

FERNDALE SCHOOL DISTRICT NO. 502
ADMINISTRATIVE PROCEDURES

No. 3410 P-1

HEALTH SERVICES

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HEALTH SERVICES

I. INTRODUCTION

The following procedures will be utilized to accomplish the district's health services requirements.

II. SCREENINGS - Vision and Hearing

A. Vision - WAC 246-760

1. Definitions

- a. Failure: the inability to identify the majority of letters or symbols on the thirty -foot line of the test chart at a distance of twenty (20) feet or Snellen equivalent chart.
- b. Vision screening: distance central vision acuity.

2. Rules and Administrative Procedures

- a. The Ferndale School District must provide annual screening for visual acuity of all students in grades kindergarten, one, two, three, five, seven, and may screen other children at other grade levels if resources permit or those who are referred for screening by parents or staff because of vision concerns.
- b. The nurse shall read and understand WAC 246-760 Visual Acuity Standards.

3. Screening Procedure

- a. The principal/ designee will secure screening volunteers.
- b. The principal/ designee will assure that volunteers are trained and supervised by the school nurse.
- c. The principal/ designee will provide school nurse/ volunteers with Vision/ Hearing Record (Attachment #1) or class list.
- d. The principal/ designee will make arrangements for space.

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- e. Equipment will be supplied / maintained through Special Services.
- f. Volunteers will screen students under the direction of the school nurse.
- g. Students with correctives lenses for distance will be screened with lenses on, if available.

4. Results

- a. The nurse will rescreen students if indicated within 2 weeks after mass screening (exception would be excessive absenteeism and/or student condition warranting postponement of re-screen)
- b. Volunteers will record and initial findings on the Vision/Hearing Record or class list.
- c. The screener will record 20/30, right eye; 20/30 left eye, in ink if student passes, or "X," or referral to school nurse. The recording space will be left blank if the student is absent. Student wearing distance corrective lenses will be indicated under "with glasses."
- d. The school nurse will send home the Vision-Screening Referral Form (Attachment # 2 and/or # 3).
- e. As time allows screening referral/ results will be entered in the computerized data management system.

C. Hearing - WAC 246-760

1. Definitions

- a. Audiometer: precision, electronic instrument, which measures hearing acuity.
- b. Calibration: the adjustment of the accuracy of the audiometer, which will be completed at least every 12 months.

2. Rules and Administrative Procedures

- a. The Ferndale School District must provide annual screening for auditory acuity of all students in grades kindergarten,

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one, two, three, five, seven, and may screen other children at other grade levels if resources permit or those who are referred for hearing concerns.

- b. The nurse shall read and follow WAC 246-760, School Districts Auditory Standards.

3. Screening Procedures

- a. The principal/designee shall meet with the school nurse to set a schedule, time and place free of extraneous noise to conduct hearing screening.
- b. The principal/designee will recruit volunteers and make arrangements for their training by the school nurse.
- c. The principal/designee will make Vision/Hearing Record of student scheduled for screening available to school nurse/volunteers.
- d. School nurse/volunteers will screen each student individually.
- e. School nurse/volunteers will screen each student at 1000, 2000, and 4000 Hz and at 20 decibels in each ear.
- f. School nurse/volunteers will record each student in the appropriate blank on the Vision/Hearing Record with a check mark (✓) for pass, "X" for refer, or leave the space blank if the student is absent for screening.

4. Results

- a. All students who fail the screening by missing one or more of the tones in either ear will be screened a second time within 6 weeks by the school nurse (exception would be excessive absenteeism and/or student condition warranting postponement of re-screen.)
- b. If the student's hearing is not within normal limits according to results obtained on the second screening, the school nurse will send home a Hearing Screening Referral Form (Attachment #4 and/or #5.)

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- c. The school nurse will notify the teacher of all hearing referrals sent to parents along with the possible need for classroom accommodations, if indicated.
- d. As time allows the school nurse will enter referral/ results of screening in the computerized student management system.

III. INFECTION CONTROL PROGRAM/EXPOSURE CONTROL PLAN

The procedures are designed to provide effective precautions against transmission of disease in the school setting. They apply to students and staff, and address exposure to blood and other body fluids containing bacterial or viral agents including the Human Immunodeficiency and Hepatitis B viruses.

A. Universal Blood and Body Fluid Precautions

No distinction is made between body fluids from persons with a known disease and those without. Body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" includes blood, semen, feces, urine, vomit, and respiratory secretions, and saliva.

- 1. In order to avoid contact with body fluids, disposable gloves should be available in each school building.
 - a. Gloves should be worn to:
 - i. treat bloody noses;
 - ii. provide first aid for injuries involving blood or body fluid;
 - iii. handle drainage;
 - iv. change diapers;
 - v. change ostomy bags;
 - vi. assist students in managing fecal/urine incontinence;
 - vii. suction tracheotomies;
 - viii. catheterize students; and
 - ix. handle and clean contaminated environmental surfaces and to clean equipment.

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2. Used gloves should be removed inside out and disposed of in a plastic bag or lined trash can. Used tissues, diapers and paper towels should also be placed in a plastic bag for disposal. Hands should be washed following use of gloves.
3. In the case of unanticipated contact with body fluids when gloves are not available and following the use of gloves, hands or other affected skin areas should be washed with soap and running water with vigorous friction for approximately ten (10) seconds.
4. Contaminated clothing, towels and other non-disposable washable items should be:
 - a. in the case of personal items, placed in plastic bags before being sent home for washing;
 - b. in the case of items belonging to the school, laundered at school or by the district laundry, separate from other items, using detergent, hot water and one-half cup of household bleach.
5. Cleaning and/or disinfecting contaminated surfaces and rugs
 - a. Intermediate level disinfectant should be used to clean surfaces contaminated by body fluids.
 - b. Hard surfaces should be cleaned in the following manner:
 - i. put gloves on both hands;
 - ii. remove soil;
 - iii. apply disinfectant with mop or cloth;
 - iv. dispose of contaminated water in toilet or sink designed for contaminated water and rinse mop in water with disinfectant before storing;
 - v. if cloths and towel are used, place in plastic bag and mark appropriately, "to be sent to laundry" for proper washing;
 - vi. Place paper towels and other disposable items in a secured lined trash container and discard daily; and
 - vii. wash hands thoroughly.

- c. Rugs should be cleaned in the following manner:
 - i. apply sanitary absorbent agent;
 - ii. allow to dry, then vacuum. If necessary, mechanically remove soil with dust pan and broom or spatula.;
 - iii. apply rug shampoo and use a germinal agent on the area;
 - iv. re-vacuum.

B. Exposure Determination

All employees with occupational exposure to blood and other potentially infectious materials is protected by the Infectious Control Plan (ICP). Occupational exposure is defined by OSHA as "reasonably anticipated skin, eye, mucous membrane or parenteral (injected) contact with blood or other potentially infectious materials that may result from the performance of an employee's primary duties."

