

Grant County School Health Program

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, WI 53813-1672

Phone: (608) 723-6416

Fax: (608) 723-6501

www.co.grant.wi.gov

Updated 07/30/19

**Annual Report of Review
of
Emergency Nursing Services**

- _____ Current licensure of Registered Nurse
- _____ School District Personnel Trained/Certified for Responding to Emergencies And Other Medical Needs List
- _____ Policies and procedures in writing
- _____ Plan covers all buildings and sponsored activities
- _____ Log of emergency nursing services available
- _____ First aid kit available

.....

School _____

.....

I have reviewed the Emergency Nursing Service Policies and will direct the School District in providing Emergency Services in case of illness or injury.

Nurse _____

License # _____ License Date _____

.....

I have reviewed the Emergency Nursing Service Policies and agree to serve as Medical Advisor for the 2019-2020 school year.

Physician _____

Address _____

Telephone # _____

Date _____

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SCHOOL VISITS

School visits will be held regularly throughout the year. Time will be set aside to assist the individual school with their health program and follow-up on specific problems. In order to facilitate a successful program, please make your referrals to the contact person at your school.

If school personnel have any questions or problems when the nurse is not available, please contact:

GRANT COUNTY HEALTH DEPARTMENT

111 South Jefferson Street, Floor 2

Lancaster, WI 53813

www.co.grant.wi.gov

PHONE: (608) 723-6416

The following is a yearly schedule of screening programs that will be conducted in your school.

	<i>Grade</i>	<i>Month</i>
Wisconsin Checkpoint Law	Pre-K through 12 th	Sept thru May
Hearing	Pre-K through 3rd	Sept/Oct/Nov
Vision	Pre-K through 5th	Sept/Oct/Nov
Hep B, Flu & Pneumonia Vaccine	Employees	As available
Pre-School & Kind. Screening		(as requested)
Blood Pressure	10 th	Jan/Feb
Scoliosis Letter	Girls 6 th & 8 th Boys 8 th	Mar/Apr
Wellness Clinics	Employees	As Requested

Grant County Health Department

JESSICA SCHULER, RN, BSN

Potosi Elementary/High School
St. Andrew-Thomas School (Potosi)
St. Mary's (Bloomington)
Cassville Elementary/High School
St. Charles (Cassville)

MAGGIE DROESSLER, RN, BSN

Muscoda / Boscobel / Fennimore Area Schools*

CASEY GRADEL, RN, BSN

Cuba City Elementary/High School
Southwestern Elementary/High School
St. Rose (Cuba City)
Holy Ghost (Dickeyville)/Immaculate Conception (Kieler)
St. Joseph (Hazel Green)
St. Mary's (Platteville)
Christian Day School (Muscoda)
Amish/Mennonite Schools
Platteville Area Schools*

KESSA KLAAS, RN, BSN

Lancaster Area Schools*
St. Clements School (Lancaster)

KALYN BAIRD, RN, BSN

RiverRidge Elementary/High School

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

*The following school districts employ school nurses:

Boscobel	- Suzanne Brinkman, RN, BSN
Fennimore	- Sara Peterson, RN, BSN
Lancaster	- Laurie Walker, RN, BSN
Platteville	- Crystal Curry, RN, BSN
Riverdale	- Cedar Schneider, RN, BSN

Check with your nurse as to what day she will regularly be in your school. Feel free to contact the Grant County Health Department at 723-6416 if you have problems or need a nurse.

GRANT COUNTY HEALTH DEPARTMENT STAFF

Director / Health Officer	Jeffery A. Kindrai, MSPH, RS
Assistant Director	Amy Miller, RN, BSN
Nursing Compliance & Quality Coordinator	Holly Muench, MSN
Office and Financial Coordinator	Deb Udelhoven
Public Health RNs	Kessa Klaas, RN, BSN Casey Gradel, RN, BSN Kalyn Baird, RN, BSN Jessica Schuler, RN, BSN Maggie Droessler, RN, BSN
Home Nursing RNs	Michelle Young, RN, BSN Selina Baus, RN, BSN Kim Pribnow, RN, BSN Cari Ehlen, RN, Ashley Sullivan, RN, BSN
Hospice Staff	Kim Martens, RN, BSN Tracy Schildgen, RN, BSN Brianna Klaas, RN, BSN Mareeta Kolman, SW
Home Health Aide	Brenda Cullen, CNA Annette Snyder, CNA
Clerical	Mary Allen MacKenzie Johl Amy Budworth Jamie Kreul, CNA Steve Straka
WIC Staff	Laura Wolles, RD Shawn Handfelt, CNA
Environmental Health Coordinator	Troy Moris

Policies Regarding the Functions of the Grant County Health Department Nurses in the School

SCHOOL MISSION STATEMENT:

The philosophy of the Grant County Health Department is to help every child in Grant County schools to attain their optimum level of health. School personnel and nurses will promote this through a selective program of health teaching, vision, hearing, scoliosis and blood pressure screening, dental health promotion and encouraging compliance with the state immunization law.

