



**STOUGHTON PUBLIC SCHOOLS**

232 PEARL STREET

STOUGHTON, MASSACHUSETTS 02072-2397

(781) 344-4000 ext. 1264 FAX (781) 344-3914

**Sally Borges, MSN, RN**

Supervisor of Health Services

September 6, 2017

Dear Parent or Guardian:

We would like to inform you about a new annual screening program that is scheduled to take place at your child's school. Per Chapter 71, section 97 of the Massachusetts General laws, each school district is required to implement a verbal substance use screening tool involving SBIRT (Screening, Brief Intervention, and Referral to Treatment). This program is to take place in one middle school and one high school grade level; therefore our district will screen the tenth grade (or equivalent aged) and eighth grade classes. We will utilize the CRAFFT screening tool, the most commonly used substance use screening tool for adolescents in Massachusetts. A copy of the screening tool is available for your review at each of the school's health clinic, guidance office, or at [http://www.ceasarboston.org/CRAFFT/pdf/CRAFFT\\_English.pdf](http://www.ceasarboston.org/CRAFFT/pdf/CRAFFT_English.pdf)

Screening will be conducted during your child's physical education or health classes. Screening sessions are brief (approximately 5 minutes) and are conducted confidentially in a private, one-on-one session by the school nurse. Students who are not using substances will have their healthy choices reinforced by the screener. The screener will provide brief feedback to any student who reports using substances, or is at risk for future substance use. If needed, the student will be referred to our guidance department for further evaluation.

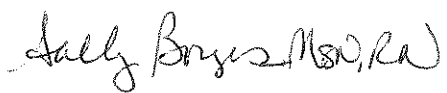
This program focuses on harm prevention and does not generate disciplinary action. Results of the screening will not be included in your student's school record, nor will results be shared with any staff other than the SBIRT team, which is composed of the nursing and guidance department staff. Our goal is to let the students know that we are available to reinforce healthy decisions and to assist them in obtaining support if needed for substance use related problems.

As with all mandated screenings conducted in school, if you would prefer that your child not participate in this program, a signed, dated letter identifying the screening for which you want exemption needs to be sent to the school nurse. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions.

According to Stoughton's Youth Risk Behavior Survey data, most students in the district are making good health choices, but there are small percentages who try alcohol, marijuana, or other substances (see the attachment for these statistics). One way to prevent youth substance use is to talk with your child about your family's thoughts and expectations regarding alcohol and other drug use. For ideas on how to begin

these conversations and further information regarding SBIRT, please refer to Stoughton OASIS at [www.stoughtonoasis.org](http://www.stoughtonoasis.org) and/or the school nurse links on both the middle school and high school web pages. The school nurse and guidance department also have resources available regarding SBIRT and substance use and would be glad to assist you with any questions or concerns you may have.

Sincerely,

A handwritten signature in cursive script that reads "Sally Borges MSN, RN".

Sally Borges, MSN, RN

Supervisor of Health Services

**Stoughton Public Schools  
Medical Protocols for Stoughton School Nurses  
2017-2018 School Year**

***Under the direction of  
Dr. Gregory Seiler, MD  
Stoughton Public Schools Physician***

The school nurse may administer the following FDA approved "over the counter" medications if provided in its original and sealed container and corresponds to the dosages indicated on the medication protocol. A signed "Parent/Guardian Authorization for Medication Administration" form is required, which includes specific instructions for administering the medication. There should be no known hypersensitivity to that medication and the first dose of any medication should never be given in school. The school nurse may request a signed physician's order if she has any questions regarding the medication.

Acetaminophen

Ibuprofen

Non-medicated cough drops must be kept in the health clinic, as it poses a choking hazard (medicated cough drops follow Administration of Medication in Schools 105 CMR 210.000 regulations).

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The following medication orders and/or protocols are approved for use by nurses working within the Stoughton School District:

Infectious disease control activities, including student attendance recommendations, are to abide by MADPH guidelines as outlined in the MA Comprehensive School Health Manual.

