

**EMERGENCY NURSING POLICY
AND PROCEDURES
INDEPENDENCE SCHOOL DISTRICT**

An Emergency Nursing Service is established as a part of the Health Services for students and school employees.

A. Philosophy

The Emergency Nursing Program is designed to provide a plan for dealing with accidental injury, illness, and medication at all school-sponsored activities. In planning this program, methods and protocols have been developed for providing training or instruction on what should be done in emergency situations. Each step to be followed has been illustrated and made available to all school personnel. In order to insure that this policy works effectively, continued assessment of the procedures used will be conducted.

Definitions:

“Registered Nurse”: is a Professional Nurse, who is licensed in the State of Wisconsin and requires substantial nursing skills, knowledge, training and implements application of nursing principles.

“Licensed Practical Nurse”: is a LPN and performs simple acts of care, does not require any substantial skills or training.

“Health Service Designee”: is any school employee designated by the school administrator to perform health and safety duties.

“Medical Advisor”: is a physician licensed to practice in the State of Wisconsin.

“Nursing Advisory Panel”: is a designated group of healthcare professionals.

Policy:

1. The emergency nursing service program shall be under the direction of the school superintendent.
2. The Independence School District shall employ a health service designee for the purpose of providing Emergency Nursing Services.

3. A qualified physician shall service as Medical Advisor for a one (1) year term.
4. The Medical Advisor, in conjunction with the Nursing Advisory Panel, other school district personnel, and as designated by the Board, shall assist in the annual review of policies and procedures and first aid standing orders/protocols pertaining to the Emergency Nursing Services Program.
5. Emergency services shall be available during the school day and during all school-sponsored activities, including summer school, same day field trips, extended field trips and out of the country field trips, and athletic events or extracurricular activities.

School District Administrator:

The School District Administrator will:

1. Understand and ensure compliance with all federal and state laws related to school based nursing services.
2. Ensure that emergency nursing services are provided through consultation with the Nursing Advisory Board, with a Register Nurse who is registered and licensed in the State of Wisconsin.
3. Arrange for a licensed physician to serve as District Medical Advisor for emergency nursing services.
4. Ensure that the school district has a formal system of collecting emergency pupil information and parental approval for emergency medical care, on a yearly basis.
5. Ensure that the district has developed standing orders/protocols for the provision of injury and illness management in collaboration with the Nursing Advisory Panel, the Health Assistant, and under the direction of the Medical Advisor.
6. Review policies and procedures for emergency nursing services program, which will include all first aid standing orders/protocols in consultation with the Independence School District Health Assistant and the Independence School District Medical Advisor as well as school board, annually and as needed.
7. Ensure that the Emergency Nursing Services Program is reviewed with the school board at least annually.
8. In collaboration with the Nursing Advisory Panel and the Health Assistant, identify and assign responsible individuals to assist in providing emergency nursing services (medication administration and injury and illness protocols).
9. Provide appropriate staff with evidence-based first aid training such as American Red Cross First Aid or American Academy of Pediatrics PedFACTS.
10. Establish an emergency management team which consists of multiple school staff within the building who are designated and trained to handle

emergencies according to established protocols until the health assistant, physician, or other emergency personnel can be reached during the school day and during all school sponsored events, such as (but not limited to) field trips, athletic events, extra-curricular activities.

11. Make available student emergency information, equipment, supplies and space necessary for implementing emergency nursing services in each occupied school building within the district.
12. Identify and assign a staff member to regularly take inventory of necessary or recommended supplies for health rooms and inform designated person when supplies are needed.
13. Identify and assign a staff member to track emergency medication inventory and expiration dates.
14. Develop an emergency Shelter-In-Place (see Resources for Shelter-In-Place planning resources) plan, in collaboration with the emergency management team, at the beginning of each school year.
(Emergency Nursing Services Contract RN Fall 2013, Wisconsin School Health Services Project, wpha.org/school-health)

B. Objectives

1. To establish procedures to be followed in case of accidental injury or illness.
2. To designate responsible individuals to assist with the Emergency Nursing Service.
3. To establish a procedure for handling of medication.
4. To develop a plan for parental/guardian approval for emergency medical care.
5. To initiate a recordkeeping system and a log of services performed.

C. The Emergency Nursing Service shall be under the advisement of the Nursing Advisory Panel with a registered nurse licensed by the State of Wisconsin.

D. Medical consultation shall be provided for the Emergency Nursing Service through Mayo Health System-Arcadia Campus with the physician on call, unless stated otherwise by a parent or guardian, in writing.

E. When emergencies occur, "9-1-1" will be called (the Independence First Responders will be called simultaneously with the Arcadia Ambulance Service). A certified athletic trainer will be available at all home junior and varsity football games, to junior and varsity wrestling matches, tournaments, and any other multi-school tournaments

- in any sport. Twice a week, athletic trainers are contracted to assist with athletic related injuries.
- F. The health room shall be open to students and staff during the school day. Students and staff may report directly to the health room (located in the main office of both the elementary building and the high school building) in case of illness or injury for health counseling. For all field trips or extracurricular activities, the teacher, coach, advisor, or chaperone employed by the school to supervise said activities will be responsible for administering first aid or will be responsible for responding to the emergency. This person is responsible for obtaining necessary emergency phone numbers and information. All Athletic offices contain health kits that are equipped for minor medical emergencies. Each head coach will be responsible for carrying a health kit to all athletic contests as well as any medical release forms. The student should report to the health assistant. In an emergency situation, the building principal will assume authority.
- G. An emergency form must be on file-physically or electronically for every student in the main health office. This form must be updated each school year. The school health assistant/designee at the beginning of the school year will review the medical history of all students, and compile a medical concern report for staff only. Parents/guardians may be contacted if further information is needed.
- H. If a student becomes ill during the school day, parental contact or proper emergency contact must be made whether over the phone or in person. No student will be sent home without release of a parent or designated individual (as indicated on the emergency form).
- I. All accidents must be reported on the *Accident Report Form*. Completed forms will be filed in the health office, after the designated principal has been notified.
- J. Any student who has a medical alert or specific medical need must be documented. Employees with direct student contact will be educated and trained in management of disease, process and implementation of care, via individual health conference. Staff members may request further educational opportunities.
- K. There will be in-service programs at the beginning of each school year acquainting the employees of the school with emergency nursing procedures as needed. All coaches, advisors, and professional employees of the school not in attendance at these in-services will receive written procedures from the appropriate administrative office.

- L. Parents shall notify the health assistant or designee if the child requires medication in school per medication policy. The following forms are on file in the Health Office and/or Administrative Offices:
- a. Registration Form-Emergency Forms & Spanish Version
 - b. Required Medication Request Forms
 - c. School Health Record Form
 - d. Accident Report Form
 - e. Required Immunizations for entering school
 - f. Employee Physical Form
- M. The Emergency Nursing Policy will be reviewed annually by the the Nursing Advisory Panel and the Medical Advisor, and including the Administration and the Independence School Board.

Involved in the development of this policy:

- Denise Skroch, RN
- Stephanie Pfaff, RN
- Cheryl Marsoek, RN
- Kathy Warner, Nursing Instructor
- Susan Roskos, LPN
- Patricia Klimek, Student Services

Policy reviewed by: Dr. Jodi Breska, Medical Advisor, April 5, 2017

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FIRST AID PROCEDURES

INDEPENDENCE SCHOOL DISTRICT

STEP 1: Make an immediate examination to determine location, nature, and seriousness of injury. If it is necessary to remove some of the clothing to make a satisfactory examination, this should be done with extreme care to avoid aggravating the injury, while maintaining the student's privacy and dignity.

STEP 2: Determine proper course of action according to the type of injury and the conditions at the scene of the accident. Call 911 if necessary.

STEP 3: Immediately send a dependable student or other messenger to the health/student services department or principal's office.

1. Tell the location of the ill/injured person.
2. Describe the nature, cause, and probable extent of injuries.
3. Tell what supplies are available at the scene of the accident.
4. Tell what first aid is being given.
5. Request appropriate assistance.
6. Designated staff will consult the student emergency card.
7. Notify the parents/guardians or designated responsible party.

STEP 4:

1. Make the student comfortable.
2. Treat the most dangerous condition first.
3. Delegate a responsible person to maintain privacy and control the environment.
4. Remain calm.

STEP 5: Investigate the cause of the accident. The administrative personnel should take every precaution to insure that all equipment and conditions involved in the accident are maintained until the inspection is completed.

STEP 6: Fill out the school accident report and ensure that the principal/superintendent has reviewed and signed it. Once that is complete, ensure the document is filed in Health Services.

STEP 7: The principal will follow up each accident to determine if the nature of the accident could have been prevented, or if necessary action needs to be taken to

prevent future injuries.

Policy 453.1
Administrative Rule

INJURY AND ILLNESS PROTOCOLS INDEPENDENCE SCHOOL DISTRICT

BLOOD-BORNE PATHOGEN KITS at Independence School District Building exist and are located at:

1. Health Assistant's Office
2. Cook's / Main Closet
3. Training Room
4. Gym Equipment Room
5. Women's Staff Bathroom (HS)
6. Women's Staff Bathroom (Elementary)
7. Middle School Storage Room (#603)
8. Teacher Storage Room by K-2 Playground Door
9. Wood's Room by Sink - Room 308
10. Room 507

The injury or illness protocols contact is: Teresa DuChateau,
WISHeS Project Coordinator at Teresa@Badgerbay.co or at 414.875.7257.
<http://www.wpha.org/?page=Resourcesprojects>

LICE PROTOCOLS

INDEPENDENCE SCHOOL DISTRICT

Definitions:

Lice: Tiny grey to brown insects about the size of a sesame seed that live in human hair and feed on human blood to survive. Lice do not fly or jump, but crawl. Without a human host they can only live for about one or two days ¹.

Nits: Tiny white oval-shaped louse eggs about the size of a knot in a thread attached to strands of hair.

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

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

Policy

- The lice management program will be under the direction of the health assistant(s) [designated staff member].
- The Independence School District shall have trained individuals who will implement the program.
- The Medical Advisor (MA), in conjunction with the health assistant, community agencies such as public health, and other designated community or parent members shall review the program and policy periodically to ensure that it is meeting the needs of the school district and its families and is following best practice.

Administrative Rule:

School District Administrator:

- In consultation with Independence School District medical advisor will ensure that the lice prevention and treatment program/policies/protocols are in place and reviewed periodically.

- In collaboration with Independence School District health assistant (s), identify and assign responsible individuals to assist in providing guidance for the lice prevention and treatment program.
- Make confidential space available for implementing the lice prevention and treatment program in each occupied school building within the district.
- Will understand and support that mass screenings do not have any scientific basis for being done, and are not good use of school health assistant(s).²

Medical Advisor:

The Medical Advisor will:

- Provide school district staff and parents with information on head lice infestations and treatments.²
- Take an active role as information resources for families, schools, and other community agencies.²

Health Assistant:

The health assistant(s) will:

- Check a student's head for lice if he/she is demonstrating symptoms being sure to provide the student privacy.
- Educate school staff regarding head lice causes, treatment and common misconceptions such as:
 - Getting head lice is not related to cleanliness of the person or his/her environment.
 - Head lice are mainly spread by direct contact with the hair of an infested person.
 - Head lice are not known to transmit disease.²
 - Head lice move by crawling, not hopping or flying.
 - Head lice are not reportable to the public health departments unless there are other communicable disease related concerns.
- Educate students and their families about how to prevent lice and what to do if a family member has lice.
- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic infestation.³

Parents:

- Examine child's head, especially behind the ears and at the nape of the neck for crawling lice and nits.
- All household members should be examined if lice or nits are found on a family member. Only those with evidence of an infestation should be treated.^{1, 2, 4}
- Head lice treatment must be followed exactly as instructed on the package.
- Removal of all nits after successful treatment with a pediculicide is not necessary. Nits that are attached more than ¼ inch from the base of the hair shaft are almost always non-viable.²
- Soak all combs and brushes in very hot water for about 1 hour.
- Wash sheets, blankets, bedding in hot water.
- Seal stuffed animals in a plastic bag for 1 week or, if possible, wash in hot water.
- Vacuum carpets, furniture and mattresses thoroughly.
- Retreat hair according to treatment protocol.

Head Lice Protocol

Treatment protocol recommendations:

- Students diagnosed with live head lice are encouraged but do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to school following appropriate treatment.²
- Students diagnosed with live head lice should be discouraged from close direct head contact with others.
- The child's parent or guardian should be notified that day by telephone or by having a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates.
- There are many acceptable treatment options; however treatment with a product that is both a pediculicide as well as ovicidal is the most sure way to kill lice and prevent further re-infestation.¹
- **Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a local district decision.**
- Students with nits-only are encouraged but do not need to be sent home from school, they should be monitored for signs of re-infestation.^{1, 3}
- Notification letters should be sent home to alert parents only if a high percentage of children in a classroom are infested with lice.²

References:

Centers for Disease Control and Prevention (CDC, 2016)
<http://www.cdc.gov/parasites/lice/head/>

Frankowski, B. L., & Bocchini, J.A., and Council on School Health and Committee on Infectious Diseases. (2010). Head Lice. *Pediatrics*, 126, 392.

National Association of School Nurses. (2016). *Position Statement: Pediculosis Management in the School Setting*. Available at: <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/934/Head-Lice-Management-in-the-School-Setting-Revised-2016>

National Association of School Nurses. (2015). Head First Lice Lessons. Available at: <http://www.nasn.org/ToolsResources/HeadLicePediculosisCapitis/HeadfirstLiceLessons>

University of Texas, School of Nursing, Family Nurse Practitioner Program. (2008) *Guidelines for the diagnosis and treatment of pediculosis capitis (head lice) in children and adults 2008*. Austin (TX): University of Texas, School of Nursing

SCABIES PROTOCOLS

INDEPENDENCE SCHOOL DISTRICT

Definitions:

Scabies is a skin condition caused by mites. It commonly leads to intense itching and a pimple like skin rash that may affect various areas of the body. Scabies is contagious and can spread quickly in areas where people are in close physical contact.

Scabies usually is spread by skin-to-skin contact with a person who has scabies. Scabies sometimes is spread indirectly by sharing items such as clothing, towels, or bedding used by an infected person.

Scabies can spread easily under crowded conditions where close body and skin contact is common.

Prevent scabies by avoiding skin-to-skin contact with a person who has scabies and contact with items such as clothing used by a person infested with scabies mites. Indirect spread can occur more easily when a person has crusted scabies.

Symptoms:

Common symptoms of itching and a pimple-like skin rash may affect much of the body or be limited to common places such as:

Between the fingers

Wrist

Elbow

Armpit

Genitals

Waist

Buttocks

Shoulder Blades

The symptoms affect the head, face, neck, palms and soles in infants and very young children, but usually not adults and older children.

When a person is first infested with scabies mites, it usually takes 2-6 weeks for symptoms to appear after being infested. If a person has had scabies before, symptoms appear 1-4 days after exposure.

An infested person can transmit scabies, even if they do not have symptoms, until they are successfully treated and the mites and eggs are destroyed.

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

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

Policy

- The Scabies management program will be under the direction of the health assistant(s) [designated staff member].
- The Independence School District shall have trained individuals who will implement the program.
- The Medical Advisor (MA), in conjunction with the health assistant, community agencies such as public health, and other designated community or parent members shall review the program and policy periodically to ensure that it is meeting the needs of the school district and its families and is following best practice.

Administrative Rule:

School District Administrator:

- In consultation with Independence School District medical advisor will ensure that the Scabies prevention and student treatment program/policies/protocols are in place and reviewed periodically.
- In collaboration with Independence School District health assistant (s), identify and assign responsible individuals to assist in providing guidance for the Scabies prevention and student treatment program.
- Make confidential space available for implementing the Scabies prevention and student treatment program in the occupied school building within the district.
- Will understand and support that mass screenings do not have any scientific basis for being done, and are not good use of school health assistant(s).

Medical Advisor:

The Medical Advisor will:

- Provide school district staff and parents with information on Scabies and treatments.
- Take an active role as information resources for families, schools, and other community agencies.

School Nurse or Health Assistant:

The health assistant(s) will:

- Check a student's body, fingers, elbow, and wrist, if he/she is demonstrating symptoms being sure to provide the student privacy.
- Educate school staff regarding Scabies causes and treatment.
- Educate students and their families about how to prevent Scabies and what to do if a family member has Scabies.
- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic issues.

Parents:

Treatment of Scabies:

Scabies should be treated with topical creams that can kill the mites, which are available by prescription from your health care provider. In addition to the infested person, treatment also is recommended for people they have been in contact with.

Bedding, clothing, and towels used by infested persons and people they are in close contact with should be decontaminated. To disinfect items,

- Wash them in hot water and dry in a hot dryer or dry-clean.
- Store items that can't be washed in a sealed plastic bag for at least 72 hours.
- Thoroughly clean and vacuum rooms.

Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a local district decision.

For more information about hand, foot and mouth disease, visit Center of Disease Control <https://www.cdc.gov/parasites/scabies/>

- ***References:***

1. Centers for Disease Control and Prevention (CDC, 2016)
https://wwwnc.cdc.gov/eid/article/19/10/13-0433_article

HAND, FOOT and MOUTH DISEASE(HFMD) PROTOCOLS **INDEPENDENCE SCHOOL DISTRICT**

Definitions:

This disease is common in young children. It causes fever, mouth sores, and a skin rash. Wash your hands often to lessen your chances of getting sick.

Hand, Foot, and Mouth Disease is Common

Hand, foot, and mouth disease, or HFMD, is a contagious illness caused by different viruses. It is common in infants and children younger than 5 years old. However, older children and adults can also get HFMD. In the United States it is more common for people to get HFMD during summer and fall.

HFMD is usually not serious, and nearly all people recover in 7 to 10 days without medical treatment. Rarely, an infected person can develop [viral meningitis](#) and may need to be hospitalized for a few days. [Other even more rare complications](#) can include paralysis, or encephalitis (brain inflammation) which can be fatal.

Hand, Foot, and Mouth Disease Mainly Affects Young Children

HFMD mostly affects infants and children younger than 5 years old, but older children and adults can get it too. Several different viruses cause HFMD and it is possible to get the disease more than once.

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

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

Policy

- The HFMD management program will be under the direction of the health assistant(s) [designated staff member].
- The Independence School District shall have trained individuals who will implement the program.
- The Medical Advisor (MA), in conjunction with the health assistant, community agencies such as public health, and other designated community or parent members shall review the program and policy periodically to

ensure that it is meeting the needs of the school district and its families and is following best practice.

Administrative Rule:

School District Administrator:

- In consultation with Independence School District medical advisor will ensure that the HFMD prevention and student treatment program/policies/protocols are in place and reviewed periodically.
- In collaboration with Independence School District health assistant (s), identify and assign responsible individuals to assist in providing guidance for the HFMD prevention and student treatment program.
- Make confidential space available for implementing the HFMD prevention and student treatment program in the occupied school building within the district.
- Will understand and support that mass screenings do not have any scientific basis for being done, and are not good use of school health assistant(s).

Medical Advisor:

The Medical Advisor will:

- Provide school district staff and parents with information on HFMD and treatments.
- Take an active role as information resources for families, schools, and other community agencies.

Health Assistant/School Nurse:

The health assistant(s) will:

- Check a student's body, fingers, feet, and mouth if he/she is demonstrating symptoms being sure to provide the student privacy.
- Educate school staff regarding HFMD causes, treatment and common misconceptions.
- Educate students and their families about how to prevent HFMD and what to do if a family member has HFMD.
- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic issues.

Parents:

Hand, Foot, and Mouth Disease is Contagious

People with HFMD are most contagious during the first week of their illness. However, they may sometimes remain contagious for weeks after symptoms go away. Some people, especially adults, may not develop any symptoms, but they can

still spread the viruses to others. The viruses that cause HFMD can be found in an infected person's:

- Nose and throat secretions (such as saliva, sputum, or nasal mucus)
- Blister fluid
- Feces

HFMD spreads from an infected person to others from:

- Close contact, such as kissing, hugging, or sharing cups and eating utensils
- Coughing and sneezing
- Contact with poop, for example when changing a diaper
- Contact with blister fluid
- Touching objects or surfaces that have the virus on them

This is why you should always try to maintain good hygiene, like washing hands often with soap and water for at least 20 seconds, to reduce your chance of getting and spreading HFMD.

You Can Only Treat Symptoms of Hand, Foot, and Mouth Disease

There is no specific treatment for HFMD. Fever and pain can be managed with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. It is important for people with HFMD to drink enough fluids to prevent loss of body fluids or dehydration.

Take Steps to Lessen Your Chances of Getting Sick

You can reduce the risk of getting infected with the viruses that cause HFMD by following a few simple steps:

- Wash your hands often with soap and water for at least 20 seconds, especially after changing diapers, and help young children do the same.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact such as kissing, hugging, and sharing cups and eating utensils with people who have HFMD.
- Disinfect frequently touched surfaces and objects, such as toys and doorknobs, especially if someone is sick.

There is currently no vaccine in the United States to protect against the viruses that cause hand, foot, and mouth disease.

Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a local district decision.

For more information about hand, foot and mouth disease, visit Center of Disease Control <https://www.cdc.gov/hand-foot-mouth/index.html>

- ***References:***

1. Centers for Disease Control and Prevention (CDC, 2016)
https://wwwnc.cdc.gov/eid/article/19/10/13-0433_article

RINGWORM PROTOCOLS

INDEPENDENCE SCHOOL DISTRICT

Definitions:

Ringworm is a fungal infection of the body, scalp, or feet. The scalp infection is most common in children, whereas infection of the feet is more common in adolescents and adults.

CAUSE

Several different types of fungi; not a worm

SYMPTOMS

Symptoms vary by location of the fungal infection:

Body - Appears as flat, spreading, ring-shaped areas on the skin (lesions). The edge of the lesion may be dry and scaly, or moist and crusted. As the lesion spreads outward, the center often becomes clear.

Scalp - May be hard to detect in the early stages. It often begins as a small scaly patch on the scalp and may progress to larger areas of scaling. Mild redness, swelling, itching, and pustules (pus-filled bumps) may occur. Infected hairs become brittle and break off easily.

Feet - (Also called athlete's foot.) Scaling or cracking of the skin, especially between the toes, or blisters containing thin, watery fluid may be seen. Itching is common. Serious problems can include bacterial skin infection (cellulitis) and fungal infections of the toenails.

SPREAD

May occur by touching the lesions of infected persons or pets (usually dogs and cats); by sharing objects that touched the lesions of an infected person, (e.g., hats, caps, combs, brushes, towels, pillows, bedding, sofas, clothing, hair ribbons, barrettes); or having contact with skin scales containing fungi on shower stalls or floors, swimming pool decks, and locker room benches or floors.

INCUBATION (time from exposure to onset of symptoms)

Body - 4 to 10 days

Scalp - 10 to 14 days

Feet - unknown

CONTAGIOUS PERIOD

Contagious as long as lesions are present, but reduced after treatment begins

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

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

Policy

- The ringworm management program will be under the direction of the health assistant(s) [designated staff member].
- The Independence School District shall have trained individuals who will implement the program.
- The Medical Advisor (MA), in conjunction with the health assistant, community agencies such as public health, and other designated community or parent members shall review the program and policy periodically to ensure that it is meeting the needs of the school district and its families and is following best practice.

Administrative Rule:

School District Administrator:

- In consultation with Independence School District medical advisor will ensure that the ringworm prevention and treatment program/policies/protocols are in place and reviewed periodically.
- In collaboration with Independence School District health assistant (s), identify and assign responsible individuals to assist in providing guidance for the ringworm prevention and student treatment program.
- Make confidential space available for implementing the ringworm prevention and student treatment program in the occupied school building within the district.
- Will understand and support that mass screenings do not have any scientific basis for being done, and are not good use of school health assistant(s).

Medical Advisor:

The Medical Advisor will:

- Provide school district staff and parents with information on ringworm and treatments.²

- Take an active role as information resources for families, schools, and other community agencies.²

Health Assistant/School Nurse:

The health assistant(s) will:

- Check a student's body, feet or scalp, if he/she is demonstrating symptoms being sure to provide the student privacy.
- Educate school staff regarding ringworm causes, treatment and common misconceptions.
- Educate students and their families about how to prevent ringworm and what to do if a family member has ringworm.
- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic issues.

Parents:

- Examine child's body part that has ringworm.
- All household members should be examined.
- EXCLUSION
- Child care or School: Until treatment has been started or if the lesion cannot be covered. If
 - on the scalp, until 24 hours after treatment has been started. Any child with ringworm
 - should not participate in gym, swimming, and other close contact activities that are likely to
 - expose others until 72 hours after treatment has begun or until the lesions can be
 - completely covered.
- DIAGNOSIS
- Recommend parents/guardians call their healthcare provider if they suspect ringworm in
- household members. Contact a veterinarian if you suspect a pet has ringworm.
- TREATMENT
- The particular medication and duration of treatment depends on the location of the

- infection. Scalp infections usually require treatment with an oral antifungal medication.

