

PLAN REVIEW	
<i>Reviewer</i>	<i>Date</i>
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FIRST AID/CPR

Introduction

Medical advice and consultation on work-related health matters and first aid services to treat work related injuries must be readily available to employees. In addition, if the workplace contains materials that may be corrosive or injurious to the eyes or the body, a method of quickly drenching or flushing the eyes or body must be provided in the work area. This program assists Lynd Public School in meeting those requirements.

References

OSHA Subpart K 1910.151
MN OSHA Instruction CPL 2-2.53

Applicability

Do any situations arise that require advice or consultation on matters of workplace health?

Could any situations arise that may result in injuries requiring first aid in the workplace?

Does the workplace contain materials that could injure the eyes or body?

Regulatory Requirements

- ◆ The employer shall ensure the availability of medical personnel for advice and consultation on matters of workplace health.
- ◆ A person or persons shall be adequately trained to render first aid in the absence of an infirmary, clinic or hospital in near proximity to the workplace.
- ◆ First aid supplies approved by the consulting physician shall be readily



available.

- ◆ Suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use where the eyes or body of any person may be exposed to injurious corrosive materials. ANSI Standard Z358.1-1990 gives additional details on emergency eyewash and shower station requirements.
- ◆ MN OSHA Instruction CPL 2-2.53 suggests that these guidelines be followed:
 - Near proximity to the workplace means four to eight minutes. If there is no hospital or clinic within this distance, the employer must designate a first aid provider on site.
 - If medical services are available within four to eight minutes, and the employer decides to use these services, a determination must be made as to whether or not a special agreement needs to be made with the medical facility in order to ensure the ready availability of medical personnel.
 - First aid training needs to be evaluated in relation to workplace hazards.
 - A recommended first aid kit list follows (employer still needs to seek a physician's opinion). Contact the First Aid program manager, «First_Aid», for kits and replacement supplies

A first aid kit shall contain sufficient quantities of individually sealed packages of at least the following types of items:



RECOMMENDED FIRST AID KIT CONTENTS			
ITEM	NUMBER OF EMPLOYEES		
	1-50	51-100	101-200
Gloves, 4-pack	1	2	2
Gauze roller bandage 1" and 2" x 10 yds.	2	2	2
Gauze compress bandage 3" x 3" individually packaged	10	20	30
Adhesive bandages, assorted sizes, individually packaged	16	32	64
Adhesive tape rolls	2	2	3
Scissors, blunt-nosed	1	1	1
Tweezers	1	1	1
Packaged antiseptic, aqueous mercury preferred (mercurochrome)	1	1	1
Mild soap, capped squeeze bottle	1	1	1
Elastic bandage, 4"	1	1	1
Resuscitation mouthpiece	1	1	1
Eyewash container (sterile) and neutral sterile solution (to wash eyes)	1	1	1
Empty plastic bag for application of ice (include "chemical ice" is ice is not available)	1	1	1
ABC's of First Aid (handout on how to construct splint)	1	1	1
Bold instructions on how to call 911	1	1	1
Telephone numbers of the Poison Information Center and the consulting health care provider (include coin if pay phone may be used)	1	1	1

Please Note: This is not an all-inclusive list.

Written Plan

Purpose

The purpose of this plan is to provide fundamental information to enable employees to protect themselves from various hazards and provide basic emergency procedures. Questions regarding this plan should be addressed to the Program Manager.

Elements--First Aid/CPR

NOTE: Rescue breathing and CPR should be performed ONLY by qualified personnel.

There are many situations which occur during the work/school day that could potentially require first aid, including:

1. Abdominal pain;
2. Breathing emergencies and choking;
3. Blisters and burns;
4. Cuts, scrapes, and bruises;
5. Drug-induced crisis;



6. Earache;
7. Exposure to the elements;
8. Eye injuries;
9. Head and spine injuries;
10. Heart problems;
11. Injury to muscles, bones, and joints;
12. Nose injuries;
13. Poisoning;
14. Shock;
15. Slivers;
16. Sudden illnesses;
17. Tooth problems;
18. Throat problems; and
19. Unconsciousness.

