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# Illness and Injury Care

## Introduction

Non-emergency illnesses and injuries occur wherever children are present. Prompt management of such illnesses and injuries within the school setting will reduce absenteeism and positively affect cognitive performance and participation.

Developing policies and procedures for the management of illness and injury is the shared responsibility of the school board, school administration, the school nurse, and the medical advisor. Collaboration with community health care providers, families, students, and community partners is essential. This collaboration must respect and incorporate ethnic, cultural, and spiritual health care practices and beliefs of individuals and the community.

In order to be most effective in providing care to students and staff members with illnesses, injuries, and/or chronic diseases, school nurses and districts should strive to:

- Review state and federal laws and regulations, as well as district policies and procedures regarding the provision of such care in the school setting.
- Review and revise annually, and in cooperation with the medical advisor and/or health committee, district policies, procedures, and forms to meet statutory requirements and standards of nursing practice in the school setting.
- Learn about prevalent health conditions in the community by contacting local health departments and community health care providers.
- Evaluate and enhance professional knowledge and skills relating to the provision of care to those in the school setting with illnesses, injuries, and/or chronic diseases.
- Evaluate and enhance personal communications skills to ensure that students, families, and staff members understand the health problems faced by those in the school community and the impact those problems may have on educational outcomes.
- Enhance professional knowledge and skills by reading journals; consulting with other health care professionals; identifying and studying community, regional, and/or national resources; and establishing enduring relationships with practicing colleagues and professional organizations.

To assist the school nurse and staff members in achieving the goals of developing policies and procedures for caring for students with illnesses, injuries, and chronic diseases, this chapter addresses:

- Legal Considerations
  - Federal Regulations
  - Wisconsin Statutes
- Roles and Responsibilities
  - School Boards and Administrators

- School Principals
- Registered Nurses
- School Personnel Without a Health Care License
- Parents or Legal Guardians
- Students
- Local Health Departments and Health Officers
- Others
- Development and Implementation of Health Services Policies, Procedures, and Guidelines
  - Policy Development
  - Practice Protocols
  - Written Guidelines for Managing Illnesses and Injuries
  - Management of Injuries and Illness
    - Individualized Health Plans
    - Emergency Action Plans
- School Health Room
  - Emergency Information and Health Problem Lists
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  - Acute and Episodic Health Problems
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  - Training to School Health Personnel Without a Health Care License
  - Communication with Parents and Legal Guardians
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- Framework for Interviewing Students for Health Issues
- Environmental Safety
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  - Classrooms
  - Lead Poisoning
  - Lunch Rooms
- Injury Prevention
  - Bicycle Safety
  - Pedestrian Safety
  - Playground Safety
  - School Bus Safety

## Legal Considerations

As with any school district policy or procedure, those relating to management of students with illnesses and injuries must comply with all federal regulations, Wisconsin statutes, and administrative codes pertaining to school health service programs. Such legislation mandates that districts adopt and implement policies and procedures that address specific provisions of the legislation.

## Federal Regulations

A number of federal regulations address policies and procedures for management of student illness and injury, including:

- [Individuals with Disabilities Education Act](#) (IDEA) and its reauthorized version (34 C.F.R. Part [300](#), which are undergirded by [Wis. Stat. sec. 115](#) and [Wis. Admin. Code ch. PI 34](#), regulate special education services and impact school nursing. Together, they require school districts to provide the related nursing services necessary to ensure that individual children with disabilities benefit from special education programs.
- Section 504 of the Vocational Rehabilitation Act of 1973 ([34 CFR Part 104](#)) requires school districts to “a free appropriate public education to each qualified handicapped person who is in the recipient’s jurisdiction, regardless of the nature or severity of the person’s handicap.”
- Americans with Disabilities Act (ADA), [42 USC sec. 12101](#), specifies that public entities and public accommodations must ensure that individuals with disabilities have full access to and equal employment of all facilities, programs, goods, and services. ADA extends many of the rights/duties defined by Section 504 to public accommodations such as restaurants, hotels, theaters, stores, doctors’ offices, museums, private schools, and child care.

## Wisconsin Statutes

A number of Wisconsin statutes and administrative codes impact policies and procedures for the management of student illness and injury:

- “Administration of drugs to pupils and emergency care” offers guidance to district administrators and principals regarding the administration of oral medications and emergency care to students ([Wis. Stat. sec. 118.29](#)). Medication administration is discussed in more detail in Chapter 3 – Medication Administration.
- Bloodborne pathogens standards require school districts to implement employee health and safety standards; [29 CFR Part 1910.1030](#) and [Wis. Stat. sec. 101.055](#), [Wis. Admin. Code SPS sec. 332.15](#) applies Occupational Health and Safety Administration standards ([29 CFR sec. 1910.1030](#)) to minimize or eliminate occupational exposure to hepatitis B, and human immunodeficiency virus (HIV), and other bloodborne pathogens and requires hepatitis B vaccinations for specific school personnel. Bloodborne pathogens are discussed in more detail in Chapter 4 – Immunization and Communicable Disease.
- Communicable disease requires school districts to ensure child immunizations and identify, report, and temporarily exclude children who may spread communicable diseases ([Wis. Stat. sec. 252](#)). This statute and corresponding Wis. Admin. Codes secs. [DHS 144](#) and [145](#) are discussed in more detail in Chapter 4 – Immunization and Communicable Disease.
- Emergency nursing services requires each school board to provide emergency nursing services during all school-sponsored activities both on and off school premises.

[Wisconsin Stat. sec. 121.02\(1\)\(g\)](#) and [Wis. Admin. Code sec. PI 8.01\(2\)\(g\)](#) outline minimum standards when implementing emergency nursing services. Emergency nursing services is discussed in more detail in Chapter 8 – Education Services for Children with Special Health Care Needs.

- Local health departments’ levels of services and duties require all local health departments to assess public health needs and ensure the provision of reasonable and necessary public health services ([Wis. Stat. sec. 251.05](#)).
- The Nurse Practice Act defines the scope of practice for registered nurses and licensed practical nurses; ([Wis. Stat. sec. 441](#)). Wis. Admin. Code secs. [N 6](#) and [N 7](#) identify standards of practice and rules of conduct for registered nurses and licensed practical nurses.
- The privileged communication statute describes the confidentiality requirements regarding a student’s alcohol and drug use ([Wis. Stat. sec. 118.126](#)).
- [Wisconsin Stat. sec. 121.02\(1\)\(i\)](#) requires each school board to provide safe and healthful facilities. [Wisconsin Admin. Code sec. PI 8.01\(i\)](#) requires school boards to adapt a long range plan for maintaining safe and healthful facilities. The plan must comply with regulations, state codes, and orders of the Department of Safety and Professional Services and the Department of Health Services and all applicable local safety and health codes and regulations.

