

Sandwich Public Schools Medication Policy

The Sandwich School Committee approves the following policies governing the administration of medication in the school setting under its jurisdiction.

I. Management of the Medication Administration Program

A. The nursing department head or nurse leader, shall be the supervisor of the medication administration program in the district

1. This supervisor of the medication administration program may delegate training of teaching staff and medication delegation to unlicensed personnel to each building nurse as deemed appropriate.

B. The nurse leader or nursing department head along with the school physician shall develop and propose to the School Committee, policies and procedures relating to the administration of medications.

C. Medication Orders / Parental Consent:

1. The building specific school nurse(s) shall ensure that there is a proper medication order from a licensed prescriber for each medication held for a student in the school district. In addition to the prescriber's order, the school nurse will require written permission from the parent / guardian to administer ordered medications during school. Whenever possible, the medication order shall be obtained and the medication administration plan shall be developed before the student enters school, reenters school or needs to begin taking the medication in school.

a) A written order shall contain:

- (1) Date of the order and a discontinuation date
 - (a) Regardless of physicians discontinuation date, no medication order will last longer than one school year
- (2) Medication name
- (3) Dose and route of administration
- (4) Frequency and/or time of medication administration
- (5) Diagnosis requiring said medication (*if not in violation of confidentiality or if not contrary to the request of the parent / guardian / student to be kept confidential*)
- (6) Possible side effects of medication
- (7) Students name
- (8) Students date of birth

- (9) Physicians signature with business and emergency phone numbers
- b) Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:
 - (1) Other prescribed medications
 - (2) Date of next scheduled appointment
 - (3) Any special side effects, contraindications and/or adverse reactions to be observed
- c) A telephone order may be accepted by a Registered Nurse, but must be followed up by a written order within 3 school days.
- d) **Special Medication Considerations:**
 - (1) For short term medications, i.e. those requiring administration for ten days or fewer, the pharmacy labeled container may be used in lieu of a licensed prescriber's order if the label contains all the elements of a prescription and has not expired.
 - (2) For "over-the-counter" medications, i.e. non-prescription medications, the school nurse will require written physician's orders and written parental permission
 - (a) Sunscreens and insect repellents are considered medications:
 - (i) Even with a physician's order, the school nurse shall only use the brand or the ingredients prescribed.
 - (b) Homeopathic medicines, herbal medicines and/or dietary supplements (vitamin, mineral, herb, amino acid):
 - (i) The school nurse may administer such medication(s) provided it is FDA approved and there is an order from an authorized prescriber and written consent from a parent or guardian.
 - (3) Investigational new drugs may be administered in the schools with:
 - (a) Written order by a licensed prescriber
 - (b) Written consent of the parent or guardian, and

- (c) A pharmacy labeled container for dispensing.
If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.

2. The school nurse shall ensure that there is a written authorization by the parent or guardian which contains:

- a) The parent or guardian's printed name, signature and emergency phone number(s);
 - (1) Electronic signatures in conjunction with electronic registration forms and emergency contact forms will be considered acceptable;
- b) A list of all medications the student is currently receiving, both in school and at home. *If not in violation of confidentiality or contrary to the request of the parent / guardian / student that such medications not be documented and/or such information not be shared:*
- c) Approval to have the school nurse or, in the event of a field trip or other off-campus event designated, trained non-licensed school personnel, administer the medication;
- d) person(s) to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber

3. **Delivery of medication to the nurse:**

- a) All medication must be delivered directly to the school nurse by a parent or other designated adult;
- b) Non-licensed personnel will not accept delivery of medication for students;
- c) Students under the age of 18 will not be permitted to deliver medication(s) to the school nurse;
- d) All medications delivered to the nurse must be in an original pharmacy labeled container if prescription; or an original sealed manufacturer's container if non-prescription
- e) If an unsealed container is provided to the nurse, the nurse may verify the contents of the container using a program like "Pill Identifier" in the presence of the adult delivering the medication
 - (1) If a positive identification cannot be made, the medication may be declined

- f) The container will be left with the nurse for use in administration. Containers not picked up by parents / guardians or designated adults, will be discarded at the end of the school year;
- g) Controlled substance medication(s) will be counted in the presence of the parent / guardian or adult delivering the medication;
 - (1) The school nurse cannot hold more than a 30-day supply of any controlled substance.
- h) School nurse shall document the receipt of all medication(s)
 - (1) In the event of a controlled substance, the parent/guardian or adult delivering the medication will also be required to count the supply and sign a statement of medication delivery in the presence of the nurse.

