

# Medical Emergency Response Plan and Individualized Health Care Plans

2017



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## Statement of Purpose

Livonia Public Schools has created a Medical Emergency Response Plan and Individualized Health Care Plan procedures to minimize the risks and trauma caused by a medical emergency affecting a student, employee or visitor. It provides guidance in preparation for health care planning, as well as designated roles and responses for staff during a medical emergency. It also provides guidance for the inspection and maintenance of automatic external defibrillators. The continuing need at all levels to respond to the health and welfare issues of our students, serves as a reminder of the essential commitment of the district.

Students with medically related needs associated with such conditions as allergies, asthma, diabetes, and epilepsy present a need for staff to be aware, supportive, and in some cases, to be able to respond in case an emergency situation arises. **A “medical emergency” is an event that would warrant immediate intervention as well as an emergency call to 911.** The intervention may be necessary in an attempt to prevent irreversible brain damage or death prior to the arrival of professional emergency medical care and advanced medical treatment.

Parents and their medical providers establish how they will support their children’s health care needs. When the parent presents such information to the District and requests school assistance, this information will be considered by the District. This and other information will be used, as determined appropriate, in cases in which the District and the parent agree to the establishment of a Livonia Public Schools Individualized Health Care Plan. In a District authorized Individualized Health Care Plan, staff responsibilities are identified, with input from the parent(s), and our shared commitments are identified. Such plans may or may not be part of a “Section 504” plan, or an “Individualized Education Plan.”

Based on the responsibilities and needs identified in an Individualized Health Care Plan, **the administration will designate and assure the training of appropriate staff in collaboration with the district nurse consultant.** Staff, as determined necessary and appropriate is responsible to learn about these needs, make “reasonable accommodations” (if required by Section 504), or provide “related services” (if required by IDEA) when necessary. They also need to be prepared to provide *medical emergency related procedures* if there ever is an emergency event.

Typically, all staff members who come in contact with a student with an Individualized Health Care Plan including “*medical emergency related procedures*” are made aware of these procedures. Staff members designated by the administrator receive specific training in assisting the student with maintaining his or her good health, and knowing how to respond in a medical emergency related situation when the student is in clear and present danger. Several staff members may need to be trained and available to respond, consistent with the commitments with the plan, given situations such as field trips, staff absenteeism, etc.

The District’s legal counsel has reviewed our practices, responsibility, legal immunity, and insurance protection provided to district employees. The following represents that position:

“As public employees, school district employees are entitled to protection from lawsuits alleging that they acted negligently. Under Michigan’s governmental immunity statute (MCL§691.1401, et. seq.) district employees can only be held liable for negligent acts when those acts are “so reckless as to demonstrate a substantial lack of concern for whether an injury results.” MCL§691.1407(2)(c). This immunity applies to a school district employee’s duties within the scope and course of his or her employment including the provision of special education and related services, as well as accommodations under Section 504. Similar protection is also provided to district employees when administering medication in accordance with Section 1178 of the Revised School Code. MCL§380.1178. The district also carries insurance that covers employees acting within the scope of their employment.”

In cases involving medical emergency related procedures, and medically related ongoing services, we must plan for the individual needs of students given the varied responsibilities of staff. All staff share a commitment to meet the individual needs of our students in an appropriate and safe manner. As questions and concerns arise, leadership staff are encouraged to gather information and plan in a comprehensive manner for students, with sensitivity to the concerns of members of our school community.

Please contact and involve the appropriate director, and/or leadership staff from the Department of Student Services if you have any questions or need assistance.

# Individualized Health Care Plans

# Individualized Health Care Plan Standards

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These standards apply to all Livonia Public Schools Individualized Health Care Plans. Additional standards for specific health conditions are included in each section addressing that condition.

