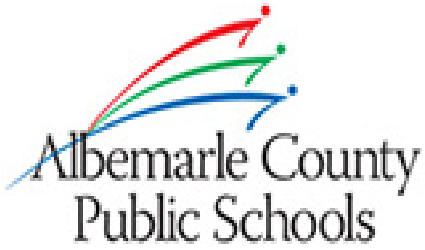
Substitute School Nurse Handbook



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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 bytheCoordinator of Nursing and Health Services or Designee.

New Substitute Information

Welcome and thank you for your service to the students of Albemarle County! As an ACPS employee, you will interact with three different systems: ADP, Frontline, and Kronos.

ADP is our Human Resources Information System. You are probably familiar with ADP after creating an account and completing your onboarding. You can also use ADP to set up direct deposit, complete tax withholdings, access your W-2, update personal information, and view your paystubs. You create your own username and password for ADP after receiving a registration email. If you have any trouble accessing or using ADP, please reach out to me at emcgehee2@k12albemarle.org.

Frontline is our Absence Management System. School administrators and staff post absences and substitutes can view and accept available jobs. You create your own username and password for Frontline after receiving a registration email. Refer to this guide for instructions on creating your account and using Frontline.

Kronos is our Timekeeping System. You clock in and out and your Kronos timecard drives your pay. Your Kronos username and password are generated by the county and sent to your personal email in the days following the completion of your hire. Please review this guide to learn how to access and use Kronos in advance of your first job.

Useful Links:

- 2023-2024 ACPS School Calendar
- Substitute Work Pay Scale
- Pay Cycle Calendar
- Guide to Classroom Technology

Please remember to bring a photo ID to all jobs.

Disclaimer: Assignments are subject to change based on school needs and changes in teacher availability. We appreciate your understanding and flexibility.

If you ever have any questions or concerns, please don't hesitate to reach out to

emcgehee2@k12albemarle.org.

Thank you again for all that you do to serve the students of Albemarle County. Here's to a wonderful, successful school year!

ALBEMARLE COUNTY PUBLIC SCHOOLS NURSES 2025 2026

Elementary Schools

		Phone	Internal
Agnor-Hurt	Steve Floyd	973-5211	22403
Baker-Butler	Emily Sim	974-7777	21014
Broadus Wood	Rachell Myhr	973-3865	23014
Brownsville	Katelyn Wilder	823-4658	24014
Crozet	Lindsay Baker	823-4800	26014
Greer	Katie Kinsey	973-8371	27232
	Debbie Hajek		
Hollymead	Ashleigh Wright	973-8301	28014
Ivy	Claire Bowman	293-9304	29014
	Debbie Hajek	293-9304	29014
Mountain View	Madison Mills	293-7455	25019
Murray	Johanna Bosen	977-4599	30014
Red Hill	Cindy Digges &	293-5332	31014
	Bonnie Vineyard		
Scottsville	Lisa Bittner	286-2441	32014
Stone-Robinson	Tonya Floyd	296-3754	33014
Stony Point	Christine Eichler	973-6405	34107
Woodbrook	Abby Gallagher	973-6600	35016

Middle Schools

Burley	Deborah Wald	295-5101	50060
Henley	Ashley Nawasreh	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
	BJ Fortune	975-9300	60103
Center 1	Zina Tezeno	244-8900	64012
Monticello	Terry Tomlin	244-3100	61014
Community Lab School	Noel Purdy	296-3090	62014
WAHS	Joanna Donovan	823-8700	63014
Trailhead Academy	Heather Ramsey	434- 437-7090	

