

# Monticello School District Health Procedures Manual



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### Monticello School District Health Procedures Manual

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## ALLERGIC REACTION- KNOWN or SUSPECTED

Does the student have signs/symptoms of a possible severe allergic reaction? Do you observe any of the following?

- Many hives over body
- Itchy rashes
- Swelling of eyes, tongue, and/or lips
- Shortness of breath, wheezing, repetitive cough
- Dizziness and/or faintness
- Confusion
- Throat tightness or hoarse voice
- Vomiting
- Pale skin

No

Symptoms of a mild reaction include:

- Red, watery eyes
- Itchy, sneezing, runny nose
- Rash/hives on one area

Yes

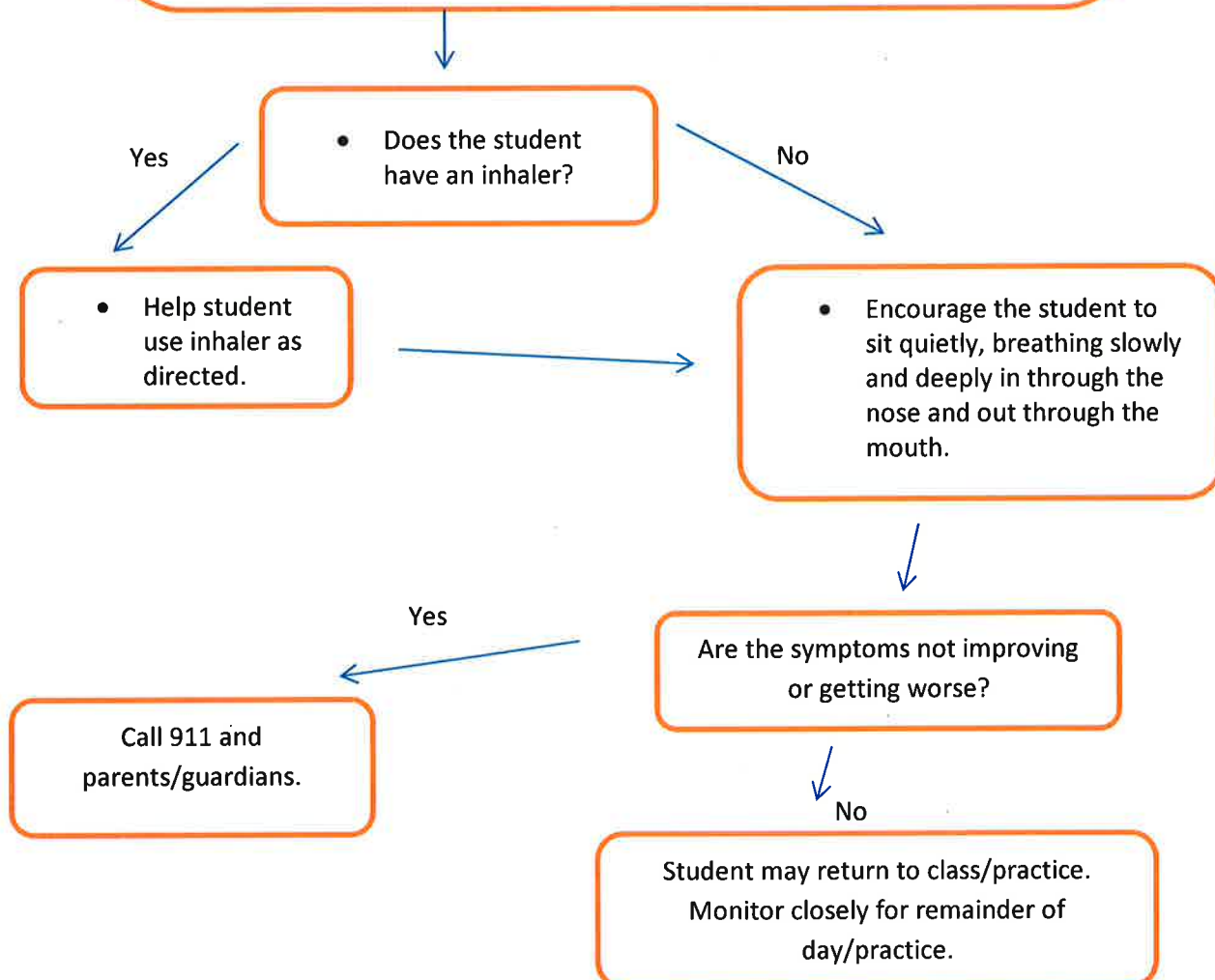
- Suspect possible anaphylactic reaction
- Call for help from additional staff/health team
- Call 911 and parents/ guardians
- TRAINED STAFF SHOULD INJECT EPIPEN IMMEDIATELY!
- Keep student lying down and still.
- Monitor for breathing/pulse and start CPR/access AED if needed

- Student's teacher(s) should be aware of the possible allergic reaction and should watch student for any further/delayed symptoms of a severe allergic reaction.
- Student can return to class unless he/she is very uncomfortable, then parents/guardians should be contact to pick student up.

## ASTHMA-WHEEZING-DIFFICULTY BREATHING

A student with asthma/wheezing may have breathing difficulties which may include:

- Uncontrollable coughing
- Wheezing- a high pitched sound during breathing out
- Rapid breathing
- Flaring (widening) of nostrils
- Feeling tightness in the chest
- Not able to speak in full sentences
- Increase use of stomach and chest muscles during breathing



# BITES

- Hold the bite area under running water for 2-3 minutes.
- Wash with soap.
- Control bleeding (see Bleeding flow sheet)
- Apply band aid or gauze dressing.

Parents/guardians of the student who was bitten and the student who did the biting need to be notified that their student may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.

## BLEEDING

- Press firmly with a clean bandage to stop bleeding
- Elevate bleeding body part gently. If fracture is suspected, gently support part and elevate.
- Bandage wound firmly without interfering with circulation to the body part.

Is there continued uncontrollable bleeding?

No

Yes

If wound is gaping,  
student may need stitches.  
Contact  
parents/guardians and  
encourage medical care.

- Call 911 and parents/guardian.
- Have student lie down.
- Elevate student's feet unless this causes pain/discomfort or if a neck/back injury is suspected.
- Cover student with a blanket.

# BLISTERS

(From Friction)

- Wash the area with soap/water.

Is the blister broken?

Yes

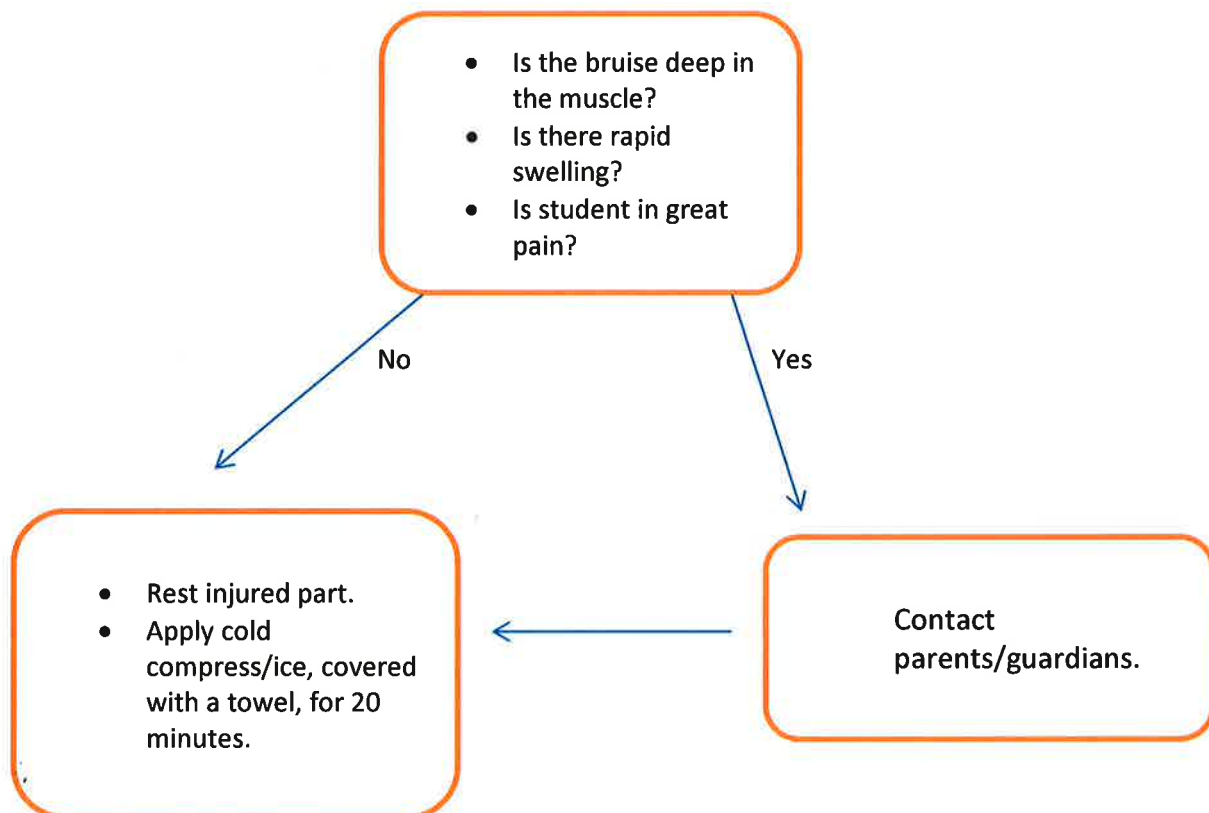
No

Apply clean bandage to prevent further rubbing.

Do NOT break blister. Blisters heal best when kept clean and dry.



# BRUISES



# BURNS

Flush the burn with large amounts of cool, running water or cover it with a clean, cool, wet cloth. Do NOT use ice.



