

**PROTOCOL FOR THE SCHOOL NURSE
GLASSBORO PUBLIC SCHOOLS**

GLASSBORO PUBLIC SCHOOLS

MEDICAL STANDING ORDERS

PROTOCOL FOR THE SCHOOL NURSE
GLASSBORO PUBLIC SCHOOLS

EMERGENCY PHONE NUMBERS

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| Josette Palmer, MD Happy Healthy You 707 North Main Street Glassboro, NJ 08028 | 856-881-5111 Fax- 881-6111 |
| Medical Emergency/Ambulance | 911 |
| Glassboro Police Department | 856-881-1500 |
| Poison Control Center | 215-386-2100/ 1-800-222-1222 |
| Jefferson Health System- Washington Township Division | 856-582-2500 856-582-2816 |
| Inspira Medical Center | 856-845-0100 |
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**PROTOCOL FOR THE SCHOOL NURSE
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IF IT IS DETERMINED THAT IMMEDIATE ATTENTION IS NECESSARY FOR A STUDENT, AND THE PARENT/GUARDIAN OR OTHER CONTACTS ON THE EMERGENCY MEDICAL CARD/SHEET ARE UNABLE TO TRANSPORT THE STUDENT TO THE HOSPITAL, AN AMBULANCE WILL BE CALLED AND AN ADMINISTRATOR, OR DESIGNEE SHALL ACCOMPANY THE STUDENT.

IMMEDIATE AID

- Nurse shall begin whatever is necessary to aid the patient.
- Notify the office of an emergency and of any action that has been taken.
- Keep calm and attempt to calm the patient.

NOTIFICATION OF PARENT/GUARDIAN

Parents/Guardians will be notified if time permits. In cases of extreme emergency, when parents/guardians of other persons designated by the parents/guardians cannot be contacted, the school acting in place of parent/guardian assumes responsibility for transportation to hospital via ambulance.

Continued efforts will be made to notify parents/guardians/designees of emergency situation.

| HEALTH PROBLEM | PROTOCOL |
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| ABDOMINAL PAIN | <ul style="list-style-type: none">• Check for history of nausea, vomiting, diarrhea, constipation, food ingestion, appendectomy, dysuria, foul discharge, menstrual history (female).• Take temperature.• Encourage to use bathroom• Palpate abdomen gently to determine location of pain. Listen with stethoscope, as needed• Call parent/guardian and advise medical care if fever or significant pain persists.• Frequent complaints should be called to parents' attention |
| ANAPHYLAXIS/SEVERE ALLERGIC REACTION | <p>SYMPTOMS: breathing difficulty, shortness of breath, violent cough, cyanosis, fever, convulsions, collapse, other anaphylaxis symptoms:</p> <ul style="list-style-type: none">• Assess respiratory status, observe for difficulty breathing.• Inquire re: possible exposure to allergen, such as insect sting or food.• Inquire re: past history of anaphylaxis |

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| | <ul style="list-style-type: none"> • Note if student has order for emergency epinephrine for allergy reaction. • For respiratory distress, call or have office call 911 immediately- Ask for ambulance with emergency epinephrine. • Administer emergency epinephrine for respiratory distress and symptoms above as per medication package instructions (May use student's individual epinephrine if ordered or stock epinephrine ordered by school physician). • May administer 1 to 5 liters of Oxygen per minute. • Notify parents/guardians or designee. • Continue assessment. Be prepared to begin CPR if required. |
| BACK/NECK/SPINE INJURIES (SIGNIFICANT) | <ul style="list-style-type: none"> • Call for ambulance immediately. Ask for ambulance EMT trained to transport. • Do not move or change position of patient unless there is difficulty breathing, the need for CPR or imminent danger in current location (ie- pending explosion or falling object). • Keep injured patient warm and quiet • If conscious, question patient regarding pain, paralysis, numbness, weakness • Treat for shock if necessary. • Notify parent/guardian |
| BEE OR INSECT STINGS | <ul style="list-style-type: none"> • Administer child's prescribed medication as ordered for allergy. • Note past history of bee/insect sting. • Ongoing assessment of respiratory status. • Be prepared to administer emergency epinephrine for development of anaphylaxis- either from student's own medical order or standing school order. • Call ambulance for respiratory distress/anaphylaxis. • May administer 1 to 5 liters of Oxygen per minute. • Wash sting site with soap and water or peroxide. • Apply sting kill/meat tenderizer/caladryl/calamine/or ziradryl. • May apply ice or cold pack. • Notify parents if there is a known allergic tendency |
| Biologic /Chemical Threat or Exposure | <ul style="list-style-type: none"> • Refer to School District Operations Manual • Refer to Emergency Guidelines for Staff for Chemical Spills/Toxic Fumes • Notify 911 • Contact local Health Department to report and for directives on how to proceed. |

