DIOCESE OF BOISE · MOSCOW, IDAHO

St. Mary's Catholic School

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Guidelines for School First Aid Procedures

For School Staff Use · Keep at Front Desk and in Each Classroom

☎ IN ANY LIFE-THREATENING EMERGENCY: CALL 9-1-1

Emergency Services	
Ambulance / Fire / Police	9-1-1
Poison Control Center (24 hrs)	1-800-222-1222
Nearest Hospital	
Gritman Medical Center	(208) 882-4511
Gritman ER — 700 S. Main St, Moscow	(208) 883-2621
St. Mary's School Contacts	
School Office	[OFFICE PHONE]
Principal — Dr. Marie Bordeleau, Ed.D.	mbordeleau@stmarysmoscow.org
Pastor / Superintendent — Fr. Benjamin Onyemachi SMMM	St. Mary's Parish Office
After-Hours Emergency	[PRINCIPAL CELL]

About This Flipchart:

This document provides basic 'what to do in an emergency' guidance for St. Mary's school staff. Guidelines are arranged alphabetically. Familiarize yourself with this guide before an emergency occurs. All staff are strongly encouraged to complete an approved First Aid and CPR course.

ST. MARY'S CATHOLIC SCHOOL · Diocese of Boise · Moscow, Idaho

How to Use This Flipchart & General Rules

How to Use:

- Guidelines are listed A–Z for quick access.
- Bold colored labels — IF YES / IF NO — guide your next step.
- ★ CALL 911 in red means act immediately.
- → Contact Dr. Bordeleau & parent/guardian follows every response.
- Read the gray information boxes before any emergency occurs.
- Familiarize yourself with this guide at the start of each school year.

General Emergency Rules

- Assess the situation. Ensure the area is safe for YOU before approaching — caution: live wires, gas leaks, fire, smoke, violence, traffic.
- A responsible adult must stay with the student until the emergency-designated person arrives.
- Do NOT give medications without prior parent/guardian approval. Follow diocesan medication policy.
- Do NOT move a severely injured student unless absolutely necessary. If needed, follow Neck & Back Injuries guidelines.
- A sick or injured student may never be sent home without parent/guardian knowledge and permission.
- In any life-threatening emergency: call 911 first, then notify parent/guardian and school authority.
- If parent/guardian cannot be reached: contact emergency contacts on student's file. Notify Gritman ER so they expect the student.
- A responsible adult must remain with the injured student at all times.
- Document all incidents requiring these procedures. Notify Dr. Bordeleau.

Preventing Disease Transmission

- Wear disposable gloves when exposed to blood or body fluids.
- Use a breathing barrier (face shield) when performing CPR rescue breaths.
- Wash hands with soap and water before and after giving care, even if you wore gloves.
- Do not eat, drink, or touch your face when giving first aid.
- Cover any cuts on your own skin before helping a student.
- Gloves and face shields are in the first aid kit in every classroom and the front office.

First Response — Any Emergency

Step 1:
Assess the scene. Is it safe for you to approach? If unsafe — call 911 and do not enter.

Step 2 — Assess the student:
Gently tap and ask: 'Are you okay?'

IF CONSCIOUS AND RESPONDS: Assess whether the situation is a life-threatening emergency.
If yes — CALL 911 immediately, then contact Dr. Bordeleau and parent/guardian.

If no — Contact Dr. Bordeleau and parent/guardian.

IF UNCONSCIOUS / DOES NOT RESPOND: CALL 911 immediately.
Assess airway, breathing, and circulation. Intervene as necessary. Do NOT give oral fluids.
→ **Contact Dr. Bordeleau & parent/guardian.** Contact Dr. Bordeleau and parent/guardian.

ST. MARY'S CATHOLIC SCHOOL · Diocese of Boise · Moscow, Idaho

A — Abrasion · Allergic Reaction · Asthma

A — Abrasion / Incision / Laceration

Abrasion: scrape · Incision: clean cut · Laceration: jagged cut
Always wear gloves when exposed to blood or body fluids.

IF WOUND IS MINOR: Wash gently with soap and water. Check for objects left in wound. Cover with clean bandage.

Check student's tetanus immunization record. Contact parent/guardian.

IF WOUND IS MAJOR (large, deep, gaping, or has embedded material):

- Pull edges together with butterfly tape if large or gaping.
- Control bleeding — cover with sterile gauze, press firmly.
- Do NOT clean exposed tissue of major wounds — may increase damage.
- If dressing soaks through, do NOT remove — add more gauze on top.

