STANDING ORDERS FOR SCHOOL HEALTH PROGRAMS
The health and safety of every student is very important to us. Our staff takes care to support and maintain the health and well-being of our students. Even in the safest school environment students may have accidents or become ill at school.

The Standing Orders and Health Policies for School Nurse-Teachers contain procedures and policies for the response and management when a student’s health may be compromised. It has been written in compliance with the Rhode Island Rules and Regulations for School Health Programs and in collaboration with our School Physician, Martha Ullman, M.D. Dr. Ullman is a board certified pediatrician at Aquidneck Medical Associates.

The School Nurse-Teachers may make nursing judgments based on their professional knowledge and acceptable medical guidelines, which may not be included in this document. Copies of this document are available in the health office of each school.

Staff:

Aquidneck Elementary School  Cheryl L. Rosa, R.N.
Forest Avenue Elementary School  Cam Ventura, R.N.
Joseph H. Gaudet Middle School  Donna Byron, R.N.
Middletown High School  Denise Rochefort, R.N.
School Physician  Martha Ullman, M.D.
School Dentist  Hakan P. Durudogan, D.D.S.
# Abbreviations for Use with Standing Orders for School Health Programs

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ABRASIONS/LACERATIONS

Superficial:

1. Wash with soap and water
2. Apply pressure PRN
3. May apply antibiotic ointment PRN
4. Cover with dressing

Deep:

1. Apply direct pressure at site
2. Elevate affected area if possible
3. Cover with dressing
4. Notify parent/guardian and refer for medical evaluation PRN

ALCOHOL/DRUG ABUSE

If a student appears to be under the influence of drugs or alcohol the following procedures should be followed:

1. Monitor vital signs
2. Try to determine what substance(s) are involved and how the substance(s) was taken
3. Notify 9-1-1 if appropriate
4. Notify parent/guardian
5. Notify principal

ALLERGIES

Allergic reactions can be caused by many factors such as food, drugs or environment. Mild reactions may include swelling and redness at the site, hives and itching.

Mild:

1. Observe
2. If student has history of allergies, follow his/her Individualized Emergency Care Plan
3. Apply ice
4. Apply topical Calamine, Hydrocortisone 1% PRN
5. Administer oral Diphenhydramine PRN prmd

Severe reactions may include but are not limited to intense itching, full body rash, GI symptoms, and respiratory symptoms.
Severe:

1. If student has history (see #2 above)
2. If student does not have an identified allergy, administer stock Epi-pen prmd in accordance with RIDOH Rules and Regulations for School Health Programs
3. Call 9-1-1 and have student transported to Newport Hospital
4. Notify parent/guardian
5. Notify principal

BEE STINGS (WASP, YELLOW JACKET, HORNET)

History of Severe Reaction:

1. Follow Individualized Emergency Care Plan
2. Remove stinger, if visible

No Known History:

1. Remove stinger, if visible
2. Cleanse area
3. Apply ice and “Sting Kill” if available
4. Watch for systemic reaction
5. Administer Epi-pen in accordance with State of RIDOH Rules and Regulations for School Health Programs

BITES (ANIMAL/HUMAN)

If skin is broken:

1. Cleanse wound
2. Apply dressing
3. Notify parent/guardian and urge medical care
4. Report incident to school principal or police, if appropriate

If skin is not broken:

1. Apply ice PRN

BLEEDING

1. Wash site
2. Apply pressure at the site using clean dressing
3. Elevate part PRN
4. Apply antibiotic ointment PRN
5. Notify parent/guardian PRN
BLISTERS

1. Clean with water
2. Apply a loose, dry dressing
3. If open, use antibiotic ointment PRN
4. May apply ice PRN for comfort

