NEPTUNE TOWNSHIP SCHOOL DISTRICT
2022- 2023 SCHOOL YEAR RELATED CONTENT AREA TEACHERS

SCHOOL	VISUAL ART	GENERAL MUSIC	PHYSICAL ED.	LIBRARY	INST. MUSIC	ELEM. TECH.
Gables	**N. Bowden**	**L. Baker-Gallup**	**J. DiGeronimo** Mon., Weds., Fri. pm	**C. Stein**	**R. Palmer*** Tues., Thurs, Fri.am	**N. Bruntz**
Green Grove	**A. Wuchter**	**E. Daugherty**	**M. Jegou** Monday - Thurs.	**L. Stafford**	**E. Prowse** Tues. & Fri.	**K. Marlatt**
Midtown Community	**N. Van Splinter**	**C. Korkowski**	**W. Tisch** (M-F) **L. Bennett** Weds. & Fri	**K. Comerford**	**E. Prowse** Mon, Weds, Thurs.	**L. Tirrell**
Shark River Hills	**J. Hadley**	**J. Demko**	**J. DiGeronimo** Tues., Thurs., Fri.am	**L. Harper**	**J. Demko**	**S. Cocchi**
Summerfield	**D. Del Pizzo**	**M. Velarne**	**L. Bennett** Mon,. Tues, Thurs. **M. Jegou** (F)	**A. Kurack**	**R. Palmer** M, W, F pm	**S. Waldron**

E.S.L. Program

Emily Bowden - High School
Sheila Hickman - High School
Ashley Singh - Middle School
Shannon Bell - Midtown
Hilka Collazo - Midtown
Mairen Rodriguez- Chavez - Midtown
Marekhi Segal - Midtown
Vacancy -

Nurse	School
Gius Pagnotta	- MCES (Head Nurse)
Shannon Sharpe	- Gables
Caryn Blasco	- Green Grove
Lisa Cagliostro	- Shark River Hills
Patricia Olsen	- Summerfield
Lynne Moloughney	- Middle*/High
Dawn Murphy	- Middle School
Jill Scully	- High School

* **Home School**

As of 9.14.2022

Adopted by the Board of Education - August 29, 2022
Re-Adopted by the Board of Education - September 14, 2022

NEPTUNE TOWNSHIP SCHOOL DISTRICT

2022 - 2023 SCHOOL HEALTH SERVICES MANUAL

NEPTUNE TOWNSHIP SCHOOL DISTRICT
SCHOOL HEALTH SERVICES MANUAL

This is the standard procedure for school nurses and medical information for teachers and staff.

HANDLING OF INJURIES AND ACCIDENTS

1. All accidents and/or injuries to pupils must be reported to the school nurse and the principal's office. Any injury incurred in an after-school activity or sport should be reported as soon as possible thereafter and an accident report filed for each incident. Accident reports are kept in the nurse's office.

2. The school nurse will inspect all injuries. If an injury requires only minor first aid treatment, the school nurse will provide the treatment required. If necessary, a parent is called and referred for medical evaluation, if needed.

3. In the event of a major injury, contact the school nurse as soon as possible. Make the student comfortable, but do not attempt to move them if they have sustained a bad fall. Parents/ guardians must be contacted and the Neptune First Aid called, if requested by the school nurse. If the emergency requires hospital emergency treatment, request the parent/guardian meet the student at the hospital and contact the school as soon as the student's prognosis is determined and treatment has been received.

4. If the parent/guardian cannot be reached, the pupil is to be taken to the hospital. Continue reaching out to the student's parent/guardian until successful. The principal or designee must accompany the student to the hospital. The school nurse should remain in the building.

FIRST AID TREATMENT

Whenever a pupil is injured and requires first aid treatment, the following procedures for treatment will be followed:

a. Determine unresponsiveness, assess airway, breathing and circulation. Only those currently certified to perform CPR and use of the AED will provide life saving measures. If a pupil or staff member is unresponsive, follow the steps for the Chain of Survival-C-A-B; Use AED if necessary; Call 911;

b. Universal precautions are to be followed whenever one comes in direct contact with bodily fluids (i.e. blood, vomitus, urine, feces, and saliva). Direct skin contact with body fluids should be avoided. Disposable gloves should be worn. To dispose of gloves, they should be placed in a plastic bag and secured. In instances where direct skin contact occurs, hands and other affected skin areas should be washed with soap and water immediately following contact.

