



**CAPE COD COLLABORATIVE**  
**2024 - 2025**  
**HEALTH CARE MANUAL**  
**OF POLICIES AND PROCEDURES**

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This index is intended to be used as a guide to find documents. The format does not provide numbered pages, as our hope is to add and delete information as needed. Should a new policy or form occur, please insert the page where indicated. Should a policy or document require deletion notification will be sent to remove it from this manual.

## **CAPE COD COLLABORATIVE HEALTH CARE MANUAL**

### **Purpose of Manual:**

The purpose of the Cape Cod Collaborative Health Care Manual (hereafter referred to as the “manual”) is to provide a guideline for delivery of school health services to the students enrolled in a Cape Cod Collaborative (hereafter referred to as the “Collaborative”) program. This manual was developed to be in compliance with the guidelines set forth by the Massachusetts Department of Public Health, the Massachusetts Board of Registered Nursing, and the Massachusetts Department of Secondary and Elementary Education.

This manual is designed for use by Collaborative administrators, nurses, teachers, and other professionals dedicated to the health and well-being of the students. A copy of the manual will be in each Collaborative program.

The manual shall contain a memorandum (dated within the past twelve months) documenting the review and approval of all contents by the Collaborative Lead School Nurse, the Executive Director, and the Board of Directors. This loose leafed format is used to allow for additional policies, procedures, and the ever increasing awareness of school health issues.

### **PHILOSOPHY OF THE SCHOOL HEALTH PROGRAM:**

The Collaborative believes there is an important relationship between health and education. A healthy child is an effective learner. We believe that all students are entitled to a healthy and safe environment in which to learn, achieve and grow. Through interdisciplinary collaboration, the student’s learning environment will be healthy, safe and conducive to learning and growth.

### **PRESERVATION & PROTECTION OF CHILDREN’S LIVES IN CCC PROGRAMS:**

Nurses, teachers and ancillary staff of the Cape Cod Collaborative shall provide whatever means are available to them to preserve and protect a child’s life in the event of a crisis. In the event of an emergency, proper notification procedures should be observed. This requires that each teacher will have available an emergency procedure established for his or her classroom which should include names, telephone numbers and other pertinent information concerning those who are to be contacted. A copy of this procedure is filed with the Director’s and Principals’ Offices at the beginning of each school year.

Due to the medical needs of students, some programs may require the involvement and input from a local rescue squad. Specific arrangements for their involvement should be closely coordinated with the Program Nurse and the Program Director and Administrator on duty.

Goals:

- Students shall receive, as appropriate to access their education, needed nursing services while in the education setting.
- Students shall be protected in the event of an emergency.
- Students shall receive prescribed medications and procedures during the school day as prescribed by their personal physicians, with permission from their parents and/or guardians and within the guidelines of the laws of The Commonwealth of Massachusetts.
- Parents of students with communicable diseases must adhere to the Collaborative infection control policy found in the **PARENT-STUDENT HANDBOOK**.
- Parents shall be kept informed of student health issues via telephone or via email by the program nurse in conjunction with the education staff.
- In the case of an emergency, students will be treated and transported by the local EMS in a timely fashion to the closest emergency room for further care and follow up.
- The Collaborative shall maintain the student health records in accordance with the State of Massachusetts Department of Public Health School Health Unit guidelines and Department of Elementary and Secondary Education regulations.

# Section II

# NURSING PRACTICE

## NURSING PRACTICE

### LAWS REVELVANT TO THE SCHOOL HEALTH PROGRAM

The following laws have been enacted over the years to help ensure safe and comprehensive services to students. It is helpful to be aware of the various laws while providing care.

**Chapter 766 M.G.L.; c.71B** This law requires public school systems to educate all children, regardless of their disabilities. Further, it requires students with disabilities be educated in the least restrictive environment based on an IEP of special education and related services.

**M.G.L. c.71, s.55A** School personnel who provide first aid in good faith (first aid that is reasonable in the circumstances) to a student in an emergency, are protected from civil liability by this law.

**105 C.M.R. 210.000** The aim of this law is to ensure that students requiring prescription medication administration during the school day will be able to attend school and to ensure that prescription medications are safely administered in schools. It encourages collaboration between parents or guardians and the school staff in this effort.

**M.G.L. c.119, s.51A 51G** Professional school personnel are mandated reporters for child abuse and neglect..

**M.G.L. c.71, 2.37H** This law requires the superintendent of every school district to publish the district's policies pertaining to the conduct of teachers and students including those which prohibit the use of any tobacco products within the school buildings, the school facilities, on the school grounds or on school buses by any individual, including school personnel. No smoking on school grounds.

**M.G.L. c.111, s.70F** Prohibits health personnel from disclosing HIV test results, or even the fact that someone has been tested without the consent of the test subject.

**M.G.L. c.71, s.57** This law requires that each student have eight components to the Massachusetts School Health Record. These forms are mandated. (The electronic medical record, EMR, PSNI SNAP program provides for all of these components.)

## **Cape Cod Collaborative**

### **American Nursing Association Code of Ethics for Nurses Silver Spring, MD 2015**

- Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.
- Provision 2: The nurse's primary commitment is to the patient whether an individual, family, group, community or population.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health and safety of the patient.
- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions, and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development and the generation of both nursing and health policy.
- Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate the principles of social justice into nursing and health policy.

**American Nurses Association, "Code of Ethics for Nurses with Interpretive Statements",  
Nursing World, January 2015.**

## **Privacy of the School Record**

Currently, student health records are considered part of a student's temporary record, and as such, are protected from disclosure to third parties unless there is written consent from the parent/guardian and/or emancipated students. Consistent with the current temporary record regulations, these records are accessible to an eligible student, the student's parents or guardian, and authorized school personnel (authorized school personnel are those school employees who work directly with the student in an instructive, administrative, therapeutic or diagnostic capacity). The information placed in the student record must relate to the educational needs of the student. (See regulations governing student records, 603 CMR23.000.) School health records must comply with FERPA regulations.

In all situations, any staff, in particular non-teaching staff, who are approached by parents or other persons with questions about a Collaborative program and/or service, or with specific questions regarding students or programs should direct their questions to the classroom teacher, the appropriate nurse or therapist, or to the Program Administrator or Executive Director.

## **Chain of Command**

The Cape Cod Collaborative Program Nurse reports directly to the Program Director. There is one Program Nurse assigned to each of the Cape Cod Collaborative School buildings/programs. The Program Nurse holds a valid Massachusetts license in the nursing profession. Each nurse practices within the scope of their nursing practice in Massachusetts according to the Massachusetts Department of Public Health. The licensed practical nurse works in collaboration with the registered nurse and seeks assistance and guidance from the registered nurse as is necessary to remain within the licensed practical nurse's scope of practice. Nursing works in collaboration with families and caregivers. There is one Lead School Nurse. The Lead School Nurse is a DESE certified school nurse who is responsible for the collaboration with the Department of Public Health School Health Unit, public health surveillance and the data collection and submission to the state. If families and caregivers give written consent, the Lead School Nurse can help provide care coordination services with primary care providers and specialists as warranted. The Lead School Nurse also collaborates with the school physician as needed for emergency planning and school wide standing orders.



# CAPE COD COLLABORATIVE

## Program Nurse Job Description

### I. Scope of Responsibilities

The Cape Cod Collaborative Program Nurse is responsible for guidance, and provision of medical needs as prescribed by Primary Care Physicians for the students of Cape Cod Collaborative programs. He/she will collaborate with the classroom team in providing and promoting a healthful atmosphere in the educational setting. He/she will also communicate with parents, community health providers, the Lead School Nurse and educators to promote a well-rounded health care plan for the student. In addition, the nurse collaborates with classroom and direct care staff in promoting and educating students in health promotion and maintenance.

### II. Reports to

The Program Nurse shall report directly to their Program Director.

### III. Nursing Services

- Administers prescribed medications following doctor's orders, as well as DPH and Cape Cod Collaborative policies.
- Performs intermittent Specialized Procedures that do not require continuous monitoring and evaluation, as directed by the physician.
- Provides care to ill students as needed.
- Recognizes signs and symptoms of communicable diseases.
- Evaluates student injury and provides emergency care as needed.
- In the event of a medical emergency, follow student specific guidelines as ordered by their primary care provider.
- Utilizes, demonstrates, and directs current infection control practices in the classroom.
- Protects confidentiality of student's health information.
- Provides professional and compassionate care as outlined in the American Nurses Association Code for Nurses.

### IV. Record Keeping

- Becomes familiar with and documents Student Health Record using the Electronic Medical Record (EMR). Maintains privacy of all passwords.
- Maintains daily medication and procedure logs.
- Maintains student Health Immunization records and ensures compliance with state regulations.
- Maintains current and cumulative student health records.
- Maintains medication counts where indicated.

### V. Professional Responsibilities

- Maintains current Massachusetts Nursing License.
- Maintains current CPR certification.
- Maintains professional skills and knowledge through state mandated continuing education programs and current publications.
- Ability to work cooperatively in a team setting with all related personnel.

