South Dakota

EMSC
Emergency Medical Services for Children℠

EMERGENCY GUIDELINES 2012

for South Dakota Schools

Guidelines for helping an ill or injured student when the school nurse is not available.

EMERGENCY GUIDELINES

for South Dakota Schools

2019 Edition

TOPICS INCLUDE:

- AEDs
- Allergic Reaction
- Astma & Difficulty Breathing
- Behavioral Emergencies
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- CPR (Infant, Child, & Adult)
- Choking
- Child Abuse
- Communicable Diseases
- Cuts, Scratches, & Scrapes
- Diabetes
- Diarrhea
- Ear Problems
- Electric Shock
- Eye Problems
- Fainting
- Fever
- Fractures & Sprains
- Frostbite
- Headache
- Head Injuries
- Heat Emergencies
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Pain
- Nose Problems
- Opioid Overdose
- Poisoning & Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Shock
- Splinters
- Stabs/Gunshots
- Stings
- Stomachaches & Pain
- Teeth Problems
- Tetanus Immunization
- Ticks
- Unconsciousness
- Vomiting

Additional Resources Include:

- Emergency Response to life threating Asthma or Anaphylaxis
- Recommended First Aid Equipment and Supplies
- School Safety Planning & Emergency Preparedness Section, Including Pandemic Flu Preparedness and School Shooting
- CRISIS Team
- Emergency Phone Numbers
- HB 1157 Epi Auto-injectors
- Communicable Diseases http://doh.sd.gov/diseases/infectious/

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Emergency Guidelines for Schools-South Dakota

The South Dakota Emergency Medical Services (SD EMSC) Program is pleased to provide each public school in South Dakota with a copy of "*Emergency Guidelines for Schools*". This is a comprehensive and easy to use guide for managing a variety of medical emergencies involving children. We would like to extend our appreciation to the South Dakota School Nurse Association for their support in distributing this resource. This manual will be available electronically. Although designed for a school environment, this resource is equally appropriate for child care providers in work/ home settings.

It is recommended that this book be downloaded for easy access on the computer, as well as printed for easy accessibility. Ensure that all staff are aware of its availability as this important resource may serve as an essential guide to assist first responders with the basic steps necessary to achieve the best outcome when an emergency occurs.

"*Emergency Guidelines for Schools" (EGS)* is a resource that will benefit the staff on every level, especially those who are first on scene. The emergency guidelines are meant to serve as a basic "*what to do in an emergency*" guide for staff with little to no medical/nursing training. **It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course.**

The **EGS** has been created as a *recommendation* for procedures. It is not the intent of the EGS to supersede or make invalid any laws or rules established by a school system, a school board or the State of South Dakota. Please consult your school nurse or regional school nurse consultant if you have questions about any of the recommendations. You may add specific instructions for your school as needed. In a true emergency situation, use your best judgment.

The SD EMSC Program is committed to providing resources and training to those who care for our children in South Dakota. We encourage you to provide us with your feedback regarding the *Emergency Guidelines for Schools.* Please feel free to contact our office at (605)-328-6668 or corolla.lauck@usd.edu

Making a Difference!

Corolla Lauck,Program Director
SD EMSC

Children are the world's most valuable resource and our best hope for the future

7953-EMS 10/17

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Index (Continued)

This resource is supported by the Health Resources and Services Administration (HRSA) and Maternal Child Health Bereau (MCHB, Emergency Medical Serivces for Children (EMSC) Program through the following grant: **H33MC06693**

HOW TO USE THE EMERGENCY GUIDELINES

- In an emergency, refer first to the guideline for treating the most severe symptoms (e.g., unconsciousness, bleeding, etc.)

- Learn when EMS (Emergency Medical Services) should be contacted. Copy the "When to Call EMS" page and post in key locations.

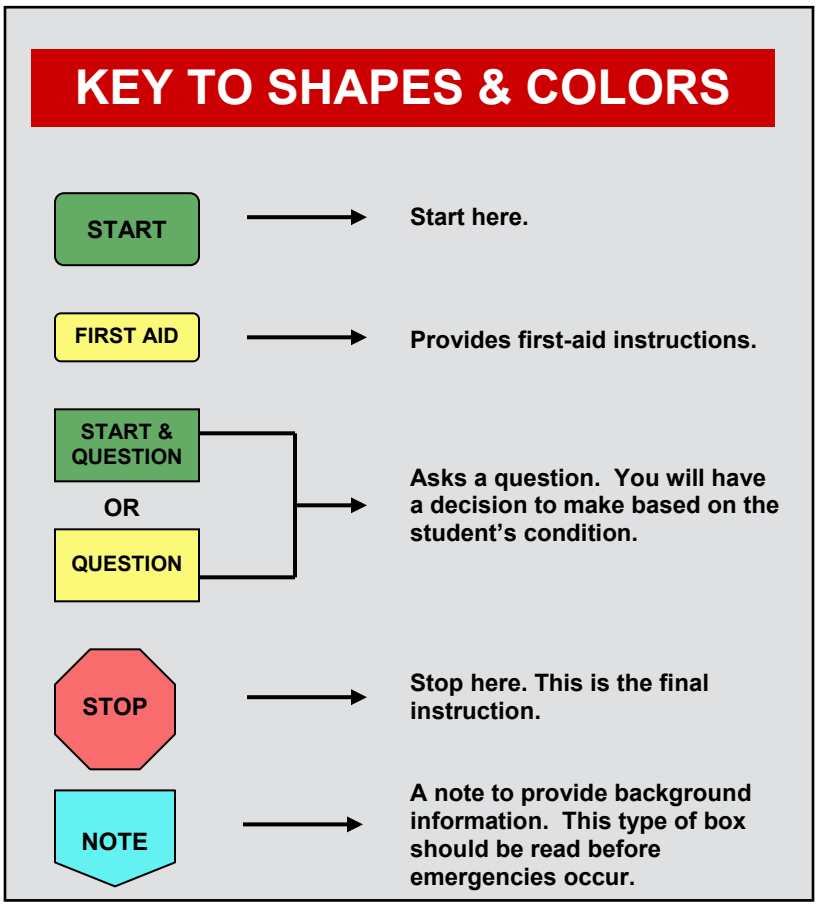
- The Resource Section contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the guidelines, as you will need to have this information ready in an emergency situation.

- 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 ending. See the **Key to Shapes and Colors.**

- 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.

- In addition, information has been provided about **Infection Control, Planning for Students with Special Needs, Injury Reporting, School Safety Planning** and **Emergency Preparedness**



WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) OR 9-1-1

Call an Ambulance or 9-1-1 if:

- ☐ The child is unconscious, semi-conscious or unusually confused.
- ☐ The child's airway is blocked.
- ☐ The child is not breathing.
- ☐ The child is having difficulty breathing, shortness of breath or is choking.
- ☐ The child has no pulse.
- ☐ The child has bleeding that won't stop.
- ☐ The child is coughing up or vomiting blood.
- ☐ The child has been poisoned.
- ☐ The child has a seizure for the first time or a seizure that lasts more than five minutes.
- ☐ The child has injuries to the neck or back.

- ☐ The child has sudden, severe pain anywhere in the body.
- ☐ The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- ☐ The child's condition could worsen or become life-threatening on the way to the hospital.
- ☐ Moving the child could cause further injury.
- ☐ The child needs the skills or equipment of paramedics or emergency medical technicians.
- ☐ Distance or traffic conditions would cause a delay in getting the child to the hospital.

If any of the above conditions exist, or if you are not sure, it is best to call 9-1-1.

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

1. ***Remain calm and assess the situation***. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy, or if the school physician has provided standing orders or prescriptions.
5. Do **NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
6. 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.
7. If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the 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 Emergency Medical Services (EMS), if necessary.
8. A responsible individual should stay with the injured student.
9. Fill out a report for all injuries requiring above procedures as required by local school policy.

POST-CRISIS INTERVENTION FOLLOWING SERIOUS INJURY OR DEATH

- Discuss with counseling staff.
- Determine level of intervention for staff and students.
- Designate private rooms for private counseling/defusing.
- Escort affected students, siblings, close friends, and other highly stressed individuals to counselors.
- 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.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to health conditions, physical abilities or communication challenges. Include caring for these students' special needs in emergency and disaster planning.

HEALTH CONDITIONS:

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

- Seizures
- Diabetes
- Asthma or other breathing difficulties
- Life-threatening or severe allergic reactions
- Technology-dependent or medically fragile conditions

Your school nurse or other school health professional, along with the student's parent or legal guardian and physician should develop individual action plans for these students when they are enrolled. These action plans should be made available to appropriate staff at all times.

In the event of an emergency situation, refer to the student's emergency care plan.

PHYSICAL ABILITIES:

Other students in your school may have special emergency needs due to their physical abilities. For example, students who are:

- In wheelchairs
- Temporarily on crutches/walking casts
- Unable or have difficulty walking up or down stairs

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. All staff should be aware of this plan.

COMMUNICATION CHALLENGES:

Other students in your school may have sensory impairments or have difficulty understanding special instructions during an emergency. For example, students who have:

- Vision impairments
- Hearing impairments
- Processing disorders
- Limited English proficiency
- Behavior or developmental disorders
- Emotional or mental health issues

These students may need special communication considerations in the event of a school-wide emergency. All staff should be aware of plans to communicate information to these students.

Emergency Information Form for Children With Special Needs

Last name:

American College of Emergency Physicians*

American Academy of Pediatrics

Date form completed	Revised	Initials
By Whom	Revised	Initials

Name: | Birth date: | Nickname:

Home Address: | Home/Work Phone:

Parent/Guardian: | Emergency Contact Names & Relationship:

Signature/Consent*: |

Primary Language: | Phone Number(s):

Physicians:

Primary care physician: | Emergency Phone: | Fax:

Current Specialty physician: Specialty: | Emergency Phone: | Fax:

Current Specialty physician: Specialty: | Emergency Phone: | Fax:

Anticipated Primary ED: | Pharmacy:

Anticipated Tertiary Care Center:

Diagnoses/Past Procedures/Physical Exam:

1. | Baseline physical findings:

2.

3. | Baseline vital signs:

4.

Synopsis: | Baseline neurological status:

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	
4.	Prostheses/Appliances/Advanced Technology Devices:
5.	
6.	

Management Data:

Allergies: Medications/Foods to be avoided	**and why:**
1.	
2.	
3.	
Procedures to be avoided	**and why:**
1.	
2.	
3.	

Immunizations

Dates					
DPT					
OPV					
MMR					
HIB					

Dates					
Hep B					
Varicella					
TB status					
Other					

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature: **Print Name:**

Emergency Information Form for Children With Autism

Last name:

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:	**Birth date:**	**Nickname:**
Home Address:	**Home/Work Phone:**	
Parent/Guardian:	**Emergency Contact Names & Relationship:**	
Signature/Consent*:		
Primary Language:	**Phone Number(s):**	
Primary Means of Communication:	**Does s/he wear a medical ID bracelet?**	

Physicians:

Primary care physician:	**Emergency Phone:**
	Fax:
Current Specialty physician:	**Emergency Phone:**
Specialty:	**Fax:**
Current Specialty physician:	**Emergency Phone:**
Specialty:	**Fax:**
Additional Specialty physician:	**Emergency Phone:**
Specialty:	**Fax:**
Anticipated Primary ED:	**Pharmacy:**
Anticipated Medical Center:	

Diagnoses/Past Procedures/Physical Exam:

1.	**Baseline vital signs:**
	Most recent height and weight (date):
2.	
3.	**Baseline neurological status:**
	Estimated age equivalent (date) for:
4.	Receptive language:
	Expressive language:
Synopsis:	Cognitive skills:
	Gross motor skills:
	Fine motor skills:
Baseline physical findings:	**Comfort items:**
	Does s/he tend to wander off? Where to?

*Consent for release of this form to health care providers

Adapted from the ACEP/AAP Emergency Information Form for Children with Special Needs

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	
4.	
5.	
6.	

Management Data:

Allergies: Medications/Foods to be avoided	and why:
1.	
2.	
3.	
Procedures to be avoided	**and why:**
1.	
2.	
3.	

Immunizations (mm/yy)

Dates					
DTaP					
IPV					
MMR					
HIB					
Tdap					
Hep A					
HPV					

Dates					
Hep B					
Varicella					
TB status					
Influenza					
Pneumococcus					
Meningococcus					
Rotavirus					

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature: **Print Name:**

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 *any* 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:
  1. Before and after physical contact with any student *(even if gloves have been worn)*.
  2. Before and after eating or handling food.
  3. After cleaning.
  4. After using the restroom.
  5. 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 other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible *(wear disposable gloves)*. Double-bag the trash in plastic bags and dispose of immediately. Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not touch your mouth or eyes while giving any first aid.

GUIDELINES FOR STUDENTS:

- Remind students to wash hands thoroughly after coming in contact with their own blood or body fluids.
- Remind students to avoid contact with another person's blood or body fluids.

ALLERGIC REACTION

Students with a history of life-threatening allergies should be known to appropriate school staff. An Allergy Action Plan should be developed. SD law allows students to possess and use an auto-injectable epinephrine in schools. Staff in a position to administer the Epi-Pen and/or Albuterol should receive instruction.

Children may experience symptoms within minutes up to 2 hours post exposure.

Does the student have any symptoms of a severe allergic reaction which may include:

- Flushed or Swollen face?
- Dizziness?
- Confusion?
- Loss of consciousness?
- Paleness?
- Hives all over body?
- Blueness around mouth?
- Difficulty breathing?
- Drooling or difficulty swallowing?

NO

Symptoms of a mild allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash in one area.

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for any delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

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

YES

Does student have an Allergy Action plan?

NO

Follow Pg.16 Standing Orders

CALL EMS 9-1-1. Contact responsible school authority & parent or legal guardian.

YES

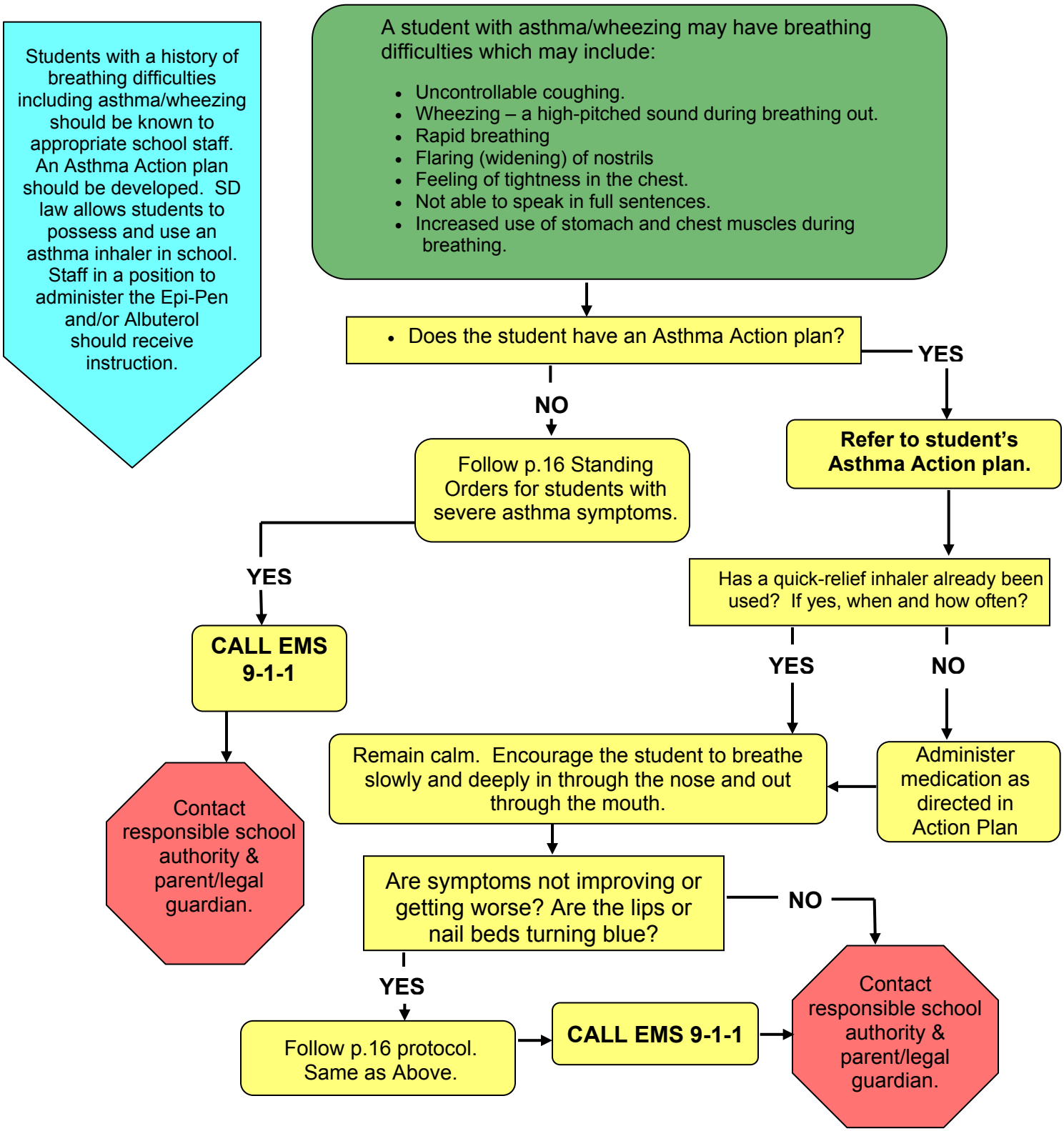
Refer to student's Allergy Action plan.

Administer medication as directed in action plan.

Are symptoms not improving or getting worse? Are the lips or nail beds turning blue?

Follow Rule 59 protocol.

ASTHMA – WHEEZING – DIFFICULTY BREATHING



STANDING ORDERS:
RESPONSE TO LIFE THREATENING ASTHMA OR ANAPHYLAXIS

EMERGENCY RESPONSE TO LIFE-THREATENING ASTHMA OR SYSTEMIC ALLERGIC REACTIONS (ANAPHYLAXIS)

DEFINITION: Life-threatening asthma consists of an *acute episode of worsening airflow obstruction. Immediate action and monitoring are necessary.*

A systemic reaction (anaphylaxis) is a severe response resulting in cardiovascular collapse (shock) after the injection of an antigen (e.g. bee or other insect sting), ingestion of a food or *medication*, or exposure to other allergens, such as animal fur, chemical irritants, pollens or molds, among others. The blood pressure falls, the pulse becomes weak, **AND DEATH OCCUR**. Immediate allergic reactions may require emergency treatment and medications.

LIFE-THREATENING ASTHMA SYMPTOMS: Any of these symptoms may occur:

- Chest tightness
- Wheezing
- Severe shortness of breath
- Retractions (chest or neck "sucked in")
- Cyanosis (lips and nail beds exhibit a grayish or bluish color)
- Change in mental status, such as agitation, anxiety, or lethargy
- A hunched-over position
- Breathlessness causing speech in one-to-two word phrases or complete inability to speak

ANAPHYLACTIC SYMPTOMS OF BODY SYSTEM: Any of the symptoms may occur within seconds. The more immediate the reactions, the more severe the reaction may become. Any of the symptoms present requires several hours of monitoring.

- Skin: warmth, itching, and/or tingling of underarms/groin, flushing, hives
- Abdominal: pain, nausea and vomiting, diarrhea
- Oral/Respiratory: sneezing, swelling of face (lips, mouth, tongue, throat), lump or tightness in the throat, hoarseness, difficulty inhaling, shortness of breath, decrease in peak flow meter reading, wheezing reaction
- Cardiovascular: headache, low blood pressure (shock), lightheadedness, fainting, loss of consciousness, rapid heart rate, ventricular fibrillation (no pulse)
- Mental status: apprehension, anxiety, restlessness, irritability

EMERGENCY PROTOCOL:

1. **CALL 911**
2. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol
3. Check airway patency, breathing, respiratory rate, and pulse
4. Administer medications (EpiPen and albuterol) per standing order
5. Determine cause as quickly as possible
6. Monitor vital signs (pulse, respiration, etc.)
7. Contact parents immediately and physician as soon as possible
8. Any individual treated for symptoms with epinephrine at school will be transferred to medical facility

STANDING ORDERS FOR RESPONSE TO LIFE-THREATENING ASTHMA OR ANAPHYLAXIS:

- Administer an IM EpiPen-Jr. For a child less than **66** pounds or an adult EpiPen for any individual over **66** pounds
- Follow with nebulized albuterol (premixed) while awaiting EMS. If not better, may repeat times two, back-to-back
- Administer CPR, if indicated

(PHYSICIAN)	Date	(PHYSICIAN)	Date
(PHYSICIAN)	Date	(PHYSICIAN)	Date

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

AEDs are devices that help to restore a normal heart rhythm by delivering an electric shock to the heart after detecting a life-threatening irregular rhythm. AEDs are not substitutes for CPR, but are designed to increase the effectiveness of basic life support when integrated into the CPR cycle.

AEDs are safe to use for ***all ages, according to the American Heart Association (AHA).**** Some AEDs are capable of delivering a "child" energy dose through smaller child pads.

** Use child pads/child system for children 0-8 years if available.

If child system is not available, use adult AED and pads.

* Do not use the child pads for adults in cardiac arrest. If your school has an AED, obtain training in its use before an emergency occurs, and follow any local school policies and manufacturer's instructions. The location of AEDs should be known to all school personnel.

American Heart Association Guidelines for AED/CPR Integration*

- For a sudden, **witnessed** collapse in an infant/child,
- Use the AED first if it is immediately available.
- If there is any delay in the AED's arrival, begin CPR first.
- Prepare AED to check heart rhythm and deliver 1 shock as necessary.
- Then, immediately begin 30 CPR chest compressions within 15-18 seconds followed by 2 slow breaths of 1 second each.
- Complete 5 cycles of CPR (30 compressions to 2 breaths x 5) for about 2 minutes.
- The AED will perform another heart rhythm assessment and deliver a shock as needed.
- Continue with cycles of 2 minutes CPR to 1 AED rhythm check.

- For a sudden, **unwitnessed** collapse in an infant/child
- Perform 5 cycles of CPR first (30 compressions to 2 breaths x 5) of about 2 minutes, and then
- Apply the AED to check the heart rhythm and deliver a shock as needed.
- Continue with cycles for about 2 minutes CPR to 1 AED rhythm check.

**Currents in Emergency Cardiovascular Care, American Heart Association, Fall 2015.*

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

CPR and AEDs are to be used when a person is unresponsive or when breathing or heart beat stops.

If your school has an AED, this guideline will refresh information provided in training courses as to incorporating AED use into CPR cycles.

