Injury and Illness Protocols

- Allergic Reaction
- Amputation & Avulsion
- Asthma & Difficulty Breathing
- Back Pain
- Behavioral Health Concerns
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- Child Abuse
- Cuts, Scratches, & Scrapes
- Dental Braces-Ligatures
- Dental Braces-Pain
- Diabetes
- Diarrhea
- Ear Problem-Drainage and Earache
- Ear Problem-Object in the Ear
- Electric Shock
- Eye Problem-Chemical in eye
- Eye Problem-Injury to eye
- Eye Problem-Particle in eye
- Facial sore (Cold sore)
- Fainting
- Fever
- Finger/Toenail Injury
- Fracture, Dislocation & Sprain
- Frostbite/Frostnip
- Head Injury
- Headache
- Heat Exhaustion/Heat Stoke
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck Pain
- Nose Injury
- Nose Problem-Object in nose
- Nosebleed
- Not Feeling Well
- Poisoning & Overdose
- Pregnancy
- Puncture Wound
- Rash
- Seizure
- Sickle Cell
- Snake Bite
- Sore Throat
- Splinter
- Stabbing/Gunshot
- Stings
- Stomachache & Pain
- Tick
- Tooth-Bleeding Gums or Toothache
- Tooth-Chipped, Broken or Displaced
- Tooth-Knocked Out
- Unconsciousness
- Vomiting
Table of Contents:

About the WISHeS Protocols ................................................................. 1
Accessing the Protocols ........................................................................ 2
Emergency Procedure for Injury and Illness Management .................... 3
When to Call 911/EMS .......................................................................... 4
List of “Minimal Essential Emergency Equipment and Resources for Schools” ........................................ 5
Infection Control .................................................................................... 6
Legend for Injury and Illness Protocols ................................................ 8
Injury and Illness Protocols .................................................................. 10
Acknowledgments .................................................................................. 68
References .............................................................................................. 69
Appendix A: STUDENT INJURY/ILLNESS FORM ................................... 72
Appendix B: REPORT FOR STUDENT INJURY AND FIRST AID FORM .......... 74
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, 3rd 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 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:

- **Online.** The protocols can also be found online at the following website:

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 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

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://sspw.dpi.wi.gov/sspw_bloodborne](http://sspw.dpi.wi.gov/sspw_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

- Note/Background information
- Information
- Question
- Action step
- Final or near final step
- Final Step
Injury and Illness Protocols
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?

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

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

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.

Does the student have an allergy emergency care plan?

**YES**

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

CALL EMS/911

Contact responsible school authority & parent/guardian.

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

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

Continue monitoring, initiate CPR if needed.

**NO**

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

**NO**

Continue monitoring, initiate CPR if needed.

Document care provided and medication administered, if applicable.

**YES**

Refer to the student’s plan. Administer healthcare provider and parent approved stock epinephrine as indicated.
AVULSION OR AMPUTATION

An avulsion is a large piece of skin torn loose and hanging from the body.

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

Is there a large piece of skin torn loose and hanging from the body (avulsion)?

Has the extremity been amputated (cut/torn off)?

Is there dirt and debris present in the wound?

• Place the avulsed skin over the wound.
• Cover in clean dressing and apply pressure.

• Flush the wound with saline or water to clean out debris.
• Place the avulsed skin over the wound.
• Cover in clean dressing and apply pressure.

• Leave the skin flap as it is and cover with a clean dressing.

Are you able to clean the wound with saline or water?

• Place clean gauze over the severed area and hold pressure.
• Place affected body part above the level of the heart, if possible.

Contact responsible school authority & parent/guardian.

Document care provided.

See “BLEEDING.”

See “CUTS.”

CALL EMS/911
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?

YES → CALL EMS/911

NO → Contact responsible school authority & parent/guardian.

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

Document care provided and medication administered, if applicable.
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.

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.

Has an injury occurred?

- NO

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.
    - 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.
  - Document care provided.
  - Call EMS/911.
  - Contact responsible school authority & parent/guardian.

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.
BEHAVIORAL EMERGENCIES

Students with a history of behavioral or emotional concerns should be known to appropriate school staff. An emergency care plan should be developed.

Behavioral or psychological emergencies may take many forms (i.e., depression, anxiety/panic, phobias, destructive or assaultive behavior, talk of suicide etc.). Intervene only if the situation is safe for you.

- Communications should be non-threatening.
- Acknowledge that the person is upset, offer to help.
- Face the student at eye level, and avoid physical contact.
- DO NOT challenge or argue.
- Attempt to involve people who the person trusts, and talk about what is wrong.
- Check Emergency Care Plan for more information.

CALL 911.
Activate school crisis plan.

The cause of unusual behavior may be psychological, emotional or physical (i.e., fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The student should be seen by a health care provider to determine the cause.

Suicidal and violent behavior should be taken seriously. If the student has threatened to harm him/herself or others contact the responsible school authority immediately.

Contact responsible school authority & parent/guardian.

Does student have visible injuries?

- Does student’s behavior present an immediate risk of physical harm to persons or property?
- Is student armed with a weapon?

