

5.04 EMERGENCY NURSING SERVICES

5.04.01 Emergency Nursing Service Providers

Emergency nursing services will be provided to students and staff under the direction of a nurse currently registered in the State of Wisconsin.

5.04.02 School Day First Aid/Emergency Care

During the school day direct first aid and emergency care will be provided by assigned staff members who have completed an approved course in emergency first aid and/or CPR. Consultation and advice shall be available from the school nurse when questions arise. Instructions on the school's emergency nursing policies and procedures will be given to school personnel prior to extracurricular events and field trips. School personnel will have a copy of health concerns list and first aid kits available during all extracurricular events and field trips.

5.04.03 Medical Direction

Medical direction for emergency nursing services shall be provided by a licensed physician.

5.04.04 Emergency Procedure Reference Guide

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

5.04.05 Health Office

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

5.04.06 Emergency/Illness Notification Form

Emergency contacts for each student and school employee will be identified and updated annually. This information will be collected by the building secretary and filed. District staff information will be filed in the District Office.

5.04.07 Emergency Services Log

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

5.04.08 Illness/emergency Student Release from School

If the designated caregiver determines that a student or staff should go home, the school office shall be notified immediately. For students, the caregiver or office staff shall contact the parent/guardian or designated person. No student will be sent home unless this contact has been made. Under no circumstances will a student be sent to an unsupervised home without parental permission.

5.04.09 Emergency Vehicle Transportation

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

5.04.10 Administration Notification

An administrator shall be notified as soon as possible in the event of an injury occurring at school or at a school-related event. An incident report shall be completed by the emergency caregiver.

5.04.11 Incident Reporting

An incident report shall be completed within 24 hours.

5.04.12 Medication Administration

In all instances where medication is to be administered in schools, the physician prescribing the medication has the power to direct, supervise, decide, inspect and oversee the administration of such medication (WI Act 334). In order to ensure that the physician retains the power to direct, supervise, decide, inspect and oversee the implementation of this service, NO medication, including over the counter medications, shall be given to a student by any employee of the Oregon School District unless written permission is obtained from parent/guardian (Refer to Policy 8.37)

5.04.13 Student Health Records

A personal health record shall be on file for each student and shall be updated at least annually or as changes occur.

5.04.14 Communicable Disease

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

5.04.15 Emergency Care Liability Insurance

Personnel designated to provide emergency care shall be covered by liability insurance purchased by the school district.

5.04.16 Nursing Services Safety Regulations

An annual review shall be made of the emergency nursing services and school safety

regulations.

5.04.17 Confidentiality

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

Adopted: August 22, 1988
Legal References: Wi. State Statutes
143.12(1)(6)
DHSS 145 Wis. Admin.
Code

Revised: September 21, 1989
December 12, 1994
March 22, 1999
August 13, 2001

Emergency Nursing Service Procedures

5.04.18 Emergency Nursing Service Providers Procedures

- 5.04.18A The name and educational preparation of the nurse of the school district will be provided to the school district administrator by the Director of Special Education by July 1st each year.
- 5.04.18B The Director will be responsible to assure that the nurse is currently licensed in the State of Wisconsin and will confirm this in writing to the school administration.
- 5.04.18C The nurse will:
1. Assist in the arrangement for appropriate training of those persons in each building designated to handle emergencies.
 2. Function as a resource to these designated persons.
 3. Participate on the school district's Health and Safety Committee.
 4. Identify areas of the emergency care plan in need of change or improvement.

5.04.19 School Day First Aid/Emergency Care Procedure

- 5.04.19A At the beginning of each school year, school administration will identify in writing at least three staff members in each building to serve as backup for the health office and submit their names to the Director of Special Education.
- 5.04.19B Inservice programs will be provided for those designated persons to train and/or update them in first aid, CPR and the school district's emergency nursing policies and procedures. This will be arranged annually.
- 5.04.19C The nurse shall meet annually with designated emergency service staff to review areas of concern or interest. The nurse shall meet on an individual need basis when appropriate.
- 5.14.19D The responsible person(s) supervising an extracurricular activity or field trip shall have the confidential health concerns list and emergency information available, including phone numbers of parent/guardian and alternate contacts, should an emergency arise.
- 5.14.19E First aid kits, located in each building health office, will be available for all extracurricular field trips. (See Appendix for content list). The Health Assistant will keep the first aid kits stocked.
- 5.14.19F The person assigned to the health office will be notified of field trips and extracurricular activities. First aid kits are to be obtained from the health office or building secretary. Signed permission forms must be on file as stated in 5.04.12. All medication and care provided to students must be documented and signed. (5.04.12)

5.04.20 Medical Direction Procedure

- 5.04.20A Each school year the district will arrange for a licensed physician to serve as the medical advisor for emergency nursing services.

