



School District of New London

DISTRICT ADMINISTRATION OFFICE

901 West Washington Street
New London, WI 54961

Phone (920) 982-8530
Fax (920) 982-8551

Dennis Krueger, District Administrator
Danielle Sievert, Director of Teaching and Learning
Laurie Schmidt, Director of Pupil Services
Joseph Marquardt, Director of Business Services

dkrueger@newlondon.k12.wi.us
dsievert@newlondon.k12.wi.us
lschmidt@newlondon.k12.wi.us
jmarquar@newlondon.k12.wi.us

MEDICAL ADVISORY POSITION

Title: School Medical Advisor

Prerequisites: Licensed to practice medicine in Wisconsin
Expertise in Family Practice

I, the undersigned, agree to serve as medical advisor to the School District of New London. I understand this position is on a consultation basis and does not require direct care.

Responsibilities:

1. Consult with administration and Board of Education concerning general health policy and practices. Advice about medical-legal matters related to school health.
2. Consult with administration regarding physical and mental health issues concerning students.
3. Advise administration and Board of Education about specific student health problems.
4. Develop and maintain effective physician/school and school/physician communication.
5. Consult on validity and appropriateness of school health programs.
6. Consult on appropriate action to be taken regarding current trends and proposed new legislation/regulations in school health.
7. Participate in district and community health-related screening programs.

Health Services:

1. Consult and review established and proposed health-screening programs.
2. Recommend measures for control of communicable diseases within the school.
3. Collaborate on and review emergency medical care and routine injury/illness care policies, protocols and facilities.
4. Collaborate with the facilities safety coordinator to assure a healthful school environment.
5. Provide medical consultation to special education program professionals and families.
6. Provide medical consultation to school physical education and athletic programs.
7. Be available for consultation in emergencies.

Health Education:

1. Advise on appropriateness of health education materials.
2. Assist in providing staff development; i.e. inservice training sessions.
3. Participate in, or provide consultation for, staff development programs regarding health education topics.
4. Serve as a consultant in planning parent education meetings involving student health issues.

Signatures:

Physician _____

Date 6/12/18

Superintendent Dennis Krueger

Date 8/16/18

Board of Education Terry Delinger

Date 10-8-18



School District of New London

DISTRICT ADMINISTRATION OFFICE

901 West Washington Street
New London, WI 54961

Phone (920) 982-8530
Fax (920) 982-8551

EQUAL OPPORTUNITIES IN EMPLOYMENT - CURRICULUM - ACTIVITIES

Dennis Krueger, District Administrator
Danielle Sievert, Director of Teaching and Learning
Laurie Schmidt, Director of Pupil Services
Joseph Marquardt, Director of Business Services

dkrueger@newlondon.k12.wi.us
dsievert@newlondon.k12.wi.us
lschmidt@newlondon.k12.wi.us
jmarquar@newlondon.k12.wi.us

STANDING ORDERS FOR NON-PRESCRIPTION MEDICATIONS

Standing Order – Definition

1. Applies to any student enrolled in the district.
2. Implies broad guidelines for assessment, intervention and referral.
3. Includes commonly used, non-prescription products that may be used by the school nurse/health assistant for minor illnesses, abrasions cuts and burns, including the following types of medications:
 - Hydrocortisone Cream
 - Cough lozenges (grades 5-12)
 - Eye drops
 - Creams and Ointments
 - Antiseptics
 - Antihistamines
4. Requires the following prerequisites:
 - Medication in the original, sealed, labeled container sent by parent
 - Written parent/guardian consent including dosage, time and conditions under which the medications are to be given (see District medication policy)
 - **Medication dosages above and beyond the amount indicated on the medication bottle, must have a doctor's signature attached.**
5. Health staff may administer **Diphenhydramine(Benadryl) elixir/tablets** to a student who is experiencing symptoms of an **allergic reaction ~ nose: itchy/runny nose, sneezing; mouth: itchy mouth; skin: a few hives, mild itch; gut: mild nausea/discomfort – ½ tsp. for students ages 3-6 years old, 1 tsp. for students ages 7-12 years old, and 2 tsps. For students ages 13-18 years old.**
6. Monitor student, notify parent/school nurse.
7. If symptoms progress, follow anaphylaxis protocol – **Call 911.**

