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The Wausau School District’s emergency nursing services are provided for injury, illness, and medication administration under the direction of the school district’s registered nurses, and a physician, who serves as the district’s medical advisor. This is in accordance with Wisconsin Statute 121.02 (g). The registered nurses practice within the scope of the WI Nurse Practice Act (WI Stat. 441 and WI Admin. Code N6 and N7). The medical advisor is a local physician who serves in a volunteer capacity on an annual basis.

Written policies for providing care are available in all schools in the Wausau School District Health Care Policy and Procedure Manual, and in the Wausau School District Board of Education Policy Handbook, Appendix A. These policies are developed by the registered nurses, reviewed and approved by the medical advisor, and adopted by the district health committee and/or the school board.

An Emergency Nursing Services Plan, revised yearly, summarizes how care is to be provided. This plan is developed by the registered nurses and approved by the medical advisor. At the beginning of the school year, the plan is distributed to every school principal. The principal is responsible for sharing this information with the school staff.

The current Emergency Nursing Services Plan is found on the next pages and is replaced yearly.
WAUSAU SCHOOL DISTRICT
EMERGENCY NURSING SERVICES PLAN
2015-2016

I. **General Considerations**

A. Emergency nursing services are provided for injury, illness, and medication administration under the direction of Wausau School District's registered nurses and a physician who serves as a medical advisor for the District. Written policies and procedures for providing care are in the Wausau School District Health Care Policy and Procedure Manual (Appendix A- Board Policy Book) (WI Stat. 121.02(1)(g), PI-8.01(2)(g), 34 CFR 99 (FERPA).

B. The Emergency Nursing Plan is revised and reviewed at the beginning of each year. Building principals are responsible for informing all staff.

C. The principal of each building must designate two or more staff members to maintain current certification in American Red Cross CPR/AED and First Aid. These staff members are responsible for providing first aid, medication administration and emergency care of students/staff, as designated.

D. Universal precautions will be followed in accordance with the Exposure Control Plan found in the Wausau School District Health Care Policy and Procedure Manual.

E. Potentially hazardous medical supplies such as sharps, syringes and lancets should be kept in a locked place and disposed of in a biohazardous waste container which is also kept locked. When these containers are full, notify a custodian for proper disposal. Also, notify a custodian when large biohazardous containers need replacement.

F. Latex is a potentially serious health threat for some people. Allergic reactions to latex can range from mild to fatal. The Wausau School District is a latex-safe environment. LATEX PRODUCTS SHOULD NOT BE USED IN THE SCHOOL SETTING.

G. Emergency nursing services are available during school hours through designated CPR/AED and First Aid certified staff and as needed per emergency phone number (911). Nursing staff are not available during summer school.

H. Emergency nursing services during school-sponsored activities are provided per designated CPR/AED and First Aid certified staff and/or per emergency phone number (911). Buses will follow their own emergency protocol.
I. A first aid kit will be available to the adult in charge of activities held outside the main building. Each site is responsible for providing first aid kits and adequate health supplies (WI Stat. 118.07). Each adult in charge is responsible for informing health office staff of the activity two weeks prior to the event. The adult in charge may also require additional rescue medication training.

J. Emergency contact and medical information forms, updated and signed by parent/guardian yearly, are kept on file in the office/health services area. A copy of emergency medical and contact information should accompany students when they are out of the building during school-sponsored events.

K. A confidential student health concerns list is updated at the beginning of each year by designated staff at each school and shared with appropriate staff.

II. Injuries

A. Injured students are sent/accompanied to the office/health services area.

B. If a student is unable to go to the office/health services area, the designated first aid person should be called to the site of the injury. The Code Red Plan is to be utilized as needed. The Crisis Action Team (CAT) will respond to the medical emergency (see Code Red Plan specific to each school site). 911 should be called as needed.

C. Student injuries are recorded in Infinite Campus.

D. Parent/guardian will be notified as necessary based on extent of injury.

E. First aid supplies are kept in the office/health services area.

F. First aid is provided according to the Wausau School District Health Care Policy and Procedure Manual and by designated American Heart Association CPR/AED and First Aid certified staff members.

G. Referral for further medical intervention will be recommended as appropriate.

H. In case of serious injury, a triplicate student accident report (form C-27) is initiated and signed by the staff member witnessing or in charge at the time of the accident. Original form is sent to the business office. Pink copy is for the student health record. Yellow copy is sent to the district nurse’s office. As a courtesy, a copy may also be shared with the principal.

III. Illness

A. Students who are ill are sent/accompanied to the office/health services area. The parent/guardian may be contacted and the student will be sent...
home or may rest and then return to class depending on their symptoms or other circumstances. Code Red is to be utilized as needed (see Code Red Plan specific teach site). 911 should be called as needed.

B. Student illnesses are recorded in Infinite Campus.

C. Reasons for exclusion are identified in the Wausau School District Health Care Policy and Procedure Manual, and in the Wisconsin Communicable Disease Chart (WAR 145; WI Stat. 252.21, WI Stat. 252.05).

D. Referral for further medical care will be monitored as necessary by the school nurse.

E. In regard to communicable disease, state guidelines are followed and confidentially maintained.

IV. Medications

A. Prescription Medication—Prior to administration, students must have a completed Wausau School District Medication Consent Form or Action Plan with a practitioner and parent/guardian signature. All medications are kept locked in the office/health services office. EXCEPTION: Students may carry and self-administer inhalers, epinephrine, or insulin when practitioner and parent/guardian give consent on the medication form or action plan (WI Stat. 118.29, 118.291, 118.29(2)(a) 2m, WI Admin. Code N6 and Nurse Practice Act 441).

B. Non-prescription Medication—Prior to administration, students must have a completed Wausau School District Medication Consent Form with a parent/guardian signature. All medications are kept locked in the office/health services office. EXCEPTION: Students may carry and self-administer cough drops/throat lozenges, lip balms or sunscreens (no form is needed). Analgesics containing aspirin may only be administered if accompanied by a signed medication form (as indicated above) by a practitioner.

C. Medication on One-Day Fieldtrips—Prior to fieldtrip, teachers will provide staff whom administer medication at school with a list of students attending and details surrounding the fieldtrip. Health staff will prepare medication and put it in envelopes for teachers to take on fieldtrips. Envelopes are to be labeled with the student’s name, medication, dose/amount, and time to be given. Teachers will keep medications, administer, and document per instructions.

D. Medication on Fieldtrips (overnight) - Refer to Wausau School District Medication Policy and Procedure Manual. Also please be alert for a memo in early September.

E. The Medication Policy and Procedure in Wausau School District Health Care Policy and Procedure Manual must be followed at school, at School Forest, and during fieldtrips (refer to this policy for specific information).
## WAUSAU SCHOOL DISTRICT

### First Aid Supplies and Equipment for Health Office/Area

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>70% Alcohol or Alcohol prep pads</td>
<td>Liquid soap (antibacterial)</td>
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<tr>
<td>Alcohol Based Hand Sanitizer-Frag. Free</td>
<td>Latex free tape</td>
</tr>
<tr>
<td>Red Cross CPR Ready Reference Cards</td>
<td>Moisturizing Lotion-Fragrance Free</td>
</tr>
<tr>
<td>Red Cross CPR Ready Reference Cards-Pediatric and Adult</td>
<td>Moisturizing Lotion-Fragrance Free</td>
</tr>
<tr>
<td>Latex Free Band-aids</td>
<td>Paper/plastic medicine cups</td>
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<tr>
<td>Ice packs</td>
<td>Paper cups for drinking</td>
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<tr>
<td>Butterfly closures/steri- strips</td>
<td>Safety pins</td>
</tr>
<tr>
<td>Cleansing towelettes</td>
<td>Saline solution (preservative free)</td>
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<tr>
<td>Hot water bottle or heating pad</td>
<td>Scissors (blunt tip)</td>
</tr>
<tr>
<td>Cot towels</td>
<td>Splints</td>
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<tr>
<td>Cotton applicators</td>
<td>Sterile gauze pads (2 x 2, 3 x 3, 4 x 4)</td>
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<tr>
<td>Cotton balls</td>
<td>Sugar source (4 oz juice, glucose gel)</td>
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<tr>
<td>CPR shields</td>
<td>Surgipads/thick pressure dressings</td>
</tr>
<tr>
<td>Latex Free Elastic bandages or wrap</td>
<td>Telfa pads</td>
</tr>
<tr>
<td>Eye wash cups and bottle</td>
<td>Thermometers &amp; covers</td>
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<tr>
<td>Emesis basin</td>
<td>Tongue blades</td>
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<tr>
<td>Flashlight</td>
<td>Triangular bandage</td>
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<tr>
<td>Gauze roller bandages (1”, 2”, 3”)</td>
<td>Tweezers</td>
</tr>
<tr>
<td>Latex free gloves</td>
<td>Vaseline</td>
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</tbody>
</table>

### First Aid Kit/Supplies for Out-of-School Activities

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol prep pads</td>
<td>Non-allergic tape</td>
</tr>
<tr>
<td>American Red Cross First Aid Guide</td>
<td>Scissors (blunt tip)</td>
</tr>
<tr>
<td>Latex Free Band-aids</td>
<td>Sterile gauze pads (2 x 2, 3 x 3, 4 x 4)</td>
</tr>
<tr>
<td>Cleansing towelettes</td>
<td>Triangular bandage</td>
</tr>
<tr>
<td>CPR shields</td>
<td>Tweezers</td>
</tr>
<tr>
<td>Gauze roller bandages (1”, 2”)</td>
<td>Latex free gloves</td>
</tr>
<tr>
<td>Instant ice packs</td>
<td></td>
</tr>
</tbody>
</table>
WAUSAU SCHOOL DISTRICT

Medication Policy and Procedure

The purpose of medication administration during the school day is to provide essential medications to the student in order for the student to attend school or benefit from educational programming. The goal is that all medication will be safely administered to the student. Collaboration between parent/guardian, practitioner, and school health services/staff is encouraged to meet this goal.

Note: 2001 Wisconsin Act 83 defines “practitioner” to include physician, dentist, podiatrist, optometrist, physician’s assistant, and advanced practice nurse prescriber.

Whenever possible, all medications will be administered at home, before or after school hours.

**Prescription Medication Requirements**

The State of Wisconsin Medical Examining Board has determined that when prescription medications are administered, the practitioner prescribing the medication has the authority to direct and supervise the implementation of this service to a registered nurse or staff designated by school principal or nurse. No prescription medication shall be given to a student by an employee of the Board of Education unless the following requirements are adhered to.

- Written instructions signed by the practitioner for the administration of medication which:
  - Specifies the name of medication, dosage, time, and route of administration, date effective and date no longer effective.
  - Indicates a willingness on the part of the practitioner to communicate with staff (designated by school principal or nurse) who administers the medication.

- Written instructions signed by the parent/guardian of the student which:
  - Authorizes school personnel to give the medication in the prescribed dosage and to contact the practitioner directly.

- Written instructions and practitioner/parent signatures are to be completed on the Wausau School District Medication Administration Consent Form and returned to school prior to medication administration. This form must also be on file for students permitted to carry and self-administer inhaler, epinephrine, or insulin.

- **Wausau School District Medication Administration Consent Form** must be completed annually and/or whenever there is any change in instructions for medication.

- Medication to be administered at school must be furnished and delivered to the school by the parent/guardian, and have the following current information printed on the container from the pharmacy:
  - Student’s Name
  - Name of medication, dosage, and amount
  - Time and route of administration
  - Practitioner’s name
Additional Prescription Medication Requirements:

The student is responsible for coming to the health area at the designated time for medication administration. Accommodations will be made according to student needs. Effort will be made to contact a student who fails to report.

- Only a registered nurse may accept verbal orders from a practitioner. In the event a practitioner calls a school with medication orders, a medication form may be faxed and completed by the practitioner, or the school needs to contact the school nurse who will then contacts the practitioner. If practitioner allows, secure e-mail can be used.

- School staff may not administer narcotic pain medication to students.

- Medication containing aspirin requires a signature from a medical practitioner
  - Individuals administering a prescription drug during the regular school year must be authorized to do so in writing by a school principal. (See W.S.D. Medication Administration Authorization Form, 2-2).

- EpiPen, Auvi Q, and Twinject are the only prescription emergency injection for severe allergic reaction acceptable in the school setting.

- These specific medications – inhalers, epinephrine, insulin, may be carried and self-administered when practitioner and parent/guardian give their consent/instructions on the condition specific Wausau School District Action Plans. Other medications may be carried and self administered with special approval from the school nurse.

- All medications administered at school, with the exception of inhalers, epinephrine, or insulin (approved to be carried and self-administered) are stored in the health office and locked overnight.

- Parent/guardian will provide limited quantities of medication, and will provide supplies for injected and inhaled medications.

- Each time prescription medication is brought to the health area or sent home, medication will be counted by one or two staff members, and the quantity will be documented under the medication tab in Infinite Campus.

- Each year, by the last day of school, all medications administered at school must be picked up by parent/guardian. Staff members will dispose of medications not picked up and document in Infinite Campus. Prior to sending medication home, a staff member will count, and the quantity will be documented under the medication tab in Infinite Campus. This also applies for parental requests during the school year.

- If a medication error occurs, the parent/guardian and the school nurse will be notified. The person responsible for the error will complete the Wausau School District Accident Report.
Non-Prescription Medication Requirements

♦ Over the counter medication not FDA approved must be accompanied by a practitioner signature for administration at school by school staff and if possible be given at home.

♦ Individuals administering medications during the regular school year must be authorized to do so in writing by a school principal. (Practitioner signature not required). (See W.S.D. Medication Administration Authorization Form 2-2).

♦ Staff designated by school principal or nurse will administer non-prescription (over-the-counter) medications only with parent/guardian written instructions and signature on the district medication consent form. However, if frequency/dosage is greater than package directions or contains aspirin, a practitioner signature will be required.

♦ Non-prescription medication administered at school must be furnished by parent/guardian and be in the original container labeled with student’s full name. Non-prescription medications administered at school are locked in the health area. Students are not allowed to carry and self-administer non-prescription medication with the exception of cough drops/throat lozenges, lip balms or sunscreens.

♦ At the end of each school year, all medications administered at school must be picked up by parent/guardian. Two staff members will dispose of medications not picked up and document and initial this on back of medication record. This also applies for parental requests during the school year.

♦ If a medication error occurs, the parent/guardian and the school nurse will be notified. The person responsible for the error will complete the Wausau School District Accident Report (form C-27). Original accident report will be filed in student health record and copies will be given to principal and business office.

Medication Record Requirements

♦ Confidential, accurate, written records will be maintained for students receiving medication.

♦ A record of all medication stored at school will be documented in Infinite Campus. On rare occasion due to field trips, overnight stays, or with permission of school nurse a paper record may be kept and filed in the student’s health record when completed.

♦ A daily record of medication administered to each student will be maintained in Infinite Campus. The record will include student’s name, medication, dosage/amount, time given. Staff administering medication must initial on the date given. Prescription medication brought to school or sent home will be counted and documented on medication record as noted before.
 Completed medication consent form will be kept together in a binder and filed in the student health record at the end of each year.

♦ Staff should report any unusual behavior of students on medication to person administering medication/nurse. Comments are to be documented in Infinite Campus and parent/guardian/practitioner should be notified as needed.

**Responsibilities for Administering Medication**

♦ The Wausau School District Medication policy and procedure must be followed by staff members supervising at the School Forest and all other field trips.

♦ The school principal/nurse is responsible for delegating the administration of medications and the nurse is responsible for supervising the administration of medications. Questions and concerns should bring the nurse’s attention. It is the responsibility of each person giving medications to a student to be knowledgeable about the student’s condition and to follow the written instructions of the practitioner. Unusual behavior or other potential problems need to be reported to the nurse, parent, and practitioner.

♦ A medication order that appears to exceed established medical safety parameters will not be administered at school. In these cases, the parent/guardian and practitioner shall be notified by the school nurse and the reason for refusal explained.

♦ Each student needs education appropriate for cognitive level about the medication he/she is taking. (The person administering medications may explain to the student the reason for taking his/her medication as ordered).

♦ Emergency medications should be unlocked and accessible during regular school hours. All medications will be stored in the health office and locked overnight. Staff who supervise after school events will notify the health office staff and make arrangements to have emergency medication available.

♦ Students are not to be left unsupervised in the medication storage area.

♦ Medications are to be maintained or arranged in an orderly fashion to avoid confusion and eliminate the chance for error.

♦ The school will provide basic supplies as needed, i.e., medication trays/cards, medication cups (paper/plastic), and paper cups for water.

♦ An original, legible, pharmacy container provided by the parent/guardian with the student’s name, medication name, dosage, amount and time to be given must be verified against the Wausau School District Medication Consent Form instructions. The student medication information should be stored in Infinite Campus.

♦ Certain medications must be kept in refrigerator. Labels will denote this.
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.

**Procedure for Administering Medication**

- Identify the student with the medication order. Have someone available who knows the student if the student is not known to you and/or cannot identify him/herself.

- Even in an emergency, medication for one student will not be given to another student.

- Wash your hands.

- Check cupboard/drawer and locate medication. It is important to verify the student with the correct name, medication, dosage, time and route to be given two to three times before the medication is actually given, verifying this information with the practitioner order. Take time to do this to prevent medication errors.

- Remove the proper dose of medication from the container. Pills are dispensed into the cap or disposable medication cup. Avoid handling the medication whenever possible.

- Measure doses of liquid medication accurately. A teaspoon is not an accurate devise. Use a syringe or marked medication cup. Measure liquids at eye level. Do not pour liquid medication back into the container once it has been poured.

- Administer or observe administration of oral, inhaled, or injected medication, observing student until after medication administration is complete. Encourage drinking water with medication. Make sure oral medication is swallowed; you may need to visually check the student’s mouth.

- Applesauce, fruit juice, etc., can be used to help students who have difficulty swallowing medication.

- Return medication container to cupboard/drawer and lock.

- Students are to dispose of cups in waste container. Staff will follow universal precautions when it is necessary to administer medications or dispose of supplies.

- Chart the medication given in Infinite Campus.
WAUSAU SCHOOL DISTRICT

Medication Administration Authorization Form

The following designated building staff are authorized by the principal to administer both prescription and non-prescription medications while at school.

__________________________________________
Staff

__________________________________________
Staff

__________________________________________
Back-up Staff

__________________________________________
Principal                                    Date

(Other trained staff will be authorized to administer in those special cases where a student is on a fieldtrip or out of building on a school-related activity.)
Wausau School District  
Medication Administration Consent Form

Student Name: ___________________________________________  DOB: ________________
Parent/Guardian: ________________________________________
Home Phone: ___________________ Work: ___________________ Cell: ___________________
Health Care Provider: ____________________________________ Phone: ___________________

---

| Individual action plans will be used for medication orders for the following conditions: |
|---------------------------------|-----------------|-----------------|-----------------|
| Asthma                          | Severe Allergies | Diabetes        | Seizures        |

---

Medication Name: ____________________________________________
Administration Instructions: __________________________________

Effective Date: ___________________________________________  To: ___________________

Medication Name: ____________________________________________
Administration Instructions: __________________________________

Effective Date: ___________________________________________  To: ___________________

Medication Name: ____________________________________________
Administration Instructions: __________________________________

Effective Date: ___________________________________________  To: ___________________

---

- For students carrying rescue medication, it is recommended that an additional (back-up) medication be available in the health office.

Practitioner signature -Directs the above medication administration and indicates a willingness to communicate with staff who administers the medication.
Parent signature -Allows staff to give the above medication and to contact the health care provider if necessary.

Comments: ____________________________________________________________________
______________________________________________________________________________

Health Care Provider Signature: ___________________________  Date: __________
Parent Signature: ________________________________________  Date: __________
Wausau School District
Medication Information for Parents

Administration of any medication to students is governed by Wisconsin Statute 118.29.

General Information:
- Medication can only be accepted at school in original containers, or labeled pharmacy bottles.
- Medication should be transported to and from school by an adult.
- Students with permission may carry and self-administer their asthma inhaler, epinephrine, or insulin. Contact your school nurse to make arrangements if your child needs to carry other medications.
- Antihistamines for environmental allergies (eg. Claritin, Zyrtec) should be given once daily at home.
- Antibiotics prescribed three times a day should be given at home; morning, after school, and at bedtime.
- School staff may not administer narcotic pain medication to students.
- Medication containing aspirin requires a signature from a medical practitioner.

Prescription Medication:
- Prescription medications require practitioner signature. To assist you, staff can FAX the form to your practitioner for signature.
- Medications should be in a pharmacy container, with pharmacy label listing student’s name, medication name, dosage and schedule.
- Information listed on the Medication Administration Consent Form must match the information on the pharmacy container. (medication, dose, time given)
- Change in medication, dose or time requires an updated Medication Administration Consent Form, and a pharmacy bottle with an updated label.

Over-The-Counter Medication:
- Medication Administration Consent form does not require a medical practitioner signature unless the dose requested exceeds package instructions or contains aspirin.
- Over the counter medication not FDA approved must be accompanied by a practitioner signature for administration at school by school staff.
Wausau School District
Designated Staff Trained in Emergency Procedures

I have voluntarily attended the in-service on the following emergency procedures. I have been instructed and have demonstrated the proper technique needed to fulfill this procedure.

**Please note the date you were trained**

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>CPR/AED</th>
<th>Epi</th>
<th>MED. ADMIN</th>
<th>Seizure medicine</th>
<th>Glucagon</th>
<th>Solu Cortef</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
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</table>

______________________________________________
(Instructors Name)

______________________________________________
(Principals Signature)
### WAUSAU SCHOOL DISTRICT

#### Medication Record

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>MEDICATION</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSAGE/AMOUNT</td>
<td>TIME GIVEN</td>
<td>Student’s Picture</td>
</tr>
<tr>
<td>DIAGNOSIS</td>
<td>PRESCRIBING PHYSICIAN</td>
<td>Here</td>
</tr>
</tbody>
</table>

#### GRADE/TEAM

<table>
<thead>
<tr>
<th>Grade/Team</th>
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#### Day 1

<table>
<thead>
<tr>
<th>Time Medication was Administered</th>
<th>Time</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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#### Day 2

<table>
<thead>
<tr>
<th>Time Medication was Administered</th>
<th>Time</th>
<th>Signature</th>
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<tbody>
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#### Day 3

<table>
<thead>
<tr>
<th>Time Medication was Administered</th>
<th>Time</th>
<th>Signature</th>
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</tbody>
</table>

Medication Count/Comments and Signature:

---

**Place**

**Student’s Picture**

Here
WAUSAU SCHOOL DISTRICT
Epinephrine sign in sheet

I have voluntarily attended the in-service/have been instructed on Epinephrine administration. I understand that Epinephrine is used for the treatment of a severe allergic reaction, and that if it is used – 911 is called, and parents are also notified.

I have demonstrated the use of the Epinephrine trainer correctly.

School: ____________________________ Date: ________________________

Name
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

The above staff have attended the in-service and are authorized to provide treatment and administer the medication as noted above.

_____________________________________________________________
Principal Signature

_____________________________________________________________
R.N. Signature
CHILD ADMINISTRATION INSTRUCTIONS

Put person on their side where they can’t fall.

Get medicine.

Get syringe. Note: seal pin is attached to the cap.

Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap.

Lubricate rectal tip with lubricating jelly.

Turn person on side facing you.

Bend upper leg forward to expose rectum.

Separate buttocks to expose rectum.

Gently insert syringe tip into rectum. Note: rim should be snug against rectal opening.

SLOWLY...

COUNT OUT LOUD TO THREE...1...2...3

Slowly count to 3 while gently pushing plunger in until it stops.

Slowly count to 3 before removing syringe from rectum.

Slowly count to 3 while holding buttocks together to prevent leakage.

KEEP PERSON ON THE SIDE FACING YOU, NOTE TIME GIVEN, AND CONTINUE TO OBSERVE.

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

• Seizure(s) continues 15 minutes after giving DIASTAT® or per the doctor’s instructions:
• Seizure behavior is different from other episodes
• You are alarmed by the frequency or severity of the seizure(s)
• You are alarmed by the color or breathing of the person
• The person is having unusual or serious problems

Local emergency number: __________ Doctor’s number: __________
(Please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT® given: __________ Dose: __________

DIASTAT® Indication

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity, for patients 2 years and older.

Important Safety Information

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilatation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%–5%).

Nurses/Policy Diastat Admin
Adopted Dec. 2011, Rev. May 2013
Wausau School District

Administration of Oral/Sublingual/Nasal Emergency Seizure Medication

Refer to student’s Individual Health Plan for direction on when to use the medication, and proper dosage for individual student.

Lorazepam- Other names are Ativan, or Ativan Intensol. This medication is supplied in pill or liquid, and is prescribed to stop seizures on an ‘as needed’ basis.

 Diazepam- Other name is Valium or Diazepam Intensol. This medication also comes in pill or liquid form for use as an emergency measure in stopping seizures ‘as needed’.

Procedure for Administration: Refer to normal seizure first aid.

Call 911 and notify parent and school nurse

1. Administer emergency medication per the Individual Health Plan instructions.

   **ORAL ADMINISTRATION:** To provide for safety, administer medication into the cavity between cheek and gum. An alternate location would be under the tongue.

   **Do not put your fingers in student’s mouth**

   **Sublingual tablets:** Wearing gloves, place tablet in student’s mouth between the cheek and gum (or under the tongue).

   **Liquid drops:** Measure proper dose using the specially marked dropper that comes with the solution. Place dropper between gum and cheek and squeeze until liquid is dispensed.

   **NASAL ADMINISTRATION:** Measure appropriate dosage using syringe or marked dropper, and administer equal amounts into each nostril with syringe or dropper.

2. Position student’s head so that the medication is absorbed and does not run out. (on back with head slightly elevated, or on side with medication in cheek closest to the floor.)

3. Allow medication to be absorbed.

4. Monitor student for safety and respiratory status.
WAUSAU SCHOOL DISTRICT

Emergency Seizure Medication sign in sheet

I have voluntarily attended the in-service and have been instructed on Oral and sublingual administration of emergency seizure medications. I understand that these medications are used for the treatment of a prolonged seizure, and that if it is used – 911 is called, and parents are also notified.

I have demonstrated the techniques correctly.

School: _______________________________  Date: __________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Medication</th>
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<tbody>
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</table>

The above staff has attended the in-service and is authorized to provide treatment and administer the medication as noted above.

