

INJURY AND ILLNESS PROTOCOLS 2025



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About The Protocols

The original Injury and Illness Protocols were developed by the [WISHeS: Wisconsin Improving School Health Services Project](#). The protocols have been researched and reviewed by numerous qualified healthcare professionals. Information contained in the original protocols was adapted from the Ohio Department of Public Safety's *Emergency Guidelines for Schools, 3rd Edition* and the *Wisconsin Emergency Preparedness Guidelines for Schools*. The 2025 updated protocols were updated after review of [numerous references](#) and a [group of qualified healthcare professionals](#).

The Injury and Illness Protocols are meant to serve as basic first aid and illness management and are intended to be used by *staff without medical/nursing training*, when a nurse or other medical professional is not available. It is recommended that the protocols be reviewed and approved by the school district's medical advisor. It is also recommended that staff who are responsible for providing first aid and illness management to children 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 and reviewed yearly.

The protocols have been created as recommended procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a facility, system, governing board or the State of Wisconsin. The algorithms contained in the guide reflect current medical and nursing practice and are to be used in conjunction with a student's health care provider orders, if available.

Please take some time to familiarize yourself with the format, and review the protocols and "[Legend for the Injury and Illness Protocols](#)" page prior to an emergency situation.

Please note, if a staff member feels emergency medical services are needed at any point while providing first aid and illness management, EMS/911 should be called.

Infection Control

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow standard precautions. Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

The following are standard precautions:

- Hand hygiene which can be either washing with plain or anti-bacterial soap and water or the use of alcohol gel to decontaminate hands.
 - When performing nursing or medical interventions, if the hands are not visibly soiled, the use of an alcohol-based sanitizer is the preferred method of hand hygiene. Follow manufacturer's guidelines for use of hand sanitizer.
 - Treating all blood and body fluids as potentially infectious.
 - Using personal protective equipment (PPE), for example, gloves, when at risk for exposure to blood or body fluids.
 - Proper disposal of medical waste.
 - Disposing sharps, contaminated items that may easily cause cuts or punctures in the skin (used needles, lancets, broken glass or rigid plastic vials) and unused needles and lancets that are being discarded, into a puncture resistant, leak-proof, closable, container labeled with the biohazard symbol or are red in color.
 - Non-sharp disposable items that are saturated with blood or body fluids (i.e. fluid can be poured or squeezed from the item or fluid is flaking or dripping from the item), such as a gauze bandage saturated in blood, should be disposed of in biohazard bags that are puncture resistant, leak-proof, and labeled with a biohazard symbol or red in color.

It is recommended that school district staff who are responsible for providing first aid and illness management complete a bloodborne pathogen training. More information and resources on bloodborne pathogen training can be found on the Department of Public Instruction website: http://sdpw.dpi.wi.gov/sdpw_bloodborne.

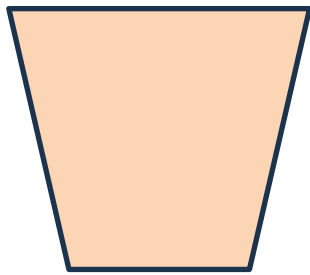
Hand Hygiene should be performed at the following times:

1. Before and after physical contact with any student (*even if gloves have been worn*).
2. Immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even if gloves have been worn).
3. Immediately after removing gloves.
4. Before and after eating or handling food.
5. After using the restroom.
6. After sneezing or coughing.
7. After providing any first aid.

The following precautions should also be used when disposing of medical waste.

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (*wear disposable gloves*).
- Double bag the trash in plastic bags and dispose of immediately.
- Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag (Wisconsin Department of Health Services, 2014).

Legend



Note/Background information



Information



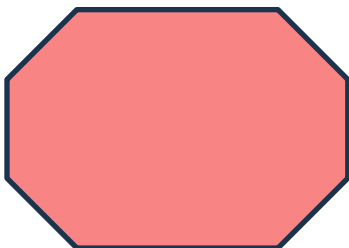
Question



Action Step



Final or Near Final Step



Final Step

Acknowledgements

A special thank you to the individuals listed below for their dedication to the WISHeS Project and their review of the 2025 Injury and Illness Protocols. These protocols were reviewed and updated in collaboration with the Department of Public Instruction School Nursing and Health Services | Student Services/Prevention and Wellness and the Wisconsin Association of School Nurses.

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We would also like to acknowledge the **Wisconsin Chapter of the American Academy of Pediatrics** who has contributed significantly to the success of WISHeS Project and the development of the Illness and Injury Protocols.

ABRASIONS, SCRATCHES, and SCRAPES

Wear disposable gloves when exposed to blood or other body fluids.

Is the wound:

- Large?
- Deep?
- Bleeding freely?
- Does the student have a bleeding disorder?

NO

YES

- Wash the wound gently with water. Use mild soap if necessary to remove dirt.
- Pat dry with clean gauze or paper towel.
- Apply adhesive bandage, or clean non-adhering gauze dressing and bandage.
- Check the student's tetanus immunization status.

See **"BLEEDING."**

Is the student able to return to normal activities?

YES

Allow the student to return to class.

NO

Notify the parent/guardian of injury per school district standard.

Contact responsible school authority & parent/guardian.

Document care provided.

ALLERGIC REACTION

Children may experience a delayed allergic reaction up to 2 hours following exposure (i.e. food ingestion, bee sting)

Does the student have any symptoms of a **SEVERE** allergic reaction which may include:

- Blueness around mouth, eyes
- Confusion
- Difficulty breathing
- Dizziness
- Drooling or difficulty swallowing
- Feelings of impending doom
- Flushed face
- Hives all over body
- Loss of consciousness
- Paleness
- Seizures
- Swelling to face, lips, tongue, mouth
- Vomiting
- Weakness

YES

Symptoms of a **MILD** allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

Does the student have an emergency care plan available or does the school have stock epinephrine available?

Does the student have an allergy emergency care plan?

YES

Refer to the student's plan. Administer healthcare provider authorized and parent approved medication as indicated.

NO

Allow student to return to class unless they are so uncomfortable they are unable to participate in school activities, if so, contact responsible school authority & parent/guardian.

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor for signs & symptoms of severe allergic reaction.

NO

CALL EMS/911
Contact responsible school authority & parent/guardian.

Continue monitoring, initiate CPR if needed.

Document care provided and medication administered, if applicable.

Stock epinephrine

Refer to the school's non-student specific stock epinephrine protocol. Administer stock epinephrine as indicated.

Student emergency care plan

Refer to the student's plan. Administer healthcare provider authorized and parent approved medication as indicated.

ASTHMA/WHEEZING/BREATHING DIFFICULTY

Students with a history of breathing difficulties, including asthma/wheezing, should be identified to all staff. A health or emergency care plan should be developed. Staff who are authorized to administer approved medications should receive instruction.

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

- Wheezing - high-pitched sound during breathing out (exhaling).
- Rapid breathing.
- Flaring (widening) of nostrils.
- Increased use of stomach and chest muscles during breathing.
- Tightness in chest.
- Excessive coughing.
- Inability to speak in full sentences.

Did the breathing difficulty develop rapidly?
Are the lips, tongue or nail beds turning blue?

YES

CALL
EMS/911

NO

Refer to the student's health or emergency care plan, if available.

Does the student have a healthcare provider approved and parent/guardian provided medication?

YES

Administer the
medication as
directed.

NO

Does the school have stock albuterol?

YES

Administer the
medication as
instructed in Stock
Albuterol Protocol.

NO

Encourage the student to sit quietly, breathe slowly and deeply in
through the nose and out through the mouth.

Are the symptoms not improving or getting worse?

YES

CALL
EMS/911

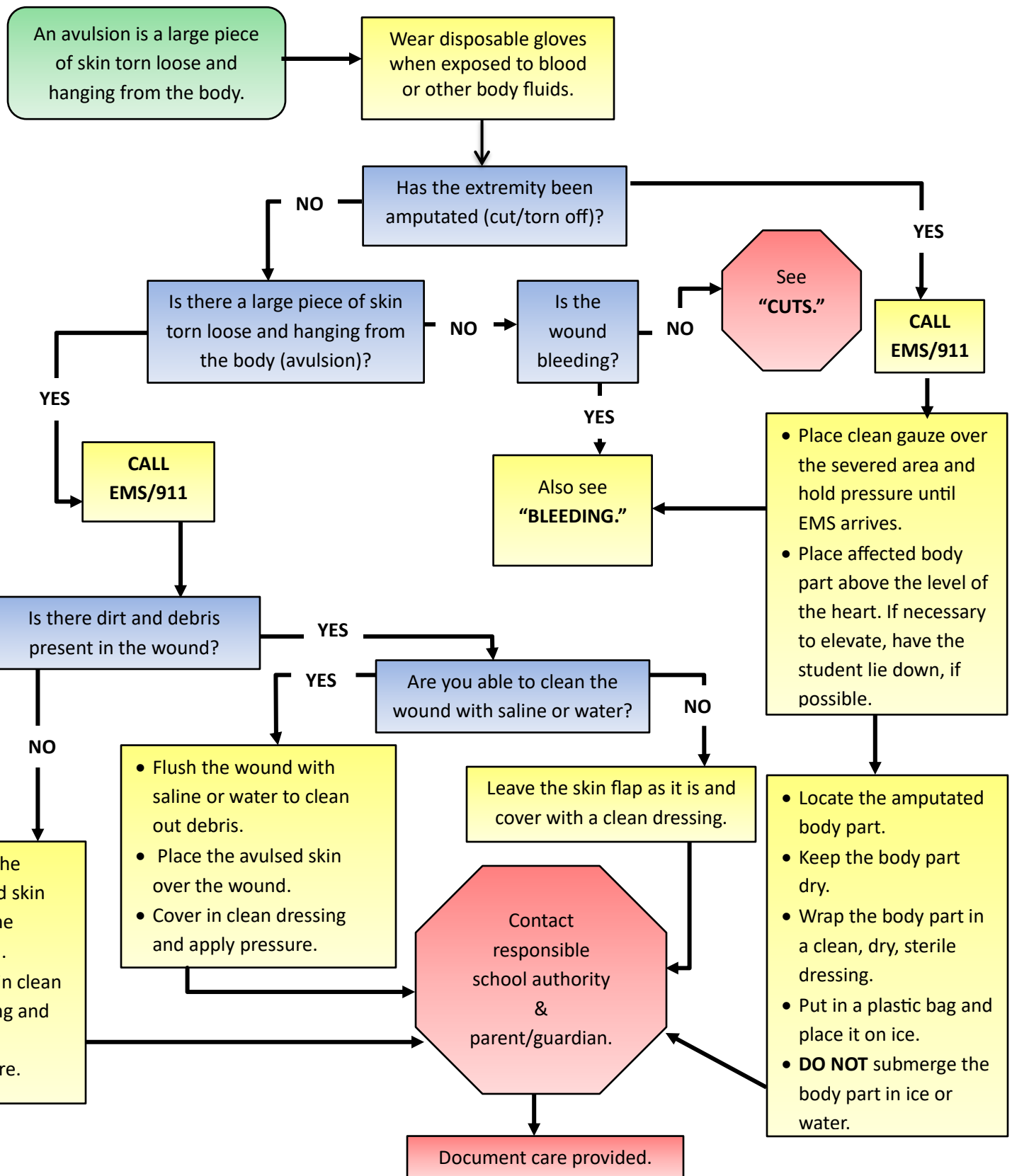
NO

Contact
responsible school
authority &
parent/guardian.

- If unable to reach parent/guardian, monitor student closely.
- If symptoms worsen, **CALL EMS/911**.

Document care provided and medication administered, if applicable.

AVULSION OR AMPUTATION



BACK PAIN AFTER AN INJURY

Suspect a back injury if pain results from:

- Falls over 10 feet or falling on head
- Being thrown from a moving object
- Sports
- Violence
- Being struck by a car or fast-moving object

Has an injury occurred?

NO

See
"BACK
PAIN"

YES

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

WALK IN

- Let the student rest.
- Contact parent/guardian to inform them of the injury.

Did the pain improve after resting?

NO

YES

- Do not move the student unless there is IMMEDIATE danger of further physical harm.
- If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
- **Do NOT** drag the student sideways.

- Keep the student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

- 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.**

- Allow the student to return to class. Instruct student to return if pain worsens.

Contact responsible
authority &
parent/guardian.
**URGE IMMEDIATE
MEDICAL CARE.**

**Call EMS/911.
Contact responsible
school authority &
parent/guardian.**

Document the care that was
provided.

BACK PAIN

• Has an injury occurred?

NO

YES

See **"BACK PAIN AFTER INJURY"**

YES

Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.
If student seems extremely ill,
CALL EMS/911.

Does the child have ANY of these symptoms:

- Difficulty breathing?
- Fever? (Temperature 100.4° oral, tympanic (ear), or temporal (forehead) or axillary (armpit?)
- Difficulty moving?
- Numbness or tingling in one of their limbs?
- Pain that radiates to lower limbs?
- Loss of bladder or bowel control?
- Sharp one-sided pain in the middle of their back?
- Painful or frequent urination?

NO

- Does the pain increase with movement or activity?
- Has the pain increased in getting worse over time?

YES

Contact parent/guardian and inform them of child's symptoms. Encourage them to follow-up with health care provider. The child may return to class, if student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

NO

The child may return to class **UNLESS** the student is so uncomfortable that he/she is unable to participate in normal activities then contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Document care provided.

BEE STING

Does the student have:

- Difficulty breathing?
- A rapidly expanding area of swelling, especially of the lips, mouth, tongue, or neck?
- A history of allergy to bee stings?

YES

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

NO

Children may experience a delayed allergic reaction up to 2 hours after the sting. Adults supervising the student during normal activities should be aware of the student's exposure and should watch for delayed reaction.

- Remove the stinger, if present.
 - Do not squeeze the stinger or use tweezers.
- Gently scraping with a credit card like object or (clean) fingernail
- Wash area with soap and water.
- Apply cool compress for up to 20 minutes.
- Contact parent/guardian to determine if student has a history of anaphylaxis or allergic reaction after bee sting.

NO

**CALL
EMS/911**

Continue monitoring, initiate CPR if needed.

Does the student have an emergency care plan available or does the school have stock epinephrine available?

Stock epinephrine

Student emergency care plan

Refer to the school's non-student-specific stock epinephrine protocol. Administer stock epinephrine as indicated.

Refer to the student's plan. Administer healthcare provider and parent supplied medication as indicated.

YES

- Has pain resolved?
- Is swelling minimal?

NO

Update parent/guardian to ensure no history of anaphylaxis.

If student is uncomfortable and unable to participate in school activities, contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.

CALL EMS/911

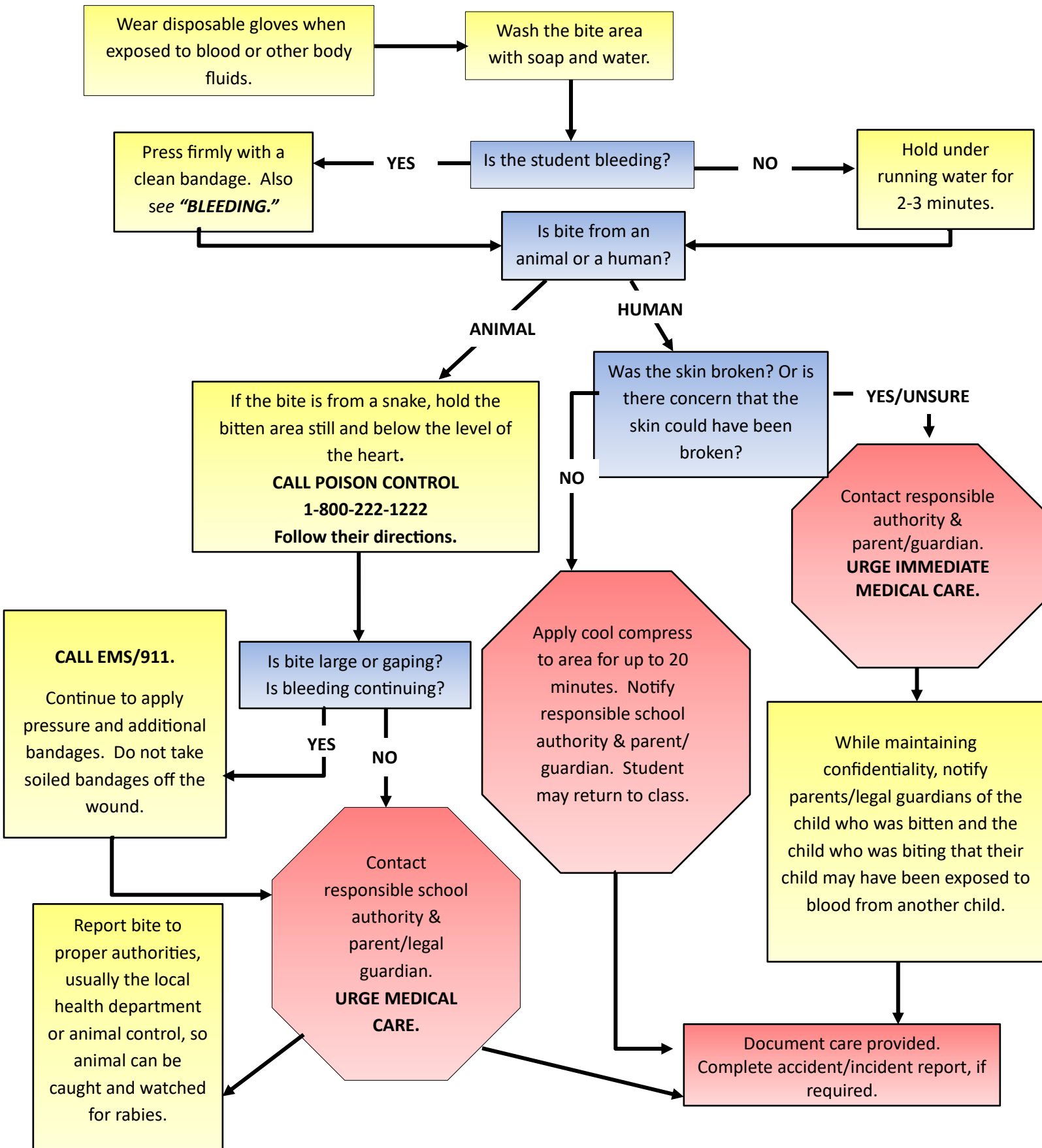
Continue monitoring, initiate CPR if needed.