- 5.04.20B The medical advisor will annually review and approve policies and procedures for emergency nursing services and the adequacy of training of designated staff.
- 5.04.20C The medical advisor will be available for consultation and approval of new policies and procedures developed during the school year. Arrangements for this will be made through the Director of Special Education.

5.04.21 Emergency Procedure Reference Guide Procedure

- 5.04.21A Emergency policies and procedures will be reviewed by the nurse prior to the first day students are in school.
- 5.04.21B Emergency procedures will be reviewed with the entire staff at the beginning of each school year and with all new staff members added throughout the year.
- 5.04.21C First aid for minor injury or illness is the responsibility of the teacher. For further care or assessment the child will be referred to the health office. The health office staff will notify the nurse or parent/guardian as needed. If an injury or illness that did not occur at school needs to be evaluated, the matter will be referred to the school nurse or health office staff.
- 5.04.21D Children who have communicable diseases shall be excluded from school according to Wisconsin Administrative Rule HSS 145. (Also see Policy 5.04.14 regarding Communicable Disease Guidelines.)
- 5.04.21E By October 1 of each school year, a confidential health concerns list will be developed by the Health Services Team identifying students with known conditions that could develop into an emergency situation, such as diabetes, seizure disorders, and allergies. This list will be made available to all district staff and bus drivers working with these students. Confidentiality standards are to be maintained with respect to this information.

5.04.22 Health Office Procedure

- 5.04.22A The health office for each building will be identified to all staff at the beginning of each school year.
- 5.04.22B Readily accessible equipment and supplies adequate for emergency nursing services will be stored in the health office of each school building.
- 5.04.22C Minimal first aid supplies for minor injuries will be available to classroom teachers at the beginning of the school year. It will be the responsibility of classroom teachers to restock these kits as necessary during the school year.
- 5.04.22D A pass from school staff will accompany each student to and from the health office. Children should not be sent to the health office without ensuring that a staff member is present. When the designated staff person is not in the health office, contact office personnel.
- 5.04.22E Designated staff persons will inventory and restock health office supplies annually.

5.04.23 Emergency/Illness Notification Form Procedure

- 5.04.23A The enrollment form for each student registered will be sent home for parent/guardian completion. This is to be returned immediately. For students entering during the school year, the form is to be completed by the parent/guardian at the time of registration.
- 5.04.23B Emergency phone numbers will be on file in each building office and will be readily available for use by designated personnel during the school day.
- 5.04.23C During extracurricular events and field trips, the person supervising the activity/event shall be responsible for having emergency phone numbers available. (family/guardian notification)
- 5.04.23D Emergency contacts for employees will be identified and updated annually. This information will be filed in the district office personnel file.

5.04.24 Emergency Services Log Procedure

- 5.04.24A A daily log will be kept by staff providing emergency services. (See Appendix) Information to be recorded will include school year, date, time-in, time-out, student's name, grade, teacher, reasons for care, brief account of observations and service given, whether parents were notified, disposition and staff initials (signature at bottom).
- 5.04.24B The nurse will review the logs for utilization of service, types of illness and injuries, and adequacy of care. This information will be reviewed annually (see 5.04.16).
- 5.04.24C WIAA incident and non-athletic report forms will be completed if medical attention is required, or if a possibility exists that the incident could result in later medical attention (within 24 hours).

