

OREGON SCHOOL DISTRICT  
BOARD OF EDUCATION  
POLICY COMMITTEE MEETING  
2023-24

DATE: June 25, 2024  
TIME: 5:00 P.M. - 6:30 P.M.  
PLACE: District Meeting Room #2  
123 East Grove Street, Oregon, WI 53575

Order of Business

Call to Order

Roll Call

Proof of Notice of Meeting and Approval of Agenda

Approval of Minutes of Previous Meeting(s)

AGENDA

- A. Public Comment Regarding Agenda Items
- B. Old Business
  - 1. None
- C. New Business
  - 1. Policy 711- Health Services
  - 2. Policy 712 - Emergency Nursing Services
  - 3. Title IX - 165 (Students)
  - 4. Title IX - 166 (Employees)
- D. Future Business:
  - 1. Employee Handbook 2024-25
- E. Future Meeting: TBD
- F. Adjournment

Notice is hereby given that a majority of the Oregon School Board may be present at the meeting of the Policy Committee scheduled to discuss subjects over which they may have decision-making responsibility. This constitutes a meeting of the Oregon School Board and must be noticed as such although the School Board will not take any formal action at this meeting.

Go to: [www.OregonSD.org/board meetings/agendas](http://www.OregonSD.org/board%20meetings/agendas) for the most updated version agenda.

# MINUTES OF THE POLICY COMMITTEE OF THE SCHOOL BOARD OF OREGON SCHOOL DISTRICT HELD ON MAY 30, 2024

The regular meeting of the Policy Committee of the School Board of the Oregon School District was called to order by Dr. Mary Lokuta at 5:31 PM in the Oregon School District Office Meeting Room.

Committee Members Present: Dr. Mary Lokuta, Ahna Bizjak and Leslie Wright.

Other Board Members Present: Krista Flanagan and Troy Pankratz.

Administrators present: Dr. Leslie Bergstrom, Jina Jonen, Dawn Golz, Durand Hunter, Andy Weiland, and Jason Zurawik.

Others present: None

Proof in the form of a certificate by the Oregon Observer of communications and notice given to the public and the Oregon Observer, and a certification of posting as required by Section 19.84 Wisconsin Statutes as to the holding of this meeting was presented by Dr. Lokuta.

Ms. Bizjak moved to approve the agenda as posted. Ms. Bizjak voted yes. Ms. Wright voted yes. Dr. Lokuta voted yes. Motion approved 3-0.

With the change in the committee members, there is not a quorum to approve the April 10, 2024, minutes. Dr. Lokuta was present at that meeting, and stated the minutes were accurate.

A. Public Comment: None

B. Old Business:

1. Policy 751 - Transportation. Discussion held. Ms. Bizjak moved to approve Policy 751 as amended, and send to the Board for approval. Ms. Bizjak voted yes. Ms. Wright voted yes. Dr. Lokuta voted yes. Motion approved 3-0.

2. Policy 931 - Electronic Surveillance of Public Areas (Cameras on Transportation). Discussion held. Ms. Wright moved to approve policy 931 as amended, and send to the Board for approval. Ms. Wright voted yes. Ms. Bizjak voted yes. Dr. Lokuta voted yes. Motion approved 3-0.

C. New Business:

1. None.

D. Future Business:

1. To Be Determined.

E. Future Meetings: To Be Determined.

F. Adjournment: Ms. Bizjak moved to adjourn. Ms. Bizjak voted yes. Ms. Wright voted yes. Dr. Lokuta voted yes. Motion approved 3-0. Meeting adjourned at 7:26 PM.

## **711: Health Services**

**711.01** – School nursing services will be provided under the direction of a registered nurse(s) qualified to practice in the State of Wisconsin as defined by s. 441.50 (2) (j).

**711.02** – The goals and objectives of the school health team are focused on the following:

- 711.02.1: Health Education: presentation of programs related to health promotion and disease prevention.
- 711.02.2: Communicable Disease Control: responsibility for the prevention and control of communicable disease.
- 711.02.3: Health Screening Programs: provide vision screening and hearing screening.
- 711.02.4: Emergency Nursing Services: participate in committees convened for the purpose of developing and reviewing emergency nursing and medication administration policies and procedures for schools.
- 711.02.5: Student Health: case finding and referral services for children (and families) with health needs; coordinate a process to inform staff of medically involved children in a timely manner, facilitate the training of staff working with medically fragile children, coordinate and monitor the administration of medication to students.
- 711.02.6: Data Management: develop and implement procedures for the collection of health and development data about students consistent with state law.

**711.03** – Emergency care for accidents and illness at school will be coordinated by the school nurse. Secretaries, educational assistants, coaches, bus drivers and other personnel will be given first aid and CPR training so each building and/or program has appropriate first aid available. These trained personnel will be designated as first responders in emergencies. The EMS, and local health providers also may be called.

Adopted:      October 24, 1994  
Revised:      December 12, 1994  
                 April 11, 2011  
                 June 11, 2012

## **712: School Health And Emergency Nursing Services**

712.01 School health services will be provided under the direction of registered nurses qualified to practice in the State of Wisconsin. The District shall also contract with a licensed physician who serves as the District's medical provider.

712.02 The goals and objectives of the school health team are focused on the following:

- 712.02.1: Health Education: presentation of programs related to health promotion and disease prevention.
- 712.02.2: Communicable Disease Control: responsibility for the prevention and control of communicable disease.
- 712.02.3: Health Screening Programs: provide vision screening and hearing screening.
- 712.02.4: Emergency Nursing Services: provide emergency nursing services during the regular school days and during school sponsored student activities and participate in committees convened for the purpose of developing and reviewing policies and procedures regarding emergency nursing services, student accidental injuries, illnesses and medication administration.
- 712.02.5: Student Health: case finding and referral services for children (and families) with health needs; coordinate a process to inform staff of medically involved children in a timely manner, facilitate the training of staff working with medically fragile children, coordinate and monitor the administration of medication to students.
- 712.02.6: Data Management: develop and implement procedures for the collection of health and development data about students consistent with state law.

~~712.01 – Emergency Nursing Service Providers – Emergency nursing services will be provided to students and staff under the direction of a nurse currently registered in the State of Wisconsin.~~

~~712.032 – School Day First Aid/ CPR-Emergency Care~~ – During the school day, direct first aid and emergency care ~~will~~ may be provided by ~~assigned~~ staff members who have completed an approved course in emergency first aid and/or CPR. Consultation and advice shall be available from the school nurse when questions arise.

Instructions on the school's emergency nursing policies and procedures will be available given to school staff. ~~personnel prior to extracurricular events and field trips.~~ School personnel staff will have a copy of health concerns list and first aid kits available during all ~~extra~~co-curricular events and field trips.

~~712.03 – Medical Direction – Medical direction for emergency nursing services shall be provided by the district's medical advisor, a licensed physician.~~

~~712.04 – Emergency Procedure Reference Guide – Emergency care procedures for specific conditions due to illness or incident are adapted from the American Red Cross reference guide. This reference will be available for all staff, provided for use in all buildings and a copy will be available in the health office as well as in all first aid kits.~~

#### ~~712.04 – Health Office –~~

~~712.04.1~~ The health office shall be open to students and staff during the school day. Equipment and supplies will be inventoried and maintained by designated staff persons.

~~712.04.2~~ A daily log in the student management system will be kept by staff providing health services. Information to be recorded will include school year, date, time-in, time-out, student's name, reasons for care, brief account of observations and service given, whether parents were notified, disposition and staff initials.

~~712.05 – Emergency/Illness Notification Form – Emergency contacts for each student and school employee will be readily accessible and identified and updated annually. This information will be collected by the building secretary and filed. District staff information will be filed in the District Office.~~

~~712.07 – Health Services Log – A daily log in the student management system will be kept by staff providing health services. Information to be recorded will include school year, date, time in, time out, student's name, reasons for care, brief account of observations and service given, whether parents were notified, disposition and staff initials.~~

#### ~~712.05 – Illness/Emergency Student Release from School~~

~~712.05.1 – – A personal health record and an emergency contact shall be on file in the student management system for each student. A Parent/Guardian shall update these records at least annually as part of the registration process or as changes occur.~~

~~712.05.2 - If the designated caregiver determines that a student or staff should go home due to illness or injuries, the school office shall be notified immediately. If it is determined that a staff member should go home, the school office shall be notified immediately. For students, the caregiver or office staff shall contact the parent/guardian or an emergency contact designated person if the parent/guardian cannot be reached. No student will be sent home unless this~~

contact has been made. Under no circumstances will a minor student be not be sent to an unsupervised home without Parent/Guardian permission.

712.05.3 Emergency care procedures for specific conditions due to illness or incident are adapted from the American Red Cross reference guide. This reference will be available for all staff. In life threatening situations or when emergency vehicle transportation is indicated, staff should call 911. ~~Staff members designated to provide emergency care shall be covered by liability insurance purchased by the District.~~

~~712.09 – Emergency Vehicle Transportation – In life threatening situations or when emergency vehicle transportation is indicated, the appropriate EMS will be called by the building administrator/designee by dialing 911.~~

712.05.4 An administrator shall be notified as soon as possible in the event of a serious injury occurring at school or at a school-related event. An incident report shall be completed by the emergency caregiver school staff within one business day.

~~712.10 – Administration Notification – An administrator shall be notified as soon as possible in the event of an injury occurring at school or at a school-related event. An incident report shall be completed by the emergency caregiver school staff within one business day.~~

~~712.11 – Incident Reporting – An incident report shall be completed within 24 hours.~~

#### 712.06 – Medication Administration –

712.06.1 The school nurse health care professional, in collaboration with a school administrator, has the authority to delegate medication administration to a school employee in compliance with state law Wisconsin State Statute 441.06(4) and Wisconsin Administrative Code N 6.0(3) if the following are met:

- a) The task must be commensurate with education, preparation, and demonstrated abilities of the appointed staff.
- b) The school nurse provides direction (training) and assistance to the delegate.
- c) The appointed staff's administration of medications is periodically observed, monitored, and documented by the school nurse.
- d) The appointed staff completes the online DPI training course, or other DPI approved training program for the medication(s) to be administered. Documentation of the completed course will be submitted to the school RN nurse.