1. Gently tap the shoulder and shout, "Are you OK?" If person is unresponsive, shout for help and **send someone to CALL 911 and get your school's AED if available.**
2. Follow primary steps for CPR (see "*CPR*" for appropriate age group – infant, 1-8 years, over 8 years and adults).
3. If available, set up the AED according to the manufacturer's instructions. Turn on the AED and follow the verbal instructions provided. Incorporate AED into CPR cycles according to instructions.

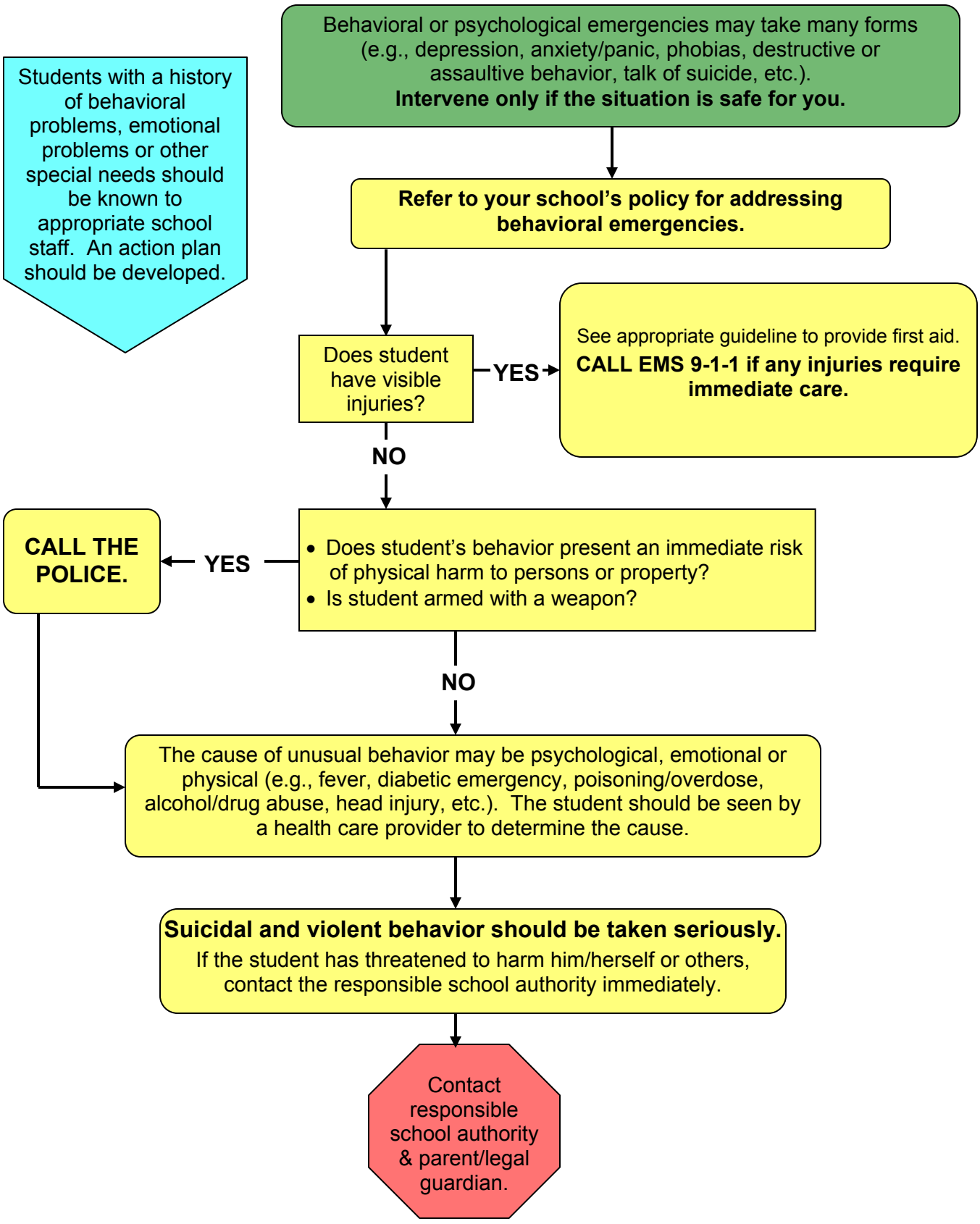
WITNESSED CARDIAC ARREST

4. Use the AED first if immediately available. If not, begin CPR.
5. Prepare AED to check heart rhythm and deliver 1 shock as necessary.
6. Begin 30 CPR chest compressions between 15-18 seconds followed by 2 normal rescue breaths. See age-appropriate CPR guideline.
7. Complete 5 cycles of CPR (30 chest compressions in between 15-18 seconds to 2 breaths for a rate of at least 100 to 120 compressions per minute).
8. Prompt another AED rhythm check.
9. Rhythm checks should be performed after every 2 minutes (about 5 cycles) of CPR.
10. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

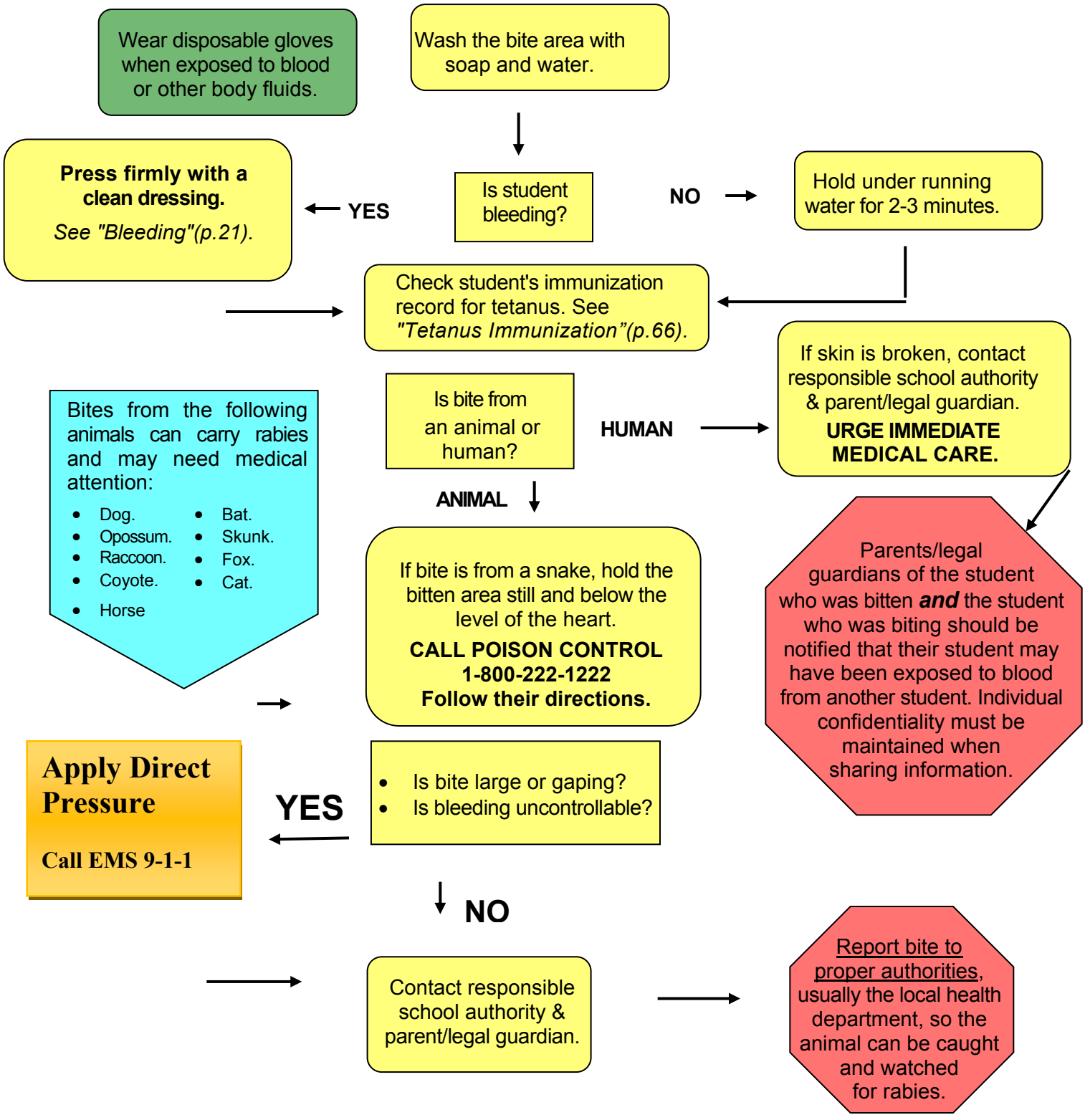
UNWITNESSED CARDIAC ARREST

4. Start CPR first. See age appropriate CPR guideline. Continue for 5 cycles or about 2 minutes of 30 chest compressions in about 15-18 seconds to 2 breaths at a rate of at least 100 to 120 compressions per minute.
5. Prepare the AED to check the heart rhythm and deliver a shock as needed.
6. REPEAT CYCLES OF 2 MINUTES OF CPR TO 1 AED RHYTHM CHECK UNTIL VICTIM RESPONDS OR HELP ARRIVES.

BEHAVIORAL EMERGENCIES



BITES (HUMAN & ANIMAL)



BLEEDING

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

Check student's immunization record for tetanus. See *"Tetanus Immunization."(p. 60)*

Is injured part amputated (severed)?

NO

YES

CALL EMS 9-1-1.

- Place detached part in a plastic bag.
- Tie bag.
- Put bag in a container of ice water.
- **Do *NOT* put amputated part directly on ice.**
- Send bag to the hospital with student.

- Press firmly with a clean bandage to stop bleeding.
- If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- **Use a tourniquet per Medical Direction**

Is there continued uncontrollable bleeding?

YES

CALL EMS 9-1-1.

- Have student lie down.
- Keep student's body temperature normal.
- Cover student with a blanket or sheet.

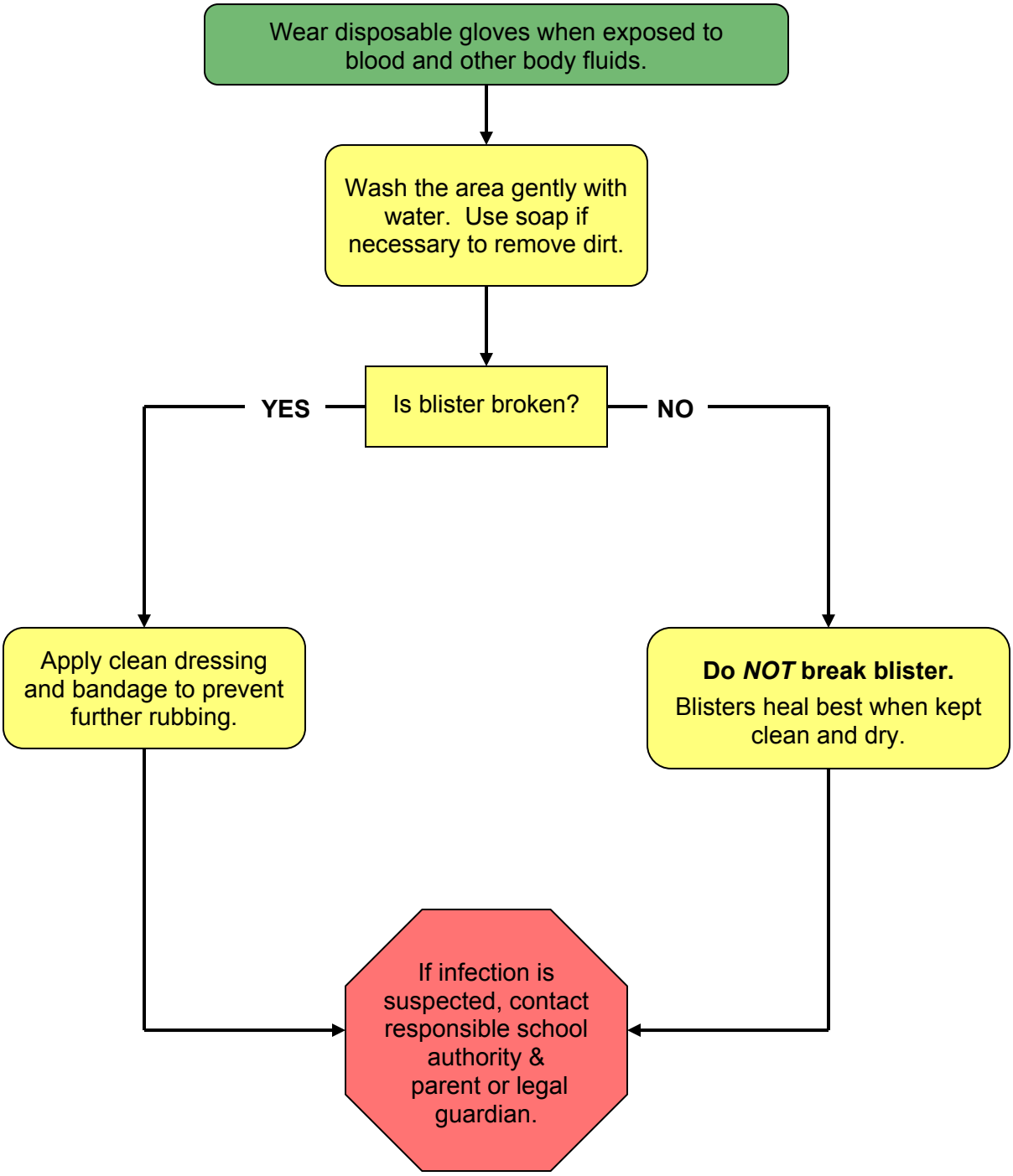
NO

If wound is gaping, student may need stitches. Contact responsible school authority & parent or legal guardian.

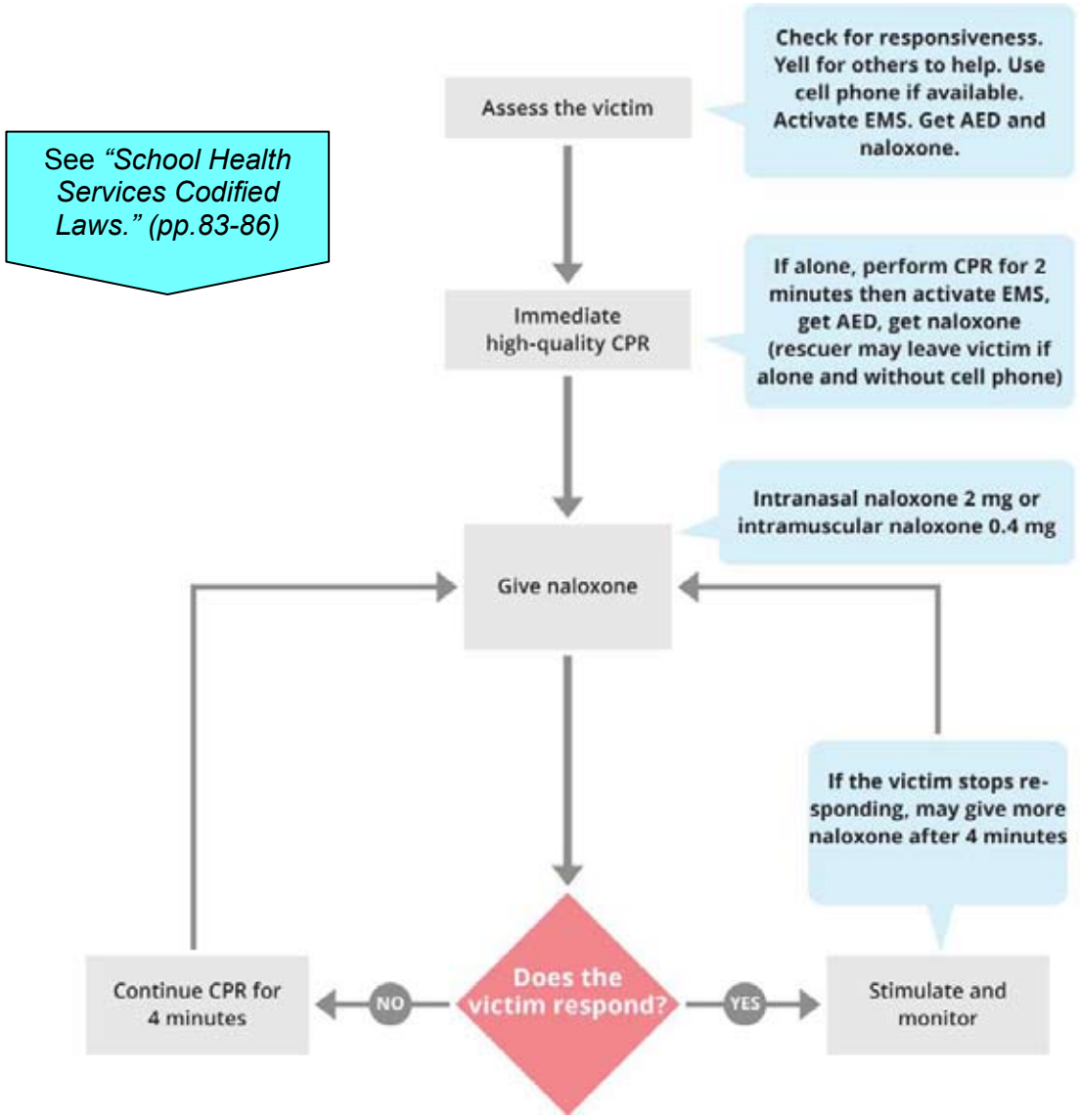
URGE MEDICAL CARE.

Contact responsible school authority & parent or legal guardian.

BLISTERS
(FROM FRICTION)



BLS Suspected Opioid Overdose Algorithm



Opioid overdose can depress a person's drive to breath and may lead to death. Individuals who are at imminent risk of death from opioids may be given naloxone in pre-hospital settings by trained lay rescuers. Naloxone competes with opioid drugs at opioid receptors, and reverses the effects of the drug. Naloxone has a short half-life in the body—shorter than most opioid drugs of abuse—so multiple administrations may be needed.

The following algorithm should be followed by rescuers coming to the aid of a person known or strongly suspected to be under the influence of opioid drugs.

1. Check for responsiveness. Shake and shout at the victim, if necessary.

2. If you are the lone rescuer, use a cell phone to call for help if one is available.

3. If more than one rescuer is available use a cell phone to call for help, retrieve naloxone and an AED.

4. Check breathing and pulse for no more than 10 seconds.

5. Perform rescue breathing on victims with a pulse and inadequate breathing. Perform CPR on victims without a pulse and inadequate breathing. If you are the lone rescuer, perform rescue breathing and/or CPR for 2 minutes before leaving the victim to get help and supplies (naloxone, AED).

6. Administer naloxone when available. In an out of hospital setting, naloxone can be administered via spray in the nose (2 mg) or with a needle into the arm (0.4 mg). Always follow local dosing and administration protocols.

7. If the victim responds, continue to monitor and stimulate the victim (sternal chest rubs, voice commands). If the victim fails to respond or again loses consciousness, resume CPR. You may administer additional doses of naloxone every four minutes.

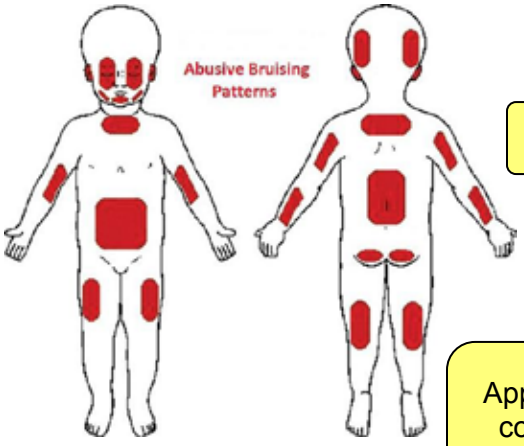
BRUISES

If student comes to school with unexplained unusual or frequent bruising, consider the possibility of child abuse.
See *"Child Abuse" (p.32).*

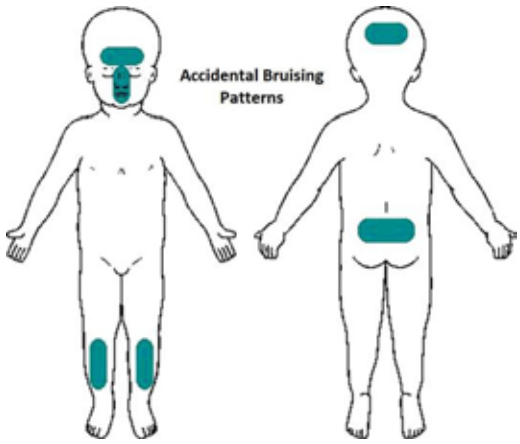
- Is bruise deep in the muscle?
- Is there rapid swelling?
- Is student in great pain?

YES → Contact responsible school authority & parent or legal guardian.

NO → Rest injured part.



Apply cold compress or ice bag covered with a cloth or paper towel for 20 minutes.



If skin is broken, treat as a cut. See *"Cuts, Scratches & Scrapes" (p.34).*

BURNS

If student comes to school with pattern burns (e.g., iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See *"Child Abuse" (p.32).*

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

What type of burn is it?

ELECTRICAL

Is student unconscious or unresponsive?

NO

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

YES

See *"Electric Shock" (p.38).*

HEAT

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

YES

NO

Call EMS 9-1-1

Cover/wrap burned part loosely with a clean dressing.

CHEMICAL

- Wear gloves and if possible, goggles.
- Remove student's clothing and jewelry if exposed to chemical.
- Rinse chemicals off skin, eyes **IMMEDIATELY** with large amounts of water.
- See *"EYES" (p.39)* if necessary.
- Rinse for 20-30 minutes.

CALL POISON CONTROL
1-800-222-1222
while flushing burn and follow instructions.

Check student's immunization record for tetanus. See *"Tetanus Immunization" (p.66).*

Contact responsible school authority & parent or legal guardian.

NOTES ON PERFORMING CPR

The American Heart Association (AHA) issued new CPR guidelines for laypersons in 2015. * Other organizations such as the American Red Cross also offer CPR training classes. If the guidance in this book differs from the instructions you were taught, follow the methods you learned in your training class. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor. It is a recommendation of these guidelines that anyone in a position to care for students should be properly trained in CPR.

Current first aid, choking and CPR manuals, and wall chart(s) should also be available. The American Academy of Pediatrics offers many visual aids for school personnel and can be purchased at http://www.aap.org.

CHEST COMPRESSIONS

The AHA is placing more emphasis on the use of effective chest compressions in CPR. CPR chest compressions produce blood flow from the heart to the vital organs. To give effective compressions, rescuers should:

- Follow revised guidelines for hand use and placement based on age.
- Use a compression to breathing ratio of 30 compressions to 2 breaths.
- "Push hard and push fast." Compress chest at a rate of at least 100 to 120 compressions per minute for all victims.
- Compress about 1/3 the depth of the chest for infants (approximately 1 ½ inches), and 2 inches for children up to puberty, and at least 2 inches for children after puberty and adults.
- Avoid leaning on the chest wall between compressions to allow the full chest recoil.
- Minimize pauses in compressions.
- If rescuers are unwilling or unable to deliver breaths, we recommend rescuers perform compression-only CPR.

