Concord School District
Health Procedures Manual

In accordance with School Board Policy #531

Adopted 2002. Revised March 2003; July 2004; August 2005; August 2007; August 2008; August 2009; August 2010; August 2011; August 2012; August 2013; August 2014; August 2015; November 2019; January 2021

EMERGENCY CARE PROCEDURES

1. The School Physician will annually review and update the "Physician's Standing Orders for First Aid and Emergency Care" to ensure that appropriate direction is given to provide immediate and adequate emergency care for students and school personnel who sustain injury or illness during school hours, or during scheduled school activities.
2. Each school will put the "Physician's Standing Orders for First Aid and Emergency Care" in three or more prominent locations that are easily accessible to staff members.
3. The First Aid and Emergency Care Procedures are reviewed annually and signed by the School Physician.
4. Appendices:

    Appendix A: Concord School District First Aid and Emergency Care Procedures

    Appendix B: Medications/treatments intended for use by registered nurses hired by Concord School District

    Appendix C: Automated External Defibrillators

    Appendix D: Concussion Management Protocol

    Appendix E: New Hampshire School Immunization Requirements 2020/2021

    Appendix F: Automated External Defibrillation Incident Report & Quality Improvement Form

    Appendix G: Narcan Protocol

PHYSICAL EXAMINATIONS

Tuberculin Tests

New Hampshire is considered a low incidence state for TB. New Hampshire school children and school employees are not at higher risk for TB based on their occupation, but may have individual risk factors. High-risk groups are addressed in *Appendix B*, page *27*.

Vision Screening

Vision screening tests by qualified persons will be scheduled every year for students in kindergarten, grades 1, 3, 4, and referrals. Screening of distant/far visual acuity is required. Students who fail the vision screening on the 20/40 line or with a discrepancy of 10 or greater between eyes will be referred to a health care provider for further examination. Parents/guardians will be notified of possible vision problems.

Hearing Screening

Pure tone hearing screening tests administered by qualified persons will be scheduled for students in kindergarten, grades 1, 3, 4, and referrals.

Students will be routinely tested at 25db with frequencies of 1000, 2000, and 4000 Hz in each ear. If 4 frequencies (1000, 2000, 3000 and 4000 Hz) are used, students may miss one frequency per ear and still pass.

Impedance screening may also be performed for students who fail pure tone screening. The school nurse should examine the student's ear with an otoscope before performing impedance screening to check for ear tubes or a punctured eardrum.

Students will be rescreened in 3 weeks if they fail their initial hearing screening.

If the student fails the second hearing screening s/he will be referred to a health care provider for follow-up.

Parents/guardians will be notified of possible hearing problems.

Physical Examinations

A physical examination is required for students entering kindergarten and grade 6. If a student is unable to obtain a physical from their primary care health provider, a physical exam may be provided by the School Physician. Examinations performed during 4th and /or 5th grade are acceptable for the grade 6 physical. A copy of the physicals will be kept on file in the nurse's office. Abnormal findings will be reported to the parent(s)/ guardian(s).

All students participating in high school interscholastic athletics will be required to have a physical examination no more than 1 year prior to commencing sports in the high school

program. An annual health update will be obtained by the Athletic Department, with health care provider referral if there are any significant health concerns.

MANAGEMENT OF MEDICATION

General Guidelines

No medication that is to be self-administered will be permitted in the school, with the following exceptions: inhalers, epinephrine auto-injectors and students with diabetes can carry glucagon, glucose tabs and insulin. In all situations, the student needs to provide a health care provider's note to the health office.

No medication should be taken during school hours if it is possible to achieve the medical regimen at home during non-school hours.

Specific Guidelines for Prescribed Oral Medications

1. Prescribed oral medication will be stored and/or administered only when the school nurse has been provided with written instructions from the health care provider and request of the parent/guardian.
    A. The health care provider's statement ordering use of a medicine by a student will specify, in writing, the duration of the order, the drug and dosage, and will be renewed each school year (or more often if a change in medication dosage or time schedule is indicated).
    B. The request from the parent/guardian will indicate the desire that the school assist the pupil in the matters set forth in the health care provider's statement, accompanied by a "hold harmless" release signed by the parent or guardian.
2. The only individuals authorized to administer medication will be the school nurse, the principal, or individual(s) designated by the principal.
3. Prescribed medication will be stored in a designated and secure place. The principal or his/her designated representative will be responsible for the key or combination to a <u>locked cabinet.</u>
4. A parent, guardian or responsible adult (designated by the parent/guardian) will deliver all prescription medication to be administered by school personnel to the school nurse or the principal's designee.
    A. If the parent/guardian is unable to deliver the prescription medications, a delivery of medication form must be filled out and brought in with the prescription medications.

Parent(s)/guardian(s) are encouraged to bring in no more than 30-day supply of a prescribed medication to school.

1. Parent(s)/guardian(s) will pick up unused medication by the end of the school year. Unused/unclaimed medications will be destroyed. A record of medications destroyed will be maintained.

Specific Guidelines for Prescribed Medication by Injection

1. Medication by injection will not be stored or administered unless:
    A. The prescribing health care provider has indicated that there is no oral medication that will serve the same purpose.
        1. The prescribing health care provider has sent specific and detailed instructions relative to use to the school nurse.
        2. Only a school nurse, the principal, or individual(s) designated by the principal will administer medication by injection.
        3. In case of emergency, treatment will be provided according to written procedure. Parents and family health care provider will be informed; details will be recorded in the School Medications Book and in the child's cumulative health record.
        4. Medications will be stored in a locked storage area. The locked medication cabinet will be in the school health office. For emergency medications that may be administered by other staff, the medications may be stored outside of the locked cabinet but the health office will be locked when the school nurse is not present.

Specific Guidelines for Non-Prescription Medications

1. Non-prescribed over the counter (OTC) medication (Tylenol, cough medicine, etc.) will not be allowed for use by students unless the school nurse is provided with written permission from the parent/guardian.
2. School nurses will follow School Physician guidelines regarding dispensing non-prescription (OTC) medications. These guidelines will be reviewed annually and updated as needed by the School Physician.
3. Medication/Treatment guidelines are included as *Appendix B*.

Specific Guidelines for Recording in the School Medications Book

1. Each school will document prescription medications in the Electronic Health Record (EHR) in Caredox.
2. All actions taken regarding the administration of medication will be entered in the EHR in Caredox.

3. The Caredox medication reports will be available to representatives from the State Division of Public Health and/or the State Department of Education. Personally identifiable information may be shared only with appropriate consent.
4. The Caredox EHR will be maintained by the school nurse.

Recording of Medications in Student Cumulative Health Records

1. The health care provider's written order and the written authorization of parents or guardian will be filed in the student's cumulative health record.
2. Records of medications used will be available in the EHR.

INJECTABLE MEDICATION, EMERGENCY OR LIFE SAVING

The District will provide qualified personnel to administer life-saving injections to students who have been appropriately identified as needing such medications.

1. The District will not be responsible for administering life-saving injections to:
   A. Students participating in academic/non-academic activities that take place after the regular school day;
   B. Students being transported by the District.
2. The following alternatives may be utilized to carry out the District's responsibility:
   A. Utilization of qualified volunteers;

IMMUNIZATIONS

State Law RSA 200:38-1 requires that all children will be immunized prior to school entrance according to current recommendations of the state public health agency. Please see the State of NH School Immunization Requirements as Appendix E.

For all minimum intervals and age requirements, a 4-day grace period is acceptable. The vaccines and doses in Appendix E are the minimum requirements for school attendance. Additional information can be found in the "Recommended Child and Adolescent Immunization Schedule for ages 18 years of younger, United States 2020" at the following website: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.

Questions should be directed to the New Hampshire Immunization Program at 1-800-852-3345 ext. 4482 or 603-271-4482.

Requirements for Children with Special Needs Immunization Requirements Preschool Students 3-5 years Old

**All minimum intervals and age requirements remain the same as previously outlined.*

DTaP/DTP/DT 3-5 years	• Four doses – the third and fourth dose should be separated by at least 6 months.
POLIO 3-5 years	• Three doses.
MEASLES/MUMPS RUBELLA (MMR) 3-5 years	• One dose on or after age 12 months.
HAEMOPHILUS INFLUENZAE TYPE B (HIB) 3-5 years	• One dose after 15 months of age, or • Four-dose series with the last dose being administered at ≥ 12 months of age. • If the products PedVax HIB or Comvax have been used, 3 doses with one after 12 months of age are acceptable. • HIB is **not** required for children ≥ 5 years of age.
HEPATITIS B VACCINE 3-5 years	• Three doses given at acceptable intervals.
PNEUMOCOCCAL CONJUGATE VACCINE 3 years – 59 months	• At least one doze prior to school entry.
VARICELLA (CHICKEN POX) VACCINE 3-5 years	• One dose administered on or after age 12 months. • Documentation of immunity by confirming laboratory test results is required for incoming kindergarten students (1st grade where kindergarten is not provided) if child has not received varicella vaccine. *Report new suspected cases of varicella to: DHHS, Communicable Disease at 271-4496.