PROGRAM OBJECTIVES:

1. a) All students will participate in screening programs conducted by the nurse and trained volunteers.

b) All students identified at the screening with specific health problems will be referred for appropriate medical care.
2. Each student will have an opportunity to participate in a program of health education which will promote knowledge and provide positive health experience.
3. The school nurse serves as a consultant to the school administrative and teaching staff to develop and maintain the total school health program.
4. All students with health needs will be identified by school personnel with assistance from the school nurse who is available to counsel and to encourage or arrange for medical care.
5. Each student will receive appropriate emergency care provided by competent personnel.

I. Specific Functions

1. Nurse/Teacher conference: The nurse and teacher will meet together as needed to discuss student health needs.
2. Nurse as a Resource Person: The nurse functions as a resource person in health education units for teachers and students in assignments and projects. The nurse provides appropriate and current health information to parents, school personnel and students.
3. a) The school health program may include meeting with families to interpret the health needs of a child and to guide the family toward the self-help solution to the problem.
b) The plan may include follow-up meetings to see that recommendations are being followed and keeping school personnel informed of plans and progress.

4. Hearing Screening: Volunteers trained by the nurse will screen all pupils in grades Pre-K through 3rd annually. The students who fail the first screening test are rechecked by the nurse. A referral letter is sent home to the parents of children with suspected problems. On pages 29-30 is the referral letter that will be used. Teachers are urged to refer students for a hearing test at any time.
5. Vision screening: Volunteers trained by the nurse will screen all pupils in grades Pre-K through 5th annually. A Snellen or LEA eye chart is used for the screening. The students who fail the first screening test are rechecked by the nurse. A referral letter, see pages 31-34, is sent to parents if students are suspected of having vision problems. Teachers are urged to refer students for a vision test at any time.
6. Blood Pressure Screening: Screening will be conducted by the school nurse for 10th graders annually. Elevations over 120/80 (AAP) will be rechecked within one month and letters will be sent home to the family for students with blood pressure of 120/80 (AAP) or above. A referral letter is on pages 35-36.
7. Scoliosis: An information letter regarding scoliosis and how to screen your child for scoliosis is sent out to parents of girls grades 6th and 8th and boys grade 8th annually. The letter sent to parents is on pages 37-38.
8. Dental Health Program: It is recommended that each child receive a dental examination before kindergarten entrance and yearly thereafter. Fluoride mouth-rinse is available to schools who wish to participate. An in-service for teachers and volunteers can be arranged. The school is responsible for keeping a signed consent form on file and recording each student's weekly rinse. The nurse is responsible for bringing supplies to the school and seeing that they are properly used and stored.
9. School Health Examinations: It is recommended that students entering kindergarten bring a completed health exam form from their family physician when enrolling in school for the fall term. See form on page 39. (Transfers from other schools should also bring a recently completed health examination form).
10. School Vision Examinations: It is recommended that each child receive a vision exam from a medical provider before kindergarten entrance. See form on pages 40-41.
11. Health File: The school is responsible for having a health file for each student. These should be kept in a place readily accessible to the nurse and designated school personnel. If a school uses electronic record keeping the school nurse needs to be granted access to input immunization, health, medication and screening results.

II. Prevention and Control of Communicable Disease

1. Communicable Disease: It is the responsibility of the school principal to exclude any student suspected of having a communicable disease. Each school has a copy of the Wisconsin Communicable Disease Wall Chart outlining the procedure and law regarding these diseases. Additional copies of the chart can be obtained by contacting the nurse. The school nurse is available for consultation.