Ringworm Protocol

Treatment protocol recommendations:

Infections of other areas of the skin can be treated with topical antifungal medications. Nail infections can be challenging to treat, and may be treated with oral and/or topical antifungal medications. Courses of treatment may range from 2 to 6 weeks or more, depending on the severity of the infection and your doctor's recommendations.

Prevention/Control for Student/Parent:

- Wash student's hands after touching lesions on humans and pets.
 - Ensure lesions are completely covered.
 - Wash combs and brushes in hot, soapy water, if used by the infected person.
 - Check for signs of infection in all pets in the child care and school setting. Have a veterinarian evaluate any pet with a skin infection or problem. If infection is present, treatment should be started as soon as possible.
 - If the pet has ringworm, children should not be allowed to have contact with the pet until the rash has been treated and heals.
 - DO NOT allow sharing of personal items such as brushes, combs, towels, bedding or pillows, clothing, hats, caps, hair ribbons, barrettes, and head gear (helmets).
 - Have separate bedding and pillows for each child.
 - Wash bedding in hot, soapy water daily while a person is infected.
 - Provide separate storage space for personal items.
 - Vacuum carpeted areas and upholstered furniture regularly.
- Schools/Public facilities:
 - Require shower shoes (e.g., flip-flops or water sandals) be worn in locker rooms or showers.
 - Exclude from using locker rooms, showers, when active lesions are present if not covered by a waterproof bandage.
- Disinfect showers and dressing rooms daily with an EPA-approved disinfectant.

Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a local district decision.

References:

1. Centers for Disease Control and Prevention (CDC, 2016)
<https://www.cdc.gov/fungal/diseases/ringworm/>

2. Frankowski, B. L., & Bocchini, J.A., and Council on School Health and Committee on Infectious Diseases. (2010).

Center of Disease Control and Prevention

CDC24/7 Saving Lives, Protecting People

Fungal Diseases:

<https://www.cdc.gov/fungal/diseases/ringworm/health-professionals.html>

<https://www.cdc.gov/fungal/diseases/ringworm/symptoms.html>

IMPETIGO PROTOCOLS

INDEPENDENCE SCHOOL DISTRICT

Definitions:

Impetigo (im-puh-TIE-go) is a common and highly contagious skin infection that mainly affects infants and children. Impetigo usually appears as red sores on the face, especially around a child's nose and mouth, and on hands and feet. The sores burst and develop honey-colored crusts.

Treatment with antibiotics is generally recommended to help prevent the spread of impetigo to others. It's important to keep your child home from school or day care until he or she is no longer contagious — usually 24 hours after you begin antibiotic treatment.

Symptoms

Classic signs and symptoms of impetigo involve red sores that quickly rupture, ooze for a few days and then form a yellowish-brown crust. The sores usually occur around the nose and mouth but can be spread to other areas of the body by fingers, clothing and towels. Itching and soreness are generally mild.

A less common form of the disorder, called bullous impetigo, may feature larger blisters that occur on the trunk of infants and young children.

A more serious form of impetigo, called ecthyma, penetrates deeper into the skin — causing painful fluid- or pus-filled sores that turn into deep ulcers.

When to see a doctor

If you suspect that you or your child has impetigo, consult your family doctor, your child's pediatrician or a dermatologist.

Causes

You're exposed to the bacteria that cause impetigo when you come into contact with the sores of someone who's infected or with items they've touched — such as clothing, bed linen, towels and toys.

Risk factors

Factors that increase the risk of impetigo include:

- **Age.** Impetigo most commonly occurs in children ages 2 to 5.
- **Crowded conditions.** Impetigo spreads easily in schools and child care settings.
- **Warm, humid weather.** Impetigo infections are more common in summer.
- **Certain sports.** Participation in sports that involve skin-to-skin contact, such as football or wrestling, increases your risk of developing impetigo.
- **Broken skin.** The bacteria that cause impetigo often enter your skin through a small skin injury, insect bite or rash.

Adults and people with diabetes or a weakened immune system are more likely to develop ecthyma.

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

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

Policy

- The impetigo management program will be under the direction of the health assistant(s) [designated staff member].
- The Independence School District shall have trained individuals who will implement the program.

- The Medical Advisor (MA), in conjunction with the health assistant, community agencies such as public health, and other designated community or parent members shall review the program and policy periodically to ensure that it is meeting the needs of the school district and its families and is following best practice.

Administrative Rule:

School District Administrator:

- In consultation with Independence School District medical advisor will ensure that the impetigo prevention and student treatment program/policies/protocols are in place and reviewed periodically.
- In collaboration with Independence School District health assistant (s), identify and assign responsible individuals to assist in providing guidance for the impetigo prevention and student treatment program.
- Make confidential space available for implementing the impetigo prevention and student treatment program in the occupied school building within the district.
- Will understand and support that mass screenings do not have any scientific basis for being done, and are not good use of school health assistant(s).

Medical Advisor:

The Medical Advisor will:

- Provide school district staff and parents with information on impetigo and treatments.
- Take an active role as information resources for families, schools, and other community agencies.

School Nurse:

The health assistant(s) will:

- Check a student's body, feet or scalp, if he/she is demonstrating symptoms being sure to provide the student privacy.
- Educate school staff regarding impetigo causes, treatment and common misconceptions.
- Educate students and their families about how to prevent impetigo and

what to do if a family member has impetigo.

- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic issues.

Parents:

Complications

Impetigo typically isn't dangerous. And the sores in mild forms of the infection generally heal without scarring.

Rarely, complications of impetigo include:

- **Cellulitis.** This potentially serious infection affects the tissues underlying your skin and eventually may spread to your lymph nodes and bloodstream. Untreated cellulitis can quickly become life-threatening.
- **Kidney problems.** One of the types of bacteria that cause impetigo can also damage your kidneys.
- **Scarring.** The ulcers associated with ecthyma can leave scars.

Prevention

Keeping skin clean is the best way to keep it healthy. It's important to wash cuts, scrapes, insect bites and other wounds right away.

To help prevent impetigo from spreading to others:

- Gently wash the affected areas with mild soap and running water and then cover lightly with gauze.
- Wash an infected person's clothes, linens and towels every day and don't share them with anyone else in your family.
- Wear gloves when applying antibiotic ointment and wash your hands thoroughly afterward.
- Cut an infected child's nails short to prevent damage from scratching.
- Wash hands frequently.
- Keep your child home until your doctor says he or she isn't contagious.

Treatment

Impetigo typically is treated with an antibiotic ointment or cream that you apply directly to the sores. You may need to first soak the affected area in warm water or use wet compresses to help remove the scabs so the antibiotic can penetrate the skin.

If you have more than just a few impetigo sores, your doctor might recommend antibiotic drugs that can be taken by mouth. Be sure to finish the entire course of medication even if the sores are healed. This helps prevent the infection from recurring and makes antibiotic resistance less likely.

Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a local district decision.

References:

1. Centers for Disease Control and Prevention (CDC, 2016)
https://wwwnc.cdc.gov/eid/article/19/10/13-0433_article

Center of Disease Control

Volume 19, Number 10—October 2013

https://wwwnc.cdc.gov/eid/article/19/10/13-0433_article

ADMINISTERING MEDICATIONS TO STUDENTS INDEPENDENCE SCHOOL DISTRICT

Definitions:

Student: Any person who is regularly enrolled on a full or part-time basis in an approved instructional or co-curricular activity .

School: A student is in school when in attendance in an approved instructional or co-curricular activity whether held on or off school premises.

A. PHYSICIAN PRESCRIBED MEDICATIONS-BASIC REQUIREMENTS

The State of Wisconsin Medical Examining Board has determined that where medications are administered, the physician prescribing the medication has the power to direct, supervise, decide, inspect, and oversee the administration of medication. In order to ensure that the physicians retain the power to direct, supervise, decide, inspect, and oversee the implementation of this service, no medication shall be given to a student by any employee or agent of the Board of Education unless the following are delivered to the individual(s) responsible for administering the medication:

1. Written instructions from the prescribing physician for the administration of the prescribed medication. Said written instructions must be signed by the prescribing physician.
2. A written statement from the prescribing physician which:
 - a. Identifies the specific conditions and circumstances under which contact would be made with the physician concerning the condition or reactions of the student to the prescribed medication; and
 - b. Indicates a willingness on the part of the physician to accept direct communication(s) from the person(s) administering the medication.
3. A written statement from the parents/guardians of the affected child authorizing school personnel to:
 - a. Give the medication in the prescribed dosage; and

- b. Contact the physician directly.

B. PHYSICIAN PRESCRIBED MEDICATIONS-PROCEDURES

1. Consent Forms Required--available in district office or from health assistant. No medications will be administered by school personnel or its agents unless and until the following forms are completed to the satisfaction of the health assistant and returned to the individual(s) administering the medication.

2. Medication Information Required

Medication to be administered in the school must have the following information printed on the container:

- a. **Child's Full Name**
- b. **Name of Drug and Dosage**
- c. **Time and Quantity or the procedure for administration**
- d. **Physician's Name**

3. Employees Designated to Give Medication

Medications will be administered by the individual(s) designated by the principal. Except where an emergency is believed to exist, in no instance shall a medication be dispensed by other than a school employee or agent while the student is at school unless specifically approved in writing by the parents/guardians and physician. Medication instructions are to be provided by health assistant/principal.

4. Responsibility

It is the responsibility of the student, not school personnel, to get his/her medication(s) at the designated time unless specified in the physician's orders.

5. Handling, Storage, and Disposal of Medication

- a. Parents/Guardians/Responsible Adults are requested to deliver and pick up medications at the school health office. Parents are advised not to send medications with students because of safety risks.
- b. Unclaimed medications will be disposed of fourteen (14) days after the last day of school by principal/health assistant. This will be documented on the

student's medication sheet.

- c. Medication shall be administered and stored in a safe area in the school health office. All controlled substances will be locked in a safe are in the school health office.
 - d. Medication, which needs to be accessible to the student in case of an emergency, is stored in an appropriate location per the student's need without risk to others.
 - e. Access to medication shall be limited to persons authorized to administer medication.
6. The length of time for which a medication is to be administered shall be specified in the written instructions from the prescribing physician. Any change in dosage, time to be administered, or discontinuance of administration must be in writing, said changes to be at the request of the physician only.

7. Updating of Prescription and Other Requirements

All consent forms and related materials must be renewed annually and/or at any time a medication is changed. The length of period for which the medication is to be administered shall not exceed the current school year.

8. District Records Required

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

- a. It is advisable to have in the school health office a list of students needing medication during school hours, including the type of medication, the dose, the time to be given, and the parent's/guardian's and physician's names, as well as the person(s) designated administering the medication.
- b. Copies of completed consent forms are maintained in the health office by the health assistant.

9. Students Carrying Asthma Inhalers

Students will be allowed to carry asthma inhalers if indicated on parent consent form and doctor's written instruction. All other

medications are to be stored in the health office.

10. Field Trips

These medication guidelines apply to school events, school trips and field trips.

- a. Reasonable and safe adjustments related to the nature of these events and/or trips can be made with principal and health assistant approval.
- b. These regulations apply to any additional medications given at school events or activities.

C. NON-PRESCRIPTION MEDICATIONS

Designated personnel will administer non-prescription (over-the-counter) medications only with parental/guardian approval as indicated by written consent of parent/legal guardian.

Parents/guardians must adhere to “over-the-counter” medications policy with the exception of the written authorization from the physician.

D. EXCEPTIONS

Any student’s individualized needs that are different from the approved regulations shall be evaluated and approved by the school principal and health assistant. These exceptions may not pose a risk to the well-being or safety of other students or staff.

When families and physicians request permission for students to carry their own emergency medication at school, including, but not limited to, insulin, epinephrine (EpiPen) and glucagon, it is necessary for the health assistant and principal to assess safety, therapeutic, and related management concerns, including the ability of the student to carry and self-administer medication without risk to others.

- E. This policy shall be reviewed annually by the school health

assistant, administration and the Advisory Nursing Panel.

Policy 453.1
Administrative Rule

HEALTH BED USAGE
INDEPENDENCE SCHOOL DISTRICT

1. Health bed should only be utilized by the Health Assistant(s) for students with severe illnesses and severe symptoms such as: seizures, migraine headaches, influenza, fainting, cardiac illnesses, and etc.
2. The health bed should be maintained with proper care of cleanliness by utilizing: Clorox disinfecting wipe cloths, dry toweling for wiping down, a sanitary paper covering and a clean foot covering.
3. Athletic Trainers from clinics (Gunderson Lutheran) may utilize the health bed for examining students with injuries from athletic participation in various sports.
4. In cases of emergencies, the health bed should be available for students, staff and/or administration.
5. The bed is the property of the Independence School District and remains in the Health Office. It should not be taken out of the Health Office for any other purpose(s) than what it was designed for.

Injury and Illness Protocols

- Allergic Reaction
- Amputation & Avulsion
- Asthma & Difficulty Breathing
- Back Pain
- Behavioral Health Concerns
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- Child Abuse
- Cuts, Scratches, & Scrapes
- Dental Braces-Ligatures
- Dental Braces-Pain
- Diabetes
- Diarrhea
- Ear Problem-Drainage and Earache
- Ear Problem-Object in the Ear
- Electric Shock
- Eye Problem-Chemical in eye
- Eye Problem-Injury to eye
- Eye Problem-Particle in eye
- Facial sore (Cold sore)
- Fainting
- Fever
- Finger/Toenail Injury
- Fracture, Dislocation & Sprain
- Frostbite/Frostnip
- Head Injury
- Headache
- Heat Exhaustion/Heat Stroke
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck Pain
- Nose Injury
- Nose Problem-Object in nose
- Nosebleed
- Not Feeling Well
- Poisoning & Overdose
- Pregnancy
- Puncture Wound
- Rash
- Seizure
- Sickle Cell
- Snake Bite
- Sore Throat
- Splinter
- Stabbing/Gunshot
- Stings
- Stomachache & Pain
- Tick
- Tooth-Bleeding Gums or Toothache
- Tooth-Chipped, Broken or Displaced
- Tooth-Knocked Out
- Unconsciousness
- Vomiting

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WISHeS Injury and Illness Protocols

About the Protocols:

The injury and illness protocols were developed by the WISHeS: Wisconsin Improving School Health Services Project. The protocols have been researched and reviewed by numerous qualified healthcare professionals. Information contained in the protocols was adapted from the Ohio Department of Public Safety's *Emergency Guidelines for Schools, 3rd Edition* and the *Wisconsin Emergency Preparedness Guidelines for Schools*.

The injury and illness protocols are meant to serve as basic first aid and illness management and are intended to be used by *staff without medical/nursing training*, when a nurse or other medical professional is not available. It is recommended that the protocols be reviewed and approved by the school district's medical advisor. It is also recommended that staff who are responsible for providing first aid and illness management to children complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor and reviewed yearly.

The protocols have been created as recommended procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a facility, system, governing board or the State of Wisconsin. The algorithms contained in the guide reflect current medical and nursing practice and are to be used in conjunction with a student's health care provider orders, if available.

If you have any questions or comments regarding the injury or illness protocols, please contact Teresa DuChateau, WISHeS Project Coordinator at Teresa@Badgerbay.co or at 414.875.7257.

Please take some time to familiarize yourself with the format, and review the "How to Use the Guidelines" section prior to an emergency situation.

Please note, if a staff member feels emergency medical services are needed at any point while providing first aid and illness management, EMS/911 should be called.

More information about the WISHeS Project can be found at:

http://www.wpha.org/?page=wishes_project

Accessing the Protocols:

The protocols are available to you through two mechanisms:

- Download. The protocols are available as a PDF document. Due to the nature of the content of the protocols and the original formatting, it is **highly** recommended that the protocols be printed in color in order to ensure that the copy accurately reflects the content and steps of each algorithm. The downloadable version of the protocols can be found at:
http://c.ymcdn.com/sites/www.wpha.org/resource/resmgr/WiSHES_Project/Injury_and_Illness_Protocols.pdf
- Online. The protocols can also be found online at the following website:
www.wishesprojects.org. Click on the Illness and Injury Protocols link.

Both the online and downloadable version of the protocols are in a format that does not allow for editing. If your school district and medical advisor would like to edit any of the protocols, please email the project coordinator at Teresa@badgerbay.co and indicate which protocol(s) you would like to receive via email.

Emergency Procedure for Injury and Illness Management

Listed below are steps that should be taken for students who suffer an illness or injury.

- The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
- A responsible adult should stay at the scene and provide assistance until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
 - Note: It is important to always be aware of the primary and secondary individuals designated for emergency situations in your school.
- **Do NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to local school board policy.
- **Do NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in NECK AND BACK PAIN section.
- The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
- If the parent/legal guardian cannot be reached, notify an emergency contact or the parent/legal guardian substitute and call either the physician or the designated hospital on the Emergency Medical Authorization form, so they will know to expect the ill or injured student. Arrange for transportation of the student by Emergency Medical Services (EMS), if necessary.
- A responsible individual should stay with the injured/ill student.
- Document all care and, if applicable, any medications given to the student.
- Fill out a report for all injuries requiring above procedures as required by local school policy.
 - The Wisconsin Department of Public Instruction has created a Student Accident Report Form that may be photocopied and used as needed. The form can be found at the following link: <http://dpi.wi.gov/files/forms/doc/pod1945.doc>.

WHEN TO CALL EMS/911

Call EMS:

- The child is unconscious, semi-conscious or unusually confused.
- The child's has a blocked airway.
- The child is not breathing.
- The child is having difficulty breathing, shortness of breath or is choking.
- The child has no pulse.
- The child has bleeding that won't stop.
- The child is coughing up or vomiting blood.
- The child has been poisoned.
- The child has a seizure for the first time or a seizure that lasts more than five minutes.
- The child has injuries to the neck or back.
- The child has sudden, severe pain anywhere in the body.
- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care).
- The child's condition could worsen or become life-threatening on the way to the hospital.
- Moving the child could cause further injury.
- The child needs the skills or equipment of paramedics or emergency medical technicians.
- Distance or traffic conditions would cause a delay in getting the child to the hospital.
- If any of the above conditions exist, or if you are not sure, it is best to call EMS/911.

Minimal Essential Emergency Equipment and Resources for Schools

The following is a list of minimal essential emergency equipment and resources that should be present in every school. The list was formulated by a group of child health experts including the American Association of Pediatrics and the National Association of School Nurses.

- Accessible keys to locked supplies
- Accessible list of phone resources
- Biohazard waste bag
- Blunt scissors
- Clock with second hand
- CPR staff on site when students are on the premises
- Disposable blankets
- Emergency cards on all staff
- Emergency cards on all students
- Established relationship with local EMS personnel
- Ice (not cold packs)
- Individual care plans for students with specialized needs
- First-aid tape
- Non-latex gloves
- One-way resuscitation mask
- Phone
- Posters with CPR/Heimlich instructions
- Refrigerator or cooler
- Resealable plastic bags
- School wide plan for emergencies
- Soap
- Source of oral glucose (i.e., frosting)
- Splints
- Staff that have received basic first-aid training
- Variety of bandages and dressings
- Water source, normal saline

Bobo, N.; Hallenbeck, P; Robinson, J. (2003). Recommended Minimal Emergency Equipment and Resources for Schools; National Consensus Report. *The Journal of School Nursing*, 19(3), 150-156.

Infection Control

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow standard precautions. Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

The following are standard precautions:

- Hand hygiene which can be either washing with plain or anti-bacterial soap and water or the use of alcohol gel to decontaminate hands.
 - When performing nursing or medical interventions, if the hands are not visibly soiled, the use of an alcohol-based sanitizer is the preferred method of hand hygiene. Follow manufacturer's guidelines for use of hand sanitizer.
- Treating all blood and body fluids as potentially infectious.
- Using personal protective equipment (PPE), for example, gloves, when at risk for exposure to blood or body fluids.
- Proper disposal of medical waste.
 - Disposing sharps, contaminated items that may easily cause cuts or punctures in the skin (used needles, lancets, broken glass or rigid plastic vials) and unused needles and lancets that are being discarded, into a puncture resistant, leak-proof, closable, container labeled with the biohazard symbol or are red in color.
 - Non-sharp disposable items that are saturated with blood or body fluids (i.e. fluid can be poured or squeezed from the item or fluid is flaking or dripping from the item), such as a gauze bandage saturated in blood, should be disposed of in biohazard bags that are puncture resistant, leak-proof, and labeled with a biohazard symbol or red in color.

It is recommended that school district staff who are responsible for providing first aid and illness management complete a bloodborne pathogen training. More information and resources on bloodborne pathogen training can be found on the Department of Public Instruction website: http://ssp.wi.gov/ssp_bloodborne.

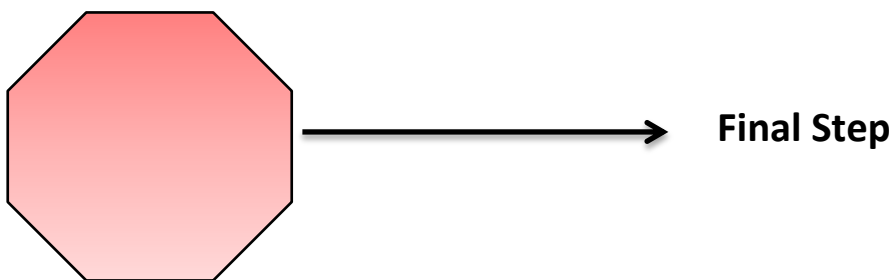
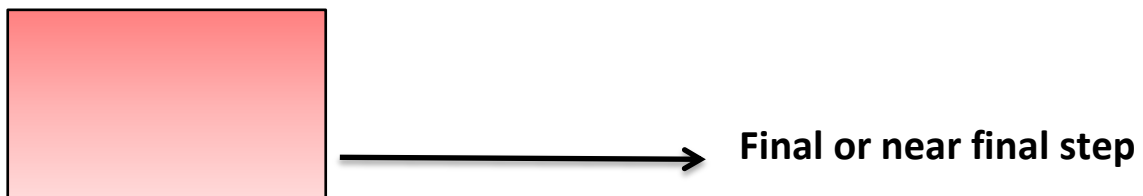
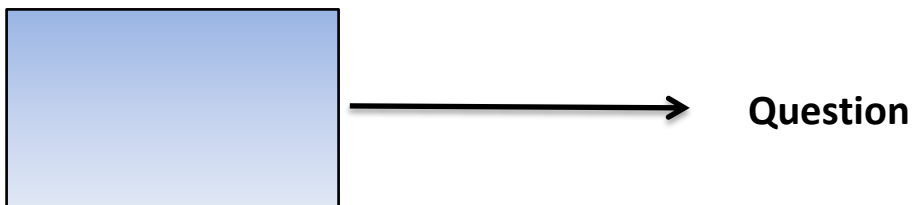
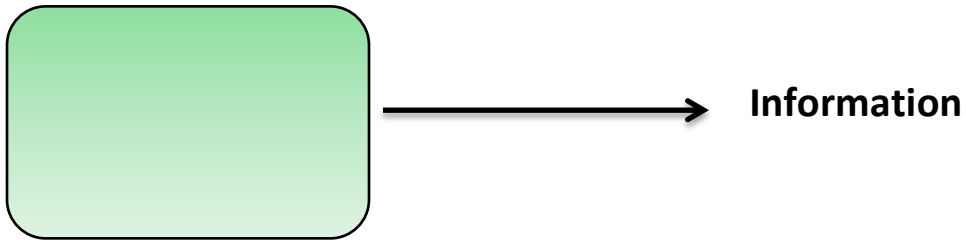
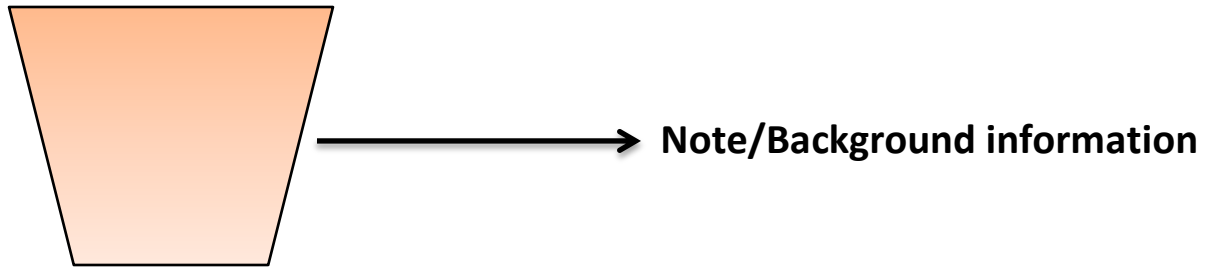
Hand Hygiene should be performed at the following times:

1. Before and after physical contact with any student (*even if gloves have been worn*).
2. Immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even if gloves have been worn).
3. Immediately after removing gloves.
4. Before and after eating or handling food.
5. After using the restroom.
6. After sneezing or coughing.
7. After providing any first aid.

