

TOWNSHIP OF UNION PUBLIC SCHOOLS

MEDICAL SERVICES HANDBOOK

Revised August 2026

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Athletics, Health, Physical Education & Nurses

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ACKNOWLEDGEMENTS

This handbook was prepared by the school nurses of The Township of Union. Portions of it are based on materials abstracted from School Health Services Guidelines published by the New Jersey Department of Education. Names of nurses and their telephone extensions are listed below:

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INTRODUCTION

The nurse in the school is in a unique position. The uniqueness of his/her services in and for a school lays not so much in what they do, but how they do it and his/her understanding of the objectives and goals of a school Health Program.

The nurse's contribution to the school program is of particular value because of the knowledge and judgment he/she has developed through his/her nursing education and professional experience. In order to serve successfully as a member of the educational team, the nurse in the school must have preparation beyond that offered in the basic nursing degree in nursing.

The nurse must understand the educational purposes of the school. In addition to skills and understanding common to all public health nurses, he/she needs to be familiar with total school program, principles of school organization and administration, counseling techniques and procedures for helping teachers in supervising the health of children.

The school nurse is a leader in community health. Their practice functions under a framework where the student is the center of care. Encompassed by principles including care coordination, community/public health, leadership, quality improvement, and standards of practice. Their roles range from case management, communication with health care providers, chronic disease management, developing and implementing individualized health care plans, direct care, emergency care, education, screenings, referrals and follow-ups. All while ensuring that the primary role is to be the student's advocate. As research has proven, when school nurses are present, students have better health outcomes, leading to overall improved academics and attendance.

The school nurse serves as an educator as he/she shares in carrying out the school's responsibility for a program of health services, health education and healthful school living.

The school nurse has a unique opportunity to serve two professions at the same time – nursing and teaching. It is a new kind of experience, one with children, to which the nurse must bring warmth, acceptance and understanding. To the teacher, he/she must be a source of information and guidance. To the parent, he/she must be a dependable informant of medical knowledge, cognizant of community resources, sympathetic with family problems and an interpreter par excellence of the child's needs as revealed by medical examination and school behavior.

Our nurses do not do physical exams (staff shortage/time constraint). Each student medical examination must be conducted by a healthcare provider or advanced practice nurse chosen by the student's parent/guardian at the provider's facility (the student's "medical home"). A full report of the examination documented on an approved school district form, dated and signed by the medical provider must be presented to the school. If a student does not have a "medical home," the district may provide the examination at the school physician's office or other appropriately equipped facility.

PART I

SPECIFIC AREAS OF NURSING RESPONSIBILITY FOR SCHOOL HEALTH

The school nurse works as a member of the school staff under the administrative direction of the principal of the school to which he/she is assigned. He/she is responsible to the nursing profession for those things, which are nursing functions, keeping in mind the fact that the school administrator has the responsibility for the total school program.

A. HEALTH APPRAISAL

The school nurse works with administrators and all other school personnel, local physicians, dentists, community health agencies, social agencies and parents in defining the objectives for the procedures to be followed in making health appraisals. He/she interprets the results of health appraisals to school personnel and parents.

1. Sports Physicals

- a. Reviews and prepares student's sports physicals for clearance by the school physician for students to participate in athletics.
- b. Assists parent/guardian to obtain follow-up evaluation and/or treatment as recommended by a primary care provider or school physician.
- c. Informs coaches and other appropriate personnel the medical accommodations needed for individual students.
- d. Approved status can be obtained through an electronic system.

2. Vision Screenings

- a. Schedules vision screenings for children.
 - 1) Observe obvious defects and disease.
 - 2) Judges visual acuity with the use of testing procedures, which give some measure of ability to see objects at a distance.
- b. Does periodic vision screening of children and special screening when indicated. Suggested screening at Grades Pre-K, K, 2, 4, 6, 8, 10. Other grades may be tested where time allows.

If the child reports any of the following, an eye examination is indicated:

- 1) Cannot see well.
- 2) Words, letters or lines (run together) or jump.
- 3) Double vision.
- 4) Vision blurs (especially after periods of reading).
- 5) Headache or other symptoms after work involving continuous near vision.

- c. Makes visual referrals on those children who:
 - 1) Have impaired visual acuity.
 - 2) Have symptoms, which may suggest a visual problem.
 - a) Crossed eye, “wandering eye”, “cast”, even though not constant.
 - b) Excessive blinking or squinting.
 - c) Red eyes or eyelids, or frequent sties.
 - d) Rubbing or wiping eyes frequently.
 - e) Apparent difficulty in seeing what is on the chalkboard or inability to see small detail in near vision or stumbling.
 - f) Persistent frowning, especially in reading.
 - g) Persistent reading difficulty, especially if there are signs suggestive of a possible ocular basis; e.g., word omission or repetition, transposition in the line, jumping lines repeating lines or misplacement of a word to line above or below.
- d. Follow up
 - 1) Assists parents to obtain needed corrective care.
 - 2) Assists teachers in making adjustments in children’s programs and seating arrangements.