D. Medication Administration Plan:

1. The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a scheduled or as needed prescription medication;
 - a) Whenever possible, a student who understands the issues of medication administration shall be involved in the decision making process and his/her/their preferences respected to the maximum extent possible;
 - b) If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to the Massachusetts Special Education Law (individual Education Plan under Chapter 766) or federal laws such as Individuals with Disabilities Education Act (IDEA) or section 504 of the Rehabilitation Act of 1973.
2. Prior to the initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:
 - a) The name of the student;
 - b) An order from a licensed prescriber, including business and emergency telephone numbers;
 - c) The signed authorization of the parent or guardian, including home, mobile and business telephone numbers;
 - d) Any known allergies to food or medication;

- e) The diagnosis, *unless a violation of confidentiality or the parent, guardian or student requests that it not be documented*;
- f) The name of the medication;
- g) The dosage of the medication;
- h) The frequency of administration;
- i) The route of administration;
- j) Any specific directions for administration;
- k) Any possible side effects, adverse reactions or contraindications;
- l) The quantity of medication received by the school nurse from the parent or guardian or other designated adult;
- m) The required storage conditions;
- n) The duration of the prescription (not to exceed one school year - 1st day of the school year through last day of the school year);
- o) The designation of unlicensed school personnel, if any, who will administer the medication to the student in the absence of the nurse, and plans for back up if the designee is unavailable;
- p) Plans, if any, for teaching self administration of the medication
- q) With parental permission, any other person, including teacher(s), to be notified of medication administration and possible adverse effects of the medication;
- r) A list of other medication(s) taken by the student, both at home and in school, *if not in violation of the students confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented*;
- s) When appropriate, the location where the administration of the medication will take place;
- t) A plan for reporting adverse effects of the medication;
- u) Provision for the administration of medication in the event of field trips and other short-term special school events.

(1) If requested by the parent or guardian, every effort shall be made to obtain a Registered Nurse to accompany the student at field trips. When this is not possible, the school nurse may delegate medication

administration to another staff member who has been properly trained by the school nurse, nursing department head or nurse leader. Written consent from the parent or guardian for the named responsible adult to administer the medication shall be obtained.

- (2) The school nurse, nurse leader or nursing department head shall instruct the designated responsible adult(s) on how to administer medication(s) to the child;
- (3) The school nurse shall maintain documentation of unlicensed school staff who have been instructed on medication administration each year;
- (4) Unlicensed school staff will be required to undergo updated medication administration instruction each school year, or more frequently if deemed necessary by the nursing staff.

E. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication:

- 1. When possible the student's photograph will be placed on the medication bottle / supply case;
- 2. The school nurse will follow the 8 Rights of Medication Administration as outlined by the Massachusetts Department of Public Health while the unlicensed medication administration designee will be entrusted to follow the first five of the eight "rights";

1. **Right patient (student):** Use of 2 identifiers to ensure it is the right student.

2. **Right medication:** Be aware of any allergies that a student may have to the medication. Check a pill identifier resource. Note: School Nurses should have a pill identifier for each medication they are administering. The nurse is the final gatekeeper in any administration of medication and must ensure that the proper medication has been dispensed before administering.

3. **Right dose:** Confirm appropriateness of the dose for the individual student using a current drug reference.

4. **Right route:** Confirm that the patient can take or receive the medication by the ordered route. When giving a daily

injection, be sure to alternate and document the site where it was given.

5. **Right time:** Confirm both when the last dose was given and the safe window of administration.

6. **Right documentation:** Chart the site of an injection or any laboratory value or vital sign that needed to be assessed before giving the drug.

