

POLICY I and PROCEDURE

Policy I: Emergency health services will be provided under the direction of a Bachelor of Science Nurse (B.S.N.), currently registered in the State of Wisconsin.

Procedure:

- A. The name and educational preparation of the nurse will be provided to the Human Resources Director per district employment policy.
- B. The school nurse will maintain current Wisconsin licensure.
- C. The nurse will:
 - 1. Assist in the arrangement for appropriate training of those persons in each building designated by the principal to handle emergencies.
 - 2. Function as a resource to these designated persons.
 - 3. Participate in the school district's Health and Safety Committee.
 - 4. Identify areas of the emergency care plan in need of change or improvement.
 - 5. Provide illness and accident services with referral to family and/or appropriate community agencies.
 - 6. Provide health assessment including vision, hearing, scoliosis, and developmental screening as needed.
 - 7. Safely administer, document, and monitor medications needed by students during the school day.
 - 8. Provide early identification of health problems and intervention plans.
 - 9. Develop Individual Health Care Plans (IHCPs) and Emergency Health Care plans for students with identified health problems such as asthma, allergies, diabetes, etc.
 - 10. Review records and contact families to ensure students are compliant with Wisconsin immunization requirements.
 - 11. Provide health counseling and crisis intervention.
 - 12. Act as liaison with local health care facilities.
 - 13. Provide health education for groups and individuals.
 - 14. Document health services provided.
 - 15. Maintain required documentation for Medicaid billing.

Appendix A: RN Tasks

POLICY II and PROCEDURE

Policy II: During the school day direct first aid and emergency care will be provided by assigned staff members. Emergency first aid and CPR training shall be made available annually through the school district. Consultation and advice shall be available from the school nurse when questions arise. Instructions on the school's emergency health policies and procedures will be available to school personnel. School personnel will have access to health concerns lists and first aid kits during all field trips.

The school health services program is not meant to take the place of health care provided by the family or other community agencies. Through school health programs, children and families can develop the knowledge, attitudes, beliefs, and behaviors necessary to remain healthy and to perform well in school.

Procedure:

- A. Inservice programs will be provided for those designated persons to train and/or update them in first aid, CPR and the school's health policies and procedures. This will be arranged annually.
- B. The nurse will provide required training to staff that will be administering medication.
 - a. Document training provided and date of training
 - b. Evaluate and document competence of staff assigned to give medication.
 - c. Maintain records of who has been trained.
 - d. Provides "general supervision" (to regularly coordinate, direct and inspect the practice of another) to staff providing medication administration.
 - e. Review medication errors to determine necessary revisions to policies and procedures.
 - f. Communicate with administration when there are concerns regarding the willingness or ability of personnel to safely or effectively administer medications/procedures. **The Nurse reserves the right to un-assign medication/procedure responsibilities from a school employee for any reason.**
- C. The nurse shall meet annually with the designated staff to review areas of concern or interest. The nurse shall meet on an individual need basis when appropriate.
- D. The responsible person(s) supervising a field trip shall have the confidential health concerns list and emergency information available, including phone numbers of parent/guardian and alternate contacts, should an emergency arise.
- E. First aid kits, located in each building health office, will be available for all extracurricular field trips. Staff using items will notify office staff for replenishing.
- F. The person assigned to the health office will be notified of field trips. First aid kits are to be obtained from the health office or building secretary. All medication and care provided to students must be documented and signed.

POLICY III and PROCEDURE

Policy III: A licensed physician shall provide medical direction for health services.

Procedure:

- A. Each school year the Director of Student Services will arrange for a licensed physician to serve as the Medical Advisor for Health Services.
- B. The Medical Advisor will annually review and approve the policies and procedures for health services.
- C. The Medical Advisor will approve and sign all Standing Orders/Protocols annually.
- D. The Medical Advisor will be available for consultation/advice/approval of new policies or procedures needed during the ongoing school year. Arrangements will be made through the school administration.