Allow student to return to class if no history of anaphylaxis.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor for signs & symptoms of severe allergic reaction (see above.)

Document care provided and medication administered, if necessary.

BITES (HUMAN & ANIMAL)



BLEEDING

Wear disposable gloves when exposed to blood or other body fluids.

Is the injured part amputated (severed)?

Also see
"AMPUTATION."

YES

Call EMS/911

- Press firmly for 5-10 minutes with a clean bandage to stop bleeding.
- Elevate bleeding body part gently above the level of the heart.
- If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- If bleeding is severe enough that tourniquet is needed, call EMS and apply tourniquet if trained to do so and have appropriate equipment.

- Locate the amputated body part.
- Keep the body part dry.
- Wrap the body part in a clean, dry, sterile
- Put in a plastic bag and place it on ice.
- DO NOT submerge the body part in ice or water.
- Send bag to the hospital with student.

Is there continued uncontrollable bleeding?

YES

Call
EMS/911

- Have the student lie down, do not place anything under their head.
- Elevate student's feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
- Cover student with blanket or sheet to maintain student's normal body temperature.
- Add more dressing if needed but do not remove previous dressings.

Is the wound gaping?

YES

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian.
URGE MEDICAL CARE.

Contact responsible school authority & parent/guardian.

Put clean bandage, such as band-aid, on wound.

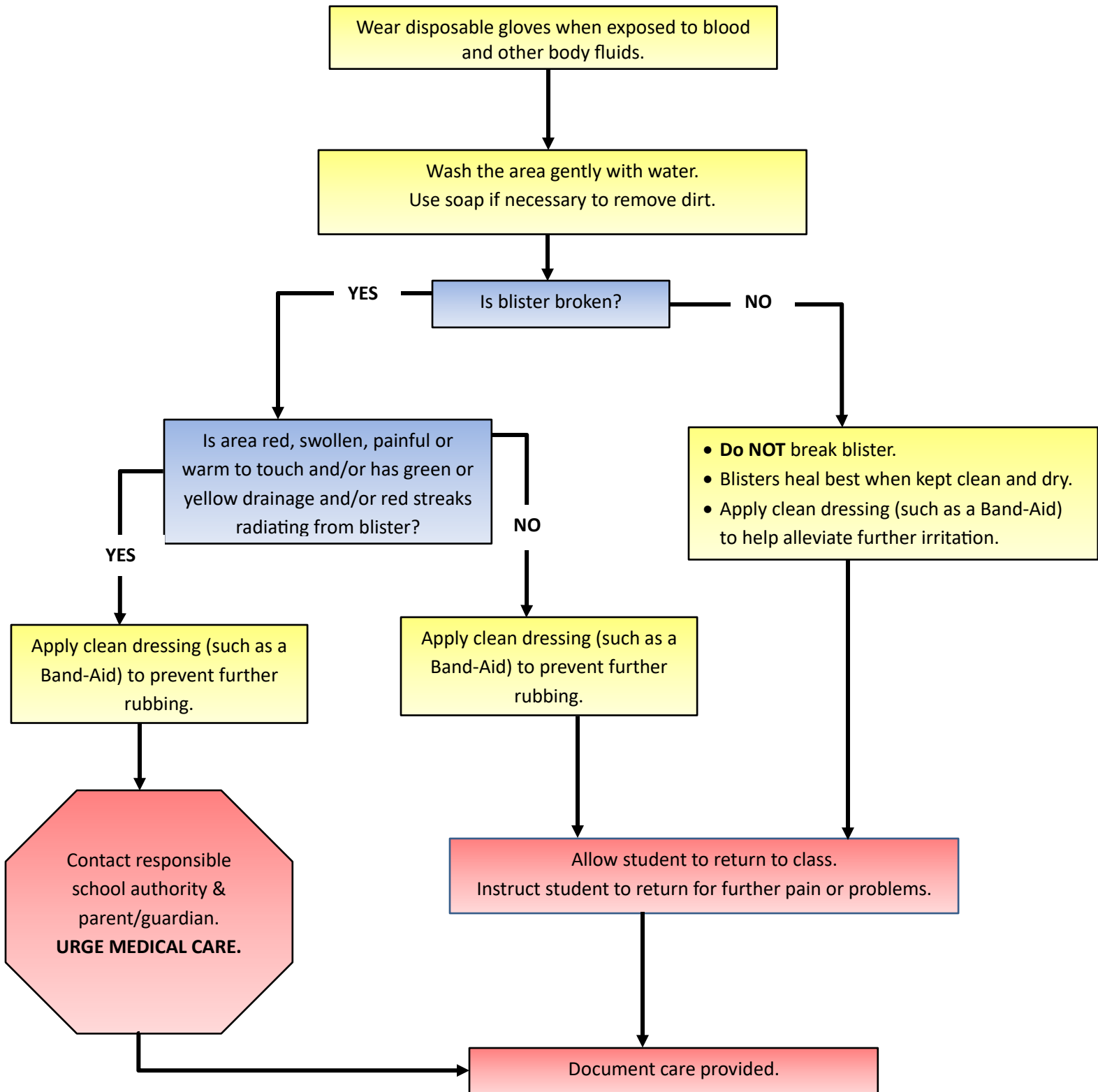
NO

If student's clothes became soiled with blood, find a change of clothing. Send soiled clothes home with student.

Allow the student to return to class.

Document care provided.

BLISTERS (FROM FRICTION)



BRUISES

Bruises with the following characteristics could be a cause for concern and child abuse should be considered

- Bruises located on ears, eyes, neck, cheeks, feet, buttocks, or torso
- Bruises that are unusually large or numerous
- Clustered or patterned bruises (handprint, loop or belt marks, bite marks)
- If student comes to school with unexplained, unusual, or frequent bruising.

See "**CHILD ABUSE.**"

- Is the student unable to move bruised area/body part?
- Does the student complain of severe pain?
- Is there rapid swelling?

NO

Rest the injured part.

Apply cool compress for up to 20 minutes.

Has the pain resolved allowing the child to return to normal activities?

NO

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

If you are unable to reach parent/guardian, call EMS/911.

YES

Allow the student to return to class.

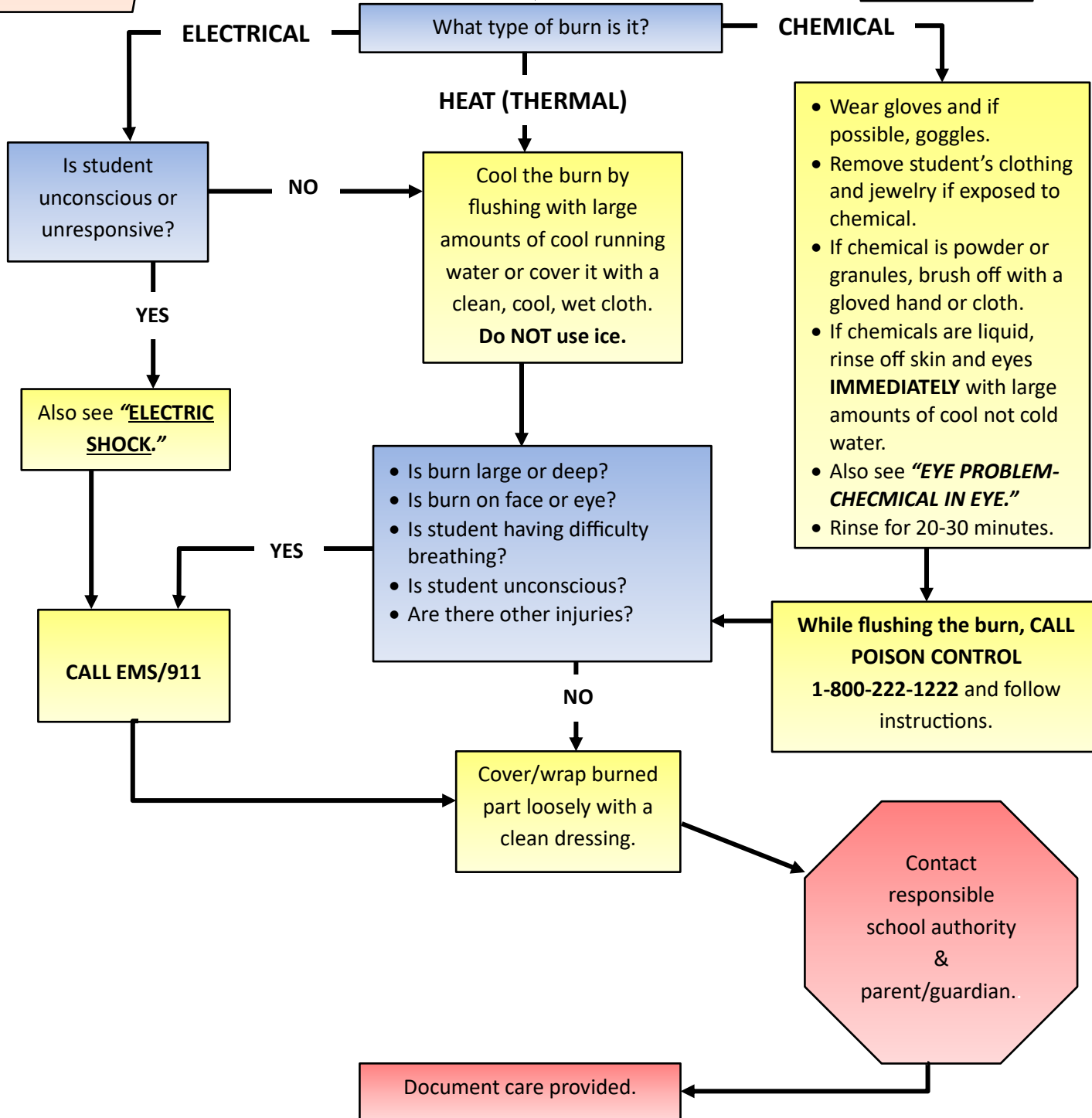
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BURNS

If the student is wearing jewelry on the area of the burn (i.e., rings, necklace), remove the jewelry.

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

If the burn appears to have a pattern (i.e. cigarette, iron, or glove) see **ABUSE** protocol as well.



CHILD ABUSE

- If student has visible injuries, refer to the appropriate guideline to provide first aid.
- **CALL EMS/911** if any injuries require immediate medical care.

- All school staff are required to report suspected child abuse and neglect to the appropriate authorities.
- Refer to your school's policy [**enter policy name**] for additional guidance on reporting.
- School districts should have clear policies in place that support school district staff in this responsibility.
- See Wisconsin Department of Public Instruction's resource for more information:
https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/Mandated_Reporting_and_Supporting_Overview_-_Mandated_Reporters_of_Child_Abuse_and_Neglect.pdf

Abuse may be physical, sexual, or emotional in nature. Some signs of abuse follow. This is NOT a complete list:

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Discuss any concerns about possible signs of abuse with appropriate school staff (i.e., counselor, nurse, case manager, or social worker).

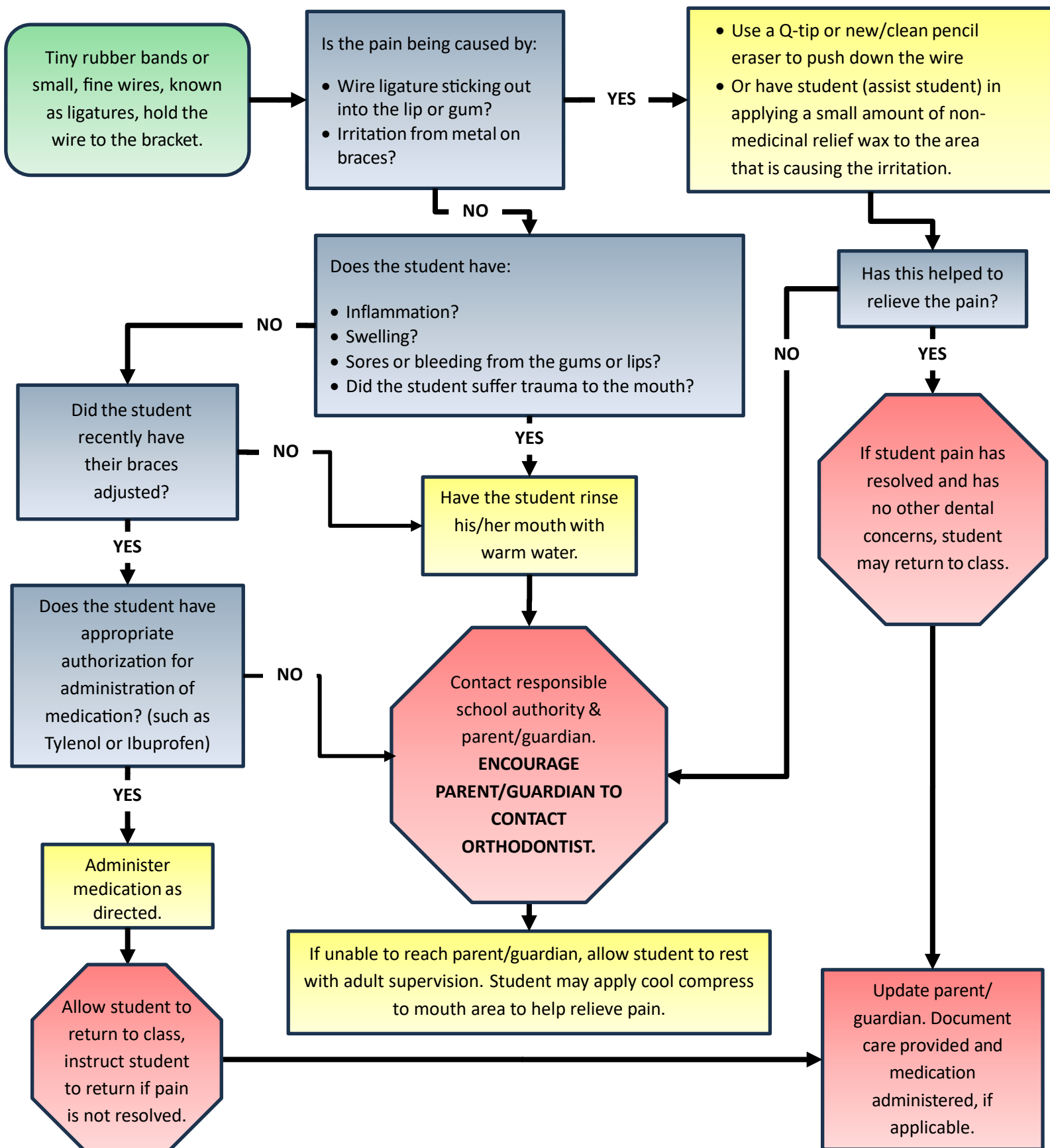
If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that they did the right thing by telling.
- Let the student know that you are required to report the abuse to county or city child protective services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.
- Do not perform an investigational exam (i.e., lifting up the student's shirt to look for bruises).

Contact responsible school authority.
Contact appropriate county or city child protective services.

