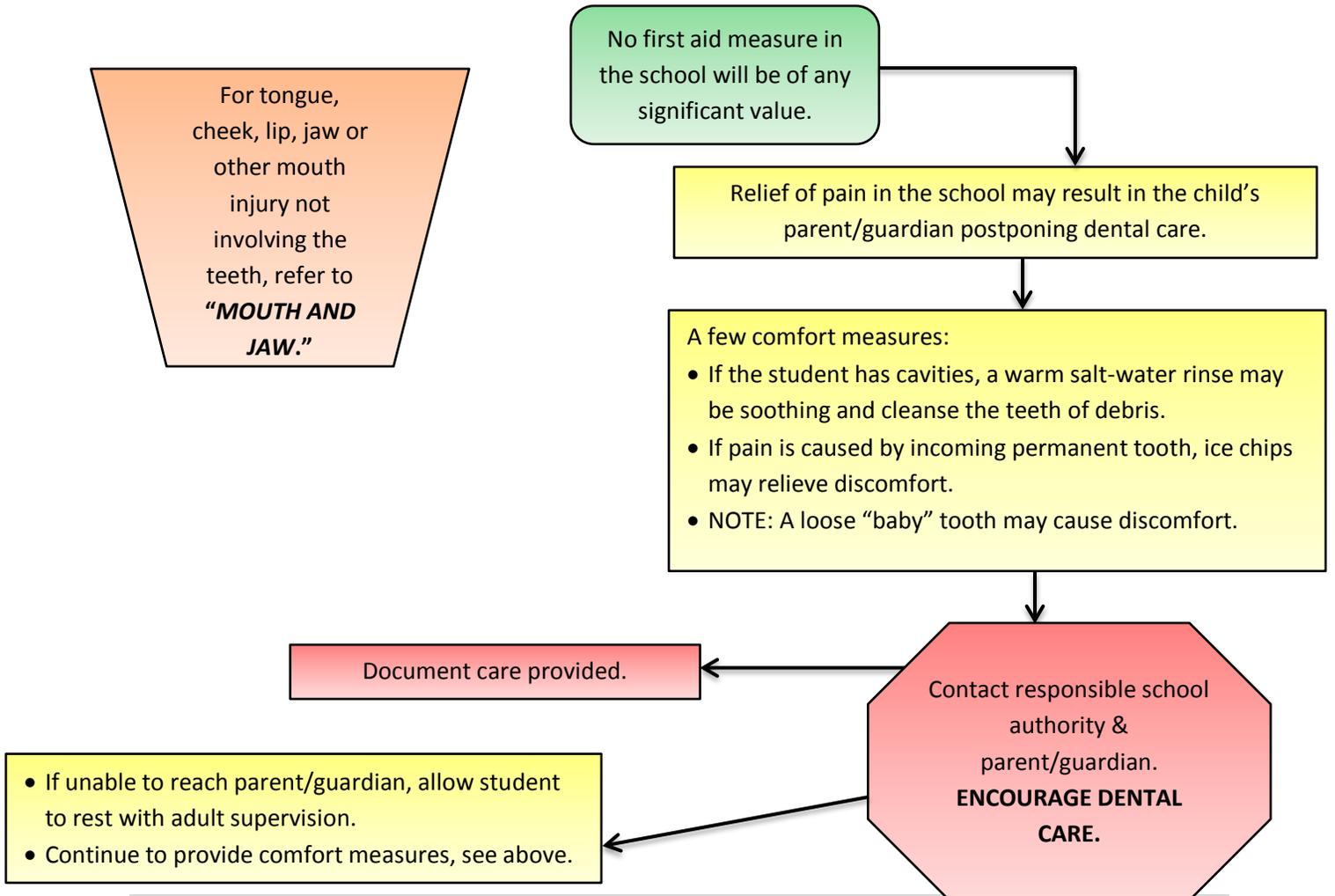
Document care provided.

