

# Emergency Procedures Guide for staff



## **Madison County School Health Clinic Emergency Action Plan Procedure**

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1. School nurse identifies need for emergency plan by reviewing consents.
2. If life threatening condition is indicated on consent, mail outreach letter offering interview with parent/guardian and document outreach on clinic chart.
3. If parent/guardian responds to outreach letter, interview face to face or by phone, for completion of emergency plan and document interview in chart.
4. Review Madison County Schools Emergency Procedure Guide for specific health condition with parent/guardian and provide a copy to take home. Complete emergency plan card indicating any individualized instructions, including emergency medications prescribed. Emergency plan card is to be used in conjunction with Madison County Schools Emergency Procedure Guide.
5. Send Medication Permission (MCBE 1) to Local Health Care Provider, if medication prescribed.
6. Distribute copy of emergency plan card to:
  - Parent
  - Teacher (s)
  - Green health folder
  - Medication log book
  - EAP clinic log book
  - Other school employees as needed
  - Clinic chart
  - Attach copy to school emergency card.
7. Review Emergency Action Plan procedure with school staff at beginning of each school year and provide updates and support as needed.

# Madison County School Health Program Emergency Action Plan

Dear Parent / Guardian,

You have identified your child as having a **life threatening condition** that may require emergency treatment or medications to be given at school. The school health nurse can write an “Emergency Action Plan” for students who may need a treatment plan for diabetes, asthma, severe allergies, seizures, or other serious medical conditions.

**Please contact the school health office if your child’s condition meets these guidelines to set up an interview with the school nurse.**

Thank-you,

*Madison County School Nurse*

There **MUST** be a Local Health Care Provider written order on file for student to **carry** an inhaler.

## ASTHMA ATTACK

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Early signs of an asthma attack may include: coughing, chest tightness, throat tightness, mild wheezing, complaints of chest discomfort and student requesting inhaler.

1. Contact School Office/School Nurse.
2. Trained personnel should administer inhaler/nebulizer if prescribed (some students may carry own inhaler and can self-administer). If the inhaler is not available, contact parent/guardian **immediately**.
3. **CALL 911 and notify parents if no improvement in 15 minutes or if condition worsens and the student has any of the following symptoms:**
  - **Difficulty /struggling to breathe**
    - **Chest and neck pulled in**
    - **Hunched over**
  - **Trouble walking or talking**
  - **Unable to play or do activities**
  - **Lips or fingernails are grey or blue**

**NEVER LEAVE STUDENT ALONE**

## **SEVERE ALLERGIC REACTIONS**

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**Symptoms of Severe Allergic Reaction: HIVES SPREADING OVER BODY, DIFFICULTY SWALLOWING, DIFFICULTY BREATHING, VOMITING, WHEEZING, SWELLING OF THE FACE AND NECK, TINGLING/SWELLING OF THE TONGUE, SIGNS OF SHOCK, EXTREME PALENESS, GREY COLOR, CLAMMY SKIN, OR LOSS OF CONSCIOUSNESS.**

- 1. CALL 911 IMMEDIATELY.**
2. Contact School Office/School Nurse and send for immediate help. (Epi-pen if prescribed/ CPR/First Aid).
3. Trained personnel should administer Epi-pen if prescribed by primary care provider.
4. Principal/Designee notifies parent/guardian.
5. Monitor and remain with student. Provide emergency care until 911 arrives.
6. Move individual only for safety reasons.

**Symptoms of Mild Allergic Reaction: SEVERAL HIVES, ITCHY SKIN, OR SWELLING AT THE SITE OF AN INSECT STING.**

1. Notify School Nurse/ School Office.
2. School Nurse or Trained Personnel administer oral antihistamine (Benadryl) if prescribed by primary care provider.
3. Principal/ Designee notifies parent/guardian.
4. **Observe for symptoms of severe allergic reaction.**

