School Emergencies

for Teachers and Staff

Dealing With School Emergencies

How to Recognize

What To Do Until Help Arrives

Four Major School Emergencies

Seizures

Asthma

Diabetes

Allergic Reactions

Seizures

Sudden Change in Behavior due to an excessive electrical activity in the brain

Symptom of a disorder (like fever is a symptom of infection)

What Does a Seizure Look Like?

Absence--Abrupt short-term lack of conscious activity ("absence")

Tonic-Clonic or Atonic--loss of consciousness followed by stiffening then a period of jerking

Absence Seizure

Sudden halt in conscious activity

Staring

Stop talking in mid-sentence

Cease walking

Eye twitching, lip smacking, chewing

CAN INTERFERE WITH SCHOOL FUNCTION AND LEARNING

Absence Seizure

No emergency intervention is required

Report activity to nurse/parent

Gentle Reminder of task at hand

Tonic Clonic Seizure

Management of a seizure is limited to preventing injury!

Ease student to the floor, remove sharp, harmful objects

Do Not Restrain

Do Not force anything between the teeth or Place anything in the mouth

Turn student to the side

No foods or fluids during or immediately after a seizure

Loosen restrictive Clothing

Observe:

- Injury
- Length of seizure (by clock)
- Color of lips, face and skin
- Breathing

Remove other students

Cover student if loss of Bladder control

Get the nurse or CPR trained staff

After the Seizure has Stopped

Student will be sleepy, will need to rest

Reorient student

Notify Parent

Allergic Reactions

Allergies involve an interaction between the allergen (foods,stings, latex, or medications) and the immune system.

Food and sting allergies can be life threatening

Severe, life-threatening interactions involve multiple body systems and a collection of symptoms. This is known as ANAPHYLAXIS.

TYPICAL ALLERGY SYMPTOMS

Skin Symptoms	Gut Symptoms	Respiratory	Cardiovascular	Neurological
Hives Swelling Itchy red rash Eczema flare	Cramps Nausea Vomiting Diarrhea	Itchy, watery eyes Runny nose Stuffy nose Sneezing Coughing Itching or swelling of lips, tongue, throat Tightness of chest Change in voice Difficulty swallowing Wheezing Shortness of breath Repetitive throat clearing	Reduced blood pressure Fainting Shock Chest pain	Feeling of impending doom Weakness

Anaphylaxis

Most dangerous symptoms include breathing difficulties and a drop in blood pressure.

Common causes are food and sting allergies but may include medications and latex rubber.

Asthmatic students are at higher risk.

It is an unusual but preventable and treatable event.

Avoidance is the most important aspect in management.

FOOD AVOIDANCE

Common foods include (but not limited to): peanuts, tree nuts, shellfish, fish, milk, egg, soy, and wheat.

Awareness by all school personnel involved with the student is important.

Students should not share or trade food, utensils, or containers with other students.

Hands should be washed before and after eating by everyone in contact with the student.

STING AVOIDANCE

Avoidance is hard to achieve

Insect nests should be removed from or near the school property if at all possible.

Garbage should be stored in well covered containers

Eating areas should be restricted to inside school building for students and staff at risk

TREATMENT

Epinephrine is the treatment of choice for anaphylaxis.

DO NOT ASSUME:

*a severe attack will always be preceded by an earlier and milder reaction.

*there will always be time to get medical attention.

*medications will always work so there is plenty of time to decide if they really need it.

- All reactions need to be taken seriously and treated promptly.
- Symptoms can begin as quickly as one minute after exposure.
- Food allergen exposure can be from microscopic amounts.
- Medications of choice:
  - Antihistamines
  - Asthma Medications
  - Epinephrine

ASTHMA MEDICATIONS

Students with asthma AND food allergies appear to be at an increased risk for fatal anaphylaxis.

Asthma medications alone should NOT be used for treatment of anaphylaxis.

ANTIHISTAMINES

Antihistamines block histamines released in the body during an allergic reaction.

