

# **Lawnside Public School**



## **Nursing Policies and Procedure Manual**

**Lawnside Board of Education  
Nursing Policies and Procedures**

**Standing Orders**

**All health personnel are expected to follow and implement emergency procedures that are written and/or reviewed annually and signed annually and dated by the school physician. It is suggested that standing orders be made available for at least the following conditions:**

|  |  |
|--|--|
| Abdominal cramps, dysmenorrhea                         | Headache-mild, severe  |
| Bite – Human, animal, insect                           | Heat exhaustion / heat stroke  |
| Burns – heat (including sunburn)<br>Chemical           | Injuries -- head / spine / neck /<br>compound fractures/sprains/strains                                      |
| Cessation of breathing                                 | Nausea / vomiting  |
| Convulsions, seizures                                  | Poisoning by mouth   |
| Dermatitis, ivy, sumac, oak                            | Shock – anaphylactic, diabetic   |
| Diabetic conditions – shock, coma                      | Skin eruptions – infections /rashes,<br>Impetigo, ringworm, scabies  |
| Drowning   | Splinters  |
| Drug abuse or intoxication                             | Toothache and dental injuries  |
| Ears – foreign body, pain                              | Wounds – Abrasions / Avulsions /<br>Contusions / Incisions /<br>Lacerations / Punctures /<br>Severe bleeding |
| Eyes – foreign body, burns<br>Conjunctivitis, injuries |  |
| Fractures – extremities                                |  |
| Frostbite  |  |

Source: Guidelines for school health services, Chapter III, page 84.  
New Jersey Department of Education

**If there are any concerns or questions, contact the school physician or refer student to the Emergency Room.**

**Lawnside SCHOOL DISTRICT STANDING ORDERS FOR  
STUDENTS AND STAFF 2021-2022**

Issued by Aubrey M. Olson, D.O., School Physician, Rowan University School of Osteopathic Medicine, Stratford, New Jersey

1. The school nurse shall be notified in all emergency cases.
2. Emergency treatment shall be administered by the school nurse. The person's family will be contacted concerning further treatment by personal physician or hospital.
3. The school nurse shall administer first aid only.
4. **No person, in an emergency situation, shall be left alone.**
5. An accident report shall be filled out by the teacher and sent to the school nurse.
6. Specific indications for calling an ambulance:
  - a. Suspected severe head/neck injury
  - b. Uncontrolled bleeding
  - c. Severe asthma or other significant respiratory difficulty
  - d. Severe fracture
  - e. Any loss of consciousness, worsening somnolence or other acute change in mental status
  - f. Severe hypoglycemia or severe symptomatic hyperglycemia
  - g. Any urgent medical condition where the parent/guardian cannot be reached
  - h. Any medical condition which the school/health office is not equipped to handle
7. Any person who was medically removed from school activities/sports by a physician must have a note from the treating physician/healthcare provider (D.O/M.D./nurse practitioner) clearing the person for return to school activities and specifying the date. Notes from emergency rooms or urgent care centers that have no specified return date will expire after 21 days. Students without a doctor's clearance note will not be expected to return to activity, including physical education. Students with expired notes will continue to be restricted from going outside during recess, will be unable to participate in field day or other school day activities which require physical exertion, and may have field trip restrictions.

**FOR AMBULANCE CALL: 911**

**FOR POLICE CALL: 911**

**FOR POISON CONTROL: POISON CONTROL CENTER 1-800-962-1253**

### **Non-Prescription Medicine**

Acetaminophen, ibuprofen, non-prescription allergy medication, and Tums may be given to student with parental permission. Medication should be provided from home. Dosing for these should not exceed manufacturer's recommendations.

### **Prescription Medicine**

Administration of prescription medication is to be done in accordance with the treating physician orders as documented in the following forms:

- Self-Medication Dispensing Form for Students with Asthma or History of Anaphylaxis
- Medication Dispensing Form
- In an emergency, epinephrine, glucagon and/or naloxone may be administered in accordance with district policy and standing orders.

### **Tuberculosis Testing**

1. Screening for tuberculosis infection may be done by administering 0.1cc PPD solution ID to students per state requirements.
2. Read test 48-72 hours.

## Management of Specific /Common Conditions

### **ABDOMINAL PAIN:**

1. Menstrual Cramps/Dysmenorrhea
  - a. Rest for up to one class period
  - b. Acetaminophen/ibuprofen prn
  - c. Ascertain last menstrual period
  - d. Send home if unable to return to class
  - e. If concerned about pregnancy, refer student to PCP for evaluation/testing.
  - f. If student has vaginal bleeding that is not a normal part of menstrual cycle or is excessive (more than 1 pad/hour) with large clots, EMS should be contacted for transfer to ER and contact parent/guardian.
2. Other Abdominal Pain

Objective findings: Assess for pallor, dilated pupils, anxiety, diaphoresis, guarding, body positioning, use of abdominal muscles when breathing, and abdominal distention.

  - a. Obtain history of nausea, vomiting, food ingestion, appendectomy, diarrhea, constipation or dysmenorrhea, or urinary problems, if any.
  - b. Check location of pain. Ask the student to point with one finger to the point of greatest pain. Suspect appendicitis if pain begins in the pit of the stomach and progresses to the lower right side of abdomen with time. Contact parent/guardian and recommend immediate medical follow-up.
  - c. Check temperature, BP, pulse oximetry, respiratory rate, and pain scale
  - d. If normal, allow to lie flat and rest and then send back to class
  - e. If temperature > 100 degrees Fahrenheit, contact parent/guardian to take child home. Child may not return until 24 hours fever free.
  - f. If injury, ascertain cause of injury.
  - g. Abdominal pain associated with ketone (fruity) odor on breath and Kussmaul respirations is a sign of potential ketoacidosis. Test for blood sugar/refer to ER.
  - h. If any abdominal pain associated with severe symptoms noted above, left and/ or right lower abdominal pain, abnormal vital signs, fever, or vomiting for more than 24 hours, EMS should be contacted for transfer to ER and contact parent/guardian.
  - i. Inform parent / guardian, if indicated, and advise medical follow-up if pain persists.
  - j. Tums prn upset stomach, if available and with parent/guardian consent.

### **ACUTE ALLERGIC REACTIONS / ANAPHYLAXIS / SHOCK:**

#### Symptoms/Physical Findings

1. Acute Allergic Reactions / Respiratory Distress
  - a. Objective findings:
    - i. Sudden or delayed onset.
    - ii. Feeling of apprehension, sweating, weakness.
    - iii. Shallow respirations.
    - iv. Tingling sensation around the mouth or face, nasal congestion, itching, wheezing.

- v. Low blood pressure with weak, rapid pulse.
- vi. Loss of consciousness, shock, coma.
- vii. May be accompanied by hives, tongue swelling and/or laryngeal edema/stridor.

