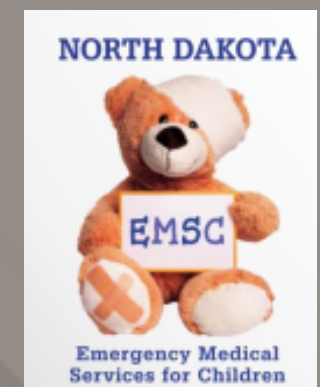




Emergency Guidance for North Dakota Schools

A guide for helping ill or injured students when a school nurse is not available.



Emergency Guidelines for North Dakota Schools



Information About the Guidelines:

- How To Use the Guidelines..... 4
- Key to Shapes and Colors..... 5
- Emergency Procedures..... 6
- When to Call EMS..... 7
- Infection Control..... 8
- Emergency Numbers and Contacts.....9
- First Aid Equipment and Supplies..... 10
- Planning for Students with Special Needs.... 11

Topics:

- Allergic Reaction..... 12
- Asthma or Difficulty Breathing..... 13
- Behavioral Emergencies..... 14
- Bites (Human or Animal)..... 15
- Bleeding..... 16
- Blisters..... 17
- Bruises..... 18
- Burns..... 19
- CPR..... 20
- Child Abuse and Neglect..... 21
- Choking..... 22
- Communicable Disease..... 23

Topics Continued:

- Cuts, Scratches and Scrapes..... 24
- Diabetes..... 25
- Diarrhea..... 26
- Ear Problems..... 27
- Electric Shock..... 28
- Eye Problems..... 29-31
- Fainting..... 32
- Fever, Not Feeling Well..... 33
- Fractures, Dislocations, Sprains and Strains... 34
- Frostbite..... 35
- Headache..... 36
- Head Injuries..... 37
- Heat Stroke/Heat Exhaustion..... 38
- Hypothermia..... 39
- Menstrual Problems..... 40
- Mouth and Jaw Injuries..... 41
- Neck and Back Pain..... 42
- Nose Problems..... 43-44
- Poisoning and Overdose..... 45
- Pregnancy..... 46
- Puncture Wounds..... 47

Topics Continued:

- Rashes..... 48
- Seizures..... 49
- Shock..... 50
- Splinters or Other Embedded Objects..... 51
- Stabbing and Gunshot Injuries..... 52
- Stings..... 53
- Stomach Pain..... 54
- Teeth Injuries..... 55
- Tetanus Immunization..... 56
- Tick Bites..... 57
- Unconsciousness..... 58
- Vomiting..... 59
- Forms..... 60-62

About the Guidelines



The Emergency Guidelines for Schools manual is meant to provide recommended procedures for school staff who have little or no medical/nursing training to use when a school nurse is not available. It is recommended that staff who are in the position to provide first-aid to students complete an approved first-aid and CPR course. Although designed for a school environment, this resource is equally appropriate for a child-care or home setting.

The emergency guidelines in this booklet were produced by utilizing references from other state programs, including the Ohio Department of Public Safety's Emergency Medical Services for Children Program, the Emergency Care Committee of the Ohio Chapter, American Academy of Pediatrics, the Pennsylvania Emergency Medical Services for Children (EMSC) Program, the Pennsylvania Department of Health, and the Pennsylvania Emergency Health Services Council. The North Dakota Department of Health and Human Services divisions of Special Health Services and Emergency Medical Services-EMS for Children revised the manual to fit the needs communities in North Dakota.

This manual has been developed to provide the school health caregiver general information about meeting the basic health care needs of students in school. Please remember that these are only guidelines and are not intended to replace caregiver judgment or to substitute for school policy or the advice of a health care provider. Always consult a school administrator, the student's parents/guardians, and the student's health care provider for questions regarding the care of the student. If a situation appears life threatening, always follow school policy regarding notification and call 911.

Please take time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B04MC45325, Maternal and Child Health Services. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.


How to Use the Emergency Guidelines

- Slide nine of this guide contains important information about key emergency phone numbers. It is important to complete this information as soon as you receive the guide, as you will need to have this information ready in an emergency situation.
- After the introductory section, the guidelines are arranged in alphabetical order for quick access.
- A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to end. See the “Key to Shapes and Colors” on slide five for more information.
- Take time to familiarize yourself with the Emergency Procedures section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- In addition, information has been provided about infection control procedures and emergency planning for students with special needs.
- **Document after any medical care or attention. This is extremely important. Links to sample forms for you to download, adjust, and print are included in this manual.**



Key to Shapes and Colors



 Starting point


A note to provide background or additional information.

Provides first aid instructions or poses a question relating to the student's condition that will dictate first aid instruction.



Box frame color might be different depending on the step***

 A phone call to either the police or EMs needs to be made.

 CPR should be started.

Emergency Procedures for Accident or Illness



- Assess the situation. Be sure the scene is safe for you to approach. Electrical wires, gas leaks, building damage, fire or smoke, traffic, and violence all require **CAUTION**.
- A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
- Do **NOT** give medications unless there has been prior approval by the parent or legal guardian and health care provider according to local school board policy.
- Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines for NECK AND BACK PAIN section.
- The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
- If the parent/legal guardian cannot be reached, notify an emergency contact and call the health care provider or designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by EMS, if necessary.
- A responsible individual should stay with the injured student.
- Complete any paperwork/reports required by school policy.

Post-Crisis Intervention Following Serious Injury or Death

- Activate your school's emergency response plan.
- Discuss with counseling staff or critical incident stress management team.
- Determine level of intervention for staff and students.
- Designate private rooms for private counseling/defusing.
- Escort affected students, siblings and close friends and other highly stressed individuals to counselors/critical incident stress management team.
- Assess stress level of staff. Recommend counseling to all staff.
- Follow up with students and staff who receive counseling.
- Designate staff person(s) to attend funeral.
- Allow for changes in normal routines or schedules to address injury or death.

When to Call EMS/911



- Student is unconscious, semi-conscious or unusually confused
- Student's airway is blocked
- Student is not breathing
- Student is having difficulty breathing, shortness of breath, or choking
- Student has no pulse
- Student has bleeding that won't stop
- Student is coughing up or vomiting blood
- Student has been poisoned
- Student has a seizure for the first time or a seizure that lasts more than five minutes
- Student has injuries to the neck or back
- Student has sudden, severe pain anywhere in the body
- Student's condition is life-threatening
- Student's condition has potential to worsen or become life-threatening on the way to the hospital
- Moving the student could cause further injury
- Student needs the skills of equipment or paramedics or EMS technicians
- Distance or traffic conditions could cause a delay in getting the student to the hospital

If any of the above conditions exist, or if you are not sure, it is best to call EMS/911.

North Dakota Emergency Medical Services for Children (EMSC) offers a pamphlet on "When to Call EMS". Please contact them at 701-328-2388 for more information.



Infection Control



To reduce the spread of infectious diseases (diseases that can be spread from one person to another), it is important to follow universal precautions. Universal precautions are a set of guidelines that assume all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to a student, whether or not the student is known to be infectious. The following list describes universal precautions:

- Wash hands thoroughly with running water and soap for at least 15 seconds:
 - Before and after physical contact with any student (even if gloves have been worn)
 - Before and after eating or handling food
 - After cleaning
 - After using the restroom
 - After providing any first aid

Be sure to scrub between fingers, under fingernails and around the tops and palms of hands. If soap and water are not available, an alcohol-based waterless hand sanitizer may be used according to manufacturer's instructions.

- Wear disposable gloves when in contact with blood and any other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes.
- Wipe up any blood or body fluid spills as soon as possible (wear gloves). Double bag the trash in plastic bags and dispose of immediately. Clean the area with an appropriate cleaning solution.
- Send soiled clothing home with the student in a double-bagged plastic bag.
Do not touch your mouth or eyes while giving any first aid.

Emergency Phone Numbers & Contacts



Emergency Medical Services (EMS) Information: 911 or _____

Name of EMS Department: _____

Average response time to your school: _____

Directions to your school: _____

Be prepared to give the following information. Do not hang up before the dispatcher hangs up!

Your name and school name

Nature of the emergency (what is going on)

School Telephone number: _____

Exact location of injured person

What help has already been given

Ways to make it easier to find you and student

Other Important Phone Numbers:

School Nurse: _____ Responsible School Authority: _____

Poison Control Center: 1-800-222-1222

Fire Department: 911 or _____

Police: 911 or _____

Hospital or nearest Emergency Department (ED): _____

County Social Services: _____

Rape Crisis Center: 1-800-656-HOPE

Suicide Hotline: 1-800-273-TALK

Local Public Health Unit: _____

Other Medical Services Information (dentists, physicians, etc.): _____

Recommended First Aid Equipment and Supplies



- Current first aid and CPR manual
 - American Academy of Pediatrics www.aap.org
 - American Red Cross www.redcross.org
 - American Heart Association
<https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines>
- Cot, stretcher, mat (disposable covers and pillow case, wipeable surface)
- Wash cloths, hand towels, portable basin
- Covered waste receptacle with disposable liner/bag
- Bandage scissors, tweezers
- Non-mercury thermometer
- Sink with running water and soap
- Flashlight, extra batteries and bulb



Expendable supplies:

- Sterile cotton-tipped applicators (individually wrapped)
- Sterile adhesive bandages (individually wrapped)
- Cotton balls
- Sterile gauze squares (various sizes)
- Adhesive tape
- Cold packs (various ways to make these or buy pre-made)
- Tongue depressors
- 70% Isopropyl alcohol (rubbing alcohol); rubbing alcohol pads
- Tissues
- Paper towels
- Disposable gloves (latex free)
- Pocket mask/face shield for CPR
- Cleaning agent, disinfectant for surfaces, etc. (Bleach solution of 1 unit bleach to 9 units water, must be mixed every 24 hours)
- Triangular bandage (for sling)
- Safety pins

Planning for Students with Special Needs



The number of students with special health care needs in the educational setting is increasing due to advances in medicine and increased access to public education as authorized by federal and state laws. Any student whose health needs may affect his or her daily functioning should have an individual care plan. Some chronic conditions have a potential for developing into an emergency and require the development of an emergency care plan.

Medical Conditions:

Some students may have special conditions that put them at risk for life-threatening emergencies; for example, students with:

- Diabetes
- Asthma
- Severe Allergies
- Seizure Disorders

Your school nurse or other school health professional, along with the student's parent/legal guardian and personal health care provider, should work together to develop individual and emergency care plans for these students. Emergency care plans should be made available at all times including when a student is at lunch, during physical education, at a before or after school program, on the bus, etc.

Physical Abilities:

- Other students in your school may have special emergency needs due to their physical abilities; for example:
- Students in wheelchairs
- Students who have difficulty walking up or down stairs
- Students who are temporarily on crutches

These students will need special arrangements in the event of a school-wide emergency (e.g., fire, tornado, evacuation, etc.). A plan should be developed and a responsible person should be designated to assist these students to safety.

Allergic Reaction



An emergency care plan should be developed for students with life-threatening allergies. District policy should be followed for the sharing of student information.



Students may experience a delayed allergic reaction up to two hours following exposure to an allergen.

Symptoms of a severe allergic reaction include:

- Hives
- Weakness
- Difficulty Breathing
- Paleness
- Loss of consciousness
- Drooling or difficulty swallowing
- Seizures
- Flushed face
- Dizziness
- Confusion
- Blueness around mouth or eyes
- Swelling of tongue and/or face

Symptoms of a mild allergic reaction include:

- Red, watery eyes
- Itchy, sneezing, runny nose
- Hives or rash on one part of the body

ND Century Code Chapter 15.1-19, Students and Safety, allows students the right to carry and self-administer asthma & anaphylaxis (severe allergy) medications. Go to <https://www.ndlegis.gov/cencode/t15-1c19.pdf#nameddest=15p1-19-23> for law requirements.

Adults supervising student(s) during normal activities should be aware of the student's exposure and should watch for any delayed reaction for up to two hours.

Does the student have symptoms of a severe allergic reaction?

No

Yes

If available, refer to student's emergency care plan.

Administer approved medication as directed.

CALL EMS (911)
Contact responsible school authority and parent/guardian

If student is so uncomfortable that he or she is unable to participate in school activities, contact responsible school authority and parent or guardian

If student has stopped breathing, administer CPR



Asthma/Difficulty Breathing



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

- Wheezing (high-pitched sound during breathing out)
- Rapid breathing
- Increased use of stomach or chest muscles during breathing
- Tightness in chest
- Excessive coughing
- Difficulty finishing sentences/talking
- Flaring nostrils

Did breathing difficulty begin rapidly?
Are the lips, tongue or nail bed turning blue?

Yes →

No ↓

Refer to student's emergency care plan.

Has an inhaler already been used?
If so, when and how often?

Yes ←

Does student have health care provider or parent/guardian approved medication?

No ↓

Yes →

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

No ↓

Administer approved medication as directed.

Are symptoms getting worse or not improving?

Yes →

No ↓

CALL EMS (911)

Contact responsible school authority and parent/ legal guardian.

An emergency care plan should be developed for students with asthma. District policy should be followed for the sharing of student information.

ND Century Code Chapter 15.1-19, Students and Safety, allows students the right to carry and self-administer asthma medications. Law requirements: <https://www.ndlegis.gov/cencode/t15-1c19.pdf#nameddest=15p1-19-23>

Behavioral Emergencies



Students with a history of behavioral problems or other special needs should be known to appropriate school staff. An emergency care plan should be developed and in place.

Behavioral or psychological emergencies may take many forms (depression, anxiety, panic attack, phobias, destructive or assaultive behavior, suicidal talk or thoughts, etc)
Intervene only if the situation is safe for you.

Refer to your school's policy for addressing behavioral emergencies.

Does student have visible injuries?

Yes



See appropriate guideline to provide first aid. Call EMS (911) if any injuries require immediate care.