Appendix B: Medical Advisor Approval

Appendix C: Standing Orders-Medications

Appendix D: Standing Orders-Anaphylaxis

POLICY IV and PROCEDURE

Policy IV: Emergency care procedures for specific conditions due to illness or accident are adapted from the American Red Cross First Aid Manual. This text shall be provided for use in all buildings and a copy shall be readily available in the school's designated health room.

Online resources from [WISHeS](#) are available in health offices and online to provide direction for giving health care.

Procedure:

- A. Emergency policies and procedures will be reviewed by the nurse.
- B. Emergency procedures will be available for the entire staff at the beginning of each school year and with all new staff members added throughout the year.
- C. First aid for minor injury or illness is the responsibility of the supervising staff. For further care or assessment the child will be referred to the health office. The health office staff will notify the nurse or parent/guardian as needed. If an injury or illness that did not occur at school needs to be evaluated, the matter will be referred to the school nurse or health office staff.
- D. Calls will be made to parents for injuries and illnesses that should be monitored after school hours. Parents will be notified to pick up their child for fever, vomiting, diarrhea, and other communicable diseases as determined by the nurse.
- E. Children who have communicable diseases shall be excluded from school according to Administrative Rule HSS 145. (Also see Policy 5.04.14 regarding Communicable Disease Guidelines.)
- F. At the beginning of the school year, a confidential health concerns list will be developed by the Health Services Team identifying students with known conditions that could develop into an emergency situation, such as diabetes, seizure disorders, and allergies. This list will be made available to all district staff working with these students. Confidentiality standards are to be maintained with respect to this information.

POLICY V and PROCEDURE

Policy V: The health office shall be available to students and staff during the school day. Equipment and supplies will be inventoried and maintained by designated staff.

Procedure:

- A. The health office for each building will be identified at the beginning of each school year.
- B. Readily accessible equipment and supplies adequate for emergency health services will be stored in the health office of each school building.
- C. Minimal first aid supplies for minor injuries will be available to the classroom teachers at the beginning of the school year. It will be the responsibility of classroom teachers to restock these kits as necessary during the year.
- D. A pass from school staff will accompany each student to and from the health office per school policy. When the designated staff person is not in the health office, contact office personnel.
- E. Designated staff persons will inventory and restock health office supplies annually or as needed.

See Appendix E: Items for School Health Service Room

See Appendix F: First Aid Kits - Traveling

POLICY VI and PROCEDURE

Policy VI: A notification form for emergency or illness shall be on file for each student and school employee, and shall be updated annually.

Procedure:

- A. The enrollment information for each student will be completed during online registration. For students entering during the school year, the information is to be completed by the parent/guardian at the time of registration.
- B. Emergency phone numbers will be readily available for use by designated personnel during the school day.
- C. During extracurricular events and field trips, the person supervising the activity/event shall be responsible for having emergency phone numbers available (parent/guardian notification).
- D. Emergency contacts for employees will be identified and updated annually. This information will be filed in the building and district office personnel files.

POLICY VII and PROCEDURE

Policy VII: Documentation of health services provided shall be maintained by each individual designated to provide services.

Procedure:

- A. Documentation will be kept by staff providing health services. Information to be recorded will include date, time, student's name, grade, reason for care, brief account of observation and service given, whether parents were notified, disposition and staff initials.
- B. School health records include the following: a student's health history, including required immunizations; health assessment data; health screening such as vision, hearing, scoliosis, and blood pressure; injury reports; incident reports; health assessments and other evaluation reports; referrals for suspected child abuse; consent forms for medication, and medication administration records.
- C. The nurses will review documentation for utilization of service, types of illness and injuries, and adequacy of care.
- D. Accident report forms will be completed if medical attention is required, or if a possibility exists that the incident could result in later medical attention. The adult supervising the student will complete the accident report for all reportable accidents. The completed report is to be submitted to Central Office Business Administrator with copies to the building principal and school nurse by the end of the school day.
- E. Nurses and staff are bound by both ethical and legal principles regarding the release of confidential health information.