Aspirin 325mg 1 tab po/chew stat

Indication: for adult who is deemed to be suffering symptoms of coronary artery syndrome

Calamine Lotion: See Protocol

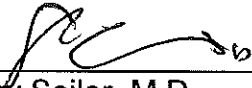
Diphenhydramine: See Protocol

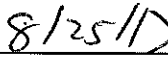
Epinephrine/Severe Anaphylactic Reaction: See Protocol

Naloxone: See Protocol

Tums (Calcium Carbonate): See Protocol

Indication: for a student who has ingested fluoride rinse and who also has a milk allergy

  
\_\_\_\_\_  
Dr. Gregory Seiler, M.D.  
School Physician  
Stoughton Public Schools

  
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Date

**Stoughton Public School Health Services Department  
Acetaminophen (Tylenol) Protocol  
2017-2018 School Year**

**INDICATION:** Analgesic agent for fever, generalized discomfort, or as an antipyretic

**DIRECTIONS/DOSAGE:**

- Must be provided by parent in its original and sealed container
- If possible, use weight to dose, otherwise use age
- School nurse will contact parent/guardian for possible dismissal before administering a second dose during the school day

<b>Acetaminophen Elixir: 160mg/teaspoon</b>		
Weight in pounds	Age	Dose
24-35	2-3 years	5 ml (1 tsp)
36-47	4-5 years	7.5 ml (1.5 tsp)
48-59	6-8 years	10 ml (2 tsps)
60-71	9-10 years	12.5 ml (2.5 tsps)
72- 95	11 years	15 ml (3 tsps)
> 95		Consult physician for an order
Repeat dose every 4 hours while symptoms last, but not more than 5 doses in 24 hours		

<b>Acetaminophen Chewable: 160mg tablet</b>		
Weight in Pounds	Age	Tablets
24-35	2-3 years	1
36-47	4-5 years	1 1/2
48-59	6-8 years	2
60-71	9-10 years	2 1/2
72-95	11 years	3
> 95		Consult physician for an order
Repeat dose every 4 hours while symptoms last, but not more than 5 doses in 24 hours		

<b>Acetaminophen Tablets: 325mg/tab</b>		
Weight in Pounds	Age	Dosage
> 95	12 years and older	2 tabs every 4 hours while symptoms last
Not to exceed 10 tablets in 24 hours		

<b>Acetaminophen Tablets: 500mg/tab "Extra Strength"</b>		
Weight in Pounds	Age	Dosage
> 95	12 years and older	2 tabs every 6 hours while symptoms last
Not to exceed 6 caplets in 24 hours		


**POTENTIAL SIDE EFFECTS:** nausea, stomach pain, loss of appetite, itching, rash, headache, dark urine, clay-colored stools, jaundice  
Call 911 for symptoms of serious allergic reaction and follow **Treatment of Severe Allergic Reaction in Students Protocol**

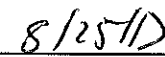
**CAUTIONS:** \* In case of overdose, contact healthcare provider or poison control center immediately (potential for hepatic toxicity).  
\* May cause falsely elevated blood sugar readings via CGMs. For students with diabetes, closely monitor blood sugars via fingerstick

**CONTRAINDICATIONS:** \* Allergy to Acetaminophen.  
\* Not to be given with other acetaminophen, aspirin or non steroidal anti-inflammatory (i.e Motrin) products.

**NURSING ACTION:**

1. If student is under the age of 18 years, make sure there is signed parental permission.
2. Evaluate pain and pain source.
3. Measure temperature if appropriate. For temperature > 100 F orally, administer appropriate dose.
4. Check for last dose and administer appropriate dose
5. Notify parent/guardian (written or verbally) of dose, time, and circumstance surrounding administration of Acetaminophen during school day for grades 5 and under and as appropriate grades 6-12.
5. Consider referring to primary care provider if requesting medication more than twice weekly.
6. Document and record treatment.

  
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Dr. Gregory Seiler, M.D.  
School Physician

  
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Date

**Stoughton Public School Health Services Department  
Ibuprofen Protocol  
2017-2018 School Year**

**INDICATION:** Analgesic agent for simple headaches, menstrual cramps, general malaise due to cold/flu, or as an antipyretic.

**DIRECTIONS/DOSAGE:**

- **Must be provided by parent in its original and sealed container**
- If possible, use weight to dose, otherwise use age
- School nurse will contact parent/guardian for possible dismissal before administering a second dose during the school day

Weight (pounds)	Age (years)	Oral (100mg/5ml)	Tablet (100mg)
24-35	2-3	1 tsp or 5ml	1 tablet
36-47	4-5	1 ½ tsp or 7.5ml	1 ½ tablets
48-59	6-8	2 tsp or 10 ml	2 tablets
60-71	9-10	2 ½ tsp or 12.5ml	2 ½ tablets
72-95	11	3 tsp or 15 ml	3 tablets
>95	12 and older Ibuprofen tablets (200mg) 1-2 tablets every 6 hours		

**CAUTIONS:** In case of overdose, contact healthcare provider or poison control center immediately (potential for hepatic toxicity). If sensitivity occurs, discontinue drug and make parent aware. No NSAID if student has a chronic or acute kidney (renal) condition.


