

EMERGENCY NURSING SERVICES PROCEDURES

I. OBJECTIVE:

The objective of emergency nursing services is the maintenance of the physical, mental, and emotional health of pupils while they are at school or are participating in school sponsored activities.

II. DEFINITIONS / DESIGNATIONS:

- A. Emergency Nursing Services: The provision of immediate care to ensure the safety and health of ill or injured students and for administration of necessary medications to students during the school day and at all school-sponsored events.
- B. Medical Advisor: A medical doctor designated or contracted by the school district to act as a consultant to the district and the school nurse, for the provision of emergency nursing services.
- 1.) Dr. Kevin Culhane is the designated medical advisor.
 - 2.) As medical advisor, he will:
 - a.) Review procedures and make recommendations concerning district health services.
 - b.) Annually review and approve the emergency nursing service policies.
- C. Registered Nurse: A professional nurse licensed to practice nursing in Wisconsin by the Wisconsin Department of Regulation and Licensing per Chapter 441, Wis. Stats.
- 1.) The emergency service shall be under the advisement of the Shawano-Menominee Counties Health Department. The health department will serve as a consultant for the emergency nursing services recommendations. **Greg Nordwig, R.N., License # 198322-30**, is assigned to the School District of Bonduel and will:
 - a.) Assist with development of plans for meeting emergencies and handling medications.
 - b.) Plan with administrator in formulating exclusion and readmission policies for students when related to health.
 - c.) Visit the school district a minimum of one visit/month.
 - d.) Assist and participate in review and evaluation of policies.
- D. Emergency Nursing Service Coordinator
- 1.) **Amber Laude** is the designated coordinator.
 - 2.) As coordinator, he/she will:
 - a.) Order supplies.
 - b.) Stock/inventory supplies.

III. EMERGENCY NURSING SERVICES:

- A.) The School District of Bonduel shall have written policies for emergency nursing services during school and school sponsored activities.
- 1.) A written plan for emergency nursing services shall be available and accessible for each building.
 - 2.) Administrative rules for emergency nursing services developed under the direction of a registered nurse, approved by the medical advisor, and adopted by the school board are to include:
 - a.) Procedures to be followed in case of injuries.
 - b.) Procedures to be followed in case of illness.
 - c.) Procedures for administering medications.
 - d.) Plan for signed parental approval for emergency medical care.
 - e.) A record system identifying students with medical concerns.
 - f.) A system for documenting injuries and illness including services performed.
 - 3.) A designated area for emergency care shall be available to students/staff during the school day. Students/staff may report to these areas in case of illness or injury. The designated area for the following buildings will be:
 - a.) Bonduel Elementary School-----Office
 - b.) Bonduel Middle/High School-----Office
 - 4.) The designated health areas will be maintained by:
 - a.) Bonduel Elementary School-----Amber Laude
 - b.) Bonduel Middle/High School-----Bonnie Richter
 - 5.) The assigned staff will assure that Red Binders are located at their health area and contain the following:
 - All student emergency home contact sheets
 - All staff emergency home contact sheets
 - Emergency phone numbers
 - First aid treatment guide
 - Access to communicable disease fact sheets at:
www.dhs.wisconsin.gov
 - Universal precautions recommendations
 - Log of injuries / illnesses
 - Head injury notification letter
 - Bite protocol

7.) In addition to the person responsible for the designated health area, the following are designated to provide emergency assistance: **District Safety Response Team Members**

Glen Peebles-----Bonduel High School/Middle School

8.) Emergency care procedures outlined in the current American Red Cross First Aid Manual will be followed.

a.) **First Aid Stations** will be available in the following locations:

- Bonduel Elementary School Office
- **Bonduel Middle/High School Office**

b.) **Portable First Aid Kits** will be available in the following locations;

- Gym / Locker Room at High School
- Chemistry Room at High School
- Kitchen / Commons at High School
- Art Room at High School
- Each school building office (for field trips and recess)

c.) **Trauma Kits** will be available in the following locations:

- Agriculture classroom at the High School
- Transportation in the Vocational Dept at the High School
- Material processing in the Vocational Dept at the High School
- Bus Garage at the High School

9.) In life threatening situations, and when injury & / or illness require additional medical follow-up, 911 will be called.