YES

See appropriate guideline to provide first aid. CALL EMS/911 if any injuries require immediate care.

NO

CALL 911.
Activate school crisis plan.

Does student’s behavior present an immediate risk of physical harm to persons or property?

- Is student armed with a weapon?

NO

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?

YES

YES

Does student’s behavior present an immediate risk of physical harm to persons or property?

YES

YES

Does student have visible injuries?
Bites (Human & Animal)

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

Wash the bite area with soap and water.

Is the student bleeding?

NO

Hold under running water for 2-3 minutes.

YES

Press firmly with a clean bandage. See "Bleeding."

Is bite from an animal or a human?

ANIMAL

HUMAN

If bite is from a snake, hold the bitten area still and below the level of the heart. CALL POISON CONTROL 1-800-222-1222 Follow their directions.

Is bite large or gaping? Is bleeding continuing?

NO

Is the skin broken?

YES

Apply cool compress to area for up to 20 minutes. Notify responsible school authority & parent/guardian. Student may return to class.

CONTACT RESPONSIBLE AUTHORITY & PARENT/GUARDIAN. URGE IMMEDIATE MEDICAL CARE.

While maintaining confidentiality, notify parents/legal guardians of the child who was bitten and the child who was biting that their child may have been exposed to blood from another child.

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

Report bite to proper authorities, usually the local health department or animal control, so animal can be caught and watched for rabies.

CALL EMS/911.

Continue to apply pressure and additional bandages. Do not take soiled bandages off the wound.

Document care provided. Complete accident/incident report, if required.

WISHeS Injury and Illness Protocols, 2015
Wear disposable gloves when exposed to blood or other body fluids.

Is the injured part amputated (severed)?

- Press firmly for 5-10 minutes with a clean bandage to stop bleeding.
- Elevate bleeding body part gently.
- If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- Do NOT use a tourniquet.

NO

Is there continued uncontrollable bleeding?

- Call EMS/911

YES

- Locate the amputated body part.
- Keep the body part dry.
- Wrap the body part in a clean, dry, sterile dressing.
- Put in a plastic bag and place it on ice.
- DO NOT submerge the body part in ice or water.
- Send bag to the hospital with student.

YES

- Have the student lie down, do not place anything under their head.
- Elevate student’s feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
- Keep student’s body temperature normal.
- Cover student with blanket or sheet.
- Add more dressing if needed but do not remove previous dressings.

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.

URGE MEDICAL CARE.

If student’s clothes became soiled with blood, find a change of clothing. Send soiled clothes home with student.

- Send soiled clothes home with student.

Contact responsible school authority & parent/guardian.

Allow the student to return to class.

Document care provided.

Is the wound gaping?

- YES

- NO

Put clean bandage, such as band-aid, on wound.

NO

Is the injured part amputated (severed)?

- YES

- NO

Call EMS/911

WISHES Injury and Illness Protocols, 2015
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?

- Is area red, swollen, painful to touch and/or has green or yellow drainage?
  - NO
  - 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.

  NO

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

  YES

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

  NO

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

  YES

  Document care provided.
BRUISES

- Is the student unable to move bruised area/body part?
- Does the student complain of severe pain?
- Is there rapid swelling?

NO

Rest the injured part.

Apply cool compress for up to 20 minutes.

YES

Apply cool compress.

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

Has the pain resolved allowing the child to return to normal activities?

NO

If you are unable to reach parent/guardian, call EMS/911.

YES

Allow the student to return to class.

Document care provided.

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

If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "CHILD ABUSE."
Always make sure the situation is safe for you before helping the student.

**ELECTRICAL**

Is student unconscious or unresponsive? NO

See “ELECTRIC SHOCK.”

YES

CALL EMS/911

**CHEMICAL**

What type of burn is it?

**HEAT (THERMAL)**

Cool the burn by flushing with large amounts of cool running water or cover it with a clean, cool, wet cloth. Do NOT use ice.

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?
- Are there other injuries?

While flushing the burn, CALL POISON CONTROL 1-800-222-1222 and follow instructions.

- Wear gloves and if possible, goggles.
- Remove student’s clothing and jewelry if exposed to chemical.
- Rinse chemicals off skin and eyes IMMEDIATELY with large amounts of water.
- See “EYES.”
- Rinse for 20-30 minutes.

Cover/wrap burned part loosely with a clean dressing.

Contact responsible school authority & parent/guardian.

Document care provided.
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

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

Is the wound:
- Large?
- Deep?
- Bleeding freely?
- Does the student have a bleeding disorder?

NO

- Wash the wound gently with water. Use soap if necessary to remove dirt.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering or non-sticking type for scrapes) and bandage.

YES

See “BLEEDING.”

Document care provided.

Is the student able to return to normal activities?

YES

Allow the student to return to class.

NO

Contact responsible school authority & parent/guardian.
**ISSUES WITH DENTAL BRACES**

**MOUTH PAIN:**

Tiny rubber bands or small, fine wires, known as ligatures, hold the wire to the bracket.

Is the pain being caused by:
- Wire ligature sticking out into the lip or gum?
- Irritation from metal on braces?

YES

NO

Did the student recently have their braces adjusted?

