

FIRST AID AND EMERGENCY SITUATIONS

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OBJECTIVES

- Define attendees role in the Emergency Medical System (EMS)
- List the four basic steps in the EMS system as applied to the school setting
- Discuss basic first aid in the school setting
- List most common injuries requiring first aid
- List the most common medical conditions seen in the schools
- Discuss basic first aid interventions for students with:
 - Diabetes
 - Asthma
 - Seizures



SCHOOL SPECIFIC ISSUES



WHY IS PLANNING FOR FIRST AID IMPORTANT?



- Unique aspects of Wyoming



FIRST AID PLANNING IN THE SCHOOL SETTING

- School populations change
 - Mobility of population
 - Long term vs. short term needs
- Keep medical information up to date
- Legal implications of keeping students safe at school





LEGAL RESPONSIBILITIES TO PROVIDE STUDENT ACCOMMODATIONS

Federal laws that protect children with disabilities include:

- the Rehabilitation Act of 1973, Section 504
- the Individuals with Disabilities Education Act of 1991
- the Americans with Disabilities Act of 1992.



- Any school that receives federal funding or any facility considered open to the public must reasonably accommodate the special needs of children with disabilities.
- The required accommodations should be provided within the child's usual school setting with as little disruptions to the school's and the child's routine as possible and allowing the child full participation in all school activities. Federal law requires an individualized assessment of any child with disabilities.
- Under these laws, diabetes has been determined to be a disability, and it is illegal for schools and/or day care centers to discriminate against children with diabetes.

FIRST AID PLANNING IN THE SCHOOL SETTING



Evaluate the Resources in the building:

- School nurse
- CPR
- First Aid
- Parents
- Staff



FIRST AID PLANNING IN THE SCHOOL SETTING



Evaluate the Resources in the Community

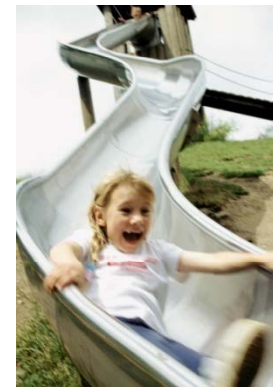
Who are the “First Responders”?

- Emergency Medical services:
 - volunteer vs. paid ambulance
 - Firemen
- Healthcare providers
- Hospital vs. clinics



SCENARIOS IN SCHOOLS

- Injuries
 - Broken bone
 - Concussion
 - Playground injury
- Accidents
- Choking
- Poisoning
- Sudden death



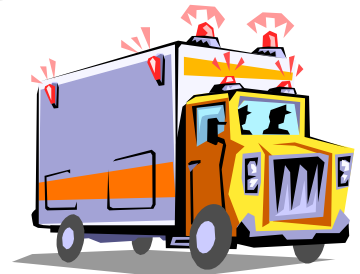
COMMON MEDICAL CONDITIONS IN SCHOOLS

- Diabetes
- ADHD
- Asthma
- Seizures
- Life threatening allergies
- Psychiatric emergencies
- Cardiac
- Migraines
- Neurologic diseases
- Disabilities: Cerebral palsy, genetic conditions



STAFF AND THE EMERGENCY MEDICAL SYSTEM

- School staff play a major role in making the emergency medical service (EMS) work effectively.
- The EMS system is a network of police, fire, and medical personnel, as well as other community resources.



FOUR BASIC STEPS

Step 1

Recognize that an
Emergency Exists

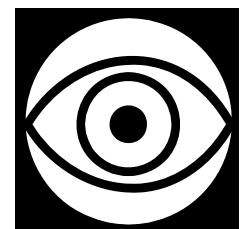


RECOGNIZING EMERGENCIES

Your senses – hearing, sight and smell – may help you

recognize an emergency.

Emergencies are often signaled by something unusual that catches your attention.



UNUSUAL SIGHTS



- Stopped vehicle on the roadside
- Broken glass
- Overturned pot in the kitchen
- Spilled Medicine container
- Downed electrical wires
- Sparks, smoke or fire



UNUSUAL APPEARANCE OR BEHAVIORS

- Unconsciousness
- Confused or unusual behavior
- Trouble breathing
- Clutching chest or throat
- Slurred, confused or hesitant speech
- Unexplainable confusion or drowsiness
- Sweating for no apparent reason
- Uncharacteristic skin color
- Inability to move a body part



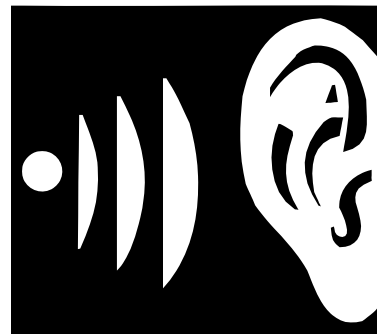
UNUSUAL ODORS

- Odors that are stronger than usual
- Unrecognizable odors
- Inappropriate odors



UNUSUAL NOISES

- Screaming, yelling, moaning or calling for help
- Breaking glass, crashing metal or screeching tires
- Sudden loud or unidentifiable sounds
- Unusual silence



FOUR BASIC STEPS

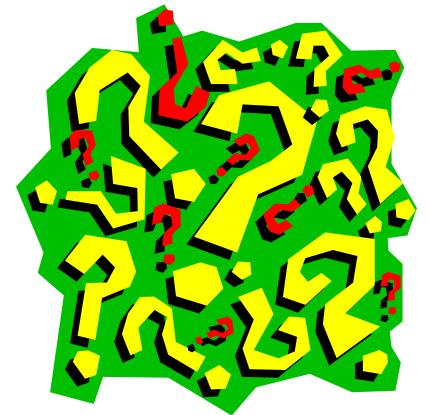
Step 2

Decide to Act



DECIDE TO ACT

You **MUST** decide
whether to help and
what to do





THINGS THAT KEEP PEOPLE FROM ACTING

- The presence of other people
 - Being unsure of the ill or injured person's condition
-
- The type of injury or illness
 - Fear of doing something wrong
 - Fear of being sued
 - Being unsure of when to call 9-1-1

