



Emergency Guidelines

Medical Event Response Protocols for School Settings

November 2025

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Introduction

About The Guidelines

Intended Use

Oregon Healthy Schools Emergency Guidelines are evidence-based protocols to support decision-making as school staff respond to medical events and health emergencies when the school nurse is not available or until emergency medical responders arrive. In each protocol:

- **Background information** may be of use to designated health staff, such as those assigned to provide first aid or participate in Rapid Response teams.
- **Action Steps** may be of use to staff with limited training, to guide first steps while waiting for designated health staff to arrive.
- **Flowcharts** may be of use to support decision-making during an incident.

Local Adaptation

These guidelines do not override or invalidate any laws or rules established by a school system, school board, or the State of Oregon. Prior to local implementation or adaptation, health protocols should be reviewed in consultation with the school nurse, the district medical advisor, and/or other qualified health professionals familiar with the school setting.

Development Process and Acknowledgments

[Oregon Healthy Schools](#) (OHS) supported district-led efforts which led to development of these guidelines for Oregon. Primary contributors include La Grande school district nurses Amy Pennington and Jacey Teeter and the Oregon Health Authority State School Nurse Consultant Corinna Brower, as well as OHS program leaders and advisory group partners.

Primary references include the Emergency Guidelines for Schools originally produced by the [Ohio](#) Department of Public Safety and revisions of that guidance by [California](#), [Colorado](#), and [Michigan](#). Developers also reviewed emergency guidelines in use in multiple Oregon school settings, and evidence-based references for each protocol which are cited at the end.

For more information or editable versions of this content, please contact the State School Nurse Consultant corinna.e.brower@oha.oregon.gov.



Prior To An Emergency

Please familiarize yourself with the format and “How to Use the Guidelines.”

Use of these guidelines should not delay calling 9-1-1 in an emergency. Ensure that you know

- How to contact your local Emergency Medical Services (EMS, 9-1-1).
- How to direct EMS providers to the location of the emergency upon arrival.

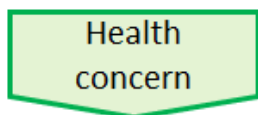
These guidelines do not replace student-specific plans. Ensure you are familiar with any medical alerts for the students you serve, and your role in student support.

Please consult your school nurse if you have any questions concerning the recommendations in these guidelines or student-specific plans.

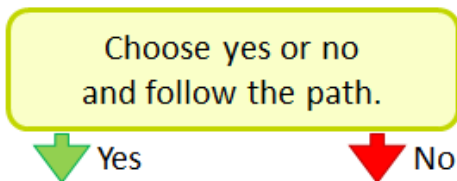
It is strongly recommended that staff who are in a position to provide first-aid to students complete an approved first aid and CPR course.

Guide to Symbols

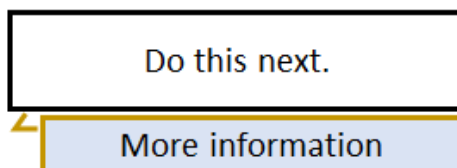
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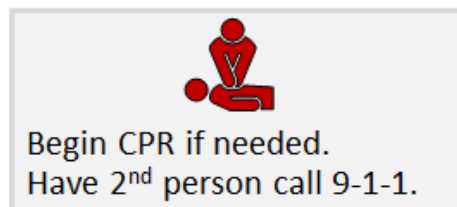
Question



Action



May need CPR



Symptoms of concern



High risk.
Act quickly.

Care plan



Students may have school plan for this condition. Designated staff should review and follow.

End here



Activate EMS, call 9-1-1
Anticipate transport.
May require CPR.



Send with parent/guardian
May require exclusion or medical evaluation.



May return to class
May require monitoring or follow-up.

Medical Event Response Protocols

Bite or Sting



Is this a serious bite or sting?

The appearance of a bite or sting varies by source as well as skin tone. High risk types that require rapid response include:

- ☐ Bite from venomous animal (snake, scorpion, spider, etc.)
- ☐ Major bleeding; spurt or spray; visible muscle, fat, or bone
- ☐ Signs of shock: breathing difficulty, cold clammy skin, dizzy or weak
- ☐ Signs of severe allergy: difficulty breathing or swallowing, new cough, widespread rash or hives, swelling of face, swelling across major joint
 - A localized reaction may appear as a raised area, red or discolored compared to the person's normal skin tone; may itch or burn.
- ☐ Person with history of severe allergy to similar bite/sting, even if symptoms are not apparent yet.


Background

Insect stings are a common cause of allergic reaction. Bites from animals or humans can pose infection risk as well as bleeding risk. Bites and stings from venomous animals (snakes, scorpions, spiders) can cause immediate or delayed reactions. Poison Control 1-800-222-1222 can provide guidance.



Students with severe allergy should be known to appropriate school staff. Carefully review available medical information for your students and follow applicable care plans.

Bite or Sting Action Steps

1.  **9-1-1 for signs of concern.**
 - a. See [Bleeding](#) - apply pressure.
 - b. See [Severe Allergy](#) - prepare epinephrine.
 - c. See [Shock](#) - assist to lie down.
2. **Check whether symptoms prevent participation in typical activities.**
3. **Alert designated staff for (1.) or (2.)**

While waiting for help,

4. **Stay calm.** Stay with the person.
5. **Begin first aid and comfort measures.**
 - a. Insect sting: remove stinger by scraping; continue monitoring for delayed reaction.
 - b. Venomous bite: call Poison Control 1-800-222-1222. Keep site of bite/sting *lower* than heart level if possible.
 - c. Animal bite: DO NOT attempt to catch the animal. Report to Animal control or Public Health.
 - d. Human bite: report possible blood exposure to both parties' responsible adults.
6. **Continue to monitor** until help arrives.
7. If (1.) and (2.) are NOT present, see [Minor Bleeding](#).



Activate EMS 9-1-1

- Blood pulses or spurts
- Visible muscle, fat, bone
- Wound large or deep
- Unconscious
- Faint, dizzy, weak
- Behavior abnormal
- Skin cool, moist
- Skin mottled or ashen
- Breathing difficulty
- New cough or swallowing difficulty
- Swelling face, throat
- Widespread hives



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Continues to feel unwell

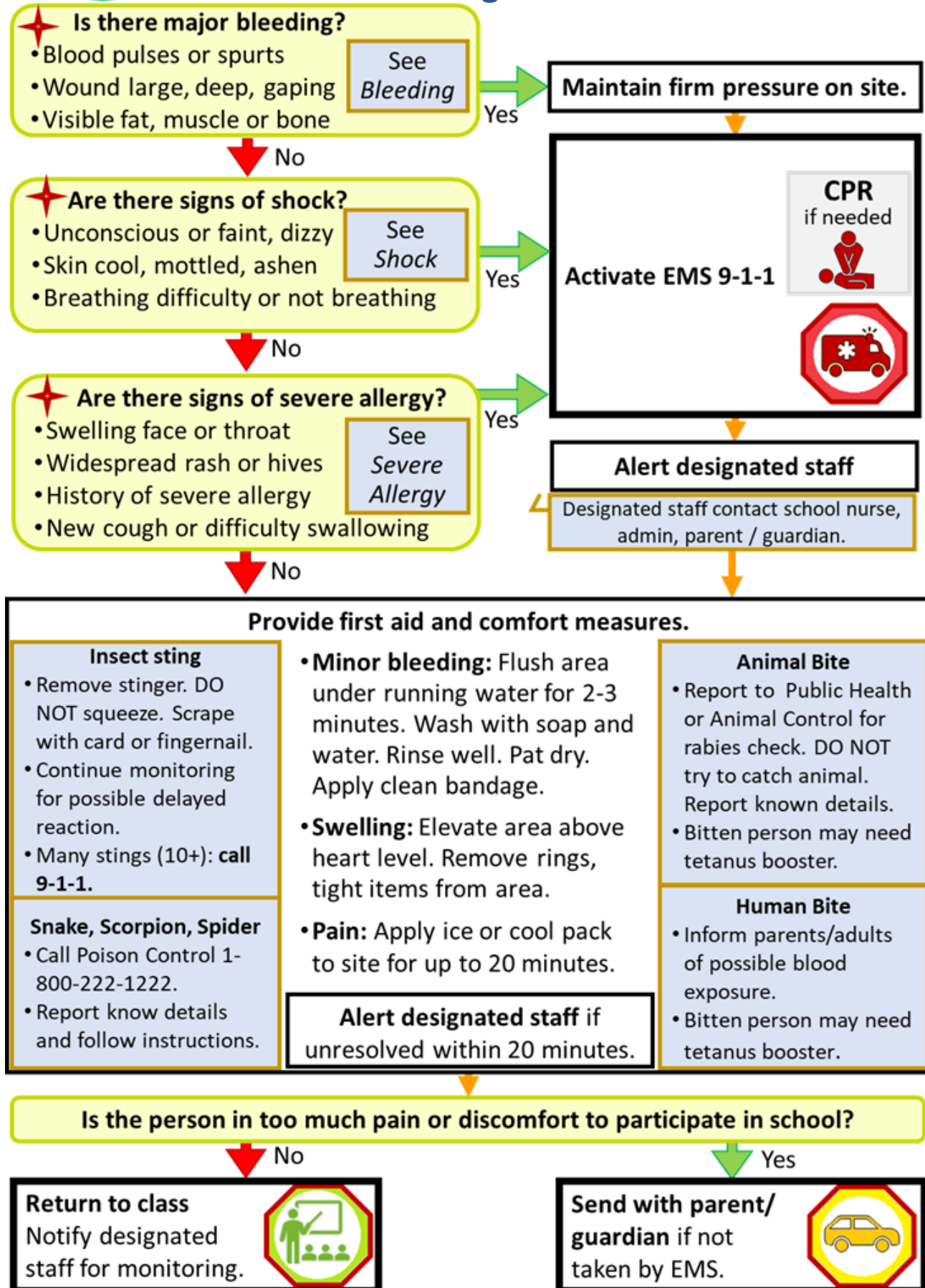


Return to Class

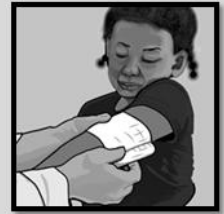
- Recovers with basic first aid, cool pack, bandage

Bite or sting

Bite or Sting Flowchart



Bleeding



Is this a serious bleeding event?

Signs and symptoms may include:

- ☐ Active bleeding (flow, not drips) lasts longer than 10 minutes
- ☐ Blood saturates multiple dressings even with active pressure
- ☐ Blood is spraying, spurting, or pulsing
- ☐ Bright red blood from internal source (e.g. vomiting blood)
- ☐ Bleeding is from a wound with an impaled object
- ☐ Bleeding is from a wound with a suspected bone fracture

Basic first aid should be applied to minor bleeding events, including most nosebleeds and minor abrasions such as a skinned knee or scraped elbow.


Background



Students with blood conditions such as hemophilia should be known to appropriate school staff. Carefully review available medical information for your students and follow applicable care plans.

- Always use Standard Precautions to reduce exposure to blood or other body fluids. Wash hands before and after helping to treat a wound. Wear gloves per local protocols.

Nosebleed Action Steps

1.  **9-1-1 for signs of concern. ***
2. **Don gloves.**
3. **Encourage person to blow nose** to clear any clotted blood.
4. **Apply firm pressure** to the lower third of the nose for at least 5 minutes.
 - a. The student may do this if able.
5. **Gently release pressure.**
 - a. If blood continues to flow, repeat from step 4.
 - i. If blood does not stop within 10 minutes, call for staff to help or send to office with a helper.
 - b. If blood has stopped, **gently cleanse skin** around the nose.
 - i. **Caution the student** to avoid blowing or picking their nose.
 - ii. **Wash hands** after discarding gloves.

*See [Major Bleeding](#) and **call 9-1-1** if blood spurts, pulses, is coming from internal source such as vomit, and/or if nosebleed continues uncontrolled (flow, not drip) after more than 10 minutes of pressure.



Activate EMS 9-1-1

- Blood spurts or pulses
- Loss of consciousness
- Dizzy, faint, or confused
- Uncontrolled bleeding after 10 minutes of pressure.



Send with Parent/Guardian

- Signs of concern but declined EMS.




Return to Class

- Nosebleed stops within 10 minutes of pressure.

Minor Bleeding Action Steps

Small scrape, shallow cut

1.  **9-1-1 for signs of concern. ***
2. **Don gloves.**
3. **Clean the area** with soap and water, rinse thoroughly, and pat dry.
 - Alcohol wipes or cleansers may be considered if allowed by school protocol.
 - Do not apply antibacterial gel or ointments unless approved for the individual student.
4. **Apply sterile bandage** or non-stick gauze.
5. **Wash hands** after discarding gloves.

*See [Major Bleeding](#) and **activate EMS 9-1-1** if blood spurts, pulses, is coming from internal source such as vomit, or remains uncontrolled (flow, not drip) after 10 minutes of pressure.



Activate EMS 9-1-1

- Uncontrolled bleeding after 10 minutes of pressure.
- Loss of consciousness
- Dizzy, faint, or confused



Send with Parent/Guardian

- Signs of concern but declined EMS.



Return to Class

- Bleeding resolves within 10 minutes of pressure.

Major Bleeding Action Steps

Deep wound or much blood

1. Apply direct pressure.

- Press firmly. Use if available gloves; gauze; clean cloth.
- Arm/leg wound: Elevate (unless fracture is suspected)
- DO NOT remove any object impaled into wound.

2. 9-1-1 for signs of concern.

3. Alert designated health staff

While waiting for help,

4. Maintain firm pressure until bleeding is controlled or EMS arrives.

If controlled within 10 minutes, then

a. Wash surrounding area while keeping original dressing in place. Pat dry.

b. Apply clean bandage around the original dressing and verify good circulation (warm, skin tone normal, no tingling or numbness)

5. Follow incident report protocols.

- Designated staff contact school nurse, admin, parent/guardian.



Activate EMS 9-1-1

- Blood spurts or pulses
- Visible bone, fat, or muscle
- Body part amputated
- Suspected fracture
- Object in deep wound
- Loss of consciousness
- Dizzy, faint, or confused
- Uncontrolled bleeding after 10 minutes of pressure.