2. Exclusion of Students who appear to be ill:

- Fever - defined as having a temperature of 100 degrees F or
- Vomiting
- Diarrhea – runny, watery or bloody stools.
- Body rash with a fever.
- Sore throat with a fever and swollen glands.
- Eye discharge – thick mucus or pus draining from the eye, or pink eyes.
- Yellowish skin or eyes.
- Chickenpox – until the lesions are all scabbed over. (7 days after onset of rash)

Students with above symptoms should be sent home as soon as possible by school personnel. Parents or responsible person should be notified to pick up student as soon as possible. Refer to pages 53-54.

3. Immunization Program: The nurse will assist the school in interpreting and enforcing the Wisconsin Immunization Law, Chapter 334 (s140.05(16) and HSS 144 Statutes). Each school should have a copy of this law on file, if you cannot locate your copy the nurse can arrange for you to receive a copy. The nurse is required to fill out the Immunization Checkpoint Law assessment, 30 school days after school convenes. Students who are not up to date or have signed waivers for immunizations will be excluded from school on the 30th school day until either vaccines are received or waiver is signed.

Immunization clinics are conducted by the Grant County Health Department every month throughout the year. Schedule can be found at www.co.grant.wi.gov.

Hepatitis B: Hepatitis B vaccine is offered to school personnel who may potentially have contact with blood. Affected staff may receive the vaccine according to their district policy. Staff who are not likely to be exposed to blood may receive the vaccine at their expense. Contact the school nurse to make arrangements to receive the vaccine.

4. Exclusion of Students who are not immunized/signed waiver on file for immunizations:

For confirmed cases in a school population, the following absolute limits:

1. Measles, one case
2. Mumps, 2% of the unvaccinated population.
3. Rubella, one case
4. Polio, one case
5. Diphtheria, one case
6. Haemophilus influenzae b (hib), one case in a day care center.

III. Universal Precautions

Practices that prevent the spread of communicable disease during exposure to blood or body fluids.

1. Avoid punctures with objects that may be contaminated with the blood of others. Use gloves when handling discharges from another person's body fluids containing blood. After removing gloves, wash hands thoroughly with soap and running water as soon as possible.
2. Objects such as needles, lancets, and other sharps that are contaminated should be placed in red biohazard containers, located in each school building. DO NOT BEND, BREAK, or RECAP needles.

IV. Blood Borne Pathogens Control Plan

1. Each school district is required to have a control plan. Please check your district's policy for detailed instructions.
2. On pages 42-45 see educational handout on Blood Borne Pathogens.

V. Recommendations for Students with a HIV Infection

1. Students with AIDS or an HIV infection will be allowed to attend school in their regular classroom setting and will be considered eligible for all rights, privileges and services provided by law and local school district policy.
2. Under the following circumstances, a child with a HIV infection might pose a risk of transmission to others:
 - a. has open sores that cannot be covered.
 - b. demonstrates behavior (for example, biting) that could result in direct transmission of potentially infected body fluids into the blood stream.

If any of these circumstances exist, a local health care team will develop a plan to protect everyone involved. The local health care team will include:

- a. child's physician
- b. a physician knowledgeable about HIV infections (designated by the state epidemiologist)
- c. a local public health agency representative
- d. child's parent or guardian
- e. the school principal
- f. the nurse employed by the school

3. The responsibility of the health care team will be to initiate only those physical restrictions necessary to protect the health of the student with the HIV infection and the health of other students and staff.

The school district will be flexible in its response and attempt to use the least restrictive means to accommodate the student's needs.

The health status of a student temporarily removed from the usual school setting to protect the health of self or others, will be re-evaluated at regular intervals (at least monthly) as determined by the local health care team.

4. The nurse serving the school will function as:
- a. the liaison with the child's parents, the child's physician and the local public health agency.
 - b. the child's advocate in the school (in other words, assist in problem resolution, answer questions).
 - c. supervise the health services provided by other staff.

If the school does not employ a nurse, a public health nurse from the Health Department knowledgeable in communicable disease control will serve as health liaison. The school principal will assume the duties of the child's advocate in the school.

5. Parents of the child infected with HIV are responsible for deciding whether or not to inform the principal, nurse or other school staff about the child's infection. Records regarding HIV infections will remain confidential as required in Wisconsin Statutes 146.025.
6. Some children with an HIV infection may be susceptible and may need to be removed from the classroom for their own protection when cases of measles or chickenpox are occurring in the school population. The nurse serving the school or the nurse from the Health Department will notify an infected child's parents when these infections occur in the school.

