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**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**RESPONSIBILITIES OF SCHOOL PERSONNEL**

**EMERGENCY AND FIRST AID PROCEDURES**

A. **Definition:**

First aid is the immediate and temporary care given to an injured or ill person.

B. **Procedure:**

In the event of illness or injury to a pupil, the responsibility of school personnel consists of:

1. Rendering immediate first aid.
2. Reporting the incident to the principal.

C. **General Information:**

1. The school nurse, health clerk, school secretary or other qualified personnel is responsible for care of sick or injured students at school. Conditions which could be serious must always be discussed with the building administrator.
2. Parents should be informed of any first aid rendered in the school except for minor cuts, abrasions, etc.
3. District policy for sending students home, medical referral, and parent notification should be followed.
4. Under no circumstances should school personnel attempt to make a diagnosis or administer medications without physician-approved instructions.
5. All students need current emergency contact information.
6. An ill or injured pupil is not allowed to go home unattended under any circumstances. If the parent, guardian or other responsible adult cannot be contacted consult with your principal or contact the Director of Health Programs at 626-396-3600 ext. 88240.
7. Injury reports should be made out by the person who is supervising the student when the accident occurs. An injury report may be initiated by the person doing initial first aid.
8. All personnel working in the health office should be aware of students whose parents have signed statements exempting them from medical care.

### **LIST OF CONDITIONS CONSIDERED SERIOUS**

1. Allergic reactions, severe (difficulty breathing, mouth swelling, gastric bleeding)
2. Amputation
3. Aspiration
4. Back or neck injuries
5. Burns, extensive (burn area exceeds 20% of body surface)
6. Cardiac arrest
7. Cessation of respiration
8. Chemical eye injuries
9. Fractures, serious: compound fractures or fractures which constrict circulation to the injured part
10. Head injuries with any period of unconsciousness, even momentarily
11. Hemorrhage or marked loss of blood (wound, severe nosebleed, etc.)
12. Penetrating wounds
13. Poisoning
14. Rattlesnake bite
15. Seizures (prolonged or multiple)
16. Shock
17. Sunstroke

## HISTORY OF PRESENT ILLNESS (HPI)

### Symptoms Analysis (OLD CART or TL TAIT)

- O - Onset:** When did condition begin? Time of day? Days, Weeks, Months? Place?
- L - Location:** Ask student to finger point exact location of pain/condition? Does it travel to another area of the body?
- D - Duration:** How long does condition last?
- C - Character:** Description of pain, i.e., stabbing, dull, etc. Is condition present at all times?
- A - Aggravating Factors:** What makes the condition worse? Change in position? Foods? Medications?
- R - Relieving Factors:** What makes the condition better? Explore what has he/she done to feel better now, in the past?
- T - Treatment:** Has he/she been treated for the condition prior to this incident? Did it work? Was treatment completed or not?

\* \* \* \* \*

- T - Type of symptom** (descriptive)
- L - Location** (exact)
- T - Timing** (frequency, onset, duration)
- A - Associated manifestations** (“radiation”, pertinent other history)
- I - Influencing factors** (better, worse)
- T - Treatment** (OTC, Rx, effect)

## **FIRST AID PROCEDURES FOR SERIOUSLY INJURED PUPILS**

1. **Check ABCs.**
2. **Do not move victim** until the extent of injury is determined unless in a place of imminent danger, such as busy highway, etc.
3. **Keep calm;** reassure the injured person.
4. **CALL 911.** Send someone to notify the nurse and/or principal.
5. **Notify the parent** or person named on the Emergency Card immediately.
6. **Do not transport child alone** (See District Policy).
7. Complete District **Injury Report** form.

## ABDOMINAL PAIN

1. Take a brief history. Determine location, duration, intensity, and when meal eaten last.
2. Check temperature. If temperature elevated (over 99.6) and/or pain persists or recurs, contact parent to advise medical evaluation and to take pupil home.
3. Encourage the use of the bathroom.
4. Rest, if indicated.
5. Rule out:
  - a. **Dysmenorrhea:** Give medication if ordered by Health Care Provider. Refer for consultation if severe or recurs monthly.
  - b. **Abdominal injuries:** Always refer for medical evaluation because of the possibility of internal injuries.
  - c. **Emotional issues:** Consider family situations, school-related problems.
  - d. **Constipation/Diarrhea/Nausea & Vomiting:** How long, amount, color.

## ABRASIONS/CUTS/PUNCTURE WOUNDS

1. Cleanse area with soap and water.
2. Rinse well with water.
3. Dry completely.
4. Apply sterile dressing.
5. If wound is extensive, deep, or has imbedded material:
  - a. Apply pressure with sterile gauze to control bleeding, then apply bandage over pressure dressing.
  - b. Notify parent.
  - c. Advise medical care.

## Impaled Objects

1. **CALL 911. Never remove an impaled object.** Immobilize object in place with massive dressing around object to prevent further injury by movement.
2. **Notify parent.**



## AIRWAY OBSTRUCTION

### Conscious Victim

1. If person is breathing and can talk, do not interfere with person's attempt to displace foreign object.
2. If **NOT** breathing adequately:
  - A. Unable to talk
  - B. Turning bluish or dusky
  - C. Clutching throat
  - D. Crowing sound - high pitched sound while breathing in:

#### **Initiate Abdominal Thrusts:**

1. Stand behind person.
2. Put arms around front.
3. Make a fist place thumb side up into area just below breast bone and above navel.
4. Grab fist with other hand.
5. Squeeze with quick, upward thrusts.
6. Repeat until object is dislodged or the victim becomes unconscious.

### Unconscious Victim

1. **CALL 911.**
2. Tilt head. Give 2 breaths.
3. If breaths do not go in, re-tilt head. Give 2 breaths again.
4. If air still won't go in, place heel of one hand against middle of abdomen just above the navel.
5. Give up to 5 abdominal thrusts.
6. Lift jaw and tongue and sweep out mouth. Sweep mouth only for person nine years old or older, unless object is visible in the mouth.
7. Tilt head back, lift chin, and give breaths again.

**\*\*\*Repeat breaths, thrusts, and sweeps until breaths go in\*\*\***

## AMPUTATION

1. **CALL 911.**
2. Control bleeding.
3. Treat for shock.
4. Locate dismembered part quickly. a. Wrap in sterile gauze.
  - b. Place in plastic bag.
  - c. Place bag on ice (do not freeze).
  - d. Transport victim and part to hospital immediately.
5. **Notify parent.**

## ASTHMA

Contact an asthma educator through Health Programs with any questions or need for assistance regarding asthma management, (626) 396-3600 Ext. 88240.

1. Identify students with a diagnosis of asthma from the previous year's "Health Concerns List", and for new students, from their health history forms.
  - List these students on the "Asthma Information Log", creating a new log yearly.
  - Enter newly diagnosed students in Aeries.
  - Post the algorithm in a visible place in the Health office.

### Ensure that you and the Health Clerk understand it!

- YOU MUST INSERVICE THE OFFICE STAFF ON THE ADMINISTRATION OF ASTHMA MEDICATION, AS WELL AS ON EMERGENCY RESPONSE TO ASTHMA EPISODES.
  - Give an in-service on asthma at a school staff meeting as early in the year as possible.
2. Give asthma packets to parents of students who need asthma medication at school, i.e. those who are symptomatic. Include in the packets:
    1. Parent Letter
    2. Parent Guidelines for School Attendance
    3. Asthma Consent (if it is being used during the current year)
    4. School Asthma Survey (It is advisable to have the survey completed yearly to maintain current health information. This is especially important for students seen on a regular basis with asthma symptoms).
    5. Emergency Nebulizer Consent
    6. Asthma Medication Administration Form

Follow-up with parents, telephoning as needed.

3. Each time a student is seen in the health office for an asthma episode, record on the "Episodic Log":
  - The date and time the student enters and leaves
  - The medication given
  - The pulse oximetry reading, if a pulse oximeter is available at your site
  - The peak flow reading before and after medication is given, if no pulse ox is available
  - A parent contact, if symptoms persist and/or if the student is symptomatic more than twice weekly.
4. Parents supply their student's equipment, but we maintain a supply of cardboard mouthpieces used with the universal peak-flow meter, an emergency supply of nebulizer kits and albuterol solution (from the clinic).

***PLEASE POST***

***PLEASE POST***

***PLEASE POST***

**STANDARD SCHOOL EMERGENCY RESPONSE PROCEDURE FOR  
SEVERE ASTHMA EPISODE**

**NEVER LEAVE A PUPIL WITH BREATHING PROBLEMS ALONE DO NOT SEND A PUPIL  
WITH BREATHING PROBLEM ANYWHERE**

**IF YOU SEE THIS:**

1. Wheezing, continuous coughing, shortness of breath, or breathing becomes worse even after medication has been given.
2. Student has difficulty breathing:
  - Chest and neck are pulled in with breathing.
  - Student is hunched over.
  - Student is struggling to breathe.
3. Student has trouble talking or walking and cannot resume activity.
4. Lips or fingernails are blue or gray.

