

# **General Exhibits**

**September 5, 2023**

Hanover Area School District  
1600 Sans Souci Parkway  
Hanover Township, Pa. 18706



Standing Orders For School Health

Physician Approved Date

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School Board Approved Date

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**Hanover Area School District  
1600 Sans Souci Parkway  
Hanover Township, Pa. 18706**

**2023-2024**

**Standing Orders and Health Policies for School Nurses and Assistant School Nurses**

The health and safety of every student is very important to us. Our staff takes care to support and maintain the health and well-being of our students. Even in the safest school environment students may have accidents or become ill at school.

The Standing Orders and Health Policies for the School Nurse/Teachers contain procedures and policies for the response and management when a student's health may be compromised. It has been written in compliance with the Pennsylvania Rules and Regulations for School Health Programs and in collaboration with our School Physician, Susan Werner, MD.

The School Nurse may make nursing judgements based on their professional knowledge and acceptable medical guidelines, which may not be included in this document. Copies of this document are available in the health office of each school.

**2023-2024 Health Staff**

**Certified School Nurses – 1. Brittany Owens (Hanover Area Jr./Sr. High School)**

**Assistant School Nurses – 1. Sara Murphy (Lyndwood Elementary)  
2. Taylor Farrell (Hanover Green Elementary)  
3. Megan Cassano Lee Park Elementary  
4. TBD – September Board Meeting**

**School Physician 1. Susan Werner, MD.**

**Hanover Area School District ABBREVIATIONS FOR USE WITH  
STANDING ORDERS FOR SCHOOL HEALTH PROGRAMS**

<b>Phrase</b>	<b>Abbreviation</b>
As needed	PRN
Emergency medical services	EMS
Health Care Provider	HCP
Individualized Emergency Care Plan	IECP
Individualized Health Plan	IHP
Hanover Area School District	HASD
Per manufacturer's recommended dosage	PMRD
Pennsylvania Department of Health	PADOH
Certified School Nurse	CSN

**ABRASIONS/LACERATIONS**Superficial:

1. Wash with soap and water
2. Apply pressure PRN
3. May apply antibiotic ointment PRN
4. Cover with dressing

Deep:

1. Apply direct pressure at site
2. Elevate affected area if possible
3. Cover with dressing
4. Notify parent/guardian and refer for medical evaluation PRN

**ALCOHOL/DRUG ABUSE**

If a student appears to be under the influence of drugs or alcohol the following procedures should be followed:

1. Monitor vital signs
2. Try to determine what substance(s) are involved and how the substance(s) was taken
3. Notify 9-1-1 if appropriate
4. Notify principal or other appropriate administrator
5. Notify parent/guardian

**ALLERGIES**

Allergic reactions can be caused by many factors such as food, drugs or environment. Mild reactions may include swelling and redness at the site, hives and itching.

Mild:

1. Observe
2. If student has history of allergies, follow his/her Individualized Emergency Care Plan if on file for the school year
3. Apply ice
4. Apply topical Caladryl or Hydrocortisone 1% PRN
5. Administer oral Diphenhydramine PRN per MD

Severe reactions may include but are not limited to intense itching, full body rash, GI symptoms, and respiratory symptoms.

**Severe:**

1. If student has history (see #2 above)
2. If student does not have an identified allergy, administer stock Epi-pen per MD in accordance with PADOH Rules and Regulations for School Health Programs
3. Call 9-1-1 and have student transported to nearest Hospital
4. Notify parent/guardian
5. Notify principal

**BEE STINGS (WASP, YELLOW JACKET, HORNET)**

**History of Severe Reaction:**

1. Follow Individualized Emergency Care Plan
2. Remove stinger, if visible

**No Known History:**

1. Remove stinger, if visible
2. Cleanse area.
3. Apply ice and "StingRelief" if available
4. Watch for systemic reaction
5. Administer Benadryl or Epi-pen in accordance with PADOH Rules and Regulations for School Health Programs

**BITES (ANIMAL/HUMAN)**

**If skin is broken:**

1. Cleanse wound
2. Apply dressing
3. Notify parent/guardian and urge medical care
4. Report incident to school principal or police, if appropriate

**If skin is not broken:**

1. Apply ice PRN

## **BLEEDING**

1. Wash site
2. Apply pressure at the site using clean dressing
3. Elevate part PRN
4. Apply antibiotic ointment and bandage PRN
5. Notify parent/guardian PRN

## **BLISTERS**

1. Clean with water
2. Apply a loose, dry dressing
3. If open, use antibiotic ointment PRN
4. May apply ice PRN for comfort

## **BRUISES**

1. Apply ice pack to recent bruises
2. Notify parent/guardian PRN

## **BURNS**

### Superficial Burn

1. Dry and painful (skin reddened)
  1. Hold affected area under cool water
  2. Apply icepack PRN
  3. Apply Burn Gel or antibiotic ointment PRN
2. Partial Thickness (skin blistered). These blisters may be open and seep fluid.
  1. Flush with cool water
  2. Cover with non-stick dressing
3. Full Thickness(extensive)
  1. Flush with cool water
  2. Do not attempt to remove burned material from skin
  3. Notify 9-1-1, parent/guardian and principal

### Chemical Burn

1. Flush with copious amounts of water for acid or alkali burn

2. Notify 9-1-1, parent/guardian and principal

## **CHEST PAINS**

Adult:

1. Monitor vital signs
2. Call 911

Child:

1. Monitor vital signs
2. Advise medical care as needed for symptoms
3. Call 911 if necessary

## **CHOKING**

### Conscious Victim and Coughing

Allow them to cough object out

### Conscious Victim and Cannot Speak or Breathe

1. Notify 9-1-1
2. Give 5 quick upward abdominal thrusts
3. Lean victim forward and give 5 back blows with heel of hand
4. Continue back blows and abdominal thrusts until:
  - A. Object is forced out
  - B. Victim can breathe or cough forcefully
  - C. Victim becomes unconscious
5. Notify parent/guardian
6. Notify principal

