



I AM A NURSE +

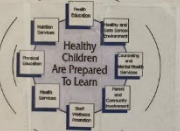


I AM A NURSE +



MESCALERO Apache SCHOOL

P.O. Box 230 White Mountain Drive
Mescalero, New Mexico 88340
Phone: (505) 464-4431 Fax: (505) 464-4822



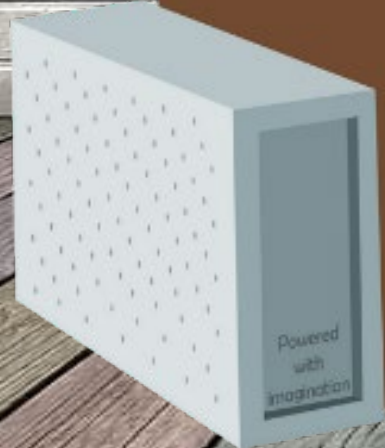
SCHOOL NURSES

Helping Students Succeed
Professional Nursing Practice

- Maintenance of student/ staff health
 - Prevention of injury or illness
 - Optimizing educational opportunities
 - Provision of specialized nursing care
 - Wellness promotion and education
 - Health education
 - Community referrals accessing health care
 - Emergency care
 - Preventing health environments
- The Health Services Department believes that there is a strong connection between students' academic achievement and their overall health and well-being. The services that the Mescalero Apache School nurses provide enable the students to feel safe, remain at school and ready to learn, maximize their educational experience and achieve success. Parents receive their consultation and support for the health care services provided to their children. The nursing interventions exemplified in this report support the students' ability to learn, the school's ability to provide excellence in public education and the community's ability to ensure successful and productive citizens.

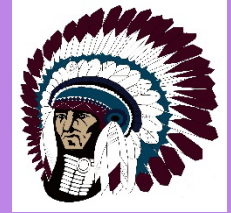
Karen Fangman MSN BSN RN
Certified Health Science Teacher

Millette Saenz CNA
Certified Nurse Aide/Health Assistant



MESCALERO "Apache" SCHOOL

PO Box 230, 249 White Mountain Drive
Mescalero, New Mexico 88340
Phone: (575)464-4431 Fax (575) 464-0053



"Mescalero Chiefs"

MAS Chief Health



MAS School Health Services



Click here
to explore
our Virtual
Nurse's Office



CHOKING	PINK EYE	CPR	HEALTHY TEETH	MASK GAME	HEAD LICE
PUBERTY	EXPOSURE	DEPRESSION	Drugs	RAPE	HEALTHY WEIGHT
GET MOVING	HEAD INJURY	BLOOD BORNE PATHOGENS	SUICIDE ABUSE	WELL CHILD CHECK	HELP AT HOME
SEIZURES					HYGIENE
HEALTHY EATING	EPI PENS	NUTRITION	STD's	SCREENING	SKIN
	NARCAN	Grief	Self Injury	SLEEP	VAPING



Welcome to MAS Chief Health, MAS's own Virtual Nurse's Office !

We are so excited to have you visit and explore lots of cool health topics in our virtual office! Your parents can also find forms, nurse contacts and general information here as well. Let us know if there is something new you think we should add to our office.

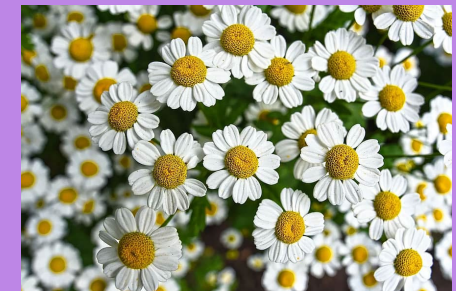
Use your mouse to hover over different areas of the office. Your mouse arrow will turn into a hand symbol over areas that are linked to additional information, videos, audios, forms and such. If you would like to see what's there, just click your mouse! When you are finished exploring on a page, click the home symbol to return to the office scene. If your explorations have taken you to a new website, just "x- out" of the website and you will find yourself back in the virtual office.

Our Virtual Nurse's Office is just one way to visit the nurses in our school. You are always welcome to visit our office in person- It is located in the old Band Hall by the Auditorium. You will use the Front entrance from outside to obtain a Visitors Pass. You may also call our office at 575-464-5039 x 1139 or email us at Karen.Fangman@Mescalero.org Millette.saenz@Mescalero.org.

We are happy and proud that YOU are a part of our Chief Family!!



AH-HA!!! You caught me sipping tea :-)
Here are some of our favorites.
We'd love to hear some of your favorites!
If you are thirsty, please make sure you are
drinking plenty of WATER every day



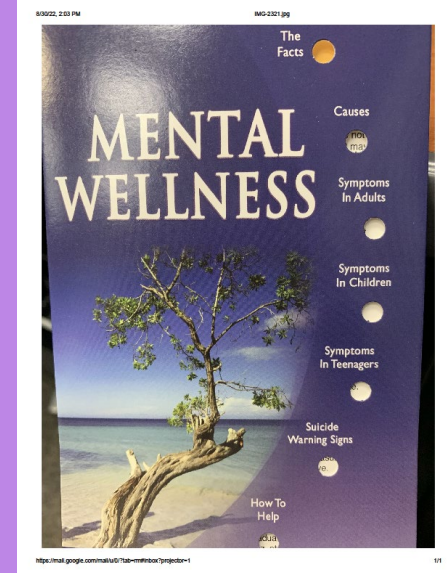
Many people struggle with worry, sadness, loneliness and/or fear. If you are experiencing any of these issues, the adults at MAS are here to help you. Please talk to a trusted adult- this may be your school counselor, your school nurse, a teacher, an administrator or any other adult that you know and trust.

You are welcome to visit us in the Health Office at any time. If you need help when you are away from school, here are some people you may call who can help:

Suicide Prevention Lifeline 1-800-273-8255

Crisis Text Line 741741

KIDTALK Warmline: Call 1-575-636-3636, txt 636-3636, Email kidtalk@lapinon.org



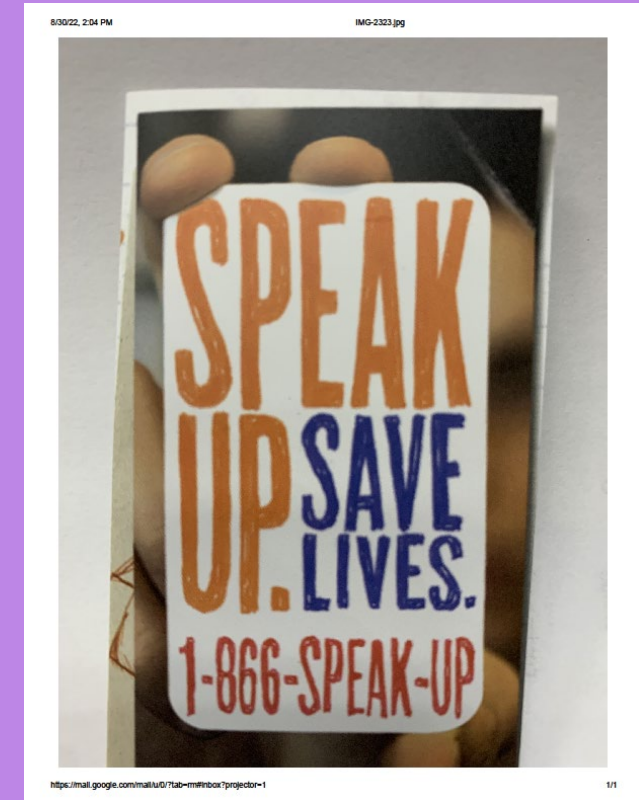


ADMINISTRATIVELY RESTRICTED
Suspected Child Abuse/Neglect Report (SCAN)