**DO THIS:**

1. **STAY WITH STUDENT \* CALL FOR HELP \* CALL 911**
2. KEEP STUDENT SITTING UPRIGHT
3. HAVE HELP NOTIFY SCHOOL NURSE AND PARENT
4. ASK STUDENT IF THEIR MEDICATION IS WITH THEM OR HAVE MEDICATION BROUGHT TO STUDENT AND ASSIST IN ADMINISTRATION.
5. WATCH BREATHING AND BE PREPARED TO ADMINISTER CPR UNTIL PARAMEDICS ARRIVE.





PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

ASTHMA

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

Dear Parent:

You have told us that your child has asthma. Please fill out the enclosed forms and return them to the Health Office as soon as possible. The information will be shared with appropriate personnel such as your child's classroom teacher(s) and physical education teacher. This will help them in working with your child to minimize restrictions, any feelings of being treated differently, and possible absenteeism.

To help your child, please advise us of any changes in your child's asthma or medication schedules promptly.

Sincerely,

Ann Rector  
Director of Health Programs

\_\_\_\_\_  
School Nurse

APPROVED:

Dr. Brian McDonald  
Superintendent

351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540  
[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

**ASMA**

\_\_\_\_\_  
**Escuela**

\_\_\_\_\_  
**Fecha**

Estimado Padre/Tutor:

Ud. nos ha dicho que su niño/a padece de asma. Por favor llene los formularios adjuntos y regreselos a la Oficina de Salud tan pronto como sea posible. Compartire la información con el personal apropiado, como la maestra del aula de su niño/a y la maestra de educación física. Esta información les ayudani a trabajar con su niño/a para minimizar las restricciones y posibles ausencias, así como para evitar que se sienta tratado/a de manera diferente.

Para ayudar a su niño/a, por favor avisenos de cambios en la condición asmática de su niño/a u horarios para el medicamento.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

\_\_\_\_\_  
Enfermera de la Escuela

APROBADO:

Dr. Brian McDonald  
Superintendent

351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540

[www.pusd.us](http://www.pusd.us)

# **ASTHMA**

## **Signs for Deciding to Go to School or Stay Home**

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### ***Signs for deciding to go to school***

- Stuffy nose, but not wheezing or coughing; or
- A little wheezing or coughing which goes away after taking medicine; or
- Able to do usual daily activities; or
- No extra effort needed to breathe; or
- Peak flow score in the green zone.

### ***Signs for deciding to stay home***

- Respiratory infection such as a sore throat or swollen, painful neck glands; or
- Fever over 100°F orally or 101°F rectally; face hot and flushed; or
- Wheezing or coughing which continues or does not get better one hour after giving the medicine (or 5-10 minutes after using sprays); or
- Weakness or tiredness that makes it hard to take part in usual daily activities; or
- Breathing with difficulty; or
- Peak flow is below 80% of personal best and is not responding to treatment.

### ***Five Emergency Signs***

***Five signs to call your doctor or get emergency medical care for asthma – Having any one of these signs mean medical care is needed.***

1. **Wheeze, cough, or shortness of breath gets worse, even after the medicine has been given time to work.** Most inhaled bronchodilator medications produce effect within 5 to 10 minutes. Discuss the time your medicines take to work with your doctor.
2. **Child has hard time breathing.** Signs of this are:
  - a. Chest and neck are pulled or sucked in with each breath.
  - b. Hunching or lifting shoulders.
  - c. Struggling to breathe.
3. **Child has trouble walking or talking, stops playing and cannot start again.**
4. **Peak flow rate gets lower, or does not improve after treatment with bronchodilators,** or drops to 50% or less of your personal best. Discuss this peak flow level with your doctor.
5. **Lips or fingernails are grey or blue.** If this happens, **go to the doctor or emergency room right away!**

# **ASMA**

## **Síntomas para Decidir si Va a la Escuela O se Queda en Casa**

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### ***Síntomas para decidir si va a la escuela***

- Nariz congestionada, pero no tiene resuello asmático o tiene tos; o
- Tiene poquito resuello asmático o tos, los cuales se quitan después de tomar la medicina; o
- Puede hacer las actividades diarias usuales; o
- No necesita esfuerzo extra para respirar; o
- El marcador para la fuerza de la respiración marcó en la zona verde.

### ***Síntomas***

- Infección respiratoria como dolor o inflamación de la garganta, dolor en las glándulas del cuello; o
  - Más de 100°F oral ó 101°F rectal; la cara caliente y encendida; o
  - Resuello asmático o tos continua o no se mejora en una hora después de darle la medicina (ó 5-10 minutos después de usar los atomizadores); o
  - Debilidad o cansancio que hace que sea muy difícil tomar parte en actividades diarias usuales; o
  - Respirando con dificultad; o
  - El marcador para la fuerza de la respiración está abajo del 80% de lo que es cuando puede respirar bien y no está respondiendo al tratamiento.
- 

## ***CINCO SÍNTOMAS DE EMERGENCIA***

Cinco síntomas para llamar a su médico o para obtener cuidado médico de emergencia para el asma – Si tiene cualquiera de estos síntomas significa que necesita cuidado médico.

1. **Resuello asmático, tos, o la dificultad para respirar se agrava, aún después que se le ha dado tiempo a la medicina para que haga efecto.** La mayoría de medicinas de los atomizadores broncodilatadores hacen efecto de 5 a 10 minutos. Hable con su médico para saber el tiempo que duran las medicinas para hacer efecto.
2. **El niño tiene dificultades para respirar.** Los síntomas son:
  - a. El pecho y el cuello se elevan o se sumen cada vez que respira.
  - b. Los hombros se encorvan o elevan.
  - c. Se esfuerza para respirar.
3. **El niño tiene dificultades para caminar o hablar, deja de jugar y no puede comenzar de nuevo.**
4. **La fuerza de la respiración se debilita, o no se mejora después del tratamiento con los broncodilatadores,** o baja a 50% ó menos de respiración regular. Hable con su médico acerca del nivel de esta fuerza de la respiración.
5. **Los labios o uñas se ponen grises o azules. Si ésto sucede, ¡vaya al médico o emergencia inmediatamente!**



PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER**

**TO THE HEALTH CARE PROVIDER:** Please complete and sign the center section of this form when prescription or non-prescription medication must be given during school hours. This form is required by Section 11753.1, California Education Code, to authorize school personnel to assist the students with the administration of medication.

Diagnosis or reason for medication: **Asthma**

|  | <u>Dose</u> | <u>Frequency</u> |
|--|-------------|------------------|
| Albuterol, Ventolin, Proventil MDI       | _____       | _____            |
| Albuterol, Ventolin, Proventil Nebulizer | _____       | _____            |
| Other: _____                             | _____       | _____            |

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_ Fax \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

**TO THE PARENT OR GUARDIAN:** The medication must be delivered to the school in the original pharmacy container. Middle school and senior high school students may bring their medication to the health office. The parent or guardian must bring medication for grade-school aged students.

**PLEASE SIGN THE FOLLOWING STATEMENT:** I requested that the school assist my child, in taking the medication as directed above, and in accordance with the school policy.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**DISTRITO ESCOLAR UNIFICADO DE PASADENA PROGRAMAS DE SALUD**

**ADMINISTRACIÓN DE MEDICAMENTO DURANTE LAS HORAS DE CLASES**

Nombre del Alumno \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_  
Domicilio \_\_\_\_\_ No. de teléfono del hogar \_\_\_\_\_  
Escuela \_\_\_\_\_ Grado \_\_\_\_\_ Maestro/a \_\_\_\_\_

**ESTA SECCIÓN ES PARA QUE LA COMPLETE EL PROVEEDOR DE CUIDADO DE SALUD**

**TO THE HEALTH CARE PROVIDER:** Please complete and sign the center section of this form when prescription or non-prescription medication must be given during school hours. This form is required by Section 11753.1, California Education Code, to authorize school personnel to assist the students with the administration of medication.

Diagnosis or reason for medication: **Asthma**

|  | <u>Dose</u> | <u>Frequency</u> |
|--|-------------|------------------|
| Albuterol, Ventolin, Proventil MDI       | _____       | _____            |
| Albuterol, Ventolin, Proventil Nebulizer | _____       | _____            |
| Other: _____                             | _____       | _____            |

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_ Fax \_\_\_\_\_

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**ESTA SECCIÓN ES PARA QUE LA COMPLETE EL PADRE O TUTOR**

**AL PADRE O TUTOR:** El medicamento debe ser entregado a la escuela en el envase original de la botica. Los estudiantes de las escuelas intermedias y secundarias pueden traer su medicamento a la oficina de salud. El padre o tutor de los alumnos de la escuela elemental deben de llevar el medicamento a la escuela.

**POR FAVOR FIRMEN LA SIGUIENTE DECLARACIÓN:** Pido que la escuela ayude a mi hijo/a que se tome la medicina como es indicado arriba y de acuerdo con las reglas de la escuela.

Firma del Padre o Tutor \_\_\_\_\_ Fecha \_\_\_\_\_

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS/  
FOR INHALERS TO BE CARRIED BY STUDENTS**

Name of Pupil \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

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**TO THE HEALTH CARE PROVIDER:**

Your patient has advised the school staff that he/she may carry and use an inhaler during school hours.

Please complete and sign this form if an inhaler prescribed for a school age child may be used during school hours. This form is required by California Education Code, Section 11753.1, to authorize school personnel to permit the child to carry and use an inhaler at his/her own discretion.