- Is the burn large or deep? Is burn on face or eyes?
- Is the student having difficulty breathing?
- Is the student unconscious?
- Are there other injuries?

Yes

Call  
911/parents.

No

Cover/wrap burned area  
with a clean dressing.

## Cardiac or Respiratory Arrest

No pulse and/or not breathing

- Call for help from other staff members
- Call for Carolyn, RN or other member of health team, if available
- Call 911
- Call parents/guardians
- Send for AED
- Start CPR per American Red Cross guidelines, if trained
- Continue CPR until EMS arrives

# Conscious Choking

Cannot cough, speak, cry, or breathe

- Call for help from other staff members and health team members
- Call 911



**Give 5 back blows** using palm of hand between person's shoulder blades



## Give 5 abdominal thrusts

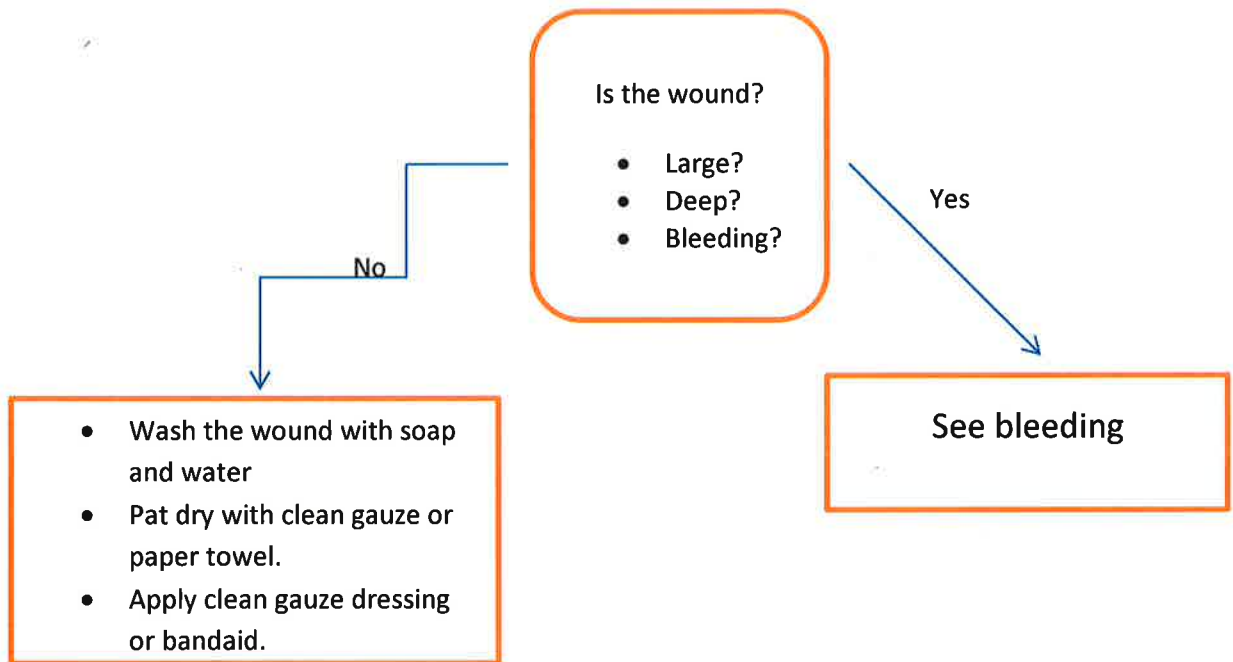
- Stand behind choking person
- Make a fist with one hand- grabbing fist with other hand, thrust inward and upward just above the belly button but below the ribcage



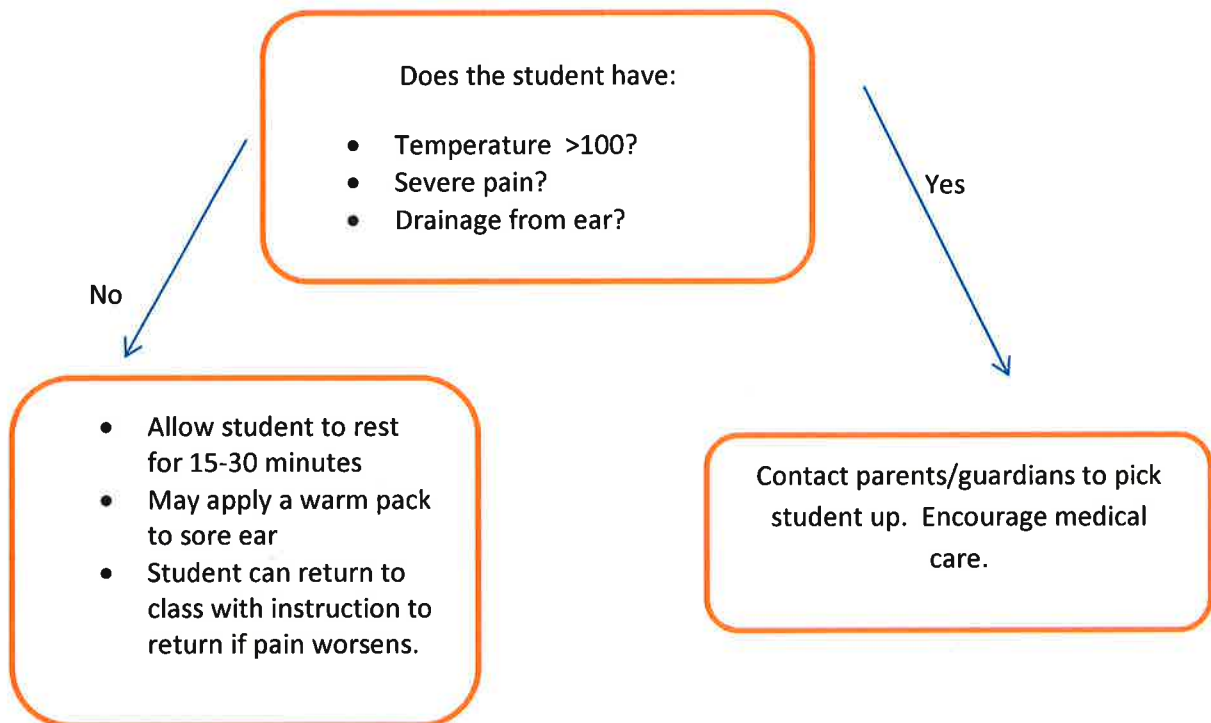
**Repeat back blow and abdominal thrusts until:**

- Object is forced out
- Person can cough forcefully or breathe
- Person becomes unconscious- carefully lower to the ground and trained staff should provide care for unconscious choking.

**CUTS (small), SCRATCHES & SCRAPES**  
(Including rope and floor burns)



# EARACHE



# EYE INJURIES/PAIN/IRRITATION

With any eye problems, ask student if he/she wears contacts. Have student remove them before giving first aid to eye.

## Particle in eye:

- Keep student from rubbing eye
- Flush eye out with either tap water or use eye wash in HS science room
- If particle does not flush out or if pain continues, contact parent/guardian and encourage medical care.

## Itchy/red eyes:

- Keep student from rubbing eyes
- If large amount of sticky drainage, contact parents and encourage medical care.
- Instruct student to not rub eyes and have student wash hands frequently.

## Chemicals in eye:

- Immediately rinse the eyes with large amount of water for 20-30 minutes
- Tip head so the affected eye is below the unaffected eye
- Call Poison Control 1-800-222-1222 and follow their directions
- Contact parents/guardians and encourage medical care.

## Eye injury:

- Keep student lying flat and quiet.
- If injury is severe, if there is vision changes, or if an object has penetrated the eye, call 911
- Do NOT remove any object in the eye
- Keep student from touching eye- cover eye with paper cup

# FAINTING

If you observe any of the following signs of fainting, have the student lie down to prevent injury from falling:

- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

Most students who faint will recover quickly when lying down. If student does not regain consciousness immediately, see "Unconsciousness:

Was the student injured when he/she fainted?

Address injury- head injury protocol, bleeding, etc.. If concern for neck/back injury, call 911 and **DO NOT MOVE STUDENT.**

- No
- Keep student in flat position
  - Elevate feet
  - Loosen clothing around neck and waist

Are symptoms (dizziness, lightheadedness, fatigue) still present?