## Roles and Responsibilities

Individuals who are responsible for management of common non-emergency illnesses and injuries include, but are not limited to:

- school boards and administrators,
- school principals,
- registered professional nurses,
- school personnel without a health care license,
- parents or legal guardians,
- students, and
- public health departments and officers.

Each role presents key elements in providing safe and effective injury and illness care.

### School Boards and Administrators

School boards and administrators are responsible for adopting policies and procedures, providing properly trained personnel, funding programs that address student health needs, developing supportive services and information, and management structures that inform and improve the educational outcomes and the health status of students.

Several national and related state organizations have formulated recommendations to aid school boards and administrators in this endeavor, including:

- [American Academy of Pediatrics](#)
- [American School Health Association](#)
- [Association of State and Territorial Local Health Liaison Officials](#)
- [National Association of School Nurses](#)

See Figure 1 for more information.

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### ■ Figure 1 National Organizations' Recommendations for School Health Programs

#### [American Academy of Pediatrics Council on School Health](#)

In their 2016 publication, *School Health: Policy and Practice*, the American Academy of Pediatrics (AAP) identifies and elaborates on goals and objectives for school health programs. AAP believes that school districts should use these goals and objectives when formulating health-related policies and procedures. The AAP recommends that the following health services are the minimum that should be offered:

- Assessment of health complaints, medication administration, and care for students with special health care needs;
- A system for managing emergencies and urgent situations;
- Mandated health screening programs, verification of immunizations, and infectious disease reporting; and
- Identification and management of students' chronic health care needs that affect educational achievement.<sup>1</sup>

#### [American School Health Association](#)

The American School Health Association describes school health as a healthful environment; nursing and other health services that students need to stay in school; nutritious and appealing school meals; opportunities for physical activity that include physical education; health education that covers a range of developmentally appropriate topics taught by knowledgeable teachers; programs that promote the health of school faculty and staff; and counseling, psychological and social services that promote healthy social and emotional development and remove barriers to student learning. In addition, they reference the Centers for Disease Control and Prevention, Division of Adolescent and School Health for the [description of Coordinated School Health](#). School administrators and school staff may find ASHA materials useful as they formulate policies for school health services, education, school environment, food services, physical education, school counseling, and school psychology.

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### Association of State and Territorial Local Health and Liaison Officials

The Association of State and Territorial Local Health and Liaison Officials (ASTLHLO) is comprised of representatives from each state and territory who hold the responsibility of overseeing and providing support to local public health agencies. ASTLHLO identifies and elaborates on ways public health agencies can support school health programs through policy formulation, school health personnel training, providing technical assistance, collecting and reporting data on school health status, and providing direct nursing services to address acute and chronic student health needs.

### National Association of School Nurses

The National Association of School Nurses (NASN) publishes issue briefs and policy statements, which promote the delivery of quality health programs and services in the school setting. It also provides numerous publications that identify and elaborate on a variety of school health goals, objectives, implementation methods, and evaluation strategies that define the school nurse's role in each area.

School board members, administrators, and nurses may find NASN materials particularly helpful as they formulate district policies and procedures for establishing and maintaining a school health program, such as the development of guidelines, the evaluation of school health personnel, and information for working with students with disabilities.

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### School Principals

Within the framework of school district policies, principals have traditionally been granted the authority and responsibility for supervising and implementing policies relating to the management of common illnesses and injuries within their respective schools. Many illnesses or chronic diseases may require medication administration at school. Principals are required to assign school personnel, in writing, to administer medications. This requires careful consideration to ensure that all school personnel assigned to administer medications have received adequate medication training.

Principals play a vital role in providing support, supervision of school personnel, and allocating resources for coordinated school health services programs to improve the health and well-being of all students, so they can fully participate and be successful in school. Principals, with the school nurse, ensure the implementation of the emergency policies and procedures by all school personnel. Also, principals supervise school personnel to provide for safe and healthful school buildings and grounds.

Unfortunately, because principals are rarely trained health care administrators, they often interpret the law as defining the totality of what is allowed in the provision of care rather than what is considered minimum requirements when providing school health services. Thus, the

school nurse is a vital partner of the principal in fulfilling the educational mission of the school by attending to student health care needs, which might otherwise limit a student's participation in academic and extracurricular activities.

### Registered Nurses

The registered nurse usually directs the day-to-day management of school health services. The Scope and Standards of School Nursing Practice (2011) of the National Association of School Nurses, states that the registered nurse is accountable for managing school health services and implementing needed health programs.<sup>2</sup> Managing common illness and injury is a component of a comprehensive school health program.

The nurse's role when working with individual students is clearly defined by Standards 1 through 6. These standards of nursing practice state that nurses:

- assess students' health care needs;
- analyze data to formulate nursing diagnoses;
- identify outcomes, develop plans with strategies and interventions;
- implement care; and
- evaluate the effectiveness of the care provided.

Furthermore, school nurses need to systematically evaluate the quality of care; maintain current knowledge of nursing practice; provide culturally competent care; frame care in an ethical manner; consider resource utilization; train, monitor, and supervise delegated nursing acts of nonprofessional school health personnel; and provide general education and training for school staff members and others.

To be in accordance with Wis. Admin. Code [PI 8.01\(2\)\(g\)](#), school district policies regarding injury, illness, and medication administration must be developed by a registered nurse in collaboration with school district personnel and community health agencies and services.

### School Personnel Without a Health Care License

Trained non-nursing personnel may include nursing assistants, aides, secretaries, teachers, or volunteers who have been trained in accordance with school district policies and guidelines in direct relation to their job duties. The school district should define the allocation and roles of such personnel in accordance with the Nurse Practice Act, other pertinent state statutes, guidance from school attorneys, and the state Board of Nursing. If the registered nurse delegates nursing responsibilities to personnel without a healthcare license, then the nurse must provide appropriate training, monitoring, supervision, and evaluation of each person's performance of the delegated tasks. If the nurse is providing nothing more than consultative and training services, they may decide to provide only evaluation of school personnel to perform the task. For more information, see Chapter 3, Medication Administration.

## Parents or Legal Guardians

In most cases, parents or legal guardians have the best knowledge and information regarding their child's health. When families and school health personnel work cooperatively to meet the child's needs, the child is safe, healthy, and able to learn.

As the person ultimately responsible for the health of the student, parents/guardians are responsible for complying with school district policies regarding health-related matters, such as those related to immunizations and physical examinations for participation on athletic teams. The parent/guardian should update appropriate health records and emergency information as needed.