- 1) Students who have a life saving measure prescribed and authorized for school personnel to administer by their physician (Diastat, EpiPen, Glucagon, etc) must have an Individualized Health Care Plan.
- 2) When a student experiences a medical emergency at school and he/she does not have an Individualized Health Care Plan, staff will call 911.
- 3) Information on medical conditions will be entered into the Health/Medical History screen in MISTAR.
- 4) An Individualized Health Care Plan will be attached to a 504 Plan ONLY IF the student's health condition substantially limits a major life activity, such as learning.
- 5) If a student has an IEP, the Individualized Health Care Plan will be attached to the IEP. (No 504 Plan is needed.) The Individualized Health Care Plan should be noted in the Modifications/Supports section of the IEP.
- 6) The student's parents/guardian, physician, and administrator must all approve and sign Individualized Health Care Plans. The Individualized Health Care Plan is not valid without a physician's signature and current date. When an Individualized Health Care Plan is not signed or incomplete, staff will default to district policy and call 911.
- 7) If a physician refuses to use the district's Individualized Health Care Plan forms, it is acceptable to use a plan provided by the physician as long as the information includes: authorized dispensing of medication, description of health-related symptoms, and a plan for emergency treatment.
- 8) Administrators will designate and assure the training of appropriate staff in emergency medically-related procedures. All staff who work with a student with an Individualized Health Care Plan should be trained.
- 9) Training for medically-related procedures provided in the Livonia Public Schools by the district nurse consultant is scheduled and coordinated through the Department of Student Services. (See Medical Training Request Form.)
- 10) Medical consultation beyond that of the student's physician will be scheduled and coordinated through the Department of Student Services.
- 11) It is suggested that Individualized Health Care Plans be drafted or completed in the spring for the following school year.
- 12) Individualized Health Care Plan information is available to coaches/club sponsors if a student participates as a member of a school-sponsored sport, school-sponsored activity, or school-sponsored club. In case of emergency, the sponsor/coach will pull the pink emergency card with the attached Individualized Health Care Plan.
- 13) The Transportation Department will provide transportation staff with awareness information on students with Individualized Health Care Plans (name, photo, condition, and phone numbers).

# IHCP Annual Building Procedures

---

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Send welcome back letter which includes a reminder about medications with an attached Medication Authorization form (see Forms section).   | <i>Administration</i>             |
| <input type="checkbox"/> Identify and generate a list of all students with health concerns.   | <i>Administration</i>             |
| <input type="checkbox"/> Review pink emergency cards to complete the list of students with health concerns.   | <i>Administration</i>             |
| <input type="checkbox"/> Using the list generated by administration, input health concerns on the Health/Medical History screen in MISTAR.  | <i>Registration<br/>Secretary</i> |
| <input type="checkbox"/> Develop Individualized Health Care Plans (IHCPs) as needed. <ul style="list-style-type: none"><li>◆ Ensure that all meds and equipment are in place; if not, contact parent</li><li>◆ If no response, send parent letter (see Forms section)</li><li>◆ Distribute IHCPs to scheduled teachers</li><li>◆ Update distribution at the beginning of each marking period, or as often as needed</li></ul> | <i>Case Manager</i>               |
| <input type="checkbox"/> Provide composite list and photos to all sub folders and staff including: <ul style="list-style-type: none"><li>◆ Athletic Directors / Coaches</li><li>◆ Club / Activity Sponsors</li><li>◆ Lunch / Recess Monitors</li><li>◆ Paraprofessionals</li><li>◆ SACC</li><li>◆ Teachers</li></ul>  | <i>Administration</i>             |
| <input type="checkbox"/> Redistribute composite list at the beginning of each marking period, or as often as needed.  | <i>Administration</i>             |
| <input type="checkbox"/> Transportation Department generates and distributes composite list to bus drivers. Composite list will be regenerated as necessary.  | <i>Transportation</i>             |
| <input type="checkbox"/> Schedule training sessions for staff (including viewing video clips on the LPS Intranet).  | <i>Administration</i>             |
| <input type="checkbox"/> Coordinate the transition of IHCP information at the end of the school year.   | <i>Administration</i>             |