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Wound is deep, gaping, or re-opens after pressure and bandage

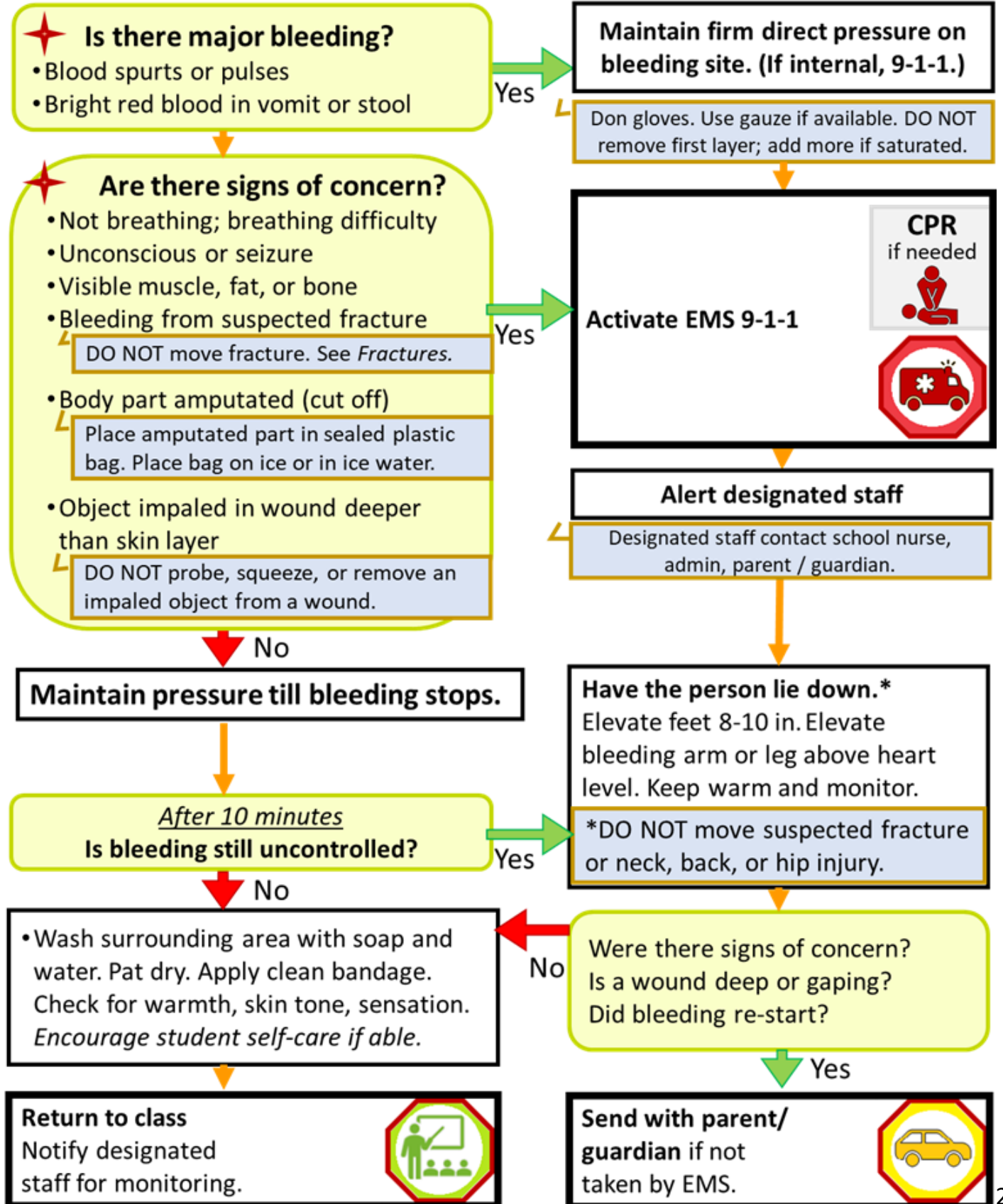


Return to Class

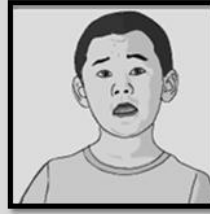
- Bleeding resolves within 10 minutes of pressure.

Person is bleeding.

Bleeding Flowchart



Breathing Difficulty, Wheezing



Is the person is having breathing difficulty?

Signs and symptoms may include:

- ☐ Anxious, fearful, sense of doom
- ☐ Changes in alertness, confusion, loss of consciousness
- ☐ Coughing (usually dry cough)
- ☐ Difficulty speaking, not able to complete full sentences
- ☐ Fighting to breathe, flaring nostrils, increased use of muscles in chest/torso and stomach/belly
- ☐ Lips, tongue, or nailbeds appear blue or greyish
- ☐ Rapid or shallow breathing
- ☐ Wheezing, high-pitched noise when breathing

Background


Breathing difficulty can have many causes, including asthma exacerbation, severe allergic response, substance exposure, and more.



Students with chronic health conditions should be known to appropriate school staff. Carefully review available medical information including any Asthma Action Plans.

- Students may self-carry medications if district criteria are met.

Breathing Difficulty Action Steps

1.  **9-1-1 for signs of concern.**
2. **Stay calm.** Stay with the person.
3. **Alert designated staff**
4. **Treat cause if known**
 - a. Epinephrine (call 9-1-1)*
 - b. Narcan (call 9-1-1)*
 - c. Follow student's care plan – asthma, allergy, diabetic crisis
5. **Position for comfort**
 - a. Sit upright or lean forward (tripod)
6. **Encourage slow breathing**
 - a. In through nose, out through mouth
 - b. Pursed-lip like blowing out a candle
7. **Continue to monitor.**
 - a. Encourage rest
 - b. Offer tepid water to drink

*If symptoms resolve due to a dose of Epinephrine or Narcan, **activate EMS 9-1-1**. These medications work quickly but may wear off before the cause is resolved. The person's life may be in danger again when the dose wears off.



Activate EMS 9-1-1

- Blue or grey skin, lips, tongue, or nailbeds
- Breathing worsens rapidly, stops or is gasping, irregular
- Confusion or lethargy
- Loss of consciousness
- Loud wheeze
- Persistent cough
- Speech difficulty; usually able to complete full sentences but can't
- Epinephrine or Narcan helped*



Send with Parent/Guardian

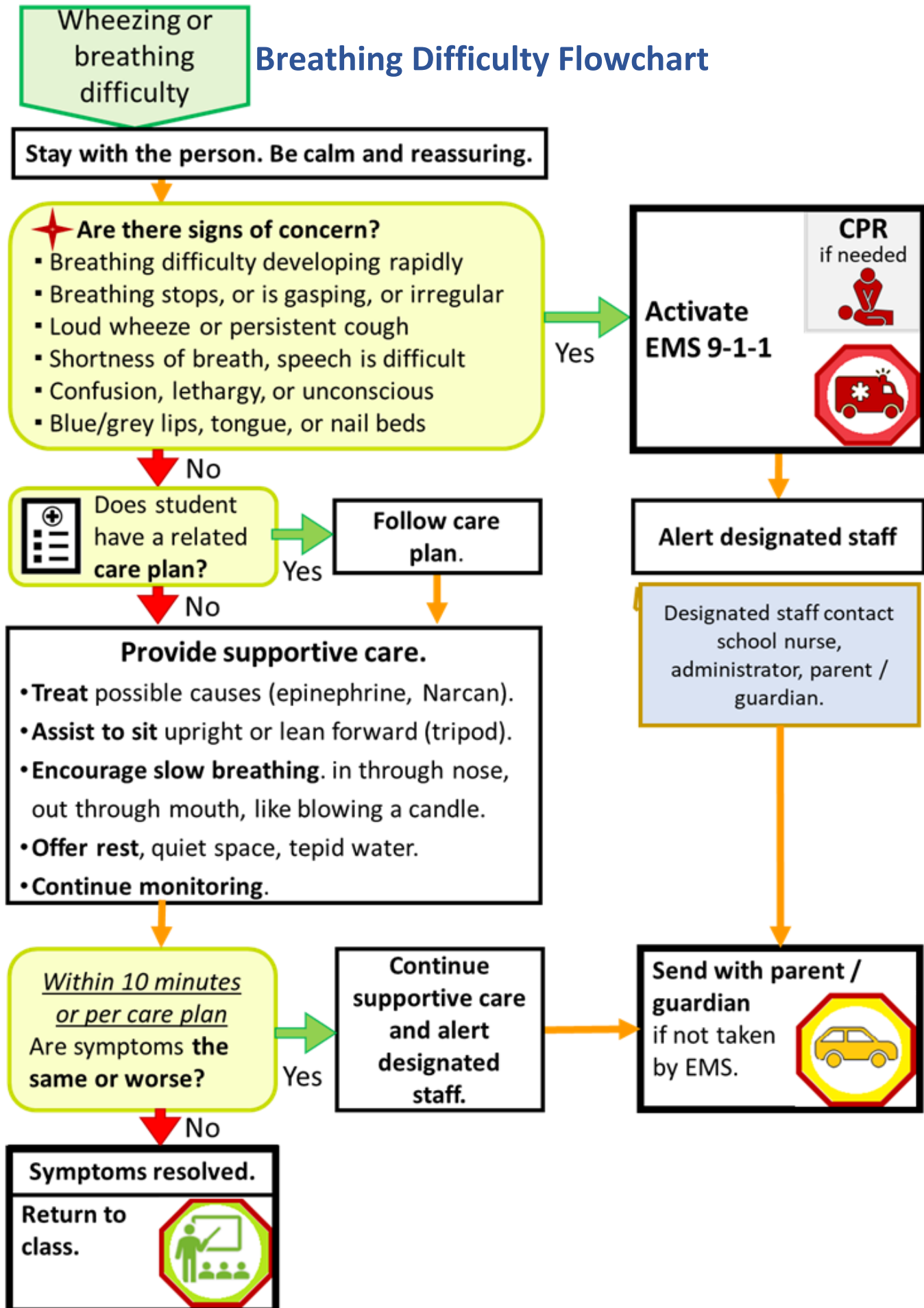
- Signs of concern but declined EMS.
- Continues to feel unwell



Return to Class

- Symptoms resolve within 10 minutes/per care plan

Breathing Difficulty Flowchart



Burns



Is this a major burn?

- ☐ Deep, involving all layers of skin
- ☐ Begins swelling quickly
- ☐ Skin appears rough, dry, leathery, charred, or has discolored patches abnormal for skin tone – white, brown, black
- ☐ Large: more than about 3 in/ 8cm, or encircles an arm or leg
- ☐ Effects sensitive area: face, hands, feet, groin, buttocks, or major joints
- ☐ Accompanied by smoke inhalation
- ☐ Caused by explosion (may have internal injury)
- ☐ Electrical burn or shock with any physical symptoms or visible injury
- ☐ Chemical burns, more than minor skin irritation

Background

Burns involve tissue damage which can result from multiple causes, including hot surfaces, steam, sun*, chemicals, electricity, and lighting.

- Major burns require emergency medical response.
- Minor burns can usually be treated locally with basic first aid.




Students with health conditions or treatments that increase their risk of sunburn should be known to school staff.

Carefully review available medical information for your students and follow applicable care plans.

*Note: Sunburn can occur even through clouds and can increase risk of skin cancer. Check local policy and encourage sun safety including the use of sunscreen unless contraindicated.

Burn Action Steps

1.  **9-1-1 for signs of concern.**
 - a. Check breathing,
 - b. Watch for shock.
 - c. CPR if needed.
2. **Burn first aid** based on type of burn (thermal, electric, chemical)
 - a. Remove risks if possible (heat source, electricity, chemicals)
 - b. Remove rings, tight items
 - c. Cover area lightly with clean dressing
 - d. Do NOT pull clothing off non-intact burned skin
 - e. Do NOT break blisters
 - f. Do NOT apply ointment
3. **Alert designated health staff**
 - a. Designated staff contact school nurse, admin, parent/guardian per school injury protocol.



Activate EMS 9-1-1

- Confused or unconscious
- Rapid swelling
- Difficulty breathing or swallowing
- Burn involved explosion or smoke inhalation
- Large burn 3in/8cm or encircles arm/leg



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Risk of impairment to eyes, mouth, face, hands, feet, groin, buttocks, major joint
- Skin charred, leathery, or white/black/brown spot



Return to Class

- Minor burn such as mild burnt tongue or mild sunburn, no blisters
- Can do typical activities

Person has a burn

Burn Flowchart



Are there signs of concern?

- Confusion or unconsciousness
- Rapid swelling
- Difficulty breathing or swallowing
- Burn involved explosion or inhaled smoke
- Large: over 3in/8cm or encircles arm/leg

Yes

Activate
EMS 9-1-1

CPR



No

Begin First Aid

- Check airway, breathing, circulation.
- Control bleeding [See Bleeding](#)
- Watch for shock [See Shock](#)
 - cool skin, shallow breathing.
- Remove rings, tight items from area (expect swelling). **DO NOT** attempt to remove clothing stuck to non-intact skin.
- **DO NOT** break blisters. **DO NOT** apply ointment.
- Cover damaged skin loosely with a clean dressing.
 - Superficial burn (skin intact): May use **cool, damp** dressing for comfort.
 - Deep burn: Use **dry** dressing. Elevate burn area above heart if possible.
 - Minor mouth burn: may hold ice cube in mouth or sip **cool water**.

Thermal

- Flush burn area with cool water.

Electrical

- Turn off source or move person away.

Chemical

- Avoid contact: use gloves, goggles if possible; brush dry chemicals off skin.
- Rinse exposed skin, eyes, 10 minutes.
- Call Poison Control 1-800-222-1222 while rinsing.

Is this a major burn?

- Any signs of concern
- Could impair eyes, mouth, face, hands, feet, groin, buttocks, major joint
- Deeper injury: skin charred or has white or dark spots abnormal for skin tone

No

- Small area, skin intact
- Symptoms mild, can do typical activities

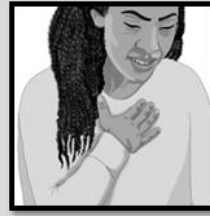
Return to class.



Alert designated staff

Send with parent /
guardian if
not taken by
EMS.

Choking, Blocked Airway



Is the person choking?