See Appendix G: Health Log Samples

POLICY VIII and PROCEDURE

Policy VIII: If the designated caregiver determines that a student should go home, the school office shall be notified immediately. The caregiver or office staff shall contact the parent/guardian or designated person. No student will be sent home unless this contact has been made. Under no circumstances will a student be sent to an unsupervised home without parental permission.

Procedure:

- A. When the extent of the injury has been assessed and it is the opinion of the emergency caregiver that the child is to go home:
 - 1. Contact parent/designated other to inform them of the nature of the illness/injury and what action has been taken thus far.
 - 2. Determine who will be picking up the child and when they will arrive. Instruct them where the child will be waiting.
 - 3. Assist the child with the necessary preparation for leaving school.
- B. If the child is suspected of having a communicable disease, he/she shall not be allowed to remain in the classroom while waiting for parent/designated other to arrive.
- C. A child who is seriously ill will not be left unattended while waiting for parent/designated other to arrive.
- D. In the event that a parent does not have available transportation and the child is too ill to walk home, the building administrator shall be consulted. If necessary, the administrator or designee may provide transportation or authorize the use of other emergency care.
- E. If parent/designated other does not arrive in a timely manner, the school nurse or building administrator shall be consulted. If necessary, the administrator or designee may provide transportation or authorize the use of other emergency care.

POLICY IX and PROCEDURE

Policy IX: In life threatening situations or when emergency vehicle transportation is indicated, a responsible adult will call EMS by calling 911.

Procedure:

- A. The emergency #911 is universal. Dial 9-911 or 911 from inside school buildings or 911 from cell phones.
- B. If it is determined by the emergency care giver that the illness/injury is life threatening and immediate medical attention is indicated, he/she will remain with the student or employee to provide first aid, while a designated person calls 911. Office personnel must be notified whenever EMS is activated.
- C. EMS personnel shall be given the name and address of the school, the location of the student or employee, and the reason for the call. Another party will be designated to wait for EMS to arrive and direct them to the student/employee. The administrator/designee will instruct a second adult to call the parents.
- D. Student's emergency information must be obtained from the school office and given to EMS prior to transporting. However, EMS will make the final decision regarding transportation. If a parent is not available to accompany the student, a designated staff person will accompany the student if needed.
- E. Life threatening accidents or incidents shall be documented according to the provision of Policy X.
- F. Charges for EMS services will be handled by the parent/guardian.
- G. Examples of life threatening situations:
 - *Severe asthma attack
 - *Cessation of breathing
 - *Chest pain or other signs leading you to suspect a heart attack or stroke
 - *Unconsciousness/unresponsiveness for unknown reasons
 - *Insulin reactions requiring glucagon administration
 - *Allergic reactions requiring epinephrine administration
 - *Impaled objects (REMINDER: THEY SHOULD NOT BE REMOVED!)
 - *Trauma to the body that necessitates total body immobilization or need for safe transport to a medical facility (i.e. fractured femur, back or neck injury)
 - *Conditions that can induce shock, including internal bleeding and burns
 - *Suspected anaphylactic reactions
 - *Suspected or known drug, alcohol or medication overdose
 - *Any need for emergency, immediate medical attention

POLICY X and PROCEDURE

Policy X: An administrator shall be notified as soon as possible in the event of a serious injury occurring at school or at a school related event. The adult supervising the student shall complete an accident report by the end of the school day.

Procedure:

- F. Incident/Accident to be reported may include:
 - 1. Those that occur in school buildings.
 - 2. Those that occur on school grounds.
 - 3. Those that occur on buses or bus stops.
 - 4. Those that occur at any school-sponsored activity.
 - 5. Those that require physician services.
 - 6. Those that might result in liability in the future.
- G. The emergency caregiver shall notify the administrator/designee immediately following the incident/accident.
- H. The adult supervising the student will complete the accident report for all reportable accidents. The completed report is to be submitted to Central Office Business Manager with copies to the building principal and school nurse by the end of the school day.
- I. If an employee is injured while on duty a VASD "Personnel Accident & Injury Report" form must be completed and given to the principal as soon as possible. This form is to be submitted to Central Office as soon as possible after the injury.
- J. Accident reports will be reviewed by administration with the goal of increased safety in the school environment.
- K. An annual summary of these reports shall be submitted to the Verona Area School District's Board of Education.

