

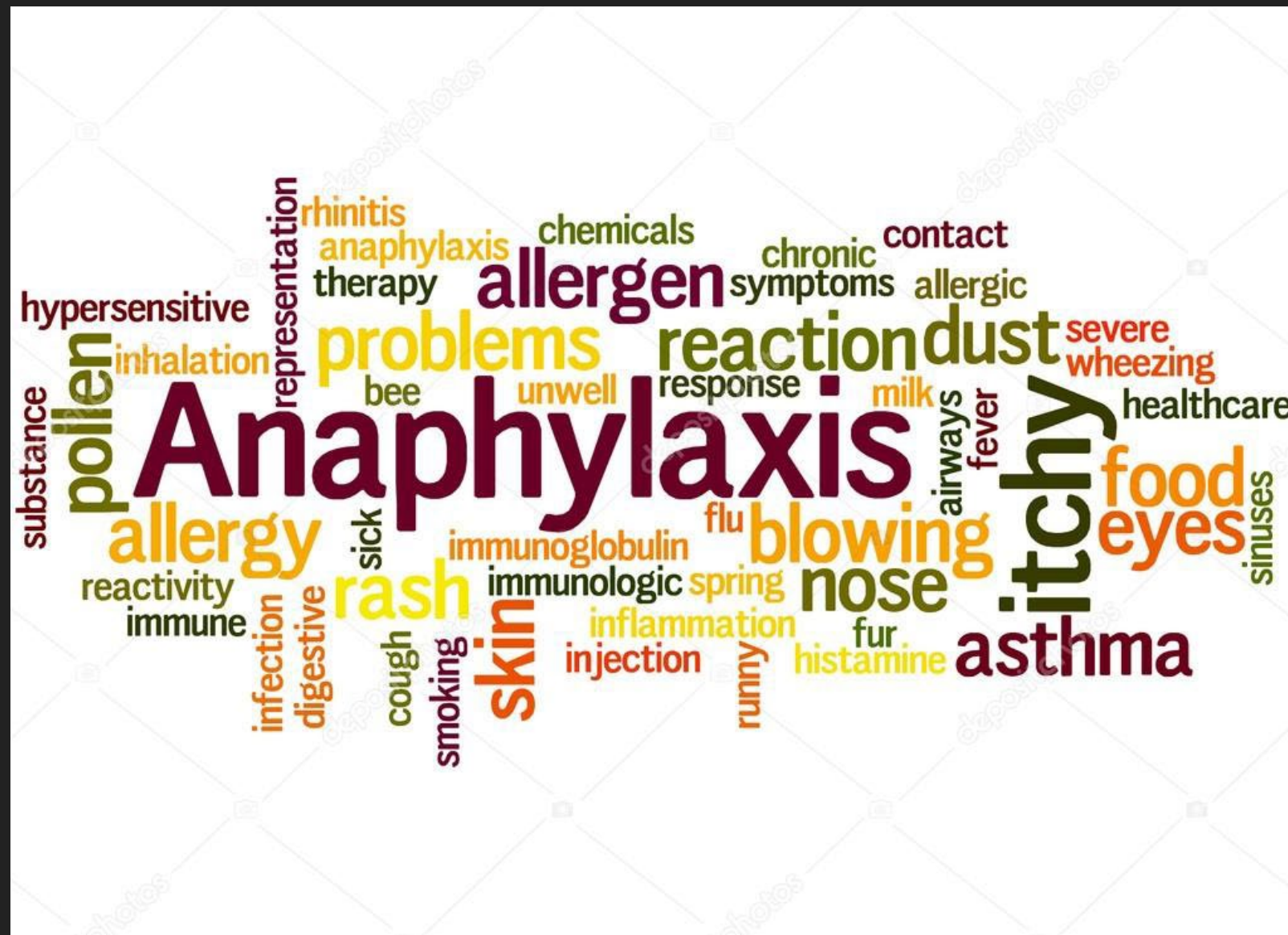


LUHSD

EMERGENCY TRAINING FOR SCHOOL PERSONNEL

AGENDA

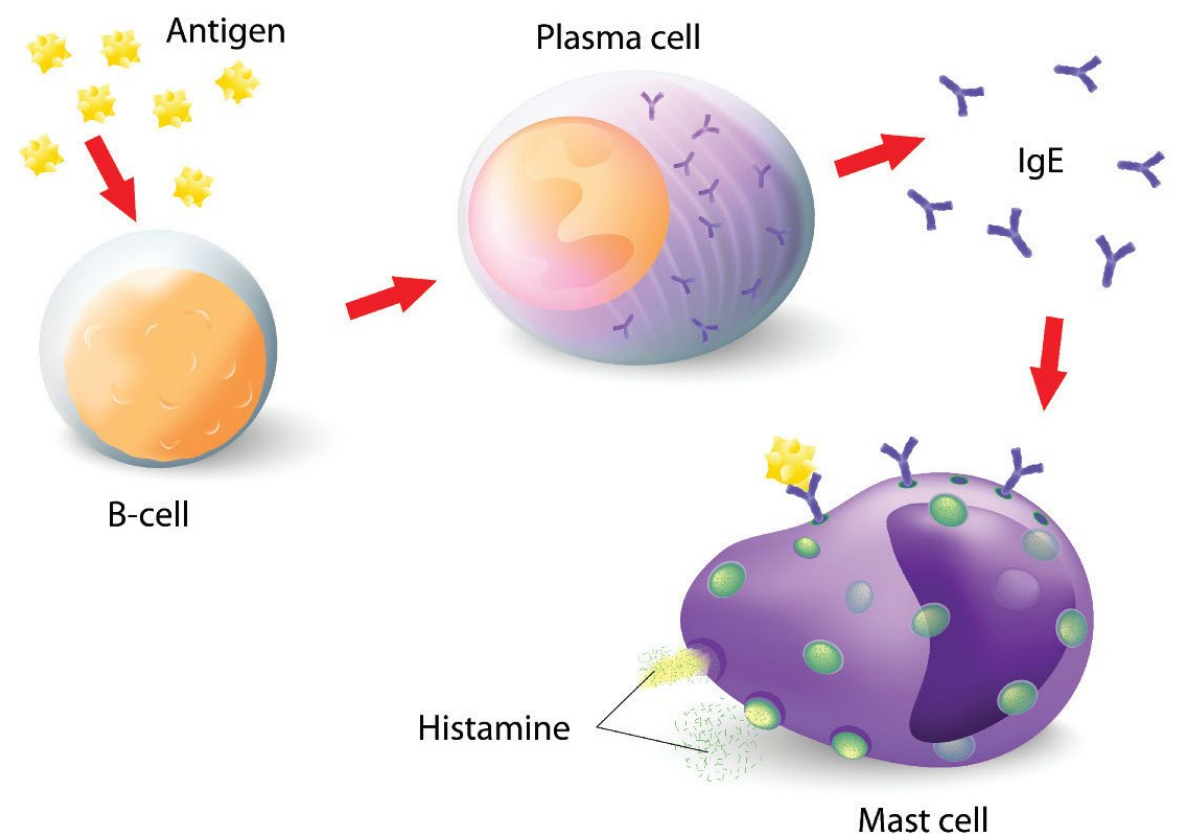
- ▶ Severe allergic reactions
- ▶ Diabetic emergencies
- ▶ Seizure first aid
- ▶ Opioid overdoses
- ▶ Emergency/Rescue medications



ANAPHYLAXIS/ ANAPHYLACTIC SHOCK

WHAT IS ANAPHYLAXIS ?