The 4-day grace period for minimum intervals and ages applies to the above requirements.

The law provides that children not in compliance with these requirements will be "conditionally enrolled" (the temporary enrollment of a student who has documentation

of at least one dose of each vaccine). The appointment date serves as the exclusion date. All immunization doses must meet acceptable interval schedules.

Exemptions

Students may be excused from immunization for medical and religious reasons (Policy #211.1).

Medical Exemptions

- Requests for medical exemptions must be addressed to the principal and/ or nurse of the appropriate school and verified in writing by a health care provider. Medical exemptions should include the following:
  - Child's name and date of birth
  - Specific vaccine component
  - Specific length of exemption – when the provider will re-evaluate the exemption
  - Signature of a health care provider licensed to practice in New Hampshire

Religious Exemptions

- Parent/guardians requesting an exemption for religious reasons will direct their written request to the Superintendent.

MEASLES OUTBREAK

In accordance with standards set by the New Hampshire Division of Public Health Services, the District will observe the following procedure if a case of measles is diagnosed in a school.

1. Evidence of adequate vaccination includes the documentation of having received the following vaccinations:

	Measles
Entry through 6th grade	• 2 doses of measles-containing vaccine. The first dose must be administered on or after the 1st birthday. The second dose must be given at least 28 days after the first dose.

MMR is the preferred vaccine for this requirement

Rubella, Mumps

All grades — • 1 dose on or after the 1st birthday

MMR is the preferred vaccine for this requirement

2. Students exempted from measles vaccination for medical or religious reasons will stay out of school until NH DHHS recommends inclusion.
3. Students who are not vaccinated and students who were immunized before 1 year of age should be re-vaccinated. Students receiving the measles vaccination as part of the measles outbreak may be readmitted to school.
4. Measles is a New Hampshire Reportable Communicable Disease. Any suspected or diagnosed cases of measles should be immediately reported to the immunization program at the NH Division of Public Health Services, 271-5401.

EXEMPTION FROM IMMUNIZATION/MEDICAL EXAMINATION

Under the provisions set forth in the laws of the State of New Hampshire RSA 200:38 II, the School Board authorizes (Policy #211.1) the Superintendent of Schools to:

1. Exempt students from immunization for medical reasons, as verified by a written statement from a health care provider.
2. Exempt students from immunization for religious reasons.
3. Exempt students from medical examination for religious reasons.

INFECTIOUS DISEASE POLICY AS RELATED TO HIV

The School Board recognizes the public concern over the spread of the Human Immunodeficiency Virus (HIV) and the related Acquired Immune Deficiency Syndrome (AIDS). This policy is written to assist in the protection and support of the infected employee and to provide for the education and support of the infected student. It is also intended to provide for the education and support of all students and the instructional and non-instructional staff of the District.

CONFIDENTIALITY BASED ON NEW HAMPSHIRE STATE LAW RSA 11F: 8

1. As a matter of policy, a staff member informed of the identity or presence of an HIV infected person(s) may not divulge information about, knowledge of, or identity of the HIV infected person(s). Staff will be advised of the seriousness of confidentiality requirements and that a breach of confidentiality could have serious legal implications.

2. School staff involved in the care and education of a student with HIV infection must respect the student's right to privacy. State law prohibits the disclosure of HIV status without the consent of a student (adult) or parent/guardian.
3. When school officials are informed of a student or staff member with HIV, the number of personnel informed of this condition must be kept to a minimum. If permission is given to share the diagnosis, this permission will be given in writing and clearly spelled out as to who specifically will be told.
4. For students with HIV, the School Physician, school nurse, student's health care provider and parent/guardian will meet to address medical or educational concerns.

Employees

Based upon current knowledge that HIV is not transmitted by casual contact, the District will allow HIV-infected employees to work as long as their condition allows and as long as they are able to perform the job to the satisfaction of the District.

1. The Superintendent will ensure that there will be no discrimination for employment based on having HIV or AIDS. No school employee will be terminated, non-renewed, demoted, suspended, transferred or subject to adverse action based solely on the fact that they are infected with HIV.
2. School employees who are unable to perform their duties due to illnesses such as those related to HIV, will retain eligibility for all contracted benefits.[1]

Students

The District recognizes that:

1. HIV is not spread by casual, everyday contact. Therefore, except in special circumstances, students who are infected with HIV will be entitled to attend school. For those special circumstances, the District will devise or individually tailor a plan that will have, to the extent possible, minimal impact on the student's daily school activities. The following guidelines have been developed to assist school officials in planning for school children who are or may be infected with HIV:

   A. Placement of student: students infected with HIV will be allowed to attend school in the least restrictive environment.

   B. Educational plan: an individualized education plan will be devised and implemented.

[1] *Based upon the principles of the Americans with Disabilities Act of 1992*

Decisions regarding the type of educational and care setting for HIV-infected students will be based on the behavior, neurological development and physical condition of the student and the expected type of interaction with others in the school setting. These decisions will be made on a case-by-case basis (with the rule of confidentiality prevailing), using a team approach initially including the student's health care provider(s), the student's parent or guardian, the school nurse, the school's medical advisor and school administrator (referred to as the Health Review Team). The NH Division of Public Health Service's Bureau of Disease Control and the NH Department of Education are available for consultative purposes. In each case, risks and benefits to both the infected student and to others in the school setting will be weighed carefully**.**

1. A specific Health Review Team plan for placement should be made for the HIV-infected student who is not toilet trained, who has open or oozing skin conditions that cannot be covered, or who has demonstrated behaviors such as biting or other acts which could pose an infection risk to others.
2. In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction apply. The Health Review Team should readmit the student per guidelines.
3. A student infected with HIV may need to be removed from the classroom for his/her safety when communicable diseases are occurring in the school population. The decision to remove the student from the classroom will be made by the school nurse, the student's health care provider(s) and parent or guardian. This decision will be based upon a written statement from the student's health care provider(s). Arrangements will be made to provide the student with academic support for extended absences.
4. The school nurse, in consultation with the student's health care provider, will routinely assess the student's condition. If necessary, recommendations will be made to the health review team for a modification to the student's placement.

Other

1. Mandatory screening for communicable diseases that are not spread through casual everyday contact, such as HIV, will not be a condition of employment or school entry.
2. As with any medical condition, health records are kept confidential.
3. Appeals for exceptions to this policy will be made through the Assistant Superintendent of Schools and/or the Superintendent in accordance with District policy.
4. Appeals for exceptions for special education students will also be governed by IDEA and Department of Education regulations.

UNIVERSAL PRECAUTIONS IN THE SCHOOL ENVIRONMENT

Universal precautions are used to control the spread of infection: employers, employees and students must treat blood and certain body fluids as if they are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other diseases. Universal precautions must be used to prevent the transmission of diseases from one person to another. Persons having contact with any body fluids from another person are at risk for infection. All body fluids will be considered as potentially infectious. Procedures outlined offer protection from infection and should be followed routinely.

1. Whenever possible, avoid direct skin contact with another's body fluids. If contact is made, skin should be washed as soon as possible. Hand washing is the single most important technique for preventing the spread of infections.
2. Injured persons, staff or students, will be allowed to cleanse their own injuries, if possible.
3. Open lesions on students and staff will be covered.
4. Gloves will be worn (vinyl gloves are preferred) when direct hand contact with another's body fluids is anticipated (e.g. treating an injury, changing diapers, handling soiled clothing or cleaning mops used to clean up any body fluid). Gloves will be discarded in a plastic bag or lined trashcan, secured and disposed of daily.
5. Clothing and other non-disposable items that are soaked with body fluids will be rinsed and placed in plastic bags. If presoaking is required, use gloves. This clothing will be washed separately from other items.

Educational Programs

1. All staff will be provided with copies of the District Infectious Disease policy. All new employees will be given a copy at the time of their employment. Ongoing educational programs will be provided for the staff on general infection control, the use of universal precautions and the handling of body fluids in the school environment.
2. All students will be educated, at appropriate levels, about the transmission of communicable disease and blood-borne pathogen infection. This education will be a component of health and or science curriculum.

Statement

Nothing in this policy will be read to alter or supersede the paramount obligation of the District to protect the health and safety of students and staff. It is recognized that emergency situations may arise or unusual circumstances may exist which demand responses not in total compliance with this policy. However, such noncompliance will be limited to the specific situation, and every reasonable attempt will be made to comply with as much of the remainder of the policy as is possible and to return to full compliance at the earliest opportunity.

COMMUNICABLE DISEASES

Conjunctivitis ("pink eye")

Students with evidence of pink eye should be examined by the school nurse. If the school nurse is suspicious of bacterial conjunctivitis (copious, purulent discharge), a parent/guardian will be notified. Student may be dismissed early per the school nurse's discretion based on degree of illness and estimated contagion risk. If the student is diagnosed with bacterial conjunctivitis, the student will be excluded from school until he/she has been on appropriate antibiotic therapy for 24 hours. Students should return with a health care provider's note outlining treatment plan and return to school recommendations if requested by the school.