- ☐ The trachea (airway) is blocked by something such as food or an object, making it difficult or impossible to breathe.
- ☐ The person shows one or more signs of choking; may vary depending on developmental stage:
 - Hands grasping neck or pointing at neck
 - Eyes wide, expression fearful
 - Unable to speak (when typically able)
 - Unable to cough or very weak cough
 - High-pitched sounds when breathing in (wheeze)
 - Skin greyish, on darker skin, or bluish, on lighter skin.
 - Loss of consciousness (fainting, passing out)

Background



Students with feeding difficulties or choking risk should be known to school staff. Carefully review available medical information and follow applicable care plans.

School staff should watch for choking especially during meals and snacks and remember that choking can occur at any time. Schools must maintain staff trained in first aid, including choking response.

- **Act quickly** if you suspect choking. State and federal guidelines recommend abdominal thrusts as the standard of care.

Choking Action Steps

Check: Is this really choking?

- DO NOT interfere if person can talk, breathe, cry, or cough. Air is moving!
- Remain calm. Try to calm the person.
- Encourage them to cough if able.
- Monitor for worsening symptoms.

1.  **9-1-1 for signs of concern.**
2. **Alert designated staff.**

While waiting for help,

3. **Provide rescue measures** till EMS arrives or person recovers:

- a. **Perform abdominal thrusts**



- b. **Begin CPR** if person is unconscious and not breathing.

4. After the event

- a. Report to school nurse, administration, and parents/guardians. Multiple choking events may require a care plan.
- b. Medical evaluation encouraged after choking especially if abdominal thrusts were used.



Activate EMS 9-1-1

- Unable to breathe, cough, cry, or speak
- Turning greyish or bluish
- Confused or unconscious



Send with Parent/guardian

- Signs of concern but declined EMS.
- Encourage pick-up and medical evaluation if abdominal thrusts were needed, or if prior choking event in recent days/weeks and no care plan in place

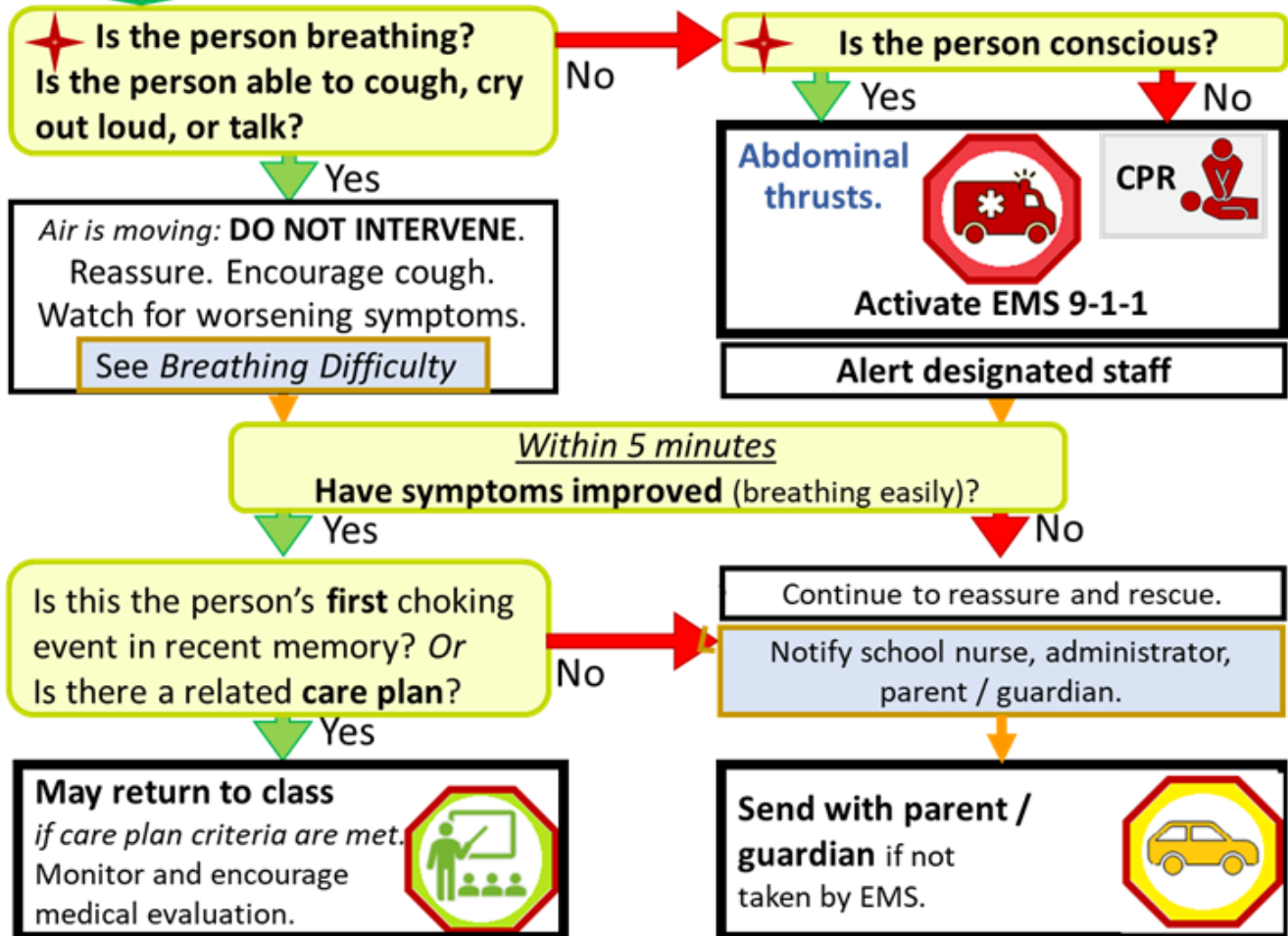



Return to Class

- Fully recovered
- No signs of distress and no injuries


Person is
choking

Choking Flowchart





Choking Rescue Abdominal Thrusts



Toddler to adult	Infant or very small
<ol style="list-style-type: none"> 1. Stand or kneel behind person. 2. Place your arms under their armpits to encircle the chest. Standard: Place thumb-side of fist against the middle of the navel, below breastbone. Pregnant or obese: Place thumb-side of fist against lower half of breastbone. 3. Grasp fist with other hand. 4. Press inward quickly, thrusting backward and upward, 5 times. 5. Repeat sets of 5 thrusts until person is breathing freely; or start CPR if they become unconscious. 	<ol style="list-style-type: none"> 1. Hold person face down on your arm. Support head slightly lower than chest. 2. Using heel of your other hand, give 5 quick blows between shoulder blades. 3. If object is still in airway, position person face up on your forearm. Support head slightly lower than body. 4. Using 2 or 3 fingers, give 5 quick thrusts at center of breastbone. 5. Open mouth. Remove object if visible. 6. Tilt head back, chin up, and try to give two shallow breaths. 7. Repeat steps 1-6 until person is breathing freely; or CPR if unconscious.

Fainting or Unconscious



Is the person unconscious?

- ☐ May appear asleep
- ☐ Unable to respond in their normal way to sounds, visual cues, or touch

Is the person at risk of fainting?

If you see these signs, have the person sit or lie down.

- ☐ Extreme weakness or fatigue
- ☐ Dizziness or light-headedness
- ☐ Extreme sleepiness
- ☐ Skin sweaty and pale / dusky / greyish
- ☐ Nausea

Background

Unexplained loss of consciousness is a medical emergency. Some health conditions increase risk of becoming unconscious. Student health conditions should be known to appropriate school staff. If you know the cause, follow applicable protocols or health plans. Causes may include the “**10 Ss**”:

- | | |
|--|-----------------------------|
| ● <u>S</u> eizure or <u>S</u> troke (brain attack) | ● <u>S</u> erious Injury |
| ● <u>S</u> evere Allergic Response | ● Blood <u>L</u> oss |
| ● Blood <u>S</u> ugar (Diabetic Crisis, Hunger) | ● <u>S</u> ickness |
| ● <u>S</u> ubstances (Alcohol, Drugs, Poison) | ● Heat <u>S</u> troke |
| ● <u>S</u> tanding Still with Knees Locked | ● <u>S</u> tress or Fatigue |

Fainting/Unconscious Action Steps

1. 9-1-1 for signs of concern.

- a. Check breathing. Start CPR if needed.

2. Alert designated staff.

While waiting for help,

3. Check for injury

- a. IMMOBILIZE for possible neck/back injury
- b. Control any bleeding

4. Position for safety

- a. DO NOT move the person if neck or back injury is suspected.
- b. Move other objects away if needed.
- c. Assist the person onto their back with legs slightly elevated or into recovery position (left side) if nauseated/possible vomiting.
- d. Loosen clothing around neck and waist.

5. Begin to treat cause if known.

- a. Consider “10 S” list.
- b. Follow protocols for applicable conditions.
- c. Follow student care plan if available.



Activate EMS 9-1-1

- Breathing difficulty or not breathing
- Unconscious because of injury or injured due to fainting
- Does not regain consciousness within 1 minute while lying down



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Cause is unknown or unresolved.
- Student continues to feel unwell.

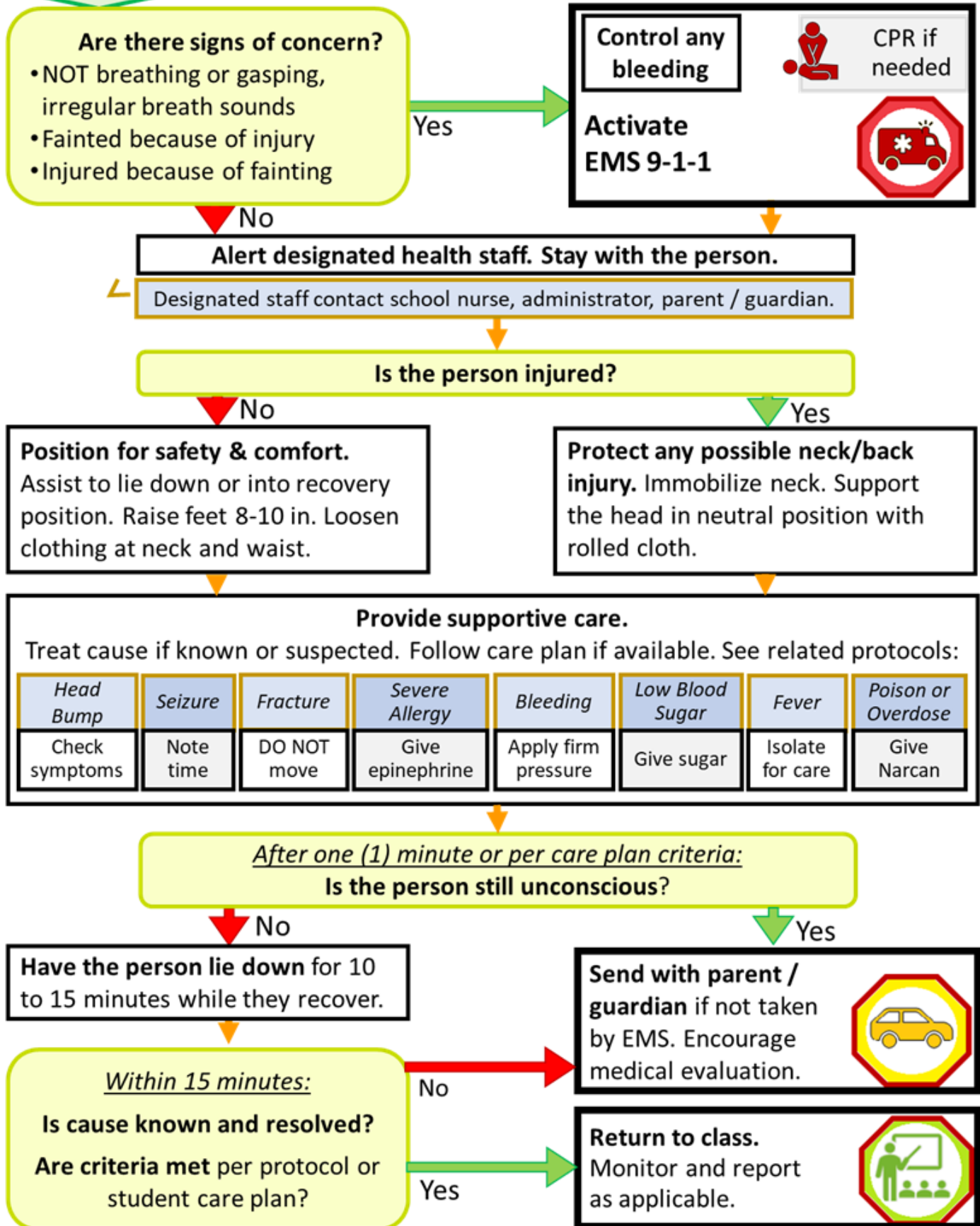


Return to Class

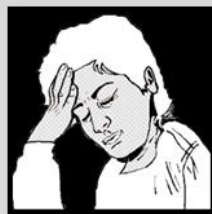
- Cause is known and person is fully recovered with no signs of distress and no injuries.

Person is unconscious

Fainting / Unconscious Flowchart



Fever or Feeling Unwell



Is this a fever or illness of concern?

- ☐ Temperature of 100.4 F (38 C) or higher
 - May have flushed skin, chills, sweating, fatigue
- ☐ Fever with stiff neck or severe headache can be medical emergency
- ☐ Many other symptoms could indicate illness. See protocols for:
 - Breathing difficulty
 - Fainting
 - Seizure
 - Skin concerns
 - Stomach upset

Background


A fever (high temperature) is the body's natural response to infection, often caused by viruses, bacteria, or other illnesses. Feeling unwell can also be due to fatigue, dehydration, stress, or underlying health conditions. Proper hygiene, rest, and medical attention (if needed) can reduce the spread of illness and ensure the student recovers safely.

- Febrile seizure (convulsions brought on by high temperature) affects some students especially at younger ages.

Students with febrile seizures or health conditions that mimic infectious illness should be known to appropriate school staff. This can include conditions that cause cough, stomach upset, or fatigue. Carefully review available medical information and follow applicable care plans.