BARRIER DEVICES

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing rescue breathing. Several different types (e.g., face shields, pocket masks) exist. It is important to learn and practice using these devices in the presence of a trained CPR instructor before attempting to use them in an emergency situation. Rescue breathing technique may be affected by these devices.

CHOKING RESCUE

It is recommended that schools that offer food service have at least one employee who has received instruction in methods to intervene and assist someone who is choking to be present in the lunch room at all times.

**Currents in Emergency Cardiovascular Care, American Heart Association, Fall 2015.*

CARDIOPULMONARY RESUSCITATION (CPR)
FOR INFANTS UNDER 1 YEAR

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Gently tap the infant's shoulder or flick the bottom of the infant's feet. If no response, yell for help and send someone to call EMS.
2. Turn the infant onto his/her back as a unit by supporting the head and neck.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY** and check for no **BREATHING** for 5 – 10 seconds.

IF NOT BREATHING AND NOT RESPONSIVE:

4. Find finger position near center of breastbone just below the nipple line. (Make sure fingers are ***NOT*** over the very bottom of the breastbone.)

5. Compress chest hard and fast at a rate of 30 compressions in 15-18 seconds with 2 fingers approximately 1½" or about 1/3 of the infant's chest.
6. Limit interruptions in chest compressions.
7. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.
8. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 to 120 COMPRESSIONS PER MINUTE UNTIL INFANT STARTS BREATHING EFFECTIVELY ON OWN OR HELP ARRIVES.

9. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

CARDIOPULMONARY RESUSCITATION (CPR)
FOR CHILDREN 1 TO 8 YEARS OF AGE

CPR is to be used when a student is unresponsive or when breathing or heart beat stops.

1. Gently tap the shoulder and shout, “Are you OK?” If child is unresponsive, shout for help and send someone to **call EMS and get your school’s AED if available.**

2. Turn the child onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.

3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY** and check for no **BREATHING.**

4. If you witnessed the child’s collapse, chest compressions should be started immediately. Use a defibrillator as soon as possible. CPR should be provided while the AED pads are applied and until the AED is ready to analyze the rhythm.

IF NOT BREATHING AND NOT RESPONSIVE

6. Find hand position near center of breastbone at the nipple line.
(Do ***NOT*** place your hand over the very bottom of the breastbone.)

7. Compress chest hard and fast 30 times in 15-18 seconds with the heel of **1 or 2 hands.** * Compress at least 2” or 1/3 of the child’s chest. Allow the chest to return to normal position between each compression.

8. Limit interruptions in chest compressions.

9. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.

10. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF AT LEAST 100 to 120 COMPRESSIONS PER MINUTE OR 30 COMPRESSIONS IN ABOUT 15-18 SECONDS UNTIL THE CHILD STARTS BREATHING ON OWN OR HELP ARRIVES.

11. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

***Hand positions for child CPR:**

- **1 hand:** Use heel of 1 hand only.
- **2 hands:** Use heel of 1 hand with second on top of first.

CARDIOPULMONARY RESUSCITATION (CPR)
FOR CHILDREN OVER 8 YEARS OF AGE & ADULTS

CPR is to be used when a person is unresponsive or when breathing or heart beat stops.

1. Gently tap the shoulder and shout, “Are you OK?” If person is unresponsive, shout for help and send someone to **call EMS AND get your school’s AED if available.**

2. Turn the person onto his/her back as a unit by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.

3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the **AIRWAY.**

4. Check for no **BREATHING**. **Gasping in adults should be treated as *no breathing*.**

5. If you witnessed the child’s or adult’s collapse, chest compressions should be started immediately. Use a defibrillator as soon as possible. CPR should be provided while the AED pads are applied and until the AED is ready to analyze the rhythm.

IF NOT BREATHING AND NOT RESPONSIVE:

6. Place heel of one hand on top of the center of breastbone. Place heel of other hand on top of the first. Interlock fingers. (Do ***NOT*** place your hands over the very bottom of the breastbone.)

7. Position self vertically above victim’s chest and with straight arms, **compress chest hard and fast at least 2 inches at a rate of 30 compressions in about 15-18 seconds with both hands.** Allow the chest to return to normal position between each compression. *Lift fingers when compressing to avoid pressure on ribs.* Limit interruptions in chest compressions.

8. Give 2 normal breaths, each lasting 1 second. Each breath should result in visible chest rise.

9. REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 to 120 COMPRESSIONS PER MINUTE UNTIL VICTIM RESPONDS OR HELP ARRIVES.

10. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

CHOKING (Conscious Victims)

Call EMS 9-1-1 after starting rescue efforts.

INFANTS UNDER 1 YEAR

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, do ***NOT*** do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1 below.

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do ***NOT*** compress throat).
2. Give up to 5 back slaps with the heel of hand between infant's shoulder blades.
3. If object is not coughed up, position infant face up on your forearm with head slightly lower then rest of body.

4. With 2 or 3 fingers, give 5 chest thrusts near center of breastbone, just below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with the finger.
6. REPEAT STEPS 1-5 UNTIL OBJECT IS COUGHED UP OR INFANT STARTS TO BREATHE OR BECOMES UNCONSCIOUS.
7. Call EMS after 2 minutes (5 cycles of 30 compressions to 2 rescue breaths) if not already called.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 5 OF INFANT CPR (p.22).

CHILDREN OVER 1 YEAR OF AGE & ADULTS

Begin the following if the victim is choking and unable to breathe. Ask the victim: "Are you choking?" If the victim nods yes or can't respond, help is needed. However, if the victim is coughing, crying or speaking, do ***NOT*** do any of the following, but call EMS, try to calm him/her and watch for worsening of symptoms. If cough becomes ineffective (loss of sound) and victim cannot speak, begin step 1 below.

1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. (Do ***NOT*** place your hand over the very bottom of the breastbone. Grasp fist with other hand).
3. Give up to 5 quick inward and upward abdominal thrusts.
4. REPEAT STEPS 1-2 UNTIL OBJECT IS COUGHED UP, CHILD STARTS TO BREATHE OR CHILD BECOMES UNCONSCIOUS.

IF THE CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 7 OF CHILD, OR STEP 6 OF ADULT CPR (p.23).

FOR OBESE OR PREGNANT PERSONS:

Stand behind person and place your arms under the armpits to encircle the chest. Press with quick backward thrusts.

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. According to South Dakota law, all school personnel who suspect that a child is being abused or neglected are mandated (required) to make a report to their Department of Health and Human Services or local law enforcement agency. The law provides immunity from liability for those who make reports of possible abuse or neglect. Failure to report suspected abuse or neglect may result in civil or criminal liability.

If student has visible injuries, refer to the appropriate guideline to provide first aid. **CALL EMS 9-1-1** if any injuries require immediate medical care.

All school staff are required to report suspected child abuse and neglect to the South Dakota Department of Health & Human Services. Refer to your own school's policy for additional guidance on reporting. 8-5 M-F *weekends/holidays call local Law Enforcement.
SD DDS 1-877-244-0864

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This *NOT* a complete list:

- 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 (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed 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.
- Let the student know that you are required to report the abuse to the Department of 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 DHHS. Follow up with school report.

COMMUNICABLE DISEASES

For more information on protecting yourself from communicable diseases, see "*Communicable Disease Resources" (Resource Section).*

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

Chickenpox, pink eye, strep throat 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.

Refer to your local school's policy for ill students.

Signs of PROBABLE illness:

- Sore throat.
- Redness, swelling, drainage of eye.
- Unusual spots/rash with fever or itching.
- Crusty, bright yellow, gummy skin sores.
- Diarrhea (more than 2 loose stools a day).
- Vomiting.
- Yellow skin or yellow "white of eye".
- Oral temperature greater than 100.0 F.
- Extreme tiredness or lethargy.
- Unusual behavior.

Contact responsible school authority & parent or legal guardian.

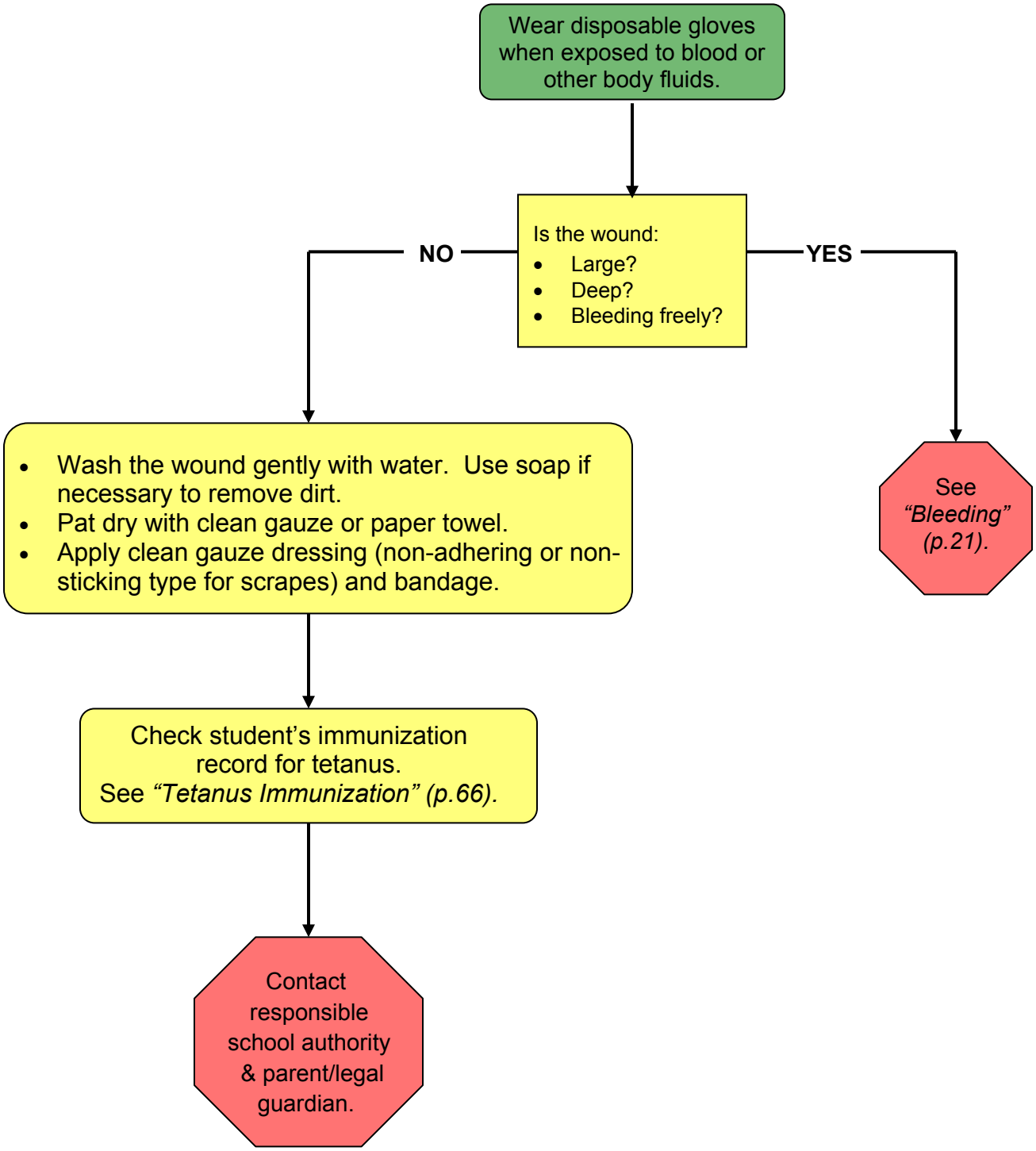
ENCOURAGE MEDICAL CARE.

Signs of POSSIBLE illness:

- Earache.
- Fussiness.
- Runny nose.
- Mild cough.

Monitor student for worsening of symptoms. Contact parent/legal guardian and discuss.

CUTS (SMALL), **SCRATCHES & SCRAPES** (INCLUDING ROPE & FLOOR BURNS)



DIABETES

A student with diabetes may have the following symptoms:

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

A student with diabetes should be known to appropriate school staff. A Diabetic Action plan must be developed. Staff in a position to administer a Glucagon injection should receive instruction.

Refer to student's Diabetic Action plan.

Is the student:

- Unconscious or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

YES → **CALL EMS 9-1-1.**

If the student is unconscious, see, *"Unconsciousness" (p.68).*

NO → Does student have a blood sugar monitor available?

NO → Give the student "sugar" such as:

- Fruit juice or soda pop (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or ½ candy bar.
- Sugar (2 packets or 2 teaspoons).
- Cake decorating gel (½ tube) or icing.
- Instant glucose.

- Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
- Allow student to re-check blood sugar.

Continue to watch the student. Is student improving?

YES → Contact responsible school authority & parent/legal guardian.

NO → **CALL EMS 9-1-1.**

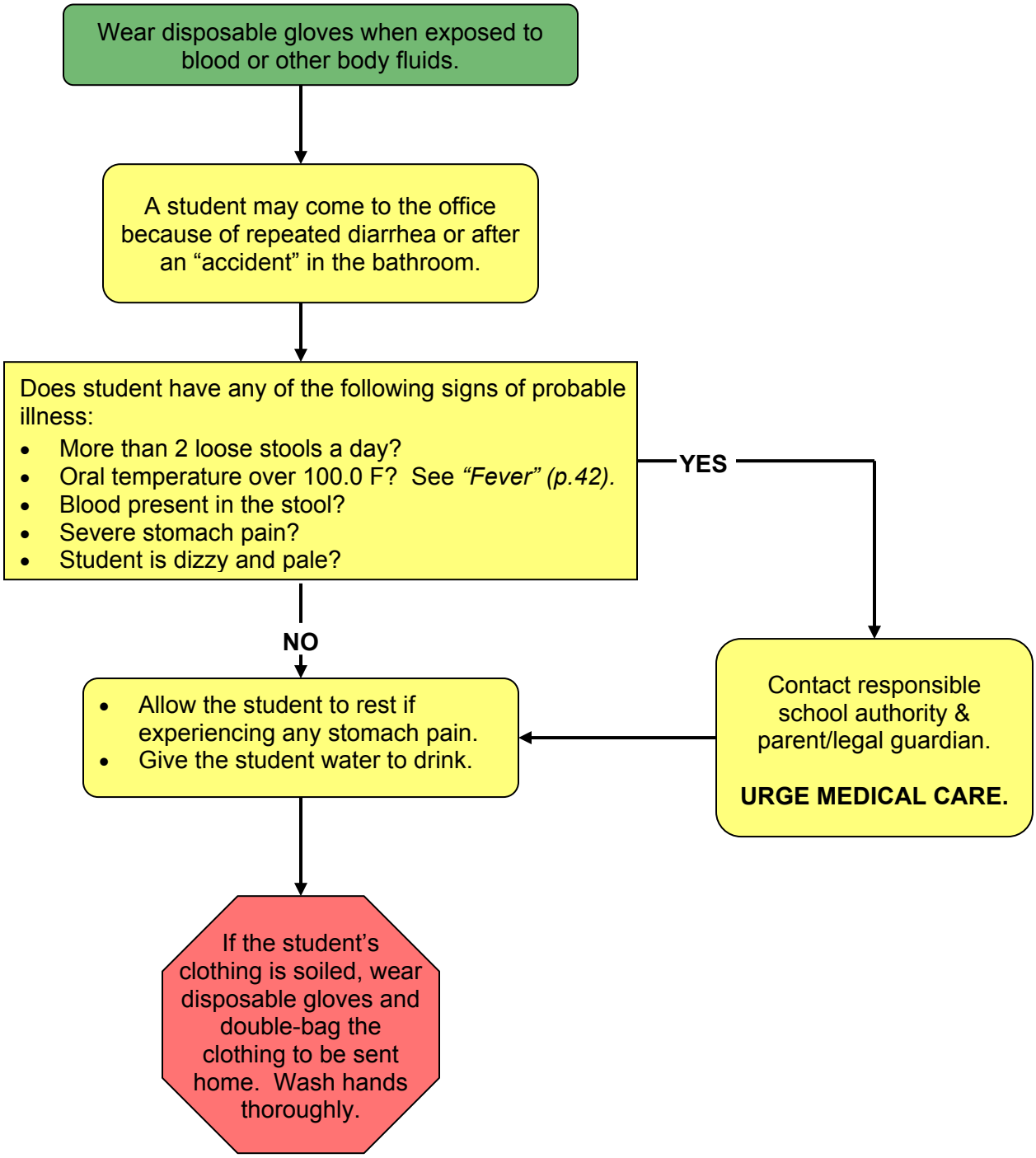
YES → Allow student to check blood sugar.

Is blood sugar ***less than 60 or "LOW"*** according to action plan?
or
Is blood sugar ***"HIGH"*** according to action plan?

LOW → Give the student "sugar" such as:

HIGH → Contact responsible school authority & parent/legal guardian.

DIARRHEA


Wear disposable gloves when exposed to blood or other body fluids.
A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.
Does student have any of the following signs of probable illness:
• More than 2 loose stools a day?
• Oral temperature over 100.0 F? See "Fever" (p.42).
• Blood present in the stool?
• Severe stomach pain?
• Student is dizzy and pale?
YES
NO
Contact responsible school authority & parent/legal guardian.
URGE MEDICAL CARE.
• Allow the student to rest if experiencing any stomach pain.
• Give the student water to drink.
If the student's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EAR PROBLEMS

DRAINAGE FROM EAR

Do *NOT* try to clean out ear.

Contact responsible school authority & parent or legal guardian.

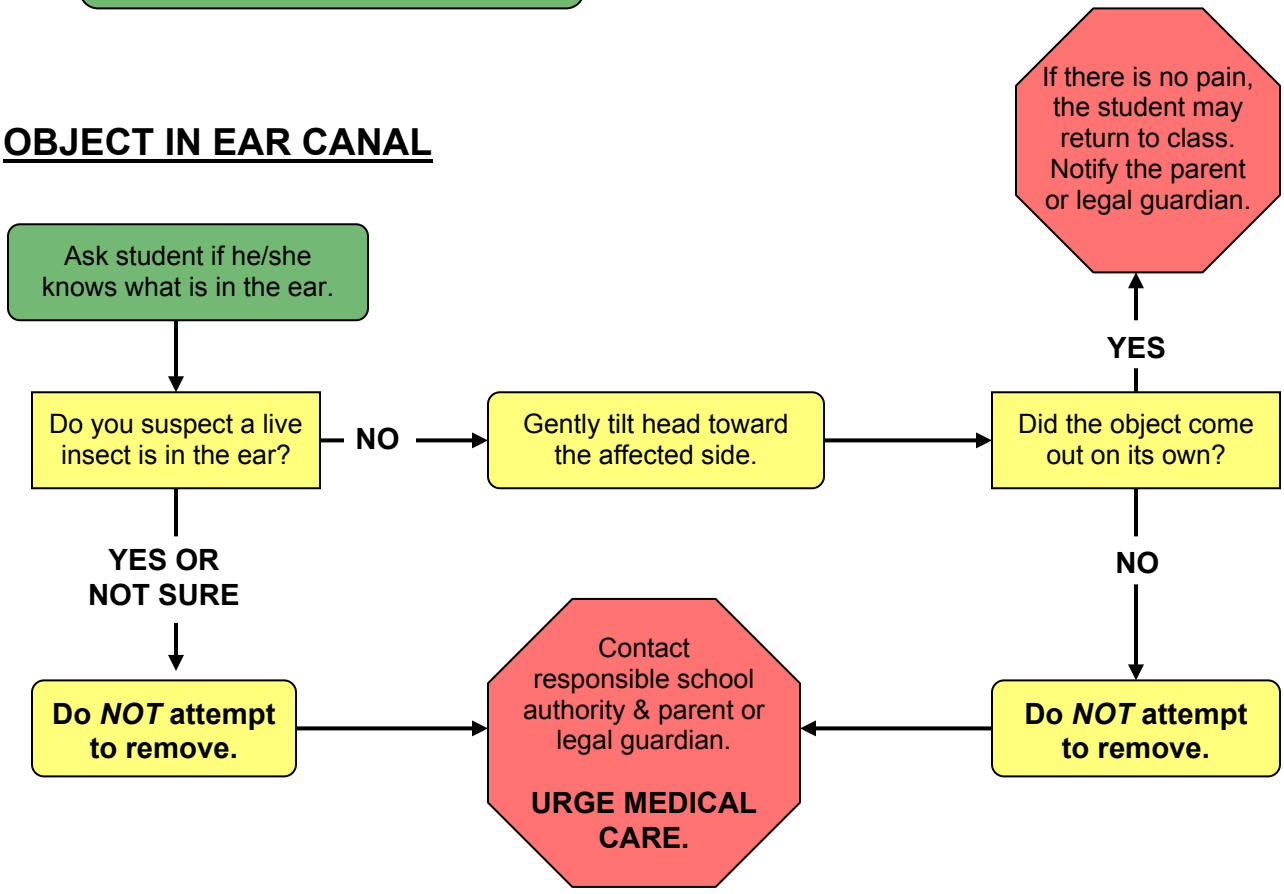
URGE MEDICAL CARE.