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| BITES (ANIMAL/HUMAN) | <ul style="list-style-type: none"> • Wash gently and thoroughly with soap and water/apply antiseptic as needed. • Cover with sterile dressing/ band-aid. • Check date of last tetanus shot (5 to 10 years). • Advise parent and urge medical attention if skin is broken. • Consider notification to parent of child who bit, due to possible risk of bloodborne pathogen transfer. • If bite is severe, call ambulance. <p>IN CASE OF ANIMAL BITE:</p> <ul style="list-style-type: none"> • Call local Health Department promptly. • Make every effort to have animal confined for observation and call appropriate officials. |
| BLEEDING-small cuts and abrasions | <ul style="list-style-type: none"> • Wash gently and thoroughly with soap/water or antiseptic. • May apply antibiotic ointment (e.g. Bacitracin) as needed. • Cover with band-aid or other sterile dressing. • May apply cold pack if needed. |
| BLEEDING- Internal (suspected) | <ul style="list-style-type: none"> • Keep patient warm and lying down • Maintain open airway • Observe for signs of shock. • Do not give anything to eat/drink. • Contact 911 and call parent/guardian. |
| BLEEDING- Severe/external* | <ul style="list-style-type: none"> • Maintain Universal Precautions • Contact 911 and call parent/guardian • Apply dressing over wound until bleeding stops • Pack wound as needed • Apply dressing and bind in place • Elevate area of wound, if possible. • Apply cold pack to area of wound. • Consider tourniquet application as needed |
| BLISTERS | <ul style="list-style-type: none"> • Carefully cleanse with soap and water or antiseptic. • Avoid breaking blister. • Cover with clean dressing. • If blister broken, treat as an abrasion. |
| BURNS (Chemical) | <ul style="list-style-type: none"> • Flush area thoroughly with cold water for at least five minutes. Do not use a strong stream of water if this can be avoided. • Apply cold, wet compress to area for 5-10 minutes. • Leave uncovered , if possible. • Seek medical attention as needed and notify parent/guardian. |

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| BURNS (Other) | <ul style="list-style-type: none"> • Apply cool, wet compress or immerse in cool water for 5-10 minutes. • If minor, may apply Vitamin E, ice, or anesthetic spray as needed. • Do not break blisters. • If blisters are broken, or burn is severe, apply sterile, non-adherent dressing loosely. • Notify parents/guardians. Advise further medical attention for severe burn. |
| Chest Pain | <ul style="list-style-type: none"> • Take Vital Signs • Assess in attempt to ascertain possible cause: cardiac, asthma, musculoskeletal, reflux • Notify parent and advise further medical attention as needed, if pain persists |
| CHOKING –Infant (Conscious) | As per American Heart Association current guidelines |
| CHOKING-Infant (Unconscious) | As per American Heart Association current guidelines |
| CHOKING –Child (Conscious) | As per American Heart Association current guidelines |
| CHOKING – Child/(Unconscious) | As per American Heart Association current guidelines |
| CHOKING – Adult(Conscious) | As per American Heart Association current guidelines |
| CHOKING –Infant (Unconscious) | As per American Heart Association current guidelines |
| COLD | <ul style="list-style-type: none"> • Exclude from school if child has temperature of 100 degrees or higher and/or discharging from nose, eyes, has cough, sore throat, earache, headache. • Exclusion from school (at discretion of school nurse) for symptoms above that pose increased communicability to other students/staff related to less than optimal self-help skills (e.g.- ability to cover mouth/ blow nose) or for outbreak situations. • Remind parents that cold symptoms can also be forerunners of communicable diseases. |
| COMMUNICABLE DISEASES (Chicken Pox, Measles, Mumps, Rubella) rare | <ul style="list-style-type: none"> • Isolate from others and exclude from school. • Notify parent/guardian and recommend medical care. • Rash diagnosis and medical clearance in writing from physician before return to school. • Notify building Principal, as needed. • Refer to Board Policy/Procedures |

