

SCSD Health Office
Policy & Procedure Manual
(Last updated by E. Matis on 5/17/2021)

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SCHOOL HEALTH PROGRAM GOAL

The school health program has been developed to enhance the educational process through the removal or modification of health barriers to learning, to promote wellness and environmental safety, and to meet the State and Federal Health regulations. School health services encourage, support, and assist parents and students in the identification and management of health problems that can impair learning. The Health Office Staff works in coordination with students, parents, teachers, administrators, counselors, and other outside resources. Annual and as needed updates to the Health Office Program will be evaluated and addressed by the Health Office Staff with approval from Administration, the School Board, and the School Physician as appropriate.

IMMUNIZATION REQUIREMENTS

According to state law (PA Code Chapter 23.81-23.87), adequate immunization status is required for school attendance. Students may attend provisionally with the evidence of the administration of **at least** one dose of each antigen listed AND a specific plan for completion of the required immunizations in place. The plan for completion is to be re-evaluated every 60 days by the Health Office and parent/guardian, and must be completed within 8 months of the date of provisional admission to school. If the requirements are not met, the student will be excluded and not permitted to attend school until they are adequately updated.

PENNSYLVANIA SCHOOL IMMUNIZATION REQUIREMENTS (28 Pa.CODE CH. 23)

For Attendance in All Grades Children Need the Following appropriately spaced vaccinations:

- 4 doses of tetanus, diphtheria, and acellular pertussis (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after the 4th birthday and at least 6 months after previous dose given)
- 2 doses of measles, mumps, rubella (usually given as MMR)
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

For Attendance in 7th Grade, Children Need the Following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV)

For Attendance in 12th Grade, Children Need the Following:

- 1 additional dose of meningococcal conjugate

The above vaccinations are required ON THE FIRST DAY OF THE SCHOOL YEAR, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card available in the health office) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card available in the health office) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

- The vaccines required for entrance, 7th, or 12th grade continue to be required in each succeeding school year.

These requirements allow for the following written exemptions: medical reasons, religious beliefs, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease. Contact your health care provider or call 1-877-PA-HEALTH for more information.

SCHOOL HEALTH SCREENINGS

Mandated by the Department of Health and free of charge at school:

- Physicals – grades kindergarten, six, and eleven
- Dental Exams – grades kindergarten, third, and seven
- Vision Screening, Height, Weight, & BMI Assessments – all grades annually
- Hearing Screening – grades kindergarten, first, second, third, seven, and eleven
- Scoliosis Screening – grades six and seven

It is recommended to have private (at parent's expense) physical, dental, and ophthalmologic (eye) exams, which may be performed up to one year prior to the grade in which they are required. The necessary forms may be obtained in the Health Office or on the school website (www.scschools.org). Permission for school exams will be included on the Emergency and Annual Permission forms sent home at the beginning of each school year. SCSD offers school Dental Examinations through the Mobile Dental Smile Program each year. Please contact the school health office with any questions about that program. In addition, the SCSD Board of Education offers sports physicals, free of charge, in the high school. School policy for sports physicals is attached to the PIAA forms available through the High School Health Office and through www.scschool.org.

Upon completion of the in school exams listed above, referral forms will be sent home for completion by a private health care provider as needed. If you require financial assistance in making private exams, please contact the Health Office. The school does not provide immunizations, only tracks immunization compliance.

Medical Examinations

Medical exams are required on original entry into school (i.e. as a transfer student without history of a physical exam), in kindergarten, sixth, and eleventh grades. Medical exams may be, and are recommended by the PA Department of Health to be performed by private health care providers and reported to the school on the appropriate school form. School exams will be scheduled at various times throughout the school year to sufficiently address all students in need. A school exam is free of charge, but appropriate follow-up will be the financial responsibility of parents. Any immunization

updates are to be performed at private care providers; they are not a part of the School Health Program. Anyone requiring financial assistance may contact the Health Office or the PA Department of Health (1-877-PA HEALTH).

Dental Examinations

Dental examinations are required on original entry into school (i.e. as a transfer student without history of a dental exam, or in kindergarten) and in third and seventh grades. The exam may be and is recommended by the PA Department of Health to be performed by the family dentist and reported to the school on the appropriate school form available through the Health Office or on the school website. The Mobile Dentist Smile Program will be offered to all students within the district. Care by the Mobile Dentist will be counted toward the State Mandated Dental Program and further information is available through the Health Office. A school exam is free of charge, but appropriate initial paperwork and necessary follow-up will be the financial responsibility of parents. Anyone requiring financial assistance may contact the Health Office.

Vision Screening

Vision screenings of all grades will be performed annually by a nurse or medical technician with appropriate training. All students are to be evaluated annually according to state requirements. The SureSight and Titmus Vision Testers are utilized for vision testing at SCSD. Referral follow-up will be an ongoing process throughout the school year. Notification to the Health Office will be recommended for any financial or scheduling problems for private exams.

Hearing Screening

Annual assessments of students in kindergarten through third, seventh, and eleventh grade will be conducted. Any student with known or suspected hearing loss or ENT condition is eligible for annual testing. An individual pure tone audiometer will be used by a nurse or appropriately trained medical technician to screen students at frequencies of 250, 500, 1,000, 2,000, and 4,000 cycles per second. Any student who fails initial testing will be retested, if they fail a second test, a threshold hearing test is to be performed and referral for complete diagnostic ear examination by a healthcare provider will be sent home.

