

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

San Francisco General Hospital
(Workman's Compensation Injuries)
Building 9, 2nd Floor
Intersection of 23rd and Utah Streets
206-8998

"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.

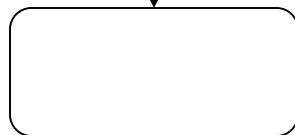
HOW TO USE THE FLIPCHART

- 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.

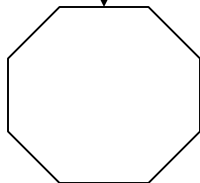
KEY TO SHAPES



Start here.



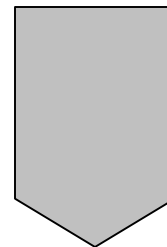
Provides first-aid instructions.



**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

"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."

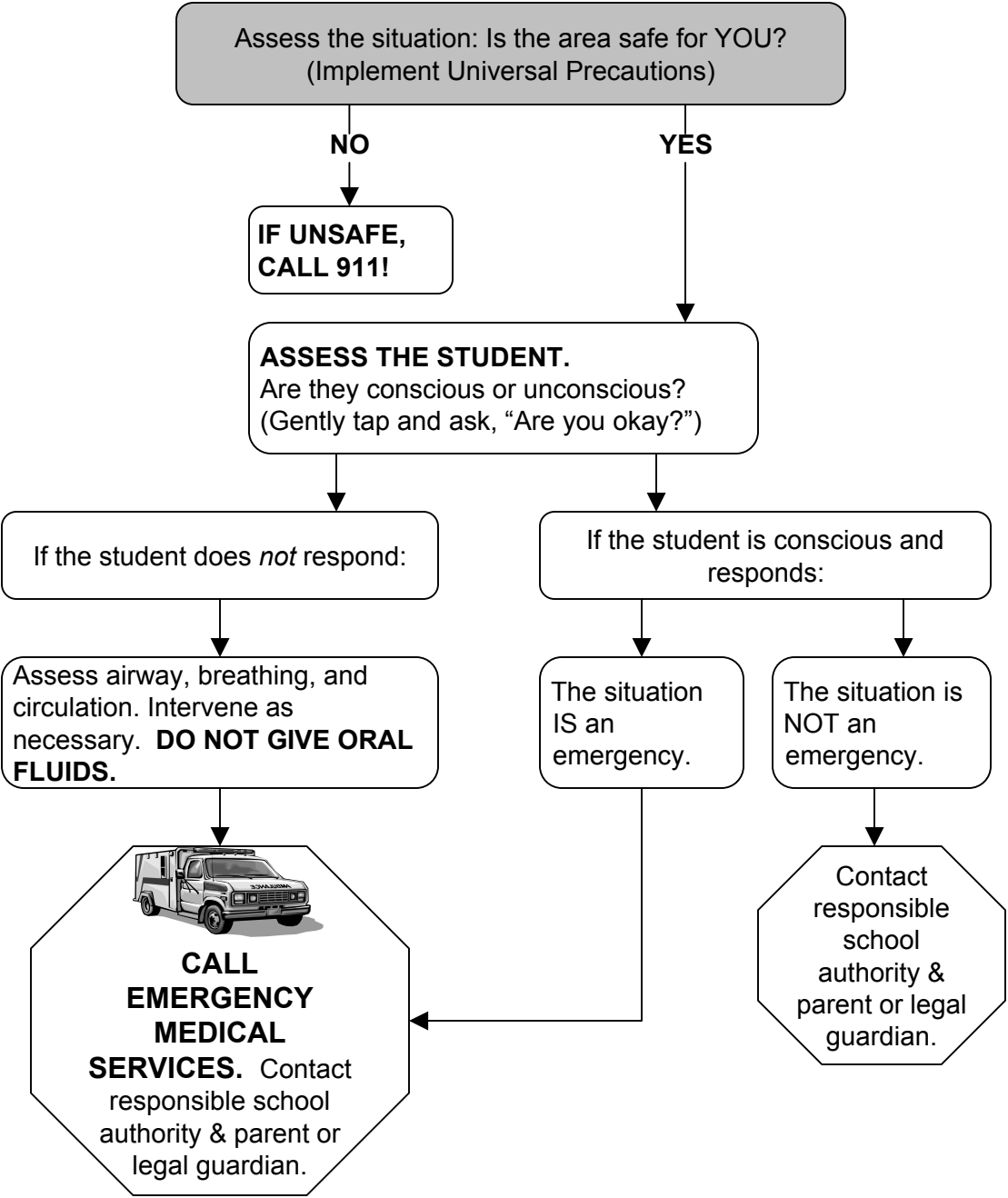
PREVENTING DISEASE TRANSMISSION

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

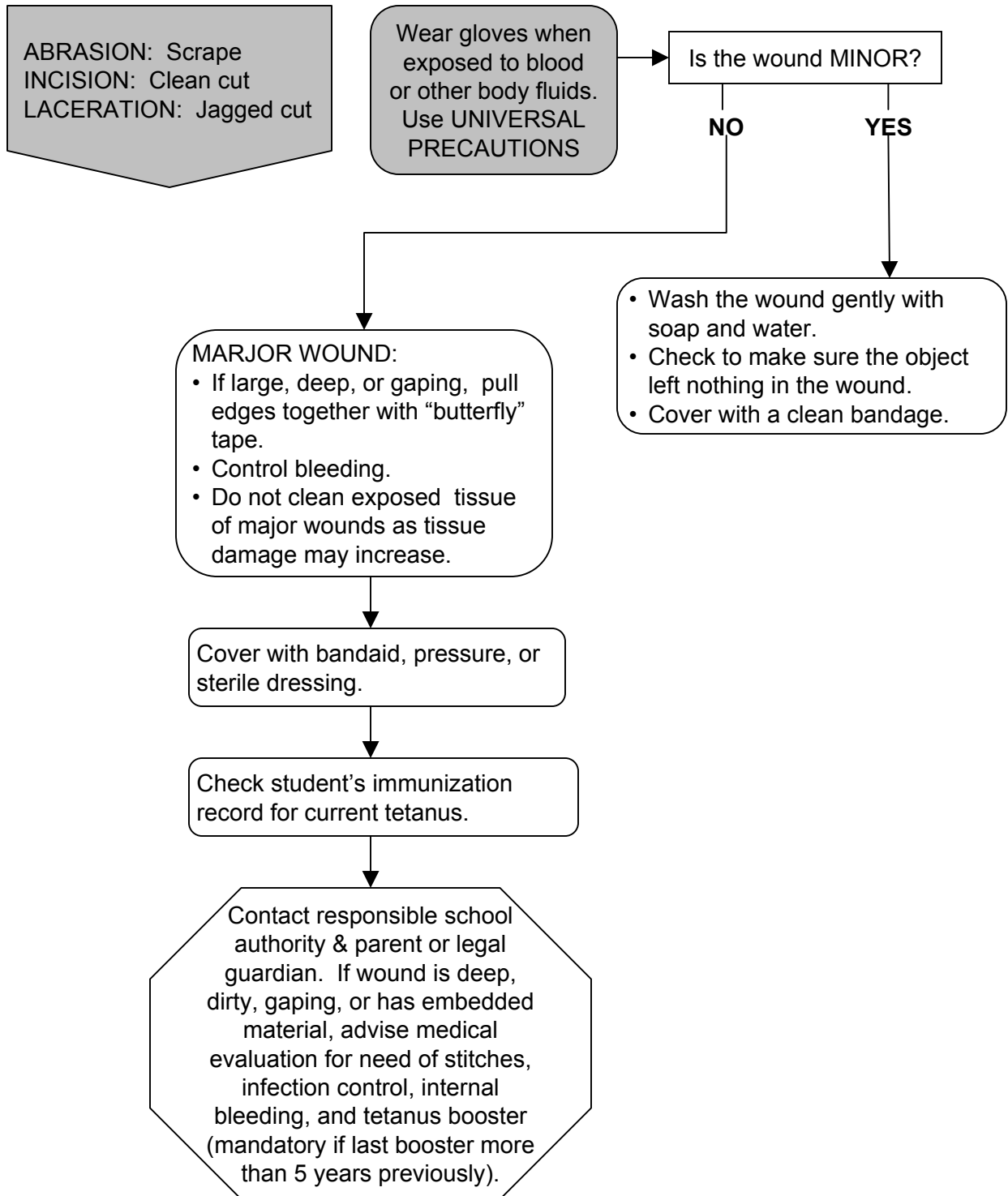
- Avoid contact with body fluids, such as blood, when possible
- Place barriers, such as disposable gloves or a clean dry cloth, between the victim's body fluids and yourself
- Cover any cuts, scrapes, and openings in your skin by wearing protective clothing, such as disposable gloves
- Use breathing 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 concerns about making direct contact with a victim.

EMERGENCY GUIDE TO PROVIDING EMERGENCY CARE



ABRASION/INCISION/LACERATION



ALLERGIC REACTION

Students with life-threatening allergies should be known to all staff. An Allergy Emergency Care Plan should be developed for these students.

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

Does the student have symptoms of allergic reaction?

YES, MILD

YES, SEVERE

Symptoms of **mild** allergic reaction include:

- Red itchy eyes.
- Itchy, sneezing, runny nose.
- Several hives, or rash on one part of the body.

