SSIS
SAIGON SOUTH
INTERNATIONAL SCHOOL

2023-2024

Field Trip and Activities Health Protocols

Updated August 2023

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ATTENDANCE POLICY:

All staff who are leading and/or chaperoning on trips will be in charge of taking attendance at the beginning of each trip, during any walks or hikes in which students could become separated and after activities. Attendance will be taken each morning and every night when on overnight trips. Attendance will be taken prior to boarding a bus, car or aircraft and once boarded and immediately after arriving or landing at destination.

EMERGENCY CONTACT INFORMATION, DELEGATION AND COMMUNICATION:

Field trip leads will be responsible for leaving a clearly typed itinerary with the school. They will be responsible for leaving a roster of all individuals who will be on the trip. They will clearly explain duties and responsibilities to each chaperone and provide chaperones with a list of students they will be supervising and alerting them of any health care needs of students.

Field trip leads will be in charge of communicating with the school in case of emergency. In the event of an emergency the field trip leader will delegate roles to staff and chaperones. If a nurse is present the nurse will assess the situation and will delegate roles to staff and chaperones. The field trip lead will be in charge of taking attendance and reporting back to the school any injuries or casualties.

Field trip leaders will be responsible for formulating a plan in the event of an emergency and communicating that plan and meeting location to staff, chaperones and students prior to excursions.

GPS:

For field trips that involve long hikes, tours, biking, kayaking or other activities in remote areas, it is highly recommended for the safety of staff and students the field trip leader carries a GPS locator device or a cell phone in which they can share a GPS location.

TRIPS REQUIRING NURSING SUPPORT:

Prior to trips or activities, it is the duty of the nursing staff in the health office to complete a Risk Stratification. Based on the level of risk involved for the trip, the Health Office Manager will work with International SOS to hire nurses to accompany students and staff. Nurses will be equipped with proper medical supplies to address emergencies that require first aid interventions.

SICK POLICY BEFORE TRIP:

To prevent the widespread of illness, staff and students who have multiple symptoms of an illness such as fever 37.8C or higher, body aches, fatigue, sore throat, cough, vomiting or diarrhea prior to a field trip will be asked to remain home.

SICK POLICY ON FIELD TRIP:

Students and staff who have multiple symptoms and appear symptomatic for Covid may be tested with a Rapid Antigen Test. If the test is negative but the staff member or student is symptomatic, they may be excused from participating in group activities to avoid spread of other potential viruses or illness. If the staff member or student tests positive for Covid, per Vietnamese decree they will be isolated from other students until they test negative, while under supervision of the nurse or chaperone. If ground transportation is available the staff member or student must be transported home by a caregiver who picks the student up.

DENGUE FEVER:

Currently Dengue fever cases are elevated in Vietnam. It is advised by the US Embassy and Consulate in Hanoi that persons in areas of increased risk for Dengue fever

- Wear long sleeves, socks and pant
- Use EPA registered insect repellents
    - Deet
    - Picardin
    - IR 3535
    - Oil of lemon eucalyptus
    - Para-mentain diol
    - 2-undercanone

Symptoms of Dengue fever include:

- High temperature
- Severe HA
- Pain behind the eyes
- Muscle or joint pain
- Widespread red rash
- abdominal pain
- Loss of appetite

Seek emergency care immediately for:

- Vomiting 3 times in 24 hours
- Bleeding from the mouth or gums
- High fever
- abdominal pain

MEDICATION POLICY FOR FIELD TRIPS:

The administration of medication on field trips is a service provided to meet the medical needs of some students during field trip outings. Parents are responsible for advising the School Nurse of prescription medication and providing the medication and prescription to the Health Office prior to the trip. Students in the ES must have

medication administered by the School Nurse. Students in MS and HS may self-administer medication as prescribed or recommended by parents or physicians under the supervision of the nurse on the field trip.All medications must be stored with the nurse for the safety of all students and will be dispensed at the prescribed time. The exception will be for emergency medications such as Epipen, Inhaler or insulin. ALL MEDICATIONS NEED TO BE IN AN ORIGINAL CONTAINER WITH A LEGIBLE LABEL IN PLACE.

Per Vietnamese regulations, any field trips without a nurse will have first aid kits without any medication. Medications regularly stocked in the school health rooms and travel first aid kits, can only be given by a nurse or healthcare personnel. Teachers are not allowed to assess and medicate a student. Exceptions are for emergency medications such as EpiPen or Inhaler provider the teacher/chaperone has been properly trained by the nurse. If a student is unwell and needs medication in the absence of a nurse, will be brought to the nearest medical facility.

Please note for the safety of our students and staff ALL medications must be brought by an adult and given to the nurse. Medication that is brought to school or on a field trip by a child will not be administered unless the child has on file they can self carry an inhaler, insulin or epi pen etc.

For the safety of students, any medications that need to be returned to home at the end of the field trip must be picked up by an adult.

Individual Health Care Plan:

If your child has specific health care needs, allergies, chronic illness management such as, but not limited to, diabetes, asthma, epilepsy or heart conditions, you will be required to have an Individual Health Care Plan signed and on file with the school. Students with chronic medical conditions requiring nursing support, must be evaluated annually by a medical provider and a signed Emergency Action Plan on file prior to the student starting school. This is to ensure that the school is adequately prepared to care for your child.

Individual Health Care Plans are laminated coloured sheets for those students with a MEDICAL ALERT (a life threatening condition). At the beginning of the school year a hard copy and a soft copy of a student's IHCP is given to each Division Office. The Division Office ensures that the relevant teachers have a copy of the IHCP. Copies of Individual Health Care Plans will be given to the nurses prior to departing on a field trip.

First Aid Kits:

The School Nurse will provide a First Aid Kit for all Field trips, off campus Sports games, and Day Trips. Each Field Trip will contain Basic First Aid supplies. In the case a nurse is not required for a field trip, the students must be accompanied by an adult trained and certified in Basic CPR and First Aid.

