



Emergency Nursing Services in Wisconsin Schools

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Introduction

As part of the 20 educational standards, Wisconsin school districts must “[p]rovide for emergency nursing services” (Wis. Stat. sec. 121.02(1)(g)). Wisconsin Administrative Code states that emergency nursing services “shall be available during the regular school day and during all school sponsored activities of pupils” (Wis. Admin. Code sec. PI 8.01(2)(g)4). Due to the variability of school nursing services in Wisconsin and the complexity and intensity of the health needs of children, youth, and staff with special health care needs, confusion about school nursing and health practices in the school setting exists. This document serves to clarify the implementation of emergency school nursing services in the school setting.

The information has been organized in a question and answer (Q and A) format. The answers have been formulated based on Wis. Stat. sec. 121.02(1)(g) and Wis. Admin. Code sec. PI 8.01(2)(g). A complete copy of state statutes and administrative codes is available online at <http://www.legis.state.wi.us>.

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State and Federal Laws

1. What are the primary state laws regarding emergency nursing services in Wisconsin schools?

One of the twenty educational standards direct public school districts to “[p]rovide for emergency nursing services” (Wis. Stats. sec. 121.02(1)(g)). Standard G, or Wis. Admin. Code sec. PI 8.01(2)(g), defines necessary emergency nursing services. School districts must develop emergency nursing policies and protocols dealing with management of illness, accidental injury, and medication administration at all school-sponsored events. They must secure a relationship with a medical advisor. School districts must make available emergency pupil information, first aid supplies, and appropriate and accessible space for the rendering of emergency nursing services. The school boards need to review and evaluate emergency nursing services annually (Wis. Admin. Code sec. PI 8.01(2)(g)). These laws do not apply to private schools.

2. Which federal laws relate to school districts’ legal responsibilities for the provision of nursing procedures and health services for students?

Two federal laws provide guidance to school districts for the provision of nursing services for children. Section 504 of the Rehabilitation Act of 1973 is an anti-discrimination law requiring school districts to ensure that students with disabilities (as defined in 34 CFR sec.104.3 (j)) have an equal opportunity to participate in academic, nonacademic, and extra-curricular activities available to all students enrolled in the school district. To ensure an equal opportunity of participation for students with disabilities, school districts must develop a verbal or written plan to meet student health needs or provide accommodations relating to handicapping conditions. Although, the law allows for a verbal Section 504 Accommodate Plans, it is strongly recommended that the plans be in writing. This plan, also known as a 504 Accommodation Plan, may include school nursing or other health services. An individual health plan can be a critical element of a 504 Accommodation Plan.

The Individuals with Disabilities Act (IDEA) is a federal law requiring school districts to provide students with a disability a free, appropriate public education (34 CFR sec. 300.101) by implementing an individual educational program (IEP) designed to meet each child's unique academic, physical, and social emotional needs. The individualized education program must include health and nursing services if these are necessary for the student to receive a free, appropriate public education (34 CFR sec. 300.34 (c)(13)).

If the 504 Accommodation Plan or IEP includes school health services or school nursing services, the school district must arrange for an appropriately licensed health care professional to offer the service or have that person delegate the performance of the procedure to a trained unlicensed person. Federal law defines the difference between school nursing and school health services in the related services section of the individual education plans. School nurse services are provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person (34 CFR sec. 300.34 (c)(13)).

3. Are Wisconsin public schools required to have a school nurse?

While Wisconsin public school districts are not specifically required to employ a school nurse, school districts are required to provide for emergency nursing services (Wis. Stats. sec. 121.02(1)(g)). Furthermore, Wis. Admin. Code sec. PI 8.01(2)(g), requires school districts to provide these services under a written policy adopted and implemented by the school board. The policies must be developed by a registered nurse in cooperation with other school district personnel and representatives from community health agencies and services. The two federal laws discussed under question 2 (above) also dictate situations where a school district must provide the necessary nursing care for students with disabilities (IDEA and Section 504) so they can benefit from their education.

Policies, Procedures, and Protocols

4. Do public schools across the state have to follow similar procedures and provide health services in a consistent manner?

Wisconsin is a “local control” state. Basically, this means the local school board is the governing body for the school district, and, as such, must develop policies and procedures that comply with federal and state regulations. The school board is free to decide how to implement the law by taking into account the desires and resources of the community. Additionally, as long as all legal requirements are met, the school district may decide to exceed the requirements stated within the law.

5. What are the differences between policies, procedures, and protocols as they relate to emergency nursing services?

Definitions of the term “policy” vary among school districts. A policy is a general statement developed to pertain to multiple situations and issues. For example, a policy may read, “The school district will provide for the safety and wellness of their students during the school day.” Policies require school board approval. Procedures are step-by-step guidance explaining how to perform a health care task. Protocols provide information regarding clinical nursing knowledge of how to intervene in a particular health situation.

