



Manitowoc Public School District

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MEMORANDUM

DATE: 12/2022
TO: Board of Education
James Feil, Superintendent
FROM: Katie Eichmann Director of Student Services
RE: 2022 Emergency Nursing Services Plan

Below is the updated MPSD Emergency Nursing Services Plan for Board review and approval. This plan has been put together with input from our five registered nurses: Jennifer Hinz, Kelly Gagnon, Sarah Kadow, Jennifer Monte-Last and Julie Reimer .

If you have any questions or would like additional information I can be reached at 920-686-4740 or eichmannk@mpsdschool.

MPSD Nursing Services

This document is a collaboration of the MPSD School Nurse Team in accordance with WI State Statutes [118.29](#), [121.02\(1\)\(g\)](#), [PI 8.01\(2\)\(g\)](#), and [N 6.03\(3\)](#). Its purpose is to ensure the safe administration of medication and emergency care in the school setting. The Manitowoc Public School District's nursing services are under the direction of five (5) registered nurses under contract by the district.

Jennifer Hinz: 920-323-7445	RN# 126698-30 District Nurse
Kelly Gagnon: 920-323-1276	RN#190816-30 District Nurse
Sarah Kadow: 920-323-0644	RN# 135500-30 District Nurse
Jennifer Monte-Last: 920-323-7592	RN# 194299-30 District Nurse
Julie Reimer: 920-323-1786	RN#110733-30 District Nurse

Dr. Robert Greene, HFM Pediatrics, 4300 Michigan Street, Manitowoc, WI currently serves as the Medical Advisor for the Manitowoc Public School District. His work number is 920-320-2436.

Katie Eichmann serves as the Director of Student Services.

The Board of Education must review and approve this plan annually.

I. Administrative

A. Building hours/Designated locations

1. Emergency nursing services shall be available during the regular school day including curricular and co-curricular activities of students.

Regular School Day

Franklin	8:10-3:10
Jackson	8:40-3:40
Jefferson	8:10-3:10
Madison	8:10-3:10
Monroe	8:40-3:40
Stangel	9:00-3:00
Riverview	8:40-3:40
Washington	7:45-3:00
Wilson	7:45-3:00
Lincoln	6:59-3:30

4K programs at established site times

2. Designated areas for care shall be available to students during the school day. The designated areas according to school buildings will be:

Lincoln High School	Main Office, Health Room #103, and JFK Building
Washington Jr. High	Main Office, Health Room
Wilson Jr. High	Main Office, Health Room
Franklin	Main Office, Health Room
Jackson	Main Office #211/Health Room
Jefferson	Main Office #125, Health Room
Madison	Main Office #300, Health Room #304
Monroe	Main Office, Health Room
Riverview	Main Office, Health Room
Stangel	Main Office, Health Room
School Forest	Ehlert Lodge
Next Step-UW	UW-Manitowoc, 705 Viebahn St.
Next Step Connections (Apt.)	109A North 10 th St.

B. General Considerations

1. The district shall have written policies in regards to accidental injury, illness, emergencies, and administration of medication. These policies will be reviewed and approved annually by the nurses serving the Manitowoc Public School District, the physician serving as the medical advisor, the Director of Pupil Services, and the Board of Education.
2. The principal of each building will designate the individuals who will provide emergency assistance. These individuals are designated as responders in the district's bloodborne pathogen plan, emergency plan, and crisis plan. Custodians will also be designated as responders, but will not be required to be trained in First Aid and CPR. Certification is through the American Heart Association (AHA) and is kept current by the individual employee.
3. If it is determined that a student should go home, a parent/guardian or emergency contact listed in the student information management system shall be notified. No student shall be sent home unless one of the contacts is notified. It is preferred that a parent/guardian, their designee, or an emergency contact transport the student home unless the student is of legal age and has parent permission to leave the grounds in their vehicle.
4. A student's medical history sheet shall be on file in each school office and with the advisor/coach of any extra curricular activities. These forms are to be updated annually and signed by the parent/s or guardians.
5. Pertinent health information is recorded in the district's student management system and managed by the school nurses.
6. *Recess/Noon Recess*
Supervisors in charge shall carry a first aid injury pack.
7. *Co-Curricular Activities of students*
The principal in each of the schools will designate the individuals who will provide emergency assistance during co-curricular activities.
8. It is the responsibility of the parent to notify the advisor/coach of any school sponsored activity and the school nurse of their child's medical condition and/or care that may be needed. If a coach or advisor needs to administer any medication, other than oral, the district's DPI approved medication training is required. The school nurse will act as consultant for these staff members who need additional medical training.
9. *School Forest*
DPI approved medication trained adults will be responsible for emergency health issues. The WISHeS injury and illness protocols will be followed. The guidelines for requirements for CPR/first aid will be determined by the regulating agency of the camp.
10. *Extra Curricular Activities – Non Sanction School Activities*
No emergency nursing services available from the school district.

