



ROCK COUNTY HEALTH DEPARTMENT

AND

PARKVIEW SCHOOL DISTRICT

EMERGENCY NURSING SERVICES MANUAL

Updated December 2017

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READILY ACCESSIBLE INFORMATION

Telephone Numbers

Emergency	911
Local Fire Department (Non-Emergency)	879-2122
Local Police Department (Non-Emergency)	879-9212
Poison Control Center	(800) 222-1222
Beloit Memorial Hospital	364-5011
Mercy Hospital	756-6000
Health Officer: Noel Sandoval, Rock County Health Department	757-5440
School Nurse: Ginny Fricke, RN, Rock County Health Department	757-5440
School Medical Advisor: Dr. Kevin Bluemel	897-8664

RECIPIENTS OF EMERGENCY NURSING MANUAL

Parkview Elementary School

Kris Cooper

for Karen Strandt-Conroy, Principal

Parkview Jr./Sr. High School

Teri Reinhardt

for William Trow, Principal

Rock County Health Department

Health Office

School Nurse

P.O. Box 1143

Janesville, WI 53547-1143

School Medical Advisor

Dr. Kevin Bluemel, MD

Mercy Brodhead Medical Center

2310 First Center Avenue

Brodhead, WI 53520

EMERGENCY NURSING SERVICES

Emergency nursing services shall be made available in the District in accordance with state law, and District policies and procedures. The objective of emergency nursing services is the maintenance of the physical, mental and emotional health of the students while they are at school or participating in school sponsored activities.

In providing emergency nursing services, the District shall:

1. Arrange for a qualified physician appointed by the District Administrator for a period of three years to serve as District medical advisor for emergency nursing services. The medical advisor will review the policies and procedures and advise the district regarding health services.
2. Ensure that emergency nursing services policies are provided under the direction of a professional nurse(s) registered in Wisconsin. The safety committee with support from the administration, health aides and county health department will annually review the emergency nursing policies and update as needed.
3. Ensure that protocols are in place for dealing with student accidental injury and illness, the handling and administering of medication and the recording of accidents/incidents and services provided. This includes all school-sponsored activities including but not limited to curricular, co-curricular and extra-curricular activities.
4. Provide at each school a designated health area with appropriate and adequate equipment, supplies and space for implementing emergency nursing services. Emergency information cards shall be on file in the health area for all students.

LEGAL REF.: 118.07(1) – Wisconsin Statutes
 118.125– Wisconsin Statutes
 118.29– Wisconsin Statutes
 118.291– Wisconsin Statutes
 121.02(1)(g) & (i) – Wisconsin Statutes
 146.81- 146.83– Wisconsin Statutes
 252.12– Wisconsin Statutes
 PI 8.01(2)(g), Wisconsin Administrative Code

CROSS REF.: 347-Rule – Procedures for Maintenance & Confidentiality of Student Records
 453.1 – Rule – Emergency Nursing Services Procedure
 453.2 – Student Immunizations
 453.3 – Communicable Diseases
 453.4 - Administration of Medication to Students
 435.5 – Student Physical Exams
 720 - Safety Program
 District Exposure Control Plan
 School Safety Plans
 District Pandemic Plan
 Nursing Services Handbook

APPROVED: March 19, 2012
 December 17, 2012
SEPTEMBER 19, 2016

EMERGENCY NURSING SERVICES PROCEDURES1. Definitions

- a. Emergencies are those conditions, which require prompt intervening action to maintain the physical, mental and emotional health of students and staff.
- b. Emergency nursing service means nursing assessment of conditions, which require prompt or immediate action. It may include intervening action by the registered nurse or designated others under the nurse's direction.

2. Emergency Nursing Services Responsibilities

- a. Emergency nursing services are provided under the direction of the District school nurse. The District school nurse will visit each school at least monthly. During that time, the nurse:
 1. Works with volunteers and paid health aides
 2. Checks recordkeeping
 3. Arranges programs
 4. Gives direction, and
 5. Makes recommendations
- b. A medical doctor shall serve as medical advisor to the safety committee.
- c. Emergency nursing services will be provided by, but not limited to, school first responders, health aides, secretaries, teachers, administration and EMT personnel.

3. Record System

- a. A signed Student Medical Emergency Information Form that contains emergency contact and health information must be completed annually by the student's parent/guardian and/or adult student and kept in the health room at each school. The form should specify which designated emergency contacts are authorized by the parent/guardian and/or adult student to remove the student from school if needed for illness or injury. The parent/guardian and/or adult student may give verbal or written permission at the time of the illness or injury for others to remove their child from school. It is the responsibility of the student's parent/guardian and/or adult student to provide permanent updates to the District.
- b. A daily record of all health room visits will be kept by health room attendants or by persons designated as responsible for the emergency care. This log will be used for medical referrals, accident prevention efforts and for noting visit trends or frequencies.

- c. Cumulative health records are those records maintained by the District, which pertain specifically to the physical welfare of the student. These records may include the following:
 1. Physician report on health examination
 2. Required immunization records for entering school
 3. Other information such as medication permission form, physician reports and special instructions from the student's parents/guardians and/or adult student or physician
- d. In the course of their duties, health workers and other school employees have access to records that are of a personal and confidential nature. It is essential that these records not be discussed with anyone other than those individuals authorized by law and then only in accordance with established confidentiality and HIPAA laws.
- e. When students are involved in activities away from their home school, emergency information will be available should a need arise to activate emergency medical services. It is the responsibility of the principal or his/her designee to see to it that this information is readily available. The District's curricular and co-curricular permission form and checklist will be completed by parent/guardian as indicated as well as appropriate District personnel for all field trips (including extended field trips).

4. Health Room

- a. A special health room will be designated at each school building. Adequate equipment and supplies for the emergency nursing services will be kept in the health room for use by trained personnel.
- b. The health room is open during the regular school day. Any student or staff member may report to the health room in case of injury or illness.
- c. First aid supplies will be located in each school health office and will be available for field trips. A first aid kit will also be located in each District bus.
- d. Automatic external defibrillators (AEDs) shall be used and maintained in accordance with District policy and procedures.

5. General Emergency Care

- a. In life threatening situations or in situations where the need for immediate medical care is suspected, the school has a responsibility to act on behalf of the injured or ill student, employee or program participant. Emergency Medical Services must be activated by calling 911. The principal, designee or program supervisor must act on behalf of the parent/guardian when medical assistance and response time may be critical to preserve life or prevent major disability. In these instances, Emergency Medical Services will be called first, the parent/guardian second.

- b. District school buses will be equipped with a radio that can be used to call Emergency Medical Services. The radio has limited distance communication. Insure that a fully charged cell phone is taken on a field trip.
- c. No student who is ill or injured during the school day will be allowed to leave the building without the knowledge of the principal or his/her designee.
- d. No minor student who is ill or injured will be allowed to leave the building during the school day without the permission of his/her parent/guardian.

6. Emergency Plan for Athletic Events

The head coach/designee shall:

- a. Determine how 911 (Emergency Medical Services) would be called in the event of an emergency.
- b. Assign one person to alert Emergency Medical Services should the need arise.
- c. Designate person(s) to carry necessary emergency supplies in Field Kit, which includes athletic emergency information. It is the responsibility of the student's parent/guardian to update the program supervisor/designee of new information.
- d. Keep a list of personnel/athletes currently certified in cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) and first aid.

7. Review of Emergency Nursing Services

- a. Emergency nursing services will be reviewed annually by the District Safety Committee in cooperation with the emergency nursing services medical advisor. The review is conducted to ensure that:
 - 1. The procedures are adequate to cover all emergencies
 - 2. All schools carry out the established procedures
 - 3. The safety committee will be made up of the District safety coordinator, health nurse, health aides, high school secretary and pupil services director.

APPROVED: December 17, 2012
SEPTEMBER 19, 2016

Parkview School District

Student Accident Form

Student Name: _____

Address: _____

Student Grade _____ School Attending: PES _____ PJH/PHS _____

Location of Accident: _____

Code Blue Called: **Yes / No** Is this a head injury? **Yes / No** Part of body Injured? _____

Description of accident and extent of injury: _____

Immediate action taken and follow-up (staff, parents, etc.): _____

Witness(es) to accident or injury: _____

Unsafe conditions or act causing accident: _____

Corrective action taken: _____

Describe damage to equipment or property, if any: _____

Transported to hospital? **Yes / No** By Whom: _____

Physician/hospital name, if referred: _____

Report prepared by: _____ Date: _____

Additional comments may be written on back of form
Original: School Nurse/Health Aide File
Copy to: Building Principal – Bldgs & Grounds Director - Business Manager



Parkview School District

106 W. Church Street – P.O. Box 250
Orfordville, WI 53576

Phone: 608-879-2717
Fax: 608-879-2732

WEB Site: www.parkview.k12.wi.us

HEAD INJURY LETTER

Dear Parent/Legal Guardian:

Your child, _____, presented him/herself today in the school office complaining of a head injury. When a student sustains any type of head injury, no matter how slight, we routinely notify the parent/legal guardian.

Head injury symptoms may or may not be present or readily apparent at the time of the injury. We recommend that you seek medical consultation should your child develop any of the following symptoms:

- Dizziness
- Vomiting
- Fainting
- Fever
- Sleepiness

You are the best judge of your child's general level of wellness. Your child may present symptoms not listed above which may or may not be associated with his/her head injury received on _____ (date). If your child does not appear well to you, please have your physician evaluate him/her.

Sincerely,

Ginny Fricke - School Nurse
Rock County Health Department
608/757-5440



Parkview School District

106 W. Church Street – P.O. Box 250
Orfordville, WI 53576

Phone: 608-879-2717
Fax: 608-879-2732

WEB Site: www.parkview.k12.wi.us

HEAD INJURY LETTER - SPANISH

Estimados Padres/Guardianes:

Su hijo(a), _____, presento hoy en la oficina de la escuela una queja de una lesión en la cabeza. Cuando un estudiante sostiene cualquier tipo de lesión en la cabeza, no importa que sea leve/ pequeño, notificamos rutinariamente al padre/ guardián legal.

Los síntomas de lesiones en la cabeza pueden o no pueden ser presentes o fácilmente evidentes a la hora de lesión. Recomendamos que busque una consulta médica si su niño desarrolla un de los siguientes síntomas:

- Mareos
- Vomito
- Desmayos
- Fiebre
- Dormido

Usted es el mejor juez del nivel de salud general en su hijo(a). Su hijo(a) puede presentar síntomas que no están escritos arriba que puedan o no puedan estar asociados con la lesión recibida en la cabeza el _____ (fecha). Si su hijo(a) no parece que este bien para usted, por favor que su medico lo evalúe.

Sinceramente,

Ginny Fricke - Enfermera de la Escuela
Departamento de Salud del Condado de Rock
608/757-5440

HEALTH ROOM EQUIPMENT AND SUPPLIES

- Accessible hot and running water
- One collapsible cot or more
- One blanket per cot
- Facial tissues
- Paper towels
- Disposable cups
- Soap
- Band-Aids
- Scissors
- Non-adherent dressing
- Adhesive tape (non-allergenic)
- Roller bandage (3 x 6 Kling)
- Sterile gauze squares (2 x 2 or 4 x 4)
- Adhesive compresses (Band-Aids)
- Cotton balls
- Thermometer and sheaths
- Tweezers
- Ice bag or ice sponge bag
- Tongue blades
- Triangular bandages
- Penlight or flashlight
- Application sticks
- Safety pins
- Readily accessible telephone
- Wall charts demonstrating the Heimlich maneuver and mouth-to-mouth resuscitation
- Mouth piece for mouth-to-mouth resuscitation
- Latex/vinyl gloves
- Sharpes container/red biohazard bag
- Sanitizing solution

Optional:

- Washbasin
- Emesis basin
- Blood pressure equipment

SCHOOL NURSES

The RCHD nurse provides school-nursing services to the District.

The Role of the School Nurse: The School Nurse is a member of the school health team, helping students to achieve their birthright of good health and assume responsibility for personal, family and community health.

Academic preparation in nursing with experience in public health nursing is important for a School Nurse. His/her nursing skills and public health background give him/her unique skills that are essential for a professional and interdisciplinary approach to school health.

A School Nurse is a consultant to administrative staff and other school staff in planning, implementing and evaluating all aspects of the school health program. A School Nurse is a health counselor, providing information and anticipatory guidance on health concerns to students, his/her parent/legal guardian and faculty. School Nurses are advocates for health needs and rights of students, both in the school setting and in the community at large. A School Nurse, because of his/her unique role in the community and school can serve as a liaison on health concerns between the school and home. A School Nurse supervises and/or delivers necessary health services to students and faculty utilizing a systematic process of assessing needs, planning interventions and evaluating outcomes. A School Nurse is a health educator, providing educational classes related to health with resources and periodically presentations on various subject matters.

What a School Nurse Does: A School Nurse has a leadership role in the development, implementation, interpretation and evaluation of the school health program. His/her activities are broad and varied. Here are a few of his/her special responsibilities:

- A. Carry out appraisal activities to assess the health status of students and discover their health needs and problems.
- B. Implement and/or assist in the implementation of various health screening programs.
- C. Supervise the actual implementation of the Emergency Nursing Manual.
- D. Serve as a consultant and resource person for educational sessions related to health.
- E. Counsel students and their parent/legal guardian regarding health needs and serve as an advocate to secure necessary medical, dental or other treatment care.
- F. Serve as a liaison between the school and community health and welfare agencies.
- G. Serve as a team member in identifying, evaluating and providing for handicapped students.
- H. Assist teachers in adapting the school program to meet the individual needs of all students.

PARENT/LEGAL GUARDIAN APPROVAL FOR EMERGENCY MEDICAL CARE

Each school year at enrollment every student is required to have emergency contact information on file with the school. The parent/legal guardian should complete this information, which will be stored for easy reference in case of an emergency requiring medical attention. A letter to a parent/legal guardian will be made available to explain and inform the parent/legal guardian of the District's policy for emergency care.

In an emergency: Immediate care will be given. This includes assessment of the problem and first aid by trained staff. If the emergency is life threatening and/or an extreme emergency, the Edgerton EMT's will be called. In addition, the parent/legal guardian will be called and informed of the emergency and what action has been taken. Students transported by ambulance will be taken to the closest medical facility unless there is a physician's order to transport elsewhere.

In emergencies that are not life threatening, the parent/legal guardian will be contacted to determine the course of care. In the event that the parent/legal guardian is unavailable, the emergency contact person will be notified. If the emergency contact person is not available, then the doctor listed on the enrollment card will be contacted. School staff will continue their efforts to locate the parent/legal guardian if they are initially unsuccessful.

Failure by the parent/legal guardian to provide an emergency card for their child or provide accurate, up-to-date information will give the District the authority to provide emergency care as needed according to school approved procedures.

EMERGENCY CARE INFORMATION FOR PARENT/LEGAL GUARDIAN LETTER

Dear Parent/Legal Guardian:

The safety and welfare of your child is of great importance to both you and the school. If your child should become ill or injured while under the school's supervision, the following steps will be taken on behalf of your child:

- A. If your child has a minor accident, the following action will be taken:
 - 1. First aid will be administered according to school approved procedures.
 - 2. Your child will be returned to class if he/she is alright.
- B. If your child is unable to go back to class because of illness or minor injury, the following steps will be taken:
 - 1. You will be contacted and once arrangements have been made with you, your child will be allowed to leave school grounds.
 - 2. If you are not available, the emergency contact number found on your child's emergency card will be called.
 - 3. Once contacted, you or the emergency contact will be responsible for providing the necessary transportation for your child to leave the school in a timely manner.
 - 4. If we are unable to reach you or the emergency contact, your child will be kept in school and continued attempts will be made to reach you or your emergency contact.
- C. If your child is in need of immediate medical attention, the following steps will be taken:
 - 1. First aid will be rendered immediately according to school approved procedures.
 - 2. Transportation to a medical facility will be arranged for your child.
 - 3. You will be called. If you cannot be reached, your emergency contact will be called.
 - 4. If you or your emergency contact cannot be reached, when it becomes necessary your child will be taken to the hospital emergency room.

We need your cooperation in putting this plan into effect. Please insure that the emergency contact information on your child's enrollment card is accurate. In addition, please keep the school informed of any changes in information on this card.

Failure to provide the school with emergency contact information for your child or provide accurate, up-to-date information will give the school authority to provide emergency care as needed according to school approved procedures.

Thank you for your time and interest in this matter.

Sincerely,

Building Principal

PROCEDURE TO FOLLOW FOR ACCIDENTAL INJURY OR ILLNESS

Complete *Accident Prevention and Procedures Form* (see next page).

A. Minor Injury

1. Assess the situation and administer aid according to school approved procedures.
2. If necessary, contact parent/legal guardian or emergency contact to determine if the student needs to be sent home. If not, the student will return to class.
3. Notify parent/legal guardian of all injuries that require aid and for which further attention may be necessary.
4. It is highly recommended that the Illness and Injury Log be completed on each student.

B. Serious Injury or Illness

1. Survey the seriousness of the illness or injury. If illness/injury is not life threatening, provide approved first aid and contact emergency contacts (i.e., parent/legal guardian, doctor, etc.).
2. If the first person on the scene identifies a potential life threatening or extreme emergency, a Code Blue is to be called. The person should stay with the student while someone else calls a Code Blue.
3. Once a Code Blue is called, teachers with certified first aid training are to respond, assess the situation and provide first aid.
4. If an ambulance is needed, a school Administrative Assistant will contact the Orfordville Ambulance Service at 911 and inform them of the emergency. After the call to the ambulance, the school Administrative Assistant will attempt to contact the parent/legal guardian and/or emergency contact to inform them of the emergency.
5. Once the ambulance arrives at the school, a staff member will direct the ambulance to the scene of the emergency.
6. Transportation will be made to the nearest medical facility unless there is a physician order to transport elsewhere. If the parent/legal guardian is present, he/she should go with the ambulance; otherwise someone from the school should accompany the student.
7. No external or internal medication should be given unless specifically prescribed.
8. The *Accident Prevention and Procedures Form* and injury log needs to be completed for all serious injuries and/or illnesses.

EMERGENCY SERVICES

The District shall provide ENS during regular school day curricular and extracurricular activities. In order to insure the services are available, the following guidelines are recommended:

A. Regular School Day

1. The Building Principal(s), School Nurse and other appropriate school staff shall be responsible for developing a plan for handling injured students and emergencies that may occur during the regular school day.
2. This plan will be in writing and on file in the school building office and with the Director of Special Education.
3. An annual review of this procedure will be conducted at the safety committee meeting.
4. An annual review of this procedure will be reviewed with all school staff.

B. Extracurricular Activities in the District (Athletics Covered in Athletic Code)

1. One school staff person will be in charge of every extracurricular activity that occurs in the District. This person will be responsible for insuring that emergency care is provided when necessary.
2. A confidential health list will be provided each year to the District of students with special health concerns. School staff that is responsible for an extracurricular activity in the District shall be made aware of students they are supervising who have special health concerns.
3. All school staff involved with an extracurricular activity in the District will have available minor first aid materials (Band-Aids, tape, gauze, paper towels, etc.) to handle a minor injury.
4. 911 will be utilized for more significant injuries or emergencies that may occur. The school staff person in charge of the extracurricular activity will be responsible for making the decision.
5. Attempts will be made to contact parent/legal guardian or emergency contacts for all significant injuries or emergencies that do occur.
6. The school staff person in charge will be responsible to insure that all injury/emergency reports for the District are completed.
7. Annually this procedure will be reviewed with all school staff.