________________________________________
Principal Signature

________________________________________
R.N. Signature
Wausau School District

Emergency Steriod Injection- SoluCortef

Review student’s Individual Health Plan for when to use, and proper dosage for student.

Emergency Injection kit should contain: medication, syringe with needle, alcohol pads, student’s Individual Health Plan, emergency steroid injection instruction sheet.

DIRECTIONS FOR USING THE ACT-O-VIAL SYSTEM
To easily mix the liquid and powder
Turn the bottle upside down, stand it on a hard surface [such as a table] with one hand, and give the glass bottom a thump with the other hand – and then turn the bottle right side up again. Shake gently to mix, and wait for air bubbles to disappear. The solution should be clear, not cloudy.

To draw medication and inject

1. Wipe top of bottle with alcohol pad to clean.
2. Pull plunger of syringe part way out to introduce air into the syringe.
3. Insert syringe into bottle and force plunger down to put air into the bottle.
4. Turn bottle and syringe upside down to insure that the end of the needle is in the solution.
5. Pull back (down) on plunger to draw correct amount of the solution into the syringe. (per MD’s order)
6. Withdraw syringe from bottle. Hold needle up, and push plunger to expel any large air bubbles.
7. Pick an injection site: best choice is thigh (front, outer.) Expose skin in this area.
8. Wipe site with alcohol pad.
9. Firmly stretch skin at injection site and hold taut. Insert needle (hold syringe like dart, stab quickly, insert needle all the way.)
10. Pull back on plunger slightly to check for blood. (If you see blood, withdraw needle and re-insert near-by.)
11. Push down on plunger to deliver solution.
12. Withdraw needle, put pressure on site for 1 minute to stop bleeding.
13. Dispose of needle in sharps container.

Notify Parents
Call 911
WAUSAU SCHOOL DISTRICT
Emergency Steroid Injection/SoluCortef sign in sheet

I have voluntarily attended the in-service and have been instructed on Emergency steroid injection/SoluCortef administration. I understand that SoluCortef is used for the treatment of emergent health condition/injury in adrenal insufficiency, and that if it is used – 911 is called, and parents are also notified.

I have demonstrated the SoluCortef injection technique correctly.

School: __________________________ Date: __________________

Name
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________________________________________________________________________________________

The above staff has attended the in-service and is authorized to provide treatment and administer the medication as noted above.

______________________________
Principal Signature

______________________________
R.N. Signature
What is Glucagon?

- Glucagon is a hormone that comes from the pancreas and tells the liver to release sugar. It is very good at making blood sugar go up.
- Glucagon is the first hormone that people who don’t have diabetes release when their blood sugar is dropping.
- People with Type 1 Diabetes don’t have a good glucagon response because of the damage to their pancreas.
- People with Type 1 Diabetes use adrenaline to make their blood sugar go up. This is the hormone you feel when you are scared or excited (shaky, sweaty, fast heart rate).
- You need glucagon if someone with diabetes becomes unconscious and it would not be safe to put anything in their mouth (they could choke). If they are awake you would always try as quick sugar like juice or soda first because it will work faster.
- Remember to check the expiration date

Can you harm someone by giving him or her Glucagon?

- No. Glucagon is inside everyone. Its only job is to make blood sugar go up.
- A person may throw up after getting a glucagon shot. If you ever need to give glucagon the person must be turned to their side so they don’t choke if they throw up.

How do you use Glucagon?

- Refer to Wausau School District glucagon administration instructions.

Glucagon is a signal for the liver to release sugar. It is not sugar. It will take 8-10 minutes to work. If you ever need to use glucagon: call 911. Once they wake up try to offer sugar by mouth (like juice) if they can tolerate it.

Above information from Children’s Hospital of Wisconsin
Wausau School District

Glucagon Administration Instructions for Severe Low Blood Sugar
(Unable to eat and/or is unconscious)

Name_____________________________      School Year______________________

To prepare Glucagon for injection:
Note: Glucagon should not be prepared for injection until the emergency arises.

- Put on gloves if available
- Remove the flip-off seal from the vial (bottle) of Glucagon.
- Remove the needle cover from the syringe, and inject the entire contents of the syringe into the vial of Glucagon.
- With needle in place gently swirl or shake until Glucagon dissolves and the solution becomes clear.
- Glucagon should not be used unless the solution is clear and of a water like consistency.

To administer Glucagon:
Use same technique as for injection insulin

- Pull the syringe half way out of the bottle and withdraw all of the solution. (if student is younger refer to Individual Health Plan for stated amount)
- Cleanse injection site, arm or thigh with alcohol swab if available
- Insert the needle into the loose tissue under the cleansed injection site and inject the Glucagon solution. Apply light pressure at the injection site and withdraw the needle.
- After the injection do not recap the needle. Place it in a commercially available sharps container.
- When an unconscious patient awakens, he/she may vomit. To prevent choking turn patient on his/her side in the recovery position
- Call to enact the emergency procedure in your school
- Check blood sugar is able
- When student awakens give drink/food

Caution:
- Low blood glucose may cause convulsions

Adapted from New York Stated Dept of Health
WAUSAU SCHOOL DISTRICT
Glucagon Administration sign in

I have voluntarily attended the in-service/have been instructed on glucagon administration. I understand that glucagon is used for the treatment of a severe low blood sugar emergency, and that if it is used – 911 is called, and parents are also notified.

I have used and demonstrated the correct use of the glucagon using an expired kit.

School: _______________________ Date: _______________

Name

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The above staff have attended the in-service and are authorized to provide treatment and administer the medication as noted above.

________________________________________________________________________

Principal Signature

________________________________________________________________________

R.N. Signature
Dear Parent/Guardian:

In order for the school to make the best plans for your child, please ask your child's practitioner to complete this form. Please return this form to your child's school.

Date ___________________
Student _____________________________  Birthdate ________________________
School ______________________________  Grade __________________________

Physical Exam:  Date of Exam ___________ Height ___________ Weight _______
Blood Pressure _____________ Vision _________ Hearing ____________________
Other Significant Findings _______________________________________________
____________________________________________________________________

Immunizations:
Up to date?   Yes _______  No _________
Received today?   Yes _____  No  ______
Comments:  __________________________________________________________
____________________________________________________________________
➢ Please attach a copy of the student’s RECIN printout or immunization record.

Pertinent Health History:
Are you this student's regular practitioner?  Yes _____  No _____
Are there any health problems the school should be aware of?   Yes _____  No _____
Please explain:  _______________________________________________________
____________________________________________________________________

Physical activity:
Restrictions for classroom, recess, physical education?
Please explain:  _______________________________________________________

Restricted Until (Date) ______________________________

Does  this child require any special services?  Yes _____  No _____
Please comment:  _______________________________________________________
____________________________________________________________________

Practitioner’s Signature _________________________________________________
Address _____________________________________________________________
Phone Number______________________________          Date _________________
Wausau School District
Student Health Information

Name ________________________________ M/F Birth Date__________ Grade _____ School _____________

The health information provided will be reviewed by the school nurse and confidentially shared with staff, as needed.

Please circle if your child has any of the following conditions and give details under explanation.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy (food, insect, drug, latex)</td>
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<tr>
<td>ADD/ADHD</td>
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<tr>
<td>Breathing problem/asthma</td>
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<tr>
<td>Bladder/bowel concern</td>
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<tr>
<td>Bleeding disorder</td>
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<tr>
<td>Bone/joint/muscle condition</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Concussion/head injury</td>
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<tr>
<td>Diabetes</td>
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<td>Diet/eating concern</td>
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<tr>
<td>Headaches</td>
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<tr>
<td>Heart condition</td>
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<tr>
<td>Immunity concern</td>
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<tr>
<td>Mental health concern</td>
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<tr>
<td>Seizures/epilepsy</td>
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<tr>
<td>Skin condition</td>
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<tr>
<td>Stomach/intestinal condition</td>
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<td>Surgery</td>
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<td>Vision/hearing concern</td>
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<tr>
<td>Other health concern</td>
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<tr>
<td>NO health concerns</td>
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</tbody>
</table>

Medications: ________________________________________________________________________________

Will any medications be taken at school? Yes/No

Please list any other information about your child that would be helpful to staff working with your child.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Parent/guardian signature: ________________________________ Relationship: _____________ Date: ______

The following form is to be filled out by the doctor in order to set limitations on physical activities for a student who requests exemption from participation in physical education for more than one week.

**WAUSAU SCHOOL DISTRICT**  
Elementary Physical Education Program  
For Medical Purposes Grades K-5

Student ___________________________________  Physician ____________________________

School ____________________________________  Grade ______________

Our program of physical education includes a wide variety of activities for all students in the school. The activities are adapted to fit the needs of each individual student, regardless of any physical limitations. Any student who is unable to participate in the regular program is provided with special activities, which are modified to meet their needs and to contribute to their welfare.

A list of activities to be presented in the physical education program this year is given below. Please check those in which your patient **may participate**.

<table>
<thead>
<tr>
<th>Apparatus Activities</th>
<th>Miscellaneous</th>
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<tbody>
<tr>
<td>Balance Beam</td>
<td>Archery</td>
</tr>
<tr>
<td>Vaulting Box</td>
<td>Floor Hockey</td>
</tr>
<tr>
<td>Climbing Ropes</td>
<td>Low Organization Games*</td>
</tr>
<tr>
<td>Climbing Ropes</td>
<td>Rhythms and Dance</td>
</tr>
<tr>
<td>Parallel Bars</td>
<td>Scooters</td>
</tr>
<tr>
<td>Still Rings</td>
<td>Stunts &amp; Tumbling</td>
</tr>
<tr>
<td><strong>Ball &amp; Net Games</strong></td>
<td>Track &amp; Field</td>
</tr>
<tr>
<td>Basketball Skills</td>
<td>Jump Rope</td>
</tr>
<tr>
<td>Ball Handling Skills</td>
<td>Fitness Testing</td>
</tr>
<tr>
<td>Football Skills</td>
<td>Traversing Wall</td>
</tr>
<tr>
<td>Soccer Skills &amp; Games</td>
<td></td>
</tr>
<tr>
<td>Softball Skills</td>
<td></td>
</tr>
<tr>
<td>Volleyball</td>
<td></td>
</tr>
<tr>
<td>Racquet Skills</td>
<td></td>
</tr>
</tbody>
</table>

*Simplified running, jumping, and tagging games.

Please state the length of time, and any modifications for the student in the above activities before returning to a regular program.

Length of time for modification: ______________________

Modification of above activities: ________________________________________________________________

________________________________________  __________________________________________

Date                                                 Signature of Physician
The following form is to be filled out by the doctor in order to set limitations on physical activities for a student who requests exemption from participation in physical education for more than one week.

**WAUSAU SCHOOL DISTRICT**  
Middle School Physical Education Program  
For Medical Purposes Grades 6-8

<table>
<thead>
<tr>
<th>Student</th>
<th>Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
</tr>
</tbody>
</table>

Our program of physical education includes a wide variety of activities for all students in the school. The activities are adapted to fit the needs of each individual student, regardless of any physical limitations. Any student who is unable to participate in the regular program is provided with special activities, which are modified to meet their needs and to contribute to their welfare.

A list of activities to be presented in the physical education program this year is given below. Please check those in which your patient **may participate**.

<table>
<thead>
<tr>
<th>Full Activity</th>
<th>Cross Country Skiing</th>
<th>Track &amp; Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flag Football</td>
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<td></td>
</tr>
<tr>
<td>Softball</td>
<td></td>
<td>Tumbling</td>
</tr>
<tr>
<td>Basketball</td>
<td></td>
<td>Weight Training</td>
</tr>
<tr>
<td>Biking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volleyball</td>
<td>Stretching</td>
<td>Jogging</td>
</tr>
<tr>
<td>Soccer</td>
<td></td>
<td>Badminton</td>
</tr>
<tr>
<td>Tennis</td>
<td>Track &amp; Field</td>
<td>Archery</td>
</tr>
<tr>
<td>Track &amp; Field</td>
<td></td>
<td>Dance</td>
</tr>
<tr>
<td>Inline Skating</td>
<td>Speedball</td>
<td>Gen. Free Exercise</td>
</tr>
<tr>
<td>Floor Hockey</td>
<td>Golf</td>
<td>Swimming Inst</td>
</tr>
</tbody>
</table>
| Competitive Swimming | Functional ...
| Golf          | Hand Ball            | Free Swim     |
| Pickle Ball   | Ball Skills          | Lap Swim      |
| Snow Shoeing  |                      | Instructional Swim |

Please state the length of time, and any modifications for the student in the above activities before returning to a regular program.

Length of time for modification: __________________

Modification of above activities: ______________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

__________________________  ________________________________
Date                          Signature of Physician

Nurses/policy mid. sch.phy. ed. prog. med. purp. gr. 6-8  
Rev. 1997, Rev. 2002
The following form is to be filled out by the doctor in order to set limitations on physical activities for a student who requests exemption from participation in physical education for more than one week.

WAUSAU SCHOOL DISTRICT
High School Physical Education Program
For Medical Purposes Grades 9-12

Student __________________________  Physician __________________________
School __________________________
Grade __________________________

Our program of physical education includes a wide variety of activities for all students in the school. The activities are adapted to fit the needs of each individual student, regardless of any physical limitations. Any student who is unable to participate in the regular program is provided with special activities, which are modified to meet their needs and to contribute to their welfare.

A list of activities to be presented in the physical education program this year is given below. Please check those in which your patient may participate.

Aerobics  Jogging  Speedball
Archery  Judo  Student Instruc.
Badminton  Life Saving  Swimming
Basketball  Modern Dance  Tennis
Basketball Shooting  Physical Fitness  Table Tennis
Bicycling/Ergometer  Rope Jumping  Track & Field
Bowling  Rowing Machine  Volleyball
Broomball  Running  Walking
Calisthenics  Sch. Forest Counseling  Winter Games:
Line Dancing  (Classroom)
Field Hockey  Skiing (Cross-Country)  Snowshoe Softball
First Aid  Curling
Flag Football  Soccer  Winter Golf
Golf  Relaxation
Handball/Racquetball  Wilderness Skills  Snow Sculpture
Low/High Ropes  Frisbee Activities

Please state the length of time, and any modifications for the student in the above activities before returning to a regular program.

Length of time for modification: ____________________________

Modification of above activities: ____________________________

Date ____________________________  Signature of Physician ____________________________

Nurses/policy h s. phy. ed. prog. med. purp. gr. 9 – 12
Rev. 1997, Rev. 2002
### WAUSAU SCHOOL DISTRICT

**Authorization to Use and Exchange Protected Health and Education Information**

Student’s Name: ___________________________ Birthdate: ___________________

Street Address: ___________________________ City: __________________ State: ____ Zip: ____________

<table>
<thead>
<tr>
<th>Authorizes Name of person or organization:</th>
<th>To Exchange Protected health/education information with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wausau School District - School: __________________</td>
</tr>
<tr>
<td></td>
<td>Contact Person: ___________________________________</td>
</tr>
<tr>
<td></td>
<td>Street Address: ______________________________</td>
</tr>
<tr>
<td></td>
<td>City, State, ZIP</td>
</tr>
</tbody>
</table>

**PROTECTED HEALTH INFORMATION TO BE USED AND EXCHANGED** (check all applicable categories)

- Medical history and notes
- Assessment summary
- Treatment plan
- X-Ray, EKG, EEG, Lab reports
- By a specific doctor or for a specific diagnosis (specify name of doctor or diagnosis)
- Any and all medical records of the above-named patient relating to the identity, diagnosis, prognosis or treatment of HIV/AIDS (including HIV/AIDS test results), or alcohol and other drug dependency, and of mental health and developmental disability ("Highly Confidential Information")
- Other, specify _______________________

**EDUCATION INFORMATION TO BE USED AND EXCHANGED** (check all applicable categories)

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- Psychological evaluations or social work reports
- Individual Education Program (IEP)/Multidisciplinary team evaluations and related reports
- Appropriate agency reports
- Individualized education program
- Other (specify)

**TIME PERIOD FOR WHICH RECORDS ARE REQUESTED** (check applicable category)

- From (date) _________________ to _________________
- All

**PURPOSE OF USE AND EXCHANGE** (check applicable category)

- Continuing/coordinating health care services and treatment in school
- Individual Education Planning/Transitioning
- Other, specify _______________________

**EXPIRATION DATE:** This authorization will remain in effect (check applicable category)

- From the date this authorization is signed until the ___________ day of __________________ 20 ___.
- Until I cancel this authorization in writing.
- Until the following event occurs, specify event ________________________________________________.
- Other _________________________________________________________________________________.

In compliance with Wisconsin law, which requires special permission to exchange otherwise privileged information, I specifically authorize the use and exchange of my Highly Confidential Information selected above, if any. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

______________________________ ______________________________
Student signature Date

______________________________ ______________________________
Signature of student’s legal representative Relationship to student

---

Nurses/policy auth. ex. of info.
REDISCLOSURE NOTICE: I understand that if the person(s) and/or organizations(s) listed above are not health care providers, health plans or health care clearinghouses, the health/education information exchanged as a result of this authorization may no longer be protected by the Federal privacy standards and my health/education information may be redisclosed by such person(s) and/or organization(s) without obtaining my authorization.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

- **Right to receive copy of this authorization** – I understand that if I sign this authorization, I will be provided with a copy of this authorization.
- **Right to refuse to sign** – I understand that refusal to sign, will not interfere with my child’s ability to obtain health care.
- **Right to withdraw this authorization** – I understand that if I want to cancel this authorization, I must do so in writing. To obtain a form to cancel this authorization, I may contact the Wausau School District. I understand that my cancellation will not be effective as to uses and/or exchanges of my information that the person(s) and/or organizations(s) listed above have made prior to the receipt of my cancellation form.
- **Right to inspect a copy of the health/education information to be used or exchanged** – I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health/education information I have authorized to be used or exchanged by this authorization form. I may arrange to inspect my health/education information or obtain copies of my health/education information by contacting the Health Care Provider or school.
- **HIV test results** – I understand my HIV test results may be released without authorization to persons/organizations that have access under Wisconsin law and a list of those persons/organizations is available.
- **Mental health treatment records** – I understand that I have the right to inspect and receive a copy of my mental health treatment records to the extent required by HFS 92.05 and 92.06 of the Wisconsin Administrative Code.
WAUSAU SCHOOL DISTRICT
C-27
STUDENT ACCIDENT REPORT
Revised 5/00

Student (please print) ______________________ School ____________ Grade ___ Male/Female __________

Home Address ____________________________ Date of Birth ____________

Date of Accident _________________________ Time of Accident ______ a.m./p.m

Place of Accident: School __________________________ Room Number __________

Location if away from school ______________________________________________

Was Teacher/Coach present at scene of accident? Yes___No___

Name of Teacher/Coach (please print) ______________________ Signature ______________

Witnesses: 1. __________________________________ 2. ______________________________

<table>
<thead>
<tr>
<th>Part Injured</th>
<th>Type of Injury</th>
<th>Location of Injury</th>
<th>Description of Accident</th>
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</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>Abrasion</td>
<td>Auditorium</td>
<td>How did it happen? What was the student doing? List unsafe acts and/or conditions existing. Specify machinery or equipment involved if any.</td>
</tr>
<tr>
<td>Ankle – l r</td>
<td>Amputation</td>
<td>Cafeteria</td>
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<tr>
<td>Arm – l r</td>
<td>Asphyxiation</td>
<td>Chemistry Lab</td>
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<tr>
<td>Back</td>
<td>Bite</td>
<td>Classroom</td>
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<tr>
<td>Chest</td>
<td>Bruise</td>
<td>Corridor</td>
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<tr>
<td>Ear – l r</td>
<td>Burn</td>
<td>Gymnasium</td>
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<tr>
<td>Elbow – l r</td>
<td>Concussion</td>
<td>Home Ec</td>
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<td>Eye – l r</td>
<td>Cut</td>
<td>Locker</td>
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<tr>
<td>Face</td>
<td>Dislocation</td>
<td>MultiPurpose</td>
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<tr>
<td>Finger</td>
<td>Fracture</td>
<td>Restroom</td>
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<td>Laceration</td>
<td>School Grounds</td>
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<tr>
<td>Hand – l r</td>
<td>Poisoning</td>
<td>Stairway</td>
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<tr>
<td>Head</td>
<td>Puncture</td>
<td>Tech Ed, Art, Music</td>
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<tr>
<td>Hip – l r</td>
<td>Scald</td>
<td>Thom Field</td>
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<tr>
<td>Knee – l r</td>
<td>Scratches</td>
<td>Other (specify)</td>
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<td>Leg – l r</td>
<td>Shock</td>
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<tr>
<td>Mouth</td>
<td>Sprain</td>
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<td>Nose</td>
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<td>Scalp</td>
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<td>Teeth</td>
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<td>Toes</td>
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<tr>
<td>Wrist – l r</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

Action taken – First aid treatment (describe)
_______________________________________________________________________________
_______________________________________________________________________________
By whom?

Did student leave school as a result of the accident? Yes___No___
If yes, when did student return to school? ________________ School time lost due to injury ____________

Was parent/guardian notified? Yes___No___ If yes, when? ________________
Did student see a physician? Yes___No___ If yes, name of physician/hospital __________________________

What was done by physician or hospital?
_______________________________________________________________________________
_______________________________________________________________________________

Person making report (please print) ______________________ Signature ______________________

White Original – District Business Office Pink Copy – School Health Record
Yellow Copy – District Nurse’s Office

Nurses/policy stud. acc. rep.
Rev. May 2000

3-7
# WAUSAU SCHOOL DISTRICT

## Summer School Student Illness/Injury Daily Log

**Student Name** | **Time In** | **Time Out** | **HOME** | **CLASS** | **Comments:**
---|---|---|---|---|---

**Date** __________________________  **Health Aide/Secretary** ________________

---

Nurses/policy stud. ill. injury daily log (summer school)  
WAUSAU SCHOOL DISTRICT
Asthma Information for Staff

Definition: Asthma is a chronic, intermittent disease characterized by swelling of the airways (inflammation), tightening of the muscles around the airways (bronchoconstriction) and mucous production. During an asthma attack, a person may feel s/he can’t inhale (breathe in) enough air but is actually having trouble exhaling (breathing out.)

Symptoms: Symptoms vary with the individual. Common symptoms are:
- Coughing
- Wheezing (high pitched sound heard when exhaling)
- Shortness of breath
- Breathlessness (unable to catch breath)
- Chest tightness or pain
- Difficulty exercising
- Changes in breathing (unusually fast or slow, unusually shallow or deep)
- Inability to talk due to shortness of breath
- Fatigue

Triggers: Triggers are things that make asthma worse. Common triggers are:
- Exercise
- Upper respiratory infections (colds, flu)
- Irritants (tobacco smoke, chemicals, perfumes, air pollution, cold air, gastroesophageal reflux (acid from stomach)
- Allergies (pollen, dust, mold, food, animals, some medications)
- Weather changes
- Emotional upsets, anxiety

Care of an asthma episode: An asthma attack is a serious condition if steps are not taken to control it.
- Reassure student. Anxiety from shortness of breath may worsen symptoms.
- Have student sit up or lean forward to ease breathing.
- Encourage student to breathe evenly, breathing in through the nose and out through pursed lips.
- Have child take small sips of room temperature water.
- Elevate the student’s arms to shoulder leave and provide support for the arms (desk or chair.)
- If student has prescribed medication at school (inhaler, nebulizer), follow the student’s Asthma Action Plan. Monitor the student to assure s/he is administering the medication correctly.
- If symptoms do not improve or become worse after 10 minutes, notify parent and school nurse. Remain with the student and monitor breathing.

Reasons to call 911:
- Blue lips or nail beds
- Difficulty talking, walking or drinking
- Nasal flaring when inhaling
- Neck, throat, or chest retractions (sucking in of the skin between ribs or base of neck.)
- Obvious distress
- Change in level of consciousness/confusion
FAMILY RESPONSIBILITIES
1. Notify school of child’s asthma diagnosis.
2. Work with the school nurse, teacher, principal, and others to develop a plan that accommodates the child’s needs throughout the school day including classroom areas, cafeteria, after-school programming, as well as during school-sponsored activities such as field trips or over-night events.
3. Complete the Student Asthma Parent Questionnaire, update yearly, and return it to the school health office.
4. Provide properly labeled medications and replace medications as needed or upon expiration.
5. Update school with changes in contact information.
6. The parent understands if an emergency medication is not supplied, the student may be asked to stay behind from field trips for safety reasons and 911 will be called in the event of severe asthma attack.
7. Notify school staff when child participates in after school activities.
8. Provide ongoing education for the child in the self-management of his/her asthma.
9. Provide emergency contact information and update each time there is a change.
10. Parents should notify the school bus company of the child’s asthma and determine an emergency plan for when the student is on the bus to and from school in the morning and afternoon.

SCHOOL RESPONSIBILITIES
1. Review health records submitted by parents and medical practitioners.
2. Students will not be excluded from any activities because of a medical condition.
3. Medications for asthma will be stored according to the Medication Policy and Procedure (2-1, Health Care Policy and Procedure). Students may carry their own inhaler with medical practitioner approval. (See Medication Consent Form, 2-3).
4. School staff trained in the use of inhalers will administer medications, as necessary, during school activities, including fieldtrips.
5. The school nurse or teacher, along with parents, will develop a plan regarding special field trip needs which will include having emergency medications available.
6. The school staff will inform the health office of field trips at least a week in advance to allow for planning and training or as soon as offsite event is known.
7. If the student participates in school sponsored activities, 911 will be called for cases of a severe asthma attack.

TEACHER RESPONSIBILITIES
1. The teacher will be trained on symptoms of asthma and plan of care.
2. The teacher will allow the student to visit the health office and/or use an inhaler as needed for symptoms of asthma.
3. The teacher will notify the health office immediately for signs of severe asthma attack.
4. The teacher is responsible for notifying the parent and health office of field trips and special occasions, one week in advance or as soon as event is known.
5. The teacher will not use aerosol sprays or strongly scented products in the classroom.