NO

YES

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

NO

YES

Did the student have their braces adjusted?

NO

YES

Does the student have:
- Inflammation?
- Swelling?
- Sores or bleeding from the gums or lips?
- Did the student suffer trauma to the mouth?

YES

NO

Has this helped to relieve the pain?

NO

YES

If student pain has resolved and has no other dental concerns, student may return to class.

Update parent/guardian. Document care provided and medication administered, if applicable.

Contact responsible school authority & parent/guardian. ENCOURAGE PARENT/GUARDIAN TO CONTACT ORTHODONTIST.

Administer medication as directed.

Allow student to return to class, instruct student to return if pain is not resolved.

- Use a Q-tip or new/clean pencil eraser to push down the wire
- Or have student (assist student) in applying a small amount of non-medicinal relief wax to the area that is causing the irritation.

- Update parent/guardian.
- Document care provided.

- Allow student to return to class, instruct student to return if pain is not resolved.
WIRE and RUBBER LIGATURE PROBLEMS:

Tiny rubber bands or small, fine wires, known as ligatures, hold the wire to the bracket.

Does the student have the ligature that is loose or fell off?

Is the ligature a wire or rubber band?

RUBBER

WIRE

If a rubber or wire ligature is lost, contact responsible school authority & parent/guardian.

ENCOURAGE PARENT/GUARDIAN TO CONTACT ORTHODONTIST.

If student is not having pain or other dental concerns, student may return to class.

Remove wire with clean tweezers. Dispose of wire in garbage.

Other ligatures may be loose, examine all ligatures.

Attempt to put the rubber band back in place using clean tweezers.

If unable to reattach, put in plastic bag and send home with student.

If student is not having pain or other dental concerns, student may return to class.

Update parent/guardian.

Document care provided.
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.

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?

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.

Is the student improving?

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.

WISHeS Injury and Illness Protocols, 2015
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

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.

NO

- 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.

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

Do NOT try to clean out the ear.

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.

EARACHE

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.
**ELECTRIC SHOCK**

- 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?"

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

---

**CALL EMS/911**

- Keep airway clear.
- Look, listen and feel for breath.
- If student is not breathing, start CPR.

---

**Is student unconscious or unresponsive?**

**Treat any burns. See "BURNS."**

---

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

---

**Document care provided.**
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

Keep student lying flat and quiet.

- Is injury severe?
- Is there a change in vision?
- Has object penetrated eye?

If an object penetrated the eye, DO NOT REMOVE THE OBJECT.

- Is the student complaining of pain?
- Is there bruising or swelling to the eye?

Cover eye with a paper cup or similar object to keep student from rubbing, but do not touch eye or put any pressure on eye.

Apply cool compress.

- Is the student complaining of pain?
- Is there bruising or swelling to the eye?

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

- Apply a cool compress.
- Allow the student to rest with adult supervision, for up to 30 minutes.
- Student can return to class.
- Update parent/guardian regarding injury.

If unable to contact parent/guardian, allow to student to rest, with adult supervision, until parent/guardian can be reached.

Document care provided.

URGE MEDICAL CARE.

YES

NO
EYE-PARTICLE IN THE EYE

Keep student from rubbing eye.

Does the student have contact lenses in?

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?

YES

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

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

Document care provided.

NO

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 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.

YES

Has the student removed contact lenses.

Does the student feel the particle has been removed?

YES

Allow student to return to class.

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

Has the student removed contact lenses.

NO

Does the student have contact lenses in?

WISHeS Injury and Illness Protocols, 2015
FACIAL SORE (Cold/Canker Sore)

Wear disposable gloves when exposed to body fluids.

Is there drainage from the facial sore?

YES

Does the facial sore have a thick, soft, golden crust?

NO

Is the child old enough to control the drainage and prevent others from being exposed?

NO

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

YES

Advise the child to avoid touching the facial sore and to be sure to frequently wash their hands. If child is experiencing pain, a cool compress may be applied for up to 20 minutes.

NO

Provide the student with tissues or gauze to remove drainage as needed.

Instruct student to frequently wash their hands and dispose of used tissues/gauze in garbage.

YES

Allow the student to return to class.

Document care provided.
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.”

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

Is fainting due to injury?
- Keep student in flat position without a pillow under the head.
- Elevate feet.
- Loosen clothing around neck and waist.

Is fainting due to illness?
- 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?
- Does the student still complain of:
  - Dizziness?
  - Lightheadedness?
  - Weakness?
  - Fatigue?

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.
Is the student’s temperature equal or greater than:
- 100° oral/tympanic (ear)?
- 99° axillary?

NO

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.

If student has other complaints, see appropriate protocol.

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

YES

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.

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

Has the pain improved after applying cool compress?

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.**

Have the student return to class.

Document care provided.

YES

NO
FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS

Symptoms may include:
- Pain in one area.
- Swelling.
- Feeling "heat" in injured area.
- Discoloration.
- Limited movement.
- Bent or deformed bone.
- Numbness or loss of sensation.

Is the bone deformed or bent in an unusual way?
Is skin broken over possible fracture?
Is bone sticking through skin?

