

Regulation

ACCIDENTS AND ILLNESS

Immediate Attention

The following procedures shall apply when a person, student, staff member, or visitor on school premises or in the course of a school-sponsored event or field trip is injured or becomes suddenly ill:

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

Role of the School Nurse

The school nurse shall be responsible for the following. The school nurse shall:

- A. Maintain files of standing orders. Standing orders shall be written and signed annually by the school doctor and delineate actions to be taken by the school nurse in an emergency;
- B. Provide prompt and appropriate medical attention for students, staff members or visitors who are injured or become ill on school premises or at school sponsored events:
 - 1. For an injured staff member Managed Care protocol shall be followed;
 - 2. For a student injury and injury report shall be completed. The original report and a copy of the insurance form shall be given to the superintendent. A copy of the report shall be maintained in the student's health record;
- C. Determine if a student is ill and/or contagious, oversee that the student is sent home and readmit students to school after an absence due to illness. The school nurse shall:

ACCIDENTS AND ILLNESS (regulation continued)

1. Provide appropriate care for students who are sick at school;
2. Notify parents/guardians, and in their absence the emergency contact when a student is sick at school;
3. Arrange for the student to be sent home and supervise the student until the parent/guardian takes custody of the student;
4. Contact emergency medical services for serious illness;
5. Keep a record of student absences due to illness including excusal notes from parents/guardians and doctors;
6. Ensure that the student is readmitted to school after an absence due to a contagious illness only with the written authorization of a physician and verify the authorization as appropriate;
7. As required by law report contagious diseases to the New Jersey Department of Health.

Accidents Away From School

- A. Any person receiving notice of an accident shall immediately contact police, fire, or rescue department as appropriate. Students and staff members receiving notice of an accident shall notify the principal or designee, or their immediate supervisor after contacting police, fire, or rescue department as appropriate;
- B. The principal or designee, or the immediate supervisor, shall immediately contact the superintendent;
- C. The principal or designee, or the immediate supervisor, shall notify the parents/guardians, spouse, or individual identified on the emergency card as appropriate;
- D. In the event the police, fire, or rescue department is aware of the accident when the district is notified of the accident, the principal or designee, or the immediate supervisor shall continue to attempt to notify the parents/guardians, spouse or individual identified on the emergency card as appropriate;
- E. If the parents/guardians, spouse or individual identified on the emergency card, is unavailable, the principal or designee, or the immediate supervisor shall discuss the situation, as appropriate, with an associate at the place of employment of the parents/guardians, spouse of emergency contact. If contacts are unsuccessful, the principal or designee, or the immediate supervisor will attempt to contact relatives, neighbors, or faith-based institutions, as appropriate;
- F. The school district may send a staff member to the scene of the accident, if appropriate.

Emergency First Aid Procedures

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

A. Allergic Reactions

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

Epinephrine may be administered by the Epi-pen, Epi-pen Jr. or other single dose prefilled autoinjector in the event of the appearance of signs of anaphylactic shock. The school nurse or trained designee shall decide whether or not to administer the appropriate dose. The nurse shall call 911 and summon emergency medical services.

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

ACCIDENTS AND ILLNESS (regulation continued)

B. Severe Bleeding

1. Gloves shall be worn and universal precautions observed;
2. Apply direct pressure with a sterile compress, if available; if no compress is available, the gloved or otherwise protected hand or fingers may be used until a compress can be obtained;
3. Unless there is evidence of a fracture, a severe wound of the hand, neck, arm, or leg should be elevated above the level of the victim's heart;
4. Apply pressure on the supplying artery if severe bleeding does not stop after application of direct pressure plus elevation;
5. A tourniquet may be used only for a severe, life threatening hemorrhage that cannot be controlled by other means. The decision to use a tourniquet may be made only by a health professional.

C. Breathing Obstruction

1. Tilt the victim's head, clear the airway, and begin mouth-to-mouth or mouth-to-nose breathing immediately. Initially, give two quick, full breaths without allowing the lungs to fully deflate between each breath;
2. Maintain the head tilt and look, listen, and feel for exhalation of air. Check the carotid pulse for at least five but no more than ten seconds;
3. If there is no pulse and no breathing, cardiopulmonary resuscitation (CPR) should be commenced by a person trained to give CPR;
4. Initiate the use of the school's AED in accordance with manufacture recommendations in an event of cardiac arrest;
5. If there is a pulse but no breathing, mouth-to-mouth breathing should be continued until the victim breathes spontaneously.