Appendix H: Accident Report

Appendix I: Personnel Accident and Injury Report

Appendix J: Is Your Child Well Enough To Be At School?

POLICY XI and PROCEDURE

Policy XI: Medication will be administered by designated school personnel with appropriate written permission. Over the counter medication shall only be given upon written permission from the parent/guardian. Prescription drugs shall be given only upon the receipt of written instructions from the student's physician and written parental permission. A record will be maintained of all medication given at school. Students of reasonable maturity may self administer medications under established procedure.

The school nurse shall be responsible for:

1. Developing policies and procedures for medication administration.
2. Providing appropriate instruction to persons authorized to administer medication. (*see policy II*)
3. Reviewing written instructions periodically.
4. Managing the administration of medication policies and procedures.
5. Providing information on medications and their side effects to staff, parents, and students as necessary or per request.
6. Determining discretionary action in situations that fall outside of established procedures for medication administration.

Health assistants, secretaries and other personnel who administer medication/procedure shall be responsible for:

1. Administering medication/procedure according to established protocols.
2. Maintaining confidential and accurate medication/procedure records.
3. Storing all medications/medical equipment in a secure place.
4. Reporting any inconsistencies or side effects of medications/procedures to the school nurse.
5. Consulting the school nurse in situations which fall outside of established procedures for medication/procedure administration.

Designated school personnel have the right to refuse to administer medication to a student when the parent has not complied with requirements such as written consent or properly labeled containers. Medication should be administered to a student at home rather than at school whenever possible to limit the amount of disruption to the student's day.

No school personnel, except the school nurse, shall be required to administer any medication to a student by any means other than ingestion. School personnel voluntarily accepting the responsibility of administering the medication by any means other than ingestion (including inhalation, insertion into the eye, ear and/or nose, injection, rectally or by g-tube) shall be provided appropriate instruction from the school nurse. These nursing procedures must be delegated to school personnel under the general direction of a registered nurse, pursuant to the State Nurse Practice Act and State Board of Nursing regulations.

Procedure:

A. Written Instructions and Parental Consent

1. Prescription medications will be administered only with the written consent of a parent/guardian. Prescription medications also require the written instructions of a physician or other health care provider legally authorized to prescribe medication.
2. Parental requests to change a prescription medication order must be approved by the prescribing physician or other health care provider before they can be implemented. All consent forms shall be renewed annually and/or any time a medication order is changed.
3. Nonprescription medications, including ibuprofen or acetaminophen, may be administered only with the written instructions and consent of a student's parent/guardian. The parent/guardian is encouraged to use the school medication forms to ensure all necessary information is included.
4. Homeopathic remedies, food supplements, and herbal supplements may only be given if accompanied by a signed order from a physician or other health care provider legally authorized to prescribe medication. These orders must include information regarding the product (i.e. reason for use, dosage, and potential side effects).

B. Verbal Orders

1. Only a registered nurse or designated health assistant can accept verbal orders from a physician, other health care professional, or parent. A written medication order/consent must follow for documentation.

C. Appropriate Labeling and Containers

1. Prescription medication must be supplied in the original pharmacy-labeled bottle indicating the correct dosage and administration instructions. If a medication order changes, the parent/guardian shall provide a new properly labeled bottle.
2. Nonprescription medication must be in the original container or packaging. The student's name shall be written on the container.

D. Delivery and Disposal of Medication

1. The parent/guardian will be notified when more medication is needed at school. The parent/guardian is encouraged to personally deliver the refill to the school health office.
2. Any controlled substances (i.e. Ritalin, Dexedrine, Adderall, prescription pain medication) remaining at the end of the school year or when otherwise discontinued will be returned only to the parent/guardian. The parent/guardian will be notified that medication must be picked up by a certain date or it will be discarded. Remaining medications will be disposed of in an appropriate manner and documented by a witness.

