

MEDICAL EMERGENCIES IN SCHOOL

A reference guide for staff

**What to look for ...
What to do!**

**Scotia-Glenville Central School District
2026-2027**

DIABETES

What is DIABETES?

DIABETES is a chronic disease affecting a person's ability to process nutrients from their food into energy for their body (glucose). If untreated, the person's blood sugar is very high causing dramatic symptoms and life-threatening complications. When Diabetes is properly managed either by use of insulin injections, insulin pump therapy, or with oral medications, people with Type 1 or Type 2 Diabetes can usually lead a normal life with minimal restrictions. There may be times, however, when the blood sugar is too high or too low and needs treatment. Treatment for high or low blood sugar is the same for people with Type 1 or Type 2 Diabetes.

**LOW BLOOD SUGAR IS A MEDICAL EMERGENCY
AND NEEDS IMMEDIATE ATTENTION!**

What causes LOW BLOOD SUGAR in DIABETES?

- **Excessive physical activity, without extra food ahead of time (athletes after a game or practice)**
- **Failure to eat the proper amount of food at the proper time (skipped lunches)**
- **Too much insulin given**

What are the symptoms of LOW BLOOD SUGAR?

- Shaking
- Sweating
- Hunger
- Weakness, fatigue
- Impaired vision
- Irritability, confusion, anxiousness
- Staggering gait
- Headache
- Fast heartbeat
- Unconsciousness, if untreated

What to do if LOW BLOOD SUGAR is suspected:

Call for the school nurse!

If the school nurse is not available, a snack of sweet food should be given as soon as symptoms are present (hard candy, juice, soda). Most people with diabetes always carry a snack. Many people are concerned that a diabetic “can’t have sugar” but when the blood sugar is LOW, they **MUST** have sugar—without it, they could become unconscious and go into shock. If in doubt as to whether blood sugar is too high or too low, always treat as **LOW**.

Stay with the person until symptoms are gone or the school nurse is present.

Follow up with the school nurse, even if the person is feeling better.

ASTHMA

What is ASTHMA?

ASTHMA is a reversible obstruction (narrowing) of the windpipe resulting from sensitivity to “triggers” or irritants that a person has had contact with. Asthma is NOT contagious or infectious even though it is sometimes confused with bronchitis or pneumonia.

What causes ASTHMA?

Some common asthma triggers are:

- **Exercise**
- **Cold air**
- **Smoke/pollution**
- **Pet dander, dust mites, cockroaches, molds, and pollen**
- **Colds, viruses, respiratory infections**
- **Medicines/chemicals**
- **Coughing, yelling, laughing**
- **Acute stress**

What are the symptoms of ASTHMA?

- **Coughing**
- **Wheezing**
- **Shortness of breath**
- **Tightening of the chest**

How is ASTHMA treated?

Prevention is important - avoiding the substances and situations that are known to trigger the asthma attack. Many people are on routine daily medication to prevent or limit the number of attacks. The most common treatment of an asthma attack is an “inhaler” - medication that is inhaled and will open the windpipe.

What to do?

ASTHMA can be a MEDICAL EMERGENCY and often requires immediate attention!

This process can be very frightening for the person experiencing it and for those who are watching it happen. When a person experiences an asthma attack, it is very important that the adult in charge remain calm and **seek the assistance of the school nurse.**

If a student experiences an asthma attack while on the bus:

- REMAIN CALM!
- Call for help if needed
- Determine if student has medication with them; assist as needed
- Follow up with parent

SEIZURES

What is a SEIZURE?

A SEIZURE is a sudden outburst of electrical activity from the brain that causes a change in behavior or body function (movement).

SEIZURES can take many different forms from a very dramatic general body seizure (formerly called a Grand Mal) to a very subtle, almost unnoticeable form that might be confused with lack of attention. The type of treatment needed depends on the type of seizure.

What causes SEIZURE?

Some causes are unknown, but more commonly it is caused by one of the following:

- **Head Injury**
- **Fever (more common in infants)**
- **Brain Damage from birth**
- **Previous brain infections**
- **Poisonings**
- **Exercise**
- **Certain diseases**

What are the symptoms of (generalized) SEIZURE?

(Not all symptoms necessarily occur together)

Stiffening or jerking movements of arms/legs

- Loss of consciousness and body muscle tone
- Loss of urine or stool
- Drooling
- Sweating
- May appear as if not breathing, bluish color

How is SEIZURE treated?

First Aid Treatment consists of protecting the person's airway and observing the seizure.