C. Extracurricular Activities Out of the District (Athletics Covered in Athletic Code)

1. One school staff person will be in charge of every extracurricular activity that occurs outside of the District. This person will be responsible for insuring that emergency care is provided when necessary.
2. School staff will insure that necessary District permission forms, with emergency contacts, are completed and returned for all students participating in the out of District activity.
3. A full traveling first aid kit will be taken with every out of District activity.
4. District activities that involve ten or more students will require a minimum of two adult chaperones (one of which is a school staff person) in case of an emergency and a student is transported to a hospital.
5. The school staff person in charge will be responsible for identifying the special health needs of any student participating in an out of District activity. The confidential health needs list should be consulted for this.
6. The school staff person in charge will plan out what emergency ambulance service is available and how they will be contacted for each out of District activity, should the need arise.

7. The school staff person in charge will be responsible to ensure that all injury/emergency reports for the District are completed upon return to the District.
8. Annually this procedure will be reviewed with all school staff.

CATEGORY/EMERGENCY PLAN

CATEGORY

EMERGENCY PLAN

LIFE THREATENING

<ul style="list-style-type: none">▪ Shock▪ Acute Airway Obstruction▪ Respiratory Arrest▪ Cardiac Arrest▪ Internal Bleeding▪ Heat Stroke▪ Severe Asthma▪ Fractures	<ul style="list-style-type: none">▪ Near Drowning▪ Massive External Hemorrhage▪ Massive Internal Hemorrhage▪ Poisoning▪ Unconscious State▪ Penetrating and/or Crushing Injury of the Chest▪ Drug Overdose (Illegal Drugs)▪ Seizures (Unknown Cause)	<ul style="list-style-type: none">▪ Anaphylaxes▪ Noxious Fumes▪ Skin or Eye Contact w/ Corrosives▪ Neck or Back Injury▪ Coronary Occlusion▪ Severe and Extensive Burns▪ Head Injury with Loss of Consciousness▪ Severe Lacerations	<p>Get designated staff person or nurse to victim. Assess situation and provide first aid. Notify school principal. Contact ambulance. Contact parents or emergency contacts. Stay with victim. No medications unless prescribed. Transport by ambulance to hospital immediately.</p>
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EMERGENCIES REQUIRING MEDICAL CARE WITH ONE HOUR

<ul style="list-style-type: none">▪ Dislocations▪ Heat Cramps▪ Heat Exhaustion▪ Penetrating Eye Injuries	<ul style="list-style-type: none">▪ Lacerations (Minor)▪ Burns with Blisters▪ Accidental Loss of Tooth	<ul style="list-style-type: none">▪ Moderate Reaction to Drug▪ High Fever (Above 103° Orally)▪ Acute Emotional State	<p>Get designated staff person or nurse to victim. Assess situation and provide first aid. Notify school principal. Contact parents or emergency contacts. Stay with victim. No medications unless prescribed. Refer student and/or parents to seek medical care immediately.</p>
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MINOR ILLNESS/INJURY

<ul style="list-style-type: none">▪ Asthma/Wheezing▪ Non-penetrating Eye Injury▪ Abrasions▪ Minor Burns▪ Sunburn▪ Blister▪ Abdominal Pain	<ul style="list-style-type: none">▪ Sprains and Strains▪ Slivers and/or Splinters▪ Bruises▪ Nosebleeds▪ Head Injury without Loss of Consciousness▪ Fever 100° to 103° Orally	<ul style="list-style-type: none">▪ Toothache▪ Acute Illness▪ Headache▪ Sores▪ Rashes	<p>Designated staff person provide first aid. Notify parent of Category emergencies. No medications unless prescribed. Monitor victim as indicated. Refer home or back to class as appropriate.</p>
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SPECIFIC PROCEDURES FOR INJURY

Treatment of Shock

A. Signs and Symptoms

1. Weak and rapid pulse
2. Irregular and shallow respirations
3. Skin is pale or bluish at first and then becomes grayish as shock deepens
4. Skin is cool and moist
5. Nausea, vomiting, stupor and/or thirst
6. Unconsciousness or partial consciousness
7. Both pupils are dilated (enlarged); if one pupil is enlarged and the other constricted, a head injury should be suspected

B. First Aid

1. Cover with a blanket to conserve body heat
2. Elevate the legs approximately 10-12 inches above the level of the heart unless a head injury is suspected
3. Place an unconscious victim on their side to allow drainage of saliva or other fluids
4. **Do not** give fluids to an unconscious or partially conscious person
5. Control external bleeding if present
6. Observe for the need to initiate Cardiopulmonary Resuscitation (CPR)

Extreme Emergencies - Life-threatening

A. Acute airway obstruction

1. Conscious victim (choking)
 - a. Signs and symptoms
 1. Breathing difficulties (i.e., wheezing, gasping, choking, coughing or grasping throat)
 2. Completely blocked airway, cannot breath, cough or speak
 3. High pitched noises when inhaling, great difficulty breathing, very weak or no cough
 - b. First aid
 1. If victim can cough, **do not interfere**
 2. If unable to cough, administer Heimlich Maneuver (give four abdominal thrusts); may have to repeat sequence
 3. Repeat steps as long as victim is conscious; if victim begins coughing, stop procedure and encourage coughing

B. Unconscious victim

1. First aid
 - a. Put on latex/vinyl gloves
 - b. Check for responsiveness
 - c. If no response, shout for help and position victim on back
 - d. Check for breathlessness
 - e. If no breath, give two full breaths
 - f. If air will not go in, re-tip head and try again
2. If airway fails
 - a. Straddle person and provide 6-10 subdiaphragmatic abdominal thrusts (hand in mid-line above navel, but below xiphoid, second hand over first, press into the abdomen with a quick upward thrust)
 - b. Sweep mouth to remove foreign body with glove finger

- c. Repeat sequence if unable to remove foreign body
 - d. Once foreign body removed, begin ventilation with two slow breaths at one to one and a half seconds per inflation
3. **Do not** give up; repeat steps if unsuccessful
- a. After victim has been without oxygen for a while, throat muscles relax, so methods that previously failed may work later
 - b. If vomiting occurs, roll victim toward you on one side and sweep out mouth with your gloved fingers and roll victim back and continue
- C. Respiratory arrest
- 1. Signs and symptoms
 - a. Cessation of respiratory movements of abdomen and chest
 - b. Blue color of skin, lips and fingernail beds
 - c. Loss of consciousness
 - d. Enlarged pupils
 - 2. First aid
 - a. Put on latex/vinyl gloves; use mouth-to-mouth pocket shield if available. Give artificial respiration by means of the mouth-to-mouth method:
 - 1. Place person on firm surface (floor)
 - 2. Clean out any foreign material in the throat or mouth with gloved finger
 - 3. Extend (straighten) the neck; tilt the head backward
 - 4. Draw the chin forward
 - 5. Assess to determine breathlessness (look for chest rising, listen for air escape, feel for air flow)
 - 6. Pinch the client's nose closed, using the hand which is on the forehead to keep the neck extended
 - 7. Take a deep breath
 - 8. Seal lips around outside of person's mouth
 - 9. Give two full breaths, one to one and a half seconds per breath to provide chest expansion
 - 10. If attempt is unsuccessful, reposition persons' head and repeat rescue breathing
 - 11. Check carotid artery for pulse
 - 12. If pulse noted, continue with respirations one breath every 4-5 seconds. If no pulse, begin CPR
- D. Cardiac arrest
- 1. Signs and symptoms
 - a. Abrupt and complete unconsciousness
 - b. Gasping breathing or absence of breathing
 - c. Absence of heartbeat and carotid or radial pulse
 - d. Dilation of the pupils
 - 2. First aid (CPR for person nine years and older)
 - a. Check for consciousness
 - b. If unconscious, place victim on back on a firm surface; put on latex/vinyl gloves
 - c. Assess if victim breathing by looking for chest expansion and putting ear by mouth to listen for an exchange of air
 - d. If victim not breathing, check for foreign body in mouth and remove or begin Heimlich Maneuver; sweep mouth with gloved fingers to remove foreign body
 - e. Perform head tilt/chin lift to open the airway and give two slow breaths of one to one and one-half seconds each; use mouth-to-mouth pocket shield if available
 - f. Feel carotid artery for pulse; if no pulse, begin cardiac massage
 - g. Place heel of one hand over sternum and the other hand on top of the first hand

- h. Lock your elbows and apply vertical pressure sufficient to force the sternum about two inches downward
- i. CPR compression rate for one person should be 30 compressions and two breaths (count aloud 1, 2, 3, 4...15 and then give 2 breaths)
- j. Only professionals should initiate two people CPR
- k. Second person to the scene should first call emergency EMT number and report the emergency before assisting
- l. With one-man rescue, provide CPR for one minute and then quickly contact 911 to report the emergency and return to CPR
- m. Check carotid pulse after first minute of CPR and every five minutes thereafter for resuscitation; stop CPR when victim resuscitated, EMT's take over or you become exhausted to perform

AUTOMATIC EXTERNAL DEFIBRILLATOR

Policy

An automatic external defibrillator (AED) shall be available at each school in the District. They are available for emergency situations that necessitate their use. School staff will be specifically trained in applications of the device through training in a course that is approved by the Department of Health and Family Services. Principals shall post a list of staff certified in cardiopulmonary resuscitation (CPR) and automated external defibrillation in the office.

The type of device, intended usage area, plan for maintenance and testing and location of device on the premises shall be confirmed in writing annually by the District Safety Coordinator.

Procedure

A. Maintenance of AED

The District safety coordinator is responsible for directing activities related to AED maintenance. Documentation of the maintenance and testing of the AED will be kept at each school/site. The documentation shall record the data and type of maintenance/testing, and the signature of the person performing the maintenance/testing (exhibit 453.11). The District safety coordinator is responsible for assigning staff to conduct maintenance/testing and preparedness of the device during the school year and summer.

B. Check out procedure for portable (high school office) defibrillator.

1. Sign out AED.
2. Person signing out AED shall have current certification in CPR and AED.

C. Use of the AED

1. Determine unresponsiveness of victim and activate emergency response team.
 - a. If victim is unresponsive, call 911 and get AED. Provide dispatcher with location, emergency details and notify them that an AED is being deployed. Do not hang up until the dispatcher hangs up.
 - b. Assess the victim: airway, breathing and circulation.
 - c. Initiate CPR if required, while the AED is brought to the victim's side.
 - d. Designate an individual to wait at facility entry to direct the Emergency Medical Service (EMS) to victim's location.
 - e. Designate a person to relocate staff, students and citizens away from the scene.
2. Upon arrival, place the AED near the head of the victim, close to the AED operator.
3. Prepare to use the AED.
 - a. Turn the power on.
 - b. Bare and prepare chest for AED use.
 - c. Attach the AED to the victim.
 - d. Follow the machine prompts for further action. If a shock is indicated, be sure all rescuers are "clear" before shock is administered.

Upon arrival, the EMS will take charge of the victim.

4. Provide the following information to the EMS:
 - a. Provide victim information: name, age, known medical problems, time of incident. If possible, supply student enrollment form, athlete emergency information form, curricular/co-curricular permission form or employee emergency information form.

- b. Provide information as to current condition and number of shocks administered.
5. Allow the EMS to take the AED with them to the hospital emergency room. Follow up after the incident to ensure that EMS returned the AED to school.

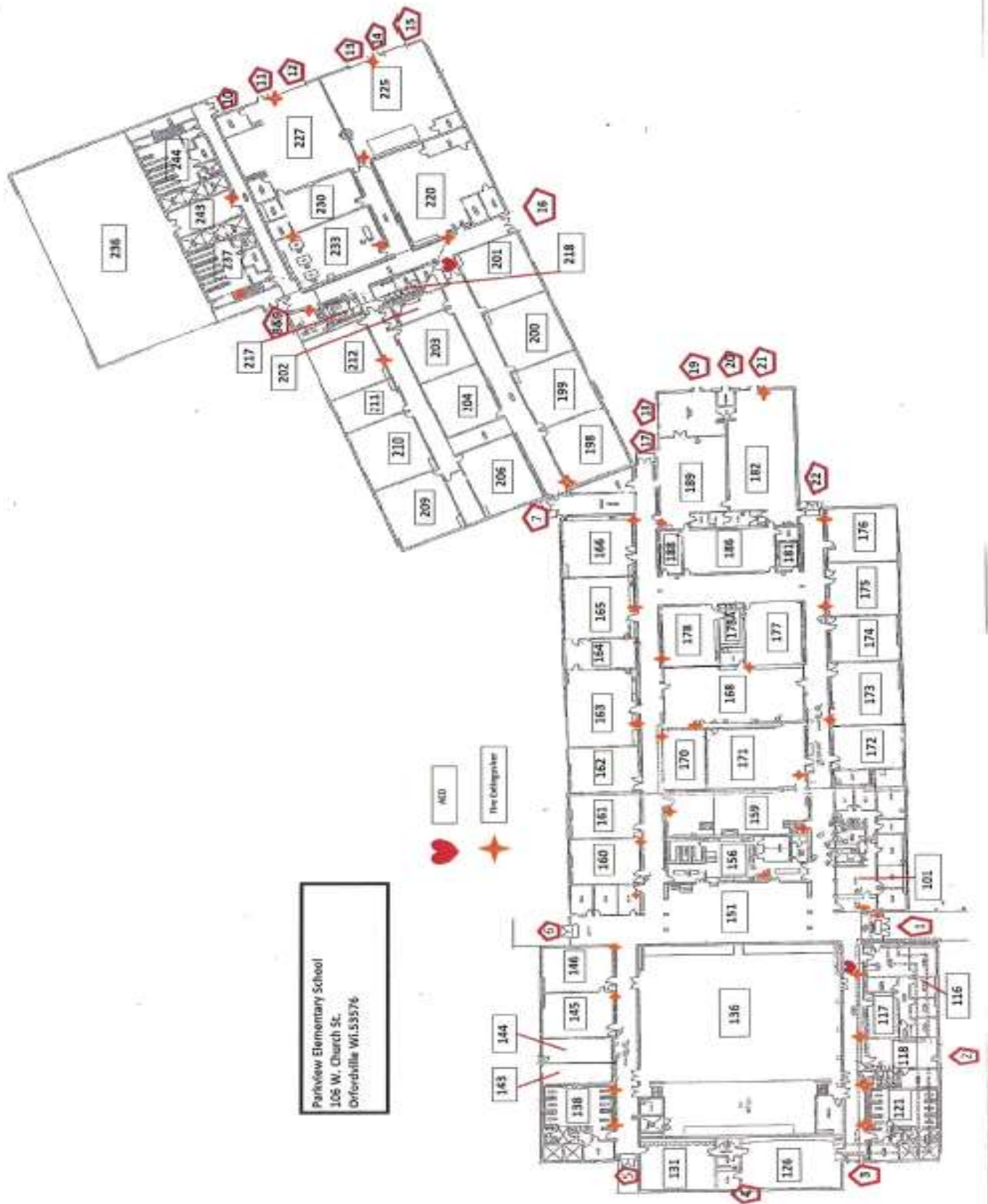
D. Post-Use Procedure

1. The District's medical advisor shall be notified of AED use by the District safety coordinator, school health aide or designee.
2. A critical incident debriefing session will be scheduled by the District safety coordinator, principal or designee.
3. The AED will be checked and put back in a readiness state by the District safety coordinator or designee.

LEGAL REF.: 121.02(1)(g) - Wisconsin Statutes
895.48(4) (am) and (b) - Wisconsin Statutes
PI 8.01(2)(g) - Wisconsin Administrative Code

CROSS REF.: 453.1 - Emergency Nursing Services
453.4 - Administration of Medication to Students
732 - Buildings, Grounds and Equipment Maintenance
882 - Relation with External Agencies
District Exposure Control Plan

APPROVED: March 19, 2012
SEPTEMBER 19, 2016



- F. CPR for person eight years of age or younger
 1. Check for consciousness
 2. If unconscious, place victim on back on a firm surface; put on latex/vinyl gloves.
 3. Observe if person is breathing or has a pulse
 4. Perform head tilt and give one slow breath; use mouth-to-mouth pocket shield if available
 5. If chest does not rise, check for foreign body in mouth and remove or perform Heimlich Maneuver; sweep mouth with gloved fingers to remove foreign body
 6. Perform head tilt and give another slow breath; check for pulse; if none present, begin CPR
 7. Keep student's head tilted back with one hand; place the other hand on the breastbone in the middle of the chest and push down about one and a half inch
 8. Give 30 compressions and then two breaths; count one, two, three...to help maintain rhythm
 9. Check for pulse every 4-5 minutes
 10. Continue CPR until student begins to breath, heart starts beating on its own or help arrives
- G. Near drowning
 1. First aid
 - a. Consider the potential for neck or back injury; put on latex/vinyl gloves; use mouth-to-mouth pocket shield if available
 - b. Begin mouth-to-mouth respiration as quickly as possible in shallow water; below into the victim's mouth or nose more forcefully to force air through water in air passages
 - c. Remove victim from water using a backboard if a neck or back injury is suspected
 - d. Initiate CPR if necessary
 - e. Be alert to the possibility of an obstruction or vomiting (turn head to side and evacuate throat with gloved fingers)
 - f. Keep the victim warm
 - g. If victim's stomach is bulging and it is interfering with breathing, leave victim on back, press on his/her stomach and turn the head to the side
 - h. **Do not** allow a person who survives a near drowning to walk. A physician should see them immediately
- H. Massive external Hemorrhage (i.e., severed limb, lacerated blood vessel)
 1. First aid
 - a. Put on latex/vinyl gloves; apply direct, constant pressure with sterile dressing
 - b. Have victim lie down on back and treat for possible shock
 - c. Apply additional dressings if necessary (apply over original dressing)
 - d. Elevate bleeding part above heart if practical
 - e. Use tourniquet as a last resort procedure when all else fails, record time of tourniquet application; **do not** cover tourniquet, **do not** remove or loosen except on the advice of a doctor
 - f. Protect severed part
- I. Massive Internal Hemorrhage (i.e., abdominal trauma, miscarriage, fracture)
 1. Signs and symptoms
 - a. Rapid pulse
 - b. Extreme paleness
 - c. Significant drop in blood pressure
 - d. Rapid breathing
 - e. Sudden collapse
 2. First aid

- a. Put on latex/vinyl gloves; keep the victim lying down
 - b. Treat for possible shock
 - c. Observe for possible airway obstruction
 - d. Observe for possible cardio respiratory arrest
- J. Poisoning - Internal
1. Signs or symptoms (will depend on type of poison swallowed); they may include:
 - a. Shallow respirations
 - b. Slow, thready pulse
 - c. Pinpoint pupils
 - d. Convulsions
 - e. Vomiting
 - f. Decreased alertness
 2. First aid - in all cases of poisoning it is important to contact the Poison Control Center at (800) 815-8855 to determine what steps to take
 - a. Unconscious
 1. Keep airway open - observe for possible need for artificial respiration
 2. With convulsions - **do not** give medication or induce vomiting or attempt to restrain; protect victim from environment; after convulsion, turn victim on side or face down to drain mouth
 3. Take along poison container
 - b. Conscious
 1. Contact Poison Control Center at (800) 815-8855
 2. If a non-corrosive poison (i.e., aspirin, ant paste) dilute poison with 2-4 glasses of water
 3. Induce vomiting
 4. Save a sample of vomitus
 5. If a corrosive poison, strong acid or alkali **do not** induce vomiting; if victim conscious, dilute poison with water
 6. Treat victim for possible shock
 7. If a petroleum product or turpentine, **do not** induce vomiting; if victim is conscious, dilute poison with water
 8. Always take poison container with transport
- K. Anaphylaxis (insect sting, drug allergy)
1. Signs and symptoms
 - a. Wheezy, difficult respirations
 - b. Increase heart rate
 - c. Low blood pressure
 - d. Weak and pale
 - e. Possible collapse
 - f. Covered with hives
 2. First aid
 - a. Monitor airway
 - b. Administer kit for allergic reaction if student has their own and call 911; if no kit, call 911
 - c. Treat for shock
 - d. Observe for need to administer CPR
 - e. Scrape out stinger of insect (**do not** use tweezers)
- L. Noxious fumes (carbon monoxide, volatile liquids, etc.)
1. First aid
 - a. Remove victim from the source of poison to fresh air

