

UNION TOWNSHIP PUBLIC SCHOOLS
Union, New Jersey 07083

COMMUNICABLE DISEASE POLICIES

1. Chicken Pox

Usually begins with fever, fatigue, and a skin eruption that starts as a red papule, then becomes small blisters for 3-4 days, then leaves a scab. This disease is communicable from 24 hours before to 6-7 days after the eruption at which time the blisters have dried up and become scabbed.

- . The student will be admitted to class seven (7) days after the rash appears if all lesions are dry.

2. Conjunctivitis (Pink Eye)

Defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.

- . The student may return to school after examination by a physician and approved for readmission, with or without treatment.

3. Strep Throat Infections

Usually characterized by a sore throat for four days with no fever, or a sore throat and fever for two days.

- . The student may return to school 24 hours after antibiotic treatment has begun and 24 hours after fever has subsided.

4. Pediculosis Capitis (Head Lice)

Please refer to the Head Lice Management Procedure Policy.

5. Tinea Corporis (Ringworm)

Usually begins as tiny red spot, which slowly grows in circular fashion, clearing in the center as it enlarges. The edges remain reddish and scaly.

- . Student must have medical note to return to school
- . Exposed skin must be kept covered

6. Tinea Pedis (Athlete's Foot)

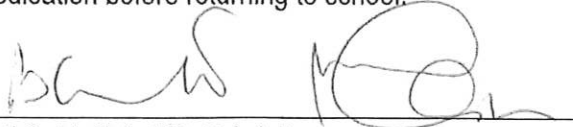
Characterized by peeling, cracking and itching of skin between the toes. This is a superficial infection widely spread through the use of showers, swimming pools, common bath mats or direct contact with an infected person. Isolation is not practical.

7. Skin Eruptions (Impetigo, Staph)

The student should be excluded from school until satisfactory treatment has been started and a note is received from a physician that the student has permission to return. The student should be excused from Physical Education and showers until lesions are completely healed.

8. Temperature of 100.4 and above

Student should be excluded from school and should be fever free for 24 hours without fever-reducing medication before returning to school.


Bharati S. Mullick, MD, F.A.A.P.
Chief School Medical Examiner


Date

7/25/2022

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PHYSICIAN'S STANDING ORDERS FOR EMERGENCY MEDICATION

Benadryl (Diphenhydramine HCl) may be administered to students and Board of Education employees by the School Nurse in the following emergency situation:

For acute allergic reactions including hay fever, insect stings, etc.

Dosage: Administer Benadryl Elixir 12.5 mg/tsp. or
Benadryl 25 mg capsules based on student's weight

If student weighs 30 to 45 pounds, administer 1 to 2
teaspoons orally

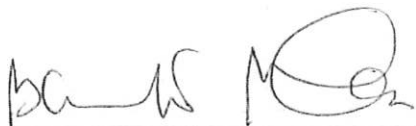
If student weighs 46 to 90 pounds, administer 2 to 4
teaspoons or 1 to 2 capsules orally

If student weighs more than 90 pounds, administer
1 to 2 capsules orally

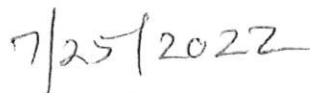
Contraindications: Known hypersensitivity to Benadryl

Side Effects: Drowsiness, dry mouth, pallor, anxiety. See package directions
and alerts.

Nursing Implications: Monitor student's allergic symptoms and response to medication.



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PHYSICIAN'S STANDING ORDERS FOR EMERGENCY MEDICATION

Epinephrine (adrenalin) may be administered by the School Nurse in the following emergency situations:

1. Anaphylactic shock
2. Respiratory failure or severe laryngeal edema due to severe reaction to insect bites or stings.

Dosage: Adult Epinephrine Auto-Injector 0.3mg for students weighing more than 66 pounds

Pediatric Epinephrine Auto-Injector 0.15mg for students weighing 66 pounds or less

Route: Intramuscular in anterolateral aspect of the thigh, may be repeated in 15 minutes.

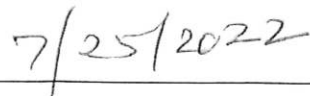
Contraindications: Known previous hypersensitivity to Epinephrine.

Side Effects: Nervousness, tremor, palpitation, anxiety, headache, or elevated blood pressure.

Nursing Implications: Do not use a brown or precipitated solution.
Monitor vital signs as indicated.
Injection site should be massaged after administration of Epinephrine.
Transport student to emergency room ASAP.



