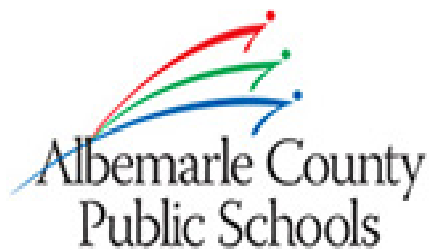


# Substitute School Nurse Handbook



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## **Substitute School Nurse Job Description (INTERNAL ONLY)**

### **GENERAL DEFINITION OF WORK:**

The substitute school nurse is responsible for implementing the school health program, assisting with student and staff well-being and completing health related tasks; does related work as required in order to provide a consistent continuum of services in the schools.

### **ESSENTIAL FUNCTIONS:**

- Administers medication to appropriate students, with parental permission and a doctor's order for prescription medication after checking medication permission forms on file; may not give medication without form on file
- Assists sick or injured students and staff, performs routine and emergency first aid;
- Performs and documents medical procedures as prescribed by physician;
- Appropriately document clinic services to students;
- Calls parents of ill students; assists ill students as needed until parent arrives;
- Manages outbreaks of infectious illnesses with input from the school health coordinator; the health department and district guidelines as appropriate; follows health department directives regarding management of such illnesses when applicable;
- Refers additional health concerns as appropriate to a guidance counselor, school psychologist, physician, Child Protective Services, school administrator or health department officials;
- May be responsible for maintaining student health records, may review records of entering students for immunizations, may ensure all components of the School Health Entrance Requirements including immunization are complete and up to date, may note health conditions documented, may collect information for reports.
- May inform administrators and school personnel about students with health issues, in compliance with medical privacy regulations;
- May need to train staff to administer medications under certain circumstances in the nurse's absence or for field trips; Ensures proper documentation;
- May be responsible for supplies and adequately maintaining the school clinic (notify office administration if supplies are out or low); secures medications including controlled substances as required;
- May serve as a liaison with the public health department and other community agencies;
- May conduct basic screening as mandated in hearing and vision; refers students for follow-up;
- May provide guidance to staff for health-related procedures for students with special health needs;
- Assists special needs students with personal comfort and movement;
- May train/supervise unlicensed personnel to provide necessary health care;
- May develop or assist with development of Individual Health Care Plans for students with medical conditions, including allergies; may educate appropriate staff on necessary components of such health care plan including criteria for medical emergencies and specific actions to take;
- Ensures compliance with all laws protecting the confidentiality of medical information and obtains written consent of parent/guardian to share information;
- May serve as a member of the School Crisis Team;
- Conducts health related counseling that is sensitive to the emotional and physical needs of students;

- Assists in special activities, fire drills and field trips as assigned by principal;
- Performs clerical duties including typing, filing and duplicating related to school nurse functions;
- May assist teachers with designated instructional activities as assigned by the Principal/Assistant Principal;
- May assist in enforcing rules and discipline; performs student supervision duties as required;
- May advise administrators on appropriate interventions to meet student needs;
- May advise administrators, teachers, and cafeteria staff (with consent) on all students with food allergies; develops or obtains care plans for students with food allergies and advises school personnel in recognizing the signs of food allergies and the appropriate steps to take including the administration of epinephrine;
- Performs other health related duties as assigned by Principal or designee.

*Some of the functions above are dependent upon the nurse serving as either a short or long-term substitute nurse.*

#### **KNOWLEDGE, SKILLS AND ABILITIES:**

Functional knowledge of current health issues as they relate to school age children; general knowledge of student behavior management practices, procedures and techniques; general knowledge of school system rules and procedures for classroom, halls, cafeteria, library and transportation; ability to guide, direct, teach, and counsel students; ability to understand and follow written and verbal instructions. Ability and skill to make physical, social and emotional assessments and plan and implement interventions requiring professional nursing knowledge and judgment. Ability to maintain confidentiality.

#### **EDUCATION AND EXPERIENCE:**

Must have a valid license to practice as a Licensed Practical Nurse or Registered Nurse (preferred). Must have a minimum of two years of supervised nursing experience in community health or pediatric nursing. Must maintain current certification in cardio-pulmonary resuscitation from a recognized provider (e.g., American Heart Association). Familiarity with basic keyboarding skills. SPECIAL REQUIREMENTS: Satisfactory health condition as certified by a competent medical authority.

#### **PHYSICAL CONDITIONS AND NATURE OF WORK CONTACTS:**

Duties are typically performed in a school clinic and other school settings such as classrooms, gym, cafeteria and recreational areas. Frequent movement throughout the school facilities is required. Occasional lifting of objects up to 40 pounds and moving of students weighing up to 150 pounds with assistive equipment may be necessary. The job is performed under conditions of potential exposure to risk of injury and/or illness.

#### **EVALUATION:**

Will be evaluated on the ability and effectiveness in carrying out the above responsibilities as outlined by the Coordinator of Nursing and Health Services or Designee.

# ALBEMARLE COUNTY PUBLIC SCHOOLS

## SCHOOL NURSES

### 2022 - 2023

#### Elementary Schools

		Phone	Internal
Agnor-Hurt	Steve Floyd	973-5211	22301
Baker-Butler	Emily Sims	974-7777	21012
Broadus Wood	Dorothy Trotta	973-3865	23014
Brownsville	Rebecca Ruscher	823-4658	24014
Crozet	Kristi Canty	823-4800	26014
Greer	Kimberly Stephens	973-8371	27232
Hollymead	Ashleigh Wright	973-8301	28014
Meriwether Lewis	Lisa Bittner	293-9304	29014
Mountain View	BJ Fortune	293-7455	25111
Murray	Karen Grenadier	977-4599	30014
Red Hill	Kristyn Fought	293-5332	31014
Scottsville	Vivian Fewell	286-2441	32014
Stone-Robinson	Tonya Floyd	296-3754	33014
Stony Point	Christine Eichler	973-6405	34107
Woodbrook	Cynthia Digges	973-6600	35016

#### Middle Schools

Burley	Deborah Wald	295-5101	50060
Henley	Claire Bowman	823-4393	51014
	Katie Kinsey	823-4393	51014
Journey	Crystal Jackson	975-9320	52014
Lakeside	Patty Bullock	975-0599	53014
Walton	Daniela Marden	977-5615	54014