- b. If victim's breathing has stopped, give mouth-to-mouth artificial respiration; **do not** inhale noxious fumes being expired from victim
 - c. Treat for shock
 - d. Loosen tight clothing
 - e. Treat for contact poisons or chemical burns
- M. Skin or Eye Contact with Corrosives (acids, alkalis, etc.)
- 1. First aid - skin
 - a. Wash away chemical with large quantities of water for five minutes
 - b. Remove clothing from involved area
 - c. Apply dressing to area
 - 2. First aid - eye
 - a. Irrigate eye with water continuously for 20 minutes; avoid having chemical wash into other eye
 - b. Cover eye with dry, clean dressing; **do not** use cotton (fiber may enter eye)
- N. Neck or Back Injury with Possibility of Spinal Cord Injury
- 1. Assess the victim's neurologic status (alertness, speech, voluntary, involuntary movements, ability to respond before moving)
 - 2. **Do not** move the victim if they complain of pain in the neck or back or has tingling of feet or hands or inability to move an extremity
 - 3. First aid:
 - a. Put on latex/vinyl gloves; immobilize the head and neck; **do not** allow the head to move from side-to-side or be bent forward or backward
 - b. Cover and keep the victim warm
 - c. Observe for the need to initiate CPR; if initiated, the head tilt should be minimal and be sure when moving the victim you maintain good body alignment with the spinal cord

Urgent Emergencies Requiring Prompt, Professional Care

- A. Internal bleeding
- 1. Signs and symptoms
 - a. Cold, clammy, pale skin
 - b. Rapid, thready pulse
 - c. Rapid breathing
 - d. Pain and tenderness at sight of injury
 - e. Vomiting or coughing up blood or passage of blood in urine
 - 2. First aid
 - a. Put on latex/vinyl gloves; carefully examine victim for fractures or other injuries
 - b. Immobilize suspected fracture or affected area
 - c. Treat for shock
 - d. Victim should lie comfortable and quietly
 - e. Observe for potential need to begin CPR
 - f. **Do not** give the victim fluids by mouth
 - g. With small closed wounds (black eye) apply cold pack to help reduce swelling
- B. Coronary Occlusion
- 1. Signs and symptoms
 - a. Persistent chest pain radiating down left arm
 - b. Gasping and shortness of breath
 - c. Bluish color of lips, skin and fingernail beds
 - d. Extreme prostration
 - e. Shock

2. First aid
 - a. Begin CPR if victim is not breathing and/or no heart beat
 - b. Place victim in a comfortable position
 - c. Loosen clothing
 - d. If victim on medication, assist in administering medication
 - e. **Do not** give liquids
- C. Penetrating and Crushing Injuries of the Chest - Pneumothorax
 1. Signs and symptoms
 - a. Victim complaining of chest pain
 - b. Shortness of breath
 - c. Shock
 - d. Internal or external hemorrhage
 - e. Wound may gurgle air with respirations
 2. First aid
 - a. Put on latex/vinyl gloves; if wounding object or instrument still in place, leave it undisturbed and immobilize with bandage
 - b. If wounding object or instrument is not in place and the wound is sucking air, close the wound opening with a large pad of gauze, cloth, plastic or your gloved hand and apply pressure; hold bandage in place with tape; if respiratory difficulty becomes more profound soon after applying the airtight dressing, remove dressing to let air escape and replace dressing; place victim on the affected side of the wound
 - c. Treat for shock
 - d. Observe for need to begin CPR
 - e. Place victim in a comfortable position
- D. Severe asthma
 1. Signs and symptoms
 - a. Wheezing in chest
 - b. Marked difficulty breathing
 - c. Bluish color around lips, fingernail beds
 - d. For people with medications, no improvement or worsening of condition after taking medications
 2. First aid
 - a. If the victim has medications, assist in administration
 - b. Stay calm in presence of student
 - c. Reassure victim
 - d. Prop victim up
 - e. Observe for need to begin CPR
- E. Unconscious states
 1. First aid
 - a. Put on latex/vinyl gloves; assess to determine if victim is breathing and the heart is beating; if not, begin CPR (use mouth-to-mouth pocket mask if available)
 - b. Try to ascertain the cause of unconsciousness (head injury, seizure, drug, etc.)
 - c. Assess student size
 - d. Observe for vomiting
 - e. Loosen clothing
 - f. Position on right side, except in cases of suspected neck injury
 - g. Keep airway open
- F. Heat stroke
 1. Signs and symptoms

- a. Temperature above 106° F
 - b. Skin hot, red and dry
 - c. Pulse is rapid and strong
 - d. Possible unconsciousness
2. First aid
- a. Call 911 immediately and then begin sponging bare skin with cool water and moist towels until the ambulance comes
 - b. **Do not** give stimulants
 - c. If temperature begins to rise, start cooling process
- G. Severe and Extensive Burns (second degree over 15% of body or third degree)
1. First aid
- a. Put on latex/vinyl gloves; assess consciousness and respiratory status; begin CPR if necessary (use mouth-to-mouth pocket mask if available)
 - b. **Do not** remove particles of charred clothing
 - c. Cover burned areas with sterile dressing, laundered sheets or unused plastic bag and secure with tape or tie
 - d. Elevate affected area above heart level
 - e. **Do not** apply cold water or commercial burn preparation creams
- H. Drug Overdose
1. Signs and symptoms
- a. Unconsciousness
 - b. Shallow, slow respiration
 - c. Rapid, thready pulse
2. First aid
- a. Try to arouse victim
 - b. Note victim's respiratory and cardiac status
 - c. Note size of pupils and smell breath
 - d. Keep warm
 - e. Monitor for shock
 - f. Take available pill containers and vomitus with transport to medical facility
 - g. Get any history from spectators around area
- I. Head Injury with Loss of Consciousness
1. Signs and symptoms
- a. Blood tinged fluid draining from nose, ear canal or mouth
 - b. Pale or flushed face
 - c. Unequal pupil size
 - d. Vomiting
 - e. Loss of bowel and bladder control
2. First aid
- a. Put on latex/vinyl gloves; keep victim lying flat
 - b. Immobilize neck
 - c. Assess for need to begin CPR (use mouth-to-mouth pocket mask if available)
 - d. Apply dressing to necessary wounds
 - e. Observe vital signs
 - f. Maintain airway
 - g. Loosen clothing
 - h. **Do not** give fluids
 - i. Keep victim warm
- J. Impaled Object in a Wound

1. First aid
 - a. Put on latex/vinyl gloves; **do not** remove item
 - b. Place dressing around and bandage dressing in place
 - c. Call ambulance

Emergencies Requiring Professional Care within an Hour

A. Dislocations

1. Signs and symptoms
 - a. Swelling at joint
 - b. Obvious deformity
 - c. Pain
2. First aid
 - a. **Do not** attempt to reduce a dislocation
 - b. Splint and/or immobilize the affected joint in the position in which it is found
 - c. Apply a sling if appropriate
 - d. Elevate the affected limb

B. Fractures

1. Signs and symptoms
 - a. Victim felt or heard bone snap
 - b. Pain and tenderness at sight
 - c. Difficulty moving injured part
 - d. Difference in the shape and length of corresponding bones on the victim's two sides
 - e. Obvious deformities
2. First aid
 - a. Put on latex/vinyl gloves; assess need for CPR (use mouth-to-mouth pocket mask if available)
 - b. Stop any severe bleeding
 - c. Treat for shock
 - d. **Do not** attempt to set a fracture
 - e. Cover any protruding bones with a sterile bandage
 - f. Prevent motion of injured part and adjacent joints
 - g. Splint fracture only if you need to move victim
 - h. Keep victim warm

C. Heat cramps

1. Early signs of heat exhaustion due to a deficiency in both water and salt usually affecting the victim's legs and abdomen
2. First aid:
 - a. Give sips of salt water (one-half teaspoon of salt/glass), water or Gatorade, half a glass every 15 minutes, over a period of one hour
 - b. Exert pressure on cramped muscles or gently massage

D. Heat exhaustion

1. Signs and symptoms
 - a. Weak
 - b. Nausea
 - c. Dizzy
 - d. Body will be cold and clammy
2. First aid
 - a. Give sips of salt water (one-half teaspoonful of salt/glass), half a glass every 15 minutes over a one hour period
 - b. Have victim lie down and raise feet 8-12"

- c. Loosen clothing
 - d. Apply cool, wet cloths and fan victim
 - e. If victim vomits, discontinue fluids
- E. Penetrating eye injuries
1. Result of a splinter of wood, steel or piece of glass, which accelerates the eye
 2. First aid:
 - a. Make no attempt to remove the object or wash the eye
 - b. Cover both eyes with clean dressing and tape; make sure loose enough to avoid pressure on eye
 - c. Keep victim quiet, preferably on back
- F. Seizure - cause unknown
1. Signs and symptoms
 - a. Unconsciousness
 - b. Rigidity of muscles
 - c. Jerking movements
 - d. Bluish discoloration of ace and lips
 - e. Foaming at the mouth or drooling
 2. First aid
 - a. Put on latex/vinyl gloves; assess need to initiate CPR (use mouth-to-mouth pocket mask if available)
 - b. Protect victim from environment and hurting themselves
 - c. Do not place blunt object between victim's teeth
 - d. Do not give fluids or place in tub of water
- G. Lacerations
1. Signs and symptoms
 - a. Jagged, irregular or blunt break or tear in the soft tissue
 2. First aid
 - a. Put on latex/vinyl gloves; stop bleeding by applying dressing to laceration
 - b. Elevate areas if possible
 - c. Lacerations needing medical care:
 1. Blood spurting from wound
 2. Bleeding that persists
 3. Severed or crushed nerve, tendon or muscle
 4. Laceration on body part that may leave visual scare
 5. Foreign object embedded in tissue
 6. Contamination of wound
- H. Burns with Blisters (less than 15% of body)
1. Result from contact with hot liquids and flash burns from gasoline, kerosene and other products
 2. Signs and symptoms:
 - a. Area appears red and mottled
 - b. Blister formation
 3. First aid:
 - a. Put on latex/vinyl gloves; immerse the burned area in cold water (**not** in ice water) until transportation is available)
 - b. **Do not** add salt to the water
 - c. Blot area dry with sterile gauze, a clean cloth or towel; **do not** use absorbent cotton
 - d. Apply dry, sterile gauze or clean cloth
 - e. **Do not** try to break blisters or remove shreds of tissue

- f. **Do not** use antiseptic preparations
- g. If arms and legs are affected, keep elevated
- I. Accidental Loss of Tooth or Broken Tooth
 - 1. First aid
 - a. Put on latex/vinyl gloves; control bleeding in mouth with sterile gauze
 - b. Attempt to locate missing tooth or part of tooth
 - c. Rinse missing tooth in water, if possible replace in socket or place in container of milk or water
 - d. Tooth or part of tooth should go with victim to dentist
- J. Moderate Reaction to Drugs
 - 1. Signs and symptoms
 - a. Constricted or widely dilated pupils
 - b. Pale clammy skin or flushed face and perspiration
 - c. Shallow and depressed or rapid breathing
 - d. Low body temperature ore elevated temperature
 - e. Nausea and/or vomiting
 - f. Reddened eyes
 - g. Poor coordination and staggering gait
 - h. Slurred speech
 - i. Irrational and uncontrolled behavior
 - j. Lethargy and sleep
 - k. Yawning
 - l. Tearing of the eyes and running nose
 - m. Hallucinations or confusion
 - 2. First aid
 - a. Calm victim by speaking in a quiet voice
 - b. Have victim lie comfortable
 - c. Maintain body temperature (cover with a blanket)
 - d. Loosen clothing
 - e. Attempt to identify drug taken
- K. High Fever (greater than 103°F orally)
 - 1. First aid
 - a. Have victim lie comfortable
 - b. Continue to assess temperature every one-half hour until transportation arrives
 - c. Encourage medical advice be obtained
- L. Acute Emotional State
 - 1. Signs and symptoms
 - a. Intense fear
 - b. Disorganized behavior
 - c. Violent outbursts of temper
 - d. Severe depression
 - e. Insomnia
 - f. Spells of weeping
 - 2. First aid
 - a. Calm victim by speaking in a quiet voice
 - b. Do not argue with person
 - c. Do not restrain person, unless absolutely necessary
 - d. If hyperventilating, have victim breath into bag
 - e. Be kind, gentle and sympathetic
 - f. Contact police if necessary

Emergencies Needing Immediate Non-Professional Attention

A. Asthma/wheezing

1. Signs and symptoms
 - a. Coughing and wheezing
 - b. Apprehension
 - c. Perspiration
 - d. Tightness in chest
2. First aid
 - a. Reassure the victim
 - b. Have authorized person dispense prescribed medications if available
 - c. Stay with a student until the attack has subsided
 - d. Inform parent/legal guardian of attack

B. Non-penetrating eye injuries

1. Signs and symptoms
 - a. Black eye
 - b. Small cut to cornea
 - c. Complaints of pain in eye
 - d. Complaint of light sensitivity
2. First aid
 - a. Put on latex/vinyl gloves; keep the victim quiet and lying down
 - b. Apply sterile dressing to the eye if necessary
 - c. Inform parent/legal guardian of injury

C. Convulsion in Epileptic

1. Grand Mal seizures - signs and symptoms
 - a. Sudden paleness in face before seizure
 - b. Convulsive attack - lasting less than a minute
 - c. Jerking movements
 - d. Drooling or foaming from mouth
 - e. Bluish discoloration of lips, face or fingernail beds
2. Petit Mal seizures - signs and symptoms
 - a. Loss of awareness
 - b. Muscle twitching
 - c. Staring fixedly at an object
3. First aid
 - a. Keep victim from hurting self
 - b. Do not attempt to place anything in mouth during seizure; put on latex/vinyl gloves
 - c. Turn head to drain mucous
 - d. Turn victim on to right side after seizure to avoid aspiration of vomitus
 - e. Allow victim to rest after convulsion
 - f. Inform parent/legal guardian of convulsion

D. Insulin Reaction in Diabetic

1. Signs and symptoms
 - a. Excessive hunger
 - b. Perspiration
 - c. Pale skin
 - d. Headache

- e. Dizziness
 - f. Nervousness of trembling
 - g. Blurred vision
 - h. Irritability
 - i. Confusion
 - j. Crying
 - k. Inability to concentrate
 - l. Drowsiness or fatigue
 - m. Poor coordination
 - n. Abdominal pain or nausea
 - o. Inappropriate actions/responses
2. First aid
 - a. At first sign, give fruit juice, candy, etc.
 - b. If victim becomes ill, stay with him/her
 - c. Seek emergency care (911) if victim does not respond readily
 - d. Notify parent/legal guardian of reaction

E. Abdominal Pain

1. Signs and symptoms
 - a. Sudden onset of pain
 - b. Possible diarrhea or vomiting
 - c. Fever
 - d. Tenderness in area of pain
 - e. Bulging in abdominal wall
2. First aid
 - a. Give nothing by mouth
 - b. Place victim in a comfortable position
 - c. Attempt to elicit recent diet history, plus history of vomiting, stool pattern, menstrual cycle
 - d. Notify parent/legal guardian and encourage medical follow up if pain persists beyond one hour

F. Sprains and Strains

1. Signs and symptoms
 - a. Swelling
 - b. Discoloration
 - c. Pain on motion
 - d. Tenderness
2. First aid
 - a. Keep victim from using affected limb; **do not** allow him/her to walk if his/her knee or ankle is affected
 - b. Elevate the injured part to minimize swelling
 - c. Apply cold compress or ice to the affected part
 - d. Notify parent/legal guardian of injury

G. Frostbite

1. Signs and symptoms
 - a. Skin white or grayish yellow
 - b. Affected area is intensely cold and numb
 - c. Generally no pain noted
2. First aid
 - a. Cover frozen part and bring victim indoors; put on latex/vinyl gloves

- b. Re-warm area with warm, not hot, water
 - c. Do not rub or massage area
 - d. Discontinue warming when affected area becomes flushed
 - e. If possible, provide a warm drink
 - f. Once re-warmed, have victim exercise area
 - g. Wash affected area and blot dry; do not break blisters
 - h. Place sterile gauze between swollen fingers or toes
 - i. Do not apply dressings
 - j. Elevate frostbitten areas
 - k. Notify parent/legal guardian and seek medical assistance
- H. Bites and Stings - Human or Animal (without Anaphylaxis)
- 1. Human bites that break the skin
 - a. Thoroughly cleanse the wound
 - b. Apply a dressing
 - c. Assess tetanus status
 - d. Notify parent/legal guardian
 - 2. Animal bite
 - a. Thoroughly clean wound
 - b. Flush wound with water liberally
 - c. Apply dressing
 - d. Every effort should be to capture the animal
 - e. Assess tetanus status
 - f. Notify parent/legal guardian of injury
 - 3. Stings
 - a. Apply cold applications to area
 - b. If possible, attempt to remove stinger
 - c. Thoroughly wash wound areas with soap and water
 - d. Notify parent/legal guardian of injury
- I. Head Injury without Loss of Consciousness
- 1. Signs and symptoms
 - a. Swelling at sight of injury
 - b. Bleeding at sight to of injury
 - c. Local pain
 - d. Headache
 - 2. First aid
 - a. Have victim relax
 - b. Apply ice to swollen area
 - c. If bleeding noted, put on latex/vinyl gloves, stop bleeding and clean wound with soap and water and apply a dressing
 - d. Do not let victim sleep
 - e. Continue to observe for symptoms of nausea, vomiting, disorientation, unequal pupils, confusion
 - f. Send letter home to parent/legal guardian regarding injury and symptoms to observe for
- J. Fever - 100°F to 103°F orally
- 1. First aid
 - a. Have victim lie down
 - b. Loosen tight clothing
 - c. Notify parent/legal guardian
 - d. Monitor temperature every hour until transportation arrives

Minor Injury or Illness

A. Abrasions

1. Signs and symptoms
 - a. Scrape on skin
 - b. Bleeding from wound
2. First aid
 - a. Put on latex/vinyl gloves; clean thoroughly with soap and water
 - b. Apply sterile dressing or Band-Aid

B. Minor burns - Sunburn

1. Signs and symptoms
 - a. Redness or discoloration
 - b. Mild swelling
 - c. Pain
2. First aid
 - a. Put on latex/vinyl gloves; cool burned area with cold water
 - b. Apply dry dressing if necessary

C. Nosebleeds

1. First aid
 - a. Keep victim quiet.
 - b. Place in sitting position; put on latex/vinyl gloves.
 - c. Apply pressure directly at the site of bleeding by pressing the bleeding nostril toward the mid-line.
 - d. Apply cold compresses to nose.
 - e. If bleeding cannot be stopped, seek medical care.

D. Blisters

1. First aid
 - a. If possible, relieve pressure from area until the fluid is absorbed and leave blister unbroken.
 - b. Wash blister.
 - c. Cushion blister area and bandage.