#### Management

1. Maintain open airway.
2. Immediate injection of epinephrine 1:000 subcutaneously.
  - a. Less than 60 lbs. administer 0.15 mg (EpiPen Jr)
  - b. Greater than 60 lbs administer 0.3 mg (EpiPen)
3. Immediate call to 911.
4. Notify parent/guardian.
5. Monitor blood pressure, pulse and breathing. Lie student down if weak, dizzy or low BP.
6. Attempt to ascertain cause: bee sting, medications, food, etc.
7. If no improvement or symptoms worsen in 5-10 minutes, may administer second dose of weight-based Epinephrine.
8. If cardiac arrest, begin CPR.

#### **ADRENAL INSUFFICIENCY, ACUTE:**

##### Symptoms/Physical Findings

- Fatigue, lack of energy, weight loss
- Low blood pressure, postural dizziness and hypotension ( $\geq 20$  mmHg drop in BP from supine to standing position), dizziness, collapse, in severe cases hypovolemic shock
- Abdominal pain, tenderness and guarding, nausea, vomiting (in particular in primary adrenal insufficiency), history of weight loss
- Fever
- Confusion, somnolence, in severe cases delirium or coma
- Back and leg cramps/spasms
- In **primary** adrenal insufficiency: generalized skin hyperpigmentation, in particular in areas exposed to mechanical shear stress (palmar creases, scars, inside of oral mucosa)

##### Management

1. Follow student's orders from medical home. If no orders, refer to student's physician for medical care.
2. If unconscious or unstable, call 911 and notify parent/guardian.

#### **ASTHMA EXACERBATION:**

1. Reassure/ calm the person to prevent hyperventilation.
2. Keep student in upright position.
3. If applicable, have student use medication as directed by student's physician.
4. If wheezing or difficulty with breathing, administer Albuterol 0.083% 3 mL via nebulizer for students with known history of asthma.

5. Notify parent/guardian.
6. Monitor blood pressure and pulse
7. If status asthmaticus and cannot talk, call 911/transport to hospital

#### **BEE/WASP/INSECT STING:**

1. Remove stinger, if possible
2. Apply Sting Kill for pain relief, if available.
3. Apply ice.
4. If allergic reaction occurs, contact parent/guardian.
5. If severe allergic reaction occurs, follow anaphylaxis protocol and call 911.
6. If child has an order for Epipen for known bee/wasp sting allergy, administer Epipen and follow anaphylaxis protocol.

#### **BITES (Broken Skin):**

##### Animal:

1. Wash area thoroughly with soap and water.
2. Apply dry, clean bandage, Bacitracin or Neosporin, if available.
3. Contact parent/guardian and advise family to contact doctor.
4. Refer student/guardian to the ER if rabies vaccination status is unknown for animal.
5. Record date of last tetanus booster.
6. Report to Department of Health and/or police
7. Make attempt to confine the animal for SPCA pickup without placing yourself or others in danger or danger/injury by the animal.

##### Human:

1. Wash area thoroughly with soap and water.
2. Apply clean, dry bandage, Bacitracin or Neosporin, if available.
3. Contact parent/guardian and advise family to contact doctor.

##### Insect:

1. See Bee/Wasp/Insect sting instructions, if appropriate.
3. May apply Calamine/Bacitracin, if available.
4. May apply ice
5. Notify parent/guardian if necessary

#### **BLEEDING, EXTERNAL:**

- A. Remember to wear gloves.
- B. For superficial wounds: clean with soap and water or Bacitracin, if available.
  1. For deep or large wounds: clean with saline.

2. Using palm side of hand, apply firm pressure with gauze immediately over wound until bleeding stops. If bleeding continues, do **not** remove clotted pads. Apply more layers.
3. Elevate affected area as high as possible to control bleeding.
4. Keep student supine, if possible.
5. Contact parent/guardian and seek emergency medical care.
6. Never use a tourniquet to control bleeding, except for amputated, mangled, or crushed limbs.

### **BLEEDING, INTERNAL**

1. Keep person warm and supine.
2. Obtain vital signs, check temperature, BP, pulse oximetry, respiratory rate.
3. Call 911 immediately for transportation by ambulance.
4. Contact parent/guardian.

### **BLEEDING (SEVERE):**

1. If bleeding is severe and persists after 5 minutes of continuous pressure, may apply homeostatic agent such as QuikClot Sport dressing, if available.
2. Pack wound, apply direct pressure.
3. Elevate area above heart if possible
4. Extremities: may use tourniquet for amputated, mangled, or crushed limbs, if above does not stop severe bleeding.
5. Do not remove impaled object if present.
6. Activate EMS for severe bleeding or bleeding that does not stop with first aid.
7. Monitor for signs/symptoms of shock. Keep warm by covering with blanket.
8. Notify parent/guardian.

### **BROKEN BONES (FRACTURES/ DISLOCATIONS):**

1. Immobilize. Check for distal pulse in extremity.
2. Do not move injured part until splinted.
3. Apply ice to area. Watch for swelling, pain, tenderness, deformity or difficulty in moving.
4. Control bleeding, if present, with dry, sterile bandage.
5. Do not give anything to eat or drink.
6. Call ambulance if unstable or excessive bleeding.
7. Notify parent/guardian. Advise immediate evaluation by a physician.

### **BRUISES:**

1. Apply cold compress to relieve pain and reduce swelling for 20 minutes.
2. If large or painful, notify parent/guardian.

### **BLISTERS:**



1. Do not puncture blister.
2. Wash with soap and water and apply band-aid, loosely.
3. If blister is open, treat as an open wound.

#### **BURNS (CHEMICAL):**

1. Remove any loose clothing covering burned area.
2. Flush with cold running water, maintaining flow over burned area for at least 15 minutes.
3. Keep person lying down and warm.
4. Dry surrounding areas carefully.
5. Cover with a clean, dry, sterile bandage.
6. Seek emergency medical care immediately if 2<sup>nd</sup> or 3<sup>rd</sup> degree burn.
7. Notify parent/guardian and advise further medical evaluation as necessary.

#### **BURNS (THERMAL):**

1. Small, thin burns:  
Cool water or ice can be used directly on a small burn that is not open and not very deep.
2. Large, thin burns:  
Cool a large, thin burn with water or ice until pain subsides.  
Keep person lying down and warm.
3. Dry area carefully. Cover with a clean, dry, sterile bandage.
4. If minor, apply topical burn cream such as Silvadene, if available.
5. Seek emergency medical care immediately if 2<sup>nd</sup> or 3<sup>rd</sup> degree burn.
6. Notify parent/guardian.
7. If old burn from home, do not open blister, wash with soap and water and apply burn ointment, if available, and sterile dressing. Advise parent/guardian further medical treatment is necessary.