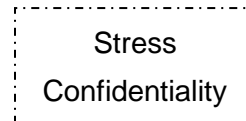
## IHCP Procedures – Administration

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- ☐ Include this reminder in your parental welcome back letter:

*“In planning for the upcoming year, please notify the school of any health care needs your student may have. In addition, if your student requires medication at school, please complete the enclosed Medication Authorization Form with your physician and return it with the medication at the beginning of the school year.”*

- ☐ Identify and generate a list of all students with health concerns.
- ☐ Review all pink emergency cards and new registration packets to identify new health concerns.
- ☐ Provide updated information to Registration Secretary to be entered in MISTAR.
- ☐ Provide composite list and photos to all staff and sub folders. All staff includes:
  - ☐ Athletic Directors
  - ☐ Club / Activity Sponsors
  - ☐ Lunch / Recess Monitors
  - ☐ Paraprofessionals
  - ☐ SACC
  - ☐ Teachers
- ☐ Facilitate training as necessary. (See Medical Training Request Form.)
- ☐ Mark calendar for distribution updates of the composite list at the beginning of each marking period.



## IHCP Procedures – Athletic Director

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- ☐ At the beginning of each sports season, secure and review the composite list of students with life-threatening health conditions from a building administrator.
- ☐ Notify coaches of any students with health concerns who are trying out or participating in sports. Provide the coach with copies of IHCPs and necessary medical supplies. IHCPs are located in your building's IHCP Master Binder.
- ☐ IHCPs and necessary medical equipment should accompany students to all practices and events.
- ☐ Consult with Case Managers identified on IHCPs as needed.



## IHCP Procedures – Case Manager

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- ☐ Administration will provide a composite list of students with health concerns at the beginning of the school year. Identify students with life-threatening health concerns.
- ☐ New IHCPs should be developed for students with newly diagnosed life-threatening health conditions or for move-in students with life-threatening health conditions.
  - ☐ Contact parent to set up meeting to discuss & draft IHCP (parent to obtain physician's orders)
- OR ☐ Send IHCP form home to parent to obtain information & physician's orders
- ☐ Existing IHCPs should be reviewed annually at the beginning of each school year.
  - ☐ Contact parent to set up meeting to update IHCP if necessary (parent to obtain physician's orders)
- OR ☐ Send IHCP form home to parent to obtain information & physician's orders
- ☐ When finalized, give the original IHCP with signatures to the registration secretary to include in the IHCP Master Binder.
- ☐ Attach a copy of the IHCP to the student's pink emergency card.
- ☐ Distribute IHCP to the following people who work with the student:
  - ☐ Paraprofessionals
  - ☐ SACC
  - ☐ Teachers
- ☐ Place a copy of the IHCP in the CA-90.
- ☐ Send a copy to Student Services only if the student has an IEP or if the IHCP is attached to a Section 504 plan.
- ☐ Ensure meds and equipment are in place. Verify expiration date on all medications.
- ☐ See Administration if training is needed.
- ☐ Review and revise IHCP annually.

## IHCP Procedures – Lunchroom/Recess Monitor

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- ☐ A “safe table” may need to be set up in the lunchroom for students with serious medical conditions.
- ☐ Lunchroom / recess monitors (teachers, paraprofessionals, etc) should be aware of students with serious medical conditions.
- ☐ Lunchroom / recess monitors should know the location of defibrillators, if present.
- ☐ When lunchroom / recess monitors notice a medical emergency, they will alert / notify the office to call 911.

## IHCP Procedures – SACC & Club/Activity Sponsor

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- ☐ Secure and review the composite list of students with life-threatening health conditions from a building administrator.
- ☐ Secure copies of the IHCPs for students identified as having life-threatening health conditions who are participating in your activity. IHCPs are located in your building's IHCP Master Binder.
- ☐ Consult with Case Managers identified on IHCPs as needed.
- ☐ Childcare (SACC) providers will utilize their protocols for medications to ensure the availability of appropriate medications while students are under their care.