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

• Refer to student's Allergy Emergency Care Plan, if available.
• Administer approved medication, which may include epinephrine.

MILD

SEVERE

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**.


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

If child is unable to participate in school activities, contact appropriate school authority & parent or legal guardian.

If child stops breathing, give rescue breaths.

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.

A student with a asthma/wheezing may have breathing difficulties which include:

- Rapid breathing
- Tightness in chest
- 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
- Flaring (widening) of nostrils
- Blueness of lips, tongue or nail beds

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.

NO

- Are the lips, tongue or nail beds turning blue?
- Are the symptoms not improving or getting worse?
- Did breathing difficulty develop rapidly?

YES

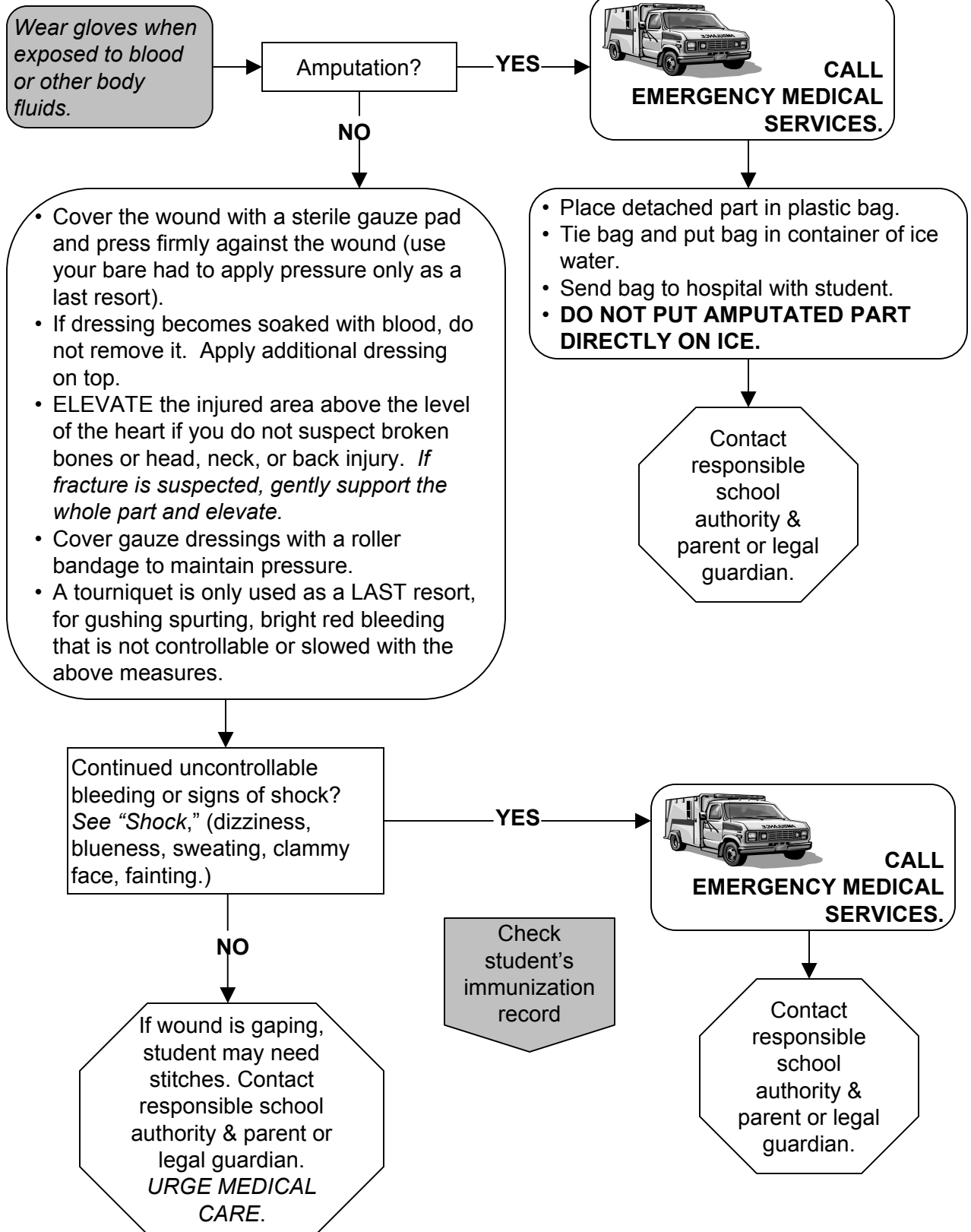


CALL EMERGENCY MEDICAL SERVICES.

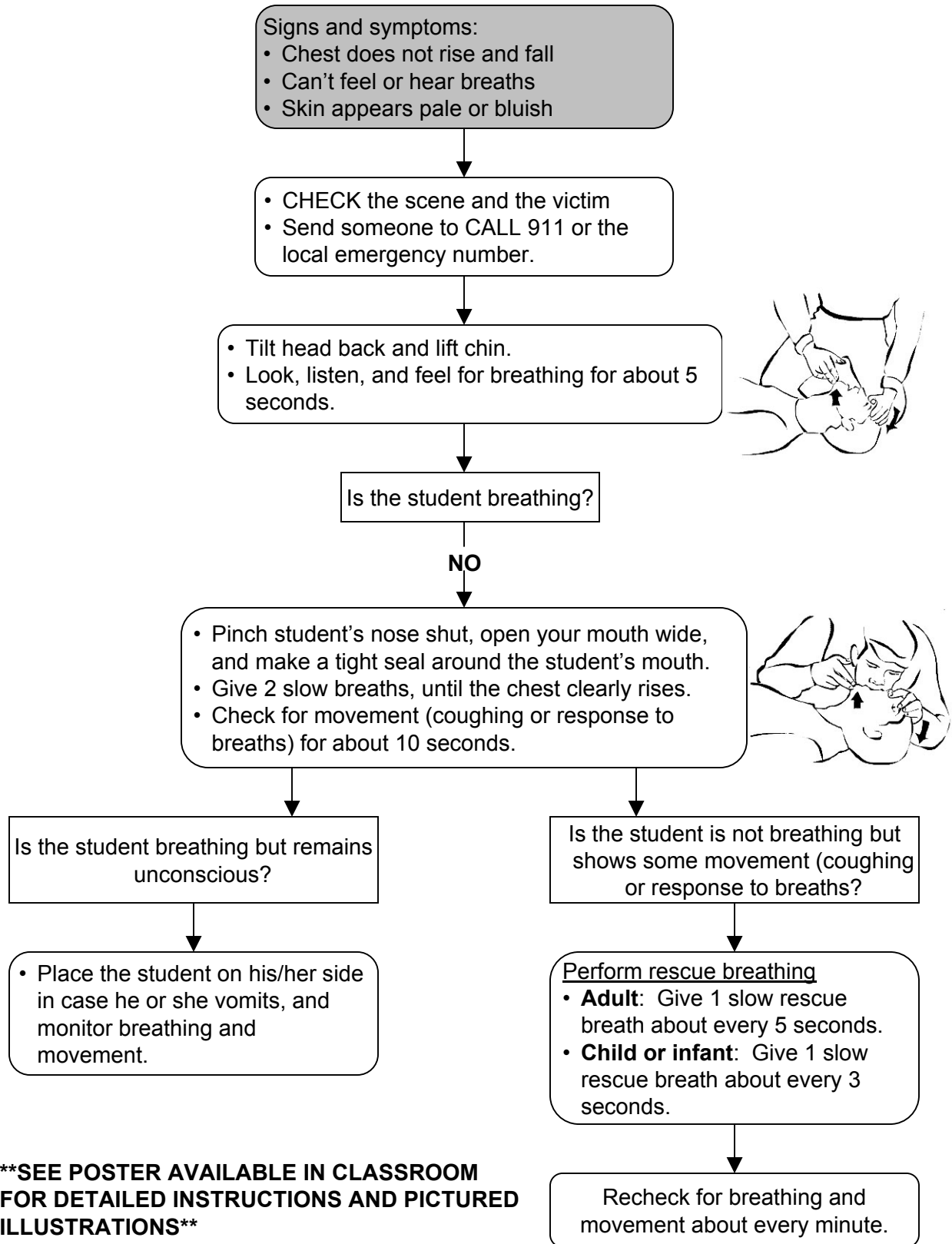
YES

Contact responsible school authority & parent or legal guardian.

BLEEDING



BREATHING EMERGENCIES--NOT BREATHING (UNCONSCIOUS)



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

BURNS

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.

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

ELECTRICAL

What type of burn is it?

CHEMICAL

HEAT

All electrical burns need medical attention. See "Electric Shock".

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

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.

- 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

YES

NO



CALL EMERGENCY MEDICAL SERVICES.

Bandage loosely.

Check student's immunization record.

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.