THINGS THAT KEEP PEOPLE FROM ACTING: THE PRESENCE OF OTHER PEOPLE

- Do NOT assume someone is already assisting
- Always ask if you can help
- Embarrassment to say you can help

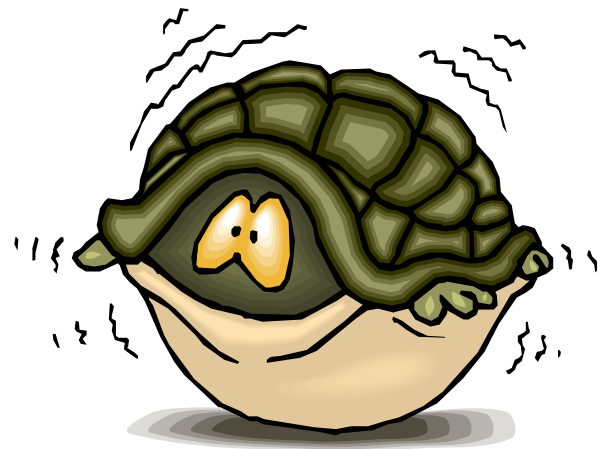


THINGS THAT KEEP PEOPLE
FROM ACTING:
BEING UNSURE OF THE ILL OR
INJURED PERSON'S
CONDITION

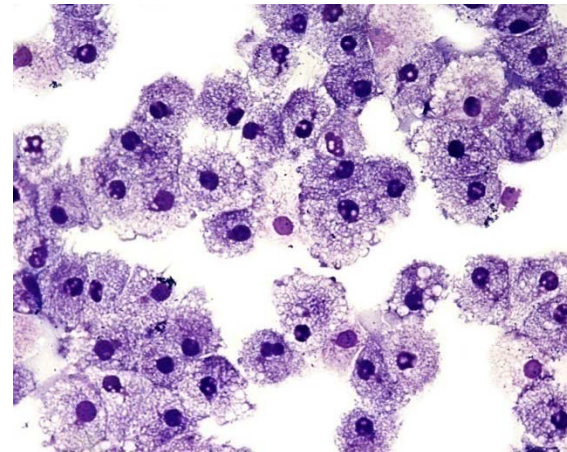
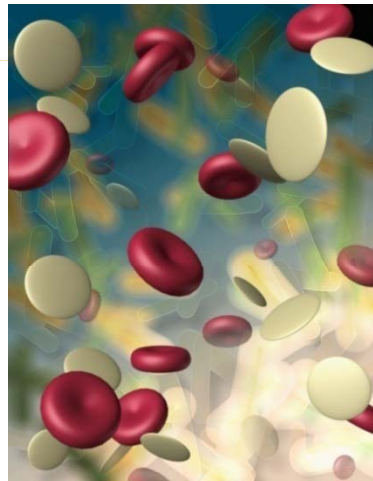


THINGS THAT KEEP PEOPLE FROM ACTING: THE TYPE OF INJURY OR ILLNESS

An injury or illness may be
unpleasant



THINGS THAT KEEP PEOPLE FROM ACTING: FEAR OF CATCHING A DISEASE

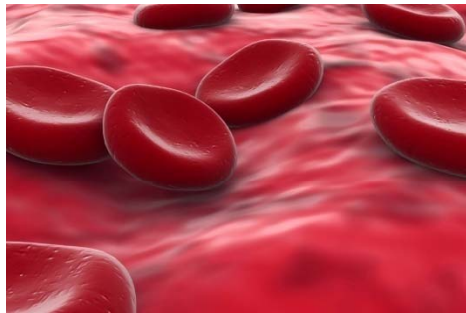


FEAR OF CATCHING A DISEASE

Universal Precautions

Definition:

A concept of bloodborne disease control, which requires that all human blood and certain body fluids be treated as if known to be infectious for HIV, HBV and other bloodborne pathogens



PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Defined as gloves, masks, eye protection, aprons or any other safety equipment
- Does not permit blood or OPIM to pass through or to reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal working conditions
- Provided at no cost to employee
- Notify supervisor if PPE's are needed



PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Disposable gloves must never be re-used
- Hypo-allergic gloves are available
- Utility gloves may be appropriately de-contaminated per procedure
- Laundry
- If laundry is contaminated with blood or OPIM, laundry must be labeled appropriately.



CONFIDENTIALITY ISSUES

Confidentiality laws state that employees or students are not required to reveal medical conditions including infection with BBP.



CONFIDENTIALITY

The quality or of being
confidential, private or
secret state

(Legal Issues in School Nursing)





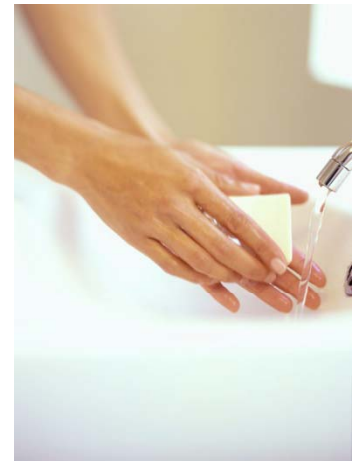
WHAT DOES THIS MEAN?