5.04.25 Illness/emergency Student Release from School Procedure

- 5.04.25A When the extent of injury/illness has been assessed and it is the opinion of the emergency care giver that the child is to go home:
1. Contact parent/designated other to inform them of the nature of the illness/injury and what action has been taken thus far.
 2. Determine who will be picking up the child and when they will arrive. Instruct them where the child will be waiting.
 3. Assist child with the necessary preparation for leaving school.
- 5.04.25B If the child is suspected of having a communicable disease, he/she shall not be allowed to remain in the classroom while waiting for parents to arrive.
- 5.04.25C A child who is seriously ill will not be left unattended while waiting for parents to arrive.
- 5.04.25D In the event that a parent has no available transportation and the child is too ill to walk home, the building administrator shall be consulted. If necessary, the administrator may provide transportation or authorize the use of other emergency care.

5.04.25E If parent/guardian does not arrive in a timely manner, the school nurse and building administrator shall be consulted. If necessary, the administrator may provide transportation or authorize the use of other emergency care.

5.04.26 Emergency Vehicle Transportation Procedure

5.04.26A The emergency number for the EMS will be posted in the health office and be readily accessible in the office area. All staff will be advised regarding this number at the beginning of the school year.

5.04.26B If it is determined by the emergency care giver that the illness/injury is life threatening and immediate medical attention is indicated, health office staff or other designated school staff will remain with the student to provide first aid.

5.04.26C The administrator/designee will instruct a second adult to call the EMS and then parents. EMS personnel shall be given the name and address of the school and the location of the student. Another party will then be designated to wait for EMS to arrive and direct them to the student.

5.04.26D Student's emergency information must be obtained from the school office and given to EMS prior to transporting. However, EMS will make the final decision regarding transportation. If a parent is not available to accompany the student, a designated staff person will accompany the student.

5.04.26E Any care given under 5.04.26 shall be documented according to the provision of 5.04.10.

5.04.26F Charges for EMS services will be handled by parents/guardian unless other arrangements are made with the school.

5.04.27 Administration Notification Procedure

5.04.27A Incidents to be reported may include:

1. those that occur in school buildings
2. those that occur on school grounds.
3. those that occur on buses or bus stops.
4. those that occur at any school-sponsored activity.
5. those that require physician services.
6. those that might result in liability in the future.

5.04.27B The emergency caregiver shall notify the administrator/ designee immediately following the incident.

5.04.27C An incident report shall be initiated by an adult witness to any "reportable" incident. The emergency care provider shall complete the incident report. The incident form shall be submitted to the building principal and school nurse within 24 hours (See Appendix).

5.04.27D The incident reports will be reviewed annually by the school district's Health and Safety Committee.

5.04.28 Incident Reporting Procedure

- 5.04.28A The incident report (See Appendix) will be completed for all reportable incidents (see 5.04.10) by the emergency caregiver. The completed report is to be submitted to the building principal and school nurse within 24 hours.
- 5.04.28B A copy of all completed incident forms shall be provided to the District Office by the school nurse.
- 5.04.28C If an employee is injured while on duty, an “Employer’s First Report of Incident or Disease” form must be completed. This form is to be submitted to the building secretary as soon as possible after the injury.
- 5.04.28D Incident reports will be reviewed by the school district’s Health and Safety Committee and school nurse with the goal of increased safety in the school environment (Refer to 5.04.16).
- 5.04.28E An annual summary of these reports shall be submitted to the Oregon School District’s Board of Education.

5.04.29 Medication Administration Procedures

- 5.04.29A Written instructions will be obtained for the administration of the prescribed medication (See Appendix). Such instructions shall be signed by the prescribing physician, certified nurse practitioner or physician's assistant (MD, CNP or PA).

These written instructions will:

1. identify the specific conditions and circumstances under which contact should be made with MD, CNP or PA in relation to the condition or reactions of the student receiving the medication or procedure, and
2. reflect a willingness on the part of the MD, CNP or PA to accept direct communications from the person administering the medication or performance of a nursing procedure.

- 5.04.29B Signed consent will be required from the parent/guardian for the administration of prescribed medication(s) or the performance of a nursing procedure.

This written statement will:

- | | |
|---|----|
| 1. authorize school personnel to give the medication or perform nursing procedure as prescribed by the MD, CNP or PA, and | 2. |
| 4. authorize school personnel to contact the MD, CNP or PA directly. | 5. |

- 5.04.29C Medication will be administered, and procedures carried out only under the direction of the school nurse when the Parent Consent Form and the MD, CNP or PA Order Form are completed and returned to the school health office.