Lynd Public School will notify the parent or guardian of the student, or a designated contact of an employee, whenever there has been an accident, injury, or illness that requires either further medical attention or home rest. Typically, the first aid provider (school nurse/health aide) will make the decision to contact the above-mentioned persons.

There are some basic procedures to follow in each type of emergency situation. These procedures are designed for children and adults. Following are some basic steps to take in different emergency situations.

Procedures (in Alphabetical Order)

Abdominal Pain

Causes

Abdominal pain can be the result of a number of things like menstrual cramps, food poisoning, etc.

Care

1. Have patient rest on cot; get the history of the illness (how, when, and where illness began).
2. Take temperature.
3. Attempt to locate area of pain. Ask if pain followed an injury. If pain is due to menstruation, offer hot water bottle. DO NOT give hot water bottle for any other kind of abdominal pain.
4. Consider emotional reason for discomfort.
5. Notify guardian or other contact person if pain persists or seems severe. If in doubt, always call the guardian of a child.



Breathing Emergencies and Choking

Detection

Some signs of emergency breathing situations include:

1. Unusually slow or rapid breathing;
2. Unusually deep or shallow breaths;
3. Gasping for breath;
4. Wheezing, gurgling, or high-pitched noises;
5. Unusually moist skin;
6. Flushed, pale, or bluish appearance to skin;
7. Shortness of breath;
8. Dizziness or light-headedness; and
9. Pain in chest or tingling in hands and feet.

Care

Emergency breathing situations may include victims who are choking, hyperventilating, or unconscious. For choking victims, determine if the victim is able to cough or speak; encourage him/her to continue coughing. If object does not come up, call for emergency medical assistance. Be prepared to initiate rescue breathing and/or CPR (if trained).

Asthma Attack

1. Call 911 if attack is severe (person has feeling of suffocation, pale bluish lips, skin, or fingernails).
2. As soon as symptoms appear, have person rest in quiet area, seated with shoulders relaxed. Encourage person to slow his/her breathing down. Provide prescribed medicine or inhaler, if possible.
3. Anxiety will increase breathing difficulty; comfort and relax the person.
4. Notify parents of child's significant asthma episode.

Blisters and Burns

Care for Blisters

1. Apply sterile non-adhesive bandage.
2. Do not puncture blisters.
3. Notify guardian to observe area if infection is noted.

Determining Severity of Burns

First Degree—reddened

Second Degree—blistered

Third Degree—white or charred

Critical burns include those burns:

1. Involving breathing difficulty;
2. Covering more than one body part;
3. To the head, neck, hands, feet, or genitals;



4. To a child or an elderly person; or
5. Resulting from chemicals, explosions, or electricity.

Care for Mild Burns

1. Do not use ointments or salves.
2. Stop the burning.
3. Immerse in cold water (not ice water) for 10 to 15 minutes or until pain subsides.
4. Cover burn with dry, clean dressings to help prevent infection; bandage loosely. Do not break any blisters or remove tissue.
5. Raise area of burn above heart, if possible.

Care for Deep or Extensive Burns

1. Treat for shock (except for facial burns).
2. Have victim lie down with legs elevated; keep him/her warm and quiet. (Facial burns—sit or prop victim up; observe continuously for breathing difficulty.)
3. Call 911.
4. Do not immerse an extensively burned area or apply ice water over it as the cold may intensify shock reaction. Apply cold pack to face, hands, or feet if necessary.
5. Cover burn with dry, clean dressings to help prevent infection; bandage loosely.
6. Don't put ointment on burn; don't put pressure on burn.
7. Don't break blisters or remove pieces of cloth stuck to burn.