The following precautions should also be used when disposing of medical waste.

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., squirting blood).
- Wipe up any blood or body fluid spills as soon as possible (*wear disposable gloves*).
- Double bag the trash in plastic bags and dispose of immediately.
- Clean the area with an appropriate cleaning solution.
- Send soiled clothing (i.e., clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag (Wisconsin Department of Health Services, 2014).

INJURY AND ILLNESS PROTOCOL LEGEND



Injury and Illness Protocols

ALLERGIC REACTION

Children may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, nuts, etc.

Does the student have any symptoms of a **SEVERE** allergic reaction which may include:

- Blueness around mouth, eyes ?
- Confusion?
- Difficulty breathing?
- Dizziness?
- Drooling or difficulty swallowing?
- Feelings of impending doom?
- Flushed face?
- Hives all over body?
- Loss of consciousness?
- Paleness?
- Seizures?
- Swelling to face, lips, tongue, mouth?
- Vomiting?
- Weakness ?

NO

Symptoms of a **MILD** allergic reaction include:

- Red, watery eyes.
- Itchy, sneezing, runny nose.
- Hives or rash on one area.

YES

Adult(s) supervising student during normal activities should be aware of the student's exposure and should watch for delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

Does the student have an emergency care plan available or does the school have stock epinephrine available?

Does the student have an allergy emergency care plan?

NO

If student is uncomfortable and unable to participate in school activities, contact responsible school authority & parent/guardian.

Continue monitoring, initiate CPR if needed.

NO

Stock epinephrine

Student emergency care plan

Refer to the school's non-student specific stock epinephrine protocol. Administer stock epinephrine as indicated.

Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.

CALL EMS/911

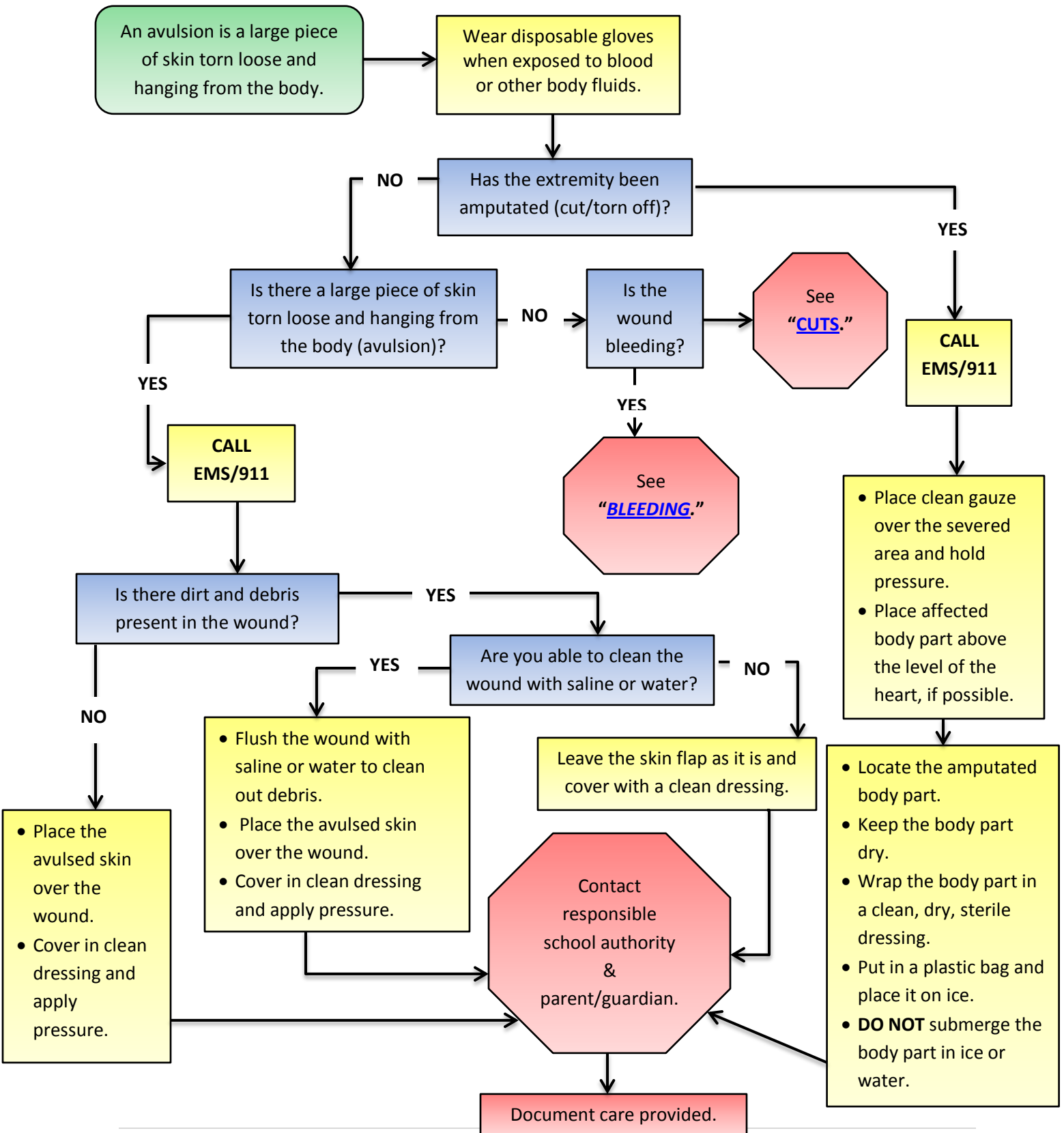
Contact responsible school authority & parent/guardian.

Refer to the student's plan. Administer healthcare provider and parent approved medication as indicated.

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor for signs & symptoms of severe allergic reaction.

Document care provided and medication administered, if applicable

AVULSION OR AMPUTATION



ASTHMA/WHEEZING/BREATHING DIFFICULTY

Students with a history of breathing difficulties, including asthma/wheezing, should be identified to all staff. A health or emergency care plan should be developed.

A student with asthma/wheezing may have breathing difficulties, which include:

- Wheezing - high-pitched sound during breathing out (exhaling).
- Rapid breathing.
- Flaring (widening) of nostrils.
- Increased use of stomach and chest muscles during breathing.
- Tightness in chest.
- Excessive coughing.

If available, refer to the student's health or emergency care plan.

Does the student have a healthcare provider and parent/guardian approved medication?

YES

Administer the medication as directed.

NO

Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

Did the breathing difficulty develop rapidly?
Are the lips, tongue or nail beds turning blue?
Are symptoms not improving or getting worse?

NO

Contact responsible school authority & parent/guardian.

YES

CALL EMS/911

- If unable to reach parent/guardian, monitor student closely.
- If symptoms worsen, **CALL EMS/911**.

Document care provided and medication administered, if applicable.

BACK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO

A stiff or sore neck from sleeping in a “funny” position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable but are not emergencies.

YES

Did the student walk in or was student found lying down?

WALK IN

LYING DOWN

• Do not move the student unless there is IMMEDIATE danger of further physical harm.

• If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.

• **Do NOT** drag the student sideways.

• Have student lie down on his/her back.

• Support head by holding it in a “face forward” position.

• **Try NOT to move neck or head.**

• Keep the student quiet and warm.

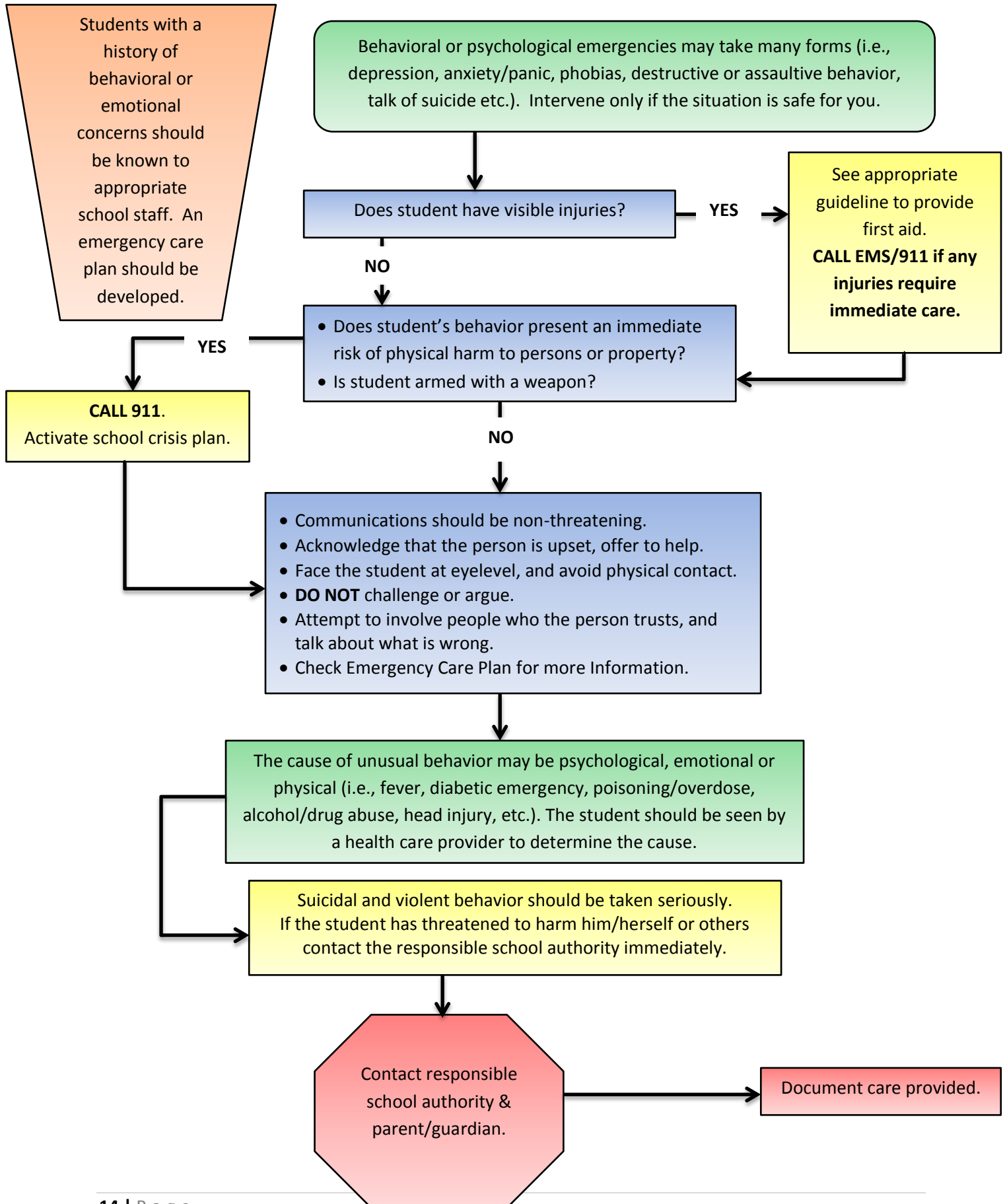
• Hold the head still by gently placing one of your hands on each side of the head.

The child may return to class, if student is so uncomfortable that he/she is unable to participate in normal activities, contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

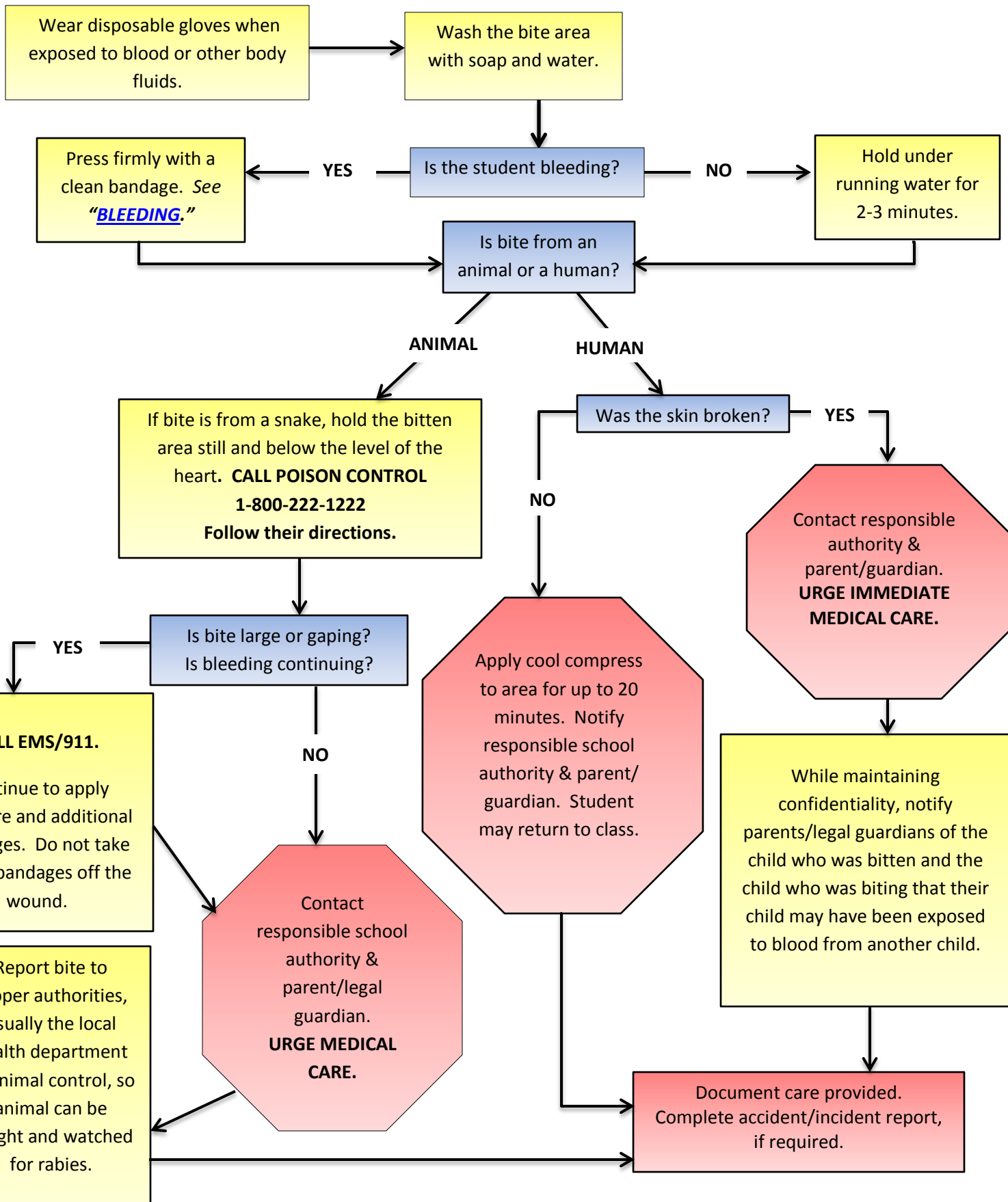
Call EMS/911.
Contact responsible school authority & parent/guardian.

Document care provided.

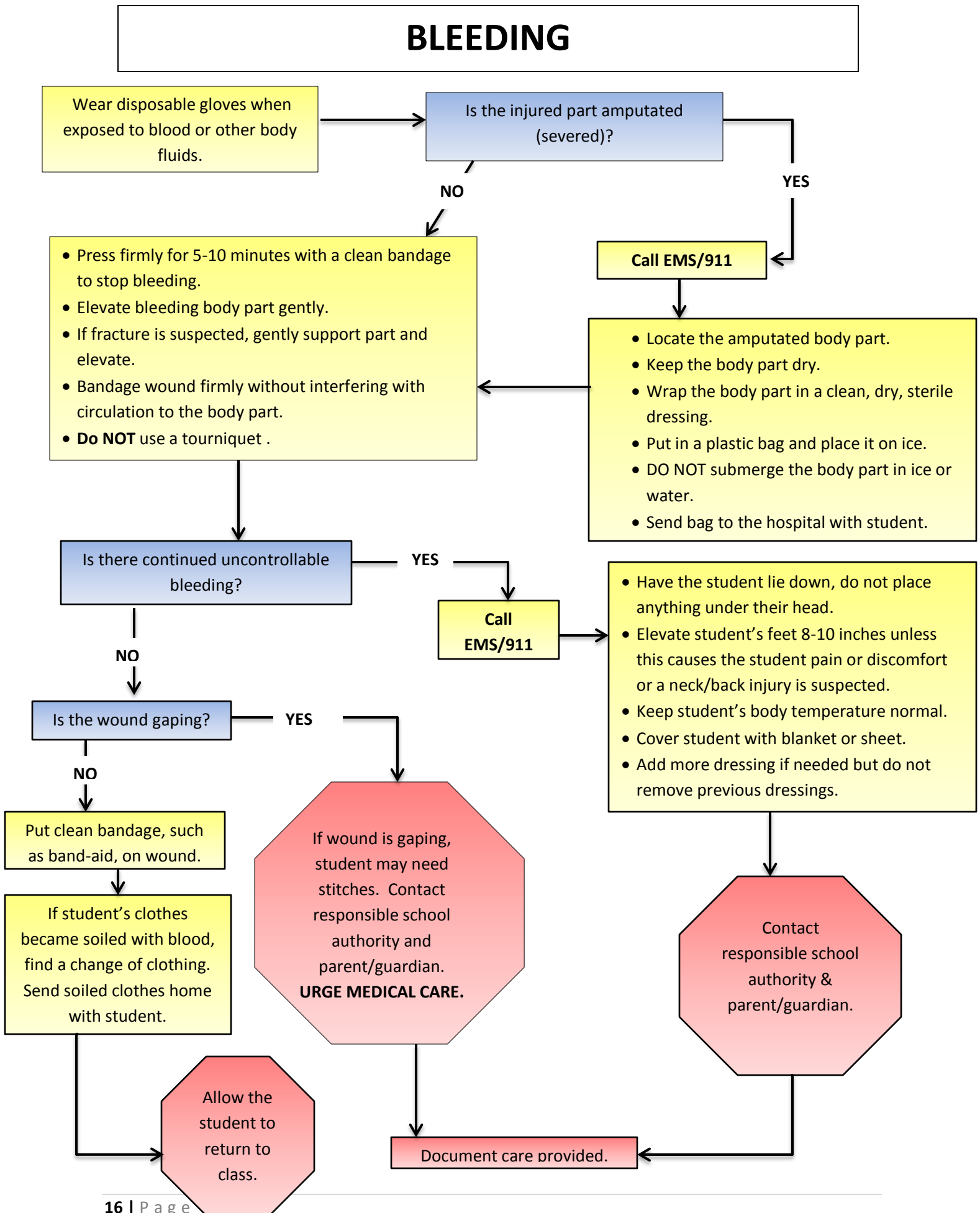
BEHAVIORAL EMERGENCIES



BITES (HUMAN & ANIMAL)



BLEEDING



BLISTERS (FROM FRICTION)

Wear disposable gloves when exposed to blood and other body fluids.

Wash the area gently with water.
Use soap if necessary to remove dirt.

Is blister broken?

YES

NO

Is area red, swollen, painful to touch and/or has green or yellow drainage?

YES

NO

Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

- **Do NOT** break blister.
- Blisters heal best when kept clean and dry.
- Apply clean dressing (such as a Band-Aid) to help alleviate further irritation.

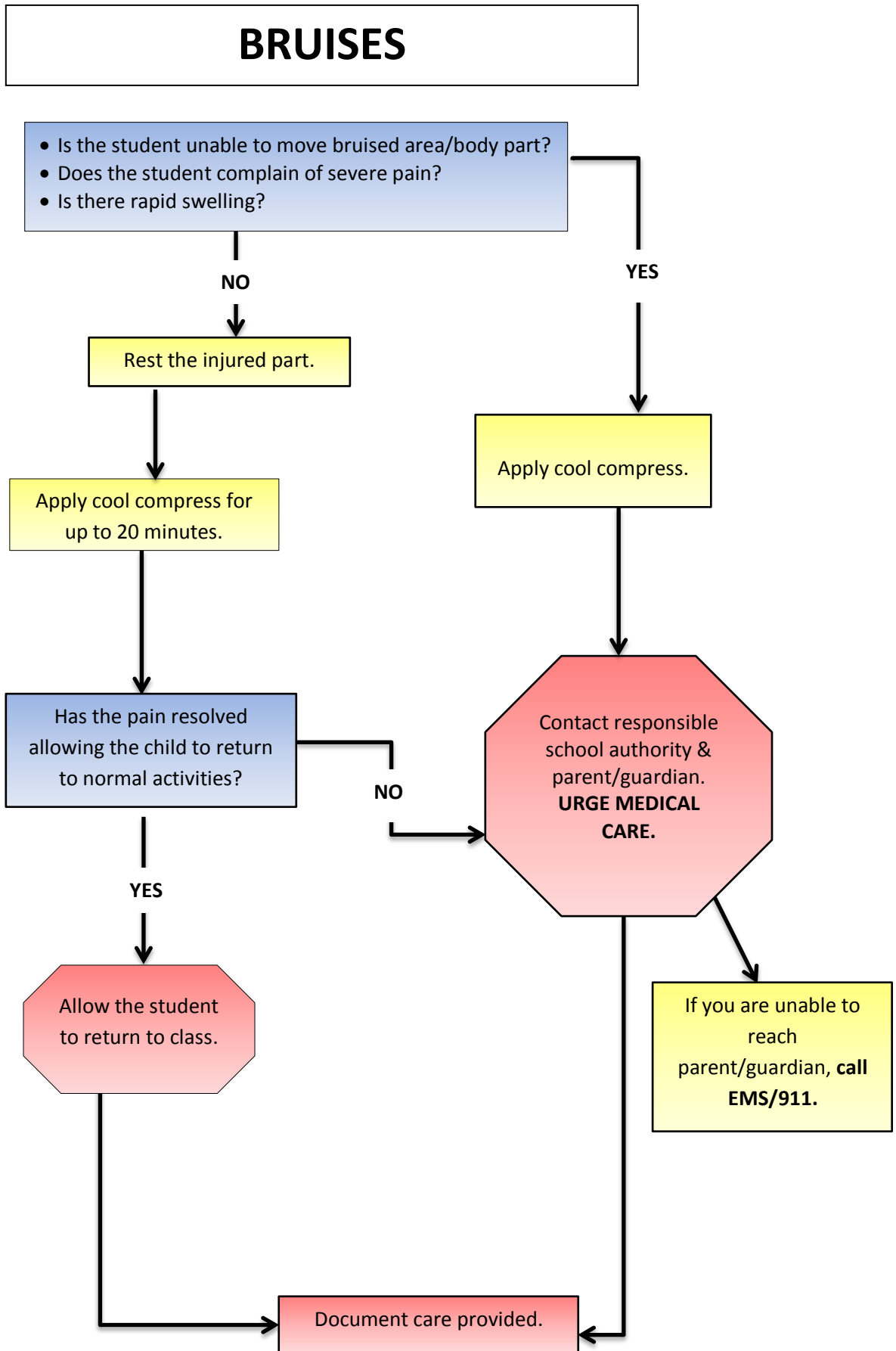
Apply clean dressing (such as a Band-Aid) to prevent further rubbing.

Allow student to return to class.
Instruct student to return for further pain or problems.