Fever or Feeling Unwell Action Steps

1.  **9-1-1 for signs of concern.**
 - a. CPR if needed.
2. **Check for excludable symptoms.***

If (1.) or (2.) are present:

3. **Notify designated staff.**
4. **Isolate, observe, send home.** Move to designated sick area. Supervise but keep separate. Designated staff notify parent/guardian to pick up and identify criteria for return.

If (1.) and (2.) are NOT present:

5. **Monitor, consider return to class.**
 - a. Consider comfort measures: rest; drink water; use the restroom; calming techniques.
 - b. If NOT resolved within 20 minutes, notify designated staff.
6. **Enhance hygiene during/after event**
 - a. Wash hands frequently.
 - b. Disinfect surfaces.
 - c. Use face covering when indicated.
 - d. Maintain air flow and ventilation. Open windows when possible.

*Excludable symptoms may include fever 100.4; short of breath or persistent cough; repeated vomiting or diarrhea; eye redness with drainage; new rash; jaundice. See [Communicable Disease Guidance](#), local policy, and consult school nurse as needed.



Activate EMS 9-1-1

- Not breathing or breathing difficulty
- Seizure
- Unconscious or illogical, confused, lethargic
- Fever plus stiff neck, severe headache, or heat exhaustion



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Excludable symptoms.*
- Encourage pick-up for symptoms that prevent participation in typical activities.

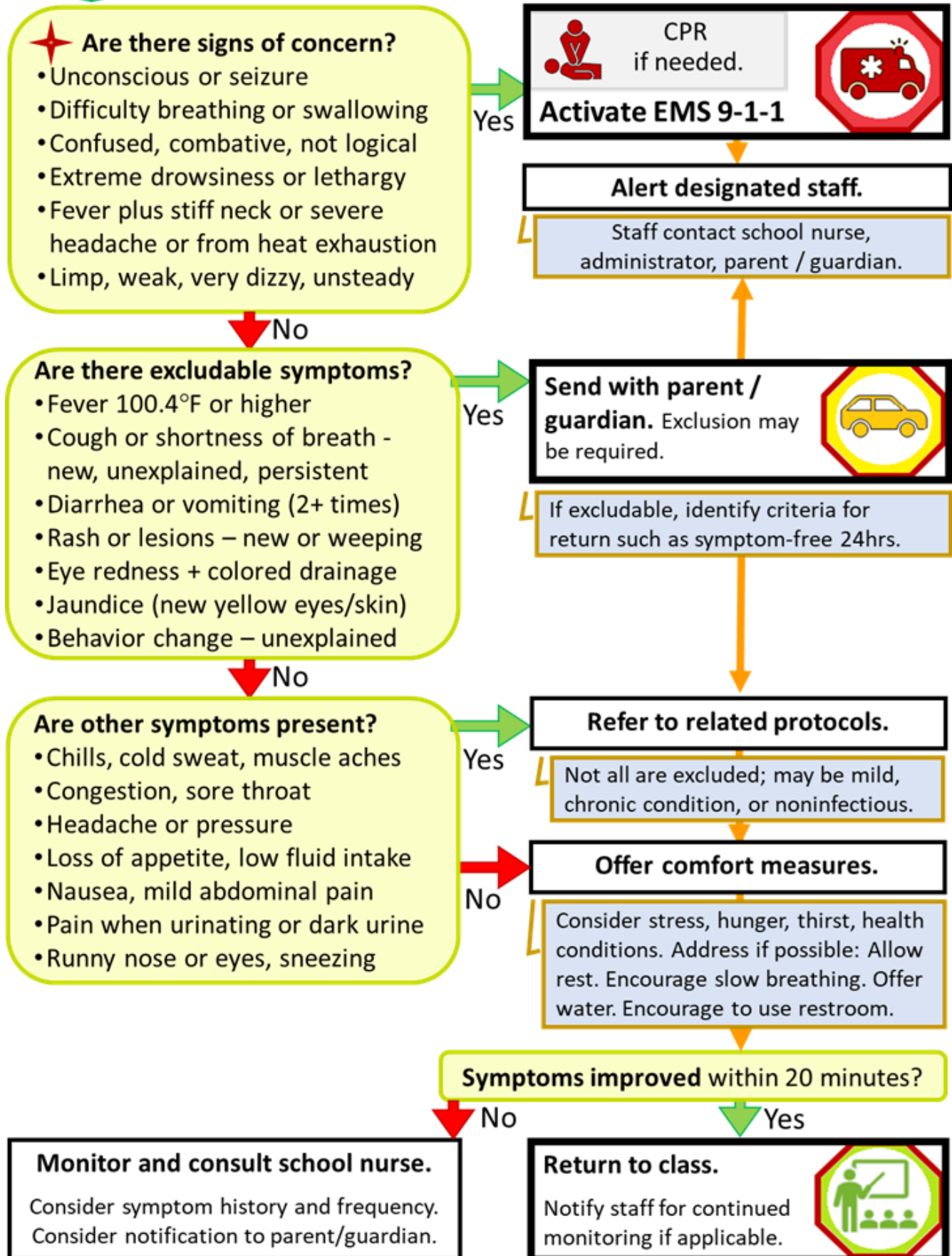


Return to Class

- No concerning or excludable symptoms
- Symptoms resolved within 20 minutes

Fever or
feeling ill.

Fever or Feeling Unwell Flowchart



Fractures, Dislocations, Sprains and Strains



Is this a fracture, dislocation, sprain, or strain?

School staff do not diagnose but should recognize signs of injury.

- ☐ Fracture: a bone is broken, chipped, or cracked
 - Limb or joint oddly bent or deformed; bone may be visible
 - Pain; unable or unwilling to move the area
 - Pop or crack noise; crunching or grating sensation
 - Skin cold, numb, or pale near or below the area
- ☐ Dislocation: bones that meet at a joint move out of place
 - Pain at a joint; unable or unwilling to move the area
 - May see a new lump or bend
- ☐ Sprain: a ligament is stretched, torn, or damaged
 - Pain especially when moving or putting weight on the area
- ☐ Strain: a tendon or muscle is stretched, torn or damaged
 - Pain sometimes relieved by pressure or repositioning

Background

Bone or connective tissue injuries can result from a sudden impact, pull, twist, or pivot, or from repetitive motion or overuse of the area. Bones support the body's weight and shape. Ligaments connect bone to bone. Tendons connect muscle to bone.



Students with conditions that increase risk of injury such as hypermobility, osteogenesis imperfecta, Marfan syndrome, or Ehlers Danlos syndrome should be known to appropriate school staff. Carefully review available medical information and follow applicable care plans.

Fractures, Sprains Action Steps

1.  **9-1-1 for signs of concern.**
2. **Alert designated staff** if signs of concern or serious injury are present.

While waiting for help,

3. **Begin first aid and comfort measures.**

See: [Bleeding](#), [Head Bump](#), [Shock](#).

- a. Control bleeding.
 - b. DO NOT move the person until initial evaluation is complete.
 - c. DO NOT attempt to straighten or splint an injured area.
 - d. DO NOT move if injury is suspected to neck, back, pelvis/hip, or femur (thigh bone).
 - e. If skin is intact, may apply cold pack wrapped in thin towel to site. Apply for up to 20 minutes then remove. Wait 20 minutes before applying again.
 - f. Allow the person to rest.
4. **Consider return to class** if symptoms resolve within 30 minutes.
 5. **After the event:**
 - a. Notify staff and complete incident reports as applicable.
 - b. Encourage continued monitoring; student if able and/or staff should report any symptoms that return or worsen.



Activate EMS 9-1-1

- Unconscious or seizure
- Unwilling to move; or can't move safely
- Bone/joint deformed
- Bone is visible
- Major bleeding,* multiple injuries or major cause of injury
- Crack or crunch at site
- Site is numb, tingles, cold, pale
- Signs of shock*
- Suspect injury to head/brain,* neck, spine, pelvis/hip, femur



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Symptoms remain after 30 minutes or prevent typical activities.



Return to Class

- Symptoms resolved within 20 minutes

Possible
fracture or
sprain

Fractures, Sprains Flowchart

Treat any injury in this category as if it could be a fracture.
DO NOT move a person with possible injury to neck or back.

★ Are there signs of concern?

- Person is unable/unwilling to move the area
- Bone/joint is deformed or bent in unusual way
- Bone visible through non-intact skin
- Major bleeding
- Multiple injuries or significant cause of injury
- Popping, cracking, or grating noise at injury site
- Site has numbness, tingling, feels colder, or appears paler than opposite side
- Signs of shock – cold, clammy, shallow breathing
- Suspected injury to head/brain, neck, spine, pelvis/hip, or femur (large bone of upper thigh)
- Unable to move the person safely
- Unconscious or possible seizure

Yes

Activate
EMS 9-1-1

CPR
if needed



Alert designated
staff

Designated staff contact
school nurse, admin,
parent / guardian.

No

Is there any **bleeding**?

No

If skin is intact, apply cold pack wrapped in thin dry towel to area for up to 20 minutes. Wait 20 minutes before reapplying.

Maintain firm, direct pressure on source of bleeding.

Cover with clean bandage.

Elevate feet 8-10 inches *unless leg fracture or neck / back / hip injury is suspected.*

See
Bleeding

Have the person rest without moving or straightening site.
Continue monitoring for **symptoms of concern** and **activate EMS** as applicable.

Within 30 minutes: Are **symptoms still present**, such as pain; swelling; tingling; numbness; spreading bruise/discoloration; unable to move or bear weight?

No

Return to class.
Incident report
per protocol.

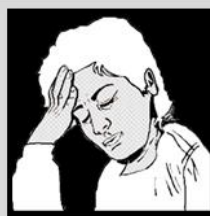


Yes

Send with parent / guardian
if not taken by EMS.
Medical evaluation recommended.



Head Bump, Brain Injury, Concussion



Is this a “head bump” or brain injury event?

- ☐ Forceful blow to the head or body resulted in rapid movement of the head.*
- ☐ May show signs immediately, or signs may develop over time:
 - Blurred vision, light sensitivity
 - Confusion
 - Convulsion or seizures
 - Dizziness
 - Drowsiness
 - Forgets events
 - Headache
 - Loss of consciousness
 - Nausea
 - Pupil sizes not equal
 - Slurred speech


Background

*Brain injury can result from physical trauma, and from internal causes, such as lack of oxygen or chemical exposures. This guide focuses on rapid response to a physical trauma, but any type of brain injury may warrant assessment and accommodations.



Students with concussion or other brain injury should be known to appropriate school staff and may be eligible for Individual Temporary Accommodations Plan (ITAP), and/or ongoing support such as IEP or 504 plans.

Head Bump Action Steps

1.  **9-1-1 for signs of concern.**
2. **Immediately remove the student from activity.**
3. **Observe symptoms.**
4. **Notify designated staff** (Brain Injury Point Person if designated)
5. **Report and monitor**
 - a. Send home, encourage evaluation if symptoms are present
 - b. If no symptoms, may return to class.*
 - c. Instruct staff, parent/guardian, and student if able, to monitor for symptoms for at least 48 hours.*
 - d. Recommend limited physical activity until monitoring complete and/or until medical instructions are received.

* Follow local Brain Injury protocol if available. Signs and symptoms may occur immediately or develop after hours or days.



Activate EMS 9-1-1

- Unconscious or seizure
- Confused, drowsy, agitated, combative
- Pupils unequal; double vision; loss of sight
- Slurred speech
- Can't balance; weakness
- Repeated vomiting
- Neck pain; severe headache
- Numbness or tingling



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Difficulty concentrating or remembering
- Fatigue, low energy
- More emotional, sad, irritable, nervous
- Difficulty falling asleep
- Sensitive to light, sound
- Light-headed or dizzy
- "I don't feel right"
- Blurry vision
- Nausea



Return to Class

- No symptoms
- Report and monitor

Person had a head bump.*

Head Bump Flowchart

**forceful blow to the head or body that resulted in rapid movement of the head*

Remove from activity immediately until evaluated.

★ Are there signs of concern?

- Loss of consciousness (even brief)
- Repeated vomiting or nausea
- Drowsy or cannot be awakened
- Weakness; numbness; uncoordinated
- Slurred speech
- Difficulty recognizing people or places
- More confused, restless, or agitated
- Convulsions or seizures
- One pupil larger than the other

Yes

**Activate
EMS 9-1-1**

Immediate medical care recommended.



Alert designated staff.

Contact school nurse,
administrator, parent / guardian.

No

Are one or more of these observed right after the event? Compared to their norm:

- Appears dazed or stunned
- Is confused about events
- Answers slowly or repeats questions
- Forgets events before the injury
- Forgets events after the injury

Yes

Send with parent/guardian.

Medical evaluation recommended.



Yes

No

Are any of these observed or reported at any time after the event?

- Worsening headache or "pressure"
- Nausea or vomiting
- Doesn't feel right or just "off"
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry vision or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Changes in thinking, memory, emotion:
 - Feeling sluggish, foggy, slow
 - More difficulty concentrating
 - Acting irritable
 - More emotional (inappropriately sad, nervous, angry, etc.)

No

Alert designated staff.

Teachers, student if able, monitor and report symptoms.

Notify school nurse, administrator, parent/guardian for monitoring and follow-up.

May return to class.

Monitor and report symptoms.



Low Blood Sugar (Hypoglycemia)



Is the person is experiencing hypoglycemia?

Signs and symptoms may include:

- ☐ Behavior change: irritable, upset, listless
- ☐ Confused or can't concentrate
- ☐ Drowsy, fatigue
- ☐ Feeling faint, shaky, or dizzy
- ☐ Hunger
- ☐ Rapid pulse
- ☐ Sweating or pale
- ☐ Unconscious or seizure

Background



A person with conditions that impact blood sugar including diabetes should be known to appropriate school staff.

Carefully review available medical information for students.

Diabetes impacts the body's ability to regulate blood sugar. A **diabetic crisis** can occur when blood sugar is out of healthy range.

- Low blood sugar (hypoglycemia) can become life-threatening very quickly. IMMEDIATE ACTION IS REQUIRED.
- High blood sugar (hyperglycemia) increases health risks over time including heart disease and blindness. Extremely high blood sugar can lead to unconsciousness and immediate health risks.