1. **ANAPHYLAXIS**

   a. Call 911. **DO NOT WAIT** for symptoms to appear if sensitivity is known.

   b. Notify parent/guardian.

   c. Assess for symptoms of shock/allergic reaction.

      1. Determine unresponsiveness, assess airway and breathing circulation.
      2. Other: Restlessness, severe headache, severe nausea, vomiting, diarrhea, unconsciousness.
      3. Only those currently certified as a Heart Saver CPR/AED should do so. Refer to page 1, # 4.

   d. Administer epinephrine from Epi-pen per the following instructions and if no other order from a physician is available (If school nurse is not available, trained Epi-Pen delegate with valid training documented may administer Epi-Pen Jr or Sr) :

      1. First dose:
         - Over 60 pounds (usually 4th grade and above)
           0.3cc epinephrine USP 1:1000 (Epi-pen)
         - Under 60 pounds (kindergarten to 3rd grade)
           0.15cc epinephrine USP 1:1000 (Epi-pen Jr)

      2. Second dose: Repeat injection as above in 15 minutes if child has not improved or has deteriorated and ambulance has not arrived.

   e. Benadryl/Diphenhydramine may be given PO per the following instructions:

- 1.25 mg/kg/dose every 6 hours as needed; maximum for adolescents 50mg/dose.

2. **ASTHMA**

   a. Have a student rest quietly in an upright position. Assess respiratory system.
      - Listen for lung sounds, skin color, and respirations.
      - Estimate length of inspiration and expiration to determine an I:E ratio (should be 1:1; if greater than 1:3, student is having severe bronchoconstriction)
      - Observe for inter-costal retractions.
      - Observe speech pattern.
      - Follow student's Asthma Action Plan.

   b. Administer medication as directed by physician's order and /or Asthma Action Plan.

   c. Restrict physical activity, allow student to rest.

   d. If student's own medication is not available in the nurse's office, standing orders for students exhibiting asthma-like signs/symptoms with/without medication orders/asthma action plan in the nurse's office are as follows:

      -Up to two treatments of nebulizer treatments of Albuterol inhalation solution 2.5

mg (Stock supply) x 20 minutes apart (During COVID or respiratory pandemic, an inhaler with or without a spacer is preferred).

e. If no improvement within 10 minutes:

Administer **OXYGEN** as directed by standing physician's order as follows:

- **Child (non-rebreather)** Under 60 lbs. at 3-6 l/min
- **Child (bag-valve-mask [BVM])** Under 60 lbs. up to 6-10 l/min
- **Adult (non-rebreather)** Over 60 lbs. up to 6-10 l/min inc.
- **Adult (BVM)** Over 60 lbs. up to 10-15 l/min inc.

f. Contact parent/guardian, call for ambulance and transport student to the hospital.

g. Call 911 for all students and staff who require oxygen administration.

3. **BITES (Animal or Human)**

a. Wash with copious amounts of soap and water.

b. Cover with sterile dressing.

c. Advise parent to contact family physician.

d. Record date of last tetanus booster.

e. Please note: Animal bites must be reported to the Neptune Police Department (732-988-8000) for investigation and to the Monmouth County Board of Health.

4. **BLEEDING (Severe Laceration/Wound/ Trauma)**

a. Use universal precautions.

b. Have a patient lie down. Assess level of consciousness and determine unresponsiveness, assess airway, breathing and circulation.

c. Place thick sterile gauze dressing over wound and press firmly. If the dressing becomes saturated, lay fresh dressing over it and continue pressure.

a. Use Dyna Stopper Dressing if bleeding is severe. Do not remove dressing. Apply pressure and use (CAT) tourniquet if necessary. Supplies located in the AED cabinet. Trained staff in Stop the Bleed may assist school nurse or use the items listed above for severe bleeding

d. When bleeding stops, apply pressure bandage over dressing.

e. Call 911 if necessary. All sutured lacerations with either sutures or staples require a Return to School note from the Emergency Department or PMD regarding gym/physical activity.

f. Treatment and cleansing of wound should be done in the hospital or by a physician.