# TEETH & GUMS

## BLEEDING GUMS

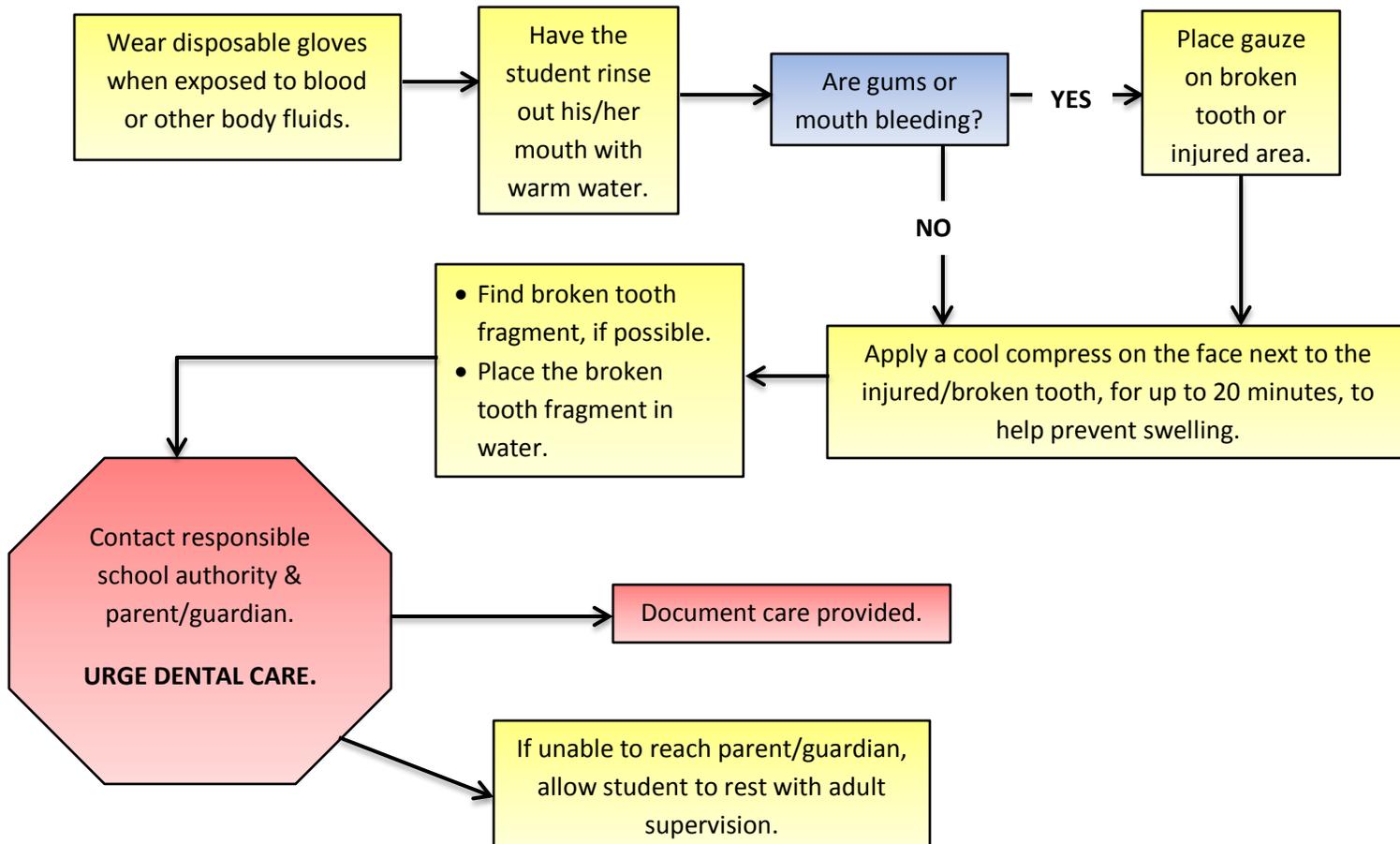


## TOOTHACHE OR BLEEDING GUM SWELLING (ABSCESS OR "BOIL")

