

**EEU CLASSROOM**

**HEALTH AND SAFETY**

## VOMITING

If a child has vomited:

1. Put on gloves and use Standard Precautions
2. When vomiting stops, position child comfortably
3. Call parent and let them know if child has vomited.
4. Clean area using Absorb-a-spill (in storage room) or using bleach/water mixture. **BE SURE TO WEAR GLOVES.** If absorb-a-spill is used, it can be vacuumed up when dry.

Troubleshooting/Deciding if child needs to go home:

\*Check with parent to get history of last 24 hours. IF child has vomited another time in last 24 hours, they should be sent home (Illness Exclusion Policy).

\*If vomiting is accompanied by other symptoms, such as stomachache, diarrhea, fever, or general malaise/fatigue, child should be sent home.

\*If vomiting occurs after a severe bout of coughing, activating the gag reflex may have caused vomiting. Parent should be notified, but if child otherwise seems okay, it is okay to stay at school. If cough is severe and frequent, child should be sent home.

\*If child seems fine, vomits, then seems fine again **AND** there is no history of vomiting in last 24 hours, it is okay for child to stay as long as another episode does not occur.

## **TAKING A TEMPERATURE/TROUBLESHOOTING A FEVER**

If it seems a child has a fever and school nurse is not available:

- \*Thermometer is located up at front desk (with staff Tylenol & Ibuprofen)
- \*Take child's temperature using oral thermometer.
- \*Turn thermometer on and be sure picture display is pointing to child's mouth. Reading should be in Fahrenheit.
- \*Place thermometer under child's tongue (no cover needed) and have them gently close their lips over thermometer. May need to remind not to bite down.
- \*Reading should be completed in 7-10 seconds and will beep when done.
- \*Reading will remain on thermometer for 1 minute.

Troubleshooting Temperature:

- \*A temperature reading over 100 F would indicate a fever.
- \*If fever is present, allow child to lie down. Can apply cold washcloth or compress to head if child willing.
- \*Check for other symptoms of illness (headache, watery/red eyes, cough, fatigue, skin rash, sore throat, vomiting, diarrhea).
- \*Call parent if child has a fever.
- \*If child has fever, but no other symptoms of illness, it is okay for child to remain at school as long as participating in class activities.
- \*If child has fever and is not wanting to participate in class activities **OR** has other symptoms of illness, child should be sent home.

# **STOMACHACHE**

## General stomachache

- \*Take temperature to determine if a fever is present
- \*Have child sit or lie down for 15-30 minutes
- \*If temperature is  $>100$  F, and/or pain intensifies, call parent and have child sent home.

## Severe stomachache with or without vomiting

- \*Take temperature
- \*Call/page nurse or administrative staff to help troubleshoot situation
- \*Do not give anything to eat or drink
- \*Call parents and send child home.

## **SLIVER**

If sliver is protruding above skin:

- \*Put on gloves
- \*Use tweezers (in first aid kit) to grasp portion protruding above the skin and gently remove.
- \*Cleanse area thoroughly with soap and water.
- \*Apply ice or Band-Aid as needed

If lodged beyond superficial layer of skin:

- \*Put on gloves.
- \*Probe gently to see if splinter can be easily removed
- \*If unable to remove easily, do not probe too deeply under skin with tweezers.
- \*Call parents and recommend they follow up.
- \*Apply ice or Band-Aid as needed.

## **BITES**

- \*Wear gloves as needed.
- \*Immediately cleanse wound thoroughly with soap and water for several minutes.
- \*Cover wound with bandage.
- \*Apply ice as needed over wound for several minutes.

### If on another child:

- \*Call parent to inform them about bite.
- \*Recommend they take a look and speak with their child's doctor as necessary to troubleshoot need for antibiotics or immunization.
- \***Fill out incident report** (located in front office, or outside of nurse's office).

### If on a staff member:

- \*If wound is deep, employee should report to Employee Health in the UW Medical Center to determine need for antibiotics or for additional Immunizations.
- \*Incident report is completed only if there is a need to go to Employee Health or a private doctor.

## **RASHES**

\*Call parent first to determine if the rash has been noticed at home, if the child has seen a doctor, or if they are receiving treatment for the rash.

### Tips for troubleshooting a rash:

\*If rash is raised, red, itchy or draining, call parent to recommend follow-up with doctor to rule out chicken pox or other potentially infectious causes. Child should be SENT HOME in these situations.

\*If rash is raised but does not have drainage, call parent to determine if child may have dry skin or eczema that is causing the rash. This is most likely if the rash is clustered in patches, often around elbows, backs of knees, etc.

\*If rash is red, but flat and not itchy and does not bother the child, it may be caused by a virus. Parent should call their child's doctor to discuss cause, but child does not need to be sent home in this case.

