



HEALTH ISSUES & EMERGENCIES BLOOD BORNE PATHOGENS

Ashe County Schools
NC

RESPONDING TO MEDICAL NEEDS OF STUDENTS

Medications

Concussion

Asthma

Seizures

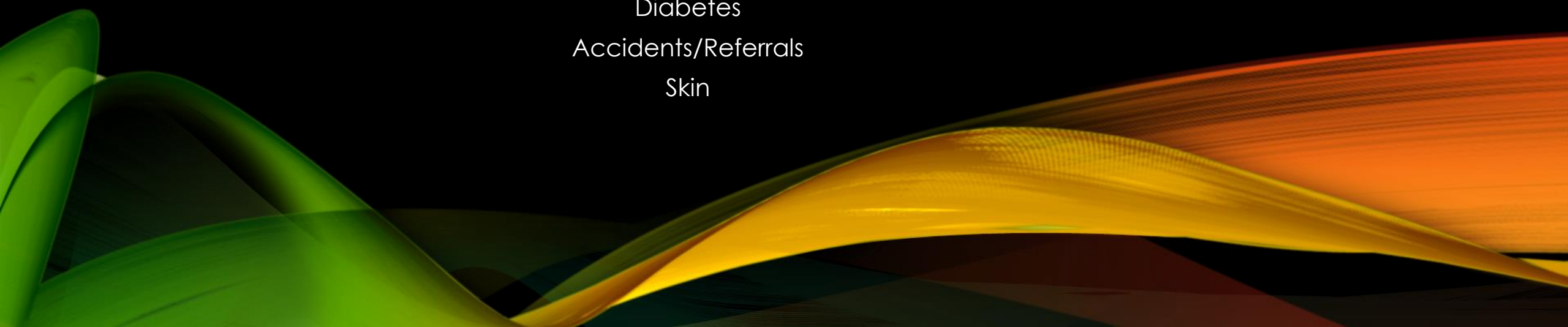
Allergy/Anaphylaxis

CPR/AED

Diabetes

Accidents/Referrals

Skin



MEDICATIONS

ACS

Teachers are **NOT** to accept medications from parents/students

Please send them to school nurse if a parent/student brings in medication

- ☐ This is to allow school nurse to make sure all proper paperwork is received to have medication at school.

Medication forms

Each medication that a child has will have a medication authorization form completed by the medical provider

Emergency Medications

Emergency Medication

- ☐ Epi-pen
- ☐ Inhaler
- ☐ Glucagon
- ☐ Diastat

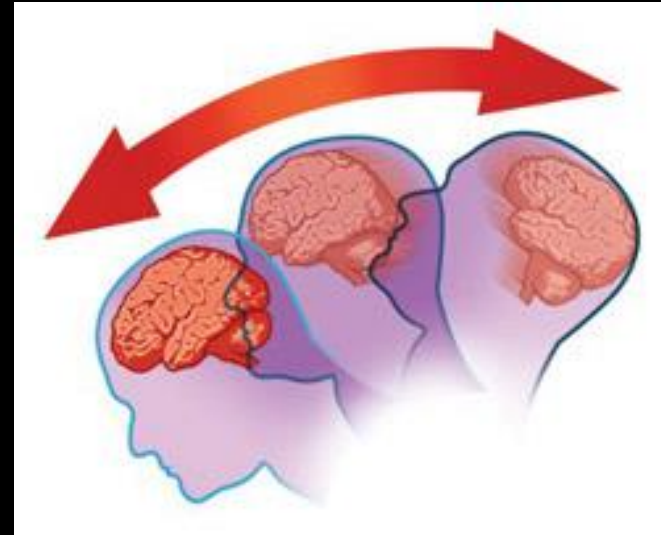
Are the only medications that can be in classroom with student/teacher.

These medications are to be accessible in time of emergency.

CONCUSSION

Type of Traumatic Brain Injury (TBI), caused by a bump, blow or jolt to the head that can change the way your brain normally works.