#### High Schools

AHS	Carol Janssens	975-9300	60102
	Chris Stutsman	975-9300	60102
Center 1	Mary Beth Rodgers	244-8900	64012
Monticello	Terry Tomlin	244-3100	61014
Community Lab School	Caroline Meade	296-3090	62014
WAHS	Pamela Wood	823-8700	63014
Post High	Carrie Smith	977-4610	434- 284-0477

**School Nurse Floater** Abby Gallagher 434-996-1710

**Nurse Coordinator** Eileen Gomez ex 13261 434-249-4625 (ACPS cell)

## Where Can I Find?

General Information about Albemarle County Public Schools: <https://www.k12albemarle.org/>

School Board Policy: <https://esb.k12albemarle.org/com/browse.aspx> See bottom half of section J

School Health Services: <https://www.k12albemarle.org/our-departments/school-health-services>

School Nurse Manual: <https://www.k12albemarle.org/our-departments/school-health-services/school-nurse-manual>

### Forms

COVID practices: <https://www.k12albemarle.org/our-division/covid-19-response>

### **Contact for questions:**

Eileen Gomez, RN MSN  
School Health Services Coordinator  
Albemarle County Public Schools  
434-249-4625  
Internal ex: 13261  
[egomez@k12albemarle.org](mailto:egomez@k12albemarle.org)

## Practice Guidelines

# CHILD PROTECTIVE SERVICES

Albemarle County Department of Social  
Services

(434) 972-4010

School nurses are required to report any suspected child abuse

## Accident Reports

An accident report should be completed and sent to Kimberly Rhodes in the Department of *Building Services* when a student sustains an injury that the nurse believes needs medical attention or some other follow-up or the injury or could have occurred as the result of an unsafe condition. Complete the form at the link below and submit to the principal for signature. Ask office personnel about sending the report to *Building Services*. If unable to include the follow up (sometimes that is not known until the next day), leave the form with the office personnel for the school nurse to follow up the next day.

[Accident Report Form](#)

## Workers' Compensation

If an employee sustains an injury, treat the injury or call 9-1-1 as indicated and refer the employee to the office personnel who handle Workers' Compensation issues. Employees should submit a Workers' Compensation report for almost any injury, even if deemed not serious if there is any likelihood the injury may need medical attention at some point.

## Interpretation Service for Contacting Families Who Do Not Speak English

**Albemarle Public Schools**  
**CALL 866.462.8641**  
**To Access a Qualified Interpreter**

- When prompted, please enter your Account Code followed by the # sign: **5674#**
- Press 1 for Spanish, 2 for Mandarin, 3 for Cantonese, 4 for Arabic, 5 for Vietnamese, 6 for Haitian Creole, 7 for Russian, 8 for French, or 9 for all other languages.
- For prompts 1 through 8 you will be connected directly to an Interpreter and the session may now begin.
- For all other languages, when greeted by a Coordinator, request the language needed or ask for assistance in identifying the language.
- Please provide the following information:
  - **School Name**
  - **Caller Name**
- You will be provided with the Interpreter six-digit ID number, take note of this number.
- Explain the objective of the call to the interpreter. Then proceed by speaking directly to the Limited English Proficient speaker in the first person. **Example:** "What is your name?" **NOT** "Interpreter, can you please ask her name?"
- Upon completion of the call let the Interpreter know the session is ending and all parties should simply hang up.



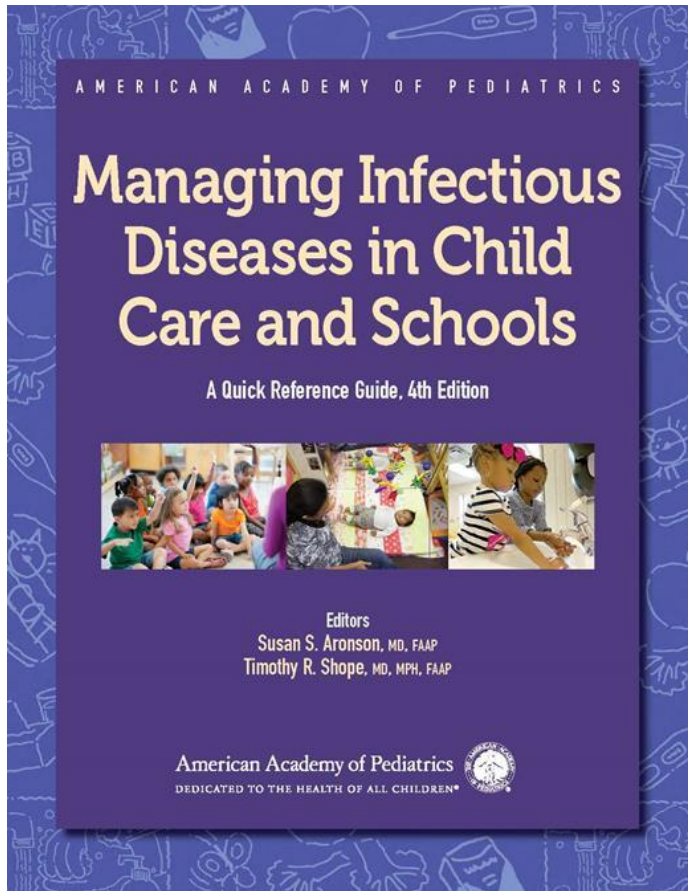
[www.LSAweb.com](http://www.LSAweb.com)

**Client  
Experience  
866.221.1301**



## Infectious Illnesses and School Exclusion

See this book located in each school clinic:



Or see the Virginia Department of Health's [Communicable Disease Reference Chart for School Personnel](#) .

Contact Eileen Gomez, School Health Services Coordinator, when in doubt about whether a student should be excluded from school.

434-249-4625 or direct extension 13261.

## **Albemarle County Public Schools Lice Standard Operating Procedure**

Based on the revised recommendations of the CDC, AAP and NASN, ACPS will follow the following procedures when managing head lice infestations in schools.

### **When a student is found to have live lice:**

- 1) The student's parent(s) will be notified by telephone, if possible, and information will be sent home about detecting and treating head lice. The school nurse may use professional judgment to determine if the student may be permitted to remain in school until the end of the school day or be sent home upon discovery of lice (a few lice vs. hundreds).
- 2) The parent will receive instructions on how to detect and treat head lice and will be informed that the student may not return to school until undergoing an appropriate treatment.
- 3) The student will be examined upon returning to school and will not be permitted to return to class if *live* lice are detected. Parents will be instructed to remove all *live* lice before the student may return to class.
- 4) If nits or eggs are found, the parent will be instructed to continue to work toward removing them, especially those close to the scalp (within 1cm) but the student may remain in school.
- 5) The school nurse will check the student in 10 days and the student will be excluded again for live lice.