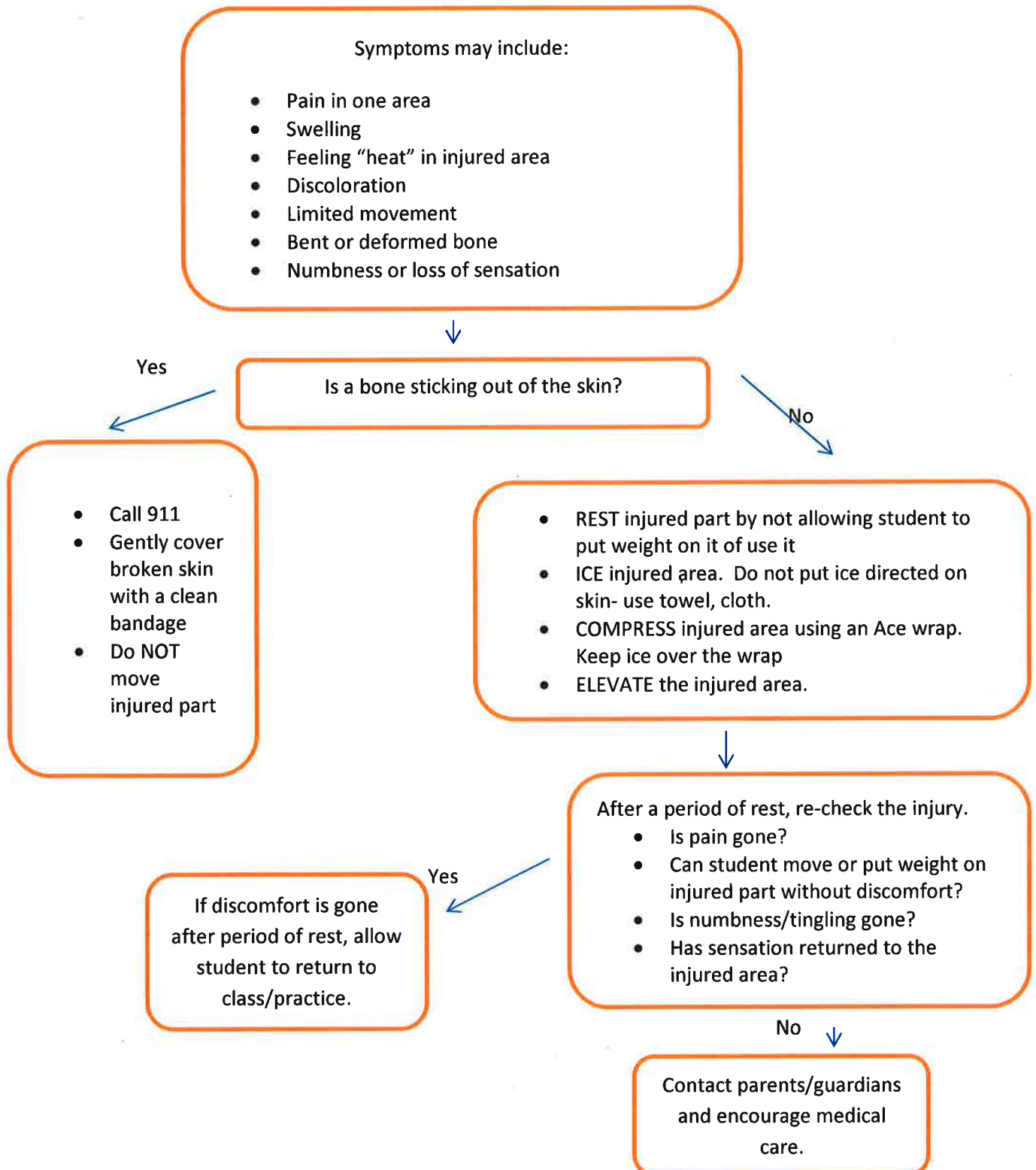
Yes

Keep student lying down and contact parent/guardians.  
Encourage medical care.

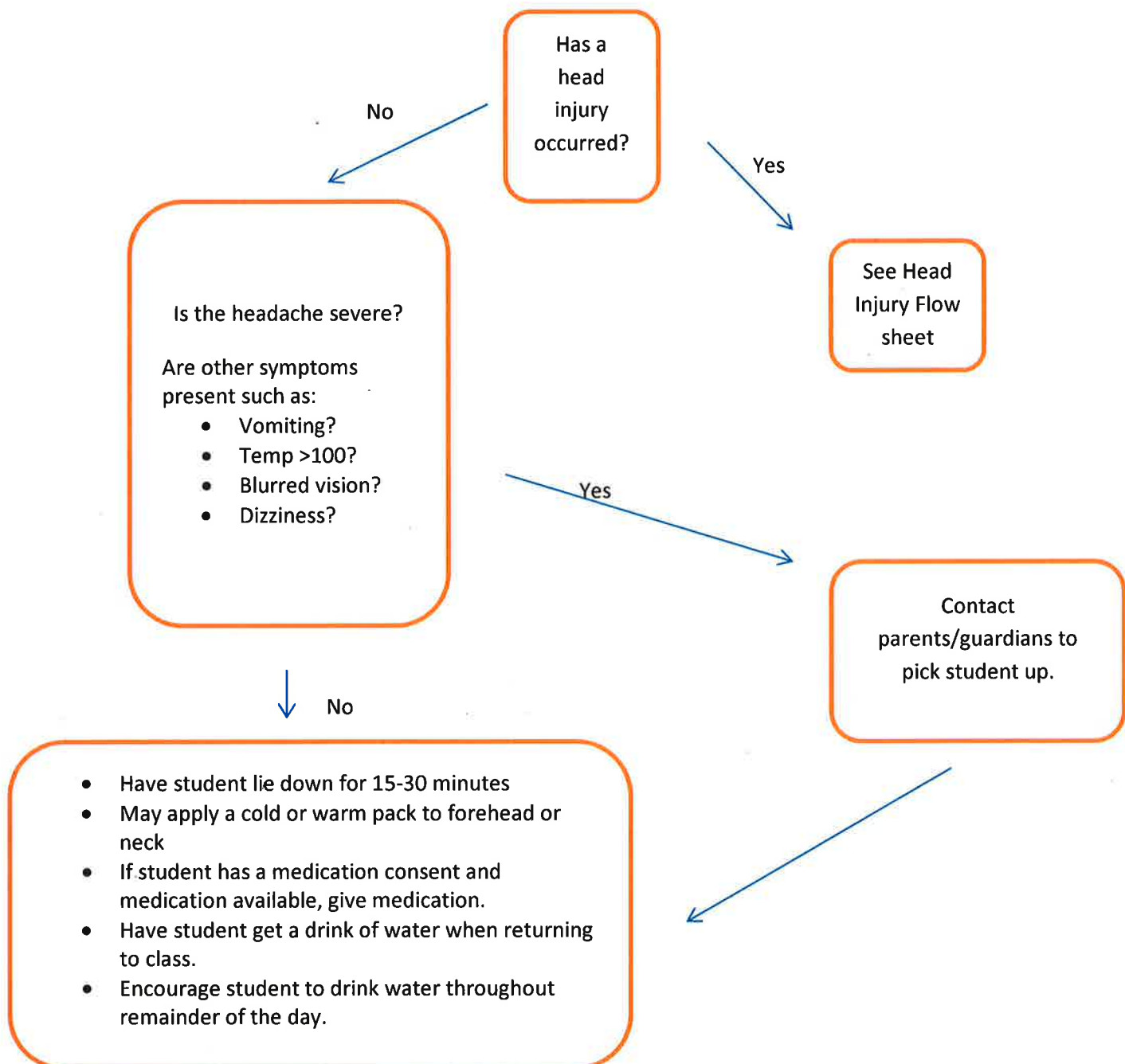
- No
- Student may return to class.
  - Encourage fluid intake.
  - Should not continue with any sports practice for that day.
  - Contact parents/guardians.



## FRACTURES, DISLOCATIONS, SPRAINS or STRAINS



# HEADACHE



# HEAD INJURY

- Any student who sustains a head injury or bump to the head should be sent to either the nurse office of the main office.
- Student should rest and be monitored for at least 30 minutes after any head injury/bump.
- Call 911 and parents for any loss of consciousness.
- In loss of consciousness, check to see if student is breathing and has a pulse. Initiate CPR and access the AED, if needed.

Is the student bleeding or is there an open cut?

Yes

No

Apply ice to injured area

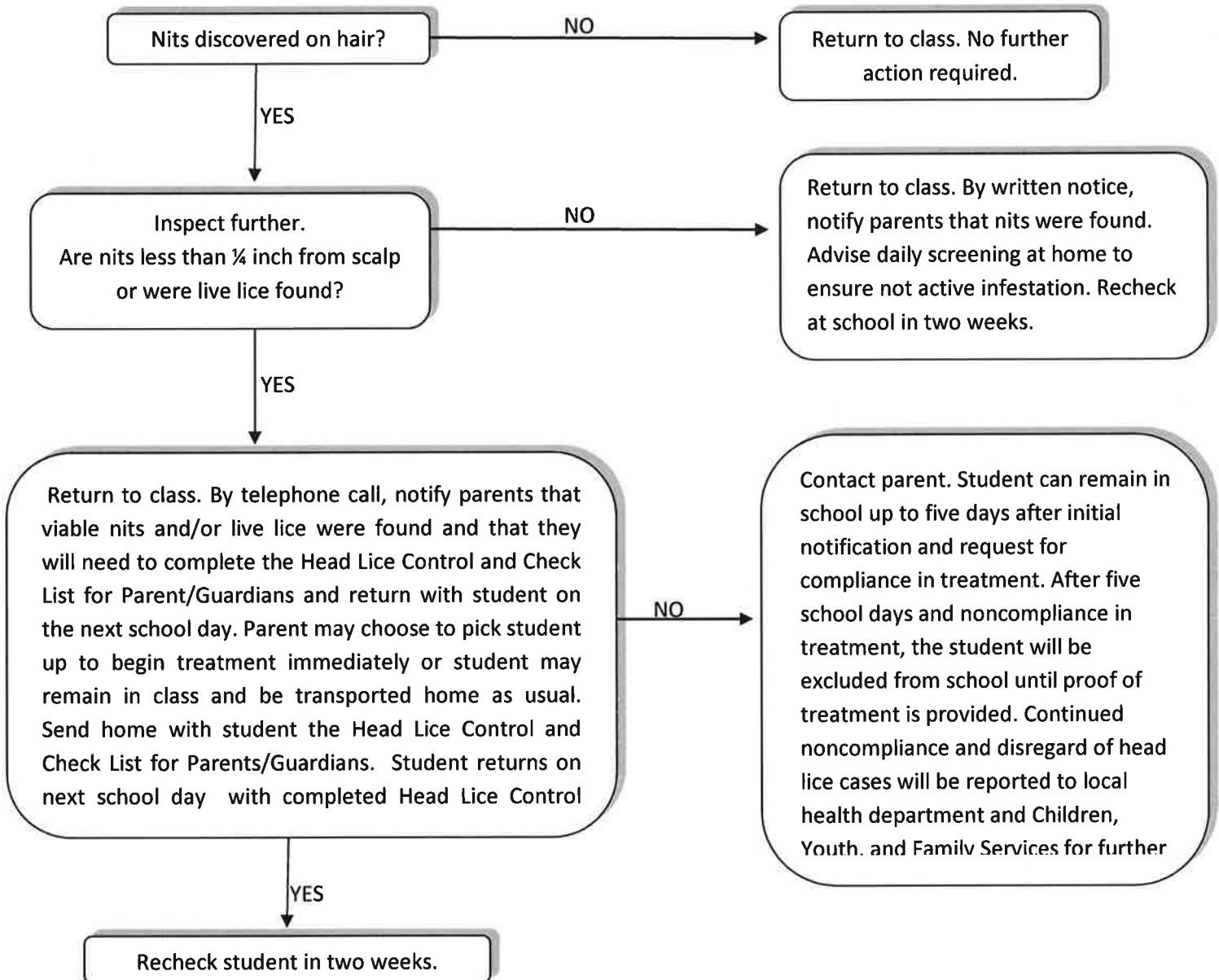
- Cut/abrasion should be washed with soap and water and covered with a gauze or band aid, if possible.
- Apply ice to injured area.
- If any significant bleeding, apply firm, direct pressure for 5-10 minutes. If still saturating multiple gauze pads after 10 minutes of direct pressure, call parents and 911.