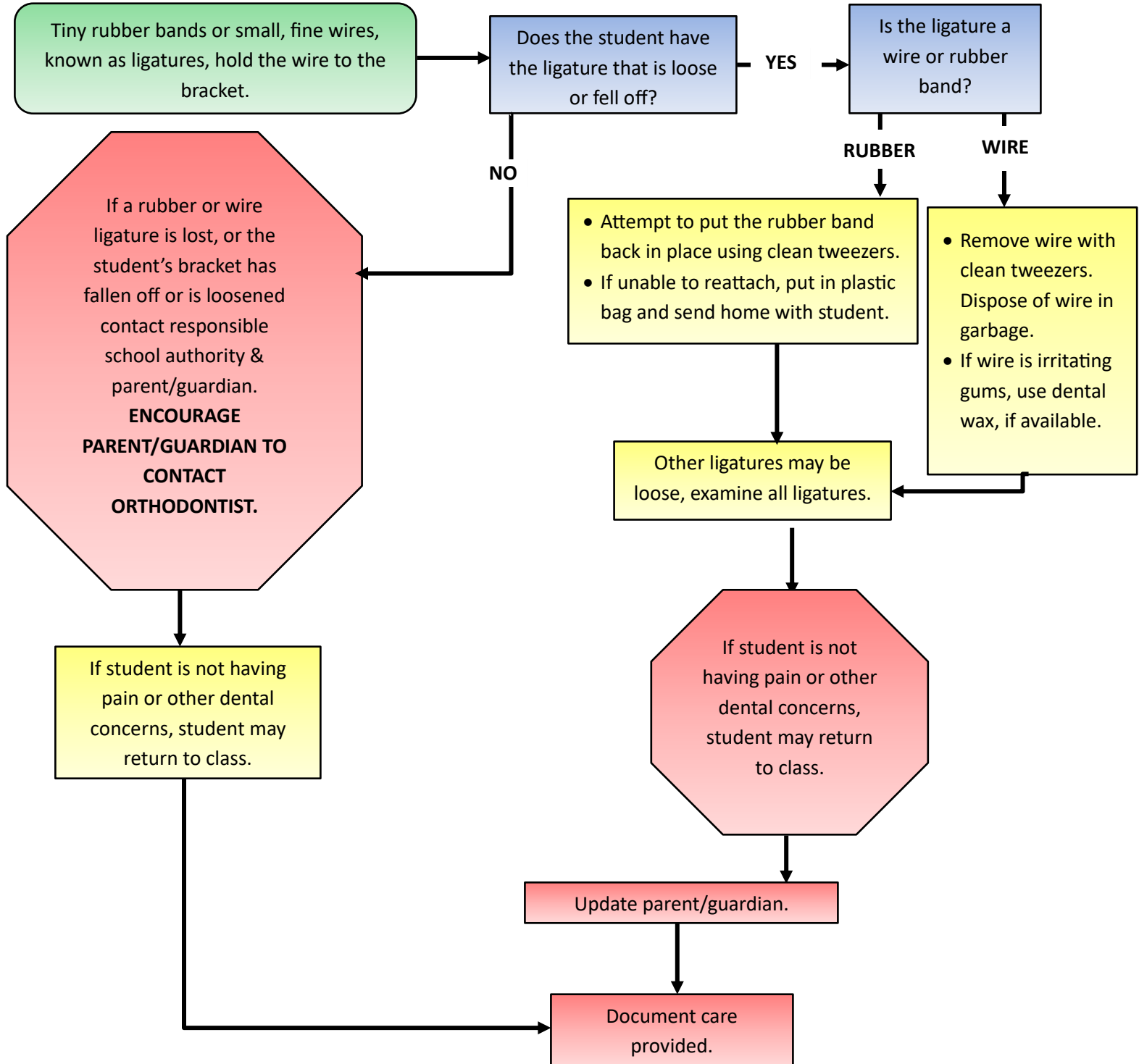
Document care provided and complete appropriate school reports.

DENTAL BRACES: MOUTH PAIN



DENTAL BRACES:

WIRE and RUBBER LIGATURE PROBLEMS



DIABETES

A student with diabetes may have the following symptoms:

- Tiredness/Sleepiness.
- Weakness.
- Lightheaded/Dizziness.
- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling “shaky.”
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.
- Breath has a sweet “fruity” odor.

A student suffering from hypoglycemia can worsen rapidly; it is important to continuously monitor the student.

Refer to the student’s emergency care plan.

Is the student:

- Unconsciousness or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

YES

CALL EMS/911

NO

Does the student have a blood sugar monitor immediately available?

YES

Allow the student to check blood sugar, assisting as needed.

NO

Give the student “sugar” such as: (be cautious with sugar choice if student is not alert or is losing consciousness:

- Fruit juice or soda (not diet) ounces.
- Hard candy (6-7 lifesavers).
- Sugar (2 packets or 2 teaspoons).
- Instant glucose (i.e. 4 glucose tablets)
- Cake icing.

Does the student have glucagon available for administration??

YES

NO

Position the student on their side Administer glucagon per healthcare provider’s order. When EMS arrives, inform that glucagon was administered.

Is blood **sugar less than 60** or “**LOW**” according to emergency care plan?

Or

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

LOW

HIGH

Is the student exhibiting any of the following signs and symptoms?

- Dry mouth, extreme thirst, and dehydration.
- Nausea and vomiting.
- Severe abdominal pain.
- Fruity breath.
- Heavy breathing or shortness of breath.
- Chest pain.
- Increasing sleepiness or lethargy.
- Depressed level of consciousness.

NO

Follow the student’s health care plan for treatment of hyperglycemia.

Is the student improving?

NO

YES

CALL EMS/911.

Monitor student until EMS arrives.

YES

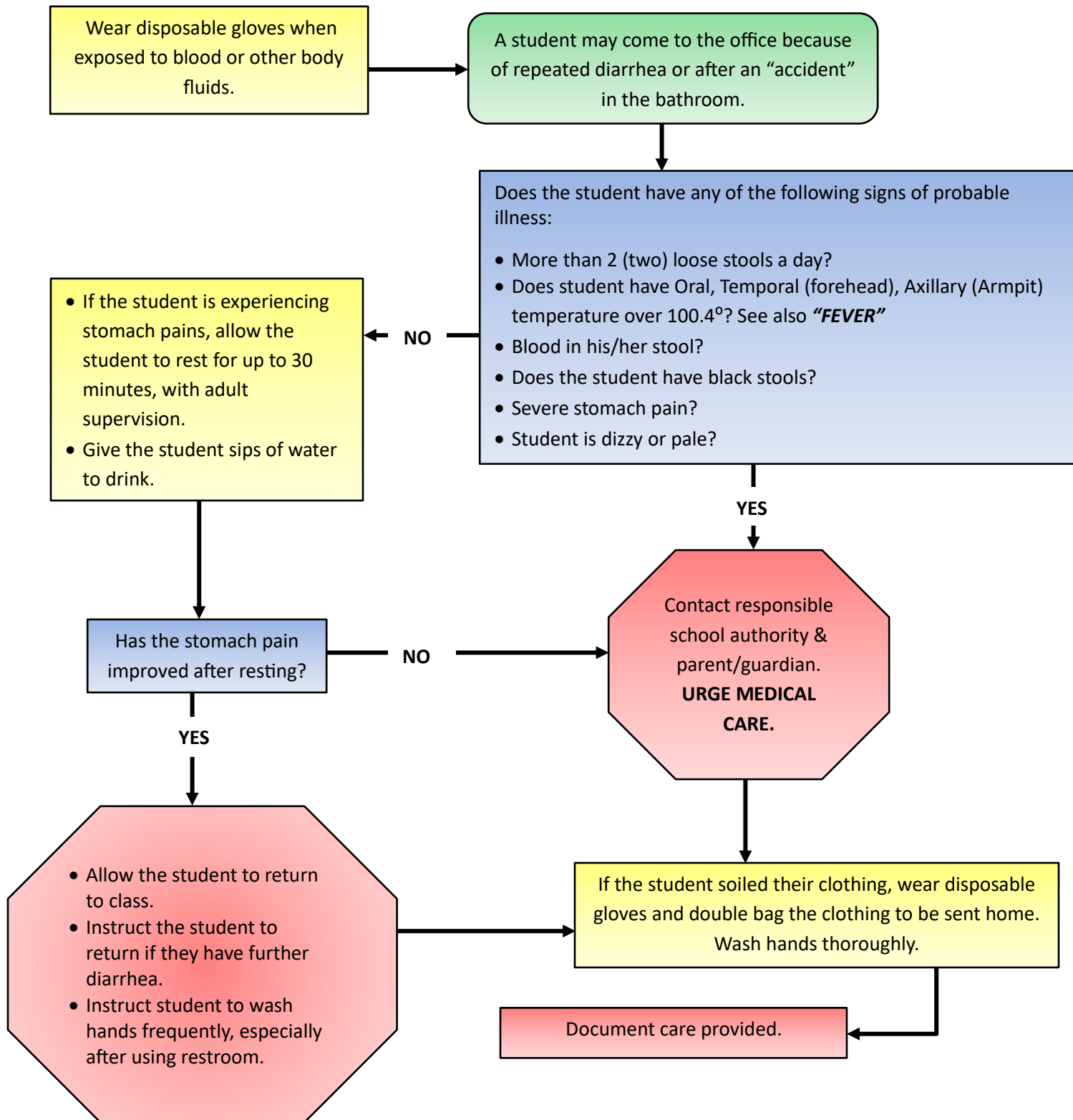
Suspend source of insulin (i.e. pump or pod).

Monitor the student until EMS arrives.

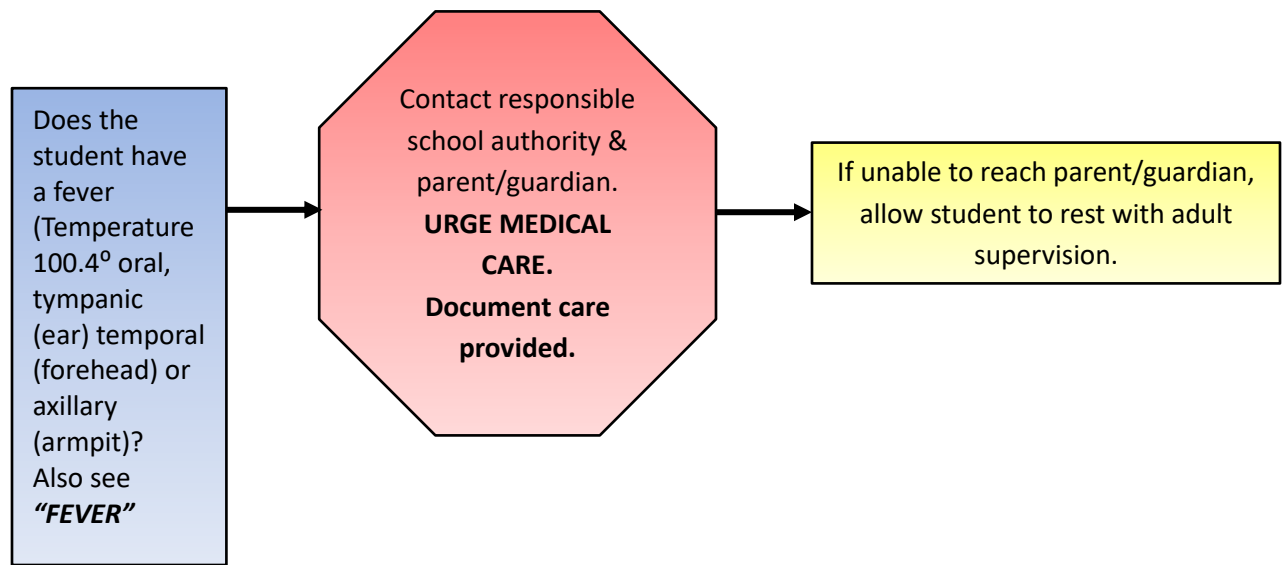
Contact responsible school authority & parent/guardian.

Document care provided and medication administered, if applicable.