### **When a student is found to have nits/eggs but no live lice:**

- 1) The parent will be notified by telephone, if possible and by letter if not, and encouraged to check the student frequently for the presence of live lice and to minimize the chances of infestation by removing nits/eggs.
- 2) The student will NOT be excluded from school.
- 3) The nurse will check the student again in 7 days and the student will be excluded for live lice as above but not for nits/eggs only.

### **Screening or checking beyond the student with an identified infestation:**

- 1) If the student has siblings in the school, those siblings may be checked and the above procedures will be followed for evidence of live lice or nits.
- 2) Other close contacts may be checked per the judgment of the school nurse.
- 3) The nurse may check all classmates *if* there is evidence that more than one classmate is infested.
- 4) Entire grade or school screening will not be done routinely. In the rare cases involving widespread infestation, the school nurse may use professional judgment in determining when to conduct more extensive head checking or screening.

### **Classroom environment:**

- 1) Normal cleaning and vacuum procedures will be followed.
- 2) Pesticides will not be used in the classroom.
- 3) Students will be instructed to avoid sharing hats, combs and hair accessories, as well as to avoid direct head to head contact.

- 4) Since head lice do not live long on inanimate objects, efforts to separate coats and backpacks do not need to occur.
- 5) The school nurse may use judgment when unusual measures should be undertaken due to widespread infestation.

#### **Notification Procedure**

- 1) Parents of students with live lice or nits only will be notified as stated above.
- 2) If a parent cannot be reached at home, notification will be via the student in a sealed envelope or via certified mail.
- 3) The school nurse and principal may determine if a general notification to parents of classmates is warranted. Sending letters to entire grades or the entire school is discouraged.

#### **Exclusion procedures in cases of chronic lice:**

Because the presence of severe infestations of untreated head lice can be disruptive to the educational environment, cases of chronic lice will be handled on a case by case basis in consultation with the school nurse, principal, school nurse coordinator and advising physician panel or health department. Measures may include:

- Continued support of the family in attempting eradication
- Provision of effective lice treatment kits if financial hardship is suspected
- Referral to physician for additional support
- School nurse assistance with the manual removal of live lice with such devices as a robi-comb
- Recommendation of short haircuts (buzz or crew cut for boys – short cuts for girls)
- Extended monitoring with daily checks over time
- Repeated school exclusion for active infestations with no progress toward eradication

#### **Additional considerations**

- Confidentiality must be maintained for students identified with lice.
- Confidential record logs with *cases, dates of onset, treatment and follow-up* will be kept in a secure place and shredded at determined intervals.

## Standard Care Plans

### Asthma

□

## Virginia Asthma Action Plan

Clear Form

<b>School:</b>		<b>Effective Dates:</b>	
Name		Date of Birth	
Health Care Provider	Emergency Contact	Emergency Contact	
Provider Phone #	Phone: area code + number	Phone: area code + number	
Fax #	Contact by text? <input type="checkbox"/> YES <input type="checkbox"/> NO	Contact by text? <input type="checkbox"/> YES <input type="checkbox"/> NO	
▼ Medical provider complete from here down ▼			
<b>Asthma Triggers (Things that make your asthma)</b>			
<input type="checkbox"/> Colds	<input type="checkbox"/> Dust	<input type="checkbox"/> Animals: _____	<input type="checkbox"/> Strong odors
<input type="checkbox"/> Smoke (tobacco, incense)	<input type="checkbox"/> Acid reflux	<input type="checkbox"/> Pests (rodents, cockroaches)	<input type="checkbox"/> Mold/moisture
<input type="checkbox"/> Pollen	<input type="checkbox"/> Exercise	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Stress/Emotions
Season <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer			
<b>Asthma Severity:</b> <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
<b>Green Zone: Go! Take these CONTROL Medicines every day at home</b>			
You have <b>ALL</b> of these: • Breathing is easy • No cough or wheeze • Can work and play • Can sleep all night  <b>Peak flow:</b> _____ to _____ (More than 80% of Personal Best) <b>Personal best peak flow:</b> _____		<b>Always rinse your mouth after using your inhaler. Remember to use a spacer with your MDI when possible.</b> <input type="checkbox"/> No control medicines <input type="checkbox"/> Advair _____, <input type="checkbox"/> Alvesco _____, <input type="checkbox"/> Arnuity _____, <input type="checkbox"/> Asmanex _____ <input type="checkbox"/> Breo _____, <input type="checkbox"/> Budesonide _____, <input type="checkbox"/> Dulera _____, <input type="checkbox"/> Flovent _____, <input type="checkbox"/> Pulmicort _____ <input type="checkbox"/> QVAR Redihaler _____, <input type="checkbox"/> Symbicort _____, <input type="checkbox"/> Other: _____ <b>MDI:</b> _____ puff (s) _____ times per day <b>or Nebulizer Treatment:</b> _____ times per day <b>Singulair/Montelukast</b> take _____ mg by mouth once daily	
<b>For Asthma with exercise/sports add:</b> MDI w/spacer 2 puffs, 15 minutes prior to exercise: <input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex <input type="checkbox"/> Ipratropium <i>If asymptomatic not &lt; than every 6 hours</i>			
<b>Yellow Zone: Caution! Continue CONTROL Medicines and ADD RESCUE Medicines</b>			
You have <b>ANY</b> of these: • Cough or mild wheeze • First sign of cold • Tight chest • Problems sleeping, working, or playing  <b>Peak flow:</b> _____ to _____ (60% - 80% of Personal Best)		<input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent) <b>MDI:</b> _____ puffs with spacer every _____ hours as needed <input type="checkbox"/> Albuterol 2.5 mg/3m1 <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent) 2.5mg/3m1 <b>Nebulizer Treatment:</b> one treatment every _____ Hours as needed <i>Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week or if your rescue medicine does not work.</i>	
<b>Red Zone: DANGER! Continue CONTROL &amp; RESCUE Medicines and GET HELP!</b>			
You have <b>ANY</b> of these: • Can't talk, eat, or walk well • Medicine is not helping • Breathing hard and fast • Blue lips and fingernails • Tired or lethargic • Ribs show  <b>Peak flow:</b> < _____ (Less than 60% of Personal Best)		<input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent) <b>MDI:</b> _____ puffs with spacer <b>every 15 minutes</b> , for <b>THREE</b> treatments <input type="checkbox"/> Albuterol 2.5 mg/3m1 <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent) <b>Nebulizer Treatment:</b> one nebulizer treatment <b>every 15 minutes</b> , for <b>THREE</b> treatments <b>Call 911 or go directly to the Emergency Department NOW!</b>	
I give permission for school personnel to follow this plan, administer medication and care for my child, and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/ monitoring devices. I approve this Asthma Management Plan for my child. With HCP authorization & parent consent inhaler will be located in <input type="checkbox"/> clinic or <input type="checkbox"/> with student (self-carry)  PARENT/guardian _____ Date _____		<b>SCHOOL MEDICATION CONSENT &amp; HEALTH CARE PROVIDER ORDER</b> <b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Student may carry and self-administer inhaler at school. <input type="checkbox"/> Student needs supervision/assistance & <b>should not</b> carry the inhaler in school.  HCP/PP SIGNATURE _____ DATE _____	