Hearing screenings are to be conducted according to the state mandated health program. Referral follow-up will be an ongoing process throughout the school year. Notification to the Health Office will be recommended for any financial or scheduling problems for private exams.

Height/Weight/BMI's

Screenings for height/weight/BMI will be performed at least once annually by a nurse or medical technician. BMI forms will be sent home each year to allow parents to see patterns of growth.

Medical Records

The health office is responsible for maintaining comprehensive and up-to-date health records for each child. All records are to be maintained under strict confidentiality set by FERPA and HIPPA (see administrative policy for rules and regulations). The health office makes use of an approved school nursing computer program and may also make use of other written documentation sources provided by the PA Department of Education, PA Department of Health, and forms developed specifically for use in the SCSD Health Offices.

Scoliosis Screening

Scoliosis screenings are to be conducted for all students in sixth and seventh grades (unless written exemption for students with scoliosis who are under care is received). Screenings are performed by healthcare providers either at school or through private examinations.

Special Examinations

Students who present with any deviation from their normal growth and development pattern will be reported to the health office who will notify parents/guardians. Parents will be requested to have their child professionally examined and report results to the school. If appropriate examination is not performed within a reasonable length of time (to be determined by teachers, nurse, administration) and their patterns of growth continue to deviate from normal, special examinations can be made with the school dentist and/or school physician and their staff.

HEALTH SUPERVISION DURING SCHOOL HOURS

The SCSD Board of Education and its employees shall not be responsible for diagnosis and treatment of student illnesses. The nursing staff will follow the PA Board of Nursing license/practice regulations. Our goal is to identify conditions that may require further medical attention or illnesses that could be spread within the school.

Students who become ill while at school will be assessed by the health office staff on duty. If a student is unable to resume class, parents will be contacted and asked to take their child home. It is **ABSOLUTELY NECESSARY** that we have up-to-date phone numbers (on the student's Emergency Card) on file in the Health Office. Please notify us of any changes in contact information.

- General guidelines for keeping students at home or for sending them home during the school day include, but are not limited to: vomiting or diarrhea, temperature greater than 100 degrees, any potentially communicable disease or condition, live pediculosis (lice) per policy, or serious injury.
- If your child has been absent from school and referred to a health care provider for a potentially communicable disease/condition, a physician's statement regarding treatment and absence of communicability will be required upon return to school.
- Injuries that occur at school must be reported by the student to the teacher in charge, followed by notification of the Health Office staff. Basic first aid treatments will be administered. All serious injuries require parent notification and referral to a health care provider or emergency room.

PEDICULOSIS

The SCSD has approved a head lice policy based on recommendations from the CDC, the American Academy of Pediatrics, the National Association of School Nurses, and Harvard University. If a student is identified to have possible head lice while at school, a parent or guardian will be contacted and asked to take their child home for treatment. It is recommended to treat the affected child with an approved lice killing treatment, along with manual nit removal (because of the concerns with chemical exposure and drug resistance, lice treatments are not always as effective as manual removal techniques). All immediate family members and close contacts should also be examined and evaluated for possible presence of head lice and then treated as appropriate. Upon completion of treatment, the student may return to school with no restrictions or requirements. Within 7-10 days of the initial treatment, the Health Office will re-evaluate the student and advise parents, if required, as to the need for further treatment or care for continued head lice.

In addition, a LiceGuard RobiComb electronic lice comb is available in the Health Office as a non-chemical treatment option. If a parent is unable to come and pick up a student with suspected head lice in school, the Health Office staff may then use (with parent notification and permission) the RobiComb as an initial treatment so that the student may remain in school for the remainder of the day. It is still recommended that the student is treated at home as described above.

All cases of possible head lice will be kept in strict confidence for the wellbeing of the student or students involved. Parents and teachers are encouraged to notify the school Health Office of any suspected cases. Any need for mass classroom screenings will be determined by Health Office staff.

Please contact the Health Office for assistance or more information on head lice.

ACCIDENT REPORTS

If an accident (defined by the SCSD Emergency Procedure Manual as “serious injury that requires EMS response or immediate care by a physician or dentist and/or loss of one-half or more days of school”) occurs at school, the school has the responsibility for 1) giving immediate care, 2) notifying parents/guardians, 3) advising or assisting with transportation to home or health care facility, and 4) guiding parents to a source of care, if appropriate.

Procedure:

- Complete front of “Accident Report Form” – (to be signed by building principal within 24 hours of form completion)
- Request a physician note from parents/students for diagnosis and any necessary activity restrictions
- Complete and document any Blood or Body Fluid exposure on appropriate forms, if applicable

When informed of medical diagnosis/treatment/restrictions THEN:

- Complete back of “Accident Report Form”
- Make and distribute copies as per report form
- Attach any doctors notice to the back of the completed, original “Accident Report” form, file and document in student's health record.

If NOT informed of medical evaluation by written notice, contact student/parent upon return to school and complete the above process as best as possible.