**NEVER LEAVE STUDENT ALONE**

## **DIABETES (LOW BLOOD SUGAR)**

### **LOW BLOOD GLUCOSE (HYPOGLYCEMIA)**

**Mild/Moderate Symptoms may include:**

- Shaky
- Sweaty
- Hungry
- Pale
- Headache
- Blurry Vision
- Inability to Concentrate
- Dizzy
- Confused
- Disoriented
- Uncoordinated
- Irritable/Nervous
- Changed Behavior
- Sleepy
- Weak
- Lethargic

**Treatment of Mild/Moderate Symptoms:**

1. Student checks blood sugar. If less than 70, give a quick acting sugar product such as 3 or 4 glucose tablets or 4-6 oz. of juice/regular soda.
2. Re-check blood sugar 10-15 minutes after treatment.
3. Repeat treatment if blood sugar is still less than 70 and contact school office/school nurse. Notify parent.
4. If blood sugar is greater than 70, no further treatment is necessary.

**Severe Symptoms May Include:**

- Inability to Swallow
- Seizure or Convulsions
- Unconscious

**Treatment of Severe Symptoms:**

1. **CALL 911 IMMEDIATELY.**
2. Contact School Office/School Nurse and send for immediate help. (Glucagon if prescribed/CPR/First Aid).
3. Trained personnel should administer glucagon injection if prescribed by primary care provider and position on side.
4. Principal/Designee notifies parent/guardian.
5. Provide emergency care until 911 arrives.

**NEVER LEAVE STUDENT ALONE**

## **DIABETES (HIGH BLOOD SUGAR)**

### **HIGH BLOOD GLUCOSE (HYPERGLYCEMIA)**

#### **Symptoms may include:**

- **Increased Thirst/Dry Mouth**
- **Frequent Urination**
- **Nausea/Vomiting**
- **Blurry Vision**
- **Fatigue/Sleepiness**
- **Confusion**
- **Sweet Breath**

#### **Treatment of Symptoms:**

1. Student checks blood sugar. If greater than 240, contact School Office/School Nurse or parent/guardian for further instructions.
2. **Call 911 if student has labored breathing, confusion and vomiting.**

**NEVER LEAVE STUDENT ALONE**

# SEIZURES

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1. Immediately contact the School Office/School Nurse.
2. Trained personnel will administer emergency seizure medication, if prescribed.
3. Principal/Designee notifies parent/guardian.
4. Cushion head and remove glasses.
5. Turn on side and keep airway clear.
6. Note the time a seizure starts and the length of time it lasts.
7. Don't put anything in mouth.
8. Don't hold down.

Most seizures in people with epilepsy end without harm after 1 or 2 minutes and usually do not require a trip to the emergency room.

## **CALL 911 if:**

- **Prolonged seizure lasting more than 5 minutes.**
- **Difficulty breathing after a seizure.**
- **Pregnancy or any signs of injury.**
- **Repeated seizures in the same day.**
- **A first time seizure.**

**NEVER LEAVE STUDENT ALONE**

Date: \_\_\_\_\_

**EMERGENCY ACTION PLAN**

School year: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade/Homeroom/Team \_\_\_\_\_

Life Threatening Medical Condition(s): \_\_\_\_\_

Individual Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse Signature \_\_\_\_\_

**\*See Madison County Schools Emergency Procedure Guide\***

**ATTACH TO SCHOOL EMERGENCY CARD**

Date: \_\_\_\_\_

**EMERGENCY ACTION PLAN**

School year: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade/Homeroom/Team \_\_\_\_\_

Life Threatening Medical Condition(s): \_\_\_\_\_

Individual Instructions: \_\_\_\_\_

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**EMERGENCY ACTION PLAN**

School year: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade/Homeroom/Team \_\_\_\_\_

Life Threatening Medical Condition(s): \_\_\_\_\_

Individual Instructions: \_\_\_\_\_

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\_\_\_\_\_

Nurse Signature \_\_\_\_\_

**\*See Berea Community School Emergency Procedure Guide\***

**ATTACH TO SCHOOL EMERGENCY CARD**



## WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)?



### CALL EMS 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 5 minutes, (unless otherwise noted in EAP).
- The child has injuries to the head, 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.

REMEMBER WHEN IN DOUBT.....CALL