- Inappropriate sharing of health information without written permission reveals information about the child which is the private domain of the family.
- A breach of confidentiality, the sharing of information without written permission, can result in serious consequences. This can lead to lawsuits for the school or facility.

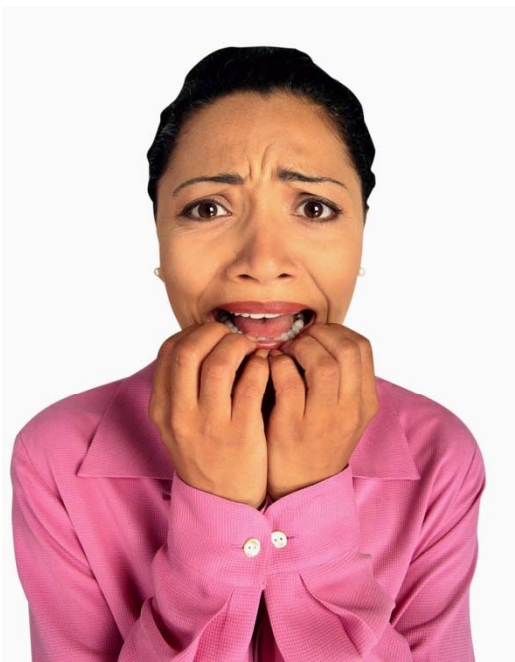
(Legal Issues in School Nursing)

HELPFUL HINTS FOR SAFETY

- 1:10 solution of bleach and water is standard recommendation in the absence of commercial supplies (field trips, sports events, etc.)
- Must be changed every day!
- If victim is alert and able to follow directions, have victim apply pressure to wound until you can get gloves on and you protect yourself from a BBP exposure
- Wash your hands!!!!



THINGS THAT KEEP PEOPLE FROM ACTING: FEAR OF DOING SOMETHING WRONG



THINGS THAT KEEP PEOPLE FROM ACTING: FEAR OF BEING SUED

Good Samaritan Laws

All 50 states have enacted Good Samaritan laws, which give legal protection to people who willingly provide emergency care to ill or injured persons without accepting anything in return.





GOOD SAMARITAN LAWS

Good Samaritan laws were developed to encourage people to help others in emergency situations.

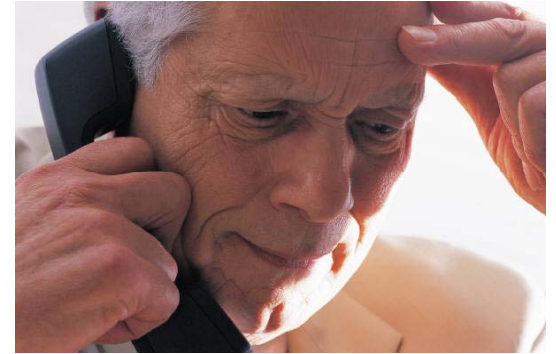
They require the “Good Samaritan” to use common sense and a reasonable level of skill, and to provide only the type of emergency first aid for which he or she is trained. They assume each person would do his or her best to save a life or prevent further injury.

THINGS THAT KEEP PEOPLE FROM ACTING: BEING UNSURE OF WHEN TO CALL 9-1-1



WHEN TO CALL 9-1-1

- Absence of:
Airway, Breathing or Circulation
- Loss of consciousness
- Severe trauma
- Severe bleeding or blood loss
- Chest discomfort, pain or pressure that persists for more than 3-5 minutes or that goes away and comes back
- Severe burn
- Vomiting or passing blood
- Pressure of pain in the abdomen that doesn't go away
- Has a seizure that lasts more than 5 minutes or has multiple seizures
- Has a seizure and is pregnant
- Has a seizure and is diabetic
- Fails to regain consciousness after a seizure
- Has a sudden severe headache, slurred speech or loss of movement on one side of the body
- Appears to have been poisoned
- Has injuries to the head, neck or back
- Has possible broken bones

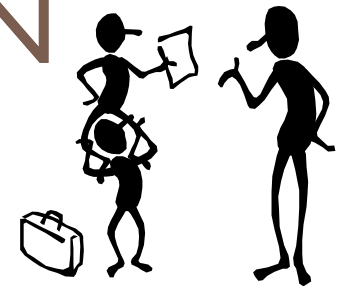


GETTING PERMISSION TO GIVE CARE



- Before giving first aid to an adult, you **MUST** have the person's permission or **CONSENT**
- To get permission, you must tell the person who you are, how much training you have, what you think is wrong and what you plan to do.
- Do **NOT** give care to a conscious adult who refuses it.
- Permission is implied when you come upon a person who is unconscious.

GETTING PERMISSION TO GIVE CARE



Under age 18:

- If the conscious person is an infant or child, permission to give care should be obtained from a parent or guardian when one is available.
- If the condition is life threatening, permission is implied if a parent or guardian is not present.
- If the parent or guardian is present but does not give consent, do not give care. Instead call 9-1-1 or the local emergency number.