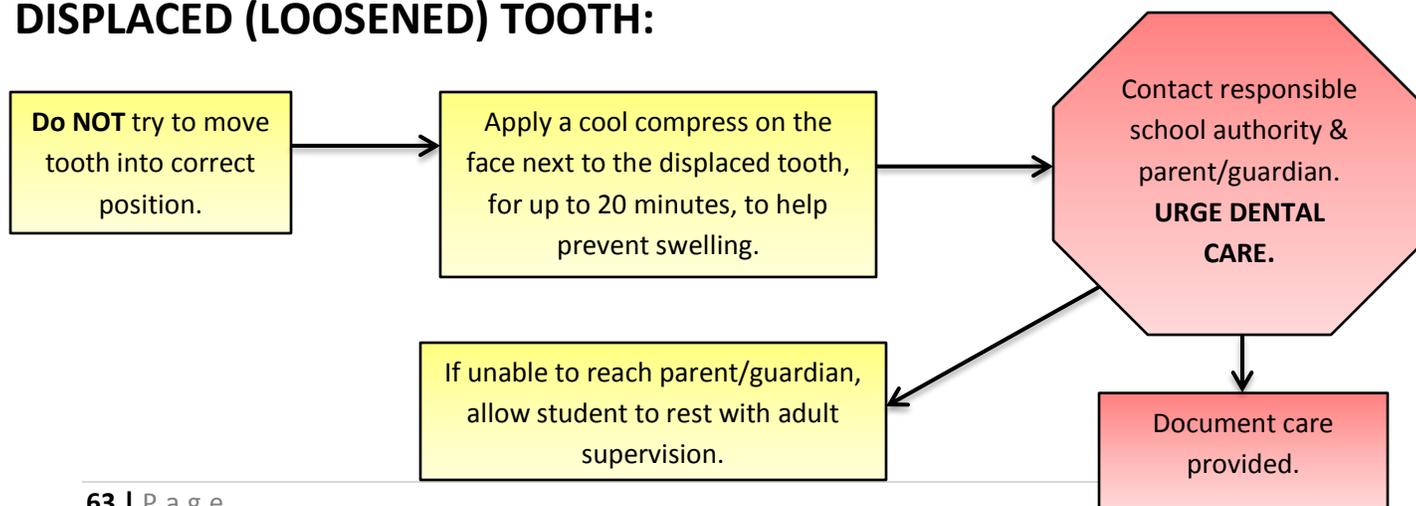


# TEETH:CHIPPED, BROKEN OR DISPLACED

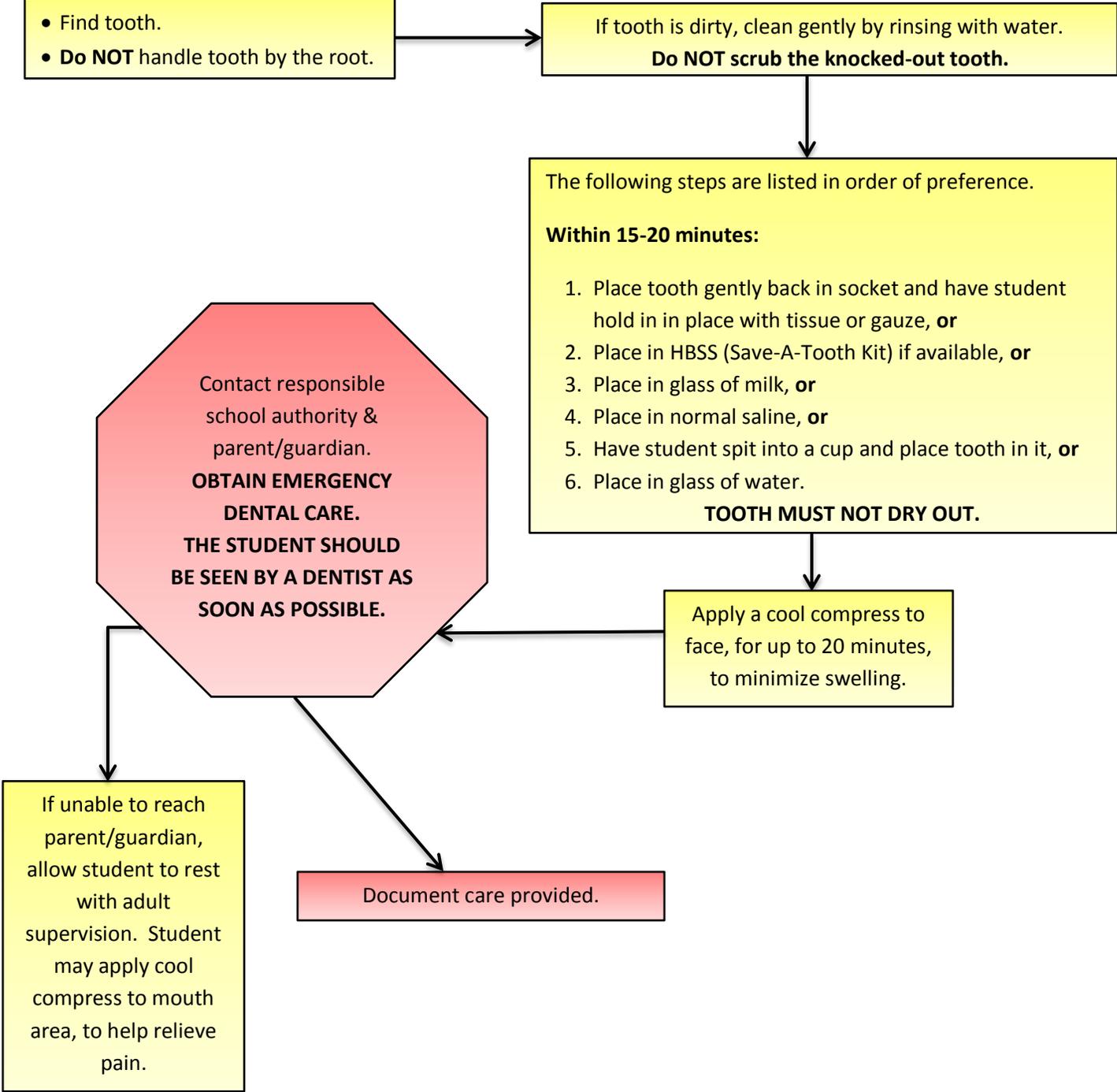
## CHIPPED/BROKEN TOOTH:



## DISPLACED (LOOSENED) TOOTH:



# TEETH: KNOCKED OUT TOOTH



# UNCONCIOUSNESS

If student stops breathing, and no one else is available to call EMS/911, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may be caused by:

- Injuries.
- Blood loss/shock.
- Poisoning.
- Severe allergic reaction.
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

If you know the cause of the unconsciousness, see the appropriate protocol.

See "FAINTING."

Did the student regain consciousness immediately?

YES

NO

Is unconsciousness due to injury?

YES

NO

- See "NECK AND BACK PAIN" and treat as a possible neck injury.
- Do NOT move student.

- Open airway with head tilt/chin lift.
- Look, listen and feel for breathing.

CALL EMS/911

YES

Is student breathing?

NO

Begin CPR

CALL EMS/911

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep student warm and protected. Cover student with sheet or blanket.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.
- Examine student from head to toe and give first aid for conditions as needed.

Contact responsible school authority & parent/guardian..

Document care provided.

# VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. **CALL POISON CONTROL 1-800-222-1222** and ask for instructions. See **"POISONING"** and notify local health department.

Vomiting may have many causes including:

- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/Head injury
- Heat exhaustion.
- Overexertion.
- Food poisoning.

Wear disposable gloves when exposed to blood and other body fluids.

Is the student's temperature equal or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

See **"FEVER."**

YES

NO

- Have student lie down for up to 30 minutes in a room that affords privacy but allows for adult supervision.
- Apply a cool, damp cloth to students face or forehead.
- Have a bucket available.
- Give no food or medication, although you may offer the student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is the student dizzy and pale?
- Does the student appear extremely ill?

YES

NO

**CALL EMS/911.**

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.

Document care provided.

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## *Appendix A:*

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The following Student Injury and Illness form has been developed in conjunction with the protocols. Districts are welcome to use these forms as a means of documenting the care provided to students and staff. It is recommended that some kind of written documentation be sent home to parent(s)/guardian(s) informing them of their child's injury or illness that occurred at school. A suggested way to accomplish this would be to print the following Student Illness and Injury form in duplicate and the duplicate copy can be sent home with the child.