Can also occur from a blow to the body that causes the head to move rapidly back and forth





Brain injury can occur even if there is **NO** loss of consciousness

Initial CT/MRI will likely be normal

More than 90% of concussions **DO NOT** involve loss of consciousness

CONCUSSION SIGNS AND SYMPTOMS

 THINKING/ REMEMBERING	 PHYSICAL	 EMOTIONAL/ MOOD	 SLEEP DISTURBANCE
<ul style="list-style-type: none">• Difficulty thinking clearly• Feeling slowed down• Difficulty concentrating• Difficulty remembering new information	<ul style="list-style-type: none">• Headache• Nausea or vomiting (early on)• Balance problems• Dizziness• Fuzzy or blurry vision• Feeling tired, having no energy• Sensitivity to noise or light	<ul style="list-style-type: none">• Irritability• Sadness• More emotional• Nervousness or anxiety	<ul style="list-style-type: none">• Sleeping more than usual• Sleeping less than usual• Trouble falling asleep

RETURN TO LEARN


Team to include:

- ✓ Physician
 - ✓ Family
 - ✓ Student
 - ✓ Coaches & Athletic Dept.
 - ✓ School Nurse
 - ✓ Administration
 - ✓ Testing coordinator
- (if needed)

Paperwork

Return to learn- specifies what the plan will be for the student when they return to school. After Concussion- this form MUST be completed.

This is a requirement from NC Statute: GS115C-12(12)- effective as of 2015.

 **Return to Learn: Academic Accommodation Plan Following Concussion**
Children's Health Center
This form should be brought to the school nurse immediately upon return to school to initiate the health alert process.

Student's name: _____ Date of birth: _____

The above student has been diagnosed with a concussion (also known as a mild traumatic brain injury). Following a concussion individuals need both cognitive and physical rest to all that require a lot of thinking.

(To be completed by the school nurse)

The student is able to return to school (date) _____

____ No supports necessary. Student has been released.

To promote cognitive rest:

____ Allow for shortened school days. Recommended (Alternating days of morning/afternoon classes)

____ Allow for shortened classes (i.e. rest breaks during class)

____ Allow extra time to complete coursework/assignments

____ No classroom or standardized testing at this time

____ Limited classroom testing allowed. No more than _____

____ Student is able to take quizzes or tests if _____

____ Student is able to take tests but should limit _____

____ Lessen screen time (computer, videos, smartboard) no more than _____ continuous minutes (with _____)

____ Print class notes and online assignments (14 Four)

____ Lessen homework by _____% per class; or to a maximum of _____% per class.

To address sensitivity to noise and light:

____ Provide alternative setting during band or music

____ Provide alternative setting during PE and recess

____ Allow early class release for class transitions to _____

____ Provide alternative location to eat lunch outside

____ Allow the use of earplugs when in a noisy environment

____ Allow student to wear sunglasses or a hat with a brim

To reduce risk of further injury:

- Student participating on the school athletic team: Gradual Return to Play and complete rest
- No student should return to full physical activity
- For non-athletes in elementary, middle or high school: No PE/Recess/Participation in any class

____ Patient has completed a return to play progression and is able to participate in PE/Recess and any other classes or events involving physical activity as long as symptom free.

____ Can return to PE class and/or recess after completing a return to play progression under the supervision of the teacher as follows: (Student should be progressed to the next day ONLY if they do not experience symptoms. If symptoms occur, rest one day and return to last day activity with no symptoms. If "re-start" twice, consult healthcare provider. ONCE THE BELOW RETURN TO ACTIVITY IS COMPLETED ALL ACADEMIC AND PHYSICAL RESTRICTIONS AND MODIFICATIONS ARE DISCONTINUED.)

Day	Activity	Comments	Supervised By
1	20-30 minutes of cardio activity: i.e., walking or stationary bike. No swings/monkey bars. No ball activities. Very light activity – not breathing hard. Check with student every 20 minutes during activity. STOP if symptoms.		
2	30 minutes cardio: jogging, medium pace. Should do sit-ups, push-ups. Light weightlifting. No contact. Can shoot/dribble basketball if alone. Intensity: breathing heavier, still can talk while exercising. Check with student every 20 minutes. STOP if symptoms.		
3	30 minutes cardio: faster pace jogging. Sit-ups, push-ups, change of direction drills (shuttle run). Ok for swings. Moderate weightlifting, no maxing. Intensity: Difficult for conversation. Check with student every 20 minutes. STOP if symptoms.		
4	Warm-up, Able to run without restriction. Able to participate in sports, non-contact. Resume regular weightlifting. Check with student every 20 minutes.		
5	Able to return to all activities. Check with student every 20 minutes during activity to assure no return in symptoms. If occurs, STOP and see school nurse.		