Risk Assessments:

The School Nurse will complete and fill in information on pages 5-10 of the Risk Assessment form for all Field Trips. The Field Trip form is submitted by the Field Trip leader or organizer. The Health Office provides advice after evaluating the risk of student illness, based on the medical conditions of students attending the Field Trip. Based on the results, the Health Office Manager will coordinate a nurse to accompany students on the trip.

ABDOMINAL INJURIES:

Following a hard blow to the abdomen, an internal organ such as the spleen or liver may be ruptured and bleed into the abdominal cavity slowly and continuously.

Signs and symptoms:

- History of blow to abdomen
- Possible bruise visible
- Pain and tenderness to mild pressure
- Abdominal distention
- Vomiting
- Rapid, weak pulse with low blood pressure
- Blood in urine shortly after trauma or next day (in case kidney is bruised or torn)
- Gradual onset of shock or coma

Nurse management

- Keep the student in clinic for 15 minutes after blow to abdomen
- Allow to rest in position of comfort
- Monitor pulse and blood pressure
- If a student has none of the above symptoms, may return to class. Send a note to the teacher to have the student return to the clinic before close of school or sooner if symptoms appear.
- Reassess the student

- ❖ If any symptoms ensue, refer to emergency room or physician
- ❖ Record on student health files
- ❖ Follow-up : check the student again on the following day

ABDOMINAL PAIN:

Pain or discomfort located between the bottom of the diaphragm and the top of the pelvic region. Abdominal pain may be due to a variety of conditions, including intra-abdominal causes and extra-abdominal causes.

Common causes considered by age of students:

❖ Pre-school: constipation, gastroenteritis, viral infection, UTI, pneumonia, trauma, lactose intolerance, sickle cell episode

❖ School age: gastroenteritis, viral infection, constipation, appendicitis, trauma, UTI, pneumonia, lactose intolerance, sickle cell pain episode

❖ Adolescent: appendicitis, in females: mittelschmerz, pelvic inflammatory disease, dysmenorrhea, complication of pregnancy

Assessment of location and severity of the pain:

❖ Diffuse abdominal pain: associated with diabetic ketoacidosis, food poisoning, gastroenteritis, intestinal obstruction, pancreatic disease, peritonitis, pharyngitis, sickle cell anemia

❖ Epigastric pain: associated with duodenal / gastric/ peptic ulcers, esophagitis, gastritis, gastroenteritis, GERD / hiatal hernia, MI, irritable bowel disease, liver conditions and ulcerative colitis.

❖ RLQ: associated with appendicitis, ectopic pregnancy, gastroenteritis, inguinal hernia, irritable bowel syndrome, kidney stone, ovarian conditions, pelvic inflammatory disease and testicular torsion

❖ RUQ: associated with acute pancreatitis, gall bladder conditions, kidney stone, duodenal ulcer, liver conditions, lower lobe pneumonia

❖ LUQ: associated with bowel obstruction, constipation, IBS, kidney stone, ovarian conditions, pelvic inflammatory disease and testicular torsion

❖ LLQ: associated with constipation, ectopic pregnancy, inguinal hernia, IBS, kidney stone, ovarian conditions, pelvic inflammatory disease, sigmoid colon and testicular torsion

❖ Suprapubic region: associated with dysmenorrheal, endometriosis, pelvic inflammatory disease, sexually transmitted disease, UTI / bladder infection

Signs and symptoms:

❖ Temperature, circulation, hydration status

❖ Signs of emergency surgical conditions:

- Peritonitis: guarding and rigidity of the abdominal muscles, rebound tenderness, decreased bowel sounds, abdominal distention or shock
- Intestinal obstruction: distention, decreased bowel sounds, persisted vomiting
- Appendicitis: fever, vague periumbilical pain which shifts to RLQ, localized tenderness to pressure (with or without signs of peritoneal irritation), may vomit, decreased bowel sounds, more likely to have constipation
- Complication of pregnancy (female with history of delayed menstrual period): lower abdominal pain, pallor or shock, abnormal vaginal bleeding

Nurse Management

- ❖ If signs of appendicitis presented or moderate – severe illness: notify the parents immediately and refer the student to a healthcare provide
- ❖ Mild illness: may rest for 15 – 30 minutes, then return to activities if symptoms subside. If symptoms persist, notify parents and refer for evaluation
- ❖ No food or drink by mouth
- ❖ If student is sent back to activities, re-evaluate within 2 – 4 hours, then notify parents
- ❖ If a student requires surgery, upon his / her return, follow the health care provider 's instruction regarding athletic or PE participation.

Abrasions

Abrasion is a denuded area of skin resulting from a scrape on a hard or rough surface.

Signs / symptoms:

- ❖ Most abrasions are superficial
- ❖ Minimal bleeding
- ❖ The presence of particles of dirt can be seen

Nurse Management

- ❖ Wash gently under running water and soap to remove foreign material
- ❖ Try to remove debris by gently rubbing with gauze pads
- ❖ Do not scrub a wound that is embedded with dirt, but refer to a physician
- ❖ Solutions that should not be used for cleansing the wounds : povidone-iodine, Dakin's solution, hydrogen peroxide
- ❖ Antibiotic creams and topical medication should be used if available
- ❖ Small abrasions maybe let open to the air

- Cover large abrasions with sterile, non-adherent bandage or moist wound dressing within two hours of injury, and stay in place at least 48 hours up to 07 days to enhance optimal wound healing
- Notify parents if abrasion is not minor

Follow-up:

- daily wound and dressing recheck, replace dressing as needed
- re-evaluation after seven days : remove dressing change if the wound is well-healed; if not, refer to his/her physician
- repeat daily cleansing or more often to keep wound clean

Potential complications

- Pus on abrasion, located under crusts
- Cellulitis
- Lymphangitis
- Regional lymph node enlarged

Notes:

- Refer to physician if not improved in one day
- For lymphangitis, medical referral without delay

Allergies

The immune system reacts to a foreign substance that is not generally harmful (certain foods, latex, pollen, insect stings / bites, medications or pet dander).