No

Does student's behavior present an immediate risk of physical harm to persons or property?
Is student armed with a weapon?

Yes

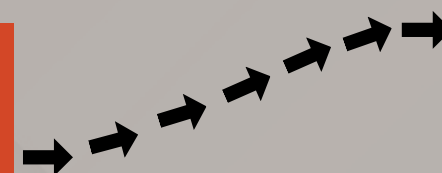


Call the Police or 911

No

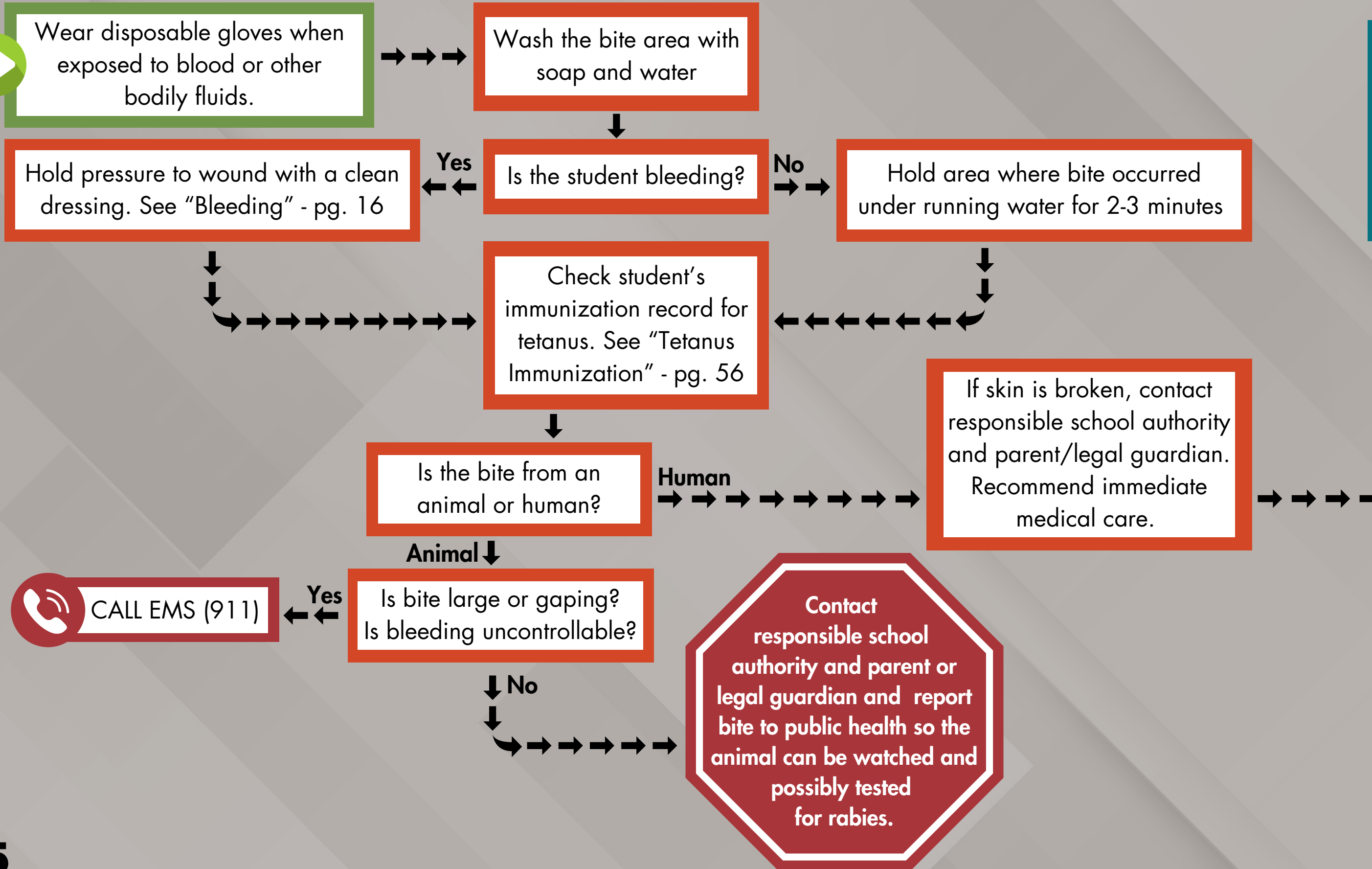
The cause of unusual behavior may be psychological, emotional or physical (fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc).
The student should be seen by a health care provider to determine the cause.

Suicidal and violent behavior should be taken seriously. If the student has threatened to harm him/herself or others, contact the responsible school authority immediately.



Contact responsible school authority and parent/ legal guardian.

Bites - Animal or Human

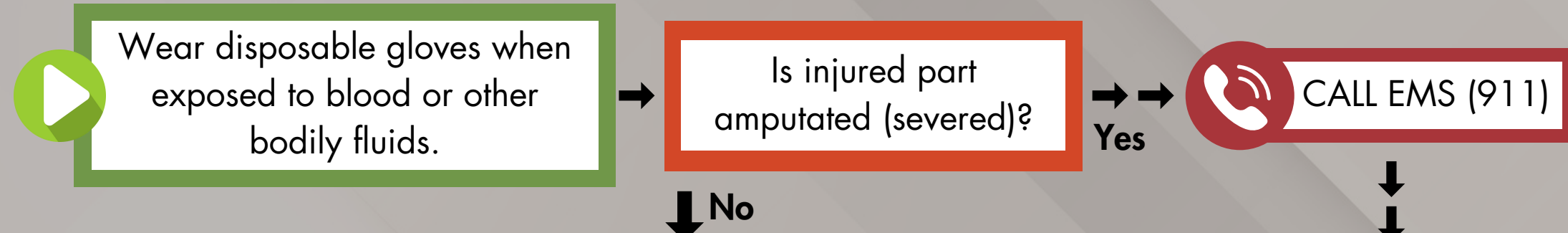


- Bites from the following animals can carry rabies and may need medical attention:
- Dog
 - Bat
 - Opossum
 - Skunk
 - Cat
 - Fox
 - Coyote
 - Raccoon

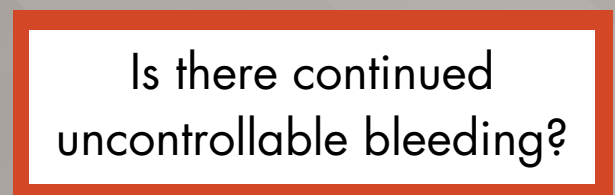
Parents or legal guardians of both the student who was bitten and the student who was biting should be notified about their student's exposure to blood from another student.

Contact responsible school authority and parent or legal guardian and report bite to public health so the animal can be watched and possibly tested for rabies.

Bleeding



Check student's immunization record to see when their last tetanus vaccine was given.



- Apply pressure with a clean bandage to help stop bleeding.
- Elevate affected body part. If fracture is suspected, carefully support and elevate.
- Bandage wound firmly but not too tight so as not to interfere with circulation to the body part.
- It is acceptable to use a tourniquet if bleeding is not otherwise controlled.

- Place detached part in a water tight plastic bag
- Tie/seal bag
- Put bag in a container of ice water
- Do NOT put amputated part directly on ice
- Send bag to the hospital with the student
- Follow instructions to the left

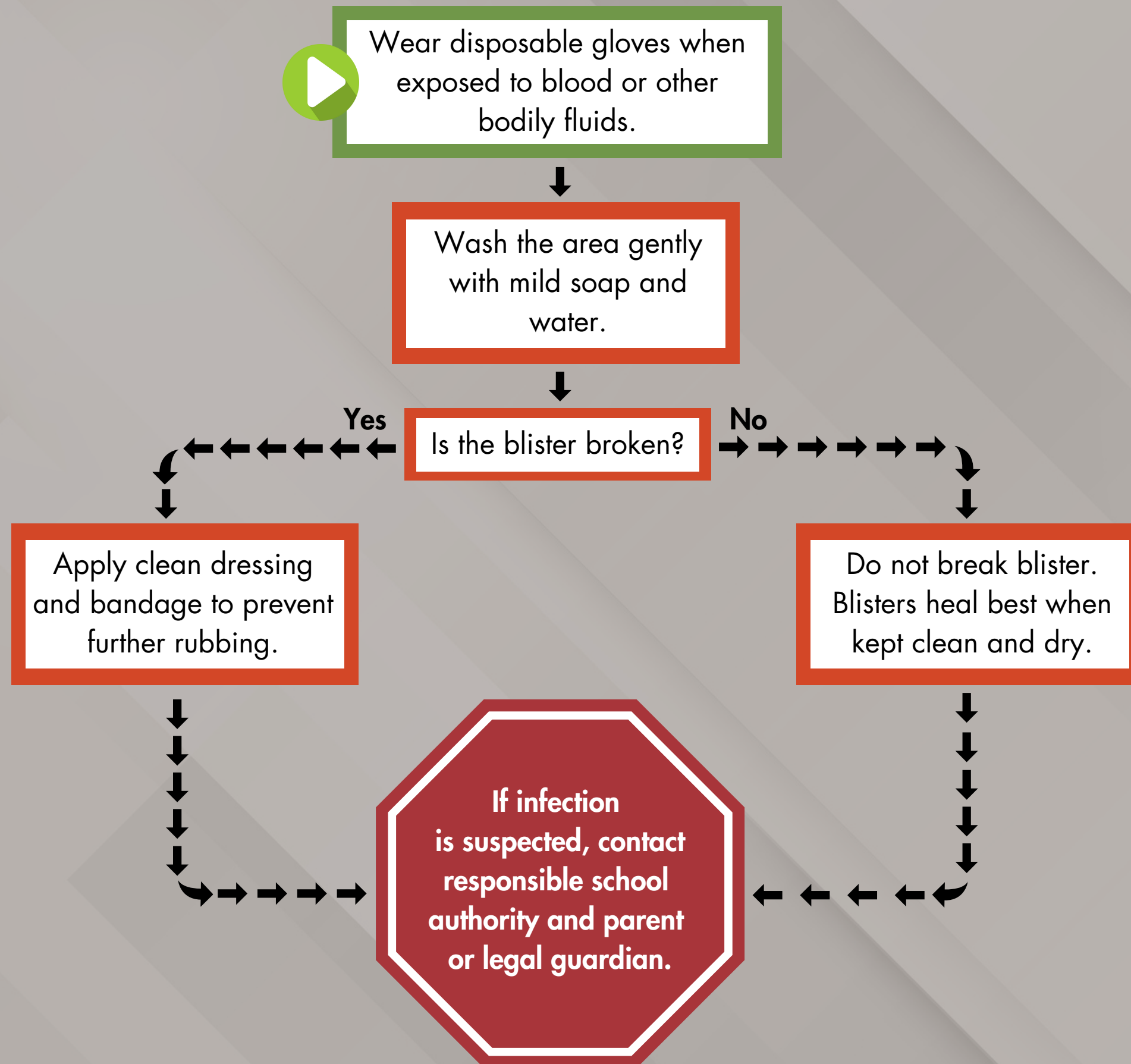
If wound is gaping, student may need to get it closed (stitches, staples or glue). Contact responsible school authority and parent/legal guardian. Urge medical care.



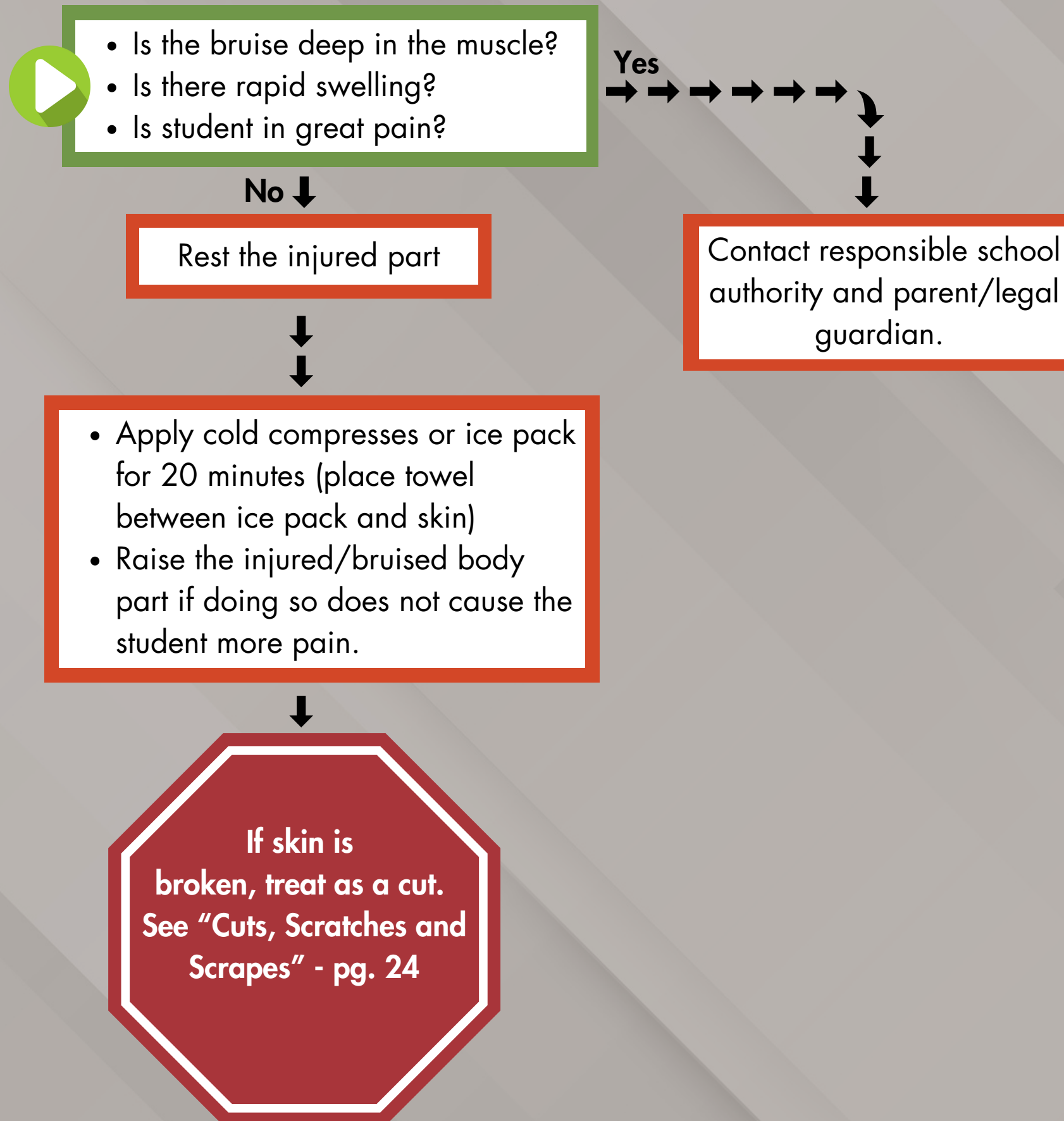
- Have student lie down.
- Elevate student's feet 8-10 inches (unless this causes pain/discomfort). Do not elevate feet if neck or back injury is suspected.
- Keep student's body temperature normal.
- Cover student with blanket or sheet.