- ▶ A life-threatening hypersensitivity to a substance
- ▶ Often caused by certain foods, insect sting, latex, etc.
- ▶ Affects 1 out of every 13 children or approximately 2 students in every classroom



SIGNS & SYMPTOMS OF ANAPHYLAXIS

- ▶ Shortness of breath / difficulty breathing
- ▶ Wheezing
- ▶ Difficulty talking or swallowing
- ▶ Itching, hives
- ▶ Swelling of the face, lips, tongue
- ▶ Cramps, vomiting, diarrhea





ANAPHYLAXIS TREATMENT

EPINEPHRINE INJECTORS



EPI-PEN INFORMATION

- ▶ Auto injector, easy to use
- ▶ Pre-filled, single use
- ▶ Stored at room temperature
- ▶ Students advised to keep it in their purse or backpack
- ▶ Can be administered through clothing
- ▶ If alone, always administer Epi before calling 911

How to use EpiPen® and EpiPen Jr® Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:

1. Blue to the sky.



- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist

2. Orange to the thigh.



- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold in place for 3 full seconds



Trusted for over 35 years.



AFTER ADMINISTERING AN EPI-PEN

- ▶ If insect sting was suspected, remove stinger by scrapping the skin with a fingernail or card and apply ice. Do not pinch or squeeze skin as this will release more venom.
- ▶ If unconscious, place student on their side (rescue position)
- ▶ Monitor airway and breathing
- ▶ Provide CPR if necessary & locate closest AED

AFTER ADMINISTERING AN EPI-PEN

- ▶ If symptoms continue or worsen and paramedics have not arrived, use a 2nd Epi pen and give 5-15 minutes after initial injection
- ▶ Dispose used Epi-Pens in sharps container
- ▶ Document the incident
- ▶ Notify your school nurse

THINGS TO REMEMBER ...

- ▶ If alone, administer Epi before calling 911
- ▶ Stay with the student
- ▶ Additional stock Epi-Pens are located at each campus in the main office or near the health clerk for generalized emergency use for both staff and students





DIABETES

at School

KNOW THE FACTS

- ▶ Nearly 21 million adults and children in the U.S. have diabetes.
- ▶ This includes approximately one dozen children at each comprehensive site within the LUHSD.
- ▶ Diabetes is the **sixth deadliest disease** in the U.S.



WHAT'S THE DIFFERENCE?

Type 1 Diabetes

- ❖ Occurs when the pancreas does not produce insulin
- ❖ Requires multiple doses of insulin every day – via shots or an insulin pump
- ❖ Accounts for 5 to 10% of all cases of diabetes and is the most prevalent type of diabetes among children and adolescents

Type 1 diabetes cannot be prevented!

Type 2 Diabetes

- ❖ Occurs when the pancreas does not produce enough insulin or use insulin properly
- ❖ Increased type 2 diagnoses among children and adolescents in the U.S.
- ❖ African Americans and Hispanic/Latino Americans are at higher risk
- ❖ Managed with insulin shots, oral medication, diet and other healthy living choices




DIABETES MANAGEMENT AT SCHOOL

Diabetes management is 24/7...

- Every student with diabetes will be different
- Diabetes requires constant juggling of insulin/medication with physical activity and food
- It's important to recognize the behaviors and signs of “high” and “low” blood sugar levels
- A student with a diabetes emergency will need help from school staff (ex. low blood sugar)
- Students with diabetes can do the same everyday activities as students without diabetes

DIABETES MANAGEMENT AT SCHOOL

Most immediate concerns in managing type 1 diabetes:

-  Hypoglycemia = low blood glucose*
-  Hyperglycemia = high blood glucose
-  Ketoacidosis = ketone (acid) build up in the blood because there is not enough insulin in the body

Most common concern in managing diabetes at school:

HYPOGLYCEMIA/ LOW BLOOD SUGAR

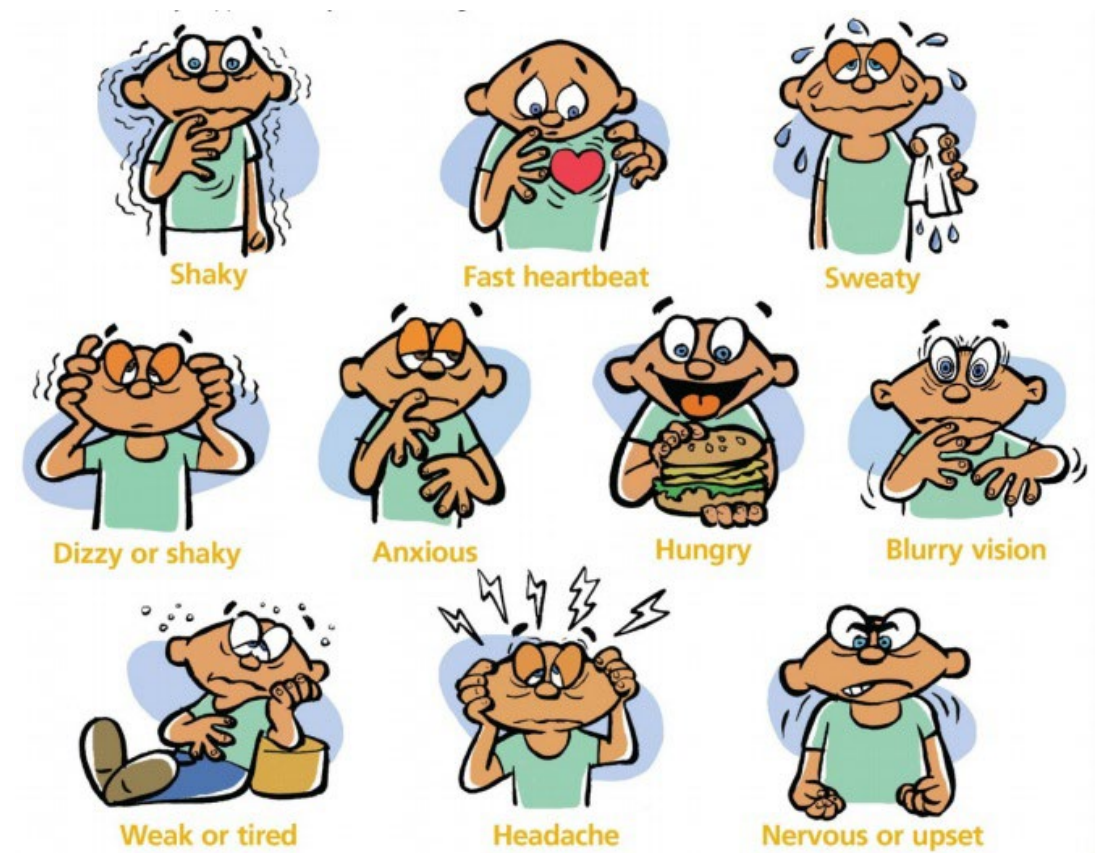


WHAT IS HYPOGLYCEMIA?

- ▶ One of the most frequent complications of diabetes
- ▶ Can happen very quickly
- ▶ Often caused by administering too much insulin, skipping or delaying meals or snacks, and/or intense or unscheduled exercise
- ▶ Can lead to loss of consciousness and seizures
- ▶ Can cause brain damage or death

SIGNS & SYMPTOMS OF HYPOGLYCEMIA

- ▶ Shaky
- ▶ Sleepy
- ▶ Sweaty
- ▶ Dizzy
- ▶ Hungry
- ▶ Confused
- ▶ Pale
- ▶ Disoriented
- ▶ Headache
- ▶ Irritable
- ▶ Blurry vision
- ▶ Lethargic
- ▶ Fast heartbeat



Diabetes Management at School

MILD HYPOGLYCEMIA

(low blood sugar)

A large, dark gray downward-pointing arrow with a white outline, indicating the flow from the condition to its symptoms.

Shaky, weak, tired, pale

A large, dark gray downward-pointing arrow with a white outline, indicating the flow from symptoms to the recommended action.