MEDICATION POLICY

When medication (prescription or over-the-counter) must be given during school hours, the medication must be accompanied by a parent note and a Pennsylvania Licensed Medical Professionals’ order (i.e. doctor, physicians assistant, nurse practitioner), indicating that it is medically necessary that the student receive the medication during school hours. State law requires a PA licensed provider order for all medication that comes to school.

Medication must be kept in and administered from the original container, properly labeled by the pharmacist. Medications are stored in a double-locked (refrigerated when necessary) medicine cabinet in the health office. Student photo identification will be added to the medication log for safety in identifying students receiving medication. If a student brings medication to school without providing written parent permission and a PA licensed provider order, the nurse will contact parents to review the policy. If parent contact cannot be made, the nurse will lock up the medication for safekeeping and send it home with the student with a written reminder notice to parents.

- ~ Medication will not be administered at school if all areas of the policy have not been met.
- ~ Unused medication may be obtained by parents at the end of its administration.
- ~ Unclaimed medication will be destroyed (with witness present) at the end of the school year.

A licensed nurse will be the only person to administer medication during the school day. If a medication is not given on time (i.e. within a 30 minute time frame), parents will be notified. In the event of a medication error (wrong student, wrong dose, wrong route, or other error), the Certified School Nurse, school administration, and parents will be notified. Field trips consisting of students who need medication may be accompanied by a nurse, or parents may be asked to accompany their child.

The SCSD offers a Standing Order Emergency and Anaphylaxis Epinephrine Protocol in both the Elementary and the High School Health Offices. The Pennsylvania Public School Code, Section 1414.2(g) allows parents/guardians to request an exemption to the administration of an epinephrine auto-injector for their student. In order to request this exemption, contact the school nurse to make an appointment to discuss this decision, review and sign the opt-out form. Parents/guardians wishing to choose this option should meet with the school nurse to discuss their decision and then review and sign the opt-out form in the presence of the school nurse.

Growth and Development Education

Each year, the Health Office and teaching staff will work together to conduct age appropriate education dealing with topics of basic growth, development, puberty, and hygiene. This will be addressed initially to 4th grade girls, with parental consent. Another course may be presented in 5th and 6th grade separate boys and girls sessions. Parents/guardians will be notified of these programs and can contact the Health Office in writing if they would prefer their child not participate.

Individual Health Plans (IHP's)

IHP's are to be kept and maintained in the health office to meet the School Health Program Goals on an individual and as needed basis. Staff is to contact the health office with any questions, concerns, or referrals for IHP use.

FIRST AID

{Parents and/or Emergency Contact Person's will be contacted by the Health Office Staff by phone for any injury or illness the Health Office Staff deems necessary and 9-1-1 Emergency Services will be called upon as needed or requested}

Category I - Life Threatening Emergencies

(Problems which can cause death within minutes, require quick intervention, emergent medical care, and usually hospitalization)

AIRWAY OBSTRUCTION BY FOREIGN BODY (choking)

- A. Signs of choking with a completely blocked airway
 - a. Sudden coughing, gagging, having high-pitched, noisy respirations
 - b. Unable to speak
 - c. May exhibit a choking sign (holding neck with one or both hands)
 - d. Has bluish lips or skin
- B. Actions to relieve choking
 - a. Heimlich Maneuver - when someone is choking and cannot speak or breathe, you must give abdominal thrusts until the object is forced out or the victim becomes unresponsive
 - i. If you suspect someone is choking, ask them "Are you choking?"
 - 1. "Yes" - allow the victim to continue coughing while patting them on the back; if able to speak it indicates a partial obstruction and adequate air exchange; do not leave the victim alone while choking in case the airway becomes fully blocked.
 - 2. No verbal response - Heimlich Maneuver immediately
 - ii. Kneel or stand firmly behind the victim, wrapping your arms around them so that your arms are in front.
 - iii. Make a one handed fist.
 - iv. Put the thumb side of the fist slightly above the victim's belly button but below the breastbone.
 - v. Grasp the fist with your other hand, giving quick upward thrusts into the victim's abdomen.
 - vi. Give abdominal thrusts until the object comes out and the victim can breathe, cough, or talk - or until he becomes unresponsive.
 - b. If choking is not relieved, the victim will become unresponsive
 - i. Call for immediate help
 - ii. Lower the victim to the ground and begin CPR (with the addition of observing for the foreign body in the mouth at every breath cycle - if seen, attempt to remove, but **do not** do blind finger sweeps)

CARDIAC ARREST

(non-traumatic death from cardiac causes occurring within one hour of acute onset of symptoms, usually associated with metabolic, respiratory, drug-related, or neurologic conditions)

A. If trained, begin CPR:

CPR IN THREE SIMPLE STEPS - Adult

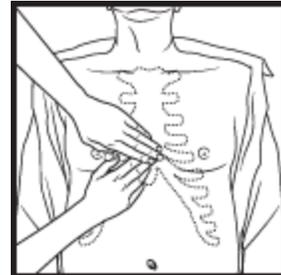
1. CALL

Check the victim for [unresponsiveness](#). If the person is not responsive and not breathing or not breathing normally. Call 911 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.



2. PUMP

If the victim is still not breathing normally, coughing or moving, begin chest compressions. [Push](#) down in the center of the chest 2 inches 30 times. Pump hard and fast at the rate of at least 100/minute, faster than once per second.