BRUISES

1. Apply ice pack to recent bruises
2. Notify parent/guardian PRN

BURNS

Superficial Burn

1. Dry and painful (skin reddened)
   a. Hold affected area under cool water
   b. Apply ice pack PRN
   c. Apply Lidocaine-free or antibiotic ointment PRN
2. Partial Thickness (skin blistered). These blisters may be open and seep fluid.
   a. Flush with cool water
   b. Cover with non-stick dressing
3. Full Thickness (extensive)
   a. Flush with cool water
   b. Do not attempt to remove burned material from skin
   c. Notify 9-1-1, parent/guardian and principal

Chemical Burn

1. Flush with copious amounts of water for acid or alkali burn
2. Notify 9-1-1, parent/guardian and principal

CHEST PAINS

Adult:

1. Monitor vital signs
2. Follow Code Blue Plan

Child:

1. Monitor vital signs
2. Advise medical care as needed for symptoms
3. Follow Code Blue Plan as needed for symptoms
CHOKING

Conscious Victim and Coughing

1. Allow to cough object out

Conscious Victim and Cannot Speak or Breathe

1. Notify 9-1-1
2. Give 5 quick upward abdominal thrusts
3. Lean victim forward and give 5 back blows with heel of hand
4. Continue back blows and abdominal thrusts until:
   a. Object is forced out
   b. Victim can breathe or cough forcefully
   c. Victim becomes unconscious
5. Notify parent/guardian
6. Notify principal

Unconscious Choking Victim:

1. Notify 9-1-1
2. Assess airway
3. Retilt head attempt – 2 rescue breaths
4. If chest does not rise, give 30 chest compressions
5. Look for object
6. Continue breaths and compressions until EMS assumes care of victim
7. Notify parent/guardian
8. Notify principal

DENTAL

Toothache

1. Rinse the mouth vigorously with warm water to clean out debris
2. Use dental floss to remove any food that might be trapped between the teeth
3. Benzocaine (Anbesol) may be applied to tooth to decrease pain; urge immediate attention if toothache is unresolving

Lost Tooth – Vinyl Glove Protection When Necessary

1. Primary (baby) tooth
   a. Hold gauze to area to control bleeding
   b. Rinse mouth with water
2. Permanent Tooth
   a. Locate missing tooth; do not clean or handle root
   b. Do not place tooth in socket
c. Place in tooth preserving system or milk
d. Send to dentist within 30 minutes if possible

3. Broken Tooth
   a. Try to clean dirt or debris from injured area with warm water
   b. Place cold pack on face next to injured tooth to minimize swelling
   c. Notify parent/guardian that immediate attention by a dentist is recommended

4. Bitten Tongue or Lip
   a. Apply direct pressure to bleeding area with a sterile or clean cloth
   b. If swelling is present, apply cold compresses
   c. If bleeding persists or if the bite is severe, urge medical attention

5. Objects Wedged Between the Teeth
   a. Try to remove the object with dental floss; guide the floss in carefully so as not to cut the gums
   b. If unsuccessful, recommend attention by a dentist

6. Possible Fractured Jaw
   a. If suspected, immobilize the jaw
   b. Notify Parent/guardian
   c. Transport to child’s dentist or hospital as necessary

7. Orthodontic Emergencies
   a. A protruding wire from a brace can be gently bent out of the way to relieve discomfort
   b. If wire cannot be bent, cover the end with an orthodontic wax to prevent irritations
   c. Do not try to remove pieces of wire embedded in cheek, gum or tongue
   d. Alert parent/guardian of need for evaluation

**DIABETES**

1. Follow child’s Individualized Health Care Plan and Individualized Emergency Care Plan
2. Follow RIDOH Rules and Regulations for School Health Programs, Section 19.0, Diabetes Care Management

**EAR ISSUES**

Discomfort

1. Check temperature
2. Assess with otoscope
3. Warm pack PRN
4. Notify parent/guardian and advise medical care PRN
5. Administer Acetaminophen or Ibuprofen PRN prmd with parent/guardian permission

Foreign Body:
1. Assess with otoscope 
2. Remove object IF easily accessible 
3. Notify parent/guardian and urge medical care PRN