**CONTRAINDICATIONS:**

- \* Allergy or hypersensitivity to Ibuprofen.
- \* Not to be given with other NSAIDS
- \* Not to be given concomitantly with other anti-inflammatories.
- \* No NSAID one week before surgeries or before other similar procedures

**COMMON SIDE EFFECTS:** Rash, dizziness, GI symptoms

**NURSING ACTION:**

1. If student is under the age of 18 years, make sure that there is signed parental permission.
2. Confirm that student does not have an allergy to ibuprofen or aspirin. Severe reaction to aspirin (asthma, swelling, shock, hives) may be associated with cross reactions to ibuprofen.
3. Evaluate pain and pain source.
4. Measure temperature if appropriate; if temperature > 100 F, contact parent.
5. Check for last dose and administer appropriate dose
6. Do not give on an empty stomach, to avoid GI symptoms
7. Consider referring to primary care provider if requesting medication more than twice weekly
8. Notify parent/guardian (written or verbally) of dose, time, and circumstance surrounding administration of Ibuprofen during school day for grades 5 and under and as appropriate grades 6-12.
9. Document and record treatment.

  
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Dr. Gregory Seiler, M.D.  
School Physician

8/25/17  
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Date

**Stoughton Public School Health Services Department  
Non-Medicated Cough Drop Protocol  
2017-2018 School Year**

**INDICATION:** For grades Kindergarten through 12, school nurses may give 1 cough drop for the relief of cough or sore throat due to occasional minor irritation

**DIRECTIONS/DOSAGE:**

1. **Must be provided by parent in its original and sealed package, so as nurse can check ingredients for active ingredients and/or allergens**
2. Must have signed parent consent form for medication administration.
3. Children 5 years and over: Dissolve 1 drop slowly in mouth.
4. Repeat every 2 hours as needed (or as directed specifically on package directions).

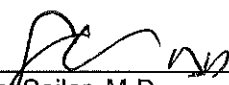
**SIDE EFFECTS:** May contain phenylketonurics, soy, or various types of food dyes. If allergic to these elements, irritation could occur.

**CONTRAINDICATIONS:** **CHOKING HAZARD: Do not give to any child with a known swallowing issue.**

- At the discretion of the nurse, child is to remain in health office to monitor for s/s of choking.
- If sore throat is severe, persists for more than 2 days, is accompanied by fever, headache, rash, swelling or vomiting, advise parent to consult with primary health care provider promptly

**NURSING ASSESSMENT:**

1. Assess upper respiratory tract, obtain a temperature, and review history of cough symptoms as needed before administering cough drop
2. Check history for any allergies
3. Attempt relief of sore throat symptoms by having child rinse with warm salt water; and cough by encouraging water. These interventions should be encouraged as primary treatment of sore throat or cough in the school setting.
4. Monitor health as needed.
5. Documentation of observations, nursing actions, and follow-up (if indicated)
6. Notify parents as needed.

  
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Dr. Gregory Seiler, M.D.  
School Physician

  
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Date

**Calamine Protocol  
2017-2018 School Year**

**INDICATION:** Calamine topical is indicated for the topical relief of itching, pain, and discomfort of minor skin irritation, such as those caused by poison foliage, insect bites or stings, eczema, and other minor skin conditions. Calamine also has a mild astringent action on the skin and dries oozing and weeping caused by poison ivy, poison oak, and poison sumac.

**DIRECTIONS:**

1. Shake bottle well before use.
2. Apply to affected area of skin with gauze or cotton
3. Allow to dry.


**SIDE EFFECTS:** Very unlikely, but report promptly any rash or irritation and cleanse area thoroughly.

**PRECAUTIONS:** Avoid getting this medicine in the eyes or on the inside of the nose or mouth.

**CONTRAINDICATIONS:** Allergy to Calamine  
Do not use if symptoms worsen.

**NURSING ACTION:**

1. If student is under the age of 18 years, make sure there is signed parental permission on the emergency form
2. Check the student's emergency information to verify absence of Calamine allergy.
3. Prior to administration, assess student's skin integrity and note any abnormalities such as swelling, drainage, redness, heat and pain.
4. Complete documentation of observations, nursing actions, and follow-up (if indicated)
5. Notify parents as needed.