#### **BURNS (THERMAL) OF THE EYE:**

Deep eye burns caused by heat:

- 1 Do NOT flood the eye with water.
2. Bandage both eyes.
3. Put cold pack over the bandage on the injured eye.
4. Elevate head/shoulders, give care to prevent shock.
5. Notify parent/guardian immediately.
6. Refer to ER/physician for immediate medical treatment.

#### **BURNS (CHEMICAL) OF THE EYE:**

1. Rinse copiously with saline or eyewash for 15 minutes (can use water if above not available)
2. Have person remove contact lens as soon as possible, if applicable.
3. Cover eye with dry, sterile bandage.
4. Refer to ER/physician for immediate medical treatment.
5. Notify parent/guardian.

### **CANKER SORES**

1. If sores are in the mouth, rinse with warm salt water (1tsp. to 1qt.) or Glyoxide rinse or equivalent, if available.
2. If sore is on the lip, apply Champho-Phenique or equivalent, if available.
3. Advise student not to touch the area.
4. Wash hands.
5. Contact parent / guardian if further attention is needed.

### **CHAPPED LIPS**

1. Apply petroleum jelly or A&D ointment to affected area.

### **CHOKING:**

1. If person is choking, but is coughing forcefully, do not interfere with the person's attempts to cough the object up on his own.
2. If the person is not able to cough, breathe or speak, perform abdominal thrusts (Heimlich Maneuver), until patient is able to breath or passes out.
3. Notify parent/guardian.
4. Call 911 if becomes unconscious.
5. Begin CPR, if necessary, if there is no pulse or patient not breathing.

### **CONCUSSION**

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.

Common concussion signs include:

- Loss of consciousness
- Glazed look in the eyes
- Delayed response to questions
- Inappropriate laughter
- Forgetting an instruction, confusion about an assignment or position, or confusion of the game, score, or opponent
- Problems with balance
- Amnesia
- Inappropriate crying/Emotionality
- Vomiting

Common concussion symptoms include:

**A. Somatic (Physical) Symptoms**

- Headache
- Dizziness
- Sensitivity to light
- Light-headedness
- Nausea
- Sensitivity to noise

**B. Cognitive Symptoms**

- Difficulties with attention
- Loss of focus
- Difficulty completing mental tasks
- Memory problems
- Difficulty multitasking

**C. Sleep Symptoms**

- Sleeping more than usual
- Having trouble falling asleep
- Sleeping less than usual

**D. Emotional Symptoms**

- Anxiety
- Depression
- Panic attacks

*Note: This is not an exhaustive list of concussion signs and symptoms, and it may take a few days for concussion symptoms to appear after the initial injury.*

1. If you suspect a concussion in a student or athlete, the student must be removed from play immediately so they can be evaluated by a trained professional.
2. Contact student's parent/guardian.
3. A student must follow up with their physician or specialist trained to treat and evaluate concussion.
4. Athletes should follow the concussion protocol with their physician.
5. Students must be cleared by a physician to return to athletics, gym class, or recess.

**CONJUNCTIVITIS**

1. Assess for presence of foreign body, exudate, as well as redness.
2. If only redness exists, apply ice.
3. If redness and exudate are present, refer to physician for treatment.
4. Exclude student until treatment by physician has been started and a note to that effect has been returned to school.
5. Notify parent/guardian.
6. If student has documentation of allergic eye, rinse eyes, apply cool compresses and lubricant eye drops, if available, to relieve itching and redness, or give student prescribed eye drops

**CONVULSIONS/ SEIZURES:**

1. Do not move person until seizure subsides, except to assist patient to the floor.
2. Turn head to side to avoid inhalation of vomitus.
3. Loosen tight clothing.
4. Remove hazardous furniture.
5. Try to put padding behind head to protect head.
6. Cyanosis and cessation of breathing may occur briefly. Gentle and proper

extension of head and neck will prevent obstruction by tongue.

7. If breathing does not resume, begin CPR and call EMS.
8. Position patient on their side to facilitate drainage of stomach or mouth contents, if present, and prevent aspiration.
9. Do NOT insert anything in mouth, including fingers, medications, foreign objects, etc.
10. Loosen restrictive clothing.
11. Remain with patient until conscious and oriented.
12. Refer to ER/physician for medical treatment.
13. Notify parent/guardian.

**During the seizure observe:**

1. Significant pre-seizure events.
2. Movements before, during, and after the attack.
3. Time seizure began and length of seizure.
4. Where seizure movement began (legs, arms, head).
5. After attack, place patient on side and allow to sleep until they awaken. Note length of post seizure sleep.
6. Notify parent / guardian and EMS.
7. Call for assistance if seizure lasts for more than 5 minutes
8. If history of seizure, give rectal medication for seizure as directed by patient's physician.

**CORONAVIRUS (COVID-19)**

**SYMPTOMS/PHYSICAL FINDINGS:**

- Fever of 100.4°F or greater
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

1. A person with at least two (2) of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose; OR at least one (1) of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder, should be excluded from school until evaluated /treated by a physician and undergo COVID-19 testing, if appropriate.
2. For students with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.
2. Parent/guardian must pick up student within one hour of the notification.
3. Person must bring evidence of negative COVID-19 test or medical note with either 1) an alternative explanation of symptoms or 2) a note stating person is free of contagious infection or disease, if COVID-19 testing is not performed.

### **ADMINISTRATION OF MEDICATION DURING COVID**

1. Should preferably occur using disposable containers.
2. Students/staff requiring albuterol inhalers/glucose testing during the day should preferably bring their own medication/testing supplies
3. In the case of a respiratory emergency, inhalers should be preferably used over nebulizers, due to risk of aerosolization, and preferably with a home-provided spacer or a disposable spacer.

### **DIABETES/HYPOGLYCEMIA**

**Insulin reaction: rapid onset, usually due to too much insulin, not enough food, unusual amount of exercise, or delay of meal.**

#### **SYMPTOMS/PHYSICAL FINDINGS:**

- Excessive perspiration
- Restlessness
- Irritability
- Headache
- Shakiness
- Mood change
- Weakness
- Unable to waken
- Hunger
- Trembling
- Impaired vision
- Pounding of heart/palpitations

Follow student's orders from medical home including glucagon administration if appropriate. If no orders, do the following:

1. **IF UNCONSCIOUS, CALL 911.**
2. If person is conscious and able to swallow, give ½ cup fruit juice with tsp of sugar, glucose tabs or glucose gel.
3. **DO NOT GIVE INSULIN.**
- 4.. Check blood glucose with monitor
- 5.. Wait 10 minutes, if no improvement, repeat.
6. When person feels better, give food.
7. Notify parent/guardian.

## **DIABETES/HYPERGLYCEMIA**

### **SYMPTOMS/PHYSICAL FINDINGS**

- Blurry vision
- Difficulty concentrating
- Excessive thirst
- Frequent urination
- Headaches
- Fatigue

**Diabetic coma: slow onset, increased thirst and urination, weakness, abdominal pains, loss of appetite, nausea & vomiting. Large amount of ketones in urine, sweet-smelling breath.**

1. Follow student's orders from medical home. If no orders, refer to own physician for medical care.
2. Call EMS to transport to emergency room if diabetic coma.