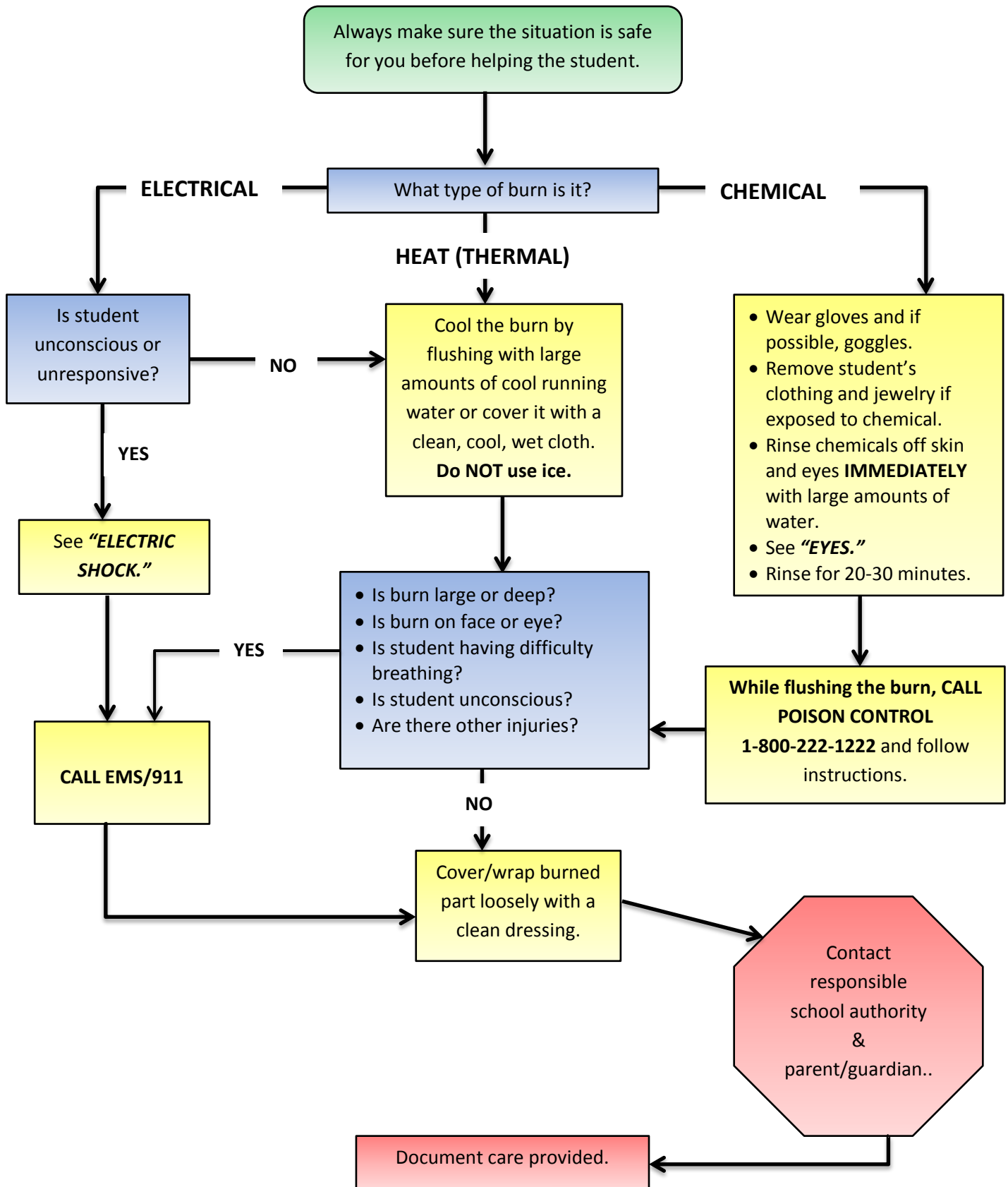
Document care provided.

BRUISES

If student comes to school with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "**CHILD ABUSE.**"



BURNS



CHILD ABUSE

- If student has visible injuries, refer to the appropriate guideline to provide first aid.
- **CALL EMS/911** if any injuries require immediate medical care.

- All school staff are required to report suspected child abuse and neglect to the appropriate authorities.
- Refer to your own school's policy for additional guidance on reporting.
- School districts should have clear policies in place that support school district staff in this responsibility.

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This is NOT a complete list:

- Depression, hostility, low self-esteem, poor self-image.
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Severe injury or illness without medical care.
- Poor hygiene, underfed appearance.

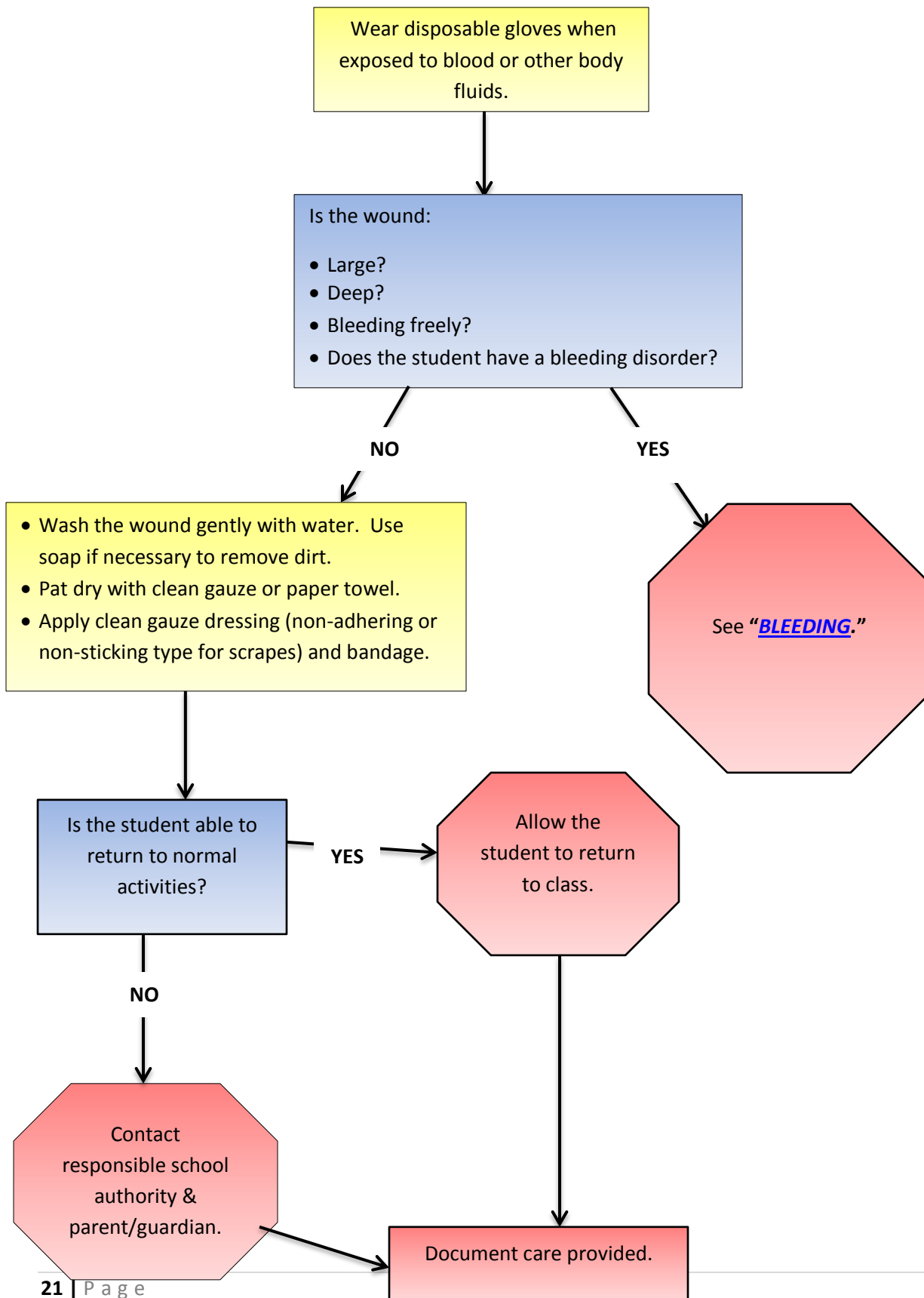
If a student reveals abuse to you:

- Remain calm.
- Take the student seriously.
- Reassure the student that he/she did the right thing by telling.
- Let the student know that you are required to report the abuse to county or city child protective services.
- Do not make promises that you cannot keep.
- Respect the sensitive nature of the student's situation.
- If you know, tell the student what steps to expect next.
- Follow required school reporting procedures.

Contact responsible school authority.
Contact appropriate county or city child protective services.

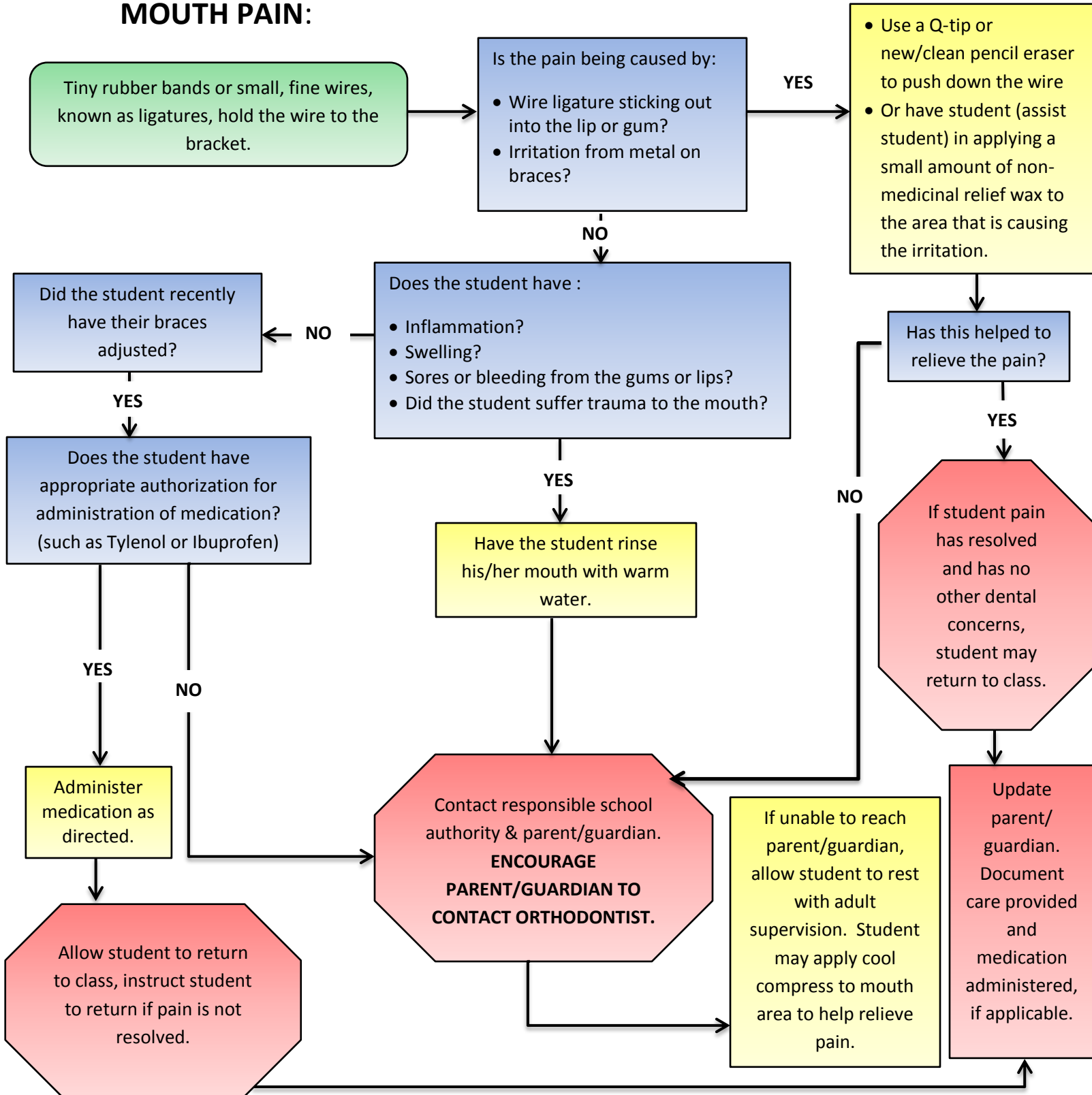
Document care provided and complete appropriate school reports.

CUTS (SMALL), SCRATCHES and SCRAPES



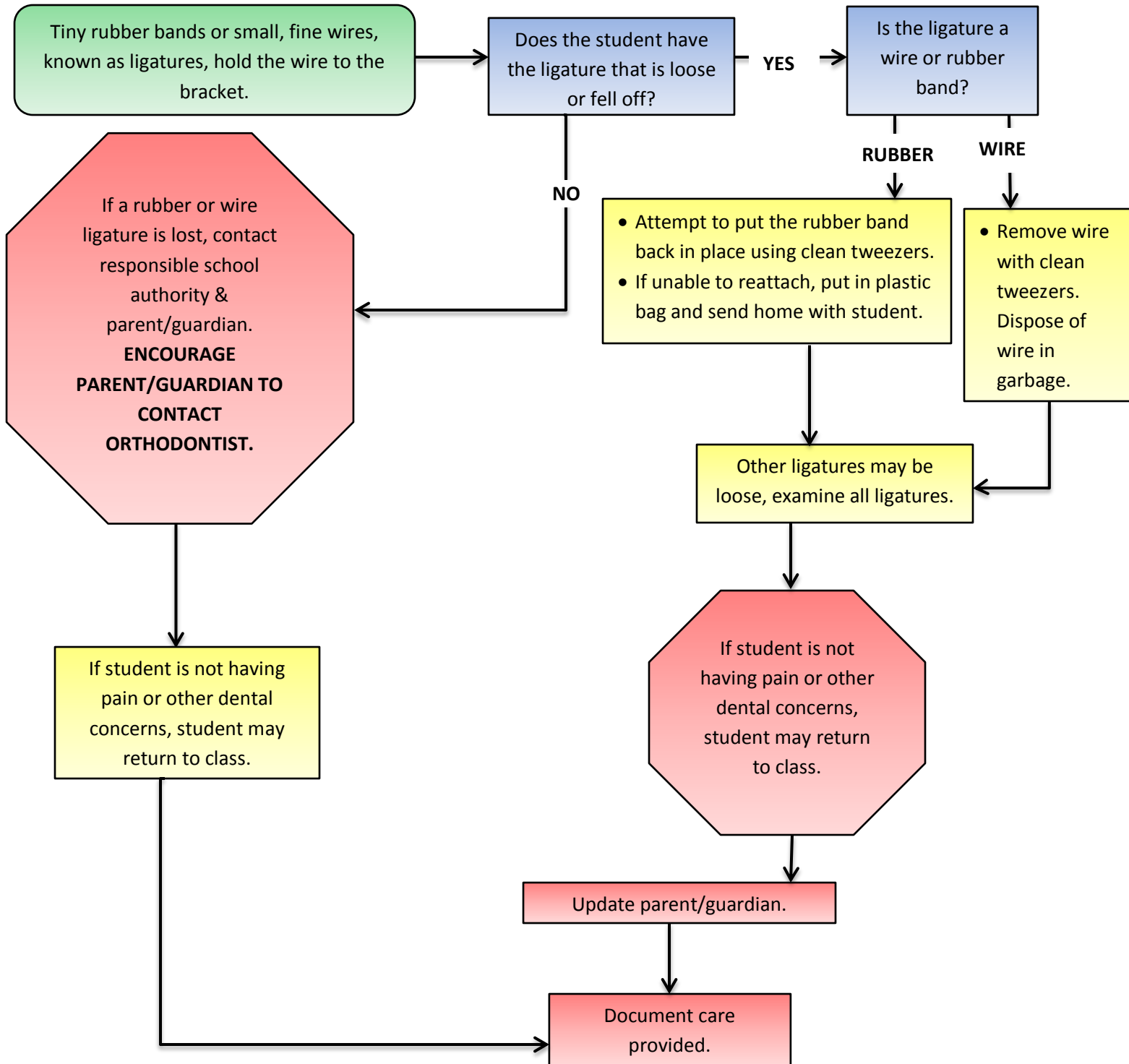
ISSUES WITH DENTAL BRACES

MOUTH PAIN:



ISSUES WITH DENTAL BRACES

WIRE and RUBBER LIGATURE PROBLEMS:



DIABETES

A student with diabetes may have the following symptoms:

- Tiredness/Sleepiness.
- Weakness.
- Lightheaded/Dizziness.
- Irritability and feeling upset.
- Change in personality.
- Sweating and feeling “shaky.”
- Loss of consciousness.
- Confusion or strange behavior.
- Rapid, deep breathing.
- Breath has a sweet “fruity” odor.

A student suffering from hypoglycemia can worsen rapidly; it is important to continuously monitor the student.

Refer to the student’s emergency care plan.

Is the student:

- Unconsciousness or losing consciousness?
- Having a seizure?
- Unable to speak?
- Having rapid, deep breathing?

Does the student have a blood sugar monitor immediately available?

CALL EMS/911

Allow the student to check blood sugar, assisting as needed.

Is blood **sugar less than 60** or **“LOW”** according to emergency care plan?
Or
Is blood sugar **“HIGH”** according to emergency care plan?

LOW

Give the student “sugar” such as: (be cautious with sugar choice if student is not alert or is losing consciousness:

- Fruit juice or soda (not diet) 6-8 ounces.
- Hard candy (6-7 lifesavers) or ½-candy bar.
- Sugar (2 packets or 2 teaspoons).
- Instant glucose.
- Cake icing.

- Continue to watch the student in a quiet place. The student should begin to improve within 10 minutes.
- Allow student to re-check blood sugar, assisting student as needed.

Does the student have authorization for glucagon administration?

YES

NO

Administer glucagon per MD order. When EMS arrives, inform that glucagon was administered.

Monitor the student until EMS arrives.

HIGH

Is the student exhibiting any of the following signs and symptoms?

- Dry mouth, extreme thirst, and dehydration.
- Nausea and vomiting.
- Severe abdominal pain.
- Fruity breath.
- Heavy breathing or shortness of breath.
- Chest pain.
- Increasing sleepiness or lethargy.
- Depressed level of consciousness.

Is the student improving?

NO

YES

CALL EMS/911.

Monitor student until EMS arrives.

NO

Follow the student’s health care plan for treatment of hyperglycemia.

Contact responsible school authority & parent/guardian.

Document care provided and medication administered, if applicable.

DIARRHEA

Wear disposable gloves when exposed to blood or other body fluids.

A student may come to the office because of repeated diarrhea or after an "accident" in the bathroom.

Does the student have any of the following signs of probable illness:

- More than 2 (two) loose stools a day?
- Oral temperature over 100°? See "FEVER"
- Blood in his/her stool?
- Severe stomach pain?
- Student is dizzy or pale?

NO

YES

Has the stomach pain improved after resting?

YES

- Allow the student to return to class.
- Instruct the student to return if he/she has further diarrhea.
- Instruct student to wash hands frequently, especially after using restroom.

- If the student is experiencing stomach pains, allow the student to rest for up to 30 minutes, with adult supervision.
- Give the student sips of water to drink.

NO

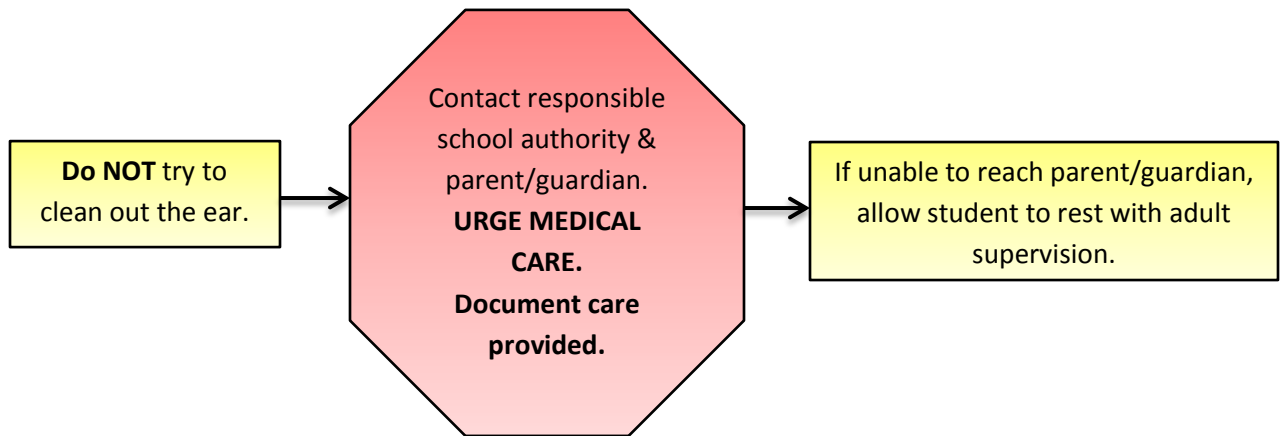
Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Document care provided.

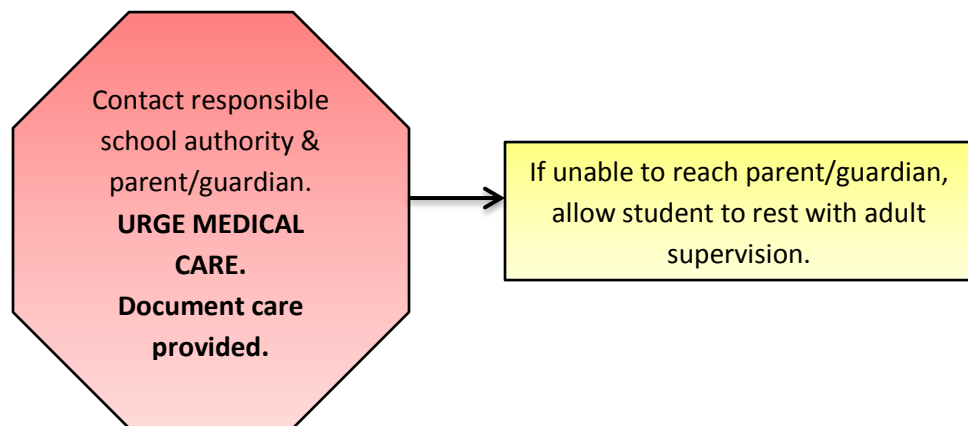
If the student soiled their clothing, wear disposable gloves and double bag the clothing to be sent home. Wash hands thoroughly.

EARS

DRAINAGE FROM EAR



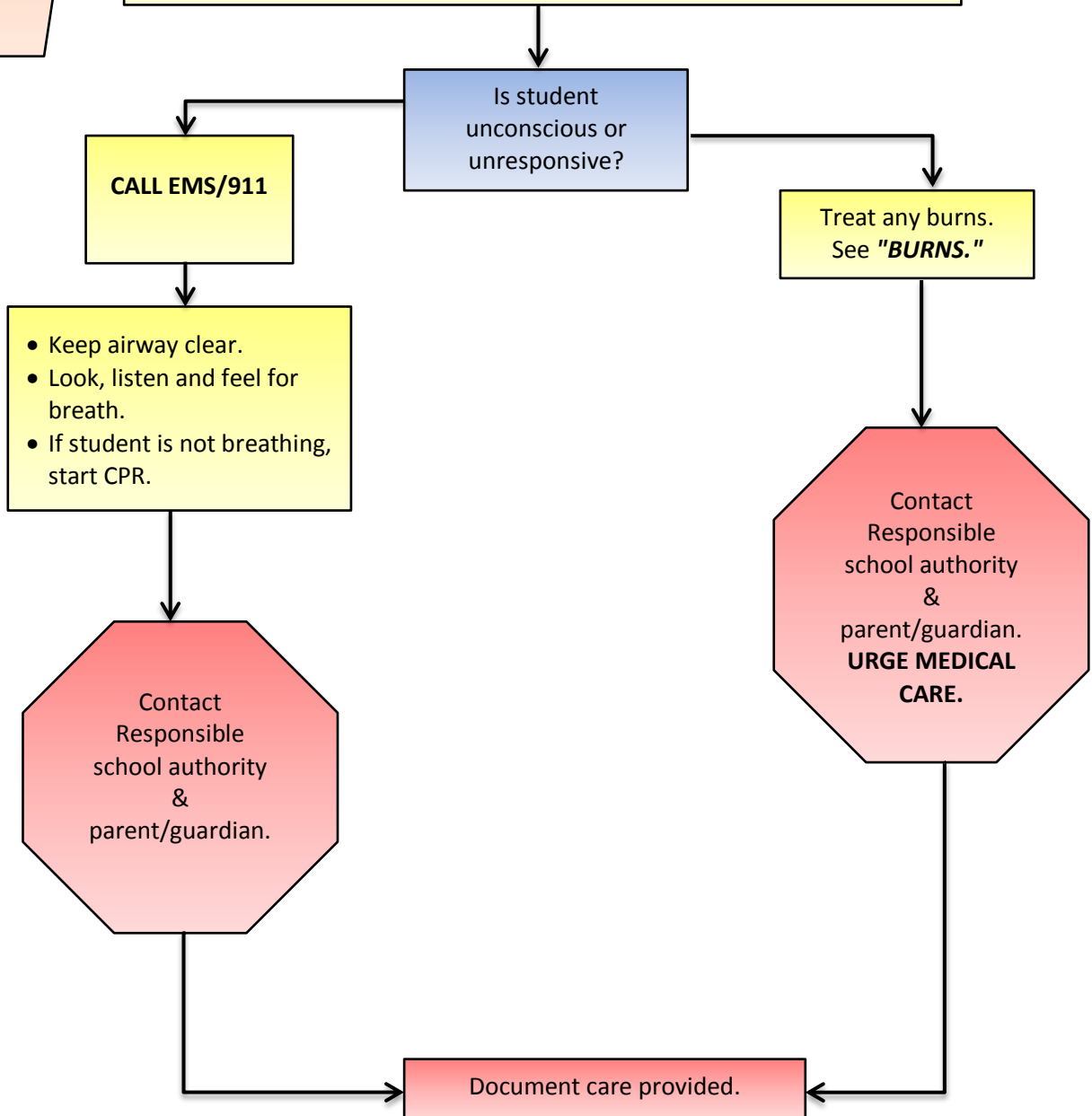
EARACHE



ELECTRIC SHOCK

If no one else is available to call EMS/911, perform CPR first for 2 minutes and then call EMS/911 yourself.