E. Storage of Medication at School

1. All medication administered at school shall be stored in a secured area appropriate to maintain quality (refrigeration if necessary). Medication that

needs to be accessible to the student shall be stored in an appropriate location per student need.

F. Administration of Medication

1. It is the responsibility of the student to report for medication at the appropriate time. However, the person responsible for administering the medication must make a concerted effort to locate a student who has not reported to the office at the scheduled time. If this becomes a pattern, parents/guardians and/or teachers will be contacted and asked to help develop a plan to assure the student received the medication as scheduled.

G. Documentation

1. An accurate and confidential medication log shall be established and maintained for each student receiving medication at school. This log shall be kept with the parental consent and physician/health care provider orders in the area in which medications are administered.
2. At the end of the school year, or when a medication is discontinued, all forms related to medication administration will be filed according to school year.

H. Medication Error

1. In the event of a medication error, the person responsible for the error should immediately notify the school nurse and parent/guardian. A written report of the medication error shall be completed and filed in the current year's medication file.

I. Student Self-Administration of Medication

1. A student's ability to manage his/her own medication may be evaluated by building staff in consultation with the school nurse as necessary. The parent/guardian may be asked to reconsider the appropriateness of the student administering his/her own medication without supervision.
 - a. Students with inhalers (K-12)

A student may possess and self-administer an inhaler if both of the following conditions are true:

 - * The student uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms;
 - *The student has provided the school office with written approval of the physician/health care provider and if the pupil is a minor, the written approval of the parent/guardian.

It is recommended that a backup inhaler be available in the health office. Every inhaler shall be labeled with an appropriate pharmacy label and the student's name.
2. Middle School and High School Prescription and Nonprescription Medication (see exceptions below)
 - *A student at the middle school or high school may carry and self-administer prescription and nonprescription medication. A student shall carry a small amount of medication and must not share the medication with other students. The parent/guardian is required to fill out a medication consent to notify the office of the student's use of medication. Medications

must be carried in original package or in pharmacy labeled container. All medications must be labeled with student's name.

Exception: Controlled substances such as Ritalin, Dexedrine, Adderall, and prescription pain medication are required to be stored and administered by school personnel at all grade levels.

Appendix K: Procedure for Administering Medication

Appendix L: General Principles of Medication Preparation and Administration

Appendix M: Medication or Procedure Consent Form (parent)

Appendix N: Physician Order for Medication/Procedure

Appendix O: Documentation of Medication Administration, Training, and Monitoring

Appendix P: Medication Administration Log

Appendix Q: Procedure Guidelines-Specialized Health Services

Appendix R: Procedure Log

Appendix S: Medication Incident Report Form

POLICY XII and PROCEDURE

Policy XII: A health record shall be on file for students with health concerns and shall be updated at least annually or as changes occur.

Procedure:

- A. Immunization records must be completed per Wisconsin state immunization laws and will be on file within 30 days of entry to a Verona school.
- B. A physical, vision, and dental examination are recommended for each child before entering kindergarten. Forms for these exams will be provided to the parent at the time of kindergarten registration.
- C. Parents/Guardians must complete registration which requests current health information at the beginning of each school year.
- D. Designated staff will review the health information. Parents/Guardians of students with identified health needs may be contacted for additional information to ensure the best care of their child.
- E. The designated staff person will develop a Health Concern list for school staff regarding students who have issues that could develop into an emergency situation, or who have special health care needs.
- F. A confidential cumulative health record will be filed for students as needed. Significant health information and results of screening programs will be kept in the electronic medical record.