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| | <ul style="list-style-type: none"> • Contact local Health Department |
| COMMUNICABLE DISEASES | <ul style="list-style-type: none"> • Symptom assessment/ Attempt to get relevant history • Refer to Communicable Disease Manual in nurse's office for guidance on how to proceed. • Contact local Health Department for advice on how to proceed and report if disease is mandated as reportable. • Contact School Physician as needed. |
| CONTUSIONS | <ul style="list-style-type: none"> • Apply ice to bruise for 10- 15 minutes. |
| CONVULSIONS (Seizures) | <ul style="list-style-type: none"> • Help student to floor to prevent falling. • Remove sharp objects from area surrounding student. • Turn student gently on side to assist breathing and prevent aspiration. • Do not place anything in student's mouth. • Do not restrain or hold student down. • Loosen tight clothing. • Stay with student until seizure is finished. Allow student to rest after seizure. • Note any seizure history. • If seizure lasts longer than 5-10 minutes or if student experiences difficulty breathing, call 911 • Administer any prescribed medication for student with seizure history. • If cyanotic, may give oxygen 1-5 liters per minute. • Notify parent/guardian. |
| DIABETES (Diabetic coma from hyperglycemia) | <p>SYMPTOMS: dry mouth, intense thirst, vomiting, sweet breath, air hunger, gradual onset.</p> <ul style="list-style-type: none"> • For actual diabetic coma, call 911 immediately and notify parents. • Refer to individual student medical orders for management of diabetes and hyperglycemia |
| DIABETES (Insulin Shock- from hypoglycemia) | <p>SYMPTOMS: sudden onset of drooling, intense hunger, normal or shallow respirations, tremors.</p> <ul style="list-style-type: none"> • Give sugar such as fruit juice, soda, sugar water, cake icing, gluco-burst, glucose tablets. • Follow-up with a complex carbohydrate such as crackers, grains, beans, root vegetables as available. If no improvement, seek further medical attention. • Notify parents/guardians of incident • Refer to individual student medical orders for management of diabetes. • If child unconscious or unable to eat or drink administer Glucagon if ordered by child's medical provider and call 911 |

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| DISLOCATION | <ul style="list-style-type: none"> • Do not attempt to put back in place. • Secure parts in comfortable position with sling or splint. • Apply ice. • Notify parents/guardians to secure further medical care. |
| DYSMENORRHEA | <ul style="list-style-type: none"> • Allow to rest for a short time, • May use heating pad for 15 minutes. • Advise medical attention if severe or recurrent. |
| EARACHE (Possible Ear Infection) | <ul style="list-style-type: none"> • May examine ear with otoscope. • Check temperature. • Wipe any discharge from outer ear only- note color, odor, etc. • May insert cotton, with discretion. • Notify parent and advise medical care. • Consider cool compress or warm pack. |
| EAR INJURY | <ul style="list-style-type: none"> • Inspect external ear canal, noting any abnormalities i.e., discharge, skin lesions, etc. If any foreign bodies seen, immediately refer for further medical attention. • Check for tenderness by gently moving the auricle. Press tragus and mastoid process. If student complains of pain, refer for further medical attention. • Straighten ear canal. Examine internal ear canal with otoscope, if available. Document any redness, swelling, lesions, scales, presence of foreign bodies. • Notify parent and recommend further medical care, as needed. • Consider cool compress. |
| EYES –Chemical Burn to Eye | <ul style="list-style-type: none"> • Irrigate eye with cool water continuously for 15 minutes. • Assess for possible visual compromise. • Apply clean eye pad. • Notify parent and urge further medical attention. |
| EYES- Cuts or Punctures | <ul style="list-style-type: none"> • Assess for visual compromise. • Bandage lightly or apply eye patch. • Notify parent/guardian • Call for ambulance immediately. • Do Not wash eye out with water. • Do Not attempt to remove any object stuck in eye. |
| EYES- Foreign Body in Eye (Embedded) | <ul style="list-style-type: none"> • Bandage lightly or apply eye patch. • Seek immediate medical care and notify parent/guardian. |
| EYES- Foreign Body in Eye (Moving on Membrane) | <ul style="list-style-type: none"> • Flush eye with water or eye wash solution. • Gently touch foreign body with moistened cotton-tipped applicator. |