Head Lice

Students with concern for head lice should be evaluated by the school nurse. If the student is identified by the nurse as having live head lice, the parent/guardian will be notified immediately to facilitate access to treatment options. The student may be dismissed per the discretion of the school nurse based on judgment of the ability to control spread. Following appropriate treatment the student may return to school. Students with nits remaining after appropriate treatment but with no evidence of live lice may be permitted to remain in school dependent upon school medical staff clinical judgment. Nits further than ¼ inch from the scalp are unlikely to be viable.

Pertussis ("Whooping Cough")

Pertussis is a contagious respiratory disease spread by droplet contact from the cough of an infected patient. Classmates of the infected student who are coughing should be evaluated by a healthcare provider for possible pertussis. The school nurse will call the parent/guardian of any student suspected of having pertussis, informing them that the student must be seen by a primary health care provider for further evaluation.

Droplet Precautions should be followed for such students, requiring that they wear a mask until dismissed from the school. For students unable to maintain mask coverage, staff and/or students around them should wear masks until the student is dismissed from school. Nearby surfaces with possible droplet contamination should be cleaned with an appropriate disinfectant cleaner.

Suspected cases (and family members who are coughing) should be excluded from school, group activities, and their place of work until they have received 5 days of an appropriate antibiotic therapy (non-coughing family members need not be excluded). The student should return with a completed health care provider's note if requested by the school. There is no need to send out letters to parents of the entire school/classroom informing them of a pertussis case (though the State must be notified), unless directed to do so by the state or by the School Physician.

SARS-CoV-2 ("Covid-19")

District policy regarding the control of spread of SARS-CoV-2 in the school environment, including guidelines for restrictions to school inclusion, will be maintained on the District website and updated as needed under the guidance of the NH Department of Health and Human Services.

Strep Throat

Strep throat is a communicable disease. If the school nurse suspects a child has strep throat, a parent/guardian will be called. The parent/guardian will be informed that the student must be seen by a primary health care provider prior to returning to school. If the student is diagnosed with strep throat, he/she will be excluded from school until s/he has been on appropriate antibiotic therapy for 24 hours. The student should return with a completed health care provider's note if requested by the school.

HUMAN BITES

Management of human bites should include consideration of the following recommendations:

If skin is <u>NOT</u> broken (intact skin without bleeding/laceration)

1. Cleanse the area.
2. Give acetaminophen or ibuprofen as needed for pain.
3. No specific further investigation or treatment is needed.
4. Try to ensure that there are no further bites by biter (i.e. if a special needs or aggressive student, try to change interactions to minimize biting risk).
5. An incident report should be completed detailing the occurrence.

If skin <u>IS</u> broken (bleeding and/or laceration)

1. Cleanse the area.
2. Give acetaminophen or ibuprofen as needed for pain.
3. Ensure that Td immunization is up to date (immunize if more than 5 years since last booster).
4. Determine the Hep B immunization status of the biter and the student/staff member who has been bitten. If either or both have been vaccinated, no blood work to test for Hep B needs to be performed; if both are unvaccinated, both need to be screened for Hep B (both the biter and the student/staff member bitten).
5. Screen both for HIV Antibodies (blood work).
6. Screen for Hep C Antibodies (blood work) as well.

7. Reevaluate the HIV and Hep C, and if indicated Hep B, status of the bite victim again in 6 months. [Checking the bite victim is to determine baseline, proving status was negative prior to bite; repeat labs are to check for conversion, even if biter was negative at the time of bite.]
8. The supervising School Physician or involved parties' own health care providers should be contacted regarding the incident, to further direct laboratory evaluation and treatment if indicated. (A visit with a health care provider is necessary for bites to face, hands, or feet, as any large lacerations to face should be sutured and prophylactic antibiotics started; bites to hands/feet are usually not sutured, but prophylactic antibiotics are advisable, all at the discretion of patient's health care provider or emergency room health care provider.)
9. Bite victim cannot "force" biter to be tested, but medical staff should encourage the biter and his or her family to be tested. (While it is unlikely that there will be any substantial risk of disease transmission, testing should be directed as above.)
10. Try to ensure that there are no further bites by biter (i.e.: if student is special needs or aggressive, try to change interactions to minimize biting risk).
11. An incident report should be completed detailing the occurrence.
12. If the bite victim is a school employee, workers' compensation forms should be completed (see own health care provider for testing; recommendations as above).

ALTERNATIVE MEDICINE/THERAPIES

School employees (nurses, health assistants, principals, teachers and staff) will not be responsible for the administration, during the school day, of alternative medicines, including herbal remedies and over the counter supplements. While some herbs and supplements may be of some benefit to specific individuals, their efficacy often has not been scientifically supported nor are their contents regulated by the Food and Drug Administration (FDA). Exceptions may be made allowing for administration of alternative medicines on a case-by-case basis, as deemed appropriate based on review of health information from the prescribing provider and/or personal health care provider in consultation with the School Physician.

Appendix A
First Aid and Emergency Care

This document contains first aid and emergency care procedures for the management of a student who is ill or injured at school. It is expected that all school personnel will have this information and be able to access it when needed. The Concord School District (CSD) Nurse Coordinator will email staff the most recent copy of the first aid and emergency care procedures at the beginning of the school year. School personnel with further questions should see their school nurse. All school personnel are encouraged to take basic first aid and CPR classes. The CSD Nurse Coordinator will provide staff members with information regarding class offerings in the community/District.

In each building, the school nurse will post the CSD Procedures for First Aid and Emergency Care in at least three designated areas, including the health office, main office, and cafeteria. Student emergency sheets shall be kept on file with the school nurse.

The school nurse will administer first aid or emergency care when a student or staff member is injured or becomes ill at school. Building administrators will assume responsibility when the school nurse is not available. In the case of an emergency necessitating IMMEDIATE ACTION, call emergency services (911), notify the school nurse, building administrator and parent/guardian.

EMERGENCY SERVICES 911
After accessing an outside line

POISON CENTER 1-800-222-1222

UNIVERSAL PRECAUTIONS IN THE SCHOOL ENVIRONMENT

All District employees must treat all blood and body fluids as if they are infectious for HIV/AIDS, Hepatitis viruses and other diseases.

- Avoid direct skin contact with blood or body fluids.
- If contact occurs, wash affected area as soon as possible.
- Wear gloves (vinyl gloves are preferred) when direct contact with blood or body fluids is anticipated.

FIRST AID INSTRUCTIONS are in ALPHABETICAL ORDER:

ALLERGIC REACTIONS

Insect Bites, Bee Stings, Foods, Drugs, or Other Substances

- If a student has a known allergy, follow the protocol that has been established for that student.
- If a student does NOT have a known allergy and develops hives, notify the school nurse; if unavailable, notify the building administrator to administer diphenhydramine (Benadryl) according to package directions.
- If a student does NOT have a known allergy, but complains or exhibits any of the following symptoms following a potential allergen exposure and without another known explanation: a constricted feeling in the throat or chest, wheezing, dizziness, nausea, vomiting, or abdominal cramps, THIS IS A MEDICAL EMERGENCY AND 911 SHOULD BE CALLED IMMEDIATELY. Notify school nurse, building administrator, and parent/guardian.

Insect Bites or Bee Stings

- Remove stinger right away if possible (use tongue depressor or other flat object in a brushing motion). Do not squeeze, pinch, or push stinger deeper into skin. After 5 minutes there is no immediate need to remove stinger.
- Elevate affected extremity.
- Apply ice pack and sting relief medication, if available, and monitor for signs of allergic reaction.
- Notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.
- If having worsening above symptoms, consideration should be given to the administration of an epinephrine auto-injector. Epinephrine dose if 0.3 mg for >/= 66 pounds and 0.15 mg for < 66 pounds. If only 0.3 mg auto-injector is available, it may be used on any size child. It is a much greater risk to withhold epinephrine when needed, than to administer it when not necessarily needed.
- Refer to Appendix B for EpiPen injection instructions.

BLEEDING

Minor (Scrapes, Cuts)

- Wash the area with soap and water.
- Apply a sterile bandage. If there is minor bleeding, apply pressure with a roller bandage.
- If bleeding does not stop, apply additional dressings over the original bandages and elevate the area.

- Puncture wounds or deep lacerations may be a source of infection, particularly tetanus.
- Immunization status should be determined.
- Notify school nurse, building administrator, and parent/guardian.

Severe

SEVERE BLEEDING IS A MEDICAL EMERGENCY AND 911 SHOULD BE CALLED IMMEDIATELY. Notify school nurse, building administrator and parent/guardian. To care for a major open wound, you must act at once; **DO NOT** waste time washing the wound.

- Control bleeding by placing a clean covering, such as a sterile dressing, clean cloth, or handkerchief over the wound.
- Apply pressure by pressing firmly against the wound with gloved hand.
- Keep student warm and calm.

BRUISES

- Apply a cold compress or ice pack
- Elevate affected extremity

BURNS

Minor

- Apply cold water or cold water compress to burn. NEVER APPLY ICE DIRECTLY ON SKIN.
- May wrap with a dry bandage for comfort.

