

**Regulation**

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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;
- 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 assessed for medical needs;
- 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, food and or medication allergies;
- 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 QualCare Managed Care protocol shall be followed;
  - 2. For a student, staff or visitor injury an injury report shall be completed. The original report and a copy of the form shall be given to the superintendent. A copy of the report shall be maintained in the health office;
- 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:
  - 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

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- 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. Acute Airway Obstruction: DO NOT INTERVENE IF PERSON IS COUGHING, CRYING OR SPEAKING.
  - 1. Use Abdominal Thrust as outlined by American Red Cross;
  - 2. If student is not breathing or becomes unconscious, begin CPR.
- B. Amputation:
  - 1. Keep affected body part elevated;
  - 2. Apply direct pressure to affected area with sterile dressing for minimum 15 minutes;
  - 3. Wrap the affected body part in a wet dressing and plastic. Place on ice.
- C. Anaphylaxis:
  - 1. Evaluate for signs of anaphylaxis: hives, swelling of face/tongue/lips; difficulty breathing, hoarseness/tightness of throat; vomiting; faint, weak pulse, dizzy; etc. B/P;
  - 2. FOLLOW ALLERGY ACTION PLAN FOR STUDENT--0.3 mg (>66 lbs.) or 0.15 mg (<66 lbs.) epinephrine auto-injector to be given by School Nurse; an approved school nurse substitute or trained delegate may also administer epinephrine via auto-injector. Monitor airway; lie student down with feet elevated (on side for vomiting);
  - 3. Stock epinephrine to be given to student without documented Anaphylaxis Action Plan, with symptoms of anaphylaxis as above in B;
  - 4. Repeat injection within 10-15 minutes if condition not improved or deteriorating.

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## D. Cardiac Arrest:

1. Initiate 'Code Blue' MERT response;
2. CPR as outlined by the American Red Cross;
3. AED by nurse or other certified individual.

## E. Chemical Burns Of The Eye:

1. Ascertain chemical involved and access MSDS;
2. Flush eye(s) with running water for minimum 15 minutes while awaiting EMS.

## F. Heat Stroke:

1. Evaluate for hot, flushed, dry skin; strong and rapid pulse; low BP; rapid breathing; possible N/V, headache. Temperature 103°F or greater;
2. Lie student down with feet slightly elevated. Keep student in cool place with cold compresses on head, neck, armpits and groin; cool by any means possible using fan to accelerate cooling if possible;
3. Monitor consciousness and prepare for CPR/AED.

## G. Massive Hemorrhage:

1. Assess for active bleeding and apply direct pressure;
2. Elevate the affected body part if indicated;
3. Assess for and treat s/s of shock: low BP, rapid HR, LOC, weak pulses, cool & clammy skin: elevate legs (unless neck or spinal injury present), keep warm, CPR if necessary, O<sub>2</sub> as per treatment orders.

## H. Neck Or Back Injury:

1. Assess for level of consciousness, movement and sensation in limbs;
2. Minimize movement of the head, neck and spine;
3. Stabilize the head in the position in which it was found;
4. Provide support by placing hands on both sides of the person's head;
5. If head is sharply turned to one side, DO NOT move it.

## I. Penetrating/Crushing Chest Wound/Pneumothorax:

1. Initiate CPR as indicated--monitor Airway, Breathing and Circulation;
2. Cover an open wound to prevent buildup of air in chest cavity;
3. DO NOT remove penetrating objects; stabilize object;
4. Bleeding wound: apply pressure over dressing to control bleeding. If blood soaks through the dressing, apply additional dressing on top of old one;
5. Lie student down with head slightly elevated; keep warm.

## J. Penetrating Eye Injuries: THIS IS AN OPHTHALMOLOGIC EMERGENCY - DO NOT ATTEMPT TO REMOVE FOREIGN BODY OR FLUSH EYE

1. If foreign body is penetrating, cover with an eye shield or plastic cup and anchor;
2. Patch other eye to minimize movement;
3. Call EMS.