Symptoms vary, depending on the person’s specific allergy.

- Allergic dermatitis : rash (papules, vesicles) – pruritus – may have areas of excoriation from scratching
- Allergic rhinitis: allergic shiners: bluish discoloration and edema below eyes – allergic salute: nasal crease – clear nasal discharge – sneezing – itchy, watery and / or swollen eyes
- Atopic dermatitis (type of eczema): thickened, cracked or scaly patches of skin – patches red to brownish-gray in color – itchy skin – extremely dry skin may ooze
- Medication allergy: hives – rash – pruritus – difficult breathing / wheezing – anaphylaxis

Nurse management

- General treatment: avoidance of allergen – prescribed medications to reduce symptoms
- Allergic dermatitis: corticosteroid creams / ointments : to ease itching – antihistamine: to relieve severe itching
- Allergic rhinitis: antihistamine to relieve sneezing, runny nose, itching and watery eyes
- Atopic dermatitis: Corticosteroid creams / ointment to ease scaling of skin and itching – antihistamine to ease itching
- Medication allergy: discontinue medication that caused allergic response immediately – antihistamine to relieve mild symptoms of rash / hives/ itching – Epinephrine for severe allergic reaction

Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction. The reaction ranges from mild, self-limited symptoms to rapid death. Symptoms of a reaction can occur within seconds to minutes after exposure. Immediate action is required to prevent fatality

- Mouth: itching, swelling of lips and or tongue, tingling (burning) sensation in mouth or around lips
- Throat: swelling of the tongue and throat, itching, tightness / closure, hoarseness , changes in quality of voice
- Skin: itching, hives, redness, swelling
- Gut: abdominal pain / cramping, nausea/vomiting, diarrhea
- Lungs: respiratory difficulty, shortness of breath, cough, shallow-respirations, wheezing, stridor
- Heart: weak pulse, heart palpitation, drop in blood pressure, dizziness, lightheadedness, loss of consciousness

Nurse management

- Immediate injection of Adrenaline 1:1000 subcutaneously
  - 3 – 5 years : 0.15 cc
  - 6 – 8 years : 0.25 cc
  - 9 – 18 years: 0.3 cc
- Immediate call to Emergency Medical Service and transport to the nearest medical facility despite initial improvement after the first Adrenaline injection. The following should be sent with the EMS:
  - Allergen to which patient is reacting, if known
  - Signs and symptoms of distress
  - Emergency measures instituted
  - Patient response to emergency measures

    - Times of all activities, including giving adrenaline
- If student is still at school in 15 – 20 minutes, repeat dose of Adrenaline according to physician orders
- Monitor blood pressure – elevate legs if blood pressure is low
- Cover with blankets, if necessary, to keep warm; don't allow blankets to interfere with handling or observation

Follow-up:

- Review the student's individualized emergency plan to make sure there are no changes required based on this incident
- Provide health education with family, student, school staff regarding further exposure to sensitizing agent
- Ask about desensitization procedure by physician
- Have parent replace epinephrine if used
- Record as "medical alert" on student's record

***Notes*:**

- Students enrolled with history of allergies : allergy screening questionnaire, then Individualized Healthcare Plan (IHP) must be developed
- Involved faculty and staff must be informed and trained for IHP

Asthma and Asthmatic emergencies

Asthma is a chronic inflammatory disease of the airways. It is best understood as the clinical result of two linked processes: airway inflammation and bronchial hyper-reactivity. Airway inflammation is often triggered by allergies or viral illness; bronchial hyper-reactivity may be induced by viral infection.

History

- Episodes of wheezing and shortness of breath related to exposure to an allergen, such as cats, dust, outdoor pollen or mold
- Prolonged and often refractory cough and wheeze with shortness of breath related to acute respiratory viral illness
- Shortness of breath, cough or wheeze triggered by exercise or cold air that takes more than just a minute or two from which to recover

Common signs and symptoms of asthma

- Shortness of breath
- Tightness (or pain) in chest
- Wheezing
- Coughing

- ❖ Difficulty sleeping due to coughing, wheezing and / or shortness of breath
- ❖ Children with a severe asthma attack often evidence observable signs
  - Sitting upright, leaning forward, using neck muscles to assist inspiration, nasal flaring may be present
  - Abnormal breath sounds (decreased / wheezing)
  - Prolonged expiration, sometimes with pursed lips
  - High pitched cough, irregular high pitched wheeze
  - Poor air movement, rapid shallow breathing
  - Tachycardia (pulse >120)
  - Speaking in very short sentences
  - Inability to record a peak flow

Nurse Management

- ❖ Allow the child to assume a comfortable posture in a quiet setting
- ❖ Measure peak flow, if possible, to document severity and response to therapy
- ❖ Record pulse and respiratory rate
- ❖ Administering inhaled or nebulized bronchodilator a per student's Individualized Health Care Plan

Asthma emergencies

An acute asthma attack is a medical emergency that should be treated promptly and effectively.

Immediate danger signs:

- ❖ Struggling to breath – may be hunched over
- ❖ Abnormal breath sounds - absent / decreased / wheezing
- ❖ Retractions – intercostal – substernal – suprasternal
- ❖ Nasal flaring
- ❖ Using accessory muscles
- ❖ Bluish discoloration around lips or nail beds
- ❖ Tachycardia > 120 per minute
- ❖ Respiratory rate > 30 per minute
- ❖ Difficulty walking
- ❖ Difficulty carrying on a conversation
- ❖ Little relief from bronchodilator – not responding to medication
- ❖ Severely restless
- ❖ Decreased level of consciousness
- ❖ Symptoms worsening

Nurse Management

- Call EMS immediately
- Notify : parents and school authority
- Transport to nearest hospital for emergency care

Until EMS arrives:

- Continue to follow physician‘s orders
- Allow the child to assume a comfortable posture in a quiet setting
- Monitor vital signs
- Keep student calm
- Provide reassurance
- Do not leave student alone

Blister

Blister is a round or oval bubble or fluid under the skin that may or may not be painful or itchy depending on the cause.

