
TOWNSHIP OF UNION PUBLIC SCHOOLS

Linda M. Ionta, Director
Athletics, Health, Physical Education & Nurses

June 6, 2014

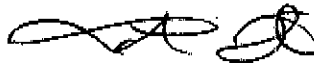
Bharati S. Mullick, M.D., F.A.A.P.
Chief School Medical Examiner
220 Shunpike Road
Springfield, NJ 07081

Dear Dr. Mullick:

Please sign and *return* the attached School Health Standing Order *originals* for the 2014-2015 school year.

Thank you for your anticipated cooperation.

Yours truly,



Linda Ionta, Director of Athletics,
Health/Physical Education/Nurses

Att.

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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)*

The student will be excluded from school until no nits are visible.

- . Recheck head after returning to school.

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.

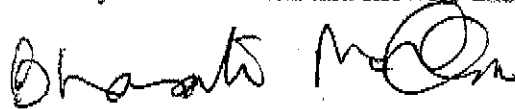
- . Student must have medical note to return to school
- . Exposed skin must be kept covered

6. *Tinea Pedis (Athlete's Foot)*

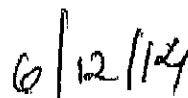
Characterized by peeling, cracking and itching of skin between the toes. This is a superficial infection widely spread through the use of showers, swimming pools, common bath mats or direct contact with an infected person. Isolation is not practical.

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.



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Chief School Medical Examiner



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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

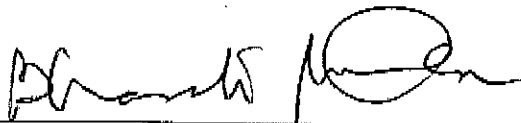
If student weighs 46 to 90 pounds, administer 2 to 4
teaspoons or 1 to 2 capsules orally

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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6/12/14

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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

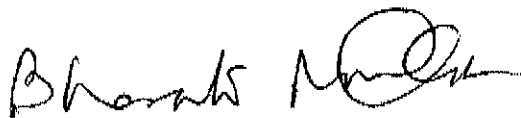
Pediatric Epinephrine Auto-Injector 0.15mg for students weighing 66 pounds or less

Route: Intramuscular in anteriolateral 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
Hibiclens Skin and Wound Cleanser topically
Hydrocortisone 1 % topically
Hydrogen Peroxide topically
Insect Sting Swab topically
Isopropyl Alcohol topically
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
Gyloxide Oral Antiseptic, swish and spit

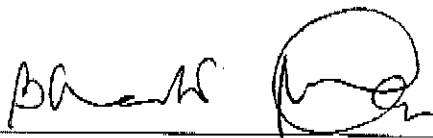
Ipecac Syrup orally per dosage chart and poison control advice

Dacriose Ophthalmic Irrigation
Allergy Relief Eye Drops
Refresh Eye Drops

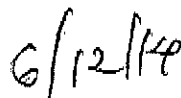
T.B. Testing: Mantoux Tuberculin, PPD (5 TU/0.1mL)
Administer 0.1mL intradermally, read in 48 to 72 hours

Emergency Standing Orders:

Benadryl (see attached)
Epinephrine (see attached)



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