## IHCP Procedures – Secretary

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- ☐ Individual building registration secretaries will input data in MISTAR in a timely manner.
- ☐ At the time of registration, the registration secretary will identify move-in students with health concerns and notify the administrator or designee.
- ☐ The registration secretary will contact the Transportation Department each time a student is identified with a life-threatening condition after October 1<sup>st</sup>. (Email is the suggested mode of communication.)
- ☐ The registration secretary will maintain an Individualized Health Care Plan (IHCP) Master Binder.
  - ☐ All IHCPs should be kept in the binder in alphabetical order
  - ☐ The binder should be kept in a prominent, easily accessible location
- ☐ The registration secretary will place a colored circular sticker onto the pink emergency card (front, top area) to indicate the student has an IHCP.

## IHCP Procedures – Student Services

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- ☐ IHCPs for special education students will be sent to Student Services and filed in the master file.
- ☐ Student Services secretaries will make a notation in MISTAR indicating students with IHCPs.
- ☐ IHCPs attached to a Section 504 plan will be sent to Student Services and filed in the master file.
- ☐ Student Services secretaries will have access to all IHCP data through MISTAR.
- ☐ Student Services secretaries will continue to maintain building lists of Section 504 students (with and without IHCPs).

## IHCP Procedures – Transportation Director

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- ☐ All drivers will be provided with a composite list indicating which students on their respective buses have Individualized Health Care Plans (IHCPs). The composite list will be regenerated and redistributed as needed.
- ☐ Remind drivers that the composite list is strictly confidential.
- ☐ The composite list should be kept in a safe place where it is not publicly displayed. It should be shared with substitute drivers.
- ☐ Annual awareness level training should be provided on responding to life-threatening conditions.
- ☐ Due to possible food allergies, we recommend that snacks not be given to students.
- ☐ Should a medical emergency arise, the driver will pull over and call the base. The base will call 911 and give the location of the bus and the name of the student needing medical attention.
- ☐ If a parent requests that medication be taken to the school by the bus driver or paraprofessional, that request should be handled administratively, on an individualized basis.

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:

Health Concern:

**ALLERGY -**

Date of Birth:

Student ID:

Case Manager:

Ext:

Click Here to  
Add Picture

Asthmatic:

☐ Yes\*

☐ No

\* Higher risk for severe reaction

## STEP 1: TREATMENT

### Symptoms

- If a food allergen has been ingested, but no symptoms: ☐ N/A
- MOUTH Itching, tingling, or swelling of the lips, tongue, mouth
- SKIN Hives, itchy rash, swelling of the face or extremities
- GUT Nausea, abdominal cramps, vomiting, diarrhea
- THROAT<sup>†</sup> Tightening of throat, hoarseness, hacking cough
- LUNG<sup>†</sup> Shortness of breath, repetitive coughing, wheezing
- HEART<sup>†</sup> Thready pulse, low blood pressure, fainting, pale, blueness
- OTHER<sup>†</sup> \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give:

### Give Checked Medication:

(determined by doctor authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

<sup>†</sup> Potentially life-threatening. The severity of symptoms can quickly change.