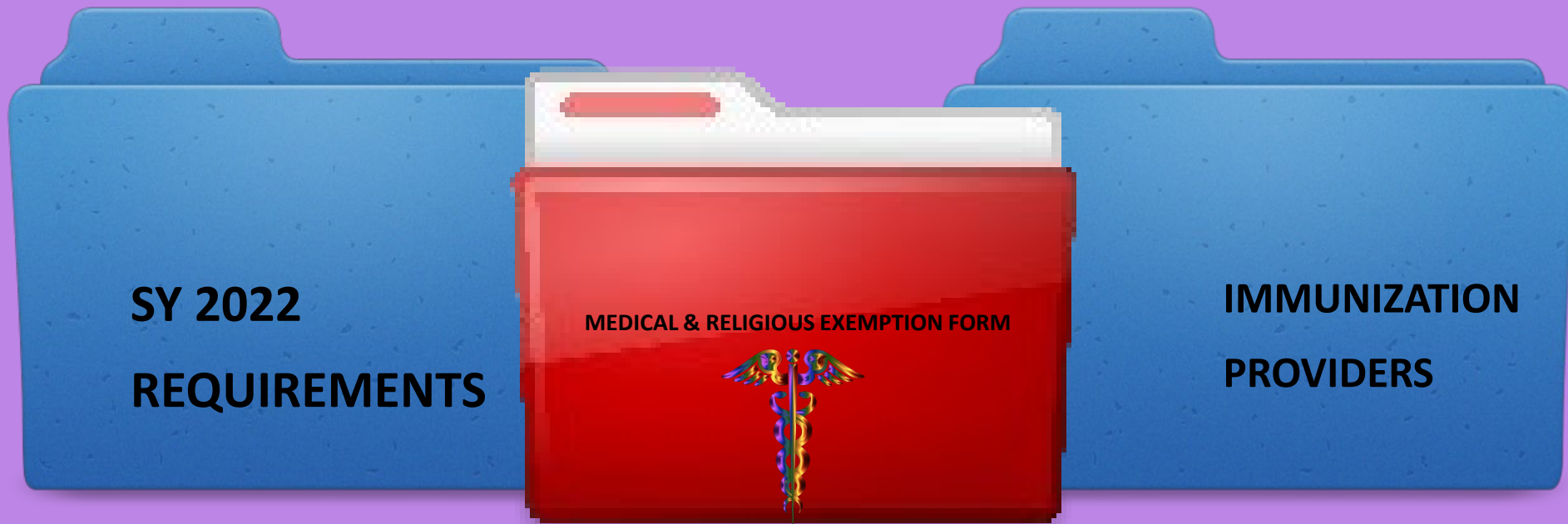
Effective 7/18/18

		Report Date:	Report Time:
SCHOOL INFORMATION (Required)			
1. Reporting School:		2. School Principal/Administrator or Designee:	
3. School Phone Number: ()		4. School Principal/Administrator Phone Extension or Cell Phone Number:	
PERSONAL INFORMATION OF VICTIM (Required)			
5. Last Name:		First Name:	Middle Name:
7. SSN:	8. DOB:	9. Age:	10. Grade: SELECT GRADE
		11. Sex: SELECT GENDER	
12. Check Suspected Abuse:			
<input type="checkbox"/> Physical Abuse		<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Sexual Abuse
		<input type="checkbox"/> Neglect (Basic needs – food, clothing, shelter)	
		<input type="checkbox"/> Neglect (Medical)	
		<input type="checkbox"/> Neglect (Educational)	
13. Describe the specific incident (do not leave blank):			
14. Name of Parent(s), Guardian, Custodian (Required):		15. Relation to Victim:	
16. Contact Telephone Number of Parents, Guardian, or Custodian: () -			
17. Complete Mailing Address (Required):		18. Physical Location of Residence (Required):	
		(attach map, if applicable)	
ALLEGED OFFENDER INFORMATION (Required):			
19. Full Name of Alleged Offender (if a minor/peer, then indicate age or grade in box 20):		20. Alleged Offender's Position/Status (Required)	
21. If Employee, Position Title:		<input type="checkbox"/> BIE Employee	
22. If Employee, Contact Information for Alleged Offender: Cell phone number: Physical Location of Employee: () -		<input type="checkbox"/> BIE Contractor/Consultant	
23. Location of alleged incident:		<input type="checkbox"/> Volunteer *	
		<input type="checkbox"/> Relative (specify): _____	
		<input type="checkbox"/> Other (specify): _____	
		<input type="checkbox"/> Student ** (age or grade)	
24. Date of alleged incident:		** Refer to school/agency policies and procedures for any alleged offenders under the age of 19 or classified as a student.	
25. Time of alleged incident:			
26. Full Names and telephone numbers of potential witness(es):			
MANDATORY REPORT INFORMATION (Required):			
27. Full Name and Title of Mandatory Reporter Reporting Above Incident:		28. Signature (Required):	Date:
29. Full Name of School Principal/Administrator or Designee:		30. Signature (Required):	Date:
31. Has Mandatory Reporter Requested Protection of their Identity? <input type="checkbox"/> YES <input type="checkbox"/> NO		32. Initials of Mandatory Reporter:	



[CLICK HERE TO DOWNLOAD A COPY OF YOUR CHILDS IMMUNIZATION RECORD](https://nmsiis.health.state.nm.us/webiznet_nm/Login.aspx)

https://nmsiis.health.state.nm.us/webiznet_nm/Login.aspx



Certificate of Exemption Form Instructions

Who may use the Exemption from Immunization Form:

- Students requesting a religious or medical exemption to immunization may use this form. (Must be either 0-18 years of age OR a student between daycare to 12th grade)
- This form may be used for all children with an exemption going into any public, private or parochial preschool, kindergarten, elementary, secondary school, or home school and for children attending daycare or childcare facilities.
- This form may not be used for exemption from immunization for personal or philosophical reasons. New Mexico law does not allow for such exemption. (Please see New Mexico Law 24-5-3 at page bottom.)

How to Complete the Exemption from Immunization Form:

- Fill out **all** blank lines and check boxes, including the check boxes for the religious or medical options.
- For medical exemptions, attach the letter from your duly licensed physician (DO or MD) to this form.
- For religious exemptions using an affidavit, please attach the affidavit to this form.
- For religious exemptions using a written affirmation, please use the space provided on the form
- The form must be signed and dated by the parent/guardian in front of a notary public, and must also be signed and dated by the notary public on the same date.
- Mail the form to the New Mexico Department of Health at 1190 St. Francis Drive, Suite-1250/PO Box 26110, Santa Fe, NM 87502-6110. You may also submit your form in a drop box at the Department of Health in Santa Fe, NM (Harold Runnels Building).

Department of Health Exemption from Immunization Form Processing:

- The Department of Health has 60 days from receipt of the Certificate of Exemption Form to either approve or not approve the request (see NMAC 7.5.3 below). Make sure that the Department of Health receives the form at least 60 days prior to the day your child starts school.
- Upon approval, the Department of Health will mail you one copy of the approved form. **The Parent/Guardian must take one copy of the approved form to your child's pre-school, school, daycare, or childcare facility.**
- If your request is not approved, you will get a letter from the Department of Health with the reasoning for the disapproval. You may then resubmit your request with the necessary changes.

New Mexico Immunization Exemption Law (24-5-3):

Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

- (1) A certificate of a duly licensed physician stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child; or
- (2) Affidavits or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing;
- (3) Affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

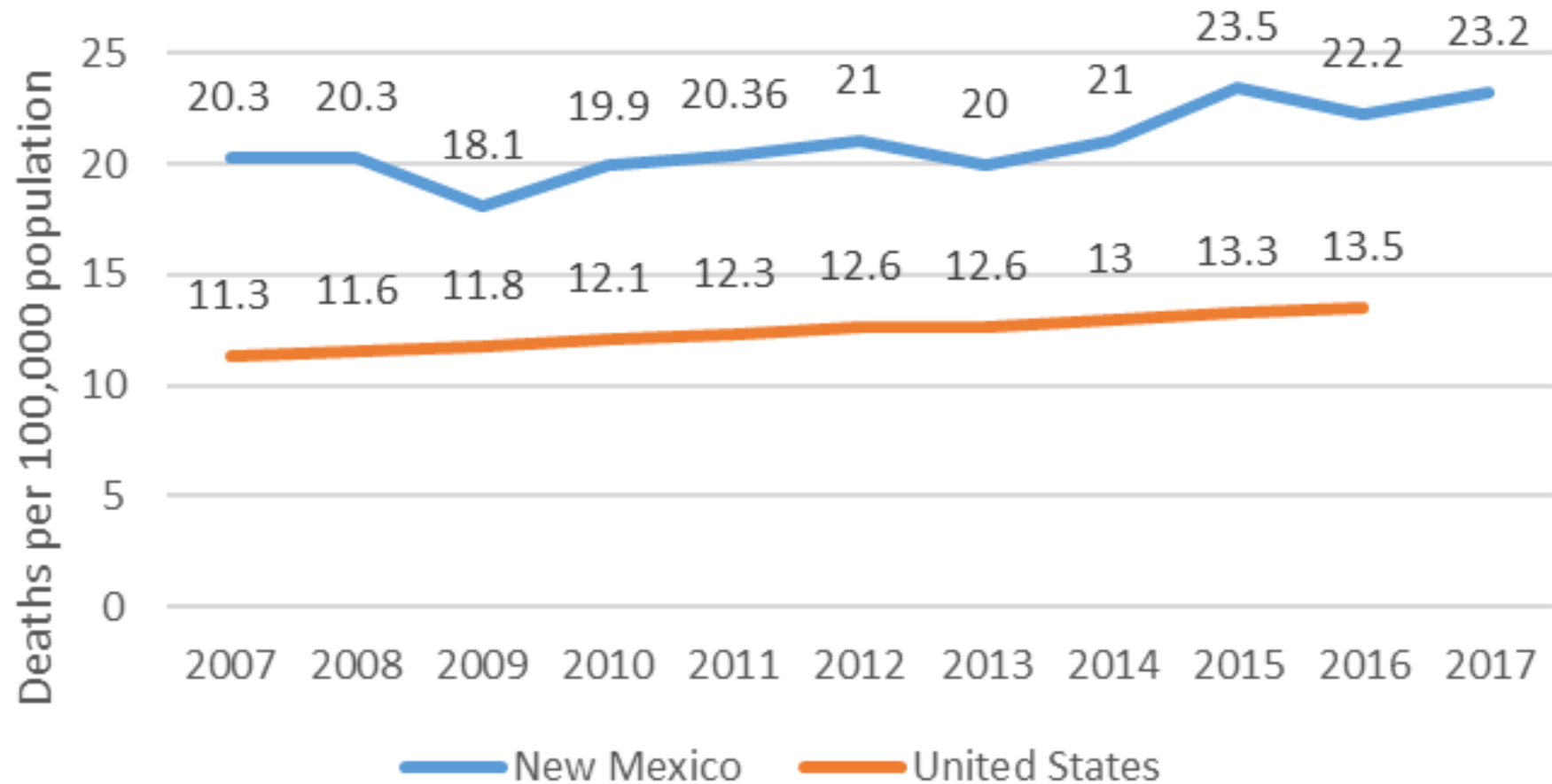
NMAC 7.5.3: "Within sixty (60) days of receipt of a request for exemption from immunization, the director of the public health division or the designee shall review the request to determine whether the certificate has been duly completed."




Healthy Kids
Learn Better



Suicide Rates



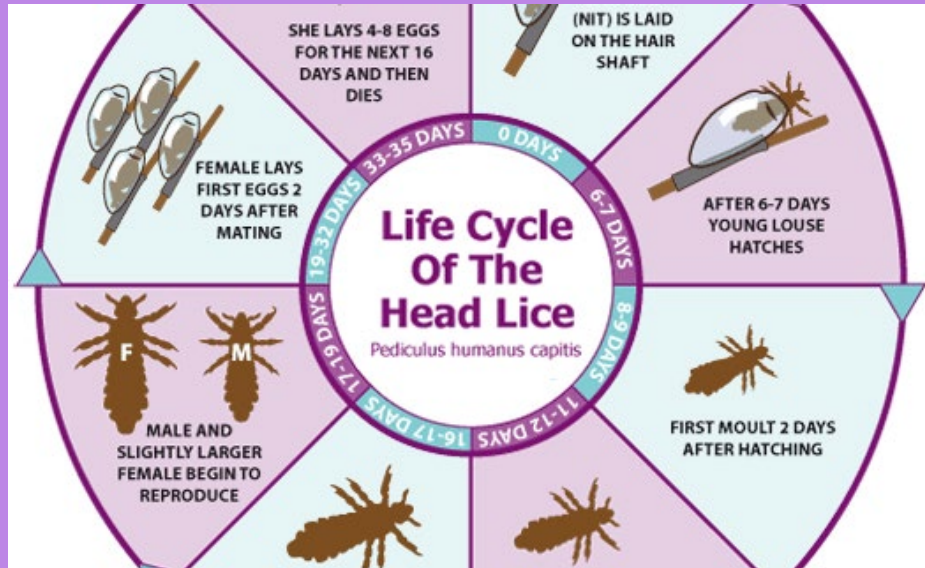
NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

CMHS-SVP-0125 • Printed 2005 • Reprinted 2010 • Reprinted 2013

Assessing Suicide Risk:
Initial Tips for Counselors

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK



LICE MANAGEMENT / NIT REMOVAL: STEP-BY-STEP

1. KILL THE LICE*

- Apply to infected areas on dry hair
- Wait 10 minutes (but no longer).
- Add warm water and lather.
- Rinse thoroughly.

When using permethrin-based products (Nix), apply enzymatic lice egg remover, leave on at least 3 minutes, then rinse out and dry hair before applying permethrin pediculicide. Comb out nits after completing treatment.



2. REMOVE THE NITS

With hair still damp from treatment (step 1 above), use regular comb to remove tangles.

- Apply Lice Egg Remover to affected area, usually crown, nape of neck and behind ears. Massage in.
- Wait 3 minutes for nit glue to soften.
- Use special nit comb to remove nits, one section at a time.
- After each section is completed and checked, pin back. After all areas are completed and rechecked, rinse thoroughly.