Useful for treatment of MINOR symptoms (i.e. runny nose, mild hives, etc.)

Most effective when administered at the first sign of a reaction.

Liquid is the form of choice as it is absorbed more readily.

Examples include Benadryl, Claritin, Chlor- Trimeton, Zyrtec, Allegra.

EPINEPHRINE

Drug of choice for treatment of severe symptoms and/or anaphylaxis due to its' ability to work more effectively on body systems.

Available by prescription only.

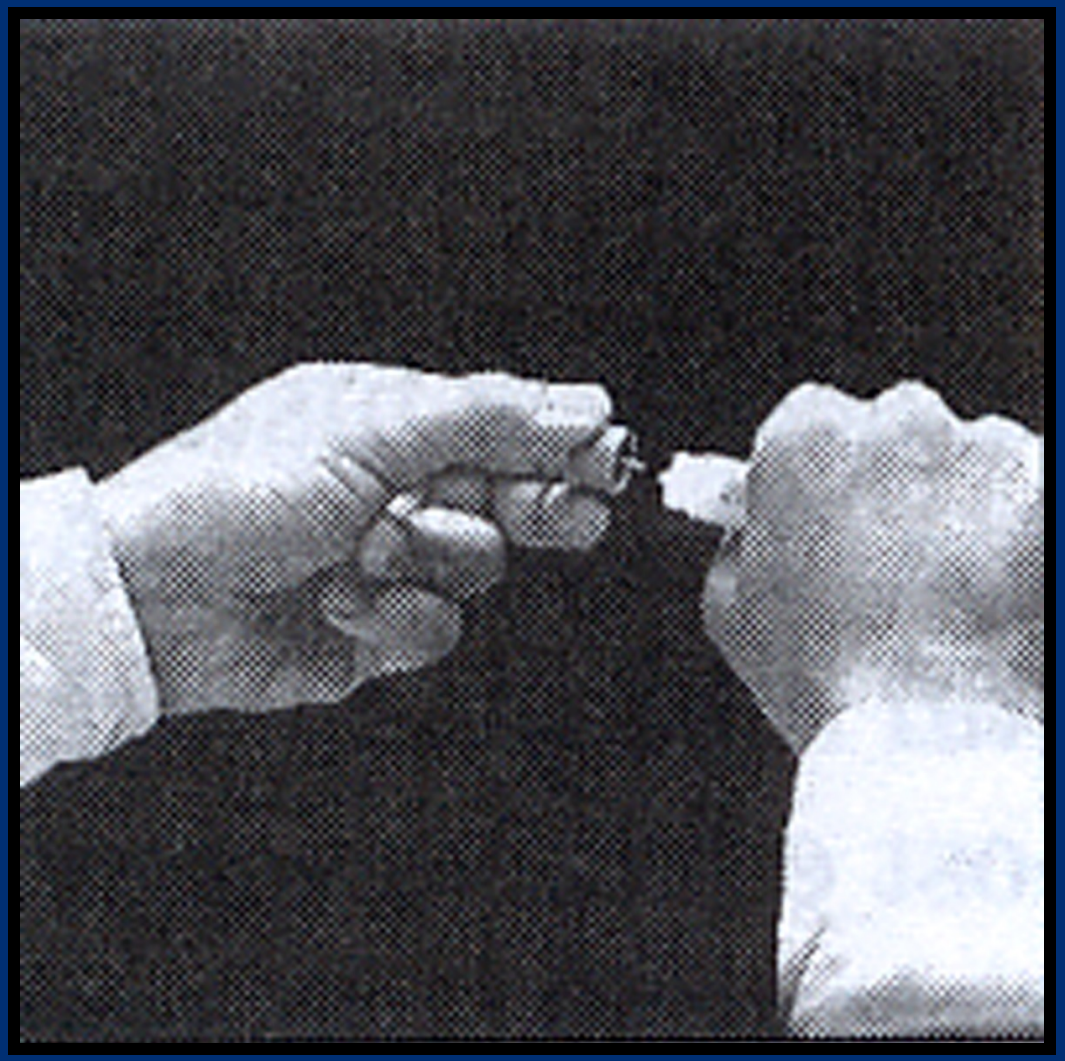
Should be given at the start of any reaction occurring in conjunction to exposure to a known or suspected allergen.