THESE STANDING ORDERS FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION OR PRODUCTS FOR THE SCHOOL YEAR HAVE BEEN APPROVED BY:

Timothy Houlihan, M.D.
Medical Advisor – School District of New London

6/12/06
Date



School District of New London

DISTRICT ADMINISTRATION OFFICE

901 West Washington Street
New London, WI 54961

Phone (920) 982-8530
Fax (920) 982-8551

Dennis Krueger, District Administrator
Danielle Sievert, Director of Teaching and Learning
Laurie Schmidt, Director of Pupil Services
Joseph Marquardt, Director of Business Services

dkrueger@newlondon.k12.wi.us
dsievert@newlondon.k12.wi.us
lschmidt@newlondon.k12.wi.us
jmarquar@newlondon.k12.wi.us

STANDING ORDERS AND PROCEDURE GUIDELINES

TYPE OF STANDING ORDER

General: Those applying to any student

1. Broad guidelines for observation, management, referred and recommendation to student, parent and staff.
2. Commonly used treatments/medications such as ointments and over-the-counter medications.

Individual: Standing orders and prescription will be written by the attending physician. This, in itself, constitutes a standing order.

Registered Nurses employed for the School District of New London may administer or consult with school personnel regarding the administration of prescription and non-prescription (over-the-counter) medications to the students per WRITTEN standing orders, signed by our school medical advisor and with WRITTEN PARENTAL CONSENT. This meets the legal requirements of the Nurse Practice Act (WI Adm. Code 441.11 (4)).

A. Medication – Prescription

1. Must come in a prescription container that states the name of the medication, dosage, time, route, duration of time to be given and condition for which it is being given.
2. Consent form **MUST** be signed by both doctor and parent.

B. Medication – Non-Prescription

1. Must be in original, and sealed container.
2. **WRITTEN** parental consent required.
3. Name of medication, dosage, time, route and conditions for which it is being given must be documented.
4. TYPES: Analgesic
Anti-inflammatory
Decongestant
Cough SYRUP – no lozenges in grades 4K – 4
Eye drops
Creams and Ointments
Antacids
Allergy – Antihistamines

C. Medication - Injectable

1. Epi-Pen (Epinephrine) – to be given intramuscular route for allergic reaction emergencies, i.e. Asthma, Bee Stings, Food, Drugs. **MOST IMPORTANT SYMPTOM BEING RESPIRATORY DISTRESS.**
2. Glucagon – to be given subcutaneously or glucose gel orally for hypoglycemia (low blood sugar).
3. Insulin – given ONLY with physician order – dosage to be prescribed by physician.

D. Medication – Intravenous

Will not be delegated to non-licensed nurse

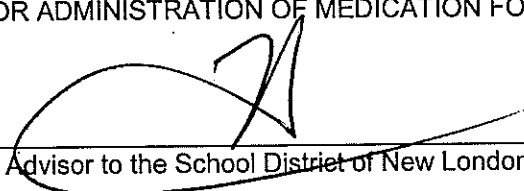
1. Must be provided by parent/guardian with written permission from parent/guardian.
2. Written doctor's order is also required.
3. Medication must be in original labeled container.
4. Written instructions must include name of medication, dosage, time, route and condition regarding the order.

E. Medication – Rectal, Gastric

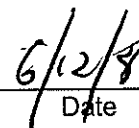
1. Must be provided by parent/guardian with written permission from parent/guardian.
2. Written doctor's order.
3. Original labeled container.
4. Written instructions must include name of medication, dosage, time, route and condition regarding the order.

