

FIRST AID

In the event of sudden illness or injury of a student or a staff person, the school is responsible for seeing that first aid or emergency treatment is provided.

Treatment is limited to first aid care only until authorized treatment is secured. First aid procedures are based on the assumption that arrangements will be made to secure medical aid immediately.

Following first aid, the student will be placed under the care of her/his parents, guardian, or authorized adult who will be responsible for any subsequent treatment.

Reference: Education Law §§ 3023; 3212-a; 6527(4)(a); 6909

FIRST AID REGULATION

First aid is treatment which will protect life and prevent unnecessary suffering of the patient until medical treatment is secured. In all emergencies or accidents, the responsibility for the care and treatment of the individual after first aid is that of the parent/guardian. When referring an ill child to a doctor, he/she shall be referred to the family physician. In case of extreme emergency, the child should be transported by ambulance to the hospital. In the meantime, the parents must be contacted.

1. Human and Animal Bites

- a. Scrub wound with soap, under running water.
- b. Rinse with clear running water.
- c. Apply sterile dressing.
- d. Notify parents.
- e. Never kill a biting animal.
- f. Isolate animal and be sure police or health authorities are notified.

2. Abrasions, Minor Cuts and Scratches

- a. Cleanse the wound well with soap and water.
- b. May apply first aid cream.
- c. Cover with sterile dressing.

3. Asphyxiation (breathing stopped) - Cardiac Arrest

- a. Start mouth-to-mouth breathing at once.
- b. Check pulse; if no pulse, start CPR

4. Insect Bites and Stings

- a. Apply ice or cold water to tolerance; compress immediately.
- b. Then apply paste of bicarbonate of soda. For itchy bites, apply calamine.
- c. Check record for bee sting allergy and need for medication. If necessary to use, use Epi-pen or Ana-kit. Parent must pick up child as soon as possible. If parent is unavailable, transport to hospital by ambulance.

5. Bruise

- a. Apply cold pack to part for 10 to 15 minutes. Elevate part.

6. Burns

- a. Immerse part under ice water to tolerance for 10 to 15 minutes.
- b. Cover with sterile gauze. Do not apply anything else.

7. Burns - Chemical

- a. Flush the burned area copiously with water to dilute and remove chemical; then treat as you would a comparable burn from any cause.
- b. If eye is burned by chemical, flush gently, while patient is lying down, with several liters of water.
- c. Patch eye, and refer student to physician immediately.

8. Choking

- a. Ask the victim if he/she can speak.
- b. If the victim cannot talk, lean person forward and deliver four sharp blows to the upper back. If this doesn't dislodge the object, get behind the person and wrap your arms around the person above the waist. Make a fist with one hand; place it just beneath the OVÓ of the ribcage. Grasp the fist with the other hand and give four hard upward thrusts (Heimlich Maneuver).
- c. Begin mouth-to-mouth resuscitation if victim has difficulty breathing after obstruction is expelled.

9. Convulsions

- a. Do not try to restrain individual.
- b. Put the individual on the ground or floor where he/she cannot injure self.
- c. Turn individual's head to one side to allow saliva to drain.
- d. Loosen tight clothing. Put a rolled handkerchief, edge of wallet, etc., between teeth if possible. Do not place your fingers or any hard object between his/her teeth.
- e. Notify parent.

10. Diabetic Emergencies

An imbalance of insulin, activity and food can result in an insulin reaction or diabetic acidosis.

- a. Insulin Reaction: The level of sugar in the blood is too low. The diabetic feels hungry, anxious, restless, and confused. He/she staggers and experiences difficulty in speaking, skin turns pale and clammy, headaches, and heart pounds. He/she may lapse into unconsciousness unless given some form of sugar to get into the bloodstream quickly. Candy, orange juice, non-diet soft drink, or prescribed glucose water should be given.
- b. Diabetic Acidosis or Coma: Diabetic acidosis or coma is the result of too little insulin in the body. It is more apt to happen if he/she is ill with an infection or under severe emotional stress. The symptoms are flushed, dry skin; deep, labored breathing; an overwhelming thirst; fatigue; and drowsiness. He/she needs immediate treatment with insulin. Parent should be notified immediately. Arrangements to transport him/her to the hospital should be made immediately.