# ALLERGIC REACTION

## ANAPHYLACTIC

**Note:** An anaphylactic reaction is a severe, and sudden generalized reaction that is potentially life threatening. Symptoms include respiratory distress or shock.

### **SIGNS AND SYMPTOMS**

- ◆ Apprehension
- ◆ Rash (particularly on face)
- ◆ Swelling of affected areas (particularly on face, tongue, and neck)
- ◆ Breathing difficulty, wheezing, gurgling, high-pitched sounds
- ◆ Skin is flushed and dry or pale, cool, and clammy
- ◆ Increased heart rate, weak pulse

### **TREATMENT**

- ◆ Call medics (9-911)
- ◆ If individual is known to have allergies, consult the written emergency action plan on file and proceed with recommendations (example, Epi-Pen, Benadryl, etc)
- ◆ Monitor child's status for changes (breathing and heart rate)
- ◆ Call parent
- ◆ Start CPR as necessary

## HIVES(RASH)/ITCHING

**Note:** Hives are eruptions of the skin caused by contact with or ingestion of an allergic substance or food. Hives appear as raised blotches on the skin, pale in the middle, with reddened border, often accompanied by itching. Hives involving mouth, eyelids, and tongue are **potentially life threatening**.

### **TREATMENT**

- ◆ If hives involve eyelids, lips, mouth or tongue, monitor breathing status closely, call medics if signs of breathing difficulty develop.
- ◆ If individual is known to have allergies, consult the written emergency action plan on file and proceed with plan (benadryl or Epi-Pen for example)
- ◆ Apply ice/cold compress
- ◆ Give reassurance
- ◆ Call parent
- ◆ Send child home if not able to participate in class activities

## SWELLING

**Note:** An allergic reaction that causes swelling is **potentially life threatening**.

**TREATMENT**

- If there is face, mouth and neck swelling, call 9-911.
- Apply ice packs/cold compresses.
- Give reassurance.
- Call parents.

WHEEZING

**Note:** Wheezing is an abnormally high-pitched noise resulting from a partially obstructed airway. Check for Asthma Emergency Care Plan and initiate treatment as directed. Airway obstruction is **potentially life threatening**.

**TREATMENT**

- If breathing problem is severe, prolonged, or occurs with hives and/or swelling, call 9-911.
- Place child in comfortable position, usually sitting.
- If necessary, start CPR.
- Call parent.

## **FALLS/BROKEN BONES/HEAD INJURIES**

After a fall occurs:

- Assess child for type of injury (head injury vs. bumps/bruises, etc.).
- Length of fall will determine potential severity of injury. If child falls while running on playcourt, risk will be lower than if child falls off of play structure.
- Call for extra help (nurse, principal, etc.) as needed.

If any of the following are noted, call for extra help to determine need to call medics:

### **SIGNS AND SYMPTOMS OF POTENTIAL BONE INJURY**

- Inability to move affected part normally
- Bump, ridge, or hollow that does not normally exist in that area
- Pain
- Excessive bruising or swelling
- Sudden deformity
- Injured area is cold or numb
- Bone fragments sticking out of the wound
- Bleeding

### **TREATMENT**

- Do not move child if broken bone is suspected.
- Keep child quiet and warm
- Support or immobilize extremity/injury as needed to reduce pain
- Apply ice/cold pack for 15 minutes (do not apply directly to skin).
- Call 9-911 as needed
- Call parent

### **SIGNS AND SYMPTOMS OF POTENTIAL HEAD INJURY**

**Note:** All head injuries are potentially life threatening and may need to be referred for immediate medical care.

- Vomiting
- Irritability
- Drowsiness, difficulty staying awake
- Disorientation, confusion
- Dizziness
- Severe headache, increasing pain
- Loss of consciousness
- Bleeding from ears and/or nose
- Irregular breathing
- Slurred speech
- Blurred or double vision, unequal pupils
- Numbness or tingling in extremities
- Seizure

### **TREATMENT**

- **If child had any of the above symptoms, call 9-911**

- Keep child lying down and quiet
- Control any bleeding by applying pressure and bandage/dressings to wounds
- Apply ice as needed to bumps/bruises (do not apply directly to skin)
- Call parent to inform them of accident and of the symptoms  
to be watching for as they may occur at a later time.

## **NOSEBLEED**

### **SIGNS AND SYMPTOMS**

- Bleeding
- Swelling
- Bruising
- Choking

### **TREATMENT (if not related to head injury)**

- **WEAR GLOVES**
- Keep child leaning slightly forward and breathing through the mouth
- Pinch the sides of the nose against the septum for 5-10 minutes to allow clot to form.
- Encourage child not to blow nose or sniff for > 1 hour if possible to discourage dislodging the clot.
- If bleeding does not stop in 5-10 minutes or child has frequent episodes, repeat applying pressure to septum.
- Call parent.