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To develop students who are competent and creative thinkers, curious and confident learners, and compassionate citizens.

CANTON PUBLIC SCHOOLS

Field Trip Protocols for Medical Management

PURPOSE:

The purpose of this protocol is to provide for the safety and appropriate medical management of all Canton Public School students when they participate in school sponsored field trips. This includes both day and overnight trips.

All students are eligible to participate in school sponsored trips consistent with his/her right to a free and appropriate education (FAPE) under the Americans with Disabilities Act, and/or the Individuals with Disabilities in Education (IDEA), and Section 504.*

No student is denied the right to a field trip due to a disability. Health related concerns may require special provisions including, but not limited to:

- * Special transportation
 - * Dietary pre-planning due to life threatening allergies or special nutritional needs
 - * Training for Epi-pen delegation
 - * Medical Assessment
 - * Provisions for medication administration by the student's parent or school nurse
- The school nurse is to be made aware of all or partial day field trips at least **TWO WEEKS** in advance by the teacher arranging the trip.
- Overnight field trips require at least a **ONE MONTH** notice to the school nurse by the teacher arranging the trip. In addition, field trips of a longer duration should be scheduled to include a school vacation. Plans for such trips require the approval of: (in this order)
- a. Department Coordinators
 - b. Principal
 - c. Program administrators and directors
 - d. Superintendent
 - e. School Committee
 - f. Any exceptions to this must be approved by the principal.

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- The teacher must submit a FIELD TRIP REQUEST FORM to the Principal and/or Department Coordinator for approval prior to making any arrangements for the field trip.
- The school nurse will assess the health and safety issues that could arise during the field trip by: assessing medical needs of the students who will be attending and consulting with school staff about the specifics of the trip (duration of the trip, type of activity, food requirement, etc. as it relates to the medical issues of the students.)
- The following are the options in regard to nursing coverage for a field trip:
 - a. Not needed.
 - b. The parent(s) of the student requiring the nurse could chaperone the trip and provide care to their own child only. This negates the need for a nurse for that child on the trip.
 - c. Coverage may be coordinated by the Nurse Leader utilizing staff or per diem nurses employed by CPS.
 - d. An agency nurse may be hired at a rate of \$55/hour.
 - e. The last and most regrettable option is to cancel the field trip, as it would not be legal for the medically challenged student to not participate in the trip.
- Field Trips will not be scheduled during the first two weeks in September or the days in June that Kindergarten Screening is taking place.

THE FOLLOWING STEPS ARE TO TAKE PLACE FOR MEDICAL MANAGEMENT WHEN COORDINATING ALL FIELD TRIPS:

There will be communication between the principal, teaching staff, food service manager, and the school nurse when all field trips are being planned. This will ensure that appropriate measures are in place prior to the trip.

- 1) The teacher will be responsible for providing the school nurse with the list of the students who are anticipated to be attending the field trip at least TWO WEEKS prior to the trip.
- 2) The teacher will provide administration with the list of attendees at least ONE WEEK prior to the trip so that administration can establish an academic plan for those students who are not attending.
- 3) The nurse will determine which students with known health concerns will require nursing intervention during the course of the trip. In collaboration with the principal or, if it is determined that a student will require nursing intervention and it cannot be safely delegated to a non-licensed staff member, a nurse will accompany students and staff on the trip.

- 4) A registered nurse will be made available to provide nursing services on the field trip if determined this service is necessary. The services provided by the nurse may include but are not limited to:
 - a) Medication administration
 - b) The need for medication administration delegation consistent with Canton Public Schools Health Services Medication Policy.
 - c) Assessment and monitoring of students with health issues
 - d) Providing health procedures as ordered by a student's physician
 - e) Providing first aid and other health related services as needed
 - f) Dietary pre-planning due to life threatening allergies or special nutritional needs
 - g) The need for special transportation
- 5) When a nurse is designated to attend a field trip, she will not be given the added responsibility of having an assigned group of students to chaperone but may assist in this process when possible.
- 6) After communication with staff, a parent of an elementary school student with health concerns requiring intervention will first be asked if they could attend and care for their child on the trip. If this is not possible, then a nurse will attend the trip. At the middle and high school level, a nurse will be hired to attend the trip as needed.
- 7) If it is assessed by the school nurse that a nurse is not needed on the trip, then the teacher(s) will carry the first aid kit for the trip.
- 8) The school nurse may determine that an Epi-Pen for a student with life threatening allergies can be delegated to school personnel if they are willing. If the teacher has completed the required Epi-Pen training and has passed the competency test, the nurse can delegate to the teacher the responsibility of caring for a child who may require the Epi-Pen. The nurse will review the student's Emergency Health Care Plan and Epi-Pen administration prior to the field trip.
- 9) The Nurse Leader will arrange for substitute nursing coverage when required after notification of the trip. In collaboration with the principal, the school nurse can decide based on the needs of the students attending the trip whether she will attend or send the substitute nurse.
- 10) The school nurse will collaborate with the substitute nurse prior to the trip and discuss the particular nursing care that will be required on the trip, (i.e. individual health care plans, medication plan, nursing procedures etc.).
- 11) The school nurse will provide the substitute nurse with all the necessary first aid supplies and child specific information and equipment needed for the trip.
- 12) Upon return from the trip the substitute nurse will return all supplies and equipment and will document any nursing care provided in the student's health record or on the STUDENT HEALTH ENCOUNTER FORM.