The Student Illness and Injury form can also be found at: <http://www.wishesproject.org/wp-content/uploads/student-illness-injury-form.pdf>

## STUDENT INJURY/ILLNESS FORM

STUDENT INFORMATION			
Student Name		Date	
Date of Birth		Grade	Male      Female
Check In Time		Check Out Time	

SCHOOL INFORMATION	
School:	Principal:

ILLNESS/INJURY COMPLAINT (CIRCLE ALL THAT APPLY)			
Allergic reaction	Diarrhea	Head injury	Sickle cell
Abrasion/Scratch	Difficulty breathing	Heat illness	Sore throat
Asthma concern	Dislocation	Hypothermia/Frostnip	Splinter
Behavioral health concern	Dizzy	Menstrual problems	Sting
Bleeding	Ear problem	Mouth/Jaw injury	Stomachache
Bite	Eye problem	Nose injury	Tick
Blister	Facial sore	Nosebleed	Toenail injury
Burn	Fainting	Not feeling well	Vomiting
Cough	Fever	Pain: _____	Other: _____
Cut/Laceration	Fingernail injury	Puncture	
Dental problem	Fracture	Rash	
Diabetes concern	Headache	Seizure	

TREATMENT PROVIDED (CIRCLE ALL THAT APPLY)		
Bandaid/Bandage applied	Medication administered:	Snack given
Cool compress applied x ____ min	Notified School Nurse	Temperature checked:
Eye flushed	Parent/Guardian notified	Wound care
Fluids given	Pressure applied x ____min	Other: _____
Heating pad applied x ____min	Rest: ____ minutes	

ADDITIONAL CARE PROVIDED

DISPOSITION (CIRCLE ALL THAT APPLY)	
EMS/911 called	Sent/Taken Home
Parent decided to remove from school	Taken to healthcare provider/clinic/hospital/urgent care
Return to class	Other: _____

Signature of school staff:	Date:
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The following form, **Report of Student Injury and First Aid** form was developed in conjunction with the Injury and Illness Protocols. This two-paged form allows for more detailed documentation of the injury and subsequent first aid provided to the student. This form can be used as the districts Accident Reporting Form, if the district does not already have one. This form can be used as an alternative to the Department of Public Instruction Student Accident Report, which can be found online at <http://dpi.wi.gov/files/forms/doc/pod1945.doc>. It is also recommended that some kind of written documentation be sent home to the parent(s)/guardian(s) following an accident or injury at school.

The WISHeS Report of Student Injury and First Aid form can be found at:  
<http://www.wishesproject.org/wp-content/uploads/Report-of-Student-injury-first-aid-form.pdf>

## REPORT OF STUDENT INJURY AND FIRST AID FORM

STUDENT INFORMATION			
Student Name		Date	
Date of Birth		Grade	Male      Female
Date of Illness/ Injury		Time of illness/ injury	

SCHOOL INFORMATION	
School:	Principal:

ACCIDENT INFORMATION (CIRCLE THE APPROPRIATE CHOICE)			
Location of accident		When did accident occur?	
Athletic Field	Playground	After School	Lunch
Bus	Pool	Athletic Practice	Other_____
Cafeteria	Restroom	Athletic Team Competition	Physical Education Class
Classroom	Stairway	Before School	Recess
Gymnasium	Vocational/Shop Lab	Class Change	Unknown
Hallway	Other_____	During Class	
Parking Lot		Field Trip	

SURFACE (CIRCLE ALL THAT APPLY)		
Asphalt	Gravel	Sand
Carpet	Gymnasium floor	Snow
Concrete	Ice	Synthetic Surface
Dirt	Mat(s)	Tile
Grass	Other_____	Wood Chips/Mulch

TYPE OF INJURY (CIRCLE ALL THAT APPLY)							
Head	Jaw	Elbow	Chest/Ribs	Leg	Abrasion	Cut/Laceration	Other
Eye	Chin	Forearm	Back	Knee	Scrape	Dislocation	
Ear	Neck/Throat	Wrist	Abdomen	Ankle	Bite	Fracture	
Nose	Collarbone	Hand	Groin	Foot	Bump/Swelling	Pain/Tenderness	
Mouth/Lips	Shoulder	Finger	Genitals	Toe	Bruise	Puncture	
Tooth/Teeth	Upper Arm	Fingernail	Pelvis/Hip	Toenail	Burn/Scald	Sprain	

CONTRIBUTING FACTORS (CIRCLE ALL THAT APPLY)				
Animal Bite	Contact with Hot or Toxic Substance	Foreign Body/Object	Slipped	Unknown
Collision with Object	Drug, Alcohol or Other Substance Involved	Hit with Thrown Object	Struck by Auto, Bike, etc.	Weapon
Collision with Person	Fall	Other_____	Struck by Object (bat, swing, etc.)	
Compression/Pinch	Fighting	Overextension/Twisted	Tripped	