FOUR BASIC STEPS

Step 3

Activate the EMS System





WHAT HAPPENS WHEN YOU CALL 9-1-1

- Call taker will ask your phone number and address and other questions to determine if you need police, fire, or medical assistance
- Focus on remaining calm so you can give clear answers
- Call taker may stay on the line and continue to talk with you. Many call takers are also trained to give first aid instructions so they can assist you with life-saving instructions until EMS arrives
- Have someone meet EMS at the building entrance to take them to the site of the emergency

FOUR BASIC STEPS

Step 4

Give Care Until Help
Arrives



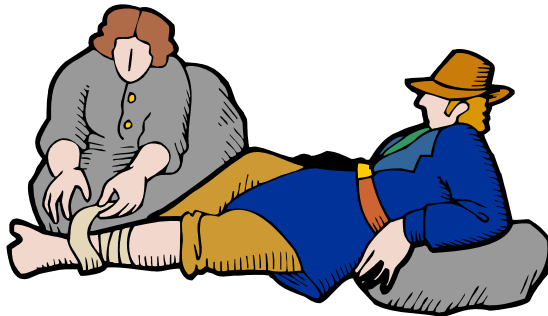
GIVING CARE

From First Aid

To

CPR

and Advanced Life Support



CPR

A = Airway



B = Breathing



C = Circulation





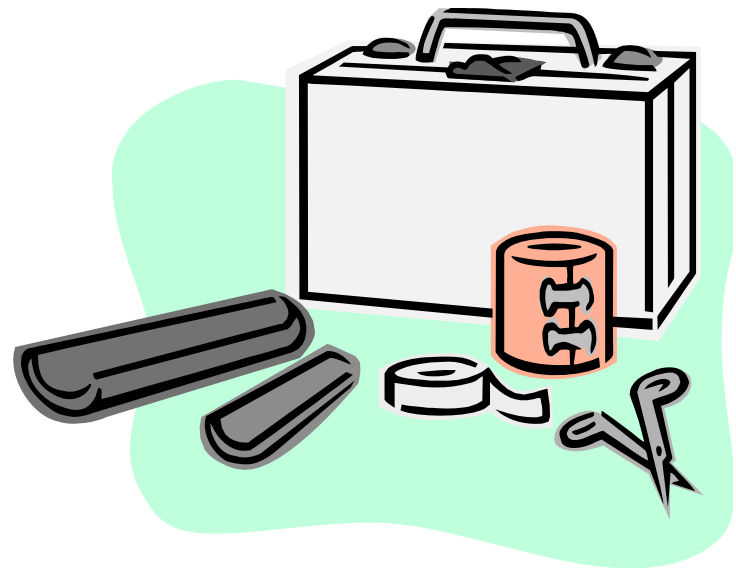
FIRST AID CARE UNTIL EMS ARRIVES

- Do no further harm
- Monitor the person's breathing and consciousness
- Help the person rest in the most comfortable position
- Keep the person from getting chilled or overheated
- Reassure the person
- Give any specific care needed

CONTENT OF A FIRST AID KIT

Red Cross Recommendations

- 2 absorbent compress dressings (5x9 inches)
- 25 adhesive bandages (assorted sizes)
- 1 adhesive cloth tape (10 yards X 1 inch)
- 5 antibiotic ointment packets
- 5 antiseptic wipe packets
- 2 packets of aspirin (81 mg each)
- 1 space blanket
- 1 CPR mask with one way flow valve
- 1 instant cold compress
- 2 pair non-latex gloves (size large)
- 2 hydrocortisone ointment packets
- Scissors
- 1 roller bandage (3 inches wide)
- 1 roller bandage (4 inches wide)
- 5 sterile gauze pads (3 X 3 inches)
- 5 sterile gauze pads (4 X 4 inches)
- Oral thermometer (non-mercury/non-glass)
- 2 triangular bandages
- Tweezers
- First aid instruction booklet



OTHER ITEMS

- Saline eyewash
- Flashlight
- Blood pressure cuff and stethoscope
- Biohazard bags
- Skin cleanser
- Hand sanitizer
- Eye protection
- Splints of various sizes
- In case of a school evacuation:
 - Emergency supplies for students with diabetes (testing materials, snack, glucometer)
 - Student medications and care plans:
 - Inhalers
 - Epi-pens
 - Diastat



WHERE SHOULD YOU HAVE FIRST AID KITS

- Gym
- Kitchen
- Shop class
- Auto mechanics class
- Family and consumer science class
- Science lab
- School buses and bus garage
- During field trips and sports trips
- Nurse's office
- "To Go" box for emergency evacuation
- Custodial office
- Maintenance office



FIRST AID FOR CLOSED WOUNDS

- Example: bruise
- Treatment: Ice with barrier for 20 minutes, remove 20 minutes and repeat; elevate



- DO NOT assume that all closed wounds are minor injuries. Call 9-1-1 if:
 - A person complains of severe pain or cannot move a body part without pain
 - You think the force that caused the injury was great enough to cause serious damage
 - An injured extremity is blue or extremely pale.

FIRST AID FOR OPEN WOUNDS

- Examples:
 - Abrasions
 - Cuts/lacerations
 - Punctures
- Treatment:
 - Dressing
 - Consider cleanliness of wound
 - Avoid infection
 - Stitches
 - Protect yourself during care
- Combination of open & closed
e.g. Fights



FIRST AID FOR OPEN WOUNDS

Burns

- Classified by sources: heat, chemicals, electricity and radiation
- The deeper the burn, the more severe it is
- Call 9-1-1, if the person:
 - Has trouble breathing
 - Has burns covering >one body part or a large surface area
 - Has suspected burns to the airway
 - Has burns to the head, neck, hands, feet or genitals
 - Has a full thickness burn and is <age 5 or older than 60
 - Has a burn resulting from chemicals, explosions or electricity
- Levels:
 - Superficial (first degree)
 - Partial thickness (second degree)
 - Full thickness (third degree)



FIRST AID FOR OPEN WOUNDS

Burns

Treatment for heat burns:

- Remove person from the source of the burn
- Check for life-threatening conditions
- Cool the burn with large amounts of cold running water
- Cover the burn loosely with a sterile dressing
- Minimize shock by keeping person from getting chilled or overheated
- DO NOT:
 - Apply ice
 - Break blisters
 - Apply any ointment
 - Remove pieces of burned clothing
 - Try to clean burn



Treatment for chemical burns:

Goal: to remove chemical from body ASAP by flushing body part or eyes for at least 20 minutes

Treatment for electrical burns:

Call 9-1-1 and do not approach victim until power is shut off

FIRST AID

Bloody Noses

Causes:

- Blow to or from a blunt object
- High blood pressure
- Change in altitude



To control a nosebleed, have the person lean forward and pinch the nostrils together until bleeding stops.