TYPES: Anticonvulsive – i.e. Valium
 Laxative
 Antipyretic
 Analgesic

THESE STANDING ORDERS FOR ADMINISTRATION OF MEDICATION FOR THE SCHOOL YEAR HAVE BEEN APPROVED BY:



Timothy Houlihan, MD – Medical Advisor to the School District of New London.



Date



School District of New London

DISTRICT ADMINISTRATION OFFICE

901 West Washington Street
New London, WI 54961

Phone (920) 982-8530
Fax (920) 982-8551

Dennis Krueger, District Administrator
Danielle Sievert, Director of Teaching and Learning
Laurie Schmidt, Director of Pupil Services
Joseph Marquardt, Director of Business Services

dkrueger@newlondon.k12.wi.us
dsievert@newlondon.k12.wi.us
lschmidt@newlondon.k12.wi.us
jmarquar@newlondon.k12.wi.us

STANDING ORDERS FOR ANAPHYLAXIS SCHOOL DISTRICT OF NEW LONDON

In the event of an anaphylactic reaction of a student or staff member and the person does not have their own prescribed epinephrine, an epinephrine auto injector may be administered by a staff member who has been adequately trained.

Definition: Anaphylaxis is a severe allergic reaction which can be life threatening. It may occur within minutes after a triggering event or up to hours later.

Common Triggers/Allergens: **Extreme sensitivity to one or more of the following:**

1. Food- **peanuts, tree nuts, eggs, soybeans, milk, fish, shellfish, and wheat**
2. Insect sting - **usually bee or wasp**
3. Medication
4. Exercise
5. Asthma triggers
6. Latex and other non -food items, such as clay, paste, and finger paints

Signs of Anaphylaxis: **Patients may experience Any SEVERE SYMPTOMS after suspected or known ingestion of one or more of the following:**

1. Neurological: *paleness, weakness, sweating, dizziness, mental confusion, fainting or loss of consciousness*
2. Respiratory: *difficulty breathing (shortness of breath), talking or swallowing; tightness in chest, continuous or repetitive cough, stridor (noisy breathing), or wheezing*
3. Skin: *hives, flushing, swelling, itching, tingling sensation around the mouth or face*
4. Gastrointestinal: *nausea, abdominal cramps, vomiting and diarrhea*
5. Eyes: *itchy, watery, or swelling around the eyes*
6. Nose and mouth: *sneezing, runny, obstructive swelling of tongue and/or lips, and metallic taste*

OR a combination of symptoms from different body areas:

Skin: hives, itchy rashes, swelling (i.e. eyes, lips)

Gut: vomiting, diarrhea

Procedure:

1. Confirm signs of serious anaphylaxis (see symptom list above)
2. Administer Epinephrine immediately
If weight > 55 pounds (approx. 8 year old and older) give Epi-Pen® (0.3mg) IM (intramuscular injection)

If weight < 55 pounds give Epi-Pen Jr.® (0.15mg) (intramuscular injection)

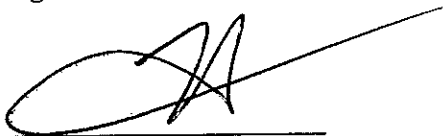
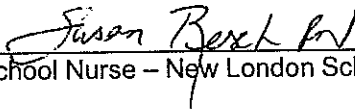
Note time epinephrine was given.

3. Call 911 (EMS) and inform them you are giving an Epi-Pen for anaphylaxis; request an ambulance with epinephrine.
4. Continue monitoring – maintain airway, monitor circulation and start CPR as necessary
5. Stay with student
6. Call parent or guardian, health care provider
7. If available, a second dose of epinephrine can be given 5 minutes or more after the first dose if symptoms persist or recur
8. For a severe reaction, place the person in recovery position (on side or back with legs raised) or position of comfort
9. If bee stinger is present in the skin, remove it gently by scraping it out.
10. Treat student even if parents cannot be reached.