These recommendations are based on today's evaluation. Date: _____

Student is scheduled to return to this office. (Date or in approximate number of days/weeks) _____

Referral has been made to: Sports Medicine _____ Neurology _____ Physiatrist _____ Psychiatrist _____ other _____

Signature of medical provider: _____ **MD DO NP PA-C**

Name of provider (print): _____ **Office phone:** _____

To be completed by parent/guardian:

I agree with the above recommendations and would like them to be implemented. Yes _____ No _____

The best number to reach me during the day to discuss my child's plan for school is _____.

RELEASE OF INFORMATION: I give permission for the school nurse/school personnel to exchange information regarding my child's care following the concussion with the provider/office listed above. Yes _____ No _____

Parent signature: _____ **Date:** _____

Form was received and reviewed by school nurse. (date & signature) _____

Health alert process was initiated by the School Nurse (date) _____

Copy given to 504 coordinator per protocol (name & date) _____ 9/2016-ACS Page 2

ASTHMA

Symptoms-

- Wheezing
- Coughing
- Freq Cough or respiratory infections
- Coughing after running or crying
- Recurrent night cough (asthma can be worse at night)
- Chest tightness and shortness of breath

REMEMBER: Any child who has frequent coughing or respiratory infections- should be evaluated for asthma. Send to the nurse if this occurs and you know about it via doctor notes.

- Refer student to school nurse if frequent absences; chronic cough; sitting out at PE/Recess; over-use of inhaler; no inhaler at school after diagnosis



INHALERS

- ✓ Emergency inhalers (albuterol) will be left in the room with student/teacher
- ✓ Keep in area that is easily accessible for emergency purposes
- ✓ Take inhalers with student to playground/field trips/cafeteria/gym

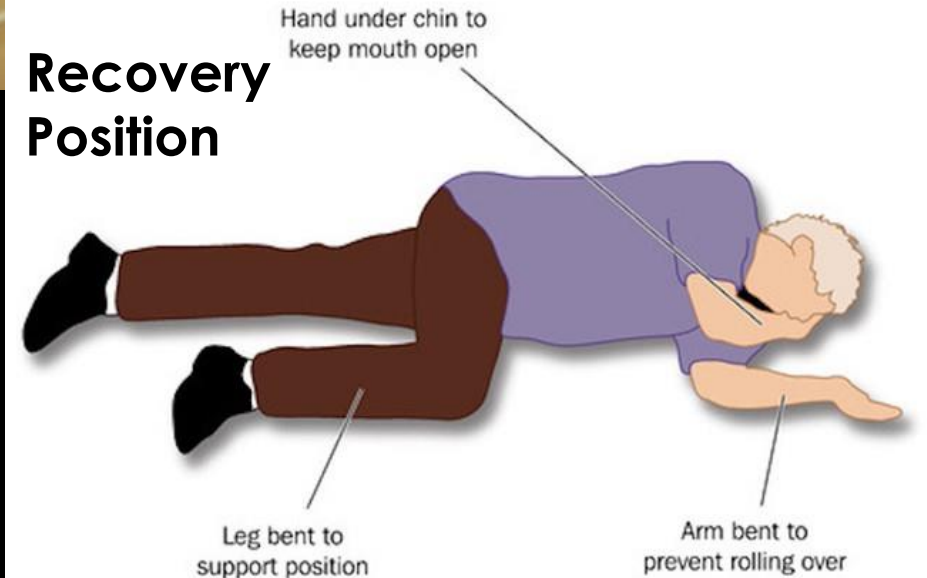


SEIZURES

- Student may or may not be able to tell you if they are going to have a seizure
- Many types of seizures (listed here are most freq types)
 - Epilepsy
 - Absence seizure
 - Gen. tonic-clonic
 - Rolandic
 - Psychogenic
- Symptoms may include
 - Period of unconsciousness
 - Rigidity
 - Jerking of arms/legs
 - Facial movements
- Symptoms during seizure
 - Student may fall
 - Drool
 - Bite tongue
 - Incontinent
 - Breathing may stop momentarily