3. BLOW

Tilt the head back and lift the chin. Pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.



CONTINUE WITH 30 PUMPS AND 2 BREATHS UNTIL HELP ARRIVES

NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.

CPR for Children (Ages 1-8)

CPR for children is similar to [CPR](#) for adults. The compression to ventilation ratio is 30:2. If you are alone with the child give 2 minutes of CPR before calling 911.



- 1) Use the heel of one or two hands for chest compression
- 2) Press the sternum approximately one-third the depth of the chest (about 2 inches) at the rate of least 100/minute



- 3) Tilt the head back and listen for [breathing](#). If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

CONTINUE WITH 30 PUMPS AND 2 BREATHS UNTIL HELP ARRIVES

- B. If untrained or inexperienced, attempt Hands Only CPR on adult victims. {Any attempts to maintain circulation can be beneficial in preserving life}
- a. Call 9-1-1 and send someone for an AED
 - b. Push hard and fast in the center of the victim's chest

CALL



CALL 911

PUMP



POSITION HANDS IN THE CENTER OF THE CHEST



PUSH DOWN IN THE CENTER OF THE CHEST HARD AND FAST TWO INCHES. PUMP AT 100/MINUTE

CONTINUE UNTIL HELP ARRIVES

HYPOVOLEMIC SHOCK/HEMORRHAGE

- A. Actual volume loss is associated with traumatic injuries, posterior nasal bleeding, intra-abdominal hemorrhage, significant gastrointestinal or gynecological bleeding, or excessive vomiting or diarrhea.
- B. Observable signs of shock – call 9-1-1
 - a. Increased heart rate
 - b. Increased respiratory rate
 - c. Dizziness, syncope
 - d. Weakness, fatigue
 - e. Pale, cool, clammy skin
 - f. Restlessness
 - g. Hypotension
- C. External Bleeding
 - a. Apply direct manual pressure, using Universal Precautions, on gauze or other available cloth placed directly over the bleeding site. If bleeding continues or seeps through the gauze, do not remove pressure; add more gauze on top and apply more pressure
 - b. Or an elastic bandage firmly wrapped around gauze to hold it in place by pressure
 - c. According to the National First Aid Science Advisory Board (2005), the effective use of tourniquets and/or elevation to control bleeding, has not been fully established. It is recommended to avoid use of tourniquets unless in a controlled hospital setting or a battlefield, and minimize elevation due to potential adverse effects.
- D. Internal bleeding/shock
 - a. If suspected, loosen tight clothing, keep patient still and warm, promote calming
 - b. Nothing by mouth
 - c. Call 9-1-1
 - d. Vital signs every 5-10 minutes until ambulance arrives

ANAPHYLAXIS

(Allergies are common, but a small portion of the population can and will develop an acute and sudden onset of potentially life threatening anaphylaxis)

- A. Characteristics (may occur in any order within seconds to minutes of exposure)
 - a. Swelling – especially of the face
 - b. Breathing difficulty
 - c. Hives/itching
 - d. Shock
 - e. Death
- B. Known hyper-allergic student/staff – if exposure to trigger occurs
 - a. Remove causative agent (i.e. stinger of bee, food item, etc.)
 - b. Administer epi-pen or other prescribed medication
 - i. If the student has an order/medication at school
 - ii. students with known anaphylaxis or near-anaphylaxis will have an allergy record on file in the Health Office along with any prescribed medications

- iii. do not delay prompt medical attention when treatment or symptoms are in question
 - c. Evacuate immediately to closest Emergency Room/call 9-1-1
 - d. Notify parents
 - e. Do not wait for reaction to occur or delay treatment for any reason
- C. If suspected reaction in a previously unknown allergy-affected person – proceed to nearest Emergency Room/call 9-1-1
 - a. CPR as needed – use of emergency standard order epi-pens
 - b. Monitor vital signs
 - c. Notify parents

SUICIDE/ATTEMPTED OR THREATENED

(Deliberate violence toward oneself with the intent of taking one's own life, resulting in death. Suicide is the third leading cause of death in those 10-24 years of age)

- A. Characteristics
 - a. Elementary age student
 - i. Verbal cues: complaints of frequent headaches/stomachaches, comments of loneliness, isolation, and not being loved.
 - ii. Behavioral cues: poor academics, withdrawn from play, apathy, listlessness, erratic appetite and sleeping, often careless and destructive to property.
 - iii. Affective cues: feelings of sadness, irritability, lack of caring, absence of spontaneous joy or laughter, change in routine.
 - b. Adolescent student
 - i. Verbal cues: may make subtle or obvious comments about suicide (e.g. “Will you miss me when I’m gone?”)
 - ii. Behavioral cues: may stockpile medications, have/conceal a weapon, withdraw from activities, abuse drugs/alcohol, neglect appearance, dispose of personal belongings, change sleep patterns, academic changes, promiscuity, sleep or appetite changes, etc.
 - iii. Affective cues: decreased self-gratification, hopelessness, guilt, sadness, lack of empathy, boredom, chronic depression.
- B. Be alert to warning signs to intervene early to prevent suicide attempts or completion. Never ignore a warning or suicide threat. Do not leave the individual alone, contact the building principal, guidance counselor and/or Saber Support Team immediately.
- C. SCSB Suicide Procedure (after securing students immediate safety)
 - a. Notify parent(s) and recommend immediate mental health assessment
 - b. Call NHS 570-279-3393 and/or Crisis Hotline 1-800-982-4344.
 - c. If a student/parent refuses to cooperate, call the police. The police will transport the student from school to Mid Valley Hospital (570) 383-5500.
 - d. Parental permission is desired but not needed, any student 14 or older may sign for his/her own mental health care.

