

CLEMENTON SCHOOL DISTRICT

NURSING PLAN

2016 - 2017 School Year



School Physician

Board President

School Nurse

Superintendent/Principal

CLEMENTON SCHOOL DISTRICT

STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES

Introduction

This document consists of four sections. The first identifies the needs within the Clementon School District. The second is a general discussion of nursing care in schools and the different levels of staff that may provide health services in terms of their training, education, licensure, certification, and responsibility. The third identifies levels of nursing care for the student population. The fourth identifies the school district's model for the delivery of health care services.

In the school setting, it is essential to aggressively manage any health problems that are likely to compromise daily learning readiness. For this reason, school health care providers may prioritize concerns and assign health services staff somewhat differently from the traditional medical community.

I. Identify Needs Within The Clementon School District

Total district enrollment (Pre-K thru Grade 8) = 433
These numbers represent enrollment on April 8, 2016

Clementon Elementary School	
Level 4: Nursing Dependent	0
Level 3: Medically Fragile	2
Level 2: Medically Complex	32
Level 1: Health Concerns:	107
Regular Education:	346
Special Education:	87
Total Enrollment:	433
Total Staff:	74
	As of 4/8/2016

II. Nursing care in Schools

The school nurse's primary responsibility is to the students. The school nurse is responsible for each component of the nursing process with children in school: assessing, planning, implementing, and evaluating the nursing care. This is a continuous process. The Certified School Nurse is responsible for the initiation of the care plan. In order to complete the initial care plans, the school nurse(s) must be alerted to the needs of the child(ren) who will attend school.

Components of a nursing assessment are:

- ✓ Patient interview
- ✓ Review of physical systems
- ✓ Family history
- ✓ Physical examination
- ✓ Psychosocial nursing assessment (review of support systems mental health assessment, etc.)
- ✓ Patient's compliance history
- ✓ Understanding of procedures and outcomes

- ✓ Physical environmental assessment
- ✓ Functional assessment
- ✓ Review of current medical diagnoses
- ✓ Developmental assessment
- ✓ Review of medications, interpretation of side effects, identification of effects on patient outcome (pharmacological assessment)
- ✓ Identification and interpretation of deviations from physiological norms
- ✓ Interpretation of the impact of patient's medical history and treatment Modalities on the patient's current condition
- ✓ Evaluation of effectiveness of current treatment modalities

From the information obtained in this nursing assessment, the nurse develops nursing diagnoses, a plan of care specific to the student, and provides for the implementation of the plan of care and ongoing evaluation. The plan of nursing care, often referred to as an individual health care plan (IHP), is a component of the interdisciplinary plan of care for a patient. The certified school nurse is responsible for the "plan of nursing care" component of the interdisciplinary plan.

A substitute nurse has the knowledge, skills, and license to provide nursing care. The substitute must be a registered nurse with either a bachelor's of science in nursing (BSN), an associate degree in nursing (ADN), or a diploma from a hospital school of nursing.

The Certificated School Nurse Employed by a School District

The registered nurse with School Nurse Certification has the preparation to develop and administer a comprehensive school health program, contribute to the development and teaching of the health education program, and is familiar with school law and the implications for school nursing practice. The certified school nurse has the knowledge and skills to perform and supervise nursing care of students. The knowledge and skills acquired through the certification process (NJ6A: 16-2.1 Section E and F) are over and above the knowledge and skills required for licensure as an R.N. and that generally obtained in a BSN program.

Delegation of Nursing Care

Licensed health care professionals must also comply with any specific laws that apply to the provision of health care in the school setting, laws that may be more or less restrictive than in other settings. The person to whom the Certified School Nurse delegates care must be trained, willing, and competent to accept the delegation of a nursing task or care. In every instance, the nurse retains responsibility to the student for the quality or nursing care provided by the delegate. If, in the judgment of the certified school nurse, the caregiver is not able or willing to complete the task, the caregiver is not considered competent and must not provide the care. Delegation and supervision are both part of the assessment phase in nurse delegation. The registered nurse evaluates the competency of the caregiver on a regular basis and therefore assesses the safety and efficacy of the caregiver providing the care.

IDEA/Section 504 Staffing Accommodations

For students who have qualified for special education, the requirements of the Individual with Disabilities Education Act (IDEA) and state law for development of the individualized education program (IEP) and for the provision of health and education services in the least restrictive environment must be met.

For students who do not require special education, Section 504 of the Rehabilitation Act of 1973 requires students with a disability to have full access to all activities, services, or benefits provided by public schools. Any school receiving federal funds must accommodate the special health care needs of its students with disabilities in order to provide them with a “free appropriate public education.” Such accommodations should be documented in an appropriately developed Section 504 plan or, if the child also needs special education or related services, in an IRP. These accommodations must be developed with parental input and cannot be implemented without parental consent. The school district has a legal obligation to ensure that these accommodations are provided as describe in the Section 504 plan.

Confidentiality of Health Care Information

All unlicensed health care providers, such as Unlicensed Assistive Personnel, who assist the health care provider in the delivery of health care to students, must be informed of the confidentiality requirements of the federal Family Education Rights and Privacy Act (FERPA) and state requirements. Health care information about a student cannot be disclosed without signed consent of parent, guardian or student except in selected situations identified by the certified school nurse.

III. Levels of Nursing Care for Student Diseases and Conditions: Severity of Coding

Students attend school with a broad range of health conditions, from potentially life-threatening acute and chronic conditions to correctable vision problems and everything in between which could impede the student’s ability to fully participate in the educational process. Severity coding is a method for planning adequate staffing to meet the varying needs of students.

Severity of condition does not always translate directly into nursing time with the students. Many students with significant chronic conditions predictably require daily nursing time. For example a student with spina bifida who is not yet independent with urinary bladder management requires 40 minutes every day of the nurse’s time for catheterizations at the same time every school day. Other students, such as those with severe asthma, may experience an acute asthma attack and require nursing assessment and care at any time during a school day.