Causes

- Irritation (friction / shoes; repetitive activity / rowing, shoveling)
- Burns from intense heat (sunburn, hot liquids or appliances…) or cold (frostbite)
- Contact dermatitis (poison ivy, oak and sumac, detergents, chemicals
- Allergies (medication)
- Infection (impetigo, eczema, ringworm, herpes, varicella)

Signs and symptoms**:**

- Blisters from irritation and burns: red and often painful
- Contact dermatitis and allergic skin responses: red and itchy
- Blisters present with some infections are called vesicles. Depending on the source of the infection these vesicles can be red, itchy and / or painful.

Nurse Management**:**

- Treatment is largely symptomatic.
- Skin covering the blister is best left intact.
- If the blister is broken, cover it with a sterile dressing and attempt to avoid activity that requires further friction or pressure on the affected area.
- Monitor for signs of infection

Burns

1. Superficial burns / first degree: only affects the top layer of skin (epidermis)
2. Partial-thickness burns / second degree: involves the epidermis and extends into the dermis
3. Full thickness burns / third degree: full thickness of skin is destroyed, involves the epidermis, dermis and fat layer – usually destroys the sweat glands, hair follicles and nerve endings as well.

Signs and symptoms:

- Superficial burns:
  - Begins with pain and redness as in minimal sunburn – no blisters
  - Later, slight to no peeling of skin.
- Partial-thickness burns:
  - Begins with redness and blisters as in moderate to severe sunburn
  - Later skin peels in large pieces, scarring only if secondary infection ensues
- Full thickness burns
  - Begins with little or no pain(nerves are gone) with red, black or white discoloration
  - Some unbroken blisters may be present
  - Third degree burns always scar and often need skin graft

Nurse Management

- General:
  - Rapidly immerse burn in cold water
  - Avoid greasy ointments, tight & air-excluding bandages
  - Check date of the latest tetanus booster
- Superficial burns:
  - Cool compress or submerge in cold water (not ice)
  - No further treatment necessary
- Partial-thickness burns
  - Cool compress
  - Keep blisters intact. Apply non-sticking dressing that does not exclude air
  - Notify parents
- Full thickness burns
  - Cover with clean or sterile dressing or sheet
  - Evacuate to emergency room
- Chemical burn
  - Flush with copious amounts of cool water for 15 minutes

- ❖ Chemical or electrical burns: refer all cases for further medical treatment.

Chest pain

Chest pain can be from any structure in the chest: lungs, ribs, chest wall, diaphragm, joints between sternum and ribs, and heart. It can be caused from injury, infection, referred from the abdomen, or irritation and can be from stress or anxiety

***Signs and symptoms*:**

- ❖ Conduct an assessment
  - Take a careful history: determine any recent injuries, presence of underlying health conditions.
  - Make close observation as a person describes symptoms: onset of symptoms (acute, gradual, growing worse); length of time with symptoms; any association with activity (including at rest, only after activity, on inspiration, after coughing…); what makes it better / worse?
  - Type of pain: constant, intermittent, sharp, dull…; are there associated respiratory symptoms?
  - Assess skin condition
  - Assess psychological demeanor (calm, anxious, dramatic)
- ❖ The person who has pain of acute onset that interferes with breathing and / or sleep, is precipitated by exercise, or is associated with alteration of vital signs and dizziness, palpitation, syncope, should be evaluated by their primary physician.
- ❖ EMS should be contacted if an individual is more seriously compromised.

Common illnesses that cause chest pain

- ❖ Costochondritis:
  - Inflammation in the cartilage between the sternum and ribs
  - It may be a viral infection or caused by frequent coughing.
  - The pain will occur with inhalation - tenderness over the costo-chondral joint (depression on side of sternum where rib joins sternum)
  - Be treated with OTC anti-inflammatories
- ❖ Musculoskeletal injury / pain:
  - Frequently strain chest wall muscles while wrestling, carrying heavy things, or exercising

- Direct trauma to the chest may result in a mild contusion of the chest wall, or with more significant force, a rib fracture, hemothorax, pneumothorax.

❖ Respiratory conditions
- Children who have severe, persistent cough, asthma, or pneumonia may complain of chest pain due to overuse of chest wall muscles.
- Some children may complain of chest pain with exercise due to exercise-induced asthma

❖ Psychogenic disturbances

❖ Gastrointestinal disorders
- Burning, substernal in location, worsened by reclining or eating spicy foods

Diarrhea

Diarrhea describes bowel movements that are loose or watery

Causes:

The most common causes of diarrhea are viruses, bacteria, parasites, medications, food allergies, diseases of intestines, malabsorption, radiation therapy, psychogenic diarrhea.

Signs and symptoms:

- ❖ Frequent, loose, watery stools
- ❖ Abdominal cramps / pain
- ❖ Fever
- ❖ Blood in stools
- ❖ Bloating
- ➢ Signs of dehydration (decrease urine output, thickening of saliva, thirst…)

Nurse Management:

- ❖ Drink plenty of clear liquid
- ❖ ORS for dehydration
- ❖ School exclusion and medical consultation is highly recommended
- ❖ Follow-up: obtain diagnosis and assess the risk to fellow students; check temperature and hydration status when student returns to school.

Ear pain

Ear pain can be caused by external or middle ear conditions or by referred pain from other sources.