Serious

- Cover with clean, dry sterile bandage. Do not attempt to remove anything that has adhered to the burn site.
- Keep student calm and quiet.
- Call 911 if appropriate. Notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.

CHOKING, CONSCIOUS

- If a student suddenly becomes quiet and shows signs of distress or choking and IS ABLE to speak, breathe, or cough, **DO NOTHING BUT ENCOURAGE THEM TO COUGH.** Stay with the student to lend support. Notify the school nurse; if unavailable, notify the building administrator and the parent/guardian. Further medical direction is needed.
- If the student IS UNABLE to breathe, is turning blue, or is making a high-pitched choking sound, send someone to **call 911 IMMEDIATELY** and begin the following procedures:
    - Standing behind the student, perform **abdominal thrusts** until the object is expelled or the student becomes unconscious.
    - To perform **abdominal thrusts**: standing behind the student, wrap your arms around his/her waist.
    - Make a fist with one hand and place thumb side of fist against the middle of the student's abdomen just above the navel and well below the tip of the breastbone. Grasp fist with other hand. (If the student is pregnant or obese, wrap your arms around the chest/ribs to perform thrusts.)
    - Keeping elbows out, press fist into the student's abdomen with a quick upward thrust.
    - Continue until object is dislodged and student can cough forcefully, speak or breathe, or until the student becomes unconscious.
- If the student becomes unconscious, proceed as for "Choking, Unconscious."
- Notify the school nurse; if unavailable, notify the building administrator and the parent/guardian.

Because of the possibility of damage to internal organs, an actual thrust must not be demonstrated or practiced on any human subject.

CHOKING, UNCONSCIOUS

- Send someone to call 911 (activate EMS) and begin the following procedures:
- Attempt to give 2 breaths. If the breaths do not go in, reposition the airway by tilting the head further back and re-attempt to give the 2 breaths.
- Perform 30 chest compressions, kneeling beside child or adult, with hands placed over mid-breastbone, compressing chest 1.5 to 2 inches.
- Look for an object in the mouth; if an object is visible, sweep the object out of the mouth with a finger.
- Notify the school nurse; if unavailable, notify the building administrator. Call the parent/guardian.

- Continue cycles of 2 breaths, 30 chest compressions until object is dislodged or EMS arrives.

DIABETIC REACTION

Teachers/staff who are responsible for a diabetic student should be aware of symptoms of insulin reaction (low blood sugar) or hyperglycemia (high blood sugar). Students may state "I feel low" or "I feel high" in reference to blood sugar levels, and an emergency may develop quickly. Calling 911 for assistance may be necessary if initial first aid is not effective and symptoms do not improve.

Hypoglycemia (Insulin Reaction or Low Blood Sugar)

- Ask if the student has had insulin that day. If so, insulin reaction is a possibility and the student may be able to identify his/her own symptoms. These may include weakness, dizziness, shakiness or feeling faint.
- Each school should have some form of sugar available for diabetic students such as frosting or icing (not diet).
- Follow the student's individual diabetic protocol.
- If specific protocol is unavailable, some form of sugar is to be given to the student immediately if student is responsive and able to swallow.
- Have the student check his/her blood sugar, if able.
- Notify the school nurse immediately. If unavailable, notify the parent/guardian and the building administrator for further direction.

Hyperglycemia (High Blood Sugar)

- Ask if student has had insulin on that day. If not, or if the student has experienced illness or poor diabetic control, hyperglycemia is a possibility and student may be able to identify his/her own symptoms.
- Follow student's individual diabetic protocol if available.
- If specific protocol is unavailable and student is alert and able, encourage student to drink large quantities of water.
- Have the student check his/her blood sugar, if able.
- Notify school nurse immediately; if unavailable, notify parent/guardian and the building administrator for further direction.

ELECTRIC SHOCK

- Break the contact between the student and the source of electricity by using a dry stick, dry rope or a length of dry cloth. Be sure that your hands are dry and that you are standing on a dry surface.
- Call 911. Start rescue breathing and CPR if indicated. Notify the school nurse immediately; if unavailable, notify the building administrator and the parent/guardian.

EYES

Do not apply pressure to eye or instill medications without health care provider's advice.
If the eye is punctured by an object,
DO NOT ATTEMPT TO REMOVE PUNCTURING OBJECT.

Foreign Object in the Eye

- Attempt removal by holding the lid open and continuously flush with water (or saline if available).
- Stop flushing if the foreign object is removed or no longer visible after a few minutes of flushing.
- Notify the school nurse; if unavailable, notify the building administrator and the parent/guardian.
- Pain in the eye may indicate scratches or abrasions that are not visible, and should be evaluated by a health care provider.

Chemicals in the Eye

- Immediately and continuously flush with water (or saline if available) for a few minutes.
- Notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.
- Medical advice is needed.
- If possible, locate the original container and keep with student for chemical identification. If no container can be found, keep a sample of the substance.

Blunt Trauma to the Eye

- If the student is experiencing blurry or double vision, flashing lights or floating specks, notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.
- Medical advice is needed.

FAINTING

- Lower the person to the floor or leave lying down. Elevate lower limbs and loosen tight clothing. Keep student warm and do not give anything by mouth.
- Use smelling salts (if available) as needed.
- Notify the school nurse immediately. If unavailable, notify the building administrator and the parent/guardian.
- If there is any suspicion of head or neck injury, do not move student (and refer to appropriate sections below). (Anytime someone falls and hits their head and neck, assume an injury until proven otherwise upon regaining consciousness.)
- Ensure there is a pulse (if no pulse, treat as **Unconscious – Pulseless Arrest**)

FRACTURES

Leg

- If suspicion of an upper leg (femur) fracture or any significant deformity or if a bone is visible through the skin, the student should not be moved.
- Notify the school nurse. If unavailable, notify the building administrator. Call 911 and parent/guardian.
- Keep the student warm and calm.

Upper Extremities

- Support the injured part.
- Apply ice and observe for signs of shock.
- If any significant deformity or if bone is visible through the skin, notify the school nurse. If unavailable, notify the building administrator. Call 911 and parent/guardian.

FROSTBITE

- Do not rub. Immerse affected area in warm water or apply warm compress for 20 minutes.
- Notify the school nurse or the building administrator and the parent/guardian.

FUMES OR GASES

Includes exposure to fuel fumes, auto exhaust, dense smoke or fumes from chemicals.

- Get student into fresh air.

- If student is not breathing, call 911. Start rescue breathing and CPR if indicated.
- Immediately notify the school nurse, the building administrator, and the parent/guardian.

HEAD INJURIES

Minor Injury

- Have the student remain quiet, apply ice pack to site of injury. Watch for signs of concussion such as headache, nausea, dizziness, and sleepiness.
- Notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.

Severe Injury

- Do not move student. It is important to maintain a calm, quiet environment.
- Symptoms may include loss of consciousness, oozing of blood or watery fluid from the ears or nose, unequal pupils, pale skin color that does not return to normal, inability to move a limb, persistent dizziness, vomiting, mental confusion, and severe headache.
- THIS IS A MEDICAL EMERGENCY AND 911 SHOULD BE CALLED IMMEDIATELY.
- Notify the school nurse; if unavailable, notify the building administrator and the parent/guardian.

Concussion

- See "Concord High School Athletic Department: Concussion Management Protocol" (or see *Appendix D, page 44*) for guidance in acute and chronic management considerations. Contact Director of Physical Education and Sport Steve Mello at 225-0819**.**

MUSCULOSKELETAL INJURIES

The following guidelines will be followed when a student presents to school using crutches or other orthopedic equipment without a note from a healthcare provider, athletic trainer or physical therapist:

- The student will be assessed by the school nurse. If the school nurse is concerned that there could be an injury that might not be adequately addressed by the equipment, the parents will be asked to pick up the child and seek medical assessment prior to returning to school with reliance on orthopedic equipment.
- If the school nurse approves the student to remain in school, the parents will be called to give verbal consent for the child to utilize the equipment at school.

- Students with anticipated need of crutches or a rigid brace beyond one full school day will be required to be assessed by a healthcare provider prior to continued use of such equipment beyond the first day.
- Students using over-the-counter soft braces for activity-related injuries may be allowed to continue use without healthcare provider evaluation if evaluated and approved by the school nurse.

NECK/BACK INJURIES

Any significant neck/back injuries (usually occurring from flexion, extension, or compression of neck or spine) should be carefully evaluated:

Minor Injuries

- Acetaminophen (Tylenol) or ibuprofen (Motrin) can be administered for pain.
- Notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.
- Consider contacting the student's health care provider to determine disposition.

Severe or more Worrisome Injuries

- Do not move student. It is important to maintain a calm, quiet environment.
- Symptoms may include:
  - Significant bony or midline neck or back pain
  - Persistent numbness, tingling, or weakness or even paralysis of extremities
  - Nausea, vomiting
- THIS IS A MEDICAL EMERGENCY AND 911 SHOULD BE CALLED IMMEDIATELY.
- Notify the school nurse. If unavailable, notify the building administrator and the parent/guardian.