7. **Right reason:** Revisit the reasons for long-term medication use at least annually.

8. **Right response:** Be sure to document your monitoring of the patient (student) and any other nursing interventions that are applicable.

- F. The school nurse shall communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects, to the student's parent or guardian and/or licensed prescriber.
- G. In accordance with the Standards of Nursing Practice, the school nurse may refuse to administer or allow to be administered any medication(s), which, based on his/her/their individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal explained.
- H. For the purpose of medication administration, the Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority. (Medication administration is within the scope of practice for the Licensed Practical Nurse under Massachusetts General Law Chapter 112, but may not delegate the administration of medication per Massachusetts General Law 105CMR 210.000).
- I. The school nurse shall have a current pharmaceutical reference available for his/her/their use, such as a Mosby's Drug Guide or Physician's Desk Reference, in either electronic or physical form.
- J. Delegation / Supervision (this section refers to schools which have been registered and approved by the Massachusetts Department of Public Health to permit school nurses to delegate responsibility for administration of medication to trained nursing-supervised unlicensed personnel) The

Sandwich School Committee *authorizes that the responsibility for the administration of medication may be delegated to unlicensed personnel for field trips, short term special school sponsored events and emergency epinephrine according to criteria delineated in MGL CMR 210.004 (B)*

1. The activity to be delegated must be within the nurse's scope of practice
2. The activity to be delegated must be within the unlicensed person's job description
3. The activity to be delegated must be in compliance with the school's policies and procedures.
4. Only the licensed professional Registered Nurse can make decisions concerning delegation.
 - a) Licensed Practical Nurses (LPNs), as determined by the scope of their licensure, cannot practice autonomously or independently in the school setting

For the purpose of administering emergency medication to an individual child (student), including epinephrine via injection, pursuant to 210.004 (B)(4), the school nurse, in conjunction with parental approval where appropriate, may identify appropriate school personnel. Said school personnel shall be instructed on medication administration at least annually by the school nurse, and shall be listed on the medication administration plan. Said school staff will be instructed by the school nurse on the administration of scheduled and emergency medication administration for a specific child.

1. The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating administration of medications to unlicensed personnel in school systems registered with and certified by the Massachusetts Department of Public Health.
2. When medication administration is delegated by the school nurse to unlicensed school personnel, such personnel shall be under supervision of the school nurse for the purpose of medication administration.
3. A school nurse shall be on duty in the school system while medications are being administered by designated unlicensed school personnel, and available by telephone should consultation be required.
4. The administration of parenteral medications may not be delegated, with the exception of epinephrine via auto injector to be administered in a life-threatening situation where the child has a **known** allergy or preexisting medical condition and there is an order for the administration of the medication from a licensed prescriber and written consent of the parent or guardian.

5. The delegation of prn (as needed) medication(s) shall not be delegated to unlicensed school personnel, as such medication requires the complete assessment of the school nurse.
6. For each school, an updated list (at least annually) of unlicensed school personnel who have been trained in the administration of medications shall be maintained.
- 7.

Supervision of Unlicensed Personnel

1. Authorized unlicensed personnel administering medications shall be under the supervision of the school nurse. The School Committee shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision at a minimum shall include the following:
 - a. After consultation with the principal or administrator responsible for a given school the school nurse shall select, train and supervise the specific willing individuals, *of school personnel approved by the Superintendent*, who may administer medications. When necessary to protect student health and safety, the school nurse may rescind such selection.
 - b. The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by:
 - i. The number of unlicensed school personnel the school nurse can adequately supervise on a weekly basis as determined by the school nurse;
 - ii. The number of unlicensed school personnel necessary, in the nurse's professional judgment, to ensure that the medication(s) are administered to each student.
 - c. The school nurse, nurse leader or nursing department head, shall supervise the training of the designees consistent with the Department of Public Health requirements in CMR 210.007 of the Regulations Governing the Administration of Prescription Medication in Public and Private Schools.
 - i. The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.
 - ii. The school nurse shall provide a training review and informational update, at least annually, for those school staff authorized to administer medications.