  
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Dr. Gregory Seiler, M.D.  
School Physician  
Stoughton Public Schools

8/25/17  
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Date

**Diphenhydramine Protocol  
2017-2018 School Year**

**INDICATION:** For all grades, this signed document authorizes all school nurses in the Stoughton Public Schools to administer Diphenhydramine (also known as Benadryl) to students with minor, non-life threatening signs of an allergic reaction. Situations requiring this medication include, but are not limited to, mild to moderate reactions to an insect sting, drug allergy or food allergy; environmental allergies; simple isolated urticaria. **More serious reactions such as respiratory distress or vomiting require treatment with Epinephrine**

**DIRECTIONS/DOSAGE:**

<b>Diphenhydramine 12.5mg/5ml oral solution</b>	
Weight in pounds	Dose
< 33	12.5mg (1 tsp)
33-43	18.75mg (1.5 tsp)
44-65	25mg (one tab or 2 tsps)
66-87	37.5mg (1.5 tabs or 3 tsps)
> 88	50 mg (2 tabs or 4 tsp)
> 95	Consult physician for an order
Repeat dose every 6 hours while symptoms last, but not more than 6 doses in 24 hours	
School nurse will contact parent/guardian for possible dismissal before administering a second dose during the school day	

<b>Diphenhydramine HCL 25mg tabs</b>		
12 years and over 1 to 2 tabs		
	Weight in pounds	Dose
	50-99 lbs	1 tab
	100+	2 tabs
Repeat dose every 6 hours while symptoms last, but not more than 6 doses in 24 hours		
School nurse will contact parent/guardian for possible dismissal before administering a second dose during the school day		


\* Observe the student for worsening symptoms, signs of severe allergic reaction or anaphylaxis and (if symptoms occur) treat according to the **Treatment of Severe Allergic Reaction in Students Protocol**

**Contraindications:** Use with caution in students with history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease or hypertension.

**Potential Side Effects:** somnolence, dizziness, incoordination

- NURSING ACTION:**
1. If student is under the age of 18 years, make sure there is signed parental permission on the emergency form
  2. Check the student's emergency information to verify absence of Benadryl allergy.
  3. Parents must be notified regarding administration of Benadryl. Advise parents to follow up with primary care provider regarding suspected allergy.
  4. Observe for alleviation of symptoms for which the drug was administered.
  5. Document observations, nursing actions, and follow-up

**THE SCHOOL'S BENADRYL SUPPLY IS TO BE USED FOR EMERGENCIES ONLY AND DOES NOT REPLACE A CHILD'S OWN PRESCRIBED MEDICATION. STUDENTS WITH KNOWN ALLERGY SHOULD HAVE AN INDIVIDUAL HEALTH CARE PLAN AND KEEP PRESCRIBED MEDICATION AT SCHOOL.**

  
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 Dr. Gregory Sella, M.D.  
 School Physician

8/25/17  
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 Date



**Stoughton Public School Health Services Department  
Treatment of Severe Allergic Reaction in Students Protocol  
2017-2018 School Year**

**DEFINITION:** Life threatening form of allergy with sudden onset and requiring instant action to prevent fatality.

**CAUSES:** Extreme sensitivity to one of more of the following:

- Foods
- Medications
- Insect venom
- Latex
- Pollens or molds
- Animal fur
- Chemical irritants

**PHYSICAL FINDINGS:** Assess patient for symptoms of shock/allergic reactions

**SKIN:** Skin may be clammy and moist, itchy, have hives/rash, redness or swelling.  
**COLOR:** Pale at first, then mottled or bluish.  
**RESPIRATION:** May be wheezy, labored, or may cease.  
**PULSE:** May be rapid and weak.  
**BLOOD PRESSURE:** May be low, progressively lower or unattainable.  
**OTHER:** Restlessness; severe headache; nausea; vomiting; diarrhea; loss of consciousness; swelling of face, lips, mouth or tongue

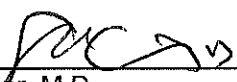
**MANAGEMENT:**

1. Administer Diphenhydramine per protocol if appropriate.
2. **CALL FOR HELP AND INSTRUCT CALL TO 911 when assessment determines need for Epinephrine**
3. Administer Epinephrine according to patient body weight:
  - Greater than or equal to 30 kg (66 lbs or more: EpiPen 0.3mg
  - 15- 30 kg (33 lbs to 66 lbs) EpiPen Jr 0.15mg
  - **Repeat in 5-15 minutes as needed for poor response or increased symptoms**
  - **More than two sequential doses of epinephrine should only be administered under direct medical supervision**
4. Determine cause as quickly as possible and remove source if possible.
5. Monitor vital signs (pulse, respirations, blood pressure, etc) and provide emergency treatment if necessary.
6. Contact parents immediately.
7. Complete MADPH Report of Epinephrine Administration. Notify Supervisor of Health Services of EpiPen administration and rescue call.

