



Emergency Response in Special Situations for School Bus Drivers

Presented by
Student Health Services
Fulton County Schools



Overview

- The purpose of this class is to provide bus drivers with basic understanding of first aid principles, as well as how to respond to students with acute medical problems.
- As a result of this review, the bus driver will know how to recognize certain signs and symptoms of specific illnesses and provide basic assistance while awaiting the arrival of trained help.

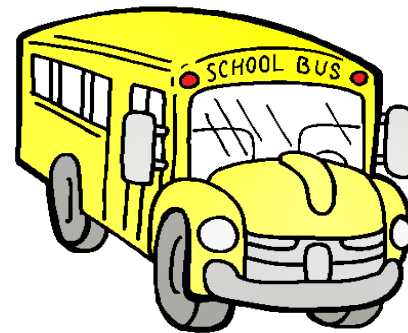


Good Samaritan Act

- Each State has a “Good Samaritan Law” that assures that persons who offer medical assistance to victims, in good faith, will not be held liable for the outcome of such assistance as long as the medical assistance is within the scope of their ability and the person does not accept payment for the service.

Limitations

- As a bus driver in the community, you have certain limitations:
 - Often you are the only adult available
 - Number of students on the bus varies
 - Traffic
 - Weather



Basic Principles of Emergency Response

- Recognize that there is a problem
- Pull the bus over
- Check to see if the victim is responsive
- Call Dispatch for help
- Attend to the victim
- Direct other students



Basic Principles of First Aid

- Rescuer Duties
 - What is First Aid
 - Duty to Act
- Victim and Rescuer Safety
 - Is the scene safe?
 - Report your location



Basic Principles of First Aid

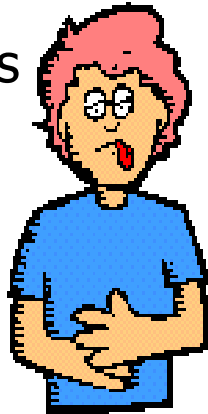
Universal Precautions - Preventing Disease Transmission
If it's Wet and not yours, **Don't Touch It!** (without gloves)



■ Potentially Infectious

Assume all body fluids are infectious

- Saliva
- Nasal secretions
- Vomit
- Blood
- Urine
- Wounds



■ Prevention

- Proper hand washing
- Wear gloves
- Readily available supplies
- Avoid punctures
- Contain bleeding
- Proper disposal of contaminated trash
- Surface disinfectant

Basic Principles of First Aid

con'd

- First Aid Supplies
 - limited in bus settings
- Recommended Supplies
 - Gloves
 - Band-aids
 - Gauze
 - Telephone





Basic Principles of First Aid

con'd

- How and When to Phone for Help
 - When problem is identified
 - Call dispatch who will advise you

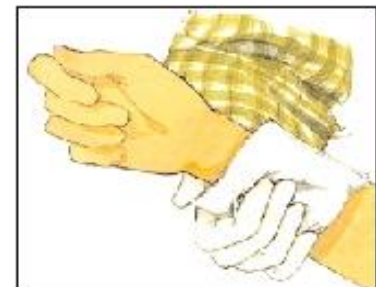
- Finding the Problem
 - Dispatchers will ask questions so they can assist you

- After the Emergency
 - On-going medical care provided by EMS
 - Emotions of the Rescuer
 - Confidentiality
 - Reporting

Basic First Aid Situations

Responsive or Unresponsive

- If unresponsive – always remember your CAB's of CPR (Compressions, Airway, Breathing)
- If responsive, is there bleeding you can see?
 - If yes, apply direct pressure
 - Instruct the student to apply pressure while you gather supplies.



Basic First Aid Situations

- Bleeding you can see

- Minor Cuts and Scrapes

- Nosebleed — position of the head should be forward





Recognizing Normal versus Abnormal Breathing

■ Normal

- Normal skin color
- Quiet breathing
- Breathing rate
- Chest rise and fall
- Alert, responding appropriately
- Normal posture
- Speaking clearly – full sentences

■ Abnormal

- Pale, gray, blue skin color
- Loud, noisy breathing
- Breathing fast / too slow
- Using accessory muscles / nasal flaring
- Sleepy, restless, agitated
- Leaning forward
- Broken sentences
- Non-verbal kids may have a weak cry



Common Breathing Emergencies

Asthma

Triggers

- Weather
- Cold Symptoms / Infections
- Cigarette Smoke
- Allergens – pets, smog
- Exercise
- Emotions

Common Breathing Emergencies

Asthma con'd

- Symptoms
 - Coughing
 - Wheezing
 - Difficulty Breathing

- Treatment
 - Inhaler
 - Calm / Reassure
 - Call Dispatch





Common Breathing Emergencies

Allergies

- Problems may be rapid or occur within hours
- May Affect:
 - Skin
 - Throat
 - Lungs
 - Stomach
 - Heart
- Triggers:
 - Foods – peanuts, dairy, seafood
 - Insects – bees, wasps, ants
 - Medications
 - Latex



Signs and Symptoms of Anaphylaxis – Severe Allergic reaction

- Symptoms range from:
 - a tingling sensation in the mouth
 - swelling of the tongue and the throat
 - difficulty breathing
 - hives
 - vomiting
 - abdominal cramps
 - diarrhea
 - loss of consciousness

Severe Allergy Reaction Treatment

Treatment:

- Anti-histamine
(Such as Benadryl)
- Epi-Pen



Prevention

- No food on the bus policy

Review of Breathing Emergencies

What do you do if a student is having difficulty breathing?