- d. The school nurse shall support and assist persons who have completed the training to prepare for and implement their responsibilities related to the administration of medication;
- e. The first time that an unlicensed school employee administers non-emergency medication, the delegating nurse shall provide supervision at the work site, except for situations where unlicensed personnel have been trained and delegated to administer emergency medications, such as epinephrine via auto injector;
- f. The degree of supervision required for each student shall be determined by the school nurse after an evaluation of the appropriate factors involved in protecting the student's health including, but not limited to, the following:
 - i. Health condition and ability of the student
 - ii. The extent of training and capability of the unlicensed school personnel to whom the medication administration is delegated
 - iii. The type of medication; and
 - iv. The proximity and availability of the school nurse to the unlicensed person who is performing the medication administration.
- g. Personnel designated to administer medications shall be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation. Schools should make every effort to have a minimum of two staff members with documented certification in cardiopulmonary resuscitation in each school setting throughout the day.
- h. For the individual child, the school nurse shall:
 - i. Determine whether or not it is medically safe and appropriate to delegate medication administration
 - ii. Administer the first dose of the medication, if;
 - 1. There is a reason to believe that there is a risk to the child as indicated by the health assessment; or
 - 2. If the student has not previously received this medication in any setting (excepting epinephrine via autoinjector for a known allergy)
 - 3. Review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication has been delegated;
 - 4. Provide supervision and consultation as needed to ensure that the student is receiving the medication appropriately. Supervision and consultation may include record review, on-site observation and/or student assessment;

5. Review all documentation pertaining to medication administration every two weeks or more often as necessary.

II. Self Administration of Medication in School

“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/their own medication after the school nurse has determined that the following requirements are met:

- a. The student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which medication(s) may be self-administered;
- b. The school nurse, as appropriate, develops a medication administration plan which contains only those elements necessary to ensure safe self administration of medication;
- c. The student’s health status and abilities have been evaluated by the school nurse who then deems self administration safe and appropriate. As necessary, the school nurse shall observe initial self administration of the medication and assess administration technique (except in situation involving emergency rescue medications such as epinephrine via auto injector in which case the student will demonstrate competency through the use of a “trainer” device);
- d. The school nurse is reasonably assured that the student is able to identify the appropriate medication and dosage, knows the frequency and the time of the day for which the medication is ordered, and can recognize side effects that may indicate need for nurse assessment or medical intervention;
- e. There is written authorization from the student’s parent or guardian that the student may self administer medication, 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;
- f. The licensed provider provides a written order for self administration;
- g. The student follows a procedure for documentation of self administration of medication;
- h. The school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teacher, the individual 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.

- i. The information shall be included in the medication administration plan.
 - ii. In the case of an inhaler or other preventative or emergency medication, whenever possible, a backup supply of the medication shall be kept in the health room or a second readily available location;
 - iii. Medication shall not be stored in lockers, desks, cubbies or other areas accessible by other students
- i. The student's self administration is monitored based on his/her/their 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 observance to ensure compliance, recording that the medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan or the student's refusal or failure to take the medication;
- j. With parent/guardian and student permission, as appropriate, the school nurse will inform appropriate teachers and administrators that the student is self administering a medication.

III. Handling, Storage and Disposal of Medication(s)

- A. A parent, guardian or designated adult over the age of eighteen shall deliver all medications to be administered by school personnel or to be taken by self administering students, if required by the self administration agreement, directly to the school nurse.
- a. Medication will not be accepted by unlicensed school personnel
 - b. The medication must be in a pharmacy or sealed manufacturer labeled container;
 - i. If there is any question of the identity of the medication being delivered, the school nurse will contact the providing pharmacy, or use another reputable source, to confirm the identity of the medication(s).
 - ii. If the identity of the medication cannot be confirmed, the school nurse, in her/his/their professional judgment, may refuse receipt of said medication.
 - iii. If over the counter medication is presented in an unsealed container, the school nurse may refuse to accept the medication.
 - c. The school nurse shall document the receipt of all medications
 - i. For controlled substance prescription medication(s), (*ex. narcotics, benzodiazepines, amphetamines, psychotropics, etc...*) the nurse

shall count out the quantity of medication received in the presence of the adult deliverer and document on a medication receipt log along side the signature of the adult deliverer;

- ii. For controlled substance prescription medication(s), the school nurse shall not take possession of, or store, greater than a thirty-day (30) supply of the ordered medication.