Quick-acting sugar snack

like juice, regular soda, glucose tabs

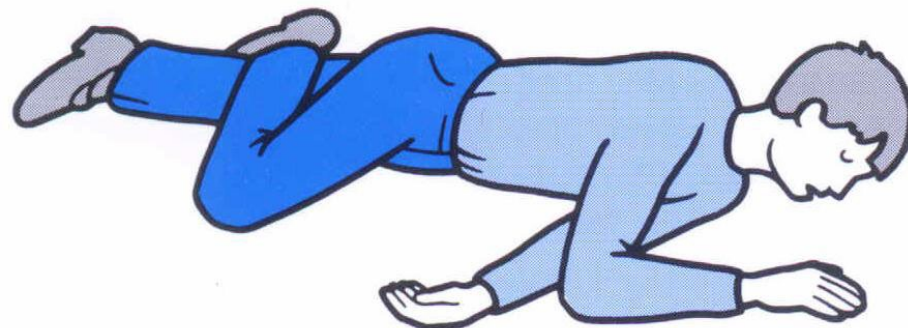
Diabetes Management at School

SEVERE HYPOGLYCEMIA

(very low blood sugar)

Inability to swallow, seizure or convulsion,
unconsciousness

Administer prescribed glucagon





TREATMENT OF SEVERE HYPOGLYCEMIA

GLUCAGON

WHAT IS GLUCAGON?

- ▶ Glucagon is a hormone that raises blood glucose levels
- ▶ Only to be administered for severe hypoglycemia when a student is UNCONSCIOUS and not responsive or that cannot eat, drink, or swallowing safely
- ▶ Is a lifesaving treatment that will not harm the student if given prematurely
- ▶ Stored at room temperature
- ▶ Students advised to keep it in their purse or backpack

HOW TO ADMINISTER TRADITIONAL GLUCAGON

How to Use Glucagon: 8 Steps



Step 1

Flip off the seal from the vial of Glucagon powder.



Step 2

Remove the needle cover from the syringe. **DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE**, as this may allow the push rod to come out of the syringe.



Step 3

Insert the needle into the rubber stopper on the vial, then inject the entire contents of the syringe into the vial of Glucagon powder.



Step 4

Remove the syringe from the vial, then gently swirl the vial until the liquid becomes clear. Glucagon should not be used unless the solution is clear and of a water-like consistency.



Manufacturer Alert!

This emergency kit will be **DISCONTINUED** starting December 31, 2022

HOW TO ADMINISTER TRADITIONAL GLUCAGON



Step 5

Insert the same syringe into the vial and slowly withdraw all of the liquid. In children weighing less than 44 pounds, withdraw half the liquid (0.5 mark on the syringe).



Step 6

Cleanse site on buttock, arm or thigh and inject Glucagon immediately after mixing. Inject the Glucagon and then withdraw the needle. Apply gentle pressure against the injection site.



Step 7

Turn the person on his/her side. When an unconscious person awakens, he/she may vomit.

Call 911 immediately after administering Glucagon. If the person does not awaken within 15 minutes, you may administer a second dose of Glucagon, if previously instructed by your healthcare provider to do so.

As soon as the person is awake and able to swallow, give him/her a fast-acting source of sugar (such as fruit juice) followed by a snack or meal containing both protein and carbohydrates (such as cheese and crackers, or a peanut butter sandwich).

Manufacturer Alert!

This emergency kit will be **DISCONTINUED** starting December 31, 2022



Step 8

Discard any unused reconstituted Glucagon.



GVOKE HYPO PEN

- ▶ Is the first auto injector for severe hypoglycemia
- ▶ Premixed and ready-to-go, with no visible needle
- ▶ Store at room temperature



GVOKE HYPO PEN



1 Pull red

cap off



2 Push yellow

end down on skin and hold 5 seconds.
Window will turn red.

Administer into upper arm, stomach,
or thigh.

<https://www.gvokeglucagon.com/how-to-use-gvoke>

BAQSIMI NASAL SPRAY

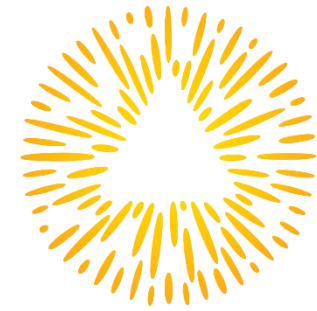
- ▶ In August 2019, FDA approved a new form of Glucagon which can be given nasally
- ▶ More easily administered with less user error
- ▶ Not all insurances may cover