POISONING AND OVERDOSE

- A. Call Susquehanna County Poison Control Center 1-800-521-6110, or 1-800-222-1222, and follow their directions
- B. Be prepared to tell Poison Control
 - a. Victims name and age
 - b. Type of poison or medication, if possible
 - c. Amount ingested
 - d. Description of victims condition – subjective and objective symptoms
- C. If victim becomes unconscious, CPR, call 9-1-1 and send to nearest Emergency Room
- D. Drug abuse – any drug can be abused or misused and symptoms vary.
 - a. CPR as needed
 - b. Call 9-1-1 for ambulance or police as needed
 - c. Notify parent(s)
 - d. Reassure and protect from harm, treat student with caution and be non-judgmental
 - e. Most commonly abused drugs - alcohol, depressants/sedatives, hallucinogens, inhalants, narcotics, stimulants, and tranquilizers

STATUS EPILEPTICUS

(a series of consecutive seizures or a single seizure that does not respond to conventional seizure therapy)

- A. Control of seizure activity is critical – maintain airway and call 9-1-1
- B. Notify parent(s)
- C. See Category III – Non-Life Threatening Emergency’s section for complete seizure information

THIRD DEGREE BURNS/FULL THICKNESS BURNS

(destroy all layers of the skin and extend into deeper tissues)

- A. Notify 9-1-1 immediately, do not treat at school
- B. Painless due to nerve destruction
- C. Appear white, charred, swollen, dry
- D. If able - remove jewelry before swelling increases
- E. Do not remove garments, cut around them
- F. Do not use any ointments – cover with clean cloth
- G. Evaluate and try to obtain an accurate history of the injury

OPEN CHEST/ ABDOMINAL WOUND

Open pneumothorax - (opening in the chest is greater than two-thirds the diameter of the trachea)

- A. Immediately have someone call 9-1-1
- B. Immediate care includes:
 - a. Place sterile, nonporous, three sided occlusive dressing over the wound

- i. Tape three sides to allow air to escape but not to enter
 - ii. Observe closely for signs of tension pneumothorax (accumulation of air in the pleural space forcing internal contents to the opposite side of injury - life threatening condition) and remove dressing if suspected
- b. Stabilize until 9-1-1 and surgery

Penetrating Injury

- A. Immediately have someone call 9-1-1
- B. Do not remove penetrating object
- C. Maintain until 9-1-1 arrives

Blunt Injury - non-penetrating

- A. Always suspect internal injury/bleeding
 - a. Immediately have someone call 9-1-1 if potentially life-threatening injury is suspected
 - b. Maintain
- B. Identify cause of injury, observe for ecchymosis, swelling, etc
- C. Provide basic first aid when appropriate
 - a. Observe for 30 minutes in Health Office in position of comfort/recovery position
 - b. If improved, notify teacher and parents
 - c. Recheck student every 1-2 hours throughout the day

DIABETIC CRISIS

(School Diabetes Records on file in Health Office for known diabetic students)

Diabetic Ketoacidosis - seen in Type I, insulin-dependent patients

- A. Blood sugar level greater than 300mg/dl but less than 800mg/dl
- B. Occurs within 24 hours - 3 days time
- C. Usually seen in younger diabetics and those without prior diagnosis
- D. Signs/Symptoms:
 - a. Excessive thirst
 - b. Polyuria - frequent urination
 - c. Fatigue/weakness
 - d. Hyperventilation
 - e. Fruit smelling breath
 - f. Dehydration
 - g. Rarely presents with neurologic symptoms
- E. Treatment
 - a. Maintain and notify 9-1-1 as needed
 - b. Prevent complications, maintain safety
 - c. Encourage fluids if applicable
 - d. Administer insulin as ordered, if applicable

Hyperosmolar Hyperglycemic Nonketotic Coma - seen most often in elderly patients with Type II, non-insulin dependent patients

- A. Blood sugar level frequently exceeds 800 mg/dl
- B. Occurs gradually over several days
- C. Commonly exhibit neurologic symptoms
- D. May become comatose

E. If suspected – call 9-1-1 and maintain
Hypoglycemia – glucose level lower than 60mg/dl, but can vary by patient

- A. Symptoms, usually sudden in onset
 - a. Neurologic – confusion, combativeness, poor coordination, seizures, coma
 - b. Pulmonary – hyperventilation, shallow respirations
 - c. Cardiovascular – palpitations, tachycardia
 - d. Integumentary – cool, pale, clammy, diaphoretic
 - e. Gastrointestinal – sudden sensation of severe hunger
- B. Treatment – foods with rapid glucose availability (follow-up with a complete meal if applicable)
 - a. 4-6 oz of fruit juice
 - b. 5-6 hard candies
 - c. ½-3/4 cup of non-diet soda
 - d. 6 oz of milk
 - e. 2-3 glucose tablets
- C. If little to no improvement with 15 minutes or worsening symptoms, call 9-1-1