Other methods of controlling bleeding include ice to the bridge of the nose or putting pressure on the upper lip just beneath the nose.

FIRST AID

Signals of serious muscle, bone or joint injuries:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Person feels bones grating
- person felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe

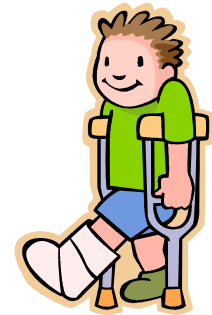


TREATMENT FOR BROKEN BONES



Basic concepts to evaluate:

- Location of the injury
- Ability to immobilize or splint: let nurse, EMS or someone who is trained splint the person
- Ice can control swelling and pain
- How far is medical care?



NECK INJURIES

Although head, neck and back injuries make up only a small fraction of all injuries, these injuries may cause unintentional death or lifelong neurological damage

Injuries to the head, neck or back can cause paralysis, speech or memory problems or other disabling conditions.



CONCUSSIONS

An injury to the brain can cause bleeding inside the skull. The blood can build up and cause pressure, resulting in more damage.

The first and most important signal of brain injury is a change in the level of the person's consciousness. He or she may be dizzy or confused or may become unconscious.



DIABETES

What is diabetes?



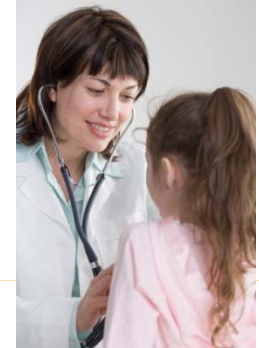
- Diabetes is a chronic illness in which the body does not produce insulin (type 1) or does not produce enough insulin or properly use it (type 2).
- Insulin is vital for everyday life because it converts sugar, starches or other food into energy.
- Diabetes is the **sixth deadliest disease** in the U.S.

Diabetes has no cure.

DIABETES INCIDENCE

Nearly 21 million adults and children in the U.S. have diabetes.
Each year, more than 13,000 young people are diagnosed with type 1 diabetes.

- Children and adolescents diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance. Generally, children and adolescents with type 2 diabetes have poor glycemic control (A1C = 10% - 12%).
- Those affected with type 2 diabetes belong to all ethnic groups, but it is more commonly seen in non-white groups. American Indian youths have the highest prevalence of type 2 diabetes. In the 15-to-19-year age group, the current prevalences were 50.9 per 1000 for Pima Indians from Arizona
- 4.5 per 1000 for all U.S. American Indian populations (reported cases from the U.S. Indian Health Service outpatient clinics)
- 2.3 per 1000 for Canadian First Nation people from Manitoba (reported cases from outpatient clinics).
- In comparison, the prevalence per 1000 of type 1 diabetes for U.S. residents aged 0-19 years is 1.7 per 1000.



TYPE I DIABETES

- Occurs when the pancreas does not produce insulin
- Requires multiple doses of insulin every day – via shots or an insulin pump



- Accounts for 5 to 10% of all cases of diabetes and is the most prevalent type of diabetes among children and adolescents

Type I diabetes cannot be prevented.



TYPE I DIABETES

Symptoms:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Dramatic weight loss
- Irritability
- Weakness and fatigue
- Nausea and vomiting

These symptoms usually occur suddenly and can be deadly if left untreated.



TYPE 2 DIABETES



- Occurs when the pancreas does not produce enough insulin or use insulin properly
- Increased type 2 diagnoses among children and adolescents in the U.S.
- African Americans and Hispanic/Latino Americans are at higher risk
- Managed with insulin shots, oral medication, diet and other healthy living choices



Type 2 diabetes may be prevented.



POSSIBLE LONG-TERM COMPLICATIONS

- Heart disease
- Stroke
- Kidney disease
- Blindness
- Nerve disease
- Amputations
- Impotence

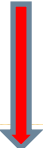
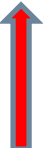
These chronic complications may occur over time, especially if blood sugar levels are not controlled.

DIABETES MANAGEMENT IS 24/7...

- Every student with diabetes will be different
- Diabetes requires constant juggling of insulin/medication with physical activity and food
- It's important to recognize the behaviors and signs of “high” and “low” blood sugar levels
- A student with a diabetes emergency will need help from school staff (ex. low blood sugar)
- Students with diabetes can do the same every day activities as students without diabetes



MOST IMMEDIATE CONCERNS IN MANAGING TYPE I DIABETES

-  **Hypoglycemia** = low blood glucose
-  **Hyperglycemia** = high blood glucose
- **Ketoacidosis** (key-toe-ass-i-DOE-sis) =
ketone (acid) build up in the blood
because there is not enough insulin in the
body

CAUSES OF HYPOGLYCEMIA (LOW BLOOD SUGAR)

- Administering too much insulin
- Skipping or delaying meals/snacks
- Too much insulin for the amount of food eaten
- Exercising longer or harder than planned
- More likely to occur before lunch, at end of school day or during/after PE
- Combination of the above factors



Never leave a student alone or send them away when experiencing hypoglycemia. Treat on the spot.

