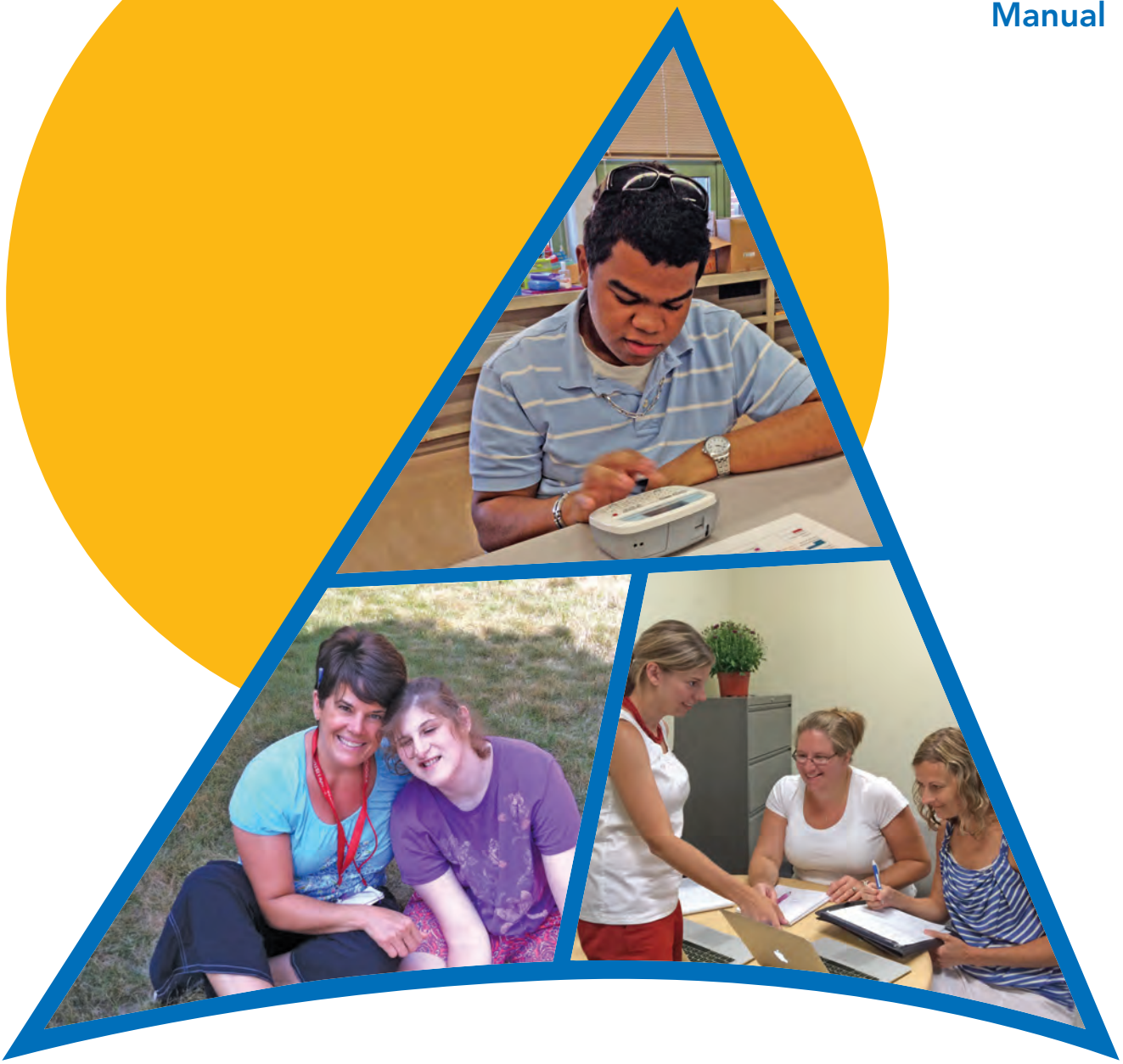
ACCEPT
Education Collaborative

UNLOCKING POTENTIAL • ACHIEVING SUCCESS

Health Care Manual



accept.org

HEALTH CARE MANUAL

Table of Contents

Universal Precautions

Universal precautions are a set of protocols for the proper handling of bodily fluids and substances, e.g., blood, saliva, urine, vomit and fecal material. Universal precautions include: hand washing, avoiding punctures, utilizing gloves when handling bodily fluids, using containers with plastic liners to dispose of contaminated tissues, promptly washing blood and other human fluids from skin, and cleaning hard surfaces with a disinfectant.

To avoid unintended exposure, ACCEPT has established the following procedures when there is the possibility of contact with bodily fluids:

- Wear disposable gloves
- Change gloves if punctured or torn
- Wear safety glasses if there is a possibility of bodily fluids becoming airborne
- Disinfect all potentially contaminated surfaces
- Double bag contaminated materials including gloves and place in plastic lined waste containers
- Ask custodian for assistance if necessary

Vinyl gloves, disinfectants, and waste receptacles to dispose of contaminated materials are available in all ACCEPT classrooms and bathrooms for easy access. Good hand washing technique is essential for preventing the spread of disease and is practiced by all staff and students.

Hand Washing

Hand washing is the first line of defense against infectious disease and is one of the universal precautions. Numerous studies have shown that unwashed hands are the primary carriers of infection.

Staff/students should always wash his or her hands:

- before eating or handling food
- before feeding a student
- after toileting
- after handling body secretions (mucus, vomitus, diapers, etc.)
- after cleaning
- before and after giving medications

The five most important concepts to remember about hand washing are:

- use running water, not a stopped sink or container which can spread germs
- use soap, preferably liquid
- use friction (rubbing the hands together) to remove the germs
- turn off faucet with a paper towel to prevent recontamination of clean hands by a dirty faucet
- dry hands by single-use towels. Cloth towels for common use are prohibited

Communicable Disease

In the event that the school nurse either suspects a student may have a communicable disease or if the school has received notification that a student has a communicable disease, including

H.I.V. or Hepatitis C, the school nurse will follow the recommendations outlined in the Massachusetts's Department of Public Health's Comprehensive School Health Manual Chapter 8.
The nurse shall follow the recommendations in the areas of:

- Diagnosis
- Treatment
- School attendance guidelines
- Reporting requirements
- Notification guidelines - state, local, and parent
- Stop-Spread guidelines

In order to prevent the spread of communicable disease(s) and insure a rapid recovery with a minimum of after affects, the student(s) cannot return to school until it is felt that the student will not infect others with the disease. Below are listed the most common contagious diseases and their periods of exclusion. The list is not all-inclusive and the school nurse must use good judgment, if a communicable disease is suspected. She/he should consult with the MA Department of Public Health or the program physician in these cases.

Upon returning to school, the student diagnosed with the communicable disease must report to the school nurse and will not be allowed back to school until the following treatments or periods of time have elapsed:

- Bacterial Conjunctivitis: May return to school after medical treatment has been provided for 24 hours
- Chicken Pox: May return to school when lesions are dry and crusted
- German Measles: May return to school 7 days after the onset of the rash.
- Measles: May return to school four days after first appearance of the rash.
- Impetigo: May return to school after all open sores have healed or are small enough that a band- aid will cover the area. May return to school if on medication for 24 hours
- Strep Throat: May return to school the day after any indicated treatment has begun
- Ringworm: May return to school after treatment with anti-fungal cream has begun - lesions should be covered.
- HIB Disease: May return after 4 days of treatment with Rifampin or are no longer ill.
- Mumps: May return 9 days after the onset of swelling or when the swelling has subsided (whichever is sooner).
- Whooping Cough: May return 3 weeks after the onset of cough or 5 days after starting appropriate antibiotic treatment.
- Rash: At the nurse's discretion, any student with an undiagnosed rash may be excluded from school. The student must have a physician's note to return to school.

Gastrointestinal Diseases

School Attendance Guidelines:

- When students or staff have uncontrolled diarrhea and fever or vomiting or have severe or bloody diarrhea, or if diarrhea cannot be contained by diapers (in those students using them), exclude them until fever and diarrhea are gone and the individuals have been treated if necessary.
- When students or staff have mild diarrhea but are not sick, take special precautions or exclude on a case-by-case basis.
- When students or staff who do not prepare food or feed students are found to have infectious germs in their stool (positive stool cultures) but have no diarrhea or illness

symptoms, take special precautions but do not exclude them; however, make sure they have appropriate management. During outbreaks a negative stool culture may be required.

- When staff who normally prepare food or feed students have positive stool cultures, do not permit them to prepare food or feed the students until they have one negative stool culture taken 48 hours after medication is completed, if antibiotics are used. During outbreaks, two consecutive negative stool cultures may be required (105 CMR 300.000).

Return to School Guidelines:
Excluded students and staff may come back to school after treatment and when diarrhea is gone. During outbreaks, negative stool cultures may be required for students and staff to return.

To stop spread of infectious gastrointestinal diseases:

- Strictly enforce all hand washing and cleanliness procedures.
- Give attention to environmental cleaning and sanitation in all settings
- Keep track of the number of cases of diarrhea.
- If there is an increase in the number of cases expected in the school, call the local board of health and take the following additional precautions:
  o Remind students and staff not to share food, drink, or eating/drinking utensils. o Monitor enforced hand washing for students. Everyone should wash his or her hands upon arrival at school, after using the bathroom, before eating or preparing food, or after contact with other body fluids.
  o Staff, including volunteers, should take care to wash hands upon arrival, after using the bathroom themselves or toileting a child, before eating or preparing food, before feeding a child, or after contact with other body fluids. o A hand-washing checklist is available from MDPH for use during outbreaks.
- Monitor bathrooms daily to ensure an adequate supply of liquid soap, running water, paper towels, and toilet paper. Bathrooms should be thoroughly cleaned and sanitized daily or more often if indicated.
  o A bathroom checklist and hand-washing poster is available from MDPH for use during outbreaks.
  o Hand-washing posters should be prominently displayed near all sinks.

Symptomatic students and non-food handling staff may be required by state or local public health officials to submit a negative stool culture before returning to school.

Exclusion from School for Health Reasons

The Collaborative school nurse or Director of Special Education Programs may exclude a student from school for health reasons if the student:

- Has returned from a hospital admission within the past 24 hours. This does not include routine tests or minor injuries.
- Has a temperature of 100.0 (temporal). Temperature must be normal for a full 24 hours prior to return to school. The exception is a child with a hypothalamic problem (temperature regulation problem) who is asymptomatic.
- Has a Strep throat and has not been on antibiotic therapy for 24 hours.
- Has a culture(s) pending, (exceptions can be made at the discretion of the school nurse).
- Is on respiratory precautions, and/or has a significant change in respiratory secretions.

- Has chicken pox/shingles, with active rash (rash must be dry, non-weeping, shingles must be covered for student to return).
- Has significant seizure activity.
- Has had persistent vomiting and diarrhea; must be symptom free for 24 hours prior to attending school.
- Has a condition that requires immediate intervention.
- Has a condition that requires ongoing supervision, which cannot be adequately provided in a school setting.
- Is very sleepy or is experiencing excessive bleeding after a dental visit.
- Has untreated pediculosis, scabies, or body lice.
- Poses a significant health risk to others in the normal course of school activities. A significant health risk is when:
    - o Any student is in the infectious stage of an airborne transmitted disease. o Students are unable to hygienically manage their bowel and bladder functions and they are in the infectious stage of an oral-fecal transmitted disease. Oral-fecal transmitted diseases include, but are not limited:
        - ♦ Hepatitis A
        - ♦ Gastrointestinal infections such as Giardia, Salmonella, Shigella and Rotovirus)
        - ♦ Parasites (such as pinworms)
    - o Students have a disease which may be transmitted by body fluids, and have open lesions and whose developmental level or behavior makes it difficult for them to refrain from touching the lesion and, therefore, spreading the underlying infection. These infections include:
        - ♦ Herpes
        - ♦ Impetigo
        - ♦ Hepatitis B virus
        - ♦ Staphylococcus Aureus
        - ♦ Beta Hemolytic Streptococcus
        - ♦ Conjunctivitis

Receipt of Medical Treatment - Religious Beliefs

DESE Criterion 16.8

In the absence of an emergency or epidemic of disease declared by the Department of Public Health, the ACCEPT Education Collaborative will not require any student to receive immunizations or medical treatment when the parents object on the ground that such treatment conflicts with a religious belief. A written statement from the student's parents that details what immunizations/medical treatments conflict with their medical beliefs must be on file.

ACCEPT Education Collaborative will adhere to the following MDPH guidelines regarding immunization exemptions for religious as well as medical reasons:

MDPH: Immunization Exemptions and Vaccine Preventable Disease Exclusion Guidelines in School Settings

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

- **medical exemption** is allowed if a physician submits documentation that an immunization is medically contraindicated; and
- **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations and or specific medical treatments 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 and 15C).

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.

In situations when one or more cases of disease are present in a school, all those 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).

State regulation and law prescribe the reporting and control of diseases identified as posing a risk to the public health. 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.

Guidelines for Select Vaccine Preventable Diseases in a School Setting

Disease	Case	Symptomatic Contact	Asymptomatic Contact
Measles	Student/staff should not return until 4 days after rash onset. (Count the day of rash onset as day zero.)	Same as for a case. Obtain a blood sample for confirmation, drawn > 3 days after rash onset. (Count the day of rash onset as day zero.)	If one case of measles: exclude susceptibles[1] from day 5 through 18 after last exposure. If multiple cases: exclude susceptibles[1] for 14 days after the date of rash onset in the last case.
Mumps	Exclude student/staff until 9 days after onset of gland swelling. (Count the day of swelling onset as day zero.)	Same as for a case. Obtain an acute blood sample for confirmation, drawn as soon as possible after onset of symptoms and a convalescent blood sample drawn 14 days after the acute. (Count the day of swelling onset as day	If one case of mumps: exclude susceptibles[2] from day 12 through 26 after last exposure. If multiple cases: exclude susceptibles[2] for 26 days after the onset of the last case.
Rubella	Exclude student/staff for 7 days after rash onset. (Count the day of rash onset as day zero.)	Same as for a case. Obtain a blood sample for confirmation, drawn > 3 days after rash onset. (Count the day of rash onset as day zero.)	If one case of rubella: exclude susceptibles[3] from day 7 through 21 after last exposure. If multiple cases: exclude susceptibles[3] for 21 days after the date of rash onset in the last case.