HEATSTROKE

(occurs when exposure to severe heat stress destroys the body's ability to control body temperature. Person is unable to dissipate heat)

- A. Signs/symptoms
 - a. Body temperature >105 degrees F
 - b. Skin is hot, red, dry
 - c. No sweating
 - d. Rapid, strong pulse
 - e. Vomiting, nausea
 - f. Headache, fatigue
 - g. Confusion, disorientation
 - h. Can progress to coma, seizure, and death
- B. Treatment
 - a. Call 9-1-1 immediately
 - b. Place patient in a cool, comfortable location
 - c. Cool water soaks
- C. Heat Cramps/Heat Exhaustion
 - a. Early stages of heatstroke – try to identify early to prevent heatstroke
 - b. Usually occur over a period of hours to days with inadequate fluid intake and excessive perspiration leading to a loss of electrolytes
 - c. Sign/symptoms
 - i. Normal to slightly elevated body temperature
 - ii. Profuse sweating
 - iii. Muscle cramping
 - iv. Pale, clammy skin
 - v. Anxious, tired, weak
 - vi. Headache
 - vii. Nausea, dizziness, fainting

- d. Treatment
 - i. Cool, calm environment with good ventilation (fan or air conditioning)
 - ii. Remove tight or heavy clothing
 - iii. Apply cool compresses
 - iv. If tolerating, encourage fluids (water)
 - v. Monitor vitals signs
 - vi. Notify parents and refer for medical evaluation as needed

Category II – Serious or Potentially Life or Limb Threatening Emergencies

(these condition are very serious and may, if left untreated, progress to the loss of life or limb; proper assessment/evaluation is vital to determine the need for further medical attention)

FRACTURES/DISLOCATIONS

- A. Simple fractures – unopened wounds, require accurate radiological exam for confirmation
 - a. Signs/Symptoms
 - i. swelling
 - ii. discoloration
 - iii. pain
 - iv. tenderness to touch
 - v. deformity and possibly limb shortening
 - vi. inability to bear weight, perform range of motion
 - b. Treatment – ice, elevation, splint, limit movement, check circulation (before and after splinting)
 - c. Even if fracture is slightly doubted, treat as a potential with basic first aid to secure the site and refer for medical evaluation
- B. Compound fractures – open wounds, bone may be protruding
 - a. Require immediate medical attention
 - b. Cut away clothing while maintaining limb stabilization
 - c. Do not wash, touch, or manipulate
 - d. Control bleeding if necessary with a sterile pressure dressing
 - e. If bone is exposed, cover with moist sterile dressing
 - f. Evaluate circulation of affected area
- C. Dislocations
 - a. Symptoms
 - i. Severe pain
 - ii. Swelling
 - iii. Noticeable deformity
 - b. Treatment
 - i. Ice
 - ii. Medical evaluation for radiologic exam
 - iii. Do not attempt to relocate at school
 - iv. Evaluate circulation of affected area

MAJOR FLESH WOUNDS/LACERATIONS

- A. Control bleeding with direct pressure and protect from further contamination
- B. Seek immediate medical attention
- C. If medical attention is delayed, flush wound with free flowing water, dry with sterile gauze, cover with sterile dressing
- D. Check immunization status for tetanus
- E. Stitches cannot be placed after 10-12 hours due to the risk for infection
- F. Ear lacerations
 - a. Raise head
 - b. Apply dressing
 - c. Save any avulsed tissue on ice
 - d. Refer for immediate medical attention

PARTIAL THICKNESS BURNS (SECOND OR FIRST DEGREE)

- A. First Degree - superficial, cause redness, pain, mild swelling, blanch
 - a. Remove jewelry/clothing
 - b. Run area under cold running water and then apply sterile covering and ice until pain subsides
 - c. Do not apply ointments
 - d. Notify parents and refer for medical care if needed
- B. Second Degree - deeper than first degree, painful, skin appears wet, split or blister the skin, swell, become red or mottled, blanch.
 - a. Remove jewelry/clothing
 - b. Run under cool running water or use cool compress not directly on skin
 - c. Do not apply ointments
 - d. Notify parents and refer for medical care
- C. Chemical Burns
 - a. Notify 9-1-1 as needed
 - b. If possible, remove contaminated clothing
 - c. Run water over area for at least 15 minutes
 - d. Cover with sterile dressings

SUSPECTED APPENDICITIS

- A. Can progress rapidly and lead to peritonitis
- B. Signs/Symptoms
 - a. Abdominal pain, cramping - begins as generalize pain over umbilical region and usually centers to RLQ
 - b. Nausea, vomiting
 - c. Tachycardia
 - d. General illness, chills, fever
- C. If suspected, refer for immediate medical attention