Examples of treatments/intervention that may be performed in schools at all levels of severity are (these are only a few examples and not meant to be an exclusive list):

- | | |
|------------------------------------|----------------------|
| Blood Glucose Test | Monitor Illness |
| Continuous Oxygen Administration | Monitor Weight |
| Dressing Change | Nebulizer Treatments |
| Gastric Tube Feeding | Peak Flow Monitoring |
| Intermittent Oxygen Administration | Monitor Disability |
| Medication Management | Suctioning |
| Monitor Blood Pressure | Toileting |
| Sterile Bladder Catheterization | Tracheostomy Care |
| Unsterile Bladder Catheterization | |

In order to plan, care for, and monitor the students with special health care needs, the certified school nurse will assign each qualifying student to a level of care based on the following categories: nursing dependent, medically fragile, medically complex, and health concerns. In addition to children being considered for assignment to these levels of severity, there are many other students not requiring care on a daily basis. Therefore, the Nursing Plan has been recommended for this larger population of students. This model is to be used in conjunction with severity coding which establishes the nursing staff needs of students within a school building.

Level 4: Nursing Dependent

Nursing dependent students require 24 hours/day, one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing, for example, a child on a respirator, and/or for continuous nursing assessment and intervention. Without effective use of medical technology and availability of nursing care, the student will experience irreversible damage or death.

Level 3: Medically Fragile

Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional registered nurse. An individual health care plan or plan of nursing care developed by a registered nurse must be complete, current, and available at all times to personnel in contact with these children.

Examples may include, but are limited to:

- ✓ Severe seizure disorder, requiring medications that can be administered only by a nurse.
- ✓ Severe asthma with potential for status asthmaticus.
- ✓ Sterile procedures.
- ✓ Tracheostomy with frequent and/or unpredictable suctioning.
- ✓ Unstable and/or newly diagnosed diabetic with unscheduled blood sugar monitoring and insulin injections.

Level 2: Medically Complex

The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse. Life-threatening events are unpredictable. Treatments, medications, and reporting of current signs and symptoms can be delegated, but delegation requires a trained, willing, and competent staff person and close supervision of that staff person by a certified school nurse. The level of supervision required is determined by the certified school nurse but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medically complex student to the educational system must be negotiated and maintained with the student, family, school staff (classroom and administrative), and community health care provider(s). Students in this category may require an Individualized Health Care Plan (IHCP).

Examples include, but are not limited to:

- ✓ ADHD and on medications.
- ✓ Anaphylactic event (bee sting, severe food allergy).
- ✓ Cancer
- ✓ Complex mental or emotional disorders (anxiety, depression, OCD, Eating).
- ✓ Immune disorders
- ✓ Stable diabetic
- ✓ Moderate to severe asthma; inhaler at school and peak flow meter.
- ✓ Oxygen, continuous or intermittent.
- ✓ Preteen or teenage pregnancy.
- ✓ Taking carefully time medications.
- ✓ Taking medications with major side effects.
- ✓ Unstable metabolic conditions.

Emotional disorders and homicidal and/or suicidal behaviors may be assessed and categorized at this level. These conditions require collaboration with school counselors. The certified school nurse's role must be identified and defined and mutually agreed to in these cases. Pregnancy may also be classified at this level. Pregnancy issues must be assessed and may require weekly evaluation.

Level 1: Health Concerns

The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring is required.

Examples include, but are not limited to:

- ✓ Dental disease
- ✓ Diabetes self-managed by the student.
- ✓ Dietary restrictions
- ✓ Encoporesis
- ✓ Headaches, migraines
- ✓ Sensory impairments
- ✓ Orthopedic conditions requiring accommodations.
- ✓ Uncomplicated pregnancy
- ✓ As needed medications
- ✓ Uncomplicated seasonal, food, and medication allergies.

Social/Emotional Factors, Comorbidity:

Classification of students by the severity of their condition(s) remains the responsibility of the certified school nurse. The certified school nurse may factor into his/her decision any of the following or other significant factors that increase health care need:

- ✓ Chronic illness stressors
- ✓ Drug/alcohol stressors
- ✓ English-as-second language
- ✓ High mobility/turnover
- ✓ Homeless/Shelter
- ✓ Poverty/low income
- ✓ Reentry
- ✓ Special education, enrolled

The student's diagnosis may place him/her at Level 1, but if the student has more than one diagnosis (comorbidity) or any of the above risk factors, the nurse may place the student in a higher level of severity.

IV. School District Model for the Delivery of Health Services

In this section we will discuss the district-wide staffing model. The following Nursing Plan provides recommendations for district-wide staffing for health services.

The recommended model for district-wide staffing for health services consists of:

- ✓ One Certified School Nurse assigned to Clementon Elementary School

Certified School Nurses

The certified school nurse has responsibility for assessing the health care needs of all students in his/her school, assigning students to an appropriate level, delegating the care to unlicensed assistive personnel and providing appropriate training and supervision of the care-giving staff. The school nurse may participate as a member of each student's evaluation group, which includes parent(s), participates in the development of the student's IEP, and ensures the implementation of the health care aspects of the IEP. The nurse participates in the development of health education curricula and teaches classes when appropriate. The nurse evaluates and monitors the school environment for health and safety hazards and works with the local Health Department in the control of communicable disease and the monitoring of student immunization against vaccine-preventable disease.

The certified school nurse recommends or designs, where appropriate, accommodations (Section 504 Plan) that permit the student to participate fully in learning and communicates to school staff to ensure understanding and compliance with the student's educational program goals. The school nurse ensures that each student in his/her school is well enough to learn each school day and that any student and family health issues that may increase absences or negatively affect the student's ability to learn are identified and addressed.

The certified school nurse provides case management for students and interacts with parents, primary health care providers, community and school resources to provide a school environment that is safe, health, and conducive to learning.

The school nurse in this role should have current certification in order to meet the basic requirements for managing the health care of students within the educational system and culture.

Additional duties of the certified school nurse include, but are not limited to:

- ✓ Maintaining CPR Certification
- ✓ Conducting health screenings.
- ✓ Maintaining student health records.
- ✓ Assessing and recommending students to be excluded for communicable disease.
- ✓ Recommending students to be excluded for inadequate immunizations.
- ✓ Responding to DNR orders.