NOSEBLEED

- Place the student in a sitting position leaning forward. Do not tilt head back.
- Apply continuous pressure to the nose by squeezing nostrils between thumb and index finger for 5 to 10 minutes.
- If nosebleed persists, notify the school nurse. If unavailable, notify the parent/guardian and the building administrator for further direction.
- Continue to apply pressure.

POISONING

Inhaled Poisons – See **FUMES OR GASES** for inhaled poisons

Swallowed Poisons

Any nonfood substance is a potential poison.

THIS IS AN EMERGENCY. Call the Poison Control Center at 1-800-222-1222

- Notify the school nurse immediately. If unavailable, notify the building administrator to obtain instructions from the poison control center. Notify parent/guardian.
- If possible, locate the original container and keep with student for poison identification. If no container can be found, keep a sample of the substance (including vomitus).

SEIZURES

- If a student has known seizure disorder, follow specific protocol.
- If specific protocol is unavailable, or if student does not have a history of seizure disorder, provide a safe environment free of harmful objects to protect from injury. If possible, place the student on his/her side lying on the floor. DO NOT ATTEMPT TO RESTRAIN STUDENT OR PUT ANYTHING IN THE MOUTH. Ensure privacy.
- If a student has struck the head or neck upon falling, additionally treat as unconscious head injury (see HEAD INJURIES).
- Keep written report of time, duration, and description of seizure activity.
- Student may experience loss of bladder and bowel control.
- Notify the school nurse immediately. If unavailable, notify the parent/guardian and the building administrator for further direction.
- Call 911 if the student turns blue or if the seizure does not stop after 5 minutes (or per student specific protocol).

SPRAINS

- Apply cold compress and elevate affected extremity.
- Notify the school nurse immediately. If unavailable, notify the parent/guardian and the building administrator for further direction.

TEETH

Knocked-out Teeth

- If the tooth is dirty, rinse it gently in cool water. Do not scrub it.
- If possible, gently insert and hold the tooth in its socket. If not possible, place the tooth in a container of milk or the student's saliva. Avoid storing it in water. It is important to keep the root moist.
- Notify the school nurse immediately; if unavailable, notify the building administrator. Call the parent/guardian. Student needs to be treated by a dentist as soon as possible.
- Do not forget to send the tooth. If possible, send a tooth that is soaking in milk with ice around the container.

Broken Teeth

- Gently clean dirt and debris from the injured area with warm water. Place cold compress on the face and area of the injured tooth to minimize swelling.
- Notify the school nurse immediately. If unavailable, notify the building administrator and the parent/guardian. Student needs to be treated by a dentist.

TICKS

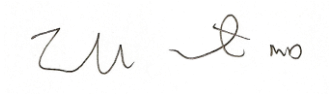
Attached Tick

- Proper removal of an attached tick is important because they may be carriers of disease. Avoid handling ticks with ungloved hands.
- For proper removal, notify the school nurse. If unavailable, notify the building administrator and parent/guardian for instructions.
- Proper removal is usually achieved by gently grasping tick with gloved hand or tweezers as close to the skin as possible and applying firm but gentle upward traction away from the skin. Efforts to remove any retained tick parts should be avoided as they will eventually work their way out without causing illness or harm.
- If the tick is thought to be a deer tick (typically smaller than dog ticks), the student's parent/guardian should be notified that the student had a tick attached, so they may contact their health care provider. Depending on the suspected duration of the tick attachment, the health care provider will advise with recommendations regarding Lyme disease surveillance (monitoring for symptoms such as bull's-eye rash, unexplained fevers, joint pain, swelling, and redness) or possible Lyme antibiotic prophylaxis.
- Keep tick to allow identification if appropriate. You may fold clear tape around the tick.

UNCONSCIOUS – PULSELESS ARREST
(SUDDEN CARDIAC DEATH)

- Establish that patient is not breathing and is also pulseless, checking pulse at wrist (radial), upper arm (brachial), or neck (carotid).
- Activate EMS (call 911).
- Call for an AED.
- Call for someone trained in the use of an Automated External Defibrillator (AED) if available staff present is not knowledgeable in use of AED.
- Start BLS, which is comprised of chest compressions, 30 compression cycles (without rescue breaths) every 15-18 seconds, compress with heel of one hand on the lower ½ of sternum, compressing 2 inches. Maintain an open airway with the head tilted in a "sniffing" position, chin lifted, using "jaw thrust" if a neck injury suspected. Rescue breaths are not necessary. Effective chest compressions are the most important component of resuscitation, until an AED arrives.
- Apply AED leads, following prompts as directed, repeating procedure if directed.
- Maintain Basic Life Support (BLS), awaiting EMS arrival.

Approved by:



Dr. Todd Poret, *School Physician*

October 28, 2020

Date

Appendix B
Medications/Treatments intended for use by Registered Nurses employed by Concord School District

EPINEPHRINE ADMINISTRATION

Administer for treatment of severe allergic (generalized hives or mouth swelling PLUS wheezing, shortness of breath, throat swelling/stridor, or collapse) or anaphylactic reactions.

Medication preparation procedure

- Use appropriate epinephrine auto-injector (eg. EpiPen or EpiPen Jr).

Medication administration

- Inject contents of prepared syringe into the anterolateral thigh. Administer through the clothing if necessary. Administer to the thigh area only. Avoid use near the buttocks.
- Inject Epinephrine subcutaneously/intramuscularly immediately (**Note time and dosage of injection**). Seek further medical help (911) immediately. Try to keep the student warm and avoid exertion. The effects of this medication should be felt within seconds to minutes. Side effects may include flushing, tachycardia, nausea, and vomiting. If no improvement in patient's status, Epinephrine may be repeated in 10 minutes.

Dosage of Epinephrine: according to student's weight:

Weight < 66 lbs: = 0.15ml of 1:1000 epinephrine (or 0.15mg)

Weight >/= 66 lbs: = 0.3ml of 1:1000 epinephrine (or 0.3mg)

NOTE: DOSAGE SHOULD NOT EXCEED 0.3ml

Specific instructions for EpiPen and EpiPen, Jr. Administration for Children with Known Allergies

- Administer for treatment of severe allergic or anaphylactic reaction IN CHILDREN WITH KNOWN ALLERGIES WHO HAVE EPI-PEN/ AVAILABLE.
- It is designed to be self-administered by allergic patient, though nurses, staff or parents may be required to administer at times.
- To use, remove the safety caps. Hold the device with the black tip against the thigh and apply moderate pressure for ten (10) seconds. This will release a spring-

activated plunger, which pushes a concealed needle into the anterolateral thigh to deliver the medication. Administer through the clothing if necessary. Administer to the thigh area only. Avoid use near a vein or the buttocks. Massage area to aid in absorption.

- Inject EpiPen subcutaneously/intramuscularly immediately (**Note time and dosage of injection**). Seek further medical help (911) immediately. Try to keep the student warm and avoid exertion. The effects of this medication should be felt within seconds to minutes. Side effects may include flushing, tachycardia, nausea, and vomiting. If no improvement in patient's status, EpiPen may be repeated in 10 minutes.
- Dosage of Epinephrine - according to child's weight (though would administer as per child's prescription):
  - EpiPen Jr. (under 66 lbs.) = 0.15mg (0.3ml of 1:2000 epinephrine)
  - EpiPen (66 lbs. or greater) = 0.3mg (0.3ml of 1:1000 epinephrine)
  - NOTE: DOSAGE SHOULD NOT EXCEED 0.3ml
- Storage – store this medication at room temperature away from heat and sunlight. Do not refrigerate. If the solution is not clear or turns brown, replace the unit. Check the expiration date periodically and ask for replacement unit before it expires.

Loratadine

- Administer for treatment of symptoms of allergic rhinitis, allergic conjunctivitis, or non-severe symptoms of a suspected allergic reaction.
- Dosing should be done based on the package for the age of the child.

ORAL AND PHARYNGEAL SUCTIONING

For students requiring periodic suctioning as part of their school health plan, the following guidelines will apply unless more restrictive guidelines are explicitly outlined in their plan. These guidelines do not apply to tracheostomy suctioning.

1. The need for suctioning is to be determined by the parent when present, the school nurse, or by any designated staff member trained by the school nurse and involved in the student's care.
2. Suctioning is to be performed by an RN, an LPN, or any designated staff member involved in the student's care under direct or indirect supervision of the school nurse.

TUBERCULIN SKIN TESTING

Recommendation for Schools and Childcare Centers in New Hampshire

Revised 2001

The New Hampshire Tuberculosis (TB) Program does not recommend routine tuberculosis skin testing for children, school employees or childcare employees in New Hampshire. This decision is based upon recommendation from the Centers for Disease Control and the American Thoracic Society, calling for targeted testing of high-risk groups. Skin testing should be done based on individual risk factors. Tuberculin skin testing should be done in groups for which rates of TB are substantially higher than for the general population. TB risk, based on individual risk factors (i.e. HIV infections, recent arrival to U.S. from an epidemic country, history of exposure) should be assessed by a personal healthcare provider to determine the need for a skin test. The Mantoux (not Tine) test or an IGRA (interferon-gamma release assay, AKA Quantiferon Gold) should be used, as they are the most accurate test available. If a person has no risk factors, a skin test should not be done.