SYMPTOMS OF MILD HYPOGLYCEMIA

- Sudden change in behavior (lethargic, confused, uncoordinated, irritable, nervous)
- Sudden change in appearance (shaky, sweaty, pale or sleepy)
- Complaints of headache or weakness



RESPONSE TO HYPOGLYCEMIA

- Check blood glucose (BG) level
- Give the student a quick-acting sugar equivalent to 15 grams of carbohydrate:
 - Examples: 4 oz. of juice, $\frac{1}{2}$ a can of regular soda, or 3-4 glucose tablets
 - Ask parents to provide you with what works best for their child
- Check blood glucose (BG) level 10 to 15 minutes later
- Repeat treatment if BG is below student's target range



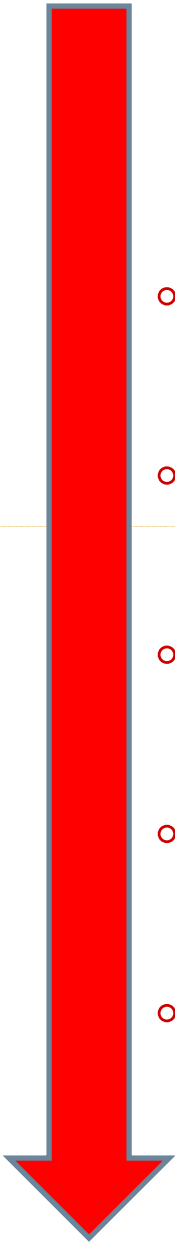
SYMPTOMS OF SEVERE HYPOGLYCEMIA

- Inability to swallow
 - Seizure or convulsion
 - Unconsciousness
-

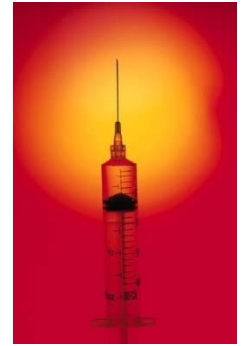
**This is the
most immediate
danger to kids with
diabetes**



RESPONSE TO SEVERE HYPOGLYCEMIA

- 
- Position student on side
 - Contact school nurse or trained diabetes staff
 - Administer prescribed glucagon
 - Call 911
 - Call student's parents

GLUCAGON



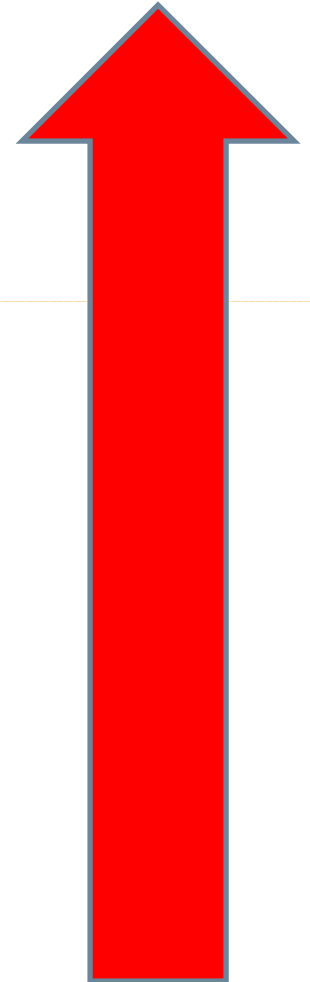
- Is a hormone
- Raises blood glucose levels.
- It is only administered when hypoglycemic symptoms are severe.
- Glucagon may cause nausea or vomiting, but...

Glucagon is a life-saving treatment that cannot harm a student!

HYPERGLYCEMIA (high blood sugar)

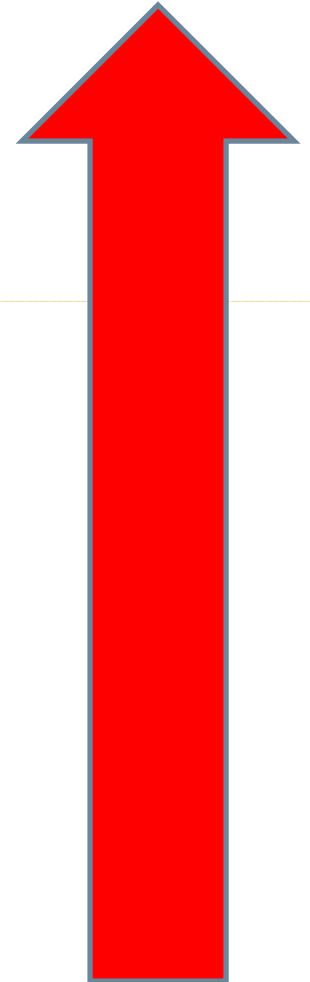
Causes:

- Too little insulin
- Illness, infection or injury
- Stress or emotional upset
- Decreased exercise or activity
- Combination of the above factors