## CAPE COD COLLABORATIVE

### Lead School Nurse Job Description

The Lead School Nurse is responsible for the duties of the Program Nurse as well as the following:

- Utilizes, demonstrates, and directs current infection control practices in the classroom and the school environment. Collaborates with the local boards of health as well as the MA DPH School Health Unit to follow current health concerns and trends. Provides de-identified data to MA DPH as mandated.
- Provides home visits, when necessary, for student admission and post-hospitalization planning.
- Provides consultation services in planning special health care needs required for students to access their education.
- Develops a student specific individualized health care plan with measurable goals, interventions and evaluation. This shall be done yearly for students with special health care needs, and updated as needed.
- Recommends modification of the school program or environment, to maintain optimal health and safety conditions.
- Provides information and training for student specific classroom personnel regarding special medical needs of the student, as appropriate.
- Provides supervision to CCC LPNs and/or Special Health Care Nurse
- Will act as a liaison, where indicated, between the Collaborative Program, parents, hospital staff, and teacher, should the child be hospitalized.
- Will act as a liaison between the Collaborative program and the local rescue squad, collaborating as needed for expedient services.
- Collaborates with other educational team members and MA DPH School Health Unit personnel to develop a needs assessment and data collection procedures.
- Shares information with other team members about children with special health care needs which affect learning and growth with parents/ guardians consent.
- Collaborates with teachers and direct care staff to provide students with health care needs in a least restrictive environment, impairing classroom participation as little as possible.

**In the event the Program/Lead Nurse is absent, every effort to have a part-time or substitute nurse for the time period will be made. The substitute/ part-time nurse will provide the services of the Program Nurse.**

## **CAPE COD COLLABORATIVE**

### **Special Health Care Nurse**

The special health care nurse is a professionally licensed nurse that works as an adjunct to the Lead School nurse. The responsibilities of the special health care nurse may include nursing as well as educational tasks as outlined by the Individualized Health Care Plan and the Individualized Educational Program in conjunction with the Program Director, Lead School Nurse and Classroom Teacher. The special health care nurse is hired as needed to provide specialized nursing services to individual students as outlined below.

#### **Students Requiring Specialized Nursing Services**

Professional nursing staff that are required to provide specialized nursing services for students of the Cape Cod Collaborative are employed by the Cape Cod Collaborative. Their position falls under the supervision of the Director of Special Education Programs, Program Administrator and the Lead School Nurse as outlined by the CCC Board of Directors. No private duty nurses, health aides or personal care attendants (PCA) hired by families or by their representatives will be permitted to accompany or provide care to students while in school at the Cape Cod Collaborative or during school sponsored events.

Students requiring individualized, personalized medical services in order to access their education must have any needed medical services outlined with an Individual Healthcare Plan (IHCP) and a current valid Physician Authorization and/ or prescription specific for use in school. Further examples and discussion of specialized nursing services are outlined on pages 25-34.

#### Medical Prescriptions/Treatment Plan

Valid medication and/or treatment orders must be on file for any student requiring medication or individualized treatment(s) during the school day. No specialized medical treatments, assessments, equipment and or monitoring will be done by nurses employed by the Cape Cod Collaborative without physician authorization and/or school specific prescription except in emergent situations.

In the event that specialized medical treatments are extensive or require continuous nursing monitoring or services, the educational team, including the parents/guardians, and in consultation with the Lead School nurse, will determine if a special health care nurse will need to be hired/available for the student to access their education safely.

The need for these specialized nursing services should be documented in the present level of performance and the related service sections of the IEP. The school district may want to add the consultative services of the program nurse in the program modification and support section of the individual educational program to address the need for consultation services regarding the child's health and access to education as well as emergency planning.

The IEP should include:

- nursing services necessary for student to access their education;
- consultation between the special health care nurse, school nurse, and teachers;
- nursing service involvement in the student's educational program.

## Cape Cod Collaborative

### Special Health Care Nurse Self Evaluation Form

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

Key: 1. Does not meet Expectations    2. Meets Expectations    3. Exceeds Expectations  
N/A Not Applicable

#### **➤ General Scope of CCC Nursing Responsibilities:**

\_\_\_\_ Demonstrates responsibility for student assessment and guidance.

\_\_\_\_ Provides appropriately for the medical needs of students attending the Cape Cod Collaborative programs.

\_\_\_\_ Interacts with the classroom team in providing and promoting a healthful atmosphere in the educational setting.

\_\_\_\_ Communicates with parents, community health providers and educators to promote a well-rounded health care plan for students.

\_\_\_\_ Reports to the Program Director of the Cape Cod Collaborative any updates, problems, and/or progress.

#### **Comments:**

#### **➤ Nursing Services:**

\_\_\_\_ Administers prescribed medications following doctor's orders, as well as DPH and Cape Cod Collaborative policies.

\_\_\_\_ Performs Specialized Procedures as directed by the physician.

\_\_\_\_ Provides care to ill students as needed.

\_\_\_\_ Recognizes signs and symptoms of communicable diseases.

\_\_\_\_ Evaluates student injury and provides intervention and follow –up.

\_\_\_\_ In the event of a medical emergency, follow student specific guidelines.

\_\_\_\_ Utilizes, demonstrates, and directs current infection control practices in the classroom.

\_\_\_\_ Provides home visits, when necessary, for student admission to programs.

\_\_\_\_ Develops a child specific care plan with nursing diagnosis, specific goals, interventions and evaluation. This shall be done at least yearly, and updated as needed.

\_\_\_\_ Recommends modification of the school program or environment, to maintain optimal health and safety conditions.

\_\_\_\_ Provides information and training for other personnel in the educational setting regarding special medical needs of the student, when appropriate.

\_\_\_\_ Protects confidentiality of students/information.

\_\_\_\_ Provides professional and compassionate care as outlined in the American Nurses Association Code for Nurses.

#### **Comments:**

➤ **Record Keeping:**

- \_\_\_\_\_ Maintains daily medication and procedure logs.
- \_\_\_\_\_ Maintains student Health Immunization records and ensures compliance with state regulations and documented in the SNAP electronic medical record. (EMR)
- \_\_\_\_\_ Maintains current and cumulative student health records and documents in SNAP.
- \_\_\_\_\_ Maintains medication counts where indicated.
- \_\_\_\_\_ Documents in Nurse's Notes when appropriate and documents in SNAP as well as discussing with families as needed.
- \_\_\_\_\_ Completes, files, and follows-up on Incident Reports.

**Comments:**

➤ **Collaboration:**

- \_\_\_\_\_ Acts as liaison, where indicated, between the Collaborative Program, parents, hospital staff, and teacher as consented by the family or guardian(s).
- \_\_\_\_\_ Acts as a liaison between the Collaborative program and the local rescue squad, assuring initial contact and a visit at the beginning of each school year.
- \_\_\_\_\_ Collaborates with other team members to develop a needs assessment and data collection procedures.
- \_\_\_\_\_ Shares information with other team members about children with special health care needs which affect learning and growth as appropriate and with consent of the family or guardian(s)
- \_\_\_\_\_ Assists in ADL's, feeding programs and educational programming as directed by program teacher.

**Comments:**

➤ **Professional Responsibilities:**

- \_\_\_\_\_ Maintains current Massachusetts Nursing License.
- \_\_\_\_\_ Maintains current CPR certification.
- \_\_\_\_\_ Maintains professional skills and knowledge through state mandated continuing education programs and current publications.
- \_\_\_\_\_ Works cooperatively in a team setting with all related personnel.
- \_\_\_\_\_ Completes other duties as assigned by classroom teacher and/or Executive Director.

**Comments:**

**Overall Summary of Performance**

- Does not meet expectations
- Meets expectations
- Exceeds expectations

General comments by Supervisor (Please make any additional comments specific to the individual’s job performance. Include any individual or classroom goals developed for improvement and/or to address an area of need with defined timelines.)

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Employee comments (Please include any personal goals and/or comments)

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**Disclaimer statement:** Employee’s signature indicates that the performance appraisal has been read and discussed with the employee. Signature does not necessarily indicate agreement or disagreement with the contents of this appraisal.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead School Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

## CAPE COD COLLABORATIVE

### **Nursing Supplies for the Program**

Each Collaborative program shall have, at a minimum, the following list of supplies at all times. There shall be a designated, secure, nursing area within the program for the program nurse to store supplies.

In addition to the following items, the classroom nurse will also have items particular to various students; i.e., syringes, g-tubes, feeding tubes, etc. The nurse shall keep each student's equipment separate from others. These supplies are provided by the individual student's families.

Supplies should include:

Exam gloves in multiple sizes	Stethoscope
Blood pressure cuffs in multiple sizes	Thermometer
Saline eye wash	Band-Aids
4x4 gauze	Antiseptic wound wash
Tape	Scissor
Pill Crusher	Medicine cups
Ice packs	Personal Protective Equipment

More information and resources regarding school health facilities can be found in the MA DPH, "School Health Manual" Revised 2007, Chapter 2, pp 2-28 through 2-31.

<https://d2rw76b9nsxu2w.cloudfront.net/nodes/1137/DPH-School-Health-Manual-2-20.pdf>

## **Cape Cod Collaborative Medication Administration Policy**

**Purpose:** The purpose of the medication policy is to provide a standard consistent with state regulations. This is done to assure the safe administration of medication in the school setting. Medications, including over-the-counter medications, are only given with physician and parental authorization.

**Goal:** To ensure that students that require medications during the school day, are able to attend school, and to ensure that medications are safely administered and stored in the school setting.