- External ear including external auditory canal
  - Infection / Inflammation: otitis externa – cellulitis, furuncle or abscess, perichondritis of the pinna
  - Cerumen impaction
  - Trauma
  - Foreign object
  - Tumor or growth

- Middle ear – Eustachian tube, Mastoid
  - Infection / Inflammation: acute and chronic otitis media, serous otitis media, mastoiditis
  - Trauma
  - Tumor or growth
  - Allergies

- Referred ear pain
  - Pharyngeal lesions: peritonsillar abscess, retropharyngeal abscess, nasopharyngeal fibroma
  - Mouth lesions: acute stomatitis – glossitis – dental problem
  - Laryngeal and esophageal sources

- Other: temporomandibular joint dysfunction

Signs and symptoms:

- Otitis externa (inflammation of ear canal): Pain on movement of pinna and erythema of ear canal – Itching – Irritation – Pressure and fullness of the ear may be reported – Rarely there may be hearing loss.
- Acute otitis media (acute infection of middle ear) – ear pain , and may accompany a simple "cold". The tympanic membrane is dull, often bulging and sometimes red – fever – inability to sleep – lethargy, diarrhea and vomiting – sudden hearing loss may occur
- Serous otitis media (otitis media with effusion): Watery fluid fills the middle ear canal and can interfere with hearing – Often asymptomatic , afebrile with mild or intermittent ear pain – fullness or popping in the ear , dizziness or loss of balance may be reported – severe pain may be a sign of a ruptured eardrum of foreign body, especially if onset is sudden.

Nurse Management

- Severe ear pain: be evaluated immediately – refer to a physician
- Warm dry compress applied to the affected ear
- Mild earache with no sign of systemic illness : may return to the activities

Eye trauma

Eye injuries in children commonly result from sport injuries or projectiles. Baseball is the leading cause of sport-related injuries. Facial injuries often accompany eye trauma.

- Chemical burns to the eye are ophthalmologic emergencies and must be referred for immediate emergency care.
- Corneal abrasion may result from a direct contact injury, contact lens or a foreign body with or without penetration.
- Foreign body injuries to the eye may present as either no-penetrating or penetrating. Penetrating injuries are ophthalmologic emergencies and must be referred for immediate emergency care.

Sign and symptoms:

- Pain in eye, red eye
- Photophobia, tearing
- Contusion or laceration wound around eye
- Eye held closed
- Tearing
- Opaque lens
- Decreased vision

Assessment:

- Obtain history and nature of physical injury or chemical exposure
- Assess visual acuity first by using Snellen Chart. The only exception is an acute chemical exposure / injury which requires immediate irrigation (flush with water).
- If a student is unable to open eye, do not force it.
- Check for visible contusion, lacerations on lids or eyeball
- Check for blood in anterior chamber (between iris and cornea)
- Check for extraocular movements
- Check for double vision (diplopia)
- Check for unequal or irregular pupils

Nurse Management

- Emergency referral to primary care provider:
  - All cases with chemical burn after irrigation with copious amount of water or saline
  - Impaired vision in any way
  - Painful eye or feels like a foreign object
  - Contusion or laceration on the eyelid or eyeball
  - Red eye persists for more than one hour
- Eye trauma without above symptoms, monitor:
  - Small abrasion or laceration of skin around the eye – without other symptoms – can be washed and left uncovered
  - Red spot limited to the sclera (white of the eye) is related to coughing or vomiting (subconjunctival hemorrhage will resolve spontaneously)
  - Cold packs may be useful for minor trauma if primary care provider referral is not necessary.
  - Avoid using any eye drop or ointment, especially those that contain any steroid
- Chemical burn
  - The eye will be painful, sensitive to light and exhibit excessive tearing (lacrimation)
  - Determine chemicals if possible. Send available chemical information with student to emergency treatment center
  - Immediately flush / irrigate the eye with copious amounts of water or saline solution while both eyelids are held open. If only one eye has been exposed to the chemical, attempt to irrigate the eye with the child lying on side. If possible, pour water from the inner corner flowing toward the outer corner
  - Notify parents
  - Refer for emergency medical treatment
  - Cool compress to the surrounding area may provide comfort
- Corneal Abrasion
  - The eye will be painful, sensitive to light and exhibit excessive tearing (lacrimation)
  - Remove contact lens if present
  - Examine the eye for the presence of a foreign body. The absence of visible foreign body does not negate the presence of or irritation from a foreign body
  - Notify parents
  - Refer to ophthalmologist for evaluation and necessary treatment

  - To minimize eye movement, patch both eyes with 4x4 gauze pads prior to travel to primary care provider or ophthalmologist
- ❖ Foreign body (non-penetrating)
  - The eye will be painful, sensitive to light and exhibit excessive tearing (lacrimation) and have the sensation of a foreign body presence in the eye

Fainting (Syncope)

Syncope is a brief, partial or complete loss of consciousness due to diminished oxygen supply to the brain. It may be caused by low blood sugar, standing in place for a long time, headache, seizure, depression or panic attack; or may be as a result of a more serious situation such as head injury or an underlying condition such as heart disease / complications.

Signs and symptoms:

- ❖ Loss of consciousness may be preceded by pale, cool, wet skin, lightheadedness, nausea, frequent yawn, and /or restless feeling
- ❖ Loss of consciousness
- ❖ As person begins to lose consciousness, they may have brief eye roll and / or body twitching
- ❖ Fainting related to hyperventilation is often accompanied by numbness around the mouth and fingers
- ❖ Fainting is different from a seizure:
  - Fainter usually knows when it is going to happen.
  - Seizure occurs with no warning except occasional aura.
  - Seizure twitching is more severe and lasts longer.
  - Post seizure sleep is longer and deeper.
  - Fainter usually remembers what happened after they wake up.

Nurse Management:

- ❖ If you observe a person about to faint, instruct them to lie down to prevent falling.
- ❖ Help ease person to floor or reclining position
- ❖ Place person on back with no pillow and elevate feet 8 to 12 inches to encourage blood flow to head
- ❖ Roll person to side if they vomit
- ❖ As person awakens, do not allow them to stand immediately
- ❖ If the person does not awaken within 1 – 2 minutes, seek immediate medical attention. Prepare for the possibility of CPR.
- ❖ If fainting is as a result of head injury, seek immediate medical care

- If person is known to have diabetes, proceed with diabetes emergency action plan

Follow-up

- Determine history of fainting and if applicable, results of past medical evaluation for fainting
- If prior evaluation determined no cause or need for medical intervention, educate frequent fainters about safety: when experiencing warning symptoms, sit down in a chair, position the head between knees close to the floor. Educate students with postural hypotension about getting up slowly.