3. STAY LICE FREE/TREAT THE HOME

- Machine wash all washable personal items: clothing, towels, bed linen, etc. in hot water and dry at least 20 minutes on hot cycle in dryer.
- Store all other exposed items in bags for 2 weeks (or dry clean).
- Vacuum all affected areas thoroughly. Discard bag.
- Disinfect combs and brushes by soaking in hot water (130 degrees for 15 minutes).



4. PREVENTION

If one family member has head lice, all family members should be checked for two weeks. If nits or lice are found, treat them promptly. Prevention is the key. Avoid borrowing personal items: combs, brushes, hats, towels or clothing. Use your own items both at home and while away.



FOR MORE INFORMATION PLEASE CONTACT THE MESCALERO APACHE SCHOOL NURSE @ 464-4451

MEDICAL CANNABIS



NEW MEXICO
DEPARTMENT OF
HEALTH
nmhealth.org

<https://www.nmhealth.org/about/mcp/svcs/>



MESCALERO --Apache-- SCHOOL

PO Box 230, 249 White Mountain Drive
Mescalero, New Mexico 88340
Phone: (575) 464-4431 Fax (575) 464-0053



"Mescalero Chiefs"

Accident/Exposure Report

Who was injured: () Employee () Parent () Visitor () Volunteer School ___

1. Name: _____

2. Address: _____ City: _____ Phone: _____

3. DOB: _____ Sex: _____ Job Title: _____

4. **Date/Time** of Accident/Exposure: _____

5. Description of Accident/Exposure: _____

6. Body fluid contact: () NO () YES What body fluid: _____

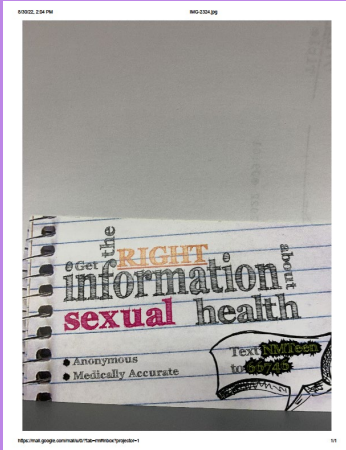
7. Was personal protective equipment used at time of exposure: () NO () YES

8. Type of equipment utilized: _____

9. Parts of body involved: _____

10. Description of action taken by school personnel immediately following injury: _____

11. Nursing comments: _____



Recently released results from the national Youth Risk Behavior Survey (YRBS) allow comparisons between high school students in New Mexico, the US, and in other states. In 2017, compared to their US peers, NM students had higher rates of most drug use and e-cigarette use; were more likely to be early initiators

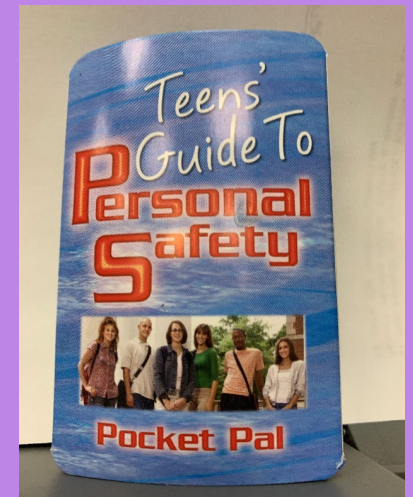
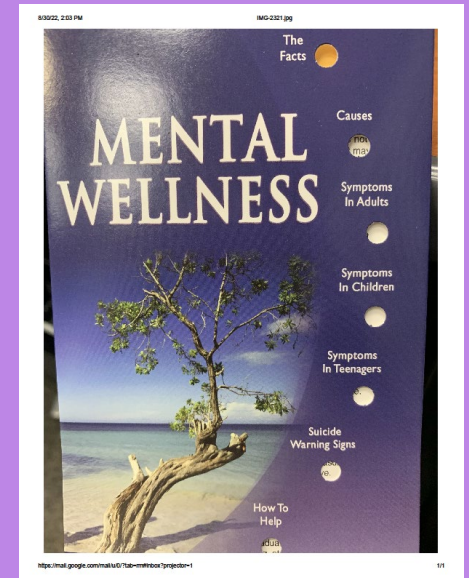
of cigarette smoking, alcohol use, and marijuana use; and were more likely to make a suicide attempt. NM students were more likely than US students to get daily physical activity, and were less likely to engage in excessive computer and video screen use.

For an expanded version of the table below, see <http://youthrisk.org/tables/#/2017> or nmhealth.org/go/youth. Sources: 2017 New Mexico Youth Risk and Resiliency Survey (YRRS) and National Youth Risk Behavior Survey (YRBS, Centers for Disease Control and Prevention). Statistical significance determined by a t-test on the website, Youth Online (nccd.cdc.gov/youthonline).

Risk Behavior Comparisons, New Mexico and United States ■ High School (Grades 9–12), 2017

Indicator	NM% (95% CI)	US% (95% CI)	At higher risk* (US or NM)
Skipped school because of safety concerns (on at least one of the past 30 days)	11.8% (7.6–17.7)	6.7% (5.7–7.8)	–
Experienced physical dating violence (at least once in the past 12 months)	11.0% (9.4–12.9)	8.0% (7.3–8.8)	NM
Persistent feelings of sadness or hopelessness (for at least two weeks in a row during the past 12 months)	35.8% (33.9–37.8)	31.5% (29.6–33.4)	NM
Made a suicide attempt (during the past 12 months)	9.9% (8.5–11.5)	7.4% (6.5–8.4)	NM
Smoked cigarettes before age 13	13.5% (11.8–15.4)	9.5% (8.0–11.2)	NM
Current e-cig use (used e-cigs within the past 30 days)	24.7% (22.2–27.4)	13.2% (11.4–15.2)	NM
First drink of alcohol before age 13	20.7% (18.2–23.5)	15.5% (13.9–17.2)	NM
Binge drinking (for girls, 4 drinks on a single occasion; for boys, 5 drinks on a single occasion; in the past 30 days)	10.9% (9.4–12.5)	13.5% (12.0–15.1)	US
First used marijuana before age 13	15.7% (13.4–18.3)	6.8% (5.8–8.0)	NM
Ever used cocaine	9.4% (7.0–12.4)	4.8% (4.2–5.6)	NM
Ever used heroin	3.4% (2.4–4.7)	1.7% (1.3–2.2)	NM
Ever used methamphetamines	4.1% (3.1–5.4)	2.5% (2.0–3.0)	NM
Daily physical activity (physically active = total of at least 60 minutes that "made you sweat or breathe hard")	30.8% (28.4–33.3)	26.1% (24.1–28.3)	US
Used video or computer 3+ hours per day (not for school purposes, on a school day)	36.8% (34.5–39.1)	43.0% (41.1–44.9)	US

*Indicates whether NM or US youth are at a higher risk for each indicator. If neither is indicated, the difference between the NM rate and the US rate was not statistically significant.





**NM Save
Our Children's
Sight Fund**

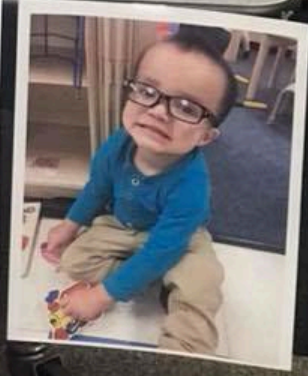
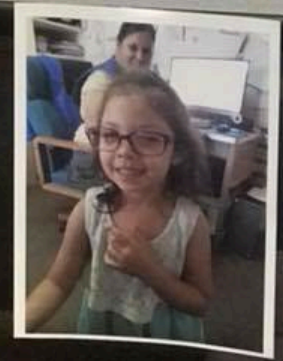
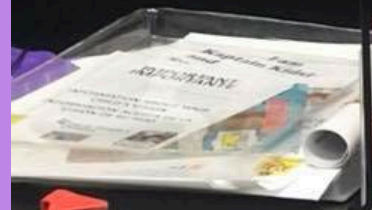
No Insurance
No Medicaid
No Private



HEALTH

New Mexico
Lions Eye Bank

CHI St. Joseph's
Children





IMPROVED PAIN SCALE

1 IT MIGHT BE AN ITCH



2 I JUST NEED A BANDAID



3 ITS KIND OF ANNOYING



4 THIS IS CONCERNING BUT I CAN STILL WORK



5 BEES?



7 I CANT STOP CRYING



8 I CANT MOVE IT HURTS SO BAD



9 MAULED BY A BEAR OR NINJAS



10 UNCONSCIOUS



Severe Allergic Reaction

What You See	What You Do
<ul style="list-style-type: none">• Trouble breathing• Swelling of the tongue and face• Signs of shock	<ul style="list-style-type: none">• Phone your emergency response number (or 9-1-1).• Help get and use an epinephrine pen.



Heart Attack

What You See	What You Do
<ul style="list-style-type: none">• Chest discomfort (uncomfortable chest pressure, squeezing, fullness, or pain)• Discomfort in other areas of the upper body• Shortness of breath• Sweating, nausea, or light-headedness	<ul style="list-style-type: none">• Have the person sit quietly.• Phone your emergency response number (or 9-1-1).• Get an AED.• Give 1 adult or 2 low-dose aspirins.

Stroke

What You See

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

What You Do

- Phone your emergency response number (or 9-1-1).
- Note the time the signs of stroke first appeared.



External Bleeding and Tourniquets

What You Do

- Apply a dressing and put pressure on it.
- If bleeding continues, add more dressings and press harder.
- Use a tourniquet if needed. Place it 2 inches above the injury if possible. Tighten it and note what time you put it on.
- Check for signs of shock.
- Phone or send someone to phone your emergency response number (or 9-1-1) if
 - There is a lot of bleeding
 - You cannot stop the bleeding
 - You see signs of shock
 - The injury is from a fall and you suspect a head, neck, or spine injury
 - You are not sure what to do



Adult CPR and AED

What You Do

- Tap and shout.
- Shout for help. Phone your emergency response number (or 9-1-1) and get an AED.
- Check breathing.
- Give 30 compressions at a rate of 100 to 120 per minute and a depth of at least 2 inches. Let the chest come back up to its normal position.
- Give 2 breaths.
- Continue giving sets of 30 compressions and 2 breaths until someone with more advanced training arrives and takes over.
- Once the AED arrives, turn it on and follow the prompts.



If you don't know conventional CPR, provide Hands-Only CPR.

Choking

What You See	What You Do
<ul style="list-style-type: none">• Person cannot breathe or• Person has a cough that has no sound or• Person cannot talk or make a sound or• Person makes the choking sign	<ul style="list-style-type: none">• Give abdominal thrusts until<ul style="list-style-type: none">– The object is forced out and the person can breathe, cough, or talk– The person stops responding• If the person becomes unresponsive, provide CPR.
<ul style="list-style-type: none">• Person can make sounds and cough loudly	<ul style="list-style-type: none">• Allow the person to cough.• Watch the person.







<https://drive.google.com/file/d/1o1rZCM2Nr1EWCqJ0TkdloGljsZzr7rRT/view>



Vaping Prevention: A Remote Learning Curriculum Student Worksheet

Instructions: Use these questions along with the slideshow presentation to explore the risks of vaping and smoking, as well as the benefits of staying vape- and smoke-free.