EYE ISSUES

Chemical in Eye:
1. Wash with great quantities of lukewarm water (use eyewash solution, eyewash station or saline for irrigation) for at least 15 minutes
2. Attempt to identify chemical
3. Call regional Poison Control at 1-800-222-1222 for advice PRN
4. Notify parent/guardian and urge medical care if symptoms persist

Eye Infection Symptoms/Allergy Symptoms:
1. If eye actively draining, crusty, red, itchy, call parent/guardian for dismissal and medical treatment; request note from health care provider
2. Offer eyewash or cool compress for allergy symptoms
3. Offer Visine eye drops PRN

Foreign Object in Eye:
1. Do not attempt to remove if embedded
2. Flush gently with saline, eyewash, or use eyewash station (if minor)
3. Notify parent/guardian, advise medical care PRN
4. Call 9-1-1 if severe

Minor Injury:
1. Assess extent of injury 
2. Assess for visual changes
3. Apply ice pack PRN
4. Notify parent/guardian PRN

Sty:
1. Apply moist, warm compress PRN
2. Refer for medical evaluation PRN
**FAINTING**

1. Maintain open airway
2. Determine if there are any injuries
3. Keep victim lying down with legs elevated
4. Monitor vital signs
5. Notify parent/guardian
6. Notify 9-1-1 if recurrent or prolonged

**FRACTURES/DISLOCATIONS (SUSPECTED)**

**Suspected Back, Neck or Spine Injury:**

1. Do not move student
2. Maintain head and neck in position
3. Keep victim warm and comfortable
4. Call Code Blue PRN

**Other Possible Fractures/Dislocations:**

1. Do not attempt to move student until injured part is immobilized
2. Cover any broken skin with non-stick dressing
3. Elevate injured part over heart PRN
4. Apply ice
5. Do not allow weight bearing on painful extremity
6. Ace wrap PRN
7. Notify parent/guardian and advise medical care PRN

**FROSTBITE**

1. Immerse affected area in lukewarm water
2. Do not rub affected area
3. Do not break blisters; cover with dressing
4. Advise parent/guardian to follow up with health care provider PRN

**HEADACHE**

1. Check for possible injury
2. Check temperature
3. Temperature 100 call parent/guardian for dismissal
4. If no fever, offer rest with ice to head and offer water
5. School Nurse-Teacher may administer Acetaminophen or Ibuprofen after assessment and parent/guardian permission
6. Report frequent complaints to parent/guardian
HEAD INJURY

1. Apply dressing to any open wounds
2. Apply ice to affected area
3. Allow student to rest
4. Assess student for the following and notify parent/guardian if any of these symptoms are present:
   a. Double or blurred vision, unequal pupils, pupils not reacting to light
   b. Nausea and vomiting
   c. Headache
   d. Drowsiness
   e. Confusion, restlessness, or agitation
   f. **FOR ANY LOSS OF CONSCIOUSNESS CALL 9-1-1 THEN NOTIFY PARENT/GUARDIAN**
   g. “Head Injury Notice” to be sent home if indicated
   h. Any student diagnosed with a concussion requires a medical note prior to return to school

INSECT BITES

1. Wash area with soap and water
2. Apply Calamine/Hydrocortisone Cream 1% or “Sting Relief” PRN
3. For known insect allergy follow student’s Individualized Health Care Plan and Emergency Care Plan

NASAL ISSUES

Nosebleeds:

1. Position student sitting slightly forward and down, breathing through mouth
2. Press along sides of nose firmly
3. May apply ice pack in combination with pressure
4. Instruct student not to blow nose so as not to dislodge clot
5. Notify parent/guardian if persistent (over 20 minutes) or frequent

Foreign Objects:

1. Notify parent/guardian and urge immediate medical care

PEDICULOSIS:

1. Inform parent/guardian of American Academy of Pediatrics treatment recommendation
2. At pre-K- grade 3, School Nurse –Teacher will assess student’s class and send home notice regarding possible exposure to pediculosis
3. Notify other School Nurse-Teachers if student has older siblings for pediculosis assessment
4. Re-check student on day of return to school after treatment
5. Re-check student 7 days after initial treatment and notify parent/guardian of results
6. If parent/guardian reports student has had 2 cycles of treatment and still has evidence of pediculosis, refer for medical care