<https://www.baqsimi.com/how-to-use-baqsimi>


baqsimiTM
(glucagon) nasal powder 3mg



PREPARING THE DOSE



baqsimiTM
(glucagon) nasal powder 3mg

*Do NOT push the plunger until ready to give the dose



1. Remove shrink wrap by pulling on red stripe
2. Open the lid and remove Baqsimi from the tube



HOW TO ADMINISTER BAQSIMI



Hold device between fingers and thumb



Insert tip gently into one nostril until fingers touch to outside of the nose



Push plunger firmly until all the way in

- ▶ Dose is complete when the green line disappears
- ▶ Call 911 after giving dose
- ▶ Single dose, throw away



THINGS TO REMEMBER...

- ▶ Stay with student, keeping them on their side until they regain consciousness or emergency personnel have arrived
- ▶ It may take 15-20 minutes for the student to regain consciousness
- ▶ Side effects include headache, nausea, and vomiting
- ▶ Dispose of sharps in the sharps container
- ▶ Document the incident
- ▶ Notify your school nurse



EPILEPSY[®]
FOUNDATION

SEIZURES AT SCHOOL

This program is made possible with funding from the Centers for Disease Control and Prevention (CDC) under grant number NU58DP006256-02-00, CFDA 93.850. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of THE CDC.



EPILEPSY
FOUNDATION

DID YOU KNOW...

- Most seizures are **NOT** medical emergencies
- Students may **NOT** be aware they are having a seizure
- Epilepsy is **NOT** contagious
- A student can **NOT** swallow their tongue during a seizure
- Epilepsy **IS** a medical disease like asthma or diabetes
- **EVERYONE** can learn seizure first aid



**EPILEPSY
FOUNDATION**

SEIZURE TYPES

Focal Onset Seizures

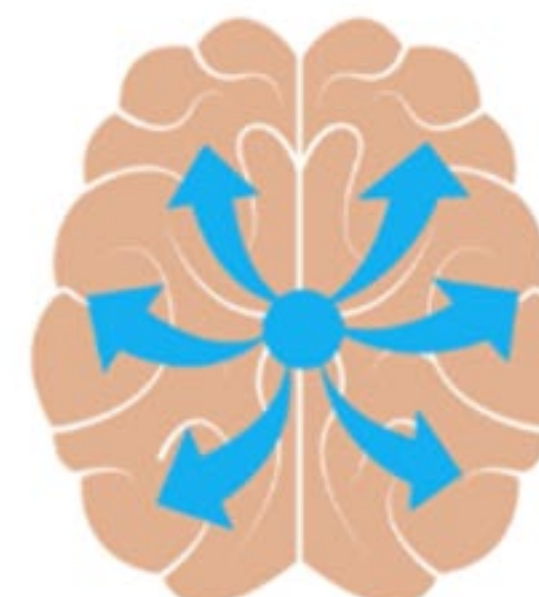
- Involve only part of the brain
- Common types - focal aware and focal impaired awareness



FOCAL

Generalized Onset Seizures

- Involve both sides of the brain
- Common types - absence and tonic-clonic



GENERALIZED

Unknown

- Where it starts is unknown



EPILEPSY
FOUNDATION

GENERALIZED TONIC CLONIC SEIZURES

- A sudden, hoarse cry
- Loss of consciousness, person may fall
- Stiffening of arms and legs, then rhythmic jerking
- Shallow breathing and drooling may occur
- Possible loss of bowel or bladder control
- Occasionally skin, nails, lips may turn blue
- Often followed by confusion, headache, tired, sore, difficulty talking

Length: Usually lasts 1 to 3 minutes



Seizure First Aid

How to help someone having a seizure



EPILEPSY
FOUNDATION

1

STAY with the person until they are awake and alert after the seizure.

- ✓ **Time** the seizure
- ✓ Remain **calm**
- ✓ Check for **medical ID**



2

Keep the person **SAFE**.