B. All medications shall be stored in their original pharmacy or manufacturers labeled container and in such manner as to render them safe and effective.

- a. Expiration dates of medication supplies shall be checked monthly;
- b. All non-emergency medications will be kept in a locked cabinet within the health office; the school nurse(s) will arrange for safe storage of the cabinet keys nightly;
- c. The medication cabinet will remain locked at all times, except during a medication administration;
- d. The medication cabinet shall be substantially constructed and anchored securely to a solid surface;
- e. Emergency medications (*i.e. albuterol, epinephrine, etc...*) shall be stored in the health office in a manner so as not to hinder their availability during an emergency situation;
- f. Medications requiring refrigeration shall be stored in a locked box within a refrigerator within the health office, with temperature of the refrigerator maintained at temperatures between 38 and 42 degrees fahrenheit;

C. Access to medications shall be limited to two persons authorized to administer medications and to self medicating students;

- a. Students who are self administering shall not have access to the medication of other students

D. Parents or guardians may retrieve the medication(s) from the school at any time during regular school hours;

E. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented;

- a. For any remaining medication not picked up by a parent / guardian before dismissal on the last day of school, the school nurse, in accordance with applicable policies put forth by the Massachusetts Department of Public Health, shall dispose of said medication(s). The school nurse shall appropriately document the disposal of said medication(s)
- b. If a parent consents, outdated or discontinued medications may be disposed of by the school nurse at any time during the school year in accordance with the policies put forth by the Massachusetts Department

of Public Health. The school nurse will appropriately document the disposal of said medication(s).

IV. Documentation and Record Keeping

- A.** Each school where medications are administered by school personnel shall maintain a medication administration record for each student who receives medication during school hours;
 - a. Such records at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
 - b. The medication administration plan shall include the information as described in Section 210.005 (E) of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
 - c. The daily log shall contain:
 - i. The dose or amount of medication administered;
 - ii. The date and time or omission of administration, including the reason for omission;
 - iii. The full signature of the nurse or designated unlicensed school personnel administering the medication. If the medication is given more than once by the same person, he/she/they may initial the records, subsequent to signing a full signature. An accredited medical software, such as SNAP or Health Office, may be used to maintain administration records under the secure login of the personnel administering said medications;
 - d. The school nurse shall document in the medication administration record or electronic medical record significant observances of the medication's effectiveness as appropriate, and any adverse reactions or other harmful effects, as well as any action taken, and communication made with parent / guardian or health care provider;
 - e. All documentation, if written, shall be recorded in ink;
 - f. Electronic documentation, shall be performed under the secure login of the personnel administering the medication or assessing for effectiveness;
 - g. Electronic logins and passwords will be kept confidential to protect against alteration of documentation;
 - i. Login and password information shall not be shared among medical staff;
 - ii. Login and password information will not be shared with non-medical staff;

- B. The school district shall comply with the Department of Public Health's reporting requirements for medication administration in schools.
- C. 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.

V. Reporting and Documentation of Medication Errors

- a. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
 - i. Within the appropriate time frames (the appropriate time frame should be addressed in the medication administration plan. This includes medication which has failed to be administered by a individual to whom the duty has been delegated for purposes of a field trip);
 - ii. In the correct dosage;
 - iii. In accordance with accepted practice;
 - iv. To the correct student.
- b. In the event of a medication error:
 - i. the school nurse shall notify the parent or guardian immediately. If the school nurse is unable to reach a parent or guardian, the school nurse shall document all efforts to reach the parent or guardian;
 - ii. The school nurse shall contact the poison control center at 1-800-222-1222 if appropriate;
 - 1. When calling the poison control center, the school nurse shall have the medication in hand and be prepared to provide:
 - a. information from the bottle's label.
 - b. student's age and weight
 - c. symptoms the student has related to the medication mistake
 - d. time the medication was taken
 - e. name of the medication
 - f. amount of the medication ordered versus administered
 - g. current health problems of the student
 - h. other medication(s) the student is taking
 - iii. If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber, primary care physician or activate EMS (911) if deemed necessary.
- c. Medication errors shall be documented by the school nurse on the accident/incident report form, electronic versions such as those created in accredited

electronic medical software programs may be accepted. *These reports shall be retained in the locked file cabinet in the health room if in hard copy form, and/or in the student hard copy or electronic medical record. They shall be made available to the Department of Public Health upon request.*

