SAN FRANCISCO UNIFIED SCHOOL DISTRICT
GUIDELINES for
SCHOOL FIRST AID PROCEDURES

EMERGENCY TELEPHONE NUMBERS

Ambulance................................................................. 911 or (553-8090 Cell phone)
Fire-Rescue ............................................................... 911 or (553-8090 Cell phone)
Police ........................................................................... 911 or (553-8090 Cell phone)

Hospitals:
San Francisco General Hospital
Emergency Department
1001 Potrero Avenue
206-8111

“Nurse of the Day” (NOD) ............................................ 242-2615

School Health Programs Department
Division Instructional Offices:
Elementary.............. 241-6310
Middle School.......... 241-6607
High School............. 241-6478
Child Development..... 750-8500

School Health Programs Department

Revised 7/2004
ABOUT THE FLIPCHART

The first aid flipchart is produced by the School Health Programs Department. Information contained in the flipchart was adapted from multiple resources.

The first aid flipchart is meant to serve as basic “what to do in an emergency” information for school staff without medical/nursing training. It is recommended that staff in positions to provide first aid to students 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.

This flipchart has been created as a recommended procedure. It is not the intent for these guidelines to supersede or make invalid any laws or rules established by SFUSD, Board of Education, or the State of California. Please take some time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency situation.
HOW TO USE THE FLIPCHART

- It is important to identify key emergency numbers in your local area as you will need to have this information ready in an emergency situation.

- The guidelines are arranged in alphabetical order for quick access.

- Review the **Key to Shapes**.

- Take some time to familiarize yourself with the "Emergency Procedures for Injury or Illness" section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

- Information has been provided about infection control procedures and planning for students with special needs in the school health manual, available at school site or at [http://portal.sfusd.edu/template/default.cfm?page=chief_dev.health](http://portal.sfusd.edu/template/default.cfm?page=chief_dev.health).

### KEY TO SHAPES

- **Start here.**

- **Provides first-aid instructions.**

- **Stop here.** This is the final instruction.

- **A question is being asked. You will have a choice based on the student’s condition.**

- **A note to provide background information. This type of box should be read before emergencies occur.**
EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

• Assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, and/or violence.
• A responsible adult should stay at the scene and give help 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, render any further first aid needed and call for additional resources as required.
• DO NOT give medications unless there has been prior approval by the parent or guardian. Follow school district medication policy.
• DO NOT move a severely injured or ill student or staff unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines for “NECK AND BACK INJURIES.”
• Under no circumstances should a sick or injured student be sent home without the knowledge and permission of the parent or legal guardian.
• In the presence of a life threatening emergency, call 911 or local emergency number. The responsible school authority or a designated employee should then notify the parent or legal guardian of the emergency as soon as possible to determine the appropriate course of action.
• If the parent or legal guardian cannot be reached, notify a parent or legal guardian substitute and call either the physician or the hospital designated on the STUDENT EMERGENCY/ MEDICAL INFORMATION CARD, so they will know to expect the injured student. If necessary arrange for transportation of the injured student by Emergency Medical Services (EMS).
• A responsible individual should stay with the injured student.
• Fill out a report for all incidents requiring above procedures as required by school policy. Document as required by SFUSD and notify appropriate central office supervisor(s).

TRANSPORT OF STUDENT IN AN EMERGENCY (Legal Reference: Education Code Section 35350)

“No governing board of a school district shall require any student or pupil to be transported for any purpose or for any reason without the written permission of the parent or guardian. This section shall not apply to the transportation of a student in an emergency arising from illness or injury to the student or pupil.”

LIABILITY FOR EMERGENCY CARE OF STUDENTS

Legal Reference: Education Code Section 49407

“No notwithstanding any provision of any law, no school district, officer of any school district, school principal, physician, or hospital treating any child enrolled in any school in any district shall be held liable for the reasonable treatment without the consent of a parent or guardian of the child when the child is ill or injured during regular school hours, requires reasonable medical treatment, and the parent or guardian cannot be reached, unless the parent or guardian has previously filed with the school district a written objection to any medical treatment other than first aid.”

