

SECTION XV:

**STANDING ORDERS AND GUIDELINES
FOR THE SCHOOL NURSE
TO TREAT AND TO PERFORM
LABORATORY PROCEDURES**

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GUIDELINES FOR STANDING ORDERS FOR THE SCHOOL NURSE

**Issued by Regional 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, Regional Health Officers in their statutory role of oversight of school health staff provide these standing orders to direct school nurses in specific treatments and testing.

These standing orders are provided to authorize specific nursing activities in school districts where such nursing activities are in alignment with school district policy. They do not create or supersede school district policy but may be adopted as policy by school districts.

All standing orders from the NM Department of Health Regional Health Officers are posted in the New Mexico School Health Manual in chapter XV. The web site address is <http://www.nmschoolhealthmanual.org/index.html>. **These standing orders will be reviewed and revised annually.**

These standing orders include:

- Standing order and guidelines for administration of vaccines
- Standing order to provide head lice/Pediculosis treatment
- Standing order and guidelines to administer oxygen
- Guidelines for pregnancy testing

STANDING ORDER FOR ADMINISTRATION OF VACCINES BY THE SCHOOL NURSE

Introduction

School nurses and licensed practical nurses practicing in schools, who are under the statutory oversight of the NM Department of Health (DOH) Regional Health Officers and who have demonstrated competency* in vaccine administration may administer and/or supervise the administration of indicated vaccines (by healthcare professionals with competency) 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 Protocol is available on the School Health Manual website under Resources for chapter IX at <http://www.nmschoolhealthmanual.org/resources/forms.htm>.

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 (which is usually in a vial) and diphenhydramine. In the event of a moderate to severe allergic reaction (including anaphylaxis) to a vaccine administration, follow the order outlined below.

Order

School Nurses and licensed practical nurses under the statutory oversight of the NM Department of Health (DOH) Regional 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.

- School nurses who choose to practice under the standing order for vaccine administration signed by the NM Public Health RHOs shall have competency in vaccine administration and perform all nursing procedures primarily under the NM Nurse Practice Act standards.
- Vaccine administration competency may be maintained by the school nurse through collaborative practice with other healthcare professionals such as a public health nurse or a healthcare professional in another setting (e.g., primary-care clinic) or by structured training such as that offered through the NM Child Health Immunization Learning Initiative (CHILI) training during a Regional School Health Update, through the Centers for Disease Prevention and Control, etc.
- 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. DOH Immunization Protocol is available on the School Health Manual website under Resources for chapter IX at <http://www.nmschoolhealthmanual.org/resources/forms.htm>.

Eligible nurses may administer intramuscular diphenhydramine +/- intramuscular or subcutaneous epinephrine to individuals who are or may be affected by a suspected moderate-severe allergic reaction (including anaphylaxis) following administration of a vaccine, using the following procedure:

1. If itching and swelling are confined to the injection site, observe the patient closely for the development of generalized symptoms.
2. Drug dosing information:
 - a. For mild symptoms consistent with allergic reaction (e.g., hives or local itching), administer diphenhydramine intramuscularly as 1.5 mg/kg body weight up to a maximum 50 mg dose (see chart below).
 - b. For more severe symptoms (e.g., lip/facial/tongue swelling, difficulty swallowing and breathing, wheezing/cough, hypotension) administer aqueous epinephrine 1:1000 dilution (i.e., 1 mg/ml),

intramuscularly or subcutaneously; the standard dose is 0.01 mg/kg body weight, up to 0.5 mg maximum single dose (see chart below).

3. If symptoms are generalized, activate the emergency medical system. This should be done by a second person, while the primary nurse assesses the airway, breathing, circulation, and level of consciousness of the patient.
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR) if necessary, and maintain the airway. Keep patient in supine position, (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate the legs. Monitor blood pressure and pulse every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat the dose of epinephrine provided in 2.b (above) every 5-15 minutes for up to 3 doses (total), depending on patient's response.
6. Record all vital signs, medications administered to the patient, including the time, dosage, response and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Notify the patient's primary care physician and notify the School Health Advocate or Regional Health Officer through established reporting procedures.