**Method:** This written policy is shared with nurses, teachers, administrators and parents. The plan is written following the requirements outlined in 105 CMR 210.000-210.009. The medication policy is reviewed by the Program RN at least every two years and on an as-needed basis. The Collaborative Director will then review this for final approval. The policy follows Massachusetts regulations which are referenced here:

<https://www.mass.gov/doc/105-cmr-210000-the-administration-of-prescription-medications-in-public-and-private-school/download>

For the purposes of medication administration, the Licensed Practical Nurse practices within his/her scope of practice as outlined under M.G.L. Chapter 112, utilizing the STAR Program nurse as needed for consultation and guidance.

### **Medication Administration Plans**

The Collaborative nurse, in collaboration with the parents or guardian(s), shall establish a medication administration plan for each student receiving a prescription medication. Before the initial administration of the prescription medication, the Collaborative nurse shall assess the child's health status and develop a medication administration plan which includes:

1. Name of student
2. Correct dosage
3. Signed authorization of parent or guardian
4. Known allergies to food or medications
5. Diagnosis (unless a violation of confidentiality)
6. Side effects, adverse reactions, contraindications
7. Quantity of medication received in school
8. Required storage conditions
9. Duration of prescription
10. Delegated administration personnel if indicated or needed
11. Teaching self-administration if appropriate
12. With parental permission, informing all personnel who are in direct care of the student of #6



13. When needed, the location of medication administration
14. A plan for monitoring side effects of medication
15. Field trip administration of medication

### **Medication Orders**

The nurse shall ensure that a medication authorization order form is obtained from a licensed prescriber, which is renewed yearly. Verbal/telephone orders are taken in an EMERGENCY situation. Any verbal/telephone order must be followed by a written order the next school day before any further medication is given. Parental consent must be obtained verbally at the time of the emergency and written within the next three school days. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:

1. Name of student
2. Name, signature, phone numbers of licensed prescriber
3. Name, route and dosage of medication
4. Frequency and time of medication administration
5. Date of order
6. Diagnosis if not in violation of confidentiality
7. Specific administration direction

### **It is helpful to have this additional information**

1. Side effects, adverse reactions and contraindications
2. Any other medications taken by the student
3. Date of return visit, if applicable
4. Any known allergies

The nurse shall also ensure that there is a written parental authorization to accompany each medication order. The parental authorization is contained on the Medication Administration Plan form and contains:

1. Parent's or guardian's printed name and signature
2. Home and emergency number
3. List of all current medications, if not in violation of confidentiality
4. Permission for the school nurse to dispense
5. Permission to share medication information with school staff directly involved in the students' care, including side effects to look for and precautions.
6. The administration plan in the event of a field trip and permission to delegate.

## **PROCEDURES FOR ADMINISTRATION OF PRESCRIPTION DRUGS**

To ensure safe medication administration in the school setting, the following steps shall be practiced **BEFORE** the administration of any medication: (Following the 8 'rights' of medication administration)

1. Positively identify the student via asking name or consulting with the classroom teacher in the case of a non-verbal child.
2. Assure the proper medication as ordered.
3. Assure the ordered medication time.
4. Assure the correct dosage.
5. Assure the correct route of administration.
6. Assure the correct position for administration
7. Assure the correct documentation is present and expiration dates are checked.
8. Assure the right to refuse as is applicable.

Following this practice each time a medication is administered will help deter medication errors.

## **MEDICATION ERRORS**

A medication error includes any failure to administer prescription medication as prescribed for a particular student, including failure to administer the prescription medication:

1. Within appropriate time frames
2. In the correct dosage
3. In accordance with accepted practice
4. To the correct student

Should a medication error result in a medication emergency, i.e., any reaction or condition related to the health or well-being of the student, the nurse shall respond accordingly. Parents must be notified of all medication errors. Nursing communicates to families/guardians when more medication is needed for administration in school with the goal of giving at least a week's notice before the inventory is depleted. If there is no medication at the time of administration, it will be documented as not given in SNAP and the parent will be notified immediately. If lack of medication becomes an ongoing issue, the prescriber will be notified and the education team will discuss further actions.

Medication errors, as defined in 105 CMR 210.005, shall be documented by the school nurse on an Incident Report. This form shall be reviewed by the Program Director. These reports shall be retained by the program nurse and the Director and made available to the Department of Public Health upon request. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs. All medication errors resulting in serious illness requiring medical care shall be reported to the Massachusetts Department of Public Health, School Health Division.

## **ADMINISTRATION OF ANTIPSYCHOTIC MEDICATIONS**

The Cape Cod Collaborative shall not administer or arrange for the administration of antipsychotic medication (drugs used in treating psychoses and alleviating psychotic states) except under the following circumstances:

1. Antipsychotic medication shall be prescribed by a licensed physician for the diagnosis, treatment and care of the child and only after review of the student's medical record and observation of the student.
2. The physician shall submit a written report to the Collaborative detailing the necessity for the medication, staff monitoring requirements, potential side effects that may or may not require medical attention and the next scheduled clinical meeting or series of meetings with the student.
3. No antipsychotic prescription shall be administered for a period longer than is medically necessary and students on antipsychotics must be carefully monitored by a physician.
4. Staff providing care to a student receiving antipsychotic medication shall be instructed regarding the nature of the medication, potential side effects that may or may not require medical attention and required monitoring or special precautions, if any. This will be shared with educational staff with consent of the student's family or guardian(s). (The school nurse shall be a resource for this information, both printed and verbal).
5. Except in an emergency, as defined in 18.05(9)(g), the school shall neither administer nor arrange for the prescription and administration of antipsychotic medication unless informed written consent is obtained. If a student is in the custody of his/her parents, parental consent is required. Parental consent may be revoked at any time unless subject to a court order. If the parent does not consent or is not available to give consent, the referral source shall be notified and judicial approval shall be sought. If a student is in the custody of a person other than the parent, a placement agency or an out-of-state public or private agency, the referral source shall be notified and judicial approval shall be sought.
6. The Collaborative shall inform a student twelve years of age and older, consistent with the student's capacity to understand, about the treatment, risks and potential side effects of such medication. The school shall specify and follow procedures if the student refuses to consent to administration of the medication.
7. No prescriptions for 'prn' or 'as needed' prescriptions will be accepted for administration at the Cape Cod Collaborative.
8. In an emergency situation, antipsychotic medication may be administered for treatment purposes without parental consent or prior judicial approval if an unforeseen combination of circumstances or the resulting state calls for immediate action and there is no less intrusive alternative to the medication. This would be only administered by EMS or Crisis Intervention. The treating physician must determine that medication is necessary to prevent the immediate substantial and irreversible deterioration of a serious mental illness. If the treating physician determines that medication should continue, informed consent or judicial approval must be obtained as required by 18.05(9)(e).

## **HANDLING, STORAGE AND DISPOSAL OF PRESCRIPTION MEDICATIONS**

A parent/guardian or designated responsible adult needs to deliver all prescription medication to be administered by the nurse to the nurse or other responsible person designated by the nurse. No medication, prescription or over the counter, may travel with the student without express written permission from their physician and only if needed for emergencies. Medications may not be delivered to school by students.

1. The prescription medication must be in a pharmacy or manufacturer labeled container.
2. The Collaborative nurse shall document the quantity of the medication delivered.
3. In extenuating circumstances, as determined by the school nurse, the prescription medication may be delivered by other persons provided that the nurse is notified in advance by the parent/guardian of the arrangement and the quantity of prescription medication being delivered to the school.
4. Transportation of controlled drugs such as Valium, Ativan, Phenobarbital, etc. **must be transported to and from school by the parent/guardian**. These controlled substances must be delivered to and counted by the Collaborative nurse. Parents must deliver and pick up these medications. The parent is advised to plan ahead if their child requires controlled medication.
5. All prescription medications to be administered by the school nurse shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in a lock box in the refrigerator in the health office.
6. Access to stored prescription medications shall be limited to persons authorized to administer prescription medications. Access to keys and knowledge of the location of keys shall be restricted to the Program Nurse and Program Director.
7. Parents or guardians may retrieve the prescription medications from the school at any time.
8. No more than a 30-day school supply of the prescription medication for a student shall be stored at the school.
9. Where possible, all unused, discontinued or outdated prescription medication shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs. Any medication left over 60 days after notification to families/guardians, will be destroyed.

## **DOCUMENTATION AND RECORD KEEPING**

The Collaborative Nurse shall document each medication given in the school setting in the medication record in the SNAP EMR. Should a time arise when SNAP is offline, the paper Medication Administration Log will be used.

## **MEDICATION DELEGATION**

The Cape Cod Collaborative School Committee, in consultation with the Massachusetts Department of Public Health, authorizes the responsibility for the administration of medications for the purposes of field trips ONLY, may be delegated by the Lead School Nurse to the following categories of unlicensed school personnel according to criteria delineated in 105 CMR 210.004(B) (2); administrative staff and teaching staff.

Selected staff are trained yearly in medication delegation by the lead school nurse using provided materials from the MA DPH School Health Unit and BU CME/Shield.

MA DPH School Health Unit, “ADMINISTRATION OF MEDICATION BY DELEGATION ROLE AND RESPONSIBILITY OF THE TEACHER TRAINING MANUAL” 2017.