Fever

Fever is a sign of a variety of medical conditions, including infection. The normal temperature may differ slightly from the average body temperature of 98.6 F (37 C).

Use a reliable thermometer to confirm a fever, which is when a child's temperature is at or above one of these levels:

- measured orally (in the mouth): 99.5°F (37.5°C)
- measured rectally (in the bottom): 100.4°F (38°C)
- measured in an axillary position (under the arm): 99°F (37.2°C)

Classification:

- low-grade fever : 38 – 39ºC / 100.4 – 102.2ºF
- moderate fever : 39 – 40ºC / 102.2 – 104 ° C
- high-grade fever: 40 – 41.ºC / 104 – 106ºF
- Hyperpyrexia: > 41ºC / 106ºF

Signs and symptoms:

- Person may feel cold or be shivering before an elevated temperature.
- May have signs and symptoms of infectious diseases: cough, diarrhea, vomiting, general weakness, muscle ache.
- Skin may feel sensitive to touch; described as "prickly"
- Eyes may appear glassy
- Face may be flushed
- Skin will be warm to touch
- Rapid pulse

Nurse Management:

- ❖ Assess vital signs
- ❖ Provide comfort measures: sponging body with lukewarm water; tepid shower is highly recommended to HS students
- ❖ Remove extra outer clothing
- ❖ Give fluids to drink
- ❖ Fever-reducing medication is given if temperature is at or above 38.5ºC / 101.3ºC; and parental permission is on file.
- ❖ Send the student home if the temperature is at or above 37.8ºC /100.1ºF (ear temperature).
- ❖ Students should be fever free for 48 hours before returning to school.

Food Allergy

Food allergy is an exaggerated immune system response to any food. This is caused by an allergic antibody called IgE (Immunoglobulin E) which is found in people with allergies. Food allergies may develop at any time, even after eating the food repeatedly in the past without having problems.

Food intolerance is an adverse reaction to certain foods but which does not involve the immune system.

Signs and symptoms:

- ❖ Hives on any part of the body
- ❖ Rash
- ❖ Vomiting, diarrhea, abdominal cramping
- ❖ Wheezing, coughing, shortness of breath
- ❖ Anaphylaxis – a life threatening blockage of the airway and shock:
    - Uneasiness and agitation
    - Facial flushing
    - Rapid pulse, palpitation, thready or unobtainable pulse
    - Generalized itching, tingling, rash
    - Swelling of face, lips, tongue and / or eyelids
    - Blue or gray color around the lips or nail beds
    - Dizziness
    - Throbbing in the ears
    - Difficulty breathing, coughing and / or wheezing
    - Nausea, vomiting
    - Fall in blood pressure
    - Fainting, unresponsiveness

Note: not all signs and symptoms need be present in anaphylaxis

Nurse Management

- ❖ Notify parents
- ❖ Rash: over-the-counter or prescribed topical cream or ointment is given
- ❖ Hives: over-the-counter antihistamine is recommended
- ❖ Vomiting, diarrhea: offer small sips of water to avoid dehydration
- ❖ Anaphylaxis :
  - Immediate injection of Adrenaline 1:1000 subcutaneously
    - ★ 3 – 5 years : 0.15 cc
    - ★ 6 – 8 years : 0.25 cc
    - ★ 9 – 18 years: 0.3 cc
- ❖ Immediate call to Emergency Medical Service and transport to the nearest medical facility despite initial improvement after the first Adrenaline injection. The following should be sent with the EMS:
  - Allergen to which patient is reacting, if known
  - Signs and symptoms of distress
  - Emergency measures instituted
  - Patient response to emergency measures
  - Times of all activities, including giving adrenaline
- ❖ If the student is still at school in 15 – 20 minutes, repeat a dose of Adrenaline according to physician orders.
- ❖ Monitor blood pressure – elevate legs if blood pressure is low
- ❖ Cover with blankets, if necessary, to keep warm; don't allow blankets to interfere with handling or observation

Follow-up:

- ❖ Avoid contact and exposure to foods which trigger allergic reaction
- ❖ Develop an Individual Health Care Plan with input from the physician and family which includes specific actions to prevent exposure, staff training, and the emergency action plan with individualized orders.

Foreign bodies: eye, ear, nose

It is not uncommon for children to present with a foreign body in the eye, ear or nose. A variety of inanimate objects and vegetable materials can get in the ear and nose. Environmental materials such as dust, dirt, sand, and insects can also get in the eyes, ears, and nose.

Signs and symptoms:

- ❖ Eye: pain, tearing, irritation, inflammation
- ❖ Ear: usually no discomfort. Children report something in their ear.

- ❖ Nose: usually no symptoms at first. Children may report having put something in their nose. After a few days, a unilateral sero-purulent foul-smelling discharge

Nurse Management:

- ❖ Eye
  - Never remove an intraocular foreign body or if history indicates there was a projectile object involved. Refer immediately to an ophthalmologist.
  - Pull down the lower lid with the tip of the index finger. If foreign body can be seen in the sac of the lower lid, remove with a moistened cotton-tipped applicator.
  - If not successful after 1 – 2 attempts, or if foreign body is in any other location, refer to a primary care provider.
  - Patch both eyes with gauze pads to minimize eye movement prior to travel to a primary care provider or ophthalmologist.
  - Minor irritation from foreign object (glitter, sand in eye)
    - ★ Fill paper cup to brim with tap water
    - ★ Have student position irritated eye in water, look into cup and blink eye, much like opening eyes in swimming pool
    - ★ Flush eye at eye wash station or with hand held eye wash bottle
- ❖ **Ear**
  - Do not try to remove unless foreign body can be seen easily and grasped with forceps or fingers.
  - If the object is an insect, do not attempt to examine it with an otoscope as the light may irritate the insect causing it to move and creating discomfort for the student. Take the student into a dark room and shine a flashlight into the ear and the insect may crawl toward the light and out of the ear canal.
  - If the attempt is not successful, refer to a primary care provider.
- ❖ **Nose**
  - Try having child blow nose forcibly while holding the unaffected nostril shut
  - Do not attempt to remove object unless it can be seen and grasped with forceps or fingers
  - While removing a visible object, press the nose above the object so you can not push it farther in.

