

Clarksville-Montgomery County School System

1.0 SCOPE:

The online version of this policy is official. Therefore, all printed versions of this document are unofficial copies.

1.1 This procedure outlines the appropriate assessment and interventions to take when assisting a student with a severe injury or health emergency.

2.0 RESPONSIBILITY:

- 2.1 School Nurse
- 2.2 Principals
- 2.3 District Registered Nurse

3.0 APPROVAL AUTHORITY:

3.1 Safety and Health Director

4.0 PROCEDURE:

- 4.1 Remain calm and assess the situation.
- 4.2 Do NOT give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to policy
- 4.3 Do NOT move severely injured or ill students unless it is absolutely necessary for immediate safety.
- 4.4 Severely injured or ill students are referred to the nurse by teacher or staff member. If it is unsafe to move the student, the nurse should be called to the scene.
- 4.5 MERT Team should be called to the scene if the student is unresponsive.
- 4.6 Call 911 as indicated. 911 should always be called if:
 - 4.6.1 Student is unconscious, semi-conscious or unusually confused
 - 4.6.2 The airway is blocked
 - 4.6.3 The student is not breathing
 - 4.6.4 The student is having difficulty breathing, shortness of break or is choking
 - 4.6.5 The student has no pulse
 - 4.6.6 Bleeding that won't stop
 - 4.6.7 The student is coughing up or vomiting blood
 - 4.6.8 The student has been poisoned
 - 4.6.9 The student has a seizure for the first time or a seizure that lasts more than five minutes
 - 4.6.10 The student has injuries to the back or neck
 - 4.6.11 The student has sudden, severe pain anywhere in the body
 - 4.6.12 The student condition is limb threatening (examples: severe eye injuries, amputations or other injuries that may leave the student permanently disabled without immediate care)
 - 4.6.13 The student's condition could worsen or becomes life-threatening in any way
 - 4.6.14 Moving the student could cause further injury
 - 4.6.15 The student needs the skills or equipment of EMS



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- 4.7 Notify parent or legal guardian as indicated.
- 4.8 Be sure to check parent consent and allergies before applying topical first aid treatments
- 4.9 Never leave the severely injured or ill student alone.
- 4.10 An injury report must be completed within 24 hours for any severe injuries per policy
- 4.11 Nurse may excuse student from school for current day only for any of the severe illnesses or injuries detailed in this procedure.
- 4.12 Students that are not well enough to return to class after 30 minutes of supervision and rest should be sent home.

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Injury/IIIness	Symptoms	Assessment	Interventions	EMS/911
Allergic Reaction (Major) / Anaphylaxis (including food and stings)	Hives all over the body, paleness, seizures, weakness, drooling/difficulty swallowing, loss of consciousness, blueness around mouth/eyes, flushed face, difficulty breathing, and confusion.	Head to toe assessment, lung sounds, Sa02, & vital signs. Review medical alerts, IHP and any Authorization for Medication Administration Records	Administer approved EpiPen or stock EpiPen if needed, contact parent/guardian. *Refer to Emergency Medication Administration policy - HEA-A007 and HEA-G012	Call 911
Asthma Attack (Severe)	Wheezing, rapid breathing, nasal flaring, increased use of stomach and chest muscles during breathing, tightness in chest & excessive coughing	Auscultate lung sounds, Sa02, & vital signs. Review medical alerts, IHP and any Authorization for Medication Administration Records	Administer rescue medication (inhaler) if available. Encourage student to sit quietly, breathe slowly and deeply in through the nose and out of the mouth, loosen clothing. Contact parent/guardian. Refer to medical provider. *Refer to Emergency Medication Administration policy - HEA-A007	Call 911 if symptoms do not resolve after rescue medication or if no rescue medication available.