Legal Reference: Business and Professions Code Section 1799.102

“No person who in good faith, and not for compensation renders emergency care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of emergency shall not include emergency departments and other places where medical care is usually offered.”
PREVENTING DISEASE TRANSMISSION

By following some basic guidelines, you can help to reduce disease transmission when providing first aid:

• Avoid contact with body fluids, such as blood, when possible
• Place barriers, such as disposable gloves or a clean dry cloth, between the victim’s body fluids and yourself
• Cover any cuts, scrapes, and openings in your skin by wearing protective clothing, such as disposable gloves
• Use breathing barriers, if available, when breathing for a person
• Wash your hands with soap and water immediately before and after giving care, even if you wear gloves
• Do not eat, drink, or touch your mouth, nose, or eyes when giving first aid
• Do not touch objects that may be soiled with blood, mucus, or other body substances

Following these guidelines decreases your risk of getting or transmitting diseases. Remember always to give first aid in ways that protect you and the victim from disease transmission. The American Red Cross recommends the use of a breathing barrier when performing CPR or rescue breaths if you have concerned about making direct contact with a victim.
Assess the situation: Is the area safe for YOU? (Implement Universal Precautions)

NO

IF UNSAFE, CALL 911!

YES

ASSESS THE STUDENT. Are they conscious or unconscious? (Gently tap and ask, “Are you okay?”)

If the student does not respond:
Assess airway, breathing, and circulation. Intervene as necessary. **DO NOT GIVE ORAL FLUIDS.**

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.

If the student is conscious and responds:

The situation IS an emergency.

The situation is NOT an emergency.

Contact responsible school authority & parent or legal guardian.
ABRASION/INCISION/LACERATION

ABRASION: Scrape
INCISION: Clean cut
LACERATION: Jagged cut

Wear gloves when exposed to blood or other body fluids. Use UNIVERSAL PRECAUTIONS

Is the wound MINOR?

NO

Cover with bandaid, pressure, or sterile dressing.

Check student’s immunization record for current tetanus.

Contact responsible school authority & parent or legal guardian. If wound is deep, dirty, gaping, or has embedded material, advise medical evaluation for need of stitches, infection control, internal bleeding, and tetanus booster (mandatory if last booster more than 5 years previously).

YES

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

If wound is deep, dirty, gaping, or has embedded material, advise medical evaluation for need of stitches, infection control, internal bleeding, and tetanus booster (mandatory if last booster more than 5 years previously).
ALLERGIC REACTION

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

Does the student have symptoms of an allergic reaction?

- YES, MILD
  - Symptoms of mild allergic reaction include:
    - Red itchy eyes.
    - Itchy, sneezing, runny nose.
    - Several hives, or rash on one part of the body.
  - Refer to student’s Allergy Emergency Care Plan, if available.
  - Administer approved medication, which may include epinephrine.
  - Adult(s) supervising student during normal activities should be aware of the student’s exposure and watch for any delayed reaction for up to 2 hours.

- YES, SEVERE
  - Symptoms of severe allergic reaction include:
    - Hives all over body
    - Weakness
    - Seizures
    - Dizziness
    - Loss of Consciousness
    - Difficulty breathing
  - Flushed face
  - Paleness
  - Confusion
  - Blueness around eyes, mouth
  - Drooling
  - CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.
  - If child stops breathing, give rescue breaths.

- NO
  - Contact responsible school authority & parent or legal guardian.
  - Refer to student’s Allergy Emergency Care Plan, if available.
  - Administer approved medication, which may include epinephrine.

Students with life-threatening allergies should be known to all staff. An Allergy Emergency Care Plan should be developed for these students.
A student with a asthma/wheezing may have breathing difficulties which include:
- Rapid breathing
- Flaring (widening) of nostrils
- Tightness in chest
- Blueness of lips, tongue or nail beds
- Excessive coughing
- Having to take a breathe between words when speaking
- Wheezing -high-pitched sound during breathing out
- Increased use of stomach and chest muscles during breathing

If available, refer to student’s Asthma Emergency Care Plan. (Remember: Peak Flow Meter, if available)

Does student have approved medication?
- YES: Administer medication as directed. (Medication may take 10-20 minutes to take effect.)
- NO: Encourage the student to sit quietly, breathe slowly and deeply through the nose and out through the mouth.
  - Are the lips, tongue or nail beds turning blue?
  - Are the symptoms not improving or getting worse?
  - Did breathing difficulty develop rapidly?
    - YES: CALL EMERGENCY MEDICAL SERVICES.
    - NO: Contact responsible school authority & parent or legal guardian.