Introduction

1. Write down at least 2 things you think young people like about using e-cigarettes/vapes/JUUL/Puff bar.
 1. Type answer here
 2. Type answer here
2. Write down at least 2 things you think young people DO NOT like or are concerned about using e-cigarettes/vapes/JUUL/Puff bar.
 1. Type answer here
 2. Type answer here

Check-in #1

3. I am most concerned about the fact that e-cigarettes/vapes/JUUL/Puff bar _____. (Check all that apply)
 - Have nicotine, which is really addictive for young people
 - Create clouds of aerosol rather than water vapor and can damage the lungs
 - Create plastic and toxic environmental pollution
 - Other: _____
4. What makes you concerned about the fact/facts that you picked in question 3?

Type answer here
5. Which of the following is NOT true about pod-based e-cigarettes/vapes (like JUUL, Puff bar, and Eon Stik) that contain salt-based nicotine? (Check the correct box. There is only one correct answer.)
 - They create an aerosol, not a water vapor
 - They contain nicotine
 - They feel less harsh on the throat compared to cigarettes, making it easy for young people to use them
 - Each pod has less nicotine than a pack of cigarettes

ABOUT SO MUCH MORE THAN RUNNING



<https://www.girlsontherun.org/>

Teaching Resources for Youth

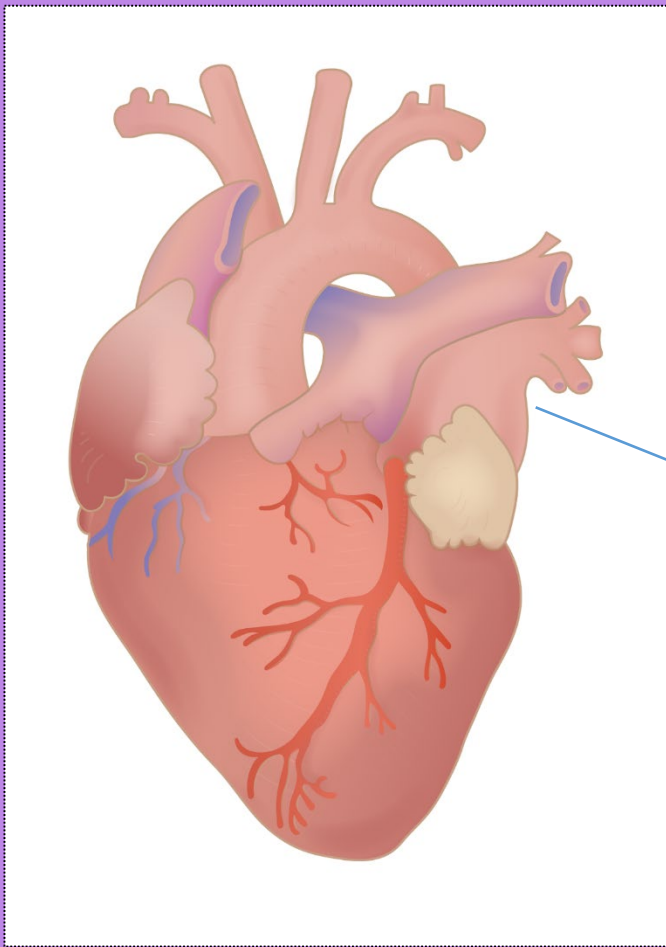


<https://www.nyrr.org/Youth/Resources>

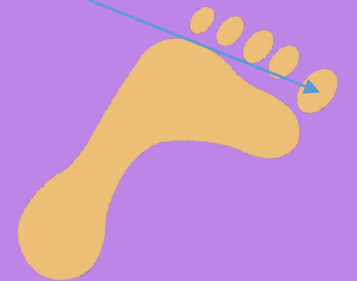
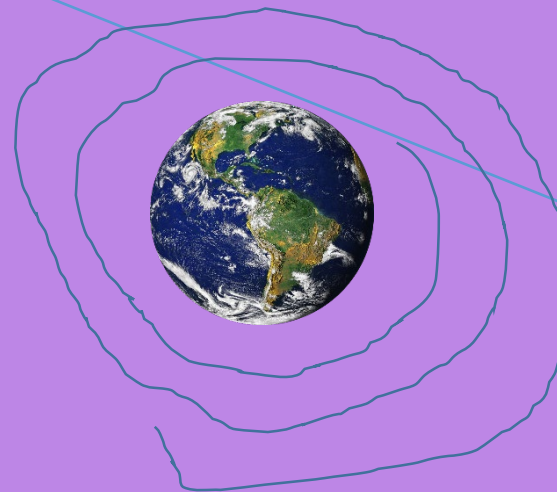
Yoga for Middle School Kids: Mat/Floor Series

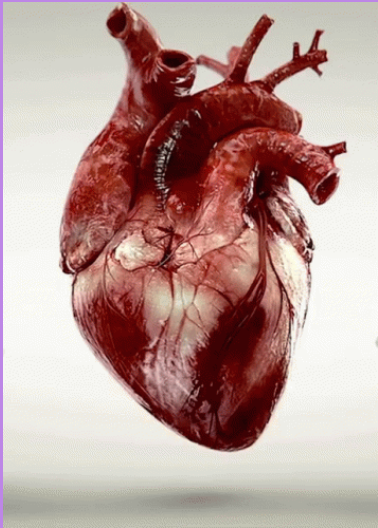


https://www.youtube.com/watch?v=Ghck_Sd2fEQ



When exercising, it takes about 10 seconds for the blood pumped by your heart to get from your heart to your big toe and back. It has to push blood through about 60,000 miles of blood vessels, enough to circle the entire world about 2 ½ times! It is able to do this because the blood vessel system is so highly branched.





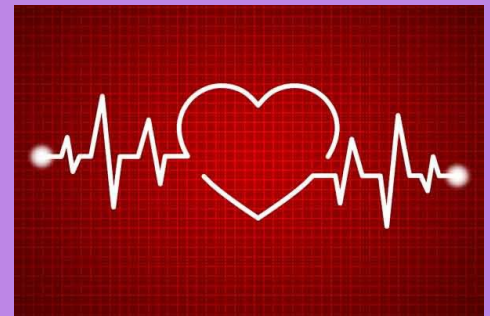
<https://tenor.com/view/beating-heart-heartbeat-gif-9175754>

COOL HEART FACTS

Your heart beats about
115,000 times each day!!



About how many beats per minute is this??





Cat purrs vibrate at a frequency of 20-140 HZ

Some studies show that vibrations of 18-35 HZ can help the movement of a joint after it has been injured.

Health Benefits of Pumpkin-1

Pumpkin contains a lot of *Beta-Carotene*. Beta-Carotene is what gives pumpkin its bright orange color!

Beta-Carotene is a strong *anti-oxidant*. Anti-oxidants combat certain chemicals (“free-radicals”) in the body that can harm cells, proteins and DNA.

Eating foods with beta-carotene can help reduce your risk of developing certain diseases like cancer, *cardiovascular* (heart and blood vessel) disease and inflammation.

<https://www.discovermagazine.com/technology/draculin-stroke-drug-from-vampire-bats-moves-closer-to-circulation>



Draculin (as in “Count Dracula”) is a *protein* found in the *saliva* (spit) of vampire bats. Draculin’s “job” in bat saliva to keep blood from clotting while the bat feeds on its prey. Draculin is being studied as a *medical treatment* for people having strokes or heart attacks, because doctors want to stop clotting temporarily in these patients. How cool is that??? You can read more about Draculin here:

0:03 / 5:09

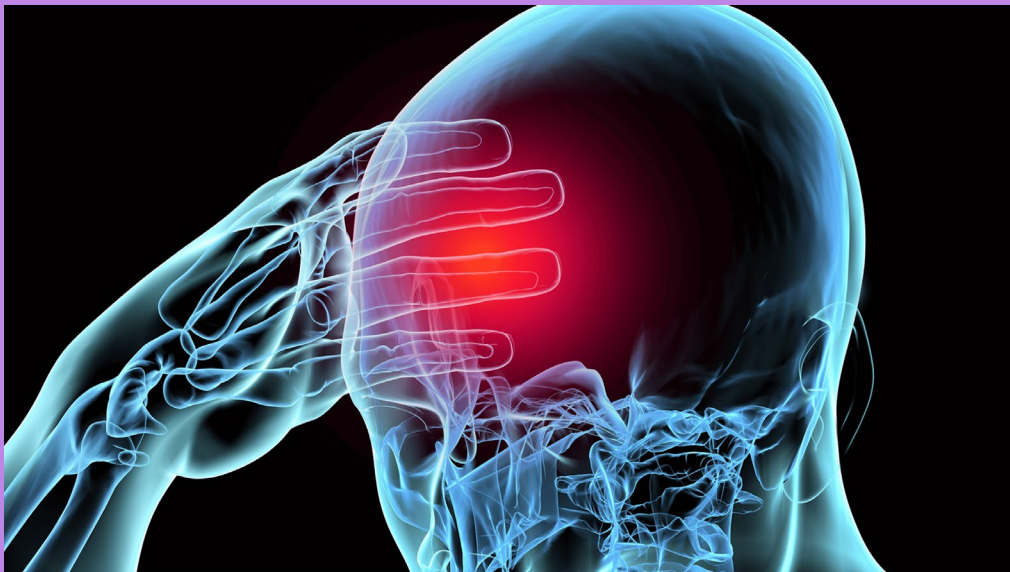
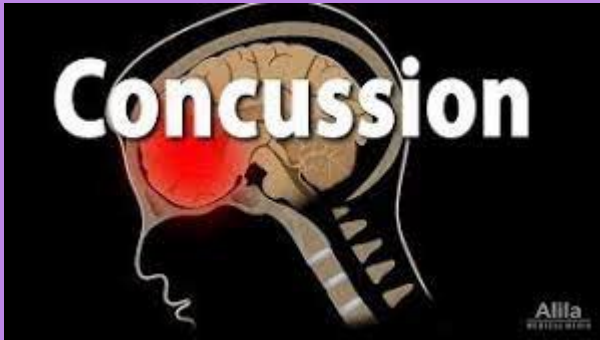
Watchable by mescalero.org.

How does asthma work?