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Bites (Human &	Reports of bites,	Skin assessment,	Clean the wound	Only if injuries
Animal)	broken skin, raised	evaluate for broken	with soap and water,	are severe
	welts, reddened area,	skin/bleeding.	if skin is broken and	
	pain, burning	Check	parent consent on	
	sensation, bruising	immunization	file, cleanse with	
		record for current	Bactine or Wound	
		Tetanus (DT, DTP,	Cleanser and apply	
		TDAP) status.	Bacitracin ointment.	
			Wound should be	
			covered with sterile	
			non adhesive	
			bandage if skin is	
			open. Ice pack for	
			comfort and	
			swelling.	
			Contact	
			parent/guardian.	
			Student injury report	
			to be completed*.	
			Refer to medical	
			provider.	
Severe Bleeding /	Bleeding that does	Assess injured area	Apply pressure, if	Call 911
Gunshots /	not subside with	and bleeding,	pressure does not	
Stabbings	pressure	assess vital signs,	stop bleeding apply	
		monitor bleeding	tourniquet above the	
		(gauze counts), and	level of the injury or	
		monitor skin color	compression	
		and temperature	dressing if injury to	
		and level of	the trunk of the	
		consciousness,	body. Call	
		assess	parent/guardian.	
		immunization	Complete Student	
		status for current	Injury Report.	
		tetanus (DPT,DT,		
		TDAP)		
Blisters	Fluid filled round	Skin assessment,	Wash with soap and	Not necessary.
	bump on skin, may	determine if skin is	water. Apply clean	
	be clear fluid or filled	broken.	dressing/non	
	with blood.		adhesive bandage.	
			Do not break blister.	
			Notify parent if they	
			are unaware and	
			refer to medical	
			provider if infection	
			is suspected.	

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Bruising	Discoloration of the skin, swelling tightness in the affected muscle or stiffness in the affected joint	Skin assessment including skin temperature, and pain assessment	Rest affected area, apply ice for 20 minutes, notify parent if significant, refer to medical provider if significant. Complete Student injury Report if bruising is severe.	Not necessary.
Burns (Heat)	1st-degree – redness and pain. 2nd degree – swelling, red/white splotchy skin, blisters, severe pain. 3rd degree – black, brown, or white skin, appears leathery, nerve injury, numbness.	Detailed skin assessment, pain assessment, monitor vital signs and level of consciousness.	Flush with large amounts of cool running water and cover with clean, cool wet cloth (do not use ice). May apply burn spray to 1st degree burns if parent permission on file. Contact parent/guardian, refer 2nd and 3rd degree burns to medical provider. Complete Student Injury Report.	Call 911 if burn is large, deep, on face or eye, student is having difficulty breathing, unconscious or suffers from electrical burn. Call Poison Control for any chemical burns.
Chapped Lips / Dried Skin	Red, dried or cracking skin on lips and around mouth.	Skin assessment, obtain history.	Encourage student to avoid licking lips, encourage student to nose breath, stay hydrated and avoid irritants. Apply Vaseline if parent consent is on file.	Not necessary

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Cuts, Scratches & Scrapes (including rope and floor burn)	Skin abrasions, broken, cut or reddened skin	Skin assessment, pain assessment.	For minor injuries - Rinse under running water, pat dry, apply clean non-adhering bandage. If skin is broken and parent consent on file, cleanse with Bactine or Wound Cleanser and apply Bacitracin ointment. For large or deep injuries – rinse under running water, pat dry apply sterile non-adhering bandage, contact parent/guardian and refer to medical provider. Student Injury report to be completed for all large or deep	Call 911 if injury is severe and bleeding uncontrolled.
			injuries	

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Diabetic Emergencies	Irritability, feeling upset, personality changes, sweating, feeling shaky, loss of consciousness, confusion, rapid, deep breathing, lethargic, seizures, listlessness, cramping, dizziness, paleness, rapid pulse.	Assess blood glucose level by finger stick, refer to IHP for orders. Students with BG <70 must remain under nurse supervision until BG >70. Students with BG >400 should not exercise until absence of ketones is confirmed	Hypoglycemia (low) — if student is responsive, refer to IHP for instructions on fast acting carbohydrates, if unresponsive, give Glucagon per IHP, turn to side call parent/guardian and 911. Hyperglycemia (high) – Follow orders in IHP, notify parent/guardian, provide water, students with BG >400 should not exercise until absence of ketones is confirmed. *Refer to Emergency Medication	Call 911 if Glucagon is administered, student is unresponsive or has a seizure.
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Eye Injuries	Bleeding in the	Visual examination, vision check.	Severe injuries -	Call 911 if
	eyeball, changes in	vision check.	Keep student lying	severe injuries
	the shape of iris or		flat and quiet, if an	that require
	pupil, eye pain,		object has	immediate
	drainage or tearing.		penetrated do not	emergency
			remove, cover eye	assistance.
			with protector or	
			paper cup. Call	
			parent/guardian,	
			refer to medical	
			provider.	
			Minor injuries –	
			encourage blinking,	
			flush with eye wash	
			if related to foreign	
			object that (lay	
			student down on	
			affected side and	
			gently flush out	
			particle) if you can	
			see any foreign	
			bodies.	
Fainting	Feeling dizzy, seeing	Full head to toe	Treat as possible	Call 911 if they
(Syncope)	spots or dark vision,	assessment, vital	neck injury, don't	do not regain
	ringing in the ears,	signs including	move student, keep	consciousness
	nausea, feeling hot or	SaO2.	flat, elevate feet,	and return to
	cold, heart racing or		loosen clothing	normal
	slowing, pale,		around waist,	baseline
	clammy, loss of		ammonia inhaler if	
	consciousness and		not contraindicated,	
	falling		if no danger of neck	
	_		injury move to quiet,	
			private area and	
			allow to rest, notify	
			parent/guardian.	
			Student injury report	
			and concussion	
			checklist if they hit	
			their head.	