6. What are some of the protocols schools should develop for dealing with pupil injuries?

Schools would benefit from established protocols on the following:

- head injury with significantly altered or loss of consciousness,
- anaphylactic reactions,
- respiratory distress or cessation,
- cardiac pain or arrest,
- impaled object,
- human and animal bites,
- trauma needing immobilization or resulting in significant blood loss,
- extremely low or high blood sugars,
- extremely low or high body temperatures, and
- ingestion of poisons,

- suspected or known drug and alcohol overdose,
- exposure to hazardous chemicals or materials, and
- conditions that have the potential for inducing shock, such as burns and internal bleeding.

This list is intended to be a sample of potential emergency situations and is not exhaustive. Many school districts use American Red Cross First Aid templates to develop intervention steps to respond to emergencies.

7. What are some of the protocols schools need to develop for dealing with pupil illness?

Schools would benefit from protocols on the following:

- | | |
|---|--|
| • Asthma | • Mumps |
| • Attention Deficit/Hyperactivity Disorder | • Neisseria Meningitis |
| • Body and Head Lice | • Pertussis |
| • Campylobacter | • Pinworms |
| • Cancer | • Ringworm |
| • Cystic Fibrosis | • Roseola Infantum |
| • Diabetes Mellitus including diabetic ketoacidosis | • Rubella |
| • Fifth Disease | • Salmonellosis |
| • Giardiasis | • Scabies |
| • Hand, Foot and Mouth Disease | • Seizures including prolonged and continuous seizure activity |
| • Hepatitis | • Sexually Transmitted Infections |
| • Herpes | • Shigellosis |
| • Human Immunodeficiency Virus | • Shingles |
| • Impetigo | • Sickle Cell Anemia |
| • Influenza | • Staphylococcus Aureus |
| • Juvenile Rheumatoid Arthritis | • Tetanus |
| • Lyme's Disease | • Tuberculosis |
| • Measles | • Upper Respiratory Infections |
| • Methicillin-Resistant | • Varicella |

This list is intended to be a sample of possible illnesses that would benefit from protocols and is not an exhaustive list. Many school districts use the *Red Book: 2006 Report of the Committee on Infectious Diseases* as a resource in development of these protocols.¹

8. What are some of the procedures and protocols schools may need to develop for administration of medications?

The state law does not specify the procedures and protocols required for medication administration. Best practice would include development and implementation of medication administration procedures and protocols addressing:

- steps to safe administration,
- handling of medications that are controlled substances,
- storage of medications,
- medication errors,

- logging of medications,
- medical provider and parent authorization forms,
- training requirements for school personnel authorized to administer medications, and
- delegation of medication administration.

The National Association of School Nurses recommends the “school nurse direct the administration of medication in the school setting.”²

9. Standard G requires that emergency nursing policies dealing with illness management, accidental injury, and medication administration be implemented at all school-sponsored activities. What are some of the events that might be included in school-sponsored activities?

Any activity that is school-based or sponsored is considered a curricular or extra-curricular activity. Some examples of curricular, co-curricular, and extra-curricular events include field trips (in-state and out-of-state), summer school, homework club, sports practices and events, as well as adventure, journalism, music, drama, and recreational clubs. School-sponsored activities before and after the school day and on weekends are also included.

Medical Advisors

10. What is the role of the medical advisor?

Medical advisors are required to be a licensed physician (Wis. Admin. Code sec. PI 8.01(g)3). Typically, medical advisors participate in the annual review of the district emergency nursing services plan. Roles and responsibilities of medical advisors vary throughout the state and are determined by school districts. In some Wisconsin school districts, the advisor serves as a valuable resource in the development of school district policies, protocols, and procedures to address management of illnesses, injuries, and medication administration in the schools. They may also provide standing orders for emergency and over-the-counter medication. Medical advisors may also serve in a consultative role for children with complex medical needs as well as for communicable disease management.

11. How do I find a medical advisor?

The American Academy of Pediatrics, American Academy of Family Practice, and Wisconsin Medical Society may be helpful in securing a list of physicians in your area.

12. What is the liability of a medical advisor?

Medical advisors should check with their professional liability insurance carrier regarding coverage for professional health care services while acting as a medical advisor. It has been reported some insurance carriers make a distinction between coverage for a medical advisor as opposed to medical directors. Medical advisors provide limited medical consultation as a volunteer or as a part-time service contracted by the school district. Medical directors are contracted by agencies to provide ongoing, intensive medical direction and guidance as their primary professional responsibility.

