Policy: First Aid and Emergency Procedures

Policy Title:	First Aid and Emergency Procedures
Effective Date:	01-Mar-20
Review Date:	01-Mar-22
Version No.:	3
Revision No.:	0
Prepared By:	School Nurse
Reviewed By:	School Doctor
Approved By:	School Principal

EMERGENCY TELEPHONE NUMBERS

Ambulance	998
Fire	997
Police	999

EMERGENCY PROCEDURES

- 1. Remain calm and have a supportive attitude towards the ill or injured person.
- 2. Never leave an ill or injured individual unattended. Have someone else call the ambulance and the parents as soon as possible to determine the appropriate course of action.
- 3. Do not move a severely injured or ill person nor allow to walk if you are suspecting any fracture unless necessary for immediate safety.
- 4. Do not give medications unless there has been prior written approval by the parent or guardian.
- 5. Call Ambulance (998) in a life threatening conditions such as:

Anaphylactic reaction

Amputation

• Bleeding (severe)

Breathing difficulty (persistent)

• Broken bone / fracture

• Burns (chemical, electrical, third degree) • Shock

• Chest pain (severe)

Head, neck, or back injury (severe)
 Wound (deep / extensive)

Choking

Electric Shock

Heat Stroke

Poisoning

• Seizure

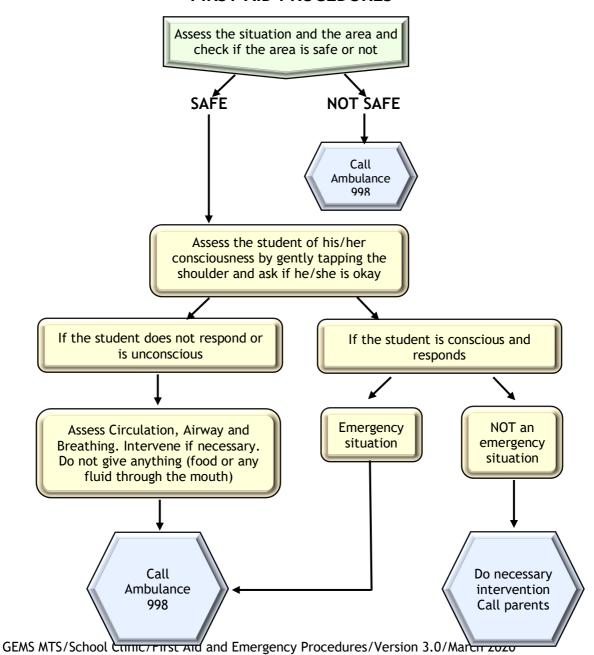
Unconsciousness

- 6. Under no circumstances should a sick or injured student be sent home without the knowledge and permission of the parent or legal guardian.
- 7. Each student should have an emergency information record on file that provides essential contact information, medical conditions, medications and an emergency care plan if appropriate. Provide a copy of student's emergency information to EMS upon arrival, if authorized by parent/legal guardian.
- 8. Fill out a report for all injuries and illnesses for school records.

PREVENTING DISEASE TRANSMISSION

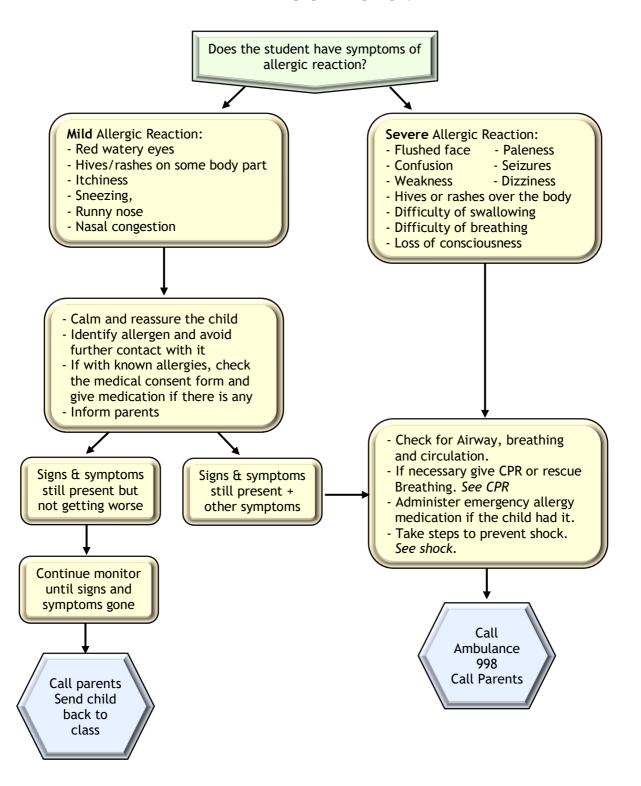
- 1. Avoid contact with body fluids, such as blood, mucus, when possible
- 2. Gloves, face mask or any protective clothing must be worn when direct care may involve contact with any type of body fluid. Discard protective gear in the appropriate container after each use. Needles, syringes and other sharp objects should be placed immediately after use in a safe disposal container.
- 3. Use breathing barriers such as one-way mask or other infection control barrier, if available, when performing CPR
- 4. Wash your hands with soap and running water immediately before and after giving care, even if you wear gloves
- 5. Do not eat, drink, or touch your mouth, nose, or eyes when giving first aid.
- 6. Do not touch objects that may be soiled with blood, mucus, or other body fluids
- 7. Spills of blood and body fluids should be cleaned up immediately. Wash the area well with a disinfectant cleaner.