Fracture

- Simple fracture: The bone is lined up and does not need to be set, just immobilized
- Hairline fracture: A fine crack; this may not show immediately on x-ray
- Greenstick fracture: Split on one side but not the other
- Displaced fracture: end of bones are not lined up and may actually overlap
- Impacted fracture: two broken ends are jammed together
- Compound fracture: both ends ar apart and one or both protrudes through broken

Signs and symptoms:

- Localized pain following trauma
- Asymmetry compared to opposite side, but not always present
- Deformity is associated with severe pain
- Swelling and discoloration are not always present, but the likelihood of a fracture is greater if discoloration appears within 30 minutes
- Suspect "stress" fracture if painful from excess exercise, jogging, gymnastics, ballet training… Produces pain without swelling at site of fracture, especially on movement.
- Most frequently missed fractures: ribs, fingers, toes, elbow, knee and end of the radius in the forearm.

Nurse Management:

- Do not move the student until an assessment is done. Do not move the student if a fracture of the leg bones, pelvis or spine is suspected unless the student is in grave danger being left where he is. If a student must be moved under these circumstances, utilize multiple people and a device such as a backboard, or other large flat items in order to keep the student immobilized.
- Inspect for deformity, bleeding, and protruding bone
- Calm student. Shock may cause extreme "quietness" for the severity
- Check for pulses near injury; if skin color is white / pale or pulse is absent, gently reposition only until circulation improves. If a limb resists movement, stop. Immobilize beyond joints above and below ends of suspected fracture, leaving the limb in position. Splint only with a pillow if calling for emergency services.
- Cover exposed bone with sterile / clean bandage. DO NOT wash or probe
- Apply cold
- Summon emergency services, school authority and parents

- ❖ Monitor pulse, RR , checking for shock every five minutes until emergency services arrive
- ❖ Fingers / Toes:
  - If suspect fracture, tape to adjacent finger / toe (buddy splint). Refer to be seen within the day, sooner if deformity is present.
  - Jammed finger: buddy tape to adjacent digit. Check onset of discoloration, usually within 12 – 15 hours if fractured and more than 15 hours if only jammed

Follow-up:

- ❖ Splint / cast care as directed
- ❖ Check finger / toe for adequate circulation and sensation
- ❖ Assist with modifications for classes, writing, keeping cast dry…
- ❖ Assess proper crutch use

Other musculoskeletal concerns: Dislocation - Subluxation: partial dislocation

- ❖ Signs and symptoms: joint looks visibly deformed or out of place; area swollen; immovable; area intensely painful
- ❖ Nurse Management: depends on the severity of the injury

Head injury:

- ❖ Trauma to scalp: laceration, bruise, abrasion
- ❖ Trauma to bonny skull; fracture
- ❖ Trauma to brain: concussion, contusion, laceration, hematoma

Signs and symptoms:

- ❖ Scalp injury
  - Abrasion
  - Laceration: more bleeding than similar cut on other parts of body
  - Bruise: causes mildly painful swelling. Edges may feel depressed.
- ❖ Skull fracture
  - Nondisplaced linear fracture: pain
  - Basal skull fracture: usually associated with severe injury which almost always produces disturbance of consciousness or leakage of blood or spinal fluid from mouth, nose or ear
  - Depressed skull fracture: due to a fragment or larger piece of bone pressing down on brain as a result of trauma
- ❖ Brain injury – Concussion
  - Vomiting
  - Unequal size of pupils
  - Unusually rapid or slow pulse rate

- More severe brain injury – contusion, laceration, subdural or epidural hematoma
    - Accompanied by moderate to severe loss of consciousness
    - Watch for a delayed or second episode of unconsciousness after apparently awakening from first

<u>State of consciousness:</u>

- Mild: momentary clouding of consciousness and transient confusion, and then apparently normal
- Moderate: Brief period of confusion, seeing stars, hearing bells ring, loss of memory of event; short period of unusual behavior; may require 15 – 30 minutes to recover; difficult concentrating, irritability, headaches lasting for weeks or months
- Severe: any of moderate above , plus : loss of consciousness; a gradual return to consciousness (several seconds to minutes) through state of stupor, confusion, automatic behavior and lucid recovery; if unconscious > 5 minutes, needs medical evaluation; check for retrograde amnesia; seizure – may require CPR

<u>Nurse Management:</u>

- Scalp injury
    - Abrasion: wash, pressure with gauze or other clean cloth until bleeding stops. Dressing is usually not necessary
    - Laceration: same as abrasion but apply pressure longer to make sure bleeding stops
    - Bruise: cold pack to relieve pain. Do not apply pressure.
- Skull fracture
    - Linear: limitation of activity as directed by physician
    - Basal: refer to medical facility
    - Depressed: if fragment is significantly depressed to encroach on brain, surgery may be required to elevated bony segment
- Brain injury
    - If all findings are normal, have the student rest with supervision for 15 – 30 minutes, depending on severity or injury and appearance of the student. Allow to return to class. Ask teacher for status report in one hour
    - Slightly woozy, but all other findings normal, notify parents to take child to doctor

- If more extensive brain injury symptoms are present, student should be referred to physician immediately
- Athletes with mild injury may return to competition that day if symptoms leave. Observe for dizziness, headache, nausea, photophobia

Notes

❖ Guidelines for management of concussion in sports
  - Recognize the signs and symptoms of a concussion
  - Remove from the event and evaluate on site. Assume a concussion if the athlete exhibits confusion and / or unusual behavior (even without loss of consciousness)
  - Monitor as indicate
  - Refer for medical evaluation as appropriate
  - Inform parent / guardian of possible / known concussion
  - Any loss of consciousness – transport for immediate medical evaluation

❖ **Return to play guidelines:**
  - The athlete should not play on the same day the concussion occurred
  - Require medical clearance before the athlete may return to practice or play. Medical clearance is important to prevent second-impact syndrome. Second-impact syndrome can occur if a second head injury is sustained before the symptoms of the first concussion has subsided
  - The athlete should not return to practice / play until totally asymptomatic

Heat-related illness

Hyperthermia is a life-threatening increase in body core temperature.