CC: ☐ Principal ☐ Parent/guardian ☐ School Nurse or clinic ☐ Bus Driver ☐ Coach/PE  
☐ Office Staff ☐ School Staff ☐ Cafeteria Mgr ☐ Transportation

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 03/2019

Blank copies of this form may be reproduced or downloaded from [www.virginiaasthmacoalition.org](http://www.virginiaasthmacoalition.org)

Based on NAEPP Guidelines 2007 and modified with permission from the D.C. Asthma Action Plan via District of Columbia, Department of Health, D.C. Control Asthma Now, and District of Columbia Asthma Partnership

## Food Allergy Action Plan

<b>FARE</b> <small>FOOD ALLERGY RESEARCH &amp; EDUCATION</small>		<b>FOOD ALLERGY &amp; ANAPHYLAXIS EMERGENCY CARE PLAN</b>											
Name: _____ D.O.B.: _____	<div style="border: 1px solid black; padding: 5px; background-color: white;">PLACE PICTURE HERE</div>												
Allergic to: _____													
Weight: _____ lbs. Asthma: <input type="checkbox"/> Yes (higher risk for a severe reaction) <input type="checkbox"/> No													
<b>NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.</b>													
<b>Extremely reactive to the following allergens:</b> _____ <b>THEREFORE:</b> <input type="checkbox"/> If checked, give epinephrine immediately if the allergen was <b>LIKELY</b> eaten, for <b>ANY</b> symptoms. <input type="checkbox"/> If checked, give epinephrine immediately if the allergen was <b>DEFINITELY</b> eaten, even if no symptoms are apparent.													
<p style="text-align: center;"><b>FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS</b></p> <table style="width: 100%; text-align: center;"> <tr> <td> <b>LUNG</b> Shortness of breath, wheezing, repetitive cough</td> <td> <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness</td> <td> <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing</td> <td> <b>MOUTH</b> Significant swelling of the tongue or lips</td> </tr> <tr> <td> <b>SKIN</b> Many hives over body, widespread redness</td> <td> <b>GUT</b> Repetitive vomiting, severe diarrhea</td> <td> <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion</td> <td rowspan="2" style="vertical-align: middle; text-align: left; padding-left: 10px;"> <b>OR A COMBINATION</b> of symptoms from different body areas.             </td> </tr> </table> <p style="text-align: center;">↓ ↓ ↓</p> <ol style="list-style-type: none"> <li><b>1. INJECT EPINEPHRINE IMMEDIATELY.</b></li> <li><b>2. Call 911.</b> Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.</li> <li>Consider giving additional medications following epinephrine:             <ul style="list-style-type: none"> <li>» Antihistamine</li> <li>» Inhaler (bronchodilator) if wheezing</li> </ul> </li> <li>Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.</li> <li>If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.</li> <li>Alert emergency contacts.</li> <li>Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.</li> </ol>	 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips	 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.	<p style="text-align: center;"><b>MILD SYMPTOMS</b></p> <table style="width: 100%; text-align: center;"> <tr> <td> <b>NOSE</b> Itchy or runny nose, sneezing</td> <td> <b>MOUTH</b> Itchy mouth</td> <td> <b>SKIN</b> A few hives, mild itch</td> <td> <b>GUT</b> Mild nausea or discomfort</td> </tr> </table> <p style="text-align: center; border-top: 1px solid black; padding-top: 5px;"> <b>FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.</b> </p> <p style="text-align: center; border-top: 1px solid black; padding-top: 5px;"> <b>FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:</b> </p> <ol style="list-style-type: none"> <li>Antihistamines may be given, if ordered by a healthcare provider.</li> <li>Stay with the person; alert emergency contacts.</li> <li>Watch closely for changes. If symptoms worsen, give epinephrine.</li> </ol>	 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips										
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.										
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<p style="text-align: center;"><b>MEDICATIONS/DOSES</b></p> <p>Epinephrine Brand or Generic: _____</p> <p>Epinephrine Dose: <input type="checkbox"/> 0.1 mg IM <input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 0.3 mg IM</p> <p>Antihistamine Brand or Generic: _____</p> <p>Antihistamine Dose: _____</p> <p>Other (e.g., Inhaler-bronchodilator if wheezing): _____</p> <p>_____</p>													

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

## Seizure Action Plan

### SEIZURE ACTION PLAN (SAP)



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

#### Protocol for seizure during school (check all that apply) ☒

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



#### First aid for any seizure

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

#### When to call 911

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

#### When to call your provider first

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



#### When rescue therapy may be needed:

##### WHEN AND WHAT TO DO

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

The standard care plan for managing diabetes in Virginia Schools can be found here:

[School Diabetes Management Plan](#)

[Supplemental](#) (Abbreviated Plan)

☐ **Adjustable Bolus Insulin Therapy:**

Apidra (glulisine), Novolog (aspart), Humalog (lispro), Fiasp (aspart), Admelog (lispro). Brands are interchangeable.