Recovery Position



INTERVENTIONS BY SCHOOL STAFF FOR SEIZURES

Staff Responsibilities

Stay with the student – send someone to call office/911- call for school nurse

Observe the student

- **Note time of start/stop of seizure**
- **Description of what happened**

DO NOT restrain the student

Clear area around student so that they do not injury themselves

DO NOT force anything between the teeth or into mouth

Place blanket/pillow/coat under student's head

Turn to side incase of emesis/vomiting during seizure

Observe until help arrives

After student is safe- notify parents

Note:

**If student is diagnosed
and in treatment- refer
to care plan for
treatment and
emergency
procedures**

ALLERGY/ANAPHYLAXIS

Many students currently have different allergies to various foods/insects that require the availability of an epi-pen for severe reactions.

Reactions may occur with anything

- Student will have an emergency action plan with epi-pen available
 - Teacher/Student is to have easily accessible incase of reaction
 - Take to PE/Recess/Cafeteria/Field Trips, etc.
- Epi-pen or epinephrine auto injectors
 - Epi-Pen Jr 0.15mg or Epi-Pen 0.3mg (adult)
 - Auvi-Q
 - Auto-injector



How to administer Epi-Pen

- Remove blue holder/cap
- Hold to side of leg for 10 seconds
 - The epi pen will inject through clothing
- Follow school protocol for calling 911
- Call and notify parent

If in doubt -- GIVE EPI-PEN or EPI-PEN Jr

WHEN to administer epinephrine for severe allergic reaction/**anaphylaxis**

Mild to Moderate reaction Caution	SEVERE ALLERGIC REACTION ANAPHYLAXIS EMERGENCY
BENADRYL- per EAP	GIVE EPI
Swelling of lips, face, eyes	Difficulty/noisy breathing/excessive coughing/wheezing
Hives or welks	Swelling of tongue
Abdominal pain/vomiting	Swelling/tightness in throat
	Difficulty talking/hoarse voice
	Loss of consciousness/collapse
	Pale and floppy (young children)
	Weak pulse

UNKNOWN ALLERGEN AND ANAPHYLAXIS REACTION

EACH School has an AED Team that is CPR and Epi-Pen certified (to give epi in case of unknown allergen anaphylaxis reaction)

- The Epi-Pens for this use is located in the AED at the school
- Each school has a
 - epi-pen adult >66 lbs.
 - epi-pen Jr <66 lbs.

CPR/AED

Each school has staff designated to be CPR/AED certified

Each school has at least one AED- see your school nurse for location if you are unsure (you just might be the one called to help and retrieve the machine- so be knowledgeable)

Prefer to have one person at least from each school grade/team to be certified so that when you go off campus you are trained to save a life if needed.

If you are interested in getting CPR/AED certified- please contact your school nurse.

ACCIDENTS AND REFERRALS TO SCHOOL NURSE

Student accidents

- Head injuries
- Possible concussion
- Deep wound
- Excessive bleeding
- Sprains

IF SEVERE INJURY-

A STUDENT INCIDENT REPORT MUST BE COMPLETED BY:

- Observer
- School Nurse
- Administration

Referrals to school nurse

- Chronically sick students
- Excessive absences
- Asthmatic student with freq use of inhalers
- Diabetic
- Squinting to see the board and/or close up work
- Hearing problems

DIABETES

Diabetes is a chronic condition in which the body cannot properly metabolize glucose/sugar. If uncontrolled can lead to complications such as kidney, eye, nerve, cardiovascular disease, mood changes and frequent absences.