### Unconscious Choking Victim:

1. Notify 9-1-1
2. Assess airway
3. Re-tilt head attempt 2 rescue breaths
4. If chest does not rise, give 30 chest compressions
5. Look for object
6. Continue breaths and compressions until EMS assumes care of victim
7. Notify parent/guardian
8. Notify principal

## **DENTAL**



## Toothache

1. Rinse the mouth vigorously with warm water to clean out debris
2. Use dental floss to remove any food that might be trapped between the teeth
3. Urge immediate attention if toothache is unresolved

## Lost Tooth –Glove Protection When Necessary

### 1. Primary (baby) Tooth

- a. Hold gauze to area to control bleeding
- b. Rinse mouth with water

### 2. Permanent Tooth

- a. Locate missing tooth; do not clean or handle root
- b. Do not place tooth in socket
- c. Place in tooth preserving system or milk
- d. Send to dentist within 30 minutes if possible

### 3. Broken Tooth

- a. Try to clean dirt or debris from injured area with warm water
- b. Place cold pack on face next to injured tooth to minimize swelling
- c. Notify parent/guardian that immediate attention by a dentist is recommended

### 4. Bitten Tongue or Lip

- a. Apply direct pressure to bleeding area with a sterile or clean cloth
- b. If swelling is present, apply cold compresses
- c. If bleeding persists or if the bite is severe, urge medical attention

### 5. Objects Wedged Between the Teeth

- a. Try to remove the object with dental floss; guide the floss in carefully so as not to cut the gums
- b. If unsuccessful, recommend attention by a dentist

### 6. Possible Fractured Jaw

- a. If suspected, immobilize the jaw
- b. Notify Parent/guardian
- c. Transport to child's dentist or hospital as necessary

### 7. Orthodontic Emergencies

- a. A protruding wire from a brace can be gently bent out of the way to relieve discomfort

- b. If wire cannot be bent, cover the end with an orthodontic wax to prevent irritations
- c. Do not try to remove pieces of wire embedded in cheek, gum or tongue
- d. Alert parent/guardian of need for orthodontic evaluation

## **DIABETES**

1. Follow child's Individualized Health Care Plan and Individualized Emergency Care Plan – must receive new orders each academic year
2. Follow PADOH Rules and Regulations for School Health Programs manual for Diabetes Care Management

## **EAR ISSUES**

### Discomfort

1. Check temperature
2. Assess with otoscope, if available
3. Warm pack to ear PRN
4. Notify parent/guardian and advise medical care PRN
5. Administer Acetaminophen or Ibuprofen PRN per MD with parent/guardian permission

### Foreign Body:

1. Assess with otoscope, if available
2. Remove object IF easily accessible
3. Notify parent/guardian and urge medical care PRN

## **EYE ISSUES**

### Chemical in Eye:

1. Wash with great quantities of luke warm water (use eye wash solution, eyewash station or saline for irrigation) for at least 15 minutes
2. Attempt to identify chemical
3. Call Poison Control at 1-800-222-1222 for advice PRN
4. Notify parent/guardian and urge medical care if symptoms persist

Eye Infection Symptoms/Allergy Symptoms:

1. If eye actively draining, crusty, red, itchy, call parent/guardian for dismissal and medical treatment; request note from health care provider
2. Offer eye wash or cool compress for allergy symptoms

Foreign Object in Eye:

1. Do not attempt to remove if embedded
2. Flush gently with saline, eyewash, or use eyewash station (if minor)
3. Notify parent/guardian, advise medical care PRN
4. Call 9-1-1 if severe

Minor Injury:

1. Assess extent of injury
2. Assess for visual changes
3. Apply icepack PRN
4. Notify parent/guardian PRN

Sty:

1. Apply moist, warm compress PRN
2. Refer for medical evaluation if no relief PRN

**FAINTING**

1. Maintain open airway
2. Determine if there are any injuries
3. Keep victim lying down with legs elevated
4. Monitor vital signs
5. Notify parent/guardian
6. Notify 9-1-1 if recurrent or prolonged

**FRACTURES/DISLOCATIONS (SUSPECTED)**Suspected Back, Neck or Spine Injury:

1. Do not move student
2. Maintain head and neck in position
3. Keep victim warm and comfortable
4. Call 911 if necessary

Other Possible Fractures/Dislocations:

1. Do not attempt to move student until injured part is immobilized
2. Cover any broken skin with non-stick dressing
3. Elevate injured part over heart PRN
4. Apply ice
5. Do not allow weight bearing on painful extremity
6. Ace wrap PRN
7. Notify parent/guardian and advise medical care PRN

### **FROSTBITE**

1. Immerse affected area in luke warm water
2. Do not rub affected area
3. Do not break blisters; cover with dressing
4. Advise parent/guardian to follow up with healthcare provider PRN

### **HEADACHE**

1. Check for possible injury
2. Check temperature
3. Temperature of 100 or greater call parent/guardian for dismissal
4. If no fever, offer rest with ice to head and offer water
5. School Nurse may administer Acetaminophen or Ibuprofen after assessment and parent/guardian permission
6. Report frequent complaints to parent/guardian

### **HEAD INJURY**

1. Apply dressing to any open wounds
2. Apply ice to affected area
3. Allow student to rest
4. Assess student for the following and notify parent/guardian if any of these symptoms are present:
  1. Double or blurred vision, unequal pupils, pupils not reacting to light
  2. Nausea and vomiting
  3. Headache
  4. Drowsiness
  5. Confusion, restlessness, or agitation
  6. **FOR ANY LOSS OF CONSCIOUSNESS CALL 9-1-1 THEN NOTIFY PARENT/GUARDIAN**
  7. "Head Injury Notice" to be sent home if indicated
  8. Any student diagnosed with a concussion requires a medical note prior to return to school

**INSECT BITES**

1. Wash area with soap and water
2. Apply Caladryl/Hydrocortisone Cream or "StingRelief" PRN
3. For known insect allergy follow student's Individualized Health Care Plan and Emergency Care Plan

**NASAL ISSUES****Nosebleeds:**

1. Position student sitting slightly forward and down, breathing through mouth
2. Press along sides of nose firmly, may use the nose clips if available
3. May apply ice pack in combination with pressure
4. Instruct student not to blow nose so as not to dislodge clot
5. Notify parent/guardian if persistent (over 20 minutes) or frequent