Unlicensed Assistive Personnel

Unlicensed Assistive Personnel, (UAP), can work under the supervision of the Certified School Nurse.

SUMMARY:

This document was created by the Clementon School District in collaboration with the school nurse, school physician and it was modeled after the Washington State School Health Services Plan.

This document will be reviewed and revised annually, or as needed, to adequately meet the changing population of the Clementon School District.

Revised: August 2011

Standing Orders for the Clementon School District

2016-2017 School Year

All health personnel are expected to follow and implement these written Standing Orders and Emergency Procedures according to the following standards.

I have reviewed and signed these orders.

School Physician

Board President

School Nurse

Superintendent/Principal

ADMINISTRATION OF MEDICATION/MEDICAL PROCEDURES

A. Definitions

1. “Medication” means any prescription drug or over-the-counter medicine or nutritional supplement and includes, but is not limited to, aspirin and cough drops.
2. “Administration” means the taking of any medication by ingestion, injection, or application to any part of the body or the giving of direct physical assistance to the person who is ingesting, injecting, or applying medication.
3. “Self-administration” means carrying and taking medication without the intervention of the school nurse, approved through the school district policy and restricted to pupils with asthma, other potentially life-threatening illnesses or life-threatening allergic reaction.
4. “Life-threatening illness” means an illness or condition that requires an immediate response to specific symptoms or sequelae (an after effect of disease or injury) that if left untreated may lead to potential loss of life, i.e. adrenaline injection in anaphylaxis.
5. “A pre-filled auto-injector mechanism containing epinephrine” is a medical device used for the emergency administration of epinephrine to a pupil for anaphylaxis.
6. “Noncertified school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and is employed by the district, and who is not certified as a school nurse by the Department of Education.
7. “Substitute school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and who has been issued a county substitute certificate to serve as a substitute for a certified school nurse in accordance with N.J.A.C. 6A:9-6.5(i).
8. “School physician” means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Medical Examiners who works under contract or as an employee of the district. This physician is referred to as the medical inspector in N.J.S.A. 18A:40-4.1.
9. “Advanced practice nurse” means a person who holds current certification as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
10. “Certified school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Endorsement, school nurse, or school nurse/non-instructional from the Department of Education pursuant to N.J.A.C. 6A:9-13.3 and 13.4.

B. Permission for Administration by a School Nurse or Registered Nurse

1. Permission for the administration of medication in school or at school-related events will be given only when it is necessary for the health and safety of the pupil.

2. Medication will not be administered to a pupil who is physically unfit to attend school or has a contagious disease. Any such pupil should not be permitted to attend school and may be excluded in accordance with Policy No. 8451.
3. Parent(s) or legal guardian(s) requests for the administration of medication in school must be made in writing and signed by the parents or legal guardian.
4. The parent(s) or legal guardian(s) must submit a certified statement written and signed by the pupil's physician. The statement must include:
 - a. The pupil's name,
 - b. The name of the medication,
 - c. The purpose of its administration to the pupil, for whom the medication is intended,
 - d. The proper timing and dosage of medication,
 - e. Any possible side effects of the medication,
 - f. The time when the medication will be discontinued,
 - g. A statement that the pupil is physically fit to attend school and is free of contagious disease, and
 - h. A statement that the pupil would not be able to attend school if the medication is not administered during school hours.
5. The request for the administration of medication must be made to the Principal prior to any administration of medication or delivery of the medication to the school. The Principal may consult with the school nurse and the school physician in making his/her final determination to allow or deny the request.
 - a. An approved request will be signed by the Principal and given to the school nurse and the pupil's parent(s) or legal guardian(s).
 - b. The parent(s) or legal guardian(s) will be informed of the reason for a denied request; a denied request may be appealed to the Superintendent.

C. Administration of Epinephrine to Pupils

1. The parent(s) or legal guardian(s) may provide the Superintendent authorization for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to a pupil for anaphylaxis provided that:
 - a. The parent(s) or legal guardian(s) provides the Superintendent a written authorization for the administration of epinephrine with written orders from the physician or an advanced practice nurse that the pupil requires the administration of epinephrine for anaphylaxis.

- b. The school nurse has the primary responsibility for the administration of epinephrine. However, the school nurse shall designate, in consultation with the Board or Superintendent, additional employees of the district who volunteer to administer epinephrine via a pre-filled auto-injector mechanism to a pupil when the school nurse is not physically present at the scene. These volunteers shall be trained using standardized training protocols established by the New Jersey Department of Education in consultation with the Department of Health and Senior Services. The pupil's parent(s) or legal guardian(s) must consent in writing to the administration of epinephrine via a pre-filled auto-injector mechanism by the designee(s).

The school nurse or trained designee is permitted to administer epinephrine auto-injector mechanism to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes the student is having an anaphylactic reaction or any student whose parent has not:

- 1) Provided written authorization for the administration of epinephrine (N.J.S.A. 18A:40-12.5a)
 - 2) Provided written orders from the physician or advanced practice nurse that the student requires epinephrine for anaphylaxis. (N.J.S.A. 18A:40-12.5b)
 - 3) Received written notice from the board of education (BOE) or nonpublic school chief school administrator that the agencies and their employees or agents have no liability as a result of an injury arising from the administration of epinephrine (N.J.S.A. 18A:40-12.5c)
 - 4) Signed a statement releasing the BOE or non public school of liability (N.J.S.A. 18A:40-12.5d)
- c. The parent(s) or legal guardian(s) must be informed in writing by the Board or Superintendent that the school district and its employees or agents shall have no liability as a result of any injury arising from the administration of epinephrine to the pupil.
- d. The parent(s) or legal guardian(s) must sign a statement acknowledging their understanding the district shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the pupil and the parent(s) or legal guardian(s) shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism.
- e. The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism is effective for the school year it is granted and must be renewed for each subsequent school year upon the fulfillment of the requirements as outlined in a. through d. above.
- f. The school nurse shall be responsible for the placement of the pupil's prescribed epinephrine in a secure but unlocked location easily accessible by the school

nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school function. The location of the epinephrine shall be indicated on the pupil's emergency care plan. Back-up epinephrine shall also be available at the school if needed.