1. Parent Consent Form must be filled out by the parent/legal guardian and returned to the health office.
2. Physician Order Form must be filled out by the prescribing MD, CNP or PA and on file with the health office.
3. The health office staff shall maintain an accurate medication/procedure file which

includes all of these necessary forms on each student receiving medication or procedures.

4. Any change in orders must be communicated to the health office staff by both the MD, CNP, or PA and parent/legal guardian and documented in the student's file.

5.04.29D Medication to be given in the school must have the following information printed on the original container (including over the counter medications):

1. Child's full name
2. Name of the medication and dosage
3. Time to be given, and
4. MD, CNP, or PA's name

5.04.29E Medication will be administered to the child at the designated time by the health office staff or by the other individuals who have been authorized to do so by the school administrator.

5.04.29F Parents are responsible for supplying the health office with the medications, including over-the-counter medications.

5.04.29G No medications/procedures will be administered or carried out unless the above criteria are met.

5.04.29H An accurate and confidential system of record keeping shall be established for each pupil receiving medication or performance of a nursing procedure.

1. A list of pupils needing medication during school hours should be in the school health office. It should include the type of medication, the dose, the time to be given and the date the medication is to be discontinued. This list should be continuously updated.
2. An individual Medication Administration Record (MAR) for each student receiving medication shall be kept, identifying the type of medication, the dose, the time given, the duration, a record of the medication amount and any changes in the above. (See Appendix)
3. School personnel are asked to report any unusual behavior of student on medication.

5.04.29I School personnel will not provide aspirin or other non-prescribed medicine to students without having written authorization from the student's parent/guardian. All medications, including over-the-counter medications, must be provided by the parent/guardian. Medication can only be administered to the student for whom it is labeled.

5.04.29J Provided that the Parent Consent Form is on file, a school nurse may obtain a verbal order from a MD, CNP or PA and must follow the above procedure. All verbal orders must be followed by a written order within the next ten (10) school days.

5.04.29K In the event of field trips, the health office staff will notify the lead teacher of students requiring medication. The health office staff will prepare the medication for the field trip. The lead teacher is responsible for administering all medications. Training will be provided as needed. When the parent is present, the parent may administer the medication or procedure in consultation with the lead teacher. Documentation of administration of medications will be completed on the student's MAR, upon return to the school district.

5.04.29L Students may carry and self-administer inhalers when signed consent is obtained by both the student's physician and parent/guardian (See Appendix)

5.04.29M Over the counter medications and prescription medications except controlled substances may be carried and self-administered by students in grade 5 and above with written parental permission.

5.04.29N Controlled substances such as Ritalin and Dexedrine, are required to be stored and administered by school personnel at all grade levels.

5.04.29O The provisions in 5.04.29 apply to field trips and other school sponsored activities.

5.04.29P Procedure For Receiving Medications

Health office staff will:

1. make sure proper forms from MD, CNP or PA and parents are received.
2. verify that information on bottle matches MD, CNP or PA order. If information does not match, the School Nurse will contact MD, CNP or PA to clarify order and relabel bottle, accordingly and record verbal order in student's health file.

5.04.29Q Two OSD employees will count all medications received, and document on medication record. If there is a discrepancy, contact the school nurse or administrator before dispensing medication.

5.04.29R Procedure For Returning Medications:

Health office staff will:

1. verify with parent/guardian that student's medication is discontinued and document on MAR.
2. notify parent/guardian to retrieve discontinued/unused medication within 1 week or it will be disposed of. When medication is disposed of it must be witnessed by another OSD employee and documented on MAR.

5.04.29S General Principles Of Medication Preparation and Administration

1. All medications will be kept in a cupboard or drawer that can be securely locked.
2. Medications are to be maintained or arranged in an orderly fashion to avoid confusion and eliminate the chance for error.
3. Labels of all medications must be clear and legible. Medication will never be given from an unlabeled container. Expiration dates of all medication need to be checked on when received (i.e., Epi-pen, glucagon, over counter meds).

