

Janice Selekman DNSc., RN, NCSN, FNASN
selekman@udel.edu



Session 7a: Immunizations, Allergies, Infectious Conditions, Lice, and Bites



NBCSN[™]
National Board for Certification
of School Nurses



**NURSE
BUILDERS**

General measures to decrease risk

- Hand hygiene
 - Wash hands if dirt is visible
 - Hand sanitizer MUST be at least 60% alcohol to be effective
- Cleaning – using detergents or abrasives and then rinse to remove surface soil
- Sanitize – decrease the number of pathogens
- Disinfect – kill or inactivate pathogens
- Bleach solution (1:10) to clean body fluids and blood

Immunizations

- Primary disease prevention
- Protects the public – herd immunity
- Active vs passive immunity
- Natural vs artificial
- Live attenuated (MMRV), inactivated (DTaP, polio, HepA), genetically engineered
 - Can you give a particular vaccine if their sibling is being treated for cancer?
- Incubation period – from contact to first symptom
 - Chickenpox = 21 days
- **Prodromal symptoms** – non-specific signs and symptoms (fever, malaise, achy)
- Period of communicability

Immunizations

- Requirements vary by state
 - CDC recommendations change every February
 - cdc.gov/vaccines
- **All doses count** – unless given too early
 - Question: if they miss a dose, what do you do?
- All can be given at once – if appropriate
 - Different site, different needle, do not mix,
- Usually minimum of 4 weeks between vaccines
- Contraindications and Precautions
 - Anaphylactic allergy (MMR if gelatin/ neomycin)
 - Ill
 - Immune suppressed
 - Pregnant
 - Pertussis if progressive CNS condition

Immunizations

- DaPT ☾ dT ☾ Tdap (after age 11 & at least 5 years after series)
 - Side effects within 72 hours
- Tetanus – lockjaw/trismus and difficulty swallowing
 - Exotoxin goes to nerves that contract and become rigid
 - Clean wound – if booster <5 yr – ok
 - Contaminated wound – if >5 yr – give toxoid dT
 - Contaminated wound – incomplete protection – give active and passive
- Pertussis (whooping cough) – paroxysmal cough
 - Younger children are most at risk
- **Varicella** – chicken pox (herpes zoster)
 - Incubation is 21 days
 - Contagious 1-2 days before lesions and until lesions are crusted over
 - Pruritic vesicular rash
 - Vaccine has gelatin and neomycin
 - Shingles can occur years later along dermatome (one side only)

Immunizations

- MMR not given before first birthday
 - If given earlier, it does not count
 - Side effect of rash 2-3 weeks later
 - May give TST a false negative if TST is within 4 weeks of MMR; so give together or wait
 - Not given if pregnant
 - (Signs of measles: red maculopapular rash, Koplik spots, conjunctivitis, dry cough, fever, photophobia; appear sick) [signs of rubella: pink maculopapular rash; mild illness]
- Hepatitis B – minimum period for a full series – 6 months (0 - 1 month – 5 months)
 - Hepatitis B can live on surfaces outside body for 7 days
- Hib – series of 3-4 shots from birth through 15 months
 - Not usually given after age 5

Immunizations

- **Meningococcal vaccine** (2 doses) – teens
- **Guardisil** (2-3 doses) – human papillomavirus – 11+
 - PREVENTS CERVICAL CANCER (this is what you tell them)
- **Tdap**
- Pneumococcal vaccine, especially for SSD
- Influenza – live attenuated (FluMist – to age 49) or killed
 - 2 A and 1-2 B
 - Do not give live vaccine if history of asthma
 - Remember to promote flu vaccine for staff, especially for older staff and those with chronic conditions
- Polio – no longer give oral vaccine; killed only
 - Contains neomycin, streptomycin and polymixin B
- COVID-19

Outbreak of contagious disease and student in the school being treated for cancer