CALL EMS/911

If possible, do not move the student.
Leave student in a position of comfort.
Gently cover broken skin with a clean bandage.
Do NOT move injured part.

Rest injured part by not allowing student to put weight on it or use it.
Gently support and elevate injured part if possible.
Apply ice, covered with a cloth or paper towel for up to 20 minutes, to minimize swelling.
Allow the student to rest for up to 30 minutes while ensuring adult supervision.

After period of rest, recheck the injury:
- Is pain gone?
- Can student move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has sensation returned to injured area?

Contact responsible school authority & parent/guardian.
If discomfort is gone after period of rest, allow student to return to class.

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.

Document care provided.
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.

Document care provided.

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

Contact responsible school authority & parent/guardian.

WISHeS Injury and Illness Protocols, 2015
**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?**

**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?

**NO**

- **Watch student closely.**
- **Do NOT leave student alone.**
- **Complete “CDC Signs and Symptoms Concussion Checklist”**

**YES**

- **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.**

WISHeS Injury and Illness Protocols, 2015
HEADACHE

Has a head injury occurred?

NO

• Is the headache severe?
• Are there other symptoms present such as:
  o Vomiting?
  o Blurred vision?
  o Oral/tympanic temperature 100⁰ or greater or axillary temperature 99⁰ or greater?
  o 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.

Has pain subsided?

NO

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

NO

Administer medication as directed.

Has pain subsided?

NO

Document care provided and medication administered, if applicable.

YES

The child may return to class.

YES

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

YES

Contact responsible school authority & parent/guardian.

URGE MEDICAL CARE.
Document care provided.

YES

• If unable to reach parent/guardian, allow student to rest with adult supervision.
• Monitor temperature every hour.
• If temperature reaches 104⁰ axillary or 105⁰ orally/tympanic, CALL EMS/911.

WISHeS Injury and Illness Protocols, 2015
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.

Is the student:
- Unconscious or losing consciousness?
- Hot, dry, have red skin?
- Vomiting?
- Confused?

CALL EMS/911

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

Document care provided.

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

Contact responsible school authority & parent/guardian.

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

- 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
- 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.
Hypothermia can occur after a student has been outside in the cold or in cold water. Symptoms may include:
- Confusion.
- Shivering.
- Weakness.
- Sleepiness.
- Blurry vision.
- White or grayish skin color.
- Slurred speech
- 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.

Does the student have:
- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

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

Contact responsible school authority & parent/guardian.

URGE MEDICAL CARE.

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.

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

Document care provided.

Contact responsible school authority & parent/guardian.

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 (Exposure to Cold)
MENSTRUAL DIFFICULTIES

Is it possible that the student is pregnant?

YES OR NOT SURE

See “PREGNANCY.”

NO

Are cramps mild or severe?

MILD

For mild cramps, have student return to regular activities.

SEVERE

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

YES

Administer medication as directed.

NO

Allow the student to rest for up to 30 minutes, with adult supervision.

Have the symptoms resolved after rest?

YES

Allow the student to return to class.

NO

Contact responsible school authority & parent/guardian.

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

Document care provided and medication administered, if applicable.

YES OR NOT SURE

CONTACT RESPONSIBLE SCHOOL AUTHORITY & PARENT/GUARDIAN.

If unable to reach parent/guardian have student rest with adult supervision.
Wear disposable gloves when exposed to blood or other body fluids.

Do you suspect a head injury other than mouth or jaw?

See "HEAD INJURY."

Have teeth been injured?

See "TEETH."

Has the jaw been injured?

Do NOT try to move the jaw.
Gently support jaw with hand.

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

If unable to reach parent/guardian, call EMS/911.

If tongue, lips or cheeks are bleeding, apply direct pressure with a clean bandage.

• Is cut large or deep?
• Is there bleeding that cannot be stopped?

See "BLEEDING."

Contact responsible school authority and parent/guardian.
ENCOURAGE MEDICAL CARE.

Document care provided.

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

Contact responsible school authority & parent/guardian.
Encourage medical care.

Document care provided.

WISHeS Injury and Illness Protocols, 2015
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?

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

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.

NECK PAIN

Has an injury occurred?

YES

WALK IN

No

Is the student’s temperature equal to or greater than:
- 100° oral/tympanic (ear)?
- 99° axillary?

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

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.

YES

Document care provided.

WISHeS Injury and Illness Protocols, 2015
Wear disposable gloves when exposed to body fluids.

Is the nose bleeding?

YES

See “NOSEBLEED.”

NO

Does the child have significant swelling to the nose?

• Does the student have bruising beneath his/her eyes?

YES

Apply cool compress to nose for up to 20 minutes, to prevent swelling.

NO

Is the student having difficulty breathing through either nostril?

YES

Contact responsible school authority & parent/guardian.

URGE MEDICAL CARE.

No

If unable to reach parent/guardian, have student apply cool compress to nose.

If pain becomes significant or student develops difficulty breathing, CALL EMS/911.

Contact responsible school authority & parent/guardian.

URGE MEDICAL CARE.

Student may return to class.

Document care provided.
WISHeS Injury and Illness Protocols, 2015

**OBJECT IN NOSE**

- Wear disposable gloves when exposed to body fluids.