D. Major Burns

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

1. If the burn was caused by exposure to a chemical:
 - a. Remove all clothing that is saturated with any chemical exposure;
 - b. Flush the affected area under cool running water for at least fifteen minutes;
 - c. Apply any first aid measures specified on the chemical container;
 - d. Cover the burn with a cool, wet dressing;
 - e. Take the victim to hospital emergency services.
2. If the burn is a second degree burn that covers an area less than two or three inches across:
 - a. Rinse the burn with cool water and gently wash and rinse the burned area;
 - b. Apply Silvadene ointment and cover with a sterile dressing and notify parent if second or third degree burn;
 - c. Do not apply ointments, petroleum jelly, margarine, grease, oil, or butter;
 - d. Do not break blisters to avoid the risk of infection.
3. If the burn affects an area more than two or three inches across or is a third degree burn:
 - a. Immerse the burned area in cold water or apply cold compresses to the affected area to bring skin temperature back to normal; and
 - b. Wrap the victim loosely in a clean sheet and transport him/her to hospital emergency services or, if

ACCIDENTS AND ILLNESS (regulation continued)

the burn affects more than ten percent of the body, to a specialized burn facility.

E. Concussion

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

1. Maintain head stabilization if situation warrants and immediately call 911;
2. Keep victim lying down and warmly covered;
3. Ice may be applied to head;
4. Check for any signs of altered consciousness i.e.: temporary loss of consciousness, change in usual mental status;
5. Check pupils of eyes for irregularity or lack of reaction to light;
6. If any abnormalities are noted or if any vomiting, parents should be notified to follow-up with family physician;
7. If necessary, call 911 and transport to hospital.

F. Convulsion or Seizure

1. Protect the victim from self-injury by lying him/her down, preferably on a padded surface, and loosen his/her clothing;
2. Turn the victim's head to one side to keep the airway open and permit saliva to flow out of the mouth; Do not force tongue blade or airway into mouth unless patient is becoming cyanotic (danger of damaging teeth). First time seizure-call 911 and notify parent. If history of seizures refer to child's primary care physician's protocol;
3. Do not restrain the victim unless gentle restraint is necessary to prevent self-injury;
4. If vomiting occurs, turn the head so that vomit is expelled from the mouth and is not inhaled;
5. If the seizure continues for more than 3 minutes or recurs in a short time, summon an ambulance.

G. Insulin Shock

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

1. Administer some kind of carbohydrate, which can be in the form of sugar, fruit juice, candy, sugared soda pop (not artificially). If the victim has lost consciousness, honey or frosting. Whenever possible, it is important to test blood sugars before giving;
2. After symptoms have subsided (in ten to fifteen minutes), offer the victim a food snack;
3. If the symptoms do not subside, call 911 and the victim should be taken to a hospital emergency service.

H. Diabetic Coma

The victim may have an extremely ill appearance, dry flushed skin, intense thirst, exaggerated respiration with hunger for air, weak and rapid pulse, dimming of vision, and acetone or fruity odor on breath. If the person is in a diabetic coma, call 911. The patient must be taken immediately to a hospital emergency service.

I. Heat Exhaustion

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

1. The victim should lie down with his/her head lower than the body;

ACCIDENTS AND ILLNESS (regulation continued)

2. The victim should be protected from chilling;
3. If the symptoms do not subside, the victim should be taken to a hospital emergency service.

J. Poisoning

1. Contact the Poison Control Center by calling 1-800-962-1253 for instructions. Be prepared to give information regarding the substance and amount ingested and the state of the victim;
2. If the Poison Control Center cannot be consulted and the poison can be identified with certainty and its original container is available, administer the antidote specified on the container in the method and dosage recommended and seek medical assistance;
3. If the poison is unknown, dilute the poison by requiring the victim to drink quantities of water or milk.
4. If the poison is a corrosive substance (drain cleaner, lye, bleach, or other acid or alkali product) or a petroleum product, do not induce vomiting. Burns on or in the mouth may indicate a corrosive substance and a smell of petroleum on the victim's breath indicates a petroleum product;
5. Call 911 and transport the victim, along with the container of the substance ingested and any vomit, to hospital emergency services.

K. Shock

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

1. Keep the victim covered and lying down, with feet raised higher than the heart;
2. Loosen tight clothing and keep the victim comfortably warm;
3. If the victim is conscious, has no abdominal injury, and is not vomiting, the victim may be given fluid.