4. Medications must be kept in a refrigerator, as designated on the label. Only food necessary for treatment of student health concerns may be kept in health office refrigerator.
5. Proper forms must be received for every medication to be administered in school. Forms received during the school year cover the following summer for summer school. These forms will be forwarded to the appropriate school for the summer session the student is attending.
6. When identifying the child with a medication order, always have someone available who knows the child if the child is not known to you and/or cannot identify him/herself.
7. When preparing medications, read the label three times: (1) as you remove the medication from the shelf/box; (2) before removing the dose from the container—comparing the label to the prescription; (3) and before returning the container to the shelf.
8. Do not administer medications prepared by someone else.
9. Before administering any medication, wash hands thoroughly.
10. Make sure the prescription transcription from the physician order form corresponds exactly to the medication flow sheet. Your transcription should be checked by a second person to avoid error.
11. When administering pills or capsules, pour first into the bottle cap or disposable med cup. Avoid handling the medication whenever possible.
12. Measure doses of liquid medication accurately. A teaspoon is not an accurate device. Use a syringe, marked medication cup, etc. Measure liquids at eye level. Do not pour liquid medication back into the original container once it has been dispensed.
13. When preparing medications concentrate your whole attention on what you are doing. Do not permit yourself to be distracted while preparing the medication for administration. Have one medication out at a time to avoid confusion.
14. Be sure the child swallows the medication in your presence. You may need to visually or manually check the child's mouth. It is the responsibility of the person administering the medication to directly observe the student swallowing the medication.
15. When provided by a parent, sauce, fruit juice, pudding, ice cream, jelly etc. can be used to help children who have difficulty swallowing pills and medicinal liquids. Remember to check with the nurse regarding the acceptability of opening capsules or crushing pills of any kind. Changing the form can alter the way in which certain medications are absorbed.
16. Charting is done immediately after administering each medication. Refusals and absences are to be charted on the flow sheet. Notations about the child regarding the medications are to be charted in the student health record.

17. If an error is made in giving medication, including omission, consult with your nurse or nurse practitioner as soon as the error is recognized. Chart the incident in the student health records, complete the Medication Incident Report form and send to Director of Special Education in writing. (See Appendix) Parents will need to be notified. Early intervention is the key to avoiding complications should an error be made.

5.04.30 Student Health Records Procedure

- 5.04.30A Immunization record must be completed and on file in the school district within 30 days of entry.
- 5.04.30B Both a physical and a dental examination are recommended for each child before entering kindergarten. Forms for these exams will be provided to the parent at the time of kindergarten registration.
- 5.04.30C Parents/Guardians will be provided with a verification form that requests current health information at the beginning of each school year.
- 5.04.30D The health information will be reviewed by designated staff. Parents/Guardians of students with identified health needs may be contacted for additional information to ensure the best care of their child.
- 5.04.30E The designated staff person will develop a Health Concern list for school staff regarding students who have health issues that could develop into an emergency situation, or who have special health needs.
- 5.04.30F A confidential cumulative health record will be filed for all students. Significant health information and results of screening programs will be kept in this record. (Refer to 5.04.17)

5.04.31 Communicable Disease Procedure

- 5.04.31A A weekly communicable disease checklist will be completed for each school by the health office staff. Any school employee receiving notification of a child's absence due to communicable disease shall report this to the health office staff. Those diseases identified as reportable by name shall be referred immediately to the nurse or the Public Health Division Epidemiology staff for prompt follow-up. (See Appendix)
- 5.04.31B A copy of Wisconsin Communicable Disease chart will be posted in the health office of each building.
- 5.04.31C Students who are suspected of having a communicable disease will be sent home. (See Policy 5.04.08 (D)) [Section 143.12 (1) and (6) WI Statute, DHSS 145 WI Administrative Code.]
- 5.04.31D Employees who have or are suspected of having a communicable disease that may expose others to significant risk shall be excluded from work until they no longer pose a significant health risk.

Appeal of a decision to excuse an employee from work can be made as in Procedure G below.