Parents/guardians are responsible for notifying the school when a child is experiencing a health problem and when voluntarily excluding their child from school if the child has a condition that poses a public health threat or nuisance to others.

Parents/guardians have ultimate responsibility for and authority over decisions made relating to the welfare of their children. When those children enter school as students, however, it is understood that some of that responsibility is entrusted to the school district during the day.

To avoid confusion over what care is available, districts should develop and communicate in writing to families the policy and corresponding guidelines regarding the management of common student illnesses and injuries during the school day and at all school-sponsored activities. Similarly, districts should inform families about policies relating to the provision of uncommon (or emergency) care, whether the circumstances are life-threatening (such as major thoracic trauma or anaphylaxis) or are urgent, but not life-threatening (such as a chipped tooth or sprained ankle).

It is important for nurses and administrators to know that when permission must be sought from a student's parents/guardians, some legal guardians may not have the authority to approve such care. The appropriate school personnel, such as the principal, school record custodian, or school nurse, among others, need to keep on file and review the legal documents that clarify the guardian's authority.

If the child has a chronic condition, such as asthma, diabetes, cancer, or renal disease, subject to flare-ups or complications, the parents/guardians should provide information to the nurse as part of the process in the development of the child's individual health care plan. If the child needs medications, treatments, or procedures administered while in the school setting, the parents/guardians is/are responsible for providing the medication and, in some instances, supplies and equipment necessary for the district to provide such care. The provision of those materials and the subsequent care must comply with district policies.

## Students

Students are also responsible for complying with rules and regulations designed to protect their safety, prevent injury, and protect the health and safety of others. For example, when an injury or

illness occurs, students are responsible for informing teachers, staff members, or school health personnel that they need care. If the student has a chronic health problem, it is preferable that the student, the family, and school staff members collaborate in planning, implementing, and evaluating the individualized health plan.

### Local Health Departments and Health Officers

Local health departments and officers are required to protect the public's health and welfare. In meeting these requirements, local health departments are responsible for carrying out the core public health functions of assessment, policy development, and assurance as set forth in [Wis. Stat. ch. 251](#). To that end, they are required to provide basic public health services as well as ensure conditions conducive to the population's health and welfare. The five basic public health services are:

- surveillance, control, prevention of communicable diseases, including pandemics;
- public health nursing program;
- disease prevention;
- health promotion; and
- human hazard prevention.

Health departments have many required functions and responsibilities and can be valuable partners for schools. Collaboration between school districts and local public health departments is highly recommended, particularly as it relates to student health promotion and disease prevention. Such collaboration is also important because additional school health services may be available to the school district from the health department, either at no charge or through contractual agreements.

### Others

Other school-based and community-based health care providers may also have some responsibility for managing acute and chronic health problems. Physicians and other health care providers may assist or play key roles in the management of common illness and injury. Such services may, in addition to traditional school health services, include the provision of environmental safety services, screening, and consultation, other resources and equipment, or in-service programs. Districts are well advised, in accordance with state and federal laws and with the cooperation of the school nurse, medical advisor, and school health advisory committee, to adopt and implement policies outlining the use of such outside service providers.

## Development and Implementation of Health Services Policies, Procedures, and Guidelines

The school district's health services program members should create written policies and procedures to follow in the management of common illnesses and injuries as well as common chronic conditions. These should be made available to all school administrators, faculty, and staff members. The district should provide an annual overview of the health services program at

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a district in-service. Information about the management of injuries and illnesses at school should also be included in each family's school handbook and presented in group settings such as meetings, student assemblies, and open house events. To be in accordance with Wis. Admin. Code [PI 8.01\(2\)\(g\)](#), school district policies regarding injury, illness, and medication administration must be developed by a registered nurse in collaboration with school district personnel and community health agencies and services.

Illness and injury policies must be reviewed annually by the school nurse, school board, medical advisor, administration, and school health advisory committee. Policies should be revised as necessary to keep pace with changes in the school district and best practices in nursing.

### Policy Development

Definitions of the term “policy” vary among school districts. A policy usually provides general direction regarding how a situation will be handled in the school setting. Health policies grounded in evidence-based and promising practice assist school districts in providing high quality and consistent care. Policies are authorized by the school board.

The process of policy development regarding nursing and health issues:

1. Define the problem or issue in need of a policy
  - Chronic illness
  - Communicable diseases
  - Accidental injury
  - High risk behavior, including alcohol use at school
2. Gather necessary information
  - Local, state, and federal law pertaining to the issue
  - Position statements from the AAP, NASN, American Academy of Family Practice Physicians, ASHA, Wisconsin Board of Nursing or others
  - Nursing, medical, health, and educational research
  - Other school districts' practices
  - Guidance from state associations, such as the Wisconsin Association of School Nurses and Wisconsin Association of School Boards
3. Develop draft of policy
4. Review of policy by interested stakeholders, which might include:
  - Superintendent
  - School district's medical advisor
  - Local health department personnel
  - School personnel
  - Parents/Guardians
  - Students
  - Representatives of other community organizations
5. Revise policy based on feedback
6. Discuss and debate at the local school board

7. Make revisions in the policy
8. Adopt school board policy
9. Oversee the implementation of the policy
10. Evaluate the policy

Characteristics of a good policy include the following:

- consistency with federal, state, and local laws;
- addresses one issue;
- economically and practically feasible;
- based on best and promising practices;
- within the scope of authority of the school;
- sufficiently covers the issue; and
- is clear and concise.

Standard G of Wis. Admin. Code sec. [PI 8.01\(2\)\(g\)](#) requires school districts to develop policies, including protocols, for management of accidental injuries, illness, and medication administration at all school sponsored events. The Wisconsin Improving School Health Services Project (WISHeS) has developed several templates for relevant [policies and procedures](#) that can be customized by school nurses and their districts.

Policies are different from procedures or protocols. Procedures are step-by-step guidance explaining how to perform a health care task. For example, the school nurse might develop a procedure for administration of a gastrostomy tube feeding in the school setting. [Procedures](#) for urinary, respiratory, digestive, endocrine and cardiovascular needs have been developed by [WISHeS](#). Protocols provide information regarding clinical nursing knowledge of how to intervene in a particular health situation.

### Practice Protocols

Practice protocols are developed collaboratively by the medical advisor and the school nurse and may be included or referenced in district policies. Student-specific orders are developed by the child's medical provider, perhaps in consultation with the school nurse, and may be part of the child's Individualized Health Plan (IHP). Permission from the parents/guardians must be acquired for implementing either of the two types of orders: general or specific.