## K. Poisoning--Internal and External:

1. Evaluate the nature of the poisoning and assess level of consciousness; monitor vital signs;
2. CALL POISON CONTROL CENTER: 800-222-1222.
3. Swallowed:
  - a. DO NOT induce vomiting without medical authorization.
4. Inhaled:
  - a. Get student into fresh air;
  - b. For labored breathing or cyanosis, apply O<sub>2</sub> as per treatment orders. Monitor O<sub>2</sub> saturation via pulse oximeter.
5. Absorbed:
  - a. Don gloves and gently brush off material;
  - b. Remove contaminated clothing;

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c. Wash skin with water while awaiting Poison Control advice.

## L. Seizure--Undocumented History:

1. Record length and type/characteristics of seizure;
2. Protect the student from injury but don't restrain their movements; remove eyeglasses. Don't put anything in student's mouth;
3. Monitor breathing – turn student on the side to help keep the airway open;
4. Monitor vital signs and status until EMS arrives.

Immediate Evaluation & Referral To Treatment Facility Needed

The following medical conditions required:

1. Immediately notify administrator;
2. Immediate evaluation by nurse;
3. Initiate EMS call if indicated;
4. Administrator to notify parent;
5. A copy of student/staff emergency form and medical transfer form to be sent with EMS.

## A. Suspected Fractures:

1. Immobilize and splint or sling before moving;
2. Check for distal pulses and s/s of decreased blood supply; gently reposition to improve circulation only. Elevate limb if possible;
3. Cover exposed bone with sterile bandage;
4. Cold compresses or covered ice pack may be applied;
5. Suspected fractures of leg, pelvis, head, spine or neck-- DO NOT MOVE- CALL 911;
6. Continuous assessment for shock indicated.

## B. Major Burns-Sustained From Heat Source:

1. Second Degree-Partial Thickness;
2. Run under cold water x 15 minutes;
3. Do not pop blisters;
4. Apply Neosporin and non-adherent, breathable bandage;
5. Third Degree-Full Thickness;
6. Cover with Sterile dressing and;
7. Refer to physician/emergency treatment.

## C. Major Burns Sustained From Chemical Source:

1. Skin: Wash with gentle flowing cool water (minimum 5 minutes);
2. Eyes: Irrigate with gentle flowing cool water (minimum 15 minutes);
3. Refer to physician.

## D. Head Injury:

1. Observe and report signs/symptoms of suspected concussion to parent;
2. Transport to Emergency Room for loss of consciousness.

## E. Heat Exhaustion:

1. Assess for diaphoresis; faintness; fatigue; weak, rapid pulse; low blood pressure upon standing; muscle cramps; nausea; headache;
2. Move to a cool place and lie student flat with legs elevated; loosen clothing and apply cool, wet compresses to head, neck, armpits and groin; use fan to aid cooling;
3. Encourage fluids/Pedialyte as tolerated;
4. If symptoms do not subside or progress, activate EMS.

Medical Consultation Desirable

Nurse will assess extent of injury. Parent notification and referral to medical facility as indicated.

