

## School Asthma Procedure

### Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe. A student who is diagnosed with asthma may have breathing difficulties which include:

- Wheezing - high-pitched sound during breathing out (exhaling)
- Excessive coughing
- Tightness in chest
- Rapid breathing
- Flaring (widening) of nostrils
- Increased use of stomach and chest muscles during breathing

### Asthma Action Plan (AAP)

A student who is diagnosed with asthma must have a current AAP on file that is signed by a healthcare provider (HCP). An AAP is a self management tool that is used to help a person diagnosed with asthma better control his or her condition. It is completed by a healthcare provider and includes information on a student's medications and dosing requirements, asthma triggers, how to handle worsening symptoms and what to do during a breathing emergency.

- School provides notification to incoming families, in the enrollment packet, of the need for an AAP for the student who is diagnosed with asthma.
- Secure an AAP and rescue inhaler for each student with asthma:
  - At the time of enrollment
  - On an annual basis each fall
  - When there is a change in the AAP
- Original AAP shall be housed in the health office, along with its accompanying rescue inhaler.
- A student who is diagnosed with asthma should be identified to all pertinent staff, with additional copies of AAPs being provided to staff, sports coaches, and bus drivers as needed and at the discretion of the school nurse.

### Rescue Inhalers

- A student who is diagnosed with asthma must have a current rescue inhaler provided to the school.
- Inhalers must be in a current pharmacy-labeled box with name and DOB included..
- Written permission from both the parent and PCP (per AAP) must be provided to support use of the rescue inhaler at school.
- Inhalers will be housed in the school health office, along with an accompanying AAP.

### Allowing a student to possess and self-administer his/her own rescue inhaler

In accordance with Vermont state statute, a student who is diagnosed with asthma shall be allowed to possess and self-administer his/her own rescue inhaler on school grounds, at

school-sponsored activities, or school-provided transportation, and during school-related programs, when the following criteria are satisfied:

- Written authorization for the student to possess and self-administer his/her rescue inhaler as directed by the AAP is provided one-time by the parent. This permission can be revoked at any time upon written request by the parent.
- Authorization from the PCP for the student to possess and self-administer his/her rescue inhaler as directed by the AAP should be checked on the AAP and must be updated annually.
- Effort should be made to obtain a second inhaler to be kept in the nurse's office for the student to self-administer as directed by his/her AAP should they need it.

**Subject:** Tick Bite Protocol

**Purpose:** Develop a standardized protocol to guide the nurse and other staff in the evaluation, triage, and care of students presenting with tick bites

“A tick is a small, blood-sucking, parasitic arachnid that lives in or near wooded or grassy areas.”(Taliaferro, Resha, 2020) Ticks require blood to live, they attach to a host such as: deer, moose, dogs, and humans. Once attached, they often move to a warm, moist location like the armpit, groin, or hair. Most illnesses spread by ticks do not develop until the tick has been attached for at least 24 hours. (Taliaferro, Resha. 2020)

**Procedure:**

Student presents to the health office with an attached tick:

1. Ask information gathering questions:
  - a. When did you notice the tick?
  - b. Try to determine possible source of the tick.
  - c. Identify the type of tick if you are able.
2. Remove tick if able:
  - a. Cleanse the site with rubbing alcohol or soap and water.
  - b. Use fine tipped tweezers to grasp the tick as close to the skin's surface as possible.
  - c. Pull upward with steady, even pressure. Do NOT twist or jerk as this can cause mouth parts to break and remain in the skin. If this does occur, remove mouth parts with tweezers. If unable, leave it alone and let the skin heal, the tick head will expel naturally and does not carry Lyme.
  - d. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, iodine scrub, or soap and water.
  - e. If parents request to see the tick. Attach the tick to tape and place in a sealed bag or container.
  - f. Dispose of the tick by placing it in alcohol, sealing it tightly in tape, or flush it down the toilet.
  - g. Local allergic reactions typically appear within the first 48 hours of attachment and are usually <5cm in diameter. This is NOT an Erythema Migrans rash.
  - h. Inform parent/guardian of the signs and symptoms that require a healthcare provider's attention following a tick bite. Send tick/tick bite info to parents/guardians either via email or in print.
  - i. Have parents monitor the student's health status for up to 30 days post tick bite.
  - j. If there is suspicion that the tick has been attached for longer than 24 hours, notify the parent and refer to their healthcare provider for possible prophylactic measures.
- a. Watch for the appearance of the following symptoms in the next 3-30 days:

- Fever
- Chills
- Headache
- Fatigue
- Muscle and joint aches
- Swollen glands
- Erythema Migrans rash-average appearance at day 7 at the site of bite, gradually expands to 12 or more inches, may feel warm to the touch, may clear in the middle to form a bullseye

Student presents to the health office with EM or bulls-eye rash:

1. Call the parent/guardian to notify of possible tick bite sometime within the last 3-7 days
2. Refer to primary care provider for further evaluation.

Resource:

Taliaferro, Resha. School Nurse Resource Manual. Evidence Based Guide to Practice. 10th ed., 2020

<https://www.cdc.gov/ticks/index.html>

## Diabetes-Type 1

### Introduction:

Type 1 diabetes is an autoimmune disease in which there is destruction of the beta cells of the pancreas leading to an insulin deficiency. Without insulin, food is converted into glucose but is unable to move into the cells which results in a high levels of glucose in the blood and depriving the brain and muscles of the insulin they need to function. Diabetes affects approximately 2.2/1000 children and adolescents.

### Signs and Symptoms:

#### Hyperglycemia (high blood glucose levels)

- Polydipsia
- Polyuria
- Polyphagia
- Unexplained weight loss
- Impaired growth
- Fatigue
- Vision changes
- Nausea and vomiting

#### Hypoglycemia (low blood glucose levels)

- Shakiness
- Dizziness
- Pale skin
- Weakness
- Confusion
- Behavior change/irritability/emotional
- Loss of Consciousness
- Seizure

\* signs of hypoglycemia can vary from person to person. Not all children are able to recognize or communicate their symptoms.

### Management:

- Monitor blood glucose levels with glucometer or CGM per healthcare provider orders.
- Insulin dosing **per the Diabetes Medical Management Plan (DMMP)**
- Physical activity is important for maintaining blood glucose levels. Exercise is a risk factor for hypoglycemia that can occur during activity, immediately following the activity and for up to 48 hours post activity. Exercise may help lower blood glucose in the absence of ketones. Exercise is NOT recommended when blood glucose is elevated AND ketones are present in the blood or urine. **Follow instructions outlined in the individual's DMMP**
- Nutrition is an important part of diabetes management and prevention. A well balanced diet is recommended for all children. Accurate nutritional information including the

carbohydrate count is critical to avoid underdosing and/or overdosing of insulin. **Insulin dosing instructions can be found in the DMMP.**

- Hypoglycemia treatment follows the “Rule of 15”- eat 15 grams of carbohydrates and then re-check blood glucose in 15 minutes. Moderate hypoglycemia may require glucose gel if the child is alert but unable to follow directions. Emergency glucagon is given for episodes of severe hypoglycemia resulting in loss of consciousness and/or seizures. **Follow specific instructions found in the DMMP for individual students.**
- Hyperglycemia treatment is **per the child’s emergency management plan**. Encourage water. Test blood or urine ketones as ordered by the healthcare provider.

Reference:

Taliaferro, Resha. School Nurse Resource Manual. Evidence Based Guide to Practice. 10th ed., 2020

## Fever Protocol

Fever is one of the body's responses to illness or injury. Fever is not always cause for alarm however, it can be a sign of a serious problem. Fever is not in itself an illness, it is a sign or symptom of illness or other concern. An oral temperature of 100.4 degrees fahrenheit is considered a fever.

### Signs/symptoms that a fever may be present:

- Headache
- Loss of appetite
- Irritability
- State that they feel cold
- Any sign or symptom of illness such as: cough, diarrhea, vomiting, weakness, muscle aches, earache
- Sensitive skin
- Glassy looking eyes
- Flushed face
- Increase of 10-15 pulse beats for every degree of fever
- Respiration increase by 3 to 5 breaths per minute per degree of fever

### Management

1. Check temperature. Verify results with a second reading several minutes after the initial check
  2. Provide comfort (cool compress, place to sit or lay down)
  3. Remove extra/outer clothing
  4. Give fluids
  5. Assess for other signs of illness or infection
  6. Contact Parents/guardians to pick-up students for temperature of 100.4 degrees F or greater
  7. For students with temperatures under 100.4 degrees F, determine how the student is feeling and consider other signs/symptoms of illness and determine if the student is able to stay in school or if they should go home
  8. If they stay in school, have them return if they begin to feel worse, and for a re-check in 1-2 hours.
- ❖ Individuals that are sent home or remain home due to fever should remain home until they are fever free without fever reducing medications for 24 hours
  - ❖ Refer to illness protocol for further guidance

Resource:

Taliaferro, Resha. School Nurse Resource Manual. Evidence Based Guide to Practice. 10th ed., 2020

## FIRE AND EMERGENCY PREPAREDNESS DRILLS

### Statement of Policy

It is the policy of the Caledonia Central Supervisory Union and its member Districts to require each school site to conduct options-based response drills in the fall and spring of each academic year, and to adopt and maintain an all-hazards emergency operations plan, as part of the District's overall school safety plan.

### Definitions

1. **Options-based Response Drill:** For the purpose of this policy, options-based response drill means that there are different actions educators and students can take if confronted by an active shooter/intruder.
2. **School site:** school building(s) operated by the school district.

### Administrative Responsibilities

The superintendent or designee will ensure that:

1. Each school site in the district conducts age-appropriate, options-based response drills, including fire drills, in the fall and spring of each academic year. The district must evaluate which approach is best and adapt that approach to the developmental level of their students, including for students with disabilities, language barriers, and mobility needs.
2. The options-based response drills follow the guidance issued by the Vermont School Safety Center and the Vermont School Crisis Planning Team, which includes trauma-informed best practices for implementing options-based response drills.
3. Parents and guardians are notified not later than one school day before an options-based response drill is conducted.
4. Completion of the biannual drills is reported to the Agency of Education in a format approved by the Secretary.
5. On or by July 1, 2024, an all-hazards emergency operations plan is adopted and maintained for each school site. This plan must be reviewed and updated annually and in collaboration with local emergency first responders and local emergency management officials.

<i>VSBA Review Date</i>	
<i>Date Warned</i>	

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<sup>1</sup> 16 VSA §1481 requires each school site to conduct options-based response drills in the fall and spring of each academic year, and 16 VSA §1480 requires every school district to adopt and maintain an all-hazards emergency operations plan for each school site.



<i>Date Adopted</i>	
<i>Legal References</i>	16 VSA §§ 1480,1481
<i>Cross References</i>	Access Control and Visitor Management Security Cameras

## ACCESS CONTROL AND VISITOR MANAGEMENT

### Statement of Policy

It is the policy of the Caledonia Central Supervisory Union and its member Districts to provide a safe environment for students and employees while facilitating access to school buildings, premises and equipment by authorized users. The safety and security of the district's physical space and assets is a shared responsibility of all members of the District.

### Definitions

1. **School site:** School building(s) operated by the school district.

### Administrative Responsibilities

The Superintendent, or designee, will develop procedures to ensure:

1. Access control procedures are established to address the design, administration and management of access control systems and measures. The superintendent, or designee, must determine and assign access-control privileges based on the specific needs and requirements of the district and the electronic identification/access badge.
2. All school site and district office exterior doors are locked during the school day.
3. Regulation of visits to the school by parents, community members or news media.
4. All visitors check in at a centralized location prior to gaining full access to the school or office site.
5. Each school site maintains a log showing the names of visitors and the date, time and purpose of each visit.

<i>VSBA Review Date</i>	
<i>Date Warned</i>	
<i>Date Adopted</i>	
<i>Legal References</i>	16 VSA §1484
<i>Cross References</i>	Security Cameras Fire and Emergency Preparedness Drills