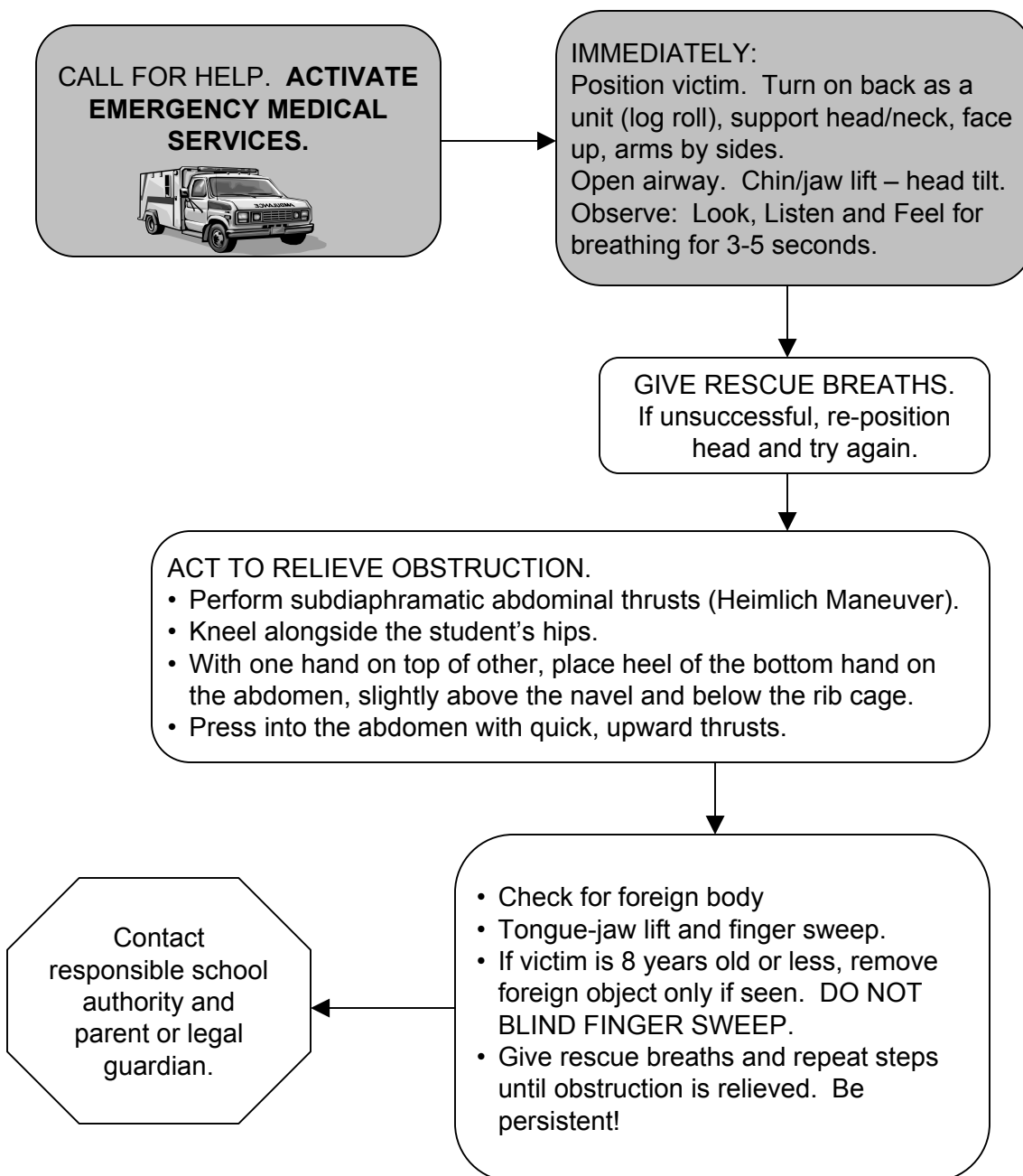
Perform manual thrusts (Heimlich Maneuver):

- 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



CARDIOPULMONARY RESUSCITATION (CPR)

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**

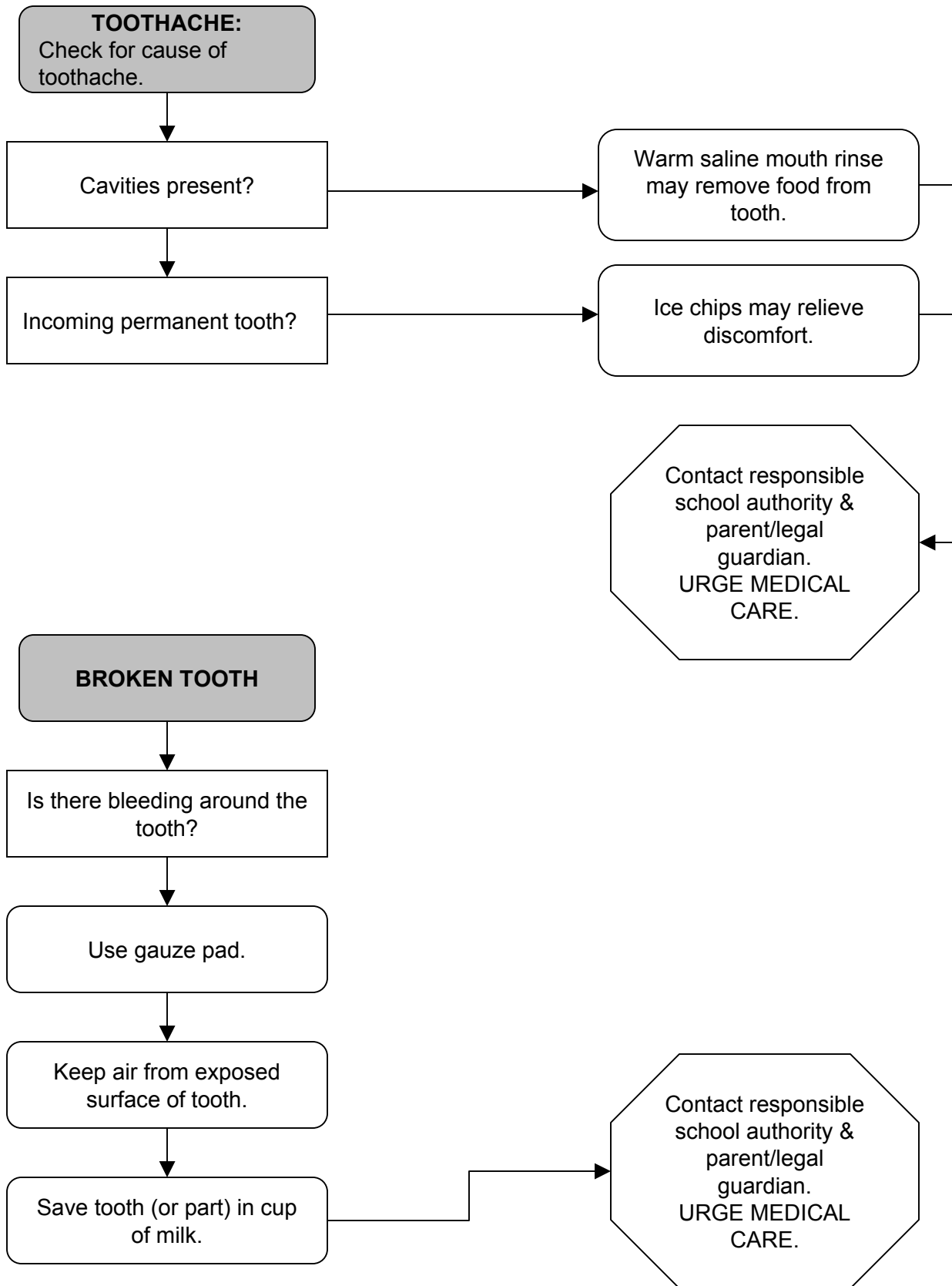


**FIRMLY
PUSH DOWN
TWO INCHES
ON THE CHEST
15 TIMES**

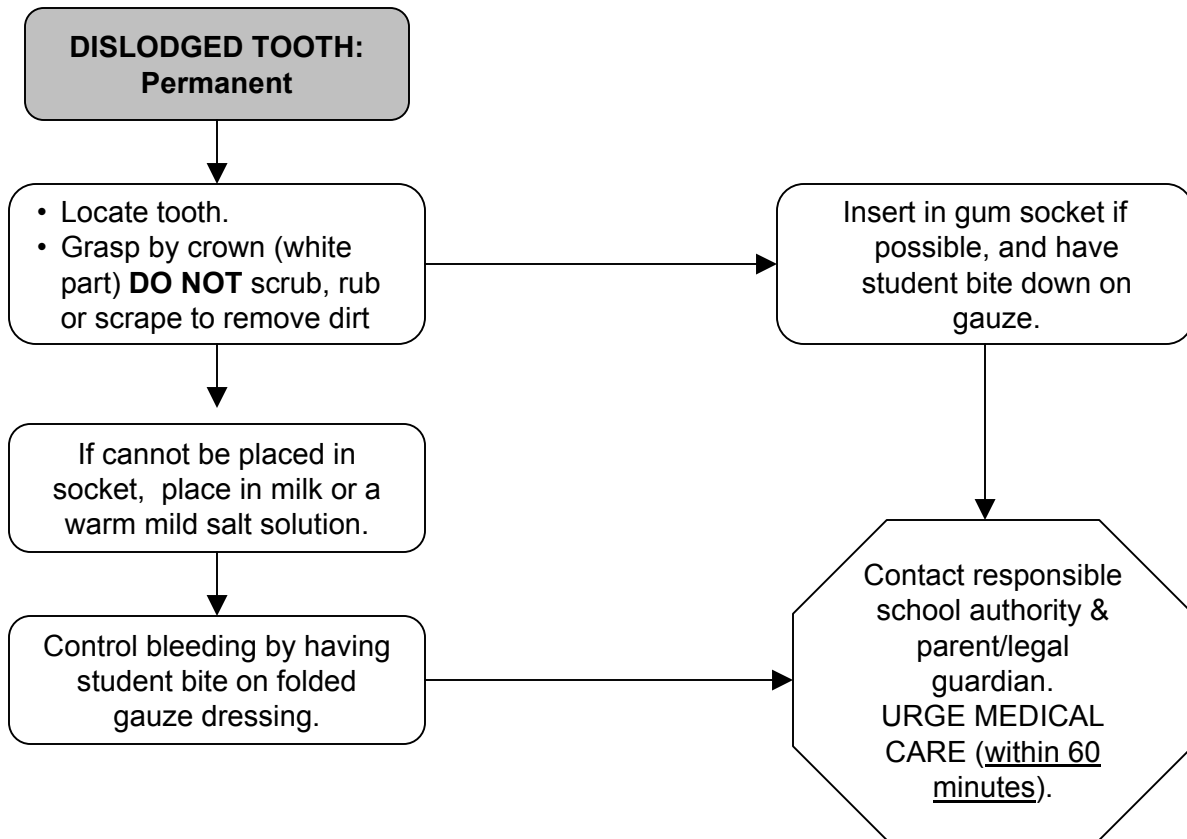
**CONTINUE WITH TWO BREATHS
AND 15 PUMPS UNTIL HELP ARRIVES**

