

# SCHOOL DISTRICT OF PITTSVILLE BOARD POLICY

## STUDENTS

### STUDENT HEALTH AND WELFARE

#### EMERGENCY NURSING SERVICES

453.1

The policies and procedures for Emergency Nursing Services for the Pittsville School District have been developed under the guidelines provided by the Department of Public Instruction.

The Medical Advisor for Emergency Nursing Services will be appointed by the District Administrator.

Pittsville School District has a District Nurse on-site.

The Pittsville Ambulance Service will be on call or at school functions to provide emergency health services and transportation when serious emergencies occur. The Pittsville Ambulance Service telephone number is 715-884-6514 or 911.

Equipment and supplies necessary for the emergency first aid service will be requisitioned and purchased by the Pittsville School District.

The First Aid Rooms are designated areas for nursing personnel and supplies. The High School, as well as the Elementary School, shall have designated First Aid Rooms.

First aid kits are available in each of the school's health office and in the shop and athletic offices. A traveling kit shall also be provided for field trips and co-curricular activities. The first aid kits shall contain necessary emergency supplies. A list of emergency phone numbers shall be with each kit. An inventory of each kit shall be on file in each of the main office first aid rooms. First aid supplies will be obtained from Emergency Nursing Services and restocked during the year as necessary.

There will be in service training devoted to CPR for all the District certified and non-certified full-time employees. A list of those certified in CPR and First Aid will be on file in the District's Administrator's office. Refresher courses will be offered as needed.

All accidents shall be reported to the Building Principal or Nurse by the person in charge of the activity when the accident occurred. A log of accidents will be kept by the Nurse on the Health Office Visit form (Exhibit A). The form will be filled out by the provider of the service.

All students will have an updated Emergency Contact form filled out for emergency or illness information. The form will be on file in the office of the school attended. Staff will be notified of their location.

When First Aid or CPR is to be given, school personnel are authorized to administer only prudent measures set up in the District's overall Emergency Nursing Policy (Exhibit B).

If a student becomes ill or injured, parents will be notified by the Nurse or Office Personnel to pick up their child or that they will be taken home. No students will be sent/left home without parental consent. All health-related incidents shall be recorded on the Health Office Visit form (Exhibit A). Child must be kept home for 24 hours after the fever breaks (medication free) or 24 hours from the last episode of fever or diarrhea.

Pupils requiring medication at school shall be identified by parents to the Administration. The Administration shall assume the authority for involving designated school personnel in the administration of the medication.

In all instances where prescription and non-prescription medication is needed when a child is attending school, an Authorization Release and Indemnification Agreement shall be on file in the school's main offices with required signatures. Consent forms must be updated yearly and are available in the Health Director's office. Non-prescription medication may be administered by First Aid personnel only with written parental consent. Non-prescription medications administered to students will be recorded on the Health Office Visit form (Exhibit A).

Prescription medication must be in properly labeled original containers with dosage instructions. All medications will be kept under lock and key in each Health Director's office. An accurate and confidential system of record keeping will be established for each pupil receiving medication.

There will be an annual review of the Emergency Nursing Services by the Pittsville School District's designated Nurse. The coordinator will seek input in his/her evaluation, which will be in writing and filed in the District's Administrator's office, from all personnel involved in emergency first aid services.

#### **DISTRICT EMERGENCY NURSING SERVICES PROGRAM**

Emergency nursing services for the School District are provided with input, direction, and coordination furnished by one or more registered nurses employed by the District. Emergency nursing services shall be available during the school day and during all school-sponsored activities for students, including summer school, field trips, athletic events, and other co-curricular and extracurricular activities.

To ensure the provision of an appropriate emergency nursing services program:

1. The District Administrator shall have primary administrative responsibility for the District's emergency nursing services program, including ensuring that the District conducts an annual review of the emergency nursing program and that the findings and recommendations from the annual review are presented to the District Administrator and School Board.
2. The District shall designate the registered nurse(s) whose employment responsibilities include the nursing-related duties identified in this policy.
3. The Board shall act to approve the emergency nursing procedures that are developed (or revised) under the direction of a registered nurse pursuant to applicable law and this policy.
4. The District shall arrange for a physician to serve as the District's medical advisor for the emergency nursing services program and in connection with handling other significant student and school health concerns. The District Administrator and the registered nurse(s) employed by the District shall be the primary point of contact with the District's medical advisor on an as-needed basis.
5. The District shall make available the equipment and supplies necessary for providing emergency nursing services in the District. A health room/area shall be designated in each school.
6. In consultation with the registered nurse(s) employed by the District, the District Administrator or an administrative-level designee shall assign direct responsibilities to appropriate school personnel related to the provision of emergency and other health-related services. The building principal of each school shall always be among the designated staff who are assigned and trained to serve as site-based first responders in the event of a health-related emergency. As used in District policy, the term "site-based first responder" is a local term that should be not equated with a "certified first responder" under state law.