★ **CALL 911 IMMEDIATELY** if bleeding is uncontrollable or signs of shock are present.

→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical evaluation for stitches, tetanus, and infection.

A — Allergic Reaction

Students with life-threatening allergies must be known to ALL staff. An Allergy Emergency Care Plan must be on file. Delayed reactions can occur up to 2 hours after exposure — supervising adults should watch students for that window.

IF SEVERE: Hives all over body · difficulty breathing · loss of consciousness · seizures · blueness around eyes or mouth · drooling · weakness / confusion / dizziness.

★ **CALL 911 IMMEDIATELY**

- Refer to the student's Allergy Emergency Care Plan.
- Administer approved medication — may include epinephrine (EpiPen).
- If student stops breathing: give rescue breaths.

→ **Contact Dr. Bordeleau & parent/guardian.**

IF MILD: Red itchy eyes · sneezing / runny nose · several hives or rash on one area.

- If student cannot participate in school activities: contact Dr. Bordeleau and parent/guardian.
- If mild: monitor for delayed reaction for up to 2 hours.

A — Asthma / Wheezing / Difficulty Breathing

Students with known asthma must be known to ALL staff. An Asthma Emergency Care Plan should be on file. Triggers include: illness, smoke, exercise, perfumes, dust, mold, cold air, and allergies.

Symptoms:

- Rapid breathing · flaring nostrils · tightness in chest · excessive coughing
- Wheezing (high-pitched sound when breathing out)
- Having to take a breath between words when speaking
- Blueness of lips, tongue, or nail beds

Immediate steps:

- Encourage student to sit quietly, breathe slowly and deeply through the nose, and out through the mouth.

IF STUDENT HAS APPROVED MEDICATION: Administer as directed. May take 10–20 minutes to take effect.

IF NO MEDICATION: Contact Dr. Bordeleau and parent/guardian immediately.

★ **CALL 911 IMMEDIATELY** if: lips/tongue turning blue · symptoms worsening · breathing difficulty developed rapidly.

→ **Contact Dr. Bordeleau & parent/guardian.**

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B — Bleeding · Breathing Emergencies · Burns

B — Bleeding

Always wear gloves. Never touch blood with bare hands.

IF THERE IS AN AMPUTATION: Call 911 immediately.

- Place detached part in a plastic bag. Tie bag and place in a container of ice water.
- Send bag to the hospital with the student. Do NOT place amputated part directly on ice.

→ **Contact Dr. Bordeleau & parent/guardian.**

To control bleeding:

- Cover wound with sterile gauze and press firmly.
- If dressing soaks through — do NOT remove. Apply additional gauze on top.
- Elevate injured area above the heart (unless fracture or head/neck/back injury).
- Cover gauze with a roller bandage to maintain pressure.
- Tourniquet: LAST RESORT ONLY — for uncontrollable spurting bright-red bleeding.

★ **CALL 911 IMMEDIATELY** if bleeding is uncontrollable or signs of shock appear (dizziness, blueness, sweating, clammy skin).

→ **Contact Dr. Bordeleau & parent/guardian.** Check tetanus record. If wound gaping, student may need stitches.

B — Breathing Emergency (Not Breathing / Unconscious)

Signs: chest does not rise and fall · cannot feel or hear breaths · skin pale or bluish.

Step 1:

Check the scene. Send someone to call 911. Tilt head back, lift chin. Look, listen, feel for breathing for 5 seconds.

IF NOT BREATHING: Pinch nose shut, seal mouth tightly. Give 2 slow breaths until chest rises. Check for movement or coughing for 10 seconds.

- Adult: give 1 slow rescue breath about every 5 seconds.
- Child: give 1 slow rescue breath about every 3 seconds.
- Recheck for breathing and movement every minute.

IF BREATHING BUT UNCONSCIOUS: Place on side (recovery position) in case of vomiting. Monitor continuously. Do NOT leave student alone.

B — Burns

Partial thickness: redness, blisters, most painful. Full thickness: through all layers, white or charred, may feel little pain — most serious. Always ensure scene is safe before approaching.

HEAT BURN: Flush with cool running water or cover with clean wet cloth. Do NOT use ice.

★ **CALL 911 IMMEDIATELY** if burn is large/deep, on face/eye/genitalia, or student is unconscious/breathing with difficulty.