EARACHE

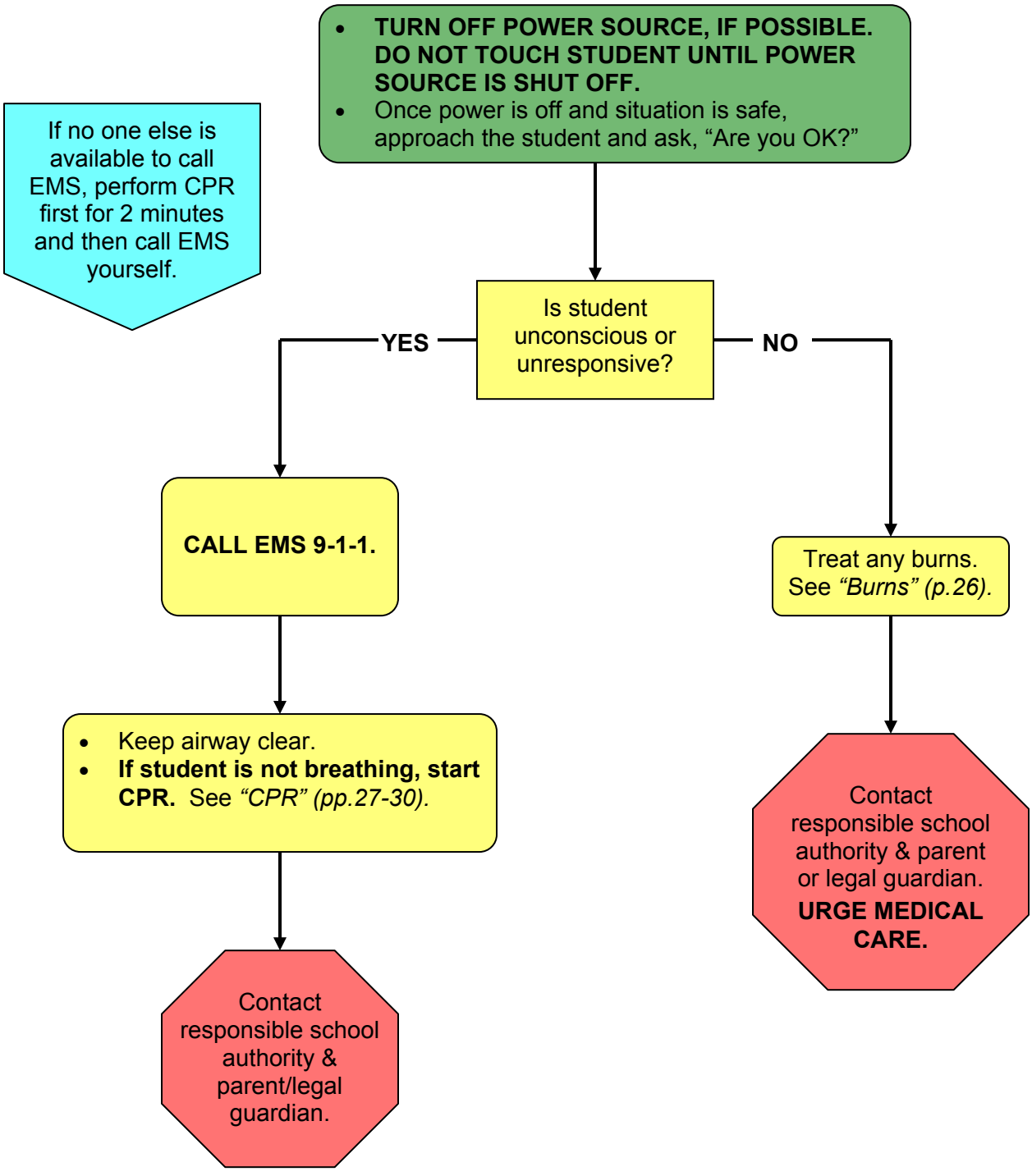
Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

OBJECT IN EAR CANAL



ELECTRIC SHOCK



EYE PROBLEMS

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aid to eye unless chemicals have splashed in the eye. Flush first without removing the contact lenses.

EYE INJURY:

Keep student lying flat and quiet.

- Is injury severe?
- Is there a change in vision?
- Has object penetrated eye?

YES

If an object has penetrated the eye, **do *NOT* remove object.**

Cover eye with a paper cup or similar object to keep student from rubbing, **but do *NOT* touch eye or put any pressure on eye.**

CALL EMS 9-1-1.
Contact responsible school authority & parent or legal guardian.

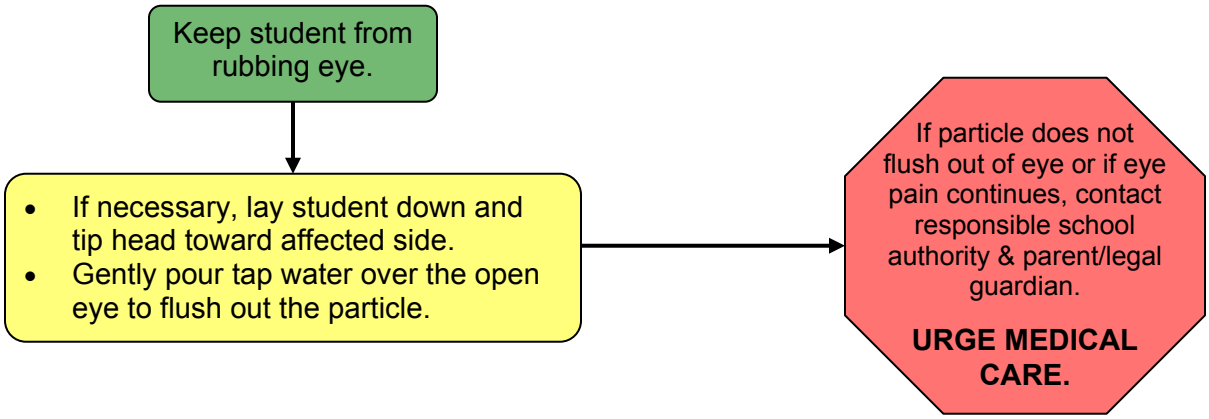
NO

Contact responsible school authority & parent or legal guardian.

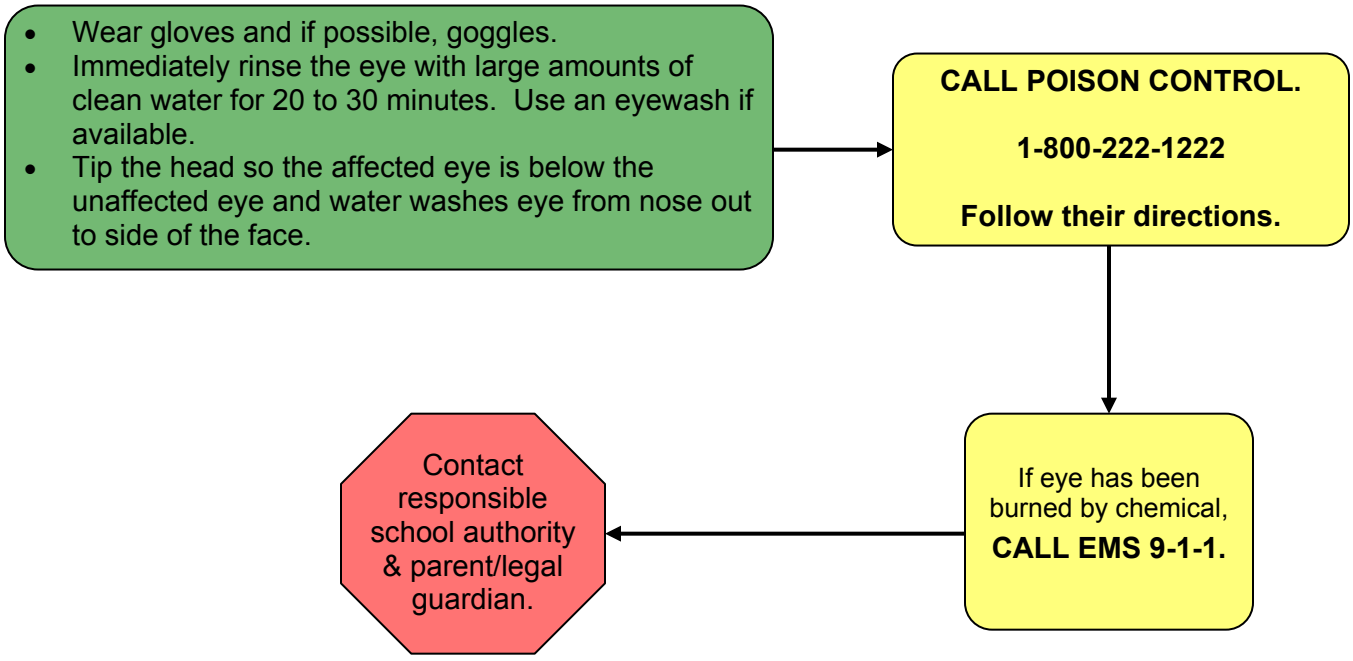
URGE IMMEDIATE MEDICAL CARE.

EYE PROBLEMS

PARTICLE IN EYE



CHEMICALS IN EYE



FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

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" (p.68).*

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

YES OR NOT SURE

Treat as possible neck injury. See *"Neck & Back Pain" (p.51).*

Do *NOT* move student.

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 (wear disposable gloves).
- Give nothing by mouth.

Are symptoms (*dizziness, light-headedness, weakness, fatigue, etc.)* still present?

YES

Keep student lying down. Contact responsible school authority & parent or legal guardian. **URGE MEDICAL CARE.**

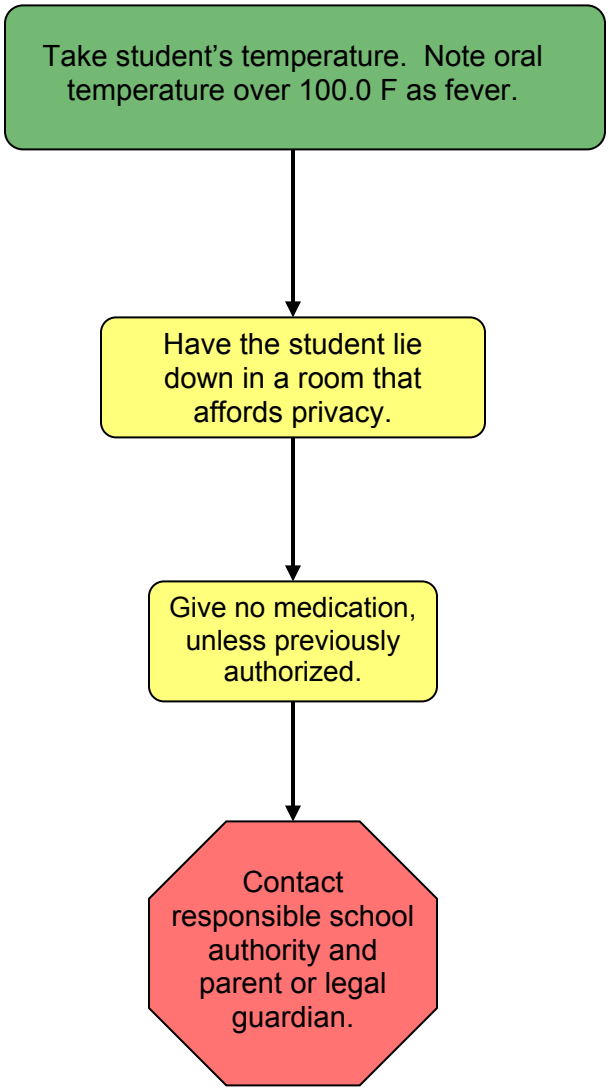
NOTE
If student has no history of fainting, seek medical consultation.

Contact responsible school authority & parent/legal guardian.

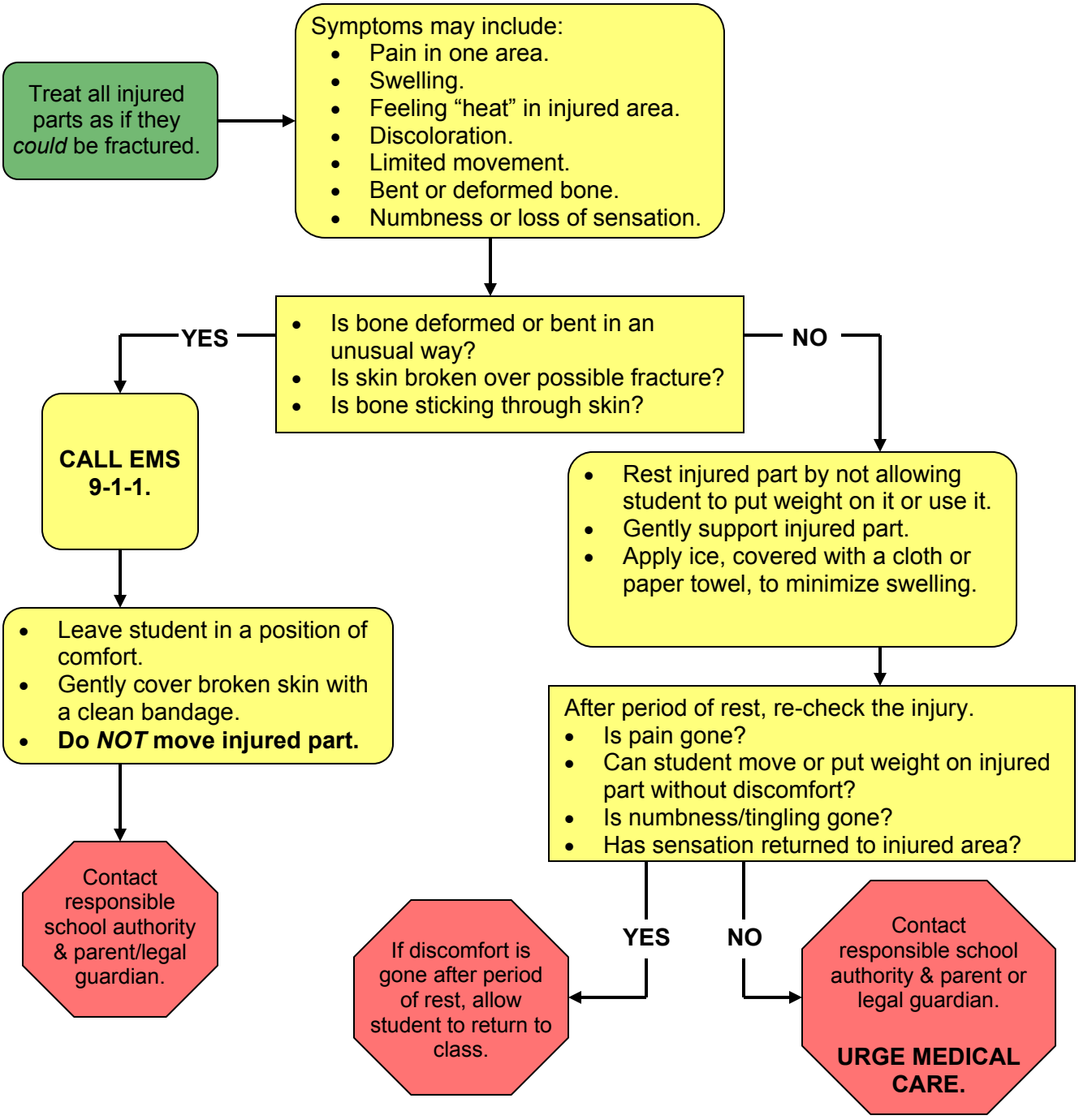
NO

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

FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



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 cold even for short periods of time may cause "HYPOTHERMIA" in children (see *"Hypothermia" p. 42*). The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite.

Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the student.

Deeply frostbitten skin may:

- Look white or waxy.
- Feel firm or hard (frozen).

- Take the 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 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 9-1-1.
Keep student warm and part covered.

Contact responsible authority & parent or legal guardian.

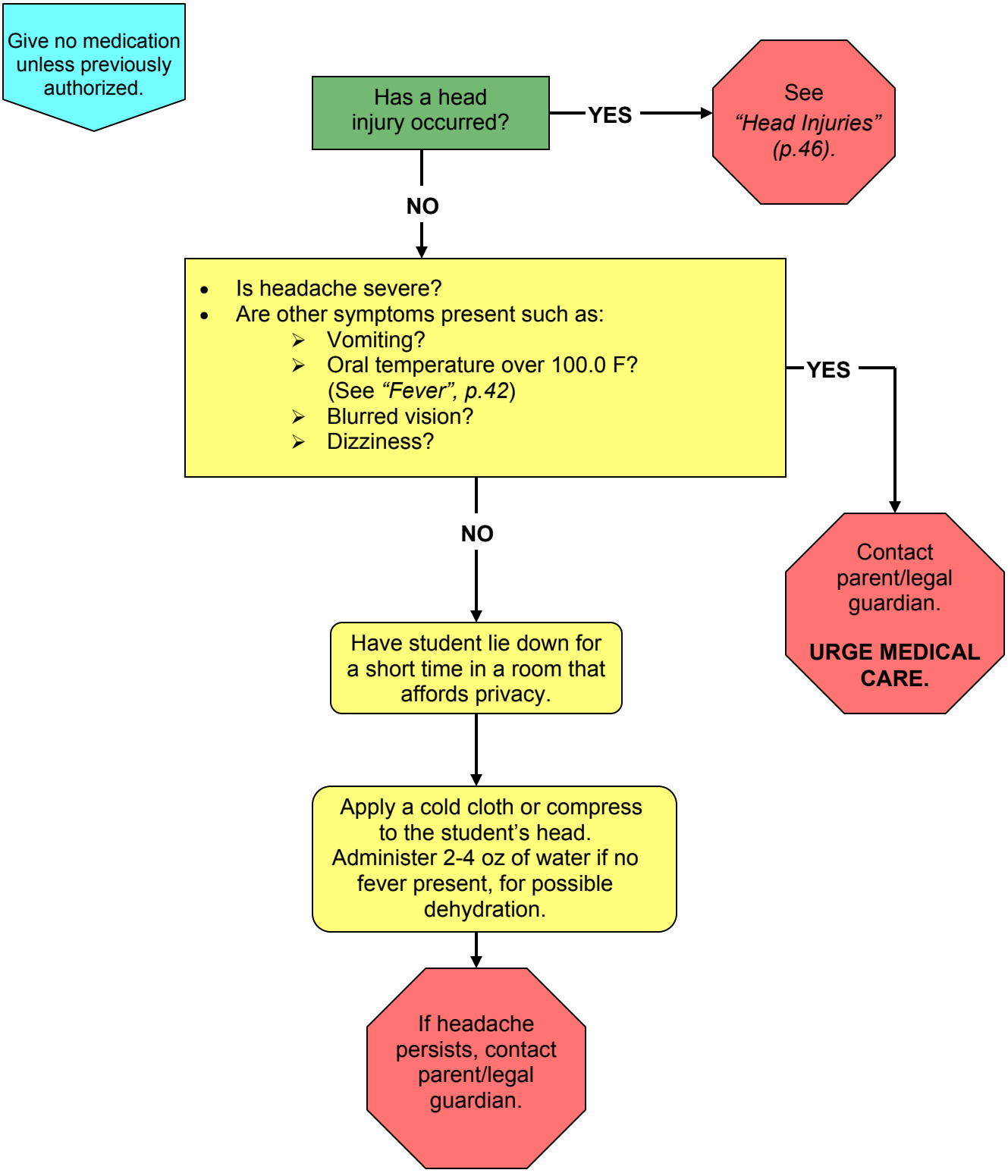
NO

Keep student and part warm.

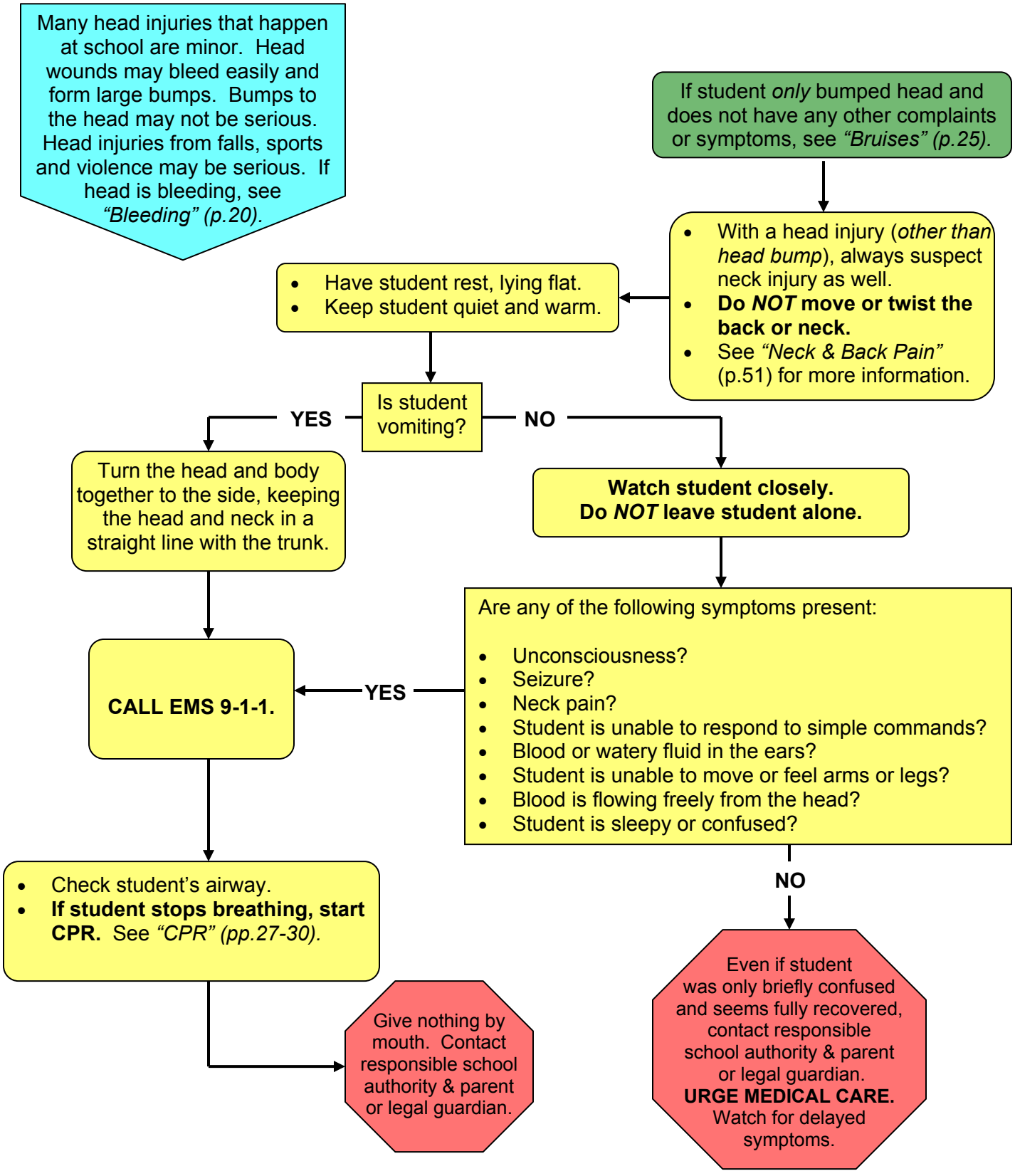
Contact responsible authority & parent or legal guardian.

Encourage medical care.