- g. The school nurse or designee shall be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction.
- h. The school nurse or designee shall arrange for the transportation of the pupil to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the pupil's symptoms appear to have resolved.

D. Permission for Self-Administration of Medication

Permission for self-administration of medication of a pupil with asthma, other potentially life-threatening illness, or a life-threatening allergic reaction may be granted under the following conditions:

1. Parent(s) or legal guardian(s) of the pupil must provide the Board written authorization for the self-administration of medication;
2. The parent(s) or legal guardian(s) of the pupil must also provide the Board with a signed written certification from the physician of the pupil that the pupil has asthma or another potentially life threatening illness or is subject to a life-threatening allergic reaction and is capable of, and has been instructed in, the proper method of self-administration of medication. The written certification must include:
 - a. The pupil's name;
 - b. The name of the medication;
 - c. The purpose of its administration to the pupil for whom the medication is intended;
 - d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;
 - f. The time when the medication will be discontinued;
 - g. A statement that the pupil is physically fit to attend school and is free of contagious disease; and
 - h. A statement the medication must be administered during the school day or the pupil would not be able to attend school.
3. The parent(s) or legal guardian(s) of the pupil have signed a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parent(s) or legal guardian(s)

shall indemnify and hold harmless the school district, the Board, and its employees or agents against any claims arising out of the self-administration of medication by the pupil;

4. The parent's and/or legal guardian's written authorization and the physician's written certification shall be reviewed by the Building Principal or designee with the school nurse and the school physician. The school nurse and the school physician must agree the pupil is capable of self-administration of the medication. If it is determined the pupil may self-administer medication in accordance with the request:
 - a. The request will be signed by the Principal and given to the school nurse and the pupil's parent(s) or legal guardian(s),
 - b. The parent(s) or legal guardian(s) will be informed of the reason for a denied request; a denied request may be appealed to the Superintendent,
5. Permission to self-administer one medication shall not be construed as permission to self-administer other medication; and
6. Permission shall be effective on the school year for which it is granted and shall be renewed for each subsequent school year upon fulfillment of the requirements in 1. Through 4. Above.

E. Custodianship of Medication

1. Medications to be administered by the school nurse or a registered nurse:
 - a. All medications must be delivered to the school by the parent(s) or legal guardian(s).
 - b. All medications must be in the original container, with the prescription information affixed.
 - c. The school nurse shall be custodian of pupils' medication, which will be properly secured.
 - d. Any unused medication must be picked up by the pupil's parent(s) or legal guardian(s).
 - e. After reasonable efforts to have the parent(s) or legal guardian(s) retrieve the medication have failed, any unused medication that remains in the school at the end of the school year or two school weeks after the pupil stops taking the medication, whichever first occurs, must be destroyed or discarded by the school nurse, in accordance with proper medical controls.
2. Medications to be self-administered by a pupil:
 - a. Time being of the essence in cases of asthma, other potentially life threatening illness, or a life-threatening allergic reaction, all medications to be self-administered by a pupil must be kept in the pupil's possession.

- b. No pupil may possess medication for self-administration unless the proper permission has been granted by the Principal and a record of the medication is on file in the office of the school nurse.
- c. Pupils who are permitted to self-administer medications must secure their medication in such a manner that the medication will not be available to other pupils. The medication must be in a sealed container and clearly labeled with the medication name, dosage, and ordering physician. The medication, if ingested by someone other than the pupil, shall not cause severe illness or death.
- d. Pupils who are permitted to self-administer medications shall only have in their possession the quantity of medication necessary for the time period of the pupil's school day.
- e. Notwithstanding any other law or regulation, a pupil who is permitted to self-administer medication in accordance with the provisions of N.J.S.A. 18A:40-12.3 shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, at all times, provided the pupil does not endanger himself or other persons through misuse.

F. Administration of Medication

- 1. No medication shall be administered to or taken by a pupil in school or at a school-sponsored event except as permitted by Board policy and this regulation.
- 2. Medication will only be administered to pupils in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, a pupil who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6.
- 3. When practicable, self-administration of medication should be observed by the school nurse.
- 4. Pupils self-administering medication shall report each administration of medication and any side effects to a teacher, coach, or the individual in charge of the pupil during school activities. Such individuals shall report all administrations and any side effects reported or observed to the school nurse within twenty-four hours.
- 5. When a pupil attends a school-sponsored event at which medication may be required (such as an outdoor field trip or athletic competition) and the school nurse cannot be in attendance, the pupil's parent(s) or legal guardian(s) will be invited to attend. If neither the school nurse nor the parent(s) or legal guardian(s) can attend and the pupil does not have permission to self-administer medication and there is a risk that the pupil may suffer injury from lack of medication, the pupil may be excused from the event.

G. Emergencies

Refer to section "Care of Injured and Ill Persons on page 8.

H. Records

The school nurse shall include the following in a pupil's health record:

1. The approved written request for the administration or self-administration of medication;
2. A record of each instance of the administration of the medication by the school nurse or a registered nurse;
3. A record of reports by teachers, coaches, and other individuals in charge of school activities who report pupil self-administration of medication;
4. Any side effects that resulted from the administration of medication; and
5. Whether the supply of medication provided in cases where the medication is to be administered by the school nurse or a registered nurse was exhausted or the parent(s) or legal guardian(s) removed the medication or, if the parent(s) or legal guardian(s) failed to remove the medication, the medication was destroyed and the date on which that occurred.

I. Notification

1. The school nurse may provide the Principal and other teaching staff members concerned with the pupil's educational progress with information about the medication and administration when such release of information is in the pupil's best educational interest.
2. The school nurse will provide teachers, coaches, and other individuals in charge of school activities with a list of pupils who have been given permission to self-administer medication.
3. The school nurse will inform the pupil's parent(s) or legal guardian(s) of any difficulty in the administration of medication or any side effects.
4. The school nurse will report to the school physician any pupil who appears to be adversely affected by the medication.