<https://www.youtube.com/watch?v=PzfLDi-sL3w>

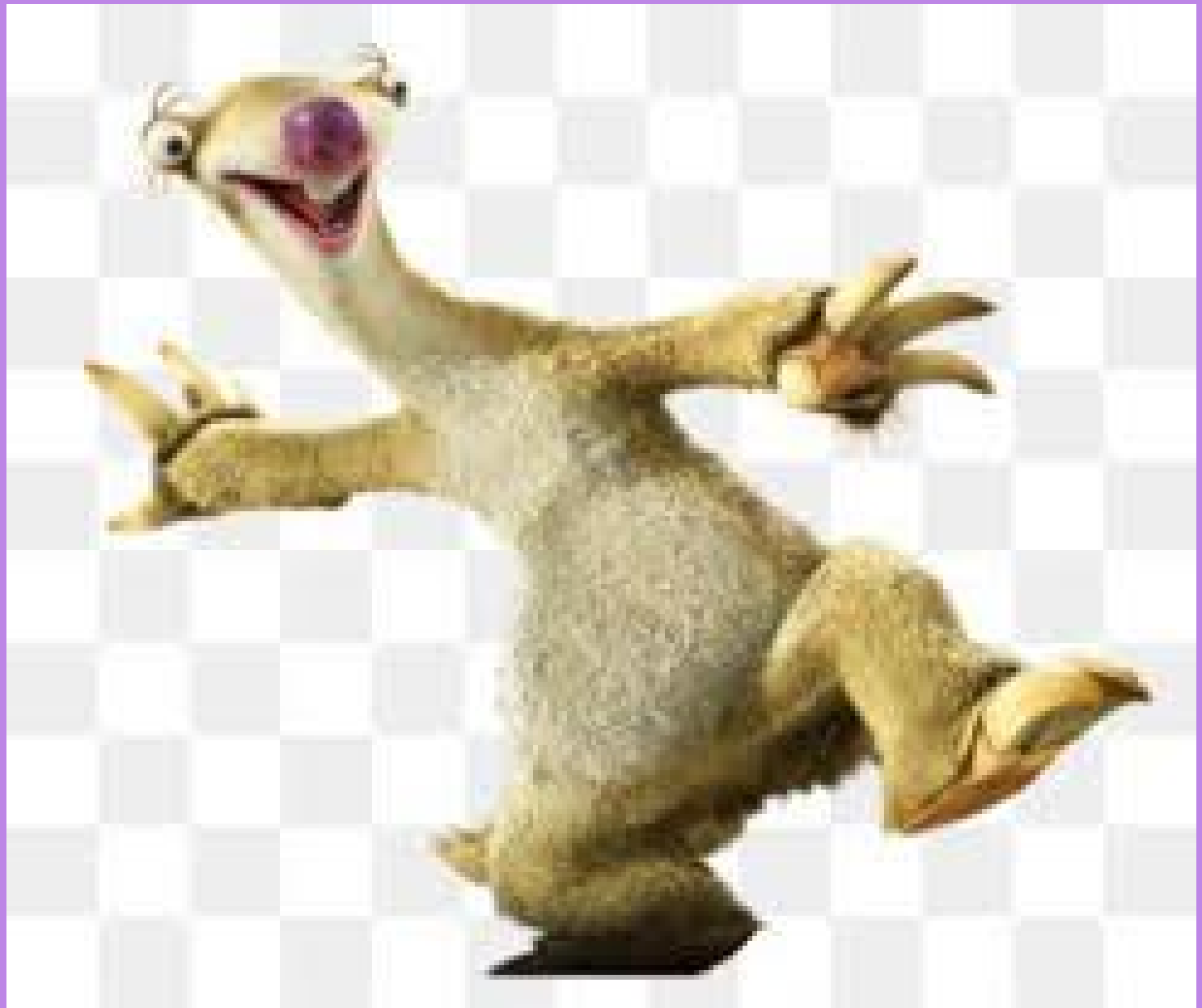
Brain 101: What's A Concussion



https://www.google.com/search?q=concussion+course&rlz=1C1CHZN_enUS965US965&source=lnms



[Star Wars JEDI 'LIGHT SIDE' HIIT WORKOUT \(3mins 47secs\) #GETKIDSMOVING](#)



[The Sid Shuffle - Ice Age: Continental Drift](#)

B R E A T H E

Meditation and Wellness

[Rainbow Breath - Learn To Raise Your Energy |
Meditation For Kids | Breathing Exercises | GoNoodle](#)





Progressive Muscle Relaxation for Kids

<https://www.youtube.com/watch?v=cDKyRpW-Yuc>

What would happen if you didn't drink water?



<https://www.youtube.com/watch?v=9iMGFqMmUFs>



<https://www.youtube.com/watch?v=R1FHPI4XpRs>



High Five for Washing Hands

<https://www.youtube.com/watch?v=wJJwlrbspVc>

WHO teams up with Minions and Gru to show how people can stay safe from COVID-19

https://www.youtube.com/watch?v=DYkIKU_PcBc





Movie: Healthy Weight

<https://www.youtube.com/watch?v=MbGrS48Gvo4>



How the food you eat affects your brain

<https://www.youtube.com/watch?v=xyQY8a-ng6g>



PERSONAL HYGIENE

<https://www.youtube.com/watch?v=jQ2e0KH5Wrl>



How Your Teeth Work

<https://www.youtube.com/watch?v=DstSL3I--9I>

First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

1. Recognize common symptoms



2. Follow first-aid steps



People who've had this type of seizure should be fully conscious and aware before being left on their own. Make sure they know the date, where they are, and where

they're going next. Confusion may last longer than the seizure itself and may be hazardous. If full awareness does not return, call for medical assistance.

FOR PERSONAL USE ONLY



Please submit a renewed SEIZURE ACTION PLAN with signed doctor's orders at the beginning of each school year along with any prescribed medications.

FIRST AID FOR SEIZURES

- Stay calm. Seeing someone who is having a seizure can be scary. You will need to stay calm in order to provide help. Notify the school nurse immediately.
- Ease the person to the floor and put something soft under their head like a folded jacket. Remove large furniture or other items that might cause injury.
- Record the seizure's length. Medical personnel will want this information.
- Keep other people from gathering around too closely. They will be curious, but are not needed.
- Avoid restraining or holding the person. This does not help the seizure victim, and you could injure the victim or be injured yourself by the victim thrashing movements.
- Call 911 if the seizure lasts more than 5 minutes, the person continues to have one seizure after another, or if breathing stops.
- Lay the person on his left side when the seizure is over. Vomiting is common. Side position helps to prevent choking.

COMMON TYPES OF SEIZURES

A seizure is a brief disruption of electrical activity in the brain. Seizures may be convulsions, short periods of unconsciousness, distortion of the senses, or loss of control over movement. The kind of seizure a person has depends on where in their brain the abnormal activity starts and where it spreads. There are two primary types of seizures: generalized and partial.

***Generalized** seizures affect both cerebral hemispheres (sides of the brain) from the beginning of the seizure. They produce loss of consciousness, either briefly or for a longer period of time, and are sub-categorized into two major types:

1. **Tonic clonic**, previously known as *grand mal* seizures, involve loss of consciousness. The person will fall down if standing and then a rhythmic jerking of the head, arms and legs begin. This type of seizure usually ends after one to three minutes and the person may be confused and want to sleep. A headache sometimes occurs and full recovery takes minutes to hours, depending on the individual.
2. **Absence**, previously known as *petit mal* seizures, are lapses of awareness, sometimes with staring, that begin and end abruptly, lasting only a few seconds. There is no warning and no after-effect.

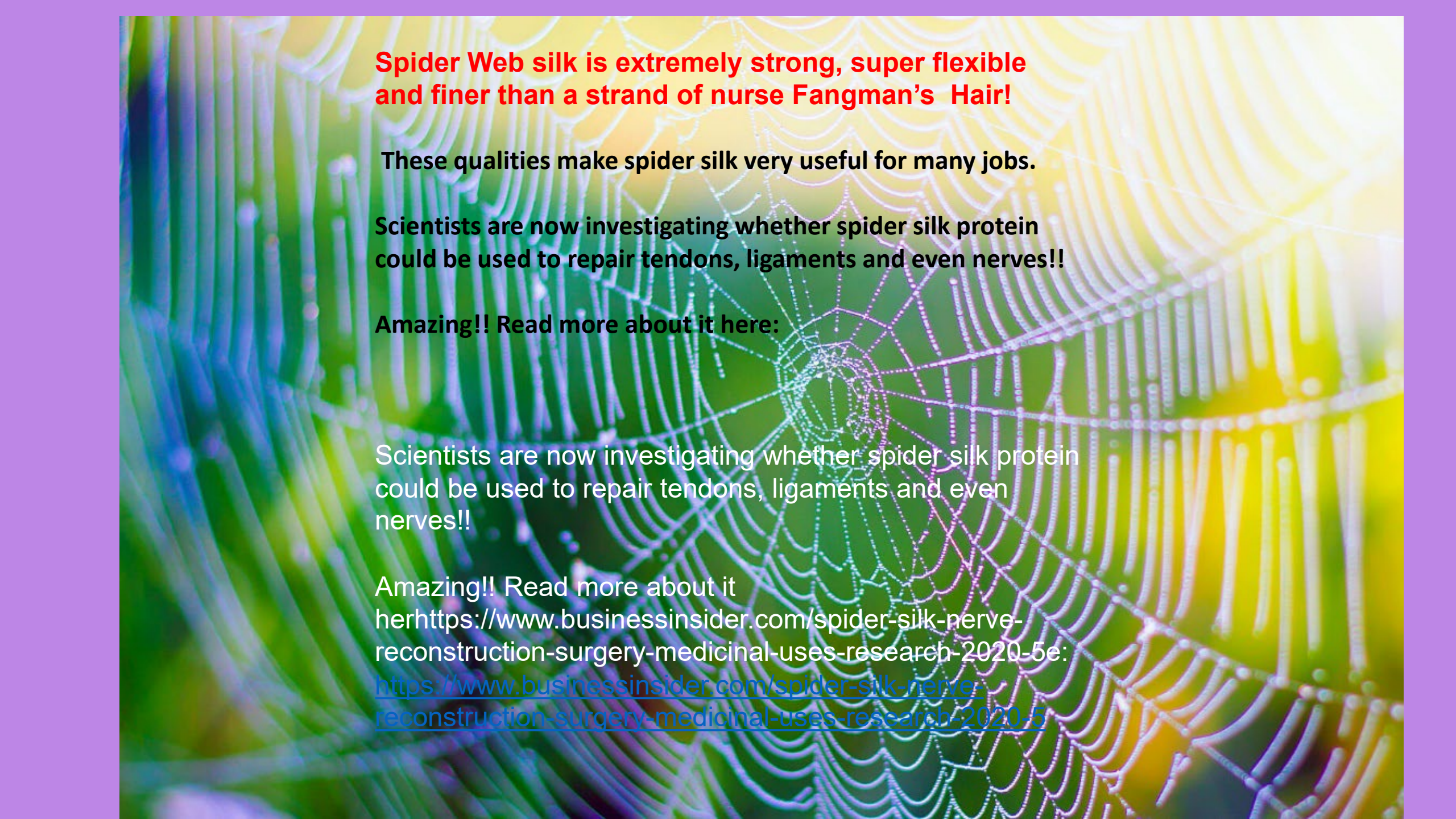
***Partial** seizures are the most common type of seizure and they originate from a specific area of the brain. Partial seizures are divided into two groups:

1. **Simple** partial seizures are generally brief and do not involve loss of consciousness. The person remains aware of the environment, remembers the experience, but may be limited in how he or she can interact while it is in progress. The character of the seizure is affected by the area of the brain. For example, a seizure that begins in a motor area may cause movement of the hand or face. A simple partial seizure can also be a tingling in the hand or face, visual distortions, a sudden feeling of fear, or a peculiar smell, depending on the location of the seizure activity in the brain.
2. **Complex** partial seizures affect consciousness. A person having this type of seizure will be unaware of his surroundings during the seizure. They may wander aimlessly, run, do a series of repetitive movements, pick at clothes, chew, mumble and, to a casual onlooker, appear to be drunk, on drugs or even mentally ill. After the seizure ends, the person will have little or no memory of the actual seizure or what happened during it.