II. First Aid

Accidental injury or sudden illness may occur in the school setting. First aid may be rendered by any person who may be at the scene of the accident (Good Samaritan Act). General Guidelines for Providing Emergency Care/First Aid care can be referenced using the approved Wisconsin Improving School Health Services Injury and Illness protocol (WISHeS) and the American Heart Association First Aid manual.

A. District Approved First Aid Manual

See link for WISHeS protocol: [WISHeS](#)

1. The school nurses stock OTC products to address basic first aid. The use of these OTC products (which includes: bacitracin, hydrocortisone cream, bactine, saline eye rinse, and bleed stop bandages) are approved by the district's Medical Advisor.

B. Medical Emergencies

1. Severe low blood sugar related to Diabetes, life threatening allergic reaction, severe asthmatic attack, measurable injury, etc. all dictate the need for attention pending the arrival of emergency health care professionals/paramedics.
2. In the event of a medical emergency, 911 will need to be called. These emergency situations would include, but are not limited to:
 - i. Cessation of breathing
 - ii. Blockage of airway
 - iii. Pulseless victim
 - iv. Chest pain or other signs suggestive of a heart attack
 - v. Semi-conscious, unconsciousness or unresponsiveness to verbal or physical stimuli
 - vi. Severe low blood sugar with impaired consciousness or insulin reactions
 - vii. First-time seizure or any seizure activity lasting more than 5 minutes (unless health plan specifies otherwise)
 - viii. Severe allergic reaction or asthmatic attack which does not respond to a rescue inhaler
 - ix. Impaled object anywhere in the body
 - x. Trauma to the body that necessitates total body immobilization for safe transport to medical facility
 - xi. Sudden and severe pain occurring anywhere in the body
 - xii. Conditions that can induce shock including internal bleeding and burns
 - xiii. Suspected or known drug or alcohol overdose or poisoning with another substance
 - xiv. Severe allergic reaction or anaphylaxis to food, insects, medications, latex and exercise.

C. Activation of Emergency Medical Services (EMS) or 911

1. Stay with victim and remain calm.
2. Survey the scene. Only move the victim if location or elements are causing imminent harm to the victim but will not harm the responders.

3. Staff member who is in direct observation of the emergency will call 911 and provide the following information:
 - a) Request emergency response
 - b) The ill or injured person's location
 - c) The ill or injured person's suspected injury/illness (i.e., allergic reaction, head injury, diabetic emergency, etc.)
 - d) Student/staff member's name
4. Activate the school's medical response team. The team will bring the school's AED to the emergency scene.
5. Emergency first aid responders should remain with the student/staff member until the emergency medical services arrive. Follow the emergency action plan or life-threatening alert starting resuscitation measures as appropriate.
6. First witness to complete School District Accident/Injury Report form.
7. Route accident/injury report to building principal.
8. When emergency medical services are accessed, the adult in charge should notify an administrator and school nurse as soon as reasonable.