Date \_\_\_\_\_

Diagnosis or reason for medication:

Inhaler prescribed, dosage, time to be taken:

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Provider \_\_\_\_\_ Phone \_\_\_\_\_

Print Name of Provider \_\_\_\_\_

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**TO THE PARENT OR GUARDIAN:** The inhaler may be carried by the student and used as prescribed after this form has been filed with your school health office.

**PLEASE SIGN THE FOLLOWING STATEMENT:** I request that the school permit my child to carry and use an inhaler during school hours as prescribed by his/her physician.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**DISTRITO ESCOLAR UNIFICADO DE PASADENA  
PROGRAMAS DE SALUD**

**ADMINISTRACION DE MEDICAMIENTO DURANTE LAS HORAS DE CLASES/  
ESTUDIANTES QUE DEBEN LLEVAR SU INHALADOR CONSIGO**

Nombre del Alumno \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

Domicilio \_\_\_\_\_ Tel del Hogar \_\_\_\_\_

\_\_\_\_\_ Escuela \_\_\_\_\_

---

**TO THE HEALTH CARE PROVIDER:**

Your patient has advised the school staff that he/she may carry and use an inhaler during school hours.

Please complete and sign this form if medication prescribed for a school age child must be given during school hours. This form is required by Section 11753.1, California Education Code, to authorize school personnel to assist the pupil with the medication.

Date \_\_\_\_\_

Diagnosis or reason for medication:

Inhaler prescribed, dosage, time to be taken:

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Provider \_\_\_\_\_ Phone \_\_\_\_\_

Print Name of Provider \_\_\_\_\_

Address \_\_\_\_\_

---

**AL PADRE O TUTOR:** El estudiante puede llevar el inhalador consigo y usarlo según instrucciones de su médico una vez que esta forma sea devuelta a la oficina de la escuela.

**POR FAVOR FIRMEN LA SIGUIENTE DECLARACION:** Solicito que la escuela permita a mi hijo/a llevar su inhalador consigo y usarlo según las instrucciones de su médico.

Firma del Padre o Tutor \_\_\_\_\_ Fecha \_\_\_\_\_



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

Dear Parent/Guardian:

Children with asthma may have episodes of serious breathing difficulties at school and require paramedic transportation to the nearest hospital. The best way to avoid this situation is to provide albuterol solution for the nebulizer at the school. If you would like us to provide this service for your child, please complete the section below.

Student Name: \_\_\_\_\_

Emergency Dose of Albuterol by nebulizer: 1 unit dose (3 ml 0.083%)  
(Call your doctor to verify the dose if you are unsure of it.)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A handwritten signature in cursive script, appearing to read "Ann Rector".

Ann Rector  
Director of Health Programs

Harold T. Wilson  
Jr., M.D.  
Physician  
Consultant

*351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540*

[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER, HEALTH PROGRAMS

Estimado Padre/Tutor:

Ninos con asma pueden tener en la escuela episodios serios con dificultades para respirar y requieren transportacion paramedica al hospital mas cercano. La mejor forma para evitar esta situacion es la de proveer la solucion de albuterol para el nebulizador en la escuela. Si desean que nosotros proveamos este servicio para su nino, por favor complete la seccion de abajo.

Nombre del Estudiante: \_\_\_\_\_

Dosis de Emergencia del Albuterol para el nebulizador: 1 unit dose (3 ml 0.083%)  
(Llame a su medico para verificar la dosis si no esta muy seguro de ella.)

Firma del Padre o Tutor: \_\_\_\_\_

Ann Rector  
Directora de los Programas de Salud

Harold T. Wilson Jr.,  
M.D.  
Doctor Consultant

*351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540*

[www.pusd.us](http://www.pusd.us)

PASADENA UNIFIED SCHOOL DISTRICT  
**HEALTH PROGRAMS**  
 ASTHMA EPISODIC LOG

NURSE: \_\_\_\_\_ INT: \_\_\_\_\_  
 HEALTH CLERK: \_\_\_\_\_ INT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_ INT: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

EMERGENCY INFORMATION:

PARENT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**\*\*PERSONAL BEST PEAK FLOW/DATE:** \_\_\_\_\_

| Current Medications |            |           | Medications at School |            |           |
|---------------------|------------|-----------|-----------------------|------------|-----------|
| Medication          | Route/Dose | Daily/PRN | Medication            | Route/Dose | Daily/PRN |
| _____               | _____      | _____     | _____                 | _____      | _____     |
| _____               | _____      | _____     | _____                 | _____      | _____     |
| _____               | _____      | _____     | _____                 | _____      | _____     |
| _____               | _____      | _____     | _____                 | _____      | _____     |

**If Peak Flow is less than 60% after administration of medications, CALL 911**

| Month/Day/Year Time | Symptoms   | Peak Flow Before med | Action Taken  | Peak Flow After med | Action Taken  | Parent Called (Y/N) | Time Out | Total Time In HO | Initial |
|---------------------|--|----------------------|---|---------------------|---|---------------------|----------|------------------|---------|
|                     | <input type="checkbox"/> Short of breath<br><input type="checkbox"/> Tight chest<br><input type="checkbox"/> Chest pain<br><input type="checkbox"/> Wheezing<br><input type="checkbox"/> Coughing<br><input type="checkbox"/> Pre PE |                      | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     |          |                  |         |
|                     | <input type="checkbox"/> Short of breath<br><input type="checkbox"/> Tight chest<br><input type="checkbox"/> Chest pain<br><input type="checkbox"/> Wheezing<br><input type="checkbox"/> Coughing<br><input type="checkbox"/> Pre PE |                      | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     |          |                  |         |
|                     | <input type="checkbox"/> Short of breath<br><input type="checkbox"/> Tight chest<br><input type="checkbox"/> Chest pain<br><input type="checkbox"/> Wheezing<br><input type="checkbox"/> Coughing<br><input type="checkbox"/> Pre PE |                      | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     |          |                  |         |
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|                     | <input type="checkbox"/> Short of breath<br><input type="checkbox"/> Tight chest<br><input type="checkbox"/> Chest pain<br><input type="checkbox"/> Wheezing<br><input type="checkbox"/> Coughing<br><input type="checkbox"/> Pre PE |                      | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     |          |                  |         |
|                     | <input type="checkbox"/> Short of breath<br><input type="checkbox"/> Tight chest<br><input type="checkbox"/> Chest pain<br><input type="checkbox"/> Wheezing<br><input type="checkbox"/> Coughing<br><input type="checkbox"/> Pre PE |                      | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     | <input type="checkbox"/> Nebulizer (Albuterol)<br><input type="checkbox"/> MDI<br><input type="checkbox"/> Water<br><input type="checkbox"/> Other (ie, paramedics) |                     |          |                  |         |

## BACK INJURIES

1. **Do not move** until extent of injury is assessed by trained personnel.
2. If spinal injury suspected, **CALL 911**.
3. **Notify parents**.
4. Check for other injuries.
5. Keep warm, treat for shock.

## BITES

### 1. Animal Bites:

- a. Cleanse and flush with soap and water to the full depth of the wound for at least five minutes.
- b. Apply sterile gauze dressing.
- c. Check record for last Td, Tdap or DPT. Recommend booster if last injection older than five years.
- d. **Notify parent**. Advise medical care.
- e. Notify the local Health Department of bite. Telephone the Pasadena Animal Control (626) 962-3577 with the following information:
  - Name, age, phone number, address of the person bitten.
  - Date and street address where bite occurred
  - Location of bite.
  - Description of wound and treatment.
  - Circumstances under which bite occurred.
  - Name and address of owner of biting
  - Description of biting animal - breed, color, size.
  - Other identifying characteristics, such as license number.

### 2. Human Bites:

- a. Cleanse as in animal bites.
- b. Notify parent and advise medical care for both students involved.
- c. Be aware of transmission of blood-borne pathogens, i.e., Hepatitis B and HIV.

### 3. Insect (Bee, Wasp)

- a. Remove stinger by flicking or scraping immediately. **Do not use tweezers**.
- b. Wash site with soap and water.
- c. Cover bite with cold pack.
- d. Notify parent. Check records and ask about history of allergic reactions. Give prescribed medication, if available. These signs and symptoms will show very soon (within 20 minutes after sting):



Mild: Sneezing, coughing, itching, “pins and needles” sensation of skin, flushing, facial edema, urticaria (hives), and anxiety.  
(Call parent and refer for immediate medical evaluation)

Severe: Dyspnea (difficulty breathing), violent cough, chest constriction, cyanosis (dusky skin color), pulse variations, convulsions, collapse.  
**CALL 911**

**4. Minor Insect Bites (Flea, Mosquito)**

- a. Cleanse area with soap and water.
- b. Apply ice pack.

**5. Snakebite**

- a. Keep the victim from moving around.
- b. Immobilize the bitten extremity and keep the injured area lower than the heart, if possible.
- c. Wash the wound.
- d. **CALL 911**
- e. DO NOT: Apply ice  
Apply tourniquet  
Cut or apply suction to the wound
- f. Notify parent
- g. Identify snake, if possible

**6. Ticks**

- a. Do not cover tick with Vaseline
- b. Cover with bandage and notify the parent immediately.

**7. Spider (Black Widow or Brown Recluse)**

- a. Lower affected part below the level of the heart.
- b. Cleanse wound.
- c. Immediately obtain medical care.