Standing orders apply to any student for whom the order may be applicable. In accordance with [Wis. Stat. sec. 118.29](#) & [Wis.Stat. sec. 118.2925](#), school nurses do not need standing orders for the administration of epinephrine and glucagon for students experiencing severe allergic reactions and low blood sugars with altered consciousness. However, many school nurses feel more comfortable having a standing order for both of these medications. The school nurse and a medical advisor review general orders on an annual basis and revise as necessary.

Specific orders are prescribed for individual student conditions by a medical provider. An example of a specific order is the medical authorization for Diastat® to be administered to a specific student exhibiting signs/symptoms of prolonged seizure activity.

### Written Guidelines for Managing Illnesses and Injuries

Written guidelines can prove quite valuable to a district in addressing issues related to the effective management of common illnesses and injuries. Some school districts choose to take the guidelines and adopt or adapt them as policies. Such standardized guidelines help ensure that students receive safe, consistent management of common illnesses and injuries found in the school population.

Guidelines should include but need not be limited to:

- a definition of the problem or description of the disease;
- identification of common signs and symptoms;
- initial management, such as immediate care;
- secondary management, such as referrals;
- special instructions, such as when to contact the student's parents/guardians, the school nurse, the principal, and the district administrator;
- documentation; and
- follow-up.

Guidelines can be drafted by small groups of nurses and others using appropriate references. Representatives from the school administration; public health officials; the medical, dental, and nursing communities; health and physical education teachers; and parents should review drafts. The school board should then formally approve the guidelines before they are implemented. District policies must clearly define which individuals are responsible for implementing and evaluating the guidelines.

Schools would benefit from established guidance regarding 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;
- ingestion of poisons;
- suspected or known drug and alcohol overdose;
- exposure to hazardous chemicals or materials;
- prolonged and continuous seizure activity;

- insulin shock;
- diabetic ketoacidosis; 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 health injuries and is not exhaustive. The American Red Cross offers a mobile app that provides instant access to information needed to handle many common first aid situations and emergencies.<sup>3</sup> The [WISHeS](#) website also has an *Injury and Illness Protocol* resource that is available for a district to review with its medical advisor and implement if appropriate for the district.

Schools would benefit from guidance regarding the following health conditions:

- Asthma
- Attention Deficit/Hyperactivity Disorder
- Body and Head Lice
- Campylobacter
- Cancer
- Cystic Fibrosis
- Diabetes Mellitus
- Fifth Disease
- Giardiasis
- Hand, Foot, and Mouth Disease
- Hepatitis
- Herpes Simplex
- Human Immunodeficiency Virus
- Impetigo
- Influenza
- Juvenile Rheumatoid Arthritis
- Lyme's Disease
- Measles
- Methicillin-Resistant *Staphylococcus aureus*
- Mononucleosis
- Mumps
- Neisseria Meningitis
- Pertussis
- Pinworms
- Ringworm
- Roseola Infantum
- Rubella
- Salmonellosis
- Scabies
- Seizures
- Sexually Transmitted Infections
- Shigellosis
- Shingles
- Sickle Cell Anemia
- Tuberculosis
- Upper Respiratory Infections
- 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 [On-Line Red Book: Report of the Committee on Infectious Diseases](#) as a resource in development of these protocols.<sup>4</sup>

### Management of Injuries and Illness

In the coordinated school health program, the management of student illnesses and injuries is one of the health services components. In addition to providing direct nursing services as needed, the school nurse is responsible for and manages:

- assessment and treatment of common illnesses and injuries during regular school activities on-site and during school-sponsored activities off-site;

- establishment of standing orders and health services guidelines;
- creation of student emergency information and health problem lists;
- development and implementation of individualized and emergency health plans;
- recruitment, training, monitoring, and supervision of nonprofessional school health personnel;
- equipping and operating health rooms;
- documentation of school health services and recordkeeping;
- communication with parents/guardians, school staff members, and community health care providers;
- communication of the health services plan; and
- evaluation of health services policies, procedures, and plans.

The methods used to address these activities will vary from district to district, depending on the financial, human, and material resources available to the district.

#### *Individualized Health Plans (IHP)*

When a student requires health care in school, whether for a chronic problem (such as diabetes) or a problem limited in nature (such as a fractured leg), the school nurse will develop an IHP in cooperation with the student (if possible), family, physician, school health personnel, and the student's teachers. The IHP is prepared by the school nurse and is individualized to reflect the student's specific needs, health care services required during the school day, expected outcomes of the care, and documentation necessary for claiming third-party reimbursement.

The purpose of the IHP is to ensure that a student benefits from the school's educational program by efficiently and effectively providing the health care services necessary to facilitate such learning in a safe environment, with minimal disruption to the normal activities of the student and of classmates. The IHP should be developed in such a way as to support the student's ongoing participation in academic and extracurricular activities with classmates, such as field trips and, where appropriate, participation on athletic teams and to create a safe process for the delegation of nursing care. Because of the potentially wide-reaching impact of the IHP, nurses should work with the student, family, administrators, teachers, coaches, and others to ensure the safe delegation of care to capable, trained providers.

The first step in developing the IHP is the assessment of the student's condition, academic and extracurricular demands, and resulting school health service needs. This assessment, considered a function of standard nursing and medical practice, must be conducted by the nurse; it may not be delegated to or assumed by others. Assessments typically address:

- physical findings, needs, and adaptations;
- student strengths and coping strategies;
- social and emotional relationships;
- learning style;
- family issues and supports; and

- available and needed resources, including personnel, equipment, and training.

With that information in hand, the nurse should seek to answer the following questions when formulating educational and health plans:

- What is the student's diagnosis and prognosis?
- Is the student's health stabilized and predictable, or does it change frequently?
- How much does the student know and understand about his/her health condition and status? How has it been explained to the student? Are further explanations or continued reinforcements needed?
- What medication(s) is the student taking? How will it affect the student's behavior and ability to learn? Will it need to be administered on a routine, episodic, or emergency basis? Does the family have the capacity to administer the medication on a consistent basis or as needed?
- What specialized health care services is the student currently receiving? Will any of this need to be administered in school? Is the student able to carry them out at home?
- What is the student's physical endurance? Is there a need to modify the student's scheduled activities?
- Does the student require classroom modifications, such as preferential seating, a special desk or table, or special equipment?
- Does the student's condition require special restrictions or accommodations to classroom, physical education, or recess activities?
- What are the student's extracurricular interests? What accommodation and training is needed for safe participation in the extracurricular activity?<sup>5</sup>

In addition, the nurse will want to ask does the student:

- require a special or modified diet?
- require special transportation to/from school?
- have mobility problems that require assistance in school?
- need special consideration in a building evacuation plan?
- need assistance with daily living activities, such as the use of toilet facilities?
- have difficulties or need assistance in communicating?
- have a chronic condition which may lead to medical emergencies? Has a plan been established with the local emergency medical service for this student?
- have emotional and social issues related to the health issues?

