



The 3 most deadly bloodborne pathogens are:

Hepatitis B Virus (HBV)
Hepatitis C Virus (HCV)
Human Immuno-deficiency Virus (HIV)

Hepatitis B (HBV)

- Spread through blood and body fluids
- Can cause serious liver disease
- 100 times MORE contagious than HIV
- Symptoms include yellow skin, fatigue, loss of appetite, abdominal pain, nausea, and vomiting.
- There is a vaccine to protect against HBV

Hepatitis C (HCV)

- Spread mainly by blood, but can be spread by body fluids
- HCV causes a higher rate of 'chronic liver disease' than HBV
- Leading cause of liver transplants
- Many people show no symptoms of illness
- No vaccine to prevent HCV

Human Immuno-deficiency Virus (HIV)

- Spread by blood and body fluids
- May show no symptoms of illness
- HIV and HCV co-infection is on the rise
- Can go on to develop AIDS (Acquired Immuno-deficiency Syndrome)
- No vaccine for HIV



Transmission

At work, the diseases are spread by blood entering the body through cuts, punctures, accidents, or splashing that enter the mucous membranes of the eyes, nose, or mouth.

Universal Protection

- Treat <u>ALL</u> blood and body fluids as if they are infectious
 - Keep non-intact skin covered
 - Wash your hands frequently
 - Wear gloves if you suspect contact with blood or body fluids

Hand washing

- Hand washing is the best defense against the spread of infection!
- Wash your hands before and after eating and toileting, after coughing or sneezing, after contact with any blood or body fluids, after removing gloves

Hand washing 101



- Wash hands with soap and running water for approximately 20 seconds.
- Rub all surfaces of the hands vigorously, including above the wrists and between fingers.
- Rinse thoroughly and dry with a clean paper towel
- Use an additional clean paper towel to turn off the faucet
- Use a third clean paper towel to open the bathroom door, if needed

Good Housekeeping

- Keep paper towels and disinfectants in your area
- Do not keep food or drinks around any potentially infectious material
- Do not handle contact lenses or apply cosmetics or lip balm where exposure is possible
- Clean all blood or fluid spills promptly

Good Housekeeping

- Wear gloves to handle or clean contaminated objects or areas
- Prevent exposure to clothing
- Contact the building custodian for additional clean up
- Put all contaminated items into a trash bag

Exposure

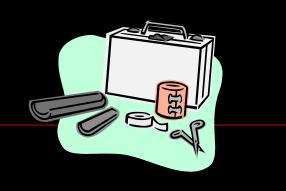


- Exposure <u>DOES NOT ALWAYS</u> lead to infection
- To become exposed, a large enough dose of live virus must enter your bloodstream and overcome your body's defense system

If Exposed

- Do not panic
- Immediately wash the exposed skin with soap and water
- If infectious materials enter your eyes, flush with large amounts of clean water
- Report the exposure to the building nurse and principal <u>immediately</u>

Basic First Aid



- Check the scene for safety
- Check the person
- Obtain consent to give first aid
- Call 911 for any life-threatening condition
- Monitor airway, breathing and circulation
- Contact the school nurse

Checking an Ill or Injured Person

- Look head to toe for bleeding, fluids or wounds
- Look at skin color and temperature
- Look for medical ID bracelets or necklaces
- Look for observable signs of pain



Controlling External Bleeding

- Cover the bleeding site with a sterile dressing
- Use clothing or other material if sterile dressing isn't available
- Have the injured person apply pressure, if possible
- Elevate the site of bleeding above heart level

Controlling External Bleeding

- Continue to apply dressings to site if bleeding continues
- Have the person lie down in a quiet location
- Keep them warm and as calm as possible while someone else calls 9-1-1
- Wash hands thoroughly after giving care



Stop the Bleed Kit Locations

- In each nurse's office
- In each main office
- In every AED cabinet
- Various other high-risk district locations

If you are interested in more information on Stop the Bleed- contact the district lead nurse or your building nurse

Allergic Reaction (Anaphylaxis)