Nurse Coordinator Eileen Gomez 249-4625 64012

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

Federal Legislation Governing School Nurse Practice

Name of Legislation	How it Applies to School Nursing
Individuals with Disabilities Education Act	Enacted in 1990 to combine several laws to ensure that all children have access to a free and appropriate education (FAPE) in the least restrictive environment, regardless of disability. No student can be denied participation in any school-related activity based on disability (including medical conditions)
Federal Educational Rights and Privacy Act (1974)- FERPA	• Federal Law protecting the privacy of educational records • Parents can access ALL educational records, including health records • Limits who else can see the content of the record without parental permission • Health records are educational records in a school setting • Parental permission is not needed when health information is disclosed for educational purposes within the school division. • Written parental consent is required if providing any outside agency, including the health department and medical offices, with student information
Health Insurance Portability and Accountability Act (1996)- HIPAA	• Law to protect the privacy of personal health data • Applies to: any personally identifiable information about a student's health and development status -- physical, psychological, or behavioral, and in any format including oral. Includes family information, health assessment data, individualized health care plans, screening results • Also applies to: injury reports, incident reports of alcohol or drug use in schools, evaluation reports related to special education eligibility, referral for suspected child abuse, notes from visits to the health office, medication logs, doctor's orders for medication, parental consent forms • Defers to state laws regarding minor's consent to treatment statues
Exceptions to the *Release of Confidential Information* Without Parental Consent in Virginia	• Immunization records shared between the health department and school as well as between a physician's office and school • Information to child protective services workers • Contracted employees that provide educational services to or on behalf of the school district • Another school division where the child seeks to enroll • In response to a judicial order • Health and safety emergencies • Juvenile justice system

State Legislation Governing School Health and School Nurse Practice

Legislation	How it Applies to School Health and School Nurse Practice
Physical Examination Requirements	Students' parents shall submit a report of a physical examination by a licensed, qualified physician, nurse practitioner or physician's assistant dated not more than 12 months prior to entry into primary school for the first time
Immunization Requirements	Defines the immunizations required for school attendance (see cheat sheet)
Vision and Hearing Screening	Mandates vision and hearing screening for all students in grades K, 3, 7 and 10 unless the student has received this screening as part of a recent physical exam (within 12 months)
Diabetes	Requires any public school with one or more students diagnosed with diabetes is to have at least 2 employees trained in the administration of insulin and glucagon
Undesignated Epinephrine	Requires schools to stock undesignated epinephrine to be used on any student believed to be experiencing anaphylaxis
Undesignated Albuterol Inhalers	Requires schools to stock undesignated albuterol inhalers to be used by any student believed to be experiencing an asthma attack
Possession and Self-Administration of Emergency Medications and Diabetes Supplies	Permits students with with asthma, severe allergies and/or diabetes to be able to carry and administer their medications provided they meet certain criteria

Albemarle County Public Schools School Board Policy See section J for policies that apply to students

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.

Language Services associates

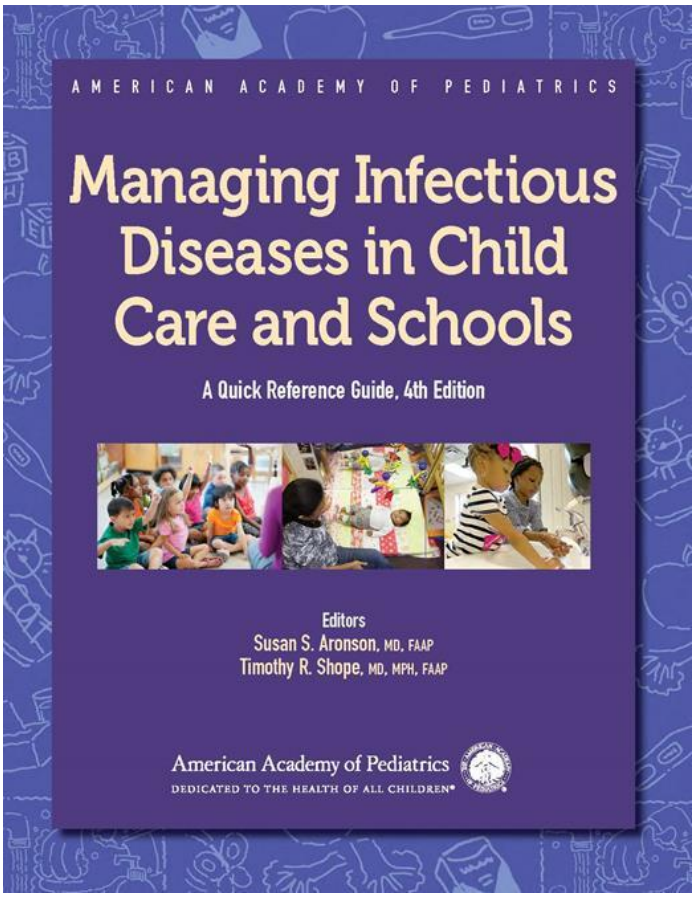
www.LSAweb.com

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]