**ASTHMA/WHEEZING OR DIFFICULTY BREATHING**

Students with a history of breathing difficulties, including asthma/wheezing should be known to all school staff. An Asthma Emergency Care Plan should be developed. **Asthma** is a disease that occurs when small air passages constrict making breathing difficult. Some triggers for asthma include viral infections, tobacco smoke, exercise, perfumes, strong odors, dust, mold, aerosol sprays, cold air, and allergies.

**YES**

**NO**
BLEEDING

Wear gloves when exposed to blood or other body fluids.

• Cover the wound with a sterile gauze pad and press firmly against the wound (use your bare hand to apply pressure only as a last resort).
• If dressing becomes soaked with blood, do not remove it. Apply additional dressing on top.
• ELEVATE the injured area above the level of the heart if you do not suspect broken bones or head, neck, or back injury. If fracture is suspected, gently support the whole part and elevate.
• Cover gauze dressings with a roller bandage to maintain pressure.
• A tourniquet is only used as a LAST resort, for gushing spurting, bright red bleeding that is not controllable or slowed with the above measures.

Amputation?

YES

CALL EMERGENCY MEDICAL SERVICES.

NO

Contact responsible school authority & parent or legal guardian.

• Place detached part in plastic bag.
• Tie bag and put bag in container of ice water.
• Send bag to hospital with student.
• DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.

See “Shock,” (dizziness, blueness, sweating, clammy face, fainting.)

Continued uncontrollable bleeding or signs of shock?

YES

CALL EMERGENCY MEDICAL SERVICES.

NO

If wound is gaping, student may need stitches. Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE.

Check student’s immunization record

Contact responsible school authority & parent or legal guardian.
BREATHING EMERGENCIES--NOT BREATHING
(UNCONSCIOUS)

Signs and symptoms:
• Chest does not rise and fall
• Can’t feel or hear breaths
• Skin appears pale or bluish

• CHECK the scene and the victim
  • Send someone to CALL 911 or the local emergency number.

• Tilt head back and lift chin.
  • Look, listen, and feel for breathing for about 5 seconds.

Is the student breathing?

NO

• Pinch student’s nose shut, open your mouth wide, and make a tight seal around the student’s mouth.
  • Give 2 slow breaths, until the chest clearly rises.
  • Check for movement (coughing or response to breaths) for about 10 seconds.

Is the student breathing but remains unconscious?

• Place the student on his/her side in case he or she vomits, and monitor breathing and movement.

Is the student is not breathing but shows some movement (coughing or response to breaths)?

Perform rescue breathing

• Adult: Give 1 slow rescue breath about every 5 seconds.
  • Child or infant: Give 1 slow rescue breath about every 3 seconds.

Recheck for breathing and movement about every minute.

**SEE POSTER AVAILABLE IN CLASSROOM FOR DETAILED INSTRUCTIONS AND PICTURED ILLUSTRATIONS**
All electrical burns need medical attention. See “Electric Shock”.

**PARTIAL THICKNESS:** This burn involves the outermost layer and lower layers of skin. The symptoms include redness, mild swelling, pain, mottling, and blisters. They are frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to intact nerve endings.

**FULL THICKNESS:** Most serious. This burn extends through all skin layers, possibly into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may occur.

**ELECTRICAL**

What type of burn is it?

**CHEMICAL**

Wear gloves and if possible, goggles. Remove student’s clothing & jewelry if exposed to chemical. Rinse chemicals off skin, eyes **IMMEDIATELY** with large amounts of water.

**HEAT**

Flush burn with large amounts of cool running water or cover it with a clean, wet cloth. **DO NOT USE ICE.**

- Is burn large or deep?
- Is burn on face, eye or genitalia?
- Is student having difficulty breathing?
- Is student unconscious?

**CALL POISON CONTROL CENTER & ask for instructions.** Phone # 1-800-222-1222

**CALL EMERGENCY MEDICAL SERVICES.**

Always make sure that the situation is safe for you before helping the student.

Bandage loosely.

Check student’s immunization record.

Contact responsible school authority and parent or legal guardian.

Contact responsible school authority and parent or legal guardian.
**CHOKING—CONSCIOUS VICTIM**

- **If student is breathing and can talk,** **DO NOT interfere with his/her attempt to displace foreign object.**

- **If not breathing:**
  - Unable to talk.
  - Turning blue or dusky.
  - Clutching throat.
  - Crowing sound, high pitched when breathing in.