3. **Hearing Screenings**

- a. Schedules hearing screenings for children – the goal of the hearing-screening program is to identify those with hearing impairments through a formal and standardized approach.
- b. Does periodic hearing screening of children and special screening when indicated.
- c. Required testing at grade levels Pre K-4, 7, and 11.
- d. Repeat the hearing screening if the child fails one time. Referral for hearing and/or speech if the child fails audiometric testing twice.
- e. Follow up.
 - 1) Assists parents to obtain care when indicated.
 - 2) Assists teachers in making seating adjustments

4. **Height and Weight Measurements**

- a. Schedules annual heights and weights with the Physical Education and Health teachers.
- b. Observes for abnormal growth and development.
- c. Does periodic heights and weights on all children, annually, if possible.
- d. Makes referrals on those children who:
Appear to have abnormal growth and development.

5. **Scoliosis Screening**

- a. Scoliosis screenings for students in grades 5-15 will be conducted every other year. Because scoliosis screening is included in the physical examination, students who have already had a physical will not be screened again during that school year.

- b. Parents or guardians who wish to be present during the scoliosis screening should contact the school nurse in advance.
- c. A student may be excused from the screening if the parent or guardian submits a written request to the school nurse.
- d. The state does not require follow-up for students who are referred after the screening

6. **Blood Pressure Screening**

- a. Screen all students Grades K-12.
- b. Provide notification of the parent of any student with deviation from the recommended standard.

B. EMERGENCY CARE OF ACCIDENTS OR ILLNESS AT SCHOOL

- 1. Assists in setting up policies for caring for students who are injured or who become ill at school. Students are not allowed to walk home from the medical room unless parents request it and it is approved by an administrator. Student must call the nurse and parent upon arrival at home.
- 2. Renders nursing care to injured or ill students and contacts parents about injuries requiring immediate medical attention. If parent or guardian is not available in an emergency, contact family designee or physician. Activate emergency response when necessary.

Students under 18 years are not allowed to walk home.

- 3. Renders nursing care to injured or ill school employees.

C. COMMUNICABLE DISEASE CONTROL (See Communicable Disease Policy)

Participates in the development of policies and procedures for the control of communicable disease within the school and in the interpretation of these policies to school personnel and parents.

- 1. Advises school personnel in screening for communicable diseases.
- 2. Arranges for the isolation of ill children who are to be excused.
- 3. Inspects children and school personnel when referred for suspected communicable disease, and recommends exclusion and readmission in accordance with school policy.
- 4. Interprets the scope and significance of immunization programs to school personnel, students and parents.
- 5. Reports unusual rates of communicable diseases to the supervisor.

6. Completes weekly CDRSS Report
7. Completes yearly State Immunization Report.

D. GUIDANCE AND COUNSELING

1. Confers with pupils and/or parents regarding health problems and obtains pertinent health history from parents.
2. Confers with school personnel regarding health problems of pupils.
3. Upon request, confers with school personnel regarding their own health problems.
4. The school nurse functions as a resource to the Child Study Team, in the following areas:
(1) Change to develop and provide a medical care plan for individual students when appropriate in order to augment the Individualized Education Plan (IEP); (2) Assists in case findings and referrals; (3) Assists in the interpretation of physical health information; (4) Acts as a liaison between home and school; (5) Performs screenings for INRS, 504 and CST requirements; and (6) Reviews medical information and completes medical verification forms for transportation.

E. EXCLUSIONS AND READMISSIONS FOR HEALTH REASONS

1. Participates in establishing practices and procedures for excluding and readmitting students to school.
2. Recommends exclusion and readmission according to school practice and procedures.

F. EXCEPTIONAL CHILDREN

1. Participates in planning programs for exceptional children.
2. Interprets to teachers' recommendations for adapting programs for handicapped children.
3. Helps children to accept and to learn to live within their physical limitations.
4. Works with physical education teachers in program planning for children on restricted activity, as per doctor's recommendations.
5. Assists in case findings and referrals for special programs.
6. Acts as a resource person for Special Education health related programs.

G. SOCIAL SERVICE

1. Serves as contact between home and school and community on health problems when requested.

2. Interprets to school personnel the situation in the home as it affects the students' school program.
3. Counsels parents about the health of their children and their adjustment to the school program.
4. Recognizes that the total family health status is important to the welfare of the school child.

H. COOPERATION WITH COMMUNITY AGENCIES

1. Familiarizes himself/herself with the work done by all community agencies.
2. Is active in community organizations which contribute to community health welfare.
3. Cooperates with other organizations to promote the health awareness of the community.
4. Plans health fairs when time allows.

I. RECORDS

1. Participates in the selection and use of health records.
2. Keeps accurate, clear records of the health of school children.
3. Helps school personnel to interpret data recorded on health records and to use the records as tools in the guidance of pupils.
4. Utilizing record material, continually evaluates total school health program.

J. MENTAL HEALTH

1. Recognizes signs of deviation from good mental health, and refers pupils for professional care when indicated.
2. Helps parents obtain treatment for their children when needed.
3. Performs mental health evaluation when there is no other available team member from Special Services in-district.