11. Dislocated Joints

- a. Do not attempt to set a dislocation yourself.
- b. Immobilize the affected joint.
- c. To reduce swelling and relieve pain, apply a cold pack or ice to injured part.
- d. Call parents to transport student to physician or hospital.

12. Ear Ache

- a. Check temperature. If no fever, may apply warm water bottle.
- b. If discomfort persists, refer to family physician.

13. Eye Care for Foreign Object in Eye

- a. Immediately flush eye for five minutes with water, if acid or chemical was used.
- b. Do not remove any embedded, foreign body.
- c. Cover closed eye with pad and advise parent to seek medical attention.

14. Fainting

- a. Crush ammonia inhalant near patient and let person smell it
- b. If patient loses consciousness, place person flat on back with head lower than shoulders. Turn head to one side to prevent aspiration of vomitus.
- c. Do not give anything by mouth to an unconscious person.

15. Fracture or Break

- a. Make as comfortable as possible without moving injured part.
- b. Keep patient warm and treat for shock if necessary.
- c. Immobilize affected part.

16. Headache

- a. Check temperature and have patient rest.
- b. Make inquiry as to health habits and eye strain.
- c. Apply cold compresses to head.

17. Head Injury (Fracture, Concussion)

A child receiving a blow to the head from a fall or other cause which results in the child being dazed or unconscious should be given immediate professional attention. Call the parents and the ambulance. If there are no immediate symptoms, the child should be watched carefully for later symptoms and parents notified. The notification shall be: "your child has had a head injury". Seek professional help at once, either day or night, if there is:

- a. increasing drowsiness,
- b. vomiting,
- c. slowing of pulse,
- d. continued or increasing headache,
- e. stiffness of neck,
- f. bleeding or clear fluid dripping from the ears or nose,
- g. weakness of either leg or arm, or
- h. convulsions (fits).

18. Hemorrhage

- a. Apply direct pressure on injury and elevate part.
- b. Call parent if bleeding does not stop.
- c. Do not apply tourniquet unless limb is nearly severed or severed completely.

19. Menstrual Discomfort

- a. Allow to rest for short time.
- b. If no relief in this time, offer warm water bottle.
- c. Notify parents.

20. Nosebleed

- a. Apply pressure to affected nostril for about five minutes, child sitting upright.
- b. Reassure child.

21. Poison Ivy

- a. Apply calamine to affected areas.

22. Puncture Wound

- a. If on hand or foot, soak in soapy water.
- b. Cleanse as for abrasions.
- c. Apply dressing.
- d. Check for recent tetanus shot. Contact parent.
- e. Punctures of face, neck, chest, back, or abdomen should be referred for evaluation.

23. Splinters

- a. Any splinters which are bothersome may be removed if accessible.
- b. Cleanse as in puncture wounds.

24. Sprains

- a. Elevate part and apply ice pack.

25. Stomach Ache

- a. Check temperature; have patient rest.
- b. Make inquiry as to health habits.
- c. If not relieved in reasonable time, refer to parent and family physician.

26. Tooth Ache

- a. Have student rinse well with warm salt water.
- b. Apply oil of cloves to tooth for pain relief.
- c. Urge visit to dentist.

27. Tick Bites

- a. Scrub with soap and water and apply Zephiran.
- b. Notify parents to watch for fever or rash.

28. Poison

- a. Contact Poison Control Center (1-800-336-6997).
- b. Have child taken to hospital after contacting parents.
- c. Refer students who manifest such symptoms as skin conditions, rash, continued sore throats, coughing, or sneezing, fever, or lack of care to school nurse for follow-up.

29. Vomiting

- a. Rest, placing student on side to prevent aspiration of vomitus.
- b. Notify parents if persistent, or if child appears ill.