**Is the object:**
- Large?
- Puncturing the nose?
- Deeply imbedded?

**DO NOT ATTEMPT TO REMOVE THE OBJECT.**
See “**PUNCTURE WOUND**” if object has punctured the nose.

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

- 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.

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

- **Did the object come out on its own?**
  - **YES**
    - If there is no pain, the student may return to class. Update parent/guardian.
  - **NO**

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

- **If the object:**
  - Large?
  - Puncturing the nose?
  - Deeply imbedded?

- **NO**
  - Have the student hold the clear nostril closed while gently blowing his/her nose.

- **YES**

- **If object come out on its own?**
  - **YES**
    - If there is no pain, the student may return to class. Update parent/guardian.
  - **NO**
    - **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.**
Wear disposable gloves when exposed to body fluids.

Is the nosebleed a result of an injury?

• Have student sit comfortably with head slightly forward.
• Encourage the student to breathe through his/her mouth.
• Discourage nose blowing, repeated wiping or rubbing.

Does the student have a bleeding disorder?

• If blood is flowing freely from the nose, provide constant pressure by pinching the nostrils firmly.
• Apply **constant pressure** for 15 minutes.
• Apply cool compress, wrapped in a cloth, to the nose.

Is blood still flowing freely?

• If unable to reach parent/guardian.
• Have student rest, sitting up.
• Apply constant pressure by pinching the bridge of the nose firmly.

Refer to student’s health care plan or emergency care plan.
Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

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

Document care provided.

Allow the student to return to class.
Instruct them to not pick at nose, blow nose or repeatedly wipe his/her nose. Instruct student to return if bleeding resumes.

See “NOSE INJURY.”
NOT FEELING WELL

Take the student’s temperature.

Is the student’s temperature equal or greater than:
• 100° oral/tympanic (ear)?
• 99° axillary?

YES

See “Fever.”

NO

- 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

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.

Document care provided.

YES

Allow the student to return to class.
Ask the student if he/she knows what is in the ear.

Do you suspect a live insect is in the ear?

Gently tilt head towards the affected side and shine a light outside the affected ear, some insects will crawl out towards the light.

Did the object/insect come out on its own?

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

Document care provided.

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

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

Gently tilt head toward the affected side.

Do NOT attempt to remove it.
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.

- 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.

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.

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.

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

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.”

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.

**CALL EMS/911.**
Contact responsible school authority & parent/guardian. Contact student’s support person, if applicable.

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

Document care provided.
PUNCTURE WOUNDS

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

Has the eye been wounded?

YES → See “EYE:EYE INJURY.” Do NOT touch eye.

NO → Is the object still stuck in the wound?

YES → Do NOT try to probe or squeeze.

NO → Wash the wound gently with soap and water.

• Wash the wound gently with soap and water.
• Check to make sure the object left nothing in the wound.
• Cover with clean bandage.

See “BLEEDING” if wound is deep or bleeding freely.

If wound starts bleeding freely or squirting blood, CALL EMS/911.

Contact responsible school authority & parent/guardian.

• If unable to reach parent/guardian, monitor wound.

CALL EMS/911

• Do NOT remove object.
• Wrap bulky dressing around object to support it.
• Try to calm student.

• Is the object large?
• Is wound deep?
• Is wound bleeding freely or squirting blood?

YES → See “BLEEDING” if wound is deep or bleeding freely.

Document care provided.
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?

Are any of the following symptoms present?
- Drainage from the rash?
- Oral or tympanic temperature over 100°F or axillary temperature over 99°F (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?

CALL EMS/911

Is the student possibly having an allergic reaction?

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

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.

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

Document care provided.

See “ALLERGIC REACTION.”

Monitor breathing and initiate CPR if needed.

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

WISHeS Injury and Illness Protocols, 2015
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.).

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.

- 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?

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

Does the student have an emergency care plan?

YES

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

NO

- 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.

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.

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

Document care provided.
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.

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°F or axillary greater than 100°F?

CALL EMS/911

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

Document care provided.

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

Review student’s health plan and/or emergency plan for all other concerns.
• Follow instructions in health plan.
SNAKE 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.

- Is snake poisonous or unknown?
  - Is the person not breathing? (If yes, initiate CPR)

  YES

  Call EMS/911

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

  NO

  • Is snake poisonous or unknown?
  • Is the person not breathing? (If yes, initiate CPR)

  YES

  Call EMS/911

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

  NO

  • 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.

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.
SORE THROAT

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

CALL EMS/911

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

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

- $100^\circ$ oral/tympanic (ear)?
- $99^\circ$ axillary?

See “FEVER.”

Have the student gargle with warm water.

Did that help to alleviate or minimize the pain?

Allow the student to return to class.

Contact responsible school authority & parent/guardian.

Document care provided.

Contact responsible school authority & parent/guardian.

Yes

No

YES

NO

YES

NO

YES

NO
Wear disposable gloves when exposed to blood or other body fluids.

Gently wash area with soap and water being sure not to drive the splinter further into the skin.

Is splinter or graphite:
- Protruding above the surface of the skin?
- Small?
- Shallow?