- Occurs suddenly after exposure to allergen
- May cause local swelling at contact area
- May cause weakness, nausea, vomiting, dizziness, or stomach cramps
- Could progress to swelling of airways and inability to breathe
- Can be life-threatening

Allergic Reaction (Anaphylaxis)

- Each building is equipped with an epinephrine auto-injector pen
- The school nurse and administrators of each building know the location of the pen

Contact the school nurse immediately if you feel someone may be having an Anaphylactic reaction



How to use Epipen

HOW TO USE AN EPIPEN

- Blue end up
- Orange end down
- Blue to the sky, orange to the thigh"
- Push and hold in place, count to 10 (we count fast in emergencies)



Call 911

Seizures (Epilepsy)

- Remove nearby objects to avoid injury
- DO NOT restrain the person
- DO NOT place anything in or near the person's mouth
- Place a towel or clothing under the person's head
- Place in side-lying position after all movement has stopped
- Contact the school nurse immediately

Seizures

SEIZURE TRAINING FOR SCHOOL PERSONNEL

(video viewed biannually in MUSIC)

Students with known seizures will have an emergency action plan.



EMERGENCY ACTION PLAN

Student Name:			DOB:	Grade:
Student Picture	Parent/Guard Emergency C	rmation: lian Name: lian Name: Contact: ontacts:		
Building Health Office, Seizure Type	/School Nurse: _	How Long it Lasts		

First Aid - STAY calm, begin timing seizure. Notify school nurse.

✓ Provide PRIVACY – remove other students from area

✓ Keep the student SAFE – remove harmful objects, don't restrain, protect head

✓ Position on SIDE – turn on side if not awake, keep airway clear, do not put objects in mouth

Give Medication or Treatment

✓ Administer Medication: _____ Instructions:

✓ Swipe magnet for VNS (Vagal Nerve Stimulator) Instructions:

Get Help If:

✓ Lasts more than 5 minutes

✓ Repeated seizures longer than 10 minutes with no recovery time in-between

- ✓ Seizure does not stop after giving emergency medication
- ✓ Difficulty breathing after seizure ends
- ✓ Serious injury occurs or suspected, or seizure in water

After the Seizure

\checkmark STAY with the student until fully recovered from seizure

✓ Notify parent or guardian if student does not return to usual behavior (i.e., confused or lethargic)

Emergency Plan written by:	Date:	
Parent/Guardian Signature:	Date:	

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis. In the event of an emergency, care will be initiated and parents will be contacted. This plan is in effect for the current school year only.

Asthma Rescue Medicine



- Each building nurse is equipped with asthma rescue medicines called Albuterol
 Albuterol is a bronchodilator. It helps to open the airway to allow the person to breathe better
- Contact the school nurse if you feel someone is having trouble breathing.

Albuterol Inhaler

If student is showing signs of breathing difficulty:

Nasal flaring, increased respiratory rate, wheezing or other abnormal breathing sounds, abnormal skin color AND their own inhaler is not available-----→

then may use school stock albuterol

After use, observe student until improved. If not improved, call parent and 911 if necessary.



Asthma

- Students with known asthma may have an asthma action plan.
- It's important to recognize when a student is having trouble breathing.