- 1. Occupations considered to have the potential for occupational exposure in the Ferndale School District are:

Some employees in the following job classifications have potential for occupational exposure:

- a. occupational/physical therapists
- b. school nurses
- c. athletic trainers/coaches and assistant coaches
- d. speech/language pathologists
- e. first aid providers
- f. custodians
- g. some teachers and instructional assistants
- h. bus drivers

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2. When individuals who are identified in the job classifications listed above perform certain tasks or procedures, potential for occupational exposure exists. The following are examples:
 - a. Providing first aid;
 - b. Coming in contact with body areas that may be contaminated with potentially infectious materials;
 - c. Handling items that have become contaminated by potentially infectious materials (e.g. diapers);
 - d. Providing personal hygienic care to a student.
3. The district is obligated to make available pre-exposure Hepatitis B Vaccination (HBV) at no cost to all employees identified in section one.
4. Post exposure HBV for all others will be made available, at no cost, following exposure to potentially infectious materials. The reporting procedure for each exposure is described in section B, 5 (below). The vaccination is a series of three injections at zero, one and six month intervals and has shown to provide eighty to ninety percent efficacy in preventing infection.
 - a. Pre-exposure HBV vaccine shall be made available following the employee training to all employees who work in an occupation where exposure exists.
 - b. Identified employees will be given the Hepatitis B Immunization series authorization form from the district office or sign the Consent/Waiver Form (Attachment #6).
 - c. A copy of this waiver form or medical provider authorization for paid vaccines series will be maintained in the Special Services Office for the duration of employment, plus thirty (30) years.
 - d. As per the Center for Disease Control guidelines, employees whose exposure to blood is infrequent, by nature of their job and/or strict adherence to universal blood and body fluid precautions, should consider timely post-exposure prophylaxes.
5. Definition of exposure incident: Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral

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contact with blood or other potentially infectious materials that results from the performance of an employee's duties (human bites are in this category.)

Once an employee has direct contact with blood or other body fluids containing blood, the following procedures should be followed:

- a. The employee should report the exposure incident to his/her immediate supervisor before the end of the work shift during which the incident occurred and immediately take to the physician the Health Care Professional Exposure Report Form provided by the Ferndale School District (Attachment #7) and follow the steps in Administrative Procedures No. 3410 P-2/5500 P-2. If the incident occurred after regular office hours, the employee will be referred to the local emergency room.
- b. The employee shall complete a state L&I form provided by the physician. The employee must present a Release For Work Authorization Form, signed by the physician, to his/her principal/supervisor before resuming duties.
- c. The supervisor shall immediately contact the Special Services Office who shall:
 - i. Consult with school nurse regarding questions or concerns.
 - ii. Maintain a record in the employee's health file for the duration of employment plus thirty (30) years which includes:
 - accident report form;
 - information on the employee's Hepatitis B vaccination;
 - documentation of consent or refusal of Hepatitis B vaccination; and
 - a copy of the post-exposure evaluation and recommended treatment in writing from the health care professional.

C. Training and Education of Employees

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- a. The Ferndale School District Special Services Department will maintain a record of Bloodborne Pathogen training for all employees for 3 years and will provide a letter of completion if requested.
- b. OSHA/WISHA regulations require annual training for employees identified with reasonable anticipated occupational exposure to blood or other infectious materials.
- c. Training will be completed prior to being assigned job duties that put employees at risk.
- d. The Hepatitis B vaccine shall be offered to those employees (above) within ten (10) days of assuming duties that place them at risk for occupational exposure.
- e. The training will be under the direction of the director of special services and the school nurses.
- f. Following the training described above, each employee shall complete the Hepatitis B for vaccine series or sign the consent/waiver form.
- g. Once an employee has completed the Hepatitis B immunization series, the Hepatitis B Immunization Consent/Waiver Form shall be completed by the employee and forwarded to the Special Services Office.
- h. Records of training sessions, including the date, contents of the training and name(s) of trainees and participants shall be maintained in the Special Services Office.
- i. The Exposure Control Plan shall be reviewed and updated at least annually.

IV. CONTROL OF INFECTIOUS DISEASES

A. Definitions

1. Epidemic: a contagious disease in a given environment, which attacks "many" (use professional judgment to define many).
2. Pandemic: An epidemic (a sudden outbreak) that becomes very widespread and affects a whole region, a continent, or the world.
3. Infectious Diseases: a condition in the body or one of its parts that impairs normal functioning, that corrupts or contaminates and is capable of spreading rapidly to others.

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B. Rules and Administrative Procedures

1. Principals are responsible for governing the presence on or about school premises of persons who have or have been exposed to contagious diseases.
2. If a disease becomes epidemic, the principal shall contact the director of special services or the school nurse who shall contact the public health department for assistance.
3. Pandemic planning should be completed in preparation of a potential Pandemic concern.
4. Students/employees infected with the Acquired Immune Deficiency Syndrome (AIDS) will be accorded rights, privileges and services as provided by law and local district policy.
5. If the district is notified by parents of a student who has AIDS/HIV, the following administrative procedure will be followed:
 - a. Keep strict confidentiality. The employee notified is forbidden to disclose or release that information without a signed informed consent form.
 - b. Do not enter information in the cumulative student file or data management system.
6. The school nurse will develop an IHP if necessary for the student to access the educational program with input provided by the student's health care team.

C. Communicable Disease

1. Diseases in a contagious state under normal classroom conditions may be controlled by the exclusion of the student from the classroom and/or by referral for medical attention.
2. Staff members must advise the principal or designee when a student possesses symptoms of an infectious disease and follow the Department of Health/OSPI guidelines: refer the concerns to the school nurse.
3. In order to prevent outbreaks of measles and spread of the disease in a school, the occurrence of any generalized rash with fever, cough, runny nose and reddened eyes in school must be reported to the school nurse who will report to the local health department.

D. Reportable Disease

1. Reportable diseases identified by the Department of Health, require an immediate report to the local health department at the time a case is suspected or diagnosed.
 - a. The school nurse will stay apprised of the diseases that warrant reporting and make such report.
 - b. Any cluster, or pattern of cases, suspected cases, or increased incidence of any disease beyond that expected in a given period require notification by principal/designee to the school nurse who will make such report to the local health department.

E. Identification and Follow-up Procedures

1. The length of absence from school caused by a contagious disease is determined by the directions given in the Infectious Disease Control Guide, for school staff, or instructions provided by the attending physician, or instructions from the local health officer.
2. The principal has the final responsibility for enforcing all exclusions.
3. Follow-up of suspected communicable disease cases should be carried out in order to determine any action necessary to prevent the spread of the disease to additional students.

F. Reporting at the Building Level

1. The school nurse shall report to the local health officer any student who is infected with a reportable disease as identified above. The school nurse will also notify the building administrator in addition to the special services director of this report.
2. When symptoms of communicable disease are detected in a student who is at school, the principal/designee will:
 - a. Call the parent/guardian or emergency phone number to advise the parent/guardian of the signs and symptoms and have the parent/guardian immediately pick up the child from school;
 - b. Keep the student isolated and observed until the parent/guardian arrives; and

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- c. Notify the teacher of the arrangements that have been made prior to removing the student from school.
- d. School building administrator/ designee will notify the school nurse if absences are greater than or equal to 10 percent of the school population.
- e. The school nurse will notify the local health department of increased absenteeism in accordance with their requests.