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PHYSICIAN'S STANDING ORDERS FOR ROUTINE MEDICATION

The following pharmaceuticals, treatments, and tests may be administered per package directions as needed by the Certified School Nurse or Registered Nurse Substitute to students and school board employees:

Anbesol topically
Bactine topically
Bacitracin topically
Calamine lotion topically
Fragrance Free Lotion
Hibiclens Skin and Wound Cleanser topically
Hydrocortisone 1 % topically
Insect Sting Swab topically
Isopropyl Alcohol topically
Liquid Bandage Spray
Petroleum Jelly topically
Witch Hazel topically

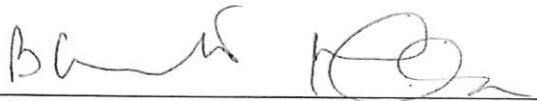
Cepacol Throat Lozenges orally (adults and children ages 6 and older)
Chloraseptic Throat Gargle or Spray orally for ages 6 years and older

Dacriose Ophthalmic Irrigation
Allergy Relief Eye Drops
Refresh Eye Drops

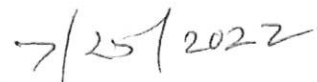
T.B. Testing: Mantoux Tuberculin, PPD (5 TU/0.1 ml.)
Administer 0.1 ml. intradermally, read in 48 to 72 hours

Emergency Standing Orders:

Benadryl (see attached)
Epinephrine (see attached)



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PHYSICIAN'S STANDING ORDERS FOR PRN MEDICATION

The following medication may be administered by the School Nurse to Board of Education employees and to students at Union High School, Burnet Middle School and Kawameeh Middle School, who weigh more than 96 pounds, for the purpose of treating mild symptoms. Students must also have parental or legal guardian's consent for these medications to be administered.

No medications will be administered for a headache unless there is an order from the student's healthcare provider on file for the current year. Medication frequently requested for Dysmenorrhea requires a note from a healthcare provider for the current year.

If symptoms persist it is understood that the nurse will contact the parent or guardian.

Acetaminophen

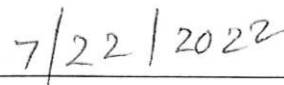
325 mg, 2 tablets orally, every 4 hours as needed for pain or fever.

Ibuprofen

200 mg, 1 or 2 tablets orally, every 6 hours as needed for pain or menstrual cramps.



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Administration of Opioid Antidote (Naloxone)

School Nurses and other trained school employees are authorized by me to administer Narcan (Naloxone) Nasal Spray 4 mg intra-nasally for known or suspected opioid overdose in adults and children. It may be repeated every two to three minutes until the person responds.



Dr. Bharati Mullick
Chief Medical Examiner

Date 7/25/2022

COVID-19 PANDEMIC RELATED GUIDELINES FOR TUPS' SCHOOL NURSES

DAILY HOME SCREENING FOR STUDENTS

The CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day using a Screening Tool such as the CDC/Apple COVID-19 tool prior to sending their child to school <https://www.apple.com/covid19/>. Students with symptoms of COVID-19 should not attend school in-person. A note from a healthcare provider to attend school note does not preclude the school nurse from sending student home if new or worsening symptoms occur.

ASSESSMENT GUIDELINES TO DETERMINE WHEN TO SEND HOME, ISOLATE, AND RETURN TO SCHOOL

Section 1

Assess for symptoms of COVID-19:

- Fever or chills
- Cough – **New**, uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough documented by healthcare provider, a change in their cough from baseline)
- Shortness of breath or difficulty breathing
- Fatigue (not related to insufficient rest)
- Muscle or body aches (not related to injury or overuse)
- Headache (new onset-severe)
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If a student is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Section 2

Assess for exposure to persons with COVID-19

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
- Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework
- Live in areas of high community transmission

A. If the answer is YES to any question in Section 1 but NO to any questions in Section 2

1. The student will be sent home.
2. The student would be excused from school in accordance with existing school illness management policy (until symptom-free for 72 hours without fever reducing medications) or negative COVID-19 test results.