A decision on whether or not to remove the child will be made by the child's physician and parents/guardian in consultation with the nurse serving the school and the Health Department

VI. Special Health Areas

1. **Pregnancy:** Students who are pregnant should be referred to the school nurse for prenatal counseling and referral to other services when appropriate.
2. **Growth and Development Education:** The nurse is available to assist the school in planning units on puberty, family living and puberty education. She can serve as a consultant suggesting audio-visual aids and teaching materials and be available when these materials are presented. The nurse may also assist with scheduling Clarity Clinic puberty education at school districts discretion.
3. **Drug Abuse:** The nurse will assist the school personnel in the identification of the health needs of students due to drug abuse. Some of the common symptoms of drug usage are slurred speech, dilated pupils, poor muscular control, drowsiness, odor on breath, exaggerated behavior, change in school attendance, or character of homework. The nurse is available to assist the school in referring the student and family to the appropriate resource.
4. **Students with Special Health Needs:** The school nurse is available for information and counseling regarding students with special health needs, i.e. diabetes, epilepsy, spinal bifida, cerebral palsy, muscular dystrophy, obesity, anorexia, etc. Plans to meet students health care needs will be developed by school nurse and family doctor and be available to school staff as appropriate.

VII. Miscellaneous Activities

1. **Transportation:** The nurse assigned to the school may not transport children for any purpose. Arrangements must be made within the school to contact the parents of children who become ill or have an accident.
2. **Absenteeism:** Frequent absences, due to illness, should be reported to the nurse. The nurse should not, however, be considered the truant officer for any unexplained absences.
3. **Health Careers:** The nurse may participate in health career programs and give individual consultation to those interested in nursing or related occupations.

VIII. Medication Policy

Administration of Medicine: In accordance with the policy of the Wisconsin Division of Health and the State Medical Society, no drugs of any type, including Tylenol, should be given by school personnel.

Occasionally, it is necessary for medicine to be given to a child by a school employee.

The following is a written policy about the administration of medications which should be followed by the school.

1. Medication to be given in the school MUST have:
 - A) A written order from the physician.
 - B) Student's full name on the container.
 - C) Name of drug and dose.
 - D) Time to be given.
 - E) Parent/legal guardian permission. (Verbal permission may be acceptable, providing written consent follows.)
2. Medication will be given to the student at a designated time supervised by authorized personnel. The district shall ensure that sufficient appropriately trained staff are maintained for handling medications and other needs. The names of the staff will be included on the "School District Personnel Trained/Certified For Responding to Emergencies and Other Medical Needs List". Staff who administer medications need to complete basic medication administration training every 4 years.

For special medications administered rectally, injectable, inhaled, gastrostomy, jejunostomy, and nasogastric DPI approved knowledge base training must occur at least every four years. The skill portion of the medication training must occur annually.
3. Limited quantities of the medication should be kept at school.
4. All medication administered at school will be stored in a locked cabinet or file.
5. Parents must notify school when the dosage or time is changed. If medication is resumed, a new order must be received from medical provider.
6. The "Medication Consent" form with the signature of the physician must be renewed annually for students on long-term medications
7. Handout on page 27 or 28 of the "School Book" may be reproduced by schools and used as a consent form and a record-keeping system.
8. Tylenol or any other drug which may lawfully be sold over the counter without a prescription may be given by authorized school employee to a student at the written request of the student's parent/guardian. (Form on page 27 or 28 of the School Book).
9. The school should establish an accurate and confidential record-keeping system for each student receiving medication whether prescription or over the counter. When completed this form/print out will be placed in the student's permanent health file.

10. Schools should take measures to minimize medication left at the end of the school year. For example, when making parental requests for medication replacement near the end of the school year, calculate the number of days of school remaining and request a specific number of doses to cover the days of school. If student does have leftover medication office personnel will attempted to contact parents to come pick the medication up from the school. After 2weeks medication left at school will be disposed of per policy.

IX. Pediculosis Policy

The policy for head lice aligns with public health recommendations (including Wisconsin Department of Health Services, American Academy of Pediatrics and National Association of Nursing). If students are found with head lice during the day, they have the option of staying in school until the end of the day , be treated, and return to school following appropriate treatment.. Staff will attempt to reach parents and guardians and students may be picked up early if the parent/guardian chooses. Students with nits-only should not be sent home from school, they should be monitored for signs of re-infestation. Repeat cases/untreated cases of live head lice will be sent home when found

Students diagnosed with head lice should be discouraged from close direct head contact with others; however they should not be removed from the classroom.