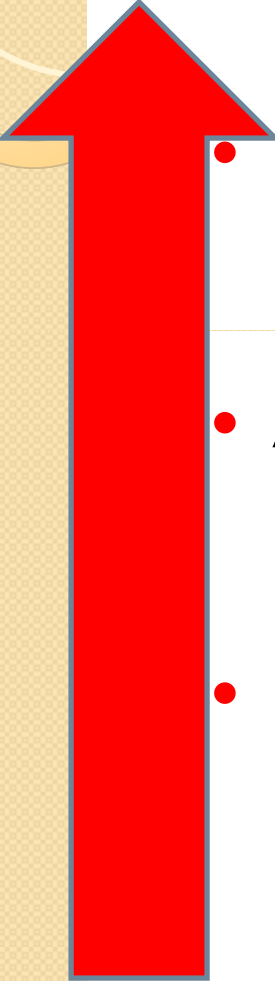
SYMPTOMS OF HYPERGLYCEMIA

- Increased thirst
- Frequent urination
- Nausea
- Blurry vision
- Fatigue

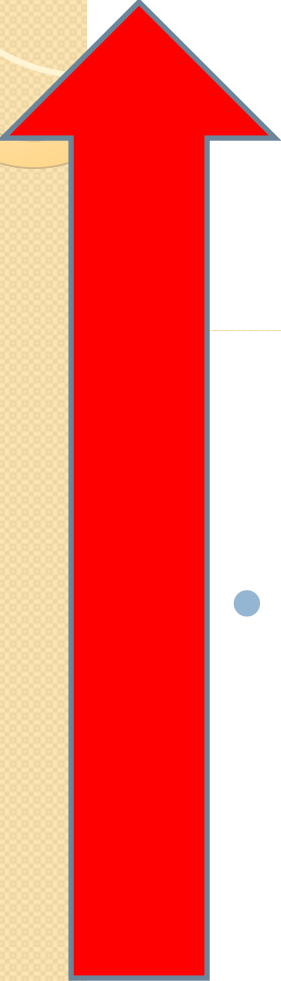


RESPONSE TO HYPERGLYCEMIA



- 
- Allow free and unrestricted access to liquids and restrooms
 - Allow student to administer insulin or seek a trained staff person to administer
 - Encourage student to test blood glucose levels more frequently

NOTES ON HYPERGLYCEMIA

- 
- **In the short term, hyperglycemia can impair cognitive abilities and adversely affect academic performance.**
 - **In the long-term, high blood glucose levels can be very dangerous**

AS A STAFF MEMBER, YOU CAN SUPPORT THE STUDENT WITH DIABETES

- Supporting self-care by capable students
- Providing easy-access to diabetes supplies
- Ensuring students eat snacks at a scheduled time and make sure snacks are available to treat low blood sugar
- Allowing students reasonable time to make up missed homework or tests
- Learning about diabetes and complying with the individual student's 504 and health care plans



OTHER CLASSROOM TIPS

- Keep a contact sheet of trained diabetes staff at your desk for emergencies
- Create a diabetes info sheet for substitute teachers
- Learn signs and responses to low/high blood sugar levels
- Allow blood glucose monitoring and free access to bathrooms/water during class
- Educate your class about diabetes (parent permission necessary to identify child in class)
- Let parents know, in advance, changes to the class schedule (field trips, special events, etc.)
 - Field trip considerations
- Test taking during episodes of high or low blood sugars
- Physical Education Class
- Snacks in class



REMEMBER

1. **Every child with diabetes is different.**
2. **Don't draw unnecessary attention to your student's condition.**
3. **Provide inconspicuous and gentle reminders.**
4. **Do not put a "label" on the student with diabetes.**
5. **Do not sympathize: empathize.**
6. **Always be prepared.**
7. **Use the buddy system.**
8. **Allow unrestricted bathroom breaks.**
9. **Be patient.**
10. **Keep the lines of communications open.**
11. **Knowledge is power.**





FOR MORE INFORMATION

- Visit www.diabetes.org/schools
- Visit www.diabetes.org/safeatschool
- Download the following free tools:
 - *NDEP's Helping the Student with Diabetes Succeed: A Guide for School Personnel*
 - *ADA's Diabetes Care Tasks at School: What Key Personnel Need to Know*
- Visit www.diabetes.org/schoolwalk
for free lesson plans about diabetes

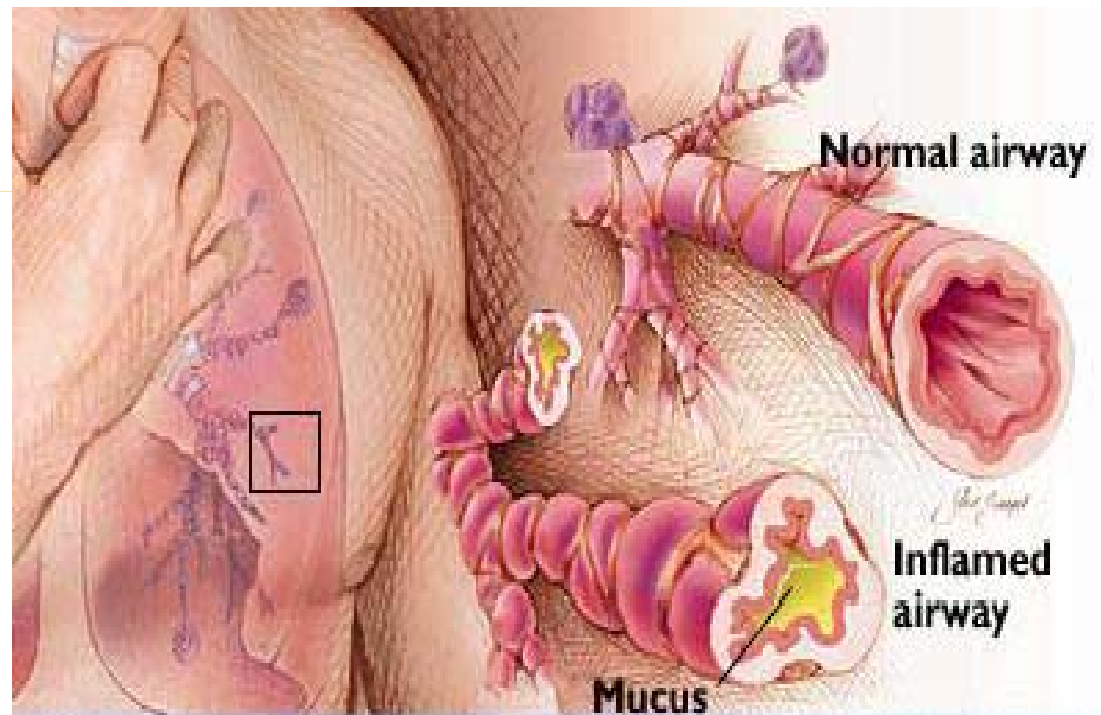
ASTHMA

Definition

Asthma occurs when the airways in the lungs (bronchial tubes) become inflamed and constricted. The muscles of the bronchial walls tighten, and airways produce extra mucus that blocks the airways. Signs and symptoms of asthma range from minor wheezing to life-threatening asthma attacks.