Type I- common in children, auto-immune condition that requires insulin due to the pancreas produces little or no insulin

Type II - common in adults, but there is an increase in children. Treatment is medication, insulin. The pancreas can produce insulin, but not enough or the insulin it does make is not used efficiently

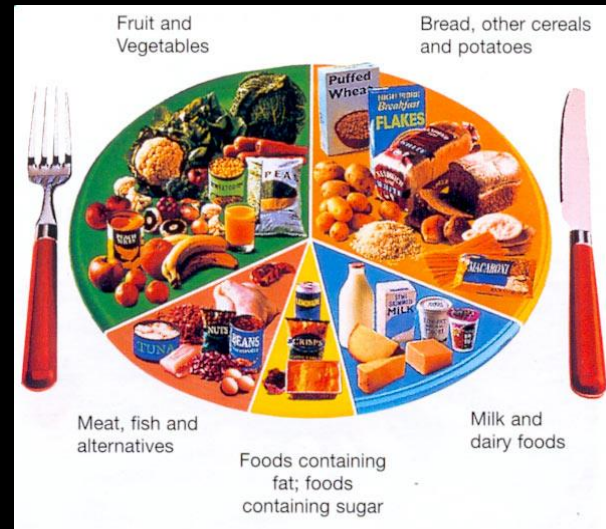
- If diagnosed student will have an emergency action plan (EAP)/504
- This plan will include medical directions for care
- Students will be allowed to
 - Carry diabetic supplies at all times
 - Check blood sugar anytime they are symptomatic
 - Have snacks when needed

DIABETES CONTINUED

School Staff members will be trained to handle diabetic care of students at school.



- How to check blood sugar



How to count carbohydrates



How to recognize signs of distress

LOW BLOOD SUGAR

Hypoglycemia Causes:	Hypoglycemia If you see this:	Hypoglycemia Do this: FOLLOW EAP
Too much insulin	Shaking Irritability	1. Allow student to eat/drink snack.
Increased activity	Hunger Headache	2. Assist student to snack storage area.
Sickness	Dizzy Blurred Vision	3. Allow student to check blood sugar.
Too little food	Sweating Weakness	4. Do not allow to go alone-anywhere.
	Fatigue Anxious	5. Give glucagon (if available).
	Fast Heart Rate	6. Allow snack before testing.



HIGH BLOOD SUGAR

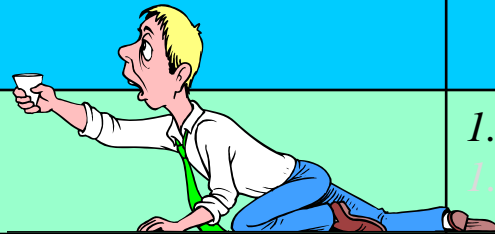
Hyperglycemia *Causes*

Hyperglycemia *If you see this:*

Hyperglycemia *Do this FOLLOW EAP:*

Not enough insulin

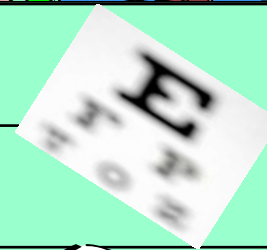
Extreme thirst



1. If blood sugar out of range,
1. bring to nurse or call parent.

Sickness

Blurred vision



2. If unconscious, call 911. – This is a
diabetic EMERGENCY

Too much food

Nausea/Hunger

3. Follow EAP and give insulin if
needed

Stress

Frequent Urination



4. Offer clear liquids

Hormones

Drowsiness

5. Do not exercise if blood sugar is
>300

Previous low blood sugar

Mood changes

ACCIDENTS AND REFERRALS

Accident/Injury

Requires follow up and assessment and intervention by school nurse

Referral

- Vision Screening – having difficulty seeing the board/book when reading
- Surgery- Nurse to follow-up with surgeries to see if any interventions needed when arriving back to school
- Frequent absenteeism, especially with medical issues
- Medication needs follow up with parents/guardians

FIRST AID BAG



Take to

playground/field trips/Cafeteria/Encore/Recess

- Gloves
- Band-Aids
- Emergency Action Plans and Emergency Medication for students
 - Epi Pen
 - Inhaler
 - Seizure medication
 - Glucagon for diabetic

SKIN

Mongolian Spots –

- are flat, blue gray area that appear at birth or soon after.
- Common in darker skinned persons: Asian, East India and African descent
- They are not associated with any disease
- Skin disorders are to be noted by parent on the health history form
- These areas may cover a large area on back, buttocks, shoulders and other body areas and are often mistaken for bruises
- Can vary in size from 2-8 cm
- These spots often fade in a few years and almost disappear by adolescences.





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