- e) 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 of the medications.

**712.06.2 Prescription Medication:** Designated school staff may only administer prescription medication to students with written permission from the prescribing provider and the student's parent/guardian.

**712.06.3 Over-The-Counter Medication:** Designated school staff may administer over the counter medication to students with written permission from the parent/guardian. The District may stock acetaminophen, ibuprofen, and diphenhydramine in the health offices.

**~~712.12.3 ¶¶~~**



~~In all instances where medication is to be administered in schools, the physician prescribing the medication has the power to direct, supervise, decide, inspect and oversee the administration of such medication. (WI Act 334). In order to ensure that the physician retains the power to direct, supervise, decide, inspect and oversee the implementation of this service, NO medication, including over the counter medications, shall be given to a student by any employee of the Oregon School District unless written permission is obtained from parent/guardian.¶¶~~

~~The school nurse may delegate medication administration to Medication administration may be delegated by the school nurse to any school employee with proper training, supervision, and evaluation as defined in Wisconsin law. State Statute 118.29 Administrative Code N.6.01 and DPI training guidelines. Determining such individuals will be the joint responsibility of the building administrator and the school nurse. The school employee who is authorized to administer medication is immune from civil liability for his or her acts or omission in administering medication to a student unless the act or omission constitutes a high degree of negligence. District school nurses, are regulated by the Wisconsin Nurse Practice Act; therefore, they are not necessarily immune from civil liability for the aforementioned acts or omissions. The building administrator who authorizes an employee or volunteer 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.¶¶~~



~~*Training of Designee:*~~

~~712.12.3 The school nurse health care professional, in collaboration with a school administrator, has the authority to delegate medication administration to a school employee in compliance with state law Wisconsin State Statute 441.06(4) and Wisconsin Administrative Code N 6.0(3) if the following are met:¶~~

- ~~f) The task must be commensurate with education, preparation, and demonstrated abilities of the appointed staff.¶~~
- ~~g) The school nurse provides direction (training) and assistance to the delegate.¶~~
- ~~h) The appointed staff's administration of medications is periodically observed, monitored, and documented by the school nurse.¶~~
- ~~i) The appointed staff completes the online DPI training course, or other DPI approved training program for the medication(s) to be administered. Documentation of completed course will be submitted to school RN nurse.¶~~
- ~~j) 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 of the medications.~~

k)

1. ¶

~~712.13 Student Health Records – A personal health record shall be on file in the student management system for each student; parents/guardians and shall be update these records at least annually as part of the registration process or as changes occur.~~

**712.07 – Communicable Disease** – Communicable disease control procedures shall be maintained in cooperation with the ~~Public Health Madison & Dane County~~ ~~Dane County Public Health Nursing Division~~. Federal and State regulations and guidelines and Center for Disease Control guidelines shall be followed when considering attendance/exclusion of students or school employees who have a communicable disease. Any principal/designee or nurse serving the school may send home for the purpose of diagnosis and/or treatment, any student/employee suspected of having a communicable disease or condition having the potential to affect the health of other students and staff. The student/employee shall remain excluded until such time as it is determined by a health care team that the risk of transmission has subsided.

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~~712.15 Emergency Care Liability Insurance – Personnel designated to provide emergency care shall be covered by liability insurance purchased by the school district.~~

**712.08 – Nursing Services Safety Regulations** – An annual review shall be made of the emergency nursing services and school safety regulations.

**712.09 – Confidentiality** – Confidentiality standards shall be maintained according to federal and state regulations and guidelines.

*Legal References:* Wis. Stats. s. 115.001, Wis. Stat. s. 118.29, Wis Stat s. 121.02; Wis. Admin. Code 8.01

Adopted: August 22, 1988  
 Revised: September 21, 1989  
 December 12, 1994  
 March 22, 1999  
 August 13, 2001  
 June 11, 2012

### **Policy 712 - Administrative Guidelines**

#### **712.10 – Emergency Nursing Service Procedures**

- ~~712.108.1~~: The nurse will:
  1. Assist in the arrangement for appropriate training of those persons in each building designated to handle emergencies
  2. Function as a resource to these designated persons.
  3. ~~Participate on the school district's Health and Safety Committee.~~
  4. Identify areas of the emergency care plan in need of change or improvement.

#### **712.11 – School Day First Aid / Emergency Care Procedure**

- ~~712.119.1~~: At the beginning of each school year, school administration will identify in writing at least ~~one three~~ staff members in each building to serve as backup. ~~for the health office and submit their names to the Director of Special Education.~~
- ~~712.119.2~~: Inservice programs will be provided for those designated persons to train and/or update them in first aid, CPR and the school district's emergency nursing policies and procedures. This will be arranged annually.
- ~~712.119.3~~: The nurse shall meet annually with designated emergency service staff to review areas of concern or interest. The nurse shall meet on an individual need basis when appropriate.
- ~~712.119.4~~: The responsible person(s) supervising an ~~co-curricular~~extracurricular activity or field trip shall have the confidential health concerns list and emergency information available, including phone numbers of parent/guardian and alternate contacts, should an emergency arise.
- ~~712.119.5~~: First aid kits, located in each building health office, will be available for all ~~co-curricular~~extracurricular field trips. (See Appendix for content list). The Health Assistant will keep the first aid kits stocked.

- ~~712.119.6:~~ The person assigned to the health office will be notified of field trips and ~~co-curricular~~~~extracurricular~~ activities. First aid kits are to be obtained from the health office or building secretary. ~~Signed permission forms must be on file..~~ All medication and care provided to students must be documented and signed.

#### **712.12 – Medical Advisor**

- ~~712.1220.1:~~ Each school year the district will arrange for a licensed physician to serve as the medical advisor for emergency nursing services.
- ~~712.1220.2:~~ The medical advisor will participate in the annual review of policies and procedures for emergency nursing services and the training of designated staff.
- ~~712.1220.3:~~ The medical advisor will be available for consultation and approval of new policies and procedures developed during the school year. Arrangements for this will be made through the Director of ~~Student Services~~~~Special Education~~.
- ~~712.1220.4:~~ Any medical advisor should have their own professional liability insurance regarding their medical advisor role.

#### **712.13 – Emergency Procedure Reference Guide Procedure**

- ~~712.1321.1:~~ Emergency policies and procedures will be reviewed by the nurse prior to the first day students are in school.
- ~~712.1321.2:~~ Emergency procedures will be reviewed with the entire staff at the beginning of each school year and with all new staff members added throughout the year.
- ~~712.1321.3:~~ First aid for minor injury or illness is the responsibility of the teacher. For further care or assessment the child will be referred to the health office. The health office staff will notify the nurse or parent/guardian as needed. If an injury or illness that did not occur at school needs to be evaluated, the matter will be referred to the school nurse or health office staff.
- ~~712.1321.4:~~ Children who have communicable diseases shall be excluded from school according to Wisconsin Administrative Rule HSS 145.
- ~~712.1321.5:~~ ~~By the end of the first week of school~~~~By October 1 of each school year,~~ a confidential health concerns list will be developed by the Health Services Team identifying students with known conditions that could develop into an emergency situation, such as diabetes, seizure disorders, and allergies. This ~~information list~~ will be made available to ~~staff on a need to know basis.~~ ~~all district staff and bus drivers working with these students.~~ Confidentiality standards are to be maintained with respect to this information.

#### **712.14 – Health Office Procedure**

- ~~712.1422.1:~~ The health office for each building will be identified to all staff at the beginning of each school year.

- 712.1422.2: Readily accessible equipment and supplies adequate for emergency nursing services will be stored in the health office of each school building.
- 712.1422.3: Minimal first aid supplies for minor injuries will be available to classroom teachers at the beginning of the school year. It will be the responsibility of classroom teachers to **notify the health office** to restock these kits as necessary during the school year.
- 712.1422.4: A pass from school staff will accompany each student to and from the health office. Children should not be sent to the health office without ensuring that a staff member is present. When the designated staff person is not in the health office, contact office personnel.
- 712.1422.5: Designated staff persons will inventory and restock health office supplies annually.

#### ~~712.23 – Emergency / Illness Notification Form Procedure¶~~

- ~~712.23.1: The enrollment form for each student registered will be sent home for parent/guardian completion. This is to be returned immediately. For students entering during the school year, the form is to be completed by the parent/guardian at the time of registration.¶~~
- ~~712.23.2: Emergency phone numbers will be on file in each building office and will be readily available for use by designated personnel during the school day.¶~~
- ~~712.23.3: Emergency contacts for employees will be identified and updated annually. This information will be filed in the district office personnel file.~~

#### **712.15 – Emergency Services Log Procedure**

- 712.1524.1: A daily log will be kept by staff providing emergency services. Information to be recorded will include school year, date, time-in, time-out, student's name, grade, teacher, reasons for care, brief account of observations and service given, whether parents were notified, disposition and staff initials.
- 712.1524.2: The nurse will review the logs for utilization of service, types of illness and injuries, and adequacy of care. This information will be reviewed annually.
- 712.1524.3: WIAA incident and non-athletic report forms will be completed if medical attention is required, or if a possibility exists that the incident could result in later medical attention (within 24 hours).
- 712.1524.4: Any head injury sustained during the school day will be assessed and documented by the health staff, and will be referred to their primary care physician based on the evaluation by the School Nurse consistent with the State Concussion Law 118.293. Student(s) may return to academics/activity based on recommendation from primary care provider.