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

DENTAL INJURIES



DENTAL INJURIES



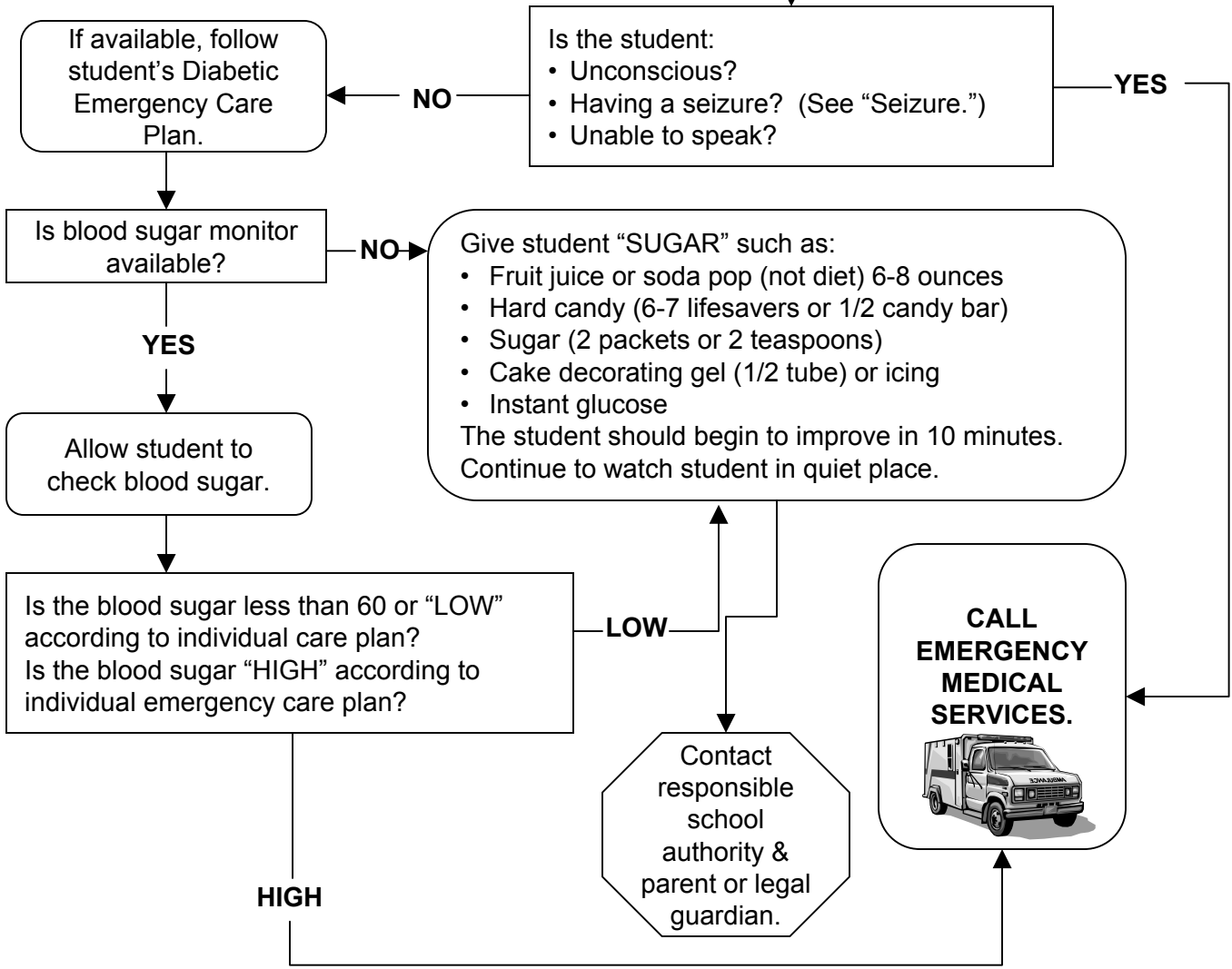
DIABETES

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
- Change in personality
- Sweating/"feeling shaky"
- Loss of consciousness
- Rapid, deep breathing
- Seizure
- Confusion
- Dizziness
- Paleness
- Rapid pulse
- Cramping
- Listlessness

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



EARS

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.

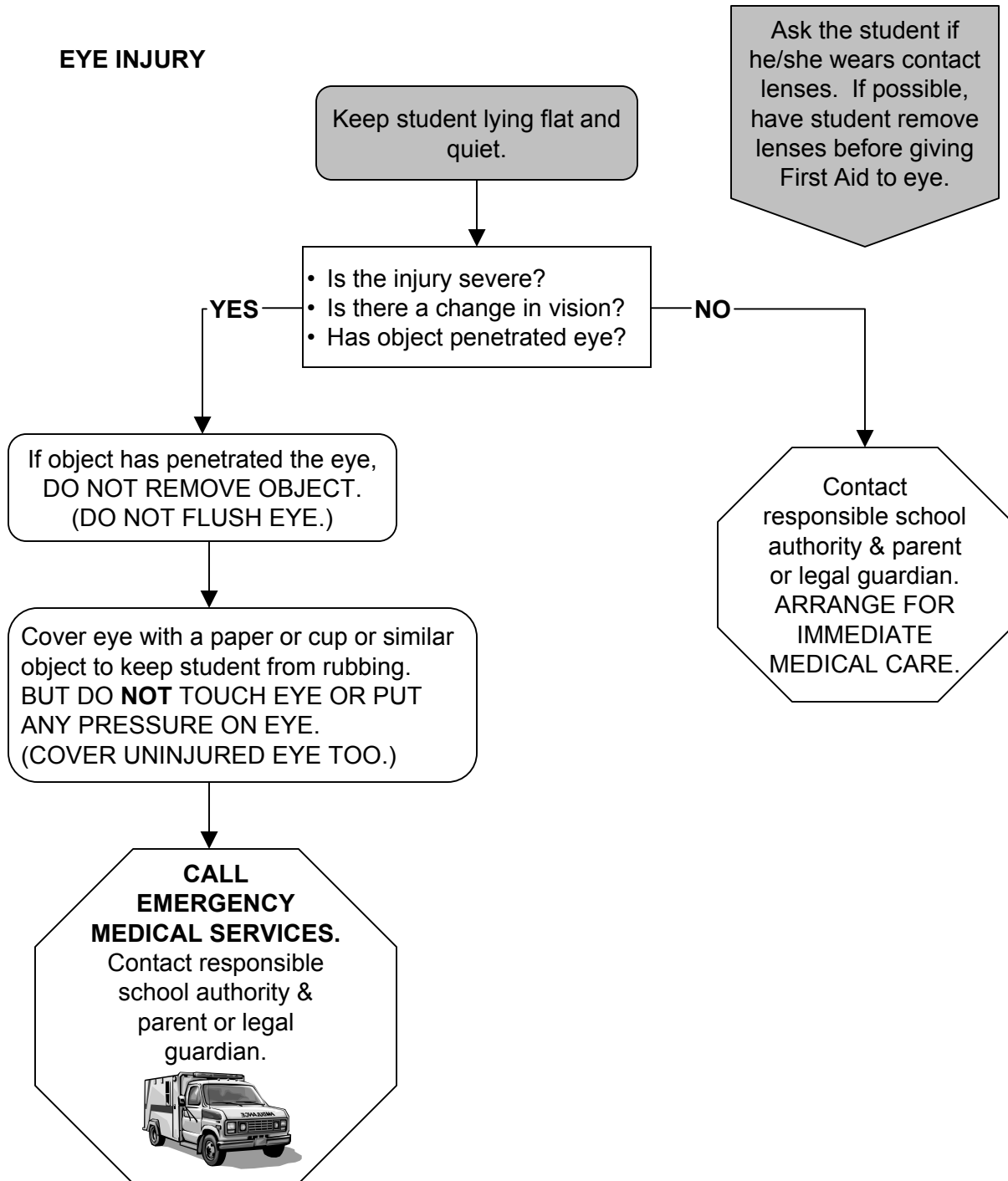
OBJECT IN EAR CANAL

DO NOT ATTEMPT TO REMOVE OBJECT.