Never shame or blame a student for out-of-range blood sugar.

Diabetes is a complex, lifelong condition.

Hypoglycemia (Low Blood Sugar)

Action Steps

1.  **9-1-1 for signs of concern.**

2. **Alert designated health staff.**

While waiting for help,

3. **Follow care plan if available.**

4. **If no care plan**

- AND can swallow safely, give 15 grams of fast-acting carbs.*
- After 15 minutes *if recovering* gradually return to activities. *If not improved*, give 2nd dose of carbs and call for help.

DO NOT give anything by mouth unless the student is alert, responsive, and able to swallow.

5. **Encourage rest** till symptoms improve

6. **Contact parent / guardian per care plan and if 9-1-1 is called**

- If no care plan: contact parent / guardian for symptoms of concern, or if symptoms last >20 minutes, or if 9-1-1 is called.



Activate EMS 9-1-1

- Unconscious or seizure; unable to speak or respond
- Confused, drowsy, behaving atypically agitated, combative
- Breathing difficulty; gasping for air; rapid deep breathing



Send with Parent/Guardian

- Signs of concern but declined EMS
- Per care plan
- No care plan and symptoms not resolving in 20 minutes



Return to Class

- Care plan criteria are met

*Examples of food & drink with 12-15 grams of fast-acting carbs

- ½ cup of juice, soda, or sports drink → *NOT diet; sugar is needed!*
- 1 Tablespoon sugar, honey, or syrup
- 15 Skittles or small jellybeans
- 2 Twizzlers, Red Vines
- 30 Smarties (2 rolls) or 24 Pez (2 sleeves)

Low blood sugar
suspected or
confirmed

Hypoglycemia Flowchart

★ **Are there signs of concern?**

- Breathing difficulty
- Unconscious
- Seizure
- Confused or unable to follow instructions

Yes

**Activate
EMS 9-1-1**

CPR
if needed



Alert designated staff

Designated staff contact school nurse,
admin, parent / guardian.

No



Does the person have an
applicable **care plan**?
and

Does the person have a
functioning **glucose monitor**?

No

Is the person **alert, responsive,**
and able to swallow safely?

Yes

**Trained staff check blood sugar
and treat per care plan.**

Give 15 grams fast-acting sugar

- ½ cup of juice / soda / sports drink
→ **NOT diet. Sugar is needed!**
- 1 Tablespoon sugar / honey / syrup
- 2 Twizzlers/Red Vines
- 15 Skittles / small jellybeans
- 30 Smarties

In 15 minutes or per care plan:
Is the person improving?

No

Continue to treat per care plan.

If no plan:

Give another 15g sugar.

Recheck again after 15 minutes.

Yes

**Encourage rest.
Continue to monitor.**

In 15 more minutes or per plan:
**Is the person recovered or
significantly improved?**

No

Continue to treat per care plan.

Administer glucagon if ordered.

If no plan:

**Give another 15g sugar. Medical
evaluation recommended.**

Yes

Return to class.

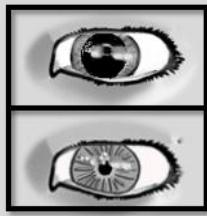
May require follow-up
if glucagon is given.



**Send with parent /
guardian if not taken
by EMS.**



Poisoning or Overdose



Is this a poisoning or overdose?

Signs and symptoms vary depending on the substance. May include:

- ☐ Behaving differently than usual: anxious, irritable, goofy, slow
- ☐ Moving differently than usual: unsteady, tremors, seizures
- ☐ Breath smells like alcohol, paint, or other substance
- ☐ Breathing is absent, slow, irregular, or labored
- ☐ Confused, drowsy, or unconscious
- ☐ Sweating, chest pain, or abdominal pain
- ☐ Skin irritation near the mouth, an injection site, or medicated patch
- ☐ Pupils of the eyes unusually large (dilated) or small (pinpoint)
- ☐ Vomiting, nausea, diarrhea, or stomach pain
- ☐ Witnessed or reported taking drug, alcohol, or other substance

Background

Poisons, drugs, and other harmful substances can be swallowed, inhaled (breathed in), injected, or absorbed through the skin, eyes or mucosa. Be alert for risks and ways to reduce exposure. Some health conditions can mimic substance use (e.g. low blood sugar, severe allergies). Student health conditions should be known to appropriate school staff. Carefully review available medical information and follow applicable care plans.



- The risk of ingesting harmful amounts of drug when aiding an overdose victim is extremely low. Use *Standard Precautions*.

Poisoning or Overdose Action Steps

1. 9-1-1 for signs of concern OR known intake.

- a. Begin CPR if needed.

2. Notify designated staff.

While waiting for help,

3. Monitor closely.

- a. Repeatedly check airway, breathing, circulation, alertness, orientation.
- b. Prevent deterioration: CPR; tap and shout; use recovery position.

4. Consider available treatments

- a. *Narcan (breathing impaired)
- b. *Epinephrine (possible allergy)
- c. Glucagon (low blood sugar)
- d. Care plan (known health conditions)
- e. Poison Control (toxins, alcohol, venom) 1-800-222-1222. Report as much as possible: age, weight, substance, how much, when taken.

5. Continue to monitor; back to step 1.

DO NOT induce vomiting or give anything outside of care plans/protocols unless instructed by Poison Control.

*If symptoms resolve due to a dose of Epinephrine or Narcan, **activate EMS 9-1-1**. These medications work quickly but may wear off before the cause is resolved. The person's life may be in danger again when the dose wears off.



Activate EMS 9-1-1

- Breathing impaired
- Unconscious or seizure
- Confused, drowsy, agitated, combative
- Chest pain or severe abdominal pain
- Recovered due to Narcan or Epinephrine*



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Known intake
- Evaluation recommended by Poison Control

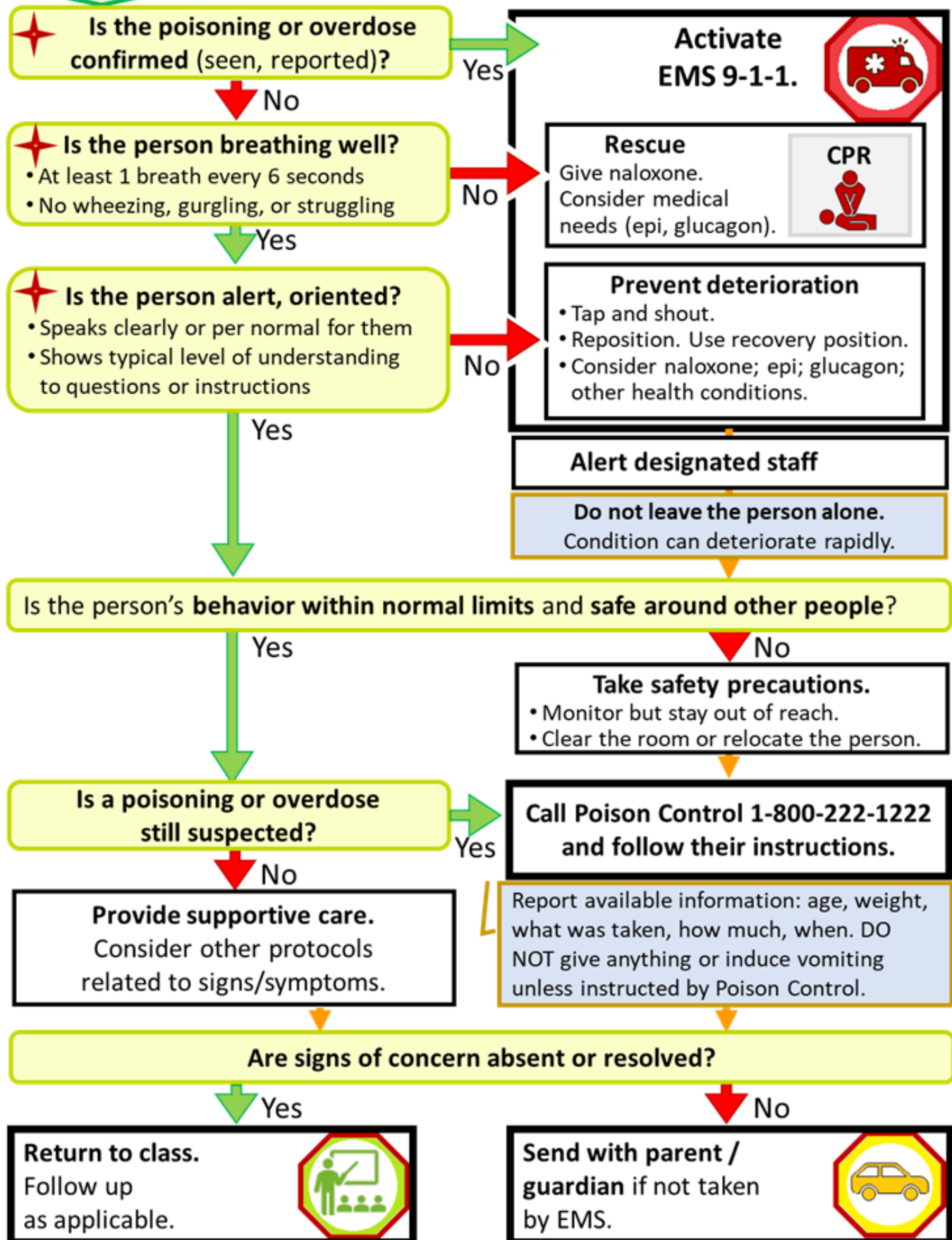


Return to Class

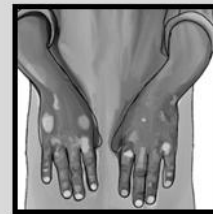
- No symptoms
- Report and monitor

Poisoning or overdose.

Poisoning or Overdose Flowchart



Rashes or Skin Concerns



Is this a concerning skin condition?

Skin conditions include everything from slight change in skin tone to rash, hives, or lesions; elevated bumps or patches; and itching, burning, swelling, or blisters. Skin conditions of particular concern include:

- ☐ Rash, hives, or swelling appears rapidly (consider severe allergy).
- ☐ Rash or purple/dark spots with fever.
- ☐ Weeping blisters or lesions if untreated and/or unable to cover.
- ☐ Swelling of eyes, face, or throat.
- ☐ Difficulty breathing or swallowing.
- ☐ Condition impairs student ability to participate in typical activities.

Background


Skin conditions can arise for many reasons, including stress, temperature change, severe allergic response, substance exposure, chronic conditions, illness, infections, and more.

Students with health conditions that cause skin issues should be known to appropriate school staff. Carefully review available medical information for your students.



Unexplained skin conditions may require exclusion from the school setting until infectious disease risk is ruled out; verify local policy.

Rash or Skin Concern Action Steps

1.  **9-1-1** for signs of concern.
2. **Consider allergic reaction.** See [Severe Allergy](#).
3. **Notify designated staff** for (1.) or (2.), or if symptoms impair typical activities and last more than 20 minutes.

While waiting for help,

4. **Provide care** then **wash hands thoroughly.**
 - a. Don gloves if available.
 - b. Clean the area with soap and water. (Some “rashes” are really pen, markers, paint, etc.)
 - c. If site is bleeding, oozing, or weeping fluid, apply non-stick gauze or bandage. See [Bleeding](#).
 - d. Consider skin temperature. Offer cool pack if skin is warm, or warm pack if skin is cold.
 - e. **DO NOT** apply gel, creams, or ointments unless approved for the individual student.
5. **Follow exclusion protocols.**
 - a. Consider illness; see [Fever](#).
 - b. Consult school nurse as needed.



Activate EMS 9-1-1

- Difficulty breathing or swallowing
- Loss of consciousness
- Dizzy, faint, or confused



Send with Parent/Guardian

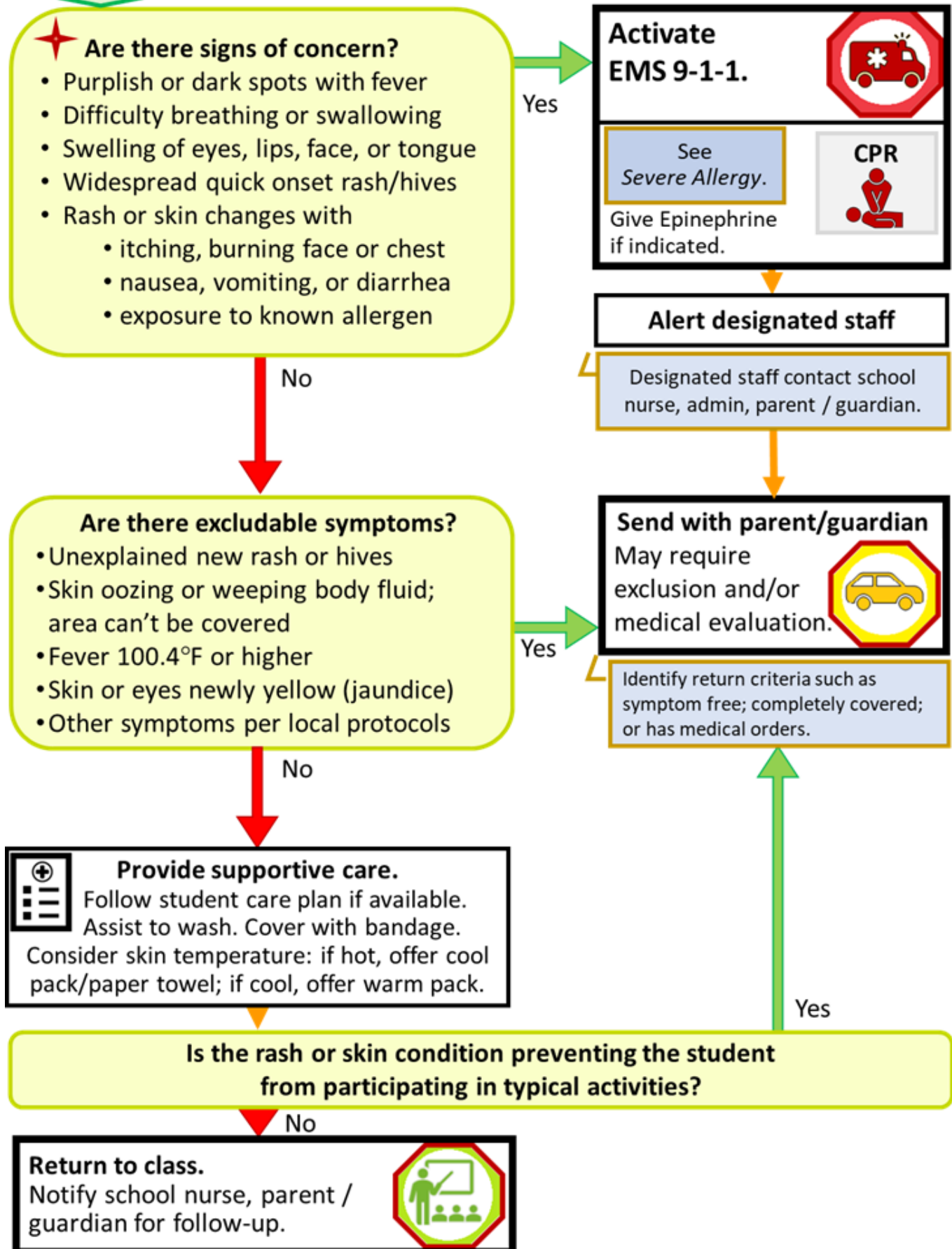
- Signs of concern but declined EMS.
- Hives or rash new, unexplained
- Too uncomfortable to participate in school.