FIRST AID PROCEDURES



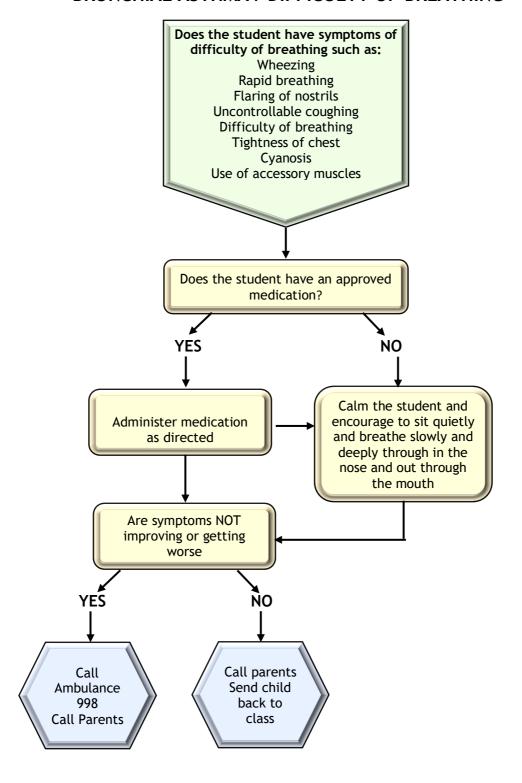


ALLERGIC REACTION

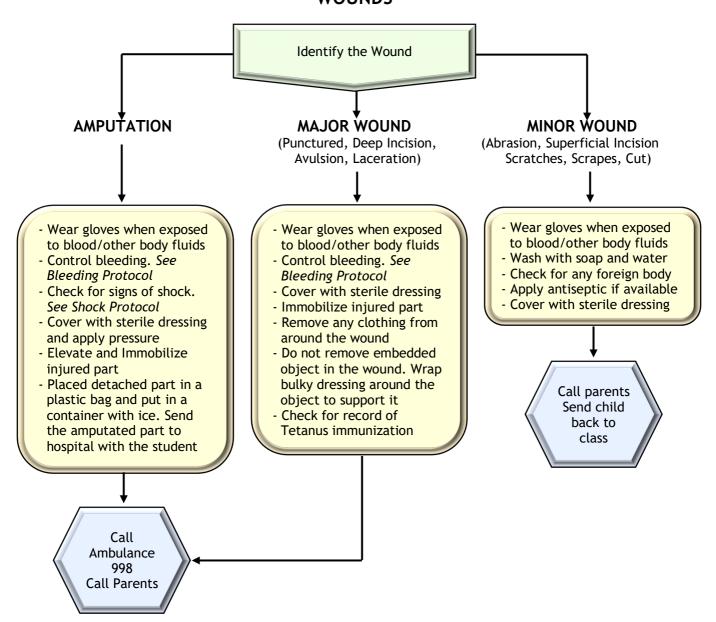




BRONCHIAL ASTHMA / DIFFICULTY OF BREATHING

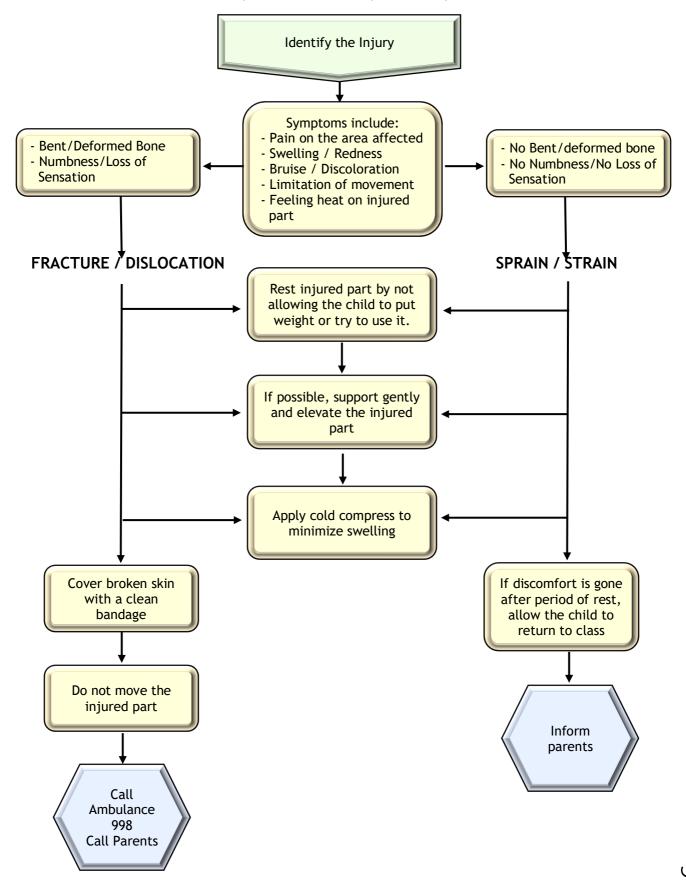








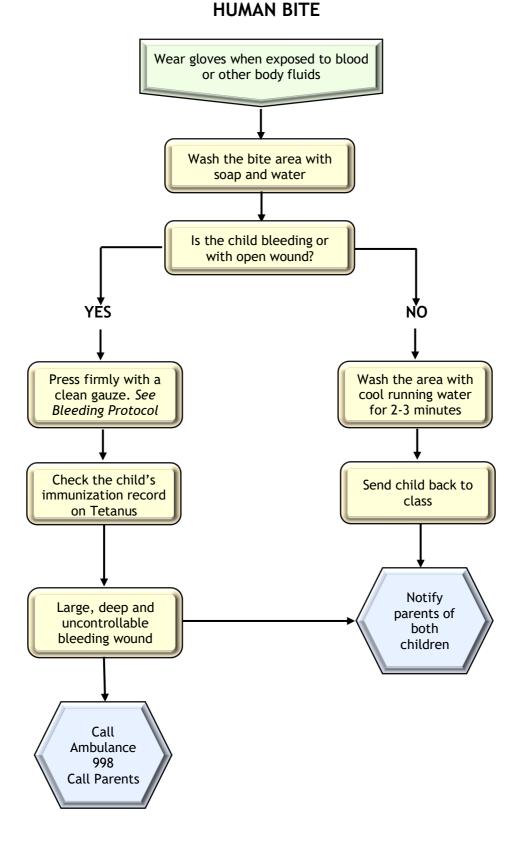
FRACTURES, DISLOCATION, SPRAIN, STRAIN



Before helping the victim, always make sure the situation or place is safe for vou Identify the type of burn THERMAL ELECTRICAL CHEMICAL Keep airway clear Wear gloves, mask or Flush the burn area with Look, Listen and Feel for goggles if possible cool running water for breath and if the child is - Remove child's clothing 10-15 minutes or cover it not breathing, start CPR. and jewelries that are with wet clean dressing See CPR exposed to chemical - Wash immediately the chemicals off from the skin and eyes with cool running water for 20-30 Large or deep burn minutes - Burn on face, eyes or Call **YES** genitalia Ambulance - Difficulty of breathing 998 - Unconscious Call Parents - Suffered other injuries NO Apply anti-burn ointment if available and cover the burned area loosely with a sterile gauze. Send child back to class Inform parents