STUDENT RESPONSIBILITIES-(based on level of development)
1. Be your own advocate.
2. Learn when to use your rescue medication (inhaler.)
3. Learn how to correctly use your inhaler.
4. Carry inhaler (if designated to do so in the Asthma Action Plan) and notify a staff member if you are having asthma symptoms or trouble breathing.
WAUSAU SCHOOL DISTRICT
Asthma Parent Questionnaire

Student Name ____________________________________________________________
Parent/Guardian __________________________________________________________
Home Phone ___________________ Work ___________________ Cell ___________________
Primary Health Care Provider _____________________________________________
Asthma Specialist _________________________________________________________

1. Does your child have an asthma diagnosis from a health care provider?  □ No  □ Yes
   Age of child at diagnosis: ______

2. How many days would you estimate your child missed school last year due to asthma?
   □ 0 days  □ 1-2  □ 3-5  □ 6-9  □ 10-14  □ more than 15

3. How many times has your child required an emergency room visit or hospitalization due to an
   asthma attack in the past 12 months?
   □ 0 times  □ 1 time  □ 2 times  □ 3 times  □ 4 times  □ 5 or more times

4. What triggers your child’s asthma symptoms?
   □ exercise  □ colds/flu  □ smoke  □ weather  □ strong odors  □ grass/flowers
   □ emotions  □ dust  □ animals  □ reflux disease
   □ medications (list) _________________________  □ foods (list) _________________________
   □ allergies (list) __________________________  □ other (list) _________________________

5. Please circle your child’s symptoms.

<table>
<thead>
<tr>
<th>Common Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>coughing</td>
</tr>
<tr>
<td>shortness of breath</td>
</tr>
<tr>
<td>wheezing</td>
</tr>
<tr>
<td>heavy breathing</td>
</tr>
<tr>
<td>chest tightness/pain</td>
</tr>
<tr>
<td>difficulty exercising</td>
</tr>
<tr>
<td>fatigue</td>
</tr>
<tr>
<td>irritability</td>
</tr>
<tr>
<td>inability to talk</td>
</tr>
<tr>
<td>coughing during night</td>
</tr>
<tr>
<td>abdominal discomfort</td>
</tr>
<tr>
<td>changes in breathing (unusually fast/slow, unusually shallow/deep)</td>
</tr>
<tr>
<td>other ________________________________</td>
</tr>
</tbody>
</table>

6. What medications does your child take to control asthma? (please list)
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

7. Does your child understand asthma and how to manage it?  □ No  □ Yes
   • Is your child able to monitor his/her asthma symptoms?  □ No  □ Yes
   • Does your child know his/her asthma triggers and how to avoid them?  □ No  □ Yes
   • Is your child able to tell peers and adults when having asthma symptoms?  □ No  □ Yes
   • Does your child know how to correctly use an inhaler independently?  □ No  □ Yes

8. Please add anything else you’d like the school to know about your child’s health.
   ________________________________________________________________________________
   ________________________________________________________________________________
WAUSAU SCHOOL DISTRICT
Asthma Parent Questionnaire: Yearly Review

I have reviewed the information on the Parent Questionnaire and dated changes as needed.

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____

Parent/guardian signature_________________________________ Date _____ School _____
Reviewed by________________________________________________ Date _____ Grade _____
WAUSAU SCHOOL DISTRICT
Asthma Action Plan

Student Name ___________________________ DOB ____________
Parent/Guardian __________________________ Work __________________________ Cell ____________
Home Phone ___________________________ Work __________________________ Cell ____________
Asthma Health Care Provider __________________________ Phone __________________________

Severity Classification
☐ Mild Intermittent ☐ Moderate Persistent
☐ Mild Persistent ☐ Severe Persistent

Triggers
☐ Colds ☐ Smoke ☐ Weather
☐ Exercise ☐ Dust ☐ Air Pollution
☐ Animals ☐ Food
☐ Other __________________________

Exercise
Pre-Medication (how much/when):
Exercise Modifications: __________________________

GREEN ZONE: DOING WELL
Symptoms:
Breathing is good
No cough or wheeze
Can work/play easily
Sleeping at night

Control Medications: Take these every day
Medicine __________________________ How much ____________ When ____________

YELLOW ZONE: GETTING WORSE
Symptoms:
It’s hard to breathe
Cough, wheeze or chest tight
Problems working or playing
Waking coughing at night

Use rescue (fast-acting) medicine:
Medicine __________________________ How much ____________ When ____________

School staff directions:
Notify school health office.
Remove student from any obvious trigger and escort student to health office, if possible.
DO NOT leave the student alone.
Sit student comfortably leaning forward. Do not insist they lie down.
Give initial treatment of rescue medicine and allow for rest. Improvement from bronchodilators is usually seen within 5-10 minutes after use of inhaler. If no improvement after ________ minutes, give:
Medicine __________________________ How much ____________ When ____________
Contact parent/guardian to make aware of asthma episode and effectiveness of treatment.

RED ZONE: ASTHMA EMERGENCY
Symptoms:
Lots of trouble breathing
Cannot work or play
Nostrils open wide
Ribs are showing
Pale and/or sweating
Medicine is not helping
Trouble walking or talking
Lips or fingernails are gray or blue

Use rescue (fast-acting) medicine NOW:
Medicine __________________________ How much ____________ When ____________

School staff directions:
Call parent/guardian NOW regarding severity of student’s asthma episode and urgent need for evaluation by a medical doctor.
Parent/guardian/emergency contact must arrive within 10 minutes to take student to medical facility or 911 will be called for medical evaluation of the student and possible emergency transport to an emergency medical facility. A copy of this Asthma Action Plan must be given to transport personnel.

Student may/may not carry and self-administer rescue medicine at school with approval of the school nurse.
(It is recommended that back-up medication be stored in the school health office.)

Practitioner’s signature directs the above medication administration and indicates willingness to communicate with staff who administers medication.

Health Care Provider Signature __________________________ Date ____________
Effective Date: __________________________ to __________________________

I hereby give permission to school staff to give the above medication to my child according to the instructions stated above and further authorize them to contact my child’s physician, if necessary.

Parent/Guardian Signature __________________________ Date ____________

Nurses/policy asthma action plan 4-3
HOW TO USE AN INHALER

Stand up (or sit up straight).
1. Shake the inhaler well to mix up the medicine
2. Remove the cap from the inhaler. Inspect the inhaler to make sure there is nothing in it that could be accidentally inhaled.
3. Inhalers must be “primed” the first time they are used and when not used for two weeks.* Spray 4 times into the air, away from the face to ensure medication is flowing freely. Hold the inhaler upright or it will not spray correctly.
4. Exhale all your air out fully.
5. Before inhaling, put the mouthpiece of the inhaler into your mouth over your tongue and between your teeth. Close your lips around it while tilting your head and the inhaler back slightly. Press down on the inhaler canister and breathe in slowly and deeply (over about 5 seconds) through your mouth.
6. Hold breath for 10 seconds.
Wait 1-2 minutes between puffs.
Rinse mouth after using the inhaler.

*Xopenex inhalers should be primed if not used for 3 days.

HOW TO USE AN INHALER WITH A HOLDING CHAMBER

Repeat steps 1-4 above
5. Before inhaling, put the mouthpiece of the chamber into your mouth over your tongue and between your teeth. Close your lips around it while tilting your head and the inhaler back slightly.
6. Press down on the inhaler canister and
7. Breathe in slowly and deeply (over about 5 seconds) through your mouth. Some chambers will whistle if you are breathing in too fast. If you hear a whistling sound, breathe in slower until no sound can be heard.
8. Hold breath for 10 seconds.
9. Chambers with mask mouthpieces advise pressing the canister to fill the chamber, then slowly breathing in and out six times. Breath-holding after is not required.
WAUSAU SCHOOL DISTRICT

Food Allergy/Intolerance Policy

It is the policy of the Wausau School District to provide a safe environment for a student with known, diagnosed food allergies that are likely to result in an anaphylactic reaction or serious food intolerance without banning the food product from food service offerings. The District works with students, parents, and medical practitioners to minimize the risks of exposure and to provide a positive educational environment for food-allergic and food-intolerant students. Some foods may cause an anaphylactic reaction if a person eats, touches, or inhales the food or food byproduct. Foods known to cause anaphylactic reactions include, but are not limited to, peanuts, tree nuts, fish, shellfish, eggs, milk, wheat or soy. Some students experience food intolerances that require food substitutions because of a diagnosed medical condition.

Each student's allergy or intolerance in each situation is different so a Severe Allergy Action Plan may be created for the student. Diagnosis of an allergy with a risk of anaphylactic reaction or serious food intolerance is based on the student's history with confirmation from a physician. The medical practitioner should provide the District with a written physician’s statement (see the Medically Necessary Food Substitution Form) and prescribe treatment protocols for use in the school setting.

The District will take steps to protect students from accidental exposure to a known food allergen or serious food intolerance. Should exposure to a known food allergen occur creating a severe allergic reaction, trained staff, who are authorized in writing by the administrator of the school district or by a school principal, will administer epinephrine, call 911, protect the student's airway, and keep the student safe until emergency personnel arrive. Medication administration will be provided in compliance with written instructions.

FAMILY RESPONSIBILITIES

1. Notify school of child’s allergies and/or asthma or food intolerance diagnosis.
2. Work with the school nurse, teacher, principal, and others to develop a plan that accommodates the child’s needs throughout the school day including classroom areas, cafeteria, after-school programming, as well as during school-sponsored activities such as field trips or over-night events.
3. Complete, in collaboration with student’s medical practitioner, the Medication Consent Form, The Student Food Allergy/Intolerance Parent Questionnaire, the Severe Allergy Action Plan, and Medically Necessary Food Substitution Form (as needed) and return them to the school health office. Review and update yearly.
4. Provide properly labeled medications and replace medications as needed or upon expiration.
5. Provide two doses of epinephrine if the student is able to self carry. One for health office and one to be kept with student.
6. Update school with changes in contact information
7. The parent understands if an emergency medication is not supplied, the student may be asked to stay behind from field trips for safety reasons and 911 will be called in the event of suspected anaphylaxis.
8. Decide with their practitioner if the child will eat at a “safe” table.
9. Notify school staff when child participates in after school activities.
10. Provide ongoing education for the child in the self-management of their food allergy including:
   a. Safe and unsafe foods
   b. Strategies for avoiding exposure to unsafe foods, including no food trading/sharing in any school environment
   c. Symptoms of allergic reactions
   d. How and when to tell an adult when they may be having an allergy-related problem
   e. How to read food labels (age appropriate)
11. Provide a box of allergen-free snacks for the child’s classroom parties and other special occasions.
12. Provide emergency contact information and update each time there is a change
13. Parents should notify the school bus company of the child’s food allergy and determine an emergency plan for when the student is on the bus to and from school in the morning and afternoon.

**SCHOOL RESPONSIBILITIES**

1. Review health records submitted by parents and medical practitioners.
2. Students will not be excluded from any activities because of a medical condition.
3. The school nurse and principal will establish a team to work with parents and the student (age appropriate) to coordinate the implementation of the Severe Allergy Action Plan. This team will include the teacher(s), food service personnel, school administrative assistants, building aide(s)/health aide(s), outside staff, and others as appropriate.
4. The school nurse will provide training to all designated primary contacts that interact with the food–allergic student to recognize the signs and symptoms of an allergic reaction; what to do in an emergency; and how to minimize risk of exposure to the allergen during meals, snacks, arts or craft projects, or other school curriculum. A list of trained staff will be made available to the Principal.
5. Medications for food allergies will be stored according to the Medication Policy and Procedure (2-1, Health Care Policy and Procedure). Extra epinephrine may be kept in other locations such as the teacher’s desk, food service area, etc., and as determined by the school nurse in consultation with the parent and practitioner. Students may carry their own epinephrine with medical practitioner approval. (See Medication Consent Form, 2-3).
Page 3 – Food Allergy/Intolerance Policy
Cont.-School Responsibilities

6. School staff specially trained in the use of epinephrine or oral medications will administer medications, as necessary, during school activities, including fieldtrips.  
7. The school nurse or teacher, along with parents, will develop a plan regarding special field trip needs which will include having emergency medications available.  
8. The school staff will inform the health office of field trips at least a week in advance to allow for planning and training or as soon as offsite event is known.  
9. If the student participates in school sponsored activities and emergency medication has not been supplied by the parent, staff will call 911 for cases of suspected anaphylaxis.  
10. Individual daily snacks containing nut butters or pieces of nuts are not allowed in the classroom.  
11. Special occasion treats meant for the entire class may not contain any form of peanuts or tree nuts.  
12. Per WSD policy 5706, harassment or bullying of food allergic student will not be tolerated.  
13. The students’ food allergen will not be used in class projects, parties, holiday celebrations, science experiments, or any other activities.  
14. An administrator will share this policy with outside organizations invited to work with WSD students during school sponsored activities.  
15. Parents and staff are encouraged to use non food items for special occasions and treats. Food items brought for treats must be store bought with an intact ingredient label listing allergy information.

Teacher Responsibilities
1. The teacher will be trained in the student’s allergic symptoms and plan of care and will keep a copy of the student's Severe Allergy Action Plan in a confidential location. The teacher will place a copy of the plan in the substitute teacher folder and share with specialists.  
2. The teacher is responsible for notifying the parent and health office of field trips and special occasions, one week in advance or as soon as event is known.  
3. The food-allergic or food-intolerant child may choose a snack from their snack box provided by parents per their food allergy/Intolerance plan.  
4. Teachers are responsible for discussing “no food sharing/trading” during school sponsored activities.  
5. Students and staff are encouraged to wash their hands prior to entering the classroom and after eating.  
6. The students’ food allergen will not be used in class projects, parties, holiday celebrations, science experiments, or any other activities.  
7. The teacher will share this policy with outside organizations invited to work with WSD students during school sponsored activities.  
8. The teacher understands if an emergency medication is not supplied, the student may be asked to stay behind from field trips for safety reasons and 911 will be called in the event of suspected anaphylaxis.
Food Service Responsibilities
1. Food service employees will take measures (are taught to) prevent cross-contamination during food preparation and when serving food.
2. The completed Food Substitution Form will be shared with food service staff by the food service administrator.
3. Picture(s) of the food-allergic student(s) will be placed in the kitchen with food allergies noted so staff can easily identify student(s).
4. Students with severe allergies may sit at a designated “safe” table (with neighboring students who do not have the allergen present in their lunch) based on the Student Food Allergy/Intolerance Parent Questionnaire.
5. When sanitizing table after lunch a separate wash and sanitizing bucket AND cloth must be used to clean the “peanut safe” tables in all lunchrooms throughout the district.
6. Food service will provide nutrition information/labels for foods served in Child Nutrition Programs per parent/staff request.

STUDENT RESPONSIBILITIES-(based on level of development)
1. Be your own advocate
2. Do not trade/share food or utensils with other students.
3. Wash hands prior to eating.
4. Do not eat or touch anything with unknown ingredients or known to contain an allergen.
5. Learn how to administer epinephrine and practice often
6. Notify a staff member if eaten something believed to contain a food allergen.
7. Carry epinephrine (if designated to do so in the Medication Consent Form 2-3) and notify a staff member in the event of suspected exposure or if epinephrine has been self administered.
Cross Reference Policies:
- Wausau School District Board of Education Policy Handbook
- 2-1 Medication Policy and Procedure
- 2-3 Medication Consent Form
- 4-5b Epinephrine Administration Instructions
- 2-2 Designated Staff Trained in Emergency Procedures
- 4-7 Medically Necessary Food Substitution Form
- 4-3 Asthma Action Plan
- 4-5 Severe Allergy Action Plan
- 4-6 Student Food Allergy/Intolerance Parent Questionnaire
- 7-21 Allergy/Allergic Reaction

Other Resources
- American School Food Service Association
- National Association of Elementary School Principals
- National Association of Secondary School Principals
- National Association of School Nurses
- National School Boards Association
- The Food Allergy and Anaphylaxis Network
- American Academy of Pediatrics
- Wisconsin Association of School Boards
- American Academy of Allergy, Asthma and Immunology
- Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff
Name: ______________________________________ D.O.B: ___/___/____

School: _____________________________________ Grade: ______

Allergy to: _______________________________________

Asthma:  □ Yes (higher risk for a severe reaction)  □ No

ALL STUDENT’S EMERGENCY MEDICATIONS MUST BE EASILY ACCESSIBLE AT ALL TIMES. EMERGENCY MEDICATIONS MUST ACCOMPANY STUDENT ON ALL TRIPS AWAY FROM THE BUILDING.

MILD SYMPTOMS ONLY: exposure unknown

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

Any SEVERE SYMPTOMS: exposure suspected or known

One or more of the following:
LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Progressing hives, rash, swelling

Or combination of symptoms from different body areas:
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, cramps

*Claritin and Allegra are not considered fast acting antihistamines, and are not appropriate for early treatment of possible anaphylaxis

☐ Check box if: Student understands anaphylaxis and has successfully demonstrated epinephrine delivery. Student may self carry epinephrine device while at school and during school sponsored events.

1. Administer antihistamine: *
   Medication________________________
   Dose____________________________

2. Additional medicine if any:
   Medication________________________
   Dose____________________________

3. Stay with student

4. Call parent and School Nurse
   If symptoms don’t improve or get worse move on to Severe Symptom treatment

   1. INJECT EPINEPHRINE IMMEDIATELY
      Medication: ______________________
      Dose: __________________________

   2. Call 911, Notify time Epinephrine given.
   3. Keep Student calm, and seated.
   4. Monitor students condition and provide first aid if necessary.
   5. If symptoms don’t improve after ____ minutes, give second dose of Epi (if available).
      Medication: ______________________
      Dose: __________________________

Parent/Guardian Signature: _____________________________ Phone#: __________________ Date ___________

Emergency Contact Name: _____________________________ Phone # __________________________

School Nurse Name: _____________________________ Phone # __________________________

Wausau School District
Severe Allergy Action Plan

Nurses/Policy Severe Allergy Action Plan
Adopted March 2013 rev. May 2013, May 2014
1. Holding autoinjector with orange tip down, remove blue safety cap.

2. Firmly push against outer thigh until it clicks.
   (Autoinjector is designed to be used thru clothing)

3. Hold firmly against outer thigh for 10 seconds.
   The medication is now dispensed.

4. Remove unit from thigh.
   (The orange tip will extend to cover the needle.)
   Massage the injection site for 10 sec.

ALWAYS Call 911. Tell the operator epinephrine was administered and when.
WAUSAU SCHOOL DISTRICT
Student Food Allergy/Intolerance Parent Questionnaire

Student name ___________________________________________________ Date of birth___________
Parent/guardian _______________________________________________________________________
Home phone ______________________ Work _____________________ Cell______________________
Primary healthcare provider _________________________________ Phone ______________________
Allergist _________________________________________________   Phone ______________________

1. Does your child have a food □ allergy or □ intolerance diagnosis from a healthcare provider?
   Age of child at diagnosis: __________

2. Does your child have a history of asthma? □ No □ Yes

3. History and Current Status:
   What is your child allergic to?
   □ Peanuts □ Tree nuts (walnuts, pecans, etc.) □ Eggs □ Milk □ Wheat □ Soy □ Fish □ Shellfish
   □ Other ______________________________
   Was the reaction when your child □ ate/drank □ touched □ breathed the allergen?
   When was your child’s last reaction? ______________

4. Triggers and Symptoms:
   What are the signs and symptoms of your child’s allergic reaction? (Be specific; include things your child might say.) ____________________________________________________________________________
   ______________________________________________________________________________________
   How quickly do symptoms appear after exposure to the allergen? _________________________________
   What symptoms has your child experienced in the past?
   Allergen: ______________ Symptoms: _____________________________________________________
   Allergen: ______________ Symptoms: _____________________________________________________
   Allergen: ______________ Symptoms: _____________________________________________________

   **Common Symptoms**
   - **Skin**: hives, itching, rash, flushing, swelling (face, arms, hands, legs)
   - **Mouth**: itching, swelling (lips, tongue, mouth)
   - **Abdominal**: nausea, cramps, vomiting, diarrhea
   - **Throat**: itching, tightness, difficulty swallowing, hoarseness, cough
   - **Lungs**: shortness of breath, repetitive cough, wheezing, chest tightness
   - **Heart**: chest pain, loss of consciousness

5. Medical Treatment
   How have past reactions been treated? ____________________________________________________
   Was there an emergency room visit? □ No □ Yes, explain ______________________________________
   What treatment or medication has your healthcare provider recommended for use in an allergic reaction?
   ____________________________________________________________
   Has your healthcare provider given your child a prescription for medication? □ No □ Yes
   Do you have that medication? □ No □ Yes
   Have you used the epinephrine auto-injector (Epi Pen)? □ No □ Yes
WAUSAU SCHOOL DISTRICT

Medically Necessary Food Substitution Form
(This form is to be used for food allergy, food intolerance, or special dietary needs.)

Part I (To be completed yearly by Parent/Guardian)

Name of Student ________________________________

Date of Birth__________________ Age _________

Name of Parent/Guardian ________________________________

Home Phone __________ Work Phone __________ Cell Phone: __________

School ____________________________ Grade _________

Part II (To be completed by a physician)

Student’s diagnosis/condition and how this condition restricts the student’s diet.

________________________________________________________________________

________________________________________________________________________

List food(s) to be omitted from diet: ________________________________

________________________________________________________________________

________________________________________________________________________

List food(s) that may be substituted (Diet Plan) and any modifications of texture or
consistency that is necessary: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Special Equipment: ________________________________

________________________________________________________________________

________________________________________________________________________

Physician (Printed Name) ________________________________ Phone ________________________________

Physician’s Signature ________________________________ Date ________________________________

cc: Completed forms to: □ FAX to WSD Food Service Director at 715-843-5968
□ WSD Nurse
6. School Accommodations
My child needs to sit at a “safe” table for lunch? □ No □ Yes
I will supply a box of safe snacks for my child. □ No □ Yes
My child may eat treats that “may have been processed in the same facility” as his allergen. □ No □ Yes

7. Self Care
Is your child able to monitor and prevent his/her own exposures? □ No □ Yes
Does your child:
Know what foods to avoid? □ No □ Yes
Ask about food ingredients? □ No □ Yes
Read and understand food labels? □ No □ Yes
Tell an adult immediately after an exposure? □ No □ Yes
Wear a medical alert bracelet, necklace, watch band? □ No □ Yes
Tell peers and adults about the allergy? □ No □ Yes
Firmly refuse a problem food? □ No □ Yes
Does your child know how to use emergency medication? □ No □ Yes
Has your child ever administered their own emergency medication? □ No □ Yes

8. Please add anything else you would like the school to know about your child’s health:
_____________________________________________________________________________________
_____________________________________________________________________________________

Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
_____________________________________________________________________________________

This information will be reviewed and revised annually by the school nurse (RN) and parent/guardian.

Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Parent/guardian signature________________________________ Date ________ School_______
Reviewed by RN _________________________________ Date ________  Grade _______
Wausau School District

Severe Allergy Policy FAQs for Parents

My child has a severe allergy….how can the school help?

- Call and let the school know about the allergy. You will be directed to the health aide or school nurse will have a few questions about the specifics of your child's allergy.
- You will be given forms to be completed by you and the health care provider that treats your child's allergies. These forms let the staff know how to care for your student while in school.
- The documents may include: Practitioner/Parent Medication Administration Consent form, Severe Allergy Action Plan, Severe Food Allergy/Intolerance Parent Questionnaire and the Medically Necessary Food Substitution form.
- Provide the school with your child's emergency medication and completed paperwork. Be sure that prescriptions have the pharmacy label on them. If you choose to bring in any medication that is purchased over the counter provide it in its original packaging with the dosage information.
- Provide the school with a few safe snacks to be used in the event that a special occasion treat contains your child's allergen. (ex. manufactured in a plant that processes tree nuts and peanuts)

Will my child be able to eat hot lunch or eat in the lunchroom?

- Absolutely! If you like, your student may eat at a table that is nut free. This means if your child has a nut allergy, no one sitting at the table may have nut products in their lunch. Or your student may sit with his/her class.
- Food service staff will help monitor your student’s hot lunch for allergens. They can make food substitutions according to your provider’s recommendations on the Medically Necessary Food Substitution form.
- The food service staff may call you for more information.

What training does the staff receive about my child's allergy?

- Designated staff is trained yearly in allergy avoidance, symptom recognition, and administration of rescue medication. Your student’s allergy plan is shared with staff members who have contact with your child. This would include but is not limited to the teacher, principal, secretary, food service, specialists, and playground staff. Everyone works together to keep your child safe.

Where is emergency medication stored?

- Rescue medication is kept in the health office or may be carried by the student with the health care provider’s written consent.
- In the event of an emergency it is always beneficial to have extra doses available in the health office in case the student forgets to bring it in that day or is unable to find it.
What happens when there is a substitute teacher or a field trip?
- The teacher shares the confidential emergency health conditions list as well as any supporting documents such as the severe allergy plan etc in their sub folder.
- When your child is on a field trip their rescue medication will be sent along with a trained staff member. If the trip involves a snack or a meal then school staff will be in contact with you about any accommodations as needed.

What do I need to do about bus transportation?
- Call First Student and let them know your child has a severe allergy. Together you can make a plan for what to do if your child has a reaction. Eating on the bus is discouraged.

What can I expect in the classroom?
- All classrooms in the Wausau School district are peanut and tree nut safe. Any special occasion treats that are brought from home need to be store bought with an intact ingredient label and may not contain tree nuts, peanuts, or nut butters. If they are manufactured in a plant that contains peanut or tree nuts then you and your provider will need to decide if your child may eat that product or if you wish, your child may choose an item from their safe snack box. This information will also be found in the documents you supplied to the school about your child's allergy.
- Daily snacks brought by individual students should be free of nut butters and pieces of nuts. Students and staff are not allowed to eat daily snacks or lunch items containing pieces of nuts/nut butters in the classroom. Student snacks containing nuts will be sent home.
**Wausau School District**

Severe Allergy Policy FAQs for Staff

**What is an allergy?** An allergy is an exaggerated response to a particular protein. The immune system mistakenly believes a particular protein is harmful. In an attempt to protect the body, it creates antibodies to that protein.

**What are the most common foods children are allergic to?** Although an individual can be allergic to any food, eight foods account for 90% of all food allergic reactions. These foods include peanuts, tree nuts (including almonds, Brazil nuts, cashews, macadamias, pecans, pistachios, and walnuts), milk, eggs, wheat, soy, fish, and shellfish.

**What is anaphylaxis?** Anaphylaxis is a severe allergic reaction that has a rapid onset and may be fatal. Once a reaction begins, there is no way to know how severe it will become, or how fast. Common causes of anaphylaxis are medications, foods, latex, and insect stings. Food allergies are the most common source of anaphylaxis in children.

**Can casual exposure to an allergen (through skin contact or inhalation) cause anaphylaxis?** The greatest risk for any food-induced reaction stems from direct ingestion of the food. The risk for a severe allergic reaction from environmental exposure (such as through contact with a contaminated surface) is extremely low. Reactions that occur when a problem food touches the skin are generally much less severe, and localized to the site of contact. As with contact reactions, inhalant reactions (inhaling peanut dust from freshly opened bag of peanuts, for example) are typically not severe.

