CHAPTER FIFTEEN - STANDING ORDERS

Introduction

School nurses face new challenges daily in assuring the health of school children. To assist school nurses in meeting these challenges, Regional Health Officers in their statutory role of oversight of school Nursing provide these standing orders to direct school nurses in specific treatments and testing.

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

These standing orders are Issued by Regional Health Officers, Public Health Division, NM Department of Health. These standing orders will be reviewed and revised annually.

Standing Order for Administration of Naloxone by School Personnel

Authority: NMSA 1978, 24-23-1. B: Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist; and, NMSA 1978, 24-23-1.E: A person may administer an opioid antagonist to another person if the person: 1) in good faith, believes the other person is experiencing a drug overdose; and 2) acts with reasonable care in administering the drug to the other person.

Purpose: To contribute to decreasing morbidity and mortality related to opioid overdose, this standing order permits:

- School nurses to obtain, store, and administer naloxone: and,
- Non-clinical staff and volunteers of schools who have completed an overdose prevention and naloxone administration class to obtain, store, and administer naloxone.

Obtaining Naloxone:

Naloxone may be obtained from an entity which is willing to provide it to the school, whether by donation or purchase. This includes, but is not limited to: Pharmacists, pharmacies, pharmaceutical manufacturers, or pharmaceutical supply organizations, medical facilities, health organizations, or licensed prescribers. Individual or group donors may pay for medication, but it must be provided directly to the school from an entity licensed to store or distribute medications.

Naloxone storage for schools: Naloxone may be stored at any school so long as the storage location is kept secure, with entry limited to staff and individuals designated by the school nurse. Naloxone must be checked monthly for expiration. In the event, it expires, new naloxone must be obtained and the expired naloxone properly disposed.

Assessment:
Any school nurse, or designated individual who has gone through training, may administer naloxone to an individual who presents with a possible overdose so long as the person administering naloxone:

- in good faith, believes the other person is experiencing a drug overdose; and,
- acts with reasonable care in administering the naloxone to the other person.

Order:
For any individual who presents with a possible overdose:

1. Activate EMS / call 911
2. Administer intranasal naloxone by inserting the atomizer end into the nostril and pushing the plunger at the base of the device. Either of these devices may be utilized:
   a. Naloxone 2 mg / 2 ml in prefilled syringe for intranasal use using a Mucosal Atomization Device (MAD)
      OR
   b. Naloxone 4 mg / 0.1 ml in FDA-approved intranasal administration devices.
      Warning: Naloxone reversal of an opioid overdose can be rapid – following administration, the patient may regain consciousness quickly, but may be confused, agitated, irritable, and/or combative (due to precipitated withdrawal and possibly due to hypoxia). Safely restrain the patient and find a quiet place for the client to rest.
3. Provide rescue breathing / CPR as needed. If CPR is not necessary, place the patient on their side (to prevent aspiration).
4. If a comatose patient with suspected overdose fails to awaken with naloxone within 5 minutes, administer a second dose of naloxone (ampule or spray) via one of the two intranasal forms as above. Consider alternate causes for the condition (e.g., MI, hypoglycemia).
5. Stay with the individual until EMS or other medical services arrive. Naloxone may rarely cause adverse effects in individuals with contraindications, so the person must be observed during this time, either by the person who administered naloxone, another trained individual, EMS personnel, or a clinically licensed individual.
6. Naloxone wears off after 30-90 minutes – respiratory depression may re-occur with long-acting opioids. Additional doses of naloxone may be required until emergency medical assistance becomes available.
7. Documentation of the administration of naloxone on the Adverse Event Form for Schools should be completed within 72 hours of the event and submitted to the Regional School Health Advocate.
8. A copy of the drug information sheet
9. School staff, including school nurses and other staff members, may utilize the NMDOH Administration curriculum: Overdose Prevention and Rescue Breathing in 20 Minutes or Less education handout. This information is also available in Spanish Prevención de Sobredosis y Rescate de Respiración en 20 minutos o menos

Guidelines for Administration of Vaccines by The School Nurse

- **School nurses who choose to practice under the standing order for vaccine administration signed by the NM Public Health RHOs shall have competency in vaccine administration and perform all nursing procedures primarily under the NM Nurse Practice Act standards.**