Otherwise: bandage loosely. Check tetanus record. → **Contact Dr. Bordeleau & parent/guardian.**

CHEMICAL BURN: Wear gloves and goggles. Remove clothing/jewelry exposed to chemical. Rinse immediately with large amounts of water.

★ **CALL 911 IMMEDIATELY** Poison Control: 1-800-222-1222 while rinsing.

ELECTRICAL BURN: Do NOT touch student if still in contact with electrical source. Turn off power first if safe to do so.

★ **CALL 911 IMMEDIATELY** ALL electrical burns require medical attention.

→ **Contact Dr. Bordeleau & parent/guardian.**

C — Choking & CPR

C — Choking (Conscious Student)

IF STUDENT CAN BREATHE, COUGH, OR SPEAK: Do NOT interfere. Encourage coughing. Stay close and monitor.

IF STUDENT CANNOT BREATHE: Signs: cannot talk · turning blue · clutching throat · high-pitched crowing sound breathing in.

Perform Heimlich Maneuver:

1. Stand behind student.
2. Put arms around student's front.
3. Make a fist — thumb side against abdomen, just below breastbone and above navel.
4. Grab fist with other hand.
5. Give 5 quick inward, upward thrusts.
6. Repeat until obstruction is relieved, help arrives, or student becomes unconscious.

→ Contact Dr. Bordeleau & parent/guardian.

C — Choking (Unconscious Student)

CALL 911 IMMEDIATELY

Step 1 — Position student:
Turn on back as a unit (log roll). Support head/neck. Face up, arms by sides.

Step 2 — Open airway:
Chin/jaw lift — head tilt.

Step 3 — Observe:
Look, listen, feel for breathing for 3–5 seconds.

Step 4 — Give rescue breaths:
If unsuccessful, re-position head and try again.

Perform abdominal thrusts (unconscious Heimlich):

7. Kneel alongside student's hips.
8. Place heel of hand on abdomen — slightly above navel, below ribcage.
9. Second hand on top. Press with quick upward thrusts.
10. Check for foreign body. Tongue-jaw lift and finger sweep.
11. If student is 8 years or younger: remove object ONLY if seen. No blind finger sweeps.
12. Give rescue breaths and repeat until obstruction is relieved. Be persistent!

→ Contact Dr. Bordeleau & parent/guardian.

C — CPR (Cardiopulmonary Resuscitation)

CPR combines mouth-to-mouth breathing and chest compressions. It keeps oxygenated blood flowing to brain and heart until advanced care arrives. CPR by a bystander doubles survival likelihood. Only persons trained to current American Red Cross or American Heart Association standards should perform CPR. Contact Dr. Bordeleau to schedule certification.

★ CALL 911 IMMEDIATELY

BLOW: Tilt head back, lift chin, check breathing. Give 2 slow breaths — watch chest rise.

PUMP: Position hands in center of chest. Push firmly 2 inches deep — 15 times.

CONTINUE: 2 breaths, 15 pumps — until help arrives.

★ *See CPR poster in your classroom for illustrated instructions.*

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D — Dental Injuries & Diabetes

D — Dental Injuries

Toothache

- Warm saline mouth rinse may remove food from tooth.
- Ice chips may relieve discomfort.
- Check for cavities or incoming permanent tooth.

→ **Contact Dr. Bordeleau & parent/guardian.** Urge dental care.

Broken Tooth

- Use gauze pad to control bleeding.
- Keep air from exposed tooth surface.
- Save the tooth or broken part in a cup of milk.

→ **Contact Dr. Bordeleau & parent/guardian.** Urge dental care. Seek care within 60 minutes.

Dislodged Tooth

IF BABY TOOTH: Use gauze to stop bleeding. Give tooth to child to take home.
→ **Contact Dr. Bordeleau & parent/guardian.**

IF PERMANENT TOOTH:

- Locate tooth. Hold by the crown (white part) — do NOT scrub, rub, or scrape.
- Insert in gum socket if possible; have student bite down on gauze.
- If cannot replace: store tooth in milk or warm mild salt solution.
- Control bleeding: have student bite on folded gauze dressing.

→ **Contact Dr. Bordeleau & parent/guardian.** Urge dental care immediately — within 60 minutes.

D — Diabetes

Students with diabetes must be known to ALL staff. A Diabetic Emergency Care Plan must be on file. Student should ALWAYS be accompanied by an adult to the health room.

Symptoms may include:

- Irritability · confusion · change in personality · sweating / feeling shaky
- Loss of consciousness · seizure · dizziness · rapid, deep breathing · rapid pulse

★ **CALL 911 IMMEDIATELY** if student is unconscious, having a seizure, or unable to speak. See Seizures if applicable.