K. RELATION TO HEALTH INSTRUCTION

1. May teach in the classroom, or may be responsible for single units of classroom instruction with the aid of the teacher
2. Serves as a resource person to all school personnel in matters of Health Education.
3. Suggests or procures suitable health materials for class instructions or bulletin board use.

4. Schedule teacher/nurse conferences in his/her capacity as consultant or advisor.
 - a. Interprets needs and health problems of children through his/her knowledge of the individual children and their families.
 - b. Assists the teacher to interpret to children the procedures and purposes of medical examinations, screening procedures and measures which may be adopted in the communicable disease control or first aid and safety program.
 - c. Suggests materials to be taught at the same time as a vision screening or hearing testing program is being carried on so that the instruction and experience will be meaningful to the child.
 - d. Assists teachers when special community health programs are carried on.
 - e. Works with school personnel on health problems of children.
 - f. Gives health guidance in all his/her contacts with individuals and groups in school and community (even such a simple procedure as supplying a Band-Aid can be used to teach a child the importance and method of caring for minor wounds).

L. ENVIRONMENTAL HEALTH

1. Keeps well informed of the standards and laws for a healthful and safe school plant.
2. Confers with school personnel and students in the maintenance of safe, clean and healthful school and community.
3. Considers factors influencing the physical and emotional health of the school personnel as well as that of the students, and recommends and suggests improvements affecting those factors.
4. Aids in Health Education for custodians, cafeteria workers and teachers to bring their knowledge up-to-date on such matters as Blood Borne Pathogens, school sanitation, communicable disease control, and first-aid, hazards of transportation, and school safety and civil defense.

M. ATTENDANCE CALLS

1. Attendance calls are received for Pre-K through 5th Grade.
2. Nurse records calls from parents who have children absent.
3. A call automatically generated by the Genesis System goes out to parents who did not notify school that the student would be absent. The parent is asked to call the school nurse to give the reason for the absence.
4. If unable to contact a parent at home, make the second call to the parents' place of business or names of any other designated person.
5. Record attendance in genesis.

PART II

SPECIFIC PROCEDURES

Follow guidelines from the New Jersey State School Nurse's Guide

Promoting Health and learning

A. VISION SCREENING

1. Procedure for Snellen Chart

- a. The Snellen chart, shape or symbol chart can be used.
- b. The child should be placed 20 or 10 feet away, depending on the age.
- c. Test initially with both eyes open, then instruct the child to cover the left eye, then the right eye.
- d. Begin with the 40-foot line. If this line is failed start with the 200 foot line.
- e. The standard of failure shall be the inability to read 3 out of 5 or 4 out of 7 symbols with either eye on the 20/40 line in K-3 and on the 20/30 line in Grades 4-12.

2. Procedure for Color Test

- a. Color tests should be performed on students in kindergarten.
- b. Three color vision tests recommended are:
 - 1) Hardy-Rand-Ritter Test (American Optical Co., Southbridge, Mass.)
 - 2) The Ishihara Test (Tabmine Overseas Corp., 10 LE. 40th St., N.Y.)
 - 3) Dvorog Color Test
 - 4) Titmus

4. Referral and follow-up on result of eye examination

- a. A child who fails the visual acuity test should be retested by the school nurse.
- b. If a child fails the second visual acuity test, the parent should be notified with the recommendation that they seek appropriate professional attention.
- c. When the school fails to receive a report that the examination has been done, follow-up by the nurse is advisable.

B. AUDIO SCREENING

Audio screening procedure – follow guidelines recommended by School Nurse Practice Guide for New Jersey State School Nurses

C. MEDICATION PROCEDURES – (see Medical Policy)

D. TUBERCULOSIS SURVEILLANCE

1. Procedure for follow-up of Tuberculin Reactors

- a. Follows NJ Department of Education code to determine which students require TB testing.
- b. Obtain chest x-ray results if a student has a positive result.
- c. Document results of chest x-ray and treatment on health record if ordered by health care provider.

2 Complete forms

- a. TB-57 “Aggregate Report.”

E. PROCEDURE FOR MEDICALLY EXCUSED STUDENTS FROM PHYSICAL EDUCATION

Students excused for more than 2 consecutive days are to bring a doctor’s note to their Physical Education teacher during their regularly scheduled gym period. Students who are excused for 1 week or longer will be assigned to the library or as monitors in specific offices. Students excused for less than a week will be returned to the gym, but they shall not participate in activities.

Medical excuses should be on a doctor’s letterhead or stamped with the doctor’s stamp. The notes should provide a time frame, with a specific date to return to gym or the date of the next appointment when “until further notice” is noted. If the date of the medical excuse is extended, the student is to take the new note to the nurse and the process begins again. It is the responsibility of the student to follow these procedures and to present the proper documentation to the nurse and other staff (ex. Librarian or staff in office where the student is assigned as monitor.)

Students who are medically excused for the entire year must go to Physical Education at the beginning of each semester. They should let the Physical Education Teacher know that a note is on file in the nurse’s office. The teacher will send the student to the nurse, and the process will begin again.