**Contraindications of Epi-Pen:** None

**Adverse Reactions of Epi-Pen:** anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties

**THE SCHOOL'S EPI-PEN IS TO BE USED FOR LIFE-THREATENING EMERGENCIES ONLY AND DOES NOT REPLACE A CHILD'S OWN PRESCRIBED MEDICATION. STUDENTS WITH KNOWN ALLERGY SHOULD HAVE AN INDIVIDUAL HEALTH CARE PLAN AND KEEP PRESCRIBED MEDICATION AT SCHOOL.**

  
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Dr. Gregory Seiler, M.D.  
School Physician

8/25/17  
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Date

**Stoughton Public School Health Services Department**

**Stoughton Public School Health Services Department  
Naloxone Protocol  
2017-2018 School Year**

**DEFINITION:**

Naloxone is an opioid antagonist which means it displaces the opioid from receptors in the brain. An overdose occurs because the opioid is on the same receptor site in the brain that is responsible for breathing. Naloxone usually acts dramatically, allowing slowed or absent breathing to resume.

**SIGNS OF AN OPIOID OVERDOSE**

- Blue skin tinge- usually lips and fingertips show first
- Body very limp
- Face very pale
- Pulse slow, erratic, or absent
- Vomiting
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped
- Unable to respond

**MANAGEMENT:**

**This standing order authorizes approved opioid overdose responders, trained by approved opioid overdose trainers, who are trained employees of a MADPH Registered Program, to possess and administer nasal naloxone to a person who is experiencing a drug overdose.**

1. Assess for responsiveness

In order to determine if the individual is experiencing an overdose, the most important things to consider are presence of breathing and responsiveness to stimulation. These strategies are:

- Yelling their name, and if they do not respond,
- Rubbing knuckles over either the upper lip or up and down the front of the rib cage (sternal rub).

If an individual responds to these stimuli, they may not be experiencing an overdose at that time. It is best to stay with the person, to make sure the person wakes up. It is possible that the person could become unresponsive and would need help.

2. **CALL FOR HELP AND INSTRUCT CALL TO 911 if an individual does not respond to stimulation**

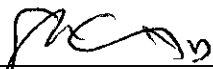
3. Perform rescue breathing to provide oxygen

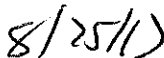
4. Administer Naloxone

- Pop off two yellow caps from the delivery syringe and on red cap from the naloxone vial
- Screw the naloxone vial gently into the delivery syringe
- Screw the mucosal atomizer device onto the top of the syringe
- Spray half (1ml) of the naloxone in one nostril and the other half (1ml) in the other nostril
- Remain with the person until EMS arrive

5. Monitor for response and continue emergency treatment as warranted.

6. Notify Supervisor of Health Services of Naloxone adms and EMS call

  
\_\_\_\_\_  
Dr. Gregory Seiler, M.D.  
School Physician

  
\_\_\_\_\_  
Date

**Stoughton Public School Health Services Department  
Tums (Calcium Carbonate) Protocol  
2017-2018 School Year**

**INDICATION:** To be administered to a student who has ingested fluoride rinse and who also has a milk allergy.

**DIRECTIONS/DOSAGE** **THIS ORDER APPLIES ONLY AFTER CONSULTING WITH THE POISON CONTROL CENTER FOR FLUORIDE INGESTION.**


School nurse may dispense 1 (500mg) antacid tablet in lieu of milk to those students who have ingested fluoride rinse AND who also have a milk allergy.

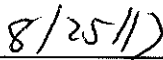
**CONTRAINDICATIONS** Check health history for allergy, including food dye

**NURSING ACTION**

1. Call Poison Control and follow instructions
2. Notify parent.
3. Evaluate for symptoms of GI discomfort—stomach pain, nausea, vomiting, etc...
4. Document assessment, treatment and follow up

**SIDE EFFECTS** Antacids may interact with certain prescription drugs.  
Antacids may have a laxative or constipating effect.

  
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Dr. Gregory Seiler, M.D.  
School Physician

  
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Date