E. Slivers and Splinters

1. First aid
 - a. Put on latex/vinyl gloves; attempt to remove splinter or sliver with tweezers.
 - b. If unable to remove splinter/sliver, wash area and cover with Band-Aid Notify parent/legal guardian
 - c. If splinter/sliver is removed, wash wound with soap and water
 - d. Apply Band-Aid as necessary

F. Bruises

1. First aid
 - a. Apply cold compress.
 - b. Elevate area if possible

G. Dysmenorrhea (Pain with Menstruation)

1. First aid
 - a. Application of heat to abdomen
 - b. Use of medication if authorization is on file
 - c. Rest

H. Headache

1. First aid
 - a. Use of medication if authorized is on file.

- b. Rest.
- I. Toothache
 - 1. First aid
 - a. Assess mouth for any further injuries.
 - b. Use of medication if authorization is on file.
 - c. Otherwise, determine if victim can remain in school.
- J. Acute Illness (vomiting, stomach ache, etc.)
 - 1. First aid
 - a. Determine if victim can remain in school.
 - b. If victim lies down, should be observed every one-half hour.
 - c. Contact parent/legal guardian before student goes home.
- K. Sores
 - 1. First aid
 - a. Put on latex/vinyl gloves; insure area is clean.
 - b. Cover area with dry dressing if drainage noted.
 - c. Assess if other like sores exist on body that might suggest a possible infection or illness.
 - d. If other like sores are noted on the student's body, contact parent/legal guardian for further information. If uncertain about the sores being an illness (i.e., impetigo, etc.) send student home to be seen by a doctor for proper diagnosis and treatment.
- L. Rashes
 - 1. First aid
 - a. Assess for fever, itching, cough, drainage, student feeling ill.
 - b. Students with any of the above symptoms should have their parent/legal guardian contacted to pick them up from school to be seen by a physician.
 - c. Notice should be given to the School Nurse for follow up.

ADMINISTRATION OF MEDICATION TO STUDENTS

POLICY

Medications are given to students in the school setting to continue or maintain a medical therapy which promotes health, prevents disease, relieves symptoms of illness or aids in diagnosis.

The District shall administer medication in accordance with Wisconsin State Statutes 118.29, 118.291. The District may administer any prescription medication to a student in compliance with the written instruction of a practitioner and written consent from the student's parent/guardian/legal custodian as defined by Wisconsin State Statute 118.29. Administration of nonprescription medication requires the written instruction and consent of the student's parent/guardian/legal custodian. Substances, which are not FDA approved (i.e. natural products, food supplements), will require the written instruction of a practitioner and written consent from the student's parent/guardian/legal custodian. Students with asthma may possess and self-administer a metered dose or dry powder inhaler with the written approval of the student's physician and parent/guardian/legal custodian.

Medication administration may be delegated by the school nurse hired to any school employee with proper training, supervision, and evaluation as defined in Wisconsin Administrative Code N. 6.01 and DPI training guidance. Determining such individuals will be the joint responsibility of the principal and the school nurse. The school employee who is authorized to administer medication is immune from civil liability for their acts or omissions in administering medication to a student unless the act or omission constitutes a high degree of negligence. The District administrator or principal who authorizes an employee to administer a drug or prescription drug to a student will be immune from civil liability for the action authorized, unless a court determines that the action constitutes a high degree of negligence.

No school employee, except a health care professional, may be required to administer medication to a student by any means other than oral ingestion.

Procedures for obtaining and filing written instructions and consents for medication administration, and the protocols for storage, administration, and documentation are delineated in this policy's Administrative Rule.

PROCEDURE

Training of Designee

The school nurse, in collaboration with a principal, has the authority to delegate medication administration to a school employee in compliance with Wisconsin State Statute 441.06(4) and Wisconsin Administrative Code N 6.03(3) if the following are met:

- The task must be commensurate with the education, preparation, and demonstrated abilities of the delegate.
- The school nurse provides direction (training) and assistance to the delegate.
- The delegate's administration of medications is periodically observed, monitored, and documented by the school nurse.

- The delegate completes the online DPI training course for the medication(s) to be administered and submits certificate of completion to the school nurse.
- School Personnel will be informed on a need to know basis when a student is taking medication for serious or chronic health conditions, so that they can observe for side effects to the medications.

Consent to Administer

A. Prescription Medications

A written, signed statement from the parent/guardian/legal custodian and a written, signed instruction from a practitioner must be on file at the school authorizing school personnel to administer any medication. (See Medication Authorization Form) The statement must include:

- Student name, date of birth
- Medication name, dose, route frequency, time/conditions, duration
- Reason for medication
- Name of practitioner
- Parent/guardian/legal custodian signature, practitioner signature, date

Medication Authorization Form is available in each health office and downloadable on the District web site.

Requests must be renewed each year or more often if changes in dosage occur. All changes will be noted on the medication administration record, dated and initialed by the designee. Prescription medications must be supplied in a pharmacy-labeled container indicating the correct dosage and administration instructions.

The school nurse shall be informed by school personnel of all students receiving medication and any changes in dosage. The school nurse will review the medication record periodically and use professional judgment in contacting the practitioner, school personnel, or parent/guardian/legal custodian to resolve inconsistencies in administration directions.

B. Non-Prescription Medications

Non-prescription medication (over-the-counter) which is FDA approved can be administered.

- A written, signed statement from the parent/guardian/legal custodian must be on file at school authorizing school personnel to administer (Medication Authorization Form).
- Non-prescription drugs must come to school in the original manufacturer's packaging with ingredients and recommended therapeutic dose.
- Non-prescription medications must be supplied by parent/guardian/legal custodian in the original container with the student's name affixed.
- Any non-prescription medication intended for long-term use on a daily basis must be accompanied by a practitioner's signature.
- All medication must be supplied by the parent/guardian/legal custodian.

C. Food Supplements, Natural Products

For the safety and protection of students, food supplements and natural products will not be given in the school setting unless approved by the FDA or prescribed by a practitioner. The following criteria must be met:

- An original container is provided.
- Use for student is indicated.
- Appropriate dosing for student is clearly stated on the label/packaging insert.
- Possible untoward effects are listed.
- Signed parent/guardian/legal custodian statement.
- Signed practitioner consent if non-FDA approved.

Parents/guardian/legal custodian may come to school to administer natural products.

Self-Administered Medication

- Students with asthma may possess and self-administer metered dose inhalers or dry powder inhalers for the purpose of preventing or alleviating the onset of asthmatic symptoms. The student must have the written approval of a prescribing practitioner and the written approval of the student's parent/guardian/legal custodian updated annually. (Health Plan or Medication Authorization Form).
- A student with life-threatening allergies may possess and use an EpiPen upon receipt of the Allergy Action Plan or Medication Authorization Form. This form has the written approval of a prescribing practitioner and the parent/guardian/legal custodian updated annually.
- A student with Insulin Dependent Diabetes Mellitus may possess and use insulin upon receipt of the Health Plan or Medication Authorization Form. This form has the written approval of a prescribing practitioner and the parent/guardian/legal custodian updated annually.
- Students are not to share over-the-counter medication and or prescription medication with any other student. Everyone reacts differently to medication and for safety no sharing of medication will be permitted. Students will be subject to disciplinary action if they share medication.
- Responsible high school age students, as determined by the parent/guardian/legal custodian, school nurse, and administrator, may possess and self-administer over the counter medications with written parental permission.

It is recommended that a written statement identifying the medication and granting permission for self-administration be signed by the parent/guardian/legal custodian. This statement should be carried by the student or maintained in the school's medication file.

Factors to be considered will be:

- Type of medication
- Reason for medication
- Age of student
- Responsibility of student

Medication Storage

Medication will be stored in a secure location. Medication which needs to be accessible to the student will be stored in an appropriate location per student need (i.e., emergency medications). Medication will be stored to maintain quality (i.e., refrigeration).

The parent/guardian/legal custodian shall pick up unused portions of medication after the completion of the school year or when medications have been discontinued. After notification at the end of the school year, medications may be destroyed.

Documentation

An accurate individual student record of administered medication will include:

- Demographic data such as name, birth date, level/grade, school year.
- Medication name, dose, date/time given.
- Signature of person administering written in ink.
- Dose changes, dated, with the signature of designee and cosigned by the school nurse.
- Document all medication administered immediately.
- Document the reason medication may not be administered (absent, refusal).
- Document and report errors and or missed medications to the school nurse immediately.

The Student Medication Record(s) will be maintained in the student health record after discontinuation of the medication.

Rights and Responsibilities

Designated school personnel have the responsibility to:

- See that the medication is given within 60 minutes before or after the time specified by parent and practitioner.
- Maintain the medication administered at school in a secure place, which also maintains medication quality (i.e., refrigeration for liquid antibiotics).
- Report to the school nurse any dose changes, inconsistencies, or medication side effects.
- Keep a copy of the Medication Policy in an accessible spot for immediate reference.
- Document all medication administered or reason medication may not be administered (absent, refusal).
- Report errors and or missed medications to the school nurse immediately.

Designated school personnel have the right to refuse to administer medication to students when the medication administration procedures as described in Section II above have not been completed.

The professional school nurse has the responsibility to:

- Review medications and any changes in medications administered at school.
- Use professional judgment in carrying out the policy.
- Provide information on medication side effects.
- Provide training, supervision, and evaluation of the administration of medication in the school.
- Maintain records of staff completion of medication administration.

Distribution of Policy and Liability Waiver

All school employees or volunteers who are authorized to administer drugs to a student shall receive a copy of this policy and shall be advised that, pursuant to the provision in Wisconsin State Statute 118.29, they are immune from civil liability for any acts or omissions in administering a drug or prescription drug to a student in accordance with this policy unless the act or omission is found by a court to constitute a high degree of negligence.

The district administrator or any principal who authorizes an employee to administer a drug or prescription drug to a student is immune from civil liability for the act of authorization unless it constitutes a high degree of negligence.

LEGAL REF.: 118.125 - Wisconsin Statutes
118.29 - Wisconsin Statutes
118.291 - Wisconsin Statutes
121.02(1)(g) - Wisconsin Statutes
146.81 - 146.84 - Wisconsin Statutes
PI 8.01(2)(g) - Wisconsin Administrative Code

CROSS REF.: 347 - Student Records
443.4 - Student Alcohol and Other Drug Abuse
453.1 - Emergency Nursing Services
453.3 - Communicable Diseases
District Exposure Control Plan

APPROVED: March 19, 2012
SEPTEMBER 19, 2016

Medication Administration Incident Report

A medication error is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

Student's Name: _____ **Grade:** _____

Student's address: _____ **Phone:** _____

Date of Occurrence: _____ **Time of Date:** _____ A.M. P.M.

Name of Prescribing Provider: _____ **Phone:** _____

Medication: _____ **Dosage:** _____ **Route:** _____

Time Prescribed: _____ A.M. P.M.

Describe the Event: (this should be filled out by the person making the error)

Use reverse side if necessary

Notification:

Medical provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Day/Month/Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Day/Month/Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
School Nurse/Other Who: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Day/Month/Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Outcome: _____

Print Name of Person Preparing Report: _____

Signature of Person Preparing Report: _____ **Date:** _____

APPROVED: October 15, 2012
 SEPTEMBER 19, 2016



Parkview School District

106 W. Church Street – P.O. Box 250
Orfordville, WI 53576

Phone: 608-879-2717
Fax: 608-879-2732

WEB Site: www.parkview.k12.wi.us

MEDICATION RUNNING OUT LETTER

To the parent/legal guardian of: _____ Grade: _____

This letter is to let you know that:

_____ Your child’s prescription medication will be gone in five more school days and a refill of this medication is necessary if your child is to continue receiving this medication at school. The medication must be in a current and properly labeled pharmacy bottle.

We were unable to give your child their medication because:

_____ There is no completed doctor’s order to give the medication

_____ There is no completed parent/legal guardian permission form to give the medication

_____ The medication is not in a current, correctly labeled bottle from the pharmacy

_____ Your child refused to take the medication

_____ The non-prescription medication for your child was not labeled with the name of the medication

Attached is a copy of the School District of Edgerton’s medication policy. Please refer to this policy when sending medications for your child to school. A comprehensive description of this policy can be found in the Building Principals’ offices.

Questions regarding this letter or the medication policy can be directed to the Rock County Health Department at 757-5440. Thank you.

Sincerely,

School Representative

Date

The Parkview School District agrees to have designated staff administer medication during the school day to students that are unable to receive their medications at home. It is the parent/guardian's responsibility to provide the medication. All medication, prescription or over-the-counter, **must be in its original container, correctly labeled and can only be administered according to package directions.** We are unable to dispense medication that is received in baggies, envelopes, etc. Medication is to be furnished by the parent and is to be labeled with the name of the medication, the amount to be given, time of day to be given and the expected duration of treatment. *Medication prescribed for three doses per day can most often be given before school, after school and at bedtime.*

Student Name	Birth Date / /
School	Grade

Non-Prescription Medications: The following section is to be completed by the parent/guardian.

I give permission for the following medication to be given to my child, while he/she is at school, by the designated staff.		
Name of Medication		Dosage
Time to Administer	Start Date	End Date
Signature of Parent/Guardian		Date

Prescription Medications: The following section is to be completed by the Health Care Provider.

Name of Medication		Dosage
Time to Administer	Start Date	End Date
Diagnosis for which medication is given		
Significant side effects		
Additional Info		
Physician's Printed Name:		
Signature of Physician		Date
Physician's Business Address & Telephone Number		

Parent Signature	Date
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GUIDELINES FOR STUDENTS WITH ASTHMA

Childhood asthma is a chronic disease that affects about 5% of children in the United States. It causes more hospital admissions, visits to emergency rooms and school absences than any other chronic disease of childhood.

Asthma is a no-contagious disease of the lungs. It is a reversible airway obstruction that is controllable but not curable. Breathing difficulties are due to the narrowing of airways and increase in mucus production. There are several factors that can trigger an asthma attack in a child including:

- A. Exercise, especially prolonged physical exertion. In general, swimming is the best-tolerated exercise for asthmatics. Football, tennis and other sports which afford rest intervals after each period of exertion usually play lesser roles in precipitation asthma. On the other hand, sports such as long distance running, soccer, basketball and other continuously strenuous activities have been found to be more asthma producing.
- B. Allergies to one or more allergens (pollens, molds, etc.)
- C. Changes in weather, temperature and humidity
- D. Irritants such as fumes, smoke, etc.
- E. Viral infections such as during a cold
- F. Emotional upsets (laughing, crying, etc.)
- G. Fatigue

A significant aspect of asthma is its variable nature which can change from season to season for any given youngster. That is, a child may have trouble with asthma during the fall while having allergy symptoms, yet be able to do virtually any activity in the wintertime. Other youngsters may have not limitations except when they experience a cold which may have temporally aggravated their asthma. A youngster's degree of asthma can vary from day to day and it will be necessary to allow the child to decide on any given day as to the degree of asthma difficulty he/she is experiencing.

Symptoms of an Asthma Attack

Every child exhibits symptoms differently and it is important to determine how each child manifests his/her asthma. Symptoms they may experience include wheezing - rough, raspy, whistling sounds with each breath, coughing spells, shortness of breath, feelings of tightness in the chest or blueness around mouth and lips.

What to do should a Student Experience these Symptoms

First aid:

- A. Stay calm in presence of student
- B. Reassure student
- C. Sit student up for best air exchange
- D. If the student has medications assist in administration
- E. Encourage student to sip water
- F. Observe for need to begin CPR

If no improvements are noted, contact the parent/legal guardian or emergency contact for student to go home or seek medical care.

Other Activities with an Asthmatic Student

- A. If a student with asthma needs to take medication in the school, the District's medication policy will be followed.
- B. The School Nurse will be notified of any student with asthma so that detailed information on the student's asthma can be obtained. This information will be shared with necessary school staff.
- C. The School Nurse will follow up on severe or repeated asthma attacks to determine how they can be prevented in the future.

How to Assist an Asthmatic to Reach his/her Potential

Encourage student to try everything within his/her capacity including competitive sports as tolerated. Encourage student to take his/her medications as ordered especially those to be used just prior to exercise such as inhalers, etc. Allow student to stop exercise if obvious wheezing, coughing or tightness in chest develops. If this occurs, substitution of other types of physical activities should be allowed when the student has recovered. Encourage use of warm up exercises before beginning physical education activities.

Psychosocial Considerations

Many asthmatics occasionally feel a lowered self-esteem because of the limitations asthma has placed on their physical activities. It is important to recognize and be sensitive to these feelings and to facilitate the student in developing a health self concept by allowing and encouraging self-expression and activity as tolerated.

Some asthmatics also exhibit behavioral problems, probably as the result of the many restrictions that are placed on them and the feeling of "being different." This may surface as aggression, withdrawal, overachievement, underachievement, etc. It is important that a qualified professional, if present, deal with behavioral problems.

Nebulizer Treatments

Nebulizer treatments are generally used for students who have thick or sticky secretions in the airway or experience a narrowing of the airway resulting in a blockage or reduction of airflow in to and out of the lungs. Examples of health conditions that may lead to this include severe asthma, cystic fibrosis, muscular dystrophy or bronchial pulmonary dysplasia.

A possible therapy that a physician may prescribe to handle this difficulty with secretions or airways is a Nebulizer treatment. With Nebulizer treatments a medication aerosolized and introduced into the lungs by the person of the medication in the person's airways. In order to perform Nebulizer treatments the following guidelines should be used:

- A. Because this is a medical treatment, the physician and parent/legal guardian should complete a Medical Request Form before treatments are started. If medications are included in the treatment, the guidelines for dispensing medications shall be followed.
- B. Before school staff utilizing this form of treatment, the School Nurse should do an inservice and supervised demonstration, possibly in conjunction with a respiratory therapist.

- C. Accurate measuring of medication and following the treatment procedure will be necessary to insure maximum benefit of the treatment without over administering the medication. Generally medications administered in this format are very potent.
- D. Students on Nebulizer treatments will be required to bring their own equipment to school in order to avoid the potential spread of a communicable disease from multiple people utilizing the same equipment.
- E. Upon completion of the Nebulizer treatment, the equipment should be cleaned. The student can do this if they are responsible enough. Otherwise, District staff should take apart the equipment as instructed and wash it in lukewarm water and dish soap removing mucous and foreign material.
- F. Rinse with tap water.
- G. Soak equipment in a water and vinegar solution (one part vinegar to one part water) and cover equipment for 30 minutes.
- H. Rinse with tap water, place on clean towel and let dry. Assemble equipment for next treatment.

GUIDELINES FOR HANDLING ILLNESS/INJURY AT ATHLETIC ACTIVITIES

- A. Each year at Athletic Director meetings the procedure for handling ill and injured athletes will be reviewed with all coaches.
- B. The head coach of each sport will be responsible for identifying school staff responsible for implementing first aid procedures when necessary.
- C. The head coach of each sport will be responsible for identifying school staff responsible for contacting the parent/legal guardian or emergency contact and, when necessary, appropriate emergency transportation.
- D. All illnesses and injuries which do not allow an athlete to return to practice or a game will be reported to the head coach.
- E. The head coach will be responsible for insuring that all necessary District, DPI and Wisconsin Interscholastic Athletic Association (WIAA) injury report forms are complete according to District guidelines.
- F. The head coach must approve all athletes returning to practice after missing practice or a game due to injury.
- G. Each head coach will be responsible for working with assistant coaches, trainers and athletes on how to notify the coaching staff when first aid services are necessary.
- H. It is highly recommended that all coaching staff be first aid certified and that at least one first aid certified coach be at team practices and games.