**Foreign Objects:**

Notify parent/guardian and urge immediate medical care

**PEDICULOSIS:**

1. Inform parent/guardian of American Academy of Pediatrics treatment recommendation
2. School Nurse will assess other students with direct contact in student's homeroom
3. Notify other building nurses if student has siblings in their buildings for pediculosis assessment
4. Re-check student prior to return to school after treatment, student cannot ride the bus until cleared by the nurse to return

**POISONING**

1. Try to obtain brand name or specific information about substance
2. Keep container if obtained
3. Call Poison Control Center at 1-800-222-1222
4. Call 9-1-1 as needed
5. Contact parent/guardian and principal

**PUNCTURE WOUNDS**

1. If object is impaled do not remove

2. Wash with soap and water
3. Confirm date of last tetanus shot
4. Refer for medical care as needed

### **RASHES**

1. Assess and evaluate for communicability
2. Treat with topical hydrocortisone cream
3. Monitor temperature as needed
4. Refer for medical evaluation as needed
5. Obtain return to school note if deemed to be possibly communicable

### **RESPIRATORY ISSUES**

1. Observe/respiratory assessment
  - a. Lung sounds and cough
  - b. Pulse ox/ O2 saturation
  - c. Respiratory rate
  - d. Temperature check
2. Administer inhaler PRN if ordered
3. Offer lozenge (except for Hanover Green and Lee Park students), sips of water, rest PRN
4. Contact parent/guardian if complaints continue or symptoms worsen

### **SEIZURES**

1. If known history, follow Individualized Emergency Care Plan
2. If no seizure history:
  1. Turn victim on side and call 9-1-1
  2. Do not place anything in the mouth
  3. Do not attempt to stop convulsive movements
  4. Time seizure if possible
  5. Clear area of all objects which could cause injury
  6. Try to put a soft article under head to prevent injury (sweater, back pack)
  7. Contact parent/guardian

### **SORE THROAT**

1. Take temperature and examine throat
2. Palpate pharyngeal glands PRN
3. Use normal saline gargle/throat lozenges (age appropriate) PRN

4. Notify parent/guardian to see primary care physician if there is fever or if tonsils appear infected

**SPLINTERS**

1. Remove splinter if part is accessible above skin
2. Do not break skin in an effort to remove a splinter that is already encapsulated in the skin
3. Warm soak PRN
4. Cleanse area
5. Cover with antibiotic ointment and bandaid
6. Notify parent/guardian if medical care is needed

**STOMACH ACHE/MINOR INDIGESTION**

1. Assess diet/elimination
2. Check temperature
3. If no other symptoms, may administer Tums (antacid) per standing order and parent permission
4. Dismiss child for vomiting and notify parent/guardian of return to school guidelines

**TICKS**

1. Remove with forceps or TickOff Tool if able
2. Cleanse area with soap and water
3. Notify parent/guardian and or send home Tick Removal Notice
4. Send tick home in sealed plastic bag PRN
5. If a tick is deeply embedded, do not remove; refer for medical treatment
6. Do not use peppermint oil on any Ticks

\_\_\_\_\_  
Dr. Susan Werner

\_\_\_\_\_  
Date

MD435373

License Number

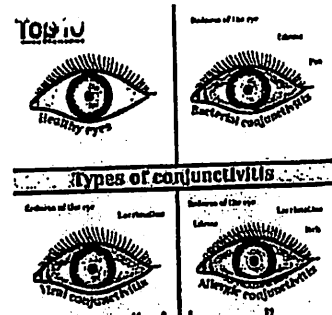
**SAMPLE FORMS AND NOTICES**

The following sample forms may be used by the School Nurse to notify parents/guardians of common childhood illnesses.





## CONJUNCTIVITIS "PINK EYE" NOTICE



Dear Parent/Guardian:

Your child may have conjunctivitis. This is commonly known as "pink eye".

Please watch your child for the following symptoms. Conjunctivitis can be bacterial, viral or allergic, so it is very important that, if your child has the symptoms below, you should call your child's healthcare provider for guidance.

### Common Signs and Symptoms:

Irritated swollen eyes or eyelids

Itching of the eyes

Excessive tears

Blurred vision that clears with blinking Green or yellow discharge

Painful dried or crusted discharge on the eyelids

Pink eye can be contagious and it is best controlled by diligent hand washing.

It is important to discuss conjunctivitis with your child's healthcare provider as treatment may be different based on the source of the conjunctivitis (bacterial, viral or allergic). Your child may need to be excluded from school and this decision is made by your child's healthcare provider. Please provide a note from your physician upon your child's return to school.

Please do not hesitate to call me at school if you have any questions or concerns.

School Nurse

## HAND, FOOT, and MOUTH DISEASE NOTICE



Dear Parent:/Guardian:

A student in your child's class was diagnosed with Hand, Foot, and Mouth Disease. This is a viral infection caused by a strain of the Coxsackie virus. It causes a blister-like rash that, as the name implies, involves the hands, feet, and mouth.

This infection usually occurs in children under 10 years of age, and occasionally in young adults. The virus is spread by direct contact with nose and throat discharges, and feces of infected people.

Symptoms can include a mild fever, poor appetite, malaise ("feeling sick"), and frequently a sore throat. The skin rash develops over 1-2 days with flat or raised red spots, some with blisters. The rash does not itch, and is usually located on the palms of the hands and the soles of the feet. You may also see small red spots on the tongue, gums, and inside the cheeks of the mouth.

If your child shows any of these symptoms call your doctor to confirm this diagnosis. There is no specific treatment for this infection, but they can suggest relief for fever, aches, or discomfort from mouth ulcers.

Preventive measures include frequent hand washing, disinfection of contaminated surfaces, and washing soiled clothing or linens.

Because the virus is contagious before any symptoms begin there is no need to exclude any child that feels well enough to attend school. Other students and staff would have already been exposed. As always, children need to be fever-free without the use of "Tylenol" or "Motrin" for 24 hours before returning to school.