III: Medication Administration

The 5 rights of medication:

- Right Student
- Right Medication
- Right Dose
- Right Time
- Right Route

A. General Procedure Considerations

1. Medications must be kept in a safe, secure, **locked** location that is not accessible to students or other staff. The only people accessing this location are the school nurse and the appropriate staff that administer the medications. The school office is the preferred location.
2. Keys to the locked location must be stored in a fashion that is safe and secure.
3. Under Wis. Stat 118.29: Any medication (either prescription or over the counter) that may be administered in the school setting must be listed in the U.S Pharmacopeia- National Formulary (USP-NF).
4. Due to inadequate information to provide reasonable assurance that the ingredients do not present a significant or unreasonable risk of illness or injury, MPSD reserves the right to refuse administration of any substance not under FDA regulation, even if it is accompanied with a prescribing signature.
5. Any complementary and/or alternative product that creates aroma exposure and/or safety implication for other individuals should not be used within the school setting.
6. In accordance with the standards of nursing practice, the school nurse may refuse to administer or allow any medication to be administered, which based on nursing judgment, is potentially harmful, dangerous, or inappropriate in the school setting. In these cases, the parent and health care provider shall be notified of the reason for refusal by the school nurse.

7. Students 18 years of age and older are able to consent and administer their own medications on a case-by case basis
8. Methods will be taken to ensure student's confidentiality and privacy.
9. It is recommended that no student transport medication to or from school, it is the responsibility of the parent/guardian.
10. Unlicensed staff who administer daily medication to students must complete the district's DPI approved medication training designated by the district on an annual basis. Unlicensed staff will be provided appropriate instruction and a review of the medication policy and procedures of the school district.
11. Medications administered by any route other than oral will be assigned to district staff who are medication trained AND willingly accept responsibility for specific training and supervision by the school nurse for these methods of administration. Staff must complete the district's DPI approved online training program every four years as well as an annual skills demonstration. School nurses will provide appropriate skills training and evaluation per Wis. Admin. Code sec. N 6.03(3).

B. Prescription Medication Procedures

1. Parents are encouraged to administer medications to their child while the child is at home. When medications are required during the school day, the school nurse or appropriate staff designated by the school principal, may administer medications to students under established procedures and conditions and in compliance with Wisconsin State Statute 118.29.
2. A written MPSD medication consent form must be signed annually by both the health care provider with prescriptive authority and the parent/guardian **prior to the administration of any prescription medication**. It is highly recommended that a school nurse review the order PRIOR to any medication being administered.
3. The school administrator or his/her designee shall be responsible for reviewing the written prescribed medication orders periodically.
4. Medication must be brought to the school office by a parent/guardian in its original prescription bottle with the following information on it:
 - a. Child's full name
 - b. Name of drug, dosage, route and time to be given
 - c. Prescribing provider's name
 - d. Effective date
5. Medication must be counted/quantified upon receipt. The quantity of pills (or quantity of liquid) shall be recorded. It is recommended that the parent/guardian also observe the count and co-sign. If parent/guardian is not available, please have another staff member sign as witness.
6. An accurate and confidential system of record keeping shall be established for each student receiving medication and kept current on a daily basis. Any paper documents, such as medical orders, discontinuations, medication count logs, etc, shall be stored in a student's health file for a period of 5 years.
7. The student's Medication Administration Record (MAR) must indicate date & time the medication was given along with signature of the person who administered the medication. For the intent of this document, a student's MAR refers to either the electronic medication record or a paper chart.
8. Medications will be administered during the designated time window, (30 minutes before or 30 minutes after the prescribed time).

9. The best practice for documentation is immediately after giving the medication and by the individual administering the medication. "Each dose of medication administered must be documented along with any errors (Wis. Stat. sec. 118.29(4)). It is considered best practice for documentation to occur immediately after giving the medication and by the individual administering the medication." [Administration of Medications in WI Schools](#)
10. Requests for medication to be administered on an infrequent basis, such as when a student forgets, will not be accepted.
11. Only exact dosages will be administered. No partial doses will be given.
12. If a student does not show up for prescribed medication, at least one attempt must be made to locate the student. If a student misses the designated time window, the medication cannot be administered by school staff. Parent/guardian will be contacted to inform of the missed dose. Parent/guardian may come to school to administer the medication outside of the prescribed time window.
13. If a student refuses the medication, the refusal will be documented and parent/guardian informed.
14. A new order must be received from the health care provider if:
 - a. The time the medication is administered changes from the original order
 - b. The dosage changes from the original order
 - c. The medication changes from the original order
15. For prescription medication changes, a new MAR must be completed to reflect the change (med, dosage, or time, etc).
16. A telephone order for prescription medication can be received only by the school nurse, and must be followed by a signed written order within two working days.
17. Discontinuation of any medication is best done in writing by a parent or provider. If discontinued at the discretion of parents only, notification of the provider is recommended.
18. In accordance with state law (Wis. Stat. sec. 118.291 and 118.292), students are allowed to self-carry an asthma inhaler or EpiPen for an emergency situation. The student must have an annual completed MPSD medication consent form in which the prescriber indicates permission for the student to self-carry. In general, self-carrying occurs at 6th grade level or higher. Requests for younger students to self carry will be reviewed on a case-by-case basis. MPSD is absolved from any responsibility including safeguarding the student's inhaler or EpiPen.
19. **In accordance with state law (Wis. Stat. sec. 118.29(2)2m), for any student receiving Epinephrine for a possible allergic reaction, 911 will be called as soon as possible to report the administration of epinephrine. The used EpiPen will be sent along with EMS.**