New Hampshire School and Childcare Employees

- New Hampshire is considered a low-incidence state for TB. New Hampshire school and childcare employees are not at higher risk for TB based on their occupations, but may have individual risk factors.
- Employees with risk factors who are tested and have newly positive skin tests should not be allowed to work until a chest x-ray is performed and their healthcare provider indicates they do not have active contagious pulmonary TB.
- The cost of the tuberculin skin test will be the responsibility of the District.

HEPATITIS IMMUNIZATION

District employees will be given the Hepatitis B immunizations through their health care providers rather than by the District. The District will continue to provide information about the vaccines to employees. *Effective 2006.*

MEDICATIONS/TREATMENTS INTENDED for USE by REGISTERED NURSES EMPLOYED by CONCORD SCHOOL DISTRICT

(Dosages to be given as directed on the package, tube or bottle)

Acetaminophen	Guaifenesin
Anbesol or generic equivalent	First aid spray or cream/burn cream
Antibiotic ointment	Hydrocortisone 0.5% ointment or 1% cream
Antihistamine cream or capsules	Ibuprofen
Antacid liquid or tablets	Loratadine
Diphenhydramine	Oral decongestant if > 5 years
Calamine lotion	Natural tears eye drops
Cough drops/Throat lozenges	Visine or generic equivalent

NEW HAMPSHIRE POISON CENTER

1-800-222-1222

Approved by:

Dr. Todd Poret, *School Physician*

October 28, 2020

Date

Appendix C
Automated External Defibrillators
Concord High School

1. An Automated External Defibrillator (AED) shall be maintained on the premises of Concord High School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV); FDA Medical Oversight Requirement; and RSA 153-A:28-31 (State of NH).
2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:
   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.
3. The location, maintenance, and testing of the AED shall be as follows:

   AED #1

   - Defibrillator type: Defibtech DDU–100 AED (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial number: 101 226 494
   - Specific location: on the wall to the right of the Main Office
   - Acquired in 2013

   AED #2

   - Defibrillator type: Defibtech DDU–100 AED (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial number: 101 212 535
   - Specific location: in the main gym on the wall between the bleachers on the right
   - Acquired in 2011
4. Individuals responsible for testing and maintenance of the AED at Concord High School:
   - School nurses or designated other are responsible for the daily completion of the Operator's Checklist. The checklist will be initialed at the completion of the daily checks and will be posted with the AED. The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components. Once each calendar year, the school nurses shall conduct and document a system readiness review. This review shall include training, as well as ensure that equipment operation and maintenance records are current and updated.

- The school nurses shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
- A sign-out sheet shall be left in place of the AED if the unit is removed to another location. A visible sign must be left in the place of the AED, with the phone number of the athletic trainer/coach, clearly indicating that they have possession of the AED. The Main Office shall be notified of the change of location whenever possible.
- It is important to document each use of the medical emergency response system.
- In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Concord High School will be responsible for battery replacement.

Approved by:

Dr. Todd Poret, *School Physician*

October 28, 2020

Date

Appendix C
Automated External Defibrillators
Rundlett Middle School

1. An automated external defibrillator (AED) shall be maintained on the premises of Rundlett Middle School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV), FDA Medical Oversight Requirement, and RSA 153-A: 28-31 (State of NH).
2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:
   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.
3. The location, maintenance and testing of the AED shall be as follows:

   AED #1

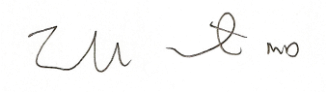
   - Defibrillator type: Zoll AED Plus (Zoll Medical Corporation, 269 Mill Road, Chelmsford, MA 01824-4105. 1-800-348-9011 or 978-421-9655. Fax 978-421-0025. Zoll.com.us). In service since Fall 2005.
   - Serial number: X05 H06 5767
   - Specific location: on the wall to the right of the Health Office door inside the main entrance with the long canopy of the Zoll wall cabinet. Cabinet remains unlocked. AED signs are located next to the cabinet and in the main hallway.

   AED #2

   - Defibrillator type: Defibtech Lifeline AE (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial number: 101235936
   - Specific location: in cabinet at the end of the mail hallway, between the Gym and New Activity Room. Cabinet is unlocked. AED signs are located above the cabinet. In service since Spring 2014.
4. Individuals responsible for testing and maintenance of the AED:
   - Rundlett Middle School nurses or designated other staff are responsible for the daily completion of the Operator's checklist. The checklist will be posted in the adjacent health office. AED #1 shows a green check in the status indicator box on the handle to indicate readiness. Electrodes will be ordered from the Zoll Medical Corporation (Toll free number 1-800-348-9011).
   - AED #2: a green blinking light indicates the unit is ready. A red light indicates the 9-volt lithium battery that powers the blinking light needs to be changed.

- Once each calendar year, the school nurse shall conduct and document a system readiness review. The review shall include that training as well as equipment operation and maintenance records are current and updated.
- Documentation: it is important to document each use of the medical emergency response system.
- The school nurses shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
    - A sign-out sheet shall be left in place of the AED if the unit is removed to another location. A visible sign must be left in the place of the AED, with the phone number of the athletic trainer/coach, clearly indicating that they have possession of the AED. The Main Office shall be notified of the change of location whenever possible.
    - In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Rundlett Middle School will be responsible for battery replacement.

Approved by:



Dr. Todd Poret, *School Physician*

October 28, 2020

Date

Appendix C

Automated External Defibrillators

Abbot-Downing School

1. An Automated External Defibrillator (AED) shall be maintained on the premises of Abbot-Downing School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV); FDA Medical Oversight Requirement; and RSA 153-A:28-31 (State of NH).

2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:

   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.

3. The location, maintenance, and testing of the AED shall be as follows:

   - Defibrillator Type: Defibtech DDU–100 AED (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial number: 101 038 030, acquired in 2008
   - Specific Location: in the hall outside the Nurse's Office

4. Individuals responsible for testing and maintenance of the AED at Abbot-Downing School:

   - The school nurse or designated other is responsible for ordering replacement pads and batteries as needed and the annual system readiness review
   - The school nurse shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
   - A sign-out sheet shall be left in place of the AED when the unit is removed to another location. The Office shall be notified of the change of location whenever possible.
   - It is important to document each use of the medical emergency response system.
   - In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Abbot-Downing School will be responsible for battery replacement.

Approved by:

October 28, 2020

Dr. Todd Poret, *School Physician* Date

Appendix C
Automated External Defibrillators
Beaver Meadow School

1. An Automated External Defibrillator (AED) shall be maintained on the premises of Beaver Meadow School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV); FDA Medical Oversight Requirement; and RSA 153-A:28-31 (State of NH).

2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:

   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.

3. The location, maintenance, and testing of the AED shall be as follows:

   AED #1

   - Defibrillator Type: Zoll AED Plus (Zoll Medical Corporation, 269 Mill Road, Chelmsford, MA 01824-4105. 1-800-348-9011 or 978-421-9655. Fax 978-421-0025. Zoll.com.us)
   - Serial Number: X04 F03 6852
   - Specific Location: foyer of Beaver Meadow School by the Main Entrance in a cabinet mounted on the wall to the right.
   - Acquired in 2004

   AED #2

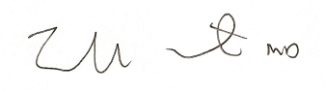
   - Defibrillator Type: Phillips Heart Smart Defibrillator (Phillips Health Care Medical Systems, 22100 Bothell Everett Highway, Bothell, WA 98021-8431 1-800-263-3342)
   - Serial Number: A12L 05787
   - Specific Location: Beaver Meadow School gym in a cabinet mounted on the wall to the left.
   - Acquired in 2012

4. Individuals responsible for testing and maintenance of the AED at Beaver Meadow School:

   - The school nurse or designated other is responsible for checking the unit weekly and ordering replacement pads and batteries as needed. (Physical Education teacher checks unit daily.)

- The school nurse shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
- A sign-out sheet shall be left in place of the AED when the unit is removed to another location. The Office shall be notified of the change of location whenever possible.
- It is important to document each use of the medical emergency response system.
- In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Beaver Meadow School will be responsible for pads and battery replacement.

Approved by:



Dr. Todd Poret, *School Physician*

October 28, 2020

Date

Appendix C

Automated External Defibrillators

Broken Ground School

1. An Automated External Defibrillator (AED) shall be maintained on the premises of Broken Ground School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV); FDA Medical Oversight Requirement; and RSA 153-A:28-31 (State of NH).

2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:
   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.