**BLEEDING**

1. Use universal precautions such as gloves, protective eye wear, etc.
2. Cover wound with dressing and press firmly against the wound with hand.
3. Elevate injured part above the level of the heart.
4. Cover dressings with a bandage.

**For Severe Bleeding:**

1. **CALL 911.**
2. Apply additional dressings.
3. **Notify Parents.**
4. Squeeze artery against bone at pressure points.

## **BLISTERS**

1. Leave blister intact.
2. Cleanse area with soap and water.
3. Cover with sterile dressing or band-aid.
4. Determine cause and make recommendation regarding prevention.
5. If blister already broken, treat as open wound.

## **BRUISES**

1. Apply covered ice pack or cold compress over the bruise.
2. Elevate bruised part.
3. If skin is broken, treat as an abrasion or cut.

## **BURNS**

### **1. Don'ts of Burn Care**

- a. Don't apply ice directly to any burn.
- b. Don't touch a burn with anything except a clean dressing.
- c. Don't remove pieces of cloth that stick to the burned area.
- d. Don't try to clean a severe burn.
- e. Don't break blisters.
- f. Don't use any kind of ointment on any burn.

### **2. Heat Or Electric (Injury can be to deeper tissue and not readily apparent to the eye).**

- a. Rinse with running water or submerge in cold water to cool the burned area.
- b. Cover with sterile telfa or non-stick pads or clean dressing.
- c. **Do not use ice!!!**
- d. Observe for shock.
- e. **Notify parents.** Advise medical care. **If serious, CALL 911.**

### **3. Chemical**

- a. Immediately flush with large quantities of water for at least 15 minutes.
- b. When washing eyes, turn head, lift eyelid and pour water from nose to outer side; never wash toward the nose.
- c. **Notify parents.**
- d. If extensive, **CALL 911.**

## **DENTAL INJURIES**

### **1. Broken Tooth**

- a. If bleeding from around tooth, use gauze pack.
- b. Keep air from exposed surface of tooth to decrease pain.
- c. **Notify parents** and recommend dental care as soon as possible.

## 2. Avulsed Tooth - Temporary Tooth

- a. Rinse with salt and water.
- b. Give tooth to child to take home.

## 3. Avulsed Tooth - Permanent Tooth

- a. Locate tooth.
- b. Wash gently. **Do not scrub.** Grasp by the crown.
- c. Insert in gum socket if possible, or wrap in wet gauze or milk and place in plastic bag.
- d. Have child bite folded gauze square to control bleeding.
- e. Recommend immediate care. Re-implantation may be possible if within one hour.

## DIABETIC REACTIONS

### Hypoglycemic Reaction (Insulin)

(Insulin reaction is the most common diabetic reaction seen in the schools.)

Rapid onset of:

- a. Nervousness
- b. Trembling
- c. Hunger
- d. Sweating
- e. Mental confusion or irritability
- f. Drowsiness or slurred speech

### Emergency Treatment

1. Follow order of health care provider, or give 4-6 ounces of orange juice or 4 lumps (2 teaspoons) of sugar.
2. Let student rest after reaction. Recheck Blood Sugar after 10-15 minutes.
3. Notify parent and school nurse of the incident. Return to class if pupil feels up to it.

### Hyperglycemia (Diabetic Coma)

(Slow onset)

### Symptoms

- a. Fruity smell to breath
- b. Mental dullness
- c. Slow noisy respirations

### Emergency Treatment

**CALL 911 and notify parents.** Administer insulin as ordered/directed by physician.

**\*If untreated, both reactions will lead to unconsciousness\***

**\*\*See next page for Differential Diagnosis between Insulin Reactions and Diabetic Coma\*\***

## INSULIN REACTION AND DIABETIC COMA

### DIFFERENTIAL DIAGNOSIS

| <u>FACTORS</u>     | <u>DIABETIC COMA</u><br><u>(Hyperglycemia)</u> | <u>INSULIN REACTION</u><br><u>(Hypoglycemia)</u> |
|--------------------|--|--|
| <u>History</u>     |  |  |
| Food               | Excessive                                      | Insufficient                                     |
| Insulin            | Insufficient                                   | Excessive  |
| Onset              | Gradual, days                                  | Sudden   |
| <u>Physical</u>    |  |  |
| Appearance         | Extremely ill                                  | Very Weak  |
| Skin               | Dry and flushed                                | Moist and pale                                   |
| Fever              | Frequent                                       | Absent   |
| Breath             | Acetone, fruity                                | Normal   |
| Respirations       | Rapid  | Normal/shallow                                   |
| Pulse              | Weak and rapid                                 | Full and bounding                                |
| <u>Symptoms</u>    |  |  |
| Mouth              | Dry  | None   |
| Thirst             | Intense  | Absent   |
| Hunger             | Absent   | Intense  |
| Nausea/vomiting    | Common   | Rare   |
| Abdominal pain     | Frequent                                       | Absent   |
| Vision             | Dim  | Double/blurred                                   |
| <u>Convulsions</u> | None, coma                                     | Possible, act intoxicated stupor                 |
| <u>Tremor</u>      | Absent   | Frequent   |

**\*\*\*The teacher of a known diabetic pupil should be instructed about the possibility of an insulin reaction in instances of bizarre behavior, as well as the classic symptoms. It is the responsibility of the school nurse to instruct teachers in regard to these symptoms.\*\*\***

**DIABETES MONITORING LOG  
PASADENA UNIFIED SCHOOL DISTRICT**

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL \_\_\_\_\_

NURSE/PHONE NUMBER : \_\_\_\_\_

| DATE | TIME | BLOOD GLUCOSE | KETONES (S, M, L) | INSULIN DOSE | COMMENTS: (Note any unusual circumstances, e.g., extra food intake, hypoglycemic treatment, exercise, changes in routine, etc.) | INITIALS |
|------|------|---------------|-------------------|--------------|---|----------|
|      |      |               |                   |              |   |          |
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|      |      |               |                   |              |   |          |
|      |      |               |                   |              |   |          |
|      |      |               |                   |              |   |          |

| SIGNATURE OF STAFF PROVIDING CARE | INITIALS | SIGNATURE OF STAFF PROVIDING CARE | INITIALS | SIGNATURE OF STAFF PROVIDING CARE | INITIALS |
|-----------------------------------|----------|-----------------------------------|----------|-----------------------------------|----------|
|                                   |          |                                   |          |                                   |          |
|                                   |          |                                   |          |                                   |          |
|                                   |          |                                   |          |                                   |          |

## **EARACHE**

1. Take temperature.
2. Examine for drainage or foreign body.
3. Advise parent of child's condition and recommend medical care.
4. Foreign objects/insects:
  - a. Remove only those that can be easily dislodged.
  - b. Recommend medical follow-up.

## **ELECTROCUTION**

### **Rescue**

Turn off electric power, if possible, and separate contact from person with dry, non-conductive material (i.e. a wooden broom). **DON'T STAND ON WET SURFACE!**

### **First Aid**

1. **Call 911** and, if breathing is not adequate, start mouth-to-mouth resuscitation. If there is no pulse, institute CPR.
2. Continue procedure until help arrives.

## **EYE INJURIES**

### **Foreign Body**

1. Irrigate eye with water from inner to outer canthus (away from the nose).
2. Caution victim not to rub eye.
3. Examine eye:
  - a. Pull down lower lid and see if object lies on the inner surface. If so, it may be gently lifted off with the corner of a moist gauze square (not cotton).
  - b. If not on inner surface of lower lid, grasp lashes of the upper lid gently with thumb and forefinger (have victim look down), then pull upper lid forward and down over the lower lid.
  - c. If foreign body not dislodged, evert upper lid over applicator stick by pulling upward on the lashes against the applicator. Lift the object off carefully with moist gauze square. Do not attempt to evert lid if child struggles.
4. If pain continues, advise medical evaluation for corneal abrasion.
5. If the object is imbedded, bandage the eye lightly and **notify the parent** of the need for immediate medical care. Cover both eyes, if acceptable to the child. **DO NOT REMOVE IMBEDDED OBJECTS!**

## **FAINTING**

1. With dizziness, have student:
  - a. assume a sitting position with head between knees,
  - b. take slow deep breaths, or
  - c. lie down without elevating head.
2. If fainting occurs, lie student down with feet elevated, maintain open airway and loosen any tight clothing.

3. Keep student cool with cool compresses and provide fresh air.
4. Check and evaluate vital signs and observe for other signs and symptoms.
5. **Notify parents.** Send student home and advise medical care if indicated.

### **FEVER**

If temperature is 100° or above, even without symptoms:

1. Observe for other signs and symptoms. (Consider recent exertion, food intake, and mild dehydration as causes. Suggest fluids if appropriate.)
2. Re-evaluate in 15 minutes, if temperature remains elevated, notify parents.
3. Send student home.
4. Advise medical care if fever persists.
5. Advise parents to keep student home for 24 hours after the temperature returns to normal.

### **FRACTURES, SPRAINS AND DISLOCATIONS**

#### **Signs**

- Pain: mild to severe, usually localized at the site of the break. Deformity: use the opposite limb for comparison of swelling and/or bruising.
- Guarding: occasionally simple fractures are not very painful, and some individuals will use the injured limb. They may also guard the injured part or refuse to use it.