#### **712.1625 – Illness/Emergency Student Release From School Procedure**

- 712.1625.1: When the extent of injury/illness has been assessed and it is the opinion of the emergency care giver that the child is to go home:
  1. Contact parent/designated other to inform them of the nature of the illness/injury and what action has been taken thus far.
  2. Determine who will be picking up the child and when they will arrive. Instruct them where the child will be waiting.
  3. Assist child with the necessary preparation for leaving school.
- 712.1625.2: If the child is suspected of having a reportable communicable disease, he/she shall not be allowed to remain in the classroom while waiting for parents to arrive.
- 712.1625.3: A child who is seriously ill will not be left unattended while waiting for parents to arrive.
- 712.1625.4: In the event that a parent has no available transportation and the child is too ill to walk home, the building administrator shall be consulted. If necessary, the administrator may provide transportation or authorize the use of other emergency care.
- 712.1625.5: If parent/guardian does not arrive in a timely manner, the school nurse and building administrator shall be consulted. If necessary, the administrator may provide transportation or authorize the use of other emergency care.

#### **712.1726 – Emergency Vehicle Transportation Procedure**

- 712.1726.1: If it is determined by the emergency care giver that the illness/injury is life threatening and immediate medical attention is indicated, health office staff or other designated school staff will remain with the student to provide first aid.
- 712.1726.2: The administrator/designee will instruct a second adult to call the EMS and then parents. EMS personnel shall be given the name and address of the school and the location of the student. Another party will then be designated to wait for EMS to arrive and direct them to the student.
- 712.1726.3: Student's emergency information must be obtained from the school office and given to EMS prior to transporting. However, EMS will make the final decision regarding transportation. If a parent is not available to accompany the student, a designated staff person will accompany the student (if approved by EMS) or follow behind the transport in their own vehicle.▪
- 712.1726.4: Any care given shall be documented.
- 712.1726.5: Charges for EMS services will be handled by parents/guardian unless other arrangements are made with the school.

#### **712.1827 – Administration Notification Procedure**

- 712.1827.1: Incidents to be reported may include:
  1. those that occur in school buildings



2. those that occur on school grounds.
  3. those that occur on buses or bus stops.
  4. those that occur at any school-sponsored activity.
  5. those that require physician services.
  6. those that might result in liability in the future.
- ~~712.1827.2:~~ The emergency caregiver shall notify the administrator/ designee immediately following the incident.
  - ~~712.1827.3:~~ An incident report shall be initiated by an adult witness to any “reportable” incident. The emergency care provider shall complete the incident report. The incident form shall be **uploaded to the student management system on the student’s health tab** ~~submitted to the building principal and school nurse within 24 hours~~ (See Appendix).
  - ~~712.1827.4:~~ The incident reports will be reviewed annually by the school district’s **nursing team** ~~Health and Safety Committee~~.

#### ~~712.1928 – Incident Reporting Procedure~~

- ~~712.1928.1:~~ The incident report will be completed for all reportable incidents by the emergency caregiver. The completed report is to be submitted to the building principal and school nurse within 24 hours.
- ~~712.1928.2:~~ A copy of all completed incident forms shall be provided to the District Office by the school nurse.
- ~~712.1928.3:~~ If an employee is injured while on duty, an “Employer’s First Report of Incident or Disease” form must be completed. This form is to be submitted to the building secretary as soon as possible after the injury.
- ~~712.1928.4:~~ Incident reports will be reviewed by the school district’s Health and Safety Committee and school nurse with the goal of increased safety in the school environment (Refer to 712.16).

#### ~~712.19289 – Medication Administration Procedure~~

- ~~712.129.1:~~ Written instructions will be obtained for the administration of the **over the counter** and prescribed medication (See Appendix). **Such instructions for prescribed medications** shall be signed by the prescribing **provider** ~~physician, certified nurse practitioner or physician's assistant (MD, CNP or PA)~~. These written instructions will:
  1. identify the specific conditions and circumstances under which contact should be made with **prescribing provider** ~~MD, CNP or PA~~ in relation to the condition or reactions of the student receiving the medication or procedure, and
  2. reflect a willingness on the part of the **prescribing provider** ~~MD, CNP or PA~~ to accept direct communications from the person administering the medication or performance of a nursing procedure.

- 712.129.2: Signed consent will be required from the parent/guardian for the administration of ~~stock medications, over-the counter medications, and~~ prescribed medication(s) ~~or the performance of a nursing procedure.~~ For prescribed medications, this consent ~~This written statement~~ will:
  1. authorize school personnel to give the medication or perform nursing procedure as prescribed by the ~~provider MD, CNP or PA~~, and
  2. authorize school personnel to contact the ~~prescribing provider MD, CNP or PA~~ directly.
- 712.129.3: Medication will be administered, and procedures carried out only under the direction of the school nurse when the Parent Consent Form and the ~~prescribing provider's MD, CNP or PA~~ Order Form are completed and returned to the school health office. (712.12)
  1. Parent Consent Form must be filled out by the parent/legal guardian and returned to the health office.
  2. ~~Prescribing provider~~~~Physician~~ Order Form must be filled out by the prescribing ~~prescribing provider MD, CNP or PA~~ and on file with the health office.
  3. The health office staff shall maintain an accurate medication/procedure file which includes all of these necessary forms on each student receiving medication or procedures.
  4. Any change in orders must be communicated to the health office staff by both the ~~prescribing provider MD, CNP, and PA~~ and parent/legal guardian and documented in the student's file.
- 712.129.4: Medication to be given in the school must have the following information printed on the original container (including over the counter medications):
  1. Child's full name
  2. Name of the medication and dosage
  3. Time to be given, and
  4. ~~Prescribing provider's MD, CNP, or PA's~~ name
- 712.129.5: Medication will be administered to the child at the designated time by the health office staff or by the other individuals who have been authorized to do so by the school administrator. (712.12)
- 712.129.6: Parents are responsible for supplying the health office with the ~~prescribed medications and over-the-counter medications.~~ Parents may give written consent for the use of stock medications. ~~, including over-the-counter medications.~~
- 712.129.7: No medications/procedures will be administered or carried out unless the above criteria are met.
- 712.129.8: An accurate and confidential system of record keeping shall be established for each pupil receiving medication or performance of a nursing procedure.

1. A list of pupils needing medication during school hours should be in the school health office. It should include the type of medication, the dose, the time to be given and the date the medication is to be discontinued. This list should be continuously updated.
  2. An individual Medication Administration Record (MAR) for each student receiving medication shall be kept, identifying the type of medication, the dose, the time given, the duration, a record of the medication amount and any changes in the above. (See Appendix)
  3. School personnel are asked to report any unusual behavior of student on medication.
- 712.129.10: School personnel will not provide aspirin or other non-prescribed medicine to students without having written authorization from the student's parent/guardian. ~~With the exception of stock medications, all medications, including over-the-counter medications, must~~ be provided by the parent/guardian. Medication can only be administered to the student for whom it is labeled.
  - 712.129.11: Provided that the Parent Consent Form is on file, a school nurse may obtain a verbal order from a ~~prescribing provider MD, CNP or PA~~ and must follow the above procedure. All verbal orders must be followed by a written order within the next ten (10) school days.
  - 712.129.12: In the event of field trips, the health office staff will notify the lead teacher of students requiring medication. The health office staff will prepare the medication for the field trip. The lead teacher is responsible for administering all medications. Training will be provided under WI Statute section 118.29. When the parent is present, the parent may administer the medication or procedure in consultation with the lead teacher. Documentation of administration of medications will be completed on the student's MAR, upon return to the school district.
  - 712.129.13: Students may carry and self-administer inhalers when signed consent is obtained by both the student's physician and parent/guardian (See Appendix)
  - 712.129.14: ~~Over-the-counter~~ medications and prescription medications except controlled substances may be carried and self-administered by students in grade 7 and above with written parental permission.
  - 712.129.15: Controlled substances such as Ritalin and Dexedrine, are required to be stored, locked and administered by school personnel at all grade levels.
  - 712.129.16: The provisions in 712.29 apply to field trips and other school sponsored activities.
  - 712.129.17: Procedure for Receiving Medications: Health office staff will:
    1. Make sure proper forms from ~~prescribing provider MD, CNP or PA~~ and parents are received.
    2. Verify that information on bottle matches ~~prescribing provider's MD, CNP or PA~~ order. If information does not match, the School Nurse will contact



prescribing provider ~~MD, CNP or PA~~ to clarify order and re-label bottle, accordingly and record verbal order in student's health file.

- 712.129.18: Two OSD employees will count all scheduled medications received, and document on medication record. If there is a discrepancy, contact the school nurse or administrator before dispensing medication.

- 712.129.19: Procedure for Returning Medications: Health office staff will:
  1. Verify with parent/guardian that student's medication is discontinued and document on MAR
  2. Notify parent/guardian to retrieve discontinued/unused medication within 1 week or it will be disposed of. When medication is disposed of it must be witnessed by another OSD employee and documented on MAR.
- 712.129.20: General Principles of Medication Preparation and Administration:
  1. All medications will be kept in a cupboard or drawer that can be securely locked.
  2. Medications are to be maintained or arranged in an orderly fashion to avoid confusion and eliminate the chance for error.
  3. Labels of all medications must be clear and legible. Medication will never be given from an unlabeled container. Expiration dates of all medication need to be checked on when received (i.e., Epi-pen, glucagon, over counter meds).
  4. Medications must be kept in a refrigerator, as designated on the label. Only food necessary for treatment of student health concerns may be kept in health office refrigerator.
  5. Proper forms must be received for every medication to be administered in school. Forms received during the school year cover the following summer for summer school. These forms will be forwarded to the appropriate school for the summer session the student is attending.
  6. When identifying the child with a medication order, always have someone available who knows the child if the child is not known to you and/or cannot identify him/herself.
  7. When preparing medications, read the label three times: (1) as you remove the medication from the shelf/box; (2) before removing the dose from the container—comparing the label to the prescription; (3) and before returning the container to the shelf.
  8. Do not administer medications prepared by someone else.
  9. Before administering any medication, wash hands thoroughly.
  10. Make sure the prescription transcription from the physician order form corresponds exactly to the medication flow sheet. Your transcription should be checked by a second person to avoid error.
  11. When administering pills or capsules, wash hands, pour medication into the bottle cap or disposable med cup. Avoid handling the medication whenever possible.
  12. Measure doses of liquid medication accurately. A teaspoon is not an accurate device. Use a syringe, marked medication cup, etc. Measure liquids at eye

level. Do not pour liquid medication back into the original container once it has been dispensed.