- Notified a student has chickenpox, what do you do first?
 - Check who was not immunized due to medical or religious exemptions and inform them?
- How do you protect the student with leukemia
 - Notify them of the outbreak
 - Do not tell them they cannot come to school
 - Do not tell classmates to stay away from the immune suppressed student

Allergies

- Focus on Type I IgE reactions
 - IgE is made in response to allergen – attaches to mast cells
 - ON SUBSEQUENT CONTACT, RELEASES HISTAMINE within 15 minutes
 - URTICARIA (HIVES)
 - INTENSE ITCHING - pruritis
 - INCREASED VASCULAR PERMEABILITY ☾ EDEMA
 - BRONCHOCONSTRICTION (SMOOTH MUSCLE)
- Allergic rhinitis: clear, watery, nasal congestion
 - Allergic shiners r/t chronic congestion
 - Transverse crease across nose
 - Nasal mucosa has pale bluish hue
 - Lasts 1-2 months
- Give antihistamine if mild reaction

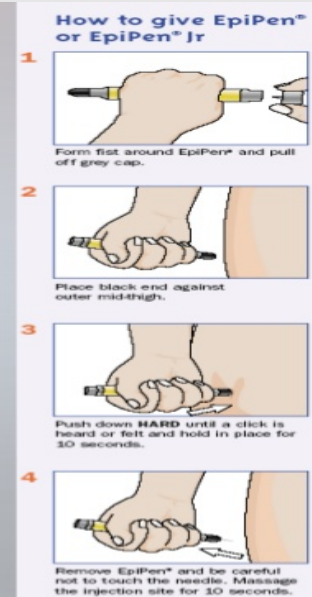
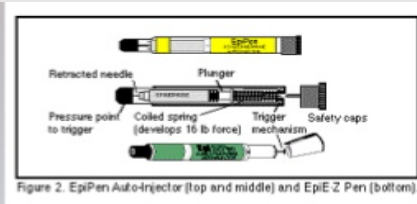


Allergy

- Present as skin, respiratory, and GI
- Contact, inhaled, injected, ingested
- Avoidance
 - Allergy-aware
 - Chalk dust, odors
 - Stay in when grass mowed or pollen count high
 - Damp dusting
 - Cleaning of rooms and surfaces
 - (No aromatherapy)
 - Cool compresses to eyes



Anaphylaxis



- Serious result of massive histamine release
- Chest tightness, swelling of throat, dizziness, respiratory arrest
 - Constriction of smooth muscle/bronchoconstriction; increased vascular permeability hypovolemic shock
 - Reaction amplified by exercise, alcohol, NSAIDS, stress and illness
- **GIVE EPINEPHRINE**
 - Under 66 pounds – 0.15mg
 - Over 66 pounds (30 kg)– 0.3mg [or Neffy 2mg nasal spray]
 - IM in thigh – through clothes if needed
 - Can be repeated q 5-15 minutes x3 (effects wear off in 20 min)
 - Increases P, N/V, HA, tremors
 - **2.2 pounds per kg – be prepared to convert**
 - No contraindications for epi
- Secondary reaction can occur 6-12 hours later
- Call EMS



Food allergies

- Cow's milk, eggs, peanuts, soybeans, wheat, seafood, tree nuts
 - sesame
- Intolerance is not allergy
- Contact (skin) or ingested
- Oral-allergy Syndrome
 - **(Crossover between ragweed and melons/ bananas)**
 - **(Crossover between latex and banana, avocado, kiwi, chestnut)**
- GI reactions can take hours
- Teach to read food labels
- No food sharing

- Latex allergy is from sap used to make rubber (think bike tires, rubber bands, mouse pads, BP cuffs)