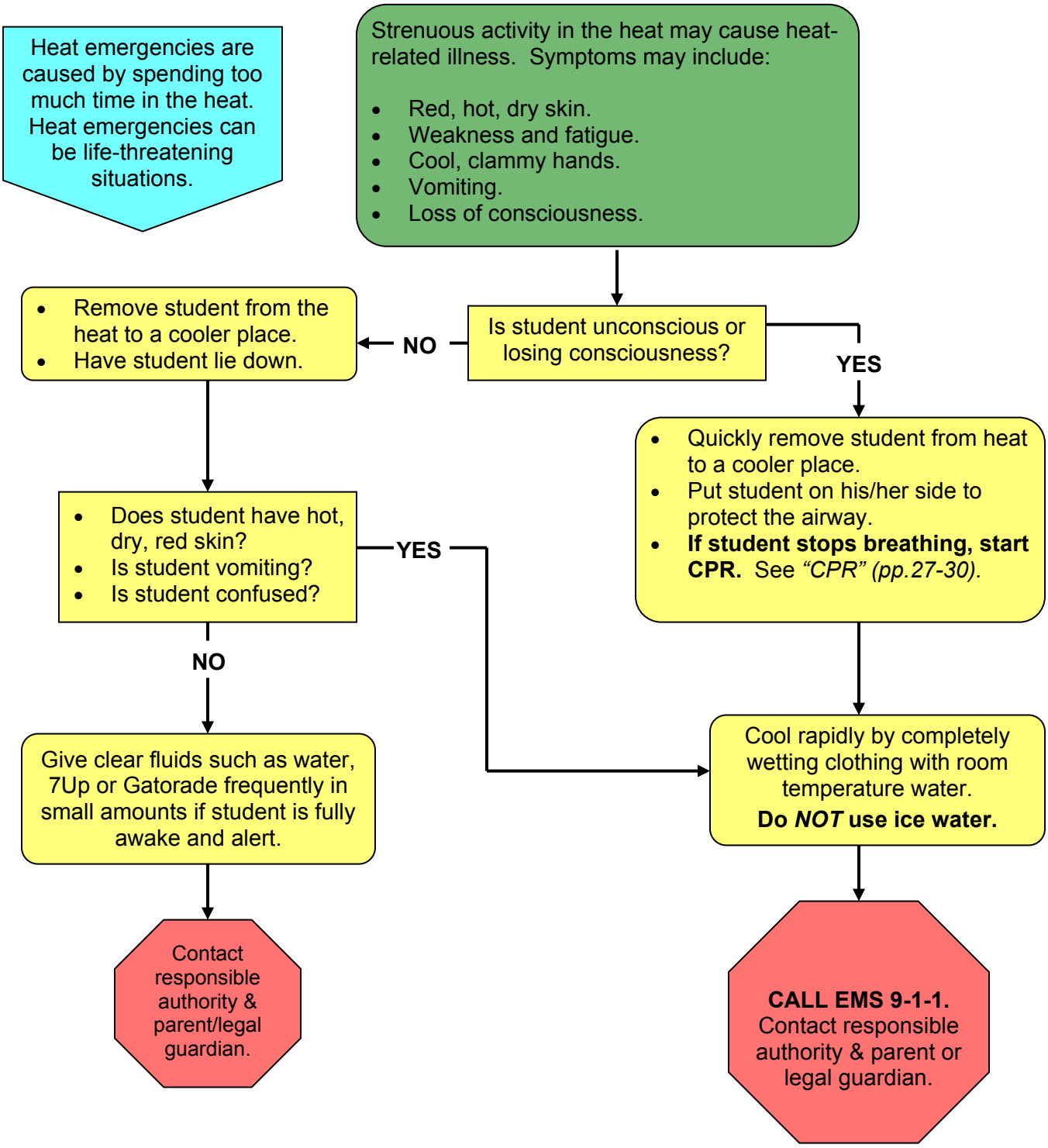
HEADACHE


Give no medication unless previously authorized.
Has a head injury occurred?
YES
See "Head Injuries" (p.46).
NO
Is headache severe?
Are other symptoms present such as:
Vomiting?
Oral temperature over 100.0 F? (See "Fever", p.42)
Blurred vision?
Dizziness?
YES
Contact parent/legal guardian.
URGE MEDICAL CARE.
NO
Have student lie down for a short time in a room that affords privacy.
Apply a cold cloth or compress to the student's head. Administer 2-4 oz of water if no fever present, for possible dehydration.
If headache persists, contact parent/legal guardian.

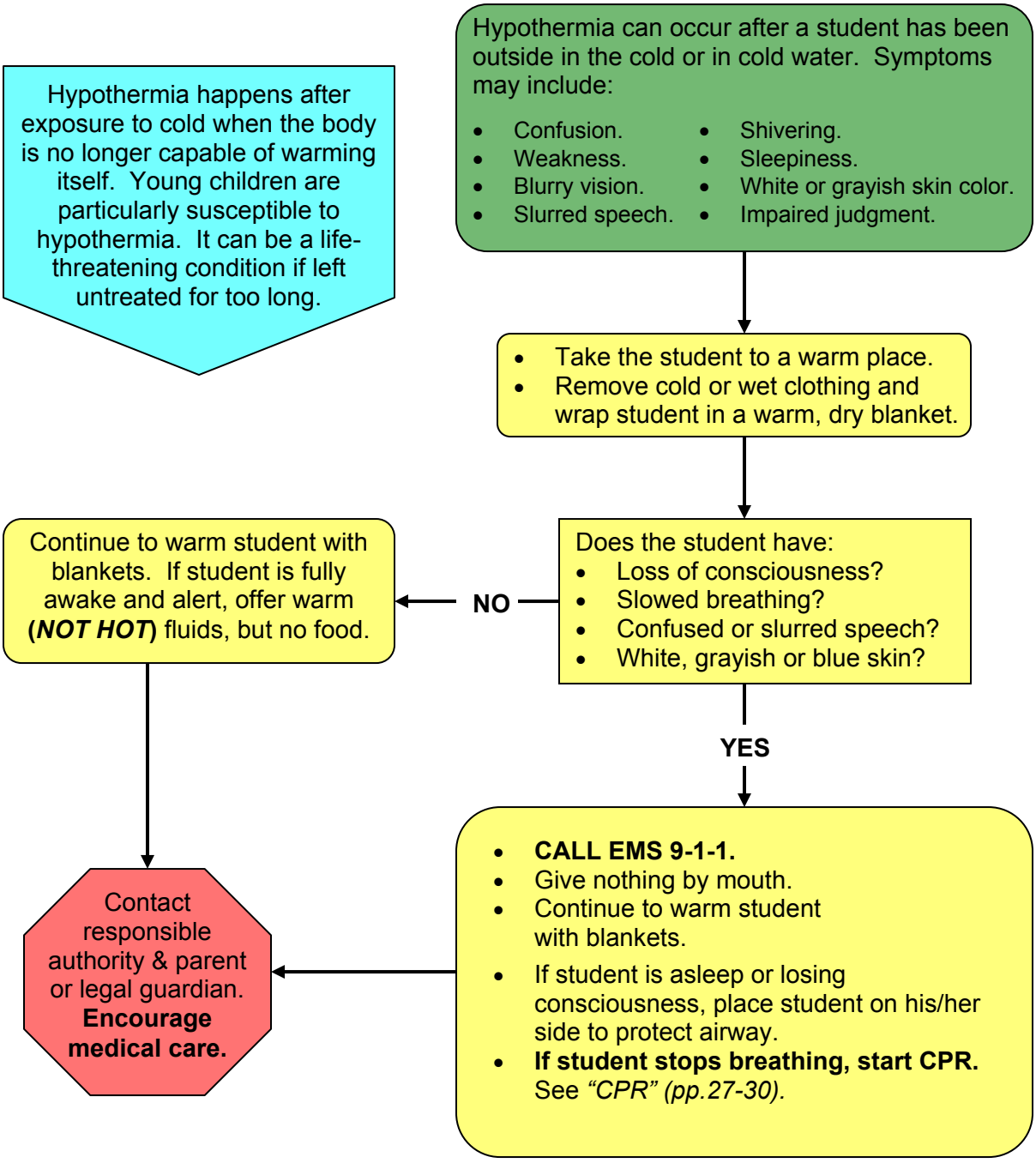
HEAD INJURIES



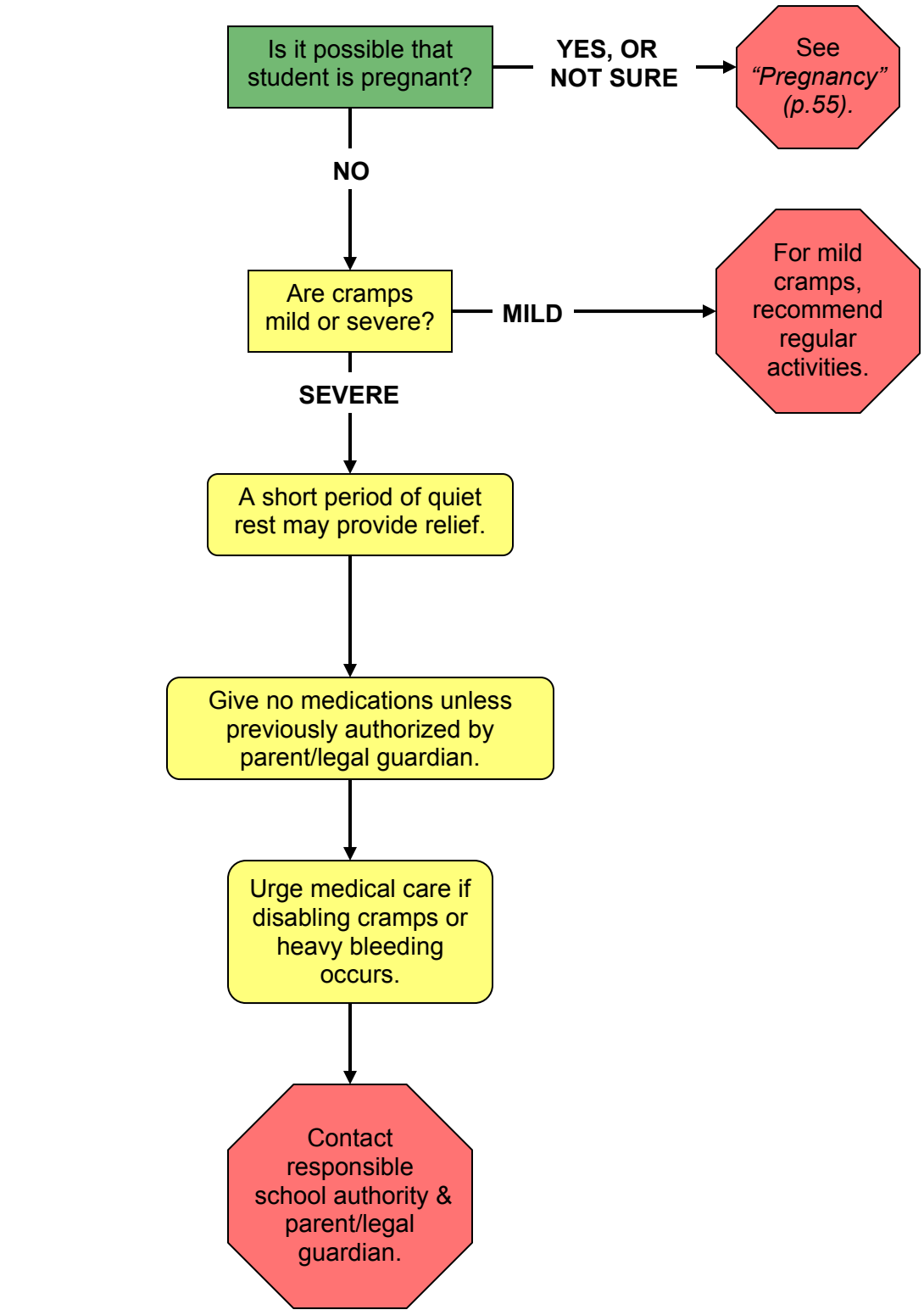
HEAT STROKE – HEAT EXHAUSTION



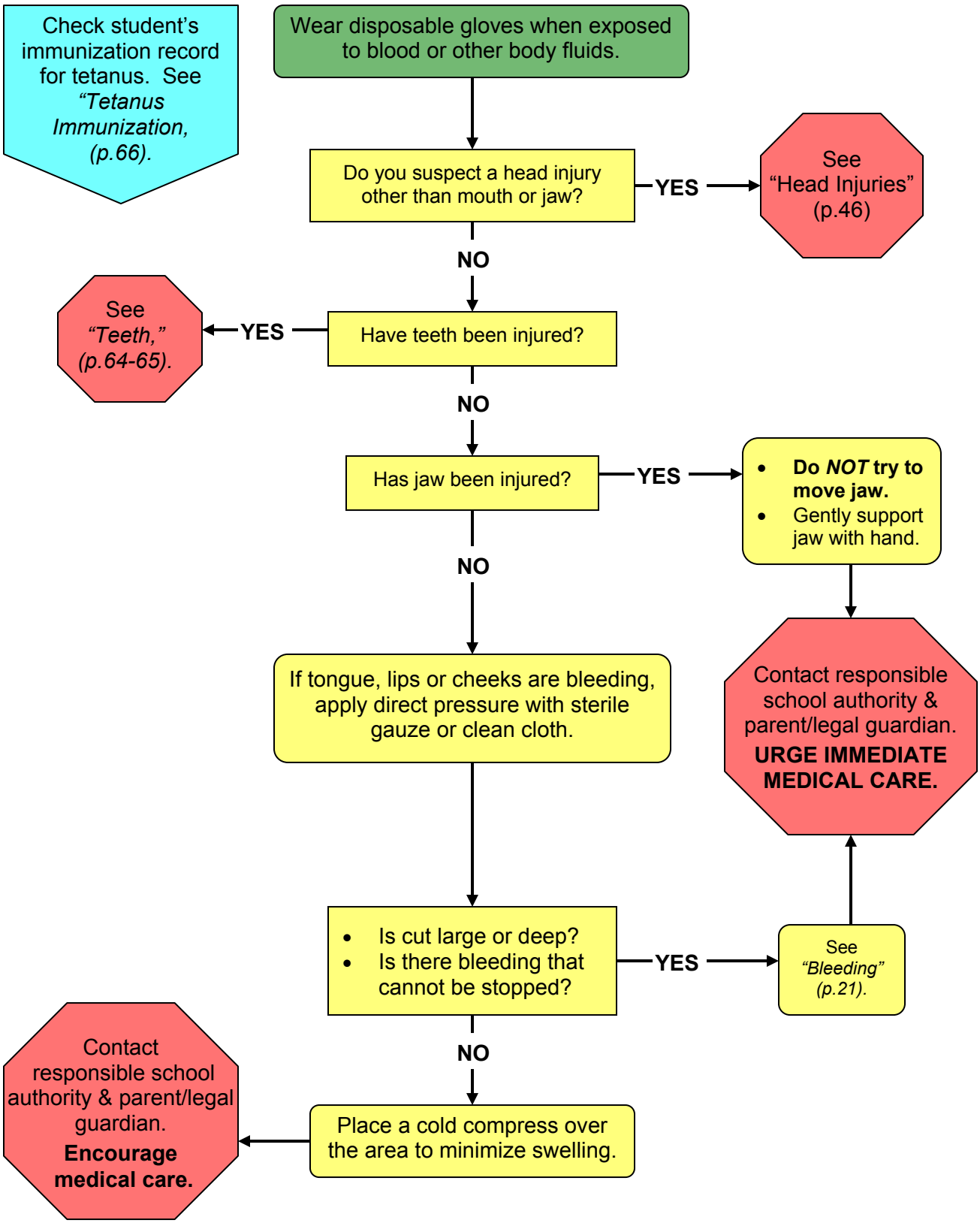
HYPOTHERMIA
(EXPOSURE TO COLD)



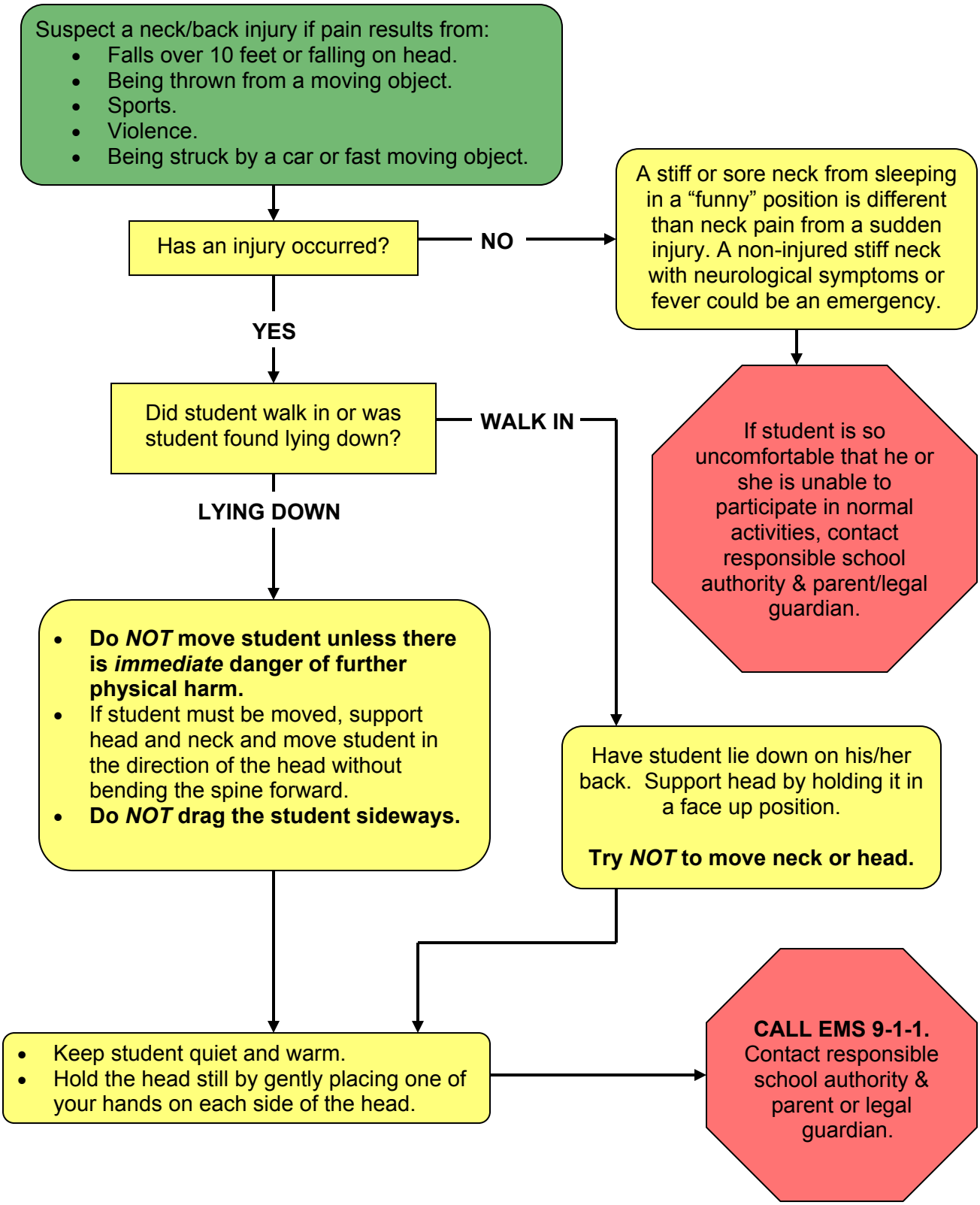
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK & BACK PAIN



NOSE PROBLEMS

See *"Head Injuries"* (p.46) if you suspect a head injury other than a nosebleed or broken nose.

NOSEBLEED

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.
**Swallowing a small amount of blood can cause vomiting*

If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together (just below the bridge of the nose) for about 15 minutes. Apply ice to nose.

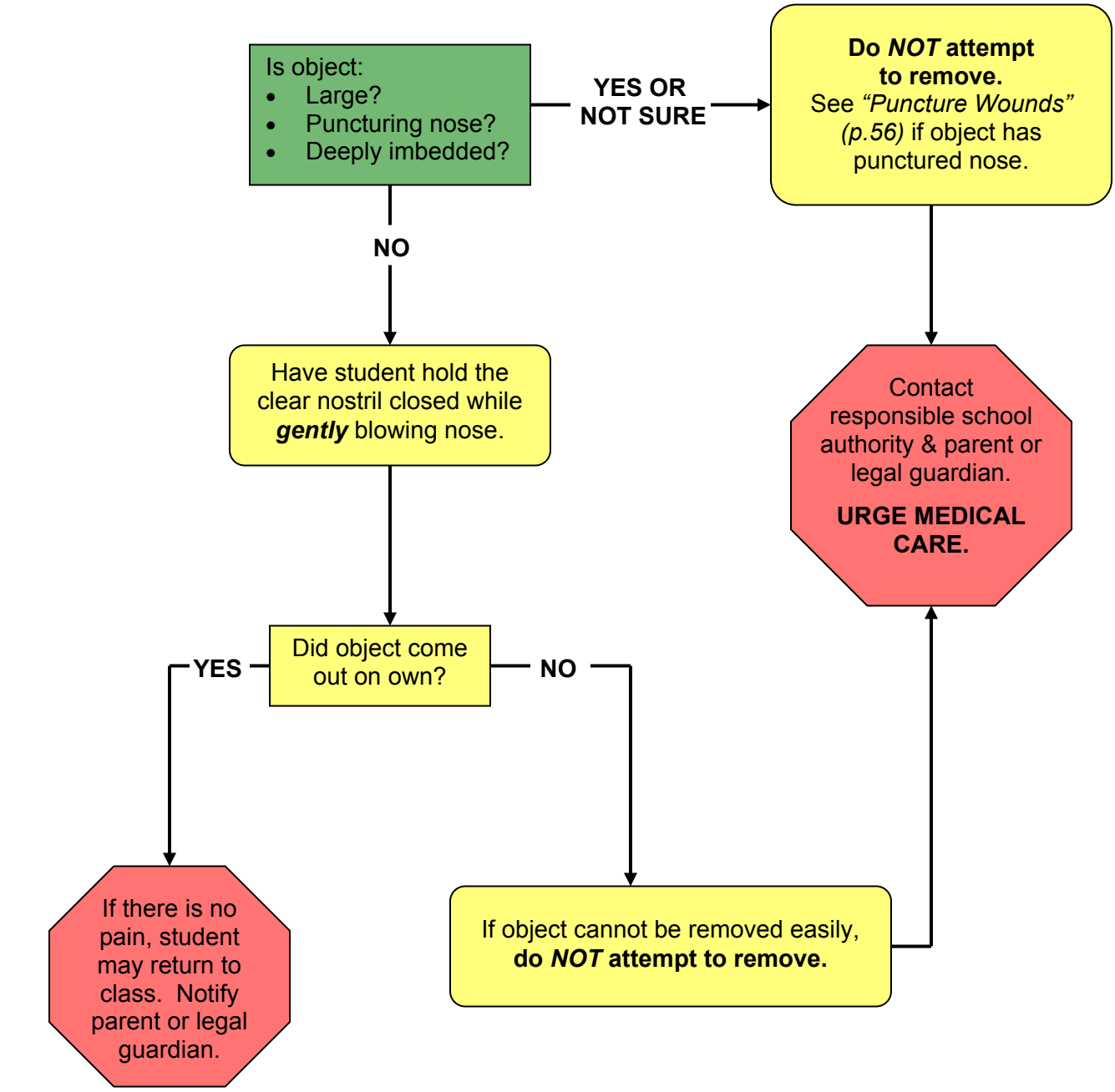
If blood is still flowing freely after applying pressure and ice, contact responsible school authority & parent/legal guardian.