**ACT to relieve obstruction.**

**Perform manual thrusts (Heimlich Maneuver):**
- Stand behind student.
- Put your arms around in front.
- Make a fist and place thumb side up into area just below breast bone and above navel.
- Grab fist with other hand.
- Give 5 quick inward, upward thrusts until obstruction relieved, help arrives, or victim becomes unconscious. (See unconscious victim)

**Contact responsible school authority and parent or legal guardian.**
CHOKING—UNCONSCIOUS VICTIM

CALL FOR HELP. ACTIVATE EMERGENCY MEDICAL SERVICES.

IMMEDIATELY:
Position victim. Turn on back as a unit (log roll), support head/neck, face up, arms by sides.
Open airway. Chin/jaw lift – head tilt.
Observe: Look, Listen and Feel for breathing for 3-5 seconds.

GIVE RESCUE BREATHS.
If unsuccessful, re-position head and try again.

ACT TO RELIEVE OBSTRUCTION.
• Perform subdiaphragmatic abdominal thrusts (Heimlich Maneuver).
• Kneel alongside the student’s hips.
• With one hand on top of other, place heel of the bottom hand on the abdomen, slightly above the navel and below the rib cage.
• Press into the abdomen with quick, upward thrusts.

Contact responsible school authority and parent or legal guardian.

• Check for foreign body
• Tongue-jaw lift and finger sweep.
• If victim is 8 years old or less, remove foreign object only if seen. DO NOT BLIND FINGER SWEEP.
• Give rescue breaths and repeat steps until obstruction is relieved. Be persistent!
Cardiopulmonary Resuscitation (CPR) consists of mouth-to-mouth respiration and chest compression. CPR allows oxygenated blood to circulate to vital organs such as the brain and heart. CPR can keep a person alive until more advanced procedures (such as defibrillation - an electric shock to the chest) can treat the cardiac arrest. CPR started by a bystander doubles the likelihood of survival for victims of cardiac arrest.

CALL
CALL 911

BLOW
TILT HEAD, LIFT CHIN, CHECK BREATHING
GIVE TWO BREATHS

PUMP
POSITION HANDS IN THE CENTER OF THE CHEST
FIRMLY PUSH DOWN TWO INCHES ON THE CHEST 15 TIMES
CONTINUE WITH TWO BREATHS AND 15 PUMPS UNTIL HELP ARRIVES

**SEE POSTER AVAILABLE IN CLASSROOM FOR DETAILED INSTRUCTIONS AND PICTURED ILLUSTRATIONS**
DENTAL INJURIES

TOOTHACHE:
Check for cause of toothache.

Cavities present?

Incoming permanent tooth?

Warm saline mouth rinse may remove food from tooth.

Ice chips may relieve discomfort.

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

BROKEN TOOTH

Is there bleeding around the tooth?

Use gauze pad.

Keep air from exposed surface of tooth.

Save tooth (or part) in cup of milk.

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

**DISLODGED TOOTH: Temporary (Baby Tooth)**
- Use gauze pad to stop bleeding.
- Give tooth to child to take home.

**DISLODGED TOOTH: Permanent**
- Locate tooth.
- Grasp by crown (white part) **DO NOT** scrub, rub or scrape to remove dirt
- If cannot be placed in socket, place in milk or a warm mild salt solution.
- Control bleeding by having student bite on folded gauze dressing.

- Insert in gum socket if possible, and have student bite down on gauze.
- Contact responsible school authority & parent/legal guardian.
- URGE MEDICAL CARE (within 60 minutes).
A student with diabetes should be known to all school staff. A history should be obtained and a Diabetic Emergency Care Plan developed at time of enrollment.

A student with diabetes could have the following symptoms:
- Irritability/feeling upset
- Seizure
- Change in personality
- Confusion
- Sweating/"feeling shaky"
- Dizziness
- Loss of consciousness
- Paleness
- Rapid, deep breathing
- Rapid pulse

STUDENT SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.

If available, follow student’s Diabetic Emergency Care Plan.

Is blood sugar monitor available?

If available, follow student’s Diabetic Emergency Care Plan.

Is the student:
- Unconscious?
- Having a seizure? (See “Seizure.”)
- Unable to speak?

Give student “SUGAR” such as:
- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers or 1/2 candy bar)
- Sugar (2 packets or 2 teaspoons)
- Cake decorating gel (1/2 tube) or icing
- Instant glucose

The student should begin to improve in 10 minutes. Continue to watch student in quiet place.