Students medically excused from Physical Education for an entire semester in which they do not have health will be sent to Guidance (to be assigned to another class).

Submission of a fraudulent note will result in disciplinary action.

F. PROCEDURE FOR SCOLIOSIS SCREENING

1. Screenings are done in a convenient room.
2. Small groups.
3. Students undress to the waist – girls leave on bras.

4. Remove high-heeled shoes.
5. Student stands facing wall, bends down, head down, and arms forward.
6. Student faces nurse and follows above procedure.
7. Notify parent by letter if child fails test.
8. Follow-up not required by state.

PART III

OTHER AREAS OF RESPONSIBILITY

A. ATTENDS MEETING

1. Periodic monthly meetings.
2. Faculty and P.T.A. meetings.
3. Nurse seminars.
4. Organization meetings, i.e., safety, nutritional.

B. STUDENT TRANSPORTATION

1. Bus transportation is provided by the Board of Education to and from school for students who are eligible for such transportation.
2. A certificate must be obtained from the physician requesting the transportation, the reason and the approximate length of time for such transportation.
3. Two forms must be completed and signed by the school physician and sent to the Superintendent's office. Keep one copy in the student's medical folder.
4. Completes medical verification form for Special Services.
5. Provide medical care plan to bus driver when appropriate.

C. PSYCHOLOGICAL AND SOCIAL REFERRALS

1. Initiates and follows through with these referrals with the guidance department.

D. SCHOOL LUNCH PROGRAM

1. A nutrition Committee member meets with the cafeteria manager to discuss menus and problems.

2. If notified of a potential nutritional concern, will monitor and follow-up.

E. ACCIDENT REPORTS

Students:

1. Complete accident reports for students.
2. Notifies Principal and Central Office designee of accident.
3. Obtains signature of principal on report.
4. Sends copy to Supervisor and Central Office designee.

Staff:

1. Staff completes an accident report.
2. Nurse obtains signature of Principal and staff member.
3. Notify Central Office designee and provide copy of accident report to Supervisor and Central Office designee.
4. Workers Compensation procedures are managed between the staff member and Central Office designee.

F. HOME INSTRUCTION

1. Explain procedures to parent/guardian.
2. Obtain completed Home Instruction form from parent/guardian.
3. Submit completed forms from physician and parent/guardian to District physician for review.
4. If approved, submit forms to the Guidance Department and Special Services.
5. Follow up per TUPS District Home Instruction Policy.

FIRST AID AND EMERGENCY CARE

The nurse will adhere to the following first aid instructions:

1. ABDOMINAL PAIN

- a. Take temperature.
- b. Check area of pain and question student about duration and nature of pain.
- c. Rest.
- d. Notify parent when necessary.

2. HUMAN AND ANIMAL BITES

a. Human

Human bites that break the skin may become seriously infected because the mouth is heavily contaminated with bacteria.

- 1) Cleanse the wound thoroughly, cover it, and seek medical attention.
- 2) Check student records for date of last Tetanus Booster.
- 3) Notify parent.

b. Animal

The bite of any animal, whether it is a wild animal or a pet, may result in an open wound. Dog and cat bites are common. Although a dog bite is likely to cause more extensive tissue damage than a cat bite, the cat bite may be more dangerous, because a wider variety of bacteria is usually present in the mouth of a cat. Many wild animals, especially bats, raccoons, and rats, transmit rabies. Rabies can be transmitted even when a rabid animal licks an existing open wound on a human or a nonacid animal. Any animal bite carries a great risk of infection. There is no known cure for rabies, in human beings or in animals, once its final-stage symptoms develop. If the animal proves to be rabid, vaccine therapy must be given to build up body immunity in the victim in time to prevent the disease.

- 1) A bite of the face or neck should receive immediate medical attention.
- 2) Report to the Board of Health. Check for allergic reactions. Scrub with soap and water.
- 3) Notify parent to take to physician.
- 4) Report to principal.

3. **BLISTERS**

Apply a sterile dressing and protect the area from further irritation. If the blister has already broken, treat it as an open wound. Watch for signs of infection.

4. **BRUISES**

Apply cold applications.

5. **BURNS**

1st Degree:

- a. Apply cold 10 minutes. Apply a dry dressing if necessary.

2nd Degree:

- a. Immerse the burned part in cold water (not ice water) until the pain subsides.
- b. Apply a dry dressing.
- c. Notify parent.

6. **BURN OF THE EYE**

a. Acid or alkali

- 1) First aid for acid burns of the eye should begin as quickly as possible by thoroughly washing the face, eyelids, and eye. If the victim is lying down, turn his head to the side hold the eyelids open, and pour water from the inner corner of the eye outward (see figures 1 & 2). Make sure the chemical does not wash into the other eye.
- 2) Cover the eye with a dry, clean, protective dressing (do not use cotton) and bandage in place.
- 3) Caution the victim against rubbing his eye.

- 4) Get medical help immediately (preferably, an eye specialist).