Disease	Case	Symptomatic Contact	Asymptomatic Contact
Pertussis	Exclude student/staff until 3 weeks after cough onset or after completing 5 days of a 14 day course of the appropriate antibiotics.	Same as for a case. Obtain a culture if it is < 2 weeks after the cough onset. Obtain an SLI serology if the patient is > 11 years old and it is 2-8 weeks after the cough onset.	Do not exclude after starting appropriate antibiotics. Any susceptible[4] contacts not undergoing antibiotic prophylaxis must be excluded until 21 days after the onset of the last case. In addition to antibiotic prophylaxis, contacts that are < 7 years of age who are under-immunized should have immunization initiated or continued depending on their past history.
Varicella	Exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5th day after rash onset. (Count the day of rash onset as day zero.)	Same as for a case.	No restrictions except for neonates and health care workers.

Definition of Susceptible

[1] **Measles** - Susceptibles include all those born in or after 1957 without documentation of at least two doses of measles-containing vaccine or serologic evidence of immunity. In an outbreak situation, all those with 0 or 1 dose may avoid exclusion if they promptly receive a *new* dose. Those born before 1957 are considered immune.

[2] **Mumps** - Susceptibles include all those born in or after 1957 without written documentation of one dose of mumps-containing vaccine or serologic evidence of immunity. In an outbreak situation, all those with no doses may avoid exclusion if they promptly receive a *first* dose. Those born before 1957 are considered immune.

[3] **Rubella** - Susceptibles include all those born in or after 1957 without written documentation of one dose of rubella-containing vaccine or serologic evidence of immunity. In an outbreak situation, all those with no doses may avoid exclusion if they promptly receive a *first* dose. Those born before 1957 are considered immune.

[4] **Pertussis** - Susceptibles include all those exposed, regardless of their age, immunization status, or past history of disease.

[5] **Varicella** - Susceptibles include all those, regardless of age, without 1) written documentation of one or two doses of varicella vaccine or 2) a physician-certified reliable history of chickenpox disease or 3) serologic evidence of immunity.

There are three additional references that may be helpful to school health personnel: 1) the *Guide to Surveillance and Reporting* can be obtained by calling the Division of Epidemiology and Immunization at the Massachusetts Department of Public Health (MDPH) at (617) 983-6800 or on the MDPH Website at http://www.state.ma.us/dph/; 2) the *Comprehensive School Health Manual* can be obtained by writing to the State House Bookstore, Room 116, Boston, MA 02133 or calling (617) 727-2834; and 3) the *Health and Safety in Child Care Manual* can be obtained by writing to the State House Bookstore, Room 116, Boston, MA 02133 or calling (617) 727-2834.

ACCEPT Education Collaborative Health Services

My child, _____ , has not been immunized according to the Massachusetts Department of Public Health regulations. I have received information with regard to susceptibles and school exclusion during disease outbreaks. I have submitted a written statement that immunizations and, if applicable, certain medical treatments that I have listed, conflict with our religious beliefs.

Parent/Guardian Signature Date

Administration of Medication

DOE Criterion 16.5 603 CMR I8.05(9)(f)
105 CMR 210.007
105 CMR 210.100
DPH Health Care Manual

Management of the Medication Administration Program

- The school nurse shall be the supervisor of the medication administration program in the school.
- 2.) The school nurse and the school physician shall develop and propose to the Board of Directors policies and procedures relating to the administration of medications.
- 3) ACCEPT Education Collaborative is not currently registered with the Department of Public Health for full delegation of medication.

Medication Orders/Parental Consent

The school nurse shall ensure that there is a proper-signed medication order from a licensed prescriber (see Medication Authorization and Administration form) that is renewed at the beginning of each academic year and thereafter as needed.

- Only the school nurse can receive a telephone/verbal order.
- Any such telephone/verbal order must be followed by a written or faxed order within three school days.
- Whenever medication is crucial to a student's well-being or safety, the medication order shall be obtained, and the medication administration plan shall be developed before the student enters or reenters school.

The medication order from a licensed prescriber must contain:

- The student’s name
- The name, signature and phone number of the licensed prescriber.
- The name of the medication.
- The route and dosage of medication.

- The frequency and time of medication administration.
- The date of the order and discontinuation date.
- A diagnosis and any other medical condition(s) requiring medication (if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential)
- Specific directions for administration

Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:

- Any special side effects, contraindications and adverse reactions to be observed
- Any other medications being taken by the student
- The date of the next scheduled visit, if known

Special Medication Situations

- For "over-the-counter" Medications, i.e., Tylenol, Advil, a written authorization from the parent/guardian as well as a signed order from the student's physician must be obtained. ACCEPT does not have "standing physician's orders" due to the complex needs of its students. Individualized orders are necessary to ensure consideration of multiple and complex diagnoses and treatment.
- For short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's' order; if the nurse has a question or concern, she may request a licensed prescriber's order.

The school nurse shall ensure that there is a written authorization by the parent or guardian (see Medication Authorization and Administration Plan form) which contains:

- The parent or guardian's printed name, signature and an emergency phone number
- A list of all medications the student is currently receiving, (if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medications not be documented)
- Persons to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber

Medication Administration Plan

- Prior to the initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan (see Medication Administration Plan form) which includes:
  - o The name and date of birth of the student
  - o The name of the licensed prescriber, including business and emergency telephone numbers
  - o Parent/Guardian name, home, cell and business telephone numbers
  - o Any known allergies to food or medications
  - o The diagnosis (unless a violation of confidentiality or the parent, guardian or student requests that it not be documented)
  - o The name of the medication
  - o The dosage of the medication, frequency of administration and route of administration
  - o Any specific directions for administration
  - o Any possible side effects, adverse reactions or contraindications o The quantity of medication to be received by the school from the parent or guardian
  - o The required storage conditions
  - o The duration of the prescription
  - o Plans, if any, for teaching self-administration of the medication

o With parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication o A list of other medications being taken by the student (if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented)
o When appropriate, the location where the administration of the medication will take place
o A plan for monitoring the effects of the medication

- The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.
- The school nurse shall communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber.

In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on her/his individual assessment and professional judgment, has potential to be harmful, dangerous or inappropriate. In these cases, the school nurse will notify the parent/guardian and licensed prescriber immediately and the reason for refusal explained

Administration of EpiPen (auto injector) by Unlicensed School Personnel

All ACCEPT Education Collaborative staff is trained to recognize anaphylaxis and to administer an EpiPen in the event of a life threatening allergic reaction. The ACCEPT Nurse Leader registers with the DPH for the delegation of EpiPen administration and trains staff in the appropriate procedures for administration of the EpiPen as follows below:

Policy:

- The school nurse, in consultation with the school physician, manages and has final decision-making authority over this program.
- The unlicensed school personnel authorized to administer epinephrine by auto injector are trained by the school nurse and are tested for competency in accordance with the standards and curriculum established by the MDPH. The unlicensed personnel must meet the requirements set forth by 105 CMR 210.004(B)(2).
  o The school nurse documents the training and testing of competency. o
  The school nurse provides a training review and update at least twice
  yearly o At a minimum the training shall include:
  - Procedures for risk reduction
  - Recognition of the symptoms of a severe allergic reaction
  - The importance of following the medication administration plan
  - Proper use of the auto injector
  - Requirements for proper storage and security
  - Notification of appropriate persons following administration
  - Record keeping
- ACCEPT's Nurse Leader will maintain an updated list of the unlicensed school personnel in their school that have been trained to administer epinephrine in an emergency.
- Epinephrine shall be administered only in accordance with an individualized Medication Administration Plan that is developed and updated annually by the school nurse. The Medication Administration Plan shall satisfy the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), which includes the following:
  o A diagnosis by a physician that the student is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine.
  o Written authorization by a parent or legal guardian

o Home and emergency number for the parents/legal guardians, as well as the names and phone numbers of any other persons to be notified if the parents or guardians are unavailable.
o Identification of place/places where the epinephrine is to be stored, following consideration of the need for storage:
  - ♦ At one or more places where the student may be most at risk.
  - ♦ In such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate.
  - ♦ In a place accessible only to authorized persons. The storage locations should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse.
  - ♦ A list of the school personnel who would administer the epinephrine to the student in a life- threatening situation when a school nurse is not immediately available.
  - ♦ An assessment of the student's readiness for self-administration and training, as appropriate.

- The school nurse shall initiate and update annually an Allergy Action Plan. Physician orders written on the Medication Authorization form may be substituted for the medication order section of the Allergy Action Plan. The Medication order form shall be attached to the Allergy Action Plan. A copy of the Allergy Action plan shall be kept with the students EpiPen.
- The school nurse shall plan and work with the local EMS to assure the fastest possible response to an anaphylactic emergency.
- When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911) followed by notification of the school nurse, student's parents or, if the parents are not available, any other designated persons, and the student's physician.
- The used epinephrine auto injector shall be safely stored and given to the emergency personnel for transport to the hospital with the student.
- If epinephrine is administered it shall be documented by the person who administered it on the medication record. The medication record shall meet the requirements of 105 CMR 210.009.
- If epinephrine is administered the Massachusetts Department of Public Health Report of EpiPen Administration form shall be completed and mailed to the School Health Unit in Boston.
- Post administration of epinephrine the school nurse will review the events, with all personnel involved, to determine the adequacy of response and to consider ways for reducing risks for the particular student.
- The MA Department of Public Health is permitted to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR 210.100.

Administration and Disposal of EpiPen/EpiPen Jr.

Epinephrine is the primary emergency treatment available for an anaphylactic reaction. It must be given as soon as possible to reduce symptoms and enable transport of a student to an emergency facility for additional care.

Procedure:
- Identify student by first and last name.
- Check written order and label on medication.
- If TIME PERMITS remove clothing from leg area -if not EpiPen CAN BE GIVEN through clothing

- Remove yellow or green cap from EpiPen carrying case
- Remove EpiPen from case.
- Grasp EpiPen with orange tip pointing downward
- Pull off blue activation cap.
- Swing and jab orange tip firmly into OUTER THIGH and HOLD on thigh for approximately 10 seconds.
- Remove EpiPen and massage injection site for 10 seconds.
- Carefully place used EpiPen, orange end first, into the storage tube.
- CALL 911—REQUEST ADVANCED LIFE SUPPORT UNIT.
- Send the secured, used EpiPen with the student to the Emergency Department.

Administration of Second Dose of Epinephrine

Epinephrine is the primary emergency treatment available for an anaphylactic reaction. It must be given as soon as possible to reduce symptoms and buy time to transport a student to an emergency facility for additional care. A second dose of epinephrine will be administered to students whose physician has ordered a second dose to be given after a specified amount of time, and in a specified situation. The second dose should be administered only if the student has developed new symptoms or if there has been no improvement in the student's initial symptoms and emergency responders have not yet arrived. If the school nurse is available, the school nurse will determine the need for a second dose based on the student's allergy action plan and in accordance with physician's orders.

Procedure for Administration of second dose of epinephrine is the same as first dose.

Storage of EpiPen/EpiPen Jr.

For EpiPen to be useful in the time of an emergency, they need to be clearly labeled and stored in an area with easy access to the student, yet not accessible to other students. They should never be stored in a locked cabinet when school is in session

Procedure:

- EpiPens shall be stored in a carrying case or fanny pack
- The outside of the case shall be clearly labeled with the student's first name and the first letter of the student's last name. The students name shall be written on the carrying case and then affixed to the outside of the case on the side that rests against the body if the case/pack is to be worn
- A copy of the Allergy Action Plan (or a copy of the physician's order and medication administration plan is acceptable) shall also be carried in the case/fannypack.
- A pair of gloves shall be stored in the front zipper compartment
- The nurse in collaboration with the classroom teacher will determine where the EpiPen will be stored, (if the student is not carrying it). The location should be determined based on the anticipated needs of the student
- Key personnel from each ACCEPT Education Collaborative site (e.g. teacher, classroom assistant, social worker, therapists) shall be aware of the location of the EpiPens in their school

Self-Administration of Medications

"Self administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction. A student may be

responsible for taking his/her own medication after the school nurse has determined that the following requirements are met:

- The student, school nurse and parent/guardian, where appropriate, enter into an agreement that specifies the conditions under which medication may be self-administered.
- The school nurse, as appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of medication.
- The student's health and abilities have been evaluated by the school nurse, who then deems if self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the medication.
- The school nurse is reasonably assured that the student is able to identify the appropriate medication, knows the frequency and time of day for which the medication is ordered.
- There is written authorization from the student's parent or guardian that the student may self - medicate, unless the student has consented to treatment under M.G.L. c. 112, s.12F or other authority permitting the student to consent to medical treatment without parental permission.
- The licensed prescriber provides a written order for self- administration.
- The student follows a procedure for documentation of self-administration of medication;
- The school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the medication shall be kept in the health room or a second readily available location.
- The student's self-administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the parent, guardian and licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication.
- With parental/guardian permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a medication.

Handling, Storage and Disposal of Medications

- A parent, guardian or parent/guardian-designated responsible adult shall deliver all medications to be administered by the school nurse or to be taken by self-medicating students, if required by the self-administration agreement, to the school nurse or other responsible person designated by the school nurse.
  o The medication must be in a pharmacy or manufacturer labeled container.
  o The school nurse or other responsible person receiving the medication shall document the quantity of the medication delivered.
  o In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.
- All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
- All medications to be administered by the school nurse shall be kept in a securely locked cabinet used exclusively for medications, which are kept locked except when opened to obtain medications. The cabinet shall be substantially constructed, and whenever possible, anchored securely to a solid surface. Medications requiring refrigeration shall be stored in either a locked

box in a refrigerator or in a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.

- Access to stored medications shall be limited to persons authorized to administer medications. (Nurse only) Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
- Parents or guardians may retrieve the medications from the school at any time.
- No more than a thirty (30) school day supply of the medication for a student shall be stored at the school.
- Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. However, with parental consent the school nurse, in accordance with applicable policies of the Massachusetts Department of Public Health's Division of Food and Drugs, can dispose of such medications. All medications should be returned to the parent/guardian at the end of the school year.