[https://d2rw76b9nsxu2w.cloudfront.net/nodes/1132/Medication\\_Delegation\\_Training\\_Guide-Final-10-2-17.pdf](https://d2rw76b9nsxu2w.cloudfront.net/nodes/1132/Medication_Delegation_Training_Guide-Final-10-2-17.pdf)

Yearly, the lead school nurse applies for Medication Delegation Authorization through the MA DPH School Health Unit and the MA DPH Drug Control Program.

## **NURSING DOCUMENTATION**

The Collaborative nurse shall document any information deemed necessary in the SNAP electronic medical record (EMR). According to the standards of nursing practice, the following shall be present in all Cape Cod Collaborative nursing documentation:

1. Entries are accurate.
2. Entries are objective.
3. Entries are concise and well organized.
4. Entries contain the electronic signature of the person writing the entry.
5. Entries are time stamped in the EMR.

Nursing documentation follows guidelines as per the MA DPH School Health Unit and includes maintenance of school health records including mandated immunization records per MGL c71&54B, MGL c94, and 105 CMR 201.

SNAP EMR is maintained by the CC Collaborative Administration Department and the Program Nurse. All individuals involved in the SNAP EMR keep their passwords protected and follow rules governing medical records as they pertain to public education per FERPA.

## **PROVISION OF MEDICAL PROCEDURES**

Any student requiring specialized medical procedures within the school setting, i.e., suctioning, gastrostomy feedings, oxygen, etc. must have a written doctor's order. As indicated, this must be completed by both the physician and the parent.

The administering nurse shall follow the procedure for providing this service as ordered by the prescribing physician. For any procedure requiring specialized equipment and training, it is the responsibility of the parent/guardian and their equipment company to provide the Cape Cod Collaborative nursing and other appropriate staff with the training necessary to perform the procedure safely.

The parent/guardian must provide any equipment necessary for specialized procedures. It is the responsibility of the school nurse in conjunction with the family to assure equipment is in working order, that there is enough equipment to complete a procedure. Should more supplies be required, the nurse will make every effort to give the parent/guardian at least 5 days' notice prior to supplies being depleted. If the equipment requires servicing and/or maintenance, it is the responsibility of the parent/guardian and their equipment company to provide that service.

## **SPECIALIZED FEEDINGS**

Specialized feedings are feedings that are prescribed by a physician that require any or all of the following; specialized formulas, thickeners, blending to a specific consistency, positioning/pacing requirements and/or specialized feeding delivery systems like a gastrostomy tube or central intravenous access.

Any specialized equipment including feeding/parenteral pumps follow the same guidelines as in the Provision of Medical Procedures above.

Nutritional assessments including weight monitoring and caloric calculations and requirements are done by Primary Care Physicians and Specialists outside of the school environment.

Positioning and/or pacing needs are followed by Occupational Therapy and/or Physical Therapy in collaboration with Primary Care Providers/Specialists with the consent of the family/guardian.

Specialized feedings require a current Physician order/authorization which is updated yearly as is a medication order.

## **GASTROSTOMY FEEDINGS**

Gastrostomy feeds are prepared and administered by nursing as per the current physician order.

Special considerations include assuring proper placement and patency of the gastrostomy tube itself, keeping the stoma/ tube site clean and free of infection, administering nutrition and hydration as ordered and assuring tolerance to those feeding.

### **Procedure for Gastrostomy Feedings**

Gastrostomy feedings can be given by gravity or with a feeding pump. There are several different feeding pumps on the market, all of them work very differently. A

feeding pump should be provided by the family or guardian, and the pump should be used in accordance with the pump manufacturer's specifications. As with any medical equipment, it is the responsibility of the family/guardian and their equipment company to provide any specialized training to nursing. Gravity feedings are given via slow bolus. Prior to administration of feedings, the gastrostomy tube needs to be checked for patency and correct placement by checking for residual stomach contents. If the placement is ever in question and cannot be confirmed, the parent or guardian would need to be called and feedings held until confirmation via X-ray or physician assessment can be obtained.

### **Dislodgement of Gastrostomy Tube**

Should the tube accidentally be pulled out, if a new tube is provided by the family, replace the tube and call the family. If a new tube is not available, cleanse the tube that was pulled out as well as possible, and reinsert the tube. Gastrostomy tube sites can close within hours, the tube must be replaced. After replacement, call the family so a new tube can be placed as soon as possible. An emergency tube dislodgement plan needs to be on file as part of the student's Individualized Health Care Plan (IHCP) for any student with a gastrostomy tube. The plan is written as a collaboration with the student's medical team and the program nurse. All equipment needed for the plan are provided by the student and their family.

Further resources and educational materials can be found here:

<https://www.childrenshospital.org/programs/feeding-tube-service/patient-resources>

## **AFOs, VEST AND BRACES**

Many students have AFO (ankle foot orthosis), vests and braces ordered for them by their Primary Care Providers and Specialists. Nursing, OT and PT will collaborate with the direct care educational team to assure the proper usage of all such appliances as indicated by the student's physician.

## **STUDENTS WITH SEVERE DISORDERS**

Students with diagnosed seizure disorders will have a Seizure Action Plan formulated by the program nurse in collaboration with their Neurologist, Primary Care Provider and their parents or guardian(s). Families will be notified that direct care staff will be aware of the Seizure Action Plan and be educated in emergency seizure first aid by the program nurse using guidelines from the Epilepsy Foundation and MA DPH. If the student has breakthrough seizures, direct care staff will also be instructed and be responsible for filling out seizure charts to document length, quantity and observations during the seizure. Families/guardians of students with diagnosed seizure disorders receive daily information from classroom staff and teachers regarding seizure activity during the school day. The program nurse is available for seizure emergencies as outlined in the student's Seizure Action Plan and to administer any emergency medications that are ordered.

For further information and resources for treatment of seizures in the school setting:

The Epilepsy Foundation, multiple contributors (2009), "Managing Students with Seizures, A Quick Reference Guide for School Nurses" 2<sup>nd</sup> Edition. The reference can be found here:

[https://files.nwesd.org/website/School\\_Nurse/Resource%20Guide/Section\\_4/SEIZURES/Managing\\_Students\\_with\\_Seizures\\_Quick\\_Reference\\_Guide\\_2nd\\_Edition.pdf](https://files.nwesd.org/website/School_Nurse/Resource%20Guide/Section_4/SEIZURES/Managing_Students_with_Seizures_Quick_Reference_Guide_2nd_Edition.pdf)

CDC, "Healthy Schools, Epilepsy" <https://www.cdc.gov/healthyschools/npao/epilepsy.htm>

National Association of School Nurses. (2018). School nursing evidence-based clinical practice guideline: Students with seizures and epilepsy. Retrieved April 8, 2020, from

[https://cdn.fs.pathlms.com/RL3wHnwQ8ax9cep5y3g?cache=true&\\_ga=2.155852793.39719797.1620055429-1069604880.1620055429](https://cdn.fs.pathlms.com/RL3wHnwQ8ax9cep5y3g?cache=true&_ga=2.155852793.39719797.1620055429-1069604880.1620055429)



## The Use of the Vagal Nerve Stimulator in the School Setting

The Vagal Nerve Stimulator is a device used to help control seizures. The device runs automatically as well as on-demand. To operate the device in the on-demand mode, one must use a hand-held magnet to activate it. This extra activation can help to lessen the severity or lessen the length of a seizure.

In May of 2008, The Massachusetts Board of Registration in Nursing, advised that the use of the hand-held magnet to activate the VNS generator is an intervention which can be carried out by appropriately trained nursing assistants/aids and non-nursing personnel. Such non-nursing personnel **do not** function in an assistive role to the school nurse.

Further, it is the Board's, as well as that of Cape Cod Collaborative, position that these standards, in the context of the care of the student with a VNS in the school setting, recognize there must be a school nurse as responsible and accountable for:

- Ensuring a valid health care provider prescription for the use of the VNS;
- The acquisition and maintenance of nursing competencies related to the VNS device and the use of the hand-held magnet;
- The assessment and planning of the Individual Health Care Plan that specifically documents the student's seizure emergency needs during the school day. The specific focus shall be on the signs and symptoms of the seizure in the particular child, the presentation of the aura if applicable, the location of the VNS in the body, the direction and duration of the magnet while swiping.
- Collaborating and communicating in the development, implementation, monitoring and evaluation of the training and performance of all non-nursing school personnel who may use the hand-held magnet to activate the generator during the school day including those experiences outside of the school such as school functions. Such training and performance evaluation **does not** constitute delegation or supervision by the school nurse;
- Appropriate and timely communication with the parent/guardian, physicians and other school and healthcare personnel; and
- Complete, accurate and legible entries in all records required by federal and state laws, regulations and accepted standards of nursing practice.

There is a VNS training program available to train school personnel. This will be used for training initially and once per year for review. The program is in power point form and is available from the STAR program nurse. This program can be presented by any nurse in The Cape Cod Collaborative.

More information may also be found on the Epilepsy Foundation Website:

<https://www.epilepsy.com/learn/treating-seizures-and-epilepsy/devices/vagus-nerve-stimulation-vns>

## **PROTECTING STUDENTS FROM EXPOSURE TO KNOWN ALLERGENS**

All school personnel must be knowledgeable about hypersensitivity reactions and anaphylaxis, so they are better able to respond to a student who may have a severe allergic reaction.