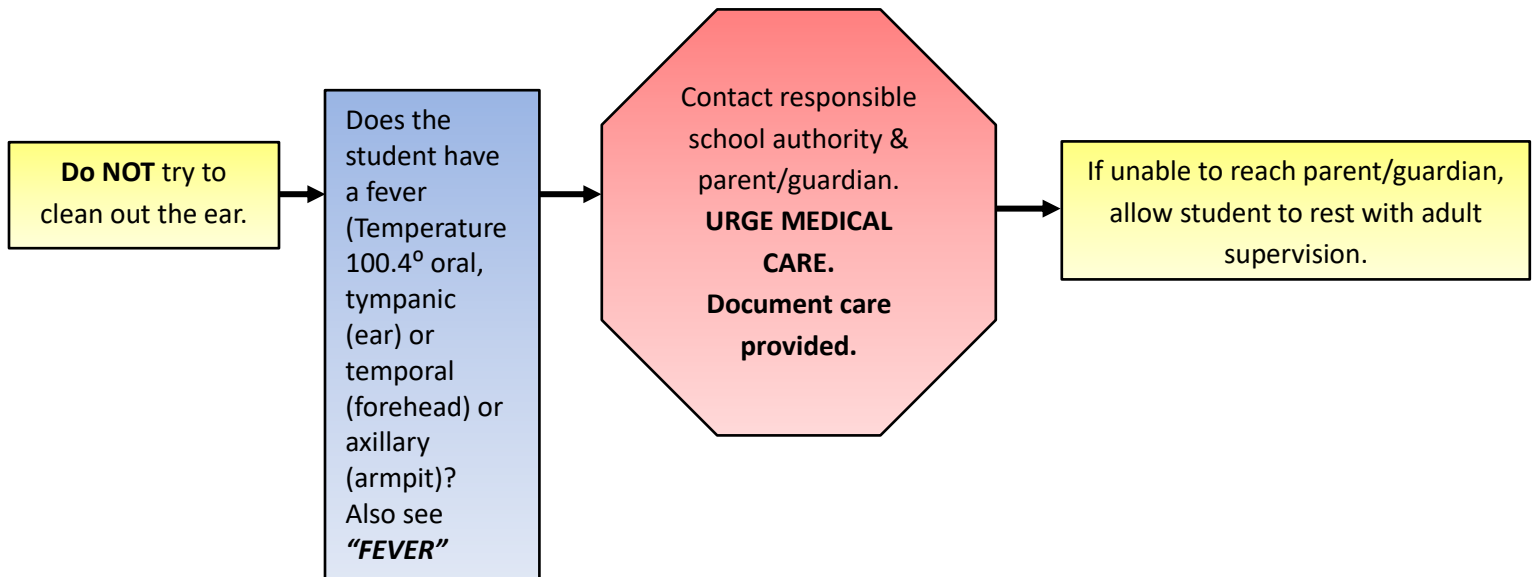
DIARRHEA



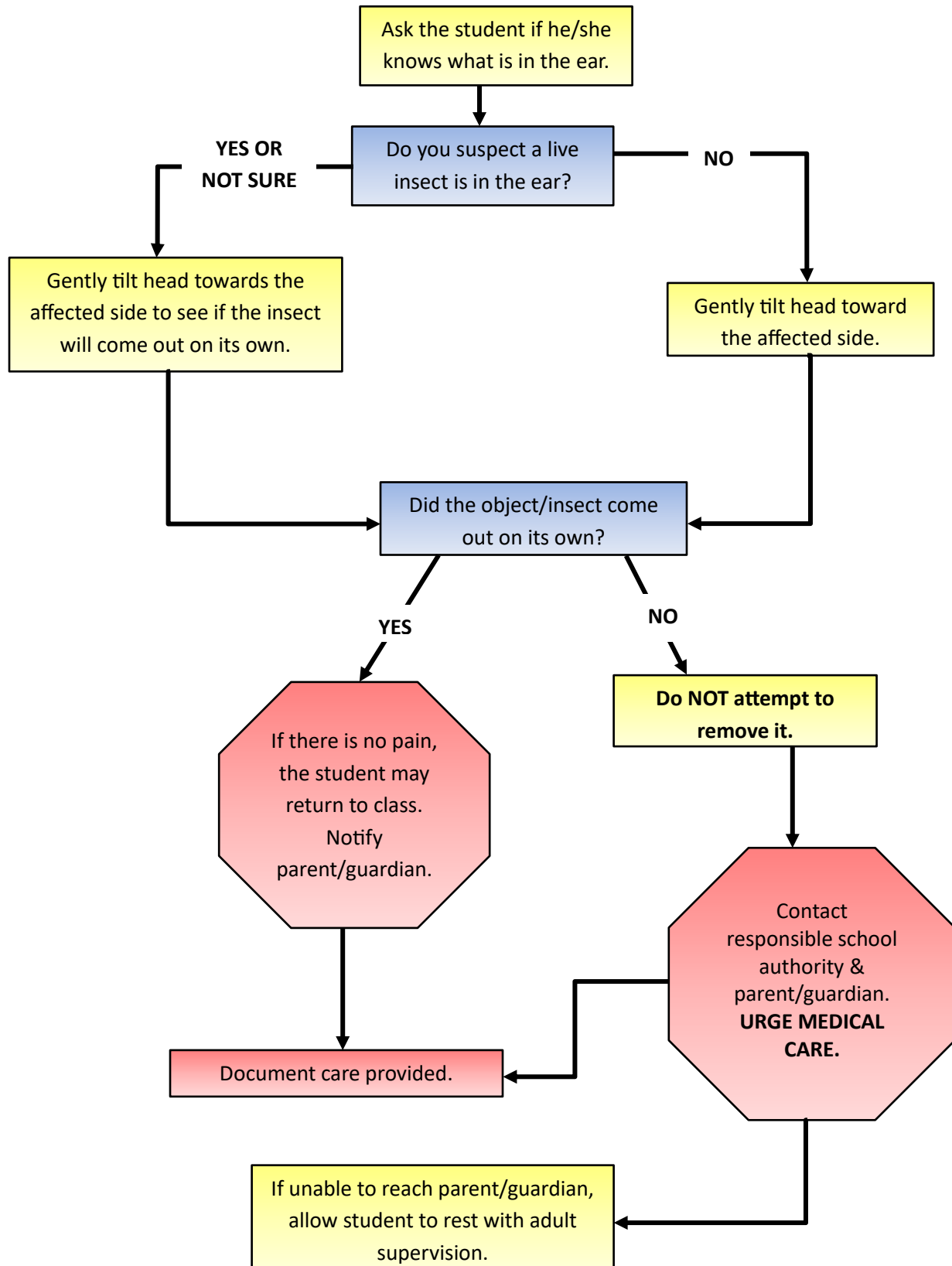
EARACHE



EAR DRAINAGE



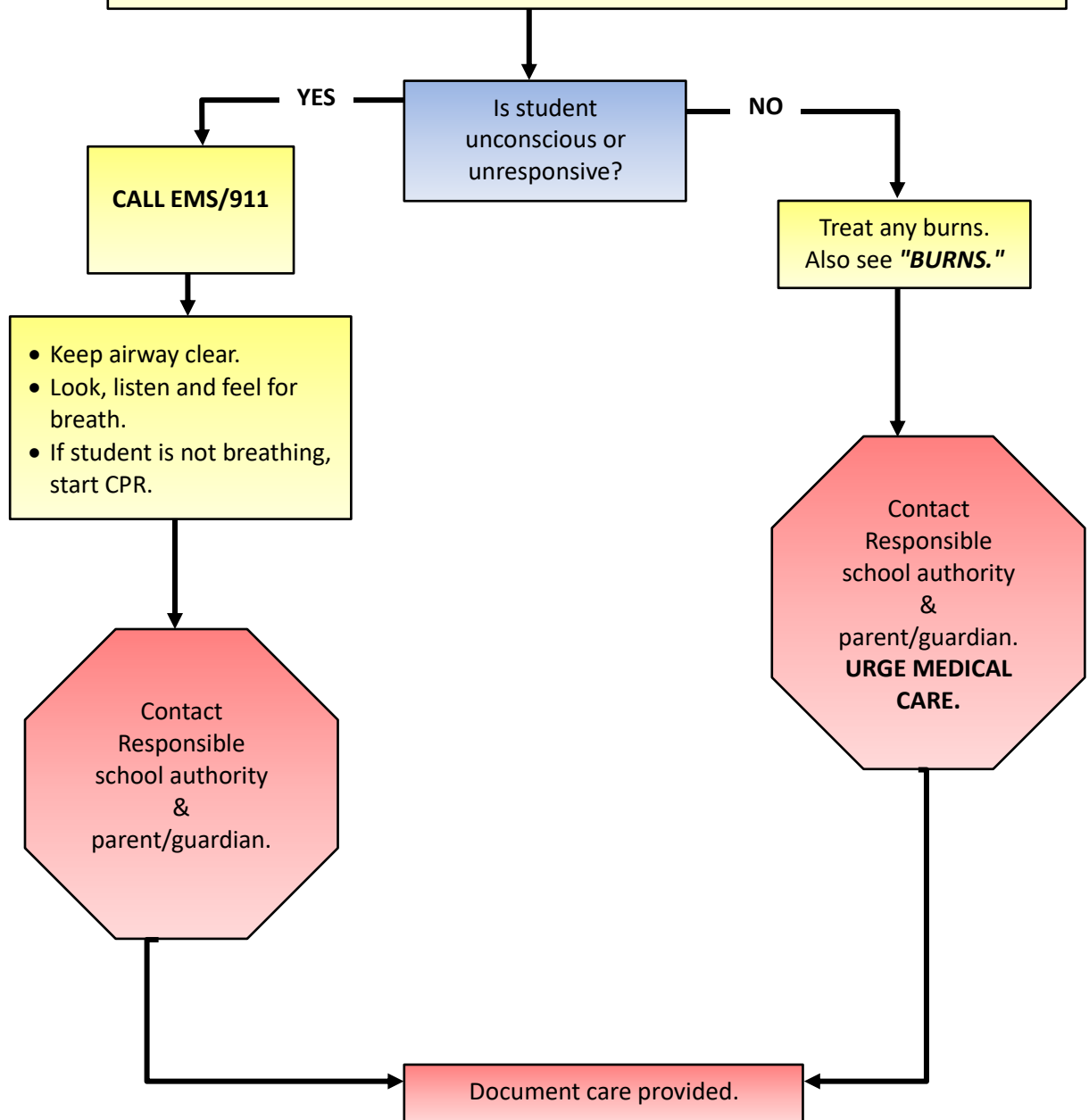
EAR CANAL: FOREIGN OBJECT



ELECTRIC SHOCK

If no one else is available to call EMS/911, perform CPR first for 2 minutes and then call EMS/911 yourself.

- **TURN OFF POWER SOURCE, IF POSSIBLE.**
- **DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- **IF AVAILABLE USE A NON-CONDUCTIVE MATERIAL** (such as broom, chair, rug, rolled up newspaper) to move the power source away from the child.
- **KEEP OTHERS AWAY FROM THE AREA.**
- Once power is off and situation is safe, approach the student and ask, "Are you OK?"
- Move the student as little as possible because severe electric shock may have caused a spinal fracture.



EYE: CHEMICALS IN THE EYE

- Wear gloves and if possible, goggles.
- If needed, hold the injured eye open with your fingers.
- Immediately rinse the eye with large amounts of clean water for 20-30 minutes. Use eyewash station if available.
- Tip the head so the injured eye is down and the water washes the eye from nose out to side of the face.
- If the student is wearing contact lenses, remove them if you are able.

While you are rinsing the eye, have someone **call POISON CONTROL**
1-800-222-1222
Follow their directions.

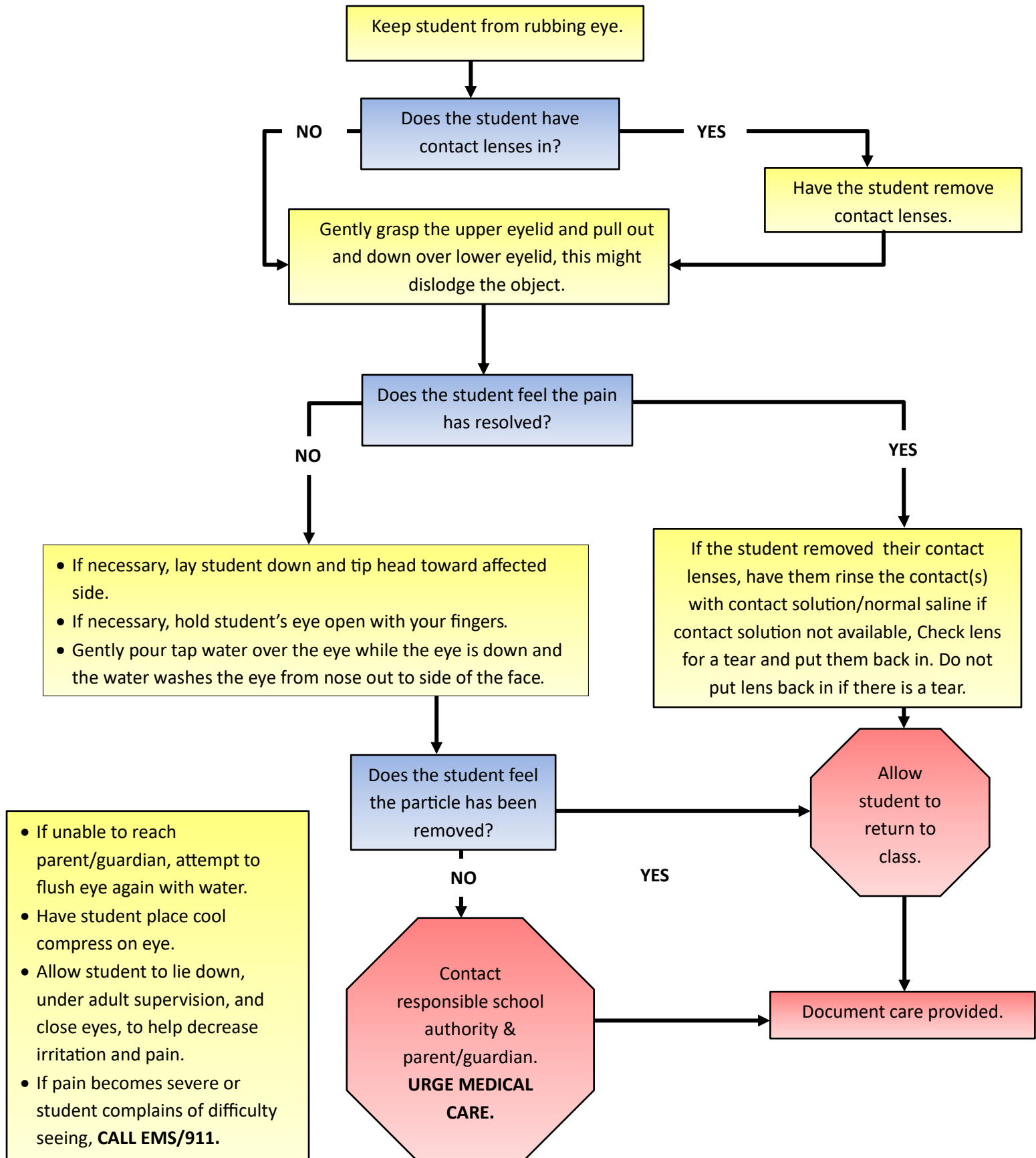
If eye has been burned by chemical, CALL EMS/911.

Continue rinsing the student's eye until EMS arrives.

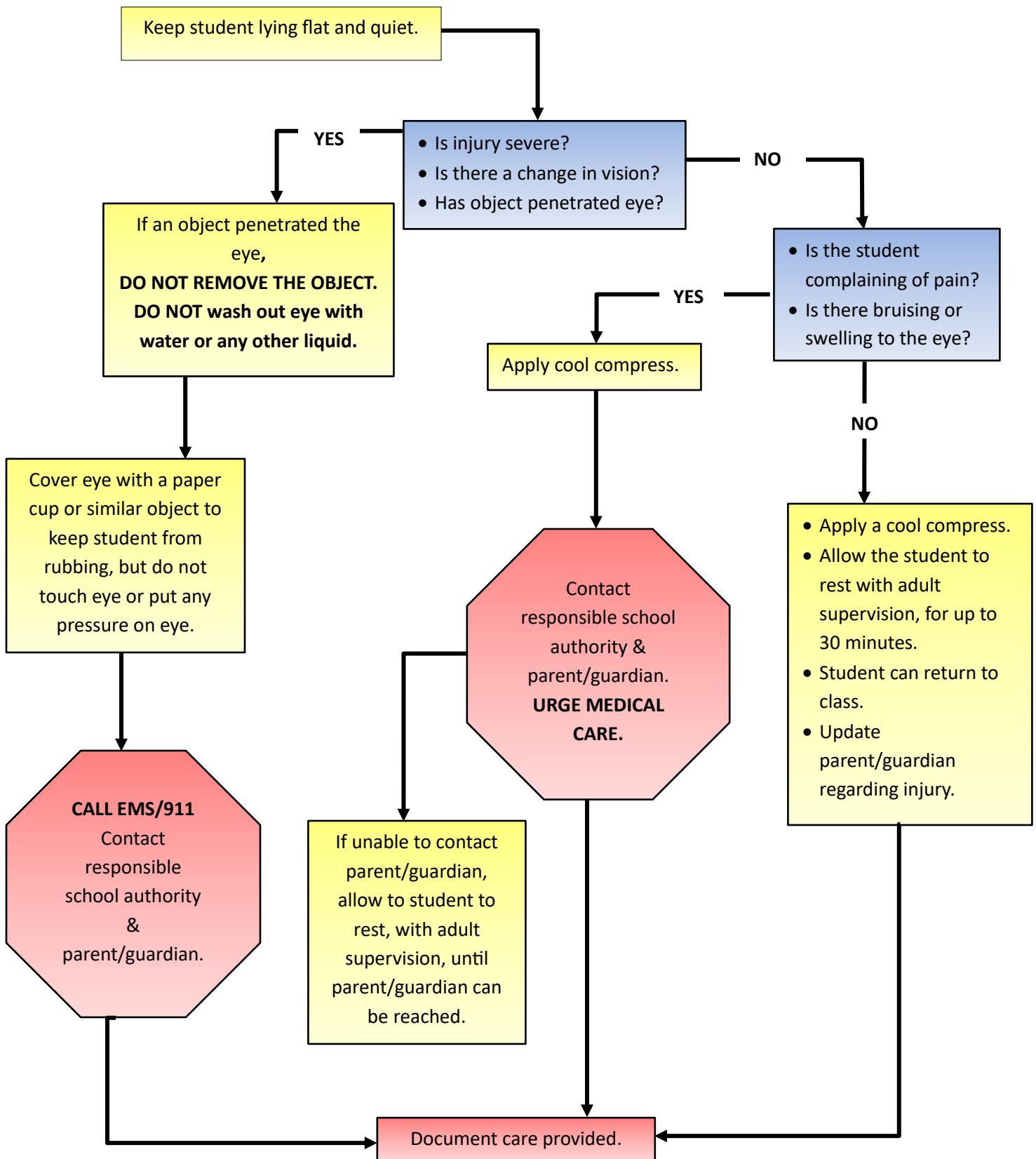
Contact
responsible
school authority
&
parent/guardian.

Document care provided.

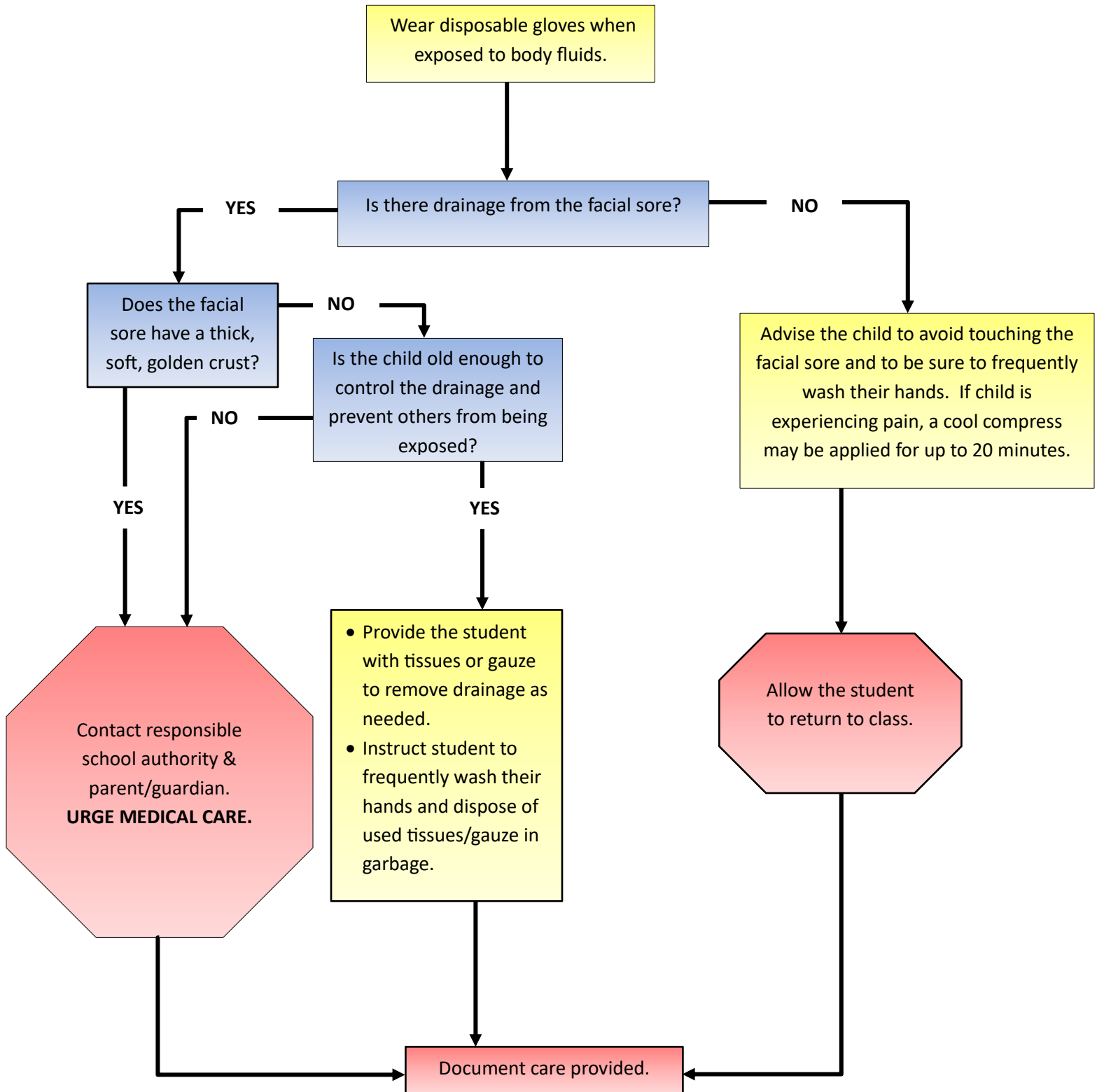
EYE: FOREIGN PARTICLES



EYE INJURY



FACIAL SORE (Cold/Canker Sore)



FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue.
- Dizziness, unsteady balance, or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, also see **"UNCONSCIOUSNESS."**

- Is fainting due to injury?
Was student injured when they fainted?

NO

YES OR
NOT SURE

Treat as possible neck injury.
See **"NECK PAIN" AND BACK PAIN."**
Do NOT move the student.

- Keep student in flat position without a pillow under the head.
- Elevate feet.
- Loosen clothing around neck and waist.
- Add cool compress to neck

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding, if needed (wear disposable gloves.)
- Give nothing by mouth.

Has the student regained consciousness?

NO

See
"UNCONSCIOUSNESS."

Does the student still complain of:

YES

- Dizziness?
- Lightheadedness?
- Weakness?
- Fatigue?

NO

If student feels better, and there is no danger of neck injury, move student to quiet, private area and maintain adult supervision.

Keep student lying down with legs elevated. Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Contact responsible school authority & parent/guardian.

Document care provided.

FEVER

To receive a more accurate reading, it is recommended to take the student's temperature either oral or tympanic whenever possible.

Is the student's temperature equal or greater than:

- 100.4° oral, tympanic (ear), temporal (forehead), or axillary (armpit)?

NO

YES

If student has other complaints, see appropriate protocol.

Have the student lie down in a quiet, private area that allows for adult supervision.

Give no medicine unless authorized by parent/guardian and appropriate permission forms are on file.

Contact responsible school authority & parent/guardian.

Document care provided and medication administered, if necessary.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 105° orally/tympanic (ear)/axillary (armpit) /temporally (forehead), **CALL EMS/911.**

FINGER/TOENAIL INJURY

A crush injury to the fingertip may result in fracture or bleeding under intact fingernail, creating pressure that may be very painful.