Students who have any of the following need to be sent home and encouraged to be seen either in the Emergency Room or doctor's clinic:

- Severe or worsening headache
- Vomiting
- Balance problems or loss of coordination
- Severe drowsiness
- Slurred speech
- Vision problems- blurry or double vision
- Confusion- not remembering what happened.

- If student has none of the mentioned symptoms, he/she may return to class after 30 minutes of observations.
- HEAD INJURY NOTE NEEDS TO BE SENT HOME.
- CALL PARENTS WITH ANY HEAD INJURY.

## Monticello Schools – Head Lice Management Flowchart



### Monticello Schools will:

- Provide head lice education, information, and resources as needed, to students, staff, parents/guardians and community.
- Treat students in a confidential and composed manner.

### Monticello Schools will NOT:

- Exclude or quarantine students identified as having head lice and who are receiving adequate treatment.
- Notify other students and parents of minor health issues affecting classmates.
- Mass screen students.
- Perform unjustified environmental cleaning actions.

# HEAT STROKE/EXHAUSTION

Strenuous activity in the heat may cause heat-related illness. Symptoms may include:

- Red, hot, dry skin
- Weakness and fatigue
- Cool, clammy hands
- Vomiting
- Loss of consciousness



Is the student:

- Unconscious or losing consciousness?
- Confused?
- Vomiting?

No

Yes

- Remove student from the heat.
- Have student lie down.
- Give fluids (water, Gatorade) in small amounts.
- Contact parent/guardian to pick up student.

- Call 911/parents
- Remove student from the heat.
- Have student lie down/put on his/her side.
- Check for breathing/pulse and be prepared to start CPR/access AED if needed.

# HYPOTHERMIA/FROSTBITE

Hypothermia can occur after a student has been outside in the cold. Symptoms may include:

- Shivering
- Sleepiness
- Weakness
- Confusion
- Blurry vision
- Slurred speech
- Impaired judgment

The nose, ears, chin, cheeks, fingers, and toes are the parts most affected by frostbite. Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale, white, waxy)
- Feel cold to the touch
- Feel numb to the student
- Feel firm or hard (frozen)

- Take student to a warm place.
- Remove cold/wet clothing and give student warm, dry clothing, wrap in blanket.
- Do NOT rub or massage cold part or apply heat such as a water bottle or hot running water.



Does student have:

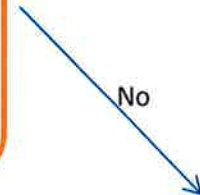
- Loss of consciousness?
- Slowed breathing?
- Confusion or slurred speech?
- White, grayish, or blue skin?
- Loss of sensation in an area?

Yes



Call 911 and parents.

No



Keep student warm. Contact parents/guardians.

## NOSEBLEEDS

Place student sitting with head slightly forward or lying on side with head raised on a pillow/towels.



Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.



Provide constant uninterrupted pressure by pressing the nostrils firmly together for about 5-10 minutes. Apply ice to the nose.



If blood is still free flowing after applying pressure and ice for up to 15 minutes, contact parents/guardians. Encourage medical care.

# SORE THROAT

- Take temperature



- Does the student have:
- A temp >100?
  - Severe pain/discomfort?

No

- Allow to rest for 15-30 minutes.
- Student can return to class
- Instruct student to return if pain is getting worse

Yes

- Contact parents/guardians to pick student up.
- Encourage medical care.



# STINGS

Does the student have:

- Difficulty breathing
- Swelling, especially of the lips, mouth, or tongue
- A known allergy to stings?

No

Yes

- Remove stinger by scraping at site with a tongue depressor, plastic card
- Wash area with soap and water
- Apply ice to area

- Call 911 and parents/guardians
- Administer EpiPen, if prescribed

- A student may have a delayed allergic reaction up to 2 hours after the sting.
- The student's teacher(s) should be aware of the sting and watch for any delayed reactions.

# STOMACH PAIN/NAUSEA/VOMITING/ DIARRHEA

- Have student lie down on his/her side
- Apply a cool, damp cloth to students forehead
- Have a bucket available
- Give no food or medications
- Allow small sips of water if student is thirsty
- Take student's temperature



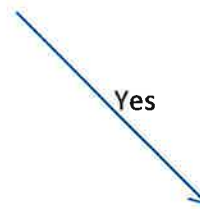
- Does the student have:
- Vomiting?
- Diarrhea?
- Temperature >100?
- Severe nausea or stomach pains?

No



- Suggest using the bathroom
- Allow the student to rest for 15-30 minutes
- A warm pack may be applied to the student's abdomen

Yes



Contact parents/guardians to pick student up.

Encourage medical care if student has:

- Fever
- Severe stomach pain
- Dizziness/paleness
- Repeated vomiting/diarrhea

# TEETH

## (Knocked out/broken permanent tooth)

Find tooth. Do NOT handle tooth by the root. Clean tooth by rinsing it under water.



Within 15-20 minutes:

- Place tooth gently back in socket and have student hold in place with tissue or gauze, or
- Place tooth in glass of milk or water.
- TOOTH MUST NOT DRY OUT.



Apply cold compress to face to minimize swelling.



Contact parent/guardian.  
Encourage emergency dental care as soon as possible.

# UNCONSCIOUSNESS

Yes

No

Did the student regain consciousness immediately?

See  
"Fainting"

- Call 911 and parents/guardians
- Keep student in flat position and elevate feet if neck/head injury is not suspected.
- Assess for pulse/breathing
- Begin CPR/Assess AED if indicated
- Cover student with a blanket

Monticello Schools Notification of Head Injury

Date:

Dear parent/guardian,

Today \_\_\_\_\_ received a bump to the head or a head injury. Ice was applied, and your child rested and was monitored at school. No problems have been noted as a result of the head injury. However, symptoms may occur in the next 24 to 48 hours. Should any of these symptoms occur, your child needs to be seen by a doctor immediately:

- Any loss of consciousness
- Severe drowsiness or cannot be awoken
- Persistent headache or dizziness (severe and/or increasing in intensity)
- Nausea and/or vomiting
- Weakness, numbness, or decreased coordination
- Seizures or convulsions
- Slurred speech
- Any confusion- difficulty recognizing people or places
- Unusual behavior- increasing restlessness or agitation
- Vision changed- blurry or double vision

If any of these symptoms occur, please call your child's doctor. For any question, please contact the school nurse at 938-2736 or the district office at 938-4194.

**MONTICELLO SCHOOL DISTRICT**

**GUIDELINES FOR THE CONTROL AND TREATMENT OF HEAD LICE AND NITS**

Because the schools bring large numbers of children into close contact daily, they serve as a focal point for the transmission of all kinds of communicable diseases, including head lice. Control depends upon prompt discovery, proper administrative handling of each case, effective treatment and prevention of further cases.

Specific guidelines have been developed for the treatment of head lice and/or nits in the Monticello School District. These guidelines include parent notification, treatment instructions, parent responsibilities, and Monticello Schools' responsibilities.

Monticello Schools will follow the established guidelines for any student found to have head lice or head nits. This represents the Monticello School District's "Guidelines for the Control and Treatment of Head Lice and Nits". The guidelines are derived from compiled current data, reports, and recommendations set forth by leading organizations on pediatric and school health. The American Academy of Pediatrics, the National Association of School Nurses, the Centers for Disease Control and Prevention, and the Department of Public Instruction all concur that the management of head lice should not disrupt the education process and that previously accepted "no-nit" policies are unjustifiable and should be abandoned.

Head lice (*pediculosis capitis*) have been companions of the human species since antiquity. They are tiny, wingless insects that can NOT fly, jump, spring, or hop. Their only means of mobility is by crawling. Head lice are associated with limited morbidity. Infestations have been shown to have low contagion in classrooms. No child should be allowed to miss valuable education time because of head lice.

- I. Head lice checks may be made periodically on any child as necessary during the school year. Any student who is suspected of having head lice shall be removed from the classroom as unobtrusively as possible to be screened, in a location that maintains confidentiality, by the school nurse or other trained personnel.
  - a. Screening should be conducted in a well lit area.
  - b. Screener should don gloves.
  - c. Carefully separate areas of the student's hair, closely observing for live lice and/or nits.
  - d. Remove gloves, wash hands.
  - e. Allow student to return to class.
  - f. Follow appropriate steps, based on whether student has lice and/or nits, as indicated on the flowchart.
  