Contact responsible school authority and parent or legal guardian.

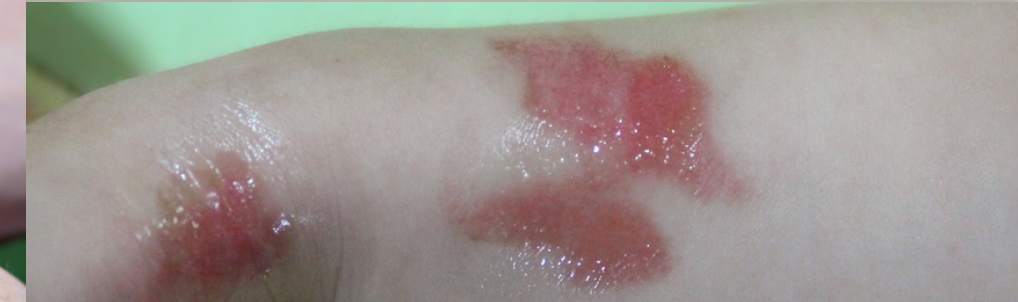
Blisters (from friction)



Bruises



Burns



If student comes to school with pattern burns, consider the possibility of child abuse. Burns can be caused by heat, electricity, or chemicals.

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

- Wear gloves and, if possible, goggles.
- Removed student's clothing and jewelry if exposed to chemical.
- Rinse chemicals off immediately with large amounts of water. If it is a dry chemical, brush it off before rinsing with water.
- See "Eyes" if necessary.
- Rinse for 20-30 minutes.

Is student unconscious or unresponsive?

What type of burn is it?

See "Electric Shock" - pg. 28

Flush the burn with large amounts of cool, running water or cover it with a clean, cool, wet cloth. Do not use ice.

Call Poison Control for further instructions. 1-800-222-1222 (while flushing burn and following instructions)

CALL EMS (911)

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?
- Are there any other injuries?

Check student's immunization record for tetanus. See "Tetanus Immunization" - pg. 56

Cover/wrap burned part loosely with a clean dressing.

If skin is broken, treat as a cut. See "Cuts, Scratches and Scrapes" - pg. 24

CPR (Cardiopulmonary Resuscitation)



<https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines>

Child Abuse and Neglect



Child abuse is a complicated issue with many potential signs. According to North Dakota Century Code 50-25.1, anyone who cares for children are mandated reporters of child abuse. For more information, please visit <https://www.hhs.nd.gov/cfs/cps>



If student has visible injuries, refer to the appropriate guideline to provide first aid.



All school staff are required to report suspected child abuse and neglect to the County Social Service Agency. Refer to your school's policy for additional guidance. County Social Services Agency phone number _____



Abuse may be physical, sexual or emotional in nature. Some signs of abuse are as follows (this is not a complete guide):

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks.
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, under-fed appearance.



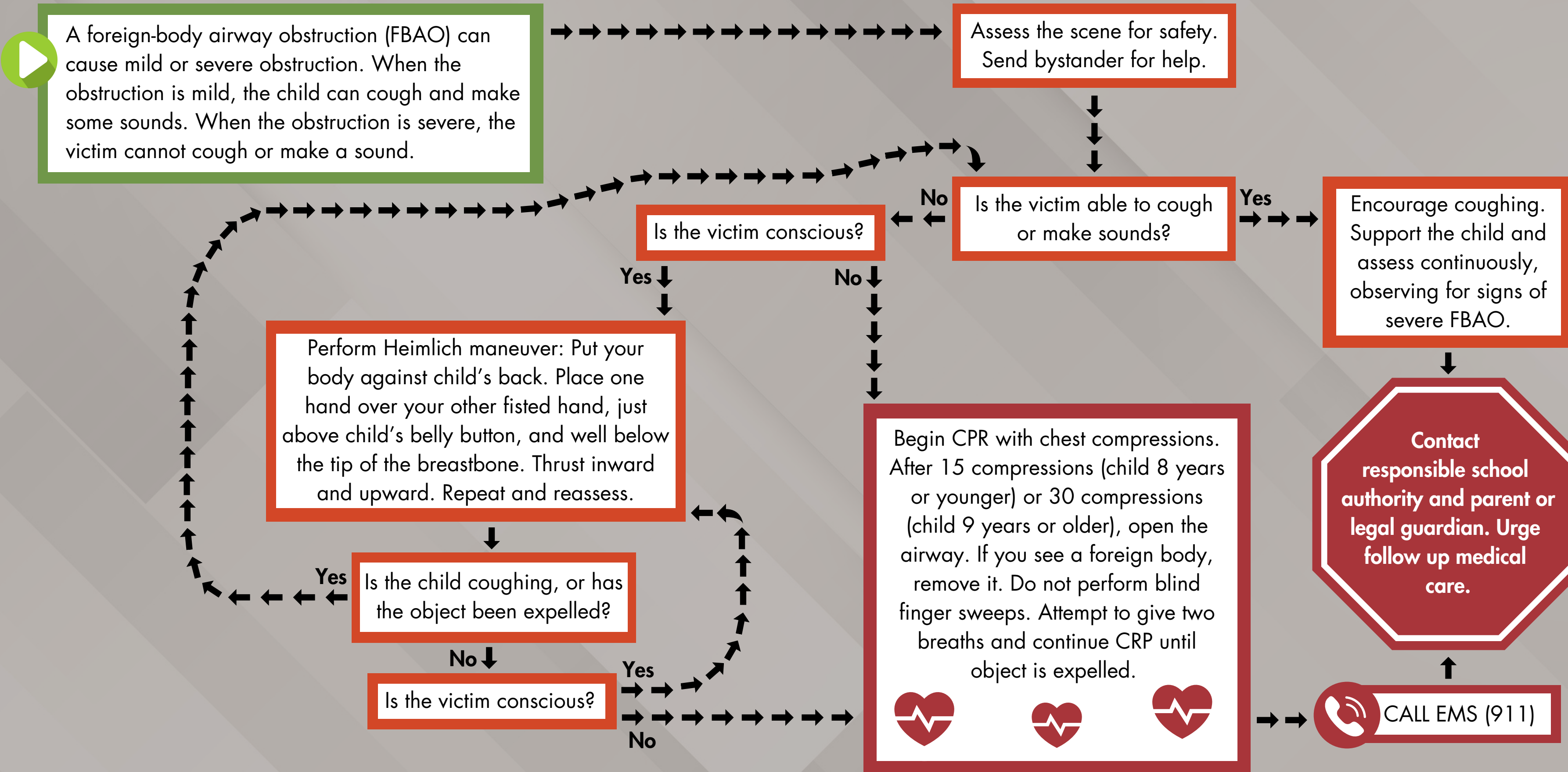
If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling you.
- Let the student know that you are required to report the abuse to Social Services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.



Contact responsible school authority. Contact Social Services. Follow up with school report

Choking



Communicable Disease



▶ For more information on protecting yourself from communicable diseases, see "Infection Control" - pg. 8

Chicken pox, strep throat, the common cold, gastroenteritis (stomach bug), and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little you can do for a student in school who has a communicable disease.



A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, viruses, fungus, and parasites) cause communicable diseases.

Refer to the following for more guidance regarding communicable disease:
<http://www.hhs.nd.gov/diseases-conditions-and-immunization>
<https://www.hhs.nd.gov/public-health-information/diseases-conditions-and-immunization/immunizations/schools-and-childcare>
Infection Control Manual:
<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/ChildCareandSchoolExclusionGuide.pdf>



The goal is to keep kids in school and ready to learn. Not all complaints from a student warrant a trip home or to the doctor's office. Each situation should be assessed.



If student is found to be too sick to be in school or for further information, contact parent or legal guardian.

Cuts, Scratches and Scrapes

(minor)

(including rope and floor burns)



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

- Wash wound gently with mild soap and water.
- Pat dry with clean gauze or paper towel.
- Apply clean gauze dressing (non-adhering or non-sticking) and bandage.

Is the wound:

- Large?
- Deep?
- Bleeding freely?

See "Bleeding" - pg. 16

Check student's immunization record for tetanus.
See "Tetanus Immunization" - pg. 56

Contact responsible school authority and parent or legal guardian.

No

Yes

Diabetes

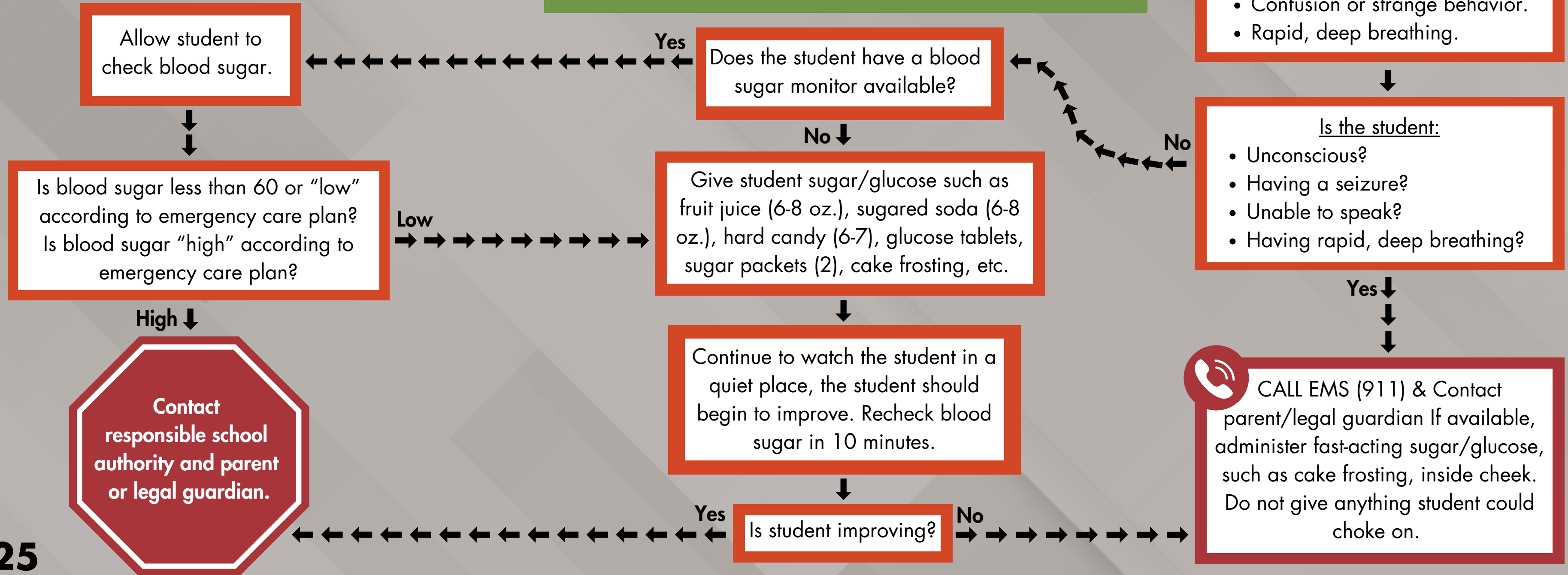


A student with diabetes should be known to appropriate school staff. An emergency care plan should be developed. Staff in a position to administer any approved medications should receive training.