## **DISLOCATION OF JOINT**

1. Do not move affected area. Splint or support as needed.
2. Apply ice.
3. Notify parent / guardian to seek further medical attention.

## **DRUG AND ALCOHOL INTOXICATION (ACUTE)**

Also see "OPIOD OVERDOSE"

1. Assess person's behavior, verbal ability and general appearance.
2. Obtain vital signs and pupil status.
3. Protect person against injury due to impairment.
4. Important – follow district policy in reporting use of illegal substances.
5. If the person should become unconscious, maintain open airway. Give artificial respiration, and maintain body temperature.
6. If drug overdose is suspected, administer narcan, if available (see "Opiod Overdose").
7. Call 911.

## **DRY SKIN/LIPS:**

1. May give petroleum jelly or individual lip balm for chapped lips.
2. May use moisturizing lotion for dry skin

## **DYSMENORRHEA**

Also see "ABDOMINAL PAIN"

1. Have student rest for 30 minutes.
2. If severe and rest does not alleviate, call parent / guardian to take the student home.
3. If frequent, refer to PCP for work-up.

## **EARACHE**

1. Assess history, frequency, drainage, recent URI, etc.
2. Check temperature. If elevated to over 100°F, contact parent/guardian and send student home if indicated.
3. Examine with otoscope, noting condition of outer ear canal, eardrum, presence of or excess of cerumen, etc.
4. Refer for medical evaluation.
5. Never use Q-tips or other items in the ear.

## **ELECTRIC SHOCK**

1. Do not touch victim until source of electrical current is located and turned off.
2. Use a "non-conductor" (long wooden stick, no metal) to remove wire from contact with the victim.
3. Check pulses and respiration. If absent, begin CPR.
4. Have someone call EMS.
5. Notify parent / guardian ASAP.

## **EYES**

### Injuries

1. Penetrating Object:
  - a. Do not attempt to remove object lodged in the eye.
  - b. Do not wash eye with water.
  - c. Pack gauze gently around object and secure or cup object without applying pressure
  - d. Patch other eye to prevent movement.
  - e. Notify parent/guardian; call ambulance if needed for urgent medical evaluation
2. Deep Laceration of Eyelid or Eyeball
  - a. Clean wound with eye solution or water.
  - b. Place sterile gauze over wound without pressure.
  - c. Notify parent/guardian; call for ambulance if needed for urgent medical evaluation.
3. Contusion or Black Eye

- a. Apply ice or cool compress on or near eye for 10-15 minutes, repeating each hour.
- b. Do not permit to blow nose.
- c. Checked for blurred vision or dizziness.
- d. Notify parent/guardian. Refer for medical follow up.

### Foreign Body

1. Pull lower eyelid down and away from the eyeball. This may loosen the foreign body and allow tears to wash it away.
2. Irrigate eye with saline/eyewash.
3. If foreign body is visible and freely movable, carefully remove with gauze dampened with eyewash/saline or moistened cotton tip applicator.
4. If foreign body is unable to be obtained, apply sterile dressing and send for further medical care.
5. Contact parent/guardian.

### **FAINTING / DIZZINESS:**

1. Lower head between knees or have student lie down with feet higher than level of heart.
2. Loosen any tight clothing
3. Check pulse, respirations, and blood pressure.
4. Refer to ER/physician for medical treatment if loss of consciousness.
5. If needed to assist with revival, may crush ammonia inhalant capsule and briefly place near nostrils, if available.
6. Rest lying down for 10 minutes or until recovery is complete.
7. A glass of water may be given if person is conscious and not nauseated.
8. Notify parent/guardian.

**FEVER:** If temperature is 100 °F or greater, send person home after contacting parent/guardian.

### **FRACTURE, SIMPLE**

1. Keep the patient warm and in a comfortable position.
2. Apply ice or cold packs over the affected area.
3. Do not move injured area that will cause further injury. Spinal injuries should not be moved unless by EMS or if situation is unsafe.
4. Contact parent / guardian and advise medical care.
5. To transport: Immobilize with a splint or sling, avoid weight bearing of affected area. Use ambulance for transport if spinal injury is suspected.

### **FRACTURE, COMPOUND**

1. If severe bleeding, control with direct pressure.
2. Do not disturb wounded area, if not bleeding severely.



3. Cover with sterile dressing and apply ice.
4. Have person lying down and keep warm.
5. Support injured part and splint, if possible.
6. Contact parent / guardian.
7. Obtain medical assistance, transport by ambulance.

**FROSTBITE:**

1. Cover patient with blankets or extra clothing
2. Warm affected part. DO NOT RUB.
3. Immerse in tepid water or wrap in warm blanket.
4. Elevate frostbitten area
5. Give warm, non-alcoholic drink
6. Notify parent/guardian. Refer to physician for follow up care.

**HEADACHE:**

1. Check vital signs and obtain history of recurrence, possible causes, etc.
2. If no fever, allow student to rest with ice pack.
3. Encourage student to drink a glass of water.
4. Acetaminophen/Ibuprofen PRN, if available, or medications if previously ordered.
5. If severe, contact parent/guardian to take student home.

**HEAD INJURY:** *Notify parent/guardian for all head injuries.*

Also see "CONCUSSION"

1. Observe student for at least 30 minutes. Student should be lying down with head elevated.
2. Check pulse size, level of consciousness, history of unconsciousness, visual problems, headache, pain swelling, skin integrity, etc.
3. Assess vital signs every 15 minutes.
4. Obtain medical treatment if symptoms are severe or symptoms progress from first assessment. i.e. Loss of consciousness, level of consciousness diminishes, blurred vision or vomiting, signs of concussion.
5. Contact parent / guardian.
6. Send home copy of "Head Injury" information sheet.

Trauma to scalp: Laceration/Abrasion

1. Clean area with soap and water if large wound.
2. Apply pressure with gauze until bleeding stops.
3. Apply dry, clean dressing.
4. Refer for immediate medical evaluation if wound large or bleeding is persistent.

Bruise: Ice to relieve pain. DO NOT apply pressure.

Trauma to bony skull: Fracture -- Refer for immediate medical evaluation.  
Trauma to Brain: Concussion/Contusion: Refer for immediate medical evaluation.

### HEART ATTACK

1. Place person in a comfortable position.
2. Loosen any tight clothing.
3. Assess symptoms, obtain vital signs.
4. Have someone call for EMS.
5. Do **not** give liquids.
6. Have person chew four 81 mg aspirins.
7. If person becomes unconscious, check pulses. If no pulse, begin CPR.
8. If AED is available, send someone to procure it and place on chest of victim. Follow instructions given by AED.
9. Continue CPR until EMS arrives.
10. Contact parent / guardian or nearest family member.