- II. Monticello Schools understands that some head lice have developed resistance to the agents used to treat an infestation. Every possible effort will be made to assist families as they are treating head lice. If however, it is agreed upon by administration and the school nurse that no perceivable effort is being made by the parent/guardian responsible to treat a student who has head lice, Monticello Schools, in accordance with Wisconsin Administrative Code HFS 145.07 (1), reserves the authority to exclude the student from school.

**HFS 145.07 Special disease control measures. (1) SCHOOLS AND DAY CARE CENTERS.** Any teacher, principal, director or nurse serving a school or day care center may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. The teacher, principal, director or nurse authorizing the action shall ensure that the parent, guardian or other person legally responsible for the child or other adult with whom the child resides and the nurse serving the child's school or day care center are immediately informed of the action. A teacher who sends a pupil home shall also notify the principal or director of the action.

- a. It is the parent's/guardian's responsibility to administer treatment with appropriate shampoo and effective nit removal. Families under financial stress may contact the Green County Health Department at (608) 328-9390, for any available assistance.

**III. School Environment**

- a. Head to head contact should be discouraged in all classroom settings.
  - i. Staff should regularly remind students not to share hats, combs, scarves, etc.
- b. Separating coats/personal belongings has not been proven to decrease the rate of transmission among students. No excessive effort will be made to separate students' items.
- c. Floors, rugs, pillows, and upholstered furniture should be thoroughly vacuumed. There is no need to discard the vacuum bag after cleaning, except for aesthetic purposes.
- d. It is not necessary, nor justifiable, to hire an exterminator to treat the school.
- e. Spraying or fogging in the school with insecticides or pediculicides is not recommended and may be harmful.

**IV. Limiting Outbreaks**

- a. The school reserves the right to inspect any student who is suspected of having head lice and take justifiable steps in controlling the spread of head lice to other students.
- b. While no school can be entirely risk free from communicable disease, efforts directed toward the awareness and proper intervention will result in fewer infestations and be more effective.

Legal References: Wisconsin Administrative Code HFS 145.07(1)

Literary References: Managing presumed head louse infestations in schools. IdentifyUS LLC 2010

Clinical Report – Head Lice, American Academy of Pediatrics,  
[www.pediatrics.org/cgi/doi/10.1542/peds.2010-1308](http://www.pediatrics.org/cgi/doi/10.1542/peds.2010-1308)

Position Statement, Pediculosis in the School Community, National Association of School Nurses, July 2004

Center for Disease Control and Prevention

A Public Health Guide for The Prevention, Control and Treatment of Head Lice Infestations in Schools.

The National Pediculosis Association's Child Care Provider's Guide to Controlling Head Lice.

Cross References: Head Lice Control and Check List for Parents/Guardians

Monticello Schools – Head Lice Management Flowchart

Approved: 1998

Revised: December 1, 2010

## Head Lice Control and Check List for Parents/Guardians

Date \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_,

Your child has head lice/nits. **You must check ALL 0's below and fill in all blanks.**

**Every step of this form must be completed and returned with your child the day she/he returns to school or other school activity.**

### STEP ONE: Identifying Persons with Lice:

- I have notified other people who may have come into contact with my child.
- I have inspected other household members and will follow this procedure if nits or lice are found. (Do not use head lice shampoo as a preventive. Do not use for children under 2 years of age or if pregnant.)

### STEP TWO: Medicated Shampoo and Treatment Date(s):

- I have treated my child's hair with the following head lice product:  
\_\_\_\_\_ (Name of product)

Date of 1<sup>st</sup> treatment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Scheduled Date of 2<sup>nd</sup> (if product indicates) treatment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### STEP THREE: Daily Combing:

- I understand that nit removal is **the key to stopping the spread of head lice.**
- I will continue to shampoo with a regular shampoo, use conditioner/crème rinse, and check for nits and lice every day for two weeks and weekly after that.

### STEP FOUR: Environment:

- After treatments, and combing for nits, I wash the combs in hot water.
- I have washed my child's bedding and clothing, such as coats, hats, scarves, caps, in hot water.



**I understand my child will be excluded if no reasonable effort to treat his/her case of head lice is made. A copy of school guidelines on head lice is available to me upon request.**

*Signature of*  
*parent/guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

IF UNABLE TO SPEAK WITH SCHOOL NURSE OR OTHER STAFF PLEASE ANSWER THE FOLLOWING:

**YES / NO** I would like more information on head lice.

Please contact me at this number: \_\_\_\_\_

Best time to call \_\_\_\_\_

## Head Lice Information for Parents

**Please keep this handout for your reference.**

- Head lice are a tiny, wingless parasitic insect that lives among human hairs and feeds on extremely small amounts of blood drawn from the scalp. Lice are a very common problem, especially for kids ages 3 years to 12 years. Lice are NOT dangerous and they do NOT spread disease, but they are contagious and can be downright annoying. Their bites may cause a child's scalp to become itchy and inflamed, and persistent scratching may lead to skin irritation and even infection.
- Lice do not jump or fly. They only crawl. Nits are “glued” the hair shaft and need to be picked or combed out.
- Screen your children weekly, including regular visitors, stepchildren, visiting children, etc. If head lice are observed, then screen adults in the household also.
- Anyone found to have live lice or nits within ¼ inch of the scalp need to be treated. Consult with your healthcare provider about recommended treatment options. Also, never treat a child under two or pregnant women without healthcare provider direction. Some “old school” methods of treatment do more harm than good. Some are even potentially fatal.
- DO NOT TREAT if live lice or nits within ¼ inch of the scalp are not found.
- Recognize that the treatment is an on-going process of shampoos followed by a conditioner/crème rinse, and then fine tooth combing of the wet hair to remove nits. Follow the recommended directions exactly as they are written for lice treatment products.
- Recognize that lice do not like wet hair and conditioner/crème rinse makes the hair slippery, slowing down their movement. Wet lice are sluggish and easier to comb out. Efforts to comb out the nits are necessary to have successful treatment.
- Concentrate less on the environment. Lice usually die within 24 hours away from their human host. Environmental sprays should not be used as they are not effective and may result in allergies and discomfort. **Do not give up fine tooth wet combing efforts to do laundry and household cleaning!** A thorough vacuuming and a hot wash of blankets/pillow covers is enough.
- Head lice ONLY live on humans. Pets cannot be carriers of head lice.
- The school will provide educational material. The schools will **not** do mass screenings, but will screen on an individual basis by referral from a parent/guardian or teacher.
- Your child will not be excluded from school or a particular setting on the day head lice are first detected, but must be treated before returning the next day. The parent/guardian **must** complete and return the Head Lice Control and Check List when the child returns to the school or other child activity setting.
- Your child will be excluded from school only if it is determined that there is no reasonable effort being made to treat the head lice. (Wisconsin Administrative Code HFS 145.07 (1))

# School District of Monticello

## Prescription Medication Consent

Student \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_

Dose to be given \_\_\_\_\_

Route to be given \_\_\_\_\_

When to be given \_\_\_\_\_

Duration to be given (indicate entire school year of specific start/stop dates)

\_\_\_\_\_

Reason to be given (diagnosis) \_\_\_\_\_

Possible side effects \_\_\_\_\_

**Medical Provider's signature** \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

- Medication must be in the original prescription container.

I give my consent to School District of Monticello personnel to administer the above medication to my child according to the above written directions.

I further agree to agree to hold the School District of Monticello, its employees, and agents, who are acting within the scope of their duties, harmless in any and all claims arising from administration of this medication at school to my child.

I give permission to Carolyn Schwartzlow, RN, Monticello School Nurse to contact the above medical provider and/or his/her clinic for any additional needed information or clarification regarding this medication and my child's medical care.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

School District of Monticello  
Non-prescription Medication Consent

Student \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_

Dose to be given \_\_\_\_\_

How often can be given \_\_\_\_\_

Reason to be given \_\_\_\_\_

Length of time can be given (indicate entire school year or specific stop/start dates) \_\_\_\_\_

- Medications must be provided by parents/guardians, be in the original container, and clearly labeled with the student's name.

I give my consent to School District of Monticello personnel to administer the above medication to my child according to the above written directions.

I further agree to hold the School District of Monticello, its employees, and agents, who are acting within the scope of their duties, harmless in any and all claims arising from administration of this medication at school to my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone number \_\_\_\_\_

### Procedures for Administering Medications to Students

- Only trained staff members are to administer medications to students.
- If you have any questions about a medication or any part of the medication administration process, contact the school RN or administration prior to administering the medication.
- All students must have a signed consent before any medications will be administered and a charting sheet that will give detailed instructions regarding the medication to be administered
- Remember the **6 RIGHTS** every time you administer a medication:
  1. Make sure you are giving the medication to the **RIGHT STUDENT**.
  2. Make sure you have the **RIGHT MEDICATION** for the RIGHT STUDENT.
  3. Made sure you are giving the RIGHT MEDICATION to the RIGHT STUDENT at the **RIGHT TIME**.
  4. Make sure you are giving the **RIGHT DOSE** of medication to be given to the RIGHT STUDENT.
  5. Make sure you are giving the medication via the **RIGHT ROUTE** (oral, injected, inhaled, etc.)
  6. Make sure you complete the **RIGHT DOCUMENTATION** immediately after administering medication.

This side is for Office Use only.

Picture of student if available

Non-prescription/As Needed Medication Record

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

How often to give: \_\_\_\_\_

Start/stop dates: \_\_\_\_\_

Any other information: \_\_\_\_\_

Chart immediately when giving medication.