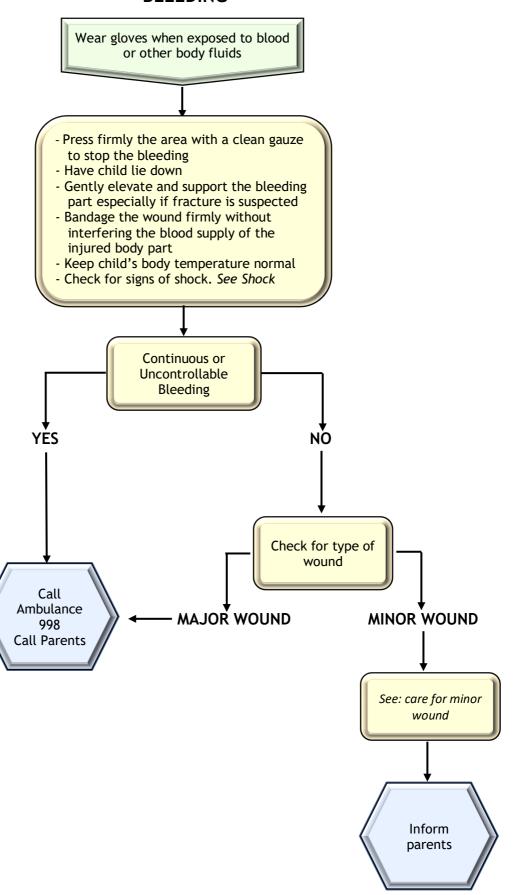
BURNS





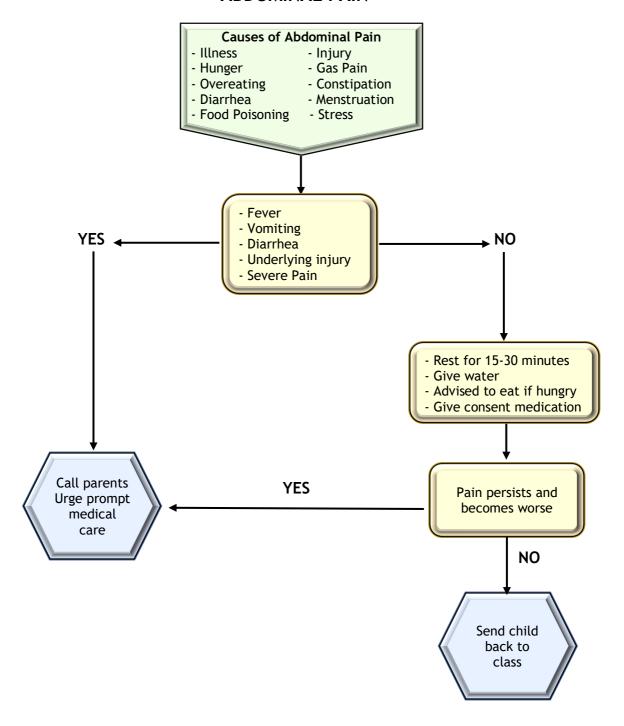


BLEEDING

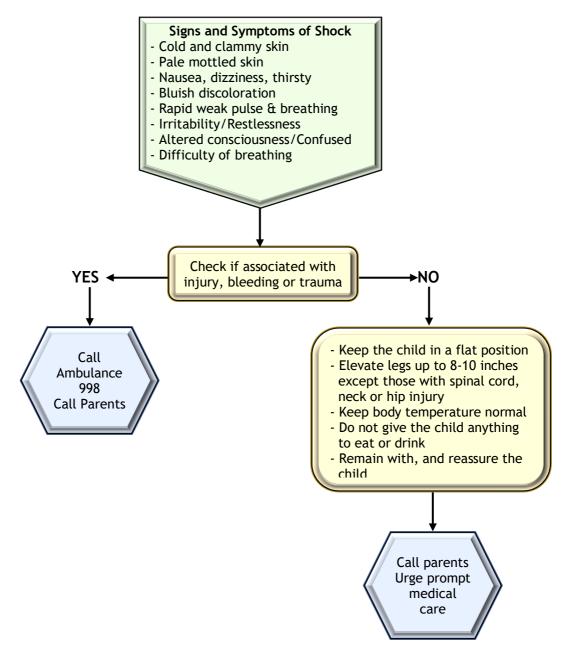




ABDOMINAL PAIN

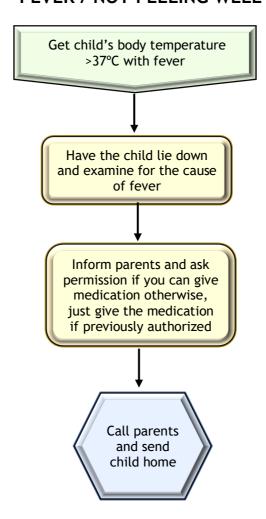


SHOCK

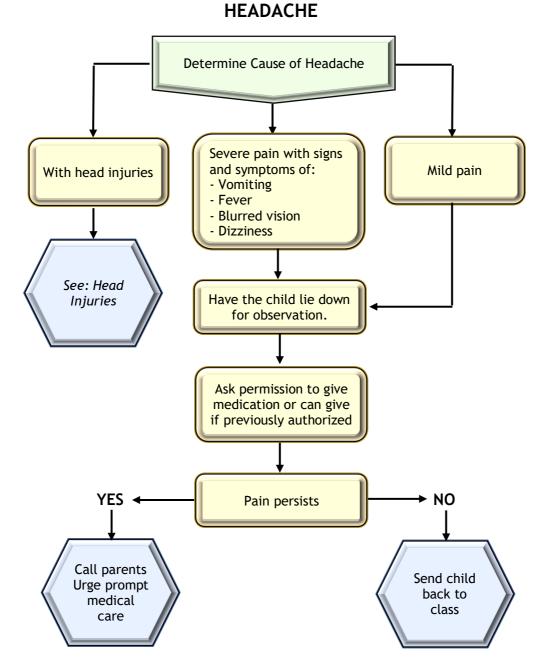




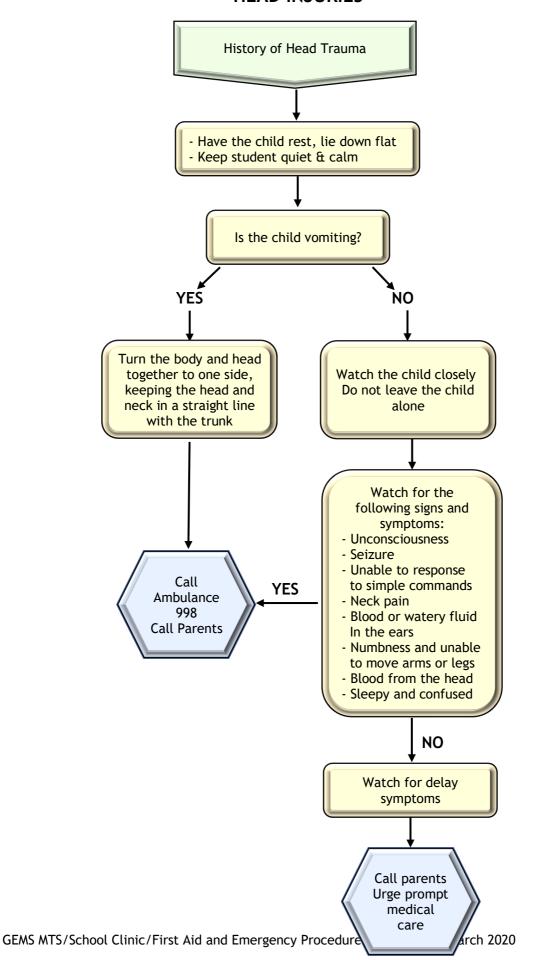
FEVER / NOT FEELING WELL





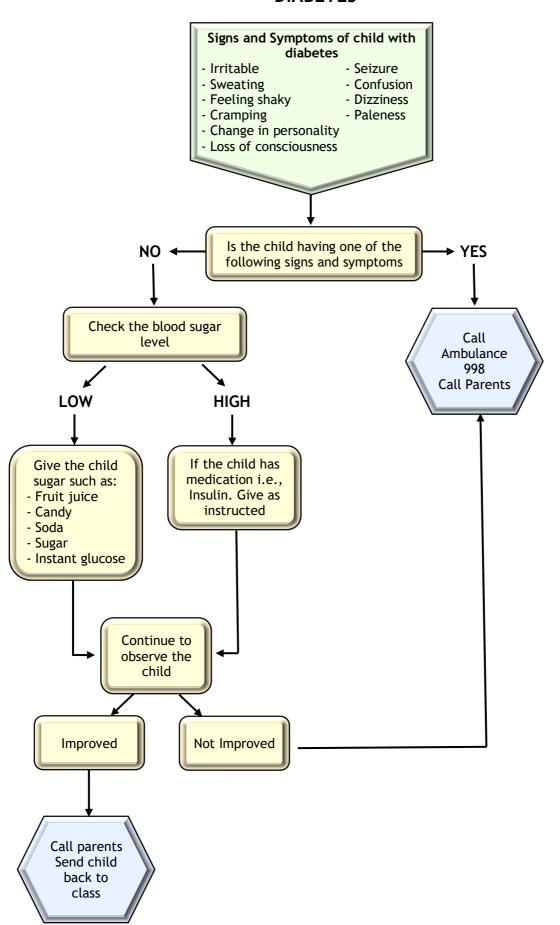


HEAD INJURIES



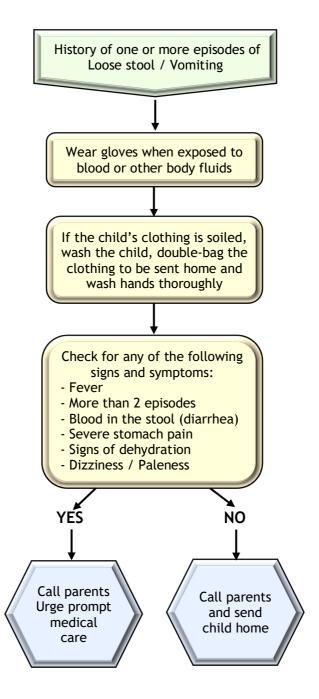


DIABETES

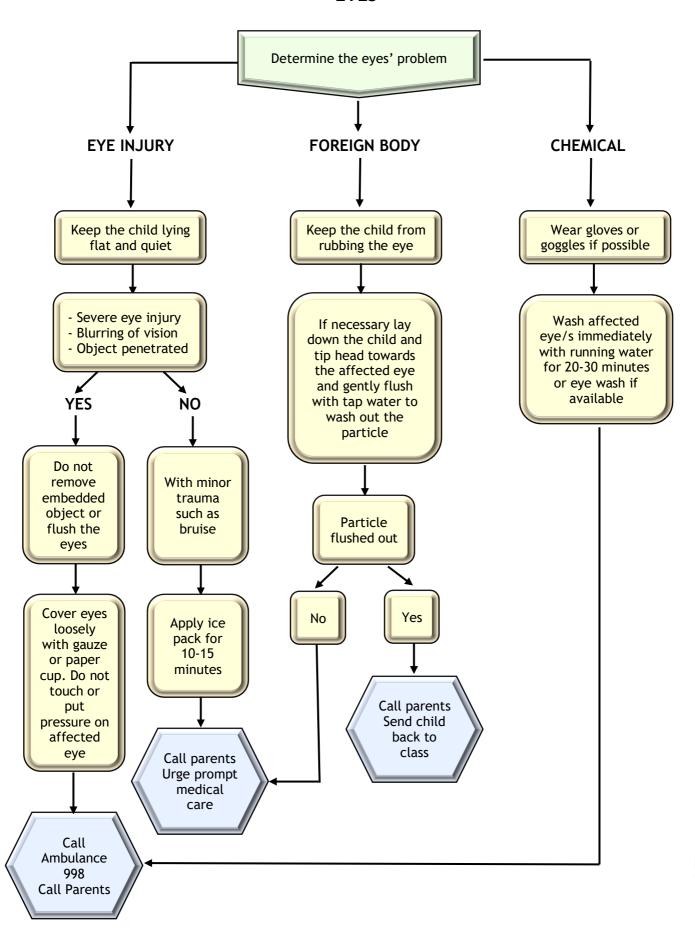




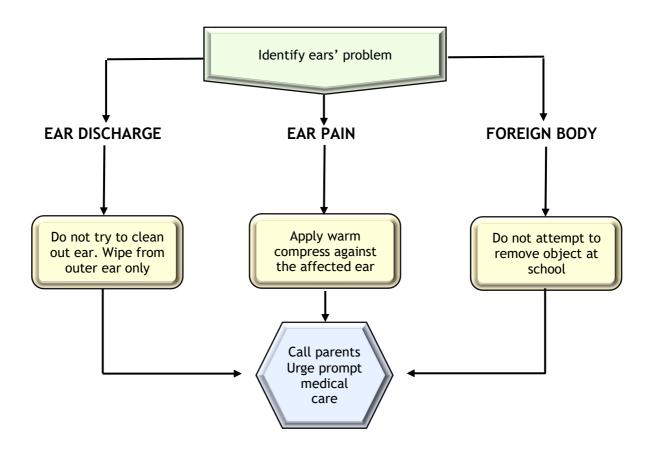