Care for Chemical Burns

1. Call 911.
2. For chemicals burns to the skin or eyes, flush burn with large amounts of water for 15 to 20 minutes.
3. If only one eye has been affected, flush from the nose outward to prevent contaminating the other eye.
4. Have the victim take off clothes with chemicals on them.
5. Apply sterile dressing.
6. If extensive, refer to Care for Deep or Extensive Burns.

Care for Electrical Burns

1. Never go near a victim whom you think has been injured by electricity until you are sure the power is turned off. Electrical burns are often deep and tissues beneath them may be severely damaged.
2. If there is a downed power line, wait for the fire department and/or the power school. If there are people in a car with a downed wire across it, tell them not to move and to stay in the car.
3. Check breathing and pulse if victim is unconscious. Check for possible fractures.
 1. Cover an electrical burn with a dry, clean dressing, but do not cool the burn.
 2. Keep victim from getting chilled.



Cuts, Scrapes, and Bruises

Explanation

These types of injuries generally damage the soft tissue of the body. This tissue includes skin, fat, and muscles.

Types of Injuries That Generally Require Stitches

The following injuries generally require stitches:

1. Bleeding from an artery or uncontrolled bleeding;
2. Wounds that show muscle or bone, involve joints, gape widely, or involve hands or feet;
3. Large or deep puncture wounds;
4. Large or deeply embedded objects;
5. Human or animal bites; and
6. Wounds that, if left unattended could leave conspicuous scars, such as those on the face.

Care for Bruises

1. Apply direct pressure to reduce bleeding under the skin.
2. Elevate the injured area to reduce swelling.
3. Apply cold to control pain and swelling.

Internal Bleeding

Some closed wounds can be very serious and need immediate medical attention. If a victim is in severe pain or can't move a body part without hurting, this may indicate a serious wound. While waiting for medical help, watch for signs of shock and keep the victim from getting chilled or overheated.

Care for Minor and Small Scratches

1. Wash with soap and water.
2. Apply sterile dressing as needed.
3. If the wound is a result of an animal bite, notify police. When circumstances indicate, animal should be confined and tested for rabies.

Care for a Major Open Wound

1. Have victim lie down to prevent fainting.
2. Control bleeding by placing a clean covering over the wound and applying direct pressure.
3. If you don't think the wound involves a broken bone, elevate injured area.
4. Apply a bandage snugly over wound.
5. If bleeding cannot be controlled, call 911.
6. Apply pressure on nearby artery (pressure point).
7. Treat for shock; keep warm and quiet.
8. Wash hands immediately after providing care.



Care for a Major Wound with Minimal Bleeding

1. DO NOT use antiseptics or salves.
2. Apply Steri-strip or butterfly dressing after bleeding stops.
3. Notify guardian; advise medical care. Advise if tetanus booster is indicated.

Drug-Induced Crisis

Care

1. In all suspected cases notify school administrator.
2. If school nurse determines emergency care is unnecessary, student should be referred to the principal.
3. If emergency care is necessary, call 911 and notify guardian.
4. Check level of consciousness. If person is unconscious, call 911 for emergency medical assistance.
5. Observe for breathing difficulty or respiratory arrest; be prepared to initiate rescue breathing or CPR (if trained) if person is not breathing.
6. Check for high (greater than 120 beats per minute) or low (less than 60 beats per minute) pulse.
7. If person is vomiting or semi-conscious, provide appropriate first aid.
8. Observe for hallucinations.
9. Observe for hyperactivity, aggressiveness, and paranoid delusions.

Important Points of Emergency Care

1. Maintain an open airway.
2. If convulsions are present, DO NOT try to restrain the individual. Remove nearby objects and place a soft towel, pillow under the head. DO NOT put anything in mouth.
3. Get the person to relax physically and emotionally.
4. Develop a positive attitude with the person. If there is no physical damage, reassure the person that the drug experience will subside and they will return to a normal state.
5. Do not hesitate to contact a person in the school designated to deal with drug-induced crises.