### DOSAGE

**Epinephrine:** Inject intramuscularly (check one) ☐ Adrenaclick ☐ Auvi-Q ☐ EpiPen ☐ EpiPen Jr.

**Antihistamine:** \_\_\_\_\_

medication / dose / route

**Other:** \_\_\_\_\_

medication / dose / route

## STEP 2: EMERGENCY CALLS

### ① Call 9-911 from a landline

② Call doctor \_\_\_\_\_  
Name of doctor Phone Fax

③ Call \_\_\_\_\_  
Name Relationship Phone #1 Phone #2

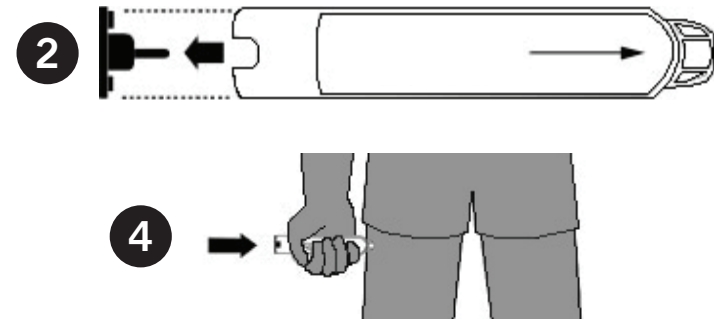
\_\_\_\_\_  
Name Relationship Phone #1 Phone #2

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature Date Administrator Signature Date Doctor Signature (required) Date

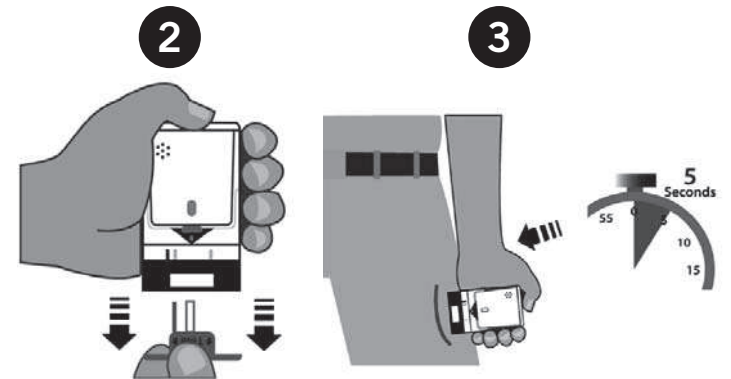
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENAClick®/ADRENAClick® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.





# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:	
Health Concern:	<b>ASTHMA</b>
Date of Birth:	Student ID:
Case Manager:	Ext:

- Asthma Triggers:
- |   |                                   |                                   |  |
|---|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> cats                   | <input type="checkbox"/> dogs     | <input type="checkbox"/> molds    | <input type="checkbox"/> pollen            |
| <input type="checkbox"/> smoke                  | <input type="checkbox"/> fumes    | <input type="checkbox"/> cold air | <input type="checkbox"/> dust / dust mites |
| <input type="checkbox"/> respiratory infections | <input type="checkbox"/> humidity | <input type="checkbox"/>          | <input type="checkbox"/>                   |

Usual Asthma Symptoms: \_\_\_\_\_

<b>GREEN ZONE</b>	<b><u>DOING WELL</u></b>	Peak flow from _____ to _____	<b>Use these daily controller medicines:</b>		
	⊕ Breathing is good		Medication / Route	How Much	How Often / When
	⊕ No cough or wheeze				
	⊕ Sleep through the night				
	⊕ Can go to school				

<b>YELLOW ZONE</b>	<b><u>SLOW DOWN</u></b>	Peak flow from _____ to _____	<b>Continue with Green Zone medication and add:</b>		
	⊕ First signs of a cold		Medication / Route	How Much	How Often / When
	⊕ Mild wheeze or cough				
	⊕ Tight chest				
	⊕ Wheezing, coughing or trouble breathing at night				

If symptoms do not improve, contact parent / guardian

<b>RED ZONE</b>	<b><u>GET HELP</u></b>	Peak flow from _____ to _____	<b>Take these medicines and call 9-911 now:</b>		
	⊕ Medicine is not helping		Medication / Route	How Much	How Often / When
	⊕ Chest sucking in				
	⊕ Breathing is hard and fast				
	⊕ Nostrils open wide				
⊕ Ribs showing					
⊕ Trouble talking or walking					
⊕ Lips or fingernails blue / purple					