13. When preparing medications concentrate your whole attention on what you are doing. Do not permit yourself to be distracted while preparing the med. Follow the 5 “R’s”: Right student, Right medication, Right dose, Right route, and Right time.
14. Be sure the child swallows the medication in your presence. You may need to visually or manually check the child’s mouth. It is the responsibility of the person administering the medication to directly observe the student swallowing the medication.
15. When provided by a parent, sauce, fruit juice, pudding, ice cream, jelly etc. can be used to help children who have difficulty swallowing pills and medicinal liquids. Remember to check with the nurse regarding the acceptability of opening capsules or crushing pills of any kind. Changing the form can alter the way in which certain medications are absorbed.
16. Charting is done immediately after administering each medication. Refusals and absences are to be charted on the flow sheet. Notations about the child regarding the medications are to be charted in the student health record.
17. If an error is made in giving medication, including omission, consult with your nurse or nurse practitioner as soon as the error is recognized. Chart the incident in the student health records, complete the Medication Incident Report form (saved in student management systems in the student’s health tab) and ~~notify send to~~ Director of ~~Student Services~~ Special Education in writing. (See Appendix) Parents will need to be notified. Early intervention is the key to avoiding complications should an error be made.

- 712.19.21: Emergency medication procedures
  - Goal: safe administration of an emergency medication
    - Examples of an emergency medication include epinephrine, benzodiazepine for seizure rescue, glucagon, and naloxone.
  - General procedures prior to administration of emergency medication
    - Assess situation and student’s health needs, and determine need for emergency medication
      - Perform CPR, rescue breathing, or other basic life support measures as needed
    - Call 911, school nurse, and parent/guardian
  - General procedures following administration of emergency medication
    - Maintain student in safe environment until EMS arrives
    - EMS transport to hospital

- Ask if school representative may ride along in ambulance to hospital
  - Complete incident report form
  - Consider staff debrief
- 712.19.22: Seizure rescue medication procedure
  - This procedure is to be used in the event of a seizure in a student with known epilepsy or seizure disorder.
  - Rescue medication should be used if the seizure lasts longer than five minutes or per physician orders as specified on the rescue medication
    - Rescue medication may be administered orally, buccally, nasally, or rectally
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer rescue medication must administer seizure rescue medication by following specific medication administration directions on package or in student health plan.
  - Staff who are trained to administer CPR must assess student respiratory status, pulse, and perfusion
- 712.19.23: Epinephrine procedure
  - This procedure is to be used in the event of a suspected or confirmed anaphylactic reaction.
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer epinephrine must do the following:
    - Assess student respiratory status, pulse, and perfusion
    - Administer epinephrine by following specific medication administration directions on package or in student health plan
    - If symptoms do not improve or worsen, may administer a second dose of epinephrine
- 712.19.24: Glucagon procedure
  - This procedure is to be used in the event of suspected or confirmed hypoglycemia in a student with known type 1 diabetes, if that student is unconscious or unable to safely swallow.
    - Glucagon may be administered via injection or nasally
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer glucagon must do the following:
    - Assess student respiratory status, pulse, and perfusion
    - Administer glucagon by following specific medication administration directions on package or in student health plan

- Turn student on their side to lessen aspiration risk if student vomits
- 712.19.25: Naloxone procedure
  - This procedure is to be used in the event of a suspected or confirmed opioid overdose.
    - Suspicion of opioid overdose can be based on the following:
      - History, including bystander report, staff prior knowledge of student, and nearby medications, illicit drugs, or drug paraphernalia
      - Presenting symptoms
        - Unresponsiveness or unconsciousness
        - Slowed or stopped breathing
        - Snoring or gurgling sounds
        - Cold or clammy skin
        - Discolored lips or fingernails (blue/purple)
        - Pinpoint pupils
    - Risk of adverse reaction should not be a deterrent to administration of naloxone.
      - Use of naloxone in persons who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate, fever, runny nose, sneezing, goosebumps, sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal pain, weakness, or increased blood pressure.
      - Risk of adverse reaction from administration of naloxone when not experiencing an opioid overdose is minimal.
    - Naloxone may be administered nasally or via injection.
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer naloxone must do the following:
    - Assess student respiratory status, pulse, and perfusion
    - Administer naloxone by following specific medication administration directions on package
    - Turn student on their side to lessen aspiration risk if student vomits

#### ~~712.29-21-Emergency Medication~~

##### ~~1.-Goal~~

- ~~a. Safe administration of an Emergency Medication (Dialat, Epi-Pen, Glucagon, Naloxone, Narcan)~~

##### ~~2.-Procedure~~

- ~~a. Assess situation/Student health need/Determine need for emergency medication~~
- ~~b. Follow Emergency care plan/Procedure in giving emergency medication~~

- c. ~~Call 911/School Nurse/Parent~~
- d. ~~Give Emergency Medication (Medication given by RN or designated trained staff)~~
- e. ~~Maintain student in safe environment until EMS arrives~~
- f. ~~EMS transport to Hospital — all students will be released to EMS for transport to Emergency Room~~
- g. ~~If parents are unable to meet the ambulance a school representative must ride along to hospital~~

#### ~~742.29.22: Diastat Procedure~~

- 1. ~~In an event of a tonic-clonic seizure (lasting longer than 5 minutes or at onset of seizure depending on doctors order) of a known Epileptic with Physician orders for Diastat—Staff to notify school nurse at onset of seizure~~
- 2. ~~Trained Staff (staff must also have CPR training) must do the following~~
  - a. ~~Assess respiratory rate, pulse and skin color~~
  - b. ~~Give Diastat per package insert (written permission from doctor and parent must be on file see medication administration policy)~~
    - o ~~Establish privacy for child—clear immediate area~~
    - o ~~Turn child onto their side where they can't fall~~
    - o ~~Put on protective gloves~~
    - o ~~Remove protective cap and lubricate tip~~
    - o ~~With the child facing you, bend the leg forward to expose the rectum~~
    - o ~~Separate buttocks and insert syringe into the rectum~~
    - o ~~Slowly count to 3 while gently pushing the plunger in until it stops~~
    - o ~~Slowly count to 3 before removing syringe from rectum~~
    - o ~~Count to 3 while holding the buttocks together to prevent leakage~~
- 3. ~~Call 911 for ER transport (seizure could re-occur when medication wears off.)~~
- 4. ~~Assess respiratory status, pulse, and skin color at all times~~
- 5. ~~Stay with student until EMS arrives~~

#### ~~742.29.23: Epi-Pen Procedure~~

- 1. ~~In the event of a possible anaphylactic reaction give epi-pen as per health plan~~
- 2. ~~Trained staff must do the following~~
  - a. ~~Assess student for known exposure to allergen and follow individual health plan~~
  - b. ~~If epi-pen is needed do the following~~
    - o ~~Call 911/School Nurse/Parent~~
    - o ~~Have student lie down~~
    - o ~~Take epi-pen out of holder~~
    - o ~~Remove cap~~
    - o ~~Grasp pen firmly and press orange tip into student's leg muscle~~
    - o ~~Hold for 10 seconds~~
    - o ~~Remove epi-pen out of holder~~



- o Remove gray cap
- o Grasp pen firmly and press black tip into student's leg muscle
- o Hold for 10 seconds
- o Remove epi-pen from leg and put back into holder
- c. Reassess breathing status (epi-pen should help the reaction within 1-2 minutes)/try and keep student calm
- d. If symptoms do not improve or get worse (epi-pen will wear off in 15-20 minutes) give second epi-pen if available
- e. Stay with student until EMS arrives
- ~~712.19.24 Glucagon Procedure~~
- 1. ~~In the event that a known Type 1 Diabetic is unconscious or unable to swallow, give glucagon.~~
- 2. ~~Trained staff must do the following:~~
  - a. ~~Assess if student can swallow without choking, if unable~~
  - b. ~~Call 911/School Nurse/Parents~~
  - c. ~~Get Glucagon kit and give as instructed~~
    - o ~~A glucagon emergency kit has bottle with glucagon powder inside and a syringe filled with liquid that is used to dissolve the powder~~
    - o ~~Take off hard plastic cover on bottle~~
    - o ~~Using the syringe, squirt the liquid into the bottle, swirl it around until it is clear~~
    - o ~~Draw all the medication out of the bottle (1 cc)~~
    - o ~~Push needle into the upper leg muscle, go right through their pants if you need to~~
    - o ~~Push plunger to expel medication into leg (Glucagon is a signal for the liver to release sugar. It will take 10-20 minutes to work)~~
  - d. ~~Turn student on their side—Student may throw up after getting a glucagon shot~~
  - e. ~~Once awake offer sugar (juice, soda) if they can tolerate it~~
- ~~Stay with student until EMS arrives~~

#### 712.19.26: Stock Medication Procedure

- o Evaluate student to identify possible need for over-the-counter medication administration.
- o Locate written approval from guardian for medication administration.
- o Contact guardian to ensure no stocked medications were given within the recommended time frames and no allergy is present to the medication.
- o Clarify dosage to be given with a guardian and ensure that it is within the recommended dosage approved by district medical advisor.
- o Inquire, with guardian, if the student has previously taken the medication. If not, monitor student for possible adverse reactions.

- Document medication administration in student management system.