POISONING
1. Try to obtain brand name or specific information about substance
2. Keep container if obtained
3. Call regional Poison Control Center at 1-800-222-1222
4. Call 9-1-1 as needed
5. Contact parent/guardian and principal

PUNCTURE WOUNDS
1. If object is impaled do not remove
2. Wash with soap and water
3. Confirm date of last tetanus shot
4. Refer for medical care as needed

RASHES
1. Assess and evaluate for communicability
2. Treat with topical Calamine, 1% hydrocortisone
3. Monitor temperature as needed
4. Refer for medical evaluation as needed
5. Obtain return to school note if deemed communicable

RESPIRATORY ISSUES
1. Observe/respiratory assessment
   a. Lung sounds and cough
   b. Pulse ox/O2 saturation
   c. Respiratory rate
   d. Temperature check
2. Administer inhaler PRN if ordered
3. Offer lozenge, sips of water, rest PRN
4. Contact parent/guardian if complaints continue or symptoms worsen
SEIZURES

1. If known history, follow Individualized Emergency Care Plan
2. If no seizure history:
   a. Turn victim on side and call Code Blue/9-1-1
   b. Do not place anything in the mouth
   c. Do not attempt to stop convulsive movements
   d. Time seizure if possible
   e. Clear area of all objects which could cause injury
   f. Try to put a soft article under head to prevent injury (sweater, back pack)
   g. Contact parent/guardian

SORE THROAT

1. Take temperature and examine throat
2. Palpate pharyngeal glands PRN
3. Use normal saline gargle/throat lozenges PRN
4. Notify parent/guardian to see primary care physician if there is fever or if tonsils appear infected

SPLINTERS

1. Remove splinter if possible
2. Warm soak PRN
3. Cleanse area
4. Cover with dressing/bandaid
5. Notify parent/guardian if medical care needed

STOMACH ACHE/MINOR INDIGESTION

1. Assess diet/elimination
2. Check temperature
3. If no other symptoms, may administer Tums (antacid) PMRD
4. Dismiss child for vomiting and notify parent/guardian of return to school guidelines

TICKS

1. Remove with forceps if able
2. Cleanse area with soap and water
3. Notify parent/guardian and send home Tick Removal Notice
4. Send tick home in covered receptacle PRN
5. If a tick is deeply embedded, do not remove; refer for medical treatment
Middletown Public Schools

CODE BLUE PROCEDURE

In case of a **MEDICAL EMERGENCY**, follow this **CODE BLUE PROCEDURE**:

1. Notify the office clerk of the emergency and location by room number and teacher associated with room.

   **DO NOT LEAVE VICTIM UNATTENDED.**

2. Person at desk will make “**CODE BLUE**” announcement over loud speaker, repeating information **3 times** (location with teacher’s name if it is a room).

   Example:  
   
   “**CODE BLUE**...Mrs.__________room 306”
   
   “**CODE BLUE**...playground near swings, etc.”

3. Person at desk will call 9-1-1 to request ambulance after receiving word from the first responders that it is necessary. Say to 9-1-1 Operator, “**We need someone to come to the front door of__________________________**, Middletown, RI. They will be met by a staff member to escort them to emergency site.”

   • CPR certified first responders will report to announced location to administer CPR until EMT’s arrive to administer care.
   • Designated teachers go to cover first responders’ classrooms.
   • Emergency runners report to front door to escort EMT’s to site.
   • **All classroom doors should be closed until an “ALL CLEAR” signal is made by the office staff.**
   • If emergency is in a classroom, all children should be removed to another class.

**CODE BLUE TEAM**

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<th>Emergency Runners</th>
<th>Cover Classrooms</th>
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SAMPLE FORMS AND NOTICES

The following sample forms may be used by the School Nurse-Teacher to notify parents/guardians of common childhood illnesses.