#### **Examination for Musculoskeletal Injuries:**

1. **Look:** If possible, clothing should be gently removed from limb so that you may inspect for swelling, bruising and deformity.
2. **Ask** the student to try to move the limb carefully. The student can usually indicate the point of greatest pain.
3. **Feel:** The first aider should gently feel to identify the point of tenderness.
4. **Check:** Check circulation, sensation and movement below the injury.

#### **Sprain And Strains**

1. Elevate; ice.
2. Suspect possible fracture.
3. **Notify parents** and advise medical care.

#### **Possible Fracture**

1. Immobilize the injured part. Splint should be well padded and extended beyond the adjacent joints.
2. Apply ice (15 minutes on, 5 minutes off).
3. Elevate when possible.
4. To prevent further damage, avoid moving the injured part.
5. Keep student quiet and comfortably warm.
6. Treat for shock.
7. **Notify parent;** advise medical care.

## **Dislocations**

1. Immobilize, elevate, ice. (Do not attempt to pull joint into place!)
2. **Notify parent and advise medical care.**

## **Compound Fracture**

A compound fracture is any fracture in which the overlying skin has been lacerated. Laceration can occur from the sharp bone ends protruding through the skin or by a direct blow lacerating the skin at the time of the fracture.

1. **CALL 911.**
2. Don't attempt to replace any projecting bone.
3. Apply sterile dressing to wound and bandage firmly in place.
4. Follow all procedures for simple fractures.
5. Treat for shock.
6. **Notify parents.**

## **Spine, Back And Neck Injury**

1. Assess victim and immobilize if necessary.
2. **CALL 911, if indicated.**
3. **Do not move victim.**
4. Keep warm and comfortable.
5. **Notify parents.**

## **HEADACHE**

Headache is most often a symptom of an underlying condition or illness and is not usually a disease in itself. Whenever possible, attempt to determine the nature and cause of the headache before starting first-aid.

1. **Precipitating factors. Ask about:**
  - a. Time and amount of food last eaten.
  - b. Recent or current upper-respiratory infections, allergy or gastroenteritis (diarrhea and vomiting).
  - c. Injury to head.
  - d. Recent physical exertion, especially P.E. activities involving strenuous exercise or running.
  - e. Fatigue - amount of sleep.
  - f. Similar headaches in the past, family history of migraine, hypoglycemia or diabetes.
  - g. Stress, or emotional factors (home and school).
  - h. Changes in visual acuity.
2. **Treatment**
  - a. Take temperature if indicated. If fever over 100°, exclude student.
  - b. Rest in quiet room.
  - c. Cool compresses to head for comfort.
  - d. If severe and/or frequent, notify parent/guardian.
  - e. If migraine, give prescribed medication if available.



## HEAD INJURY

### Minor Head Injury (no loss of consciousness or apparent injury)

1. Have the person lie down.
2. Check for signs of possible severe head injury requiring medical attention. Signs may appear immediately after an accident or any time over a 48 hour period. They include:
  - a. Nausea and/or persistent vomiting.
  - b. Unequal pupils.
  - c. Slurring of speech.
  - d. Loss of memory.
  - e. Blood or fluid in ears or nose.
  - f. Increasing pain or dizziness.
  - g. Decreasing level of consciousness.
  - h. Slow pulse that becomes rapid and weak.
  - i. Weakness and/or loss of muscle coordination.
  - j. Double vision, blurred vision or unequal pupils.
  - k. Convulsions.
  - l. Sleepiness
3. Observe the person for at least 30 minutes.
4. If headache persists or any of the above symptoms appear, recommend the need for medical care.
5. **Notify the parent/guardian** of accident. Always send home “*Head Injury Notice*”.

### Severe Head Injury (loss of consciousness, even if brief)

1. Do not move the person until physical assessment is completed and level of consciousness determined. Keep warm until help arrives.
2. **CALL 911 if neck/spinal injury suspected.**
3. Do not clean severe head wounds or remove embedded material.
4. Do not remove impaled objects.
5. Do not attempt to arouse the person with stimulants, such as ammonia.
6. If you must transport, use a flat surface (stretcher) immobilizing the neck. Do not elevate the feet or use a pillow.
7. If no secondary injury is found and student is alert and active, notify parent to come for student and recommend immediate medical care. Alert parents to watch for symptoms of head injury listed above over the next few days and give parents “*Head Injury Notice*” form.

### Special Considerations for Medically Fragile/Special Education Students:

1. If a medically fragile or wheelchair bound student sustains a head injury, do not allow student to be moved but keep warm until a physical assessment is completed and level of consciousness determined. Assessment must be completed by a licensed medical person, such as a school nurse. **CALL 911 if no nurse is present on campus to complete a physical assessment.**
2. **CALL 911 if neck/spinal injury suspected.**
3. Contact family. Give family copy of “*Head Injury Notice*” form and alert parent to observe the child over the next few days.
4. DO NOT give anything orally.
5. OBSERVE frequently for symptoms and treat for shock (DO NOT elevate feet).

## HEART ATTACK

**DON'T WAIT FOR ALL THE SYMPTOMS - ACT NOW.**

### What To Look For

1. Extreme shortness of breath.
2. Pain in chest, shoulders, arms, jaw, throat, or upper back.
3. Indigestion, nausea.
4. Agitation and apprehension.
5. "Shocky" appearance - pale, moist skin, nail beds and ear lobes may be blue.

### What To Do

1. **Call 911.**
2. Ask if patient has medication with him.
3. Keep person in "comfortable" position, usually sitting or chest elevated.
4. Loosen tight clothing.
5. Monitor pulse and respiration.
6. Give CPR, if unconscious, no respirations and no pulse. (CPR should be given by those who have been adequately trained to the current standards of the American National Red Cross and the American Heart Association). One person CPR - compression rate 15 to 2 respirations.

## NOSEBLEED

1. Have child sit with head slightly forward.
2. Have student pinch nose firmly just above nostrils for five minutes. (It takes from 3-5 minutes to form good clot.) Use Universal Precautions.
3. Other methods include applying ice to the bridge of the nose or back of the neck or putting pressure to the upper lip beneath the nose.
4. If bleeding is prolonged or severe, **notify parent** and advise medical care.
5. Warn against nose blowing and active play for remainder of school day.

## POISONING

1. Identify suspected poison, amount consumed, time of consumption, and age and weight of victim.
2. Call Poison Control immediately, and follow instructions provided.

**1 (800) 222-1222**

**CALL 911 for medical attention if indicated.**

3. Do not induce vomiting unless instructed by Poison Control.
4. Do not give anything to eat or drink unless Poison Control tells you to.
5. If the person vomits, save part of it to be evaluated at the hospital.
6. Notify parent to meet child at hospital.

### Signs Symptoms of Poisoning

1. Severe nausea, vomiting, diarrhea.

2. Muscle twitching, convulsions, paralysis.
3. Delirium, drowsiness, unconsciousness.
4. Restlessness, agitation, signs of fear or pain.
5. Unusual flushing, paleness or blueness.
6. Signs of burns about the mouth or on the skin.
7. Sudden abdominal pain, tenderness, cramps.
8. Odor on breath or clothing.
9. Slow, labored breathing.
10. Presence of empty container.
11. Eye signs - unusual constriction or dilation.
12. Changes in vital signs.

### Poison Oak

More common in spring and fall when oil content of plant is highest.

Symptoms Contact dermatitis, the result of poison oak exposure, is not contagious and occurs when the oil of a plant comes in contact with skin. Redness, blistering rash, itching, burning sensation at site of contact within five hours to six days after contact can occur. Clothing which has absorbed oil and has not been laundered may continue to be source of contact. Burning of brush or wood containing poison oak plant parts may spread the oil through the air in smoke, causing severe respiratory involvement in sensitive individuals.

### Treatment

1. Immediately, after contact, wash area with water and soap.
2. Cool cloths to the area 4-6 times a day.
3. Calamine lotion or baking soda paste to affected area.
4. **Notify parents.**
5. Advise referral to health care provider if there is respiratory involvement, lesions cover a large part of the body, if lesions on mouth, eyes, or genitalia, or if there is facial swelling.
6. Educate student as to recognition of plant.

## **SCROTAL INJURIES**

1. Provide privacy to determine extent of injury.
2. Apply ice for 10 minutes.
3. Apply supporting dressing if needed.
4. If bleeding, redness, or pain present for more than 30 minutes, advise medical evaluation.
5. Testicular Torsion - severe pain, nausea, vomiting, followed by severe scrotal edema and fever. Requires immediate surgical intervention. **Contact parents and Call 911.**

## **SEIZURES**

1. Keep calm and ease child to the floor.
2. Clear the area around the child to prevent injury. **Do not** interfere with child's movements.
3. Loosen tight clothing and turn child's head to one side, if possible, to allow for flow of saliva.
4. **Do not** force anything between teeth. **Do not** give fluids.
5. During seizures, observe and note:

- a. Where the seizure movement began.
- b. Time of onset.
- c. Length of seizure.
- d. Change in color and respiratory effort.
- e. Involuntary urination/defecation.
- f. Length of post-seizure sleep.
- g. If seizure lasts longer than 5 minutes, or is followed by subsequent seizures, **Call 911**.
- h. If breathing stops, initiate rescue breathing and/or CPR.
- i. **Notify parent** and advise medical attention.