Epinephrine Dose for Children & Adults		
Weight in Pounds	Weight in kg	EPINEPHRINE dose in mL (1:1000 = 1 mg/ml) – Intramuscular OR Subcutaneous
< 15 lbs	<7 kg	0.05 mL
15 lbs to <24 lbs	7 kg to < 11 kg	0.10 mL
24 lbs to <37 lbs	11 kg to <17 kg	0.15 mL
37 lbs to < 51 lbs	17 kg to < 23 kg	0.20 mL
51 lbs to < 77 lbs	23 kg to <35 kg	0.30 mL
77 lbs <99 lbs	35 kg to <45 kg	0.40 mL
<u>></u> 99 lbs	<u>></u> 45 kg	0.50 mL
Reference:		
<ul style="list-style-type: none"> • “<i>Epidemiology and Prevention of Vaccine-Preventable Diseases</i>,” 12th Edition, May 2011, Department of Health and Human Services, Centers for Disease Control and Prevention, Appendix D-20. 		

Diphenhydramine Dose for Children & Adults		
Weight Range in Pounds	Weight in kg	DIPHENHYDRAMINE dose in mL (50 mg/mL) – Intramuscular
< 15 lbs	<7 kg	0.15 mL
15 lbs to <31 lbs	7 kg to <14 kg	0.3 mL
31 lbs to <37 lbs	14 kg to <17 kg	0.4 mL
37 lbs to <42 lbs	17 kg to <19	0.5 mL
42 lbs to <51 lbs	19 kg to <23	0.6 mL
51 lbs to <77lbs	23 kg to <35 kg	0.8 mL
77 lbs to <99 lbs	35 kg to <45 kg	1.0 mL
<u>></u> 99 lbs	<u>></u> 45 kg	1.5 mL
Reference: “ <i>Epidemiology and Prevention of Vaccine-Preventable Diseases</i> ,” 12 th Edition, May 2011, Department of Health and Human Services, Centers for Disease Control and Prevention, Appendix D-20.		

- Any questions concerning protocols or standing orders for vaccine administration by the school nurse in the school setting should be directed to the local Public Health Regional School Health Advocate or RHO.

STANDING ORDER FOR THE SCHOOL NURSE TO PROVIDE HEAD LICE/PEDICULOSIS TREATMENT

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

IF crawling lice are viewed on a student by the school nurse (usually at the nape of the neck) or eggs (nits) are present less than 1 cm from the hairline on the back of the neck and behind the ears

ONLY THEN should product treatment be initiated.

Students may be treated if they meet the following criteria:

- Children \geq 2 months old (nit removal is the treatment of choice for younger infants) **Permethrin only**,
- Persons without allergy to chrysanthemums,
- If nit removal is also being done,
- Persons not allergic to Malathion or any of its properties.

Provide the parent/guardian information about lice control measures (e.g., washing bed linens, etc).
Recommended treatment:

For students covered by Molina Medicaid, United Health Care Medicaid and Presbyterian Medicaid:

Permethrin 1% lotion, 60 cc with instructions to apply to clean, damp scalp and hair, leave on for 10 minutes, rinse thoroughly. Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re-wash the hair for 1-2 days after the lice medicine is removed. Repeat in 7- 10 days if needed.