Any other health information forms or notices deemed necessary by the School Nurse-Teacher will be in compliance with the Rhode Island Department of Health Communicable Disease Manual.
Middletown Public Schools

CONJUNCTIVITIS “PINK EYE” NOTICE

Dear Parent/Guardian:

Your child may have been exposed to conjunctivitis at school. This is commonly known as “pink eye”.

Please watch your child for the following symptoms. Conjunctivitis can be bacterial, viral or allergic, so it is very important that, if your child has the symptoms below, you should call your child’s healthcare provider for guidance.

Common Signs and Symptoms:

- Irritated swollen eyes or eyelids
- Itching of the eyes
- Excessive tears
- Blurred vision that clears with blinking
- Green or yellow discharge
- Painful dried or crusted discharge on the eyelids

Pink eye can be contagious and it is best controlled by diligent hand washing.

It is important to discuss conjunctivitis with your child’s healthcare provider as treatment may be different based on the source of the conjunctivitis (bacterial, viral or allergic). Your child may need to be excluded from school and this decision is made by your child’s healthcare provider.

Please do not hesitate to call me at school if you have any questions or concerns.

Certified School Nurse-Teacher
Epi-pen Policy for Person with Unknown History of Anaphylaxis

Treatment Only To Be Given By School Nurse-Teachers

1. Any person who shows signs of having a severe allergic reaction, including but not limited to respiratory distress with nasal flaring, dyspnea, urticarial, erythema or stridor, may be given one dose injection of epinephrine from an Epi-pen by the School Nurse-Teachers.

   The School Nurse-Teachers will designate an adult to call 9-1-1. The School Nurse-Teachers will administer per standing nursing practice.

   Person under 60 lbs. Epi-pen Jr., .15 mg. per injection – or
   Person over 60 lbs. Epi-pen, 0.3 mg. per injection

2. The School Nurse-Teachers will assess the student or other person until the rescue arrives. Parent/Guardian and principal will be notified.

3. If no improvement or symptoms worsen, administer second dose 5-15 minutes after first dose.

4. The student or other person will be transported by rescue to the hospital for medical evaluation and follow up.

Martha Ullman, M.D.

School Physician
Dear Parent/Guardian:

A student in your child’s class was diagnosed with Hand, Foot, and Mouth Disease. This is a viral infection caused by a strain of the Coxsackie virus. It causes a blister-like rash that, as the name implies, involves the hands, feet, and mouth.

This infection usually occurs in children under 10 years of age, and occasionally in young adults. The virus is spread by direct contact with nose and throat discharges, and feces of infected people.

Symptoms can include a mild fever, poor appetite, malaise (“feeling sick”), and frequently a sore throat. The skin rash develops over 1-2 days with flat or raised red spots, some with blisters. The rash does not itch, and is usually located on the palms of the hands and the soles of the feet. You may also see small red spots on the tongue, gums, and inside the cheeks of the mouth.

If your child shows any of these symptoms call your doctor to confirm this diagnosis. There is no specific treatment for this infection, but they can suggest relief for fever, aches, or discomfort from mouth ulcers.

Preventive measures include frequent hand washing, disinfection of contaminated surfaces, and washing soiled clothing or linens.

Because the virus is contagious before any symptoms begin there is no need to exclude any child that feels well enough to attend school. Other students and staff would have already been exposed. As always, children need to be fever-free without the use of “Tylenol” or “Motrin” for 24 hours before returning to school.

Pregnant women should consult their obstetrician for further information.

Please do not hesitate to call me at school if you have any questions or concerns about this or any other health issue.

Certified School Nurse-Teacher
Middletown Public Schools

HEAD INJURY NOTIFICATION

Dear Parent/Guardian: Date:____________________

Your child______________________________, injured his/her head at school today.