### **SHOCK**

Some degree of shock occurs with most injuries. It may be immediate or delayed.

#### **Symptoms**

1. Eyes - vacant expression.
2. Pupils - dilated.
3. Breathing - rapid, shallow, deep and irregular.
4. Skin - cold, moist, pale.
5. Nail and lip color - bluish.
6. Pulse - rapid and weak at wrist.
7. Weakness, thirst, nausea
8. Restlessness and anxiety.

#### **Late Stages**

1. Unresponsiveness.
2. Pupils dilated.
3. Eventually loses consciousness.

#### **Treatment**

1. Keep patient lying down with feet elevated. In cases of head injury, do not elevate feet.
2. Loosen tight clothing.
3. Cover to maintain body temperature.
4. **Give nothing by mouth.**
5. If victim is unconscious, place on side to allow for drainage of saliva and maintain airway.
6. **CALL 911.**
7. **Notify parents.**

### **SPLINTERS**

1. Wash area with soap and water.
2. Superficial, minor splinters may be removed with tweezers, if easily accessible.
3. Wash again and apply band-aid.
4. If imbedded or under fingernail, clean area, cover with dry dressing and recommend medical care.

### **SUICIDE**

#### **Attempted Suicide**

1. Respond with appropriate first-aid.
2. **Call 911 if needed.**
  - Police/Sheriff can put student on possible 5150, 72 hour hold if

- needed or call
- Psychiatric Mobile Response Team **1 800 854 7771**
3. If drug overdose:
    - a. Locate container and/or paraphernalia.
    - b. Identify drug if possible.
    - c. Ascertain age and weight of victim.
    - d. Call poison control center if indicated.
  4. **Immediately notify school principal or administrator.**
  5. **Immediately notify parents.**
  6. **Maintain privacy/confidentiality for student.**
  7. Follow up by calling hospital and parents to determine condition of student.

### **Potential Suicide**

1. Assess student for their potential suicide plan:
  - a. “How would you do it?”
  - b. “When would you do it?”
  - c. “Do you have what you need?” (i.e. gun, pills)
2. **Call parent (unless contraindicated, i.e. suspected child abuse).**
3. Contact: LAC-DMH Psychiatric Mobile Response Team
  - **1 800 854 7771**
4. May collaborate with on-site Mental Health Agency.

### **URGENT RESPONSE PHONE NUMBERS**

#### **LA County DMH Psychiatric Mobile Response Team (PMRT): 1 800 854 7771**

Call PMRT when you want a person to be evaluated for psychiatric hospitalization and they will not or can not go on their own voluntarily. When you call the number you often will be put on hold for some time. If PMRT agrees to hospitalize, PMRT will make the arrangements. PMRT may ask to you to stay with the person until the ambulance arrives.

#### **HOPE Team: 1 626 744 4241**

Call HOPE Team when you want police intervention with a professional mental health team member. Hope team can also hospitalize and will take the person to the hospital. The HOPE team might be a better option when the person may become violent.

#### **DCFS Hotline: 1 800 540 4000**

This is the number to report suspected child abuse. You may also call this number to consult about the need to report child abuse. If you believe the child will be at risk or will not be honest about abuse, you may ask that the investigating worker come to the school to interview the child. If you believe that the child is at risk and should not go home that day, ask DCFS to come that day. Follow up with electronic report (which the investigating worker will not see).

## **GUIDELINES FOR PERSONNEL MAKING INJURY REPORTS**

Injury reports should be made for injuries which occur to students on school premises or traveling to and from school in the following circumstances:

1. Injuries that may require medical care
2. Injuries resulting from fights or other contact with other individuals
3. Injuries resulting from defective equipment or unsafe conditions
4. Injuries associated to a known previous medical condition
5. Specific injuries commonly requiring completion of a written report:
  - a. Sprains
  - b. Dislocations
  - c. Fractures
  - d. Eye injuries
  - e. Permanent tooth loosened or lost
  - f. Lacerations requiring stitches
  - g. Burns resulting in a blister or 3rd degree burn
  - h. Severe head injuries
  - i. Nose injuries with swelling
  - j. Unconsciousness resulting from injury

Injury reports should be made out by the person who is providing first aid. All injury reports require that the principal and the Health Programs Office (626/396-3600 Ext. 88240) be notified.

Parents must be contacted by telephone and the call must be recorded in the health office daily log, including time and name of person making the call and name of person contacted.

If parent cannot be reached send the First Aid Notice (Section II – 25 of the Health Programs Procedure Guide) home with student.

Do not write the name/s of any other student/s on this report who may have been involved in the incident resulting in the injury. This incident needs to be referred to the principal or dean.

**INJURY REPORT – STUDENT AND NON-EMPLOYEE  
PASADENA UNIFIED SCHOOL DISTRICT  
Pasadena, California**

Complete this report for all student and non-employee injuries. Please answer ALL questions. Send to the Health Programs Office, Education Center, 351 S. Hudson Avenue, Pasadena, CA 91109. Retain last copy for your files.

1. School/Department/Site \_\_\_\_\_ Injury Date \_\_\_\_\_ Exact Time \_\_\_\_\_  
 2. Name \_\_\_\_\_ DOB: \_\_\_\_\_ ID # \_\_\_\_\_  
 3. Home Address \_\_\_\_\_  
 4. Is Injured Person a Student? Yes \_\_\_\_\_ No \_\_\_\_\_ If Student, Parent/Guardian Name \_\_\_\_\_  
 5. Was Parent/Guardian Notified? Yes \_\_\_\_\_ No \_\_\_\_\_ How Notified? \_\_\_\_\_  
 6. Date of Notification \_\_\_\_\_ Time Notified \_\_\_\_\_ By Whom? \_\_\_\_\_  
 7. Immediate Action Taken TIME BY WHOM? (Include Title: i.e., Nurse, Student, Principal, etc.)

|                              |       |       |
|------------------------------|-------|-------|
| _____ First Aid Treatment    | _____ | _____ |
| _____ Returned to Class      | _____ | _____ |
| _____ Sent/Taken to Nurse    | _____ | _____ |
| _____ Sent/Taken Home        | _____ | _____ |
| _____ Sent/Taken to Doctor   | _____ | _____ |
| _____ Sent/Taken to Hospital | _____ | _____ |
| _____ Paramedics/Ambulance   | _____ | _____ |
| _____ School Police          | _____ | _____ |
| _____ Dean                   | _____ | _____ |

8. Nature of Injury Part of Body Injured – **Please indicate L/R**

|                                |         |       |                   |       |
|--------------------------------|---------|-------|-------------------|-------|
| _____ Abrasion/Scratch         | Abdomen | _____ | Hip               | _____ |
| _____ Amputation               | Ankle   | _____ | Knee              | _____ |
| _____ Bite-Human/Animal        | Arm     | _____ | Leg               | _____ |
| _____ Bruise/C contusion       | Back    | _____ | Mouth/Lip         | _____ |
| _____ Burns/Scalds             | Chest   | _____ | Neck              | _____ |
| _____ Cut/Laceration           | Ear     | _____ | Nose              | _____ |
| _____ Electric Shock           | Elbow   | _____ | Shoulder          | _____ |
| _____ Possible Concussion      | Eye     | _____ | Tailbone/Buttocks | _____ |
| _____ Possible Contusion       | Face    | _____ | Thumb             | _____ |
| _____ Possible Dislocation     | Finger  | _____ | Toe               | _____ |
| _____ Possible Fracture        | Foot    | _____ | Tongue            | _____ |
| _____ Possible Internal Injury | Hand    | _____ | Tooth             | _____ |
| _____ Puncture Wound           | Head    | _____ | Wrist             | _____ |
| _____ Sprain/Strain            |         |       | Other             | _____ |

Other \_\_\_\_\_

Brief Description of Injury: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. WHERE DID INJURY OCCUR?(PLACE) IN WHAT SCHOOL CLASS/ACTIVITY WAS STUDENT INVOLVED AT TIME OF INJURY?

|                                    |                  |                          |
|------------------------------------|------------------|--------------------------|
| Classroom (number) _____           | Athletics _____  | Recess _____             |
| School Grounds _____               | Lunch _____      | Pool _____               |
| Off School Grounds(Location) _____ | PE/Gym _____     | Shop Class _____         |
| Enroute To/From School _____       | Laboratory _____ | After School Prog. _____ |
|                                    |                  | Other _____              |

ADDITIONAL HEALTH INFORMATION (If needed)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and Time Reported to Principal/Designee \_\_\_\_\_ Date Submitted \_\_\_\_\_

Signature of Person Completing Report \_\_\_\_\_ Signature of Principal/Designee \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's education records. The law applies to all schools which receive funds under the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records.

PASADENA UNIFIED SCHOOL DISTRICT  
Division of School Operations and Support  
Health Programs

INFORMATION ITEM NO. 2A  
August 01, 2016

SUBJECT: STAFF RESPONSIBILITIES WHEN STUDENTS ARE TRANSPORTED BY  
PARAMEDICS

- I. Background
- II. Implementation Procedures
- III. Reporting

I. BACKGROUND

Past incidents have alerted district staff to problems of severe liability with students being left by paramedics at local hospital emergency rooms unattended by school staff. In some cases, parents have been delayed in transit to the hospital, trauma centers have become impacted with injuries and accidents, and students have been left unattended in emergency hallways, awaiting their parent's arrival.