Skin conditions

- Impetigo
 - Group A beta hemolytic streptococcus
 - Fluid-filled lesions ☾ honey colored crust
 - Referred to as non-bullous impetigo – most common
 - Antibiotics – infectious (including all secretions)
- Lyme – deer tick
 - Symptoms 3-30 days after tick bite
 - Erythema migrans (non-pruritic, annular, bulls-eye)
 - Can cause arthritis, headache, carditis, and neuro symptoms
 - Wear long clothes outside
 - Treated with antibiotics (NOTE: doxycycline has multiple side effects, mostly G.I., including increased sensitivity to the sun: therefore, keep in for recess)
 - How to remove a tick?
 - Wear gloves
 - Use fine-tipped forceps or tweezers to grasp tick as close to skin surface as possible
 - Pull tick straight up with gentle traction without twisting or breaking off part of it
 - Wash site
 - Dispose of tick in sealed bag or container



Skin Conditions

- Scabies
 - Mite infestation
 - Linear burrows under skin (finger webs, wrists)
 - Very pruritic
 - Elimite from below neck; leave on 8-12 hours, wash off; repeat 1-2 weeks later; treat all clothes in hot cycle or bag items for 3 weeks
- Tinea
 - Fungal infection of head (capitus), feet (pedis/ athlete's foot), groin (cruris/ jock itch) and body (corporis/ ringworm)
 - Annular ring with indurated margins; circular patch of alopecia
 - Treat with antifungal medication (ketoconazole)
 - Communicable by direct or indirect; as long as lesions are there
- Hand, Foot, and Mouth Disease
 - Caused by coxsackie virus; highly contagious but benign; droplet and contact spread
 - Fever, difficulty eating and drinking due to painful mouth sores/ulcers on back of throat; red papules and vesicles on perioral skin, hands and feet that resolve in 7-10 days
 - Interventions: stay hydrated, soft diet with no citrus/spice/added salt; desquamation (peeling) of fingers and toes occurs 1-4 weeks after resolution
 - Can return to school when afebrile for 24 hours, can drink without pain, and does not drool (because of mouth sores)

Poison ivy

- Sap (urushiol) binds to skin
- Delayed hypersensitivity – so take a shower
- Linear papulovesicular lesions ☾ drain
 - FLUID DOES NOT SPREAD LESIONS –
 - They can stay in school as long as it does not interfere with learning
 - But clothes and pets do
- Cool soaks, calamine lotion to dry lesions

Pediculosis - lice

- Pediculosis does NOT cause infections or contagious disease
- Spread by contact only – rarely spread in school
- Lice live 4 weeks on hair shaft close to scalp
- Nits are empty shell casings – of no harm
- Pruritis of scalp
- Pediculocides – use once and then one week later (do not over-use)
- AAP does NOT support no-nit policies
- No head to head contact – wash what had contact with hair in hot cycle

Bites and Stings

- **Watch for anaphylactic reaction**, especially if sting to eye, mouth, airway
- **If stinger is still in, remove with edge of credit card; do not use tweezers** (☾ pushes more venom in)
- Remove jewelry if chance of swelling
- Ice/cool compresses
- Human bites most likely to become infected
- Animal bites – soap and water – contact animal control

Spider bites



- Brown recluse – violin-shaped marking on head
 - Bite ☾ blister with bluish depressed center that can ulcerate ☾ necrosis
 - May cause fever, myalgia, vomiting, pain
 - Bring spider to healthcare office
- Black widow – red/orange hourglass mark on underside
 - Pain and swelling
 - Muscle cramps occur 1-6 hour
 - last 48
 - No tourniquet; wash with soap, cover lightly, limit movement of affected area
- Notify healthcare provider or poison control



Infections



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED

- **Conjunctivitis (bacterial)**
 - Contagious
 - Itching/burning, purulent discharge
 - Can return to school antibiotics are started
 - Do not share towels, bed linens, pillows
 - Handwashing
 - Viral conjunctivitis does not have purulent drainage
 - Differentiate from allergic reaction and viral
- **Methicillin-Resistant Staphylococcus Aureus**
 - Community-associated
 - Pimples ☾ pustules ☾ abscesses/boils
 - At site of cuts/ abrasions
 - Contact spread (gym mats, towels, contact)
 - Do not share items
 - Clean mats between bouts
 - Keep covered – no exclusion
- **Otitis media**
 - Red bulging tympanic membrane