5. **BRUISES (Abrasions/Minor Lacerations)**

   a. Cleanse with soap and water.

   b. Apply dressing.

   c. Apply ice or cold pack, if necessary; secure with elastic wrap to provide compression.

6. **BURNS (Be alert to possible child abuse.)**

   a. First Degree (skin reddened):
      - Apply cool water to burn or hold burned area under running water.

   b. Small Second Degree (Skin Blistered):
      - Apply cool water to burn or hold burned area under running water.
      - Do not disturb any blisters that form.
      - Apply dry, nonstick dressing.

   c. Extensive second and third degree burns:
      - Assess for adequate airway and breathing (CPR if needed). Call 911, if necessary.
      - DO NOT REMOVE adhered particles of charred clothing.
      - Cover wound with sterile, non-sticking dressing, or a clean sheet.
      - Notify parent; transport to hospital via ambulance, if necessary.

   d. Chemical Burns:
      - Flush with copious amount of water for at least 5 minutes.
      - Follow first aid instructions on label, if available.
      - Cover with sterile, non-sticking dressing.
      - Notify parent. Call 911, if necessary. Instruct parent to seek medical attention and contact local Poison Control Center.

7. **CHEST PAINS**
      - Assess airway, breathing, and circulation. Check pulse/blood pressure.
      - Stable chest pains must be sent to PMD or Emergency Department for an evaluation.
      - Contact parent/review records for relevant history
      - Advise parent to follow up with pediatrician
      - Doctor's note must accompany child to school for clearance of normal school day/gym/sports.

7. **CHOKING (Obstructed Airway)**

   a. If patient is able to talk or cough, encourage coughing. If they are unable to cough, talk, or show other signs of poor airway exchange, perform the Heimlich maneuver.

   b. Have someone else call 911 and notify parent while you stay with patient.

   c. Assess breathing and circulation, begin CPR if certified and activate Cardiac Emergency Plan.

8. **CONJUNCTIVITIS**

   a. Exclude from school.

   b. Refer to physician and exclude until under treatment.

   c. May return with doctor's note after 24 hours of treatment, or after a full day of medication.

9. **DIABETES**

   a. If there is a known history of Diabetes, then test blood glucose in a private setting as ordered by private physician. Follow Diabetic Care Plan as prescribed by a physician.

   b. If there is no known history then observe for signs/symptoms as below:
      - Signs/Symptoms of Hyperglycemia: Thirst; lack of appetite; dry, glazed tongue; sluggishness; drowsiness; dizziness; nausea and vomiting; slow, labored breathing; fruity breath.
        - Treatment: Call 911 immediately, notify parent.
      - Symptoms of Hypoglycemia (low blood sugar): Sudden behavior change; extreme hunger; sweating; trembling or sensation of trembling; pallor; faintness; dilated pupils; nervousness; dizziness; headache; blurred vision; crying; confusion; abdominal cramps; lack of coordination.
        - Treatment: Give sugar in form of 4 oz. orange juice, regular soda, 4 life savers, etc. Patient should improve within 10–15 minutes. When student improves, may follow with a glass of milk and crackers.
        - Administer Glucagon if prescribed by PMD, according to Diabetes Medical Management Plan.
          - May be administered by an employee who is a Glucagon delegate if trained and documented return demonstration is on file by school nurse.

10. **EARACHE**

    a. Take temperature.

    b. Assess for pain level.

    c. Examine with otoscope; observe for any discharge from ear.

    d. Refer to parent for medical evaluation and send child home if symptoms get worse.

11. **EYE TRAUMA**

    a. If the student is unable to open eye, do not force. Check for visible lacerations on lids or eyeballs.

    b. Check for the following: contacts (remove if necessary); fluid or blood in anterior chamber; diplopia (double vision); extraocular movements; unequal pupils; light sensitivity.

c. Check vision in both eyes (Snellen) and assess pain level.

d. Management: Refer to physician if there is laceration of lid or other visible trauma to lid or eyeball, or if vision is impaired in any way. Patch both eyes to minimize movement prior to physician referral. Apply sterile dressing to stop bleeding.

e. Call parent.

