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**CARE OF
SICK
OR
INJURED
STUDENTS**

Emergency health needs arise from injury, sudden illness, or the progression of a minor discomfort or symptom. It is important for school personnel to be able to respond quickly and provide first aid following an accident or sudden illness to the student. Also to minimize further injury, and/or insult, to the student while present within the school environment.

First aid is the immediate care given to a person who has been injured or suddenly taken ill before the services of a health care provider can be secured. It includes self-help when others are not available. First aid and emergency care should save lives, prevent further injury, alleviate pain as much as possible, and ensure safe transfer of the student to parents, guardians, or other accountable persons designated by the parents/guardians if they cannot be reached.

Authorization for Emergency Care

Each school should maintain for emergency reference, an updated Emergency Contact Information and Authorization for Release Form for each student (Attachment B-I). This form should be filled out at the beginning of the school year and kept up-to-date and filed in the principal's or designee's office. In an emergency, this information may be of the utmost importance. Individual schools are not permitted to create their own customized forms.

In the event a student is transported to the hospital via ambulance and the parent/guardian cannot accompany the student, the principal or principal designee should follow the student to the hospital and remain there until the parent/guardian arrives.

Posters: Emergency Procedures and Emergency Equipment Location

In compliance with Florida Statutes 381.0056 and 64F-6.004, the locations of emergency supplies and equipment and a list of persons currently certified by a nationally recognized agency to provide first aid and cardiopulmonary resuscitation (CPR) (Personnel Certified in First Aid and CPR, Attachment B-IV) shall be displayed in the health room, school office, cafeteria, gymnasium, home economics classrooms, industrial arts classrooms, and other areas that pose an increased potential for injuries. The additional posters listed below shall be kept on file at each school and may be posted in prominent locations throughout the schools:

- **Action To Be Taken In Event Of Injury, Accident Or Illness** (Poster, Attachment B-II)
- **Action To Be Taken In Event Of Seizures** (Poster, Attachment B-III)
- **First Aid for Choking** (Poster, Attachment B-IV)

DCPS Sick Student Policy

Under no circumstances can a parent/guardian bring or send a sick student to school if the student shows any signs of illness (symptoms requiring removal of student from school), or is unable to participate in the normal routine and regular school day.

In the event a student becomes ill and needs to be picked up, a parent/guardian will be called and that parent/guardian is expected to pick the student up within one hour (60 minutes). If a

parent/guardian cannot be reached, or has not arrived within an hour, emergency contacts listed on the Emergency Contact Information form will be called to pick up that student. The parent/guardian should be provided with a completed Observation of Symptoms form (Attachment B-VI).

Symptoms Requiring Removal of Student from School:

- **Fever:** Fever is defined as having a temperature of 100.4°F or higher. **A student needs to be fever free without the aid of any fever reducing substance for a minimum of 24 hours before returning to school.**
- **Diarrhea:** Diarrhea is described as 2 or more stools within a 4-hour period that are either loose, runny, watery, and/or bloody, or if stool cannot be contained in the diaper/undergarment. **A student needs to stay home from school until the diarrhea has stopped, without the aid of anti-diarrheal medication, for a minimum of 24 hours before returning to school.**
- **Actively vomiting.** Student may return to school the next day if vomiting has resolved.
- **Breathing trouble, hacking, or continuous coughing.**
- **Frequent scratching of body or scalp, live lice, rash, or any other spots that resemble childhood diseases.**
- **Student is irritable, continuously crying, or requires more attention than school staff can provide while ensuring the health, safety, or well-being of the other students.**

Students returning to school from an absence are required to present a written explanatory excuse from their parent or legal guardian stating the cause for the absence.

A note from the student's health care provider is needed when:

- the student has been absent for 3 or more consecutive days,
- the student has had surgery,
- the student is returning to school after hospitalization,
- the student has been under the doctor's care for a significant illness, or
- the student is returning to school after being excluded because of a communicable disease, as outlined in Section E – Communicable Disease.

Documentation of Care Provided to Sick or Injured Student

Each time care is provided to a sick or injured student, the staff member providing care should document the care given on the daily visit log located in a notebook in the school health room. (See Daily Visit Log, Attachment C-1) or into the student's electronic record.

For the guidelines on how and what to document, please see the "Documentation" section of this manual.

Do Not Resuscitate (DNR)/ Advance Directive

Per the Florida Department of Health School Health Administrative Resource Manual, the *Do Not Resuscitate* statute is **not applicable** in the school setting. Advance directives do not apply to minor children and are not intended to be implemented by schools (section 765.109, Florida Statutes). If a student exhibits a medical emergency at school, school officials should call 911 and provide first aid and/or CPR, whether or not that student has a properly executed DNR or advance directive.