☐

Clear Form

Virginia Asthma Action Plan

School: **Effective Dates:**

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? ☐ YES ☐ NO	Contact by text? ☐ YES ☐ NO

▼ Medical provider complete from here down ▼

Asthma Triggers (Things that make your asthma

☐ Colds ☐ Smoke (tobacco, incense) ☐ Pollen ☐ Dust ☐ Acid reflux ☐ Exercise ☐ Animals: _____ ☐ Pests (rodents, cockroaches) ☐ Other: _____ ☐ Strong odors ☐ Mold/moisture ☐ Stress/Emotions

Season ☐ Fall ☐ Spring ☐ Winter ☐ Summer

Asthma Severity: ☐ Intermittent Persistent: ☐ Mild ☐ Moderate ☐ Severe

Green Zone: Go! — Take these CONTROL Medicines every day at home

You have **ALL** of these:
- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

Peak flow: _____ to _____
(More than 80% of Personal Best)
Personal best peak flow:

Always rinse your mouth after using your inhaler. Remember to use a spacer with your MDI when possible. ☐ No control medicines

☐ Advair _____, ☐ Alvesco_____, ☐ Arnuity ____, ☐ Asmanex ____

☐ Breo _____, ☐ Budesonide ____, ☐ Dulera _____, ☐ Flovent ____, ☐ Pulmicort ____

☐ QVAR Redihaler ____, ☐ Symbicort _____, ☐ Other: _____

MDI: ____ puff (s) ____ times per day or **Nebulizer Treatment:** ____ times per day

Singulair/Montelukast take _____mg by mouth once daily

For Asthma with exercise/sports add: MDI w/spacer 2 puffs, 15 minutes prior to exercise:
☐ Albuterol ☐ Xopenex ☐ Ipratopium *If asymptomatic not < than every 6 hours*

Yellow Zone: Caution! — Continue CONTROL Medicines and ADD RESCUE Medicines

You have **ANY** of these:
- Cough or mild wheeze
- First sign of cold
- Tight chest
- Problems sleeping, working, or playing

Peak flow: _____ to _____
(60% - 80% of Personal Best)

☐ Albuterol ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent)

MDI: _____ puffs with spacer every _____ hours as needed

☐ Albuterol 2.5 mg/3m1 ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent) 2.5mg/3m1

Nebulizer Treatment: one treatment every _____ Hours as needed

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.

Red Zone: DANGER! — Continue CONTROL & RESCUE Medicines and GET HELP!

You have **ANY** 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

Peak flow: < _____
(Less than 60% of Personal Best)

☐ Albuterol ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent)

MDI: _____ puffs with spacer **every 15 minutes,** for **THREE treatments**

☐ Albuterol 2.5 mg/3m1 ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent)

Nebulizer Treatment: one nebulizer treatment **every 15 minutes,** for **THREE** treatments

Call 911 or go directly to the Emergency Department NOW!

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 ☐ clinic or ☐ with student (self-carry)

PARENT/Guardian _____ Date_____

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

CHECK ALL THAT APPLY

☐ **Student may carry and self-administer inhaler at school.**
☐ **Student needs supervision/assistance & should not carry the inhaler in school.**

MD/NP/PA 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

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]

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG Shortness of breath, wheezing, repetitive cough

HEART Pale or bluish skin, faintness, weak pulse, dizziness

THROAT Tight or hoarse throat, trouble breathing or swallowing

MOUTH Significant swelling of the tongue or lips

SKIN Many hives over body, widespread redness

GUT Repetitive vomiting, severe diarrhea

OTHER Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- 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.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE Itchy or runny nose, sneezing