C. Non-prescription Medication Procedures

1. Over-the-counter (OTC) medications require the parent signature on the MPSD medication consent form. OTC medications are those medications that can be obtained from a pharmacy, grocery store, etc without a doctor's order. The MPSD medication consent form must be signed annually by the parent/guardian prior to the administration of any OTC medication. It is highly recommended that the school nurse review the consent PRIOR to the medication being administered.
2. Medication must be presented in the original Manufacturer's labeled bottle with dosages appropriate to the age and size of the child. For identification purposes, the original manufacturer's bottle or container must be labeled with the child's name.
3. Only the recommended therapeutic dosage will be administered.

4. If the parent/guardian requests a dosage that is greater than the recommended therapeutic dose, a health care provider must complete the medication consent form.
5. If OTC medication is PRN (as needed) and the student requests the medication, the student's MAR must indicate the student's reported symptoms, the date & time the medication was given, and the signature of the person who administered the medication. Parent will be informed that medication was given and the time that it was administered.
6. If a student is found using or possessing a non-prescribed medication without parent/guardian(s) authorization, she/he will be brought to the school office and parent/guardian(s) will be contacted. The medication will be confiscated until written authorization is received.

D. Protocol Epinephrine (EpiPen)

1. The school district supplies emergency protocol Epinephrine to be kept in each school building. In the event anyone is experiencing an anaphylactic reaction, trained school staff are authorized to administer Epinephrine/EpiPen.
2. To be authorized the following criteria must be met:
 - a. Any district staff must be willing to assume the responsibility
 - b. Is authorized by school principal and/or designee
 - c. Has successfully completed the district's DPI approved Epinephrine training annually
3. **In accordance with state law (Wis. Stat. sec. 118.29(2)2m), For any person receiving**

Epinephrine for a possible allergic reaction, 911 will be called as soon as possible to report the administration of epinephrine. The used EpiPen will be sent along with EMS.

E. Stock Acetaminophen

Middle Schools and High School offer stock acetaminophen for occasional use to relieve temporary pain of headaches, muscle cramps, or dental pain.

1. Signed parental consent is needed and students must be 12 years of age or older.
2. Administration of acetaminophen will be limited to one dose per day and a maximum of 10 doses for the school year. If the threshold is reached, parent/guardian will be notified by the school nurse. If the student's needs extend beyond the threshold, parent/guardian may need to utilize MPSD medication consent form for OTC medication and will be responsible for providing the medication.

F. Medication Error

A medication error is defined by one or more of the following events occurring during medication administration:

- *Administration of a medication to the **wrong student***
- *Administration of the **wrong medication** to a student*
- *Administration of the **wrong dosage** of medication to the student*
- *Administration of the medication via the **wrong route***
- *Administration of the medication at the **wrong time***
- *Failure to administer a medication with appropriate medical provider and parent instructions."*
 - *Administration of Medications in WI Schools*

1. If an error in dispensing medication occurs at school, the parent/guardian, school nurse and school administrator must be notified. Medication errors must be documented per Wis. Stat. sec 118.29(4).