Is the blood sugar less than 60 or “LOW” according to individual care plan?
- Fruit juice or soda pop (not diet) 6-8 ounces
- Hard candy (6-7 lifesavers or 1/2 candy bar)
- Sugar (2 packets or 2 teaspoons)
- Cake decorating gel (1/2 tube) or icing
- Instant glucose

The student should begin to improve in 10 minutes. Continue to watch student in quiet place.

Is the blood sugar “HIGH” according to individual emergency care plan?

Contact responsible school authority & parent or legal guardian.

CALL EMERGENCY MEDICAL SERVICES.
An earache is most commonly caused by an infection behind the middle ear. A student may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

**DRAINAGE FROM EAR**
- Do NOT try to clean out ear.
- Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

**EARACHE**
- A warm water bottle or heating pad (NOT HOT) against the ear will give comfort while waiting for parent or legal guardian.
- Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.

**OBJECT IN EAR CANAL**
- **DO NOT ATTEMPT TO REMOVE OBJECT.**
- Contact responsible school authority & parent/legal guardian. URGE MEDICAL CARE.
Ask the student if he/she wears contact lenses. If possible, have student remove lenses before giving First Aid to eye.

Keep student lying flat and quiet.

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

If object has penetrated the eye, DO NOT REMOVE OBJECT. (DO NOT FLUSH EYE.)

Cover eye with a paper or cup or similar object to keep student from rubbing. BUT DO NOT TOUCH EYE OR PUT ANY PRESSURE ON EYE. (COVER UNINJURED EYE TOO.)

CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.

Contact responsible school authority & parent or legal guardian. ARRANGE FOR IMMEDIATE MEDICAL CARE.
PARTICLE IN EYE: Foreign body (sand, dirt, pollen, etc.)

- Keep student from rubbing eye.
- If necessary, lay student down, & tip head toward affected side.
- Gently pour tap water over the open eye to flush out the particle.
- If particle does not flush out or eye or if eye pain continues, contact responsible school authority & parent or legal guardian. URGE MEDICAL CARE.

CHEMICALS IN EYE:

- Wear gloves and if possible, goggles.
- Immediately flush the eye with large amounts of clean water for 20-30 minutes.
- Let the water run over the eye with head tipped so water washes eye from nose out to side of face.
- Call Poison Control while flushing eye. Phone # 1-800-222-1222. Follow instructions given.
- If eye has been burned by chemical, call Emergency Medical Services.
Fainting may have many causes including but not limited to: Injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing “at attention” for too long, etc. If you know the cause of the fainting, see the appropriate guidance.

CALL EMERGENCY MEDICAL SERVICES.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see “Unconsciousness.”

- Is fainting due to injury?
- Did student injury self when he/she fainted?

YES OR NOT SURE

Treat as possible head or neck injury. See “Neck & Back Injuries.” DO NOT MOVE STUDENT.

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts.

NO

- Keep airway clear.
- Check breathing. Look, listen and feel for breath.
- Keep student warm, but not hot.
- Control bleeding if needed. (Always wear gloves.)
- Give nothing by mouth.

If student feels better, and there is no danger of neck injury, she/he may be moved to a quiet, private area.

Contact responsible school authority & parent or legal guardian.
FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS

Treat all injured parts as if there could be a fracture. See attached page for descriptions of injuries.

Symptoms could include:
• Pain in one area
• Swelling
• Feeling “heat” in injured area
• Discoloration
• Limited movement
• Bent or deformed bone

CALL EMERGENCY MEDICAL SERVICES.

Do not allow student to put weight on or try to use the injured part.

• Support and elevate injured part gently, if possible.
• Apply ice to minimize swelling.

Gently cover broken skin with a clean bandage. Don’t move the injured part.

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

YES

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

NO

• Is bone deformed or bent in an unusual way?
• Is bone sticking through skin?

(Continue on next page)
FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS

(Continue from previous page)

FRACTURES
Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open
fractures the bone may be visible and may protrude through the skin. Symptoms may include
an audible “snap” at the time of injury, a grating sensation, a “crooked” bone, pain, tenderness,
swelling and bruising, and an inability to move the injured part.

DISLOCATIONS
Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the
ligaments that hold them in place. Symptoms include difficulty and pain when moving the joint,
swelling, deformity, and discoloration at the affected joint.