The Cape Cod Collaborative, in collaboration with the parent, teacher, school nurse and student shall make every attempt to keep the student away from the causative allergen.

The Following guidelines shall be used with known allergies:

### **Parents' Responsibility**

1. The parent or guardian shall inform the school of their child's allergies.
2. The parent or guardian shall provide the school with physician's instructions for administering emergency medication as needed.
3. The parent or guardian shall provide the school with an up to date injection kit and keep the kit's expiration dates current.

### **School Nurse Responsibility**

1. The school nurse shall consult with and provide information to the parents, and student and school personnel in direct care of the student regarding children with allergies.
2. The school nurse shall lead an in-service on anaphylaxis and auto-injector training yearly and as needed for all direct care staff.
3. The school nurse shall assist in developing emergency response plans.
4. The school nurse shall refer known cases of anaphylaxis to teachers, staff and school administrators with parental consent.
5. The school nurse shall assure an up-to-date injection kit is available and kept in a safe, and accessible place.
6. The school nurse shall develop an emergency protocol for each anaphylactic student, to be shared with classroom staff and placed in the IHCP using the FARE plan.

### **Teacher Responsibility**

1. The teacher shall encourage students not to share lunches or trade snacks and choose allergy free foods for classroom events.
2. The classroom teacher shall choose work materials that are allergy-free.

### **Staff Responsibility**

1. All personnel shall assist in creating an allergy aware environment for the student with known allergies.
2. All staff will receive training in the recognition of symptoms of an anaphylactic reaction.

**ALL STUDENTS WHO HAVE AN ANAPHYLACTIC REACTION WILL BE TRANSPORTED TO THE HOSPITAL FOR MEDICAL ATTENTION, EVEN IF THE EPINEPHRINE HAS BEEN ADMINISTERED AND THE INDIVIDUAL APPEARS TO BE RECOVERING.**

## **MANAGEMENT OF INDIVIDUALS WITH UNKNOWN LIFE-THREATENING ALLERGIES**

The Collaborative maintains a standing order to address students and staff who may present with signs of anaphylaxis for the first time. The order is renewed yearly by the School Physician, authorizing the administration of epinephrine, by the program nurse, in the event of a life-threatening reaction in individuals with no prior history of anaphylaxis. Copies of the order are maintained in both health offices.

The Collaborative health offices maintain a stock supply of epinephrine in the form of Epinephrine Auto injector in a pediatric and adult dose. The dose is given by a licensed nurse as ordered according to a student's estimated weight. Stock medication is only given by licensed personnel from the health office, it may not be delegated.

Any administration is reported to the MA DPH as required via the online form found on the MA DPH website found under the School Health Unit.

For more information, the document "Managing Life-Threatening Allergies in Schools, (May, 2016) written in collaboration with the MA DESE can be found here:

<https://johnstalkerinstitute.org/wp-content/uploads/2020/06/Mng-Allergies.pdf>

CDC Healthy Schools, "Food Allergies"

<https://www.cdc.gov/healthyschools/foodallergies/index.htm>

Yearly staff training is done using a virtual training as prescribed by MA DPH School Health Unit. The training can be found here:

<https://www.allergyhome.org/schools/management-of-food-allergies-in-school-what-school-staff-need-to-know/>

## **HEAD INJURY (KNOWN OR SUSPECTED)/CONCUSSION POLICY**

The Cape Cod Collaborative Program does not sponsor any interscholastic athletics or extracurricular activities so therefore is not bound by MGL Ch111, Sec 222 or 105 CMR 201.

Any head injuries or suspected head injuries are reported to the school nurse immediately. Students are monitored for signs and symptoms of possible concussion as per CDC and MA DPH guidelines. Findings are documented in SNAP per the programmed algorithm. Any concerns are communicated immediately to emergency contacts and EMS as necessary.

Students with known diagnosed concussions will have an individualized health plan for return to school prepared in collaboration with the student's health care provider/specialist and using the MADPH Return to School after a Concussion Guidelines. Resources and downloads can be found here:

<https://www.mass.gov/lists/returning-to-school-after-concussion-guidelines-for-massachusetts-schools>

<https://www.mass.gov/doc/returning-to-school-after-concussion/download>

Health Office Staff will train in concussion management yearly using the CDC Healthy Schools Training Resource and Materials referenced below:

<https://www.train.org/cdctrain/course/1089855/>

<https://www.cdc.gov/heads-up/index.html>

[Signs and Symptoms of Concussion | HEADS UP | CDC](#)

## **INDIVIDUALIZED HEALTH CARE PLAN (IHCP)**

The IHCP is a health care plan designed to ensure that the student receives the health services he or she needs during the school day. The plan should provide for the performance of health care procedures in a manner that minimizes the disruption of the educational process to the individual student and other students.

An IHCP shall be developed by the school nurse in collaboration with the student's parent/guardian and other health care providers as indicated.

This plan shall be in place for the start of each new student's arrival as determined by the nurse. This plan shall be reviewed yearly and updated regularly. The plan will be added to the IEP. An updated IHCP shall be placed in the school nurse's health records.

## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Before contacting a student's physician or other health care provider, it is necessary to have written consent from the parent/guardian. This is accomplished by having the parent/guardian complete the OPTIONAL Authorization for the release of information form. This form gives permission to Cape Cod Collaborative Nurses, therapists or teachers to contact the student's physician. This information is intended to enhance the care given to a student and shall remain confidential. In the case of questions regarding medication orders/ special treatment orders, authorization for communication with the prescribing physician is inferred. Every effort will be made to contact the family when orders need to be clarified or questions arise, but the prescribing physician may be contacted directly if necessary.

## **ATTENDANCE POLICY**

Parents are encouraged to keep ill students home (refer to Parent handbook- student illness). It is often difficult for a child to learn when they are not feeling well. It is the policy of the Cape Cod Collaborative to send a student home if they are not feeling well. The school nurse, teacher and Program Director, if necessary, will make the decision jointly.

Parents are responsible for transportation of their ill child. If this is not possible, the person(s) designated on the emergency intake form will be called to come and pick up the child. Every effort will be made to contact the parents if this becomes an inevitability. The nature of the illness will be kept as confidential as possible until the parents or guardian(s) can be reached.

In addition, it is the policy of the Cape Cod Collaborative that the parents must have a physician's written statement that a child is ready to return to school following a hospitalization. The Parent shall contact the Program Nurse and provide a copy of any pertinent information regarding the hospitalization, any medical needs required during the school day post-hospitalization. Any medications or orders active prior to hospitalization become null and void after a hospitalization. They need to be reviewed by the discharge physician and reordered as needed. All documentation is required prior to return to school.

## **POLICY FOR THE CARE OF SICK CHILD IN A NON-EMERGENCY SITUATION**

The focus of this policy is management of the student who has complaints of feeling ill or not well during school hours. The four most frequent conditions encountered in the school settings are headaches, sore throats, abdominal pain and general malaise. If any of these types of symptoms are brought to the attention of school personnel, that person shall refer the student to the program nurse.

The program nurse will complete an assessment of the student and make the professional decision on the proper treatment as is warranted within the nurse's scope of practice. . As above, if a student is assessed and has symptoms of communicable illness, or is too sick to participate, the Program Director will be notified and the child will be sent home with a parent

or guardian. The assessment findings and disposition of the student will be documented in the SNAP EMR documentation. Assessments and findings will be communicated to families/guardians with recommendations to follow up with Primary Care Providers as needed. *Please refer to the Infection Control Section for references to specific Covid-19 protocols.*

### **CHILD ABUSE AND NEGLECT**

In Massachusetts, one out of every 22 children is reported abused or neglected. School based prevention enables a community to help alleviate this problem. It is important for all people who have daily contact with children to know that they are mandated reporters by state law, M.G.L. c. 119 sec. 51A 51G., to report any suspicion of child abuse or neglect.

Any public or private school teacher, educational administrator, guidance or family counselor, nurse or social worker, as well as certain other professionals who in his/her professional capacity shall have reasonable cause to believe that a child under eighteen years is suffering serious physical or emotional injury resulting from abuse by a caretaker, including sexual abuse, or neglect, including malnutrition, shall immediately report such conditions to the Department of Children & families (DCF).

The employee who has reasonable cause to believe that a child has abuse/neglect issues, shall immediately contact the Executive Director of Cape Cod Collaborative.

# **SECTION III**

## **HEALTH PROMOTION/ DISEASE PREVENTION**

## **INFECTION CONTROL**

*Since March 2020, the Covid-19 Pandemic has required a more vigorous response and mitigation strategies to communicable disease. This policy includes the increased requirement for Personal Protective Equipment, Exposure Response and Mitigation strategies including but not limited to cleaning protocols, physical distancing and contact tracing.*

- Purpose:** This information is intended as a guide for use by the staff of the Cape Cod Collaborative in general infection control principles as well as increased mitigation strategies in response to the Covid-19 pandemic.
- Goal:** To protect students and staff from exposure and transmission of infectious diseases.
- Method:** Presentation of Universal/Standard Precautions as an approach to infection control. All human blood and human body fluids are treated in the same or standard manner.
- Exposure Risk:** Staff are at risk of potential occupational exposure if, in the performance of a job, staff can reasonably anticipate skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials (i.e., sputum, feces, vomitus, urine, saliva).
- Information And Training:** The Infection Control policy of the Cape Cod Collaborative will be updated on a yearly basis and shared with each employee. The health office is available for questions and consultation.
- Vaccinations:** It is recommended that all employees receive a Hepatitis B Vaccine, a Tdap booster and a seasonal flu shot. Staff should consult with their Primary Care Provider (PCP) regarding this issue. The Collaborative health office can provide staff with more information.