7. CHILLS

- a. Apply external heat with blankets.
- b. Take temperature.
- c. Rest.
- d. If better, return to class.
- e. If not, notify parent.

8. COLDS

- a. Nurse to use own judgment in exclusion.

9. DIABETES

- a. Follow students Diabetes Management Plan, Individualized Health Plan, and Emergency Care Plan.
- b. Parents must provide adequate unexpired supplies needed for diabetes care.

10. SUSPICION OF BEING UNDER THE INFLUENCE OF A CONTROLLED DANGER SUBSTANCE

- a. If student is sent to nurses' office, check B.P.P. for evaluation, assess for any unusual behaviors, vital signs, pupils, speech, gait and general appearance.
- b. Notify principal or designee.

11. EYE INJURIES

Foreign objects are often blown or rubbed into the eyes. Such objects are harmful not only because of the irritating effect but also because of the danger of there scratching the surfaces or becoming embedded in the eye.

a. Symptoms

- 1) Redness of eyes
- 2) Burning sensation
- 3) Pain
- 4) Headache
- 5) Overproduction of tears.

b. Precautions

- 1) Keep the student from rubbing his eye.
- 2) Wash your hands thoroughly before examining the eye.
- 3) Do not attempt to remove a foreign object by inserting a match, toothpick, or any other instrument.

- 4) Refer to a physician if something is embedded in the eye, or if something is thought to be embedded but cannot be located.

c. Removal of a foreign body from the surface of the eyeball or from the inner surface of the eyelid

- 1) Pull down the lower lid to determine whether or not the object lies on the inner surface.
- 2) If the object lies on the inner surface, lift it gently out.
- 3) If the object has not been located, it may be lodged beneath the upper lid.
 - a. While the student looks down, grasp the lashes of the upper lid gently.
 - b. Pull the upper lid forward and down over the lower lid. Tears may dislodge the foreign object.
 - c. If the foreign object has not been dislodged, depress the upper lid and invert the lid by pulling upward on the lashes. (see figure) Lift off the foreign object and replace the lid by pulling downward gently on the lashes.
 - d. Flush the eye with water.
 - e. If the object is still not removed and is suspected to be embedded, apply a dry, protective dressing and consult a physician.

d. Eye Injuries

1. Injury of the eyelid

First aid in injury of the eyelid as follows:

- a) Stop hemorrhage by gently apply direct pressure.
- b) Cleanse the wound and apply a sterile or clean dressing, which can be taped in place or held snugly by a bandage that encircles the head. Seek medical care without delay.
- c) Bruises above and below the eye, involving rupture of small blood vessels, should be treated by immediate cold application to lessen bleeding and swelling.

2. Blunt injury or contusion

- a. A contusion occurs from a direct blow. The most common result is a black eye.
- b. In serious cases, the structure of the eye may be torn or ruptured.
- c. Secondary damage may be produced by the effects of hemorrhage, and later by infection.
- d. Vision may be lost.
- e. Bleeding may recur after several days.
- f. Any person experiencing a blunt injury of the eye should be seen by a physician, preferably an eye specialist, as soon as possible.

3. Penetrating injuries of the eye are extremely serious and can result in blindness

First aid is as follows:

- a. Make no attempt to remove the object or to wash the eye.
- b. Cover both eyes loosely with clean dressing.
- c. Keep the student quiet, preferably on his back.
- d. Transport the victim by stretcher.
- e. Notify parent or take the student to the appropriate hospital emergency room.

12. EYE IRRITATION

Wash eye with clean water or sterile eye solution.

13. FRACTURES

- a. Splint according to "Standard First Aid"
- b. Apply cold pack.
- c. Notify parents.
- d. Call ambulance if necessary.
- e. Call 911 for Emergency Services.

14. HEADACHES

- a. Students are allowed to take their own medications per Board of Education policy. Medications should be kept in the nurse's office.
- b. Notify parents if frequent headaches occur.

15. HEAD INJURY

- a. Examine for dizziness, shock, loss of consciousness, unequal pupils, nausea, headache and bleeding.
- b. Use cold pack to affected area.
- c. Return to class if examination is negative and student feels well.
- d. Notify parent of injury.

16. HEMORRHAGE

- a. Apply pressure at site.
- b. Notify parent if necessary.
- c. Call ambulance if necessary.
- d. Call 911 for Emergency Services.

17. PEDICULOSIS

- a. Refer to Head Lice Management Procedure.

18. POISONS

- a. NJ Poison Control #1-800-222-1222

19. SEIZURE DISORDER

- a. Prevent student from harming self.
- b. Record time, length of seizure and body part involved.
- c. If student has a documented history of a seizure disorder, follow Seizure Action Plan.
- d. If there is no prior documentation of a seizure disorder, the nurse will call EMS for transport to the hospital.
- e. Notify parent/guardian.

20. SEXUALLY TRANSMITTED INFECTIONS

- a. Refer to appropriate practitioner.