Appendix T: Kindergarten Medical Evaluation Record

Appendix U: Dental Examination Record

Appendix V: Health Record Samples

Appendix W: Nursing Assessment Form

Appendix X: Asthma Assessment Form/Care Plan

Appendix Y: Allergy Assessment Form/Care Plan

Appendix Z: Seizure Assessment Form/Care Plan

Appendix AA: Diabetes Assessment Form/Care Plan

POLICY XIII and PROCEDURE

Policy XIII: Communicable disease control procedures shall be maintained in cooperation with the Dane County Public Health Division. Federal and state regulations and guidelines, and Center for Disease Control guidelines shall be followed when considering attendance/exclusion of students or school employees who have a communicable disease. Any principal/designee or nurse serving the school may send home for the purpose of diagnosis and/or treatment, any student/employee suspected of having a communicable disease or condition having the potential to affect the health of other students and staff. The student/employee shall remain excluded until such time as a health care team determines that the risk of transmission has subsided.

Procedure:

- A. Any school employee receiving notification of a child's absence due to communicable disease shall report this to the health office staff. The nurse shall refer those diseases identified as reportable to the Dane County Public Health Department.
- B. A copy of the Wisconsin Communicable Disease chart will be posted in the health office of each building.
- C. Students who are suspected of having a communicable disease that may expose others to significant risk shall be excluded from school until they no longer pose a significant health threat.
- D. Employees who have or are suspected of having a communicable disease shall be excluded from work until they no longer pose a significant health risk.
- E. School administration may require a physician's statement about a student's/employee's status to attend school when such a person has been suspected of or diagnosed as having a communicable disease.
- F. Temporary exclusion from school/work may be in effect until such time as the appropriate administrative health care team determined that the risk of transmission has abated and that the student/employee can return to school/work with any necessary modifications or individual plan in place.
- G. Information regarding handling of body fluids shall be in/near custodial cleaning material storage areas and the health office of each building (See McNeil's Bloodborne Pathogens Exposure Control Plan).

Appendix BB: Communicable Disease Chart

Appendix CC: VASD Communicable Disease Response Plan

POLICY XIV and PROCEDURE

Policy XIV: Personnel designated to provide emergency care shall be covered by liability insurance purchased by the school district.

Procedure:

- A. The school administrator and the Board of Education will be responsible to assure liability coverage for all designated school employees.

POLICY XV and PROCEDURE

Policy XV: A review of the districts health services policies will occur as needed (no less than once every three years) by a committee which may include the following members: Director of Student Services or designee, school nurses, and/or medical advisor.

Procedure:

- A. The school district's Health Services Review Committee will meet at least every three years.
- B. An annual report of the frequency and types of incidents and illnesses treated by the health office staff will be completed by nursing staff.
- C. Any changes in policy or procedure must be approved by the BOE.

POLICY XVI and PROCEDURE

Policy XVI: Confidentiality standards shall be maintained according to federal and state regulations and school district guidelines.

Procedure:

- A. Immunization records are not considered part of the confidential cumulative health record and will be included with the cumulative record when a child transfers to another district.
- B. All other health related information concerning individual students shall be considered confidential.
- C. Each student enrolled in the district may have a confidential health record kept in the health office for documentation of information related to student's health or medical needs. Parent or guardian's written consent must be obtained to release the confidential health record.
- D. These records will be maintained confidentially by the school nurse.

POLICY XVII and PROCEDURE

Policy: The school environment shall be modified to remove as many latex sources as possible and to provide a safe environment for students with latex allergies.

Procedure:

- A. Latex balloons are not to be brought to school.
- B. Latex free gloves are to be used in all areas of the school.
- C. Classroom supplies, art supplies, playground and gym equipment should be considered for latex and substitutes should be provided whenever possible.*
- D. Check online for latex products and possible substitutes
- E. Barriers need to be in place if latex free equipment is not available.
- F. Parents will provide information for school personnel in regard to their children with sensitivities or allergies.
- G. Parents will provide antihistamine and epinephrine for treatment should allergic symptoms occur.
- H. Parents will educate child in management of their allergy. School nurse will provide staff education.