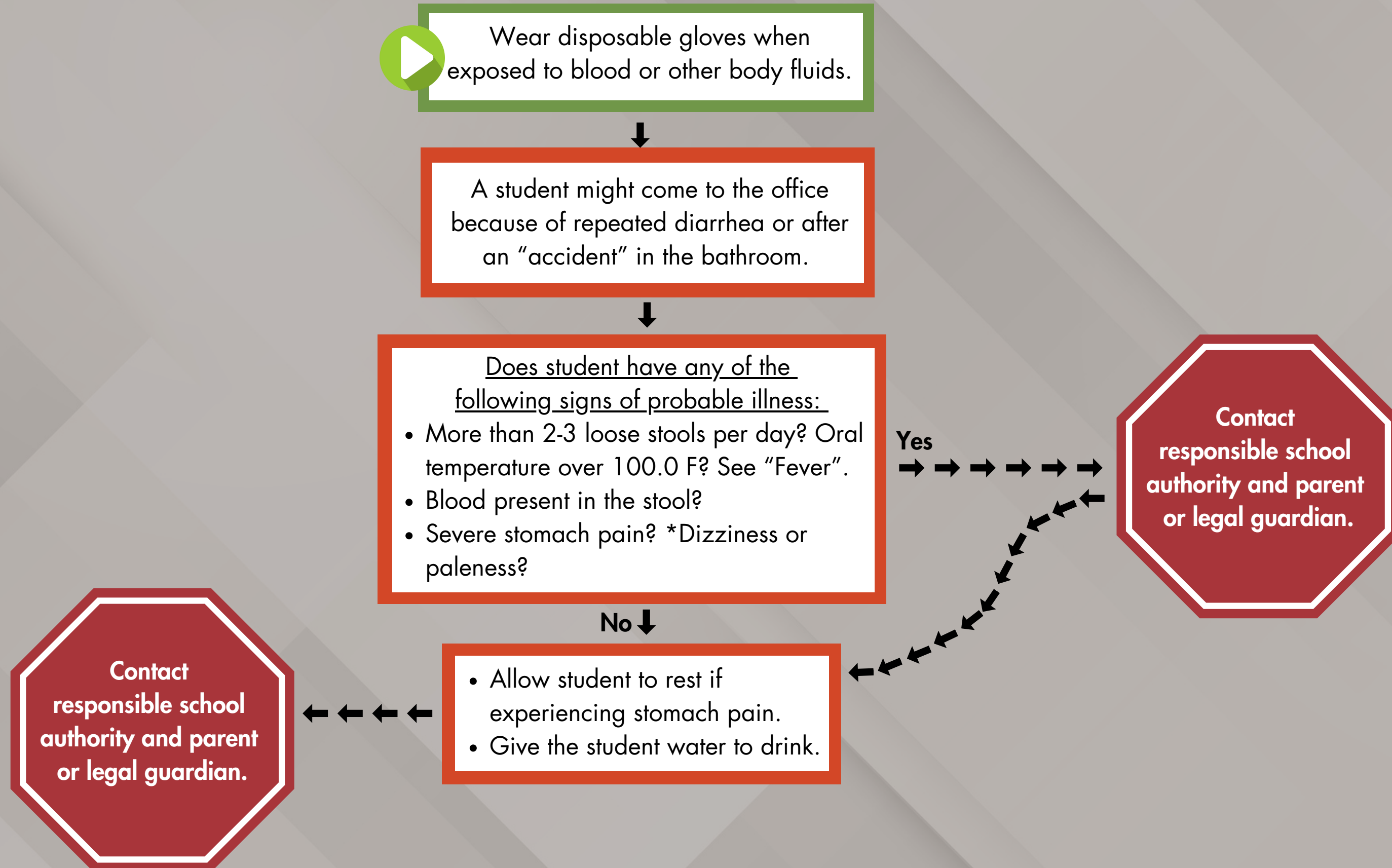
No diabetic student is the same or displays the same signs or symptoms. That is why it is crucial that each diabetic student has his/her own emergency care plan developed. Follow the student's individual emergency care plan first and foremost. The following guidelines are general guidelines if an emergency care plan is not available.

Symptoms that diabetic students may display include:

- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling shaky.
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.



Diarrhea





Drainage from Ear → →



Do not attempt to clean out ear.



Contact responsible school authority and parent/legal guardian. Urge medical care.

Earache → → → → → → → → → →



A warm water bottle or compress (not hot) against the ear will give comfort while waiting for parent/ legal guardian.



Contact responsible school authority and parent/legal guardian. Urge medical care.

Object in Ear Canal → →



Do NOT attempt to remove object. This could cause further damage to the inner ear. You can gently tilt head toward the affected side to see if object falls out on its own.

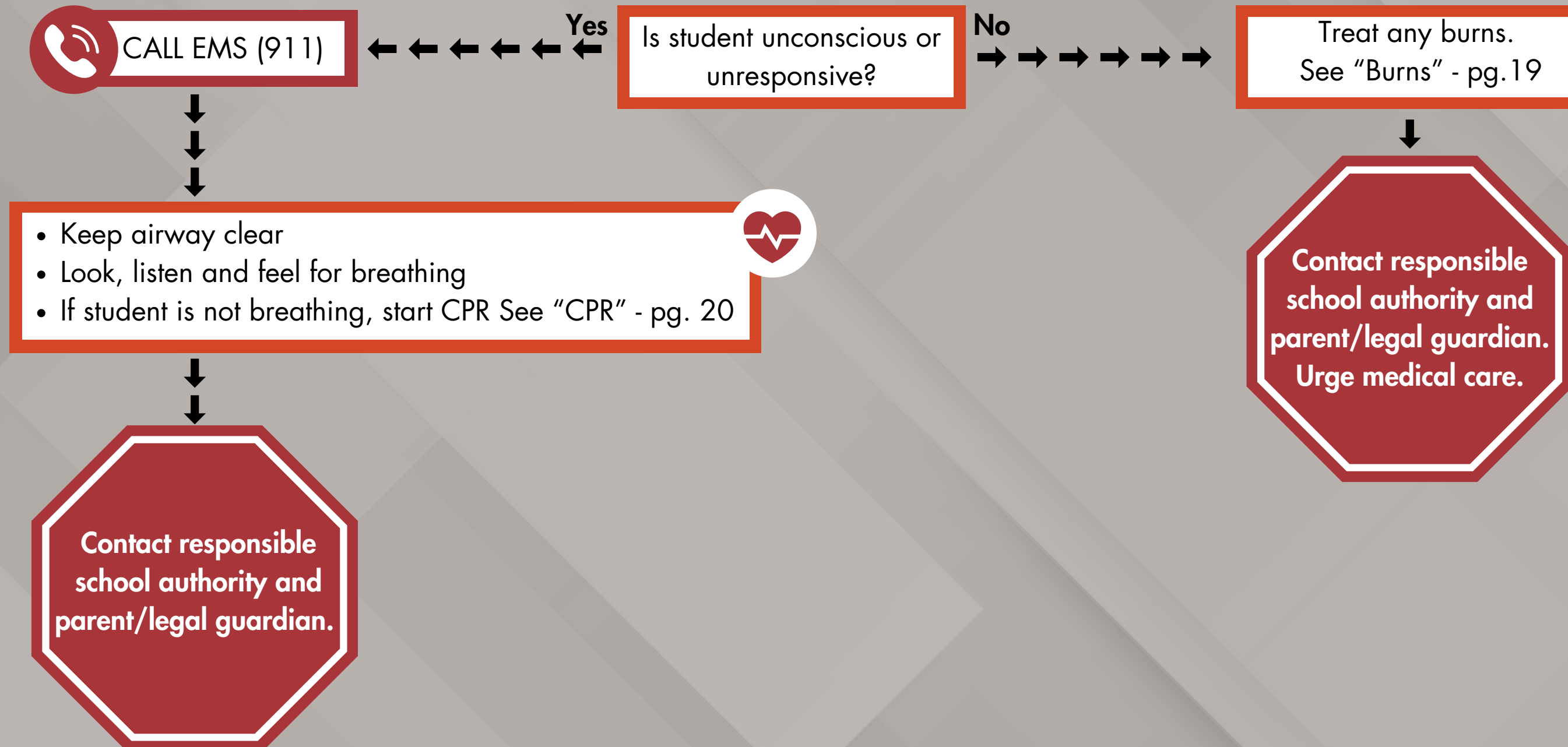


Contact responsible school authority and parent/legal guardian. Urge medical care.

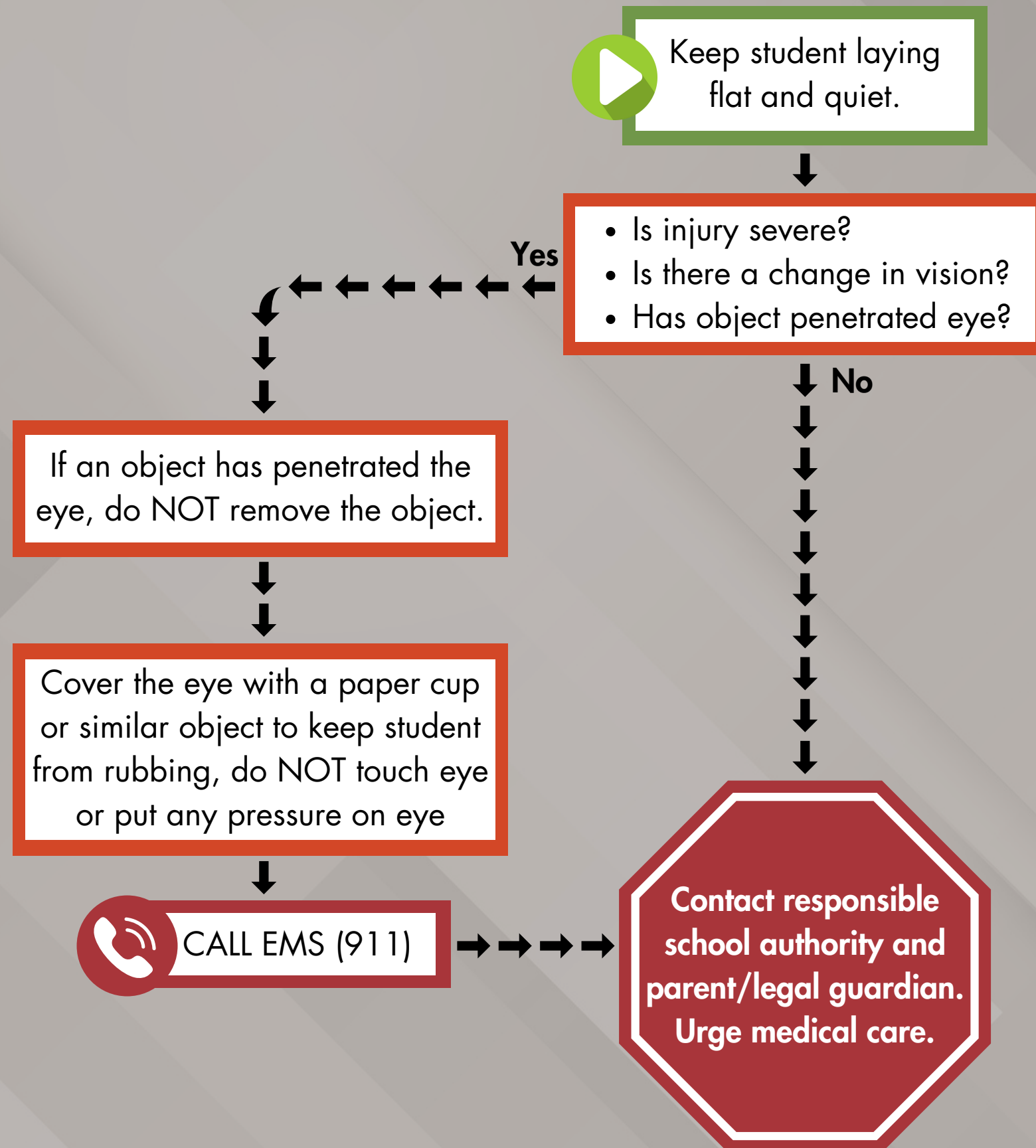
Electric Shock



▶ Turn off power source, if possible. Do not touch student until power source is shut off. Once power source is off and the scene is safe, approach student and ask "Are you OK?"




Eye Injury



With any eye problem, ask the student if he/she wears contact lenses. Have student remove lenses before giving any first aid to the eye.

Eyes - Particle in Eye



 Keep student from rubbing eye.



- If necessary, lay student down and tip head toward affected side.
- Gently pour lukewarm tap water over the open eye to flush out the particle.



If particle does not flush out of eye or if eye pain continues, contact responsible school authority and parent/legal guardian. Urge Medical Care.

Eyes - Chemical in Eye



- Wear gloves and, if possible, goggles (eye protection).
- Immediately rinse the eye with large amounts of clean water for 20-30 minutes. Use an eyewash station if available.
- Tip the head so the affected eye is below the unaffected eye and water washes from eye to side of face.



Call Poison Control for further instructions.
1-800-222-1222

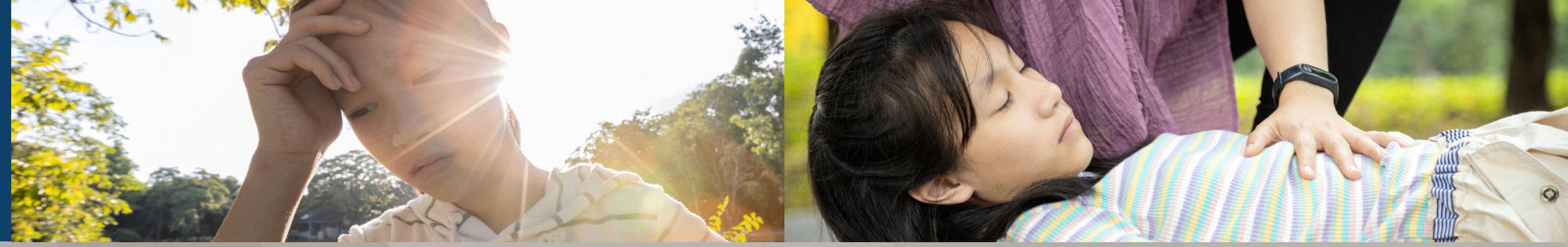


If eye has been burned by chemical,
Call EMS (911)



Contact responsible
school authority and
parent/legal guardian.

Fainting



Many things can cause fainting:

- Injuries
- Illness
- Blood loss/shock
- Heat exhaustion
- Diabetic reaction
- Severe allergic reaction
- Standing still too long
- Sudden movement (standing up quickly)

If you know the cause of the fainting, see the appropriate guideline.



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

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



Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see "Unconsciousness" - pg. 58



- Is fainting due to injury?
- Was student injured when he/she fainted?

No

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

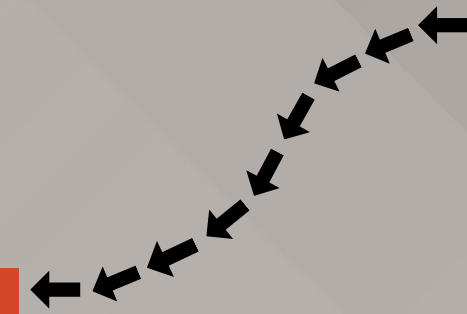


- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding if needed.
- Give nothing by mouth.
- If student is not breathing normally or not responding, see "CPR" - pg. 20



If student feels better and there is no danger of neck injury, he/she may be moved to a quiet, private area.