For students with Blue Cross Blue Shield Medicaid:

*Malathion 0.5%, 2 fl. oz. with instructions to apply Malathion Lotion on DRY hair in amount just sufficient to thoroughly wet the hair and scalp. Pay particular attention to the back of the head and neck while applying Malathion Lotion. Wash hands after applying to scalp. Allow hair to dry naturally—**use no electric heat source, and allow hair to remain uncovered**. After 8 to 12 hours, the hair should be shampooed. Rinse and use a fine-toothed (nit) comb to remove dead lice and eggs. If lice are still present after 7-9 days, repeat with a second application of Malathion Lotion. Further treatment is generally not necessary. Other family members should be evaluated by a physician to determine if infested, and if so, receive treatment.*

Students who meet the above criteria for treatment of head lice who have Medicaid can obtain the medication from pharmacies with a prescription. For those students with Medicaid, determine the Medicaid provider and call in the prescription to the child's pharmacy as written above for dispensed medication. This prescription may be called in using the Regional Health Officer's name.

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

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

THEN manage control of fomites by encouraging the following:

- Clothing, towels, bed linens, etc. should be dry cleaned or machine washed in hot water and dried on the 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 alcohol or 1% Lysol 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 transmit infectious disease.
- Never use environmental insecticides to control head lice—they are toxic and do not work.

STANDING ORDER FOR THE SCHOOL NURSE TO ADMINISTER OXYGEN

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 cervical-spine injury.

THEN the nurse should administer oxygen according to the following dosage and frequency.

Dosage: 10 liters/minute by mask with titration of flow based on professional clinical judgment or per guidance from emergency response team

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

GUIDELINES FOR THE SCHOOL NURSE TO ADMINISTER OXYGEN

Introduction

Oxygen use in the school setting is increasing and is the standard of care for some medically challenged students. Written orders from the medically challenged student's primary care provider for handling potential emergencies related to that student should be a part of the Individualized Health Plan (IHP). These orders should take into consideration the isolation of the school in relation 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 leverage in requesting written primary care orders for potential individual student needs.
- Distance of the school from the nearest EMS should always be considered when developing the school's policy for oxygen storage, use and maintenance.

GUIDELINES FOR PREGNANCY TESTING BY THE SCHOOL NURSE

Introduction

Pregnancy testing as a laboratory procedure in the school setting should be administered according to CLIA (Clinical Laboratories Improvement Act) regulations. For more information about obtaining a CLIA certificate or waiver contact the state CLIA Program at 505-222-8646.

If pregnancy testing is to be performed by the school nurse, it is essential that the CLIA certified agency provide training on the test and 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 by the school nurse.

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 to be followed as though laboratory testing was being performed.

It should be kept in mind that every laboratory test may yield a false-positive or false-negative result. Therefore, the results of any test should be considered in the clinical context and appropriate action taken (e.g., repeat testing in two weeks if a false-negative result is suspected).

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 agency 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 of 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 resources 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.

Naloxone in NM Schools

The Law

- In February 2016, legislation was passed allowing greater access to naloxone under standing orders from licensed prescribers
- Standing Order for schools signed by RHOs so school nurses can access naloxone



Two Ways Schools can have naloxone

- Opioid Prevention Education (OPE) program
 - Register with DOH to teach overdose prevention and naloxone administration
 - Available at <https://nmhealth.org/publication/view/form/2960/>
- Individual obtains for their own use
 - **People around those using opioids, i.e. the school nurse**
 - Also can be dispensed to individuals who use opiates

Elements of program

- No pharmacy license needed
- Needs to be stored in readily accessible location

Rescue breathing only, not CPR

- Call 911 first
- Have second dose available; if they do not start breathing in 3 minutes, use a second dose

Obtaining naloxone

- Adapt Pharma school program
 - One free dose for high schools (see attached information sheet)
 - 4 mg dose through Adapt Pharma
 - For questions, call Adapt Pharma at 844-462-7226
- Adapt Pharma government purchasing program
 - Applies to schools
 - Group purchase available at \$75.00 per box
 - 2 devices in each box (essentially covers one use since may need second dose)
- Obtain directly from pharmacy with standing order from RHOs
 - At Walgreens, priced at \$20.00 per unit (two doses) with atomizer
 - Usually 2 mg dose



For additional information and Standing Orders, please see Section XV Resources <http://www.nmschoolhealthmanual.org/resources/forms.htm>.