**What are possible symptoms of anaphylaxis?**

<table>
<thead>
<tr>
<th>System</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>itching, tingling, or swelling of lips, tongue, mouth</td>
</tr>
<tr>
<td>Skin</td>
<td>progressive hives, itchy rash, swelling</td>
</tr>
<tr>
<td>Gut</td>
<td>nausea, abdominal cramping, vomiting, diarrhea</td>
</tr>
<tr>
<td>Throat</td>
<td>tightening of throat, hoarse voice, difficulty swallowing or speaking</td>
</tr>
<tr>
<td>Lung</td>
<td>short of breath, repetitive cough, wheeze, chest tight</td>
</tr>
<tr>
<td>Heart</td>
<td>fainting, pale or blue color, weak pulse, dizzy, anxious, confused</td>
</tr>
</tbody>
</table>

**How is anaphylaxis treated?** Refer to the student’s Severe Allergy Action Plan

- In all Wausau schools, dialing “#400” will connect you to the main office.
- If you cannot contact trained staff to help, dial “7-911.”
- Keep calm and stay with the affected person while waiting for help.
- Use the student’s Severe Allergy Action Plan for guidance.
- **Prompt administration of epinephrine if appropriate is critical.** Have someone trained give emergency epinephrine or other emergency medicines per student’s Severe Allergy Action Plan.

**Is there a cure?** No. Avoidance of the offending allergen is the only way to prevent a reaction. However, children typically outgrow allergies to milk, egg, wheat and soy. Peanut, tree nut, fish and shellfish allergies are usually lifelong.
What can the school do to help prevent anaphylactic reactions?

- Teachers should review and follow the student’s Severe Allergy Action Plan.
- Keep a current copy of the Action Plan in the sub folder so substitute teachers are aware of any students who have severe allergy.
- Make all substitute staff aware of how to call for help in any emergency situation- #400 system.
- Avoid allergens.
  - Any treats provided by the school for students must be free of any allergens. Providing non-food items for rewards is most appropriate and easiest.
  - Snacks brought by individual students should be free of nut butters and pieces of nuts. Students and staff are not allowed to eat snacks or lunch items containing pieces of nuts/nut butters in any classroom. Student snacks containing nuts should be sent home with a reminder that they are no longer allowed, and can be replaced with a snack provided by the school if desired.
  - Special occasion treats for the classroom should be peanut/tree nut free, and must have an intact ingredient label. For treats indicating the possibility of contamination by being manufactured in a plant that also processes nuts, the allergic student should follow their Severe Allergy Action Plan, or choose an alternate from their safe snack box.
  - Lunchroom accommodations as outlined in the student’s action plan. Allergic students may or may not need to sit at an allergen safe table as outlined in their action plan.
- Students should be reminded never to share lunch or snacks.
- If you work with a student with severe allergy, you should receive training on the student’s Severe Allergy Action Plan, and administration of emergency medication.
- Students, staff and specialists should wash hands upon entering the classroom in the morning and after eating.

What about the lunchroom? Lunch room policies will remain the same. Allergen free tables will be available upon request as needed. Students are not restricted with regard to cold lunch choices.

What do I do on a fieldtrip? For fieldtrips with a student who has a severe allergy, at least one staff member trained in medication administration must accompany the class. This staff member should bring the bag containing necessary medications for students, including a copy of the Severe Allergy Action Plan. Discuss with parents and health staff plans for any snacks or meals that will be eaten during the trip. Have a cell phone available in case of an emergency. No food should be eaten while on buses.

What about classroom projects? It is safest not to use food items for class projects. If classroom projects will contain food items, they must be allergen free. Students cannot be excluded from any project due to allergies.

What methods of hand washing remove food proteins? Soap and water is best, followed by hand wipes. Hand sanitizers/gels do not remove food protein, and are not a substitute for hand washing.
# Diabetes Medical Management Plan

The student's healthcare provider and parents/guardians should complete this form. Please fill out entire form. Review with relevant school personnel who have an educational and safety interest in students with diabetes. Keep copies to share with the school nurse, trained school personnel, and other authorized personnel.

## Effective Date

<table>
<thead>
<tr>
<th>Effective Date from</th>
<th>to</th>
</tr>
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## Student Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>School Grade No.:</th>
<th>Homeroom Teacher:</th>
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<table>
<thead>
<tr>
<th>School Name</th>
<th>School District</th>
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<table>
<thead>
<tr>
<th>Type of Diabetes</th>
<th>Date Diagnosed</th>
<th>Last A1C result</th>
<th>A1C Goal</th>
</tr>
</thead>
</table>

## Parent/Guardian Contact Information

### Mother/Guardian

<table>
<thead>
<tr>
<th>Email</th>
<th>Address</th>
<th>Telephone: Home ( )</th>
<th>Work ( )</th>
<th>Cell ( )</th>
</tr>
</thead>
</table>

### Father/Guardian

<table>
<thead>
<tr>
<th>Email</th>
<th>Address</th>
<th>Telephone: Home ( )</th>
<th>Work ( )</th>
<th>Cell ( )</th>
</tr>
</thead>
</table>

## Health Care Provider and Emergency Contact Information

### Student's Primary Health Care Provider

<table>
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<th>Telephone: ( )</th>
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### Nurse

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<th>Telephone: ( )</th>
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### Endocrine Specialist

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<th>Telephone: ( )</th>
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### Certified Diabetes Educator

<table>
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<tr>
<th>Telephone: ( )</th>
</tr>
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</table>

### Additional Emergency Contact

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Address</th>
<th>Telephone: Home ( )</th>
<th>Work ( )</th>
<th>Cell ( )</th>
</tr>
</thead>
</table>

### Preferred Hospital

<p>| |</p>
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</table>

## Notify parents/guardians or additional emergency contact in the following situation(s):

1. 
2. 
3. 

---

Nurses/policy diabetes medical management plan
Adopted May 2013
LOW BLOOD GLUCOSE/HYPOGLYCEMIA

Symptoms of low blood glucose (check most common for student):

- **MILD** to...
- **MODERATE** to...
- **SEVERE**

- Hungry
- Shaky/weak/clammy
- Blurred vision/glassy eyes
- Dizzy/headache
- Sweaty/flushed/hot
- Tired/drowsy
- Fast heartbeat
- Pale skin color
- Other: __________________________
- Usually has no symptoms

Treatment of low blood glucose (Check all that apply):

- Give _______ grams carbohydrate of one of the following (check all that apply):
  - _______ oz milk
  - _______ oz fruit juice
  - _______ grams of glucose gel
  - _______ glucose tablets
  - Other: __________________________
- Recheck blood glucose in 15 minutes
- OR
- Other: __________________________
- If blood glucose is less than _______ mg/dL, give another _______ grams of carbohydrate

Students using a continuous glucose monitor must always use a finger stick glucose reading to confirm low blood glucose.

GLUCAGON (check all that apply):

- Administer Glucagon if student is: confused/unable to follow commands, unable to swallow, unable to awaken (unconscious), or having a seizure or convulsion
  - Glucagon Dose (check):
    - 0.5 mg
    - 1.0 mg
  - Injection site (check):
    - arm
    - thigh
    - other: __________________________

If student uses an insulin pump and exhibits symptoms of severe low blood glucose, in addition to giving Glucagon:

- Disconnect tubing from student
- Suspend insulin pump
- Other: __________________________

HIGH BLOOD GLUCOSE/HYPERGLYCEMIA

Symptoms of high blood glucose (check most common for student):

- **MILD** to...
- **MODERATE** to...
- **SEVERE**

- Frequent urination/bedwetting
- Extreme thirst/dry mouth
- Sweet, fruity breath
- Tiredness/fatigue
- Increased hunger
- Blurred vision
- Flushed skin
- Lack of concentration
- Other: __________________________

Treatment of high blood glucose (check all that apply):

- Provide correction/supplemental dose of insulin (see Insulin and Insulin Pump sections)
- If blood glucose is: _______ mg/dL and/or if student is sick ⇒ check ketones in (check):
  - urine
  - blood
- Blood glucose ≥ _______ mg/dL without ketones recheck blood glucose level in (check):
  - 2 hour
- Blood glucose ≥ _______ mg/dL with ketones (check below):

If ketones are:

- **Trace/Small**
- **Moderate/Large**

  - Allow free bathroom access
  - Encourage water and/or other sugar-free fluids
  - Recheck blood glucose levels in 2 hours
  - Recheck ketones in 2 hours
  - Other: __________________________

  - Allow free bathroom access
  - Encourage water and/or other sugar-free fluids
  - Call parents/guardians
  - Arrange for student to be taken home and/or to see his/her healthcare provider
  - Other: __________________________

Students using a continuous glucose monitor must always use a finger stick glucose reading to confirm high blood glucose.
**BLOOD GLUCOSE MONITORING**

Name of glucose monitor: ____________________________

Student will test at school.  □ Yes  □ No

Student can perform own blood glucose check.  □ Yes  □ No  Exceptions: ____________________________

Target blood glucose range: ___________ to ___________ mg/dL

**Routine glucose monitoring at school (check all that apply):**

□ Before breakfast  □ Before morning snack  □ Before lunch  □ Before afternoon snack

**Additional glucose monitoring at school (check all that apply):**

□ Before physical activity/physical education  □ During physical activity/physical education
□ After physical activity/physical education  □ Symptoms of high blood glucose
□ Symptoms of low blood glucose  □ When student is sick

---

**CONTINUOUS GLUCOSE MONITORS (CGM)**

Treatment decisions and diabetes care plan adjustments should never be made based on CGM results.

Name of CGM: ____________________________

□ CGM alert for low blood glucose is set at ______mg/dL  □ CGM alert for high blood glucose is set at ______mg/dL

**Check blood glucose by finger stick in these situations (check all that apply):**

□ Any high or low glucose alert  □ Before insulin or medication is used to lower glucose
□ Any symptoms of low or high blood glucose  □ Any time the CGM system is not working

**Additional comments:**

________________________________________________

________________________________________________

---

**SICK DAY**

If a Student comes to school sick or becomes sick at school (do the following):

• Check blood glucose  • Offer sugar-free fluids  • Arrange for student to be excused from school
• Check ketones  • Call parents/guardians  • Other: ____________________________

---

**DIABETES SUPPLIES TO BE KEPT AT SCHOOL**

□ Blood glucose monitor, blood glucose test strips, batteries for monitor  □ Fast-acting source of glucose
□ Lancet device, lancets, gloves  □ Carbohydrate containing snack
□ Urine/blood ketone testing supplies  □ Glucagon emergency kit
□ Insulin vials and syringes  □ Other: ____________________________
□ Insulin pump supplies  □ Other: ____________________________
□ Insulin pen, pen needles, insulin cartridges  □ Other: ____________________________

**ORAL MEDICATION**

□ Not applicable

**Name of medication, dose and schedule (list):**

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
**INSULIN** □ Not applicable

**Insulin required and delivered by (check):** □ Syringe/Vial □ Pre-filled Syringe □ Insulin Pen □ Insulin Pump

**Type of Insulin used:**
- □ Rapid/short: Humalog / Novolog / Apidra (circle) □ Intermediate/NPH: Humulin / Novolin (circle)
- □ Regular: Humulin / Novolin (circle) □ Long: Glargine (Lantus) / Detemir (Levemir) (circle)

**Insulin to be given by:** □ Approved School Personnel □ Student □ Parent □ Other ___________

**Student skills for using insulin (check all that apply):**
- □ Counts and calculates carbohydrates □ Draws up correct insulin dose
- □ Determines correct insulin dose for carbohydrates consumed □ Gives own injection

**Insulin required for (check):** □ Breakfast □ AM Snack □ Lunch □ PM Snack □ Other ___________

**Give Insulin (check):** □ Before eating (eat within 5 minutes) □ After eating (give insulin 10 minutes after meal)

**Insulin Dose for Meals** □ Fixed Insulin Dose OR □ Flexible Insulin Dose

- **• FIXED Insulin Dose:**
  - _______ units, if blood glucose is _______ to _______ mg/dL
  - _______ units, if blood glucose is _______ to _______ mg/dL
  - _______ units, if blood glucose is _______ to _______ mg/dL
  - _______ units, if blood glucose is _______ to _______ mg/dL

- **• FLEXIBLE Insulin Dose:** (Total dosage of insulin = insulin for food + correction insulin dose):
  - □ _______ units per carbohydrate serving OR □ 1 unit for _______ grams of carbohydrate

  A standard insulin correction dose is _______ units per _______ mg/dL above _______ mg/dL

**Insulin Correction Scale:**
- _______ units, if blood glucose is _______ to _______ mg/dL
- _______ units, if blood glucose is _______ to _______ mg/dL
- _______ units, if blood glucose is _______ to _______ mg/dL
- _______ units, if blood glucose is _______ to _______ mg/dL

**Insulin for Correction: Non Meal Time** □ Not applicable □ Applicable (see options and criteria below):

**Options:** □ Use insulin correction scale above □ Use calculated insulin correction dose above

**Criteria for giving extra insulin for correction (check all that apply):**
- □ Extra insulin is given if it has been more than 2 hours since last dose was given and it is not a meal □ Blood glucose must be checked in 2 hours after correction dose is given
- □ Blood glucose level is over _______ mg/dL □ Notify parents when extra doses are given at school
- □ Do not exceed 2 extra doses in one school day □ Other ___________

**Insulin Pump:** □ Not applicable □ Applicable (continue below)

**Insulin for Pump:** □ Used Bolus Calculator OR □ Bolus dosage as indicated below

<table>
<thead>
<tr>
<th>Time</th>
<th>Units/gram</th>
<th>Units/gram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning snack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon snack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening snack</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student pump abilities/skills (check all that apply):**
- □ Counts and calculates carbohydrates □ Disconnects pump
- □ Boluses correct amount for carbohydrate consumed □ Reconnects pump infusion set
- □ Changes infusion set/prepares reservoir and tubing □ Performs temporary basal changes
- □ Inserts new infusion set □ Troubleshoots alarms or malfunctions

**Student may disconnect insulin pump during (check all that apply):** □ Vigorous sports □ Shower □ Other ___________

□ If insulin pump fails for any reason, call parents/guardians/healthcare provider (see insulin correction dose above)

---

**SIGNATURE ADDENDUM**

This is an addendum to the original Diabetes Medical Management Plan. The changes listed above for the Insulin and Insulin Pump sections replaces any previous information.

**SIGNATURE** – Health Care Provider ____________________________ Date __________________

**SIGNATURE** – Parent/Guardian ____________________________ Date __________________

*Diabetes Medical Management Plan – Page 4 of 5*
MEALS/SNACKS AT SCHOOL

Student independently calculates the amount of carbohydrate in meals/snacks. □ Yes □ No
Student may eat carbohydrates as desired □ Yes □ No (If no, indicate amounts below)

Common Carbohydrate Amounts and Timing of Meals/Snack;

- Breakfast: _______ grams at _______ am
- Morning snack: _______ grams at _______ am/pm
- Lunch: _______ grams at _______ am/pm
- Afternoon snack: _______ grams at _______ pm

Additional snack(s) required; □ Before physical activity □ After physical activity □ Other:

Preferred snack foods (list):

Food allergies:
Foods to avoid (if any):

List food options for school parties and special school events:

Option 1:
Option 2:

Note: For Students using Insulin refer to prior insulin section of this form.

PHYSICAL ACTIVITY/SPORTS

□ Have fast-acting carbohydrates available at times of physical activity and sports.
Student should not exercise/engage in physical activity if ketones are (circle all that apply): trace / small / moderate / large

Student should not exercise/engage in physical activity:

□ If blood glucose is greater than _________________ mg/dL
□ If blood glucose is less than _________________ mg/dL

ALL SCHOOL-SPONSORED ACTIVITIES
(e.g., field trips, extracurricular activities, etc.)

Notify family of activities in order to preplan by: □ 1 week □ 2 weeks □ Other: _________________

The following diabetes supplies should be available to the student during school-sponsored activities:

□ A copy of the student’s Diabetes Medical Management Plan (DMMP), Section 504 Plan, Emergency Action Plan, and Healthcare Plan
□ Injection/insulin pump supplies and insulin with appropriate storage to prevent spoilage of insulin (if using insulin)
□ Blood glucose monitor and test strips
□ Bag lunch or snack (optional)
□ CGM sensor information
□ Glucagon kit (if using insulin)
□ Fast-acting carbohydrate source (e.g., milk, fruit juice, glucose gel, glucose tablets)
□ Other: _________________

I have reviewed and approved the Diabetes Medical Management Plan (DMMP). This DMMP shall remain in effect through the end of the current school year unless discontinued or changed in writing. I understand the DMMP or appropriate parts of the DMMP will be shared with relevant school personnel.

SIGNATURE – Health Care Provider ___________________________ Date _________________

SIGNATURE – Health Care Provider ___________________________ Date _________________

SIGNATURE – Parent/Guardian ______________________________ Date _________________

SIGNATURE – Parent/Guardian ______________________________ Date _________________

Update this plan (check all that apply):
□ Any time there are treatment changes □ 3 months □ 6 months □ Start of School year □ Other _______
Diabetes Information for Staff

Diabetes is a chronic disease that causes high blood sugar because the pancreas either does not produce enough insulin or the insulin does not work properly. The body needs insulin to allow the glucose from the blood to enter the tissues and be used for energy. Diabetes is not contagious.

Every student in the Wausau School District with diabetes has an Individual Health Plan created by the School Nurse, with the Dr. and student’s family. Each teacher of the diabetic student should get a copy and have training in basic diabetic care. Each school will also have additional staff trained in emergent care and diabetic management. Some diabetic students may require an accommodation plan under Section 504 or an IEP as a student with Other Health Impairment.

**Type 1 Diabetes (formerly called Juvenile Onset Diabetes)**
In Type 1 diabetes the pancreas produces little or no insulin. People with type 1 diabetes must take insulin to survive. Type 1 diabetes is managed by balancing insulin with food intake and exercise/activity. Management is essential to prevent high and low blood sugar readings, which can be very dangerous, even life threatening. People with this type of diabetes must take insulin by injection every day to survive.

**Type 2 Diabetes (formerly called Adult Onset Diabetes)**
Type 2 diabetes develops when the pancreas does not produce enough insulin or the body does not properly use the insulin. Type 2 diabetes is managed by a healthy diet and sometimes oral medications or insulin. Students may have symptoms of high blood sugar; however, they typically do not develop severe low blood sugar.

**Common Diabetic Emergencies**

1. **Hypoglycemia- low blood sugar**- A low blood sugar reaction (insulin reaction) can be a medical emergency and can occur very rapidly for a diabetic. **This reaction MUST be treated with a form of quick acting sugar** immediately to prevent unconsciousness or seizure. If you see ANY of the symptoms below, seek assistance from health staff immediately. **Call #400.**

   Symptoms are specific to the student, as outlined in their health plan, but include:

<table>
<thead>
<tr>
<th>hungry</th>
<th>shaky</th>
<th>tired</th>
<th>irritable</th>
<th>poor concentration</th>
<th>mood or behavior change</th>
</tr>
</thead>
<tbody>
<tr>
<td>dizzy</td>
<td>anxious</td>
<td>weak</td>
<td>inattentive</td>
<td>headache</td>
<td>confusion</td>
</tr>
</tbody>
</table>

*Examples of quick sugars: 4oz. fruit juice or regular pop, 4 glucose tablets. Students should have access to quick sugars at all times.

**Glucagon**- Glucagon is a hormone given by injection to raise blood sugar quickly. This life saving emergency medication is given any time a student with diabetes is found unconscious, having a seizure, or unable to swallow. **An injection of glucagon will never harm a student.** Specially trained staff will administer this medication and call 911.

Nurses/policy diabetes info for staff
2. **Hyperglycemia- high blood sugar**- High blood sugar can occur slowly over time. Students may have symptoms of thirst, tiredness, headache, mood change, but they may have no symptoms. For type 1 diabetics, insulin is required to treat high blood sugar. If you notice symptoms of high blood sugar seek assistance from health staff as soon as possible.

**Tips for Teachers and Other Staff**

- **Diabetic students must have quick access to their supplies at all times.** Depending on the age of the student, and their Individual Health Plan, supplies may be kept in the health office, classroom, or with the student. Supplies might include:
  - Blood sugar monitor with lancet, test strips, and extra batteries
  - Insulin, quick sugars, and glucagon
  - Ketone strips, and water/other sugar free liquid (used when blood sugar is high)
- **A diabetic student who may have low or high blood sugar must ALWAYS be accompanied by an adult when leaving the room.** There is danger of the student becoming unconscious on his way to the health office, locker, or bathroom. If you need assistance, call #400 on any district phone and ask for help.
- **An adult who is trained in diabetic management and emergency care MUST accompany all diabetic students on every trip away from the school grounds.** This might be the coach, teacher, health aid, or parent. Teachers should notify health staff as soon as possible about the event so we can provide any necessary training.
- **Diabetic students are allowed to test their blood, take insulin, have water bottles in class, and eat snacks when necessary according to their Individual Health Plan.** To provide consistency, the diabetic student may need to eat or drink and take insulin other than at lunch.
- **Notify the School Nurse or Health Aid as soon as possible if you have a diabetic student in an after school sport or program of any kind.** Diabetic students require trained adult supervision in all WSD sponsored events where a parent is not present.
- **Notify the nurse or health aid in advance of any class event or lesson that will include food.** Diabetic students must be able to participate in whatever activity the other students in their class are doing. This means that activities involving food must be carefully scheduled to enable the diabetic student’s inclusion.
- **Be aware that changes in blood sugar may affect the student’s ability to learn or recall information.** Diabetic students with very high or low blood sugar should have important tests postponed to a time when their blood sugar is under better control.
- **Always show respect for the diabetic student’s confidentiality and right to privacy.** Avoid discussing diabetic care in front of other students or staff not involved in their care.
Wausau School District
SEIZURE ACTION PLAN

This form should be accompanied by the Wausau School District Authorization to Use and Exchange Protected Health and Education Information

Student Name ___________________________________________ Grade ____________________________
Parent/Guardian ____________________________________________
Home Phone ___________________ Work ___________________ Cell ____________________________
Primary Health Care Provider ___________________ Phone ____________________________
Seizure Specialist ___________________ Phone ____________________________

SEIZURE INFORMATION:

<table>
<thead>
<tr>
<th>Seizure Type</th>
<th>Length</th>
<th>Frequency</th>
<th>Description</th>
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<tbody>
<tr>
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</table>

Seizure triggers or warning signs: ______________________________________________________
Student's reaction to seizure: ______________________________________________________

BASIC FIRST AID: CARE & COMFORT

First Aid specific to this student: ______________________________________________________

EMERGENCY RESPONSE:

Seizure Emergency Protocol: (Check all that apply and clarify below)
☐ Contact school nurse at: ____________________________
☐ Call 911 for transport
☐ Notify parent or emergency contact
☐ Notify doctor
☐ Administer emergency medications as indicated below
☐ Other ____________________________________________

A Seizure is generally considered an Emergency when:
☐ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
☐ Student has repeated seizures without regaining consciousness
☐ Student has a first time seizure
☐ Student is injured or has diabetes
☐ Student has breathing difficulties
☐ Student has a seizure in water

TREATMENT PROTOCOL DURING SCHOOL HOURS: Include rescue medication as appropriate

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage/Route/Time</th>
<th>How this may affect student at school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Medication Effective Date: From ____________________________ To ____________________________

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (school activities, sports, trips, etc.)

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WAUSAU SCHOOL DISTRICT
SEIZURE PARENT QUESTIONNAIRE

Please complete all questions. This information is essential for the school nurse and school staff in determining your student’s special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child’s school nurse.

CONTACT INFORMATION:

Student’s Name: __________________________ School Year: ______________ Date of Birth: ______________
School: ______________________ Grade: __________
Parent/Guardian Name: ______________________ Ph: (H): __________ (W): __________ (C): __________
Child’s Neurologist: ______________________ Ph: __________________
Child’s Primary Care Dr.: ______________________ Ph: __________________
Significant medical history or conditions:

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy? __________________________
2. Seizure type(s):

<table>
<thead>
<tr>
<th>Seizure Type</th>
<th>Length</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

3. What might trigger a seizure in your child? __________________________

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO
   If YES, please explain: _____________________________________________

5. When was your child’s last seizure? __________________________

6. Has there been any recent change in your child’s seizure patterns? YES NO
   If YES, please explain: ___________________________________________

7. How does your child react after a seizure is over? __________________________

8. How do other illnesses affect your child’s seizure control? __________________________

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school? __________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

10. Will your child need to leave the classroom after a seizure? YES NO
    If YES, What process would you recommend for returning your child to classroom? __________________________

Basic Seizure First Aid:

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

For tonic-clonic (grand mal) seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

nurses/policy seizure parent questionnaire
Adopted February 2013
SEIZURE EMERGENCIES
11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

12. Has child ever been hospitalized for continuous seizures? YES NO
If YES, please explain:
__________________________________________________________________________

SEIZURE MEDICATION AND TREATMENT INFORMATION
13. What medication(s) does your child take?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Date Started</th>
<th>Dosage</th>
<th>Frequency and time of day taken</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

14. What emergency/rescue medications needed medications are prescribed for your child?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Administration Instructions (timing* &amp; method**)</th>
<th>What to do after administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

A Seizure is generally considered an Emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures
- Without regaining consciousness
- Student has a first time seizure
- Student is injured or diabetic
- Student has breathing difficulties
- Student has a seizure in water

* After 2nd or 3rd seizure, for cluster of seizure, etc.
** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours?