Pregnant women should consult their obstetrician for further information.

Please do not hesitate to call me at school if you have any questions or concerns about this or any other health issue.

School Nurse



## HEAD INJURY NOTIFICATION

To Parents/Guardians of: \_\_\_\_\_

Date of Injury \_\_\_\_\_

Time of Injury \_\_\_\_\_

Your child sustained a head injury at school today and was seen in the school health office. At that time, your child did not experience any problems. However, problems related to a head injury may not always occur right away. If you see any of the symptoms listed below, contact your healthcare provider immediately. Be sure to inform them that your child recently sustained a head injury.

**Common Signs and Symptoms:**

- Unusual sleepiness or drowsiness
- Nausea and/or vomiting
- Convulsions (fits) (seizures)
- Bleeding or discharge from the ear
- Double vision, blurred vision, or pupils of different sizes
- Weakness or numbness of arms or legs or trouble with walking
- Change in usual behavior such as being confused or breathing irregularly, or dizziness
- Continued severe headache

Please call the school's Health Office if you have any questions or concerns.

Building  
Nurse:

School

:

Phone #:

Email:

**STUDENT DISMISSED FOR ILLNESS**

Dear Parent/Guardian:

\_\_\_\_\_ is leaving school today due to illness.  
Temperature: \_\_\_\_\_

For your child's full recovery and the health of their classmates, please observe the following guidelines before they return to school:

- Student with fever of 100 F or more should stay home
- Student should remain home until fever has been gone 24 hours (without the use of "Tylenol"/"Motrin" type drugs to keep fever down)
- Student should remain home for 24 hours after episodes of vomiting or persistent diarrhea
- It is not necessary to miss school from a common cold, however, if your child's appetite and activity level are below normal due to excessive running nose and/or persistent coughing, they should stay home

Please feel free to call us if you have any questions or concerns with your child's healthy return to school.

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Nurse's Phone #



## HEALTH RECORD REVIEW – DOCUMENTS MISSING

Date: \_\_\_\_\_

Dear Parent/Guardian:

After reviewing the health record for \_\_\_\_\_, it appears that your child may be missing the following health requirements that are mandated by the Pennsylvania Department of Health. Please check with your child's health care provider and send in copies of what is missing for their school health record.

\_\_\_ A physical exam which must be done 12 months before original school entry or transfer and again in grade 6, **AND** in grade 11.

\_\_\_ A dental exam which must be done 12 months before original school entry or transfer and again in grade 3 **AND** in grade 7.

- \_\_\_ Hepatitis B vaccine (3 required)
- \_\_\_ DTP vaccine (4 required- 1 on or after 4<sup>th</sup> birthday)
- \_\_\_ Polio vaccine (4 required- 1 on or after 4<sup>th</sup> birthday)
- \_\_\_ MMR vaccine (2 required)
- \_\_\_ Varicella vaccine (or proof of disease) (2 required)
- \_\_\_ Menactra vaccine (1 required for 7<sup>th</sup> grade & 2<sup>nd</sup> required at 16yrs)
- \_\_\_ Tdap vaccine (1 required for 7<sup>th</sup> grade)

Please have your physician fax the missing documentation and an updated immunization record to the Certified School Nurse at 570-408-1196.

Thank you.

Certified School Nurse

**END OF SCHOOL MEDICATION NOTICE**

Dear Parent/Guardian:

\_\_\_\_\_ is the last day that daily medications will be given at school. Please plan to pick up the remainder of your child's prescription on \_\_\_\_\_. An adult must transport controlled substances; we will not be able to send them home with the students. Medications not picked up by a parent/guardian within 24 hours of the last day of school will be disposed of properly according to State of Pennsylvania Guidelines unless parent calls and makes alternate arrangements with the building nurse.

I have enclosed a medication form for the new school year to be completed and signed by you and your child's health care provider.

Our school policy states that all medications must be brought to school in a properly labeled container by the pharmacy with your child's name, the name of the medication, the dose, and the time of administration. When filling your prescriptions please ask the pharmacist to provide 2 labeled bottles- one for home and one for school.

Thank you for your cooperation. We wish your family a healthy summer.

School Nurse



## MEDICATION AT SCHOOL

In accordance with guidelines set forth by the Pennsylvania Department of Health, the Hanover Area School District has developed the following protocol for medication at school:

All medication, both prescription and over the counter, must be coordinated by the School Nurse.

- The student's health care provider and the student's parent/guardian must sign a written authorization form.
- Medication must be brought to school in the original container labeled by the pharmacy or physician with the student's name, name of medication and dosage in a 30 day supply for medications ordered long term.
- A responsible adult must transport medication to school, unless special arrangements are made with the School Nurse. Medication will be kept in a locked, secure place.
- Inhalers may be self-carried with written permission from the student's health care provider, parent and certified school nurse. All other inhalers will be kept in health room in a secure location.

It is the responsibility of the parent/guardian to notify the School Nurse if there is a change in the student's medication or health status.

All orders for medication will automatically expire at the end of the school year, unless special circumstances apply. It is the responsibility of the parent/guardian to pick up unused medication by the last day of school. After this time the School Nurse will dispose of any medication according to State of Pennsylvania Guidelines.



## HANOVER AREA SCHOOL DISTRICT MEDICATION POLICY

The Hanover Area School District medication policies will be in compliance with the State of Pennsylvania Rules and Regulations for School Health. Specific medication administration procedures exist at the various levels within the school system, elementary, middle and high school.

It is our intent that students receive medications necessary to ensure their well-being at school and their optimum readiness to learn. Students should receive needed medications at appropriate times in a safe manner, while also trying to ensure the safety of all students and personnel within the school system.

Administration of medications within our schools must always be a cooperative effort between the parent/guardian and the school.