Stay calm

If color changes – blue/gray or if unconscious, call dispatch

Reassure the student

Ask the student if they have an inhaler or an epi-pen





Seizures

A brief, excessive discharge of electrical activity in the brain that alters one or more of the following:

- Movement
- Sensation
- Behavior
- Awareness

Types Of Seizures

- **Generalized Seizures**
 - Involve the whole brain
 - Symptoms may include convulsions, staring, muscle spasms and falls
- **Partial Seizures**
 - Involves only part of the brain
 - Symptoms relate to the part of the brain that is affected.





Seizure Plans

- All students who have seizures should have a Seizure Plan which is provided to transportation
- This plan will indicate what the student's seizures generally look like
- It will also document the seizure plan that should be followed

First Aid for Seizures

- Know appropriate first aid
 - Protect student
 - Time the seizure
 - If in W/C protect loosen straps if necessary
- Recognize when a seizure is a medical emergency





Diastat if ordered

- Diastat (valium) given rectally
- Diastat is only administered if there is a bus monitor
- Printed instructions are with Diastat
 - Student must lay on left side of body
 - Wearing gloves, Diastat is administered slowly rectally (counting to 3 three times)



Vagal Nerve Stimulator (VNS)

- Device implanted just under the skin in the upper left chest with wires under skin that attach to the vagus nerve in neck
- Delivers intermittent electrical stimulation to the vagus nerve that relays impulses to areas of brain
- Used when medications aren't effective



Using Magnet for VNS

- If a student is having “breakthrough” seizures, a special Magnet may be used
- This will assist in preventing or reducing the severity of an oncoming seizure
- It is generally used at the first sign of a seizure. You cannot hurt the child.
- Instructions will tell you to slowly swipe across magnet starting at shoulder to mid chest



What is Diabetes?

Body does not make or properly use insulin

No insulin to move glucose from blood into cells

Diabetes



- Diabetic students must have check their blood sugar checked before getting on the bus at the end of the school day









Treatment of Low Blood Sugar Hypoglycemia

HYPOGLYCEMIA
(Low Blood Glucose)




Causes: Too little food or skip a meal; too much insulin or diabetes pills; more active than usual.

Onset: Often sudden; may pass out if untreated.

SYMPTOMS:

 SWEATING	 DIZZY	 ANXIOUS	 HUNGRY
 BLURRY VISION	 WEAKNESS OR FATIGUE	 HEADACHE	 IRRITABLE

WHAT CAN YOU DO?

 CHECK	TREAT	 CHECK	
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CHECK your blood glucose right away; if you can't check, treat anyway.
TREAT by eating 3 to 4 glucose tablets or 3 to 3 hard candies you can chew quickly (such as peppermints), or by drinking 4-ounces of fruit juice, or 1/2 can of regular soda pop.
CHECK your blood glucose again after 15 minutes. If it is still low, treat again. If symptoms don't stop, call your healthcare provider.

- Student needs to have access to:
 - Fast Acting Sugar
 - Juice Box
 - 3 – 4 Glucose Tablets
- Never leave a student with low blood sugar alone!



Severe Low Blood Sugar

- If the diabetic student is unconscious, having a seizure or unable to swallow, always suspect severe low blood sugar and call Dispatch!
- Place the student on their side
- Keep airway open until Paramedics arrive with a Glucagon to administer to the victim to raise their blood sugar

Treatment of High Blood Sugar Hyperglycemia

HYPERGLYCEMIA
(High Blood Sugar)

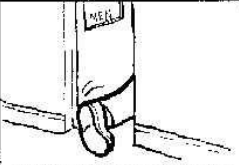





How Hard is
DIABETES
Care

CAUSES: Too much food, too little insulin, illness or stress.


ONSET: Gradual, may progress to diabetic coma.

BLOOD SUGAR: Above 200 mg/dL.
Acceptable range: 115-200 mg/dL.

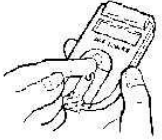

SYMPTOMS

 FREQUENT URINATION	 DRY SKIN	 HUNGER
 BLURRED VISION	 DROWSINESS	 NAUSEA

EXTREME THIRST



WHAT CAN YOU DO?

 TEST BLOOD SUGAR	 If over 250 mg/dL for several tests CALL YOUR DOCTOR
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- Student needs to have access to:
 - Water
- If the diabetic student is unconscious, having difficulty breathing, very weak or confused, call Dispatch.



Be Informed – Be Prepared

- Bus drivers are an important part of the school team
- Know which students have medical conditions
- Talk to parents
- Talk to school staff
- Keep a medical list for Subs
- Take CPR and First Aid Classes regularly



Conclusion

- Many situations will require more attention than can be given on the school bus
- Consult the Cluster Nurse or Special Education Nurse if you have any questions concerning the necessary first aid or medical attention for specific students on your bus
- Always err on the side of the student/victim
- Call Dispatch in an emergency!

Questions

References and Additional Resources

American Diabetes Association

<http://www.diabetes.org/advocacy-and-legalresources/discrimination/school/schooltraining.jsp>



Epilepsy Foundation

<http://www.epilepsyfoundation.org/>



American Heart Association

Heartsaver First Aid with CPR & AED

<http://www.americanheart.org/presenter.jhtml?identifier=1200000>



The Food Allergy Network

<http://www.foodallergy.org/default.htm>