TIPS and WARNING

- In the past it was believed that the seizure victim could swallow his tongue. This is NOT true.
- Even though a seizure is scary, the individual may not need an ambulance. Only call 911 for someone who has a seizure lasting longer than 5 minutes.
- Never put anything in a seizing person's mouth. This includes pills and water as this could cause choking.
- Never put your fingers in a seizing person's mouth. You could be bit.

Material Resources: www.ehow.com (Nicole Harms, ehow contributor) and Epilepsy Foundation of New Jersey



Spider Web silk is extremely strong, super flexible and finer than a strand of nurse Fangman's Hair!

These qualities make spider silk very useful for many jobs.

Scientists are now investigating whether spider silk protein could be used to repair tendons, ligaments and even nerves!!

Amazing!! Read more about it here:

Scientists are now investigating whether spider silk protein could be used to repair tendons, ligaments and even nerves!!

Amazing!! Read more about it here <https://www.businessinsider.com/spider-silk-nerve-reconstruction-surgery-medicinal-uses-research-2020-5e>:
<https://www.businessinsider.com/spider-silk-nerve-reconstruction-surgery-medicinal-uses-research-2020-5>

NEW MEXICO ASTHMA ACTION PLAN FOR SCHOOLS

Date: _____

School District: _____ School Name: _____
 School Nurse / Health Asst.: _____ School Phone # / FAX #: _____ / _____

PARENT/GUARDIAN: Please complete the information in the top sections and sign consent at bottom of the page.

Student Name	Date of Birth	Student #
*Health Care Provider Name/Title	Provider's Office Phone / FAX #	
Parent/Guardian	Parent's Phone #s	
Emergency Contact	Contact Phone #s	



GREEN means Go!
Use CONTROL medicine daily

YELLOW means Caution!
Add RESCUE medicine

RED means EMERGENCY!
Get help from a provider now!

Allergies to Medications:

Asthma Triggers Identified (Things that make your asthma worse): Exercise Colds Smoke (tobacco, fires, incense) Pollen Dust Strong Odors Mold/moisture Stress/Emotions Pets (rodents, cockroaches) Gastroesophageal reflux Season: Fall, Winter, Spring, Summer Animals Other (food allergies):	Date of student's last visit to medical provider: / /	Date of Last Flu Shot: / /	Inhaler is kept: <input type="checkbox"/> With Student <input type="checkbox"/> In Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Other
---	---	----------------------------	--

HEALTH CARE PROVIDER: Please complete Severity Level, Zone Information and Medical Order Below

Asthma Severity: Intermittent or Persistent Mild Moderate Severe

Green Zone: Go! Take Control Medications EVERY DAY

You have ALL of these: <ul style="list-style-type: none"> Breathing is easy No cough or wheeze Can work and play No symptoms at night Peak flow (optional): Greater than 80% of Personal Best (More than 80% of Personal Best) Personal best peak flow: _____	No controller medication is prescribed. Always rinse mouth after using your daily inhaled medication. Inhaled corticosteroid or inhaled corticosteroid/long-acting beta-agonist _____ puff(s) MDI with spacer _____ times a day Inhaled corticosteroid _____ nebulizer treatment(s) _____ times a day _____, take _____ by mouth once daily at bedtime Leukotriene antagonist For asthma with exercise, ADD: _____ puff(s) MDI with spacer 5 to 15 minutes before exercise For nasal/environmental allergy, ADD: _____
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Yellow Zone: Caution! Continue CONTROL Medicine & ADD RESCUE Medicines-

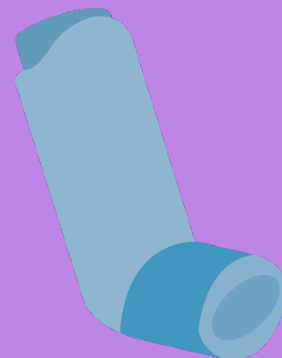
You have ANY of these: <ul style="list-style-type: none"> Cough or mild wheeze Tight chest First signs of a cold Problems sleeping, playing or working Peak flow (optional): in _____ to _____ (50% - 80% of Personal Best)	DO NOT LEAVE STUDENT ALONE! Call Parent/Guardian when rescue medication is given. Fast-acting inhaled beta-agonist _____ puff(s) MDI with spacer & every _____ hours as needed OR Fast-acting inhaled beta-agonist _____ nebulizer treatment(s) & every _____ hours as needed Other _____ Call your MEDICAL PROVIDER if you have these signs more than two times a week, or if your rescue medicine does not work! If symptoms are NOT better OR peak flow is NOT improved, go to RED ZONE ↓
---	--

Red Zone: EMERGENCY! Continue CONTROL Medicine & ADD RESCUE Medicines and GET HELP!

You have ANY of these: <ul style="list-style-type: none"> Cannot talk, eat, or walk well Medicine is not helping or getting worse, not better Breathing hard & fast Blue lips & fingernails Peak flow (optional): Less than 50% of Personal Best	DO NOT LEAVE STUDENT ALONE! → Call for emergency 911 and start treatment Fast-acting inhaled beta-agonist _____ puff(s) MDI with spacer & every 20 minutes until paramedics arrive OR Fast-acting inhaled beta-agonist _____ nebulizer treatment(s) every 20 minutes until paramedics arrive Call 911 and start treatment immediately. Then call Parent/Guardian. Use only if Oxygen and Pulse Oximeter available: Administer Oxygen _____ l/min for O2 Sat. ≤ _____ % and measure O2 Sat. every _____ minutes
---	--

HEALTH CARE PROVIDER ORDER AND SCHOOL MEDICATION CONSENT

Check all that apply: _____ Student has been instructed in the proper use of his/her asthma medications and IS ABLE TO CORRECTLY ADMINISTER his/her INHALED MEDICATION AT SCHOOL. _____ Student is to notify designated school health personnel after using inhaler at school. _____ Student needs supervision or assistance when using inhaler. _____ Student is unable to carry his/her inhaler while at school.	Parent/Guardian: I approve of this asthma action plan, give my permission for the school nurse and the red school personnel to follow this plan, administer medication(s), and contact my provider, if necessary. I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission for the school to share the above information with school staff that need to know and permission for my child to participate in any asthma education, learning opportunities at school. SIGNATURE: _____ DATE: _____
*SIGNATURE/TITLE _____ _____ _____	SCHOOL NURSE: _____ DATE: _____



Please submit a renewed asthma action plan *with signed doctor's orders* at the beginning of each school year along with the prescribed medications.

**AUTHORIZATION TO ADMINISTER MEDICATION
MESCALERO APACHE SCHOOLS**

P.O. BOX 230
MESCALERO, N.M. 88340
(575) 464- 5039 FAX: 464-4758

STUDENT: _____ DATE OF BIRTH: _____

GRADE: _____ TEACHER: _____

ALLERGIES: _____

TO BE READ AND SIGNED BY PARENT/GUARDIAN:

MY CHILD CAN RECEIVE THE MEDICATION AS ORDERED BY THE PHYSICIAN BELOW:

I GIVE PERMISSION FOR MY STUDENT: _____ TO RECEIVE THE MEDICATION DESCRIBED BELOW ACCORDING TO THE SCHOOL DISTRICT POLICY. *NOTE: THE BEST SCHEDULE FOR MEDICATION IS AT HOME AROUND SCHOOL HOURS. For example: If the medication is scheduled to be given three times daily, it can be given in the morning upon waking up, again at home after school, and again before bed. **ANY MEDICATION TAKEN TO SCHOOL MUST BE BROUGHT BY THE PARENT/GUARDIAN ALONG WITH THIS SIGNED AND DATED PERMIT BY THE DOCTOR AND PARENT/GUARDIAN.** The medication must be labeled with the student's name and medication name.

SIGNATURE OF PARENT/GUARDIAN: _____

Relationship to Student: _____ Date: _____

PHONE: (Home): _____ (Work): _____

TO BE COMPLETED BY PHYSICIAN:

NAME OF MEDICATION: _____

REASON FOR MEDICATION: _____

INSTRUCTIONS: (dosage and times to be given at school) _____

Special storage requirements: _____

Student may carry and administer inhaler without adult supervision: YES _____ NO _____

Physician Signature _____ Date _____

Physician Address _____ Phone _____



Please submit a renewed Medication Administration Authorization Form with signed doctor's orders *at the beginning of each school year* along with any prescribed medications.

COVID-19 GUIDANCE

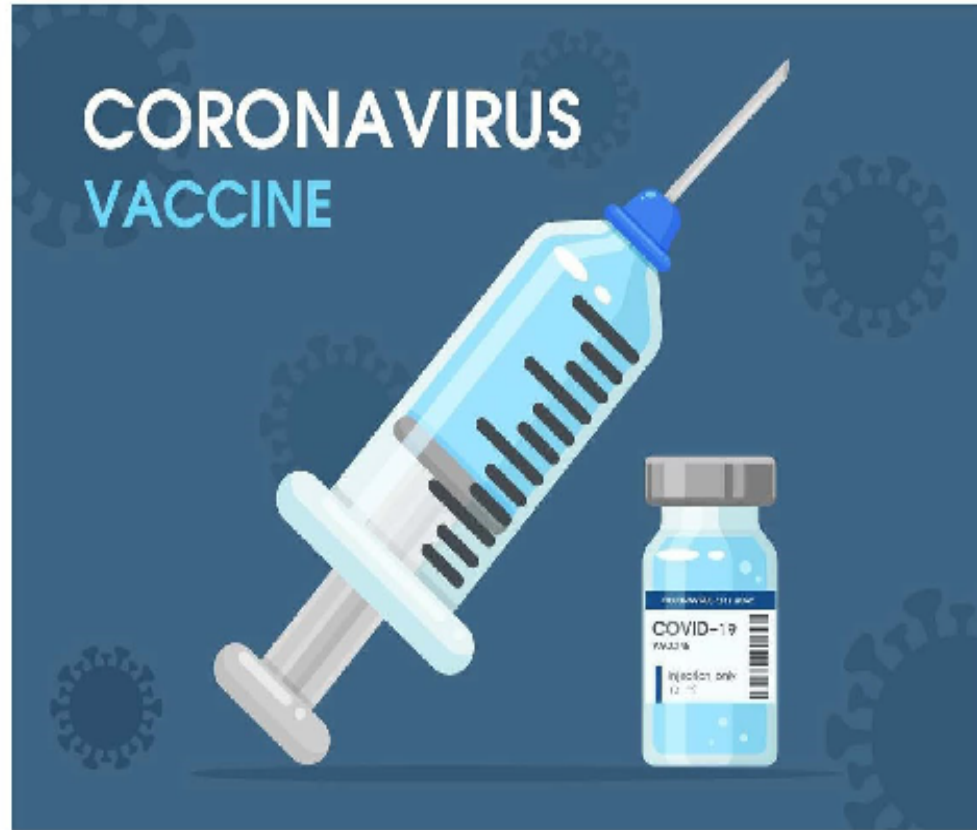
Check with your local district, school, or charter school for guidance specific to your school. Remember that everyone ages 6 months and older is [eligible for COVID vaccines](#), which remain the absolute best protection against serious illness. Guidance for schools in the [COVID Response Toolkit](#) is based on updated guidance from the national Centers for Disease Control and Prevention and the [current Public Health Order](#). Changes this year include:

- The statewide requirement for school workers who are not up to date with COVID-19 vaccinations to test for COVID-19 in schools weekly has been lifted. The decision for when and whether testing will be required is the determination of a local school district or charter school. [The CDC suggests that local decision be guided by the local COVID-19 Community Levels.](#)
- The statewide requirement to quarantine for school staff and students who are not up to date with COVID-19 vaccinations and who are exposed to COVID-19 has been lifted. The recommendation of the CDC is that close contacts of a positive case should wear a well-fitting mask and be tested. The decision for when and whether quarantine will be required is the determination of a local school district or charter school and should be [based on the local COVID-19 Community Levels.](#)
- The statewide requirement for students and school staff to participate in the Test to Stay Program has been lifted. The decision for when and whether testing will be required is the determination of a local school district or charter school.
- The statewide requirement for mask wearing in schools was lifted last school year and will not be changed for the new school year. Mask requirements remain a determination of a local school district or charter school.