**HEALTH AND SAFETY PARENT/LEGAL GUARDIAN LETTER FROM ATHLETIC
DIRECTOR**

Dear Parent/Legal Guardian:

The health and safety of your child while participating in athletics is of great importance to the School District of Edgerton. As a result, a system has been set up to deal with ill and/or injured athletes. If your child should become ill or injured while involved with athletics, the following steps will be taken on your child's behalf:

- A. If your child has a minor illness/injury the following action will be taken:
 - 1. First aid will be provided according to school approved procedures
 - 2. Your child will be returned to practice/game if she/she is alright
- B. If your child is unable to return to practice/game because of illness or injury the following steps will be taken:
 - 1. First aid will be provided according to school-approved procedures
 - 2. A coach or school staff will contact you to inform you why your child did not participate
 - 3. When appropriate, you will be requested to make arrangements to have your child transported from school
 - 4. If you cannot be reached an emergency contact will be called
 - 5. If the emergency contact cannot be reached your child will be kept with the team and continued attempts made to reach you or the emergency contact
- C. If your child is in need of immediate medical attention the following steps will be taken:
 - 1. First aid will be provided according to school-approved procedures
 - 2. Transportation to a medical facility will be arranged for your child
 - 3. A coach or school staff will contact you or the emergency contact to inform you of your child's need for medical care

In order for this system to work, we need your cooperation to insure that telephone numbers are accurate. If you have any questions or concerns about these guidelines, please contact your child's coach.

Sincerely,

Athletic Director

CATHETERIZATIONS

Guidelines for Unsterile Intermittent Catheterization for Urine

- A. Parent/legal guardian must request this special service for their child from the school in writing. The School Nurse should be notified of each request.
- B. Parent/legal guardian must obtain dated written medical order including frequency of catheterization, size of catheter and any fluid restrictions. Renewal of order shall be at least annually.
- C. The school shall designate specific staff within the school that will be responsible to the School Nurse to carry out the procedure. Only capable, interested and willing staff will be designated with the approval of parent/legal guardian, Building Principal(s) and School Nurse.
- D. Parent/legal guardian shall give written authorization to school for designated staff to perform prescribed procedure.
- E. The School Nurse will instruct and supervise designated staff. Instruction shall include demonstration and return demonstration by staff in the presence of the School Nurse. The School Nurse shall evaluate principles and safety of procedure in the school setting.
- F. School shall provide suitable facilities, which will provide safety and privacy to student.
- G. Only designated and trained staff shall perform the procedure in school setting.

Procedure for Intermittent Catheterization for Urine

Students with some chronic health conditions or physical disability will find it difficult or physically impossible to empty their bladders. These students may need catheterization during the school day. Catheterization is the insertion of a small tube into the bladder to drain the urine. Most often these students will use the catheter method to empty their bladder. Studies indicate there is less chance of kidney or bladder infection with periodic catheterization. As a result, the student may be able to stay dry or nearly dry between catheterizations. As the student gets older, they should be encouraged to do the catheterization.

- A. Equipment Needed - Before you start, have the following supplies on hand:
 1. Container to collect the urine
 2. Properly sized catheter provided by parent/legal guardian
 3. Cleaning equipment (i.e., washcloth, soap, water, etc.)
 4. Water soluble lubricant for the catheter tip
 5. Gloves (encouraged for your protection)
- B. Preparatory Steps
 1. Set up needed equipment
 2. Provide privacy for procedure
 3. Reassure student and explain procedure at level student can understand
 4. Wash your hands and the student's hands
 5. Put on clean gloves
- C. Female Procedure
 1. Ask the student to lie down on her back with knees flexed and legs spread apart
 2. With your thumb and finger separate the labia and wash the labia and meatus
 3. Position the open end of the catheter tube over the collection container
 4. Ask the student to breathe deeply and slowly insert the tube until urine begins flowing slowly
 5. Once urine flow has stopped, remove the catheter slowly, allowing remaining urine to drain out

6. Cleanse tube by washing with soap and water and rinsing well with water
7. Return tube to container

D. Male Procedure

1. Ask student to lie on his back with legs extended
2. Lift the penis perpendicular to the body and retract foreskin as necessary; hold on sides so as not to pinch off urethra; wash meatus
3. Position the open end of the catheter over the collection container
4. Ask the student to breathe deeply and insert the catheter gently into the meatus. Some resistance may be met part way in - apply gentle pressure until the muscle relaxes. Insert until urine flow begins slowly to allow remaining urine to drain out
5. Once urine flow has stopped, remove the catheter
6. Cleanse tube by washing with soap and water and rinsing well

E. Record

1. Date and time of catheterization
2. Amount of fluid obtained
3. Color and characteristics of urine, if unusual
4. Whether wet or dry at catheterization
5. Remind student of needed fluid intake
6. Observe for and report to parent/legal guardian and School Nurse foul smelling, cloudy and/or dark urine, redness, swelling, discharge and/or lesions in the pubic area, amount of urine significantly smaller than usual

REPORTING OF CHILD ABUSE/NEGLECT

The District is committed to providing a safe environment for children within the school and assisting families and community child protection agencies to provide safe environments for children in the home and the community. As a part of that commitment, the District shall take proactive measures to help prevent child abuse and neglect and to deal with child abuse or neglect situations that may occur.

All school employees shall report any threatened or suspected child abuse or neglect in accordance with state law and established District procedures. School volunteers and individuals performing contracted services for the District are also strongly encouraged to report suspected or threatened child abuse or neglect. No employee who makes a child abuse or neglect report will be discharged from employment for making the report. Further, no person who makes a child abuse or neglect report in good faith shall be disciplined or otherwise discriminated against in regard to employment, or threatened with any such treatment, for making the report.

In addition, the District shall:

1. Incorporate protective behaviors instruction into the curriculum for students in grades K-12 that gives students knowledge of the effective means by which they may recognize, avoid, prevent and halt physically or psychologically intrusive or abusive situations that may be harmful to them, including child abuse, sexual abuse and child enticement.
2. Provide information and training to school employees and to certain school volunteers and individuals performing contracted services for the District on identifying children who have been abused or neglected and the laws, District policies and procedures governing the reporting of suspected or threatened child abuse or neglect. School employee participation in such training is required.
3. Work in cooperation with community child protection agencies in planning child abuse and neglect prevention and intervention services and activities for children, parents, guardians and other caregivers using school and community resources.
4. Maintain the confidentiality of student record and child abuse and neglect report information, including the identity of the person reporting child abuse or neglect, in accordance with legal requirements.
5. Conduct an appropriate and timely internal investigation of any alleged misconduct that could be construed as potentially abusive behavior toward a student by another student, or by a school employee, school volunteer, individual performing contracted services for the District, or other school or District official. The internal investigation of misconduct shall not delay or negate mandatory child abuse reporting requirements. Any disciplinary action taken as a result of the internal investigation shall be consistent with established District policies and procedures and applicable legal requirements.

It shall be the responsibility of the District Administrator to oversee the effective implementation of this policy.

Legal Ref.: 48.02 - Wisconsin Statutes
48.981- Wisconsin Statutes
115.31- Wisconsin Statutes
115.368- Wisconsin Statutes
118.01(2)(d)8- Wisconsin Statutes
118.07(5) - Wisconsin Statutes
118.125- Wisconsin Statutes
118.126- Wisconsin Statutes
121.02(1)(i) - Wisconsin Statutes
940.203- Wisconsin Statutes
940.225- Wisconsin Statutes
944.30- Wisconsin Statutes
Family Educational Rights and Privacy Act

Cross Ref.: 347-Rule - Procedures for Maintenance & Confidentiality of Student Records
445 - Student Interviews with Outside Agency Personnel
720 - School Safety Program

APPROVED: October 15, 2012
JULY 18, 2016

PROCEDURES FOR REPORTING CHILD ABUSE/NEGLECT

Suspected or threatened child abuse or neglect shall be reported immediately to Rock County Department of Human Services (RCDHS) (608-757-5401 or after hours 608-757-2244) or local law enforcement. The employee that suspects the child abuse or neglect is required by law to make the contact with RCDHS or local law enforcement. The employee does not need administrative approval before making the contact, but should notify their administrator of the referral within 24 hours of the contact. The employee may seek out assistance from their administrator in making the contact, but only if it doesn't delay the communication.

When disclosing student record information to child protective services or law enforcement, school personnel shall comply with state and federal legal requirements and District procedures regarding the confidentiality of student records. Student records may be disclosed under state and federal laws to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of a student or other individuals. School personnel shall take into consideration the totality of the circumstances pertaining to the threat to health or safety. When student record information is disclosed in this situation, school personnel shall record: (1) the threat to the health or safety of the student or other individuals that formed the basis for the decision and (2) the parties to whom the student record information was disclosed.

County child protective services (CPS) or law enforcement personnel may request the cooperation of a school teacher, counselor or other person whose presence would aid in the interview process. They may also, in the exercise of professional judgment and in accordance with department standards, exclude school personnel from the interview.

The front office of each building shall keep a log of all CPS workers who enter the building and the name of the child they interview. The mandated reporter should request the CPS worker's business card, which is to be filed by reporter with child's name and date of visit recorded on the back. In lieu of a business card, a photocopy of CPS worker's identification paper may be filed.

If the mandated reporter has reason to suspect that a child's, or an unborn child's, health or safety is in immediate danger, the reporter may request an immediate investigation by the sheriff or police department.

LEGAL REF: 48.981 - Wisconsin Statutes

APPROVED: June 10, 1985
November 1991
March 24, 1992
October 15, 2012
JULY 18, 2016

STUDENTS - CHILD ABUSE AND NEGLECT

Wisconsin Statute 48.981(2) requires that school staff, who in the performance of their duties, encounter a student they **suspect** has been physically or sexually abused, is experiencing neglect or emotional damage or is threatened with injury, are mandated to report the same to the appropriate authorities. Anyone in good faith, participating in the making of a report or participating in an investigation pursuant to this section shall be immune from any liability. Whoever willfully ignores and violates this section by failure to report as required may be fined not more than \$1,000 or imprisoned not more than six months or both. The following reporting procedures are designed to assist in referring a student for suspected physical abuse, sexual abuse or emotional damage, neglect or threat of injury as specified in the Wisconsin Statutes:

- A. A staff member, under a duty to report and who suspects a student has been physically or sexually abused, is experiencing neglect or emotional damage or is threatened with injury shall immediately inform the Building Principal(s) or designee if the Building Principal(s) is not available.
- B. The staff member will also report their concern(s) to the Rock County Department of Human Services (RCDHS) and Community Programs. When calling the RCDHS, the reporting individual should identify the purpose as a child abuse/neglect referral (757-5200 or 757-5401). This referral shall be made as early in the day as possible so that a social worker from the RCDHS has time to begin his/her investigation by interviewing the student at school. Documentation will then be kept of the report to the RCDHS.
- C. Within 60 days after the referral, the RCDHS will provide a summary to the District of the manner in which the referral is handled including case comments.

Definition of Child Abuse

Child abuse is the actual physical injury to a child (person under 18 years of age) by any adult by non-accidental means.

Indicators of Abuse

- A. Physical Abuse
 1. Bilateral bruises, extensive bruises, bruises of different ages, patterns of bruise caused by a particular instrument (belt buckle, wire, straight edge, coat hanger, etc.), facial bruises.
 2. Burn patterns consistent with forced immersion in a hot liquid (a distinct boundary line where the burn stops), burn patterns consistent with a spattering by hot liquids, patterns caused by a particular kind of implement (electric iron, etc.) or instrument (circular cigarette burns, rope, etc.).
 3. Swollen stiff joints - especially reddish-purple (twisters).
 4. Hemorrhaging under the scalp.
 5. Absence of hair.
 6. Lacerations, abrasions, cuts.
 7. Belt buckle, electric cord markings.
 8. Fracture.
 9. Evidence of repeated injury.
 10. Unexplained injuries or inconsistent with information offered.

11. Injuries inconsistent with the child's age.
- B. Sexual Abuse: Sexual abuse, whether physical injuries are sustained or not, is any act(s) involving sexual molestation or exploitation including but not limited to incest, rape, carnal knowledge, sodomy or unnatural or perverted sexual practices.
 1. Limping (noticeable change in walking)
 2. Stained, torn clothing
 3. Sudden unwillingness to change clothes or participate in gym class
 4. Sexually transmitted diseases in young children

Behavioral Indices of Abused Children

- A. Overly compliant
- B. Passive
- C. Undemanding behavior aimed at maintaining a low profile
- D. Avoids confrontation which may lead to further abuse
- E. Extremely aggressive
- F. Demanding and rageful behavior caused by continual frustration
- G. Arrives at school too early and hangs around after classes without apparent reason; he/she may hate his/her home or be afraid of it
- H. Inability to achieve
- I. Temper tantrums
- J. Inability to concentrate on tasks
- K. Appears fearful

Some Keys to Finding Abused Children

Some abuse victims are three times more likely to be enrolled in special education than are non-abused. They are almost uniformly below grade level in reading, math and spelling. Older abused children have had the greatest deficits on achievement tests and are described as fearful, destructive and aggressive. Those sexually abused have had the greatest academic deficit and are frequently described as hostile or fearful. Abuse often peaks about the 1st and 15th of a month -- watch for paydays.

POLICY STATEMENT REGARDING CONFIDENTIAL HEALTH LIST IN THE DISTRICT

An important function of the District's health services is to identify students who have health conditions that may affect their functioning in school and inform appropriate District staff of these concerns. The School Nurse/Support Staff employee will gather information on each student for the parent/legal guardian through either registration materials, a letter to the parent/legal guardian and/or telephone calls. This information will then be communicated to each Building Principal(s) through a confidential health list for the school. The Building Principal(s) will then forward this list to building employees on a need-to-know basis. The School Nurse will follow up with individual District staff to discuss the information on the health list in instances where specific information or explanations are necessary. The information on these confidential lists should not be placed or stored in an area where students, a parent/legal guardian or other District staff will have access to it. In addition, information on the form is for school use only and should not be shared with other community members or groups unless written consent is given by the parent/legal guardian or the legal-age student deemed competent to make their own decisions.

For the most part, information on the confidential health list will come from statements that are made by the parent/legal guardian. In rare instances where physical care procedures must be performed or the health conditions are not stable, the School Nurse will validate parent/legal guardians' statement with the student's doctor. A copy of the complete confidential health list for each building will also be sent to the District Administrator.

GUIDELINES FOR STUDENTS WITH DIABETES

Diabetes is a chronic condition that affects nearly 1 in every 600 school-aged children. It is similar to other non-visible health conditions in that it requires close daily attention to ensure wellness. In order for the student with diabetes to obtain the full benefit of the school setting, cooperation needs to exist between school staff, the student and their family.

Students will need to monitor their blood sugar periodically throughout the day to determine if adjustments to their insulin pumps are needed.

- A. When a student with diabetes that needs to take insulin at school enters the District, the medication policy for prescribed medication will be followed.
- B. The School Nurse will be notified of any student with diabetes so that detailed information on the student's diabetes management can be obtained. This information will be shared with the necessary District staff.
- C. Students who have assistance from District staff to monitor their blood glucose during school will have a signed permission form from their parent/legal guardian on record at his/her school. In addition, a medical statement from the doctor will be on record at the school indicating the type of blood glucose monitoring kit to use, frequency of testing, use of kit and actions to take in relationship to the blood glucose readings.
- D. The District shall designate specific persons within the District who will be responsible to carry out the procedures of administering insulin and/or doing blood sugar monitoring should the student be unable to perform these activities.

Dealing with Hypoglycemia (Low Blood Sugar)

Hypoglycemia is the body's way of telling a person that the blood sugar level in their body is dropping or has dropped (usually sudden).

- A. Signs and symptoms
 1. Excessive hunger
 2. Perspiration
 3. Pale skin
 4. Headache
 5. Dizziness
 6. Nervousness or trembling
 7. Blurred vision
 8. Inactivity
 9. Confusion
 10. Crying
 11. Inability to concentrate
 12. Drowsiness or fatigue
 13. Poor coordination
 14. Abdominal pain or nausea
 15. Inappropriate actions/responses

- B. First aid if no plan from parent/legal guardian for new diabetic:

1. Follow specific plan for known diabetic if parent/legal guardian provide plan to school.
 2. At first indication of signs or symptoms listed above, give one-half cup fruit juice, small box of raisins, and one-half can regular pop.
 3. If student does not feel better in 15 minutes, give same amount of food again and wait 15 minutes. If no change noted, implement emergency contact information on enrollment card.
 4. Notify parent/legal guardian and School Nurse of reaction.
 5. Seek emergency care (911) if victim does not respond readily.
- C. To prevent a hypoglycemic reaction from occurring, some students may need to have a snack at a particular time during the day i.e., before or immediately after physical education or recess. The student who needs a snack does not have to leave the classroom. Quiet snacks should be encouraged. Some young students may need to be coaxed to eat the snack. Parent/legal guardian are responsible for providing the snack. Quiet Snacks:
1. One small box of raisins
 2. One fruit roll up
 3. One-half sandwich
 4. 4-5 pieces of dried fruit
 5. Cheese and crackers
 6. One-half cup of fruit juice
- D. The student with diabetes does not require supervision during lunch.

Dealing with Hyperglycemia (High Blood Sugar)

Hyperglycemia is the body's way of telling a person that the blood sugar level in the body is high (more long-term reaction).

- A. Signs and symptoms:
1. Nausea
 2. Thirst and dry mouth
 3. Frequent urination
 4. Weight loss
 5. Tiredness
 6. Vomiting
 7. Abdominal pain
 8. Rapid breathing
- B. First Aid:
1. If more severe signs and symptoms (severe nausea, vomiting, abdominal pain and rapid breathing noted) implement emergency contact information.
 2. Stay with student.
 3. If less severe symptoms noted, call School Nurse so issue can be assessed further with student, family and physician.

DIAPER CHANGING POLICY

Changing diapers and assisting students with toileting in a sanitary way is very important in the control of communicable disease. Organisms causing such communicable diseases as Hepatitis A, Giardiasis, Shigellosis and Salmonellosis can accidentally be taken by mouth if the provider's hands or surrounding surfaces become contaminated with stool and good hand washing and surface cleaning does not follow. The following guidelines are intended to help caregivers realize the importance of following a safe diapering procedure to reduce communicable disease spread.

Points to Keep in Mind when Diapering

- A. Diapering should not be done anywhere near food preparation areas; change diapers on a **diapering table or designated surface.**
- B. The less staff handle diapers and the shorter distance they must go after changing, the less risk of spreading germs.
- C. Prompt diaper changing and cleansing of the soiled area can help prevent diaper rash and promote the comfort of the student.

Equipment

Changing Surface: Should be a smooth, non-porous material such as Formica, hard plastic or stainless steel. Surface should be free of cracks and easily cleaned. To provide extra protection, cover with a disposable covering such as butcher paper, wax paper, paper toweling, etc. to be used once and thrown out. Using such a covering does not eliminate the need to clean the surface after each diaper change. Ideally, the changing surface or table should include a safety strap to prevent falls. Be careful not to leave a student unattended when changing diapers.

Hand Wash Sink: Ideally the sink should have one control for hot and cold water so both control handles do not have to be touched. Water should be no hotter than 120-130°F. Water controls should be foot, knee, waist or elbow operated to avoid contamination of or by hands. Where this is not possible, a paper towel should be used to turn off the faucet after hand washing is completed. The sink should be in the same room as the changing surface.

Hand Towels or Air Dryer and Soap: Hand towels should be single use towels and within easy access of the sink. Liquid soap from a hand-pumped container is preferable; however, bar soap which is kept in a drainable dish so that it is dry and does not fall to the floor is acceptable.