G. Pandemic/Epidemic Planning

If anyone within the school is discovered or suspected to have a communicable disease that may result in an epidemic/pandemic that person shall be immediately quarantined pending further medical examination. Local health officials shall be notified immediately.

Any student or staff member found to be infected with a communicable disease that bears risk of pandemic/epidemic will not be allowed to attend school until medical clearance is provided by the individual's primary care physician or other medical personnel indicating that the risk of that individual transmitting the disease no longer exists.

In the event of prolonged school closings and/or extended absences by staff or students as the result of a flu pandemic or other catastrophe, the superintendent shall develop a pandemic/epidemic emergency plan that includes at a minimum:

- 1. The chain of command for the emergency plan and the individuals responsible for specific duties such as quarantine;
- 2. The specific steps the district will take to stop the spread of the disease;
- 3. The process for identifying sick students;
- 4. The transportation plan for such students;
- 5. Disease containment measure for the district;
- 6. A continuing education plan for students. Such a plan may include providing students with assignments via mail, local access cable television or the school district's web site;
- 7. Procedures for dealing with student privacy rights;

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8. A continuity of operations plan for central office functions including employee leave, pay and benefits during a pandemic; and
9. An ongoing communication plan for staff, students and parents.

V. ILLNESS/INJURY/OTHER

The school district will make reasonable effort to provide a healthful environment for students and staff. If illness/injury occurs during the school day, the following procedures shall apply:

A. Guidelines for managing ill or injured students:

1. The director of health and safety will supply schools with the booklet. The most recent publication from Washington State Department of Health and reviewed and approved by Office of Superintendent of Public Instruction.
2. Principals will provide in each health room a copy of this booklet called, "How to Respond: Injury and Illness at School."
3. The principal will see that health room designees render first aid according to these guidelines and assure documentation log (Attachment #8) describing the nature or the visit/disposition of student is made. Middle school and high school's may use alternative health room logging system as approved by director of special Services or building administrator with the understanding that accident, injury or illness visits, intervention provided and disposition of student are documented.
4. Emergency Intervention guide will be provided to district staff for responding to students with specific life threatening conditions. These conditions include: seizures, life threatening allergies (food/insect), asthma and insulin dependent diabetes.

B. Student Concern

1. The teacher shall determine if the student can be sent to the office independently or needs to be accompanied unless other specific student instructions are noted in the nurse developed Individual Health Plan (IHP/504 Accommodation Plan). The principal/designee or nurse will determine if the student should remain in school or be sent home or parent notified.

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2. If the student is to be sent home, the principal/designee will notify the parent/guardian and have them come to the school and take the ill or injured student home.
3. If no one can be reached, and in the principal/designee's opinion the illness/injury is not of a serious nature, the student will be made as comfortable as possible until the end of the day. The student will then go home as he/she normally would unless there is reason to believe this may result in harm to the child or is considered communicable to other children/staff.
4. The principal/designee will send home a brief written description of the observed illness/injury (see Attachment #9, Illness/Injury Sample Letter) and request the updating of emergency contact to prevent re-occurrence.
5. If the illness/injury is determined to be of a serious nature, or becomes serious during the school day and no appropriate contacts can be reached, the principal will see that the student is transported to a medical facility and continue to try to reach the parent/guardian.
6. During seasonal influenza and/or pandemic concerns, students will be isolated to the extent possible and another health room location will be identified by principal/designee in consultation with the school nurse for routine visits will be available.
7. When development of a nuisance disease such as pediculosis (lice) exists, the principal may institute screening procedures to determine if, in fact the disease exists.
 - a. The principal should use professional judgment in consultation with the school nurse to determine if/when circumstances may warrant a student be excluded from school (refer to Parent Information Sheet: Treatment of Head Lice, Attachment #10).
 - b. Nursing services staff will provide the latest information regarding head lice and recommended management and offer educational support upon request of the principal.
 - c. Parent/guardian will be notified either by phone and/or letter if visualization of head lice is noted at school (Attachment #11).
 - d. The building principal will determine if a student will remain in school for the duration of that day or be sent home early.

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- e. Principals will be advised of the recommended practices for lice management in a school from the Center for Disease Control.

C. Staff

- 1. If a staff member becomes ill/injured during work hours and has to leave his/her workstation, the principal or supervisor will determine if a substitute is necessary and act accordingly.
- 2. Emergency aid for emergent accidents/unexpected medical needs may be provided by a school nurse within the nursing scope of practice if available on campus. Building first responders and 911 will otherwise assist. Routine medical guidance, consultation, advocacy and treatments for staff member's personal health issues should occur between a staff member and his/her health care provider or FSD Assistant Superintendent for Educational Services.

D. Procedure for Completing Accident/Incident Report

- 1. Complete an accident/incident report for either student/visitor or employee whenever the injury causes medical attention, other than minor first aid, or lost work time to occur.
- 2. A Student Accident Report (Attachment #12) or Employee Accident Reports will be signed by the principal and one copy will be sent to the director of business and operations (see Administrative Procedures No. 3410 P-2/5500 P-1 for complete instructions and required forms for employees.)
- 3. Complete each item thoroughly and accurately. This document may be used in a legal proceeding.

E. Concussion Injuries—School Awareness and Management: For Known or Suspected Concussion, Traumatic Brain Injury, or other reported head injury of concern.

- 1. Students who have sustained an injury while on school campus and display symptoms of possible concussion or have a report of sustaining a head injury/concussion outside of the school will be immediately removed from physical activity and may require a medical examination/clearance for school attendance or participation in physical activity similar to the athletic requirements.
- 2. The building administrator/designee will notify the school nurse of such student incidents.

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3. If a student sustained an injury to his/her head of significance during the school day, the student will be monitored in the health room and the parent/guardian will be notified. If a parent cannot be contacted and the student appears well enough to take the normal route home, a letter describing the incident and the symptoms to watch for/when to seek medical care will accompany the student (Attachment #13). Head injuries requiring immediate or advanced medical care will be managed through the EMS (911) system.
4. Students with significant head injuries (sustained on or off campus) may need the development of an Individual Health Plan, 504 Accommodation Plan or Individual Education Plan depending upon the circumstances, prior to returning to school.

VI. IMMUNIZATION

In order to be enrolled in school, all students must provide the school with proof of full immunization, initiation of and compliance with a schedule towards full immunization or exemption(s) from full immunization.

A. Definitions

1. Full Immunization: completion of the immunizations required by the Washington State Department of Health for school attendance in Washington State Public School/Preschools.
2. Washington State Department of Health: works with its federal, state and local partners to help people in Washington stay healthier and safer.
3. Immunizations Requirement: the minimal acceptable schedule of immunizing agents.
4. Initiation of a Schedule of Immunization: the process of beginning or continuing a course of immunization.

B. Rules and Administrative Procedures

1. Principals shall read and make available to each building the Manual: Immunization Manual for Schools, Preschools, and Child Care Facilities. This manual may be located at www.doh.wa.gov/cfh/immunize/schools/default.htm
2. Principals shall designate school personnel to be responsible for the immunization program.