After epinephrine administration:

1. Complete appropriate paperwork (incident report, epinephrine administration report, medication administration form, etc.)
2. Request permission from student's parent/guardian to send a copy of paperwork (epinephrine administration report, medication administration form, etc to student's healthcare provider.
3. Parents of student who suffered anaphylactic reaction and school staff involved in emergency response should meet to debrief on the incident and make necessary changes to policy, procedure, or emergency action plan.

These standing orders.....

 <hr/> Medical Advisor signature	6/12/4 <hr/> Date
 <hr/> School Nurse – New London School District	8/15/18 <hr/> Date

Staff Administration of Non-Student/Staff Specific Epinephrine

Policy

Any district employee may be authorized to administer epinephrine who:

- is willing to assume that responsibility,
- is authorized in writing by the school principal or his/her designee,
- has received Department of Public Instruction approved training, within four years, for the administration of epinephrine
- Has been sufficiently instructed by the school district's School Nurse:
 - i. In recognizing the signs and symptoms of anaphylaxis
 - ii. On the proper administration of epinephrine auto-injector
 - iii. On proper follow up procedures following administration of epinephrine auto-injector
- Has successfully completed an annual return demonstration of administration of epinephrine auto-injector and has been deemed competent by the district's Professional Nurse

Procedure:

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea

1. If student is suspected of having an anaphylactic reaction (see symptom list in box above)
INJECT EPINEPHRINE IMMEDIATELY
2. Call 911, tell rescue squad epinephrine was given; request an ambulance with epinephrine.
3. Continue monitoring.
4. Stay with student.
5. Request that someone alert healthcare professionals and parent.
6. Note time when epinephrine was administered.
7. If available, a second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.
8. For a severe reaction, consider keeping student lying on back with legs raised.
9. If child is vomiting or feels nauseated, put them on their side so they will not choke, keeping airway clear.
10. Treat student even if parents cannot be reached.

After epinephrine administration:

1. Complete appropriate paperwork (incident report, epinephrine administration report, medication administration form, etc).
2. Request permission from student's parent/guardian to send a copy of paperwork (epinephrine administration report, medication administration form, etc to student's healthcare provider.
3. Parents of student who suffered anaphylactic reaction and school staff involved in emergency response and those on the emergency response team should meet to debrief on the incident and make any necessary changes to policy or procedure or emergency action plan.

References:

Food Allergy and Anaphylaxis Network. (2011). *Food Allergy Action Plan*. Available at:
<http://www.foodallergy.org/files/FAAP.pdf>.

Food Allergy and Anaphylaxis Network (FAAN). (2001). *School Guidelines for Managing Students With Food Allergies*. Available at: <http://www.foodallergy.org/school/guidelines.html>.

National Association of School Nurses. (2011). *Suggested Nursing Protocol for Students without an Emergency Care Plan*. Available at: http://www.nasn.org/portals/0/resources/faat_no_ECP.pdf.

Acknowledgment of Reviewers:

Bette Carr, MSN, RN, NCSN

Barbara Brancel Maley, RN, BSN

Kerri Schmidt, BSN, RN, NCSN

Joan Simpson, RN, BSN, MPH

Lynne Svetnicka, RN, MS, CPNP

Lori Zinck-Jezwinski, RN, MS, CPNP

Jill Krueger, RN, BSN

Mary Kay Logemann, RN, BSN, MEd

Marcia Creasy, BSN, RN

Sharon Daun, RN, BSN, MS, NCSN

Rachel Gallagher, RN, CPNP, NCSN

Kathy Graham, RN MPH

Mary Kay Kempken, RN, BSN, NCSN



Timothy Houlihan, MD – Medical Advisor to the School District of New London.