When to give insulin:	INSULIN to CARBOHYDRATE +	INSULIN to CARBOHYDRATE Only	Correction only
	Correction		
<b>Breakfast</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lunch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Snack AM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Snack PM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **INSULIN to CARBOHYDRATE Dose Calculation**

**Total Grams of Carbohydrate to Be Eaten**

**"B" Insulin-to-Carbohydrate Ratio**

X "A" Units of Insulin = \_\_\_\_ Units of Insulin

	<b>"A" Units of Insulin</b>	<b>"B" Insulin-to-Carbohydrate Ratio</b>
<input type="checkbox"/> <b>Breakfast</b>	_____ unit of insulin	Per _____ gm of carbohydrate
<input type="checkbox"/> <b>Lunch</b>	_____ unit of insulin	Per _____ gm of carbohydrate
<input type="checkbox"/> <b>Snack AM</b>	_____ unit of insulin	Per _____ gm of carbohydrate
<input type="checkbox"/> <b>Snack PM</b>	_____ unit of insulin	Per _____ gm of carbohydrate

☐ **CORRECTION Dose Calculation (For Elevated blood sugar and  $\geq 3$  hours since last insulin)**

**Current Blood Glucose – "C" Target Blood Glucose**  
**"D" Correction Factor**

X "E" Units of insulin

= \_\_\_\_ Units  
of Insulin

<b>"C" Target Blood Glucose</b>	<b>"D" Correction Factor</b>	<b>"E" Units of insulin</b>
_____	_____	<input type="checkbox"/> 0.5 unit <input type="checkbox"/> 1.0 unit

**OR**

☐ **CORRECTION Dose Scale ((For Elevated blood sugar and  $\geq 3$  hours since last insulin dose calculation above to determine insulin correction dose)**

Blood Glucose	Insulin Dose
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units

☐ **Fixed Insulin dose change:**

☐ **Long-Acting Insulin dose change:**

☐ **Other Changes:**

**This Diabetes Medical Management Plan has been approved by:**

Parent / Guardian Name / Signature:	Date:
School representative Name / Signature:	Date:

## Power School for Substitute Nurses

### One-Day Power School Credentials

1. Eileen learns of the sub assignment and reports to SIS
2. Substitute signs in to the school for the day
3. Sub contacts SIS contact for the school
4. SIS contact tells sub how to get into Power School including assigning her log-in credentials for the day

Power School will be “read only” for short-term subs.

### Go to SIS Start Page

1. Enter Student’s Last Name
2. Select student (by first name if list appears)
3. Pull up student’s screen
4. Click on alert symbol if there is one to see if the student has any acute issues such as allergies, diabetes, seizures etc.
5. Go to *Emergency/Medical* from left menu to see if there are any additional medical considerations
6. Go to *Health* from left menu
  - First screen is *Immunizations*
  - If you want to see clinic visit history, go to *Office Visits* to see clinic visits for the year
  - Clinic on *Edit* (pencil) to see visit details, but do not edit or delete
  - Change dates if you want to see previous years’ visits
7. Go to *Contacts* from left menu to get parent/guardian contact information. Note any pertinent custody information before contacting a parent
8. If you need to call 9-1-1, click *Custom Screens* from left menu

Scroll down to *ACPS Stu Em Med Summary*

Hit the *Print* icon and ask office staff to obtain sheet to give to EMS personnel

## Clinic Visit Documentation for Substitute Nurses

See *Medication Authorization* form, *Daily* and *PRN Medication* log and *Medication Received* and *Medication Destroyed or Sent Home* forms.

Every medication administered to students must be documented.

See Clinic Visit documentation: Document every clinic visit and include whether or not you contacted a parent or guardian.

- *Clinic slip* usually elementary
- *Clinic visit* usually secondary
- *Employee Clinic Visit*





### CLINIC VISIT

Student \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Teacher \_\_\_\_\_ Note \_\_\_\_\_

<input type="checkbox"/> headache	<input type="checkbox"/> scrape/cut _____	<input type="checkbox"/> asthma	<input type="checkbox"/> rash <input type="checkbox"/> w/itch
<input type="checkbox"/> stomachache	<input type="checkbox"/> bumped _____	<input type="checkbox"/> diabetes	
<input type="checkbox"/> nausea <input type="checkbox"/> vomited	<input type="checkbox"/> bug bite/ sting	<input type="checkbox"/> nosebleed	
<input type="checkbox"/> sore throat	<input type="checkbox"/> debris in eye	<input type="checkbox"/> lice check	
<input type="checkbox"/> earache	<input type="checkbox"/> splinter	<input type="checkbox"/> other _____	
<input type="checkbox"/> cough/congestion	<input type="checkbox"/> sprain or joint injury	<input type="checkbox"/> medication _____	

#### Intervention

Time In _____	Time Out _____
temp _____	<input type="checkbox"/> caladryl <input type="checkbox"/> cold pack/ice <input type="checkbox"/> snack
<input type="checkbox"/> oral <input type="checkbox"/> underarm	<input type="checkbox"/> calamine <input type="checkbox"/> rest <input type="checkbox"/> heat
<input type="checkbox"/> washed _____	<input type="checkbox"/> eye flush <input type="checkbox"/> inhaler
<input type="checkbox"/> bandaged	<input type="checkbox"/> medication _____ <input type="checkbox"/> other _____

☐ Parent called: ☐ Mom ☐ Dad ☐ Other \_\_\_\_\_ ☐ no answer ☐ message left time \_\_\_\_\_

**Outcome:** ☐ back to class ☐ going home ☐ other \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

Sign \_\_\_\_\_

### CLINIC VISIT

Student \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Teacher \_\_\_\_\_ Note \_\_\_\_\_

<input type="checkbox"/> headache	<input type="checkbox"/> scrape/cut _____	<input type="checkbox"/> asthma	<input type="checkbox"/> rash <input type="checkbox"/> w/itch
<input type="checkbox"/> stomachache	<input type="checkbox"/> bumped _____	<input type="checkbox"/> diabetes	
<input type="checkbox"/> nausea <input type="checkbox"/> vomited	<input type="checkbox"/> bug bite/ sting	<input type="checkbox"/> nosebleed	
<input type="checkbox"/> sore throat	<input type="checkbox"/> debris in eye	<input type="checkbox"/> lice check	
<input type="checkbox"/> earache	<input type="checkbox"/> splinter	<input type="checkbox"/> other _____	
<input type="checkbox"/> cough/congestion	<input type="checkbox"/> sprain or joint injury	<input type="checkbox"/> medication _____	

#### Intervention

Time In _____	Time Out _____
temp _____	<input type="checkbox"/> caladryl <input type="checkbox"/> cold pack/ice <input type="checkbox"/> snack
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<input type="checkbox"/> washed _____	<input type="checkbox"/> eye flush <input type="checkbox"/> inhaler
<input type="checkbox"/> bandaged	<input type="checkbox"/> medication _____ <input type="checkbox"/> other _____

☐ Parent called: ☐ Mom ☐ Dad ☐ Other \_\_\_\_\_ ☐ no answer ☐ message left time \_\_\_\_\_

**Outcome:** ☐ back to class ☐ going home<sup>18</sup> ☐ other \_\_\_\_\_

Note: \_\_\_\_\_

## Employee Clinic Visit

[illegible]

## **Medication Authorization**

A medication authorization form is to be completed for a school nurse to administer any medication except for epinephrine and albuterol per standing order (see next page). A parent's signature is required for both prescription and non-prescription medication and a physician's signature is required for prescription medication in addition to the parent's signature.

