

**SECTION XV:
STANDING ORDERS AND GUIDELINES
FOR SCHOOL NURSES
TO TREAT AND PERFORM
LABORATORY PROCEDURES**

TABLE OF CONTENTS

GUIDELINES FOR STANDING ORDERS.....	3
STANDING ORDERS AND GUIDELINES TO ADMINISTER AUTO-INJECTOR EPINEPHRINE.....	4
STANDING ORDERS AND GUIDELINES FOR ADMINISTRATION OF VACCINES.....	6
STANDING ORDERS FOR HEAD LICE/PEDICULOSIS TREATMENT.....	8
STANDING ORDERS TO ADMINISTER OXYGEN.....	9
GUIDELINES FOR PREGNANCY TESTING.....	11

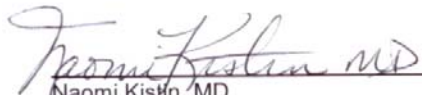
GUIDELINES FOR STANDING ORDERS FOR SCHOOL NURSES

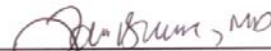
Issued by Region Health Officers
Public Health Division, NM Department of Health

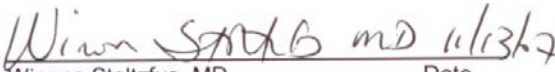
School nurses face new challenges daily in assuring the health of school children. To assist school nurses in meeting these challenges, Region Health Officers in their statutory role of oversight of school health staff have provided certain standing orders to direct school nurses in specific treatments and testing requiring a physician order.


These Standing Orders are provided to authorize specific nursing activities in school districts where such nursing activities have been approved by school district policy. They do not create or supercede school district policy but may be adopted as policy by school districts.

All Standing Orders from the NM Department of Health Regional Health Officers posted on the New Mexico School Health Manual web site will be reviewed on an annual basis.


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STANDING ORDERS FOR THE SCHOOL NURSE TO ADMINISTER AUTO-INJECTOR EPINEPHRINE IN THE SCHOOL SETTING

IF, in the school nurse's professional opinion, an individual in the school setting is experiencing an anaphylactic reaction, the nurse is directed to immediately activate the emergency system by **CALLING 911** or directing someone else to do so.

THEN the nurse should:

- Place the person in the supine position with legs elevated unless doing so interferes with breathing and
- Inject epinephrine by auto-injector intramuscularly into the thigh or arm according to the manufacturer's recommendations.

Note:

Epinephrine auto-injectors are available in 0.3 mg dose (EpiPen 1:1000) and 0.15 mg dose (EpiPen Jr 1:2000). Using two 0.15 mg doses to obtain a 0.3 mg dose is permissible.

Dosage: 0.3 mg EpiPen if 5 years of age and older
0.15 mg EpiPen Jr if under 5 years of age

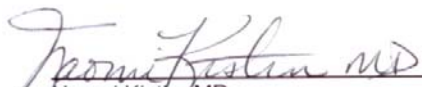
Frequency: If symptoms persist repeat every 20 minutes if 12 years or younger and every 15 minutes if over 12 years

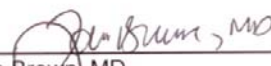
BEFORE epinephrine is administered for anaphylaxis one or more of the following symptoms should be present on nursing assessment.

- Urticaria (hives, generalized itching)
- Angioedema (lip, facial tongue, uvula swelling)
- Upper airway obstruction (laryngeal swelling, hoarseness, lump in throat, difficulty swallowing and difficulty breathing)
- Bronchospasm (wheezing, cough)
- Hypotension (faintness, weakness, paleness, feeling of impending doom)

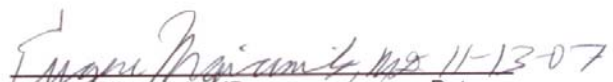
IF the school nurse is not available, trained personnel should administer epinephrine auto-injector according to these same orders.

See accompanying guidelines.