- Leave in place.
- Do NOT probe under skin.

Contact responsible school authority & parent/guardian.
If you are able, save the splinter that was removed and send with the student. ENCOURAGE MEDICAL CARE.

If unable to reach parent/guardian, place gauze over wound. Do not let student touch wound.

Document care provided.

Allow student return to class. Instruct student to return if increased pain or bleeding.

Wash area again with soap and water. Apply a clean bandage, such as a band-aid.

Was the entire splinter or piece of pencil graphite removed?
(It may be difficult to tell if the graphite has been removed as it may “tattoo” the skin.)

- Remove with clean tweezers unless this causes student pain.
- Do NOT probe under skin.

NO

YES
STABBING & GUNSHOT INJURIES

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

- CALL EMS/911 for the injured student(s).
- Call the police.
- Intervene only if the situation is safe for you to approach.

Activate your school’s crisis plan.

Is the student:
- Losing consciousness?
- Having difficulty breathing?
- Bleeding uncontrollably?
- Is the weapon still stuck in the wound?

- Lay student down in a position of comfort if he/she is not already doing so.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back injury is suspected.
- Press injured area firmly with a clean bandage to stop bleeding.
- Elevate injured part gently, if possible.
- Keep student warm and protected.
- Cover student with a blanket or a sheet.

Contact responsible school authority & parent/guardian.

Document care provided.

- Do NOT attempt to remove the weapon (See “PUNCTURE WOUND.”)
- Using a clean bandage, apply pressure to the wound.
- Check the student’s airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.
STINGS

Does the student have:
- Difficulty breathing?
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

Children may experience a delayed allergic reaction up to 2 hours after the sting. Adults supervising student during normal activities should be aware of the student’s exposure and should watch for delayed reaction.

- Remove the stinger, if present.
- Wash area with soap and water.
- Apply cool compress for up to 20 minutes.

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

Document care provided and medication administered, if applicable.

- Has pain resolved?
- Is swelling minimal?

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

Contact responsible school authority & parent/guardian.

CALL EMS/911

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.

CALL EMS/911

Does the student have:
- Difficulty breathing?
- A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- A history of allergy to stings?

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

YES

CALL EMS/911

Continue monitoring, initiate CPR if needed.

Stock epinephrine

Student emergency care plan

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

YES

Has pain resolved?
Is swelling minimal?

YES

Allow student to return to class.

Update parent/guardian.

NO

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

Stock epinephrine

NO

Contact responsible school authority & parent/guardian.

CALL EMS/911

Children may experience a delayed allergic reaction up to 2 hours after the sting. Adults supervising student during normal activities should be aware of the student’s exposure and should watch for delayed reaction.

- Remove the stinger, if present.
- Wash area with soap and water.
- Apply cool compress for up to 20 minutes.

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

Document care provided and medication administered, if applicable.

- Has pain resolved?
- Is swelling minimal?

YES

Allow student to return to class.

Update parent/guardian.

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

Contact responsible school authority & parent/guardian.

CALL EMS/911

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

Stock epinephrine

NO

Contact responsible school authority & parent/guardian.

CALL EMS/911

Children may experience a delayed allergic reaction up to 2 hours after the sting. Adults supervising student during normal activities should be aware of the student’s exposure and should watch for delayed reaction.

- Remove the stinger, if present.
- Wash area with soap and water.
- Apply cool compress for up to 20 minutes.

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

Document care provided and medication administered, if applicable.

- Has pain resolved?
- Is swelling minimal?

YES

Allow student to return to class.

Update parent/guardian.

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

Contact responsible school authority & parent/guardian.

CALL EMS/911

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

Stock epinephrine

NO

Contact responsible school authority & parent/guardian.

CALL EMS/911
STOMACHACHES/PAINS

Suspect neck injury. See “NECK PAIN” and “BACK PAIN.”

Is stomachache severe or not improving?

Call EMS/911

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

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.

Has a serious injury occurred resulting from:
- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

NO

Is the student’s temperature equal to or greater than:
- 100° oral/tympanic (ear)?
- 99° axillary?

Does the student complain of:
- Severe stomach pains?
- Vomiting?

YES

NO

Has pain subsided?

Allow the student to use the restroom.
Allow student to rest for up to 30 minutes with adult supervision.

YES

NO

Contact responsible school authority & parent/guardian.

Document care provided.

WISHeS Injury and Illness Protocols, 2015
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.

---

**TICKS**

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

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

- 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

No first aid measure in the school will be of any significant value.

Contact responsible school authority & parent/guardian.

ENCOURAGE DENTAL CARE.

• If unable to reach parent/guardian, allow student to rest with adult supervision.
• If student is experiencing pain, have student rinse mouth with warm water.

Document care provided.

TOOTHACHE OR BLEEDING GUM SWELLING (ABSCESS OR “BOIL”)

For tongue, cheek, lip, jaw or other mouth injury not involving the teeth, refer to “MOUTH AND JAW.”

No first aid measure in the school will be of any significant value.

Relief of pain in the school may result in the child’s parent/guardian postponing dental care.