**Nathan Barrett, Superintendent**





## NOTIFICATION OF ILLNESS COMPLAINT

Date: \_\_\_\_\_

Dear Parent/Guardian:

The purpose of this notice is to make you aware that \_\_\_\_\_  
came to the Health Office with the following complaint:

- \_\_\_\_\_ bee sting
- \_\_\_\_\_ vomiting
- \_\_\_\_\_ rash
- \_\_\_\_\_ eye issue
- \_\_\_\_\_ stomachache
- \_\_\_\_\_ headache
- \_\_\_\_\_ fever
- \_\_\_\_\_ earache
- \_\_\_\_\_ bumped head
- \_\_\_\_\_ scrape/cut
- \_\_\_\_\_ splinter
- \_\_\_\_\_ tick
- \_\_\_\_\_ insect bite
- \_\_\_\_\_ toothache
- \_\_\_\_\_ nosebleed
- \_\_\_\_\_ sore throat

Other \_\_\_\_\_ Temperature: \_\_\_\_\_

The treatment was:

- \_\_\_\_\_ Ice
- \_\_\_\_\_ Compress/cleaned/antiseptic
- \_\_\_\_\_ Bandaid
- \_\_\_\_\_ Medication administered

Other \_\_\_\_\_

School Nurse



**NOTIFICATION OF LIMB INJURY**

Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child \_\_\_\_\_, complained of an injury to his/her \_\_\_\_\_.

Treatment was:

\_\_\_\_ Ice

\_\_\_\_ Elevation of limb

\_\_\_\_ Rest

\_\_\_\_ Ace wrap

\_\_\_\_ Other \_\_\_\_\_

**Please contact your doctor if these serious symptoms occur:**

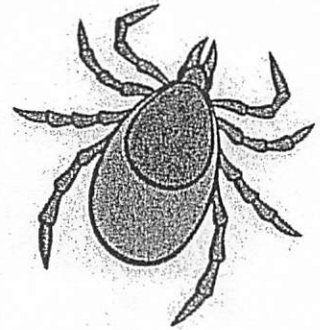
\_\_\_\_ Pain becomes intolerable

\_\_\_\_ Swelling or bruising increases, despite treatment

\_\_\_\_ Unable to bear weight or move joint normally.



TICK REMOVAL NOTICE



Dear Parent/Guardian of \_\_\_\_\_

A tick was removed from your child today. The tick was found on your child's \_\_\_\_\_.

Due to the possibility that ticks can transmit disease, please watch your child over the next 3-30 days for signs of sickness.

Symptoms to look for would be: headache, rash, muscle pain or joint pain/swelling. If you notice any of these contact your family physician for advice.

School Nurse



**Epi-pen Policy for Person with  
Unknown History of Anaphylaxis**

***Treatment Only To Be Given By School Nurse***

1. Any person who shows signs of having a severe allergic reaction, including but not limited to respiratory distress with nasal flaring, dyspnea, urticarial, erythema or stridor, may be given one dose injection of epinephrine from an Epi-pen by the School Nurse.

The School Nurse will designate an adult to call 9-1-1. The School Nurse will administer per standing nursing practice.

Person under 60 lbs. Epi-pen Jr., .15 mg. per injection -- or Person over 60 lbs. Epi-pen, 0.3 mg. per injection

2. The School Nurse will assess the student or other person until the rescue arrives. Parent/Guardian and principal will be notified.
3. If no improvement or symptoms worsen, administer second dose 5-15 minutes after first dose.
4. The student or other person will be transported by ambulance to the hospital for medical evaluation and follow up.

**Susan Werner, M.D. School Contracted Physician**

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**MD Signature**

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**Date**

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**School Board President**

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**Date**

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**Superintendent**

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**Date**

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**Certified School Nurse**

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**Date**

**STANDING ORDER CERTIFICATION FORM:**

Practitioner Name:
Practitioner Address:
Practitioner Phone:
Date:
<b>Shipment Information</b>
Recipient Name:
Recipient Title:
Recipient Address:

By signing this Certification form, I certify that, under applicable state law, I may (1) purchase and possess quantities of EpiPen® (epinephrine) or EpiPen Jr® Auto-Injectors (the "Product"), (2) prescribe, furnish and administer the Product to patients, (3) issue standing orders or otherwise delegate to appropriate persons the authority to prescribe, furnish or administer the Product to a student at a School or involved in a School-related activity, and (4) ship, or direct shipment of, quantities of the Product to a School for prescribing, furnishing or administering to a student at the School or involved in a School-related activity.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Epinephrine Standing Order Protocol

I, the undersigned Physician, for the purpose of facilitating the use of epinephrine in the case of anaphylaxis, a life-threatening allergic reaction, in individuals and in compliance with all applicable state laws and regulations, issue this epinephrine standing order Protocol ("Protocol") on the following terms:

**Physician License:** I represent that I: (a) am licensed to prescribe legend drugs in this state as set forth below; (b) am qualified to practice medicine in this state; and (c) am in good standing with the appropriate professional licensing board.

**Epinephrine:** This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of epinephrine in emergency situations as further described below in a school setting.

**Delegation:** I, the undersigned Physician, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described school system.

Issued to:

Hanover Area School District  
Name of School/District

1400 Sans Souci Pkwy  
Street Address

Hanover Twp Pa 18706  
City, Zip Code

**Standing Order:** All appropriate medical and school personnel (including, but not limited to, any Registered Nurse) employed by or acting on behalf of the school system may administer epinephrine via an undesignated epinephrine auto-injector to an individual using professional judgment if an individual is experiencing a potentially life-threatening allergic reaction (anaphylaxis).

**Emergency Treatment Procedures:** The following treatment Protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is a life-threatening allergic reaction that is rapid in onset.