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| | <ul style="list-style-type: none"> • If unable to remove foreign body, cover eye and notify parent and advise further medical attention. |
| EYES- Infections | <ul style="list-style-type: none"> • Assess for discharge, redness, lid swelling, node-involvement, itching, etc. • Assess for any recent eye trauma. • If conjunctivitis looks likely, notify parent/guardian and urge prompt medical care. • Exclusion from school for possible conjunctivitis, at discretion of school nurse. • Advise against mascara, eye liner, contacts when eyes are irritated. Advise cleaning of glasses. |
| EYES- Wounds/Bruises | <ul style="list-style-type: none"> • Apply ice/cold pack to prevent hemorrhage • Apply eye patch, as needed, • Assess for visual compromise. • Notify parent/guardian and suggest medical attention, as needed. |
| FAINTING | <ul style="list-style-type: none"> • Keep student lying flat with knees bent until recovered. • Loosen clothing around neck and waist. • May use Ammonia inhalant, as needed. • Check Vital Signs. • Give nothing by mouth. • Apply cool compress to head. • Notify parent and advise further medical attention, if needed. |
| FEVER | <ul style="list-style-type: none"> • Conduct physical assessment of student • Inquire about recent history of any illnesses and about student status over past 24 hours. • Inquire about any medication taken before coming to school. • Assess onset of symptoms and current family illnesses. • Exclude from school if fever is 100 degrees or more. • Notify parent. |
| FRACTURE- Simple Fracture | <ul style="list-style-type: none"> • Keep person warm and in comfortable position. • Obtain history of incident. • Apply cold pack over affected area. • Be careful not to move injured part in a manner that would cause further injury. • Notify parent/guardian and advise prompt medical care. |
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| | <ul style="list-style-type: none"> • FOR TRANSPORTATION- immobilize with splint or sling- <ol style="list-style-type: none"> 1. IF LEG INJURY- avoid weight bearing. 2. IF BACK INJURY- call ambulance |

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| | 3. IF NECK INJURY- call ambulance |
| FRACTURE- Compound Fracture | <ul style="list-style-type: none"> • Control bleeding with direct pressure (Severe bleeding) • OTHERWISE- DO NOT DISTURB WOUNDED AREA • Cover with sterile dressing/ apply ice • Have student lie down and cover for warmth • Support injured part. • Notify parent/guardian and secure 911 transportation. |
| HEADACHE* | <ul style="list-style-type: none"> • Check temperature to assess for fever. • Exclude from school if fever is 100 degrees or more. • Inquire re: any bumps to head, congestion, related symptoms as needed • Offer cold pack or rest as needed • Assess for headache severity and any advanced neurologic symptoms and contact parent. Call 911 as needed |
| HEAD BUMP | <ul style="list-style-type: none"> • Determine mechanism of injury • Observe and palpate for physical bump/bruise/ swell • Ensure basic neuro-status intact • Cold pack as needed |
| HEAD INJURY (Other than a simple bruise) | <ul style="list-style-type: none"> • Place student lying down with head slightly elevated. • Apply cold compress to bruised area. • Check vital signs, pupils, neurological status. • Obtain immediate medical care (call 911) if there is: nausea, vomiting, irregular or unequal pupils, irregular or slow pulse, elevated BP, slow respirations, drowsiness, twitching, unconsciousness, bleeding from ears, nose, mouth (other than from superficial cut). • Control any bleeding and apply bandage as needed • Notify parent/guardian and advise further medical attention. • If no obvious symptoms, keep student lying down for 10 minutes. Notify parent/guardian. • Send home Head Injury Checklist. |
| HEAD INJURY (Severe)* | <ul style="list-style-type: none"> • Keep student in Semi-Fowler's position. • If unconscious, turn head toward side to prevent aspiration (CAUTION- Cervical Spine Injury). • If open wound, apply sterile dressing. • Apply pressure if profuse bleeding present. Pack wound as needed. • Seek immediate medical attention. Call 911. • Take vital signs; Assess pupils, neurological status. • Notify parents/guardians. |
| HEAD LICE (Pediculosis) | <ul style="list-style-type: none"> • Students with live head lice will be excluded from school. |