## **RESPONSE TO SUSPECTED COMMUNICABLE DISEASE**

If a communicable disease is suspected, the program nurse will be responsible for student or staff assessment and follow up. Guidelines from the MA DPH and CDC will be used to determine if precautions other than Standard Precautions should be employed and send that staff or student home as soon as possible. Privacy rules prohibit the program nurse from disclosing any information regarding the illness of the staff or student to anyone not in direct care of the staff/student.



## HAND AND RESPIRATORY HYGIENE

***Per MA DPH regulations, a standing order for use of hand sanitizer in school is on file in the health office signed yearly by the school physician.***

Proper hand hygiene is crucial in preventing staff and students from the transmission of infectious diseases.

### **When to Wash Hands**

Children and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers). Reinforce to staff and children that they must be regularly washing their hands with soap and water for at least 20 seconds as often as possible, including:

- Upon entry into and exit from classroom;
- When coming into the classroom space from outside activities;
- Before and after eating;
- After sneezing, coughing or nose blowing;
- After toileting and diapering;
- Before handling food;
- After touching or cleaning surfaces that may be contaminated;
- After using any shared equipment like toys, computer keyboards, mouse, climbing walls;
- After assisting children with handwashing;
- Before and after administration of medication;
- Before entering vehicles used for transportation of children;
- After contact with facemask or cloth face covering; and
- Before and after changes of gloves.

### **Cover Coughs or Sneezes**

- Children, families, and staff must avoid touching their eyes, nose, and mouth.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer
- Sneeze into one's elbow when possible to avoid or lessen the spread of germs

Programs shall follow [CDC Infection Control Recommendations](#) designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease.

- Health precautions include, but are not limited to, the use of PPE, proper disposal containers for used PPE.
  - Designated areas with covered waste baskets are in each school for safely removing PPE.
- Contaminated student clothing shall be sealed in a plastic container or bag, labeled with the child's name, and returned to the parent at the end of the day

**LAUNDRY:**

- Avoid using items that require laundering.
- Any soiled items should be placed in a plastic bag and sent home for laundering.
- If laundry is to be washed, it should be transported in a plastic bag and washed in hot water (at least 160 degrees) using ordinary laundry detergent.
- Do not wash items in the campus' washer that are soiled with bodily fluids. The washer should be used for general laundering purposes only.

**DISPOSAL OF BLOOD OR BODY FLUID WASTE**

- All disposable items, contaminated with body fluids should be discarded into plastic bags, tightly closed, bagged a second time, and finally disposed of. Use gloves when emptying trash.
- Needles and other sharps should be properly disposed of in the sharp container in the health office.

**ACCIDENTAL EXPOSURE TO BLOOD OR BODY FLUIDS**

Accidental exposure to infectious material can and does occur. In this instance, the following is recommended:

- Wash the area immediately with soap and water.
- If the exposure is in the eye or mouth, flush the area generously with water or saline solution.
- Document the incident in detail on an incident (MEGA) form and send it to the office.
- Contact your private physician for follow-up.

**PREGNANT WOMEN**

Pregnant employees are not at higher risk for contracting infectious disease than other employees are. However, the transmission of certain diseases can have an adverse outcome on the infant. The conscientious use of Standard Precautions greatly reduces the risk of transmission.

## **TOILETING**

Toilets and washrooms must be available for use at all times and monitored if necessary. Rooms must be unlocked and fully accessible. Public health dictates that soap (preferably liquid), paper towels and toilet paper be provided.

Assisting students with toileting shall focus on the following:

1. Privacy
2. Safety
3. Cleanliness

The toileting or diapering area shall be located in an area providing maximum privacy for the student. Adequate supplies shall be immediately available at all times. These shall include.

1. Diapers
2. Toilet paper or tissues
3. Gloves
4. Wipes
5. Trash Barrel and disposable under pads

A child requiring assisted toileting/diapering shall never be left unattended.

All employees shall wear gloves while toileting/ diapering and wash hands thoroughly after toileting.

All surfaces, toilets, commodes and change tables shall be wiped down with a sanitizing solution as indicated. All waste within the commode shall be disposed of in a flushing toilet, followed with cleansing with a sanitizing solution.

## IMMUNIZATIONS

Immunization requirements are revised periodically to reflect the most recent recommendations of the Advisory Committee on Immunizations Practices (ACIP). And the American Academy of Pediatrics (AAP). Please refer to the recommendations posted on the MA DPH website for the current immunization requirements.

The Program Nurse monitors each student's schedule of immunization as is currently recommended. Immunizations are documented on intake of the student and at least yearly thereafter. The immunization record is maintained in the SNAP EMR. The SNAP EMR system monitors compliance and alerts the user of non-compliance to current standards. The Program Nurse maintains compliance records as mandated by MA DPH.

If immunizations are overdue, the Program Nurse notifies the parent/guardian. A request for evidence of immunization or immunization exemption is sent home to the parent/guardian. Continued non-compliance is reported to the Program Administrator.

If families/guardians have questions regarding current immunization guidelines, the health office can provide some written material and further questions should be referred to the Primary Care Provider. If questions remain, the Regional MIP (Massachusetts Immunization Program) epidemiologists can be consulted to provide recommendations. The Massachusetts Department of Public Health On-call Epidemiologists phone number is 617-983-6800.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
**Immunization Exemptions**  
and  
**Vaccine Preventable Disease Exclusion Guidelines in School Settings**

Definition of Allowable Exemptions

There are two situations in which children who are not appropriately immunized may be admitted to school:

- 1) a **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
- 2) a **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

**Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. Only medical and religious exemptions are acceptable. These exemptions must be kept in the students' files at school (105 CMR 220.000 and M.G.L. c.76, ss. 15, 15C and 15D).**

Policies for Exclusion at School Entry

While the laws and regulations state that **unimmunized** children who do not meet criteria for medical or religious exemption “shall **not** be admitted to school,” policies around enforcement of exclusion for unimmunized or partially immunized children are developed by individual schools/school districts.

The only exception for exclusion of unimmunized or partially immunized children who do not have documentation of a medical or religious exemption is in the case of homeless children, whereby they cannot be denied entry to school if they do not have their immunization records. The federal McKinney-Vento Homeless Assistance Act states that if a homeless student does not have proper documentation of immunizations or any medical records, the Homeless Education Liaison at your school must immediately assist in obtaining them, and the student must be enrolled and permitted to attend school in the interim (as cited in the McKinney-Vento Homeless Assistance Act of 2001).

Exclusion During Disease Outbreaks

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptible, **including those with medical or religious exemptions**, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

The reporting and control of diseases identified as posing a risk to the public health is prescribed by state regulation and law. The Isolation and Quarantine Requirements establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high-risk situations, including the school setting. The following table outlines several of the more common childhood vaccine-preventable diseases identified in the requirements that may occur in schools and the corresponding exclusion requirements.

Exclusion Guidelines for Select Vaccine-Preventable Diseases in a School Setting

Depending on the specific circumstances related to the exposure, case, and/or contact with respect to any disease or condition listed in 105 CMR 300.200 (A) or (B), additional control measures may be required.

<https://www.mass.gov/doc/105-cmr-300-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements/download>

## Drug and Alcohol Prevention Program

***The Federal Drug-Free Schools and Communities Act Amendments were passed in 1989. This act requires that each local educational agency (LEA) certifies that it has adopted and implemented a program to prevent the use of illicit drugs and alcohol by students and employees in order to remain eligible to receive federal funds. Regulations further set out the requirements of this law. In accordance with the law, smoking (including e-cigarettes) is not allowed at any time within the school building or on school grounds.***

Smoking/Vaping: Cape Cod Collaborative is committed to having a vape/vaping, smoke and tobacco free environment for all members of the school community. Therefore, the use or possession of tobacco products and smoking/vaping related products on school property, at school sponsored activities, and on vehicles used in the transportation of students is strictly prohibited. Tobacco products include cigarettes, cigars, chewing tobacco, snuff, or any other form of tobacco. Vaping products include vaping liquid and vaporizers or e-cigarettes of any kind.

1. Age-appropriate, developmentally based drug and alcohol education and prevention programs for students in all grades from early childhood level through grade 12;
2. Conveying to students that use of illicit drugs, the unlawful possession and use of alcohol and vaping products is wrong and harmful. A student who is caught in possession or using such products will be referred to their counselor and/or the health office for counseling and avoidance/ cessation educational materials.
3. Standards of conduct that are applicable to students and employees that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol on school premises or as part of any of its activities;
4. A clear statement that sanctions, up to and including expulsion or termination of employment and referral for prosecution, will be imposed on students and employees who violate the standards of conduct and a description of those sanctions;
5. Information about any available drug and alcohol counseling, rehabilitation, and re-entry programs that are available to students and employees;
6. A requirement that parents, students, and employees be given copy of the standards of conduct and statement of sanctions;
7. Notifying parents, students, and employees that compliance with required standards of conduct is mandatory; and
8. A biennial review by the LEA applicant of its program to determine its effectiveness, Implement changes if needed, and ensure that the sanctions are consistently enforced.