SEVERE DEPRESSION OR ANXIETY

- A. Daily appearance of four or more signs for at least two weeks
 - a. Sadness, boredom, helpless/hopelessness
 - b. Loneliness, isolation, withdrawn
 - c. Poor or increased appetite
 - d. Insomnia/hypersomnia
 - e. Decreased energy level and enthusiasm
 - f. Self-deprecatory statements
 - g. Deteriorating personal hygiene
 - h. Suicidal ideas, actions, discussion, attempts
 - i. Writing, drawing, etc with a death wish or unhappy theme
 - j. Frequent headache, stomachache, or other complaint
 - k. Acting out
 - l. Aggression, fighting, pushing the limits
 - m. Poor school performance
 - n. Possible signs of drug use
- B. Treatment
 - a. Refer to appropriate assistance within the school or community
 - b. Confer with parents

THREATENED ABORTION

- A. Termination of pregnancy before viable (~28 weeks)
- B. Signs/Symptoms
 - a. Vaginal bleeding
 - b. Mild abdominal cramping
- C. Assess patient, vitals, history
- D. Maintain bedrest
- E. Refer for medical evaluation and/or 9-1-1 as needed
- F. Contact parent ONLY if student consents – automatic emancipation for all pregnancy related events

FOREIGN BODY IN THE EYE

- A. If large piece of metal/wood/glass, etc imbedded into an eye – immediately call 9-1-1 and transport to Emergency Room – DO NOT treat at school
- B. When applicable
 - a. flush eye several time with warm water (flush from inner to outer portion of the eye)
 - b. if flushing does not remove the debris, cover with pad, and refer for immediate medical attention
 - c. if student can tolerate – patch both eyes to minimize movement

CHEMICAL BURNS TO THE EYE

- A. Immediately flushing of the eye with large amounts of free flowing water (remove contacts if applicable)
- B. Contact poison control center to determine treatment plan (if applicable)

- C. Refer for medical treatment as soon as possible

BACK OR NECK INJURY

- A. Suspect spinal cord injury for any traumatic event, especially to face, head, neck, or back
- B. Signs/symptoms that may be present
 - a. paralysis
 - b. pain to neck or back
 - c. muscle spasms
 - d. signs of shock
 - e. may be asymptomatic
- D. Treatment
 - a. Notify 9-1-1 immediately
 - b. DO NOT bend or move the victim
 - c. Assess patient status
 - d. Reassure patient and assess for further injury
 - e. DO NOT attempt to move or transport the victim until Emergency Services arrives and can properly stabilize the spine

HEAD INJURY

- A. Signs/Symptoms
 - a. excessive drowsiness
 - b. loss of consciousness
 - c. nausea/persistent vomiting
 - d. slurred or loss of speech
 - e. double vision
 - f. seizures
 - g. unsteady gait, dizziness
 - h. un-coordination of limbs
 - i. numbness or tingling
 - j. behavioral or mental status changes
- B. Treatment
 - a. keep student quiet, calm, and lying down and consider possible spinal injury
 - b. if above symptoms are present and as needed – notify 9-1-1
 - c. monitor and maintain
 - d. control any bleeding
 - e. do not give anything by mouth
 - f. if child appears unharmed and no sign of serious injury
 - i. allow to rest and observe in Health Office 15-30 minutes – if improved and no complications, student may return to class, notify teacher
 - ii. notify parents
 - iii. provide Head Injury Precaution follow-up sheet to student/parent
 - iv. refer for medical evaluation as needed

FROSTBITE

- A. After frostbite occurs, damage is irreversible, so prevention is key
- B. Superficial Frostbite

- a. tingling, numbness
 - b. burning sensation
 - c. white, waxy color
 - d. feels cold and stiff
- C. Deep Frostbite – may involve muscle, bone, and tendon
- a. White or yellow
 - b. Hard, cool
 - c. Insensitive to touch
 - d. Burning sensation followed by a feeling of warmth and then numbness
 - e. Swelling
 - f. Blisters appear 1-7 days after injury
- D. Treatment
- a. DO NOT rub the extremity
 - b. Remove wet clothing
 - c. Place in a warm environment with minimal friction to injury
 - d. Call 9-1-1 or refer for immediate medical care for controlled re-warming

Category III – Non Life-Threatening Emergencies

(Usually do not require immediate attention and do not precede a life-threatening situation. Should be evaluated by a Nurse to determine appropriate level of care)

SEIZURE (in student with a known seizure disorder)

- A. Types of seizures
 - a. Partial seizures – simple or complex
 - b. Generalized seizures – absence (petit mal), myoclonic, clonic, tonic, tonic-clonic (grand mal), atonic (drop attack), akinetic, and infantile
- B. Guideline for management
 - a. Provide protection and maintain patient's airway
 - b. DO NOT attempt to halt or restrain patient
 - c. If standing or sitting, assist immediately to the floor in a position of safety
 - d. DO NOT force objects between the teeth
 - e. Loosen clothing if needed
 - f. Protect from sharp or hard objects
 - g. If excessive salivation/vomiting, assist patient onto their side
 - h. Observe for cyanosis or breathing difficulty – if present, attempt repositioning and follow with CPR as needed
 - i. Notify 9-1-1 for prolonged seizure activity (approx 5 minutes if no known history; approx 10 minutes if seizure history present) or respiratory distress
 - j. After seizure, remain with patient, keep them on their side, allow to sleep
 - k. Remain with patient until awake, alert, conscious and oriented
 - l. Notify parents
- C. Observe for
 - a. Significant pre-seizure events