Yes or unsure



Treat as possible neck injury. See "Neck and Back Pain" - pg. 42 Do not move the student.



Contact responsible school authority and parent/legal guardian.



Fever; Not Feeling Well



Fever is a normal defense mechanism of the body. Most are caused by a viral or bacterial infection. Children with fevers are not always contagious. Generally, fevers do not need to be treated, but rather the symptoms that may accompany a fever such as pain or discomfort.

▶ Take student's temperature.

Is student's temp greater than 100.4 F?

No → → → → → → → → → →

Does student have other symptoms such as:

- Cough?
- Runny nose?
- Stomachache or vomiting?
- Sore throat?
- Ear pain?
- Headache?

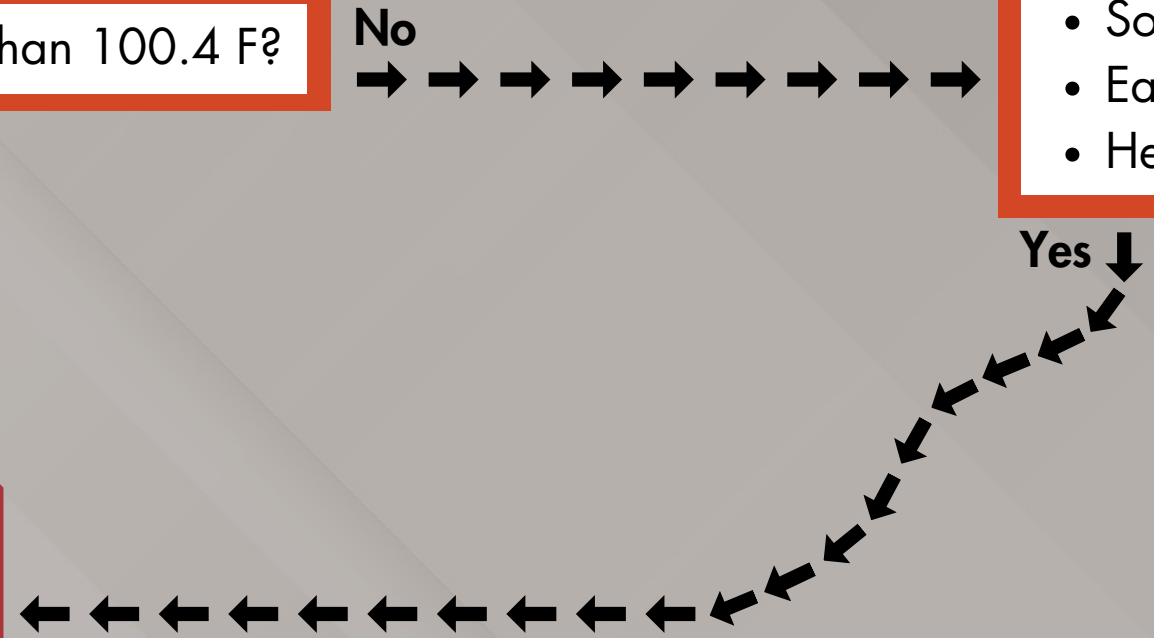
↓ Yes
↓ ↓ ↓

Yes ↓

↓ No
↓ ↓ ↓

Contact responsible school authority and parent/legal guardian.

Student can go back to class. Continue to monitor. If fever becomes greater than 100.4 F or other symptoms become apparent, contact responsible school authority and parent or legal guardian.



Fractures, Dislocations, Sprains & Strains



Only give medication if previously authorized and proper paperwork is in order.



Treat all injured parts as if they could be fractured.

Symptoms may include:

- Pain in one area
- Swelling
- Feeling "heat" in injured area
- Discoloration
- Limited movement
- Bent or deformed bone
- Numbness or loss of sensation

- Leave student in position of comfort.
- Gently cover broken skin with a clean bandage.
- Do not move injured part.



CALL EMS (911)

Yes

- Is bone deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?

No

- Do not let student put weight on injured part.
- Gently support and elevate injured part.
- Apply ice, covered with a cloth or paper towel to minimize swelling.

Contact responsible school authority and parent/legal guardian.

Student can return to class. Monitor for any changes.

Contact responsible school authority and parent or legal guardian. Urge Medical Care.

- After period of rest, recheck injury:
- Are pain, numbness & tingling gone?
 - Has sensation returned?
 - Can student put weight on injured part?

Yes

No

Frostbite



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

Exposure to extreme cold environments, even for a short period of time, can result in hypothermia and frostbite; particularly on fingers, toes, nose and ears.



- Frostbitten skin may:
- Look discolored.
 - Feel cold to the touch.
 - Feel numb to the student.
- Deeply frostbitten skin may:
- Look white or waxy.
 - Feel firm or hard (frozen).



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

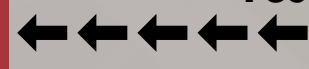


- Does extremity/part:
- Look discolored-grayish, white or waxy?
 - Feel firm/hard (frozen)?
 - Have a loss of sensation?

Yes

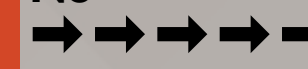


CALL EMS (911)



Contact responsible school authority and parent/legal guardian.

No



Keep student and affected part warm.

Contact responsible school authority and parent or legal guardian. Urge Medical Care.

Headache



Only give medication if previously authorized and proper paperwork is in order.

▶ Has a head injury occurred?

Yes → →

See "Head Injuries" - pg. 37

No ↓ ↓

- Is headache severe?
- Are other symptoms present, such as:
 - Vomiting
 - Temperature > 100.0 F (see "Fever")
 - Blurred vision
 - Dizziness

Yes → → → → →

Contact responsible school authority and parent or legal guardian.

Have student lie down for a short time in a quiet, private room.

- Apply a cold cloth or compress to student's head.
- Call parent/legal guardian and ask permission to give authorized medication.

← ← ← ← ←

If headache persists, contact responsible school authority and parent or legal guardian.

Head Injuries



▶ If student only bumped head and does not have any other complaints or symptoms, see "Bruises" - pg. 18

• With a head injury (other than a "bump"), always suspect neck injury as well.
• Do not move or twist the back or neck. See "Neck and Back Pain" - pg. 42

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

Is student vomiting?

Yes →

Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

No ↓

• Watch student closely.
• Do not leave student alone.

Are any of the following symptoms present?

- Unconsciousness.
- Seizure(s).
- Neck pain.
- Student unable to respond to simple commands.
- Blood or water fluid in ears.
- Student unable to move or feel arms/ legs.
- Blood is flowing freely from head.
- Student is sleepy or confused.

 CALL EMS (911)

• Check student's airway.
• Look, listen and feel for breathing.
• If student stops breathing, start CPR. See "CPR" - pg. 20

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. But, head injuries from falls, sports, and violence may be serious. If head is bleeding, see "Bleeding" - pg. 16

Even if student was only briefly confused & seems fully recovered, contact responsible school authority & parent/legal guardian. Urge Medical Care. Watch for delayed symptoms.

Give nothing by mouth. Contact responsible school authority and parent or legal guardian.

Heat Stroke or Heat Exhaustion



Heat emergencies are caused by spending too much time in the heat. Heat emergencies can be life-threatening situations and should be taken seriously.

▶ If student only bumped head and does not have any other complaints or symptoms, see "Bruises" - pg. 18

- With a head injury (other than a "bump"), always suspect neck injury as well.
- Do not move or twist the back or neck. See "Neck and Back Pain" - pg. 42

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

Is student vomiting?

Yes →

Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.


No ↓

- Watch student closely.
- Do not leave student alone.

Are any of the following symptoms present?

- Unconsciousness.
- Seizure(s).
- Neck pain.
- Student unable to respond to simple commands.
- Blood or water fluid in ears.
- Student unable to move or feel arms/ legs.
- Blood is flowing freely from head.
- Student is sleepy or confused.

 CALL EMS (911)

 Check student's airway.
Look, listen and feel for breathing.
If student stops breathing, start CPR. See "CPR" - pg. 20

Even if student was only briefly confused & seems fully recovered, contact responsible school authority & parent/legal guardian. Urge Medical Care. Watch for delayed symptoms.

Give nothing by mouth. Contact responsible school authority and parent or legal guardian.

Hypothermia



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

Symptoms include:

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

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

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

Continue to warm student with blankets. If student is fully awake and alert, offer warm (not hot) fluids, but no food.

Does student have:

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

 CALL EMS (911)

- Give nothing by mouth.
- Continue to warm with blankets.
- If student is sleepy or losing consciousness, place on his/her side to protect airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR See "CPR"- pg. 20

Contact responsible school authority and parent or legal guardian.



Menstrual Problems

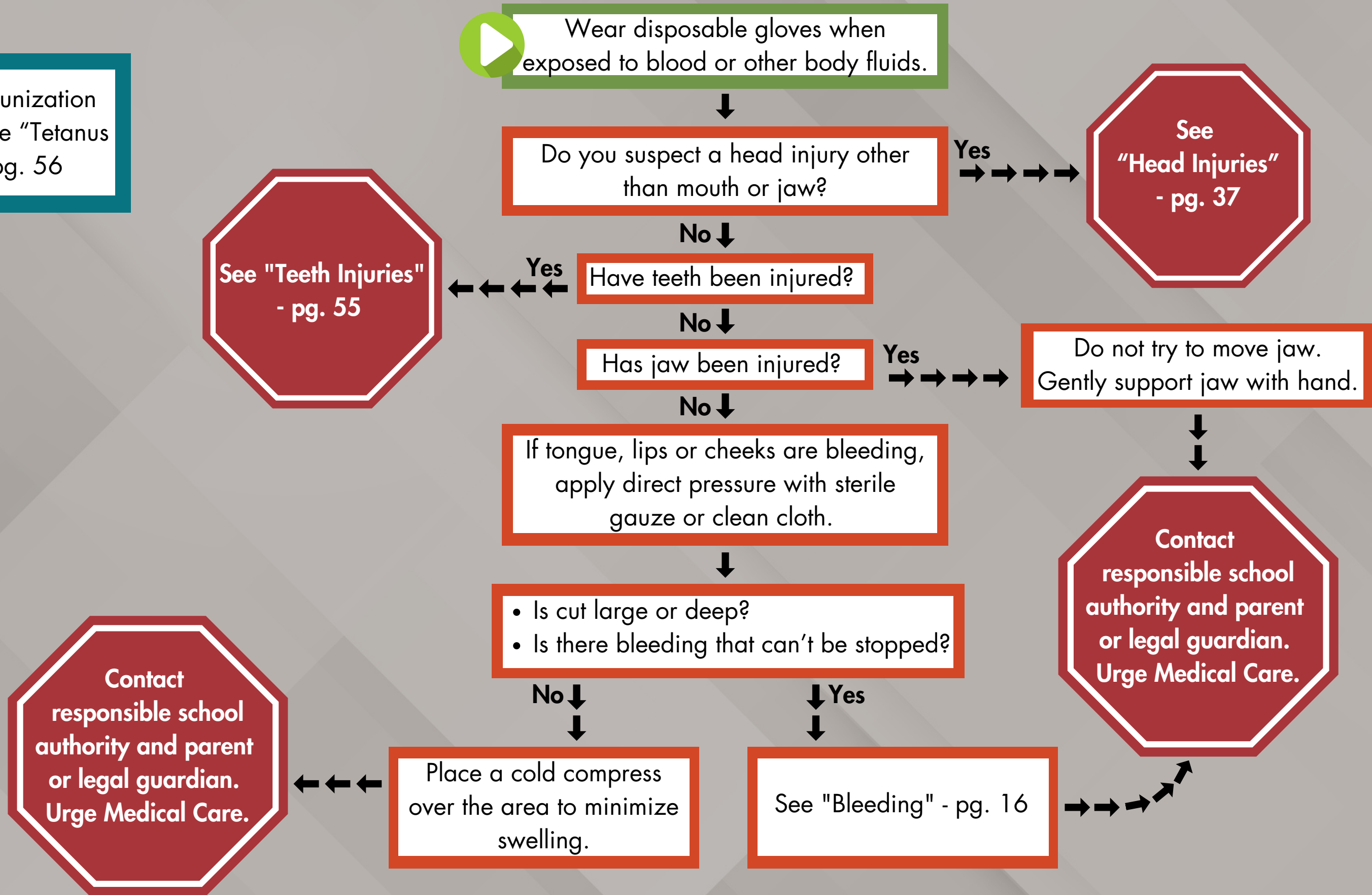


Only give medication if previously authorized and proper paperwork is in order.

Mouth and Jaw Injuries



Check student's immunization record for tetanus. See "Tetanus Immunization" - pg. 56



Neck and Back Pain



Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falls onto head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving vehicle.

Has an injury occurred?

No

Yes ↓

Did student walk in or was he/she found lying down?

Lying Down ↓

↓ Walked in

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

Have student lie down on his/her back. Support head by holding it in a face-forward position. Try not to move neck or head

A stiff or sore neck from sleeping in a "funny" position is different than neck pain from a sudden injury. Although it may be uncomfortable, a stiff neck from a non-injury is generally not emergent.

Does student have:

- Fever?
- Headache?
- Photophobia (discomfort when looking into bright lights)?
- Confusion?
- Drowsiness?
- Nausea?

No ↓

Yes ↓

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

If student is so uncomfortable that he or she is unable to participate in normal activities, contact responsible school authority and parent or legal guardian

These could be signs of Meningitis. Contact school authority and parent or legal guardian. Urge Medical Care.

CALL EMS (911)

Contact Responsible school authority and parent or legal guardian.