## **SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT**

Annual confidential screening of students in grades 7 and 9 will occur and de-identified data will be sent to the state within 90 days as per state regulations. More information can be found here: <https://www.masbirt.org/schools>

## **NALOXONE STANDING ORDER**

The Cape Cod Collaborative Schools have a Standing Order for Intranasal Naloxone for Emergency Use in the case of known or suspected overdose. The Naloxone is to be given by nursing staff only according to the written order on file and according to their assessments and scope of practice. The order is renewed yearly by the School Physician.

## **SUICIDE PREVENTION AND EDUCATION**

In 2009, The Massachusetts Coalition for Suicide Prevention in conjunction with the MA DPH and the MA DMH collaborated with state officials to compose the Massachusetts Strategic Plan for Suicide Prevention. The plan consists of recommendations for education and collaboration across multiple agencies and community resources to educate people across the lifespan regarding the crisis of suicide state wide and nationally. Children with disabilities have been shown to have a higher rate of suicide than the general population. The Collaborative has socio-emotional frameworks embedded in the curriculum of each of the programs. There are counselors and social workers on staff in each program as well. Direct care staff are educated to bring any concerns to the program nurse as well as to the counselors and social workers. Students are checked in on a routine basis. Any concerns are immediately addressed, parents or guardians are notified and community resources and crisis teams are implemented as needed.

## **PREVENTATIVE HEALTH CARE OF STUDENTS**

***(on hold as of FY 21, Covid-19 Pandemic)***

The Cape Cod Collaborative shall work in cooperation with the sending district in providing vision, hearing and physical growth and development screenings for our students. In accordance with M.G.L.c.71.s.57, a student shall be exempt from physical exams or screenings on religious grounds, upon written request of the parent or legal guardian, except with respect to communicable diseases.

### **SchoolHealthExam**

Documentation of a physical exam by a Primary Care Provider is to be performed within one year prior to entrance or within 30 days after entry. Documentation of an exam should be present in the school health record at least every 3 years. This exam shall be documented in the student's SNAP EMR record. The school nurse shall review these records yearly with parental notification as necessary. A confidential letter stating the need for an updated physical exam will be sent to the parent/guardian. Most Primary Care Providers have an electronic version of the school health record, but a paper version is still available if needed.

### **VisionandHearing**

Vision screening shall be performed at the regular intervals of entry, yearly through grade 5 (11 years of age in ungraded classrooms), once from grade 6 to 8 (12-14 years of age) and once from grade 9 to 12 (15-18 years of age). A confidential report will be sent to parents/guardians stating any concerns and need for referral.

Hearing screening shall be performed at the regular intervals of entry, yearly through grade three (9 years of age), once from grade 6 to 8 (12-14 years of age) and once from grade 9 to 12 (15-18 years of age). A confidential report will be sent to parents/guardians stating any concerns and need for referral.

### **PosturalScreening**

Postural screening shall be done in collaboration with the sending district, assuring annual screenings at least once per year in grades 5 through 9 (11-15 years of age). A confidential report will be sent to the parent/guardian of any concerns and need for referral.

### **GrowthandDevelopment**

Physical growth and development, including weight, height and BMI shall be measured at the intervals of grade 1, 4, 7 and 10 (by the 7<sup>th</sup>, 10<sup>th</sup>, 13<sup>th</sup> and 16<sup>th</sup> birthdays). Certain students may require closer monitoring depending on their medical history, and may be monitored if there is a doctor's order and parental permission. In compliance with current standards, this data is collected on an aggregate basis and monitored at the state level. All information is kept confidential per HIPAA and FERPA rules. Parents may opt their students out.



## SECTION IV

# **EMERGENCIES/SPECIAL CONSIDERATIONS**

## **CAPE COD COLLABORATIVE MEDICAL EMERGENCY RESPONSE PLAN SCHOOL YEAR 2022 - 2023**

**PURPOSE:** To promote an efficient method of medical emergency recognition and response in the school setting.

**GOAL:** To optimally manage injury and/or illness of students, staff and visitors to Cape Cod Collaborative campuses.

**METHOD:** The Medical Emergency Response Plan shall be reviewed at least yearly, updated as needed, shared with staff at the beginning of each school year and placed in each classroom's Emergency Response Handbook. This plan shall be submitted to the Department of Elementary and Secondary Education once every three years.

### **ESSENTIAL COMPONENTS:**

1. Recognition of Emergency Medical Situations.
2. Access to Community Emergency Responders.
3. Direction of Emergency Response.
4. Methods of communication.
5. Emergency notification of parents/family.
6. Emergency training of Cape Cod Collaborative staff.
7. Location/usage of portable AED units.
8. Review/assessment of emergency incidents.

### **RECOGNITION OF EMERGENCY MEDICAL SITUATIONS**

- **Life-threatening to potentially disabling:** since they can cause death or disability within minutes, they require immediate intervention, medical care and usually hospitalization.
- **Serious or potentially Life-threatening or potentially disabling:** because these may soon result in a life-threatening situation, or may produce permanent damage, they must be treated as soon as possible.
- **Non-Life-threatening:** These are defined as any injury or illness that may affect the general health of a person, for example, fever, stomachache, headache, broken bones, cuts, etc. The person should be evaluated as soon as parents can be notified or within a few hours maximum.
- In either a life-threatening or potentially disabling situation, follow these guidelines:
  1. Don't leave the ill/injured person alone.
  2. Don't move the ill/injured person unless in more danger if left in that location.
  3. Remain calm.
  4. Request others leave the room quickly and quietly.
  5. Call for help/the nurse or dial 911.
  6. Once on the scene, the nurse shall attend to the victim and direct staff in an appropriate manner.

## **ACCESS TO COMMUNITY RESPONDERS**

- Staff members shall have a reliable method of communication within the building. i.e., Walkie-Talkies, telephones to the outside and communication with the school nurse. Phones are available in each classroom.
- An approximate response time from the local police/fire/EMS should be anticipated.
- The school nurse shall communicate with the local EMS services at the beginning of each school year, and as needed, to provide an accounting of the number, types of students and anticipated needs of students and staff.
- Law enforcement and fire/safety personnel will have knowledge of the Cape Cod Collaborative building and participate in required fire drills as indicated.
- Building plans will be posted and made available to first responders.

## **DIRECTION OF EMERGENCY RESPONSE**

- The nurse shall direct a staff member to inform the front office that 911 has been called.
- The front office personnel shall direct the EMS personnel to the appropriate area within the building.
- During Emergency Planning with local EMS, it has already been established which entrance local EMS will use.
- A STAYPUT announcement will be made over the warlike system to alert staff to maintain students in their current location and out of the hallways, to allow EMS access.

## **METHODS OF COMMUNICATION**

- Staff walkie-talkies, cell phones and landline phones.
- The Alert-Now System is also utilized at Cape Cod Collaborative to notify staff, students and parents.
- An Emergency Response Handbook shall be located in each classroom for reference for all staff.
- The School Nurse, office and teacher, shall have copies of the Student Fact Sheet, Student Emergency Form and a current Alert Now Form. These forms shall be completed by the parent at the beginning of each school year.
- Should a student require transport, a copy of the Student Fact Sheet and Student Emergency Form shall be sent with the student as an efficient, documented form of information for emergency and hospital personnel.

## **EMERGENCY NOTIFICATION OF PARENTS**

- Should a student require transport to a medical facility, the teacher, or designated individual, will call the parent/guardian and inform them of the need for transport.
- Cape Cod Collaborative will not transport a student without a staff member attending.
- Campus wide emergency notification will be done by the Alert Now System.

## **EMERGENCY TRAINING OF CAPE COD COLLABORATIVE STAFF**

- Cape Cod Collaborative staff shall be trained yearly in CPR/AED education.
- Cape Cod Collaborative staff shall be trained every other year in first aid.
- Select Cape Cod Collaborative staff shall be trained yearly in EPI-PEN usage, seizure management and other potential medical emergencies as indicated. These shall be student specific training as indicated in the student's Individualized Health care Plans. Training shall be provided by the school nurse.
- Standard Precautions are reviewed yearly with all staff.

## **AED UNITS**

- Both Cape Cod Collaborative campuses shall have at least one AED unit on site.
- The location of each unit shall be shared with all personnel and an identifying sign shall be in place for those unfamiliar with the building.
- During yearly CPR training, all staff shall also be trained in the use of the AED units.
- A list of all staff trained in CPR and AED usage shall be posted with the current/updated Medical Emergency Response Plan.

## **REVIEW /ASSESSMENT OF EMERGENCY EVENTS**

- The Program Nurse and Program Director shall review incident and injury reports on a monthly basis, with the goal of identifying ways of avoiding future injury.
- Findings from the reviews shall be shared with staff including suggested methods to avoid injury.

Please refer to campus specific CPR/AED trained staff lists, phone numbers and AED locations. The campus locations are Osterville, MA and Waypoint Academy, South Yarmouth, MA. These lists are kept in the administrative offices as well as the health office.