- b. Movements before, during, & after the seizure
- c. Time seizure began and length of seizure
- d. Change in color/respirations
- e. Note length of post-seizure activities until return to baseline
- f. Document all observations and efforts

ANIMAL OR HUMAN BITE

- A. Cleanse area thoroughly with antiseptic soap
- B. Bandage as needed
- C. Complete Exposure to Blood and Body Fluid Report form
- D. Review immunization history and refer for updates as needed
- E. Contact parent and refer for medical evaluation as needed (bites have very high rates of infection and frequently require antibiotic therapy)
- F. If caused by an animal
 - a. complete a report with the Health Department
 - b. refer for rabies vaccination if bitten by unknown or wild animal

FAINTING

(temporary loss of consciousness usually due to lack of blood flow to the brain)

- A. May have no preceding symptoms but patient might exhibit: pallor, cold skin, dizziness, nausea, numbness and tingling of extremities, and/or visual disturbance
- B. Assist patient to lie on their back, feet slightly raised, breath slowly and deeply if possible
- C. Assess vital signs and respiratory status
- D. Allow to rest, encourage fluids
- E. Treat/refer for any possible underlying cause or injury
- F. Notify parents but may return to class if symptoms improve

FEVER

- A. Suspect fever in students with c/o general illness, stomach ache, headache, etc.
- B. Any student with a temperature above 100 F, notify parent, send student home
- C. Refer for medical evaluation if temperature is 102 F or greater

FOREIGN BODY (ingested, in ear, nose, etc)

- A. Assess for any respiratory difficulty and treat accordingly
- B. DO NOT attempt to remove
- C. Notify parent and refer for medical evaluation as needed

EYE PROBLEMS

- A. Itching/burning/redness/swelling/drainage – possible eye infection
 - a. Requires medical evaluation
 - b. Notify parent/send home from school
 - c. Request doctor's note prior to return to class (if infectious, antibiotic treatment for at least 24 hours before cleared to return to class)
- B. Injury
 - a. Apply ice pack
 - b. Notify parent/recommend medical evaluation as needed for severe pain, swelling, vision changes

STOMACHACHE

- A. Nausea/pain
 - a. Check temperature
 - b. Rest 10-15 minutes
 - c. Notify parents as needed
- B. Vomiting/Diarrhea
 - a. Check temperature
 - b. Notify parents, send home, suggest home care until symptoms improved for 24 hours

INFECTIOUS SKIN CONDITIONS/BOILS/ABSCESSSES

- A. DO NOT treat - document fully
- B. Refer for medical evaluation as needed
- C. Keep covered with a clean dressing while in school

Types

- A. Ringworm, scabies, pediculosis
- B. Impetigo - may return if treated and no drainage, keep covered in class
- C. Other suspected conditions (i.e. MRSA) - cover and refer for medical evaluation and doctors note to return to school

Category IV - Minor Problems

(Usually do not require the attention of a physician/nurse and can be cared for in the classroom or Health Office under adult supervision. If problem persists, refer to parent and/or medical care)

ABRASIONS/SMALL CUTS/SCRAPES

- A. Clean affected area
- B. Cover with bandage
- C. Encourage student to show parent at home

BRUISES (MINOR)

- A. Apply ice packs as needed/elevate
- B. Notify parents as needed
- C. Suspect and report multiple areas of bruising of varying stages of healing which MAY indicate abuse, as needed

EARACHE

- A. Determine onset/history of complaint
- B. Check temperature
- C. Determine any history of ear problems
- D. Notify parent and refer for medical care as needed

HEADACHE

- A. Check temperature
- B. Allow to rest in Health Office for 10-15 minutes if a-febrile
- C. Comfort measures
- D. May give Standing Order Tylenol with parental consent if headache persists after resting
- E. Contact parent and refer for medical care for prolonged, frequent, or severe headaches

MENSTRUAL CRAMPS

- A. Allow to rest 10-15 minutes
- B. Comfort measures
- C. Standing order Tylenol with parental consent if cramps continue
- D. Contact parent and refer for medical care as needed

BUG BITES/POISON IVY

- A. Observe/evaluate for anaphylaxis or severe reactions
- B. Remove stinger if applicable (DO NOT squeeze) – try to keep intact and move quickly, attempt to brush out gently with hand, cardboard, or thumb and forefinger
- C. Wash area with soap and water
- D. Apply ice/cool cloth
- E. Calamine lotion if applicable
- F. Notify parents and medical referral if needed

UPPER RESPIRATORY SYMPTOMS

(sore throat, cough, headache, sneezing, nasal congestion, runny nose, earache, etc)

- A. Check temperature
- B. Encourage fluids and other comfort measures
- C. Notify parents and refer for medical care as needed

SPLINTERS/SLIVERS

- A. If large and deeply embedded, notify parent and refer for medical care – do not treat
- B. If near skin surface and/or protruding, clean area gently and attempt to remove splinter with tweezers
- C. Cover with clean bandage
- D. If difficult to remove, leave in place, contact parent and refer for medical evaluation – do not forget to assess Tetanus immunization status

PENCIL PUNCTURES

- A. Remove pencil point if applicable
- B. Clean area
- C. Cover with bandaid
- D. Graphite is non-toxic

* Any other presenting conditions to be evaluated and treated at the discretion of the Health Office nursing staff.

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