- Wear gloves when exposed to body fluids.
- Use clean bandage or gauze and apply gentle direct pressure until bleeding stops.
- Wash with soap and water, apply band-aid or tape overlay to protect nail bed.
- Apply cool compress for up to 20 minutes for pain and prevent swelling.
- Elevate the student's finger above the level of their heart to help reduce pain and swelling.
- If the student is wearing a ring on the injured finger, have the student remove the ring.

- Has the pain improved after applying cool compress?
- Has the bleeding stopped after applying pressure?

NO

If you suspect a fracture,
Also see **"FRACTURE."**

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

If unable to reach parent/guardian,
allow student to rest with adult supervision.

If pain becomes severe,
CALL EMS/911.

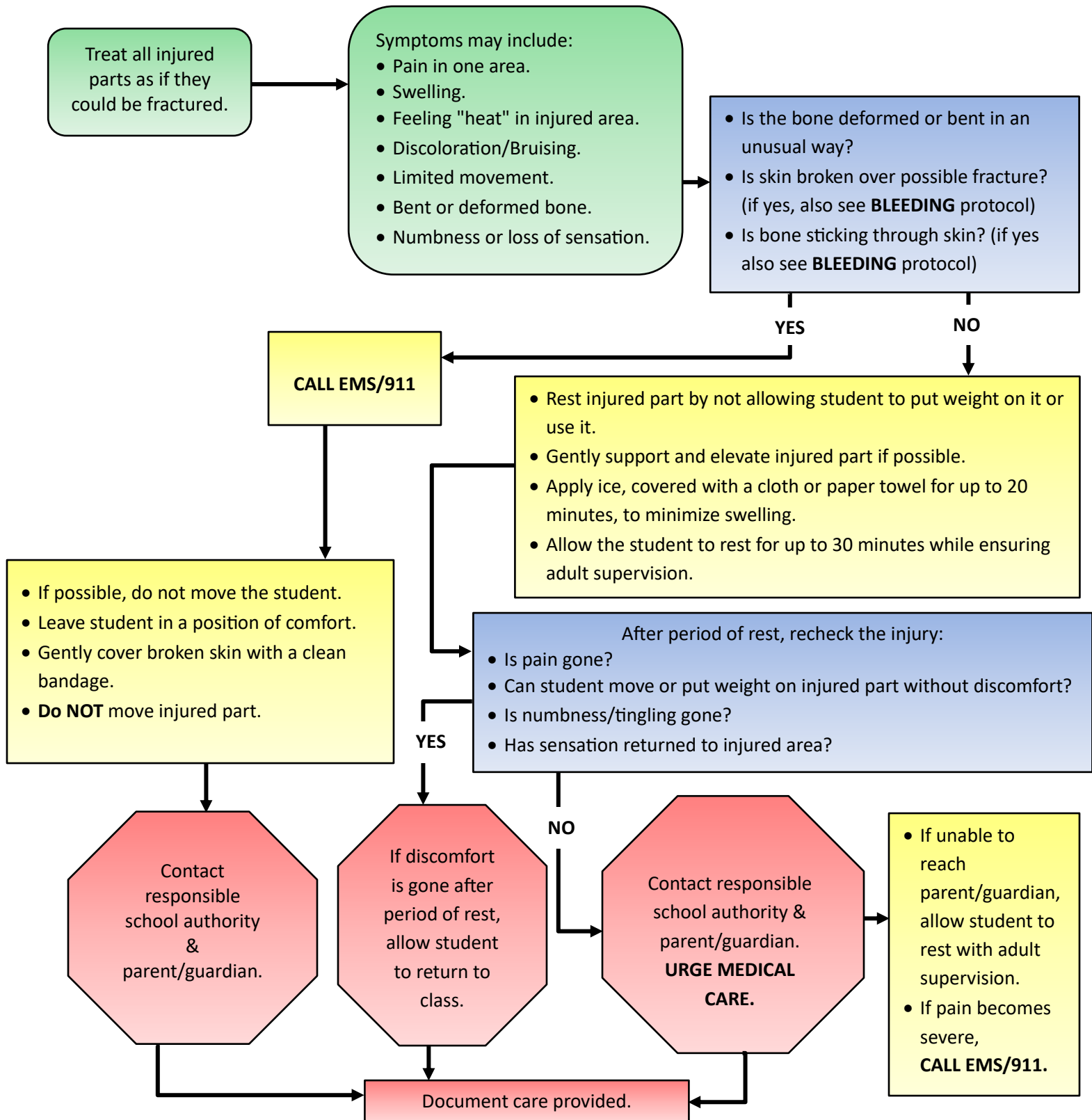
YES

Have the student return to class.

Contact parent/guardian to inform them of injury.

Document care provided.

FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTNIP/FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the student.

Deeply frostbitten skin may:

- Look white or waxy.
- Feel firm or hard (frozen).

Wear gloves when exposed to body fluids.

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes, and give student warm, dry clothes.
- Protect cold part from further injury.
- **Do NOT** rub or massage the cold part or apply heat such as a water bottle or hot running water.
- Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/body part:

- Look discolored - grayish, white or waxy?
- Feel firm/hard (frozen)?
- Have a loss of sensation?
- Is the area swollen?
- Has the affected body part developed blisters?

YES

NO

- **Call EMS/911.**
- Keep student warm and the body part covered.
- Do not pop blisters, if present.
- Students who have suffered frostbite may also be suffering from hypothermia. (Also see **"HYPOTHERMIA."**)

Keep student and the body part warm by either soaking body part in warm water or wrapping in blankets for up to 20 minutes.

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian. Student may remain in school if no further symptoms.

Document the care provided.

HEAD INJURY

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "**BLEEDING**".

If student only bumped their head and does not have any other complaints or symptoms, also see "**BRUISES**".

- With a head injury (other than head bump), always suspect neck injury as well.
- **Do NOT** move or twist the back or neck.
- Also see "**NECK PAIN**" & "**BACK PAIN**" for more information.

Have student rest, lying flat. Keep student quiet and warm.

- Is student vomiting and/or have nausea?
- Did the student lose consciousness at all, even briefly?

YES

If the student is vomiting, turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

NO

- Watch student closely as changes can occur rapidly/quickly.
- Do NOT leave student alone.
- Complete "[CDC Signs and Symptoms Concussion Checklist](#)" and give a copy to parent/guardian

CALL EMS/911

YES

Are any of the following signs and symptoms present:

- Unconsciousness?
- 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 sleepy, dazed, or confused?
- Worsening headache?

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR, using head tilt/chin lift.

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

- If unable to reach parent/guardian, have student rest with adult supervision.
- Complete concussion checklist every 60 minutes.

NO

Even if student only had mild symptoms and seems fully recovered, contact responsible school authority and parent/legal guardian.
URGE MEDICAL CARE

Document care provided.

HEADACHE

Has a head injury occurred?

YES

See "HEAD INJURY."

NO

- Is the headache severe?--Meaning they are unable to move or do anything
- Are there other symptoms present such as:
 - Vomiting?
 - Blurred vision?
 - Oral/tympanic (ear)/temporal (forehead)/axillary (armpit) temperature of 100.4° or greater
 - Dizziness?
 - Stiff neck?
 - Confusion?
 - Change in speech?
 - Loss of balance?

YES

Apply a cool cloth or compress to the student's head.

Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.
Document care provided.

Allow the student to lie down for up to 30 minutes in a room that affords privacy but has adult supervision. Dim the lights. Apply cool compress to forehead.

Does the student have appropriate authorization for administration of medication?
(such as Tylenol or Ibuprofen)

NO

Apply a cool cloth or compress to the student's head.

YES

Administer medication as directed.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 105° axillary/orally/tympanic or temporal, **CALL EMS/911.**
- Continue to monitor student, if they experience any above symptoms (from the blue box) or develop confusion, slurred speech, are slow to respond, have difficulty staying awake, or experience weakness on one side of the face or body, call **EMS/911.**

Has pain subsided?

YES

The child may return to class.

NO

Document care provided and medication administered, if applicable.

Contact responsible school authority & parent/guardian.

HEAT EXHAUSTION/HEAT STROKE

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- Dizziness
- Red, hot, dry skin
- Weakness and fatigue
- Cool, clammy hands
- Vomiting
- Loss of consciousness
- Fast and shallow breathing
- Profuse sweating
- Headache
- Nausea
- Confusion
- Muscle cramping

Wear disposable gloves when exposed to body fluids.

Quickly remove the student from heat to a cooler, shaded place.

- Have the student lie down.
- Elevate legs 8-12 inches.

NO

Is the student:

- Unconscious or losing consciousness?
- Hot, dry, have red skin?
- Vomiting?
- Confused?
- Having fast and shallow breathing

YES

CALL EMS/911

- Give cool, clear fluids such as water, or commercial electrolyte drink frequently in small amounts if person is fully awake and alert.
- Sponge student with cool wet cloths on head, face, and trunk, change the cloths frequently.
- Fan student.
- Loosen clothing.
- Remove any additional layers of clothing.

Contact responsible school authority & parent/guardian.

- Put the student on his/her side to protect the airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

- Remove any additional layers of clothing.
- Apply cool damp towels and fan student.
- **DO NOT USE ICE WATER.**
- Place ice packs on neck, armpits, and groin.
- Give nothing by mouth.
- Avoid making the student so cold that they shiver

Document care provided.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide clear fluids.

HYPOTHERMIA (EXPOSURE TO COLD)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a student has been outside in the cold or in cold water.

Symptoms may include:

- Confusion
- Weakness
- Blurry vision
- Slurred speech
- Shivering
- Sleepiness
- White or grayish skin color
- Impaired judgment

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes and socks, and wrap student in a warm, dry blanket.

- Continue to warm the student with blankets.
- If student is fully awake and alert, offer warm (**NOT HOT**) fluids, but no food.

Does the student have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

NO

YES

CALL EMS/911

- Give nothing by mouth.
- Continue to warm student with blankets.
- Also see **"FROSTBITE."**
- If student is sleepy, place student on his/her side to protect airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

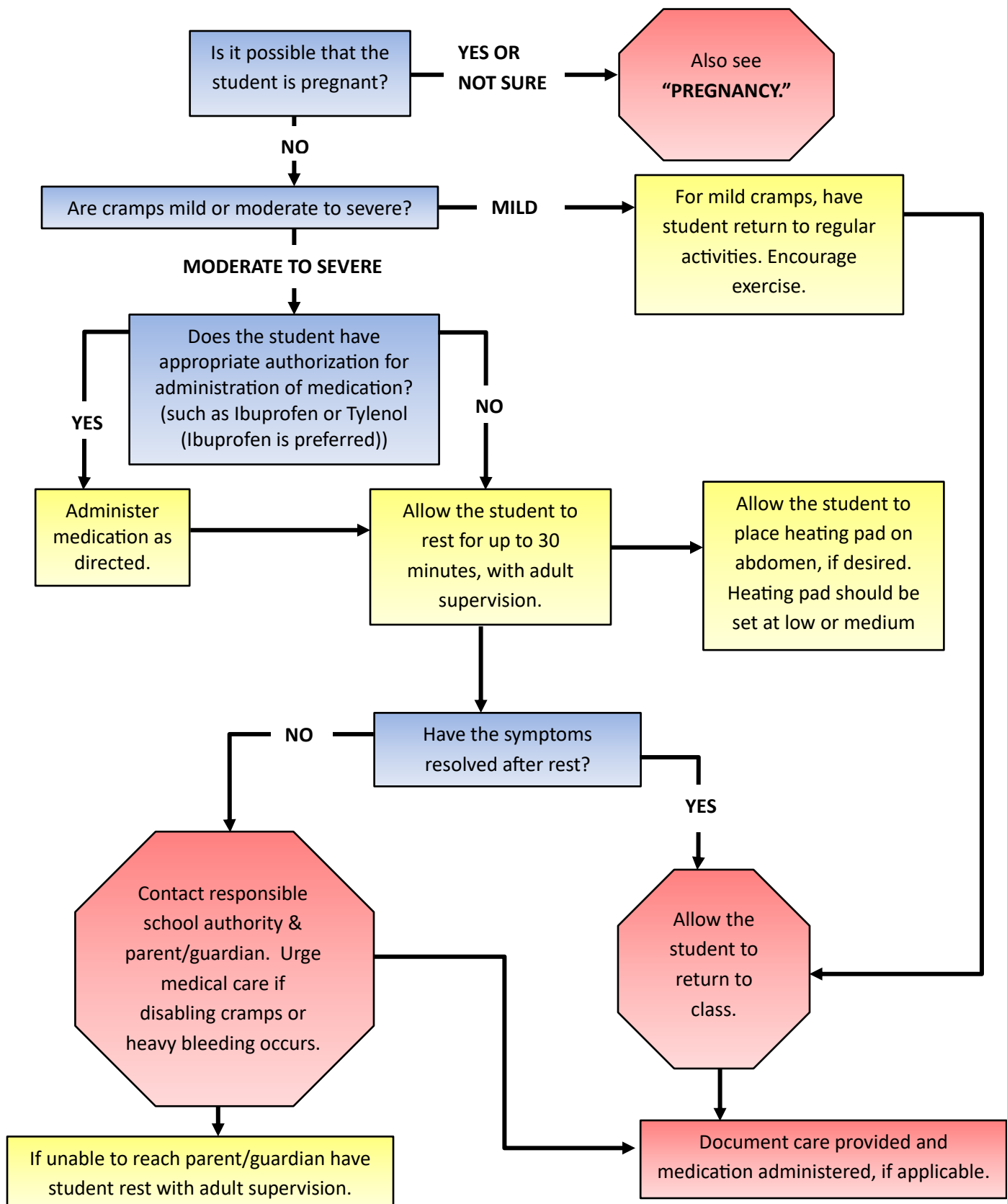
Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Document care provided.

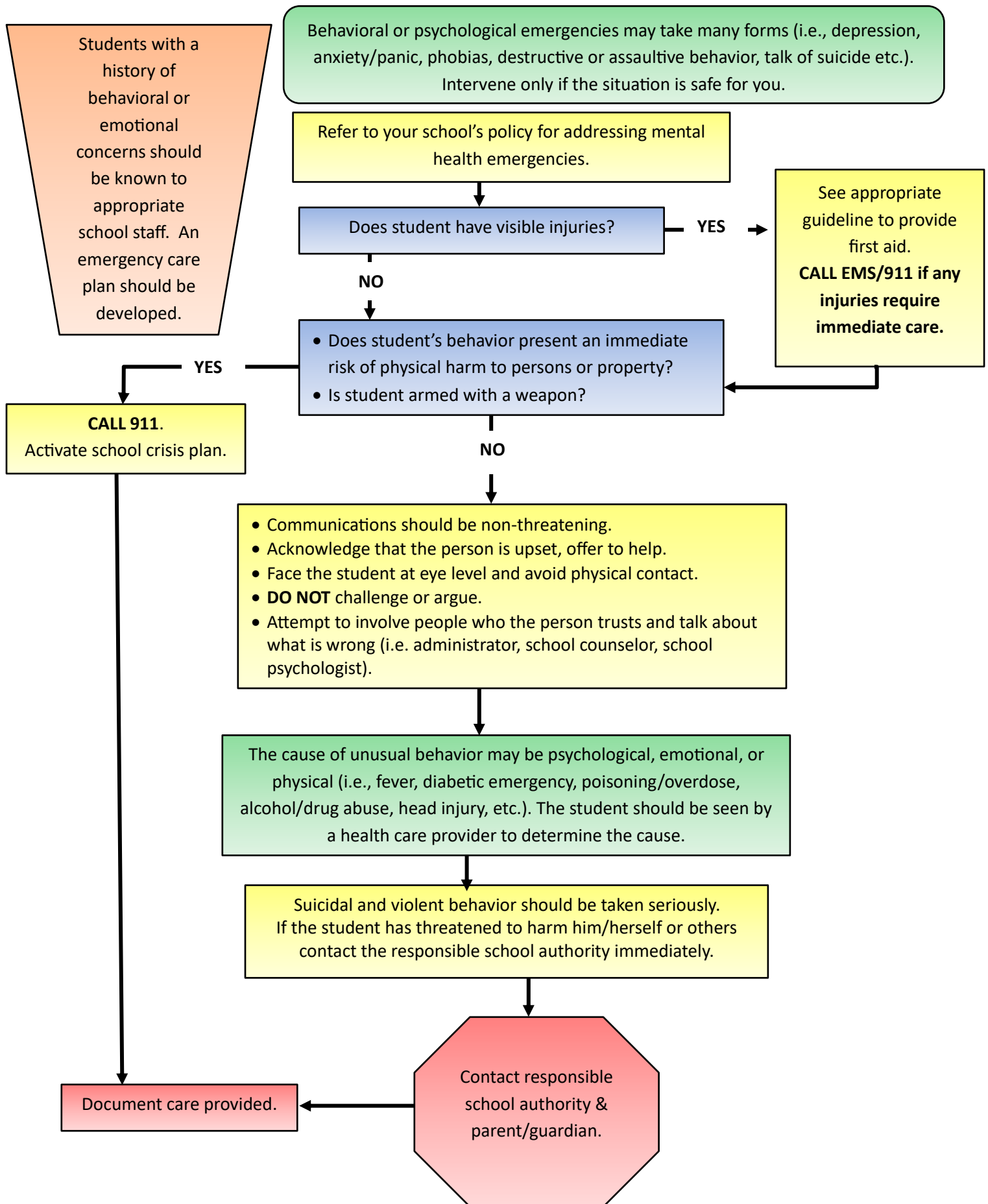
Contact responsible school authority & parent/guardian.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide warm fluids.