SPRAINS OR STRAINS
Sprains occur when ligaments and tendons around a joint are stretched or partially torn.
Sprains are usually caused by a twisting injury. Symptoms include tenderness to touch,
swelling and discoloration.
Head wounds may bleed easily and form large bumps. Head injuries from falls, sports & violence may be serious.

With a head injury always suspect neck injury as well. Do NOT move or twist the spine or neck. See “Neck & Back Injuries” for more information.

- Have student rest, lying flat.
- Keep student quiet & warm.

Is student vomiting?

Turn the head and body together to one side, keeping head and neck in a straight line with the trunk.

Watch student closely. **DO NOT LEAVE STUDENT ALONE.**

Are any of the following symptoms present:
- Unconscious? Seizure? Neck Pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

Check breathing. Look, listen & feel for breathe. If student stops breathing, give rescue breaths.

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

Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent/legal Guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.
A student with heart attack could have one or all of the following symptoms:

- Chest pain or discomfort lasting more than 3-5 minutes or that goes away and comes back. Pain is not relieved by rest, changing position, or medication. May spread to shoulder, arm, back, neck, or jaw.
- Dizziness or unconsciousness.
- Ache, heartburn, or indigestion.
- Trouble breathing. Breathing is often faster than normal. Extreme shortness of breath.
- Nausea
- Sweating or changes in skin appearance.

Ask student if he/she has medication. Assist to take if indicated.

CALL EMERGENCY MEDICAL SERVICES.

- Keep student in a "comfortable" position, usually sitting or lying down with head and chest elevated.
- Loosen tight clothing.

Monitor pulse and respiration.

Is there a pulse?

PERFORM CPR (CPR should only be performed by persons trained to the current standards of American Red Cross or the American Heart Association.

Contact responsible school authority & parent or legal guardian.
IMPALED OBJECT

Never remove an impaled object.

Immobilize object in place with large dressing around object to prevent further injury.

Control bleeding by pressure dressing. Use UNIVERSAL PRECAUTIONS.

Is the injury life threatening?

NO
Contact responsible school authority & parent or legal guardian. URGE MEDICAL CARE.

YES
CALL EMERGENCY MEDICAL SERVICES. Contact responsible school authority & parent or legal guardian.
NECK AND BACK INJURIES

Has an injury occurred?  

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

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 they are not emergencies.

If student is so uncomfortable that he or she is unable to participate in normal school activities, contact responsible school authority & parent or legal guardian.

• Do not move student.
• Keep student quiet and warm.
• Place rolled up towels/clothing on both sides of head so it will not move.

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.

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent or legal guardian.
Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:
- Medicines
- Insect Bites & Stings
- Snake Bites
- Chemicals/Cleaners
- Drugs/Alcohol

Possible warning signs of poisoning include:
- Pills, berries or unknown substance in student’s mouth.
- Burns around mouth or on skin.
- Strange odor and breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.
- Unconsciousness.
- Unusual behavior.

If possible, find out:
- Age and weight of student.
- What the student swallowed or what type of “poison” it was.
- How much & when it was taken.

CALL POISON CONTROL CENTER, & ask for instructions. Phone # 1-800-222-1222

Do NOT induce vomiting UNLESS instructed by poison control.

CALL EMERGENCY MEDICAL SERVICES, if student is unconscious, in shock, requires CPR, or directed to do so by the Poison Control Center. Contact responsible school authority & parent/level guardian.

Send the following to the hospital with the student:
- Ingested material with its container (if available).
- Sample of the vomited material in a cup or glass.
A puncture wound is caused when a pointed object, such as splinters, a nail, pencil, piece of glass, or knife pierces the skin. Puncture wounds do not bleed a lot, so there is greater concern for the risk of infection associated with them.

DO NOT TRY TO PROBE OR SQUEEZE.

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

If wound is deep or bleeding freely, treat as bleeding. See “Bleeding”.

Check student’s immunization record for current tetanus.

Contact responsible school authority & parent or legal guardian.

Wear gloves when exposed to blood or other body fluids.

Has eye been wounded?

- NO
- YES

Is object still in wound?

- NO
- YES

See “Eyes”. DO NOT TOUCH EYE.

DO NOT REMOVE OBJECT. Wrap bulky dressing around object to support it. Try to calm student.

- NO
- YES

Is object large?
- NO
- YES

Is wound deep?
- NO
- YES

Is wound bleeding freely or squirting blood?
- NO
- YES

If wound is deep or bleeding freely, treat as bleeding. See “Bleeding”.

