

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

ABDOMINAL PAIN

Authorized non-health staff may manage abdominal pain as follows:

1. Abdominal pain that is sudden and severe, or associated with fever $\geq 101^{\circ}\text{F}$, vomiting blood, or passing blood in the bowel requires urgent evaluation by a clinician.
2. Students with abdominal pain should generally avoid solid food, but may take small amounts of clear fluids.
3. Do **not** offer the student treatment with acetaminophen or ibuprofen for abdominal pain.
4. For mild abdominal pain caused by indigestion, offer the student an antacid such as TUMS-EX 500 mg, 2 tablets four times a day, **or** Maalox liquid, 3 teaspoons four times a day – taken between meals and at bedtime.
5. For mild abdominal pain caused by constipation, offer the student a single dose of milk of magnesia, 2 tablespoons (30 cc or one ounce). Encourage fluid intake.
6. For mild abdominal cramps caused by diarrhea, offer the student loperamide caplets (Imodium AD), 2 caplets initially, then 1 caplet with each subsequent loose stool, not to exceed 4 caplets in 24 hours. Take caplets with 8 ounces of water.
7. For abdominal cramps associated with menstrual bleeding, refer to the Symptomatic Management Guidelines for Menstrual Cramps.
8. All students with abdominal pain should be referred for follow-up at the health and wellness center.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student experiences abdominal pain that is sudden and severe, or associated with fever $\geq 101^{\circ}\text{F}$, persistent vomiting, vomiting of blood, or passing blood in the bowel movement

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ASTHMA

Authorized non-health staff may manage asthma as follows:

1. Any student with severe wheezing, gasping, blue color or other signs of respiratory distress requires immediate medical attention. Call 911 for emergency transport. Offer the student oxygen by facemask if available. Albuterol HFA treatments (2 inhalations) may be offered to the student every 15-20 minutes while awaiting transport.
2. Any student with wheezing who does not respond within 10-15 minutes to two inhalations from an albuterol HFA should be referred immediately to the health and wellness center.
3. Students known to have asthma should have access to an albuterol HFA **at all times** on center.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student's wheezing does not respond to two inhalations within 10-15 minutes from an albuterol HFA

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BURNS

Authorized non-health staff may manage burns as follows:

1. Remove the student from the source of the burns.
2. Insure an open airway and proceed with CPR if indicated.
3. Call 911 if the burn involves the face, head, neck, fingers, toes, genitalia or more than 25 percent of the trunk or an extremity.
4. Rinse the burn wound with sterile saline or clean water.
5. Cover the wound with sterile gauze soaked in sterile saline or clean water. Use gauze to secure the saline soaked gauze. Leave blisters intact.
6. Have the burns evaluated by a clinician as soon as possible.
7. Offer the student acetaminophen 650 to 1000 mg every 4 hours [MDD 4 g] or ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg] for pain.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If items in #3 above are present
- If pain is not controlled by above medications

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COLD AND SINUS CONGESTION

Authorized non-health staff may manage a cold and sinus congestion as follows:

1. For fever $\geq 100^{\circ}\text{F}$ offer the student acetaminophen 650 to 1000 mg every 4 hours [MDD 4 g] **or** ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg] as needed. Encourage oral hydration.
2. Students with fever $\geq 101^{\circ}\text{F}$ should be referred to the health and wellness center for further evaluation as soon as possible.
3. For sinus congestion, offer saline nasal spray **or** nasal decongestant spray **or** pseudoephedrine (Sudafed) 30 mg – 60 mg every 8 hours until evaluated by health staff. Note that nasal decongestant spray should not be used for more than 3 days.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student has a fever $\geq 101^{\circ}\text{F}$ for more than 24 hours that is unresponsive to medications listed in #1
- If the student is wheezing or has difficulty breathing
- If the student has a headache unresponsive to medication

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CONSTIPATION

Authorized non-health staff may manage constipation as follows:

1. Offer the student milk of magnesia, 2 tablespoons (30 cc or one ounce) orally to relieve constipation.
2. Encourage generous intake of non-dairy fluids (8 full 8 ounce glasses per day).