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GUIDELINES FOR SCHOOL NURSES TO ADMINISTER AUTO-INJECTOR EPINEPHRINE IN THE SCHOOL SETTING

Introduction

Anaphylactic reactions are rare but one of the most common life-threatening emergencies that may occur in the school setting. Anaphylaxis is the most severe manifestation of a systemic allergic reaction and usually occurs within 30 minutes after the sensitized individual is exposed to the antigen. The more rapid the onset of symptoms, the more severe the reaction is likely to be. Early recognition is critical to preventing full blown anaphylaxis and possible death.

In an anaphylactic reaction one, several or all of the symptoms listed in the standing order for treatment may be present. Anaphylaxis may present as shock or upper airway obstruction. Any child who suddenly develops hives should be closely observed for the development of additional signs of systemic allergic reaction.

The most common sensitizing agents encountered in schools are:

- food (nuts, legumes, shellfish, eggs);
- stinging Insects (wasps, bees);
- antibiotics (penicillin, cephalosporins, sulfa);
- heat and cold.

Guidelines for School Nurses

- Allergy history needs to be established for all students and staff at the beginning of each school year.
- Students and staff should be educated about known allergens in the school environment.
- Each student known to be sensitized to any allergen should have available an epinephrine auto-injector with current expiration date at school.
- The school nurse should develop a plan to inform teachers and staff of the location of epinephrine auto-injector(s) and their appropriate use in anaphylaxis treatment.
- A plan for maintaining epinephrine auto-injector(s) kept in the school setting should include monitoring the product expiration date(s).
- If, in the professional opinion of the school nurse, an epi-pen should be available at school for an individual student, request should be made to the student's health care provider for such an order as well as the prescription and guidelines for the pen's use. Both the order/prescription and guidelines should be included in the student's school health plan.

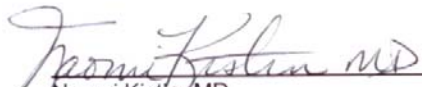
STANDING ORDER FOR ADMINISTRATION OF VACCINES BY SCHOOL NURSES IN THE SCHOOL SETTING

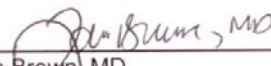
School nurses and licensed practical nurses practicing in schools who are under the statutory oversight of the NM Department of Health (DOH) Region Health Officers and who have demonstrated competency* in vaccine administration may administer and/or supervise the administration of indicated vaccines and tuberculin skin tests to students and to school personnel.

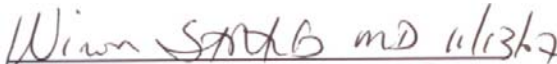
Such vaccines must be maintained and administered in accordance with the NM Nurse Practice Act, manufacturer's package insert, as well as DOH immunization protocols for vaccine storage and handling, immunization contraindications, injection parameters, documentation, and adverse reaction reporting. (DOH Immunization Protocols are available through the NM Immunization Program or DOH Local Public Health Offices.)

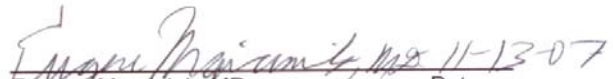
Immunization clinics held in the school setting require two CPR-trained individuals in attendance and an emergency medication kit that contains, at a minimum, epinephrine and diphenhydramine.

*See accompanying guidelines.


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GUIDELINES FOR ADMINISTRATION OF VACCINES BY SCHOOL NURSES IN THE SCHOOL SETTING

Introduction

School Nurses and licensed practical nurses under the supervision of the NM Department of Health (DOH) Region Health Officers (RHO) are authorized by standing order to administer immunizations in the school setting. School nurses who choose to practice under these standing orders are required to adhere to the following guidelines.