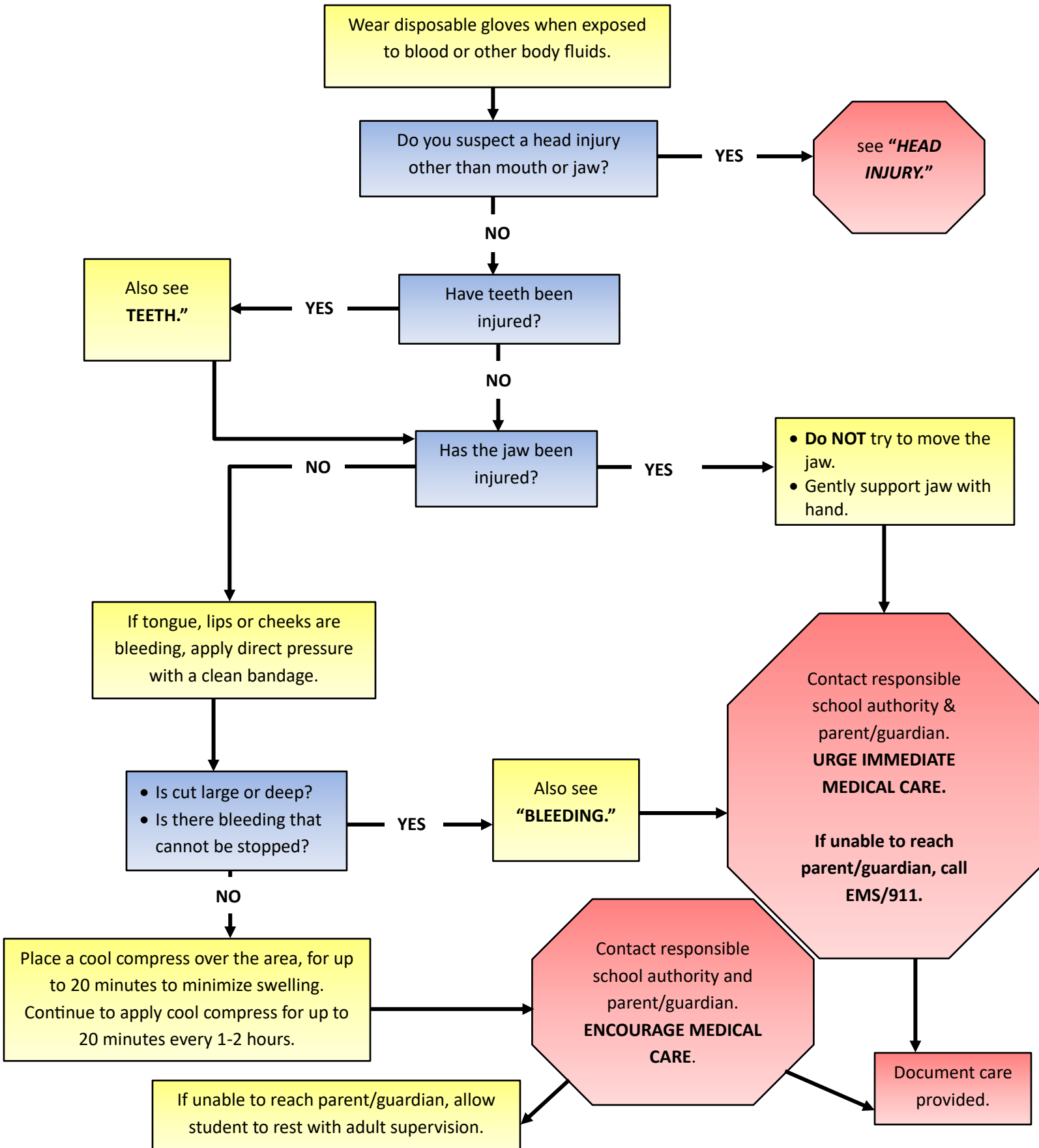
MENSTRUAL DIFFICULTIES



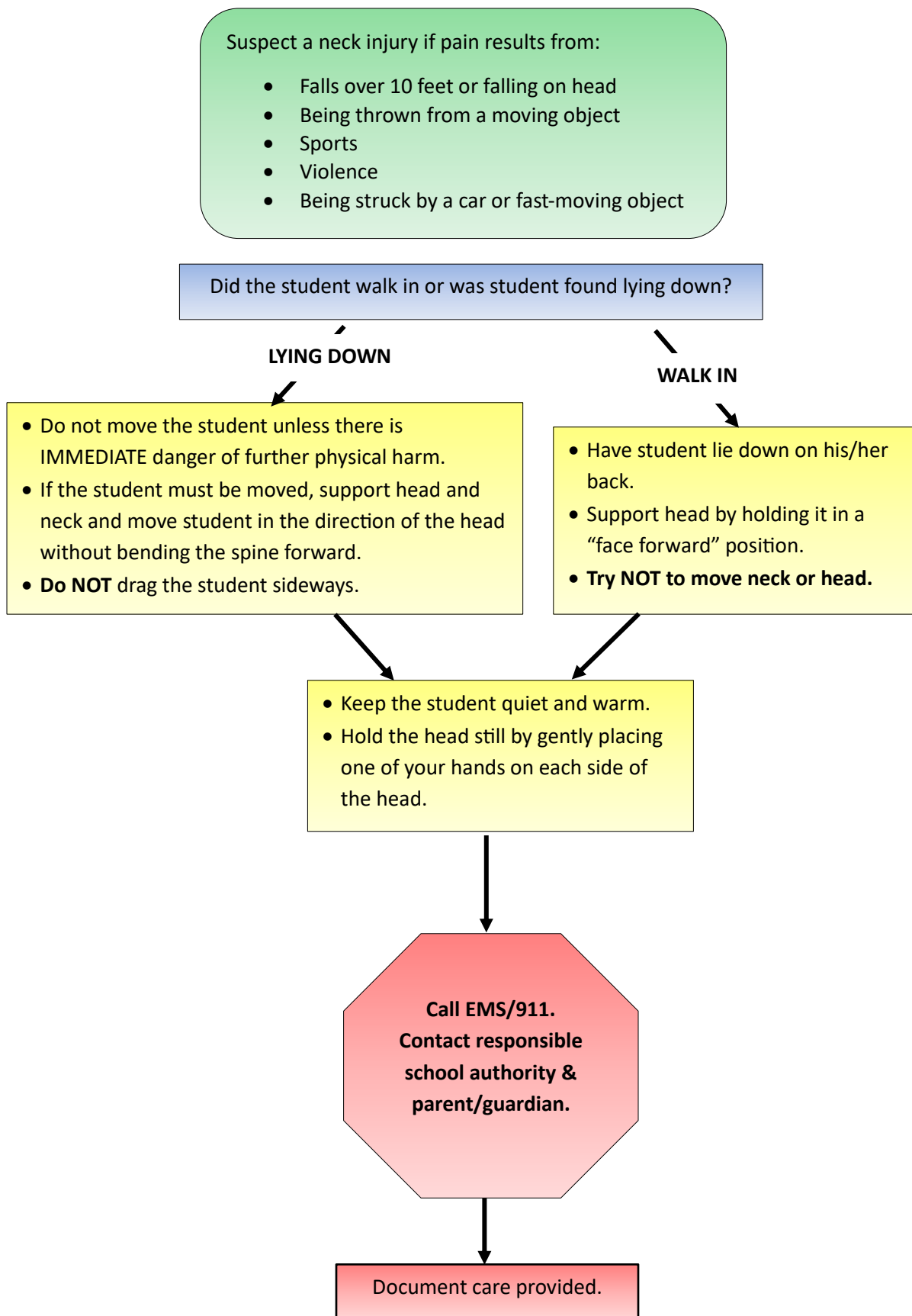
MENTAL HEALTH EMERGENCY



MOUTH & JAW INJURIES



NECK PAIN AFTER AN INJURY



NECK PAIN NOT CAUSED BY INJURY

• Has an injury occurred?

NO

YES

See **"NECK PAIN AFTER INJURY"**

Does the student have all three of these symptoms:

- Headache
- Stiff neck
- Temperature equal to or greater than:
 - 100.4° oral/tympanic (ear), temporal (forehead), or axillary (armpit)?

Young children may have a difficult time distinguishing between neck & throat pain. If unsure, have the child point to where the pain is located. See **"SORE THROAT"** for students with throat pain.

NO

Is the student's temperature equal to or greater than:

- 100.4° oral/tympanic (ear)/temporal (forehead) axillary (armpit)?

NO

Does the student have a headache?

NO

Does the student have neck stiffness?

NO

Allow student to rest. Apply cool or warm compress to affected area.

YES

YES

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

The child may return to class, unless the student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

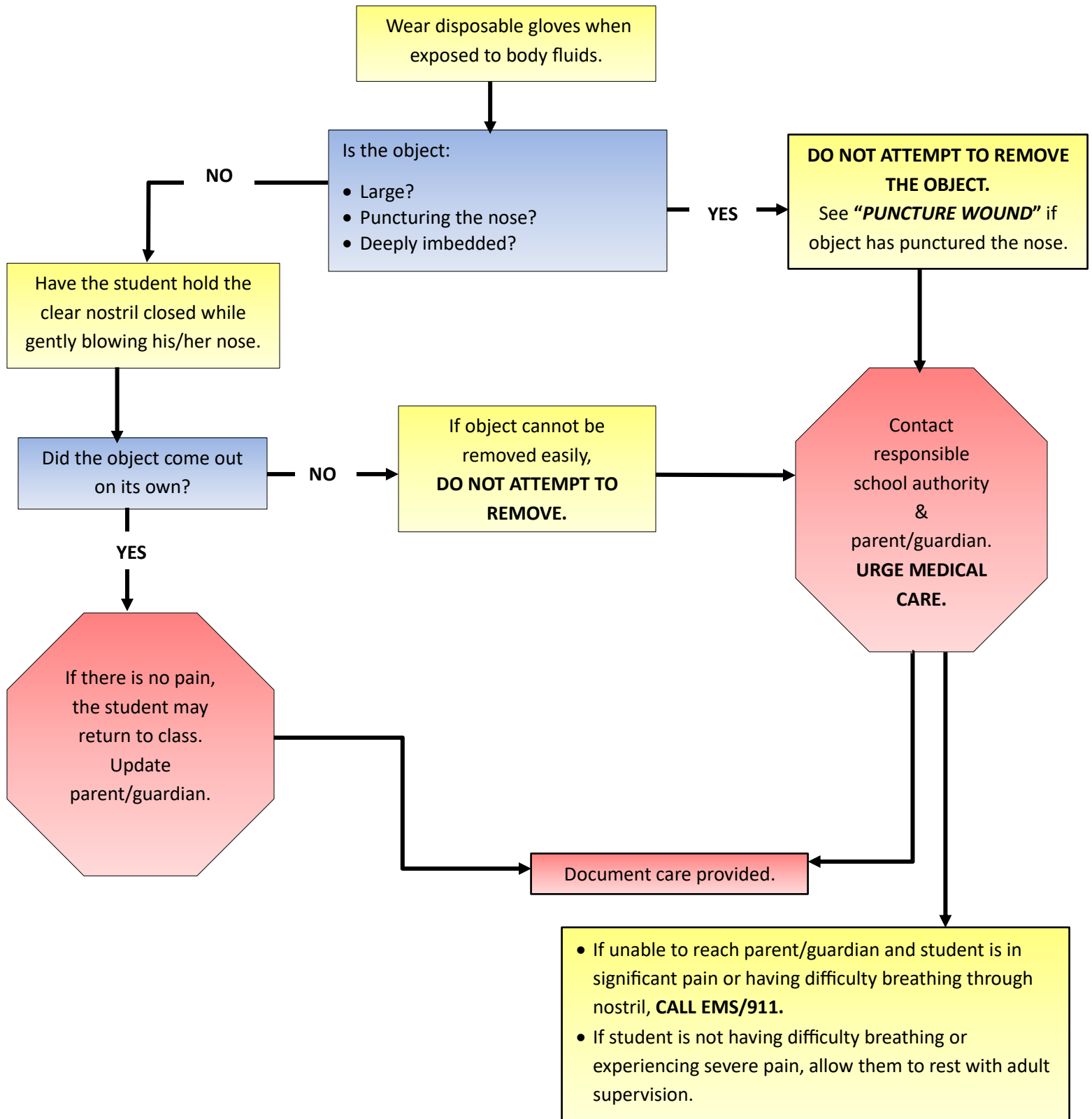
Also see **"HEADACHE"**.
Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.
If student seems extremely ill, **CALL EMS/911.**

Also see **"FEVER"**.
Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.
If student seems extremely ill, **CALL EMS/911.**

Call EMS/911.
Contact responsible school authority & parent/guardian.

Document care provided.

NOSE: FOREIGN OBJECT



NOSE INJURY

Wear disposable gloves when exposed to body fluids.

Is the nose bleeding?

YES

See **"NOSEBLEED."**

NO

- Does the child have significant swelling to the nose?
- Does the student have bruising beneath his/her eyes?

YES

Apply cool compress to nose for up to 20 minutes every 1 to 2 hours, to prevent swelling.

NO

Is the student having difficulty breathing through either nostril?

YES

NO

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

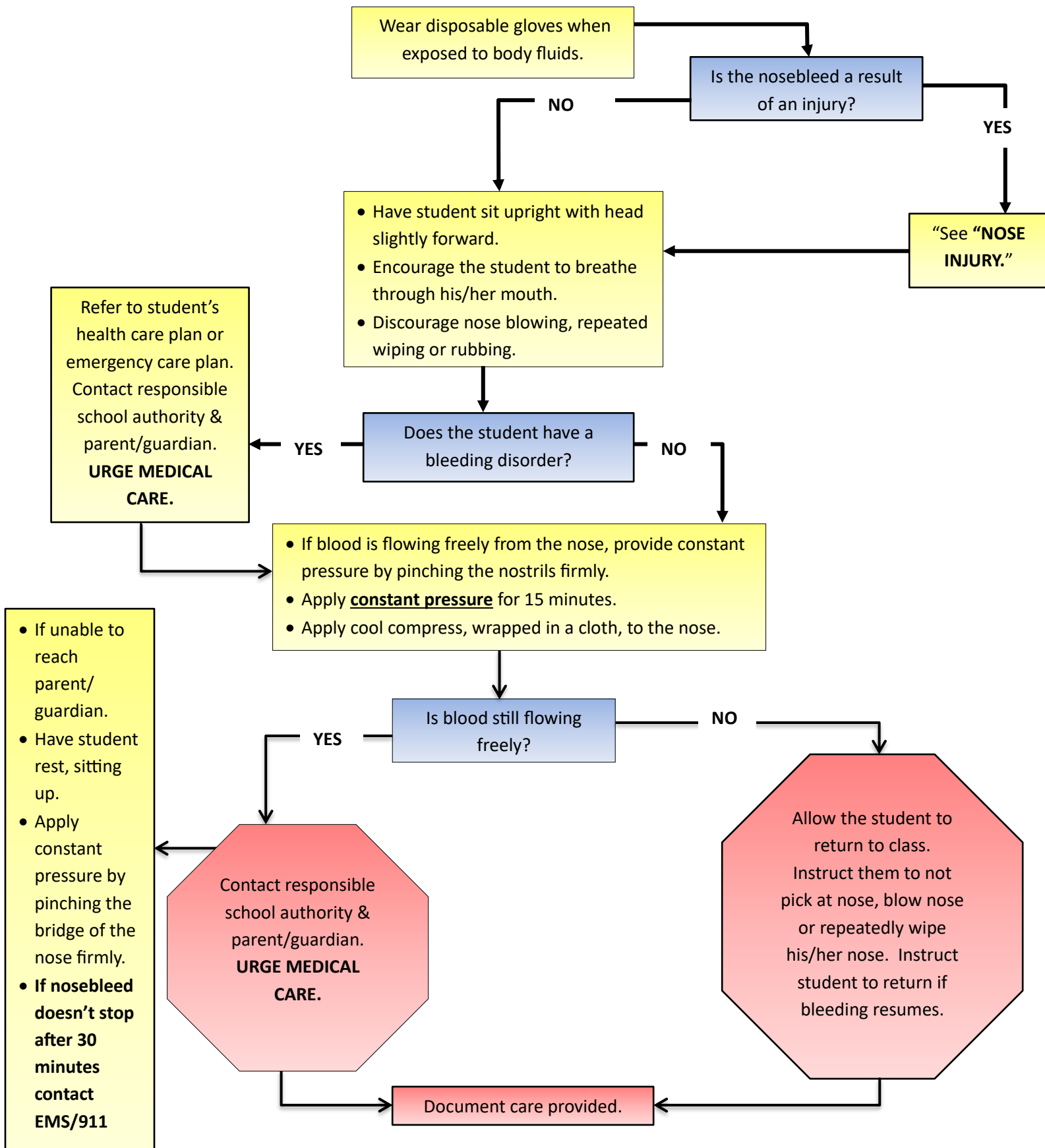
Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Student may return to class.