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

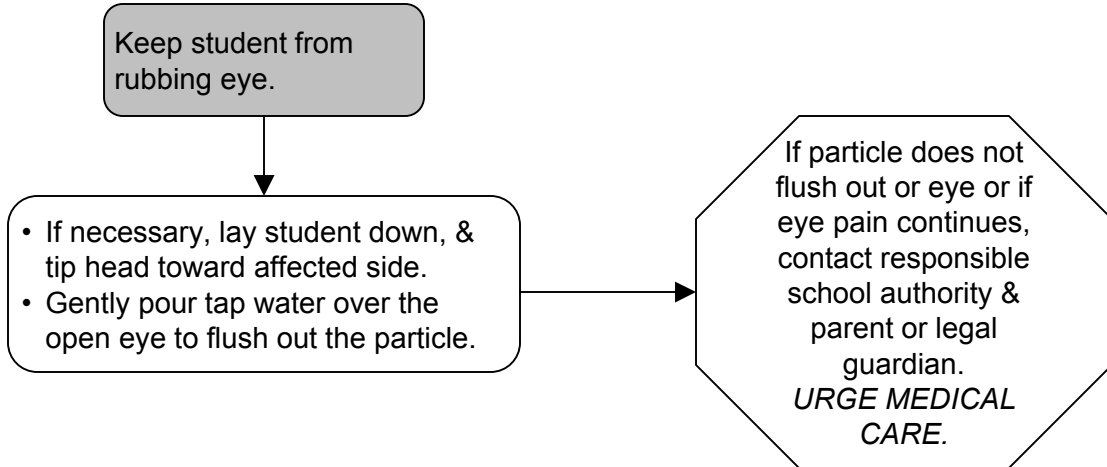
EYES

EYE INJURY

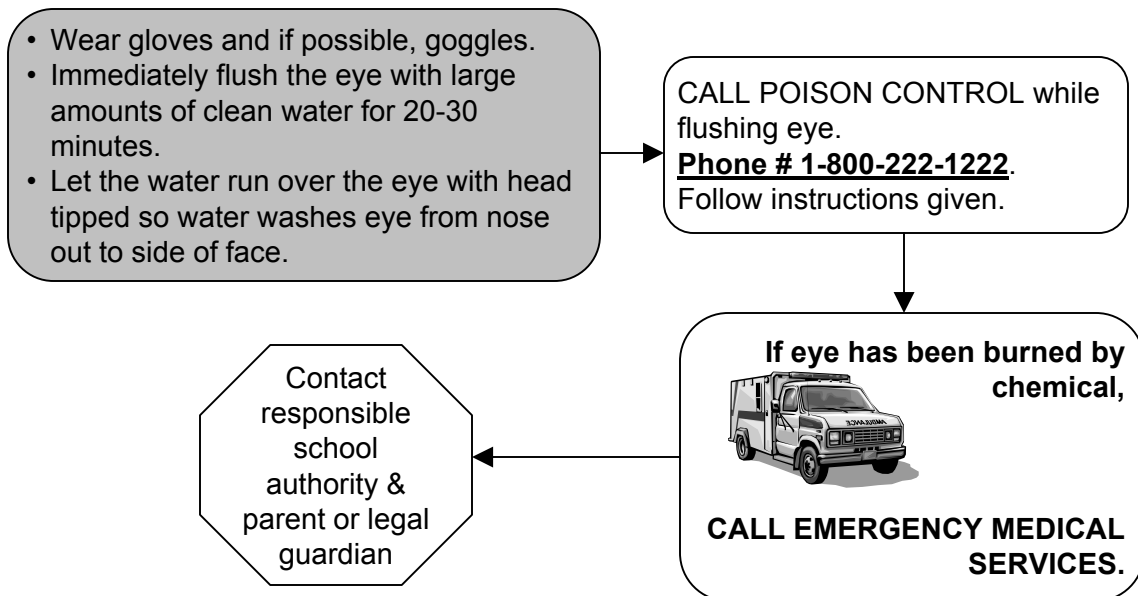


EYES

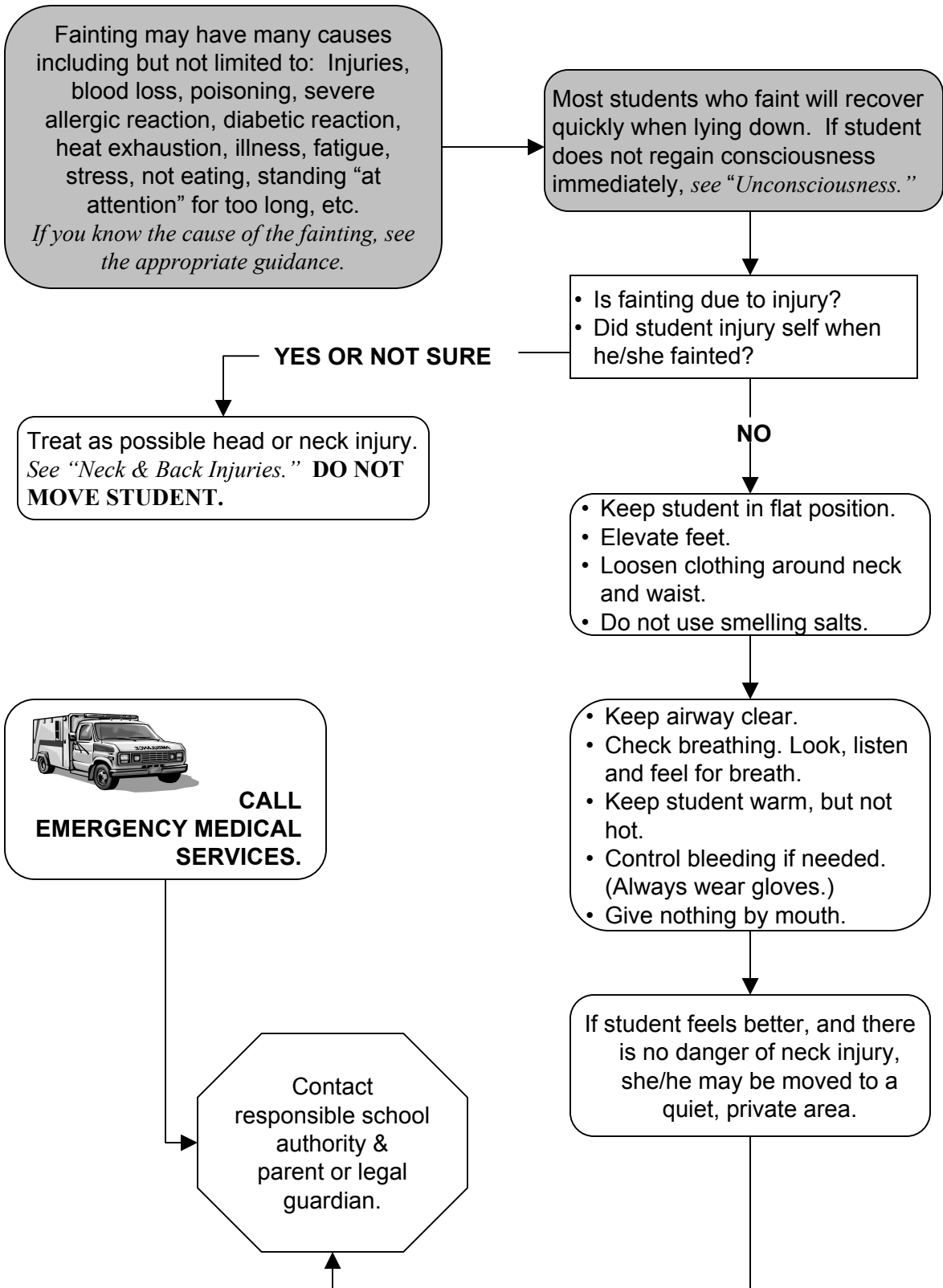
PARTICLE IN EYE: Foreign body (sand, dirt, pollen, etc.)