Guidelines for School Nurses

- School Nurses who practice under the standing order for vaccine administration signed by the NM Public Health RHOs shall demonstrate competency in vaccine administration and perform all nursing procedures primarily under the guidance of the NM Nurse Practice Act.
- Vaccine administration competency shall be demonstrated by the school nurse in collaborative practice with a public health nurse or by a competency demonstration associated with the NM Child Health Immunization Learning Initiative (CHILI) training.
- School Nurses administering immunizations in the school setting under RHO standing orders should follow the same protocols as public health nurses administering immunizations in public health clinics. (Protocols are available from the NM Immunization Program or local public health office.)
- It is the responsibility of Public Health Regions to make available annually immunization training for school nurses by offering the NM Immunization Program approved CHILI training, a limited immunization training at the Public Health Region school health update or a Centers for Disease Prevention and Control immunization update. The CHILI training may be customized to include region protocols and procedures that might differ from one NM Public Health Region to another.
- Any questions concerning protocols or standing orders for vaccine administration by school nurses in the school setting should be directed to the local Public Health Region School Health Advocate or RHO.

STANDING ORDER FOR SCHOOL NURSES TO TREAT HEAD LICE/PEDICULOSIS

[See Section X for complete information on Pediculosis/head lice (*Pediculus humanus capetis*).]

IF crawling lice are viewed on a student by the school nurse (usually at nape of neck),

ONLY THEN should product treatment be initiated.

- The school nurse is authorized to make available to the diagnosed student and appropriate contacts any of the following preparations for the treatment of head lice.

Treatment: Age 0-Adult (including pregnant and lactating women)

- **Pyrethrins** (Active Ingredient)
RID, A-200, R+C Shampoo (Product Names)
OR
- **Permethrin** (Active Ingredient)
NIX 1% Cream Rinse (Product Name)

- Because re-infestation is difficult to diagnose, all product treatments should be repeated in 7-10 days. This includes permethrin 1%, even though manufacturers do not routinely recommend re-treatment; otherwise, products should be used exactly as recommended.

AFTER diagnosis of head lice infestation and making arrangements for product treatment the following control measures should be followed.


- Send student home at end of school day.
- Exclude student from school/day care until one product treatment is completed.
- Encourage treatment of student's bedmates.
- Examine household members and recommend treatment **only** for those diagnosed with head lice or who are bedmates of student.

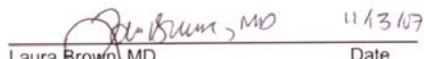
THEN manage control of fomites by encouraging the following.

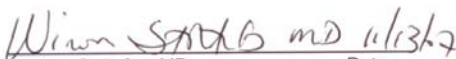
- Clothing, towels, bed linens, etc. should be dry cleaned or machine wash and dried on hottest setting.
- Non-washable hats, scarves, coats should be dry cleaned or sealed in a plastic bag for 14 days.
- Combs, brushes, hair ornaments, etc. may be soaked in 1% Lysol or alcohol for one hour or sealed in a plastic bag for 14 days.

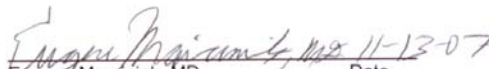
NOTES:

- *Head lice are not the result of poor personal hygiene.*
- *Head lice do not cause any other disease.*
- *Never use environmental insecticides to control head lice; they are toxic and ineffective.*


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STANDING ORDERS FOR SCHOOL NURSES TO ADMINISTER OXYGEN IN THE SCHOOL SETTING

IF, in the school nurse's professional opinion, an individual in the school setting is experiencing a medical emergency requiring oxygen, the nurse should immediately activate the emergency system by **CALLING 911** or directing someone else to do so.

THEN the nurse should assess the individual for respiratory distress verifying if the airway is open and noting the type and effort of breathing.

IF the airway is compromised, the nurse should reposition the head, then recheck the airway and initiate CPR as appropriate.

IF the airway is open, the nurse should elevate the head unless doing so compromises breathing or there is concern of a C-spine injury.

THEN administer oxygen according to the following dosage and frequency.

Dosage: 2 liters/minute with increase to maximum flow based on professional clinical judgment

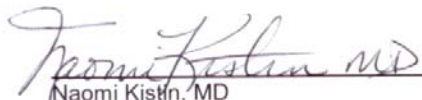
Frequency: PRN until EMS arrives

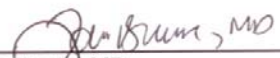
IF the individual is awake and alert, a brief medical history should be obtained as well as consent to administer oxygen. Any alert individual receiving oxygen should be aware of the potential benefits and risks of receiving oxygen.