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| | <ul style="list-style-type: none"> • Notify parent/guardian and recommend they contact their medical provider for specific treatment. • Hair must be treated and all nits should be removed before returning to school. • Nurse shall check child upon return to school, again in 7 days, and at discretion of school nurse. • Robi-comb may be used to assist in detection of live lice when doing head checks. • Students with recurrent infestations shall be dealt with on an individual basis by school nurse in consultation with school administrator. |
| HEAT EXHAUSTION | <p>SYMPTOMS- Chilly body, clammy skin, exhaustion</p> <ul style="list-style-type: none"> • Keep person flat with head low and feet elevated. • Allow to rest in Nurse's Office with air conditioning. • May give fluids as tolerated. • Notify parent and advise prompt medical care. |
| HEAT STROKE | <p>SYMPTOMS- High temperature, hot, dry skin</p> <ul style="list-style-type: none"> • Apply wet, cool towels to body. • Keep in shade or in air conditioning in Nurse's Office. • Seek immediate medical attention- CALL AMBULANCE • Notify parent/guardian. |
| HEMORRHAGE-(Severe Cut)* | <ul style="list-style-type: none"> • Control bleeding with pressure and apply pressure dressing. • Elevate affected area, if possible. • Apply ice to affected area, as needed. • Consider tourniquet application or wound packing as needed • Call Ambulance • Notify parent/guardian. |
| INSECT BITE | <ul style="list-style-type: none"> • Apply bactine, caladryl or other anti-itch treatment as needed. |
| MOUTH PROBLEM-(toothache, sore gum) | <ul style="list-style-type: none"> • Assess affected area. • May apply Ora-jel, Anbesol, Campho-Phenique, etc. to affected area. • May rinse with warm water or salt water gargle • May apply cold pack to outer mouth. • Note any tooth decay • Notify parent/guardian, as needed. Advise dental follow-up as needed |
| MOUTH PROBLEM-(bumped mouth) | <ul style="list-style-type: none"> • Assess affected area. Note any abnormalities of teeth, gums, lips, etc. • Inquire re: how problem occurred. |

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| NOSEBLEED | <ul style="list-style-type: none"> • Place patient in sitting position with head erect and slightly forward. • Inquire re: history of frequent nosebleeds, spontaneous or impact nose bleed. • Apply pressure to nose on anterior portion of nostrils and maintain by squeezing firmly for 5 minutes by the clock (patient to be sitting up). • Observe student. • If not quickly controlled, apply cold compress to bridge of nose. • If unable to control nosebleed, notify parent/guardian and advise further medical attention. |
| Piercing problem | <ul style="list-style-type: none"> • Assess site • Apply alcohol or other antiseptic • Notify parent/guardian if site looks infected for to advise further medical care. |
| Poison situation | <ul style="list-style-type: none"> • Determine substance that could be identified as poison • Get information related to ingestion • Check vital signs and conduct assessment • If acute medical emergency related to poisoning, call 911 • Contact NJPIES (currently at) 1-800-222-1222 to report poison and get directives on how to proceed. • Call parent/guardian to notify of incident and recommended directives |
| RASH- (Suspicious rash, i.e., Impetigo, Scabies, Ringworm, Scarlet Fever, MRSA | <ul style="list-style-type: none"> • Assess rash history • Check temperature. • If appears to be due to poison ivy, etc. apply Calamine, Calahist, or Caladryl. • If fever present, and new-onset rash- notify parent/guardian and advise prompt medical follow-up. • For suspicion of Communicable Rash, refer to Communicable Diseases Manual for guidance on how to proceed) • For suspicion of Communicable Rash, notify parent/guardian and may exclude from school until rash resolved or medical clearance obtained by student's health care provider. |
| RESPIRATORY DISTRESS | <ul style="list-style-type: none"> • Maintain open and clear airway • Elevate head with support • Check vital signs and skin color • Inquire re: possible cause of distress |