The IHP will also explain the student's specific health care needs, health services required during the school day, extracurricular activities, and expected outcomes. IHPs should address, but not be limited to:

- assessment of the student's health needs
- behavioral objectives and goals
- interventions
- transportation plans
- school adaptations
- personnel training needs

- care providers and their responsibilities
- parent and physician authorization for medication and health procedures
- emergency plans
- resources required to implement the IHP
- evaluation plans and re-evaluation dates

IHPs are recommended for students with any of the following conditions, among others:

- allergies with anaphylaxis
- arthritis
- asthma with significant disease
- cardiovascular disorders with significant disability
- clotting disorders
- cystic fibrosis
- diabetes, type 1 or 2, gestational
- enuresis
- encopresis
- gastrointestinal disorders
- immune disorders
- musculoskeletal disorders
- neurological
- neuromuscular disorders
- respiratory disease
- seizure disorders
- sickle cell disease

A student who has a health condition may be prone to injury or exacerbations of the illness. An IHP will provide a plan for managing those student health needs and possibly prevent a non-emergency situation from becoming an emergency situation. However, the school nurse who knows the student's medical history is the best individual to decide if an IHP enhances the quality of care and removes health barriers to learning.

The IHP should be on file and readily accessible to those nurses responsible for implementing the plan. The IHP should be reviewed and updated by the registered nurse at predetermined intervals. The book, *Individualized Healthcare Plans for the School Nurse* (2005)<sup>6</sup>, provides school nurses with electronic templates of health care plans for many health care concerns. *School Nursing: A Comprehensive Text* (2013)<sup>7</sup> includes a format and sample IHPs for some health conditions.

**■ Figure 2 Individualized Healthcare Plan (IHP)**

Full Name of Child:	Date of Birth:	Grade/Teacher:
School:	IHP Beginning Date:	IHP Ending Date:
Name of Parent/Guardian:	Home Phone Area/No.	Work Phone Area/No.
Related Services:	Date Developed/Revised:	
Health Care Provider:	Telephone Area/No.	
Specialty Care Provider:	Telephone Area/No.	
Special Health Need(s)/Diagnosis:		
Summary of Present Health Status:		
Nursing Diagnosis(es):		
School Personnel Involved in Implementing Plan:		
1.		
2.		
3.		
4.		
5.		
Person Participating in Development of IHP:	Relationship	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
School Nurse Who Developed IHP:		
School Nurses Signature:	Date:	
Parental Signature (optional):	Date:	
Medical Provider Signature (optional):	Date:	

Student Name:		School:		Date
Assessment Data	Nursing Diagnosis(es) (1.1, 1.2, 2.1)	Goals	Nursing Intervention	Expected Outcomes

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### *Emergency Action Plans (EAP)*

Whereas the IHP is the nurse's plan of care for the student with health care needs, the EAP is the guidance for school personnel to address emergencies that may occur during the school day. EAPs give school personnel step-by-step instructions for the health issue, symptom presentation, and the steps to take to assist in management of the emergency. School nurses may need to provide training regarding specific tasks that need to be performed in an emergency situation. See Chapter 8 – Emergency Services for more information.

## **School Health Room**

Schools vary greatly in the amount of space available for health service activities. To avoid the possibility for confusion in the midst of individual or group health service needs, each school building needs to identify a location where students can go when ill or injured, where teachers and staff know health care resources are available, and where students' health problems can be addressed promptly and empathetically. The room should have a telephone, a computer with internet capability and provide privacy, essential for conversing with and examining students.

School districts should have guidelines in place that allow equitable allocation of health care resources, personnel, and equipment to each school building. The nurse or other trained person should uniformly stock each building with common durable and nondurable equipment necessary for the management of common illnesses and injuries. The nurse should also evaluate any special needs that the student population dictates. For example, a student with diabetes will need additional equipment and privacy to properly manage blood sugar fluctuations.

## **Emergency Information and Health Problem Lists**

Parents/guardians must provide or update health and emergency information annually for every student. The school nurse and administration should provide a way to share this information with teachers and school personnel who have a need to know for educational and safety reasons.

Prior to the beginning of each school year, the school nurse should review the information and compile a confidential health problem list. This information should be used to prepare for routine and emergency student health needs throughout the district. The school nurse should also update the health problem list at regular intervals throughout the school year. Information on the list is confidential and should be treated in the same manner as all confidential health records. Many nurses are entering health concerns in the school electronic record systems so school personnel can have access to the information. As with all records, the school nurse will want assurances that the security and integrity of the electronic records system is adequate to ensure that only school personnel with legitimate educational and safety interests have access to the confidential health information.

## **Off-Site Care**

The school nurse should develop guidelines for managing common illnesses and injuries during school-sponsored activities outside the school building such as field trips, athletic events, and

music competitions. An individual trained to provide first aid and implement school district guidelines must be available and should be equipped with a variety of support equipment for out-of-school activities, including:

- a cellular phone or other device/system for contacting emergency personnel;
- student emergency information;
- emergency care plans;
- a portable first aid kit or box (a tackle box works well) with equipment needed to treat minor injuries, documentation forms, and containers for biomedical waste;
- a locked container for storing students' medication;
- any additional emergency equipment as directed by school district guidelines, such as a pocket mask should CPR measures be necessary; and
- knowledge of the location of nearest automated external defibrillator.

By law, school districts must provide emergency nursing services at all school-sponsored events, including but not limited to: curricular, co-curricular, and extracurricular activities, and methods to record each incident of service ([Wis. Admin. code 8.01\(2\)\(g\)](#)).

### Acute and Episodic Health Problems

Many signs and symptoms of common illnesses and injuries are readily identifiable. Districts should develop guidelines for managing health concerns that arise during curricular or extracurricular activities either on or off the school grounds.

The [Wisconsin Communicable Disease Chart](#) identifies those diseases which must, under Wisconsin law, be reported, including information regarding signs, symptoms, and public health response. The Wisconsin Department of Health Services has a [Communicable Disease website](#) which provides fact sheets and additional information.

### Chronic Illnesses

The impact of chronic illness on students is immense. A child with a chronic medical condition may be at greater risk for acquiring common childhood illnesses or may experience exacerbations of the chronic problem or complications from accidental injury. Such situations also create additional concerns, including:

- episodic and/or lengthy absences from school,
- limited/reduced endurance and/or concentration, and
- an increase in daily health management demands that adversely affect academic success and the development of social skills.