- 5.04.31E School administration may require a physician's statement about a student's/employee status to attend school when such person has been suspected of or diagnosed as having a communicable disease.
- 5.04.31F Temporary exclusion from school/work may be in effect until such time as the appropriate administrative health care team determines that the risk of transmission has abated and that the student/employee can return to school/work with any necessary modifications or individual program plan in place.
- 5.04.31G In situations where there is disagreement with the administrative health team's decision or recommendation, an appeal may be made to the district administrator or designee and shall include the following:
1. Statement of facts
 2. Statement of relief requested
 3. Statement of any necessary medical information required

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

- 5.04.31H Guidelines outlining safe procedures for handling of body fluids shall be included in all health services and custodial services manuals. Information regarding handling of body fluids shall be posted in/near custodial cleaning material storage areas and the health office of each building.

5.04.32 Emergency Care Liability Insurance Procedure

- 5.04.32A The liability insurance for the Public Health Nurse assigned to the OSD will be carried by Dane County Health Department
- 5.04.32B The liability insurance for the school nurse(s) will be provided by the OSD.
- 5.04.32C The school administrator and the Board of Education will be responsible to assure liability coverage for all designated school employees

5.04.33 Nursing Services Safety Regulations Procedure

- 5.04.33A The school district's Health Services Review Committee will meet annually.
- 5.04.33B An annual report of the frequency and types of incidents and illnesses treated by the health office staff will be completed by nursing staff.
- 5.04.33C The agenda for the annual meeting will include a review of emergency nursing policies and procedures, health office staff report, and any health concerns that have arisen throughout the year.
- 5.04.33D A summary of Emergency Nursing Policies & Procedures will be submitted to BOE for annual review. Any suggested changes in policy or procedure must be approved by the

BOE prior to their adoption.

5.04.34 Confidentiality Procedure

- 5.04.34A Immunization records are not considered part of the confidential cumulative health record and will be included with the cumulative school record when a child transfers to another district.
- 5.04.34B All other health-related information concerning individual students shall be considered confidential.
- 5.04.34C Each student enrolled in the district shall have a confidential cumulative health record to be kept securely in the health office for documentation of information related to student's health or medical needs.
- 5.04.34D Access to these records can be obtained by administrators, office staff, health office staff and will be maintained confidentially.

Appendix A - First Aid Kit

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

First Aid for Schools Pamphlet

- 1 - Sealed Health Concern List
- 4 - Temp-A-Dots (individual)
- 6- Antiseptic towelettes
- 2 - 3x4 non-adhesive gauze
- 2 - 2x3 Telfa gauze
- 1 - Laerdale Resuscitator Mask
- 8 - Nonsterile gloves
- 4 - Drinking cups
- Assorted Band-aids
- 2 - Large Band-aids
- Feminine Napkin(s)
- 2 - Instant Disposable Ice Packs
- 1 - Bottle Eyewash
- 1 - Roll of Tape
- 1 - Small notepad
- 1 - Pencil
- 1 - Sheet large & 1 Medium butterfly closures
- 1 - Elastic Ace Wrap
- 1- Gauze roll (3x10)
- 1 - Bag 4x4 gauze
- 4 - Sterile 2x2 gauze

If this first aid pak is found, please phone the Oregon School District at (608) 835-3161, Ext 4109 and leave a message of your name and location. Thank-you!

3/98

Appendix B - Parent/Physician Order for Medication

**This portion to be completed for all over-the-counter and prescription medications.
PARENTS ORDER FOR MEDICATION

CHILD'S NAME _____	ADDRESS _____
NAME OF MEDICATION _____	DOSE _____
DATE START _____	DATE STOP _____
REASON FOR MEDICATION _____	_____
CHILD'S PHYSICIAN _____	PHONE _____

I give my permission to the designated school personnel to give the above medication to my child according to the directions above. I agree to hold the Oregon School District and the persons designated to administer the above medication harmless in any events from the administration of this medication. I agree to notify the school, in writing, of any change in the above orders. I further agree to keep the supply of the medication replenished as needed, as I understand only a month's supply can be stored at the school.

