NORTHSHORE EDUCATION CONSORTIUM

Health Care Manual 2023

Note: This manual addresses required agency-wide policies. In addition to this manual, NEC programs will utilize the following resources for guidance in Health Care and Medical situations:

a) *The Massachusetts Comprehensive School Health Manual*, *Revised Edition,* 2007
b) *Children and Youth Assisted by Medical Technology in Educational Settings: Guidelines for Care, 2nd Edition,* Harvard School of Public Health.
c) Selekman, Janice (2013). *School Nursing A Comprehensive Text, 2nd edition.* Philadelphia, PA: F.A. Davis Company

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NORTHSHORE EDUCATION CONSORTIUM

Health Care Manual

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Physician Consultation and Provision of Nursing Care

DESE Criterion 16.2 & 16.3
603 CMR 18.05(9)(a)

NEC has a licensed physician available for consultation with program nurses for matters relating to the health of the school population such as:

1. Policies and procedures.
2. Collaborating with the school nurse, parents and staff on specific health issues as they relate to the school setting.
3. Communicating with the student's primary physician on medical issues pertinent to the school setting, if requested by the school nurse.
4. Reviewing the reports of physical examinations performed by the student's primary care physician, if requested by the school nurse.

Collaborative Physician Information

NEC's consulting physician is:

Stephen Kanarek, MD, FAAP
Pediatric Healthcare Associates
10 Centennial Drive
Peabody, MA 01960
Tel: 978-535-1110
Email: stephenkanarek@gmail.com

NEC's consulting psychiatrist is

Jefferson B. Prince, MD
Director of Child Psychiatry
North Shore Medical Center
Salem, MA 01970
Tel: 978-354-2450

Nursing

Each NEC program has at least one registered nurse assigned to that program. There are generally one or more nurses on site at all times. The School Nurse Supervisor, Program Nurse(s) or Registered Nurse or designee will be responsible for contacting the school physician if needed. The School Nurse Supervisor or designee will contact the school physician for:

1. Renewal of standing orders annually.
2. Renewal of Certification of registration for the handling, storage and delegation of Medication Administration in Massachusetts Public and Non-Public Day School Programs
3. Renewal of Certification of Registration of Administration of Epinephrine by unlicensed school personnel
4. Renewal of Certification of Drug Control Program annually

Medication Administration

Overview: NEC Medication administration policy offers guidelines for medication management, and explains the decisions and procedures surrounding administration of any medication(s) in the school setting. This policy contains built-in safeguards, and a procedure for reviewing and updating policies.

Administration of Medication Orders/Parental Consent

DESE Criterion 16.5
603 CMR 18.05(9)(f)
105 CMR 210.007
105 CMR 210.100
DPH Health Care Manual

Management of the Medication Administration Program

Each Program Nurse shall be the supervisor of the medication administration program in their program for the school.

Medication Orders/Parental Consent

1. No medication is administered to a student without written authorization from a parent or guardian. Such authorization shall be renewed annually, preferably at the beginning of each school year.
2. Each school nurse shall ensure that there is a properly signed prescription medication order from a licensed prescriber (see Medication Order form) that is renewed at the beginning of each academic year and thereafter as needed.
    a. Only a registered nurse can receive a telephone/verbal order.
    b. Any such telephone/verbal order must be followed by a written or faxed order within three school days.
    c. Whenever possible, the prescription medication order shall be obtained, and the medication administration plan shall be developed before the student enters or re-enters school.

3. The prescription medication order from a licensed prescriber must contain:
    a. The student's name.
    b. The name, signature and phone number of the licensed prescriber.
    c. The name of the medication.
    d. The route and dosage of medication.
    e. The frequency and time of medication administration.
    f. The date of the order and discontinuation date (expires after 1 year).
    g. A diagnosis and any other medical condition(s) requiring medication (if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential).
    h. Specific directions for administration.
4. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:
    a. Any special side effects, contraindications and adverse reactions to be observed.
    b. Any other medications being taken by the student.
    c. The date of the next scheduled visit, if known.
5. Special Medication Situations
    a. For "over-the-counter (OTC)" Medications, i.e., Tylenol, Advil, a written authorization from the parent/guardian as well as a signed order from the school physician (standing order) must be obtained. If an OTC medication is not included in the "standing orders" an order must be obtained from the student's physician along with parental permission.
    b. For short-term prescription medications, i.e., those requiring administration for ten school days or fewer, the school nurse may request an order, or, the pharmacy-labeled container may be used.
6. The school nurse shall ensure that there is a written authorization by the parent or guardian (see Medication Administration Letter for Parents/Guardians, the Authorization for Dispensing Medication form and the Program Specific Emergency Consent form) which contains:
    a. The parent or guardian's printed name, signature and an emergency phone number.
    b. A list of all medications the student is currently receiving, (if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medications not be documented.)
    c. Approval to have a school nurse or school personnel designated by the school nurse administer the medication.
    d. Persons to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber.

Medication Administration Plan

1. Prior to the initial administration of the medication, the school nurse shall assess the student's health status and develop a medication administration plan that includes:
    a. The name and date of birth of the student
    b. The name of the licensed prescriber, including business and emergency telephone numbers
    c. Parent/Guardian name, home and business telephone numbers
    d. Any known allergies to food or medications
    e. The diagnosis (unless a violation of confidentiality or the parent, guardian or student requests that it not be documented);
    f. The name of the medication (s)
    g. The dosage of the medication, frequency of administration and route of administration
    h. Any specific directions for administration
    i. Any possible side effects, adverse reactions or contraindications
    j. The quantity of medication to be received by the school from the parent or guardian
    k. The required storage conditions
    l. The duration of the prescription
    m. The designation of other school personnel, if any, who will administer the medication to the student in the absence of the registered nurse, and plans for backup if the designated persons are unavailable
    n. Plans, if any, for teaching self-administration of the medication
    o. With parental permission and when clinically appropriate, other persons including teachers, to be notified of medication administration and possible adverse effects of the medications
    p. A list of other medications being taken by the student (if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented)
    q. When appropriate, the location where the administration of the medication will take place.
    r. A plan for monitoring the effects of the medication
2. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.
3. The school nurse shall communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the student's parent/guardian and/or licensed prescriber.
4. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on her/his individual assessment and professional judgment, has the potential to be

harmful, dangerous or inappropriate. In these cases, the school nurse will notify the parent/guardian and licensed prescriber immediately and the reason for refusal explained.

Self-Administration of Prescription Medications

"Self administration" means that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction. The school nurse may determine that a student can be responsible for taking his/her own prescription medication if the following requirements are met:

1. The student,school nurse and parent/guardian, when appropriate, enter into an agreement that specifies the conditions under which prescription medication may be self-administered.
2. The school nurse, as appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of prescription medication.
3. The student's health and abilities have been evaluated by the school nurse, who then deems if self-administration is safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication.
4. The school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered.
5. There is written authorization from the student's parent or guardian that the student may self medicate, unless the student has consented to treatment under M.G.L. c. 112, s.12F or other authority permitting the student to consent to medical treatment without parental permission.
6. If requested by the school nurse, the licensed prescriber provides a written order for self-administration.
7. The student follows a procedure for documentation of self administration of prescription medication.
8. The school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the medication shall be kept in the nursing office or a second readily available location.

9. The student's self-administration is monitored by the school nurse based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian and licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication.
10. With parental/guardian permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self administering a prescription medication.

Administration of Antipsychotic Medication

DESE Criterion 16.6
603 CMR 18.05(9)(f)(9)

NEC staff shall not administer or arrange for the administration of antipsychotic medications except under the following circumstances. Antipsychotic medication shall mean drugs that are used in treating psychoses and alleviating psychotic states.

1. Any antipsychotic medication shall be prescribed by a licensed physician for the diagnosis, treatment and care of the student, and only after review of the student's medical record and actual observation of the student.
2. If antipsychotic medication is prescribed, the prescribing physician shall submit a written report to the school detailing the necessity for the medication; the staff monitoring requirements, if any; potential side effects that may or may not require medical attention; and the next scheduled clinical meeting or series of meetings with the student.
3. No antipsychotic prescription shall be administered for a period longer than is medically necessary, as determined by the prescribing physician after meeting with the student, reviewing the student's progress, and examining the student for potential side effects. All meetings with the student after the initial meeting shall be on a schedule determined by the physician as sufficient to monitor the student while on antipsychotic medication.
4. Staff providing care to a student receiving antipsychotic medication shall be instructed regarding the nature of the medication, potential side effects that may or may not require medical attention and required monitoring or special precautions, if any.
5. Except in an emergency, as defined in 18.05 (9)(g), the school shall neither administer nor arrange for the prescription and administration of antipsychotic medication unless informed written consent is obtained. For students in the

Department of Social Services care or custody, an Educational Surrogate Parent shall not have authority to consent to administration of any medication for routine or emergency purposes. For such students, consent shall be obtained consistent with the applicable Department of Social Services requirements. Except for students in the care or custody of the Department of Social Services, informed written consent shall be obtained in the following manner: If a student is in the custody of his/her parent(s), parental consent (in writing or in a witnessed conversation) is required. Parental consent pursuant to this subparagraph may be revoked at any time unless subject to any court order. If the parent does not consent or is not available to give consent, the referral source shall be notified and judicial approval shall be sought. If a student is in the custody of a person other than the parent, a placement agency or an out-of-state public or private agency, the referral source shall be notified and judicial approval shall be sought.

6. The school shall inform a student twelve years of age and older, consistent with the student's capacity to understand, about the treatment, risks and potential side effects of such medication. The school shall have procedures to follow if the student refuses to take the medication.

Handling, Storage and Disposal of Medications

105 CMR 210.008

1. A parent, guardian or parent guardian-designated responsible adult shall deliver all medications to be administered by school personnel or to be taken by self-medicating students, if required by the self-administration agreement, to the school nurse or other responsible person designated by the school nurse.
    a. The medication must be in a pharmacy or manufacturer labeled container.
    b. The school nurse receiving the medication shall document the quantity of the medication delivered.
    c. In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons; provided, however, that the school nurse is notified in advance by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.
2. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
3. All medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which are kept locked except when opened to obtain medications. The cabinet shall be substantially constructed, and whenever possible, anchored securely to a solid surface. Medications requiring refrigeration shall be stored in either a locked box in a

refrigerator or in a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.