All medication administered must be documented.

*See Medication Authorization form, Daily and PRN Medication log and Medication Received and Medication Destroyed or Sent Home forms.*

Every medication administered to students must be documented.

## **Standing Orders:**

The Code of Virginia required that all public schools stock undesignated epinephrine to be used on any student believed to be having an anaphylactic reaction and does not have epinephrine available, as well as undesignated Albuterol inhalers to be used with paper disposable spacers on any student believe to be experiencing an asthma attack and does not have albuterol available.

**Albemarle County Public Schools**  
**Parent's Request for Giving Medicine at School**

<u>School</u>	<u>Phone</u> (area code 434)	<u>Fax</u> (area code 434)	<u>School</u>	<u>Phone</u> (area code 434)	<u>Fax</u> (area code 434)
Agnor-Hurt	973-5211	974-7046	Stony Point	973-6405	973-9751
Baker-Butler	974-7777	964-4684	Woodbrook	973-6600	973-0317
Broadus Wood	973-3865	973-3833	Burley	295-5101	984-4975
Brownsville	823-4658	823-5120	Henley	823-4393	823-2711
Crozet	823-4800	823-6470	Journey	975-9320	975-9325
Greer	973-8371	973-0629	Lakeside	975-0599	975-0852
Hollymead	973-8301	978-3687	Walton	977-5615	296-6648
Meriwether Lewis	293-9304	979-3850	Albemarle	975-9300	974-4335
Mountain View	293-7455	293-2067	Monticello	244-3100	244-3104
Murray	977-4599	979-5416	Western Albemarle	823-8700	823-8711
Red Hill	293-5332	293-7300	Community Lab School	296-3090	979-6479
Scottsville	286-2441	286-2442	Center for Learning & Growth	974-8070	979-6479
Stone-Robinson	296-3754	296-7645	Center I	244-8900	872-4570

**Parent's Request for Giving Medicine at School**

Please send this form to the school when needed. All areas on this form must be completed for school staff to administer the medication. **Please print.**

Please have the school nurse, or a member of school staff, administer to \_\_\_\_\_ (DOB: \_\_\_\_\_)  
the following medication: (check one) (name of child)

\_\_\_\_\_ Certain prescription medication specified below, or

\_\_\_\_\_ Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I understand I am to provide all medication administered to my child in its original container.** I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Exact dosage to be given: \_\_\_\_\_ Time of day to be administered: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Duration for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician / Date  
(for prescription medication)

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Physician Telephone  
(for prescription medication)

\_\_\_\_\_  
Signature of Parent or Guardian / Date  
(for all medication)

\_\_\_\_\_  
Daytime Telephone

*Last updated August 9, 2022*

### Epinephrine Standing Order Protocol

I, the undersigned Physician, for the purpose of facilitating the use of epinephrine in the case of anaphylaxis, a life-threatening allergic reaction, in individuals and in compliance with all applicable state laws and regulations, issue this epinephrine standing order Protocol ("Protocol") on the following terms:

**Physician License:** I represent that I: (a) am licensed to prescribe legend drugs in this state as set forth below; (b) am qualified to practice medicine in this state; and (c) am in good standing with the appropriate professional licensing board.

**Epinephrine:** This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of epinephrine in emergency situations as further described below in a school setting.

**Delegation:** I, the undersigned Physician, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described school system.

Issued to:

Albemarle County Public Schools

Name of School/District

2775 Powell Creek Road

Street Address

Charlottesville, VA 22902

City, Zip Code

**Standing Order:** All appropriate medical and school personnel (including, but not limited to, any Registered Nurse) employed by or acting on behalf of the school system may administer epinephrine via an undesignated epinephrine auto-injector to an individual using professional judgment if an individual is experiencing a potentially life-threatening allergic reaction (anaphylaxis).


**Emergency Treatment Procedures:** The following treatment Protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is a life-threatening allergic reaction that is rapid in onset.

- Dosage:** If conditions of anaphylaxis are developing or present themselves, administer epinephrine USP as epinephrine auto-injector, EpiPen® (epinephrine injection, USP) or EpiPen Jr® (epinephrine injection, USP) Auto-Injector, or the authorized generic for EpiPen® or EpiPen Jr® Auto-Injector, intramuscularly into the anterolateral aspect of the thigh (through clothing if necessary). Selection of the appropriate dosage strength (EpiPen® 0.3 mg or EpiPen Jr® 0.15 mg, or the authorized generics of these strengths) is determined according to patient body weight, as discussed in the product labeling.
  - For individuals 33 to 66 pounds, use one EpiPen Jr® (0.15 mL epinephrine injection, USP) Auto-Injector or the authorized generic for EpiPen Jr® Auto-Injector to deliver 0.15 mg of epinephrine injection, USP.
  - For individuals approximately 66 pounds and greater, use one EpiPen® (0.3 mL epinephrine injection, USP) Auto-Injector or the authorized generic for EpiPen® Auto-Injector to deliver 0.3 mg of epinephrine injection, USP.
- Frequency:** Up to 20% of individuals who receive epinephrine will require more than one dose before symptoms are alleviated. More than two sequential doses of epinephrine for the same episode should be administered only under direct medical supervision.
- Referral:** The Individual must be referred to a physician for medical evaluation, even if symptoms resolve completely. Symptoms may recur after the epinephrine wears off, as much as 24 hours later.
- Documentation and Notification:** Document the details of the incident and notify the individual's parent, guardian, or caretaker and primary care physician in accordance with school policy.

In every case, emergency services must be contacted as soon as possible by calling 911 or local emergency medical services.