Supplies, Plans, and Support Personnel

13. What information should be included in the pupil health emergency information cards?

State law mandates school districts to have pupil health emergency information cards (Wis. Admin. Code sec. PI 8.01(2)(g)). However, state law does not indicate what specific information needs to be included on the card. Pupil emergency information cards provide essential information to those persons who may be called upon to provide emergency care to students. Information generally includes:

- the child's name,
- address, telephone numbers,
- age,
- physician's name and telephone number,
- hospital preference,
- student's parents, guardians, or caretakers, including work telephone numbers and custody arrangements, and
- medical information including significant illnesses, allergies and medications, and special health care needs including medication profile.

Pupil emergency information cards should be filled out by the parent, guardian, or caretaker, and updated annually. Pupil emergency information cards are a pupil record and, therefore, subject to pupil confidentiality laws. Information from the pupil emergency card should only be shared with school personnel who have an educational need to know. However, these cards should be readily accessible to all school personnel who may need to respond in case of an emergency.

14. What supplies are necessary for emergency nursing services?

State law mandates school districts to have necessary equipment and supplies available for emergency nursing services (Wis. Admin. Code sec. PI 8.01(2)(g)). A list of emergency equipment and resources for schools without a school nurse on site might include:

- first aid reference chart or book,
- CPR/Heimlich instructions,
- locked cabinet and keys,
- emergency resource phone numbers,
- biohazard waste bags,
- blunt scissors,
- clock with second hand,
- disposable blankets,
- pupil health emergency cards on staff and students,
- ice packs (ice and disposable),
- individual and emergency health plans for students,
- non-latex gloves,
- one-way valve resuscitation mask,
- automated external defibrillator (AED),
- phone,
- refrigerator or cooler,
- resealable bags,

- schoolwide emergency plans,
- soap,
- irrigation bottle,
- thermometer,
- source of oral glucose (frosting or gel packets),
- splints and slings,
- sharps container,
- tape,
- bandages, dressings, and ace wraps,
- water, and
- saline.

A list of emergency phone numbers for:

- poison control,
- animal control,
- medical providers,
- local public health agency,
- medical advisor, and
- dental services.

Additional equipment, if health care staff is available, might include:

- c-spine immobilizer,
- glucose monitoring device
- medications (such as Albuteral[®], Epinephrine[®] and Glucagon[®]),
- nebulizer,
- penlight,
- stethoscope,
- sphygmometer,
- pulse oximeter, and
- suction equipment.

15. What elements should be considered in developing a student’s emergency action plan?

The goal of an emergency action plan should be to provide critical information necessary to help staff and emergency responders act appropriately for the student in a variety of emergency situations. Each student situation must be examined individually. Critical questions to be considered when developing a student’s emergency action plan might include:

- What might happen that would require immediate action?
- What are the precipitating factors that may trigger an event at school?
- What action is required to respond to the emergency?
- What knowledge, skill, and attitude is required of someone to act, or more importantly, to prevent the emergency in the first place?
- Is there a person available with the required ability to act?
- What are the availability, skill level, and response time of community emergency medical services?
- Who has a need to know about the potential situation?
- Who will have the responsibility to act, including “back-up” individuals?

16. Are school districts authorized to employ an emergency medical technician (EMT) or licensed practical nurse (LPN) instead of a registered nurse (RN) to provide emergency health services to children?

An EMT may be hired as a health aide. Appropriately trained and supervised EMTs may perform health-related procedures under the delegation of an RN. However, an EMT, just like any other state licensed health care provider, must follow the laws and rules that govern the practice for which they hold a license. An EMT is licensed to provide pre-hospital first-aid under specific guidelines and under the supervision of a physician. If an EMT is employed as a health aide in a school, the EMT would be held to the standards of their EMT license, as well as to the standards of care for the tasks in their job description. An LPN may be hired as a health aide.

References

1. Pickering, L.K., Baker, C.J., Long, S.S., McMillan, J.A., eds. *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2006.
2. National Association of School Nurses' Position Statement, *Medication Administration in the School Setting*, NASN, 2003.

**Standard G (Wisconsin Administrative Code)
Section PI 8.01(2)(g)**

(g) Emergency Nursing Services. Each school district board shall provide emergency nursing services under a written policy adopted and implemented by the school district board which meets all of the following requirements.

1. The emergency nursing policies shall be developed by professional nurse or nurses registered in Wisconsin in cooperation with other school district personnel and representatives from community health agencies and services as may be designated by the board.

2. Policies for emergency nursing services shall include protocols for dealing with pupil accidental injury, illness and administration of medication at all school sponsored activities, including but not limited to curricular, co-curricular and extra-curricular activities and method to record each incident of service provided.

3. Arrangements shall be made with a licensed physician to serve as medical advisor for the emergency nursing service.

4. The emergency nursing services shall be available during the regular school day and during all school-sponsored activities of pupils.

5. Pupil emergency information cards, equipment, supplies, and space for the emergency nursing services shall be appropriate and readily accessible.

6. A review and evaluation by the school board shall be made of the emergency nursing services program at least annually.

