



# **Brazos Independent School District**

## **Health Services Department**

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### **Medical/School Health Standing Orders 2025-2026 School Year**

**Approved By:**

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Brazos ISD School Board

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Date

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## **Abrasions/Lacerations**

### **Superficial:**

1. Wash with soap and water or normal saline wash
2. Apply pressure as needed
3. May apply Bacitracin ointment as needed
4. Cover with a bandage or dressing

### **Deep:**

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

## **Allergies**

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

### **Mild:**

1. Observe
2. If student has history of allergies, follow his/her Individualized Emergency Care Plan
3. Cleanse area with soap and water or normal saline, pat dry
4. Apply ice
5. May apply hydrocortisone cream if needed

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

### **Severe:**

1. If known allergy, follow student's Individualized Emergency Action Plan
2. May administer Benadryl as needed
3. Call 911 if needed
4. Notify Parent/Guardian and principal

## **Insect Stings (Wasps, Yellow Jackets, Hornet, Honey Bee)**

### **History of Severe Reaction:**

1. If known allergy, follow Individualized Emergency care plan
2. Remove stinger, if visible
3. Cleanse affected area with soap and water or with saline wash
4. May apply hydrocortisone cream if needed

5. Apply ice pack as needed
6. Watch for systemic reaction
7. May administer Benadryl as needed
8. Call 911 if needed
9. Notify Parent/Guardian

### **No Known History:**

1. Remove stinger, if visible
2. Cleanse area
3. Apply ice and Hydrocortisone cream if needed
4. Watch for systemic reaction
5. May administer Benadryl as needed
6. Call 911 if needed
7. Notify Parent/Guardian

## **Bites (Animals/Humans)**

### **If Skin is Broken:**

1. Cleanse wound
2. Apply dressing/bandage
3. Notify Parent/Guardian and urge medical care
4. Report incident to principal or police if appropriate

### **If Skin is Not Broken:**

1. Apply ice as needed

## **Bleeding**

1. Wash site
2. Apply pressure at the site with a clean dressing
3. Elevate part as needed
4. Apply Bacitracin as needed
5. Notify parent/guardian as needed

## **Blisters**

1. Clean with water
2. Apply a loose, dry dressing
3. If open, use 2nd Skin water gel pads or Bacitracin as needed
4. May apply ice for comfort as needed

## **Burns**

### **Dry and Painful (skin reddened):**

1. Hold the affected area under cool water
2. Apply ice pack as needed
3. Apply 2nd Skin water gel pad or Bacitracin ointment as needed

### **Partial Thickness (skin blistered):**

These may open and seep fluid.

1. Flush with cool water
2. Cover with non-stick dressing

### **Full Thickness (extensive):**

1. Flush with cool water
2. Do not attempt to remove burned material from skin
3. Notify 911, Parent/Guardian, and principal

## **Chemical Burn**

1. Flush with copious amounts of water for acid or alkali burn
2. Notify 911, Parent/Guardian, and principal

## **Chest Pain**

### **Adult:**

1. Monitor vital signs
2. Call 911 if needed

### **Child:**

1. Monitor vital signs
2. Advise medical care as needed for symptoms
3. Notify Parents/Guardians, principal, and call 911 if needed

## **Choking**

### **Conscious Victim and Coughing:**

1. Allow to cough object out

### **Conscious Victim and Cannot Speak or Breathe:**

1. Notify 911
2. Give upward abdominal thrusts until:

- a. Object is forced out
  - b. Patient can breathe or cough forcefully
  - c. Patient becomes unconscious
3. Notify Parent/Guardian, and principal

### **Unconscious Choking Victim:**

1. Notify 911
2. Assess airway
3. Retilt 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 and 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. Notify parents if needed

### **Lost Tooth:**

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 tooth in preserving system or milk
  - d. Notify parent, send student home as needed

### **Broken Tooth:**

1. Try to clean dirt or debris from injured area with warm water
2. Place cold pack on face next to injured tooth to minimize swelling
3. Notify Parent/Guardian that immediate attention by a dentist is recommended

### **Bitten Tongue or Lip:**

1. Apply direct pressure to the bleeding area with a sterile or clean cloth
2. If swelling is present, apply cold compress
3. If bleeding persists or if the bite is severe, medical attention is recommended

### **Objects Wedged Between the Teeth:**

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

### **Orthodontic Emergencies:**

1. If wire from braces is protruding, cover the end with orthodontic wax to alleviate discomfort
2. Do not try to remove pieces of wire embedded in cheek, gum or tongue
3. Alert Parent/Guardian of need for evaluation/attention by orthodontist