- All individuals receiving emergency epinephrine should be transported immediately to a hospital even if symptoms appear to have resolved.
- A second dose and/or further medical treatment may be required.
- Epinephrine will be kept in an accessible unlocked location in the Medical Office clearly labeled with the students name.
- Names of staff members trained in administration of Epinephrine will be posted in the Medical Office.
- Some students may be allowed to carry their epi kit with them.

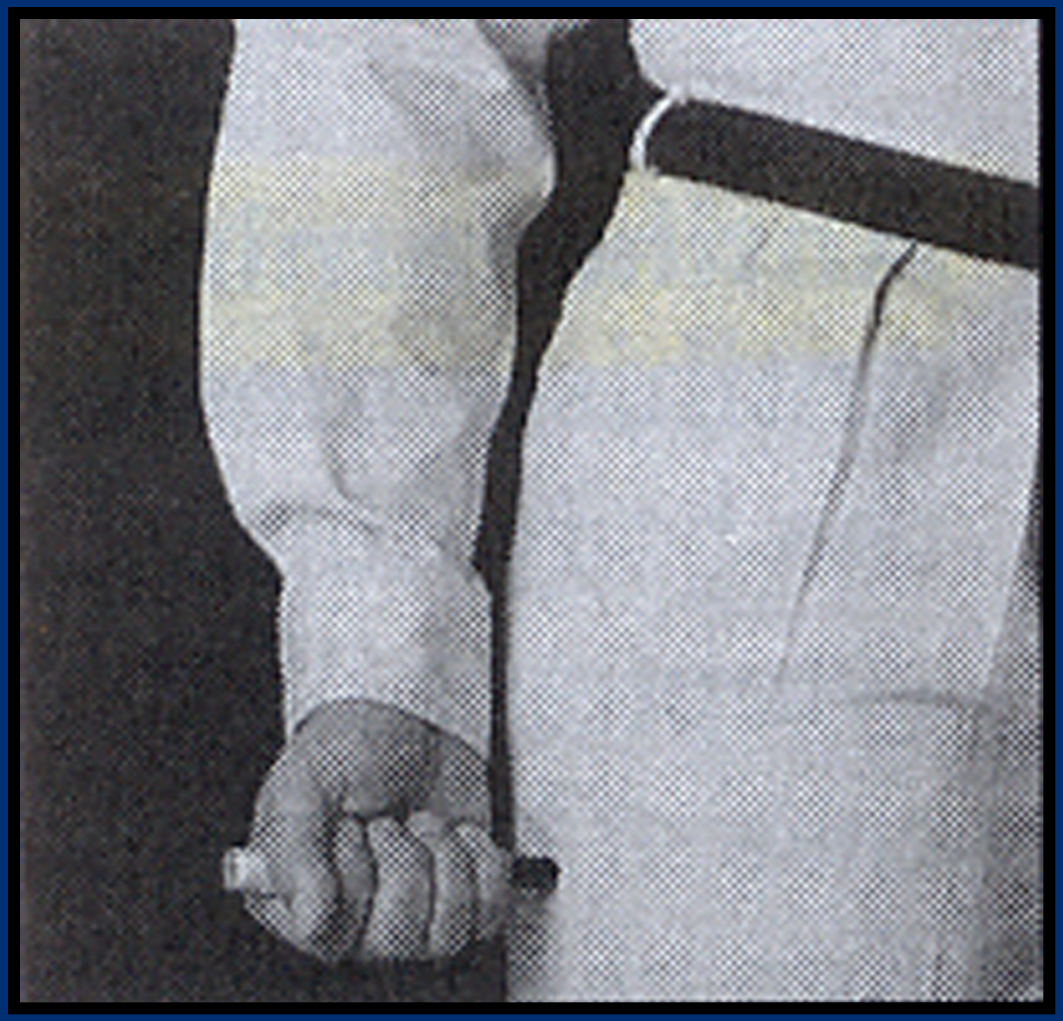
The risk of under-medicating with Epinephrine far outweigh the risks of over-medicating.