- ✓ Move or guide away from **harm**



3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head



Call
911
if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do
NOT

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ✓ **Rescue medicines can be given** if prescribed by a health care professional

*Always refer to student's
personalized **SEIZURE**
ACTION PLAN if on file!



EPILEPSY
FOUNDATION



WHEN TO CALL FOR EMERGENCY HELP

Generalized seizure lasts longer than 5 minutes

Repeated seizures

Difficulty breathing



Seizure occurs in water

Person is injured, pregnant or sick

Person does not return to their usual state

First time seizure

Always follow student's Seizure Action Plan for Instructions from Student's Health Care Provider

SEIZURE ACTION PLANS

- Should be available for each student with epilepsy
- Teaches you about
 - Seizure first aid
 - Specific instructions for each student
 - When to give rescue therapy
 - When a seizure may be an emergency
 - Who to call
 - What NOT to do

SEIZURE ACTION PLAN (SAP)


END EPILEPSY

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship: _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply) ☒

- | | |
|---|--|
| <input type="checkbox"/> First aid – Stay. Safe. Side. | <input type="checkbox"/> Notify emergency contact at _____ |
| <input type="checkbox"/> Give rescue therapy according to SAP | <input type="checkbox"/> Call 911 for transport to _____ |
| <input type="checkbox"/> Notify emergency contact | <input type="checkbox"/> Other _____ |

First aid for any seizure

- ☐ **STAY** calm, keep calm, **begin timing seizure**
- ☐ Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- ☐ **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens _____
- ☐ Other _____

When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked



When rescue therapy may be needed:

WHEN AND WHAT TO DO

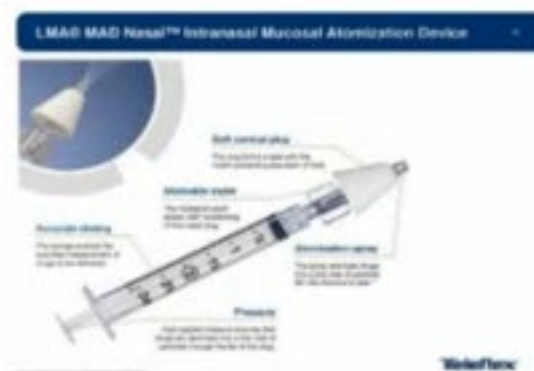
If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

RESCUE THERAPIES: WHAT ARE THEY?

- A therapy used “as needed” to stop seizures that are different or longer than usual or happen in a different pattern
- Prescribed by health care provider, given by non-medical people outside of the hospital, and exactly as prescribed
- Do not take the place of usual seizure medicines



Only designated trained staff may administer seizure rescue therapies.

Contact your District Nurse to request training!

Naloxone in Schools

Training for School Staff



*National
Association of
School Nurses*

The Opioid Epidemic

Young adults (age 18 to 25) are the biggest abusers of prescription opioid pain relievers, ADHD stimulants, and anti-anxiety drugs

Examples of Opioids include:

- Oxycodone (OxyContin, Roxicodone, Percocet)
- Hydrocodone (Vicodin, Norco, Lortab)
- Morphine (MS Contin and Kadian)
- Hydromorphone (Dilaudid)
- Fentanyl
- Heroin



(National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, 2016)

The Opioid Epidemic in CA

- **Emergency department visits** related to non-fatal opioid overdoses in California's youth ages 10-19 years more than tripled from 2018 (379 total) to 2020 (1,222 total).
 - Most recent data: 2021 (1,237 total)
- **Opioid-related overdose deaths** in California's youth ages 10-19 years increased from 2018 (54 total) to 2020 (274 total), marking a 407% increase over two years, largely driven by fentanyl.
 - Most recent data: 2021 (245 total)
- **Fentanyl-related overdose deaths** in California's youth ages 10-19 years increased from 2018 (36 total) to 2020 (261 total), a 625% increase.
 - Most recent data: 2021 (239 total)

CA Overdose Surveillance Dashboard: <https://skylab.cdph.ca.gov/ODdash/?tab=Home>

The Opioid Epidemic

- A trend exists for adolescents using prescription opioid agents to substitute heroin because it is significantly cheaper than pills (approximately half of the cost) and is often more readily available

(Fogger & McGuinness, 2015)





Opioid Overdose

- Opioid drug attaches to brain receptors that affect breathing
- Person slows breathing and eventually stops breathing
- Oxygen starvation eventually stops other vital organs like the heart, then the brain

(National Institute on Drug Abuse, 2014)

Overdose

Oxygen starvation leads to:

Unconsciousness



Coma



Death

Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death

(Harm Reduction Coalition, n.d.)