Earache

Care

1. Take temperature.
2. If fever is present or pain is intense, call guardian and advise medical care.
3. If a foreign body is inside the ear, notify guardian and advise medical care if object cannot be removed easily.

Exposure to the Elements

Heat-related Illnesses

Heat-related illnesses include heat cramps, heat exhaustion, and heat stroke. Heat



cramps are painful muscle spasms. Heat cramps are the least severe of these illnesses and should be thought of as warning signs of a possible emergency. Cramps usually occur in the legs and abdomen.

Heat exhaustion is more severe than heat cramps and signs include cool, moist, pale, or flushed skin; headache; nausea; dizziness; weakness; and exhaustion.

Heat stroke is the most uncommon but most severe heat emergency, with signs including hot, dry skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing.

Care for Heat-related Illnesses

1. Get the victim out of the heat.
2. Loosen tight clothing.
3. Remove perspiration-soaked clothing.
4. Apply cool, wet cloths to the skin.
5. Fan the victim.
6. If the victim is conscious, give cool water.
7. Call for an ambulance if victim refuses water, vomits, or starts to lose consciousness.

Cold-related Illnesses

Cold-related illnesses include frostbite and hypothermia. Frostbite can cause the loss of fingers, hands, arms, toes, feet, and legs. Signs of frostbite include lack of feeling in the affected area and skin that appears waxy, is cold to the touch, or is discolored (flushed, white, yellow, or blue).

Care for Frostbite

1. Handle area gently; never rub affected area.
2. Warm the area gently by soaking the affected part in water, no warmer than 105° F.
3. Keep the frostbitten part in the water until it looks red and feels warm.
4. Loosely bandage the area with a dry sterile dressing.
5. If fingers or toes are frostbitten, place cotton or gauze between them.
6. Don't break any blisters.
7. Notify guardian and refer for medical care if swelling and blisters are present.

Care for Hypothermia

1. Care for any life-threatening problems.
2. Call local emergency number.
3. Remove any wet clothing and dry the victim.
4. Warm body gradually by wrapping victim in blankets or by putting on dry clothing, and then moving him/her to a warm place.
5. Apply other sources of heat if available (chemical heat packs or hot water bottles, keeping a barrier between extra heat source and body).
6. If victim is alert, give warm liquids to drink.



To Avoid Heat or Cold Emergencies:

1. Avoid being outdoors on the hottest or coldest part of the day.
2. Change your activity level according to the temperature.
3. Take frequent breaks.
4. Dress appropriately for the environment.
5. Drink large amounts of fluids.

Eye Injuries

Care for Inflamed or Discharging Eyes

1. Exclude from school, if student, until condition is improved or until physician gives permission to return.

Care for Foreign Body Embedded in Lid or Eyeball

1. Do not attempt to remove object or to wash eye.
2. Cover affected eye(s) loosely with clean dressing; avoid pressure on the eyes.
3. Notify guardian and advise prompt medical care.
4. Keep person lying down.

Care for Foreign Body on the Eye

1. Have person blink eye several times.
2. Flush the eye with large amounts of water.
3. Attempt to remove with a moistened applicator.
4. If not removed by these methods, apply dry protective dressing.
5. Call guardian and advise prompt medical care.

Care for Injury to the eyeball (if the eyeball has been cut or injured)

1. Have the person lie down to keep fluid from running out of the eye.
2. Cover both eyes loosely with dry, sterile dressing.
3. Notify guardian and advise medical care.
4. Call 911 for assistance if severe pain is present or guardian cannot be reached.

