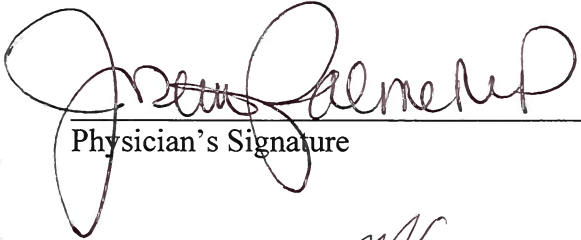


PROTOCOL FOR THE SCHOOL NURSE
GLASSBORO PUBLIC SCHOOLS

I approve of Medical Standing Orders for Glassboro Public Schools for the year
2024-2025 (9/1/24- 8/31/25).



Physician's Signature

7/31/24
Date



Superintendent's Signature

8/12/24
Date

**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

Josette Palmer, MD Happy Healthy You 151 Fries Mill Road Suite 604 Turnersville, NJ 08012	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- Mullica Hill	856-508-1000

**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 as 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
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. <p>Frequent complaints should be called to parents' attention</p>

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<p>ANAPHYLAXIS/SEVERE ALLERGIC REACTION</p>	<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 • 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. • Activate Medical Emergency Response Team (MERT), as needed.
<p>BACK/NECK/SPINE INJURIES (SIGNIFICANT)</p>	<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
<p>BEE OR INSECT STINGS</p>	<ul style="list-style-type: none"> • Administer child's prescribed medication if 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.

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	<ul style="list-style-type: none"> • 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.
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.

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	<ul style="list-style-type: none"> • 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.
BURNS (Other)	<ul style="list-style-type: none"> • Apply cool, wet compress or run affected area under cool running water for 20 minutes • If minor and once burn is completely cooled, may apply Vitamin E, lotion (such as one that contains aloe-vera , 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- Non-specific (without associated shortness of breath, nausea, sweating, arm or back pain) check for recent muscle strain or history of asthma*	<ul style="list-style-type: none"> • Take vital signs • Attempt to ascertain possible cause: cardiac, asthma , musculoskeletal, reflux • Notify parent/ guardian and advise further medical attention as needed, if pain persists
Chest Pain/Chest Discomfort or Heaviness/Breathing Difficulty: Chest Pain/ Heaviness accompanied by Breathing Difficulty *	<ul style="list-style-type: none"> • Take vital signs • Call 911/EMS • Activate MERT team, if available • AED/CPR as needed • Notify Administrator and Parent/Guardian
CHOKING –Infant (Conscious)	<ul style="list-style-type: none"> • As per American Heart Association current guidelines
CHOKING-Infant (Unconscious)	As per American Heart Association current guidelines
CHOKING –Child (Conscious)	<p>As per American Heart Association current guidelines</p> <ul style="list-style-type: none"> • Heimlich Maneuver for inability to speak/cough. • Call 911/EMS • Activate the MERT team if available • Start CPR if there is loss of consciousness

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	<ul style="list-style-type: none"> • Notify Administrator and Parent/Guardian
CHOKING – Child/(Unconscious)	<p>As per American Heart Association current guidelines</p> <ul style="list-style-type: none"> • Call 911/EMS • Activate the MERT team if available • Start CPR if there is loss of consciousness • Notify Administrator and Parent/Guardian
CHOKING – Adult(Conscious)	<p>As per American Heart Association current guidelines</p> <ul style="list-style-type: none"> • Heimlich Maneuver for inability to speak/cough. • Call 911/EMS • Activate the MERT team if available • Start CPR if there is loss of consciousness • Notify Administrator and Emergency contact
CHOKING –Infant (Unconscious)	<p>As per American Heart Association current guidelines</p>
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), persistent symptoms (e.g. – repetitive harsh cough) or for outbreak situations. • Remind parents that cold symptoms can also be forerunners of communicable diseases.
COMMUNICABLE DISEASES (Chicken Pox, Measles, Mumps, Rubella- rare); COVID- 19*	<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 • Review current directives from NJDOH and local health department, and district current procedures for COVID-19 and other communicable diseases • Contact local Health Department, as needed.
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.