__________________________________________________________________________

16. Should any of these medications be administered in a special way? YES NO
If YES, please explain:
__________________________________________________________________________

17. Should any particular reaction be watched for? YES NO
If YES, please explain:
__________________________________________________________________________

SPECIAL CONSIDERATIONS & PRECAUTIONS
22. Check all that apply and describe any considerations or precautions that should be taken

- General health
- Physical functioning
- Learning:
- Behavior:
- Mood/coping:
- Physical education (gym)/sports:
- Recess:
- Field trips:
- Bus transportation:

Other:

Parent/Guardian Signature: ___________________________ Date: _______ Dates Updated: ______, ______
# Wausau School District
## Seizure Observation Record

**Student Name:**

**School:**

**Grade:**

**Parents Name:**

**Phone: Home:**

**Cell:**

<table>
<thead>
<tr>
<th><strong>Seizure Date &amp; Time</strong></th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Seizure Length (minutes/seconds)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Pre-Seizure Observation</strong> (Briefly list behaviors, triggering events, activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Conscious (yes/no/altered)</strong></th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Injuries (briefly describe)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Muscle Tone/Body Movements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rigid/clenching</td>
</tr>
<tr>
<td>Limp</td>
</tr>
<tr>
<td>Fell down</td>
</tr>
<tr>
<td>Rocking</td>
</tr>
<tr>
<td>Wandering around</td>
</tr>
<tr>
<td>Whole body jerking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Extremity Movements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>arm jerking- R or L</td>
</tr>
<tr>
<td>(R) leg jerking- R or L</td>
</tr>
<tr>
<td>Random Movement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Color</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bluish</td>
</tr>
<tr>
<td>Pale</td>
</tr>
<tr>
<td>Flushed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Eyes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils dilated</td>
</tr>
<tr>
<td>Turned (R or L)</td>
</tr>
<tr>
<td>Rolled up</td>
</tr>
<tr>
<td>Staring or blinking (clarify)</td>
</tr>
<tr>
<td>Closed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mouth</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salivating</td>
</tr>
<tr>
<td>Chewing</td>
</tr>
<tr>
<td>Lip smacking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sounds (gagging, talking, throat clearing)</strong></th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th><strong>Breathing (normal, labored, stopped, noisy)</strong></th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th><strong>Incontinent (urine or feces)</strong></th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th><strong>Post-Seizure Observation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Confused</td>
</tr>
<tr>
<td>Sleepy/tired</td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Speech slurring</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Length to Orientation</strong></th>
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</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Parents Notified? (time of call)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>EMS Called? (call time &amp; arrival time)</strong></th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th><strong>Observer’s Name</strong></th>
</tr>
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**WAUSAU SCHOOL DISTRICT**

General Seizure Information For Staff

**Definition:** A seizure is a brief, strong surge of electrical activity affects part or all of the brain.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>CHARACTERISTICS</th>
<th>WHAT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Generalized Tonic/Clonic (Grand Mal)</td>
<td>stiffening of the limbs (the tonic phase) followed by jerking of the limbs (the clonic phase - usually less than a minute). During the tonic phase, breathing may decrease producing cyanosis (turning blue) of the lips, nail beds, and face. Breathing typically returns to normal during the clonic (jerking) phase, but it may be irregular. may lose bladder or bowel control; fatigue afterwards.</td>
<td>See First Aid for seizures Procedures.</td>
</tr>
<tr>
<td>II. Absence (Petit Mal)</td>
<td>a brief impairment of consciousness, usually lasts no more than a few seconds, vacant staring, and/or eye blinking.</td>
<td>No specific first aid. Repeat material or directions missed.</td>
</tr>
<tr>
<td>III. Simple Partial</td>
<td>30-60 seconds, no loss of consciousness, sudden jerking, sensory phenomena, brief weakness or loss of sensation</td>
<td>No specific first aid. Repeat material or directions missed.</td>
</tr>
<tr>
<td>IV. Complex Partial (Psychomotor/Temporal Lobe)</td>
<td>1 to 2 minutes, may have aura (or warning – most typical is sensation in stomach), may have lip smacking, picking at clothes, fumbling, unaware of environment, confusion during, sleepy after</td>
<td>Speak calmly; stay with student; if wandering, allow to wander but keep him away from hazards.</td>
</tr>
<tr>
<td>V. Myoclonic</td>
<td>Sudden, brief, involuntary muscle jerks.. May be mild and affect only part of the body, or be strong enough to throw the child to the floor. May occur as a single seizure or a cluster of seizures.</td>
<td>See first Aid for seizures.</td>
</tr>
</tbody>
</table>
FIRST AID FOR SEIZURES

The goal of seizure first aid is to keep the student safe until the seizure stops naturally by itself.

1. Remain calm. Note the time the seizure started. **Dial #400 for help.**
2. An adult must stay with the student until seizure ends.
3. Clear area of hard or sharp objects. Put a flat soft object under the head for protection.
4. Help student into lying position, turn to side so the student does not choke on oral secretions.
5. Do not restrain student; or try to stop his movements.
6. Do not put anything in student's mouth.
7. Loosen tight clothing, especially around the neck, that may make breathing difficult.

What To Do After a Seizure

1. Reassure student and monitor breathing.
2. Determine the level of awareness (alert, drowsy, confused, unable to respond) by talking or interacting with the student.
3. Determine if the student has injuries.
4. Check for loss of bladder or bowel control.
5. Allow student to rest in the health office if needed. A student may need to rest up to 2 hours after a seizure.
6. Record your observations on the seizure monitoring log.

When to call 911

1. If student has not been diagnosed with seizure disorder and has a tonic clonic or partial seizure for the first time.
2. If seizure lasts longer than 5 minutes.
3. If student suffers a series of consecutive seizures and does not recover consciousness between them.
4. If there are injuries caused during the seizure that require emergent care.
WAUSAU SCHOOL DISTRICT

Physician/Parent Specialized Health Care Procedure Consent Form

Specialized health care procedures performed at school require written instructions completed and signed by the prescribing physician and the parent/guardian. When specific instructions are not included, current standards of nursing practice will be followed.

Name of Student: ____________________________________  D.O.B.: ______________________
School: ____________________________________________  Grade: ______________________
Diagnosis/Condition for which procedure is to be performed: __________________________________
________________________________________________________________________________

Name of procedure to be performed: __________________________________________________
Time procedure is to be performed: ___________________________________________________
Specific instructions: ____________________________________________________________________

Precautions/Special concerns: ____________________________________________________________

Date effective: ______________________________ to ______________________________

Physician’s signature directs the above procedure and indicates his/her willingness to communicate with registered nurse regarding the above procedure.

Physician’s name, address and phone
_______________________________________     _______________________________________
_______________________________________      Physician’s signature
_______________________________________     _______________________________________
Date signed

I hereby give permission for my child, registered nurse, or staff designated by R.N., to perform the above health care procedure according to the physician instructions and/or current nursing standards. I also authorize R.N., or staff designated by R.N., to contact the physician if necessary regarding the above procedure. I understand that whenever possible, specialized health care procedures will be provided in the home, before or after school hours.

Parent/Guardian signature ___________________________ Date signed _________________________

Whenever there is any change in instructions for the above procedure a new form must be completed. This includes discontinuation of the procedure. A new form must be completed for each school year.
Essential Steps: (Male/Female)

1. Assemble equipment in appropriate private location for administration of procedure.

2. Have student lie on back with knees flexed and separated or sit on toilet.

3. Wash hands thoroughly.

4. If student is lying down, place protective pad under student's buttocks.

5. Put on non-sterile gloves.

6. Drape student.

7. Open antiseptic solution and pour over cotton balls in basin.

8. Open packet of lubricating jelly and squeeze it onto square.

FOR FEMALES:

- a. Hold labia open
- b. Using a downward stroke, cleanse each labium with antiseptic-soaked cotton ball.
- c. Using a downward stroke, cleanse urinary meatus with third antiseptic soaked cotton ball.
- d. Lubricate tip of catheter.
- e. Insert catheter no more than 1 1/2 inches into urinary meatus and place other end of catheter in the collection basin.

Key Points and Precautions:

1a. Appropriate locations may include cot or toilet stall.

2a. Avoid unnecessary exposure.

4a. This will serve to prevent undesired moisture from soiling the surface beneath the student.

8b. Stroke downward only once, using a clean cotton ball for each stroke to prevent infection. Repeat with 3 or 4 cotton balls.

8c. Continue to hold labia open until catheter is inserted. Be sure to locate urethra, not vaginal opening.

8e. Do not force.
Essential Steps:

FOR MALES:

a. Put on plastic gloves.
b. Hold end of the penis between thumb and forefinger and cleanse
   the meatus using a circular motion.
c. Hold the penis upright and at right angle to the student's body.
d. Exert slight pressure to widen the opening.
e. Lubricate the tip of the catheter.
f. Insert catheter to more than 1 1/2 inches into urinary meatus, and
   place the other end into the collection tray. If slight resistance is
   felt, it may help to twist the catheter. The pull on the penis can be
   increased as the catheter is withdrawn slightly, and then pushed
   ahead until urine flows.

Essential Steps Continued (Male/Female)

9. When flow of urine ceases, withdraw catheter gently and slowly.
10. Make certain that the student is dry and comfortable
11. Discard disposable equipment and waste materials.
12. Clean tray and replace supplies used.
13. Clean catheter if not replaced.

14. Wash hands.
15. Record procedure on log.

Key Points and Precautions:

FOR MALES:

8b. Use a clean cotton ball for each stroke.
8c. This position will straighten the anterior urethra.
8f. Do not use force. Instruct student to breathe deeply to relax the
   perineal muscles and overcome resistance to entry.
9a. Report any changes in urine color, appearance, or odor to
    supervising nurse.
13a. Using a solution of hot water and liquid detergent, wash outside of
    catheter to remove remaining lubricant.
13b. Pull detergent solution up in syringe and flush solution through
    catheter.
13c. Rinse catheter well in hot water, flushing with syringe.
13d. Dry catheter and fold inside clean, dry towel.
13e. The catheter and carrying container should be clean and dry.
Nurses/policy clean intermit. cath.
Adopted Oct. 1993
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>INTAKE TYPE, AMT.</th>
<th>WET OR DRY</th>
<th>CATH. AMT.</th>
<th>APPEARANCE OF URINE</th>
<th>COMMENTS, SIZE AND TYPE OF CATH. CARE OF CATH, WHO DOES.</th>
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WAUSAU SCHOOL DISTRICT

Gastrostomy Tube

Purpose: A gastrostomy is a surgical opening into the stomach through the surface of the abdomen. It's used to administer food, fluid, and/or medication directly into the stomach when:
- there is an obstruction of the esophagus
- swallowing is impaired and there is a risk of choking or aspiration
- the child has difficulty taking food by mouth to provide adequate nutrition

Bolus: A specific amount of feeding given at one time.

Slow Drip: Feeding given slowly over a number of hours continuously.

Performed by: Registered Nurse
Designated person under R.N. supervision

Equipment: as needed and supplied by parent/guardian
- Syringe - 60 cc catheter-tipped
- Administration set (feeding bag with tubing)
- Graduated measuring container
- Prescribed formula at room temperature
- Container with water for flushing tube
- Prescribed medications
- Bottle hanger or IV stand
- Rubberband, safety-pin, tape as needed
PROCEDURE
1. Wash hands
2. Gather equipment
3. Explain procedure to student at their level of understanding
4. Position student
5. Remove cap from G-tube and insert a catheter-tipped syringe into end of feeding tube. Use syringe without plunger, or feeding bag tube if it's not necessary to check for a residual.
6. Check for residual if ordered by doctor by drawing gently back on the plunger to remove any liquid or medication that remained in the stomach previously.
7. If residual was checked, disconnect syringe and cap G-tube.
8. Re-insert syringe without plunger or feeding bag with tube into G-tube.
9. Pour prescribed amount of feeding, water or medication into syringe or feeding bag and allow to flow in by gravity.
10. Observe for any unusual changes in student's tolerance.
11. Continue to pour feeding into syringe or bag as contents empty into stomach.
12. Raise or lower syringe or bag to adjust flow rate.
13. When feeding complete, flush tubing with prescribed amount of water. (Pour water into syringe or bag.)
14. Vent G-tube if ordered (open it to air).
15. Remove syringe or feeding bag and re-insert cap into end of G-tube.
16. Secure G-tube by pin or tape and tuck inside clothing.
17. Apply dressing, if needed.
18. Wash hands
19. Document feeding, medications, water, residual amounts and comments on Log Sheet.

KEY POINTS TO REMEMBER
1. Prevents transmission of infection.
2. Encourage student to participate if possible.
3. Student may be sitting or lying with head elevated at a 30 to 40° angle.
4. Remove tape or unpin G-tube.
5. Do not pull on G-tube.
6. Note the amount withdrawn and return to stomach.
7. Syringe or bag should be 6" above level of stomach (or as needed for correct flow rate.)
8. Adjust feeding volume according to doctor's orders if residual present.
9. G-tube should remain in stomach. Do not need to aspirate to check for stomach contents. (Note visually if G-tube is not in position.)
10. Nausea/vomiting, cramping or diarrhea may indicate the feeding is being given too rapidly or is too cold.
11. Keep syringe or bag partially filled to prevent air from entering stomach.
12. Clears tubing of feeding or medication.
13. Venting allows drainage of fluid or release of gas bubbles in the stomach.
14. Use universal precautions.
15. Report changes to parent and school nurse.

Nurses/policy g tube
Adopted Oct. 1993
## POSSIBLE PROBLEMS THAT REQUIRE IMMEDIATE ATTENTION

<table>
<thead>
<tr>
<th>Observations</th>
<th>Reason/Action</th>
</tr>
</thead>
</table>
| Color changes/breathing difficulty        | This may be due to aspiration of feeding into lungs.  
Stop feeding immediately. Call nurse if not present. Assess situation. If problem continues, institute emergency plan and notify parents. |

## POSSIBLE PROBLEMS THAT ARE NOT EMERGENCIES

<table>
<thead>
<tr>
<th>Observations</th>
<th>Reason/Action</th>
</tr>
</thead>
</table>
| Nausea and/or cramping                | Check rate of feeding; may need to decrease rate.  
Check temperature; may be too cold--stop feeding; let feeding get to room temperature, then administer. If problem continues, notify school nurse, parent and doctor. |
| Vomiting                              | If you have checked all of the above, stop feeding, call school nurse, parent and doctor. Remove residual if ordered.                           |
| Blocked gastrostomy tubing            | May be due to inadequate flushing or very thick fluid. Squeeze or roll gastrostomy tubing with fingers moving slowly down toward child's stomach. Try a catheter-tipped syringe filled with warm water, held high to facilitate movement of fluid. Try to draw back plunger of syringe. If blockage remains, contact parents. |
| Bleeding/drainage                     | Make sure tubing is not being pulled on. Check gastrostomy tube site for leakage.                                                           |
| G-tube falls out                      | In some children whose tract may close quickly, the G-tube may need to be reinserted within 1-2 hours.  
Cover the site with dry dressing or large bandaid. Notify parents.                                                                         |
### Gastrostomy Feeding Button - Slow Drip / Continuous Method

With or Without Feeding Pump

---

**Staff Name / Position:**

---

**Reviewer Name / Position:**

---

**Reviewer Name / Position:**

---

**Initials:**

---

**Initial Staff Teaching / Return Skills Demonstration | Teaching | Skills Demonstration**

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
</table>

**A. States name and purpose of procedure.**

---

**B. Preparation:**

1. Checks individual medical record for MD order
   - Proper student
   - Administration times
   - Amount of feeding
   - Formula type
   - Duration of feeding time
   - Position for feeding
   - Notes if pump is to be used

2. Identifies potential problems and appropriate action

---

**C. Identifies Supplies:**

1. Gloves
2. 60cc feeding syringe
3. Adaptor with tubing and clamp (bolus tubing)
4. Containers to measure and pour feeding and water
5. Prescribed diet at room temperature
6. Tap water at room temperature or slightly warmer
7. Feeding container or bag
8. Pole to hold feeding container
9. Gastrostomy feeding button port
10. Pump (if used check, if not write NA)

---

**D. Procedure:**

1. Washes hands thoroughly
2. Gathers equipment and measures feeding & water
3. Positions child correctly
4. Repeats hand washing and puts on gloves
5. Properly measures and pours feeding solution and/or water into feeding container, primes tubing, and clamps tubing.
6. Hangs feeding container on pole at height required to deliver prescribed flow (if pump is used, places tubing into pump and sets flow rate)
7. Opens safety plug & inserts tubing into the button port.
8. Opens clamp on tubing and adjusts flow to prescribed rate (if pump is used, opens clamp completely).
9. For continuous feeding with a pump, adds more fluid to the bag when empty.

---

Format adapted from *Children and Youth Assisted by Medical Technology in Educational Settings* (2nd ed.)

Paul H. Brookes Publishing Co., Baltimore
<table>
<thead>
<tr>
<th>Initial Staff Teaching / Return Skills Demonstration</th>
<th>Teaching</th>
<th>Skills Demonstration</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Checks rate of flow periodically and adjusts rate if necessary</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>11. When single feeding is completed (bag empty), clamps feeding bag tubing and removes.</td>
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<tr>
<td>12. Attaches syringe and flushes adaptor tubing and feeding device with water</td>
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<tr>
<td>13. Removes adaptor and tubing from feeding device snaps safety plug in place</td>
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<tr>
<td>14. Removes gloves, washes hands</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>15. Refers to student specific guidelines regarding position and activity after feeding</td>
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<tr>
<td>16. Washes feeding bag and tubing with soap and water, rinses and stores in clean area stores formula as instructed</td>
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<tr>
<td>17. Documents feeding/medication, residual amount, and feeding tolerance</td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>18. Reports and changes to school nurse and family</td>
<td></td>
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</tbody>
</table>

Format adapted from *Children and Youth Assisted by Medical Technology in Educational Settings* (2nd ed.)
Paul H. Brookes Publishing Co., Baltimore
WAUSAU SCHOOL DISTRICT

Individualized Gastrostomy Tube Care Plan

Student’s Name _____________________________________ Grade ____

Parent(s)/Guardian __________________________________________

Home/Work Phone __________________________________________

Date completed _________________________________

Type of formula (amount): ____________________________________

Rate of Administration: _________________________________

Water Administration (amount and time): ______________________

Time of Administration: _________________________________

Special Equipment Needed: ________________________________

Special Considerations: ___________________________________

_______________________________________________________________________

Current Medication Therapy:

Medication: ____________________                       Medication: ____________________

Dose: ________________________ Dose: ________________________

Time: _________________________  Time: _________________________

Side Effects: ___________________  Side Effects: _________________

Substitutes and/or special teachers should have access to this information.
WAUSAU SCHOOL DISTRICT

Nebulizer Procedure

I. Purpose: To administer medication through inhalation in order to loosen secretions and reduce bronchospasm.

II. Performed by: Registered Nurse/Health Aide

III. Equipment: 1) Nebulizer equipment provided by parent or guardian
2) Medication provided by parent or guardian
3) Medication and specialized procedure forms signed by physician/practitioner and parent
4) Diluent provided by parent or guardian
5) Stethoscope

PROCEDURE

<table>
<thead>
<tr>
<th>Essential Steps</th>
<th>Key Points/Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nebulizer treatments should be scheduled at least one hour before or after meals.</td>
<td>1. To prevent vomiting and aspiration of food.</td>
</tr>
<tr>
<td>2. Set up nebulizer with prescribed medication diluent. Attach equipment such as tubing, mask or mouthpiece as needed.</td>
<td>3. Provide baseline data before medication is given. Bronchodilators may produce tachycardia, palpitations, dizziness, nausea, and excess perspiration.</td>
</tr>
<tr>
<td>4. Auscultate lung sounds.</td>
<td>5. The sitting position facilitates lung expansion and aerosol dispersion.</td>
</tr>
<tr>
<td>5. Give treatment with student in sitting position. Instruct patient to breathe slowly and deeply.</td>
<td>6. Observe for adverse reaction to medication.</td>
</tr>
<tr>
<td>6. After treatment is completed, take vital signs, observe for bronchospasm and assist student to cough and expectorate secretions.</td>
<td></td>
</tr>
</tbody>
</table>
7. Percuss lungs as directed by physician.

7. a) Assist in removal of secretion if is unable to cough and expectorate.
    b) Refer to procedure on percussion and postural drainage.

8. Record Pre & Post vital signs, assessment, time, date, and duration of treatment and medication given. Chart student's tolerance of procedure and adverse reactions.

8. Notify parents and physician of any intolerance or complication to procedure.
WAUSAU SCHOOL DISTRICT

Nebulizer Administration Record

Student: ________________________________________  DOB _________________________  School _____________________

Physician ________________________________________  Phone No. _____________________  Nurse Signature ______________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Duration of Treatment</th>
<th>Medication Given</th>
<th>Pre Pulse</th>
<th>Pre Respiration</th>
<th>Post Pulse</th>
<th>Post Respiration</th>
<th>Lung Auscultation</th>
<th>Percussion</th>
<th>Tolerance of Procedure</th>
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5-11
WAUSAU SCHOOL DISTRICT

Percussion/Postural Drainage Procedure

I. Purpose: To loosen and move secretions from the peripheral area of lungs into the large bronchi; to facilitate removal of secretions through coughing or suctioning if ordered.

II. Performed by: Registered Nurse

III. Equipment: 1) Pillow or blanket
    2) Towel
    3) Emesis basin as ordered by a physician
    4) Physician's authorization form for specific percussion frequency and/or postural drainage.

Essential Steps

1. Complete procedure at least 30 minutes before eating or perform at least 1 hour after eating.

2. Auscultate lungs and assess areas of congestion.

3. Place child in appropriate position for area to be percussed.

4. Place a towel over area to be percussed. Do not percuss over rib edges, below the rib cage, or over vertebrae, or sternum.

5. Cup hands with fingers held rigidly together. A hollow sound should be produced upon clapping.

6. After each lobe is percussed, the child should deep breathe and cough. Suction as ordered by physician only.

Key Points/Precautions

1. a) To facilitate feeding
   b) To prevent vomiting and aspiration.

2. Document assessment

3. a) Some positions are contraindicated with increased intracranial pressure, vertebra fracture, extreme dyspnea, extreme obesity, a tracheotomy.
   b) See following chart for positioning.
   c) Positioning uses gravity to help move secretions from lobes.

4. To prevent fractures.

5. a) Procedure should be completed in 15-20 minutes.

6. Will help to expectorate secretions.
Page 2 - Percussion/Postural Drainage Procedure

7. Auscultate and assess breath sounds after the procedure.  


8. Record assessment of breath sounds before and after percussion. Chart student's response to procedure.  

8. Parent and physician communication is necessary to adequately ascertain the effectiveness of the procedure.
GENERAL GUIDELINES

I. Purpose: To maintain an open airway by keeping it clear of excessive secretions.

II. Performed by:
   A. Registered professional nurse
   B. Trained, designated persons under registered nurse's supervision.

III. Suctioning shall be performed:
   A. According to physician's special order
   B. Upon request of the parent
   C. When respiratory distress occurs and student is unable to clear own airway.

* Encourage student to cough to clear airway and possibly eliminate need for suctioning, however, some students may not be able to cough.

* Avoid unnecessary suctioning to reduce chances of injury or infection.

* Clean, but non-sterile, technique may be used.
### Essential Steps

1. Verify at the beginning of each school day that all equipment and supplies are ready for immediate use.
   a. Check tray
2. Wash hands prior to suctioning.
3. Assemble and prepare equipment in a clean area.
4. Position student, place tissues nearby.
5. Put on gloves.
6. Connect appropriate catheter to connection tubing. Turn on machine.
7. Place catheter tip in cup of water to draw a small amount of water through it.
8. Oral Suction as follows:
   a. Leave the vent of the catheter open and introduce catheter into mouth or nares (nose) until you reach throat cavity.
   b. Place thumb of less dominant hand over vent. Using dominant hand, gently rotate catheter between thumb and forefinger while slowly withdrawing catheter.
9. Withdraw catheter immediately when student begins to cough.
10. Tracheotomy suctioning. (Low suction) Introduce until resistance is met.

### Key Points & Precautions

4. Position:
   a. According to Doctor's recommendation
   b. Positioning on side facilitates drainage of excessive secretions or regurgitation.
5a. Gloves are used to keep hands clean, and protected from secretions.
6a. Usually preferable to use hard tipped catheter with child, especially if child bites catheter. The opening is larger and will suction vomit and pureed foods more easily.
7a. This makes sure the catheter is open and suction is working.
8a. When introducing catheter, never cover vent.
8b. If catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissue.
9a. Catheter may interfere with bringing up secretions.
Page 2 - Oropharyngeal & Tracheal Suctioning Procedure

Essential Steps

11. Suction sufficient water through catheter to clean out tubing. Repeat 8-10 times until secretions have been cleared.

12. Remove catheter with gloved hands and place catheter in container for cleaning.


14. Make sure equipment is ready for immediate use.

15. Wash hands.

16. Record procedure on log and permanent health record.

Key Points & Precautions

14a. Clean equipment according to manufacturer's recommendations.

14b. Reassemble tray

15a. Observe student for open activity
## WAUSAU SCHOOL DISTRICT

### Suction Record

Name ___________________________________________  Birthdate __________________________  School ________________________________

Procedure: Oral or tracheotomy Suction  From _____________________________ to ____________________________________

Physician ___________________________ , M.D.  Phone ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Amount Suction</th>
<th>Appearance of Suction Material</th>
<th>Comments Regarding Size &amp; Type of Catheter, Care of Catheter, etc.</th>
<th>Signature of Caregiver</th>
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Adopted Oct. 1993

Nurses/policy oropharyngeal trac suc. proc

Nurses/policy oropharyngeal trac suc. proc

Adopted Oct. 1993
### Suction Record (Con't)

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Procedure: Oral or tracheotomy Suction  From _____________________________ to _____________________________

Physician _______________________________ , M.D.  Phone ____________________________

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Nurses/policy oropharyngeal trac suc. proc
Adopted Oct. 1993
Nurses/policy oropharyngeal trac suc. proc
Adopted Oct. 1993
Purpose:

Oxygen is used to provide oxygen needed for body functions, to relieve shortness of breath and to reduce the workload of the heart.

Oxygen use is indicated for physical conditions in which a child is unable to get enough oxygen into the body, or needs more oxygen, such as chronic lung conditions like bronchopulmonary dysplasia (BPD) or cystic fibrosis (CF), or heart problems.

The supplemental oxygen equipment is to be supplied by the parents.

Performed by:

Registered Nurse per physician order and parent instructions, (on Specialized Care Procedure Forms).
Designated staff under R.N. supervision.