If symptoms do not improve, call 911 from a landline now

## CONTACTS

Name _____	Relationship _____	Phone #1 _____	Phone #2 _____
Name _____	Relationship _____	Phone #1 _____	Phone #2 _____

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature _____	Date _____	Administrator Signature _____	Date _____	Doctor Signature (required) _____	Date _____
-----------------------------------	------------	-------------------------------	------------	-----------------------------------	------------

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name: \_\_\_\_\_

Health Concern: \_\_\_\_\_

**CARDIAC -**

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Ext: \_\_\_\_\_

Add Picture

Description of  
Cardiac Condition

## EMERGENCY PLAN

Since this student is at risk, however slight, of having a sudden cardiac arrest, it is essential that an emergency plan be in place.

- If student should **faint**, lay student flat and call **911** immediately. Parents should be notified and they should call their physician.
- If student is **unconscious**, call **911** immediately. If a pulse cannot be detected, start CPR and utilize the AED. The AED will determine the appropriate response and instruct you on what to do next. Upon arrival, have the emergency technicians treat the student. Parents should be notified and they should call their physician.
- If student is experiencing **palpitations**, feeling a **rapid heart rate** (in excess of 160 bpm), or has **chest pain** (student may state that his/her heart "feels funny or hurts" or that it feels like it will explode) then the following actions should be taken:
  - Call **911**, inform an administrator, have student sit down and try to convert the fast rhythm by having student hold his/her breath while bearing down. Student should repeat this maneuver every five minutes or so. Student can also place his/her face in ice water trying to convert the rhythm. Parents should be notified as soon as possible.

## OTHER CONSIDERATIONS / ACCOMMODATIONS

If student becomes light-headed or dizzy, experiences chest pain or shortness of breath with exercise, student should be allowed to sit down, and a building administrator should be notified.

Because sudden cardiac arrest can occur at any time, staff will be updated as to where AED devices are located and what would be an appropriate medical response (call 911, administration, and a parent).

The AED should be applied to the body as soon as available. If indicated by the machine, a shock should be delivered. Immediate and constant attendance by first responders is paramount until EMS arrives, at which time the parents should be notified.

On field trips and other activities away from school, every effort will be made to have an AED and cell phone available. Parents' will decide if it is appropriate for him to attend.

## EMERGENCY CALLS

### ① Call 911 from a landline

### ② Call doctor

\_\_\_\_\_  
Name of doctor

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

### ③ Call

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
Phone #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
Phone #2

The following individuals have reviewed this Health Care Plan and support its implementation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature (required)

\_\_\_\_\_  
Date

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:			
Health Concern:	<b>DIABETES</b>	<input type="checkbox"/> Type I	<input type="checkbox"/> Type 2
Date of Birth:	Student ID:		
Case Manager:	Ext:		

Click Here to  
Add Picture

## Blood Glucose Monitoring

Target blood glucose range \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

Usual times to check blood glucose \_\_\_\_\_

Times to do extra blood glucose checks (check all that apply)

☐ before exercise

☐ after exercise

☐ when student exhibits symptoms of hyperglycemia

☐ when student exhibits symptoms of hypoglycemia

☐ other (explain) \_\_\_\_\_

Can student perform own blood glucose checks? ☐ Yes ☐ No

Exceptions \_\_\_\_\_

Type of blood glucose meter student uses \_\_\_\_\_

## Insulin

Times, types and dosages of insulin injections to be given during school:

Time	Type(s)	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can student . . .

give own injections?

☐ Yes ☐ No

determine correct amount of insulin?

☐ Yes ☐ No

draw correct dose of insulin?

☐ Yes ☐ No

## For Students with Insulin Pumps

Type of pump \_\_\_\_\_

Insulin/carbohydrate ratio \_\_\_\_\_

Correction factor \_\_\_\_\_

Is student competent regarding pump?

☐ Yes ☐ No

Can student effectively troubleshoot problems (i.e. ketosis, pump malfunction, etc.)?