If student is conscious — check blood sugar if monitor is available:

IF LOW (<60 or 'LOW' per care plan): Give sugar: 6–8 oz juice or soda (not diet) · 6–7 hard candies · 2 tsp sugar · glucose gel. Student should improve in 10 minutes. Keep in quiet area.

IF HIGH per individual care plan: Contact Dr. Bordeleau and parent/guardian.

If no monitor available: → **Contact Dr. Bordeleau & parent/guardian.** Follow Diabetic Emergency Care Plan. → **Contact Dr. Bordeleau & parent/guardian.**

E — Ears & Eyes

E — Ears

EARACHE: A warm (not hot) water bottle or heating pad against the ear provides comfort while waiting.
→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical care.

DRAINAGE FROM EAR: Do NOT try to clean out the ear.
→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical care.

OBJECT IN EAR CANAL: Do NOT attempt to remove the object.
→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical care.

E — Eyes

Ask student if they wear contact lenses. If possible, have student remove lenses before giving first aid.

EYE INJURY: Keep student lying flat and quiet.

IF SEVERE / OBJECT PENETRATED EYE: Do NOT remove object. Do NOT flush eye.

- Cover eye with a paper cup or similar object — do NOT touch eye or put any pressure on it.
- Cover the uninjured eye too.

★ **CALL 911 IMMEDIATELY** Contact Dr. Bordeleau and parent/guardian. Arrange immediate medical care.

PARTICLE IN EYE: Keep student from rubbing eye. Lay student down, tip head toward affected side. Gently pour tap water over the open eye to flush out the particle.
IF PARTICLE FLUSHES OUT: Contact parent/guardian.
IF NOT: Contact parent/guardian. Urge medical care.

CHEMICALS IN EYE: Wear gloves and goggles. Immediately flush eye with large amounts of clean water for 20–30 minutes.

- Tip head so water runs from inner corner of eye outward to side of face.

★ **CALL 911 IMMEDIATELY** Call Poison Control at 1-800-222-1222 while flushing. Call 911.
→ **Contact Dr. Bordeleau & parent/guardian.**

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F & H — Fainting · Fractures · Head Injuries · Heart Attack

F — Fainting

Causes: injuries, blood loss, allergic/diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing too long. If cause is known, see the appropriate guideline.

Immediate steps:

- Keep student in flat position. Elevate feet.
- Loosen clothing around neck and waist.
- Do not use smelling salts. Keep airway clear. Check breathing.
- Keep student warm (not hot). Control bleeding if needed (wear gloves). Give nothing by mouth.

IF FAINTING WAS DUE TO INJURY OR STUDENT INJURED SELF WHEN FAINTING: Treat as possible head or neck injury. See Neck & Back Injuries. Do NOT move student.

★ CALL 911 IMMEDIATELY

IF NO INJURY: Most students recover quickly when lying flat. If student does not regain consciousness immediately, see Unconsciousness.

→ Contact Dr. Bordeleau & parent/guardian.

F — Fractures, Dislocations, Sprains & Strains

Treat all injured parts as possible fractures. Fracture: broken/cracked bone. Dislocation: bones out of alignment. Sprain/Strain: ligaments or tendons stretched or torn. Symptoms: pain, swelling, heat, discoloration, limited movement, bent or deformed bone.

Immediate steps:

- Support and gently elevate the injured part if possible.
- Apply ice to minimize swelling.
- Do NOT allow student to put weight on or use the injured part.

IF BONE IS DEFORMED, BENT, OR PROTRUDING THROUGH SKIN: Gently cover broken skin with a clean bandage. Do not move the injured part.

★ CALL 911 IMMEDIATELY

IF NO DEFORMITY: Continue supporting and icing. Keep student resting.

→ Contact Dr. Bordeleau & parent/guardian. Urge medical care.

H — Head Injuries

Always suspect neck injury with a head injury. Do NOT move or twist the spine or neck. See Neck & Back Injuries.

★ **CALL 911 IMMEDIATELY** if any of the following: unconscious · seizure · neck pain · unable to respond to simple commands · blood or fluid in ears · cannot move/feel arms or legs · blood flowing freely from head · sleepy or confused.

- Have student rest lying flat. Keep quiet and warm.
- If vomiting: turn head and body together to one side, keeping head and neck in a straight line.
- Check breathing. Give rescue breaths if needed. Do NOT leave student alone.