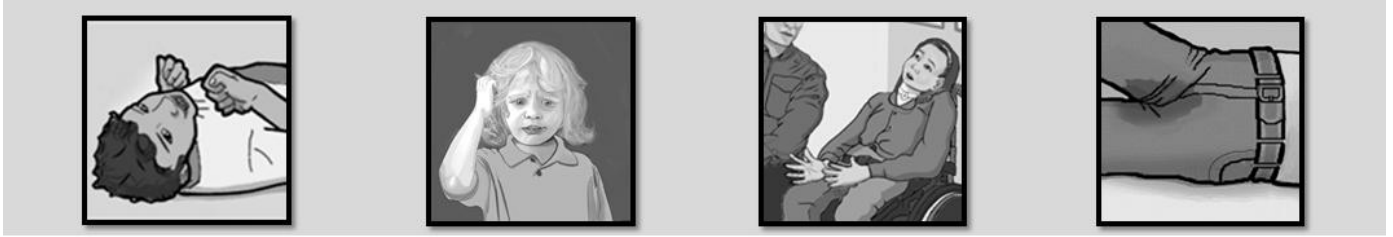
Return to Class

- Cause known and cleared, treated, or resolved.

Rash or Skin Concern Flowchart



Seizure



Is the person is having a seizure?

Signs and symptoms may include:

- ☐ Arms/legs jerking or twitching, repeated head nodding
- ☐ Breathing irregular, rapid, or shallow
- ☐ Loss of bowel or bladder control, “having an accident”
- ☐ Loss of consciousness or unresponsive
- ☐ Making strange sounds
- ☐ Nausea or sweating
- ☐ Rapid eye blinking or staring
- ☐ Skin tone pale or dusky
- ☐ Sudden fall for no obvious reason
- ☐ Sudden pause or change in activity

Background

There are many types of seizure. Bursts of electrical activity in the brain can cause changes in movement, alertness, sensation, and emotion.

Seizures have a variety of causes, including conditions such as epilepsy, severe dehydration, head (brain) injury, and certain medications.



A person with a history of seizure should be known to appropriate school staff. Carefully review available medical information for your students.

Seizure Action Steps

1.  **9-1-1 for signs of concern.**
2. **Notify designated health staff.**

While waiting for help,

3. **Observe and record:**
 - a. the time the seizure started.
 - b. details: what, when, how long.
4. **Position for safety.**
 - a. Move objects away if needed.
 - b. Do NOT restrain the person.
 - c. Do NOT move the person if neck or back injury is suspected.
 - d. Do NOT put anything in the person's mouth.
5. **Follow student's care plan** if available.
 - a. Trained staff give seizure rescue medication per plan.
 - b. Consider other causes. See [Low Blood Sugar](#). See [Head Bump](#).
6. **After the event**, encourage rest and continue to monitor. Drowsiness is common after seizure.

*Check care plan: may require EMS or send home if dose is administered and/or no school dose available.



Activate EMS 9-1-1

- Breathing stops
- Breathing difficulty
- Seizure lasting 5 minutes or more
- Multiple seizures one after another
- Care plan says 9-1-1



Send with Parent/Guardian

- Signs of concern but declined EMS.
- First seizure
- Care plan criteria not met
- Rescue medication administered*

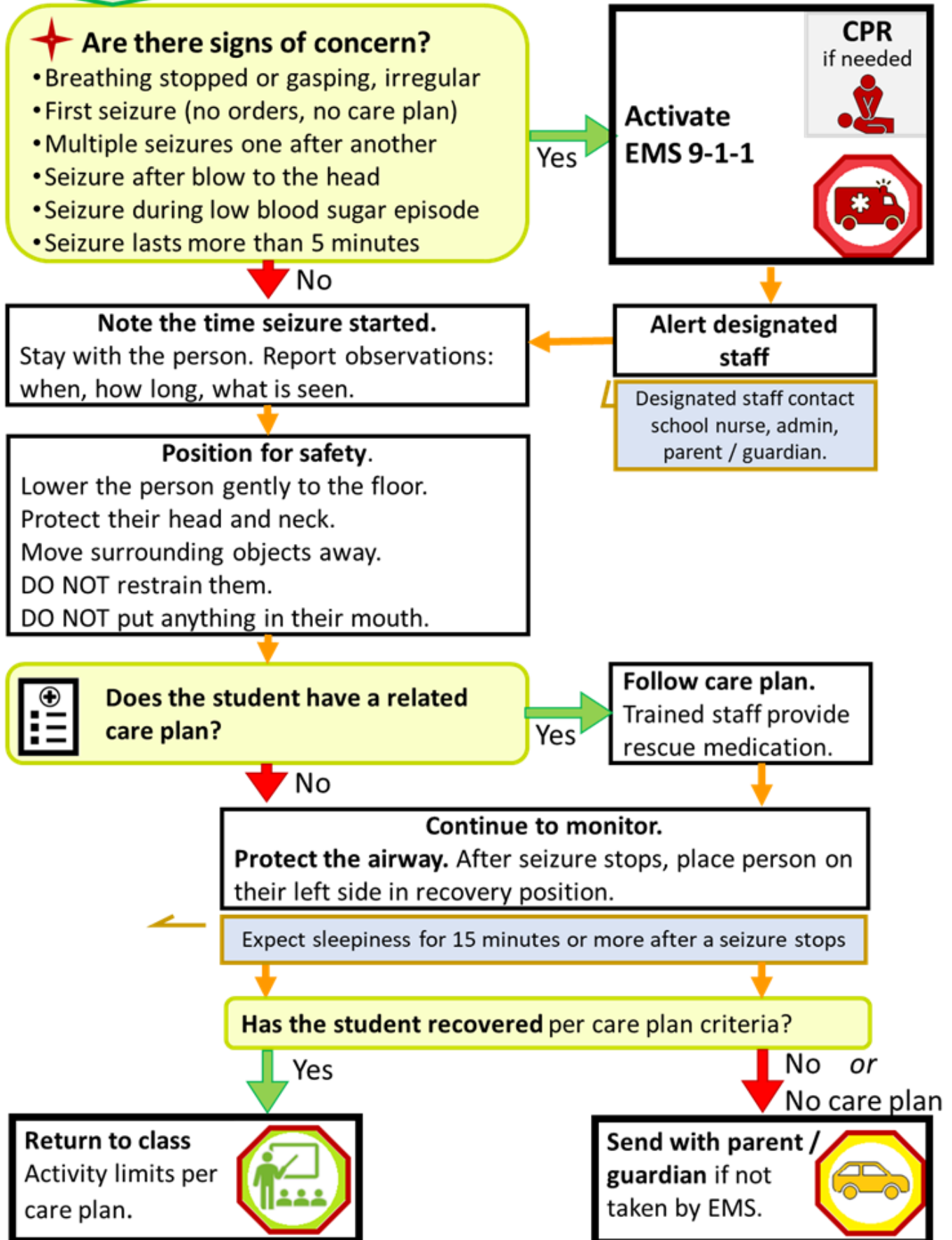


Return to Class

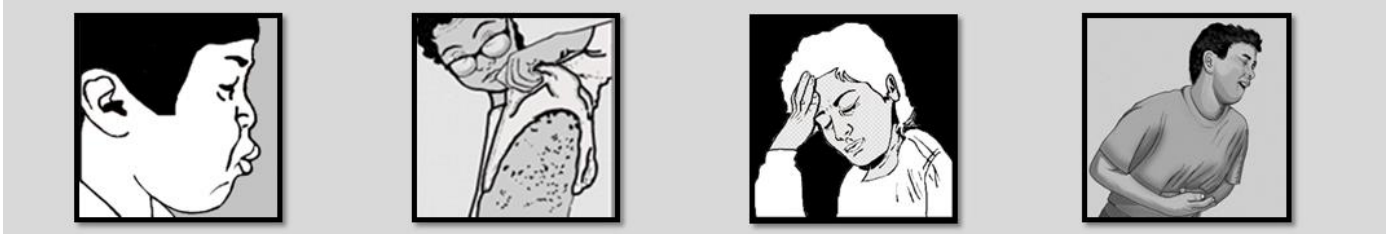
- Care plan criteria met.

Seizure is suspected.

Seizure Flowchart



Severe Allergy (Anaphylaxis)



Is the person is having a severe allergic response?

Signs and symptoms may include:

- ☐ Anxious, fidgety, tense, fearful, sense of doom
- ☐ *Difficulty breathing or swallowing
- ☐ *Feeling faint or dizzy, or skin paler/greyer than usual
- ☐ *Swelling of the eyes, lips, face of tongue
- ☐ Skin changes: wide-spread redness, rash, or hives; itching or burning especially on the face or chest
- ☐ Upset stomach, nausea, diarrhea
 - *May be immediately life-threatening

Background


Many cases of severe allergy have no known cause. Respond quickly if signs are present. **Do not** delay treatment to determine the cause.



A person with history of severe allergic response should be known to appropriate school staff. Carefully review available medical information and follow precautions to avoid exposure to the person's known allergens, such as nuts, bee stings, etc.

Severe Allergy Action Steps

Do **NOT** delay treatment to identify a cause.

1.  **9-1-1 for signs of concern.**
2. **Alert designated health staff.**
3. **Administer epinephrine** (trained staff) and note time of dose
4. **Monitor until EMS arrives**
5. **Follow care plan if available. If no care plan:**
 - a. *Five (5) minutes after 1st dose:*
Symptoms improved: continue to monitor. Symptoms the same or worse: give 2nd epinephrine dose
 - b. *Five (5) minutes after 2nd dose:*
Symptoms improved: continue to monitor. Symptoms the same or worse: give 3rd epinephrine dose.
6. **When EMS 9-1-1 arrives, report signs/symptoms & dose time(s).**

*If symptoms resolve due to Epinephrine, **activate EMS 9-1-1**. Epinephrine works quickly but may wear off before the cause is resolved. The person's life may be in danger again when the dose wears off.



Activate EMS 9-1-1

- Suspected severe allergy / anaphylaxis, especially with difficulty breathing or swallowing; feeling faint or dizzy; skin paler/greyer than usual; swelling of the eyes, lips, face of tongue
- Recovered due to Epinephrine*



Send with Parent/Guardian

- Signs of concern but declined EMS.
- Epinephrine administered and not taken by EMS.*



Return to Class

- Mild symptoms resolve within 20 minutes
- No symptoms but known exposure: report and monitor for 48 hours

Severe allergic response is suspected.

Severe Allergy Flowchart

Alert designated health staff to identify and respond per OHA Severe Allergic Reaction / Epinephrine Protocol.

STAY WITH THE PERSON. Have someone else call if available.
Designated staff contact school nurse, administrator, parent / guardian.

No
or unsure



Does student have a **care plan for severe allergy**?

Yes

Follow care plan if available.
Remove allergens if possible.
Inform EMS.

Do NOT delay treatment to determine the cause.

Do you **have epinephrine** and **know how to administer it**?

Yes

Administer epinephrine.
Note the time of dose.
May repeat in 5 minutes or per student's care plan.

No



Begin CPR
if needed



Activate EMS 9-1-1

Report to EMS

- signs/symptoms
- dose time(s)

5 minutes after dose 1:
Have symptoms **improved**?

Yes

Symptoms improving:
Continue to monitor.

No

Symptoms the same or worse:
Administer dose 2.

5 minutes after dose 2:
Have symptoms **improved**?

Yes

Send with parent / guardian if not taken by EMS.
Medical evaluation recommended after Epinephrine is administered.



No

Symptoms the same or worse:
Administer dose 3.

Shock or Seriously Ill



Is the person is going into shock or seriously ill?

Symptoms of shock can vary; may include:

- ☐ Fainting; loss of consciousness
- ☐ Feeling faint, dizzy, weak, or fatigued
- ☐ Skin cool and moist
- ☐ Skin paler/greyer than usual or mottled skin (splotchy coloring)
- ☐ Rapid breathing and/or rapid pulse
- ☐ Dry mouth or thirsty
- ☐ Enlarged pupils
- ☐ Behavior change such as anxious, restless, irritable

Background

Shock is a sudden drop in blood flow circulating in the body. Shock keeps organs from getting enough blood or oxygen. It is a life-threatening condition which requires immediate medical attention. Shock may result from severe illness or injury, such as major bleeding, broken bones, severe allergic response, heat stroke, severe burns, serious infections, poisoning, and more.

Shock can also result from extreme stress or emotional response, such as when a person witnesses a traumatic accident.

Shock or Seriously Ill Action Steps

1. 9-1-1 for signs of concern.

- a. Begin CPR if needed.