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Heart Attack / Cardiac Arrest	Unresponsive, no pulse or respirations.	Assess scene for safety, establish unresponsiveness, and evaluate breathing.	Activate MERT team, If student is not breathing, begin cardiac compressions at the rate of 100/min., apply AED as soon as possible, notify parent/guardian. *Follow Use of Automated External Defibrillators – HEA- A009	Call 911
Head Injuries	Pain, headache or "pressure" in head, nausea/vomiting, balance problems, dizziness, blurred or double vision, groggy or lethargic, confusion, or memory problems, not feeling "right", slurred speech, possible loss of consciousness, mood or personality changes.	Full head to toe assessment, include mental status and pain, & concussion signs and symptoms.	Rest, complete Concussion Signs and Symptoms Checklist, contact parent/guardian, refer to medical provider, complete student injury report	Call 911 if injury is severe, student injured neck or unresponsive.
Heat Stroke / Heat Exhaustion	Red, hot, dry skin, weakness, fatigue, cool and clammy hands, vomiting, profuse sweating, headache, nausea & confusion.	Full head to toe assessment, include mental status, vital signs, and obtain history.	Remove student from the heat to a cooler location, have them lie down and rest. If awake, give clear fluids frequently in small amounts. If unconscious, apply cool clothes or wet clothing with room temperature water (do not use ice), contact parent/guardian and refer to medical provider if indicated.	Call 911 if they lose consciousness

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Mouth and Jaw	Mouth or tooth injury,	Visual inspection,	If bleeding apply	Call 911 if
Injuries	bleeding from the	and history of	pressure with clean	student loses
	tongue, lips or	injury.	gauze, apply cold	consciousness
	cheeks		compress over the	or bleeding is
			affected area, notify	severe and
			parent/guardian, and	uncontrolled.
			refer to medical	
			provider if cut is	
			deep and bleeding is	
			uncontrolled or if a	
			tooth is injured. *If	
			permanent tooth is	
			knocked out, place	
			in a cup of milk and	
			refer to medical	
			provider	
			immediately,	
			student must be	
			seen within 60	
			minutes. Tooth may	
			also be rinsed	
			gently with water	
			and put back into	
			socket to hold place.	
			Complete Student	
			Injury report for	
			severe injuries,	
			complete head	
			injury form and	
			concussion	
			checklist if	
			applicable.	

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Nose Bleeds	Bleeding from the	Visual inspection	Place student sitting	Not indicated
	nose		comfortably with	
			head slightly	
			forward or lying on	
			side with head	
			raised on pillow,	
			encourage mouth	
			breathing,	
			discourage nose	
			blowing and	
			repeated wiping,	
			apply firm pressure	
			for up to 15 minutes,	
			apply ice to nose.	
			Call parent/guardian	
			if it does not stop	
			flowing freely after	
			pressure and ice.	
Poisoning	Pills, berries, or	Full head to toe	Contact poison	Call 911 if
_	unknown substance	assessment, vital	control, with	advised to
	in student's mouth,	signs including	student's age,	induce
	burns around mouth	SpO2, obtain	weight and history	vomiting or as
	or on skin, strange	detailed history,	of the poison and	indicated by
	odor on breath,	inspect any vomit	amount taken,	student status.
	sweating, upset		support student	
	stomach or vomiting,		pending condition,	
	dizziness, fainting,		student to remain	
	seizures or		with nurse, contact	
	convulsions.		parent/guardian, and	
			refer to medical	
			provider as	
			indicated.	