☐ Yes ☐ No

Comments \_\_\_\_\_

## Meals and Snacks Eaten at School (The carbohydrate content of the food is important in maintaining a stable blood glucose level)

Time	Food Content/Amount
Breakfast _____	_____
A.M. snack _____	_____
Lunch _____	_____
P.M. snack _____	_____

Snack before exercise?

☐ Yes ☐ No

Snack after exercise?

☐ Yes ☐ No

Other times to give snacks and content/amount \_\_\_\_\_

A source of glucose, such as \_\_\_\_\_

should be readily available at all times.

Preferred snack foods \_\_\_\_\_

Foods to avoid (if any) \_\_\_\_\_

Instructions for when food is provided to the class (i.e. class party or food sampling) \_\_\_\_\_

## Exercise and Sports

A snack such as \_\_\_\_\_ should be available at the site of exercise or sports.

Restrictions on activity (if any) \_\_\_\_\_

Student should not exercise if blood glucose is below \_\_\_\_\_ mg/dl

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

## Location of Supplies

Blood glucose monitoring equipment \_\_\_\_\_

Insulin administration supplies \_\_\_\_\_

Glucagon emergency kit \_\_\_\_\_

Ketone testing supplies \_\_\_\_\_

Other \_\_\_\_\_

### Hypoglycemia – Low Blood Sugar

#### Common Causes

- Too much insulin
- Missed or delayed food
- Too much or too intense exercise
- Unscheduled exercise

### Hyperglycemia – High Blood Sugar

#### Common Causes

- Too little insulin
- Too much food
- Decreased activity
- Illness / infection or stress

#### MILD

Hunger  
Dizziness  
Shakiness  
Sweating  
Lack of concentration  
Poor coordination  
Personality or behavior change

Weakness  
Paleness  
Confusion

SYMPTOMS

#### SEVERE

Loss of consciousness  
Seizure  
Inability to swallow

Other \_\_\_\_\_

#### MILD

Increased hunger / thirst  
Frequent urination  
Fatigue / sleepiness  
Blurred vision  
Stomach pains  
Lack of concentration

Other \_\_\_\_\_

#### SEVERE

Nausea / vomiting  
Moderate or large ketones  
Sweet, fruity breath  
Labored breathing  
Confused  
Unconscious

Other \_\_\_\_\_

SYMPTOMS

#### MILD BLOOD GLUCOSE < 70

- Provide 15 grams of carbohydrate OR 4 oz. of juice OR 3-4 glucose tablets
- Wait 15 minutes
- Recheck blood glucose
- Repeat treatment if blood glucose is < \_\_\_\_\_
- If > 1 hour before a meal, give a snack of carbohydrate and protein

ACTION PLAN

#### SEVERE

- Call 911
- DO NOT give anything by mouth
- Contact trained medical personnel
- Administer Glucagon as prescribed
- Position on side, if possible
- Stay with student
- Contact parents

#### NEGATIVE KETONES

- Give extra water or sugar free drinks
- Allow use of bathroom as needed
- Encourage exercise
- Inform parents of frequent high readings

ACTION PLAN

#### TRACE TO SMALL

- Give at least 8 oz. water every hour
- Recheck ketones at next urination

#### MODERATE TO LARGE

- Call parent
- Encourage water until parent is contacted
- If student has abdominal pain or is nauseous, vomiting, or lethargic, call for medical assistance if parent can't be reached

## Emergency Contact Information

Contact # 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Contact # 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature

Date

Administrator Signature

Date

Doctor Signature (required)

Date

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:

Health Concern:

**SEIZURE DISORDER**

Date of Birth:

Student ID:

Case Manager:

Ext:

Add Picture

Seizure Triggers or Warning Signs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Seizure Type	Length	Frequency	Description

Student's Response after a Seizure \_\_\_\_\_  
\_\_\_\_\_

## ~ BASIC SEIZURE FIRST AID ~



Cushion Head



Loosen Neckwear



Turn on Side



Nothing in Mouth



Don't Hold Down

Stay calm and track the time until the child is fully conscious. Record the seizure in log.