### HEAT EXHAUSTION

Symptoms:

|                      |                                 |
|----------------------|---------------------------------|
| Normal Temperature   | Skin pale cool clammy           |
| Profuse perspiration | Tiredness and weakness          |
| Headache             | Cramps and muscle spasm         |
| Nausea               | Dizziness and possibly fainting |

1. Move person to a cooler area.
2. Loosen any tight clothing.
3. Apply wet cool cloths.
4. Lie client down with feet elevated 8-12 inches.
5. Give sips of salt water (1 tsp salt per glass 8oz, every 15 minutes over 1 hour period).
6. If patient vomits, hold fluids.
7. Transport to hospital.
8. Contact parent / guardian.

### HEAT STROKE

Symptoms:                      **\* Life Threatening \***

|                               |                        |
|-------------------------------|------------------------|
| High body temperature (> 106) | Hot, red, and dry skin |
|-------------------------------|------------------------|

No sweating

Rapid and strong pulse

1. Place patient in tub of cool water, or sponge body until temperature has been reduced.
2. Have someone call for medical assistance.
3. Contact parent / guardian.
4. Take care to prevent over chilling once temperature drops below 102.
5. Transport to the nearest medical facility.

**HIVES:**

1. Calamine Lotion for small localized lesions, if available.
2. Cold compresses for itching.
3. Give medication prescribed by physician. May give 25mg Benadryl by mouth for severe hives with parent/guardian permission, if available.
4. Observe for other systemic symptoms.
5. Notify parent/guardian.

**INDIGESTION:**

1. Check vital signs to evaluate for serious illness
2. Evaluate symptoms for severity
3. May give Tums, if available, as needed with parent/guardian permission
4. Notify parent/guardian.
5. Refer to student's doctor if symptoms persist or worsen

**NOSEBLEEDS:**

1. Have patient sit upright
2. Pinch nostrils/bridge of nose for 3-5 minutes and release x2.
3. If nose continues to bleed, reapply pressure and apply ice to bridge of nose.
4. Caution against blowing nose after bleeding stops.
5. Allow patient to rest.
6. If nosebleed continues or is severe or uncontrollable, call parent/guardian.

**OPIOID OVERDOSE, SUSPECTED:**

See attached overdose prevention information. School nurse shall ensure this information is sent to all parents/guardians.

**SIGNS AND SYMPTOMS (may not have all)**

- History of current narcotic or opioid use, fentanyl patch on skin, or needle in the body
- Unresponsive or unconscious individual
- Not breathing or slow/shallow respirations
- Snoring or gurgling sounds (due to partial upper airway obstruction)
- Blue lips and/or nail beds

- Pinpoint pupils
- Clammy skin

If a person is suspected of experiencing an opioid overdose:

1. Assess patient, if unresponsive, call 911 for EMS then check breathing and pulse. Call for Certified School Nurse.
2. If cardiac arrest or no pulse begin CPR.
3. If respiratory arrest (pulse but no breathing), begin rescue breathing every 5-7 secs.
4. Certified School Nurse, EMS, or police are authorized to administer Naloxone, preferably while rescue breathing/CPR is still being administered, if possible.
5. Naloxone should only be given to someone suspected of opioid overdose with signs and symptoms listed above.
6. Prepare naloxone as directed.
7. Administration of Naloxone: Intranasal naloxone 2mg (concentration 1 mg/ml). Vigorously push half (1 ml) into each nostril using a mucosal atomization device.
8. Continue to monitor breathing and pulse, administering CPR/rescue breathing as needed.
9. Repeat Naloxone in 3 minutes, if first dose is ineffective. Effects last 30-90 minutes.
10. Remain with the patient, monitor and keep him/her comfortable until EMS arrives.
11. If person rouses to consciousness- maintain alertness, comfort person. Withdrawal can be painful.
12. Notify emergency contact.
13. Transport to hospital
14. Notify Principal/Superintendent.

**PEDICULOSIS (lice):**

1. If live lice are discovered on exam, notify parent/guardian. Send home for treatment.
2. Examine siblings with head check.
3. Provide parent/guardian with copy of district policy and the district's "Management of Pediculosis" information packet.
4. Advise parent/guardian to notify close contacts of the child.
5. Recheck student on day of return.
6. Recheck student 7-10 days after return.
7. Advise parent/guardian to contact home physician for a case of persistent pediculosis.

## **RASH OR HIVES:**

1. Assess recent contact with allergic causes, i.e. food, environmental elements, medications.
2. A person with a rash of a suspected highly contagious etiology should be excluded from school until evaluated /treated by a physician.
3. A note from the physician must be presented before readmission to school for suspicious rash.
4. May apply Calamine and/or ice to relieve itching, if available.
5. Contact parent/guardian if further treatment is necessary.

## **RINGWORM**

1. Assess affected area and obtain history.
2. Exclude student from school until treated by physician.
3. Contact parent / guardian.
4. Advise the need for doctor's note to return to school. Lesion must be covered during school upon return until completely healed.

## **POISONING**

### Ingested

1. Call poison control at 1-800-962-1253.
2. Contact EMS and parent / guardian.
3. Treat for shock and maintain airway.
4. Send poison and vomitus to hospital with client if possible.

### Inhaled

1. Remove person from source of poison, if possible.
2. Loosen restrictive clothing.
3. Treat client for shock and maintain airway.
4. Seek medical assistance.
5. Contact EMS and parent / guardian.

### Contact

1. Remove contaminated clothing and flush skin with large amounts of water for at least 15 minutes.
2. Treat for shock and maintain airway.
3. Contact EMS.
4. Contact parent / guardian.

## **SCABIES**

1. Assess affected area and obtain history.
2. Exclude student from school until treated and cleared to return to school by physician.

3. Contact parent / guardian.
4. Advise the need for doctor's note to return to school.

### **SHOCK**

See "Acute Allergic Reaction / Anaphylaxis."

### **SORE THROAT, COUGH, COLDS:**

1. Check temperature. Examine throat for redness, swelling, pus, enlarged tonsils, patches etc.
2. If accompanied by a temperature of over 100°F, send person home.
3. Warm salt water gargle may be used.
4. May give cough drop as needed with parent/guardian permission.
5. If determined to be strept throat by a physician, must be treated for 24 hours prior to return to school.
5. Inform parent / guardian if further medical care is indicated.

### **SPLINTERS / STAPLES:**

1. Clean thoroughly with soap and water.
2. Remove minor, superficial splinters or staples with tweezers or "splinter out."
3. If splinter is deeply embedded, DO NOT PROBE. Send for further medical care.
4. Cover with clean bandage.
5. Notify parent//guardian.
6. Check health record for tetanus immunization. If no recent immunization within 10 years, refer for immunization.