Oxygen Safety Precautions:

- Oxygen itself is nonflammable, however it accelerates combustion of flammable materials.
- Do not smoke or allow open flames near oxygen.
- Keep heat source and electrical equipment 5 feet or more from oxygen source. Electrical equipment should be grounded.
- Do not permit flammable materials (i.e. oil/oil based products such as vaseline, grease, alcohol) to come in contact with oxygen equipment.
- Do not cover O₂ cylinder. Store in a cool, dry, well-ventilated area.
- The oxygen cylinder is under pressure and must be handled carefully. Heat or dropping/damaging the cylinder could create enough additional pressure to cause an explosion.
- Equipment and oxygen supply must be checked at least daily, or more often.
- Notify parent of any defective equipment for replacement. Have oxygen supply company phone number available.
- Have spare oxygen readily accessible, based on the student’s needs. This should be stored safely in a secure place.
- Extra tubing and tank equipment (wrenches, etc.) must be kept in an easily accessible place.
- If using oxygen, be sure that the tank is securely placed in its stand and cannot fall or be knocked over.
- Be careful that the oxygen tubing does not become kinked, blocked or disconnected.
- Use only the flow meter setting prescribed by the child’s doctor and per parent instructions.
- Fire department should be notified that oxygen is in use in the school.
- Post “Oxygen in Use” signs.
- Staff should be aware of fire extinguisher location.
# WAUSAU SCHOOL DISTRICT

## Oxygen (O₂) Administration – Record

**Date:** __________________________  **Student’s Name:** ____________________________  **Birthdate:** ____________________________

**Parents:** __________________________  **Home/Work Phone:** __________________________

**Diagnosis:** __________________________  **Physician:** ____________________________  **Phone:** ____________________________

**Oxygen Supply Company:** __________________________  **Phone:** ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Flow Rate in Liters per Minute (L.P.M.)</th>
<th>O₂ Source:</th>
<th>O₂ Delivery Equipment:</th>
<th>Comments:</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>tubing &amp; nasal cannula, mask or tracheostomy collar. Humidifier &amp;/or O₂ concentration mask valve (specify)</td>
<td>(i.e. symptoms of respiratory distress)</td>
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**Signature/Initials:** __________________________

Nurses/policy oxy. admin. record

May 2000
### Oxygen (O₂) Administration – Record

**Date:** ____________________  **Student’s Name:** ____________________________  **Birthdate:** ____________________________

**Parents:** ____________________  **Home/Work Phone:** ________________________

**Diagnosis:** ____________________  **Physician:** ____________________________  **Phone:** ____________________________

**Oxygen Supply Company:** ____________________________  **Phone:** ____________________________

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<th>Flow Rate in Liters per Minute (L.P.M.)</th>
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**Signature/Initials:** ____________________________  5-23
These communicable diseases are reportable under Wisconsin law (Wisconsin Statute 252.05 and 252.21, Communicable Diseases, and Wisconsin Administrative Rule 145.04 (d) and 145.06, Control of Communicable Diseases). In accordance with this statute and rule, individuals who must report these diseases include but are not limited to any physician, nurse, laboratory, and anyone else having knowledge of/or reason to believe that a person has a communicable disease. Those diseases preceded by an asterisk (*) are reportable within 24 hours to the local health officer; the diseases preceded by a double asterisk (**) are reportable within 72 hours to the local health officer. Any teacher, principal or nurse serving a school may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. This chart of selected communicable diseases information is meant only as a guide to answer questions frequently asked of persons who have responsibility for groups of children in daycare centers, schools, summer camps or other similar situations.

The chart is not meant to contain an all inclusive list of significant diseases, or to be a comprehensive guide to all the information about each disease. More specific information about these or other diseases may be obtained by contacting your local public health agency or the WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES, DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASES, 1 W. WILSON ST., RM. 318, MADISON, WISCONSIN 53702 TELEPHONE: 608/267-9003.

### Disease Incubation Period | Period of Communicability | Modes of Transmission | Signs and Symptoms | Control Measures/Public Health Response
--- | --- | --- | --- | ---
AIDS (Acquired Immunodeficiency Syndrome) HIV (Human Immunodeficiency Virus) Infection | Time from infection to positive antibody test is 1 - 3 months. Time from infection to AIDS diagnosis is variable, less than one year or 15 years or more. | Infected persons are considered infectious for life even in absence of symptoms. | For HIV infection, person to person by 1) sexual contact, 2) exposure to infected blood (sharing needles in IV drug use or receiving a transfusion with HIV infected blood or blood products) 3) mother to infant during pregnancy or at the time of birth and through breast feeding. | Multiple clinical presentations. See most recent edition of Control of Communicable Diseases Manual by J. Chin for signs and symptoms. | Report directly to State Epidemiologist Education with an emphasis on educating those at highest risk about how to prevent HIV transmission and encouraging persons at risk to be tested for HIV. Infection control procedures for handling of body fluids and human blood and blood products. Exclusion from school, daycare or workplace, not indicated. Notification and referral of sexual and needle sharing partners. |
Bacterial meningitis and/or invasive disease (majority of cases caused by *Haemophilus influenzae*, *N. meningitidis*, *S. pneumoniae* and *S. aureus*) | 2 - 10 days, usually 2 - 4 days. | Variable, until organisms causing illness are no longer present in discharges from the nose or mouth (usually within 24 hours after appropriate antibiotic treatment begins). | Direct contact with droplets or contact with infected discharges from the nose or mouth. | Sudden onset of fever, headache, stiff neck, nausea and vomiting. Rash or photophobia also common with N. meningitidis. | For N. meningitidis and H. influenzae: Isolation; exclude from school, daycare; refer to physician for treatment. Immediate interview and contact investigation. Prophylactic antibiotic treatment of household contacts and individuals with direct contact to infectious nasal and oral secretions. No public health intervention required for other causes of bacterial meningitis. |
Chickenpox (varicella) | 13 – 21 days. | Usually 1 - 2 days prior to rash to 5 days after rash or until all lesions have crusted over. | Highly contagious; person-to-person by direct contact, droplet or airborne secretions. | Generalized itchy rash with small fluid filled vesicles; mild fever. | Exclude from school, daycare, workplace until vesicles become dry (usually 5 days in unimmunized persons and 1 - 4 days in immunized persons with breakthrough varicella). Routine immunization at 12 – 18 months of age. |
Conjunctivitis (pink eye), bacterial or viral | 1 – 12 days (varies with infectious agent), usually 1 – 3 days. | Usually while inflammation or drainage present. | Person-to-person through hand to eye contact; direct or indirect contact with discharge from infected eyes. | Redness of conjunctiva (lining of eye and eyelid); may have pus drainage from eye, sometimes swelling of eyelids. | Handwashing and improved personal hygiene. Refer to physician for diagnosis and treatment. Exclusion from school, daycare until noncommunicable usually 24 hours after treatment is begun. |
Diarrheal illness (acute): many different agents | 6 hours to several days or more. | Throughout course of illness: for many infections, patients | Ingestion of fecally contaminated food or water or from person-to-person transmission. | Loose, watery stools, abdominal cramps, often vomiting and | Handwashing and improved personal hygiene. Refer to physician for diagnosis and treatment. |
<table>
<thead>
<tr>
<th><strong>Parasite</strong></th>
<th><strong>Incubation Period</strong></th>
<th><strong>Symptoms During Illness</strong></th>
<th><strong>Symptoms After Illness</strong></th>
<th><strong>Prevention and Control</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>15-50 days, usually 25-30 days</td>
<td>Most infectious in the 2 weeks before and one week after onset of jaundice.</td>
<td>Onset acute; fever, malaise, nausea, loss of appetite, abdominal discomfort followed by jaundice (often not present in children).</td>
<td>Handwashing. Exclude from school, daycare, food handling until 10 days after jaundice or 14 days after onset of symptoms. Sanitary disposal of feces. Identify contacts and source of infection. Administer immune globulin (IG) to household or daycare contacts, but not normally indicated for school contacts. Routine immunization of children living in communities with increased rates of disease. Immunization of high risk adults.</td>
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<td><strong>Hepatitis A</strong></td>
<td>15-50 days, usually 25-30 days</td>
<td>Most infectious in the 2 weeks before and one week after onset of jaundice.</td>
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<td><strong>Giardia</strong></td>
<td>5-25 days, usually 7-10 days</td>
<td>Throughout the course of infection; extremely variable; usually several days to several weeks.</td>
<td>Ingestion of faecally contaminated food or water; person-to-person by fecal-oral route.</td>
<td>Handwashing and improved personal hygiene. Exclude from daycare or food handling until asymptomatic.</td>
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<tr>
<td><strong>Cryptosporidiosis</strong></td>
<td>1 – 2 days with an average of 7 days</td>
<td>While symptomatic and up to 3 weeks after symptoms resolve.</td>
<td>Person-to-person by fecal-oral route; ingestion of faecally contaminated food or water.</td>
<td>Handwashing and improved personal hygiene. Exclude from daycare or food handling until asymptomatic.</td>
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<td><strong>Campylobacter</strong></td>
<td>Variable; 9 hours to 8 days</td>
<td>Entire period of infection.</td>
<td>Person-to-person by fecal-oral route; ingestion of faecally contaminated food or water.</td>
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<td><strong>Salmonella</strong></td>
<td>6-72 hours, usually 12-36 hours</td>
<td>Throughout the course of infection; extremely variable; usually several days to several weeks.</td>
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<td><strong>Shigella</strong></td>
<td>1-7 days, average 2-3 days</td>
<td>As long as organism is excreted in the stool.</td>
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<td><strong>Fifth Disease (parvovirus B19 infection, erythema infectiosum)</strong></td>
<td>9-20 days</td>
<td>Shortly before onset of illness to 12 days after.</td>
<td>Unknown; may involve blood and respiratory secretions.</td>
<td>Handwashing. Exclude from school and daycare until fever subsides. Pregnant women who have been exposed to a case should consult their physician.</td>
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**Note:** Handwashing and improved personal hygiene may include: Handwashing with soap and water for at least 20 seconds, including the backs of hands and under fingernails; using alcohol-based hand rub for at least 20 seconds; or using a disposable paper towel to clean hands.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Incubation Period</th>
<th>Infectious Period</th>
<th>Mode of Spread</th>
<th>Symptoms</th>
<th>Preventive Measures</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis C</strong></td>
<td>6 - 7 weeks after exposure</td>
<td>1 week</td>
<td>Direct contact of mucous membranes to infected blood or secretions. Sexual transmission.</td>
<td>In U.S.A., mainly through injection drug use. Less often through sexual contact, transfusion, hemodialysis, perinatal transmission from an infected mother to her infant.</td>
<td>Insidious onset; malaise, abdominal discomfort, nausea, vomiting, possible jaundice. Most HCV infections are not symptomatic.</td>
<td>Provide education on preventing spread to others and protecting the liver from further harm. Vaccinate with hepatitis A and hepatitis B vaccines. Identify and screen needle-sharing and sexual partners. Refer to a medical provider for assessment of liver function and need for treatment.</td>
</tr>
<tr>
<td>Herpes simplex (cold sores)</td>
<td>2 - 12 days; may remain latent; local recurrences are common.</td>
<td>1 - 3 days and may remain latent</td>
<td>Contact with saliva of carriers is most common for type 1 infection.</td>
<td>Single lesion or group of lesions; cold sores typically on or in mouth. Can also cause eye lesions, severe generalized illness, and other symptoms.</td>
<td>Handwashing and improved personal hygiene. Antiviral treatment may modify acute illness.</td>
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<tr>
<td>Lice (pediculosis)</td>
<td>Varies with stage of louse/lice at exposure; eggs hatch in one week; lice reach maturity in 10 days after hatching.</td>
<td>As long as lice or eggs remain alive on the infested person or on clothing.</td>
<td>Person-to-person through direct contact or through contact with contaminated personal articles.</td>
<td>Itching of scalp (head lice) or body (body lice).</td>
<td>Refer to physician or nurse for treatment. Exclude persons with lice or nymphs from school, daycare until treatment with an effective pediculicide. Avoid sharing and storing together personal items such as headgear, combs, clothing. Examine contacts for evidence of infestation. Health education regarding laundering of clothing and dry cleaning to destroy nits and lice (129 degrees Fahrenheit for 5 minutes).</td>
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<tr>
<td>*Measles (Rubeola)</td>
<td>8 - 13 days from exposure to onset of fever; average of 14 days from exposure to rash onset.</td>
<td>From onset of respiratory symptoms until four days after rash appears.</td>
<td>Person-to-person by droplet spread; less commonly by airborne spread or contact with articles freshly soiled.</td>
<td>Cough, fever, runny nose, red watery eyes, generalized red blotchy rash that begins on the face and then becomes generalized. May appear very sick.</td>
<td>Exclude from school, daycare, workplace until five days after rash appears. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12 – 15 months of age and again just before admission to elementary school.</td>
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<td><strong>Mumps</strong></td>
<td>12 - 25 days; usually 15 - 18 days.</td>
<td>Most infectious from 48 hours prior to onset of swelling, until 9 days after onset.</td>
<td>Person-to-person by droplet spread; also by contact with saliva of infected person.</td>
<td>Generalized illness characterized by swelling of the salivary glands, inflammation of testicles in 15 – 25% of males, central nervous system involvement often</td>
<td>Exclude from school, daycare, workplace until swelling has subsided. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12 – 15 months of age and again just before admission to elementary school.</td>
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<tr>
<td>Illness</td>
<td>Incubation Period</td>
<td>Symptoms</td>
<td>Precautions</td>
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<td><strong>Mononucleosis due to Epstein-Barr Virus (EBV)</strong></td>
<td>30 – 50 days.</td>
<td>Prolonged; excretion of virus may persist for a year or longer, many carriers of EBV.</td>
<td>Fever, sore throat, swollen lymph nodes (“swollen glands”) and other manifestations. Patients should rest at home under a physician’s care until illness is over. Use good hygiene to avoid salivary contamination of contacts.</td>
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<td><em>Pertussis (whooping cough)</em></td>
<td>4 – 21 days; usually 7 – 10 days.</td>
<td>Early stages to 21 days after onset of explosive coughing spells in untreated patients; or 5 – 7 days after initiation of treatment with appropriate antibiotics.</td>
<td>Early mild upper respiratory symptoms with cough; usually progresses within 1 – 2 weeks to severe explosive coughing spells, often “whoop,” and followed by vomiting. Most severe during first year of life. Exclude from school, daycare, workplace until 5 days after initiation of erythromycin or other appropriate therapy. Prophylactic erythromycin treatment of all household and close contacts. Confirm by nasopharyngeal culture. Contact investigation; immunize susceptible contacts 2 months to 7 years. Routine immunization at 2 months to 7 years of age.</td>
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<td>Pinworms (Enterobias vermicularis)</td>
<td>2 – 6 weeks for the life cycle to be completed.</td>
<td>As long as gravid females are discharging eggs on perianal skin. Eggs remain infective about 2 weeks.</td>
<td>Rectal itching, disturbed sleep, irritability. May be asymptomatic. Handwashing. Refer to physician for treatment. Cleansing of contaminated articles. May return to school or daycare after treatment. Examination of household or close contacts. Physician will determine the need for treatment of family contacts.</td>
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<td>Respiratory illnesses including influenza</td>
<td>1 – 3 days.</td>
<td>Probably no more than 3 days after onset.</td>
<td>Sudden onset chills, fever, headache, muscle aches followed by respiratory signs and symptoms. Handwashing. Exclude from school, daycare, workplace until noninfectious; refer to physician for treatment. Prophylactic antiviral treatment may be indicated for some contacts with chronic underlying conditions.</td>
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<td>Roseola (Exanthem subitum)</td>
<td>Estimated to be about 5 – 15 days.</td>
<td>Unknown</td>
<td>High fever for 35 days followed by appearance of generalized red rash starting on the trunk; usually in children under 4 years. Exclude from school, daycare, workplace until fever subsides.</td>
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<td><em>Rubella (German measles)</em></td>
<td>14 – 21 days.</td>
<td>From a few days before until 5 – 7 days after the onset of rash.</td>
<td>May be asymptomatic; mild illness characterized by discrete red, generalized rash, swollen lymph nodes, slight fever. Exclude from school, daycare, workplace until 7 days after rash onset. Pregnant women who are exposed should immediately contact physician. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as directed by health department. Routine immunization at 12 – 15 months of age and again just before admission to elementary school.</td>
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<td>Scabies</td>
<td>2 – 6 weeks without previous exposure; 1 – 4 days if previously</td>
<td>Until mites and eggs are destroyed by treatment.</td>
<td>Tiny linear burrows under skin, vesicles, or papules containing mites and their eggs. Exclude from school, daycare, workplace until day after treatment is initiated. Contact investigation. Prophylactic treatment of those having skin to skin contact.</td>
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<td></td>
<td>Duration</td>
<td>Mode of transmission</td>
<td>Incubation period</td>
<td>Disease Description</td>
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<td><strong>Skin Infections:</strong></td>
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<td>Impetigo</td>
<td>Variable; usually 2 – 5 days.</td>
<td>Until lesions have crusted.</td>
<td>Direct contact with lesions.</td>
<td>Lesions on skin may contain pus which should be considered infectious.</td>
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<td>Impetigo (usually caused by Staphylococcus or Streptococcus)</td>
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<td>Staphylococcal Infections</td>
<td>Variable; usually 4 – 10 days.</td>
<td>Duration of acute illness or as long as wound drainage persists.</td>
<td>Person-to-person through direct contact with lesions.</td>
<td>May be local as in an infected wound or sore. Refer to physician for treatment. Handwashing. Exclude from school or daycare until lesions have crusted or until 24 hours after antibiotic treatment has been initiated. Avoid common use of articles. Refer to physician for treatment.</td>
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<td>Sexually transmitted diseases including: <strong>Chlamydia</strong></td>
<td>Poorly defined incubation period. 7 – 14 days or longer.</td>
<td>Unknown</td>
<td>Sexual contact with infected person.</td>
<td>Multiple clinical presentations. Refer to most recent printing of the Sexually Transmitted Diseases Summary Chart produced by the Centers for Disease Control (CDC) and the Control of Communicable Diseases Manual by J. Chin. Prevention education. Routine screening of sexually active women aged 25 years or younger recommended by the Third U.S. Preventive Services Task Force. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.</td>
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<td><strong>Chancroid</strong></td>
<td>3 – 5 days, up to 14 days.</td>
<td>As long as the patient is symptomatic.</td>
<td>Direct contact with secretions from open lesions.</td>
<td>Refer to CDC STD Summary Chart and Control of Communicable Diseases Manual by J. Chin. Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.</td>
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<td><strong>Herpes Genitalis</strong></td>
<td>2 - 12 days.</td>
<td>Primary lesions infectious 7 – 12 days; recurrent lesions 4 – 7</td>
<td>Sexual contact with infected person.</td>
<td>Refer to CDC STD Summary Chart &amp; Control of Prevention education. Early diagnosis and treatment. Provide education to individuals diagnosed with their FIRST clinical episode of</td>
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<tr>
<td>Disease</td>
<td>Incubation Period</td>
<td>Manifestations/Transmission</td>
<td>Prevention Measures</td>
<td>Notes</td>
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<td>Lymphogranuloma venereum</td>
<td>Variable, 3 days to several months.</td>
<td>Variable, weeks to years, during presence of active lesions.</td>
<td>Direct contact with open lesions.</td>
<td>Refer to CDC STD Summary Chart &amp; Control of Communicable Diseases Manual by J. Chin. Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.</td>
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<tr>
<td>Syphilis</td>
<td>10 - 90 days; usually 3 weeks.</td>
<td>Variable; indefinite if untreated.</td>
<td>Direct contact with infectious lesions or secretions.</td>
<td>Refer to CDC STD Summary Chart &amp; Control of Communicable Diseases Manual by J. Chin. Prevention education. All identified sex partners of confirmed cases of early syphilis should be tested and receive therapy. Interview case and refer sex partners for examination and treatment.</td>
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<tr>
<td>Streptococcal infections including: Scarlet Fever</td>
<td>1 – 3 days.</td>
<td>10 – 21 days in untreated cases; 24 – 48 hours after beginning treatment with appropriate antibiotics.</td>
<td>Direct or intimate contact with infected persons, objects or food.</td>
<td>General skin rash; sore throat, circumoral pallor, strawberry tongue. Refer to physician for treatment. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is instituted.</td>
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<tr>
<td>Strep throat</td>
<td>1 - 3 days.</td>
<td>10-21 days in untreated cases; 24 – 48 hours after beginning treatment with appropriate antibiotics.</td>
<td>Direct or intimate contact with infected persons, objects or food.</td>
<td>Sudden onset of sore throat and fever. Refer to physician for treatment. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is instituted.</td>
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<tr>
<td>Tuberculosis</td>
<td>2 – 10 weeks, may persist as a latent infection.</td>
<td>As long as bacteria are discharged in sputum.</td>
<td>Person-to-person by droplet spread.</td>
<td>Fatigue, fever, weight loss, cough. Refer for diagnosis and treatment; exclude from school, daycare, workplace until sputum is negative about 2 – 4 weeks after initiation of treatment. Routine TB skin testing of high risk populations. Investigations and TB testing of all household and close contacts.</td>
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WAUSAU SCHOOL DISTRICT
Communicable Disease Policy

A communicable disease is any disease caused by microorganisms or parasites (bacteria, fungi, protozoa, viruses) which can be spread directly from person to person, or indirectly by another object. The most common ways of spread are:

♦ Through body fluids (blood, saliva, mucous, eye discharge)
♦ Through human waste (stool, urine)
♦ Through direct skin-to-skin contact
♦ Through indirect contact by touching an object which has germs on it (i.e., a toy, telephone, doorknob)
♦ Through air in drops of water from sneezing and coughing
♦ Through insect vectors

To control a communicable disease it is important to identify the organism, prevent its spread to others, and treat the infected person.

Staff members are required to follow infection control guidelines in all settings and at all times in accordance with the Wausau School District Communicable Disease Policy and the guidelines of the Exposure Control Plan for the Wausau School District (in section 6) which adheres to the recommendations set forth by the Occupational Safety and Health Administration (OSHA). Equipment and supplies needed to carry out infection control will be maintained and kept accessible.

Staff members are expected to report to the person(s) responsible for health issues if a student’s health condition or behavior presents a reasonable risk of transmitting any infection in school.

The health and safety of all students and staff is the primary concern when dealing with communicable diseases, whether acute, common childhood diseases, or chronic diseases such as HIV infection and hepatitis B. Management of communicable diseases will be in accordance with Wisconsin law (Wisconsin Statute 143.04 and 143.12, Communicable Diseases, and Wisconsin Administrative Rule 145.04(d) and 145.06, Control of Communicable Diseases). See Wisconsin Communicable Disease Chart (at beginning of section 6) regarding selected communicable diseases and exclusion guidelines. A student with symptoms of a communicable disease which is readily transmitted in the school setting will be temporarily excluded from school per these guidelines. An alternative educational plan will be implemented for students who must be restricted from the routine school setting for an extended time.

Only those persons with direct responsibility for the care of a student or for determining an appropriate educational plan will be informed if a student has a communicable disease, if there is a need for the person to know this information due to the risk of transmission of the disease in the school setting, or if a student with suppressed immunity needs to be protected from other communicable diseases which may be life threatening to that student.
Page 2 – Communicable Disease Policy

Parent/guardian of other students attending the school may be notified that their child has been exposed to a communicable disease which is readily transmitted in the school setting without identifying the particular student who has the disease. Verbal/written information regarding the communicable disease will be given as needed.

If a situation occurs at school in which a student might have been exposed to an infectious agent by blood-to-blood contact, person(s) responsible for health issues will recommend that the student (or, if a minor, inform parent/guardian) to seek appropriate medical evaluation. The Wausau School District Accident Report Form is to be completed according to procedure for accidents.

A student with HIV infection has the same right to attend school and receive services as any other student, and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity.

Educational placement of a student known to be infected with HIV will be determined on a case-by-case basis by parent/guardian, qualified health care professionals, and administrative/educational staff. The student’s and family’s privacy will be respected, and placement will be reassessed if there is a change in the student’s need for accommodations or services. Current medical information and legislation will be followed to ensure that placement is medically, legally and educationally sound.

Information regarding a person’s HIV status will not be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection or the parent/guardian of a legal minor. The written consent must specify the name of the recipient(s) of the information and the purpose for disclosure. All health records and notes in reference to a person’s HIV status will be kept locked. Access to these confidential records is limited to those named in written permission from the person or parent/guardian. Information regarding HIV status will not be added to a student’s permanent educational or health record without written consent.

Every employee has a duty to treat medical information confidential, especially any knowledge concerning HIV status of a student or other staff member. Violation of medical privacy concerning HIV infection is cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.

Administrative staff/school nurse will consult with Wausau School District medical director, local public health department, state bureau of public health, or legal authorities as necessary regarding communicable diseases.
WAUSAU SCHOOL DISTRICT

Communicable Disease Procedure for Exclusion from School

When a student with symptoms of a communicable disease reports to the health area, the principal, school nurse, or staff designated by principal or school nurse may exclude the student until they no longer are infectious or pose a risk to others, or per physician’s written instructions. When exclusion is necessary:

♦ Contact parent/guardian and explain reason for exclusion
♦ Refer to physician for diagnosis and treatment when appropriate
♦ Provide information on the disease to student/class/parent/guardian when appropriate
♦ Consult with school nurse regarding questions on communicable disease

Students may be excluded from school for communicable disease control for the following conditions:

♦ Undiagnosed or untreated skin rash or sores that cannot be covered
♦ Fever (temperature 100.5°F or greater or if behaviors such as excessive sleepiness or coughing which might be interfering with the student’s learning.)
♦ Vomiting/frequent diarrhea
♦ Upper respiratory illness with frequent cough/drainage
♦ Pink eye if accompanied by fever, behavioral change or inability to avoid touching eyes. (Antibiotics not required for return.)
♦ Strep throat (until 24 hours after treatment has begun, or Dr. approval)
♦ Students whose immunization status is not in compliance with the Wisconsin immunization law
♦ Students with known suppressed immunity may be excluded, for their protection, when cases of communicable disease (i.e., measles, chickenpox) occur in school

A student may not be excluded from school when the risk of transmission of a communicable disease is remote in the school setting. For example, because transmission primarily occurs through sexual contact or from sharing infected needles, students with sexually transmitted diseases, HIV infection or chronic hepatitis B would not be excluded unless they had a secondary infection or other communicable disease that posed a threat to others.

A student may not be excluded from school when transmission of a communicable disease can be controlled through education, provision of supplies for good hygiene, and by practicing universal precautions.

References: Madison Metropolitan School District, Health Services Program, Guidelines for Management of Illnesses and Injuries In the School Setting, November 1995

Mosby’s Medical Nursing & Allied Health Dictionary 3rd Edition

Wisconsin Communicable Disease Chart, August 2014
WAUSAU SCHOOL DISTRICT

"Universal Precautions" - Procedure to Protect from Bloodborne Diseases

In the school setting it is not possible for you to know who may be a carrier of an infectious disease and what germs may be present. Carriers do not always show outward signs of infection and often are not aware of being infected. But you can take steps that will help protect you from all infectious diseases.