CARE OF INJURED AND ILL PERSONS

A. Immediate Attention

These regulations apply when a person--pupil, staff member, or visitor--on school premises or in the course of a school-sponsored event or field trip is injured or becomes suddenly ill. The school staff member or other responsible adult present who takes charge should act quickly but not hastily.

1. The injury or illness shall be reported immediately to the school nurse or, in the absence of the school nurse, to the Principal. The report may be made directly (over an intercom) or by another adult or by a pupil messenger.
2. If it is clearly evident that the illness or injury is serious, emergency medical assistance shall be immediately summoned by telephone call to 911.
3. The victim shall be examined for breathing obstructions, bleeding, and broken bones.
4. The victim shall be checked for the presence of a necklace or bracelet that identifies a particular medical problem such as diabetes or epilepsy.
5. The victim will not be moved, except as may be absolutely necessary to remove the person from a dangerous environment. If necessary, furniture or equipment will be moved to permit space around the victim.
6. The victim should be made as comfortable as possible, without moving him/her, by loosening binding clothing and providing warm coverings.
7. No food or liquid should be given to the victim except on the orders of a health professional.
8. The victim should be calmed with assurances that he/she is receiving or is about to receive aid.

B. Emergency First Aid Procedures

The school nurse shall administer the following emergency first aid procedures, as appropriate to the victim's illness or injury. If the school nurse or other health professional is not available or cannot be summoned quickly or the victim's illness or injury is so serious as to warrant immediate attention, these first aid procedures may be followed by the responsible adult present.

1. ALLERGIC REACTIONS

The victim may show sudden blotchy swelling of the skin (hives) and mucous membranes, difficulty in breathing, wheezing, increased pulse rate, nausea, abdominal cramps, vomiting, fall in blood pressure with weak pulse.

The use of a single dose auto-injector for epinephrine may be indicated. The school nurse or trained teacher shall decide whether or not to administer the appropriate dose.

In a severe allergic (anaphylaxis) reaction, the victim should be taken immediately to hospital emergency services or a doctor's office.

IF in the school nurse's professional opinion, an individual in the school setting is experiencing an anaphylactic reaction; the nurse is directed to immediately activate the emergency system by calling 911 or direct someone else to do so. If the child has a prescribed EpiPen the nurse should do the following:

THEN: the nurse should:

- Place the person in the supine position with legs elevated unless doing so interferes with breathing **AND**
- Inject epinephrine by auto injector intramuscularly into the thigh through clothing in necessary according to the manufacturer's recommendations.

NOTE: Epinephrine auto injectors are available in 0.3 mg. dose (EpiPen 1:1000) and 0.15 dose (EpiPen Jr 1:2000) Using two 0.15 mg doses to obtain 0.3mg dose is permissible.

Dosage: 0.3mg EpiPen if 5 years of age or older
0.15mg EpiPen Jr if under 5 years of age

Frequency: If symptoms persist a second dose may be administered 5-20 minutes after the first dose.

BEFORE epinephrine is administered for anaphylaxis one or more of the following symptoms should be present during nursing assessment:

- Urticaria (hives, generalized itching)
- Andioedema (lip, facial swelling, tongue or uvula swelling)
- Upper airway obstruction (laryngeal swelling, hoarseness lump in throat, difficulty swallowing and difficulty breathing,
- Bronchospasm (wheezing, or coughing)
- Hypotension (faintness, weakness, paleness, feeling of impending doom)

If the school nurse is not available, delegates who have been trained should administer the epinephrine auto injector according to these same orders.

2. BLEEDING, SEVERE

- a. Apply direct pressure with a sterile compress, if available; if no compress is available, the gloved or otherwise protected hand or fingers may be used until a compress can be obtained.
- b. Unless there is evidence of a fracture, a severe wound of the hand, neck, arm, or leg should be elevated above the level of the victim's heart.
- c. Apply pressure on the supplying artery if severe bleeding does not stop after application of direct pressure plus elevation.

3. BREATHING OBSTRUCTION

- a. Tilt the victim's head, clear the airway, and begin mouth-to-mouth or mouth-to-nose breathing immediately.

Initially, give four quick, full breaths without allowing the lungs to fully deflate between each breath.

- b. Maintain the head tilt and look, listen, and feel for exhalation of air. Check the carotid pulse for at least five but no more than ten seconds.
- c. If there is no pulse and no breathing, cardiopulmonary resuscitation (CPR) should be commenced by a person trained to give CPR.
- d. If there is a pulse but no breathing, mouth-to-mouth breathing should be continued until the victim breathes spontaneously.

4. BURNS, MAJOR

The victim has sustained a second- or third-degree burn, i.e. has burned the epidermis and underlying dermis and perhaps underlying tissues, possibly over a large area; the skin will appear red and blistered or, in a very serious burn, white or blackened.

- a. If the burn was caused by exposure to a chemical,
 - (1) Flush the affected area under cool running water for at least fifteen minutes;
 - (2) apply any first aid measures specified on the chemical container;
 - (3) Cover the burn with a cool, wet dressing; and
 - (4) Take the victim to hospital emergency services.
- b. If the burn is a second degree burn that covers an area less than two or three inches across,
 - (1) Rinse the burn with cool water and gently wash and rinse the burned area;
 - (2) Cover with a sterile dressing;
 - (3) Do not apply ointments, petroleum jelly, margarine, grease, oil, or butter; and
 - (4) Do not break blisters to avoid the risk of infection.
- c. If the burn affects an area more than two or three inches across or is a third degree burn,
 - (1) Immerse the burned area in cold water or apply cold compresses to the affected area to bring skin temperature back to normal, and

- (2) Wrap the victim loosely in a clean sheet and transport him/her to hospital emergency services.