Please review the attached prescription:

Effective Date: School Year 2023-2023

Physician Signature: 

## Standing Order for Undesignated Stock of Albuterol

**Date Issued:** 9/1/2022 | 10:59:12 AM EDT

This order authorizes school nurses, school board employees, employees of a local governing board, employees of a local health department within Albemarle County Public Schools

who have completed a training program in accordance established policies and procedures to possess and administer undesignated stock albuterol inhalers and valved holding chambers to any student experiencing respiratory distress while in school as authorized in § 22.1-274.2 (D) and § 54.1-3408 (D).

This order is in effect July 1, 2022 through June 30, 2023.

The school should maintain a copy of the standing order, list of personnel trained and policy procedures.

### Administration of Albuterol (Inhalation Route)

#### Mild to Moderate Respiratory Distress

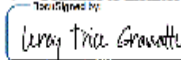
An algorithm for undesignated stock albuterol use is available in Department of Education Use of Undesignated Stock Albuterol in Schools Manual (see Appendix A).

- Never leave the child unattended.
- Give four (4) puffs of albuterol with a valved holding chamber, each 15 - 30 seconds apart.
- If available, Registered Nurse or Licensed Practical Nurse to obtain vital signs (pulse, respiratory rate, blood pressure, pulse oximetry); repeat every 5 minutes or as needed.
- If there is no improvement in symptoms within 10-15 minutes, repeat an additional four (4) puffs of albuterol with a valved holding chamber, each puff 15 - 30 seconds apart.
- If there is no improvement, call 911.
- Proceed to emergency protocol for Severe Respiratory Distress.

#### Severe Respiratory Distress Emergency Protocol

An algorithm for undesignated stock albuterol use is available in Department of Education Use of Undesignated Stock Albuterol in Schools Manual (see Appendix A).

- Call 911 immediately.
- Never leave the child unattended.
- Summon for help, notify parent and school administration (follow your school division protocol).
- Immediately give eight (8) puffs of albuterol metered dose inhaler (MDI) with a valved holding chamber, each puff 15 - 30 seconds apart.
- If no improvement, may give continuous albuterol MDI doses with valved holding chamber, each puff 15 - 30 seconds apart until EMS personnel arrive.
- If student becomes unresponsive check for pulse and initiate CPR with rescue breathing.
- If available, Registered Nurse or Licensed Practical Nurse obtain vital signs (pulse, respiratory rate, blood pressure, pulse oximetry); repeat every 5 minutes or as necessary.
- Option: Oxygen usage in the school setting is optional and requires a separate doctor's order.
- Continue to monitor the student until EMS arrives.

  
\_\_\_\_\_  
Prescriber: Tracy Gravatte  
Blue Ridge Health District

Order must be renewed annually at the beginning of each school year.

## Emergency Medications Quick References

# How to Administer VALTOCO Nasal Diazepam for Seizure Emergencies

For nasal use only.

If a person appears to be having a seizure, lay them either on their side or back.



**HOLD** VALTOCO with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

DO NOT test or prime; each device sprays only one time



**INSERT** the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.



**PRESS** the bottom of the plunger firmly with your thumb to give VALTOCO.

- Throw away nasal spray device(s) after use.
- If giving the 15 mg or 20 mg dose, repeat the steps and use the second device in the other nostril to give the full dose of VALTOCO.
- These are not the full Instructions for Use. Please see the complete [Instructions for Use](#).



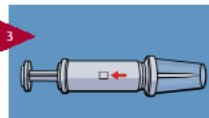
## CHILD ADMINISTRATION INSTRUCTIONS



Put person on their side where they can't fall.



Get medicine.



Get syringe. Note: seal pin is attached to the cap.



Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap.



Lubricate rectal tip with lubricating jelly.



Turn person on side facing you.



Bend upper leg forward to expose rectum.



Separate buttocks to expose rectum.



Gently insert syringe tip into rectum. Note: rim should be snug against rectal opening.

**SLOWLY...**

**COUNT OUT LOUD TO THREE...1...2...3**



Slowly count to 3 while gently pushing plunger in until it stops.



Slowly count to 3 before removing syringe from rectum.



Slowly count to 3 while holding buttocks together to prevent leakage.

**ONCE DIASTAT® IS GIVEN**



Keep person on the side facing you, note time given, and continue to observe.

### DIASTAT® Indication

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity, for patients 2 years and older.

### Important Safety Information

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (22%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhabdomyolysis (1%-5%).

D955-0308

### CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

• Seizure(s) continues 15 minutes after giving DIASTAT® or per the doctor's instructions:

- Seizure behavior is different from other episodes
- You are alarmed by the frequency or severity of the seizure(s)
- You are alarmed by the color or breathing of the person
- The person is having unusual or serious problems

Local emergency number: \_\_\_\_\_ Doctor's number: \_\_\_\_\_  
(Please be sure to note if your area has 911)

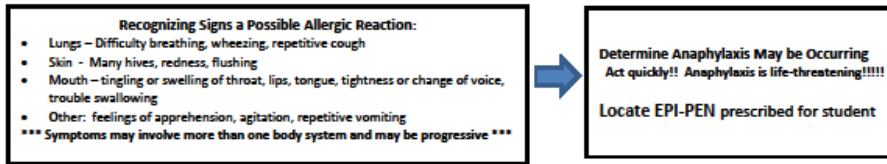
Information for emergency squad: Time DIASTAT® given: \_\_\_\_\_ Dose: \_\_\_\_\_

**Diastat**  
(diazepam rectal gel)

**Diastat AcuDial**  
(diazepam rectal gel)

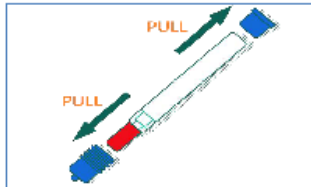
**DISPOSAL INSTRUCTIONS ON REVERSE SIDE**

## Anaphylaxis Standing Order Quick Reference

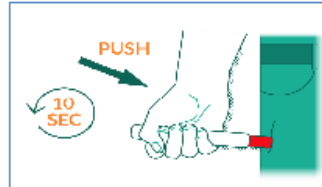


### ADMINISTER Generic Epinephrine Auto-injector

#### Step 1: Prepare auto-injector for injection



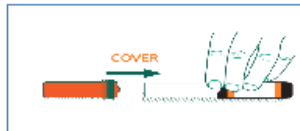
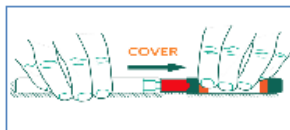
#### Step 2: Administer injection



#### Step 3: GET EMERGENCY HELP!

Call 9-1-1 and state that it is an anaphylaxis emergency!