DIARRHEA / VOMITING



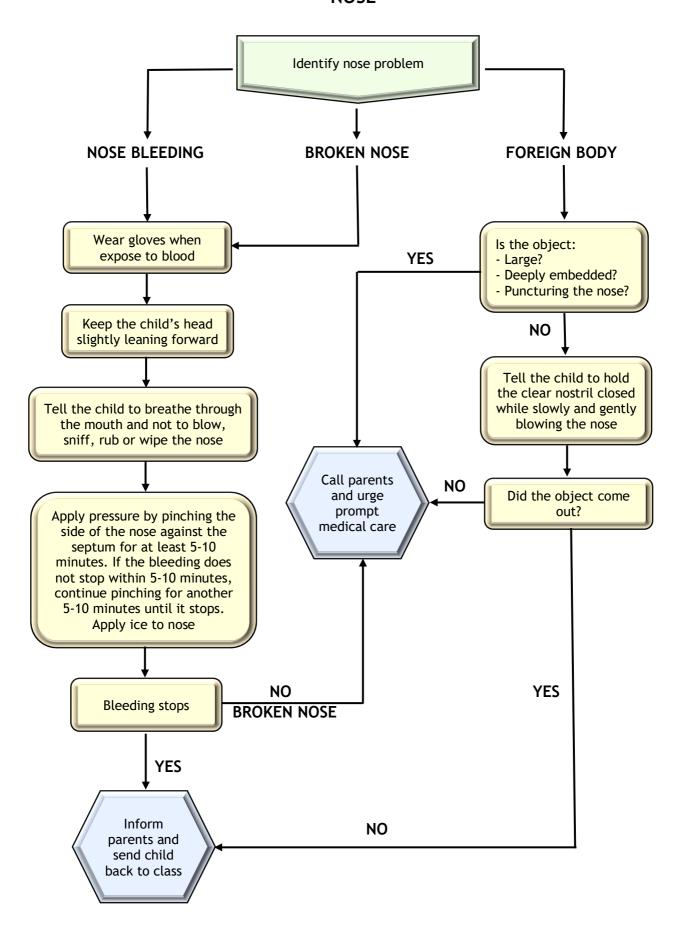






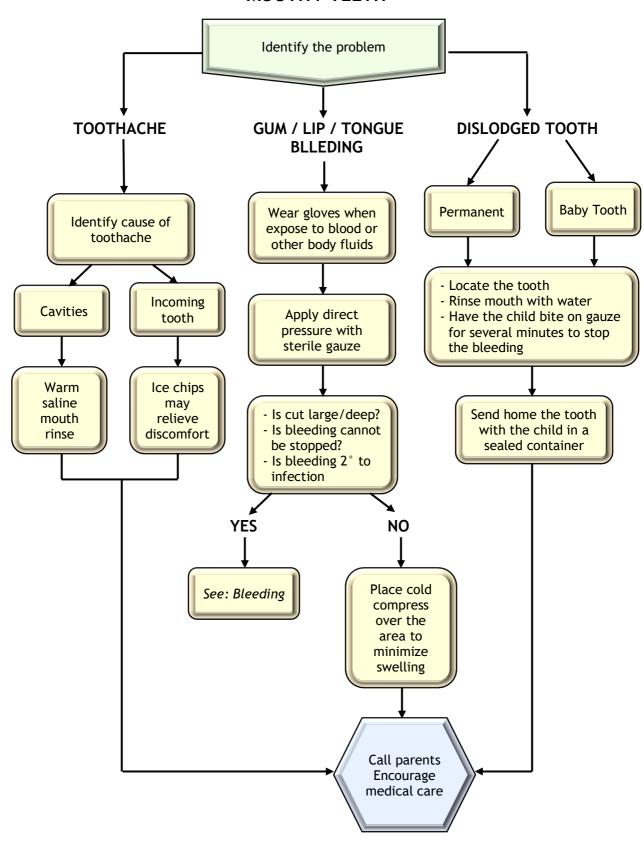




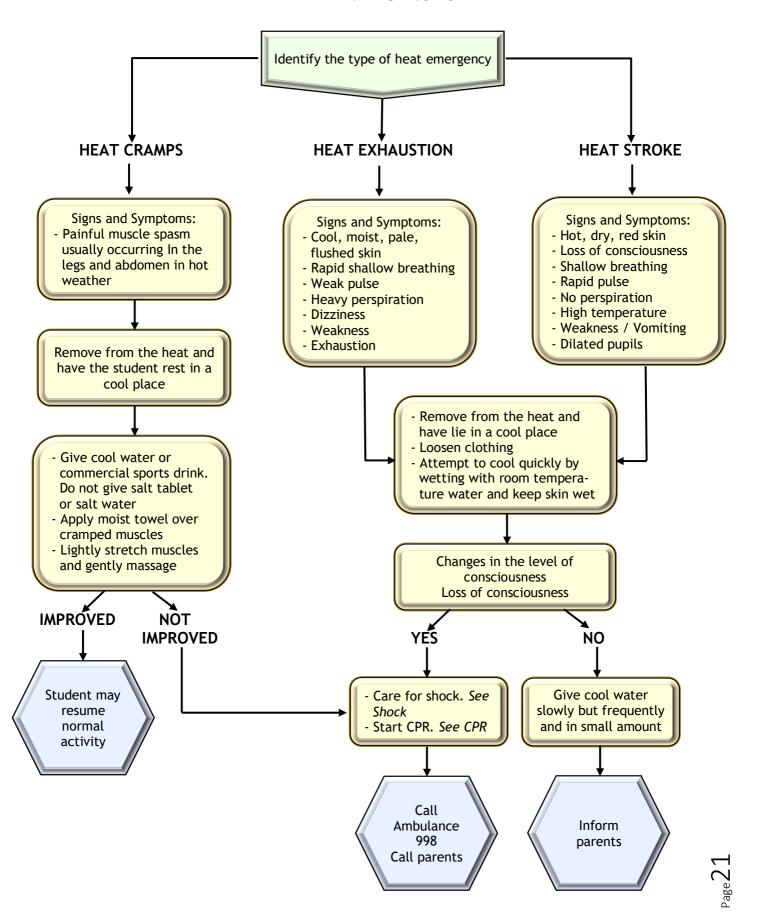




MOUTH / TEETH

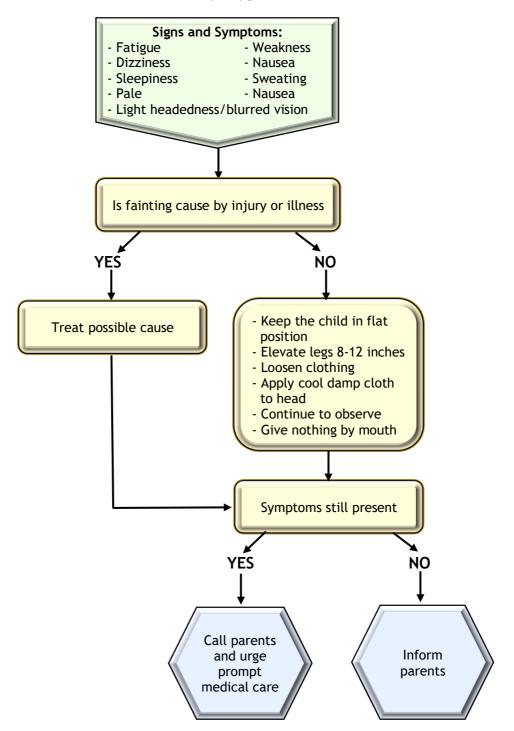


HEAT EMERGENCIES





FAINTING

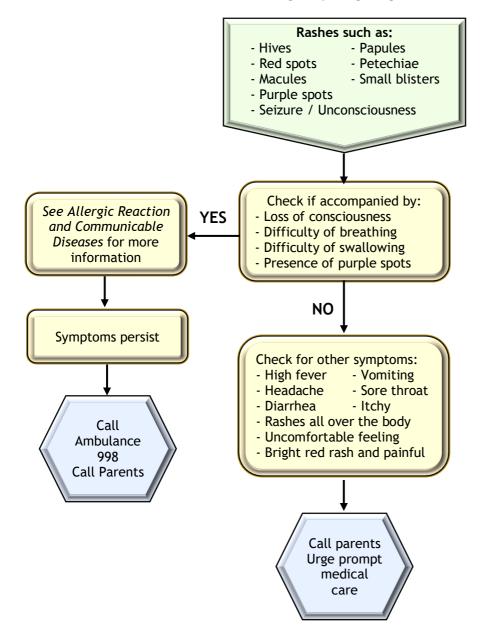


POISONING / OVERDOSE

Signs and Symptoms: - Unknown substance in the mouth - Burns around mouth or skin - Strange odor on breath - Stomach pain, vomiting, sweating - Dizziness or fainting If possible find