- **Vaccine administration competency may be maintained by the school nurse through collaborative practice with other healthcare professionals such as a public health nurse or a healthcare professional in another setting (e.g., primary-care clinic) or by structured training such as that offered through the NM Child Health Immunization Learning Initiative (CHILI) training online or in person, Training during a Regional School Health Update, through the Centers for Disease Prevention and Control, etc.**

- **School Nurses administering immunizations in the school setting under RHO standing orders should follow the same protocols as public health nurses administering immunizations in public health clinics.**
  NMDOH Immunization Protocol with Procedures and Standing Orders for Nurses

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

Standing Order for Administration of Vaccines by The School Nurse

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

Such vaccines must be maintained and administered in accordance with the NM Nurse Practice Act, manufacturer's package insert, as well as DOH immunization protocols for vaccine storage and handling, immunization contraindications, injection parameters, documentation, and adverse reaction reporting. NMDOH Immunization Protocol with Procedures and Standing Orders for Nurses is available on the DOH website. Immunization clinics held in the school setting require two CPR-trained individuals in attendance and an emergency medication kit that contains, at a minimum, epinephrine (which is usually in a vial) and diphenhydramine. See attached chart for dosing information.

Standing Order Administer Influenza Vaccine for SKIIP Participants

Purpose:

To reduce the morbidity and mortality of influenza by vaccinating those children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices with priority given to high priority populations for the New Mexico Department of Health, Public Health Division (PHD).

Policy:
Under these standing orders, eligible school nurses may administer influenza vaccine to children and adolescents participating in the School Kids Influenza Immunization Program (SKIIP) that meet the criteria below.

Procedure:

- Identify children and adolescents who have not completed their influenza vaccination(s) for the current influenza season.
    - SKIIP vaccination efforts focus on achieving high influenza vaccination levels in school children.
    - Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
    - For 2017-2018, only inactivated influenza vaccine (injectable) is available through SKIIP. − Because of concerns regarding low effectiveness in prior seasons, live attenuated influenza vaccine (LAIV) is not available through SKIIP.

- Screen all patients for contraindications and precautions to influenza vaccination using the 2017-2018 SKIIP Form, guidance document and SKIIP Training.

Emergency Order for Vaccine Reactions

NEW MEXICO HEALTH

Epinephrine and Diphenhydramine/Benadryl

Dose Schedule for Children & Adults

(For use with vaccine reactions)

Weight in Pounds	Weight in Kg	EPINEPHRINE dose (1:1000 = 1 mg/mL) IM		Diphenhydramine/BENADRYL dose (50 mg/mL) IM
9-15 lbs	4-7 kg	0.05 mL		0.1 mL (5 mg)
15-24 lbs	7-11 kg	0.10 mL		0.2 mL (10 mg)
24-31 lbs	11-14 kg	0.15 mL		0.3 mL (15 mg)
31-37 lbs	14-17 kg	0.15 mL		0.4 mL (20 mg)
37-42 lbs	17-19 kg	0.20 mL		
42-51 lbs	19-23 kg	0.20 mL		0.6 mL (30 mg)
51-77 lbs	23-35 kg	0.30 mL		
77-99 lbs	35-45 kg	0.40 mL	U	0.8 mL (40 mg)

>99 lbs	45+ kg	0.50 mL		1.0-2.0 mL (50-100 mg)
		May give every 5-15 minutes x 3 total doses, if necessary Max. Single Dose: 0.50 mL		Maximum Dose: Children = 30 mg Adolescent/Adult = 100 mg
		Give IM or SQ Use Tuberculin syringe		Give IM Use 1cc or 3cc syringe with 22 or 23 gauge needle, 1" or 1.5" length
		Dose is calculated by 0.01 mL (1:1000 dilution) = 0.01 mg per kg of body weight		Dose is calculated by 1.0 mg per kg of body weight

References:

"*Epidemiology and Prevention of Vaccine-Preventable Diseases*," 12th Edition, May 2011, Department of Health and Human Services, Centers for Disease Control and Prevention, Appendix D-20.

Guidelines for the School Nurse to Administer Oxygen

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

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

Guidelines for School Nurses

- As with any emergency, local EMS should be activated if other than routine oxygen is administered to an individual.