Documentation and Record-Keeping

- For instances when medication is administered by the school nurse, each school will maintain a medication administration record for each student who receives medication during school hours. o Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization (see Medication Administration Plan form).
  o The daily log shall contain:
    - The dose or amount of medication administered;
    - the date and time of administration or omission of administration, including the reason for omission;
    - The full signature of the nurse administering the medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.

  o The school nurse shall document in the medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
    - All documentation shall be recorded in ink and shall not be altered.
    - With the consent of the parent, guardian, or student where appropriate, the completed medication administration record and records pertinent to self-administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential.
- The school district shall comply with the Department of Public Health's reporting requirements for medication administration in the schools.
- The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

Reporting and Documentation of Medication Errors

- A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
  o Within appropriate time frames (the appropriate time frame should be addressed in the medication administration plan); o In the correct dosage; o In accordance with accepted practice; o To the correct student.

- In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.
- The school nurse will document medication errors on the Medication Error Report form. These reports shall be retained at the ACCEPT Education Collaborative Central Office and in the applicable student health record. They shall be made available to the Department of Public Health upon request. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health. All suspected diversion or tampering of drugs will be reported to the Department of Public Health, Division of Food and Drugs.
- The school nurse and Director of Special Education Programs shall review reports of medication errors and take necessary the steps to ensure appropriate medication administration in the future.

Response to Medication Emergencies

In the event of a medication emergency, follow procedures outlined in "Emergency First Aid and Medical Treatment" section of this manual.

Dissemination of Information to Parents or Guardians Regarding Administration of Medication

Parents and guardians shall upon the students' admission to the program and receive an outline of medication policies and procedures, including a statement that the entire contents of the Health Care Manual is available for review on ACCEPT's website.

Procedures for Resolving Questions between the School and Parents/Guardians Regarding Administration of Medications

Parents and students are encouraged to communicate any concerns or questions they may have about the student's health and care with the nurse of the program in which the student is enrolled. They are welcome to communicate their concerns through the use of communication books, telephone calls, site visits and meetings. They are free to express their concerns at any time to staff such as classroom teachers, clinical staff, support personnel, the Director of Special Education Programs, or the Executive Director of the ACCEPT Education Collaborative. In the event that they do not feel their concerns are being addressed adequately, they are encouraged to use the following Complaint Registration process:

- Request in writing a conference with the Director of Special Education Programs to make their concerns known.
- Within one week following the conference, the Director of Special Education Programs will follow-up with a response to the student or parents' concerns in writing, including any reasons for the decision made. If the decision supports the student or parents' concerns, the Director of Special Education Programs will promptly put the decision into effect.
- The Director of Special Education Programs will notify and keep the Executive Director and the Special Education Administrator from the sending district informed of the complaint throughout the process. Following a formal complaint, the Executive Director will follow up with the complainant in writing.
- In the event that the student or parent should disagree with any part of the decision made by the Director of Special Education Programs or Executive Director, they may in writing appeal the decision to the ACCEPT Education Collaborative Board of Directors.
- Nothing in this policy is to prevent a parent from exercising his/her right under the

Options for Dispute Resolution (Section 28.08) of Massachusetts Special Education regulations.

Administration of Antipsychotic Medication

DOE Criterion 16.6 603 CMR 18.05(9)(f)(9)

Nursing Staff of the ACCEPT Education Collaborative shall not administer or arrange for the administration of anti-psychotic medications except under the following circumstances. (Anti-psychotic medication shall mean drugs that are used in treating psychoses and alleviating psychotic states.)

- Any anti-psychotic medication will 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 actual observation of the student.
- No anti-psychotic prescription will be administered for a period longer than is medically necessary; as determined by the prescribing physician.
- Staff providing care to a student receiving anti-psychotic 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.
- Except in an emergency, as defined in 18.05 (9) (g), the school shall neither administer nor arrange for the prescription and administration of anti-psychotic medication unless informed written consent is obtained. For students in the Department of Social Services care or custody, an Educational Surrogate Parent shall not have authority to consent to administration of any medication for routine or emergency purposes. For such students, consent shall be obtained consistent with the applicable Department of Social Services requirements. Except for students in the care or custody of the Department of Social Services, informed written consent shall be obtained in the following manner: If a student is in the custody of his/her parent(s), parental consent (in writing or in a witnessed conversation) is required. Parental consent pursuant to this subparagraph may be revoked at any time unless subject to any 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.
- The school 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 have procedures to follow if the student refuses to take the medication.

PRN Orders: Non-Emergency Health Issues

Parents and guardians have the primary responsibility for the health care of their children. ACCEPT Education Collaborative nursing staff respect this responsibility and will consult with the parent about matters related to the health of their children. The following protocols should be followed in response to non-emergency health concerns and the administration of over-the-counter medications

Abdominal Pain	Review the history and evaluate. If there is fever, red throat, abdominal tenderness, repeat vomiting, diarrhea or urinary symptoms, advise dismissal from school and prompt medical attention.
Allergy	If EpiPen is prescribed by the student's physician - follow the student's Allergy Action Plan. Benadryl may be administered (with physician medication order and parent authorization) for allergy symptoms, (e.g.,

	hives).
Bee Sting	Review history, if none, remove stinger, apply ice for 15 minutes, observe patient for symptoms of anaphylaxis.
Bites	Animal Bite- Wash with soap and warm water, cover with sterile dressing. Check records for most recent tetanus shot. Notify parent and advise consult with student's physician. Notify local police immediately. Contain animal if possible. Human Bite - Clean with soap and water, ice for comfort. Check record for most recent tetanus shot. Notify parent and advise consult with student's physician.
Burn	Clean with soap and water, apply cool compress for comfort, Notify parent and advise consult with student's physician.
Elevated Temperature	A student with a temperature of 100.0 degrees F. or above should be dismissed from school. Advise parent to consult with family physician. If student has a physician's order and authorization obtained from parent, administer acetaminophen or ibuprofen as prescribed. (Call parent to check when last dose was given.)
Headache	Review history and evaluate patient. If severe, have patient lie down in darkened room. Cold compresses applied to the head may be helpful. Notify parent and refer to family physician if not relieved or recurrent. Acetaminophen or ibuprofen may be given if student has a physician's order with parental authorization. (Call parent to check when last dose was given.)
Menstrual Cramps	Assess patient; with physician's order and parent authorization administer acetaminophen or ibuprofen. (Call parent to check when last dose was given.)
Open Wounds	Small - Clean with soap and water, cover with a sterile dressing. Large - Cover with sterile dressing, control bleeding. Notify parent, arrange for transport if necessary.
Rash	Wash and apply cool compress. Notify parents and refer if necessary.
Irritated Eyes	Gently rinse eye with water, apply cool compresses as needed for comfort.

Students who come to the nurse for care should be advised to return for further assistance if their problem is not relieved or becomes worse.

Preventative Health Care

DOE Criterion 16.7 603 CMR 18.05(9) (f&h)

Annual Medical Examinations

- M.G.L. c.71, s.57 and related amendments and regulations (105 CMR 200.000-200.920) requires physical examinations of school children:
    - o Prior to first school entry and at intervals of every three to four years thereafter, such as during kindergarten, 4th grade, 7th grade, and 10th grade. o Annually for

students who are participating in competitive sports o For students younger than 16 and older than 14 if they will go to work

- A student transferred from another school system shall be examined as an entering student—Health records transferred from the student's previous school may be used to determine compliance with this requirement.
- The school health program should expect that the physical examination and ongoing health assessments will be performed by the student's own primary care provider.
- If a child does not have a primary care provider, every effort should be made to link him/her with a primary care provider in the community.
- The board of health is required to provide the services of a school physician to carry out physical examinations, in hardship cases, for children who do not have access to a private primary care provider (M.G.L. c.71, s.53 and s.57). The ACCEPT Nurse Leader will make every effort to obtain medical care for these students.
- The ACCEPT Nurse Leader is responsible for obtaining and keeping the records of this documentation.

Health Screenings
School nurses will ensure that the results of annual health screenings are maintained and documented in accordance with the MA Department of Public Health guidelines. This should include, but not be limited to, contact with the students, parents/guardians, health care providers, social service agencies, the school physician and any other responsible parties. The Massachusetts D.P.H guidelines for specific screenings are as outlined below:

BMI Screenings
105 CMR 200.500: (Annual Assessment of Physical Growth and Development)

Each school committee shall ensure that school personnel trained in accordance with guidelines of the DPH shall do measurement of Body Mass Index (BMI) and corresponding percentile of each student in grades 1, 4, 7, and 10 (or, in the case of ungraded classrooms, by a student's 7th, 10th, 13th and 16th birthday). Prior notice of the screening and the benefits of the screening shall be provided to the parent or legal guardian by any reasonable means.

- Equipment - Equipment should include a beam balance scale with non-detachable weights and a non-stretchable tape attached to a vertical, flat surface such as a wall. A right-angle headboard is recommended for lowering onto the child's head when taking the measurement.
- Every effort shall be made to respect the privacy of the student during the screening process.
- A report of each student's BMI and percentile, along with easily understood informational and explanatory materials provided or approved by the Department on BMI, healthy eating and physical activity shall be mailed or otherwise directly communicated in writing to the parent or legal guardian of the student. The materials shall indicate that questions about healthy weight should be discussed with the student's primary care provider.
- Parents or guardians should be encouraged to consult their child's primary care provider if the student's height/weight measurements are below the 5th percentile BMI , above the 85th percentile, or indicate a possible deviation from an expected growth curve for that child.
- The ACCEPT Nurse Leader is responsible for referring students through their parents or guardians with the child's healthcare provider).
- The Department of Public Health shall be provided annually with student BMI data, by school or school district, as specified in guidelines of the Department.
- A copy of the student's BMI shall be maintained in the student's school health record. With the consent of the parent or legal guardian, a copy shall be provided to the student's primary care provider.

- Parent(s) and legal guardian(s) shall be provided with an opportunity to request, in writing, that their child not participate in the program.
- More detailed info on BMI screenings as well as resources and formatted letters are available at the following site: http://www.mass.gov/Eeohhs2/docs/dph/mass in motion/community school screening.pdf

Calculating BMI and Recording Measurements

- BMI for students is to be calculated and recorded, using proper tools for calculating BMI. Use one of the following:
  - o BMI Table, found online at the following CDC website: http://apps.nccd.cdc.gov/dnpabmi/ o BMI Wheel
  - o BMI calculation computer software
  - o BMI Calculator (http: //apps .nccd.cdc. gov/dnpabmi/C alculator. aspx) o Children's BMI Tool for Schools (http://www.cdc.gov/healthyweight/assessing/bmi/childrens bmi/tool for schools.html)
- Plot results in a gender-appropriate BMI-for-Age chart
- BMI-for-Age Percentile charts are available on the CDC's website http: //www .cdc. gov/growthcharts/clinic al_charts. htm

Hearing Screening
105 CMR 200.000

- In the absence of an exemption on religious grounds, the hearing of every public school child be screened:
  - o In the year of school entry and annually through grade 3 (or by age 9 in the case of ungraded classrooms)
  - o Once in grades 6 through 8 (ages 12 through 14 in the case of ungraded classrooms) o Once in grades 9 through 12 (ages 15 through 18 in the case of ungraded classrooms).
- The purpose of the hearing-screening program is to identify children with an educationally significant hearing impairment who would otherwise not have been identified.
- Equipment - The hearing of each student shall be tested by means of some form of discrete frequency hearing test such as the Massachusetts Hearing Test or comparable method approved by the Department of Public Health.
- Referral and Follow-up - Appropriate medical and audiological follow-up and referrals are central to an effective system. Students who fail the initial screening must be retested before being considered a candidate for a notice to the parent or guardian. A repeat failure of the screening indicates that there is sufficient deviation from the norm in the results of the screening test to justify parental notification.
- Record Keeping and Documentation - All results of the hearing screening program, passes as well as failures, should be recorded on the child's School Health Record. If the referral confirms a hearing problem, the School Health Record should also indicate the nature of the abnormality as determined by the specialist, and a complete record of any treatment prescribed.
- The school nurse will make every attempt to follow-up with the family as to whether a determination was made of the apparent hearing problem.
- If needed, educational adjustments are to be made.

Vision Screening
The purpose of vision screening is to identify children who may have a vision impairment that might

prevent them from obtaining maximum benefit from their educational opportunities.

- In the absence of an exemption on religious grounds, the vision of students in the public schools should be screened:
  o Upon entering kindergarten or within thirty days after school entry—the parent or guardian of each kindergarten child shall present certification that the student within the previous 12 months has passed a vision screening conducted by personnel approved by the Department (M.G.L,.c. 71, s. 57) o In the year of school entry
  o Annually through grade 5 (or by age 11 in ungraded classrooms), o Once in grades 6 through 8 (or ages 12 through 14 in ungraded classrooms) a o Once in grades 9 through 12 (or ages 15 through 18 in ungraded classrooms).
- Vision screenings should be done using the official Massachusetts Vision Acuity Test or another comparable method approved by the DPH.
- Massachusetts Vision Test protocol currently prescribes 3 types of vision based on age. The complete protocol may be found on the DPH School Health Unit website at http: //www.mass. gov/dph/fch/schoolhe alth/.
- Parents of all children who do not perform satisfactorily on a vision screening and subsequent retest are to be notified in writing by the school nurse.
- For children who fail the screening and for children diagnosed with neurodevelopmental delay, evidence of a comprehensive eye examination meeting the requirements of c. 71, s. 57 shall be provided to the school.
- Record Keeping and Documentation - All results of the vision screening program - passes as well as failures - should be recorded on the child's School Health Record. If the referral confirms a vision problem, the nature of the abnormality as determined by the specialist and a complete record of any treatment prescribed should be noted in the School Health Record.
- The school nurse will make every attempt to follow-up with the family as to whether a determination was made of the apparent vision problem.
- If needed, educational adjustments are to be made.