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If constipation persists for more than 3 days despite treatment as above
- If constipation is associated with abdominal pain or fever $\geq 101^{\circ}\text{F}$
- If this is a recurrent problem

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COUGHING AND/OR DIFFICULTY BREATHING

Authorized non-health staff may manage coughs and/or difficulty breathing as follows:

1. Evaluate the student's ability to breathe without pain or respiratory distress. Noisy breathing, gasping, blue color and other signs of acute distress suggest that immediate attention is needed. Call 911. Offer the student oxygen by facemask if available.
2. For fever $\geq 100^{\circ}\text{F}$, offer the student acetaminophen 650 to 1000 mg every 4 hours [MDD 4 g] **or** ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg] as needed. Encourage oral hydration.
3. For cough, offer the student cough syrup in a dose containing 30 mg of dextromethorphan, for use primarily at bedtime, but no more than every 12 hours. Again, encourage oral hydration.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student has shortness of breath, wheezing or other symptoms of asthma
- If student's cough is associated with fever $\geq 101^{\circ}\text{F}$ **or** if fever persists for more than 72 hours
- If the student has a persistent cough that interferes with daily functioning or nighttime sleep

Symptomatic Management Guidelines for Non-Health Staff COVID-19

Authorized non-health staff may assist students with COVID-19 as follows:

1. **Non-health staff should not enter the room of a student who is positive for COVID-19. All conversations should take place via telephone or text message. Medication should be left outside of the student's door.**
2. Students with COVID-19 disease must remain in isolation, as detailed in the COVID-19 protocols and must not be cleared from isolation without a directive from the health and wellness staff.
3. If fever is $>100^{\circ}\text{F}$, offer the student acetaminophen 650 to 1000 mg every 4 hours [maximum daily dose 4 g] or ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg]. Encourage oral hydration.
4. If the student reports worsening cough and/or difficulty breathing, observe for:
 - a. Noisy breathing, gasping, blue color and other signs of acute distress suggest that immediate attention is needed. Call 911. Offer the student oxygen by facemask if available.
 - b. If coughing without pain or respiratory distress, offer the student cough syrup in a dose containing 30 mg of dextromethorphan, for use primarily at bedtime, but no more than every 12 hours. Encourage oral hydration.
5. If sore throat, offer the student a throat lozenge or have him/her gargle with warm salt water every hour as needed while awake.
6. If headache, offer the student the same over-the-counter medications as recommended for fever (see above).
7. Students with nausea, vomiting and/or diarrhea should be offered clear fluids to take frequently in small quantities.
8. Students with abdominal pain should generally avoid solid food but may take small amounts of clear fluids.
9. For mild abdominal cramps caused by diarrhea, offer the student loperamide caplets (Imodium AD), 2 caplets initially, then 1 caplet with each subsequent loose stool, not to exceed 4 caplets in 24 hours. Take caplets with 8 ounces of water.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If fever is $\geq 103^{\circ}\text{F}$
- If signs of acute respiratory distress
- If difficulty swallowing or drooling
- If headache is associated with changes in vision or vomiting, or does not respond to the recommendations given above
- If abdominal pain
- If nausea, vomiting and/or diarrhea does not respond to the recommendations given above
- If the student vomits more than twice in an hour or is not able to keep any liquid down
- If the student reports having blood in the stools or vomits blood

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DIARRHEA AND NAUSEA

Authorized non-health staff may manage diarrhea, nausea, and vomiting as follows:

1. Ask about the frequency of nausea, vomiting and diarrhea. Also ask about abdominal pain, fever, or the presence of blood in the stools or vomitus.
2. If the student reports abdominal pain, refer to Symptomatic Management Guidelines for Abdominal Pain.
3. Check the student's temperature and if $\geq 100^{\circ}\text{F}$, offer the student acetaminophen 650 to 1000 mg orally every 4 hours [MDD 4 g] as needed.
4. Offer clear fluids for the student to take frequently in small quantities.
5. Refer to the health and wellness center the next day.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student's temperature is $\geq 101^{\circ}\text{F}$
- If the student has persistent, severe abdominal pain
- If the student vomits more than twice in an hour or is not able to keep any liquids down
- If the student reports having blood in the stools or vomits blood

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

EARACHE

Authorized non-health staff may manage earaches as follows:

1. Ask the student about the presence of nasal congestion, a “cold,” or recent swimming.
2. Check the student’s temperature.
3. Offer the student acetaminophen 650 to 1000 mg every 4 hours [MDD 4 g] **or** ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg] for ear pain.
4. Topical heat may be applied for comfort (e.g., hot pack, hot shower, heating pad).
5. Refer to the health and wellness center the next day.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If student’s temperature is $\geq 101^{\circ}\text{F}$
- If the student’s ear pain is not controlled by the above meds (#3)
- If there is any pus-like drainage from the ear canal

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EYE INJURIES

Authorized non-health staff may treat eye injuries as follows:

1. All eye injuries should be discussed with the on-call health and wellness staff at the time of the injury.
2. Instruct student to avoid rubbing the eye.
3. Chemical splash injuries to the eyes should be treated immediately with prolonged flushing. If eye wash is not available, tap water may be used. Keep the eye open as wide as possible while flushing. Continue flushing for at least 15 minutes while calling the on-call health and wellness staff.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- All eye injuries should be discussed with the on-call health and wellness staff at the time of the injury.

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

FEVER

Authorized non-health staff may manage fever as follows:

1. If fever is $\geq 100^{\circ}\text{F}$ with no specific origin, offer the student acetaminophen 650 to 1000 mg every 4 hours [MDD 4 g] **or** ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg] and refer to the health and wellness center if the fever persists beyond 24 hours. Encourage oral hydration.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If fever is $\geq 101^{\circ}\text{F}$ refer to the health and wellness center **or** contact the clinician on call for further disposition

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

FRACTURES

Authorized non-health staff may manage a possible fracture as follows:

1. Assess the area of injury but do not move the bones. If the bone protrudes through the skin the fracture is compound and needs immediate treatment. Cover the wound loosely with a dry sterile dressing. For compound limb fractures, splint the extremity across the joints above and below the fracture site. Transport the patient to the emergency department.
2. If the skin is not broken, but there is extensive bruising, bleeding under the skin or a firm, tender bulge surrounds the injury, a hematoma may be present. Apply an ice pack, elevate the limb, and immobilize the extremity across the joints above and below the fracture site. Call the clinician for further treatment.
3. If the injured bone is painful, tender or associated with muscle spasm, with normal motion but without swelling or bruising, immobilize, restrict activity of the extremity, and refer to the health and wellness center.
4. For pain, apply an ice pack, elevate the limb, and offer the student acetaminophen 650 to 1000 mg every 4 hours [MDD 4 g] **or** ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg].

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- The health and wellness staff should be contacted in all cases of possible fracture

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FROSTBITE

Authorized non-health staff may treat frostbite as follows:

1. Immediately cover the affected areas (usually toes, feet, fingers, nose, cheeks, and ears) with another warmer body surface and with warm clothing while seeking shelter.
2. Once indoors, where there is no danger of refreezing, rapidly rewarm the affected areas in warm water for 20-40 minutes. Do **not** use local dry heat as it can cause further tissue damage.
3. Damaged skin should **never** be massaged, as this leads to mechanical trauma.
4. Offer the student pain medication as needed, e.g., acetaminophen 650 to 1000 mg orally every 4 hours [MDD 4 g] **or** ibuprofen 400 to 600 mg orally every 6 hours [MDD 2400 mg].
5. Seek professional medical care to determine if medical and/or surgical intervention is necessary for prevention of infection or tissue debridement/amputation.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- In any case of suspected frostbite