3. The location, maintenance, and testing of the AED shall be as follows:
   - Defibrillator type: Zoll AED basic (Zoll Medical Corporation, 269 Mill Road, Chelmsford, MA 01824-4105. 1-800-348-9011 or 978-421-9655. Fax 978-421-0025. Zoll.com.us)
   - Serial number: X 050 058 128, acquired in 2005
   - Specific location: hallway between old nurse's office and gym

4. Individuals responsible for testing and maintenance of the AED at Broken Ground School:
   - The school nurse or designated other is responsible for checking the unit weekly and ordering replacement pads and batteries as needed.
   - The school nurse or designated other is responsible for the annual system readiness review
   - The school nurse shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
   - A sign-out sheet shall be left in place of the AED when the unit is moved to another location. The Office shall be notified of the change of location whenever possible.
   - It is important to document each use of the medical emergency response system. In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Broken Ground School will be responsible for battery replacement.

Approved by:  October 28, 2020

Dr. Todd Poret, *School Physician* Date

Appendix C

Automated External Defibrillators

Christa McAuliffe School

1. An Automated External Defibrillator (AED) shall be maintained on the premises of Christa McAuliffe School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV); FDA Medical Oversight Requirement; and RSA 153-A:28-31 (State of NH).

2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:
   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.

3. The location, maintenance, and testing of the AED shall be as follows:
   - Defibrillator Type: Defibtech DDU–100 AED (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial Number: 101 038 030, purchased in 2008
   - Specific Location: front office

4. Individuals responsible for testing and maintenance of the AED at Christa McAuliffe School:
   - The school nurse or designated other is responsible for ordering replacement pads and batteries as needed and the annual system readiness review
   - The school nurse shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
   - A sign-out sheet shall be left in place of the AED when the unit is removed to another location. The Office shall be notified of the change of location whenever possible.
   - It is important to document each use of the medical emergency response system.
   - In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Christa McAuliffe School will be responsible for battery replacement.

Approved by:

Dr. Todd Poret, *School Physician*

October 28, 2020

Date

Appendix C
Automated External Defibrillators
Mill Brook School

1. An Automated External Defibrillator (AED) shall be maintained on the premises of Mill Brook School. The ownership and maintenance of this device shall be in compliance with the following relevant legislation: Cardiac Arrest Survival Act (HR 2498, Title IV); FDA Medical Oversight Requirement; and RSA 153-A:28-31 (State of NH).

2. The AED shall be used to treat individuals who experience sudden cardiac death. It is to be applied to:

   - Individuals who are unconscious, without pulse or respirations by individuals specifically trained in use of the device.

3. The location, maintenance, and testing of the AED shall be as follows:

   AED #1

   - Defibrillator type: Defibtech DDU–100 AED (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial number: 101 215 146
   - Specific location: main hallway – located to the left of the second floor staircase
   - Purchased in 2012

   AED #2

   - Defibrillator type: Defibtech DDU–100 AED (Defibtech, LLC, 741 Boston Post Road, Guilford, CT 06437. 866-333-4241 or 203-453-4507. Fax 203-453-6657)
   - Serial number: 101 215 162
   - Specific location: to the left of the kindergarten entrance coming from the playground
   - Acquired in 2012

4. Individuals responsible for testing and maintenance of the AED at Mill Brook School:

   - The school nurse or designated other is responsible for checking the unit weekly and ordering replacement pads and batteries as needed.
   - The school nurse or designated other is responsible for the annual system readiness review

- The school nurse shall maintain a list of staff members who have received AED training. A minimum of one-person adult and child CPR is recommended.
- A sign-out sheet shall be left in place of the AED when the unit is removed to another location. The Office shall be notified of the change of location whenever possible.
- It is important to document each use of the medical emergency response system.
- In an emergency, the AED should be sent with EMS personnel for interrogation, to allow the specific rhythm information to be downloaded from the device. Mill Brook School will be responsible for battery replacement.

Approved by:

Dr. Todd Poret, *School Physician*

October 28, 2020
Date

Appendix D
Concussion Management Protocol
Concord School District

Intended Purpose

Concord School District (CSD) is committed to the health and safety of all students who participate in physical activities and athletic competitions as part of the District's extracurricular program.

Concussions are brain injuries caused by movement of the brain inside the skull. Signs and symptoms may appear immediately or even days after an injury, and may include loss of consciousness, nausea and vomiting, headache, light or noise sensitivity, difficulty concentrating, and confusion. Symptoms can be short-lived or may last days, months, or even longer. Often, no visible injury is present and supervisory personnel may not even witness a specific "event," so reporting of symptoms by athletes and their families is critical to diagnosis and management.

Importantly, once someone has sustained a concussion, the risk of a second injury, often more severe, is increased, especially if they return to sports or activities too quickly.

Concussions are among the most common reported injuries among Concord High School (CHS) athletes, matching data from national sources. These injuries can, of course, occur outside the athletic environment; the effects certainly affect health and behavior beyond the playing field.

Given the evolving standards with regard to concussions, and the primary concern for the health and safety of CSD athletes, the goal of this protocol is to raise awareness among students, parents, teachers, and other members of the CSD community. By establishing this protocol, CSD does not assume liability for advice given under this protocol, nor will liability result for failing to comply with this protocol. Rather, the protocol establishes minimum standards to be followed whenever possible. Due to the individual circumstances of each situation, the application of the protocol may vary.

Protocol

In the interests of safety, the following protocol should be followed when a student is suspected of having sustained a concussion during a CSD-sponsored extracurricular athletic activity:

1. **Initial Screening**: All CHS athletes must have at least one screening medical examination, performed during their high school years, prior to participating in any CSD-sponsored athletic activities. Updated medical history forms will be completed yearly and reviewed by the Athletic Trainer or other qualified personnel. Specific questions regarding any history of recent or remote concussion injuries will be included and, whenever possible, will be reviewed and made readily available to the District's medical staff throughout the athlete's period of participation.

2. **Baseline Testing**: ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), a computerized test of memory, reaction time, processing speed, and concentration, will be performed on all athletes who participate in contact/collision sports with risk of concussions prior to participation in any CSD-sponsored athletic activity, to establish a baseline.[2] Under usual circumstances, baseline testing will be repeated every 2 years.

3. **Suspected Concussion**: In the event of a suspected concussion injury identified by the athlete, a member of the coaching staff, the school trainer, medical personnel, or a family member, the following procedures should be initiated. In the event of a suspected concussion, coaches are always responsible for notifying the Athletic Trainer, who will confirm that parents have been notified. The Athletic Trainer will also notify the school nurse and guidance counselor in order to address possible needs for academic modifications or accommodations.

   Step 1. A. Obtain emergency services, either through the athlete's health care provider or the Emergency Department if there is concern that a more urgent need for evaluation is needed, even calling 911 if worrisome symptoms or concern.

   B. Athlete's health care provider should conduct an initial evaluation, optimally within 72 hours of the injury in non-emergency situations.

   Step 2. ImPACT testing should be performed by the CSD Athletic Department staff in the period between 24 and 72 hours of the injury, with results interpreted through a contract with Dr. Stuart Glassman, Granite Physiatry, and made available to the treating health care provider(s) as well as the District Athletic Trainer.

   Step 3. The Athletic Trainer will coordinate ongoing care with guidance counselors and others overseeing academic programs.

   Step 4. The District Athletic Trainer should monitor appropriate post-concussion management after symptoms have resolved, including graduated return to physical activity under close supervision. Specific guidance may be offered by the Trainer under the supervision of either the treating health care provider or consulting physician (Dr. Stuart Glassman). If at any point post-concussion symptoms develop during this graduated return to play, the athlete should be expected to obtain professional advice and to reduce activity levels in order to return to an asymptomatic state.

   Step 5. Athletes are required to have a signed clearance from their health care provider, or a consulting health care provider who has examined the athlete after the injury, before returning to formal practice or competition.

[2] Pediatrics, 2001; 107; Medical Conditions Affecting Sports Participation; Pediatric Sport Related Concussion: A Review of the Clinical Management of an Oft-Neglected Population; Pediatrics, Vol 117, No. 4, April 3, 2006, Kirkwood.

However, CSD, working with the Athletic Department consulting physician, may override this clearance and determine that the athlete cannot return to practice or competition based on the minimum standards provided in this protocol.

Management Goals

The standards for the management of concussions are evolving, with growing concerns about the long-term risks to the health of athletes who return to activity too early. For example, an athlete who is suspected of having suffered a concussion must not be allowed back into play on the same day as the injury, and an athlete who exhibits even brief symptoms should expect a prolonged period of rest and graduated return to activity. Coaches must remove any athletes from practice or play and initiate this protocol if a concussion injury is suspected.

CSD understands the potential effect that this protocol may have on the District's athletic programs, and specifically on our student athletes. While the importance of athletics and extracurricular activities in the lives of our students is understood, the minimum standards provided in this protocol should be followed to protect the health and well-being of CSD student-athletes. Our goal is to alleviate potential conflict and concern by raising awareness within our community through education and access to CSD services.