		Birthdate: stent Doderate Persistent Severe Persistent evere asthma attacks/exacerbations	
Green Zone	Have the child take these r	medicines every day, even when the child feels well.	
Always use a space Controller Medicine	er with inhalers as directed. e(s):		
Rescue Medicine: A	els) Given in School: Albuterol/Levalbuterol Albuterol/Levalbuterol	puffs every four hours as needed puffs 15 minutes before activity as needed	
Yellow Zone	Begin the sick treatment plo child take all of these medi	an if the child has a cough, wheeze, shortness of breath, or tight chest. Har icines when sick.	ve the
Controller Medicine: A Controller Medicine Continue Green 2 Add:	els):	puffs every 4 hours as needed	
Change: If the child is in the ;	yellow zone more than 24 ho	ours or is getting worse, follow red zone and call the doctor right away!	
<u> </u>	,	ours or is getting worse, follow red zone and call the doctor right away! st, ribs sticking out, trouble walking, talking, or sleeping. Get Help Now	
If the child is in the Red Zone	If breathing is hard and fas	st, ribs sticking out, trouble walking, talking, or sleeping.	
If the child is in the y Red Zone Take rescue medicine: A	If breathing is hard and fas ne(s) now Albuterol/Levalbuterol	st, ribs sticking out, trouble walking, talking, or sleeping. Get Help Now	
If the child is in the ; Red Zone Take rescue medicin Rescue Medicine: A Take: Asthma Triggers: (List)	If breathing is hard and fas ne(s) now Albuterol/Levalbuterol If the Please call if	e child is not better right away, call 911 he doctor any time the child is in the red zone.	
If the child is in the ; Constraints of the child is a child is child is a chi	If breathing is hard and fas ne(s) now Albuterol/Levalbuterol Please call the Please call the Yellow and Red Zone plans for re	st, ribs sticking out, trouble walking, talking, or sleeping. Get Help Now puffs every puffs ev	
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If the child is in the Red Zone Take rescue medicin Rescue Medicine: A Take: Take: Asthma Triggers: (List) Asthma Triggers: (List) Asthma Triggers: (List) Asthma Triggers: (List) Asthma Provide: Printed P arent/Guardian: 1 give embers as appropriate.	If breathing is hard and fas ne(s) now Albuterol/Levalbuterol If the Please call th Please call th Please call th Please and the parent feel that the c with student self-administering the Name and Contact Information: written authorization for the med I consert to communication betw		

Asthma Action Plan for Home & School

Narcan

- Each building nurse is equipped with Narcan
- Opioid overdose decreases respiratory effort and may lead to cardiac arrest if left untreated
- Narcan blocks opioid receptors in the brain, helping restore normal breathing

Narcan

Warning Signs of an Opioid Overdose

- Unresponsive
- Shallow breathing/no breathing
- Small pinpoint pupils

- Cold, clammy skin
- Gurgling/snoring
- Blue or gray lips and nails

Opioid Overdose Response



Check for breathing and clear airways



Lay person on their back and administer Naloxone/Narcan (see options below):



*If you must leave the person at any point, turn the person on their side in the recovery position.

NARCAN[®]

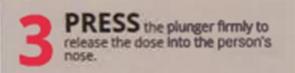
PEEL back the package to remove the device.



PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the person's nose.

DO NOT TEST THE NARCAN BEFORE USE





After giving naloxone, call 911



It is safe to call 911

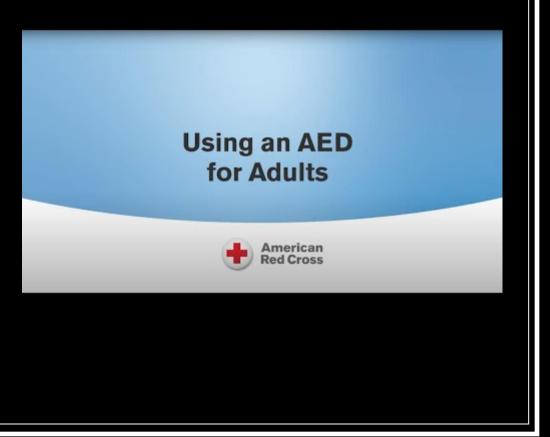
AED

Each building has access to an AED

- It's important to know the AED location for your building
 - Early CPR and AED use can help improve the chances of survival during a sudden cardiac event

AED

- Turn on the AED
- Attach pads
- Follow the prompts
- Use pediatric pads for children 8 years old and younger
- Use adult pads (already attached) for anyone older than 8 years of age



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AED locations

- K-1 entry by office
- 2-3 FEMA shelter by the restrooms
- Auditorium foyer
- Intermediate foyer by gym
- Junior High cafeteria near concession stand
- High School gym by score table
- Athletic trainers have them at all events
- Athletic complex indoor facility