Reporting of Accidents and Injuries

Every accident or injury must be reported to the principal or designee and a report form must be completed. A report can be submitted via the Johns Eastern Website, eliminating the need of faxing or phoning the information. The link to this form is available on the DCPS Risk Management webpage. <https://dcps.duvalschools.org/Page/13495>

CPR and First Aid Training

Florida Administrative Code Rule 64F-6.004 requires that persons staffing the school health room and two additional school staff members be currently certified in first aid and cardiopulmonary resuscitation (CPR) by a nationally recognized certifying agency. A list of those persons currently certified in first aid and CPR shall be displayed in the health room, school office, cafeteria, gymnasium, and other areas that pose an increased potential for injuries.

It is required that the staff designated to provide care to the sick and injured students and administer medications have CPR and first aid certification.

CPR and first aid courses are coordinated through DCPS School Health Services. Principals may call School Health Services at 904-348-7800 with questions regarding training and to assure the minimum standard of two people certified in the administration of CPR and first aid is met.

If automated external defibrillator (AED) pads or batteries need to be replaced during the school year, please send an email to the supervisor of Risk Management to request a replacement.

Emergency Health Responsibilities and Standards Recommended by the Department of Health

Section 381.0056, Florida Statute (F.S.) states that “health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of children. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health, to discover health problems, and to encourage use of the services of their physicians, dentists, and community health agencies” and that “In the absence of negligence, no person shall be liable for any injury caused by an act or omission in the administration of school health services.”

Each school has been provided with a copy of the “Emergency Guidelines for Schools”. This guide is also available electronically at: <http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>

- The guidelines are arranged with tabs in alphabetical order for quick access. In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.).
- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending.
- Take some time to familiarize yourself with the Emergency Procedures for Injury or Illness. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- The back cover of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.
- Some students may have an emergency action plan created by the School Nurse for a known health condition. When a student has a known health condition, school staff should follow the emergency action plan created by the School Nurse.

Responsibilities

- The school building equipment and surrounding recreation areas should be kept free of hazards. Special attention should be given to those high-risk areas where accidents are prevalent, e.g., gymnasium, laboratories, home economics classrooms, cafeteria, playgrounds, and swimming pools.
- Principals need to be sure their school meets the minimum standard of ensuring all health room staff and at least two additional people are certified in the administration of CPR and first aid.
- Playgrounds should be closely supervised and equipment inspected regularly.
- Management of emergency health needs for all students within the school setting is the responsibility of the principal, administrator, teacher, school nurse, school health tech and other school personnel, with the classroom teacher having the primary responsibility for early detection of illness and referral.
- Inventory of first aid equipment and supplies should be maintained by a designated person in each school. The school principal or his/her designee shall be responsible for assuring that first aid supplies, and emergency equipment and facilities are maintained (and available). The DOH school nurse shall monitor the adequacy and expiration date of first aid supplies, emergency equipment, and emergency facilities, as well as the training needs of emergency health care personnel.

Standards

- First aid should be administered as promptly as possible by the closest person certified in first aid and CPR.
- All health room staff, and at least two additional people certified in the administration of first aid and CPR, should be available in all schools during all student activities.
- First aid supplies should be kept in an easily accessible location that is known to all. In large schools, multiple locations should be designated.
- Appropriate, current emergency data for all students (provided by the parent/guardian) should be kept in an easily accessible location at each school.
- The parent/guardian should be notified of injury or sudden illness and action taken. In severe injuries or serious illness, Emergency Medical Services (9-1-1) should be called immediately and the principal notified.
- When students come to the health room seeking relief for minor discomforts:
 1. Tactfully question the student regarding the nature of the complaint.
 2. Observe for visible signs of illness.
 3. Check the body temperature. If elevated (100.4°F or greater) or the student is exhibiting symptoms indicating exclusion from school as indicated on Page B-3, the parent or guardian should be notified to take the student home. If the temperature is not elevated and the student is not exhibiting symptoms indicating exclusion, the student should be allowed to rest for 15 to 20 minutes if needed. If the student still does not feel well, the parent should be notified.
 4. The student with a minor complaint should be encouraged to remain in school unless that will endanger the student's health, or the health of his/her classmates.
 5. No student is permitted to leave the school before the parent or an adult delegated by the parent is consulted except when a major emergency necessitates immediate transfer to the hospital by EMS.

Always Notify Parents for the Following:

- Bleeding that is heavy or cannot be stopped
- Severe cut, abrasion, or puncture wound
- Suspicion of broken bone
- Dog or other bite
- Bee or other insect sting

- Head injury
- Severe burn
- Severe pain

Emergency First Aid Procedures for Life Threatening Allergens

Introduction

An emergency situation may occur anytime a hypersensitive student is exposed to an insect sting, food, or other substance which that student is allergic. Allergic anaphylaxis can be fatal within minutes. Hypersensitive students identified to the school authorities by their parents and/or guardians and health care provider(s) require the availability of emergency medication as well as policies and instructions for its use. The school nurse should communicate with the student and family assuring their knowledge of the symptoms of allergic reaction and how to avoid or manage such reaction.

Section 1002.20(3), Florida Statutes provides students the right to carry and self-administer epinephrine on school grounds. Provisions are made in this statute to protect the safety of all students. School staff should be educated in symptoms of anaphylaxis and management of an anaphylactic emergency.