- **TURN OFF POWER SOURCE, IF POSSIBLE.**
- **DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- **IF AVAILABLE USE A NON-CONDUCTIVE POLE to move the power source away from the child.**
- **KEEP OTHERS AWAY FROM THE AREA.**
- **Once power is off and situation is safe, approach the student and ask, "Are you OK?"**



EYE-CHEMICALS IN THE EYE

- Wear gloves and if possible, goggles.
- If needed, hold the injured eye open with your fingers.
- Immediately rinse the eye with large amounts of clean water for 20-30 minutes. Use eyewash station if available.
- Tip the head so the injured eye is down and the water washes the eye from nose out to side of the face.
- If the student is wearing contact lenses, remove them if you are able.

CALL EMS/911

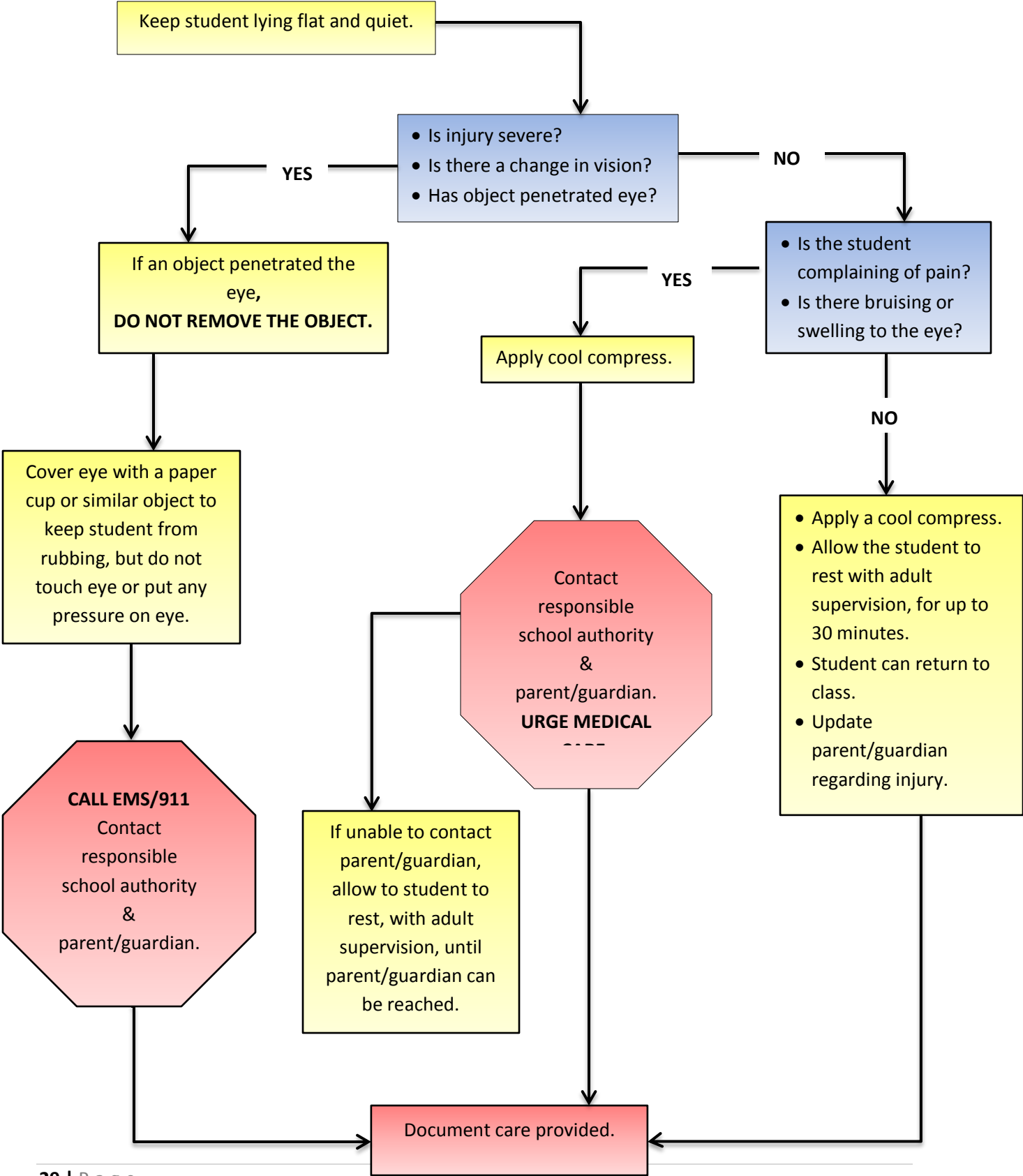
While you are rinsing the eye, have someone call **POISON CONTROL**
1-800-222-1222
Follow their directions.

Continue rinsing the student's eye until EMS arrives.

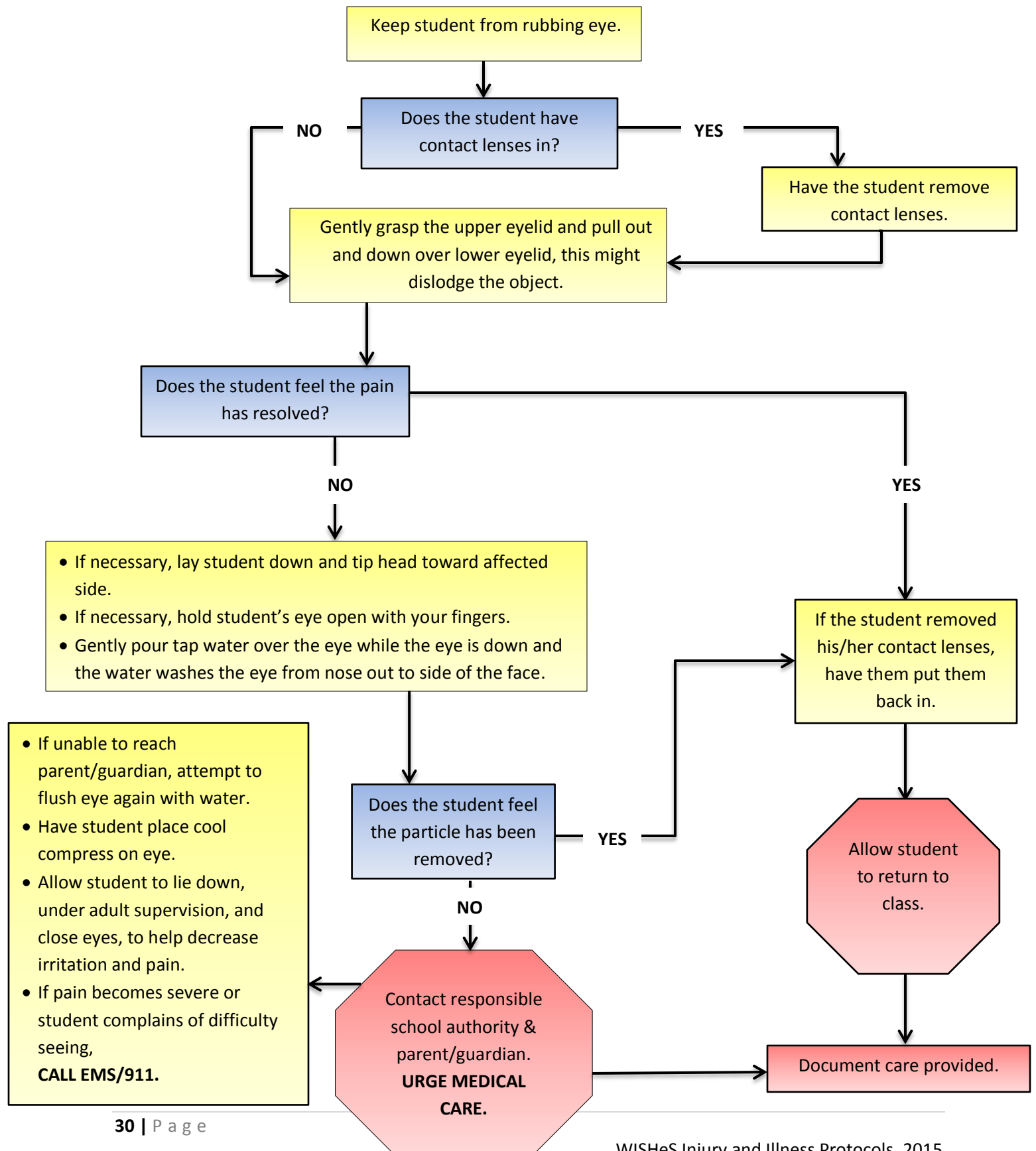
Contact responsible school authority & parent/guardian

Document care provided.

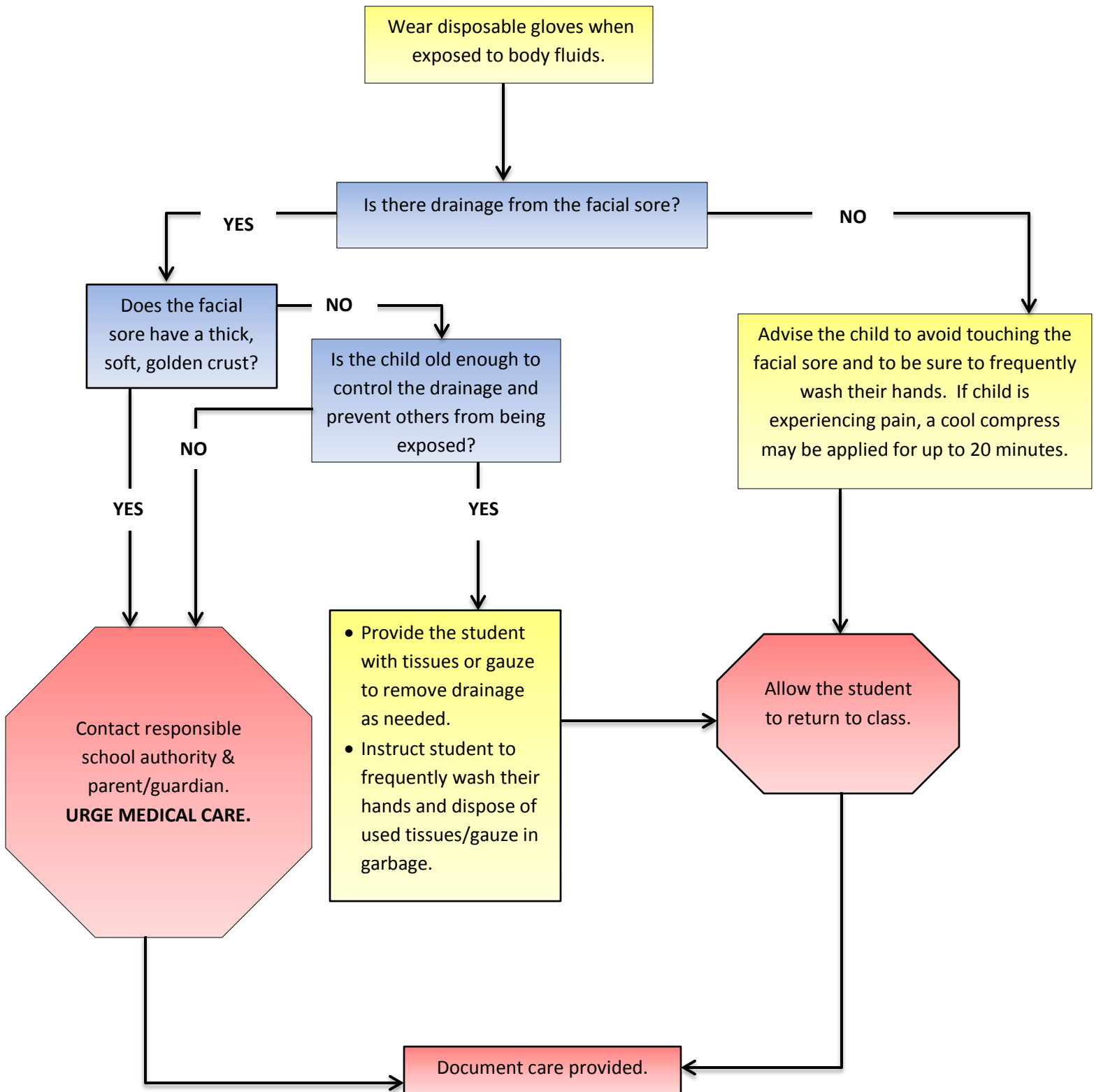
EYE-INJURY TO THE EYE



EYE-PARTICLE IN THE EYE



FACIAL SORE (Cold/Canker Sore)



FAINTING

Fainting may have many causes including:

- Injuries.
- Illness.
- Blood loss/shock.
- Heat exhaustion.
- Diabetic reaction.
- Severe allergic reaction.
- Standing still for too long.

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue.
- Dizziness or light-headedness.
- Extreme sleepiness.
- Pale, sweaty skin.
- Nausea.

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see **"UNCONSCIOUSNESS."**

YES OR NOT SURE

- Is fainting due to injury?
- Was student injured when he/she fainted?

NO

Treat as possible neck injury.
See **"NECK PAIN" AND "BACK PAIN."**
Do NOT move the student.

- Keep student in flat position without a pillow under the head.
- Elevate feet.
- Loosen clothing around neck and waist.

- Keep airway clear and monitor breathing.
- Keep student warm, but not hot.
- Control bleeding, if needed (wear disposable gloves.)
- Give nothing by mouth.

Has the student regained consciousness?

NO

See **"UNCONSCIOUSNESS."**

YES

Does the student still complain of:

- Dizziness?
- Lightheadedness?
- Weakness?
- Fatigue?

NO

If student feels better, and there is no danger of neck injury, move student to quiet, private area and maintain adult supervision.

Keep student lying down with legs elevated. Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Contact responsible school authority & parent/guardian.

Document care provided.

FEVER

To receive a more accurate reading, it is recommended to take the student's temperature either oral or tympanic whenever possible.

Is the student's temperature equal or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

NO

If student has other complaints, see appropriate protocol.

YES

Have the student lie down in a quiet, private area that allows for adult supervision.

Give no medicine unless previously authorized and appropriate permission forms are on file.

Contact responsible school authority & parent/guardian.

Document care provided and medication administered, if necessary.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911.**

FINGER/TOENAIL INJURY

A crush injury to the fingertip may result in fracture or bleeding under intact fingernail, creating pressure that may be very painful.

- Wear gloves when exposed to body fluids.
- Use clean bandage or gauze and apply gentle direct pressure until bleeding stops.
- Wash with soap and water, apply band-aid or tape overlay to protect nail bed.
- Apply cool compress for up to 20 minutes for pain and prevent swelling.

Has the pain improved after applying cool compress?

NO

If you suspect a fracture,
See "**FRACTURE.**"

Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

If unable to reach parent/guardian,
allow student to rest with adult supervision.

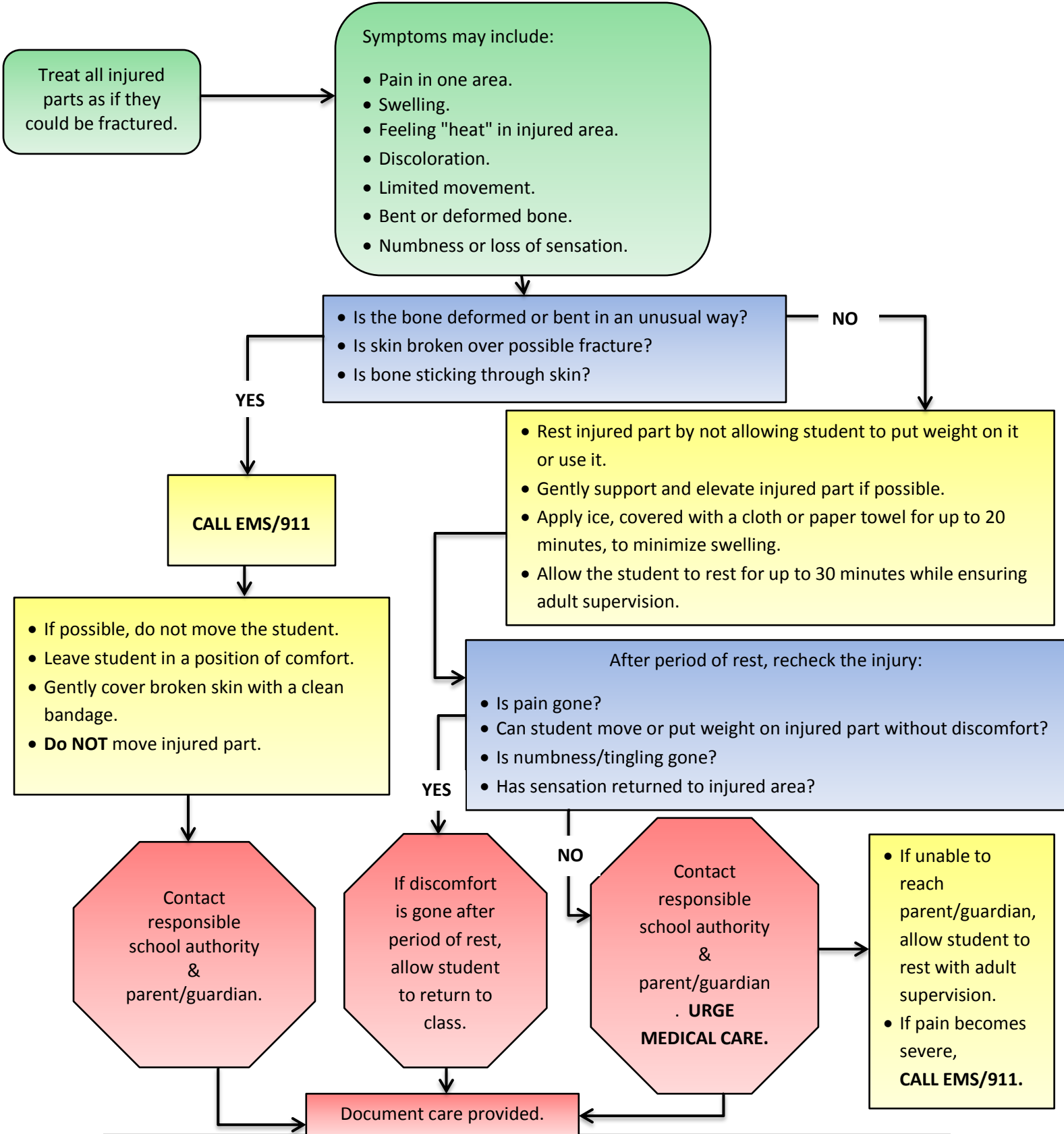
If pain becomes severe,
CALL EMS/911.

YES

Have the student return to class.

Document care provided.

FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



FROSTNIP/FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

- Frostbitten skin may:
- Look discolored (flushed, grayish-yellow, pale).
 - Feel cold to the touch.
 - Feel numb to the student.
- Deeply frostbitten skin may:
- Look white or waxy.
 - Feel firm or hard (frozen).

Wear gloves when exposed to body fluids.

- Take the student to a warm place.
 - Remove cold or wet clothing, including shoes, and give student warm, dry clothes.
 - Protect cold part from further injury.
 - Do NOT** rub or massage the cold part or apply heat such as a water bottle or hot running water.
 - Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/body part:

- Look discolored - grayish, white or waxy?
- Feel firm/hard (frozen)?
- Have a loss of sensation?
- Is the area swollen?
- Has the affected body part developed blisters?

- Call EMS/911.**
- Keep student warm and the body part covered.
- Students who have suffered frostbite may also be suffering from hypothermia. (See **"HYPOTHERMIA."**)

Keep student and the body part warm by either soaking body part in warm water or wrapping in blankets for up to 20 minutes.

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian. Student may remain in school if no further symptoms.

Document care provided.

HEAD INJURY

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "[BLEEDING](#)."

If student only bumped their head and does not have any other complaints or symptoms, see "[BRUISES](#)."

- With a head injury (other than head bump), always suspect neck injury as well.
- **Do NOT** move or twist the back or neck.
- See "[NECK PAIN](#)" & "[BACK PAIN](#)" for more information.

Have student rest, lying flat. Keep student quiet and warm.

Is student vomiting?
Did the student lose consciousness at all, even briefly?

If the student is vomiting, turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

- Watch student closely.
- Do NOT leave student alone.
- Complete "[CDC Signs and Symptoms Concussion Checklist](#)"

CALL EMS/911

Are any of the following signs and symptoms present:

- Unconsciousness?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

- Check student's airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR, using head tilt/chin lift.

Give nothing by mouth. Contact responsible school authority & parent/guardian.

- If unable to reach parent/guardian, have student rest with adult supervision.
- Complete concussion checklist every 60 minutes.

Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

Document care provided.

HEADACHE

Has a head injury occurred?

See "[HEAD INJURY.](#)"

NO

- Is the headache severe?
- Are there other symptoms present such as:
 - Vomiting?
 - Blurred vision?
 - Oral/tympanic temperature 100° or greater or axillary temperature 99° or greater?
 - Dizziness?

NO

Allow the student to lie down for up to 30 minutes in a room that affords privacy but has adult supervision. Dim the lights.

Does the student have appropriate authorization for administration of medication? (such as Tylenol or Ibuprofen)

NO

Apply a cool cloth or compress to the student's head.

YES

Administer medication as directed.

Contact responsible school authority & parent/guardian.

URGE MEDICAL CARE.

Document care provided.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911.**

Contact responsible school authority & parent/guardian.

Has pain subsided?

NO

YES

The child may return to class.

Document care provided and medication administered, if applicable.

HEAT EXHAUSTION/HEAT STROKE

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- Red, hot, dry skin.
- Weakness and fatigue.
- Cool, clammy hands.
- Vomiting.
- Loss of consciousness.
- Profuse sweating.
- Headache.
- Nausea.
- Confusion.
- Muscle cramping.

Wear disposable gloves when exposed to body fluids.

Quickly remove the student from heat to a cooler, shaded place.

• Have the student lie down.
• Elevate legs 8-12 inches.

NO

Is the student:

- Unconscious or losing consciousness?
- Hot, dry, have red skin?
- Vomiting?
- Confused?

YES

CALL EMS/911

- Give cool, clear fluids such as water, or commercial electrolyte drink frequently in small amounts if person is fully awake and alert.
- Sponge student with cool wet cloths on head, face, and trunk, change the cloths frequently.
- Fan student.
- Loosen clothing.
- Remove any additional layers of clothing

- Put the student on his/her side to protect the airway.
- Look, listen and feel for breathing.
- If student stops breathing, start CPR.

Contact responsible school authority & parent/guardian.

- Remove any additional layers of clothing.
- Cool rapidly by completely wetting clothing with cool water and fan student.
- **DO NOT USE ICE WATER.**
- Place ice packs on neck, armpits, and groin.
- Give nothing by mouth.

Document care provided.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide clear fluids.

HYPOTHERMIA (EXPOSURE TO COLD)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a student has been outside in the cold or in cold water.

Symptoms may include:

- Confusion.
- Weakness.
- Blurry vision.
- Slurred speech
- Shivering.
- Sleepiness.
- White or grayish skin color.
- Impaired judgment.

- Take the student to a warm place.
- Remove cold or wet clothing, including shoes and socks, and wrap student in a warm, dry blanket.

- Continue to warm the student with blankets.
- If student is fully awake and alert, offer warm (**NOT HOT**) fluids, but no food.