10.) If a known head injury occurs during school / school sponsored events, an attempt to notify the parents / guardian by phone will occur. In addition, a head injury information letter will be sent home with the student. SEE APPENDIX SIX (6)

11.) If a known bite occurs during school / school sponsored events, an attempt to notify the parents / guardian by phone will occur. Bite protocol will be followed. SEE APPENDIX (8)

12.) If it is determined that a student should go home, an attempt will be made to notify the parent or guardian or other person listed on the emergency home contact sheet. No student shall be sent home unless the adult contact has been completed. NOTE: It is preferred that parents or their designee call for the student.

- 13.) The school administrator shall be notified as soon as practical in the case of injury on school property which requires parent notification, if a head injury information letter is completed, a bite has occurred and / or if the ambulance is called.
- 14.) A field trip consent form / athletic & activity emergency information form shall be completed and on file for every student participating in an off campus school sponsored event. The staff member responsible for the field trip will carry copies of these forms with them to the event. SEE APPENDIX SEVEN (7)
- 15.) School personnel as delegated shall maintain a log of emergency services. The log shall be kept on file. SEE APPENDIX NINE (9a) injury log and APPENDIX EIGHT (9b) illness log.
- 16.) Emergency Crisis Calling Tree / Skyward will be two methods utilized to provide emergency information to staff. APPENDIX TEN (10)
- 17.) Annual or more frequent updating of Emergency Home Contact sheets for students / staff will be maintained. Each building will include their student / staff contact sheets in their Red Binder. APPENDIX FOUR (4) (online) and FIVE (5)
- 18.) Written emergency protocol will be posted in every room of every school district building with instructions on obtaining emergency care. SEE APPENDIX ELEVEN (11)
- 19.) School Medication Policy – refer to separate medication policy.
- 20.) School Communicable Disease Policy – refer to separate communicable disease policy.
- 21.) Staff in-service on the emergency nursing service policy will be conducted as necessary.
- 22.) Review of the emergency nursing policy will occur on a regular basis.

**EMERGENCY NURSING SERVICES
POLICY**

The Shawano-Menominee Counties Health Department recommends an annual review of the emergency nursing policies and procedures by the school, medical advisor, and the Shawano-Menominee Counties Health Department nurse serving the school.

ANNUAL REVIEW

DATE: _____

School / Health Advisory Committee _____

Shawano-Menominee Co HD _____

Medical Advisor _____

DATE: _____

School / Health Advisory Committee _____

Shawano-Menominee Co HD _____

Medical Advisor _____

DATE: _____

School / Health Advisory Committee _____

Shawano-Menominee Co HD _____

Medical Advisor _____

DATE: _____

School / Health Advisory Committee _____

Shawano-Menominee Co HD _____

Medical Advisor _____

DATE: _____

School / Health Advisory Committee _____

Shawano-Menominee Co HD _____

Medical Advisor _____

APPENDICES

- APPENDIX ONE----- First Aid Station Supplies
- APPENDIX TWO----- Portable First Aid Station Supplies
- APPENDIX THREE----- Trauma Kit Supplies
- APPENDIX FOUR----- Student Emergency Home Contact
Sheet (on line format)
- APPENDIX FIVE----- Employee Emergency Home
Contact Sheet
- APPENDIX SIX----- Head Injury Information Letter
- APPENDIX SEVEN----- Field Trip / Off School Grounds/
Athletic Activity Information Sheet
- APPENDIX EIGHT----- Bite Protocol
- APPENDIX NINE (a)-----Injury Log
 (b)-----Illness Log
- APPENDIX TEN ----- Emergency Crisis Calling Tree
- APPENDIX ELEVEN----- Medical Emergency Procedures
 Room Posting
 (a)-----Bonduel Elementary
 (b)-----Bonduel Middle School
 (c)-----Bonduel High School
- APPENDIX TWELVE----- Emergency Telephone Numbers

APPENDIX ONE

FIRST AID STATION SUPPLY LIST:

<u>Item</u>	<u>Quantity</u>
American Red Cross First Aid Manual	1
ABD / Surgical Pad	3
Ace Bandages 2"	2
Ace Bandages 4"	2
Bags, small zip lock	6
Band Aids, assorted sizes	1 box
Blanket	1
BP cuff, adult, child, lg adult	1 of each
Cloth tape, 1"	1
Cold packs	2
Dixie Cups	1 pack
Eye glasses (protective)	1
Eye irrigation solution, bottle	1
Eye pads	4
Flashlight with extra batteries	1
Gauze pads, 3" x 3"	12
Gloves (latex free) LG, MED	1 box of each
Instant glucose (cake mate)	1
Kerlix rolls, 4"	3
Kleenex	1 box
Kling rolls, 2"	3
CPR Mask	1
Q tips	12
Red bags	1
Scissors, bandage	1
Sharps container	1
Soap, liquid	1
Splints, long and short	2
Sterile adhesive compresses 1" x 3"	2
Sterile 2" x 2" gauze pads	12
Sterile 3" x 3" gauze pads	12
Sterile 4" x 4" gauze pads	12
Sterile H2O	1
Stethoscope	1
Thermometers, disposable	6
Tongue depressors	6
Trauma dressings, ABD	1
Triangular bandage	1
Tweezers	1
Waste basket, with disposable liner	1