***Signs and symptoms*:**

❖ Heat cramps: muscle cramps often in abdomen or legs; excess perspiration; weakness and lightheadedness

❖ Heat exhaustion: Cool, pale and clammy skin; heavy sweating; weakness or tiredness; dizziness or fainting; headache; nausea or vomiting; muscle cramps; rapid heart rate

❖ Heat stroke: hot red dry skin; absence of sweating; rapid and strong pulse; extremely high body temperature; rapid breathing; confusion or lack of coordination; unconscious or seizures

Nurse Management

- ❖ Heat cramps
  - Move person to cool place and instruct person to rest
  - Give sips of water
  - Do not give liquid with caffeine
  - Do not give salt tablets
  - If person does not improve or if worsens, call EMS
- ❖ Heat exhaustion
  - Move person to cool area
  - Stop activity and instruct person to lie down and elevate feet 8 – 12 inches
  - Loosen clothing
  - Apply cool wet cloths to neck, armpits, groins
  - Use fan to cool and / or move to air-conditioned area
  - Sips of fluids
  - If nausea or vomiting occurs, discontinue fluids
  - Seek immediate medical attention if symptoms are severe, worsen or last over an hour
- ❖ **Heat stroke**
  - Call EMS
  - Meanwhile move the victim to c cooler environment
  - Reduce body temperature with cold bath or sponging, wet sheets or towels
  - Remove clothing, use fans, air-conditioners
  - Be alert for vomiting and prevent aspiration
  - Monitor consciousness and prepare for CPR

Sprain of ankle or knee

- ❖ Sprain: stretched or torn ligament (that connects bones)
- ❖ Strain: pulling or over-exerting a muscle or tendon (connects muscles to bone)

Signs and symptoms:

- ❖ History of trauma
- ❖ Person may feel a flash of heat or may describe hearing a “snap” or “pop”
- ❖ History of prior injury to same joint
- ❖ Pain / tenderness at site of injury
- ❖ Variable swelling and / or bruising

Nurse Management:

- ❖ Take detailed history of injury

- ❖ Assess pulse quality and capillary refill below the injured site
- ❖ Check range of motion and sensation
- ❖ Institute RICE principle:
  - Rest of the injured area for 48 hours
  - Ice placed on the injured area for 20 minutes every 2 – 3 hours for first 24 hours
  - Compression with elastic bandage or if authorized, splints
  - Elevate injured part

TO REPORT ILLNESS/INJURY/INCIDENT:

SSIS Nurse Hotline 090 994 1100
International SOS medical provider support 24/7 (028) 3829 8520
Nicol Stevens HOM (028) 541 30901 ext 31060 (school)
Wai Mun Fong +84 9 0689 3988
Dr. Moran +84 9 0384 7113
Nicol Stevens 093 831 0930 (cell)

TO CALL FOR HCMC EMERGENCY SERVICES:

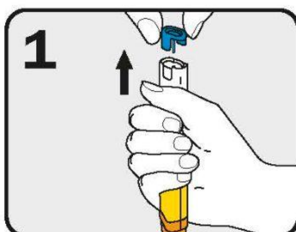
FV Hospital (028) 5411 3500
HCMC Family Medical Practice Ambulance *9999

REMEMBER
ORANGE TO THE THIGH
BLUE TO THE SKY

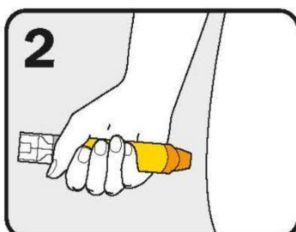
FIRST AID PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

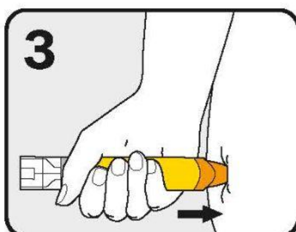
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

EpiPen® is given as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE AUTOINJECTOR

3 Phone ambulance- FV Hospital (028) 5411 3500 or Family Medical *9999

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes 6 Transfer person to hospital for at least 4 hours of observation IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

© ASCIA 2021 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

AUTHORIZATION FOR MEDICINE ADMINISTRATION

Full name (Last, First)	**D.O.B** (mm/dd/yy)	**Gender**	**Grade**

I hereby request and authorize the SSIS/ISOS Nurse to administer the following medicine(s) to my child

MEDICINE NAME	REASON	DOSE	Route / Method	Time / Frequency

Please list side-effects if any:

I understand that:

- Prescription medication(s) must be in the original container(s), properly labeled with the student's name, name of medicine, route, dosage, directions and expiration date. A copy of the physician 's prescription is also attached.
- Non-prescription medication(s) must be in the original container(s) with the manufacturer 's label intact and must not be expired. Medication must be age appropriate as stated on the manufacturer's label.
- The SSIS/ISOS Nurse can only administer the manufacturer 's recommended dose of non-prescription medication. A physician prescription is required if the dose requested is greater than the manufacturer 's recommended dose.
- I must notify the SSIS/ISOS Nurse directly of any changes, including discontinuation of any medications.
- Changes in medication require a new authorization form to be completed and signed by the parent / legal guardian.
- A parent or legal guardian must deliver and pick up the medication(s) in the SSIS Nurse 's office.
- All medication(s) must be picked up by dismissal time on the last day of the school year. All unclaimed medication will be discarded immediately. The SSIS Nurse 's office will not store any medication over the summer.

Date (Month/Day/Year)	Parent's full name	Parent's signature