*Latex is natural rubber (sap from the rubber tree) – sap contains rubber particles that are coated with layers of proteins which are believed to be potential allergens.

*Latex sensitivity is real. A child may be latex sensitive without having observable symptoms.

*Latex hypersensitivity or latex allergic children exhibit symptoms – there is no cure, avoidance is the only treatment. Symptoms can be life threatening.

*Latex proteins attached to powder in balloons and gloves become airborne where they remain for hours spreading through the air system before settling on furniture, floors and supplies.

*Food Service – Potential latex exposure exists from food prepared by person wearing latex gloves. Some students with latex allergies are also allergic to kiwi, bananas, avocados, and chestnuts.

Appendix DD: VASD Life Threatening Allergy Procedure

Life Threatening Allergies (LTA) Procedure

Problem: Increasing number of students with life threatening allergies.

Goal: Decrease exposure to allergens in school.

This procedure is a guideline. Each student will have an individualized allergy care plan. These precautions may not be necessary for every student with allergies.

Procedure:

A. All classrooms with children who have life threatening allergies will:

1. Send a letter to all classroom families explaining allergies.
2. Classrooms will not have any snacks, projects, crafts, or parties that include allergens.
3. Handwashing will be strongly encouraged in ALL classrooms.
4. Allergic children will NOT be excluded from classroom activities.
5. If there is an animal in the classroom, all food must be allergen free.
6. All food and games in the classroom must be allergen free.
7. Education regarding allergens can be provided to the classroom.
Confidentiality must remain intact if the family/student doesn't want to have allergy pointed out.

B. The lunch room:

1. Tables where children with allergies sit may be cleaned with a separate bleach water solution that is not used on any other tables.
2. Children eating allergens (peanuts/tree nuts, eggs, gluten, dairy) will not be seated near allergic children. If appropriate, there will be designated tables.
3. Students who eat allergens (peanuts/tree nuts, eggs, gluten, dairy) will be encouraged to wash their hands after eating. The school may provide hand wipes in the cafeteria for children who eat allergens to wash their hands
4. The school will not serve products containing peanuts/tree nuts.
5. Food service can replace for dairy and gluten. Appropriate paperwork must be in place, and safe serving methods must be practiced.

Staff responsibilities:

1. Appropriate staff will be instructed on anaphylaxis and the use of epi-pens before school starts in the fall and as needed during the school year.
2. ALL emergency medications will be sent on field trips.
3. Provide food allergy education to staff and students as necessary.
4. If a child does react, school procedure is:
 - a. If student has anaphylactic reaction, administer epi-pen and call 911.
 - b. Administer antihistamine as per student care plan.
 - c. Parent and appropriate staff will be notified immediately.

- d. Nurse will develop care plans with parents/MDs and provide these plans to kitchen, office and classroom staff.
5. School's "No Bullying" policy will cover bullying due to food allergies.
6. School will have 2 stock doses of 0.15mg and 0.30mg Epinephrine.

Parent responsibilities:

1. Parents must provide appropriate medications (antihistamine and epi-pens) along with signed parent permission form AND signed MD form so medications can be administered at school. All medications must be labeled appropriately and need to be replaced upon expiration. Medications will be kept in the health office, or with the student.
2. Parent may provide fanny pack containing epi-pen, antihistamine and hand wipes for the classroom. This pack will be carried by the student whenever they leave the classroom.
3. Parent and school nurse will meet to form appropriate care plan for the child with allergies. This care plan will include a picture and will be shared with kitchen, office and all other appropriate staff.
4. Parent will educate child in the self-management of food allergy including:
 - a. Safe and unsafe foods
 - b. Strategies for avoiding exposure to unsafe foods
 - c. Signs and symptoms of allergic reaction
 - d. How and when to tell an adult that they may be having an allergy related problem.
 - e. How to read food labels
 - f. Handwashing
 - g. Not sharing of food
 - h. Location of antihistamine and epi-pens (or fanny pack)

Appendix DD: VASD Life Threatening Allergy Procedure