Herpes Infection

- Type 1 – Cold sore
- Herpes gladiatorum (mat herpes)
 - Same spread as with MRSA
 - Do not let wrestle until 5 days of treatment



Infections



- Mononucleosis
 - Secretion spread (**EBV**)
 - Enlarged lymph nodes, fever, headache, fatigue
 - NO CONTACT SPORTS DUE TO DANGER OF SPLENIC RUPTURE (for weeks after acute stage)
 - [spleen injury ☹️ LUQ pain radiating to shoulder]
 - Rest, fluids
- Fifth disease (slapped cheek)
 - Parvovirus B19, droplet spread
 - Red facial rash – once rash appears – no longer contagious
 - Avoid contact with anyone pregnant, especially in first trimester
- Which animal in the classroom has greatest risk of spreading disease?
 - Turtles spread salmonella

Meningitis

- Bacterial (Neisseria meningitidis)
 - Droplet spread, kissing, sharing straws/cups/spoons
 - Incubation 2-10 days; contagious for 24 hours after starting antibiotics
 - Fast, fever, the worst headache
 - Lumbar puncture will show increased protein, cloudy, and decreased sugar
- Inflammation of meninges ☾ **symptoms** of IICP: headache, vomiting, irritability, increased BP, decreased P and RR, seizures, confusion
 - NUCHAL RIGIDITY
 - Brudzinski's sign (on back, flex knees in response to passive neck flexion)
 - Kernig's sign (on back, knees 90 degrees, pain on extending legs)
 - Petechial rash/ purpura (meningococcal bacteria)
- Seizure precautions
- CALL EMS

Sexually Transmitted Infections

- Can get multiple times; can cause PID and sterility
- Human Papilloma Virus – most common STI
 - Genital warts; some look like cauliflower
 - No cure; can remove warts but not the virus (may be cleared by the body in 1-2 years)
- Genital Herpes – due to Herpes Simplex virus – no cure but use antivirals
- Chlamydia - most reported STI
 - May have no symptoms; may have burning on urination
 - Give antibiotics to patient and partner (doxycycline and azithromycin)
- Gonorrhea
 - Thick yellow or green discharge (or no symptoms); give ceftriaxone
- Syphilis
 - Primary stage ☺ ulcer/chancre – resolves – give penicillin
 - Secondary stage: flu-like symptoms plus maculopapular rash
 - Latent stage – no symptoms but infection is in the body
 - Tertiary stage – affects heart and brain
- Human Immunodeficiency Syndrome
 - Immune suppression

Janice Selekman DNSc., RN, NCSN, FNASN



Session 7b: First Aid and Disaster



NBCSN[™]
National Board for Certification
of School Nurses



**NURSE
BUILDERS**

First aid – Emergency Response

- Your safety first: ASSURE SCENE SAFETY
- General appearance – overall impression
- Primary assessment: Airway, Breathing, Circulation, Disability, Exposure
 - CONTROL BLEEDING AND PERFORM CPR
- Secondary assessment: Fahrenheit, Get vital signs, Head to toe assessment, Inspect/isolate
 - Give comfort measures
- CIAMPEDS: Chief complaint, Immunization status, Allergies, Medications taken, Past health history, Events preceding the problem, Diet/elimination, Symptoms associated with problem

First aid

- Shock: EMS, immobilize, open airway, CPR
 - **12-20 breaths/minute for child and 10-12 for adult**
 - Control bleeding, elevate bleeding extremity
 - Keep warm and calm
- AED
 - Pediatric attenuator for <55 pounds (25kg)
 - Conventional AED for >8/ **over 55 pounds**