Does the student have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

NO

YES

CALL EMS/911

- Give nothing by mouth.
- Continue to warm student with blankets.
- See **"FROSTBITE."**
- If student is sleepy, place student on his/her side to protect airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

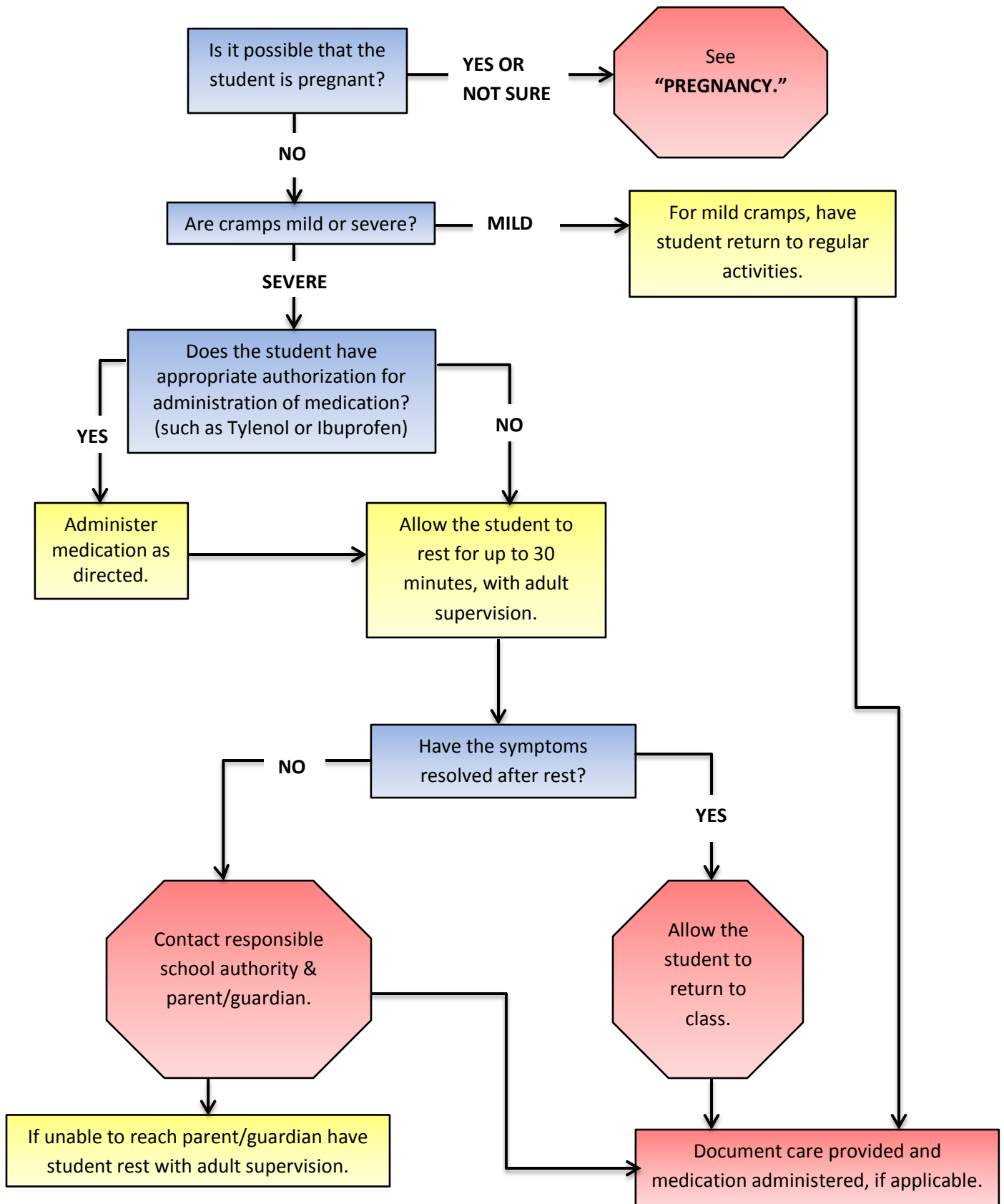
Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Document care provided.

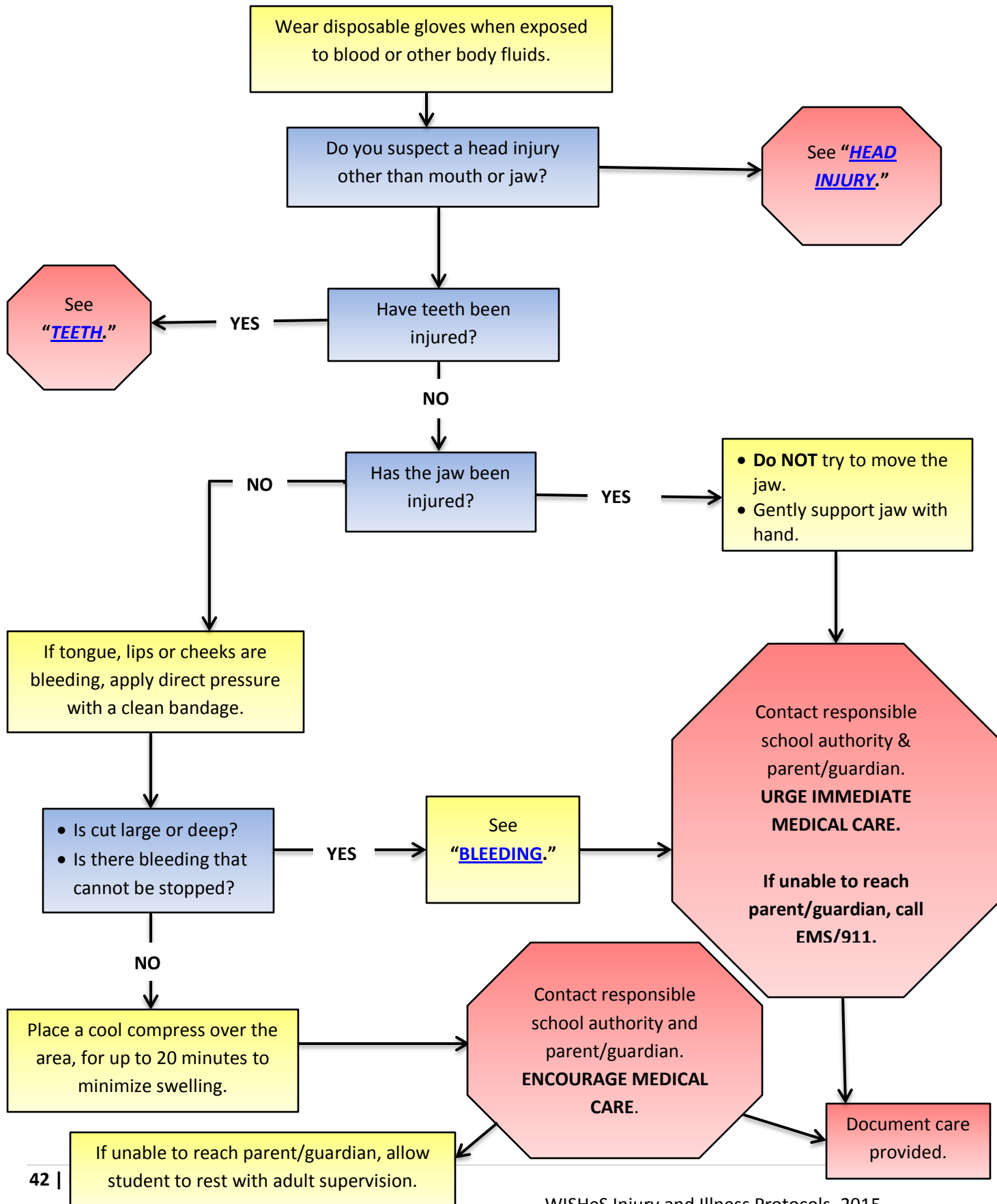
Contact responsible school authority & parent/guardian.

If unable to reach parent/guardian have student rest with adult supervision and continue to provide warm fluids.

MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES



NECK PAIN

Suspect a neck/back injury if pain results from:

- Falls over 10 feet or falling on head.
- Being thrown from a moving object.
- Sports.
- Violence.
- Being struck by a car or fast moving object.

Has an injury occurred?

NO

YES

Did the student walk in or was student found lying down?

WALK IN

LYING DOWN

- Do not move the student unless there is **IMMEDIATE** danger of further physical harm.
- If the student must be moved, support head and neck and move student in the direction of the head without bending the spine forward.
- Do NOT** drag the student sideways.

- Keep the student quiet and warm.
- Hold the head still by gently placing one of your hands on each side of the head.

Call EMS/911.
 Contact responsible school authority & parent/guardian.

Is the student's temperature equal to or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

YES

NO

See **"FEVER"**.
 The student may have a serious infection. Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.
 If student appears extremely ill, **CALL EMS/911.**

A stiff or sore neck from sleeping in a "funny" position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable but are not emergencies.

Is the student able to participate in normal activities?

NO

YES

- Have student lie down on his/her back.
- Support head by holding it in a "face forward" position.
- Try NOT to move neck or head.**

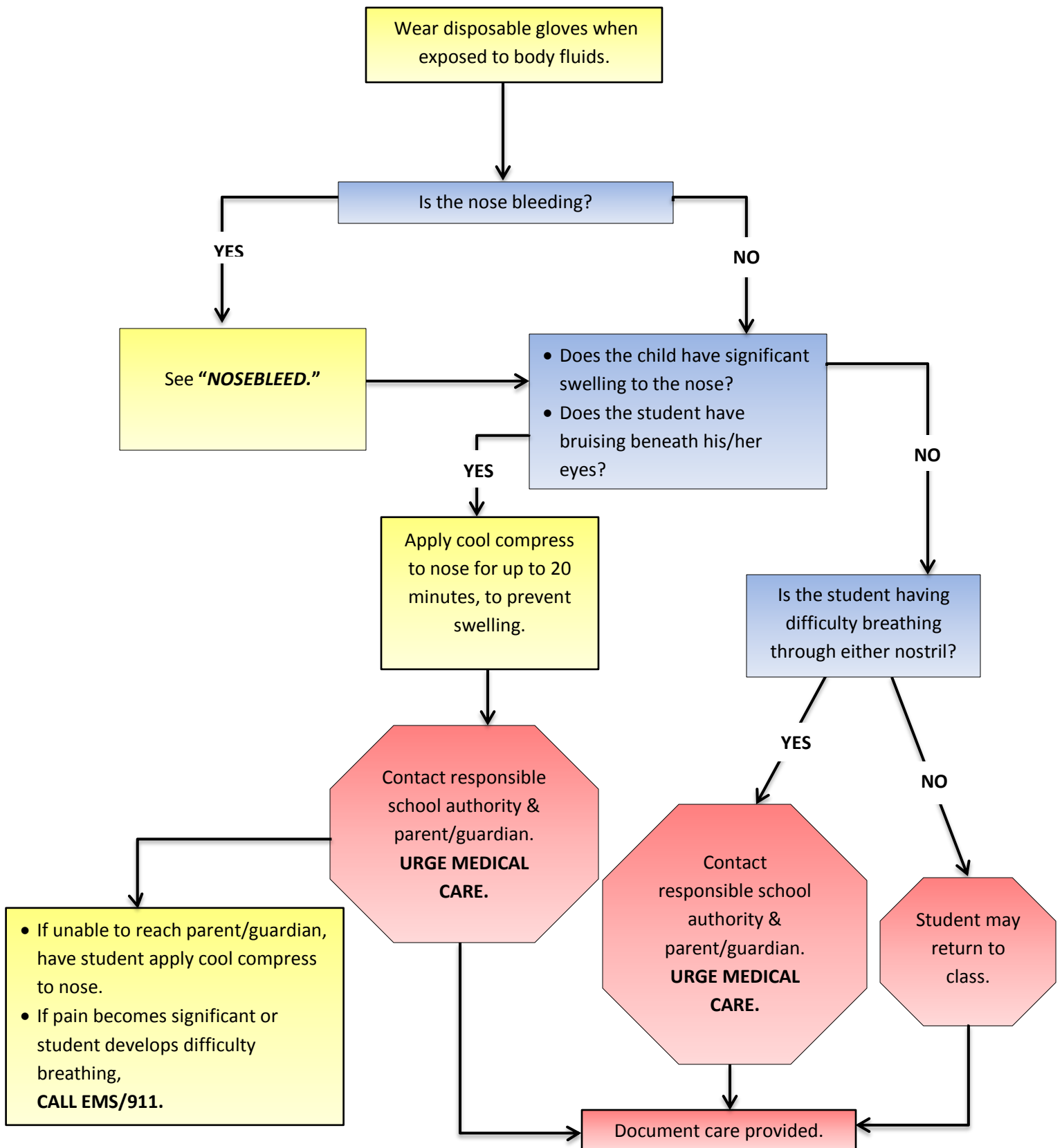
If student is uncomfortable and unable to participate in normal activities, contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

If unable to reach parent/guardian, allow student to rest with adult supervision.

Student may return to class.

Document care provided.

INJURY TO NOSE



OBJECT IN NOSE

Wear disposable gloves when exposed to body fluids.

Is the object:

- Large?
- Puncturing the nose?
- Deeply imbedded?

NO

YES

DO NOT ATTEMPT TO REMOVE THE OBJECT.

See "**PUNCTURE WOUND**" if object has punctured the nose.

Have the student hold the clear nostril closed while gently blowing his/her nose.

Did the object come out on its own?

NO

If object cannot be removed easily, **DO NOT ATTEMPT TO REMOVE.**

Contact responsible school authority & parent/guardian. **URGE MEDICAL CARE.**

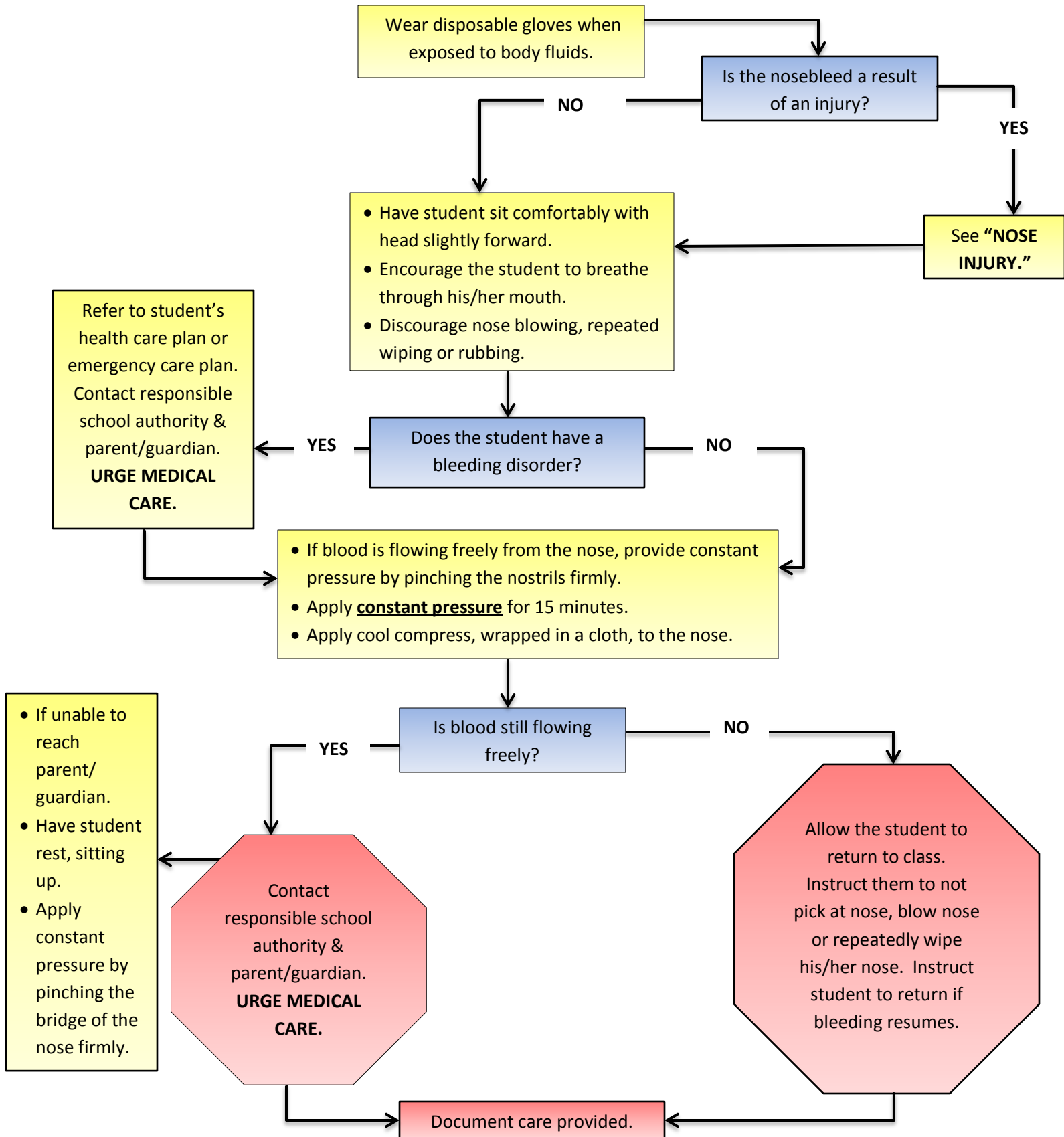
YES

If there is no pain, the student may return to class. Update parent/guardian.

Document care provided.

- If unable to reach parent/guardian and student is in significant pain or having difficulty breathing through nostril, **CALL EMS/911.**
- If student is not having difficulty breathing or experiencing severe pain, allow them to rest with adult supervision.

NOSEBLEED



NOT FEELING WELL

Take the student's temperature.

Is the student's temperature equal or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

YES

NO

See "[FEVER.](#)"

- Have the student lie down in a room that affords privacy but allows for adult supervision.
- Allow the student to rest for up to 30 minutes.
- Observe the student, if other symptoms develop, refer to appropriate protocol.

Is the student feeling better?

NO

YES

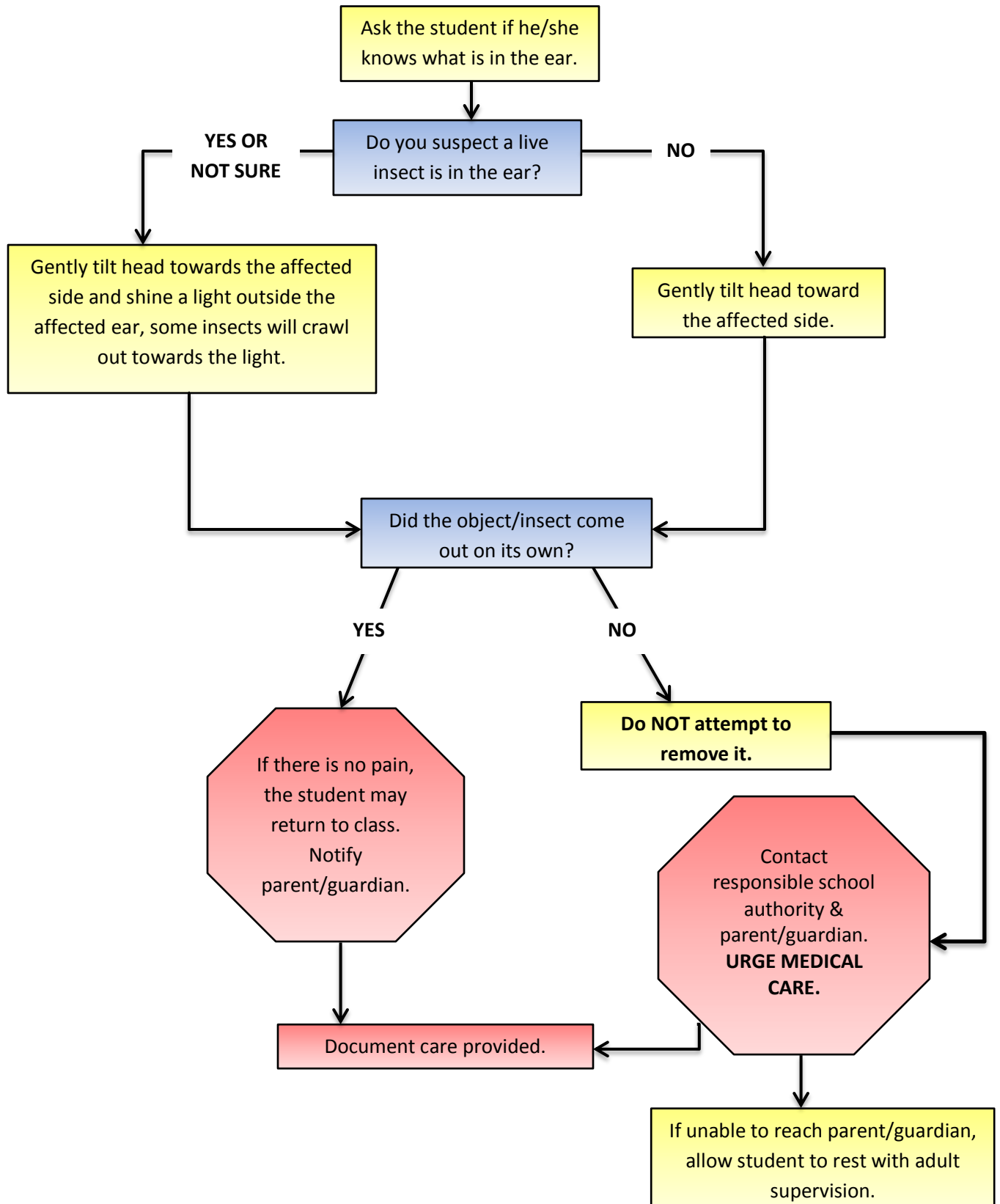
Allow the student to return to class.

Contact responsible school authority & parent/guardian.

- If unable to reach parent/guardian, allow student to rest with adult supervision.
- Monitor temperature every hour.
- If temperature reaches 104° axillary or 105° orally/tympanic, **CALL EMS/911.**

Document care provided.

OBJECT IN EAR CANAL



POISONING AND OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:

- Medicines.
- Insect bites and stings.
- Snake bites.
- Plants.
- Chemicals/cleaners.
- Drugs/alcohol.
- Food poisoning.
- Inhalants.
- Or if you are not sure.

Possible warning signs of poisoning include:

- Pills, berries or unknown substance in student's mouth.
- Burns around mouth or on skin.
- Strange odor on breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.

- Wear disposable gloves.
- Check student's mouth.
- Remove any remaining substance(s) from mouth.
- If there is a powder on the student, shake or brush it off, do not apply water.

If possible, find out:

- Age and weight of student.
- What the student swallowed.
- What type of "poison" it was.
- How much and when it was taken.

CALL POISON CONTROL.
1-800-222-1222
Follow their directions.

- Do not induce vomiting or give anything **UNLESS instructed by Poison Control.** With some poisons vomiting can cause greater damage.
- Do **NOT** follow the antidote label on the container, it may be incorrect.

- If student becomes unconscious, place on his/her side.
- Check airway.
- Look, listen and feel for breathing. If student stops breathing, start CPR.

CALL EMS/911

Contact responsible school authority & parent/guardian.

If possible, send some of the vomited material and ingested material with its container (if available) to the hospital with the student.

Document care provided.

PREGNANCY

Pregnant students should be known to appropriate school staff. Any student who is old enough to be pregnant, might be pregnant.

Signs of labor include:

- Contractions that become stronger at regular and increasingly shorter intervals.
- Lower back pain and cramping that does not go away.
- "Water" breaks (can be a large gush or a continuous trickle).
- Bloody (brownish or red-tinged) mucus discharge from vagina.

Pregnancy may be complicated by any of the following:

SEVERE STOMACH PAIN

See "*STOMACH PAIN.*"

SEIZURE

See "*SEIZURE.*"

VAGINAL BLEEDING

FLUID LEAKAGE FROM VAGINA

This is NOT normal and may indicate the beginning of labor.

MORNING SICKNESS

Treat as vomiting.
See "*VOMITING.*"

CALL EMS/911.