12. **FAINTING**

a. Assess airway, breathing, and circulation. Check pulse/blood pressure.

- For mild symptoms (weakness, dizziness) have patient either lie or sit down with head lowered between knees until symptoms are relieved. Take history (diabetes, heart disease, nutritional status, i.e. breakfast, etc.).

- If patient has lost consciousness, loosen clothing, place in horizontal (supine) position, and elevate feet.

- Call 911 and parent/guardian. Medical Clearance Note must accompany child upon re-entry to school.

13. **FEVER**

a. Any student with a temperature of 100.0° F or over should not remain in school – notify parent/guardian.
b. During COVID or respiratory pandemic, this may be a symptom and the child must be isolated and sent home immediately. Child may only return with a doctor's note and symptom free for 48 hours. See Suspected COVID section.

c. The child must be fever free for 24 hours without medications before returning to school.

14. **FIFTH DISEASE (Slapped Cheek Syndrome)**

a. Symptoms: The virus usually begins with a low grade fever or malaise.

b. Call parent/guardian to seek medical attention.

c. May return to school with physician's note.

15. **FOREIGN BODIES (Eye, Ear, Nose)**

a. Eye
   - Pull down lower lid with tip of index finger. If foreign body can be seen in sac of the lower lid, remove with cotton-tipped applicator.
   - Rinse eye with clean running water or sterile eyewash.
   - If above not successful, cover eye and contact parent/guardian for a medical evaluation.

b. Ear
- Treat ear wax as a foreign body. Do not attempt to remove.
- Refer to physician.

c. Nose
- Do not attempt to remove unless object can be seen extruding from nose and can be grasped with fingers or forceps.
- Try to have child blow nose forcibly with unobstructed side held closed.
- Refer to physician.
- Call parent.

16. **FRACTURE/SPRAIN**

a. Assess Symptoms: Range of motion. Localize pain following trauma; swelling; redness; asymmetry compared to opposite side; deformity; bone protruding through skin.

d. Handle with caution. Make patient comfortable without moving affected limb. Apply ice with ace bandage and elevate. Keep patient warm. Splint may be applied. Call 911 and parent.

e. Student returning after being seen by an orthopedist must have a note to Return to gym and/or sports. Any child with a splint/ace bandage/crutches requires a medical note upon re-entry to school with Physical activity restrictions noted specifically stair climbing and elevator requirements.

16. **HEADACHE**

a. Check temperature and blood pressure.

b. History of migraine/head injury within past 24 hours?

c. Last meal eaten?

b. If headache not relieved, or is post head injury, contact parent/guardian and recommend a medical evaluation.

c. Assess for symptoms of Head Injury (see below).

18. **HEAD INJURY**

a. Symptoms: Severe headache, nausea, vomiting, confusion, dizziness, sleepiness, bleeding or clear fluid draining from ear, nose or mouth.

b. Have patient lie quietly with head slightly elevated. Check BP, pulse, and pupils. Keep warm. Apply sterile dressing to any head wound after cleansing. Apply ice pack to head.

c. Observe for 30 minutes. May return to class if all findings are normal. If headache is severe, student should be seen by doctor-don't wait 30 minutes.

d. Call 911 if necessary and parent.

e. Refer to physician as necessary with loss of consciousness, large hematoma, loss of memory, or clear fluid draining from ear, nose or mouth.

f. Send home Head Injury Sheet. Refer to private healthcare provider.

g. Students who are evaluated for a concussion may require a Reduced Academic Workload protocol sent to guidance counselor, teachers, and the school nurse.

19. **IMPETIGO**

a. Exclude from school, refer to physician for treatment.

b. May return to school with physician's note stating treatment has begun.

20. **INFECTION**

a. Cleanse with soap and water. Cover with sterile dressing.

b. Refer parent for medical care by physician.

21. **INSECT BITES – BEE STINGS**

a. Ask patient if they are allergic to bites. Persons with allergies to insect bites/stings may need immediate medical care (See Anaphylaxis).

b. Cleanse with soap and water. Remove and discard stinger and venomous sac; best accomplished by using credit card at an angle using a sweeping motion (like a razor).

c. Apply ice pack for 10 minutes. Apply Caladryl or sting stick.

d. Observe for increased swelling, difficulty breathing, listen to lungs for wheezing, and anaphylactic shock.

e. Refer to parent for medical care, if necessary.

f. Call first aid if signs of anaphylaxis are present. Give treatment as described in Anaphylaxis (number 1 of this manual).

