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**CARE OF
SICK
OR
INJURED
STUDENTS**

Authorization for Emergency Care

Each school should maintain for emergency reference, an updated Emergency Contact Information and Authorization for Release Form **for each student**. 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. (See attachment B-I.)

In case a student is transported to the hospital by the Emergency Rescue Unit and the parent or guardian cannot be reached, it is suggested that a member of the school staff follow the student to the hospital and continue attempts to contact the parent or guardian. In rare cases, when this is not possible, the Alternative Education Programs and Behavioral Support office at 904-390-2081 should be contacted.

Posters: Emergency Procedures and Emergency Equipment Location

In compliance with Florida Statutes 381.0056 and 64F-6.004, **please post** in a prominent place (ex. principal's office, dean's office, cafeteria, teacher's lounge, etc.) the following emergency procedures:

- **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)
- **Personnel Certified in First Aid and CPR** (Poster, Attachment B-IV)
- **First Aid for Choking** (Poster, Attachment B-V)

The following illness policies will be strictly enforced, for the health, well-being and safety of all concerned.

DCPS Sick Child Policy

Under no circumstances can a parent bring a sick child to school if the child shows any signs of illness (symptoms requiring removing of child from school), or is unable to participate in the normal routine and regular school day. Sick children expose all children and staff members with whom they have contact. If other children become ill due to exposure to your sick child, because he/she was returned to school before full recovery or because he/she was not picked up promptly upon notice of becoming ill, other parents will be unnecessarily inconvenienced. This is disruptive to other children and their families, so your cooperation is extremely important.

In the event a child becomes ill and needs to be picked up, a parent will be called and that parent is expected to pick the child up within one hour (60 minutes). If a parent cannot be reached, or has not arrived within an hour, the emergency contact person will be called to pick up that child. Send home the "Observation of Symptoms form" (attachment B-VI) with the sick child.

Symptoms Requiring Removal of Child from School:

- Fever: Fever is defined as having a temperature of 100.4°F or higher. **A child needs to be fever free for a minimum of 24 hours before returning to school, without the aid of any fever reducing substance.**
- Fever AND sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion.
- Diarrhea is described as runny, watery, bloody stools, or 2 or more loose stools within last 4 hours. **A child needs to stay home from school until the diarrhea has stopped for 24 hours without the aid of anti-diarrheal medication.**
- Vomiting. Please do not bring your child if they have vomited during the night.
- Breathing trouble, sore throat, swollen glands, loss of voice, hacking or continuous coughing.
- Frequent scratching of body or scalp, lice, rash, or any other spots that resemble childhood diseases, including ringworm.
- Child is irritable, continuously crying, or requires more attention than school staff can provide while ensuring the health, safety, or well-being of the other children.

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

A physician's note 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.

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.)

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

Reporting of Accidents

Every accident must be reported.

For Student or Visitor accident or injury, please follow the DCPS Risk Management policies and complete the Student/Visitor accident report form. The form is available on the DCPS Risk Management webpage.

CPR and First Aid Training

In accordance with Rules of the Florida Department of Health (DOH), 64F-6.004, *Florida Administrative Code*:

Each school shall ensure that at least two (2) staff members, in addition to health room staff, are currently certified (by nationally recognized certifying agencies) to provide first aid and cardiopulmonary resuscitation (CPR). A copy of this certification shall be kept on file in the health room or school office. 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 the district wellness office. Principals may call the wellness office at 904-390-2499 with questions regarding training to assure the minimum standard of two people certified in the administration of CPR and first aid is met.

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- 2016 Florida Edition”. This guide is also available electronically at:

<http://www.floridahealth.gov/%5C/programs-and-services/childrens-health/school-health/ documents/emergency-guidelines-for-schools-2016.pdf>

- 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 symptom (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 child has a known health condition, school staff should follow the emergency action plan created by the Nurse.**

Introduction

- 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 school child and 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 physician 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, ensure safe transfer of the student to parents or guardians or other accountable persons designated by the parents if they cannot be reached.
- The information presented in this chapter is intended for use as a guide to meeting emergency health needs and is not a substitute for prudent thinking and common sense response to emergency situations.

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, shop, 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.

Standards

- First aid should be administered as promptly as possible by the closest person knowledgeable in first aid.
- All school personnel should know basic first aid procedures.
- All health room staff and at least two additional people certified in the administration of advanced first aid and cardiopulmonary resuscitation 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 parents, should be kept in an easily accessible location at each school.
- Parents should be notified of injury or sudden illness and action taken. In severe injuries or illness, Emergency Medical Services should be called immediately.
- Emergency Medical Services telephone number should be prominently posted on all phones.
- When students come to the health room seeking relief for minor discomforts:
 1. The student is tactfully questioned regarding the nature of the complaint.
 2. Observe for visible signs of illness.
 3. Check the body temperature. If elevated, the parent or guardian should be notified to take the student home. If the temperature is not elevated, the student should be allowed to rest for 15 to 20 minutes. 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 or abrasion and puncture wounds
- Suspicion of broken bones
- Dog or other bites
- 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 student with hypersensitivity is exposed to allergens. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Students with a hypersensitivity identified for school authorities by their parents and/or guardians and physicians require the availability of emergency medication as well as policies and instructions for its use. The following treatment and the administration of this treatment for students with a known hypersensitivity were recommended by the Florida Medical Association School Health Medical Advisory Committee.

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 usually occur immediately following contact and death may occur within minutes. Symptoms, which often vary according to individual response, could include the following:

- itching around the eyes, red watery eyes, runny nose
- dry, hacking cough, itchy scratchy lips, tongue, mouth and/or throat
- hives, itching of any body part
- feeling of constriction in the throat and/or chest, shortness of breath
- wheezing, coughing, difficulty breathing
- nausea
- dizziness, fainting or loss of consciousness
- abdominal pain
- vomiting
- flushed, pale skin
- hoarseness and/or thickened speech
- difficulty swallowing
- confusion
- feeling of impending disaster

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

Immediate Emergency Measures for Anaphylaxis Reactions

1. Injection of a pre-measured dose of epinephrine just under the skin of the outer mid-thigh region. The injection can be given through clothing. Epinephrine is the only drug which 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. Epinephrine is effective for approximately 20 minutes; therefore, a repeat dosage may be necessary if symptoms return.
2. Call 911 and request emergency assistance simultaneously with step (1).
3. Provide continuous monitoring of the student until the emergency vehicle and medical personnel arrive.
4. Notify parents/guardian that epinephrine has been given.

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) 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 family is responsible for providing the school with the epinephrine auto-injectors.

Side Effects of Epinephrine

Possible side effects of epinephrine administration include the following:

- nervousness
- tremor of hands
- temporary increase of heart rate
- temporary increase of blood pressure

If there is any contraindication for administering this drug to a student, it should be reflected in the physician's medical orders.

Policies and Consent

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

The parent and physician 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 physician's written order must acknowledge the students' knowledge, development level and ability to be allowed to carry epinephrine on their person and self-administer while at school. The order(s) should be kept on file in the medication administration notebook in the school health room until the end of the school year. The medication authorization form and medication administration record are batched and retained at the school for seven (7) years. The medical order(s) should include pertinent information concerning the administration of treatment for life threatening allergens.

Training of Non-Health Personnel

The program for anaphylactic reaction is taught by either a physician, or a licensed registered 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 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 three (3) 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>