C. Immunization Compliance Procedures

1. The principal/designee requires completed Certificate for Immunization Status (CIS) forms on all registered students. Most current CIS is available at: www.doh.wa.gov/cfh/immunize/forms/default.htm
2. The principal ensures that every child on or before the first day of attending school:
 - a. is fully immunized in accordance with current Washington State schedule of immunization (www.doh.wa.gov/cfh/immunize/schools/vaccine.htm.)
 - b. has initiated, and is in compliance with, a schedule of immunizations; or
 - c. has a certificate of exemption.

The CIS Form will be part of the student's permanent cumulative file for each student while enrolled in a school within the Ferndale School District.

3. The principal is responsible to exclude any student who does not comply with the law. The letter for exclusion compliance will be generated through the WesPac data management system.
4. The principal's designee will enter records into the computer in order to facilitate easy identification of exempt students.
5. The principal's designee will file the report of immunizations required by the state of Washington according to the state guidelines.
6. The school nurse will provide consultation and support when needed for immunization questions in addition to providing annual update training for staff involved with immunization compliance.

D. Required Health Information Distribution

1. Ferndale School District will provide information to parents and guardians of students sixth through twelfth grade regarding meningococcal disease and human papillomavirus in accordance with Department of Health (DOH) Requirements. Other required

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DOH letters will be sent in accordance with requirement changes if/when they occur.

- a. The school district will notify families in accordance with the DOH recommendations.
- b. The most recent DOH “parent sample letter” will be used as a resource and guide for such notification requirements found at www.doh.wa.gov
- c. Nursing services will inform special services director as soon as possible when updated content recommendations have been posted by the DOH.
- d. The informational letter could be combined with other district-wide mailings, if this will facilitate distribution.

VII. MEDICATION and MEDICAL TREATMENTS AT SCHOOL

The district is authorized by RCW 28A.210.260-270 and RCW 18.71.030(3) to administer prescribed oral medications to students during school hours or while students are in the custody of the district. The district will authorize its employees to administer prescribed oral medications to students only when the student requires such medication in order to attend school, school sponsored activities, or when the student is susceptible to a predetermined life endangering situation.

A. Definitions

1. Prescribed oral medication: all prescribed or over the counter oral medication dispensed to student on a scheduled basis upon written authorization from a parent and accompanied by written instructions from a licensed health care provider.
2. Licensed professional: a registered professional school nurse licensed pursuant to chapter 18.88 RCW and employed by the district.
3. Designated personnel: those district employees described in Section B below.
4. Parent: parent, legal guardian, or person having legal control over the student.
5. Current: each school year.

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6. Licensed health care provider: any person listed in RCW 188.79.040 with prescriptive authority (eg. Physician, dentist, osteopaths, PA, ARNP, naturopaths, and chiropractors).

B. Training and Supervision

1. The district's school nurse shall, under the general direction of the director of special services, train and supervise designated personnel in the proper administration of prescribed oral medication.
2. Only designated personnel who have received such training and licensed professionals shall administer prescribed medication.
3. The district's school nurses shall supervise designated personnel by conducting periodic reviews of medication administration procedures.

C. Designated Personnel

1. The principal's designee trained annually in the administering of oral medication (see Attachment #14 Guidelines for Oral Medications).
2. In addition to those staff members authorized to administer oral medications, the building principal may request specific staff members to be authorized to administer medications in specific situations (i.e. field trips, some classrooms for the disabled, emergency medications).
 - a. The request should be submitted in writing to the school nurse and should include the names and positions of the staff members the principal would like to designate along with the reason for the request.
 - b. Staff designated to administer medications in a specific situation may only administer such medication within the specific situation.
3. Only employees of the district may be designated to dispense medications.

D. Procedures

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1. Designated personnel shall administer prescribed medications to students only when the district has received Authorization for Administration of Oral Medication at School (Attachment #15).
 - a. Parent/legal guardian request and instructions
 - i. Such request must be made in writing. The request must be current and unexpired.
 - ii. The request must be signed by a parent/legal guardian.
 - b. Health care provider requests and instructions
 - i. The request must be made in writing and signed by the student's health care provider. The request must be current and unexpired.
 - ii. The request must state that a valid health reason exists which makes administration of the prescribed oral medication advisable during school hours or during such time that the student is under the supervision of school officials.
 - iii. Written, clear, legible, current, and unexpired instructions must be obtained from the student's current health care provider regarding the administration of prescribed oral medications for students.
 - iv. These instructions must be nondiscretionary.
 - v. Both the request for administration or medication as well as the written instructions from the health care provider must be received by the school prior to the delivery of medication.
 - c. Medication
 - i. The medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication, dosage and the amount to be given.

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- ii. All medications should be in a form ready to be administered and should not require any preparation by the designated personnel.
 - iii. It is the parent/ guardian(s) responsibility to deliver and maintain an adequate supply of medication at school. The medication may not be delivered by the child or school bus driver.
 - iv. The principal's designee will attempt to notify the parent when the medication supply is low or completely out.
 - v. If there is a need to change the student's dosage and/or time of administration, the health care provider must submit a new written request. If there is a dosage change, a newly labeled original container from the pharmacy shall be provided to the school.
- d. Inhalers
- i. In most cases, inhaled medications will be administered in the school office or health room under oral medication procedures.
 - ii. In the event that the health care provider and parent indicate that a student must carry their metered dose inhaler on their person, the authorization form must be on file in the office, and guidelines under self-administration of inhaled medications met. Students may receive assistance in the delivery of medication if a trained staff member is available despite orders indicating self-administration.
 - iii. The staff will not be held responsible to record daily dosages.
 - iv. The use of the Inhaler order form is preferred for all metered dose inhalers prescribed (Attachment # 16).
- e. Self Medication
- i. In the event a health care provider and parent/ guardian request that a student be allowed to self medicate at school, the health care provider and/or parent/ guardian shall complete an

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Authorization for Self Administration of Prescription Medication at School Form (Attachment # 17 or Inhaler Order form (Attachment # 16).

- ii. The original of this form, signed by the health care provider and/or parent/guardian, will be on file in the school prior to the student initiating self-medication.
- iii. All students who are authorized to medicate themselves at school shall carry only one day's dosage of the medication.
- iv. A copy of the completed Authorization for Self Administration of Medication at School form, signed by the health care provider (for prescription) and/or Over-The-Counter medications, signed by Parent/Guardian (Attachment # 18) must be on file in the school's office.
- v. The following age appropriate guidelines should be followed taking into account the developmental level of the students and safety and storage needs for all students on campus:
 - scheduled prescription drugs (ritalin, methylphenidate): grades 9-12;
 - metered dose inhalers (provental, albuterol): grades 4-12;
 - oral medication (Tylenol, aspirin, Motrin): 5-12 grades;
 - non-oral medications (insulin, eye drops, ear drops, topical ointment): grades 5-12.
 - food supplements, Lactaid, Tums: Grade K-12.
 - Students with life threatening conditions may carry upon the request of the parent their emergency medication for use while being transported to/from campus.

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6. The district will assume no responsibility or liability for the administration of the medication, should a student medicate himself/herself at school or at school sponsored activities.
7. If a student is noncompliant with self-medication procedures, the principal will follow the procedure for unauthorized drugs on school grounds or use professional judgment to determine action to be taken (see Administrative Procedures No. 3200 P-1).