TRIAGE USING SALT

- SORT – by ability to move and follow commands
 - ASSESS – unable to walk, vital signs, mental status, extent of injury
 - LIFE SAVING INTERVENTIONS – control bleeding, open airway, administer basic life support, stabilize, auto-injector antidotes
 - TREATMENT/TRANSPORT
-
- Triage means to prioritize and classify victims based on acuity and urgency

Triage - SALT

- **Immediate - needs immediate life-saving intervention**
 - Delayed - needs care but it can be delayed
 - **Can walk to designated area, minor injury - needs minimal care**
 - Expectant - Will likely die - injury is incompatible with life
 - Dead
 - Move away from everyone else
-
- Who would you care for first?

Pediatric TRIAGE – Jump Start

- Ambulatory children - GREEN
- Assess for breathing
 - If NO after head tilt and 5 rescue breaths- BLACK
 - If YES - RED
- Assess respiratory rate
 - If <15 or >45 - RED
- Assess perfusion
 - If no radial pulse - RED
- Assess mental status using AVPU
 - Alert - YELLOW
 - Responds to voice - YELLOW
 - Responds to pain
 - Appropriate - YELLOW
 - Inappropriate (posturing) - RED
 - Unresponsive - RED

First aid – what would you do if.....

- Epistaxis
 - Press with thumb and forefinger at anterior nares for 10 minutes; or on labial artery with gauze compress under upper lip; have child sit up and lean forward
- Sore throat
 - Gargle with salt water (1/4 tsp salt and 8 ounces)
 - NOT if drooling and muffled speech
- Avulsed tooth
 - Hold by crown; don't touch root
 - Rinse gently with Hanks Balanced Salt Solution
 - Put back in socket; bite down gently
 - Saline (milk is second choice) [no tap water]
 - ONE HOUR window
- Foreign body
 - Flush OR **SUPPORT PROJECTILE AND TRANSPORT**
 - Do not irrigate disc batteries

First aid

- Burns
 - Stop burn with room temperature water; irrigate burn
 - Remove it (rings, clothing)
 - Cool it (no ice)
 - Maintain airway
 - Treat for shock
 - Do not break blisters; cover loosely
 - Do not apply any ointments; this will increase the burn injury
- Burn classification
 - Superficial (pink/red, edema, painful)
 - Superficial partial thickness (blisters, very painful)
 - Deep partial thickness (white and dry, less painful)
 - Full thickness (burns tissue below the skin, including nerves and vessels)

First Aid

- Sunburn
 - UVA causes skin aging
 - UVB causes tanning, moles/nevi, skin cancer
 - Use SPF>30
 - Sun is hottest 10-3
 - Sunburn is partial thickness (red, mild discomfort)
 - Can be partial thickness with blisters
- Head injury
 - Stabilize head and neck
 - Glasgow Coma Score
 - >12 - mild/minor TBI
 - 9-12 - moderate
 - <9 - severe
 - Unequal and non-reactive pupils are a concern
 - Check for drainage from ears and nose –
 - If it is CSF it will test positive for glucose
 - If leaking, do not pack nose or ears

Concussion

- Mild TBI
 - Due to coup/contracoup, acceleration/deceleration, direct blow
 - Bruising of the brain; axonal injury
- Symptoms
 - Physical: headache, nausea/vomiting, balance problems, blurry vision, sensitivity to light/noise
 - Cognitive: difficulty concentrating, feel as if in a fog, confusion of recent events
 - Emotional/behavioral: irritable, increased or decreased emotional state, increased or decreased sleep
- On scene:
 - Check pupils, LOC/orientation, ear or nose drainage (test for sugar; positive = CSF)
- Teach about the danger of second impact syndrome
- Return to school:
 - No physical activities during recess, physical education class
 - No after school sports
 - Shortened school day/ rest breaks
 - Decrease in activities requiring concentration
 - Wear sunglasses or ear plugs
- Return to sport using a 6-step RTP guideline