Postural and Scoliosis Screening

- The purpose of postural screening is threefold: (1) to detect early signs of spinal problems that should have further medical evaluation, (2) to provide regular monitoring, and (3) to reduce the need for surgical remedies. Screening must be done annually in grades 5 through 9 (approximately ages 10-15) because young people in this age range are in a growth spurt, and they mature at different rates.
- Procedure - The screening program has two components: (1) an initial educational session with each class held by a screener, and (2) the screening itself. An educational session includes information on when, where, and how the screening will be done; what the screener looks for; special clothes to be worn during the screening; a short discussion of postural problems; review of other information; and distribution of the initial letter to parents.
  o Girls and boys are to be screened separately
  o For optimal viewing of the spine, the student's back should be bare. Therefore, girls are asked to wear halter-tops and shorts or a bathing suit (extra tops should be available).
- Referrals and Follow-up. Children with positive findings should be scheduled for a re-screening. If a second screening confirms a positive finding, the school nurse should contact the family by phone and letter.
- Record Keeping and Documentation - (1) The MDPH postural screening worksheet will be used during the screening procedure. It includes positions the student is viewed by the screener, any positive findings, and follow-up/action steps warranted. All observations and recommendations will be documented. (2) The postural screening

summary report will be completed on which the number of students screened, number under treatment, number referred for re-screening, results of physicians' examinations, and comments. A single annual summary postural screening is to be submitted to the School Health Unit of MDPH annually.

Immunizations
Massachusetts' immunization regulations specify minimum immunization requirements for enrollment in school (105 CMR 220.000). The law and regulations provide for exclusion of students from school if immunizations are not up to date, but permit exemptions for medical and religious reasons.

All students entering collaborative programs are required to have up-to-date immunization records and will not be admitted without appropriate documentation unless exempt for sincere religious or medical reasons. For students already enrolled in collaborative programs, the following immunization schedule will be followed as recommended by the Massachusetts Department of Public Health.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH Immunization Requirements for Entry in the 2011 School Year

ACCEPT Education Collaborative provides programs for a number of students ages 18 to 22 years and will follow the same guidelines for students entering college in regard to immunizations.

Immunization	Daycare/Preschool	Kindergarten	Grade 7	College/Age 18>
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DtaP/DTP	4 or more doses	5 doses	>3 doses and 1 Tdap booster	1 Tdap booster
Polio	3 or more doses	4 doses	3 or more doses	--
Hib	1 to 4 doses	--	--	--
MMR	1 dose measles 1 dose mumps 1 dose rubella	2 doses measles 2 dose mumps 2 dose rubella	2 doses measles 1 dose mumps 1 dose rubella	2 doses measles 1 dose mumps 1 dose rubella
Varicella (Chicken Pox)	1 doses	2 doses	2 doses	2 doses

The school nurses' responsibility is to:
- Work with student's parents/guardians, sending districts and family physicians in seeing that student' immunizations are up-to-date, as needed.
- Maintain Student Health Records to record immunizations as well as other required information.

Protection from Exposure Based on Allergy to Food, Chemical, or Other Material
DESE Criterion 16.11

In the event a student of any ACCEPT Education Collaborative program, has an allergy to food, chemical or any other materials as reported by a physician/medical assessment, the school nurse, Director of Special Education Programs and all other designated staff will make every attempt to remove the allergy causing items from the student's environment. The school nurse should

initiate the allergy risk reduction plan if warranted. This may include notifying parents of other students and asking them to comply with implementing an allergy free zone at the program. School nurses and other staff use only latex free gloves in order to avoid the possibility of exposure to latex for any student that is known to have a latex allergy.

Animals in School

The ACCEPT Education Collaborative has a "No Pet Policy" for its classrooms to protect the health and well-being of its students and staff.

Service Animal Exception
Exceptions to the No Pet Policy are made for persons with disabilities requiring the use of a service animal. The Director of Special Education Programs will evaluate a request to bring a service animal into an ACCEPT classroom on a case-by-case basis.

Hazardous Materials

The Director of Special Education Programs and the ACCEPT nursing staff is responsible for seeing that any and all hazardous substances and materials remain out of the reach of students. This includes providing a locked, secure cabinet(s) to keep all toxic substances, medications, and sharp objects out of the reach of students.

- Medications and medical supplies should not be locked in the same cabinet as other toxic substances.
- Toxic substances must be labeled with contents and antidote.
- The phone number for the nearest poison center must be posted clearly near each phone

Emergency First Aid and Medical Treatment

DOE Criterion 16.4 603 CMR 18.05(9)(e)
DPH School Health Manual

First aid is defined as the immediate and temporary care provided to the victim of an injury or illness until the service of a physician can be obtained. This care includes cardiopulmonary resuscitation (CPR), abdominal thrusts (Heimlich maneuver), and other life-saving techniques. Within the school setting, school staff has a duty to provide reasonable assistance to an injured or ill student.

Emergency first-aid and emergency medical treatment is administered to students who have written authorization from a parent, which is updated annually. It should be noted that school staff who provide first aid in good faith to a student in an emergency are protected from civil liability by the following provision of the M.G.L. c.71, s, 55A:

> *No public school teacher and no collaborative school teacher, no principal, secretary to the principal, nurse or other public school or collaborative school employee who, in good faith, renders emergency first aid or transportation to a student who has become injured or incapacitated in a public school or collaborative school building or on the grounds thereof shall be liable in a suit for damages as a result of his acts or omissions either for such first aid or as a result of providing emergency transportation to a place of safety, nor shall such person be liable to a hospital for its expenses if under such emergency conditions he causes the admission of such injured or incapacitated student, nor shall such person be subject to any disciplinary action by the school committee, or collaborative board of such collaborative for such emergency first aid or transportation.*

Trainings

CPR training is offered to all direct service personnel. There will be a specified number of CPR certified staff members at each ACCEPT location, based on the student population. These staff members are required to re-certify in CPR training every two years. The ACCEPT Education Collaborative arranges training by certified CPR instructors for staff.
Staff must also participate in Emergency Procedures training annually.

Storage and Supplies

Supplies will be stored in an area of easy access to the school nurse. Staff will be informed of its location and will be allowed access to it for the purposes of administering first aid to students in the absence of the nurse. The first aid supplies are not to be used by staff for routine self-care.

Recommended supplies include:

Band-Aids (assorted sizes)	Soap	Paper Towels
4 x 4 gauze pads	Tweezers	Cleansing wipes (for hands)
Small plastic cups	Safety Pins	Sanitary pads
4 in. roll gauze bandage	Thermometer(s)	Tissues
2 in. roll gauze bandage	Flashlight with batteries	Stethoscope
Roll bandage tape	Disposable gloves (vinyl)	BP cuff
Scissors	Rubber bulb syringe	Disinfectant (surfaces)
Cotton swabs	Cold pack	

Responding to Emergencies

Emergency phone numbers are posted by every telephone. These numbers include, but are not limited to the following:

Fire department/EMS	911
Police department	911
Poison prevention center	800-222-1222

The following information is included on the telephone posting to aid in the quick relaying of information in an emergency situation:

- Program name
- Address
- Phone #
- Description of the building
- Directions for reaching the building from a major road

A health emergency may occur in any school at any time: children can become seriously ill or injure themselves in a number of settings. It is essential that staff follow procedures learned in their CPR and in-service training in assessing whether an emergency has occurred

Emergencies can be classified in three major categories:

- Life threatening or potentially disabling: Since they can cause death or disability within minutes, they require immediately 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, seizures, broken bones, cuts, etc. The person should be evaluated as soon as possible or within a few hours at maximum.

In either a life-threatening or potentially disabling situation, follow these general guidelines during the administration of emergency first aid:

- Do not leave the ill/injured person alone.
- Do not move the ill/injured person unless in more danger if left in that location.
- Remain calm.
- Notify the school nurse immediately.
- Notify the site administrator immediately.
- Request others leave area quickly and quietly.
- Direct a responsible person to call 911 and activate the local EMS.

o A staff member from the host school's main office should place the call, if available, unless otherwise directed by the school nurse or the site administrator.
o The person placing the call must stay on the phone line until all information is obtained.
o Briefly describe the emergency situation (what is wrong). o State name of caller and school and exact address.
o Specify exact location within the school building or grounds of the ill/injured person.
o Tell EMS that a staff member will meet them at a specific entrance to the school building or

grounds.
o Provide EMS with the phone number of the school.
o Make sure the information you provide is simple and specific.
o Make sure EMS has all necessary information before hanging up the phone. o Call back EMS for reassessment if necessary (e.g., person has stopped breathing).
o *The presence or absence of respirations and/or a pulse is important for a proper EMS response.

The following four major levels of consciousness of a patient is also useful information for the EMS units.

Alert:	Patient converses freely. Knows their name, date, location, and what happened. Initiates conversation, asks questions.
Verbal:	Patient responds to questions or commands. Does not initiate conversations or ask questions.
Painful:	Responds appropriately to physical stimuli. May be conscious or unconscious at this point.
Unresponsive:	Does not respond to physical stimuli. Get EMS there immediately.

EMS Calls

Unless the nature of the illness/injury is minor, it is prudent to activate the local EMS system to respond to the incident. If the injury/illness is later determined to be relatively minor by the school nurse or other trained personnel, the EMS response can be canceled or the EMS units can clear the scene after they evaluate the situation. It is important to note that it is far easier for a school nurse to cancel a responding ambulance than to wait an additional period of time to summon an ambulance and then await its arrival.

While EMS is being activated a responsible designee should:

- Obtain the student's emergency information form.
- Notify the parent or guardian that a serious injury or illness has occurred and their child is being transported by ambulance to the hospital (give name and location of hospital).

Upon arrival, give the emergency information form to EMS workers. It contains information and signatures that may expedite the treatment of the student.

One staff person (preferably a person that the student is very comfortable with) should accompany the student to the hospital and be available to medical staff and parents. Do not send student to the hospital without a staff member.

After seeing to the appropriate care of the student:

- Complete applicable incident reports.
- In the event of hospitalization notify the sending school district and the Department of Education (Form 2)
- Notify Director of Special Education Programs and Nurse Leader

The table below (the following page) displays a list of injuries/conditions requiring treatment, with steps to follow for each category. This list is not all-inclusive. Many situations require a judgment call, but it is prudent to call EMS in any serious incident.

Category of Injury/Condition	Problems Requiring This Treatment	Emergency Plan - Steps to Follow
Life-threatening or potentially disabling. Immediate treatment and mobilization of EMS needed.	♦ Acute airway obstruction ♦ Cardiac or respiratory arrest ♦ Near drowning ♦ Massive hemorrhage (external or Internal) ♦ Severe allergic reaction - anaphylaxis ♦ Choking on food or other objects ♦ Attempted suicide ♦ Poisoning (internal or external) ♦ Severe shock ♦ Penetrating/crushing chest wounds ♦ Uncontrolled convulsion/seizures ♦ Heat stroke ♦ Chemical burns of the eyes ♦ Major burns ♦ Neck or back injury ♦ Spider/snake bites ♦ Bee/wasp/hornet/yellow-jacket stings ♦ With anaphylaxis ♦ Internal bleeding ♦ Coronary occlusion ♦ Fractures and dislocations ♦ Burns with blisters ♦ Drug overdose ♦ Severe abdominal pain/acute projectile vomiting ♦ Severe depression or anxiety ♦ Threatened abortion ♦ Penetrating eye injury ♦ Head injury with loss of consciousness ♦ Puncture wound ♦ Threatened suicide ♦ Seizure - cause unknown	1. Initiate or direct a responsible person to call Emergency Services/911. 2. School nurse or trained staff person MUST immediately attend to the victim. 3. Have someone notify the nurse if she is not with victim. 4. Have someone notify the administrator.
Non-life threatening emergencies. Medical consultation desirable within an hour.	♦ Accidental loss of tooth ♦ Lacerations - bleeding controlled ♦ Animal, snake, insect bites and stings ♦ (without anaphylaxis) ♦ Acute emotional state ♦ Moderate reaction to drugs ♦ High fever (above 103F) ♦ Non-penetrating eye injury ♦ Frostbite	1. Contact nurse or, in her absence, Director of Special Education 2. Nurse or trained staff person to assess extent of injury 3. Notify parent. Activate local EMS, if needed.
School nurse, trained staff, parent consultation needed	♦ Convulsion in known epileptic ♦ Insulin reaction in diabetic - if patient is conscious, alert ♦ Intermittent abdominal pain ♦ Fever 100-103F ♦ Sprains ♦ Fainting	1. Call nurse or trained staff person for assessment. 2. Notify parent and refer to medical facility if necessary.
Minor injuries/illnesses - can be handled by trained staff person following standard procedures	♦ Abrasions ♦ Minor burns - no blisters ♦ Nose bleeds - minor, less than 10 minutes	1. Refer student to nurse or trained staff person. Child may remain in school.

Anaphylaxis

Anaphylaxis is one of the most serious and life-threatening emergency situations to which school personnel may have to respond. It is an allergic reaction that may be triggered by an insect bite, a drug allergy, latex allergy or a food allergy. This generalized whole-body allergic reaction requires prompt intervention, proper management, and prompt transportation to an appropriate health care facility. Anaphylaxis is always an emergency in which delayed intervention can be fatal, but prompt reaction and appropriate intervention can result in an effective cure.

A person may exhibit any or all of the following signs and symptoms within a short time (5 minutes), or the reaction may be delayed for several hours. If a person is known to have a severe sensitivity and severe allergic reactions, do not wait for signs and symptoms to become worse, administer the weight appropriate EpiPen as ordered by student's physician (see standing orders if unknown reactor) and call for an ambulance as soon as possible. Signs and symptoms of anaphylaxis may include any or all of the following:

Skin:	Cold to touch, may be clammy and moist, itching, hives, swelling of eyes, lip, nose and face
Color:	Pale at first, then mottled (hives) or bluish
Respiration:	Coughing, wheezing, change in voice quality due to swelling of larynx, feeling of fullness in throat, shortness of breath, breathing may cease
Pulse:	Rapid, weak, thready
Blood Pressure:	Low, progressively lower, or unattainable (shock)
Other:	Restless, anxiety, severe headache, nausea, vomiting, diarrhea, loss of consciousness

Fire or Other Emergency

The Director of Special Education Programs is responsible for:

- Formulating a plan for the protection and evacuation of all persons in the event of a fire. The plan should be formulated with the assistance of the Host School and local fire department.
- Seeing that classroom staff receive proper instructions on fire drill procedure specified for the room or area in which that person carries out his/her duties before assuming such duties.
- Seeing that every student in all classrooms have been advised of the fire drill procedure or shall take part in a fire drill within three days after entering school.

The head of the fire department (or designee) visits the school at least four times each year for the purpose of conducting fire drills and questioning the teachers and staff. The drills are conducted without advance warning to school personnel other than the Host School Administrators and/or ACCEPT Director of Special Education Program and are recorded in the Evacuation Drill Log.