MOUTH Itchy mouth

SKIN A few hives, mild itch

GUT Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

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) ☑

- ☐ First aid – Stay. Safe. Side.
- ☐ Give rescue therapy according to SAP
- ☐ Notify parent/emergency contact
- ☐ Contact school nurse at _____
- ☐ Call 911 for transport to _____
- ☐ 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 + Correction**	**INSULIN to CARBOHYDRATE Only**	**Correction only**
Breakfast	❑	❑	❑
Lunch	❑	❑	❑
Snack AM	❑	❑	❑
Snack PM	❑	❑	❑

❑ **INSULIN to CARBOHYDRATE Dose Calculation**

$$\frac{\textit{Total Grams of Carbohydrate to Be Eaten}}{\textit{"B" Insulin-to-Carbohydrate Ratio}} \times \text{"A" Units of Insulin} = \_\_\_\_\_ \textit{ Units of Insulin}$$

	"A" Units of Insulin	***"B" Insulin-to-Carbohydrate Ratio***
❑ ***Breakfast***	_____ unit of insulin	Per _____ gm of carbohydrate
❑ ***Lunch***	_____ unit of insulin	Per _____ gm of carbohydrate
❑ ***Snack AM***	_____ unit of insulin	Per _____ gm of carbohydrate
❑ ***Snack PM***	_____ unit of insulin	Per _____ gm of carbohydrate

❑ **CORRECTION Dose Calculation (For Elevated blood sugar and ≥ 3 hours since last insuli**

$$\frac{\textit{Current Blood Glucose} - \textit{"C" Target Blood Glucose}}{\textit{"D" Correction Factor}} \times \text{"E" Units of insulin} = \_\_\_ \textit{ Units of Insulin}$$

"C" Target Blood Glucose	***"D" Correction Factor***	***"E" Units of insulin***
_____	_____	❑ 0.5 unit ❑ 1.0 unit

OR

❑ **CORRECTION Dose Scale ((For Elevated blood sugar and ≥ 3 hours since last insulin dos 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
Contact Eileen Gomez 64012 to set up one-day credentials to Power School

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

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*

Documenting Clinic Visits for Long-Term or Regular Substitute Nurses with Edit Access to Power School

1) From the **Start Screen** type student's last name

2) Select *Health* from menu
3) Go to *Office Visits*
4) Go to *Add* tab
5) Go to *Visit Type*
6) Choose *Visit Type* from pull-down menu (hint: do not choose Drop-in because it is not a category in the monthly report)
7) Correct date and time if not correct
8) Check *Parent Contact* if contact was made
9) Skip *Visit Reason* since the drop-down has not been created. Instead, go to *Issue/Visit Reason Note* and type in the reason for the visit.
10) Click *Vital Signs* if taken or *Accident Info* if the visit is related to an accident
11) Click *Assessment*, skip first Assessment (not built out yet) and go to *Assessment Note* and add your assessment
12) Click *Outcome & Actions*
13) Choose *Outcome* from pull-down
14) Choose the type of *Procedure* if applicable
15) Choose from *Treatment* options
16) Go to Visit *Outcome/Action* Note add the action taken
17) Click **Save**

Clinic Visit

School:

Name:	Grade:	Date:	Time:

Substitute:	Signature:

Visit Reason: ● Abrasion ● Allergy ● Asthma ● Bruise ● Burn ● Cramps ● Headache ● Head Injury ● Illness ● Injury ● Insect Bite/Tick Bite ● Nausea/Stomachache ● Medication ● Splinter ● Vomiting/Diarrhea ● Other: Vital Signs: Temperature BP P R Oxygen Other	Assessment: Treatment: ● Bandage ● Cleansed Wound ● Ice/Cold Compress ● Medication Given ● Rest ● Warm Compress Outcome: ● Home ● Parent notified ● Message left ● Referred to: MD Guidance ● Return to class

Additional Notes:

CLINIC VISIT

Student_____ Date_____ Time_____

Teacher _____ Note _____

__headache __ scrape/cut _____ __ asthma ___rash __w/itch
__stomachache __ bumped_____ __ diabetes
__nausea __ vomited __ bug bite/ sting __ nosebleed
__sore throat __debris in eye __ lice check
__earache __ splinter __ other_____
__ cough/congestion __sprain or joint injury __ medication_____