IF STUDENT SEEMS OKAY: Watch closely. Monitor for delayed symptoms. Even if briefly confused and now recovered:

→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical care. Watch for delayed symptoms for 24 hours.

H — Heart Attack / Cardiac Arrest

Symptoms: chest pain lasting 3–5 min or coming/going · extreme shortness of breath · dizziness or unconsciousness · nausea · sweating · pain spreading to shoulder, arm, back, neck, or jaw.

CALL 911 IMMEDIATELY

- Ask student if they have medication. Assist with taking it if indicated.
- Keep student in a comfortable position — usually sitting or lying with head and chest elevated.
- Loosen tight clothing. Monitor pulse and respiration continuously.

IF NO PULSE: Perform CPR (trained staff only). See CPR page.

→ **Contact Dr. Bordeleau & parent/guardian.**

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I · N · P — Impaled · Neck & Back · Poisoning · Puncture

I — Impaled Object

NEVER REMOVE AN IMPALED OBJECT.

IF LIFE-THREATENING: Call 911 immediately.

IF NOT IMMEDIATELY LIFE-THREATENING: Immobilize object with large dressing around it. Do not move the object. Control bleeding with pressure dressing (gloves).

→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical care.

N — Neck & Back Injuries

A stiff neck from sleeping in a 'funny' position is different from neck pain from a sudden injury. Non-injured stiff necks are uncomfortable but not emergencies.

IF A SUDDEN INJURY HAS OCCURRED: Do not move student. Keep quiet and warm.

If student walked in: Have student lie on back. Support head by holding it in a 'face forward' position. Try NOT to move neck or head. Place rolled towels or clothing on both sides of head so it will not move.

If student found lying down: Do not move student. Place rolled towels on both sides of head.

★ **CALL 911 IMMEDIATELY**

→ **Contact Dr. Bordeleau & parent/guardian.**

IF NO INJURY: If so uncomfortable as to be unable to participate in school activities, contact parent/guardian.

P — Poisoning & Overdose

Poisons can be: swallowed, inhaled, absorbed through skin or eyes, or injected. Sources: medicines, insect bites/stings, snake bites, chemicals/cleaners, drugs/alcohol. Signs: pills or berries in mouth, burns around mouth, strange odor, vomiting, dizziness, seizures, unusual behavior.

Get information if possible: age/weight of student, what was swallowed, how much, and when.

CALL POISON CONTROL: 1-800-222-1222

Do NOT induce vomiting unless instructed by Poison Control.

IF STUDENT IS UNCONSCIOUS, IN SHOCK, OR REQUIRES CPR: Call 911.

- Send to hospital: ingested material with its container + sample of vomit in a cup.

→ **Contact Dr. Bordeleau & parent/guardian.** Follow Poison Control instructions.

P — Puncture Wounds

Caused by: splinters, nails, pencils, glass, knives. Puncture wounds do not bleed much — greater risk of infection. Note: Pencil 'lead' is graphite — not toxic.

Wear gloves when exposed to blood or body fluids.

IF OBJECT IS STILL IN WOUND: **Do NOT remove. Do NOT probe or squeeze.** Wrap bulky dressing around object to support it.

★ CALL 911 IMMEDIATELY

→ Contact Dr. Bordeleau & parent/guardian.

IF NO OBJECT IN WOUND: Is wound large, deep, or bleeding freely?

IF YES: Treat as bleeding. See Bleeding section.

IF NO: Wash gently with soap and water. Check for remaining object. Cover with bandage.

- Check student's tetanus immunization record.

→ Contact Dr. Bordeleau & parent/guardian.

EYE PUNCTURE: Do NOT touch or probe eye. See Eyes section.

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S & U — Seizures · Shock · Splinters · Unconsciousness

S — Seizures

Students with known seizures must be known to ALL staff. A Seizure Emergency Care Plan should be on file. Causes: epilepsy, fever, overdose, head injury. Note: staring spells or partial seizures are usually not medical emergencies.

During the seizure:

- Place on floor for safety if student seems off balance.
- Do NOT restrain movements.
- Move surrounding objects away to prevent injury.
- Do NOT place anything between the teeth or give anything by mouth.
- Observe and note: duration, kind of movement, body parts involved, loss of consciousness.

★ **CALL 911 IMMEDIATELY** if: seizure lasts longer than 5 minutes · multiple seizures follow in short intervals · no known history of seizures.