- Ease the person to the floor
- Place something soft and flat under the head
- Loosen tight clothing around the neck
- Gently turn on one side to prevent choking
- Move objects that might hurt the person out of the way

What to do?

DO NOT TRY TO RESTRAIN OR PUT ANYTHING IN THE MOUTH!

- Send for the school nurse
- Time the seizure
- Try to observe what happens during the seizure (symptoms listed above)
- Talk calmly and reassuringly to the person even if it seems he/she cannot hear

CALL FOR HELP! If in doubt, call **9-1-1!** Even if the person is known to have a seizure disorder previously, they will need help and/or close monitoring after the seizure is over.

ANAPHYLAXIS

What is ANAPHYLAXIS?

Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergy-causing substance (allergen).

ANAPHYLAXIS is a MEDICAL EMERGENCY and requires immediate attention! Contact the school nurse or call 911 immediately!

What causes ANAPHYLAXIS?

Some causes are unknown, but more commonly it is caused by one of the following:

- **Stings** of bees, wasps, hornets, yellow jackets and fire ants
- **Foods**, including peanuts, milk, eggs, seafood, nuts, some food additives
- **Medications**, including antibiotics, seizure medications, muscle relaxants, aspirin, non-steroidal anti-inflammatory agents (such as Motrin, Advil)
- **Latex** or other chemical substances
- **Exercise**

What are the symptoms of ANAPHYLAXIS?

- Itching of the skin, raised red rash (hives)
- Flushing of the face, swelling of the lips, throat, tongue, hands, feet
- Wheezing, Shortness of breath, coughing, hoarseness
- Headache
- Nausea, vomiting, stomach cramps
- Sense of impending doom
- Loss of consciousness

How is ANAPHYLAXIS treated?

The best treatment is *prevention* – avoiding the substances and situations that are known to trigger the extreme allergic reaction.

However, situations may arise when emergency treatment is necessary. Epinephrine (adrenalin) is the treatment for ANAPHYLAXIS. It is most often given in the form of an “auto-injector” which is a pre-loaded dose of epinephrine that automatically injects when placed against the skin (EpiPen® is an example of an auto-injector.)

What to do?

If you think someone is experiencing an Anaphylaxis reaction:

Call the school nurse or 911 immediately!

ACCIDENTS, INJURIES, & ILLNESS

What to do?

In any situation where a student becomes ill or injured, the school nurse in the building should be notified.

The nurse should be called to the scene when a student is **unable to safely walk to the Health Office** without assistance.

An ill or injured student should not walk to the Health Office unaccompanied.

In instances where there is a question of loss of consciousness or serious injury, **the student should not be moved, and the nurse should be called to the scene.**

When in doubt, err on the side of caution and **call the nurse to evaluate the student.**

If the nurse is not available call 9-1-1

SUICIDE SAFETY

What are the warning signs?

Warning signs can be organized around the word **FACTS**:
Feelings, **A**ction, **C**hanges, **T**hreats, **S**ituations (loss, life changes, peer suicide).

Statements related to suicide or self harm.

Sharing a plan to harm oneself.

Extreme isolation/lack of belonging.

Expressions of worthlessness, shame, humiliation, hopelessness, or despair.

Feeling that they are a burden on others.

Morbid or aggressive artwork or writing.

Studying about ways to die.

Self-injury/cutting (increase damage)

This risk of self-harm is very high if a person has a plan and the means to carry it out.

What should I do?

Take a nonjudgmental, calm, reassuring approach to the student.

Do not leave the student alone or send student somewhere.

Explain that you are there to help and reassure the student that he/she is not in trouble.

Arrange for an adult to take the student to the Health Office and provide a brief description of the student concerns to the nurse.

The nurse contacts the building clinician to perform the Columbia Suicide Severity Rating Scale.

If you have concerns about a student make timely and direct contact with the school psychologist, social worker, nurse or building principal, DO NOT simply leave a voice message or email.

RESOURCES

American Diabetes Association (2004). *Diabetes care tasks at school: What key personnel need to know.*

Behrman & Kliegman (1994). *Essentials of pediatrics, second edition.*

Epilepsy Foundation of America. *Epilepsy: you and your child”.*

Hootman. *Quality nursing interventions in the school setting: Procedures, models and guidelines.*

New York State Department of Health (2008). *Children with diabetes: A resource guide for families and schools.*

NYS Office of Mental Health (2013). *Creating Suicide Safety in Schools.*

Wynn, Susan: Fort Worth Asthma & Allergy Associates. *Anaphylaxis.*

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