APPENDIX TWO

PORTABLE FIRST AID KIT SUPPLY LIST

<u>Item</u>	<u>Quantity</u>
First Aid Flip Chart	1
Absorbent pads	2
Bags, small zip lock	2
Red bag	1
CPR mask	1
Large band aids	6
Q tips	6
Scissors, bandage	1
Sterile 3" x 3" gauze pads	2
Cloth tape roll	1
Triangular bandage	1
Antiseptic towelettes	12
Band Aids, assorted sizes	1 box
Cold pack, disposable	2
Disposable blanket	1
Kerlix rolls	2
Non sterile gauze 4" x 4"	6
Gloves (latex free) LG, MED	2 pair each
Sterile gauze 4" x 4"	6
Sterile gauze 2" x 2"	6
Tongue depressors	6
Tweezers	1

APPENDIX THREE

TRAUMA KIT SUPPLY LIST:

<u>Item</u>	<u>Quantity</u>
Red Bag	1
Multi trauma dressings	2
Rolls of adhesive tape	2
5" x 9" surgical pads	2
4" roll kerlix	1
Sterile H ₂ O	1
Gloves (non latex) LG, MED	3 pair each
Scissors, bandage	1
Triangular bandage	1

Appendix Five

Last Name	First Name	Initial
EMPLOYEE EMERGENCY INFORMATION Please update the information below as necessary.		

Person to contact:			
Phone	Home:	Work:	Cell:
Place of employment:			
Address:			

Person to contact:			
Phone	Home:	Work:	Cell:
Place of employment:			
Address:			

Medical Doctor:	Phone:
Address:	

Dentist:	Phone:
Address:	

List allergies, prohibited drugs, and physical limitations that could assist the district in case of an emergency at school:

Medications:

Is there any other information about yourself that the school needs to know?

I hereby authorize school personnel to call a physician or dentist or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and/or transportation. I understand that this information will be shared with school personnel that need to know this information to protect my life and safety.

Signature:	Date:
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Please mark all buildings you work in throughout the year with an X.

<input type="checkbox"/>	Bonduel Elementary	<input type="checkbox"/>	Navarino Elementary
<input type="checkbox"/>	Middle School	<input type="checkbox"/>	High School

HEAD INJURY INFORMATION LETTER

Date: _____

Dear

This is to inform you that your child, _____

Name of Student

suffered a head injury at _____ am/pm

CONTACT YOUR DOCTOR IF YOU NOTICE ANY OF THE FOLLOWING SYMPTOMS WITHIN THE NEXT 24 – 48 HOURS.

1. Vomiting
2. Severe headache that won't ease up.
3. Confusion, restlessness, irritability, or garbled speech.
4. Pupils (black spot in center of each eye) of different sizes.
5. Stiff neck.
6. Convulsion / seizures.
7. Trouble using arms or legs / weakness of either arm or leg.
8. Fever greater than 100.5 degrees Fahrenheit. (oral)
9. Blood or clear fluid dripping from ears or nose (do not blow a bloody nose or attempt to clean blood from ears or nose).
10. Unusual sleepiness.
11. Slowing of pulse.

Sincerely,

Greg Nordwig, BSN RN

School Nurse / Shawano-Menominee Counties Health Department (715) 526-4808

Detach and return bottom portion to school

I HAVE READ AND UNDERSTAND THE HEAD INJURY INFORMATION LETTER.

Name of Student: _____ School _____

Signature of Parent: _____ Date _____

Field Trip Permission Slip
Bonduel Elementary School
School District of Bonduel

Dear Parent(s):

Good education provides a variety of experiences both in and outside the classroom. The classroom academic work should be enriched and supplemented in many ways. An educational field trip represents an activity of seeing and doing for the individual student. Such field trips are scheduled throughout the school year.

Parental permission is needed in order that your child may participate in the scheduled field trips. Please complete and sign the Field trip Permission Slip that is found at the bottom of this sheet. The permission slip will be placed on file at the school, thereby eliminating the necessity for permission slips for each field trip.

