Other Situations that may be Encountered

This page provides information on other situations that may be encountered, such as general de-escalation and first-aid protocols.

Class Cancelled or Parent Communication Needed

1. The Coordinator connects with LG RA.
2. Together they decide on mode of communication (email or phone).
3. Provide clear guidance to parents and staff.

De-Escalation Procedures

1. Work in pairs, whenever possible.
2. Assess the situation as you approach.
3. Ensure you have a clear exit.
4. Model calm and confidence. Don’t demand it from the angry or hostile individual.
5. Identify your name and/or position.
6. Watch the periphery of the area (for weapons, other perpetrators, help arriving, etc.)
7. Keep your hands free.
8. Listen, listen, listen - let them talk.
9. Let them ‘save face’.
10. Maintain casual eye contact.
11. Keep a barrier between you and the individual when possible.
12. Let them leave.
13. Document the incident and report to the Coordinator or Adult in Charge.

First Aid

Level A - Minor Injury

1. Minor injuries such as a scrape, minor cut, bruising, etc. may be treated by any Adults in Charge. Supplies (band aid, ice pack) are available on location as arranged.
2. Mention to the Coordinator and Adult in Charge.
3. Inform parent and follow up with family as needed.

Level B- Major Injury

Examples: suspected concussion, sustained bleeding, suspected fracture/ broken bone

1. Inform Coordinator or Adult in Charge
2. Refer to qualified adult participants or personnel to assess the situation as needed.
3. Coordinator or Adult in Charge to complete an Accident Report including witness or attendant accounts
4. Inform parent and follow-up with family as necessary.

Level C- Medical Emergency

Examples: Seizure, unconscious/unresponsive.

See HCOS Policy on specific procedures for anaphylaxis

Teacher or Supervising Adult:

1. Call 911 if student is unresponsive
2. Attend to Student care as needed
3. Inform First Aid Attendant or Coordinator or Adult in Charge
4. Await and direct Emergency Medical attendants to the location
5. Follow directions of care given by First Aid attendant
6. Issue appropriate emergency procedures to ensure that students are not unnecessarily exposed to trauma (eg. clear room/area).
7. Remain calm and reassure students that all possible actions are being taken to care for the injured or ill person and to protect others.
8. Rejoin your students as soon as possible.
9. Account for all students and remain with them.

Coordinator or Adult in Charge to:

1. Ensure all students have the required care and adult supervision.
2. Secure area for follow-up investigation if needed.
3. Together with the First Aid attendant, complete an Accident Report.
4. Inform parent and follow up with family as necessary.

> School Administration will follow up as needed

Exposure to Blood or Bodily Fluid

What is exposure? Exposure is an accident which results in a break of the skin or exposes the mucous membranes of the eyes, inside the nose, or inside the mouth, to blood or infectious bodily fluids.

What fluids are potentially infectious? All bodily fluids are potentially infectious, particularly blood, semen, fluids from a wound, body cavity or infectious site, and any body fluid visibly contaminated with blood.

The following incidents are potentially harmful:

1. Skin is punctured with a contaminated sharp object.
2. The mucous membrane is splashed with blood and certain body fluids.
3. Non-intact skin is splashed with blood and certain body fluids.

If any of the above exposure incidents occur, follow these steps:

1. Get first aid immediately:
    1. If the mucous membrane of eyes, nose, mouth are affected, flush with lots of clean water at a sink or eyewash station.
    2. If there is a sharps injury allow the wound to bleed freely. Then wash the area thoroughly with non-abrasive and water.
    3. If an area of non-intact skin is affected, wash the area with non-abrasive soap and water.

2. Report the incident as soon as possible to your supervisor and first aid person.
3. Seek medical attention immediately- preferably within two hours at the closest hospital ER or healthcare facility.
4. **Please do not touch!** Contact the appropriate facility or venue personnel for proper clean-up.

Overdose- Opioid

Call 911 if you suspect an overdose. The sooner you call, the better the chance of recovery. While waiting for first responders to arrive, follow the SAVE ME protocol.

- **S** - Stimulate. Check if person is responsive; can you wake them up?
- **A** - Airway. Make sure there is nothing in the mouth blocking the airway or stopping them from breathing.
- **V** - Ventilate. Help them breathe. Pinch nose, cover mouth with mask and breath every 5 seconds.
- **E** - Evaluate. Do you see any improvement?
- **M** - Muscular injection. Inject one dose (1cc) of naloxone (if available) into a muscle.
- **E** - Evaluate and support. Is the person breathing? If they are not awake in 5 minutes, give one more 1cc dose naloxone.

If you need to leave the person alone for any reason, place them into the recovery position before you leave to keep the airway clear and prevent choking.

- Turn onto the side.
- Place the patient’s hand under the head to support the head.

- Place the top leg slightly in front of the leg touching the ground, and place the knee to the ground to prevent the body from rolling onto the stomach.

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