#### Step 4: Cover exposed needle (see instructions below)



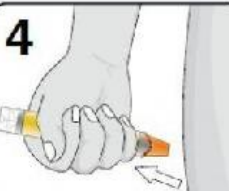
Lay the labeled half of the carrying case cover down on a flat surface. Use one hand to carefully slide the end of the auto-injector, needle first, into the labeled carrying case. After the needle is inside the labeled cover, push the unlabeled half of the carrying case cover firmly over the non-needle end of the auto-injector.

- **Provide care:** have student lie down and elevate legs
- **Monitor closely**
- **May give second dose in 5 to 15 minutes if no improvement or if symptoms return**
- **Give used covered injector(s) to EMS personnel**
- **Ensure parents have been notified**

### Anaphylaxis Standing Order Quick Reference

<p><b>Recognizing Signs a Possible Allergic Reaction:</b></p> <ul style="list-style-type: none"> <li>Lungs – Difficulty breathing, wheezing, repetitive cough</li> <li>Skin – Many hives, redness, flushing</li> <li>Mouth – tingling or swelling of throat, lips, tongue, tightness or change of voice, trouble swallowing</li> <li>Other: feelings of apprehension, agitation, repetitive vomiting</li> </ul> <p>*** Symptoms may involve more than one body system and may be progressive ***</p>	<p>➔</p> <p><b>Determine Anaphylaxis May be Occurring</b> Act quickly!! Anaphylaxis is life-threatening!!!!</p> <p>Locate EPI-PEN: Yellow for &gt; 66lbs Green for &lt; 66lbs</p>
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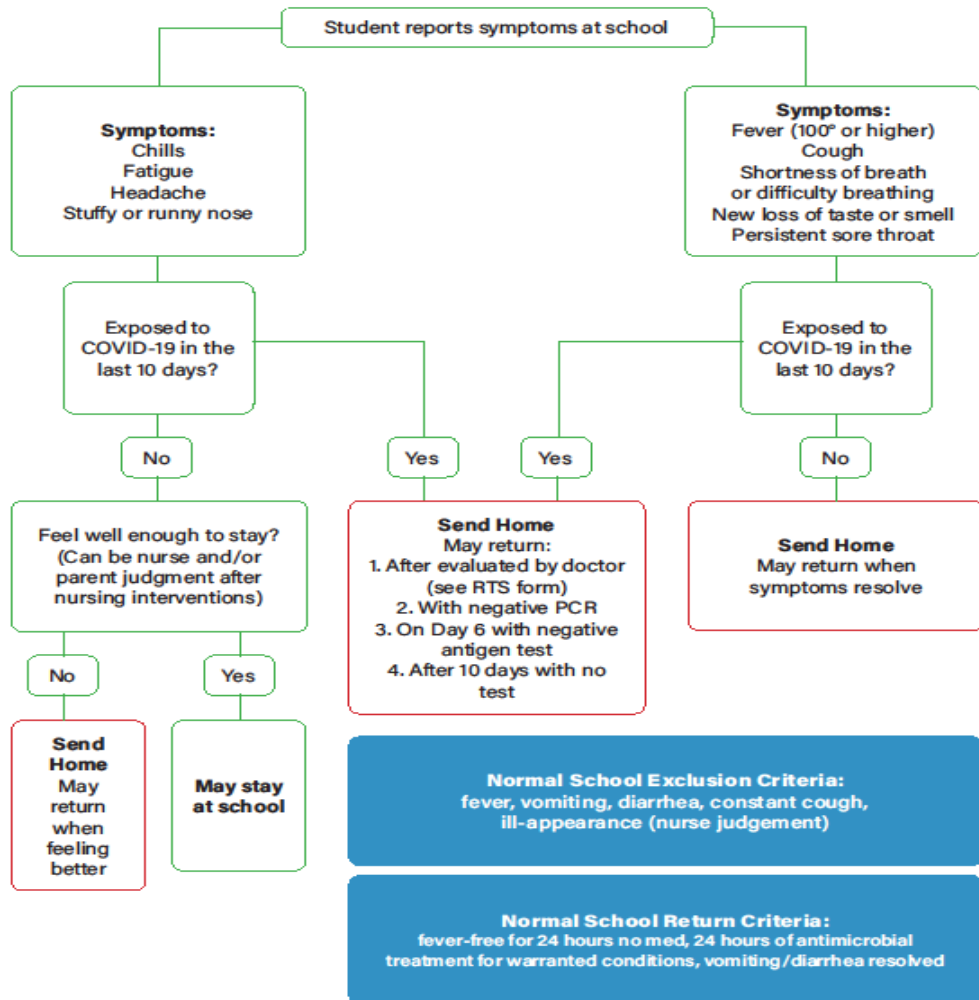
### ADMINISTER EPI – PEN

<p><b>1</b></p>  <p>Form fist around EpiPen<sup>®</sup> and PULL OFF BLUE SAFETY RELEASE.</p>	<p><b>2</b></p>  <p>PLACE ORANGE END against outer mid-thigh (with or without clothing).</p>
<p><b>3</b></p>  <p>PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p>	<p><b>4</b></p>  <p>REMOVE EpiPen<sup>®</sup> Massage injection site for 10 seconds.</p>

- Call 9-1-1 report anaphylaxis emergency and epinephrine given
- Provide care: have student lie down and elevate legs
- Monitor closely
- May give second dose in 5 to 15 minutes if no improvement or if symptoms return
- Give used injector(s) to EMS personnel
- Ensure parents have been notified

[COVID Mitigation Strategies](#) Please see ACPS website

## STUDENTS WITH COVID-19 SYMPTOMS AT SCHOOL



See [Return to School for Students](#) Form

See [Parent/Guardian Declaration](#) Form

See flowchart for managing symptoms at school.

Students or staff who test positive must remain home and out of school or work for at least 5 days after the onset of symptoms (or positive test if no symptoms). They may return on day 6 if symptoms have improved, they have been fever-free for 24 hours without the use of fever reducing medication and they have a negative antigen (or rapid) test result. If not, they may return on Day 11 from the onset of symptoms.