BROKEN NOSE

- Care for nose as in *"Nosebleed"* above.
- Contact responsible school authority & parent/legal guardian.
- **URGE MEDICAL CARE.**

NOSE PROBLEMS

OBJECT IN NOSE



POISONING & OVERDOSE

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

- Medicines.
- Insect bites and stings.
- Snake bites.
- Plants.
- Chemicals/cleaners.
- Drugs/alcohol.
- Food poisoning.
- Inhalants.

Or if you are not sure.

Possible warning signs of poisoning include:

- Pills, berries or unknown substances 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 to by Poison Control.** With some poisons, vomiting can cause greater damage.
- Do ***NOT*** follow the antidote label on the container; it may be incorrect.

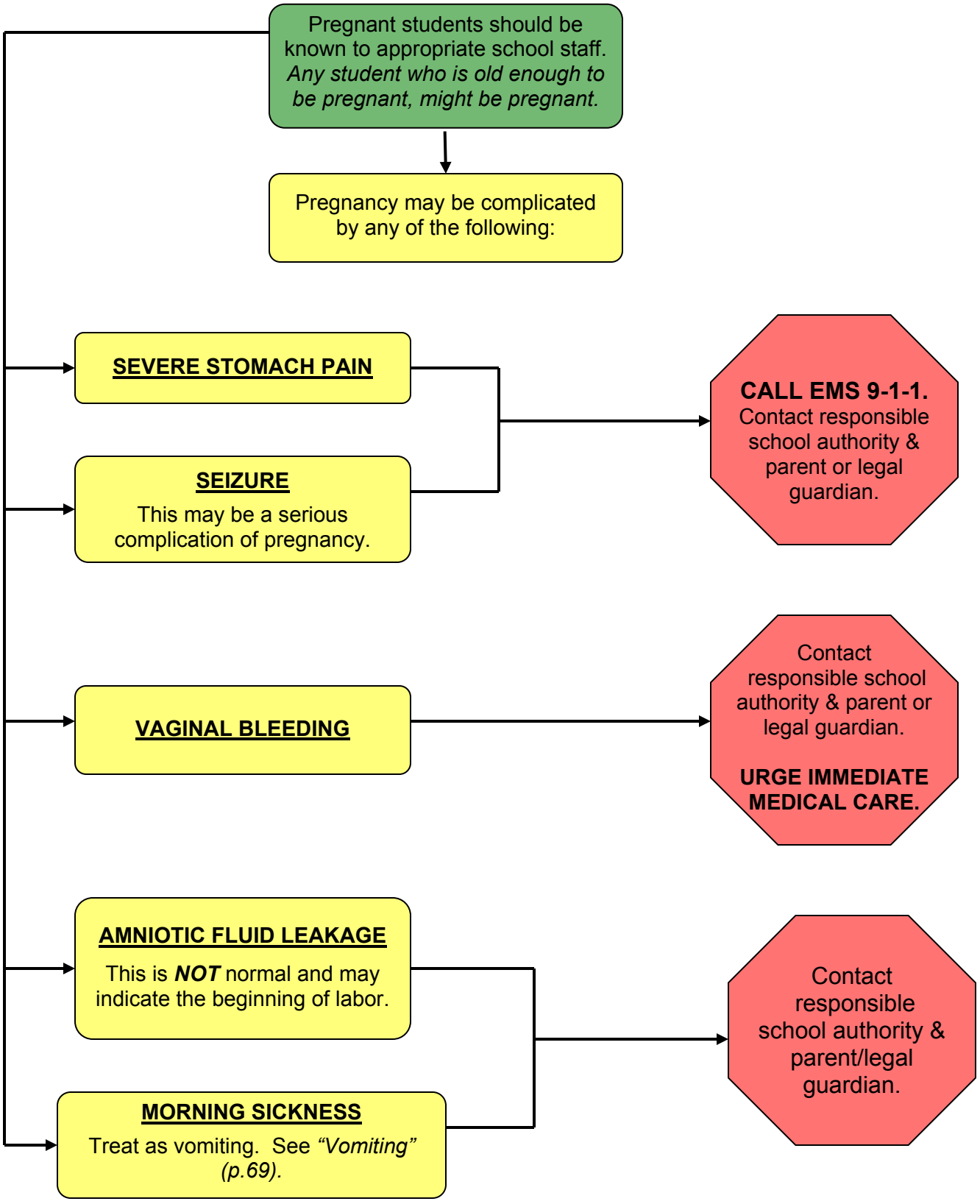
- If student becomes unconscious, place on his/her side. Check airway.
- **If student stops breathing, start CPR.** See *"CPR" (pp.27-30).*

CALL EMS 9-1-1.

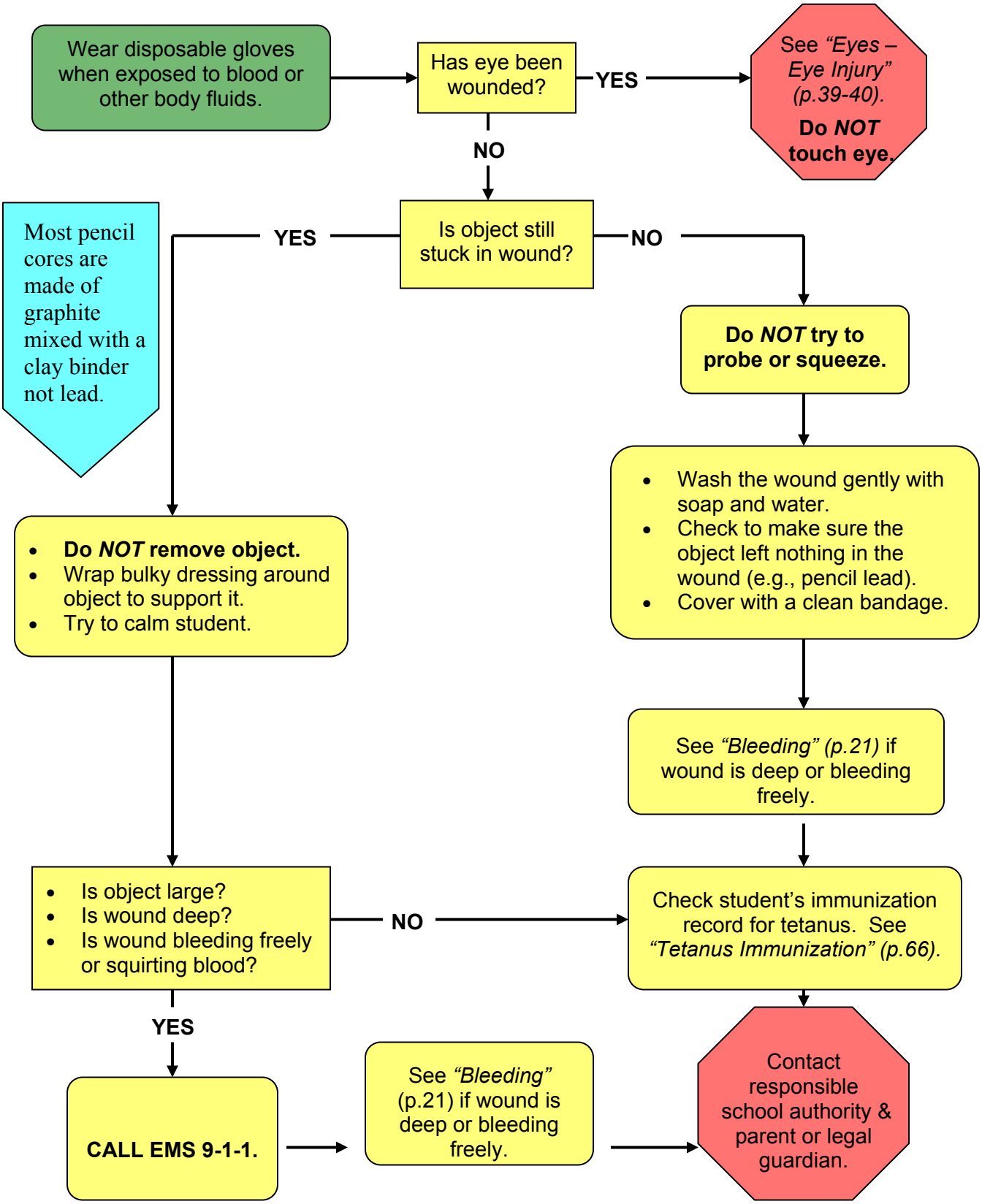
Contact responsible school authority & parent or legal guardian.

Send sample of the vomited material and ingested material with its container (if available) to the hospital with the student.

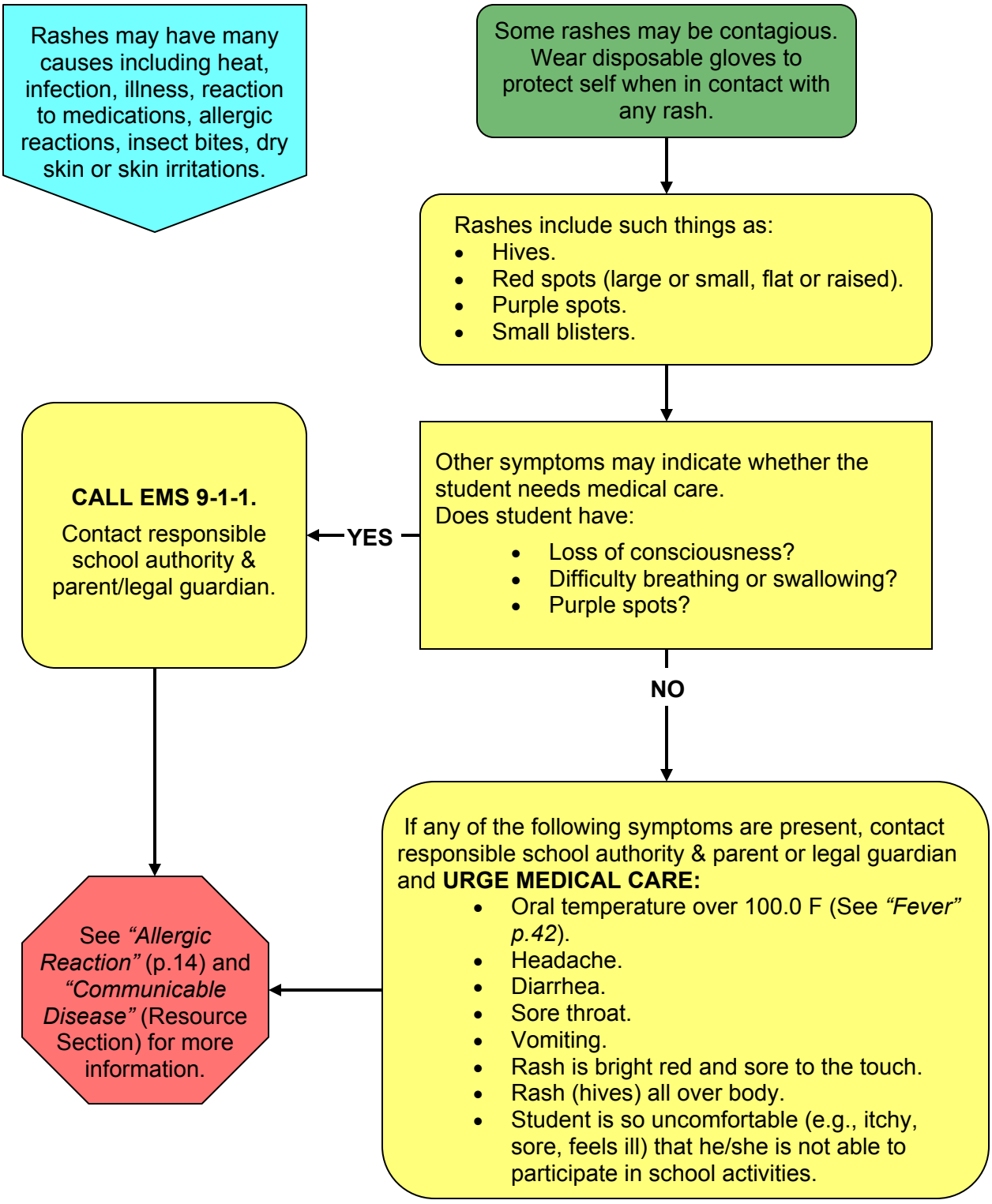
PREGNANCY


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 the following:
SEVERE STOMACH PAIN
SEIZURE
This may be a serious complication of pregnancy.
CALL EMS 9-1-1. Contact responsible school authority & parent or legal guardian.
VAGINAL BLEEDING
Contact responsible school authority & parent or legal guardian.
URGE IMMEDIATE MEDICAL CARE.
AMNIOTIC FLUID LEAKAGE
This is ***NOT*** normal and may indicate the beginning of labor.
MORNING SICKNESS
Treat as vomiting. See *"Vomiting" (p.69).*
Contact responsible school authority & parent/legal guardian.

PUNCTURE WOUNDS



RASHES


Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.
Some rashes may be contagious. Wear disposable gloves to protect self when in contact with any rash.
Rashes include such things as:
• Hives.
• Red spots (large or small, flat or raised).
• Purple spots.
• Small blisters.
Other symptoms may indicate whether the student needs medical care.
Does student have:
• Loss of consciousness?
• Difficulty breathing or swallowing?
• Purple spots?
YES
CALL EMS 9-1-1.
Contact responsible school authority & parent/legal guardian.
NO
If any of the following symptoms are present, contact responsible school authority & parent or legal guardian and URGE MEDICAL CARE:
• Oral temperature over 100.0 F (See "Fever" p.42).
• Headache.
• Diarrhea.
• Sore throat.
• Vomiting.
• Rash is bright red and sore to the touch.
• Rash (hives) all over body.
• Student is so uncomfortable (e.g., itchy, sore, feels ill) that he/she is not able to participate in school activities.
See "Allergic Reaction" (p.14) and "Communicable Disease" (Resource Section) for more information.

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 (e.g., running, belligerence, making strange sounds, etc.).

A student with a history of seizures should be known to appropriate school staff. A Seizure Action plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.

Refer to student's Seizure Action plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do *NOT* restrain movements.**
- Move surrounding objects to avoid injury.
- **Do *NOT* place anything in between the teeth or give anything by mouth.**
- Keep airway clear by placing student on his/her side. A pillow should *NOT* be used.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:

- Duration.
- Kind of movement or behavior.
- Body parts involved.
- Loss of consciousness, etc.

- Is student having a seizure lasting longer than *5 minutes*?
- Is student having seizures following one another at short intervals?
- Is student *without a known history* of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

NO

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

YES

CALL EMS 9-1-1.

Contact responsible school authority & parent or legal guardian.

SHOCK

Signs of Shock:

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

If injury is suspected, see *"Neck & Back Pain"* (p.51) and treat as a possible neck injury. **Do *NOT* move student unless he/she is endangered.**

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

See the appropriate guideline to treat the most severe (life or limb threatening) symptoms first.
Is student:

- Not breathing? See *"CPR" (pp.27-30)* and/or *"Choking" (p. 31).*
- Unconscious? See *"Unconsciousness" (p.68).*
- Bleeding profusely? See *"Bleeding" (p.21).*

YES

CALL EMS 9-1-1.

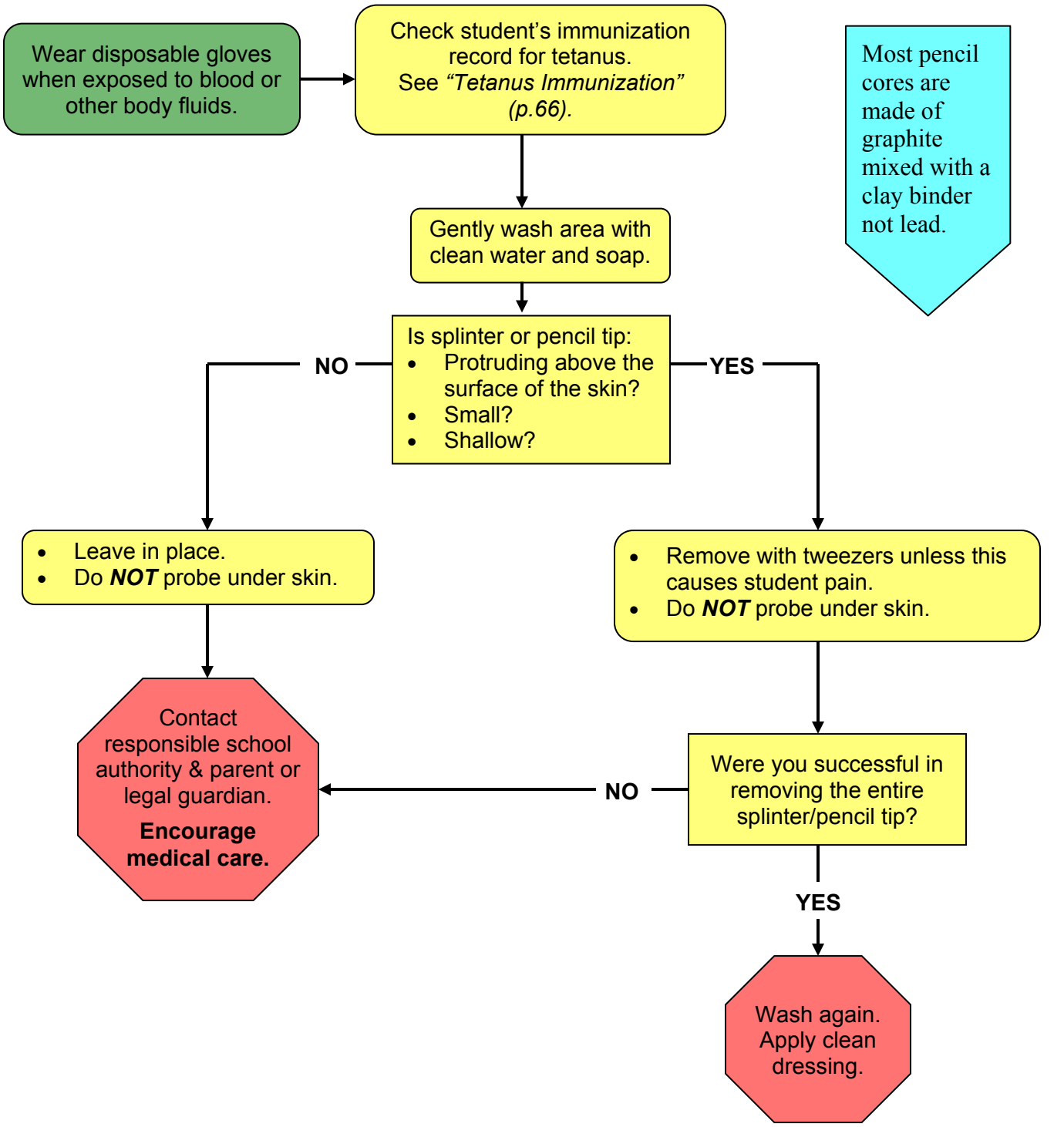
NO

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches, unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep body normal temperature. Cover student with a blanket or sheet.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.

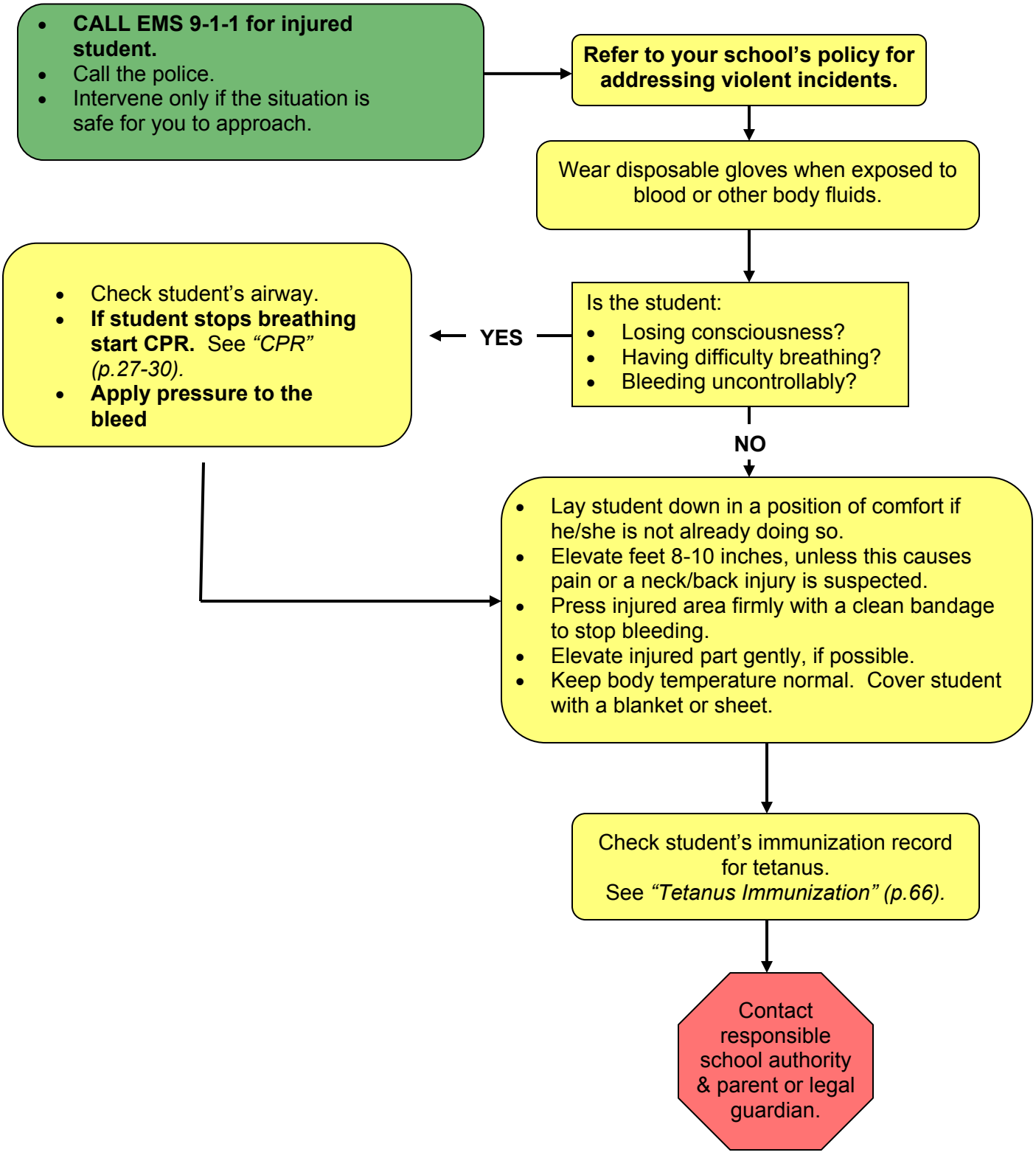
Contact responsible school authority & parent or legal guardian.