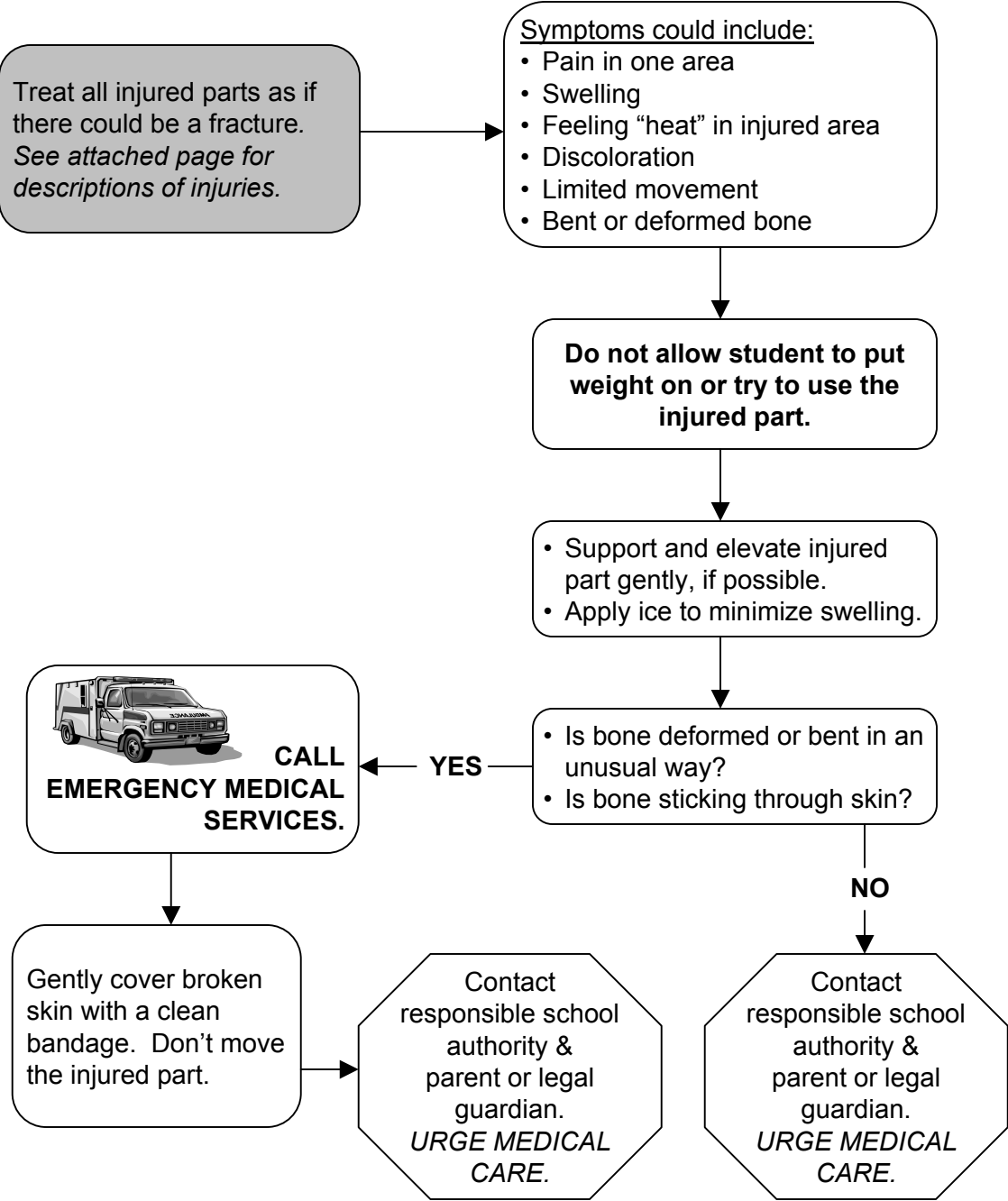
CHEMICALS IN EYE:



FAINTING



FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



(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 INJURIES

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?

YES

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

NO

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

 **CALL EMERGENCY MEDICAL SERVICES.**

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 or legal guardian.

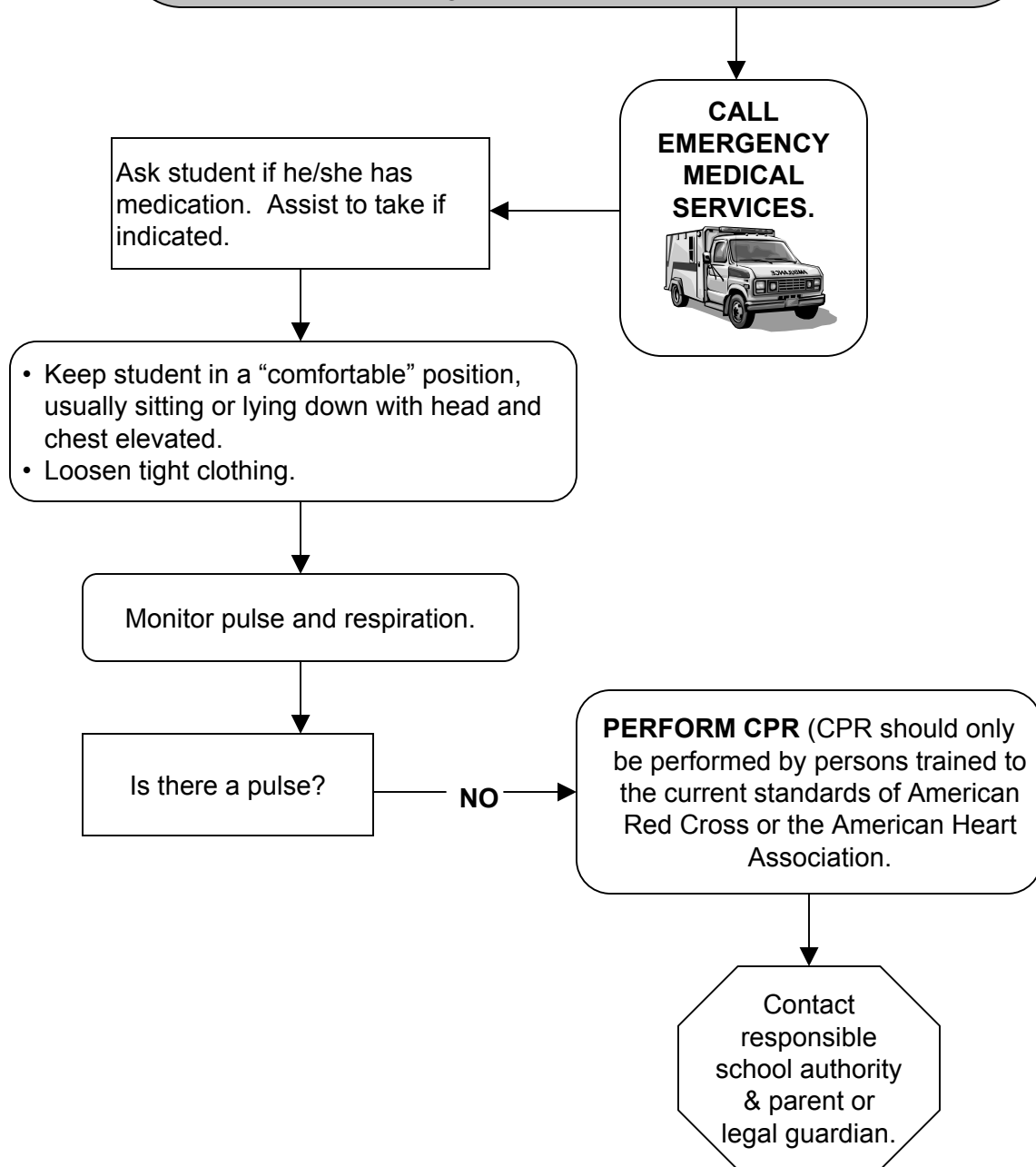
NO

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.