Date	Time	Administered Amt	Int	Date	Time	Administered Amt	Int

Delegating School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

# School District of Monticello

## Consent for Inhaled Asthma Medications

Student \_\_\_\_\_ Grade \_\_\_\_\_

**To be completed by Health Care Provider:**

Medication/Rescue inhaler \_\_\_\_\_ Dose \_\_\_\_\_

Frequency \_\_\_\_\_ How soon can dose be repeated, if needed? \_\_\_\_\_

Diagnosis \_\_\_\_\_

Side effects \_\_\_\_\_

Comments \_\_\_\_\_

Is the child knowledgeable about his or her asthma medication?     Yes    No  
 Has the child demonstrated the proper technique in administering medication?    Yes    No  
 It is my professional opinion that this student may carry and use this inhaled medication independently.     Yes     No

Provider signature \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

**To be completed by parent/guardian:**

I give my child permission to carry and self-administer inhaled asthma medication. I believe he/she is responsible to keep this medication in his/her possession and control its use.    Yes     No

I authorize trained staff to administer and/or assist my child in taking this medication at school and to communicate with the healthcare provider, if necessary. I further agree to hold the School District of Monticello, its employees, and agents who are acting within the scope of their duties, harmless in any and all claims arising from administration of this medication at school to my child. I authorize the release of this information to appropriate school personnel and classroom teachers.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

**\*PLEASE COMPLETE ASTHMA MANAGEMENT PLAN ON BACK OF THIS PAGE.**

Asthma Management Plan

Student \_\_\_\_\_ Grade \_\_\_\_\_

**Check triggers of an asthma episode for your child:**

- Exercise
- Respiratory Infection
- Change in temperature
- Other \_\_\_\_\_
- Food Allergies \_\_\_\_\_
- Strong odors or fumes
- Molds
- Pollens
- Animals

List any control measures, pre-medication and/or dietary restrictions that the student needs to prevent an asthma episode.

\_\_\_\_\_

\_\_\_\_\_

Directions for school staff responding to an asthma episode:

If you see this:	Do this:
<ul style="list-style-type: none"> <li>• Wheezing, noisy breathing, or whistling sounds in the chest</li> <li>• Coughing for prolonged periods of time</li> <li>• Difficulty catching breath</li> <li>• Chest tightness</li> <li>• Stopping activity</li> <li>• Breathing hard and fast</li> <li>• Can only speak in short sentences</li> </ul>	<ul style="list-style-type: none"> <li>• Do NOT leave student alone</li> <li>• Remove student from trigger- stop activity, remove from area of allergen</li> <li>• Have student sit leaning forward, but do not have student lie down</li> <li>• Administer/help student use rescue inhaler as ordered (should see improvement in 5-10 minutes)</li> <li>• Obverse student to ensure symptoms are improving</li> </ul>
<ul style="list-style-type: none"> <li>• If in 15-20 minutes, symptoms persist or are getting worse at any point</li> </ul>	<ul style="list-style-type: none"> <li>• Call Carolyn, RN (2736)</li> <li>• If Carolyn is not at school, call parents/guardians/emergency contact</li> <li>• If unable to contact any of the above and student continues to be symptomatic, call 911</li> </ul>
<ul style="list-style-type: none"> <li>• If at any point:               <ul style="list-style-type: none"> <li>▪ Student is blue or grey around lips or in nail beds</li> <li>▪ Student is lethargic</li> <li>▪ Unable to speak or walk at all do to shortness of breath</li> <li>▪ You feel student is severely struggling to breath</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call 911 and parents</li> <li>• Assist student to use rescue inhaler</li> <li>• Do not move student</li> </ul>

I give my permission to school personnel to implement the above management plan.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

School nurse signature \_\_\_\_\_ Date \_\_\_\_\_



## Managing Student Allergies

In accordance with applicable law, it is the policy of the Monticello School District to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities.

### Procedures for Accommodating Students with Life-Threatening Allergies

The primary concern of the school is the prevention and appropriate treatment of potentially severe allergic reaction, anaphylaxis.

All accommodations provided by the school shall be developed in accordance with appropriate federal laws, including ADA (Americans with Disabilities Act), IDEA (Individuals with Disabilities Act), Section 504 of the Rehabilitation Act, FERPA (Family Educational Rights and Privacy Act), USDA regulations 7 CFR Part 15b (in the case of meal/nutrition substitutions through the Food Service Program) and any state law or district policy that applies. In order to ensure compliance with applicable laws, the school nurse will consult with the pupil services director upon identification of any student with a life-threatening allergy. If it appears the student would qualify for protection under applicable laws, the parent/guardian will be contacted and advised of the process to formally qualify for such protections.

The parent/guardian will provide the school nurse with written medical documentation of the life-threatening allergy, instructions and current medications as directed by the student's health care provider.

The school nurse, in conjunction with the student's parent/guardian and health care provider, will prepare an Allergy Management Plan. The school nurse will review the plan with the parent/guardian annually, or as changes in the student's medical condition or environment occur. It is the parent/guardian's responsibility to provide timely, written documentation from the student's health care provider when changes in medical status, treatment protocols or prescribed medications occur.

Information regarding life-threatening allergies and school policy will be communicated to parents via newsletter or in a letter sent home by the teacher or school nurse. Such communications should explain the necessary accommodations to ensure the safety of the student while remaining as sensitive as possible to the student's privacy and developmental needs.

The Allergy Management Plan will be distributed and reviewed with all necessary school staff at the beginning of each school year. Instruction will include preventive measures, recognition of anaphylactic reactions and emergency procedures in the event of life-threatening allergic reactions. Training will include the administration of Epinephrine (See Policy 5330.00, Administering Medications to Students).

Epinephrine should be kept in close proximity to students at risk of anaphylaxis. In all cases where Epinephrine is administered, Emergency Medical Services will be called.

### **Life-threatening Allergies in the Classroom**

The school nurse is responsible for notifying classroom teachers, bus drivers, coaches and other staff of students with life-threatening or disabling allergies. If the student has a life-threatening food allergy, the nurse will also notify cafeteria workers and supervisors. A copy of the Allergy Management Plan will be kept in the classroom.

Any allergens identified in student Allergy Management Plans should be avoided in class projects and lesson plans in order to prevent exposure.

Protocols for field trips should include timely notification to the nurse by the staff member planning the field trip to ensure that a copy of the Allergy Management Plan and any prescribed medication will accompany the student on the trip. In the absence of a parent/guardian, a trained staff member will be assigned to monitor the student's welfare and respond appropriately in the event of a health emergency.

Allergy information should be included in the substitute teacher information folder in every classroom.

## **PROCEDURES SPECIFIC TO FOOD ALLERGIES**

### **Life-threatening Food Allergies in the Classroom**

At the elementary level, parents of students with life-threatening food allergies are responsible for providing a supply of safe snacks for their child. These snacks should be stored separate from other snacks to prevent the possibility of cross contamination.

If snacks and/or treats (e.g., birthdays and holidays) are served in the classroom setting, desks and table surfaces should be washed by the classroom teacher or other designated staff after the food is served.

Snacks and/or treats may be eliminated from the classroom and served in the cafeteria. This is the decision of the individual classroom teacher in conjunction with the school nurse. This decision will be based on individual student needs in the classroom.

All Staff and students should wash their hands or use sanitizing wipes after handling/consuming any food product.

### **Life-threatening Food Allergies in the Cafeteria**

Our food service staff is "peanut aware." If needed, an allergen free area for students with food allergies may be established by the school nurse in collaboration with the food service director. Other less restrictive accommodations to prevent exposure to food allergens may be developed on an individual basis depending on individual needs and recommendations from the student's health care provider.

At-risk students should have some means of identification, such as a medical alert bracelet.

Most food-allergic students bring their lunch from home; however, guidelines established by the USDA Child Nutrition Division in charge of school lunches requires school food service staff to provide substitute meals to allergic students if they have a qualifying disability under Part B of IDEA or Section 504 of the Rehabilitation Act. Any substitutions in foods must be supported by a statement by a licensed physician clearly identifying the foods to be omitted from the child's diet and the food or choice of food that must be substituted.

A "no food trading" rule should be followed by all students.

Hands should be washed or sanitary wipes used before and after eating to remove traces of allergens.

All table surfaces should be wiped with soap and hot water after each meal to prevent cross contamination.

All students are encouraged to take an active role to ensure their food and eating place is not contaminated and to seek help from cafeteria supervisors if needed.

### **Non-Life-Threatening Food Allergies**

Many children with food allergies or intolerances do not have a disability as defined under Section 504 of the Rehabilitation Act or part B of IDEA. In these cases, school food service is not required to make substitutions for them. However, when in a licensed physician's assessment the food allergy may result in a severe, life-threatening (anaphylactic) reaction, the child's condition would meet the definition of "disability" and substitutions prescribed by the physician must be made.

The school food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

## EpiPen Notes for Trained Staff

The EpiPen is a fast acting, easily administered emergency injection of epinephrine used to treat severe allergic reactions caused by bee stings or foods.

### **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

### Emergency procedure- EpiPens to be administered by trained staff only.

1. If a student is suspected of having an anaphylactic reaction (see signs/symptoms list in box above) INJECT EPINEPHRINE IMMEDIATELY. Note time epinephrine was given.
  - Yellow EpiPen- 0.3mg- give if >65 pounds
  - Green EpiPen Jr- 0.15mg- give if <65 pounds
2. Have someone call 911 and parents immediately.
3. Don't leave student- have someone bring EpiPen to you.
4. To give EpiPen, pull off top blue cap. Push orange end of EpiPen firmly against upper, outer thigh. It can be given through clothing. You will hear a click.
5. Hold EpiPen in place for 10 seconds, than pull away. Massage area for 10 seconds.
6. A second dose can be given 5 or more minutes after the first dose was given if symptoms persist or recur.
7. Continue to stay with and monitor student until EMS arrives. Be prepared to do rescue breaths and/or CPR. Keep student at rest, lying down with legs elevated. Reassure student.
8. Bee stings: Scrape stinger out. Apply ice pack.

### Documentation

- Complete an incident report stating what you observed and actions taken.