URGE MEDICAL CARE if EMS not called.

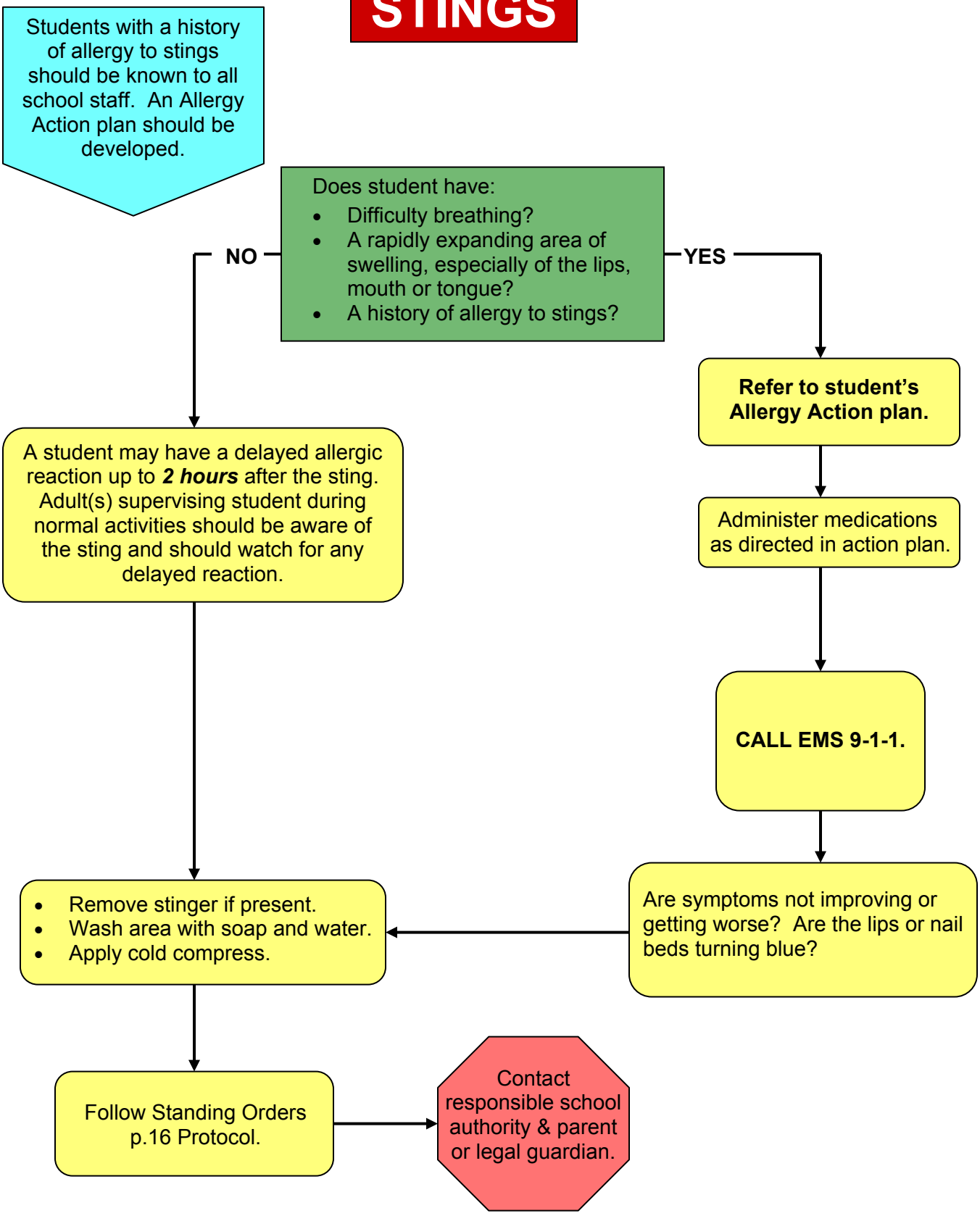
SPLINTERS OR IMBEDDED PENCIL TIP



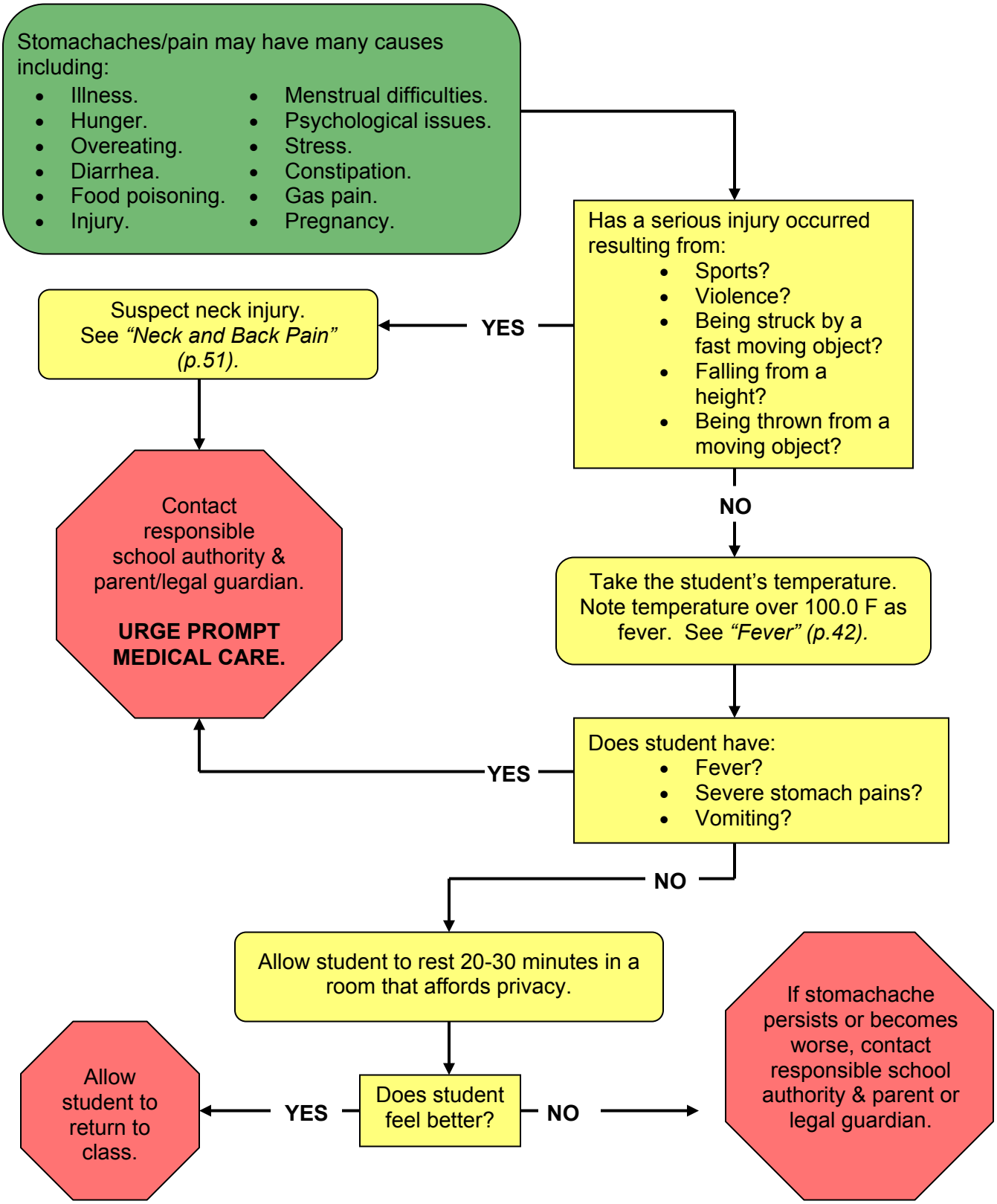
STABBING & GUNSHOT INJURIES



STINGS

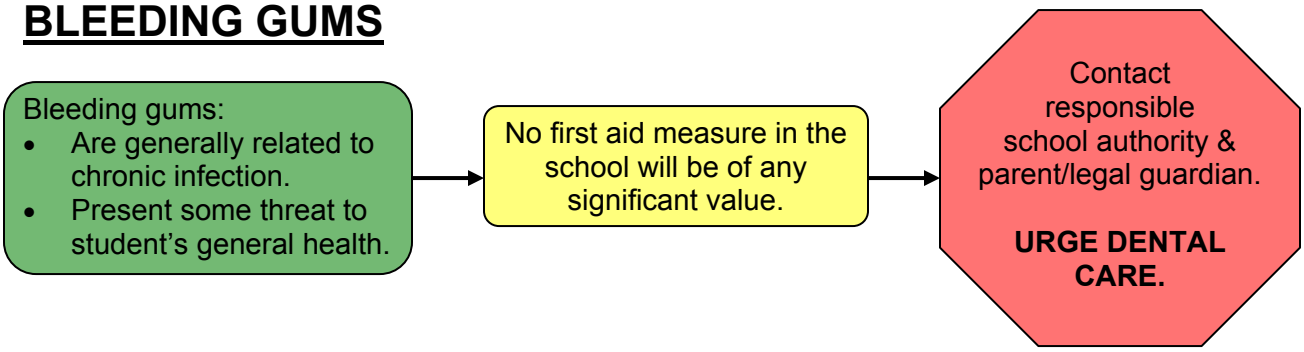

Students with a history of allergy to stings should be known to all school staff. An Allergy Action plan should be developed.
Does student have:
• Difficulty breathing?
• A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
• A history of allergy to stings?
NO
YES
Refer to student's Allergy Action plan.
Administer medications as directed in action plan.
CALL EMS 9-1-1.
Are symptoms not improving or getting worse? Are the lips or nail beds turning blue?
A student may have a delayed allergic reaction up to 2 hours after the sting. Adult(s) supervising student during normal activities should be aware of the sting and should watch for any delayed reaction.
• Remove stinger if present.
• Wash area with soap and water.
• Apply cold compress.
Follow Standing Orders p.16 Protocol.
Contact responsible school authority & parent or legal guardian.

STOMACH ACHES/PAIN

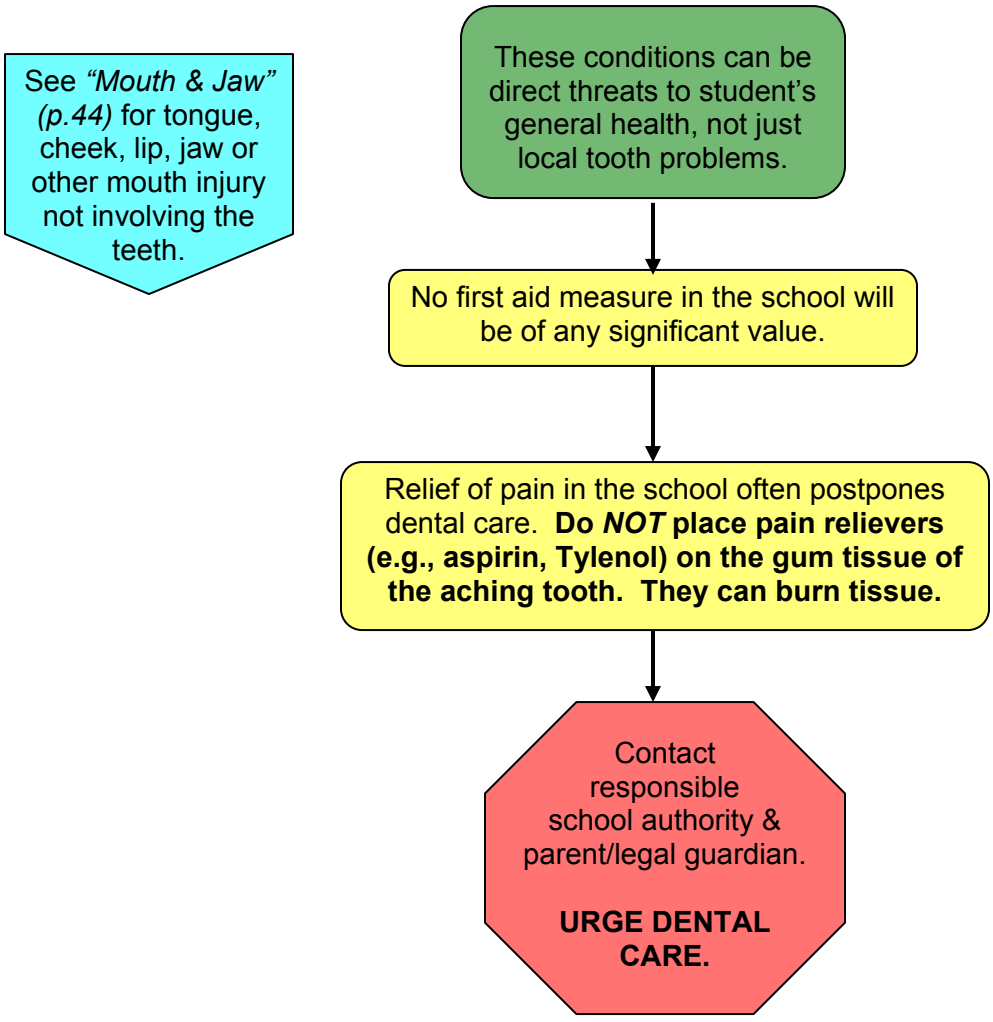


TEETH PROBLEMS

BLEEDING GUMS



TOOTHACHE OR GUM INFECTION



TEETH PROBLEMS

DISPLACED TOOTH

Do *NOT* try to move tooth into correct position.

Contact responsible school authority & parent/legal guardian.

OBTAIN EMERGENCY DENTAL CARE.

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do ***NOT*** handle tooth by the root.

If tooth is dirty, clean gently by rinsing with water.

Do *NOT* scrub the knocked-out tooth.

Do not replant primary (baby) teeth back in socket. (No. 1 in list.)

The following steps are listed in order of preference.

Within 15-20 minutes:

1. Place gently back in socket and have student hold in place with tissue or gauze, ***or***
2. Place in glass of milk, ***or***
3. Place in normal saline, ***or***
4. Have student spit in cup and place tooth in it, ***or***
5. Place in a glass of water.

TOOTH MUST *NOT* DRY OUT.

Consider possible head injury

Apply a cold compress to face to minimize swelling.

Contact responsible school authority & parent or legal guardian.

OBTAIN EMERGENCY DENTAL CARE. THE STUDENT SHOULD BE SEEN BY A DENTIST AS SOON AS POSSIBLE.

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 or legal guardian.

A **minor wound** would need a tetanus booster **only** if it has been at least **10 years** since the last tetanus shot or if the student is **5 years old or younger.**

Other wounds such as those contaminated by dirt, feces and saliva (or other body fluids); puncture wounds; amputations; and wounds resulting from crushing, burns, and frostbite need a tetanus booster if it has been more than **5 years** since last tetanus shot.

TICKS

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed.

Do *NOT* handle ticks with bare hands.

Refer to your school's policy regarding the removal of ticks.

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

Wash the tick area gently with soap and water before attempting removal.

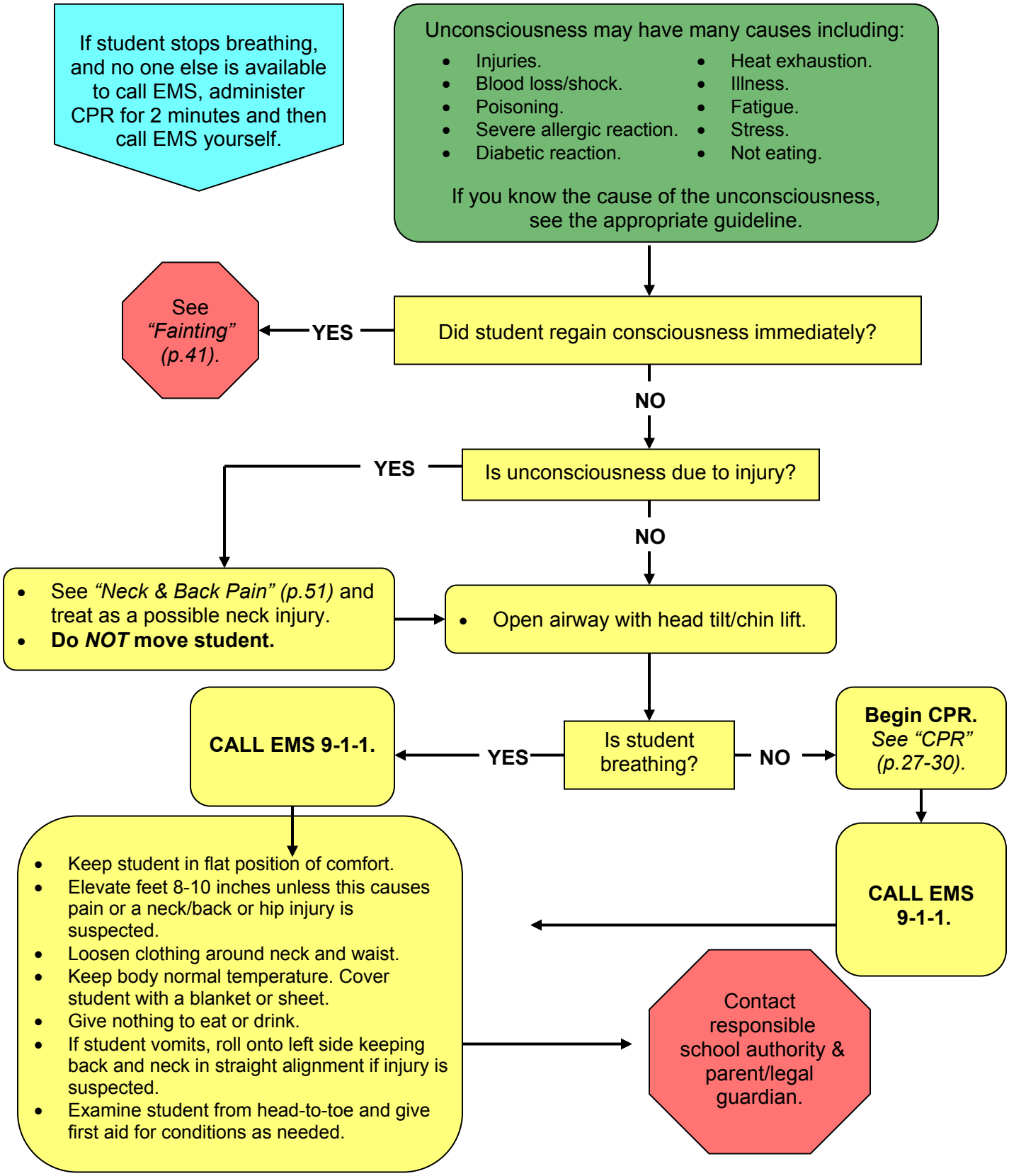
- Using tweezers, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
- **Do *NOT* twist or jerk the tick as the mouth parts may break off.** It is important to remove the *ENTIRE* tick.
- Take care not to squeeze, crush or puncture the body of the tick as its fluids may carry infection.

- After removal, wash the tick area thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.

Contact responsible school authority & parent/legal guardian.

UNCONSCIOUSNESS



VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning.

CALL POISON CONTROL 1-800-222-1222.
and ask for instructions. See *"Poisoning" (p.54)* and notify local health department.

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.

Take student's temperature. Note oral temperature over 100.0 F as fever. See *"Fever" (p.42).*

- Have student lie down on his/her side in a room that affords privacy and allow him/her to rest.
- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket available.
- Give no food or medications, although you may offer student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

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

Is the student dizzy and pale?

YES

Contact responsible school authority & parent/legal guardian.

URGE MEDICAL CARE.

NO

Contact responsible school authority & parent/legal guardian.

RESOURCE SECTION

RECOMMEDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current first aid, choking and CPR manual and wall chart(s) such as the American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS) Resource Manual and 3-in-1 First Aid, Choking, CPR Chart available at http://www.aap.org and similar organizations.
2. Cot: mattress with waterproof cover (disposable paper covers and pillowcases).
3. Small portable basin.
4. Covered waste receptacle with disposable liners.
5. Bandage scissors & tweezers.
6. Non-mercury thermometer.
7. Sink with running water.
8. Expendable supplies:
    - Sterile cotton-tipped applicators, individually packaged.
    - Sterile adhesive compresses (1"x3"), individually packaged.
    - Cotton balls.
    - Sterile gauze squares (2"x2"; 3"x3"), individually packaged.
    - Adhesive tape (1" width).
    - Gauze bandage (1" and 2" widths).
    - Cold packs (compresses).
    - Tongue blades.
    - Triangular bandages for sling.
    - Safety pins.
    - Soap.
    - Disposable facial tissues.
    - Paper towels.
    - Sanitary napkins.
    - Disposable gloves (vinyl preferred).
    - Pocket mask/face shield for CPR.
    - Disposable surgical masks.
    - One flashlight with spare bulb and batteries.
    - Appropriate cleaning solution such as a tuberculocidal agent that kills hepatitis B virus or household chlorine bleach. *A fresh solution of chlorine bleach must be mixed every 24 hours in a ratio of 1-part bleach to 9- parts water.*

FLU: PLANNING FOR SCHOOLS

FLU TERMS DEFINED

Seasonal (or common) flu is a respiratory illness that can be transmitted person-to-person. Most people have some immunity and a vaccine is available.

Pandemic flu is human flu that causes a global outbreak, or pandemic, of illness. Because there is little natural immunity, the disease can spread easily from person to person.

***** Influenza is not the stomach flu***

INFLUENZA SYMPTOMS

According to the Centers for Disease Control and Prevention (CDC) influenza symptoms usually start suddenly and may include the following:

- Fever
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Body ache

Influenza is a respiratory disease.

Source: Centers for Disease Control and Prevention (CDC)

INFECTION CONTROL GUIDELINES FOR SCHOOLS

1) Recognize the symptoms of flu:
   Fever Headache
   Cough Body ache

2) Stay home if you are ill and remain home for at least 24 hours after you no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Students, staff, and faculty may return 24 hours after symptoms have resolved.

3) Cover your cough:

   - Use a tissue when you cough or sneeze and put used tissue in the nearest wastebasket.
   - If tissues are not available, cough into your elbow or upper sleeve area, not your hand.
   - Wash your hands after you cough or sneeze.

4) Wash your hands:
   - Using soap and water after coughing, sneezing or blowing your nose
   - Using alcohol-based hand sanitizers if soap and paper towel available

5) Have regular inspections of the school hand washing facilities to assure soap and paper available.

