

Lansing USD #469
**Health / Medical Guidelines for Building
Staff**

Developed By:
**Lansing School Nurses, Emergency Preparedness
Coordinator, and District Administration**

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All protocols must be reviewed annually by nursing staff and by building administrators with signed acknowledgment stating review completion. Protocols used for current school year must be dated for that year. All administrators in coordination with their school nurse(s) must ensure compliance with state and federal student health mandates.

Accident/Injury Reporting Process for Staff & Students

1. Student Accident/Injury

- a. School nurse, building administrator, or designated staff member will complete the Lansing USD #469 Student Accident/Injury Report Form.
- b. The form will be placed in the student's health record.
- c. The form will be scanned and sent to the Building Administrator/Principal and School District Treasurer.
- d. Follow building process for contacting parent/guardian if applicable.

2. Employee Accident/Injury

- a. Employees must call the District Office after an Accident/Injury. All employees should speak with Christine Smith or Stacey Klingele to fill out appropriate accident forms. If it is an emergency and the employee needs to go to the ER, the nurse can call and complete the report so the claim process can be started.
- b. Employee Medical Provider
 - i. Call provider to schedule an appointment to be seen (48 Hour Window)
 - ii. Dr. Peter Cristiano 913-682-5588
 1. 720 1st Terrace
Lansing, KS 66043
- c. Follow building process for contacting emergency contact if applicable.
- d. Nurse will send a Serious Incident Report to the building administrator including
 - i. Name of employee
 - ii. Occupation
 - iii. Date/time of injury
 - iv. Location of accident and was it on school district property
 - v. How did the injury occur
 - vi. What was the employee doing when injured
 - vii. Name substance or object that directly caused injury
 - viii. Injury description including extent and body part/ action taken (first aid)
- e. Refer to appendix for appropriate forms to be used and medical provider information.

AED Protocol

1. School nurse is responsible for evaluating and requesting the number of AED's and supplies needed for each specific building they work in.
2. AED will be checked monthly by building nurse.
3. Open AED. Note AED information screen.
4. Check Battery Level
 - a. If battery level is low report to Director of Emergency Preparedness or designated school nurse. AED needs to be plugged in and scanned on the computer to verify battery level and life expectancy of battery.
 - b. Batteries do not expire like the pads; life expectancy is based on AED computer scan and date of installation.
5. Check Pad Expiration Dates.
6. Check unit emergency packet of supplies including all the following latex free items:
 - a. CPR Mask, Two pairs of medical gloves, heavy duty emergency shears, medical prep razor, absorbent dry towel, antimicrobial hand towelette, equipment cleaning towelette, biohazard bag. If supplies are missing, nurse will restock the unit.
 - b. Bleeding control kit is to be kept with AED.
7. Sign and date AED Check Card located with AED.
8. Report any issues immediately to the Director of Emergency Preparedness so that proper equipment may be fixed or replaced.
9. AED Locations
 - a. LHS
 - i. Gym, lower level (2)
 - ii. Learning stair level 3
 - iii. Front entry level 3
 - iv. Level 1 hallway, near room 1117
 - v. Pool storage
 - vi. LHS trainers office, room 2709 or at stadium
 - b. LMS
 - i. Gym, 136
 - ii. Commons area, near 122
 - c. LIS
 - i. Commons area, right of stage
 - d. LES
 - i. K-2 Main hall across from gym, door 15
 - ii. 3-5 Main Hall, outside of library
 - e. Early Childhood
 - i. Large Conference Room
 - f. District Office
 - i. Outside of Board of Education Room

Administration of Medication Protocol

1. All Lansing students must have a completed **Consent to Dispense Prescription Medications** on file if there is a time during the school year that prescription medication is to be taken (See Appendix).
2. **Consent to Dispense Prescription Medications** form must have a physician's order and parent/guardian signature for the prescription medication to be administered at school. Physicians order must be received within 5 days. All medication is to be given to the nurse in the original pharmacy container with the student and physician's name, correct medication, and dosage. Physician's order includes prescription label on container.
 - a. All medications **MUST** be delivered by an adult (parent/guardian) and **MUST** be in a correctly labeled pharmacy bottle.
 - b. All student prescription medication must be entered into Skyward by school nurse when it is received. Physician's order form must be attached to medication.
 - c. All refills of medications must be brought into the nurse in a container/ package dispensed by pharmacist and counted out.
 - d. All medications will be maintained in the nurse's office in the original prescription container and administered according to label instructions at the discretion of the school nurse.
 - e. Add count of pill/medication to Skyward when received.
3. **Over the Counter Medications** may be dispensed with Over the Counter Medication Form on File.
 - a. Acetaminophen, ibuprofen and antacids are stock medication available in most of the schools, but not always guaranteed. Parents may give permission for these medications to be administered while the student is at school via the Health Section on Skyward during enrollment. If parents wish any other over the counter medication to be administered, the medication must be sent to the nurse's office in a container/package dispensed by the pharmacist along with a completed **Consent to Administer Over the Counter Medication Form**.
 - b. **Delivery of medication to school: All medication must be delivered to the school nurse by the parent/guardian.**
 - c. OTC Medications may only be given by appropriate staff member with access to parental permission designations for student.
 - d. Paras do not have access to student medical information.
4. Inhalers and Epi Pens are to be kept unlocked in the nurse's office and must be accompanied with an attached prescription label. For self-carry inhalers or epi-pens, an **Inhaler Authorization** form or an **Epi-Pen Authorization** form must be completed by a physician and kept on file and updated each year.
 - a. **Student Self Carry Medication**

- i. Student must have a completed and signed **Epinephrine or Inhaler Authorization Form** on file with school nurse. Epinephrine or Inhaler must have pharmacy label.
- ii. If a doctor does not specifically order for the student to self-carry the medication is to be kept in the nurse's office.
- iii. The building administrator at any time may revoke a student's privilege to self-carry if violation occurs.

5. Verbal Medication Orders

- a. Only the licensed professional registered nurse may take a verbal medication authorization from a primary care provider or specialist for prescription medication or a parent/legal guardian for OTC medication.

6. Five “Rights” of Administering Medication

- a. The right child/student
- b. The right medication/drug
- c. The right dose
- d. The right time
- e. The right route of administration

Allergy Protocol

1. Allergy information must be updated via Skyward in the health section during annual online enrollment by the parent.
2. Parents are encouraged to visit with school nurse to make nurse aware of any new or ongoing condition. Supplying the school nurse with the doctor’s diagnosis and recommendations is expected to ensure that correct information is on file.
3. Notify Support Staff and Teachers of plan for students in the building, for class field trips and extracurricular activities if applicable.
4. Prepare for food allergy reactions in students without prior history of food allergies or anaphylaxis. To include, all building nurse offices will maintain, at a minimum, two stock EpiPens in case of a severe allergic reaction medical emergency. One may be used for field trips.
5. **Required Allergy Trainings for Staff**
 - a. The school nurse will provide two trainings per year (fall and spring) to their building staff on proper first aid EpiPen use and Inhaler use.
6. Contact parent or caregivers immediately after any suspected allergic reaction. Recommend caregivers notify health care provider as soon as possible.
7. Document student’s responses to severe allergic reaction medical emergencies.
8. USD #469 is not a Peanut Free Facility. If the student has a peanut allergy, they must eat in the designated peanut free area. It is the guardian’s responsibility to notify the school nurse and appropriate staff of student allergies for a peanut free area and food modifications to take place.

Anaphylaxis / EpiPen Protocol

1. Medication Dispensing Policy followed for self-carry or administering.
2. Inject EpiPen.
3. Call 911.
4. Call Parent/Guardian.
5. Written Student Accident/Injury Form (See Appendix).
6. Form will be placed in the student's health record.
7. The form will be scanned and sent to the Building Administrator/Principal and School District Treasurer.
8. Any person can administer epinephrine in emergency situations to a student or a member of a school staff. K.S.A. 72-8258, K.S.A. 65-1680
9. Building nurses must notify the District Nurse Coordinator regarding the need to order new school-maintained stock epi-pens. The district must have a prescription for each building to order epi-pens. When requesting prescription, ensure that it includes a refill so that the pen can be replaced after it has been used. Pens are ordered through:
<https://www.epipen4schools.com/>
 - a. The District Nurse Coordinator will process the order.
 - b. Epi-pens are ordered at no cost to the district. If an epi-pen is used during an emergency a new one can be ordered at no cost.

Narcan Protocol

1. Medication Dispensing Policy followed for administering.
2. Administer Narcan
3. Call 911.
4. Call Parent/Guardian
5. Written Student Accident/Injury Form (See Appendix).
6. Form will be placed in the student's health record.
7. The form will be scanned and sent to the Building Administrator/Principal and School District Treasurer.
8. Only staff trained to administer Narcan in emergency situations are permitted to administer (Building Administrators/School Nurse/Designated Office Personnel/School Resource Officer).
9. Building nurses must notify the District Nurse Coordinator regarding the need to order new school-maintained stock Narcan.
 - a. Narcan can be purchased at the Walmart Pharmacy
 - b. Narcan can be ordered through www.DCCCA.org when supplies are available.

Blood Borne Pathogens & Bodily Fluid Protocol (OSHA)

1. All staff must take the USD#469 Blood Borne Pathogens training annually with confirmed testing and signature of training completion. Signed forms will be maintained by the building administrator. Custodians, Kitchen Staff, Transportation Staff signed forms will be maintained by the Department Coordinator (See Appendix).
2. Training will include:

- a. OSHA Standards
 - b. Bloodborne Diseases
 - c. Preventing Exposure
 - d. Personal Protective Equipment (PPE)
 - e. Signs and Labels Associated with Bloodborne Pathogens
3. PPE includes apron, face masks, gloves, eye protection, caps, shoe covers, Cardiopulmonary Resuscitation (CPR) masks, and any additional materials as deemed necessary by staff.
 4. Disposable PPE should be properly discarded after use.
 5. Other PPE should be removed and properly decontaminated after use.
 6. Universal Precautions direct that body fluids/materials are treated as if infectious.
 7. It is the employee's responsibility to properly wear PPE, to maintain, and to discard properly.
 8. The employee must immediately request replacement items when PPE is damaged, out of stock or unusable so that the proper item can be provided.
 9. Reducing Exposure Controls
 - a. Use of PPE
 - b. Report exposure to building administrator and emergency preparedness coordinator.
 - c. Hand washing with antiseptic hand cleaner.
 10. Proper Disposal of Blood or Bodily Fluid
 - a. Signs and Labels should be used to identify contaminated waste.
 - b. Containers should be closable, color coded and labeled:
 - i. Red
 - ii. Should be properly disposed of through custodians and/or area hospitals.
 - iii. Located in building custodian office or nurses' office.
 11. Needles will be disposed of per OSHA in sharps container.
 - a. Sharps Containers are disposed of at the Health Department by school nurse.
 12. Broken glass or needles will only be disposed of by mechanical means.
 - a. Examples: Broom, Dust Pan, Tongs, Tweezers, Etc..
 13. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees should never:
 - a. Eat
 - b. Drink
 - c. Smoke
 - d. Apply cosmetics or lip balm
 - e. Handle contact lenses
 - f. Keep food or drink in refrigerators, freezers, shelves, cabinets or counter tops where blood or potentially infectious materials are present.
 14. Exposure Incident
 - a. When blood or other potentially infectious materials make contact with:
 - i. Eyes
 - ii. Mouth

- iii. Other Mucus Membranes – nostrils, eyelids, and ears.
 - iv. Non – intact skin or open sores
 - v. By Piercing of Skin
- b. When exposure occurs:
 - i. Thoroughly wash any exposed skin with antiseptic soap and water.
 - ii. Flush eyes if blood or fluid comes into contact.
 - iii. Report incident to administrator/emergency preparedness coordinator.
 - iv. Area where incident occurs must be cleaned by trained staff. Notify custodian immediately.
 - c. Steps for clean up:
 - i. Contain the spill using absorbent materials.
 - ii. Remove used absorbent materials.
 - iii. Disinfect the area with germicide or a 10% bleach solution.
 - iv. Dispose of contaminated materials into properly marked containers.
 - v. Discard or decontaminate PPE.
 - d. Complete an Incident Report Form to include description of incident, area of exposure, and identity of source of individual (See Appendix).
 - e. You should have your blood tested for exposure. All tests are paid for by employer and confidential to employee.
15. Remember! Blood Borne Pathogens are hazards to your health.
- a. Don't take chances.
 - b. Be aware of hazards.
 - c. Use safe work practices.

Charting Medical Records & Office Visits

1. All office visits must be charted. Skyward provides automatic parent communication. Include reason for visit, treatment and if sent home or returned to class.
 - a. If a student does not physically come to the office, no charting should be done (no treatment by nurse in office = no information to chart).
2. Information that needs to be relayed to teachers is included in the Emergency section of skyward. Can list medications and symptoms to look for but cannot include diagnosis
3. All health conditions/diagnosis need to be entered under "Health Conditions" on skyward. This includes asthma, ADHD etc.
4. Diabetic information needs to be entered in the "diabetic care log" section on skyward.
5. Student health files need to be attached to students' profile before entering a different school.
6. Medical Alerts (Emergency Information): **REQUIRED** to be updated on Skyward annually as soon as medical information is received from families.

Communicable Disease Protocol (KDHE)

1. **COVID-19** –
 1. Persons with COVID-19 will be excluded from school and/or childcare setting for a period of five (5) days following onset of illness or until fever free for 24 hours without the use of medications, **whichever is longer**
2. **Head Lice**- see protocol.
3. **Hand, Foot, and Mouth**- no exclusion
 1. however, children with fever and rash should stay home from school until fever free.
4. **Impetigo**- Exclude until 24 hours after treatment has been initiated and keep all lesions on exposed skin covered; or exclude for 10 days if no treatment is given.
5. **Influenza**-
 1. Persons with influenza will be excluded from school and/or childcare setting for a period of five (5) days following onset of illness or until fever free for 24 hours without the use of medications, **whichever is longer**
6. **Molluscum**- no exclusion
 1. If lesions are not covered by clothing, they should be covered by a bandage
7. **Mono**- no exclusion
 1. Students should remain fever free for 24 hours without the use of medication before returning to school
8. **Pinkeye (conjunctivitis)**- no exclusion
 1. School nurse could exclude based on individual case and clinical examination.
9. **Ringworm**- no exclusion; lesions must be covered at school and be treated with anti-fungal treatment.
10. **Varicella (Chickenpox)** – exclude until lesions are crusted, except when seeking medical care.
 1. Local health or school officials will exclude infected children from school and childcare until all the blisters are dry and crusted, except when seeking medical care. Susceptible contacts are recommended to receive the varicella vaccine within 72 hours of exposure. Non-immune contacts or those unable to receive the varicella vaccine within 72 hours of first exposure will be excluded from school or childcare for 21 days following the last exposure.
11. **Shingles**- no exclusion
 1. however, lesions should be covered. If lesions cannot be covered, student/staff should remain home until lesions are dried and crusted
12. **Strep Throat**- Exclude until 24 hours after appropriate antibiotic treatment has begun or 10 days if no antibiotic treatment is given.
13. **Scabies**- Exclude until treated with scabicide.

The following handbook can be used to view policies for other communicable diseases, for example: MMR, Polio, Hepatitis A

KDHE Classroom Handbook Communicable Diseases:

<https://www.kdhe.ks.gov/DocumentCenter/View/13715/Kansas-Classroom-Handbook-of-Communicable-Diseases-PDF?bidId=>

Protocol to be followed:

1. The school district/nurses **MUST** receive confirmed case notification by the Leavenworth County Health Department and/or physician's office before proceeding.
2. Once confirmation is received, the Health Dept. will provide/guide the school nurses on the proper process of notification.
 - i. Determine the affected population/initial targeted scope
 - ii. Identify who to notify
 - iii. What information is needed to include in the communication
3. Before sending out communication, obtain building/district permission. Contact the District Nurse Coordinator, Director of Communications and Marketing and/or Emergency Preparedness Coordinator to review communication.
4. Send building/district population notification through Skyward with fact sheet

Concussion Protocol (Following KSHSAA Recommendations)

1. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices, and the exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. This may involve staying home from school or a lightened school schedule, gradually increasing to normal.
2. Academic modifications should be coordinated jointly between the student's medical providers and the school nurse.
3. Be alert to any long-term manifestations of brain injury.

Crisis Intervention Protocol

1. Mental Health issues and concerns must be reported to the building administrator, and school counselor, school psychologist or school social worker.
 - a. To include written documentation of concern.
 - b. Update school staff of changes to student's mental health status immediately.

Diabetes

2. A Diabetes Individual Health Care Plan provided by the student's primary physician is required for students with diabetes.
3. The plan should include:
 - a. Medication Type
 - i. Oral
 - ii. Injection
 - iii. Pump
 - b. Blood sugar check timeline.
 - c. Who checks blood sugar levels

- d. Insulin dispensing.
 - e. Changes for students participating in athletics.
 - i. When to check blood sugar levels.
 - ii. When to give insulin if different from normal guidelines.
 - f. Any additional care needed in the school setting including hypoglycemic snacks for blood glucose levels.
 - g. Parent Emergency Contacts
 - h. Plan of Action for Field Trips (Who is Responsible for Blood Sugar Checks, Carrying of Insulin, Food Items, Glucose Tablets, & Extra Batteries for Pump)
4. Logging by School Nurse
- a. All school nurses are **required** to chart every diabetic care they give during the school day. The goal is to use Skyward for charting as much as possible as Skyward provides automatic parent communication.
5. The goal is for maximum self-reliance and management of health care needs as a student reaches adulthood.

Disposal of Controlled Substance (KDHE)

1. **Medication** must be picked up by the student's parent or guardian by the last day of school of each school year.
 - a. Medication that is not picked up by the student's parent or guardian at the end of the school year will be picked up by the District Nurse Coordinator, or designated School Nurse, to be delivered to Walgreens Pharmacy for the Drug Take Back Program. Epi-pens will be disposed of in the sharp's container.
 - b. Each School Nurse must inventory and sign with a witness the medication that is being disposed of using the **END OF THE YEAR PRESCRIPTION MEDICATION DISPOSAL FORM** located in the appendix.
 - c. District Nurse Coordinator is to send out an "all district" email to remind parents to pick up all medications by the last day of school.

Disposal Sharps Containers

1. **Sharps containers** must be taken to the Leavenworth County Health Department when full or at the end of each school year. The Health Department will replace the full container with a new one for the nurse's office for a fee.
 - a. When transporting make sure the container is completely closed and nothing can or is leaking out of it. If you detect any leakage, wrap in a biohazard bag and then transport.
 - b. Follow the Blood Borne Pathogens Protocol for cleanup of any spills.
 - c. Report exposure immediately to your supervisor and the District Office.

Drugs (Illegal Substances)

1. If a student is suspected to be under the influence of an illegal substance the school nurse or any school district employee must immediately inform the building administrator. A student under the influence of an illegal substance is in violation of the student handbook. The building administrator oversees student discipline.

Emergency Operation Protocols (FEMA)

1. See building administrator for building and district level emergency operation plan or quick reference guide for multi hazard information.

Emergency Safety Interventions Protocol (KSDE)

1. All staff must take the USD#469 Emergency Safety Interventions training annually with confirmed testing and signature of training completion.
2. Training will include:
 - a. To define Emergency Safety Interventions.
 - b. To identify if an ESI has occurred.
 - c. To identify the reporting requirements of ESI regulations.
 - d. To identify resources to promote a culture of prevention such as PBIS (Positive Behavior interventions Support).
 - e. Student form management if aggression is related to a medical condition.
3. ESI is a response to an emergency situation by use of restraint or seclusion when the situation presents imminent danger to the student or others.
 - a. Never to be used for discipline, punishment or compliance.
 - b. ONLY to be used by certified MANDT trained employees.

End of Year Student Shift Report

1. At the end of each school year the building nurse will give a student shift report for the following students to the appropriate building school nurse:
 - a. Early Childhood students Transitioning to Kindergarten.
 - b. 3rd Grade Students Transitioning to 4th Grade.
 - c. 5th Grade Students Transitioning to 6th Grade.
 - d. 8th Grade Students Transitioning to 9th Grade.
2. **Must be completed before the last day of school annually.**

FERPA

1. Policy-
[https://www.usd469.net/vimages/shared/vnews/stories/5c0ddf962794b/Notice_of_FERP A.pdf](https://www.usd469.net/vimages/shared/vnews/stories/5c0ddf962794b/Notice_of_FERP_A.pdf)
2. Medical Record Faxes- at the nurse's discretion request faxes be sent to district office that contain need to know information. TO Dan's attention. Then they will be sent in inter office mail to the nurse's attention.
3. Look at getting specific cover page or cover page required information.
 - a. Attention:
 - b. MEDICAL INFORMATION

Fever Protocol

1. A student may not attend school with a temperature of 100 degrees or higher. Students may return to school when their temperature has been below 100 degrees for 24 hours, without the use of fever reducing medication.

Head Lice Protocol (KDHE)

1. If a student has an active case of head lice (defined as having live lice present), the parent or guardian will be notified to pick up the student from school.
2. The nurse will send the student's parent/guardian the USD #469 letter outlining Center for Disease Control (CDC) Resources and recommendations for removal of head lice and for treatment of family members, bedding, carpet, car seats, stuffed animals, etc. in order to prevent a reoccurrence of the problem (See Appendix).
 - a. Follow up phone call and/or email if necessary.
3. After proper treatment with an antiparasitic shampoo, the student may return to school accompanied by parent to report to the nurse's office for a head check.
4. The nurse will perform a head check; and if the student no longer has an active case of head lice, the student will return immediately to class.
5. If the student continues to display an active case, the student must return home for additional treatment.
6. All absences due to head lice will be excused only on the day the student is sent home and the following day. All further absences are considered unexcused, unless excused by the school nurse.
7. Chronic Lice – if deemed negligent, Kansas Department for Children and Families (DCF) will be notified.

Immunization Protocol (KDHE)

Any student enrolling in USD #469 school district shall provide the building nurse with proof of immunizations prior to starting school OR Form B for Medical Exemptions OR Written Statement Signed for Religious Exemptions.

1. K.A.R 28-1-20 defines immunizations required for any individual who attends school, or a childcare program operated by a school. Proof of receiving the immunizations OR Kansas Certificate of immunizations Form B for Medical Exemption must be provided to the school prior to attending the first day of school.
2. Building Nurse will review non-compliance prior to the start of school.
3. Building Nurse will enter Immunization Forms into student Database and attach to student file.
4. A USD #469 Nurse will contact those parents who have non-compliant students.
 - a. Phone calls or emails will be made and sent if deemed necessary.
 - b. Exclusion letters are mailed to the address on file with Family Number one, as listed in Skyward. They are given thirty (30) days to become compliant from date of mailed letter.
5. Thirty (30) days after letter sent, the nurse's office will review compliance again.
6. The school nurse(s) will report to the Building Administrator the status of student immunizations. Parents will be notified by the USD 469 Building Administrator of exclusion via written **and** verbal communication. If the main guardian is unreachable, then notify the emergency contact of the exclusion. The student may not attend school

and must be picked up immediately. The student may return when requested documentation is provided.

7. The State of Kansas recognizes religious and medical exemptions only. **NO PERSONAL EXEMPTIONS ARE ALLOWED BY THE STATE!**
 - a. Religious exemptions must be documented as stated under K.S.A. 72-6262.
 - b. Medical exemptions must be documented by a licensed physician and renewed annually stating that the physical condition of the child to be such that the immunization(s) would endanger the life or health of the student.
8. This protocol is in coordination with and does not remove any requirements of the KDHE immunization policy.

Individualized Health Care Plans Protocol

1. A nursing care plan should be written for each student requiring “specialized caretaking” as defined in Kansas Nursing Regulation 60-15-101. Specialized caretaking means the following procedures: catheterization; ostomy care; preparation and administration of gastrostomy tube feedings; care of skin with damaged integrity or potential for this damage; medication administration; taking vital signs; blood glucose monitoring, which shall include taking glucometer readings and carbohydrate counting; and performance of other nursing procedures as selected by the registered professional nurse.
2. If the student also has an IEP, the IHP should be incorporated into this special education plan.
3. Nurses will need to collaborate with Special Education Teachers on IEPs. Nurses will need to collaborate with building counselor and/or district 504 administrator on 504 Plans.
4. Nurses will need to supervise LPNs/CNAs who provide tube feeding, breathing treatments, and insulin interventions.
5. Nurses will need to provide information for Individualized Health Care Plans
 - a. Information on Medical Diagnosis, medications given at school to include dosage, route, frequency and side effects.
 - b. Describe any needed daily accommodations that student needs in daily activities.
 - c. Identify problems.
 - d. Identify nursing interventions.
 - e. Provide other pertinent information.
 - f. Participate in IEP and 504 meetings if the health area is being discussed and the case manager needs assistance.
 - g. Assist the primary special education provider or school counselor/social working with managing medical supports as listed in the IEP or 504 plan.
6. Nurses will need to collaborate on the Health Crisis Plan if deemed necessary for student safety.
 - a. Information to be provided to the IEP or 504 Team.
 - i. Doctor
 - ii. Doctor’s Contact Information to include phone and fax number.
 - iii. Hospital

- iv. Diagnosis
- 7. Health Crisis Records must be added to the IEP and 504 plan.
 - i. You must include specific information so that anyone could follow.
- 8. Provide coaching to the individuals serving the student that 911 should be called if the emergency is life threatening.
 - a. Stay with the student or designate another adult to do so.
 - b. Alert the building principal and the Health Care Provider.
- 9. Train specified individuals in the building to provide care in case of nurse absence
 - a. Job titles of those trained should be on the IEP in the Anticipated Health Crisis Plan or on the 504 plan.
- 10. Applicable Forms in Appendix
 - a. Skyward IEP Health Form.
 - b. Skyward Health Care Plan Form.
 - c. Skyward Health Crisis Plan Form.
 - d. Skyward Behavior Crisis Plan Form.

Meeting Requirement

1. All school nurses are required to attend district nurses' meetings as scheduled.

Nurse's Office Protocol

1. Students may not enter the nurse's office without a designated staff member present.

Playground Injury Reporting

1. Any student or staff injury on the playground that occurs must be documented by the school nurse and the staff member assigned to supervise that student on the playground. To include:

a. Location on the playground where injury occurred.	e. Staff member present.
b. Time of injury.	f. Type of injury
c. Type of play equipment injury occurred on.	g. Nurse First Aid given.
d. Description of how injury happened.	h. Administrative Support Sought.
	i. Aggression by the student or another student as a part of the injury.
2. If no staff member was supervising that student when injury occurred building administrator must be notified immediately.

Seizure Emergency Protocol for Staff, Students and Visitors (CDC)

1. Give seizure first aid.
2. Follow student emergency care plan if applicable.
3. Call 911 when
 - a. The person has never had a seizure before.
 - b. The person has difficulty breathing or waking after the seizure.
 - c. The seizure lasts longer than five (5) minutes.

- d. The person goes into a second seizure without recovering consciousness from the first one or has a cluster of seizures within a twenty (20) minute time period.
 - e. The person is hurt during the seizure.
 - f. The seizure happens in water.
 - g. The person has a health condition like diabetes, heart disease or is pregnant.
4. The longer a seizure lasts, the less likely it will stop on its own without medication. Very long seizures are dangerous and even increase the chance of death. It is important that these long seizures are identified early, so they can be treated early by a medical professional.

<http://www.cdc.gov/epilepsy/basics/first-aid.htm>

<http://www.epilepsy.com/learn/impact/seizure-emergencies>

Student Threat Protocol/Suicide Prevention Response

1. Student **Imminent** threat to personal safety or safety of others.
 - a. Issue appropriate emergency procedure.
 - b. Call 911.
 - c. Call Principal, District Mental Health Liaison- Jake Hanson, Potential Targets, District Admin, Parents.
 - d. Principal/Designee convenes full threat assessment team.
 - e. Follow Emergency Operations Plan.
 - f. Do not leave student unsupervised.
2. Student **Non-Imminent** threat for personal safety or safety of others.
 - a. Notify building principal discreetly.
 - b. Principal/Designee conduct initial interview and will convene quick screen team or full threat assessment team if deemed necessary.
 - c. Do not leave student unsupervised.

Sub Nurse

1. School nurse contacts District Nurse Coordinator for substitute notification.
2. District Nurse Coordinator will act as substitute if schedule does not conflict.
3. If District Nurse Coordinator is unable to substitute, building nurse calls substitute list until one is placed.
4. If no substitute can be found, the school secretary is notified they will cover that day.
5. School nurse will provide a sub nurse folder in their office that includes updated Lansing Medical Protocols and other necessary student information.
6. DO NOT share ID or password with substitute nurses.
 - a. They must contact the business office, at the district office regarding Skyward Access. Temporary daily access can be provided.

Suicide Prevention

1. Jason Flatt Youth Suicide Awareness Act 2016
 - a. All School Staff shall take the required annual district suicide prevention training.
2. Report any threat immediately to the building administrator.
3. See Student Threat Protocol.
4. Youth Suicide Warning Signs
 - a. Talking about or making plans for suicide.
 - b. Expressing hopelessness about the future.
 - c. Displaying severe/overwhelming emotional pain or distress.
 - d. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant withdrawal from or changing in social connections/situations.
 - e. Changes in sleep (increased or decreased).
 - f. Anger or hostility that seems out of character or out of context.
 - g. Recent increased agitation or irritability.

Vision, Hearing, Scoliosis & Dental Screening Protocol (KDHE)

1. USD #469 follows the State of Kansas Department of Health and Environment's recommendations for school health screenings.
2. Under KDHE parents and guardians have the right to refuse screening on children under his/her legal custody. A written, signed statement from the parent/guardian indicating refusal is recommended for school screenings (KDHE).
3. Notification of all screenings must be sent to parents (i.e. Skyward all parent email stating the times and location of screenings).
4. Hearing Screenings
 - a. To identify hearing loss and make appropriate audiological, medical and/or educational referral to maximize hearing and learning potential.
 - b. If student fails hearing screening, a second screening will be completed in approximately one month. If second screening is failed, phone call and referral form to parent to follow up with an audiologist.
 - c. Nurse is **required** to send an email to the Deaf and Hard of Hearing employee and Special Education Coordinator when a hearing referral is made to a parent/guardian. Indicate the student's full name and reason for referral.
5. Vision Screenings
 - a. For early identification of students with potential vision problems
 - b. Suggested referral form for Optometrist or Ophthalmologist.
 - c. Nurse is **required** to send an email to the Special Education Coordinator when a vision referral is severe in acuity.
6. Students to receive a hearing and vision screening annually:
 - a. Kindergarten through 3rd grade, 5th grade, 7th grade, 10th grade.
 - b. Early Childhood.

- c. All students with an individualized education plan.
 - i. Including students in LINCS.
 - d. Parent or teacher request.
7. Scoliosis Screenings
- a. For early detection of abnormal curvature of the spine.
 - b. Suggested referral form to Physician.
 - c. Nurse is **required** to send an email to the Special Education Coordinator when a scoliosis referral is made.
 - d. Scoliosis Screening Schedule follows a specific format: Girls 5th Grade, Boys 6th Grade, Girls 7th Grade, and Boys 8th Grade.
8. Dental Screenings
- a. To identify the presence of decay, previous dental experience, infection, swelling and pain.
 - b. Suggested referral form to Dentist.
 - c. Grades PK – 12 will be screened by a dental professional.
9. All results will be added into Skyward, and parents will be notified with any failing results via mailed form. It is then the parent's responsibility to schedule an appointment for further follow-up with their health care provider.
- a. Nurses must send home the referral form and the report form for the Doctor to complete for the student's school file.
10. Refusal by Parent/Guardian for Professional Examination after Referral
- a. To verify there are no financial, socio-economic, appointment availability, or transportation barriers to student care the school nurse will coordinate with the school social worker/school counselor and building administrator when a parent/guardian refuses to take a child for a professional eye or hearing examination after referral.

Vomiting & Diarrhea Protocol

1. Student should remain home 24 hours without an episode depending on the illness.
2. At the nurse's or parent's direction may return to school.

I certify that I have read and understand the Lansing USD#469 Medical Protocols and that I acknowledge these are the medical protocols for Lansing USD#469 and that they do not replace or void State or Federal standards and mandates.

Signature

Name (Please Print)

Date

Please return this form to District Nurse Coordinator by the first student day for the school year.

Appendix Supplementary Forms



CONSENT TO ADMINISTER OVER THE COUNTER MEDICATIONS
(One form needed for each prescription.)

Student's Name: _____

Student's DOB: _____ Grade _____

All Lansing students must have a completed Consent to Administer OTC Medication on file if there is a time during the school year that the medication is to be taken during the school day. The release form is required prior to the medication being given to the student.

This form must have a parent/guardian signature before the medication can be administered at school. All medications are to be given to the nurse in the original packaging, labeled with the student's name.

All medications will be maintained in the nurse's office and administered according to label instructions at the discretion of the school nurse.

I authorize the administration of the following medications
to the above-named student.

Medication(s) _____

Dosage _____

Reason for Rx _____

Duration _____

Time of day to administer _____

Parent/Guardian signature _____

Date _____

JGFGB Supervision of Medications
Revised/Approved: 9/10/2012



Lansing
Elementary School
913-727-1128
450 W. Mary St.

Lansing
Intermediate School
913-297-0990
509 Ida Street

Lansing
Middle School
913-727-1197
220 Lion Lane

Lansing
High School
913-727-3357
1412 147th Street

Lansing Special
Education
913-727-1755
210 E. Mary

CONSENT TO ADMINISTER PRESCRIPTION MEDICATIONS (One form needed for each prescription.)

Student's Name: _____

Student's DOB: _____ Grade _____

All Lansing students must have a completed Consent to Administer Prescription Medication on file if there is a time during the school year that prescription medication is to be taken during the school day.

This form must have a physician's order and parent/guardian signature before the prescription medication can be administered at school. All medication is to be given to the nurse in the original pharmacy container with the student and physician's name, correct medication and dosage.

All medications will be maintained in the nurse's office and administered according to label instructions at the discretion of the school nurse.

I prescribe and authorize administering of this medication request to the above-named student.

Medication _____

Dosage _____

Reason for Rx _____

Duration of orders _____

Time of day to administer _____

Physician's signature _____

Type or print Name of Physician _____

Parent/Guardian signature _____

Date _____

JGFGB Supervision of Medications
Revised/Approved: 9/10/2012



MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations (for example athletic events, after school activities, etc.), where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parent(s) or legal guardians, unless there is written consent authorizing a responsible adult to give approval.

Minor's Full Name _____ Minor's Age _____

Minor's Address _____

City, State, Zip Code _____

The undersigned do hereby authorize _____ or such substitute as he/she may designate as agent for the undersigned to consent to any X-Ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and /or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

Parent or Guardian Signature

Date

Parent or Guardian (please print)

Address Parent or Guardian

City

State

Home and Work Phones of Parent or Guardian

Witness

Insurer

Account Number

Family Physician

Family Physician's Full Address

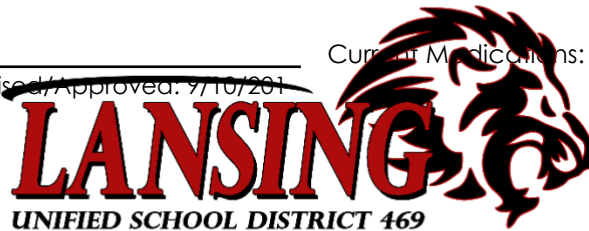
Known Allergies: _____

Last Tetanus Shot: _____

Medical Conditions: _____

Current Medications: _____

JGFG Student Accidents Revised/Approved: 9/10/201



AUTHORIZATION FOR MEDICATION/PROCEDURE TO BE ADMINISTERED AT SCHOOL
PART A - Parent/Legal Guardian to Complete

Name of Student: _____ Date of Birth: _____ Grade/Teacher: _____

I grant permission for the school nurse or a delegated staff member to administer medication/treatment to my child at school as indicated by my child's physician accordingly below. Understand that I must provide any prescribed medication in its original container/package dispensed by the pharmacist.

I also acknowledge the need and give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question, including communication concerning: the prescription or treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions, size of catheter for emergency insertion in the track of a dislodged gastrostomy tube); implementation of the treatment in school (e.g., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule); student outcomes from the treatment (e.g., questions regarding observed side effects, possible untoward reactions, observations of behavior changes in the classroom); and other pertinent issues related to the student's diagnosis, condition, or treatment. JGFGB Supervision of Medications Revised/Approved: 9/10/2012

 Parent/Legal Guardian Signature Parent/Legal Guardian (Printed Name) Today's Date

PART B - Physician to Complete

Current Diagnosis(es): _____

PHYSICIAN MEDICATION AND/OR TREATMENT ORDERS: (Please specify)

Medication/Treatment	Dosage	Time/Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions: _____

 Physician Signature Physician (Printed Name) Today's Date

 Physician Phone Number



**Authorization For Self-Administration of Medication for Asthma/Allergies K-12
And Insulin For Grades 6-12**

PART A- Parent/Legal Guardian to Complete

Name of Student: _____ Date of Birth: _____ Grade/Teacher: _____

The above student has been instructed on self-administration of medication, and I hereby give my permission for him/her to administer at school as ordered the medication(s) listed below. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

I also acknowledge the need and give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question, including communication concerning: the prescription or treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions, size of catheter for emergency insertion in the track of a dislodged gastrostomy tube); implementation of the treatment in school (e.g., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule); student outcomes from the treatment (e.g., questions regarding observed side effects, possible untoward reactions, observations of behavior changes in the classroom); and other pertinent issues related to the student's diagnosis, condition, or treatment.

Parent/Legal Guardian Signature Parent/Legal Guardian (Printed Name) Today's Date

PART B - Physician to Complete

Current Diagnosis(es): _____

Medication	Purpose	Dosage	Time/Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions & Special Circumstances for use: _____

This student is authorized to self-administer and has been instructed in self-administration of this medication. He/she has the skill, judgment and maturity to self-administer this medication.

Physician Signature Physician (Printed Name) Today's Date

Physician Phone Number

PART C: School Nurse to Complete

School Nurse Review of order and procedure with student. Complete with family: _____
Date of Review



PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **All medication taken in school must have a parent/guardian signed authorization form.** Prescription medications, herbals and over the counter (OTC) medications taken for four (4) or more consecutive days **also** require a licensed healthcare provider's (LHCP) written order. **No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
2. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school. These forms can be found on our district website www.usd469.net under family & students, and health services.
3. **All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.**
4. **The parent or guardian must transport medications to and from school.**
5. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
6. Medication must be kept in the nurse's office during the school day. **NO MEDICATION OF ANY KIND IS TO BE CARRIED ON YOUR STUDENT.** All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval from a doctor to self-carry (e.g. inhaler, EPI auto-injector). If the student self carries, it is advised that a backup medication be kept in the nurse's office.
7. Parents/guardians are responsible for submitting a new medication authorization form to the school 1.) at the start of the school year, 2.) each time there is a change in the dosage, and 3.) if the time of medication administration changes.
8. All Over the Counter (OTC) medication must be accompanied by the district's OTC medication consent form as well as be in the original, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
 - d. Nurses will not administer medication differently then the bottle states.
9. The student is to come to the nurse's office at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
10. **Students are NOT permitted to self-medicate. The school does not assume responsibility for medication taken independently by the student.** As previously stated, exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life-saving medications (e.g. inhaler, EPI auto injector).
11. Within one week after expiration of the effective date on the prescription, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

JGFGB Supervision of Medications

JGFGBA Student Self Administration of Medications

Revised/Approved: 9/10/2012



Important Information on Head Lice:

A student in your child's class has had head lice recently. Please examine your child's head daily for the next 3-5 days.

Head lice (pediculosis) are a re-emerging communicable condition. This is a common condition among children and is widespread throughout the United States. If your child has lice, please report it to the nurse. Lice should be eradicated as quickly as possible. Here are some suggestions to help you with detection, treatment and control.

DETECTION: Examine your child's head frequently for the presence of head lice or their eggs (nits). Nits can appear as tiny gray or white specks attached to the hair very near the scalp. The female louse can lay about 10 nits a day. The eggs hatch about seven (7) days after they are laid. The hair usually grows about ¼ inch from the time the egg is laid at the scalp to the time it hatches. To distinguish a nit from dander or other debris, stretch the strand of hair out and flick it with your finger or blow on it. If the suspect object dislodges, it probably is not a nit. Nits are glued to the hair and are difficult to remove. Nits must be slid off the hair shaft. Once the nits hatch, the new lice are pale in color and very difficult to see. They immediately go to the scalp and begin feeding on the blood of their host and excreting a substance that makes the head itch. If you observe your child scratching his or her head persistently, this is an indication to do a lice check. When a child contracts an infestation, **and it is left untreated**, the child may develop sores from scratching. Eventually, swollen lymph glands may occur which can weaken the immune system and may lead to secondary illnesses. An adult louse is usually brown and lives for about 28 days. Lice are extremely photosensitive and will run to avoid light when a comb is run through the hair

TREATMENT: There are numerous over the counter and prescription head lice treatments available. Please read and follow all directions involving treatment. Many reports indicate that lice are resistant to pesticides or are becoming more resistant. Most of them require a purchase of two treatments, performing a thorough combing and a vigorous shampooing. Some treatments require a seven (7) to fourteen (14) day waiting period between treatments. We cannot accept children back until they meet the **USD #469 attendance requirement:**

- **If a student has an active case of head lice (defined as having live lice present), the parent or guardian will be notified to pick up the student from school.**
- **After proper treatment with an anti-parasitic shampoo, the student may return to school and report first thing to the nurse's office.**
- **The nurse will perform a head check. If the student no longer has an active case of head lice, the student may return immediately to class.**
- **If the student continues to display an active case of head lice, the student must return home for additional treatment.**

We suggest using a non-toxic product and nit removal comb. A note of concern: pesticide-based treatments work by acting upon the louse's nervous system in the first four days, which is why you must do a thorough combing to remove them. Always read the warnings on the package of any purchased treatment and please follow the directions carefully. Manual removal systems require extensive combing but are safe for you and your child. Remember, if you use a pesticide treatment and it fails, DO NOT try repeated or prolonged treatments. Pesticides may be dangerous for your child.

CONTROL: You can stay in control of the situation by following these suggestions. Lice are usually transmitted by head-to-head contact. Lice cannot jump or fly. Teach children to wear long hair in braids or tails. Tell them not to share hats, combs or brushes. Comb your child's hair regularly with a properly designed nit comb for at least 30 days after an infestation and then about once a week to help prevent re-infestation. Be sure to check all other family members if your child has lice.

Additional Resource

http://www.kdheks.gov/c-f/head_lice.htm

<http://www.cdc.gov/parasites/lice/head/treatment.html>

http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html



FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

06272018PG. 30

If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

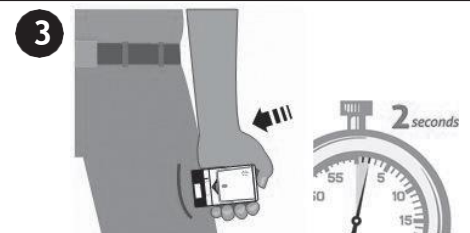
FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

MILD SYMPTOMS

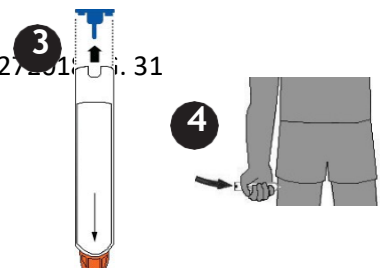
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. 0627-01-01-31
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN



END OF THE YEAR PRESCRIPTION MEDICATION DISPOSAL FORM

SCHOOL YEAR: _____ **BUILDING:** _____

Student Medication Dosage Amount Discarding Nurse/ Witness Initial

LANSING PUBLIC SCHOOLS VISION/HEARING REFERRAL

Your student's hearing and vision were tested today at school. The results of the screening are indicated below:

Vision: Instrument used: SLOAN letter chart/Symbols chart/SPOT Screener

Glasses/Contacts: YES/NO

10 Ft. Distance: Right 20/____ Left 20/____

____PASS: No further evaluation is needed at this time.

____FAIL: Referral for a complete eye exam is needed as soon as possible.

Hearing: School Audiogram Results (Performed at 20dB)

Right Ear:

____PASS

____FAIL-unable to detect (circled levels not passed) 500,1000,2000,4000 or 6000

Left Ear:

____PASS

____FAIL- unable to detect (circled levels not passed) 500, 1000,2000,4000 or 6000

Overall Evaluation:

____PASS: No further evaluation is needed at this time

____FAIL: Your student's hearing will be retested at school in approximately one month.

If the repeat test is failed, you will be notified by the school nurse.



Lansing
Elementary School
913-727-1128
450 W. Mary St.

Lansing
Intermediate School
913-297-0990
509 Ida Street

Lansing
Middle School
913-727-1197
220 Lion Lane

Lansing
High School
913-727-3357
1412 147th Street

Lansing Special
Education
913-727-1755
210 E. Mary

LANSING PUBLIC SCHOOLS VISION REFERRAL

Date _____

Student _____

Dear Parent or Guardian:

Your child's eyes were screened by the school nurse as one of the health services provided by Lansing District Schools. The results of the screening test indicated the need for a more complete eye examination. The nurse's findings are recorded on the top half of the referral form attached to this letter.

Since uncorrected vision disorders can affect learning potential, it is important to complete this referral as soon as possible.

Please take the attached form with you when you take your child for the vision evaluation. Be sure to complete the release of information on the bottom left corner of the form. Have the eye professional fill out the results of the exam, and please return the completed form to the school nurse.

If your child is already receiving eye care from a professional, please let your school nurse know the date your child was last seen, and please send the results to the school. If you have problems or need help completing the referral, please call your child's school nurse.

Date Last Seen _____ Physician's Name _____

Thank you for helping us better serve your child's health needs,

School Nurse
(c.c.) **Special Education Coordinator**



Lansing
Elementary School
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450 W. Mary St.

Lansing
Intermediate School
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Lansing
Middle School
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Lansing
High School
913-727-3357
1412 147th Street

Lansing Special
Education
913-727-1755
210 E. Mary

LANSING PUBLIC SCHOOLS HEARING REFERRAL

Date_____

Student_____

Dear Parent or Guardian:

Your child's hearing is very important to his/her progress at school. Hearing problems may sometimes be discovered through screening tests, or through the careful observation of teachers, nurses, parents, or other caregivers.

We have tested your child's hearing at school, and the findings suggest a possible hearing problem. A follow up exam with your child's doctor, ENT or audiologist may be beneficial.

If you have any concerns regarding the referral, please contact the school nurse.

Thank you for helping us better serve your child's health needs,

School Nurse

(c.c.) Special Education Coordinator



Lansing
Elementary School
913-727-1128
450 W. Mary St.

Lansing
Intermediate School
913-297-0990
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Lansing
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Lansing
High School
913-727-3357
1412 147th Street

Lansing Special
Education
913-727-1755
210 E. Mary

LANSING PUBLIC SCHOOLS SCOLIOSIS REFERRAL

Date _____

Student _____

Dear Parent or Guardian:

Your child was screened for scoliosis at school and found to have a possible abnormal curvature of the spine. Although the results do not definitely mean there is a problem or that treatment is needed, it is recommended that you have a further evaluation by a physician.

Only a small percentage of children need treatment, but those who show any sign of a spinal curvature must be evaluated by a licensed physician. Early detection is key to treatment of scoliosis.

Please take this form with you at the time of the doctor's examination. Your signature will authorize your daughter's/son's physician to return important information to the school nurse.

Thank you for helping us better serve your child's health needs,

School Nurse Signature

.....
Examination was by: Physician _____ Date _____

Prognosis _____

Release of Information:

I hereby authorize the release of the results and recommendations from this examination to educational and/or health officials.

Parent Signature _____ Date _____

(c.c.) Special Education Coordinator













REPORT OF SCOLIOSIS SCREENING FOR PRIMARY CARE PHYSICIAN

(Please return this form to the school when completed.)

Lansing Elementary School 913-727-1128 450 W. Mary St.	Lansing Intermediate School 913-297-0990 509 Ida Street	Lansing Middle School 913-727-1197 220 Lion Lane	Lansing High School 913-727-3357 1412 147 th Street	Lansing Special Education 913-727-1755 210 E. Mary
---	--	---	---	---

_____ was advised to seek further medical evaluation because our recent scoliosis screening detected the following abnormalities:

In order for the school to fully evaluate this screening program, it is necessary to receive follow up information from you. We request that you complete the information on this form and then return it to the school nurse at the address listed above.

				Grading		
	Good	Fair	Poor	Good	Fair	Poor
Head Tilt Left Right						
High Shoulders Left Right						
Spinal Curve Left Right						
High Hip Left Right						

.....
 Examination was by: Physician _____ Date _____

Prognosis _____

Release of Information:

I hereby authorize the release of information and test results from this examination to educational and/or health officials.

Parent Signature _____ Date _____

(c.c.) Special Educator Coordinator

LANSING USD #469
ACCIDENT/INJURY REPORT

PERSONAL DATA

 Name of Person Injured

 Date of Birth

Male
 Female

 Name of School

 Grade/Dept

Parent Contacted No
 Yes

06272018PG. 38

 Parent/Guardian Name(s)

 Home Address

 Business Phone

ACCIDENT DESCRIPTION

 Date of Accident

 Time of Accident

 Date Reported

REPORT BY INJURED EMPLOYEE

Employer Name: _____

Your Name: _____

Your Home Address: _____

Your Home Phone Number: _____

Social Security Number: _____

Date of Accident: _____ Time of Accident: _____

In your own words, please describe what happened _____

What physical problems do you relate to this injury: _____

Did you report this injury to your supervisor? _____

If not, why not? _____

Date Reported? _____ Supervisor's Name: _____

Were you working at your regular job at the time of the injury? _____ If not please explain: _____

Were there any witnesses? Yes No If not, please explain? _____

Did you go to the hospital/clinic? Yes No

Address of hospital/clinic: _____

Name of treating physician: _____

Any additional comments: _____

Signature

Date

BLOOD BORNE PATHOGEN TRAINING

Lansing USD #469 Staff Signature Page

I certify that I have attended safety training and understand the blood borne pathogen and bodily fluid protocols and that I agree to comply with that policy.

Signature

Name (Please Print)

Date

NURSE EVALUATION UNIFIED SCHOOL DISTRICT #469

Name _____ Date _____

TITLE: Nurse Assignment: _____

Rating:

- 1.Unsatisfactory-- Written plan for improvement to be developed jointly between employee and supervisor.
- 2.Needs Improvement-- Ways to improve to be discussed.
- 3.Satisfactory
- 4.Very Good
- 5.Excellent-- Reasons for this citation to be noted.

PERFORMANCE RESPONSIBILITIES TO BE EVALUATED:

Conducts school health service and screenings as required by school policy & state of Kansas.

1 2 3 4 5

Assumes responsibility for nursing assessment and referral of students in need of medical and dental care.

1 2 3 4 5

Reports to parents, school personnel, physicians, clinics, and other agencies on school medical matters.

1 2 3 4 5

Maintains cumulative health records on all students.

1 2 3 4 5

Visits student homes when necessary. Functions as family advocate to coordinate community and financial health resources.

1 2 3 4 5

Participates with school staff in developing and implementing total school health program, including health education in the classroom if needed.

1 2 3 4 5

Contacts homes of children referred by principals.

1 2 3 4 5

Advises on modification of the educational program to meet health needs of individual students.

1 2 3 4 5

Prepares and submits reports for the superintendent and the State Board of Health.

1 2 3 4 5

Makes recommendations to principals regarding exclusion and readmission of students in compliance with Board policy on infectious and contagious diseases, including immunization status.

1 2 3 4 5

Advises teachers on health matters, particularly regarding screening for student health defects.

1 2 3 4 5

Attends committee meetings and conferences regarding health service and health curriculum.

1 2 3 4 5

Participates in in-service training program.

1 2 3 4 5

Assumes responsibility for medications administered by school under a physician's written order. May delegate this task to designated personnel after providing appropriate education.

1 2 3 4 5

COMMENTS:

RE-EMPLOY: _____YES _____NO _____Probation

Employee's Signature _____ Date _____

 Signature _____ Date _____