Diapers: All diapers should be stored in a clean area out of the reach of students. It may be better to use disposable diapers because they require less handling than cloth diapers.

Skin Care Items: Utilize either disposable pre-moistened towelettes or washcloths that are used once then washed. If washcloths are used these should not be used for face cloths at any other time at the center. Ointments or powders shall be used only with permission of the parent/legal guardian. Individual ointment containers specific to each student are to be utilized. No supplies are to be used for more than one student.

Diaper Pail for Non-disposable Diapers (parent/legal guardian supplied cloth diapers): Diapers soiled with stool should be emptied in the toilet, placed in plastic bags and tied, placed in a labeled bag and sent home daily.

Waste Container: For disposable diapers use a plastic-lined covered container, ideally with a foot-operated lid. Waste should be emptied at least once a day. Students should not be permitted near container.

Potty Chairs: Chair frames should be smooth and easily cleanable. The waste container should be removable. Clean and disinfect chairs daily (rails and frame area). Potty seats used in regular-sized toilet rims should be cleaned and disinfected daily or more often if soiled.

Diaper Changing Procedures

- A. Wash hands well before assembling materials.
- B. Assemble the following materials:
 1. Diaper(s) laid out on table.
 2. Pins, plastic pants, extra masking tape (if tape fails) and student's individual ointment or powder (used only when parent/legal guardian gives direction to do so).
 3. Washcloths or disposable paper towels (one cloth moistened with mild, non-detergent, non-fragrant soap; one cloth moistened with plain water for rinsing off soap) or use pre-moistened disposable towelettes.
 4. Diaper pail lined with plastic liner (ideally with foot-pedal controlled lid).
 5. Covered wastebasket lined with plastic bag (ideally with foot-pedal controlled lid).
 6. Disposable covering for changing surface.
 7. Plastic bag (large enough to hold soiled diaper) taped to changing table, if parent/legal guardian-supplied cloth diapers used.
- C. Place disposable covering on table.
- D. Place student on clean diaper changing table. Do not leave student unattended during diapering process. Hold hand on abdomen of student and use safety strap.
- E. Use of latex/vinyl gloves should depend upon potential contact with bowel movement. As a general rule, gloves are not necessary unless a student is experiencing diarrheal stools.
- F. Remove soiled diaper. Fold soiled surface inward. If safety pins are used, close immediately keeping them away from student. Remember to shield student's genital area with hands in the event the student should urinate during changing procedure.
- G. Place parent/legal guardian-supplied urine-soaked diaper in plastic bag attached to changing table. Place urine-soaked disposable diaper in plastic-lined, pedal-controlled trash container. Diapers soiled with stool should be set aside on a covered area of the changing table at the base of the student's feet and dealt with after student has been fully diapered and returned to original play, eating or sleeping area.
- H. Wash soiled buttocks with washcloth moistened with soap and water followed by cloth with plain water to rinse off soap. Or wash genital area with pre-moistened, disposable towelette if able to cleanse adequately.
- I. Dispose of cleansing cloth or disposable towelette in foot-pedal controlled container, if available, otherwise leave on covered changing table with dirty diaper near the student's feet.
- J. Remove the disposable covering from beneath the student and dispose of it in a plastic-lined receptacle.
- K. Place clean diaper under student's buttocks and secure with pins or tie tapes.
- L. Wash student's hands with moist towelette or washcloth and soapy water and return student to safe area.

- M. Dispose of soiled stool in toilet. Parent/legal guardian-supplied cloth diaper placed in plastic bag (this had been attached to the diaper table when supplies were assembled) and then placed into bag labeled with student's name. If disposable diaper used, dispose of in plastic lined trash container.
- N. Clean and disinfect changing table with an EPA approved sanitizing agent, remembering to wipe off handles of diaper pails and any other items you may have touched while changing diapers.
- O. Wash your hands with soap and running water.
- P. Use hand lotion to prevent cracking from frequent hand washing.

GUIDELINES FOR STUDENTS WITH EPILEPSY

Epilepsy is a disorder of the central nervous system characterized by a tendency for recurrent seizures. The term “seizure” means a sudden, uncontrolled episode of abnormal behavior with abnormal electric discharges within the brain. Seizures are called various names including fits, spells, convulsions and/or attacks. A seizure is a symptom or sign of the disorder just as a fever is a symptom of an infection. Not all seizures indicate that a person has epilepsy. A person has epilepsy if he/she has had more than two seizures unaccompanied by fever or illness. Some seizures not classified as epilepsy are those caused by high fever (febrile convulsions), those resulting from alcohol and drug withdrawal and seizures due to an imbalance of body fluids or chemicals. A single seizure that does not recur would not be classified as epilepsy.

Seizures may occur at long or short intervals as frequently as several times per day or as infrequently as once every so many years. Some patients have attacks only in the night, some only in the day and some both day and night. Attacks are more common in periods of relaxation than during activity. In women they may occur only or more frequently during menstrual cycles.

Seizures have many different causes. Overall, the cause is unknown for 75% of the people who have them. Known causes may include prenatal influences, trauma, toxic disorders, hemorrhaging, cerebral vascular clot, tumors and electrolyte imbalance.

Types of Seizures

Seizures can be classified as partial or generalized. A very small number of seizures may be termed “unclassified.” Partial seizures arise from a specific part in the brain. In contrast, generalized seizures do not have an identifiable focus in the brain and seem to arise from areas over the entire brain. Some seizures arise from a specific focus but then generalize to affect the entire brain. Although many different types of seizures exist, the following four types comprise the majority seen in epilepsy: Absence (petit mal), generalized tonic-clonic (grand mal), simple partial and complex partial.

Generalized Seizures

The first two types of seizures listed above, absence and generalized tonic-clonic, fall into this category. Absence seizures generally last less than 10 seconds. These seizures may be called generalized because they involve large areas of the brain. They consist of a sudden, brief loss of consciousness (1-10 seconds). It is possible for a person to experience several hundred absence seizures in a day. Absence seizures are most common in children. If they occur frequently during the school day, the child’s learning may be severely affected. Seizure activity -- often mistaken for daydreaming in children -- may include staring spells, eye blinking and mild facial twitching.

In generalized tonic-clonic seizures there is a loss of consciousness followed by stiffening for a few seconds (tonic phase), followed by a period of jerking (clonic phase). As a rule these seizures last 1-20 minutes or less. This seizure affects the entire body. The person, usually with no warning, abruptly loses consciousness and may fall. You may hear the person make sounds -- not from pain but from air rushing out of the lungs as part of the seizure. Tongue biting, drooling and incontinence often accompany the seizure. Breathing may be irregular, leading to a pale or blue complexion. Then a period of drowsiness or sleep occurs (postictal state), lasting for minutes to hours. The person then regains consciousness.

Partial Seizures

This second major group of seizures is called partial because only one side or one part of the brain is involved. In a simple partial seizure the person is aware of seizures occurring; consciousness is not impaired. The following symptoms characterize these seizures: motor - hand or mouth movement, focal motor - head and eyes deviated to one side, focal sensory - a “pins and needles” sensation or feelings of numbness and auditory - a loud rising noise heard by the person having the seizure.

In some cases this seizure activity may spread to a generalized tonic-clonic seizure. A complex partial seizure impairs consciousness. The person may be partially aware or have distorted consciousness. From person to person what occurs during the seizures may vary greatly; however, for each person the occurrences seems consistent. Complex partial seizures are characterized by purposeless activity. For example, a glassy stare or random movement of the arms or legs. People undergoing such a seizure appear to be in a dreamlike state and don't respond when you talk to them. They may walk about aimlessly, pick at their clothes or move their lips. This seizure may also progress to a generalized tonic-clonic seizure.

What to do when a Student Experiences an Epileptic Seizure

A. First Aid

1. Generalized Tonic-Clonic Seizure (Grand Mal)
During the seizure: The person may fall, stiffen and/or make jerking movements. Pale or bluish complexion may result from difficult breathing.
 - a. Help the person into a lying position and put something soft under the head.
 - b. Remove glasses and loosen any tight clothing.
 - c. Clear the area of hard or sharp objects.
 - d. Do not force anything into the person's mouth.
 - e. Do not try to restrain the person -- you cannot stop the seizure.After the seizure: The person will awaken confused and disoriented.
 - a. Turn the person to one side to allow saliva to drain from the mouth.
 - b. Do not offer the person any food or drink until he/she is fully awake.
 - c. Arrange for someone to stay nearby until the person is fully awake.It is not necessary to call public authorities unless:
 - a. The person does not start breathing after the seizure (begin mouth-to-mouth resuscitation).
 - b. The person has one seizure right after another.
 - c. The person is injured.
 - d. The person requests an ambulance.
2. Complex partial seizures (Temporal lobe, Psychomotor): During the seizure the person may have a glassy stare, give no response or an inappropriate response when questioned, sit, stand or walk about aimlessly, make lip smacking or chewing motions, fidget with clothes, appear to be drunk, drugged or even psychotic.
 - a. Do not try to stop or restrain the person.
 - b. Try to remove harmful objects from the person's pathway or coax the person away from them.
 - c. Do not agitate the person.
 - d. When alone, do not approach the person who appears to be angry or aggressive.

After the seizure the person may be confused or disoriented after regaining consciousness and should not be left alone until fully alert.

Other Activities with an Epileptic Student

The School Nurse will be notified of any student with a history of epileptic seizures so that detailed information on a student can be obtained. This information will be shared with the necessary District staff.

Students will be encouraged to try everything within their capacity. However, to insure that the District is aware of that capacity, a student with epilepsy must provide the District at the time of entrance a doctor's statement listing any activity restrictions. Those students with activity restrictions will have their statement reviewed annually to determine if the restrictions have been eliminated or increased. Those students with no activity restrictions will be able to participate in all District activities.

GASTROSTOMY TUBE FEEDING GUIDELINES

- A. The parent/legal guardian requests this special service for their child from the school in writing. The School Nurse should be notified of each request.
- B. The parent/legal guardian obtains a dated written medical order for type, amount and frequency of feeding.
- C. District staff shall designate the specific person(s) responsible to the School Nurse to carry out the procedure. Only capable, interested and willing persons who have been taught the procedure under the supervision of the School Nurse shall be designated. Designated staff shall be approved by the parent/legal guardian, Building Principal(s) and School Nurse.
- D. The parent/legal guardian shall give written authorization to the school for designated staff to perform prescribed procedure to their child.
- E. The School Nurse will supervise the instruction of the designated caretaker. Instruction shall include demonstration and return demonstration by staff in the presence of School Nurse. The School Nurse shall evaluate principles and safety of procedure in the school setting.
- F. School shall provide suitable facilities for procedure to provide safety and privacy to student.
- G. Only designated and trained staff shall perform the procedure.
- H. Physician's order shall be reviewed at each visit to prescribing physician. A renewal of prescription must be obtained yearly.
- I. As necessary, the School Nurse shall review procedure and technique.
- J. Refrigerated formula should sit at room temperature for 20 minutes prior to feeding. Do not heat.
- K. All partially used, opened containers must be covered, dated and refrigerated. All opened containers not used within manufacturer's specified time must be discarded.
- L. Documentation of feeding will be done on appropriate forms.

Procedure for Gastrostomy Feeding

Students with chronic health conditions or disabilities may use alternative methods of eating. One of these methods involves a surgical procedure known as a gastrostomy. With the gastrostomy, a small opening is made in the wall of the abdomen. Into this opening, called a stoma, a small tube is inserted. One end of this tube, known as the gastrostomy tube, opens into the stomach; the other end can be attached to a feeding device.

Feeding through a Gastrostomy - Basic Procedures

- A. What you Need to get Started: Before you feed a student through a gastrostomy tube, you'll need instructions from the student's parent/legal guardian or physician. Those instructions should include the specific equipment and supplies you'll need. Most often this includes:
 - 1. Feeding bag (for the bag feeding method).
 - 2. 60 cc syringe (or smaller, if the feeding amount is smaller).
 - 3. Tape for securing the gastrostomy tube.
 - 4. Gauze or sterile dressing.
 - 5. Feeding fluid.
 - 6. Water.

7. Solution for cleaning the ostomy site.
 8. Nipple (baby bottle style).
- B. Checking the Placement of the Tube: The gastrostomy tube is kept clamped between feedings to prevent loss of feeding fluid and to keep air from entering the stomach. Proper placement of the gastrostomy tube is crucial so check it before each feeding.
- Procedure:
1. Wash hands thoroughly.
 2. Assemble equipment.
 3. Unclamp the tube and attach the syringe following directions from the student's physician.
 4. Draw back on the syringe.
 5. If the residual fluid is more than the amount specified by the student's physician, push the fluid back into the stomach. Delay the feeding and check again in 30 minutes or follow instructions of physician.
 6. Pull back on the gastrostomy tube gently to make sure it is tight against the stomach wall.
 7. If the tube comes out, tape several pieces of gauze over the stoma. Notify the student's parent/legal guardian and physician.
- C. Positioning the Student: Again, follow any specific directions you receive for positioning the student. Aim for a comfortable position, with the student's head at an approximate 45° angle. You can hold the student, prop the student on pillows or use a wheelchair.
- D. Administering the Feeding: Refrigerated formula should be allowed to sit at room temperature for approximately 20 minutes before feeding. Do not heat. Feeding can be accomplished in two ways, the gravity method or the pump method. The latter involves using a feeding bag sometimes called a "kangaroo bag." Procedures for the gravity method:
1. Before unclamping the gastrostomy tube, fill a 60 cc syringe with feeding fluid or the amount prescribed by the physician.
 2. Unclamp the gastrostomy tube and attach the syringe to it.
 3. Elevate the tube and syringe to about 3/4" above the student's abdomen. This will start the feeding; you will not have to apply any pressure.
 4. Feed slowly for 20-45 minutes. To avoid instilling air refill the syringe before it is empty.
 5. Observe the student's reaction during the feeding. If he/she becomes agitated, this could indicate that the gastrostomy tube is not in the stomach. If this happens, gently apply pressure on the tube pushing toward the stomach. If the student continues to be agitated, stop the feeding and gently tug on the tube. If the inside balloon has broken, the tube will slide out.
 6. After you administer the feeding fluid, instill the prescribed amount of water. Use the same method to do this that you used to do the feeding. Avoid instilling any air.
 7. When the tube feeding is done, clamp the gastrostomy tube. Do not clamp above the "Y" in the tube as this may cause the balloon to break.
 8. Disconnect the syringe.
 9. Keep the student elevated for 45 minutes or the prescribed number of minutes after the feeding.
 10. Rinse and clean equipment.

- E. Procedures for the pump method: Note - the types of pumps and bags used for this method will vary. Before you begin this procedure get specific instructions from the student's physician on how to attach the gastrostomy tube to the feeding bag and the feeding bag to the pump.
1. Fill the kangaroo bag or similar feeding bag with the prescribed amount of fluid.
 2. Drain the fluid to the end of the tube on the feeding bag. This removes any excess air.
 3. Connect the tubing from the feeding bag to the gastrostomy tube.
 4. Unclamp the gastrostomy tube and begin the pump at the prescribed rate -- the number of cc per hour.
 5. Observe the student's reaction during the feeding. If he/she becomes agitated, this could indicate that the gastrostomy tube is not in the stomach. If this happens, gently apply pressure on the tube pushing towards the stomach. If the student continues to be agitated, stop the feeding and gently tug on the tube. If the inside balloon has broken, the tube will slide out.
 6. After you administer the feeding fluid, instill the prescribed amount of water. Use the same method to do this that you used to do the feeding. Avoid instilling any air.
 7. When the feeding is done, clamp the gastrostomy tube. Do not clamp above the "Y" in the tube as this may cause the balloon to break.
 8. Disconnect the tube from the feeding bag.
 9. Keep the student elevated for 45 minutes or the prescribed number of minutes after the feeding.
 10. Record information on flow sheet.
 11. Rinse and clean equipment.
- F. Caring For The Gastrostomy Site: To prevent skin irritation, you must give attention to the gastrostomy site. Procedure:
1. Change the site dressing at the prescribed intervals.
 2. Cleanse the area around the gastrostomy tube whenever you change the dressing. Follow the specific directions you receive from the student's physician.
- G. Taping The Gastrostomy Tube: It is essential to keep the tube in the proper place between feedings. Tape is used to do this and to keep the tube in an obtrusive position under the student's clothes. Procedure:
1. If you are so directed, slit a nipple and place it over the ostomy site to secure the tube in place.
 2. Whether or not you use a nipple, you should tape the tube securely in place. Follow directions from the student's physician. Taping prevents the possibility of the tube making its way to the pyloric sphincter and blocking the stomach outlet. If this happens, vomiting and abdominal distention could occur.
 3. Prevent excessive pulling on the tube as this might widen the opening and cause irritating gastric juices to leak.

GUIDELINES FOR STUDENTS WITH A TRACHEOTOMY TUBE

A tracheotomy tube keeps a person breathing when physical changes make it difficult for air to pass through the nose, mouth and trachea into the lungs. In this simple surgical procedure, an incision is made through the neck into the windpipe (trachea). The actual hole made is called a stoma and a tracheotomy tube is inserted into the stoma. Tracheotomy tube care keeps the tracheotomy tube free of mucus build-up, ensuring a clear airway. There are other benefits as well, maintaining a good mucus membranes, good skin condition and preventing infection.

Special Considerations for the Student with a Tracheotomy Tube

Safety precaution: Tracheotomy tube care can be done with either a sterile or clean technique. To determine which method to use, consult the student's primary physician. All persons who work with a student with a tracheotomy tube should be certified in CPR.

Retractions: Retractions take place when the skin between the ribs or above and below the breastbone is being pulled in. They signal difficulty in breathing and indicate a need for suctioning.

Suctioning: The body produces mucus as a means of cleansing the lungs. During the first weeks after a tracheotomy tube is inserted, more mucus is usually produced. This is a natural response to the irritation of the trachea caused by the tracheotomy tube. Afterwards, mucus production usually decreases to a more normal amount. Accumulated secretions, however, may make breathing more difficult. Suctioning is necessary to remove secretions that accumulate in the tracheotomy tube. Suctioning consists of inserting a small catheter into the tracheotomy tube. The catheter is in turn connected to a suction pump to remove secretions. It is essential that suctioning be done only when necessary. If done too often or incorrectly, suctioning can be traumatic. As an alternative, encourage the student to expel secretions by coughing into a tissue. Normal mucus color is clear to white. If you observe green or yellow mucus, notify the student's doctor.

Lavage: If the student's mucus is very thick and sticky, it may be hard to remove by suctioning. Tracheal lavage consists of instilling normal saline into the tracheotomy tube and then suctioning it out -- a procedure that loosens the mucus. Use only a small amount of saline -- about one-half to one teaspoon -- never use water instead of normal saline as this may cause spasms.

Regular assessment of a student with a tracheotomy tube is important so assess the student regularly checking these key factors:

- A. Color of the lips and fingernails: A bluish color suggests problems with breathing.
- B. Breathing: Look for a comfortable exchange of air. If a student is having problems, you'll see breathing retractions.
- C. Need for suctioning: Look and listen for excess mucus that needs to be cleared from the tracheotomy tube.
- D. Tracheotomy tube ties: Check to see if they are secure.