Failure to Reach Parent in an Emergency Situation
If staff have been unable to contact parents/guardians or emergency contacts as listed on the student's emergency information sheet, the Director of Special Education Programs or designee will see that a staff person is designated to stay with the student, whether that is at the school, an evacuation location, or a hospital. Staff will continue to make every effort to contact the student's family. In the event a significant period of time has passed without notification and the student is in jeopardy of not joining his/her family during the evening hours, the Director of Special Education Programs or designee may use good judgment in deciding whether to follow Reporting Abuse & Neglect procedure.

Hospitalization
The following is a list of reasons why staff might call an ambulance to pick up a child:
- Any significant medical emergency that is a concern to the school nurse and in her absence the school administrator or staff
- An extended restraint which lasts for any extended period of time 20 minutes or more and where the child's response is concerning to school and clinical staff
- A student is hearing voices, seeing things that don't exist or is acting in a concerning way that is not consistent with his/her typical behavior.
- A child is in a state of crisis as determined by clinical and related school staff.
- A child is threatening to kill or seriously harm him/herself and is unable to contract for safety

Staff will follow notification procedures outlined below (see Policies and Procedures - Immediate Notification):
- Notify the parent and school district by phone and in writing.
- Notify the Department of Education (Form 2).
- File all notifications and Incident Reports in Student Record.

Return to Program Following Psychiatric Hospitalization
Program staff should have on-going communication with outside service providers for the student in their program. When a student is hospitalized for psychiatric reasons, it is imperative that the staff obtain information regarding their hospitalization, including:

- Reason for admission
- Course of treatment
- Medication regimes and appropriate medication order forms issued by the physician
- Discharge diagnosis/summary
- Any recommendations for re-entrance to the program.
- A meeting with the Director of Special Education programs and parent(s)/guardian(s) is required before the student returns to the program.

Individualized Health Care Plan

Policy:
The development of the Individualized Health Care Plan (IHCP) is a collaborative process among the child's family, the child (when appropriate), the school nurse, the school physician (when appropriate), other school staff, community health providers, and medical specialists, where indicated for students with chronic health conditions. The school nurse is responsible for coordinating and/or developing the IHCP. The school nurse, along with other school health personnel, serves as the link between child/family and other school personnel, and between school personnel and community health care providers in primary and tertiary care settings.
The IHCP is individualized to reflect the child's specific medical, nursing, and educational needs,

and it includes a plan for review and revision. For children who have an IEP, the health care plan should be considered in light of the IEP's goals and objectives. The IHCP should be considered an attachment to the IEP to promote coordination of needed health care services within the school setting.

A health care plan is designed to ensure that the child receives the health service he or she needs during the school day (such as treatments, health assessments, or administration of medication). The plan should provide for the performance of health care procedures in a manner that minimizes disruption to the educational process to the individual student and other students present.

The IHCP includes policies and procedures in compliance with state, federal, and local health laws; state and federal education laws; state and federal confidentiality laws; and standards of practice for nursing and medicine.

School personnel are trained to monitor children with chronic health conditions, to ensure that they receive appropriate and timely care, as well as to prevent emergencies or intervene should an emergency arise. The preparation and implementation of an IHCP should be considered for students with, but not be limited to, the following lists of conditions:

- Asthma
- Diabetes
- Hemophilia
- Sickle Cell Anemia
- Spina Bifida (Myelodysplasia)
- Technology dependent children
- Seizure disorders

IHCP Procedure:
The team should develop and document strategies for nursing intervention and the care and monitoring of each student. The Individualized Health Care plan should be completed by the school nurse, in collaboration with the family, provider, and other caregivers, for any child or adolescent requiring special health services in the school setting, and comprised of the following:

- The Health Care Plan includes pertinent information about the child, such as names of parents, addresses, and phone numbers; in addition, it provides a summary sheet for the dates of pertinent assessment, interviews, meetings, physician's orders, training, and review of the health care plan.
- The Checklist for IHCP allows for provisions that can be broad in scope and include the following:
    - o Support therapies
    - o Modified physical education o Schedule medications
    - o Transportation o Building accessibility o Toileting and lifting assistance
    - o School health services
        - ♦ Administration of medication
        - ♦ Implementation of medical procedures
        - ♦ Emergency preparations
        - ♦ Care conditions o Counseling services
    - o Sensitivity training and support
- Key Contacts lists all key personnel responsible for the child's care, including both school and primary care providers, and person(s) responsible for the training and supervision of

care, as well as the dates of the training.

- Background Information contains a brief medical history, home assessment summary, identified special health care needs, child's baseline health status, required medications and diet, and transportation needs.
- Plan for Specific Procedure contains directions on how to perform a special clinical procedure, including frequency, required equipment (storage and maintenance), child-specific information, and special considerations.
- Daily Log Procedures documents the licensed provider's order and special recommendations for administering a clinical procedure in the school setting.
- Parent Authorization for Specialized Care provides written permission for administering specialized health care to the student.
- Emergency Information is a list of the telephone contacts for the parents, key emergency providers, and local hospitals should an emergency occur.
- Emergency Plan is a list of potential child-specific emergencies and what to do, so that prompt, appropriate action can occur. (Note: The emergency care plan should never substitute for a comprehensive IHCP addressing **all** of the student's relevant needs). The team should design and document for each of the student's emergency procedures. These are to be shared with other school personnel, including ancillary staff such as lunchroom workers, custodians, and bus drivers. In addition, a simple set of instructions identifying individuals to notify should be discussed carefully with the student's parents.

Questions that should be asked of the student's physician of the chronically ill child for program planning and daily management procedures are:

- Does the child's present condition require any specific physical or environmental adaptations?
- Can the child participate in physical education without restrictions?
- Is there a need to shorten or modify the school day?
- Is the child presently taking medication? How will it affect the child's behavior?
- Are there special emergency precautions that should be learned by school staff?
- Does the child need special protective equipment?
- Does the child use any special equipment?
- Does the child have preferential seating?
- Should the child receive special counseling?
- Does the child require a modified diet?
- Does the child need assistance with toileting?
- What is the prognosis of the child for the future?
- What is the child's understanding of the problem and his/her present condition? Any further explanation necessary?

Medication Administration—Inhaler

Procedure:

- Check medication and student identification.
- Explain procedure to student.
- Position student in an upright position.
- Check lung sounds and respiratory status.
- If student is unable to follow directions use an air chamber (spacer) with the inhaler.
- Have student close mouth tightly around mouthpiece.

- As student inhales, administer one puff of medication via the inhaler.
- If using a spacer have student hold in mouth for six or so breaths.
- If more than one puff of medication is ordered wait 1-2 minutes between puffs.
- At the end of the procedure recheck student's lung sounds and respiratory status.
- Chart Medication.

Management of Obstructed Airway

Policy:

- Treatment of student with obstructed airway will be instituted immediately.
- All staff will be trained in managing obstructed airway.
- Parents will be notified in a timely manner.
- At the completion of any obstructed airway incident, an accident report will be completed and a copy forwarded to the administrator.

Procedure:

Determine if obstruction is partial or complete.

- Partial airway obstruction: Air exchange occurs. Student will be coughing and may be wheezing.
    - o Encourage coughing to dislodge foreign body.
    - o Do not perform Heimlich Maneuver (Abdominal Thrusts) if only partial obstruction is present.
- Complete airway obstruction: No or minimal air exchange. Person is unable to speak. May clutch at neck.
    - o Perform Heimlich maneuver. (also called abdominal thrusts) o Call ambulance for complete obstruction. o If person is conscious they should be standing or sitting. o Stand behind person and wrap your arms around the person's waist. o Grasp one fist with the other hand and place the thumb side of your fist against the person's abdomen -Landmark—place fist below the ribs and above the navel. o Press your fist into the person's abdomen with a quick upward thrust, repeating as many times as necessary to clear the obstruction. o In order for the thrust to be effective, make sure your body is up against the person; place one leg between their two feet. o For an unconscious person lay them on the floor on their back and start CPR. o Check for foreign body remove if visible prior to administering breathes during CPR o Transport to the hospital as soon as possible.

Administering Nebulizer Treatments

Policy:

- For each student receiving a nebulizer treatment a physician's written order will be on file. This order will be renewed at the beginning of each school year or as needed.
- Included in the physician's order will be the name and amount of medications, frequency, indications for treatment, possible side effects.
- It will be the responsibility of parents to provide the nebulizer equipment and medication.
- Parents, and if necessary the physician, will be notified of need and result of PRN nebulizer treatment.

Procedure:

- Wash Hands and apply gloves.
- Explain procedure to student.

- Position student in an upright, sitting position.
- Check that machine is clean and ready for use.
- Assess the student's lung sounds and respiratory status.
- Check heart rate.
- Insert medication as ordered by the physician into machine.
- If using mask, apply now.
- If using mouthpiece, have student close mouth tightly around the mouthpiece. If using mask, place securely over mouth and nose.
- Plug machine into outlet and turn on.
- Monitor student's respiratory and cardiac status periodically during treatment.
- Continue with treatment until medication is finished.
- Treatment should take 15-20 minutes and may induce coughing.
- Assess student's respiratory status after treatment.
- Document results of treatment.

Administering Ear Drops

Procedure:

- Wash hands and apply gloves.
- Make sure medication is at room temperature.
- Check medication label with order.
- Identify student.
- Position student with affected ear upward.
- Read label again.
- Hold ear upward and backward.
- Instill medication by drops as ordered. Do not touch ear with dropper.
- Instruct student to remain lying down with affected ear up for 15 minutes.
- Insert cotton ball loosely into external canal, if ordered.
- Chart medication.

Administering Eye Drops

Procedure:

- Wash Hands and apply gloves.
- Grasp lower eyelid gently below the lashes and pull out to make a pouch.
- Squeeze the indicated amount of medication into the center of the pouch without touching the eye or eyelid with the dropper or bottle tip. If instilling eye ointment apply a line of ointment along the rim of lower lid.
- Bring the lid up until it touches the eye.
- Close the treated eye slowly and apply gentle pressure over the inner canter to increase drug contact time with tissue and delay drug loss through the tear ducts.
- Wipe excess medication away with a clean tissue.
- When more than one eye medication is prescribed to be administered at the same time, wait five minutes between medications to promote best effect for each medication.
- Wash hands.
- Chart medications.

Administering Nose Drops

Procedure:

- Wash hands and apply gloves.
- Check medication and student identification.
- Position student with head lower than shoulders.
- Stand behind student's head.
- Instill a number of drops ordered without permitting dropper to touch nose.
- Instruct student to maintain position for at least two minutes.
- Recheck medication and chart.
- Wash hands.

Administering Nasal Sprays

Procedure:

- Wash hands and apply gloves.
- Check medication and student identification.
- Position student.
- Instruct student to inhale while spray is being applied and spray each nostril.
- Recheck medication and chart.
- Wash hands.

Administering Subcutaneous Injection

Procedure:

- Wash hands and apply gloves.
- Prepare medication.
- Withdraw dose of medication and replace needle protector.
- Explain procedure to the student.
- Select site for administration. Favorite sites are the extensor surfaces of the upper arms, the front and lateral aspects of the thigh.
- Cleanse the skin site with alcohol wipe.
- Remove the needle protector. Expel air from syringe and inject medication by pinching the skin between thumb and forefinger and then firmly and quickly insert needle through all the layers of skin.
- Withdraw needle, apply pressure and withdraw needle massage gently if not contraindicated.
- Dispose of needle in used sharps container.
- Discard all disposable items. Remove gloves.
- Wash hands.
- Chart medication

Administering IM injections

Procedure:

- Wash hands and apply gloves.
- Prepare medication
- Withdraw dose of medication and replace needle protector. .
- Explain procedure to student.
- Select site for administration. Favorite sites for IM injections are the Deltoid muscle in the arm and the muscle of the upper thigh.

- Cleanse the skin site with alcohol wipe.
- Remove the needle protector. Expel air from syringe and inject medication by spreading the muscle between thumb and middle finger and then firmly and quickly insert needle through all the layers of skin into the muscle.
- Withdraw needle apply pressure and massage gently if not contraindicated.
- Dispose of needle in used needle container.
- Discard all disposable items. Remove gloves.
- Wash hands.
- Chart medication.

Ingestion of Poisons or Foreign Substances

Policy:

- Appropriate and immediate treatment will be provided.
- The Poison Control Center should be called for direction and assistance.
- Physician will be called.
- Parents will be notified as soon as possible regarding the incident and intervention.
- Accident reports will be completed. A copy will be provided to the Director of Special Education programs

Procedure for Known Substance

- Call Poison Control Center (800-222-1222) and give the following:
  - o Name of substance ingested
  - o Ingredients listed
  - o Approximate amount ingested
  - o Age and weight of student
  - o Known allergies
- Obtain recommendations for immediate action and follow-up.
- Institute actions that can be taken without a Physician's order.
- Contact physician, explain circumstances and convey Poison Control Center recommendations.
- Call ambulance if ordered by the physician.
- Document the incident.

Procedure for Unknown Substance

- Examine mouth for signs of burns or any residual substance that may identify substance.
- Call ambulance for immediate transport.
  If some of the substance is found, send to the hospital with student. Completely document the incident.

Nutrition and Diet

DESE Criterion 14.2 Policy:

- A physician's diet sheet will be completed and signed by the physician at the beginning of the school year or as changes occur.
- A feeding information sheet completed and signed by parents/guardian will be on file in the health record. A new sheet will be completed each year or as necessary.
- Each child's nutritional intake will be monitored to ensure proper nutrition and hydration.

Oral Feeding

Policy:

- Wash hands.
- Position child as per feeding information sheet and therapist's evaluation.
- Ensure that all adaptive equipment necessary is being used.
- Encourage as much independence as possible, informing student of type of food and its' temperature.
- Follow suggestions from the feeding information sheet to encourage optimum nutrition.
- Document amount and type of intake and any problems with feeding that occurred.
- Consult with occupational therapist/nutritionist/MD/parent as needed.

Gastrostomy Tube Feedings

Policy:

- For any student with Gastrostomy tube feedings the physician will complete and sign the diet sheet. It must be completed yearly or whenever any change in orders occur.
- Family is responsible for providing all equipment necessary for feedings.
- Family is responsible for providing the particular solution/formula in unopened labeled container. Feeding should not be premixed by parent.
- The amount of formula supplied and stored will be decided by the family and school nurse.
- All supplies and solutions will be stored in a clean dry place.
- Solutions mixed by school nurse will be refrigerated as necessary.