The following procedures will be used for all field trips:

- A. You will be notified of the place and time of any field trip. **If you do not want your child to go on that trip you should notify the school.**
- B. The regular classroom teacher will accompany the class on the trip. In some instances parents are asked to volunteer as additional chaperones.
- C. You will be notified in the event a fee is required to cover the cost of a particular field trip.

Please call the school if you have any questions about any field trip.

Peggy Jones, Principal

(Please cut and return the bottom portion)

Field Trip Permission Slip
Bonduel Elementary Schools
2013-2014

___ Yes, I give my permission for my child to participate in field trips during the 2013-2014 school year.

___ No, I do not want my child to participate in any field trips during the 2013-2014 school year.

Child's Name

Grade

Classroom Teacher

Parent's Signature: _____

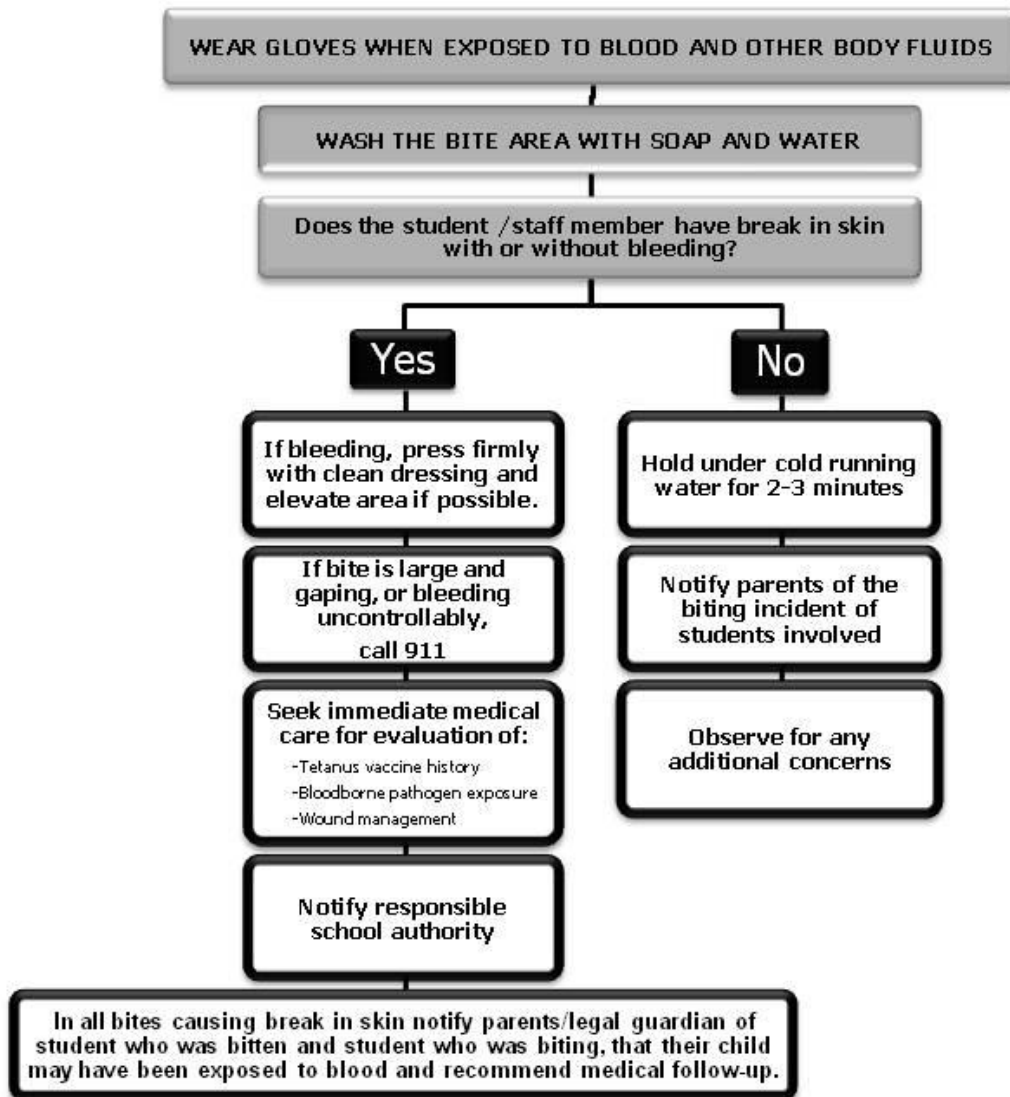
Home Phone: _____ **Work Phone:** _____

Emergency Contact Person and Number: _____

Any other information that we should have for your child to participate on school field trips; such as medical concerns, custody, etc.