1. **Dosage:** If conditions of anaphylaxis are developing or present themselves, administer EPIPEN® (epinephrine injection, USP) or EPIPEN JR® (epinephrine injection, USP) Auto-Injector, or the authorized generic for EPIPEN or EPIPEN JR Auto-Injector, intramuscularly into the anterolateral aspect of the thigh (through clothing if necessary). Selection of the appropriate dosage strength (EPIPEN 0.3 mg or EPIPEN JR 0.15 mg, or the authorized generics of these strengths) is determined according to patient body weight, as discussed in the product labeling.
  - a. For individuals 33 to 66 pounds, use one EPIPEN JR (0.15 mL epinephrine injection, USP) Auto-Injector or the authorized generic for EPIPEN JR Auto-Injector to deliver 0.15 mg of epinephrine injection, USP.
  - b. For individuals approximately 66 pounds and greater, use one EPIPEN (0.3 mL epinephrine injection, USP) Auto-Injector or the authorized generic for EPIPEN Auto-Injector to deliver 0.3 mg of epinephrine injection, USP.
2. **Frequency:** Up to 20% of individuals who receive epinephrine will require more than one dose before symptoms are alleviated. More than two sequential doses of epinephrine for the same episode should be administered only under direct medical supervision.
3. **Referral:** The individual must be referred to a physician for medical evaluation, even if symptoms resolve completely. Symptoms may recur after the epinephrine wears off, as much as 24 hours later.
4. **Documentation and Notification:** Document the details of the incident and notify the individual's parent, guardian, or caretaker and primary care physician in accordance with school policy.

In every case, emergency services must be contacted as soon as possible by calling 911 or local emergency medical services.

Please review the attached prescription:

Effective Date: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_  
 Physician Name (printed): Susan Warner  
 Physician Contact Number: 570-758-1304  
 Physician Address: 178 East Main St. Nantuxo Ia 18634  
 Physician State of License: PA  
 Physician State License Number: MD425373

Strength	Quantity Requested*
0.3mg EPIPEN 2-PAK	5
0.15mg EPIPEN JR 2-PAK	5

\*Please note there are two auto-injectors in each EPIPEN 2-PAK or EPIPEN JR 2-PAK. Example: If you wish to order 100 EPIPEN Auto-Injectors and 80 EPIPEN JR Auto-Injectors, put the number 50 in the quantity requested box next to the 0.3mg EPIPEN 2-PAK and 40 in the quantity requested box next to the 0.15mg EPIPEN JR 2-PAK. Please note that schools may receive the authorized generic versions of EPIPEN and EPIPEN JR.

Indications (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN and EPIPEN JR Auto-Injectors are indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitoes), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis. EPIPEN and EPIPEN JR Auto-Injectors are intended for immediate administration in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

Important Safety Information (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN (epinephrine injection, USP) 0.3 mg and EPIPEN JR (epinephrine injection, USP) 0.15 mg Auto-Injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

EPIPEN and EPIPEN JR should only be injected into the anterolateral aspect of the thigh. Do not inject intravenously, into buttock, or into digits, hands, or feet. Instruct caregivers to hold the leg of young children firmly in place and limit movement prior to and during injection to minimize risk of injection-related injury.

Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.

Epinephrine should be used with caution in patients with heart disease, and in patients who are on drugs that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.



Free NARCAN® Nasal Spray High School Program  
Order and Terms and Conditions

Free NARCAN® (naloxone HCl) Nasal Spray for High Schools Form and Terms and Conditions

The High School and/or State School District (identified below herein, the "School") hereby acknowledges and agrees the NARCAN® (naloxone hydrochloride) Nasal Spray 4mg ("NARCAN®", NDC # 69347-353-02) will be made available and distributed by Adapt Pharma, Inc. ("Adapt Pharma") to the School free of charge under the Free NARCAN® (naloxone hydrochloride) High School Program. This program is conditioned upon the undersigned completing the following certification and the School represents and warrants to Adapt Pharma the following:

1. The undersigned is a school or school district whose primary purpose is education for students in grades 9 through 12 and is licensed as an educational facility.
2. The School will only purchase, receive and use NARCAN® in accordance with all applicable laws, rules and regulations. In addition, the School will provide to Adapt the appropriate medical license of the registered medical advisor representing the School.
3. The School is solely responsible for the proper and safe usage of the product, and training of any school personnel who administer NARCAN®. NARCAN® is to be used strictly in accordance with its Full Prescribing Information and Instructions for Use, available below. By signing below, you certify that you have read and understood the Full Prescribing Information and Instructions for Use, including but not limited to the product indications and safety information, and that your institution will indemnify Adapt Pharma against any and all claims regarding the administration of the NARCAN® product.
4. NARCAN® received by the School will be for the School's own use and the School shall not sell or transfer NARCAN® received pursuant to the Free NARCAN® High School Program to any non-school third party.
5. NARCAN® (naloxone hydrochloride) 4mg nasal spray received under this program is not returnable or refundable.
6. The order quantity pursuant to the Free NARCAN® High School Program is limited to two units per school.
7. Adapt Pharma will fulfill or refuse orders, or amend the Terms and Conditions, or discontinue the Free NARCAN® Program, at its sole discretion. The individual signing the Purchase Order and Terms and Conditions has all requisite authority to do so on behalf of the School. All of the information provided by the School is true, complete and accurate.
8. Except for the foregoing, it is understood that NARCAN® is being provided to your school without any quid pro quo or other expectation of benefit by Adapt Pharma of any kind.

I have read and certify to the foregoing terms and conditions:

Authorized Representative

Musan Werner, MD  
Principal

Signature

Date:  
MD435373 PA.  
Prescriber License # / State

School

Hanover Area School District  
Name of School

1100 Sans Souci Parkway  
Address

Hanover Township, PA 18706  
City, State, Zip Code

(570) 831-2300  
Ext. 506 Brittany Owens  
Telephone Number Contact Person

bowens@hanoverarea.net  
Email

Please scan/email the signed completed Certification Form to Adapt Pharma, Inc  
For program questions, please call Adapt Pharma @ 844-282-7811.