Controlling Infections

The tracheotomy tube is a direct “pipeline” to the lungs. What’s more all the equipment you will use has the potential to grow harmful bacteria. These facts mean you must know how to control infection. The three things that you will have the most control over are clean hands, clean equipment and aseptic technique. Aseptic technique means you handle things so you do not introduce any extra possibility of contamination: “Clean” never touches “dirty.” More specifically, aseptic technique is:

- A. Washing hands before beginning any suctioning procedure.
- B. Using a fresh suction kit every time you suction.
- C. Realizing that any time something “clean” touches something “dirty” that item is no longer “clean” and must be thrown away or re-cleaned.
- D. Discarding disposable suction catheters after each use.
- E. Emptying the suction collection bottle at the end of the day.

This procedure will be personalized for each student and written up in an Individualized Education Plan (IEP) so that individuals performing the procedure have specific guidelines to follow.

Emergency Procedures

All people who work with a student with a tracheotomy tube should be certified in CPR. As you perform the procedures described in this chapter observe the student carefully. Notify the student’s physician if you see any of these conditions:

- A. The student coughs up or you suction fresh blood.
- B. The student seems to be having difficulty breathing.
- C. The amount of mucus produced by the student increases.
- D. The student’s mucus changes color.
- E. Student’s mucus becomes thicker and does not thin with lavage.
- F. The student has a fever.
- G. The student’s lips or nail color becomes darker.

What to do if the Tube Plugs

- A. First of all, work fast and don’t panic; you have a number of options. Procedure
 - 1. Suction the tubes.
 - 2. If you can’t pass the catheter, lavage to soften the plug and try to suction again.
 - 3. If the catheter still won’t go down, place your mouth on the student’s tracheotomy tube and give a soft blow from your cheeks. This should dislodge the plug from the tube.
 - 4. If these attempts fail, pull the tube out and replace it with a clean tube.

What to do if the Tube Comes Out

This will be specific for each student - see individual care plan. An emergency phone list should be easily visible on the wall next to each telephone. This list should include the 911 number if you live in an area where 911 is the emergency number. If not, list numbers for the fire department, rescue squad, ambulance, hospital emergency room and the student’s physician.

Special Safety Measures for a Student with a Tracheotomy Tube

- A. A student with a tracheotomy tube should have an emergency kit available at all times. This kit should contain:
1. A spare tracheotomy tube with obturator.
 2. Extra tracheotomy tube ties.
 3. A round-tipped bandage scissors -- these are used to cut the ties if the tube is dislodged while tied to the neck.
 4. An extra suction catheter.
- B. Keep the emergency kit in a location known by everyone who works with the student. The kit should also go with the student during transportation to and from school and during field trips.
1. Don't use powders or talc on the student. These could easily be inhaled into the lungs.
 2. Cover the tracheotomy tube with a cloth diaper or a cloth bib when the student is outside in wind or dust.
 3. Don't use plastic bibs when feeding the student.
 4. When feeding cover the tracheotomy tube with a cloth bib to prevent inhaling food into the tubes.
 5. Avoid blankets and toys with fuzz.
 6. Don't use aerosol sprays around the student.
 7. Don't use any ointments around the student's tracheotomy tube unless ordered by the physician.
 8. No foreign objects should ever enter the student's tracheotomy tube. These include lint, food, water, baby powder, aerosols, small toys, sand, dust, etc.
 9. Never allow the student's playmates to touch or pull on the tracheotomy tube.
 10. Students with a tracheotomy tube cannot play in sandboxes or go swimming.

Remember that a student with a tracheotomy tube may be unable to speak and thus unable to summon help. For such students a "call system" (i.e., a bell, buzzer, toy clicker) may help. Develop a plan of care that would go on an IEP with the parent/legal guardian and student's physician.

POLICY STATEMENT: PHYSICAL EXAM OF STUDENT

In providing health services to students in the District, there will be times when a sleeve or pants leg may need to be rolled up or a sock and shoe removed in order to assist with assessing a student's injury or when applying first aid measures. However, no one, including the School Nurse, should have a student remove clothing to assess a student in the genital and/or rectal areas. A student who voices a discomfort in these areas or who has guarded body movements indicating discomfort in these areas should be questioned and referred home to their parent/legal guardian and/or physician for appropriate intervention. The name of the student should be given to the School Nurse for follow up with the parent/legal guardian. If abuse is suspected, the District's policy on child abuse and/or neglect (policy 454) should be followed.

**POLICY STATEMENT REGARDING TERMINALLY ILL STUDENTS AND
EMERGENCY CARE SERVICES**

Given current federal and state laws regarding access to public education, there is the potential of having a student in the District with a diagnosed terminal illness. In order to meet the health and safety needs of this student, the School Nurse will work with the student, parent/legal guardian, District Administration and the doctor to insure that all the health and safety needs of the student are met. Attention will also be directed toward meeting and protecting the physical, psychological and emotional health needs of fellow students and school staff.

In the event a terminally ill student should have a respiratory arrest (stop breathing) or cardiac arrest (heart stops working) staff trained to provide emergency first aid care will respond and provide basic CPR life support while an ambulance is contacted. If the parent/legal guardian makes a no code request, this request will be given to the ambulance service when they arrive. Until that time, trained school staff will treat the student like any other student in the District and perform basic CPR life support service until the ambulance service arrives.

HYDROCEPHALUS GUIDELINES

Hydrocephalus is an abnormal increase of cerebral spinal fluid in the brain. This can be caused by abnormalities in how cerebral spinal fluid is produced, circulated or reabsorbed.

To reduce intracranial pressure caused by the increased cerebral spinal fluid, a shunt is surgically placed in the brain to drain the fluid to the abdomen. After surgical sites are healed, the doctor will identify any restrictions or limitations for the student.

Sometimes a shunt malfunctions by becoming clogged, disconnected or infected. If this happens, you may notice the following signs or symptoms:

- A. Fever over 101.5°F
- B. Excessive sleepiness
- C. Balance or coordination problems
- D. Blurred or double vision
- E. Listlessness
- F. Redness, pain or swelling along the shunt
- G. Irritability
- H. Nausea or vomiting
- I. Recurring headaches
- J. Change in personality
- K. Drainage from the shunt incision

If a teacher or support staff member notices these signs or symptoms, they should report them to the parent/legal guardian so necessary actions can be taken. A personal care plan for a student with hydrocephalus will detail specifically what type of actions are to be taken with the student and when these actions need to be taken.

COMMUNICABLE DISEASES

Policy

The District shall follow state and federal laws and regulations, city ordinances and the procedures followed by the Rock County Department of Public Health and the Wisconsin State Division of Public Health regarding known or suspected communicable diseases, as well as the reporting of disease and disease control.

The school nurse, principal or designee may send home students who are suspected of having communicable diseases or any other disease that is specified on the Wisconsin Communicable Disease Chart. The principal or designee who sends a student home shall immediately notify the parent/guardian of the action and the reasons for the action.

The Wisconsin Communicable Disease Chart will serve as an informational guide for communicable diseases. The chart will be available in school health offices.

Staff shall be informed of District procedures for dealing with known or suspected communicable diseases at school and of measures that they can take to reduce their risk of exposure to them. The Wisconsin Department of Health Services Communicable Disease Fact Sheets will provide information and assist school nurses and health aides in making appropriate decisions about communicable diseases. The District's Bloodborne Pathogens Exposure Control Plan shall also be followed.

LEGAL REF.: 118.01(2)(d)2c - Wisconsin Statutes
 118.125 - Wisconsin Statutes
 118.13 - Wisconsin Statutes
 121.02(1)(i) - Wisconsin Statutes
 146.81-146.84 - Wisconsin Statutes
 252.15 - Wisconsin Statutes
 252.19 - Wisconsin Statutes
 252.21 - Wisconsin Statutes
 HFS 145 and COMM 32.50(2) - Wisconsin Administrative Code
 29 CFR, Part 1910 Subpart Z [Bloodborne Pathogens Standard]
 Americans with Disabilities Act of 1990
 Section 504, Rehabilitation Act of 1972

CROSS REF.: 347 - Student Records
 411 - Equal Educational Opportunities
 453.1 - Emergency Nursing Services
 453.2 - Immunizations
 453.4 - Administration of Medication to Students
 882 - Relations with External Agencies
 District Exposure Control Plan

APPROVED: December 17, 2012
 SEPTEMBER 19, 2016

CONJUNCTIVITIS (PINK EYE) GUIDELINES

Conjunctivitis is the inflammation and swelling of the conjunctiva of the eye caused by bacterial or viral infections, allergies or environmental factors such as chlorine in water.

Common symptoms of conjunctivitis include red eyes, eyelids that are inflamed or swollen and light sensitivity. In some instances there may be a mucopurulent (white or yellow) discharge or matting of the eyelids.

Bacterial conjunctivitis is uncommon in children older than seven years of age. Bacterial conjunctivitis is usually distinguished by a mucopurulent discharge from the eye and the eyelid being matted after sleep. Topical antibiotics that are applied to the eye are indicated for treatment of bacterial conjunctivitis.

Viral conjunctivitis tends to be more seasonal and is usually noted in the winter months. Viral conjunctivitis is self-limiting and requires no antibiotic therapy.

Both bacterial and viral conjunctivitis can be spread from person-to-person. If a student is noted to have conjunctivitis, they should be sent home to be evaluated by a doctor to help determine the source of the infection. If the infection is bacterial in nature, the student should be on a topical antibiotic for 24 hours before returning to school. If the infection is viral, the student may return to school without treatment if they have a statement from his/her doctor.

Any student with bacterial or viral conjunctivitis who is in school will be informed of the importance of good hand washing, especially if they have had hand contact with their eye(s).

HEAD LICE PROCEDURES

Head Lice is a non-disease bearing public health nuisance. This nuisance can be very difficult to prevent and/or eradicate in the school setting without effective identification and treatment procedures. These control measures must include the school as well as the community. The District shall implement head lice control measures in accordance with the recommendations of the Rock County Health Department, using guidance from the Department of Public Instruction (DPI) and the Center for Disease Control and Prevention (CDC). Head lice control measures, found in the Emergency Nursing Manual located in the nurse's office of each building, shall be implemented as follows:

1. Staff members shall be alert for suspicious behaviors such as students scratching their heads repeatedly.
2. When a case of live head lice is identified, the student will not be segregated from others, but all efforts should be made to prevent the affected student from sharing clothing or making close physical contact with other individuals. The parent/guardian/legal custodian of the affected student must be contacted by phone by the health aide or designated school staff person. The parent/guardian/legal custodian may choose to pick up the child and treat during the school day, or the student may remain at school and complete treatment at home after school. A head lice checklist will be sent home with the student. A letter and checklist will be sent home with the student if the parent/guardian/legal custodian cannot be reached by phone. All other household members, enrolled as students, in the District shall be assessed for head lice.
3. Students identified with live lice may return to school after completing treatment and changing into clean clothes. Students must bring back the label/container of the lice product used to treat head lice to school and turn it in to the school health aide.
4. Names of all students identified with head lice will be listed on a school head lice log in the health office.
5. The affected student's head shall be rechecked in one week. If live lice are found again, step #2 above should be repeated. The parent/guardian/legal custodian must be called to notify them that live lice were found again. If the parent/guardian/legal custodian cannot be reached by phone, a letter stating, "During a re-screening examination..." shall be sent home with the child at the end of the day.
6. The school health aide/school nurse may contact parent/guardian/legal custodian of students being treated to determine the treatment method they are using as well as answer questions parent/guardian/legal custodian may have related to head lice and/or nits.
7. If three or more children in the same classroom are identified with live lice during the same week, a letter notifying parents of lice in the classroom will be sent home.
8. Students identified with head lice and/or nits three (3) times in one school year shall have their names referred to the school nurse/health department.

APPROVED: August 17, 2009
 April 29, 2013
 May 19, 2014
SEPTEMBER 19, 2016



Parkview School District

106 W. Church Street – P.O. Box 250
Orfordville, WI 53576-0250
WEB Site: www.parkview.k12.wi.us

Phone: 608-879-2717
Fax: 608-879-2732

Dear Parent/Guardian:

In a screening examination at your child's school, your child was found to have head lice. To prevent further spread of lice in the school and at home we are asking for your help to treat your child for this condition at once.

In an effort to reduce the spread of head lice and to prevent re-infestation, please notify all people whom your child has come in contact with (stepparents, babysitters, grandparents, other relatives, and close friends). This will allow them the chance to check for head lice and to seek treatment if necessary.

Regular hair shampoo or soap is not effective in killing head lice or their nits (eggs). All people in your household should be treated on the same day. In addition, please follow the head lice checklist on the back of this letter. There are several effective over-the-counter products that can be used to treat head lice, or you may call your doctor for recommendations on how to treat head lice.

Your child will not be sent home from school upon identifying live lice or nits (eggs); however, your child must present proof of treatment such as the shampoo box top, sales receipt, etc. before they are able to return to school the next day. Please, check your child before sending him or her back to school.

If you have any questions concerning head lice, its treatment or about obtaining the medicated shampoo or medicated cream rinse, please call the Rock County Health Department at 757-5440 between 8:00 a.m. - 5:00 p.m.

Sincerely,

Ginny Fricke, RN
Parkview School Nurse
Public Health Nurse
Rock County Health Department



Parkview School District

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Orfordville, WI 53576-0250
WEB Site: www.parkview.k12.wi.us

Phone: 608-879-2717
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Dear Parent/Guardian:

During a re-screening examination, your child was found to still have head lice. In order to prevent the further spread of head lice in your child, please read over the head lice checklist on the back of this letter to be sure that you have done everything necessary to eliminate head lice. We encourage you to contact your local doctor to determine what type of treatment is appropriate. Remember that all people in your household should be treated on the same day.

Upon returning to school your child must present proof of treatment such as the shampoo box top, sales receipt, etc. Please check your child before sending him or her back to school.

If you have any further questions concerning head lice, its treatment or about obtaining the treatment product, please call the Rock County Health Department at 757-5440. Our hours are 8:00 a.m. - 5:00 p.m.

Sincerely,

Ginny Fricke, RN
Parkview School Nurse
Public Health Nurse
Rock County Health Department



Parkview School District

106 W. Church Street – P.O. Box 250
Orfordville, WI 53576-0250
WEB Site: www.parkview.k12.wi.us

Phone: 608-879-2717
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Dear Parent/Guardian:

We wish to advise you that we have identified head lice in your child's classroom. Control measures have been initiated in school.

However, the school nurse and faculty cannot do this alone, so we are requesting help from parents. Please examine your child's head daily for the next seven (7) days after receiving this letter as head lice have an incubation period of seven days. The procedure for examination is as follows:

Diagnosis of head lice infestation is made by direct inspection of the hair and scalp for the presence of lice and nits (eggs). They are most commonly found at the nape of the neck and behind the ears. Most recently laid nits will be attached within a quarter inch of the scalp. Part the hair at the nape of the neck with a washable comb and examine the scalp carefully. Sometimes dandruff or debris may be mistaken for nits, however, if what you see on the hair shaft cannot be removed easily from the hair shaft, it should be considered a possible nit. The nits are very small and appear silvery under a bright light. Adult lice are very small, brown or gray in color, and crawl (they cannot jump).

If your child is found to have head lice, there are several effective over-the-counter products that can be used to treat head lice or you may call your doctor for recommendations on how to treat lice.

Please notify your child's school if your son/daughter is found to have head lice. Your child will not be sent home from school if live lice or nits (eggs) are found; however, before returning to school the following day, your child must present proof of treatment; such as part of the shampoo box, sales receipt, etc.

If you find that your child does have head lice, it is important to also notify people whom your child has come in contact with (stepparents, babysitters, grandparents, other relatives, and close friends). This will allow them the chance to check for head lice and to seek treatment if necessary.

We appreciate your cooperation in this matter. If you have any questions concerning head lice, treatment or obtaining the medicated shampoo or creme rinse, please call the Rock County Health Department at 757-5440 between 8:00 a.m. - 5:00 p.m.

Sincerely,

Ginny Fricke, RN
Parkview District Nurse
Public Health Nurse
Rock County Health Department

HEAD LICE CHECK LIST

This needs to be done immediately and in this order. Check when completed.

- Buy medicated product or product recommended by doctor. If questions or problems getting product, contact school nurse.
- Check each family member's head. Remove as many nits (eggs) as possible before treating.
- Treat all people in house
 - a. Contact your local doctor for treatment of a person under 2 years of age.
 - b. Do not wash your hair with a shampoo that contains a conditioner or creme rinse before using a lice killing medication shampoo.
 - c. Remove clothing from infested person(s).
 - d. Carefully follow the instructions on the label.
 - e. Using only the nit comb, remove as many nits and lice as possible.
Expect this task to be time-consuming, but well worth the effort. Nits or eggs left on the hair may hatch and create new live lice.
 - f. Put on clean clothing after treating and combing hair.
 - g. Check heads of all family members daily for signs of reinfestation (increased number of nits or live lice) for weeks.
 - h. Do not use the same lice killing medication more than once every 7 days.
- Soak all combs, brushes and hair accessories for 1 hour in Lysol or put them in a pan of HOT water (at least 130 degrees) for 20 minutes. Be careful - heating may damage these articles.
- On hot settings, wash and dry all clothing, towels, pillow cases, sheets, blankets and pillows used by the person(s) with lice.
- Wash all jackets, hats, sweaters, and other clothing that has been worn by all family members in last 3-4 days.
- Items that cannot be washed (pillows, stuffed toys, wool coats, etc.) can be dry cleaned or bagged in a plastic bag for 14 days or put in a hot dryer for 30 minutes (clean dryer filter if dryer is used).
- Vacuum carpeting, mattresses, sofas, chairs, and entire inside of vehicles. Remove vacuum cleaner bag and seal it in a plastic bag and throw away in outside trash container.
- Notify all people who have been in contact with infested person(s) in the past 2 weeks (step-parents, relatives, friends, day care).
- To prevent spreading head lice, persons should not share items that have come in contact with the head, neck or shoulders (combs, brushes, hats, coats, towels, etc.)
- Upon return to school, student(s) must present to the school office proof of treatment such as a portion of the treatment package, sales receipt, etc.

SCABIES CONTROL

Control Measures for Elementary Schools

Scabies is a non-disease bearing public health nuisance problem. It is a stubborn problem to eradicate in schools. Therefore, control measures need to be implemented in schools to prevent an outbreak. These control measures will include:

- A. Only a physician-diagnosed case of scabies will put these control measures into effect.
- B. When a physician has diagnosed a case of scabies, treatment will be necessary before returning to school. One day of exclusion is adequate. In addition, a treatment checklist should be sent home.
- C. Other household members attending the District are to be excluded and everyone in the household treated. The reason is because persons can transmit scabies mites to other persons before they become symptomatic. In addition, a treatment checklist should be sent home.
- D. Letter A will be sent to the parent/legal guardian of a student who is in the same classroom as the case of scabies.
- E. Letter B will be sent to the parent/legal guardian of a student who is in the same classroom as a sibling of a case of scabies.
- F. Students identified with scabies are to contact their physician for treatment. Directions for use of the treatment medication should be followed with care being taken not to over treat.
- G. District Support Staff will discuss with the parent/legal guardian of a student being treated what form of treatment they are utilizing to treat the scabies. Questions Support Staff do not feel comfortable answering will be referred to the School Nurse.
- H. District staff noting a skin infection that they suspect may be scabies are encouraged to report this to the School Nurse and/or Building Principals' Office for further evaluation and referral to a physician.