out: - Age and weight of the child - Type of ingested, inhaled or absorbed substance - Amount and time / duration Check for the child's mouth and remove any remaining substance/s if there is any Call POISON CONTROL CENTER 800 424 Ask and follow instructions Do not induce vomiting or give anything unless instructed by Poison Control - Do not follow the antidote label on the container unless directed by the Poison Control If the child is in shock or becomes unconscious and stops breathing, start CPR. See CPR. Care for shock. See Shock Send sample of the Call ingested substance with its **Ambulance** container and sample of 998 the vomited material if **Call Parents** available to the hospital with the child

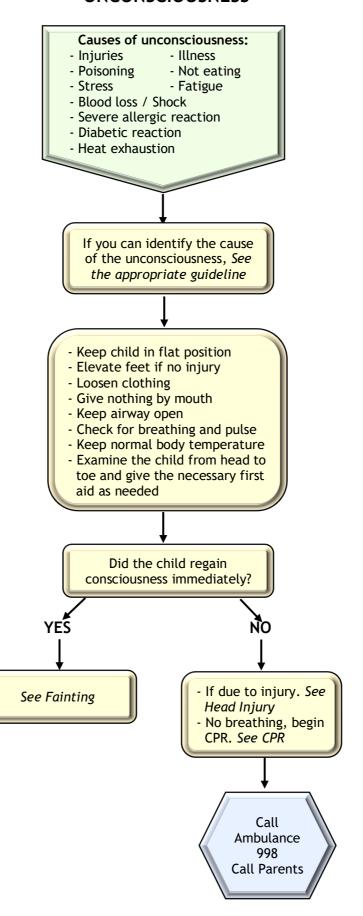


SKIN RASHES





UNCONSCIOUSNESS



SEIZURE

Signs and Symptoms:

- Episodes of starring with loss of eye contact
- Twitching of arm and leg muscles
- Generalized jerking movement
- Drooling of saliva
- Unusual behavior
- Losing control of urine or stool

If available, refer to child's emergency care plan

- Make the child lie flat on his/her side to keep airway open and for observation and safety
- Do not restrain movements
- Clear surroundings with objects to avoid injury
- Do not place anything between the teeth or give anything by mouth

Observe and note the following for the parents, emergency personnel or physician's information:

- Duration of seizure
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.
- Any situation or substance that trigger the seizure attack