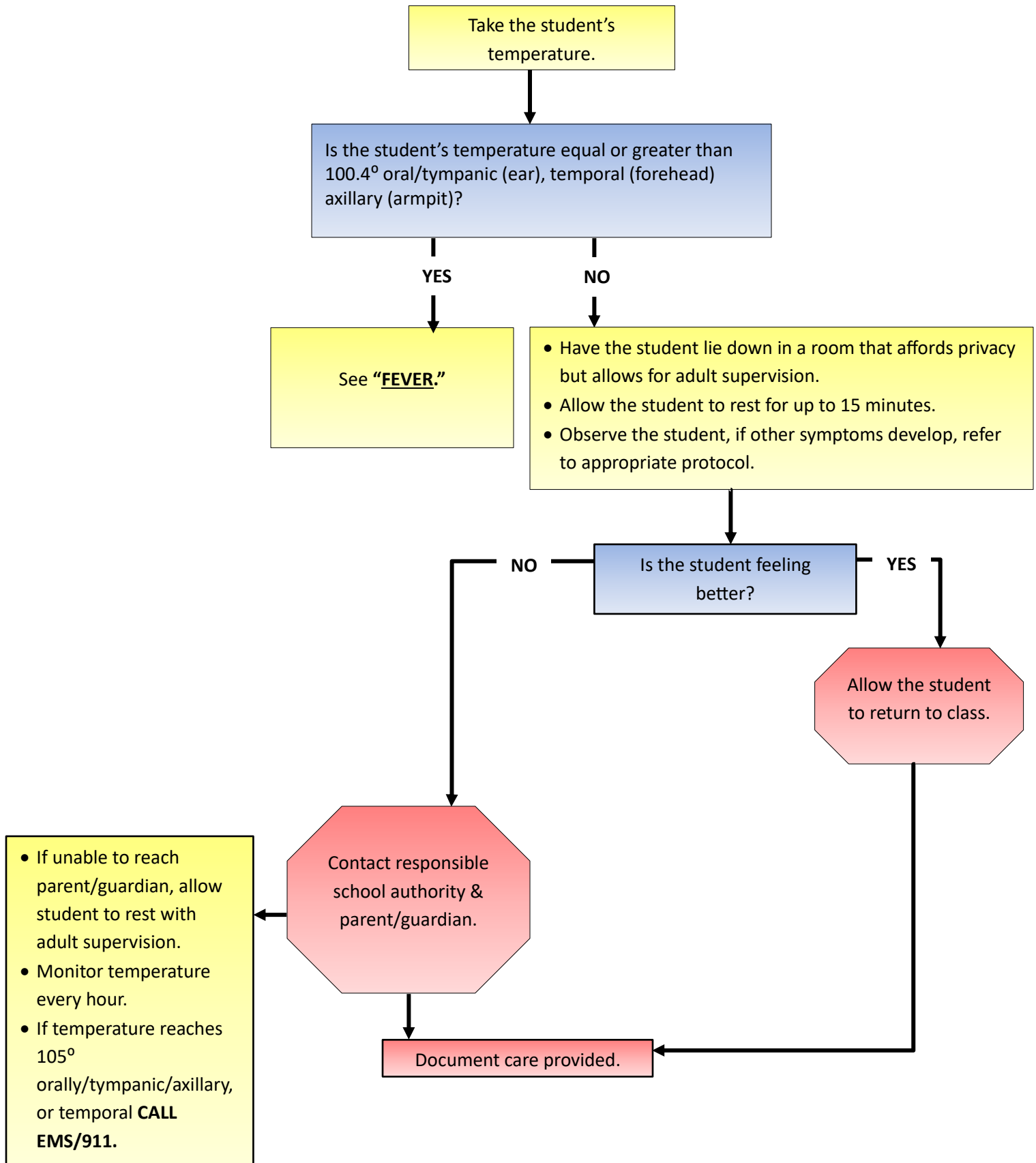
- If unable to reach parent/guardian, have student apply cool compress to nose for up to 20 minutes every 1-2 hours.
- If pain becomes significant or student develops difficulty breathing,

Document care provided.

NOSEBLEED



NOT FEELING WELL



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 and stings.
- Snake bites.
- Plants.
- Chemicals/cleaners.
- Drugs/alcohol.
- Food poisoning.
- Inhalants.
- Or if you are not sure.

Possible warning signs of poisoning include:

- Pills, berries, or unknown substance in student's mouth.
- Burns around mouth or on skin.
- Strange odor on breath/Strong smell of alcohol
- Sweating.
- Irregular breathing.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.

- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.
- If there is a powder on the student, shake or brush it off, do not apply water.

- Do not induce vomiting or give anything **UNLESS instructed by Poison Control**. With some poisons vomiting can cause greater damage.
- **Do NOT** follow the antidote label on the container, it may be incorrect.

If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of "poison" it was.
- Have product information nearby.
- How much and when it was taken.
- How was the poison contacted or was ingested by the student? (mouth, skin, eyes, inhalation, etc.?)

CALL POISON CONTROL. (Even if student does not appear ill)
1-800-222-1222
Follow their directions.

- If student becomes unconscious, place on their side.
- Check airway.
- Look, listen and feel for breathing. If student stops breathing, start CPR.

CALL EMS/911

Contact responsible school authority & parent/guardian.

If possible, send some of the vomited material and ingested material with its container (if available) to the hospital with the student.

Document care provided.

PREGNANCY

Pregnant students should be known to appropriate school staff. Any student who is old enough to be pregnant, might be pregnant.

Signs of labor include:

- Contractions that become stronger at regular and increasingly shorter intervals.
- Lower back pain and cramping that does not go away.
- “Water” breaks (can be a large gush or a continuous trickle).
- Bloody (brownish or red-tinged) mucus discharge from vagina.

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN

See “*STOMACH PAIN.*”

SEIZURE

See “*SEIZURE.*”

VAGINAL BLEEDING

FLUID LEAKAGE FROM VAGINA

This is NOT normal and may indicate the beginning of labor.

MORNING SICKNESS

Treat as vomiting.
See “*VOMITING.*”

CALL EMS/911.

Contact responsible school authority & parent/guardian.
Contact student’s support person, if applicable.

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

Contact responsible school authority & parent/guardian.

Document care provided.

RASHES

Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Rashes include such things as:

- Hives
- Red spots
- Purple spots
- Small blisters

Some rashes may be due to contagious diseases.

Wear disposable gloves to protect yourself when in contact with any rash.

Does the student have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots that don't turn white when you press on them?
- Does the student appear extremely ill?

CALL EMS/911

Is the student possibly having an allergic reaction?

NO

Monitor breathing and initiate CPR if needed.

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

Are any of the following symptoms present?

- Drainage from the rash?
- Oral, tympanic (ear), or temporal (forehead) temperature or axillary temperature over 100.4° (also see "**FEVER**")?
- Headaches?
- Diarrhea?
- Sore throat?
- Vomiting?
- Rash is bright red and sore to the touch?
- Rash (hives) all over the body?
- Student is uncomfortable (e.g. itchy, sore, feels ill) and is unable to participate in school activities?
- Rash is spreading rapidly?

NO

NO

Also see "**ALLERGIC REACTION.**"

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 105° orally, tympanic, temporal, or axillary call **EMS/911**. Monitor the appearance of the rash every hour.

Document care provided.

If rash is mild, located in small area of the body, and not causing the student to be uncomfortable, student can remain in school. Can cover rash with bandage, if applicable. Contact parent/guardian with an update.

SEIZURES

Seizures may be any of the following:

- 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 behavior for that person (e.g., running, belligerence, making strange sounds, etc.).
- A student with a history of seizures should be known to appropriate school staff.
- A Seizure Action plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.
- Students with diabetes may experience a seizure due to hypoglycemia. If student has diabetes see “**DIABETES**”

Does the student have an emergency care plan?

YES

NO

Refer to the student's emergency care plan. Follow emergency plan instructions related to emergency medication administration and follow up instructions.

Observe details of the seizure for parent/guardian, emergency personnel or healthcare provider. Note:

- Time the seizure started.
- Duration of seizure.
- Kind of movement or behavior.
- Body parts involved.
- Loss of consciousness, etc.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do NOT restrain movements.**
- Move surrounding objects to avoid injury.
- **Do NOT place anything between the teeth or give anything by mouth (unless student is prescribed buccal seizure medication).**
- Keep airway clear by placing student on his/her side.

- Is student having a seizure lasting longer than 5 minutes?
- Is student having seizures following one another at short intervals?
- Is student without a known history of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

NO

- Seizures are often followed by sleep.
- The student may also be confused.
- This may last from 15 minutes to an hour or more.
- Allow student to rest with adult supervision.
- After the sleeping period, the student should be encouraged to participate in all normal class activities.

YES

CALL EMS/911

Contact responsible school authority, including emergency response team & parent/guardian.

Document care provided.

Update parent/guardian. Student may remain in school if no further concerns.

SNAKE BITE

Signs and Symptoms of Poisonous Bite

Mild to Moderate:

- Swelling, discoloration, or pain to site.
- Rapid pulse, weakness, sweating, fever.
- Shortness of breath.
- Burning, numbness or tingling sensation.
- Blurred vision, dizziness, fainting.
- Fang marks, nausea, vomiting, diarrhea.

Severe:

- Swelling of tongue or throat.
- Severe pain.
- Rapid swelling and numbness.
- Shock.
- Pinpoint pupils.
- Twitching/seizures.
- Paralysis and unconsciousness.
- Loss of muscle coordination.

Treat all snakebites as poisonous until snake is positively identified.

- **Do NOT cut wound.**
- **Do NOT apply tourniquet!**
- **Do NOT apply ice.**

ALL SNAKE BITES need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a snake kit for outdoor trips.

- Immobilize the bitten extremity **BELOW** the level of the heart.
- Make person lie down, keep at complete rest, avoid activity (walking).
- Keep person warm and calm.
- Remove any restrictive clothing, rings and watches.
- Have someone call Poison Control (1-800-222-1222) for information about which medical centers in your area have the appropriate antivenom (if you believe snake is poisonous).

- Is snake poisonous or unknown?
- Is the person not breathing? (If yes, initiate CPR)

YES → **Call EMS/911**

NO

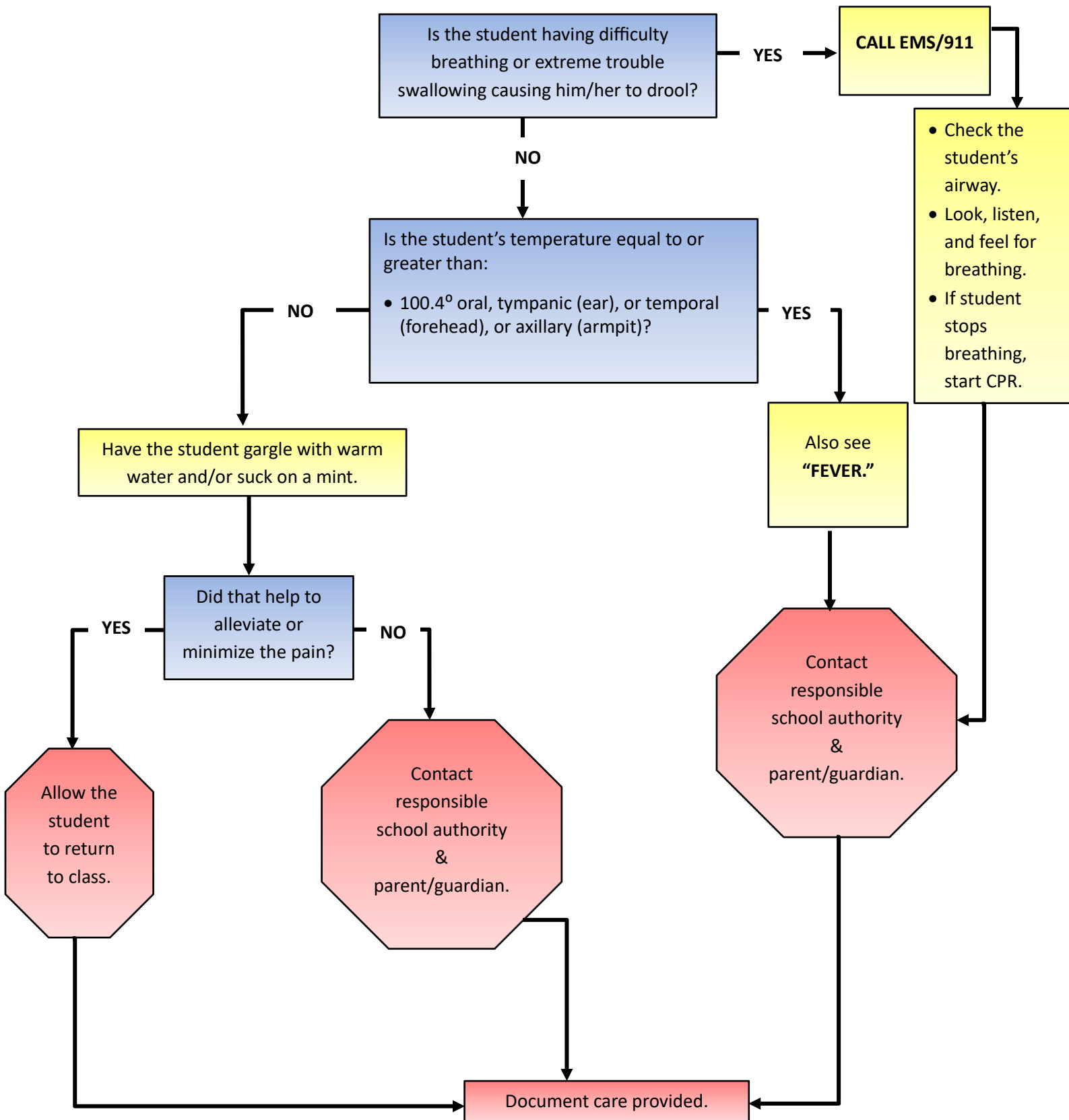
- Flush bite with large amount of water.
- Wash with soap and water.
- Cover with clean, cool compress or moist dressing.
- Monitor pulse, student's skin color and respirations; prepare to perform CPR, if needed.
- Identify snake-if dead, send with student to the hospital. Take pictures and/or note color or other features of the snake.
- Parent/guardian may transport student to the hospital for medical evaluation if condition is not life threatening.
- If you have Snake Bite Kit, use suction device repeatedly.

Contact responsible school authority & parent/guardian.
ENCOURAGE MEDICAL CARE.

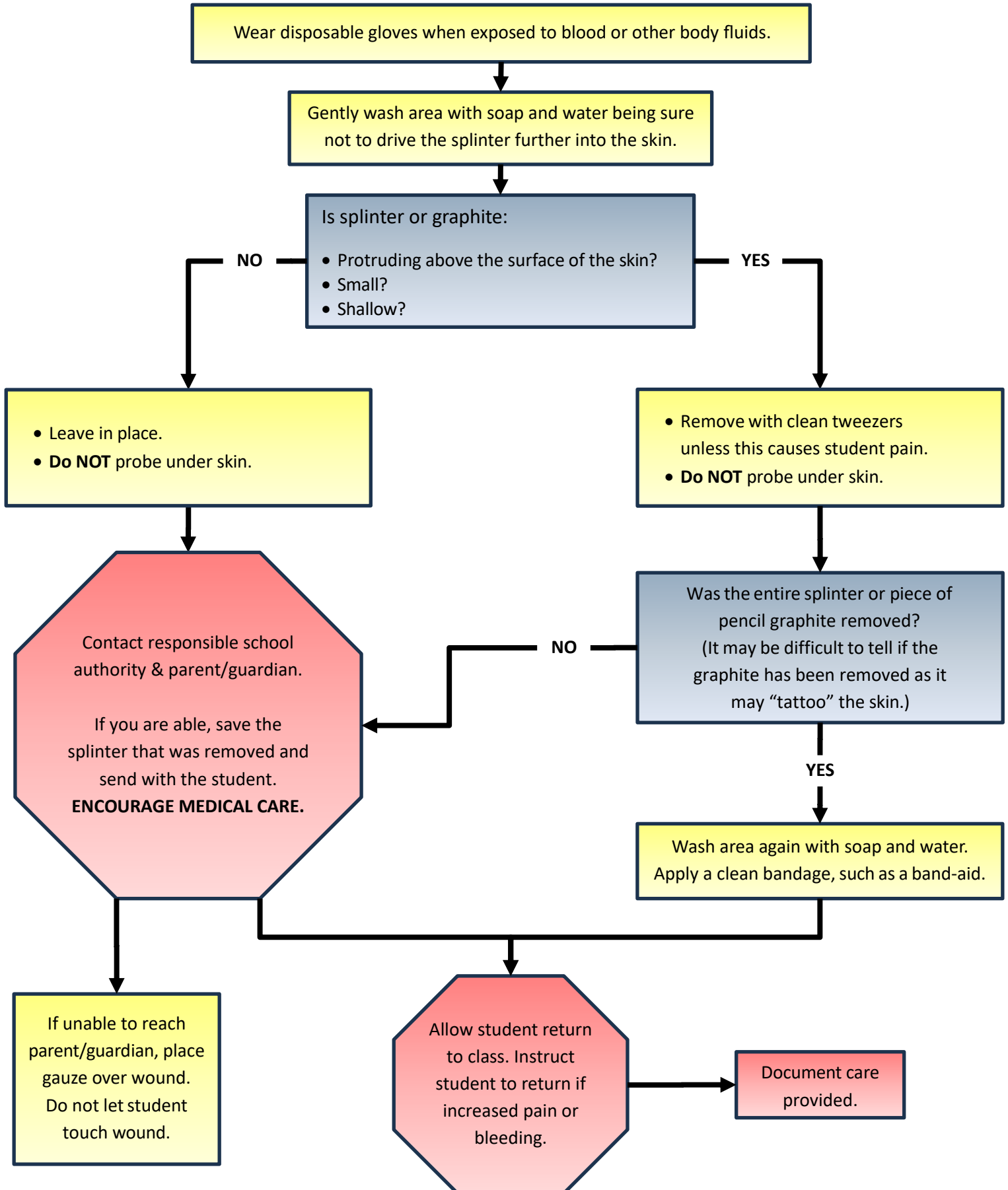
Contact responsible school authority & parent/guardian.