Procedure:

- Wash hands.
- Assemble Equipment:
  - o Solution/formula at room temperature o Catheter-tipped syringe or other container for feeding. o Clamp or cap for end of tube. o Water.
  - o IV Pole (Optional)
- Explain the procedure to the student and talk to the student
- Position student-student may be sitting or lying on right side. Head should be elevated at 30- degree angle.
- Remove cap or plug from Gastrostomy Tube. Insert syringe.
- Unclamp tubing and draw back on plunger to remove residual left in stomach.
  - o Note the amount. o Return contents to stomach.
  - o Adjust feeding according to physicians orders if residual is present. o If residual is greater than recommended hold feeding thirty minutes and re- check residual.
- Clamp Gastrostomy tube. Disconnect syringe.
- Pour feeding into bag, run feeding through bag and tubing to tip of clamp.
- Hang bag on pole at height required to achieve prescribed flow.
- Insert tip of feeding bag into Gastrostomy tube. Tape securely. Unclamp Gastrostomy tube.
- Open feeding bag clamp. Adjust until flowing at prescribed rate.
- Watch for any unusual changes in student such as nausea, vomiting, cramping or diarrhea. It may indicate feeding too quickly or too cold.
- When feeding is complete clamp feeding tube and Gastrostomy tube.
- Disconnect feeding bag from Gastrostomy tube.
- Unclamp Gastrostomy tube and flush with water if ordered using syringe.
- Vent Gastrostomy tube if indicated.
- Clamp and cap Gastrostomy tube.

- Make sure tubing is secure and tucked inside clothing.
- Wash feeding bag, tubing and syringe in soapy water, when one-use bags are un-available.
- Wash hands.

Gastrostomy Feeding Tube-Bolus Method

Procedure:

- Wash hands and apply gloves.
- Assemble Equipment.
  o Solution/formula at room temperature o Catheter-tipped syringe or other container for feeding. o Clamp or cap for end of tube. o Water.
- Explain the procedure to the student and talk to the student.
- Position student-student may be sitting or lying on right side. Head should be elevated at 30 degree angle.
- Remove cap or plug from Gastrostomy tube. Insert syringes.
- Unclamp tubing and draw back on plunger to remove residual left in stomach.
  o Note the amount o Return contents to stomach
  o Adjust feeding according to physician's orders if residual is present. o If residual is greater than recommended, hold feeding thirty minutes and recheck residual.
- Clamp tube, disconnect syringe and remove plunger.
- Reinsert syringe into tubing. Hold syringe six inches above level of stomach.
- Unclamp tubing. Allow air bubbles to escape.
- Pour feeding into syringe and allow to flow in by gravity.
- Continue to pour feeding into syringe as contents empty into stomach.
- Raise or lower syringe or container to adjust flow rate.
- After feeding is completed flush with the prescribed amount of water.
- Vent Gastrostomy tube if ordered.
- Clamp tubing, remove syringe and reinsert cap.
- Secure tubing and tuck into clothes. Wash syringe in a closed container with other supplies.
- Wash hands.
- Document feeding/medication residual amount and feeding tolerance on log sheet.

Gastrostomy Stoma Care

Policy:

- Gastrostomy tube stoma care will be performed as needed to maintain skin health and integrity.
- Any student specific orders for Gastrostomy tube stoma care will be followed.
- In the absence of student specific orders. The written procedures for Gastrostomy tube stoma care will be followed.

Procedure:

- Wash hands.
- Explain procedure to student.
- Assume privacy.
- Apply gloves.
- Examine stoma and surrounding skin for breakdown, redness or drainage.
- Clean skin gently.
- Dry gently.
- Apply a small amount of dressing if indicated.
- Remove gloves and wash hands.

- Dispose of trash in a plastic bag.
- Wash hands.
- Document the condition of the skin and stoma and care given.

Oral/Nasopharyngeal Suctioning

Policy:

- Licensed nursing staff and respiratory therapists can perform oral and nasopharyngeal suctioning.
- A physician's order must be on file.
- The physician's order must be renewed yearly or as changes occur.
- Family will be notified if suctioning has been performed.

Procedure:

Wash your hands and apply gloves.
Assess respiratory status.
Open catheter package and attach connector to suction tubing; leave catheter inside package to prevent contamination.
Turn on Suction machine.
Apply clean gloves and remove catheter from package.
With vent open gently insert catheter to desired depth.
Occlude vent. Rotate catheter while withdrawing catheter. The catheter should be withdrawn from the airway within five seconds.
Observe for color changes and discontinue suctioning if changes occur.
Note character of secretions.
Rinse catheter with saline.
Alternate if additional suctioning is necessary.
Provide oxygen as needed before and/or between and after suctioning.

- Suction oral cavity, if necessary.
- Assess respiratory status and reposition patient as needed.
- Clean suction equipment.
- Remove gloves. Wash hands.
- Document procedure and results on progress notes. Describe secretions and effectiveness or adverse response to procedure.

Management of Seizures

Policy:

- During a seizure the student's physical safety will be ensured at all times.
- For any student who has a convulsive seizure, 911 will be called. Specific orders from physicians will be followed regarding the administration of Diastat. For non-convulsive seizures lasting less than 5 minutes, the school nurse will make the determination if 911 should be called. For a non- convulsive seizure lasting longer than 5 minutes, 911 will be called.
- Parents will be notified whenever any seizure activity has taken place.
- Two staff members should always be present when a student is seizing, one to care for the student and one to make emergency phone calls and summon help

Procedure:

- As soon as seizure activity is noticed, establish a safe position for the student either in a chair or by lowering the student to the floor.
- Call school nurse.
- Remove any furniture or equipment within reach that could harm the student.
- Loosen clothing around neck and chest and release body jacket.
- Turn student to the side or tip head slightly forward if in a sitting position to prevent secretions or vomit from being inhaled or swallowed.
- Never place anything in the student's mouth, such as fingers, tongue blade, water, or medication.
- Do not try to restrict student's movements.
- Remain with the student until the seizure ends.
- During the seizure observe the characteristics of the seizure including the following;
    - o Precipitating factors such as: fever, menses, bright lights, loud noises etc.
    - o Time of onset, time seizure ends.
    - o Aura
    - o Clinical progression of the seizure activity, i.e. from right arm twitching to generalized activity, skin pallor, cyanosis of tongue, to circumoral area
    - o Loss of consciousness
    - o Duration of motor activities
    - o Post-ictal state (sleepy, lethargic, confusion, crying, vocalizing, headache).
- If student is transported to hospital, staff member remains with student
- As per policy, inform parents that seizure activity has occurred and give name of hospital where student is being transported.
- Record all information pertaining to the seizure.

Applying a Warm Compress

Policy:

- Warm compresses will only be applied after obtaining a written physician's order.
- Applying warm compresses is a clean, not sterile procedure.
- Only licensed personnel will perform this procedure.
- Notify parents of results of application.

Procedure:

Wash hands.
Explain procedure to student.
Position student for comfort to administer warm compress.
Ensure privacy, if applicable.
Expose area to be treated avoiding unnecessary exposure.
Put on clean gloves.
Check temperature of the water.
Submerge the clean compress into the warm water and wring thoroughly.
Gently apply the compress to the area being treated.
Cover wet compress with a clean dry cover to retain heat and moisture.
Ensure that student is positioned off of affected area to prevent additional pressure, and to maintain optimal circulation.
Change compress as often as necessary to keep application warm. Recheck water temperature with each application.

Check skin under compress every five minutes, noting the skin's appearance. If the student appears uncomfortable or if the skin is red remove the compress immediately.
Apply the warm compress for twenty minutes unless otherwise ordered.
Remove compress, remove gloves, and dispose of both.
Note and document appearance of site and surrounding skin

Incontinence Care

Policy:

- Students who are incontinent of urine and/or stool will be cared for with sensitivity privacy, and in a timely manner.
- Diapers/briefs/pull-ups will be changed frequently to prevent skin irritation and infections.
- Students will be monitored for early detection of urinary tract infections, vaginal infections, and intestinal or other elimination difficulties.

Procedure:

- Wash your hands and apply gloves.
- Move student to an appropriate changing area and bring all supplies to within reach.
- Use privacy screen at all times.
- Remove the soiled diaper/brief. Wrap it using the tapes to contain contents and place on appropriate surface until care is completed. Never place the diaper/brief on the floor.
- Using wet wipes, wipe the perineum from front to back. When providing care to uncircumcised student, the foreskin should be retracted for proper cleaning and then carefully replace the foreskin to prevent complications.
- Inspect the skin for any redness, rash or other broken areas. Note characteristics of diaper/brief contents including consistency, color, odor and volume of stool; amount and concentration of urine; presence of occult blood in either. Then reapply a clean diaper/brief and reposition the student.
    - With a male student the penis should be positioned downward for maximum absorbency to present urine from spilling over the top of the brief. Uncircumcised students should have the foreskin retracted and then carefully extended to prevent complications.
    - The soiled diaper/brief/pull-up and all other disposable supplies and gloves are placed into a plastic bag and are disposed of in an appropriate trash receptacle.
    - Wash hands.
    - Replace all other items appropriately.
    - Document observations and assessments.

Administration of Chest Physiotherapy

- For any student undergoing chest physiotherapy there must be a physician's order on file.
- Chest physiotherapy will only be performed by school nurses, physical therapists, or any other specially trained personnel contracted by the collaborative or sending district.

Adaptive Equipment

Policy:

- Adaptive equipment will specifically be designed for each student and ordered by a physician to prevent contractures, maintain or improve range of motion and positioning, maintain skin integrity, and prevent the development of decubitis or pressure areas.
- Adaptive equipment will be implemented by nursing, rehab or teaching staff after appropriate staff education has occurred.
- Adaptive equipment is fabricated and/or monitored by OT and PT. A physician's order must be obtained for any adaptive equipment at the start of the school year, or when changes occur.
- Adaptive equipment includes: AFO's (Ankle Foot Orthotic), TLSO's (Thoracic, Lumbar, Sacral Orthotic), Upper and Lower extremity splints and bivalves.

Procedure:

- Check adaptive equipment for damage before applying.
- Check skin for any pressure areas or injuries before applying equipment.
- Check for proper fit and tolerance by student every two hours.
- Check skin for marks or pressure areas.
- If redness does not disappear within 15-30 minutes, after removal of orthotic, notify the responsible therapist.
- Notify parents with concerns about fit or tolerance.
- Document the use of adaptive equipment applied during school hours.

Body Jacket Application

Policy:

- Body jacket is to be worn by student as prescribed by his/her physician.
- A tolerance program is to be prescribed by the primary therapist.
- Body jackets are used to promote/maintain proper structural alignment and thereby prevent deformity; restrict/immobilize (as in post-surgical instances) and/or to maximize function through increased stability.
- Body jackets are individually fabricated by an Orthopedist to ensure proper fit and are not interchangeable.

Procedure:

- Assemble materials:
    - o Body Jacket
    - o Good fitting shirt or undershirt
- Lay student on a safe and clean surface while maintaining privacy.
- Inspect skin condition. Examine for reddened or open areas.
- If reddened or open areas are present, do not apply body jacket.
- If reddened or open areas are present notify family and/or physician.
- Place clean dry undershirt on student.
- Roll student onto his/her side.
- Place back half of body jacket onto student's back.
- Roll student back onto jacket.
- Check placement - waist indentations on student should line up with those on body jacket.
- Place front of body jacket on student. Make sure undershirt is smooth to eliminate wrinkles and prevent skin from being pinched insides of body jacket.
- Secure Velcro straps.

- Check placement - Velcro straps should line up with D-rings and you should be able to fit 2-3 fingers between the body jacket and the students' underarm.
- Place disposable diaper/brief on student as ordered.
- Dress student in appropriate clothing.
- Once student is sitting recheck body jacket position.

Lifting and Transferring Students

Policy:

- All students are to be handled in a manner that ensures their safety and comfort while promoting the same for all staff. It is essential that all staff observe proper lifting procedure and safety considerations.
- Upon enrollment the PT and OT will determine the most appropriate transfer for the individual and will communicate this to all staff in writing. This plan will be re-evaluated as needed, but at least once a year.
- All students weighing more than 60 pounds require a two-person lift. A student weighing 100 pounds should be transferred at all times using a Hoyer lift.
- For any student under 60 pounds who is compromised orthopedically, medically, or if the staff is uncomfortable with the transfer, a two-person transfer procedure will be used.
- Students should not be carried. Carrying children poses unnecessary safety risks to both the student and the staff person.
- Proper lifting techniques as described below must be followed.
- Wheelchair and equipment are to be pushed one at a time.
- Before attempting a lift the staff member must be sure they understand the written plan for each student. One should check daily to ensure that no changes have occurred.

Procedure for Stand and Pivot

- Explain procedure to the student.
- Position chairs, cot, etc. close to each other in order that pivot will ensure the transfer.
- If student is lying down, sit student on edge of bed.
- Stand facing the student.
- Wrap your arms around student's underarms.
- With your knees, legs and feet brace student's feet and legs.
- On the count of three, assist student to standing position, pivot and sit student onto transferred area.
- Reposition student and apply seatbelt as needed.

Procedure for Transfer

- Stand to either side of the student - closest to the transferring surface.
- Wrap upper arm around student's upper trunk. Come underneath him/her arms and grasp student's forearm gently and securely.
- Hug student's body close to yours.
- Wrap lower arm underneath student's upper thighs and hold securely.
- Bend your knees and stand with wide base of support.
- Lift student toward you and go.
- Take the few necessary steps to arrive over the transferring surface.
- Bend your knees with wide base.
- Gently place student onto the surface.
- Position appropriately securing straps as needed.

Procedure for Single Person Transfer

With all transfers (single, two-person or Hoyer lift) always do the following:

- Place wheelchair as close as possible to transferring surface and prepare area.
- Lock all brakes.
- Have appropriate number of staff available to perform transfer.
- Talk to the student. Let him/her know he/she is going to be transferred.
- Remove tray and other positioning devices leaving seatbelt for last. Unfasten straps, swing away or remove leg rests, to prepare for student transfer.
- Remove seat belt maintaining contact for student safety.
- Lift according to appropriate transfer style for students as indicated by primary therapist.