- Identifying medical conditions of students and staff that might require oxygen administration prior to an emergency, will assist the School Nurse in appropriately assessing potential needs and making

recommendations to the district regarding oxygen availability and usage. It also gives the nurse leverage in requesting written primary care orders for potential individual student needs.

- Distance of the school from the nearest EMS should always be considered when developing the school's policy for oxygen storage, use and maintenance.

Standing Order for the School Nurse to Administer Oxygen

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

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

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

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

THEN the nurse should administer oxygen per the following dosage and frequency.

Dosage: 10 liters/minute by mask with titration of flow based on professional clinical judgment or per

guidance from emergency response team

Frequency: PRN until EMS arrives

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

Benefits:

Provide essential nutrient (oxygen) to vital organs

Ease difficult breathing

Decrease shortness of breath

Risks:

Discomfort from nasal prongs

Compromised effort to breathe in adults with emphysema

Standing order for the School Nurse to Provide Head Lice (Pediculosis) Treatment

Refer to Chapter 10 for pertinent information on Head Lice (Pediculosis)

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

ONLY THEN should product treatment be initiated.

Students may be treated if they meet the following criteria:

- Children ≥ 2 months old Permethrin only, (nit removal is the treatment of choice for any infant less than 2 months of age)
- Persons without allergy to chrysanthemums,
- If nit removal is also being done,
- Persons not allergic to Malathion or any of its properties.

Provide the parent/guardian information about lice control measures (e.g., washing bed linens, etc). Recommended treatment. Students who meet the above criteria for treatment of head lice who have Medicaid can obtain the medication from pharmacies with a prescription. For those students with Medicaid, determine the Medicaid provider and call in the prescription to the child's pharmacy as written above for dispensed medication. This prescription may be called in using the Regional Health Officer's name.

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

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

For students with Blue Cross Blue Shield Medicaid:

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

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

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

THEN manage control of fomites by encouraging the following:

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

NOTES:

- Head lice are not the result of poor personal hygiene.
- Head lice do not transmit infectious disease.
- Never use environmental insecticides to control head lice—they are toxic and do not work.

Guidelines for Pregnancy Testing by the School Nurse

Pregnancy testing as a laboratory procedure in the school setting should be administered per Clinical Laboratories Improvement Act (CLIA) regulations. For an application to be CLIA Waivered complete form

CMS-116 . Mail completed form to Health Facility Licensing & Certification Bureau Bank of the West Building 5301 Central Avenue NW, Suite 400 Albuquerque, NM 87108 (505) 222-8646 FAX: (505) 841-5834.

If pregnancy testing is to be performed by the school nurse, it is essential that the CLIA certified agency provide training on the test and establish standards of care for all staff regarding performing the test, counseling the student, and providing results, referral or follow-up to students who are pregnancy tested by the school nurse.

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

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

Guidelines for School Nurses

- Pregnancy testing provides an opportunity for preventive health education and counseling, *regardless of the result*. Each student requesting pregnancy testing should be informed of services available in family planning, sexually transmitted disease, mental health counseling, and social services in the community. Young and/or distraught students may need immediate emotional support and assistance getting services. Any agency unable to provide these essential services and support to every student should not perform pregnancy testing but should refer to community providers who can provide appropriate support and services.

- Each pregnant student should be informed of all her options and offered support and assistance in selecting options. It is important to explore with the student her current emotional support system (i.e., family members, other trusted adults) and to offer her help in discussing the pregnancy with identified individuals if she so desires.

- Early referral for medical care and/or other services is essential. Undecided students should be given information to allow them to access services and support later. Agency staff where pregnancy testing is performed should be knowledgeable about a wide variety of related service providers and funding resources in the community, as well as school assistance and resources for expectant parents. Follow-up with each student to assure that her physical, emotional, and educational needs have been addressed is likewise essential.

References and Resources

Adverse Event Form

CLIA Waver Form CMS-116

Clinical Laboratory Improvement Amendments (CLIA), https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html.

CDC. "*Epidemiology and Prevention of Vaccine-Preventable Diseases*," 12th Edition, May 2011, Department of Health and Human Services, Centers for Disease Control and Prevention.

The Pink Book.

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NMDOH Immunization Protocol with Procedures and Standing Orders for Nurses

NMDOH Administration curriculum: Overdose Prevention and Rescue Breathing in 20 Minutes