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- A. Abrasions/Lacerations (Moderate):
1. For lacerations that are contaminated; deeper/longer/wider than superficial; located on the face;
  2. Apply firm pressure until bleeding stops;
  3. Cover with sterile dressing;
  4. Cold pack for swelling;
  5. Refer to physician for possible sutures or infection.
- B. Allergic Reaction:
1. Local:
    - a. Apply Cool Compress;
    - b. Check PRN medications;
    - c. Calamine lotion may be applied.
  2. Systemic:
    - a. Benadryl liquid according to weight chart after conferring with parent;
    - b. Observe child in Health Office.
- C. Bites And Stings Without Anaphylaxis:
1. Animal or Human Bites:
    - a. Wash area thoroughly with soap and water;
    - b. Apply direct pressure to control bleeding and cover with sterile bandage;
    - c. Check tetanus status;
    - d. Refer to physician.
  2. Insect Sting:
    - a. Remove by scraping with plastic card or fingernail;
    - b. Wash area thoroughly with soap and water;
    - c. Apply cold compress or baking soda/water paste to sting area;
    - d. Observe for 20 minutes to rule out generalized reaction.
  3. Insect Bites:
    - a. With signs of infection, refer to physician.
  4. Tick Bites:
    - a. Remove using tick removal device or tweezers;
    - b. Wash area thoroughly with soap and water;
    - c. Apply Neosporin;
    - d. Refer to physician for rash associated tick bite.
- D. Asthma/Wheezing:
1. Assess lungs for adventitious sounds; chest tightness, shortness of breath, cough, distress;
  2. Follow Asthma Action Plan for student, notify parent;
  3. For severe symptoms or respiratory distress--O<sub>2</sub> sat < 92%, CALL 911 and administer oxygen as per treatment orders.
- E. Burns (Second Degree):
1. Assess extent of burn; note presence of blisters;
  2. Flush area continuously with cool water; apply loose, dry sterile dressing to area;
  3. Refer to physician.
- F. Dental Injury/Accidental Loss Of Tooth:
1. Evaluate teeth involved and extent of bleeding;
  2. Control bleeding with clean gauze; apply cold compress for swelling;
  3. Rinse tooth; avoid touching root;
  4. Transport tooth in Sav-a-Tooth system or cow's milk;
  5. Refer to dentist or ER.
- G. Fainting:
1. Have student lie down and elevate legs, or have student sit with head bent over knees;
  2. Check for injury if student has fallen. Monitor vital signs;
  3. If vomiting occurs, turn student on side; maintain reclined position as indicated;

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4. Notify parent; referral to physician.

Parent Consultation

Nurse will assess extent of injury. Parent notification and referral to medical facility if indicated.

- A. Eye (Conjunctivitis):
  1. Assess for redness of sclera/conjunctiva; thick, purulent or watery discharge; itchiness or scratchiness;
  2. Refer to physician for bacterial s/s.
- B. Eye (Foreign Object):
  1. Assess for redness, pain, discharge or foreign body;
  2. Wash out foreign body if possible, using eye irrigant;
  3. Remove foreign body with eyewash dampened gauze ONLY IF LOOSE;
  4. If foreign body is fixed, cover eye with an eye shield and refer to physician immediately.
- C. Frostbite:
  1. Gently rewarm affected area as soon as possible with warm (not hot) water; NEVER rub frostbitten skin;
  2. General reaction, moderate to severe frostbite, or continued pain/blisters on rewarming - Refer to physician.
- D. Head Lice:
  1. Notify parent to pick up student for visible lice;
  2. Student may return to school after treatment even if nits/eggs present;
  3. Student to be checked upon return to school post-treatment.
- E. Severe Abdominal Pain:
  1. Assess severity, duration, location of pain; temperature; other symptoms;
  2. Monitor vital signs;
  3. Maintain position of comfort;
  4. Refer to physician for pain associated with fever, vomiting or diarrhea; LRQ pain with abdominal swelling.
- F. Sprains/Strains:
  1. Assess for ROM, swelling, bruising, distal pulses, capillary refill, and sensation;
  2. Rest, ice, compression and elevation while in Health Office;
  3. Refer to physician for severe pain, immediate swelling and deformed limb/area; for signs of compromised circulation; inability to bear weight; suspected fracture.

Minor Injuries/Illnesses--Standard Procedures

- A. Abrasions, Minor Wounds And Contusions:
  1. Cool, wet compress or ice pack as indicated;
  2. Cleanse area with soap and water;
  3. Apply neosporin/bacitracin to area and bandage if needed.
- B. Burns--Mild:
  1. Immerse or flush with cold water for 5-10 minutes.
- C. Dysmenorrhea:
  1. Analgesic as prescribed by student's physician.
- D. Heat Cramps:
  1. Move student to a cool place for rest;
  2. Encourage fluids/Pedialyte;
  3. Monitor for progression through stages of heat-related illness.

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E. Nose Bleeds:

1. Have student sit;
2. Chin tilted downwards;
3. Pinch nostrils shut with tissue, apply ice to the bridge of nose;
4. Have student wash hands and soiled area.

Splinters And Imbedded Foreign Objects:

1. Small: Wash area and remove with forceps.
2. Large: If too large, leave in place and refer to physician.
3. Notify parent/guardian.

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