Procedure for Two-Person Transfer

Top to Bottom

- One person is positioned at the head of the wheelchair toward the side nearest the transferring surface. The second person is positioned at the foot of the wheelchair.
- The top person wraps both arms around the student's upper body and gently, yet securely grasps him/her forearm hugging the student close to their bodies. Certain circumstances may require solely holding their trunk instead of his/her forearms.
- The bottom person places both hands underneath the student's upper thigh in order to support his/her share of the weight. It may be necessary to support under the buttocks as well, standing in front or to the side of the wheelchair with a wide base and knees bent.

Side to Side

- Position each side of the wheelchair facing the student.
- Each person's upper arms should wrap under the student's upper arm and then grasp the student's forearm.
- Each person's lower arm should be underneath the student's upper thigh to support the weight.
- Student and staff are both ready.
- Alert student verbally that the transfer is about to begin.
- Count to three-alert student verbally that the transfer is about to take place.
- Lift simultaneously.
- Take the few required steps to arrive over the transferring surface.
- Gently place and position the student appropriately.

Using a Hoyer Lift

From Mat to Wheelchair

- Position sling - the bottom edge should be just above the student's knees.
- Position wheelchair in appropriate location.
- Lock brakes on wheelchair.
- Open legs on the Hoyer to the widest position.
- Drive Hoyer up to the mat and lock brakes.
- Hook up sling - short chains on top and long chains on bottom. Hooks must always face away from the student.
- Crank up Hoyer approximately one (1) inch off the mat.
- One person will guide the student, and one will move the Hoyer.
- Unlock brakes on the Hoyer.
- Move Hoyer straight back, turn, drive straight into wheelchair so that the Hoyer base straddles the wheelchair.
- Lock Hoyer brakes.
- Lower student slowly into the wheelchair.

- Put seatbelt on.
- Release hooks on sling being careful that chains or hanger do not hit the student.
- Unlock Hoyer and move it away.
- Make sure student is positioned properly with hips all the way back in wheelchair.

From Wheelchair to Mat
- Position wheelchair in appropriate location.
- Lock brakes on chair.
- Make sure the sling is positioned just above the student's knees supporting shoulders and head when needed.
- Open legs on Hoyer to widest position.
- Drive Hoyer up to wheelchair with base straddling wheelchair.
- Lock Hoyer brakes.
- Hook up sling- short chains on the top and long chains on the bottom. Hooks must always face away from the student.
- Student's feet should be on the side being transferred to.
- One person will guide the student and one will move the Hoyer.
- Undo the seatbelt.
- Raise the Hoyer high enough to clear the bed.
- Unlock the brakes and move straight back, turn, drive into the side of mat.
- Lock brakes on Hoyer.
- Lower student slowly to lying position.
- Unhook chains making sure the chains or the hanger do not hit the student.
- Unlock brakes and move Hoyer away.
- Remove sling.
- Position the student on the mat.

Student Positioning

Policy
- The primary therapist and/or nurse will evaluate the student to determine specific therapeutic positions.
- When using adaptive equipment, infection control, safety, therapeutic value, and comfort will be considered.
- When deciding on positioning, staff will consider the activity the student will engage in.
- All equipment will be checked for damage and cleanliness.

Procedure
- Typical practice involved when positioning a student in a Sidelyer:
  - o Consult with primary therapist/nurse regarding the necessary variations or contraindications to placing the student in a typical Sidelyer position.
  - o Place student on side indicated by the therapist/nurse.
  - o Position students' back against upward rear wall of the Sidelyer.
  - o Move the bottom arm out from underneath the student so the student is not lying on top of it. o Place firm pillow under head so the pillow fills all the space between the head and weight bearing shoulder.
  - o Bend the elbow of the non-weight bearing (top) arm and place on a pillow that supports the upper arm to the hand.
  - o Bend non-weight (top) leg at knee and hip.

o Place firm pillow between legs.
o Fasten student to Sidelyer so the chest harness covers hips and torso with enough space between the student and the harness to fit in one finger.
o Secure chest harness across hips and lower trunk behind back of Sidelyer. It should be secure enough to prevent rolling or hip movement but should allow one finger to be placed between the harness and the body.

- Typical practice involved when positioning a student with a Wedge
  o Consult with primary therapist/nurse for necessary variations or contraindications to placing a student in a typical position over a wedge, and for determining the most appropriate size, angle and type of wedge. o Place student prone (on stomach) with head turned to the side resting on the higher end of the wedge or place student on back. o Wedge straps should be fastened around the student's body so the arms are free with enough space to allow one finger to fit though the wedge straps. o If prone and depending on the primary therapist/nurse recommendations, the arms may be placed so they extend forward over top end of wedge and the hands rest on the ground to asses with facilitating upper extremity weight bearing and head control. o If prone and depending on the recommendations from the primary therapist/nurse, the arms may be flexed (bent) outward at the elbows while the forearms rest on the wedge affording the student the opportunity to bear weight on the forearms.
  o If prone and depending on the recommendations from the team members, the student may be placed on the wedge so the head lies on the angel of decline (lower) end of the wedge to facilitate postural drainage.
- Typical practice involved when positioning a student in a Tumble Form Seat:
  o Consult with the primary therapist/nurse regarding needed variations or contraindications to place the student in a typical tumble form seat.
  o Adjust tumble form seat to upright to reclined position as indicated by team members to facilitate head control.
  o Place student in tumble form seat so hips are back.
  o Securely fasten shoulder, chest, and hip straps so one finger is able to fit between the straps and the student's body.
  o Pillows or towel rolls may be used as additional support to prevent or limit trunk flexion to right or left.

Tobacco Free School Policy

ESE Criterion 16.12 P.L. 103-227, 20 USC 6081 M.G.L. c. 71, s. 37H

The programs of the ACCEPT Education Collaborative comply fully with the public and private school provisions of the federal Pro-Children Act of 1994 (Section 1041 of the Goals 2000: Educate America Act, P.L. 103-227, 20 USC 6081) which prohibits smoking inside facilities used for preschool, elementary or secondary education or library services to children and on public school grounds.
In addition, the program will comply with M.G.L. c. 71, § 37H, which prohibits smoking by any individual within school buildings, grounds, facilities and buses serving publicly funded students. (Refer also to approval standards 3.2 and 16.12)

Posting
Prohibition of tobacco use signs will be posted in ACCEPT Education Collaborative programs. These postings will be hung in locations such that all students, staff and visitors will be made aware of the policy.

Enforcement
The success and compliance of these regulations depend on the thoughtfulness, consideration, and cooperation of smokers and nonsmokers. All individuals share in the responsibility for adhering to and enforcing this policy. Any individual who observes a violation should report it in accordance with the procedures listed below.

Violation by Students
Any violation of this policy by students shall be referred to the Director of Special Education Programs. Students who violate provisions of this policy shall be subject to building student discipline procedures.

Violations by Staff
Any violation of this policy by staff shall be referred to the Director of Special Education Programs. Any staff violating this policy will be subject to discipline procedures as outlined in the Personnel Policies.

Violations by Visitors
Any violation of this policy by visitors shall be referred to the Director of Special Education Programs. Visitors who are observed using tobacco on school property shall be asked to refrain from smoking. If the individual fails to comply with the request, the Director of Special Education Programs will make a decision on further action that may include a directive to leave school property. Repeated violations may result in a recommendation to prohibit the individual from entering school property for a period of time.
If deemed necessary, the Director of Special Education Programs may deem it necessary to contact the local law enforcement agency to assist with the enforcement of this law.

Physician Consultation and Nursing

DOE Criterion 16.2 & 16.3 603 CMR 18.05(9)(a)

The ACCEPT Education Collaborative has a licensed physician available for consultation with program nurses for matters relating to the health of the school population such as:

- Policies and procedures.
- Collaborating with nurse, parents and staff on specific health issues as they relate to the school setting.
- Communicating with the child's primary physician on medical issues pertinent to the school setting, if requested by the school nurse.
- Reviewing the reports of physical examinations performed by the student's primary care physician, if requested by the school nurse.
- Completing the health assessments on such children who do not have this service performed by a primary care provider.
- Examining students referred by the school nurse or other personnel because of health issues identified during screening and/or frequent school absences (if this service is not provided by a primary care provider).

The ACCEPT Education Collaborative school physician is:

Angela Hunt, M.D.
Town Center Pediatrics
162 Cordaville Road, Suite 185
Southborough, MA, 01772-1838.
Phone: (508) 229-8811

The ACCEPT Education Collaborative shall have registered nurses, or licensed practical nurses supervised by a R.N., available in all ACCEPT school building locations. In locations where ACCEPT Education Collaborative utilizes the registered nurse of the host school, the ACCEPT nurse leader will collaborate regularly with the host school nurse in order to sufficiently meet the health care needs of the student population. Nurses are available during the entire school day when students are present.

Each ACCEPT Education Collaborative location has a school building infirmary available for use.

The ACCEPT Nurse Leader will be responsible for contacting the school physician. The ACCEPT Nurse Leader will contact the school physician for:

- Annual renewal of EpiPen orders for unknown reactors
- Renewal of medication delegation for short term school events and EpiPen administration every two years.
- Complex situations
- Case consultation
- Review of Health Care Manual

Comfort Care/DNR Protocol

Children with terminal illnesses are attending school in increasing numbers. As the status of the child's health declines a family may make a decision not to prolong the child's life and request a do not resuscitate order (DNR)

- A DNR order must be executed by a physician, authorized nurse practitioner, or authorized physician assistant, with the consent of the parent or guardian and issued according to the current standard of care.
- If a child has a DNR order, he or she should also have a completed Comfort Care /DNR Order Verification Form for emergency response and ambulance transport. This form can be downloaded at www.mass.gov/dph/oems

(If this form is not fully completed and signed emergency response personnel will be obligated to provide emergency treatment including resuscitation.)

Policy:

- A child with a DNR order should only be placed in a school with a full time nurse.
- The local emergency services should be informed (with written parent permission) that there is a student in the specific building with a DNR order and Comfort care /DNR verification form.
- An Individualized Health Care Plan should be developed with the family and in collaboration with the child's physician. The plan should include:
    - o 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
    - o What, if any comfort measures will be given to the child
    - o Protocols for notification of the family
    - o Who will do the pronouncement of death if the child should die
    - o How the deceased child will be removed from the school. This may involve planning with funeral homes— (by law EMS providers are not allowed to move the deceased)
    - o What will happen if the child is in distress but not in eminent danger of death such as immediate consultation with the parents and, consistent with the plan, contact with the EMS. The type of care EMS will administer is spelled out on the following website

www.mass. gov/dph/oems

- When a plan is in place the school nurse should convey the plan to the appropriate school personnel
- If a death occurs a crisis team must be activated immediately to help students and staff cope with the loss—Special consideration should be given to students and staff who witnessed the death especially if no resuscitative treatment was given.

Toileting Procedure

DOE Criterion 14.3 603 CMR 18.03(8)

During the Intake Interview with a prospective student's family, the current toileting needs of the child are discussed and documented. Children who are currently toilet training or incontinent frequently have existing goals written into their IEP at the time of referral to ACCEPT. Classroom staff implements IEP goals, and document progress in the Quarterly Reports. A new goal may be developed at a future IEP meeting if toileting needs change. The following procedure is followed for students who require staff assistance with toileting needs:

Written Plan:

Students who are incontinent shall have a written individualized toileting plan incorporating:

- Schedule of diapering
- Toilet training plan
- Procedure for handling soiled clothing and diapers
- Personal privacy protection

Procedure:

- The Team develops a specific schedule with individualized procedures.
- Staff model how to effectively communicate need to toilet, i.e. photo, Mayer-Johnson pictograph that are displayed in the classroom and restrooms, and/or specific verbalization.
- Staff escorts the student to the bathroom, following a set of specific steps, which may be reinforced with a toileting board (set of pictures depicting the steps to be followed).
- Student toilets to the extent possible independently, while the staff member waits outside the bathroom door. Staff cues for each step in the process with the long-range goal to gradually fade physical and verbal prompts.
- Personal care items are kept for each student with a change of clothing if needed.
- Soiled clothing items are placed in doubled plastic bags, tied, and sent home each day.
- Staff instructs and supervises hand-washing procedures.
- Students are rewarded for appropriate attempts at toileting.
- Individual student plans are documented in files.

Diapering Requirements:

Based on information given by parents/guardians during the Intake Interview, staff implements a regular
diapering schedule for the child.

- Three times per day or more often as needed, staff brings a child to the designated changing area and/or bathroom. A changing table is provided in an enclosed area for children who are not able to stand up in a bathroom during toileting. chux are placed on the changing surface. The changing table surface is disinfected properly after each use. OSHA regulations are followed at all times.
- Families send in diapers/briefs/pull-ups for their children, and the program provides wipes,

gloves, chux and disinfectant.
- Soiled diapers/briefs are double-bagged in plastic, and disposed of in a covered trash receptacle. Trash is removed from the building daily. All disposables are similarly bagged and placed in a covered trash receptacle.
- Individual student plans are documented in files.

Clothing Requirements
- An additional set of clothing is provided by families for instances when a child becomes soiled or wet.
- Soiled clothing items are placed in doubled plastic bags, tied, stored in a waterproof

Children and adolescents are among those at greatest risk for concussion. Concussions can result from a fall, or any time a student's head comes in contact with a hard object such as the floor, a desk, or another student's head or body. The potential for a concussion is greatest during activities where collisions can occur such as during gym class, playground time, or sports activities.

Any student who receives a bump or blow to the head should be immediately seen by a school nurse.
- If the nurse determines the student is seriously injured, 911 will be called and ACCEPT emergency response protocol will be followed.
- After providing emergent care, if the nurse determines the student still requires medical treatment, the parent/guardian will be contacted and referred for medical evaluation.
- Parents are requested to provide the ACCEPT Nurse Leader with documentation from the medical provider, including the plan of care.
- The ACCEPT Nurse Leader will notify ACCEPT's Director of Special Education Programs to initiate a re-entry meeting to review the plan of care.
- A school nurse will review symptoms with the student daily to assess recovery and advise staff until the student is fully reintegrated.
- The medical provider will be requested to provide updated documentation regarding student's medical recovery and clearance for progression to full academic program including physical activity and physical education.
- ACCEPT's Nurse Leader notifies staff of progression to full academic program and graduated return to physical education and athletics.