A Physician's order will be on file in the Medical Office for each student requiring Epinephrine. Therefore, if attempts to reach a legal guardian are unsuccessful, follow the proper steps for administering the medication and calling emergency personnel.

Epi Pen

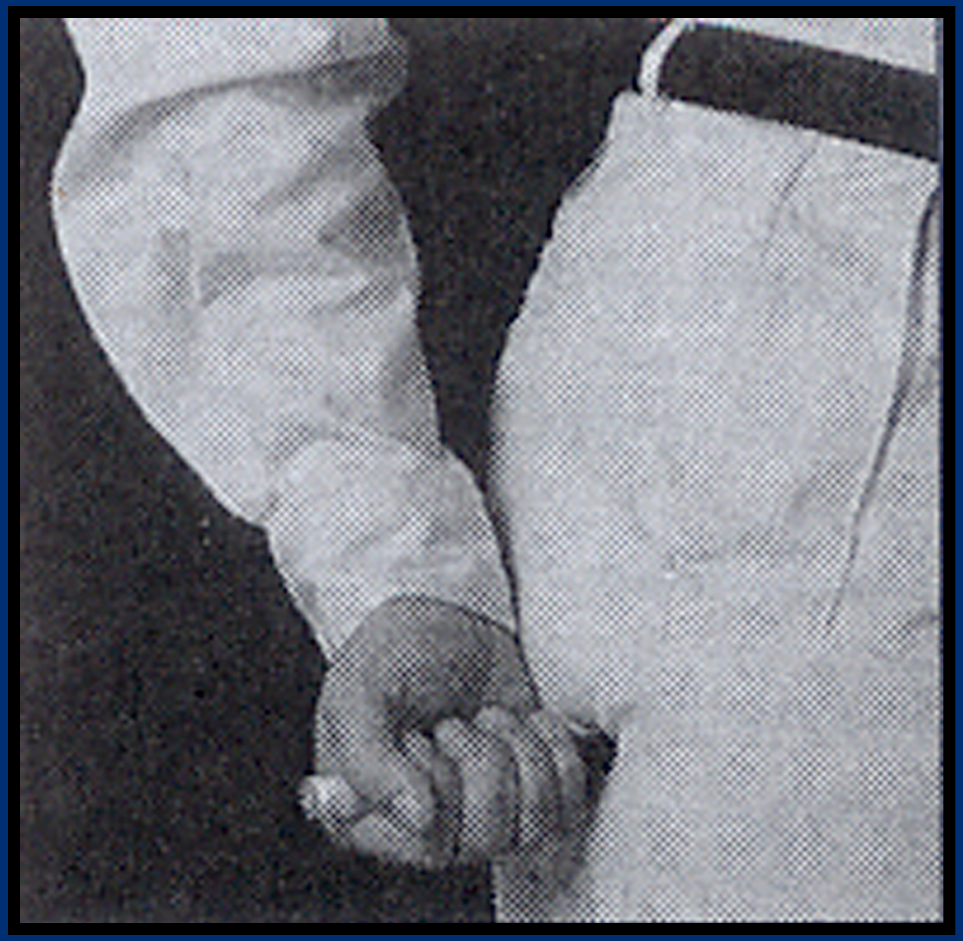


1. Pull off gray activation cap.



2. Hold black tip near outer thigh

(ALWAYS apply to thigh!)



3. Swing and jab firmly into outer thigh until auto-injector mechanism functions.

Hold in place and count to 10. Remove pen and discard. massage the area for 10 seconds.

ASTHMA

A chronic (long term) lung condition with ongoing airway inflammation.

Results in recurring acute episodes (or attacks) of breathing problems.