### **SPRAIN AND STRAINS**

1. Try and determine how the injury was sustained.
2. Apply ice to affected area for 20-30 minutes.
3. Elevate.
4. Splint area, if necessary.
5. Contact parent / guardian if further medical care is needed.
6. Send home sprain / strain information sheet to parent.

### **STYES:**

1. Recommend warm compresses to the eye.
2. Notify parent/guardian. Refer to physician if no improvement in two or three days.

### **SUNBURN (1<sup>ST</sup> DEGREE)**

1. Apply cold compress for 15-20 minutes to relieve pain.
2. Advise student about future protection from over-exposure to the sun.

### **TOOTHACHE AND DENTAL INJURIES:**

#### Toothache:

1. Anbesol/ Orajel may be applied to area with a cotton applicator, if available.
2. Notify parent/guardian. Advise to see a dentist.

#### Chipped or broken tooth:

1. Rinse mouth with warm water.
2. Wrap broken portion of tooth in wet gauze and send with child to dentist.
3. Notify parent and refer for immediate dentist care.

#### Knocked-out tooth:

1. Rinse tooth gently with saline or running water.
2. If feasible, gently place tooth back in socket. Have person hold tooth in place.
3. If tooth is not inserted, place tooth in cup of saline or wrap tooth in wet gauze. May place in Save-A-Tooth solution, if available.
4. Notify parent/guardian and refer for immediate follow-up with dentist.

### **TICKS:**

1. Remove tick with a blunt, curved, small forceps or tweezers, with steady, firm pressure applied upward which will usually not pull the tick apart.
2. Save tick for identification.
3. Clean thoroughly with soap and water, may apply Bacitracin or Bactine, as needed.
4. Notify parent/guardian.

### **UPSET STOMACH, VOMITTING, DIARRHEA**

1. Take temperature. Exclude student from school if temperature is over 100.
2. Assess history of food ingestion, medication, diarrhea, etc.
3. Allow student to rest.
4. Contact parent / guardian if student needs to go home.

### **UPPER RESPIRATORY INFECTION**

1. Take temperature.
2. Exclude student from school if temperature is over 100 and/or discharge from eyes, nose, cough, sore throat, earache or headache, until physician gives permission for student to return.
3. Contact parent / guardian.

### **WOUNDS:**

### Small Cuts/Scrapes/Punctures

1. Apply firm pressure with gauze until bleeding stops.
2. Clean thoroughly with soap and water.
3. Cover with clean bandage, Bacitracin or Bactine, if available.
4. Notify parent/guardian.
5. Make note of last tetanus immunization, if more than 10 years old, refer for booster.

### Laceration/Cuts:

- A. Cuts which are clean, straight, less than ½ inch with edges less than 1/8 inch
  1. Apply firm pressure with gauze until bleeding stops.
  2. Clean thoroughly with soap and water or saline
  3. Dry and apply butterfly and/or clean bandage, Neosporin or Bactine, if available.
- B. Cuts which are contaminated, longer or wider than above or located on face or flexor area:
  1. Apply firm pressure with gauze until bleeding stops.
  2. Cover with clean bandage, Neosporin or Bactine, if available.
  3. Notify parent/guardian.
  4. Refer to physician or ER.
- C. Cuts on scalp bleed more due to large blood supply.
  1. Apply firm pressure with gauze until bleeding stops.
  2. Wash gently with soap and water or saline
  3. Cover with clean bandage, Neosporin or Bactine.
  4. Notify parent/guardian..

### AVULSIONS

1. Apply gauze pad to area and apply pressure to control bleeding.
2. If part that has been avulsed is found, place in saline so solution to be taken to hospital with client.
3. Contact EMS and clients' parent/guardian

### WHEN DOES A CUT NEED STITCHES?

See a doctor quickly for:

1. Any wound on the face, no matter how small.
2. Cuts with jagged edges or if there is a gap or a hole.
3. Short but deep cuts.
4. Any wound with continued bleeding.



Standing orders and emergency procedures reviewed, updated and approved for school year 2021-2022.



9/2/2021

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Aubrey M. Olson, D.O.  
RowanSOM Department of Family Medicine  
Stratford, New Jersey

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Ronn Johnson, Ed.D.  
Superintendent of Schools

**EMERGENCY MEDICAL PROCEDURES FOR SPORTS, PRACTICE SESSIONS,  
COMPETITIVE CONTESTS, GAMES, EVENTS OR EXHIBITIONS**

- I. Injuries resulting in bleeding.
  - a. Practice Universal Precautions at all times:
    1. Gloves are to be worn by the care giver of first -aid.
    2. All exposed wounds should be covered during sports related activities in the event of bleeding (for example; bloody nose). The student is to be removed from the game until:
      - a. Bleeding is controlled.
      - b. All blood is to be washed from the student's skin.
      - c. In the event that the uniform becomes stained with blood the student must change into another appropriate uniform.
  - B. The coach must carry a first aid kit to each practice. It must include, but is not limited to:
    1. Gloves
    2. Band aids, tape and gauze (various sizes)
    3. Ice pack
    4. Ace wrap
    5. Follow first aid procedures
  - C. Sports and hand-held inhalers. Students who need to use hand-held inhalers must:
    1. Present written consent signed by the parent or guardian.
    2. Present a doctor's statement with child's name, name of drug, dosage and time medication may be taken.
    3. As per state law, any asthmatic student must have inhaler on sideline at all times for practice and games.

**FIRST AID PROCEDURES**

**CALL AMBULANCE – 911**

If ambulance is needed:

1. For transportation of patient.
2. For oxygen or other life-saving equipment.

**CALL POLICE – 911**

1. For transportation of patient.
2. Notify principal or office of emergency and any action that has been taken.
3. Keep calm and calm the patient.

**POISON CONTROL – 800-962-1253**

## **SHOCK**

1. In any serious injury (bleeding, fracture, major burns, etc.) always expect shock and act to prevent or limit it.  
Symptoms:  
Skin pale, cold, clammy  
Pulse rapid  
Patient is restless, apprehensive or even frightened
2. Keep the patient lying down, head lower than his feet, except in head or chest injuries when head should be higher than feet.
3. Loosen clothing.
4. Keep patient lightly covered but do not cause sweating. Notify parent / guardian and call EMS.

## **HEAD INJURIES**

1. Fracture or concussion
  - A. Suspect head injury in any traffic accident, fall or other incident of violence.
  - B. Keep patient lying down and covered. Do not move patient unless patient is in unsafe place.
  - C. Apply sterile dressing if there is a head wound.
  - D. Apply ice bag and keep quiet.
  - E. Call parent or send to hospital as requested by parent
  - F. Symptoms:
    - a. Dizziness
    - b. Blurring of vision
    - c. Confusion
    - d. Pupils unequal in size
    - e. Bleeding from nose, ear or mouth.