Scan/Email: schoolsprogram@adaptpharma.com

If the requesting organization is a School District representing multiple/individual schools, a listing of all schools that will receive the free NARCAN® product must be provided.  
(0022) 19,000 (1)



Hanover Area School District  
**MEDICATION ORDERS - ALL SCHOOLS**

Epi-pen for severe allergic reaction (for unknown) Dose as follows:

Person under 60 lbs. Epi-pen, Jr., .15 mg. per injection

Person over 60 lbs. Epi-pen, 0.3 mg. per injection

***\*Upon administration of medication for severe allergic reaction  
 9-1-1 will be called***

The School Nurse may give the following medication with attempted parent/guardian contact according to manufacturer's guidelines:

- Acetaminophen ("Tylenol") 325 mg. PO PRN for students less than 90 lbs.
- Acetaminophen ("Tylenol") 650 mg. PO PRN for students over 90 lbs.
- Ibuprofen ("Motrin") 200 mg. PO PRN for students less than 90 lbs.
- Ibuprofen ("Motrin") 400 mg. PO PRN for students over 90 lbs.
- Diphenhydramine ("Benadryl") 25 mg PO PRN
- Tylenol 1 tab for elementary students, 2 tabs for older students PRN
- Caladryl lotion PRN
- Hydrocortisone (1% cream/ointment) PRN
- Antibiotic ointment PRN
- Cough drops (sugar free or regular) grades 4 and up only PRN
- "Sting relief" wipes (insect bite antiseptic/pain reliever pads)
- Burn gel PRN
- Mediquick Antiseptic Topical Spray PRN
- Oxygen via nasal cannula or mask PRN
- Narcan nasal spray PRN

\_\_\_\_\_  
 Susan Werner, M.D. School Physician

\_\_\_\_\_  
 Date

MDA 35373  
 License Number

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**School Board President**

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**Date**

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**Superintendent**

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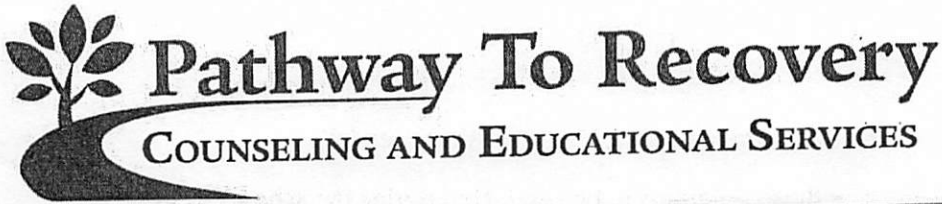
**Date**

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**Certified School Nurse**

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**Date**



223 West Broad Street  
Hazleton, PA 18201

570-455-9902  
FAX 570-455-9452

### AFFILIATE AGREEMENT

Between

Pathway To Recovery

And

Hanover Area School District

This agreement shall be effective for the 2023 – 2024 school year.

1. Pathway To Recovery will present the Too Good for Drugs curriculum in 1<sup>st</sup> through 8<sup>th</sup> grades (10 sessions per section)
2. Pathway To Recovery will present the Too Good for Drugs and Violence curriculum in grades 9<sup>th</sup> through 12<sup>th</sup>. (15 sessions per section)
3. Pathway To Recovery will present 3 drug prevention lessons to Kindergarten and Preschool students.
4. Pathway To Recovery will conduct 2 gambling addiction education sessions through the Teens and Technology program to students from 5<sup>th</sup> through 9<sup>th</sup> grades.
5. Pathway To Recovery's trained SAP liaisons will attend SAP meetings monthly and serve as consultants for drug and alcohol issues.
6. Pathway To Recovery liaisons will consult with the SAP team for interventions and will provide services in or after school as best fits the student's needs.
7. Pathway To Recovery will assist parents in accessing appropriate services for assessment and treatment.
8. All parties agree to keep all client information and records confidential in accordance with State, Federal, and HIPPA regulations.
9. Pathway To Recovery will maintain appropriate data as determined by the county/jointer to assist schools in completing reports as required by funding sources and government programs.
10. Pathway To Recovery agrees to treat all students and referred clients with dignity and respect, and to always uphold, the person's civil and human rights.
11. Both parties agree to provide advanced written and/or verbal notice whenever possible regarding changes in agency programs, services, or policies.

### - MISSION -

*To provide prevention education, counseling, and support for all those affected by addiction, abuse, mental illness, and co-occurring disorders*



Hanover Area School District agrees to provide payment of \$12,500.00 for these services.

Hanover Area School District agrees to allow these programs to be conducted during the school day at mutually preset times and dates.

7-18-23  
Date

Katie Robinson  
Ms. Katie Robinson  
Pathway To Recovery CEO and President

7/18/2023  
Date

Eileen Panzarella  
Ms. Eileen Panzarella  
Pathway To Recovery Prevention Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mr. Nathan C. Barrett  
Superintendent – Hanover Area School District

# INDUSTRY FAST TRACK & DUAL ENROLLMENT AGREEMENT

Between



And

**Hanover Area School District**

**Participating College**

Johnson College  
3427 North Main Ave.  
Scranton, PA 18508  
Phone: (570) 702-8949

Contact: William Burke, Vice President of Enrollment & Student Affairs

**Participating School District**

Hanover Area Administration  
1600 Souci Parkway  
Hanover Township, PA 18706  
Contact: Nathan Barrett, Superintendent

**Johnson College Industry Fast Track  
Dual Enrollment Agreement With  
Hanover Area School District**

**1. Dual Enrollment Defined**

As defined by the Pennsylvania Department of Education (PDE), “dual enrollment, referred to as ‘concurrent enrollment’ in the School Code, is an effort by the Commonwealth to encourage a broader range of students to experience postsecondary coursework and its increased academic rigor, while still in the supportive environment of their local high school. The intent is to increase the number of students that go on to postsecondary education and to decrease the need for remedial coursework at postsecondary institutions.”

It is a “locally administered program that allows a secondary student to concurrently enroll in postsecondary courses and to receive college credit for that coursework. The local programs are run through partnerships between school entities and eligible postsecondary institutions.”

**2. Term of Agreement**

The following agreement outlines the terms and conditions of the dual enrollment and Industry Fast Track (IFT) programs (Programs) offered by Johnson College to Hanover Area School District. The term of this agreement is from March 15, 2023- June 30, 2027.

**3. Student Eligibility**

- A. Students who meet all of the following criteria are qualified to participate in the Programs:
1. The student is enrolled in high school and completes coursework identified in Section 7 as a high school student.
  2. The student is making satisfactory progress toward fulfilling applicable secondary school graduation requirements, as determined by Hanover Area School District.
  3. The student demonstrates readiness for college-level coursework in the intended subject area, as determined by Johnson College. The College will determine readiness based on recommendations from the high school, standardized test scores, and a placement exam if necessary.
- B. In order to remain in the Program, the student must remain in good academic standing at Hanover Area School District.
- C. In order to receive credit at Johnson College for completion of any course in these Programs, all fees described in Section 8 of this Agreement must be paid to Johnson College.