Children with chronic health conditions should be identified on initial school enrollments and through annual health status updates. An Individualized Health Plan (IHP) that addresses day-to-day concerns and management of exacerbations of the illness should accompany most students

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with chronic illness. If the illness affects a student's educational performance, the IHP may be described in the Individualized Educational Program (IEP), but should not be included in the IEP. If an IHP is included in the IEP, then if there are changes in the student's health and IHP, the IEP committee must reconvene to review and approve changes.

In addition, most students with chronic conditions need a case manager who is responsible for establishing and maintaining communication and coordination with the student's family, health care and community providers, and school staff members. In most instances, the school nurse has the appropriate knowledge to provide case management services for students with chronic illnesses. In some instances, however, collaboration and consultation with student services colleagues and local public health nurses may provide valuable resources in case management and care coordination.

The Department of Public Instruction provides [information and resources](#) for school nurses related to chronic conditions.

### Training to School Health Personnel Without a Health Care License

The school district administrators and board are responsible for provision of adequate resources to arrange necessary training of school personnel to provide safe and effective care. School nurses have the knowledge and expertise to determine the level and extent of training appropriate for a particular task. In accordance with [Wis. Stat. ch. 441](#) and [Wis. Admin. Code N6](#), the nurse must assess the task and school personnel in the delegation or consultation of the task to others. In the assessment of school personnel, the nurse must evaluate the staff member's educational preparation and demonstrated abilities to perform the task. Also, the nurse must assess the nursing task's complexity, predictability, and risk for adverse outcomes in the determination if school personnel without a health care license can perform the task. If it is determined that school personnel without a health care license cannot safely perform the task, it is recommended that the school nurse collaborate with the school administrators, parents, medical provider, and advisor, to determine the most appropriate health care provider to provide the service.

In accordance with [Wis. Admin. Code sec. N 6.04](#), licensed practical nurses (LPNs) may provide basic care for students in schools under the general supervision of a registered nurse or the direction of a physician, podiatrist, or dentist. LPNs may only accept basic care assignments that they are competent to perform. When the assignment includes complex care, the LPN must work only under the direct supervision of a registered nurse or physician.

The school may designate care of students with illnesses or injuries requiring basic first aid to trained personnel in compliance with school district policies and procedures. Local school board policies, school personnel job descriptions, and possibly a collective bargaining unit contract may articulate the first aid and medication administration responsibilities of nonprofessional school health personnel.

## Communication with Parents and Legal Guardians

Schools should promptly contact a student's parents/guardians in an emergency situation. School personnel should inform parents/guardians in writing or by telephone about a student's illness or injury if the:

- illness or injury will affect the child after the school day ends;
- contact results in a change in the home management plan (such as a child with asthma using an inhaler to relieve wheezing at school);
- student needs to be sent home or seen by a health care provider to treat the illness or injury (such as acute otitis media or fractures);
- student must be excluded from school until the illness (such as strep throat) is adequately treated; and
- the situation requires a home visit.

Minor illness or injury does not usually require exclusion from the school setting unless the:

- condition prevents participation in school activities;
- student poses a significant health risk to others in the normal course of school activities;
- signs/symptoms suggest severe illness or immediate medical intervention is needed; and
- signs/symptoms suggest communicability.

Notes sent home should contain information regarding:

- the situation that took place in the school or on school grounds or at a school-supervised off-site activity;
- what was observed;
- how the situation was managed;
- recommendations for the family; and
- the signature of the person completing the form and a phone number where school health personnel can be reached for clarification.

The significance of the injury and illness will dictate the need for direct communication via the phone or a note home. If parents are not reachable during the school day, notes and messages to designated emergency contact individuals can also be helpful.

## Documentation

Individuals who provide care for students with illnesses or injuries must document those services. Documentation may take the following forms:

- A written log of information regarding injury and illness care, including the student's name, the time of the contact, reason for the contact, type of care provided, disposition of the student, and signature of the individual providing care.
- A record of any contact with a student for management of an illness or injury placed in the student's health record according to school district policy.

- An accident/injury report sent to the principal and safety committee detailing serious injuries that occur in the school building, on school grounds, or during school-sponsored activities off school grounds.

Health room logs and health records are confidential and should be maintained in a secure system or cabinet. Documentation is a critical element for all health care provided to students with health problems. If it was not documented, one could say the intervention never happened.

## Framework for Interviewing Students for Health Issues

When a student comes to the health office with a health concern, data should be collected and an assessment made prior to treatment or care, unless there is an obvious medical emergency that requires immediate intervention. The Subjective, Objective, Assessment, Plan (SOAP) format provides a framework for conducting an interview, assessing, examining, and documenting the interaction with a student. The SOAP framework is remarkably similar to the [nursing process](#) including: assessment, nursing diagnosis, planning, implementation, and evaluation.

The SOAP format provides a system for logical data organization, which may influence nursing judgments in problem solving and actions taken. It does so within a definite framework that helps to guide and support health services personnel.

The advantages of the SOAP format include the following:

1. Provides organized written data for easy access.
2. Promotes clarity in problem identification.
3. Facilitates follow-up because the problem and plan are clearly documented.
4. Can be used as a teaching tool to improve interviewing, assessment, intervention, and evaluation skills.

This format has five components: (1) health concern, (2) subjective data, (3) objective data, (4) assessment/nursing diagnosis, and (5) plan. The health concern may be evident when you first encounter the child in a health visit or may be identified during the interview (data collection) process. Three additional requirements of all notations and charting are date, time, and signature. All entries must be documented in either a written format using blue or black ink or electronic database with overwrite protection.

**Health Concern:** This may or may not be the presenting complaint of the child. This is the health concern you identify. The health concern (problem) remains the same for all progress notes until the concern is resolved. Also, there may be several health concerns.

“Subjective data” refers to information supplied by the student in his/her own words. This information can be elicited using open-ended questions to the student and other significant persons such as parents/guardians or teachers. This data may include a history of symptoms and of an episode/incident. Interactions here will facilitate the student’s learning to participate in a health office visit. Routine health history questions/statements may include:

- What is the reason for coming to the health office?
- What hurts?
- When did this concern start?
- How long have you felt this way?
- What makes the pain/complaint worse?
- Describe the pain intensity (scale), quality (throbbing, radiating, stabbing), and location.
- How are you feeling?
- When did it start (onset)?
- How long did it last (duration)?
- Where is the location?
- Describe the sensations (e.g., sharp, dull, constant, intermittent, dizzy, tingling).
- Have you felt this way before?
- How have you treated it?
- What helps?
- Who knows about the problem?
- Is anyone sick at home or has anyone been sick at home recently?
- What are the current medications – self-medication/over-the-counter drugs?

Tell me what happened.

- What are the details of the incident?
- How, where, and when did it happen?
- Who was involved?
- What is the current class/activity?