22. **LICE (Pediculosis)**

a. Student is excluded until treated and nit free.

b. Notify parents and provide information on treatment of students and environment.

c. Inspect all classmates, teacher and other close contacts of infected students.

d. Alert teachers to signs, symptoms and treatment of classroom environment.

e. Educate parent and student to prevent re-infection.

f. Re-evaluate student on following morning upon readmission after treatment.

23. **MEDICATIONS**

a. No medication will be given to a student without a written order from the family physician and consent from the parent.

b. See board policy on medication administration.

24. **MENSTRUAL DISCOMFORT**

a. Have patient rest quietly for 15-20 minutes.

b. Notify parent and refer to physician if pain is severe and/or recurrent.

25. **NAUSEA/VOMITING/DIARRHEA**

a. Take temperature.

b. If there is a fever and/or student has vomited and/or has diarrhea, call parent to request that student be taken home.

c. Child should return to school 24 hours after vomiting/diarrhea episode has ceased. If your child is sent home for vomiting or diarrhea, they may not return to school the next day.

26. **NOSE BLEED**

a. Have patient assume a sitting position and bend head slightly forward.

b. Apply pressure to side of nostril by compression until bleeding stops.

c. If child is able to return to class, restrict activities for remainder of day (no Physical Education).

d. Apply ice pack to posterior neck. Notify parent for further care if bleeding is severe.

27. **POISONS**

a. Do not induce vomiting.

b. Check vital signs.

c. Treat for shock if necessary; call 911.

d. Obtain name and content of poison.

e. Call Poison Control Center (1-800-222-1222).

f. Notify parent/guardian.

28. **PUNCTURE WOUND**

a. Cleanse area with soap and water; irrigate profusely.

b. Apply sterile dressing.

c. Refer to parent for further medical treatment; check tetanus immunity status.

29. **RESPIRATORY DISTRESS/ARREST – SUSPECTED OPIOID OVERDOSE**

a. **Opioid Overdose: Too much of the opioid medication or other drug**

- Typical symptoms: Unconscious, slow or no respirations, pinpoint pupils (miosis), hypoxia (from no breathing) can take 2-4 minutes.

b. **RECOGNIZE: Observe individual for signs and symptoms of opioid overdose**

Suspected or confirmed opioid overdose consists of:
Respiratory depression evidenced by slow respirations or no breathing (apnea)

- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

c. **Response:**

- Ensure scene safety, 911 call and conduct initial A-B-C assessment of patient. Summon help including the school nurse to respond with jump bag and other emergency equipment.

- If needed, deliver CPR and AED care as indicated.
- Continue A-B-C support until relieved by a higher medical responders.
- Naloxone AKA Narcan is kept in the school nurse jump bag and all Neptune school nurses have been trained in the administration of Naloxone.
- Nalaxone Administration: Intranasal administration of Naloxone
    - a) There are exclusion criteria for nasal trauma and epistaxis. Naloxone should not be administered if there is a known hypersensitivity to Naloxone.
    - b) Assemble Naloxone vial and intranasal atomizer:
    - Pop off caps from the delivery syringe and one cap from the Naloxone vial
    - Screw the Naloxone vial gently into the delivery syringe
    - Screw the mucosal atomizer device onto the top of the syringe
    - Spray half (1mg) of the Naloxone in one nostril and the other half (1 mg) in the other nostril for a total of 2 mg.
    - Continue rescue breathing or CPR as needed
    - If no response, an additional second dose may be administered after 3-5 minutes
    - Monitor until EMS arrives
    - Place victim in the recovery position and stay with the victim. The recovery position is when you lay the person on his or her side, his or her body is supported by a bent knee and his or her face is turned to the side.

- Please see instruction guide at the end of this manual:
    - Retrieved from NJ Dept of Health: http://www.nj.gov/health/ems/documents/ems-toolbox/narcan_administration_edu_material.pdf

30. **RINGWORM**

a. Exclude from school.

b. Child may return after 24 hours of treatment with a physician's note.