Routine First Aid Care

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

A. Abdominal Pain

1. Take the victim's temperature and pulse rate;
2. Check for recent history of nausea, vomiting, and food ingestion and whether victim has had appendectomy.
3. Require victim to lie down for rest period;
4. If pain does not diminish or intensifies, notify parent/guardian or the school physician.

B. Abrasions and Lacerations

1. Wash area gently with bland soap and cool water, rinsing carefully;
2. Apply an approved antiseptic (zephrene/betadine or hydrogen peroxide) and a triple antibiotic may be applied to the site;
3. Cover area with a light protective adhesive bandage;
4. If laceration is superficial no further treatment is necessary. If wound is deep then transfer to physician or hospital and notify parents. With all human bites patients should be referred to their physician for evaluation and treatment. In case of any suspected blood borne exposure the Blood Borne Pathogen Plan shall be carried out completely.

C. Bites and Stings

1. A wound resulting from the bite of an animal-dog, cat, hamster, mouse-should be treated as follows:

ACCIDENTS AND ILLNESS (regulation continued)

- a. Wash wound immediately with soap under running water, apply antiseptic and antibiotic ointment;
- b. Apply bandage;
- c. If the wound is severe or a puncture wound, cleanse and send victim to hospital emergency services;
- d. Contact parents/guardians with information regarding the date of last tetanus immunization and refer for medical evaluation;
- e. If feasible and safe, attempt to identify and/or capture the animal.

2. Insect/bee Stings

- a. For a known anaphylactic reaction, follow individual protocol for the student and contact emergency medical services;
- b. Apply ice;
- c. If stinger is still present gently remove/scrape (do not squeeze). Wash wound immediately with soap under running water. Apply an antiseptic and an antibiotic;
- d. Seek medical attention if there is evidence of swelling or breathing difficulty;
- e. Notify parents/guardians;
- f. Administer epinephrine as directed.

3. Tick Bite

- a. Using tweezers, grasp the tick as close as possible to the skin;
- b. Pull straight out with a steady motion;
- c. Wash site thoroughly with soap and water;
- d. Apply a topical antiseptic.

4. Bite From a Human

A wound resulting from the bite of a human being should be washed and treated by a physician. In case of a suspected blood borne exposure incident, follow the Blood Borne Pathogen Plan and procedure file all reports and report incident to your building's principal.

D. Bleeding (not associated with head injury)

1. Use gloves and universal precautions;
2. For a nose bleed:
 - a. Have victim sit with head angled slightly forward so that blood cannot run back into the throat;
 - b. If bleeding is from one nostril only, press that nostril toward the center; if from both nostrils, pinch nostrils together five to ten minutes. Ask victim to breathe through the mouth;
 - c. Apply ice over bridge of nose;
3. Apply sterile gauze or and pressure over the wound until bleeding stops;
4. Elevate affected area;
5. Seek medical attention
6. Notify parents/guardians.

E. Blisters (other than those caused by burns)

1. Apply a light protective bandage;
2. Do not break; allow tissues to absorb fluid;
3. If blister ruptures, wash with antiseptic and water and apply sterile dressing.

ACCIDENTS AND ILLNESS (regulation continued)

F. Boils

1. Apply dry dressing;
2. If boil has erupted, cleanse area and apply sterile dressing.

G. Bone Injuries

1. Fractures:
 - a. Keep warm and evaluate for shock;
 - b. Immobilize;
 - c. Seek medical attention;
 - d. Call parents/guardians;
 - e. Fill out accident report and insurance forms
2. Severe Falls:
 - a. Do not move the victim until condition is evaluated by the nurse or medical professional;
 - b. Check breathing, bleeding and symptoms of shock;
 - c. Call 911 to take the victim to hospital emergency services;
 - d. Control any bleeding with gentle direct pressure;
 - e. Treat for shock;
 - f. Notify principal and parents/guardians.
 - g. Bruises
3. Apply cold compresses or ice to bruised area;
4. If bruise is black eye, examine student's eye and check victim for head injury.

H. Burns (minor)

1. Cool burned area under cold running water or with application of cold compress;
2. Encourage victim to drink fluids.

I. Choking

1. Assess respiratory status;
2. Perform the Heimlich maneuver;
3. Notify parents/guardians;
4. Refer for follow-up medical treatment

J. Dental Problems

1. Injury – contact parent/guardian and recommend a dental evaluation
2. Toothache
 - a. Apply Oragel;
 - b. For mouth ulcers, rinse with glyoxide/proxigel;
 - c. Notify parents/guardians as appropriate and necessary.