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Puncture	Skin broken, may or	Visual inspection	If object is still stuck	Call 911 for
Wounds	may not bleed,	•	 do not remove 	large
	foreign object		object, wrap bulky	protruding
	protruding.		dressing around	objects, or
			object to support it,	uncontrolled
			stay with student,	bleeding.
			calm student. If it is	
			bleeding put	
			compression gauze	
			around wound.	
			If object is not	
			stuck - wash wound	
			with soap and water,	
			check to make sure	
			the object left	
			nothing in the	
			wound, cover with	
			clean bandage, if	
			parent consent on	
			file, cleanse with	
			Bactine or Wound	
			Cleanser and apply	
			Bacitracin ointment.	
			Evaluate tetanus	
			(DT, DPT, TDAP)	
			status, notify	
			parent/guardian, and	
			refer to medical	
			provider if indicated.	

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Seizures	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 behaviors.	Note start time of seizure and monitor characteristics of seizure and respiratory status, note end time of seizure and complete head to toe assessment including vital signs after seizure.	Review IHP, Seizure Action Plan and alerts, follow HEA- A012 and HEA- POO3 if medication required. Keep calm, note time the seizure started and time the seizure, stay with the student, lower student to the floor and turn on side, protect head, move surrounding objects to avoid injury, do not restrain movements or put anything in the students mouth, document seizure on Seizure Record, administer anit- seizure medication per Seizure Action Plan as indicated, notify parent, complete Diastat record if applicable. Refer to medical provider if indicated. *Volunteer trained staff with current CPR certification may administer Diastat in the absence of the nurse. *Refer to HEA-A012, HEA-P003, HEA- F063, HEA-F084 * Diastat is not to be used more than 5 times a month and/or more than once in 5 days,	Call 911 if the student stops breathing, seizure lasts >5 min., two or more consecutive seizures, no previous history of seizure activity, continued pale or blue skin, if emergency anti-seizure medication is administered or is needed.

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Splinters or Imbedded Pencil Lead	Visible splinter or lead under the skin, pain, redness	Skin inspection	Wash with soap and water. If splinter or lead protrudes above the skin, remove with tweezer, do not probe under the skin. If only under the skin contact parent/guardian and check Tetanus status.	Not indicated
Stings / Bug Bites	Red, raised welts on skin, itching, burning, pain, pimple like spots, warmth, anaphylaxis (see severe allergy section)	Skin assessment, monitor respiratory status, obtain history of event, review alerts and Severe Allergy IHP if applicable.	Stings - Adult supervision for 2 hours, Remove stinger if present by scraping with a card (do not squeeze), wash with soap and water, may apply Sting Wipe if parent/guardian consent on file, apply ice for comfort. Bug Bites - wash with soap and water, may apply Callergy or hydrocortisone Cream if parent/guardian consent on file.	Not indicated Unless severe allergic reaction (see section on Severe Allergies)

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Tick Bites & Removal	Visible tick attached to skin, area may be red and painful or itchy.	Skin assessment	Wash area prior to removal, pull upward with steady, even pressure using a tweezer, do not twist or jerk, after removing the tick, thoroughly disinfect the bite site (use Bactine and Bacitracin if parent/guardian consent on file) or wash with soap and water, apply sterile adhesive Band-Aid, notify	Not indicated
			parent/guardian.	

5.0 ASSOCIATED DOCUMENTS:

- 5.1 HEA-A012 Emergency Anti-Seizure Medication Administration
- 5.2 HEA-P003 Emergency Anti-Seizure Medication Administration Procedure
- 5.3 HEA-F063 Seizure Record
- 5.4 HEA-A007 Emergency Medication Administration
- 5.5 HEA-A009 Use of Automated External Defibrillators
- 5.6 HEA-F036 Asthma Individual Health Care Plan Packet
- 5.7 HEA-F038 Severe Allergy Individual Health Care Plan
- 5.8 HEA-F042 Diabetes Individual Health Care Plan Packet
- 5.9 HEA-F078 Seizure Individual Health Care Plan Packet
- 5.10 HEA-F084 Report of Administration of Diastat
- 5.11 HEA-G012 Anaphylaxis Protocol

6.0 REVISION HISTORY:

Date:	<u>Rev.</u>	<u>Description of Revision:</u>	
8/15/19		Initial Release	

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