First aid

- Epiglottitis
 - Drooling, muffled speech, trouble swallowing, stridor
 - Call 911 – DO NOT TRY TO INSPECT THROAT
- Testicular torsion
 - Twisting of spermatic cord in scrotal sac ☹️ strangulation of blood flow to testes
 - Acute onset, severe pain and swelling; may also have abdominal pain, nausea and vomiting
 - THIS IS AN EMERGENCY; must be treated within 24 hours
- Abdominal injury to abdomen, especially LUQ
 - Ruptured spleen – Test for KEHR's sign
 - Lay supine (Trendelenberg), elevate legs, gently palpate spleen
 - If pain is elicited at tip of left shoulder – could indicate RUPTURED SPLEEN
(could possible indicate other irritants within peritoneum)
 - Call 911

Opioid and Fentanyl Overdose

- Fentanyl is 100 times more potent than morphine and 50 times more potent than heroin
- Causes sedation, relaxation, euphoria, pain relief, confusion, dizziness, nausea and vomiting, urinary retention, constricted pupils, decreased breathing, and stupor
- Requires an immediate dose of IM, sq or intranasal naloxone every 2-3 minutes if necessary

Heat-Related Problems

- Heat cramps
 - Painful muscle cramps, usually in the legs or abdomen; accompanied by heavy sweating
 - Apply firm pressure on cramping muscles or gently stretch and massage cramped muscles to relieve spasm; give fluids
- Heat exhaustion
 - Cramps plus heavy sweating, weak, cool clammy skin, pale, increased but weak pulse, dizzy/feel faint, headache, nausea and vomiting
 - Move to a cool area, such as air-conditioned room; remove any unnecessary clothing, cool skin with cool compresses, raise legs above the heart, sip chilled water or sports drink containing electrolytes – but no alcohol or caffeine
- Heat stroke
 - Throbbing headache; hot and dry skin; changes in mental state or behavior such as confusion, agitation, slurred speech, irritability, delirium, seizures, and coma; rapid pulse, confusion, temperature >103F, death if not treated promptly; call 911

Disaster Plans

- All school nurses are first responders
- School nurse is a member of the Incident Command Team
 - Responsible for Risk Assessment and Triage
 - Must establish good communication pathways
- Mission areas
 - Prevention – to avoid/deter/stop a threat
 - Protection – safeguards
 - Mitigation – to minimize loss of life and property
 - Response - swiftly
 - Recovery – restore/revitalize/reunification
 - Debriefing and evaluate
- Go bag – with medications, first aid, treatments, etc.
- Lockdown – 72 hours – think diabetes, routine drugs, toileting, food, activities
- Promote a sense of normalcy

Emergency Response Protocols in Schools

- **Hold** is followed by the Directive: "**In Your Room or Area**" and is the protocol used when hallways need to be kept clear of occupants
- **Secure** is followed by the Directive: "**Get Inside. Lock Outside Doors**" and is the protocol used to safeguard people within the building
- **Lockdown** is followed by "**Locks, Lights, Out of Sight**" and is the protocol used to secure individual rooms and keep occupants quiet and in place
- **Evacuate** may be followed by a location and is used to move people from one location to a different location in or out of the building
- **Shelter** and state the **Hazard** and **Safety Strategy** for group and self-protection

More

- Environment – playground safety, noise, wiping down, air, bullying, internet safety
- Health education – consider mental age, cognitive development, culture
 - Vs. anticipatory guidance
- Promote responsibility for own health