6/12/18
Date



School District of New London

DISTRICT ADMINISTRATION OFFICE

901 West Washington Street
New London, WI 54961

Phone (920) 982-8530
Fax (920) 982-8551

Dennis Krueger, District Administrator
Danielle Sievert, Director of Teaching and Learning
Laurie Schmidt, Director of Pupil Services
Joseph Marquardt, Director of Business Services

dkrueger@newlondon.k12.wi.us
dsievert@newlondon.k12.wi.us
lschmidt@newlondon.k12.wi.us
jmarquar@newlondon.k12.wi.us

EQUAL OPPORTUNITIES IN EMPLOYMENT - CURRICULUM - ACTIVITIES

Public Access Defibrillation Program Policy and Procedure

Policy:

1. An Automatic External Defibrillator (AED) will be maintained on the premises of New London Schools.
2. The AED will be used in emergency situations warranting its use by individuals specifically trained in use of the device.

Procedure:

Location, Maintenance and testing of AED(s).

1. The AED shall be located near the main office of each of the schools.

The type of device, intended use area, plan for maintenance and testing and location of the device on the premises shall be confirmed annually in writing to:

- 1.) Timothy Houlihan, MD -School Medical Director
ThedaCare Physicians
1405 S. Mill Street
New London, WI 54961

2. Maintenance and testing is conducted as required by the manufacturer.
 - a.) Documentation of the maintenance and testing is maintained in the School District of New London for a period of 7 years.
 - b.) Documentation shall record the date and type of maintenance/testing, and the signature of the person performing the maintenance/testing.

Use of AED

- 1.) Determine unresponsiveness of victim and activate Emergency Response Plan.
 - a.) If a victim is unresponsive, call "9-1-1" and get AED.
 - b.) Assess the victim: circulation, airway, breathing.
 - c.) Initiate CPR, if required, while the AED is brought to the victim's side.
 - d.) The public address system will be used to activate responders and indicate location of victim.
 - e.) Designate an individual to wait at facility entry to direct the EMS to victim's location.
- 2.) Upon arrival, place the AED near head of victim, close to AED operator.

- 3.) **Prepare to use the AED.**
 - a.) Turn the power ON.
 - b.) Bare and prepare chest for AED use.
 - c.) Attach the AED to the victim
 - d.) Stop CPR while the device analyzes the heart rhythm.
 - e.) Follow the machine prompts for further action. If a shock indicated, be sure all rescuers are "clear" before shock is administered.

- 4.) **Upon arrival, EMS shall take charge of victim.**
 - a.) Provide victim information: name, age, known medical problems, time of incident.
 - b.) Provide information as to current condition and number of shocks administered.

- 5.) **Data card following AED shall be delivered to:**
New London Family Medical Center

After use of AED

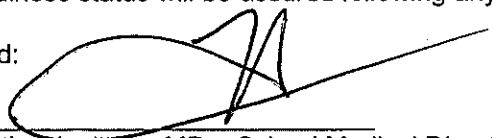
- A Critical Incident Debriefing session will be held within 24 hours for all initial responders.
Contact: School Nurse, Building Administrator, School Personnel, all responders and the School District of New London Emergency Procedure Handbook manual/AED protocol.

 - **The program Medical Director shall be notified of AED use.**
 - a.) Complete follow-up report if deemed necessary by Medical Director.
 - b.) Arrange for quality improvement review.
3. The AED will be checked and put back in readiness state.
 - a.) Remove data card and label the victim data. Deliver to appropriate personnel according to program protocol.
 - b.) Replace data card.
 - c.) Restock AED per AED Inventory.
 - d.) Clean AED according to manufacturer recommendations.
 - e.) Document readiness.

AED Inventory

- 1.) Readiness status will be assured by monthly checks logged on flow sheets.
- 2.) Readiness status will be assured following any AED use.