Universal precautions are steps recommended by the U.S. Centers for Disease Control to reduce risks of infection. Taking “universal precautions” simply means taking routine care in handling blood and body fluids containing blood of all persons regardless of whether those persons are known to be infected with some specific disease-causing agent.

**UNIVERSAL PRECAUTIONS INCLUDE THE ACTIONS BELOW**

1. Wash your hands with soap and running water at regular times during your workday. Handwashing is the single most important procedure for preventing the spread of infection.

2. Avoid punctures with objects that may contain blood of others.

3. Handle discharges from another person’s body (particularly body fluids containing blood) with vinyl gloves and wash hands thoroughly with soap and running water when you are finished.

4. Carefully dispose of trash that contains body wastes and sharp objects. Use special containers with plastic liners for disposal of refuse that contains blood or for any body spills that may contain blood. For disposal of sharp objects, use containers that cannot be broken or penetrated. DO NOT BEND, BREAK OR RECAP NEEDLES.

5. Promptly remove another person’s blood and body wastes from your skin by washing with soap and running water.

6. Clean surfaces that have blood or body wastes containing blood on them with an Environmental Protection Agency (EPA) approved disinfectant or a 1:10 solution of household bleach and water. (The solution should be fresh daily to assure proper strength.)

7. Have a vaccination for protection from hepatitis B if you are considered at risk because of job classification.

Universal precautions will protect you from HIV infection, hepatitis B and many other infectious diseases. You do not need to know which people around you are infected with HIV or any other diseases they may be carrying because you are always prepared. Taking universal precautions will result in fewer illnesses for you and others around you.

For more detailed information on principles of universal precautions refer to Bloodborne Pathogens Exposure Control Plan for the Wausau School District (in Section 6).

Nursing policy univer. prec.
Rev. Apr. 1999

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WAUSAU SCHOOL DISTRICT

Handwashing Procedure

Frequent/thorough handwashing is necessary to help prevent the spread of germs and communicable diseases. It is also an important step of “Universal Precautions” to reduce risk of infection from blood and body fluids.

Procedure:

1. Lather hands with soap and running water. Soap breaks up soil and microorganisms allowing them to be easily rinsed off.

2. Vigorously rub together all surfaces of lathered hands for a minimum of 15 seconds. Include back of hands, wrists, between fingers, and under fingernails and rings. Keep splashes to a minimum and do not touch the sink.

3. Rinse hands thoroughly under running water. Running water carries away dirt and debris. Point fingers down so water and contaminates do not drip up the arm.

4. Dry hands completely with paper towel.

5. Turn off faucet with paper towel.

6. Discard paper towel in a waste container without touching the container.
Glove Use and Removal Procedure

Wear vinyl disposable gloves before making contact with body fluids during care, treatment, and all cleaning procedures.

Gloves should be removed when they become contaminated or damaged, or immediately after finishing the task. You must follow a safe procedure for glove removal, being careful that no pathogens from the soiled gloves contact your hands.

Procedure:

1. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
2. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
3. Never touch the outside of the gloves with bare skin.
4. Dispose of the gloves in a waste container.
5. Wash hands with soap and running water.
WAUSAU SCHOOL DISTRICT

Diaper Change Procedure

Children in the school who are not toilet trained will be wearing diapers. Correct diapering procedures are required to prevent the spread of infection. Spread of diseases by the fecal-oral route is well documented but can be prevented if diapers are changed properly. It is the responsibility of the parent/guardian to supply diapers, wipes, disposable pads for changing table, and extra clothing.

1. Provide for student privacy.

2. Wash hands with soap and running water.

3. Place student on changing table and secure.

4. Put disposable vinyl gloves on.

5. Change diaper and clothing if soiled. Cleanse buttocks/perineal area.

6. Dispose of diapers in a sealed bag and place in a covered container. Seal soiled clothing in bag to return home.

7. Remove and dispose of soiled gloves, wash hands with soap and running water, then reglove.

8. Clean changing table thoroughly after each person with Environmental Protection Agency (EPA) approved disinfectant or a 1:10 solution of household bleach in water. (The solution should be fresh daily to assure proper strength.)

9. Wash hands with soap and running water.
**WAUSAU SCHOOL DISTRICT**

**Head Lice Guideline**

**Definition:** Head lice are small, parasitic insects that infest human hair about a ¼ inch from the scalp. They feed on blood and are contagious, but do not spread disease.

A single insect is called a louse. A louse is the size of a sesame seed and is tan to grayish white in color. A female louse can lay more than 100 eggs (nits) in her lifetime. The nits are tiny, tear drop shaped eggs that are attached to the hair shaft with a glue like substance. They can be found around the nape of the neck or ears and may appear yellowish or white. The nits can look very similar to dandruff, but are not easy to remove or brush from the hair shaft. Nymphs or baby lice are smaller and grow into adult size in one to two weeks. They are not able to lay eggs until that time.

- Head lice infestations are not related to cleanliness and can occur in all socioeconomic groups. The infestation is not reportable to the public health dept unless there are other communicable disease related concerns.

**Symptoms:** The first indication of an infestation can be a tickling feeling on the scalp or itching, especially the on the back of the head and around the ears. It may take 2-3 weeks for a person to notice the intense itching associated with head lice. Typically a person has been exposed to lice about 4 weeks before lice/nits are first noticed on the head.

Lice are most often spread by direct head to head contact with an infected person. Lice are less commonly spread by indirect contact with personal items such as; clothing, hats, headphones, combs, and brushes. Nits hatch in approximately 7 days. A viable nit is about a ¼ inch from the scalp. Once hatched the baby lice (nymphs) take 7-14 days to become an adult louse that can lay eggs.

Lice are not able to live off of the scalp and without a blood supply longer than 24 hours. Head lice may survive up to 24 hours away from the body.

**School Responsibilities**

- If designated staff discover head lice or untreated nits on a student at school, the parent/guardian will be contacted and asked to pick the student up and administer a lice treatment with a pediculicide/ovicide. An FDA approved over the counter or prescription pediculicide/ovicide should be used according to label directions. (Natural remedies are considered insufficient treatment for live lice and should not be used). If the parent/guardian notifies school that head lice/nits were found at home, student may return to school after treatment with an FDA approved pediculicide/ovicide. If a student with live lice or untreated nits is not able to be picked up they may remain in the classroom the rest of the school day but must be treated with an FDA approved pediculicide/ovicide prior to returning to school the next day.

- The student may return to class as soon as the FDA approved treatment has begun and no live lice remain. Nits may persist, but successful treatment should kill live lice.

- Stress daily nit removal to parent/guardian and remind them to check all family members and notify close contacts.

- Educate parents on the use of nit combs and how to clean them. Nit combs should be metal (not plastic) and have long, close tines that can't be seen through. Generally the combs packaged with the pediculicide do not adequately remove the nits because the tines are too far apart and nits/louse slip through.
• Designated staff will examine student upon returning to school and again on days three and seven after initial treatment was started. This will occur whether head lice/untreated nits are found at school or reported from home. If live lice are found after the initial FDA approved treatment, the parent/guardian should notify their medical provider for further guidance.

• The student's parent/guardian should be contacted and staff will recommend the student be picked up for live lice to be combed out. Student may return to class as soon as live lice are no longer found on the student's head.

• If nits are found, after initial treatment with an FDA approved pediculicide/ovicide, child may stay in school. Nit removal should be done at home. Additional assistance at school will be at the discretion of the school nurse.

• Most lice treatment products recommend a second treatment 7-10 days after the initial treatment to kill any lice (nymphs) that may have hatched, but day 9 is ideal. If live lice are found after two rounds of an FDA approved treatment, recommend the parent/guardian call the student’s health provider for further treatment options.

• Designated staff will screen the primary elementary classroom if live lice or untreated nits are found on 2 or more students. Siblings in the same school may also be screened. Middle and High school students will be screened per parent request only.

• Screen in a private setting and wash hands with soap and water or use a disinfectant hand product between students. Gloves may be worn but are not necessary. If gloves are worn they should be changed between students. Good lighting is essential and an applicator stick may be helpful. Discuss lice information during screening. Confidentiality will be maintained and the student will not be singled out. If the student with lice is in the classroom during screening, screen them as well. If another case of lice is found during the screening, continue with the screening and do not remove the student from the classroom. Upon conclusion, discreetly send the student to the health office.

• If more than one student is found to have lice in the classroom a letter and brochure will be sent home to the entire grade level requesting that parents/guardians also screen their students.

• Classrooms will only be rescreened if there is a new case and it has been a minimum of one month since the last classroom screening.

• Environmental disinfectant/sprays will not kill nits and should not be used. Routine cleaning by custodial staff is all that is needed in the classroom. Consideration should be made for soft communal items like bean bag chairs, art shirts etc. Washable items should be cleaned in hot water and dried on high for 20 minutes before being returned to the classroom. Any item that cannot be washed will be stored in a plastic bag for 10 days.

• Cases of recurrent lice or noncompliance with an FDA approved treatment will be addressed on a case by case basis by the principal and school nurse.

• Periodically an educational letter and lice brochure will be put in the school newsletter reminding families to screen their students when home for lice or nits.

• Disinfect all lice combs before using again by boiling in water for 5 minutes or soak in 70% isopropyl alcohol for one hour.
The Parents/student responsibilities:

- Read through information provided about lice. Feel free to ask staff questions about treatment.
- Understand that lice do not transmit disease, and can be found in all socioeconomic groups.

- Treat their student with an FDA approved over the counter or prescription pediculicide/ovicide according to label directions. (Natural remedies are considered insufficient treatment for live lice and should not be used).
- Understand that the student may return to school as soon as FDA approved treatment has started and no live lice remain.
- After initial treatment to kill live lice, efforts should be made to remove nits a ¼ inch from the scalp by using a nit comb or manually. A nit comb should be metal (not plastic) and have long, close lines that can't be seen through.
- Students should not share personal items like combs, hats, hair ties, etc. Hats should be put in the child's jacket sleeve when not in use.
- Call medical practitioner if appropriate treatment has failed a second time
- Disinfect all lice combs before using again by boiling in water for 5 minutes or soak in 70% isopropyl alcohol for one hour.

References: The National Association for School Nurses
The Centers for Disease Control
Harvard School of Public Health
WI Division of Public Health
The American Academy of Pediatrics
Does the household environment need to be treated?

- Routine cleaning of the child’s environment, including washing recently used clothing, bedding and linens in hot water is recommended.
- Items that cannot be washed should be sealed in plastic bags for 2 weeks.
- Vacuum carpeting, upholstered furniture and car seats.
- Do not use pesticide sprays (sometimes called “lice sprays”). They do not control lice.

**Remember:** Head lice can survive off a human host for up to 48 hours and nits will hatch within 7-10 days.

Will I ever get rid of head lice?

Don’t get discouraged! It takes time and **YES,** it will end. The main reasons for continued infestations are:

- Did not follow directions on the product.
- Did not remove all lice or nits.
- Did not treat the environment thoroughly.
- Resistance to the over-the-counter anti-pediculicide treatment
- New lice infestation from a playmate or family member

**Reminder:** Each person with head lice needs a complete treatment. Do not split a single box of shampoo or container of rinse treatment between those that are infested.

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**Who gets head lice?**

ANYONE can get head lice! It is most common in pre-school and elementary school-aged children (ages 3-12) and females. Kids are much more likely to get lice from family members and playmates than from classmates at school. Head lice are not a sign of lack of cleanliness. Pets do not carry or spread head lice.

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**If you have questions regarding treatment for head lice, please contact your medical provider, school nurse or your local health department.**

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**Head Lice Treatment**

What parents need to know!
What are head lice?
Head lice (or Pediculosis) are small, wingless parasitic insects approximately 1/8 of an inch long (about the size of a sesame seed) that live on the scalp. Head lice are very quick and use a hook-like claw to stay attached to the hair.

What are nits?
Female lice lay eggs called nits that are whitish, oval sacs approximately 1/16 of an inch long (about the size of a pin head). The nits are attached to the hair shaft by a cement-like substance that makes them difficult to remove. The life cycle of head lice is approximately 30 days during which time each female louse can lay up to 7-10 nits a day.

How are head lice spread?
- **Direct** head to head contact with infested person.
- **Indirect** contact with personal belongings of an infested person such as brushes, combs, clothing, bedding, upholstered furniture and car interiors, all of which temporarily harbor lice. Theatre and airline seats also temporarily harbor lice.

What are symptoms of head lice?
- **Itching and scratching** usually on the back of the scalp and nit and behind the ears.
- **Sores on the head** caused by scratching.
- **Visible** lice or nits.

Remember: Nits stick on the hair.
Some children may have no symptoms. Don’t confuse dirt or dandruff with nits.

What is the treatment for head lice?
- **Use an FDA approved**, over-the-counter anti-pediculosis product, which is used to kill head lice. Prescription products are also available.
- **Read the instructions** before using any product and follow **ALL** instructions.
- **Comb hair** with a fine-toothed metal nit comb (cannot see through the tines) to remove lice and nits.
- **Disinfect** all combs and brushes before using them again by boiling them in water for 5 minutes or soak in 70% Isopropyl alcohol for 1 hour.
- **Check your child’s hair daily**. Manually or with a fine-toothed metal nit comb, remove nits for 2 weeks following the initial treatment.
- **Retreat** your child with anti-pediculosis product 7-10 days after initial treatment.
- **Continue** to check your child’s head weekly for at least 4 weeks.

There is NO proof that the following treatments work:
- Vinegar
- Compounds that claim to dissolve the glue on the nits “to ease their removal”
- Bleach
- Mayonnaise
- Olive Oil
- Tea Tree Oil
- Lotions that claim to “suffocate” lice
- Petroleum jelly
- Other household chemicals including: kerosene, gasoline, paint thinners and turpentine

Who should I notify if my child has head lice?
- **School**
- Playmates and close friends outside of school
- Medical provider (if the over-the-counter anti-pediculosis treatment and nit removal are not successful)

Should all family members be treated?
- **All** family members residing with an infested person should be examined for the presence of head lice.
- Treat **ANY** family member with a head lice infestation.

Exceptions:
Children under two years of age or women who are pregnant or breastfeeding **should not** use an anti-pediculosis product unless instructed by their medical provider.

Persons with chronic illness or the elderly should consult with their healthcare provider.
¿Necesitamos cuidar el ambiente de la casa?
- Se recomienda la limpieza diaria del entorno del niño, incluyendo el lavado de ropa usada recientemente y ropa de cama en agua caliente.
- Ropa que no se puede lavar debe sellarse en bolsas de plástico durante 2 semanas.
- Aspirar alfombras, muebles tapizados y asientos de automóviles.
- No utilice pesticidas en aerosol ("spray contra piojos"). Ellos no controlan los piojos.

Recuerde: Los piojos pueden sobrevivir fuera del cuero cabelludo por un máximo de 48 horas y liendres salen del huevo en 7-10 días.

¿Podré deshacerme de los piojos?
¡No se desanime! Terminará con ellos y sí, lleva tiempo. Las principales razones de infestaciones continuas son:
- No seguir las instrucciones del producto.
- No eliminar todos los piojos o liendres.
- No limpiar el medio ambiente a fondo.
- Resistencia al tratamiento pediculicida (contra piojos) comprado sin receta.
- Nueva infestación de piojos por parte de un compañero de juegos o familiar.

Recordatorio: Cada persona con piojos en la cabeza necesita un tratamiento completo. No divida o comparta una sola caja de champú o tratamiento entre las personas que están infestadas.
¿Que son los piojos?
Los piojos (o Pediculosis) son pequeños insectos parásitos, sin alas, de aproximadamente 1/8 de pulgada de largo (del tamaño de una semilla de ajonjoli) que viven en el cuero cabelludo. Los piojos son muy rápidos y usan una garra de gancho para mantenerse unida al cabello.

¿Que son las liendres?
Piojos hembras ponen huevos blanquecinos llamados liendres, ovalados aproximadamente 1/16 de pulgada de largo (del tamaño de una cabeza de alfiler). Las liendres se unen al tallo del cabello por una sustancia parecida al cemento que las hace difícil de eliminar. El ciclo de vida de los piojos es aproximadamente 30 días durante los cuales cada piojo hembra puede poner de 7-10 liendres al día.

¿La lienda se pegan en el cabello? Los piojos y las liendres a simple vista.

¿Como se sabe si son piojos?
- Por picazón y el rascado continuo por lo general en la parte posterior del cuero cabelludo y el cuello y detrás de las orejas.
- Llagas en la cabeza causada por el rascado.
- Visiblemente, piojos y liendres a simple vista.

¿A quién debo notificar si mi hijo tiene piojos?
- A la escuela
- Compañeros y amigos cercanos fuera de la escuela
- Proveedor Médico (si el tratamiento con medicamentos de venta libre contra la pediculosis y la eliminación de liendres no tienen éxito)

¿Deben ser tratados todos los miembros de la familia?
- Todos los miembros de la familia que residen con una persona infestada deben ser examinados para detectar la presencia de piojos.
- De trato a cualquier miembro de la familia con una infestación de piojos.

¿Deben ser tratados todos los miembros de la familia?

- Todos los miembros de la familia que residen con una persona infestada deben ser examinados para detectar la presencia de piojos.
- De trato a cualquier miembro de la familia con una infestación de piojos.

**Excepciones:**
Los niños menores de dos años de edad o las mujeres que están embarazadas o amamantando no deben usar un producto anti-pediculosis a menos que lo indique su proveedor de atención médica.

¿Cual es el tratamiento contra los piojos?

Solo utilice un producto de venta libre para matar los piojos aprobado por la FDA. Productos de venta con receta también están disponibles.

- Lea las instrucciones antes de usar cualquier producto y siga todas las instrucciones.
- Peine el cabello con un peine de metal de dientes finos (no se puede ver a través de los dientes) para eliminar los piojos y liendres.
- Disinfecte todos los peines y cepillos antes de usarlos de nuevo en agua hirviendo durante 5 minutos o remojar en alcohol isopropílico de 70% durante 1 hora.
- Revise el cabello de su hijo diariamente. Manualmente o con un peine fino de metal, y quite las liendres durante 2 semanas después del tratamiento inicial.
- Aplique de nuevo el producto anti-pediculosis 7-10 días después del tratamiento inicial.
- Continúe revisando semanalmente la cabeza de su hijo durante al menos 4 semanas.

NO hay pruebas de que los siguientes tratamientos funcionan:

- Vinagre
- Los compuestos que pretenden disolver el pegamento en las liendres “para facilitar su eliminación”
- Cloro
- Mayonesa
- Aceite de Oliva
- Aceite de árbol de té
- Las lociones que pretenden “asfixiar” piojos
- Vaselina
- Otros productos químicos del hogar, incluyendo: querosén, gasolina, disolventes de pintura y aguarrás
Date: __________    Grade: _____

Dear Parent/Guardian,

You are receiving this letter because two or more than children in your student’s grade have head lice. The information is intended to increase awareness of how head lice are transferred and steps that can be taken at home to prevent spreading and ease removal.

**Check your child’s head weekly for lice and/or nits (eggs).**
Mature lice, which are no bigger than a sesame seed, avoid light and are hard to see. Lice eggs or “nits” are usually found close to the scalp-usually within on quarter inch. They appear as tiny whitish ovals that are “glued” to the hair shaft. They cannot easily be flicked away as dandruff can and cannot survive on your pets. Head lice do not transmit disease and are not a serious medical condition.

**Check Regularly –Treat Quickly**
If you find head lice on your child, please notify the school and treat him/her with an FDA approved head lice treatment following package instructions. You may also like to make your child’s physician aware so they can make further recommendations.

**Help Keep Head Lice Off Your Child**
- Check your child’s head weekly for signs of head lice.
- Teach your child not to share or trade personal items such as hats, combs, brushes, headbands, and barrettes.
- Contain long hair in braids or ponytails, especially in younger children.
- Teach children to avoid head-to-head contact.

For more information regarding head lice or its treatment, please refer to the brochure included with this letter and as always, feel free to contact the school nurse, your health care provider or your local health department for further information. Thank you for your help and support.

Sincerely,

School Nurse      Principal
GENERAL INFORMATION: Scabies is an infestation of the skin caused by the human itch mite, a tiny insect so small that it requires a microscope to be seen. The mites burrow in the outer layer of skin where they live and reproduce. An itchy rash, the tell-tale sign of scabies, is caused by an allergic reaction to the parasite and usually begins about 4 weeks after infection occurs.

Scabies is mainly transmitted from one person to another through close contact with an infested person, or by sharing his or her personal articles, such as clothing or bed linen. If you think you may have been exposed, or if you experience intense itching, consult your physician.

The human scabies mite infests and reproduces only on humans. Scabies mites from other animals may cause limited local irritation but will not become an infestation.

Anyone of any age can get scabies, especially people living in crowded conditions.

SYMPTOMS: The most typical symptom of scabies is intense itching, particularly at night.

The rash of scabies consists of numerous small, red bumps and occasional blisters, hives and rusty sores. The presence of scabies mites is often indicated by white, superficial thread-like lines where female mites have burrowed under the skin to live and lay their eggs.

In school age children and adults it occurs most typically between the fingers and on the wrists, elbows, armpits, breasts, beltline, groin and genitals. Infants and children sometimes get scabies on the head and scalp, or on the palms of the hands or soles of the feet.

COMMUNICABILITY: Persons with live mites in their skin, even if they have very little or no rash, can transmit scabies to another person. Close contact, for instance bed sharing, is most likely to result in infection; scabies is rarely caught from casual activities such as hand holding during games.

IF SIGNS/SYMPTOMS OF SCABIES ARE PRESENT, EXCLUDE FROM SCHOOL.

TREATMENT: Proper identification of scabies requires medical diagnosis. A scraping from the affected skin may be taken and examined under a microscope for this. Scabies is often accompanied by bacterial infections and is easily confused with other skin diseases. An accurate diagnosis is important because treatment for scabies requires the direct application of a prescription pesticide (scabicide) to the skin.

Medication should be applied and removed per physician instructions.

Scabicides should not be reapplied without instructions from the doctor. These products are chemicals and can be harmful if applied too frequently or over long periods. Itching and rash usually improve after treatment but may not disappear completely for several days or weeks.

6-17

Nurses/policy scab. policy & proc.  
Adopted Oct. 1993; Rev. May 1993; Rev. Apr. 1999
This is because more time is required for the allergic reaction to subside, even though the mites are dead. Family members and close contacts should not be treated without physician approval.

Young children, nursing mothers, pregnant women, elderly individuals, and people with pre-existing medical conditions may be more vulnerable to scabicide treatments.

Vacuuming is the safest and best way to prevent the spread of scabies from furniture and unwashables. Laundering bed linens, bath towels, and clothing in hot water is very important and should be a part of the treatment procedure. Avoid using potentially harmful pesticide sprays.

**RETURN TO SCHOOL:** Students may return to school the day after they have been treated. Proof of treatment is recommended.

**THIS INFORMATION MAY BE USED AS PARENT HANDOUT.**

References: National Pediculosis Association (NPA)
Pediatric Infectious Disease Journal 7/92
Principles of Dermatology 1993
BLOODBORNE PATHOGENS

Exposure Control Plan for the
WAUSAU SCHOOL DISTRICT
WAUSAU SCHOOL DISTRICT

Principles of Emergency Care/Accidental Injuries

Check:
Is the scene safe for you to help?
What happened?

Call:
Calling 911 for help is often the most important action you can take. In general, the guideline is: when in doubt...call.

Care:
Always care for life threatening emergencies first. These include:
  - Severe bleeding
  - No signs of breathing
  - Absence of a pulse

Airway:
If the person is not breathing, establish an Airway.

Breathing:
Begin rescue Breathing.

Circulation:
If the person is not breathing and has no pulse, begin chest compressions with breathing to restore Circulation.

General Considerations
- The victim should either sit or lie down— even minor injuries cause fainting.
- If severe injury is suspected, do not move the victim.
- Keep the victim warm.
- Reassure the victim— be optimistic— fear and pain can worsen the victim's condition.
- Administer first-aid according to approved procedures. If any questions, consult with the nurse.
- Never leave the seriously ill or injured unattended.

Contact the parents as soon as possible. If parents cannot be reached, or in case of extreme emergency, follow the instructions on the emergency card.

Complete accident form as required. Inform nurse of emergency care given.
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Bleeding

Definition: A loss of blood from arteries, veins or capillaries. Wounds may be abrasions, lacerations, punctures, avulsion (complete or incomplete).

Arterial Bleeding:
Usually spurts from the wound and is bright red. Is life-threatening.

Venous Bleeding:
Flows steadily and is dark red or maroon in color.

Capillary Bleeding:
Is slow and "oozing" from the wound.

FIRST-AID FOR EXTERNAL BLEEDING:
1. Follow universal precautions with the use of vinyl gloves and thorough hand-washing before and after first aid is rendered.

2. Apply direct pressure firmly over the wound. Use a sterile gauze pad or clean cloth to prevent infection. A barrier should be used between your hand and the wound.

3. Elevate the injured part above the level of the heart unless a fracture is suspected.

4. Apply a pressure bandage to hold gauze pad or cloth in place. Wrap so that pressure is kept over the wound.

5. If bleeding continues, add more pads. Do not remove the others.

6. If bleeding continues, apply pressure at either the brachial or femoral pressure point.

7. Monitor the ABC’s (Airway, Breathing and Circulation) and for shock. Refer for immediate medical treatment as necessary.

8. Amputated limb should be put in plastic bag and covered with ice and sent with the student to the hospital.
INTERNAL BLEEDING:

Internal bleeding can range from mild bruising which produces a discoloration on the skin or nails to severe bleeding caused by sudden force, punctures, or fractured bones.

Signs of Internal Bleeding:

1. discolored skin of injured area
2. soft tissues may be swollen, tender or hard
3. anxiety, restlessness
4. fast, weak pulse
5. rapid breathing
6. skin may feel cool, moist, and appear pale or bluish
7. nausea and vomiting
8. thirst
9. decrease in alertness

First-Aid for Internal Bleeding:

1. If the injury is a simple bruise, apply a cold pack to area using a barrier between cold pack and skin.
2. If more severe injury, treat for shock.
3. Monitor the ABC's (Airway, Breathing and Circulation).
4. Help the student rest in the most comfortable position for him/her. Blankets may be used underneath or around the body, but do not overheat.
5. Follow emergency medical procedures.
Puncture Wounds
1. Do not remove foreign object, if present, or probe wound.
2. Wash thoroughly with soap and water.
3. Apply sterile dressing.
4. Notify parents and urge medical attention to avoid severe infection, including tetanus.