Nose (Bloody or Broken)



Nose Bleed

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

Place student sitting comfortably with head slightly forward or lying on side with head raised on pillow.

Encourage mouth breathing and discourage nose blowing, repeated wiping, or rubbing.

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes.

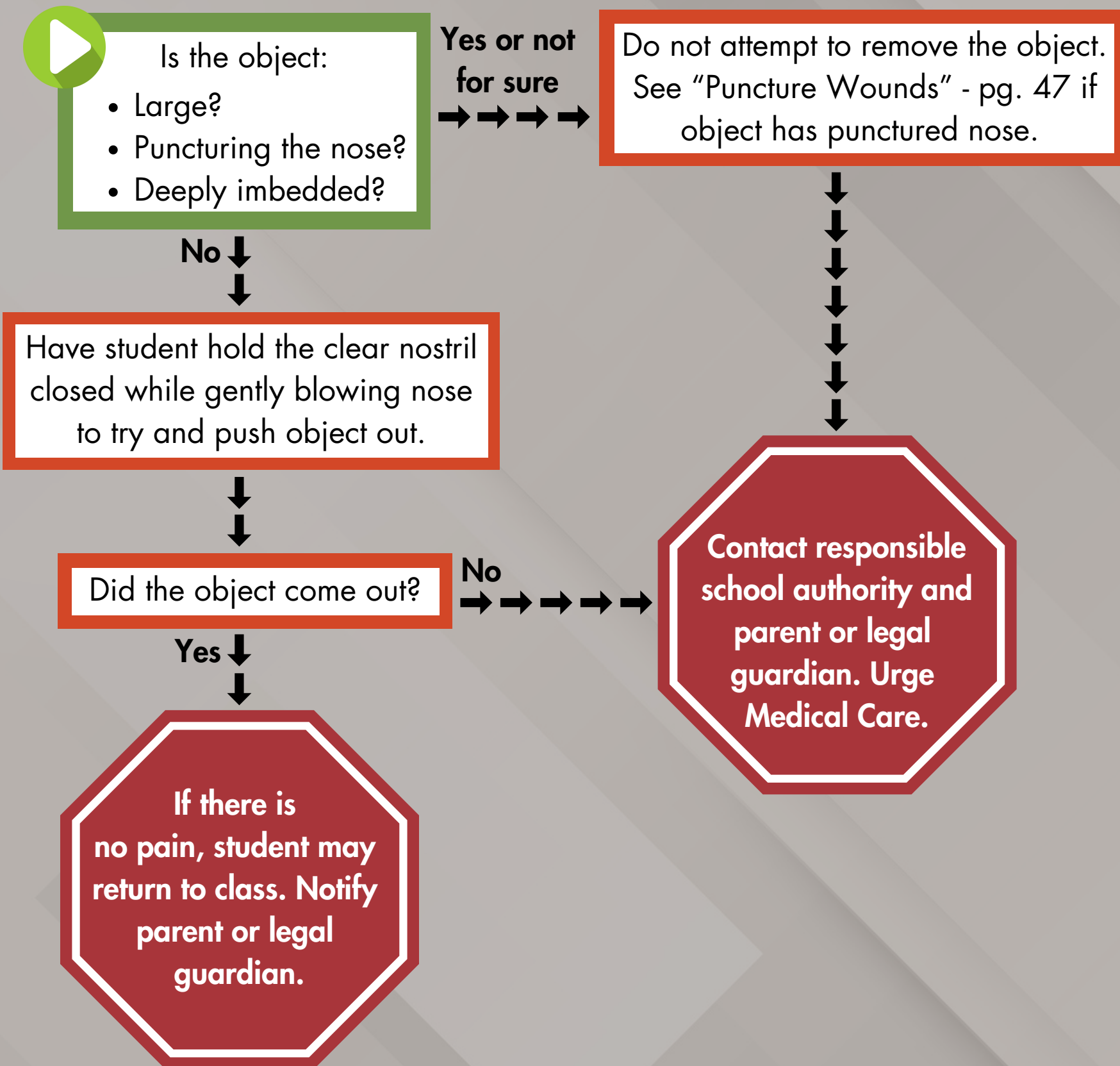
If blood is still flowing freely after applying pressure, contact responsible school authority and parent or legal guardian.

Broken Nose

- Care for nose as in "Nose Bleed" on the left
- Contact responsible school authority and parent/legal guardian.
- Urge Medical Care.

See "Head Injuries" - pg. 37
If you suspect a head injury other than a nose-bleed or broken nose.

(Foreign Object In) Nose



Poisoning and Overdose



Possible warning signs of poisoning include:

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



- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.



If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of "poison" it was.
- How much and when it was taken.

Call Poison Control.
1.800.222.1222
Follow their directions.



Do not induce vomiting or give anything unless instructed by Poison Control.



- If student becomes unconscious, place on his/ her side. Check airway. Look, listen and feel for breathing.
- If student stops breathing, start CPR. See "CPR" - pg. 20



CALL EMS (911)
Contact Responsible school authority and parent or legal guardian.

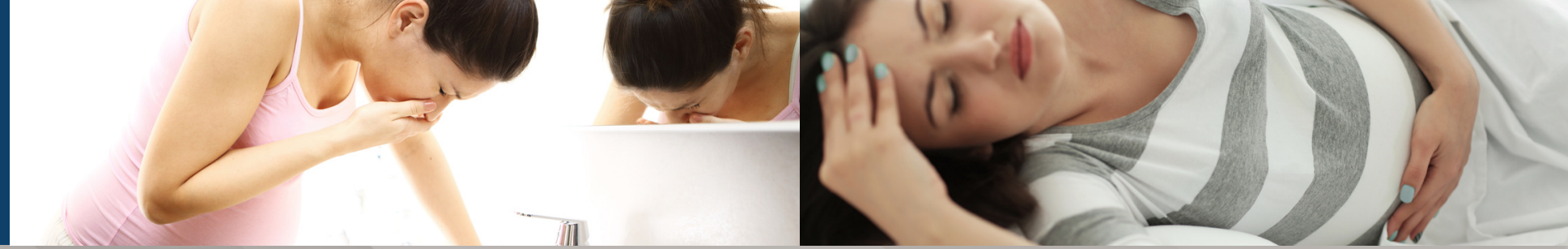


If possible, send sample of vomited material and ingested material with it's container to hospital with student.

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:


- Medication
- Snake Bites
- Chemicals/Cleaners
- Drugs/Alcohol
- Unsure
- Inhalants
- Insect Bites/Stings
- Plants
- Food


Pregnancy



Morning Sickness:
Treat as vomiting. See "Vomiting". If severe, contact responsible school authority and parent or legal guardian.

Vaginal Bleeding:
Contact responsible school authority and parent/legal guardian. Urge medical care. If student experiences spotting or vaginal bleeding along with cramping and abdominal pain (particularly on one side), it could be an ectopic pregnancy or other serious complication.


 Call EMS (911)

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


Pregnancy may be complicated by any of these listed conditions:

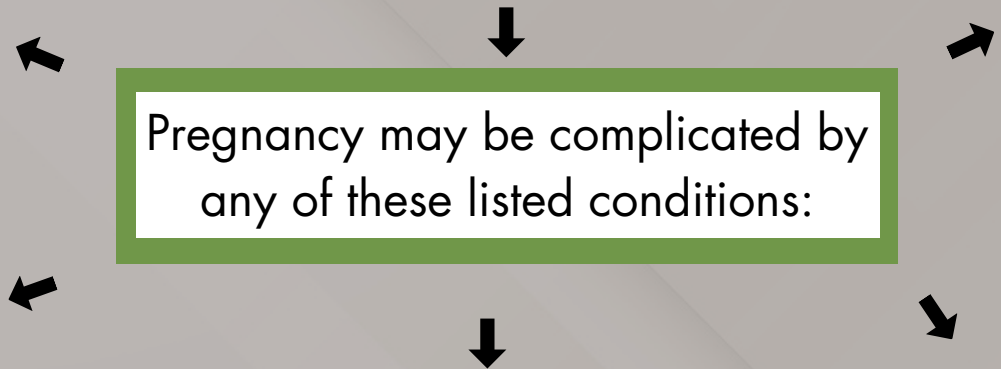
Amniotic Fluid Leakage:
This is not normal and may indicate the beginning of labor. Contact responsible school authority and parent or legal guardian. Urge medical care.

Cramping:
During the first three months of pregnancy, if student has cramping or abdominal pain (particularly on one side), spotting or bleeding, this may be an ectopic pregnancy.

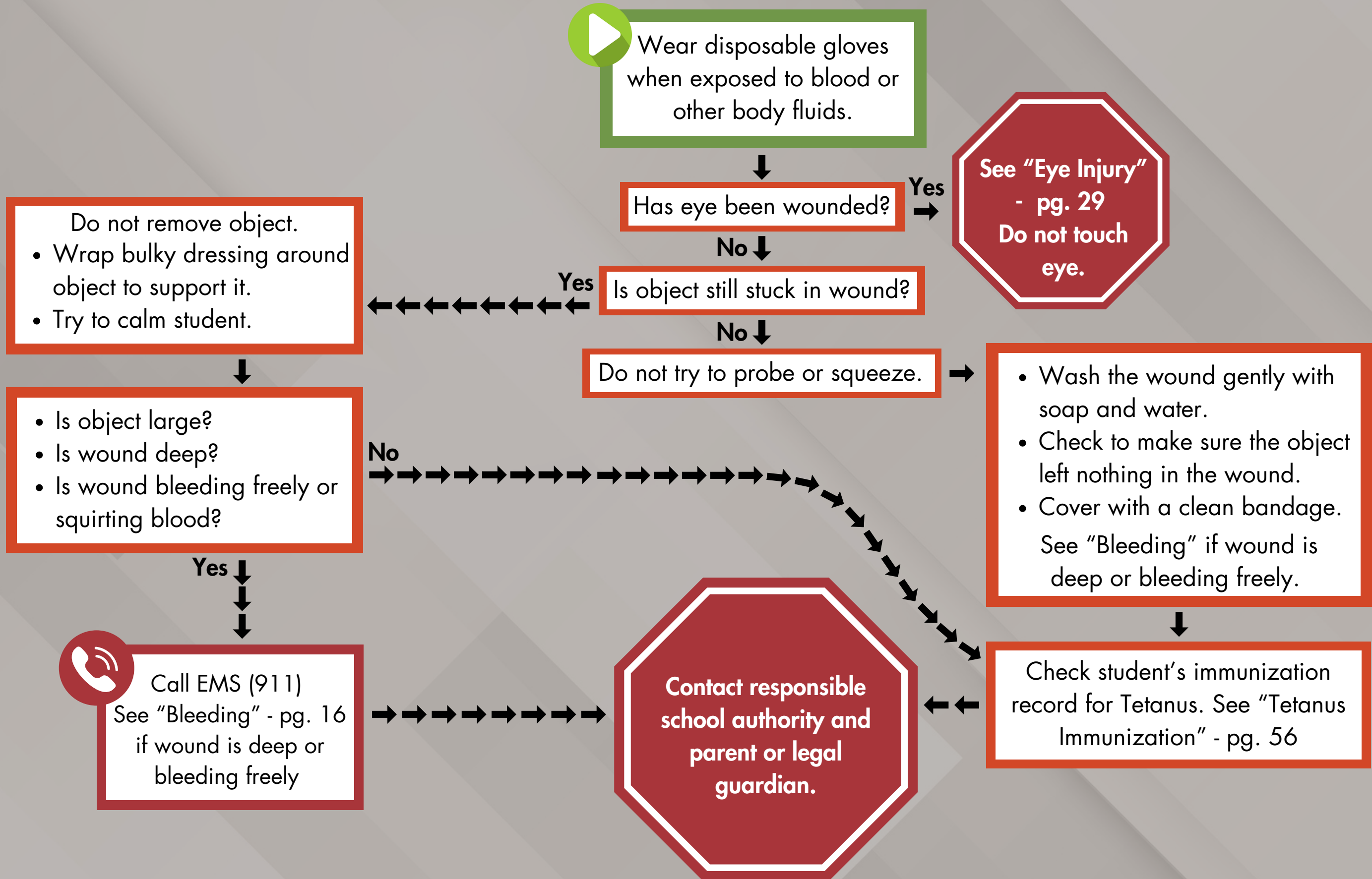
 Call EMS (911) If cramps are mild to severe during the remainder of the pregnancy, this may be the beginning of labor. Urge medical care. Contact responsible school authority and parent or legal guardian.

Seizure:
This may be a serious complication of pregnancy.

 Call EMS (911)



Puncture Wounds



Rashes



Some rashes may be contagious. Wear disposable gloves to protect yourself when in contact with any rash.



- Rashes include things such as:
- Hives.
 - Red spots (large/small, flat/raised).
 - Purple spots.
 - Small blisters.



Other symptoms may indicate whether the student needs medical care. Does the student have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

Yes



Call EMS (911)
Contact responsible school authority and parent or legal guardian.



No ↓

If any of the following symptoms are present, contact responsible school authority and parent/legal guardian and urge medical care.

- Headache
- Sore throat
- Diarrhea
- Vomiting
- Oral temperature > 100.0 F (See "Fever" - pg. 33)
- Rash that is bright red and sore to the touch.
- Student is so uncomfortable that he/she is unable to participate in regular school activities.



See "Allergic Reaction" - pg. 12 and "Communicable Disease" - pg. 23 for more information.

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

Visit

<https://www.a2schools.org/cms/lib/MI01907933/Centricity/Domain/2291/rash-poster.pdf>

for additional information on some common skin rashes.

Seizures



Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person.

A student with a history of seizures should be known to appropriate school staff. An emergency care plan should be developed and in place for students with epilepsy. This care plan should include a description of onset, type, duration, and after effects of the student's seizures.

Refer to student's emergency care plan. Note time so that you can track how long the seizure is happening.