5. CONCUSSION

The victim may be dazed or unconscious, bleed from mouth, nose or ears; have rapid but weak pulse; have eye pupils unequal in size; complain of headache and dizziness; be nauseated or vomiting,

- a. Keep victim lying down and warmly covered.
- b. Ice may be applied to head.
- c. Medical attention must be sought to determine extent of injury.

6. CONVULSION OR SEIZURE

- A. Protect the victim from self-injury by lying him/her down, preferably on a padded surface, and loosen his/her clothing.
- b. Turn the victim's head to one side to keep the airway open and permit saliva to flow out of the mouth. If possible, place a rolled-up handkerchief or other soft object (not a hard object) between the upper and lower teeth. Do not place a finger in the victim's mouth or try to force open the victim's clenched jaws.
- c. Do not restrain the victim unless gentle restraint is necessary to prevent self-injury.
- d. If vomiting occurs, turn the head so that vomitus is expelled from the mouth and is not inhaled.
- e. If the seizure continues for more than a few minutes or recurs in a short time, summon an ambulance.
- f. Notify parent/guardian of said activity.

7. INSULIN SHOCK

The victim may have a sudden onset of weak, drowsy appearance; moist and pale skin; drooling; intense hunger, vision disturbance; normal or shallow respirations; full and pounding pulse; irritability;

- a. Administer some kind of carbohydrate, which can be in the form of sugar, fruit juice, candy, sugared soda pop (not artificially sweetened) If the victim has lost consciousness, administered Glucagon according to school policy and (N.J.A.C 6A;16-1.4(a) 1 &2)
- b. After symptoms have subsided (in ten to fifteen minutes), offer the victim a food snack.

- c. If the symptoms do not subside, the victim should be taken to a hospital emergency service.

8. DIABETIC COMA

The victim may have an extremely ill appearance, dry flushed skin, intense thirst, exaggerated respiration with hunger for air, weak and rapid pulse, dimming of vision, and acetone or fruity odor on breath. A person in diabetic coma must be taken immediately to a hospital emergency service.

9. HEAT EXHAUSTION

The victim may have pale, clammy skin, rapid and weak pulse, weakness, headache, and nausea, cramps of abdomen or limbs.

- a. The victim should lie down with his/her head lower than the body.
- b. The victim should be protected from chilling.
- c. If the symptoms do not subside, the victim should be taken to a hospital emergency service.

10. POISONING

- a. Contact the Poison Control Center by calling 911 for instructions. Be prepared to give information regarding the substance and amount ingested and the state of the victim.
- b. If the Poison Control Center cannot be consulted and the poison can be identified with certainty and its original container is available, administer the antidote specified on the container in the method and dosage recommended and seek medical assistance.
- c. If the poison is a corrosive substance (drain cleaner, lye, bleach, or other acid or alkali product) or a petroleum product, do not induce vomiting. Burns on or in the mouth may indicate a corrosive substance and a smell of petroleum on the victim's breath indicates a petroleum product.
- d. Remove the victim, along with the container of the substance ingested and any vomitus, to hospital emergency services.

11. SHOCK

The victim may be drained of color and have a clammy skin, weak and rapid pulse, irregular or labored breathing. Victim may be nauseated and/or thirsty.

- a. Keep the victim covered and lying down, with feet raised higher than the heart.
- b. Loosen tight clothing and keep the victim comfortably warm.

C. Routine First Aid Care

The school nurse shall administer the following routine first aid procedures, as appropriate to the victim's illness or injury. If the school nurse or other health professional is not available or cannot be summoned quickly, these first aid procedures may be followed by the responsible adult present.

1. ABDOMINAL PAIN

- a. Take the victim's temperature and pulse rate.
- b. Check for recent history of nausea, vomiting, and food ingestion and whether victim has had appendectomy.
- c. Require victim to lie down for rest period.
- d. If pain does not diminish or intensifies, notify parent(s) or legal guardian(s) or the school physician.

2. ABRASIONS AND LACERATIONS

- a. Wash area gently with bland soap and cool water, rinsing carefully.
- b. Apply an approved antiseptic.
- c. Cover area with a light protective adhesive bandage.

3. BITES and STINGS

- a. A wound resulting from the bite of an animal--dog, cat, hamster, and mouse--should be treated as follows:
 - (1) Wash wound immediately with soap under running water. Apply an antiseptic and an antibiotic.
 - (2) If the wound is severe or a puncture wound, cleanse and send victim to hospital emergency services.
 - (3) Attempt to identify and capture animal.
- b. A wound resulting from the bite of a human being should be washed and treated by a physician.
- c. A bee sting should be treated as follows:
 - (1) Remove the stinger by scraping with card.
 - (2) Apply an ice pack or flush with cold water.

- (3) Apply calamine lotion or cream to ease itching and swelling.
 - (4) If severe allergic reaction occurs, take the victim to hospital emergency services.
4. BLISTERS (other than those caused by burns)
 - a. Apply a light protective bandage.
 - b. Do not break; allow tissues to absorb fluid.
 - c. If blister ruptures, wash with antiseptic and water and apply sterile dressing.
5. BOILS
 - a. Apply dry dressing.
 - b. If boil has erupted, cleanse area and apply sterile dressing.
6. BRUISES
 - a. Apply cold compresses or ice to bruised area.
 - b. If bruise is black eye, examine pupil's eye and check victim for head injury.
7. BURNS, MINOR
 - a. Cool burned area under cold running water or with application of cold compress.
8. DIARRHEA
 - a. Take the victim's temperature.
 - b. Call parent(s) or legal guardian(s).
9. DISLOCATIONS
 - a. Apply ice or cold compress.
 - b. If possible, e.g., in the dislocation of a finger joint, apply a splint.
 - c. Notify pupil's parent(s) or legal guardian(s).
 - d. Take victim to hospital emergency services or a doctor's office.
10. EARACHE
 - a. Check victim's temperature and examine ear.

- b. Place small piece of cotton gently in outer orifice to provide warmth and/or comfort.
- c. Call parent(s) or legal guardian(s).