High vs. Overdose

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

The 4 Rs

Recognize

Respond

Reverse

Refer

1

Recognize

Observe individual for signs and symptoms of opioid overdose

- Suspected or confirmed opioid overdose consists of:
 - Respiratory depression evidenced by slow respirations or no breathing (apnea)
 - Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)



2

Respond

Immediately call for help

- Call for help
 - Dial 911
 - Perform CPR
 - Get the AED



Reverse

Administer Naloxone ASAP

- Naloxone is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone
- Naloxone is the first line treatment for an opioid overdose
- 2 doses per box: If after 2 minutes the person is still unresponsive, you can give a 2nd dose in the alternate nostril using a new device





Photo source: Adapt Pharma, 2016

Naloxone is sold as the brand name drug: Narcan

How to Administer Narcan

Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Photo source:
Adapt Pharma, 2016

Graphic source: ADAPT Pharma, 2015



Refer

- Have the individual transported to nearest medical facility, even if symptoms seem to get better
- Contact parent/guardians per school protocol



Safety of Using Naloxone

- Naloxone is the first line treatment for opioid overdose
- Should be administered IMMEDIATELY
 - A delay in administering naloxone could result in death
- Parents & school administrators should not be concerned about adverse health effects of naloxone
 - If the person has not overdosed on an opioid, there is no effect on the body!

(Green, Heimer, & Grau, 2008)

Things to



- Know where Naloxone is kept at your school site
 - All building/den offices, SRO, some campus supervisors, district office (student services building)
- Follow up with School Nurse to replace Narcan supply



UNDERSTANDING

YOUR ROLE

WHAT IS YOUR ROLE?

- ▶ Be aware of your student's pertinent health history as best as possible
- ▶ Recognize the signs and symptoms
- ▶ Attend annual refreshers
- ▶ If something doesn't seem right, it probably isn't
- ▶ Try to stay calm in the chaos
- ▶ The goal is student safety!



DISCLOSURE:



As a staff member, you are not legally required to administer emergency or rescue medications. You must be a ***willing*** participant, however...

**WHEN YOU CAN SAVE A
LIFE, WHY HESITATE?**


FOR MORE INFORMATION...

- ▶ Visit the LUHSD Nursing Website
- ▶ District Home > Departments > Special Services > Nursing
- ▶ <https://ca01001129.schoolwires.net/Page/124>



Information for Teachers & School Staff

 ***Emergency First Aid Guidelines for California Schools***
The Emergency First Aid Guidelines for California Schools manual is meant to provide recommended procedures for schools.

 **AED Location Maps by Site (updated 2023)**

Allergies and Anaphylaxis

Epi Pen Training Handout

Managing Food Allergies in the Classroom

A Guide for School Staff - Allergy & Asthma

Asthma

Breathe Better at School Brochure

Asthma First Aid

A Guide for School Staff - Allergy & Asthma

Concussions

CDC Concussion Factsheet for Parents

Concussion Signs & Symptoms Check List

Diabetes

Hypoglycemia & Hyperglycemia

American Diabetes Association PPT Training

Baqsimi Administration

Glucagon Administration

Solutions for Common Concerns

Tips for Teachers

 **Emergency Training for School Personnel**

Administering Naloxone (Narcan) - YouTube

Health Clerks

CCHS Communicable Disease Guide for Schools and Child Care Settings

Dental Trauma Decision Tree

New Medication Checklist

Medication Error Procedures

Medication Error Reporting Form

Health Office Report & School Exclusion Notice

Walk Through Handout

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