Care for Sties in the Eye

1. If draining, send person home.
2. If sties occur frequently, suggest medical care.

Head and Spine Injuries

Detection

Some signals of head or spine injuries may include:

1. Changes in consciousness;
2. Severe pain or pressure in the head, neck, or back;
3. Tingling or loss of sensation in the hands, fingers, feet, and toes;
4. Partial or complete loss of movement of any body part;
5. Unusual bumps or depressions on the head or over the spine;



6. Blood or other fluids in the ears or nose;
7. Heavy external bleeding of the head, neck, or back;
8. Seizures;
9. Impaired breathing or vision resultant of injury;
10. Nausea or vomiting;
11. Persistent headache;
12. Loss of balance; and
13. Bruising of the head, especially around the eyes and behind the ears.

Care for Spine Injuries

1. Call 911.
2. Minimize movement of head and spine.
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Control any external bleeding.
6. Keep the victim from getting chilled or overheated.

Care for Headaches

1. Take temperature.
2. If there is history of recent head injury, call guardian.
3. Instruct person to rest on cot; apply cold pack if comforting.
4. If headache persists or if attacks occur frequently, advise medical care.
5. DO NOT give aspirin or any other medication.

Care for Head Injuries--Minor

1. Have person rest on cot for 30 minutes or longer.
2. Apply cold pack to area.
3. If no symptoms of nausea, vomiting, dizziness, unequal pupils, or blurred vision, person may return to normal activities.
4. In the case of a child, notify guardian of all head injuries regardless of how minor they may seem.

Care for Head Injuries--Severe or Unconsciousness

1. Call 911.
2. Do not move person; minimize movement of head and spine.
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Apply cold pack to injured area and control any external bleeding.
6. Treat for shock.

Heart Problems

Detection and General Care

The signals of potential heart problems include pain or discomfort in the chest that does not go away (ranging from discomfort to an unbearable crushing sensation), difficulty in breathing, pale skin, and/or sweaty face. Any chest pain that is severe, lasts longer than 10 minutes, or persists even during rest requires medical care at



once.

When a victim shows signs of a possible heart attack, the victim should be told to sit down. Try to determine what problems the victim is having. Some victims will have medication and you can assist the person by getting the medicine. It is important to be calm and reassuring to the victim. If the victim is conscious, loosen tight clothing, keep the person quiet (do not allow them to walk), and do not give them liquids.

When the heart stops beating or beats too poorly to circulate blood properly, it is called cardiac arrest. A person in cardiac arrest is unconscious, not breathing, and has no pulse. When this happens, the victim needs cardiopulmonary resuscitation (CPR) immediately. This includes rescue breathing and chest compressions.

Care When the Heart Stops Beating and Breathing and Pulse are Non-Existent

1. Send a responsible person to get the school nurse or other CPR-qualified person.
2. Send responsible person to call 911 - give operator exact location of injured person.

Injuries to Muscles, Bones and Joints

Detection and General Classification

The four basic types of injuries to muscles, bones and joints are:

1. Fractures,
2. Dislocation,
3. Strains, and
4. Sprains.

Signs of these types of injuries may include pain, swollen, red, or bruised skin. The area may be twisted or bent strangely. There may be abnormal lumps, ridges, or hollows. The victim may hear snap or pop or grating bones. Hands and fingers or feet and toes may feel numb or tingly.

Care for Injuries to Muscles, Bones, and Joints

1. Treat for shock.
2. Call 911 for emergency medical assistance if the victim's head, neck, or back is injured; if the victim has any problem breathing; or if the victim is unable to move or use injured part without pain.
3. Check for life-threatening conditions first.
4. Make victim more comfortable, possibly supporting injured area with a pillow.
5. If moving or transporting victim, immobilize injured part with a splint if possible.
6. Apply ice and raise injured part.
7. Make no attempt to reduce dislocation.

Care for Sprains and Strains



1. For a strained or sprained back, apply cold periodically to injury for 72 hours.
2. For sprains or strains (other than the back) elevate injured area and apply cold pack.
3. Next, apply heat (this will help speed up chemical reactions needed to repair tissue).
4. Apply elastic bandage for support if desired.