- i. 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.
- ii. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health Division of Food and Drugs. *The Superintendent shall be notified immediately of any medication error. The initial notification will be verbal, followed by a written explanation.*
- d. The school nurse, nurse leader or nursing department head, shall review all reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.
- e. The school nurse, nurse leader or nursing department head shall provide the school superintendent with a report of the medication error redacting all identifying health information for the student involved. The reporting nurse shall include the location of the error, the type of error, the results of the nurse leader / nursing department head review of the occurrence and the actions taken to avoid future similar errors. The school superintendent may choose to meet with, speak with or interview the nurse(s) involved for further information. The school superintendent may report this information to the school committee. The school committee may choose to meet with, speak with or interview the nurse(s) involved for further information.

VI. Response to Medication Emergencies

See attached medical emergency response plan

VII. Dissemination of Information to Parents or Guardians Regarding Administration of Medication

The medication policy will be maintained on both the District and school specific websites. At the request of a parent, a hard copy will be provided for review. Copies of the medication policy are kept in the Health Office.

VIII. Procedures for Resolving Questions between the School and Parents or Guardians Regarding Administration of Medications

If questions or concerns are unable to be resolved by the school nurse, the parent or guardian will be referred to the building principal.

IX. Policy Review and Revision

The medication policy will be reviewed as needed but at least every two years.

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Approved by the School Physician:

____ Dr. Richard Bloom _____ Date __9/20/2022_____

Approved by the School Nursing Department Head:

____ Nicola Bordelon, BSN, RN _____ Date: __9/29/2022_____

SANDWICH PUBLIC SCHOOLS
MEDICAL EMERGENCY PROTOCOL

THE STAFF MEMBER ON SCENE WILL:

- Call the school nurse to the scene immediately
- Maintain a safe environment until the nurse arrives
- Remove all but the individual needing assistance from the area
- Notify the building Principal or designee

THE SCHOOL NURSE WILL:

- Report to the scene with emergency bag, walkie talk and wheelchair or other transport device
- Maintain victim safety and stay with the victim
- Administer First Aid / CPR as appropriate
- Instruct another adult to notify Emergency Medical Services if necessary
- Provide report and conference with responding emergency personnel if necessary
- Notify the building Principal or designee when the emergency is concluded
- Complete the appropriate forms at the conclusion of the emergency

THE PRINCIPAL OR DESIGNEE WILL:

- Direct staff/students to remain in assigned areas until further notice
- Report to scene
- Supply escort to emergency.ambulance personnel
- Notify parent/guardian/emergency contact
- Copy/print emergency contact card and send it to scene of the emergency
- Assign staff member to report to the Nurse's Office to offer assistance and maintain order
- Notify Nurse Leader or Nursing Department Head if additional coverage is necessary
- Notify the Superintendent

DO NOT DISCUSS THE SITUATION WITH THE PUBLIC OR RELEASE ANY INFORMATION TO THE MEDIA. THE SUPERINTENDENT OR DESIGNEE IS RESPONSIBLE FOR ALL COMMUNICATION WITH THE PUBLIC AND/OR MEDIA

In the event of a medication emergency, in addition to the above procedure the school nurse will:

- Contact poison control
- Contact the student's physician
- Contact the students parent/guardian
- Maintain a supply of emergency medication in the Health Office (i.e. charcoal)
- Maintain a list of building staff who are CPR certified
- Have the following emergency phone numbers available
 - EMS - 911

- Poison control - 1-800-682-9211
- Students emergency contact numbers

Approved by School Committee: _____