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HEADACHE

Authorized non-health staff may manage headaches as follows:

1. Obtain a careful history. If trauma, migraine, hypertension, infection, or other specific problems exist, refer to health and wellness center.
2. Offer the student acetaminophen 650-1000 mg every 4 hours [MDD 4 g] **or** ibuprofen 400-600 mg every 6 hours [MDD 2400 mg] as needed for headache.
3. Offer bed rest for 2-4 hours until headache medication takes effect.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If headache persists for more than 24 hours or frequently recurs
- If the headache is associated with changes in vision or vomiting, or does not respond to the recommendations given above

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

HEAD INJURY

Authorized non-health staff may manage a head injury as follows:

1. Observation is key. Keep the student under observation for at least one hour after head injury and monitor for symptoms described in #2.
2. Call 911 to immediately transport the patient to the emergency department if consciousness is lost or any of these findings are present: unsteady gait, double vision/loss of vision, progressive severe headache, repetitive vomiting, declining level of alertness or inability to arouse, mood change, and/or increased combativeness.
3. The use of medication is discouraged during the observation period. If the patient complains of severe headache requiring medications, refer to the clinician on call.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the patient complains of severe headache
- If any of the items in #2 occur
- If student reports no memory of the event – amnesia may be a sign of concussion

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HEAT INJURIES

Authorized non-health staff may manage heat cramps, heat exhaustion, and heat stroke, which are progressive forms of hyperthermia, as follows:

Heat Cramps (painful muscle cramps especially in legs)

1. Supportive treatment includes moving to cool environment and rest from exercise.
2. Gentle massage of cramping muscles.
3. Oral replacement of water and electrolytes with an electrolyte-based sports drink such as Gatorade, Powerade, or equivalent.
4. Refer to health and wellness center for follow up and education.

Heat Exhaustion (core body temperature greater than 100°F but less than 104°F with complaints of fatigue, anxiety, feeling faint, weakness, muscle cramps, pale and moist skin, headache, anorexia, diarrhea, nausea, and/or vomiting)

1. Removal to cool environment and rest from exercise.
2. Remove clothing and apply cold packs, wet sheets, or wet cold towels to neck, head, abdomen, and inner thighs.
3. Use a fan or fanning motion to circulate air over the patient.
4. Oral replacement of water and electrolytes with an electrolyte-based sports drink such as Gatorade, Powerade, or equivalent is **urgent**.

Heat Stroke (core body temperature 104°F or above with tachycardia, hypotension, warm and dry skin, nausea, vomiting, headache and fatigue, and mental changes – often incoherent and combative)

1. Remove from source of heat and call 911 to transport for emergency care.
2. Remove clothing and apply cold packs, wet sheets, or wet cold towels to neck, head, abdomen, and inner thighs.
3. Use a fan or fanning motion to circulate air over the patient.
4. Maintain airway and be alert for vomiting to prevent aspiration.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- For all students with Heat Exhaustion or Heat Stroke

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USE OF INTRANASAL NARCAN FOR SUSPECTED OPIOID OVERDOSE

Administer first aid and CPR as indicated. Where permitted by state law, properly trained and authorized center health and non-health staff may administer intranasal naloxone (Narcan) for suspected opioid overdose.