**Students with concussion may not return to gym / game / practice unless cleared by student's private physician and completes the return to play protocol.**

2. Headache
  - A. Take temperature, if elevated, call parent and send student home.
  - B. Have student lie down; ice bag may be applied.
  - C. No medication is to be given.

## **SEVERE FALLS**

1. Do not move patient until his condition is evaluated by EMS.
2. Check immediately :
  - A. For free breathing. Start mouth-to-mouth breathing if necessary.
  - B. Severe bleeding - apply pressure with sterile gauze pad.
  - C. Shock
3. Call parent / guardian.

## **FRACTURES**

1. Keep patient covered and treat for shock.

2. If the bone protrudes the skin and there is severe bleeding, stop the bleeding, but do not attempt to push bone in - cover with sterile gauze.
3. Make no attempt to clean the wound.
4. Fracture area must be immobilized to prevent further damage before patient can be moved.
5. Splints can be made of board, pillows, newspapers, etc.
6. Notify parent / guardian.

### **LOSS OF CONSCIOUSNESS**

1. Unconsciousness
  - A. Check for free breathing.
  - B. If patient is not breathing, start mouth-to-mouth breathing and have someone else get additional help immediately.
  - C. Have someone call EMS and procure AED, if available. Apply AED to designated sites on chest and follow instructions provided by AED.
  - D. Notify parent / guardian.
2. Fainting
  - A. With mild symptoms (weakness, dizziness) have patient either lie down or sit down and lower his head between his knees until symptoms are relieved.
  - B. If patient is conscious, question him about organic diseases, such as diabetes, hearing loss, etc.
  - C. If patient has lost consciousness, he should be placed in a horizontal position with feet elevated.
  - D. Loosen tight clothing.
  - E. Ammonia inhalants may be used. Break it and hold under patient's nostrils for a few minutes.
  - F. Notify parent / guardian.
3. Convulsions
  - A. First aid during attack should be limited to preventing injury.
  - B. Lower patient to floor so convulsive movements of extremities will not be in contact with classroom furnishings. Put padding under head, if available, to protect head.
  - C. Do not attempt to restrain convulsive movements.
  - D. Do not put fingers in patient's mouth.
  - E. Send other students out of the room.
  - F. Turn head to side to prevent tongue from falling back.
  - G. Loosen tight clothing.
  - H. Call parent / guardian and EMS.

### **CPR SEQUENCE FOR CARDIAC ARREST**

1. Tilt the head back to open the airway.
2. Look, listen and feel for breathing in order to recognize respiratory arrest. If no breathing, gasping, or inadequate breath, begin CPR.
3. Have someone call 911 and bring defibrillator/AED, if available. Apply to designated sites on chest and follow instructions provided by AED.
4. Check the carotid pulse to recognize cardiac arrest.
5. If pulse is absent begin CPR.
6. Two-rescuer CPR:

Start with Compressions first:

Compressions - rate of 100 per minute regular, smooth, even, uninterrupted

Ventilation - after each 30 compressions interpose 2 breaths, about 1 second

to each breath with no pause in compressions.

**Continue 30:2 compressions to breath cycle, use AED, if available**

7. One-rescuer CPR: (have someone call 911 and bring AED/defibrillator, if available)  
Compressions - rate of 100 per minute  
**Use AED, if available**  
**\*New guidelines - hands only CPR for one rescuer CPR**
8. Check carotid pulse and pupils every 2 minutes during resuscitation to determine the effectiveness of CPR or the return of a spontaneous heartbeat.

## **Naloxone (Narcan)**

### A. Definitions

Naloxone is a prescription medication often referred to by its most commonly known trade name, Narcan. Naloxone can reverse an overdose that is caused by an opioid drug (i.e. prescription pain medication or heroin). When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes. Naloxone has been used safely by medical professionals for more than 40 years and has only one function: to reverse the effects of opioids on the brain and respiratory system in order to prevent death.

### B. Authority

Time is of the essence when a drug overdose is occurring, or is believed to be occurring. Under New Jersey Law (P.L. 2013 c. 46), the "Overdose Prevention Act" (the Act) which provides immunity from civil and criminal liability to non-health professionals who have, in an emergency, administered an opioid antidote (defined as naloxone hydrochloride or any other similarly acting drug approved by the United States Food and Drug Administration) to a person who s/he believes, in good faith, is experiencing an opioid overdose, provided the requirements of the Act have been met. The Act also provides that a health care professional who, acting in good faith, prescribes an opioid antidote to a person capable, in the judgement of a healthcare professional, of administering the opioid antidote in an emergency, shall not be subject to any criminal or civil liability, or to professional disciplinary action under Title 45 for prescribing or dispensing an opioid antidote in accordance with the Act.

It is the position of the New Jersey Department of Education (NJDOE) that school districts may develop and adopt policies and procedures to maintain and administer opioid antagonists (naloxone) to any student, school personnel or other person believed to be experiencing an opioid overdose during school hours or during on-site school-sponsored activities to block the opioids life-threatening effects.

A standing order will be obtained from the school district physician.

C. Training

Training to administer naloxone is coordinated by the Department of Human Services' Division of Mental Health and Addiction Services for providers of addiction treatment, friends and families of individuals with addiction disorders, and others who work with, live with or associate with people who are addicted to opiates to know how to save a life. This program allows for the quickest response and intervention possible.

Free trainings are available in all three regions of the state. Use the following link for the listing of upcoming training sessions:

<http://www.state.nj.us/humanservices/dmhas/initiatives/naloxone.html>

D. Standing Orders

**OPIOID OVERDOSE, SUSPECTED:**

SIGNS AND SYMPTOMS (may not have all)

- History of current narcotic or opioid use, fentanyl patch on skin, or needle in the body
- Unresponsive or unconscious individual
- Not breathing or slow/shallow respirations
- Snoring or gurgling sounds (due to partial upper airway obstruction)
- Blue lips and/or nail beds
- Pinpoint pupils
- Clammy skin

If a person is suspected of experiencing an opioid overdose:

1. Assess patient, if unresponsive, call 911 for EMS then check breathing and pulse.
2. If cardiac arrest or no pulse begin CPR
3. If respiratory arrest (pulse but no breathing), begin rescue breathing every 5-7 seconds.
4. Administer Naloxone while still doing rescue breathing/CPR if possible
5. Naloxone should only be given to someone suspected of opioid overdose with signs and symptoms listed above.
6. Prepare naloxone as directed on information sheet.  
Administration of Naloxone: Intranasal naloxone 2mg (concentration 1 mg/ml). Vigorously push half (1 ml) into each nostril using a mucosal atomization device.
7. Continue to monitor breathing and pulse, administering CPR/rescue breathing as needed.
8. Repeat Naloxone in 3 minutes if first dose is ineffective. Effects last 30-90 minutes.
9. Remain with the patient and monitor until EMS arrives.