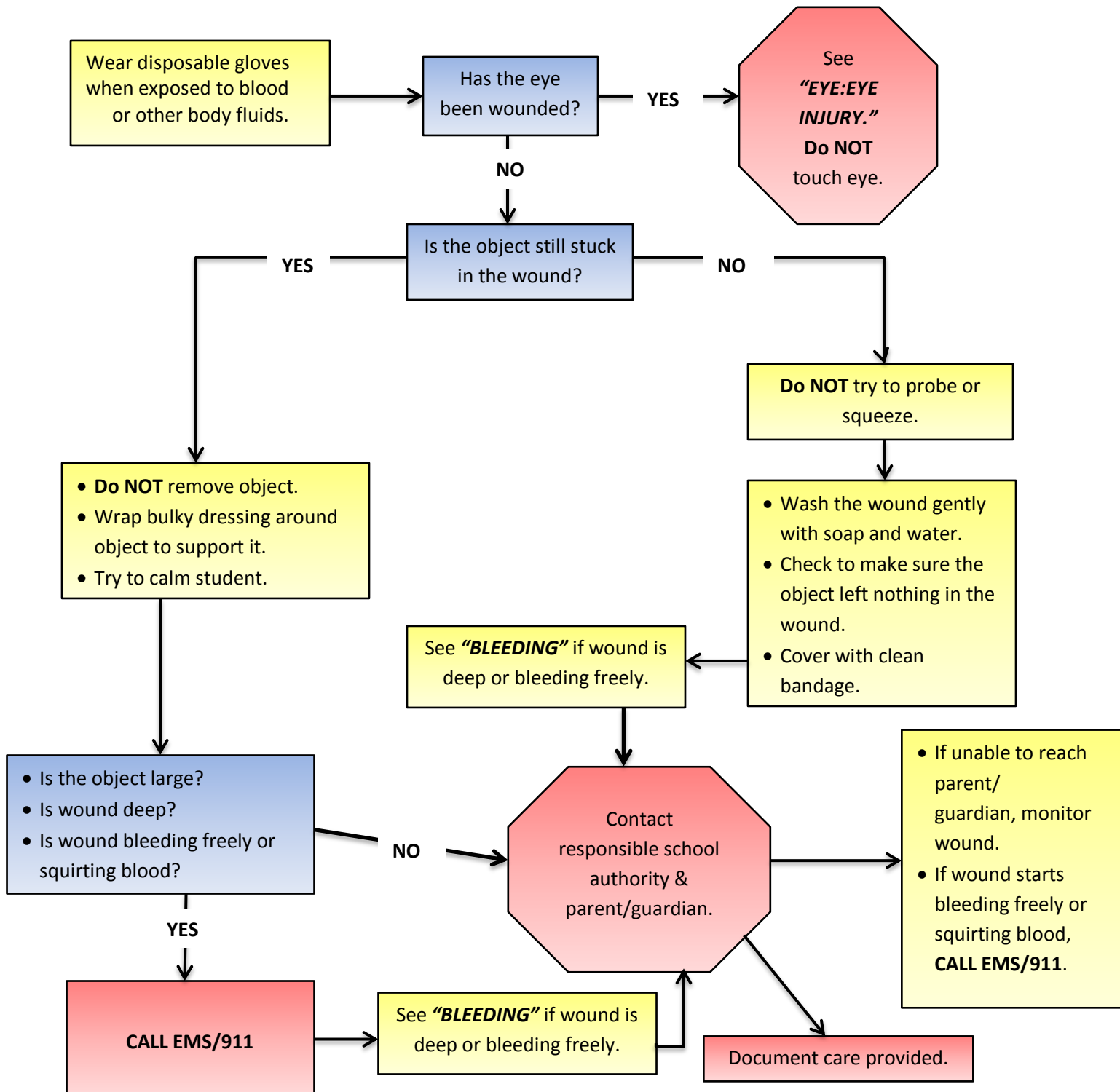
Contact responsible school authority & parent/guardian.
Contact student's support person, if applicable.

Contact responsible school authority & parent/guardian.
URGE IMMEDIATE MEDICAL CARE.

Contact responsible school authority & parent/guardian.

Document care provided.

PUNCTURE WOUNDS



RASHES

Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Rashes include such things as:

- Hives
- Red spots
- Purple spots
- Small blisters

Some rashes may be due to contagious diseases.
Wear disposable gloves to protect yourself when in contact with any rash.

Does the student have:

- Loss of consciousness
- Difficulty breathing or swallowing?
- Purple spots that don't turn white when you press on them?
- Does the student appear extremely ill?

CALL EMS/911

Is the student possibly having an allergic reaction?

NO

Monitor breathing and initiate CPR if needed.

Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

Are any of the following symptoms present?

- Drainage from the rash?
- Oral or tympanic temperature over 100° or axillary temperature over 99° (See "**FEVER**")?
- Headaches?
- Diarrhea?
- Sore throat?
- Vomiting?
- Rash is bright red and sore to the touch?
- Rash (hives) all over the body?
- Student is uncomfortable (e.g. itchy, sore, feels ill) and is unable to participate in school activities?

NO

NO

YES

YES

See "**ALLERGIC REACTION.**"

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor temperature every hour. If temperature reaches 104° axillary or 105° orally/tympanic, call **EMS/911**.

Document care provided.

If rash is mild, located in small area of the body, and not causing the student to be uncomfortable, student can remain in school. Contact parent/guardian with an update.

SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.).

Does the student have an emergency care plan?

YES

NO

Refer to the student's emergency care plan. Follow emergency plan instructions related to emergency medication administration and follow up instructions.

Observe details of the seizure for parent/guardian, emergency personnel or healthcare provider. Note:

- Time the seizure started.
- Duration of seizure.
- Kind of movement or behavior.
- Body parts involved.
- Loss of consciousness, etc.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **Do NOT restrain movements.**
- Move surrounding objects to avoid injury.
- **Do NOT place anything between the teeth or give anything by mouth.**
- Keep airway clear by placing student on his/her side. A pillow **should NOT** be used.

- Is student having a seizure lasting longer than 5 minutes?
- Is student having seizures following one another at short intervals?
- Is student without a known history of seizures having a seizure?
- Is student having any breathing difficulties after the seizure?

NO

- Seizures are often followed by sleep.
- The student may also be confused.
- This may last from 15 minutes to an hour or more.
- Allow student to rest with adult supervision.
- After the sleeping period, the student should be encouraged to participate in all normal class activities.

YES

CALL EMS/911
Contact responsible school authority & parent/guardian.

Update parent/guardian. Student may remain in school if no further concerns.

Document care provided.

SICKLE CELL DISEASE

In sickle cell disease, the red blood cells become distorted and look C-shaped, like a sickle. Sickle cells die early, which leads to anemia. Also, these sickle-shaped blood cells tend to get stuck in narrow blood vessels and clog blood flow. This can cause severe pain and organ damage, especially to the spleen. People with sickle cell disease are susceptible to certain bacterial infections because of damage done to the spleen.

Allow a student with sickle cell to drink water throughout the day. Staying well hydrated by drinking plenty of water can help prevent pain episodes and other health problems.

Refer to the student's health plan or Emergency plan.

Does the student have any of the following signs and symptoms:

- Blurred vision?
- Chest pain?
- Difficulty breathing?
- Fast rate of breathing?
- Harsh noisy breathing?
- Inability to speak?
- Oral/tympanic temperature greater than 101° or axillary greater than 100°?
- Severe headache?
- Sudden or constant dizziness?
- Sustained, unwanted erection?
- Upper left abdominal pain?
- Weakness on either side of body?

YES

NO

CALL EMS/911

Does the student have the following signs and symptoms:

- Bone/joint/hip pain?
- Noticeable change in the color of skin, lips, fingernails?
- Difficulty with memory?
- Vomiting?
- Swelling in hands, feet or joints?

YES

NO

Contact responsible school authority & parent/guardian.
URGE MEDICAL CARE.

- Review student's health plan and/or emergency plan for all other concerns.
- Follow instructions in health plan.

Document care provided.

SNAKE BITE

Signs and Symptoms of Poisonous Bite

Mild to Moderate:

- Swelling, discoloration, or pain to site.
- Rapid pulse, weakness, sweating, fever.
- Shortness of breath.
- Burning, numbness or tingling sensation.
- Blurred vision, dizziness, fainting.
- Fang marks, nausea, vomiting, diarrhea.

Severe:

- Swelling of tongue or throat.
- Rapid swelling and numbness, severe pain, shock, pinpoint pupils, twitching, seizures, paralysis and unconsciousness.
- Loss of muscle coordination.

Treat all snakebites as poisonous until snake is positively identified.

- **Do NOT cut wound.**
- **Do NOT apply tourniquet.**
- **Do NOT apply ice.**

ALL SNAKE BITES need medical evaluation. If you are going to be greater than 30 minutes from an emergency room, take a snake kit for outdoor trips.

Although there are only two types of venomous snakes found in Wisconsin, it is always important to be prepared for poisonous snakebites, especially when traveling outside of Wisconsin.

- Immobilize the bitten extremity **AT OR BELOW** the level of the heart.
- Make person lie down, keep at complete rest, avoid activity (walking).
- Keep student warm and calm.
- Remove any restrictive clothing, rings and watches.

NO → [Decision Box:
 • Is snake poisonous or unknown?
 • Is the person not breathing? (If yes, initiate CPR)] → **YES** →

Call EMS/911

- Flush bite with large amount of water.
 - Wash with soap and water.
 - Cover with clean, cool compress or moist dressing.
 - Monitor pulse, student's skin color and respirations; prepare to perform CPR, if needed.
 - Identify snake-if dead, send with student to the hospital.
 - Parent/guardian may transport student to the hospital for medical evaluation if condition is not life threatening.
- If greater than 30 minutes from emergency department:**
 Apply a tight bandage to extremity bite between bite and heart. **Do not cut off blood flow.**
 Use Snake Bite Kit suction device repeatedly.

Contact responsible school authority & parent/guardian.
ENCOURAGE MEDICAL CARE.

Document care provided.

SORE THROAT

Is the student having difficulty breathing or extreme trouble swallowing causing him/her to drool?

YES

CALL EMS/911

NO

Is the student's temperature equal to or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

YES

NO

Have the student gargle with warm water.

YES

Did that help to alleviate or minimize the pain?

NO

Contact responsible school authority & parent/guardian.

Allow the student to return to class.

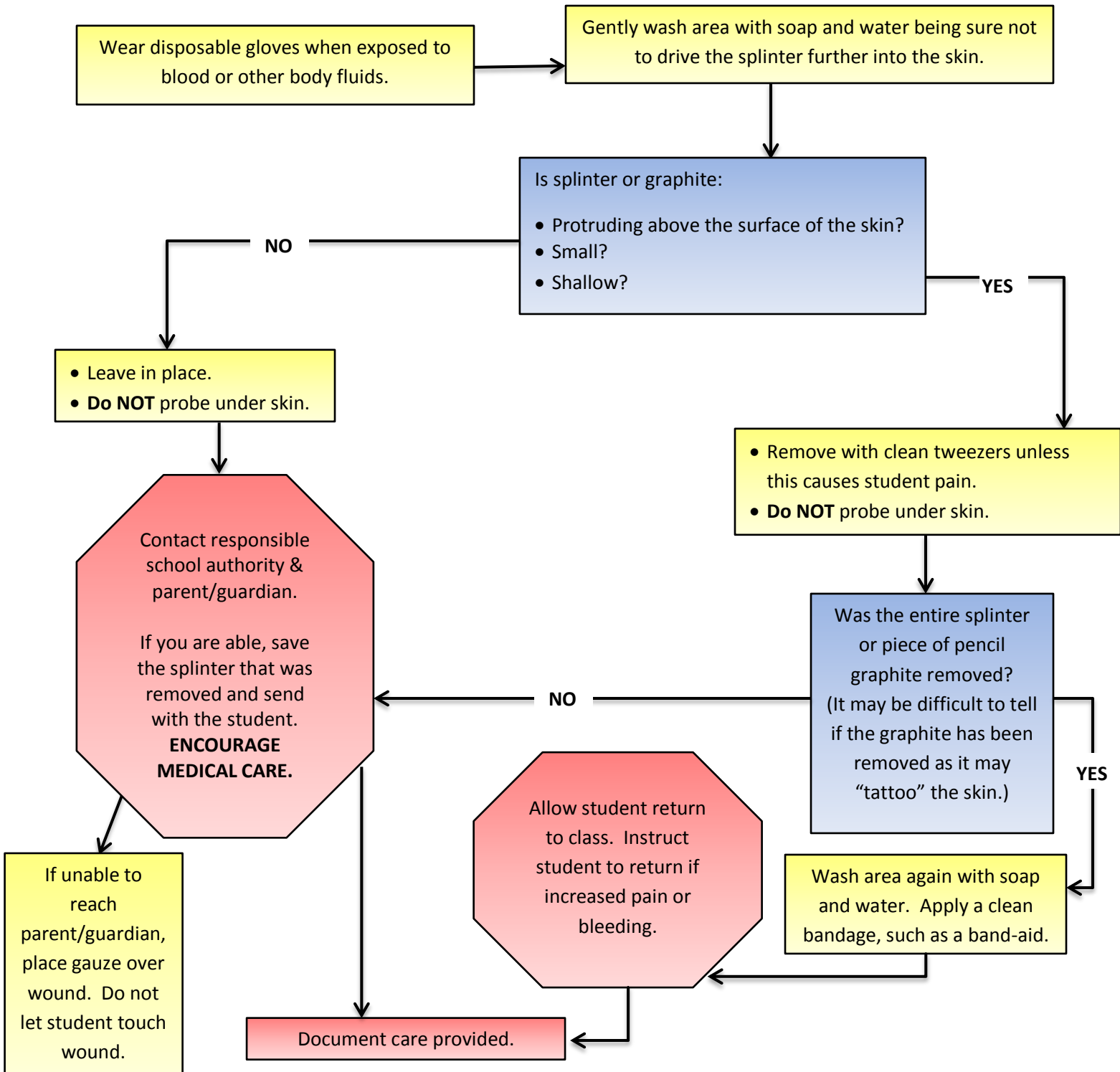
Contact responsible school authority & parent/guardian.

See "FEVER."

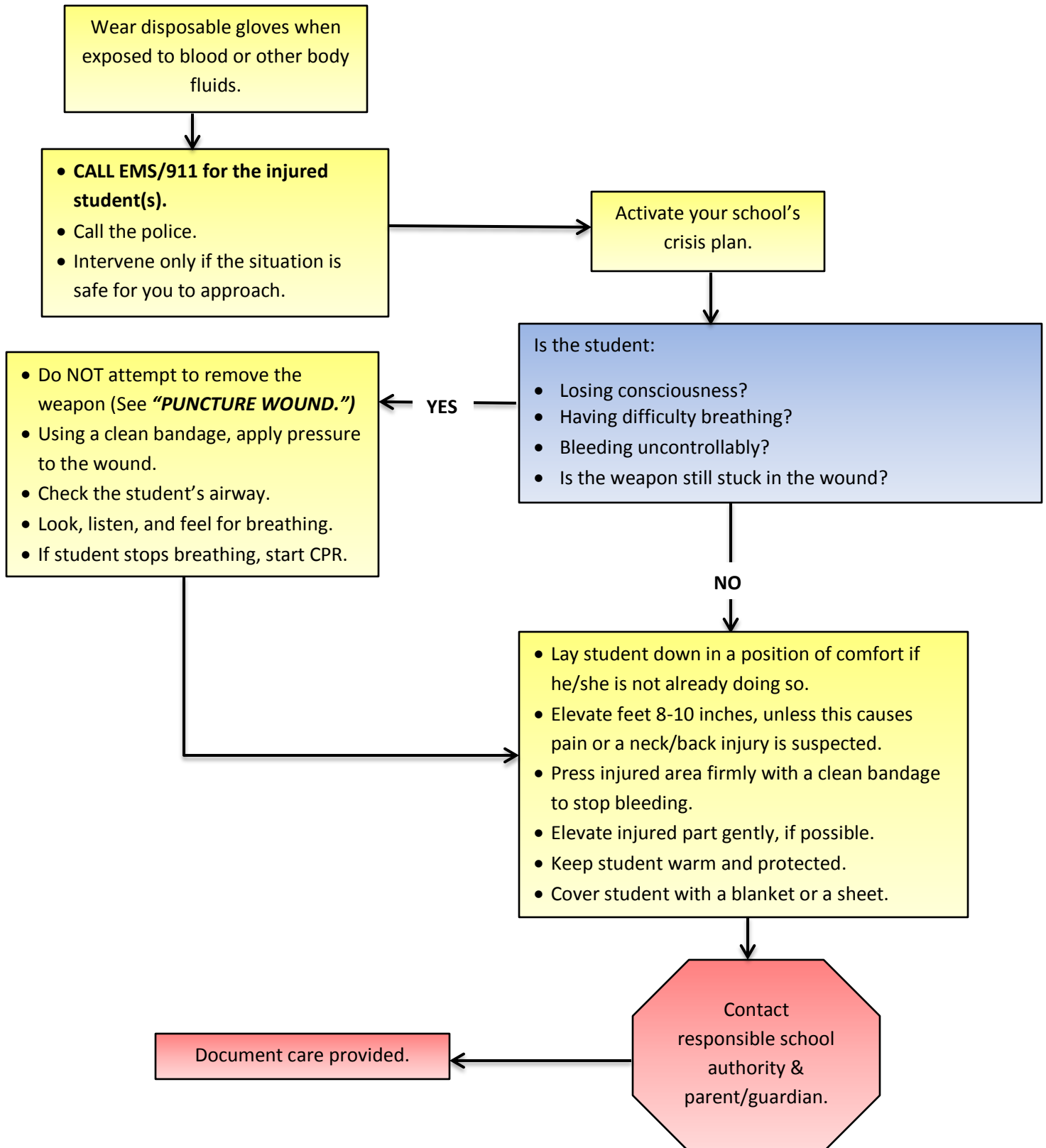
- Check the student's airway.
- Look, listen, and feel for breathing.
- If student stops breathing, start CPR.

Document care provided.

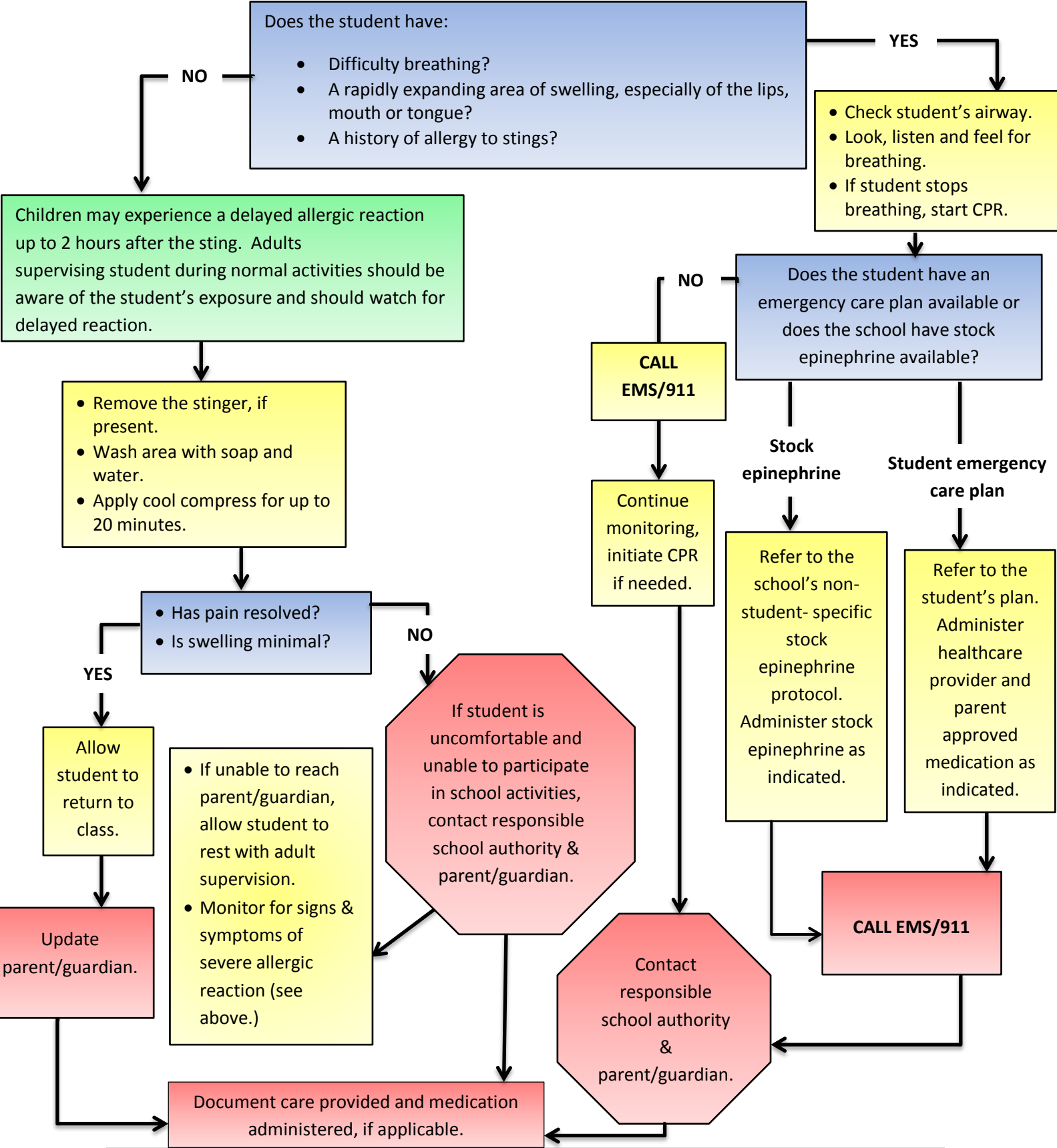
SPLINTERS OR IMBEDDED PENCIL GRAPHITE



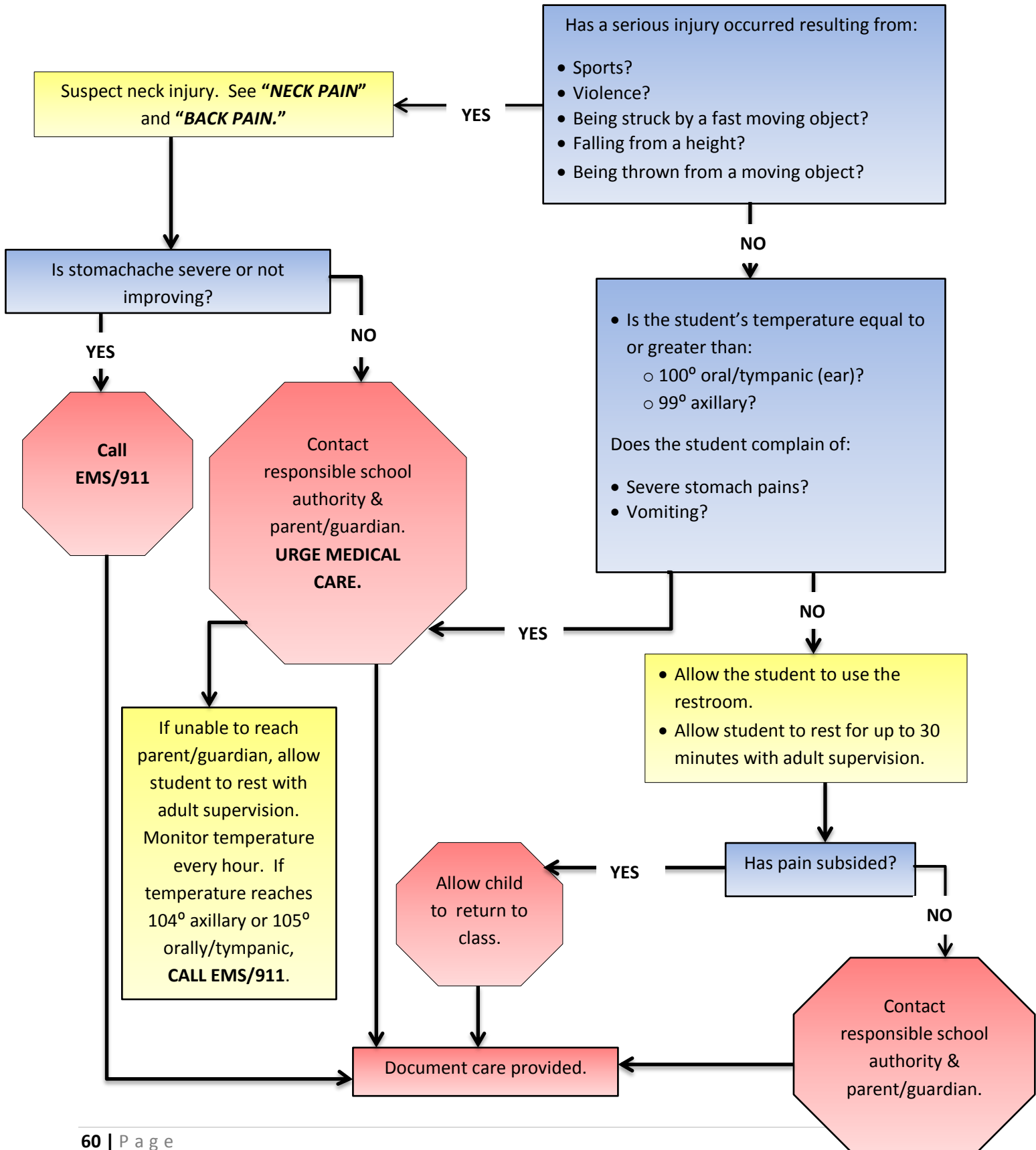
STABBING & GUNSHOT INJURIES



STINGS



STOMACHACHES/PAINS



TICKS

Wear disposable gloves when exposed to blood and other body fluids.

Wash the bite area gently with soap and water before attempting removal.

Students should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. **Do NOT** handle ticks with bare hands.