- 13) If a nurse is unavailable to attend the trip and the parent cannot accompany the student, the nurse and teacher will discuss alternate options. If it is felt that the child's health and safety could be in danger if nursing care was not provided on the trip, the nurse should suggest possible postponement/cancelation if arrangements cannot be made.
- 14) As with other chaperones, expenses will be covered for the nurse on day or overnight field trips. Per Diem nurses will receive the approved per diem rate of pay while on the trip.

* Section 504" refers to the section of the Rehabilitation Act of 1973 which guarantees certain rights to individuals with disabilities, including AD/HD. This federal law states that no person "... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (Sec. 504.(a)).

CANTON PUBLIC SCHOOLS

Health Services

Delegation of Medication on Field Trips or Other Special School Events

This procedure will be implemented whenever it is necessary to administer medication to a student during field trips or special school event and nursing coverage is not available.

1. The school nurse will obtain a written consent (Authorization for Delegating Medication Administration form) from the student's parents or guardian.
2. The school nurse will train a designated staff member going on each field trip in the correct protocol for administering medications and/or Epi-Pen on field trips.
3. The school nurse will place only the required amount of medication for the student in an individual container, which is labeled with the following:
 - a. The student's name
 - b. The name of the medication
 - c. The amount to be taken
 - d. The time it should be taken
 - e. The route of administration
4. The trained designated staff member will carry the medication and/or Epi-Pen.
5. The trained designated staff member will carry a cell phone on all trips away from school.
6. In an emergency situation (i.e. serious accident), the trained designated staff member will use the cell phone to call:
 - a. 911 – the trained designated staff member will stay on the line until all pertinent information has been communicated.
Do not hang up when talking to EMS until you are told to.
 - b. CPS staff member will notify parent/guardian by phone of emergency situation and contact the Nurse Leader who will relay information to the school nurse.
7. The trained designated staff member will report any problems to the school nurse.

CANTON PUBLIC SCHOOLS
Health Services

Delegation of Prescription Medication Administration Check List

Name and Title of Staff Person: _____

_____ Signed Parent/Guardian permission form to delegate administration of medication on file with school nurse.

_____ Reviewed medication orders for each student to whom medication will be given.

_____ Given written information about the medication(s), possible side effects and adverse reaction to medication(s) that will be dispensed.

_____ Demonstrates reading label on medication bottle to ensure:

- a. The student's name
- b. The name of the medication
- c. The amount to be taken
- d. The time it should be taken
- e. The route of administration

_____ Describes correct route of administration of medication to be given.

_____ Describes time frame for administering medication.

_____ Describes how documentation of administration will occur.

_____ Describes how to access emergency medical services in case of an emergency.

Comments:

Signatures:

Training by: _____, R.N. Date: _____

Staff Person: _____

**CANTON PUBLIC SCHOOLS
Health Services**

Authorization for Delegation of Medication

Date: _____

Dear parent/Guardian of _____:

Please sign and return this for to the school nurse as soon as possible.

I grant permission for _____ to administer my son's/daughter's medication during the following school sponsored field trip of special school event.

Field Trip/Event: _____

I am aware that the above named person will administer the medication as ordered by the physician and delegated by the school nurse.

Parent/Guardian Signature: _____

Date: _____

Teacher(s): _____

Sincerely,

School Nurse

Health Office telephone number _____

**CANTON PUBLIC SCHOOLS
Health Services**

STUDENT HEALTH ENCOUNTER FORM

To be completed by per diem nurse or staff member providing care

Date: _____ **Time:** _____

Student's Name: _____ **DOB:** _____ **Grade:** _____

School: _____ **Room #:** _____

Provider: Nurse Aide School Staff **Signature:** _____

Complaint: _____

Observation: _____

Presenting Problem:

- Cold Stomach Ache Headache Asthma Allergy Nosebleed Sore Throat
 Pink Eye Cramps Insect Bites Rash Diarrhea Other: _____
 Injury at School Injury Not at School Laceration Splinter Puncture Bruise Abrasion
 Possible Fracture Sprain Burn Other: _____
 Dental Toothache Other: _____
 School Physical Hearing Vision Scoliosis Screening Immunization
 Emotional Problem Violence to Other Possible Abuse Possible Neglect
Temperature: _____ Blood Pressure: _____ Height: _____ Weight: _____

Nursing Assessment: _____

- Treatment/Action Taken:** Counseling Cleaned Band-Aids Ice Rest
 51A Accident Report Lice Checks/Follow Up Medication Team Meeting
 Transport ER Conference Teacher Parent Principal
 Parent Notified: Letter _____ Telephone _____ M.D. _____ Person _____ Dismissal
Referral: Private Medical Doctor/Facility Out-Patient Social Services Dental Services
 Emergency Department Mental Health _____

Notes: _____

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