21. SKIN PROBLEMS

- a. Hives: Assess for history of allergies and signs of anaphylaxis. Administer Epinephrine Auto Injector if indicated and follow Epinephrine policy. If needed, apply cool compress and administer Benadryl per District Policy.
- b. Insect Bites: Assess for history of allergies and signs of anaphylaxis. Administer Epinephrine Auto Injector if indicated and follow Epinephrine Policy. Cleanse area of bite. Remove stinger. If needed, apply cool compress and administer Benadryl per District policy.

22. SORE THROAT

- a. Gargle.
- b. Elevated temperature – send home.
- c. Notify parents.

23. SPLINTERS

- a. Remove.
- b. Clean area.
- c. If too deep, cover with D.S.D.
- d. Notify parent.

24. SPRAINS

- a. Apply cold pack for swelling.
- b. Elevate, ace bandage if needed.
- c. Re-check in a.m.
- d. Severe: Notify parent.
- e. Rx as possible fracture.

25. THROAT (Foreign Body)

- a. Maintain airway.
- b. Call 911.

26. TOOTHACHE

- a. Check for swelling of face.
- b. Refer
- c. Use Anbesol if indicated.

27. TRAUMATIC

- a. Keep patient quiet and lying down.
- b. See that he/she is kept warm with blankets placed under and over him/her.
- c. Elevate lower extremities except in the following cases:
 - 1) Head injury.
 - 2) Difficult breathing.
 - 3) Patient complains of pain when elevation is attempted.

28. UPSET STOMACH

- a. Rest.
- b. Try to determine possible cause.
- c. Check temperature.
- d. Notify parents if stomachache doesn't subside.

29. WARTS

- a. Have parent consult with physician.

30. WOUNDS (abrasions, lacerations, punctures)

- a. Cleanse wound.
- b. Cover with dry, sterile dressing.
- c. Deep wounds, notify parent/guardian and advise to take to healthcare provider.

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 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** – The student should be excluded from school and should be fever free for 24 hours without fever-reducing medication.


Bharati S. Mullick, MD, F.A.A.P.

8/22/2026

Date

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

Head Lice Management

The goal of the Township of Union Public School System is to ensure a safe and healthy school environment to optimize students' academic success. In regard to managing head lice in the schools, these practices should be based on scientific and medical evidence. Both the CDC and the National School Nurses Association have recommended that head lice infestations should not interfere with students' educational process.

Head Lice is an infestation not an infection and is not known to spread disease. In the effort to maximize the learning process and avoid absenteeism and stigma, it is the district policy to temporarily exclude these students from school for treatment purposes. It is imperative for the school nurse to maintain confidentiality and avoid stigma of these students. Upon returning to school the student will be examined by the school nurse. It is the position of the CDC that most nits are more than 1/4" from the scalp and are not viable and often are empty shells, known as casings. Nits are fastened to the hair shaft and are unlikely to be transferred to other individuals. As long as the student is lice free and nits if present are greater than ¼ inch from the scalp, they will be cleared to return to class. Many studies have demonstrated that school is rarely the source of transmission; the majority of cases are spread through friends or family members who play or live together.

The school nurse will continue to provide education and guidance to the school community regarding evidence-based practice of head lice management in the school environment. The school nurse's goals are to perform accurate scalp inspections, contain infestations, and advise parents/guardian on appropriate treatment options and resources for treatment and prevention. No school is ever lice-free, or infection free, the school nurse will continue to provide evidence-based care in all areas of their practice.

References:

- Centers for Disease Control and Prevention (2010). *Head lice information for schools*. Retrieved from <http://www.cdc.gov/parasites/lice/head.schools.html>.
- National Association of School Nurses Position Statement: "Pediculosis Management in the School Setting" (Revised 2011).
- Edelstein, J, (2007). The 18th International Nursing Research Congress Focusing on Evidence-Based Practice: "Evidence based management of head lice in the school setting" (July 14, 2007).
- School District of the Chatham's Administrative regulation 8454.
- Vista Unified School District Board Policy 5004.3.

Head Lice Fact Sheet for Parents/Guardians

Each year approximately 6-12 million school age children (about 1 in every 100) are infested with head lice (pediculosis). It is a community-wide issue and research has shown that transmission in the school setting is rare. Lice are not a sign of poor hygiene and are not a hazard to one's health. Head lice infest all socioeconomic groups, races, ages and genders. The following helpful information includes an understanding of head lice and how to detect and treat it.

What are head lice?

Head lice are insects that survive by feeding on small amounts of blood from the human scalp. Lice move by crawling, but they do not jump, hop, or fly. Lice move quickly and shy away from light. They do not harbor or transmit disease. Lice are generally found on the scalp, often around the ears and at the back of the neck. The adult louse is about the size of a sesame seed. (Go to: <http://www.cdc.gov/parasites/lice/head/geninfo/faqs.html> for pictures of what head lice and nits look like).

What are nits?

Nits are eggs laid by the female louse. The eggs are tiny, grayish-white oval specks that can be difficult to see. They are "cemented" to the hair and are not easily removed; therefore you cannot "catch" nits. In general, nits greater than ¼" from the scalp are likely to already be hatched or are not viable.

How are head lice spread?

