

PENNSYLVANIA LEADERSHIP CHARTER SCHOOL
POLICIES AND PROCEDURES FOR EMERGENCY CARE
Standards of Care

For nurses and/or administrator in the event a nurse is not in the building.

1. Abrasions/Minor cuts and scratches:

Cleanse site with soap and water; cover with bandaid or dry sterile dressing.

Deep cut/laceration – apply pressure, elevate, cover with dressing, if appropriate; notify parent – encourage medical attention if necessary for possible sutures; check for recent tetanus

2. Anaphylaxis:

Anaphylaxis is a severe allergic reaction that is triggered by an insect bite (bee sting or other), drug allergy, food allergy (i.e., nut). In a child with a known, severe, allergy, do not wait for symptoms to appear before administering Epinephrine and activating EMS. Monitor for signs and symptoms of anaphylaxis which may include: wheezing, shortness of breath, thready rapid pulse, tightness in chest, dizziness, pallor, nausea, vomiting, hoarseness, flushing, swelling of the tissue of the lips, throat, tongue, hands, feet, sense of impending doom and loss of consciousness.

3. Asthma/Respiratory Distress:

Assess lungs for: crackles, wheezes, diminished breath sounds. Early signs of respiratory distress are wheezing, coughing, chest pain and mild shortness of breath. KEEP STUDENT CALM.

If a student has a history of asthma, follow- up with student prescribed medication/inhaler to relieve symptoms.

Advancing signs of respiratory distress are chest tightness, increased difficulty breathing, cyanotic lips or nail beds and decreased breath sounds. Activate EMS and notify parents.

4. Bee/Insect Stings:

Check special conditions list for allergy. Severe allergy to bee stings: Administer Epinephrine as ordered. No (or mild) allergy to bee stings: apply ice; notify parent, rest, observe site after 30 minutes; if severe swelling or hives appear, attempt to notify parent, if unable to reach parent, administer Benadryl as per standing order. Continue to call for parent or other name on emergency form so that student can be transported home or to hospital. If excessive swelling persists and/or signs and symptoms of anaphylaxis are approaching, proceed with EMS.

5. Bites (human/animal):

Irrigate wound with large amounts of soapy water. Cover with sterile dressing and elevate affected extremity. Contact parents for medical evaluation, if needed, (tetanus, Hepatitis B) All animal bites should be reported.

6. Boils/Blisters:

Do not squeeze boils or blisters as this may cause infection. If draining, cleanse with soap and water, cover. Contact parent.

7. Burns:

First Degree (some redness and pain) Run cool water over area for 5-7 minutes or apply cool compress; cover with dry, sterile dressing.

Second Degree (redness, pain, blisters) Run cool water over area for 5-7 minutes or apply cool compress; do not break blister. Contact parent.

Third Degree (no pain, white skin color, blisters and charring) Do not remove charred clothing. Do not submerge in cool water or apply ice. Cover with sterile dressing. Do not apply any ointment or medication to area. Contact parent to seek additional medical attention or EMS as needed..

Chemical burns of the skin: Remove contaminated clothing immediately. Flush the area with copious amounts of water for 10 minutes. Apply clean compress. Contact parent to seek medical attention immediately.

8. Diabetic Students:

Check blood sugar. Signs and symptoms of hypoglycemia: shaking, rapid heartbeat, sweating, anxious, dizziness, hunger, impaired vision, weakness, fatigue, headache, or irritability. Consult student plan of care. If student plan not available and if blood sugar is less than 80, give 4 oz of apple/orange juice or regular soda. If it will be more than 30 minutes until the next meal, also give a long acting carbohydrate such as peanut butter crackers.

If student begins to lose consciousness and is unable to swallow, squirt glucose gel into side of mouth/cheeks and massage throat and neck. If student becomes unconscious, administer Glucagon injection, per dr. standing order, (refer to package insert) and activate EMS. Lay person on left side in case of vomiting. Feed the student once they awaken and are able to swallow.

NOTE: The student may be unconscious due to sever Hyperglycemia rather than Hypoglycemia. In such a case, the patient will not respond to Glucagon and requires immediate medical attention. Activate EMS.

9. Eye Injuries:

Foreign Body: Instruct student not to rub eye. Check visually for appearance of foreign body. Small particles such as dirt, sand or an eyelash may be removed by flushing the eye either by having the student pull their eyelid out and down for 5 minutes or by flushing the eye with sterile water/saline (flushing from the nose outward). If foreign body is embedded on the center of the eye, DO NOT attempt to remove. Notify parent to seek medical attention.

Chemical Burn to the eye: Flush eye immediately with copious amounts of water for 15 minutes while another person contacts Poison Center. Contact parents immediately.

Scratch/Cut or Corneal Abrasion to the eye: Assess for excessive tearing, excessive pain, blurred vision, redness of the eye and sensitivity to the light. This can be serious due to potential of ulceration of the cornea and possible infection, which can lead to blindness. Cover eye with gauze/eye pad--- Do not apply pressure. Advise parents to seek medical advice from a physician.

Laceration of the eye: Do not apply pressure. Cover eye loosely with clean gauze pad. Activate EMS and notify parents.

Penetrating injury to the eye: Do not attempt to remove object or wash eye. Protect eyes by covering both with loose, sterile dressing. Keep student calm. Activate EMS and notify parents.