10. If person rouses to consciousness- maintain alertness, comfort person. Withdrawal can be painful.
11. Notify emergency contact
12. Transport to hospital

**Lawnside Board of Education  
Nursing Policies and Procedures and Standing Order**



Reviewed and approved by \_\_\_\_\_ Date 9/2/2021

Aubrey M. Olson, DO, M.S.Ed., School Physician

Reviewed and approved by \_\_\_\_\_  
Date \_\_\_\_\_

School Nurse

**Lawnside Board of Education  
Nursing LPS Standing Orders**

The school physician has reviewed and approved the following standing orders for administration of medication, procedures and protocols for the school nurse / substitute, or designee working for the Lawnside Board of Education.

1. Administer epinephrine for students / staff in anaphalaxis
2. Administer (if available), read, and document the Mantoux test.
3. Administer Tylenol to children, as needed, for specific conditions such as pain, headache, and dysmenorrhea with permission from parent/guardian. Dosage shall be determined by age / weight and shall not exceed two doses.
4. Administer medication through various approved routes, orally, inhalation, and nebulizer, as ordered by student's primary care provider or specialist.
5. Utilize peak flow meter as part of the asthma management plan.
6. Utilize glucometer as part of a diabetes management plan.
7. Refer students to their primary care provider if blood pressure is at or above 95% for age and sex on two consecutive occasions.
8. Abrasions: wound wash, Bactine, or equivalents.
9. Burns: burn-cream, Burnjel, or equivalents.



10. Cold sore: Blistex, Champho-Phenique, or equivalents
11. Mouth ulcers / toothaches: Ambesol, oil of clove, Glyoxide, 1:1 Maalox:Benadryl solution, or equivalents
12. Allergic dermatitis: Caladryl, Calamine, Rhulispray, Itch X, or equivalent
13. Contact dermatitis: low dose hydrocortisone cream or ointment
14. Ringworm of skin, hand, foot: begin treatment with OTC Tinactin or Lotrimin. Keep covered. Refer to primary care provider for treatment.
15. Nausea, upset stomach, diarrhea, unspecified, in absence of fever or vomiting: Tums, Maalox, or equivalents, with permission from parent/guardian. Pepto-bismal should NOT be given to children.
16. Allergic reaction: Benadryl, dose determined by age / weight. Shall not exceed 2 doses.
17. Implement the procedures and protocols recommended by the school physician and execute nursing judgement when implementing these protocols for common injuries and illness in a school setting.

Reviewed and approved by \_\_\_\_\_  
 Date 9/2/2021



Aubrey M. Olson, DO, M.S.Ed., School Physician

Reviewed and approved by \_\_\_\_\_  
 Date \_\_\_\_\_

School Nurse

## COVID ADDENDUM TO STANDING ORDERS

### COVID precautions:

Masks should be worn at all times while in doors, except while eating or drinking fluids. Students and faculty should be appropriately spaced with a distance of at least 6 feet when masking can not be maintained and during outdoor activities, if possible.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. School districts should be collecting vaccination information from staff in accordance with the terms of Executive Order No. 253.

Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day. Students and staff who are sick should not attend school. A school should strictly enforce exclusion criteria for both students and staff.

## SYMPTOMS/PHYSICAL FINDINGS:

- Fever of 100.4°F or greater
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

1. A person with at least two (2) of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose; OR at least one (1) of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder, should be excluded from school until evaluated /treated by a physician and undergo COVID-19 testing, if appropriate.

**2. For students with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.**

Any student/faculty found to meet the above criteria throughout the school day:

1. Should be placed in isolation until a parent/guardian is able to pick them up.
2. May not return to school for at least 72 hours and only if cleared by their primary care provider.
3. Should be fever free for at least 72 hours without medications before being allowed to return to school, if cause is illness other than COVID.

### **If there are testing capabilities:**

1. Ill students and staff, consistent with any federal and state requirements may be tested.
2. School-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the test per manufacturer's instructions, and after obtaining a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver.
3. Must obtain parental/guardian consent.
4. Ill individuals who test positive should be reported to the Camden County Health Department and contact tracing should begin.
4. Ill individuals that test negative should be referred to a healthcare provider, who may consider additional COVID-19 testing.

### **COVID Diagnosis or Primary Contact**

COVID-19 exclusion criteria for persons who have COVID-19 compatible symptoms, regardless of vaccination status, or who test positive for COVID-19:

1. Ill individuals with COVID-19 compatible symptoms who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 14 days have passed since symptom onset and at least 72 hours have passed after resolution of fever without fever reducing medications and improvement in symptoms.
2. Persons who test positive for COVID-19 but who are asymptomatic should stay home for 14 days from the positive test result.
3. An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals who meet COVID-19 exclusion criteria to return to school earlier than the time frames above.
4. Unvaccinated students or staff who have household members experiencing COVID-19 symptoms and meet COVID-19 Exclusion Criteria should also be excluded from school. If the symptomatic household member tests positive for COVID-19, the student/staff member will need to quarantine for at least 14 days.
5. Fully vaccinated students or staff who are exposed to a close contact with COVID and have no COVID-like symptoms:
  - a. Do not need to quarantine or be excluded from school, but should be tested following an exposure to someone with suspected or confirmed COVID-19.
  - b. Should still monitor for symptoms of COVID-19 for 14 days following an exposure.
  - c. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing and inform their health care provider of their vaccination status at the time of presentation to care.
6. Exception: During periods of low community transmission, ill individuals excluded for COVID-19 compatible symptoms who are not tested and do not have a known COVID-19 exposure may follow NJDOH School Exclusion List to determine when they may return to school.

### **Travel Restrictions:**

May be updated throughout the year as per NJ Department of Health guidelines. As per guidelines published 9/1/2021:

1. *For individuals **not** fully vaccinated:*
  - a. *a viral test should occur 3-5 after traveling outside the New Jersey, New York, Pennsylvania, and Delaware areas for 24 hours or longer.*
  - b. *A self-quarantine should occur for 7 days after travel for these areas, even with a negative test result.*

*c. If testing is not completed post-travel, individuals should self-quarantine for 10 days.*

**2. Individuals who are *fully vaccinated*:**

*a. should get tested 3-5 days upon return to NJ and should monitor for symptoms of covid for 14 days.*

*b. No quarantine period is necessary if **NO** symptoms are present.*

**Nursing during COVID:**

The school nurse should be wearing appropriate PPE when in close contact with students/staff at all times.

**ADMINISTRATION OF MEDICATION DURING COVID**

1. Should preferably occur using disposable containers.
2. Students/staff requiring albuterol inhalers/glucose testing during the day should preferably bring their own medication/testing supplies
3. In the case of a respiratory emergency, inhalers should be preferably used over nebulizers, due to risk of aerosolization, and preferably with a home-provided spacer or a disposable spacer.

**Reference:**

The Road Forward: Health and Safety Guidance for the 2021-2022 School Year as published by New Jersey Department of Education and New Jersey Department of Health, September 1, 2021.