E. Procedures for Administration of Prescribed Oral Medication

In addition to compliance with all other requirements set forth in this procedure, the principal/ designee shall:

1. Administer prescribed oral medication in substantial compliance with the written instructions of the student's health care provider. This shall include, but not be limited to, the administration of medication not earlier than one half hour before and not later than one half hour after the time designed by the health care provider.
2. Examine the prescribed oral medication before administration to determine if it appears to be in the original container and is properly labeled.
3. Keep an accurate record of all prescribed oral medication, using district recording forms (see Attachment # 19, Written Record For Dispensing Oral Medication).
4. Follow hygienic practices when administering any medication (e.g., direct handling of oral medication should be avoided).
5. Destroy all medication left at the end of the school year, which has not been picked up by the parent as in accordance with Food and Drug Administration guidelines (www.fda.gov search for "disposal of unused medication.")
 - a. The school nurse shall provide general direction to the designated personnel on the most appropriate way to destroy the medications. In every case, the oral medication shall be:
 - i. In accordance with FDA guidelines.
 - ii. Destroyed by one of the individuals authorized to administer oral medications;
 - ii. Witnessed by another member of the building staff;

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- iii. Documented using an appropriate district form which shall be maintained in the school office; and
- iv. Medication records shall be kept for eight (8) years following the last dose.

F. Medication Error

- 1. In the event a medication error should occur (e.g., an incorrect dosage, time, or incorrect medication), the staff member who administered the medications shall immediately call the school nurse assigned to the building and notify the building principal.
- 2. The employee responsible for the incident if directed by building administrator, shall complete a Medication Incident Report form (Attachment # 20), documenting the error that occurred, the action taken by the school personnel, the persons contacted as well as recommendations to prevent such an error from occurring in the future. A copy of the report shall be sent to the director of special services, the building's school nurse, and the original will be kept in the building where the incident occurred.
- 3. In every instance of medication error, the student's parents and the building administrator shall be notified.

G. Safekeeping of Prescribed Oral Medication

Designated personnel shall assure safekeeping of prescribed oral medication by:

- 1. Keeping all medication in the original container;
- 2. Storing the medication in an appropriately sized, secured and locked cabinet located in the school office area or when necessary within a secure school refrigerator; and
- 3. Only designated personnel shall have access to a school's medicine storage cabinets.

H. Student Participation

- 1. It is expected that students will cooperate with the district's designated personnel in administering prescribed oral medications.

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2. Any student who repeatedly fails to cooperate will be subject to discontinuation of medication at school.
3. Only designated personnel shall have access to a school's medicine storage cabinet.

I. Discontinuance of Medication

1. All health care provider authorizations will automatically expire at the end of the school year and are subject to renewal in the succeeding year.
2. The district is not required by RCW 23A.210.260 to administer oral medication to students. If for any reason the building principal, school nurse, or staff with the responsibility for the administration of medications believes that the school should discontinue administration of medication to a student, they shall:
 - a. Convene a committee consisting of the building principal, parent/guardian, school nurse, and staff member with the responsibility for administration of medications;
 - b. Present the reasons for their concern and what action(s) they have taken in response to the concern; and
 - c. Decide what action, if any, will be taken.
3. If it is the committee's decision that the district should exercise its discretion and discontinue the administration of medication, the committee shall:
 - a. Document their decision using a district Discontinuance of Medication Form.
 - b. Forward a copy of the Discontinuance of Medication Form to the director of special services.
4. The committee's decision may be appealed by the parent to the director of special services.

J. Field Trips/Student Travel

Field trip travel requests refer to Policy/Procedures 2320 P-1. While students are in the custody of the school district and away from the school building, medication will be administered according to the medication policy and procedures.

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1. Building Administrator or designee will notify nurse at least two weeks in advance of upcoming field trip if nursing services are required. Overnight field trips require at least 4-week advance notification to address medication training and/or support needs of supervising staff member/student.
2. Designated personnel will arrange for training by the school nurse to administer the medication.
3. Medication must be kept on the person designated (e.g., fanny/back pack) or with the student if authorized to self-administer.
4. A copy of the health care professional's directions must be with the medication.
5. Medication is in the original labeled container
6. Medication must be examined before leaving school grounds to assure proper dosage is given.
7. Designated personnel will be responsible to see that remaining medication returns to school before next dosage is due.
8. In the event that prescribed oral medication is administered on a field trip, the designated personnel who administered that medication shall be responsible for documenting administration on the permanent medication record at school.
9. Students who are authorized to self-administer medication may do so and carry the amount of medication necessary for the length of the trip.

K. Epinephrine/Anaphylaxis

1. No medications shall be administered by injection by non-licensed school personnel except under life-threatening conditions warranting Epinephrine administration with an auto-injector.
2. If a student has a known allergy life-threatening allergy the following procedures will be followed:
 - a. Parents and health care providers will complete an Individual Health/ Auto Injectors Plan for the specific allergen (Attachments # 21).

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- b. The principal/ designee will notify the school nurse if a student registered in the building has a known life threatening allergic condition and has an epinephrine dose at school.
 - c. Epinephrine must be in auto injection form.
 - d. Only staff trained by the school nurse may administer Epinephrine auto- injector to a student in an emergency.
 - e. The principal/ designee is responsible to see that the epinephrine accompanies the student if the student leaves school for a school activity.
 - f. Upon request of physician and parent, a student may carry an Epinephrine auto- injector on his/ her person for self-administration or staff administration.
 - g. A back-up Epinephrine auto- injector may be kept in the office upon parents request.
 - h. If the Epinephrine auto- injector is not available or unable to be located by the student, staff will contact 911.
 - i. The parent/ guardian will be notified if epinephrine dosage is administered and 911 will be called.
3. Upon request, the building principal will provide a copy of this procedure to the parents for administration of medication in the schools.
- L. Medical Treatments (i.e. clean intermittent bladder catheterization, clapping, tracheostomy care, tube feedings, nebulizer treatments, blood sugar monitoring “validation of meter number.”)
- 1. Procedure:
 - a. The student's medical file shall contain a written request from the parent(s) or guardian for the treatment of the student (Attachment # 22).
 - b. The student's medical file shall contain written permission from the parent(s) or guardian for the performance of the procedure by the non-licensed school employee.

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- c. The student's medical file shall contain a current written order from the student's physician and shall include written instruction for the procedure. The order shall be reviewed and/or revised each school year.
- d. A licensed registered nurse shall develop instructions specific for the needs of the student. These shall be made available to the non-licensed school employee and shall be updated each school year.
- e. The supervision of the student shall be based on the needs of the student and the skill of the non-licensed school employee.
- g. A licensed registered nurse, designated by the school board, shall be responsible for the training of the non-licensed school employees who are assigned to the students.
- h. The training of the non-licensed school employee shall include but not be limited to:
 - i. An initial in-service training, of a length to be determined by the licensed registered nurse.
 - ii. An update of the instructions and a review of the procedure each school year.
 - iii. Anatomy, physiology and pathophysiology of the system including common anomalies for the age group served by the employee.
 - iv. Techniques common to the procedure.
 - v. Identification and care of the required equipment.
 - vi. Common signs and symptoms of infection and recommended procedures to prevent the development of infections.
 - vii. Identification of the psychosocial needs of the parent/guardian and the students with emphasis on the needs for privacy and confidentiality.
 - viii. Documentation requirements.