Severe blows to the eye : For minor or major swelling apply cold compress for 15 minutes. Assess for possible retinal detachment: dark spots across eyes, seeing flashes of light, blurred vision, seeing a curtain moving across the visual field, unable to see from the affected eye, or discoloration. Notify parent to seek medical advice immediately.

10. Fainting:

To prevent: lower head between knees. If unconscious, place on back with feet slightly higher than head. Check vital signs and attempt to arouse (ammonia). Notify parents to seek medical advice.

11. Headache:

Check temperature. Check for skipped meals. Let rest. Apply cool compress. If no temperature, return to class. If student complains of stiff neck, notify parents. Check special conditions list for history of headaches/migraines and student's individual protocol.

12. Head Injury:

If a student sustains a head injury, and does not lose consciousness, apply ice to area. Perform a Neuro check: Assess pupils (PEARRL), alertness and orientation, severe headache, nausea, vomiting, blurred vision, drowsiness, dizziness and loss of muscle coordination (walking strangely or weakness in extremities). Check vital signs and encourage rest. Notify parent. If, after neuro check, any suspicion of severe head injury (unconsciousness, convulsions, slowing or rapid and weak pulse, bleeding or fluid from ears or nose – do not blow nose) activate EMS, notify parents, and give nothing by mouth. Check vital signs until EMS arrives.

CONTACT AND INSTRUCT PARENT REGARDING ANY HEAD INJURY.

13. Heat Exhaustion:

Individual is cool (chilly) and clammy, pale, moist, exhausted and temperature is normal. Loosen clothing to keep victim cool and keep lying down. If conscious, replace fluids and notify parents.

14. Heat Stroke:

Individual is hot, dry, red, temperature markedly elevated and victim is unconscious or semi-conscious. Provide rapid cooling by wrapping in cool wet towels. Ice packs to axillae. Fluid replacement if individual is alert. Check vitals. Activate EMS and notify parents.

15. Laceration or Bleeding (severe):

Apply direct pressure, activate EMS if indicated. Check vitals. Notify parent.

16. Lice:

Refer to communicable diseases for more information. Any student who is positive for lice or nits must be excluded from school until necessary treatment is given and student is proven lice and nit free. Notify parents to pick up child from school. Student must be checked by school nurse for re-admittance to school.

17. Nosebleed:

Apply pressure below bone in bridge of nose. Instruct student to keep chin down during active bleeding. Advise student not to blow nose. Apply ice if bleeding persists. If bleeding continues, notify parents and encourage medical evaluation. If student has persistent nosebleeds with headache or dizziness, check blood pressure and notify parent.

18. Nose injury:

If a student sustains a severe blow to the nose, apply ice. Assess for head injury. Check vitals. Notify parents.

19. Poison Ivy/Oak or Mosquito Bites:

If severe or near eyes, notify parents to seek medical advice from physician. If lesions are oozing, notify parents and send home for comfort if possible. Apply caladryl to affected areas on extremities.

20. Puncture wound (includes pencil jab or pen punctures):

Cleanse with soap and water. If graphite is present use a gentle scrubbing motion to remove. Apply antibiotic ointment. Check for recent date of tetanus shot. (should be ≤ 5 years) Cover wound with band-aid. If deeply embedded, notify parents.

21. Seizure:

Protect child during seizure by loosening restrictive clothing, removing hard or sharp objects that may harm student; do not attempt to halt seizure, ease child to the floor if standing or sitting during a seizure. DOCUMENT pre and post seizure behaviors and length of seizure, (if possible) to help with diagnosis and management of student; if seizure is prolonged, activate EMS. Contact parents. Check students individual protocol for medication administration.

22. Skin Rashes:

Rule out contagious disease. Notify parent of findings. If there is a possibility that the condition is contagious, or you are unsure, notify parent that the child should be picked up from school and can return with written verification from a doctor that the student is not contagious.

23. Sore Throat:

Check temperature. Examine throat for severe redness, yellow or white patches/exudate and swollen tonsils. Sore throat without any of the previously mentioned symptoms, encourage fluids and return to class; notify parent if any above symptoms are present and advise to call M.D. Individual may also complain of headache with a sore throat, this should also be reported to parent. Also, if a student c/o a sore throat, ask if there is a lacy rash on the trunk of their body, this could be another classic symptom of strep.

24. Splinters:

Cleanse with soap and water; remove if easily dislodged with tweezers. Apply antibiotic ointment and band aid. Notify parent if deeply embedded.

25. Stomach Ache:

Check temperature, check for skipped meals, rest. Provide snack. If persists or severe, call parent.

26. Strains, Sprains, Fractures:

Apply ice to affected area, elevate. Assess ability to bear weight, range of motion, swelling, presence of contusion. If compound fracture (bone protrudes through skin) cover with sterile dressing, activate EMS and notify parents. For suspected back or neck injury, do not move person, activate EMS immediately.

27. *Temperature:**

Student should be sent home for any temperature ≥ 100.0 .

28. Toothache:

Have student rinse mouth with warm water to possibly cleanse debris from tooth. Notify parent. Apply anbesol if local pain.

29. Tooth Injury:

When tooth is extracted by force or blow, place tooth back into mouth where it came from/tooth socket. If this is not possible, then place tooth in saline or milk. Notify parents about all tooth injuries and advise emergency dental care.

30. Vomiting/Diarrhea:

Check temperature. Call parent student to be sent home.