6) Follow a regular cleaning schedule of frequently touched surfaces including handrails, door handles and restrooms using usual cleaners.

7) Have appropriate supplies for students and staff including tissues, waste receptacles for disposing used tissues and hand washing supplies (soap and water or alcohol-based hand sanitizers.

SCHOOLS ACTION STEPS FOR PANDEMIC FLU PLANNING

The following are steps schools can take before, during and after a pandemic flu outbreak. Remember that a pandemic may have several cycles, waves or outbreaks so these steps may need to be repeated. Guidelines will be issued the by the CDC and South Dakota Department of Health and Human Services.

PREPAREDNESS/PLANNING PHASE – BEFORE AN OUTBREAK OCCURS

1. Develop a pandemic flu plan for your school using the CDC resources.
2. Build a strong relationship with your local health department and include them in the planning process.
3. Train school staff to recognize symptoms of influenza.
4. Follow your school policies to decide to what extent you will encourage or require students and staff to stay home when they are ill.
5. Have a method of disease recognition (disease surveillance) in place. Report increased absenteeism or new disease trends to the local health department.
6. Make sure the school is stocked with supplies for frequent hand hygiene including soap, water, alcohol-based hand sanitizers and paper towels.
7. Encourage good hand hygiene and respiratory etiquette in all staff and students.
8. Identify students who are immune compromised or chronically ill who may be most vulnerable to serious illness. Encourage their families to talk with their health care provider regarding special precautions during influenza outbreaks.
9. Develop alternative learning strategies to continue education in the event of an influenza pandemic.

RESPONSE – DURING AN OUTBREAK

1. Heighten disease surveillance and reporting to the local health department.
2. Communicate regularly with parents informing them of the community and school status and expectations during periods of increased disease.
3. Work with local education representatives and the local health department to determine if the school should cancel non-academic events or close the school.
4. Report any school dismissals due to influenza the South Dakota State Department of Health.
5. Continue to educate students, staff and families on the importance of hand hygiene and respiratory etiquette.

RECOVERY – FOLLOWING AN OUTBREAK

1. Continue to communicate with the local health department regarding the status of disease in the community and the school.
2. Communicate with parents regarding the status of the education process.
3. Continue to monitor disease surveillance and report disease trends to the health department.
4. Provide resources/referrals to staff and students who need assistance in dealing with the emotional aspects of the pandemic experience. Trauma-related stress may occur after any catastrophic event and may last a few days, a few months or longer, depending on the severity of the event.

SHOOTING

IF A PERSON THREATENS WITH A FIREARM OR BEGINS SHOOTING

Staff and Children:

- *If you are outside with the shooter outside* – go inside the building as soon as possible. If you cannot get inside, make yourself as compact as possible; put something between yourself and the shooter; do not gather in groups.
- *If you are inside with the shooter inside* – turn off lights; lock all doors and windows; shut curtains, if it is safe to do so.
- Children, staff and visitors should crouch under furniture without talking and remain there until an all-clear is given by the administrator or designee.
- Check open areas for wandering children and bring them immediately into a safe area.
- Staff should take roll call and immediately notify the administrator of any missing children or staff when it is safe to do so.

Administrator/Police Liaison:

- Assess the situation as to:
  - The shooter's location
  - Any injuries
  - Potential for additional shooting
- Call 9-1-1 and give as much detail as possible about the situation.
- Secure the facility, if appropriate.
- Assist children and staff in evacuating from immediate danger to safe area.
- Care for the injured as carefully as possible until law enforcement and paramedics arrive.
- Be careful to preserve the scene while providing care to the injured patient.
- Refer media to designated public information person per media procedures.
- Administrator to prepare information to release to media and parent(s)/guardian(s).
- Notify parent(s)/guardian(s) according to policies.
- Hold information meeting with staff.
- Initiate a crisis/grief counseling plan.

CRISIS TEAM MEMBERS

Position	Name	Work #	Home #	Cell/Pager	Room#
Administrator					
Designee					
Psychologist					
Counselor					
Nurse					
Secretary					

CPR/FIRST AID CERTIFIED STAFF

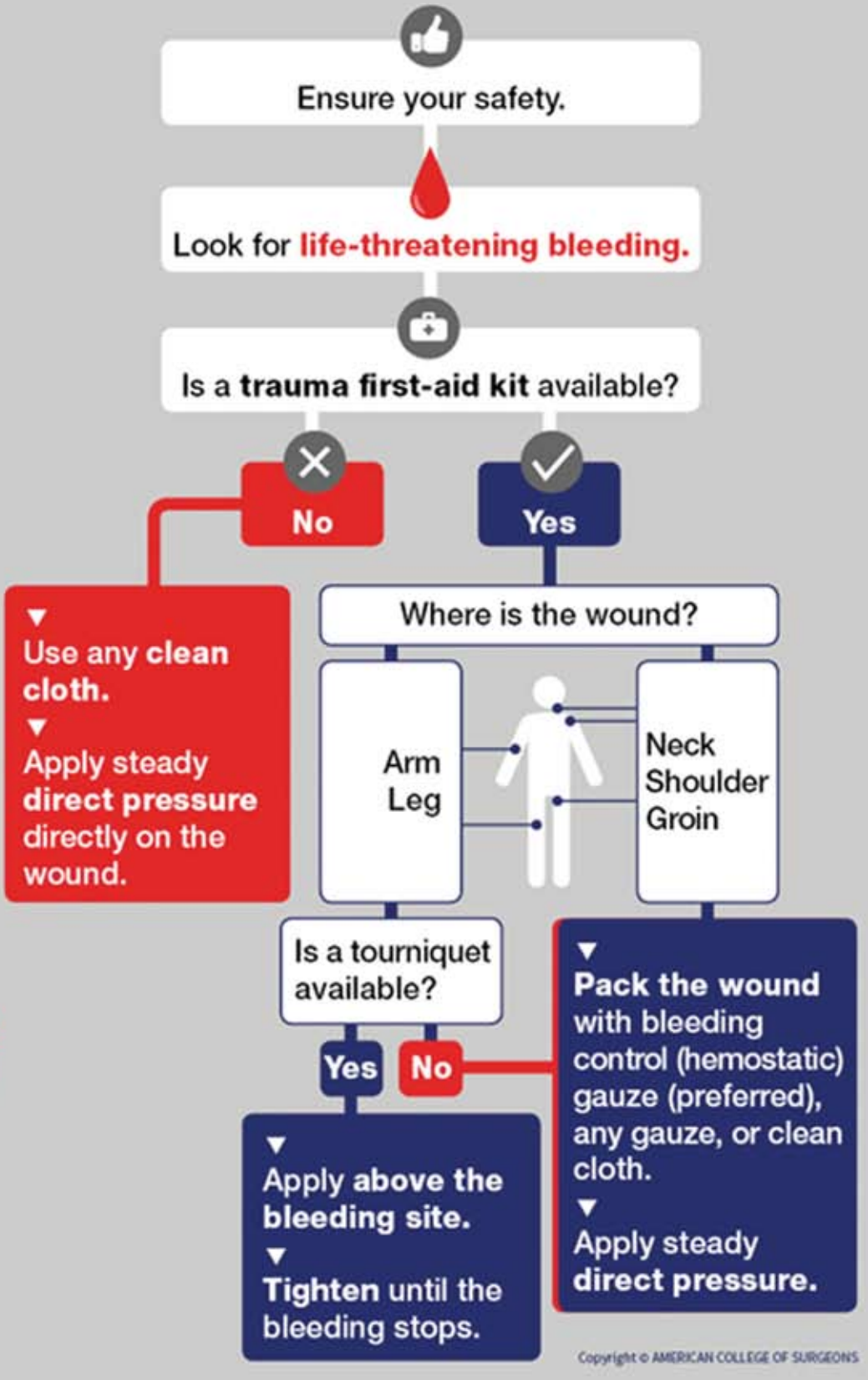
Name	Room	CPR - Yes/No	First Aid - Yes/No

CRISIS CONTACTS

Name	Emergency Contact Information	Alternate Contact Information
Local Critical Incident Management Team		

Save a life

What everyone should know to stop bleeding after an injury



STOP THE BLEED.

SAVE A LIFE

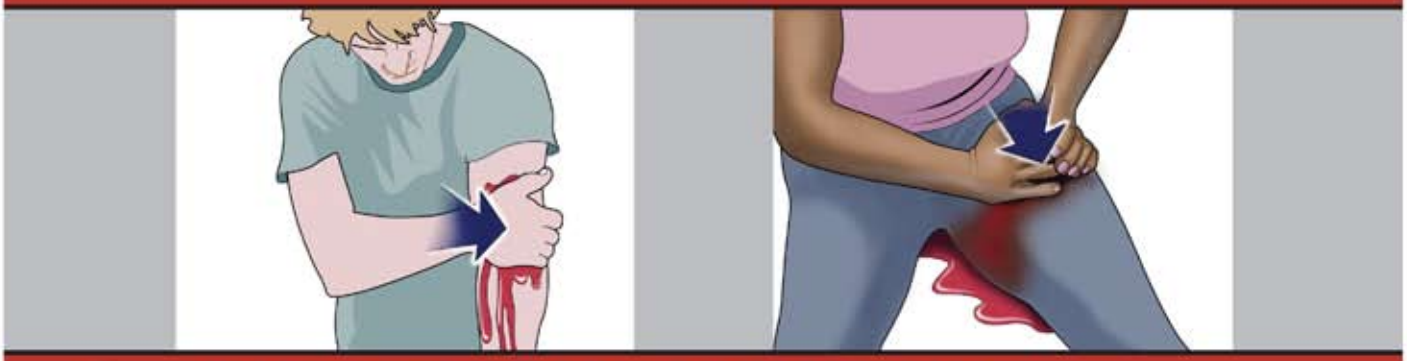
American College of Surgeons
Inspiring Quality: Highest Standards, Better Outcomes
100+years

THE COMMITTEE ON TRAUMA

HARTFORD CONSENSUS — SAVE A LIFE — STOP THE BLEEDING

BLEEDINGCONTROL.ORG

1 APPLY PRESSURE WITH HANDS



2 APPLY DRESSING AND PRESS

3 APPLY TOURNIQUET

WRAP **WIND** **SECURE** **TIME**

CALL 911

The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life-threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public. 'Stop the Bleed' is a registered service mark of the Department of the Defense. Use of this equipment and this training does not guarantee that all bleeding will be stopped or that all lives will be saved.

EMERGENCY PHONE NUMBERS

EMERGENCY MEDICAL SERVICES (EMS) INFORMATION

Know how to contact your EMS. Most areas use 9-1-1; others use a 7-digit phone number.

+ **EMERGENCY PHONE NUMBER: 9-1-1 OR** _____

+ Name of EMS agency _____

+ Their average emergency response time to your school _____

+ Directions to your school _____

_____

+ Location of the school's AED(s) _____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE EMERGENCY DISPATCHER HANGS UP:

- Name and school name _____
- School telephone number _____
- Address and easy directions _____
- Nature of emergency _____
- Exact location of injured person (e.g., behind building in parking lot) _____
- Help already given _____
- Ways to make it easier to find you (e.g., standing in front of building, red flag, etc.).

OTHER IMPORTANT PHONE NUMBERS

+ School Nurse _____
+ Responsible School Authority _____
+ Poison Control Center **1-800-222-1222**
+ Fire Department **9-1-1 or** _____
+ Police **9-1-1 or** _____
+ Hospital or Nearest Emergency Facility _____
+ County Children Services Agency _____
+ Rape Crisis Center _____
+ Suicide Hotline _____
+ Local Health Department _____
+ Taxi _____
+ Other medical services information _____
  (e.g., dentists or physicians): _____

Critical Data Elements for Emergency Care of Children

Proposed by Irmiter, et al. (*Disaster Medicine* 2012; 6:303)

Identification

- Name (First, middle, last)
- Address (street incl. #, city, state, zip)
- Primary phone
- Primary email address
- Date of birth
- Gender
- Biometric ID or photo*
- Unique ID number*
- Do you understand English*
- Are you oxygen dependent (Y/N)
- Major medical condition? (Y/N and dropdown)
- Condition not listed? (Y/N and specify)
- Major physical impairment? (Y/N and specify)
- Are there additional health concerns?
- List any communicable diseases (HIV, TB, etc.)*
- Do you have a mental illness? *

Emergency Contact

- Emergency contact 1 – name
- Emergency contact 1 – phone number
- Emergency contact email address

Family Information

- Would you like to complete this for other family members?

Health Care Contact

- Primary Health Care provider/physician (PCP) name
- PCP phone number
- PCP email address if known
- Health Insurer name/Type
- Member# and Group ID

Medications

- Are you taking any medications? (Y/N)
- If you are taking medications, please specify name, dose, frequency if none

Major Allergies/Diet Restrictions

- Are you allergic to any medications (Y/N/List)
- Do you have any other major allergies or dietary restrictions?

Other possible inclusions:

- Blood type including Rh
- Preferred language
- Dialysis regimen
- Multiple specific diagnoses or conditions
- Immunizations

Current AAP/ACEP EIF From

Identification (date completed and by whom; updated)

- Name
- Birthdate
- Nickname
- Home Address
- Home/Work Phone
- Primary Language
- Signature/Consent

Emergency Contact

- Parent/Guardian
- Emergency Contact Names and Relationship
- Phone Number(s)

Physicians

- Primary Care Physician (Name, phone, fax)
- Current Specialty Care Physician 1 (Name, phone, fax)
- Current Specialty Care Physician 2 (Name, phone, fax)
- Anticipated Primary ED
- Pharmacy
- Anticipated Tertiary Care Center

Diagnoses/Past Procedures/Physical Exam

- Diagnoses up to 4
- Medical Synopsis
- Baseline physical findings, vital signs, neuro status

Management Data

- Medications
- Significant baseline ancillary findings (lab, x-ray, ECG)
- Prostheses, technologies, etc.
- Allergies and foods to be avoided (what and why)
- Procedures to be avoided (what and why)
- Immunizations
- Common presenting problems and suggested approach
- Comments on child, family or other medical issues

South Dakota Childhood Vaccines

Refer to the South Dakota Department of Health website for

*Vaccine Provider in your County

*State Supplied Vaccines

*Vaccines required for school entry

http://doh.sd.gov/local-offices/vaccine-providers/

http://doh.sd.gov/family/childhood/immunization/

CHILDHOOD
Immunization Information

South Dakota Schools/Epi Auto-injectors

State of South Dakota

EIGHTY-NINTH SESSION
LEGISLATIVE ASSEMBLY, 2014

544V0340	**HOUSE BILL NO. 1167**

Introduced by: Representatives Sly, Ecklund, Hawks, Magstadt, Munsterman, Olson (Betty), and Tyler and Senators Hunhoff (Jean), Bradford, Jensen, Rampelberg, and Soholt

FOR AN ACT ENTITLED, An Act to allow schools to maintain a stock and to administer epinephrine auto-injectors in certain cases.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. Any school may acquire and maintain a stock of epinephrine auto-injectors pursuant to a prescription issued by an authorized health care provider for use in an emergency situation of a severe allergic reaction causing anaphylaxis. The provisions of this section are not subject to the prescription requirements in subdivision 36-11-2(21).

Section 2. Each school shall adopt a policy for the use and storage of epinephrine auto-injectors and shall notify the parents or guardians of each student about the policy.

Section 3. Any school nurse or other designated school personnel, upon authorization by the governing school body, may:

(1) Administer an epinephrine auto-injector to a student in accordance with a prescription specific to the student on file with the school;

(2) Administer an epinephrine auto-injector to any student during school hours if the

school nurse or designated school personnel believe that the student is experiencing anaphylaxis in accordance with a standing protocol from an authorized health care provider, regardless of whether a student has a prescription for an epinephrine auto-injector or has been diagnosed with an allergy.

Section 4. Prior to administering an epinephrine auto-injector made available by the school, each designated school personnel shall be trained by a licensed health care professional:

(1) To recognize the symptoms of a severe allergy or anaphylactic reaction;

(2) To know the procedure for the administration of an epinephrine auto-injector;

(3) To know the procedure for storage of an epinephrine auto-injector; and

(4) To know the emergency care and aftercare for a student who has an allergic or anaphylactic reaction.

Section 5. No school district, administrator, school board, school nurse, or designated school personnel that possess or make available epinephrine auto-injectors pursuant to this Act; authorized health care provider that prescribes epinephrine auto-injectors to a school; or a health care professional that provides training pursuant to section 4 of this Act may be held liable for any injury or related damage that results from the administration of, self-administration of, or failure to administer an epinephrine auto-injector that may constitute ordinary negligence. This immunity does not apply to an act or omission constituting gross, willful, or wanton negligence. The administration of an epinephrine auto-injector in accordance with the provisions of this Act does not constitute the practice of medicine. The immunity from liability provided under this section is in addition to, not in lieu of, that provided in any other law.

Please note:

The Governing School Board must authorize and adopt a policy related to the use and storage of Epi Auto-injectors and requires the school to notify parents or guardians of each student about the policy: Section 2

South Dakota School Health Services

The mission of the LRC is to provide to the members of the Legislature legal analysis, fiscal analysis advise in addition to research, drafting, and budget services in a professional, confidential, and nonpartisan manner.

https://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=StatuteChapter&Statute=13-33A

13-33A-1. School health services--Coordination by registered nurse. A public school system shall provide school health services coordinated by a registered nurse, whose services may be shared by one or more school systems. The services shall include assessment and implementation of services for students with special needs, administration of medications, and performance of specialized health care procedures.

The registered nurse is responsible for the training and supervision of any school employee to whom provision of any of the services listed in this section is delegated.

Source: SL 1993, ch 144, § 1.

13-33A-2. Promulgation of rules--Board of Education Standards--Board of Nursing--Application of chapter. By rules promulgated pursuant to chapter 1-26, the South Dakota Board of Education Standards shall establish the requirements for storage and control of medications at the school site and the policies and

procedures for provision of the school health services listed in § 13-33A-1.

Pursuant to chapter 1-26, the Board of Nursing shall promulgate rules regarding any function of nursing as defined in chapter 36-9 that may be delegated to a school employee at a school site.

This section applies only to public school systems that have students with special needs.

Source: SL 1993, ch 144, § 2; SL 2017, ch 81, § 57.

13-33A-3. Liability insurance. The governing board of a school system shall provide the school system and its employees with liability insurance to cover actions authorized by this chapter.

Source: SL 1993, ch 144, § 3.

13-33A-4. Stock of epinephrine auto-injectors for emergency situations. Any school may acquire and maintain a stock of epinephrine auto-injectors pursuant to a prescription issued by an authorized health care provider for use in an emergency situation of a severe allergic reaction causing anaphylaxis. The provisions of this section are not subject to the prescription requirements in subdivision 36-11-2(21).

Source: SL 2014, ch 89, § 1.

13-33A-5. Policy for use and storage of epinephrine auto-injectors. Each school shall adopt a policy for the use and storage of epinephrine auto-injectors and shall notify the parents or guardians of each student about the policy.

Source: SL 2014, ch 89, § 2.

13-33A-6. Administration of epinephrine auto-injector. Any school nurse or other designated school personnel, upon authorization by the governing school body, may:

(1) Administer an epinephrine auto-injector to a student in accordance with a prescription specific to the student on file with the school;

(2) Administer an epinephrine auto-injector to any student during school hours if the school nurse or designated school personnel believe that the student is experiencing anaphylaxis in accordance with a standing protocol from an authorized health care provider, regardless of whether a student has a prescription for an epinephrine auto-injector or has been diagnosed with an allergy.

Source: SL 2014, ch 89, § 3.

13-33A-7. Training for epinephrine auto-injector administration. Prior to administering an epinephrine auto-injector made available by the school, each designated school personnel shall be trained by a licensed health care professional:

(1) To recognize the symptoms of a severe allergy or anaphylactic reaction;

(2) To know the procedure for the administration of an epinephrine auto-injector;

(3) To know the procedure for storage of an epinephrine auto-injector; and

(4) To know the emergency care and aftercare for a student who has an allergic or anaphylactic reaction.

Source: SL 2014, ch 89, § 4.

13-33A-8. Immunity from liability for epinephrine auto-injector administration. No school district, administrator, school board, school nurse, or designated school personnel that possess or make available epinephrine auto-injectors pursuant to §§ 13-33A-4 to 13-33-8, inclusive; authorized health care provider that prescribes epinephrine auto-injectors to a school; or a health care professional that provides training pursuant to § 13-33A-7 may be held liable for any injury or related damage that results from the administration of, self-administration of, or failure to administer an epinephrine auto-injector that may constitute ordinary negligence. This immunity does not apply to an act or omission constituting gross, willful, or wanton negligence. The administration of an epinephrine auto-injector in accordance with the provisions of §§ 13-33A-4 to 13-33-8, inclusive, does not constitute the practice of medicine. The immunity from liability provided under this section is in addition to, not in lieu of, that provided in any other law.

Source: SL 2014, ch 89, § 5.

13-33A-9. Possession and administration of opioid antagonists by school personnel. The governing board of a school district and the governing board of a nonpublic school may acquire opioid antagonists in accordance with current state law and administrative rule, and make the medication available to personnel who are trained in accordance with § 13-33A-10.

Source: SL 2019, ch 84, § 1, eff. Mar. 11, 2019.

13-33A-10. Training on administration of opioid antagonists. Before school personnel may administer an opioid antagonist in the event of a suspected opioid overdose, training must be provided by an individual qualified to do so. The training must include:

(1) Symptoms of an opiate overdose;

(2) Protocols and procedures for administering an opioid antagonist;

(3) Symptoms of adverse responses to an opioid antagonist;

(4) Protocols and procedures for stabilizing the patient if an adverse response occurs; and

(5) Procedures for transporting, storing, and securing an opioid antagonist.

Source: SL 2019, ch 84, § 2, eff. Mar. 11, 2019.

13-33A-11. Immunity from liability for injuries or damage associated with administration of opioid antagonists. No school district, administrator, school board member, school nurse, or designated school personnel possessing or making available opioid antagonists in accordance with state law, and no health care professional providing training in relation thereto, may be held liable for any injury or related damage that results from the administration of, the self-administration of, or the failure to administer an opioid antagonist, if such action or inaction constitutes, ordinary negligence. This immunity does not apply to an act or omission constituting gross, willful, or wanton negligence. The administration of an opioid antagonist does not constitute the practice of medicine. The immunity provided under this section is in addition to, and not in lieu of, any other immunity provided by law.

Source: SL 2019, ch 84, § 3, eff. Mar. 11, 2019.

EMERGENCY GUIDELINES FOR SCHOOLS 2019 EDITION

South Dakota
Emergency Medical Services for Children

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SD Emergency Medical Services for Children Advisory Committee

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