31. **RASH**

a. If rash cannot be identified, exclude. Re-admit with physician's note.

b. Apply Caladryl to poison ivy/oak, etc. whenever necessary. Do not apply near eyes.

32. **SCABIES**

a. Exclude from school. May return after treatment with note from physician.

b. Check siblings in school.

33. **SORE THROAT**

a. Take temperature.

b. Make visual assessment of oral pharynx. Check for enlarged neck nodes.

c. Have student taken home by parents if pain is severe or there is difficulty in swallowing.

d. Refer to physician, if necessary. If a rapid strep test is negative and followed up by a throat culture test by the PMD, the student is not allowed to return to school until the throat culture is negative.

    a. If the child has tested positive for Strep then the child must be on antibiotics for 24 hours before returning to school.

34. **SPLINTERS**

a. Cleanse with soap and water.

b. Remove splinter with forceps only if it protrudes skin. Do not probe. Contact parent for all splinters.

c. Cover with dry, sterile dressing, if necessary. Advise warm soaks at home.

d. Advise MD follow-up.

35. **STOMACH ACHE**

a. Take temperature.

b. If the temperature is 100.0°F or over or pain is severe, contact the parent for further medical evaluation.

c. Child should not be in school until free of diarrhea/vomiting for 24 hours. If your child is sent home for vomiting or diarrhea, they may not return to school the next day.

36. **SEIZURES**

a. Do not attempt to restrain movements/do not attempt to open mouth. Turn head to side, loosen clothing.

b. Time the seizure and record description objectively. Follow guidelines from Seizure Action Plan if available

c. Allow to rest following convulsion.

d. Call nurse as soon as possible. Maintain crowd control and remove any students from view of seizure.

e. Do not attempt to open mouth.

f. Notify parents.

g. Call 911 if seizure persists (>3 minutes unless otherwise noted by neurologist and /or pediatrician) or there is no previous history (first known seizure).

h. Measure body temperature if possible.

37. **SHOCK**

a. Check and record vital signs.

b. Call 911.

c. Have patient lie flat with feet elevated. Keep warm with blanket.

d. Notify parents. Follow Chain of Survival for CPR/AED IF NEEDED.

38. **TICKS**

a. Use fine point tweezers, grasp the tick's mouth parts (place of attachment) as close to the skin as possible.

b. Gently pull the tick straight out with steady pressure.

c. Do not twist or jerk the tick.

d. Place the tick in a small vial with a moistened cotton ball.

e. Write name and date on vial.

f. Disinfect area of bite with anti-bacterial soap and water. Apply antiseptic.

g. Notify parent.

h. Refer to medical doctor.

DENTAL EMERGENCIES

1. **TOOTHACHE**

   a. Rinse mouth with warm water. Apply a mild analgesic (Anbesol) or an ice pack may be applied for temporary relief.

   b. Refer to parent for evaluation by dentist.

2. **AVULSED TOOTH**

   a. An avulsed tooth can be saved by quick, careful response. The length of time out of the mouth is the prime factor in determining prognosis.

   b. Calm the child and clean any soft tissue wound. **DO NOT** scrub the tooth. Insert the tooth gently into the socket. If the tooth does not stay in by itself, you should try to hold it lightly in place. If you cannot insert the tooth, place it in student's saliva. Tap water is **NOT** an ideal transport medium.

   c. The child and tooth should be brought to the dentist as soon as possible. NOTE: In all dental trauma situations, the child's general well-being takes precedence over dental treatment. If neurological evaluation reveals anything remarkable, the child should be brought first to a physician.

3. **EMERGENCY TREATMENT FOR A PERMANENT OR PRIMARY TOOTH WHICH IS MOBILE FOLLOWING TRAUMA**

   a. Calm the child and clean any soft tissue wound. The child should be brought to the dentist as soon as possible if mobility is moderate to severe.

   b. For slight mobility, the immediate trip to the dentist may be postponed. The parents should be advised to have the child seen by the family dentist.