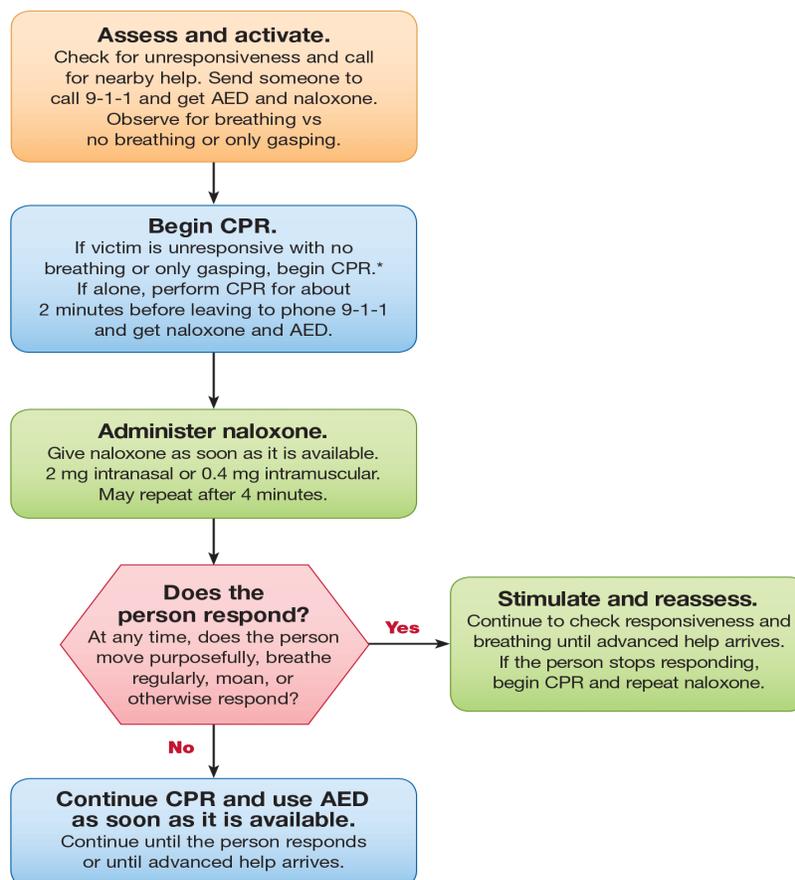
Identifying an overdose

1. Suspect if student is unconscious or excessively sleepy and cannot be aroused with a loud voice or sternal rub (a painful stimulus induced by pressing and rubbing the knuckles up and down the victim's breastbone).
2. Suspect if slow or shallow breathing or no breathing. A "death rattle" from respiratory secretions may be mistaken for snoring.

Responding to an overdose

Call 911 immediately and report a suspected drug overdose.

Opioid-Associated Life-Threatening Emergency (Adult) Algorithm—New 2015



*CPR technique based on rescuer's level of training.

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Administer intranasal naloxone (brand name Narcan)

Naloxone is a life-saving, short-acting drug for emergency use in opioid overdose. It should be administered as soon as possible. Naloxone can precipitate opioid withdrawal, but this is not life threatening.

- Using Narcan nasal spray 4 mg in a prepackaged atomizer, depress the plunger to administer a single dose in one nostril only. Do not test or prime the device prior to use. This is easiest formulation for non-health staff to use. May repeat after 4 minutes.
- Using naloxone hydrochloride 1 mg/mL solution (requires preparation by staff at time of use)
 1. If the person isn't breathing, do rescue breathing for a few quick breaths *first*.
 2. Next, attach the nasal atomizer (the soft white cone) to the needleless syringe and then assemble the glass cartridge of naloxone solution.
 3. Tilt the person's head back and spray half of the naloxone up one side of the nose (1 mL) and half up the other side of the nose (1 mL). Don't worry if it isn't exactly half per side.
 4. If the person isn't breathing or breathing continues to be shallow, *continue to perform rescue breathing* while waiting for the naloxone to take effect or EMS to arrive.
 5. If there is no change in about 4 minutes, administer another dose of naloxone following the steps above and continue to breathe for the person.

If the second dose of naloxone is not effective, then something else is wrong—either it has been too long and the heart has stopped, there are no opioids present, non-opioid drugs are the primary cause of the overdose (even if opioids were also taken), or the opioids are unusually strong and require even more naloxone (as with Fentanyl, for example).