It is recommended that parents check their child's hair weekly for head lice. Reminders to parents to check their student will be sent home periodically through the school year.

Families who have difficulty purchasing the lice- killing treatments should contact the school nurse or designated personnel who can direct them to other resources or recommend alternative treatments.

Schools will not do mass screenings, but check siblings or close friends as needed.

X. Bed Bug Policy

The common bed bug (*Cimex lectularius*) has long been a pest – feeding on blood, causing itchy bites and generally irritating their human hosts. The Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention (CDC), and the United States Department of Agriculture (USDA) all consider bed bugs a public health pest. However, unlike most public health pests, bed bugs are not known to transmit or spread disease.

Adult bed bugs, in general, are

- About the size of an apple seed (5-7 mm or 3/16 - 1/4 inch long)
- Long and brown, with a flat, oval-shaped body (if not fed recently)
- Balloon-like, reddish-brown, and more elongated (if fed recently)
- A “true bug” (characteristics of true bugs include a beak with three segments; antenna that have four parts; wings that are not used for flying; and short, golden-colored hairs)

- Smelly, with a "musty-sweetish" odor produced through glands on the lower side of the body.

Appearance of Bites

It is hard to tell if you've been bitten by a bed bug unless you find bed bugs or signs of infestation. When bed bugs bite, they inject an anesthetic and an anticoagulant that prevents a person from realizing they are being bitten. Most people do not realize they have been bitten until bite marks appear anywhere from one to several days after the initial bite.

- Similar to a mosquito or a flea bite
- Slightly swollen and red area
- May itch and be irritating
- May be random or appear in a straight line

When a bed bug is found on a child

- School staff or the nurse should escort student and their belongings to a designated area (bathroom, office, nurse's office).
- Have the student change into temporary clothing and place all of their clothes (including shoes) in a bag and seal the bag.
- If available place the clothes and shoes in the dryer set on High for 30mins.
- After the clothes are heat treated, have the child change back into their clothes and return to class.
- Heat the rest of their belongings and the temporary clothes on High for 30 minutes.
- Contact parents to inform of bedbug found and refer to the Grant County Health Dept. for more information.

Contact your school nurse or the Grant County Health Department at 608-723-6416 for further guidance/resources.

XI. MANAGEMENT OF ILLNESS

In order to protect the health and safety of student, District personnel, and the community at large, the school shall follow State Statutes and Grant County Health Department regulations which pertain to controlling casual-contact communicable disease spread through normal inhalation in the school setting.

The following procedure should be followed if a child arrives at or becomes ill during the school day:

- Evaluate temperature (elevated temp is about 100.0 F)
- Check for other symptoms (ie. vomiting, skin color, malaise, cough, irritability, rash, runny nose, watery eyes, diarrhea, ears).
- Review student complaints (ie. sore throat, nausea, earache, headache, stomachache).
- Office/School personnel will make a determination if student needs to be sent home.
- Staff will contact parent or other persons listed on emergency form to come to get the child.

It is recommended the attached form “When Should I Keep My Child Home from School Because of Illness” be distributed to all parents at the beginning of the school year.

XII. EMERGENCY NURSING SERVICES

To provide for the protection of students, the District shall make available emergency nursing services during the regular school day and during all school sponsored activities of students.

The District shall provide for the management of illness, accidental injury, and the administration of medication and emergency care.

The district shall ensure that sufficient appropriately trained staff are maintained. The names of the staff will be included on the “School District Personnel Trained/Certified For Responding to Emergency and Other Medical Needs List”. (Page 19 – 21)

The District Administrator shall develop guidelines that will provide student emergency information cards, equipment, supplies, and space for the emergency nursing services that are appropriate and readily accessible.

The District shall make available emergency student information, first aid supplies, and appropriate and accessible space for the rendering of emergency nursing services. This policy has been reviewed by the school nurse in cooperation with other school district personnel and representatives from community health agencies and services. The School board shall review and evaluate emergency nursing services each year, including a review of the policies referenced above.

XIII. EMERGENCY MEDICAL AUTHORIZATION

The District will distribute annually to parents or guardians of all students an Emergency Medical Authorization Form. In the event emergency medical treatment for a student is necessary, the District will adhere to the instructions on the authorization form.

The Emergency Medical Authorization Form will be kept in a separate, easily accessible file in each school building during the school year.