II. IMPLEMENTATION PROCEDURES

When a student has a health condition or accident with injuries serious enough to require transportation by a paramedic unit, the following procedures shall be implemented.

- a. In cases where the parent has been contacted and is on the way to the hospital, a school staff member may accompany the student to the emergency room. This should be standard practice whenever possible. The decision as to whether or not a school staff member accompanies the student must be made in consultation with the site administrator. Factors to be considered are the type of injury or illness, the parents work location and its proximity to the hospital emergency room, the circumstances surrounding the injury and the age of the pupil.
- b. In cases where a parent cannot be reached, a school staff member **must** accompany the student to the emergency room taking along a copy of the student's emergency card. School staff shall continue to attempt telephone contact with the parent until the parent is reached. A staff member shall remain with the student until the parent arrives at the hospital or appropriate disposition has been made to meet the student's needs.

III. REPORTING PROCEDURES

Immediately notifying the Health Office is essential in cases where students are being transported by paramedics. As soon as information is available regarding the disposition of the student, a school staff person shall telephone a report to the Education Center Health Office (626)396-3600 Ext. 88249. Please report the condition of the student, the name of the hospital emergency room where the student has been taken, whether or not the parent has been contacted, and the school staff person who accompanied the student. The Health Office files this report immediately with the Superintendent's Office.

For assistance, please contact Ann Rector, Coordinator of Health Programs, at (626)396-3600, Ext. 88240

APPROVED: Dr. Brian McDonald, Superintendent

DISTRIBUTION: All Staff



**HEALTHCARE ANDEMERGENCIES**

The Governing Board recognizes the importance of taking appropriate action whenever an emergency threatens the safety, health, or welfare of a student at school or during school-sponsored activities.

*(cf. 0450 - Comprehensive Safety Plan)*  
*(cf. 3516 - Emergencies and Disaster Preparedness Plan)*  
*(cf. 5141.21 - Administering Medication and Monitoring Health Conditions) (cf. 5141.22 - Infectious Diseases)*  
*(cf. 5142 - Safety)*

The Superintendent or designee shall develop procedures to ensure that first aid and/or medical attention is provided as quickly as possible when accidents and injuries to students occur and that parents/guardians are notified as appropriate.

*(cf. 3530 - Risk Management/Insurance) (cf. 5143 - Insurance)*  
*(cf. 6145.2 - Athletic Competition)*

The Superintendent or designee shall ask parents/guardians to provide emergency contact information in order to facilitate communication in the event of an accident or illness.

District staff shall appropriately report and document student accidents.

**“DO NOT RESUSCITATE” ORDERS**

The Board believes that staff members should not be placed in the position of determining whether or not to follow any parental or medical "do not resuscitate" orders. Staff shall not accept or follow any such orders except under the specific written direction of the Superintendent or designee. The Superintendent or designee may only direct a staff member to follow a "do not resuscitate" order if he/she has received a written parent/guardian authorization, with an authorized health care provider statement, and an order of an appropriate court.

The Superintendent or designee shall ensure that parents/guardians who have submitted a "do not resuscitate" order are informed of this policy.

**AUTOMATED EXTERNAL DEFIBRILLATORS**

The Board authorizes the Superintendent or designee to place automated external defibrillators (AEDs) at designated school sites for use by school employees in an emergency.

The Superintendent or designee shall develop guidelines for employees regarding these

devices and shall ensure that employees receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The guidelines shall also specify the placement, security, and maintenance of the AED.

The authorization of AEDs in district schools shall not be deemed to create a guarantee that an AED will be present or will be used in the case of an emergency, or that a trained employee will be present and/or able to use an AED in an emergency, or that the AED will operate properly.

*Legal Reference:*

EDUCATION CODE

32040-32044 - First aid

equipment 49300-49307 -

School safety patrols 49407 -

Liability for treatment 49408 -

Emergency information

49409 - Athletic events; physicians and surgeons; emergency medical care; immunity

49417 - Automated external defibrillators

49470 - Medical and hospital services for athletic program

49471 - Medical and hospital services not provided or

available 49472 - Medical and hospital services for pupils

49474 - Ambulance services

51202 - Instruction in personal and public health and

safety CIVIL CODE

1714.21 - Defibrillators; CPR; immunity from civil

liability FAMILY CODE

6550-6552 - Caregivers

HEALTH AND SAFETY

CODE

1797.196 - Automated external defibrillators, immunity from civil liability

1797.200 - Emergency medical services agency

1799.102 - Personal liability

immunity CODE OF

REGULATIONS, TITLE 8

5193 - California Bloodborne Pathogens Standard

CODE OF REGULATIONS, TITLE 22

100031-100042 - Automated external defibrillators

*Management Resources:*

WEB SITES

American Heart Association:

<http://www.americanheart.org> American Red Cross:

<http://www.redcross.org>

California Department of Health Care Services:

<http://www.dhcs.ca.gov>

**PASADENA UNIFIED SCHOOL DISTRICT**  
Pasadena, California

Policy adopted: November 15, 1995

Revised: October 9, 2012; April 28, 2016

AR 5141

**Students**

**HEALTH CARE AND EMERGENCIES**

**Emergency Information**

Parents/guardians shall furnish the schools with the current information specified below:

1. Home address and telephone number.
2. Parent/guardian's business address and telephone number.
3. Name, address and telephone number of a relative or friend who is authorized by the parent/guardian to care for the student in cases of emergency when the parent/guardian cannot be reached.
4. Local physician to call in case of emergency.

Under Education Code 49407, no school district shall be held liable for the reasonable treatment of a student without the consent of the parent/guardian when the student requires medical treatment and the parent/guardian cannot be reached, unless a written objection to medical treatment has been filed with the school district.

**Consent by Caregiver**

Persons 18 years of age and older who file with the district a completed caregiver's authorization affidavit shall have the right to consent to or refuse school-related medical care for a district student. The caregiver's authorization shall be valid for one year after the date on which it is executed. The caregiver's decision shall be superseded by any contravening decision of the parent or other person having legal custody of the student, provided that this contravening decision does not jeopardize the student's life, health or safety. (Family Code 6550)

School-related medical care is medical care that is required by state or local governmental authority as a condition for school enrollment, including immunizations, physical examinations, and medical examinations conducted in schools for students. (Family Code 6550)

*(cf. 5111.11 - Residency of Students with Caregiver)*

**PASADENA UNIFIED SCHOOL DISTRICT**  
Pasadena, California  
BP 5141.1

Policy adopted: November 15, 1995

## **Students ACCIDENTS**

Although the district makes every reasonable effort to prevent student accidents and injuries, accidents occur. The Superintendent or designee shall develop procedures to ensure that first aid and/or medical attention is provided as quickly as possible and that parents/guardians are notified of accidents.

Universal precautions shall be observed whenever it is possible that students, employees or others may have contact with blood or body fluids as a result of the accident.

*(cf. 4119.43 - Universal Precautions)*

Mouthpieces, resuscitation bags or other ventilation devices shall be available at each school and during athletic competitions in the event that resuscitation is necessary.

*(cf. 6145.2 - Interscholastic Competition)*

District staff shall appropriately report and document student accidents.

*(cf. 3530 - Insurance Management)*

*(cf. 4119.42 - Exposure Control Plan for Blood borne Pathogens)*

*(cf. 5142 - Safety)*

*(cf. 5143 - Insurance)*

### *Legal Reference:*

#### EDUCATION CODE

*32040-32044 First aid equipment*

*49300-49307 School safety patrols*

*49408 Emergency information*

*49409 Athletic events; physicians and surgeons; emergency medical care; immunity*

*49470 Medical and hospital services for athletic program*

*49471 Medical and hospital services not provided or available*

*49472 Medical and hospital services for pupils*

*49474 Ambulance services*

*51202 Instruction in personal and public health and safety*

#### CODE OF REGULATIONS, Title 8

*5193 California Bloodborne Pathogens Standard*

## **DIRECTIONS FOR EMERGENCY CARE PLANS**

Instructions for Emergency Plans for students with special health care needs:

1. Place plans in a red, three-ring binder in Health Office with the medication orders, and special health concerns list.
2. Have each person sign off on the bottom of each plan.
3. Give the teacher a copy.
4. Put a copy in the student's health record.