Nose Injuries

Care for Nosebleeds

1. Seat person erect with head slightly forward. If person must recline, elevate head and shoulders.
2. Instruct person to press firmly on middle partition of bleeding nostril(s).
3. If bleeding persists (more than 15 minutes), call guardian and advise medical care.
4. Instruct person not to blow nose or resume vigorous activity immediately.

Care for foreign body in the nose

1. Call guardian and advise medical care if object cannot be removed easily.

Poisoning

Causes

Poisoning can be caused by many items, including foods, alcohol, medications, cleaning products, pesticides, plants, toxic fumes, fertilizers, insects, spiders, ticks, some marine life, snakes, and other animals.

There are four ways in which poisons may enter the body:

1. Ingestion,
2. Inhalation,
3. Injection, and
4. Absorption.

Detection

Some signs of poisoning may include:

1. Nausea,
2. Vomiting,
3. Diarrhea,
4. Chest or abdominal pain,
5. Breathing difficulty,
6. Sweating,
7. Seizures, or
8. Burns around the lips or tongue or on skin.

Care when you suspect someone has swallowed a poison

1. Call your Poison Control Center or local emergency number.



2. Try to find out what type of poison it was.
3. Try to find out how much was taken.
4. Try to find out when it was taken.
5. Check the scene to make sure it is safe to approach and to gather clues about what happened.
6. Remove the victim from the source of the poison if necessary.
7. Check the victim's level of consciousness, breathing, and pulse.
8. Care for any life-threatening conditions.
9. If the victim is conscious, ask questions to get more information.
10. Look for any containers and take them with you to the telephone.

Care for Insect Bites and Stings

Serious collapse can occur within just five minutes; be prepared.

1. Check health records to determine if individual is allergic or sensitive.
2. Remove stinger by scraping it away with your fingernail or a credit card or use tweezers.
3. Wash the site with soap and water.
4. Cover to keep clean.
5. Apply a cold pack to the area.
1. If allergic symptoms develop, call 911 and guardian.

Care for Food Poisoning, Reactions, or Allergies

Food reactions and allergies usually occur within one hour of eating, and the most common reactions will be respiratory difficulty or hives.

1. Notify guardian and recommend immediate medical attention.
2. If unable to reach guardian, contact family physician.
3. If severe allergic reaction, call 911—this could be a life-threatening situation.

Care for Poison Ivy or Poison Oak

1. After immediate contact, wash area gently with soap and water.
2. If weeping or broken skin areas are present, call guardian and advise medical care.

Recognizing Lyme's Disease

Lyme's disease is commonly carried by the deer tick, and the risk of contracting the disease is greatest between May and late August. Signs of an infection may appear a few days or weeks after a tick bite. It starts as a rash at the small red area at the site of the bite. It may spread up to 7 inches across. Sometimes the appearance may be like a bulls-eye. In dark-skinned people, the area may look black and blue like a bruise. Other signs include fever, headache, weakness, and joint and muscle pain similar to the pain of flu. In advanced stages, it may cause arthritis, numbness, memory loss, problems in seeing or hearing, high fever and stiff neck.

Care for Ticks

1. Do not try to burn off a tick or remove it by applying Vaseline or nail polish.
2. Do not prick it with a pin.



Shock

Detection

Signs of shock include:

1. Restlessness or irritability;
2. Altered consciousness;
3. Pale, cool moist skin;
4. Rapid breathing;
5. Rapid pulse;
6. Low and falling blood pressure; and
7. Dilated pupils.

Care

1. Treat any severely injured person for shock.
2. Call 911.
3. Have the victim lie down; this may help minimize pain.
4. Control any external bleeding.
5. Help victim maintain normal body temperature.
6. Try to reassure the victim.
7. Elevate legs about 12 inches unless you suspect head, neck, or back injuries, or possible broken bones involving hip or legs. If you are unsure, leave victim lying flat.
8. Do not give victim anything to eat or drink.