# EMERGENCY TELEPHONE PROCEDURE

## To be posted by every telephone in the School

### IF A LIFE-THREATENING EMERGENCY OCCURS:

1. **Be calm.** Take charge and act decisively. Notify Program Nurse or Program Director, if possible
2. **Stay** with the student or designate another adult to stay with the student. Reassure the student that help is being sought.
3. **DIAL 911**
4. State **who** you are (teacher, nurse, paraprofessional).  
State **where** you are (name of school, address, city).  
State **what** is wrong with the student (sign and symptoms of distress).  
State **what** measures have been taken so far.
5. Give specific direction to your location (e.g., specific classroom) and how to get there (e.g., closest entrance).
6. **Do not hang up** until response team has indicated that they have all the necessary information.
7. Notify a Program Nurse or Program Director or designated person (e.g., social worker) that an emergency has occurred. State what actions have been taken.
8. Program Director, Program Nurse or designee will direct necessary communication, e.g., parents/guardian, physician and/or district representative.

A school staff person (ideally someone who knows the child well) should accompany the child to the hospital in the event transport by ambulance is necessary.

<p><b>OSTERVILLE</b> <b>418 Bumps River Road</b> <b>Osterville, Ma 02655</b> <b>508-420-6950</b></p>	<p><b>Yarmouth</b> <b>1175 Route 28</b> <b>South Yarmouth, MA 02664</b> <b>508-564-5099</b></p>
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## **Cape Cod Collaborative Protocol for DNR Orders**

The policy of The Cape Cod Collaborative (“CCC”) is to provide all students with immediate first aid and Emergency Rescue Services when a medical crisis or life-threatening episode occurs at school. However, if a physician, authorized nurse practitioner, or authorized physician assistant has written a Comfort Care/Do Not Resuscitate Order (“DNR”) on the authorization of the child’s parent(s)/guardian (s), issued according to the current standard of care, school personnel must act in accordance with the order and refrain from medical interventions that are not consistent with the order.

The CCC upon receiving a written DNR will develop an individual health care plan for the student to address the medical needs stipulated within the order. If a child has DNR order, he or she should also have a comfort care/DNR Order Verification Form for emergency response and ambulance transport use. A DNR order means simply, do not implement cardiopulmonary resuscitation procedures (CPR) in the event of a cardiac arrest or respiratory failure. DNR is an order written by the student’s physician, authorized nurse practitioner or authorized physician’s assistant (after discussion with and approval of the parent(s)/guardian(s)) and signed by the student’s parent(s)/guardian(s) which instructs the staff not to resuscitate the student. This order can be rescinded at any time at the parent(s)/guardian(s) written request. A Comfort Care/DNR Form (either the original or a copy is the only authorized way for pre-hospital emergency care providers to recognize a patient with a current valid DNR order.

The DNR order will be maintained within the student’s school records and on the child at all times.

School personnel shall be made aware of and required to follow the administrative regulation regarding authorized DNR orders.

### **A. Upon receipt of a written “Do Not Resuscitate Order”:**

1. The building administrator and school nurse must conduct meetings with the parent(s) / guardian(s) to establish the validity of the DNR order. The meeting will clarify the precise actions allowable and specific understanding of how the DNR order will be administered.
2. The child will be placed only in a school that has a full time registered nurse (RN).
3. The local emergency medical services should be informed (with written permission from the parent or guardian) that there is a child with a DNR Order and Comfort Care/DNR verification form in the building.
4. Parents will be advised of the recognized Commonwealth of Massachusetts DNR program known as Comfort Care.
5. A school team will develop the student’s Individual Health Care plan (described below under Letter C) to include the parent(s)/guardian(s), school nurse, and

building administrator / designee, and when appropriate, the child, and may also include appropriate related personnel (i.e., teacher, related services staff, physician). EMS representative.

6. The student's individual health care plan and DNR documentation will be filed in the student's health file, the student's classroom, bus transportation folder, and with the local Emergency Medical Services (EMS). The comfort care/DNR order shall be verified for the expiration date.
  7. In-service for identified staff as needed regarding necessary DNR procedures will be provided.
  8. The student's Individual Health Care Plan and DNR status will be updated yearly by signature of the parent(s)/guardian(s) at the beginning of the school year. Parent(s) / guardian(s) must notify the school in writing if they wish to change the DNR status.
  9. Appropriate support services and counseling will be provided to staff and students who may be involved with DNR medical emergencies as requested. Services can be provided by crisis teams and/or local hospice chapters.
- B. Personnel to be notified of student's individual health care plan and DNR orders include:
- School nurse
  - Local Emergency Medical Services (EMS)
  - Office of Emergency Medical Services in the Massachusetts Department of Public Health
  - Building administrator(s)
  - Student's teacher(s)
  - Student's bus driver
  - Student's educational assistant
  - Other related personnel as necessary (i.e., physical therapist, speech therapist, occupational therapist, etc.)
- C. An Individualized Care Plan should be developed with the family and school nurse in collaboration with the child's physician and the school physician. .It should include:
1. how the child will be moved to the health room or other designated area if serious distress or death should occur at another location in the school;
  2. what, if any, specific measures ordered by the child's physician comfort measures should be given to the child;
  3. protocols for notification of the family; and; if the child has died in the school;
  4. who will do the pronouncement of death (physician, nurse practitioner, or physician assistant); and
  5. how the deceased will be removed from the school

Step 5 may involve planning with the family's designated funeral home and include such factors as type of vehicle, where it will park, who will clear the corridors, and what kind of stretcher or other method of transport will be used. *(Please note: by law, EMS providers are not permitted to move the deceased.)*

The plan should also address what will happen if the child is in distress, but does not appear to face an imminent risk of death. The response should include immediate consultation with the parents and, consistent with the plan, contact with the local EMS provider. If EMS is called, and the child has a Comfort Care/DNR Order Form, the EMT or first responder can provide comfort care and transport to a hospital. The type of care that EMS is able to provide in this situation is spelled out in the Comfort Care Protocol, available at <http://www.mass.gov/dph/oems/>.

If the student stops breathing or otherwise appears to be in a life threatening situation, school staff will implement the procedures stipulated in the student's Individual Health Care Plan and the following emergency procedures.

- 1.) Notify school nurse (if not in the building, proceed to step 2)
- 2.) Call 911 – Local EMS
- 3.) Contact student's parent(s)/guardian(s)
- 4.) Contact school administrator(s)
- 5.) Provide privacy for the child (i.e., either remove the student or classmates, whichever is most feasible).
- 6.) Provide comfort to the child, including:
  - Stay with the child
  - Assist in the maintenance of an open airway, **excluding** advanced airway procedures
  - Provide pain medication, if authorized
  - Control bleeding
  - Provide comfort, care, and emotional support
  - Be supportive to child
- 7.) After EMS arrival
  - Inform EMS personnel of DNR order
  - Provide a copy of the DNR order to EMS personnel
  - EMS personnel will assume responsibility for all further medical assistance to the child
  - Community response agencies will transport the child from the building

Whenever death occurs in the school, the crisis team must be activated immediately to assist the family, staff and students to cope with the loss. Special consideration must be made for any situations or staff member who witness the death especially, if (per DNR Order) no resuscitative treatment was performed by either school staff or EMS.



## **Human Bite Management**

First aid for a bite usually just involves cleaning the area and applying ice for pain relief. Should a bite occur in the classroom, do the following:

First, determine whether the skin has been broken.

Minor bites: A bite that just causes bruising or only scrapes the top layer of skin will not require much more than cleaning with soap and water and applying ice to reduce swelling and relieve pain.

Deeper bites or bites that break the skin: A bite that breaks the skin will require more care. In addition to cleansing and dressing the area, a tetanus shot may be needed as recommended by a doctor. A tetanus shot may be required if it has been more than 5 to 10 years since the last shot.

First aid for a minor bite:

1. Assess the area for broken skin. If the skin is intact, wash the skin well with soap and water. Apply an ice pack for pain relief and to help reduce the swelling. Do not apply ice directly to the skin because it may freeze the skin. Wrap the ice pack in a towel or other cloth.
2. Complete a Mega Form and send it to the office.

First aid for a bite causing a break in the skin:

1. Allow the wound to bleed freely to clean itself out unless there has been a large loss of blood or the blood is squirting out.
2. Wash the wound with cool running water and soap (any soap will do). Rinse the wound under running water for at least 5 to 10 minutes.
3. Stop bleeding. Bites generally do not bleed a large amount, but, if they do, put direct pressure on the area for 10 minutes with a gauze.
4. Cover the wound with a Band-Aid or a new gauze and tape. Apply ice for pain relief.
5. Contact the Primary Care Provider for further instructions.
6. Complete an incident report/ MEGA form. Send it to the office.

Seek emergency treatment if:

1. The patient has signs of shock.
2. There is severe bleeding that does not slow during the first 15 minutes of applying steady, direct pressure.
3. Moderate or severe difficulty breathing occurs with a deep bite to the neck or chest.
4. Moderate or severe pain occurs with a deep bite to the abdomen.
5. A bite to the eyeball or near the eye occurs.

Remember: Wear gloves when treating a wound. Let the person clean his or her own wound, if possible.