[Read the current Public Health Order.](#)



**All Tribal Members and Affiliates,
Come and get your COVID
Vaccination!!**



**Call: (575) 464-4441 to schedule
your appointment.**

LOCKDOWN: 10 STEPS TO FOLLOW

1. Locate keys
2. Yell “LOCKDOWN” at the top of your lungs down hallways etc.
3. Bring employees inside offices. Keep away from doors and out of sight.
4. Lock doors (if you can’t lock door, move to a room that does lock, or barricade door).
5. Cover Windows
6. Lights Off
7. Keep employees quiet
8. Employees cell phones on vibrate
9. Take attendance of everyone in your space. Note any medical conditions.
10. Wait for “All Clear” or release by MAS Fire & Rescue or Tribal Police.

IN CASE OF AN Active Shooter

IF YOU SEE SOMETHING, SAY SOMETHING. REPORT SUSPICIOUS ACTIVITY TO THE POLICE.

1. RUN RUN/ESCAPE IF POSSIBLE	2. HIDE IF ESCAPE NOT POSSIBLE	3. FIGHT AS A LAST RESORT
<ul style="list-style-type: none">• Have an escape route and plan in mind• Leave your belongings behind• Evacuate regardless of whether others agree to follow• Warn and prevent individuals from entering an area where the active shooter may be	<ul style="list-style-type: none">• Hide in an area out of the active shooter's view• Lock and block doors, close blinds, and turn off lights• Silence your cell phone (including vibrate mode) and remain quiet• Stay in place until law enforcement gives you the all clear	<ul style="list-style-type: none">• Fight as a last resort and only when your life is in danger• Attempt to incapacitate the shooter• Recruit others to ambush the shooter with makeshift weapons like chairs, fire extinguishers, scissors, books, etc.• Act with physical aggression and throw items at the active shooter

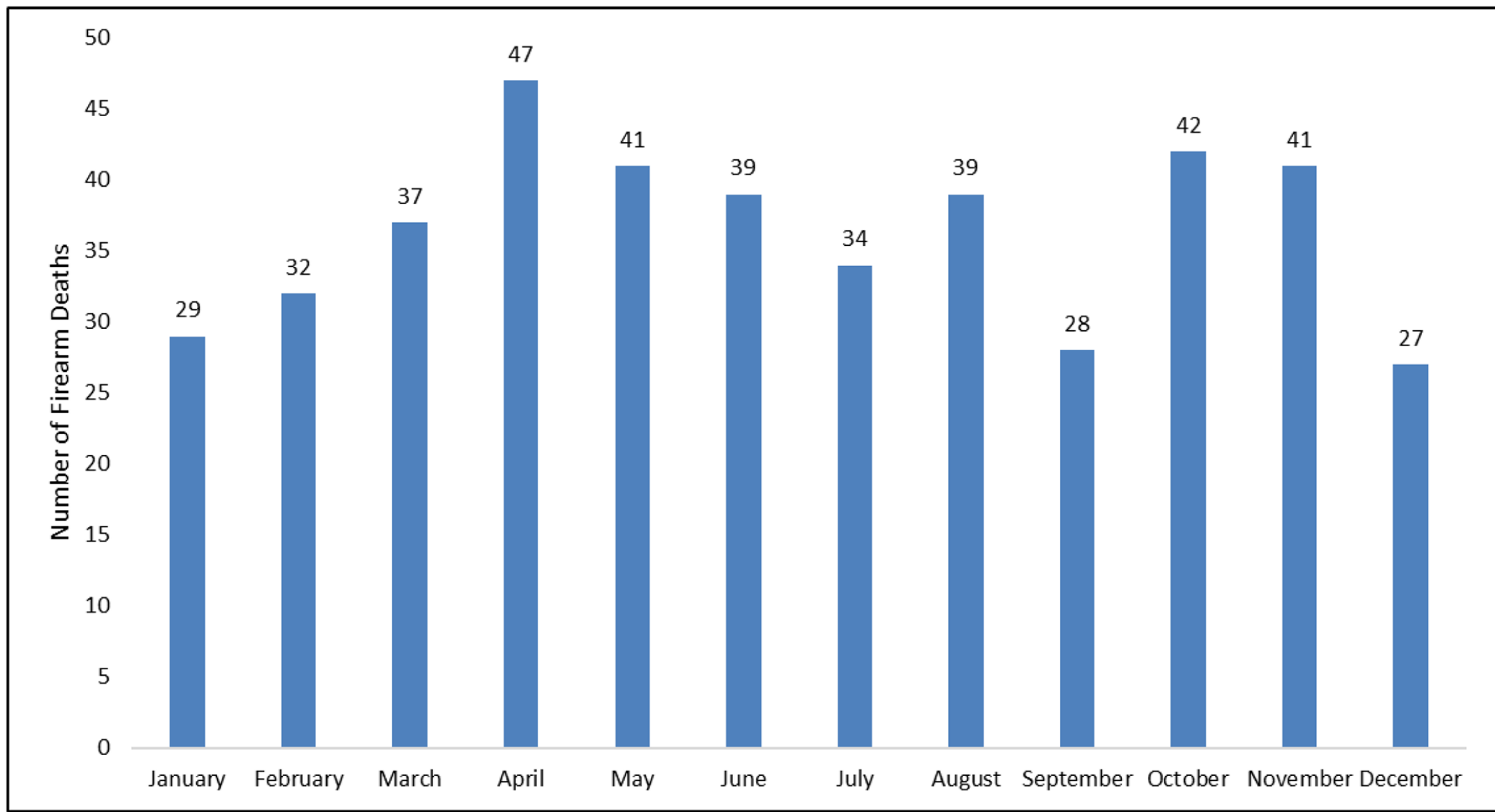
CALL 911 WHEN YOU'RE SAFE TO DO SO

WHEN LAW ENFORCEMENT ARRIVES:	INFORMATION TO PROVIDE 911 OPERATORS:
<ul style="list-style-type: none">• Remain calm and follow instructions• Drop items in your hands• Raise hands and spread fingers• Keep hands visible at all times• Avoid quick movements toward officers, such as holding on to them for safety• Avoid pointing, screaming or yelling• Do not ask questions when evacuating	<ul style="list-style-type: none">• Location of the active shooter• Number of shooters• Physical description of shooter(s)• Number and type of weapons shooter has• Number of potential victims at location

YOU ARE IN BLDG: _____ ROOM: _____

Source: www.mass.gov/active-shooter. A public safety poster provided by the Massachusetts State Police. © 2015. All rights reserved. For more information, visit www.mass.gov/active-shooter.

Figure 3. Preliminary Numbers of Firearm Deaths (436) by Month, New Mexico, 2018



Symptoms of Type 1 diabetes in adults and children



Excessive thirst



Excessive hunger



Unexplained weight loss



Blurred vision



Slow healing of cuts and sores



Fatigue



Vaginal yeast infections



Frequent urination, including frequent full diapers in infants and bedwetting in children



Please submit a renewed **DIABETES MANAGEMENT PLAN** with signed doctor's orders *at the beginning of each school year* along with any prescribed medications.

Helping the Student with Diabetes Succeed: A Guide for School Personnel



Level III

Level III will cover diabetes care tasks that take place at school

TRANSGENDER STUDENTS IN SCHOOL

ALMOST **2%** OF
HIGH SCHOOL STUDENTS
IDENTIFY AS
TRANSGENDER



TRANSGENDER STUDENTS FACE HEALTH RISKS



27% FEEL
UNSAFE AT OR
GOING TO OR
FROM SCHOOL



35% ARE
BULLIED AT
SCHOOL



35% ATTEMPT
SUICIDE

SAFE AND SUPPORTIVE SCHOOLS CAN HELP!

- **CREATE AND ENFORCE ANTI-BULLYING POLICIES**
- **IDENTIFY AND TRAIN SUPPORTIVE SCHOOL STAFF**



Data from 2017 Youth Risk Behavior Survey of U.S. high school students in 10 states and 9 large urban school districts (N=131,901 students) as published in Johns, et al. *MMWR* 2019 (bit.ly/CDCVA21)

CS 282278-X

WWW.CDC.GOV



Message to Parents



WHAT TO DO IF POLIO COMES YOUR WAY

Keep children with their own friends. Keep them away from people they have not been with right along, especially in close daily living. Many people have polio infection without showing signs of sickness. Without knowing it they can pass the infection on to others.

Try not to get over-tired by work, hard play or travel. If you already have the polio infection in your body, being very tired may bring on serious polio.

Keep from getting chilled. Don't bathe or swim too long in cold water. Take off wet clothes at once. Chilling can lessen your body's protection against polio.

Keep clean. Wash hands carefully before eating and always after using the toilet. Hands may carry polio infection into the body through the mouth. Also keep food clean and covered.