After the seizure:

- Place student on their side, keep airway clear. Do not use a pillow.
- Seizures are often followed by sleep or confusion lasting 15 minutes to an hour or more.
- After rest, encourage student to return to normal activities.

→ **Contact Dr. Bordeleau & parent/guardian.**

S — Shock

Occurs when vital tissues of the body do not receive enough blood. Symptoms: cold/clammy skin · pale skin · nausea · dizziness · weakness · sweating · fast weak pulse · fast breathing.

CALL 911

Wear gloves when exposed to blood or body fluids.

- Have student lie down and raise legs 8–10 inches above the heart. Exception: if neck, spine, or leg/hip injury is suspected — keep flat.
- Check student's health care plan for severe allergies.
- Determine if other injuries have occurred and treat accordingly.
- Cover student with a sheet or blanket.
- Give nothing to eat or drink. Remain with and reassure the student.

→ **Contact Dr. Bordeleau & parent/guardian.**

S — Splinters

Wear gloves when exposed to blood or body fluids.

- Gently wash the area with clean water and soap.

IF SPLINTER IS PROTRUDING, SMALL, AND SHALLOW: Remove with tweezers. Do NOT probe under skin. Wash again and apply clean dressing.

IF SPLINTER IS DEEP OR LARGE: Leave in place. Do NOT probe under skin.

- Check tetanus immunization record (DT, DPT).

→ **Contact Dr. Bordeleau & parent/guardian.** Urge medical care if deep or large.

U — Unconsciousness

Causes: injuries, blood loss, poisoning, allergic reaction, diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating. If cause is known, see the appropriate guideline.

IF STUDENT REGAINED CONSCIOUSNESS IMMEDIATELY: See Fainting.

→ **Contact Dr. Bordeleau & parent/guardian.**

IF STUDENT REMAINS UNCONSCIOUS:

★ **CALL 911 IMMEDIATELY** If alone: perform rescue breathing for 1 minute first, then call 911.

IF UNCONSCIOUSNESS IS DUE TO INJURY (or unsure): Treat as possible neck injury. See Neck & Back Injuries and Head Injuries. Do NOT move student.

IF NO INJURY:

- Keep student in flat position. Elevate feet.
- Loosen clothing at neck and waist.
- Do not use smelling salts. Keep airway clear. Check breathing.
- Keep student warm (not hot). Control bleeding if needed (gloves). Give nothing by mouth.
- If not breathing: begin rescue breathing.

→ **Contact Dr. Bordeleau & parent/guardian.** Stay with student at all times.

ST. MARY'S CATHOLIC SCHOOL · Diocese of Boise · Moscow, Idaho

Quick Reference — Keep This Handy

☎ IN ANY LIFE-THREATENING EMERGENCY: CALL 9-1-1

Key Emergency Numbers	
Gritman Medical Center ER	(208) 883-2621
Poison Control (24 hrs)	1-800-222-1222
School Office	[OFFICE PHONE]
Principal — Dr. Marie Bordeleau, Ed.D.	mbordeleau@stmarysmoscow.org
Pastor — Fr. Benjamin Onyemachi SMMM	St. Mary's Parish Office
After-Hours Emergency	[PRINCIPAL CELL]

A–Z Emergency Topics in This Flipchart

✦ **Abrasion / Incision / Laceration**	✦ **Neck & Back Injuries**
✦ **Allergic Reaction**	✦ **Poisoning & Overdose**
✦ **Asthma / Wheezing / Difficulty Breathing**	✦ **Puncture Wounds**
✦ **Bleeding**	✦ **Seizures**
✦ **Breathing Emergency (Not Breathing)**	✦ **Shock**
✦ **Burns (Heat / Chemical / Electrical)**	✦ **Splinters**
✦ **Choking — Conscious Student**	✦ **Unconsciousness**
✦ **Choking — Unconscious Student**	✦ **First Response — Any Emergency**
✦ **CPR**	✦ **Preventing Disease Transmission**
✦ **Dental Injuries**	✦ **General Emergency Rules**
✦ **Diabetes**	
✦ **Ears (Earache / Drainage / Object)**	
✦ **Eyes (Injury / Particle / Chemicals)**	
✦ **Fainting**	
✦ **Fractures / Dislocations / Sprains**	
✦ **Head Injuries**	
✦ **Heart Attack / Cardiac Arrest**	
✦ **Impaled Object**	

First Aid Kit Locations:

□ Front Office □ Gymnasium □ Each Classroom □ Extended Care Area

Report any used supplies immediately to the school office for restocking.