### 712.230 – Student Health Records Procedure

- 712.230.1: Immunization record must be completed and on file in the school district within 30 days of entry.
- 712.30.2: Physical, dental and eye examinations are recommended for each child before entering kindergarten. Forms for these exams will be provided to the parent at the time of kindergarten registration.
- 712.230.23: Parents/Guardians will be provided with the opportunity to verify a verification form that requests current health information at the beginning of each school year as part of the on-line registration process.
- 712.230.34: The health information will be reviewed by the school nurse designated staff. Parents/Guardians of students with identified health needs may be contacted for additional information to ensure the best care of their child.
- 712.230.45: The school nurse designated staff person will develop a Health Concern list for school staff regarding students who have health issues that could develop into an emergency situation, or who have special health needs.
- 712.230.56: A confidential cumulative health record will be maintained in the student management system filed for all students. Significant health information and results of screening programs will be kept in this record. (Refer to 731.17)

### 712.231 – Communicable Disease Procedure

- 712.231.1: Any school employee receiving notification of a child's absence due to a reportable communicable disease shall report this to the health office staff. Those diseases identified as reportable by name shall be referred immediately to the nurse or the Public Health Division Epidemiology staff for prompt follow-up.
- 712.231.2: A copy of the Wisconsin Communicable Disease chart will be posted in the health office of each building.
- 712.231.3: Students who are suspected of having a reportable communicable disease will be sent home. ( See Policy 712.078.4) [Section 143.12 (1) and (6) WI Statute, DHSS 145 WI Administrative Code.]
- 712.231.4: Employees who have or are suspected of having a reportable communicable disease that may expose others to significant risk shall be excluded from work until they no longer pose a significant health risk.
- 712.231.5: School administration may require a physician's statement about a student's/employee status to attend school when such person has been suspected of or diagnosed as having a communicable disease.
- 712.231.6: Temporary exclusion from school/work may be in effect until such time as the appropriate administrative health care team determines that the risk of



transmission has abated and that the student/employee can return to school/work with any necessary modifications or individual program plan in place.

- 712.231.7: In situations where there is disagreement with the administrative health team's decision or recommendation, an appeal may be made to the district administrator or designee and shall include the following:
  1. Statement of facts
  2. Statement of relief requested
  3. Statement of any necessary medical information required

The district administrator or designee shall render a decision in writing within five days of receipt of the appeal. In the event there is disagreement with the district administrator's decision, the matter may be appealed within five days to the school board. A "day" shall be defined as those days that school is in session.

- 712.231.8: Guidelines outlining safe procedures for handling of body fluids shall be included in all health services and custodial services manuals. Information regarding handling of body fluids shall be posted in/near custodial cleaning material storage areas and the health office of each building.

#### **712.232 – Emergency Care Liability Insurance Procedure**

- 712.232.1: The liability insurance for the school nurse(s) will be provided by the OSD.
- 712.232.2: The school administrator and the Board of Education will be responsible to assure liability coverage for all designated school employees.

#### **712.233 – Nursing Services Safety Regulations Procedure**

- 712.233.1: The school district's ~~nursing team Health Services Review Committee~~ will meet annually ~~to review safety regulations~~.
- 712.233.2: An annual report of the frequency and types of incidents and illnesses treated by the health office staff will be completed by nursing staff.
- 712.233.3: The agenda for the annual meeting will include a review of emergency nursing policies and procedures, health office staff report, and any health concerns that have arisen throughout the year.
- 712.233.4: Any suggested changes in policy ~~or procedure~~ must be approved by the BOE prior to their adoption.

#### **712.234 – Confidentiality Procedure**

- 712.234.1: Immunization records are not considered part of the confidential cumulative health record and will be included with the cumulative school record when a child transfers to another district.
- 712.234.2: All other health-related information concerning individual students shall be considered confidential.

- 712.234.3: Each student enrolled in the district shall have a confidential cumulative health record to be kept securely in the ~~health office~~ student management system for documentation of information related to student's health or medical needs.
- 712.234.4: Access to these records can be obtained by administrators, office staff, and health office staff and will be maintained confidentially.

## Appendix A – First Aid Kit

~~Please return this first aid kits fanny pack should be returned~~ to the School Health Office after ~~your~~ field trips. The following supplies should be in ~~the~~ kit. (The supplies will be restocked or replaced as needed by the Health Office Staff)

Breakable Ice Packs

Eye Wash

Antiseptic Towels

Alcohol Wipes

Gauze

Tissues (in a ziplock bag)

Protector for Rescue Mask (for CPR)

Band-aids

Gloves (in a ziplock bag)

Pen and Paper for recording if needed

Menstrual Pads

Plastic cups (for water if sending meds)

Tooth Holders

Plastic Bags

Biohazard Bags

Bag for Trash

\*Any inhalers or EpiPens that are needed by students. Teachers either need to be trained and comfortable with giving an EpiPen or a health para or a nurse will go with them on the field trip.

\*Medications with student name and time to be given

~~First Aid for Schools Pamphlet~~

~~1 Sealed Health Concern List~~

~~4 Temp A-Dots (individual)~~

~~6 Antiseptic towelettes~~

~~2 3x4 non-adhesive gauze~~

~~2 2x3 Telfa gauze~~

~~1 Laerdale Resuscitator Mask~~

~~8 Nonsterile gloves~~

~~4 Drinking cups~~

~~Assorted Band-aids~~

~~2 Large Band-aids~~

~~Feminine Napkin(s)~~

~~2 Instant Disposable Ice Packs~~

~~1 Bottle Eyewash~~

~~1 Roll of Tape~~

~~1 Small notepad~~

~~1 Pencil~~

~~1 Sheet large & 1 Medium butterfly closures~~

~~1 Elastic Ace Wrap~~

~~1 Gauze roll (3x10)~~

~~1 Bag 4x4 gauze~~

~~4 Sterile 2x2 gauze~~

~~If this first aid pack is found, please phone the Oregon School District at (608) 835-4091 and leave a message of your name and location. Thank you!~~

Appendix B –  
ADD stock medication permission form

Appendix C  
ADD over the counter medication permission forms

Appendix D  
ADD prescription medication permission form

Appendix E  
ADD incident report form  
[https://docs.google.com/document/d/1hcCdSxMRy6B7pDYdugIMcPb6StSeUMCKqBj\\_wXIPBx8/edit](https://docs.google.com/document/d/1hcCdSxMRy6B7pDYdugIMcPb6StSeUMCKqBj_wXIPBx8/edit)

## Appendix B – Health Services

Please keep this bulletin so that you may refer to it throughout the year when questions arise concerning school health policies and rules; or visit our website at:¶

<http://www.oregon.k12.wi.us/public/health/>.¶



### Health Services¶

The Oregon School District has a Health Services Team that provides health care services to students while they are at school. This team consists of two School Nurses and six Health Assistants. The Oregon School District maintains a Health Office in each school. The goal of the Health Services Team is to assist in maintaining each student's optimum physical, emotional, and social health, so he/she can realize the maximum benefit from the school's educational program. This health service includes areas of health needs of children with disabilities and management of communicable diseases.¶

The school nurse is responsible for: 1) Training school staff and overseeing the administration of medications and other medical procedures; 2) Overseeing the operation of the health offices in each school; 3) Being available to students, family, and staff regarding health related questions or concerns; 4) Updating and maintaining accurate and current student health records; and 5) Reviewing and revising policies and procedures pertaining to student health services.¶

As a member of the pupil services team, the school nurse works closely with the school psychologist, guidance counselors, administrators, and special education teachers. The nurse is an interpreter and liaison between school staff and family, the physician, and community health and other agencies. Parents are encouraged to contact the school nurse whenever they have questions or information concerning their child's health.¶

The District will continue to use the services of Dane County Public Health for guidelines and record keeping of communicable diseases, health screenings, immunizations, and community resources.¶



### Physical and Eye Examinations¶

Physical and eye examinations are requested for all students entering kindergarten. Forms for these examinations are given to all incoming kindergarten students prior to kindergarten screenings each spring. These forms are to be completed and mailed to the health office or returned to school with the student in the fall. It is also recommended that all students entering sixth grade should have a physical examination in preparation for attending Outdoor Education Camp in the fall.¶



### Immunizations¶

Wisconsin law requires that all students, kindergarten through grade 12, must provide evidence of complete immunization or submit a signed waiver claiming health, religious, or personal conviction reasons for not being immunized. A state immunization form with

completed information must be on file in the Health Office within thirty (30) days of admission to school.¶

~~The new Wisconsin Student Immunization Law requires the VARIVAX (chicken pox vaccine) or record of the CHICKEN POX DISEASE for all students. All students are also required to have 4 DPT, 4 Polio, 2 MMR, 3 HB (DPT= diphtheria, tetanus, pertussis) (MMR= measles, mumps, and rubella) (HB= hepatitis b).~~¶

~~The Dane County and Green County Health Departments hold free immunization clinics. These clinics are for all families regardless of financial status, and parents are urged to take advantage of the tax-paid service. For more information regarding clinic dates and locations, call the Dane County Health Department at (608)242-6520 or the Green County Health Department at (608)328-9390.~~¶

¶

### **Emergency Notification Information**¶

~~Every family is required to provide the school office with current information necessary to help a child in case of an emergency. This information includes home phone number, place of employment and phone number of each parent, and the name and phone number of two responsible adults other than a parent, who will assume responsibility for your child in the event parents cannot be reached. In order to avoid delays in notifying parents when their child is ill or injured, it is extremely important that the health office in your child's school is notified EACH time any of these numbers change. Also included in emergency information are family preference of hospital, physician and dentist, and parent's signature authorizing emergency medical care. In addition, parents of sixth grade students must complete a health questionnaire/emergency permission form for their child. This is a requirement in order to attend the Outdoor Education Camp in the fall.~~¶

¶

### **Medications**¶

- ~~1. Every attempt should be made by the parent and/or doctor to give a prescribed medication outside of the school day and thereby eliminate bringing the medicine to school. If your child is on some type of routine medication, we are not in any way suggesting that administration be changed or altered.~~¶
- ~~2. Procedures for Administration of Medications~~¶
  - ~~a) Over The Counter Medicines – No medicine (including Tylenol) will be administered by school personnel without the PARENT'S ORDER FOR MEDICATION FORM being filled out, signed, and returned to the school. Physician's order not necessary for over-the-counter drugs, Wisconsin Act 334, May 1984, 118.29 (2).~~¶
    - ~~1. The Medication needs to be in the original labeled bottle.~~¶
  - ~~b) Prescription Medication – Before a prescription medication is administered by school personnel or is self-administered, BOTH THE PHYSICIAN'S ORDER FOR MEDICATION FORM and THE PARENT'S ORDER FOR MEDICATION FORM must be filled out, signed, and returned to the school.~~¶



e) ~~Self-Administered Medications~~

1. ~~For the safety of all students, children in Early Childhood through grade 6 are **not allowed** to self-administer any medications (not prescription or over-the-counter). Exceptions are inhalers or other emergency medications approved by the nurse.~~
2. ~~Students in grades 7 through 12 may self-administer medication. Written permission from a parent must be on file in the health office. A physician's order is not required if a student is self-administering a prescription medication. All school staff has the duty to revoke this privilege if the student does not act responsibly when self-administering medications.~~
3. ~~Any medication given by school personnel or self-administered by the student must be in the Pharmacy bottle if a prescription medication, or in the original bottle if an over-the-counter medication. These bottles must be labeled as follows:~~
  - ~~☐ Student's Full Name~~
  - ~~☐ Name of drug and dose~~
  - ~~☐ Time to be given~~
  - ~~☐ Physician's Name (if drug is prescribed)~~

~~\*\*\*\* According to Oregon School District Policy 712.12, parents/guardians will have to pick up their child's discontinued or unused medication at the end of the school year. Medication is not stored over the summer months and will be disposed of if it is not retrieved.~~

### 712.13 Stocked Medication Policy

2. The
3. Oregon school District will stock acetaminophen, ibuprofen, and diphenhydramine in all health offices.
4. Students may take stocked medications with written approval from parents/guardians, either through the annual on-line registration process or through written permission. (Appendix B). The medication administration form will be signed and dated and kept in the health office.
5. Stock medications must be given after verbal communication with parents to verify that no stocked medications were given within the recommended time frames. It must be verified that students do not have an allergy to stocked medications prior to giving. Health office staff must verify with guardians that there are no contraindications to given stocked medications, such as liver and kidney issues. Some students may have had an adverse reaction to diphenhydramine in the past, so guardians must verify it is safe to give their student.



6. Stocked medication doses will be given under dosages approved by the district medical provider.
7. Stocked medication will be given by approved and trained health office staff.
8. All stocked medication given will be documented in student management system.

1.

## **712: School Health And Emergency Nursing Services**

### **PROPOSED CLEAN COPY**

**712.01** School health services will be provided under the direction of registered nurses qualified to practice in the State of Wisconsin. The District shall also contract with a licensed physician who serves as the District's medical provider.

**712.02** The goals and objectives of the school health team are focused on the following:

- 712.02.1: Health Education: presentation of programs related to health promotion and disease prevention.
- 712.02.2: Communicable Disease Control: responsibility for the prevention and control of communicable disease.
- 712.02.3: Health Screening Programs: provide vision screening and hearing screening.
- 712.02.4: Emergency Nursing Services: provide emergency nursing services during the regular school days and during school sponsored student activities, and participate in committees convened for the purpose of developing and reviewing policies and procedures regarding emergency nursing services, student accidental injuries, illnesses and medication administration.
- 712.02.5: Student Health: case finding and referral services for children (and families) with health needs; coordinate a process to inform staff of medically involved children in a timely manner, facilitate the training of staff working with medically fragile children, coordinate and monitor the administration of medication to students.
- 712.02.6: Data Management: develop and implement procedures for the collection of health and development data about students consistent with state law.

**712.03 School Day First Aid/ CPR** – During the school day direct first aid and emergency care may be provided by staff members who have completed an approved course in emergency first aid and/or CPR. Consultation and advice shall be available from the school nurse when questions arise.

Instructions on the school's emergency nursing policies and procedures will be available to school staff. School personnel staff will have a copy of health concerns list and first aid kits available during all co-curricular events and field trips.

**712.04 Health Office** –

**712.04.1** The health office shall be open to students and staff during the school day. Equipment and supplies will be inventoried and maintained by designated staff persons.

**712.04.2** A daily log in the student management system will be kept by staff providing health services. Information to be recorded will include school year, date, time-in, time-out, student's name, reasons for care, brief account of observations and service given, whether parents were notified, disposition and staff initials.

#### **712.05 Illness/Emergency Student Release from School**

**712.05.1** A personal health record and an emergency contact shall be on file in the student management system for each student. A Parent/Guardians shall be update these records at least annually as part of the registration process or as changes occur.

**712.05.2** If the designated caregiver determines that a student should go home due to illness or injuries, the school office shall be notified immediately. If it is determined that a staff member should go home, the school office shall be notified immediately. For students, the caregiver or office staff shall contact the parent/guardian or an emergency contact person if the parent/guardian cannot be reached. No student will be sent home unless this contact has been made. A minor student be not sent to an unsupervised home without parental/guardian permission.

**712.05.3** Emergency care procedures for specific conditions due to illness or incident are adapted from the American Red Cross reference guide. This reference will be available for all staff. In life threatening situations or when emergency vehicle transportation is indicated, staff should call 911.

**712.05.4** An administrator shall be notified as soon as possible in the event of a serious injury occurring at school or at a school-related event. An incident report shall be completed by the emergency caregiver school staff within one business day.

#### **712.06 – Medication Administration –**

**712.06.1** The school nurse health care professional, in collaboration with a school administrator, has the authority to delegate medication administration to a school employee in compliance with state law Wisconsin State Statute 441.06(4) and Wisconsin Administrative Code N 6.0(3) if the following are met:

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

- d) The appointed staff completes the online DPI training course, or other DPI approved training program for the medication(s) to be administered. Documentation of completed course will be submitted to school RN nurse.
- e) 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 of the medications.

**712.06.2 Prescription Medication:** Designated school staff may only administer prescription medication to students with written permission from the prescribing provider and the student's parent/guardian.

**712.06.3 Over-The-Counter Medication:** Designated school staff may administer over the counter medication to students with written permission from the parent/guardian. The District may stock acetaminophen, ibuprofen, and diphenhydramine in the health offices.

**712.07 Communicable Disease** – Communicable disease control procedures shall be maintained in cooperation with Public Health Madison & Dane County. Federal and State regulations and guidelines and Center for Disease Control guidelines shall be followed when considering attendance/exclusion of students or school employees who have a communicable disease. Any principal/designee or nurse serving the school may send home for the purpose of diagnosis and/or treatment, any student/employee suspected of having a communicable disease or condition having the potential to affect the health of other students and staff. The student/employee shall remain excluded until such time as it is determined by a health care team that the risk of transmission has subsided.

**712.08 – Nursing Services Safety Regulations** – An annual review shall be made of the emergency nursing services and school safety regulations.

**712.09 – Confidentiality** – Confidentiality standards shall be maintained according to federal and state regulations and guidelines.

*Legal References:* Wis. Stats. s. 115.001, Wis. Stat. s. 118.29, Wis Stat s. 121.02; Wis. Admin. Code 8.01

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March 22, 1999

August 13, 2001

June 11, 2012

## **Policy 712 - Administrative Guidelines**

### **712.10 – Emergency Nursing Service Procedures**

- 712.10: The nurse will:
  1. Assist in the arrangement for appropriate training of those persons in each building designated to handle emergencies
  2. Function as a resource to these designated persons.
  3. Identify areas of the emergency care plan in need of change or improvement.

### **712.11 – School Day First Aid / Emergency Care Procedure**

- 712.11.1: At the beginning of each school year, school administration will identify at least one staff member in each building to serve as backup
- 712.11.2: Inservice programs will be provided for those designated persons to train and/or update them in first aid, CPR and the school district's emergency nursing policies and procedures. This will be arranged annually.
- 712.11.3: The nurse shall meet annually with designated emergency service staff to review areas of concern or interest. The nurse shall meet on an individual need basis when appropriate.
- 712.11.4: The responsible person(s) supervising an co-curricular activity or field trip shall have the confidential health concerns list and emergency information available, including phone numbers of parent/guardian and alternate contacts, should an emergency arise.
- 712.11.5: First aid kits, located in each building health office, will be available for all co-curricular field trips. (See Appendix for content list). The Health Assistant will keep the first aid kits stocked.
- 712.11.6: The person assigned to the health office will be notified of field trips and co-curricular activities. First aid kits are to be obtained from the health office or building secretary. All medication and care provided to students must be documented and signed.

### **712.12 – Medical Advisor**

- 712.12.1: Each school year the district will arrange for a licensed physician to serve as the medical advisor for emergency nursing services.
- 712.12.2: The medical advisor will participate in the annual review of policies and procedures for emergency nursing services and the training of designated staff.

- 712.12.3: The medical advisor will be available for consultation and approval of new policies and procedures developed during the school year. Arrangements for this will be made through the Director of Student Services.
- 712.12.4: Any medical advisor should have their own professional liability insurance regarding their medical advisor role.

### **712.13 – Emergency Procedure Reference Guide Procedure**

- 712.13.1: Emergency policies and procedures will be reviewed by the nurse prior to the first day students are in school.
- 712.13.2: Emergency procedures will be reviewed with the entire staff at the beginning of each school year and with all new staff members added throughout the year.
- 712.13.3: First aid for minor injury or illness is the responsibility of the teacher. For further care or assessment the child will be referred to the health office. The health office staff will notify the nurse or parent/guardian as needed. If an injury or illness that did not occur at school needs to be evaluated, the matter will be referred to the school nurse or health office staff.
- 712.13.4: Children who have communicable diseases shall be excluded from school according to Wisconsin Administrative Rule HSS 145.
- 712.13.5: By the end of the first week of school, a confidential health concerns list will be developed by the Health Services Team identifying students with known conditions that could develop into an emergency situation, such as diabetes, seizure disorders, and allergies. This information will be made available to staff on a need to know basis. Confidentiality standards are to be maintained with respect to this information.

### **712.14 – Health Office Procedure**

- 712.14.1: The health office for each building will be identified to all staff at the beginning of each school year.
- 712.14.2: Readily accessible equipment and supplies adequate for emergency nursing services will be stored in the health office of each school building.
- 712.14.3: Minimal first aid supplies for minor injuries will be available to classroom teachers at the beginning of the school year. It will be the responsibility of classroom teachers to notify the health office to restock these kits as necessary during the school year.
- 712.14.4: A pass from school staff will accompany each student to and from the health office. Children should not be sent to the health office without ensuring that a staff member is present. When the designated staff person is not in the health office, contact office personnel.

- 712.14.5: Designated staff persons will inventory and restock health office supplies annually.

#### **712.15 – Emergency Services Log Procedure**

- 712.15.1: A daily log will be kept by staff providing emergency services. Information to be recorded will include school year, date, time-in, time-out, student's name, grade, teacher, reasons for care, brief account of observations and service given, whether parents were notified, disposition and staff initials.
- 712.15.2: The nurse will review the logs for utilization of service, types of illness and injuries, and adequacy of care. This information will be reviewed annually.
- 712.15.3: WIAA incident and non-athletic report forms will be completed if medical attention is required, or if a possibility exists that the incident could result in later medical attention (within 24 hours).
- 712.15.4: Any head injury sustained during the school day will be assessed and documented by the health staff, and will be referred to their primary care physician based on the evaluation by the School Nurse consistent with the State Concussion Law 118.293. Student(s) may return to academics/activity based on recommendation from primary care provider.

#### **712.16 – Illness/Emergency Student Release From School Procedure**

- 712.16.1: When the extent of injury/illness has been assessed and it is the opinion of the emergency care giver that the child is to go home:
  1. Contact parent/designated other to inform them of the nature of the illness/injury and what action has been taken thus far.
  2. Determine who will be picking up the child and when they will arrive. Instruct them where the child will be waiting.
  3. Assist child with the necessary preparation for leaving school.
- 712.16.2: If the child is suspected of having a reportable communicable disease, he/she shall not be allowed to remain in the classroom while waiting for parents to arrive.
- 712.16.3: A child who is seriously ill will not be left unattended while waiting for parents to arrive.
- 712.16.4: In the event that a parent has no available transportation and the child is too ill to walk home, the building administrator shall be consulted. If necessary, the administrator may provide transportation or authorize the use of other emergency care.
- 712.16.5: If parent/guardian does not arrive in a timely manner, the school nurse and building administrator shall be consulted. If necessary, the administrator may provide transportation or authorize the use of other emergency care.

**712.17 –Emergency Vehicle Transportation Procedure**

- 712.17.1: If it is determined by the emergency care giver that the illness/injury is life threatening and immediate medical attention is indicated, health office staff or other designated school staff will remain with the student to provide first aid.
- 712.17.2: The administrator/designee will instruct a second adult to call the EMS and then parents. EMS personnel shall be given the name and address of the school and the location of the student. Another party will then be designated to wait for EMS to arrive and direct them to the student.
- 712.17.3: Student's emergency information must be obtained from the school office and given to EMS prior to transporting. However, EMS will make the final decision regarding transportation. If a parent is not available to accompany the student, a designated staff person will accompany the student (if approved by EMS) or follow behind the transport in their own vehicle.
- 712.17.4: Any care given shall be documented.
- 712.17.5: Charges for EMS services will be handled by parents/guardian unless other arrangements are made with the school.

**712.18 – Administration Notification Procedure**

- 712.18.1: Incidents to be reported may include:
  1. those that occur in school buildings
  2. those that occur on school grounds.
  3. those that occur on buses or bus stops.
  4. those that occur at any school-sponsored activity.
  5. those that require physician services.
  6. those that might result in liability in the future.
- 712.18.2: The emergency caregiver shall notify the administrator/ designee immediately following the incident.
- 712.18.3: An incident report shall be initiated by an adult witness to any "reportable" incident. The emergency care provider shall complete the incident report. The incident form shall be uploaded to the student management system on the student's health tab within 24 hours (See Appendix).
- 712.18.4: The incident reports will be reviewed annually by the school district's nursing team.

**712.19 – Medication Administration Procedure**

- 712.19.1: Written instructions will be obtained for the administration of the over the counter and prescribed medication (See Appendix). instructions for prescribed medications shall be signed by the prescribing provider). These written instructions will:



1. identify the specific conditions and circumstances under which contact should be made with prescribing provider in relation to the condition or reactions of the student receiving the medication or procedure, and
  2. reflect a willingness on the part of the prescribing provider to accept direct communications from the person administering the medication or performance of a nursing procedure.
- 712.19.2: Signed consent will be required from the parent/guardian for the administration of stock medications, over-the counter medications, and prescribed medication(s). For prescribed medications, this consent will:
    1. authorize school personnel to give the medication or perform nursing procedure as prescribed by the provider, and
    2. authorize school personnel to contact the prescribing provider directly.
  - 712.19.3: Medication will be administered, and procedures carried out only under the direction of the school nurse when the Parent Consent Form and the prescribing provider's Order Form are completed and returned to the school health office. (712.12)
    1. Parent Consent Form must be filled out by the parent/legal guardian and returned to the health office.
    2. Prescribing provider Order Form must be filled out by the prescribing provider and on file with the health office.
    3. The health office staff shall maintain an accurate medication/procedure file which includes all of these necessary forms on each student receiving medication or procedures.
    4. Any change in orders must be communicated to the health office staff by both the prescribing provider and parent/legal guardian and documented in the student's file.
  - 712.19.4: Medication to be given in the school must have the following information printed on the original container (including over the counter medications):
    1. Child's full name
    2. Name of the medication and dosage
    3. Time to be given, and
    4. Prescribing provider's name
  - 712.19.5: Medication will be administered to the child at the designated time by the health office staff or by the other individuals who have been authorized to do so by the school administrator. (712.12)
  - 712.19.6: Parents are responsible for supplying the health office with the prescribed medications and over-the-counter medications. Parents may give written consent for the use of stock medications.
  - 712.19.7: No medications/procedures will be administered or carried out unless the above criteria are met.

- 712.19.8: An accurate and confidential system of record keeping shall be established for each pupil receiving medication or performance of a nursing procedure.
  1. A list of pupils needing medication during school hours should be in the school health office. It should include the type of medication, the dose, the time to be given and the date the medication is to be discontinued. This list should be continuously updated.
  2. An individual Medication Administration Record (MAR) for each student receiving medication shall be kept, identifying the type of medication, the dose, the time given, the duration, a record of the medication amount and any changes in the above. (See Appendix)
  3. School personnel are asked to report any unusual behavior of student on medication.
- 712.19.9: School personnel will not provide aspirin or other non-prescribed medicine to students without having written authorization from the student's parent/guardian. With the exception of stock medications, all medications must be provided by the parent/guardian. Medication can only be administered to the student for whom it is labeled.
- 712.19.10: Provided that the Parent Consent Form is on file, a school nurse may obtain a verbal order from a prescribing provider and must follow the above procedure. All verbal orders must be followed by a written order within the next ten (10) school days.
- 712.19.11: In the event of field trips, the health office staff will notify the lead teacher of students requiring medication. The health office staff will prepare the medication for the field trip. The lead teacher is responsible for administering all medications. Training will be provided under WI Statute section 118.29. When the parent is present, the parent may administer the medication or procedure in consultation with the lead teacher. Documentation of administration of medications will be completed on the student's MAR, upon return to the school district.
- 712.19.12: Students may carry and self-administer inhalers when signed consent is obtained by both the student's physician and parent/guardian (See Appendix)
- 712.19.13: Over-the-counter medications and prescription medications except controlled substances may be carried and self-administered by students in grade 7 and above with written parental permission.
- 712.19.14: Controlled substances such as Ritalin and Dexedrine, are required to be stored, locked and administered by school personnel at all grade levels.
- 712.19.15: The provisions in 712.19 apply to field trips and other school sponsored activities.
- 712.19.17: Procedure for Receiving Medications: Health office staff will:
  1. Make sure proper forms from prescribing provide and parents are received.

2. Verify that information on bottle matches prescribing provider's order. If information does not match, the School Nurse will contact prescribing provider to clarify order and re-label bottle accordingly and record verbal order in student's health file.
- 712.19.18: Two OSD employees will count all scheduled medications received, and document on medication record. If there is a discrepancy, contact the school nurse or administrator before dispensing medication.
- 712.19.19: Procedure for Returning Medications: Health office staff will:
  1. Verify with parent/guardian that student's medication is discontinued and document on MAR
  2. Notify parent/guardian to retrieve discontinued/unused medication within 1 week or it will be disposed of. When medication is disposed of it must be witnessed by another OSD employee and documented on MAR.
- 712.19.20: General Principles of Medication Preparation and Administration:
  1. All medications will be kept in a cupboard or drawer that can be securely locked.
  2. Medications are to be maintained or arranged in an orderly fashion to avoid confusion and eliminate the chance for error.
  3. Labels of all medications must be clear and legible. Medication will never be given from an unlabeled container. Expiration dates of all medication need to be checked on when received (i.e., Epi-pen, glucagon, over counter meds).
  4. Medications must be kept in a refrigerator, as designated on the label. Only food necessary for treatment of student health concerns may be kept in health office refrigerator.
  5. Proper forms must be received for every medication to be administered in school. Forms received during the school year cover the following summer for summer school. These forms will be forwarded to the appropriate school for the summer session the student is attending.
  6. When identifying the child with a medication order, always have someone available who knows the child if the child is not known to you and/or cannot identify him/herself.
  7. When preparing medications, read the label three times: (1) as you remove the medication from the shelf/box; (2) before removing the dose from the container—comparing the label to the prescription; (3) and before returning the container to the shelf.
  8. Do not administer medications prepared by someone else.
  9. Before administering any medication, wash hands thoroughly.

10. Make sure the prescription transcription from the physician order form corresponds exactly to the medication flow sheet. Your transcription should be checked by a second person to avoid error.
  11. When administering pills or capsules, wash hands, pour medication into the bottle cap or disposable med cup. Avoid handling the medication whenever possible.
  12. Measure doses of liquid medication accurately. A teaspoon is not an accurate device. Use a syringe, marked medication cup, etc. Measure liquids at eye level. Do not pour liquid medication back into the original container once it has been dispensed.
  13. When preparing medications concentrate your whole attention on what you are doing. Do not permit yourself to be distracted while preparing the med. Follow the 5 “R’s”: Right student, Right medication, Right dose, Right route, and Right time.
  14. Be sure the child swallows the medication in your presence. You may need to visually or manually check the child’s mouth. It is the responsibility of the person administering the medication to directly observe the student swallowing the medication.
  15. When provided by a parent, sauce, fruit juice, pudding, ice cream, jelly etc. can be used to help children who have difficulty swallowing pills and medicinal liquids. Remember to check with the nurse regarding the acceptability of opening capsules or crushing pills of any kind. Changing the form can alter the way in which certain medications are absorbed.
  16. Charting is done immediately after administering each medication. Refusals and absences are to be charted on the flow sheet. Notations about the child regarding the medications are to be charted in the student health record.
  17. If an error is made in giving medication, including omission, consult with your nurse or nurse practitioner as soon as the error is recognized. Chart the incident in the student health records, complete the Medication Incident Report form (saved in student management systems in the student’s health tab) and notify Director of Student Services in writing. (See Appendix) Parents will need to be notified. Early intervention is the key to avoiding complications should an error be made.
- 712.19.21: Emergency medication procedures
    - Goal: safe administration of an emergency medication
      - Examples of an emergency medication include epinephrine, benzodiazepine for seizure rescue, glucagon, and naloxone.
    - General procedures prior to administration of emergency medication
      - Assess situation and student’s health needs, and determine need for emergency medication

- Perform CPR, rescue breathing, or other basic life support measures as needed
    - Call 911, school nurse, and parent/guardian
  - General procedures following administration of emergency medication
    - Maintain student in safe environment until EMS arrives
    - EMS transport to hospital
      - Ask if school representative may ride along in ambulance to hospital
    - Complete incident report form
    - Consider staff debrief
- 712.19.22: Seizure rescue medication procedure
  - This procedure is to be used in the event of a seizure in a student with known epilepsy or seizure disorder.
  - Rescue medication should be used if the seizure lasts longer than five minutes or per physician orders as specified on the rescue medication
    - Rescue medication may be administered orally, buccally, nasally, or rectally
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer rescue medication must administer seizure rescue medication by following specific medication administration directions on package or in student health plan.
  - Staff who are trained to administer CPR must assess student respiratory status, pulse, and perfusion
- 712.19.23: Epinephrine procedure
  - This procedure is to be used in the event of a suspected or confirmed anaphylactic reaction.
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer epinephrine must do the following:
    - Assess student respiratory status, pulse, and perfusion
    - Administer epinephrine by following specific medication administration directions on package or in student health plan
    - If symptoms do not improve or worsen, may administer a second dose of epinephrine
- 712.19.24: Glucagon procedure
  - This procedure is to be used in the event of suspected or confirmed hypoglycemia in a student with known type 1 diabetes, if that student is unconscious or unable to safely swallow.
    - Glucagon may be administered via injection or nasally

- Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
- Staff who are trained to administer glucagon must do the following:
  - Assess student respiratory status, pulse, and perfusion
  - Administer glucagon by following specific medication administration directions on package or in student health plan
  - Turn student on their side to lessen aspiration risk if student vomits
- 712.19.25: Naloxone procedure
  - This procedure is to be used in the event of a suspected or confirmed opioid overdose.
    - Suspicion of opioid overdose can be based on the following:
      - History, including bystander report, staff prior knowledge of student, and nearby medications, illicit drugs, or drug paraphernalia
      - Presenting symptoms
        - Unresponsiveness or unconsciousness
        - Slowed or stopped breathing
        - Snoring or gurgling sounds
        - Cold or clammy skin
        - Discolored lips or fingernails (blue/purple)
        - Pinpoint pupils
    - Risk of adverse reaction should not be a deterrent to administration of naloxone.
      - Use of naloxone in persons who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate, fever, runny nose, sneezing, goosebumps, sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal pain, weakness, or increased blood pressure.
      - Risk of adverse reaction from administration of naloxone when not experiencing an opioid overdose is minimal.
    - Naloxone may be administered nasally or via injection.
  - Staff should follow general pre- and post-administration procedures as above (712.19.21, sections 2-3)
  - Staff who are trained to administer naloxone must do the following:
    - Assess student respiratory status, pulse, and perfusion
    - Administer naloxone by following specific medication administration directions on package
    - Turn student on their side to lessen aspiration risk if student vomits
- 712.19.26: Stock Medication Procedure

- Evaluate student to identify possible need for over-the-counter medication administration.
- Locate written approval from the guardian for medication administration.
- Contact guardian to ensure no stocked medications were given within the recommended time frames and no allergy is present to the medication.
- Clarify dosage to be given with a guardian and ensure that it is within the recommended dosage approved by the district medical advisor.
- Inquire, with the guardian, if the student has previously taken the medication. If not, monitor student for possible adverse reactions.
- Document medication administration in student management system.

#### **712.20 – Student Health Records Procedure**

- 712.20.1: Immunization record must be completed and on file in the school district within 30 days of entry.
- 712.20.2: Parents/Guardians will be provided with the opportunity to verify current health information at the beginning of each school year as part of the on-line registration process..
- 712.20.3: The health information will be reviewed by the school nurse. Parents/Guardians of students with identified health needs may be contacted for additional information to ensure the best care of their child.
- 712.20.4: The school nurse will develop a Health Concern list for school staff regarding students who have health issues that could develop into an emergency situation, or who have special health needs.
- 712.20.5: A confidential cumulative health record will be maintained in the student management system for all students. Significant health information and results of screening programs will be kept in this record.

#### **712.21 – Communicable Disease Procedure**

- 712.21.1: Any school employee receiving notification of a child's absence due to a reportable communicable disease shall report this to the health office staff. Those diseases identified as reportable shall be referred immediately to the nurse or the Public Health Division Epidemiology staff for prompt follow-up.
- 712.21.2: A copy of the Wisconsin Communicable Disease chart will be posted in the health office of each building.
- 712.21.3: Students who are suspected of having a reportable communicable disease will be sent home. ( See Policy 712.07) [Section 143.12 (1) and (6) WI Statute, DHSS 145 WI Administrative Code.]
- 712.21.4: Employees who have or are suspected of having a reportable communicable disease that may expose others to significant risk shall be excluded from work until they no longer pose a significant health risk.



- 712.21.5: School administration may require a physician's statement about a student's/employee status to attend school when such person has been suspected of or diagnosed as having a communicable disease.
- 712.21.6: Temporary exclusion from school/work may be in effect until such time as the appropriate administrative health care team determines that the risk of transmission has abated and that the student/employee can return to school/work with any necessary modifications or individual program plan in place.
- 712.21.7: In situations where there is disagreement with the administrative health team's decision or recommendation, an appeal may be made to the district administrator or designee and shall include the following:
  1. Statement of facts
  2. Statement of relief requested
  3. Statement of any necessary medical information required

The district administrator or designee shall render a decision in writing within five days of receipt of the appeal. In the event there is disagreement with the district administrator's decision, the matter may be appealed within five days to the school board. A "day" shall be defined as those days that school is in session.

- 712.21.8: Guidelines outlining safe procedures for handling of body fluids shall be included in all health services and custodial services manuals. Information regarding handling of body fluids shall be posted in/near custodial cleaning material storage areas and the health office of each building.

#### **712.22 – Emergency Care Liability Insurance Procedure**

- 712.22.1: The liability insurance for the school nurse(s) will be provided by the OSD.
- 712.22.2: The school administrator and the Board of Education will be responsible to assure liability coverage for all designated school employees.
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#### **712.23 – Nursing Services Safety Regulations Procedure**

- 712.23.1: The school district's nursing team will meet annually to review safety regulations.
- 712.23.2: An annual report of the frequency and types of incidents and illnesses treated by the health office staff will be completed by nursing staff.
- 712.23.3: The agenda for the annual meeting will include a review of emergency nursing policies and procedures, health office staff report, and any health concerns that have arisen throughout the year.
- 712.23.4: Any suggested changes in policy must be approved by the BOE prior to their adoption.

**712.24 – Confidentiality Procedure**

- 712.24.1: Immunization records are not considered part of the confidential cumulative health record and will be included with the cumulative school record when a child transfers to another district.
- 712.24.2: All other health-related information concerning individual students shall be considered confidential.
- 712.24.3: Each student enrolled in the district shall have a confidential cumulative health record to be kept securely in the student management system for documentation of information related to student's health or medical needs.
- 712.24.4: Access to these records can be obtained by administrators, office staff, and health office staff and will be maintained confidentially.

**Appendix A – First Aid Kit Contents**

First aid kits should be returned to the School Health Office after field trips. The following supplies should be in the kit. The supplies will be restocked or replaced as needed by the Health Office Staff.

Breakable Ice Packs

Eye Wash

Antiseptic Towels

Alcohol Wipes

Gauze

Tissues (in a ziplock bag)

Protector for Rescue Mask (for CPR)

Band-aids

Gloves (in a ziplock bag)

Pen and Paper for recording if needed

Menstrual Pads

Plastic cups (for water if sending meds)

Tooth Holders

Plastic Bags

Biohazard Bags

Bag for Trash

\*Any inhalers or EpiPens that are needed by students. Teachers either need to be trained and comfortable with giving an EpiPen or a health para or a nurse will go with them on the field trip.

\*Medications with student name and time to be given

**Appendix B**

ADD over the counter medication permission forms

<https://docs.google.com/document/d/1OQpE9nU3pdaRnbHqUGCoW099Yc1Nq-Ttp4naU5BE4NE/edit>

**Appendix C**

ADD prescription medication permission form

[https://docs.google.com/document/d/1b5YiURJp40L6ajuzkmiPOKmwal-7jna\\_EkCDbejhbJk/edit](https://docs.google.com/document/d/1b5YiURJp40L6ajuzkmiPOKmwal-7jna_EkCDbejhbJk/edit)

**Appendix D**

ADD Medication Incident Report form (Currently do not have digital version)

**Appendix E**

ADD incident report form

[https://docs.google.com/document/d/1hcCdSxMRy6B7pDYduglMcPb6StSeUMCKqBj\\_wXlPBx8/edit](https://docs.google.com/document/d/1hcCdSxMRy6B7pDYduglMcPb6StSeUMCKqBj_wXlPBx8/edit)