Approved:



Dr. Timothy Houtman, MD – School Medical Director



Date



School District of New London

EQUAL OPPORTUNITIES IN EMPLOYMENT - CURRICULUM - ACTIVITIES

DISTRICT ADMINISTRATION OFFICE

901 West Washington Street
New London, WI 54961

Phone (920) 982-8530
Fax (920) 982-8551

Dennis Krueger, District Administrator
Danielle Sievert, Director of Teaching and Learning
Laurie Schmidt, Director of Pupil Services
Joseph Marquardt, Director of Business Services

dkrueger@newlondon.k12.wi.us
dsievert@newlondon.k12.wi.us
lschmidt@newlondon.k12.wi.us
jmarquar@newlondon.k12.wi.us

06/01/2018

Timothy Houlihan, MD
Theda Care Physicians
1405 Mill St.
New London, WI 54961

Re: New Injury and Illness Protocols

Dear Dr. Houlihan:

Attached is the new protocol for injury and illness that I would like you to review and approve for use in the district.

The **WISHeS project (Wisconsin Improving School Health Services Project** <https://schoolheathassociates.com/wishes-injury-and-illness-protocols/>) protocols have been researched and reviewed by numerous qualified health care professionals.

This project was developed in order to obtain similar responses to illness/injury throughout the state. The resources and team members are listed on pages 67-70.

If you approve of these new guidelines, please **sign** the WISHeS Injury and Illness Medical Advisor Approval Pages in the front of the packet. **Please return that page to me in the enclosed envelope.**

However, if there are changes to any of the protocols, please include those pages in the envelope as well.

I am very excited to have uniform protocols that all school nurses can use throughout Wisconsin.

Please contact me with questions at 920-538-2976.

Thank you,

Susan Resch, RN, BSN
School District Nurse
sresch@newlondon.k12.wi.us

WISHeS Injury and Illness Medical Advisor Approval Page

Instructions:

1. Use the check boxes below to indicate which of the protocols the medical advisor has approved for use in the district.
2. If the medical advisor approves all the protocols, check the "approve all" box at the beginning of the list.
3. If the medical advisor does not want to include a certain protocol, draw a line through that protocol and have the medical advisor initial next to the protocol.
4. Once complete, have the medical advisor sign and date at the bottom of the form.

Approve all the protocols

- | | |
|---|---|
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Amputation & Avulsion | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Asthma & Difficulty Breathing | <input type="checkbox"/> Heat Exhaustion/Heat Stroke |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Behavioral Health Concerns | <input type="checkbox"/> Menstrual Difficulties |
| <input type="checkbox"/> Bites | <input type="checkbox"/> Mouth & Jaw Injuries |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Neck Pain |
| <input type="checkbox"/> Blisters | <input type="checkbox"/> Nose Injury |
| <input type="checkbox"/> Bruises | <input type="checkbox"/> Nose Problem-Object in nose |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Not Feeling Well |
| <input type="checkbox"/> Cuts, Scratches, & Scrapes | <input type="checkbox"/> Poisoning & Overdose |
| <input type="checkbox"/> Dental Braces-Ligatures | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Dental Braces-Pain | <input type="checkbox"/> Puncture Wound |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Ear Problem-Drainage and Earache | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Ear Problem-Object in the Ear | <input type="checkbox"/> Snake Bite |
| <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Eye Problem-Chemical in eye | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Eye Problem-Injury to eye | <input type="checkbox"/> Stabbing/Gunshot |
| <input type="checkbox"/> Eye Problem-Particle in eye | <input type="checkbox"/> Stings |
| <input type="checkbox"/> Facial sore (Cold sore) | <input type="checkbox"/> Stomachache & Pain |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Tick |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Tooth-Bleeding Gums or Toothache |
| <input type="checkbox"/> Finger/Toenail Injury | <input type="checkbox"/> Tooth-Chipped, Broken or Displaced |
| <input type="checkbox"/> Fracture, Dislocation & Sprain | <input type="checkbox"/> Tooth-Knocked Out |
| <input type="checkbox"/> Frostbite/Frostnip | <input type="checkbox"/> Unconsciousness |
| | <input type="checkbox"/> Vomiting |

I, Timothy Houlihan, MD approve the use of the protocols, indicated above, for
New London School District for the 2018-19 school year.

Medical Advisor Signature: _____

Date: 6/12/18