BITES (Human)

Human bites are usually caused by one person biting another, (student to student or student to staff), although they may also result from one person coming in contact with another person's teeth, (i.e. playground collision, fight with knuckles to face). Bites may produce symptoms ranging from mild to severe. For all bites, follow the recommendations listed below:



WHEN TO SEEK ADDITIONAL MEDICAL CARE AND FOLLOW-UP:

(If any or all of the following signs / symptoms occur)

- Increased redness
- Increased pain / tenderness
- Fever
- Increased swelling
- A yellow/green discharge
- Swollen glands



MEDICAL EMERGENCY PROCEDURES

1. **REMAIN CALM** - Check the injured for breathing, bleeding, and the extent of injury.
2. **SCHOOL LOCATION** - You are at **Bonduel Elementary School**
Address: 404 West Mill Street, Bonduel
3. **TELEPHONE LOCATION** - School hours
 - School office or any classroom.
 - After school hours-in storage room adjacent to gym.
4. **TELEPHONE NUMBER** - 911 (police, ambulance, fire)
1-800-222-1222 (poison control center)
 - **Give the following information:**
 - **LOCATION AND ROOM NUMBER**
 - **EXTENT OF INJURIES/ILLNESS**
 - Do not hang up first.
 - While waiting for first responder/ambulance get following information:
 - **NAME/AGE/DOCTOR**
 - **OTHER INFORMATION** (i.e. medical history, allergies, medications, etc.)

MEDICAL EMERGENCY PROCEDURES



1. **REMAIN CALM -** Check the injured for breathing, bleeding, and the extent of injury.

 2. **SCHOOL LOCATION -** You are at **Bonduel Middle/High School**
Address: 400 West Green Bay Street, Bonduel

 3. **TELEPHONE LOCATION –** School office or any classroom.

 4. **TELEPHONE NUMBER -** 911 (police, ambulance, fire)
1-800-222-1222 (poison control center)
- **Give the following information:**
 - **LOCATION AND ROOM NUMBER**
 - **EXTENT OF INJURIES/ILLNESS**

 - **Do not hang up first.**

 - **While waiting for first responder/ambulance get following information:**
 - **NAME/AGE/DOCTOR**
 - **OTHER INFORMATION (i.e. medical history, allergies, medications, etc.)**

MEDICAL EMERGENCY PROCEDURES



1. KEEPAIN CALM -

Check the injured for breathing, bleeding, and the extent of injury.

2. SCHOOL LOCATION -You are at **Bonduel High/Middle School**

Address: 400 West Green Bay Street, Bonduel

3. TELEPHONE LOCATION – School office or any classroom.

Pay phone outside gym area.

4. TELEPHONE NUMBER

911 (police, ambulance, fire)

1-800-222-1222 (poison control center)

- Give the following information:

- LOCATION AND ROOM NUMBER
- EXTENT OF INJURIES/ILLNESS

- Do not hang up first.

- While waiting for first responder/ambulance get following information:

- NAME/AGE/DOCTOR
- OTHER INFORMATION (i.e. medical history, allergies, medications, etc.)

EMERGENCY TELEPHONE NUMBERS

POLICE FIRE AMBULANCE -----911

POISON CONTROL -----1-800-222-1222

NON EMERGENCY TELEPHONE NUMBERS

SHAWANO HOSPITAL EMERGENCY ROOM-----715-526-6464

SHAWANO HOSPITAL-----715-526-2111

SHAWANO COUNTY SHERIFF DEPARTMENT-----715-526-3111

MEDICAL ADVISOR / MENOMEE TRIBAL CLINIC
DR. KEVIN CULHANE-----715-799-3361

SHAWANO-MENOMINEE COUNTIES HEALTH DEPARTMENT
-----715-526-4808

- ALL OF THE DESIGNATED FIRST AID LOCATIONS SHOULD HAVE RED BINDERS CONTAINING THE FOLLOWING:
 - All student emergency home contact sheets.
 - All staff emergency home contact sheets.
 - Emergency phone numbers.
 - First aid treatment guide.
 - Communicable disease fact sheets at www.dhs.wisconsin.gov
 - Universal precaution recommendations
 - Including: glove use, hand washing, disinfection
 - Log for injuries/illness.
 - Signs / symptoms of illness.
 - Head injury notification letters.
 - Bite incident protocol