Treatment was:
Ice compress _____  Seen by school nurse _____  Rest _____
Other ____________________________________________________

Please contact your doctor if these serious symptoms occur:
Dizziness         Nausea/vomiting
Severe headache   Blurred vision
Irritability or changes in personality Drowsiness Unequal pupils

Certified School Nurse-Teacher

Middletown Public Schools

STUDENT DISMISSED FOR ILLNESS

*WASH HANDS/ALCOHOL GEL  *SNEEZE IN ARM  *STAY HOME WHEN SICK

Dear Parent/Guardian:

______________________is leaving school today due to illness. Temperature:______

For your child’s full recovery and the health of their classmates, please observe the following guidelines before they return to school:

• Student with fever of 100 F or more should stay home
• Student should remain home until fever has been gone 24 hours (without the use of “Tylenol”/”Motrin” type drugs to keep fever down)
• Student should remain home for 24 hours after episodes of vomiting or persistent diarrhea
• It is not necessary to miss school from a common cold, however, if your child’s appetite and activity level are below normal due to excessive running nose and/or persistent coughing, they should stay home

Please feel free to call us if you have any questions or concerns with your child’s healthy return to school.

Certified School Nurse-Teacher

21
Dear Parent/Guardian:

After reviewing the health record for ______________________________, it appears that your child may be missing the following health requirements that are mandated by the Rhode Island Department of Health. Please check with your child’s health care provider and send in copies of what is missing for their school health record.

___A physical exam which must be done 12 months before school entry or 6 months after school entry, in grade 7, **AND** in grade 12.

___Hepatitis B vaccine
___DTP vaccine
___Polio vaccine
___MMR vaccine
___Varicella vaccine (or proof of disease signed by medical provider)
___Meningococcal vaccine (for 7th graders and students age 16)
___Tdap booster (for 7th graders and older students)
___HPV (Grade 7 – 3 dose phase in for Fall 2015)
___Proof of lead screening (Kindergarten)
___Proof of vision exam (Kindergarten)

Thank you.

Certified School Nurse Teacher
Dear Parent/Guardian:

A student in your child’s classroom has been treated for head lice. This is a parasitic insect that is found on the scalp. Head lice can happen to anyone; it is not a sign of poor hygiene habits. It is not a serious health issue but rather a childhood nuisance. It is easily spread, especially among children who are in close contact.

Prevention is best:

- each child should have their own set of headphones and an “art shirt”
- do not to share combs, brushes, or hats
- put hats and scarves into the sleeve of their coats
- coats should go into their backpacks
- do not send stuffed animals to school

Watch for signs of head lice, such as frequent head scratching. Check your child’s hair for tiny whitish eggs and brownish bugs once a week. It helps to use a bright light and a magnifying glass. If found ask your doctor, school nurse, or pharmacist for treatment instructions.

When your child has head lice call school, daycare, and parents of your child’s playmates. This will help stop the spread of this problem.

Certified School Nurse-Teacher
Dear Parent/Guardian:

____________, is the last day that daily medications will be given at school. Please plan to pick up the remainder of your child’s prescription on ___________. An adult must transport controlled substances; we will not be able to send them home with the students. Medications not picked up by a parent/guardian within 24 hours of the last day of school will be disposed of properly according to State of Rhode Island Guidelines. Children who have inhalers, Epi-pens, or Benadryl at school will have them sent home in their backpacks at dismissal on ___________.

I have enclosed a medication form for the new school year to be completed and signed by you and your child’s health care provider.

Our school policy states that all medications must be brought to school in a properly labeled container by the pharmacy with your child’s name, the name of the medication, the dose, and the time of administration. When filling your prescriptions please ask the pharmacist to provide 2 labeled bottles- one for home and one for school.

Thank you for your cooperation. We wish your family a healthy summer.

Certified School Nurse-Teacher
Middletown Public Schools

MEDICATION AT SCHOOL

In accordance with guidelines set forth by the Rhode Island Department of Health, the Middletown Public Schools has developed the following protocol for medication at school:

All medication, both prescription and over the counter, must be coordinated by the School Nurse-Teacher.