In providing for the coordination and oversight of emergency nursing services, one or more registered nurses designated by the District shall:

1. Maintain and coordinate the day-to-day implementation of the District's emergency nursing procedures, including protocols for the administration of medication to students, protocols for dealing with student injury and illness (e.g., first aid protocols and other emergency procedures), and related recordkeeping procedures. These procedures will be developed by a registered nurse in cooperation with the District Administrator and Building Principals, and, on an as needed basis, in consultation with the District's medical advisor and/or representatives of the county health department or other community health agencies.
2. Disseminate the District's current emergency nursing procedures and protocols to appropriate school personnel.

3. Provide or arrange for the provision of training of designated school district staff in regard to the District's medical emergency protocols (e.g., general first aid, cardiopulmonary resuscitation (CPR), and the use of an automated external defibrillator (AED)), the administration of medication to students, and the implementation of the District's bloodborne pathogens/exposure control plan. As needed, the nurse shall also provide or arrange for the training of school personnel related to the District's provision of specialized health-related services to individual students. The nurse shall maintain appropriate records of all such training.
4. Provide, or provide any necessary nursing-related supervision in connection with, any specialized health-related services that the District provides to individual students with special health care needs.
5. Verify that emergency information forms are on file for all students who are attending school or otherwise participating in any school-sponsored athletic activity in the District, regardless of the student's full-time status, enrollment status, or residency.
6. Monitor and make recommendations to the administration regarding the equipment, supplies, and space needed for the appropriate provision of emergency care and other health-related services.
7. At the end of each school year, coordinate and participate in an annual review of the District's emergency nursing services program and related policies, procedures, and protocols. The review shall be conducted in consultation with appropriate school personnel.

Closely related to the responsibilities identified above, the registered nurse(s) employed by the District shall also:

1. Assist in identifying and in arranging for any necessary services and accommodations for students within the District who have medical or health concerns that may require an individualized health plan, allergy management plan, Section 504 plan, or individualized education program (IEP).
2. Serve as a resource person for administrators and school personnel on student and school health issues, including but not limited to communicable disease control, the District's bloodborne pathogen/exposure control plan, and concussion and head injury management (e.g., for issues that may arise beyond the initial injury).
3. Serve as a resource person for administrators and school personnel on the District's provision of instruction to students regarding personal health and life-saving skills.
4. Serve as a liaison between the schools and community-based health agencies and services.

## LEGAL REFERENCES:

### Wisconsin Statutes

<a href="#">Section 118.07(1)</a>	[first aid kit requirement]
<a href="#">Section 118.076</a>	[required lifesaving skills instruction for students, including use of CPR and automatic external defibrillators]
<a href="#">Section 118.125</a>	[student records management, including student physical health records and patient health care records]
<a href="#">Section 118.29</a>	[medication administration by school personnel, including emergency administration in certain situations]
<a href="#">Section 118.291</a>	[possession and use of inhalers by asthmatic students]
<a href="#">Section 118.292</a>	[possession and use of epinephrine auto-injectors by students]
<a href="#">Section 118.2925</a>	[plans for the management of life-threatening allergies]
<a href="#">Section 118.293</a>	[concussions and head injuries]
<a href="#">Section 118.2935</a>	[requirements for providing information about sudden cardiac arrest in connection with youth athletic activities]
<a href="#">Section 121.02(1)(g)</a>	[school district standard; emergency nursing services requirement]
<a href="#">Section 146.81 to 146.84</a>	[confidentiality of patient health care records]
<a href="#">Section 440.01(1)(ad)</a>	[automated external defibrillator definition]

[Section 895.48](#) [limited civil liability exemption related to emergency medical care, including the good-faith emergency use of an automated external defibrillator]

**Wisconsin Administrative Code**

[Chapter N 6](#) [standards of practice for registered nurses and licensed practical nurses]

[PI 8.01\(2\)\(g\)](#) [school district standard; emergency nursing services policy/procedure requirements]