Any time a student or group of students is taken out of the District to participate in a school event, the staff in charge of the event should have access to the Emergency Medical Forms for those students. This includes, and is not limited to, students involved in music trips, athletic trips, field trips, and academic contests. This does not include student spectators at events.

XIV. STUDENT ACCIDENTS

The Board of Education believes that school personnel have certain responsibilities in case of accidents which occur in school. Said responsibilities extend to the administration of first aid by persons trained to do so, summoning of medical assistance, notification of administration personnel, notification of parents, and a filing of accident reports.

Employees should administer first aid within the limits of their knowledge of recommended practices. All employees should make an effort to increase their understanding of the proper steps to be taken in the event of an accident. However, any staff member or volunteer who, in good faith, renders emergency care to a student is immune from civil liability for his/her acts or omissions in rendering such emergency care.

The District Administrator may provide for an in-service program on first aid and CPR procedures.

The administrator in charge must submit an accident report to the District Administrator on all accidents. The following principles apply to accidents which may occur at school.

XV. ACCIDENTAL INJURY

"First Aid means immediate aid and nothing more. First Aid may be rendered by any person who may be at the scene of the accident until the designated persons arrival. Life threatening injuries include cardiac arrest, respiratory arrest and head, neck, and spinal injuries.

A. General principles which operate in life threatening situations are:

- 1) Ambulance should be summoned.
- 2) Administer first aid to:
 - a. Restore and maintain breathing
 - b. Stop severe bleeding
 - c. Treat for shock
 - d. Immobilize head, neck and/or spine until ambulance arrives.
- 3) Send someone to inform principal or designated first aid person.
- 4) Notify parent(s) or guardian.

B. General principles which operate in major emergency situations are those which require further medical attention (ie. eye, tooth, seizures, fractures, burns and animal bites, etc.)

- 1) Inform designated first aid person.
- 2) Notify parent(s) to make medical decision and to provide transportation.
- 3) If the parent(s) cannot be contacted, call the physician listed as the emergency contact.

C. General principles which operate in all minor emergency situations are those that Do not require the attention of a physician (ie. abrasions, bruises, silvers, etc.)

- 1) Inform designated first aid person.

- 2) Administer first aid according to injury.
 - a. Cleanse area with warm water and soap.
 - b. Apply bandaid as indicated.

The following is a list of emergency equipment and resources, schools without a school nurse onsite might find useful:

- First aid reference chart or book
- CPR/Heimlich instructions
- locked cabinet and keys
- Emergency resource phone numbers
- Biohazard waste bags
- Blunt scissors
- Clock with second hand
- Disposable blankets
- Pupil health emergency cards on staff and students
- Ice packs (ice and disposable)
- Non-latex gloves
- One-way valve resuscitation mask
- Automated external defibrillator (AED)
- Refrigerator
- Resealable bags
- School-wide emergency plans
- Soap
- Irrigation bottle
- Soap
- Thermometer
- Source of oral glucose (gel packets or glucose tabs)
- Splints and slings
- Sharps container
- Tape
- Bandages, dressings, and ace wraps
- Saline and/or water

School District: _____

School Year _____

**School District Personnel Trained/Certified for
Responding to Emergencies and Other Medical Needs List**

CPR:

_____	_____
_____	_____
_____	_____
_____	_____

First Aid:

_____	_____
_____	_____
_____	_____
_____	_____

AED: (if applicable)

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Superintendent/Principal: _____

School District: _____

School Year _____

**School District Personnel To Be Trained/Certified
For Other Medical Needs List**

<u>Epi Pen/Auvi-Q: (if applicable)</u>	(Training Completed)
_____	_____
_____	_____
_____	_____
_____	_____

<u>Emergency Seizure Medication: (if applicable)</u>	(Training Completed)
_____	_____
_____	_____
_____	_____
_____	_____

<u>Glucagon: (if applicable)</u>	(Training Completed)
_____	_____
_____	_____
_____	_____
_____	_____

<u>Medication Administration: (if applicable)</u>	(Training Completed)
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Superintendent/Principal: _____

School District: _____

School Year _____

**School District Personnel To Be Trained/Certified
For Other Medical Needs List**

Other (specify): _____	(Training Completed)
-------------------------------	----------------------

_____	_____
_____	_____
_____	_____
_____	_____

Other (specify): _____	(Training Completed)
-------------------------------	----------------------

_____	_____
_____	_____
_____	_____
_____	_____

Other (specify): _____	(Training Completed)
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_____	_____
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Other (specify): _____	(Training Completed)
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Signature of Superintendent/Principal: _____

STANDING ORDERS FOR DELIVERY OF HEALTH SERVICES

EMERGENCY INJECTABLE EPINEPHRINE

(Epi-pen or Auvi-Q)

This standing order will apply to anaphylaxis resulting from any allergic reactions, and life-threatening respiratory distress from an asthma attack.