……

Intervention Time In_____ Time Out_____
temp_____ __ caladryl __cold pack/ice __ snack
__ oral __underarm __ calamine __ rest __ heat
__ washed_____ __ eye flush __ inhaler
__ bandaged __ medication_____ __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 _____

__headache __ scrape/cut _____ __ asthma ___rash __w/itch
__stomachache __ bumped_____ __ diabetes
__nausea __ vomited __ bug bite/ sting __ nosebleed
__sore throat __debris in eye __ lice check
__earache __ splinter __ other_____
__ cough/congestion __sprain or joint injury __ medication_____

……

Intervention Time In_____ Time Out_____
temp_____ __ caladryl __cold pack/ice __ snack
__ oral __underarm __ calamine __ rest __ heat
__ washed_____ __ eye flush __ inhaler
__ bandaged __ medication_____ __other_____

__ Parent called: __Mom __Dad __Other_____ __no answer __message left time _____

Outcome: ___ back to class ___ going home ___ other _____

Note:_____

Employee Clinic Visit

Date	Name of Employee	Reason	Treatment / Action

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

School	Phone (area code 434)	Fax (area code 434)	School	Phone (area code 434)	Fax (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

Statewide Standing Order for Epinephrine in School Settings

Date Issued: August 21, 2023

Purpose: To allow public and private K-12 schools to possess and administer epinephrine in the event of an anaphylactic reaction in a student in a school setting.

Pursuant to Virginia Code §54.1-3408 (D), this order authorizes any K-12 school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine, to possess and administer epinephrine to a student in the event of an anaphylactic reaction in a public school setting. This order authorizes an employee of a private K-12 school that is accredited pursuant to § 22.1-19 to possess and administer epinephrine to a student in the event of an anaphylactic reaction in a private school setting.

Eligible providers in public schools shall administer epinephrine in accordance with *Code of Virginia* § 22.1-274.2 (C), and all eligible providers shall administer epinephrine as described in the Guidelines for Recognition and Treatment of Anaphylaxis in the School Setting and Guidelines for the Administration and Medication Training of Epinephrine. The school shall maintain a copy of the standing order, school policy and a list of trained school personnel for school records and provide this documentation to VDH upon request.

This order is effective through June 30th, 2024, from the date of issuance unless otherwise discontinued by the Commissioner or upon his resignation, removal, or retirement.

Approved Options for Auto-Injector Administration

Medication Name	Population Authorized for Use
Epinephrine Auto-Injector, USP 0.3mg	Individuals weighing 66 pounds or greater
EpiPen 2-Pak Auto-Injector, USP 0.3mg	
Auvi-Q Auto-Injector, USP 0.3mg	
Epinephrine Auto-Injector, USP 0.15mg	Individuals weighing between 33 and 66 pounds
EpiPen Jr. 2-Pak Auto-Injector, USP 0.15mg	
Auvi-Q Auto-Injector, USP 0.15mg	
Auvi-Q Auto-Injector, USP 0.1mg	Individuals weighing between 16.5 and 33 pounds

Directions for Use

- If anaphylaxis is suspected, inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into the upper, outer thigh (through clothing if necessary). **Hold in place for 3* seconds to deliver**

medication and then remove. ***Note: Follow manufacturer instructions for delivery of medication (Mylan Epipen or generic).*** Massage the area for 10 seconds. Note the time of administration.

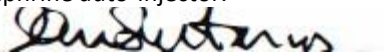
- Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Explain to the 911 operator that anaphylaxis is suspected and epinephrine has been given.
  - Keep the student either lying down or seated; never leave alone. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help, and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
  - Call the school nurse or assigned school health staff, and notify the school administrator of the situation.
  - Repeat the dose after 5 to 15 minutes if no improvement, symptoms persist, or symptoms return.
  - Stay with the student until EMS arrives, continuing to follow the directions above.
  - Provide EMS with epinephrine auto-injector labeled with name, date, and time administered to transport to the ER with the student. Use caution: auto injector needle does not retract.