K. Diarrhea/Vomiting

1. Use gloves and observe the universal precautions
2. Take the victim's temperature, rest, fluids-only if can be tolerated;
3. Notify parents/guardians and exclude child from school for 24 hours;
4. Call parent/guardian.

ACCIDENTS AND ILLNESS (regulation continued)

L. Dislocations

1. Apply ice or cold compress;
2. If possible, e.g., in the dislocation of a finger joint, apply a splint;
3. Notify student's parent/guardian;
4. If needed refer victim to hospital emergency services or a doctor's office.

M. Earache

1. Take the temperature;
2. Call parent/guardian to recommend medical evaluation.

N. Fainting

1. Recline victim to lying position on his/her back. Loosen clothing for comfort;
2. Use ammonia inhalant when necessary;
3. Check victim for pulse rate and breathing; if necessary, apply CPR;
4. Permit victim to recover slowly;
5. If recovery does not occur in reasonable period of time or other symptoms indicate possibly complications, Call 911 and transport victim to hospital emergency services and notify parents.

O. Fever

Rest, cool compress PRN, acetaminophen (with parental permission), notify parents and exclude child from school for 24 hours.

P. Foreign Objects

1. If the object is in the eye:
 - a. Wash hands and examine the inner surface of the lower lid by pulling lid gently down;
 - b. Remove object with slightly moistened swab;
 - c. If object has not been removed, pull upper lid down over lower lid so that tears may wash object to corner of eye;
 - d. Eye may be flushed with clean running water to dislodge object;
 - e. If object remains, Call 911 and transport victim to hospital emergency services or doctor's office.
2. If the object is in the ear:
 - a. Use tweezers to remove any soft object that is clearly visible;
 - b. Tilt the victim's head so that affected ear is downward and gently shake the victim's head;
 - c. Place oil in ear only to immobilize an insect in the victim's ear;
 - d. If object remains call parents and refer to the care of their physician or if necessary call 911 and transport the victim to hospital emergency services.
3. If the object is in the nose:
 - a. Use tweezers to remove any soft object that is clearly visible;
 - b. Have victim gently blow his/her nose once or twice to attempt to dislodge the object;
 - c. If object remains call parents and refer them to the care of their physician or if necessary call 911 and transport, victim to hospital emergency services;

Q. Headache

ACCIDENTS AND ILLNESS (regulation continued)

1. Ascertain how and when the headache started, the length of time it has persisted, and what medication, if any, has been taken;
2. Take victim's temperature;
3. Have victim rest for ten minutes;
4. Offer fluid and apply ice pack to back of head;
5. Administer acetaminophen with parents' permission;
6. In case of fever, severe pain, or frequent recurring headaches or complicating symptoms, notify parent/guardian.

R. Head lice

Suggest Nix shampoo or similar treatment to be given at discretion of child's physician. Instruct parent/guardian to remove nits from hair. Child may be readmitted after shampoo treatment and nit removal. Nurse will monitor.

S. Menstrual Discomfort

1. Have victim rest and apply heating pad;
2. If parents' permission has been given, administer acetaminophen;
3. If pain is severe, notify parent/guardian.

T. Poison Ivy, Oak, Sumac

1. If person has recently been exposed to toxic plant, wash exposed skin area with soap and rinse thoroughly.
2. After rash appears, apply calamine lotion to lessen itching and burning;
3. Weeping rash should be covered with a dressing. Victim with weeping rash should be excluded from school;
4. Notify parents/guardians if necessary.

U. Sore Throat

1. Check victim's temperature;
2. Observe throat for infection, redness, swollen tonsils, and the like;
3. Treat with chloraseptic or a saltwater gargle;
4. If fever or complicating symptom is present, notify parent/guardian

V. Splinters

1. Cleanse area with soap and water, followed by alcohol;
2. Remove visible splinter with tweezers or sterile needle and cleanse area again. Apply antiseptic and light protective adhesive bandage;
3. If splinter is imbedded, do not remove. Notify parent/guardian.

W. Sprain

1. Eliminate all stress on the injured part;
2. Keep the area raised, elevated on a pillow or sling;
3. Apply ice pack or cold compresses to the injured part to keep swelling down;
4. Bandage with elastic bandage for support;
5. Notify parent/guardian.

Adopted:

August 20, 1996

ACCIDENTS AND ILLNESS (regulation continued)

Revised:	April 28, 1998, October 12, 2004
NJSBA Review/Update:	March 2017
Readopted:	August 22, 2017