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| | <ul style="list-style-type: none"> • Assess for asthma history- Administer prn asthma meds if ordered. • Call for medical assistance, if unrelieved. • Notify parent/guardian, as necessary. • If hyperventilating, have student breathe into paper bag to re-inhale CO₂ • If there is skin pallor or cyanosis, apply oxygen mask and secure medical attention. • Administer oxygen at 1 to 5 liters. See standing Order for oxygen. |
| RINGWORM OF SCALP | <ul style="list-style-type: none"> • Refer for medical care • May attend school if UNDER TREATMENT and LESIONS COVERED for 48 hours. |
| SHOCK | <p>SYMPTOMS: pallor, cold, diaphoretic, clammy hands, nausea, dizziness, weakness, feeble pulse, shallow and irregular breathing</p> <ul style="list-style-type: none"> • Keep student lying down • Try to determine cause of shock • Cover and keep warm, but do not cause sweating. • Elevate head only if there is difficulty breathing. • Seek medical attention (call 911) and notify parent/guardian. |
| SORE THROAT | <ul style="list-style-type: none"> • Check temperature • Check for cervical nodes, exudate, throat inflammation • Check for recent history of strep throat in student, family, classmates • If no fever, may offer salt water gargle (1/4 tsp. salt to 4 oz. water). • If multiple STREP THROAT OR SCARLET FEVER cases in class, school, community, advise parent/guardian and encourage further medical attention. • If multiple cases of STREP THROAT OR SCARLET FEVER in student's classroom, encourage parent to have child strep tested. • Refer to Communicable Diseases Manual for guidance on how to proceed if probably Strep Throat or Scarlet Fever • Notify local Health Department if <u>outbreak</u> of STREP THROAT OR SCARLET FEVER present. |
| SPLINTER | <ul style="list-style-type: none"> • Inquire as to how student got splinter and whether from home or school. • Cleanse area and remove if superficial. • If deeply embedded, do not remove, cover with dressing, and notify parent/guardian and advise medical attention. |

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| STY | <ul style="list-style-type: none"> • Apply warm compress, as available for 10 minutes. |
| SUDDEN CARDIAC ARREST* | <ul style="list-style-type: none"> • SEE SUDDEN CARDIAC ARREST ACTION PLAN (ENCLOSED) • Activate MERT Team • Call 911 immediately |
| TICK- Removal of | <ul style="list-style-type: none"> • Use pair of tweezers with very thin ends and grasp tick as close as possible to skin. • Slowly pull tick straight out, gently but firmly with even, steady pressure. • Take care not to squeeze tick body so as not to inject contents of tick into patient. • Cleanse skin well with alcohol/antiseptic/peroxide. • Notify parent/guardian of tick removal. • If unable to remove all/part of tick, advise parent/guardian and advise further medical attention. |
| TOOTH- Broken or Knocked out | <ul style="list-style-type: none"> • Rinse mouth with water. • Save tooth in WARM SALINE CLOTH, MILK OF MAGNESIA (MOM), SAVE A TOOTH KIT, MILK. • Notify parent/guardian so they may contact dentist immediately. • Inquire as to how tooth injury was sustained. |
| UNCONSCIOUSNESS | <ul style="list-style-type: none"> • As per current American Heart Association Guidelines • Activate MERT Team/ Follow Sudden Cardiac Arrest Protocol if deemed cardiac event. |
| Vomiting | <ul style="list-style-type: none"> • Assess for fever • Notify parent/guardian and send child home. Child should remain home until no vomiting x 24 hours. • Consider other causes for vomiting- anxiety, reflux, cough-induced that may make communicability unlikely and proceed at nurse discretion. |
| WOUND (abrasion/ small cut/ pencil wound) | <ul style="list-style-type: none"> • Cleanse with soap and water • Apply antiseptic/antibiotic ointment as needed • Apply band-aid/bandage |

MEDICAL ORDERS

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| DISPENSING MEDICATION | <ul style="list-style-type: none"> • As per Board Policy |
| DISPENSING MEDICATION TO EMPLOYEES | <ul style="list-style-type: none"> • School Nurse may dispense Tylenol, Anacin, Aspirin, Pepto-Bismol, Ibuprofen, Maalox, Cough Drops, Throat lozenges to employees of Glassboro School District, if requested and employee reports no history of allergic reaction to these medications. |