Seizures are often followed by sleep Note for the following: and confusion that - Seizure more than 5 minutes may last for 15 NO - More than 1 seizure attack minutes or an hour - First seizure attack or more. When the - With difficulty of breathing child is already after seizure fully awake, can send back to class **YES** Call Inform Ambulance 998 parents Call Parents ic/First Aid and Eme Version 3.0/March 2020

EMERGENCY CARE PROCEDURES

I. CARDIOPULMONARY RESUSCITATION (CPR) ADULTS / CHILDREN

- ASSESS THE VICTIM'S RESPONSIVENESS
 Gently tap the victim's shoulder and ask "Are you ok?"
 in a loud, clear voice.
- 2. If unresponsive, send for help. Call 998. If someone is with you, have them call 998. Activate emergency response team.
- 3. Position the victim on his / her back.
- 4. Open the airway. Use head-tilt chin-lift if with no head or neck injury. Tilt head back by lifting the chin gently with 1 hand while pushing down on forehead with other hand.
 - If the victim has possible head or neck injury, use jaw thrust maneuver (lift angles of the jaw) to open the airway
- 5. Check quickly for breathing and pulse. To perform Pulse check, palpate the carotid or femoral pulse. Should not take more than 10 seconds to check the pulse and breathing.
- 6. If no breathing and pulse noted, start CPR. Perform 30 chest compressions for lone rescuer and 15 chest compressions for 2-rescuer. Use the heel of one or two hands and press down directly over the sternum approximately 1/3 the depth of the chest (about 2 inches or 5 cm.) at the rate of 100 compressions per minute. Check pulse every 2 minutes.
 - For victim with pulse but no breathing, rescuer should give rescue breathing (1 breath every 3-5 seconds or about 12-30 breaths per minute)















- 7. Give 2 rescue breaths. Tilt the head back and lift the chin up. Pinch the nose then cover the victim's mouth with yours and blow until you see the chest rise. Give 2 breaths and each breath should take 1 second.
- 8. Continue CPR until emergency personnel arrive, an automated external defibrillator (AED) is available or signs of life return.

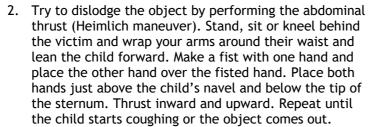




II. CHOKING

ADULT / CHILD

- Assess the situation quickly. Ask if the victim is choking choking. If the victim said "yes" or nod, allow the child to cough. If the child is coughing, this means that the airway is only partially blocked, thus, is not completely deprived of oxygen. In this case, allow the child to continue coughing.
 - If the child cannot able to cough up the object or suddenly unable to cry, cough or speak, call 998 and begin abdominal thrust.



- Do not attempt to remove the object by hand.
- 3. If the child becomes unconscious, you'll need to do modified CPR. This is done by placing the child on his back on a firm, flat surface. Kneel beside the child's upper chest. Start chest compressions. See CPR for compressions.
- 4. Open the child's mouth and look for an object.
 Remove any foreign body you can see with a finger sweep. (Do not do blind finger sweeps, you might push an object farther down)











5. Open the child's airway by tilting the head back with your hand on the child's forehead while lifting the child's chin with the other hand and give the child two rescue breath.

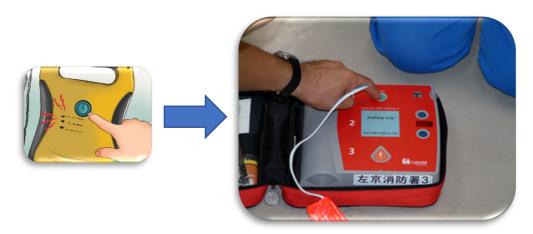


6. Repeat the sequence until the obstruction is dislodged, the child starts breathing again or emergency services arrives



III. USE OF AUTOMATED EXTERNAL DEFIBRILLATOR

A. TURN ON AED - follow the voice and or visual command

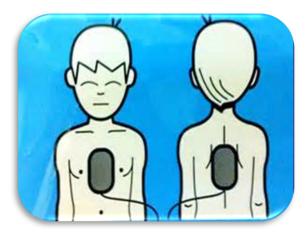


- B. PLACE PADS ON VICTIM ensure pads' cable are attached into the machine
 - **a. ADULT** attach one pad on the upper right chest just below the collarbone and the other pad on lower left side of chest wall.

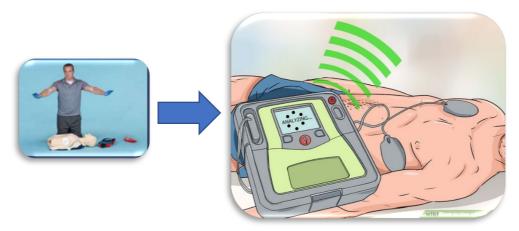




b. CHILD - attach one pad in the center of the chest and the other pad on the center of the child's upper back.



C. LET AED ANALYZE THE RHYTHM - once the pads are properly in place, you need to get everyone clear on the victim. When everyone has moved back, press the analyze button on the AED. The AED will tell if a shock is needed or if need to keep doing the CPR.



D. DELIVER THE SHOCK - if AED prompt a shock, make sure that the victim is clear. Push the shock button. This will send an electric shock through the electrodes to help restart the heart.





E. CONTINUE CPR - immediately following the shock, begin 2 minutes of CPR as instructed by the AED. After 2 minutes, let the AED check for heart rhythm again. Keep this until emergency services arrive, if the victim can breathe on his own or regains consciousness and if AED will tell you to stop CPR.