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<p>CONVULSIONS (Seizures)</p>	<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.
<p>DIABETES (Diabetic coma from hyperglycemia)</p>	<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
<p>DIABETES (Insulin Shock- from hypoglycemia)</p>	<p>SYMPTOMS: sudden onset of drooling, intense hunger, normal or shallow respirations, tremors, mental status/ affect changes</p> <ul style="list-style-type: none"> • Give sugar such as fruit juice, soda, sugar water, cake icing, skittles, smarties, 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/Baqsimi if ordered by child's medical provider and call 911
<p>DISLOCATION</p>	<ul style="list-style-type: none"> • Do not attempt to put back in place. • Secure parts in comfortable position with sling or splint, as needed/available • Apply ice. • Notify parents/guardians to secure further medical care.

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DIZZINESS	<ul style="list-style-type: none"> • Assessment to include: activity prior to symptom onset, food/fluid consumption today, any cold, congestion, recent illness, any recent head injuries. • Check vital signs • Complete brief neurologic assessment- alertness, orientation, extremity strength, gait, pupillary response • Offer drinks of water for hydration • Based on assessment, consider the following interventions: *May offer salty snack such as crackers or pretzels, if available. *May offer student to rest with eyes closed for up to 10 minutes. May elevate legs, if desired. • If symptoms persist, notify parent/guardian to pick up student and seek further medical attention. • If situation deteriorates or neurologic status becomes unstable, call 911 and notify parent or guardian.
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 if signs of developing infection present. • 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.

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	<ul style="list-style-type: none"> • Notify parent and urge further medical attention.
EYES- Cuts/Punctures/ Penetrating Injury	<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"> • If object visible, attempt to remove with corner of dampened cloth such as 2 x 2. • If unsuccessful, rinse eye with sterile saline, eye wash, or clean water. Can also rinse by using eye cup. • If still unable to remove object, bandage lightly or apply eye patch. • Notify parent/guardian to seek immediate medical care.
EYES- Foreign Body in Eye (Moving on Membrane)	<ul style="list-style-type: none"> • Flush eye with water or eye wash solution. Can also rinse by using eye cup. • Gently touch foreign body with moistened cotton-tipped applicator. • 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, as needed • 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.

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<p>FEVER</p>	<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 or if student presents as ill along with any temperature elevation. • Notify parent/guardian.
<p>FRACTURE- Simple Fracture</p>	<ul style="list-style-type: none"> • Keep person warm and in comfortable position. • Obtain history of incident. • Apply cold pack over affected area, as needed. • Be careful not to move injured part in a manner that would cause further injury. • Support injured part • Notify parent/guardian and advise prompt medical care.
<p>FRACTURE- Compound Fracture</p>	<ul style="list-style-type: none"> • Control bleeding with direct pressure (Severe bleeding) • OTHERWISE- DO NOT DISTURB WOUNDED AREA • Call 911 for medical transport • Cover with sterile dressing/ apply ice • Have student lie down and cover for warmth • Support injured part.
<p>Fracture Transportation</p>	<ul style="list-style-type: none"> • FOR TRANSPORTATION- immobilize with splint or sling- if severe injury suspected: <ol style="list-style-type: none"> 1. IF LEG INJURY- avoid weight bearing 2. IF BACK INJURY- call ambulance 3. IF NECK INJURY- call ambulance
<p>HEADACHE</p>	<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
<p>HEAD BUMP</p>	<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. • Notify parent, as needed

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<p>HEAD INJURY (Other than a simple bruise)</p>	<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.
<p>HEAD INJURY (Severe)</p>	<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.
<p>HEAD LICE (Pediculosis)</p>	<ul style="list-style-type: none"> • Students with live head lice will be excluded from school. • 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.
<p>HEAT EXHAUSTION</p>	<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.
<p>HEAT STROKE</p>	<p>SYMPTOMS- High temperature, hot, dry skin</p> <ul style="list-style-type: none"> • Apply wet, cool towels to body.

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	<ul style="list-style-type: none"> • 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/911 • 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. • Notify parent/guardian as needed
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

**PROTOCOL FOR THE SCHOOL NURSE
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	<ul style="list-style-type: none"> • 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
<p>RASH- (Suspicious rash, i.e., Impetigo, Scabies, Ringworm, Scarlet Fever, MRSA</p>	<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.
<p>RESPIRATORY DISTRESS</p>	<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 • 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. Call 911 • Administer oxygen at 1 to 5 liters. See standing Order for oxygen.
<p>RINGWORM OF SCALP</p>	<ul style="list-style-type: none"> • Refer for medical care • May attend school if UNDER TREATMENT and LESIONS COVERED for 48 hours.
<p>SHOCK</p>	<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.