Slivers

Care

1. Do not attempt to remove if deeply embedded; refer to physician.
2. Treat as a puncture wound.
3. Wash area with soap and water.
4. Remove sliver if near the surface of the skin.
5. Notify guardian if necessary.

Sudden Illnesses

Detection

Although there are many types of sudden illnesses, they often have similar signals. Some of these signs include:

1. Feeling light-headed, dizzy, confused, or weak;
2. Changes in skin color (pale or flushed skin) and sweating;
3. Nausea or vomiting; and
4. Diarrhea.

Some sudden illnesses may also include:

1. Changes in consciousness,



2. Seizure,
3. Paralysis or inability to move,
4. Slurred speech,
5. Difficulty seeing,
6. Severe headache,
7. Breathing difficulty, and
8. Persistent pressure or pain.

Care

1. Help the victim rest comfortably.
2. Keep victim from getting chilled or overheated.
3. Reassure the victim.
4. Watch for changes in consciousness and breathing.
5. Do not give anything to eat or drink unless victim is fully conscious.
6. Obtain history of illness (what, when, and where).
7. Take temperature. If the temperature is 100° F or more, make arrangements for the victim to get home or to a medical facility.

NOTE: Maximum stay in the health office is one hour unless home contact cannot be made, and no child shall be sent home to be alone unless the legal guardian assumes full responsibility.

Care for Vomiting

1. Place the victim on his/her side and isolate person.
2. Exclude them from school.
3. Advise medical care if symptoms persist.

Care for Fainting

1. Position him/her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.
2. Loosen clothing, provide fresh air, and keep person quiet.
3. Be prepared for vomiting; turn head to the side.
4. If the person does not feel better within the hour, call guardian.

NOTE: If a person feels faint, have him/her sit and lower head between the knees.

Care for a Diabetic Emergency

Every person with diabetes should be known to nurse, or health service aid, and teacher so that emergency treatment can be carried out.

1. Check health service for specific treatment of individual.
2. Give the victim some form of sugar i.e., two large sugar cubes, half a cup of fruit juice, or half a can of pop (NOT diet).
3. The person should improve within 10 minutes; give the person additional food and allow them to resume normal activities.
4. Notify guardian after any insulin reaction.



5. If person does not improve, call guardian or physician.
6. Call 911 if person is losing consciousness or convulsing.

Care for a Seizure

1. Do not hold or restrain the person or place anything between the victim's teeth.
2. Remove any nearby objects that might cause injury.
3. Cushion the victim's head using folded clothing or a small pillow.
4. Remove glasses and loosen any tight clothing.
5. Call 911 if:
 - a. The person does not start breathing after the seizure; begin rescue breathing or CPR (if trained);
 - b. The person has repeated seizures; or
 - c. The person is injured during the seizure.
6. After the seizure:
 - a. Turn the person to one side to allow saliva to drain from mouth;
 - b. Permit person to rest or sleep in health office if drowsy; and
 - c. Notify guardian of each seizure and advise medical care when indicated.

Tooth Problems

Care for Toothache

1. Rinse mouth with warm water.
2. Notify guardian and advise dental care.

Care for an Abscess

1. Notify guardian and advise dental care.

Care for a Chip or Fracture

1. Save chipped part of tooth and put in water in small container.
2. Notify guardian and advise dental care; send portion of tooth with person.

Throat Problems

Care for a Sore Throat

1. Take temperature.
2. Notify guardian and exclude from school if temperature is elevated.
3. Advise medical care if sore throat persists.

Unconsciousness

Causes

Unconsciousness can be the result of asphyxia, deep shock, poisoning, head injury, heat stroke, heart attack, stroke, epilepsy, and chemical intoxication.

Care for Unconsciousness



1. If breathing and pulse are present, treat for shock and call 911.
2. If breathing and/or pulse are absent, proceed with either rescue breathing or CPR (if trained).
3. CPR requires special training. If you have not had this training, immediately seek the assistance of someone who has been trained.