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- ix. Communication skills including the requirements for reporting to the registered nurse or the physician.
- x. Medications commonly prescribed for the patient and their side effects.
- xi. Contraindications for and the procedure to be followed if the non-licensed school employee is unable to catheterize the student.
- xii. Training specific to the student's needs.
- xiii. Developmental growth patterns of the age group served by the employee.
- xiv. Utilization of a teaching model to demonstrate with return demonstration performed by the non-licensed school employee, if a model is available.
- xv. The training of the non-licensed school employee shall be documented in the employee's permanent file.
- xvi. The district will record the names of individuals receiving the training and the training dates. These records shall be kept available for audits.

VIII. ACCOMMODATING STUDENTS WITH ASTHMA IN THE SCHOOL

- A. Procedures: Students with asthma are authorized, in consultation with the school's professional registered nurse, to possess and self-administer medication for asthma or anaphylaxis during the school day, during school sponsored events or while traveling to and from school or school sponsored activities. The student shall be authorized to possess and self-administer medication if the following conditions are met.
- 1. The parent or guardian must submit a written request for the student to self-administer medication(s) for asthma or anaphylaxis;
 - 2. A health care practitioner has prescribed the medication for use by the student during school hours and the student has received instructions in the correct and responsible way to use the medication(s) from the health care provider;
 - 3. The student demonstrates to the health care practitioner and a professional registered nurse at the school the skill necessary to use

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the medication and to use any device(s) necessary to administer the medication;

4. The health care practitioner provides a written treatment plan for managing the asthma or anaphylaxis episodes of the student and for use of medication during school hours. The written treatment plan should include name and dosage of the medication, frequency with which it may be administered, possible side effects, circumstances that warrant its use, and the documentation of instruction in its use by the health care provider. If a Peak Flow/Emergency Asthma Action Plan is required, it must be signed by the Health Care Provider (sample Attachment # 23).
 5. The parent or guardian must sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self administration of medication by the student.
- B. Authorization: The authorization to self medicate, will be valid for the current school year only. The parent or guardian must renew the authorization each school year.
- C. Emergency: In the event of an asthma or anaphylaxis emergency, the district shall have the following easily accessible during regular school hours:
1. The student's written treatment plan, provided by the physician;
 2. The parent or guardian's written request that the student self medicate; and
 3. the parent or guardian's signed release of liability form.
- D. Back-up Medication: Back-up medication, if provided by the parent or guardian, shall be kept at a location in the school to which the student has access in the event of an asthma or anaphylaxis emergency during regular school hours. The parent is to arrange Back-up medication for after school events. These arrangements must be made with the supervising staff member in accordance with the laws governing medication administration and supervision in the school setting.
- E. Student Authorization Revoked: A student's authorization to possess and self-administer medication for asthma or anaphylaxis may be limited or revoked by the building principal after consultation with the school's

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professional registered nurse and the student's parents or guardian if the student demonstrates an inability to responsibly possess and self-administer such medications.

- F. Staff Training: All school employees must undergo an annual inservice training on symptoms, treatment and monitoring of students with asthma and on the additional observations that may be needed in different situations that may arise during the school day and during school sponsored events.

IX. ACCOMMODATING STUDENTS WITH DIABETES IN THE SCHOOL

To ensure the safety of students with diabetes in the Ferndale School District the following procedures will be followed:

- A. Nurses Role: The school district nurses are appointed to:
1. Consult and coordinate with the parents and health care providers of students with diabetes.
 2. Train and supervise the appropriate staff in the care of students with diabetes.
 3. Provide mandated inservice training on an annual basis.
- B. District Responsibility:
1. Provide for all known diabetic students to have an Individual Health Care Plan (IHP) in place at school. The IHP must be updated at least annually, or more frequently if needed. The plan must be distributed to appropriate staff and must include the following information:
 - a. Provision for the storage of medical equipment and medication provided by the parent;
 - b. Provision for the student to perform tests and treatments anywhere on school grounds including in the classroom and at school sponsored events, to have easy access to necessary supplies and equipment, and to carry necessary supplies and equipment on his or her person;
 - c. A description of the student's school day schedule for the timing of meals, snacks, blood sugar testing, insulin injections, and related activities if indicated;
 - d. An individualized emergency care plan if indicated;
 - e. Legal documents allowing a parent-designated adult (PDA) to provide care if the parent has designated such a person;
 - f. Any parent requests and instructions, as well as orders from licensed health care providers;

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2. Provide a copy of the student's daily school schedule to the parent or licensed health care provider upon request.
3. Students with diabetes must be allowed to eat or drink whenever and wherever necessary, including on the bus or in other areas where food and drink are generally prohibited. Students will have access to their meals and snacks on time. Students with diabetes must have unrestricted access to water and bathroom use. Food and water shall never be withheld as a disciplinary action or because of nonpayment of fees.
4. Students with diabetes will be allowed to participate in all activities at school when food is served according to the accommodations in the IHP.
5. If the student needs medication/ treatment while at school, a Physician's order for Diabetics in Washington State Schools form must be completed by the parents, physician, and school nurse for insulin administration and Authorization for Administration of Medication at School form (Attachment #24) or Insulin Pump Orders (Attachment #25) must be completed for each additional medication/ treatment required.

C. Parent Responsibilities:

Parents are key partners in providing for the safety and health of their children during the school day. Parents are responsible to:

1. Participate in the development of the IHP.
2. Coordinate and consult with the district designated nurse.
3. Provide a current signed consent to exchange information with the child's health care provider.
4. Provide written requests and instructions regarding their child's care to the district.
5. Provide orders from a licensed health care provider prescribing within the scope of their prescriptive authority for monitoring and treatment at school.
6. Provide written authorization for a PDA, if the parent has identified a PDA, specifying the additional care so authorized. This may include blood glucose testing and injections (Attachment #26).
7. Coordinate with the district designated school nurse to ensure that the additional care authorized for the PDA to provide is consistent with the IHP.
8. Arrange for a health care professional or an expert in diabetes to provide training for the additional care that the parent authorizes the PDA to provide. A health professional licensed under RCW 18.79 would otherwise perform this care.
9. Provide supplies, snacks and equipment per the IHP

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D. Parent Designated Adult Responsibilities:

The statute defines a PDA as a “volunteer, who may be a school employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care for the child consistent with the individual health care plan”. The following is expected of a PDA:

1. Voluntarily submit to the school district a written, current letter of intent. This letter must state the employee’s willingness to be a volunteer PDA and must be submitted annually. (Attachment #27)
2. Attend the school district training offered for staff directly involved in care of the student with diabetes. The PDA, if not a district employee, may provide documentation of comparable training in lieu of attending district offered training.
3. Complete and provide documentation of training for additional care authorized by the parents.
4. Deliver care consistent with the IHP.

E. Liability:

A school district, school district employee, agent, or PDA is not liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided if he or she:

1. Acts in good faith.
2. Acts in substantial compliance with the student’s individual health plan, and the instruction of the student’s licensed health care provider.
3. Provides assistance or services as outlined in this new law.