Emotional components: ask student, teacher, or other school personnel as appropriate.

- What is the home situation/family change?
- What are the recent losses: family/friend illness or change?
- What is the quality of peer relationships?
- What are current stressors in classroom—academic performance, student-teacher conflict?

Other questions to investigate:

- What are the cultural or ethnic considerations?
- What are the comorbidities?

“Objective data” describes clinical signs of illness or injuries gathered by using one’s own senses (e.g., sight, touch, hearing, or smell) or screening/diagnostic tools. Routine techniques to establish clinical findings may include:

- Height, weight, body mass index, and percentile.
- Vital signs: temperature, pulse, respiration, and blood pressure (nurse only).

- Visual acuity and field of vision (nurse only) using Snellen chart, fingers, or reading material.
- Hearing acuity test using audiometer or voice (whisper) and otoscopic exam (nurse only).
- Observation, e.g., throat for exudate, swollen tonsils, inflammation; mouth for status of teeth and odor of breath; eye for pupil size, shape, reaction to light and accommodation (pupils equal, round and reactive to light, and accommodation=PERLLA); comparison of injured body part with non-injured one for swelling, discoloration, and deformity; location, size, and appearance of bumps, abrasions, lacerations, and rashes, etc.
- Inspection
  - Palpation, e.g., pulse points, enlarged lymph nodes in neck, armpit, or groin; skin temperature; location and extent of pain; abdominal tenderness or rigidity; range of motion, etc.;
  - Auscultation, e.g., lung, heart, and bowel sounds; blood pressure readings; etc.; and
  - Health appraisals, e.g., screening data and significant results (hearing, vision, blood pressure, scoliosis, dental, etc.).

Objective data may also include:

- lab test results if done in the health office (e.g., glucometer reading, peak flow reading, throat culture);
- academic achievement;
- attendance data; and
- mobility information.

**Note:** In actual or potential emergencies, obtaining subjective and objective data may need to be reversed or done simultaneously. In clear emergencies, intervention must be started immediately.

Assessment or statement(s) about the analysis or interpretation of the subjective and objective data: this assessment can be stated in terms using a nursing diagnosis. More information about nursing diagnoses can be found on the website of [NANDA-I](#).

“Plan” is a list of interventions/actions which are expected to improve the health status of the student: physically, psychosocially, emotionally, and intellectually. The combined data and assessment form the basis for a plan, which you will develop with individual students. Ask students what they think about their illness or injury. What would they like to do? What do they think would help them feel better? Facilitate children’s own problem solving and decision making. Emphasis must also be placed on the teaching component of self-care skills in the interactions with children. For example, a child enters the health office with an abrasion. Do not immediately do for the child, but ask him or her, “What do you think could be done to help you feel better?”

Routine interventions may include:

- collection of further data in order to establish a nursing diagnosis or facilitate management of a medically diagnosed condition;
- immediate interventions such as application of ice, cleaning and bandaging wounds, rest, giving simple sugar for hypoglycemia, etc.;
- education of a child about injury or illness and his/her part in managing it. Education may include prevention components, general understanding, and promotion of self-care behaviors;
- notification of caretakers (parents/guardians, designated contact persons), school personnel (school nurse, teachers, principal, social worker, guidance counselor, psychologist), and outside professionals, such as health care providers, public health nurse, fire-rescue, etc. Teacher notification is important if the teacher or secretary is expected to observe a student (e.g., after a head injury);
- disposition, such as return to class or exclusion from school, etc.; and
- follow-up as needed regarding the outcomes, further interventions, and referrals to community providers and resources.

SOAP is one method of interviewing and documenting health office visits and nursing interventions. School districts and nurses need to decide the best format and method of health care documentation. Electronic documentation programs will often have drop down boxes that can facilitate and standardize documentation across the school district.

## **Environmental Safety**

Students spend an average of 1,100 hours per year in schools from kindergarten through 12th grade. While students in school face a number of common environmental concerns, for example, noise pollution, which can diminish learning potential, and overcrowding, which can enhance the spread of infection, other, more serious, concerns make it imperative that districts ensure that students spend their school days in a safe and healthy environment.

School districts and local health departments share responsibility for providing a safe school environment. Because the school is responsible for the physical state of the buildings, districts need to clearly identify who is responsible for maintaining each part of the physical plant so that appropriate maintenance and repair referrals can be made as necessary. The local health department has a statutory responsibility to inspect schools for environmental deficiencies and public health hazards.

### **Airborne and Environmental Irritants**

Management of certain illnesses and injuries may need to include an assessment and modification of environmental hazards which may cause stand-alone diseases or exacerbate conditions like asthma or allergies. Environmental triggers may include:

- pollen, grass, and trees
- dust, mold, pet dander, and dampness

- cleaning agents, paint, and markers
- asbestos and chalk dust
- exhaust from vehicle idling
- ozone
- perfume
- passive smoke from tobacco products
- smoke and pollutants from wood burning stoves, burning leaves, or refuse

Among other contributing factors that may exacerbate chronic illnesses are temperature extremes, emotional stressors, and physical exercise. The Wisconsin Department of Natural Resources (DNR) has daily updates regarding outdoor air quality. Schools can subscribe to air quality notices by going to the DNR [website](#).

### Asbestos and “Sick” Buildings

School districts are required to develop and implement a plan for maintaining indoor environmental quality ([Wis. Stat. sec. 118.075\(4\)](#)). Older buildings present different environmental hazards than newer ones. Managing asbestos, a known carcinogen, is a major challenge present in buildings constructed in the 1950s and 1960s. The Department of Health Services’ Asbestos Program has resources available on their [website](#).

With the emphasis on energy efficiency, the design of newer buildings results in tight construction that reduces air exchange and may contribute to “sick building syndrome.” “Sick building syndrome” (SBS) is used to describe situations in which building occupants experience acute health and comfort effects that appear to be linked to time spent in a building, but no specific illness or cause can be identified.

### Classrooms

Teachers must safely store hazardous classroom materials, such as chemicals and equipment used in experiments, and provide students with safety equipment for handling them. School experiments and activities that involve the use or contamination of body fluids must consult the school district’s bloodborne pathogen policy for the proper precautions for students and school personnel. Attention must be given to the organization of the classroom furniture in eliminating unnecessary articles that may pose safety hazards to the mobility of all students. In addition, students who operate heavy machinery should do so only after being properly trained and only under the direct supervision of qualified teachers.

### Lead Poisoning

Lead is a toxic metal that was used for many years in products found in and around homes, especially in paint used before 1978. Lead can be emitted into the air from motor vehicles and industrial sources, and lead can enter drinking water from plumbing materials. Children can ingest lead contained in lead-based paint and contaminated soil, dust, food, and water.