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| USE OF OTOSCOPE | <ul style="list-style-type: none"> • Assessment of ear involves inspection of external and internal ear, testing of hearing acuity, and otoscope examination. • The school nurse also focuses on child's health history in an effort to identify factors that could place child at risk for hearing problems. Early detection and screening can assist in minimizing hearing deficiencies and their effects. • If student fails first hearing screening, school nurse may use otoscope to identify any condition that could interfere with hearing. If possible problem identified, student and parent/guardian will be notified and advise further medical attention. • School nurse may use otoscope to aid assessment when complaint of ear pain is present. |
| USE OF OXYGEN | <ul style="list-style-type: none"> • School nurse may administer oxygen at a rate of 1 to 5 liters per minute in case of respiratory distress and as authorized in above protocols. |
| USE OF CONTACT LENS SOLUTION | <ul style="list-style-type: none"> • Solution may be used for students to clean contact lenses. |
| DISPENSING OF COUGH DROPS/THROAT LOZENGES TO STUDENTS | <ul style="list-style-type: none"> • Students may have one cough drop/or throat lozenge every two hours as needed, upon request, for cough or sore throat. |
| INJECTION WITH EMERGENCY EPINEPHRINE | <ul style="list-style-type: none"> • Nurse may administer emergency Epinephrine (appropriate to patient weight) to any student or staff member who appears to be experiencing a severe allergic reaction due to contact with an allergen or who may be exhibiting signs of anaphylaxis. Glassboro Board of Education will purchase emergency epinephrine for each school building. Medication will be located in a location designated by the school nurse of the respective building. |
| Use of Robi-comb | <ul style="list-style-type: none"> • A RobiComb may be used to assist in detection of live head lice when doing head checks. |
| Medication Standing Orders for 6th grade Camping Trip | <p>The following over-the-counter medications may be administered with parental consent on the 6th grade camping trip:</p> <ul style="list-style-type: none"> • Tylenol/Acetaminophen 325 mg: Two tablets every 4 hours, as needed for pain or fever. For student weighing less than 100 pounds: Adjust dose to 15 mg/kg. |

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| | <ul style="list-style-type: none">• Motrin/Ibuprofen/Advil 200 mg: Two tablets every 6 hours as needed for pain or fever. For student weighing less than 100 pounds: Adjust dose to 10 mg/kg.• Benadryl 25 mg: One tablet every 4 hours as needed for allergies and/or allergic reaction. |
| AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROTOCOL | <ul style="list-style-type: none">• As per SUDDEN CARDIAC ARREST ACTION PLAN (ENCLOSED) |
| USE OF AMBU BAG (BAG- VALVE-MASK) UNIT | <ul style="list-style-type: none">• As per American Heart Association current guidelines |
| SUDDEN CARDIAC ARREST | <ul style="list-style-type: none">• As per SUDDEN CARDIAC ARREST ACTION PLAN (ENCLOSED) |

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Glassboro School District

"Janet's Law"

Sudden Cardiac Arrest Emergency Action Plan

Mission: the school district shall be prepared in the event of a sudden cardiac event, providing the essential components of an emergency response that provide the victim with the optimal chance of survival. These outcomes stem from comprehensive education in the early first aid response, CPR, AED use, and the access to advanced cardiac life support.

Definitions:

AED: Automatic Electronic Defibrillator

MERT: Medical Emergency Response Team

Location of the AED(s): (Varies per building)

Purpose: This plan is to be implemented when a child or adult is discovered unconscious or witnessed arrest

- Remain calm
- Contact, or call out for the nearest person to contact the nurse and main office by dialing ext. _____ and if available send a runner to the main office or use walkie-talkie.
- Describe the location, nature of the emergency and whether the person is a child or an adult. May give the physical symptoms that were witnessed (faint/seizure, etc.)
- Clear the classroom or area of any students
- Stay with the person and do not move him/her until the first responder arrives. If the person witnessing this event is a MERT member, emergency care should begin immediately.
- The main office personnel will make the following announcement over the PA, speaking slowly and repeating the announcement three (3) times:

"There is a MEDICAL EMERGENCY in location - {giving the room number and teacher's name or hallway area} beginning immediately. All other staff and students please activate a shelter in place at this time"

The MERT will respond as follows

Principal or designee:

- Go to the site of the emergency
- Insure the AED from the wall box was brought to the site of the emergency
- If necessary, arrange for class coverage for the first responders
- Insure that a parent/guardian is contacted

**PROTOCOL FOR THE SCHOOL NURSE
GLASSBORO PUBLIC SCHOOLS**

- Initiate the Shelter in place

Nurse:

- Report to location of emergency and assess
- Activate MERT
- Designate/or call 9-1-1 (see script below)
- Insure the AED from the wall box was brought to the site of the emergency
- Coordinate the emergency protocol
- Support the MERT during the emergency
- Continue emergency protocol until EMS arrives
- Communicate with EMS, upon arrival the nature of the emergency providing vital signs, history, length of unconsciousness, etc.