The school nurse is not responsible for the supervision of the PDA for those procedures that cannot be delegated and are authorized by the parents.

F. Training:

1. All school employees must undergo an inservice training on symptoms, treatment, and monitoring of students with diabetes and on the additional observations that may be needed in different situations that may arise during the school day and during school sponsored events.

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2. All school employees who have responsibility for diabetic students must complete training in proper procedures for care of students with diabetes. The school nurse will offer such training. Such training must include information on individual students' IHP requirements, as well as information on symptoms, treatment, and monitoring of students with diabetes.

X. MANAGING STUDENTS WITH LIFE-THREATENING CONDITIONS

To ensure the safety of students with life-threatening conditions in the Ferndale School district by requiring a medication/treatment order, and individual healthcare plan as a prerequisite to attend public school, as authorized by RCW 28A.210.320. Potential Life-Threatening conditions include; students with seizure disorders, diabetes, life-threatening allergies, severe asthma, certain heart conditions and other types of critical medical complications.

A. Definitions:

1. Life-threatening condition means a condition, as defined by a licensed healthcare provider, that will put the child in danger of death during the school day if a medication or treatment order providing authority to a registered nurse and nursing plan are not in place.
2. Medication or Treatment Order is defined as the authority a registered nurse obtains under RCW 18.79.260 (2) the Registered Nurse Practice Act. This order must be renewed each school year.
3. Individual Health Care Plan (IHP) means a care plan developed by the nurse and the parent(s) and others as necessary to ensure a student's continued health and safety while at school.

B. Procedures:

1. Parent/Guardian will fill out a Ferndale School District Registration form and update it annually or more often if necessary.
2. If a potential life-threatening condition is identified on the registration form, the school nurse and administrator will be notified.
3. Prior to attendance at school, a medication or treatment order from the student's licensed health care provider addressing the condition will be provided to the school nurse so that a nursing plan can be developed.

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4. A student with a life-threatening condition may not attend school until the medication treatment order is received, and IHP is in place and appropriate staff training has been completed.
5. The parent will be provided with the proper authorization forms by the school building office staff including:
 - a. A Prescription for Treatment Procedures,
 - b. Authorization for the Administration of Oral Medication at School, and
 - c. Authorization for Exchange of Confidential Medical Information.
6. The school nurse in collaboration with the parent/guardian and student's licensed health care provider will develop an IHP.
7. The principal will provide time for the school nurse to train school personnel in the care needed in order for the student with a life-threatening condition to safely attend school.
8. If the parent no longer agrees that their child continues to have a Life-Threatening condition the parent will have a licensed health care professional document their change in status. (Attachment # 28).
9. If medication/orders expire during the school year, the exclusion applies as if no medication/authorization orders are available.

C. Exclusion:

Students who have a life-threatening condition and a medication or treatment order is not presented to the school shall be excluded from school, to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973, and pursuant to the following due process requirements.

1. Written notice to the parents, guardians or persons in loco parentis delivered to the parents in person or by mail. (Attachment #29).
2. Notice of the applicable laws, including a copy of the laws and rules.
3. The order that the student shall be excluded from school immediately and until a medication/treatment order is presented.

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4. Describe the rights of the parents and students to a hearing, the hearing process and explain that the exclusion continues until the medication or treatment plans presented or the hearing officer determines that the student should no longer be excluded from school.
5. If the parents request a hearing, the district shall schedule on within three school days of receiving the request, unless, more time is requested by the parents.
6. The hearing process shall be consistent with the procedures established for disciplinary cases pursuant to Chapter 180-40 WAC.
7. The student shall be excluded until the hearing officer makes a decision or until a Life-Threatening Health Condition Orders form is provided.

D. Food Allergies

The incidence of childhood obesity, diabetes, and food allergies has increased over the last decade. The District recognizes its role in providing access to safe, nutritious and healthy foods at school. Controlling the exposure to allergens requires the cooperation of parents, students, the health care community, school employees, and the Board. To the maximum extent possible, the following guidelines are implemented district-wide:

1. During the first month of each school year, principals and individual department managers will train staff about allergen threats and related issues. Such training will be comprised of two components: a) staff complete the District's on-line Food Allergy segments; and b) principals and nurses present food allergy information during September staff meetings. It is the responsibility of the principal to insure that all staff—including those who start within the school year—are trained in this content even if this training must be set up at alternative times.
2. The principal will inform parents/ guardians if there is a student with life-threatening allergies in their child's school and the measures taken to protect the affected student(s). Distribution of such information could be done through school handbooks, school-wide emails, opening-of-the-year parent meetings, or whatever systems are deemed most effective by the principal.
3. There will be no routine distribution of food in the classroom. On rare occasions, food may be used to enhance and enrich educational

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experiences for students. Therefore, all registered students must have a current "Food and Beverage Use Agreement" (Attachment #30) on file. The "Request for Food/Beverage Use" (Attachment #31) must be submitted and approved *prior* to the activity and distribution of food to students.

4. Distribution of food must also meet *all* of the following standards:

- Be in accordance with Individual Health care/504/IEP/behavioral/or other health-related plans.
- Packaged commercially with listed ingredients; and
- Follow the district's Nutrition and Fitness Policy (8220)

5. Foods prepared for classroom consumption must meet safe-handling requirements defined by the Whatcom County Health Department. A Food Handler's permit provided by the Health Department is required for staff members who prepare food for classroom consumption.

XI. AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

The program anticipates that when employees who are present when an incident occurs and who are trained to do so may react to incidents with the potential of "sudden death" by activating the Emergency Medical System (EMS) by calling 911 or pulling the fire alarm if no phone is available. The AED program makes an AED available at designated sites for these potential incidents in an attempt to intervene through the use of both Cardio-Pulmonary Resuscitation (CPR) and AED's according to the guidelines of the Washington State Department of Health.

Trained employees, who chose to respond as rescuers, will use the following guidelines in complying with this policy. These employees will first call 911, then follow CPR procedures, and retrieve the AED as training dictates.

A. Equipment

Automated External Defibrillators: The device conforms to the requirements of, and has been approved by the Whatcom County Director of Emergency Medicine. (Unit is the Lifepak 500 Automated External Defibrillator by Medtronic Physio-Control).

Equipment documentation: The district will maintain on file a specifications/technical information sheet for each approved AED model. This information is available in the Special Services Office.

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B. Training

All AED rescuers/providers will be provided an initial training course approved by the Washington State Department of Public Health in the use of Automated External Defibrillators.

AED training course shall be consistent with the approved Department of Health training program.

Employees trained to use an AED will only be held to the standards of Substitute House Bill 2998 and the Good Samaritan Act.

The director of special services in accordance with the Washington State Labor and Industry Requirements will maintain AED and CPR Training records.

Employees initially identified to receive training may include any of the following individuals: administrators, nurses, athletic/activities directors, athletic trainers, custodians, coaches, office staff and those individuals having health room/building first aid responder responsibilities.

Additional staff and students may be trained as identified by building administration.

C. Skills review and proficiency demonstrations

AED use will be included in all CPR training programs employed by the district. The course will include demonstrating proficiency in adult CPR, and the following:

1. Safe and effective use of the AED device.
2. Common troubleshooting techniques used for an AED device.
3. Proficiency training for district employees certified in AED-CPR skills will be required every two years.