Common symptoms associated with anaphylaxis may include

- Difficulty breathing, wheezing
- Hives, generalized flushing, itching, or redness of the skin
- Swelling of the throat, lips, tongue, throat; tightness/change of voice; difficulty swallowing
- Tingling sensation, itching, or metallic taste in mouth
- Feeling of apprehension, agitation

Required follow-up after epinephrine administration

- Notify parent/guardian of incident.
- Request follow-up care by a healthcare provider, and provide school with an Allergy Action Plan and medication for the student.
- Complete required documentation of event, and return it to school health supervisor and school leadership.
- Notify local health director of a severe adverse event, such as death or hospitalization with intubation, following administration.
- Order replacement epinephrine auto-injector.

Prescriber / Date: 

8/21/2023

Karen Shelton, MD, FACOG NPI

VDH Number: 1619926680

VA Medical License Number:
00101260180

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.

DocuSigned by:
Trice Gravatte Health Director

Prescriber: Trice Gravatte
Blue Ridge Health District

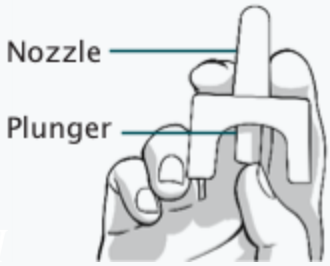
Order must be renewed annually at the beginning of each school year.

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.

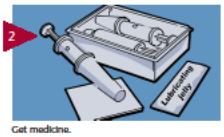
PRESS the bottom of the plunger firmly with your thumb to give VALTOCO.

- Throw a way 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.

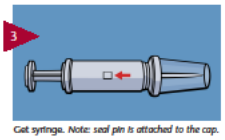
Diastat Rectal Diazapam Administration

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.*

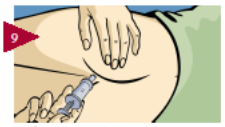
Push up with thumb and pull to remove cap from syringe. **Be sure seal pin is removed with the cap.**

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 (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilatation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (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) DiastatAcuDial™ (diazepam rectal gel)

DISPOSAL INSTRUCTIONS ON REVERSE SIDE

Anaphylaxis Standing Order Quick Reference

Recognizing Signs a Possible Allergic Reaction:

- Lungs – Difficulty breathing, wheezing, repetitive cough
- Skin - Many hives, redness, flushing
- Mouth – tingling or swelling of throat, lips, tongue, tightness or change of voice, trouble swallowing
- Other: feelings of apprehension, agitation, repetitive vomiting

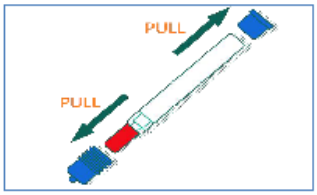
*** Symptoms may involve more than one body system and may be progressive ***

Determine Anaphylaxis May be Occurring
Act quickly!! Anaphylaxis is life-threatening!!!!!

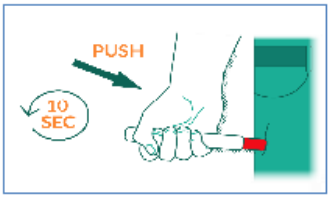
Locate EPI-PEN prescribed for student

ADMINISTER Generic Epinephrine Auto-injector

Step 1: Prepare auto-injector for injecton



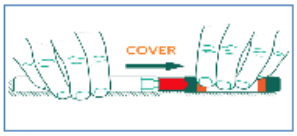
Step 2: Administer injection

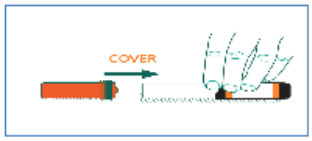


Step 3: GET EMERGENCY HELP!