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**STUDENTS WITH SPECIAL HEALTH CARE NEEDS  
EMERGENCY PLAN**

**ASTHMA**

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

Birthdate: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Preferred hospital in case of emergency: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STUDENT-SPECIFIC EMERGENCIES**

| <i>If You See This</i>  | <i>Do This</i>  |
|---|---|
| 1. Wheezing, shortness of breath (may cough), inability to talk, skin color change. | 1. Use peak flow meter<br>2. Give medications as ordered<br>3. Give tepid water<br>4. Notify Parents<br>5. If relief does not occur after these steps, CALL 9-1-1 |
| 2. Breathing appears to have stopped.   | <b>CALL 911</b>   |

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
  - A. State who you are.
  - B. State where you are.
  - C. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures (i.e. Health Clerk, Office Staff, Teachers, Security).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**STUDENTS WITH SPECIAL HEALTH CARE NEEDS  
EMERGENCY PLAN**

**DIABETES**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Parent's name: \_\_\_\_\_  
Daytime phone #: \_\_\_\_\_  
Preferred hospital in case of emergency: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STUDENT-SPECIFIC EMERGENCIES**

| <i>If You See This</i>                         | <i>Do This</i>   |
|--|--|
| 1. Student complains of being: Weak, Faint.    | 1. Check blood sugar.<br>2. Treat as ordered by Physician.                                   |
| 2. You notice: Irritability, Pallor, Sweating. | 1. Check blood sugar.<br>2. Administer juice or glucose tablets (as ordered by a physician). |
| 3. Loss of Consciousness.                      | <b>Dial 9-1-1</b><br>Give glucagon (if ordered); contact parent for all of the above.        |

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
  - A. State who you are.
  - B. State where you are.
  - C. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures (i.e. Health Clerk, Office Staff, Teachers, Security).

1. \_\_\_\_\_
2. \_\_\_\_\_

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**STUDENTS WITH SPECIAL HEALTH CARE NEEDS  
EPI PEN EMERGENCY PLAN**

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergy:** \_\_\_\_\_

**Location of EpiPen:** \_\_\_\_\_

**Emergency Treatment: Mild Symptoms**

**For Mild Symptoms including:**

- Several hives
- Itchy skin
- Swelling at site of insect sting
- Or if an ingestion (or sting) is suspected

**Treatment:**

1. Stay with child
2. Contact health office at ext. \_\_\_\_\_
3. Nurse/HC to give \_\_\_\_\_ of \_\_\_\_\_ by mouth  
(dose) (medication)  
Check if medication available
4. Contact the parent or emergency contact person
5. Stay with the child; keep child quiet and calm. Monitor symptoms until parent arrives
6. Watch the child for more serious, life threatening reaction-listed below

**Emergency Treatment: Severe Symptoms**

**For Severe Symptoms including: (Can cause a life threatening reaction)**

- Hives spreading over the body
- Wheezing, difficulty swallowing or breathing
- Swelling of face/neck, tingling or swelling of the tongue
- Vomiting
- Signs of shock (extreme paleness, grey color, clammy skin)
- Loss of consciousness

**Treatment**

1. Give EpiPen or EpiPen Jr. immediately, place against upper outer thigh, through clothing if necessary
2. Call 911 immediately. EpiPen only lasts 20-30 mins. (911 should always be called if EpiPen given)
3. Contact health office at \_\_\_\_\_ and school administrator in charge
4. Contact parents or emergency contact person. If parents unavailable, school staff member should accompany the child to the hospital.

**Directions for use of EpiPen:**

1. Pull off grey cap
2. Place black tip against upper outer thigh
3. Press hard into outer thigh until clicks
4. Hold in place for 3 seconds and then remove
5. Place used EpiPen in plastic carry tube. Send to emergency room with paramedics.



**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**STUDENTS WITH SPECIAL HEALTH CARE NEEDS  
EMERGENCY PLAN**

**HEMOPHILIA**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_  
 Preferred hospital in case of emergency: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STUDENT-SPECIFIC EMERGENCIES**

**These are general guidelines for treating specific bleeding episodes that may occur in school.**

| <i>If You See This</i>   | <i>Do This</i>   |
|--|--|
| 1. Student says he is having a bleeding episode, or<br>2. Complains of tingling, bubbling pain, stiffness, or decreased motion in any limb. Or<br>3. Appears to have a part of the body (usually a joint) swollen or hot to the touch, or<br>4. Appears to be favoring an arm or leg more than usual, or<br>5. Limp, refuses to use limb | 1. Contact the parents for instructions<br>3. While waiting for the parents, keep the child still to avoid further injury.<br>4. You may apply an ice pack and elevate body part..   |
| 6. Suffers blow to the head, neck, abdomen.  | 1. Contact the parents immediately for instructions.<br>2. If parents cannot be reached, contact the hemophilia treatment center or the child's doctor.<br>3. If neither the doctor, the nurse, nor the parents can be reached, <b>Dial 911</b> and contact the hospital emergency room. |
| 7. Has any other complaints or injury.   | Contact the parents for instruction.   |
| 8. Has a typical nosebleed.  | 1. Put on gloves.<br>2. Position child sitting straight with head upright.<br>3. Apply firm, continuous pressure for 20 minutes.<br>4. If bleeding has not stopped after 20 minutes, call the parents for instructions.  |
| 9. Has oozing from a cut in the mouth or around tooth.   | 1. Put on gloves.<br>2. Apply ice compresses with firm, continuous pressure for 20 minutes.<br>3. A wet tea bag can be applied around a tooth.<br>4. If no response, call parents for instructions.<br>5. Clean up all blood spills with a 10% solution of bleach and water.             |

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so
3. Call or designate someone to call the principal and/or school nurse.
  - A. State who you are.
  - B. State where you are.
  - C. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures (i.e. Health Clerk, Office Staff, Teachers, Security).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**STUDENTS WITH SPECIAL HEALTH CARE NEEDS  
EMERGENCY PLAN**

**SEIZURE DISORDERS (TONIC/CLONIC)**

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

Birthdate: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Preferred hospital in case of emergency: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STUDENT-SPECIFIC EMERGENCIES**

| <i>If You See This</i>                                | <i>Do This</i>   |
|---|--|
| 1. Jerky, involuntary movement of arms, legs or head. | 1. Protect from injury by clearing the area (move furniture or objects).<br>2. Roll student on his side to prevent aspiration.<br>3. Call Parent |
| 2. Seizure lasts longer than 5 minutes.               | <b>CALL 9-1-1</b>  |

NOTE: DO NOT INSERT ANY OBJECT INTO STUDENT'S MOUTH

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
  - A. State who you are.
  - B. State where you are.
  - C. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures (i.e. Health Clerk, Office Staff, Teachers, Security).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**STUDENTS WITH SPECIAL HEALTH CARE NEEDS  
EMERGENCY PLAN**

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

Birthdate: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Preferred hospital in case of emergency: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STUDENT-SPECIFIC EMERGENCIES**

| <i>If You See This</i> | <i>Do This</i> |
|------------------------|----------------|
|                        |                |
|                        |                |
|                        |                |
|                        |                |
|                        |                |
|                        |                |
|                        |                |
|                        |                |
|                        |                |

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
  - A. State who you are.
  - B. State where you are.
  - C. State problem.
4. The following staff members are trained to deal with an emergency, and to initiate the appropriate procedures (i.e. Health Clerk, Office Staff, Teachers, Security).
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

Dear Parent:

The Pasadena Unified School District is aware there is a strong possibility that Southern California will experience a major disaster/earthquake in the relatively near future. In the event of this or other catastrophe, we are concerned about the health and welfare of our students. Each of our sites has formulated a plan to protect those in our care and have had practice drills so both staff and students will know what to do. Of real concern is the health of those students who require daily medication; i.e., insulin, seizure medication, etc. We are therefore, asking you to send to the school's health office a 3-day supply of your son/daughter's necessary medication. It must be in a container labeled by the pharmacy with the following instructions:

Student's name  
Medication name  
Dosage schedule  
Doctor's name  
Doctor's telephone number  
Expiration date of the medication

At the end of the school year, the medication will be returned to you. No medication will be carried over from one school year to another.

Your understanding of and cooperation with this request will be greatly appreciated.

Sincerely,

Ann Rector  
Coordinator of Health Programs

APPROVED:

Dr. Brian McDonald  
Superintendent

351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540

[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

Estimados Padres:

El Distrito Escolar Unificado de Pasadena sabe que hay una gran posibilidad de que el Sur de California sufra un gran desastre o terremoto en un futuro relativamente cercano. En caso de que esto suceda o de que pasen otras catastrofes, estamos preocupados acerca de la salud y bienestar de nuestros estudiantes. Cada uno de nuestros planteles ha formulado un plan para proteger a aquellos bajo nuestro cuidado y hacer que practiquen ejercicios para que tanto el personal docente como los estudiantes sepan que hacer. Es de suma preocupación la salud de aquellos estudiantes que requieren medicamento diario, ej. insulina, medicina para ataques de apoplejia, etc. Por este motivo les pedimos que envíen a la oficina de salud de la escuela, un suministro para 3 días de medicamento necesario para su hijo/hija. Debe de estar en un envase con etiqueta de la botica con las siguientes instrucciones.

Nombre de la medicina  
Cantidad que se ha de dar  
Nombre de !medico  
Numero de telefono de! medico  
Pecha de vencimiento de la medicina

Al terminar el año escolar, el medicamento se le regresará a Uds. No se guardará ningún medicamento de un año escolar a otro.

Su comprensión y cooperación con esta petición será grandemente apreciada.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Brian McDonald  
Superintendent

**TO BE INCLUDED IN CLASSROOM FIRST AID BOX**

**FIRST AID FOR MINOR INJURY**

**ABRASION, CUTS AND BLISTERS**

THE STUDENT SHOULD CLEANSE WOUND AND SURROUNDING SKIN WITH SOAP AND WATER. RINSE, DRY AREA, THEN APPLY BAND-AID IF NECESSARY.

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