Most Common Causes of Anaphylaxis

- Stinging Insects - Bees, hornets, yellow jackets, wasps, ants
- Biting Insects- Deer flies, black flies, yellow flies
- Food & Food Additives – Tree nuts, peanuts, milk, eggs, soy, seafood, wheat
- Other - Medication, chemicals, chemical odors, animal hair, latex rubber

Symptoms of Anaphylaxis

Initial symptoms may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms appear gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possible fatal shock. Symptoms of anaphylaxis typically start within 5 to 30 minutes of coming into contact with the allergen to which the student is allergic. Symptoms, which often vary according to individual response, may include the following:

- Red rash with hives/welts, that is usually itchy (it is possible to have a severe allergic reaction without skin symptoms)
- Swelling of lips or tongue that bother breathing
- Wheezing or coughing
- Trouble breathing or swallowing

- Chest tightness
- Passing out
- Stomach cramping
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Pale skin or red (flushed) color to the face and body
- Hoarseness
- Difficulty swallowing
- Feeling of impending “doom,” confusion, altered consciousness, or agitation

Symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis, reduced blood pressure, collapse, incontinence and unconsciousness.

Immediate Emergency Measures for Anaphylaxis Reactions

1. Call 9-1-1 and request emergency assistance simultaneously with Step 2.
2. Inject a pre-measured dose of epinephrine (provided by the parent/guardian) to the middle of the outer thigh (upper leg). Hold firmly in place for 3 seconds, counting slowly. The injection can be given through clothing. Epinephrine will stave off potentially fatal and rapidly intensifying symptoms. The sooner it is administered to the student, the more likely the student will recover from the allergic reaction.
3. Administer other medication, if prescribed (i.e. antihistamine, inhaler/bronchodilator). Do not use other medicine in place of epinephrine.
4. Keep student lying on back. If the student vomits or has trouble breathing, keep the student lying on his or her side.
5. Provide continuous monitoring of the student until the emergency vehicle and medical personnel arrive.
6. Notify parent/guardian and principal that epinephrine has been given.
7. Refer to student’s Emergency Care Plan or Individualized Health Care Plan for additional information.

NOTE: If the student can perform a self-injection, this is preferable, as a trained designee may not be immediately available.

Epinephrine Auto-Injector

Pre-measured epinephrine is available in auto-injectors (e.g. Epi-Pen and Auvi-Q) primarily designed for self-injection. These auto-injectors are easy to use for non-medical personnel who may have to take emergency measures to treat anaphylaxis. The student’s parent/guardian is responsible for providing the school with the epinephrine auto-injectors.

Side Effects of Epinephrine

Possible side effects of epinephrine administration include the following:

- Feelings of excitement, nervousness, or anxiety
- Shakiness
- Fast, irregular or “pounding” heartbeat
- Sweating
- Nausea or vomiting
- Breathing problems
- Paleness
- Dizziness
- Weakness
- Headache

Policies and Consent

The Kelsey Ryan Act s1002.20 Florida Statute gives public school students with life threatening allergies the right to carry an epinephrine auto-injector (e.g. Epi-Pen and Auvi-Q) and self-administrator epinephrine on school grounds. This includes school sponsored activities and in transit to or from school.

The parent/guardian and health care provider must complete the Medication Administration Authorization form and have it on file with the school prior to the student self-carrying medication. This must be updated and received each school year. The form should be kept on file in the medication administration notebook in the school health room until the end of the school year. The Medication Administration Authorization form and Medication Administration Record (MAR) are batch filed and retained at the school for seven (7) years.

Training of Non-Health Personnel

The program for anaphylactic reaction is taught by a DOH School Nurse. The training should include, but not be limited to, the following:

- Definition of anaphylaxis
- Agents (e.g. insects, food, plants, etc.) that may cause reaction
- Recognition of signs and symptoms of anaphylaxis
- Appropriate emergency treatment of anaphylaxis

1. Injection procedure, site of injection and frequency of administration for repeat doses
 2. Availability and description of packages containing equipment for administering epinephrine
 3. Procedure for monitoring the student
 4. Transportation of student to nearest designated emergency care facility
- Discussion of legal implications
 - Timing and administration of treatment (when/by whom)
 - Potential for desensitization

To ensure assistance is available, training should be given to at least two (2) people at any school site having one or more students with a known hypersensitivity. It is required that delegated staff be certified in cardiopulmonary resuscitation (CPR) and first aid. Again, if the affected student can administer his/her own dose of epinephrine, this is preferable, as there is always the possibility that the trained designee may not be immediately available.

More detailed information may be obtained from the following resources:

American Academy of Allergy, Asthma, and Immunology, 611 East Wells Street, Milwaukee, WI 53202. <http://www.aaaai.org>

Asthma and Allergy Foundation of America (AAFA), 1233 20th Street, NW, Suite 402, Washington, DC 20036. <http://www.aafa.org>