Common allergens are insect stings and foods, but may include other sources, such as cold, stress, smells, and latex.

Symptoms that suggest a severe reaction include pallor or flushing, wheezing, difficulty breathing, tightness in throat or chest, slurred speech, eye and face swelling, diarrhea, cramps, vomiting, faintness, unconsciousness, generalized hives or rash, and a sense of impending doom.

Those students already identified with risk of anaphylaxis will provide medication and a written order, by physician and parent, for use of their emergency injectable epinephrine.

The certified school nurse or the school district personnel (trained to recognize anaphylaxis), has permission to administer, or assist any student to administer, their prescribed emergency injectable epinephrine as needed and according to their medication order and emergency care plan.

The certified school nurse or the school district personnel (any capable adult trained to recognize anaphylaxis and respiratory distress), has permission to administer stock emergency injectable epinephrine if they believe a person is experiencing a life-threatening allergic reaction or experiencing life-threatening respiratory distress from an asthma attack.

Epi-pen, Jr is to be used for students weighing less than 66 pounds.

-911 will be activated anytime emergency injectable epinephrine is given.

-The school nurse will be contacted anytime emergency injectable Epinephrine is given.

Medical Advisor Signature _____

Epinephrine Auto-injector Medication Administration - Procedure

The staff assigned will complete the DPI emergency medication training including the webinar and test. In addition, the trained staff will complete a skill checklist with the school nurse. The purpose of this procedure is to assure that the epinephrine is appropriately administered in the correct emergency scenario. It is imperative that the symptoms of anaphylaxis be recognized whether or not the exposure is known. The following steps should be taken:

- 1.) **Symptom Recognition**
- 2.) **Administration of Epinephrine** (Storage of Epinephrine at room temperature 59-86° and out of sunlight)
- 3.) **Rapid Deployment of Emergency Medical Services**
- 4.) **Prompt transfer of student by the Emergency Medical System to a hospital**

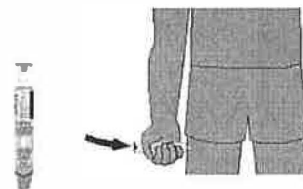
- 1.) **Symptom Recognition:** Anaphylactic symptoms may include one or more of the following and not necessarily in the order listed:

Nose/Eyes:	Itching, sneezing, congestion, runny nose, red eyes, tearing
Mouth:	Itching, tingling, or swelling of lips, tongue, mouth
Skin:	Hives, itchy rash, swelling of the face or extremities
Gut:	Nausea, abdominal cramps, vomiting, diarrhea
Throat:	Tightening of throat, hoarseness, hacking cough, difficulty swallowing, difficulty speaking, itchiness in ear canals
Lung:	Shortness of breath, repetitive coughing, wheezing, chest tightness
Heart:	Weak pulse, low blood pressure, fainting, paleness, blueness

- 2.) **Administration of epinephrine:** Identify student by name if possible. Obtain any subjective data including allergen, bee sting, or food ingested / contacted, onset, duration, and past occurrences. Ask about stomachache, vomiting or diarrhea. Note any appearance of hives or swelling. Ask about difficulty breathing and assess respiratory effort—wheezing.

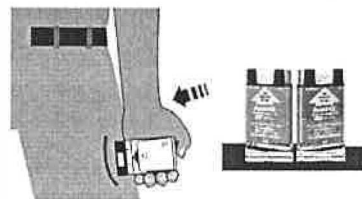
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® (>66 lbs) or EpiPen Jr® (<66lbs) Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for **3 seconds** (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for **2 seconds**.
5. Call 911 and get emergency medical help right away.



- 3.) **Rapid Deployment of Emergency Medical Services:** Emergency medical services or 911 should always be called when epinephrine is administered. If alone, administer medication, then call 911.
- 4.) **Prompt transfer by Emergency Medical Personnel to the hospital.**