### Other key points

- The sooner the EpiPen is given, the better your chances of stopping a reaction.
- Better safe than sorry. Giving epinephrine when it is not needed will probably not cause serious problems.
- Side effects of epinephrine: shakiness, increased heart rate, or nausea/vomiting.

# **Bloodborne Pathogen Exposure Control Plan**

**Monticello School District**

Program Administrator: ALLEN BROKOPP  
Telephone: 608-938-2798

**MacNeil Environmental, Inc.**

**P.O. Box 2278  
Burnsville, MN 55337  
800-642-6730**

## **PURPOSE**

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan (ECP) for the Monticello School District. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious material (OPIM) during the course of work.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purpose of this ECP includes:

- Eliminating or minimizing occupational exposure of employees to blood or certain other body fluids.
- Complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

## **ADMINISTRATIVE DUTIES**

District Administrator Allen Brokopp is responsible for developing and maintaining the program with the assistance of MacNeil Environmental, Inc. Employees may review a copy of the plan during normal working hours. The main copy of the plan is located in the District Office in the MacNeil Environmental Binders. It is also included as an appendix to the Monticello School District Health Procedures Manual.

The District Administrator is responsible for maintaining any records related to the Exposure Control Plan.

If after reading this program, you have questions or find that improvements can be made, please contact the District Administrator or School Nurse. We encourage all suggestions because we are committed to the success of our written ECP. We strive for clear understanding, safe behavior, and involvement from every level of the district.

## **EXPOSURE DETERMINATION**

We have determined which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to have the potential for exposure even if they wear personal protective equipment).

### **Job Classifications**

This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational bloodborne pathogen exposure, regardless of frequency. At this facility the job classifications that could have this exposure in the course of fulfilling their job requirement are listed on Attachment 1 of this plan.

Of course, all district personnel may have some chance of exposure during emergency situations. It is our policy, however, that all employees who are not identified in this plan are discouraged from administering the elements of this plan. Instead, the procedure is to contact one of the employees identified in this plan for further action, specifically the School Nurse or an alternate in his/her absence. In emergency situations, however, where a breakdown occurs in this system, and an employee is exposed to blood or another OPIM, actions shall be taken in accordance with this plan.

NOTE- The district has an emergency response team, which has members who are certified in CPR/AED that can also be called in case of an emergency. (See Attachment 8.)

Should a non-exposure classified District employee come in contact with blood or OPIM on an incidental basis, the employee will be offered the HBV vaccination and a medical evaluation at the time of the exposure. District employees who are not identified by this ECP are encouraged to receive the HBV vaccination through their medical provider or at the County Health Department.

## **COMPLIANCE STRATEGIES**

This plan includes a schedule and method of implementation for the various requirements of the standard.

### **Universal Precautions**

Universal precautions developed by the Centers for Disease Control and Prevention (CDC) will be observed at this facility to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation among fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

### **Engineering and Work Practice Controls**

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, employees are required to wear personal protective equipment (PPE). At this facility the following engineering controls are used:

- Placing sharp items (e.g., needles, scalpels, etc.) in puncture-resistant, leak proof, labeled containers.
- Performing procedures so that splashing, spraying, splattering, and producing drops of blood or OPIM is minimized.
- Removing soiled PPE as soon as possible.



- Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or OPIM. A disinfectant cleaner appropriate for cleaning of blood or OPIM (i.e., a fresh solution of 10 parts water to 1 part bleach solution; quat-type disinfectant that is classified as a hospital grade tuberculocidal) can be obtained through the Custodial Department. *The bleach/water solution must be used immediately after mixing and disposed of after cleaning is through.*
- Thorough hand washing with soap and water immediately after providing care or provision of antiseptic towelettes or hand cleanser where hand washing facilities are not available.
- Prohibition of eating, drinking, smoking, applying cosmetics, handling contact lenses, and so on in work areas such as science, art, tech ed, and health rooms where exposure to infectious materials may occur.
- Use of leak-proof, labeled containers for contaminated disposable waste or laundry.

### **Hand Washing Facilities**

Hand washing facilities are readily available to employees who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are near locations where exposure to bloodborne pathogens could occur.

When circumstances require hand washing and facilities are not available, either an antiseptic cleanser and paper towels or antiseptic towelettes are provide by the District and are located in multiple locations throughout school district facilities as indicated in Attachment 2. The District provides red bags which are in all-in-one universal precautions kits. Employees must then wash their hands with soap and water for a minimum of 10 seconds as soon as possible. Employees must also wash their hands and any other contaminated skin with soap and water immediately after removing personal protective gloves, or other personal protective equipment. If the employees' skin or mucous membranes become contaminated with blood or OPIM, then those areas are washed or flushed with water as soon as feasible following contact.

### **Handling Contaminated Needles and Other Sharps**

The procedure for handling contaminated sharps is:

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. A list of locations where sharps containers are maintained in our District can be found in Attachment 2 of this plan. The School Nurse provides the containers.

- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., health rooms, custodial closets, etc.)
- The containers are kept upright throughout use and replaced routinely and not allowed to be overfilled.
- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.
- The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled in color coded to identify its contents.
- Reusable containers shall not be opened, emptied, or cleaned manually or handled in any other manner, which would expose employees to the risk of percutaneous injury (*i.e., reaching by hand into the container where these sharps have been placed*).
- The custodial staff and School Nurse are responsible for management and disposal of sharps.

### **Work Area Restrictions**

In work areas, such as the school office, health room and science rooms, where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerator/freezer located in the biology lab where lab material may be kept.

### **Contaminated Equipment**

The Client requires that equipment which has become contaminated with blood or OPIM must be decontaminated before servicing or shipping as necessary unless the decontamination of the equipment is not feasible. The custodial department is responsible for the proper decontamination of equipment.

### **Personal Protective Equipment**

All personal protective equipment (PPE) used at this facility is provided without cost to employees by the District and located throughout the district facilities (See Attachment 2). PPE is chosen based on the anticipated exposure to blood or OPIM. Attachment 1 lists those job classifications considered most at risk for occupational exposure to blood or OPIM. The protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

The District makes sure that appropriate PPE in the appropriate sizes is readily accessible at the work site and is issued without cost to employees. **Universal precautions kits are located throughout the district (see Attachment 2 for list).**

Each universal precautions kit will be inspected annually (in August). The custodial staff conducts these inspections with a list provided by the District Administrator. All inspections documented and placed in the MacNeil Environmental Binders. If supply refills are needed sooner contact the School Nurse or District Administrator as soon as possible.

Employees must remove all garments, which are penetrated by blood immediately or as soon possible before leaving the work area and notify the School Nurse or District Administrator for proper disposal. When PPE is removed, employee will place it in a designated container for disposal, storage, washing, and decontamination. The custodial staff will then remove the waste from the designated containers.

### ***Gloves***

Employees must wear nitrile gloves when they anticipate hand contact with blood, OPIM, non-intact skin, and mucous membranes, and when handling or touching contaminated items or surfaces.

Nitrile gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

### ***Eye and Face Shields***

Employees must wear masks in combination with eye protective devices, such as goggles or glasses with solid side shield, or chin length face shields, whenever splashes, splatters, or droplets of blood or OPIM may be generated and reasonably anticipated to contaminate eye, nose, or mouth. Goggles are stored in the chemistry and biology room.

### ***Other PPE***

PPE selections and such as the use of head nets, gowns, and foot covering may be necessary to ensure employee safety.

### **Housekeeping**

- The workplace shall be maintained in a clean and sanitary condition. Cleaning of the contaminated area will be based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the District will be done by the custodial department on an “as needed” basis.
- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

### **Regulated Waste**

When handling regulated wastes, other than contaminated needles and sharps, the Client makes sure it is:

- Placed in containers which are closeable and constructed to contain all contents and prevent fluid leaks during handling, storage, transportation, or shipping.
- Labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

A list of where regulated /biohazard waste containers are located in our District can be found in Attachment 2 of this plan. The Custodial staff monitors and takes care of regulated/biohazard waste containers, consulting with the School Nurse if necessary.

Note: Disposal of all regulated waste is in accordance with applicable United States, state and local regulations.

### ***Handling Contaminated Laundry***

Laundry contaminated with blood or OPIM is handled as little as possible. Such laundry is placed in an appropriately marked color-coded red bag at the location where it was used. Such laundry is not sorted or rinsed in the area of use. It is placed in a red bag and then discarded.

NOTE: If a teacher's clothing were to be contaminated with blood or OPIM they would be sent home to put on clean clothing.

The District follows universal precautions in handling all laundry; therefore; our facility does not color code or label laundry, which is contaminated with blood or other potentially infectious materials. Coaches for football and basketball take care of laundering the uniforms that are collected and they are washed together.

### ***INFORMATION AND TRAINING***

The Client ensures that bloodborne pathogen trainers are knowledgeable in the required subject matter. We make sure that employees are informed of the District's policies and procedures regarding bloodborne pathogens and OPIM during new employee orientation. Those employees in job classifications listed in Attachment 1 receive in enhanced training as is appropriate to safely and responsibly carry out their job duties. All employees are reminded and updated at least annually of the importance of protecting themselves against bloodborne pathogens.

Training is tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- The standards and its contents.
- The epidemiology and symptoms of bloodborne diseases such as but not limited to HIV, HBV, HCV, Syphilis, etc.
- The modes of transmission of bloodborne pathogens.
- The District's Bloodborne Pathogens ECP, and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- The types, uses, location, removal, handling, decontamination, and disposal of PPEs.
- The basis of selection of PPEs.

- The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedures to follow if an exposure incident occurs including the method of reporting and medical follow-up.
- The evaluation and follow-up required after an employee exposure incident.
- The signs, labels, and color-coding systems.
- Specific clean up procedures when dealing with blood or OPIM (See Attachment 6).

Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure

### **Hazard Communication**

Biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol is used. The label is fluorescent orange or orange-red. Red bags or containers may be substituted for labels.

## **RECORDKEEPING**

### **Training Records**

Training records will be maintained for a minimum of three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

### **Medical Records**

Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records will be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee.

- A copy of the employee's HBV vaccination status, including the dates of vaccination. **The District Administrator is responsible for all employee records pertaining to HBV vaccination and titers tests.**
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

### **Availability**

All employee records will be made available upon request to:

- The subject employee upon request for examination and copying;
- Anyone having written consent of the subject employee;
- The Assistant Secretary of Labor for the Occupational Safety and Health Administration;
- The Director of the National Institute for Occupational Safety and Health (NIOSH)
- The Wisconsin Department of Safety and Professional Services.

### **Transfer of Records**

If this workplace is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

## **HEPATITIS B VACCINATION PROGRAM**

The District offers the Hepatitis B vaccine and vaccination series to all employees and post exposure follow-up to employees who have had an exposure incident. The District Administrator is responsible for offering the Hepatitis B vaccination series.

All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- Provided according to the recommendation of the U.S. Public Health Service.

The Hepatitis B vaccination is made available:

- Within 10 days of initial assignment;
- To all employees who have completed occupational exposure unless a given employee has previously received the complete Hepatitis b vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Post-vaccination testing (HBV titer) will be provided at no cost for new employees at occupational risk who may have exposures from injuries with sharp instruments (i.e., School Nurse, Health Aides), because knowledge of their antibody response will aid in determining appropriate post-exposure prophylaxis. HBV titers will be drawn 1 to 2 months after the third dose of the vaccine. At the District's discretion, the HBV titer may also be provided to employees who do not normally have an exposure to injuries from sharp instruments.

All laboratory tests are conducted by an accredited laboratory at no cost to the employee. Participation in a pre-screening program is not a prerequisite for receiving the Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be made available. All employees who decline the Hepatitis B vaccination offered must sign the OSHA required waiver indicating refusal, which can be found in Attachment 4 of this plan.

If a routine booster dose of Hepatitis B vaccines is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

All exposure incidents are reported, investigated, and documented (See Attachment 5 of this plan). When the employee is exposed to blood or OPIM, the incident is reported to the School Nurse, District Administrator or School Principal. When an employee is exposed, he or she will receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure-occurred.
- Identification and documentation of the source of the individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the District will establish that the legally required consent cannot be obtained. When the law does not require the source



individual's consent, the source individual's blood, if available, will be tested and the results documented.

- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood will be collected as soon as possible and tested after consent is obtained;
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up according to the OSHA standard. All post-exposure follow-up will be performed by a medical provider who is knowledgeable with current post-exposure evaluation, prophylaxis and treatment. Attachment 5 of this plan must be completed after exposure.

The healthcare professional responsible for the employee's Hepatitis vaccination will be provided with the following:

- A copy of 29 CFR 1910.1030 (Federal Bloodborne Pathogen Standard)
- A written description of the exposed employee's duties as they relate to the exposure incident.
- Written documentation of the route of exposure and circumstances under which exposure occurred.
- Results of the source individuals blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

The District will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination must be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure follow-up is limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation and treatment.

**Note:** All other findings or diagnosis shall remain confidential and will not be included in the written report.

### ***ECP EVALUATION AND REVIEW***

This program and its effectiveness is reviewed and documented every year and updated as needed. The MEI account manager assigned to the District and the School Nurse will complete this review. All provisions required by this standard will be implemented by the District.

### Attachment 1

#### Job Classification with Potential Occupational Exposure to Bloodborne Pathogens Monticello School District

Job Classification	All Have Exposure	Some Have Exposure: List Person/Job Title	None Have Exposure
<ul style="list-style-type: none"> <li>• Central Office Administrators</li> <li>• Building Administrators</li> <li>• Secretaries</li> <li>• Regular Education Teachers</li> <li>• Special Education Teachers</li> <li>• Substitute Teachers</li> <li>• School Nurse</li> <li>• Custodians</li> </ul>	       X X	X X X X X X	
<ul style="list-style-type: none"> <li>• Instructional Aides/Paraprofessionals</li> <li>• Coaches/Asst. Coaches</li> <li>• Athletic Director</li> <li>• Food Service Personnel</li> <li>• Physical Therapist (PT)</li> <li>• Occupational Therapist (OT)</li> </ul>		X X X X X X	
<ul style="list-style-type: none"> <li>• Bus Drivers</li> <li>• Transportation Aides</li> <li>• Guidance Counselors</li> <li>• School Psychologists</li> <li>• Substitutes</li> <li>• Librarians</li> <li>• Library Aides</li> <li>• Volunteers</li> </ul>		X X X X X X X X	

## **Attachment 2**

### **Locations of Universal Precautions Kits and Sharps Containers**

Universal Precautions Kits are located in:

- Every custodial closet
- Laundry room in the Lemon Gym
- School Nurse Office

Sharps containers are located in:

- Laundry Room adjacent to the Cafeteria
- School Nurse Office
- District Office

**Attachment 3**  
**Hepatitis B Vaccination Record**  
**Monticello School District**

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated, and I understand that the vaccine and vaccination will be offered free of charge.

I, \_\_\_\_\_, have completed the following inoculations using:

Recombivax - HB Vaccine

or

Enerix -B Vaccine

Inoculation 1 - Date	Given at
Inoculation 2 - Date	Given at
Inoculation 3 - Date	Given at

**Attachment 4****MONTICELLO SCHOOL DISTRICT****HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

**SIGN NAME:**

---

**DATE:**

---

**PRINT NAME:**

---

**DATE:**

## Attachment 5 - Exposure Incident Investigation Form

### MONTICELLO SCHOOL DISTRICT

Date of Incident	Time of Incident
Location	Person(s) Involved

<b>Potentially Infectious Materials Involved</b>	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal protective equipment and engineering controls being used at the time of the incident	
Actions taken (decontamination, clean-up, reporting, and so forth)	
Training of employee	
Recommendations for avoiding repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

## Attachment 6

### Procedures for Cleaning Blood or Other Potentially Infectious Material

Common blood related spills at Monticello School are limited to same spills that school custodians have to clean up in our hallways and floors—blood drops. Teachers will call a custodian for cleanup. Injuries are generally related to bloody noses and cuts.

#### Blood on floors and lockers:

1. Fill mop bucket with disinfectant cleaner.
2. When at site put protective gloves on and mop floor where blood has been found, make sure to visually inspect perimeter very closely for drops that might have splattered or drops that might have happened when the person that was injured walked to get help or went to the bathroom.
3. Bring along paper towels to wipe up small spots or bathroom sinks that need to be disinfected. Dispose of paper toweling and nitrile gloves in a bag marked biohazard only if the paper towel or the gloves are completely saturated or dripping blood. Otherwise, dispose of in a regular trash receptacle.
4. Clean out mop bucket and mop with 10 parts water to 1 part bleach. Wear gloves when appropriate.

#### Plugged Toilet

1. Close off bathroom.
2. Bring protective gear such as nitrile gloves and facemask or eye protection, put on protective gear before you attempt to clear the toilet.
3. Cover toilet with a clear plastic bag and cut a small hole to fit the snake through.
4. Snake toilet to remove debris, and disinfect the bowl and surrounding areas with paper towels. Dispose of paper towels and gloves in garbage if not soaked with blood or other matter. If they are soaked, dispose of them in a bag marked for biohazard.
5. Disinfect and clean the snake with 10 parts water to 1 part bleach while wearing gloves. Dispose of gloves if not soaked into regular garbage receptacle. If gloves are soaked, dispose of in a bag marked for biohazard.

#### Blood on Wrestling Mat

1. Locate area where blood is and put on nitrile gloves.
2. Use paper toweling and antiseptic wipes to wipe up blood, if paper toweling is not soaked with blood dispose of in regular trash. If toweling is soaked, dispose of in a bag marked for biohazard.

*Related injuries such as bloody noses, scrapes and cuts require precautions similar to those used for blood on a wrestling mat. All coaches are trained at the beginning of the year by the School Nurse or our MEI rep. As a part of this training, coaches are advised of the locations of universal precautions kits and procedures to be used in case of exposure to blood or other potentially infectious materials.*



## Attachment 7

### Confidential Written Consent Form for Each Release of Confidential HIV Related Information

Confidential HIV-Related Information is any information that a person had an HIV-related test, has HIV infection, HIV/AIDS-related illness, or has been potentially exposed to HIV. If you sign this form, HIV-related information can be given to the people listed and from the reasons listed below.

Name and address of person whose HIV-related information can be released: 1. 2. 3.
Name and address of person signing form (if other than above)
Relationship to person whose HIV-related information may be released:
Name, title or role, and the address of each person who may be given HIV-related information (include names of persons responsible for photocopying and filing confidential information) 1. 2. 3. (Additional names and addresses can be attached or listed on back.)
Information to be provided: (check as many as apply.) <input type="checkbox"/> Diagnosis <input type="checkbox"/> Medications <input type="checkbox"/> Special Precautions <input type="checkbox"/> Behavior Health or Development Assessments
Specific purpose(s) for release of HIV-related information:
Time during which release of information is authorized: (A specific time must be noted for each single incident of release of HIV-related information. Use a new form for each incident.)
From: <span style="margin-left: 200px;">To:</span>

## **Attachment 8**

### **Emergency Response Team**

Carolyn Schwartzlow, School Nurse Extension 2736

Allen Brokopp, District Administrator Extension 2799

Lori Brokopp, Physical Education/Health Instructor Extension 2765

Jean McMannes, District Administrative Assistant Extension 2700

Paula Ritschard, Para Professional Extension 2756