[SPS 332.50](#) [federal bloodborne pathogens/exposure control plan requirements adopted by the state]

**Federal Laws**

[29 Code of Federal Regulations \(CFR\), Part 1910 Subpart Z](#) [bloodborne pathogens/exposure control plan requirements]

*First Reading of Updates:* January 9, 2023

*Second Reading/Approval of Updates:* February 6, 2023

## GENERAL EMERGENCY CARE PROCEDURES

If needed:

1. Call 911
2. Restore and maintain open airway.
3. Restore and maintain breathing.
4. Stop severe bleeding. Quickly apply pressure directly to bleeding site with the cleanest compress available.
5. Restore and maintain circulation.
6. Send for Nurse or principal/office personnel as quickly as possible.
7. Notify parents as soon as possible for instructions regarding designated hospital/doctor.
8. In unable to reach parents, follow instructions on emergency card regarding designated hospital/doctor/dentist.

**Pittsville Ambulance Service**

**911**

**Aspirus Riverview Hospital**

**1-715-423-6060**

**Marshfield Medical Center**

**1-715-387-1713**

**Poison Center**

**Eau Claire**

**1-715-835-1515**

**Madison**

**1-608-262-3702**

9. Complete accident forms and log of injuries as required.

<b>HEALTH OFFICE VISIT</b>		STUDENT NAME	GRADE	DATE
PITTSVILLE ELEMENTARY SCHOOL 5459 ELEMENTARY AVENUE, SUITE 1 PITTSVILLE, WI 54466 715-884-2517		NATURE OF VISIT <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> OTHER	TIME IN	TIME OUT
		NURSE'S SIGNATURE _____		
<b>REASON FOR VISIT:</b> <input type="checkbox"/> ALLERGY <input type="checkbox"/> CRAMPS <input type="checkbox"/> FEVER <input type="checkbox"/> NOSEBLEED <input type="checkbox"/> SPLINTER <input type="checkbox"/> ASTHMA <input type="checkbox"/> CUT/SCRAPE <input type="checkbox"/> HEADACHE <input type="checkbox"/> POSS. FRACTURE <input type="checkbox"/> STOMACHACHE <input type="checkbox"/> BRUISE <input type="checkbox"/> DENTAL <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> RASH <input type="checkbox"/> BURN <input type="checkbox"/> EARACHE <input type="checkbox"/> INSECT BITE <input type="checkbox"/> ROUTINE MEDICINE/TREATMENT <input type="checkbox"/> COLD/COUGH <input type="checkbox"/> EYE (L, R) <input type="checkbox"/> NAUSEA/VOMITING <input type="checkbox"/> SORE THROAT <input type="checkbox"/> OTHER _____		<b>VITAL SIGNS:</b> Temp _____ BP _____ P _____ R _____ Other _____		
OBSERVATIONS/ADDITIONAL INFORMATION _____				
INSTRUCTIONS: _____				
<b>TREATMENT/DISPOSITION:</b> <input type="checkbox"/> EMS <input type="checkbox"/> CLEANSED WOUND <input type="checkbox"/> APPLIED BANDAGE <input type="checkbox"/> ICE APPLIED/COLD COMPRESS <input type="checkbox"/> MEDICATION GIVEN <input type="checkbox"/> WARM COMPRESS <input type="checkbox"/> RESTED IN OFFICE <input type="checkbox"/> OTHER _____		<b>REMARKS:</b> _____ _____ _____ _____ _____		

WHITE - OFFICE COPY      GREEN - PARENT'S COPY

### **BASIC EMERGENCY CARE FOR ANY INJURY OR ILLNESS**

There are three situations which may be life-threatening and require your prompt attention:

**Absence of Breathing  
Severe Bleeding  
Absence of Adequate Circulation**

- Dial 911
- Do not panic.
- The victim should either sit or lie down – even minor injuries cause fainting.
- If severe injury is suspected, do not move victim.
- Keep victim warm.
- Reassure the victim – be optimistic – fear and pain can worsen the victim's condition.
- Determine the seriousness of the illness or injury.
- Administer first aid according to approved procedures.
- Never leave the seriously ill or injured unattended.
- Contact the parents as soon as possible. If parents cannot be reached, or in case of extreme emergency, follow the instructions on the emergency card.
- Complete required accident forms.