Janice Selekman DNSc., RN, NCSN, FNASN



Session 8: Professional Responsibility



NBCSN[™]
National Board for Certification
of School Nurses



**NURSE
BUILDERS**

Professional Responsibility

- A. Code of Ethics (ANA/NASN)
- B. Nurse Practice Act/Certification/ Scope and Standards of Practice
- C. Supervision, Delegation, and Evaluation of Licensed and Unlicensed Staff
- D. Leadership (e.g., mentoring, orienting, advocating)
- E. Student Health Record Management
- F. Medication Protocols and Procedures
- G. Treatment Protocols and Procedures
- H. Confidentiality (e.g., HIPAA, FERPA)
- I. Local Policy, State and Federal Laws
- J. Data Collection, Analysis, and Reporting
- K. Research and Evidence-Based Practice

Professional Role and Responsibility

- Leadership in School Nursing
 - Includes leadership in school and with school nurse organizations
 - Develops evidence-based policies/procedures
 - Advocate across all levels
 - Role model for a positive and inclusive environment
 - Be involved in the community
- Scholarly Inquiry and Evidence-based Practice
 - Identify questions and solve problems that can lead to improved student health and education outcomes
 - Research aims to describe, explain, predict or control phenomenon
 - Research process
 - *Identify a question or problem, conduct literature review, determine methodology to get the best answer for the question, determine the best tools to get the data, approve the study, get parent approval [CONSENT]/ child approval [ASSENT > age 7] if necessary, collect data, analyze, and disseminate*

ANA Code of Ethics

- Gives guidelines for making ethical decisions
- Outlines nurse's responsibility to client
- Nurse must protect client from incompetent, unethical or illegal practice
 - MUST report colleagues acting dangerously with students
- Includes respect, dignity, and protection of human rights
- Nurse is an advocate for the rights, health and safety of the client
- Nurse maintains competence
- Nurse decreases health disparities

Ethical Principles

- Autonomy – right to choose
- Beneficence – do no harm/ remove harm
- Veracity – truth telling
- Fidelity – keep one's promises/ commitments
- Justice – treat all fairly and equally
- Respect others

Delegation

- **Depends on state Nurse Practice Act**
- NEVER delegate Assessment or Nursing Diagnosis
- You can refuse to delegate if you feel the student is not stable
- Right task, right circumstances, right person, right direction/communication, right supervision, right documentation
- **IS IT WITHIN THE PERSON'S SCOPE OF PRACTICE**
- Responsibility and authority of the task function or activity is transferred to another who accepts the responsibility
- NURSE RETAINS THE AUTHORITY, RESPONSIBILITY AND ACCOUNTABILITY for the delegated nursing functions and outcomes
- [consider volunteers; can principal delegate?]

More legal

- Due process (sequence of events to be informed and defend self)
 - Must be notified if being deprived on rights
 - Must be fair
 - Can appeal
- Liability – person’s legal responsibility to be ACCOUNTABLE for wrongful acts by making financial restitution to the party wronged
- Malpractice implies negligence by the nurse in performance of duties that resulted in injury
 - Personal malpractice insurance
- Documentation:
 - Time of arrival and departure; disposition and what was done
- In loco parentis means ‘in place of parents’

Medications

- Provider order, original container, dose and time ordered, possible side effects, locked (double lock for controlled substances), inventory, documentation
- Arrangements for field trips and campus activities
- Policy for over-the-counter medications, emergency medications, stock medications, and self-carry (make sure child understands)
- If it is a new medication and you are allowed to delegate, the RN must review the medication first
- Remember that oxygen is a medication that requires medical orders

Use of Social Media/ Digital Technology

- Be cautious to protect student privacy
- Maintain ethical boundaries between students and school nurses
- Use privacy settings to separate personal and professional information
- Follow social media guidelines set by school district or employer
- Breaches may be investigated by the State Board of Nursing

A vibrant and festive background featuring a variety of colorful balloons in shades of blue, orange, pink, and purple. The balloons are scattered across the frame, some appearing larger and more prominent than others. Interspersed among the balloons is a dense field of multi-colored confetti, including small dots and star-like shapes in yellow, purple, and blue. The overall composition is bright and celebratory, set against a plain white background.

YOU DID IT!!