Lead can have a devastating effect on the central nervous system, particularly in children under the age of six. Even relatively low lead levels may cause diminished cognitive function, impaired neuro-behavioral development, decreased hearing acuity, and retarded growth. Higher lead levels can result in severe damage to the central nervous, renal, and hematopoietic systems and even death. The most common environmental treatment is the removal of the lead source from the child's environment. Physicians may also choose or be compelled to treat the child via intensive drug therapy.<sup>8</sup>

In Wisconsin, young children should be screened for lead by their primary care provider if they: are living in housing built before 1950 or with major renovations in houses built before 1978; has a sibling or playmate who has been diagnosed with lead poisoning; or if the child is eligible for or enrolled in Women, Infants, and Children (WIC) or Medicaid.<sup>9</sup>

The Department of Health Services' Lead Prevention Program has prevention and educational resources available at their [website](#).

### Lunch Rooms

Dining and food preparation facilities must be sanitary and contain proper food warming and refrigeration equipment, <http://dpi.wi.gov/school-nutrition/food-safety>. Employees must be healthy and wear proper regular and protective clothing. In addition, certification of lunch room employees in CPR may save a life in the event of choking or respiratory and/or cardiac arrest.

## Injury Prevention

School nurses will want to be surveillant for areas of injury prevention and opportunities for student health education. Surveillance tools can include: injury logs, accident reports, reports from school personnel, and observations.

Student safety at school includes four critical areas: bicycle, pedestrian, playground, and school bus safety. Links to resources below will provide additional information, training, and education.

### Bicycle Safety

Bicycle safety is a major area of concern for students, parents/guardians, school personnel, and community members. Especially in these times, when the public is encouraging students to become more active, bike safety is more important than ever. Bicycle injuries are the leading type of sports injury resulting in emergency room visits for children and adolescents. Most bike-related injuries result from falls and collisions with objects, pedestrians, and other bicyclists. The use of bicycle helmets can prevent or lessen the severity of head injuries occurring as a result of an accident.<sup>10</sup> Traumatic brain injuries account for two-thirds of all bicycle-related fatalities. Research suggests that using approved bicycle helmets (ANSI or SNELL) may reduce head injuries by as much as 69-88 percent.<sup>11, 12</sup>

Opportunities to offer and reinforce bicycle-safety messages and activities may occur through the collective work of parents/guardians, school personnel, and municipal and community agencies.

Suggested activities for schools include:

- teaching bicycle safety as part of the health, language arts, or science curriculum;
- developing a policy requiring bicycle helmet use for students riding bicycles to and from school;
- encouraging the purchase and wearing of bicycle helmets;
- modeling safe bicycle behaviors among staff riding bicycles to and from school;
- reviewing and reinforcing bicycle-injury prevention strategies when caring for students following a bike injury; or
- supporting municipal and community agencies that organize discounted bulk purchases of bicycle helmets and distribute them at bicycle safety courses.

The [Wisconsin Department of Transportation](#) and [KidsHealth](#) websites offer educational resources regarding bicycle safety.

### Pedestrian Safety

Because they are increasingly responsible for getting themselves to and from school, children five to nine years of age are most likely to be injured as pedestrians. In part, the high incidence of such injuries among children in this age group is the result of their:

- limited ability to judge their distance away from and the speed of approaching vehicles,
- small physical stature,
- poor impulse control, and
- difficulty determining the direction from which sounds are originating.

Working with students, families, and community agencies, schools can

- offer and reinforce pedestrian education/safety programs,
- help identify and correct community hazards that may contribute to pedestrian injuries,
- promote the use of reflective clothing and other safety accessories by those walking in the dark,
- develop safe pedestrian crossing areas and walking policies near motor vehicle traffic, and
- enforce pedestrian-related traffic laws.

School districts should assess pick-up and drop-off facilities and procedures, walking and bicycling policies and procedures, and availability of crossing guard assistance in school zones. The Wisconsin Department of Transportation [Safe Routes to School Toolkit](#) offers resources for improving pedestrian safety.

### Playground Safety

As one of the school sites bearing the greatest potential for fun, physical development, and injury, the school playground should be inspected frequently to ensure that the area is safe and

that the equipment is in good repair and meets minimum safety standards. Staff members and volunteers also need to establish and enforce safety rules.

All physical activity involves risk taking, and because children may not fully comprehend their own physical limitations, playgrounds should not contain items that can cause injury in the natural course of play.

According to the [Consumer Product Safety Commission](#), a number of key issues should be addressed when providing opportunities for and monitoring children's play.

Playgrounds should be designed with appropriate space between each piece of equipment and between the pieces of equipment and structures such as buildings. This will allow students to move from one activity to another safely without being unduly confined or exposed to the risk of being injured by others who are playing. Other things to consider are:

- The surface underneath play equipment should consist of impact-absorbing material that adequately protects against the height and types of falls that may occur in the course of their normal use.
- Schools should follow all manufacturer maintenance recommendations and inspection schedules.
- All hazards should be repaired or removed, including visual barriers.
- Reasonable, appropriate access should be provided for children with disabilities.
- Playground supervisors should be positioned for optimum visual access to all students.
- Schools should establish and clearly communicate to parents/guardians and students rules regarding clothing and playground conduct.<sup>13</sup>

The National Program for Playground Safety offers training courses for playground supervisors available at their [website](#).

### School Bus Safety

Annually, more than 500,000 Wisconsin children are transported by school buses. Although accidents often make state and national news, school buses remain one of the safest means of transportation.<sup>14</sup> When accidents do occur, they do so most often among children between the ages of four and seven, according to the U.S. Department of Transportation, which also notes that two-thirds of all deaths occur as children get on or off the bus.

To ensure the safe transport of children on buses, districts should regularly educate students and parents/guardians on safe drop-off, pick-up, and riding guidelines and behaviors. Districts should also work with local law enforcement agencies to ensure proper enforcement of school bus-related traffic laws.

The Wisconsin School Bus Association offers a number of recommendations to ensure a safe bus transportation experience:

- All bus exits should be unlocked and able to be opened by riders in the event of an emergency.
- Riders should use seat belts when riding on buses equipped with them.
- After the bus driver has given a signal to board or cross the street, riders should look both ways before crossing.
- Riders should avoid wearing clothing with toggle drawstrings.
- Riders should fill open seats beginning from the front and moving back, avoiding seating in the last two rows, whenever possible.

In addition, schools should give special consideration to providing safe transportation for students with special health care needs or limited abilities, and to those who may require special health care equipment when being transported to and from school. At this time, federal and state law does not require that school buses are equipped with seatbelts. The Department of Transportation Bus Safety resource information is available at their [website](#).

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