Splinters and Slivers
Deep penetration through the skin by slivers or splinters carries the same risk for infection as a puncture wound or a severe laceration.

1. Do not attempt to remove. If deeply imbedded, medical care will be needed.
2. Wash area with soap and water. Apply dry dressing.
3. Notify parent and refer to physician.

Nose Bleeds
1. Place in sitting position with head tilted forward to prevent swallowing blood.
2. Direct student to squeeze nostrils together for 10 minutes before releasing.
3. If bleeding is severe or prolonged, follow emergency care.
4. Advise person not to blow or sniff through nose for several hours.
There are two main pressure points on each side of the body—brachial and femoral. There are eight other pressure points on each side of the body that should not be overlooked. The arteries and pressure points are listed in the figure above.
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Shock

Shock is a condition in which the cardiovascular system fails to provide adequate circulation to every part of the body. It can be precipitated by injury, pain, sudden illness, loss of blood, exposure, and infection.

Symptoms are:

1. cold sweat on forehead
2. cold and clammy hands
3. nausea
4. dizziness
5. weakness
6. ashen gray color
7. shallow and irregular breathing
8. rapid and weak pulse
9. mental confusion

What to do:

1. Keep airway open.
2. Notify parents and secure medical attention immediately.
3. Keep person on back with head low and legs elevated 10 to 12 inches to help blood return to brain and heart.
4. Keep warm and dry, but avoid overheating.
5. Reassure person.
6. Do not give fluids to an unconscious or partially conscious person.
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Bone, Muscle and Joint Injuries

It is often difficult to tell the difference between a fracture, dislocation, sprain or strain. Therefore, an X-ray is often needed to determine what type of injury it is.

Symptoms of bone, muscle or joint injuries include:

- pain
- bruising
- swelling
- inability to use the affected part normally
- significant deformity
- bone fragments sticking out of a wound
- person felt or heard a “snap” or “pop” at the time of injury
- injured area is cold and numb

Care of bone, muscle or joint injuries includes:

- check the scene and the person
- rest the injured part (elevate if possible)
- apply ice pack
- avoid any movement that causes pain
- immobilize the injured part to keep it from moving
- splint the area only if you can do it without causing more pain and discomfort to the person
- if bone shows through skin, place sterile dressing around the open fracture
- notify parent and recommend physician follow-up
- call 911 if injury is serious, or if parents are not available
Burns

Definition: Burns are injuries resulting from exposure to heat, chemicals, electricity, or radiation.

Superficial Burn (First Degree):
The skin is dry and reddened. It is usually painful (i.e., sunburn).

Partial Thickness Burn (Second Degree):
The skin is reddened with blisters. May appear wet, have swelling, and is usually painful.

Full Thickness Burn (Third Degree):
The area appears brown or charred. Tissue beneath skin may look white. May be painful or painless if nerve endings are destroyed.

Critical Burns:
These burns are life threatening. The victim may have difficulty breathing; the burn may cover more than one body part; involves the head, neck, hands, feet or genitals; is a second or third degree burn to a child or elderly person.

Care for burns:

- Check the scene and the person
- Stop the burning
- Flush with cool water until area feels cool and pain is relieved
- Remove clothing in case of a chemical burn
- Apply dry, sterile dressing, as needed
- If blisters appear, do not puncture
- Notify parents and recommend physician follow-up, as needed
- Call 911 if burn is critical
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Ear Injuries and Illness

Foreign Bodies in the Ear

1. Do not attempt to remove
2. Notify parents and urge medical care.

Insects in the Ear

1. Place strong light near person's ear as this often attracts the insect so it will crawl out.
2. Do not put water or oil in ear.
3. Notify parents and urge medical care if insect does not come out.

Earache & Draining Ears

1. Place loose cotton plug in opening of external ear canal, but be careful not to block drainage.
2. Do not give medication or ear drops unless specifically ordered by physician.
3. Notify parents and advise medical care.
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Eye Injuries

Blow to the Eye
1. Sudden blindness or continued blurred vision may indicate hemorrhage.
2. Keep person quiet and lying down.
3. Notify parents and urge immediate medical care. If unable to locate, follow emergency procedure.
4. Apply cold compresses. Do not apply ice to eye.

Chemical Burns
1. Flush with large quantities of water from nose outward until EMS or parent arrives.
2. Notify parent and recommend immediate medical care.

Foreign Bodies
1. Do not attempt to remove any object that has penetrated the eye.
2. Place a sterile dressing around object and stabilize it. Do not put direct pressure on the eye.
3. Close and cover both injured eye and the unaffected eye to prevent blood, fluid, or dirt from entering.
4. Notify EMS and parents for immediate medical attention.
5. If object is small (i.e., eye lash, dirt) allow tears to naturally irrigate the eye first or rinse with water.

Corneal Injury
A thin cut on cornea may seem a minor injury such as a scratch from a fingernail, sheet of paper, pine needle, contact lens, or similar object. The student will complain of pain and eye may be very sensitive to light.

1. First aid measures are not recommended.
2. Apply a sterile bandage to both eyes.
3. Notify parents and urge medical attention. If unable to locate, follow emergency procedure.
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Frostbite

Signs and Symptoms:

1. Tingling sensation appears as the body tissue begins to freeze.

2. The affected area becomes numb with the last stage, resulting in a totally anesthetic area.

3. Skin turns a grayish-white color.

4. Skin, upon being warmed, may become swollen, red, and blisters may develop.

Care for Frostbite:

♦ Remove any constrictive items such as rings or bracelets if able to.

♦ Put frost-bitten area in warm water (108°F). If this is impractical, cover area with blanket until circulation is restored.

♦ Do not rub and do not use snow or cold water. Avoid hot water, friction, or exposure to heat.

♦ Place gauze between toes and fingers.

♦ Elevate involved extremity.

♦ Notify parents and advise medical care.
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Head Injuries

Any injury to either brain, scalp, or skull is considered to be potentially serious because of the damage that could result to the brain tissue or the blood vessels of the brain.

Signs of Head and Spine Injuries

a. changes in consciousness/mental confusion
b. persistent headache
c. nausea or vomiting
d. visual disturbances
e. unequal pupils - one constricted and one enlarged/visual disturbance
f. tingling or weakness of the extremities
g. slowing of heart rate, rapid respiration, severe pallor
h. sleepiness
i. severe pain or pressure in the head, neck, or back
j. loss of balance
k. blood or clear fluid from nose and/or ears
l. discoloration of tissue beneath eyes or behind the ears
m. scalp laceration may or may not be present

First Aid for Head Injury

a. establish and maintain open airway
b. if spinal injury is suspected, do not move victim.
c. control bleeding of scalp wounds by means of direct pressure on wound and pressure points. Clean wound with soap and water and apply dry sterile dressing.
d. keep person in reclining position; loosen clothing.
e. keep person warm and treat for shock. Do not elevate feet as this increases intracranial pressure.
f. follow emergency procedure.

Minor Head Injuries

Many times symptoms of a severe injury do not appear immediately. If a student has suffered a blow to his/her head, keep him/her quiet and have him/her lie down for awhile and observe for more serious symptoms.

a. Apply ice to injured area to decrease swelling and pain.
b. If a break in the skin is present, clean wound with soap and water and apply a dry, sterile dressing.
c. Always notify the parents.
   1. Advise them to seek medical care if signs of head or spine injury are present.
   2. Inform them of the signs and symptoms of head and spine injuries.
d. The person may wish to sleep following a bump on the head and he/she should be allowed to do so. He/she can be observed for signs of serious head injury during sleep.
e. Prolonged deep sleep and inability to arouse may indicate a more severe head injury.
Insect Bite/Sting

An insect bite or sting usually produces localized swelling, redness, and itching.

1. Scrape the stinger away from the skin. Do not use tweezers to remove it to avoid releasing venom.
2. Wash area with soap and water.
3. Place a cold pack on affected area to reduce swelling and pain. Remember to place a barrier between cold pack and skin.
4. Notify parents as needed.
5. Monitor for severe allergic reaction.

If there is an increase in swelling, hives, swelling at mouth and lips, or difficulty breathing, a severe allergic reaction may be occurring.

1. Call 911 and parents.
2. A student who is hypersensitive to insect stings may be known to staff and have an emergency injection (epinephrine) at school. Staff instructed in the use of the emergency injection may use it in accordance with student’s Severe Allergy Plan on file. Students may carry and self-administer an emergency injection for severe allergies if indicated by their provider on the plan.
3. Monitor ABC’s (Airway, Breathing, and Circulation). Staff trained in CPR/AED/First Aid provides care as needed.

Animal and Human Bites – If Skin is Broken

Wounds caused by animal and human bites that break the skin, may become infected from bacteria or viruses found in the mouth.

1. Control bleeding. If bleeding is minor, wash wound thoroughly with soap and water, and rinse well and apply sterile dressing.
2. Review immunization status (especially date of last tetanus booster and dates of hepatitis B vaccines).
3. Call parent(s) of student(s) involved in incident, and strongly recommend physician follow-up. Discuss child’s immunization status with parent. Alert parent to early signs of infection such as swelling, redness, warmth and pain at site. Some wounds discharge pus.
4. Designated first aid staff are to provide care to student(s), and are not to share the immunization status or the name(s) of the student(s) involved with the other parent(s). Concerns that parents have are to be directed to the building principal or to the student’s physician.
5. Report an animal bite to the Marathon County Public Health Department and follow their instructions.
6. Complete accident report.
7. Refer to school nurse as needed.

Removal of Ticks

1. If easily accessible, grasp tick with a tweezers close to skin and pull slowly, straight out, being careful to remove entire tick. It is recommended to tape tick onto paper for further identification by parent/physician.
2. Do not try to burn tick off. Do not apply petroleum jelly or other product to tick.
3. Do not try to remove if doing so will cause damage to the skin or surrounding area
4. Wash site thoroughly with soap and water
5. Notify parent and recommend physician follow-up, especially if entire tick cannot be removed, or if student develops a rash or flu-like symptoms.

References: Centers for Disease Control Online Fact Sheet
American Red Cross First Aid/CPR/AED 2011
WAUSAU SCHOOL DISTRICT

Mouth and Teeth Injuries

Accidental Extraction of Tooth
1. Place tooth in a carton of milk, if available. Otherwise, place in a container of warm water or wrap it in a clean, wet cloth. Do not wash tooth and do not place in mouth.
2. Notify parents. If unable to reach parents, follow emergency procedure.
3. See that person is transported immediately to dentist or emergency room.

Chipped Teeth
A delay in treatment frequently results in the loss of the remaining portion of the tooth and makes repair much more difficult.

Notify parents and advise immediate care. If unable to reach parents, follow emergency procedure.

Toothache
1. Rinse mouth with warm water
2. If jaw is swollen, apply ice pack
3. Notify parents and advise dental care

Injuries to mouth or lips
1. Control bleeding, if necessary, by using pressure with sterile gauze or cotton
2. Apply ice to reduce swelling
3. Clean wound carefully with soap and water, if wound is external
4. Rinse mouth with clear water, if wound is internal
5. Notify parents
WAUSAU SCHOOL DISTRICT

Emergency Care of Sudden Illnesses

ABDOMINAL PAIN

Although at times pain in the abdomen may be due to a minor stomach upset, it should always be considered a sign of possible serious trouble.

Symptoms of appendicitis:
   a. dull pain in right lower abdomen with tenderness and rigidity of muscles of abdomen
   b. decrease in appetite
   c. nausea and vomiting
   d. temperature of 100°F., although not always present initially
   e. inability to walk with a fully erect posture

Care of Abdominal Pain:
   a. have person lie down on their side with knees drawn up; do not give anything by mouth
   b. do not apply heat or cold
   c. take temperature
   d. notify parents and urge medical care
   e. follow emergency procedure if unable to notify parents and pain is severe

Menstrual Cramps:
If cramps are mild, encourage continuation of schedule and phy ed activities. If pain is persistent or if the student wishes to do so, she may lie down with regulated heat. If pain is sufficient to need medical attention or medication, she should be sent home and referred to a physician. An emergency supply of sanitary protection should be available.

Diarrhea:
   a. nothing by mouth, except clear liquids
   b. allow for rest
   c. if persistent, report to parents and exclude student from school

Fainting:

Symptoms include:
   a. pallor
   b. shallow breathing
   c. slow and weak pulse
   d. short periods of unconsciousness
   e. cold, clammy skin
   f. dizziness
   g. disturbance of vision
   h. nausea
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If person feels faint:

a. prevent, if possible, by lowering head between knees with person in sitting position  
b. keep person lying down with feet elevated until he/she has fully recovered  
c. be sure person has plenty of fresh air  
d. clothing should be loosened  
e. have towel or basin ready for possible vomiting  
f. notify parents

Headache:

a. take temperature  
b. have person lie down with cold cloth on head  
c. if headache persists or if attacks occur frequently, call parents and refer to physician  
d. do not give aspirin or other medication

Heart attack:

Symptoms:

a. severe chest pain lasting more than five (5) minutes  
b. difficulty breathing  
c. cool, clammy skin  
d. gray color to face  
e. nausea  
f. fear and/or apprehension  
g. weakness  
h. pain in LEFT shoulder, arm, jaw or neck  
i. indigestion unrelieved by home remedies (along with some other above symptoms)

What to do:

a. Have person sit in a comfortable chair or lie down, if he/she is able. He/she must NOT be allowed to walk around.  
b. loosen all tight clothing  
c. Keep the room quiet. Reassurance can do much to lesson his/her anxiety.  
d. Notify parent/spouse and urge immediate medical care. If unable to reach parents, follow emergency procedure.

Heat Exhaustion:

Heat exhaustion occurs in persons working or playing in hot environments where air circulation may be poor.

Symptoms are:

a. weakness  
b. tiredness
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c. profuse perspiration
d. headache
e. nausea
f. skin is pale and clammy

What to do:
a. move person to cool place
b. loosen or remove extra clothing
c. have him/her sit or lie down. Apply cool wet cloths to the skin
d. give him/her cool water to drink (4 oz. every 15 minutes apart)
e. notify parents

Heat Stroke or Sun Stroke:

This is a grave emergency and must receive medical treatment promptly. It is more likely to occur in children, young adults, and the elderly.

Symptoms are:
a. rapid and weak pulse
b. high temperature
c. headache
d. dizziness
e. nausea
f. skin is hot, dry and red
g. rapid/shallow breathing
h. changes in consciousness

What to do:
a. elevate person’s head
b. loosen clothing and sponge with cold water
c. do not use a stimulant
d. give nothing by mouth
e. Notify parents/relative and urge immediate medical care. If unable to reach parents, follow emergency procedure.

Hiccoughs
a. advise person to hold breath as long as possible
b. have person slowly drink a glass of water
c. If no relief, have person breathe in and out of paper bag that fits tightly over the face.
   Watch at all times while using bag.
d. if hiccoughs persist, call parent

Hyperventilation:

People sometimes subconsciously breathe too rapidly or too deeply. This frequently
happens when a person is anxious. The level of oxygen in the blood stream becomes excessive causing symptoms of shallow/rapid breathing numbness, tingling, dizziness, trembling, cramping of muscles and possibly fainting.

a. bring person into a quiet, calm area  
b. have person breathe into and out of a paper bag  
c. observe the person during the time he/she is using the bag  
d. attempt to calm person down and encourage slow breathing

Nausea and Vomiting:

This may be due to several causes--eating in a hurry, overeating, movement associated with transportation or playground apparatus. Vomiting is also an early symptom of communicable disease or head injury.

a. have person lie down on side  
b. reassure him/her to keep quiet, observe for other symptoms  
c. notify parents if vomiting occurs and/or temperature is elevated

Poison Ivy, Oak, or Sumac:

a. immediately after contact with plant, wash area well with soap and water  
b. do not touch affected areas as it may be spread from one part of the body to another  
c. oozing areas should be covered  
d. Rash may occur 24 to 48 hours after contact. Parents should be notified to watch for reaction.  
e. all clothing which may have been in contact with plant should be washed

Poison Ingestion:

a. do NOT give anything to eat or drink unless medical professional advises you to  
b. call the Aspirus Wausau Hospital (847-2160) (Emergency Services/Poison Info.) or call Children’s Hospital of Wisconsin Poison Center (1-800-222-1222)  
c. notify parent, call 911, if needed  
d. if person vomits, save sample for analysis  
e. take package or container with label intact along with person

Stroke:

A stroke usually results from bleeding or a blood clot in the brain, which interferes with circulation.

Symptoms:

a. paralysis or weakness of one side of body or face  
b. difficulty breathing or swallowing  
c. unequal size of the pupils of the eyes
d. inability to talk or slurred speech  
  e. headaches, with confusion and dizziness  
  f. temporary or sudden loss of vision  

What to do:  
  a. keep airway open - mouth-to-mouth and CPR if necessary  
  b. position on one side  
  c. don’t give anything to drink  
  d. call parents/spouse and follow emergency procedure  

Unconsciousness:  

Possible causes are head injury, drug overdose, seizure disorder, diabetic coma, insulin reaction, and electrical shock. Any unconscious has a potential spine injury, no manipulation of the neck should be undertaken.  

Procedure:  
  a. if unconscious, call 911 and get AED  
  b. maintain airway and provide care as needed  
  c. keep person warm and lying down  
  d. do not give anything by mouth  
  e. never leave an unconscious person alone  
  f. notify parents
The term allergy applies to an abnormal reaction by a person’s immune system to a foreign substance (antigen) that is usually not harmful to most people. Antigens can be inhaled or introduced orally, topically or by injection. Allergic reactions occur only on second or subsequent exposures to the offending substance, after the first exposure has sensitized the body. Many common illnesses, such as asthma and allergic rhinitis (hay fever), are caused by allergic reactions. Other common causes of allergic reactions are insect stings, drugs, food, latex, inhalants, emotional stress, exercise and exposure to heat or cold.

Allergies (allergic reactions) can affect a number of different body systems including the skin, the cardiovascular, respiratory, neurological or gastrointestinal system. Symptoms may be local or general and may vary from mild to life threatening. A life threatening allergic reaction is called anaphylaxis or anaphylactic shock. The immune system protects the body from foreign substances by producing antibodies and other chemicals, including histamine to fight against them. Usually, the immune system ignores harmless foreign substances, such as food, and fights only harmful ones, such as bacteria. A person develops an allergic reaction when the immune system cannot tell the difference between harmful and harmless substances. When this occurs the immune system releases chemicals, including histamine, into the bloodstream to attack the harmless substance as if it were a threat. Histamine produces many of the symptoms associated with allergies. Histamine causes blood vessels to widen, fluids to leak into tissues, and muscles to go into spasm. Symptoms may be restricted to the skin (itchy swelling or rash), upper airways (inflammation or mucus secretion, sneezing in hay fever, and spasm and narrowing of the airways in asthma), eyes (inflammation), or stomach and intestines (vomiting and diarrhea). The symptoms may also affect several organs, especially when the allergies are to injected drugs, insect venom, or some foods.

<table>
<thead>
<tr>
<th>Skin</th>
<th>Gastrointestinal</th>
<th>Respiratory</th>
<th>Cardiovascular</th>
<th>Neurological</th>
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</thead>
<tbody>
<tr>
<td>Hives</td>
<td>Abdominal pain</td>
<td>Itchy, watery eyes</td>
<td>Low blood pressure</td>
<td>Feeling of apprehension or impending doom</td>
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<tr>
<td>Swelling</td>
<td>Nausea</td>
<td>Runny nose</td>
<td>Weak rapid pulse</td>
<td>Weakness</td>
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<td>Itchy red rash</td>
<td>Vomiting</td>
<td>Stuffy nose</td>
<td>Shock</td>
<td>Unconsciousness</td>
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<td>Flushing</td>
<td>Diarrhea</td>
<td>Sneezing</td>
<td>Circulatory collapse</td>
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<td></td>
<td>Cough</td>
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<td></td>
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<td>Itching or swelling of lips, tongue or throat</td>
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<td></td>
<td>Hoarseness</td>
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<td>Difficulty swallowing</td>
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<td></td>
<td></td>
<td>Chest Tightness</td>
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<td></td>
<td></td>
<td>Wheezing</td>
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<td></td>
<td></td>
<td>Rapid, shallow respirations</td>
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The severity of symptoms can quickly change and involve more than one body system and potentially progress to a life-threatening situation called anaphylaxis.
Anaphylaxis, the severe form of an allergic reaction, is an exaggerated hypersensitivity reaction to a previously encountered antigen, which if not treated can progress to a generalized, severe, life threatening reaction called anaphylactic shock. Entry of the antigen into the bloodstream provokes the release of massive amounts of histamine and other chemicals with systemic effects. Early signs and symptoms such as uneasiness, apprehension and perspiration may be warnings of more severe signs and symptoms. The systemic reaction is characterized by a widening of blood vessels which causes a severe lowering of blood pressure leading to circulatory collapse. Fainting and heart rhythm disturbances may occur. Severe respiratory distress, generalized hives, vomiting and severe swelling of the skin, tongue or throat are other symptoms of anaphylaxis. The severity of the reaction is directly proportional to the rapidity of onset. The initial symptoms may appear within a few seconds, or up to two hours after exposure. Symptoms usually occur within 30 minutes of exposure. In extreme allergic reactions, death may occur within moments after exposure to the antigen, therefore anaphylaxis requires immediate attention.

Substances that commonly cause anaphylaxis in an allergic person include:

♦ Stings of bees, wasps, hornets, yellow jackets and fire ants
♦ Foods, including peanuts, milk, eggs, shellfish, whitefish, and other nuts, as well as some food additives
♦ Medications or immunizations, usually by injection (most commonly penicillin)
♦ Exercise
♦ Latex
♦ Heat/cold
♦ Chemicals
♦ Idiopathic (unknown)

Anyone can experience anaphylaxis not just those with known severe allergies. If prior severe allergic reactions have occurred, the best treatment for anaphylaxis is prevention, by avoiding substances and situations that are known to trigger extreme allergic reactions. However, if anaphylaxis occurs, it may be treated with medication called epinephrine.

Epinephrine works directly on the cardiovascular and respiratory systems to counter the potentially fatal effects of anaphylaxis by rapidly constricting the blood vessels, relaxing muscles in the lungs to improve breathing, reversing swelling and stimulating the heartbeat. The sooner the allergic reaction is treated, the greater the likelihood of survival.

The availability of epinephrine in an easy-to-use, self-administered drug delivery system (EpiPen) has greatly improved anaphylactic treatment. A self-administered, auto-injector provides emergency treatment without syringes. This disposable system, when simply pushed against the outer thigh, delivers a pre-loaded dose of epinephrine. The rapid action and concealed needle minimize apprehension and provide the lifesaving medication with little or no pain.

Use of an EpiPen may not completely treat the anaphylactic reaction. If an EpiPen is used, also call 911 and parent/guardian.
WAUSAU SCHOOL DISTRICT

Emergency Care and AED Procedure

I. General information:
1. The stated procedure is for cardiac arrest victims who are 8 years of age or older. Exception: At the School Forest, child pads are available for children under 8 years of age.
2. 911 is called whenever the AED unit is activated.
3. Use of the AED unit is authorized for emergency response personnel, District staff or volunteer rescuers who are certified in adult CPR and use of the AED.
4. For the rescuer’s and victim’s safety ensure that:
   • The victim is not in water.
   • The victim is not on a conductive (i.e. metal) surface.
   • Flammable materials are not present in the immediate area.
   • All medicated patches and jewelry are removed from the victim’s chest before using the AED unit.
   • AED pads are not placed on an internal permanent pacemaker or defibrillator box that is located under the skin.
5. Always continue or initiate adult CPR until the AED unit is ready to use.
6. Rescuers will follow all directions and prompts given by the AED unit.

II. LOCATION of AED(s)
All elementary and secondary schools, Longfellow, MOB, School Forest and Thom Field have an AED(s) available.

III. Maintenance
The AED does an automatic self-check daily at 3 am. A checklist will be next to the AED to be filled out every school day by assigned staff. If the AED shows maintenance is needed, this will be brought to the school nurse’s attention, and Medtronic Physiocontrol will be called to determine maintenance needs.

IV. Procedure for Using the AED Unit
A. Check the scene for safety.
   Check the victim.

B. Call 911 if victim is unconscious, activate CODE RED procedures and CAT team, and follow AED flow chart.

7-23
C. Pre-hospital EMS care

- It is the mutual understanding between Wausau Schools and Wausau EMS that, First Responders and EMT’s will assume care when they arrive on the scene.
- District or volunteer rescue staff will provide the EMT’s with the following information:
  - The victim’s name
  - Any known medical conditions, allergies or medical history
  - Time the victim was found and initial care provided
  - Initial and current condition of the victim
  - Number of shocks delivered by the AED unit
  - Length of time the AED was used

- It is the mutual understanding between Wausau Schools and Wausau EMS that, the EMT’s will connect the electrode pads and cables attached to the victim to their lifepack 1200 AED unit and continue with care. Wausau EMS will give Wausau Schools a replacement set of electrode pads and cables from their supply. The victim will be charged for the pads by Wausau EMS.

D. Documentation of event:

- The rescuer(s) will complete the AED flow chart and send a copy of it to the hospital with EMS.
- Place a copy of the original in the student’s health file or staff medical record if the victim is a staff member or a student in the District.
- The original documentation will be filed with a school nurse.

E. Return the AED unit to a readiness state

- Restock needed equipment and supplies.
- Clean the AED unit as needed according to manufacturer recommendations.
- Document unit readiness on the district log.

Resources:

State of Wisconsin EMS Defibrillation Protocol
Maugham, Somerset. Chapter 5 Understanding Medical Direction.
1999 Wisconsin Act 7 – Assembly Bill 239
Medtronic Sample Procedure, Policy and Protocol Statements
American Red Cross AED Instruction Manual
Public Access Defibrillation in Schools, Project ADAM, c 2000, Children’s Hospital of Wisconsin
Wausau School District

AED check record

Location_________________

<table>
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<tr>
<th>Date Year</th>
<th>AED (Check if unit window says “ok”)</th>
<th>Action needed (if any)</th>
<th>Initials</th>
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<tbody>
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Staff Signature_____________________________________ Initials___________

Staff Signature_____________________________________ Initials___________

Staff Signature_____________________________________ Initials___________

nurses/Policy aed check record
Adopted May 2013 7-24