- The student’s health care provider and the student’s parent/guardian must sign a written permission form.
- Medication must be brought to school in the original container labeled by the pharmacy or physician with the student’s name, name of medication and dosage.
- A responsible adult must transport medication to school, unless special arrangements are made with the School Nurse-Teacher. Medication will be kept in a locked, secure place. (*See inhaler policy below.)
- *Inhaler Policy: Inhalers may be self-carried with written permission from the student’s health care provider. All other inhalers will be kept in health room in unlocked, accessible area for adults to allow student to use when School Nurse-Teacher is not available.

It is the responsibility of the parent/guardian to notify the School Nurse-Teacher if there is a change in the student’s medication or health status.

All orders for medication will automatically expire at the end of the school year, unless special circumstances apply. It is the responsibility of the parent/guardian to pick up unused medication by the last day of school. After this time the School Nurse-Teachers will dispose of any medication according to State of Rhode Island Guidelines.
MIDDLETOWN PUBLIC SCHOOLS

MEDICATION ORDERS – ALL SCHOOLS

Epi-pen for severe allergic reaction (for unknown)

Dose as follows:

Person under 60 lbs. Epi-pen Jr., .15 mg. per injection
Person over 60 lbs. Epi-pen, 0.3 mg. per injection

UPON ADMINISTRATION OF MEDICATION FOR SEVERE ALLERGIC REACTION

9-1-1 WILL BE CALLED

The School Nurse-Teachers may give the following medication with attempted parent/guardian contact according to manufacturer’s guidelines:

- Acetaminophen ("Tylenol") 325 mg. p.o. for students less than 90 lbs.
- Acetaminophen ("Tylenol") 650 mg. p.o. for students over 90 lbs.
- Ibuprofen ("Motrin") 200 mg. for students less than 90 lbs.
- Ibuprofen ("Motrin") 400 mg. for students over 90 lbs.
- Diphenhydramine ("Benadryl")
- Tums 1 tab for elementary students, 2 tabs for older students prn
- Calamine lotion prn
- Hydrocortisone (1% cream/ointment prn)
- Antibiotic ointment prn
- Visine eye drops prn
- Alcohol-free mouth wash
- Cough drops (sugar free or regular)
- “Sting relief” wipes (insect bite antiseptic/pain reliever pads
- Burn gel (Lidocaine-free)

Martha Ullman, M.D.
School Physician
MIDDLETOWN PUBLIC SCHOOLS
MEDICATION POLICY

The Middletown Public Schools medication policies will be in compliance with the State of Rhode Island Rules and Regulations for School Health Programs to be implemented July 1, 2009. Specific medication administration procedures exist at the various levels within the school system, elementary, middle and high school.

It is our intent that students receive medications necessary to ensure their well-being at school and their optimum readiness to learn. Students should receive needed medications at appropriate times in a safe manner, while also trying to ensure the safety of all students and personnel within the school system.

Administration of medications within our schools must always be a cooperative effort between the parent/guardian and the school.

Rosemarie K. Kraeger
Superintendent
NOTIFICATION OF ILLNESS COMPLAINT

Dear Parent/Guardian:      Date:________________

The purpose of this notice is to make you aware that ___________________________ came to the Health Office with the following complaint:

stomachache _____   splinter_____   bee sting_____
headache_____  tick (*tick notice)_____  vomiting_____ 
fever_____  insect bite______  rash______
earache______  toothache_____  something in eye_____
bumped head_____  nosebleed_____  
scrape/cut______  sore throat____
Other _________________________________ Temperature: ______________

The treatment was:
cold/ice_____ compress/cleaned/antiseptic_____  applied/bandaid/rested_____
Other _________________________________________

Certified School Nurse-Teacher

NOTIFICATION OF LIMB INJURY

Dear Parent/Guardian:     Date:____________________

Your child _______________________, complained of an injury to his/her ___________.

Treatment was:  Ice compress ______  Elevation of limb ____  Rest ______Ace wrap ______
Other ____________________________________________________________.