### **Diabetes**

1. For students with diagnosed diabetes, follow students Individualized Care Plan
2. For staff or students with signs and symptoms of hypoglycemia, check blood glucose. If glucose <70 mg/dl, and they are oriented and can swallow without risk of choking, give a high carb snack and call parents or emergency contact
3. If the patient is not awake, alert, oriented, is having difficulty swallowing or is exhibiting signs of distress; call 911 immediately, notify emergency contacts, and principal

### **Ear Issues**

#### **Discomfort:**

1. Check temperature
2. Assess with otoscope
3. Notify Parent/Guardian and advise medical follow up PRN

### **Eye Issues**

#### **Chemical in Eye:**

1. Wash/flush with great quantities of water (use eye wash solution, eyewash station or saline for irrigation) for at least 15 minutes
2. Attempt to identify chemical
3. Call regional 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 is actively draining, crusty, red and itchy, call Parent/Guardian for dismissal and medical treatment; request note form health care provider that student may return to school
2. Offer eye wash or cool compress for allergy symptoms



3. Offer eye wash PRN

**Foreign Object in Eye:**

1. Do not attempt to remove if embedded
2. Flush gently with saline, eye wash, or use eye wash station
3. Notify Parent/Guardian, advise medical care PRN
4. Call 911 and notify principal

**Minor Injury to Eye:**

1. Assess extent of injury
2. Assess for visual changes
3. Apply ice pack PRN
4. Notify Parent/Guardian PRN

**Sty:**

1. Apply moist, warm compress PRN
2. Refer for medical evaluation as needed

**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. Check blood glucose PRN as needed
6. Notify Parent/Guardian and principal
7. Notify 911 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. Monitor vital signs PRN
5. Call 911
6. Notify Parent/Guardian and principal

**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

## **Headache**

1. Check for possible injury if appropriate
2. Check temperature
3. If no fever, offer rest with ice to head; offer water to drink
4. Report frequent complaints to Parent/Guardian

## **Head Injury**

1. Cleanse with saline or soap and water and 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 Parents/Guardian if any of these symptoms are present:
  - a. Double or blurred vision, unequal pupils, pupils not reacting to light
  - b. Nausea and vomiting
  - c. Headache
  - d. Drowsiness
  - e. Confusion, restlessness, or agitation
  - f. **For known loss of consciousness, call 911 then notify Parent/Guardian and principal**
  - g. Any student diagnosed with a concussion requires a medical note prior to return to school

## **Nasal Issues**

### **Nose Bleeds:**

1. Position student sitting slightly forward, breathing through mouth
2. Press along sides of nose firmly
3. May apply ice pack in combination with pressure
4. Instruct student not to blow nose so as not dislodge clot
5. Notify Parent/Guardian if persistent (over 15 minutes) or frequent

### **Foreign Objects Lodged in Nose:**

1. Notify Parent/Guardian and urge immediate medical care

## **Pediculosis (Lice)**

1. Students with eggs/nits and no live lice may remain in school
2. **Students identified with live lice may be excluded from school**
  - a. If live lice noted, notify Parent/Guardian
  - b. Inform Parent/Guardian of American Academy of Pediatrics treatment recommendation and give parent Lice Notification Letter
  - c. **Elementary only**
    - i. Send classroom notification letter to each Parent/Guardian of a student in that classroom no later than three days of determining live lice
    - ii. Routine/class head checks will not be performed

## **Poisoning**

1. Try to obtain brand name or specific information about the substance ingested
2. Keep container if obtained
3. Call 911 as needed
4. Call regional Poison Control center at 1(800)222-1222
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

## **Rashes**

1. Assess and evaluate for communicability
2. Treat with topical Hydrocortisone 1%
3. Monitor temperature as needed
4. Refer for medical evaluation PRN
5. Obtain return to school note if determined to be communicable

## **Respiratory Issues**

1. Respiratory assessment
  - a. Lung sounds
  - b. Pulse ox/O2 saturation
  - c. Respiratory rate
  - d. Temperature check

2. Administer inhaler PRN per student's Asthma Action Plan
3. Contact Parent/Guardian if complaints continue or symptoms worsen
4. Call 911 for respiratory distress and notify principal

## **Seizures**

1. If known history, follow Individualized Seizure Action Plan
2. If no seizure history:
  - a. Turn victim on side and call 911 immediately
  - b. Follow seizure first aid
  - c. Time seizure if possible
  - d. Try to put a soft article under head to prevent injury (sweater, sweatshirt, blanket, etc.)
  - e. Contact Parent/Guardian and notify principal