ASTHMA



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ASTHMA

- Asthma can't be cured, but its symptoms can be controlled.
- Management includes avoiding asthma triggers and tracking symptoms.
- Regularly take long-term control medications to prevent flare-ups
- Short-term "rescue" medications to control symptoms once they start.
- Asthma that isn't under control can cause missed school and work or reduced productivity due to symptoms.
- Work closely with doctor to track signs and symptoms and adjust treatment as needed

ASTHMA

WHAT TO WATCH FOR

- Look at the student:
 - Posture
 - Color
 - How fast is student breathing
 - Agitated
 - Uncomfortable
 - Is student able to talk
 - What do you hear?
 - Wheezes, high pitched noises





ASTHMA

WHAT TO WATCH FOR

Listen to student:

- What he/she is saying?
- Wants to lay down
- Crying, can't console
- Pain in chest or back
- “I can't run today” or
“I can't keep up”

MANAGEMENT OF ASTHMA EXACERBATIONS: SCHOOL TREATMENT

- Be prepared. Know which students have asthma and where their medicine is kept. If a student has asthma symptoms or complaints and needs your help, take these steps.
- Stop the student's activity.
- Quickly evaluate the situation.
- Help the student locate and take his/her prescribed quick-relief inhaler medicine.
- Observe for at least 10 minutes if in distress
- If no response to inhaler, call the nurse and keep the student and watch him/her
- NEVER LEAVE A STUDENT ALONE.
- Other supportive measures:
 - Sips of warm water
 - Quiet area
 - Practice slow, regular breathing with student
- Call 9-1-1 if any of the following occur:
 - If the student is struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.
 - If the student doesn't improve after administration of quick-relief medicine, and nurse/designee or parent/guardian is not available.
 - If no quick-relief medicine is available, the student's symptoms have not improved spontaneously, and nurse/designee or parent/guardian is not available.
 - If you are unsure what to do.
- Contact the parent/guardian.



Wyoming Emergency Medication Law

Self Administration of Emergency Medication

- Effective July 1, 2005, W.S. 21-4-310 requires Wyoming school districts to permit a student to possess and self-administer asthma medication within any school of the district if form is submitted to the district containing:
 1. Parental/guardian verification that the student is responsible for and capable of self-administration and parental authorization for self-administration of asthma medication;
 2. Healthcare provider identification of the prescribed or authorized asthma medication and verification of the appropriateness of the student's possession and self-administration of the asthma medication.
- Revised in 2007 to include other emergency meds
- Sample form based on recommendations from the WY Dept. of Education

SEIZURES

Definition

Abnormal Electrical Activity in the Brain



Note: Location of this abnormality determines what type of seizure

TWO MAJOR TYPES OF SEIZURES

1. Partial (focal, local) seizures
2. Generalized Seizures (convulsive or nonconvulsive)



FIRST PRIORITY!!!!

Assist the Student Who Is Having a Seizure



FIRST AID

Safety

1. Move objects that might injure student
2. Prevent harm to student
3. Provide privacy for student
4. Stay with student



POSITIONING

1. If student is on floor, position on side with mouth toward floor so oral secretions or vomitus can flow out.
2. If in chair, with assistance, lower student to floor and position as in #1.



SEND FOR HELP

- Send someone to call or send for nurse!

***state room number

- Assign someone to get help if you're the only adult



COMFORT MEASURES

- Loosen tight fitting clothing around neck
- Place protective barrier for head on floor, if possible



RECORDING

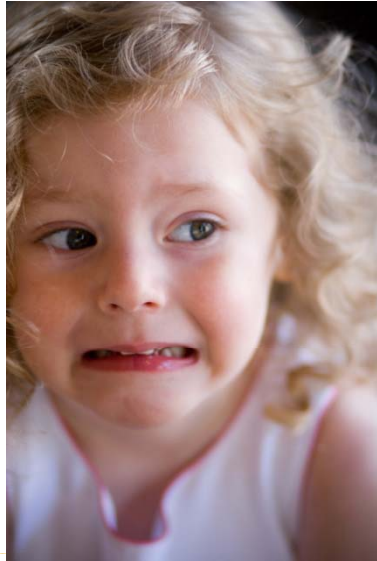
- Note type of movement and which body part(s) were involved
-
- Have someone write observations down, if possible



TIME SEIZURE

- Assign someone to time the seizure
- Look at clock





DO NOT:

- Try to force open mouth
- Insert any padded object into mouth

GENERAL INFORMATION

Most seizures are self limiting
And will resolve without intervention

AND

Most seizures do not require any
interventions except the
aforementioned first aid.



2/4/2010

SUMMARY

- Overview of most common scenarios in a school setting
- Recommend a complete First Aid and CPR course



**School Staff Support +
Knowledge**

=

Student Success





REFERENCES

- American Diabetes Association
- Food and Allergy Anaphylaxis Network
- National Asthma Education and Prevention Program
- American Red Cross

THANK YOU!



Every Child Deserves a School Nurse