Document the care provided.

SORE THROAT



SPLINTERS OR IMBEDDED PENCIL GRAPHITE



STOMACHACHES/PAINS

Stomachaches/pain may have many causes, including:

- Illness
- Hunger
- Overeating.
- Diarrhea.
- Food poisoning.
- Injury.
- Menstrual difficulties.
- Psychological issues.
- Stress.
- Constipation.
- Gas pain.
- Pregnancy.

Has a serious injury occurred resulting from:

- Sports?
- Violence?
- Being struck by a fast moving object?
- Falling from a height?
- Being thrown from a moving object?

YES

NO

Suspect neck injury.
See **"NECK PAIN AFTER INJURY"** and **"BACK**

Is stomachache severe or not improving?

YES

NO

**Call
EMS/911**

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

• Is the student's temperature equal to or greater than:
○ 100.4° oral, tympanic (ear), or temporal (forehead) or axillary (armpit)?

Does the student complain of:

- Severe stomach pains?
- Vomiting?
- Pain with urination?
- Persistent pain on one side, especially the right side of the abdomen?
- Shortness of Breath?

YES

NO

- Allow the student to use the restroom.
- Allow student to rest for up to 30 minutes with adult supervision.
- Offer mild/bland snack, sips of water.
- Can apply heating pad, on low or medium setting, for 20 minutes.

Has pain subsided?

NO

YES

**Allow child
to return to
class.**

Contact
responsible school
authority &
parent/guardian.

If unable to reach
parent/guardian, allow
student to rest with adult
supervision. Monitor
temperature every hour. If
temperature reaches 105°
orally/tympanic/temporal/
axillary,
CALL EMS/911.

Document care provided.

TICKS

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **DO NOT** handle ticks with bare hands.

Wear disposable gloves when exposed to blood and other body fluids.

- There are a variety of tools that can be used to remove a tick.
- The key is to grasp the tick as close to the skin surface as possible.
- Grasp the head of the tick and avoid compressing the tick's body.
- Pull upward with steady, even pressure.
- **DO NOT** twist or jerk the tick as the mouth parts may break off.
- It is important to remove the **ENTIRE** tick.
- Take care not to squeeze, crush, or puncture the body of the tick as its fluids may carry infection.
- Never use petroleum jelly or a hot match to kill and remove a tick. These methods don't get the tick off the skin and can cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

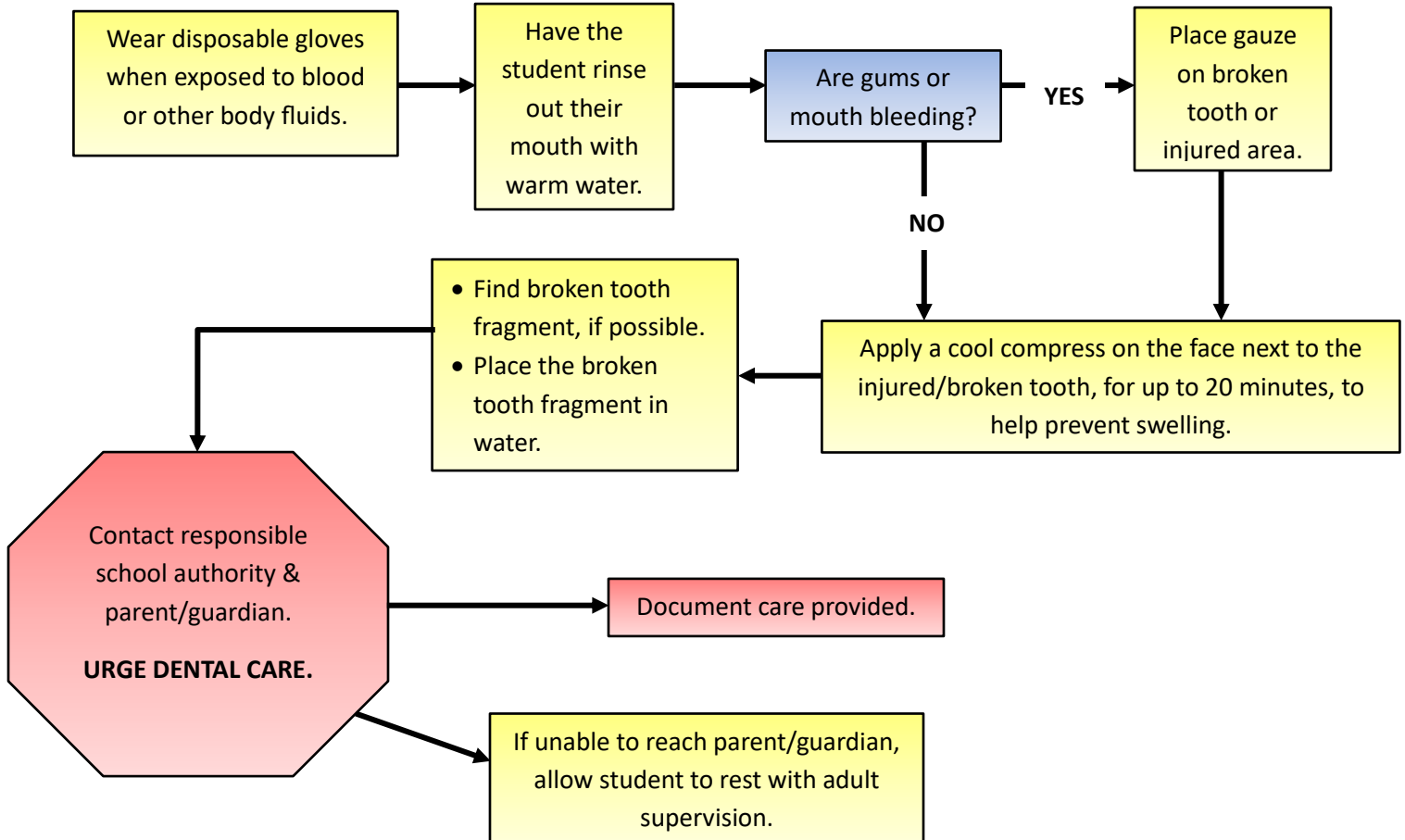
- Place tick in plastic bag incase parent/guardian wants to have the tick identified.
- Record the date and location of the tick bite.

- After removal, wash the area of the body where the tick was, thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

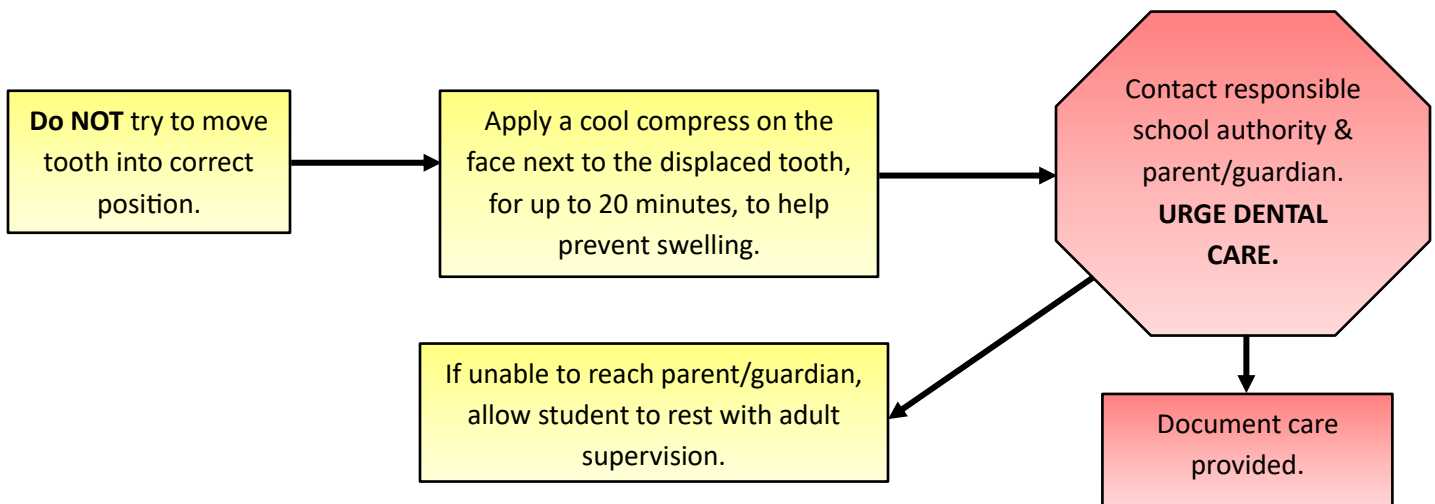
Contact responsible school authority & parent/guardian.
Student may remain in school.
Send tick home with student.

Document care provided.

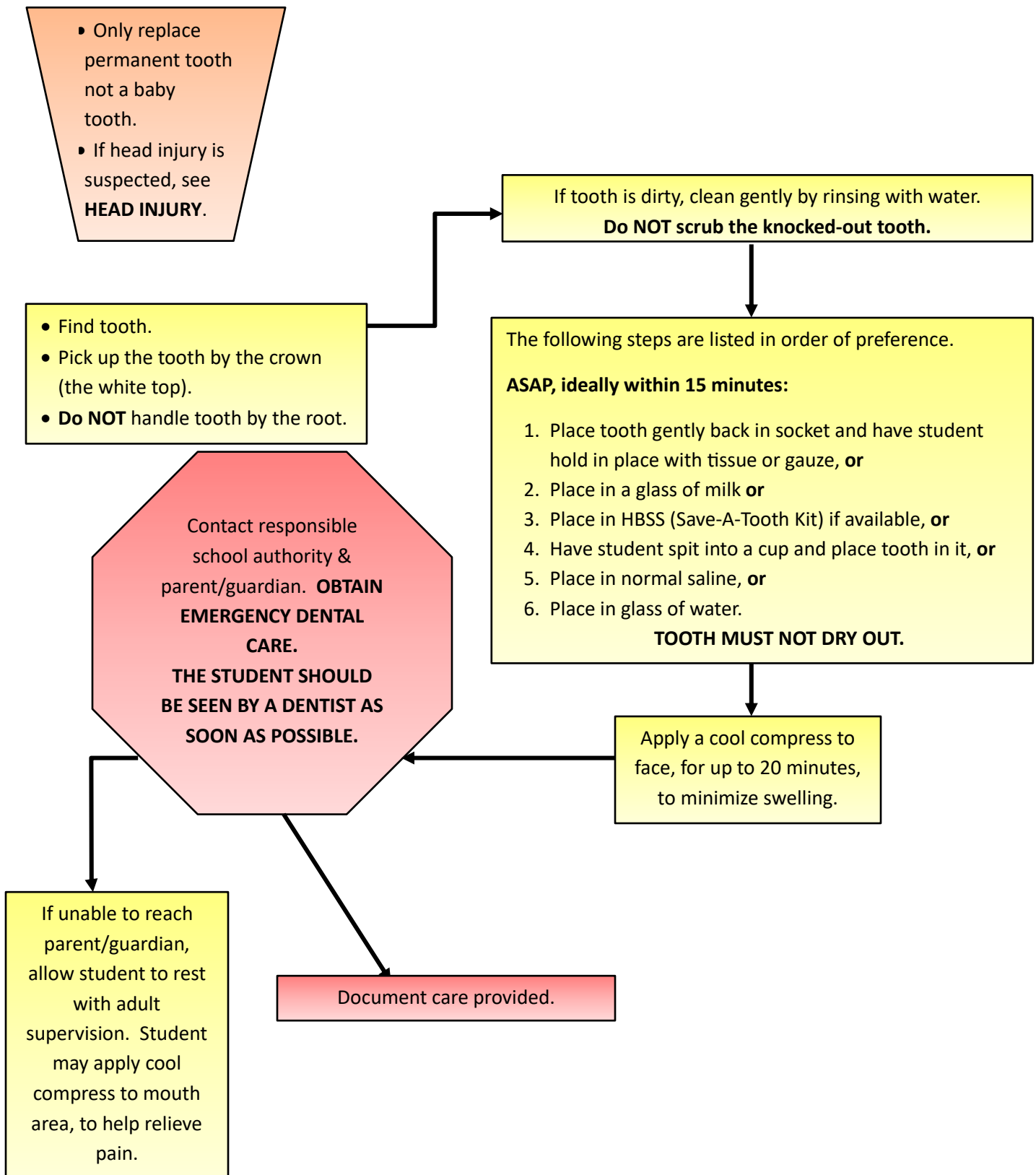
TOOTH CHIPPED/BROKEN



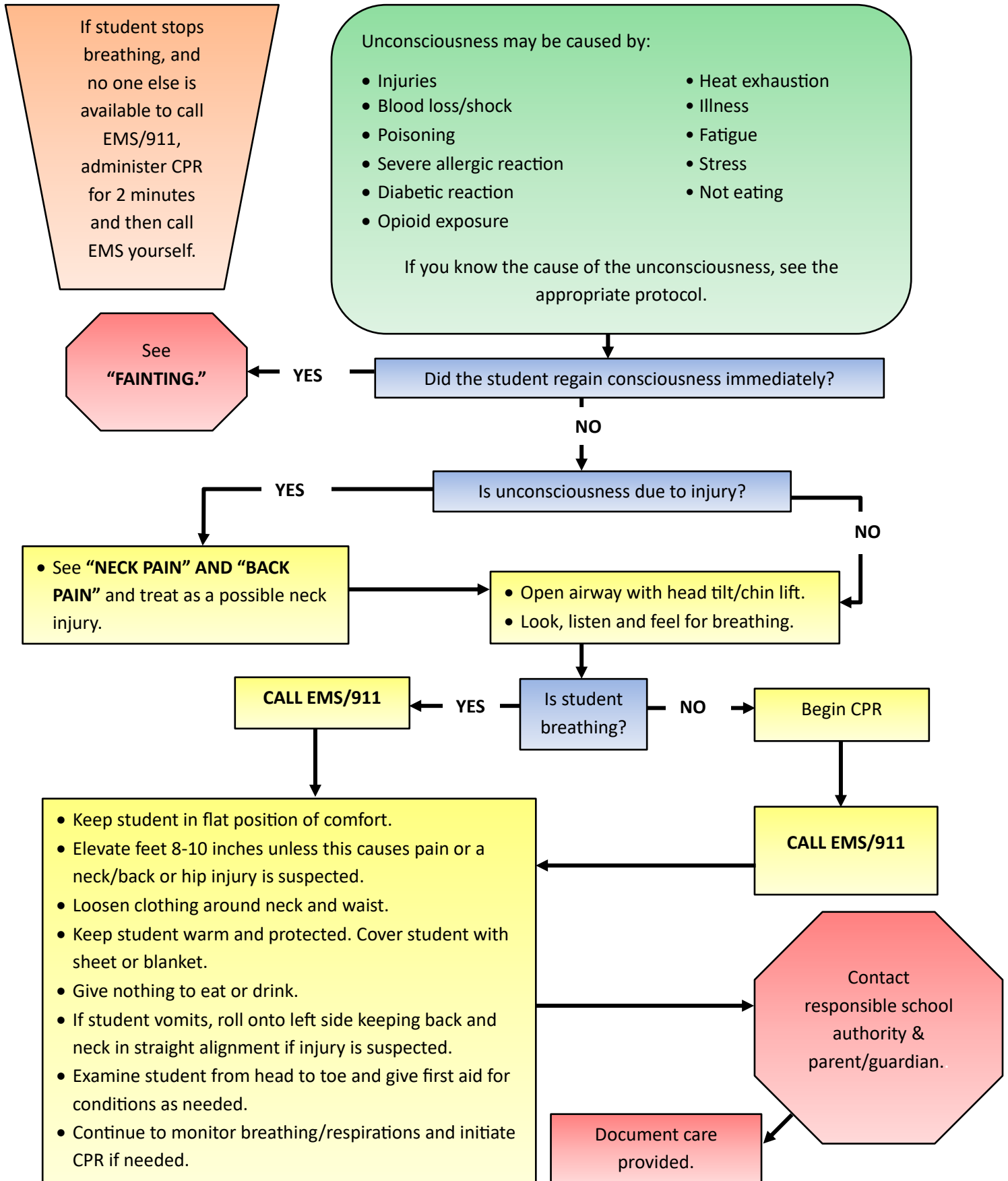
TOOTH DISPLACED (LOOSENED)



TOOTH KNOCKED OUT



UNCONSCIOUSNESS



VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. **CALL POISON CONTROL 1-800-222-1222** and ask for instructions. See **"POISONING"** and notify local health department.

Vomiting may have many causes including:

- Illness
- Bulimia
- Anxiety
- Pregnancy
- Eating nonedible item
- Injury/Head injury
- Heat exhaustion
- Overexertion
- Food poisoning

Wear disposable gloves when exposed to blood and other body fluids.

Is the student's temperature equal or greater than 100.4° oral, tympanic (ear), or temporal (forehead) or axillary (armpit)?

Also see **"FEVER."**

- Have student lie down for up to 30 minutes in a room that affords privacy but allows for adult supervision.
- Apply a cool, damp cloth to students face or forehead.
- Have a bucket available.
- Give no food or medication, although you may offer the student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.
- If vomiting is related to anxiety have student use mindfulness skills. Consider referral to school counselor.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is the student dizzy and pale?
- Does the student have excessive thirst, dry mouth, blurred vision, weakness, blood in vomit or resembles coffee grounds?

Contact responsible school authority & parent/guardian.

URGE MEDICAL CARE

Contact responsible school authority & parent/guardian.

Document care provided.

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