#### 4. Johnson College Course Information

The following criteria apply to all coursework offered by this agreement:

- A. The Industry Fast Track courses are non-remedial.
- B. The Industry Fast Track courses are core curriculum courses taught at a collegiate expectation/standard.
- C. The Industry Fast Track courses offered are Johnson College courses and include the use of curriculum, assessment tools, and instructional materials.
- D. Instructors teaching these courses meet all qualifications for an adjunct or full-time faculty member at Johnson College.

#### 5. Johnson College Course Registration

The number of Johnson College credits an IFT student can enroll in each academic term is dependent on course availability and the student's term and cumulative GPA at Johnson College.

- A. At least 2 Johnson College academic program (non-general education) courses will be available to IFT students each semester (either online or in-person).
- B. When a student's term and cumulative GPA is 3.0 or better they can register for any number of credits per academic term.
- C. When a student's term or cumulative GPA is between 2.0 and 2.99, they can register for up to 12 credits the following academic term.
- D. When a student's term or cumulative GPA is below a 2.0, they are placed on academic probation, can register for up to 6 credits the following academic term, and must earn at least a 3.0 GPA the following academic term to stay in the Program.

#### 6. Location

Classes offered through these Programs will be held, unless otherwise stipulated, at Johnson College, Scranton, PA or online through Johnson College.

#### 7. Classes Offered

First-year curriculum coursework in the following academic programs are available for IFT enrollment by the student, based on availability of courses in the respective academic semester/term.

- Architectural Drafting & Design Technology
- Building Property Maintenance
- Civil Design Technology
- Carpentry & Cabinetmaking Technology
- Electrical Construction Technology
- Heating, Ventilation, & Air Conditioning Technology
- Advanced Manufacturing Technology
- Biomedical Equipment Technology
- Computer Information Technology
- Electronic Engineering Technology



- Industrial Technology
- Mechatronics Technology
- Welding Technology
- Welding Fabrication & Manufacturing Technology
- Physical Therapy Assistant
- Automotive Technology
- Diesel Truck Technology
- Diesel Preventative Maintenance Technology
- Heavy Equipment Technology

Students are eligible to enroll in up to 12 credits each academic term based on their academic performance at Johnson College the previous semester.

### 8. Financial Information

- A. Total approved cost for this Program to be invoiced to Hanover Area School District:
1. Tuition: \$200 per credit per student
  2. Books (per semester)
    - i. Option #1: \$16 per credit up to 11 credits or \$240 per credit for 12-18 credits for online all-access per student
    - ii. Option #2- market price for hard copy textbooks
  3. Fees: N/A

### 9. Student Credit

- A. Hanover Area School District will award credits for and recognize courses that are successfully completed under this agreement, which will be applied towards Hanover Area School District's high school graduation requirements.
- B. Hanover Area School District will award credits for and recognize courses that are successfully completed under this agreement fulfilling the previously identified graduation requirements.
- C. Johnson College will award post-secondary grades and credits to students who successfully complete courses identified in this agreement using the grading scale below.

Letter Grade	Numerical Relationship	Quality Points
A	96-100	4.0
A-	92-95	3.67
B+	88-91	3.33
B	84-87	3.0
B-	80-83	2.67
C+	76-79	2.33
C	72-75	2.0
C-	68-71	1.67
D+	64-67	1.33
D	60-63	1.0

F	0-59	0.0
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- D. If a Hanover Area School District student becomes a regularly enrolled student at Johnson College following graduation from high school, Johnson College shall recognize those grades and credits and they will be applied toward the student's degree requirements. If a student enrolls at Johnson College after graduation, the registration fees that are required for undergraduate enrollment will be waived.
1. Credits earned at Johnson College may transfer to other institutions of higher education at the discretion of the receiving institution.

## 10. Grade Reporting

Students participating in the Program agree to allow the sharing of information between Hanover Area School District and Johnson College in order to permit both institutions to send and receive information pertaining to the students' participation in the Programs.

## 11. Promotional Materials

- A. Both Johnson College and Hanover Area School District agree to provide a mechanism for communicating the educational and economic benefits of higher education as well as the requirements for participation and enrollment procedures for the Programs to students and parents.
- B. Johnson College Enrollment Specialists agree to be available to high school students participating in the Programs.
- C. Johnson College will host or co-host an information session on articulation for students and/or parents and guardians.

## 12. Additional Administrative Responsibilities

The following individuals will be responsible for the tasks listed below:

- A. Course Enrollment – Hanover Area School District Guidance and Johnson College Enrollment. Hanover Area School District's staff will enroll students in Program courses in accordance with normal dual enrollment procedures.
- B. Registration – Johnson College Admissions Staff.  
A Johnson College representative will conduct a virtual visit with Hanover Area School District each semester. All applicants for each semester will be registered in conjunction with personnel from the high school. A ten (10) day grace period will be observed from the date of registration for any student wishing to drop a class. All student registrations must be received no later than August 1<sup>st</sup>.
- C. Record Keeping – Hanover Area School District and Johnson College Office of the Registrar Staff will each maintain comprehensive records of courses taken and grades awarded to students participating in Program courses.
- D. Fiscal Transactions – Johnson College

Hanover Area School District will be billed directly for the cost of courses and materials selected for enrollment by the students. Required payment will be paid at the end of drop/add period. Johnson College will directly inform the Hanover Area School District of all withdrawals on the above-mentioned dates.

- E. Library Privileges - Johnson College will grant access to the campus library facilities for dual enrollment and Industry Fast Track students.

**Industry Fast Track Agreement between Johnson College and  
Hanover Area School District Signature Page**

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Nathan Barrett  
Superintendent, Hanover Area School District

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Date

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Jeanine Engelmann, EdD  
Chief Academic Officer, Johnson College

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Date

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Katie Leonard, EdD  
President & CEO, Johnson College

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Date