2. Alert designated health staff.

While waiting for help,

3. Assist to safe position

- a. DO NOT move the person if fracture or injury to neck/back is suspected
- b. Assist the person to lie on their back, legs slightly elevated
- c. If person vomits or is bleeding from the mouth, turn to left side (recovery position)

4. Monitor until EMS arrives

- a. Loosen tight clothing
- b. Maintain body temperature; provide blanket or covering
- c. DO NOT let the person eat or drink anything
- d. DO NOT relocate the person unless necessary for safety



Activate EMS 9-1-1

- Breathing difficulty or not breathing
- Pulse rapid and faint or no pulse/heartbeat
- Unconscious or very faint, dizzy, weak
- Skin cool and moist, mottled or ashen



Send with Parent/Guardian

- Signs of concern but declined EMS.



Return to Class

- Mild symptoms resolve within 20 minutes

Shock or seriously ill

Shock or Seriously Ill Flowchart

★ Are there signs of concern?

- Unconscious or unresponsive
- Faint, dizzy, weak
- Skin cool and moist, mottled or ashen
- Rapid shallow breathing or not breathing
- Rapid faint pulse or no pulse

Yes

Activate
EMS 9-1-1

CPR
if needed



No

Other signs may need medical evaluation:

- Enlarged pupils
- Dry mouth, unusual thirst
- Low or no urine output
- Unusually anxious, irritable, restless

Alert designated staff

Designated staff contact school nurse, admin, parent / guardian.

Provide supportive care.

Address life-threatening conditions first. Monitor for worsening symptoms.

DO NOT move suspected fracture or injury to neck/back.

- **Assist the person to lie down**, flat on back. Elevate feet 8-10 inches.*
- **Use recovery position** (left side) if vomiting or bleeding from mouth.
- **Person using wheelchair**, select best option for the individual: assist out of wheelchair; or tilt/recline chair to lower head and elevate lower limbs.
- **Maintain body temperature**. Provide blankets to avoid chill.
- **Treat cause if known**. Follow care plan if available. See related protocols:

Fracture

DO NOT
move

Severe
Allergy

Give
epinephrine

Bleeding

Apply firm
pressure

Low Blood
Sugar

Give sugar

Fever

Isolate
for care

Poison or
Overdose

Give
Narcan

Within 20 minutes:

Is cause known and resolved? Are criteria met per protocol or care plan?

Yes

Return to class.
Monitor and report
as applicable.

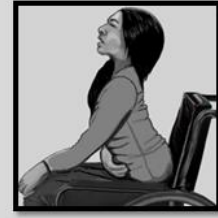


No

Send with parent /
guardian if not taken
by EMS.



Stomach Upset, Vomiting, Diarrhea



Is this concerning vomiting or diarrhea?

- ☐ Two or more episodes of *unexplained* vomiting; may include uncontrolled retching and/or nausea with excessive salivation
- ☐ Three or more watery or loose stools in 24 hours
- ☐ Sudden onset of loose or bloody stools
- ☐ Person unable to control bowel function when previously able

Schools might consider episodes case-by-case, such as whether:

- ☐ No logical non-infectious cause (activity, chronic condition, etc.)
- ☐ An illness with similar symptoms is circulating.

Background


Vomiting and diarrhea are the body's way of expelling stomach contents. They may be a sign of illness, infection, allergic reaction, food poisoning, motion sickness, stress, or medical conditions. School staff should respond quickly to vomiting or diarrhea to ensure the student's well-being and to prevent the spread of illness.

- Always use Standard Precautions to reduce exposure body fluids. Wear gloves, and wash hands before and after providing care.



Students with health conditions that cause stomach problems should be known to appropriate school staff. Carefully review available medical information for your students and follow applicable care plans.

Vomiting or Diarrhea Action Steps

1.  **9-1-1 for signs of concern.**
 - a. Begin CPR if needed.
2. **Check for excludable symptoms.**
3. **Assist the person to clean up** if needed. Don gloves if available. Double-bag clothing. Wash hands.
4. **Check for non-infectious causes and follow care plan if available.**
 - a. Activity, food, health conditions.

If (1.) or (2.) are present:

5. **Notify designated staff.**
6. **Isolate, observe, send home.**
Ensure toilet or trash can available.
Notify parent/guardian to pick up and identify criteria for return.

If (1.) or (2.) are NOT present:

5. **Monitor.** Consider comfort measures: rest; drink water; use the restroom; calming techniques.
6. **Return to class** if symptoms are explained by non-infectious cause, resolve, or care plan criteria is met.
7. **Enhance hygiene during/after event.** Wash hands and disinfect surfaces.
8. **After the event:** notify school nurse, administration, custodial services. Ensure patterns of illness can be tracked.



Activate EMS 9-1-1

- Blood in vomit or stool
- Breathing difficulty
- Was or is unconscious
- Severe stomach pain
- Episode linked to fall or head injury
- Confusion or excessive fatigue



Send with Parent/Guardian

- Signs of concern but declined EMS
- Dizzy, fatigued, lethargic
- Fever present
- 2+ unexplained episodes



Return to Class

- Single episode and symptoms resolved
- Symptoms explained by non-infectious cause
- Symptoms controlled within care plan parameters.

Vomiting or
diarrhea

Vomiting or Diarrhea Flowchart

After evaluating for symptoms of concern, move student to quiet, private area.
Monitor continuously. Assist to clean up and allow to rest.

Provide blanket or change of clothing. Double-bag soiled clothing.
Use standard precautions; gloves; wash hands thoroughly.

★ **Are there signs of concern?**

- Blood in vomit or stool (poop, BM)
- Breathing difficulty
- Unconscious
- Fall or head injury
- Severe persistent stomach pain
- Confusion or excessive fatigue

Yes

**Activate
EMS 9-1-1**



Alert designated staff.

Staff contact school nurse,
administrator, parent / guardian.

No

Are there excludable symptoms?

- 2 or more unexplained episodes
- Fever (100.4°F)
- Public Health authority advises exclusion such as due to outbreak


Yes

**Send with parent /
guardian.**
May require exclusion.



Identify conditions for return such as
symptom-free for 24 hours.

No

 **Does the person have a care
plan** for health condition that
includes vomiting or diarrhea?

Yes

Follow care plan.

Alert designated staff.

Staff contact school nurse,
administrator, parent / guardian.

No

Is there a logical explanation for
this episode that is **NOT** illness?

*Examples: food poisoning; physical
exertion; motion sickness*

Yes

Offer comfort measures.

Allow rest. Encourage slow breathing.
Offer water. Encourage restroom use.

No

Have symptoms resolved within 20 minutes *and/or* met care plan criteria?

No

Refer to related protocols.
Consult school nurse as needed.

Not all are excluded; may be mild,
chronic condition, or noninfectious.

Yes

May return to class.



Appendix

A. Roles, Duties, and Partners

B. Quick Reference Guides

C. Micro Summaries

D. Communicable Disease Guidance Excerpt

E. Index of Symptoms in Protocols

Appendix A

Roles, Duties, and Partners

Medical Event at School: Roles

Students, Parents, Guardians, Caregivers

- Notify school of health conditions, concerns, changes; provide needed medications
- Seek preventative care and follow-up with community providers

School Nurse

- Review individual health conditions, changes
- Create/maintain individualized health plans
- Train school staff on emergency protocols
- Train designated staff on individual care plans
- Provide assessment and treatment in scope
- Follow up with student, parent/guardian
- Refer student/family to community resources
- Update individualized care plans
- Update staff training

Building Administrator

- Ensure Division 22 compliance: school health services plan, CPR-trained staff, nurse availability
- Refer student / family to community resources

All School Personnel

- Respond promptly to an event
- Activate emergency response, call EMS 9-1-1 as needed
- Provide first aid / CPR if trained
- Document event, actions
- After-event debrief

Teachers and Staff with Students

- Review medical alerts, student care |
- Notify designated staff of events
- Provide classroom management

Designated and Trained Staff

- Review medical alerts, student care plans
- Ensure non-expired medications are in stock
- Provide emergency care per individual student plans
- Contact personnel: nurse, administrator, EMT

Emergency Responders EMT, Paramedic

- Assessment and treatment within scope
- Transport to hospital

Community Providers School-Based Health Center

- Preventative health services
- Follow-up care after an event

Medical Event at School: Duties and Partners

School Medical Event Duties and Tasks	School Staff				Partners		
	School Nurse	Teacher, School Staff with Students	Designated and Trained School (Health) Staff	Building Administrator, Principal, Superintendent	Students, Parents, Guardians, Caregivers	Emergency Responders EMS, EMT, Paramedic	Community providers, School-Based Health Center
BEFORE A MEDICAL EVENT							
Ensure Division 22 compliance: school health services plan, CPR-trained staff, nurse availability	<i>*may assist</i>						
Know how & when to activate school response team & EMS 9-1-1							
Seek / Provide preventative care, health condition management							
Notify school (nurse) of student health conditions, concerns							
Provide student-specific medications to the school							
Ensure student's non-expired medications are in stock							
Review individual health conditions, school plans							
Create/maintain student individual health plans & emergency plans							
Train designated school staff on student individual plans							
Train (general) school staff on (general) emergency protocols							<i>*some-times</i>
Train school staff on CPR, first-aid	<i>*some-times</i>					<i>*some-times</i>	<i>*some-times</i>

School Medical Event Duties and Tasks	School Staff				Partners		
	School Nurse	Teacher, School Staff with Students	Designated and Trained School (Health) Staff	Building Administrator, Principal, Superintendent	Students, Parents, Guardians, Caregivers	Emergency Responders EMT, Paramedic	Community providers, School-Based Health
DURING A MEDICAL EVENT							
Respond promptly when seeing or notified of an event at school							
Notify designated (health) staff <i>*All staff should know how</i>							
Contact additional individuals: nurse, administrator, family							
Call 9-1-1 if indicated							
Provide first aid, CPR (if trained)							
Follow student plan (if trained)							
Provide classroom management							
Assess and treat per scope							
Provide oxygen, IV, heart monitors							
Transport to hospital <i>*By family if declined EMS or stable</i>					*		
AFTER A MEDICAL EVENT							
Document event, actions							
After-event debrief	Debriefs may include any participating staff, as well as school counselors, students, others impacted						
Contact LPHA if indicated							
Refer student/family to applicable community resources							
Seek / Provide post-event care, updated treatment plan as needed							
Ensure school health information is updated, available as needed							
Ensure medications are re-stocked							
Update individualized care plans and staff training							

School:	
Duties and Tasks	Name/Role Responsible
Before an Event	
Ensure Division 22 compliance: school health services program plan in place, CPR-trained staff, nurse availability	
Know how & when to activate school team & EMS / 9-1-1	
Seek / Provide preventative care, health condition management	
Notify school (nurse) of student health conditions, concerns	
Provide student-specific medications to the school	
Ensure student's non-expired medications are in stock	
Review individual health conditions, school plans	
Create/maintain student individual health plans & emergency plans	
Train designated school staff on student individual plans	
Train (general) school staff on (general) emergency protocols	
Train school staff on CPR, first-aid	
During an Event	
Respond promptly when seeing or notified of an event at school	
Notify designated (health) staff <i>*All staff should know how</i>	
Contact additional individuals: nurse, administrator, family	
Call 9-1-1 if indicated	
Provide first aide, CPR (if trained)	
Follow student plan (if trained)	
Provide classroom management	
Assess and treat per scope	
Provide oxygen, IV, heart monitors	
Transport to hospital <i>*By family if medically stable</i>	
After an Event	
Document event, actions	
Contact LPHA if indicated	
After-event debrief	
Refer student/family to applicable community resources	
Seek / Provide post-event care, updated treatment plan as needed	
Ensure school health information is updated, available as needed	
Ensure medications are re-stocked	
Update individualized care plans and staff training	

Appendix B

Quick Reference Guides

Stay in Class; Alert the Nurse; Call 9-1-1

Note About Reference Guides

Appendix B content is formatted as one-page guidance that could be used as a printed reference, such as for posting in designed areas or inserting into substitute binders.

There are two versions of each quick-reference guide.

Teams are encouraged to collaborate with the school nurse or medical advisor familiar with the school setting to determine versions most appropriate for local use, or to develop a similar resource that reflects local protocols.

The following one-page references are included.

Examples of Classroom Care

- | | |
|---------------------------------------|----------------------------|
| • Stay in Class and Try This | color, more text |
| • Treat in Classroom / Send to Office | black-and-white, less text |

When to Alert the Nurse

- | | |
|------------------------------------|----------------------------|
| • Always Alert the District Nurses | color, less text |
| • Alert the School Nurse if... | black-and-white, more text |

When to Call 9-1-1

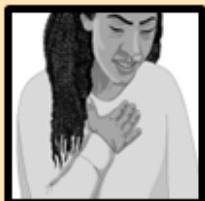
- | | |
|----------------------------------|----------------------------|
| • Call 9-1-1 | color, less text |
| • Call 9-1-1 and Alert the Nurse | black-and-white, more text |

Stay in Class and Try This



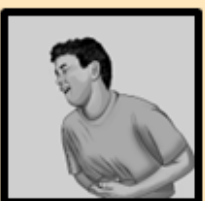
Headache

- Use WOW method (water, oxygen, wait)
 - **Water:** Encourage generous amounts of water
 - **Oxygen:** take 10 deep breaths
 - **Wait:** wait 20 minutes; consider a screen break; consider rest with head down



Sore throat:

- Encourage water



Stomachache or Nausea

- Send to the bathroom
- Encourage water
- Could indicate hunger; explain how long till lunch or snack time



Minor bruise / bump

- Apply cold paper towel and rest the area



Minor cut/scrape/abrasion

- Have student wash area with soap and water
- Have student apply band-aid, assist if needed
- Wash hands



Nosebleed

- Give the student tissue, napkin, or gauze
- Instruct student to hold pressure on bridge of nose for 5 minutes
 - Keep head neutral or down, not back
- If bleeding stops, gently wash face and then wash hands with soap
- If still bleeding after 5 minutes, send to the office

Treated symptom **not** resolved after 20+ minutes
→ send to office or notify designated staff to assist

Treat in Classroom

Headache → WOW: water, oxygen, wait

Drink plenty of water. Take 10 deep breaths. Wait 20 minutes; may rest with head down.

Sore throat → encourage water.

Stomachache → encourage water, bathroom, remind about snack or lunch time

Minor bruise/bump → cold paper towel

Minor scrapes → cleanse, band aid & wash hands

Nosebleed → have student hold pressure on bridge of nose x5 minutes. Check and repeat x5 more mins if still dripping.