NOTE FOR PENCIL WOUND: Pencil lead is actually graphite (harmless), not poisonous lead. Even colored leads are not toxic.
Students with a history of seizures should be known to all staff. A Seizure Emergency Care Plan should be developed for these students.

Seizures (or convulsions) can be caused by many things. These include epilepsy, febrile seizures, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure, the student becomes unconscious and may fall. The student may lose bowel/bladder control. (Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity jerks. These are usually not medical emergencies.)

If available, refer to student’s Seizure Emergency Care Plan.

If student seems off balance, place him/her on the floor (on a mat) for observation & safety.
• **DO NOT** RESTRAIN MOVEMENTS.
• Move surrounding objects to avoid injury.
• **DO NOT** PLACE ANYTHING BETWEEN THE TEETH or give anything by mouth.

After seizure, 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. After the sleeping period, the student should be encouraged to participate in normal class activities. Contact responsible school authority & parent or legal guardian.

Observe details of the seizure for parent or legal guardian, emergency personnel or physician. Note:
• Duration
• Kind of movement or behavior
• Body parts involved
• Loss of consciousness, etc.

Is student:
• Having a seizure lasting longer than 5 minutes?
• Having seizures following one another at short intervals?
• **Without a known history** of seizures, having a seizures?

CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent or legal guardian.
Shock occurs when vital tissues of the body do not receive enough blood. Shock can occur because of severe injuries resulting in blood loss, burns, or fractures. When shock occurs, the blood pressure drops below what is needed to push blood to the brain and other organs. Shock can also occur from minor injuries, in which case the body is so stunned by the injury that it goes into shock. This condition can also occur when someone experiences an emotional trauma. This condition is called emotional shock. It is important to know that fainting is very similar to shock; however, one recovers from fainting.

Wear gloves when exposed to blood or other body fluids.

Symptoms of shock can include any of the following:
- cold and clammy skin
- pale skin color
- nausea
- dizziness
- weakness
- sweating
- fast, but weak, pulse
- fast breathing

Are these associated with obvious injury, bleeding or trauma?

Contact responsible school authority & parent or legal guardian.

• Refer to the student’s health care plan to determine if the student has severe, life threatening allergies.
• Have the student lie down quickly and raise their legs 8-10 inches above the level of the heart. However, if injury to neck, spine of leg/hip bones is suspected, student must remain lying flat.
• Determine if other injuries have occurred and treat accordingly.
• Cover the student with a sheet or blanket.
• Do not give the student anything to eat or drink.
• Remain with, and reassure, the student.

CALL EMERGENCY MEDICAL SERVICES.
Wear gloves when exposed to blood to other body fluids.

- Gently wash area with clean water and soap.

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

- If NO:
  - Leave in place.
  - DO NOT PROBE UNDER SKIN.
  - Check student’s immunization record to tetanus.
  - Contact responsible school authority & parent/legal guardian.
  - URGE MEDICAL CARE.

- If YES:
  - Remove with tweezers.
  - DO NOT PROBE UNDER SKIN.
  - Check student’s immunization record for DT, DPT (tetanus).
  - Wash again.
  - Apply clean dressing.
If student stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS yourself.

Unconsciousness may have many causes including: injuries, blood loss, poisoning, severe allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, etc. If you know the cause of the unconsciousness, see the appropriate guideline.

Did student regain consciousness immediately?

Treat as possible neck injury. See “Neck & Back Injuries”, and “Head Injuries”. DO NOT MOVE STUDENT.

Is unconsciousness due to injury?

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts.

- Keep airway clear.
- Check breathing. Look, listen and feel for breath.
- Keep student warm, but not hot.
- Control bleeding if needed (always wear gloves).
- Give nothing by mouth.

If student is not breathing, begin rescue breathing. CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority & parent or legal guardian.
ACKNOWLEDGEMENTS
San Francisco Unified School District Board of Education
Dr. Dan Kelly, President
Mr. Eddie Y. Chin, J.D., Vice President
Ms. Heather A. Hiles
Ms. Sarah Lipson
Mr. Eric Mar, Esq.
Mr. Mark Sanchez
Ms. Jill Wynns

Superintendent of Schools
Dr. Arlene Ackerman

Funding for the production of this “GUIDELINES for SCHOOL FIRST AID PROCEDURES” flipchart was made possible by the Emergency Response & Crisis Management Grant from the U.S. Department of Education Office of Safe and Drug-Free Schools.