MERT/CPR members:

- Evaluate the situation for safety and determine unresponsiveness of the victim
- Record event on the "Event Checklist", found with the AED or inside AED case
- Call 911 upon direction of school nurse or as indicated
- Perform all aspects of CPR as trained
- Retrieve AED as needed
- Upon arrival of the AED, apply pads to victim and follow voice prompts.
- Continue CPR as directed until EMS arrives
- Additional supplies may be required to be brought to the site of emergency at the direction of the nurse, principal or designee
- Assist emergency responders in getting to the individual experiencing the sudden cardiac event

Secretary/main office personal:

- Notify an administrator when the emergency call comes in
- Coordinate with administrator for any additional needs required by MERT (copy the student's emergency card, additional staff to cover classrooms, supplies required etc)
- Insure the AED from the wall box was brought to the site of the emergency
- Call 9-1-1 only if directed to from the site of the emergency
- Await the EMS and escort them to the location of the emergency

9-1-1 script

"Hello, this is _(STATE YOUR NAME)_ at _(SCHOOL NAME)__ address is _____. We have an unconscious (ADULT/CHILD) experiencing a cardiac arrest. CPR and AED have been initiated by our school's medical emergency response team. We will have someone waiting for EMS at the front door of the school"

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All school staff:

- Remain in "Shelter in Place" until given all clear from the main office

Security personal (when available):

- Be readily available to assist in coordination of Shelter in place
- Retrieve supplies as need from nurse's office
- Assist in directing EMS personal to site of emergency as needed

Drill evaluation

Date and time of

Drill: _____

Drill

Coordinator: _____

Key skills check list:

1. Activate Emergency Action Plan with building wide Shelter in Place
2. MERT team members reported to location
3. AED was brought to location

Please note that this is a template. There is an individual plan for each school building

PROTOCOL FOR THE SCHOOL NURSE
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PHYSICIAN'S STANDING ORDER FOR NARCAN NASAL SPRAY (NALOXONE)

Certified School Nurse (CSN) is authorized to administer Naloxone 4 mg/0.1 ml intranasal spray to any student, staff member or other person for suspected opioid overdose during school hours and if nurse available during on-site school-sponsored function. May repeat every 2 to 3 minutes, if available until the person responds or until emergency medical response arrives.

The school district, school or Certified School Nurses may also grant access, in emergency situations, to other persons employed by the district who have certified to having received training in the administration of the opioid antidote and overdose protection information.

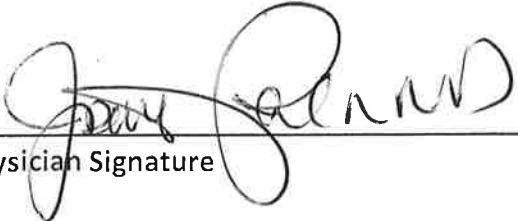
This standing order acknowledges that certified school nurses and volunteer trained employees have received training on:

- Overdose prevention
- Overdose recognition
- How to perform rescue breathing and resuscitation
- Opioid antidote dosage and administration
- Importance of calling 911
- Appropriate care of an overdose victim after the administration of the opioid antidote


Related Protocols

911 must be immediately called

Any student who received an opioid antidote by the school nurse, a volunteer trained employee, or by an emergency medical responder shall be transported via ambulance to nearest hospital accompanied by a staff member.



Physician Signature



Date

PROTOCOL FOR THE SCHOOL NURSE
GLASSBORO PUBLIC SCHOOLS

I approve of Medical Standing Orders for Glassboro Public Schools for the year

2019-2020 (9/1/19- 8/31/20).


Physician's Signature

5/21/19
Date

Superintendent's Signature

Date