If naloxone is mistakenly administered, no adverse effects will occur in a healthy individual. Naloxone does not alter mental status, produce tolerance or cause physical or psychological dependence. When administered in usual doses in the absence of opioids, naloxone exhibits essentially no pharmacologic activity.

Do not give the victim anything to drink. Do not induce vomiting. Do not put the victim in a bath. Do not apply ice to the victim. Do not try to stimulate the victim in a way that could cause harm, such as slapping, kicking, or burning.

WHEN TO REFER TO THE ON-CALL HEALTH AND WELLNESS STAFF

- The Center Physician should be informed of all suspected drug overdose events, but notification should not delay treatment.

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

LACERATIONS

Authorized non-health staff may manage lacerations as follows:

1. Stop bleeding by direct compression of the wound with sterile gauze, if available, or any other clean cloth. Perform these procedures with protective gloves. Elevate the extremity with the laceration.
2. If bleeding does not slow or stop with five minutes of direct pressure, call 911.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- For all lacerations to determine the need for suturing and follow up

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

MENSTRUAL CRAMPS

Authorized non-health staff may manage menstrual cramps as follows:

1. For pain associated with menstrual periods, offer female students either ibuprofen 400-600 mg every 6 hours [MDD 2400 mg] **or** naproxen sodium 440 mg every 8 hours [MDD 1320 mg]. Medication should be taken with food or fluid, and is often needed only for the first two or three days of menstrual bleeding.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student's menstrual cramps are not relieved by the medications in #1
- If student has fever, vomiting, severe pain, or heavy bleeding
- If menstrual cramps are interfering with participation in the program
- If student is pregnant or concerned about possible pregnancy

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

MUSCLE INJURY

Authorized non-health staff may manage muscle injury as follows:

1. Assess the extent of muscle injury and any associated injuries.
2. If deformity, severe pain or inability to bear weight is present, refer for immediate evaluation.
3. Apply basic first aid for musculoskeletal injury: Rest, Ice, Compression, Elevation (RICE)
 - **Rest** – limit use of affected area for 48 hours
 - **Ice** – apply ice pack to affected area for 20 minutes four times a day
 - **Compression** – apply flexible elastic wrap if indicated
 - **Elevation** – for extremities as needed
4. Offer ibuprofen 400-600 mg every 6 hours [MDD 2400 mg] as needed for pain.

WHEN TO REFER TO THE ON-CALL HEALTH AND WELLNESS STAFF

- If swelling or limited mobility increases.
- If pain relief is inadequate with ibuprofen.

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

NOSEBLEED

Authorized non-health staff may manage nosebleeds as follows:

1. Instruct the student to sit upright and hold a clean towel or basin under the chin.
2. Instruct the student to tilt the head slightly forward to prevent blood from pooling in the back of the throat.
3. Instruct the student to grasp and pinch both sides of the entire nose, maintaining continuous pressure for at least 10 minutes.
4. Instruct the student not to blow the nose or to insert tissue or cotton into the nose as this will disrupt the blood clot.
5. If bleeding is severe or causing the student to have difficulty breathing or maintaining an airway, call 911.
6. If the student is having recurrent nosebleeds, refer to the Health and Wellness Center for a follow up appointment.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If bleeding has not stopped after 10 minutes of continuous pressure
- If the student has a history of high blood pressure
- If there is preceding facial trauma with concern regarding fracture
- If there is concern regarding a foreign body in the nose

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

RASH

Authorized non-health staff may manage a rash as follows:

1. Determine the extent of the rash (e.g., is it localized to one area, such as the left arm, or is it generalized, such as “all over the body”).
2. Check the student’s temperature and ask about exposure to irritants.
3. Ask the student about shortness of breath or wheezing.
4. If the rash is localized, there is no fever and no shortness of breath or wheezing, reassure the student and have him/her report to the health and wellness center at the next open hours.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student has an extensive rash, has fever $\geq 101^{\circ}\text{F}$, or has problems with breathing or wheezing
- If there are signs of secondary bacterial infection of the rash (redness, tenderness, drainage, fever)