CSD contracts with the following services to provide support to its athletes as part of this protocol:

- CHS Athletic Trainer
- Athletic Department consulting physician and medical interpreter of ImPACT testing (Dr. Stuart Glassman, Granite Physiatry)
- School Physician (Dr. Todd Poret)

Most importantly, the athlete's health care provider should always be central to the care of any injury. Further, Concord Hospital Rehabilitation Services' "Concussion Assessment and Management Program" (CAMP) is also available by referral from one's health care provider.

Mandatory Minimum Standards for Return to Play in Asymptomatic Athletes

This protocol, or other similar schedules, must be supervised by appropriate medical personnel, and under usual circumstances will be monitored by CSD's Athletic Trainer. If any post-concussion symptoms develop at any stage, athletes will drop back to the previous level and may try to progress again after a further 24-hour period of rest has passed. No medications may be taken at any step of the progression unless prescribed by the child's health care provider following a suspected concussion and after the initial evaluation described in the protocol.

Following a concussion injury in which all symptom have resolved and ImPACT testing post-injury has demonstrated no significant change from baseline, all athletes will begin

gradual exercise activities (consider the last day when symptoms were present as "Day 0"), during which time they must be able to tolerate full academic days in school. It is important to try to normalize school, home and social life as much as possible, as long as there are no worsening symptoms, which may help promote decrease in symptoms, and healing.

On Day 1, begin light aerobic exercise such as walking, swimming, or stationary cycling, keeping heart rate under 70% of maximum. No resistance training is allowed.

Continue on Day 2.

On Day 3, sport-specific exercises – for example, skating and puck handling in hockey, running and ball skills in soccer (no heading), sideline catching and throwing in football – may begin. The addition of one set of low-resistance or simple-resistance training is desired. No head impact activities are allowed.

Continue on Day 4.

On Day 5, resume non-contact complex training drills – for example, walk-through pass blocking for football linemen or passing and cutting drills. Add additional sets and higher-intensity resistance training. No head impact activities are allowed.

Continue on Day 6.

On Day 7, full contact practice is allowed.

Continue on Day 8.

Two days after full contact practice has begun, game play may begin.

The above schedule may be extended or altered when necessary to respond to the individual student's circumstances.

Head Injury Home Instructions – for Parents

These instructions are recommendations and in no way should be used as a substitute for the advice given by your child's health care provider.

A concussion (a type of head injury) is also known as mild traumatic brain injury (MTBI). This happens when outside forces interrupt the normal activity of the brain.

Concussion symptoms usually appear right away (although some symptoms can happen days later) and affect many different mental functions. A stunned, confused state is the hallmark of a concussion. If your child loses consciousness or "blacks out," then he/she has had a concussion. However, most children with concussions do NOT have a loss of consciousness. Other common symptoms include loss of mental sharpness, headache, nausea, vomiting, memory loss, dizziness, emotional instability, disturbances of balance, visual changes, and changes in cognitive functions.

In simple concussions, all symptoms improve over time (usually resolving completely within a week to 10 days). Concussions can range from mild (simple) to severe (complex); if symptoms last more than 10 days, seek professional help. Like all injuries,

however, it is important that the injured body part be given time to heal. Resting the brain may include limiting both physical and mental activity for a period of time.

Observe your child carefully over these first few days. If the symptoms worsen (rather than improve), this may indicate bleeding or swelling in the brain, which requires immediate medical attention. If your child becomes more and more confused, does not respond normally to questions, has a convulsion or seizure, has vomiting that won't stop, or has a severe headache or neck ache, call your health care provider or bring your child to an emergency room immediately.

The quickest path to recovery is to provide the brain the opportunity for complete rest. This means not only no physical activity as long as any symptoms are present, but also limiting activities that cause the brain to work hard, such as schoolwork, computer screen time, video games, and text messaging. Since many individuals with head injuries are often bothered by both light and noise, sleeping in a darkened room for the first few days may provide the ultimate rest.

All concussions should be evaluated by a knowledgeable health professional who knows your child well (such as your pediatrician, health care provider, team physician, or a sports medicine doctor). Your child will be evaluated to see how severe the injury is, monitor symptoms over time and decide if further testing is needed.

Concussions are not simply "a blow to the head." They are brain injuries and must always be taken seriously. Never participate in physical activity if any sign or symptom of a concussion is present. Follow a program of gradual return to full activity.

Modified from the Brain Injury Association of New Jersey's "Concussion in Sports Consensus Statement."

Approved by:

Stuart Glassman, MD, *CSD Athletic Dept. consulting physician* January 8, 2021

Appendix G
Naloxone (Narcan) Protocol

Naloxone (Narcan) Protocol

Per NH RSA 318-B Controlled Drug Act, and with the support of the New Hampshire School Nurses Association, it is the policy of Concord School District that school nurses can provide and maintain on-site in each school facility opioid antagonists. To treat a case of suspected opioid overdose in a school setting, any trained school nurse may administer an opioid antagonist, during an emergency, to any student, staff, or visitor suspected of having an opioid-related drug overdose, whether or not there is a previous history of opioid abuse.

No school nurse or other first responder shall be liable for civil damages which may result from acts of omissions relating to the use of the opioid antagonist which may constitute ordinary negligence; nor shall school personnel be subject to criminal prosecution which may result from acts or omissions in the good faith administration of an opioid antagonist. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct. No school nurse or school staff shall be subject to penalty or disciplinary action for refusing to be trained in the administration of an opioid antagonist.

Training

School nurses and other designated school staff shall be trained in the use of naloxone by trained facilitators, currently available through the New Hampshire Department of Health and Human Services (DHHS) and Department of Safety.

Procurement of Naloxone

The Superintendent, principal, school nurse, or designee will be responsible for the procurement of naloxone and all necessary supplies. At minimum, each school should have the following supplies:

Narcan (naloxone HCl) Nasal spray

1. Narcan (naloxone HCl) Nasal spray, 2 units.
2. Nitrile gloves
3. Mask/barrier device
4. Step-by-step instructions for Narcan use

Storage

Naloxone will be clearly marked and stored in an accessible place at the discretion of the school nurse. The school nurse will ensure that all other relevant staff are aware of the naloxone storage location.

Naloxone will be stored in accordance with manufacturer's instructions to avoid extreme cold, heat, and direct sunlight.

Inspection of the naloxone shall be conducted regularly including ensuring that the expiration date has not passed.

Signs and Symptoms of Opioid Overdose

- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heartbeat/pulse	Slowed heartbeat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

Note that individuals in cardiac arrest from all causes share many symptoms with someone with an opioid overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

Directions and use of Naloxone

In case of a suspected opioid overdose, school nurse or other trained staff shall follow the protocols outlined in the naloxone training and the instructions in the naloxone kit:

- Call 911 for EMS to be dispatched, and alert the school crisis response team.
- If uncertain of cause of unresponsiveness, call for an AED as well.

- Provide a safe environment. Clear the area and have administrative support if available.
- Start CPR if able and trained to do so. In cardiac arrest, CPR is the most important treatment, and any attempt to administer naloxone should not interrupt chest compressions and rescue breathing.
- Naloxone should only be given to someone suspected of opioid overdose as noted in the signs and symptoms listed in Section 5 above. However, if uncertain, err on the side of administration.
- In respiratory arrest or a non-breathing patient: if able to do rescue breathing, rescue breathing takes priority over naloxone administration. Administer naloxone if possible while doing rescue breathing.
- Attach AED if available, following prompts (if uncertain about the cause of unresponsiveness)
- Administration of intranasal naloxone (Narcan):

  i. Insert the end of the device into the nostril of the victim. Push the middle portion of the nasal device to spray 4 mg of naloxone into one nostril.

  ii. Continue to monitor breathing and pulse. If not breathing, continue rescue breathing. If no pulse, maintain CPR, if able and trained to do so.

  iii. Give another dose of naloxone in 3 minutes if no response or minimal breathing or responsiveness.

  iv. Naloxone wears off in 30-90 minutes, which necessitates definitive medical care.

  v. Comfort the victim – withdrawal can be very unpleasant.

  vi. Remain with the victim, monitor breathing/pulse, and provide rescue breathing or provide CPR if needed, until he or she is under the care of a medical professional, such as a physician, nurse, or EMS.

  vii. Encourage survivors to seek treatment and provide resources.

Follow-Up

After administration of naloxone, the school nurse, or other staff, will follow the District reporting protocols. The school nurse teacher or other staff will:

- Ensure that the overdose victim was transported to the emergency department
- Notify appropriate student services
- Provide substance abuse prevention resources to the overdose victim and family, as appropriate

NH Naloxone laws and resources:

Anyone, Anytime DrugfreeNH

NH RSA 318-B Controlled Drug Act

NHSNA Position Statement

Other Resources:

http://healthvermont.gov/adap/treatment/naloxone/

http://healthvermont.gov/adap/treatment/naloxone/documents/naloxone_od_rescue_howto_brochure_nasal_syringe.pdf

http://healthvermont.gov/adap/treatment/naloxone/documents/naloxone_od_rescue_howto_brochure.pdf

Approved by:

Dr. Todd Poret, *School Physician* October 28, 2020