11. FAINTING

- a. Recline victim to lying position on his/her back. Loosen clothing for comfort.
- b. Check victim for pulse rate and breathing; if necessary, apply CPR.
- c. Permit victim to recover slowly.
- d. If recovery does not occur in reasonable period of time or other symptoms indicate possibly complications, take victim to hospital emergency services.

12. FOREIGN OBJECTS

- a. If the object is in the eye,
 - (1) Wash hands and examine the inner surface of the lower lid by pulling lid gently down.
 - (2) Remove object with slightly moistened swab.
 - (3) If object has not been removed, pull upper lid down over lower lid so that tears may wash object to corner of eye.
 - (4) Eye may be flushed with clean running water to dislodge object.
 - (5) If object remains, take victim to hospital emergency services or doctor's office.
- b. If the object is in the ear,
 - (1) Never attempt to remove an item from the ear canal, phone parents/guardians and have them seek medical assistance.
- c. If the object is in the nose,
 - (1) Use tweezers to remove any soft object that is clearly visible.
 - (2) Have victim gently blow his/her nose once or twice to attempt to dislodge the object.
 - (3) If object remains, take victim to hospital emergency services or doctor's office.
- d. When a foreign object has been swallowed or is in the victim's air passages,

- (1) Apply the Heimlich maneuver.
- (2) Remove victim to hospital emergency services.

13. FRACTURES

- a. When the fracture is simple (no wound or break in skin),
 - (1) Support the fracture with a splint or bandage, as required.
 - (2) Take the victim to hospital emergency services or a doctor's office.
- b. When the fracture is compound (punctures the skin),
 - (1) Take measures to stop the bleeding and apply a protective dressing to the wound.
 - (2) Provide support but do not move or handle the injured part until the bone has been splinted.
 - (3) Summon the ambulance and keep victim warm and comfortable.
- c. When the fracture occurs to the skull (to be suspected when the victim is unconscious or semiconscious after a blow to the head) or to the neck or spinal column,
 - (1) Do not move the victim; be careful to keep neck in alignment with the rest of the spine.
 - (2) Control any bleeding with gentle direct pressure.
 - (3) If it is absolutely necessary to move victim (to remove him/her from a life-threatening situation), first place victim on board or other firm object, with head, neck, and spine in alignment and immobilized.
 - (4) Summon an ambulance to take the victim to hospital emergency services.

14. HEADACHE

- a. Ascertain how and when the headache started, the length of time it has persisted, and what medication, if any, has been taken.
- b. Take victim's temperature.
- c. Have victim rest for ten minutes.
- d. Offer fluid and apply ice pack to back of head.
- e. In case of frequent recurring headaches or complicating symptoms, notify parent(s) or legal guardian(s).

15. MENSTRUAL DISCOMFORT

- a. Have individual rest for 15 minutes.
- b. If a physician's permission has been given, administer analgesic or any prescribed medication.
- c. If pain is severe, notify parent(s) or legal guardian(s).

16. NOSEBLEEDS (not associated with head injury)

- a. Have victim sit with head angled slightly forward so that blood cannot run back into the throat.
- b. If bleeding is from one nostril only, press that nostril toward the center; if from both nostrils, pinch nostrils together five to ten minutes. Ask victim to breathe through the mouth.
- c. If bleeding persists when pressure is removed, make twist of sterile gauze or clean cloth and insert in nostril(s). Reapply pressure for ten minutes.
- d. If bleeding stops, gently remove packing after thirty to sixty minutes.
- e. If bleeding cannot be stopped or recurs frequently, notify parent(s) or legal guardian(s) or take victim to doctor's office.

17. POISON IVY, OAK, SUMAC

- a. If person has recently been exposed to toxic plant, wash exposed skin area with soap and rinse thoroughly.
- B. After rash appears; apply calamine lotion to lessen itching and burning.
- c. Weeping rash should be covered with a dressing.

18. SORE THROAT

- a. Check victim's temperature.
- b. Observe throat for infection, redness, swollen tonsils, and the like.
- c. If fever or complicating symptom is present, notify parent(s) or legal guardian(s).

19. SPLINTERS

- a. Cleanse area with soap and water, followed by alcohol.
- b. Remove visible splinter with tweezers or sterile needle and cleanse area again. Apply antiseptic and light protective adhesive bandage.

- c. If splinter is imbedded, do not remove. Notify parent(s) or legal guardian(s)

20. SPRAIN

- a. Eliminate all stress on the injured part.
- b. Keep the area raised, elevated on a pillow or sling.
- c. Apply ice pack or cold compresses to the injured part to keep swelling down.
- d. Bandage with elastic bandage for support.
- e. Notify parent(s) or legal guardian(s)

21. TEETH

- a. Apply a mild analgesic (Anbesol) to a mild toothache if physician's or dentist's permission has been granted.
- b. If the toothache is severe, notify the parent(s) or legal guardian(s) and suggest dental care. A cold pack may be applied for temporary relief.
- c. If a tooth is broken or is knocked out, notify the parent(s) or legal guardian(s)
- d. A permanent tooth knocked out should be placed in water or a clean wet cloth and sent with the victim to a dentist immediately.

TREATMENT OF ASTHMA

The Board of Education recognizes the primary goal for children with asthma is to allow the child to live as normal a life as possible. The child should be able to participate in normal childhood activities, experience exercise tolerance similar to peers, and attend school to grow intellectually and develop socially. In accordance with N.J.A.C. 6A:16-2.1(a) 5, the Board adopts this Policy that includes procedures for the treatment of asthma in the school setting.

Every school in the district shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse or a similar location. The school nurse in the district shall receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards including, but not limited to, those of the National Institutes of Health and the American Academy of Allergy, Asthma and Immunology pursuant to N.J.S.A. 18A:40-12.8(a). The school nurse, upon receiving this training, is authorized to administer asthma medication through the use of a nebulizer pursuant to N.J.S.A. 18A:40-12.8(a).