Control Measures for Secondary Schools

Scabies is a non-disease bearing public health nuisance problem. It is a stubborn problem to eradicate in schools. Therefore, control measures need to be implemented in schools to prevent an outbreak. These control measures will include:

- A. Only a physician-diagnosed case of scabies will put these control measures into effect.
- B. When a physician has diagnosed a case of scabies, treatment will be necessary before returning to school. One day of exclusion is adequate. In addition, a treatment checklist should be sent home.
- C. Other household members attending the District are to be excluded and everyone in the household treated. The reason is because persons can transmit scabies mites to other persons before they become symptomatic. A scabies letter and treatment checklist will be sent home to notify parent/legal guardian.
- D. Upon identification of a case of scabies, the School Nurse should be consulted to begin an investigation of close school contacts, those who may have had repeated direct personal contact. Those students identified as having repeated direct personal contact should be sent home for treatment along with a treatment checklist. District Support Staff will call the parent/legal guardian of these students to notify them of concerns.

- E. Students identified with scabies are to contact their physician for treatment. Directions for use of the treatment medication should be followed with care being taken not to over treat.
- F. District Support Staff will discuss with the parent/legal guardian of a student being treated what form of treatment they are utilizing. Questions Support Staff do not feel comfortable answering will be referred to the School Nurse.
- G. District staff noting a skin infection that they suspect may be scabies are encouraged to report this to the School Nurse and/or Building Principals' Office for further evaluation and referral to a physician.

Scabies Check List

- A. Remove all clothing from person with scabies.
- B. Apply treatment as indicated in the instructions for everyone in the household. Leave treatment on body as indicated by the directions and then wash off.
- C. Put on clean clothes after applying the treatment.
- D. All washable clothing worn the day before treatment, plus bedding and bath towels should be machine washed and dried at high temperatures.
- E. Articles of clothing worn the day before treatment that cannot be machine laundered should be dry-cleaned.
- F. If dry cleaning is not possible, then clothing as well as other articles that cannot be washed (pillows, stuffed animals, etc.) that your child was in contact with should be placed in a sealed garbage bag for 14 days.
- G. Thorough vacuuming is recommended for the cleaning of carpets and upholstered furniture.
- H. Child may return to school the day after treatment has been done. Child must bring proof of treatment to school.
- I. Symptoms of itching may persist after treatment of child. Be careful not to over treat.
- J. Fumigation of the house is not recommended.
- K. Continue to check for possible scabies among family members for the next four weeks.

LETTER A - SCABIES COMMUNICABLE SKIN CONDITION

Dear Parent/Legal Guardian:

Subject: Scabies Communicable Skin Condition

A student in your child's classroom has been identified as having scabies. Scabies is a communicable skin condition characterized by a rash of tiny blisters or small red lines. This rash is commonly found between the fingers and toes, around the waist, in the groin area, on the buttocks, feet, elbows, wrists, knees and/or under the arms. Scabies is a skin itch caused by a tiny mite that burrows into the skin. These mites are transmitted by close contact with someone who has the condition of scabies.

We are sharing this information with you to enlist your help in controlling this condition in the schools. Please examine your child periodically for any evidence of a rash. Should you find a rash, please advise the School Nurse and have your child medically evaluated.

Scabies is easily cured by an application of a prescription lotion/cream. Children with scabies should be kept home during the day of treatment.

If you desire further information, please feel free to contact your School Nurse or the Rock County Health Department at 757-5440.

Sincerely,

School Nurse

LETTER B - SCABIES COMMUNICABLE SKIN CONDITION

Dear Parent/Legal Guardian:

Subject: Scabies Communicable Skin Condition

A student in your child's classroom has a brother/sister who has been identified as having scabies. Scabies is a very communicable skin infection that is easily transmitted from person to person. The scabies mite is transmitted by direct personal contact with a person who has scabies. This transmission of the scabies mite can occur *before* symptoms are noted.

A rash of tiny blisters or small red lines characterizes the scabies communicable skin infection. This rash is commonly found between the fingers and toes, around the wrist, in the groin area, around the buttocks, feet, elbows, wrists, knees and/or under the arms. The primary symptom of scabies is itching that intensifies at night. This itching is caused by the burrowing of the scabies mite.

We are sharing this information with you to enlist your help in controlling this condition in the schools. Please examine your child periodically for the next four weeks for evidence of a rash. Should you find a rash, please advise the School Nurse and have your child medically evaluated.

Scabies is easily cured by an application of a prescription lotion/cream. Children treated for scabies should be kept home during the day of treatment.

If you desire further information, please feel free to contact your School Nurse or the Rock County Health Department at 757-5440.

Sincerely,

School Nurse

LETTER REPORTING INFECTIONS AND COMMUNICABLE DISEASES

Dear Parent/Legal Guardian:

A goal of the Parkview School District is to ensure a healthy environment for all students. In order to achieve this goal, the District needs your support.

Please notify the school office of any infectious or communicable disease that your child has that causes you to seek treatment. Examples of infectious or communicable diseases to report include Conjunctivitis (Pink Eye), Head lice, Scabies, Impetigo, Chicken Pox, Measles, Mumps, etc.

By notifying the school office, actions can be taken to prevent further spread of the infectious or communicable disease in the District and reduce the chance of your child recontracting the disease when he/she returns to school.

For the benefit of your child, other students and school staff, please notify the District. Thank you.

Sincerely,

Building Principal

ROCK COUNTY HEALTH DEPARTMENT
Policy Guidelines for Preventing the
Transmission of Human Immunodeficiency Virus (HIV) in the School Setting

LEGAL CONSIDERATIONS

All children in Wisconsin between 6-18 years of age are required by law to attend school at public expense (Wisconsin Statute 118.15 (1) and (3)).

In Wisconsin, in order to exclude students from school, a due process procedure must be followed. The only exceptions to this are a Board's authority to exclude temporarily a child who is not in proper physical or mental condition to attend school (Wisconsin Statute 118.15 (3)) and the authority of the Department of Health and Social Services (DHSS) to implement measures necessary to control communicable diseases (Chapter 143). Both state and federal civil rights laws prohibit public schools from denying a child admission, excluding a child from school or discriminating against a child in any school activities because of a physical condition (Wisconsin Statute 118.13, 29 U.S.C. 706 and 20 U.S.C. 1232g).

Confidentiality of student records is another legal issue related to the education of students who are infected with HIV. State law provides that all student records maintained by a public school shall be confidential (Wisconsin Statute 118.125) and Board's are required to adopt regulations to maintain records. The only circumstances under which a school may release a student's confidential health records without the consent of an adult student or the parent/legal guardian of a minor student are when the records are subpoenaed by court (Wisconsin Statute 118.125(2)(f)) and when state or local health officials need the records for purposes of protecting the public health (Wisconsin Statute 118.125(2)(h) and Chapter 143).

Recently enacted Wisconsin legislation (1985 Wis. Act 73) restricts the persons to whom HIV antibody test results may be disclosed. Among those to whom test results *may* be disclosed are the subject of the test, the subject's health care provider, the state epidemiologist for the purpose of fulfilling public health responsibilities and persons designated via written consent of the test subject. Thus, school officials, including medical staff associated with the school *may not* have access to HIV antibody test results unless the test subject or the test subject's parent/legal guardian informs them directly or has provided written consent for disclosure. Test results disclosed in this manner may not be re-disclosed to other District staff without specific consent for re-disclosure. Violation of the disclosure provisions may result in civil or criminal penalties (\$10,000 and/or nine months imprisonment).

Therefore, the following statements are policy guidelines preventing transmission of HIV in the District.

- A. As a general rule children with AIDS or evidence of HIV infection should be allowed to attend school in their usual classroom setting and should be considered eligible for all rights, privileges and services provided by law and District policy.
- B. Under the following circumstances a child with HIV infection might pose a risk of transmission to others if the child lacks toilet training and/or has open sores that cannot be covered or demonstrates behavior (biting for example) that could result in direct inoculation of potentially infected body fluids into the bloodstream. If any of these circumstances exist, a local health care team should determine whether a risk of transmission of HIV exists. The local health care team should include the child's

- physician, a physician designated by the state epidemiologist who is knowledgeable about HIV infections, a local public health agency representative, the child's parent/legal guardian, Building Principal(s) and the School Nurse. If it is determined that a risk to the health of other students exists, the student should be placed in a more restricted school setting. Recommendations for the most appropriate school setting for an individual student should be based on the student's behavior, neurologic development, physical condition and the expected type of interaction with others in the school setting.
- C. Under the circumstances listed above, a child with HIV infection may be temporarily removed from the usual classroom setting until either an appropriate physical school setting can be arranged or the local health care team determines that the risk has abated and the child can return to the usual classroom. Removal from the usual classroom should be construed as the only response to reduce the risk of transmission. The responsibility of the health care team should be to initiate only those physical restrictions necessary to protect the health of the student with HIV infection and the health of other students and staff. Efforts will be made to use the least restrictive means to accommodate the student's needs. The health status of a child temporarily removed from the usual classroom setting to protect the health of self or others should be re-evaluated at least monthly by the local health care team.
 - D. The School Nurse should function as the liaison with the child's parent/legal guardian, the child's physician, the local public health agency, the child's advocate in the school (in other words assist in problem resolution and answer questions) and supervisor of the health services provided by other staff.
 - E. The parent/legal guardian of a child with HIV infection is responsible for deciding whether or not to inform the Building Principal(s) or the School Nurse about his/her child's infection. In circumstances where the parent/legal guardian has not informed the Building Principal(s) or School Nurse, a physician or local public health official who becomes aware of an infected child who potentially may present a special risk to classmates or staff members should notify the child's parent/legal guardian and the state epidemiologist of this fact. After reviewing information pertaining to the child's infection and contacting the parent/legal guardian, the state epidemiologist may contact the local public health agency and school officials to provide specific recommendations.
 - F. The school should respect the right to privacy of the individual. Therefore, knowledge that a child has HIV infection should be confined to those persons with a direct need to know -- the Building Principal(s) and the School Nurse.
 - G. District administrators have the responsibility to promote the ethics of the confidential treatment of all school health records. Therefore, the District is encouraged to eliminate any records regarding HIV infections from student records.
 - H. Some children with HIV infection may be immune deficient and may need to be removed from the usual classroom for their own protection when cases of Measles or Chicken Pox occur in the District. The School Nurse or the local public health agency should notify an infected child's parent/legal guardian when these infections occur. A decision on whether or not to remove the child should be made by the child's physician and parent/legal guardian in consultation with the School Nurse and the local public health agency.
 - I. Routine and standard procedures should be used to clean up after any child has an accident or an injury at school, regardless of whether or not they are HIV infected. Blood or other body fluids emanating from any child, including individuals not known to be infected with HIV, should be treated cautiously. See District Exposure Control Plan (ECP) in each building office for clean up procedures.

- J. The District is strongly encouraged to initiate a program to inform parent/legal guardian, children and educators regarding HIV transmission regardless of whether or not HIV infected students are enrolled in the District.

GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOL

To comply with the Department of Commerce standard on Blood Borne Pathogens, the District has developed an ECP. This plan provides guidelines for employees to follow when coming in contact with body fluids, proper housekeeping and waste handling procedures, exact location of sharps containers and protective equipment in each building and procedures to follow should an employee be exposed to blood or body fluids soiled with blood. A copy of this Plan is located in the front office of each District building. The Program Administrator is the Director of Buildings & Grounds, Maintenance & Safety.

Education on this plan will be provided on an annual basis to those employees most at risk of coming into contact with blood or body fluids soiled with blood. All new employees will receive Blood Borne Pathogens training.

IMMUNIZATIONS

Policy

All students admitted to school in the District must present immunization records as required by law. A student may be waived from the immunization requirement when the student, if an adult, or the student's parent, guardian or legal custodian submits a written statement objecting to the immunization for reason of health, religion or personal conviction.

An immunization plan shall be developed in cooperation with the Rock County Public Health Department to ensure that the District is in compliance with the immunization requirements. This plan shall be submitted to the Department of Health and Family Services annually in accordance with state law.

Procedure

1. When students register for school, the school nurse, health aide or their designee will collect required immunization records. These records will be reviewed under the direction of the school nurse.
2. The Wisconsin Department of Health and Family Services' School Compliance Time Line for Immunizations shall be followed.
3. Written evidence of required immunizations or a written waiver request shall be submitted to the school nurse within 30 days of each student's admission to school. Students who are not in compliance may be excluded from school for no more than 10 consecutive days unless, prior to the 11th day of exclusion, the Board provides the student and parent/guardian/legal custodian with an additional notice, a hearing and opportunity to appeal the exclusion in accordance with state laws.
4. Upon certification by a licensed physician that an immunization required is or may be harmful to the health of a student, the requirements for that immunization shall be waived and the waiver submitted to school.
5. The following forms will be completed and sent to the appropriate parties under the direction of the school nurse: (a) Legal Notice (DPH 4001), (b) School Report to Local Health Department (DPH 4002), and (c) School Report to the District Attorney (DPH 4212).
6. When a student withdraws from school, the principal or their designee will forward a copy of the student's immunization records to the new school along with other appropriate records.
7. Continuous monitoring of immunization records will be done throughout the school year by the school nurse/health aide.
8. The student's immunization records will be entered on the computer in the student's database by the health aide under the direction of the school nurse.
9. Immunizations and any related costs will be the responsibility of the student, if an adult, or the parent(s)/guardian/legal custodian of a minor student.

LEGAL REF.: 118.125 - Wisconsin Statutes
 120.12(16) - Wisconsin Statutes
 252.04 - Wisconsin Statutes
 HFS 144 - Wisconsin Administrative Code

CROSS REF.: 347 - Student Records
420 - School Admissions
453.3 - Communicable Diseases
882 - Relations with External Agencies

APPROVED: March 19, 2012
SEPTEMBER 19, 2016

LEGAL NOTICE
Required Immunizations (shots) for Admission to Wisconsin Schools

To the Parent, Guardian or Legal Custodian of _____ Grade _____

The Student Immunization Law requires that all students through grade 12 meet a minimum number of required immunizations prior to school entrance. These requirements can be waived only for health, religious or personal conviction reasons. According to our records, your child is not compliant because either an immunization record is not available at school or an immunization(s) is needed (see reason for noncompliance marked below). To remain compliant with the law, please provide the month, day and year that your child received the required immunization(s) on the attached Student Immunization Record or select one of the waiver options prior to _____ and return the form to your child's school. Failure to do so may result in a fine of up to \$25 per day or possible exclusion from school. If you have any questions about this notice, please contact your child's school.

In past years, thousands of Wisconsin children caught diseases such as measles, pertussis (whooping cough) and rubella, and many were left with severe disabilities. The Student Immunization Law was passed in order to keep these and other vaccine-preventable diseases from returning and harming the health of our children.

Reason for noncompliance:

No Record

Your child needs the following checked vaccines:

<u>DTP/DTaP/DT/Td</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicella</u>
<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose <13 yrs.
<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose 13+ yrs.
<input type="checkbox"/> 3 rd Dose	<input type="checkbox"/> 3 rd Dose		<input type="checkbox"/> 3 rd Dose	
<input type="checkbox"/> 4 th Dose	<input type="checkbox"/> 4 th Dose			
<input type="checkbox"/> 5 th Dose				

Your immediate cooperation is appreciated.

School	Phone
School Official (Title)	Date sent

enc: Student Immunization Record

LYME DISEASE

Lyme disease is a bacterial disease that is transmitted to people and animals by the bite of an infected deer tick (also called the bear tick). The disease and deer tick are found throughout the state of Wisconsin with the highest risk areas in the central and northwestern counties of Wisconsin and the lowest risk in the southeastern counties.

Deer ticks do not fly or jump onto their hosts, but rather wait atop grasses, bushes, trees, etc. for a person to brush up against it and then the tick clings onto that person's cloths or skin. Therefore, the most likely school activity where a student may come in contact with a deer tick is on a field trip to the woods, a nature trail, an outdoor lab, etc.

Initial symptoms of Lyme disease include headaches, chills, nausea, fever, spreading rash, aching joints or fatigue. If undiagnosed and untreated, more serious problems involving the heart, joints, eyes and nervous system can develop.

Since the deer tick is very small, the following precautions are recommended in order to avoid developing Lyme disease:

- A. Provide teachers who use outdoor settings for education with an informational brochure on Lyme disease and where to call for further information. Examples are an outdoor lab, field trips to rural areas with tall grass, shrubs and bushes, FFA outdoor agriculture plots, nature trails, etc.
- B. Insure that all teachers using outdoor settings for education receive a copy of procedures regarding Lyme disease.
- C. When possible, stay on mowed trails and avoid contact with vegetation. If this isn't possible, students and teachers should tuck their pants into their shoes or socks and wear long sleeved shirts or coats when in contact with vegetation.
- D. Encourage students and teachers to wear light colored clothing to make it easier to find ticks.
- E. Have students with long hair place their hair under a hat, into a braid or pull it together with a rubber band.
- F. Have students and staff conduct a search of one another for ticks, removing them as soon as possible.

If a tick is found embedded in the skin, the following protocol should be followed:

- A. The head is the most important part of the tick to remove as this is the area of the tick that contains toxins. Determine if the tick can be removed with tweezers by applying steady pressure to the tick.
- B. If this is not possible, apply Vaseline or cold cream to the area. This will cut off the supply of oxygen to the tick causing it to back out of the skin and be removed. Be patient -- this does not occur in 30 seconds.
- C. Once the tick is out, wash the area with soap and water and place a Band-Aid over the area if necessary.
- D. If a person notices any of the symptoms listed above, they should see their doctor so that the necessary lab work and, medication as required, can be ordered.
- E. If the head of a tick is not removed from the wound, the person should be encouraged to contact a physician for further evaluation of the wound.

GUIDELINES FOR HANDLING STUDENTS WITH RASHES

Rashes of the skin may be caused by a bacteria, virus, or allergic reaction. Some of these rashes will be self-limiting and not be communicable, others will be communicable to another person. Some of the communicable rash illnesses can pose a health threat to a person with an altered immune system, to a person who has not been exposed to the illness before, or possibly to a person who is pregnant. Therefore, to help maintain a safe environment for students and employees, the following steps should be followed if a student presents with a rash illness:

- A. All students with a rash illness will be referred to the health office.
- B. School staff (when available the school nurse) will examine the rash to determine a possible cause.
- C. If the school staff person is uncertain about the cause of the rash and another symptom is present (itching, fever, cough, nausea, etc.), the student's parents will be called.
- D. If the parent is uncertain about the rash and the student has not been in to see a doctor about the rash, then the student will be sent home and excluded from school.
- E. Parent(s) will be encouraged to have the student seen by a doctor to determine the cause of the rash. A note from the doctor will be necessary for the student to return to school if the rash continues to be present.
- F. School staff should call the RCHD at 608-757-5440 with any questions or concerns regarding a student with a rash.
- G. Students with a rash can return to class if the note from the doctor indicates they can return to class, there are no open draining lesions, and the student is well enough to be at school. Depending on the nature of the rash, lesions may need to be covered, crusted over, or healed before a student can return to class.

GUIDELINES FOR HANDLING STUDENTS WITH RINGWORM

Ringworm is caused by various fungi and can affect different parts of the body. Ringworm can be spread by direct contact or indirect contact with a contaminated surface or clothing, depending on the type of fungus present.

Ringworm is treatable with antifungal medications. Generally treatment needs to extend longer than the time for resolution of the clinical symptoms.

Parents of students identified with symptoms consistent with ringworm will be contacted to see if the student is receiving treatment. If the student is not being treated, the parent will need to pick up the student from school and contact the student's doctor for treatment.

Once treatment is started the student can return to school. The school nurse will follow up with parents if an infection does not show signs of clinical improvement within two weeks of starting treatment. The nurse will determine if a follow-up contact with the doctor is necessary. Additional control measures may need to be implemented for students who have a persistent infection that is not responsive to medication treatment.