Head lice are transmitted by direct head-to-head contact with an infested person's head, such as during close play, sleepovers, cuddling, etc. Less likely modes of transmission include sharing personal items such as brushes, hats, scarves, pillows, clothes, etc. Lice cannot survive more than 48-72 hours off the human head.

What symptoms of a head lice infestation?

Head lice will cause itching of the scalp. Red bite marks or sores may also be noticed on the scalp or back of the neck. One may have a tickling feeling like something is moving on their head, or possibly trouble sleeping or irritability.

I found head lice (or nits) on my child. Now what?

If you find live lice or you see nits within ¼" of the scalp, prompt treatment should be initiated. Not all members of the household need to be treated unless lice are found on others or the infested individual has shared a bed with another person.

- The school nurse will confidentially notify the parent/guardian to pick up the child.
- The school nurse may check the rest of the class or any other students who show signs of infestation.
- Teachers and parents/guardians will not be notified of which child/children in the class have an infestation.
- The infested person must be treated adequately. You should ask your pharmacist or your child's healthcare provider for recommendations and instructions for treatment.
- Remove any remaining nits in your child's hair before returning to school.

- Upon student's return accompanied by parent/guardian, the school nurse will examine the child's scalp.

The child will not be cleared to return to school if there is active infestation as evidenced by live lice. **A note from the child's doctor will not suffice for re-entry into school.**

To help control head lice outbreaks, children can be taught to avoid activities that may spread head lice. Teach children to:

- Avoid head-to-head contact (this may be difficult for young children, as close play is common)
- Do not to share personal items such as combs, brushes, hair ornaments, pillows, hats, scarves, other personal headgear, etc. (Head lice being spread by inanimate objects and personal belongings may occur, but is very uncommon)

For more information please go to: <http://www.cdc.gov/parasites/lice/head.schools.html>

School Nurse Procedure for Head Lice Management

1. School employees will report all suspected cases of head lice to the school nurse. The school nurse will examine the student by looking closely through the hair and scalp for live lice or nits.
2. If an active infestation as evidenced by live lice or nits within ¼ inch from the scalp is present, the parent/guardian will be notified to arrange for pickup of their child from school. Immediate exclusion from the classroom is not necessary. The school nurse will provide the parent/guardian with a head lice information sheet and inform the parent/guardian that the student will not be cleared to return to school if found to have live lice or nits within ¼ inch of the scalp.
3. The student must be accompanied by a parent/guardian upon return school. The nurse will examine the student's hair and scalp. The student may return to class if there are no lice present and nits if present are greater than ¼ inch from the scalp.
4. Classroom checks are not necessary. The nurse should encourage the parents/guardians to make close contacts aware. Classmates and or siblings may be checked if there is suspicion of infestation.

TOWNSHIP OF UNION PUBLIC SCHOOLS

PROCEDURES REGARDING ADMINISTRATION OF MEDICATION IN SCHOOL

The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, and the student would not be able to attend school if the medicine were not made available during school hours.

1. The school does not provide medication to students.
2. The parent/guardian or parent designee must bring in all medication.
3. The parent/guardian must provide a written request for the administration of the prescribed medication in school. (Signed Medication Authorization Form.)
4. Non-prescription medication: Written orders are to be provided to the school by the Primary Physician, detailing the name of the student, name of the drug, dosage, and time of administration. All non-prescription medication must be brought to school in the original container. (Signed Medication Authorization Form.) It is recommended that medications be given between 11:30 a.m. and 12:30 p.m., in order to maintain the continuity of the student's learning process.
5. Prescription medication: Written orders are to be provided to the school by the Primary Physician, detailing the name of student, name of the drug, diagnosis and the reason for administration of the drug, dosage, and time of administration. Must be brought to school in the original container with a **current date**, appropriately labeled by the pharmacy or physician indicating the student's name, name of medication, diagnosis and reason for administration of the medication, dosage time of administration. (Signed Medication Authorization Form.) It is recommended that medications be given between 11:30 a.m. and 12:30 p.m., in order to maintain continuity of the student's learning process.
6. The school will provide safe storage of the medication.
7. The records or documentation process is required to be maintained by the certified school nurse.
8. The certified school nurse or parent/guardian is the only one permitted to administer medication in the school or on school trips.

CONSIDERATION FOR FIELD TRIPS

Children who require daily medication will need special consideration when planning school trips. The following is a list of appropriate options. Of course, each of these would require approval of the child's parent/guardian and physician. They include:

- a. Altering the scheduled hours of administering the medication so the child is getting the first dose at school (about 9:00 a.m.) and the second dose after the class returns (usually about 2:00 p.m.).
- b. Withholding medication during the course of that particular activity and giving it when the student returns to school.
- c. Requesting that a parent/guardian of the affected child accompany the group to administer the medication to the child.

Ron Zieser, Director
Health and Medical Services

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

Pupil's Name _____ School _____

Address _____ Teacher _____

Telephone No. _____ Grade _____

Description of medication provided by physician _____

Diagnosis: _____

School nurse is instructed to administer _____ in

the following manner _____

Medication to be administered from _____ to _____

Consideration for Field Trips:

☐ The above named student may skip the dose of prescribed medication on a field day trip.