4. **EMERGENCY PROCEDURE FOR A PRIMARY TOOTH WHICH HAS BEEN AVULSED**

   a. Because of the possibility of damage to the developing tooth bud, avulsed primary teeth are not replanted.

   b. Calm the child and clean the soft tissue wound. The child (and tooth) should be brought to the dentist as soon as possible.

5. **EMERGENCY PROCEDURE FOR A PRIMARY TOOTH WHICH HAS BEEN INTRUDED**

   a. Calm the child and clean the soft tissue wound. The child should be brought to the dentist as soon as possible. (90% will re-erupt within 6 months naturally).

   b. If you see exposed bone, cover with saline soaked gauze and get immediate attention.

6. **EMERGENCY PROCEDURE FOR A PERMANENT OR PRIMARY TOOTH WHICH HAS BEEN FRACTURED**

   a. Calm the child and clean any soft tissue wound. If the tooth is sensitive or a pink, red, or bleeding spot is noted, then the tooth should be covered with moist gauze.

   b. Treat as an emergency. Take child to dentist as soon as possible. If the tooth is not sensitive and no pink, red or bleeding spot is noted, then the child's parents should be advised to take the child to the dentist. If the tooth has only a crack line, then no immediate attention is necessary. The parents should be advised to have the child seen by the family dentist.

   c. Try to find the piece of tooth that has come off. There could be a silent aspiration.

7. **BROKEN OR LOOSE DENTAL APPLIANCE**

   a. Apply dental wax over bridge or loose wire and press to teeth. (Chewing gum can be used in an emergency).

   b. Notify parent, refer to dentist.

Suspected COVID or Respiratory Pandemic

THE FOLLOWING ARE CRITERIA FOR EXCLUSION FROM SCHOOL:

1. Any communicable disease.
2. Fever greater than 100.0° F orally.
3. Vomiting/diarrhea.
4. Pediculosis (must be nit free to return to school).
5. Rashes of unknown origin.
6. Impetigo.
7. Conjunctivitis with/without pus or purulent drainage.
8. Scabies.
9. Suspected COVID signs/symptoms

THE FOLLOWING MEDICATIONS MAY BE GIVEN TO STUDENTS/STAFF BY THE SCHOOL NURSE OR NURSE SUBSTITUTE:

1. Anbesol
2. Ammonia Inhalants
3. Bacitracin
4. Bactine
5. Blistex
6. Caladryl
7. Chloraseptic
8. Contact Solution
9. Insect Wipes/Sticks
10. Peroxide
11. Saline
12. Solarcaine
13. Vaseline
14. Visine

15. Albuterol (see orders under number 2)

The following may be given to **employees only**:

1. Tylenol 325 mg or 500 mg 2 tabs/capsules every 6 hours prn **or**
2. Advil/Motrin 200mg 2 to 3 tabs/capsules every 6 hours prn---Do not administer if an allergy to Aspirin is present.

Please document on the employee medication sign in sheet. Advise employee to sign consent at bottom of sheet.

The following is for all 911 calls for students or staff

Any student or staff member who is sent to the Emergency Department via a 911 call requires a Medical note for clearance to return to school/work, either by the Emergency Department medical provider or the private physician.

Manual Approved by:

_____ Date 8/29/22

School Physician A. Oram, MD

_____ Date: 9-8-22

Superintendent of Schools

Board Approved: Wednesday, September 14, 2022

#	Last Name	First Name	New School	New Position	Old School	Old Position	Transfer	Effective Date	BOE Aprv.
1	Caraballa	Sergia	MCES	Paraprofessional - 1 on 1 (Campanelli's)	MCES	Paraprofessional - (Curto)	Reassignment	9/7/2022	9/14/2022
2	Dafeldecker	Katherine	CO	Behaviorist	MCES	Intervention	Transfer	9/1/2022	9/14/2022
3	DeSousa	Bernadette	SRH	Paraprofessional - w/Norton	SRH	Paraprofessonal - w/Lane	Reassignment	9/15/2022	9/14/2022
4	Fay	Tara	GGES	Paraprofesional Self Contained (Fanelli's)	NMS	Paraprofessional Sp Ed	Transfer	9/6/2022	9/14/2022
5	Morris	Edward	SES	Custodian - Mid Shift/Floater	MCES	Custodian - 11am-7:30pm	Transfer	10/1/2022	9/14/2022