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

Recognizing Signs a Possible Allergic Reaction:

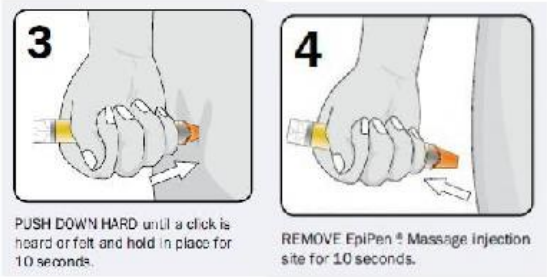
- Lungs – Difficulty breathing, wheezing, repetitive cough
- Skin - Many hives, redness, flushing
- Mouth – tingling or swelling of throat, lips, tongue, tightness or change of voice, trouble swallowing
- Other: feelings of apprehension, agitation, repetitive vomiting

*** Symptoms may involve more than one body system and may be progressive ***

Determine Anaphylaxis May be Occurring
Act quickly!! Anaphylaxis is life-threatening!!!!!

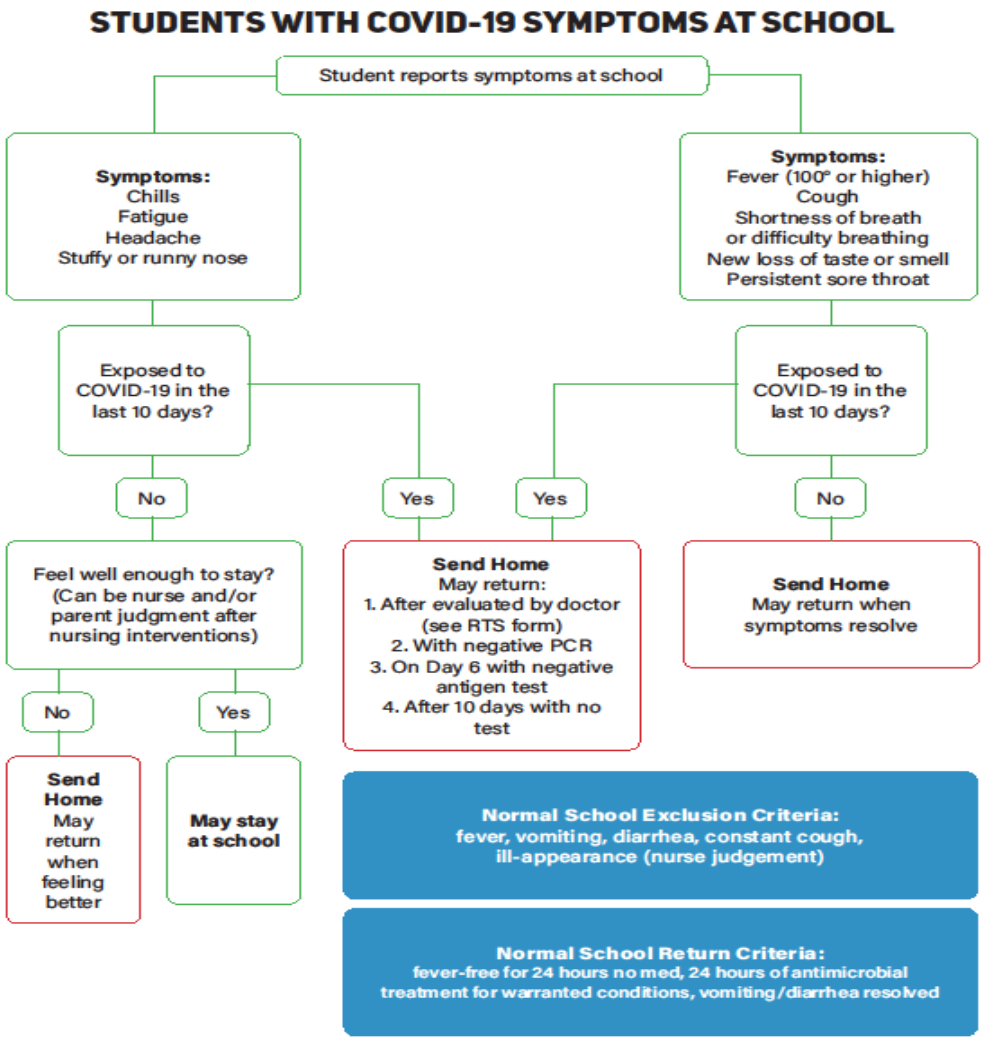
Locate EPI-PEN: Yellow for > 66lbs
Green for < 66lbs

ADMINISTER EPI – PEN



- **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



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.