WATCH FOR EARLY SIGNS OF SICKNESS

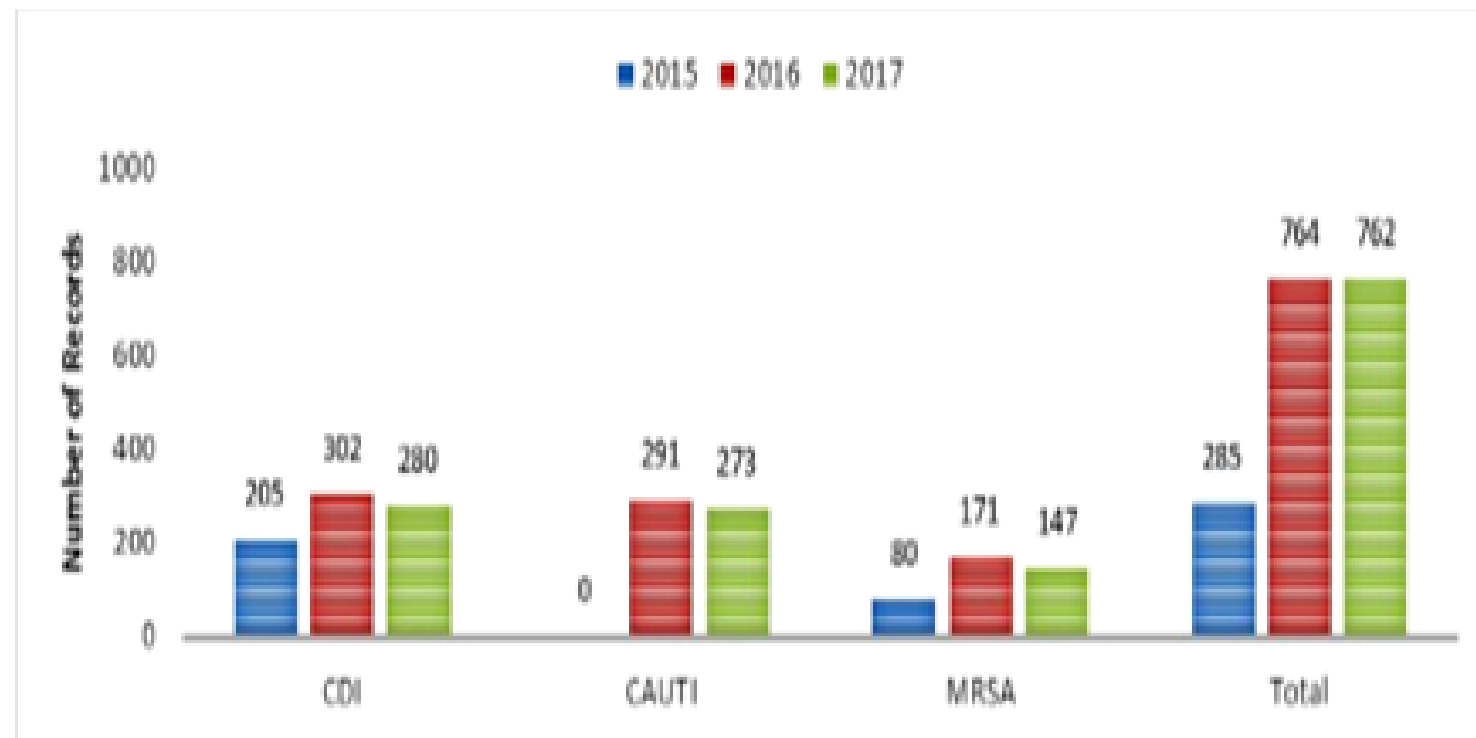
Polio starts in different ways—with headache, sore throat, upset stomach or fever. Persons coming down with polio may also feel nervous, cross or dizzy. They may have trouble in swallowing or breathing. Often there is a stiff neck and back.

ACT QUICKLY—CALL YOUR DOCTOR AT ONCE

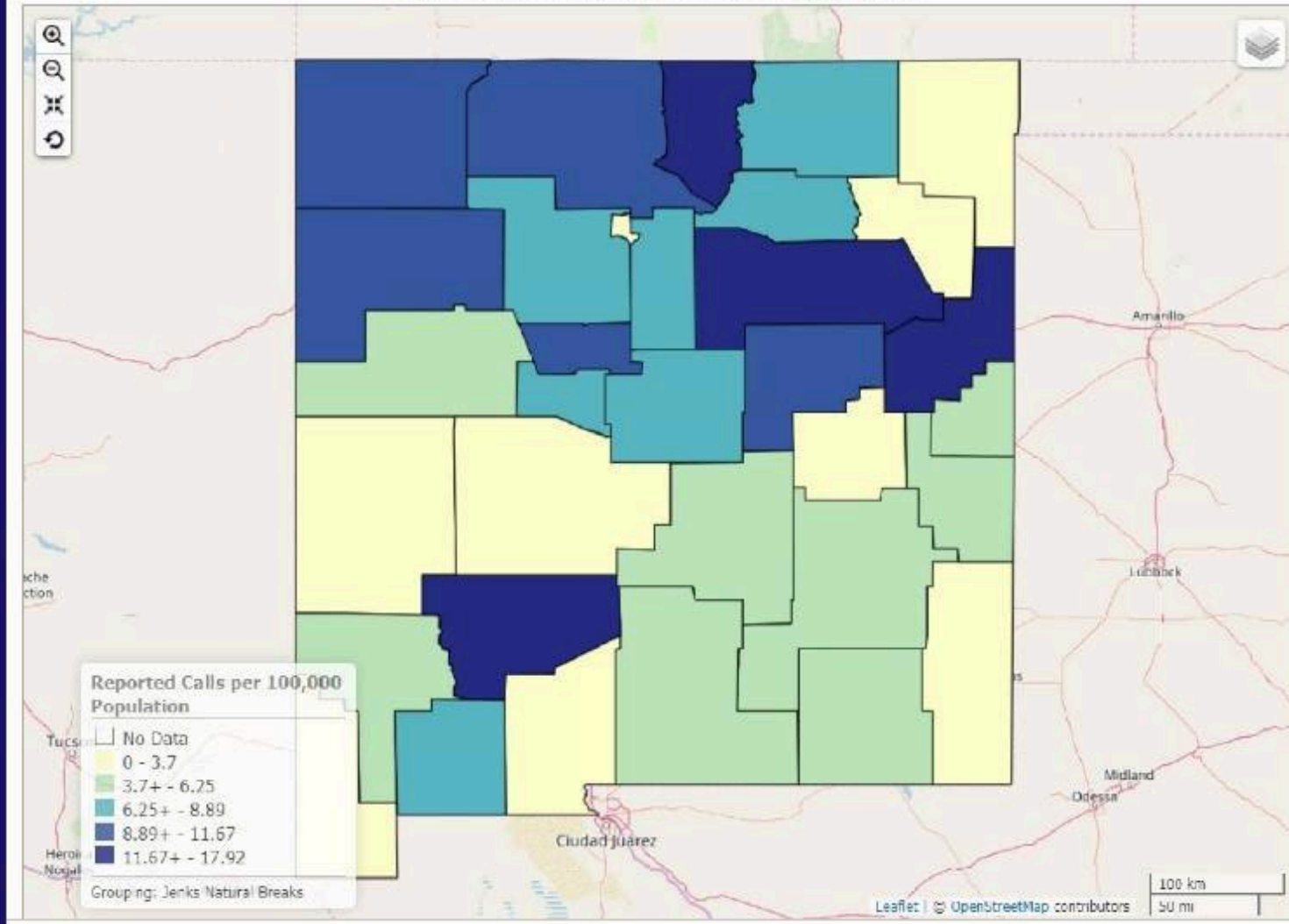
Until he comes, keep the patient quiet and in bed, away from others.

Prepared in Cooperation with The National Foundation For Infantile Paralysis

Figure 1. Number of Records Validated for *Clostridioides difficile* infections (CDI), methicillin-resistant *Staphylococcus aureus* (MRSA) infections, and catheter-associated urinary tract infections (CAUTI) in Acute Care Hospitals, New Mexico, 2015 and 2017



Unintentional CO Exposures Reported to Poison Control Centers, Age-adjusted Rate per 100,000 Population by County, New Mexico, [Year Period] 2008-2018



<https://nmtracking.org>



<https://www.anotherwaynm.org/resources>

Overdose Prevention and Rescue Breathing in 20 minutes or less



- A. What causes an overdose (OD)**
- **Toxic amount:** too much of the substance; reduce amount and do test shot
 - **Mixing:** effects are amplified; reduce amounts, inject first if mixing with alcohol
 - **Tolerance:** lowers during periods of non-use (i.e.: detox/jail/no money); reduce and do test shot
 - **Quality:** varies in strength and purity; try to use known source and do test shot
 - **Using Alone:** if something goes wrong, -- nobody to help; fix w/friend, unlocked door, and call someone trusted
- B. How to recognize an OD**
- **Over-amp:** Stimulants (cocaine/speed) make the body speed up
 - **Overdoses:** Heroin and other downers (alcohol/benzos) make the body slow
 - **Signs of OD:** Unresponsive, unresponsive, breathing slow/shallow (<12 breaths/min); pale, clammy, loss of color, blue/gray (esp. lips/nails); loud/irregular snoring/gargling; not breathing; faint/no pulse
 - **High vs OD:** "the line" -- UNRESPONSIVE
- C. What to do if OD occurs**
- **Stimulation:** Call name, sternum rub
 - **Call 911 - Good Samaritan 911 Law:** protects against citation or arrest, except if another law is being broken
 - Quiet the scene (or go to a quiet area), be calm and speak clearly, and do not argue
 - Give exact address/location, person not breathing or turning blue
 - There is no need to say: it is an overdose, give a name, or if drugs were involved
 - Tell the paramedics everything known about the situation when they arrive
 - Use Naloxone
 - **Perform Rescue Breathing =** If they do not start breathing in 3 minutes, use a second dose of naloxone

D. Naloxone Administration

(using device with separate atomizer)

1. Remove the colored caps on medicine vial and syringe barrel
2. Insert vial into barrel & gently turn until it stops
3. Twist nasal atomizer onto tip of barrel. It is ready to use!
4. Place assembled naloxone atomizer into one nostril
5. Press firmly on base of vial, spraying half into nostril
6. Repeat in other nostril



If an atomizer is not available (lost, missing, etc...), slowly drip the naloxone under the tongue

(using "all-in-one" intranasal device)

1. Remove device from blister pack
2. Place nozzle end into nostril
3. Press firmly on base of device, spraying medication into nostril



*Stay with the person as naloxone loses effect 30-90 minutes after administration.

E. Rescue Breathing

• Stimulation and Airway

1. Check responsiveness. Ask, "Are you okay?", shake foot, use sternum rub
2. Are they breathing? Look, listen and feel
3. If no response, call 911
4. Check for clear airway. If blocked, roll on side and use finger sweep to clear



• Rescue Breathing

1. Roll onto back, tilt head back and pinch nose:
2. Give 2 regular breaths
3. Look, listen and feel
4. If still not breathing give 1 breath every 5 seconds
5. Continue until person revives or help arrives
6. Once they start breathing, put them in the recovery position



*Remember to keep breathing for them. Brain damage starts occurring 4 minutes after loss of oxygen.

• Recovery Position



F. OD Myths - These do not work:

- Slap or punch: may bruise or break nose/jaw
- Put in cold water or use ice: makes the body cold, slow even more, and can lead to hypothermia
- Use a lamp cord like a home-made defibrillator: can cause elastic burns, irregular heart beat, or death
- Inject with milk/salt/water/other substances: can cause the body to go into shock

***How to demonstrate assembling the Naloxone if a training device is not available

- Dispense Naloxone to participant
- Have participant attach atomizer themselves
- Show participant how the vial is assembled but do not actually remove the plastic caps or twist the vial into the barrel as this will cause the Naloxone to spoil before use