A few comfort measures:
• If the student has cavities, a warm salt-water rinse may be soothing and cleanse the teeth of debris.
• If pain is caused by incoming permanent tooth, ice chips may relieve discomfort.
• NOTE: A loose “baby” tooth may cause discomfort.

Document care provided.

Contact responsible school authority & parent/guardian.

ENCOURAGE DENTAL CARE.

• If unable to reach parent/guardian, allow student to rest with adult supervision.
• Continue to provide comfort measures, see above.
**TEETH: CHIPPED, BROKEN OR DISPLACED**

**CHIPPED/BROKEN TOOTH:**

- Wear disposable gloves when exposed to blood or other body fluids.
- Have the student rinse out his/her mouth with warm water.
- Are gums or mouth bleeding?
  - YES: Place gauze on broken tooth or injured area.
  - NO: Find broken tooth fragment, if possible.
  - Place the broken tooth fragment in water.
- Contact responsible school authority & parent/guardian.
- **URGE DENTAL CARE.**
- Document care provided.
- If unable to reach parent/guardian, allow student to rest with adult supervision.

**DISPLACED (LOOSENED) TOOTH:**

- Do NOT try to move tooth into correct position.
- Apply a cool compress on the face next to the displaced tooth, for up to 20 minutes, to help prevent swelling.
- Contact responsible school authority & parent/guardian.
- **URGE DENTAL CARE.**
- Document care provided.
- If unable to reach parent/guardian, allow student to rest with adult supervision.
**TEETH: KNOCKED OUT TOOTH**

- Find tooth.
- Do NOT handle tooth by the root.

If tooth is dirty, clean gently by rinsing with water. **Do NOT scrub the knocked-out tooth.**

The following steps are listed in order of preference.

**Within 15-20 minutes:**
1. Place tooth gently back in socket and have student hold in in place with tissue or gauze, or
2. Place in HBSS (Save-A-Tooth Kit) if available, or
3. Place in glass of milk, or
4. Place in normal saline, or
5. Have student spit into a cup and place tooth in it, or
6. Place in glass of water.

TOOTH MUST NOT DRY OUT.

Apply a cool compress to face, for up to 20 minutes, to minimize swelling.

Contact responsible school authority & parent/guardian.
**OBTAIN EMERGENCY DENTAL CARE.**
THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.

If unable to reach parent/guardian, allow student to rest with adult supervision. Student may apply cool compress to mouth area, to help relieve pain.

Document care provided.
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
  - See "NECK AND BACK PAIN" and treat as a possible neck injury.
  - Do NOT move student.
- No
  - Open airway with head tilt/chin lift.
  - Look, listen and feel for breathing.

CALL EMS/911

Is student breathing?

- Yes
- No

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.

BEGIN CPR

CALL EMS/911

Contact responsible school authority & parent/guardian.

Document care provided.

WISHeS Injury and Illness Protocols, 2015
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?

- 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.

**CALL EMS/911.**

Contact responsible school authority & parent/guardian.

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

**Contact responsible school authority & parent/guardian.**

Document care provided.
Acknowledgements

A special thank you to the individuals listed below for their dedication to the WISHeS Project and their review of the Injury and Illness Protocols.

Bette Carr, MSN, RN, NCSN  
*School Nursing and Health Services*
*Consultant*
*WI Department of Public Instruction*

Marcia Creasy, BSN, RN  
*Retired School Nurse*

Sharon Daun, RN, BSN, MS, NCSN  
*School Nurse*
*Sheboygan School District*

Rachel Gallagher, RN, MSN, CPNP, NCSN  
*School Nurse*
*Madison Metropolitan School District*

Mary Kay Kempken, RN, BSN, NCSN  
*School Nurse*
*Randall Consolidated School*

Jill Krueger, RN, BSN  
*Director/Health Officer*
*Forest County Health Department*

Jeffrey Lamont, MD, FAAP  
*Department of Pediatrics*
*Marshfield Clinic – Weston Center*

Mary Kay Logemann, RN, BSN, Med  
*School Nurse*
*Platteville Public Schools*

Barbara Brancel Maley, RN, BSN  
*School Nurse*
*Wisconsin Dells School District*

Kerri Schmidt, BSN, RN, NCSN  
*School Nurse*
*Rhinelander School District*

Joan Simpson, RN, BSN, MPH  
*School Nurse*
*New Richmond School District*

Lynne Svetnicka, RN, MS, CPNP  
*School Nurse*
*Madison Metropolitan School District*
References:


Appendix A:

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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Grade</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check In Time</th>
<th>Check Out Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SCHOOL INFORMATION

<table>
<thead>
<tr>
<th>School:</th>
<th>Principal:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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: ____________
Appendix B

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](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.