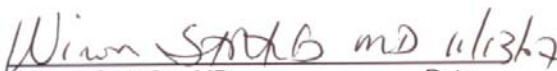
Benefits: Provide essential nutrient (oxygen) to vital organs
Ease difficult breathing
Decrease shortness of breath

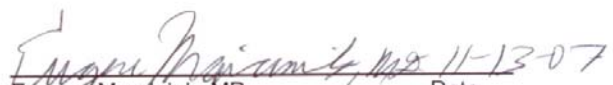
Risks: Discomfort from nasal prongs
Compromised effort to breathe in adults with emphysema

*See accompanying guidelines.


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GUIDELINES FOR OXYGEN USE IN SCHOOL SETTING

Introduction

Oxygen use in the school setting is increasing and is the standard of care for some medically challenged students. Written orders from the student's primary care provider for handling potential emergencies related to the individual child should be a part of the Individualized Health Plan (IHP). These orders should take into consideration the isolation of the school relative to emergency medical care and the potential need for immediate intervention in an emergency situation

In the school setting there may be times when school staff, volunteers and visitors will require the use of oxygen. Identifying these individuals prior to an emergency situation allows opportunity to obtain guidance from the school district's identified local emergency medical officer or an individual's primary care provider should initiation of oxygen administration be required.

Guidelines for School Nurses

- As with any emergency situation, the local Emergency Medical Services (EMS) system should be activated if other than routine oxygen is administered to an individual.
- The school district's identified local emergency medical officer should be requested to provide guidance to the school district about use of oxygen in the school and whether its availability is appropriate or not for a particular setting.
- Identifying medical conditions of students and staff that might require oxygen administration prior to an emergency situation will assist the medical officer in appropriately assessing potential needs and making recommendations to the district regarding oxygen availability and usage. It also gives the nurse credence in requesting written primary care orders for potential individual needs.
- Distance of the school from nearest EMS should always be considered when developing the school's policy for oxygen use and maintenance.

GUIDELINES FOR PREGNANCY TESTING IN THE SCHOOL SETTING

Introduction

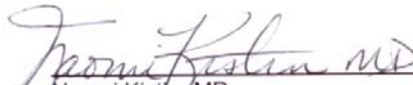
Pregnancy testing as a laboratory procedure in the school setting must be administered according to CLIA (Clinical Laboratories Improvement Act) regulations as with all other laboratory procedures. All agencies providing laboratory pregnancy tests must comply with CLIA regulations. For more information about obtaining a CLIA certificate or waiver contact the state CLIA Program at 841-5834.

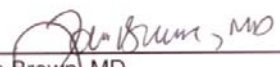
If pregnancy testing is to be performed, it is essential for the CLIA certified agency to establish standards of care for all staff regarding performing the test, counseling the patient, and providing results, referral or follow-up to patients who are pregnancy tested in the agency.


School nurse supervision should always be enforced if a home pregnancy kit is made available for a student to self-test, and the same standards of care are expected as though laboratory testing was being performed.


Guidelines for School Nurses

- Pregnancy testing provides an opportunity for preventive health education and counseling, **regardless of the result**. Each patient requesting pregnancy testing should be informed of services available in family planning, sexually transmitted disease, mental health counseling, and social services in the community. Young and/or distraught clients may need immediate emotional support and assistance getting services. Any agencies unable to provide these essential services and support to every patient should not perform pregnancy testing but should refer to community providers who can provide appropriate support and services.
- Each pregnant patient should be informed of all her options and offered support and assistance in selecting options. It is important to explore with the client her current emotional support system (i.e. family members, other trusted adults) and to offer her help in discussing the pregnancy with identified individuals if she so desires.
- Early referral for medical care and/or other services is essential. Undecided clients should be given information to allow them to access services and support at a later time. Agency staff where pregnancy testing is performed should be knowledgeable about a wide variety of related service providers and funding sources in the community, as well as school assistance and resources for expectant parents. Follow-up with each patient to assure that her physical, emotional and educational needs have been addressed is likewise essential.


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