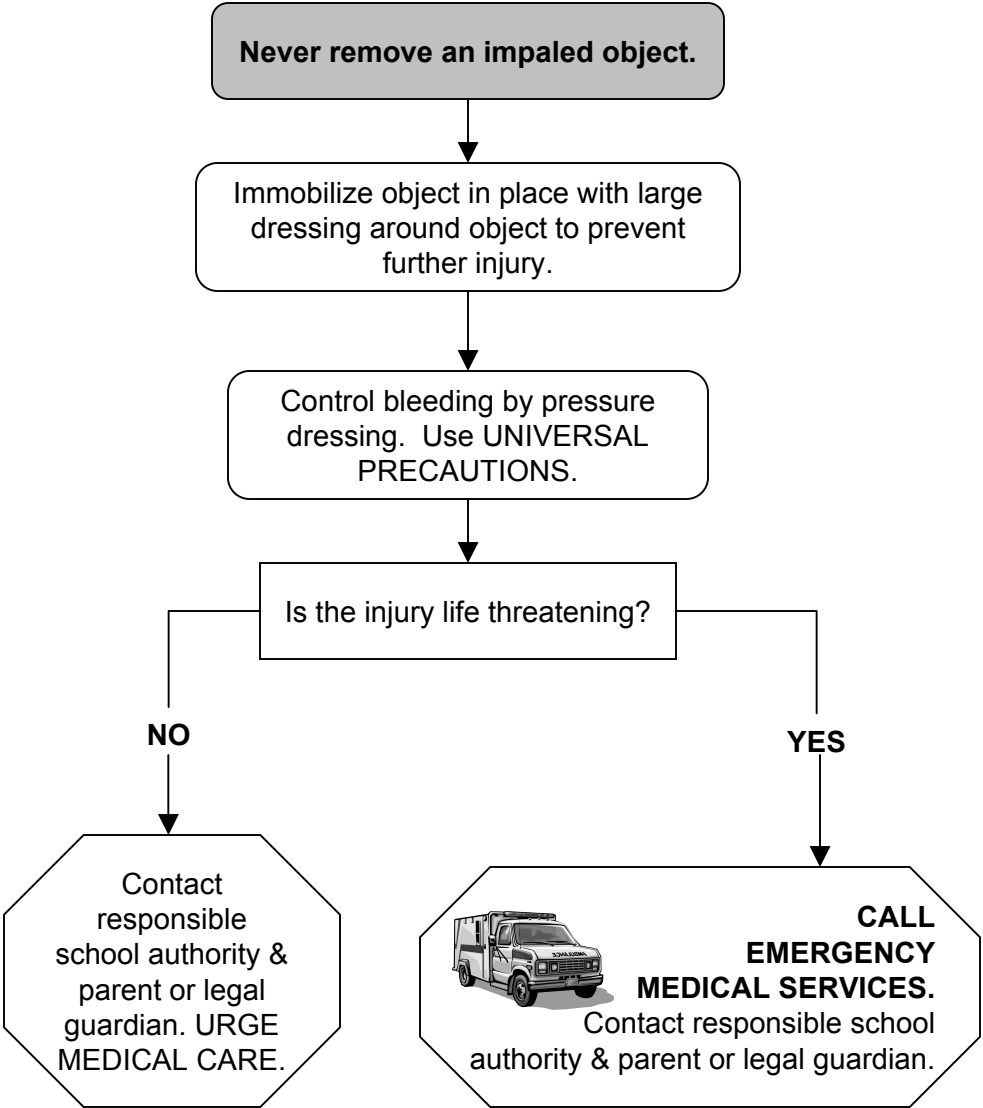
HEART ATTACK/CARDIAC ARREST

A student with heart attack could have one or all of the following symptoms:

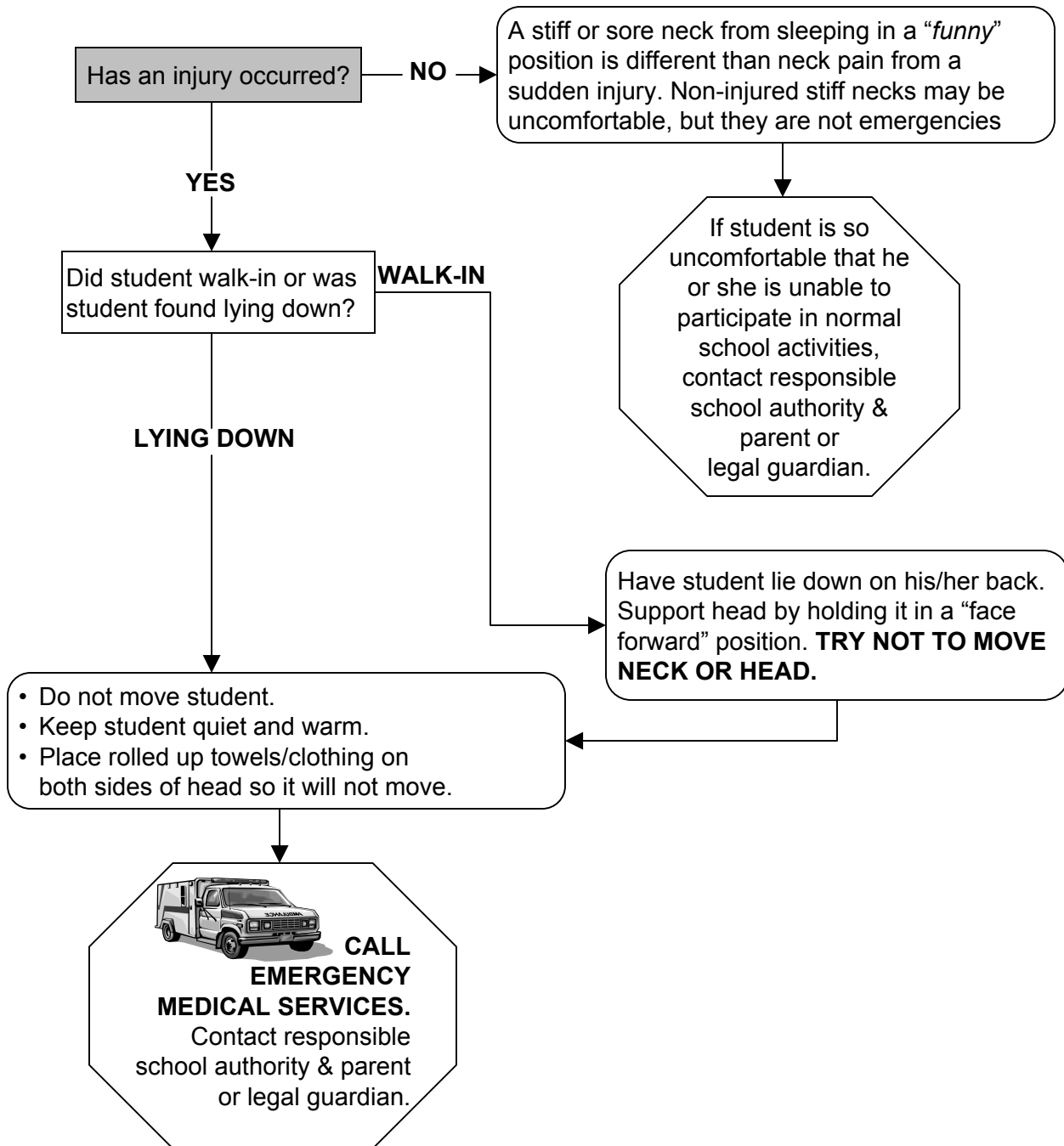
- Chest pain or discomfort lasting more than 3-5 minutes or that goes away and comes back. Pain is not relieved by rest, changing position, or medication. May spread to shoulder, arm, back, neck, or jaw
- Dizziness or unconsciousness
- Ache, heartburn, or indigestion
- Trouble breathing. Breathing is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



IMPALED OBJECT



NECK AND BACK INJURIES



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 & 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.

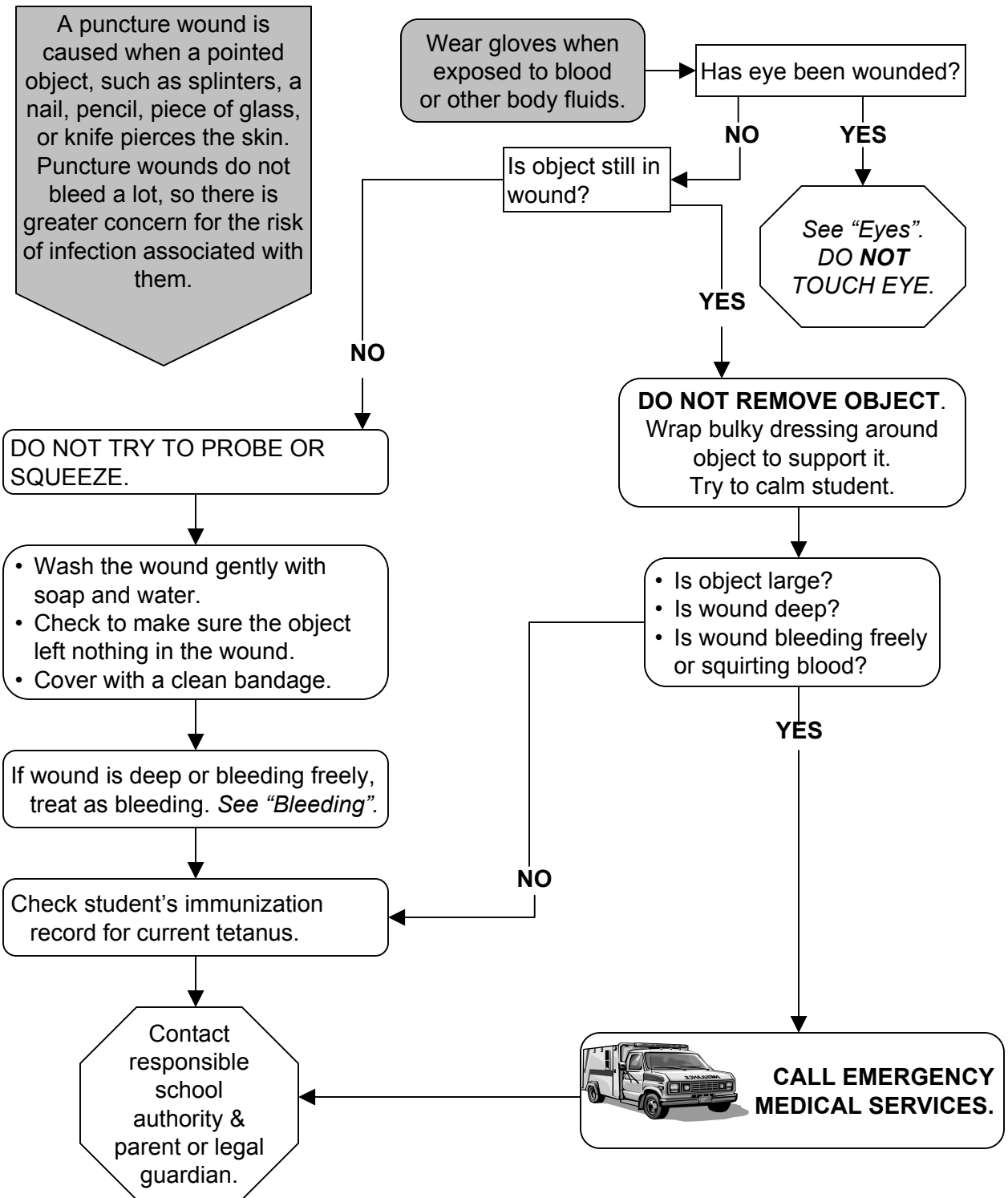


CALL EMERGENCY MEDICAL SERVICES, if student is unconscious, in shock, requires CPR, or directed to do so by the Poison Control Center. Contact responsible school authority & parent/level guardian.