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	<ul style="list-style-type: none"> • 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.
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 (ANY KIND), COCONUT WATER, GATORADE

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	<ul style="list-style-type: none"> • 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 • Call EMS/ 911 • Activate MERT Team/ Follow Sudden Cardiac Arrest Protocol if deemed cardiac event. • Notify Administrator and Parent/Guardian • USE CPR/AED if indicated
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

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, Tums, Cough Drops, Throat lozenges to employees of Glassboro School District, if requested and employee reports no history of allergic reaction to these medications.
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.

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	<ul style="list-style-type: none"> • 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/ staff 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.
	<ul style="list-style-type: none"> •
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)
American Heart Association Guidelines for CPR for cardiac arrest/ choking	<ul style="list-style-type: none"> • As per American Heat Association current guidelines (ENCLOSED)
PHYSICIAN'S STANDING ORDER FOR NARCAN NASAL SPRAY (NALOXONE)	<p>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.</p>

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	<p>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.</p> <p>This standing order acknowledges that certified school nurses and volunteer trained employees have received training on:</p> <ul style="list-style-type: none">• 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 <p>Related Protocols</p> <p>911 must be immediately called</p> <p>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.</p>
<p>COVID-19/COVID-COMPATIBLE SYMPTOMS</p>	<p>In response to prior pandemic situation with COVID-19, this section has been added to Medical Standing Orders effective for the current school year. School Nurses will continue to remain current on:</p> <ul style="list-style-type: none">• COVID-19 Public Health Recommendations for Local Health Departments for K-12 Schools, according to most recent update(s).• Guidance for COVID-19 Prevention in K-12 Schools and most recent updates from the Centers for Disease Control (CDC)• Glassboro Public Schools current protocols related to COVID-19. <p>Related Protocol:</p>

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	<p>At the discretion of the school nurse, based on nursing assessment, a mask may be applied to a student who is exhibiting symptoms of a communicable disease, including COVID-19, while in school nurse office, or awaiting pick-up to go home, or other school location.</p>
<p>AUTHORIZATION FOR EMERGENCY HYDROCORTISONE SODIUM SUCCINATE</p>	<p>Certified School Nurse (CSN), Substitute school nurse, or any trained school district employee volunteer (when Certified School Nurse is not physically available at the scene) is authorized to administer emergency HYDROCORTISONE SODIUM SUCCINATE to a student with Adrenal Insufficiency during school hours or during school-sponsored functions.</p> <p>The following provisions must be met:</p> <ul style="list-style-type: none">• Written authorization by parent/guardian• Written orders from student Physician or Advanced Practice Nurse or Physician Assistant, provided each school year. Must include dosage, route and symptoms requiring administration.• Prescribed hydrocortisone sodium succinate and back-up hydrocortisone sodium succinate is provided to school by parent/guardian, along with medication administration device. Medication requires current pharmacy label.• Statement signed by parent/guardian that district and its employees or agents shall have no liability as a result of injury resulting from administration of hydrocortisone sodium succinate.

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	<p>Related Protocols</p> <p>911 must be immediately called</p> <p>In addition, student shall be transported to a hospital emergency room by emergency services personnel after administration of hydrocortisone sodium succinate, even if symptoms appear to have resolved.</p>

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 or 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

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- 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
- Ensure that a parent/guardian is contacted or family member of staff is contacted.
- Initiate the Shelter in place

Nurse:

- Report to location of emergency and assess
- Activate MERT
- Designate/or call 9-1-1 (see script below)
- Ensure 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, patient demographic information, 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

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- 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)
- Ensure 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 (or closest entrance location to incident).