Observe details of the seizure to relay to parent/legal guardian and health care provider.

- Duration (how long seizure lasts).
- Kind/type of movement or behavior.
- Body parts involved.
- Loss of consciousness.

Is student having a seizure lasting longer than 5 minutes?
Is student having multiple seizures one after another?
Is this the student's first ever seizure?
Is student having any breathing difficulties? If student stops breathing, start CPR.
See "CPR" - pg. 20

If student seems off balance, place him/her on the floor (on a soft surface) for observation and safety. Do not use a pillow.
Keep airway clear by placing student on his/her side.
Do not restrain movements.
Move surrounding objects to avoid injury.
Do not place anything in the student's teeth or mouth.

Contact responsible school authority and parent or legal guardian.

Call EMS (911)

Seizures are often followed by sleep. The student may also be confused. This may last from 15-60 minutes or longer. After the sleeping period, the student should be encouraged to participate in all normal class activities.



Shock



▶ If injury is suspected, see “Neck and Back Pain” and treat as a possible neck injury. Do not move student unless he/she is in danger.

- Any serious injury or illness may lead to shock, which is the lack of blood and oxygen to the body tissues.
- Shock is life-threatening.
- Stay calm and get immediate assistance.
- Check for medical alert bracelet or student’s emergency care plan if available.

- See the appropriate guideline to treat the most severe symptoms first.
- Not breathing: <https://cpr.heart.org/en/resuscitation-science/cpr-and-e>
 - Unconscious: see “Unconsciousness”- pg. 58
 - Bleeding profusely: see “Bleeding”- pg. 16



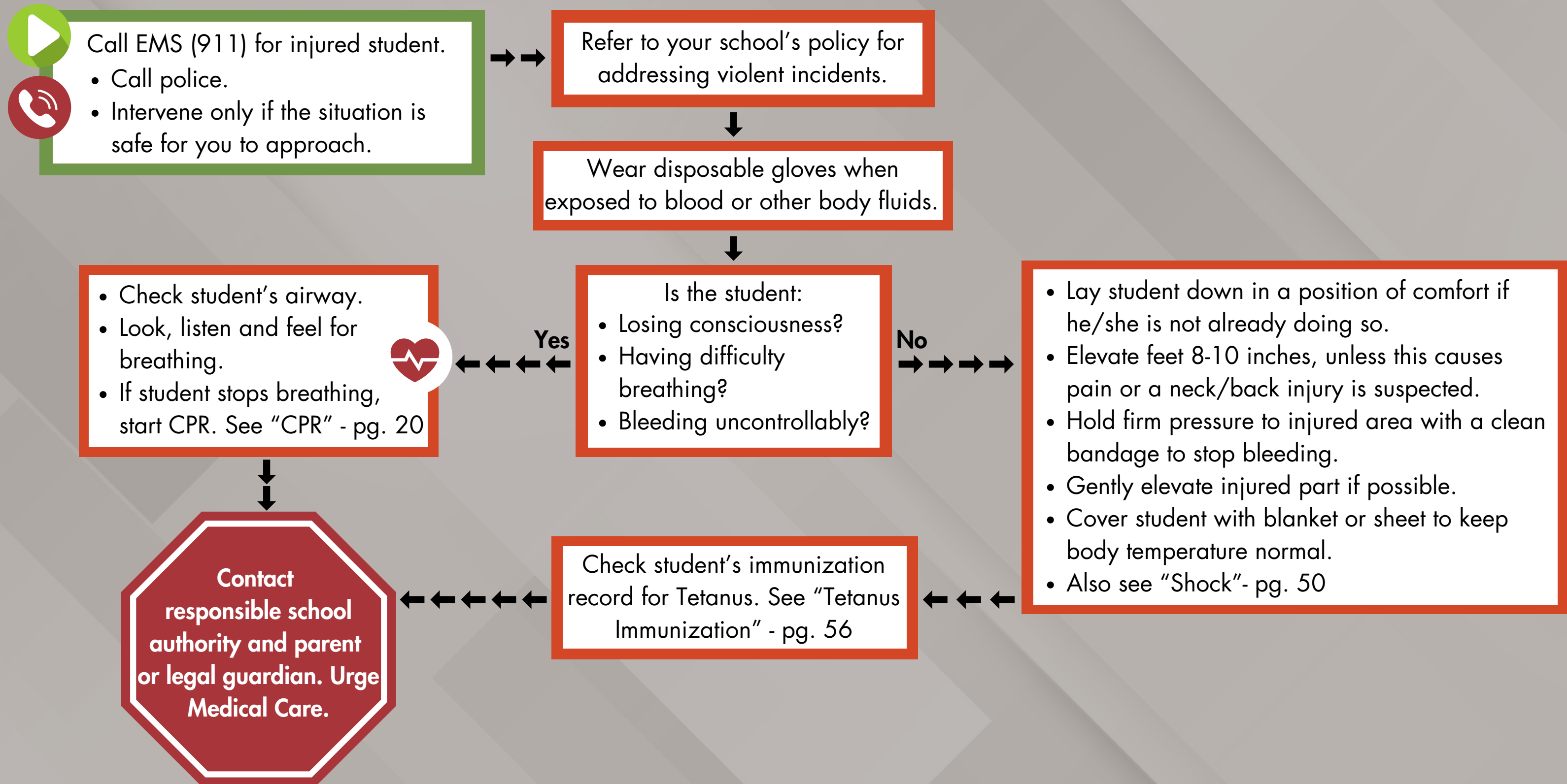
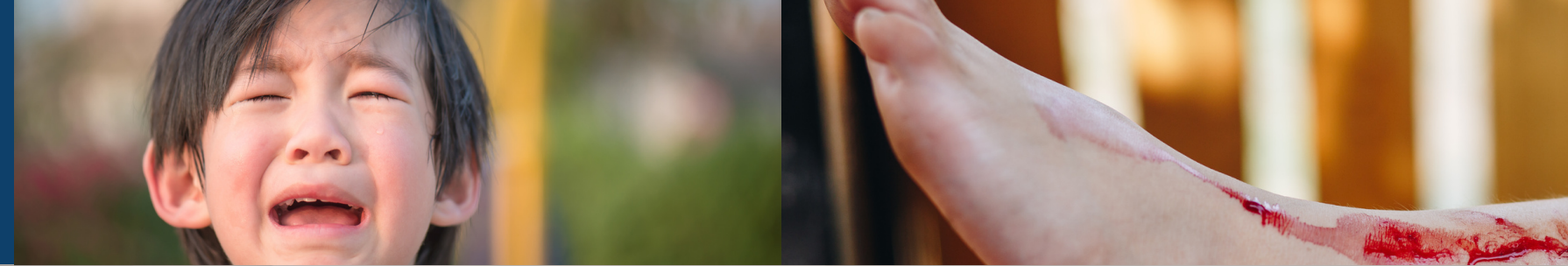
Call EMS (911)
Contact responsible school authority and parent/legal guardian.

Contact responsible school authority and parent or legal guardian.

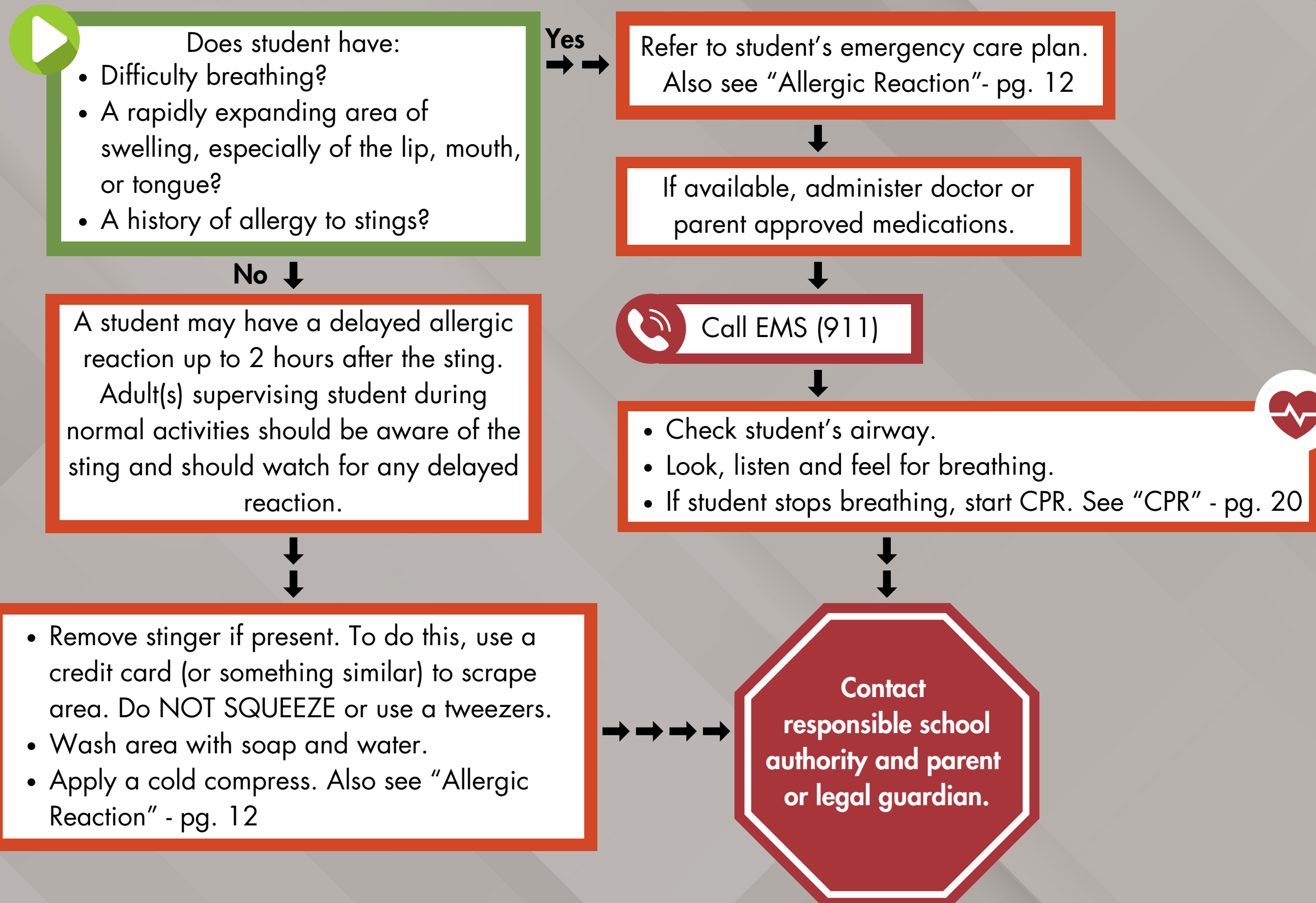
Signs of shock include:

- Pale, cool, moist skin.
- Mottled, ashen, blue skin.
- Altered consciousness or confusion.
- Nausea, dizziness, or thirst.
- Severe coughing, high pitched whistling sound.
- Blueness in the face.
- Fever >100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.
- Unresponsiveness.
- Difficulty breathing or swallowing.
- Rapid breathing.
- Rapid, weak pulse.
- Restlessness/irritability.

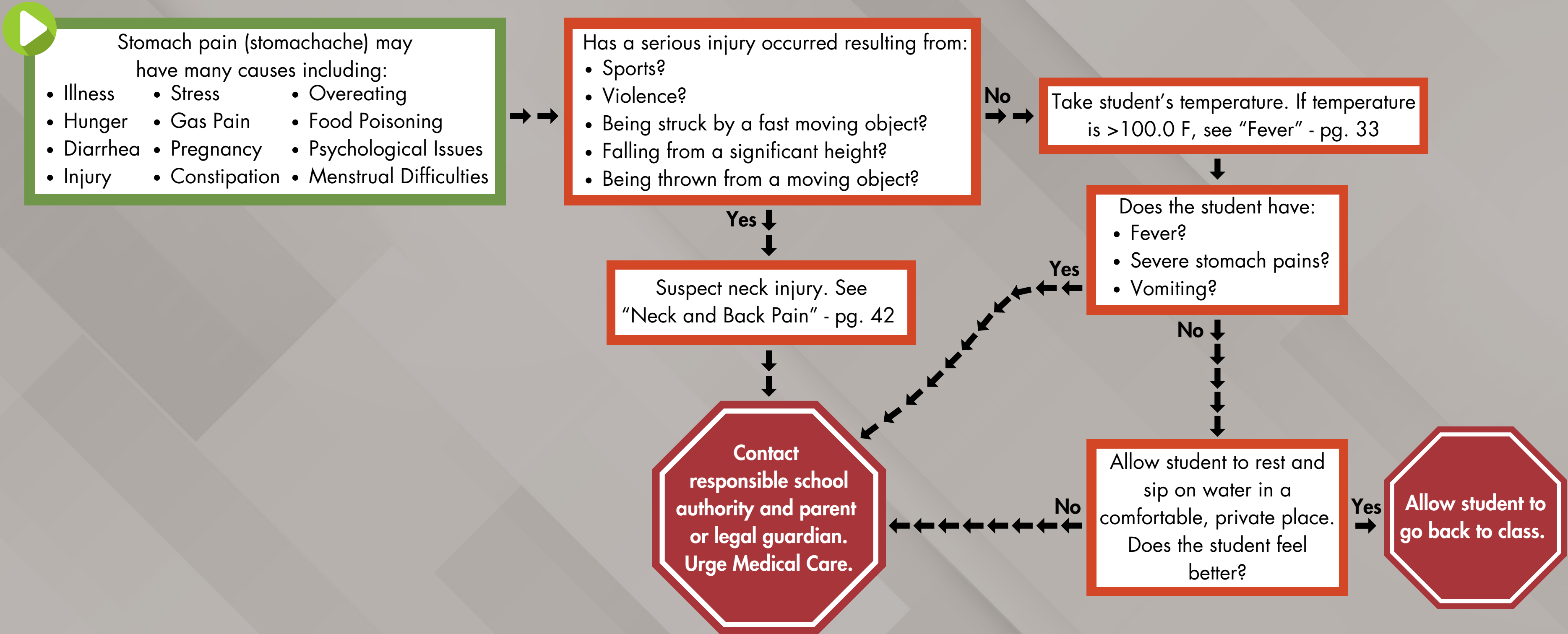
Stabbing and Gunshot Injuries



Stings



Stomach Pain



Teeth Injuries



Orthodontic Emergencies:

See this website/document for further instructions:

https://www.atsu.edu/asdoh/programs/orthodontics/pdfs/orthodontic_emergencies.pdf

Prior to a dental emergency, it is recommended that you open these documents and print a copy for your emergency binder.