4. Access to stored medications shall be limited to persons authorized to administer medications. Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
5. Parents or guardians may retrieve the medications from the school at any time.
6. No more than a thirty (30) school day supply of the medication for a student shall be stored at the school.
7. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. However, with parental consent the school nurse, in accordance with applicable policies of the Massachusetts Department of Public Health's Division of Food and Drugs, can dispose of such medications. All medications should be returned to the parent/guardian at the end of the school year.

Documentation and Record-Keeping

105 CMR 210.009

1. For instances when medication is administered by school personnel, each school will maintain a medication administration record for each student who receives medication during school hours (see Medication Administration Daily Log form).
    a. Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization (see Medication Administration Plan form).
    b. The daily log shall contain:
        i. The dose or amount of medication administered;
        ii. The date and time of administration or omission of administration, including the reason for omission;
        iii. The full signature of the school nurse or designated unlicensed school personnel administering the medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
        iv. The school nurse shall document in the medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
    c. All documentation shall be recorded in ink and shall not be altered.

   d. With the consent of the parent, guardian, or student where appropriate, the completed medication administration record and records pertinent to self- administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential.
2. NEC shall comply with the Department of Public Health's reporting requirements for medication administration in the schools.
3. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

Reporting and Documentation of Medication Errors

105 CMR 210.005(F)(5)

1. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
   a. Within appropriate time frames (the appropriate time frame should be addressed in the medication administration plan);
   b. In the correct dosage;
   c. In accordance with accepted practice;
   d. To the correct student.
2. In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of potential harm to the student, the school nurse shall also notify the student's licensed prescriber or school physician.
3. The school nurse will document medication errors. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health. All suspected diversion or tampering of drugs will be reported to the Department of Public Health, Division of Food and Drugs.
4. The school nurse and program administrator shall review reports of medication errors and take the necessary steps to ensure appropriate medication administration in the future.

Dissemination of Information to Parents or Guardians Regarding Administration of Medication

Parents and guardians shall upon the students' admission to the program and once annually receive an outline of medication policies and procedures, including a statement that the entire contents of the Health Care Manual are available for review at the program location.

Administration of Prescription Medication by Unlicensed School Personnel on Field Trips and Other Special Short Term School Events

NEC is registered with the Department of Public Health for the limited purpose of permitting the delegation of prescription medications to unlicensed, properly trained responsible adult(s) school personnel to administer prescription medication on field trips and other special short term school events, when a school nurse is not available and provided that the conditions defined in 105 CMR 210.005 are met.

1. Every effort shall be made to obtain a school nurse to accompany students on field trips and other special short-term school events.
2. In the event that it is not possible for the school nurse to accompany students on field trips or short-term school events, the school nurse shall delegate the administration of prescription medication to a responsible adult.
3. A school nurse must be available on the school premises for consultation if needed.
4. Written consent from the student's parent or guardian for the named responsible adult to administer the prescription medication shall be obtained
5. The school nurse shall instruct the named responsible adult on how to administer the prescription medication to the student. The school nurse shall document the medication instruction on the Field Trip Medication Administration form and or the students' Medication Administration Plan
6. The named responsible adult shall document the administration of the prescription medication on the individual students' Medication Administration Log form.

Administration of EpiPen (auto injector) by Unlicensed School Personnel

NEC is registered with the Department of Public Health for the limited purpose of permitting unlicensed, properly trained school personnel to administer epinephrine (by auto injector) to students with a diagnosed life-threatening allergic condition, when a

school nurse is not immediately available, provided that the conditions defined in 105 CMR 210.100 are met.

1. The school nurse, in consultation with the school physician, manages and has final decision-making authority over this program.
2. The school nurse selects the unlicensed personnel authorized to administer epinephrine in a life-threatening situation when he/she is not immediately available. The unlicensed personnel must meet the requirements set forth by 105 CMR 210.004(B)(2).
3. The unlicensed school personnel authorized to administer epinephrine by auto injector are trained by the school nurse and are tested for competency in accordance with the standards and curriculum established by the MDPH.
    a. The school nurse documents the training and testing of competency.
    b. The school nurse provides a training review and update at least three times a year.
    c. At a minimum the training shall include:
        i. Procedures for risk reduction
        ii. Recognition of the symptoms of a severe allergic reaction
        iii. The importance of following the medication administration plan
        iv. Proper use of the auto injector
        v. Requirements for proper storage and security
        vi. Notification of appropriate persons following administration
        vii. Record keeping
4. Each school in the collaborative must maintain an updated list of the unlicensed school personnel in their school that have been trained to administer epinephrine in an emergency.
5. Epinephrine should be administered only in accordance with an individualized Medication Administration Plan that is developed and updated annually by the school nurse. The Medication Administration Plan shall satisfy the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), which includes the following:
    a. A diagnosis by a physician that the student is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine.
    b. Written authorization by a parent or legal guardian.
    c. Home and emergency number for the parents/legal guardians, as well as the names and phone numbers of any other persons to be notified if the parents or guardians are unavailable.
    d. Identification of place/places where the epinephrine is to be stored, following consideration of the need for storage:

i. At one or more places where the student may be most at risk.
ii. In such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate.
iii. In a place accessible only to authorized persons. The storage locations should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the registered nurse.

e. A list of the school personnel who would administer the epinephrine (by auto injector) to the student in a life-threatening situation when a school nurse is not immediately available.
f. An assessment of the student's readiness for self-administration and training, as appropriate.

6. The school nurse should develop and update annually a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens. A copy of the Allergy Risk Reduction Plan shall be kept with the student's Epi-Pen or other auto-injector.
7. The school nurse shall initiate and update annually an Allergy Action Plan. Physician orders written on the Medication Authorization form may be substituted for the medication order section of the Allergy Action Plan. The Medication order form shall be attached to the Allergy Action Plan. A copy of the Allergy Action plan shall be kept with the students Epi-pen or other auto-injector.
8. The school nurse shall plan and work with the local EMS to assure the fastest possible response to an anaphylactic emergency.
9. When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911) followed by notification of the school nurse, student's parents or, if the parents are not available, any other designated persons, and the student's physician.
10. The used epinephrine auto-injector shall be safely stored and given to the emergency personnel for transport to the hospital with the student.
11. If epinephrine is administered it shall be documented by the person who administered it on the medication record. The medication record shall meet the requirements of 105 CMR 210.009.
12. If epinephrine is administered the Massachusetts Department of Public Health Report of Epi-Pen Administration form shall be completed and mailed to the School Health Unit in Boston.
13. Post administration of epinephrine the school nurse will review the events, with all personnel involved, to determine the adequacy of response and to consider ways for reducing risks for the particular student.
14. The MA Department of Public Health is permitted to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR 210.100.

Administration and Disposal of Epi-Pen/Epi-Pen Jr.

Epinephrine is the primary emergency treatment available for an anaphylactic reaction. It must be given as soon as possible to reduce symptoms and buy time to transport a student to an emergency facility for additional care.

Procedure:

1. Identify student by first and last name.
2. Check written order and label on medication.
3. Remove yellow or green cap from Epi-Pen carrying case.
4. Remove Epi-Pen from case.
5. Grasp auto-injector firmly in your fist with orange tip pointing downward.
6. Pull off Blue Safety Release.
7. Jab orange tip firmly at a 90 degree angle into OUTER THIGH and HOLD on thigh after "click" for approximately 10 seconds.
8. Remove Epi-Pen and massage injection area for 10 seconds.
9. Carefully place used Epi-Pen, needle end first, into the storage tube.
10. Close the yellow or green cap of the storage tube on completely— (this automatically bends back the needle and secures the pen so it will not fall out).
11. CALL 911—REQUEST ADVANCED LIFE SUPPORT UNIT.
12. Send the secured, used Epi-Pen with the student to the Emergency Department.

Regulated Medical Waste Procedures

The term sharps applies to any thin-edged or fine pointed instrument that can cut or pierce the skin. This term includes disposable needles, syringes, and blood-testing equipment (i.e. lancets). NEC policy calls for proper disposal of "sharps" material using closeable, puncture-resistance, leak proof and labeled /color coded containers. Disposal of all regulated waste is in accordance with applicable national governmental regulations of the United States. NEC offers training to all staff in regards to blood-borne pathogens and disposal of sharps, contaminated waste materials with the presence of blood or other potentially infectious materials. All staff are educated in and maintain universal precautions in the workplace.

Oxygen Policy: Guidelines for use of Oxygen in the School Setting

The health and safety of the students at the Northshore Education Consortium (NEC) is of paramount importance. All precautions for a fragile student must be taken to ensure that he/she is medically safe to stay in school.

A student who has oxygen saturation below 90 %, with or without any signs of respiratory distress or cyanosis, (unless otherwise stated by individual oxygen saturation orders) will be administered 2-5 liters of oxygen via nasal cannula for 15 minutes. After 15 minutes an oxygen saturation level will be repeated and if the student is still less than 90% , their parent/guardian will be notified. The student will continue on 2-5 liters of oxygen for another 15 minutes and if oxygen saturation level does not increase to 90% or above the student will be transported home by parent or to the nearest hospital.

A student with an oxygen saturation level at or below 85 % will be administered 3-5 liters of oxygen via nasal cannula, the parent will be notified and after 15 minutes if the oxygen saturation has not increased to 90% or above the parent will transport the student home or 911 will be called.

A student who has an oxygen saturation at or below 80% will be administered oxygen and transported via EMS (911) to the nearest hospital unless an approved, alternative plan (Emergency Plan) signed by parents, primary care physician and the NEC nursing staff is in place.

The school nurse has the discretion to transport the student to the nearest hospital via EMS services at any time based on his or her nursing assessment.

Protection from Exposure Based on Allergy to Food, Chemical, or Other Material

DESE Criterion 16.11

In the event a student of any NEC program, has an allergy to food, chemical or any other materials as reported by a physician/medical assessment, the school nurse, Program Director, and all other designated staff will make every attempt to inform the needed staff of the allergen and educate the staff in the allergen awareness. An allergy awareness plan will be developed with the student, students' parent/guardian and school nurse with

input from the Program Director as needed. The Program Nurse should initiate the allergy risk reduction plan if warranted. This may include notifying parents of other students and asking them to comply with implementing an allergy free zone at the program. NEC is an allergy aware school, latex-free gloves, latex-free band aids etc. are utilized. School nurses and other staff should use latex free items in order to avoid the possibility of exposure to latex for any student that is known to have a latex allergy. Latex balloons are not permitted. Mylar balloons are acceptable.

Tobacco Free School Policy

P.L. 103-227, 20 USC 6081
M.G.L. c.71, s. 37H

NEC complies with M.G.L. c. 71, § 37H, which prohibits smoking/vaping by any individual within school buildings; grounds, facilities and buses serving publicly funded students. (Refer also to approval standards 3.2 and 16.12)

Posting

Prohibition of tobacco use signs will be posted in NEC programs. These postings will be hung in locations such that all students, staff and visitors will be made aware of the policy.

Enforcement

The success and compliance of these regulations depend on the thoughtfulness, consideration, and cooperation of smokers and nonsmokers. All individuals share in the responsibility for adhering to and enforcing this policy. Any individual who observes a violation should report it in accordance with the procedures listed below.

Violation by Students

Any violation of this policy by students shall be referred to the Principal/Program Director. Any student who violates this policy shall be subject to their NEC program discipline procedures.

Violations by Staff

Any violation of this policy by staff shall be referred to the principal/program director. Any staff violating this policy will be subject to discipline procedures as outlined in the Personnel Policies.

Violations by Visitors

Any violation of this policy by visitors shall be referred to the Principal/Program Director. Visitors who are observed using tobacco on school property shall be asked to refrain from smoking. If the individual fails to comply with the request, the Principal/Program Director will make a decision on further action that may include a directive to leave school property. Repeated violations may result in a recommendation to prohibit the individual from entering school property for a period of time. If deemed necessary, the Principal/Program Director may need to contact the local law enforcement agency to assist with the enforcement of this law.

Preventative Health Care

DESE Criterion 16.7
603 CMR 18.05(9)(f&h)

Annual Medical Examinations

1. M.G.L. c.71, s.57 and related amendments and regulations (105 CMR 200.000–200.920) requires physical examinations of students:
    a. Prior to first school entry and at intervals of every three to four years thereafter, such as during pre-K or kindergarten, 4th grade, 7th grade, and 10th grade.
    b. Annually for students who are participating in competitive sports.
    c. For students younger than 16 and older than 14 if they will go to work.
2. A student transferred from another school system shall be examined as an entering student—Health records transferred from the student's previous school may be used to determine compliance with this requirement.
3. The school health program should expect that the physical examination and ongoing health assessments will be performed by the families own primary care provider.

4. If a student does not have a primary care provider, every effort should be made to link him/her with a primary care provider in the community.
5. The Board of Health is required to provide the services of a school physician to carry out physical examinations, in hardship cases, for students who do not have access to a private primary care provider (M.G.L. c.71, s.53 and s.57).
6. The Program Nurse/school nurse is responsible for obtaining and keeping the records of this documentation.

Health Screenings

School nurses will ensure that the results of annual health screenings are maintained and documented in accordance with the MA Department of Public Health (MDPH) guidelines. This should include, but not be limited to, contact with the students, parents/guardians, L.E.A., health care providers, social service agencies, the school physician and any other responsible parties. NEC will follow the MDPH guidelines for specific screenings are as outlined below:

1. BMI Screening
2. Hearing Screening
3. Vision Screening
4. Postural and Scoliosis Screening
5. SBIRT Screening

Food and Nutrition Policy

DESE Criterion 14.2

NEC Schools strive to:

1. Ensure that all students have access to adequate and healthy food while in school.
2. Promote healthy eating patterns through classroom nutrition education coordinated with the comprehensive health education program including education, health and food services.
3. Meet individualized needs including specialized dietary needs and cultural/religious dietary preferences by working with school nurses, student's physicians, parents and other appropriate staff.

4. NEC provides all students with access to free or reduced meals through the Federal School Lunch Program. NEC works directly with parents to obtain the necessary documentation regarding eligibility, and orders food from a third party vendor. An identified staff person at each program site assures that the food is appropriately stored and served.

Working with Parents

1. The Consortium will support parents' efforts to provide a healthy diet and daily physical activity for their children.
2. The Consortium will offer healthy eating information and physical activity suggestions for parents, and provide nutrient analyses of school menus. Programs should encourage parents to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the above nutrition standards for individual foods and beverages.
3. The Consortium will encourage parents to make healthy choices for celebrations/parties, rewards and fundraising activities.
4. The Consortium will provide information about physical education and support parents' efforts to provide their children with opportunities to be physically active outside of school. Such support will include sharing information about physical activity and physical education through the NEC newsletter, or other take-home materials, or special events.

Northshore Education Consortium Wellness Policy

For additional information see the Northshore Education Consortium's Policy Manual.

Immunizations

Massachusetts' immunization regulations specify minimum immunization requirements for enrollment in school (105 CMR 220.000). The law and regulations provide for exclusion of students from school if immunizations are not up to date, but permit exemptions for medical and religious reasons.

All students entering collaborative programs are required to have up-to-date immunization records and will not be admitted without appropriate documentation unless

exempt for sincere religious or medical reasons. Massachusetts Department of Public Health immunization schedules will be followed.

The school nurse's responsibility is to:

1. Work with students' parents/guardians, sending districts, family physicians, and the local board of health in seeing that students' immunizations are up-to-date, as needed.
2. Maintain Student Health Records to record immunizations as well as other required information.

Receipt of Medical Treatment – Religious Beliefs

DESE Criterion 16.8

In the absence of an emergency or epidemic of disease declared by the Department of Public Health, NEC will not require any student to receive immunizations or medical treatment when the parents object on the ground that such treatment conflicts with a religious belief. A written statement from the student's parents that details what immunizations/medical treatments conflict with their medical beliefs must be on file.

NEC will adhere to MDPH guidelines regarding immunization exemptions for religious as well as medical reasons.

1. MDPH: Immunization Exemptions and Vaccine Preventable Disease Exclusion Guidelines in School Settings

There are two situations in which students who are not appropriately immunized may be admitted to school:

2. A medical exemption is allowed if a health care provider submits yearly documentation to school that an immunization is medically contraindicated; or
3. A religious exemption is allowed if a parent or guardian submits a signed statement to school stating that immunizations are contrary to his/her sincere religious beliefs. This statement needs to be submitted yearly.

The one exception to policies for exclusion of unimmunized or partially immunized children is the case of homeless children in public schools, whereby they cannot be denied entry to school if they do not have their immunizations records. These children cannot be excluded from school per the McKinney-Vento Homeless Education Assistance Improvements Act of 2001.

In situations when one or more cases of disease are present in a school, all susceptibles, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

State regulation and law prescribe the reporting and control of diseases identified as posing a risk to the public health. The Isolation and Quarantine Requirements establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high-risk situations, including the school setting. The following table outlines several of the more common childhood vaccine-preventable diseases identified in the requirements that may occur in schools and the corresponding exclusion requirements.

Guidelines for Select Vaccine Preventable Diseases in a School Setting

Disease	Case	Symptomatic Contact	Asymptomatic Contact
Measles	Student/staff should not return until 4 days after rash onset. (Count the day of rash onset as day zero.)	Same as for a case. Obtain a blood sample for confirmation, drawn > 3 days after rash onset. (Count the day of rash onset as day zero.)	If one case of measles: exclude susceptible 1 from day 5 through 21st after their exposure. If multiple cases: exclude susceptibles(1) through the 21st day after rash onset in the last case. These restrictions remain even if the contact received immune globulin (IG).
Mumps	Exclude student/staff until 5 days after onset of gland swelling. (Count the initial day of swelling as day zero.)	Same as for a case. Obtain a blood sample for confirmation, drawn greater than or equal to 3 days after onset of parotitis. (Count the day of gland swelling onset as day zero.)	If one case of mumps: exclude susceptibles from day 12 through 26 after their exposure. If multiple cases: exclude susceptible 2 through 26 days after the onset of the last case.
Rubella	Exclude student/staff for 7 days after rash onset. (Count the day of rash onset as day zero.)	Same as for a case. Obtain a blood sample for confirmation, drawn > 3 days after rash onset. (Count the day of rash onset as day zero.)	If one case of rubella: exclude susceptibles[3] from day 7 through 21 after last exposure. If multiple cases: exclude susceptible 3 for 21 days after the date of rash onset in the last case.

Pertussis	Exclude student/staff until 3 weeks after cough onset or after completing 5 days of an appropriate antibiotic therapy.	Same as for a case. Obtain a culture if it is < 2 weeks after the cough onset. Obtain an SLI serology if the patient is > 11 years old and it is 2-8 weeks after the cough onset. In addition to antibiotic prophylaxis, contacts that are < 7 years of age who are under- immunized should have immunization initiated or continued depending on their past history.	Do not exclude after starting appropriate antibiotics. Any susceptible[4] contacts not undergoing antibiotic prophylaxis must be excluded until 21 days after the onset of the last case. In addition to antibiotic prophylaxis, contacts that are < 7 years of age who are under-immunized should have immunization initiated or continued depending on their past history.
Varicella	Exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5th day after rash onset. (Count the day of rash onset as day zero.)	Same as for a case.	No restrictions except for neonates and health care workers.

Communicable Disease

In the event that the school nurse either suspects a student may have a communicable disease or if the school has received notification that a student has a communicable disease the school nurse will follow the recommendations outlined in the Massachusetts's Department of Public Health's Comprehensive School Health Manual Chapter 8. If a reportable communicable disease has been introduced into the school and others have been exposed, parents and guardians will be notified immediately.

Illness and Exclusion from School for Health Reasons Guidelines

The school nurse or program administrator may exclude a student from school for health reasons if the student presents with the following:

FEVER: Temperature of 100.0 degrees or higher via ThermoScan. Student must be fever free for 24 hours before returning to school without the use of fever-reducing medication. The exception is the child with a hypothalamic problem (temperature regulation problem) who is asymptomatic.

RESPIRATORY: Coughing (not due to other known causes, such as chronic cough), coughing up thick mucus that is not normal for your child, shortness of breath or difficulty breathing.

EYE/NOSE DRAINAGE: Thick mucus or pus (especially green) drainage from the eye or nose, that is not normal for your child.

DIARRHEA: Increased number of abnormal loose stools within a 24-hour period or loose stool that cannot be contained. Observe your child for other symptoms such as fever, abdominal pain or vomiting.

VOMITING: Two or more episodes of vomiting within a 24-hour period, without a defined underlying cause.

SORE THROAT: Sore throat or difficulty swallowing, especially with a temperature or swollen neck glands.

RASH: Any new undiagnosed rash with or without a fever. May return after the rash goes away or written clearance by a healthcare provider.

ANTIBIOTIC: If your child is started on an antibiotic he/she must be on the antibiotic for 24 hours before returning to school.

SUSPECTED ILLNESS: If your child has a fever or seems sick and you feel he/she needs Tylenol or Motrin before coming to school, then your child must be kept at home to prevent the spread of illness.

Should a student become ill in school, the school nurse shall determine if the student is able to remain in school for the day. When a student is deemed too ill to remain in school, the parents/guardians or those delegated by the parents /guardians will be notified and asked to pick up the student within 1 hour. In no case will the student be released without proper parent, guardian or other designated individual.

Students who are seen by the school nurse and do not have an elevated temperature or obvious signs of illness will be returned to class at the discretion of the nursing staff.

Other considerations for exclusion include the following:

- The student has a condition that requires immediate intervention or requires ongoing supervision, which cannot be adequately provided in a school setting.
- NEC will follow DPH and CDC guidance in the case of newly emerging health concerns such as those created by Covid.

Guidelines for Non-Emergency Student Health Care Concerns

Typical Student Illnesses

Parents and guardians have the primary responsibility for the health care of their children. The nursing staff respects this responsibility and will consult with the parent about matters related to the health of their children. The health care provided in school is generally the first aid care of injuries and sudden illness that occur during school hours. At times, the routine treatment of common conditions may include the administration of over-the-counter medications. The following protocols should be followed in response to non-emergency health concerns and the administration of over-the-counter medications (also see standing orders). Standing orders for over the counter medications and parental permission for the nurse to administer are renewed annually, at the beginning of each school year.

1. Abdominal Pain: Review the history and evaluate. If there is fever, red throat, abdominal tenderness, repeat vomiting, diarrhea or urinary symptoms, advise dismissal from school and prompt medical attention.
2. Allergy: If Epi-Pen is prescribed by the student's physician – follow the student's allergy action plan.
3. Bee Sting: Review history, if none, remove stinger, apply ice for 15 minutes, observe student for symptoms of anaphylaxis. Notify Parent/ Guardian.
4. Bites:
    a. Human – Clean with soap and water, ice for comfort, cover with dressing if wound is open. Check for most recent tetanus shot. Notify parent and advise consult with student's physician. Parent/Guardian of biter must also be notified and advised to consult with the student's physician.

   b. Animal - Wash with soap and warm water, cover with dressing. Check record for most recent tetanus shot. Notify parent and advise consult with student's physician. Notify local police immediately. Contain animal if possible.
5. Burn: Clean with soap and water, apply cool compress for comfort, apply a gauze pad for small burns, (large burns require wrapping with a clean towel, sheet or cloth). Notify Parent/Guardian.
6. Elevated Temperature: A student with a temperature of 100.0 degrees F or above should be dismissed from school. Advise parent to consult with family physician. If authorization obtained from parent, administer Tylenol or ibuprofen as prescribed.
7. Headache: Review history and evaluate student. Evaluate for missed meals, adequate fluid intake. If severe, have student lie down in darkened room. Cold compresses applied to the head may be helpful. Notify parent and refer to family physician if not relieved or recurrent. Age and/or weight appropriate Tylenol or ibuprofen may be given with parent authorization.
8. Irritated Eyes: Gently rinse with eye wash/water, apply cool compress as needed for comfort. For suspected conjunctivitis, notify parent, dismiss if needed.
9. Menstrual Cramps: Assess student, with parent authorization administer Tylenol or Ibuprofen.
10. Open Wounds: Small: Clean with soap and water, apply ointment (i.e. bacitracin per permission to treat), cover with a clean dressing. Large: Cover with clean dressing, control bleeding. Notify parent, arrange for transport if necessary. Ongoing wounds such as decubitus ulcer requires an MD order.
11. Rash: Observe, wash and apply cool compress, apply Caladryl clear or other per permission to treat for itching. Notify parents and refer if necessary.

Students who come to the school nurse for care should be advised to return for further assistance if their problem is not relieved or becomes worse.

Emergency First Aid and Medical Treatment

DESE Criterion 16.4
603 CMR 18.05(9)(e)
DPH School Health Manual

Overview

First aid is defined as the immediate and temporary care provided to the victim of an injury or illness until the service of a physician can be obtained. This care includes cardiopulmonary resuscitation (CPR), abdominal thrusts, and other life-saving techniques. Within the school setting, school staff have a duty to provide reasonable assistance to an injured or ill student.

Emergency first aid and emergency medical treatment is administered to students who have written authorization from a parent, which is updated annually. It should be noted that school staff that provide first aid in good faith to a student in an emergency are protected from civil liability by the following provision of the M.G.L. c.71, s, 55A:

> *No public school teacher and no collaborative school teacher, no principal, secretary to the principal, nurse or other public school or collaborative school employee who, in good faith, renders emergency first aid or transportation to a student who has become injured or incapacitated in a public school or collaborative school building or on the grounds thereof shall be liable in a suit for damages as a result of his acts or omissions either for such first aid or as a result of providing emergency transportation to a place of safety, nor shall such person be liable to a hospital for its expenses if under such emergency conditions he causes the admission of such injured or incapacitated student, nor shall such person be subject to any disciplinary action by the school committee, or collaborative board of such collaborative for such emergency first aid or transportation.*

Trainings and Supplies

BLS /CPR/AED certification is required of school nurses in all programs. Staff certified in CPR are required to recertify in CPR training every two years to maintain certification per the American Heart Association. AEDs are located in all programs. CPR/AED posters are visible in each building. All NEC Staff view a first aid/bloodborne pathogen video annually. Staff must also participate in Emergency Procedures training annually.

New and current NEC staff will be afforded the online opportunity to participate in off-site CPR & First Aid training for certification.

First Aid Supplies, including but not limited to bandages, gloves, gauze tape, etc, will be stored in an area of easy access at each program site. Staff will be informed of First Aid kits location and will be allowed access to it for the purposes of administering first aid to students in the absence of the nurse.

Responding to Emergencies

Objectives:

1. Protect the safety and welfare of students and staff.
2. Provide for a safe and coordinated response to emergency situations.

Emergency phone numbers are posted by every telephone.

Procedures to be followed in the case of illness or emergency including transportation methods and notification of parents/emergency contacts will be renewed annually and be located in every classroom and with nursing staff.

A health emergency may occur in any school at any time: students can become seriously ill or injure themselves in a number of settings. It is essential that staff follow procedures learned in their program buildings including location of AED. The type of accidents or injuries that can occur in a school program fall into three categories:

1. Catastrophic
2. Non-catastrophic, or serious
3. Other

In emergency situation, follow these general guidelines during the administration of emergency first aid:

1. Survey the scene.
2. Examine the victim (primary survey).
3. Call for help or phone for help. If possible without leaving the victim ask bystanders to notify the school nurse immediately.
4. Do not leave the ill/injured person alone.
5. Do not move the ill/injured person unless a threat to further injury is present.
6. Remain calm. Examine the victim again, (secondary survey). Determine whether to call 911.
7. Notify the site administrator immediately.
8. Request others leave the area quickly and quietly.
9. Direct a responsible person to call 911 and activate the local EMS.
    a. The person placing the call must stay on the phone line until all information is obtained.
    b. Briefly describe the emergency situation (what is wrong).
    c. State name of caller and school and exact address.

   d. Specify the exact location within the school building or grounds of the ill/injured person.
   e. Tell EMS that a staff member or designated adult will meet them at a specific entrance to the school building or grounds.
   f. Provide EMS with the phone number of the school.
   g. Make sure the information you provide is simple and specific.
   h. Make sure EMS has all necessary information before hanging up the phone.
   i. Call back EMS for reassessment if necessary (e.g., person has stopped breathing).
10. Document all actions taken
   a. Fill out an online incident/accident report
   b. Notes in PowerSchool
   c. Fill out any specific documentation to DPH/School Physician

EMS Calls

When EMS is being activated a responsible designee should:

1. Pull the student's emergency information sheet.
2. Notify the parent or guardian that a serious injury or illness has occurred and their child is being transported by ambulance to the hospital (give name and location of hospital).

Upon arrival, give the emergency information sheet to EMS workers. It contains information and signatures that may expedite the treatment of the student.

One staff person (preferably a person that witnessed the emergency situation or is familiar with the student) should follow the student to the hospital and be available to medical staff and parents.

After seeing to the appropriate care of the student:

1. Inform Program Director, complete applicable incident reports (Online incident report for staff and students).
2. In the event of hospitalization:
   a. Notify the sending school district and the Department of Education

The table on the following page displays a list of injuries/conditions requiring treatment, with steps to follow for each category. This list is not all-inclusive. Many situations require a judgment call, but it is prudent to call EMS in any serious incident.

Guidelines For Illness/Injury Requiring Treatment

Category of Injury/Condition	Problems Requiring This Treatment
Life-threatening or potentially disabling. Immediate treatment and mobilization of EMS needed.	1.) Acute airway obstruction 2.) Cardiac or respiratory arrest 3.) Near drowning 4.) Massive hemorrhage (external or Internal) 5.) Severe allergic reaction - anaphylaxis 6.) Choking on food or other objects 7.) Attempted suicide/threatened suicide 8.) Poisoning (internal or external) 9.) Severe shock 10.) Penetrating/crushing chest wounds 11.) Uncontrolled convulsion/seizures 12.) Heat stroke 13.) Chemical burns of the eyes 14.) Major burns 15.) Neck or back injury 16.) Spider/snake bites 17.) Bee/wasp/hornet/yellow-jacket stings with anaphylaxis 18.) Internal bleeding 19.) Coronary occlusion 20.) Fractures and dislocations 21.) Burns with blisters 22.) Drug overdose 23.) Severe abdominal pain/acute projectile vomiting 24.) Severe depression or anxiety 25.) Penetrating eye injury 26.) Head injury with loss of consciousness 27.) Puncture wound
Non-life threatening emergencies. Medical consultation is desirable within an hour.	28.) Accidental loss of tooth 29.) Lacerations – bleeding controlled 30.) Animal, snake, insect bites and stings (without anaphylaxis) 31.) Acute emotional state 32.) Moderate reaction to drugs 33.) High fever (above 103°F) 34.) Non-penetrating eye injury 35.) Frostbite
School nurse, trained staff, parent consultation needed.	36.) Convulsion in known epileptic 37.) Insulin reaction in diabetic – if patient is conscious, alert

	38.) 39.) 40.) 41.)	Intermittent abdominal pain Fever 100-103°F Sprains Fainting
Minor injuries/illnesses – can be handled by trained staff person following standard procedures.	42.) 43.) 44.)	Abrasions Minor burns – no blisters 44.)Nose bleeds – minor, less than 10 minutes

Anaphylaxis

Overview

Anaphylaxis is one of the most serious and life-threatening emergency situations to which school personnel may have to respond. It is an allergic reaction that may be triggered by an insect bite, a drug allergy, or a food allergy. This generalized whole-body allergic reaction requires prompt intervention, proper management, and prompt transportation to an appropriate health care facility. Anaphylaxis is always an emergency in which delayed intervention can be fatal, but prompt reaction and appropriate intervention can result in an effective cure.

A person may exhibit any or all of the following signs and symptoms within a short time (5 minutes), or the reaction may be delayed for several hours. If a person is known to have a severe sensitivity and severe allergic reactions, do not wait for signs and symptoms to become worse, administer the weight appropriate Epi-pen (see standing orders) and call for an ambulance as soon as possible.

Signs and symptoms

Signs and symptoms of anaphylaxis may include any or all of the following:

Skin	Cold to touch, may be clammy and moist, itching, hives, swelling of lips
Color	Pale at first, then mottled or bluish
Respiration	Wheezing, change in voice quality due to swelling of larynx, feeling of fullness in throat, breathing may cease
Pulse	Rapid, weak
Blood pressure	Low, progressively lower, or unattainable
Other	Restlessness, severe headache, nausea, vomiting, diarrhea, loss of consciousness, swelling of eyelids

Choking: Management of An Obstructed Airway

Overview

Choking indicates a blockage in the airway due to a solid object, fluids, or the back of the tongue obstructing the airway. A choking victim may stop breathing or lose consciousness. Choking often occurs while eating or when someone swallows a non-food object.

Indications of Choking

Choking may result from a partial or complete airway obstruction.

Partial obstructions allow the victim to cough and possibly speak. Encourage the victim to continue to cough in order to dislodge the object.

Complete obstructions can begin as partial obstructions. Victims cannot speak, breathe, or cough, although they make high-pitched noises or cough weakly. These symptoms indicate that the victim is not receiving enough air to sustain life. Act promptly by having a bystander call an ambulance and begin first aid treatment. If someone is choking, do not leave them alone.

NOTE: The universal signal for choking is a natural clutching at the throat with one or both hands. If you see this sign, confirm the situation by asking "Are you choking?"

Treatment of Choking

Use the abdominal thrust when the victim is conscious and in an upright position. An unconscious victim, or someone in a prone position requires different procedures, including cardiopulmonary resuscitation.

To unblock the airway:

1. Call for help (ask a bystander to dial 911)
2. Stand or kneel behind the victim
3. Wrap arms around the victim's waist
4. Make a fist with one hand, and place the thumb side of fist against the middle of the victim's abdomen. Locate the fist just above the navel and well below the tip of the breastbone.
5. Grab the fist with your other hand.
6. Keep elbows out, and press fist into the victim's abdomen with a quick upward thrust
7. Treat each thrust as a separate attempt to dislodge the object.

8. Repeat abdominal thrust until the airway becomes clear or the victim becomes unconscious.
9. If the victim becomes unconscious, check for breathing and pulse, confirm that the emergency response system has been activated, and provide high-quality CPR or rescue breathing until help arrives.

Caution: Improper use of the abdominal thrust can damage internal organs. Make sure you know how to perform this procedure.

Ingestion of Poisons or Foreign Substances

Overview

Poisoning: A poison, whether solid, liquid or gas, causes injury or death when inhaled, swallowed, absorbed or injected. A catastrophic poisoning incident usually involves a victim in obvious physical distress after contacting or ingesting an extremely poisonous substance (for example, lye or concentrated acid.) It may be a result of medication overdose, combining drugs and alcohol; ingesting toxic substances inhaling cleaning fluids, industrial adhesive products, carbon monoxide (car exhaust); consuming some plants. Symptoms may exhibit as nausea, vomiting, diarrhea, chest or abdominal pain, breathing difficulty, sweating, loss of consciousness, seizures. Symptoms vary depending on whether the victim inhaled, absorbed, or swallowed the poison.

Begin no treatment until you contact the Poison Control Center or a qualified medical specialist.

Policy

1. Appropriate and immediate treatment will be provided.
2. The Poison Control Center should be called for direction and assistance.
3. Physician will be called.
4. Parents will be notified as soon as possible regarding the incident and intervention.
5. Accident reports will be completed. A copy will be provided to the Director.

Procedure for known substance

1. Call Poison Control Center (800-222-1222) and give the following:
    a. Name of substance ingested
    b. Ingredients listed
    c. Approximate amount ingested
    d. Age and weight of student
    e. Known allergies

2. Obtain recommendations for immediate action and follow-up.
3. Institute actions that can be taken without a Physician's order.
4. Contact physician, explain circumstances and convey Poison Control Center recommendations.
5. Call an ambulance if needed.
6. Document the incident.

Procedure for ingestion of unknown substance:

1. Examine mouth for signs of burns or any residual substance that may identify substance.
2. Call an ambulance for immediate transport.
3. If some of the substance is found, send it to the hospital with the student.
4. Document the incident.

Management of Seizures

Overview

An individual may experience a seizure as a result of a head injury, disease, fever or infection. They may also suffer from epilepsy, a condition usually controlled by medication (although some individuals may still experience seizures).

Signaling a seizure; Seizures appear suddenly. Victims may experience warning signs, a need to move to a safe place, and /or an ability to warn bystanders and protect themselves before the seizure begins. Seizures range from mild blackouts, resembling a daydream, to uncontrolled convulsions, lasting several minutes.

Epileptic seizures: most epileptics control seizures with medications. Careful observation of the student with a known seizure disorder can assist in medical management of the condition. The staff member should document or keep a chart with a complete description of the seizure, note the duration and frequency of the seizure, mention the student's activities before the seizure and reactions afterward.

Policy

Treatment for a seizure involves protecting the student from injury as much as possible. The seizure must run its course; neither the student nor a bystander can control it.

1. During a seizure the student's physical safety will be ensured at all times.
2. For any student whose seizure lasts more than five (5) minutes an ambulance will be called. (An exception will be made if a physician specifies in a physician's order.)
3. Parents will be notified whenever any seizure activity has taken place.
4. Two staff members should always be present when a student is seizing, one to care for the student and one to make phone calls if necessary.

Procedures

During the seizure:

1. As soon as seizure activity is noticed, establish a safe position for the student either in the students' wheelchair or by lowering the student to the floor.
2. ***Notify the Nurse, and begin to time the seizure***
3. Create a protective space by moving any furniture or equipment away from the student.
4. Loosen restrictive clothing (if possible) i.e., neck tie, hoodie, scarf, release body jacket, remove glasses.
5. Roll the student on to their side to maintain their airway or to clear vomit from the airway.
6. Place a cushion or folding cloth beneath the head for protection.
7. Never place anything in the student's mouth.
8. Do not restrict student's movements.
9. Stay with the student until the seizure is over.
10. Write down any observations

During the seizure observe the characteristics of the seizure including the following:

1. Precipitating factors such as: fever, menses, bright lights, loud noises etc.
2. Time of onset
3. Aura
4. Clinical progression of the seizure activity, i.e. from right arm twitching to generalized activity, skin pallor, cyanosis of tongue, to circumoral area
5. Loss of consciousness
6. Duration of motor activities
7. Post-ictal state (sleepy, lethargic, confusion, crying, vocalizing, headache)

After the seizure:

After a seizure the student may appear drowsy, disoriented and need rest.

1. Check the student for any injuries
2. Reassure the student that all is well
3. Remain nearby until the student appears aware and alert

Seizures as Medical Emergencies:

A seizure seldom requires an ambulance or emergency treatment. However call 911 and request an ambulance immediately if;

1. The student is not known to experience seizures
2. The seizure lasts **longer than five minutes**
3. The student remains unconscious after the convulsions stop
4. Breathing stops
5. The student is pregnant or a known diabetic

6. Injured or appears injured
7. In water

As per policy, inform parents that seizure activity has occurred.

Diastat/Midazolam/Valtoco/Nayzilam

Due to the increased number of students with severe seizure disorders, the medication Diastat/Midazolam/Valtoco/Nayzilam is being prescribed to reduce the frequency of emergency room visits.

THE NEC NURSING STAFF WILL ONLY FOLLOW THE SPECIFIC/ INDIVIDUAL STUDENT'S PHYSICIAN'S DIASTAT/MIDAZOLAM/VALTOCO/NAYZILAM ORDER.

- A student receiving **Diastat/Midazolam/Valtoco/Nayzila**m at home or during transportation to school will not be admitted until the student has been monitored by the person who administers the medication for at least two [2] hours.
- Student must be alert and stable before being admitted to the classroom.
- Any student receiving **Diastat/Midazolam/Valtoco/Nayzilam** for the first time will be transported to the nearest hospital via ambulance [911] for evaluation. A staff person familiar with the student will accompany him/her in the ambulance. Parent/guardian will be called to meet the ambulance at the hospital.
- Students who have a history of receiving **Diastat/Midazolam/Valtoco/Nayzilam** at home or in school without any changes in vital signs or neurological signs may stay at school and will be monitored and evaluated by the school nurse. Parent/guardian will be notified.
- It is at the discretion of the school nurse, in monitoring postictal response, whether transportation to the nearest hospital via ambulance [911] is deemed necessary. Criteria will be based upon change in baseline vital signs, neurological signs or extended seizure activity.
- No student will be transported via bus to home if *Diastat/Midazolam/Valtoco/Nayzilam* has been administered within two [2] hours prior to dismissal.
- Under the above circumstances, parent/guardian will be called to transport their student home.
- If unable to reach the parent/guardian, a second contact person will be called.

Note: All students with Diastat/Midazolam/Valtoco/Nayzilam orders must have transportation available during school hours.

Psychiatric Emergency or Suicidal Behavior

If a student makes a statement regarding suicidal thinking or self-harm, or it appears that an attempt at suicide or self-harm is possible, the following actions will take place:

1. The staff member will immediately refer the student to the appropriate school personnel or designee and notify the Program Director. At no time should the student be left alone.
2. In the event that the staff member identifies that the student has taken action which may require medical attention, the school nurse will be notified immediately and emergency medical procedures will be followed.
3. The designee will meet with the student immediately for the purpose of assessment and establishing facts or events which lead to the crisis.
4. If a student is assessed to be at low risk, the parents will be notified and a decision will be made regarding next steps, including the referral for follow up with community mental health providers if appropriate.
5. If the student is found to be at moderate to substantial risk for suicide or self-harm, immediate contact will be made with a parent or guardian and an emergency meeting will be held as quickly as possible. During the emergency meeting the parent or guardian will be advised that an immediate psychiatric/level-of-care evaluation is required.
    a. Under no circumstances will a student be allowed to go home alone, without a parent, guardian, or other designated adult, even if the student is over age 18.
    b. If reasonable attempts to reach the parent, guardian, or other responsible adult are not successful, the situation will be treated as a psychiatric emergency and arrangements will be made to transfer the student by ambulance to an area hospital emergency department or mental health facility. A staff member will accompany the student.
    c. An incident report will be completed and will be submitted to the Program Director, Parent/Guardian, Local Education Agency, and DESE.
    d. The student will not be able to return to school until a psychiatric evaluation has taken place.

Failure to Reach Parent in an Emergency Situation

In an emergency situation, staff will make every attempt to reach the parent/guardian as soon as possible. If staff is unable to reach the parent/guardian, they will attempt to reach the listed emergency contact. In all cases, a designated staff person will remain with the student whether at school, in an ambulance, at a hospital, or at an emergency evacuation site. Staff will continue to make every effort to reach the student's parent/guardian or emergency contact, and will contact the LEA to see if they have any additional contact information. In the event that a significant period of time passes without notification, the end of the school day has arrived and/or the student is in jeopardy of not being able to join their family during the evening hours, the program

director or designee will need to determine whether DCF should be notified in accordance with procedures for reporting abuse and neglect.

DNAR/MOLST Policy

In accordance with the Massachusetts Department of Public Health (MDPH) protocols, if the parent/guardian wishes a limitation of life-sustaining treatment to be adhered to by the nursing/school staff and emergency care providers, the parent/guardians must provide the school with a fully executed Massachusetts Medical Orders for Life Sustaining Treatment (MOLST) or a Comfort Care/Do Not Attempt Resuscitate Order (DNAR) Verification Form.

1. A DNAR order will be signed by a physician or an authorized nurse practitioner, with the consent of the parent or legal guardian, and issued according to the current standard of care.
2. An individualized nursing care plan will be formulated for the student.
3. The Program Nurse/ Supervisor or designee with written permission from the parent/legal guardian will notify local emergency medical services of a student with a DNAR/MOLST order.
4. If the student is not in full respiratory or cardiac arrest the school nurse will provide palliative care.
    a. Monitor respiratory status and cardiac activity via auscultation
    b. Suction airway
    c. Administer oxygen according to physician's order/ nurse's assessment
    d. Provide emotional support
5. Parent/guardian will be notified immediately of change in status.
6. CPR **will not** be administered if the student is in respiratory failure leading to cardiac arrest.
7. If the student has an unrelated medical problem, emergency services will be called.
8. A school nurse will accompany the student to the nearest hospital.
9. Nursing Supervisor or designee will notify emergency department personnel of Care Comfort/DNAR.
10. Parent/guardian will meet student at the hospital.
11. Administration and NEC Medical Director will be notified.
12. If the student should suddenly develop full respiratory/ cardiac arrest, DNAR order will go into effect.
13. It will be determined if the student is transported to the nurse's office or students and staff are removed from the classroom.
14. The parent/guardian, Director, Social Worker and Executive Director will be immediately notified.

15. EMS **will not** be called. Nursing staff shall follow the DNAR order.
    a. Do not initiate CPR
    b. Do not insert an oropharyngeal airway
    c. Do not provide ventilator assistance
    d. Do not artificially ventilate [mouth to mouth with barrier or ambu]
    e. Do not administer chest compressions
16. The student's parents/guardian will provide NEC with:
    a. The name of the physician who will pronounce the student if the death should occur at school.
    b. The name of the Funeral Home that will transport the student.
17. The student will remain with the school nurse until transported.
18. The funeral home personnel will park their vehicle at the back door entrance.
19. Prior to transportation all classroom doors will be closed.
20. The Director and Social Worker if available will assist the family.
21. The Director or Social Worker will activate a crisis team to also assist the family, staff, students and their families to cope with the loss.

Guidelines for Registered Nurses Caring for Northshore Education Students with Complex Medical Needs not employed by Northshore Education Consortium

Some students may require complex or intensive nursing care for the safe management of their special health needs that require skilled one to one nursing care. Under certain circumstances a student's parent/guardian may hire an Independent Nurse to provide nursing care to his/her child in school during school hours. The Independent Nurse is not employed by Northshore Education Consortium (NEC), but by an outside agency or is an Independent Contractor who is responsible for the ongoing and emergent nursing needs of the student in his/her care. Following an assessment of the student's health care needs conducted by NEC nursing staff in collaboration with administrative staff, sending town, family, and Independent Nurse; NEC may agree to allow an Independent Nurse at NEC to provide skilled nursing care to a student.

Independent Nurses Responsibilities:

An Independent Nurse providing care to a Northshore Education Consortium student is responsible for the following:

1. Provide NEC with Massachusetts Nursing license
    - CPR/AED certification
    - Resume
    - Malpractice insurance
    - Personal contact information

A copy of the information will be on file in the NEC business office.

2. Ensure CORI check by the NEC business office.
3. Obtain all orders for medications and treatment necessary to provide nursing care for the student during the school day. The independent nurse may contact the ordering physician and /or primary care physician to clarify orders or to discuss the student's health and nursing care. Signed consent/releases should be on hand.
4. Provide copies of current orders and any pertinent documentation to the Program Nurse for the student's health record.
5. Develop an Individual Health Care Plan (IHCP), Emergency Plan (EP) and Medication Administration Plan (MAP) for the student. The Independent Nurse will follow the format used by NEC and collaborate with NEC. These health plans will also be approved by the Program Nurse. The Independent Nurse will be responsible to update the IHCP, EP and MAP and inform the Program Nurse of changes when deemed necessary. If for any reason the Independent Nurse cannot write these health plans the Program Nurse will assist.
6. Actively engage in nursing care and observation of the student. For example, the Independent Nurse should refrain from texting, reading, or engage in any other personal activities not related to their professional responsibilities while on duty.
7. Document all nursing care for the student in an accurate and timely manner using the NEC procedures (i.e Powerschool). Documentation will be made available, upon request for review, to the appropriate nursing staff.
8. Provide copies of nurse's notes to be placed in the student's school health record on a schedule determined by the Program Nurse (i.e. weekly, monthly).
9. Abide by all NEC policies and procedures for staff and students.
10. Provide nursing care only for the student to whom they are assigned within the classroom during the school day.
11. Handle any medical emergency, which may occur, for the student.
12. Attend IEP/IHCP meetings for the student as requested by NEC in order to provide health/nursing information.
13. Ensure that the nursing services provided to the student shall be as non-disruptive and non-intrusive as possible for the student, other students and staff.
14. Be a resource to the student, parent and classroom teacher in matters pertaining to the student's health.

Components of the IHCP:

An IHCP will be written for the student who requires the services of an Independent Nurse during the school day. The plan shall include the following:

1. Coverage for days the Independent Nurse is not available to accompany the student to school, - The Independent Nurse or parent/guardian will make provisions for substitute nursing coverage. This person must have had a CORI check on file within the last year by NEC.
2. A statement of the clear delineation of the roles of the Independent Nurse and the Program Nurse/Classroom Nurse, including their respective obligations and duties in ongoing and emergency medical circumstances.

Program Nurse/Nurse Supervisor:

The Program Nurse's responsibilities, with regard to a student whose nursing care during the school day is provided by an Independent Nurse not employed by NEC, include the following:

1. Provide the student with the usual school health services that are available to all students unless stated otherwise in the student's IEP (i.e. dental clinics).
2. Ensure that the student meets all immunization and other health requirements for school attendance.
3. Meet with the Independent Nurse within the first 1-2 weeks of each school year to review the student's nursing care, treatment orders, health care needs and this policy.
4. Maintain a school health record for the student, including a copy of physician's orders for nursing care, treatments and medications to be administered at school. The Independent Nurse will provide, upon request, documentation of the implementation of orders.
5. Collaborate with the Independent Nurse in the development of an IHCP/EP/MAP. Collaboration should also include parent/guardian and any other health care providers. A copy of the IHCP/EP/MAP will be maintained in the student's school health record.
6. To be trained by the Independent Nurse for specialized medical equipment (i.e. ventilator).
7. Provide assistance to the Independent Nurse if the student should experience a medical emergency.
8. Obtain parent/guardian consent (medical release) to confer with the student's health care providers as needed.

9. In the event a new Independent Nurse assumes the role, the school nurse will meet with the new Independent Nurse as soon as possible.

Teachers and Other Staff Responsibilities:

1. Teachers and other school staff shall not expect or request the Independent Nurse to assist with any other students nursing or educational services.
2. Teachers and other school staff shall share educational information with the Independent Nurse for nursing planning purposes for his/her student only.

Administration's Responsibilities:

1. NEC is not responsible for the clinical supervision of the Independent Nurse. The school has a general responsibility for the safety of all students. Therefore, administrators shall notify parent/guardian if they observe or become aware of inappropriate or deficient care given by the Independent Nurse.
2. Administrators maintain responsibility for supervising the building and maintaining a safe learning environment for all students. Any concerns will be brought to the attention of the Independent Nurse and if unresolved, to the student's parent/guardian.
3. The school's function in relation to the Independent Nurse is to permit the nurse to accompany his/her student on school premises to provide his/her student with the nursing and educational services the IEP and IHCP state by the school nurse.
4. NEC is not responsible for the Independent Nurse's nursing actions except in an emergency and is not responsible to provide any tools, equipment or supplies to the Independent Nurse.
5. NEC reserves the right to terminate an Independent Nurse for any reason not deemed to be arbitrary or capricious.

Responsibilities of the Parents/Guardians:

1. Communicate with the Principal, Program Nurse, and Independent Nurse regarding the nursing care needed for their student.
2. Provide all signed medical orders from the primary care providers and or medical specialist for the treatments and medications necessary to provide care for the student during the school day to the Independent Nurse and Program Nurse.
3. Provide signed consent releases for communication with their student's health providers.
4. Collaborate on the development of the IHCP, EP, and MAP.
5. Provide all necessary equipment and supplies for their student's individual use in school.

6. Communicate promptly with the Principal regarding educational issues and or transportation concerns.
7. Communicate promptly with the Program Nurse regarding changes or concerns with their student's Independent Nurse, health issues, new or revised orders or nursing care.

Communication:

Policies and procedures pertaining to Independent Nurses at NEC will be reviewed with Administrators, Program Nurse/Supervisor, Classroom Nurse, Teacher, Independent Nurse and the Parent/Guardian of the student who requires an Independent Nurse.

Parent signature:_____ Date:_____

NEC Nurse:_____ Date:_____

Independent Nurse:_____ Date:_____

Teacher:_____ Date:_____

Program Director:_____ Date:_____

Toileting Procedures

DESE Criterion 14.3

NEC programs may serve students who require diapering or toileting assistance due to their age or their disabilities. All staff personnel, regardless of gender, may assist with diapering and toileting of students unless otherwise specified by parents/guardians. The following protocols should be followed.

Diapering:

1. Wet skin surfaces or fecal material present on the skin leads to the breeding of bacteria, skin irritation and skin breakdown. Students should be changed immediately if they are wet or soiled.
2. Students who wear diapers should be checked upon arrival and then every 2 to 3 hours and as needed unless otherwise stated in an individualized toileting schedule.
3. Staff should use Universal Precautions and wear disposable gloves while changing diapers.
4. Students should not be left unattended.
5. Changing surfaces should be used only for diapering, should be away from any food handling area, and should be clean, waterproof and free of cracks or crevices. Changing surfaces should be covered with a disposable cover.
6. All creams, lotions, and cleaning items should be out of the reach of the child and supplied by the student's family.
7. Steps to follow:
    a. Wash hands, prepare all materials.
    b. Place student on changing area; maintain close contact.
    c. Don gloves, loosen diaper and clean perineum from vaginal area to rectal area (for girls) using one wipe per stroke. Turn/roll student to their side, remove diaper, and wash buttock area.
    d. Remove or roll soiled chuck under student, place clean diaper under buttocks and discard soiled chuck and diaper into plastic bag and tie; change gloves if needed.
    e. Fasten clean diaper on student; remove gloves.
    f. Assist student to chair or standing.
    g. Wash student's hands if necessary. Wash your hands.
    h. Once student is back in class, clean changing area and wash your hands.

Toileting:

All staff personnel are responsible for helping a student with toileting if needed. Staff should follow Universal Precautions and good hygiene practices as follows:

1. Wear disposable gloves if a student needs assistance with wiping.
2. Coach student to wipe properly. If a student is unable to wipe properly, the supervising adult should clean the student with wipes.
3. Students should be taught to wipe from perineal area down to rectal area (front to back).
4. Soiled diapers or clothing must be placed into a plastic bag and tied.
5. Staff and student should wash hands.
   If a potty seat is being used, the staff member should clean/disinfect the potty seat/toilet seat after each use.
6. Students should not sit longer than 10 minutes unless there is an individualized plan.

KOG Safe Student Lifting and Transfers Procedures

This policy is based on the APTA's Academy of Pediatric Therapy: Safe Student Lifting and Transfers in the School Setting: A Decision-Making Guide (2018) fact sheet (1). Relevant information was also obtained from two government agencies: National Institute of Occupational Safety and Health (NIOSH) (2) and Occupational Safety and Health Administration (OSHA) (3).

Purpose of lifting guidelines

- Safety of students
- Safety of KOG staff
- Promote maximal independence for students
- Provide tools for team decision making
- Implementation of safe lifting techniques
- Continue a culture of safety that protects staff and students
- Provide clear expectations for safe lifting practices

KOG School Safe Lifting Guidelines

- Please do not lift or transition students to and from a support surface without training or assistance from a trained and experienced staff.
- Please discuss with your physical therapist and trained classroom staff to confirm appropriate transfer techniques for each student in the classroom.
- Many of our students have special circumstances that require problem solving and development of personalized lifting and mobility plans. Classroom teams will work together to problem solve around any barriers to lifting according to this guideline and will talk with the Director and/or physical therapy supervisor if alternative lifting and mobility plans are needed.

The following guidelines are for students who **do not actively participate by bearing** weight when transferring to a piece of equipment or therapeutic position.

- Students who **weigh less than thirty-five pounds (and do not actively bear weight)** may be lifted using techniques taught by the physical therapist for transitions from similar height surfaces (lifting a student from the floor to a higher surface that weighs less than 35 pounds will require a physical therapy consultation).
- Students who **weigh 35-50 pounds (and do not actively bear weight)** could be lifted using a two person lift technique as taught by the physical therapist. Use of a mechanical lift should also be considered given specific environments, lifting heights, or other circumstances.

- Students who **weigh greater than 50 pounds (and do not actively bear weight)** should be lifted using a mechanical lift and sling. Please talk with your physical therapist for training or any special precautions before performing this lift.

The following guidelines are for students who **actively participate by bearing weight** when transferring to a piece of equipment or therapeutic position.

- Transition and mobility plans for these students can be difficult as you balance the safety of staff and students with the students ability to participate and make progress toward their functional mobility goals.
- These transfer and mobility plans are often variable, sometimes dependent on the time of day, the student's medical status (i.e. recent seizure), student's level of arousal, the environment, type of transfer/mobility needed, and level of caregiver training and skill.
- Students who **weigh less than thirty-five pounds (and actively bear weight)** may transition with the assistance of one staff member. Care is taken to set a safe environment and assess the student's ability to participate prior to initiating the transfer. Follow the plan developed to support student participation and practice. Use developmental sequence when assisting a student from the floor to stand. Talk with the student's physical therapist for guidance.
- Students who **weigh 35-50 pounds (and actively bear weight)** may transition with assistance from one staff given consistent and appropriate student assist. Standby of a second staff should be considered. Classroom teams and the student's physical therapist should develop a personalized transition and mobility plan. The student's physical therapist will provide training and problem solve unusual situations or environments.
- Students who w**eigh greater than 50 pounds (and actively bear weight)** and require a minimal or moderate assist of one person, may transition with one staff assisting the student and another staff close by as a stand by assist if needed.
- Students who **weigh greater than 50 pounds (and actively bear weight)** and require a maximal assist of one person, may transition with two staff given consultation with the student's physical therapist and team who have collaboratively developed a student transfer plan. Factors including, student's ability to consistently participate, stability of medical concerns/seizures, ability/training of staff, and student's expected progress will be considered when determining plans.

Appendix to KOG Safe Student Lifting and Transfers Procedures

Student characteristics to consider when determining student lifting and transfer procedures:

1. Student's ability to participate and understand/comply directions
2. Level of alertness or fluctuating medical status, seizures
3. Body weight
4. Fluctuating ability to participate
5. Behavioral disabilities
6. Dystonia or involuntary movements or tonal influences
7. Orthotic use
8. Health and precautions, orthopedic or bone health concerns

Mechanical Lifting & Transferring Safety Reminders

- **Never attempt a lift without specific training and knowing the specific student needs.**
- Students at KOG have a specific sling assigned to them for use within the school day. (They do not go home with students.)
- Before lifting, plan the lift and clear the environment so that it can be done as safely and smoothly as possible.
- Before lifting, check that the lifting accessory hangs vertically and can move freely.
- Always check, or check twice, and make sure the sling straps are correctly connected to the sling bar hooks before moving the student.
- Always work smartly and include the student in the transfer, requesting their help with movement or a calm body and preparing the student for the steps within the activity.
- Always use the transitional item or individual communication systems to let the student know that a transition will be occurring.
- Make sure the student is positioned safely and securely in the sling before moving the student from the support surface to the next location.
- Never lift a student higher off the underlying surface than is needed to complete the lifting and transfer procedure.
- **Never lock the wheels on the floor lifts.**
- **Never leave a student unattended during a lifting situation.**
- Never move a student further than absolutely necessary in a floor lift. Arrange the student and lift near as possible to the new support surface/chair/mat table to prevent needing to move the student across space while in the floor lift.·

- Make sure that the wheels on the wheelchair are locked during the lifting/transfer operation.
- Lifting and transferring a student always involves a certain risk. Attend hands on training and practice with the physical therapist in the classroom as the equipment should only be used by trained personnel. Exercise care and caution during use to always maintain student safety. If you have any questions please ask! You are probably not the only one with that question.

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Figure 1: Repositioning Student on Changing Table: Rolling or Scooting

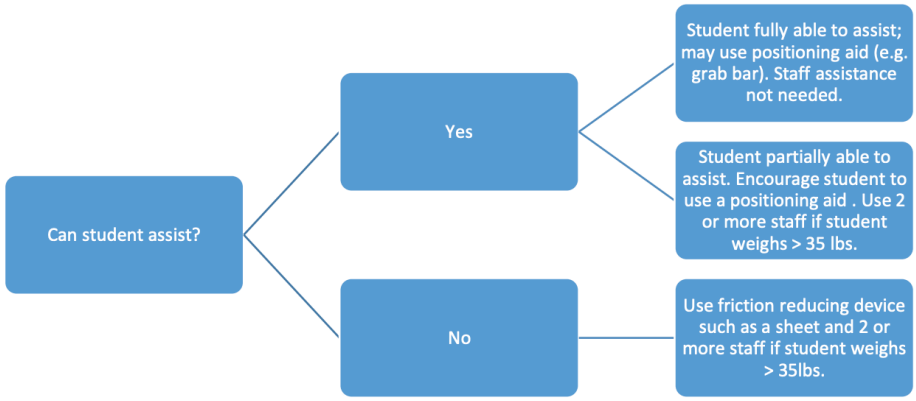


Figure 2: Transfers To/From a Changing Table

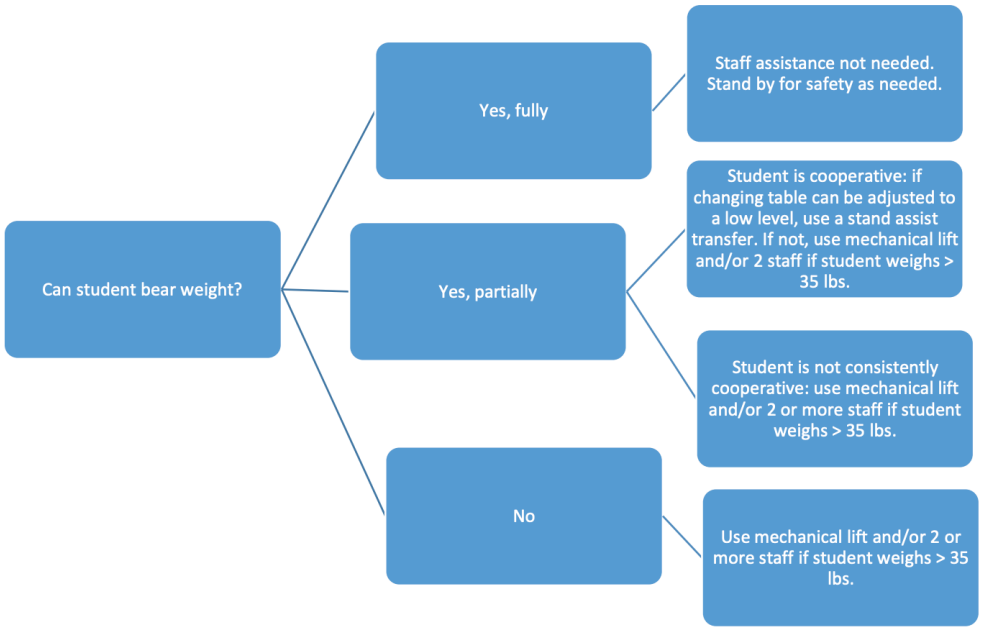


Figure 3: Transfers from Chair to Chair or Chair to Toilet

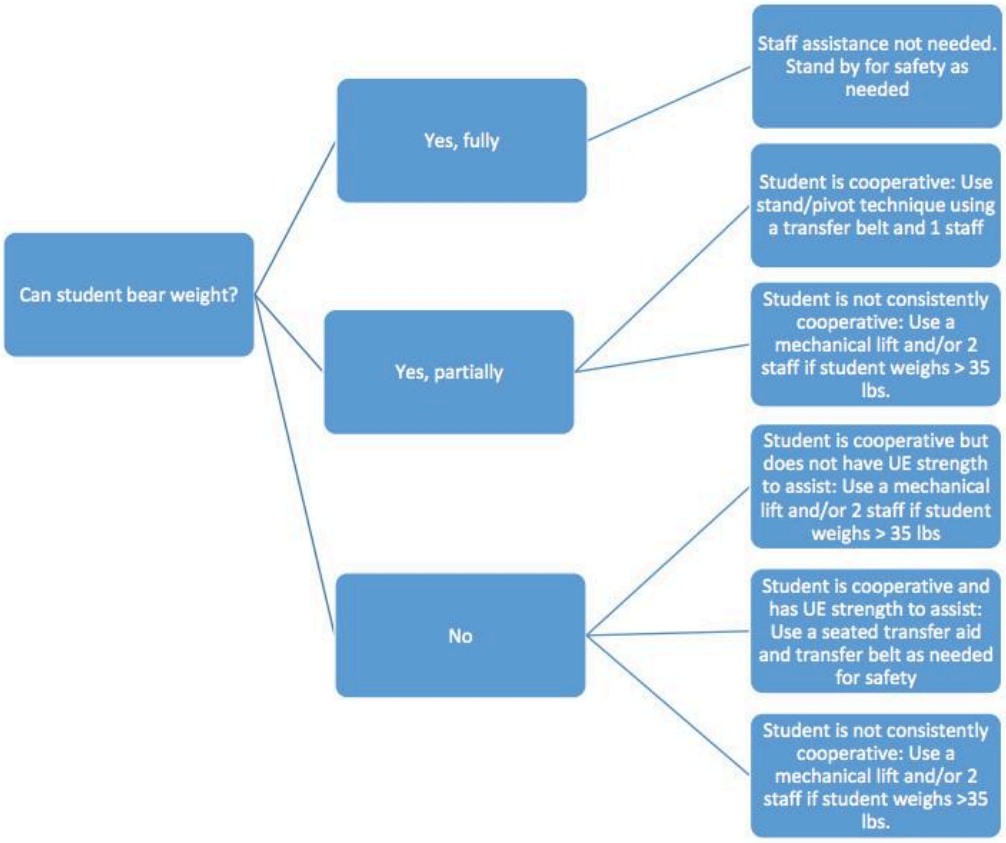
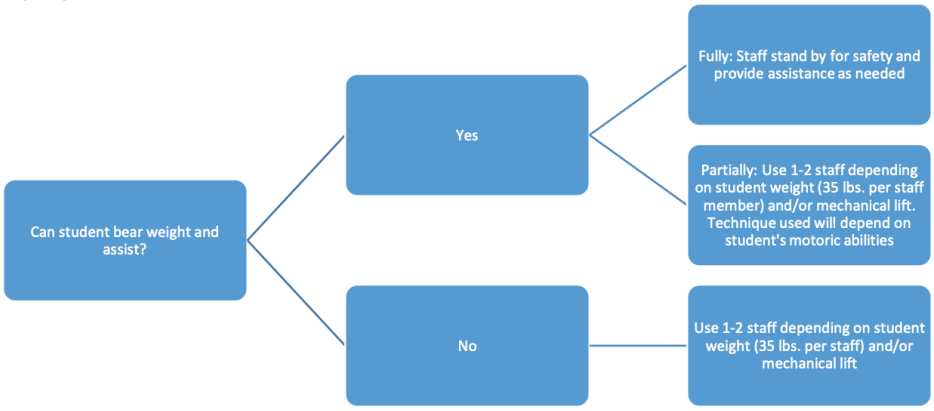


Figure 4: Transfers from Floor to Chair and Chair to Floor



Tips to building safe lifting and transferring routines in your classrooms

1. Integrate lift/transfer process into the student's IEP/504 plan (i.e. student present levels of performance, IEP goals, supplementary aids and services, care plans, and/or assistive technology).
2. Perform environmental assessments (i.e. classroom, bathroom, physical education, community sites) often and work collaboratively with the classroom teacher to remedy concerns. Reminders related to clear pathways, safe and appropriate space to use a lift, and placement of tables, etc. in the classroom to support safe movement of students can be helpful.
3. Provide targeted school-staff training in safe lifting/transfers. Be open to questions and modeling/training of staff with all student transfers and lifts.

The National Institute for Occupational Safety and Health (NIOSH)

When lifting or transferring people **NIOSH recommends a 35 pound limit**. NIOSH recommends that the average worker lift no more than 51 pounds. This is based on ideal conditions of lifting a stable box from ground to waist height.

References

1. APTA Academy of Pediatric Physical Therapy, Safe Student Lifting and Transfers in the School Setting: A Decision-Making Guide. (2018). Retrieved from https://pediatricapta.org/includes/fact-sheets/pdfs/18%20Safe%20Lifting%20and%20Transfers%20in%20Schools.pdf
2. Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). (2017) Applications Manual for the Revised NIOSH Lifting Equation Retrieved from http://www.cdc.gov/nios/topics/default.html
3. Occupational Health and Safety Administration. (2009). Guidelines for Nursing Homes. Ergonomics for the prevention of musculoskeletal disorders. Retrieved from https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html