DATE _____ SIGNATURE _____
(Parent/Guardian)

**This portion to be completed by physician for prescription medications only.
PHYSICIANS ORDER FOR MEDICATION

CHILD'S NAME _____	SCHOOL _____
DIAGNOSIS _____	
MEDICATION(S) _____	
INCLUDE <u>DOSE</u> AND _____	FREQUENCY TIMES _____
START DATE _____	STOP DATE _____
POSSIBLE SIDE EFFECTS _____	

If as needed (PRN), state conditions under which medication should be given i.e. epinephrine for bee sting. _____ Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect, and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in language of the lay person.

DATE _____ PHYSICIAN NAME _____
PHONE NUMBER _____ PHYSICIAN SIGNATURE _____

Appendix C - Medication Administration Record (MAR)

OREGON SCHOOL DISTRICT

STUDENT MEDICATION ADMINISTRATION RECORD (MAR)

	SCHOOL YEAR _____
STUDENT'S NAME _____	BIRTH DATE _____
PARENT/GUARDIAN _____	PHYSICIAN _____
WHY MEDICATION IS GIVEN AT SCHOOL _____	
MEDICATION: _____	
DOSAGE _____	MD/PHONE: _____
TIME(S) TO BE GIVEN: _____	
WHAT TO DO WHEN SUPPLY IS LOW _____	

DATE	TIME	INIT	DATE	TIME	INIT	DATE	TIME	INIT	DATE	TIME	INIT

Initials/Signature of Persons Administering:

Appendix D - Consent for Self-Administered Inhalers

OREGON SCHOOL DISTRICT

Self-Administered Inhalers

Dear Parent/Guardian:

You have indicated that your child uses an inhaler and would like to carry and use the inhaler independently. Please complete this form and return it to the health office. **This form requires a signature from your physician or health care provider.** Please notify school staff on the location of the inhalers.

We do recommend that a second (backup) inhaler be kept in the school health office.

Thank You,

Oregon School District Nurse

Student Name _____

() I have instructed this student in the proper way to use his/her inhaler. It is my professional opinion that he/she **should be allowed to carry and use his/her inhaler.**

() This student **will require supervision** when using his/her inhaler. It is my professional opinion that this student **should not carry his/her inhaler.**

_____/_____/_____

Physician Signature/Clinic

Phone #

Date

_____/_____

Parent Signature

Date

Appendix E - Medication Incident Report

**Oregon School District
Medication Incident Report Form**

Complete whenever there is a medication error*, for example, wrong medication given, wrong dosage given, medication not give but ordered, or medication not given at appropriate time.

***YOU MUST NOTIFY THE SCHOOL NURSE AT THE TIME THE ERROR IS DISCOVERED**

Your Name: _____ Your Position: _____

School: _____

Name of Student: _____ Student's Grade Level: _____

Student's DOB: _____

Medication order (include name of medication, dosage and time to be given as it is on the Dr's order):

Time and Date Error Occurred, Person Involved: _____

Description of the Incident:

Who was Notified:	<u>Date</u>	<u>Time</u>
School Nurse (on duty): _____	_____	_____
Parent: _____	_____	_____
Physician: _____	_____	_____
Prinicpal: _____	_____	_____

Comments:

Follow-up and/or action taken by School Nurse:

Place a copy of this in the Student's Health File and send the original to the School Nurse District Office.

Appendix F Public Health Department Reportable Disease Checklist

Dane County Public Health - 242-6520

**Weekly School and Day Care
Communicable Disease Report**

Report for week of: _____

School/Day Care: _____

Address: _____ Phone: _____

Reported by: _____

Number of reports:

Chicken Pox _____ Nausea, vomiting, diarrhea _____

Head Lice _____ Respiratory Symptoms _____

Impetigo _____ Strep _____

Mono _____ Pink Eye _____

Other _____

Notes _____

**OREGON SCHOOL DISTRICT
INCIDENT/ACCIDENT REPORT FORM**

_____ **Log Number**

General Information

Date and Time of Incident: _____ <small style="text-align: center;">month/date/year am/pm</small>	Date Incident Reported: _____ <small style="text-align: center;">month/date/year</small>
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Personal Data—Injured Party

Name: _____	Grade/Position: _____	Bldg: _____
Address: _____	City: _____	State: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	SS# or School ID: _____	Date of Birth: _____
Name of Family Contacted: _____	Relationship: _____	
Phone Number(s): Home: _____	Work: _____	
Time Called: _____	Contacted by Whom: _____	