For tongue, cheek, lip, jaw, or other mouth injury not involving the teeth, see "Mouth and Jaw Injuries"- pg. 41

Broken, Displaced, or Knocked-out Tooth:

See this website/document for further instructions:

<https://www.merckmanuals.com/home/mouth-and-dental-disorders/urgent-dental-problems/fractured-loosened-or-knocked-out-teeth>



Generally no first aid measure in the school will be of any significant value.



Contact
responsible school
authority and parent
or legal guardian.
Urge Medical Care.

Tetanus Immunization



Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the student's immunization record for tetanus and notify parent/legal guardian of immunization status.

A minor wound would need a tetanus booster only if it has been more than 10 years since the last tetanus shot, if the immunization history is unknown, or if the student is 5 years old or younger.

Other wounds, such as those contaminated by dirt, feces, saliva, puncture wounds, amputations, crush wounds, burns, and frostbite need a tetanus booster if it has been more than 5 years since the last tetanus shot.

For further information or clarification, the parent/legal guardian should consult their child's primary health care provider.

More information on immunizations can be found at:

<https://www.hhs.nd.gov/public-health-information/diseases-conditions-and-immunization/immunizations>

<https://www.cdc.gov/vaccines/index.html>

Tick Bites



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



Wash area where tick is attached to the skin prior to removal.



- Using tweezers, grasp the tick as close to the skin surface as possible.
- Do not twist or jerk the tick as the mouth parts may break off. It is important to remove the entire tick.
- Try not to squeeze, crush, or puncture the body of tick as you remove it.



- Wash area where tick was removed with soap and water.
- Wash your hands.
- Apply a bandage to area if needed.



- Ticks can be disposed of safely by:
- Submersing in alcohol.
 - Placing in a sealed bag/container.
 - Wrapping tightly with tape.
 - Flushing down the toilet.



Contact responsible school authority and parent or legal guardian. Urge Medical Care.

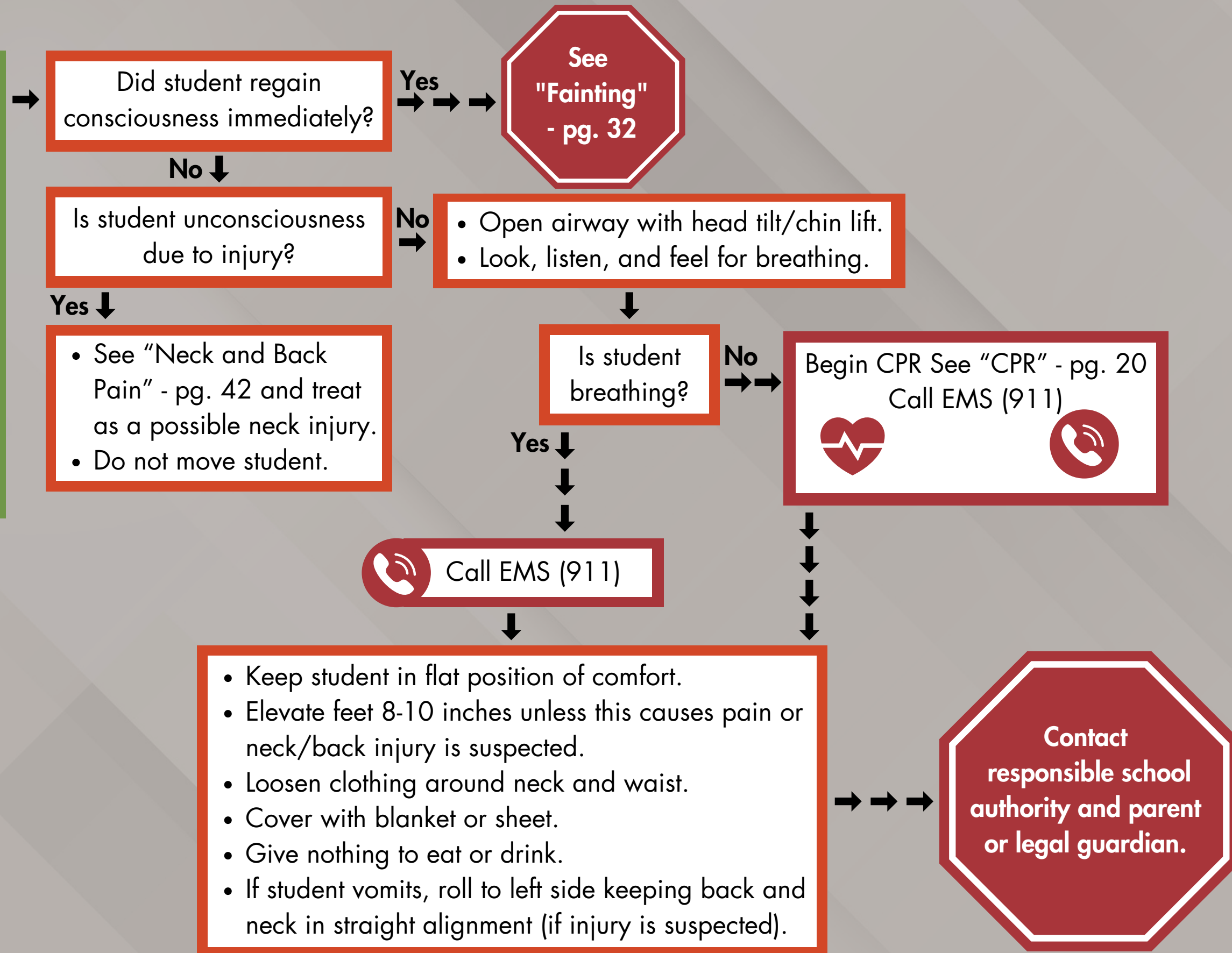
Students have an increased chance of having a tick after being in wooded areas or tall grass/brush. However, ticks can live in other places also. Ticks can carry disease and/or cause infection. Ticks should be removed immediately when discovered on a student's skin.

Unconsciousness

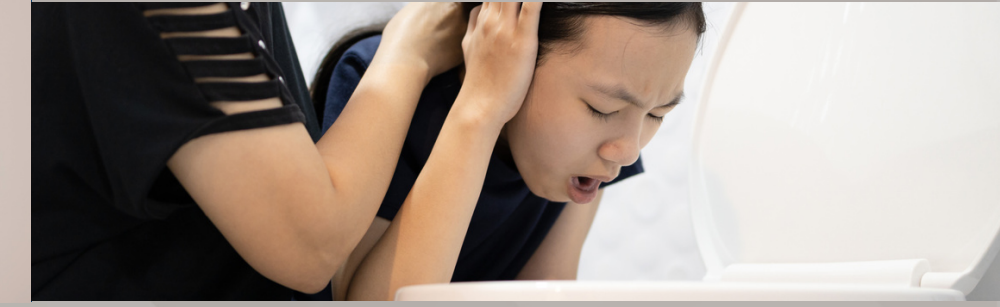


Unconsciousness may have many causes including:

- Injuries
- Blood loss/shock
- Poisoning
- Illness
- Severe allergic reaction
- Diabetic reaction
- Fatigue
- Heat exhaustion
- Stress
- Not eating



Vomiting



Vomiting may have many causes including:

- Illness
- Bulimia
- Anxiety
- Pregnancy
- Injury/Head Injury
- Heat Exhaustion
- Overexertion
- Food Poisoning

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

Open airway with head tilt/chin lift.
Look, listen, and feel for breathing.

- Have student lie down on his/her side in a room that affords privacy to rest.
- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket or garbage can available.
- Give no food or medications. You may offer ice chips or small sips of clear fluids such as 7-Up or Gatorade (not red), if student is thirsty.

Contact responsible school authority and parent or legal guardian. Urge Medical Care.

Does student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Dizziness?
- Paleness?

Contact responsible school authority and parent or legal guardian.

Forms

Each school district should determine which forms to use. Some of the following links were developed by a school district or local public health unit that delivers school health services. These forms may be adapted to fit your school's needs. In addition, other samples and templates can be found by searching the internet. The provided forms may not be inclusive of your school's needs. If you cannot find a form suitable to your needs, please search for an alternative or contact one of the authors of this manual.

We would like to thank the cited organizations for access to their forms.

Food Allergy & Anaphylaxis Care Plan

<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>

Asthma & Allergy self-care authorization form

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Parent Consent Form.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Parent%20Consent%20Form.pdf)

Authorization for Administration of Specialized Healthcare Procedures (Fargo Public Schools)

<http://tinyurl.com/SpecializedHealthProcedures>

CPR

<https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines>

Diabetes Care Plan

<https://diabetes.org/sites/default/files/2022-02/DMMP-final-2-3-22.pdf>

Individualized Healthcare Plan/Health Management Plan (Custer Health)

<http://tinyurl.com/Indiv-HealthManagementPlan>

Medication Administration Log

[https://www.fargo.k12.nd.us/site/handlers/filedownload.ashx?moduleinstanceid=573&dataid=666&FileName=Medication Record Administration - AP 6720b.pdf](https://www.fargo.k12.nd.us/site/handlers/filedownload.ashx?moduleinstanceid=573&dataid=666&FileName=Medication%20Record%20Administration%20-%20AP%206720b.pdf)

Medication Administration PowerPoint

<https://www.health.nd.gov/medication-administration>

Prescription and OTC Authorization for Medication Administration (Fargo Public Schools)

<http://tinyurl.com/Prescription-OTCAuthorization>

Request and Authorization for Self-Administration of Medication (Fargo Public Schools)

<http://tinyurl.com/Self-Administration-Medication>

Seizure Care Plan

https://www.epilepsy.com/sites/default/files/atoms/files/SCHOOL%20Seizure%20Action%20Plan%202020-April7_FILLABLE.pdf

School Health Referral Slips

School Health Referral	Student _____	Date _____
	Time Left Class _____	Time Returned to Class _____
	Teacher Signature _____	Nurse/Staff Signature _____
Reason(s) for Referral: <input type="checkbox"/> Cold Symptoms/Cough <input type="checkbox"/> Bloody Nose <input type="checkbox"/> Earache <input type="checkbox"/> Injury _____ <input type="checkbox"/> Eye Injury/Irritation <input type="checkbox"/> Pain _____ <input type="checkbox"/> Feels warm to touch <input type="checkbox"/> Rash <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomachache <input type="checkbox"/> Headache <input type="checkbox"/> Other _____		Student Behaviors: <input type="checkbox"/> Complained more than once <input type="checkbox"/> Put head down on desk/rested <input type="checkbox"/> Called parent <input type="checkbox"/> Cried <input type="checkbox"/> Other _____
How can Nurse/Staff help? <input type="checkbox"/> First Aid <input type="checkbox"/> Check Temperature _____ <input type="checkbox"/> Ice Pack <input type="checkbox"/> Notify Parent <input type="checkbox"/> Give Medication <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____		Teacher Explain (What have you tried?): <input type="checkbox"/> Water <input type="checkbox"/> Inhaler <input type="checkbox"/> Bathroom <input type="checkbox"/> Break <input type="checkbox"/> Food/Snack <input type="checkbox"/> Other _____
Nurse Assessment:		Plan of Action:
For office use only: <input type="checkbox"/> Nurse _____ <input type="checkbox"/> Other Staff _____ <input type="checkbox"/> Return to class <input type="checkbox"/> Sent Home		

White Copy: Parent

Yellow Copy: Teacher

Pink Copy: Nurse

Nurse Referral	Student _____	Date _____
	Time Left Class _____	Time Returned to Class _____
	Teacher Signature _____	Nurse/Staff Signature _____
Reason(s) for Referral: <input type="checkbox"/> Cold Symptoms/Cough <input type="checkbox"/> Bloody Nose <input type="checkbox"/> Earache <input type="checkbox"/> Injury _____ <input type="checkbox"/> Eye Injury/Irritation <input type="checkbox"/> Pain _____ <input type="checkbox"/> Feels warm to touch <input type="checkbox"/> Rash <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomachache <input type="checkbox"/> Headache <input type="checkbox"/> Other _____		Student Behaviors: <input type="checkbox"/> Complained more than once <input type="checkbox"/> Put head down on desk/rested <input type="checkbox"/> Called parent <input type="checkbox"/> Cried <input type="checkbox"/> Other _____
How can Nurse/Staff help? <input type="checkbox"/> First Aid <input type="checkbox"/> Check Temperature _____ <input type="checkbox"/> Ice Pack <input type="checkbox"/> Notify Parent <input type="checkbox"/> Give Medication <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____		Teacher Explain (What have you tried?): <input type="checkbox"/> Water <input type="checkbox"/> Inhaler <input type="checkbox"/> Bathroom <input type="checkbox"/> Break <input type="checkbox"/> Food/Snack <input type="checkbox"/> Other _____
Nurse Assessment:		Plan of Action:
For office use only: <input type="checkbox"/> Nurse _____ <input type="checkbox"/> Other Staff _____ <input type="checkbox"/> Return to class <input type="checkbox"/> Sent Home		

White Copy: Parent

Yellow Copy: Teacher

Pink Copy: Nurse