## **Sore Throat**

1. Take temperature and examine throat with pen light
2. Give salt water to gargle PRN
3. Notify Parent/Guardian to see doctor if there is fever, tonsils red and enlarged or evidence of infection in throat

## **Stomach Ache/Minor Indigestion**

1. Assess diet/elimination
2. Check temperature
3. Dismiss student to Parent/Guardian for vomiting and/or temperature associated with stomach ache

## **BISD Narcan Administration Protocol**

### **Recognize:**

Observe individual for signs and symptoms of opioid overdose. Suspected or confirmed opioid overdose consists of:

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

Suspicion of opioid overdose can be based on:

1. Presenting symptoms
2. History
3. Report from bystanders
4. School nurse or staff prior knowledge of person

5. Nearby medications, illicit drugs or drug paraphernalia

Recognize the difference between an opioid overdose vs. a high opioid level:

High Opioid Level	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Slowed or slurred speech, slowed breathing	Speech infrequent, not breathing, or very shallow breathing
Appears sleepy, nodding off	Deep snoring or gurgling
Responds to stimuli	Unresponsive to stimuli
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

**Respond:**

**IMMEDIATELY CALL FOR HELP**

1. Call 911
  - a. Request Advanced Life Support.
2. Assess breathing: perform rescue breathing if needed
  - a. Place person on their back
  - b. Tilt their chin up to open the airway
  - c. Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch and remove it
  - d. If using a mask, place and hold the mask over mouth and nose
  - e. If not using a mask, pinch their nose with one hand and place your mouth over their mouth
  - f. Give 2 even, regular sized breaths
  - g. Blow enough air into their lungs to make their chest rise
    - i. If you are using a mask and don't see their chest rise out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure
    - ii. If you are not using a mask and don't see their chest rise out of the corner of your eye, make sure you are pinching their nose and reposition head as needed
  - h. Give one breath every 5 seconds

**Reverse:**

1. Administer naloxone (Narcan) as soon as it becomes available
  - a. Via intranasal Narcan:
    - i. Tilt head back and give spray (4mg) into one nostril. If an additional dose is needed, give in the other nostril.
2. Place person in recovery position (lying on their side)
3. Stay with the person until help arrives
4. Seize all illegal and /or non-prescribed opioid narcotics found on victim and process in accordance with school district protocols.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate, fever, runny nose, sneezing, goosebumps, sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness and increased blood pressure.

**Risk of adverse reaction should not be a deterrent to administration of naloxone.**

**Refer:**

1. Have the individual transported to the nearest medical facility, even if symptoms seem to get better
2. Contact Parent/Guardians per school protocol
3. Complete Naloxone Administration Report form
4. Follow up with treatment referral recommendations

**Location & Quantity of Naloxone Per Campus:**

There will be 2 doses of naloxone available on the Brazos Elementary campus, both located in the clinic, 4 doses available in the Brazos Middle school clinic, and 8 doses available at the high school. 4 of those will be in the clinic, 2 in the training room in the weight room, and 2 with the athletic trainer at all times.

**Every staff member of Brazos ISD will be trained each year in identifying an opioid overdose, and the procedure on how to treat it in order to keep our children and faculty safe.**

**The physician overseeing this order can be contacted via his phone number on the last page of this document if there are ever any questions or concerns about the procedures listed above.**

## **Medication Orders for all Schools in Brazos ISD**

The school nurse, unlicensed medication care assistant, or principal may give the following medications according to manufacturer's guidelines and provide the following items PRN:

1. Naloxone (narcan); ONLY to be used for emergency life saving measures due to suspected or confirmed opioid overdose
2. Diphenhydramine (Benadryl) dye Free; ONLY to be used for emergency life saving measures due to unknown anaphylaxis
3. Blood glucose check by finger stick/glucometer; ONLY to be used in an emergency
4. Hydrocortisone cream 1%
5. Bacitracin Ointment
6. Refresh Eye Drops and/or eye wash solution
7. Second Skin cooling gel pads
8. Salt water gargle/rinse
9. Dental floss/picks
10. Orthodontic wax
11. Vaseline

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Dr. Kannappan Krishnaswamy  
(979)627-6224

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Date

The health and safety of every student is very important to Brazos ISD. 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 School Nurses contain procedures and policies for the management when a student's health may be compromised. These policies have been approved by the Brazos ISD school Board and approved by Dr. Kannappan Krishnaswamy. Dr. Krishnaswamy specialized in Internal Medicine at Sealy Medical Clinic and Urgent Care Center.

School Nurses may make nursing judgments based on their scope of practice, professional knowledge and acceptable medical guidelines. Copies of this document are available in the clinic of each school.

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