☐ The above named student may take the prescribed medication upon returning to school from a field trip.

Date _____
(Physician's Signature & Stamp Required)

The school nurse is requested to administer to _____
(Child's Name)

the medication prescribed by the above-named physician.

Signature of Parent/Guardian _____

The completion of this form is the responsibility of the parent. Upon its completion, it is to be given to the school nurse who will give the medication prescribed. This form will be filed in the office of the school nurse.

**MEDICATION MUST BE BROUGHT TO SCHOOL BY PARENT IN THE
PRESCRIPTION CONTAINER AND HANDED TO THE NURSE.**

TOWNSHIP OF UNION PUBLIC SCHOOLS

Union, NJ 07083

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

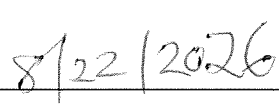
Dacriose Ophthalmic Irrigation
Allergy Relief Eye Drops
Refresh Eye Drops

Emergency Standing Orders:

Benadryl (see attached)
Epinephrine (see attached)



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



Date

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

PHYSICIAN'S STANDING ORDERS FOR EMERGENCY MEDICATION

Epinephrine (adrenalin) may be administered by the School Nurse or any trained designee 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

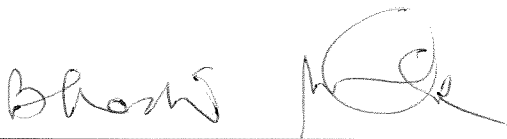
Pediatric Epinephrine Auto-Injector 0.15mg for students weighing 66 pounds or less

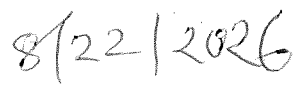
Route: Intramuscular in anterolateral aspect of the thigh, may be repeated in 15 minutes.

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 the emergency room ASAP.


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


Date

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

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 and Kawameeh Middle Schools, 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 medication will be administered for headaches unless there is an order from the student's healthcare provider on file for the current school year. Medication frequently requested for dysmenorrhea requires a note from a healthcare provider for the current school year. If symptoms persist, it is understood that the nurse will contact the parent or guardian.

Ibuprofen 200mg, 1 or 2 tablets orally, every 6 hours

Acetaminophen 325 mg, 2 tablets orally, every 4 hours
as needed for pain or fever, or menstrual cramps at the discretion of the school nurse following assessment of the student's condition.


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


Date

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

STANDARD ORDER 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 the student's weight.

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

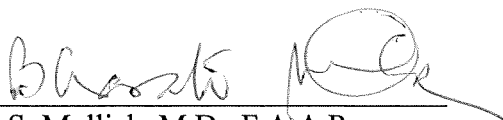
If student weighs 46 to 90 pounds, administer 2 to 4 teaspoons or 1 to 2 capsules orally.

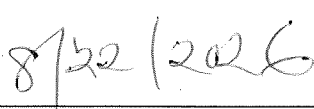
If student weighs more than 90 pounds, administer 1 to 2 capsules orally.

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.


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


Date

TOWNSHIP OF UNION PUBLIC SCHOOLS

**PHYSICIAN'S CERTIFICATION FOR SELF-ADMINISTRATION OF
MEDICATION IN SCHOOL**

Student's Name _____ Date _____

School _____ Grade _____

Physician's Name _____ Telephone # _____

Physician's Address _____

I request that the above student be allowed to self – administer his/her medication (s) in school. I hereby certify that he/she suffers from asthma or another potentially life – threatening illness which requires immediate use of medication self – administered by the student. I also certify that he/she has been trained in the proper method and use of the medication and its administration and is capable of self – administration of the medication. The student should be allowed to carry his/her medication during regular school hours and off – site or after regular school hours when he/she is participating in field trips or extracurricular activities.

Permission is effective for the school year for which it is granted and must be renewed or each subsequent school year by re-submission of this form properly completed.

Diagnosis _____

Name of Medication _____

Time or circumstance under which medication shall be administered _____

Dosage _____

Possible side effects _____

Special instructions _____

Physician's signature/stamp _____ Date _____

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

WAIVER OF LIABILITY

I/we are the parent(s)/guardian(s) of _____,
a pupil in the Union Public Schools. I/we hereby authorize _____
to self-administer medication as directed by his physician. I/we understand and acknowledge
that neither Union Township Board of Education, its employees or agents acknowledge that
neither Union Township Board of Education, its employees or agents shall incur liability as a
result of any injury arising from the self-administration of medication by the pupil named above.
In addition, I/we agree to indemnify, defend and hold harmless the district and its employees or
agents against any claims arising out of the self-administration of medication by the pupil. I/we
agree to comply with any current or subsequent rules promulgated by the Board of Education or
the State Department of Education concerning this matter.

Date _____

Signature _____

Print Name _____

Signature _____

Print Name _____

TOWNSHIP OF UNION PUBLIC SCHOOLS
Union, NJ 07083

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 8/22/2026