Send to Office

with a helper

- **Nosebleed** lasts *10+ mins* with pressure
- **Symptoms** treated in class last *20+ mins*
- **Head bump**
- **Vomiting**
- **Need supplies:** bandages, ice, medication
- **Temp check**
- **New rash**
- **Diarrhea**

ALWAYS ALERT THE
DISTRICT NURSES FOR...



ALLERGIC REACTIONS



BLOOD SUGAR CONCERNS



LIMB INJURIES



EXCESSIVE BLEEDING



HEAD INJURIES



SEIZURES



SUDDEN, SEVERE PAIN



TROUBLE BREATHING



WHEN 911 IS CALLED



Alert the School Nurse

if these occur

Brain concern

- concussion, brain injury
- unconscious
- seizure



Breathing trouble

- wheezing
- airway obstruction
- skin bluish/greyish



Bleeding (major)

- large volume
- lasts >10 mins
- needs medical care



Broken bone

- fracture suspected
- can't use the arm or leg
- needs medical care



Bad intake

- poison, drug, alcohol
- severe allergic response
- epi or Narcan is used



Bad pain

- sudden, severe pain
- chest pain
- pain occurs often



Bad burn

- electrical burn
- skin gone or blistered
- needs medical care



Bonus care

beyond routine plan

- blood sugar concerns
- emergency med is used
- needs exceed care plan



and if 9-1-1 is called

Call 9-1-1

- ✓ Emergency medicine given
- ✓ CPR provided
- ✓ Need emergency supplies and skills



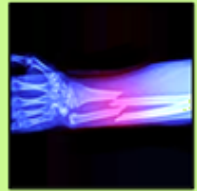
- ✓ Severe allergy, anaphylaxis
- ✓ Signs of poison, alcohol, drug OD
- ✓ Major change in behavior, alertness



- ✓ Excessive bleeding
- ✓ No pulse, no heartbeat



- ✓ Broken bones
- ✓ Neck or back injury



- ✓ Seizure: first; multiple; >5 mins
- ✓ Brain injury + lost consciousness



- ✓ Sudden, severe pain
- ✓ Chest pain



- ✓ Not breathing
- ✓ Breathing difficulty lasts, gets worse



CALL 9-1-1

BRAIN

- Unconscious > 1 minute
- Seizure lasts > 5 minutes
- Seizure for the first time



BREATH

- Not breathing, choking, needs CPR
- Breathing getting worse rapidly
- Too short of breath to talk



BLOOD

- No pulse, needs CPR
- Blood spurts, sprays, won't stop
- Blood from inside (vomit, stool)



BAD INJURY

- Suspect neck, back, or brain injury
- Could get worse if moved
- Could cause disability (*eye injury, amputation, broken bone*)



BAD INTAKE

- Epinephrine or Narcan given
- Signs of drug or alcohol overdose
- Signs of severe allergic response



BAD PAIN

- Sudden, severe pain anywhere
- Headache and can't bend neck
- Chest pain, pressure, sense of doom



BARELY STABLE

- Emergency medications given
- Needs equipment, skills of EMS
- Condition could be life-threatening in time it takes to drive to hospital



and alert the school nurse

Appendix C

Micro Summaries

Included here are small and larger versions of summary information intended for use on lanyards cards or pocket guides.

Suggested: edit guides to say “Emergency: (9) – 9 – 1 – 1” if district phones require dialing nine for external numbers.

See also POCKET GUIDE – ACTION STEPS EXCERPT.

Seizure

Time – note when it started
Safety – remove objects from area
Position – side-lying in recovery
Medication – per student plan
 e.g. 5 minutes

Diabetes & Blood Sugar

Low → shaky, sleepy, sweaty, confused, cross, headache, hungry, nervous, nauseated, vision blurry.
Requires rapid response → Call health staff or help student reach staff. ***DO NOT SEND ALONE.***

Emergency: 9 – 1 – 1


Treat in Classroom

Headache → WOW: water, oxygen, wait
Stomachache → bathroom, water, snack
Minor scrapes → cleanse, band aid & wash hands
Minor bruise/bump → cold paper towel
Nosebleed → have student hold pressure on bridge of nose x5 mins then wash hands
Sore throat → water

Send to Office

- Nosebleed lasts 5+ mins
- Symptoms treated in class last 20+ mins
- Head bump
- Vomiting

- Need supplies: bandages, ice, medication
- Temp check
- New rash
- Diarrhea



Call the Nurse

or send to nurse with another person assisting

Bad Intake suspected poison, drug, alcohol, allergen
Blood beyond minor nosebleed or scrape
Burns expect swelling - remove rings etc.
Broken bone DON'T move the person
Breathing difficulty, wheezing, airway obstruction, or skin tone bluish or greyish
Brain head/neck injury; unconscious; seizure
Bad Pain chest pain; persistent abdominal pain; sudden severe pain anywhere in the body
Unstable condition diabetes/blood sugar, asthma/wheezing, allergy/anaphylaxis, seizures, etc.
Any time 9-1-1 is called

Seizure

Time – note when it started
Safety – remove objects from area
Position – side-lying in recovery
Medication – per student plan
 e.g. 5 minutes

Diabetes & Blood Sugar

Low → shaky, sleepy, sweaty, confused, cross, headache, hungry, nervous, nauseated, vision blurry.
Requires rapid response → Call health staff or help student reach staff. ***DO NOT SEND ALONE.***

Emergency: 9 – 1 – 1

Treat in Classroom

Headache
 Stomachache
 Minor scrapes
 Minor bruise/bump
 Nosebleed
 Sore throat

→ WOW: water, oxygen, wait
 → bathroom, water, snack
 → cleanse, band aid & wash hands
 → cold paper towel
 → have student hold pressure on bridge of nose x5 mins then wash hands
 → water

Send to Office

- Nosebleed lasts 5+ mins
- Symptoms treated in class last 20+ mins
- Head bump
- Vomiting



- Need supplies: bandages, ice, medication
- Temp check
- New rash
- Diarrhea

Call the Nurse

or send to nurse with another person assisting

Bad Intake
 Blood
 Burns
 Broken bone
 Breathing
 Brain
 Bad Pain







suspected poison, drug, alcohol, allergen
 beyond minor nosebleed or scrape
 expect swelling - remove rings etc.
 DON'T move the person
 difficulty, wheezing, airway obstruction, or skin tone bluish or greyish
 head/neck injury; unconscious; seizure
 chest pain; persistent abdominal pain;
 sudden severe pain anywhere in the body
 diabetes/blood sugar, asthma/wheezing, allergy/anaphylaxis, seizures, etc.

Unstable condition
 Any time 9-1-1 is called

Appendix D

Communicable Disease Guidance Excerpt

Version dated 6/2024. Check [ODE Communicable Disease webpage](#) for updates.

PLEASE KEEP STUDENTS WITH SYMPTOMS OUT OF SCHOOL	
This list is school instructions, not medical advice. Please contact your health care provider with health concerns.	
SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...
 Fever: temperature of 100.4°F (38°C) or greater	*Fever-free for 24 hours without taking fever-reducing medicine.
 New cough illness	* Symptoms improving for 24 hours (no cough or cough is well-controlled).
 New difficulty breathing	* Symptoms improving for 24 hours (breathing comfortably). <i>Urgent medical care may be needed.</i>
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptoms improving for 24 hours (no more than two bowel movements more than normal and no longer having accidents) OR with orders from doctor to school nurse.
 Vomiting: two or more episodes that are unexplained	*Symptom-free for 24 hours OR with orders from doctor to school nurse.
 Headache with stiff neck and fever	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions above. <i>Urgent medical care may be needed.</i>
Skin rash or open sores	*Symptom free , which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.
Red eyes with colored drainage	*Symptom-free , which means redness and drainage are gone OR with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority to school nurse.
Acting differently without a reason: unusually sleepy, grumpy, or confused.	*Symptom-free , which means return to normal behavior OR with orders from doctor to school nurse.
Major health event, like an illness lasting 2 or more weeks OR a hospital stay, OR health condition requires more care than school staff can safely provide.	*After the school has orders from doctor to school nurse AND after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.

Appendix E

Index of Symptoms in Protocols

Signs and Symptoms Found in Protocols	Bite or Sting	Bleeding	Breathing Difficulty	Burns	Choking	Fainting, Unconscious	Fever, Feeling Unwell	Fracture, Dislocation, Sprain, Strain	Head Bump, Concussion	Low Blood Sugar	Poisoning, Overdose	Rash, Skin Concern	Seizure	Severe Allergy	Shock or Seriously Ill	Stomach Upset, Vomiting, Diarrhea
Index (1) of (4)																
Abdominal pain, stomach pain							X				X			X	X	X
Activity pause or sudden change					X	X			X				X		X	
Anxiety, fear, sense of doom	X	X	X		X						X			X	X	
Behavior change: acting different, agitated, combative, confused, irritable, illogical	X	X	X	X			X		X	X	X		X	X	X	
Bend, lump, deformed limb/joint		X						X								
Blood, bleeding	X	X						X	X						X	X
Blisters	X			X								X				
Blurred vision						X			X	X						
Breathing stopped, no breath		X	X	X	X	X	X				X		X	X		
Breathing difficulty wheezing, gasping; short of breath; shallow; rapid or slow	X	X	X	X	X		X			X	X		X	X	X	X
Chest pain											X					
Chills, shivering		X					X	X		X	X					
Choking, airway obstruction			X	X	X									X		
Confused, confusion		X	X	X			X		X	X	X		X			X
Cough			X	X			X							X		
Crack, crunch, pop, grating								X								
Decreased alertness		X	X	X	X	X		X	X	X	X		X			
Diarrhea											X			X		X
Difficulty speaking			X	X	X				X				X			
Difficulty concentrating, remembering, understanding		X				X			X	X	X		X			

Signs and Symptoms Found in Protocols

Index (2) of (4)

	Bite or Sting	Bleeding	Breathing Difficulty	Burns	Choking	Fainting, Unconscious	Fever, Feeling Unwell	Fracture, Dislocation, Sprain, Strain	Head Bump, Brain Injury, Concussion	Low Blood Sugar	Poisoning, Overdose	Rash, Skin Concern	Seizure	Severe Allergy	Shock or Seriously Ill	Stomach Upset, Vomiting, Diarrhea
Difficulty walking or moving						X		X	X	X	X		X			
Dizzy; light-headed; shaky; unsteady	X	X	X		X	X	X	X	X	X	X			X	X	X
Dry mouth		X								X					X	
Emotional, dysregulated, labile			X				X		X	X	X					
Eyes: drainage, redness, weeping							X				X					
Eyes: new light sensitivity									X							
Eyes: pupils dilated; pinpoint; unequal									X		X		X		X	
Eyes: rapid blinking or staring									X				X			
Eyes: vision changes, blurred vision, double vision									X	X	X					
Eyes: wide, expression fearful			X		X			X								
Fainting or unconscious	X		X	X	X	X	X	X	X	X	X		X	X	X	
Falling without logical reason						X					X		X			
Fatigue; lethargy			X			X	X		X	X	X		X			X
Fever, high temperature				X			X								X	X
Headache						X	X		X	X						
Heartbeat: absent, irregular, rapid, or slow							X								X	
Hunger										X						
Incontinence; wet pants; accident													X			X
Nausea; upset stomach							X		X	X	X			X		X
Rash; hives; skin concern				X			X					X		X		
Lethargy			X			X	X		X	X	X		X			X
Light-headed		X	X		X	X	X	X	X	X	X		X	X	X	

Signs and Symptoms Found in Protocols

Index (3) of (4)

	Bite or Sting	Bleeding	Breathing Difficulty	Burns	Choking	Fainting, Unconscious	Fever, Feeling Unwell	Fracture, Dislocation, Sprain, Strain	Head Bump, Brain Injury, Concussion	Low Blood Sugar	Poisoning, Overdose	Rash, Skin Concern	Seizure	Severe Allergy	Shock or Seriously Ill	Stomach Upset, Vomiting, Diarrhea
Loss of muscle control, uncoordinated						X			X	X	X		X			
Numbness, tingling								X								
Pain	X	X		X			X	X	X							X
Pain: arm or leg	X			X				X								
Pain: neck							X	X	X							
Pain: can't or won't move								X								
Pulse change irregular, rapid, thready, weak	X			X		X	X	X			X			X	X	
Seizure		X					X		X	X	X		X	X		
Sensitivity to sound; different from person's norm									X				X			
Shivering		X					X	X		X	X		X			
Skin blackened, charred, leathery, dry				X												
Skin blue, grey, dusky	X		X			X					X			X	X	
Skin burns, itches, prickles	X			X			X	X				X		X		
Skin cold, clammy, moist, sweaty	X			X			X	X			X				X	
Skin irritation				X							X	X				
Skin red, darker than norm, discolored	X			X			X					X		X		
Skin pale, mottled					X	X		X					X	X	X	
Skin swelling, bumps	X						X	X				X		X		
Skin yellow; yellow sclera (eyes)							X				X					

Signs and Symptoms Found in Protocols	Bite or Sting	Bleeding	Breathing Difficulty	Burns	Choking	Fainting, Unconscious	Fever, Feeling Unwell	Fracture, Dislocation, Sprain, Strain	Head Bump, Brain Injury, Concussion	Low Blood Sugar	Poisoning, Overdose	Rash, Skin Concern	Seizure	Severe Allergy	Shock or Seriously Ill	Stomach Upset, Vomiting, Diarrhea
Index (4) of (4)																
Slower than usual movement						X			X	X						
Speech slurred, garbled, making strange sounds			X		X				X	X			X		X	
Swallowing difficulty			X	X	X					X				X		
Swelling	X			X			X	X	X			X		X		
Thirst or dry mouth		X								X					X	
Tremors							X		X							
Unable to respond	X		X		X	X			X	X					X	
Unconscious	X		X	X	X	X	X	X	X	X	X		X	X	X	X
Upset stomach										X				X		X
Vomiting									X	X				X		X
Weak pulse		X				X	X	X			X			X	X	
Weakness, limp		X			X	X	X			X						
Wheezing, high pitched sounds with breathing			X	X	X		X							X		

Index (4) of (4)

References

Bite or Sting

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