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

PROTOCOL FOR THE SCHOOL NURSE GLASSBORO PUBLIC SCHOOLS

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

ALWAYS FOLLOW CURRENT DIRECTIVES FROM THE AMERICAN HEART ASSOCIATION-subject to change

Recognition of cardiac arrest

- Check for responsiveness
- No breathing or only gasping
- No definite pulse felt within 10 seconds
- Breathing and pulse check can be done simultaneously in less than 10 seconds

CPR adult-

- Check if victim unresponsive, shake and shout
- CALL 911, get AED
- Place hand together on bare chest, middle of chest at nipple height
- Compress at least 2 inches, hard and fast (100-120/minute)
- 30 compressions, then if giving breaths head tilt chin lift, 2 breaths
- Return to compressions
- 30 compressions:2 breaths until AED prompts or help arrives.
- If 2 people one does compressions one does breaths for 5 cycles then switch positions
- Follow directives of AED for shock, if AED advises shockable rhythm

CPR-Pediatric-

- Check if victim unresponsive, shake and shout
- If available, get help to call 911, get AED
- If child has pulse, provide rescue breathing- 1 breath every 3 to 5 seconds
- If no pulse or faint, weak pulse begin compressions
- Place heel of two hands or one hand on bare chest, middle of chest at nipple height
- Compress 1.5 – 2 inches, hard and fast (100-120/minute/ In adolescent- compress 2 inches)
- 30 compressions, then if giving breaths head tilt chin lift, 2 breaths
- Return to compressions
- 30 compressions: 2 breaths until AED prompts or help arrives
- **After 2 minutes, if still alone, call 911 and retrieve AED (if not already done)**
- Follow directives of AED for shock, if AED advises shockable rhythm
- If second rescuer arrives, use 15:2 ratio- compressions: breaths

Choking Conscious victim

- Place hands together to make a fistful dominant hand. Thumb flat.
- Place your fist in the middle of the victim's stomach with the thumb side pressing against the skin.(approx. 2 fists from belly button)
- Do five quick and hard thrusts in ward and upward. The move forces air out of the lungs to push the obstruction outward.
- Continue the maneuver until help arrives, the victim loses consciousness, or the object comes out. If the person choking does pass out, roll them on their side so fluids like saliva or vomit do not go into their lungs. If they stop breathing or have no pulse, do CPR until help arrives

Unresponsive Choking Victim

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- If a **choking adult** becomes **unresponsive** while you are doing abdominal thrust - you should ease the victim to the floor and
- send someone to activate your emergency response system (CALL 911).
- When a **choking** victim becomes **unresponsive**, you begin the steps of CPR-starting with compressions.
- Each time you give breaths, look in mouth for foreign object.
- Only reach for object if you are certain you can remove it.
- 30 chest compressions to 2 breaths for adult CPR hard and fast.

DIRECTIVES FOR KEEPING CHILDREN HOME FROM SCHOOL AND FOR BEING PICKED UP FROM SCHOOL

KEEPING CHILDREN HOME FROM SCHOOL

In collaboration with the District Medical Director:

Your child needs to remain home from school if child:

- Has had a fever, vomiting, or diarrhea in the last 24 hours
- Has a red, crusty eye not known to be related to allergies.
- Has a rash from an unknown cause. Rash should be checked by doctor and medical note provided.
- Has a bad cold with frequent coughing, sneezing, runny nose, report of sore throat.
- Very frequent to almost constant coughing. Harsh coughing
- Was sent home the previous school day with fever, diarrhea, vomiting or repetitive, harsh coughing.

PLEASE stick to the 24 hour rule! If your child has been actively sick in the past 24 hours, please keep child home from school.

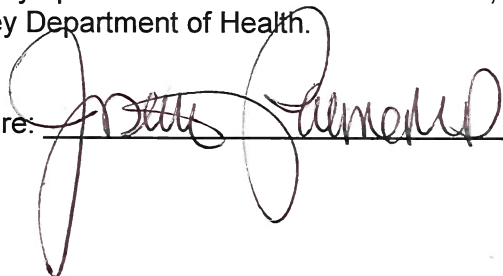
CHILDREN WHO NEED TO BE PICKED UP FROM SCHOOL

Our school nurses assess every student who presents in the nurse office and based on assessment, will make decision if a student needs to be picked up from school to go home.

In collaboration with the district Medical Director, your child will need to be picked up from school when called by the school nurse for the following reasons:

- Uncontrolled cold and/or allergy symptoms which present with repetitive coughing, frequent sneezing, running nose, or persistent sore throat
- Any child with fever of 100 degrees or higher, or child who presents as ill along with any temperature elevation.
- Vomiting in school or ongoing complaints of stomach pains, nausea, or diarrhea.
- A student who complains of chest pain, shortness of breath or dizziness/ lightheadedness that does not resolve with simple interventions in nurse office.
- Signs and symptoms of communicable diseases, following directives from New Jersey Department of Health.

Physician Signature: _____



Date: 7/31/24