B. If the answer is YES to any question in Section 1 and YES to any question in Section 2

1. The student will be placed in an isolation area and sent home. Instruct the parent/guardian to follow up with their child's healthcare provider for guidance, isolate the student from others, monitor their health, and follow CDC guidelines.
2. Notify TUPS District Contact Tracer. Parent/Guardian should be advised that the Union Health Department may contact the family for contact tracing.
3. Students who have received a negative test result should be allowed to return to school once their symptoms have otherwise improved in accordance with existing school illness management policies.
4. Students diagnosed with COVID-19 or who answer YES to any question in Section 1 and YES to any question in Section 2 without negative test results (i.e., not tested for example, household member has tested positive and student shows symptoms so healthcare provider presumes positive diagnosis) should be permitted to return to school in line with current CDC recommendations:
 - 10 days since symptoms first appeared and
 - 24 hours with no fever without the use of fever-reducing medications and
 - COVID-19 symptoms have resolved (for example, cough, shortness of breath)
5. School Nurse should make parent aware that school nurse must clear student to return to school based on above criteria.
6. CDC guidelines state a negative test or doctor's note should **not** be required for return. Questions regarding return to school should be jointly decided in consultation with parents or caregivers, school personnel, the Union Health Department and the student's healthcare provider.

ISOLATION PROTOCOLS: For students/staff who develop symptoms of COVID-19 while at school.

School staff (e.g., workers, teacher aides, and school health staff) who interact with a student/staff member who becomes ill while at school should use Standard and Transmission-Based Precautions.

If student/staff member requires transport to the hospital alert EMS that the student/staff member may have symptoms of COVID-19.

Be mindful of appropriate safeguards to ensure that students and staff are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time.

After the student/staff member is placed in an isolation area, school staff who work in the isolation area should follow CDC's Considerations for Cleaning and Disinfecting your Building or Facility.

STUDENTS WITH RESPIRATORY ILLNESSES/NEBULIZER TREATMENTS

Students with acute respiratory illness should not attend school. During this COVID-19 pandemic, asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious therefore, ***nebulizer treatments will not be administered in school***. School nurses should notify parents and the healthcare provider who ordered the nebulizer treatment.

ISOLATION AND PERSONAL PROTECTIVE EQUIPMENT (PPE) STANDARDS IN THE HEALTH OFFICE

Appropriate PPE must be utilized in conjunction with universal precautions and proper hand hygiene.

School Nurse will follow CDC PPE guidelines for caring for patients with suspected COVID-19. These guidelines do not substitute nursing judgment and acknowledges that courses of action may be modified on a case-by-case basis.

https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf

IMMUNIZATIONS (no change to current procedure)

Promote up-to-date vaccinations, including the flu vaccine, and 6th grade required Tdap and Meningococcal in accordance with New Jersey State law.

SCREENINGS

Scoliosis, height, weight, blood pressure, vision, and hearing (**no change to current procedure**). Screenings should be performed following the schedule outlined in the NJDOE regulations as there has been no change to screening requirements during the COVID-19 pandemic. Social distancing and mask requirements should be maintained. Preference should be given to students identified with or complaining of difficulty in any of the areas which require screening and with screening requirements as outlined in special services evaluation regulations. Supervisor will be notified if nurse is unable to maintain screening requirements.

ATHLETIC TRAINERS

In the absence of a school nurse, a certified Athletic Trainer may cover the school nurse's office. In the event an occurrence is outside of the athletic trainer's scope of practice the athletic trainer would consult with a school nurse and or the student's parent.

ADDITIONAL STAFF TRAININGS

1. Update Communicable Disease Training to include COVID-19 specific info. (if training is not provided by GCN).
2. When Not and How to send students to the Nurse's Office.

Additional References:

Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations (July 23, 2020)
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>

Global Initiative for Asthma (March 25, 2020)
<https://ginasthma.org/covid-19-gina-answers-to-frequently-asked-questions-on-asthma-management/>

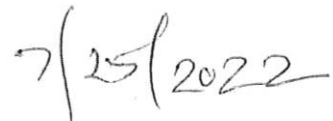
K-12 Schools and Childcare Programs FAQs for Administrators, Teachers, and Parents
See: IF CHILDREN WITH ASTHMA USE "BREATHING TREATMENTS" OR PEAK FLOW METERS, DO SCHOOLS NEED TO BE CONCERNED ABOUT AEROSOLIZING THE VIRUS THAT CAUSES COVID-19?
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/FAQ-schools-child-care.pdf>

When to Quarantine after being exposed to someone with COVID-19-CDC
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

When to end isolation after having or likely having Covid-19
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html#:~:text=Anyone%20who%20has%20had%20close,has%20recovered%20and>



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