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SEIZURE DISORDER

Authorized non-health staff may manage seizures as follows:

1. If a staff person is present during a seizure, remain calm and note the time of the start of the seizure. Do not restrain the student, but attempt to place the student on his/her left side in case of vomiting and keep student from injuring him/herself. **Do not** place anything in the student's mouth.
2. Note if there is any incontinence of urine or stool or biting of the tongue. Note the movements the student is making and whether or not he/she is able to communicate **during** the episode. Also note mental status at the end of the episode.
3. Once seizure has stopped, note the time, provide reassurance and check the student's temperature.
4. Call 911 if the seizure does not stop within 5 minutes or if, at anytime, there appears to be difficulty breathing.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the staff called 911 and transported the student by emergency services
- In all cases of observed or reported seizure activity

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

SORE THROAT

Authorized non-health staff may manage a sore throat as follows:

1. Ask about the presence of other “cold” symptoms, such as cough, runny nose, headaches and body aches.
2. Check the student’s temperature and if $\geq 100^{\circ}\text{F}$, offer the student acetaminophen 650-1000 mg every 4 hours [MDD 4 g] or ibuprofen 400-600 mg every 6 hours [MDD 2400 mg].
3. Also offer the student acetaminophen 650-1000 mg every 4 hours [MDD 4 g] or ibuprofen 400-600 mg every 6 hours [MDD 2400 mg] if there are body aches, a very sore throat, or headaches, even if there is no elevated temperature.
4. Offer the student a throat lozenge or have him/her gargle with salt water every hour as needed.
5. Refer student to the Wellness Center’s next open hours to assess the need to obtain a throat culture.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student’s temperature is $\geq 101^{\circ}\text{F}$
- If the student is having difficulty swallowing, trouble breathing or is drooling
- If the student’s neck is stiff or swollen

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

SPRAIN/DISLOCATION

Authorized non-health staff may manage sprains and dislocations as follows:

1. Assess the injured joint and surrounding areas for bruising, bleeding, and swelling. When present, apply an ice pack and immobilize the joint with a splint across both sides of the joint.
2. Gently assess joint's range of motion and if range is compromised immobilize the joint with a splint and refer to a clinician within 24 hours.
3. If joint is tender and swollen and without bleeding/bruising, restrict activity of the joint for three days, apply an ice pack, elevate and offer ibuprofen 400-600 mg every 6 hours [MDD 2400 mg].
4. If daily function is compromised, excuse from duty until the clinician evaluates the patient.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the injured joint and surrounding areas are bruised and there is bleeding
- If the joint's range of motion is reduced or unable to bear weight on affected extremity
- If the joint is tender, swollen, and without bleeding/bruising and the pain does not resolve or recurs within 48 hours
- If fever begins post injury
- If the student does not respond to symptomatic management as outlined above

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF

VOMITING

Authorized non-health staff may manage vomiting as follows:

1. Ask about the frequency of nausea and vomiting. Also ask about abdominal pain, fever, or the presence of blood or bile in the vomitus.
2. Check the student's temperature and if $\geq 100^{\circ}\text{F}$, offer the student acetaminophen 650-1000 mg every 4 hours [MDD 4 g] as needed and if tolerated.
3. Offer clear fluids for the student to take frequently in small quantities. Start with an ounce of clear fluids every 15-30 minutes.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If the student's temperature is $\geq 101^{\circ}\text{F}$
- If the student has persistent, severe abdominal or flank pain
- If the student complains of headache or neck stiffness
- If the student vomits more than twice in 30 minutes
- If the student is unable to keep down any fluids
- If the student reports vomiting blood or bile
- If the student appears dehydrated (parched lips, sunken eyes, lethargy or clammy skin, dizziness)
- If there is a suspicion of ingesting a toxic substance or poisoning
- If the student is concerned that she might be pregnant
- If the student has urinary frequency or burning