Symptoms include coughing, wheezing, chest tightness, and shortness of breath.

Symptoms occur because of a variety of stimuli.

- Stimuli (also referred to as ‘triggers’) include physical activity, upper respiratory infections, allergens, irritants like smoke, smells, etc.
- Exposure to these stimuli/triggers create more swelling and blockage of the airway.
- Asthma attacks can be mild, moderate, or life threatening.
- If a student’s asthma is not well controlled, vigorous physical activity may cause symptoms.

- Asthma varies from student to student and season to season.
- Controlling asthma can be accomplished by
  - Recognizing the symptoms and triggers
  - Avoiding or controlling the triggers
  - Following an asthma management plan
  - Having convenient access to asthma medications

ASTHMA TRIGGERS

EXERCISE-running or playing hard-especially in cold weather

UPPER RESPIRATORY INFECTIONS-colds or flu

LAUGHING OR CRYING HARD

ALLERGENS-

- Pollens-including freshly cut grass
- Animal dander-pets with fur or feathers
- Dust and dust mites
- Cockroach droppings
- Molds

IRRITANTS

- Cold air
- Strong smells and chemical sprays, including perfumes, paint, cleaning supplies, chalk dust, lawn and turf treatments.
- Weather changes
- Cigarette and other smoke

ASTHMA MANAGEMENT PLAN

Developed by the student, parent/ guardian, and health care provider.

Length of plan depends of degree of asthma

Plan is on file in the Health Office as well as the asthma medications

ASTHMA MEDICATIONS

Depending on severity of asthma, each student may have 2 types of asthma medication.

Preventive-taken on a routine daily basis, usually twice a day.

Short acting-needs to be available at all times. It may benefit a student to use the short acting inhaler 5-10 minutes before vigorous physical activity.

RECOGNIZING SYMPTOMS

Acute symptoms requiring prompt attention:

- Coughing or wheezing
- Difficulty in breathing
- Chest tightness or pressure reported by the student
- Possible other signs such as a decreased peak flow level

ACTIONS TO TAKE

Stop the student's current activity

Take to the nurse to follow the asthma management/action plan

Help the student use their inhaler

Observe the student for several minutes to determine the effect

IF the student:

- fails to improve
- any 'emergency indicators' from the action plan are noted
- the student appears to have strained breathing, can't complete a sentence without stopping for a breath, or student is turning blue--call for help (911) immediately!!

USING THE INHALER

For the inhaler to be effective it must be used correctly

They can be difficult to use in younger children, therefore inhaler use should be reviewed with the student by the school nurse

Proper Use of Inhaler

STEP 1: take off the cap. Shake the inhaler.

STEP 2: have student stand to ensure the deepest possible breath.

STEP 3: Have student take a deep breath in slowly and then push it out.

STEP 4: using the inhaler with a spacer assemble according to the picture below.

as the student breathes in slowly push the top of the inhaler down to expel the medication into the inhaler chamber. Student should breathe in SLOWLY for 3-5 seconds.

Using an inhaler without a spacer

As the student breathes in slowly push the top of the inhaler down to expel the medication into their mouth. Student should breathe in SLOWLY for 3-5 seconds.

The student should then hold their breath for 10 seconds. Then allow them to breathe out.

If their asthma action plan indicates, a second dose can be re-administered after 3-5 minutes.

Diabetes

Body doesn't produce enough insulin

Chronic, no cure

At School:

- Maintain blood sugar level with regular snack and meals
- Glucometer checks
- Allow access to bathroom
- Recognize symptoms of low blood sugar

HYPOGLYCEMIA ACTION PLAN

Warning signs of Low Blood Sugar

- Sudden hunger
- Shakiness
- Fatigue
- Irritable
- Inappropriate actions
- Headache
- Nervousness
- Unusual drowsiness

Confusion

Sweating

Paleness

Crying

Concentration

Hypoglycemia Treatment

Prevention/Treatment

Milk

½ cup juice

½ can regular soda

NEVER send the student alone!!