# REPORT OF STUDENT INJURY AND FIRST AID FORM

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Grade</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Illness/Injury</th>
<th>Time of Illness/Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SCHOOL INFORMATION

School:  
Principal:  

## ACCIDENT INFORMATION (CIRCLE THE APPROPRIATE CHOICE)

<table>
<thead>
<tr>
<th>Location of accident</th>
<th>When did accident occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Field</td>
<td>After School</td>
</tr>
<tr>
<td>Playground</td>
<td></td>
</tr>
<tr>
<td>Bus</td>
<td>Athletic Practice</td>
</tr>
<tr>
<td>Pool</td>
<td>Other</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Athletic Team Competition</td>
</tr>
<tr>
<td>Restroom</td>
<td>Physical Education Class</td>
</tr>
<tr>
<td>Classroom</td>
<td>Before School</td>
</tr>
<tr>
<td>Stairway</td>
<td>Recess</td>
</tr>
<tr>
<td>Gymnasium</td>
<td>Class Change</td>
</tr>
<tr>
<td>Vocational/Shop Lab</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hallway</td>
<td>During Class</td>
</tr>
<tr>
<td>Other________________</td>
<td>Field Trip</td>
</tr>
<tr>
<td>Parking Lot</td>
<td></td>
</tr>
</tbody>
</table>

## SURFACE (CIRCLE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Surface</th>
<th>Asphalt</th>
<th>Gravel</th>
<th>Sand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpet</td>
<td>Gymnasium floor</td>
<td>Ice</td>
<td>Synthetic Surface</td>
</tr>
<tr>
<td>Concrete</td>
<td>Dirt</td>
<td>Mat(s)</td>
<td>Tile</td>
</tr>
<tr>
<td>Grass</td>
<td>Other________________</td>
<td>Wood Chips/Mulch</td>
<td></td>
</tr>
</tbody>
</table>

## TYPE OF INJURY (CIRCLE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Head</th>
<th>Jaw</th>
<th>Elbow</th>
<th>Chest/Ribs</th>
<th>Leg</th>
<th>Abrasion</th>
<th>Cut/Laceration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye</td>
<td>Chin</td>
<td>Forearm</td>
<td>Back</td>
<td>Knee</td>
<td>Scrape</td>
<td>Bump/Swelling</td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td>Neck/Throat</td>
<td>Wrist</td>
<td>Abdomen</td>
<td>Ankle</td>
<td>Bite</td>
<td>Fracture</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td>Collarbone</td>
<td>Hand</td>
<td>Groin</td>
<td>Foot</td>
<td>Dislocation</td>
<td>Pain/Tenderness</td>
<td></td>
</tr>
<tr>
<td>Mouth/Lips</td>
<td>Shoulder</td>
<td>Finger</td>
<td>Genitals</td>
<td>Toe</td>
<td>Bruise</td>
<td>Puncture</td>
<td></td>
</tr>
<tr>
<td>Tooth/Teeth</td>
<td>Upper Arm</td>
<td>Fingernail</td>
<td>Pelvis/Hip</td>
<td>Toenail</td>
<td>Burn/Scald</td>
<td>Sprain</td>
<td></td>
</tr>
</tbody>
</table>

## CONTRIBUTING FACTORS (CIRCLE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Animal Bite</th>
<th>Contact with Hot or Toxic Substance</th>
<th>Foreign Body/Object</th>
<th>Slipped</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collision with Object</td>
<td>Drug, Alcohol or Other Substance Involved</td>
<td>Hit with Thrown Object</td>
<td>Struck by Auto, Bike, etc.</td>
<td>Weapon</td>
</tr>
<tr>
<td>Collision with Person</td>
<td>Fall</td>
<td>Other________________</td>
<td>Struck by Object (bat, swing, etc.)</td>
<td></td>
</tr>
<tr>
<td>Compression/Pinch</td>
<td>Fighting</td>
<td>Overextension/Twisted</td>
<td>Stripped</td>
<td></td>
</tr>
</tbody>
</table>
DESCRIPTION OF THE INCIDENT

Witnessed by:

STAFF INVOLVED (CIRCLE THE APPROPRIATE STAFF)

<table>
<thead>
<tr>
<th>Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Staff</td>
<td>Nurse</td>
</tr>
<tr>
<td>Bus Driver</td>
<td>Principal</td>
</tr>
<tr>
<td>Coach</td>
<td>Secretary</td>
</tr>
<tr>
<td>Custodian</td>
<td>Teacher</td>
</tr>
<tr>
<td>Dietary (Cafeteria) Staff</td>
<td>Other______________________________________________</td>
</tr>
</tbody>
</table>

INCIDENT RESPONSE

<table>
<thead>
<tr>
<th>Incident</th>
<th>Time:</th>
<th>By Whom:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to Contact Parent/Guardian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CIRCLE APPROPRIATE CHOICE(S)

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents deemed no medical action necessary</td>
<td></td>
</tr>
<tr>
<td>Return to class</td>
<td></td>
</tr>
<tr>
<td>Sent/Taken Home</td>
<td></td>
</tr>
<tr>
<td>Called EMS/911 taken to healthcare provider/clinic/hospital/urgent care</td>
<td></td>
</tr>
<tr>
<td>School Nurse called</td>
<td></td>
</tr>
<tr>
<td>Other__________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

CARE PROVIDED TO THE STUDENT

OTHER COMMENTS

SIGNATURE OF STAFF PERSON COMPLETING THE FORM:         DATE:

SIGNATURE OF PRINCIPAL:                               DATE:

SIGNATURE OF SCHOOL NURSE:                           DATE: