Wisconsin Rapids Board of Education
Educational Services Committee
510 Peach Street · Wisconsin Rapids, WI 54494 · (715) 424-6701

AGENDA

August 7, 2023

LOCATION: Board of Education Office, 510 Peach Street, Wisconsin Rapids, WI
Conference Room A/B

TIME: 6:00 p.m.

I. Call to Order

II. Pledge of Allegiance

III. Public Comment

Persons who wish to address members of the Committee may make a statement pertaining to a specific agenda item. The Committee Chair will establish limits for speakers due to time constraints. Comments made by the public shall be civil in content and tone. Speakers bear the personal risk if comments made are defamatory, slanderous, or otherwise harmful to another individual. Please keep in mind that this is a Committee meeting of the Board open to the public, and not a public hearing.

IV. Actionable Items
- A. Field Trip Policy Changes – First Reading
- B. Student Conduct, Cheating, Plagiarism and Instructional Goals and Objectives Policy – First Reading
- C. Title VI of the Elementary and Secondary Education Act: Indian Education Grant Application
- D. Skyward Qmlativ Purchase and Migration

V. Updates
- A. School Health Manual Revisions
- B. Seclusion and Restraint Report
- C. Career and Technical Education (CTE) Incentive Grant Funding

VI. Consent Agenda Items

VII. Future Agenda Items/Information Requests

The Wisconsin open meetings law requires that the Board, or Board Committee, only take action on subject matter that is noticed on their respective agendas. Persons wishing to place items on the agenda should contact the District Office at 715-424-6701, at least seven working days prior to the meeting date for the item to be considered. The item may be referred to the appropriate committee or placed on the Board agenda as determined by the Superintendent and/or Board president.

With advance notice, efforts will be made to accommodate the needs of persons with disabilities by providing a sign language interpreter or other auxiliary aids, by calling 715-424-6701.

School Board members may attend the above Committee meeting(s) for information gathering purposes. If a quorum of Board members should appear at any of the Committee meetings, a regular School Board meeting may take place for purposes of gathering information on an item listed on one of the Committee agendas. If such a meeting should occur, the date, time, and location of the Board meeting will be that of the particular Committee as listed on the Committee agenda however, no deliberation or action will be taken by other Committees or the full Board of Education.

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BACKGROUND

August 7, 2023

LOCATION: Board of Education, 510 Peach Street, Wisconsin Rapids, WI
Conference Room A/B

TIME: 6:00 p.m.

I. Call to Order

II. Pledge of Allegiance

III. Public Comment

IV. Actionable Items

A. Field Trip Policy Changes – First Reading

District schools are now engaging in more field trip opportunities, including those within the state, in other states and in other countries. To this end, district administration believes there needs to be more clarity of the Field Trip and Travel and Exchange Programs policies. Attachments A, B, C, and D outline the proposed modifications to the existing policies. Roxanne Filtz, Director of Curriculum and Instruction, will be present to explain the changes and answer any questions the committee may have.

The administration recommends first reading approval of Board Policies 352 - Field Trips, 352 Rule – Field Trip Planning Criteria, 354 – Travel and Exchange Programs, and 539.2 – Exchange Teaching.

B. Student Conduct, Cheating, Plagiarism and Instructional Goals and Objectives Policy Review and Changes – First Reading

Artificial Intelligence (AI) is quickly influencing the educational world and impacting both the way educators teach and students learn and demonstrate their learning. Wisconsin Rapids School Board policies currently do not recognize AI in its plagiarism or cheating policies. Attachments E, F, G, H, I and J outline proposed additions/changes to existing policies. Ms. Filtz will be present to explain the changes and answer any questions the committee may have.

The administration recommends first reading approval of Board Policies 443 Student Conduct, 443 Rule – Code of Classroom Conduct, 443.9 – Cheating, 443.9 Rule (1) – Cheating Guidelines, 443.9 Rule (2) – Plagiarism Guidelines and 310 Instructional Goals and Objectives.

C. Title VI of the Elementary and Secondary Education Act: Indian Education Grant Application

The Title VI program is designed to address the unique cultural, language, and educational needs of American Indian and Alaska native students. Each year WRPS collaborates with a local committee of families that are served under the Title VI program.

Steve Hepp, Director of Pupil Services, will provide information about the Title VI of the Elementary and Secondary Education Act: Indian Education Formula Grant. The Indian Education Formula Grant program provides grants to support local school districts in their efforts to serve Indian students. Attachment K outlines the specifics of the grant.

The administration recommends approval of applying for the Title VI Elementary and Secondary Education Act: Indian Education Formula Grant in the amount of $20,771.

D. Skyward Qmlativ Purchase and Migration

The District has used the Skyward Student Information System (SIS) for nearly 2 decades to manage everything from grades and attendance, to discipline and health information, and much more. This software is a crucial application in the day-to-day operations as a District.

The District is currently using Skyward's legacy software called Skyward SMS 2.0. Skyward launched a new version several years ago called Qmlativ. Up until recently, this version was not available to the District as certain pieces of the software we utilized were not yet developed. However, those pieces are now complete, and we can now migrate to the new version of software. This past April the Business Services and Human Resources departments recently migrated to the Finance version of Qmlativ. The SIS software is very similar in layout to the Finance software and will also allow us to migrate our Skyward servers out of District and to ISCorp for hosting.

The Technology Support Department has explored the options and costs associated with migrating from Skyward SMS 2.0 to Skyward Qmlativ. The costs are detailed below and included as Attachment L:

What	Cost
Qmlativ Migration Service - Gold (one-time cost)	$12,475.00
Secure Cloud Computing Services (annual cost)	$9,356.00
Increase in software cost from SMS 2.0 to Qmlativ - .33/student	$1,543.74

Phil Bickelhaupt, Director of Technology, will be present to explain why the District should migrate to Qmlativ, the migration process, and details on the new 3 year contract with Skyward and ISCorp.

The Administration recommends migrating from Skyward SMS 2.0 to Skyward Qmlativ and entering into a new 3-year contract with Skyward and ISCorp for a cost of $23,383.74 to be funded from the 2023-2024 Technology Support Budget.

V. Updates

A. School Health Manual Revisions

Updates have been made to the School Health Manual that include updated school nurse information, as well as updated forms and some language changes which reflect changes in the procedures for nurses. The updates are included as Attachments M(1) and M(2).

B. Seclusion and Restraint Report

Wisconsin Statute 118.305(4)(c) requires that an annual report be made to the School Board which includes the number of incidents of seclusion and or physical restraint that took place in the schools during the previous school year, the total number of pupils who were involved in the incidents and the number of children with disabilities who were involved in the incidents. Attachment N provides this annual report. Mr. Hepp will be present to explain the report to the Committee.

C. Career and Technical Education Incentive Grant Funding

The Career and Technical Education Incentive Grant awards funds of up to $1,000 per student to school districts for the class of 2022 high school graduates who have also earned industry-recognized certifications. This appropriation incentivizes school districts to support CTE programming, which results in students earning industry-recognized certifications. The list of eligible certifications was selected to mitigate workforce shortages in industries or occupations identified in consultation with the Department of Workforce Development (DWD) and the Wisconsin Technical College System (WTCS).

Wisconsin Rapids Public Schools had 95 claims approved which creates an allocation of $67,016.80 to the District.

VI. Consent Agenda Items

Committee members will be asked to decide which items should be placed on the consent agenda for the regular Board of Education meeting.

VII. Future Agenda Items/Information Requests

Agenda items are determined by the Committee Chair after consultation with appropriate administration depending upon other agenda items, presentation information, and agenda availability.

Future agenda items/information requests include, but are not limited to:

- Parent Council for Instructional Improvement Representative (September)
- ESSA Update (September)
- New Course/Curriculum Modification Proposals - Discussion (October)
- ECCP/SCN (November)
- Wisconsin Student Assessment System (WSAS) Results: 2022-23 (November)
- School & District Report Cards (November)
- New Course/Curriculum Proposals – Decision (November)

352 FIELD TRIPS

The Board encourages and sanctions student trips or out-of-district school activities, including participation in interscholastic events, at the discretion of the professional staff, which are of value in helping achieve the district's educational objectives.

The school staff, under the direction of the administration, shall take all reasonable and prudent steps to safeguard the physical and educational welfare of participating students. The administration may place restrictions upon a student's participation. Students participating in student trips other than out-of-district activities are required to behave in a manner which is consistent with policies and rules governing student conduct**.**

Arrangements for transportation are the responsibility of the building principal ***or his/her designee***.

Expenses for transportation may be fully or in part paid for by parent organizations or individual students. Arrangements for the handling of expenses associated with field trip transportation shall be made in advance and approved by the building principal.

The scheduling of field trips shall be the responsibility of the building principal.

LEGAL REF.: Sections 121.54(7) Wisconsin Statutes
895.437

CROSS REF.: 352 Rule, Field Trip Planning Criteria
352 Exhibit 1, Parent/Guardian Permission Form
352 Exhibit 2, Student Travel Release
751.3, Transportation to School-Related Events

APPROVED: November 11, 1974

REVISED: April 9, 2001
December 12, 2022
TBD

ATTACHMENT B
DRAFT – First Reading
ESC Meeting – 8/7/23

352 RULE FIELD TRIP PLANNING CRITERIA

Before a particular field trip is discussed with students, the professional staff should develop and discuss plans with building administration, and obtain authorization to proceed with the plans.

Arrangements for the trip, such as contacting persons in charge of the site, transportation and collection of parental consent forms, are to be made by the classroom teacher.

A field trip is of significant educational value if both the quality and quantity of the educational experience provided surpasses that which could be experienced in the classroom setting.

Criteria for proposed field trips:

1. Field trips will be considered instruction and aligned with curricular objectives and state standards.

2. Instructional activities, which will precede and follow the field trip must be identified.

3. Expenses associated with the field trip shall be approved by administration.

4. The educational value of the trip should warrant the time consumed in travel and at the site, and this trip should provide educational experiences, which cannot be provided by other means.

5. Safety and environmental influences are factors to be considered. The number of chaperones required shall be appropriate to the age, grade level, and maturity of the students involved, and shall be determined by administration. A first aid kit must be obtained prior to departure. The classroom teacher must be in possession of the parent/guardian consent forms at all times during the field trip.

6. An alternate educational experience and proper supervision will be supplied for any students whose parents do not wish them to participate in a field trip.

APPROVED: November 11, 1974

REVISED: May 10, 1999
April 9, 2001
December 12, 2022 – *Review only, no change*
TBD – Review only, no change

ATTACHMENT C
DRAFT – First Reading
ESC Meeting – 8/7/23

354 TRAVEL AND EXCHANGE PROGRAMS

The Board recognizes that intercultural and international education is an important part of a school program. To this end, the District may conduct exchanges of teachers or students or both ***as well as provide opportunities for extended travel for students*** between various countries or ~~areas of our country~~ ***within the United States*** for prescribed periods of time.

~~The Board recognizes the value of exchange programs with other schools in Wisconsin and elsewhere in the United States as valuable to students and teachers as learning experiences.~~

~~All arrangements must be coordinated with the approval of the administration.~~
All proposals for international field trips must be submitted to and approved by the building principal or his/her designee at least three months prior to travel, using the appropriate request forms for travel. The building principal or his/her designee shall submit building approved international trips to the Director of Curriculum & Instruction who will provide an update to the board about the planned trip, including the itinerary, number of travelers, including chaperones and the proposed cost.

All proposals for overnight travel within the United States must be submitted to and approved by the building principal or his/her designee using the appropriate request forms for travel. The Director of Curriculum & Instruction will provide periodic updates to the Board regarding student travel within the United States.

In approving field trips, the principal or his/her designee will consider the impact of the trip on the overall education of students and the financial impact on students and families.

No fundraising activities for trips abroad may begin before final trip approval of the building principal or his/her designee.

~~The Board reserves the right to approve specific exchange or travel programs as it deems necessary.~~

Travel and/or exchange programs organized and conducted by staff members and promoted through the school system are subject to this policy.

Extended Field Trips or Foreign Study Tours

~~The Board authorizes the District Administrator to review extended trips or foreign study tours for students. Extended trips are those trips involving out-of-state arrangements and considered to be part of the school program. A foreign study tour is travel to any country outside of the United States.~~

Before any extended field trip or foreign study tour is approved, sponsors must verify with the Business Services Director, relevant liability insurance coverage. Additionally, the District will verify that the transportation is safe, the operator is licensed and competent, and that emergency nursing services are available as required by Sec. 121.02(g) Wis. Stats. Students will be adequately supervised and background checks will be performed on chaperones, volunteers, and host families where possible and appropriate.

Prior to the extended field trip or foreign study tour, the student and parents will sign an agreement that the student:

- ✓ Will conduct him/herself in a lawful manner consistent with the school's rules of conduct and any specific program rules, and that s/he will be dismissed from the program for failing to do so.
- ✓ Is responsible for consulting with a doctor, and will report to the school whether s/he will require medical attention during the program.

- ✓ Will be covered by health and accident insurance. (This is particularly important for program involving international travel).

- ✓ Understands the specific risks relating to the program. The District will consider providing the student/parent/guardian with specific security information from a reliable source such as the U.S. State Department.

- ✓ Releases the District from liability for any injuries or illnesses the student might sustain and any property damage the student might cause.

- ✓ Will indemnify the District from any liability for the student's conduct.

- ✓ Understands that the District reserves the right to modify or cancel the program, and that the District will not be liable for loss to the student because of such action.

LEGAL REF.: Sections 120.13(7) Wisconsin Statutes
120.44
121.84(1)(c)

CROSS REF.: 422, Admission of Nonresident Students
539.2, Exchange Teaching
443, Student Conduct

APPROVED: November 11, 1974

REVISED: April 8, 2002
TBD

ATTACHMENT D
DRAFT – First Reading
ESC Meeting – 8/7/23

539.2 EXCHANGE TEACHING

Teachers who have continuing contract status may, at the discretion of the Superintendent, be granted a leave of absence for one year for the purpose of exchange teaching, subject to provisions of the ~~collective bargaining agreement~~ ***Employee Handbook*** and the following conditions:

1. Exchange will be limited to systems or countries approved by the Superintendent.

2. The Superintendent will establish the limit on the number of teachers exchanged annually.

3. Leave will be granted only if the cooperating school system furnishes a teacher to take the place of the one released by the Board. Teachers participating in the exchange program will draw their salary from the system in which they do their teaching.

4. Leaves of absence for exchange teaching will not exceed one year.

LEGAL REF.: Section 120.13(7) Wisconsin Statutes

~~CROSS REF.: WREA Agreement~~

APPROVED: November 11, 1974

REVISED: January 14, 2002
TBD

ATTACHMENT E
DRAFT – First Reading
ESC Meeting – 8/7/23

443 STUDENT CONDUCT

A student's conduct is a personal matter which should be kept within reasonable bounds that apply equally to all members of the community. Students should have freedom and encouragement to express their individuality in school in any way so long as such conduct does not intrude upon and endanger the freedom of others to behave as they wish – especially upon the freedom of other students to receive instruction. The Board's intent is to try to establish a rational position between freedom for each individual and the necessity for sufficient order to permit the operation of the instructional program.

Respect for the individuality of students argues against attempts by the school to force student behavior into a common mold. Our Board-approved statement of school goals emphasizes our schools' responsibility for helping each student to develop his/her unique abilities to the maximum.

The Board recognizes that implementation of this policy calls for sensitive, tolerant, intelligent action on the part of the school staff so that fostering of individuality is not incompatible with educationally sound group effort. In each instance in which an employee acts to help a student conduct him/herself properly, emphasis shall be placed upon the growth of the student in ability to discipline him/herself.

All students, on the other hand, should recognize the consequences of their conduct, including their actions toward each other, language, dress, and manners.

Students, both individually and in groups, shall comply with school regulations until needed changes are made through due process and shall recognize the authority of the teachers. Disobedience or open defiance of the teacher's authority shall constitute sufficient cause for disciplinary action.

Students are also expected to abide by the code of conduct and behavior as outlined in the Board-approved Code of Classroom Conduct. Any student who violates the Code of Classroom Conduct may be subject to removal from class and/or disciplinary action.

The School District of Wisconsin Rapids does not discriminate in standards and rules of behavior, including student harassment, on the basis of gender, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability or handicap. Discrimination complaints shall be processed in accordance with established procedures.

LEGAL REF.: Sections 118.13 Wisconsin Statutes
118.164
120.13(1)
120.44
PI 9.03(1), Wisconsin Administrative Code

CROSS REF.: 310, Instructional Goals and Objectives
447, Student Discipline
411 Rule, Student Discrimination and Harassment Complaint Procedures
443 Rule, Code of Classroom Conduct
371, Student Organizations

APPROVED: November 11, 1974

REVISED: December 1980
August 13, 2001
February 11, 2008
TBD – Reviewed only, no change

ATTACHMENT F
DRAFT – First Reading
ESC Meeting – 8/7/23

443 RULE CODE OF CLASSROOM CONDUCT

Statement of Principle

The Wisconsin Rapids Public School District recognizes and accepts its responsibility to create, foster, and maintain a positive and safe class environment, conducive to teaching and to the learning processes. Every member of the school community is expected to cooperate in this central mission. Administrators, teachers, and other staff must use their training, experience, and authority to create school and classes where effective learning is possible. Students are expected to come to school, and to every class, ready and willing to learn. Parents should be aware of their children's activities, performance and behavior in school. They are asked to cooperatively work with educators and make contact with the school to prevent or address problems.

The District shall attempt to make its schools as free as possible of the dangers of violence, weapons, drugs, and other behavior harmful to the educational environment.

Student behavior that is dangerous, disruptive or unruly or that interferes with the teacher's ability to teach effectively will not be tolerated. Student's exhibiting such behavior as outlined in this Code, may be removed from class in accordance with established procedures within this Code**.** This removal serves the multiple purposes of eliminating (or minimizing) the disruption, or reinforcing the District's strong commitment to an appropriate educational environment, and of allowing a "time out" period, for disciplinary or other reasons, short of suspension or expulsion.

~~Beginning August 1, 1999, a~~ ***A*** teacher employed by the District may remove a pupil from the teacher's class if the pupil violates the terms of this Code of Student Classroom Conduct (the "Code"). Removal from class under this Code does not prohibit the District from pursuing or implementing other disciplinary measures including, but not limited to, detentions, suspension or expulsion, with the student who was removed.

Reasons for Student Removal from Class

A teacher may remove a student from class for any of the following reasons:

1. Acts of Violence (Student/Staff)

   - Physical or verbal threats or confrontations
   - Fighting/Threats
   - Intimidation – Physical/Psychological
   - Weapons
   - Vandalism or Theft of School Property

2. Acts of Inciting

   - Inciting
   - Gang Posturing
   - Creating a Hostile Environment

3. AODA Issues

   - Under the Influence of Illegal Substances
   - Possession***, Sale, or Distribution*** of Illegal/or Implied to be Illegal Substances

4. Classroom Disruption (Behavior which disrupts the learning environment)

   - Disruptive Behavior
   - Disruptive Talking (insubordination)
   - Dressing/Grooming That Creates a Hostile Environment
   - Repeated Violation of Classroom Rules

A student may be removed from class for conduct or behavior which:

1. violates the District's policies regarding suspension or expulsion;
2. violates the behavioral rules and expectations set forth in the Student Handbook;
3. is disruptive, dangerous or unruly;
4. otherwise interferes with the ability of the teacher to teach effectively; or
5. interrupts the effective teaching and learning process.

Removal is a serious measure, and should not be imposed in an arbitrary, casual or inconsistent manner. It is neither possible nor necessary to specify every type of improper or inappropriate behavior, or every inappropriate circumstance that would justify removal under this Code. A teacher's primary responsibility is to maintain an appropriate educational environment for the class as a whole. The teacher should exercise his or her best judgment and use building practices and policies when deciding whether it is appropriate to remove a student temporarily from class.

A student with a disability may be removed from class and placed in an alternative educational setting only to the extent authorized by state and federal laws and regulations. ***(Individuals with Disabilities Education Act or*** IDEA)

Removal is to be understood as a teacher giving control of the student over to a principal or designee as the teacher has exhausted their means of behavior management and wants the student processed as a Code of Conduct violation. ~~Each violation will be written up on the Code of Conduct violation form.~~

Procedures

Introduction

Removing a student from class is a serious matter and should not be taken lightly by the teacher, student, or the parent/guardian. Teachers must immediately notify the principal/designee of the reason for such action. The principal or his/her designee will evaluate the situation and take appropriate action. Students who are removed by their teachers must immediately go, or be taken, to the main office. When the student arrives at the main office, the principal or designee will give the student an opportunity to briefly explain the situation. If the principal or designee is not available immediately upon the student's arrival, the student should be taken to the short term removal area, and the principal or designee should speak to the student as soon as possible.

Within twenty-four (24) hours or one school business day of the removal, whichever is longer, the teacher shall submit to the principal or designee a short, concise, and specific written explanation of the basis of the removal. Such information may be submitted ~~on a form provided by the principal or designee~~ ***electronically via the student database management system or through verbal or written means to the principal or designee***.

Short Term Placement

For the duration of the removal, the student shall stay in the short-term removal area or in an area specified by the principal or designee. In general, the student should spend the time working on classroom assignments or an assignment relating to the misconduct (e.g. writing an account of what happened or an apology). In no event should the student's time in removal be recreation or other free time.

In general, a student shall remain in the short-term removal area for at least the duration of the class or activity from which she or he was removed. Prior to allowing the student to return to his/her normal schedule the principal or designee will speak to the student to determine whether the student is, or appears to be, ready and able to return to class without a recurrence of the behavior for which the student was removed.

In the event it is not deemed appropriate to return the student to the regular class, the principal or designee shall either retain the student in the short-term removal area, or, if necessary, appropriate and practicable, utilize suspension alternatives.

Long Term Placement

Long-term placement in another class, instructional setting or alternative program following removal from the classroom is an extremely serious step that should not be undertaken hastily or for less than compelling reasons. Such a step could have profound consequences for the affected student and his or her class, as well as any new class or teacher to which the student may then be assigned. For these reasons, long term placement should not ordinarily be considered or implemented except after a thorough consultation, including a thorough consideration of alternatives between the teacher(s), parents and the principal or designee. For the same reasons, long-term placement should not ordinarily be considered on the basis of a single incident. Decisions regarding placement following removal from class rests with the principal.

If a teacher believes the best interest of the student and/or the class requires placement in a setting other than return to the classroom, the teacher should so notify the principal in writing. The statement should include, as clearly and completely possible:

a. the basis for the removal request;
b. the alternatives, approaches and other steps considered or taken to avoid the need for placement, i.e., parental intervention;
c. the impact, positive and negative, on the removed student; and
d. the impact, positive and negative, on the rest of the class.

Upon receipt of the written statement, the principal may consult with the teacher and/or District staff. In most cases, it is appropriate to inform and consult with the parent(s)/guardian of the student, and the student involved**.** in a long-term removal.

Following consideration of the teacher's statement and any other pertinent information, the principal shall, at his/her discretion, place the student into one of the following:

a. an alternative education program as defined by law;
b. another class in the school or another appropriate place in the school, as determined by the principal or designee;
c. another instruction setting; or
d. the classroom from which the student was removed if the ~~program~~ ***problem*** has been resolved.

The student in a long-term alternative placement shall receive an educational program and services comparable to, though not necessarily identical with, those of the class from which he or she was removed. The program does not need to be in the exact academic subjects of the former class.

Long-term placement is an administrative decision and therefore is not subject to a formal right of appeal. However, the parent(s)/guardian of the student, and/or student shall have the right to meet with the principal and teacher(s) who made the request for removal. Where possible, the meeting should take place within three (3) business days of the request of the meeting. At the meeting, the principal shall inform the parent(s)/guardian and/or student as fully as possible regarding the basis for the removal, the alternatives considered, and the basis for any decision. However, nothing in this Code shall prevent the principal from implementing a removal to another classroom, placement or setting prior to any meeting, even if the parent(s)/guardian or student objects to the removal.

Parent(s)/Guardian Notification Procedures

Under Code of Classroom Conduct Violations

1. The building principal or designee (teacher) shall attempt to notify the parent(s)/guardian of a minor student by personal contact***, student database management system communication,*** or telephone call when a student is removed from class. ~~Written~~ ***N***otification shall follow within two business days of the removal. This notification shall include the reasons for the student's removal from class, the duration of the removal, and the placement decision involving the student.

2. If the removal from class and change in educational placement involves a student with a disability, parent(s)/guardian notification shall be made consistent with state and federal laws and regulations.

3. If the student removed from the class is also subject to disciplinary action for the particular classroom conduct (i.e., suspension or expulsion), the student's parent(s)/guardian shall also be notified of the disciplinary action in accordance with legal and policy requirements.

ADOPTED: June 14, 1999

REVISED: August 13, 2001
TBD

ATTACHMENT G
DRAFT – First Reading
ESC Meeting – 8/7/23

443.9 CHEATING

The Wisconsin Rapids Public Schools prohibits cheating by students. Cheating is defined as an act of deception by which a student misrepresents mastery on an academic exercise which, in fact, has not been mastered.

A separate set of Cheating Guidelines has been developed to aid in the interpretation and implementation of this policy.

CROSS REF.: 365.1 Rule, Network and ~~Acceptable~~ ***Responsible*** Use ***and Internet Safety*** Guidelines

APPROVED: April 14, 2003
TBD

443.9 RULE (1) CHEATING GUIDELINES

The Wisconsin Rapids Public Schools prohibits cheating. It is the objective of WRPS to create and maintain an ethical academic atmosphere in which all work submitted by students represents the true reflection of their effort and ability. The District recognizes that students vary in their understanding of cheating. This policy obligates staff to inform and educate students about cheating guidelines in relationship to subject matter and grade level. It is the goal of the cheating policy and these guidelines to develop responsible behavior among students and staff. Effective instruction about these guidelines should minimize the need for disciplinary action.

~~The Wisconsin Rapids Public Schools (WRPS) prohibits cheating.~~

Cheating is an act of deception by which a student misrepresents mastery on an academic exercise which, in fact, has not been mastered. Examples include, but are not limited to:

- Plagiarism (see ~~WRPS~~ ***Policy 443.9 Rule 2 -*** Plagiarism Guidelines~~ 443.9 Rule 2~~)
- Copying from another student's test or assignment or allowing another student to copy from a test or assignment.
- Using the textbook or other materials during a test without teacher permission.
- Using prepared materials during a test (e.g., notes, formula lists, computer or calculator programs) without instructor permission.
- Using instructor texts or other such material to complete an assignment without instructor permission.
- Stealing, buying, or otherwise obtaining all or part of a test/answer key before it is administered.
- Selling or giving away all or part of an unadministered test, including answers whether through traditional or electronic means.
- Taking a test for someone else or permitting someone to take a test for you.
- Fabricating data or citations.
- Forgery
- Submitting the same or similar work in more than one course without the prior approval of the teacher(s) involved.
- ***Using Artificial Intelligence (AI) generators such as ChatGPT, Google Bard, Dall-E, etc. without proper citations and without instructor knowledge or prior approval.***

Consequences:

Teachers are responsible for investigating violations and disciplining students. Depending on the severity of the offense, administration may become involved.

Whenever a staff member reasonably believes, based upon sufficient evidence, that a student has cheated or assisted another student to cheat on an assignment or assessment, the teacher shall evaluate the nature and extent of the violation and warn the student that (s)he may be subject to the following consequences:

- Require the student to re-do the assignment completely
- Reduction of credit by a degree commensurate with the severity of the violation
- Parent notification
- Refer the student for additional counseling or further disciplinary action

In the case of a major violation, the teacher may refer the incident to the administration.

Examples of major violations include:

- The student denies the charge of cheating
- Several students are involved in the infraction, and the staff person doesn't have the capacity to perform a comprehensive investigation

~~Other criteria warrant a broader investigation of the charge~~

APPROVED: April 14, 2003
TBD

ATTACHMENT I
DRAFT – First Reading
ESC Meeting – 8/7/23

443.9 RULE (2) PLAGIARISM GUIDELINES

The Wisconsin Rapids Public Schools prohibits plagiarism. It is the objective of WRPS to create and maintain an ethical academic atmosphere in which all work submitted by students represents the true reflection of their effort and ability. The District recognizes that students vary in their understanding of plagiarism. This policy obligates staff to inform and educate students about plagiarism guidelines in relationship to subject matter and grade level. It is the goal of the plagiarism policy and these guidelines to develop responsible behavior among students and staff. Effective instruction about these guidelines should minimize the need for disciplinary action.

WRPS expects student work to be entirely the product of that student regardless of format or medium. Any part of a student work not created originally by the student must be properly cited. Examples of non-original works include quotations, ideas, statistics, graphics, ~~or~~ pictures***, or reproducing portions of Artificial Intelligence generated content without appropriate citation***.

Plagiarism is a type of cheating in which a student attempts to receive academic credit for work prepared by someone ***or something*** else, either whole or in part. The following examples are typical of plagiarism:

- Turning in another student's work as your own.
- Copying from a source text without proper citation or documentation.
- Purchasing academic materials and submitting them as original work.
- Paraphrasing materials from a source text without proper documentation.
- Assembling work from a variety of sources without documentation.
- Distributing one's own work so that someone else may claim credit.
- Assisting another student to plagiarize.
- Collaboration not authorized by a teacher.
- Using sources that are not cited.
- ***Using Artificial Intelligence (AI) generators such as ChatGPT, Google Bard, Dall-E, etc. without proper citations, including stating specifically what portions of the document were generated through AI.***

APPROVED: April 14, 2003
TBD

310 INSTRUCTIONAL GOALS AND OBJECTIVES

Development of the instructional program is a key responsibility of the Board. Development of instructional policies is a joint responsibility of the Board and the professional staff.

An optimal instructional program can be developed when the Board and professional staff work together in an atmosphere of mutual trust and understanding of rights and responsibilities. The Board is accountable for formulating and communicating the general goals or purposes of the schools, which should reflect the District's needs, resources, and general characteristics. The Board also interprets to District citizens the educational needs, trends, and programs which will enhance the instructional program and meet the needs of future growth and development.

The professional staff implements the teaching and learning processes. The Board supports and supplements professional staff efforts by providing needed materials, equipment and other facilitating action requested by the staff. The Board also encourages and expects individual schools, departments and staffs to develop their particular philosophy, goals and methods within the guidelines of overall Board policies.

Consistent with its philosophy, the School District of Wisconsin Rapids shall assume primary responsibility for and instruct each student toward maximum achievement of the following related educational goals and specific objectives. Schools shall:

1. Provide opportunities for each student to develop a positive self-image within the context of his/her own heritage and within the larger context of the total society.

   Objectives. The learner will:

   a. know and respect him/herself.

   b. recognize his/her strengths and limitations in setting personal goals.

   c. develop his/her interests and potentials in order to achieve those personal goals.

   d. have insight into one's own value structure, how values affect one's life and relationship with others.

2. Foster an environment where students, all school personnel and other community members interrelate to seek self-knowledge, understanding, appreciation, respect and concern for all human beings.

   Objectives. The learner will:

   a. contribute to the well-being of society in all areas of his/her life and place a higher value on people than things.

   b. understand, acknowledge and appreciate the value systems, cultures, customs and history of his/her own heritage as well as those of others.

   c. possess the skills and attitudes necessary to initiate and maintain personal friendships and form responsible relationships with a wide variety of people.

3. Explore and implement the best possible ways for students to acquire and apply the fundamental skills for learning.

   Objectives. The learner will:

   a. comprehend ideas and facts through reading, observing and listening.

b. communicate ideas and facts through reading, writing and speaking.

c. use the processes of language, science and mathematics.

d. perform psychomotor (mental-physical) activities necessary to learning.

e. use problem-solving techniques and processes used in decision making.

4. Develop self-concepts and physical skills in accordance with each child's potential.

Objectives. The learner will:

a. have the basic physical and mental health necessary for his/her optimum growth and development.

b. have an awareness of and an incentive to use community resources essential to assure his/her optimum mental and physical health.

c. understand the emotional and social aspects of human sexuality.

d. understand the interrelationship of mental and physical health.

e. recognize leisure time activities as a vital part of human life, and possess sufficient skill and interest in an area of activity other than that of his/her vocational choice to be able to make constructive use of leisure time.

f. demonstrate knowledge, use and appreciation of safety principles, concepts and practices.

g. possess knowledge concerning the various body systems and how they are affected by dietary habits, physical and mental activity, drugs, alcohol, tobacco and poisons.

5. Offer students an education that prepares them to make appropriate decisions from the post-secondary alternatives within the occupational, academic and technical paths, and offer students an education that creates within them the desire to continually update their knowledge and occupational skills by participating in a lifelong learning process.

Objectives. The learner will:

a. have a respect for the dignity of all occupations and the desire to pursue a satisfying vocation.

b. have knowledge of the possibilities for continuing self-development in light of increasing educational and leisure time opportunities.

c. have developed those occupational competencies consistent with his/her interests, aptitudes and abilities which are prerequisite to entry and advancement in the economic system and/or academic preparation for acquisition of technical or professional skills through post-high school training.

d. have acquired a knowledge and understanding of the opportunities to learn afforded by the surrounding community and its ever-changing social, economic and political environments.

6. Offer opportunities for learning in the fine arts in every major area of emphasis in the curriculum.

Objectives. The learner will:

a. be exposed to quality examples in literature, drama, dance, music, painting, sculpture and architecture in order to develop an awareness of aesthetic fundamentals and standards, and the implications of

discrimination.

b. be given multiple opportunities to become involved in the creative process of making music, producing art and creative writing and the other art forms with an emphasis upon the values of self-expression as a personal satisfaction of his/her needs.

c. be encouraged toward involvement in the fine arts oriented activities present in the local community both for the recreational benefits and the accompanying aesthetic understandings.

7. Offer opportunities for students to learn and practice their roles, rights, and responsibilities within an appropriately structured learning environment, furthering one's citizenship and the quality of his/her acceptance and responsibility toward membership in the locality, state, nation, and world.

Objectives. The learner will:

a. gain understanding of the structure, governance and governmental heritage of society (communities, state, nation, world).

b. gain understanding of the importance of effective participation in fulfilling his/her obligation to society and gain respect for law and self-governance.

c. have furthered the skills to participate in a democratic society as a result of his/her total school experience.

8. Develop in students an understanding of those factors that affect both their own economic condition as well as the standards of living among the world community, to insure an effective participation in the economy as a consumer and producer of goods and services, and to further an understanding of personal and world economics and the relation of government to economy.

Objectives. The learner will:

a. further the ability to evaluate his/her needs, match products to needs and effectively use products and natural resources.

b. understand the various systems of production and distribution and the ways in which these systems influence the lives of individuals.

c. understand the relationship between individual consumption of goods and the effect on the environment.

d. understand the process of obtaining employment, planning and budgeting personal income, saving and investing, and financing major purchases.

e. be aware of the agencies which assist and protect consumers and producers.

f. be aware of national and international business organizations, monetary systems and the effects of government on their economies.

9. Provide experiences leading to the acquisition of knowledge, skills and attitudes that will enable society to develop a balanced use of natural resources recognizing the concurrent rights of present and future generations.

Objectives. The learner will:

a. acquire knowledge and understanding of the social, physical and biological worlds and the balance

between man and the environment.

b. gain attitudes and behaviors leading to the appreciation, maintenance, protection and improvement of the physical environment.

c. acquire knowledge and skills which enable them to (1) improve their personal environment; (2) discriminate in their producing, use and purchasing practices in relation to ecological considerations; and (3) be a responsible developer and user of technology.

10. Provide an environment wherein students can develop and further skills of thinking for creative and constructive adaptations to changes affecting their environment and the potential quality of their lives.

Objective. The learner will further his/her skills in the logical processes of search, analysis, synthesis, evaluation and abstract thinking.

LEGAL REFERENCES: 118.01 Wisconsin Statutes
118.30(1)(g)
121.02 (1)

APPROVED: November 11, 1974

REVISED: February 10, 1986
April 9, 2001
TBD – Reviewed only, no change

Title VI of the Elementary and Secondary Education Act: Indian Education Formula Grant

Grant Purpose: Title VI is designed to address the unique cultural, language, and educationally related academic needs of American Indian and Alaska Native students, including preschool children. The programs funded are to meet the unique cultural, language, and educational needs of Indian students and ensure that all students meet the challenging State academic standards. The Indian Education Formula Grant program provides grants to support local school districts in their efforts to serve Indian students. Annually each applicant develops and submits to the U.S. Department of Education a comprehensive plan for meeting the needs of Indian children. Applicants must develop this plan in collaboration with a local committee comprised primarily of parents and family members of Indian children and must include student performance goals, a description of professional development activities that the applicant will carry out, and an explanation of how it will assess students' progress toward meeting its goals. In order to participate in the Title VI Indian Education Formula Grant program, eligible applicants must have a minimum of 10 Indian students enrolled in the LEA or not less than 25 percent of the total enrollment. Since this is a formula grant, our funding is based on a per pupil amount according to how many Native American students complete an ED 506 Form.

Grant Objectives:

- Increasing academic achievement
- Increase knowledge of cultural identity and awareness
- Increase parent participation

Funding:

2019-20: $23,048
2020-21: $25,378
2021-22: $28,133
2022-23: $30,187
2023-2024: $20,771

2022-2023 Funding Priorities:

- Approximately 61% of the grant dollars fund our Title VI Native American Liaison positions
- Purchase school supplies
- Books for students in 4K-2nd Grade (Native American authors, stories of Native American culture, language, etc.)
- 4th grade field trip to Ho Chunk Nation in Black River Falls
- Cultural events or speakers brought to district

2022-2023 Funding Priorities:

- Approximately 65% of the grant dollars fund our Title VI Native American Liaison positions
- Purchase school supplies
- Books for students in 4K-2nd Grade (Native American authors, stories of Native American culture, language, etc.)
- 4th and 6th grade field trip to Ho Chunk Nation in Black River Falls
- Cultural event brought to WRAMS

Wisconsin Rapids Public Schools
Wisconsin Rapids, WI
Migration Proposal
Plan # 23-0757hl
June 15, 2023

Qmlativ Transition Plan

The following pricing for software and services is provided specifically for you. If you would like information on a product or service not included below, please contact your Account Executive.

Per Student Pricing - 3 Year Contract

Secure Cloud Computing Installation

This district will be migrating their current product licenses to the Skyward Qmlativ product licenses.
Project Management will work with your district to determine a go live date.
This plan covers the transition to our Qmlativ solution.

[1,2] Qmlativ Transition Plan — 4,678 Students

	Initial Investment	Services	Full 12-Month Recurring Fees	Total
Student Management Suite				
[3] Qmlativ Migration Service - Gold *Includes: Project Management, Data Migration Services, Training Webinars, and conversion of existing eSignatures*	$ -	$ 11,695.00	$ -	$ 11,695.00
Installation				
[4] Secure Cloud Computing Migration and Setup	-	780.00	-	780.00
Subtotal Qmlativ Transition Plan	***$ -***	***$ 12,475.00***	***$ -***	***$ 12,475.00***
[5,6] ***Total***				***$ 12,475.00***

The Qmlativ Student Management Suite Core Package includes:
Student Management, Behavior Management, Family and Student Access, Graduation Requirements, Gradebook (was Educator Gradebook), Health Services (was Health Records), Professional Development Center, Student Interventions (was Response to Intervention), and Test Score Import

	Current SMS 2.0 Software Recurring Fees	Future Qmlativ Software Recurring Fees
[7] Student Management Suite Core Package	$ 4.58 / student	$ 4.75 / student
Support - Student Management Suite	2.16 / student	2.24 / student
Fee Management *(was Fee Tracking)*	0.81 / student	0.84 / student
Food Service	1.35 / student	1.40 / student
[8] OneRoster API with Writeback *(was LMS/OneRoster API)*	0.52 / student	0.52 / student
[9] Total	$ 9.42 / student	$ 9.75 / student

The customer recognizes and acknowledges the recurring fees presented above, both SMS 2.0 and Qmlativ, will be prorated accordingly based on Go-Live date of the Qmlativ Migration through the end of that current fiscal year.
The following fiscal year, Qmlativ Recurring Fees will be billed based on your contract term.
SMS 2.0 Recurring Fees will no longer be invoiced after the migration is completed.
Skyward reserves the right to revise the Future Qmlativ Software Recurring Fees that were originally presented on the migration proposal if the customer does not migrate to Qmlativ until a full fiscal year after the migration was initially scheduled.

Wisconsin Rapids Public Schools
Wisconsin Rapids, WI
Migration Proposal
Plan # 23-0757hl
June 15, 2023

Secure Cloud Computing Services

Secure Cloud Computing Services (SCC Services) provides an option to remotely operate your Skyward application through a secure cloud provider. Our cloud provider operates servers within its own facilities allowing you secure access to all applications through a browser via the Internet. The SCC Services are fully responsible for all aspects involved in database disaster recovery, loading releases and updates, operating and maintaining host servers, software, and databases.

Student Management Suite	**4,678 Students**	**Annual Total**
Gold Package		$ 9,356.00 *

** This is a 36 month contract.*

The SCC hosting fees are not included in the Skyward total above. All SCC hosting fees will be invoiced by and paid directly to ISCorp.

Additional discounts may apply if your district is hosting both the School Business Suite and Student Management Suite at ISCorp. If you are interested in learning more about the SCC Services package options, please contact ISCorp, Jeff Zillner - VP Operations, 262.240.7777 or jzillner@iscorp.com.

Pricing Footnotes

[1] *This is a 3-Year Contract with automatic renewal after the initial term. The contract will renew at the then-current rate.*

[2] *The rate per student for the recurring fees will remain unchanged for the duration of the initial term.*
The recurring fee can fluctuate for subsequent years based on obtaining enrollment information directly from each applicable state.

[3] *The Qmlativ Migration Service includes Database Setup, Project Management, Data Migration Services, Training Webinars, and conversion of existing eSignatures.*

[4] ***Secure Cloud Computing (SCC) Setup Assistance***
SCC Compliancy Testing.
Installation/Setup Service.

[5] *As part of the SMS 2.0 to Qmlativ Migration, a conversion utility will be available to convert essential data from the SMS 2.0 database to the Qmlativ Database.*
- *As long as there is an equivalent placeholder to store the data in Qmlativ, both current and historical data (with limitations) will be migrated from SMS 2.0 to Qmlativ.*
- *If there is data in SMS 2.0, but there is not an equivalent area to store that data in Qmlativ, then that data will not be converted.*
- *Any current data that is in a work in progress status, will not be converted.*
- *Setup/Configuration Data must be reconfigured in Qmlativ.*
- *During the migration process, Skyward makes every effort to quality check data that is migrated from SMS 2.0 to Qmlativ, however the school district must be responsible for data verification. Final verification for accuracy of data resides on the school District.*

For the Skyward Student Management Suite, this includes:
- *All current Students, along with all Students that have graduated within the last 10 years, will be converted*
- *Student Demographic Data*
- *Entry/Withdrawal History*
- *Grade History*
- *Attendance History*
- *Discipline History*
- *Health Records*
- *State Reporting Requirements*

Notable exceptions for the Skyward Student Management Suite include:
- *Only current year Gradebook Assignments and Assignment Scores will be migrated. Historical Term Grades will be converted, but only current year Gradebook Assignment and Assignment Scores will be migrated.*

Subsystems that are not included in the migration:
- *Standards Gradebook*
- *Graduation Requirements*

[6] *All districts will be required to sign a License Agreement.*

[7] *Skyward's Professional Development Center (PDC) is included in the core package. The PDC is a self-paced learning center to assist in training all staff. It includes online tutorials, simulations, and testing options. Your entire staff will have unlimited access to Skyward's on-line library and training materials for select modules.*

[8] *The functionality and performance of each LMS system or education application is the sole responsibility of the supplying vendor.*

[9] *This pricing does not include third party product recurring fees, which will remain unchanged. Future years will renew as indicated by the third party vendor.*

Custom Forms (Checks, W-2's, etc.) and Peripherals

Nelco is the exclusively recommended supplier of preprinted, blank laser, pressure seal (blank and preprinted) checks and MICR toner cartridges. To request free samples or to place your order, visit www.skywardforms.com or contact Nelco's customer service center at 1-800-266-4669.

School Technology Associates, Inc. has been a mutually exclusive partner with Skyward since 1992 and offers a complete line of hardware, software, service, and support for peripheral equipment needed to run Skyward's Student, Food Service, and TrueTime/Time Tracking software. Popular products include Tardy Kiosk, Positive Attendance, ID Badging, Time Clocks, and more! All items have been completely tested by Skyward and are in use by Skyward customers nationwide. If the district opts to use an optional third-party solution, please contact School Technology for approved hardware and system quotes. These integrated solutions are sold independently of Skyward.

For more information or to request a quote please visit our website at www.k12sta.com.
You can also contact us via email: sales@k12sta.com or phone: 877-436-4657

Secure Cloud Computing Readiness Review

As you consider Skyward's SCC Services, we can provide you with an initial readiness review to ensure your internet connection provides adequate bandwidth. Please contact your ISP (Internet Service Provider) on obtaining a usage report of your internet connection and provide the following information to your Skyward Account Executive for further analysis.

- ISP (Internet Service Provider) Name
- Type and Total bandwidth contracted with your ISP
- Available/free bandwidth during school hours (typically available through a bandwidth utilization report; preferably during the past 30 days with students present)

Recurring Fee Information

Annual Recurring Support Fee

- Unlimited software support requests for designated support contacts
- Periodic product webinars
- Quarterly customer newsletter

Annual Recurring Software Fees

- Product updates throughout the year
- State and Federal required reports
- Live Chat Support

Terms and Conditions

- See attached Terms and Conditions page for further information.
  The Terms and Conditions page must be executed by an authorized representative.
- The License Agreement will be sent to you for execution.
  The License Agreement page must be executed by both Skyward and an authorized representative to be valid.

TERMS AND CONDITIONS

All proposals are valid for 30 days from date of proposal.

Payment Terms:

1. **Skyward Qmlativ Migration Services & Installation (includes: Training, Data Migration, Web Server Install or SCC Setup Assistance & Project Management):** 100% Billed upon access to the Qmlativ Training Database; Payment due upon Go-Live Date (determined by customer and the Project Manager). Services provided are non-refundable.
2. **Skyward Installation (includes: Web Server Install or SCC Setup Assistance):** 100% Billed and due upon access to the Qmlativ Training Database. Services provided are non-refundable.
3. **On-Premises Database Support Fee / Managed Services Recurring Fee:** Billed upon access to the Qmlativ Training Database; Payment due at that time. Skyward 12-Month Recurring Fees will be prorated from date of access to the Qmlativ Training Database through June 30th or August 31st as designated within the signature section below. The recurring fees will auto-renew at the then-current rate at the end of the term.
4. **Third Party Software, Hardware and Related Services:** Payment due upon delivery of product and/or services.
5 **Taxes:** If any authority imposes a duty, tax, levy or fee, excluding those based on Skyward's net income, upon the Skyward products, materials, or Skyward services, then Customer agrees to pay the amount specified, and Customer is solely responsible for any personal property taxes for the Skyward products from the date they were acquired.

Customer agrees to the terms and conditions listed above and set forth in the Proposal.

First Day of Fiscal Year: _____

Customer Signature | Printed Name | Date

rev 4.30.2019

Changes to Health Manual

Attachment I: SCHOOL HEALTH SERVICES PROCEDURES

Page 1 – Updated nurse information

Page 5 – language change

Removal of:
REPORT OF INJURY FORM
ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD

Page 7 – language change

Page 8 -18 18 – New – "BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN FOR WRPS"

Page 19 – New Form – School Exposure Incident Investigation Form WRPS

Page 20 – New Form – Employee Medical Record Checklist WRPS

Pages 21 thru 26 – Removal of Routine Procedures when Handling Body Fluids

Removal of:
DISPOSING OF SHARPS SAFELY
WISCONSIN DEPARMTENT OF NATURAL RESOURCES BUREAU OF WASTE MANAGEMENT LIST OF REGISTERED SHARPS COLLECTION FACILITIES.

Page 65: Fever – Adding sticker with the change from 100 to 100.4

Attachment II: SCHOOL HEALTH SERVICES POLICIES & GUIDELINES

Page 1 – Updated nurse information

Page 7 – language change under "Accident Reports"

Page 26 – Language change – "Opiod Overdose"

Page 27 – New Form – "NALOXONE ADMINISTRATION FOR OPIOID OVERDOSE"

Pages 71 thru 73 – New language "CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS"

SCHOOL HEALTH SERVICES POLICIES & GUIDELINES

Compiled by:

Michelle Forcier, R.N.
Natasha Slattery, R.N.
Nichole Fuller-Daughtry, R.N.
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Lawrence Leibert, M.D.

~~Approved by the Board of Education on October 8, 2007~~

Revised July 2023

Table of Contents

GUIDELINES

Introduction

School must be prepared to render first aid and emergency care to those who are injured or who become ill while under school supervision.

The Wisconsin Rapids Public Schools (WRPS) is committed, by policy and practice, to provide emergency nursing services that will protect the life and comfort of its students and staff members.

Medical Advisor

A local physician serves as medical advisor for emergency health services. School nurses will be contacted annually to renew a written agreement to serve in that capacity. The medical advisor will review, make recommendations and approve the district emergency school health services policies/guidelines and procedures as needed.

School Health Services

Review of school health services will be conducted as needed. Recommendations for revision in policies will be presented to the School Board for their approval.

Designation of Responsible Person for Emergency Health Services

Emergency health services shall be provided in all schools under the direction of the Wisconsin Rapids Public Schools nurses. The school nurses are licensed to practice nursing in the State of Wisconsin. When the school nurse is not present in the building, emergency health services shall be designated by the administrator to:

- One or more persons in each building who have been trained in Red Cross Basic First Aid and CPR (available during normal school hours).

A written emergency plan shall be available and easily accessible to the staff, which includes procedures for calling parents, emergency services, etc. A list of students with medical concerns will also be available through the building administrator/nurse.

The administrator of each school building shall be responsible for dispersing the emergency plan in the building.

Access to Emergency Health Equipment and Supplies

First aid equipment/supplies and access to a phone shall be available for school sponsored activities.

- Emergency phone numbers shall be posted on or near phones.
- The WRPS School Health Services Procedures manual will be available at sites.
- School buses and all school vehicles shall be equipped with first aid kits and two-way radios.
- A Health Services Room shall be identified in each school building. Equipment and supplies adequate for emergency health care shall be kept ready for use by trained personnel.

- The Health Services Room shall be open to all students and staff during the regular school day to which they may report in the case of injury, illness, or for health counseling.

- The Health Services Room shall be maintained by a designated person (s) who will provide emergency nursing care under the direction of the school nurse.

- All equipment and supplies necessary for first aid/emergencies will be accessible for all school related events occurring on school premises and will be the responsibility of the staff member supervising the event.

Staff Training

Staff training activities shall be scheduled as appropriate to provide district staff with information on emergency procedures.

- New personnel will be informed of emergency health care procedures.

- Persons designated by the administrator to provide emergency care shall maintain current certification in First Aid and CPR.

- Any substitute personnel will be made aware of emergency health care procedure by the administrator.

Building Medical Emergencies

WRPS shall have written policies and procedures for emergency services. A written plan for emergency services shall be available and accessible at each building. Written policies for emergency health services developed under the direction of the registered nurse, reviewed by the medical advisor, and adopted by the School Board are to include:

- Procedures to be followed in case of accidental injury and illness

- Delegation of appropriate qualified individuals to be responsible for emergency care procedures at all school functions

- Procedures for administering medications

- Plan for signed parental approval for emergency medical care

- Student, staff and visitor accident reporting procedure

- A record system identifying students with medical concerns, accident reports, and services performed

- Annual review of emergency policies and procedures

- Student and staff injuries

Emergency Services: School Days and Curricular/Co-Curricular Activities

Emergency services are available during the regular school day and during curricular and co-curricular activities. The administrator will designate the coach, advisor, supervisor, or designated person to be responsible for providing emergency health services. Persons

qualified to render first aid shall be available for all school activities either in person, by phone, or by two-way radio for all school activities.

- Athletic directors will organize response system and local EMS for varsity football games
- EMS services are available by phone or by two-way radio
- Designated persons with current certification in Red Cross First Aid and CPR render first aid during the school day
- First aid kits shall be supplied for use on field trips
- Location of Health Services Room in each building is made known
- Equipment and supplies necessary for first aid/emergencies will be present at all school sponsored events and will be the responsibility of the staff/member supervising the event

Legal Considerations

The Wisconsin Statutes Section 895.48 states that any public school employee, other than a health care official, who in good faith renders emergency care at the scene of any emergency or accident shall be immune from civil liability for his/her acts or omissions in rendering such care.

Role of the School Nurse

The school nurse is both the primary health care provider and a valuable source of information and support. The school nurse plays an integral role in the overall school health program. There are numerous ways in which the school's primary health care giver can augment development and implementation of a comprehensive program. He/She can:

- Assist school administrators in planning, establishing and maintaining the school health program
- Assist school personnel, students and parents in health appraisal, counseling, supervision and follow up
- Define, interpret and supervise the control of communicable disease in the school setting
- Assist school personnel in maintaining a safe and healthy school environment
- Guide and assist school personnel in developing, revising, and maintaining safety, first aid and emergency care plans, policies and procedures
- Serve as a resource person and consultant in health education
- Review and evaluate the school health program
- Serve as an advocate for the student in health matters

Role of Medical Advisor

Functions:

- Make recommendations to the Health Advisory Committee regarding the scope of health services, policies, emergency care and other recommendations as appropriate for the health and safety of school children.

- Advise the Health Advisory Committee on professional issues regarding the health and safety of school age children.

- Maintains and accept communication with the school nurses on matters requiring medical expertise.

- Collaborates with the school nurses to resolve general health issues.

- Consult in the evaluation and planning process for student with significant medical problems. Review individualized health care plans as needed and assist the school nurse regarding the safety or nursing procedures done within the school.

- Provide medical review of policy development.

- Facilitating communication between the school district and primary care physicians and clinics, both in matters concerning individual students and in matters of the general operation of the district's health services.

- Act as an advocate for health promotion for the Wisconsin Rapids Public School.

Accident Reports

- All members of the school staff have the responsibility to notify the principal of accidental injury to any student, staff or visitor while on school property.

- The school personnel witnessing the accident shall complete the accident report form when a student, employee, or visitor injury occurs. The form is to be directed immediately to the principal's office, who will forward the report to the district's business office.

- ~~A copy of~~ The completed accident report for a student will be given to the school nurse to be filed in the student health record, *and a copy sent to Central Office.*

- A copy of the completed accident report for staff and visitors.

Disposition of Student(s)

No ill or injured student is to be sent home without notifying the student's parent/guardian or other designated person(s) listed on the emergency card.

Physical Education Medical Exemption

- All students who are going to be absent from physical education more than 1 day may be required to have a written excuse from a qualified health care provider. The excuse should state the duration of and reason for the exemption.

- All medical exemptions shall be given to health services personnel.

- The school nurse will investigate any exemption he/she deems necessary concerning duration and/or reason in consultation with the health care provider.

- Upon completion of the investigation, the school nurse will notify appropriate school personnel regarding possible schedule changes.

- The school nurse will keep all physical education exemptions in the student's health file.

- The school nurse may require medical clearance to return to any activity.

First Aid Kits

- Blood Born Pathogen Kits/First Aid supplies shall be available in all classrooms. Additional first aid supplies shall be available in the Health Office.

- First aid supplies will be obtained from health services personnel at the beginning of each year and restocked during the year as necessary.

1. All student medication forms need to be filled out completely and on file before medication(s) can be taken.
    - Elementary Schools use the Medication Consent for Extended Excursion-Elementary forms
    - Middle, Junior and High Schools use the Medication Consent for Extended Excursion 6-12 forms
2. All medication(s) that is to be administered by a designated adult must be kept in a locked container.

3. All medication(s) that is administered by a designated adult must be logged on the Medication Administration for Extended Excursion Log for each student.

4. All persons administering medication must be trained in proper medication administration by the school nurse prior to the excursion.

5. All Medication Consent for Extended Excursion forms, Emergency Medical/Dental Authorization forms and Medication Administration for Extended Excursion Log must be given to the School Nurse after the excursion and filed in the students health folder.

6. All remaining medication(s) must be returned to the student's parent/guardian.

Elementary Schools

1. All medication(s) must be administered by a designated adult. However, inhalers for asthma can be carried and self-administered by the student if the health care provider has given permission as indicated on the Medication Consent for Extended Excursion-Elementary form. The following must be completed:
    a. The Medication Consent for Extended Excursion-Elementary form must be completed as directed on the form.
        - Section A is to be completed by the parent/guardian
        - Section B is to be completed by the health care provider.
    b. The completed form must be turned into the staff person in charge of the excursion prior to the excursion.
    c. All medication(s) must be given to the staff person in charge of the excursion.
    d. Prescription medications(s) must be in the pharmacy-labeled container(s). Parents/guardians should provide only enough medication for the time the student will be on the excursion.

1. All medication(s) must be administered by a designated adult. However, inhalers for asthma can be carried and self-administered by the student if the health care provider has given permission as indicated on the Medication Consent for Extended Excursion 6-12 form. The following must be completed:
    a. The Medication Consent for Extended Excursion 6-12 form must be completed as directed on the form.
        - Section A is to be completed by the parent/guardian
        - Section C is to be completed by the health care provider.
    b. The completed form must be turned into the staff person in charge of the excursion prior to the excursion.
    c. All medication(s) must be given to the staff person in charge of the excursion.
    d. Prescription medications(s) must be in the pharmacy-labeled container(s). Parents/guardians should provide only enough medication for the time the student will be on the excursion.
2. Non-prescription medication(s) can be carried and self-administered by the student if the parent/guardian desires. The following must be completed if the student will be self-administering his/her own non-prescription medication.
    a. The Medication Consent for Extended Excursion for must be completed as directed on the form.
        - Section A and B must be completed by the parent/guardian.
        - All non-prescription medication(s) must be in the original manufacturer's container(s)
        - Students CANNOT share this medication with anyone else.
3. If the parent/guardian prefers to have non-prescription medication administered by an adult designated to administer medication, a physician/licensed health care provider's order is required as explained in #1.
    a. All non-prescription medication(s) must be in the original manufacturer's container(s)

High School

1. All prescription medication(s) will be administered by a designated adult unless the health care provider has given permission for the student to self-administer his/her own medication in the appropriate area on the Medication Consent for Extended Excursion 6-12 form.
    a. The Medication Consent for Extended Excursion 6-12 form must be completed as directed on the form.
        - Section A is to be completed by the parent/guardian
        - Section C is to be completed by the health care provider.
    b. The completed form must be turned into the staff person in charge of the excursion prior to the excursion.
    c. **ALL** medication(s) must be in the pharmacy-labeled container(s). Parents/guardian should provide only enough medication for the time the student will be on the excursion.
    d. Medication to be administered by a designated adult must be given to the staff person in charge of the excursion.
    e. Medication that will be self administered by the student will be kept by the student. This medication **CANNOT** be shared with anyone else.
2. Non-prescription medication(s) can be carried and self administered by the student if the parent/guardian desires. The following must be completed if the student will be self-administering his/her own non-prescription medication.
    a. The Medication Consent for Extended Excursion for must be completed as directed on the form.
        - Section A and B must be completed by the parent/guardian.
        - All non-prescription medication(s) must be in the original manufacturer's container(s)
        - Students CANNOT share this medication with anyone else.
3. If the parent/guardian prefers to have non-prescription medication administered by an adult designated to administer medication, a physician/licensed health care provider's order is required as explained in #1.
    a. All non-prescription medication(s) must be in the original manufacturer's container(s)

STUDENT MEDICATION FOR EXTENDED EXCURSION
Parent/Guardian Instructions-Elementary

Elementary Schools

1. All medication(s) must be administered by a designated adult. However, inhalers for asthma can be carried and self-administered by the student if the health care provider has given him/her permission as indicated on the Medication Consent for Extended Excursion form. Please follow the directions below if your child will be taking medication(s):
    a. The Medication Consent for Extended Excursion form must be completed as directed on the form.
        - Section A is to be completed by the parent/guardian
        - Section B is to be completed by the health care provider
    b. The completed form must be turned in to the staff person in charge of the excursion prior to the excursion.
    c. All medication(s) must be given to the staff person in charge of the excursion.
    d. Prescription medication(s) must be in the pharmacy-labeled container(s). Please provide only enough medication for the time the student will be on the excursion.
    e. Non-prescription medication must be in the original manufacturer's container(s).

Medication Consent for Overnight Excursion and Emergency Medical/Dental Authorization for Extended Excursion forms can be used for more than one excursion during the same school year if all the information remains unchanged. *Please complete and return to the staff person in charge of the excursion prior to the excursion if applicable:*

My child participated in an extended excursion on _____ with
(dates)
_____ and has the forms on file at school.
(organization/teacher)

I give permission for the following forms to be used again as all the information remains unchanged.

☐ Medication Consent for Overnight Excursion form

☐ Emergency Medical/Dental Authorization for Extended Excursion form

_____ _____
Parent/Guardian Signature Date

Wisconsin Rapids Public Schools
Elementary Only

Medication Consent for Extended Excursion

A. This section to be completed by parent/guardian

Date: _____

Student: _____ D.O.B.: _____

Address: _____ Phone: _____

School: _____ Grade: _____

I agree with the medication request below and will be responsible for delivery to the school of a sufficient supply
of medication in a pharmacy-labeled container or original manufacturer's container. I hereby release the Board of Education and its agents and employees from any and all liability that may result from my child taking the medication.

_____ _____
Parent/Guardian Signature Date

B. This section to be completed by physician/licensed health care provider for prescription and/or non-prescription medications:

Name of medication: _____ Dosage: _____
Administer medication: ☐ at the following times: _____

Name of medication: _____Dosage: _____
Administer medication: ☐ at the following times: _____

Inhalers: (as ordered above)

☐ May carry. Student has been instructed in the proper use of this medication and is sufficiently responsible to self-administer.

☐ May NOT carry.

_____ _____
Physician/Licensed Health Care Provider Signature Address

_____ _____
Date Phone

Emergency Medical/Dental Authorization for Extended Excursion

Student Name_____ Date of Birth_____
Address_____ Home Phone_____
School_____ Grade_____

Purpose: For a safer school environment, parent(s)/guardian(s) authorize the provisions of emergency medical/dental treatment for children who become ill or injured while under school authority when parent(s)/guardian(s) cannot be reached.

I/We, the parent(s)/guardian(s) of _____, a student in the WRPS district, do hereby authorize and direct the principal or his/her designee, to provide care for my child in the event of an accident, injury, or illness, when immediate medical, surgical, or dental care is needed, provided there shall first be diligent effort to notify me of the situation and obtain my preferences by calling me at:

_____ _____
Name of Parent/Guardian Phone Number(s)

_____ _____
Name of Parent/Guardian Phone Number (s)

If such efforts to get in touch with me are unsuccessful, I/we authorize the principal or his/her designee, to transport the child to the nearest emergency facility or to call the paramedics, if the principal or his/her designee deems such action warranted. At the hospital, the child shall be given treatment and care by a licensed medical professional.

Please list below specific medical information, including medications currently being taken, any allergies (such as to foods, medications, animals, insect/bees or other environmental allergies) and any health conditions that school nurses and school personnel should be informed about. Please list all that apply, even if you have listed it on past forms.

Medication: _____
Allergies: _____
Would an animal in the classroom cause medical problems? _____ Yes _____ No
Explain: _____
Health conditions: _____
Preferred physician for my child: _____ Phone: _____
Address: _____
Preferred dentist for my child: _____ Phone: _____
Address: _____

Insurance Information

1. Responsible party: _____
2. Employed by: _____
3. Insurance Company: _____ Phone: _____
4. Group Number: _____

_____ _____
Parent/Guardian Signature Date

STUDENT MEDICATION FOR EXTENDED EXCURSION
Parent/Guardian Instructions Grades 6-12

MIDDLE SCHOOL

1. All prescription medication(s) must be administered by a designated adult. However, inhalers for asthma can be carried and self-administered by the student if the physician/licensed health care provider has given him/her permission as indicated on the Medication Consent for Extended Excursion form. Please follow the directions below if your child will be taking prescription medication(s):

a. The Medication Consent for Extended Excursion form must be completed as directed on the form.
- Section A is to be completed by the parent/guardian.
- Section C is to be completed by the physician/licensed health care provider.

b. The completed form must be turned into the staff person in charge of the excursion prior to the excursion.

c. All medication(s) must be given to the staff person in charge of the excursion.

d. The medication(s) must be in the pharmacy-labeled container(s). Please provide only enough medication for the time the student will be on the excursion.

2. Non-prescription medication(s) can be carried and self administered by the student if the parent/guardian desires. Please follow the directions below if your child will be self-administering his/her own non-prescription medication.

a. The Medication Consent for Extended Excursion form must be completed as directed on the form.
- Sections A and B must be completed by the parent/guardian.
- All non-prescription medication(s) must be in the original manufacturer's container(s).
- Students **CANNOT** share this medication with anyone else.

3. If the parent/guardian prefers to have non-prescription medication administered by an adult designated to administer medication, a physician/licensed health care provider's order is required. Please follow the directions as listed in #1 above.

a. All non-prescription medication(s) must be in the original manufacturer's container(s).

HIGH SCHOOL

1. All prescription medication(s) will be administered by a designated adult unless the physician/licensed health care provider has given permission for the student to self administer his/her own medication in the appropriate area on the Medication Consent for Extended Excursion form.

a. The Medication Consent for Extended Excursion form must be completed as directed on the form.

- Section A is to be completed by the parent/guardian.
- Section C is to be completed by the physical/licensed health care provider.

b. The completed form must be turned into the staff person in charge of the excursion prior to the excursion.

c. **ALL** medication(s) must be in the pharmacy-labeled container(s). Please provide only enough medication for the time the student will be on the excursion.

SCHOOL DISTRICT OF WISC. RAPIDS - MEDICATION CONSENT FORM FOR EXTENDED EXCURSION FOR GRADES 6-12 ONLY

A. This section to be **completed by parent/guardian.**
Student Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip-Code: _____
School: _____ Grade: _____

I agree with the medication request below and will be responsible for:
1. Delivery of a sufficient supply of medication in a pharmacy-labeled container or original manufacturer's container to the school.

I hereby release the Board of Education and its agents and employees from any and all liability that may result from my child taking the prescribed medication. I, also, accept all the responsibility and liability involved with the safe administration, transport, and possession of any non-prescription medication that my child will be self administering.

Parent/Guardian Signature _____ Date: _____
Phone#: _____
Address: _____
City: _____ State: _____ Zip-Code: _____

B. This section to be **completed by parent/guardian** for non-prescription medications that the student will self-administer.

Please allow my child to self administer the following medication(s).
Name of medication: _____
Dosage: _____

C. This section to be **completed by physician/licensed health care provider** for prescription and non prescription medication(s) that will be administered by a designated adult:
Please administer the following physician/licensed health care provider ordered medication:
Name of medication: _____
Dosage: _____

Prescription Medications: (as ordered above) **HIGH SCHOOL STUDENTS ONLY**
Y / N Student may carry. Student has been instructed in the proper use of this mediation and is sufficiently responsible to self-administer.

Inhalers: (as ordered above)
Y / N Student may carry. Student has been instructed in the proper use of this mediation and is sufficiently responsible to self-administer.

This permission valid for: _____ (dates of field trip)

_____ _____
Physician/Licensed Care Provider (Signature) Address

_____
Date

Emergency Medical/Dental Authorization for Extended Excursion

Student Name_____ Date of Birth_____
Address_____ Home Phone _____
School_____Grade_____

Purpose: For a safer school environment, parent(s)/guardian(s) authorize the provisions of emergency medical/dental treatment for children who become ill or injured while under school authority when parent(s)/guardian(s) cannot be reached.

I/We, the parent(s)/guardian(s) of _____, a student in the WRPS district, do hereby authorize and direct the principal or his/her designee, to provide care for my child in the event of an accident, injury, or illness, when immediate medical, surgical, or dental care is needed, provided there shall first be diligent effort to notify me of the situation and obtain my preferences by calling me at:

_____ _____
Name of Parent/Guardian Phone Number(s)

_____ _____
Name of Parent/Guardian Phone Number (s)

If such efforts to get in touch with me are unsuccessful, I/we authorize the principal or his/her designee, to transport the child to the nearest emergency facility or to call the paramedics, if the principal or his/her designee deems such action warranted. At the hospital, the child shall be given treatment and care by a licensed medical professional.

Please list below specific medical information, including medications currently being taken, any allergies (such as to foods, medications, animals, insect/bees or other environmental allergies) and any health conditions that school nurses and school personnel should be informed about. Please list all that apply, even if you have listed it on past forms.

Medication:_____
Allergies:_____
Would an animal in the classroom cause medical problems? _____ Yes _____ No
Health condition:_____
Explain:_____
Preferred physician for my child: _____Phone: _____
Address:_____
Preferred dentist for my child: _____Phone: _____
Address: _____

Insurance Information

1. Responsible party: _____
2. Employed by: _____
3. Insurance Company: _____ Phone: _____
4. Group Number: _____

_____ _____
Parent/Guardian Signature Date

Medication Administration for Extended Excursion Log

School Year: _____ Organization/Group: _____

_____

Student Name: _____ Date of Birth: _____

Medication and Dosage	Date, Time, Initial	Date, Time, Initial	Date, Time, Initial	Date, Time, Initial	Date, Time, Initial	Date, Time, Initial	Date, Time, Initial

Medication Designees:

Name	Initials
_____	_____
_____	_____
_____	_____
_____	_____

POLICIES

Guidelines for Administering Medications to Students

DEFINITIONS:

1. "**Administer**" means the direct application of a nonprescription drug product or prescription drug, whether by injection, ingestion or other means, to the human body.

2. "**Drug**" means any substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them.

3. "**Drug product**" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture.

4. "**Epinephrine auto-injector**" means a device used for the automatic injection of epinephrine into the human body.

5. "**Health care professional**" means a person licensed as an emergency medical technician under s. 256.15, a person certified as a first responder under s. 256.15 (8) or any person licensed, certified, permitted or registered under chs. 441 or 446 to 449.

6. "**Professional Nurse**" is a nurse who has a certificate of registration under s. 441.06 or who is licensed as a registered nurse in a party state, as defined in s. 441.50 (2) (j) who performs for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences, herein referred to as the School Nurse.

7. "**High degree of negligence**" means criminal negligence, as defined in s. 939.25 (1).

8. "**Nonprescription drug product**" means any nonnarcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law.

9. "**Practitioner**" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.

10. "**Prescription drug**" has the meaning specified in s. 450.01 (20).

11. "**Delegation**" is the process for a nurse to direct another person to perform nursing tasks and activities.

In all instances where prescription medication is to be administered under this policy, the practitioner prescribing the medication has the power to direct, supervise, decide, inspect, and oversee the administration of such medication.

No prescription medication shall be given to a student by any employee of the District unless the following have been received in the school where the medication will be administered:

1. Written instructions from the prescribing practitioner for the administration of the prescribed medication. Such instructions shall be signed by the prescribing practitioner.

2. Written instructions should include:

   - the name of the drug,
   - the dose,
   - approximate time it is to be taken,
   - the diagnosis or reason the medication is needed,
   - a list of adverse effects that may be reasonably expected,
   - contraindications to administering the medication.

3. A written statement from the prescribing practitioner which identifies the specific conditions and circumstances under which contact should be made with him or her in relation to the condition or reactions of the student receiving the medications, and reflects a willingness on the part of the healthcare provider to accept direct communications from the person administering the medication.

4. A written statement from the parent/legal guardian authorizing school personnel to give medication whether the dosage is prescribed by the practitioner or an over-the counter medication and authorizing school personnel to contact the practitioner directly.

5. A written authorization form from a healthcare practitioner for an over-the-counter medication that is to be given daily for greater than 10 days.[2]

6. Written approval from the pupil's practitioner for the administration of a nonprescription drug product in a dosage other than the recommended therapeutic dose.

7. Written approval from pupil's practitioner is required for administration of any medication product that contains aspirin. [1]

8. Whenever possible, parents should hand-deliver prescribed and over-the-counter medication to the school office. The School Nurse or administrator reserves the right to require parents to bring medicine in as necessary.

9. Authorization for prescription and over the counter medication must be obtained annually and when changes occur. (Annual authorization for prescription and over the counter medications will be valid for students attending summer school).

Rule:

School Responsibilities

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1. School personnel authorized by the building principal or school administrator to administer medication to students shall be provided appropriate instruction approved by Wisconsin Department of Public Instruction (DPI) and will be supervised by the School Nurse. Determining which individuals should be responsible for medication administration will be the joint responsibility of the building administrator and the School Nurse.

2. No employee, except a health professional, will be required to administer any medication to a student by any means other than ingestion. However, the student's parent or a trained and authorized staff person or volunteer must be available to administer medication that is injected (or other mode of delivery) in all academic environments, including field trips.

3. School personnel authorized by the building principal to administer medication to students shall see that the medication is given within 30 minutes before or after the time specified by parent and practitioner.

4. An accurate and confidential system, in accordance with FERPA and HIPAA regulations, of record keeping must be maintained each time a medication is dispensed.

    a. An individual Medication Record is to be established for each student which will include date, time, dosage, initials of individual dispensing medication, extension or disruption of medication, any changes, description of reactions experienced by the student or errors made in the administration of the medication. Medication and treatment sheets are part of the pupil's record.
    b. The parent or guardian and school administrator must be notified of a problem or error in dispensing medication. The physician/nurse practitioner may also be notified if the situation warrants. A notation is to be made on the Medication Record if medication is not given, if an error is made in its administration, or if parents are notified of a problem.
    c. The School Nurse shall be notified of the error as soon as possible.
    d. The Medication/Treatment Request form and Medication Record form are to be filed in the pupil's record.

5. If the medication to be given is other than oral, the person giving the medication shall be provided instruction by the physician or registered nurse and approved by DPI and demonstrate or provide evidence of appropriate learning. The School Nurse will perform an initial evaluation of the extent to which the medication may be delegated, with such delegation appropriately accepted by unlicensed or licensed school employees.

6. For controlled substances (see list below) school office personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by school office personnel. School officials and/or adult delivering medication shall document verification of the medication count by initialing the medication administration form.

7. Approximately two weeks prior to the end of school parents will be notified in writing to pick up any remaining unused controlled substance medication. The parent or guardian shall pick up unused portions of medications within five (5) business days after the completion of the school year or when medications have been discontinued. Medication/treatment supplies will be destroyed if they have not been picked up after five (5) business days after the completion of the school year. (see Medication Disposal Procedure).

Nursing Responsibilities

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1) The School Nurse reviews medication orders upon receipt to evaluate if medication administration can safely be delegated.

2) The School Nurse assures that school staff designated to provide medication administration receive DPI approved knowledge training at least every 4 years (yearly is recommended) and perform a return demonstration of the medication administration procedure (skills training) to the RN to ensure competency at least yearly.

3) The School Nurse provides yearly knowledge and skill acquisition training for emergency medication administration such as epinephrine, glucagon, and rectal diazepam to the district's designated school personnel before the start of each school year. Skill reinforcement is recommended to occur mid-school year and as needed, based on the RN's judgment.

4) The School Nurse maintains documentation of all school staff who has received DPI approved medication administration training and have demonstrated competency through return demonstration. List of trained school staff should be updated at least annually.

5) The School Nurse follows up on any identified medication errors, including parent notification (if it has not already occurred), physician notification if needed, and providing reinforcement of medication administration training and re-evaluation of competency of the person who was involved in the medication error (See Medication Error Procedure).

6) For students where a health care practitioner prescribed an albuterol inhaler for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s), the School Nurse will assess whether an asthmatic pupil has the necessary self-management skills needed to possess and use a metered dose inhaler or dry powder inhaler.

7) For students where a health care practitioner prescribed an epinephrine auto-injector for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s), the prescriber will indicate whether a student diagnosed with anaphylactic allergy has the necessary self-management skills needed to possess and use an epinephrine auto-injector.

Special Circumstances

Research Medication

Medication prescriptions for children that do not fall within the established United States Food and Drug Administration (FDA) guidelines for pediatric use and/or dosing may fall into two categories: off-label medication and experimental medications.

- Off label medications are those FDA approved medications prescribed for non-approved indications in children.
- Pediatric experimental or investigational drugs are those medications currently involved in clinical trials. These medications are undergoing formal study to determine the efficacy and safety of pediatric dosing, but they do not have FDA approval.

Requests to administer research medication in school will be evaluated on an individual basis by the School Nurse. At minimum, the following materials will be required from the prescribing practitioner:

1. Information regarding the protocol or a study summary from the research organization
2. Signed parental permission
3. Reporting requirements
4. Any follow-up nursing actions to be taken

*The School Nurse should ensure that they have enough information regarding the research medication to make an informed decision as to whether or not to administer the medication in the school setting. The School Nurse reserves the right to refuse to administer or delegate the medication administration if he/she feels it cannot safely be administered at school.

Alternative Medication

The National Center for Complementary and Alternative Medicine (NCCAM) defines Complementary and Alternative Medicine (CAM) as "group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine." (NCCAM, 2011). Both nonprescription and prescription drugs must be recognized as drugs in the official U.S. Pharmacopoeia and national formulary or official Homeopathic Pharmacopoeia of the United States or any supplemental publication to these references.
U.S. Pharmacopoeia (http://www.uspnf.com/uspnf/login)
U. S. Homeopathic Pharmacopoeia
(http://www.hpus.com/online_database/register_action.php)

For the safety and protection of students, alternative medication will not be given in the school setting unless approved by the FDA or prescribed by a practitioner.[2] The following criteria must be met:

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

Controlled Substances

Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness and disability enabling many sick and disabled children to attend school.

For controlled substances (see list below) school office personnel shall verify the amount of medication delivered or that has arrived to school in a sealed envelope by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by school office personnel. School officials and/or adult delivering medication shall document verification of the medication count by initialing the medication administration form.

Controlled substances shall be stored in a locked container or drawer. Controlled substances and other drugs at risk for abuse or sale to others are not appropriate for self-carry by the student .[2,13]

Opioid Overdose

Opioid overdose occurs when the amount of opioid in the body is so great that an individual becomes unresponsive to stimuli and breathing becomes inadequate.

Naloxone/Narcan use: School employee or school volunteer may administer an opioid antagonist (Naloxone/Narcan) to a person who appears to be experiencing an opioid overdose. This person must be trained to administer an opioid antagonist and follow the Naloxone administration procedure (see attached). A standing order will be obtained yearly by the school nurse and maintained in the school health office.

NEW FORM

NALOXONE ADMINISTRATION FOR OPIOID OVERDOSE

Definition:
Opioid overdose occurs when the amount of opioid in the body is so great the individual becomes unresponsive to stimuli and breathing becomes inadequate. Lack of oxygen affects vital organs, including the heart and brain, leading to unconsciousness, coma, and eventually death. Naloxone/Narcan is indicated for the reversal of opioid overdose in the presence of respiratory depression or unresponsiveness.

Information/Guidelines:
This procedure is to be used in conjunction with the standing order for administration of Naloxone/Narcan to provide treatment to unresponsive individuals in the school setting.

Body System	Signs & Symptoms of Opioid Overdose
Mouth/Throat	Loud, uneven snoring or gurgling noises(death rattle)
Lungs	Shallow, slow breaths(fewer than 10 per min.) or not breathing at all
Skin	Pale, blue or gray, clammy
Heart	Slow or erratic pulse(heartbeat) blue lips or fingertips(from lack of oxygen
Mental status	Unresponsive to stimuli such as noise or sternal rub/unconsciousness
Other	Constricted(pinpoint) pupils, very limp body

Equipment:
Narcan Nasal spray device-check where stock at your building

Procedure:
Attempt to rouse and stimulate the student/patient (perform sternal rub by making a fist, rub your knuckles firmly up and down on the breast bone).
Call 911, request AED
If possible monitor and record respirations, heart rate and blood pressure. Note suspected opiate overdose (as evidenced by pinpoint pupils, altered mental status/unresponsive.
Start rescue breathing if not breathing or CPR if there is no pulse
If no response from CPR and opiate overdose is suspected give Narcan
TO GIVE NARCAN: place the tip of the nozzle in either nostril until your fingers touch the nose, press the plunger firmly to release the dose of Narcan, If there is no response after 2-3 minutes give a second dose.
If needed resume rescue breathing or CPR if there is no pulse
Stay with the person until EMS arrives, notify EMS Narcan was given.

Emergency situation means a situation in which a pupil reasonably believes that he or she is experiencing a severe allergic reaction, including anaphylaxis that requires the administration of epinephrine to avoid severe injury or death.
Epinephrine auto-injector means a device used for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

Epinephrine: School districts may develop a plan for the management of pupils attending school whom have a life threatening allergy.

- The plan must be approved by the school's governing body.
- The plan must specify the training necessary to administer an epinephrine auto-injector.
- The plan must be approved by a physician.
- The plan must be posted on the school district's website. If the district does not have a website, a copy of the plan is to be given to any person upon request.

Authorized staff (school bus driver, employee, or volunteer) may use an epinephrine auto-injector to administer epinephrine to any pupil who appears to be experiencing a severe allergic reaction if, as soon as practicable, the school bus operator, employee or volunteer reports the allergic reaction by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider (See Staff Administration of Non-Student Specific Epinephrine Policy and Procedure)

Glucagon: Authorized staff (school bus driver, employee, or volunteer) may administer glucagon to any pupil who they know is diabetic and who appears to be experiencing a severe low blood sugar event with altered consciousness if, as soon as practicable, the school bus operator, employee, or volunteer reports the event by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider (see Staff Administration of Glucagon Policy and Procedure)

Field trips

The following applies to any school sponsored activity, including: field trips, athletics, student groups or clubs, and any overnight events/field trips where a student has a medication of file that may need to be given.

Before the field trip:

- At least one-school personnel must have successfully completed the applicable DPI approved training depending on the medication needs of the students.
- Current training documentation must be on file with the District prior to the date of event or practice.

Day of the field trip:
The school administrator or his/her designee assigned to administer student prescribed medications shall:

1. Document the following items on an envelope :
    a. Name of the student
    b. Name of the drug,
    c. Dose,
    d. Approximate time it is to be taken,
    e. Instructions pertinent to administration of the medication.
2. Place one medication dose in envelope (if student requires more than one medication while on field trip, place each dose in a separate envelope).
3. Securely tape the envelope containing the prescribed medication to prevent loss of the medication.
4. Ensure that the responsible person in charge of the care of the student on the field trip is aware of any side-effects of the prescribed medication and who to contact should an emergency occur.
5. Explain to the individual who will be administering the medication(s) on the field trip that he/she must follow the procedures listed below to comply with the school district's policy:
    - Take the envelope to the school office to the administrator or his/her designee in charge of student prescribed medication(s) and record keeping immediately upon return from the field trip.

After the field trip:
The school administrator or his/her designee who is assigned to administer student prescribed medications during the field trip will be responsible for the following:

- Transfer all information from the field trip prescribed medication envelope label to the student's medication records.
- Place his/her name and initials in the appropriate area under the regular school day designee(s) name.

NOTE: If the information is being recorded by someone other than the individual who gave the prescribed medication to the student(s), place the documenter's initials after their name and initials.
(e.g. Jane Doe/J.D.-W.T.) and keep the field trip medication envelope on file until the end of the school year.

Extended Excursion- see Extended Excursion Procedure

ADMINISTERING MEDICATION PROCEDURE

1. No prescription or non-prescription drug product will be administered by school/school district personnel without the Medication Consent form and the Order for Medication Administration form being filled out and returned to the School Nurse or school district administrator's designee.
    a. Medication Consent Form must be filled out by the parent/legal guardian and addressed and returned to the School Nurse or school district administrator's designee.
    b. For a prescription medication, an Order for Medication Administration form must be filled out by a prescribing practitioner, addressed, and returned to the RN or school district administrator's designee.
    c. The School Nurse or superintendent/principal's designee shall maintain an accurate medication file, which includes all of these necessary forms for each student/participant receiving medication. Any changes shall be communicated to the School Nurse or school district administrator's designee by both the prescribing practitioner and parent/legal guardian.

2. Prescription drugs to be administered in the school or at an school district site/program must be supplied by the student's/participant's parent/legal guardian in the original pharmacy-labeled package and have the following information printed, in a legible format, on the container:

    a. Student's/participant's full name;
    b. Name of the drug and dosage;
    c. Effective date;
    d. Directions;
    e. Time to be given; and
    f. Prescribing practitioner's name.

3. Nonprescription drug products to be administered in the school or at a school district site/program must be supplied by the student's/participant's parent/legal guardian in the original manufacturer's package and the package shall list the ingredients and recommended dosage in a legible format.

4. Prescription and non-prescription drugs will be administered to the student/participant at the designated time by the School Nurse or school district administrator's designee, or by an individual who has been authorized to do so.

5. All District employees authorized to administer drugs in the school or at a district site/program shall receive training, approved by the Department of Public Instruction, prior to administering any nonprescription or prescription drug product.

6. Parents are responsible for supplying the prescription or non-prescription drug for their child.

7. The school district staff person designated to administer medications shall see that the medication is given within 30 minutes before or after the time specified by the health care practitioner.

8. All prescription and nonprescription drug products administered at the school will be kept in a locked cubicle, drawer, or other secure manner that maintains the medications' effectiveness (such as a locked refrigerator or a locked container in the refrigerator for medications that require refrigeration).

9. Emergency medications will be stored in a reasonably accessible location (student's classroom, School Nurse's office, main office).

    a. Medication should be kept in a secure but unlocked area
    b. Staff should be aware of the storage locations, and of any back-up supply
    c. Students may be allowed to carry their own emergency medication when appropriate
    d. An individual is identified to maintain a schedule for tracking medication status and expiration dates of emergency medications

10. For controlled substances (see list below) school office personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by school office personnel. School officials and/or adult delivering medication shall document verification of the medication count by initialing the medication administration form.

11. This policy shall not prohibit high school students from assuming responsibility for self-administration and storage of non-prescription products. High School students may carry non-prescription medications in their locker in small quantities. All medications must be in original labeled container. Students are under no circumstances to administer any over-the-counter medications to other students.

12. Students may self-carry albuterol inhalers and epinephrine auto-injectors if they have a medical order, have been instructed by their health care provider in the correct and responsible way to use an albuterol inhaler and/or epinephrine auto-injector and have been assessed by the School Nurse as having the appropriate self-management skills. (see Student Self-Administered Medication Policy and Procedure).

13. The length of time for which the drug is to be administered, which is not to exceed the current school year, including summer school or the length of the school district program, shall be contained in the written instructions from the prescribing practitioner.

    a. Further written instructions must be received from the prescribing practitioner with the consent of the parent/legal guardian if the drug is to be discontinued or any other change is to be made in the prescribing practitioner's original instructions.

14. An accurate and confidential system of record keeping shall be established for each student/participant receiving drug products.

15. An individual record for each student/participant receiving a drug product shall be kept by the School Nurse in the health office or the district administrator/principal's designee at a designated place at the school district site. The individual record shall include the type of drug product, the dose, the time given, the duration, and an inventory of the amount of drug product.

a. The individual student record should include that student's picture to assist with identification of the student while taking appropriate steps to maintain confidentiality.

17. In the event of a drug administration error, parent and School Nurse will be notified. Prescribing physician will be notified if parent or School Nurse feels it is appropriate or necessary. A written incident report explaining the error shall be completed by the School Nurse or school district administrator's designee or other employee involved, if any, and such report shall be filed with the School Nurse.

18. Nothing in this policy shall be construed to limit an employee's ability, including a nurse's ability, to respond appropriately in a health emergency situation, including but not limited to administering medication, if needed.

List of Common Controlled Substances (list is not all inclusive)

DRUG NAME (alphabetically)

Adderall®
Alprazolam
Alzapam®
Anexsia®
Anodynos-DHC®
Astramorph®
Ativan®
Clonazepam
Codeine
Concerta®
Darvocet-N®
Darvon®
Darvon-N®
Daytrana®
Dexedrine®
Dextroamphetamine
Dextrostat®
Diazepam
Dilaudid®
Dilaudid-HP®
Duramorph®
Endocet®
Halcion®
Hydrocodone
Hydromorphone
Infumorph®
Klonopin®
Lorazepam
Lorcet®
Lortab®
Metadate®
Methylin®
Methylphenidate
Morphine
Morphine Sulfate®
Norco®
Oramorph SR®
Oxycodone
OxyContin®
OxyFAST®
OxyIR®
Percocet®
Propoxyphene
Ritalin®
Ritalina®
Ritaline®
RMS®
Roxanol®
Roxanol-SR®
Roxicet®
Roxicodone®
Serax®
Statex®
Tranxene®
Tylenol® with Codeine
Tylox®
Valium®
Vicodin®
Xanax®
Zydone®

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453.4 ADMINISTERING MEDICATIONS TO STUDENTS

Medications should be administered to school children by parents at home whenever possible. The school nurse and other designated persons may administer medications to students under established procedures. School personnel authorized to administer medications to students shall be provided with appropriate instruction.

Before any prescription medication may be administered to a student in the Wisconsin Rapids Public School District, proper procedures for administering medication to students must be followed. Non-prescription medications will be administered only with parental instructions and consent. However, this policy shall not prohibit high school student from assuming responsibility for self-administration and storage of non-prescription products. High School students may carry non-prescription medications in their locker in small quantities only. All medications must be in original labeled container. Students are under no circumstances to administer any over-the-counter medications to other students.

Asthmatic students may possess/use asthma inhalers in accordance with state law and established procedures.

School employees, school volunteers and school bus drivers may administer epinephrine to any student who appears to be experiencing a severe allergic reaction, even in situations when written physician instructions and parent consent are not on file with the district authorizing such medication administration. Such action must be consistent with state law and established procedures.

LEGAL REF.: Section 118.255 Wisconsin Statutes
118.29
118.291
121.02(1)(g)
146.81
448
PI 8.01 (2)(g), Wisconsin Administrative Code

CROSS REF.: 453.4-Rule, Medication Administration Procedures
Emergency Care Handbook

ADOPTED: April 14, 1997

REVISED: August 13, 2001
July 26, 2013

453.4-RULE MEDICATION ADMINISTRATION PROCEDURES

Medication may be administered to students only in accordance with the following procedures:

1. Prescription medication may be administered when the "Physician/Dentist Orders for Administering Prescription Medication in School" form, including the parent/guardian's written consent, has been filled out and returned to the school principal, the school nurse or the individual administering medication.

2. Medication must be provided in the original prescription bottle and must have the following information printed on the container:

   a. Student's full name
   b. Name of medication and dosage
   c. Time to be administered
   d. Prescribing physician's name

3. Prescription medication sent to school with a student must be in its original pharmacy container, then sealed in an envelope labeled with the student's name and the number of pills sent.

4. The length of time the medication is to be administered shall be included in the written instructions from the prescribing physician. Further written instructions must be received from the physician if the medication is to be discontinued or the original instructions regarding dosage or time the medication is to be administered are changed.

5. A new "Physician/Dentist Orders for Administering Prescription Medication in School" form must be completed annually.

6. Over-the-Counter Medication

   a. School personnel should, under no circumstances, administer over-the-counter medication to students without having authorization from the student's parent/guardian.

   b. The school shall administer over-the-counter medication for a maximum of three consecutive days. It is the district's philosophy that if the student requires over-the-counter medication for more than three days, they should be seen by a physician. Diagnosis and treatment of illness and the prescribing of medications are never school responsibilities and should not be undertaken by any school personnel.

7. Medication will be offered to the student at the designated time administered by the school nurse, health aide, or, if unavailable, by other designated school personnel. If the student refuses, the parent(s)/guardian should be informed.

8. All prescription medication administered at the school will be kept in a locked area or other safe place. Only limited quantities of medication are to be kept at school.

9. Asthmatic Pupils' Use of Inhalers

   An asthmatic pupil may possess and use a metered dose inhaler while in school, at a school-sponsored activity or under the supervision of a school authority if all the following are true:
   a. The pupil uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms.
   b. The pupil has the written approval of his/her health care provider and, the written approval of his/her parent or guardian.
   c. The pupil provides the school with a copy of this approval

   No school district, school board or school district employee is liable for damage to a pupil caused by a school district employee who prohibits a pupil from using an inhaler because of the employee's good faith belief that the

requirements above had not been satisfied or who allows a pupil to use an inhaler because of the employee's good faith belief that the requirements above had been satisfied.

10. Administration of Epinephrine to Students

School employees, school volunteers and school bus drivers may administer epinephrine if a student appears to be experiencing a severe allergic reaction, even in situations when written physician instructions and parent consent are not on file with the district authorizing such medication administration. Employees, volunteers, and bus drivers must:

a. Report the suspected allergic reaction, as soon as practical, by calling 911.
b. If in an area where 911is not available, they must call an emergency medical service provider.

Immunity is provided from civil liability for those persons who administer epinephrine in the above situations.

11. An accurate and confidential system of recordkeeping shall be established for each student receiving medication.

a. It is advisable to have in the principal's or school nurse's office a list of students needing medication during school hours, including the type of medication, the dose, and the time to be given. This list should be updated periodically.

b. An individual record for each student receiving medication shall be kept, including the type of medication, the dose, the time given and who dispensed the medication.

c. School personnel are asked to report any potential side effects of students on medication.

APPROVED: October 1991

REVISED: August 13, 2001
November 12, 2007
July 26, 2013

453.41 MEDICATION DISPOSAL

Approximately two weeks prior to the end of the school year, parents/guardians will be notified to pick up any extra doses of medication considered controller substances.

Institutional guidelines for medication disposal for schools in Wisconsin are provided by the Wisconsin Department of Natural Resources.

No medication will be kept at school over the summer. If the student is attending Summer School, it is the parent's responsibility to provide medication at the Summer School site.

1. **Controlled substances:**
   Here are a few medications likely to be found in schools and known to be controlled substances (this list is not all inclusive):

Adderall®	Dextroamphetamine	Methylphenidate	Roxanol®
Alprazolam	Dextrostat®	Modafinil	Roxanol-SR®
Anexsia®	Diazepam	Morphine	Roxicet®
Anodynos-DHC®	Dilaudid®	Morphine Sulfate®	Roxicodone®
Astramorph®	Endocet®	Norco®	Serax®
Ativan®	Fioricet®	Oramorph SR®	Statex®
Benzodiazepine	Focalin®	Oxycodone	Tranxene®
Clonazepam	Hydrocodone	OxyContin®	Tylenol® with Codeine
Codeine	Hydromorphone	OxyFAST®	Tylox®
Concerta®	Klonopin®	OxyIR®	Valium®
Cortef	Lisdexamfetamine	Percocet®	Vicodin®
Darvocet-N®	Lorazepam	Pregabalin	Vyvanse®
Darvon®	Lorcet®	Propoxyphene	Xanax®
Darvon-N®	Lortab®	Provigil®	Zydone®
Daytrana®	Lyrica	Ritalin®	
Dexedrine®	Metadate®	Ritalina®	
Dexmethylphenidate	Methylin®	Ritaline®	

2. Although flushing controlled substances down the toilet is currently legal, it is not considered best practice.

3. **Hazardous medications:** It is up to you to determine that each medication is not a hazardous waste and document your decision and the source of information. If you are not sure or do not have time to document it, you should assume that the medication is a hazardous waste. To help you with your decisions, here are a few medications likely to be found in schools and known to be hazardous waste when discarded (this list is not all inclusive):

   - Ammonia, aromatic Inhalant
   - chemotherapy drugs
   - Coumadin
   - Dilantin
   - Erythromycin topical gel 2%
   - Flagyl
   - Insulin
   - Lomotil
   - pressurized aerosol inhalers (such as albuterol)
   - rubbing alcohol
   - Silver sulfadiazine cream
   - vaccines containing mercury

4. Check with school engineering staff to determine if the school is a Very Small Quantity Generator.

5. Districts may also utilize a county or city's Clean Sweep collection site if the collection site accepts medications from Very Small Quantity Generators (VSQG). http://datcp.wi.gov/Environment/Clean_Sweep/Business/index.aspx

6. School districts may choose to consolidate hazardous waste with other school districts within a county and dispose of the waste using the state hazardous waste vendor http://vendornet.state.wi.us/vendornet/default.asp or hire another hazardous waste contractor for disposal. To find a hazardous waste contractor go to http://dnr.wi.gov and search for the topic "pharmaceutical waste". (Check with school engineer for more information on disposing of hazardous waste).

7. **Infectious Waste**
    - Epi pens
        i. If unable to return an unexpired epinephrine syringe (EPI pen), a school may keep the EPI pen for use in a life-threatening emergency. Upon expiration, the EPI pen is an infectious waste.
    - used or sterile syringes
    - used or sterile lancets

8. School districts may choose to infectious waste with other school districts within a county and dispose of the waste using the state infectious waste vendor http://vendornet.state.wi.us/vendornet/default.asp or hire another infectious waste contractor for disposal. http://dnr.wi.gov and search for the topic "health care waste". Under the heading for non-households, choose "infectious waste." (Check with school engineer for more information on disposing of infectious waste).

9. School districts can take sharps to a healthcare provider, which accepts sharps from the public, or to a registered sharps collection station. To find a site that collects sharps look on http://dnr.wi.gov/ search for "Healthcare waste" and click on the link about sharps collection.

10. **Common Non-Hazardous Medications:**
    - Abilify
    - Acetaminophen
    - Benadryl
    - Carbamazepine
    - Clonidine
    - Depakote
    - Dextromethorphan HBr, USP
    - Dulcolax
    - Felbamate
    - Glucagon
    - Guaifenesin
    - Ibuprofen
    - Imitrex
    - Lactaid
    - Miralax
    - Naproxen
    - Pepto-Bismol
    - Phenylephrine HCl, USP
    - Risperdol
    - Seroquel
    - Singulair
    - Strattera
    - Tums
    - Wellbutrin
    - Zoloft
    - Zyrtec

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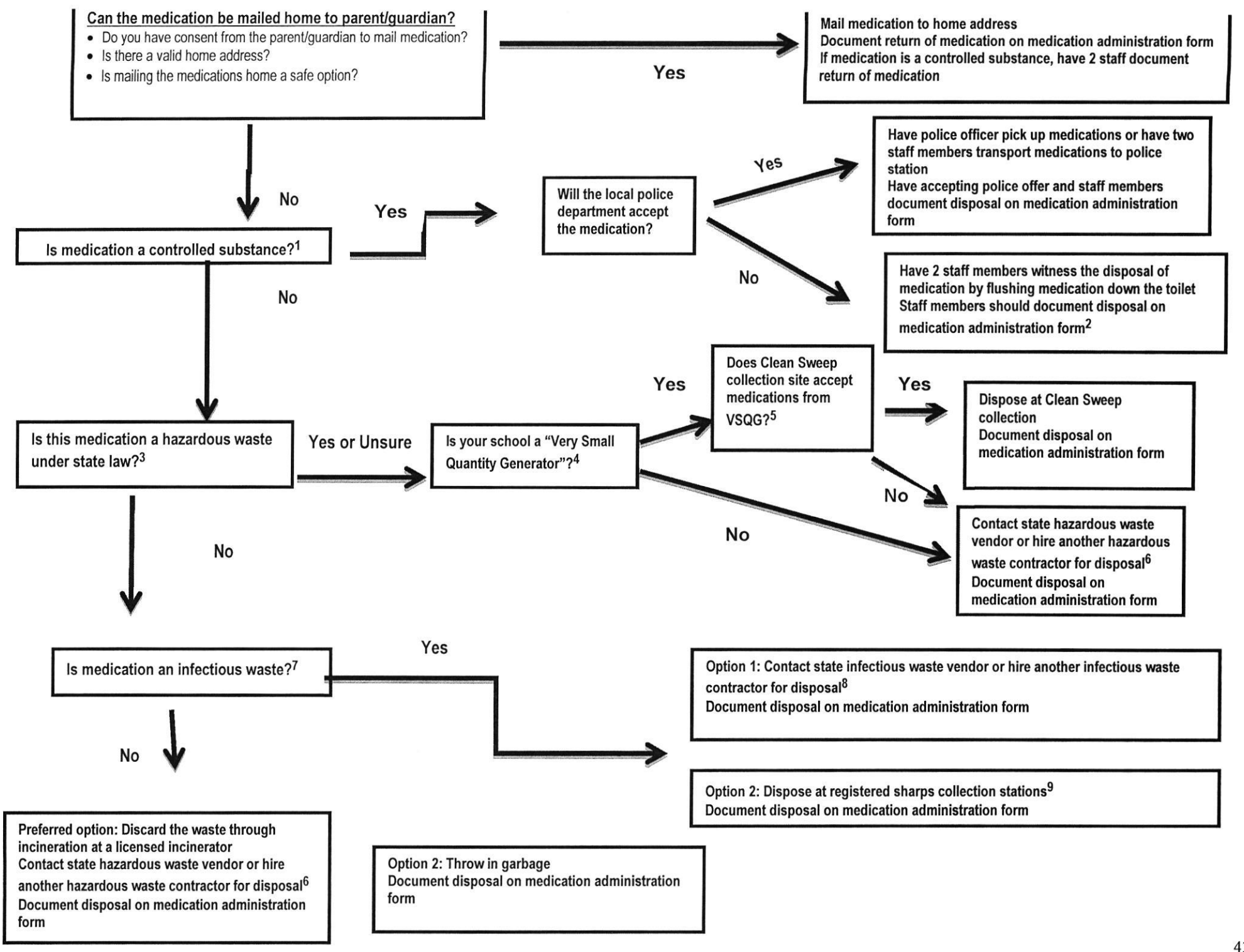
Can the medication be mailed home to parent/guardian?
Do you have consent from the parent/guardian to mail medication?
Is there a valid home address?
Is mailing the medications home a safe option?
Yes
Mail medication to home address
Document return of medication on medication administration form
If medication is a controlled substance, have 2 staff document return of medication
No
Is medication a controlled substance?1
Yes
Will the local police department accept the medication?
Yes
Have police officer pick up medications or have two staff members transport medications to police station
Have accepting police offer and staff members document disposal on medication administration form
No
Have 2 staff members witness the disposal of medication by flushing medication down the toilet
Staff members should document disposal on medication administration form2
No
Is this medication a hazardous waste under state law?3
Yes or Unsure
Is your school a "Very Small Quantity Generator"?4
Yes
Does Clean Sweep collection site accept medications from VSQG?5
Yes
Dispose at Clean Sweep collection
Document disposal on medication administration form
No
No
Contact state hazardous waste vendor or hire another hazardous waste contractor for disposal6
Document disposal on medication administration form
Is medication an infectious waste?7
Yes
Option 1: Contact state infectious waste vendor or hire another infectious waste contractor for disposal8
Document disposal on medication administration form
No
Option 2: Dispose at registered sharps collection stations9
Document disposal on medication administration form
Preferred option: Discard the waste through incineration at a licensed incinerator
Contact state hazardous waste vendor or hire another hazardous waste contractor for disposal6
Document disposal on medication administration form
Option 2: Throw in garbage
Document disposal on medication administration form

453.3 COMMUNICABLE DISEASE

The School District of Wisconsin Rapids shall follow state laws and regulations regarding communicable diseases.

While participating in school related activities or while on school premises, no student with a communicable disease shall refuse to interact or work with other students or staff if the communicable disease does not pose a significant health risk to others.

The determination of whether a communicable disease poses a significant health risk to others shall be made by the superintendent on the recommendation of the local health care team. Said determination shall be based solely upon the available medical evidence.

The local health care team shall be coordinated by the director of human resources and shall consist of a school nurse and the physician named as the county health officer. The recommendation will be made in accordance with the Department of Health and Family Services guidelines.

LEGAL REF.: Sections 118.125
118.13
121.02(1)(i)
252.05(8)
252.15
252.21
146.82
HFS 145, Wisconsin Administrative Code

CROSS REF.: 453.3-Rule, Communicable Disease Procedures
347, Student Records
523.2, Staff Communicable Diseases
885, Relations with Health Agencies
Emergency Care Handbook
Exposure Control Plan for WRPS

APPROVED IN PART: November 11, 1974

REVISED: February 1989
August 13, 2001

453.3-RULE COMMUNICABLE DISEASE PROCEDURES

1. Students who have a communicable disease, as defined by the state regulations, who may expose others to significant risk while they are on school premises or engaged in school-related activities may be excused from school and from attending such activities until such time as their presence will not expose others to infections.

    a. The determination as to whether or under what circumstances a student with a communicable disease poses a significant health risk to others in the school setting or in school-related activities shall be made by the superintendent on the recommendation of the local health care team. Said determination shall be based solely upon the available medical evidence.

    b. Should the superintendent, on recommendation of the local health care team, determine that a student poses a significant health risk to others in the school environment, the superintendent shall notify the parent(s)/guardian: (1) that modifications will be made in the student's educational program, or (2) that the student may not participate in school activities or remain on school premises. The superintendent may require a physician's statement regarding the student's return to school.

2. Students who may be exposed to a significant health risk because of personal health problems may be excused by the district until such time as they are no longer exposed to a significant health risk.

    a. The determination as to whether or not the student with the personal health problem is exposed to a significant health risk shall be made by the superintendent on the recommendation of the local health care team. Said determination shall be based solely upon the available medical evidence.

    b. Should the superintendent determine that the student with the personal health problem is exposed to a significant health risk, he/she shall notify the parent(s)/guardian of the student, in writing, that the student does not have to participate in school related activities or be present on school premises until the student is no longer exposed to the significant health risk.

All information related to such cases shall be maintained in accordance with established Board policy and procedures regarding student records.

APPROVED: February 1989

REVISED: August 13, 2001

Guidelines for Emergency Nursing Services

Definitions:

"Professional Nurse": is a nurse who has a certificate of registration under s. 441.06 or who is licensed as a registered nurse in a party state, as defined in s. 441.50 (2) (j) who performs for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences, herein referred to as the School Nurse.
"Delegation": the process for a nurse to direct another person to perform nursing tasks and activities.

"Medical Advisor": physician licensed to practice in the State of Wisconsin.

1. The emergency nursing service program shall be under the direction of the Pupil Service Director.
2. WRPS shall employ a School Nurse(s) currently licensed in the State of Wisconsin from for the purpose of providing Emergency Nursing Services.
3. A qualified physician shall serve as Medical Advisor for an annual term per agreement.
4. The Medical Advisor, in conjunction with a School Nurse, other school district personnel, and representatives from community health agencies, as designated by the Board, may assist in the annual review of policies and procedures and first aid standing orders/protocols pertaining to the Emergency Nursing Services Program.
5. Emergency services shall be available during the school day and during all school-sponsored activities, including summer school, athletic events or extra-curricular activities, same day field trips, extended field trips and out of the country field trips. The head coach/advisor of the sport/group or designee by building principal for each event/trip shall be responsible for the provision of emergency services for the event/trip.

Rule:

School District Administrator(s):

The School District Administrator(s) will:

1. Understand and ensure compliance with all federal and state laws related to school based nursing services.
2. Ensure that emergency nursing services are provided through consultation with a School Nurse(s) registered in Wisconsin.
3. Arrange for a licensed physician to serve as District Medical Advisor for emergency nursing services.
4. Ensure that the school district has a formal system of collecting emergency pupil information and parental approval for emergency medical care, on a yearly basis.
5. Ensure that the district has developed standing orders/protocols for the provision of injury and illness management in collaboration with the School Nurse and under the direction of the medical advisor.
6. Review policies and procedures for emergency nursing services program, which will include all first aid standing orders/protocols in consultation with WRPS School Nurses and WRPS Medical Advisor as well as school board, annually and as needed.
7. Ensure that the Emergency Nursing Services Program is reviewed with the school board as needed.
8. In collaboration with School Nurse, identify and assign responsible individuals to assist in providing emergency nursing services (medication administration and injury and illness protocols).
9. Provide appropriate staff with evidence-based first aid training.
10. Establish an emergency management team which consists of multiple school staff within each building who are designated and trained to handle emergencies according to established protocols until the nurse, physician, or other emergency personnel can be reached during the school day and during all school sponsored events, such as (but not limited to) field trips, athletic events, extra-curricular activities.
11. Make available student emergency information, equipment, supplies and space necessary for implementing emergency nursing services in each occupied school building within the district.
12. Identify and assign a staff member to regularly take inventory of necessary or recommended supplies for health rooms and inform designated person when supplies are needed.
13. Identify and assign a staff member to track emergency medication inventory and expiration dates.
14. Ensure that the school district has a record system, including accident reports and a log of services performed, including but not limited to:
    a. Injury
    b. Illness management
    c. Medication administration
    d. Delegated nursing services
15. Ensure that school staff is aware of confidentiality standards and that the standards are maintained in accordance with state and federal laws and regulations.
16. Complete a yearly performance evaluation of school staff responsible for providing emergency nursing services.
17. Ensure that schools within the district have an efficient and effective campus-wide communication system (including on school buses) (PA system, cellular phones, walkie-talkies).

Medical Advisor:

The Medical Advisor for the Wisconsin Rapids School District will:

1. Make recommendations to the Health Advisory Committee regarding the scope of health services, policies, emergency care and other recommendations as appropriate for the health and safety of school children.
2. Advise the Health Advisory Committee on professional issues regarding the health and safety of school age children.
3. Maintains and accept communication with the school nurses on matters requiring medical expertise.
4. Collaborates with the school nurses to resolve general health issues.
5. Consult in the evaluation and planning process for student with significant medical problems. Review individualized health care plans as needed and assist the school nurse regarding the safety of nursing procedures done within the school.
6. Provide medical review of policy development.
7. Facilitating communication between the school district and primary care physicians and clinics, both in matters concerning individual students and in matters of the general operation of the district's health services.
8. Acts as an advocate for health promotion for the Wisconsin Rapids Public School.

School Nurse:

Emergency Nursing Services
The School Nurse will:

1. Assist with the development of policies and procedures for emergency nursing services, including first aid (injury) and illness standing orders/protocols in consultation with WRPS medical advisor and WRPS administration, annually and as needed.
2. Assist with the annual review of emergency nursing services program by the school board.
3. In collaboration with WRPS administration, identify responsible individuals to assist in providing emergency nursing services based on established illness and injury management standing orders/protocols.
4. Provide or arrange for the provision of first aid training for school district staff that will be providing emergency nursing services (first aid and illness management). **Note: The School Nurse is not responsible to delegate first aid and illness management. Injury and illness management are under the direction of standing orders/protocols developed by the WRPS medical advisor.**
5. Develop, review and update medication administration protocols annually in consultation with WRPS medical advisor and the WRPS administration.
6. In collaboration with the WRPS administrator(s), identify school staff that will be responsible for medication administration.
7. Provide or arrange for the provision of required training and education for staff that will be providing medication administration.

a. Document training provided and date of training.
b. Evaluates and documents competency of staff assigned to administer medications.
c. Maintain records of who has been trained and provide updated list to WRPS administration.
d. Provide periodic review of medication administration records and provide "general supervision" to staff performing medication administration (General supervision means regularly to coordinate, direct and inspect the practice of another). [17]
e. Review medication errors to determine necessary revisions to the medication policies and procedures.
f. Participate in evaluation process for staff performing medication administration, at least yearly.
g. Communicate with WRPS administration when there are concerns regarding the willingness or ability of a school district employee's ability to safely or effectively administer medications. **The School Nurse reserves the right to un-assign medication administration responsibilities from a school employee for any reason.**

8. Maintain required documentation and paperwork for Medicaid billing. (**NOTE: if school district chooses to bill Medicaid for the administration of medication, the School Nurse is required to delegate the administration of medication and provide the proper documentation of the delegation.**)
9. Provide training to school staff as needed on the following (but not limited to):
    a. Diabetic emergencies
        i. Use of glucagon
    b. Anaphylactic emergencies
        i. Use of epinephrine
    c. Epileptic emergencies
        i. Use of diazepam
    d. Asthmatic emergencies
        i. Use of albuterol inhaler/nebulizer

Other School Health Services Available based on contracted hours:
The School Nurse will:

1. Review WRPS immunization compliance reports. Assist with completing immunization compliance reporting requirements.
2. Provide or coordinate educational opportunities/ instruction for staff regarding communicable disease prevention, identification and management.
3. Monitor trends in student and staff health complaints and absentee reports to identify potential communicable disease outbreaks or environmental concerns.
4. Assist with the arrangement of CPR/AED and first aid training for school staff, including before/after school and athletic staff.
5. Maintain a list of staff that is currently certified in CPR and first aid.
6. Provide consultation or participate on Crisis or Emergency Management Team and assists in the development of WRPS schools safety plans.
    a. Consult or assist in the development of safety plans which include scenarios for lock down, shelter-in-place, evacuation, and relocation.
    b. Consult or assist in the development of a written plan for the evacuation of students with disabilities or health concerns in the event of an emergency.
    c. Consult or assist in the development of a safety plan that addresses how to manage the complex medical needs of the student with disabilities or health concerns in the event of a larger community emergency.

7. Facilitate a yearly medical emergency drill in each school building within the district.
8. Track emergency medication inventory and expiration dates.
9. Designate staff responsible for taking inventory of the necessary supplies for health rooms and who to contact when supplies are needed.
10. Provide or assist in arranging for the provision of necessary preventive screenings for students (such as vision, hearing, developmental).
11. Provide consultation or participate on health related committees and work groups (such as Wellness Committee and Pupil Services Team).

Delegated Nursing Services only provided through additional contracted nursing hours:
The School Nurse will:

1. Identify/assist with identification of students within the district who have medical or health concerns that may require an Individualized Health Care Plan (IHP) or Emergency Action Plans.
2. Develop, evaluate and update, as needed, IHPs and/or Emergency Action Plans.
    a. In the development of the IHP, the School Nurse assesses the developmental, cognitive, and physical status of the student to determine the ability of the student to independently manage their chronic condition at school.
    b. In the development of the IHP, the School Nurse determines the nursing interventions and school accommodations needed for all school activities based on the developmental, cognitive, and physical status of the student.
    c. In the development of the IHP, the School Nurse identifies and coordinates the interventions for school activities (such as who will oversee student's medication administration, glucose monitoring, etc).¥
    d. In the development of the IHP, the School Nurse formulates individual pupil goals related to the pupil's health concern.¥
    e. School Nurse evaluates pupil's health related outcomes at least once annually.[5,6,8,9]
3. Review IHP and/or Emergency Action Plan with appropriate school staff including extracurricular activity coaches or coordinators, while being careful not to compromise student's confidentiality.
4. Provide required training, education, and general supervision to staff that will be providing delegated nursing services (such as nursing services required as part of a student's IHP, ie. medication management, suctioning, dressing changes, nebulizer treatment, G-tube feeding).
    a. Document training provided and date of training.¥
    b. Evaluates and documents competency of staff assigned to provide delegated nursing services.¥
    c. Maintain records of who has been trained and provide updated list to [School District] administration.
    d. At minimum, provides "general supervision" to staff performing delegated nursing services. (General supervision means regularly to coordinate, direct and inspect the practice of another).¥
    e. Ensures that appropriate medical records are maintained for nursing services provided.¥
    f. Participate in evaluation process for staff performing delegated nursing services, at least yearly.¥
    g. Performs internal review and quality assurance checks to promote the quality of nursing services.
    h. Communicate with WRPS administration when concerns arise regarding the ability of a school district employee to safely or effectively provide delegated nursing services.
5. The following Wisconsin Medicaid Nursing Services are required to be provided by a School Nurse or be delegated to an licensed practical nurse (LPN) or unlicensed assistive personnel (UAP) by the School Nurse (a School Nurse cannot delegate to another registered nurse):¥
    a. G-tube medication

b. Oral medication
c. Injectable medication
d. Eye drops
e. Intravenous medications
f. Topical medications
g. Rectal medications
h. G-tube feeding
i. Venting G-tube
j. Intermittent catheterization
k. Tracheotomy care
l. Ostomy care
m. Hand-held nebulization
n. Aerosol machine nebulization
o. Blood glucose
p. Suctioning
q. Continuous oxygen (i.e., time for filling tank)
r. Dressing changes
s. Chest physiotherapy
t. Vital signs
u. As needed oxygen

NOTE: Under Standards of Practice for Registered Nurses, ch. N 6.03, Wis. Admin. Code, only the School Nurse may delegate services to LPNs or UAPs. For delegated nursing services under the school-based services benefit, the School Nurse is responsible for delegating the services, must agree to the delegation of the service and is responsible for supervision of the delegatee. **The School Nurse reserves the right to un-assign delegated nursing services from a school employee for any reason.** (6)

6. The professional school nurse cannot delegate the following nursing services:¥
    a. Vital signs assessment
    b. Acute problem assessment
    c. Initial IEP team assessment
    d. Re-evaluation for IEP team
    e. Nursing development testing and assessment
    f. IEP plan development/IEP team-related activities (6)
7. **The School Nurse reserves the right to refuse to delegate certain nursing procedures such as but not limited to:**
    a. Administration of medications through an intravenous line or central venous line
    b. Nasogastric tube feeding
    c. Trachostomy care

¥ Wisconsin Medicaid Requirement
*Current Wisconsin Law
^Current Federal Law

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2. American Academy of Pediatrics. (2008). Role of the school nurse in providing school health services. *Pediatrics,* 121, 1052. Available at: http://pediatrics.aappublications.org/content/121/5/1052.full.html.
3. American Heart Association. (2004). *Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies.* Available at : http://circ.ahajournals.org/cgi/content/full/109/2/278.
4. American Nurses Association and National Council of State Boards of Nursing. *Joint Statement on Delegation.* Available at: https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf.
5. Boardman and Clark. (2012). *Legal Comment. Administration of Medication to Pupils.* Available at: https://www.wasbmemberservices.org/websites/wisconsin_school_news/File/2012_April/Legal%20Comment%20April%202012.pdf.
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7. Department of Health and Family Services. (2005). *School Based Services.* Available at: https://www.forwardhealth.wi.gov/kw/pdf/sbs.pdf.
8. National Association of School Nurses. (2010). *Position Statement: Delegation.* Available at: http://www.nasn.org/Portals/0/positions/2010psdelegation.pdf
9. National Association of School Nurses. (2012). *Position Statement: Chronic Health Conditions Managed by School Nurses.* Available at: http://nasn.org/Portals/0/positions/2012pschronic.pdf.
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12. National Association of School Nurses. (2007). *Issue Brief: The Role of the School Nurse in Third Party Reimbursement.* Available at: http://nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNIssueBriefsFullView/tabid/445/smid/853/ArticleID/83/Default.aspx.
13. National Diabetes Education Program. (2012). *Helping the Student with Diabetes Succeed: A Guide for School Personnel.* Available at: http://www.ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#actionsschooldistrictadministrator.
14. Spriggle, M. (2009). Developing a Policy for Delegated Nursing Care in the School Setting. *Journal of School Nursing,* 25(2), 98-107.
15. U.S. Department of Education. Office of Special Education and Rehabilitation Services. (2005). *A Guide to Safe Schools.* Available at: http://www2.ed.gov/about/offices/list/osers/osep/gtss.html.

453.1 EMERGENCY NURSING SERVICES

Emergency nursing services shall be provided in accordance with state law and regulations and established procedures.

Emergency nursing services shall be available during the regular school day under the direction of a registered school nurse or by delegation to the identified health designee.

During curricular, co-curricular, and other school sponsored activities such as field trips, athletic events, club meetings, or fine arts activities, the head coach of the sport or a person designated by the building principal for the event or trip, shall be responsible for emergency medical care.

LEGAL REF.: Sections 121.02(1)(g) Wisconsin Statutes
PI 8.01(2)(g), Wisconsin Administrative Code

CROSS REF.: 453.1-Rule, Student Accident/Illness Procedures
453.4, Administering Medication to Students
Emergency Care Handbook
Emergency Nursing Services Guide for Supervisors
Exposure Control Plan for WRPS

APPROVED: August 15, 1988

REVISED: August 13, 2001

Head Lice Guidelines

HEAD LICE FOUND ON STUDENTS

Head Lice (Pediculosis) is commonly referred to as a nuisance disease because it rarely is associated with serious medical complications. Head lice are small parasitic insects adapted to living mainly on the scalp and neck hairs of their human host. Lice eggs are referred to as nits. An active infestation of head lice is determined by observing the following: the presence of crawling lice or the presence of nits attached to the base of the hair shaft near the skin.

Head lice are mainly acquired by direct head-to-head contact with an infested person's hair, but may infrequently be transferred with shared combs, hats and other accessories that have had direct contact with the infected person's head. Head lice are not able to fly or jump and are unlikely to wander far from their host.

Head lice rarely (if ever) cause direct harm, and they are not known to transmit infectious agents from person-to-person. Thus, they should not be considered as a medical or a public health problem. It is important to follow treatment recommendations and restrictions to prevent possible harm and over treatment.

RULE:

If a student is suspected of having head lice he/she should be sent to the office where he/she can be checked privately. If an active infestation of head lice is confirmed, the principal/nurse or designee shall take the following actions:

1. Contact the parent(s)/guardian(s) and inform them that their student has crawling head lice and or that lice eggs/nits have been observed attached to the base of the hair shaft near the skin, and give them head lice treatment information. Treatment is indicated only for an active infestation of head lice.

2. The discovery of lice or their eggs on the hair should not cause the child to be sent home or isolated. Children with an active infestation of head lice need to avoid direct head-to-head contact with other students. Principals, in cooperation with the school nurse, shall exclude students from school if they believe that the student cannot avoid head-to-head contact with other students.

3 Families experiencing repeated outbreaks of head lice may need additional assistance from school health personnel in order to manage the infestation. Additional treatment information is available from any district building.

Instructions for the prevention and treatment of head lice are located in the First Aid and Communicable Disease Manual: A Resource Guide For Schools under the "Head Lice: Letter to Parent" section.

"She's the best nit nurse this school has ever seen."

Past Head Lice Practices

- Excluding student from school
- Isolating student until parents comes
- All school head lice checks/classroom head lice checks
- Sending home "head lice was found in your child's classroom" letter.
- No nit policies
-

Why **are those past practices unwarranted?**

1. They don't decrease head lice occurrence in school.
2. They do increase the risk of falsely identifying children with head lice and treating unnecessarily.
3. They do create hysteria and witch hunting.
4. They could violate student confidentiality.
5. They could bring legal action against schools for denying FAPE.
6. They are a disruption of classroom instruction time.
7. Health professionals do not support the previous practices based on current research findings.

WISCONSIN RAPIDS PUBLIC SCHOOL DISTRICT
PROCEDURE FOR PEDICULOSIS CAPTITIS (HEAD LICE)

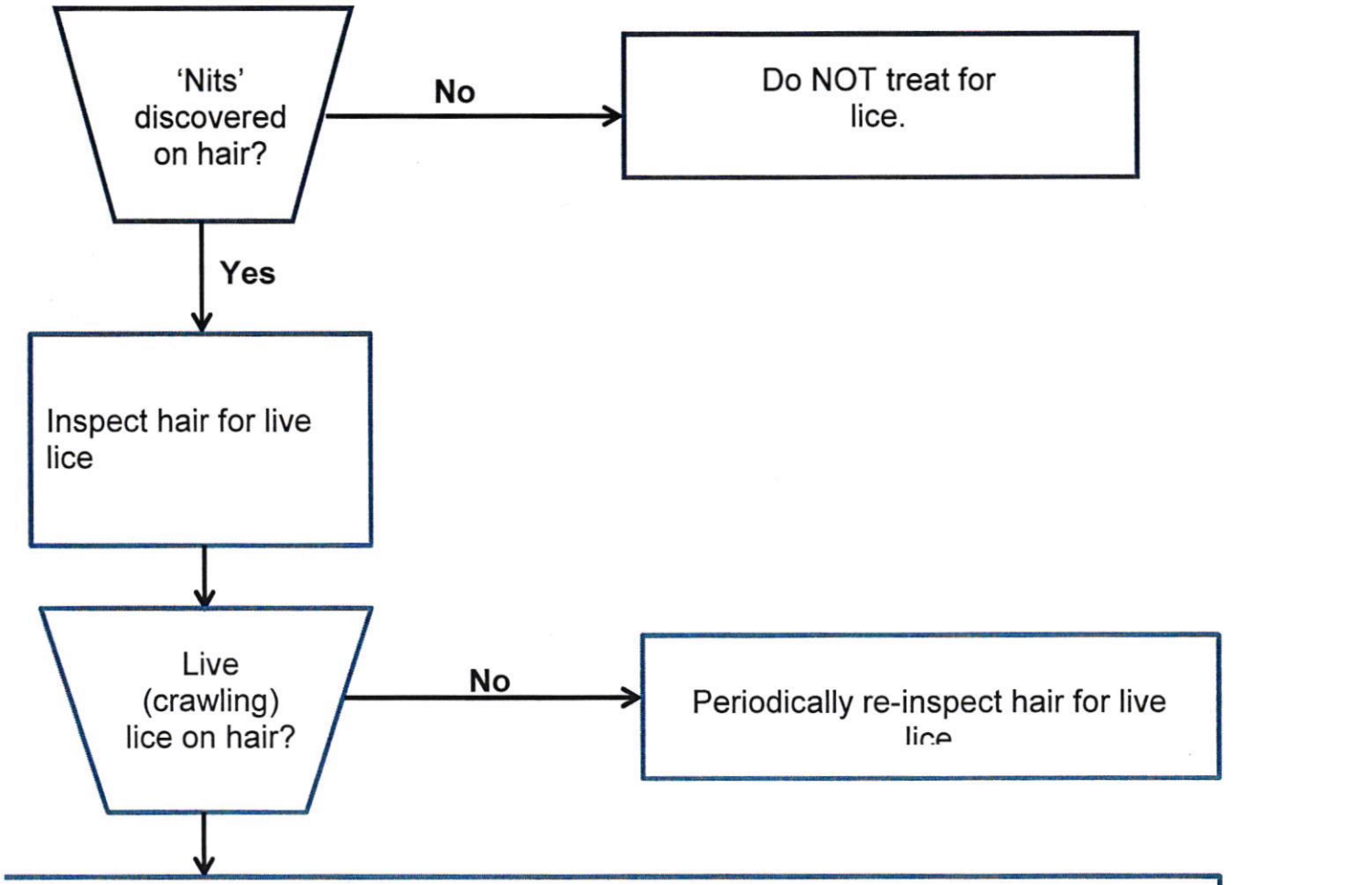
Purpose: To define the steps that will be taken by the WRPS staff in the event of a suspected case of head lice.

Rationale: Head lice rarely (if ever) cause direct harm and their potential for epidemic spread is minimal. The goal is to educate staff and parents regarding head lice and head lice treatment measures for infested children.

1. Students suspicious of having head lice will be sent to the health clinic for evaluation by the nurse or designee.
2. A thorough inspection for live lice and or viable eggs will be completed.
3. If live (crawling) lice are noted, the school nurse or designee may use manual methods of lice removal at his/her discretion. The parent/guardian will be notified by phone or by sending a head lice notification letter with the student by the end of the school day.
4. The parent/guardian will be provided with information on the biology of head lice and how to eliminate head lice from the home.
   See attached Lice Control Checklist.
5. The parent/guardian will be instructed to inspect other household members for live lice.
6. The parent/guardian will be instructed in methods for elimination of infestation focusing on inspection for LIVE (crawling) LICE and manual removal (combing.)
7. The parent/guardian will be instructed to continue daily combing until no live lice are discovered (approximately 1 ½ weeks). FOCUS IS ON THE REMOVAL OF LIVE LICE.
8. The parent/guardian will be instructed to change/launder pillow cases, pajamas and towels.
9. The parent/guardian will be instructed in use of pediculicides if they choose to use as adjunct to manual removal.
10. The student will be re-inspected for live lice by the school nurse or designee a week after treatment.
11. Students will not be excluded from school due to head lice infestations.
12. Principals, in consultation with the school nurse, may exclude students from the classroom.

References:
Harvard School of Public Health: http://www.hsph.harvard.edu/headlice.html#children
IdentifyUS: https://identify.us.com/idmybug/head-lice/
CDC Division of Parasitic Disease: http://www.cdc.gov/parasites/lice/head/
The Center for Health and Health Care in Schools: http://www.healthinschools.org/headlice.asp
WEBMD What Parents Should Know About Head Lice:
http://www.webmd.com/children/ss/slideshow-lice-overview
American Academy of Pediatrics:
http://specialchildren.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=specialchildren&zu=http%3A%2F%2Fwww.aap.org%2Fadvocacy%2Farchives%2Fseptlice.htm
Head Lice Fact Sheet from Wisconsin Department of Health Services
http://www.dhs.wisconsin.gov/publications/p4/p42078.pdf

MANAGING PRESUMED HEAD LICE INFESTATIONS IN SCHOOLS



Recommended Responses ☑

- Notify parent / guardian by the end of the day of suspected infestation.
- Provide information on head lice and methods to eliminate & control infestations

Unjustified Responses ✖

- Excluding or quarantining the student or his/her possessions
- Violating confidentiality of the affected student and his/her family
- Notifying other students and parents of minor health issues affecting classmates
- Mass screening of children for head lice or their eggs
- Applying insecticides to classrooms and buses
- Reporting cases of head lice to social services
- Bagging of coats and clothes
- Restricting the use of headphones or helmets

LICE CONTROL CHECKLIST

Anyone can get head lice – it has nothing to do with cleanliness or poor hygiene. Head lice are mainly required by direct head to head contact with an infected person's hair, but may infrequently be transferred with shared combs, hats and other hair accessories. They may also remain on bedding or upholstered furniture for a brief period. Head lice are treatable and very rarely cause serious health problems.

In order to eliminate head lice from your household, follow this checklist carefully. Contact your school nurse or Public Health nurse (715-345-5350) with any questions.

Step 1: Determine household members who need to be treated

Head lice are small parasitic insects that live mainly on the scalp and neck hairs of their human host. Head lice eggs are referred to as nits. Eggs/nits are oval shaped, can be transparent, grayish and white in color.

- Check each household member with a magnifying glass in bright light for lice/nits
- Look for tiny eggs near scalp, beginning at back of neck and behind ears
- Examine small sections of hair at a time and thoroughly examine entire head
- Unlike dandruff which moves when touched, eggs stick to the hair
- Humans are the only hosts that lice live on so there is no need to worry about pets/animals being infested with lice.

Treatment should only be considered when active live lice or viable eggs are observed (refer to the images of lice and eggs). For young children be sure to read instructions for appropriate age use and/or contact a doctor for alternative treatment.

Step 2: Purchase or gather all the supplies you need

- ☐ Lice treatment for each person
  - For example: Nix Cream Rinse
  - Check expiration date on package
  - Check package for allergy/do not use warnings
- ☐ Metal nit comb
- ☐ Hair holders (bobby pins or clips)
- ☐ Towels
- ☐ Lamp
- ☐ Shampoo <u>without</u> conditioner
- ☐ Vacuum cleaner bags
- ☐ Garbage bags
- ☐ Timer, watch or clock
- ☐ Tweezers

Step 3: Treat the head (killing the lice)

☐ Apply lice medicine, also called pediculicide, according to the instructions contained in the box or printed on the label. Pay special attention to how long the medication should be left on the hair and how it should be washed out.

WARNING:
Do not use a combination shampoo/conditioner or conditioner before using lice medicine. Do not re-wash the hair for 1-2 days after the lice medicine is removed.

☐ Have the infested person put on clean clothing after treatment.

Step 4: Remove Lice from the hair

An infestation may be eliminated by combing each day to remove the live lice (including those that have since the previous day). Because most eggs/nits will be nonviable their removal is not mandatory. **Focus on removing live lice**. **Comb daily until no live lice are discovered for about two weeks.** Use light, magnification and a good louse or nit comb to locate and remove lice and eggs/nits.

- ☐ Settle your child in with a good book or video. Take your time. This process may take several hours each night for several nights to tackle this problem.
- ☐ Hair should be cleaned and well-combed or brushed to remove tangles before attempting to use a louse comb.
- ☐ Part hair into four sections. Work on one section at a time.
- ☐ Start at the top of the head in the section of hair you have picked. With one hand, lift a one - two inch section of hair.
- ☐ Take the nit comb and get the teeth of the comb as close to the scalp as possible and comb with a firm, even motion away from the scalp to the end of the hair.
- ☐ If the comb doesn't remove the eggs/nits, you can use fingernails or tweezers.
- ☐ Use clips or bobby pins to pin back each strand of hair after you have combed out the nits
- ☐ Clean the comb completely as you go. Wipe the eggs/nits from the comb with a tissue and throw away the tissue in a sealed plastic bag to prevent the lice from coming back.
- ☐ Repeat with remaining sections or hair. If hair dries during the combing, dampen slightly with water.
- ☐ After combing, recheck the entire head for eggs/nits and repeat combing if necessary
- ☐ Clean fingernails, boil all tools/combs used and lauder clothing/towels used.
- ☐ If after 8-12 hours after treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not re-treat until speaking with your health care provider; a different pediculicide may be necessary.

Step 5: Clean the Environment

A. Launder

Launder any items that the person(s) being treated used in the past 48 hours in hot water (above 130 ° F), then dry in the dryer on the hottest setting for at least 5 minutes:

- ☐ Personal clothes
- ☐ Caps, hats, ear muffs
- ☐ Scarves, gloves
- ☐ Bedding/blankets
- ☐ Towels
- ☐ Stuffed animals (if washable)
- ☐ Pillows (if washable)
- ☐ Clothing worn within the last **two weeks**
- ☐ Headbands
- ☐ Coats (if washable)
- ☐ Backpack (if washable)
- ☐ Sleeping bags (if washable)

B. Soak in hot water (130 ° F or greater for at least 10 minutes)

- ☐ Combs, nit comb
- ☐ Brushes
- ☐ Barrettes, hair ornaments, hair rollers

C. Vacuum
- ☐ Upholstered furniture
- ☐ Car seats
- ☐ Stuffed animals (if not washable)

D. Bagging
Items which cannot be laundered, soaked or vacuumed should be sealed in a garbage bag for at least 2 weeks. After that time, any nits would be dead. Items should be taken out of the bag outdoors and shaken out vigorously before using again.

E. Freezing
Lice and their eggs on inanimate objects (e.g. toys) may be killed by freezing temperatures. Objects that cannot be heated in clothes dryer may be placed in a freezer (or outdoors if sufficiently cold). This treatment may take several days to be effective, depending on the temperature and humidity.

Step 6: Notify Others

Notify places where your child *recently* (last two days prior to treatment) spent "close contact time" with other children/adults such as: school, friend's houses, child care/babysitters, after school activities etc...Informing them to:

1. Inspect the hair of close contacts for live lice.
2. Treat and remove live lice from infested persons.
3. Clean the environment.

For the next two weeks

- ☐ Inspect hair for live lice and viable eggs of all family members daily.
- ☐ Comb infected person's hair daily with a nit comb.
- ☐ **Re-treat no earlier than 7 days after initial treatment and only if live lice are found**. Do not use the treatment more than twice without consulting the school nurse or your physician.

Prevention

Your best defense is to examine your child's hair and scalp regularly so you can catch an infestation early. Prompt treatment will help prevent head lice from spreading to the rest of the family. Once you've survived a lice infestation you will want to prevent going through it again:

- ☐ Don't share combs, brushes, barrettes, hair items
- ☐ Don't share hats, scarves, towels, pillows, sleeping bags

Dealing with the Frustration

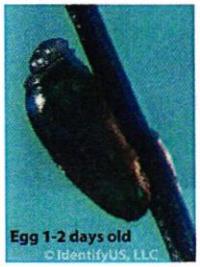
Treating head lice is a time-consuming and expensive process. Sometimes, the lice infestation reoccurs, even many times. While there do appear to be lice are resistant to common treatments, most recurrences of infestation are due to missing one step in thorough treatment. Be sure you completed every step and that you have completed steps 1 – 6 all on the same day.

Contact your family physician if unable to eliminate lice infestation for possible prescription treatment options. For assistance and/or guidance you can also contact a Public Health Nurse at Wood County Health and Human Services at 715-421-8911.

Head Lice Images- some basic views of head lice and their life stages.

Head louse - adult female on comb

Head louse - egg on hair



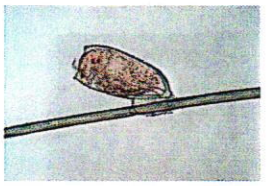
Head louse - ready to hatch egg

Head louse - hatched egg

Head louse – dead egg

Head louse - pseudo nit (confused as head lice egg)

Nymph of head louse



WISCONSIN RAPIDS PUBLIC SCHOOLS

Epinephrine Autoinjector Medication (EPIPEN*) Administration – Procedure

The following procedure is to be used by the WRPS trained staff. The staff will have completed the DPI emergency medication training including the webinar and test every four years. In addition, the trained staff will complete a skill checklist with a WRPS school nurse every year. The purpose of this procedure is to assure that the epinephrine is appropriately administered in the correct emergency situation. Every allergic reaction has the potential for developing into a life-threatening event known as anaphylaxis. Anaphylaxis should always be considered a medical emergency as students/staff can have the onset of symptoms within minutes, and if untreated, it can lead to collapse and death shortly thereafter.

Anaphylaxis is usually an immediate reaction occurring within seconds or minutes to an hour following exposure to an allergen (food, insect sting, latex, medication). There is no predictable pattern with anaphylaxis. Each subsequent episode may be the same, more severe, or less severe. Therefore, it is imperative that the symptoms of anaphylaxis be recognized whether or not the exposure is known. In addition to the four steps below, follow emergency health plan for students with known allergens. For students/staff with undiagnosed, but suspected anaphylaxis, the following steps should be taken: 1). Symptom Recognition 2). Rapid Deployment of Emergency Medical Services 3). Administration of Epinephrine and 4).Prompt transfer by the Emergency Medical System to a hospital.

1. **Symptom Recognition**: Obtain subjective data including food ingested/contact, insect sting or latex exposure, onset, duration, and past occurrences. Ask about stomachache, vomiting or diarrhea. Obtain objective data such as general appearance, the presence of any hives and/or swelling, pulse, respiratory rate, blood pressure. Observe chest and assess respiratory effort- wheezing, and accessory muscle use.

Anaphylactic symptoms may include one or more of the following and not necessarily in the order listed:

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

2. **Rapid Deployment of Emergency Medical Services**. Emergency medical services or 911 should always be called when epinephrine is administered. If another adult is present have him/her call 911 at the same time the epinephrine is administered. If alone, administer medication and call 911. Students should never be transported by their parent/guardian or by school staff if anaphylaxis is suspected or if epinephrine has been given.

3. **Administration of epinephrine.** Identify student/staff by name if possible. (If student is known to have a known allergy, follow their Emergency Care plan and their own prescribed EPIPEN.) Determine, by weight or appearance, if necessary to use the stock supply EpiPen Jr. or EpiPen (Epipen Jr. is used for students weighing less than 66 pounds).
    a. Remove EpiPen from container.
    b. Remove blue cap from the pen.

c. Firmly press the orange tip against the thigh and hold for 10 seconds. It is made to go through clothing and is not necessary to disrobe.
d. Monitor symptoms, pulse, and respirations. Stay until an ambulance arrives.
e. Administer CPR as necessary.
f. Report Epipen use to EMS.
g. Dispose of sharp in appropriate disposal container.
h. Wash hands

4. **Prompt Transfer by EMS to the hospital.**

Secondary Management

1. Inform nurse and principal whenever rescue squad is called.
2. Document in Skyward and complete the "Report of Epinephrine Administration". (found in the "S" drive)
3. Arrange for replacement stock EPIPEN if possible, and contact parent for a replacement of individual student's EPIPEN as soon as possible.
4. Review school response with those school staff members who were involved in providing care.

5. **Medication Storage**
   a. Medication should be kept in a secure area that is clearly labeled "EpiPens".
   b. Staff should be aware of the storage locations, and of any back-up supply, and all of these should be labeled as above.
   c. Students may be allowed to carry their own emergency medication (injectable epinephrine) with physician and parent written approval.
   d. Students should have access to emergency medications (injectable epinephrine) during field trips, school sponsored events (sporting, before and after school, summer school).

*Epipens can be prescribed to a certain student or school based stock supply. Stock epipens will be labeled as "STOCK". Availability of stock supply Epipens may change each school year depending on budgets and grants. Stock epipens (Epipen and Epipen Jr., 1 each) will be sent on all fieldtrips as stock supply allows with this procedure attached. All epipens should be maintained at room temperature (59 F-86 F) and out of sunlight.

LIFE THREATENING FOOD ALLERGY (LTFA)

A life threatening food allergy (LTFA) occurs when the immune system mistakenly identifies a food as harmful and reacts to it. In its attempt to protect the body, the immune system creates specific immunoglobulin E (IgE) antibodies to that food. When an individual eats that food and/or is exposed by contact or inhalation to the allergen, the immune system triggers a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system. Without immediate medical attention, the affected individual may die.

Eight foods account for 90% of all food allergies (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish), although any food has the potential to cause an allergic reaction. Children are often allergic to more than one food. Many children lose their sensitivity to some allergens such as milk, soy, egg, and wheat as they get older. Some allergies such as nuts and fish are unlikely to disappear. The determination of whether someone has outgrown an allergen is made through testing by an allergist. It is important that the treatment of children with food allergies be guided by medical providers due to the changing nature of some early allergies. Treatment includes medication management for accidental exposure or ingestion; recommendations for environmental controls in community, school, and home settings; reassurance and on-going education of parents and teachers.

The goal for all children who have food allergies is to lead a normal life and to learn self care for their allergies. Young children require adult management of their food allergies, but as they grow and develop, they can learn self care skills. Controlling the availability of foods to young children is an adult responsibility.

Allergic reactions to food vary from mild reactions to severe, life-threatening reactions **(anaphylaxis)**. Symptom severity not only varies from one person to the next but also from one reaction to another. Past reactions are not necessarily predictive of the severity of future reactions. Therefore, an individual with food allergies must always have emergency medication readily available. A child with asthma is at greater risk for anaphylaxis.

Most reactions are caused by eating a food allergen (ingestion). A very small number of students may react to inhaling or touching an allergen. Special care is required in caring for young children who often put objects in or wipe their mouths with food proteins from the environment. Ingestion of small quantities of food proteins can cause severe reactions.

Currently, there is no cure for food allergies. Avoidance of the specific allergen is the cornerstone of management in preventing anaphylaxis. The American Academy of Allergy, Asthma, and Immunology (AAAAI) Position Statement on Anaphylaxis in Schools and Other Child-Care Settings (2006), states that "it is difficult to achieve complete avoidance of all allergenic foods because there can be hidden or accidentally introduced sources. However, it is definitely possible to reduce children's exposure to allergenic foods within the school setting." They recommend the following five steps for school food allergy plans:

1. Staff should know terms for common foods and read ingredients in all foods given to students.
2. Schools should not allow food or utensil sharing.
3. Surfaces should be washed clean of contaminating foods.

Life Threatening Food Allergies – (continued)

4. Foods used in lesson plans may need substitutions depending on the allergies of the students.
5. Encouragement of handwashing at all levels.

School nurses must always gather a health history and communicate with the health care provider about food allergies before developing a school plan. There may be situations in which parents report food allergies to school staff that are not "true allergies." The child may not have been evaluated by a medical provider and the family's plan is simply to try to avoid the allergen. Sometimes these "allergies" are reported to cause behavioral or other vague symptoms and may be supported by the lay literature. Further evaluation and clarification by a medical provider is critical before developing a school plan.

Oral Allergy Syndrome may also cause symptoms similar to LFTA and should be considered by the school nurse. Oral Allergy Syndrome presents with symptoms of itching of the mouth and/or throat and swelling of the lips. Some irritation of the gums, eyes, or nose can be seen also. It begins within minutes of eating an offending food. Symptoms can be worse during spring and fall. Oral allergy syndrome is usually a mild food allergy and generally does not cause anaphylaxis. It is caused by cross-reactivity between plant proteins from pollen and fruits or vegetables. Cooking the vegetables and fruits eliminates this reaction. Treatment involves avoiding fresh foods and sometimes antihistamines to relieve the itching.

What is the prevalence of food allergies?

It is estimated that up to 4 million people in the United States have food allergies and between 5 and 8% of the pediatric population have food allergies. Food allergies account for 150-200 deaths per year in the US. Incidence rates in children under 8 years of age are higher than they are in older children because some food allergies are outgrown. In general, it seems that the prevalence of food allergies is increasing. Although there are theories about why this is happening, the exact reason is unknown.

What impact do food allergies have on schools?

Every school needs to be prepared to deal with food allergies and the potential for anaphylaxis. Studies have shown that accidental ingestion of food allergens occurs most often in preschools and daycares (64%) and about 25% of children experience their first reaction at school (J Pediatr. 2001; 138(4):560-5).

Food allergies can occur in many school settings including:

- bus ride
- interactions with other students on school grounds
- classroom environment and activities
- lunch hour
- school trips
- gym, music, and art activities
- presence of substitute teachers

Therefore, every student with a medically documented food allergy and a history of a serious reaction or anaphylaxis should have a *Food Allergy Action Plan.* The *Food Allergy Action Plan* should reflect

the care recommended by the health care provider, often an allergist. The school nurse develops this plan in consultation with the family, student and health care provider. To develop the plan, the school nurse will:

- meet with parents and student (if appropriate) to review the food allergy history
- Consult with the health care provider (with parent authorization)

Do students with food allergies need 504 Plans?

In rare instances, a child's food allergy may be so significant that it meets the definition of "disability" under Section 504 of the Rehabilitation Act of 1973 or may be covered under the Individuals with Disabilities Education Act (IDEA). For IDEA, the student must meet eligibility criteria for one of the eleven categorical areas. To be eligible for a 504 plan, the food allergy must substantially limit a major life activity. An example of a child who may be eligible under Section 504 is one who has experienced repeated anaphylactic reactions to air-borne allergens or one who has multiple life-threatening food allergies. The school IEP or the 504 team must make individualized determinations for each student as to eligibility under IDEA or Section 504 and, if eligibility is determined, must create an IEP or design a 504 plan that offers aids, benefits and services based upon the specific needs of the student. In general, the health needs of the students who have medically diagnosed food allergies will not meet IDEA or Section 504 criteria for eligibility and will be addressed through an individual plan developed by the school nurse.

Definitions of Anaphylaxis and Guidelines for Treatment

Every allergic reaction has the potential for developing into a life-threatening event known as anaphylaxis. Anaphylaxis should always be considered a medical emergency as students can have the onset of symptoms within minutes, and if untreated, it can lead to collapse and death shortly thereafter.

Anaphylaxis is usually an immediate reaction occurring within seconds or minutes to an hour following exposure to an allergen (food, insect sting, latex, medication). There is no predictable pattern with anaphylaxis. Each subsequent episode may be the same, more severe, or less severe. Allergic reactions that appear mild at first can gradually worsen over 1-3 hours. Therefore, it is imperative that the symptoms of anaphylaxis be recognized whether or not the exposure is known. Because of the severity of an anaphylactic response, the presence of effective and readily implemented student *Food Allergy Action Plan* including the following is paramount:

- symptom recognition
- rapid administration of epinephrine
- prompt transfer of student by the Emergency Medical System (EMS) to a hospital

The plan for treatment of mild reactions should be specified in each child's action plan. For more severe reactions, epinephrine is the drug of choice for treatment. Every student with a LTFA should have at least one emergency kit in the health office. Some students may have additional kits at school or may carry a kit with them. Epinephrine should never be kept in a locked container/cabinet and its location should be known to all and easily accessible. When given intramuscularly (IM) in the outer thigh, the onset of action is quick and peaks within 9 minutes. It must be given as soon as possible to treat and reverse symptoms. Administering epinephrine buys time to get to an emergency room for additional care.

Epinephrine is generally provided in an auto-injector (EpiPen® or EpiPen®Jr. depending on child's weight). A second EpiPen® may be administered if no improvement in symptoms occurs within 15-20 minutes. When in doubt, administer EpiPen® and immediately call 911. Due to the short duration of action of epinephrine and the high potential that additional emergency treatment will be needed, prompt activation of the local EMS by calling 911 and subsequent transport to a medical facility is imperative.
Unfortunately, epinephrine and other treatments for food-induced anaphylaxis are not fail-safe; deaths can and do occur despite administration of emergency medications. The only truly effective treatment is absolute avoidance of the offending food(s).

When a student known to be at risk for anaphylaxis displays initial symptoms, it must be presumed that the student is in need of the assistance outlined in the student's emergency health plan (*Food Allergy Action Plan*).

Immediate intervention is essential. It will not harm the student if his/her prescribed medication is given even if anaphylaxis is not present.

Anaphylactic symptoms may include one or more of the following and not necessarily in the order listed:

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

Individuals not known to be at risk of anaphylaxis- See EpiPen Procedure

A student not known to be at risk of anaphylaxis may also display symptoms of severe allergic reaction. In such circumstances, school staff should assess the situation and take action as would be appropriate for any other illness/injury/emergency incidents. This includes calling 911 if anaphylaxis is suspected.

NEW FORM

CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS

Wisconsin Department of Public Instruction
PI-6314 (New 06-22)

A. *Rehabilitation Act of 1973 and the Americans with Disabilities Act*

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, "a person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to these Acts for more information at https://www.eeoc.gov/statutes/rehabilitation-act-1973 and http://www.eeoc.gov/laws/statutes/adaaa.cfm, respectively.

B. Individuals with Disabilities Education Act

A child with a "disability" under Part B of the Individuals with Disabilities Education Act (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The IDEA can be found in its entirety at https://sites.ed.gov/idea/statuteregulations.

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan contain the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a state authorized medical authority.

C. State Authorized Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children with disabilities on a case-by-case basis when requests are supported by a written statement from a state authorized medical authority.

The state authorized medical authority's statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet
- the food(s) to be avoided
- the food(s) that must be substituted

The second page of this document ("Medical Statement for Special Dietary Needs") may be used to obtain the required information from the state authorized medical authority.

Per USDA memo SP 32-2015, a state recognized medical authority is a state licensed health care professional who is authorized to write medical prescriptions under state law. This could include a physician, dentist, optometrist, podiatrist, physician assistant, or nurse practitioner. If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request (unless information about the dietary accommodation is included within the IEP or 504 plan, as mentioned above in Section B.)

D. Substitutions Within the Meal Pattern

It is strongly recommended, though not required, that schools have documentation on file from any medical authority for students with dietary needs for whom they are making menu modifications within the meal pattern. Such determinations are only made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements.

Wisconsin Department of Public Instruction
MEDICAL STATEMENT FOR SPECIAL DIETARY NEEDS
PI-6314 (New 06-22)

INSTRUCTIONS: Please read page one before completing this form.

I. GENERAL INFORMATION

Student's Name	Age	Name of School	Student's PIN / ID Number	Grade

II. ACCOMODATIONS

1. How does the child's physical or mental impairment restrict his or her diet?

2. What food(s)/type(s) of food should be omitted? Please be specific.

3. List foods to be substituted. (Avoid specific brand names, if possible.)

4. Additional comments:

III. SIGNATURES

Parent or Legal Guardian's Name	Relationship	Phone Number

Signature of Parent or Legal Guardian	Date Signed
➢	

Authorized Medical Authority's Name	Title	Phone Number
	☐ Dentist ☐ Nurse Practitioner ☐ Optometrist ☐ Physician ☐ Podiatrist ☐ Physician Assistant	

Signature of Authorized Medical Authority	Date Signed
➢	

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

ANAPHYLAXIS

Every allergic reaction has the potential for developing into a life-threatening event known as anaphylaxis. Anaphylaxis should always be considered a medical emergency as students can have the onset of symptoms within minutes, and if untreated, it can lead to collapse and death shortly thereafter.

Anaphylaxis is usually an immediate reaction occurring within seconds or minutes to an hour following exposure to an allergen (food, insect sting, latex, medication). There is no predictable pattern with anaphylaxis. Each subsequent episode may be the same, more severe, or less severe. Allergic reactions that appear mild at first can gradually worsen over 1-3 hours. Therefore, it is imperative that the symptoms of anaphylaxis be recognized whether or not the exposure is known. Because of the severity of an anaphylactic response, the presence of effective and readily implemented student emergency plan is paramount. This plan should include:

- symptom recognition
- rapid administration of epinephrine
- prompt transfer of student by the Emergency Medical System (EMS) to a hospital

The plan for treatment of mild reactions should be specified in each child's action plan. For more severe reactions, epinephrine is the drug of choice for treatment. Every student with a history of anaphylaxis should have at least one emergency kit in the health office. Some students may have additional kits at school or may carry a kit with them. Epinephrine should never be kept in a locked container/cabinet and its location should be known to all and easily accessible. When given intramuscularly (IM) in the outer thigh, the onset of action is quick and peaks within 9 minutes. It must be given as soon as possible to treat and reverse symptoms. Administering epinephrine buys time to get to an emergency room for additional care.

Epinephrine is generally provided in an auto-injector (EpiPen® or EpiPen®Jr. depending on child's weight). A second EpiPen® may be administered if no improvement in symptoms occurs within 15-20 minutes. When in doubt, administer EpiPen® and immediately call 911. Due to the short duration of action of epinephrine and the high potential that additional emergency treatment will be needed, prompt activation of the local EMS by calling 911 and subsequent transport to a medical facility is imperative. Unfortunately, epinephrine and other treatments for anaphylaxis are not fail-safe; deaths can and do occur despite administration of emergency medications. The only truly effective treatment is absolute avoidance of the allergen.

When a student known to be at risk for anaphylaxis displays initial symptoms, it must be presumed that the student is in need of the assistance outlined in the student's emergency health plan. Immediate intervention is essential. It will not harm the student if his/her prescribed medication is given even if anaphylaxis is not present.

Anaphylaxis (Continued)

Anaphylactic symptoms may include one or more of the following and not necessarily in the order listed:

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

Individuals not know to be at risk of anaphylaxis – See WRPS Epinephrine Administration Procedure

A student not known to be at risk of anaphylaxis may also display symptoms of severe allergic reaction. In such circumstances, school staff should assess the situation and take action as would be appropriate for any other illness/injury/emergency incidents. This includes calling 911 if anaphylaxis is suspected.

Initial Management

1. Initiate treatment
   a. Follow emergency health plan for students with known allergens. Variations in individual treatments will be guided by specific health care provider orders.
   b. Students with undiagnosed, but suspected serious allergic reactions should be referred to the school nurse (if in the building) immediately, for treatment. If the school nurse is not in the building, 911 should be called immediately.
   c. Administer EpiPen® and /or antihistamines as ordered. EpiPen® or epinephrine may be repeated after 15-20 minutes if the student's condition worsens or does not improve.

2. Call 911 at the same time as treatment is initiated. 911 should always be called when epinephrine is given. The student should always be transported by EMS to an emergency room when epinephrine is given. Students should never be transported by their parent/guardian or by school staff if anaphylaxis is suspected or if epinephrine has been given.

3. Obtain subjective data including food ingested/contact, insect sting or latex exposure, onset, duration, and past occurrences. Ask about stomachache, vomiting or diarrhea.

4. Obtain objective data:
   a. Note general appearance
   b. Note presence of any hives, swelling
   c. Check pulse, respiratory rate, and blood pressure
   d. Observe chest and assess respiratory effort- wheezing, accessory muscle use

5. Inform parents and health care provider.

6. Transfer to EMS.

Secondary Management

1. Inform nurse and principal whenever rescue squad is called.

2. Document in computer.

3. Arrange for replacement EpiPen® and antihistamine (if ordered) for individual students as soon as possible.

4. Review school response with those school staff who were involved in providing care.

Management of Concussion in the School Setting

The following policy and procedure (administrative rule) sample was created as part of the Developing a School Health Services Assessment Tool and Related Resources Project. This project is funded by Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

The Management of Concussion in the School Setting sample policy and procedure has incorporated state and federal requirements along with best practice recommendations. Although it would be best practice to implement all the components of the policy and procedure in your school district, we are aware that district capacity, resources and other factors may result in adoption of portions of the sample policy and procedure. We encourage you to meet as a team within your district to review the sample policy and procedure and identify what components of the policy and procedure you are currently doing in your district. If you have the capacity to expand upon what you are currently doing, review the sample policy and procedure to identify what other practices you would be able to implement.

Management of Concussion in the School Setting

POLICY:

Wisconsin Rapids Public School (WRPS) is committed to ensuring the safety of students while at school and when participating in any school-sponsored events. WRPS recognizes that educating key individuals, including students, student-athletes, parents, coaches, school administrators, athletic directors, teachers, athletic trainers, physicians, and other health care providers [11] about prevention and early recognition of concussions remains the most important components of improving the care of students with concussions.

WRPS is aware that head injuries, including concussions, can happen to any student, not just an athlete. WRPS has developed procedures to address head injuries that occur during the school day, during school sponsored events and during school sponsored athletic events. Additionally, WRPS is committed to providing students who have experienced a concussion, a plan to ease back in to school life, "return to learn".

Definitions:

Concussion: a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces" and includes five major features:

1. Concussion may be caused either by a direct blow to the head, face, or neck or elsewhere on the body with an "impulsive" force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness (LOC). Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that in a small percentage of cases, postconcussive symptoms may be prolonged.
5. No abnormality on standard structural neuroimaging studies is seen in concussion.[14]

Health care provider: a person to whom all of the following apply:

- holds a credential that authorizes the person to provide health care.
- is trained and has experience in evaluating and managing pediatric concussions and head injuries.
- is practicing within the scope of his or her credential.[30]

Professional Nurse: is a nurse who has a certificate of registration under s. 441.06 or who is licensed as a registered nurse in a party state, as defined in s. 441.50 (2) (j) who performs for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences, herein referred to as the School Nurse.
Credential: a license or certificate of certification issued by this state. [30]

Youth athletic activity:

- an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity.
- does not include a college or university activity or an activity that is incidental to a nonathletic program.[30]

What Are the Signs and Symptoms of Concussion?

Concussion signs are things you can observe about the student. These include:

- Behavior or personality changes,
- Blank stare, dazed look,
- Lethargy,
- Changes to balance, coordination, reaction time,
- Delayed or slowed spoken or physical responses,
- Disorientation (confused about time, date, location, game),
- Loss of consciousness/blackout (occurs in less than 10 percent of cases),
- Memory loss of event before, during, or after injury occurred,
- Slurred/unclear speech,
- Trouble controlling emotions,
- Vomiting.

Concussion symptoms are things the student tells you are happening. These include:

- Blurry vision/double vision,
- Confusion,
- Dizziness,
- Feeling hazy, foggy, or groggy,
- Feeling very drowsy, having sleep problems,
- Headache,
- Inability to focus, concentrate,
- Nausea (stomach upset),
- Not feeling right,
- Numbness or tingling,
- Sensitivity to light or sound.

PROCEDURE:

Education:

1. Once each school year, a coach will complete a concussion management certification training course offered by either the Centers for Disease Control and Prevention, the National Federation of State High School or the Wisconsin Interscholastic Athletic Association (Concussion Primer). [1]

    a. A coach should not coach an athletic activity until completion of the required training course.[1]
    b. Verification of course competition should be documented and recorded by the Athletic Director.

2. At the beginning of a season for a youth athletic activity, the Athletic Director shall designate a person to distribute a concussion and head injury information sheet to:

    a. each person who will be coaching that youth athletic activity (Wisconsin Concussion Fact Sheet for Coaches). [1,15,30]*

    b. each person who wishes to participate in that youth athletic activity (Wisconsin Concussion Fact Sheet for Athletes). [1,8, 15,30]*

3. At the beginning of a season for a youth athletic activity, each person who will be coaching the youth athletic activity must sign and return to the Athletic Director an acknowledgement of their receipt and review of concussion and traumatic brain injury information (Coaches Agreement).*

4. At the beginning of a season for a youth athletic activity, a student desiring to participate in any athletic activity and the student's parent or guardian must sign and return to the school an acknowledgement of their receipt and review of concussion and traumatic brain injury information (Parent and Athlete Agreement). [1,30]*

    a. A student can not be allowed to participate in any athletic event, including practice or training, until the student and their parent has signed and returned the Parent and Athlete Agreement Form. [28,30]*

    b. These signed information sheets shall be collected by the coach and given to the Athletic Director for proper recordkeeping. [28]

Classroom Accommodations: "Return to Learn"

1. WRPS will work with individual students who require temporary learning support /accommodations due to concussions or other head injuries.^ (Sample Return to Learn Interventions and Accommodations)(Accommodations & Modifications in the Elementary Classroom)(Accommodations & Modifications in the Secondary Classroom) (Acute Concussion Evaluation Care Plan: School Version). WRPS realizes that removal from the significant demands of school until symptoms improve is an important component of cognitive rest [4,7,11,12,15,16,17,23,30,. These accommodations may include:

    a. A temporary leave of absence from school ,
    b. Shortening of the student's school day,
    c. Reduction of workloads in school,
    d. Allowance of more time for the student to complete assignments or take tests,
    e. Postponement of taking standardized tests (must meet state requirements),

f. Modification or exclusion from physical education classes,
g. Identifying an alternative to participating during recess,
h. Allowing the student to take cognitive breaks (rest period) in between classes in a supervised quiet location as needed, usually every two periods or so for traditional 1-hour classes, [22,23]
    i. The student should stop the activity when mild symptoms develop and before severe symptoms develop.
i. Preprinted class notes,
j. Temporary assistance from a tutor,
k. Limited or no screen time,
l. Treatment with prescribed or parent authorized medications,
m. Allowing the student to each lunch in a quiet location.

2. For students who have symptoms that are persistent (i.e., greater than 4 weeks)[5,13,24] or that substantially interfere with learning and/or the student's ability to fully participate in the general curriculum, WRPS will develop a formal accommodation plan /health care plan based on input from the student's family, health care professionals, including the school nurse, school psychologist, guidance counselor and school staff to provide the cognitive rest and support needed during recovery. [7,12,15,16,18]

    a. A formal accommodation plan could be a Section 504 Plan and/or a referral for special education evaluation, as needed.^

3. The building administrator will identify staff members who will function as a case management team. The team should include a school nurse, school psychologist, guidance counselor, teacher/case manager or other identified school professional.

    a. The team will have one team leader that will have the role of advocating for the student's needs and serve as the primary point of contact with the student, family, healthcare provider, and all members of the team.

    b. The school nurse will monitor the student's symptoms periodically as needed and discuss with family and healthcare provider.
        i. The Concussion Signs and Symptoms Checklist could be used to track symptoms and progress.

    c. Student's teachers will monitor for increased problems paying attention/concentrating, memory problems, difficulty learning new information, increased headaches/fatigue, greater irritability and provide progress reports to the student's case manager.

4. If the student is in physical education class he/she must be cleared, in writing, by a health care professional before participating in class.
    a. Until the student is cleared to participate, the physical education teacher will make other arrangements for the student.
    b. Once cleared to participate, the physical education teacher will provide any necessary accommodations for the student during physical education class.

5. If the student participates in recess, he/she must be cleared by a health care professional before he/she is allowed to participate in physical activity during recess.
    a. Until the student is cleared to participate in physical activity during recess, office staff will make other arrangements for the student.

Management of Head Injury Occurring During the School Day and School Sponsored Events (Before and After School/Fieldtrip):

If there is a concern that a student sustained a concussion, the following Concussion Management Protocol must be followed:

1. Evaluate and monitor students who have a head injury,
    a. Determine and document where and how injury occurred.
        i. Be sure to include cause and force of the hit or blow to the head.
    b. Determine and document description of injury.
        i. Be sure to include information about the following signs and symptoms:
            1. Any loss of consciousness and for how long,
            2. Memory loss,
            3. Seizures following the injury,
            4. Previous concussions.
    c. If student has any of the above signs and symptoms, immediately refer the student to a health care professional.
    d. The Concussion Signs and Symptoms Checklist is a helpful tool to use to document symptoms.

2. Following the injury, the student should be observed by school staff for signs and symptoms of concussion for a minimum of 20 minutes.

3. Notify the student's parent(s) or guardian(s) that their child had an injury to the head.

4. If signs or symptoms of a concussion are present (see **What Are the Signs and Symptoms of Concussion?**) refer the student right away to a health care professional with experience in evaluating for concussion.

    a. Send a copy of the Concussion Signs and Symptoms Checklist with the student for the healthcare professional to review.
    b. Students should follow their health care professional's guidance about when they can return to school and to physical activity.

5. Emergency medical treatment should be pursued if there is a deterioration of symptoms including:
    a. Seizure,
    b. altered level of consciousness,
    c. vomiting,
    d. altered pupillary findings (dilated or uneven),
    e. direct neck pain associated with the injury.

6. First aid shall be provided to any student who has been removed from any activity under these procedures as appropriate and necessary in accordance with the district's standard emergency care procedures

7. The school personnel who witnessed the event and/or provided emergency nursing services shall complete all required documentation and reporting regarding the incident.

8. All appropriate school officials, who have a legitimate educational interest in the information, should be notified of the event including:
    a. Building administrator,
    b. Athletic trainer,
    c. School Nurse,
    d. Student's teachers.

Management of Head Injury Occurring During a School Sponsored Sporting Event:

1. An athletic coach, athletic trainer, official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury OR if the coach, official, or health care provider suspects the person has sustained a concussion or head injury, in order to minimize the risk of further injury. [1,2,5,10,15]*

2. An athletic coach, athletic trainer, or official involved in a youth athletic activity, or health care provider will notify the parent or guardian when an athlete is removed from play because they are thought to have a concussion. [6,16]

3. An athletic coach, athletic trainer, or official involved in a youth athletic activity, or health care provider shall observe student for signs and symptoms of concussion for a minimum of 30 minutes. [6]

4. An athletic coach, athletic trainer, or official involved in a youth athletic activity, or health care provider shall complete the Concussion Signs and Symptoms Checklist and monitor students consistently during the observation period.

    a. Do not allow a concussed athlete to go to the locker room alone,
    b. Never allow the injured athlete to drive home. [6,16]

5. First aid shall be provided to any student who has been removed from any activity under these procedures as appropriate and necessary in accordance with the district's standard emergency care procedures.

    6. The athletic coach, athletic trainer, or official involved in a youth athletic activity, or health care provider shall complete all required documentation and reporting regarding the incident.

7. An athletic coach, athletic trainer, or official involved in a youth athletic activity, or health care provider shall monitor the student for worsening symptoms. The following are reasons to activate the EMS, as any worsening signs or symptoms may represent a medical emergency:
    a. Loss of consciousness, this may indicate more serious head injury,
    b. Decreasing level of alertness,
    c. Unusually drowsy,
    d. Severe or worsening headache,
    e. Seizure,
    f. Persistent vomiting,
    g. Difficulty breathing .

8. Team personnel will not permit an athlete to return to play or practice on the same day of a concussion. (1,6,10,15,16)

9. All appropriate school officials, who have a legitimate educational interest in the information, should be notified of the event including:
    a. Building administrator,
    b. Licensed Athletic Trainer,
    c. School Nurse,
    d. School psychologist,
    e. School counselor,
    f. Student's teachers.

10. Team personnel will not permit the athlete to return to play, including weight training, cardiovascular training, or physical education classes, until the athlete has been assessed by an appropriate health care professional, trained in the evaluation and management of concussions. (1,3,8,11,26,30)

    a. This includes sports recognized by high school athletic associations as well as youth and recreational leagues run by other entities.

    b. Wisconsin Interscholastic Athletic Association (WIAA) Sports Medical advisory council identifies a physician and licensed athletic trainer (LAT) under the direct supervision of a physician as an appropriate health care professional for determining return to play other than the same day. (26)

11. The student athlete must receive written clearance from an appropriate health care professional, trained in the evaluation and management of concussions that states the student athlete is asymptomatic at rest and may begin a graduated return-to-play protocol. (1,16)

    a. Although the School Nurse has the knowledge and skills identify suspected concussions and help guide the student's post-concussion graduated academic and activity re-entry process(16), in most instances, a School Nurse would not have the additional training needed to provide written clearance for a student's return to play, practice, physical education class or recess.

12. Once the athlete is symptom free and is off any pain control medications and has received written medical clearance by an appropriate medical professional, the student athlete may begin a graduated individualized return-to-play protocol supervised by an athletic trainer or Licensed Physical Therapist, school/team physician or in cases where the afore mentioned are not available a physician or licensed healthcare provider trained in the evaluation and management of sports-related concussions (1,11,29,30)

    The following is an example of a guideline for returning concussed athletes when they are symptom free. The example program allows for one-step per 24 hours.
    - **Step One: About 15 minutes of light exercise: stationary biking or jogging,**
    - **Step Two: More strenuous running and sprinting in the gym or field without equipment,**
    - **Step Three: Begin non-contact drills in full uniform. May also resume weight lifting,**
    - **Step Four: Full practice with contact,**
    - **Step Five: Full game clearance.** (26)

13. A return of symptoms indicates inadequate recovery from the concussion.
    a. If symptoms return while on the protocol, once the athlete is asymptomatic again for 24 hours, the previous step may be attempted again.
    b. Any athlete who continues to have a return of symptoms with exertion should be re-evaluated by his or her health care provider. [11]

14. Persons operating the youth athletic activity will maintain records of all athletes removed from play for suspected and/or confirmed concussions and corresponding written clearances provided by health care providers to return to physical activity. [29]

Pre-Athletic Season Baseline Testing:

Note: There is no requirement in Wisconsin for neuropsychological testing to be completed. WIAA, American Academy of Pediatrics and American Academy of Neurology state that neuropsychological can be helpful to provide objective data to athletes and their families after a concussion. [3,11,26]

1. High schools and athletic associations should implement a tool such as the Standardized Assessment of Concussion (SAC), which is designed for use by non-physicians on the sidelines of an athletic event. [2,3,11,26]

2. Inexperienced coaching staff, Licensed Health Care Providers and other sports officials should be instructed in the proper administration of standardized validated sideline assessment tools (such as SAC).[2,3,8]
    a. This instruction should emphasize that these tools are only an adjunct to the evaluation of the athlete with suspected concussion and cannot be used alone to diagnose concussion.[1]

3. It is further recommended that coaches maintain baseline testing data for all athletes (if available*) during all practices and competitions.
    a. This information can then be provided to health care providers after injury. [8,29]

4. Neuropsychological testing is one tool in the complete management of a sport-related concussion and alone does not make a diagnosis or determine when return to play is appropriate. [3,7,11]

    a. If districts are utilizing neuropsychological testing, high school aged students should complete testing prior to first participating on any of the following school-sponsored sports teams (list specific sports).
    b. High school aged students who have suffered a concussion should take the post-injury neurocognitive test before returning to his/her sport.
        i. There are no evidence-based guidelines or validated protocols about when to administer the computerized neuropsychological test after a concussion. Some administer the test while an athlete is symptomatic to provide objective data to the family and athlete regarding the injury and again when asymptomatic to help guide return to sport. Others administer the test only after an athlete has become

asymptomatic to document that the athlete's cognitive function has returned to baseline. [11]

ii. A symptomatic athlete should not be returned to play even with normal neuropsychological testing.
iii. If no baseline test is available for the athlete, his or her results can often be compared with age established norms for the test.
iv. Interpretation of the tests should be performed by a neuropsychologist or physician who is experienced with these tests. [11]

***Current Wisconsin law**
^Current federal law

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Resources:

1. American Academy of Neurology: Sports Concussion Toolkit
   http://www.aan.com/go/practice/concussion
2. Center for Disease Control: Injury Prevention & Control: Traumatic Brain Injury
   http://www.cdc.gov/concussion/
3. National Children's: Concussion Toolkit: http://www.nationwidechildrens.org/concussion-toolkit
4. Wisconsin Department of Public Instruction: Traumatic Brain Injury

Accommodations & Modifications in the Elementary Classroom

For a Student with Traumatic Brain Injury

Student:_____ Teacher:_____ Grade:_____Today's Date:_____
Presenting
Concerns:_____
Birth Date:_____ Date of Injury:_____

Consider Student's Environment

- ☐ *Post class rules (pictures & words)*
- ☐ *Post daily schedule (pictures & words)*
- ☐ *Give preferential seating*
- ☐ *Change to another class*
- ☐ *Change schedule (most difficult in morning)*
- ☐ *Eliminate distractions (visual, auditory, olfactory)*
- ☐ *Modify length of school day*
- ☐ *Provide frequent breaks*
- ☐ *Provide place for quiet time*
- ☐ *Maintain consistent schedule*
- ☐ *Provide system for transition*
- ☐ *Position appropriately*
- ☐ *Explain disabilities to students*
- ☐ *Use color-coded materials*
- ☐ *Other:* _____

Consider Curricular Content & Expectations

- ☐ *Reduce length of assignments*
- ☐ *Change skill/task*
- ☐ *Modify testing mode/setting*
- ☐ *Allow extra time*
- ☐ *Teach study skills*
- ☐ *Teach sequencing skills*
- ☐ *Teach visual imagery*
- ☐ *Teach memory strategies*
- ☐ *Write assignments in daily log*
- ☐ *Teach semantic mapping*
- ☐ *Teach peers how to be helpful*
- ☐ *Other:* _____

Consider Method of Instruction

- ☐ *Repeat directions*
- ☐ *Increase active participation*

Consider Method of Instruction – (Continued)

- ☐ *Teacher circulate around room*
- ☐ *Provide visual prompts (board/desk)*
- ☐ *Provide immediate feedback (self correcting seat work)*
- ☐ *Point out similarities to previous learning/work*
- ☐ *Use manipulative materials*
- ☐ *Use frequent review of key concepts*
- ☐ *Teach to current level of ability (use easier materials)*
- ☐ *Speak loud or slow or rephrase*
- ☐ *Preteach/Reteach*
- ☐ *Highlight/underline material*
- ☐ *Use peer tutor/partner*
- ☐ *Use small group instruction*
- ☐ *Use simple sentences*
- ☐ *Use individualized instruction*
- ☐ *Pause frequently*
- ☐ *Discuss errors and how they were made*
- ☐ *Use cooperative learning*
- ☐ *Use instructional assistants*
- ☐ *Encourage requests for clarification, repetition, etc.*
- ☐ *Elicit responses when you know student knows the answer*
- ☐ *Demonstrate & encourage use of technology (instructional and assistive)*
- ☐ *Other:* _____

Consider Student's Behavioral Needs

- ☐ *Teach expected behavior*
- ☐ *Increase student success rate*

Consider Student's Behavioral Needs – (Continued)

- ☐ *Learn to organize signs of stress*
- ☐ *Give non verbal cues to discontinue behavior*
- ☐ *Reinforce positive behavior (4:1)*
- ☐ *Use mild, consistent consequences*
- ☐ *Set goals with student*
- ☐ *Use key students for reinforcement of target student*
- ☐ *Use group/individual counseling*
- ☐ *Teach student to attend to advance organizers at beginning of lesson*
- ☐ *Provide opportunity to role pay*
- ☐ *Use proactive behavior management strategies*
- ☐ *Use schoolwide reinforcement with target students*
- ☐ *Other:* _____

Consider Assistive Technology

- ☐ *Adaptive paper*
- ☐ *Talking spell checker/dictionary*
- ☐ *Concept mapping software/templates*
- ☐ *Magnetic words, letters, phrases*
- ☐ *Multimedia software*
- ☐ *Keyguard for keyboard*
- ☐ *Macros/shortcuts on computer*
- ☐ *Abbreviations/expansion*
- ☐ *Accessibility options on computer*
- ☐ *Alternative keyboards*
- ☐ *Communication cards or boards*
- ☐ *Voice output communication device*
- ☐ *Portable word processor*
- ☐ *Enlarged text/magnifiers*
- ☐ *Recorded text on tape/talking books*
- ☐ *Other:* _____

Consider Assistive Technology – (Continued)

- ☐ *Scanned text with OCR software*
- ☐ *Voice output reminders*
- ☐ *Electronic organizers/reminders/pagers*
- ☐ *Large display calculators*
- ☐ *Voice input calculators*
- ☐ *Math software*
- ☐ *Picture/symbol supported software*
- ☐ *Other:* _____

Other Considerations

Home/School Relations

- ☐ *Schedule regular meetings for all staff to review progress/maintain consistency*
- ☐ *Schedule parent conferences every*_____
- ☐ *Daily/weekly reports home*
- ☐ *Parent visits/contact*
- ☐ *Home visits*

Disability Awareness

- ☐ *Explain disabilities to other students*
- ☐ *Teach peers how to be helpful*
- ☐ *In-service training for school staff*

Additional Resources

- ☐ *Wisconsin Assistive Technology Checklist*
- ☐ *Therapists, nurse, resource teachers, school psychologist, counselor, rehab facility, parents, vision teacher, medical facility*

Accommodations & Modifications in the Secondary Classroom

For a Student with Traumatic Brain Injury

Student:_____ Teacher:_____ Grade:_____Today's Date:_____
Presenting
Concerns:_____
Birth Date:_____ Date of Injury:_____

Consider Student's Environment
- ☐ Post class rules (pictures & words)
- ☐ Post daily schedule (pictures & words)
- ☐ Give preferential seating
- ☐ Change to another class
- ☐ Change schedule (most difficult in morning)
- ☐ Eliminate distractions (visual, auditory, olfactory)
- ☐ Modify length of school day
- ☐ Provide frequent breaks
- ☐ Provide place for quiet time
- ☐ Maintain consistent schedule
- ☐ Move class site to avoid physical barriers (stairs)
- ☐ Provide system for transition
- ☐ Position appropriately
- ☐ Explain disabilities to students
- ☐ Use color-coded materials
- ☐ Other: _____

Consider Curricular Content & Expectations
- ☐ Reduce length of assignments
- ☐ Change skill/task
- ☐ Modify testing mode/setting
- ☐ Allow extra time
- ☐ Teach study skills
- ☐ Teach sequencing skills
- ☐ Teach visual imagery
- ☐ Teach memory strategies
- ☐ Write assignments in daily log
- ☐ Develop objective grading system using daily participation as a percentage of weekly and final grade
- ☐ Teach semantic mapping
- ☐ Teach peers how to be helpful
- ☐ Other: _____

Consider Method of Instruction
- ☐ Repeat directions
- ☐ Increase active participation
- ☐ Teacher circulate around room
- ☐ Provide visual prompts (board/desk)
- ☐ Provide immediate feedback (self correcting seat work)
- ☐ Point out similarities to previous learning/work
- ☐ Use manipulative materials
- ☐ Use frequent review of key concepts
- ☐ Teach to current level of ability (use easier materials)
- ☐ Speak loud or slow or rephrase
- ☐ Preteach/Reteach
- ☐ Highlight/underline material
- ☐ Use peer tutor/partner
- ☐ Use small group instruction
- ☐ Use simple sentences
- ☐ Use individualized instruction
- ☐ Pause frequently
- ☐ Discuss errors and how they were made
- ☐ Use cooperative learning
- ☐ Use instructional assistants
- ☐ Encourage requests for clarification, repetition, etc.
- ☐ Elicit responses when you know student knows the answer
- ☐ Demonstrate & encourage use of technology (instructional and assistive)
- ☐ Other: _____

Consider Student's Behavioral Needs
- ☐ Teach expected behavior
- ☐ Increase student success rate

Consider Student's Behavioral Needs – (Continued)
- ☐ Learn to organize signs of stress
- ☐ Give non verbal cues to discontinue behavior
- ☐ Reinforce positive behavior (4:1)
- ☐ Use mild, consistent consequences
- ☐ Set goals with student
- ☐ Use key students for reinforcement of target student
- ☐ Use group/individual counseling
- ☐ Provide opportunity to role pay
- ☐ Use proactive behavior management strategies
- ☐ Other: _____

Consider Assistive Technology
- ☐ Talking spell checker/dictionary
- ☐ Talking word processing software
- ☐ Concept mapping software/templates
- ☐ Word prediction software
- ☐ Multimedia software
- ☐ Keyguard for keyboard
- ☐ Macros/shortcuts on computer
- ☐ Abbreviation/expansion
- ☐ Accessibility option on computer
- ☐ Screen reader software
- ☐ Alternate keyboards
- ☐ Voice recognition software
- ☐ Communication cards or boards
- ☐ Voice output communication device
- ☐ Adaptive paper
- ☐ Single word scanners
- ☐ Enlarged text/magnifiers
- ☐ Recorded text/books on tape/e-text/ipod/MP3 player
- ☐ Scanned text with OCR software
- ☐ Other: _____

Consider Assistive Technology – (Continued)
- ☐ Voice output reminders
- ☐ Electronic organizers/PDA's/Palm computers
- ☐ Pagers/electronic reminders
- ☐ Large display calculators
- ☐ Talking calculators
- ☐ Voice input calculators
- ☐ Math software
- ☐ Portable word processor
- ☐ Picture supported software
- ☐ Other: _____

Other Considerations

Home/School Relations
- ☐Schedule regular meetings for all staff to review progress/maintain consistency
- ☐Schedule parent conferences every_____
- ☐Daily/weekly reports home
- ☐Parent visits/contact
- ☐Home visits

Disability Awareness
- ☐Explain disabilities to other students
- ☐Teach peers how to be helpful

Additional Resources
- ☐Wisconsin Assistive Technology Checklist
- ☐Therapists, nurse, resource teachers, school psychologist, counselor, rehab facility, parents, vision teacher, medical facility

Acute Concussion Evaluation (ACE)
Care Plan

Gerard Gioia, PhD[1] & Micky Collins, PhD[2]
[1]Children's National Medical Center
[2]University of Pittsburgh Medical Center

Patient Name:_____
DOB: _____ Age:_____
Date:_____ ID/MR#_____
Date of Injury:_____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

Rest is the key. You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check). **____No reported symptoms**

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following

Headaches that worsen	Look very drowsy, can't be awakened	Can't recognize people or places	Unusual behavior change
Seizures	Repeated vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

— SCHOOL VERSION —

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
   - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
   - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
   - Increased problems paying attention or concentrating
   - Increased problems remembering or learning new information
   - Longer time needed to complete tasks or assignments
   - Greater irritability, less able to cope with stress
   - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

~Continued on back page~

This form is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC).

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: *(check all that apply)*

__No return to school. Return on (date)_____

__Return to school with following supports. Review on (date)_____

__Shortened day. Recommend ___ hours per day until (date)_____

__Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.

__Allow extra time to complete coursework/assignments and tests.

__Lessen homework load by _____%. Maximum length of nightly homework: _____ minutes.

__No significant classroom or standardized testing at this time.

__Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.

__Take rest breaks during the day as needed.

__Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

___ Do not return to PE class at this time

___ Return to PE class

___ Do not return to sports practices/games at this time

___ **Gradual** return to sports practices under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher).

- Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
- Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e., *symptoms do not come back during or after the activity*). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

___ Return to this office. Date/Time_____

___ Refer to: Neurosurgery____ Neurology____ Sports Medicine____ Physiatrist____ Psychiatrist____ Other____

___ Refer for neuropsychological testing

___ Other_____

ACE Care Plan Completed by:_____

454 CHILD ABUSE AND NEGLECT REPORTING

Any district teacher, counselor, physical therapist, occupational therapist, speech therapist, nurse or administrator having reasonable cause to suspect that a child seen in the course of professional duties has been physically, mentally or sexually abused, or neglected or that threatened future abuse or neglect will occur shall immediately contact the county social services department, the county sheriff or the city police and inform the agency contacted of the facts and circumstances which lead to the filing of the report.

It is not the responsibility of school personnel to prove that the child has been abused or neglected, nor to determine whether the child is in need of protection. School personnel shall not contact the child's family or any other person to determine the cause of the threats of injury, suspected abuse or neglect.

School personnel filing reports in good faith are immune from liability. No employee will be discharged for making a child abuse or neglect report. Failure to report may be punishable by a fine of up to $1,000.00 or six months in jail or both. All reports and records shall be confidential.

The superintendent shall establish any necessary procedures to implement this policy and to comply with state law.

LEGAL REF.: Sections 48.02 Wisconsin Statutes
48.981

APPROVED: August 9, 1976

REVISED: December 11, 1978
August 15, 1988
August 13, 2001

SCHOOL HEALTH SERVICES PROCEDURES

Compiled by:

Michelle Forcier, R.N.
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Payeng Xiong, R.N.

Lawrence Leibert, M.D.

Revised: July 2023

TABLE OF CONTENTS

Important Phone Numbers

FIRE	POLICE	AMBULANCE	RESCUE
911	911	911	911

OTHER EMERGENCY NUMBERS

Wisc Rapids Police Dept Non-Emergency	715-423-4444
Crisis Intervention	715-421-2345
Poison Control Center	1-800-222-1222
Department of Social Services	715-421-8600
WRPS Central Office	715-424-6700

School District of Wisconsin Rapids

Work Related Injury Reporting Procedures

1) School employees are to immediately report incidents resulting in physical injury to their building office staff, or school nurse, and complete a "Report of Injury." Form. This form is to be immediately faxed by an office staff member* to the Central Office Payroll Department at (715) 422-6070. (Form attached). The person faxing the form should immediately call the Payroll Manager at (715) 424-6705, ext 4 to let her know whenever the employee must be transported to the hospital. The original signed form is to be blue binned to the Payroll Department, once signed by the principal. *An office staff member could be the Secretary, Office Aide, Nurse or Principal.

2) Upon completion of the "Report of Injury" Form, the employee must notify MedCor at **1-800-775-5866,** even when no medical treatment is needed. When they ask the employer name, use "School District of Wisconsin Rapids". When needing medical treatment call MedCor **PRIOR** to seeking medical treatment for all non-life threatening injuries. MedCor will take a statement from the employee and file reports with the Districts' Workmen Compensation provider and our School District.

3) Employees seeking medical attention must have the Physician complete an "Attending Physician's Return to Work Recommendations Record" indicating the employee's fitness to return to duty. (Form attached). The completed form is to be returned to the Payroll Department following the medical appointment (either faxed or brought in), prior to returning to work. Using a Walk-In Clinic or Clinic versus ER saves taxpayer dollars. If the clinic has questions where to invoice, have them call Deb Bailey at (715) 424-6705 ext 4.

The above procedures are in place to provide the best service to our employees as possible as well saving tax payer dollars.

1. *School employees are to immediately report incidents resulting in physical injury to their building office staff, or School Nurse.*

2. *Minor injuries will be recorded on the minor injury incident report log and kept in the school office. Log will be kept in the school office for one calendar year before being sent to the central office.*

3. *Major injuries, the employee must notify MedCor at 1-800-775-5866, even when no medical treatment is needed. When they ask the employer name, use "School District of Wisconsin Rapids". When needing medical treatment, call MedCor PRIOR to seeking medical treatment for all non-life threatening injuries. MedCor will take a statement from the employee and file reports with the Districts' Workmen Compensation provider and our School District.*

4. *Employees seeking medical attention must have the Physician complete an "Attending Physician's Return to Work Recommendation Record" indicating the employee's fitness to return to duty. The completed form is to be returned to the Payroll Department following the medical appointment (either faxed or brought in), prior to returning to work.*

Revised 7/12/23

Universal Precautions

WISCONSIN RAPIDS PUBLIC SCHOOLS

REMOVE FORM

REPORT OF INJURY

Injured Student's Name (First, Middle, Last)	Student Grade		Sex ____Male ____Female	Injured Student's Home Telephone #
Street Address	City	State	Zip Code	
Birthday (Month/Day/Year)	School of Injury		County & state where accident or exposure occurred	
Injury Date (Month, Day, Year)	Time of Injury ____AM ____PM		Did injury cause death? ____YES ____NO	

(WITNESSES) Name of witnesses (A witness is someone who actually saw it happen, not someone who was near the area or talked to you regarding the accident).

Injury description: What happened to cause this injury or illness? Describe the injured person's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Name specific body part injured (example: R-ankle, L-knee). Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.

Type of injury:

Part of body injured:

Cause of injury:

Location of accident:

Degree of injury:

Action taken:

Comments:

Signature and Title of Person Completing Report	Date Reported
Signature of Principal	Date Report was Received

PLEASE RETAIN ORIGINAL IN STUDENT'S HEALTH FILE

SEND A COPY TO THE CENTRAL OFFICE BUSINESS SERVICES DEPARTMENT

5/6/22 JP

~~Attending Physician's Return to Work Recommendations Record~~

THIS FORM MAY BE FAXED TO DEBRA BAILEY AT WRPS: (715) 422-6070
LIGHT DUTY IS USUALLY AVAILABLE. PLEASE BE SURE TO LIST ANY RESTRICTIONS.

ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD	WISCONSIN RAPIDS PUBLIC SCHOOLS 510 Peach St. - Wis. Rapids, WI 54494
	Injury is: ☐ Work related ☐ Non-work related

Patient's Name (Last) (First) (Middle Initial)	Date of Injury/Illness

TO BE COMPLETED BY ATTENDING PHYSICIAN

Diagnosis:

I saw and treated this patient on _____ and based on the above description of the patient's current medical problem:

☐ He/she is totally incapacitated at this time. Patient will be re-evaluated on _____ (Date)

☐ Recommend his/her return to work with no limitations on _____ (Date)

☐ He/she may return to work on _____ (Date) with the following limitations:

CHECK ONLY AS RELATES TO ABOVE CONDITIONS

☐ Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ Light Work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

☐ Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ Regular Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ Height Lift Restriction. See instructions below

Please Circle

1. In an 8-hour work day patient may:

   Stand or walk 1 2 3 4 5 6 7 8 hours, or (unrestricted)

   Sit 1 2 3 4 5 6 7 8 hours, or (unrestricted)

   Drive 1 2 3 4 5 6 7 8 hours, or (unrestricted)

2. Patient may use hand(s) for repetitive:

   ☐ Single grasping ☐ Pushing & pulling
   ☐ Fine Manipulation

3. Patient may:

		Not at all	Occasionally	Frequently
a.	Bend	☐	☐	☐
b.	Twist	☐	☐	☐
c.	Squat	☐	☐	☐
d.	Climb	☐	☐	☐
e.	Reach	☐	☐	☐

OTHER INSTRUCTIONS AND/OR LIMITATIONS INCLUDING PRESCRIBED MEDICATIONS:

These restrictions are in effect until _____ or until patient is re-evaluated on _____.

Referred to: ☐ None ☐ Private Physician
☐ Consultant _____ Doctor, Date & Time ☐ Return Here _____ Date & Time

Physician's Signature:	Date

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative.

Patient's Signature:	Date

Staff Exposure to Student Blood Borne Pathogen Plan

~~Exposed Staff Person~~

- ~~Fill out a "Report of Injury" form and fax to Deb Bailey at 422-6070. Upon completion of the "Report of Injury" form the employee or supervisor will notify MedCor at 1-800-775-5866. MedCor faxes orders to Aspirus Doctor's Clinic.~~
- ~~Fill out a "School Exposure Incident Investigation Form" form (it will be kept in the health office of each school in the school health manual) and send one copy to Deb Bailey along with a copy of "Employee Medical Record Checklist" (also in the manual). The staff member should be referred to Aspirus walk-in clinic for a BBP post exposure evaluation. The staff person will take the original form to Aspirus walk- in clinic.~~

~~Source Person~~

- ~~Notify Pupil Service Director or Assistant Pupil Service Director and Blood Borne Pathogen Nurse of incident and source person.~~
- ~~Blood Borne Pathogen Nurse will call parent of source person and refer to their primary care provider for care after an exposure. If the BBP Nurse is unavailable, the School Nurse will contact parent. If questions regarding payment of billing regarding the source person, the source persons own insurance will be billed. If denied, it may be sent to WRPS billing dept.~~

Exposed Staff Person

- *Should report exposure to office staff or School Nurse immediately. Employee will then notify MedCor at 1-800-775-5866. MedCor faxes any orders necessary to clinic or urgent care.*
- *Fill out the "School Exposure incident Investigation Form" (form will be kept in school health manual). Leave one copy with school staff and send the original to clinic or urgent care with employee.*

Source Person

- *Notify Pupil Service Director or Assistant Pupil Service Director and School Nurse of incident and source person.*
- *A School Nurse will call parent of source person and refer to their primary care provider for care after an exposure. If questions regarding payment of billing regarding the source person, the source persons own insurance will be billed. If denied, it may be sent to WRPS billing department.*

Bloodborne Pathogens Exposure Control Plan for WRPS

The following person(s) is responsible for implementation and review of the Exposure Control Plan:
Director of Pupil Services
Director of Buildings and Grounds
School Nurse

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030 (see Appendix A), the following exposure control plan has been developed. Pursuant to Section 101.055, Stats. (see Appendix B), the Wisconsin Department of Commerce, Safety and Buildings Division is required to adopt and enforce health and safety standards equal to those offered private employees as administered by OSHA. Definitions relating to the exposure control plan are found in Appendix C.

I. Exposure Determination

Each school district must determine which of its employees could be exposed to blood or other potentially infectious materials (OPIM) in the course of their work assignment. These employees, for the purposes of compliance with this standard, may be described as:

1) designated first aid providers (those whose primary job assignment would include rendering first aid); and
2) those employees who might render first aid *only as a collateral duty*.

It is recommended that a committee be formed to make this determination. The committee membership could include: administrative representatives, bargaining unit representatives, a district medical advisor, a school nurse and/or health professional from the local health department or infection control department of the local hospital. Volunteers and students are covered under this plan if they receive pay or another form of remuneration (e.g. meals, uniforms).

A. Job Classifications

The district has identified the following job classifications as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements. Appendix D, *Job Classification Exposure Determination Form*, contains a list of job classifications in this district with potential exposure.

B. Tasks and Procedures

A list of tasks and procedures performed by employees in the above job classifications is required. This exposure determination shall be made without regard to the use of personal protective equipment. (Appendix E is a sample of a Task/Procedure Record that may be used to document this requirement.) Tasks/procedures may include but not limited to:

1. care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut);

2. initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);

3. care of students with medical needs (such as tracheotomy, colostomy, injections);

4. care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);

5. care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);

6. care of an injured person in laboratory settings, technical education settings, or art classes;

7. care of an injured person during a sport activity;

8. care of students who receive training or therapy in a home-based setting; and/or

9. cleaning tasks associated with body fluid spills.

II. Method of Compliance

All of the following methods of compliance are mandated by the standard and must be incorporated into the school district exposure control plan. A committee to determine district guidelines for annual review of engineering controls, cleaning, decontamination, and waste disposal procedures needs to be established. In addition, employers are required to document how they received input from non-management employees regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Once guidelines are written, they need to be posted in appropriate locations and the content included in the training program. It may be desirable to request assistance from staff of the local health department or infection control unit of the local hospital in implementing the following methods.

A. Universal Precautions

In this district, universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering and Work-Practice Controls

Engineering and work-practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained, or replaced, when an exposure incident occurs in this district and at least annually. The annual review must include, and take into account new innovations in technology, particularly devices that reduce needle-sticks.

1. Hand washing

   a. This district shall provide hand-washing facilities which are readily accessible to employees. When a provision for hand-washing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

   b. Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.

   c. Employees shall wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. ***Do not reuse disposable gloves***.

2. Housekeeping and Waste Procedures

   a. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based on the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed.

b. All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

i. Contaminated work surfaces and reusable equipment shall be decontaminated with an appropriate disinfectant immediately after completion of a procedure/task/therapy and/or at the end of the school day if the surface may have become contaminated since the last cleaning. The surface shall be cleaned as soon as feasible when overtly contaminated, or after any spill of blood or other potentially infectious materials. [If bleach is used as a disinfectant, it must be prepared daily at a 1:10 dilution.] The solution is only stable for 24 hours. For a list of disinfectants, refer to the CDC website at http://www.cdc.gov.

ii. Protective covering, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

a. Items such as paper towels, gauze squares, or clothing used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied, and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color and/or affixed with a biohazard label. The bags shall be located at:

Custodial Area

On the advice of the Department of Health Services, biohazardous waste, for the purpose of this standard, shall only include items that are blood-soaked, caked with blood, or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass, or plastic on which there is fresh blood.

d. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately.

e. In this district, there shall be a marked biohazard container in the custodial area for used biohazard designated bags. Appropriate disposal of the contents of this container is the responsibility of the Director of Buildings and Grounds.

f. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in a second container and the area shall be cleaned and decontaminated.

g. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately through verbal or written notification before scheduled cleaning.

h. ***Contaminated*** sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers. In this district, sharps containers shall be able to be closed, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (for example, the art department, classrooms where dissections occur, and the nurse's station). If an incident occurs in which there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.

i. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed.

ii. In this district, the employee shall notify the School Nurse when sharp containers become 2/3 full so that they can be disposed of properly.

iii. Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a one-handed technique.

i. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Wisconsin, and its political subdivisions (the Department of Natural Resources [DNR] regulates waste disposal in Wisconsin).

j. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood or other potentially infectious materials are present.

k. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited (for example, sucking out snakebites).

l. Specimens of blood or OPIM shall be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. The containers shall be labeled with a biohazard symbol or be colored red.

m. Equipment that may become contaminated with blood or OPIM must be examined prior to servicing and shipping and must be decontaminated, if feasible. If not feasible, a readily observable biohazard label must be affixed to the equipment stating which portions are contaminated. This information must be conveyed to all affected employees, the service representative, and/or manufacturer (as appropriate), prior to handling, servicing, or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.

n. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is a reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled and/or colored red. In this district, contaminated laundry shall be bagged and sent home with the student/staff member.

C. Personal Protective Equipment

1. Where occupation exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Types of personal protection equipment available in this district are gloves, gowns, masks, and protective eyewear.

a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.

b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. (Contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)

c. Hypoallergenic gloves (by definition, this means latex free), glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

d. Masks, in combination with eye-protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated (for example a custodian cleaning a clogged toilet or nurses/aides performing suctioning).

e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.

f. Employees expected to perform CPR must have appropriate resuscitator devices readily available and accessible.

g. Safer needle and needleless devices will be provided for employees who give injections or use lancets.

2. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is individually issued to employees. Personal protective equipment is available in the following locations:

School Nurse's office and Custodial Area

a. This district shall clean, launder, and/or dispose of personal protective equipment at no cost to the employee.

b. This district shall repair or replace personal protective equipment (as needed) to maintain its effectiveness, at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

4. If blood or other potentially infectious materials penetrate a garment, the garment shall be removed immediately or as soon as feasible.

5. This district shall ensure employees use appropriate personal protective equipment. If an employee temporarily declines to use personal protective equipment, feeling that it would pose an increased hazard to the employee or others, this district shall investigate the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. The investigation shall be included as a part of the annual review of the plan.

III. Hepatitis B Vaccination

A. Covered Employees

1. This district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, and method of administration as well as the benefits of being vaccinated.

2. This district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupation exposure.

3. The vaccine and vaccinations shall be offered free of charge, made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician, according to the most current recommendations of the U.S. Public Health Service. This district ensures that an accredited laboratory then conducts the laboratory titer, if required. A record of the vaccination shall be maintained in the employee's personnel file (see Appendix G for a sample vaccination record).

4. This district shall not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.

5. If an employee initially declines the hepatitis B vaccination series, but at a later date (while still covered under the standard) decides to accept the vaccination, this district shall make available the hepatitis B vaccine at that time.

6. This district shall ensure that employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard (see Appendix H).

7. If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster dose(s) shall be made available at no charge to the employee.

8. Records regarding hepatitis B vaccinations or declinations are to be kept by the Human Resources.

9. This district shall ensure the health-care professional responsible for administering the employee's hepatitis B vaccination is provided with a copy of this regulation.

10. Health-care employees that have ongoing contact with blood or OPIM, and are at risk for injuries with sharp instruments or needle-sticks, must be tested for antibodies to hepatitis B surface antigen one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Nonresponders must be medically evaluated.

B. First Aid as Collateral Duty

1. This district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ***only*** in the case that they render assistance in any situation involving the presence of blood or OPIM.

2. The full hepatitis B vaccination series shall be made available as soon as possible, but no later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident has occurred," as defined by the standard.

3. The hepatitis B vaccination record or declination statement shall be completed. All other pertinent conditions shall be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.

4. This reporting procedure shall be included in the training program.

IV. Post-exposure Evaluation and Follow-up

A. Definition of an Exposure Incident

1. An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, or other mucous membrane or by piercing the skin or mucous membrane through such events as needle-sticks. A physician ultimately must determine and certify in writing that a significant exposure has occurred.

1. ***All*** first aid incidents involving the presence of blood or OPIM shall be reported to this school district's appropriate school nurse by the end of the workday on which the incident occurred.

1. A *School Exposure Incident Investigation Form* must be used to report first aid incidents involving blood or OPIM to determine the nature and scope of the situation (see Appendix I for a sample form). The incident description must include a determination of whether or not an "exposure incident," as defined by the standard, occurred in

addition to the presence of blood or other potentially infected materials. This form shall be readily available to all employees.

2. Once a significant exposure is suspected, a *Medical Management of Individuals Exposed to Blood/Body Fluids* form shall be completed. For purposes of Worker's Compensation, exposure must be documented on a form developed by the Wisconsin Department of Workforce Development (DWD). This form is for Worker's Compensation purposes and is not a record of medical treatment. It is also not intended to be used for billing purposes (see Appendix J for information on ordering the DWD form).

A. Needle-Stick Injury

In the event of a needle-stick or sharps injury, this district will maintain a separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place (see Appendix K for a sample needle-stick log).

A. Exposure Incident Follow-up

Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination from a health-care provider knowledgeable about the current management of post-exposure prophylaxis in the first 24 hours following exposure. Minimal follow-up shall include the following:

- This district shall document the route(s) of exposure and the circumstances under which the exposure incident occurred.

- This district shall identify and document the source individual, if possible, unless this district can establish that identification is not feasible or prohibited by state or local law.

    a. The source individual's blood shall be tested ***as soon as feasible*** and ***after consent is obtained*** in order to determine HIV, HBV, and HCV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.

    b. Results of the source individual's testing shall be made available to the exposed employee ***only after consent is obtained,*** and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

    c. An employee of a school district, while performing employment duties involving an individual, experiences a significant exposure to the individual may subject the source individual's blood to a test or series of tests for the presence of human immunodeficiency virus (HIV), antigen or non-antigenic products of HIV and may receive disclosure of the results [s. 252.15 (2) (7), Stats.].

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV, HBV, and HCV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- For post-exposure prophylaxis, this district shall follow the recommendations established by the Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Post-exposure Prophylaxis, June 29, 2001. The employee must be made aware of the 2-24 hour window of efficacy of chemical prophylaxis. The evaluation must include assessment for the hepatitis C virus.

- Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
- There shall be an evaluation of reported illnesses.

A. Medical Follow-up

1. This district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee.

1. All medical evaluations and procedures shall be conducted by, or under the supervision of, a licensed physician knowledgeable about the current management of post-exposure prophylaxis.

1. Laboratory tests shall be conducted in accredited laboratories.

1. Information provided to the health-care professional that evaluates the employee shall include:

   a. a copy of the Public Employee Safety and Health statute, s. 101.055, Stats.;

   b. a description of the employee's duties as they relate to the exposure incident;

   c. documentation of the route of exposure and circumstances under which exposure occurred;

   d. results of the source individual's blood test, if consent was given and results are available; and

   e. a copy of all medical records relevant to the appropriate treatment of the employee, including vaccination status.

A. Employee Information

1. This district shall obtain and provide the employee with a copy of the evaluating health-care professional's written opinion within 15 days of the completion of the evaluation.

2. The health-care professional's written opinion regarding hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

3. The health-care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

   a. the affected employee has been informed of the results of the evaluation; and

   b. the affected employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and/or treatment.

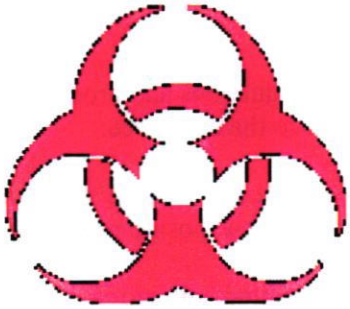
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

I. Communication About Hazards to Employees

A. Warning Labels

1. Warning labels shall be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. Exception: red bags or red containers may be substituted for labels.

2. Labels required by this section shall include the following legend:



BIOHAZARD

3. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

4. Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

5. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. This district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.

2. Training shall be provided at the time of initial assignment to tasks in which occupational exposure may take place, and at least annually thereafter. This plan is available to all staff for review at any time. A copy will be provided to any staff member at no charge and within 15 days of the request.

3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure issues.

4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace. The Occupational Safety and Health Administration require that the knowledgeable person be available to answer questions at the time of the bloodborne pathogen training.

6. Training must include information on the hepatitis C virus in addition to other bloodborne pathogens (see Appendix L for a list of the required minimal content for training).

7. If needles are used in the district, staff will be given training, including information and hands-on experience with safer needle and needleless devices and other improved engineering controls.

VI. Recordkeeping

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix M for a checklist):
   a. each employee's name and social security number,
   b. a copy of each employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B,

c. if an exposure incident(s) has occurred, a copy of all results of examinations, medical testing, and follow-up procedures,
d. if an exposure incident(s) has occurred, the district's copy of the health-care professional's written opinion,
e. if an exposure incident(s) has occurred, the district's copy of information provided to the health-care professional: exposure incident investigation form; the results of the source individual's blood testing, if available; and the consent obtained for release.

2. This district shall ensure that each employee's medical records are kept confidential and are ***not*** disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.

4. Records do not have to be maintained if the employee was employed for less than one year and is provided with the record at the time of termination.

B. Training Records

1. Training records shall include:
   a. training session date(s)
   b. contents or summaries of training sessions
   c. names and qualifications of persons conducting training sessions
   d. names and job titles of all persons attending training sessions

2. Training records shall be maintained for three years from the date the training occurred.

C. Annual Review of Exposure Control Plan

- This district may annually review the exposure control plan (see Appendix N for a sample form). The review shall include:

a. a list of new tasks that affect occupational exposure,

a. modifications of tasks and procedures,

a. evaluation of available engineering controls including engineered-safer needle devices,

a. a list of new employee positions with potential for occupational exposure, and

a. input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

D. Availability of Records

1. This district shall ensure:

   a. all records required to be maintained by this standard shall be made available upon request to the Department of Commerce (or designee) for examination and copying,

   b. employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Commerce (or designee),

   c. employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee, and to the Department of Commerce (or designee), and

   d. a log of needle-stick/sharps injuries shall be kept for a minimum of five years.

2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

E. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

   a. OSHA-reportable exposure incidents, including splashes to mucous membranes, eyes, or nonintact skin, shall be entered as injuries on the OSHA 300 Log.

   b. This determination and the recording activities are done by the district nurse or designated health-care provider and are then forwarded to the person completing the OSHA 300 Log.

2. A sharps injury log must be maintained in a manner that protects the privacy of employees. At minimum, the log will contain the following:

   a. location of the incident,

   b. brand or type of sharp, and description of incident

New Form

School Exposure Incident Investigation Form
Wisconsin Rapids Public School District

Date of Incident	Time of Incident
Location	Person(s) Involved

Potentially Infectious Materials Involved	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal Protective equipment and engineering controls being used at the time of the incident	
Actions take (decontamination, clean-up, reporting and so forth)	
Training of employee	
Recommendations for avoid repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

New Form

Employee Medical Record Checklist
Wisconsin Rapids Public School District

Employee Name: *Please Print*	Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___
Building	Job Classification

☐ Copy of employee's hepatitis B vaccination record or declination form (see appendixes G and H). Attach any additional medical records relative to hepatitis B.

☐

☐ Brief description of exposure incident:

_____

_____

☐ Log and attach this district's copy of information provided to the healthcare professional.

☐ Accident report (see appendix F).

☐ Results of the source individual's blood testing, if available and if consent for release has been obtained.

☐ Log and attach this district's copy of the healthcare professional's written opinion.

ROUTINE PROCEDURES WHEN HANDLING BODY FLUIDS

In order to effectively eliminate or minimize exposure to blood borne pathogens in the school district, the following area are addressed in detail in this Exposure Control Plan:

- Use of Universal Precautions
- Establishing appropriate engineering controls
- Implementing appropriate work practice controls
- Using necessary personal protection equipment
- Implementing appropriate housekeeping procedures

Standard Precaution

Universal Precautions shall be implemented in this District in order to prevent contact with blood or other potentially infectious materials (OPIM). All human blood and certain human body fluids are to be treated as potentially infectious material regardless of the perceived status of the source individual. Although exposure to body fluids other than blood is unlikely in school, the following body fluids are also to be treated as being infectious:

- blood
- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- saliva (dental practice only)
- blood-contaminated body fluids
- all body fluids where it is difficult or impossible to differentiate

Any employee encountering blood or other body fluids listed above is to treat them as being infectious and is to use necessary personal protection and work practice controls as listed in this section.

Standard Precautions are practices and procedures that assist in the prevention of contact with blood and other body fluids. They are the best protection against HIV (the virus that causes AIDS), hepatitis B and other infectious agents.

Safe work practice will minimize exposure to blood and other body fluids. These practices include the following:

- Avoid skin exposure to infected fluids.
- Use a barrier (cloth, paper towel, etc.) to keep fluids from contact with your skin.
- Be careful with sharps and dispose of sharps, such as needles or lancets or contaminated broken glass, in a puncture resistant container. Use tongs or other equipment to pick up broken glass contaminated with blood or OPIM.
- Use disposable equipment whenever possible.
- Dispose of items soiled with potentially infected fluids in leak proof bags or containers.
- Wash hands thoroughly for 15 – 20 seconds minimum with soap and water.
- Clean up spills of potentially infected fluids with soap and water and disinfect spill area with a bleach-water solution, diluted 1 part bleach to 10 parts water or other appropriate disinfectant.

Engineering and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this District.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needlesticks.

An exposure incident investigation form shall be completed each time an exposure incident occurs. Call the school nurse at East to report the incident (715-424-6730 Ext 3108).

1. Hand washing

   a. This District shall provide hand washing facilities that are readily accessible to employees, or when provision for hand washing facilities is not feasible, this District shall provide either an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes.

   b. Employees shall wash hands or any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

   c. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do no reuse gloves.

   d. Proper hand washing procedures include the use of running water. Soap and water should be applied to hands and wrists to reach any organisms that may have traveled above the hand. Be sure to scrub between fingers and fingernails. You need to scrub a minimum of 15 seconds. Air drying or a single-use towel should be used to dry the hands.

2. Handling Contaminated Sharps

   a. Mechanical devices such as tongs or dust pan and broom will be available to pick up contaminated sharps such as blood-covered broken glass, etc., to avoid any contact. Contaminated glass will not be picked up by hand.

   b. Appropriate gloves, as provided by the District, should be used when handling any contaminated sharps.

   c. Needles and other contaminated sharps should not be bent, recapped or removed. Shearing or breaking off contaminated needles is absolutely prohibited.

   d. Sharps will not be removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the Blood Borne Pathogen contact person is obtained.

   e. As soon as possible after use, contaminated sharps, broken glass, plastic or other sharp objects should be placed in appropriately marked storage/disposal containers.

3. Sharps container

   a. Sharps containers will be located in the nursing office or as close as feasible to the area where sharps are used. If needed, a biohazard disposal container may also be located in the nurse's office or other accessible location.

6. The employee shall use appropriate personal protective equipment as determined by the employee's professional judgement that in a specific instance its use would have prevented the delivery of healthcare or public services or would have imposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Housekeeping

1. All contaminated equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Decontamination will involve the clean up of all material by absorption using paper toweling or other absorbent material, water and soap, and final disinfection with an EPA-approved disinfectant. A one to ten part bleach and water solution may be used. The solution will be made freshly prior to use and discarded daily.

2. Broken glassware that may be contaminated will not be picked up directly with the hands. Tongs, forceps, or a brush and dust pan should be used and the material disposed of in a sharps container. This equipment should be cleaned and disinfected after contact with blood. Cleaning and disinfecting procedures described in Paragraph 1 above should be used.

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in this District are gloves, gowns, lab coats, masks, shoe covers, and eye guards. The District will provide personal protective equipment as appropriate to employees at no cost. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street cloths, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

1. Personal Protective Equipment

   a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and nonintact skin; and when handling or touching contaminated items or surfaces.

   b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for reuse (contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags).

   c. Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated, i.e., custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.
   d. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree or exposure anticipated.

   e. Resuscitation masks may be used to avoid direct contact during resuscitation.

   f. Pocket masks may be used to protect the mouth/nose area from exposure and potential contamination when there is potential for blood splashing when administering first aid.

2. This District shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees. Personal protective equipment is available at locations listed at the end of this section. Personal protective equipment shall be given to any employee with reasonable anticipated exposure to blood or OPIM.

   a. This District shall clean, launder and dispose of personal protective equipment, at no cost to the employee.

   b. This District shall repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as possible.

5. This District shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgement that in that particular instance it would have posed an increased hazard to the employees or others, this District shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

g. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. It shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled or colored red. In this District, contaminated laundry shall be placed in containers supplied by the contractor. In this District, laundry shall be washed at the contracted cleaning service.

h. Notify supervisor or Exposure Control Officer if exposure potential exists.

6. Self-Management

Wherever possible and appropriate, employees should practice self-management of injuries and should teach students the same. The principle of self-management is that the person whose blood or other body fluids are exposed should themselves, if possible, manage, treat, clean and dispose of contaminated materials, thereby avoiding contact by a second party.

7. First Aid/Healthcare

a. Use gloves or other personal protective equipment (PPE).

b. Use paper toweling to wipe injury and, if appropriate, allow person to rinse injury with running water.

c. Place soiled materials into a lined waste container and direct person to perform as much of these procedures as possible.

d. Soiled clothing should be removed and placed into a plastic bag for laundering, if feasible.

e. Assist in cleaning affected area; use cotton swabs to apply medicine, if appropriate.

f. Follow other procedures for care in minimizing direct contact with blood or body fluids.

g. Wash hands thoroughly.

NOTE: If you do not have access to PPE or exposure control kits, help the injured person to care for him/herself. Demonstrate how to do this, i.e., holding paper towels over bloody nose and applying pressure. Instruct person in cleanup of any blood spills. Place a barrier (e.g., paper toweling) between yourself and the injury if you need to provide assistance.

8. Eating, Drinking/Other

Eating, drinking, applying cosmetics or lip balm and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink should not be stored in close proximity to where blood or potentially infectious materials are present.

9. Mouth Pipetting/Suctioning

Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited. (This would be unlikely to happen in a school setting.)

The District shall monitor procedures to ensure Standard Precautions, engineering controls and work practices are implemented and utilized appropriately to reduce/eliminate exposure.

Personal Protective Equipment

b. Container will be puncture-resistant, labeled or color-coded and leak proof on sides and bottom, and be able to be closed after each use. Containers should be maintained in an upright position.

c. If outside contamination of container occurs, the primary container shall be placed within a secondary container that is puncture-resistant, leak proof and labeled or color-coded. Outside contamination may be brought about by accidental spillage or other contact with blood or OPIM.

d. Sharps containers will be disposed of at Riverview Hospital.

4. Blood/Other Potential Infectious Materials (OPIM) Spill Cleanup

a. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated and removed immediately.

In this District, there shall be a marked red biohazard container in the custodial area for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container is as follows: Contact the Director of Buildings and Grounds, who will dispose of material at a certified hazardous waste facility.

In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.

b. A main blood or OPIM incident is one in which there will be biohazardous material for disposal. Biohazardous waste shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This also includes items such as sharps, broken glass or plastic on which there is fresh blood.

c. Use gloves. Do not reuse disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.

d. Use disposable (paper) towels and other absorbent materials to absorb spill.

e. Clean spill area with soap and water.
f. Utilize proper disinfectant and follow procedures (example: Bleach – 1:10).

g. Wash hands thoroughly with water and soap.

h. Supervisor or Blood Borne Pathogen contact person should be contacted and the spill evaluated.

5. Cleanup of Objects Contaminated with Blood or OPIM (i.e., athletic equipment)

a. Use gloves. Do not reuse disposable gloves. Utility gloves should be properly decontaminated after use.

b. Discard contaminated items that cannot be cleaned into a lined container.

c. Wash objects using water and general purpose cleaner.
d. Disinfect the object using approved disinfectant solution or a 1:10 bleach solution.

e. Rinse clear after disinfecting if object is to be placed in mouth, e.g., mouth guard for football players, or follow appropriate decontamination procedures.

f. Dispose of contaminated cleaning materials in a lined container.

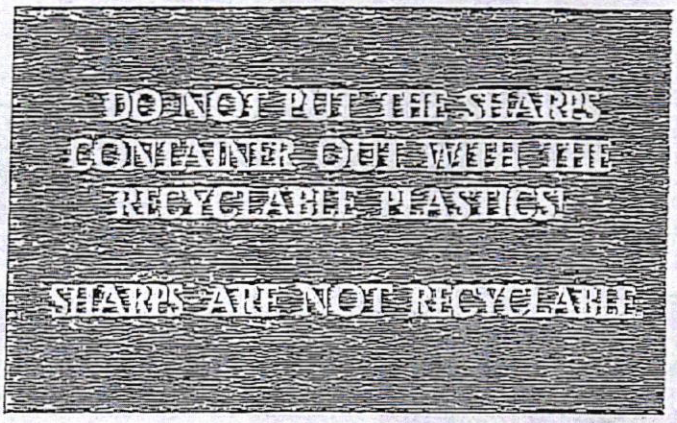
~~*Disposing of Sharps Safely – insert*~~

~~Wisconsin Department of Natural Resources Bureau of Waste Management List of Registered Sharps Collection Facilities~~

REMOVE

Disposing of Sharps Safely

Millions of individuals with serious health conditions manage their care at home, work or school. For example, people with diabetes use syringes to inject their own insulin and lancets to test their blood sugar every day. This creates a lot of medical waste. The best way to protect trash handlers and sewage treatment workers against disease or injury, and avoid attracting drug abusers looking for syringes to reuse, is to follow the guidelines listed below for containment and disposal of sharps.



Containment

- A red sharps container may be purchased at local pharmacies or health supply stores.
- Use a puncture-proof plastic container with tight-fitting screw top. A laundry detergent or bleach bottle works well. Don't use glass because it can break. Coffee cans are not recommended because the plastic lids come off too easily.
- Label the container clearly. Write "Contains Sharps" with a waterproof marker directly on the container.
- Once a syringe or lancet is used, immediately put it into a container and seal the container. Don't clip, bend or recap the needles because of potential injury.
- Keep the container away from children!
- Store the container in a safe, secure location--out of the reach of children and safe from theft.
- When the container is full, seal it tightly and dispose properly, as follows.

Disposal

There are different options for disposing of the container of sharps. Some cities and towns have more options than others. Here are some good choices that promote health and safety, and protect the environment.

- Call local doctors, pharmacies, clinics, hospitals or nursing homes and ask if they accept properly contained sharps for disposal.
- Ask local diabetes educators or the local American Diabetes Association chapter about sharps disposal programs.
- Call the local public works department or solid waste manager. Some communities have special medical waste collection or drop-off days.
- Call local health department's environmental health section for special medical waste disposal programs.

REMOVE

02/09/2015

Wisconsin Department of Natural Resources
Bureau of Waste Management
List of Registered Sharps Collection Stations

County: Winnebago — **Region:** Northeast Region

Facility Name	Address	City	State	Zip	Contact Name	Phone
NEENAH HOMETOWN PHARMACY	1415 S COMMERCIAL ST	NEENAH	WI	54956	, CHIEF PHARMACIST	(920)729-4910
OMRO AREA COMMUNITY CENTER SHARPS COLLEC	130 W LARRABEE ST	OMRO	WI	54963	MARION BRAASCH	(920)685-0380
OSHKOSH HOMETOWN PHARMACY	321 N SAWYER ST	OSHKOSH	WI	54902	, CHIEF PHARMACIST	(920)426-0763
PICK N SAVE #5378	1940 S KOELLER DR	OSHKOSH	WI	54901	CHIEF PHARMACIST	(920)236-9494
PICK N SAVE #6412	828 FOX POINT PLAZA	NEENAH	WI	54956	CHIEF PHARMACIST	(920)722-1348
THEDACARE THEDA CLARK MEDICAL CENTER	130 2ND ST	NEENAH	WI	54956	CINDY MALTBY	(920)729-9212

* Total number of facilities in county: 8

County: Wood — **Region:** West Central Region

Facility Name	Address	City	State	Zip	Contact Name	Phone
ADVANCED DISPOSAL SERVICES SW MIDWEST LLC	501 S HUME AVE	MARSHFIELD	WI	54449	JULIE WILSON	(715)387-3101
ADVANCED DISPOSAL SERVICES SW MIDWEST LLC	2510 ENGEL RD	WISCONSIN RAPIDS	WI	54495	JULIE WILSON	(715)421-3838
COPPS #8121	900 E RIVERVIEW EXPRESSWAY	WISCONSIN RAPIDS	WI	54494	CHIEF PHARMACIST	(715)423-2685
DALY DRUG	3215 8TH ST S	WISCONSIN RAPIDS	WI	54494	PAUL NELSON	(715)423-3400
MEDICINE SHOPPE-WISCONSIN RAPIDS	2133 8TH ST S	WISCONSIN RAPIDS	WI	54494	PAUL NELSON	(715)423-8676
MINISTRY SAINT JOSEPHS HOSPITAL	611 SAINT JOSEPH AVE	MARSHFIELD	WI	544491889	WAYNE PATTENGILL	(715)387-7136
RIVERVIEW HOSPITAL	410 DEWEY ST	WISCONSIN RAPIDS	WI	54494	MELODY DEARTH	(715)421-7443

* Total number of facilities in county: 7

County: (Out of State) — **Region:**

Facility Name	Address	City	State	Zip	Contact Name	Phone
MERCY WOODSTOCK PHARMACY	2000 LAKE AVENUE	WOODSTOCK	IL	60098	PAUL RUGER	(815)337-4116
ST CROIX DRUG	132 S MAIN	STILLWATER	MN	55082	LYLE ANDERSON	(612)439-5030

* Total number of facilities in county: 2

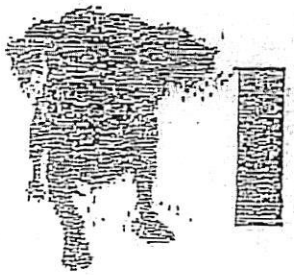
** Total number of facilities statewide: 537

Note: An asterisk (*) after the contact name indicates there are limitations on who may use the station.
Call Contact name for information on hours and fees (if any).

Emergency Care

Illness & Injuries

ANIMAL BITES: A Guide for Providers



RESOURCES FOR PROVIDERS ONLY

Wood County Health Dept.
Environmental Health
(715) 421-8911

Human Exposures:
Dr. Jim Kazmierczak
State Public Health Veterinarian
DHFS, Division of Public Health
(608) 266-2154

Animal Exposures:
Dr. Yvonne Bellay
State Humane Officer
Dept. of Agriculture, Trade & Consumer Protection
(608) 224-4888

Lab Results of Specimen Submissions
Jim Powell
WI State Lab of Hygiene
(608) 262-7323

TO REPORT A BITE:

Wood County Dispatch
(715) 421-8702

Marathon County Dispatch
(715) 261-1200

Clark County Dispatch
(715) 743-3157

Portage County Dispatch
(715) 346-1500

Ho-Chunk Nation Div. of Health
(Call them for bites that occur on Tribal land)
(715) 284-9851 X 5011
715) 284-9851 X 5062
(715) 284-9851 X 5059

Procedure for Animal Bites

1. Immediately wash the wound thoroughly with soap and water for 10-15 minutes. Do not scrub, as this may bruise the tissue.
2. Treat the wound.
3. Determine if rabies post-exposure prophylaxis should be given to the victim (see Rabies Prevention Flow Chart).
4. Contact the county dispatch of the county the bite occurred in as soon as possible after a potential rabies exposure.
5. Humane officers will then conduct an investigation and complete a Rabies Control Report.
6. An animal quarantine will be issued to the owner of the dog, cat or ferret who bit the victim. It the animal bite was from a wild animal, the humane officer will try to find the animal, euthanize it, and submit it for testing. Animals other than dogs, cats or ferrets are not quarantined.
7. Pets that are quarantined will be examined by a veterinarian 3 times in a 10 day period beginning as soon as possible after the bite.
8. If the animal is not exhibiting signs of rabies, the veterinarian will sign off on the Rabies Control Report, stating they observed no signs of rabies, after the final exam.
9. If the animal was tested, the State Lab of Hygiene will contact the medical provider, veterinarian and health department with the lab results.
10. It is the animal submitter's responsibility to contact the patient with the lab results of the rabies test.

Disease Flow Charts

WISHeS | Wisconsin Improving School Health Services Project

Injury and Illness Protocols

- Allergic Reaction
- Amputation & Avulsion
- Asthma & Difficulty Breathing
- Back Pain
- Behavioral Health Concerns
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- Child Abuse
- Cuts, Scratches, & Scrapes
- Dental Braces-Ligatures
- Dental Braces-Pain
- Diabetes
- Diarrhea
- Ear Problem-Drainage and Earache
- Ear Problem-Object in the Ear
- Electric Shock
- Eye Problem-Chemical in eye
- Eye Problem-Injury to eye
- Eye Problem-Particle in eye
- Facial sore (Cold sore)
- Fainting
- Fever
- Finger/Toenail Injury
- Fracture, Dislocation & Sprain
- Frostbite/Frostnip
- Head Injury
- Headache
- Heat Exhaustion/Heat Stoke
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck Pain
- Nose Injury
- Nose Problem-Object in nose
- Nosebleed
- Not Feeling Well
- Poisoning & Overdose
- Pregnancy
- Puncture Wound
- Rash
- Seizure
- Sickle Cell
- Snake Bite
- Sore Throat
- Splinter
- Stabbing/Gunshot
- Stings
- Stomachache & Pain
- Tick
- Tooth-Bleeding Gums or Toothache
- Tooth-Chipped, Broken or Displaced
- Tooth-Knocked Out
- Unconsciousness
- Vomiting

WISHeS Injury and Illness Protocols

About the Protocols:

The injury and illness protocols were developed by the WISHeS: Wisconsin Improving School Health Services Project. The protocols have been researched and reviewed by numerous qualified healthcare professionals. Information contained in the protocols was adapted from the Ohio Department of Public Safety's *Emergency Guidelines for Schools, 3rd Edition* and the *Wisconsin Emergency Preparedness Guidelines for Schools*.

The injury and illness protocols are meant to serve as basic first aid and illness management and are intended to be used by *staff without medical/nursing training*, when a nurse or other medical professional is not available. It is recommended that the protocols be reviewed and approved by the school district's medical advisor. It is also recommended that staff who are responsible for providing first aid and illness management to children complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor and reviewed yearly.

The protocols have been created as recommended procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a facility, system, governing board or the State of Wisconsin. The algorithms contained in the guide reflect current medical and nursing practice and are to be used in conjunction with a student's health care provider orders, if available.

If you have any questions or comments regarding the injury or illness protocols, please contact Teresa DuChateau, WISHeS Project Coordinator at Teresa@Badgerbay.co or at 414.875.7257.

Please take some time to familiarize yourself with the format, and review the "How to Use the Guidelines" section prior to an emergency situation.

Please note, if a staff member feels emergency medical services are needed at any point while providing first aid and illness management, EMS/911 should be called.

More information about the WISHeS Project can be found at:
http://www.wpha.org/?page=wishes_project

Accessing the Protocols:

The protocols are available to you through two mechanisms:

- Download. The protocols are available as a PDF document. Due to the nature of the content of the protocols and the original formatting, it is **highly** recommended that the protocols be printed in color in order to ensure that the copy accurately reflects the content and steps of each algorithm. The downloadable version of the protocols can be found at: http://c.ymcdn.com/sites/www.wpha.org/resource/resmgr/WiSHES_Project/Injury_and_Illness_Protocols.pdf
- Online. The protocols can also be found online at the following website: www.wishesprojects.org. Click on the Illness and Injury Protocols link.

Both the online and downloadable version of the protocols are in a format that does not allow for editing. If your school district and medical advisor would like to edit any of the protocols, please email the project coordinator at Teresa@badgerbay.co and indicate which protocol(s) you would like to receive via email.

Emergency Procedure for Injury and Illness Management

Listed below are steps that should be taken for students who suffer an illness or injury.

- The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
- A responsible adult should stay at the scene and provide assistance until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
    - Note: It is important to always be aware of the primary and secondary individuals designated for emergency situations in your school.
- **Do NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
- **Do NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.
- The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
- If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
- A responsible individual should stay with the injured/ill student.
- Document all care and, if applicable, any medications given to the student.
- Fill out a report for all injuries requiring above procedures as required by local school policy.
    - The Wisconsin Department of Public Instruction has created a Student Accident Report Form that may be photocopied and used as needed. The form can be found at the following link: http://dpi.wi.gov/files/forms/doc/pod1945.doc.

WHEN TO CALL EMS/911

Call EMS:

- The child is unconscious, semi-conscious or unusually confused.
- The child's has a blocked airway.
- The child is not breathing.
- The child is having difficulty breathing, shortness of breath or is choking.
- The child has no pulse.
- The child has bleeding that won't stop.
- The child is coughing up or vomiting blood.
- The child has been poisoned.
- The child has a seizure for the first time or a seizure that lasts more than five minutes.
- The child has injuries to the neck or back.
- The child has sudden, severe pain anywhere in the body.
- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- The child's condition could worsen or become life-threatening on the way to the hospital.
- Moving the child could cause further injury.
- The child needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the child to the hospital.
- If any of the above conditions exist, or if you are not sure, it is best to call EMS/911.

Minimal Essential Emergency Equipment and Resources for Schools

The following is a list of minimal essential emergency equipment and resources that should be present in every school. The list was formulated by a group of child health experts including the American Association of Pediatrics and the National Association of School Nurses.

- Accessible keys to locked supplies
- Accessible list of phone resources
- Biohazard waste bag
- Blunt scissors
- Clock with second hand
- CPR staff on site when students are on the premises
- Disposable blankets
- Emergency cards on all staff
- Emergency cards on all students
- Established relationship with local EMS personnel
- Ice (not cold packs)
- Individual care plans for students with specialized needs
- First-aid tape
- Non-latex gloves
- One-way resuscitation mask
- Phone
- Posters with CPR/Heimlich instructions
- Refrigerator or cooler
- Resealable plastic bags
- School wide plan for emergencies
- Soap
- Source of oral glucose (i.e., frosting)
- Splints
- Staff that have received basic first-aid training
- Variety of bandages and dressings
- Water source, normal saline

Bobo, N.; Hallenbeck, P; Robinson, J. (2003). Recommended Minimal Emergency Equipment and Resources for Schools; National Consensus Report. *The Journal of School Nursing*, 19(3), 150-156.

Infection Control

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow standard precautions. Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.
The following are standard precautions:

- Hand hygiene which can be either washing with plain or anti-bacterial soap and water or the use of alcohol gel to decontaminate hands.
    - When performing nursing or medical interventions, if the hands are not visibly soiled, the use of an alcohol-based sanitizer is the preferred method of hand hygiene. Follow manufacturer's guidelines for use of hand sanitizer.
- Treating all blood and body fluids as potentially infectious.
- Using personal protective equipment (PPE), for example, gloves, when at risk for exposure to blood or body fluids.
- Proper disposal of medical waste.
    - Disposing sharps, contaminated items that may easily cause cuts or punctures in the skin (used needles, lancets, broken glass or rigid plastic vials) and unused needles and lancets that are being discarded, into a puncture resistant, leak-proof, closable, container labeled with the biohazard symbol or are red in color.
    - Non-sharp disposable items that are saturated with blood or body fluids (i.e. fluid can be poured or squeezed from the item or fluid is flaking or dripping from the item), such as a gauze bandage saturated in blood, should be disposed of in biohazard bags that are puncture resistant, leak-proof, and labeled with a biohazard symbol or red in color.

It is recommended that school district staff who are responsible for providing first aid and illness management complete a bloodborne pathogen training. More information and resources on bloodborne pathogen training can be found on the Department of Public Instruction website: http://sspw.dpi.wi.gov/sspw_bloodborne.

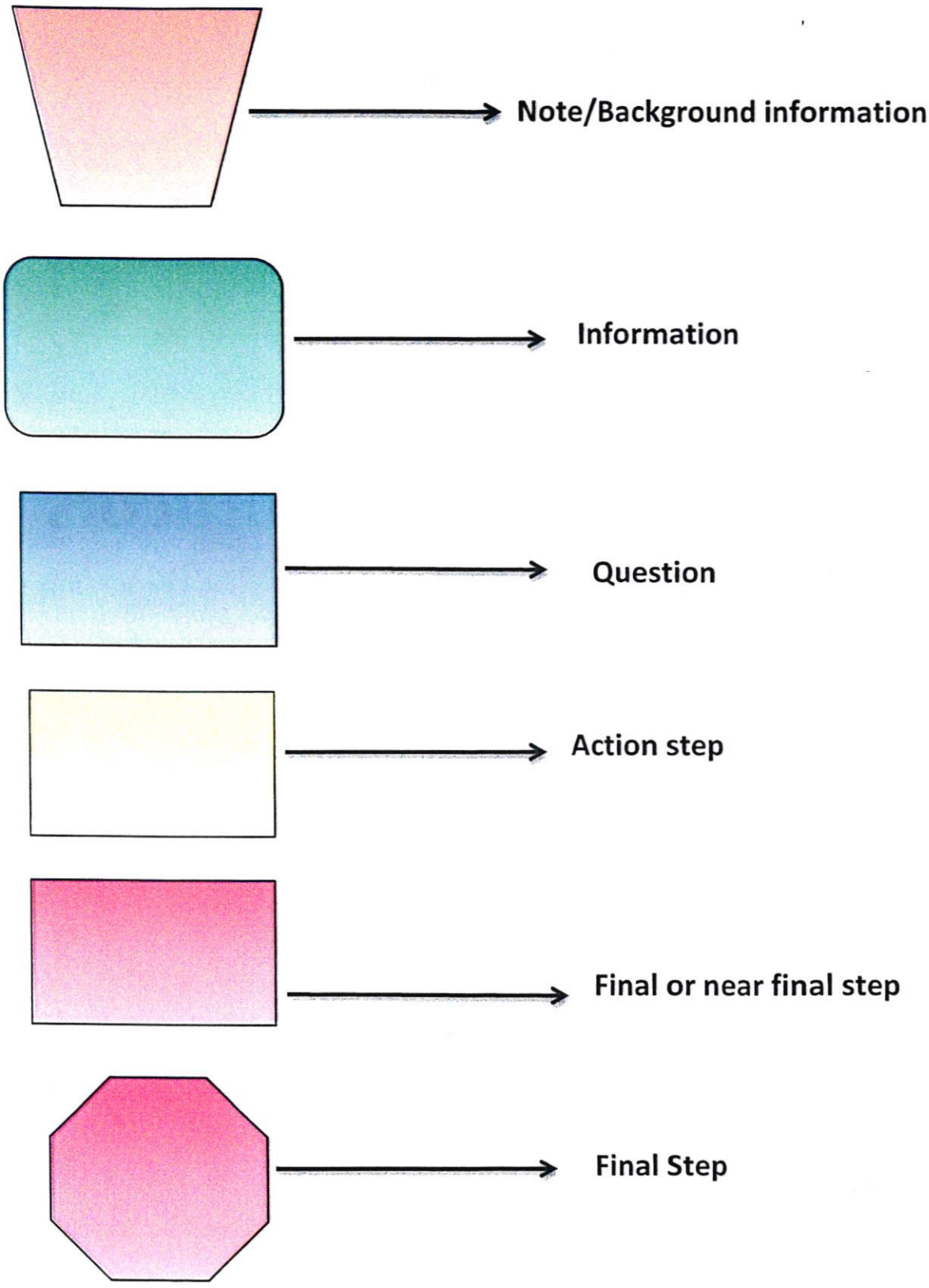
Hand Hygiene should be performed at the following times:

1. Before and after physical contact with any student (*even if gloves have been worn*).
2. Immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even if gloves have been worn).
3. Immediately after removing gloves.
4. Before and after eating or handling food.
5. After using the restroom.
6. After sneezing or coughing.
7. After providing any first aid.

The following precautions should also be used when disposing of medical waste.

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (*wear disposable gloves*).
- Double bag the trash in plastic bags and dispose of immediately.
- Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag (Wisconsin Department of Health Services, 2014).

INJURY AND ILLNESS PROTOCOL LEGEND



Injury and Illness Protocols

ALLERGIC REACTION

Children may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, nuts, etc.

Does the student have any symptoms of a **SEVERE** allergic reaction which may include:

- Blueness around mouth, eyes ?
- Confusion?
- Difficulty breathing?
- Dizziness?
- Drooling or difficulty swallowing?
- Feelings of impending doom?
- Flushed face?
- Hives all over body?
- Loss of consciousness?
- Paleness?
- Seizures?
- Swelling to face, lips, tongue, mouth?
- Vomiting?
- Weakness ?

NO

YES

Symptoms of a **MILD** allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

Adult(s) supervising student **during normal** activities should be aware of the student's exposure and should watch for delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

Does the student have an emergency care plan available or does the school have stock epinephrine available?

NO

Stock epinephrine

Student emergency care plan

Does the student have an allergy emergency care plan?

NO

YES

Continue monitoring, initiate CPR if needed.

Refer to the school's non-student specific stock epinephrine protocol. Administer stock epinephrine as **indicated.**

Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.

If student is uncomfortable and unable to participate in school activities, contact responsible school authority & parent/guardian.

CALL EMS/911

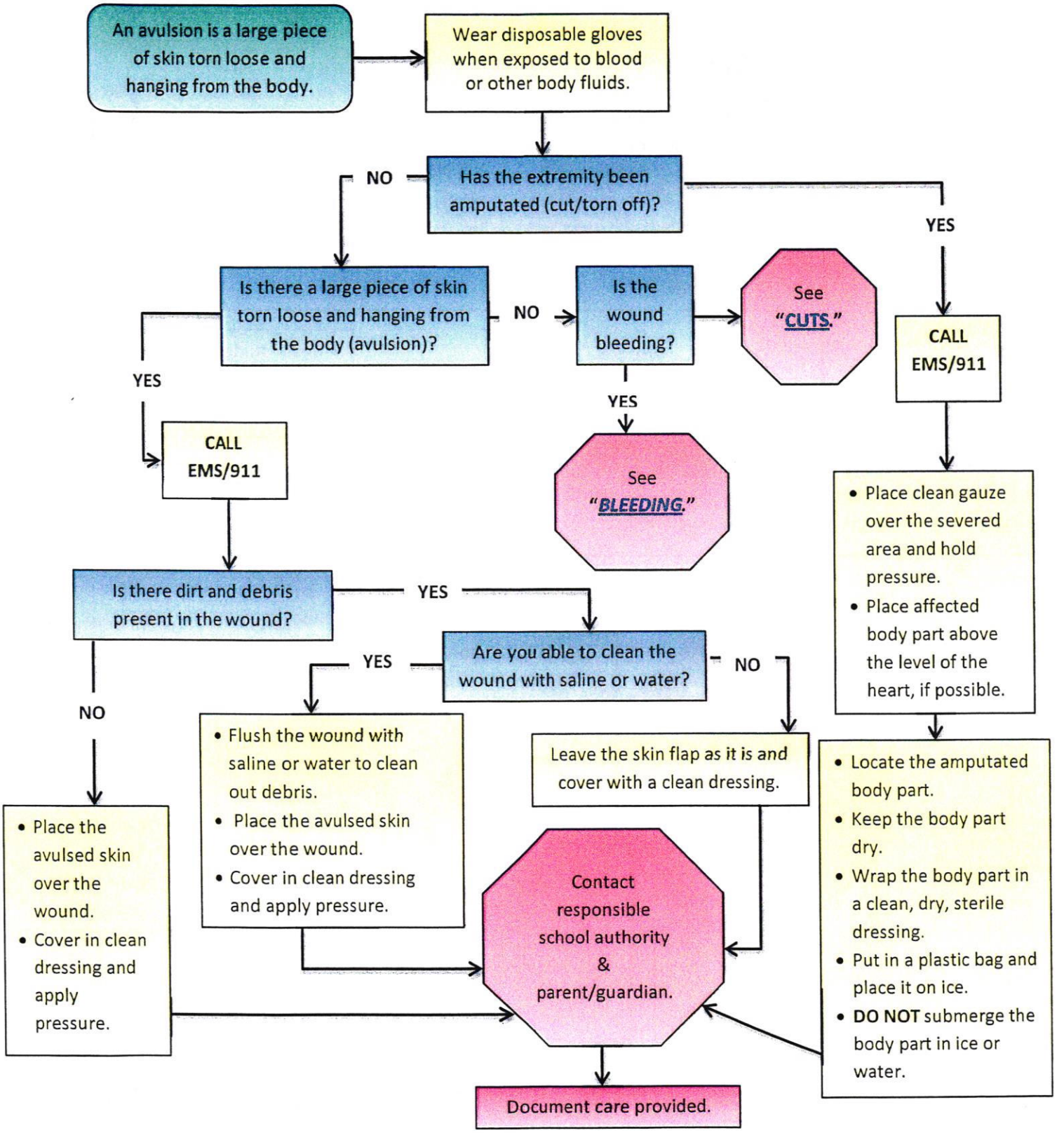
Contact responsible school authority & parent/guardian.

Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.

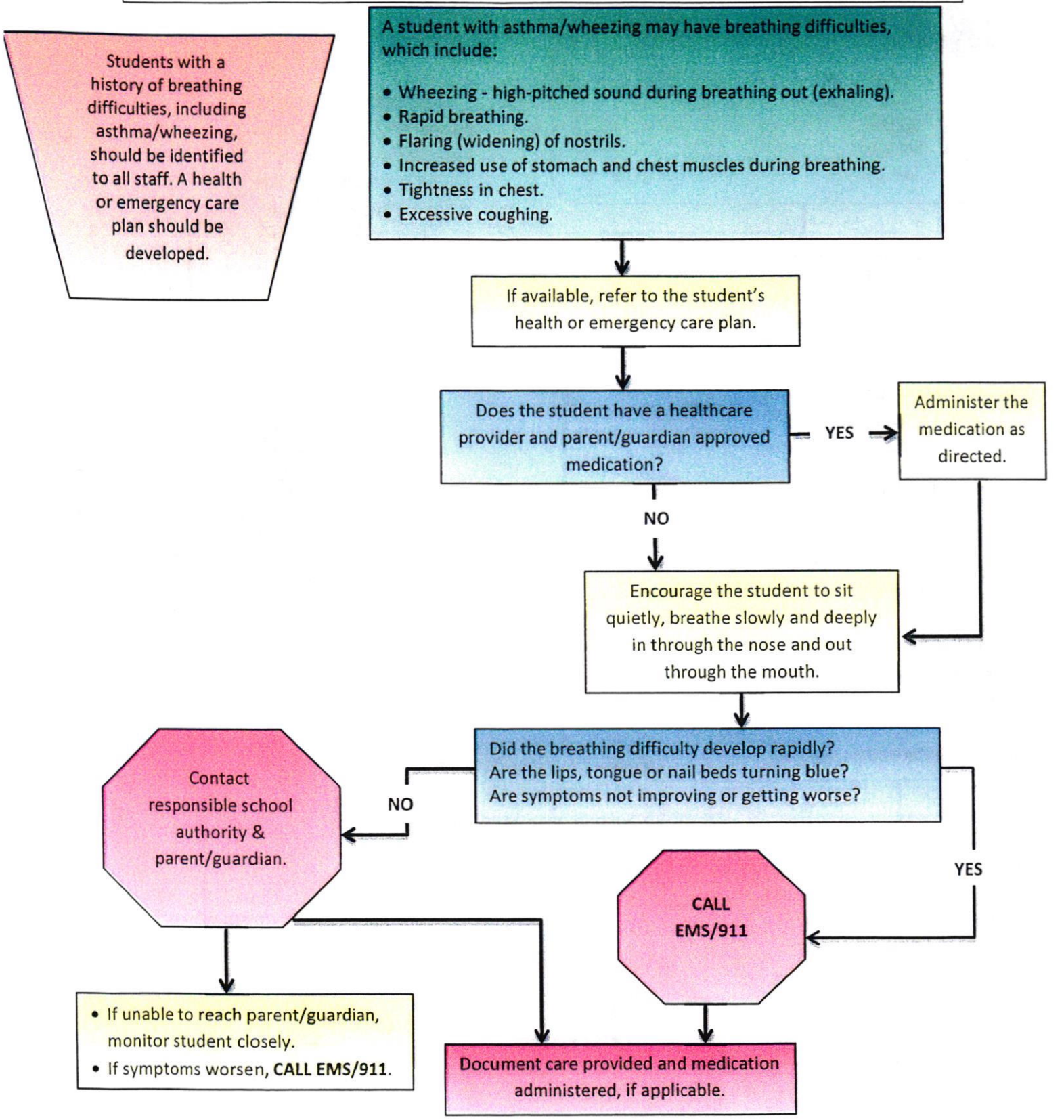
If **unable** to reach parent/guardian, allow student to rest with adult supervision. Monitor for signs & symptoms of severe allergic reaction.

Document care provided and medication administered, if applicable

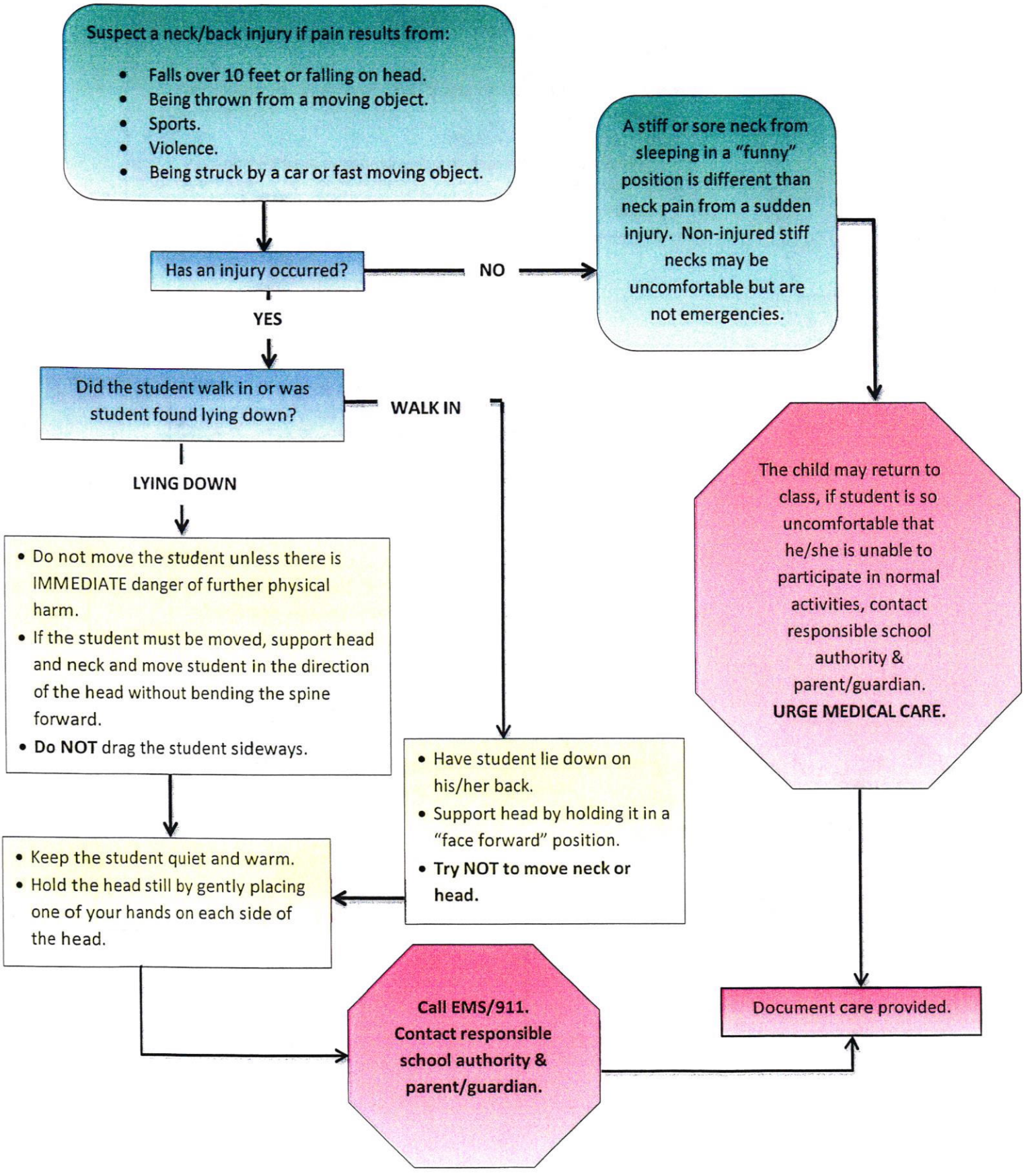
AVULSION OR AMPUTATION



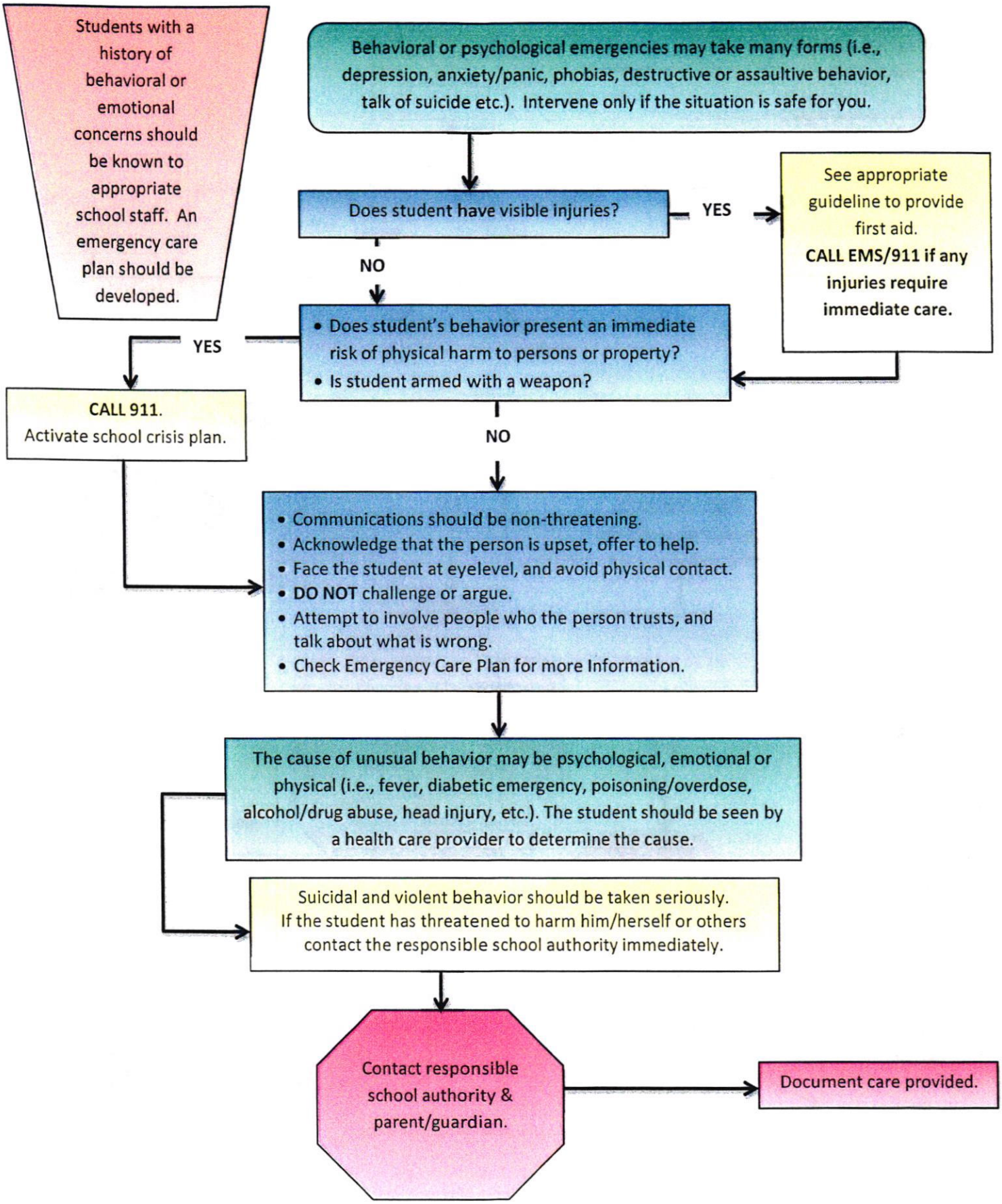
ASTHMA/WHEEZING/BREATHING DIFFICULTY



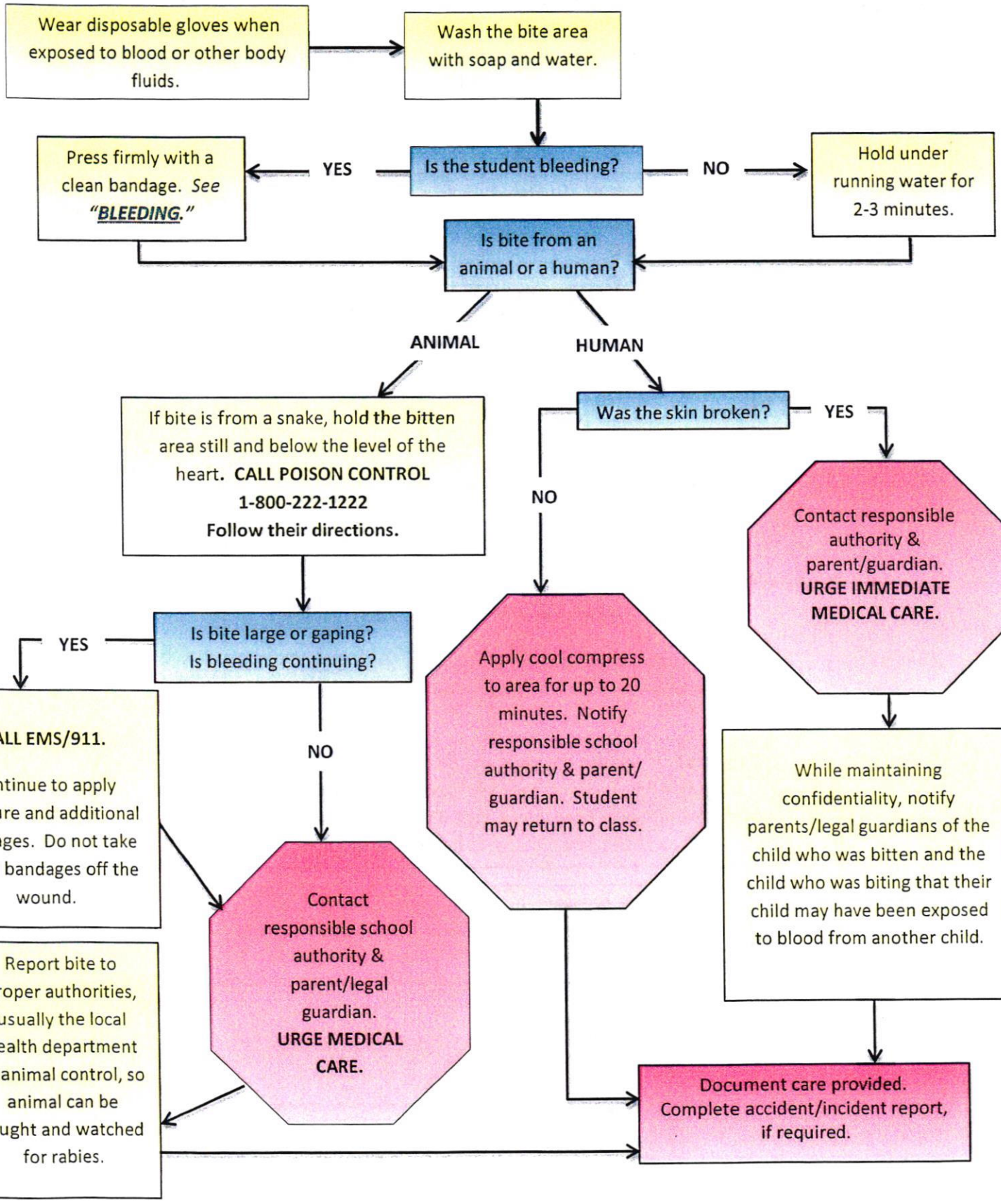
BACK PAIN


Suspect a neck/back injury if pain results from:
Falls over 10 feet or falling on head.
Being thrown from a moving object.
Sports.
Violence.
Being struck by a car or fast moving object.
Has an injury occurred?
NO
A stiff or sore neck from sleeping in a "funny" position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable but are not emergencies.
YES
Did the student walk in or was student found lying down?
WALK IN
LYING DOWN
The child may return to class, if student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.
Do not move the student unless there is IMMEDIATE danger of further physical harm.
If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
Do NOT drag the student sideways.
Have student lie down on his/her back.
Support head by holding it in a "face forward" position.
Try NOT to move neck or head.
Keep the student quiet and warm.
Hold the head still by gently placing one of your hands on each side of the head.
Call EMS/911.
Contact responsible school authority & parent/guardian.
Document care provided.

BEHAVIORAL EMERGENCIES



BITES (HUMAN & ANIMAL)



BLEEDING

Wear disposable gloves when exposed to blood or other body fluids.

Is the injured part amputated (severed)?

YES

- Call EMS/911
- Locate the amputated body part.
- Keep the body part dry.
- Wrap the body part in a clean, dry, sterile dressing.
- Put in a plastic bag and place it on ice.
- DO NOT submerge the body part in ice or water.
- Send bag to the hospital with student.

NO

- Press firmly for 5-10 minutes with a clean bandage to stop bleeding.
- Elevate bleeding body part gently.
- If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.
- **Do NOT** use a tourniquet .

Is there continued uncontrollable bleeding?

YES

Call EMS/911

- Have the student lie down, do not place anything under their head.
- Elevate student's feet 8-10 inches unless this causes the student pain or discomfort or a neck/back injury is suspected.
- Keep student's body temperature normal.
- Cover student with blanket or sheet.
- Add more dressing if needed but do not remove previous dressings.

NO

Is the wound gaping?

YES

If wound is gaping, student may need stitches. Contact responsible school authority and parent/guardian. **URGE MEDICAL CARE.**

NO

Put clean bandage, such as band-aid, on wound.

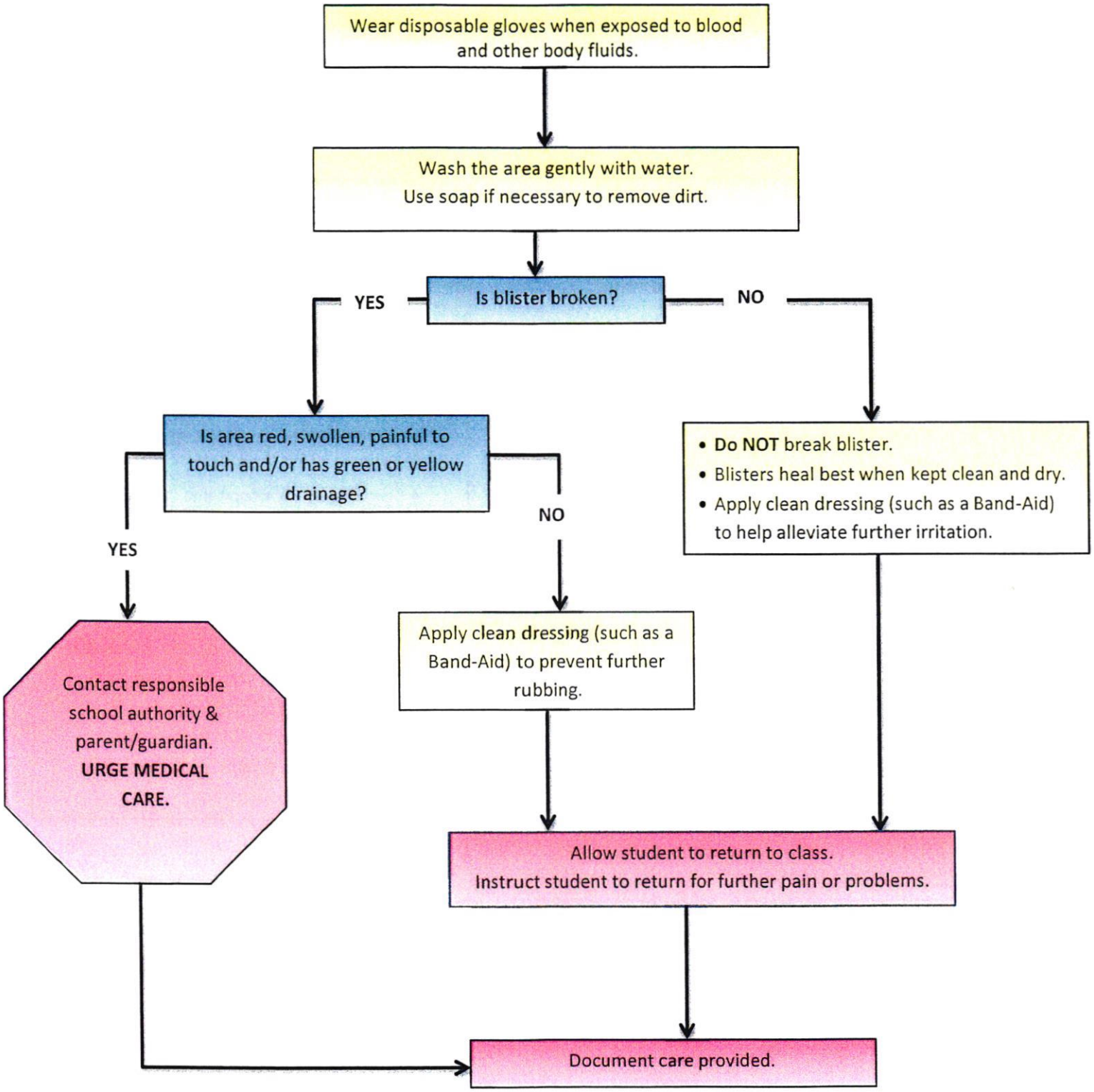
If student's clothes became soiled with blood, find a change of clothing. Send soiled clothes home with student.

Allow the student to return to class.

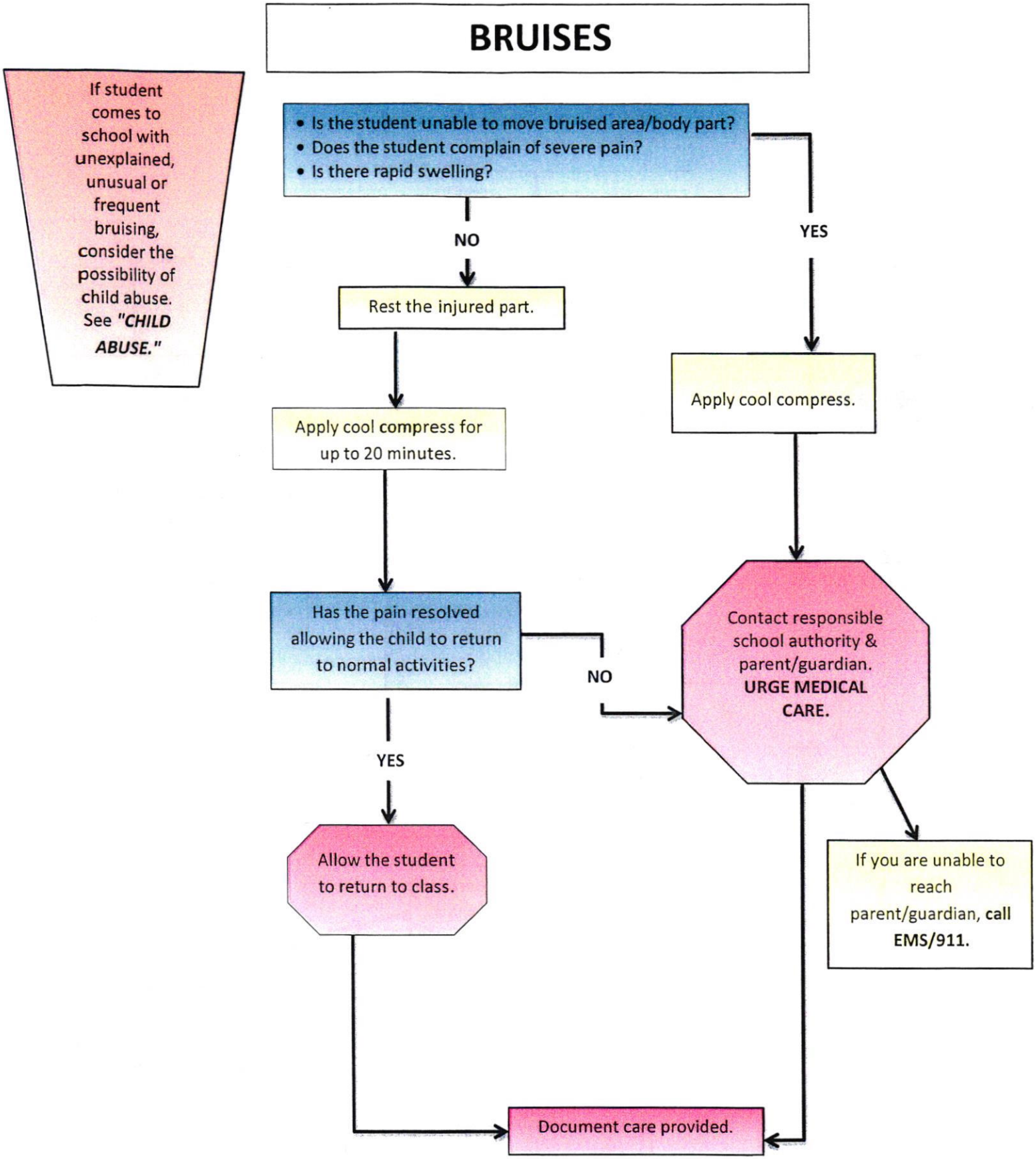
Contact responsible school authority & parent/guardian.

Document care provided.

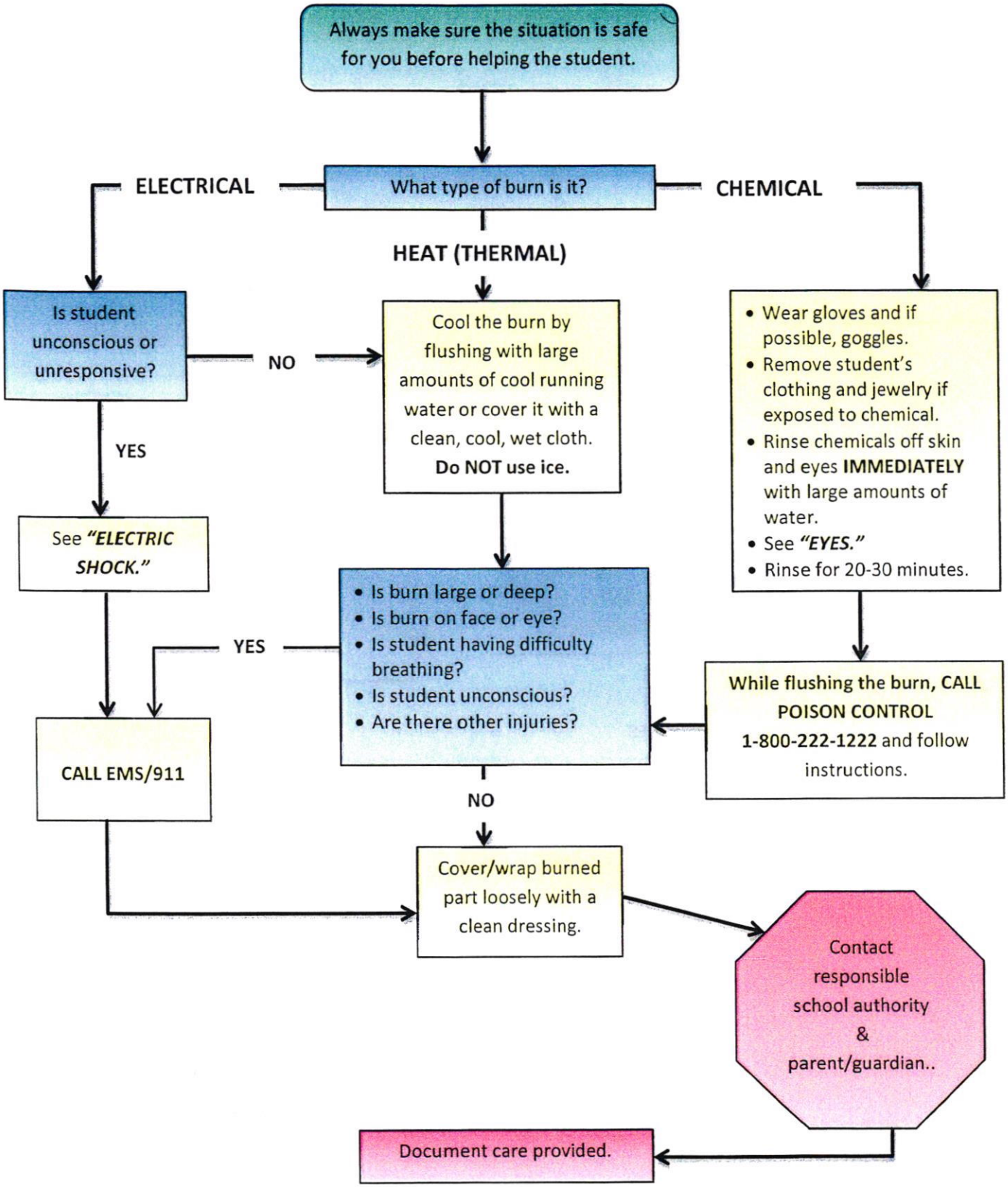
BLISTERS (FROM FRICTION)



BRUISES


If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "CHILD ABUSE."
• Is the student unable to move bruised area/body part?
• Does the student complain of severe pain?
• Is there rapid swelling?
NO
YES
Rest the injured part.
Apply cool compress.
Apply cool compress for up to 20 minutes.
Has the pain resolved allowing the child to return to normal activities?
NO
Contact responsible school authority & parent/guardian. URGE MEDICAL CARE.
YES
Allow the student to return to class.
If you are unable to reach parent/guardian, call EMS/911.
Document care provided.

BURNS


Always make sure the situation is safe for you before helping the student.
What type of burn is it?
ELECTRICAL
HEAT (THERMAL)
CHEMICAL
Is student unconscious or unresponsive?
NO
YES
Cool the burn by flushing with large amounts of cool running water or cover it with a clean, cool, wet cloth. Do NOT use ice.
• Wear gloves and if possible, goggles.
• Remove student's clothing and jewelry if exposed to chemical.
• Rinse chemicals off skin and eyes IMMEDIATELY with large amounts of water.
• See "EYES."
• Rinse for 20-30 minutes.
See "ELECTRIC SHOCK."
• Is burn large or deep?
• Is burn on face or eye?
• Is student having difficulty breathing?
• Is student unconscious?
• Are there other injuries?
YES
While flushing the burn, CALL POISON CONTROL 1-800-222-1222 and follow instructions.
CALL EMS/911
NO
Cover/wrap burned part loosely with a clean dressing.
Contact responsible school authority & parent/guardian..
Document care provided.

CHILD ABUSE

- If student has visible injuries, refer to the appropriate guideline to provide first aid.
- **CALL EMS/911** if any injuries require immediate medical care.

- All school staff are required to report suspected child abuse and neglect to the appropriate authorities.
- Refer to your own school's policy for additional guidance on reporting.
- School districts should have clear policies in place that support school district staff in this responsibility.

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This is NOT a complete list:

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed appearance.

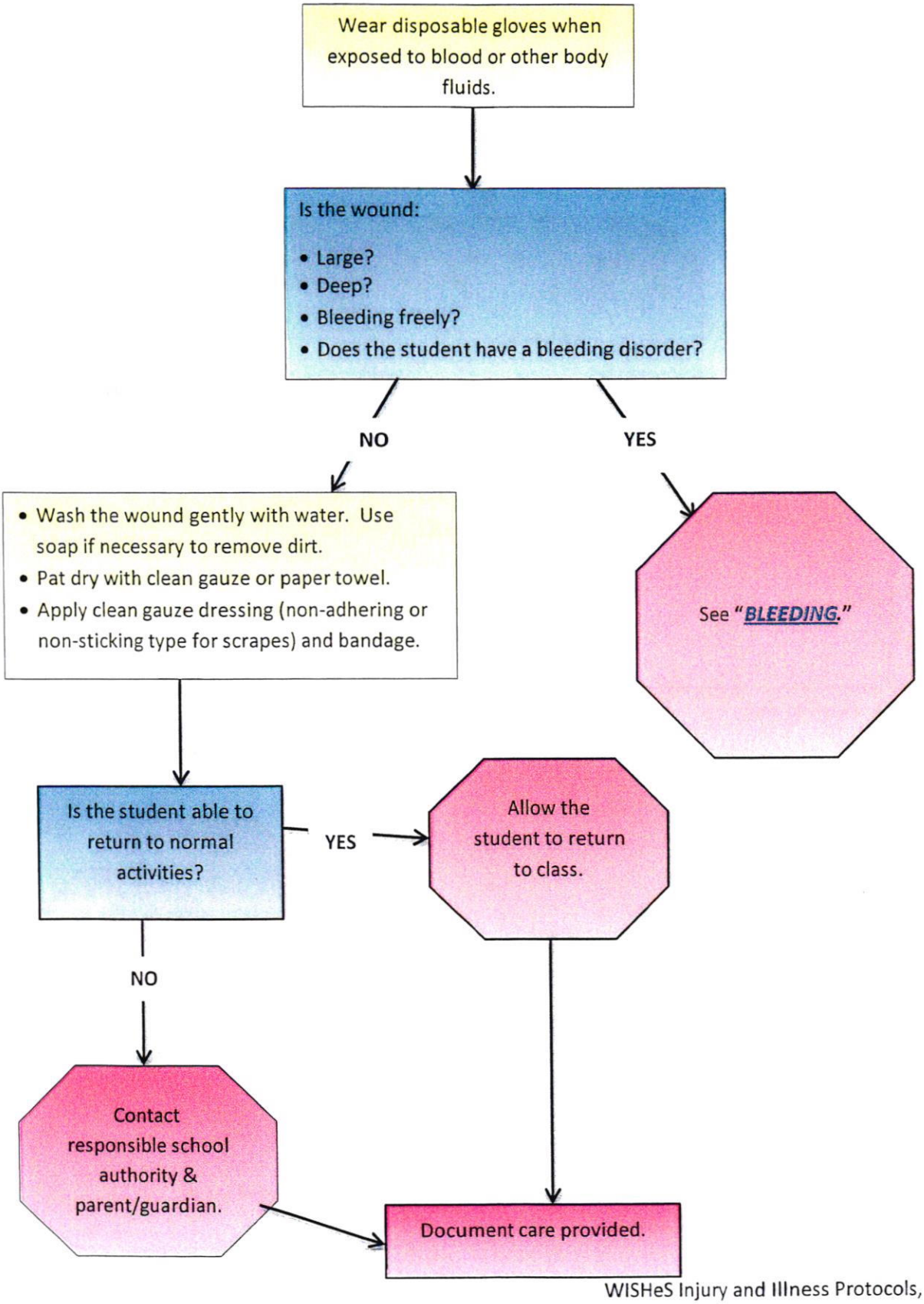
If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the student know that you are required to report the abuse to county or city child protective services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority. Contact appropriate county or city child protective services.

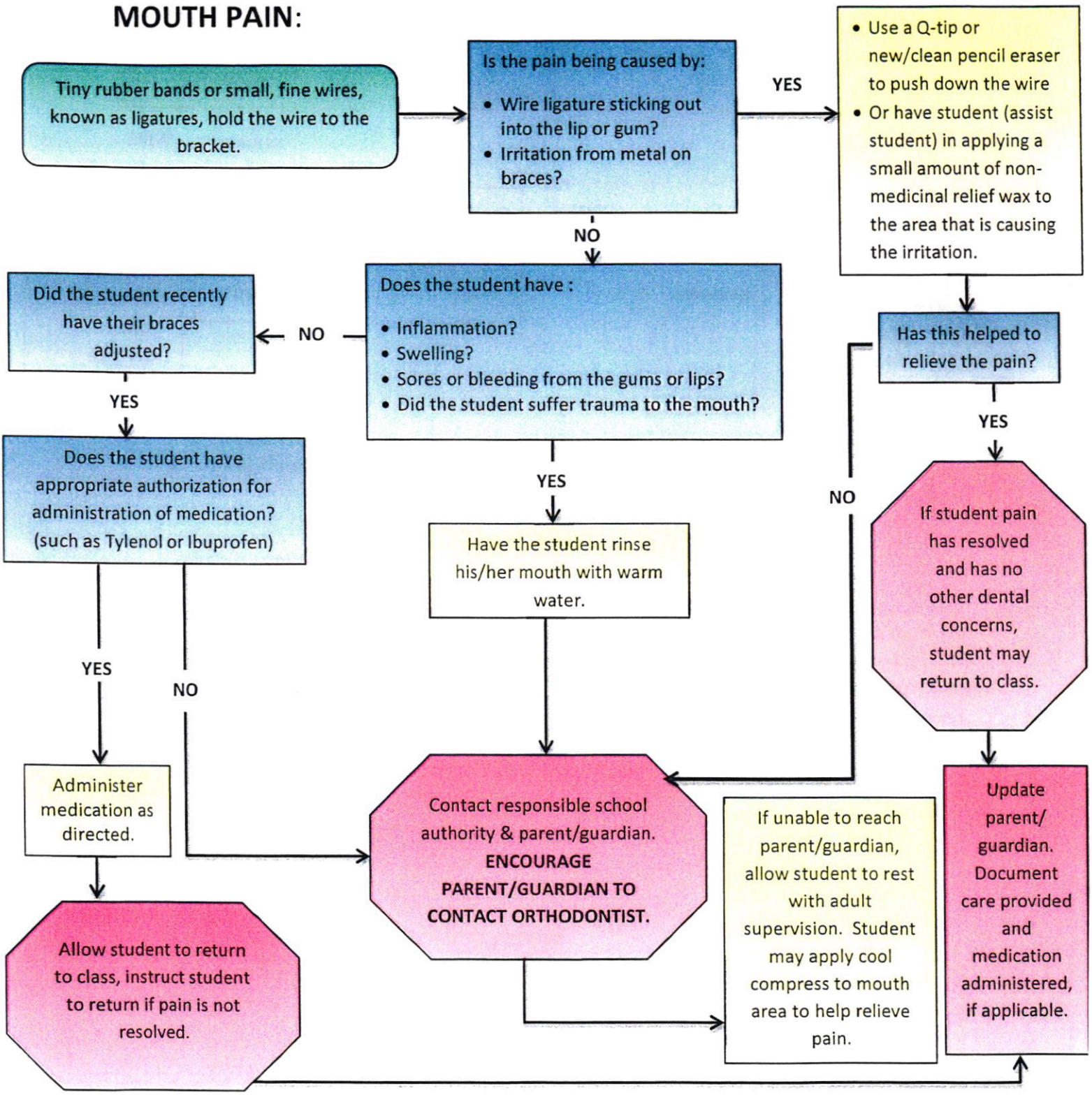
Document care provided and complete appropriate school reports.

CUTS (SMALL), SCRATCHES and SCRAPES



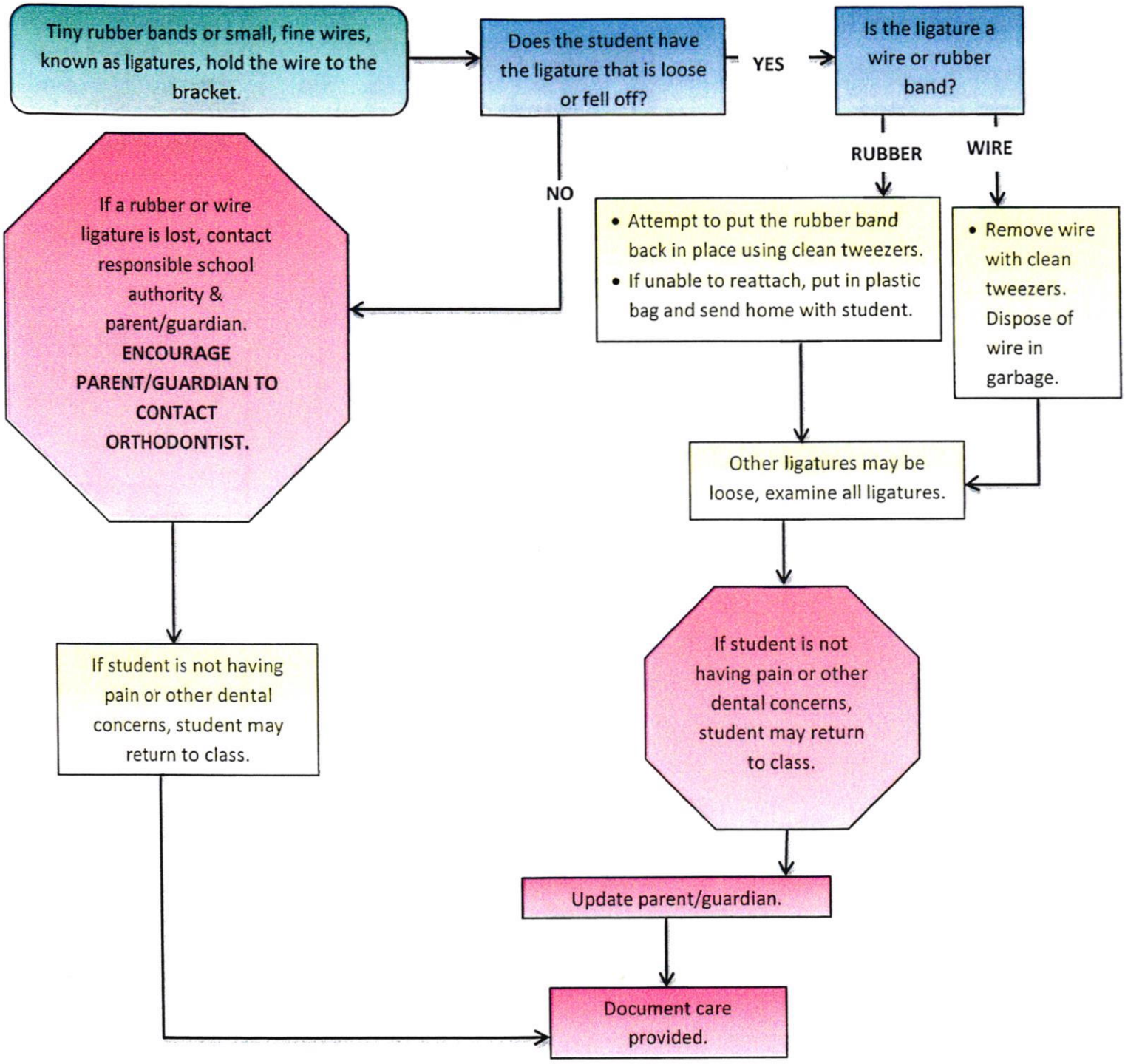
ISSUES WITH DENTAL BRACES

MOUTH PAIN:

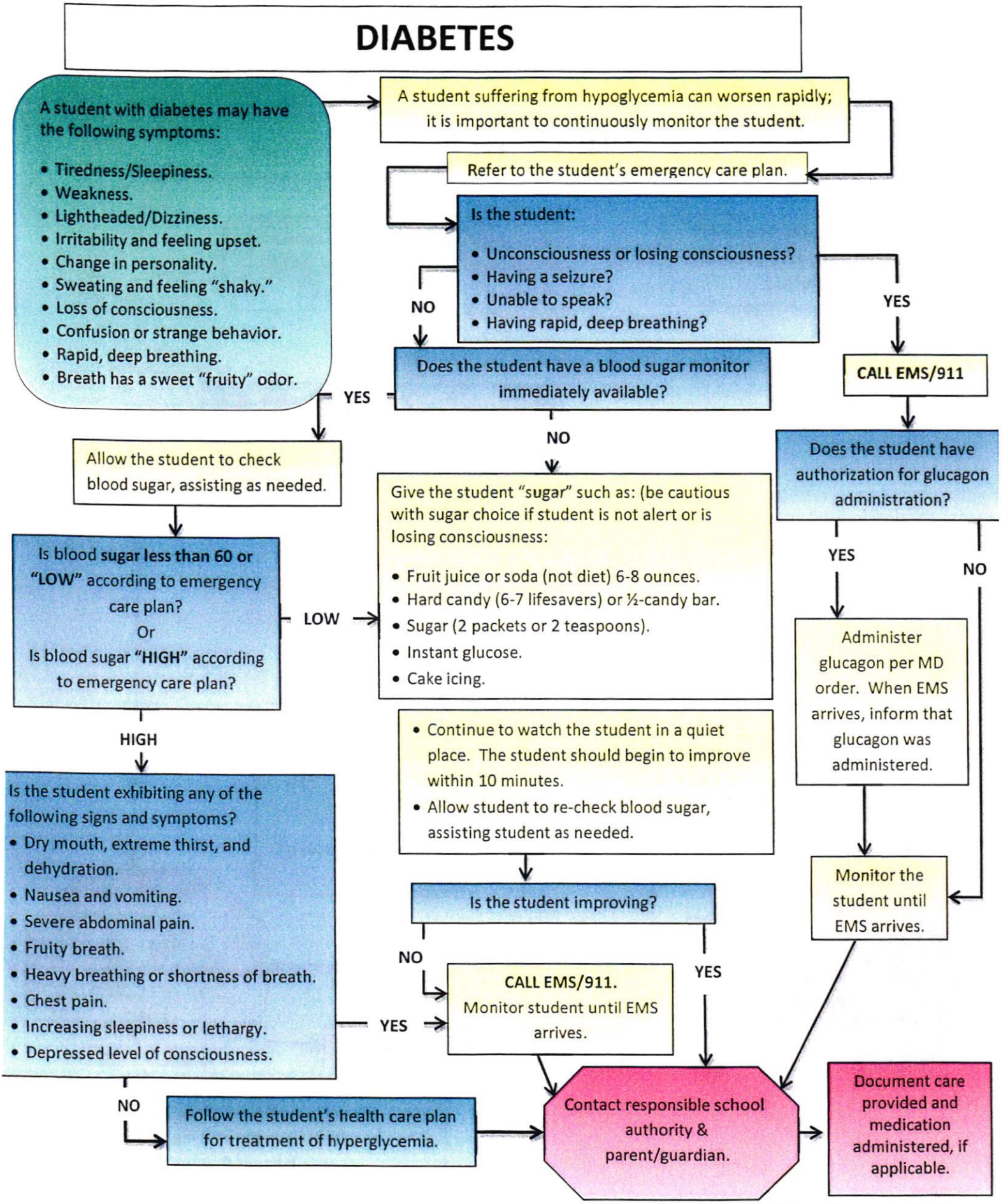


ISSUES WITH DENTAL BRACES

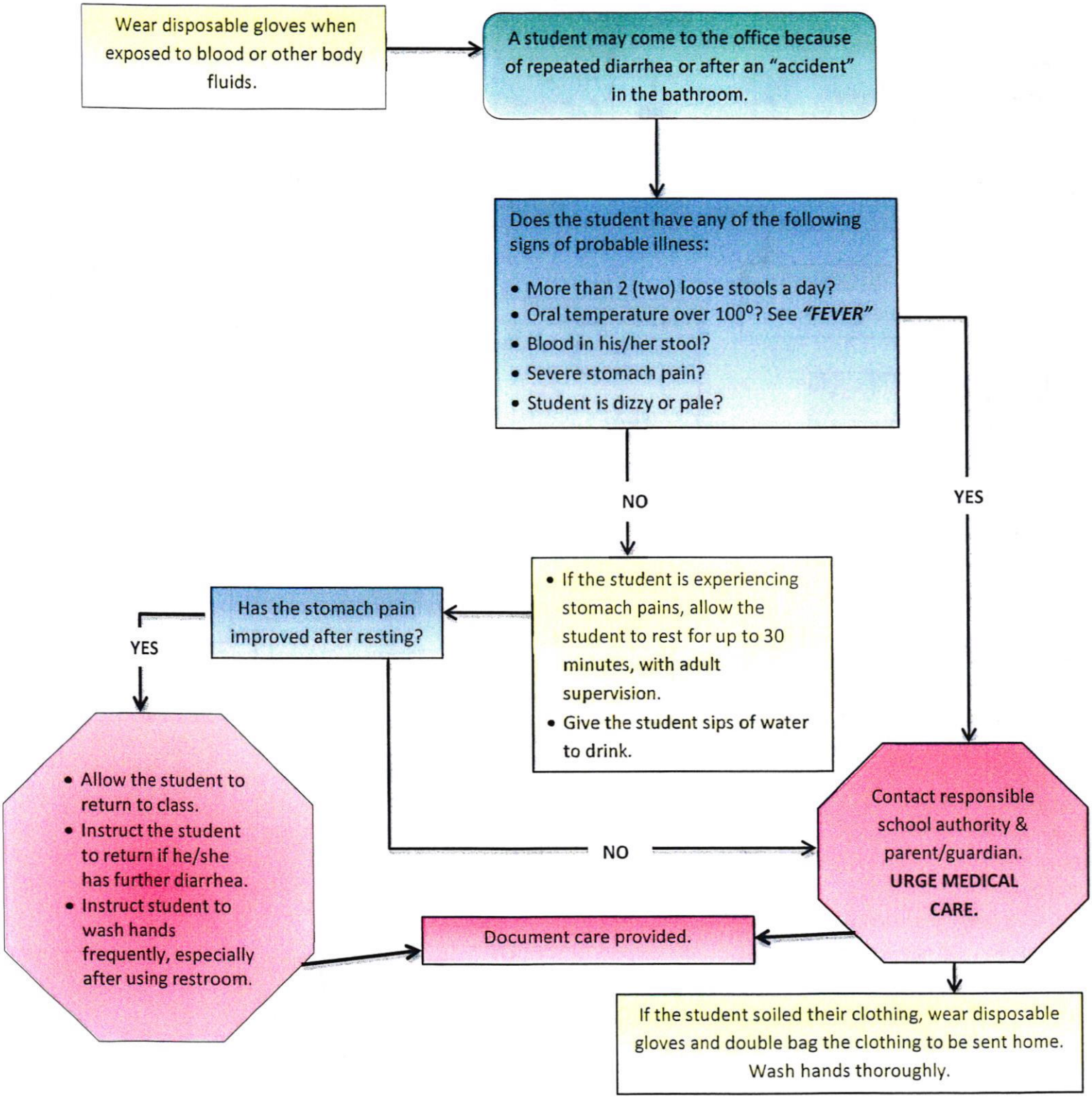
WIRE and RUBBER LIGATURE PROBLEMS:



DIABETES

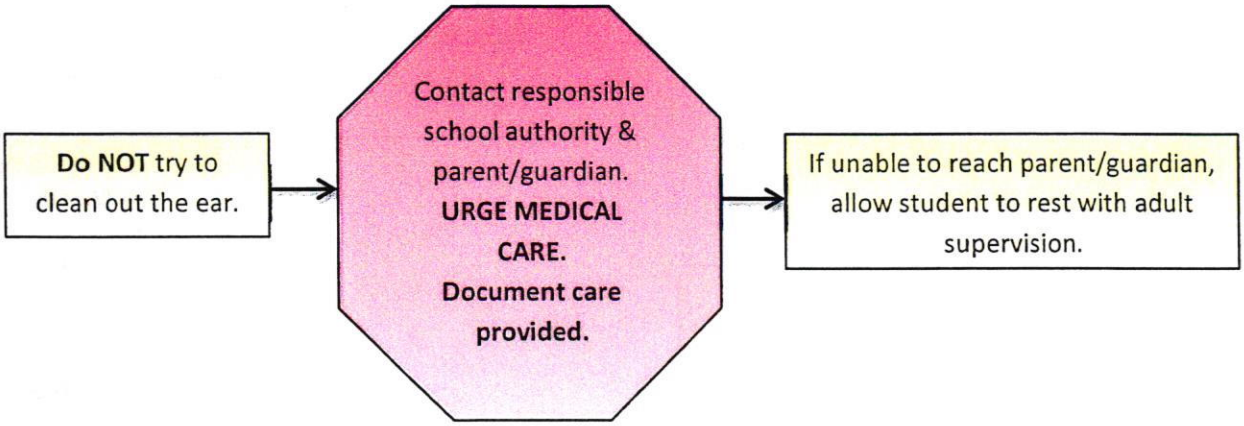

A student with diabetes may have the following symptoms:
• Tiredness/Sleepiness.
• Weakness.
• Lightheaded/Dizziness.
• Irritability and feeling upset.
• Change in personality.
• Sweating and feeling "shaky."
• Loss of consciousness.
• Confusion or strange behavior.
• Rapid, deep breathing.
• Breath has a sweet "fruity" odor.
A student suffering from hypoglycemia can worsen rapidly; it is important to continuously monitor the student.
Refer to the student's emergency care plan.
Is the student:
• Unconsciousness or losing consciousness?
• Having a seizure?
• Unable to speak?
• Having rapid, deep breathing?
NO
YES
Does the student have a blood sugar monitor immediately available?
YES
NO
CALL EMS/911
Allow the student to check blood sugar, assisting as needed.
Does the student have authorization for glucagon administration?
YES
NO
Is blood sugar less than 60 or "LOW" according to emergency care plan?
Or
Is blood sugar "HIGH" according to emergency care plan?
LOW
Give the student "sugar" such as: (be cautious with sugar choice if student is not alert or is losing consciousness:
• Fruit juice or soda (not diet) 6-8 ounces.
• Hard candy (6-7 lifesavers) or ½-candy bar.
• Sugar (2 packets or 2 teaspoons).
• Instant glucose.
• Cake icing.
Administer glucagon per MD order. When EMS arrives, inform that glucagon was administered.
HIGH
• Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
• Allow student to re-check blood sugar, assisting student as needed.
Monitor the student until EMS arrives.
Is the student improving?
NO
YES
Is the student exhibiting any of the following signs and symptoms?
• Dry mouth, extreme thirst, and dehydration.
• Nausea and vomiting.
• Severe abdominal pain.
• Fruity breath.
• Heavy breathing or shortness of breath.
• Chest pain.
• Increasing sleepiness or lethargy.
• Depressed level of consciousness.
YES
CALL EMS/911.
Monitor student until EMS arrives.
NO
Follow the student's health care plan for treatment of hyperglycemia.
Contact responsible school authority & parent/guardian.
Document care provided and medication administered, if applicable.

DIARRHEA

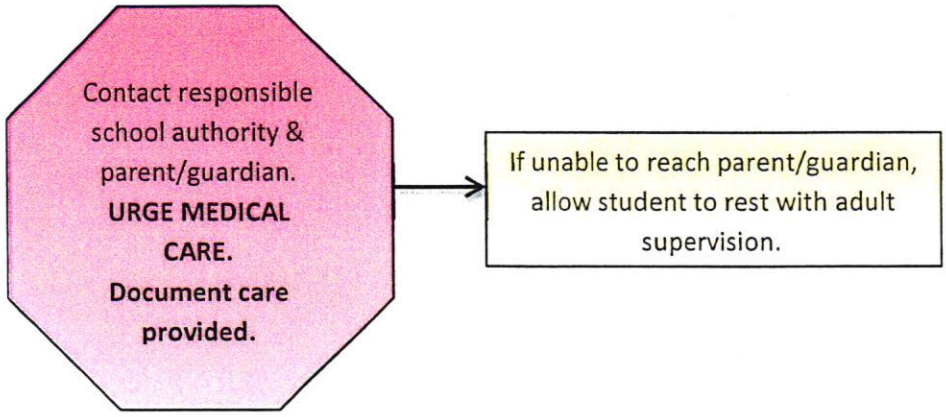

Wear disposable gloves when exposed to blood or other body fluids.
A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.
Does the student have any of the following signs of probable illness:
• More than 2 (two) loose stools a day?
• Oral temperature over 100°? See "FEVER"
• Blood in his/her stool?
• Severe stomach pain?
• Student is dizzy or pale?
NO
YES
• If the student is experiencing stomach pains, allow the student to rest for up to 30 minutes, with adult supervision.
• Give the student sips of water to drink.
Has the stomach pain improved after resting?
YES
NO
• Allow the student to return to class.
• Instruct the student to return if he/she has further diarrhea.
• Instruct student to wash hands frequently, especially after using restroom.
Contact responsible school authority & parent/guardian. URGE MEDICAL CARE.
Document care provided.
If the student soiled their clothing, wear disposable gloves and double bag the clothing to be sent home. Wash hands thoroughly.

EARS

DRAINAGE FROM EAR



EARACHE



ELECTRIC SHOCK

If no one else is available to call EMS/911, perform CPR first for 2 minutes and then call EMS/911 yourself.

- **TURN OFF POWER SOURCE, IF POSSIBLE.**
- **DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- **IF AVAILABLE USE A NON-CONDUCTIVE POLE to move the power source away from the child.**
- **KEEP OTHERS AWAY FROM THE AREA.**
- **Once power is off and situation is safe, approach the student and ask, "Are you OK?"**

Is student unconscious or unresponsive?

CALL EMS/911

- Keep airway clear.
- Look, listen and feel for breath.
- If student is not breathing, start CPR.

Contact Responsible school authority & parent/guardian.

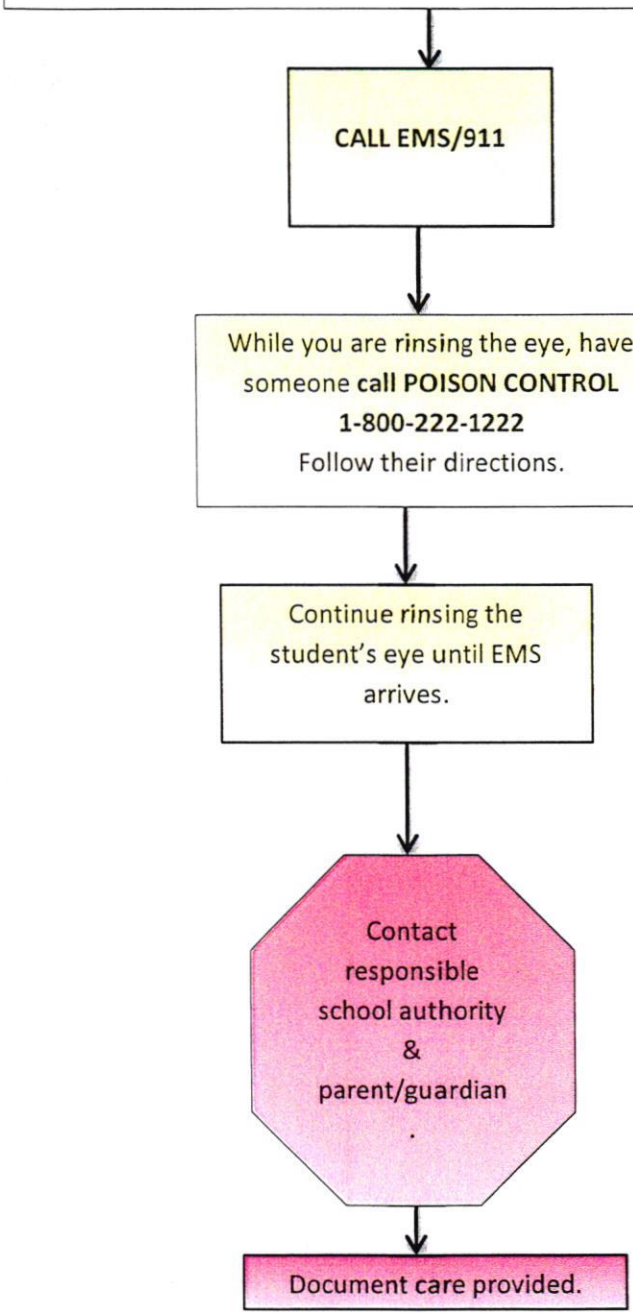
Treat any burns. See ***"BURNS."***

Contact Responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

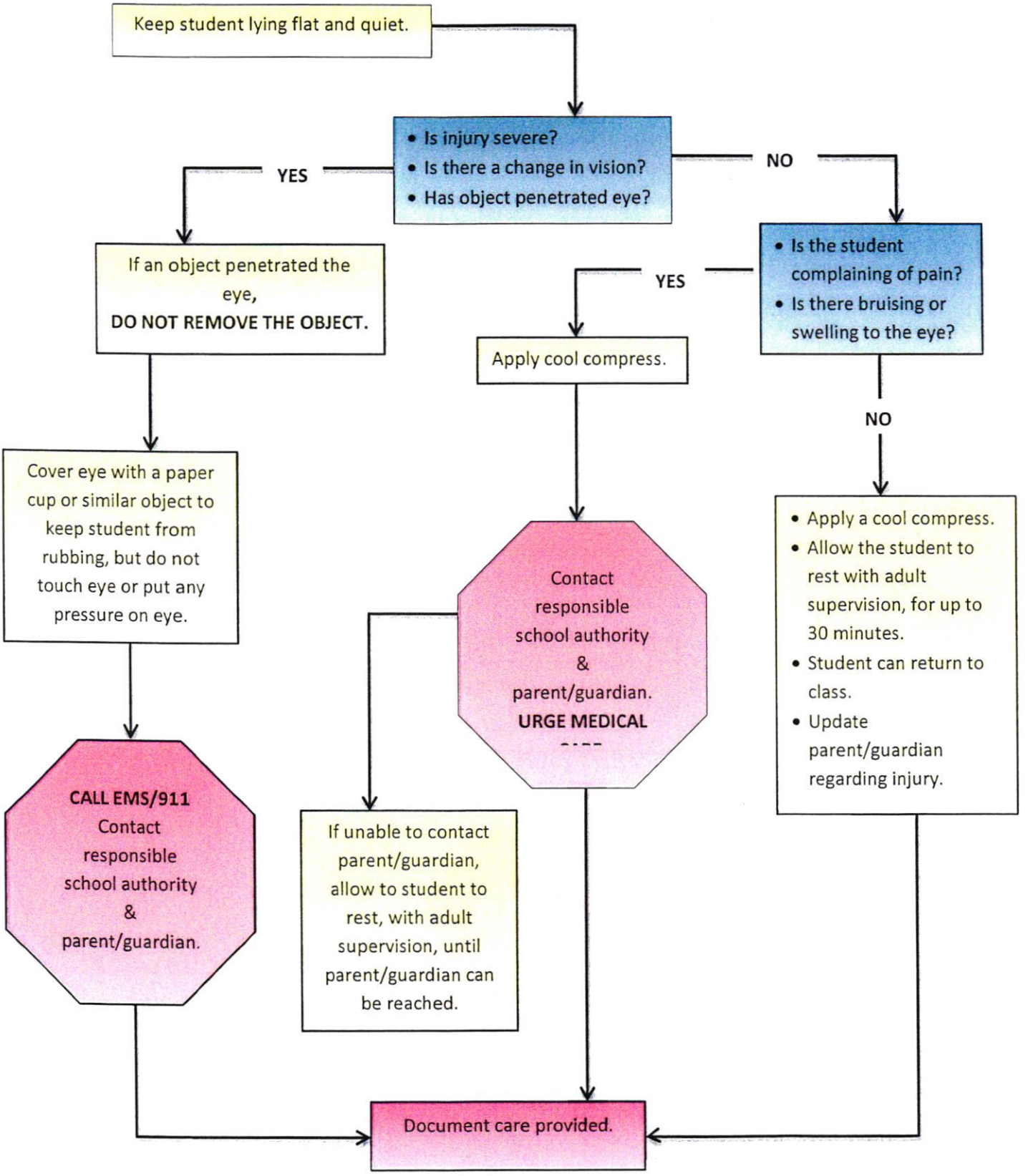
Document care provided.

EYE- CHEMICALS IN THE EYE

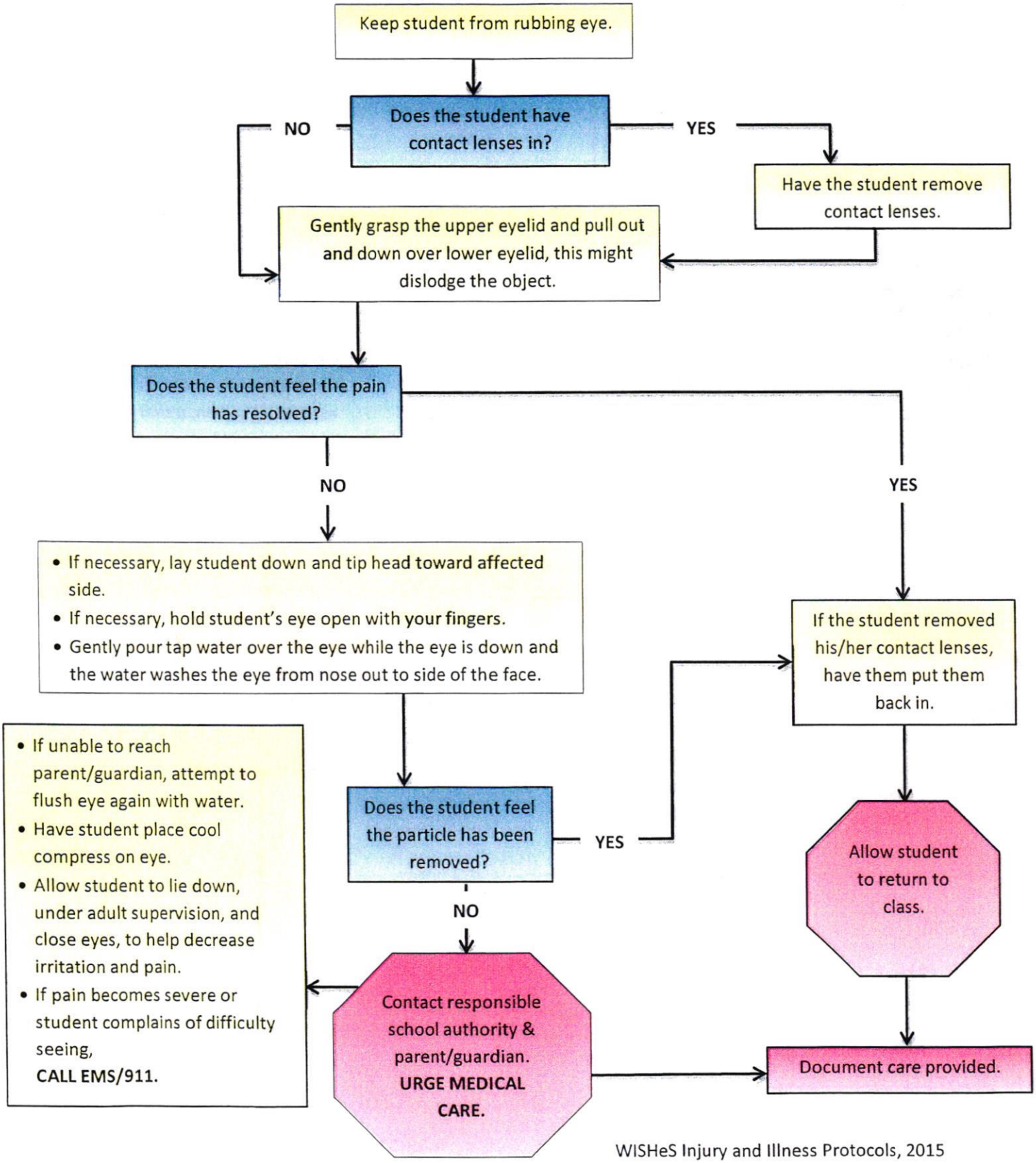
- Wear gloves and if possible, goggles.
- If needed, hold the injured eye open with your fingers.
- Immediately rinse the eye with large amounts of clean water for 20-30 minutes. Use eyewash station if available.
- Tip the head so the injured eye is down and the water washes the eye from nose out to side of the face.
- If the student is wearing contact lenses, remove them if you are able.



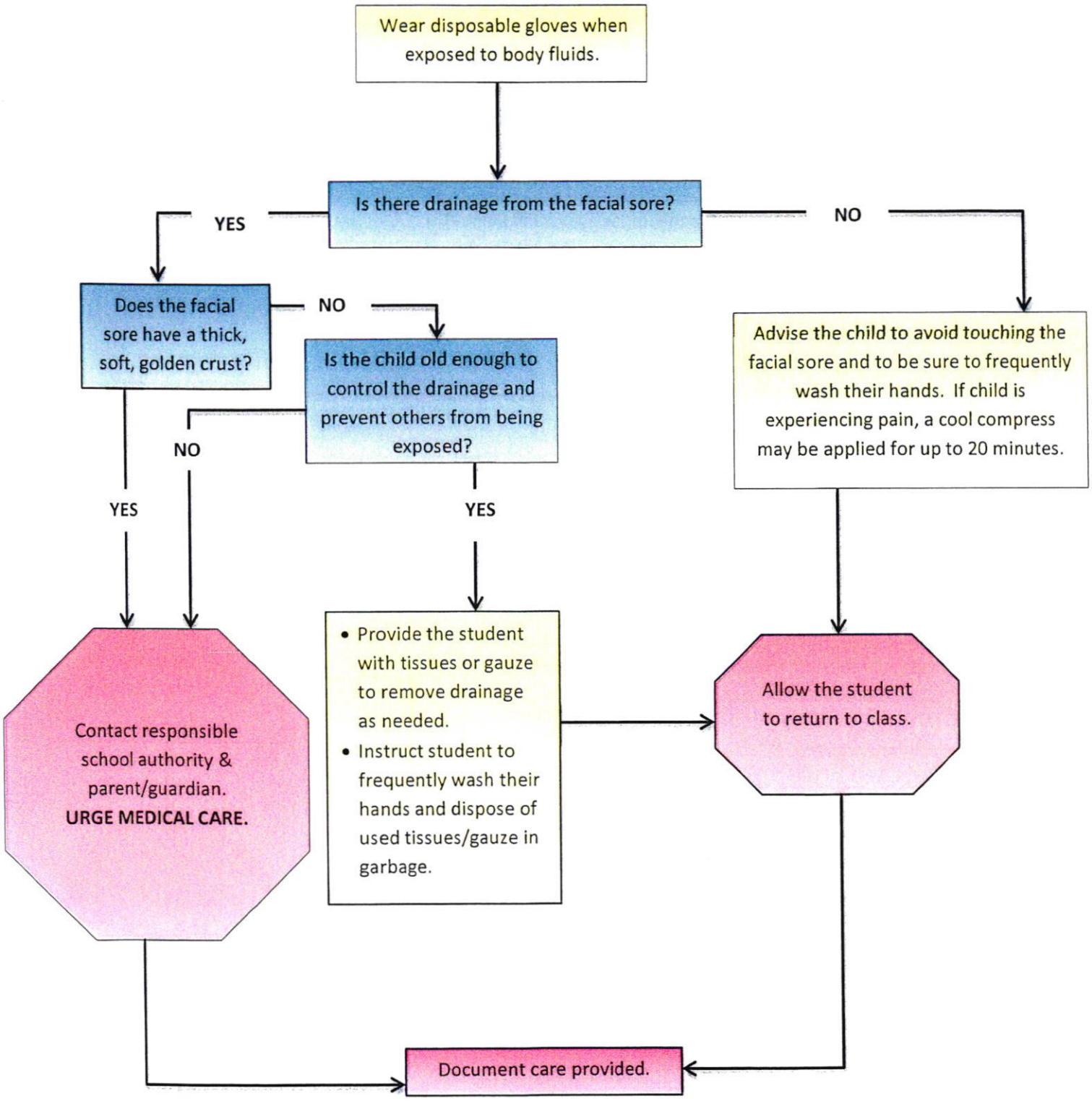
EYE-INJURY TO THE EYE



EYE-PARTICLE IN THE EYE



FACIAL SORE (Cold/Canker Sore)



FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see ***"UNCONSCIOUNESS."***

- Is fainting due to injury?
- Was student injured when he/she fainted?

YES OR NOT SURE → Treat as possible neck injury. See ***"NECK PAIN" AND "BACK PAIN."*** **Do NOT move the student.**

NO

- Keep student in flat position without a pillow under the head.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding, if needed (wear disposable gloves.)
- Give nothing by mouth.

Has the student regained consciousness?

NO → See **"UNCONSCIOUNESS."**

YES

Does the student still complain of:

- Dizziness?
- Lightheadedness?
- Weakness?
- Fatigue?

YES → Keep student lying down with legs elevated. Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

NO

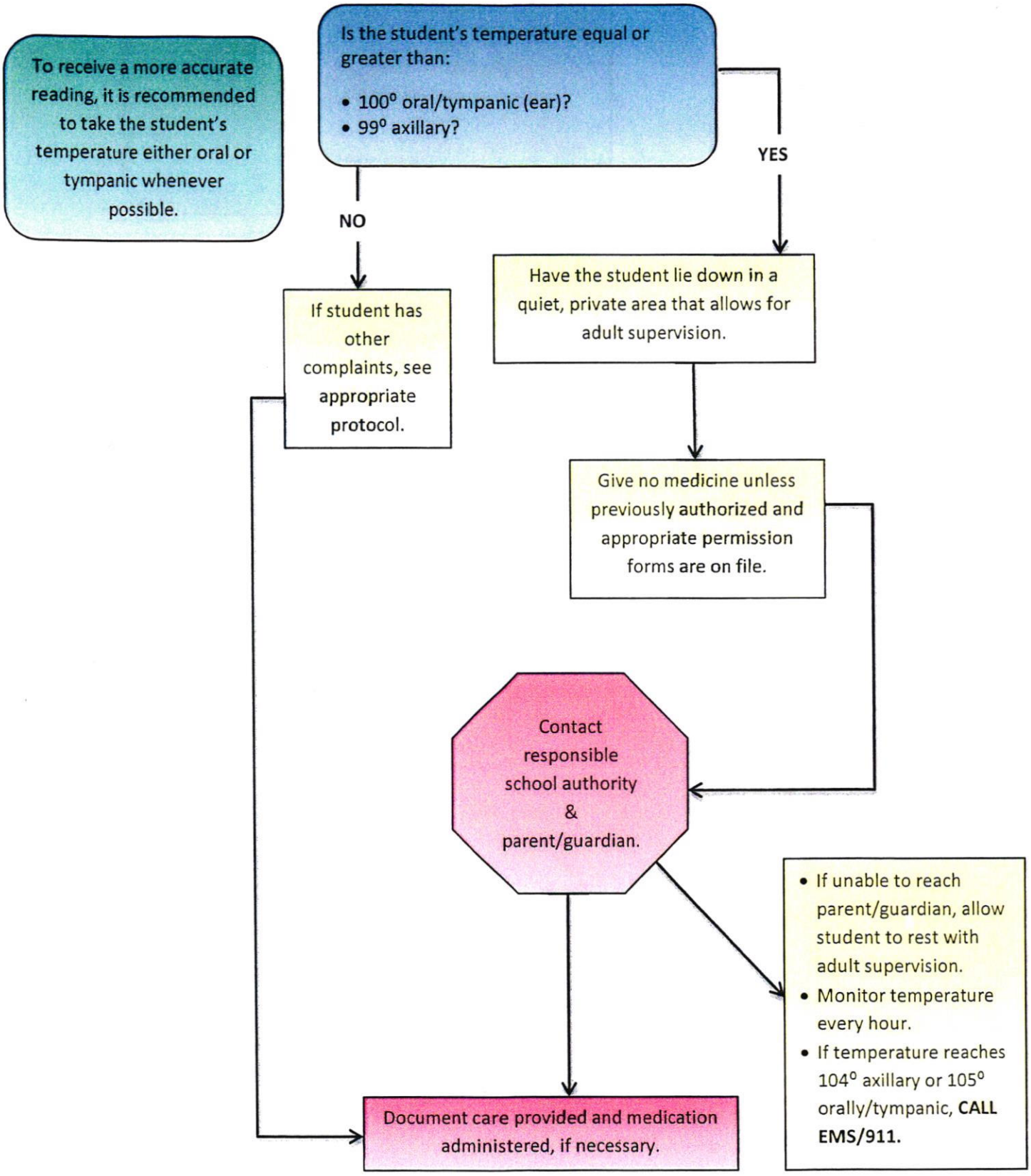
If student feels better, and there is no danger of neck injury, move student to quiet, private area and maintain adult supervision.

Contact responsible school authority & parent/guardian.

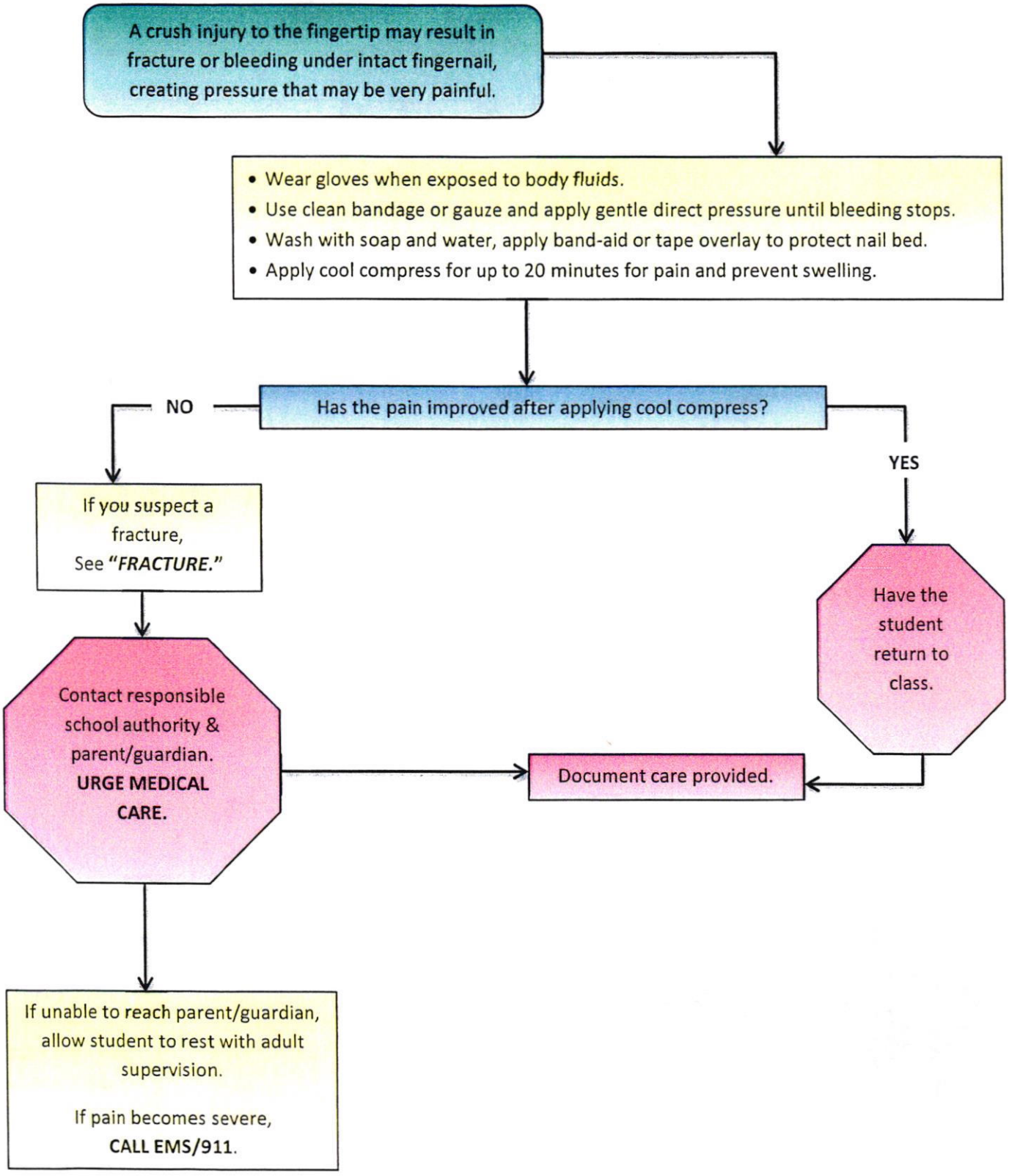
Document care provided.

Is the student's temperature equal to or greater than 100.4?

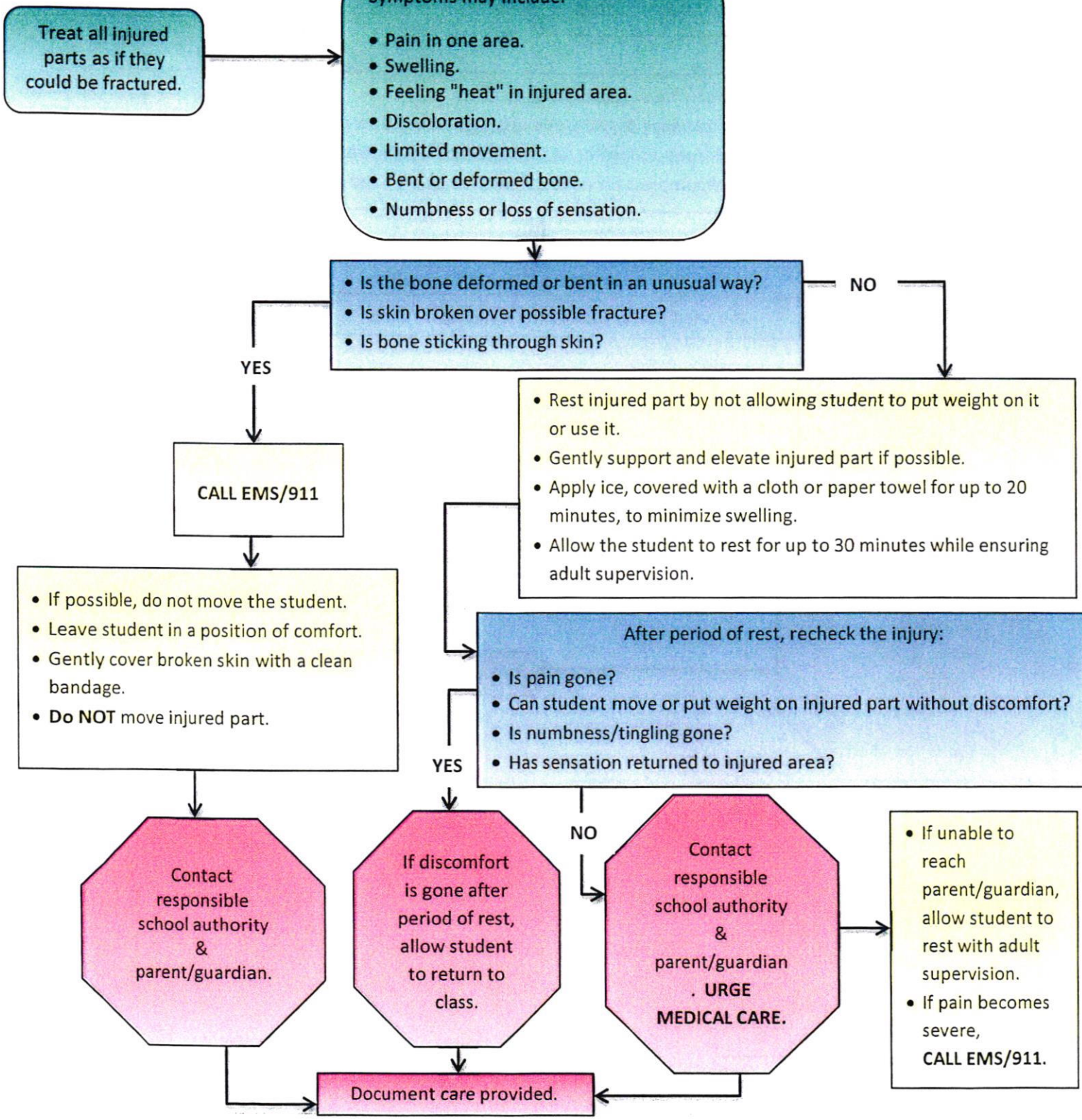
FEVER



FINGER/TOENAIL INJURY



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTNIP/FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

Frostbitten skin may:
- Look discolored (flushed, grayish-yellow, pale).
- Feel cold to the touch.
- Feel numb to the student.

Deeply frostbitten skin may:
- Look white or waxy.
- Feel firm or hard (frozen).

Wear gloves when exposed to body fluids.

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes, and give student warm, dry clothes.
- Protect cold part from further injury.
- **Do NOT** rub or massage the cold part or apply heat such as a water bottle or hot running water.
- Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/body part:
- Look discolored - grayish, white or waxy?
- Feel firm/hard (frozen)?
- Have a loss of sensation?
- Is the area swollen?
- Has the affected body part developed blisters?

YES

- **Call EMS/911.**
- Keep student warm and the body part covered.
- Students who have suffered frostbite may also be suffering from hypothermia. (See ***"HYPOTHERMIA."***)

Contact responsible school authority & parent/guardian.

Document care provided.

NO

Keep student and the body part warm by either soaking body part in warm water or wrapping in blankets for up to 20 minutes.

Contact responsible school authority & parent/guardian. Student may remain in school if no further symptoms.

HEAD INJURY

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "***BLEEDING.***"

If student only bumped their head and does not have any other complaints or symptoms, see "***BRUISES.***"

- With a head injury (other than head bump), always suspect neck injury as well.
- **Do NOT move** or twist the back or neck.
- See "***NECK PAIN***" & "***BACK PAIN***" for more information.

Have student rest, lying flat. Keep student quiet and warm.

- Is student vomiting?
- Did the student lose consciousness at all, even briefly?

YES

If the student is vomiting, turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

NO

- Watch student closely.
- Do NOT leave student alone.
- Complete "CDC Signs and Symptoms Concussion Checklist"

Are any of the following signs and symptoms present:

- Unconsciousness?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

YES

CALL EMS/911

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR, using head tilt/chin lift.

Give nothing by mouth. Contact responsible school authority & parent/guardian.

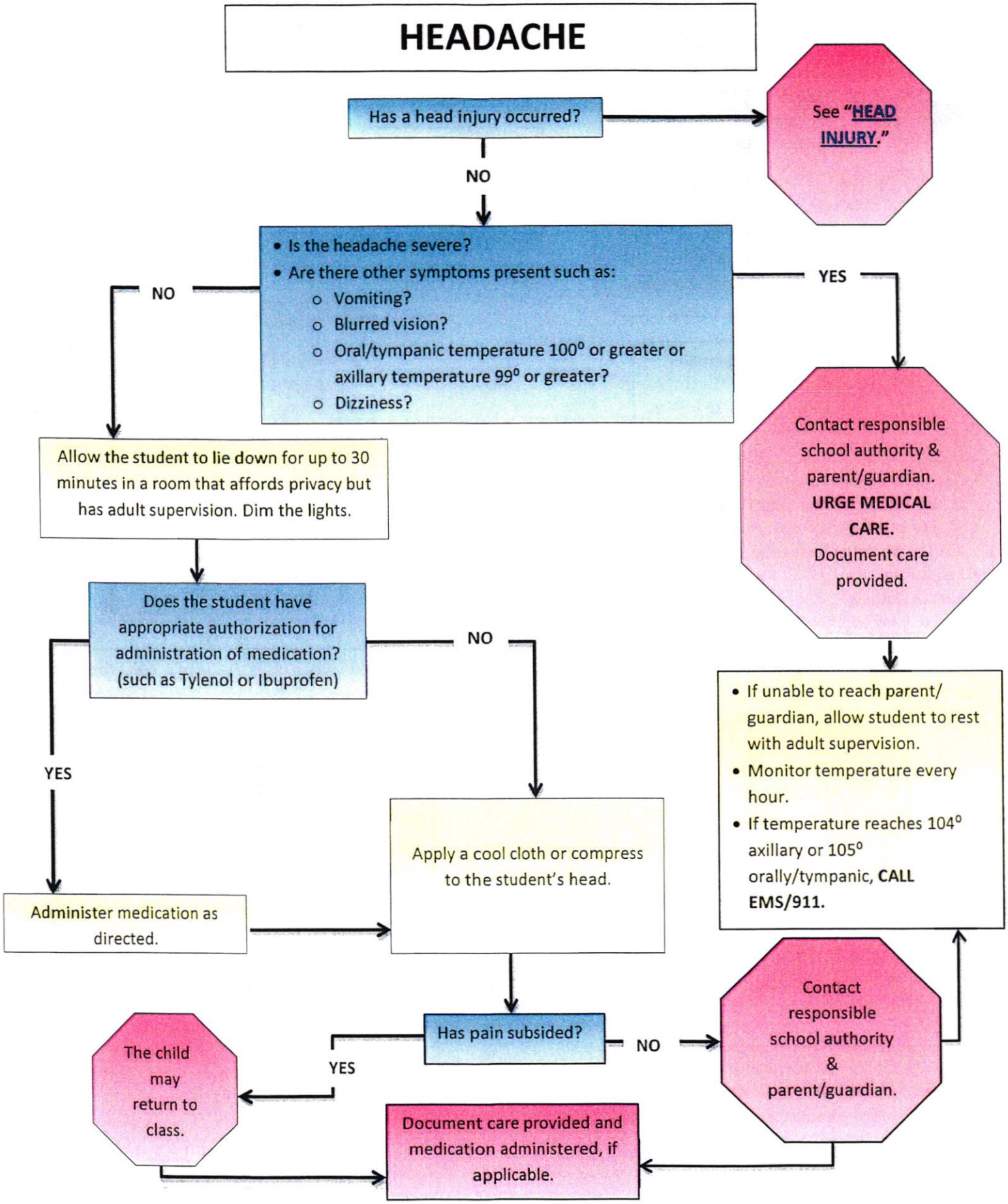
NO

Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

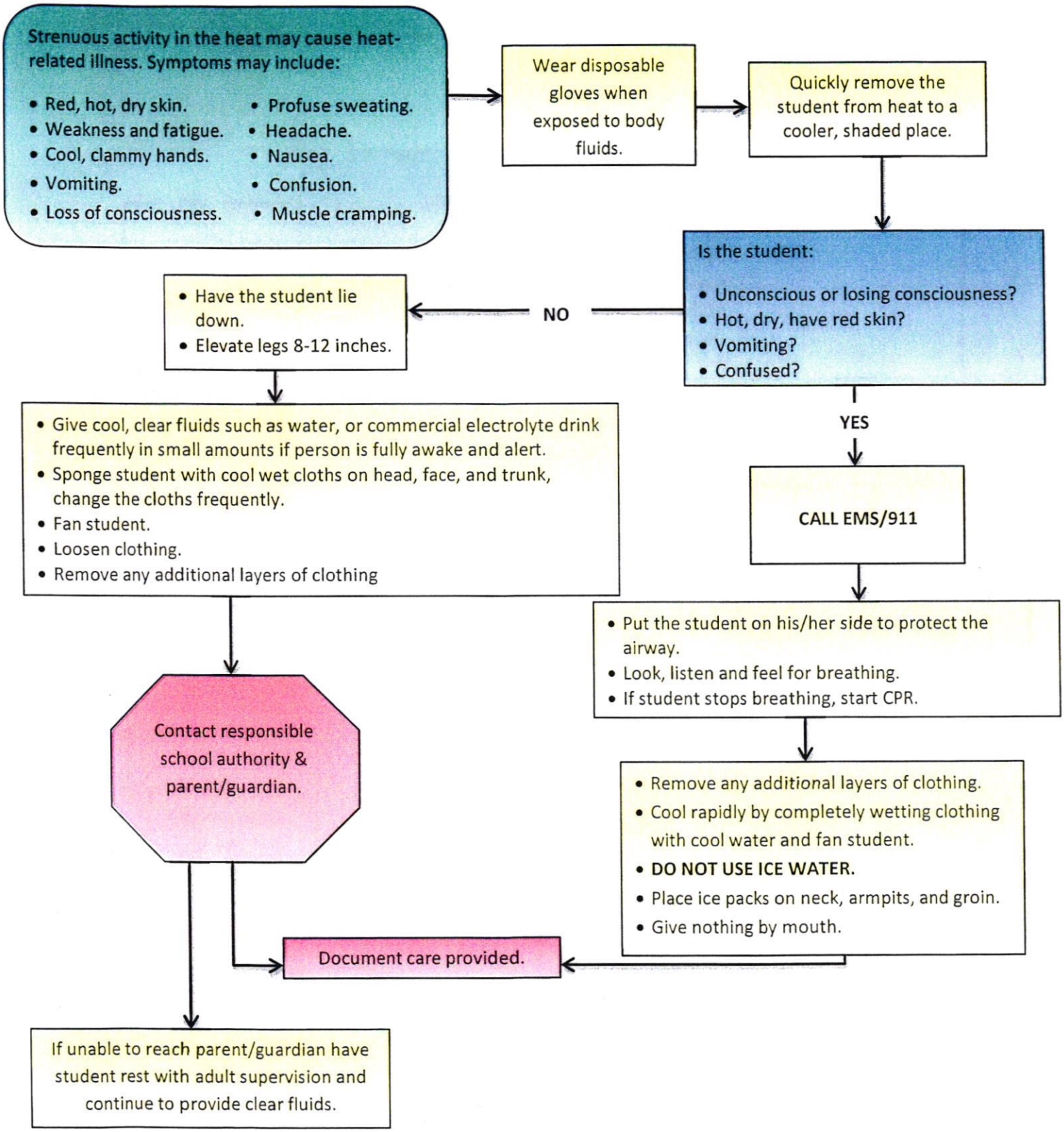
- If unable to reach parent/guardian, have student rest with adult supervision.
- Complete concussion checklist every 60 minutes.

Document care provided.

HEADACHE


Has a head injury occurred?
See "HEAD INJURY."
NO
• Is the headache severe?
• Are there other symptoms present such as:
o Vomiting?
o Blurred vision?
o Oral/tympanic temperature 100° or greater or axillary temperature 99° or greater?
o Dizziness?
NO
YES
Allow the student to lie down for up to 30 minutes in a room that affords privacy but has adult supervision. Dim the lights.
Contact responsible school authority & parent/guardian. URGE MEDICAL CARE. Document care provided.
Does the student have appropriate authorization for administration of medication? (such as Tylenol or Ibuprofen)
NO
YES
• If unable to reach parent/ guardian, allow student to rest with adult supervision.
• Monitor temperature every hour.
• If temperature reaches 104° axillary or 105° orally/tympanic, CALL EMS/911.
Administer medication as directed.
Apply a cool cloth or compress to the student's head.
Has pain subsided?
NO
YES
Contact responsible school authority & parent/guardian.
The child may return to class.
Document care provided and medication administered, if applicable.

HEAT EXHAUSTION/HEAT STROKE



HYPOTHERMIA (EXPOSURE TO COLD)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a student has been outside in the cold or in cold water. Symptoms may include:

- Confusion.
- Weakness.
- Blurry vision.
- Slurred speech
- Shivering.
- Sleepiness.
- White or grayish skin color.
- Impaired judgment.

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes and socks, and wrap student in a warm, dry blanket.

Does the student have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

NO

- Continue to warm the student with blankets.
- If student is fully awake and alert, offer warm **(NOT HOT)** fluids, but no food.

YES

CALL EMS/911

- Give *nothing* by mouth.
- Continue to warm student with blankets.
- See ***"FROSTBITE."***
- If student is sleepy, place student on his/her side to protect airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

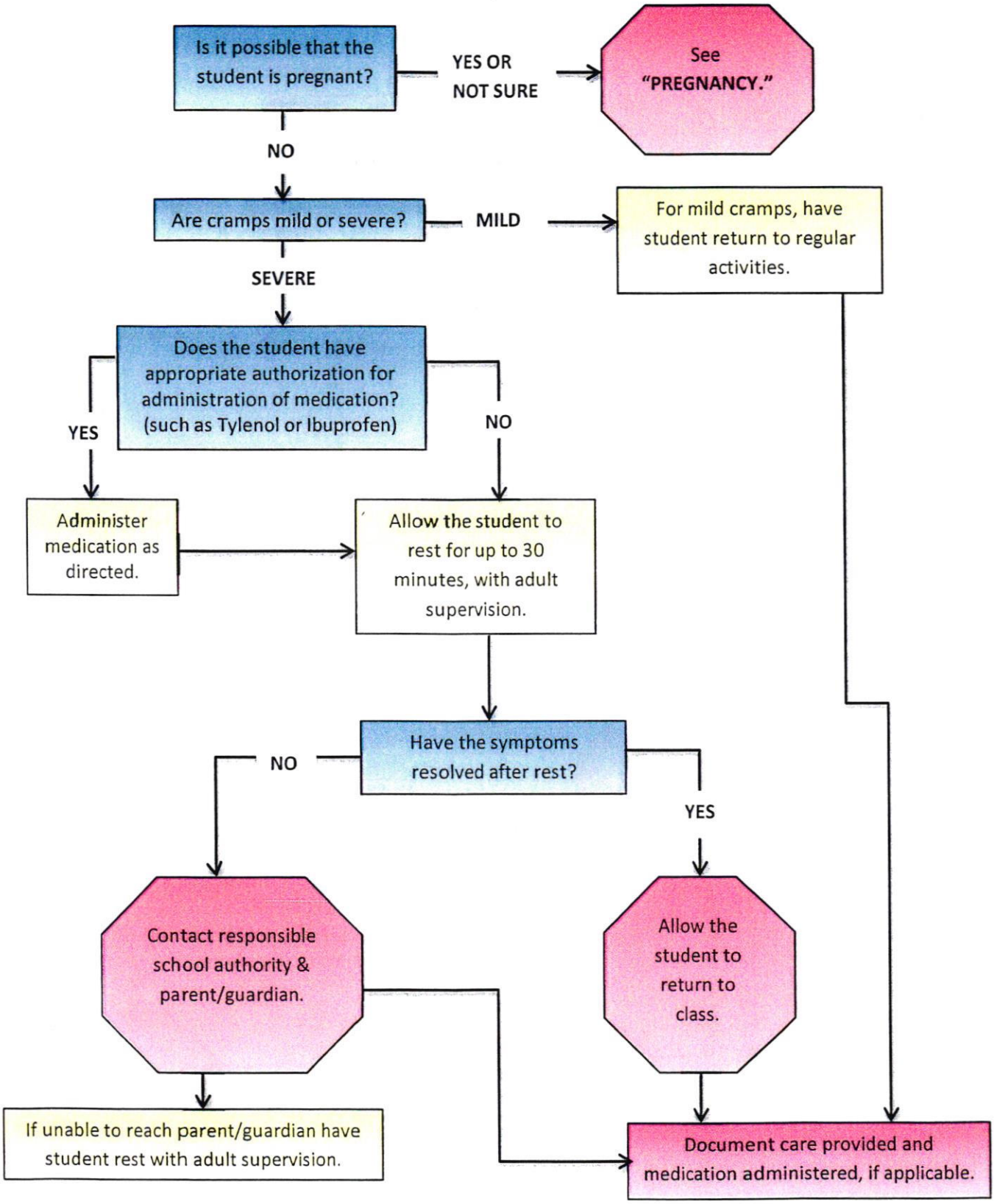
Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

Contact responsible school authority & parent/guardian.

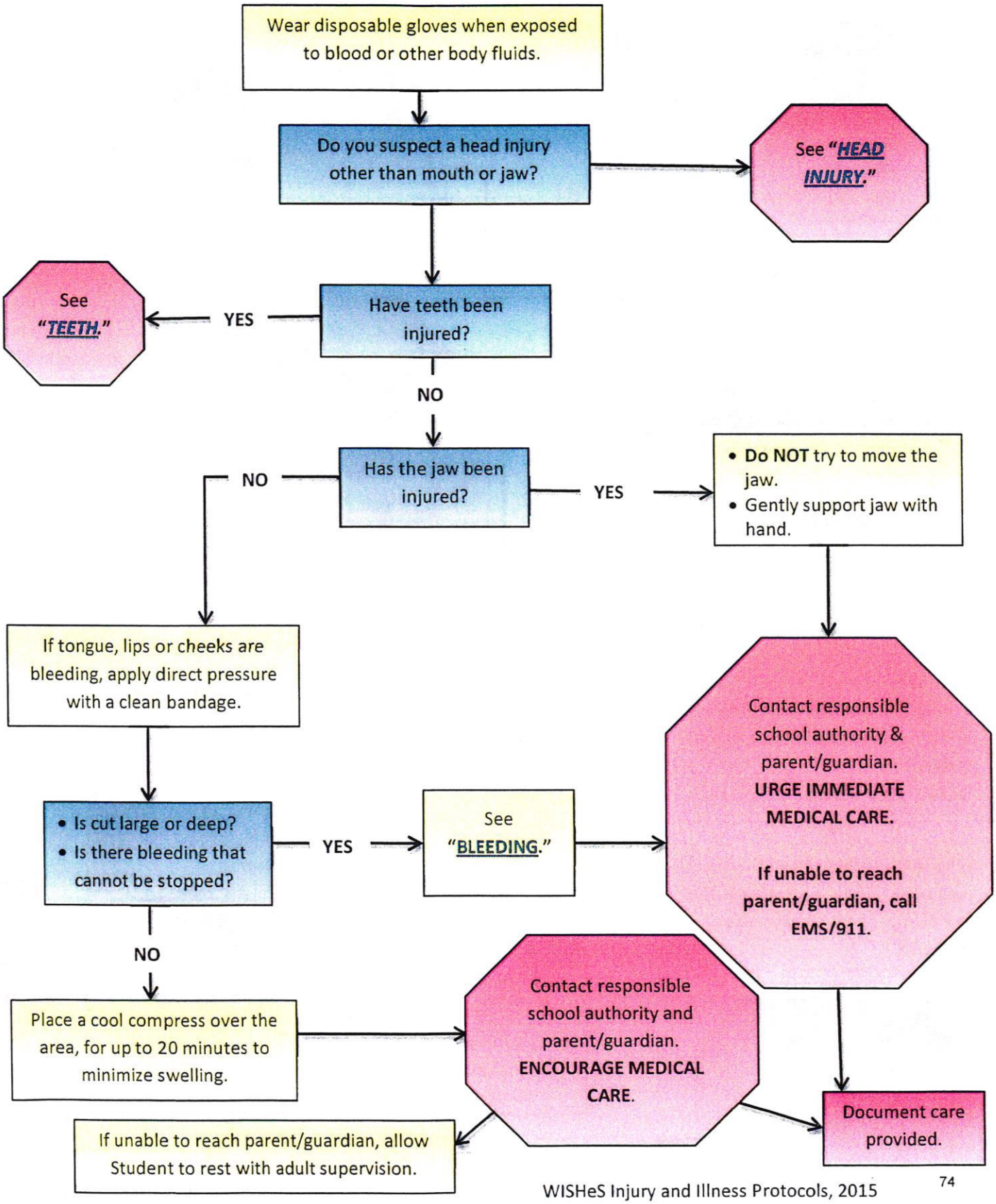
If unable to reach parent/guardian have student rest with adult supervision and continue to provide warm fluids.

Document care provided.

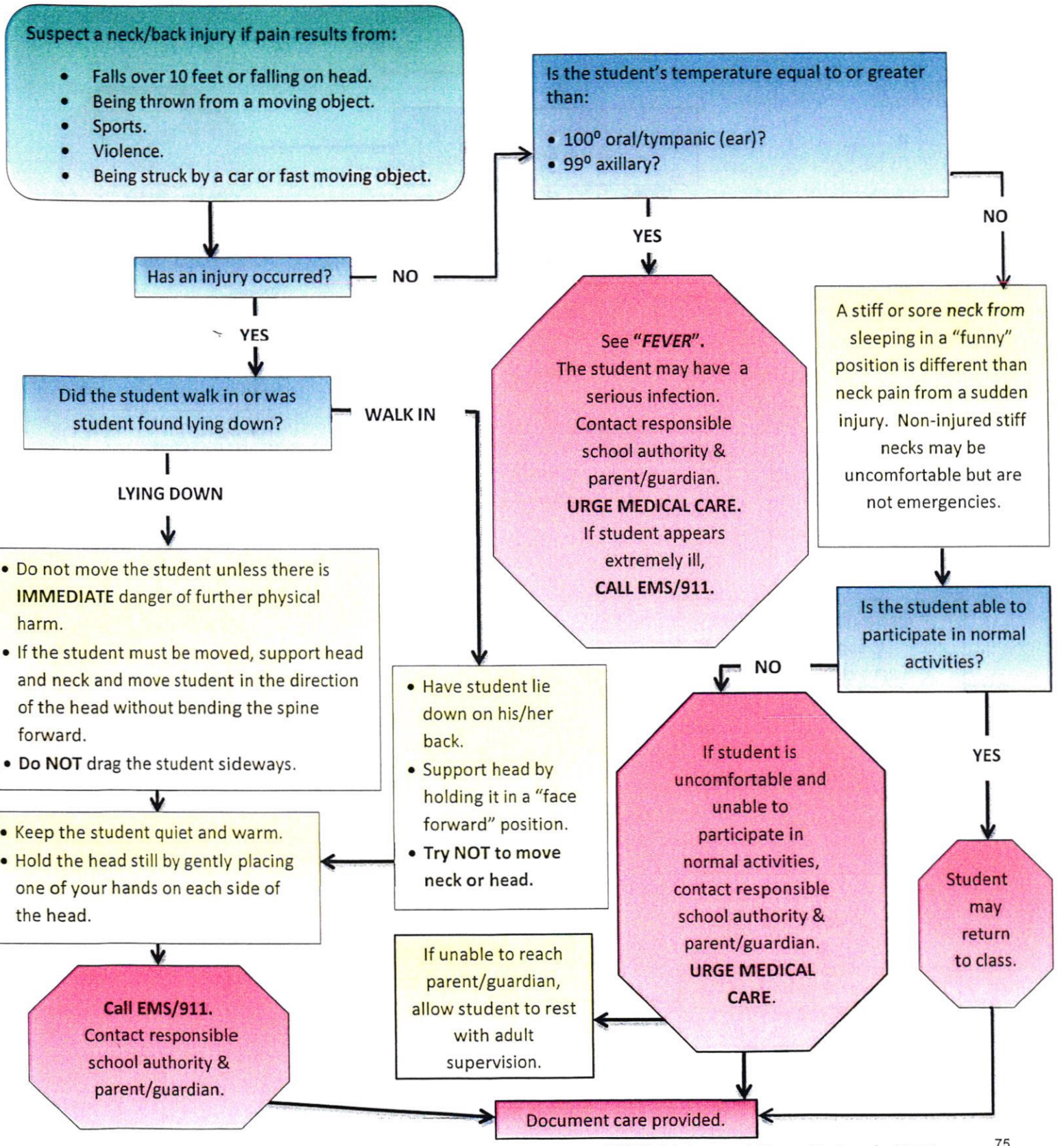
MENSTRUAL DIFFICULTIES



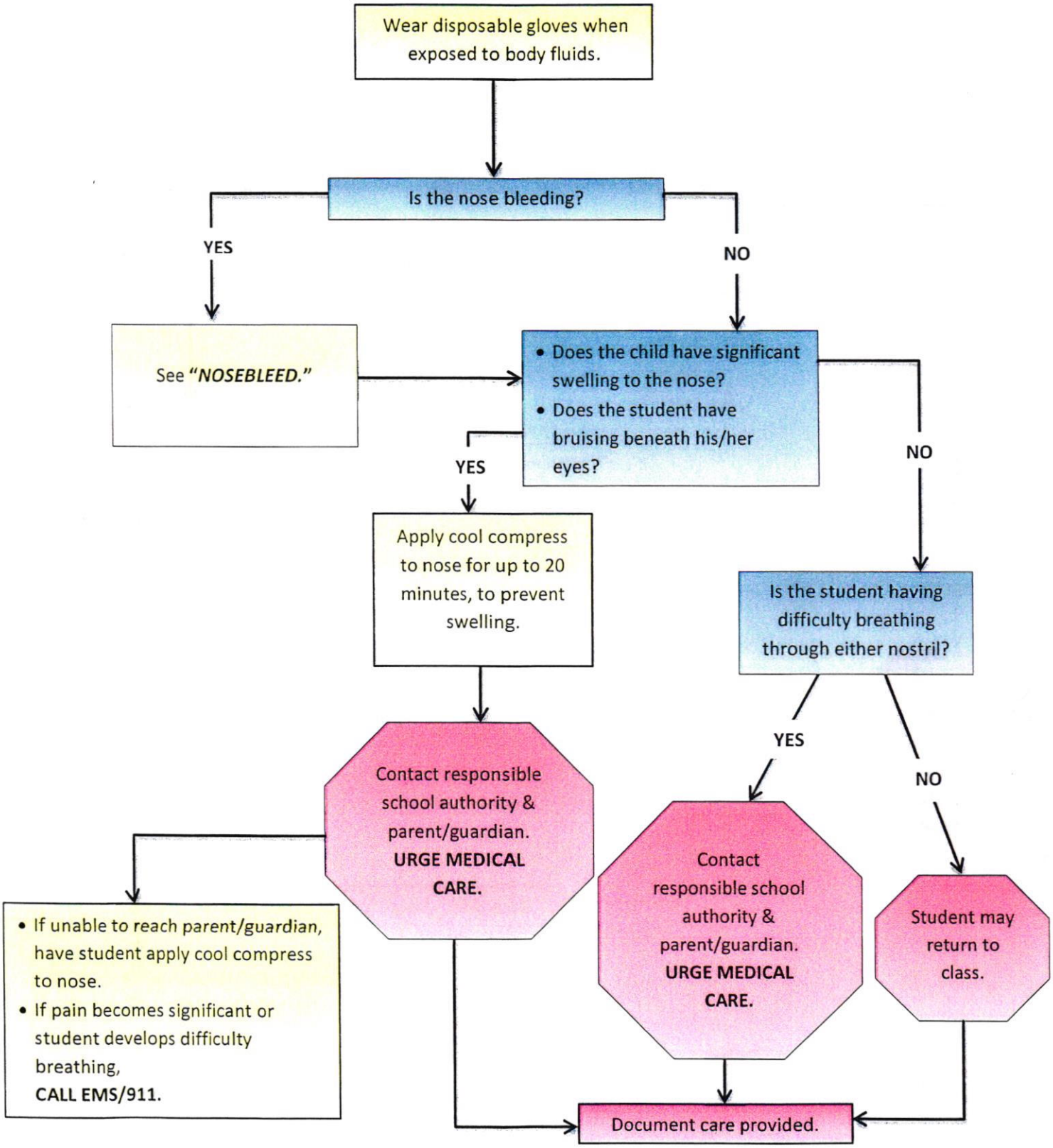
MOUTH & JAW INJURIES



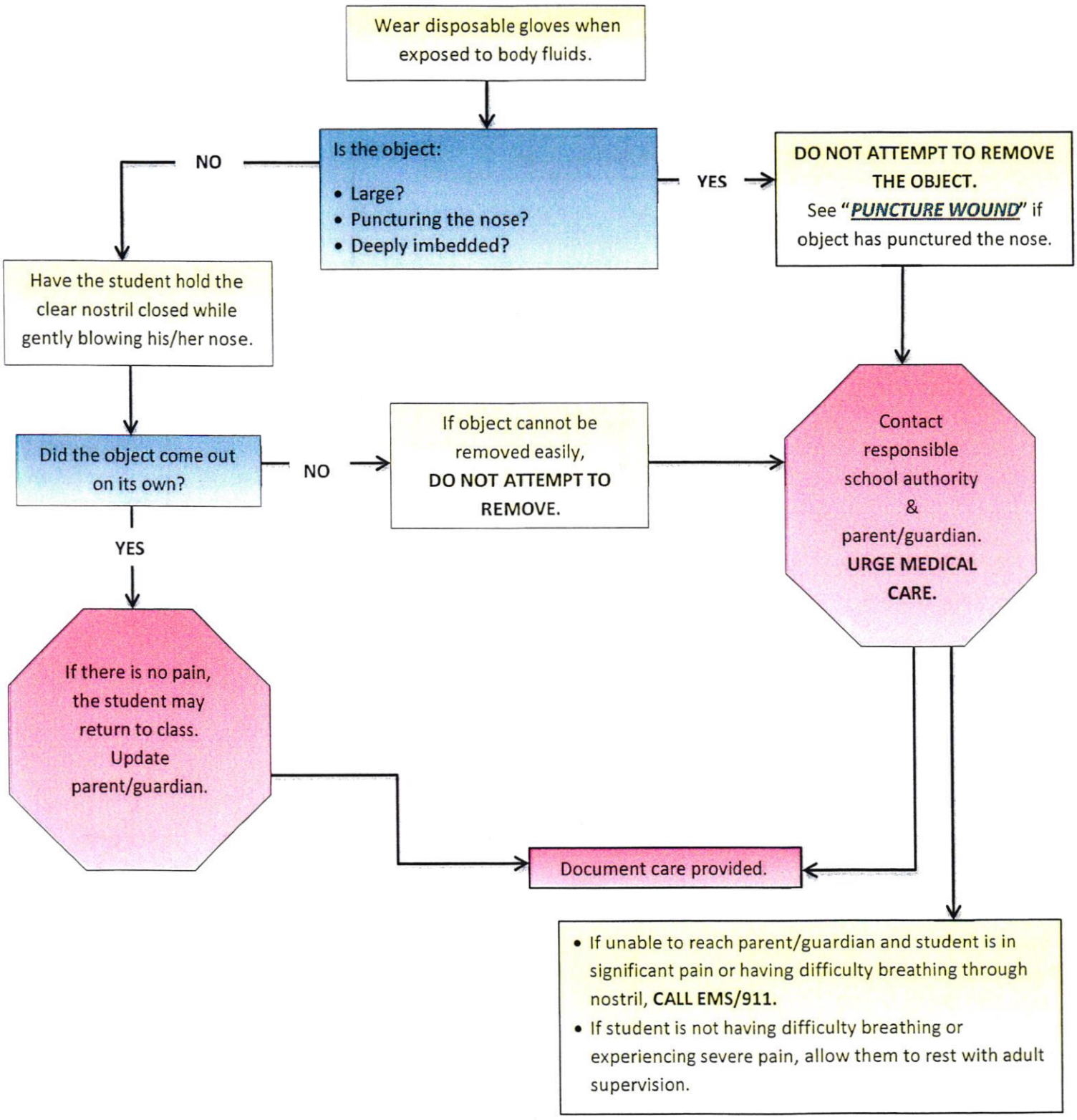
NECK PAIN


Suspect a neck/back injury if pain results from:
• Falls over 10 feet or falling on head.
• Being thrown from a moving object.
• Sports.
• Violence.
• Being struck by a car or fast moving object.
Has an injury occurred?
NO
YES
Is the student's temperature equal to or greater than:
• 100° oral/tympanic (ear)?
• 99° axillary?
YES
NO
See "FEVER". The student may have a serious infection. Contact responsible school authority & parent/guardian. URGE MEDICAL CARE. If student appears extremely ill, CALL EMS/911.
A stiff or sore neck from sleeping in a "funny" position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable but are not emergencies.
Did the student walk in or was student found lying down?
WALK IN
LYING DOWN
• Do not move the student unless there is IMMEDIATE danger of further physical harm.
• If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
• Do NOT drag the student sideways.
• Have student lie down on his/her back.
• Support head by holding it in a "face forward" position.
• Try NOT to move neck or head.
Is the student able to participate in normal activities?
NO
YES
• Keep the student quiet and warm.
• Hold the head still by gently placing one of your hands on each side of the head.
If student is uncomfortable and unable to participate in normal activities, contact responsible school authority & parent/guardian. URGE MEDICAL CARE.
Student may return to class.
Call EMS/911. Contact responsible school authority & parent/guardian.
If unable to reach parent/guardian, allow student to rest with adult supervision.
Document care provided.

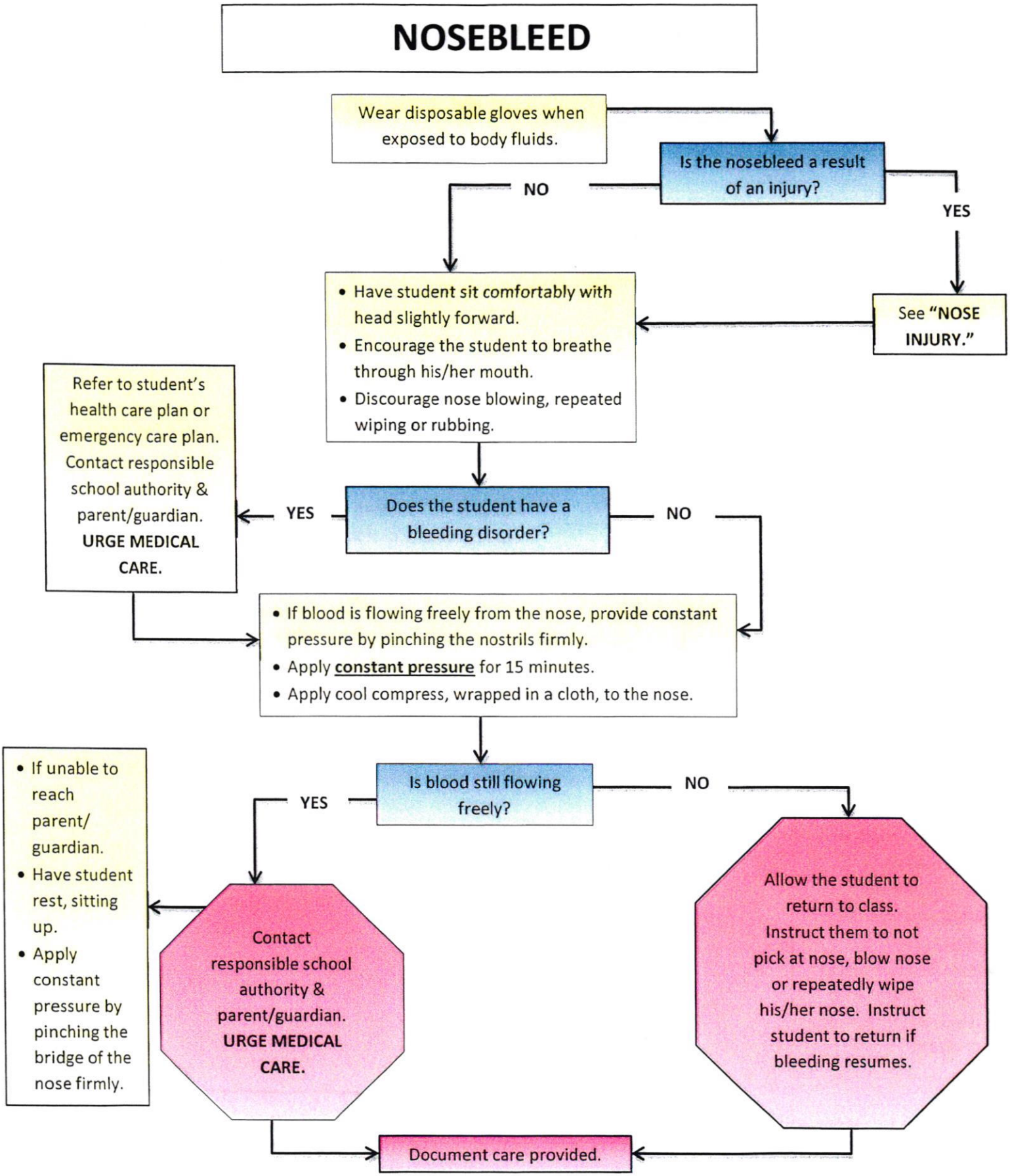
INJURY TO NOSE



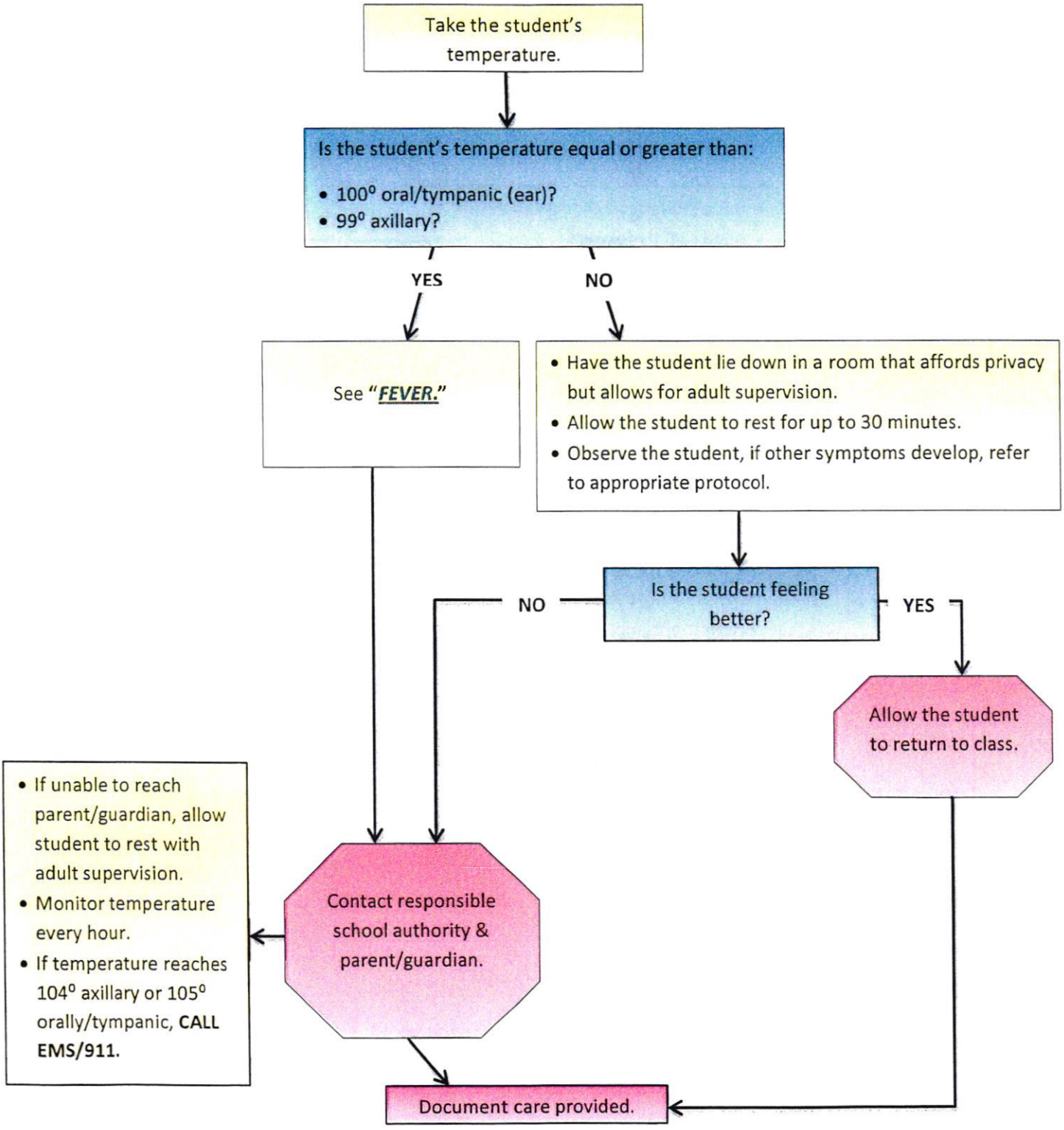
OBJECT IN NOSE



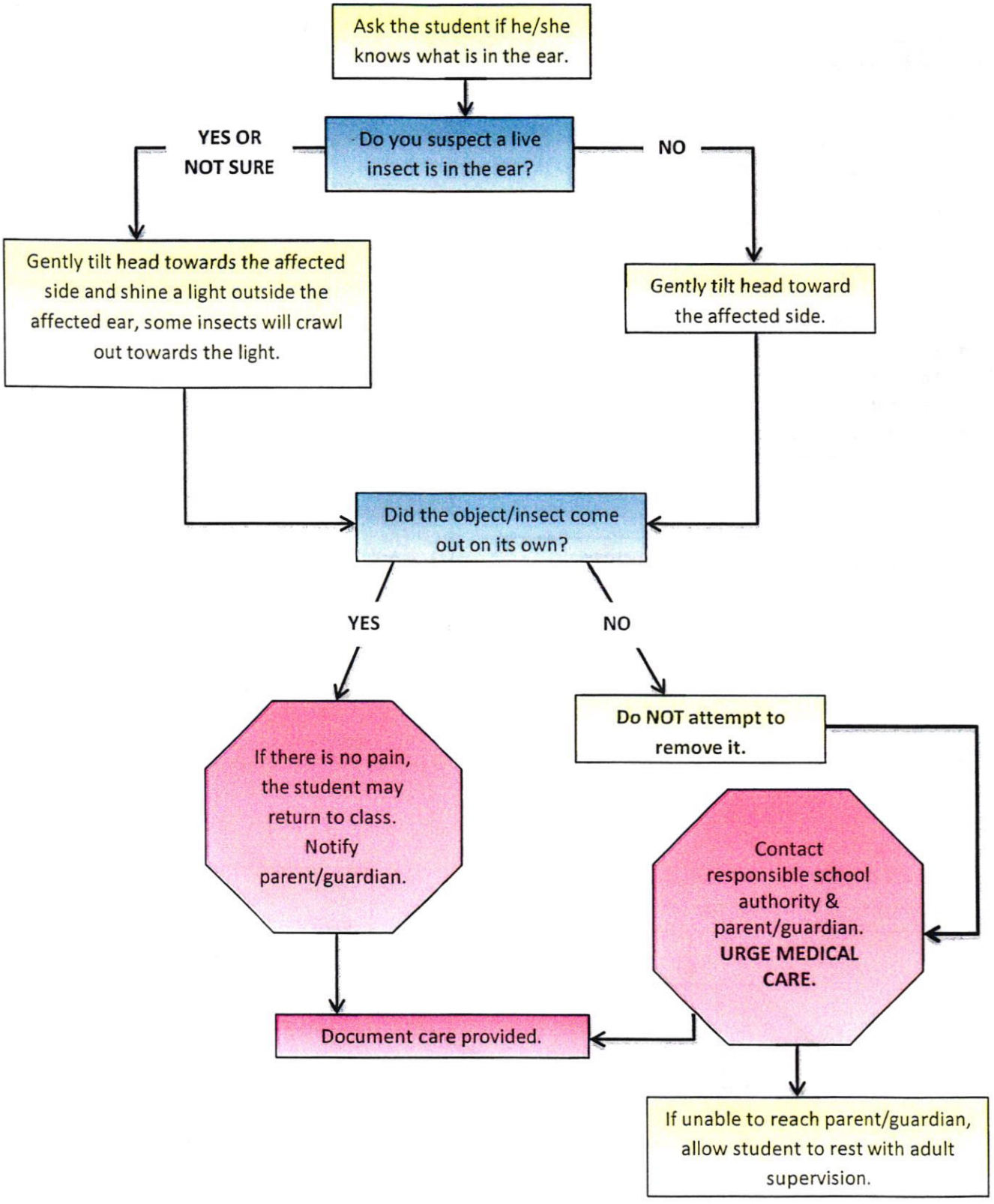
NOSEBLEED


Wear disposable gloves when exposed to body fluids.
Is the nosebleed a result of an injury?
NO
YES
See "NOSE INJURY."
• Have student sit comfortably with head slightly forward.
• Encourage the student to breathe through his/her mouth.
• Discourage nose blowing, repeated wiping or rubbing.
Refer to student's health care plan or emergency care plan. Contact responsible school authority & parent/guardian. URGE MEDICAL CARE.
YES
Does the student have a bleeding disorder?
NO
• If blood is flowing freely from the nose, provide constant pressure by pinching the nostrils firmly.
• Apply constant pressure for 15 minutes.
• Apply cool compress, wrapped in a cloth, to the nose.
Is blood still flowing freely?
YES
NO
• If unable to reach parent/ guardian.
• Have student rest, sitting up.
• Apply constant pressure by pinching the bridge of the nose firmly.
Contact responsible school authority & parent/guardian. URGE MEDICAL CARE.
Allow the student to return to class. Instruct them to not pick at nose, blow nose or repeatedly wipe his/her nose. Instruct student to return if bleeding resumes.
Document care provided.

NOT FEELING WELL



OBJECT IN EAR CANAL



POISONING AND OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:

- Medicines.
- Insect bites and stings.
- Snake bites.
- Plants.
- Chemicals/cleaners.
- Drugs/alcohol.
- Food poisoning.
- Inhalants.
- Or if you are not sure.

Possible warning signs of poisoning include:

- **Pills, berries or unknown substance in student's mouth.**
- **Burns around mouth or on skin.**
- **Strange odor on breath.**
- **Sweating.**
- **Upset stomach or vomiting.**
- **Dizziness or fainting.**
- **Seizures or convulsions.**

- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.
- If there is a powder on the student, shake or brush it off, do not apply water.

If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of "poison" it was.
- How much and when it was taken.

CALL POISON CONTROL.
1-800-222-1222
Follow their directions.

- Do not induce vomiting or give anything **UNLESS instructed by Poison Control.** With some poisons vomiting can cause greater damage.
- **Do NOT** follow the antidote label on the container, it may be incorrect.

- If student becomes unconscious, place on his/her side.
- Check airway.
- Look, listen and feel for breathing. If student stops breathing, start CPR.

CALL EMS/911

Contact responsible school authority & parent/guardian.

If possible, send some of the vomited material and ingested material with its container (if available) to the hospital with the student.

Document care provided.

PREGNANCY

Pregnant students should be known to appropriate school staff. Any student who is old enough to be pregnant, might be pregnant.

Signs of labor include:
- Contractions that become stronger at regular and increasingly shorter intervals.
- Lower back pain and cramping that does not go away.
- "Water" breaks (can be a large gush or a continuous trickle).
- Bloody (brownish or red-tinged) mucus discharge from vagina.

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN
See *"STOMACH PAIN."*

SEIZURE
See *"SEIZURE."*

CALL EMS/911.
Contact responsible school authority & parent/guardian.
Contact student's support person, if applicable.

VAGINAL BLEEDING

Contact responsible school authority & parent/guardian.
URGE IMMEDIATE MEDICAL CARE.

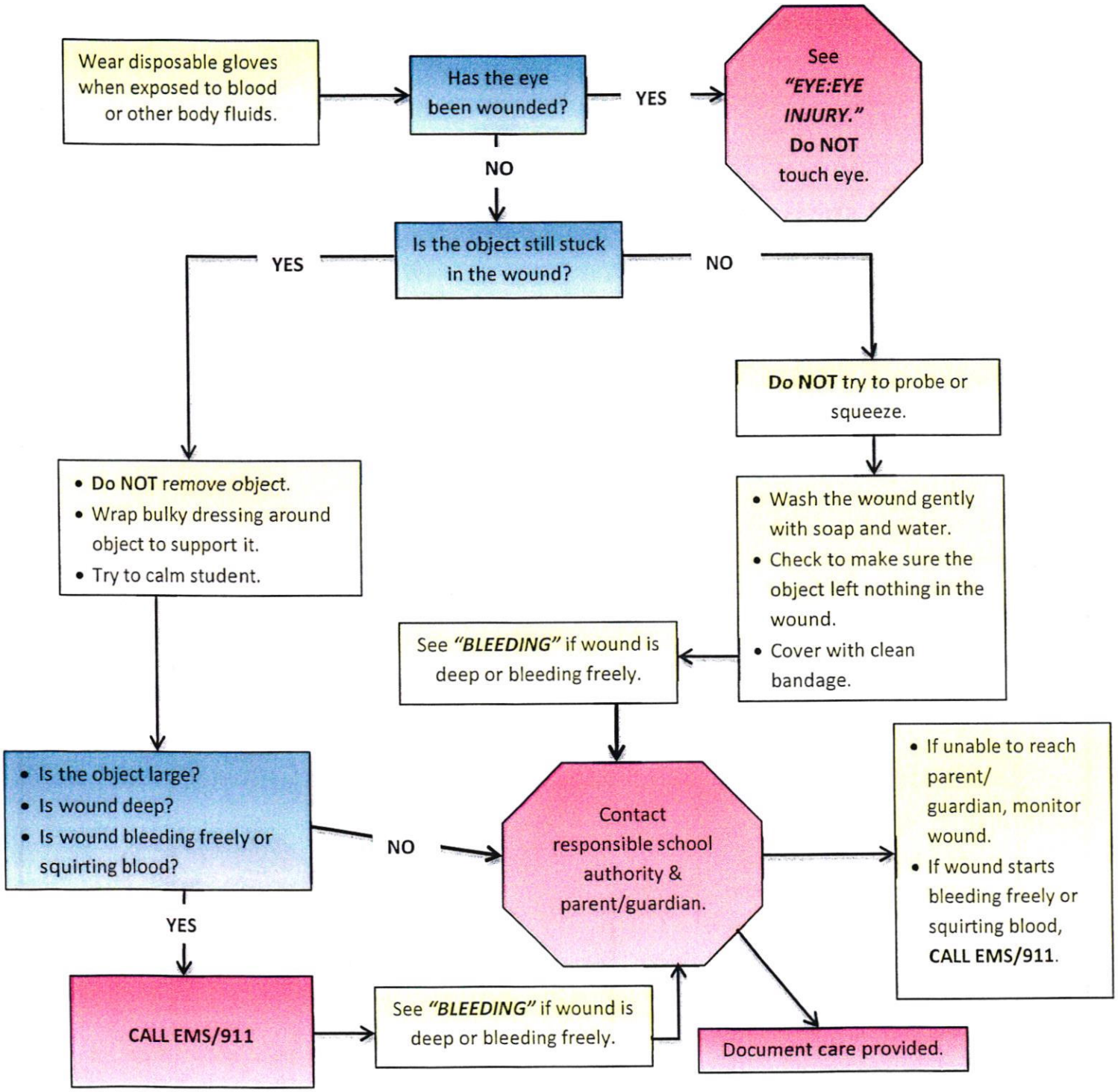
FLUID LEAKAGE FROM VAGINA
This is NOT normal and may indicate the beginning of labor.

MORNING SICKNESS
Treat as vomiting.
See *"VOMITING."*

Contact responsible school authority & parent/guardian.

Document care provided.

PUNCTURE WOUNDS



RASHES

Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Rashes include such things as:

- Hives
- Red spots
- Purple spots
- Small blisters

Some rashes may be due to contagious diseases.
Wear disposable gloves to protect yourself when in contact with any rash.

Does the student have:

- Loss of consciousness
- Difficulty breathing or swallowing?
- Purple spots that don't turn white when you press on them?
- Does the student appear extremely ill?

YES → CALL EMS/911

NO →

Are any of the following symptoms present?

- Drainage from the rash?
- Oral or tympanic temperature over 100° or axillary temperature over 99° (See ***"FEVER"***)?
- Headaches?
- Diarrhea?
- Sore throat?
- Vomiting?
- Rash is bright red and sore to the touch?
- Rash (hives) all over the body?
- Student is uncomfortable (e.g. itchy, sore, feels ill) and is unable to participate in school activities?

YES → Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

NO → If rash is mild, located in small area of the body, and not causing the student to be uncomfortable, student can remain in school. Contact parent/guardian with an update.

Document care provided.

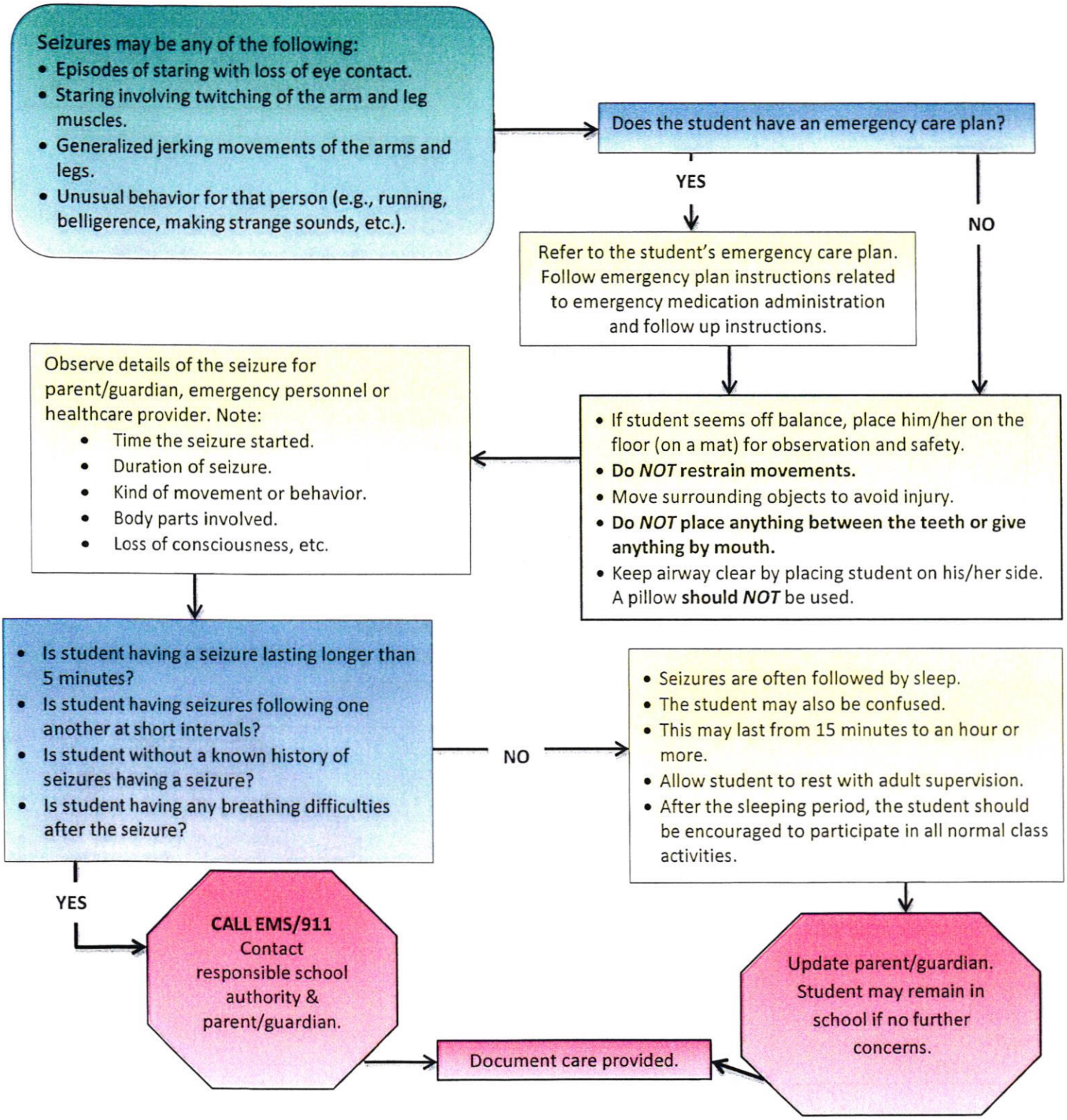
If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 104° axillary or 105° orally/tympanic, call **EMS/911**.

CALL EMS/911 → Is the student possibly having an allergic reaction?

YES → See ***"ALLERGIC REACTION."***

NO → Monitor breathing and initiate CPR if needed.

SEIZURES


Seizures may be any of the following:
• Episodes of staring with loss of eye contact.
• Staring involving twitching of the arm and leg muscles.
• Generalized jerking movements of the arms and legs.
• Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).
Does the student have an emergency care plan?
YES
NO
Refer to the student's emergency care plan. Follow emergency plan instructions related to emergency medication administration and follow up instructions.
Observe details of the seizure for parent/guardian, emergency personnel or healthcare provider. Note:
• Time the seizure started.
• Duration of seizure.
• Kind of movement or behavior.
• Body parts involved.
• Loss of consciousness, etc.
• If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
• Do NOT restrain movements.
• Move surrounding objects to avoid injury.
• Do NOT place anything between the teeth or give anything by mouth.
• Keep airway clear by placing student on his/her side. A pillow should NOT be used.
• Is student having a seizure lasting longer than 5 minutes?
• Is student having seizures following one another at short intervals?
• Is student without a known history of seizures having a seizure?
• Is student having any breathing difficulties after the seizure?
NO
• Seizures are often followed by sleep.
• The student may also be confused.
• This may last from 15 minutes to an hour or more.
• Allow student to rest with adult supervision.
• After the sleeping period, the student should be encouraged to participate in all normal class activities.
YES
CALL EMS/911
Contact responsible school authority & parent/guardian.
Update parent/guardian. Student may remain in school if no further concerns.
Document care provided.

SICKLE CELL DISEASE

In sickle cell disease, the red blood cells become distorted and look C-shaped, like a sickle. Sickle cells die early, which leads to anemia. Also, these sickle-shaped blood cells tend to get stuck in narrow blood vessels and clog blood flow. This can cause severe pain and organ damage, especially to the spleen. People with sickle cell disease are susceptible to certain bacterial infections because of damage done to the spleen.

Allow a student with sickle cell to drink water throughout the day. Staying well hydrated by drinking plenty of water can help prevent pain episodes and other health problems.

→ Refer to the student's health plan or Emergency plan.

↓

Does the student have any of the following signs and symptoms:

- Blurred vision?
- Chest pain?
- Difficulty breathing?
- Fast rate of breathing?
- Harsh noisy breathing?
- Inability to speak?
- Severe headache?
- Sudden or constant dizziness?
- Sustained, unwanted erection?
- Upper left abdominal pain?
- Weakness on either side of body?
- Oral/tympanic temperature greater than 101° or axillary greater than 100°?

YES →

CALL EMS/911

↓

Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

NO →

Does the student have the following signs and symptoms:

- Bone/joint/hip pain?
- Noticeable change in the color of skin, lips, fingernails?
- Difficulty with memory?
- Vomiting?
- Swelling in hands, feet or joints?

YES →

Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

NO →

- Review student's health plan and/or emergency plan for all other concerns.
- Follow instructions in health plan.

↓

Document care provided.

SNAKE BITE

Signs and Symptoms of Poisonous Bite

Mild to Moderate:

- Swelling, discoloration, or pain to site.
- Rapid pulse, weakness, sweating, fever.
- Shortness of breath.
- Burning, numbness or tingling sensation.
- Blurred vision, dizziness, fainting.
- Fang marks, nausea, vomiting, diarrhea.

Severe:

- Swelling of tongue or throat.
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis and unconsciousness.
- Loss of muscle coordination.

Treat all snakebites as poisonous until snake is positively identified.

- **Do NOT cut wound.**
- **Do NOT apply tourniquet.**
- **Do NOT apply ice.**

ALL SNAKE BITES need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a snake kit for outdoor trips.

Although there are only two types of venomous snakes found in Wisconsin, it is always important to be prepared for poisonous snakebites, especially when traveling outside of Wisconsin.

- Immobilize the bitten extremity **AT OR BELOW** the level of the heart.
- Make person lie down, keep at complete rest, avoid activity (walking).
- Keep student warm and calm.
- Remove any restrictive clothing, rings and watches.

- Is snake poisonous or unknown?
- Is the person not breathing? (If yes, initiate CPR)

YES → **Call EMS/911**

NO

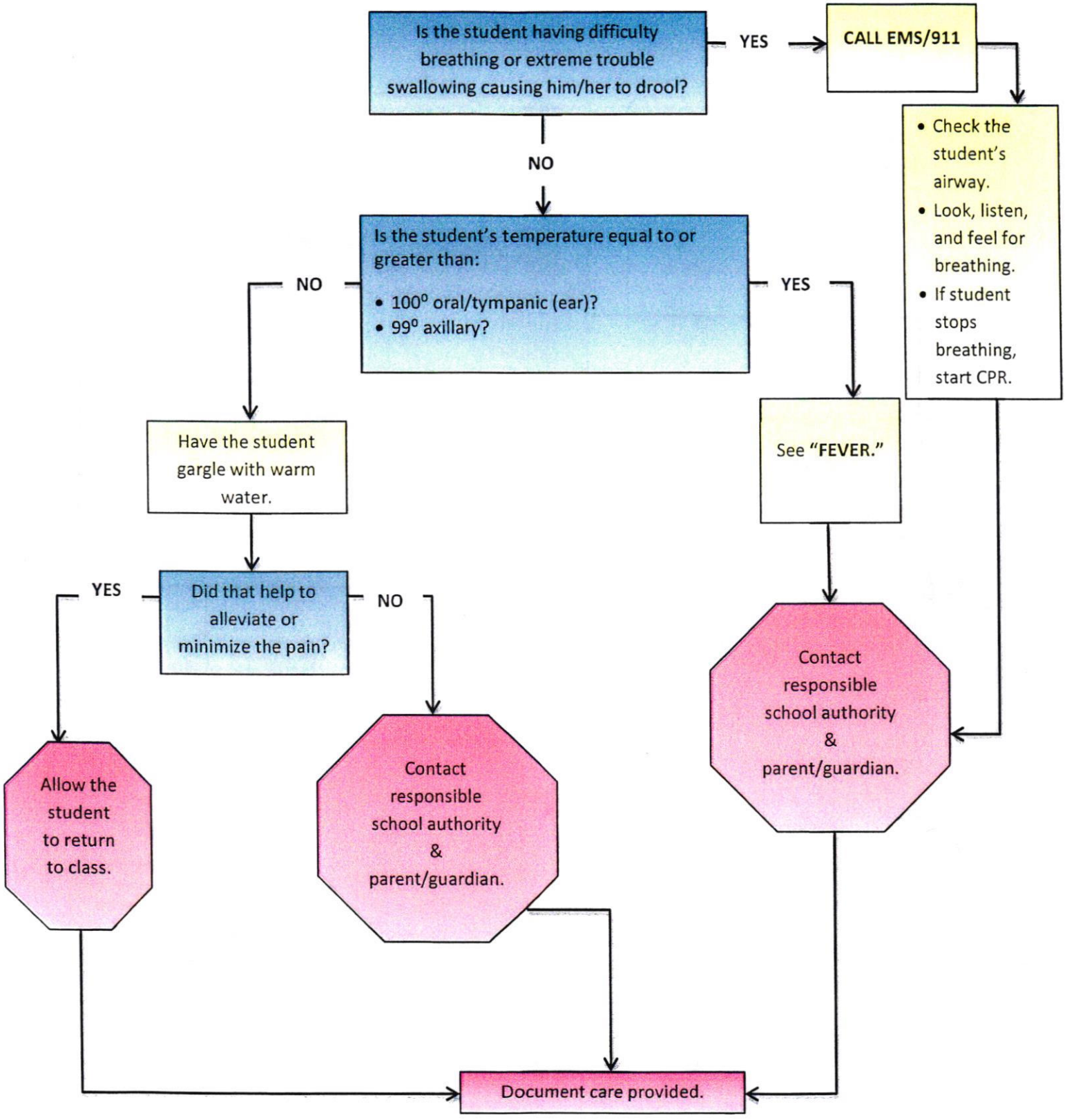
- Flush bite with large amount of water.
- Wash with soap and water.
- Cover with clean, cool compress or moist dressing.
- Monitor pulse, student's skin color and respirations; prepare to perform CPR, if needed.
- Identify snake-if dead, send with student to the hospital.
- Parent/guardian may transport student to the hospital for medical evaluation if condition is not life threatening.

If greater than 30 minutes from emergency department:
Apply a tight bandage to extremity bite between bite and heart. **Do not cut off blood flow.**
Use Snake Bite Kit suction device repeatedly.

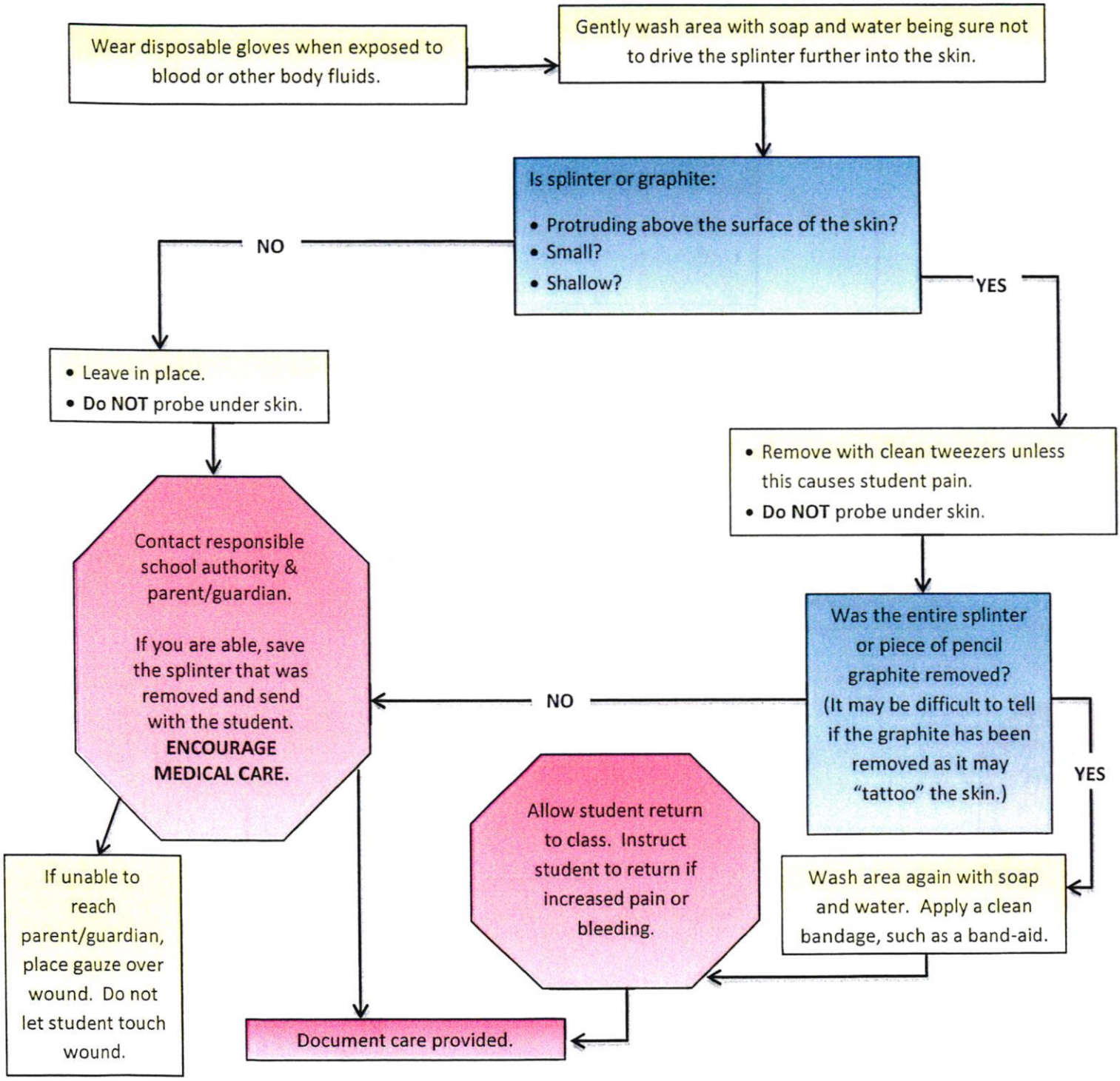
Contact responsible school authority & parent/guardian. ENCOURAGE MEDICAL CARE.

Document care provided.

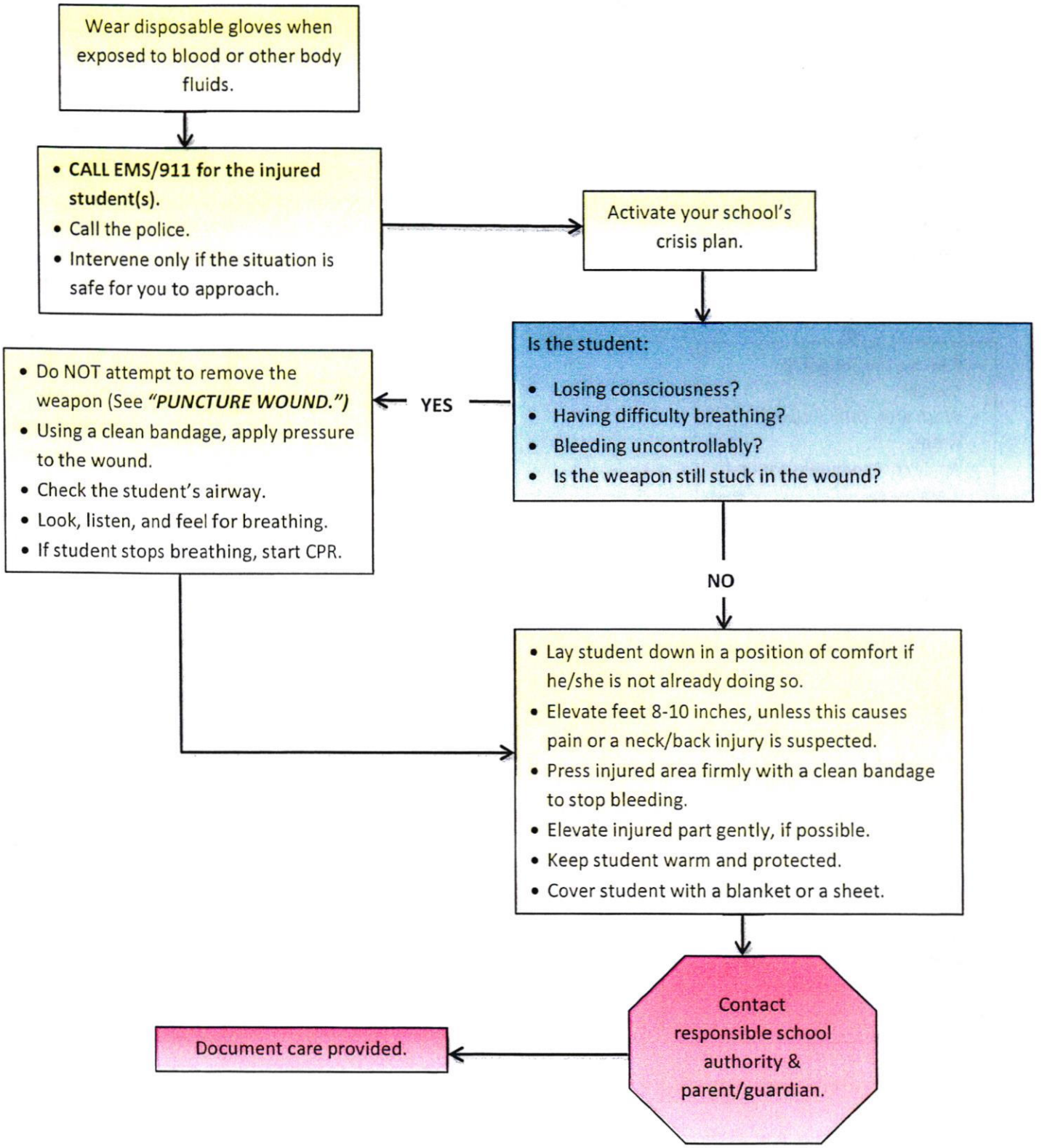
SORE THROAT


Is the student having difficulty breathing or extreme trouble swallowing causing him/her to drool?
YES
CALL EMS/911
• Check the student's airway.
• Look, listen, and feel for breathing.
• If student stops breathing, start CPR.
NO
Is the student's temperature equal to or greater than:
• 100° oral/tympanic (ear)?
• 99° axillary?
NO
YES
Have the student gargle with warm water.
See "FEVER."
YES
Did that help to alleviate or minimize the pain?
NO
Allow the student to return to class.
Contact responsible school authority & parent/guardian.
Contact responsible school authority & parent/guardian.
Document care provided.

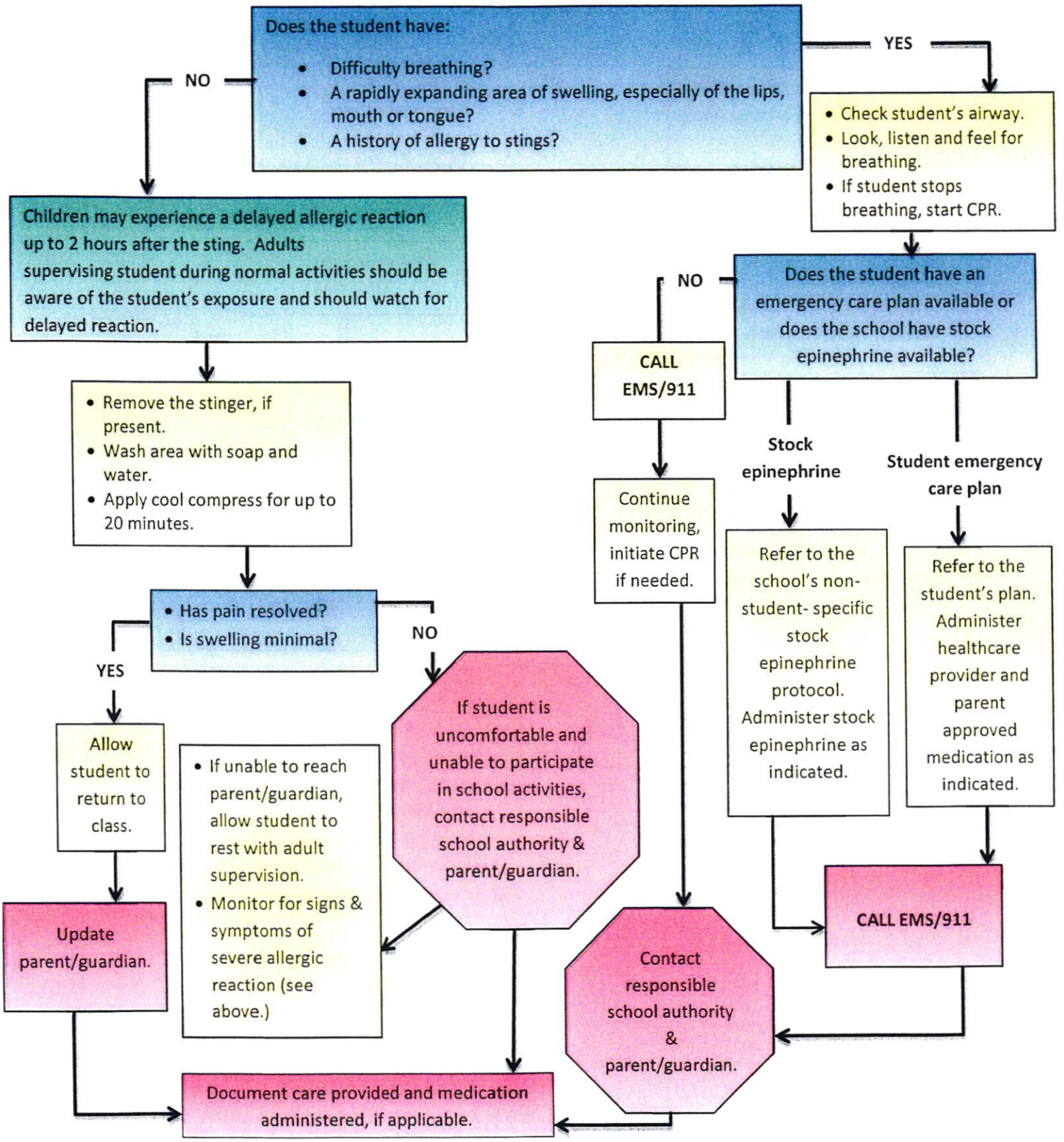
SPLINTERS OR IMBEDDED PENCIL GRAPHITE



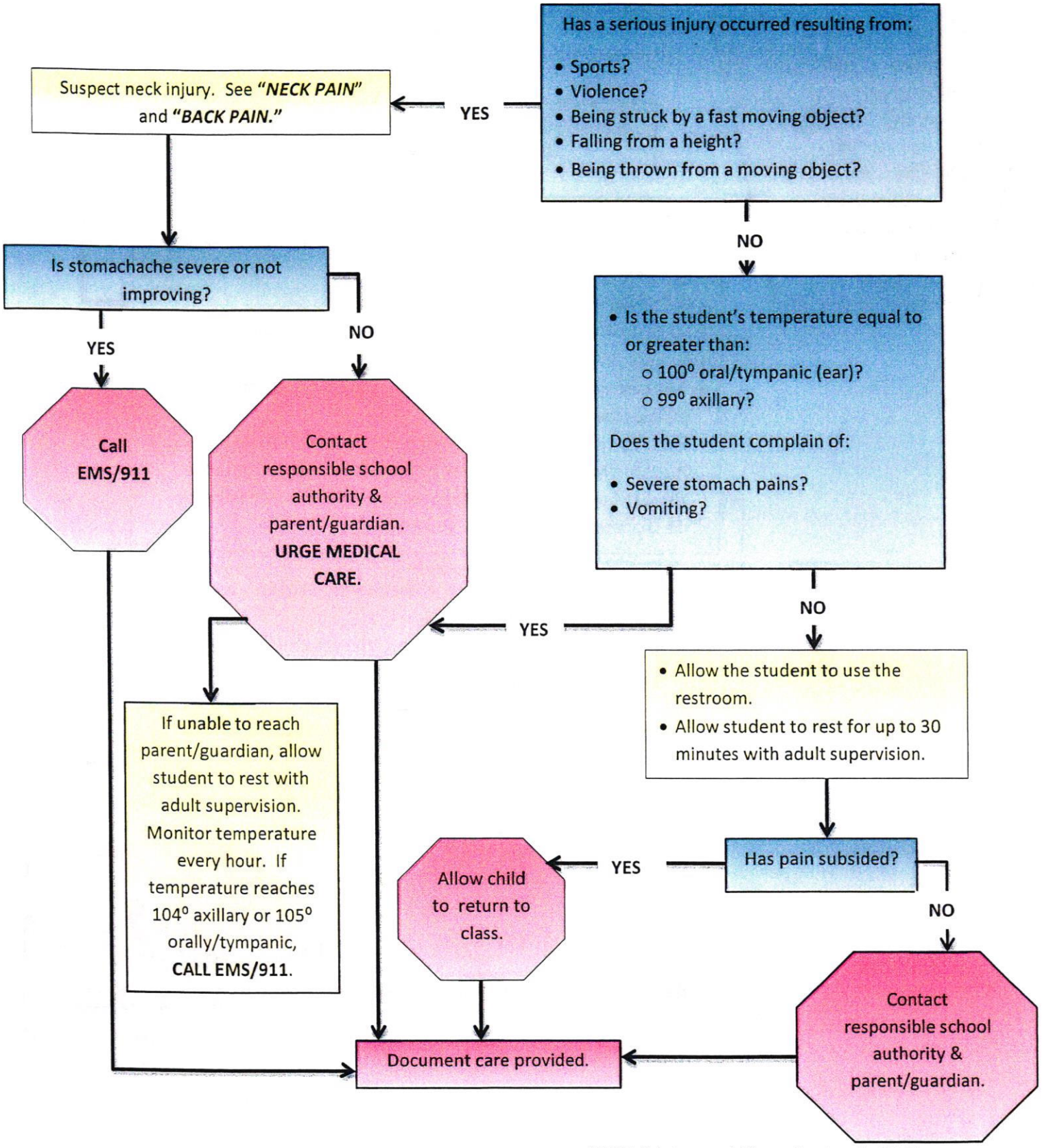
STABBING & GUNSHOT INJURIES



STINGS


Does the student have:
• Difficulty breathing?
• A rapidly expanding area of swelling, especially of the lips, mouth or tongue?
• A history of allergy to stings?
YES
NO
• Check student's airway.
• Look, listen and feel for breathing.
• If student stops breathing, start CPR.
Children may experience a delayed allergic reaction up to 2 hours after the sting. Adults supervising student during normal activities should be aware of the student's exposure and should watch for delayed reaction.
Does the student have an emergency care plan available or does the school have stock epinephrine available?
NO
CALL EMS/911
Stock epinephrine
Student emergency care plan
• Remove the stinger, if present.
• Wash area with soap and water.
• Apply cool compress for up to 20 minutes.
Continue monitoring, initiate CPR if needed.
Refer to the school's non-student- specific stock epinephrine protocol. Administer stock epinephrine as indicated.
Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.
• Has pain resolved?
• Is swelling minimal?
YES
NO
Allow student to return to class.
If student is uncomfortable and unable to participate in school activities, contact responsible school authority & parent/guardian.
• If unable to reach parent/guardian, allow student to rest with adult supervision.
• Monitor for signs & symptoms of severe allergic reaction (see above.)
Update parent/guardian.
CALL EMS/911
Contact responsible school authority & parent/guardian.
Document care provided and medication administered, if applicable.

STOMACHACHES/PAINS



TICKS

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **Do NOT** handle ticks with bare hands.

Wear disposable gloves when exposed to blood and other body fluids.

Wash the bite area gently with soap and water before attempting removal.

- There are a variety of tools that can be used to remove a tick.
- The key is to grasp the tick as close to the skin surface as possible, be careful to not squeeze the tick.
- Pull upward with steady, even pressure.
- **Do NOT** twist or jerk the tick as the mouth parts may break off.
- It is important to remove the ENTIRE tick.
- Take care not to squeeze, crush, or puncture the body of the tick as its fluids may carry infection.
- Never use petroleum jelly or a hot match to kill and remove a tick. These methods don't get the tick off the skin, and can cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

- Place tick in plastic bag incase parent/guardian wants to have the tick identified.
- Record the date and location of the tick bite.

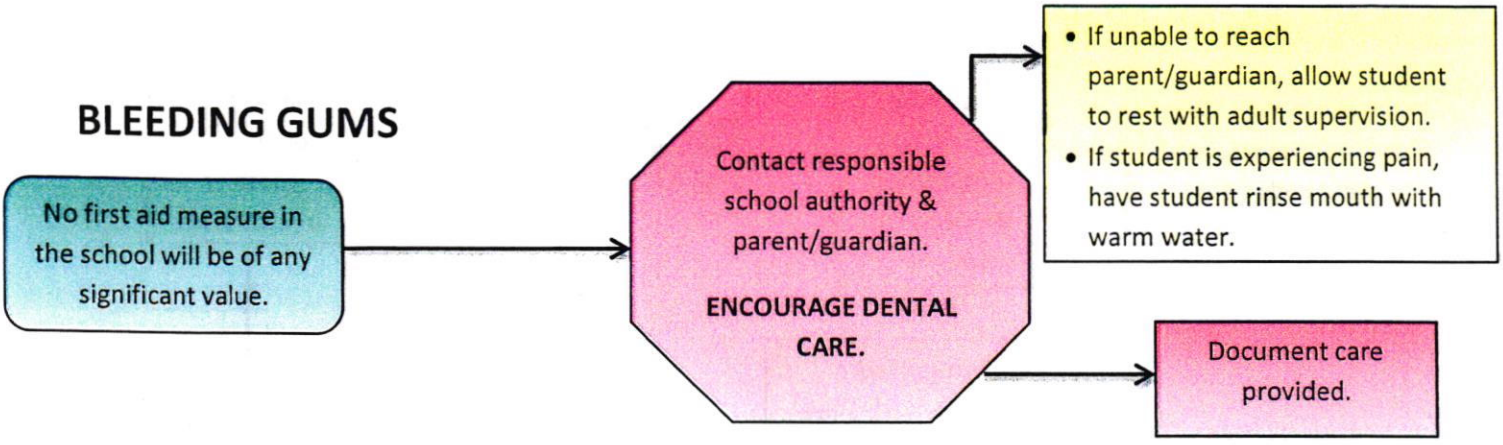
- After removal, wash the area of the body where the tick was, thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Contact responsible school authority & parent/guardian. Student may remain in school. Send tick home with student.

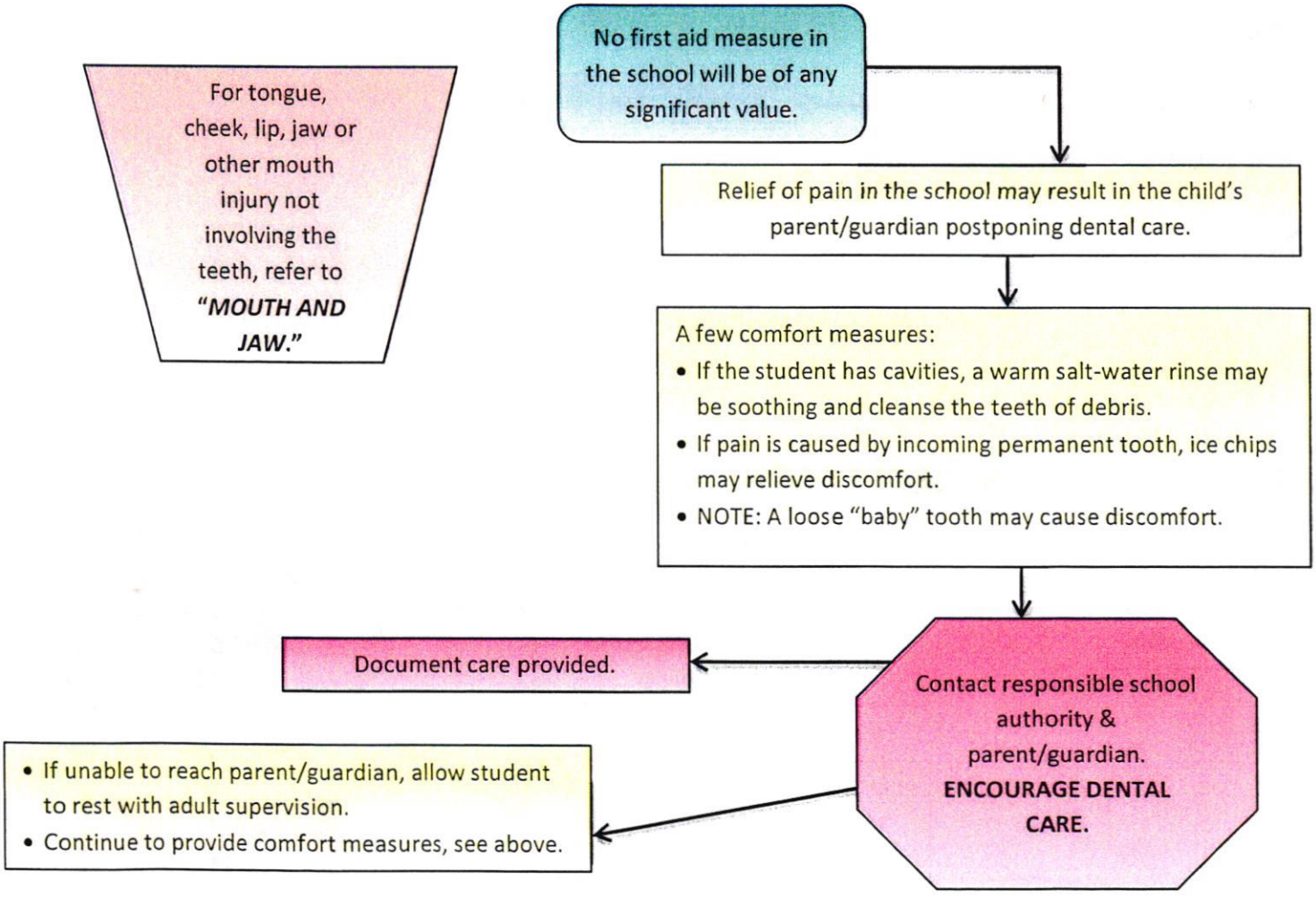
Document care provided.

TEETH & GUMS

BLEEDING GUMS

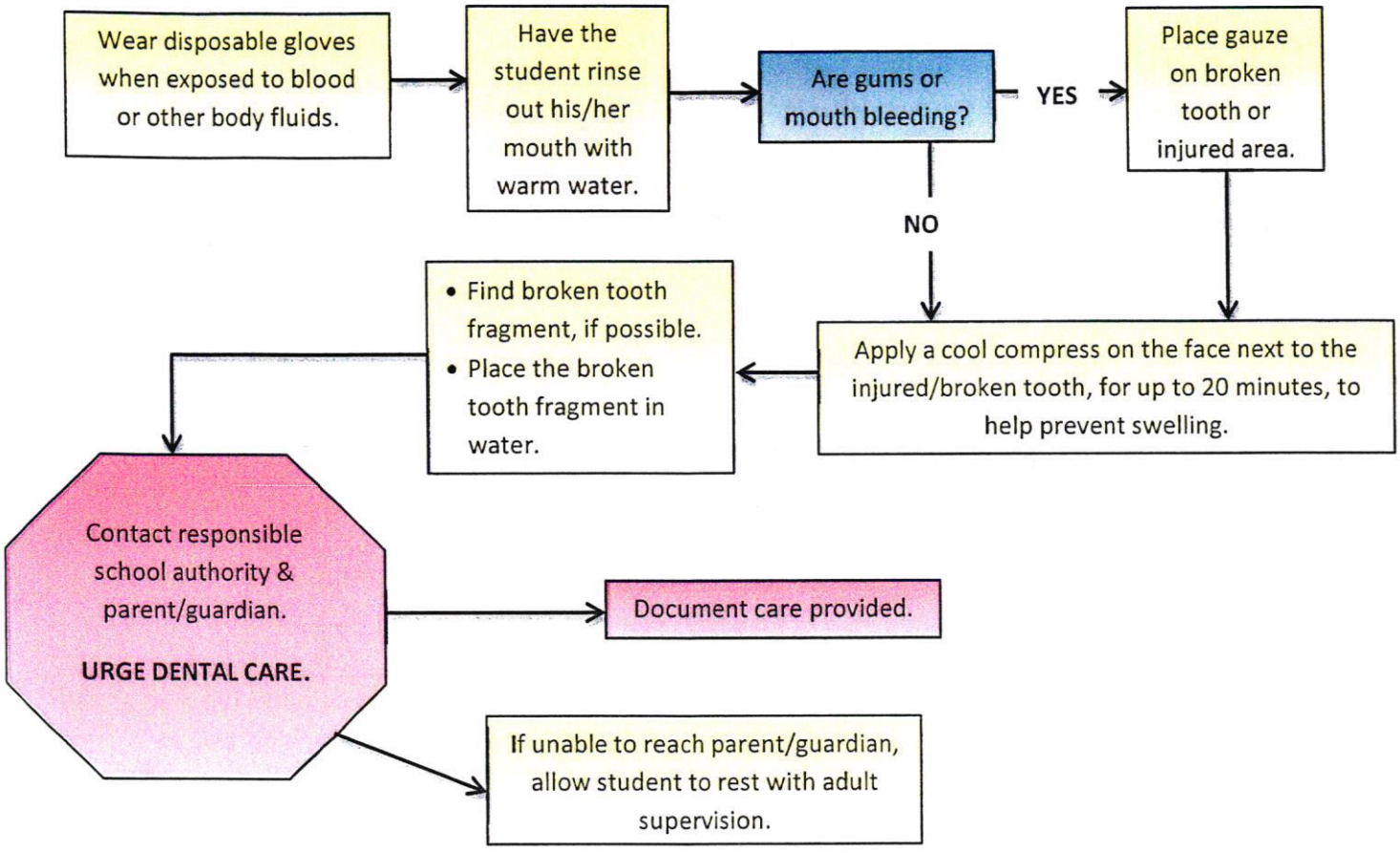


TOOTHACHE OR BLEEDING GUM SWELLING (ABSCESS OR "BOIL")

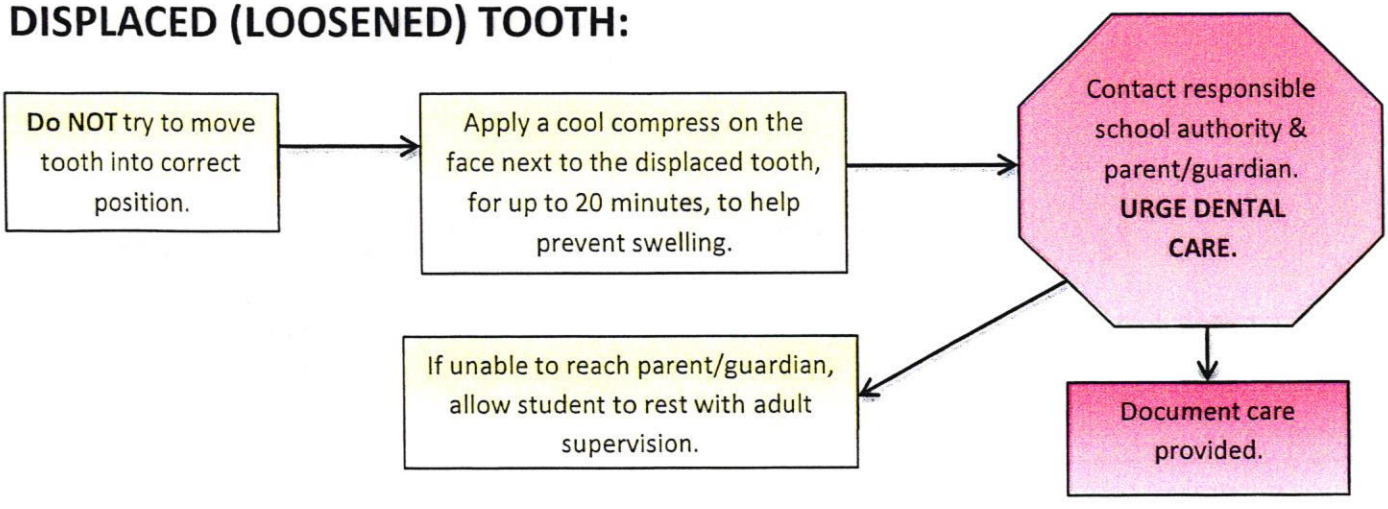


TEETH:CHIPPED, BROKEN OR DISPLACED

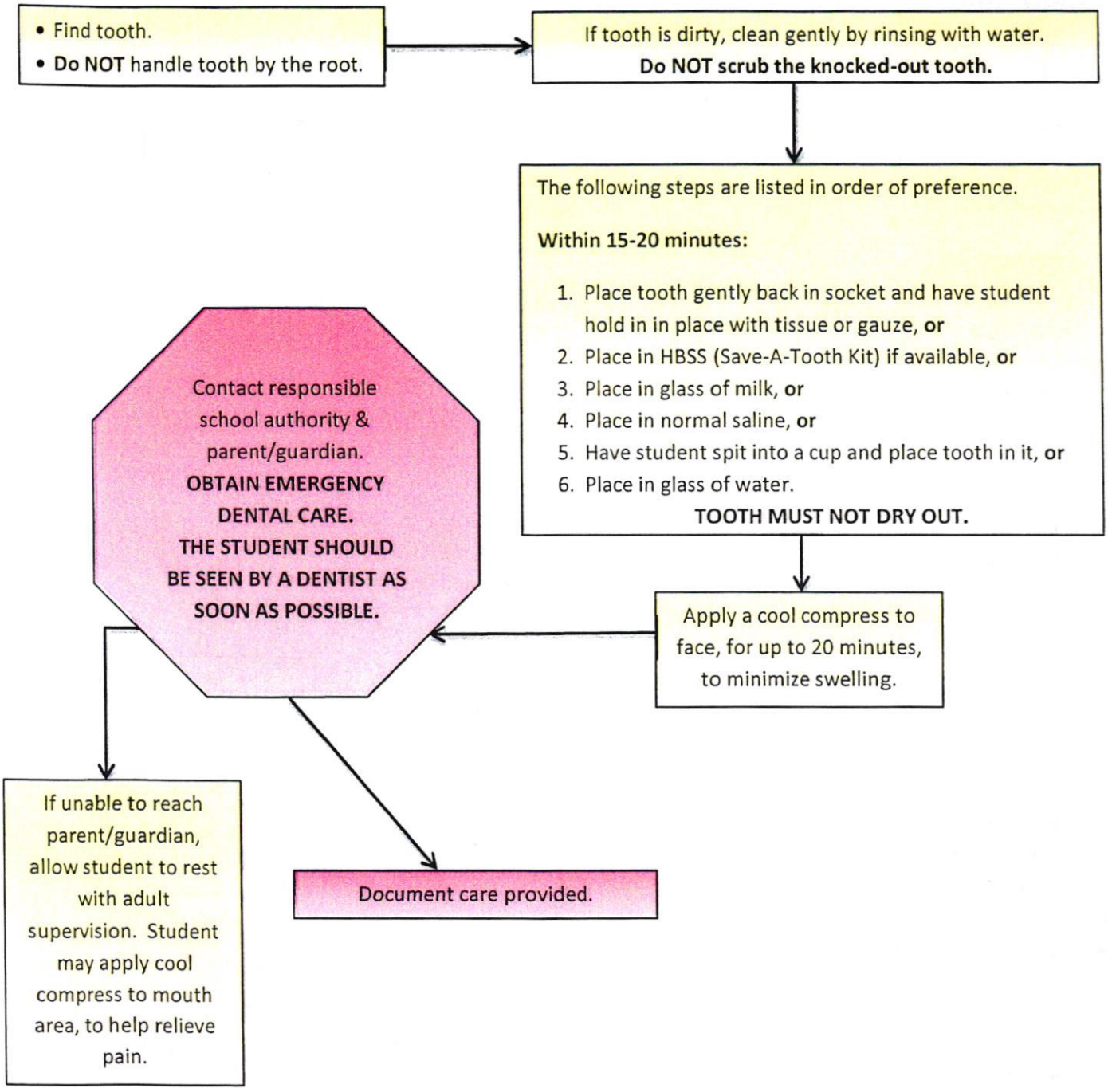
CHIPPED/BROKEN TOOTH:



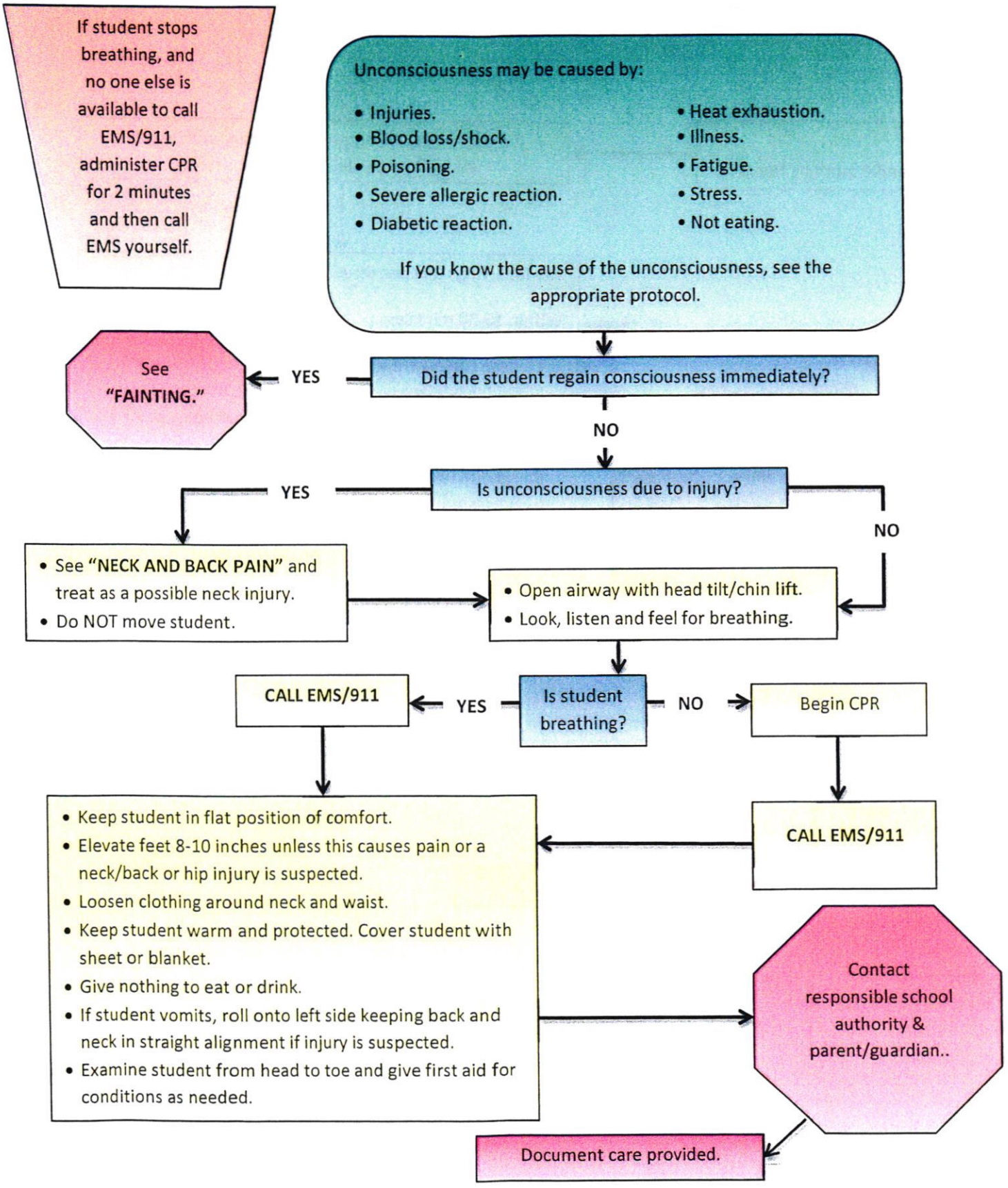
DISPLACED (LOOSENED) TOOTH:



TEETH: KNOCKED OUT TOOTH



UNCONCIOUSNESS



VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. **CALL POISON CONTROL 1-800-222-1222** and ask for instructions. See ***"POISONING"*** and notify local health department.

Vomiting may have many causes including:

- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/Head injury
- Heat exhaustion.
- Overexertion.
- Food poisoning.

Wear disposable gloves when exposed to blood and other body fluids.

Is the student's temperature equal or greater than:

- 100^0 oral/tympanic (ear)?
- 99^0 axillary?

YES → See ***"FEVER."***

NO

- Have student lie down for up to 30 minutes in a room that affords privacy but allows for adult supervision.
- Apply a cool, damp cloth to students face or forehead.
- Have a bucket available.
- Give no food or medication, although you may offer the student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is the student dizzy and pale?
- Does the student appear extremely ill?

YES → **CALL EMS/911.**

Contact responsible school authority & parent/guardian.

NO → Contact responsible school authority & parent/guardian.

Document care provided.

General Information:

Seclusion and/or physical restraint may be used only when a student's behavior presents a clear, present and imminent risk to the physical safety of the student or others, and it is the least restrictive intervention feasible. Certain maneuvers and techniques are prohibited, and mechanical or chemical restraints may not be used. Seclusion rooms may not have locks, and rooms must be free of any objects or fixtures that may injure the student. The Principal (designee) must meet with the covered individuals who participated in the incident to discuss events/factors preceding, during, and following the incident to determine how to prevent the need for future incidents of seclusion or physical restraint. The student's IEP team must meet after the second time seclusion or restraint is used within the same school year. The IEP must include positive interventions, supports and other strategies based on a functional behavioral assessment. Parents must be notified of the incident no later than 1 business day and a report must be sent to the pupil's parents within 3 business days (1st class mail, electronic transmission, or hand delivered). A copy of the report is kept at the building level and a copy is sent to Pupil Service Administration for review.

Historical & Current Data:

	2017-18	**2018-19**	**2019-20***	**2020-2021**	**2021-2022**	**2022-2023**
# Seclusion	16	22	26	28	32	33
# Restraints	48	41	44	43	48	29
# of Students	12	23	27	23	22	27
# Students w/ disabilities	12	20	21	22	20	24

*Data includes incidents up until schools were closed due to the pandemic

Incidents

- Directed at Staff (39)
- Directed at Self (4)
- Directed at Other Students (13)
- *Directed at Property (2)
- Police Involvement (10)

* Property damage alone, without the threat of an imminent risk to the safety of the student or others, would not be a sufficient basis for the use of physical restraint or seclusion.

District Resources:

- 3 Certified CPI trainers in house - Aida Juarez,, Betsy Van Berkel, Haley Bayer.
- 54 Staff Members received initial training (2022-2023 school year)
- 61 Staff Members received refresher training (2022-2023 school year)

2023-2024 Focus:

CPI Trainers, Betsy Van Berkel, and Steve Hepp will ensure the following.

- Maintain training cycle to ensure certifications remain current - all trained staff need to attend a refresher at least every two years
- Identify staff needing training (4-8 hours).
- Prioritize training
    - New special education staff, administration, and general education staff.
    - Staff who have been involved in a Seclusion/Restraint incident and/or who would have a high chance of being involved in an incident.
- Provide additional training opportunities on Positive Beahvioral Inteventions and Supports
- Estabilishing a comprehensive debrief process after the second time a student has been secluded or restrained