D. Medical Direction

The district AED program follows the state approved Medical Direction provided by Whatcom County Director of Emergency Medicine.

E. Pre-Event

1. Accessibility, Availability, and Security

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During school hours the AED will be housed in the main office and in addition, one housed in the gymnasium building at Ferndale High School. This location shall be specific to each school but should be positioned to allow the device to be easily seen and accessible upon entering these locations.

After school hours the AED may be moved from its designated location by an AED trained employee to support athletic department or academic activities or events. The individual removing the unit must place above the AED and within the wall cabinet, a visible sign (Attachment #32) and it must be marked clearly indicating who has possession of the AED, its exact temporary location, and the estimated time of return.

Contracted and other community activities are neither guaranteed access to the AED nor an AED-trained staff member, as part of facility use or rental contracts.

2. Routine Maintenance

The primary maintenance schedule will be dictated by the Original Equipment Manufacturer (OEM) of each individual AED and by standards of the Washington State Department of Health.

The AED will perform a self-test every 24 hours and weekly as programmed by the OEM. This self-test will include a check of battery strength and an evaluation of the internal components as specified by the manufacturer.

If the unit self-test indicates the battery has inadequate voltage or the AED is in need of services, as indicated on the machine by an audible alarm and visual prompt on the unit handle, the Principal (or designated employee) will immediately call the Director of Special Services to arrange for replacement or service.

The school nurse/athletic trainer or designee will maintain the AED according to the specifications of the OEM and according to the state guidelines and will inspect the battery and maintenance indicators, the electrodes and battery expiration dates, and the resuscitation kit contents each month. Periodic maintenance will include a monthly review and an annual review of each AED unit.

The nurse/athletic trainer or designee will immediately contact the director of special services if any supplies are missing or will expire within the next two months, to allow time to provide replacement supplies.

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Batteries will need replacement every five years unless otherwise indicated and electrode patches every two years or as indicated on the package. If batteries are placed within the unit for automatic self-check they will have a much lower life span (approx. two years.) These will be included on the annual task list of the Special Services Office.

Dating and initialing the Operator Checklist located in the AED storage cabinet will document the monthly maintenance check or any other additional checks within the month if needed.

In January of each year, the director of special services will collect the Operator Checklist and place a new Operator Checklist (Attachment #33) in the cabinet to document the monthly maintenance check.

F. Event

Scene safety: Rescuer safety is of utmost importance. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others. Instead, reasonable attempts will be made to make the scene or environment around a victim safe prior to attempts to assist. This may include but is not limited stopping motor vehicles, removal of poisonous gases, structural safety of buildings, disconnection of dangerous power lines, removal of potentially falling objects, and having people stand clear of the victim if activating the AED unit to "shock".

Recommended response to potential sudden death incidents: AED-trained individuals are to follow the recommendations identified by their individual certifying agency, as approved by the Washington State Department of Health.

G. Post-Event: On scene coordination with Emergency Medical System (EMS).

1. Event data

Immediately following the conclusion of the incident the rescuer or building designee if during the school day, will contact the following District Administrators:

- Executive director for business and support services
- Special Services Director, and
- Building Principal/Site Administrator

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to notify them of the event (Attachment # 34). The director of special services will arrange to have the data from the AED downloaded.

Within 48 hours post event, the director of special services will send a copy of the AED data to the local fire district and to the Whatcom County Director of Emergency Medicine.

The building principal or site administrator will document the name of the fire/rescue responder and forward one copy of the Accident Form to the director of student services and one copy to the executive director for business and support services the next school day.

2. Return of the AED to operational service

When the AED is returned to the wall cabinet, a sign (Attachment #35)) that is located in the unit resuscitation kit will be posted in the cabinet indicating the unit has been used and supplies need to be restocked.

During school hours (or if after school hours, the next business day), the director of special services or designee will proceed to the facility to complete a post-event checklist to ensure the AED is returned to operational condition. This will include replacement of any used single-used items stored with the AED. The Operator Checklist must be initialed once the unit has been re-supplied.

- a. Electrodes: 2 sets
- b. Resuscitation kit supplies to include: accident forms, razor, 2-pair of latex free gloves, trauma shears, face mask barrier as listed on the resuscitation kit inventory card.

3. Critical Event Stress Debriefing

The director of special services may arrange an informal debriefing for school district and/or community participants. EMS may also assist in setting up a debriefing following and incident.

XII. REPORTING CHILD ABUSE

Revised Code of Washington 26.44 requires that the Ferndale School District provide administrative procedures for reporting child abuse and procedures for staff training.

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A. Definitions

1. Law Enforcement Agency means the police department, the prosecuting attorney, the state Patrol, the director of public safety or the office of the sheriff.
2. Child or children means any person under the age of eighteen (18) years and shall also include any mentally disabled person regardless of age.
3. Child Abuse or Neglect means the injury, sexual abuse, or negligent treatment or maltreatment of a child by a person who is legally responsible for the child's welfare.
4. Child Protective Services means the Child Protective Services section of the Department of Social and Health Services (DSHS).
5. Child abuse as defined by the statutes can be inflicted by any person and may include student-on-student abuse. These cases also require reporting to CPS, DSHS or law enforcement. Child abuse in this and all other cases requires two elements. First, there must be injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment. Second, there must be harm to the child's health, welfare or safety.

B. Procedures

1. Principals will read and make available in each building RCW 26.44, Child Abuse.
2. Principals and/or designees will meet with staff members on the child abuse law and procedures.
3. When a staff member suspects child abuse or neglect, he/she will immediately report the incident to the principal/designee and to Child Protection Services. This report will be within forty-eight (48) hours by telephone to Child Protective services (CPS). The staff member will immediately notify the principal of the concern and report made. If the suspected abuse is considered an emergency, a proper law enforcement agency may need to be contacted. The following information must be provided:
 - a. The name, address and age of the child;

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- b. The name and address of the child's parents, step-parents, guardians or other persons having custody of the child;
 - c. The nature and extent of the child's injury or injuries;
 - d. The nature and extent of the neglect of the child;
 - e. The nature and extent of the sexual abuse;
 - f. Any evidence of previous injury, including the nature and extent;
 - g. Any other information that may be helpful in establishing the cause of the child's injuries and the identity of the perpetrator or perpetrators.
4. Upon receiving the above information, CPS or other proper law enforcement agencies, will immediately contact the child's parents and/or the child.
5. As determined by the Department of Social and Health Services, staff members who have the "need to know" may be privileged to the outcome of the abuse report. Any further release or dissemination of such information must follow state or federal statute regulations that require written permission.

C. Prevention

1. All staff members will receive child abuse in service training arranged by special services Director or other District Administrator.

Implemented 10-01-1982
Revised 09-30-1985
Revised 12-01-1986
Revised 09-30-1988
Revised 02-18-1997
Revised 11-07-2001
Revised 06-26-2003
Revised 03-31-2005
Revised 03-29-2007
Revised 07-30-2009
Revised 08-26-2009
Revised 06-20-2012
Revised 09-05-2012