Please contact your doctor if these serious symptoms occur:

_____Pain becomes intolerable
_____Swelling or bruising increases, despite treatment
_____Unable to bear weight or move joint normally.

Certified School Nurse-Teacher
Dear Parent/Guardian:

A student in your child’s classroom was diagnosed with scarlet fever this week. Scarlet fever is caused by Group A Streptococci Bacteria. Other conditions, including strep throat and rheumatic fever, are also caused by the same bacteria.

Scarlet fever is characterized by a skin rash. The rash usually consists of fine, red bumps that feel “sandpapery”. It can be on the neck, chest, groin, and/or the inner aspects of the elbows. Other symptoms are flushed cheeks, paleness around the mouth, and a red tongue that resembles the surface of a strawberry.

Streptococcal infections are easily spread by coughing, sneezing, and of course by sharing eating utensils. Symptoms typically include sore throat, but can also include headache, fatigue, cough, upset stomach, fever, and swollen neck glands.

Throat cultures are used to diagnose strep infections and antibiotics are used to treat them. People continue to be infectious until they have been on the antibiotics a day or so. Please contact your health care provider if your child shows these signs of illness. Children with a strep infection must remain home 24 hours after starting antibiotics and their temperature is normal for a full day. Always replace toothbrushes after strep infections.

Please do not hesitate to call me at school if you have any questions.

Certified School Nurse-Teacher
Dear Parent/Guardian of ________________________________

A tick was removed from your child today. The tick was found on your child’s ____________.

Due to the possibility that ticks can transmit disease, please watch your child over the next 3-30 days for signs of sickness.

Symptoms to look for would be: headache, rash, muscle pain or joint pain/swelling.

If you notice any of these contact your family physician for advice.

Certified School Nurse-Teacher
Vaccinate Before You Graduate

Is your teen up-to-date?

What is Vaccinate Before You Graduate?

VBYG is an adolescent immunization program open to all students in grades 9-12. Students should visit their doctors every year for immunizations, however all immunizations that students need are also available through VBYG.

When and where are clinics held?

All clinics are held in school during the school day. Visit the website listed below for the date of the next clinic at your child’s school.

How much do vaccinations cost?

There is no out-of-pocket cost for vaccinations. Insurance information will be collected for students, but no student will be turned away for a lack of insurance.

How do I know what vaccines my child needs?

Either contact your child’s primary care provider or ask your child’s school nurse.

What vaccines are available at these clinics?

Hepatitis A, Hepatitis B, Human Papillomavirus (HPV) for males and females, Influenza, Meningitis, Measles, Mumps and Rubella (MMR), Polio, Tetanus, Diphtheria, and Pertussis (Tdap), Varicella (Chickenpox)

How do I register my child?

• View the Vaccine Information Statement for each vaccine. Vaccine Information Statements explain the benefits and risks of each vaccine. They are available at the website listed below, or can be requested by calling the number below
• Fill out the enclosed consent form and return it to your child’s school nurse or register online (www.thewellcomp.com).

Hablamos espaňol Falamos portuguës Nous parlons français

For more information, contact The Wellness Company

401-461-0662 www.thewellcomp.com
Student's name________________________________________
School:_________________________________________Grade:_______________

As a high school student you are eligible to receive the following vaccines offered at no out-of-pocket cost through the **Vaccinate Before You Graduate** program. These may be vaccines you missed or needed to complete a series of vaccinations that you may have started. Many vaccines are required for college entry and employment.

**You are due to receive the following vaccine(s):**

- Hepatitis A _____Dose #1
- Hepatitis A _____Dose #2
- Human Papillomavirus Vaccine (HPV) _____Dose #1
- Human Papillomavirus Vaccine (HPV) _____Dose #2
- Human Papillomavirus Vaccine (HPV) _____Dose #3
- Meningococcal (Meningitis) _____
- Tetanus, Diphtheria, Pertussis (Tdap) _____
- Varicella (Chickenpox) _____Dose #1
- Varicella (Chickenpox) _____Dose #2