- There are a variety of tools that can be used to remove a tick.
- The key is to grasp the tick as close to the skin surface as possible, be careful to not squeeze the tick.
- Pull upward with steady, even pressure.
- **Do NOT** twist or jerk the tick as the mouth parts may break off.
- It is important to remove the ENTIRE tick.
- Take care not to squeeze, crush, or puncture the body of the tick as its fluids may carry infection.
- Never use petroleum jelly or a hot match to kill and remove a tick. These methods don't get the tick off the skin, and can cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

- Place tick in plastic bag incase parent/guardian wants to have the tick identified.
- Record the date and location of the tick bite.

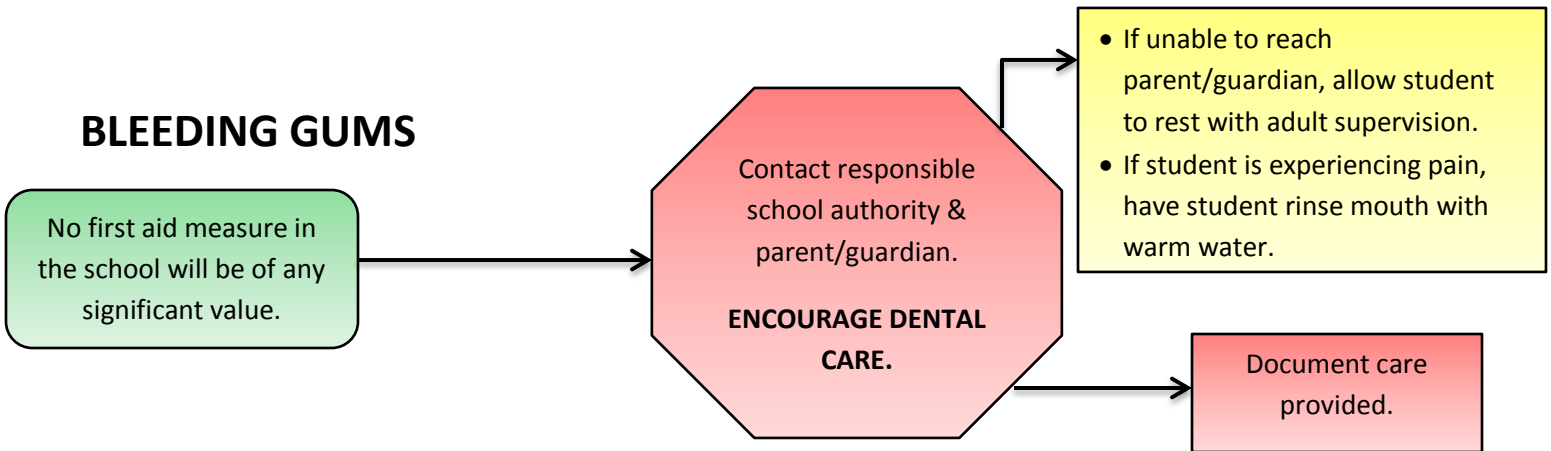
- After removal, wash the area of the body where the tick was, thoroughly with soap and water.
- Wash your hands.
- Apply a bandage.

Contact responsible school authority & parent/guardian. Student may remain in school. Send tick home with student.

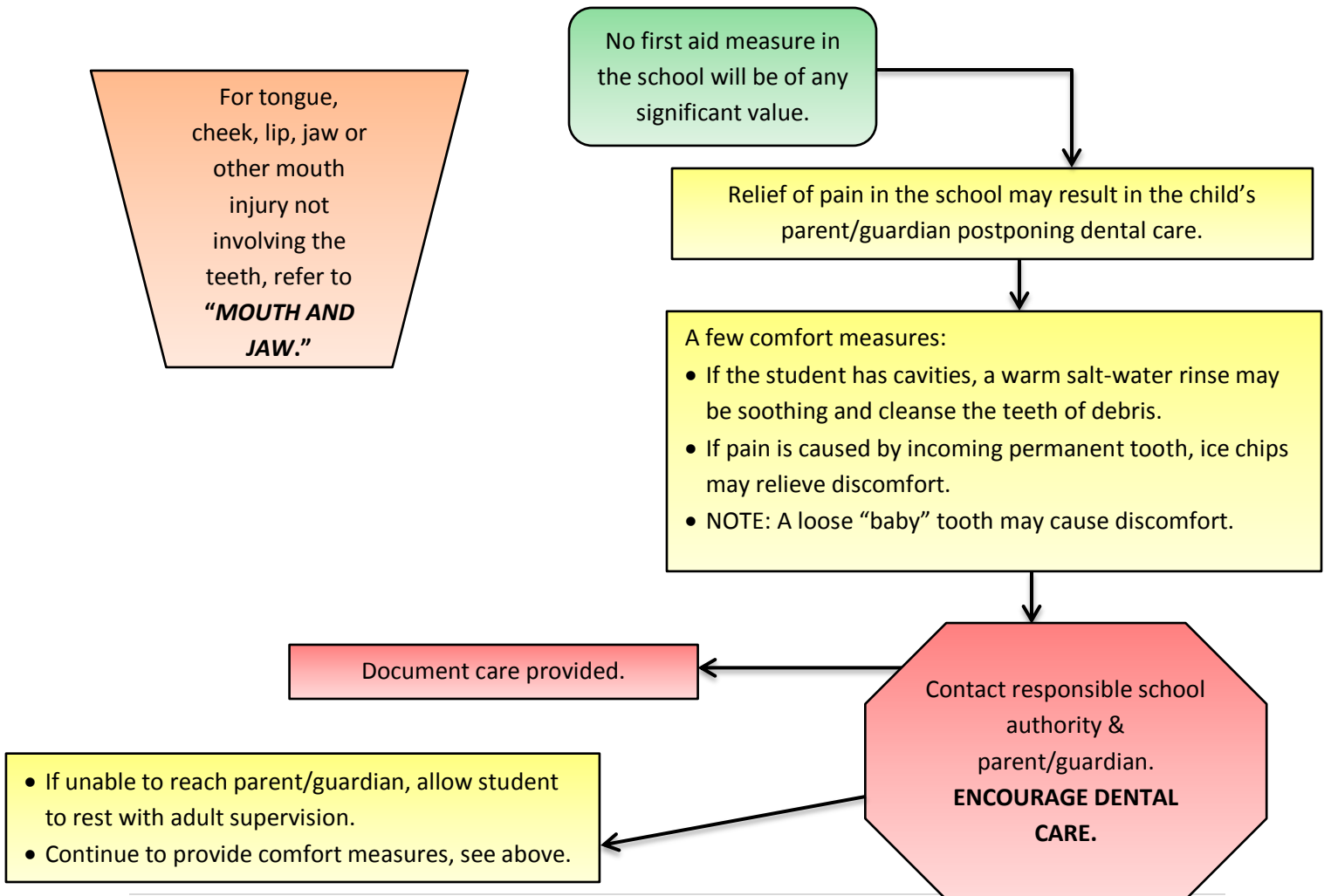
Document care provided.

TEETH & GUMS

BLEEDING GUMS

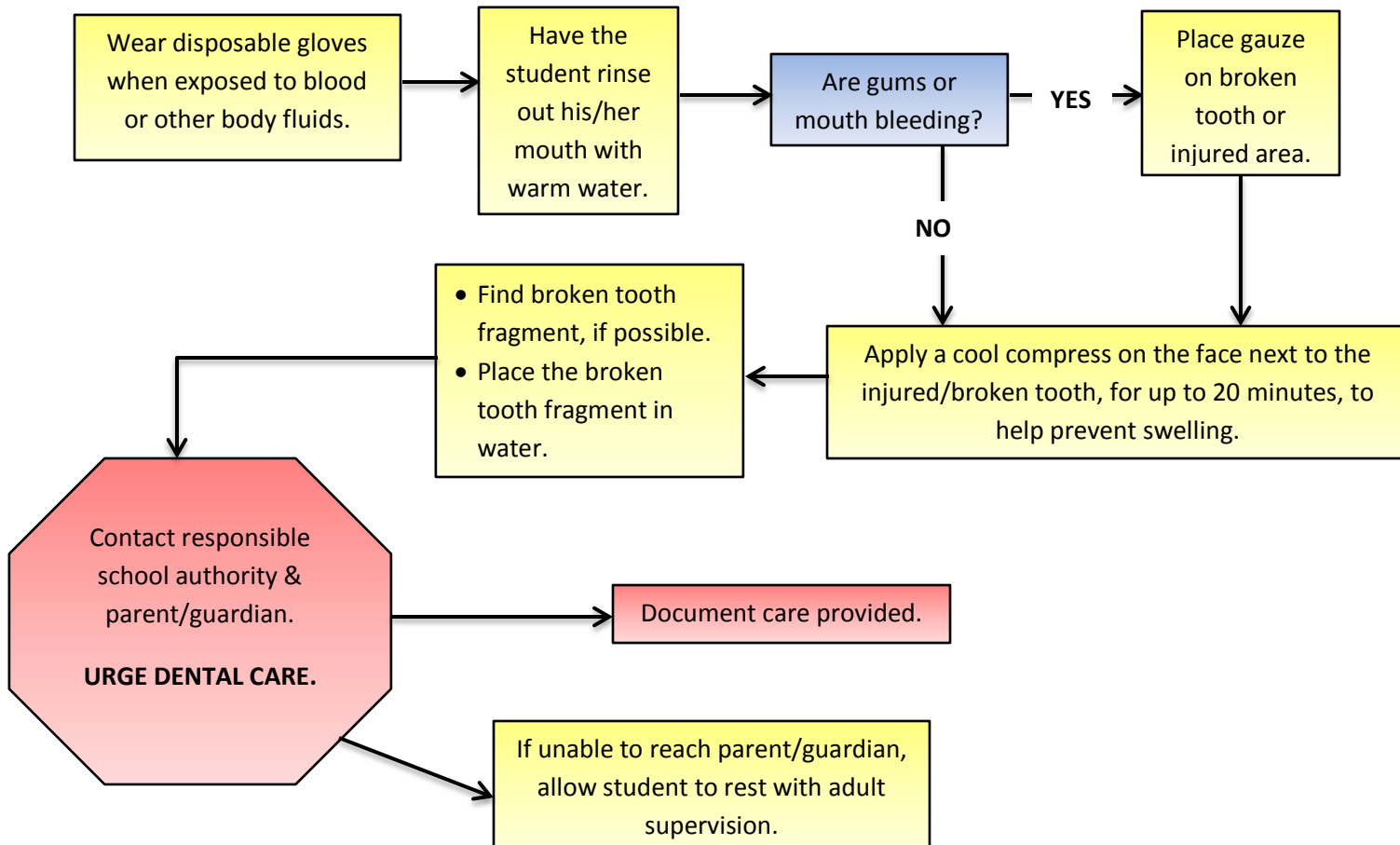


TOOTHACHE OR BLEEDING GUM SWELLING (ABSCESS OR "BOIL")

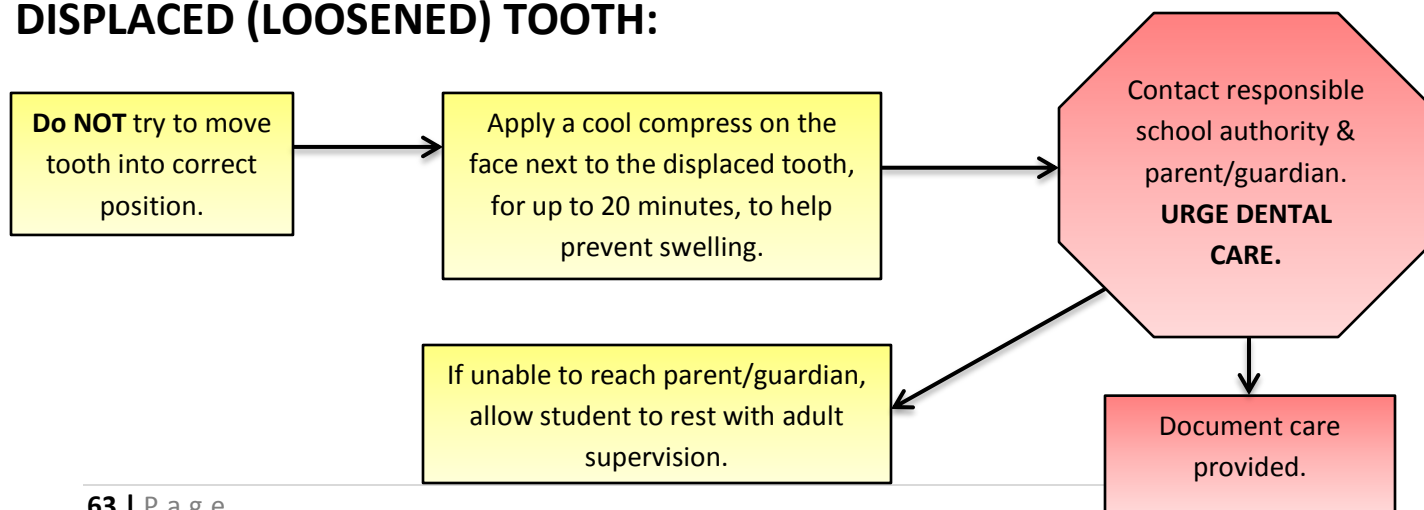


TEETH:CHIPPED, BROKEN OR DISPLACED

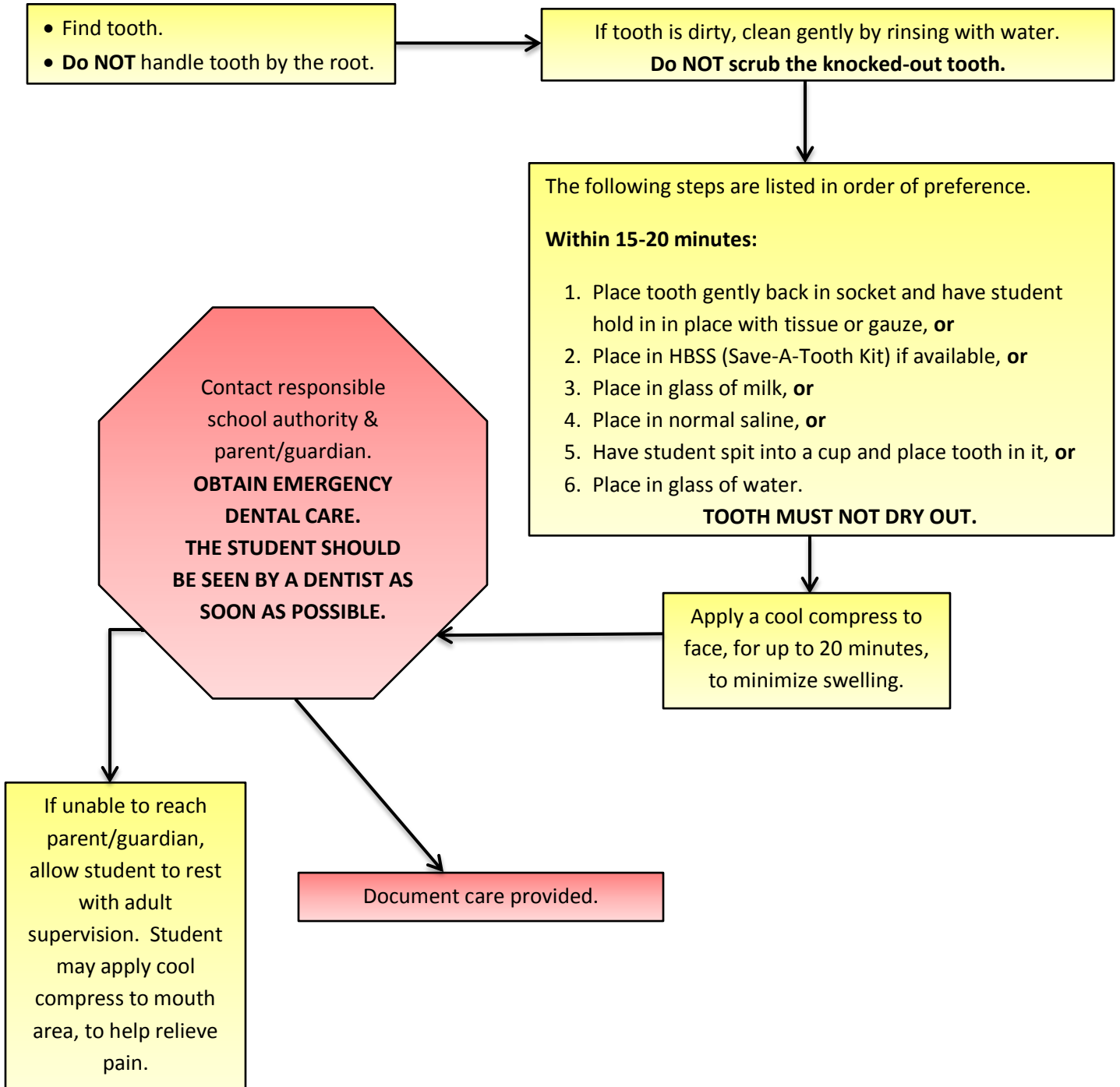
CHIPPED/BROKEN TOOTH:



DISPLACED (LOOSENED) TOOTH:



TEETH: KNOCKED OUT TOOTH



UNCONCIOUSNESS

If student stops breathing, and no one else is available to call EMS/911, administer CPR for 2 minutes and then call EMS yourself.

Unconsciousness may be caused by:

- Injuries.
- Blood loss/shock.
- Poisoning.
- Severe allergic reaction.
- Diabetic reaction.
- Heat exhaustion.
- Illness.
- Fatigue.
- Stress.
- Not eating.

If you know the cause of the unconsciousness, see the appropriate protocol.

See "FAINTING."

Did the student regain consciousness immediately?

YES

NO

Is unconsciousness due to injury?

YES

NO

- See "NECK AND BACK PAIN" and treat as a possible neck injury.
- Do NOT move student.

- Open airway with head tilt/chin lift.
- Look, listen and feel for breathing.

CALL EMS/911

YES

Is student breathing?

NO

Begin CPR

CALL EMS/911

- Keep student in flat position of comfort.
- Elevate feet 8-10 inches unless this causes pain or a neck/back or hip injury is suspected.
- Loosen clothing around neck and waist.
- Keep student warm and protected. Cover student with sheet or blanket.
- Give nothing to eat or drink.
- If student vomits, roll onto left side keeping back and neck in straight alignment if injury is suspected.
- Examine student from head to toe and give first aid for conditions as needed.

Contact responsible school authority & parent/guardian..

Document care provided.

VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. **CALL POISON CONTROL 1-800-222-1222** and ask for instructions. See **"POISONING"** and notify local health department.

Vomiting may have many causes including:

- Illness.
- Bulimia.
- Anxiety.
- Pregnancy.
- Injury/Head injury
- Heat exhaustion.
- Overexertion.
- Food poisoning.

Wear disposable gloves when exposed to blood and other body fluids.

Is the student's temperature equal or greater than:

- 100° oral/tympanic (ear)?
- 99° axillary?

See **"FEVER."**

YES

NO

- Have student lie down for up to 30 minutes in a room that affords privacy but allows for adult supervision.
- Apply a cool, damp cloth to students face or forehead.
- Have a bucket available.
- Give no food or medication, although you may offer the student ice chips or small sips of clear fluids containing sugar (such as 7Up or Gatorade), if the student is thirsty.

Does the student have:

- Repeated vomiting?
- Fever?
- Severe stomach pains?
- Is the student dizzy and pale?
- Does the student appear extremely ill?

YES

NO

CALL EMS/911.

Contact responsible school authority & parent/guardian.

Contact responsible school authority & parent/guardian.

Document care provided.

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Appendix A:

The following Student Injury and Illness form has been developed in conjunction with the protocols. Districts are welcome to use these forms as a means of documenting the care provided to students and staff. It is recommended that some kind of written documentation be sent home to parent(s)/guardian(s) informing them of their child's injury or illness that occurred at school. A suggested way to accomplish this would be to print the following Student Illness and Injury form in duplicate and the duplicate copy can be sent home with the child.

The Student Illness and Injury form can also be found at: <http://www.wishesproject.org/wp-content/uploads/student-illness-injury-form.pdf>

STUDENT INJURY/ILLNESS FORM

STUDENT INFORMATION			
Student Name		Date	
Date of Birth		Grade	Male Female
Check In Time		Check Out Time	

SCHOOL INFORMATION	
School:	Principal:

ILLNESS/INJURY COMPLAINT (CIRCLE ALL THAT APPLY)			
Allergic reaction	Diarrhea	Head injury	Sickle cell
Abrasion/Scratch	Difficulty breathing	Heat illness	Sore throat
Asthma concern	Dislocation	Hypothermia/Frostnip	Splinter
Behavioral health concern	Dizzy	Menstrual problems	Sting
Bleeding	Ear problem	Mouth/Jaw injury	Stomachache
Bite	Eye problem	Nose injury	Tick
Blister	Facial sore	Nosebleed	Toenail injury
Burn	Fainting	Not feeling well	Vomiting
Cough	Fever	Pain: _____	Other: _____
Cut/Laceration	Fingernail injury	Puncture	
Dental problem	Fracture	Rash	
Diabetes concern	Headache	Seizure	

TREATMENT PROVIDED (CIRCLE ALL THAT APPLY)		
Bandaid/Bandage applied	Medication administered:	Snack given
Cool compress applied x ____ min	Notified School Nurse	Temperature checked:
Eye flushed	Parent/Guardian notified	Wound care
Fluids given	Pressure applied x ____min	Other: _____
Heating pad applied x ____min	Rest: ____ minutes	

ADDITIONAL CARE PROVIDED

DISPOSITION (CIRCLE ALL THAT APPLY)	
EMS/911 called	Sent/Taken Home
Parent decided to remove from school	Taken to healthcare provider/clinic/hospital/urgent care
Return to class	Other: _____

Signature of school staff:	Date:
----------------------------	-------

The following form, **Report of Student Injury and First Aid** form was developed in conjunction with the Injury and Illness Protocols. This two-paged form allows for more detailed documentation of the injury and subsequent first aid provided to the student. This form can be used as the districts Accident Reporting Form, if the district does not already have one. This form can be used as an alternative to the Department of Public Instruction Student Accident Report, which can be found online at <http://dpi.wi.gov/files/forms/doc/pod1945.doc>. It is also recommended that some kind of written documentation be sent home to the parent(s)/guardian(s) following an accident or injury at school.

The WISHeS Report of Student Injury and First Aid form can be found at:
<http://www.wishesproject.org/wp-content/uploads/Report-of-Student-injury-first-aid-form.pdf>

REPORT OF STUDENT INJURY AND FIRST AID FORM

STUDENT INFORMATION			
Student Name		Date	
Date of Birth		Grade	Male Female
Date of Illness/ Injury		Time of illness/ injury	

SCHOOL INFORMATION	
School:	Principal:

ACCIDENT INFORMATION (CIRCLE THE APPROPRIATE CHOICE)			
Location of accident		When did accident occur?	
Athletic Field	Playground	After School	Lunch
Bus	Pool	Athletic Practice	Other_____
Cafeteria	Restroom	Athletic Team Competition	Physical Education Class
Classroom	Stairway	Before School	Recess
Gymnasium	Vocational/Shop Lab	Class Change	Unknown
Hallway	Other_____	During Class	
Parking Lot		Field Trip	

SURFACE (CIRCLE ALL THAT APPLY)		
Asphalt	Gravel	Sand
Carpet	Gymnasium floor	Snow
Concrete	Ice	Synthetic Surface
Dirt	Mat(s)	Tile
Grass	Other_____	Wood Chips/Mulch

TYPE OF INJURY (CIRCLE ALL THAT APPLY)							
Head	Jaw	Elbow	Chest/Ribs	Leg	Abrasion	Cut/Laceration	Other
Eye	Chin	Forearm	Back	Knee	Scrape	Dislocation	
Ear	Neck/Throat	Wrist	Abdomen	Ankle	Bite	Fracture	
Nose	Collarbone	Hand	Groin	Foot	Bump/Swelling	Pain/Tenderness	
Mouth/Lips	Shoulder	Finger	Genitals	Toe	Bruise	Puncture	
Tooth/Teeth	Upper Arm	Fingernail	Pelvis/Hip	Toenail	Burn/Scald	Sprain	

CONTRIBUTING FACTORS (CIRCLE ALL THAT APPLY)				
Animal Bite	Contact with Hot or Toxic Substance	Foreign Body/Object	Slipped	Unknown
Collision with Object	Drug, Alcohol or Other Substance Involved	Hit with Thrown Object	Struck by Auto, Bike, etc.	Weapon
Collision with Person	Fall	Other_____	Struck by Object (bat, swing, etc.)	
Compression/Pinch	Fighting	Overextension/Twisted	Tripped	