Each pupil authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 and Policy 5330 or a nebulizer shall have an Asthma Action Plan (AAP) prepared by the pupil's medical home and submitted to the certified school nurse. The AAP shall identify, at a minimum, asthma triggers and information to be included in the individualized healthcare plan and individualized

emergency healthcare plan, pursuant to N.J.A.C. 6A:16-2.3(b) for meeting the medical needs of the pupil while attending school or a school-sponsored function.

CONTROL OF COMMUNICABLE DISEASE

A. Detection of Communicable Diseases

1. Teachers will be trained to detect communicable diseases in pupils by recognizing the symptoms of disease.
2. In general, a pupil who shows one or more of the following symptoms should be sent to the school nurse for evaluation and/or treatment:
 - a. Pain, generalized or specific,
 - b. Chills,
 - c. Fever,
 - d. Earache,
 - e. Vomiting,
 - f. Sore throat,
 - g. Enlarged glands,
 - h. Skin eruption,
 - i. Running nose, or
 - j. Red and discharging eyes.
3. A pupil who shows symptoms of any of the following communicable diseases should be sent promptly to the school nurse for evaluation.
 - a. Chicken pox: Small reddish, itchy eruptions on the skin resembling pimples or blisters, which later fill with fluid and form crusts; slight fever.
 - b. German measles (rubella): A common cold followed by a light red rash on face and body; small beady lumps behind ears; slight fever.
 - c. Measles (rubeola): Cold, runny nose, watery and light-sensitive eyes, fever, followed by bluish-white specks (Koplik spots) on inside of mouth, red blotchy rash, and dry cough.
 - d. Mumps: Tenderness and swelling of the salivary glands below and a little in front of the ear; fever.

- e. Streptococcal infections (including scarlet fever, sore throat, and erysipelas): Sudden onset of fever, sore throat, strawberry tongue, followed by bright red rash on body, usually on the inner arm and thigh.
 - f. Whooping cough (pertussis): A common cold, with irritating cough, followed by repeated series of violent coughs without inhaling, often with respiratory whoops. Cough may end with vomiting.
 - g. Fifth disease (erythema infectiosum): Fine rash that is most apparent on the cheeks and later spreads to arms and legs, low grade fever.
 - h. Pink eye (conjunctivitis): Redness of white areas of eyes, accompanied by some itching; eyes may discharge pus and be light sensitive.
 - i. Head lice (pediculosis): Itching scalp, presence of lice and nits at hair roots.
 - j. Impetigo (staphylococcus infection): Lesions.
 - k. Meningitis-meningococcal: Severe headache, chills, vomiting, convulsions, fever, stiff neck, pain in neck.
 - l. Hepatitis infectious: Fever, anorexia, nausea, malaise, abdominal discomfort, followed by jaundice.
4. Any person who is ill or infected with any disease below and as outlined in N.J.A.C. 8:57-1.3 or any communicable disease, whether confirmed or presumed will be reported immediately by the school Principal to the County Health Officer or to the New Jersey Department of Health if the County Health Officer is not available. Such telephone report will be followed up by a written report or electronic report within twenty-four hours of the initial report. The diseases to be immediately reported are:
- a. Botulism (Clostridium);
 - b. Diphtheria (Corynebacterium diphtheriae);
 - c. Haemophilus influenzae, invasive disease;
 - d. Hepatitis A, institutional settings;
 - e. Measles;
 - f. Meningoccal disease (Neisseria meningitidis);
 - g. Pertussis (whooping cough, bordetella pertussis);
 - h. Plague (Yersinia pestis);
 - i. Poliomyelitis;
 - j. Rabies (human illness);

- k. Rubella;
- l. Viral hemorrhagic fevers, including, but not limited to, Ebola Lassa, and Marburg viruses;
- m. Foodborne intoxications, including, but not limited to, mushroom poisoning;
- n. Any foodborne, waterborne, nosocomial, outbreak or suspected outbreak or any outbreak or suspected outbreak of unknown origin;
- o. Any other disease included in N.J.A.C. 8:57-1.3.

B. Exclusion from School

- 1. A pupil who exhibits any of the symptoms described in A2 or whose condition suggests the presence of a communicable disease as described in A3 or A4 will be sent to the school nurse's office. The teacher will ensure that the pupil is accompanied by an adult or a responsible pupil.
- 2. The teacher will communicate to the school nurse, directly or by written note, the reason for which the pupil is sent for medical assessment.
- 3. The school nurse will examine the pupil and, in consultation with the school medical inspector if the pupil's condition so indicates, recommend to the Principal the pupil's exclusion from school for medical reasons.
- 4. In the event neither the school nurse nor the school medical inspector is available to be consulted about the pupil's condition, the Principal may determine to exclude the pupil from school.
- 5. The parent, adult family member, or other responsible adult designated by the parent will be promptly notified by telephone of the pupils' exclusion and requested to come to school to fetch the pupil. Until the adult arrives to remove the pupil, the pupil will be kept in an isolated location in the school and will be made as comfortable as possible. The pupil will be supervised at all times by a school staff member.

C. Readmission to School

- 1. A pupil who has been excluded from school or retained at home by reason of having or being suspected of having a communicable disease shall not be readmitted to school until the pupil presents written evidence that he/she is free of communicable disease.
- 2. Evidence that a pupil is free of communicable disease will consist of the certification of the school medical inspector or another qualified physician who has personally examined the pupil.

No pupil who has had a communicable disease will be readmitted to school until a physician's certificate indicating the symptoms of the disease have ceased has been provided to the Principal or designee or the school nurse.

D. Reports

1. The school nurse will file such reports as may be required by the New Jersey State Department of Health and in the reporting of communicable diseases in schools.
2. When the rate of school absenteeism is in excess of fifteen percent, the school nurse shall report the absenteeism to the local and/or the County Board of Health.
3. The teacher may, with the advice and consent of the Principal and the school nurse, inform the parent(s) or legal guardian(s) of pupils in his/her class that a pupil in the class has contracted a communicable disease. The information given to parents or legal guardians may include the specific symptoms of the disease and parent(s) or legal guardian(s) may be encouraged to consult their personal physicians for inoculations that may prevent the disease or ease the symptoms of the disease.