Incident Data (Completed by Witness/Staff)

Witness/Staff: Name: _____	Position: _____
Location Incident Occurred: _____	
Description of Incident: _____	
Was an injury sustained or suspected? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, describe in detail the nature of the injury/body part effected: _____	
Other Witnesses: Name: _____	Position: _____
Name: _____	Position: _____

Care Provided (Completed by First Aid Provider)

Did the victim refuse medical attention or first aid by staff? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, _____	
Name of person(s) who provided care: _____	Explain
Describe any care given (Ex. Immobilized, Bandaged, etc.): _____	
Was 911 called? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, by whom? _____	
Time: _____	
Was the injured person transported to an emergency facility? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, where and by whom? _____	
If no, did the person return to activity? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Was other medical treatment recommended? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Name of Physician: _____	
Clinic/Hospital: _____	Location: _____

Report Prepared By

Print Name: _____	Position: _____	Building: _____
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Signature: _____	Date Completed: _____
Was the Principal/Director notified? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when? _____
Was the School Nurse notified? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when? _____
Was the report faxed to Insurance Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date faxed: _____

Completed forms need to be sent to: **For School Building - School Nurse**
For Pool Community Ed. - Director

Reviewed by: _____
Date: _____

Insurance Company should address any questions or correspondence to the Oregon School District, 200 N. Main Street, Oregon, WI 53575 or contact the Employee Services Specialist at 835-4035.

Facility Data (for pool use only)

Number of staff on duty at time of incident: _____
Number of patrons using facility at time of incident: _____
Water conditions at time of incident: _____
Deck conditions at time of incident: _____

GUIDELINES FOR COMPLETING INCIDENT/ACCIDENT REPORT

Wisconsin Statutes by DPI dictates:

“An accident report shall be completed within 24 hours. The report is to be submitted to the building principal and school nurse within 24 hours.” [Section 121.02(1), Standard G, Policy 5.04.11]

Who completes the form:

- Person who witnesses the incident/accident or the first person informed of the incident/accident.
- **And** the person(s) providing first aid.
- Must be completed even if first aid is refused.

When to complete the form:

- Any time 911 is called.
- Any time you or the school nurse recommends the student or injured party (also includes staff) see a physician or clinic the same day.
- If a student or staff is injured during an altercation with another student.
- Any time you feel an incident or injury should be recorded in detail.
- Staff - anytime you feel an incident is related to work.
- If you become aware that treatment by a physician was needed after an injured party left school (within 24 hours).

Examples of situations/injuries:

- Airway Obstruction
- Animal Bites
- Burns-Moderate to Severe
- Cardiac or Respiratory Arrest
- Dislocations/Fractures/Deformities of Limbs/Joints
- Drowning or Near Drowning
- Emergencies Requiring the use of Epi-Pen or Glucagon
- Eye Injury with Corrosives

- Fractured Tooth
- Head Injury with Neurological Change: Alertness, Vomiting, Confusion, or Dizziness
- Large Laceration with Controlled Bleeding (requiring stitches)
- Loss of Consciousness
- Loss of Permanent Tooth
- Massive/Uncontrolled Bleeding
- Penetrating or Crushing Injuries
- Penetrating Eye Injuries

Accident/Incident Occurs

<p>Health Assistant present</p> <ul style="list-style-type: none"> • Send to Health Office • Treats person. • Fills out basic info. • Does follow up on accident and completes form. Within 24 hours of accident. Original kept in Nurse's Office 	<p>No Health Assistant present</p> <ul style="list-style-type: none"> • EA, Teacher, or Bldg. Secretary fills out all known information on the report. • Send form to Health Office. Immediately following accident. • Does follow up on accident and completes form. Within 24 hours of accident. Original kept in Nurse's Office.
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Where to send form	
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If injured person is an employee.

- Send copy of form to Business Services and Building Principal of accident. Immediately following completion of form.
- Fax to insurance company to notify them of a possible claim, within **72 hours** of accident.

If injured person is a student or visitor.

Injured person is a student or visitor?

Send copy of form to Building