If the nurse determines the injury is not serious and medical treatment is not required she will:
- Observe the student for signs and symptoms of a concussion for a minimum of 30 minutes.
- If the nurse determines that there are no apparent symptoms the child may return to class.
- Parent/guardian will be contacted by phone by the school nurse and informed of the incident, as well as any first aid treatment given.
- Parent/guardian will be provided with a Head Injury Report and Concussion Fact Sheet summarizing signs and symptoms.

A Fact Sheet for Parents

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump, blow or jolt to the head.

Even a "ding" or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused
- Forgets an instruction
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall
- Is irritable, sad or more emotional than usual **Symptoms Reported by Student**
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"
- Drowsy
- Sleeps more or less than usual
- Has trouble falling asleep

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Ensure that they follow their teachers/coaches rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times
- Make sure they wear the right protective equipment for their activity (such as helmets, shin guards, padding, protective eyewear and mouth guards).

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to physical activity and sports.
- **Keep your child out of play.** Concussions take time to heal. Don't let your child return to physical activity/play until a health care professional says it's OK. Children who return to physical activity/play too soon, while the brain is still healing, risk a greater chance of having a second concussion. Subsequent concussions can be very serious and

can cause permanent brain damage, affecting your child for a lifetime

- **Tell your child's coach/teacher about any recent concussion.** Coaches/teachers should know if your child had a recent concussion in ANY sport/activity. Your child's coach/teacher may not know about a concussion your child received in another sport or activity unless you tell them.

Adapted from: www.cdc.gov/concussion

Head Injury Report to Parent/Guardian

_____ was seen today by the school nurse for a bump or blow to the head and
was given emergent treatment only. This treatment is not intended to be a substitute for complete medical care. There is no evidence that your child received a serious injury, however it is important that you watch for any signs or symptoms in your child that might indicate a more serious injury. Signs of injury may not develop until several hours after the incident.

Please watch for any of the following symptoms:

- Headache or neck pain
- Nausea and/or vomiting
- Excessive drowsiness. Sleeping after a head injury is not dangerous. Upon waking the individual should exhibit typical behavior and be able to recognize people and objects. Speech should be clear and coherent.
- Change in mental status (confusion, irritability, crying, unusual behavior, etc.)
- Double vision, blurred eye sight, or loss of vision
- Loss of muscle coordination such as falling down or staggering
- Bleeding or discharge from the ear or nose
- Seizure or convulsion

Please consult your child's physician and/or take your child to the emergency room should your child experience any of the symptoms listed above. If your child plays any sports, please inform coaches or adult supervisors that your child sustained a head injury at school and explain warning signs.

Please share any medical follow-up with ACCEPT Nurse Leader.

Injury Details Date: _____ Time: _____

Treatment administered:

School Nurse: _____

Parent Contacted Date: _____ Time: _____

Circle One: Phone In Person Other Unavailable

APPENDIX A - MEDICAL EMERGENCY RESPONSE PLANS

MEDICAL EMERGENCY RESPONSE PLAN
ACCEPT EDUCATION COLLABORATIVE
LOCATED IN ASHLAND HIGH SCHOOL
65 East Union Street, Ashland MA 01721 P: 508-881-0177

The following policies and procedures are designed for the ACCEPT Collaborative Program located at Ashland High School. See Appendix A for program names, staff names, and contact information. * Names are AED and CPR certified.

All ACCEPT Education Collaborative Staff will follow the attached plan developed by Ashland High School and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS

In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (dial 9, then 911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office (ext. 0) that EMS has been called and will notify the ACCEPT nurse (x8026 or via 2 way radio) or host school nurse (x8023).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact ACCEPT nurse (x8026 or via 2 way radio) if on site. ACCEPT nurse will communicate with teachers regularly as to when she is out of the building. If ACCEPT nurse is not available, ACCEPT staff will contact AHS school nurse (x8023) and ask her to respond to the site of the incident.

The ACCEPT or host school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

i. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.

ii. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
iii. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the ACCEPT nurse or host school nurse will direct the main office (ext. 0) to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders. Note: C2C and Passages classrooms can have EMS use door 24.

The ACCEPT school nurse or ACCEPT staff member will notify the parent/legal guardian of the student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and/or medical services will be provided onsite. ACCEPT school nurse or nurse leader will notify the student's parent or guardian.

Medical Emergency Response Drills
ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

CPR (Cardiopulmonary Resuscitation) and First Aid Training
ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) and first aid in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.

Automated External Defibrillators (AEDs)
Ashland High School has 3 portable defibrillators. They are located second floor adjacent to room B238 in the east hallway, first floor at the bottom of the foyer staircase and back foyer across from gymnasium. The list of ACCEPT staff who are trained in AED use is included in Appendix A. Important School Numbers are listed in Appendix B.

MEDICAL EMERGENCY RESPONSE PLAN

ACCEPT EDUCATION COLLABORATIVE
LOCATED IN ASHLAND MIDDLE SCHOOL
87 West Union Street, Ashland, MA 01721 P: 508-881-0167

The following policies and procedures are designed for the ACCEPT Collaborative Program located at Ashland Middle School. See Appendix A for Program names, staff names, and contact information. * Names are AED and CPR trained.

All ACCEPT Education Collaborative Staff will follow the attached plan developed by Ashland Middle School and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS

In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (dial 9, then 911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office (ext. 0) that EMS has been called and will notify the ACCEPT nurse (x8324 or via 2 way radio) or host school nurse (x8040).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact ACCEPT nurse (x8324 or via 2 way radio). If ACCEPT nurse is not available, ACCEPT staff will contact AMS school nurse (x8040) and ask her to respond to the site of the incident.

The ACCEPT or host school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

i. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
ii. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
iii. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the ACCEPT nurse or host school nurse will direct the main office (ext. 0) to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders.

The ACCEPT school nurse or ACCEPT staff member will notify the parent/legal guardian of the

student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

Medical Emergency Response Drills
ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

CPR (Cardiopulmonary Resuscitation) and First Aid Training
ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) and first aid in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.

Automated External Defibrillators (AEDs)
Ashland Middle School has 2 portable defibrillators. They are located at the front entrance and the smaller gymnasium. The list of ACCEPT staff who are trained in AED use is included in Appendix A.

MEDICAL EMERGENCY RESPONSE PLAN
ACCEPT EDUCATION COLLABORATIVE
LOCATED AT THE PITTAWAY SCHOOL
75 Central Street, Ashland MA 01721 P: 508-881-0160

The following policies and procedures are designed for the ACCEPT Collaborative Program located at the Pittaway Elementary School See Appendix A for program name, staff names and contact information. * Names are AED and CPR certified.

All ACCEPT Education Collaborative staff will follow the attached plan developed by the Ashland Public Schools and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS

In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (dial 9, then 911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office (ext. 0) that EMS has been called and will notify the school nurse (x8028).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact school nurse (x8028) and ask her to respond to the scene.

The school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

i. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
ii. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
iii. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, school nurse will direct the main office (ext. 0) to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders.

In the event that EMS needs to be called, Pittaway staff will initiate "lock down" mode for the ACCEPT program.

The school nurse or ACCEPT staff member will notify the parent/legal guardian of the student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and/or medical services will be provided onsite. School nurse or ACCEPT nurse leader will notify the student's parent or guardian.

Medical Emergency Response Drills

ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

CPR (Cardiopulmonary Resuscitation) Training

ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.

Automated External Defibrillators (AEDs)
The Pittaway School has 1 portable defibrillator. It is located outside of room 5 close to the front entrance. A list of trained ACCEPT staff is located in Appendix A.

MEDICAL EMERGENCY RESPONSE PLAN 2015-2016
ACCEPT EDUCATION COLLABORATIVE LOCATED IN
MEDWAY HIGH SCHOOL
88 Summer Street, Medway, MA 02053
P: 508-533-6643

The following policies and procedures are designed for the ACCEPT Collaborative Program located at Medway High School, See Appendix A for program names, staff names, and contact information. * Names are AED and CPR certified.

All ACCEPT Education Collaborative Staff will follow the attached plan developed by the Medway Schools and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS

In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (dial 9, then 911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office (ext. 5101 or 2102) that EMS has been called and will notify the ACCEPT nurse (via 2 way radio) or host school nurse (x5108).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact ACCEPT nurse (via 2 way radio). If ACCEPT nurse is not available, ACCEPT staff will contact MHS school nurse (x5108) and ask her to respond to the site of the incident.

The ACCEPT or host school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

i. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
ii. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.

iii. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the ACCEPT nurse or host school nurse will direct the main office (ext. 5102 or 5101) to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders.

The ACCEPT school nurse or ACCEPT staff member will notify the parent/legal guardian of the student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and/or medical services will be provided onsite. ACCEPT school nurse or nurse leader will notify the student's parent or guardian.

Medical Emergency Response Drills
ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

Automated External Defibrillators (AEDs)
Medway High School has four portable defibrillators. They are located in the main lobby, the health office, gymnasium, and outside by the concession stand. ACCEPT staff trained in AED use are included in Appendix A.

CPR (Cardiopulmonary Resuscitation) and First Aid Training
ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) and first aid in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.

MEDICAL EMERGENCY RESPONSE PLAN
ACCEPT EDUCATION COLLABORATIVE LOCATED IN
FRANKLIN HIGH SCHOOL
218 Oak Street Franklin, MA 02038 P:508-613-1400

The following policies and procedures are designed for the ACCEPT Collaborative Program located at Franklin High School. See Appendix A for program names, staff names, and contact information.

All ACCEPT Education Collaborative Staff will follow the attached plan developed by the Medfield Schools and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS

In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office (ext. 1405) that EMS has been called and will notify the school nurse (x1472 or x1471).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact school nurse (x1472 or x1471) and ask her to respond to the site of the incident.

The school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

i. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.

ii. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.

iii. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the ACCEPT nurse or host school nurse will direct the main office (ext. 0) to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders.

The school nurse or ACCEPT staff member will notify the parent/legal guardian of the student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and/or medical services will be provided onsite. ACCEPT school nurse or nurse leader will notify the student's parent or guardian.

Medical Emergency Response Drills
ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

CPR (Cardiopulmonary Resuscitation) and First Aid Training
ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) and first aid in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.

Automated External Defibrillators (AEDs)
AEDs are located inside the health office, in the gymnasium, and in the athletic office. ACCEPT trained in AED use are listed with an (*) in Appendix A.

MEDICAL EMERGENCY RESPONSE PLAN
ACCEPT EDUCATION COLLABORATIVE LOCATED IN
MEDFIELD HIGH SCHOOL
80 South Street Medfield, MA 02052 P: 508-359-4367

The following policies and procedures are designed for the ACCEPT Collaborative Program located at Medfield High School. See Appendix A for program names, staff names and contact information.

All ACCEPT Education Collaborative Staff will follow the attached plan developed by the Medfield Schools and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS
In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office that EMS has been called and will notify the host school nurse (x1023).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact host school nurse (X1023) and ask her to respond to the site of the incident.

The host school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

i. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
ii. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.

iii. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the host school nurse will direct the main office to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders.

The ACCEPT school nurse or ACCEPT staff member will notify the parent/legal guardian of the student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

Medical Emergency Response Drills
ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

CPR (Cardiopulmonary Resuscitation) and First Aid Training
ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) and first aid in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.

Automated External Defibrillators (AEDs)
There are two AEDs in the high school. One is in the main lobby across from the elevator and the other is in the hallway between the gymnasium and the cafeteria. ACCEPT staff training in the use of AEDs can be found in Appendix A.

MEDICAL EMERGENCY RESPONSE PLAN 2015-2016
ACCEPT EDUCATION COLLABORATIVE LOCATED IN
MEDWAY MIDDLE SCHOOL
45 Holliston Street, Medway, MA 02053
508-533-3230

The following policies and procedures are designed for the ACCEPT Collaborative Program located at Medway Middle School. See Appendix A for program names, staff names, and contact information. * Names are AED and CPR certified.

All ACCEPT Education Collaborative Staff will follow the attached plan developed by Medway Middle School and in addition will follow the protocol below.

MEDICAL EMERGENCY RESPONSE PROTOCOLS

In case of a medical incident that appears to be life-threatening or potentially disabling, the ACCEPT staff will immediately call EMS (dial 9, then 911). If the injury, illness, or condition is later determined by the school nurse, or other trained personnel, or administrator to be minor, the EMS call will be cancelled or EMS units will clear the scene. ACCEPT staff will notify the main office (ext. 4400) that EMS has been called and will notify the ACCEPT nurse (x3200 or via 2 way radio) or host school nurse (x4123).

In case of a medical incident that does not appear to be life-threatening or potentially disabling, ACCEPT staff will immediately contact ACCEPT nurse (x3200 or via 2 way radio). If ACCEPT nurse is not available, ACCEPT staff will contact Medway Middle School nurse (x4123) and ask her to respond to the site of the incident.

The ACCEPT or host school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition as:

> *i. Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
> *ii. Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, seizures, fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
> *iii. Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. Th school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the ACCEPT nurse or host school nurse will direct the main office (ext. 4400) to call EMS. ACCEPT staff will direct school personnel to remain stationed at the specific location on campus where the medical incident occurred to greet emergency responders. Emergency responders may enter through the main entrance or door #4.

The ACCEPT school nurse or ACCEPT staff member will notify the parent/legal guardian of the student, or the emergency school contact for faculty/staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

Immediately after the situation, ACCEPT staff will notify Marcia Berkowitz (617-510-3476), and Nancy Hopkins, nurse leader (617-458-6590).

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and/or medical services will be provided onsite. ACCEPT school nurse or nurse leader will notify the student's parent or guardian.

Medical Emergency Response Drills

ACCEPT staff and students will participate in all Emergency Response Drills at the host school. The first drill, which is announced, occurs at the beginning of the school year. Other drills may be conducted periodically during the school year.

Automated External Defibrillators (AEDs)

Medway Middle School has five AEDs. They are located in the front hallway outside the health office, on the first floor hallway by the Kelley Street exit, outside the gymnasium, the front hallway secondary school entrance at business office, and in the cafeteria. ACCEPT staff trained in AED use are included in Appendix A.

CPR (Cardiopulmonary Resuscitation) and First Aid Training

ACCEPT Education Collaborative provides training for staff in cardiopulmonary resuscitation (CPR) and first aid in accordance with the DPH. The names of those who have successfully completed the training are included in Appendix A.