2. A notation must be made in the medication administration record AND A MEDICATION INCIDENT REPORT MUST BE COMPLETED BY THE SCHOOL NURSE. A COPY OF THE MEDICATION INCIDENT REPORT IS GIVEN TO THE BUILDING PRINCIPAL. Prescribing health provider may also be notified if the situation warrants, as deemed necessary by the school nurse. If the situation warrants provider notification, the school nurse will be the district representative.
3. Parent/guardian will be informed of the medication error before the end of the school day.
4. The following instances are NOT considered medication errors: parent requesting medication to be held, student refusing to take medication, vomiting after administration of medication. Vomiting and refusal of medication should be documented on student's MAR and parent informed before the end of the school day.

G. Field Trips

Field trips are defined per MPSD Board Policy 2340: [Field and Other District Sponsored Trips](#)

Please note that no student can be excluded from a field trip due to a medical condition, disability, or the need for medication (US Dept of Education Office for Civil Rights, 2016). In addition, the student CANNOT be excluded if proper training related to the above listed conditions did NOT occur.

1. Office staff and school nurses who are NOT informed about field trips in a timely manner will not be sufficiently prepared. To ensure that students' medical and/or medication needs are met safely and properly, please inform the school office at least two weeks in advance of local field trips. If a field trip is out of state, provide at least 4 weeks advance notice. At least 3 months prior to the trip is needed for out of the country field trips. Delegation laws vary from state to state and in other countries. Schools need to complete the appropriate field trip toolkit.
2. Use of a third party travel vendor does not supersede MPSD policy and forms.
3. The principal of the school will designate the individuals who will administer medications and provide emergency assistance during field trips. The staff member(s) shall carry the assigned medications and first aid supplies.
4. If medications other than oral meds are needed, including any potential emergency medications, at least one staff member on the field trip must have successfully completed the district approved medication training prior to the field trip.
5. Staff is responsible for securely storing medications during the field trip.
6. It is the parent/guardian's responsibility to provide both the medication and medication consent form to the school in a timely manner. Medications and medication consent forms must be turned into the school office at least 7 days in advance of the field trip. This ensures proper time for processing and planning to keep our students safe.
7. If medication is being given regularly during the school day, the same medication consent form on file can be used for the field trip. However, if the medication to be given extends outside of the normal school day, there is a change in dosage during the time of the field trip, or it is not normally given at school, then an additional medication consent form will be needed including the parent's consent and signed by the prescribing health provider.
8. For day field trips and overnight field trips with medications that are regularly taken at school- Medication doses must be packed in a med envelope and sealed to prevent loss of medication. The envelope should include the student's name, the name of medication, dosage, and time to be administered. Staff should sign the back of the envelope with the time the medication was administered and their initials. Upon return, the envelope should be returned to the office & the

student's MAR should be documented confirming the dose and time given, indicating "field trip," and the person's initials.

9. Only the exact amount of medication needed for the field trip should be packed. For overnight, out-of-state, or out of country field trips, exact amounts of medications need to be provided in their original containers. (An exception is overnight field trips with medications that are regularly taken at school. The medication can be taken from the school supply and packed in a medication envelope.)
10. For overnight, out of state, out of country- Self carry clause of epinephrine and inhaler applies to field trips as well. Self carry of controlled medications is not permitted. Self carry and/or self administration of any other medications will be reviewed by a school nurse on a case-by-case basis.
11. All school buses must be equipped with two-way radio communication.

H. Disposal of Medication

1. It is the parent/guardian's responsibility to pick up any remaining medication by the last day of student attendance. Any medication not picked up by the end of the last day of student attendance will be properly disposed of. Prior to the end of the school year, the school must contact the parent/guardian of students receiving medication at school, either by phone or writing, to inform that medication must be picked up by the last day of school. Also the school must inform the parent/ guardian that if medication is not picked up, it will be disposed of.
2. School nurse must document the disposal of the medication on the student's record including a secondary signature of witness.
3. Oral medications will be disposed of through the Manitowoc Police Department.
4. Sharps will be disposed of through a contracted company.

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Dr. Robert Greene
Dr. Robert Greene MPSD Medical Advisor

Approved by: _____ Ms. Katie Eichmann, Director of Student Services

References

- [118.29](#)
- [121.02\(1\)\(g\)](#)
- [N 6.03\(3\)](#)
- [PI 8.01\(2\)\(g\)](#)
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- Milwaukee Public Schools. (08/10/18). *Chapter 3 Medication Policy and Procedures*. Unpublished Internal Document