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.

PUNCTURE WOUNDS



NOTE FOR PENCIL WOUND: Pencil lead is actually **graphite (harmless)**, not poisonous lead. Even colored leads are not toxic.

SEIZURES

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.)

Students with a history of seizures should be known to all staff. A Seizure Emergency Care Plan should be developed for these students.

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.

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 know history* of seizures, having a seizures?

After seizure, keep airway clear by placing student on his/her side. A pillow should not be used.

NO

YES

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.



**CALL
EMERGENCY
MEDICAL SERVICES.**

Contact responsible school authority & parent or legal guardian.

SHOCK

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?

NO

- 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 or 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.

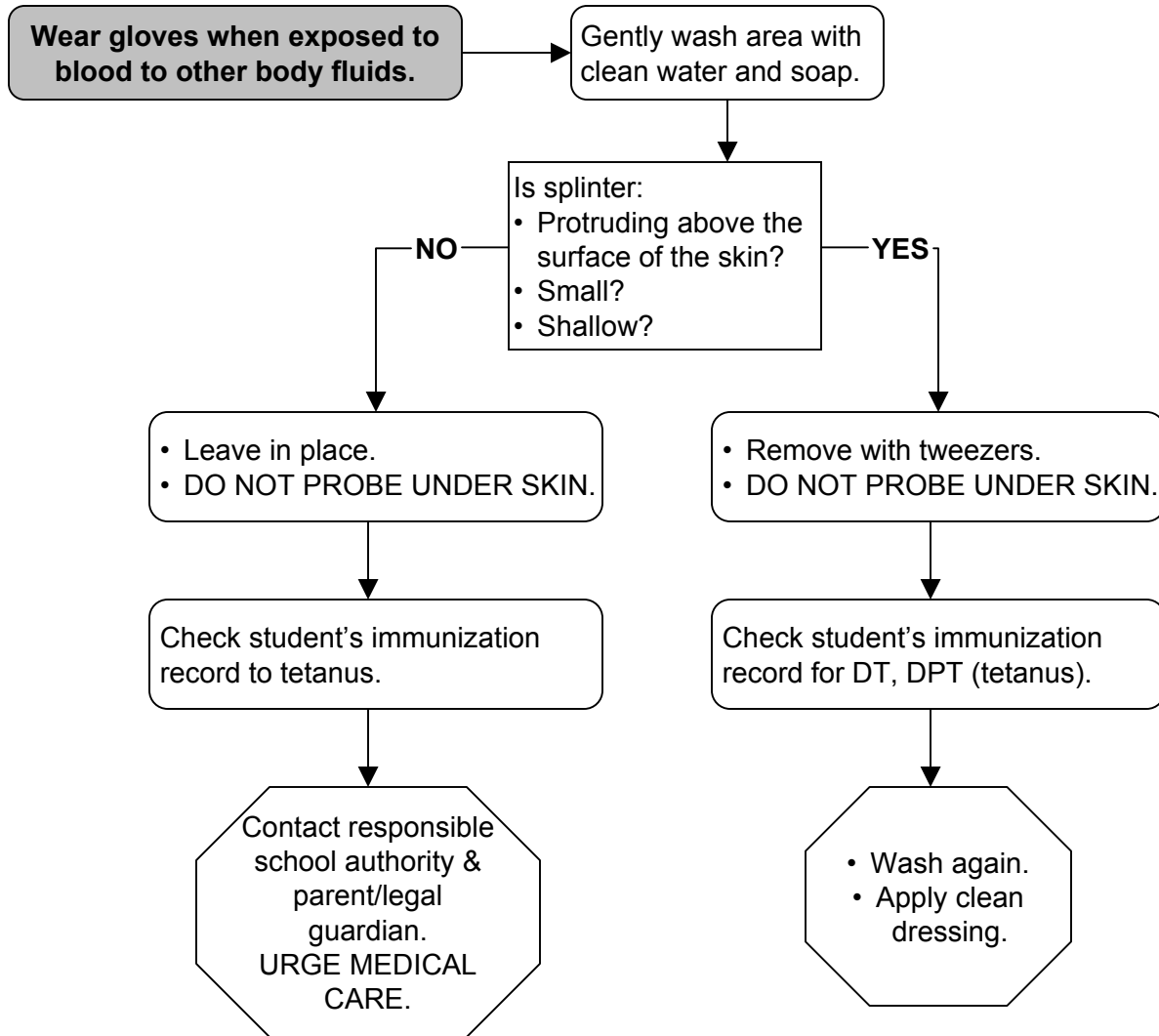
YES



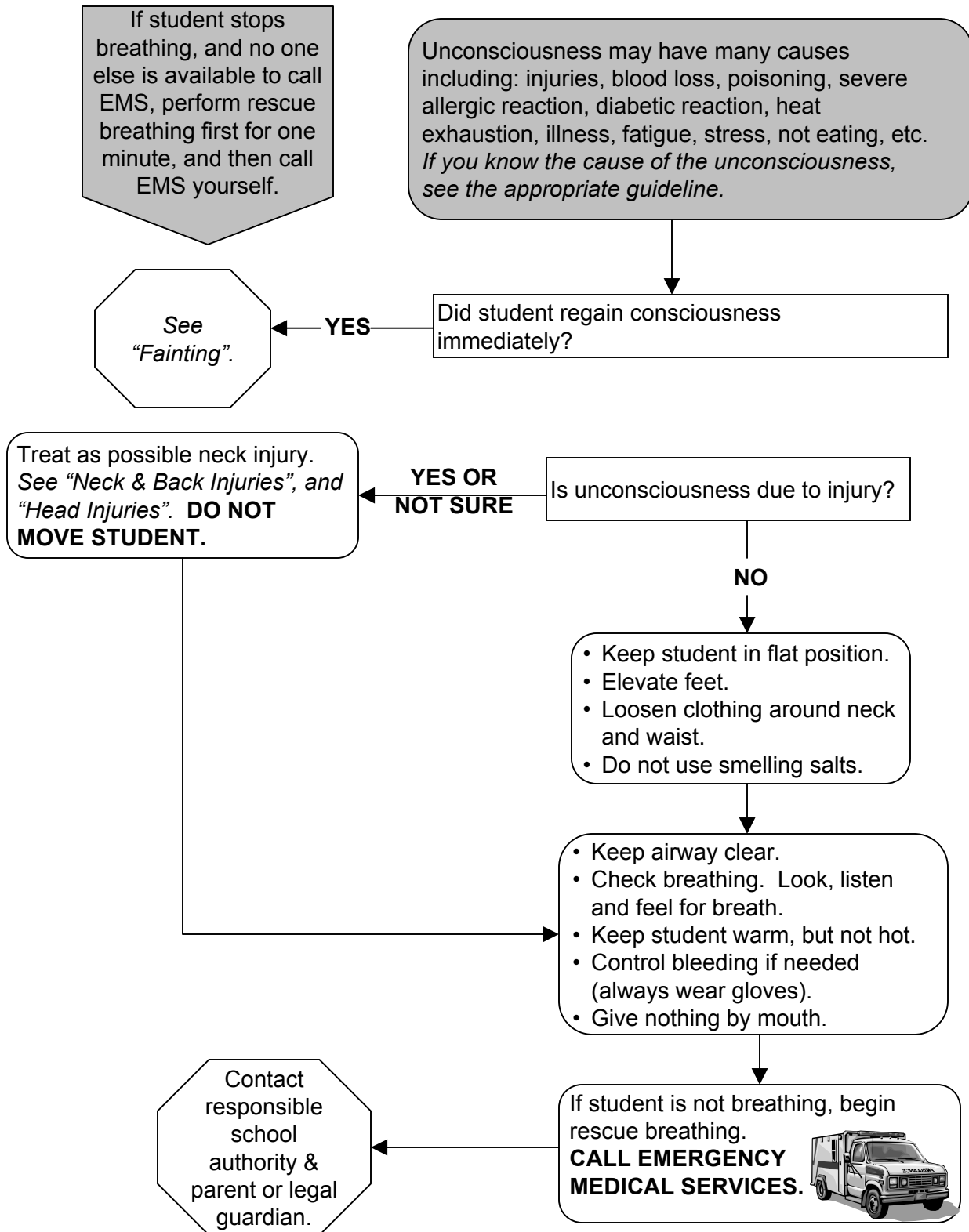
**CALL
EMERGENCY
MEDICAL
SERVICES.**

Contact responsible school authority & parent or legal guardian.

SPLINTERS



UNCONSCIOUSNESS



ACKNOWLEDGEMENTS

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Dr. Dan Kelly, President
Mr. Eddie Y. Chin, J.D., Vice President
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Ms. Sarah Lipson
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Ms. Jill Wynns

Superintendent of Schools

Dr. Arlene Ackerman

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