# EXHIBIT C

Pittsville Public School District  
20\_\_\_\_-20\_\_\_\_ School Year

## Prescription Medication Order and Administration and Authorization Release and Indemnification Agreement

Student:

Date of Birth:

Grade/Teacher:

**PART I—TO BE COMPLETED BY THE LICENSED HEALTHCARE PROVIDER (LHP – MD, DO, or Nurse Practitioner)**

List Medication allergies:  none

*Please administer the following medications according to the specifications indicated:*

Name <small>*include emergency medications</small>	Dose	Route	Time(s)	Reason for Use, Side Effects, &/or Special Instructions	End Date

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL\*must be ordered above\***

*Self-carry/self-administration of inhalers or EpiPen must be authorized by the prescriber and parent as well as approved by the school nurse after appropriate demonstration is observed.*

This student has demonstrated appropriate knowledge and competency and may self-carry/self-administer the following emergency medication(s):  EpiPen (as ordered)  Inhaler: \_\_\_\_\_

Ordering Provider Name (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II—TO BE COMPLETED BY THE PARENT/GUARDIAN**

*I hereby request and authorize Pittsville Public School District (PPSD) principal-designated personnel to administer prescribed medication as directed by the licensed healthcare provider (LHP) indicated in Part I above. I agree to release, indemnify, and hold harmless PPSP and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided staff are following the physician's order as written in Part I. I have read the PPSP medication policy and protocol as outlined on the back of this form and assume the responsibilities as required.*

My child may self-carry and/or self-administer the prescribed emergency medication(s)  Yes  No Initials: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**PART III—TO BE COMPLETED BY THE SCHOOL NURSE**

- Parts I and II above are complete (separate provider prescription may be attached)
- Prescription medication in original container with the pharmacy label intact and readable
- Prescription medication label and Healthcare Provider order are consistent
- Student demonstrates appropriate knowledge and competency to self-carry/self administer designated medication  
Emergency medication location:  health office  locker  back-pack  N/A
- Entered into Skyward: initials \_\_\_\_\_ date \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EXHIBIT C-1

<b>Pittsville Public School District</b> 20____ - 20____ School Year	<b><u>Non-Prescription</u></b> <b><u>Medication Administration Authorization</u></b> <b><u>Release and Indemnification Agreement</u></b>
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Student:	Date of Birth:	Grade:
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**PART I—TO BE COMPLETED BY THE PARENT/GUARDIAN**

*Please administer the following non-prescription medication(s) according to the specifications indicated below. I understand a Prescription Medication Order and Administration Authorization is required for any non-prescription medication that needs to be given **for more than 5 consecutive days**.*

List Medication Allergies:  none

Medication Name <small>*Per pkg dosing = manufacturer's recommendations</small>	Dose	Route	Time(s)	Reason for Use and Special Instructions	End Date
<input type="checkbox"/> Acetaminophen (Tylenol): <i>circle one</i> • Children's • Junior's • Adult	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	oral	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	<input type="checkbox"/> pain or fever <input type="checkbox"/> other:	<input type="checkbox"/> end of school year <input type="checkbox"/> other:
<input type="checkbox"/> Ibuprofen (Advil, Motrin): <i>circle one</i> • Children's • Junior's • Adult	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	oral	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	<input type="checkbox"/> pain or fever <input type="checkbox"/> other:	<input type="checkbox"/> end of school year <input type="checkbox"/> other:
<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	oral	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	<input type="checkbox"/> hives, itching <input type="checkbox"/> other:	<input type="checkbox"/> end of school year <input type="checkbox"/> other:
<input type="checkbox"/> Cough Drops	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	oral	<input type="checkbox"/> per pkg* <input type="checkbox"/> other:	<input type="checkbox"/> cough <input type="checkbox"/> other:	<input type="checkbox"/> end of school year <input type="checkbox"/> other:
<input type="checkbox"/> Other:					

*I hereby request and authorize Pittsville Public School District (PPSD) principal-designated personnel to administer the non-prescribed medication indicated above to my child. I agree to release, indemnify, and hold harmless PPSD and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering this medication to my child, provided staff are following the specifications as indicated. I have read the PPSD medication policy and protocol as outlined on the back of this form and assume the responsibilities as required.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**PART II—TO BE COMPLETED BY THE SCHOOL NURSE**

Parent/Guardian consent signed and dated  
 Non-prescription medication in original container with the manufacturer's label intact and readable  
 Non-prescription medication label and parent/guardian request are consistent  
 Entered in Skyward: initials \_\_\_\_\_ date \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_