## A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:

- ⊕ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ⊕ Student has repeated seizures without regaining consciousness
- ⊕ Student is injured or has diabetes
- ⊕ Student has a first-time seizure
- ⊕ Student has difficulties breathing
- ⊕ Student has a seizure in water

## A SEIZURE EMERGENCY FOR THIS STUDENT IS DEFINED AS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WHAT TO DO IN AN EMERGENCY:

- ⊕ Call 911 for transport
- ⊕ Notify parent or emergency contact
- ⊕ Administer emergency medication as indicated below

Emerg Med (✓)	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? ☐ Yes ☐ No If YES, describe magnet use: \_\_\_\_\_

\_\_\_\_\_

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

## Special Considerations & Precautions (regarding school activities, sports, trips, etc.)

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## Contact Information

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

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Other Contact \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Student's Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

The following individuals have reviewed this Health Care Plan and support its implementation.

\_\_\_\_\_  
Parent / Guardian Signature      Date      Administrator Signature      Date      Doctor Signature (required)      Date

# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name: \_\_\_\_\_

Health Concern: \_\_\_\_\_

**TUBE FEEDING**

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Ext: \_\_\_\_\_

Add Picture

Medical history related to feeding issues \_\_\_\_\_

Swallow study completed? ☐ No ☐ Yes (If yes, copy needs to be on file with current recommendations.)

Funduplication with wrap ☐ No ☐ Partial ☐ Complete

Type of external port \_\_\_\_\_ Size \_\_\_\_\_

Any irregularities \_\_\_\_\_

Leakage \_\_\_\_\_

Need for labeled supplies at school \_\_\_\_\_

Venting needed? ☐ No ☐ Yes

Procedure \_\_\_\_\_

Typical symptoms of distress \_\_\_\_\_

If tube becomes disengaged ☐ Call Parent ☐ Call 911 ☐ Other - \_\_\_\_\_

## CURRENT STATUS OF TUBE FEEDINGS

Flush w/ water after feeding? \_\_\_\_\_

☐ Pediasure Amount / Rate / Frequency \_\_\_\_\_

☐ Other Amount / Rate / Frequency \_\_\_\_\_

☐ Water ☐ Bottled Amount / Rate / Frequency \_\_\_\_\_

☐ Tap Amount / Rate / Frequency \_\_\_\_\_

☐ Gravity Position Needed \_\_\_\_\_

☐ Syringe Position Needed \_\_\_\_\_

Goal for tube feedings \_\_\_\_\_

## CURRENT STATUS OF ORAL FEEDINGS

Amount / times per day \_\_\_\_\_

Texture \_\_\_\_\_ Liquids \_\_\_\_\_

Preferences \_\_\_\_\_

Goal for oral feedings \_\_\_\_\_

Food Allergies \_\_\_\_\_ Typical symptoms \_\_\_\_\_

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature

Date

Administrator Signature

Date

Doctor Signature (required)

Date

# Medical Emergency Response Plan



# Medical Emergency Response Plan

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Since most medical emergencies are very similar in their responses, this plan encompasses the direction of appropriate staff (Crisis Response Team), to the right location to help with: cardiac emergencies; anaphylactic shock requiring the use of an Epi-Pen; first aid for severe bleeding or a compromised airway such as choking; and Individualized Health Care Plans that require prompt medical intervention (such as an epileptic seizure requiring the administration of Diastat).

## GOALS of the Medical Emergency Response Plan

- ☐ to efficiently direct the most appropriate staff to the right location so they can manage the medical emergency until the arrival of professional emergency medical care
- ☐ to coordinate the response between the discovering staff member, the Crisis Response Team, office personnel, and arriving medical personnel
- ☐ to provide for the prompt, coordinated delivery of the patient's contact information and medical history (emergency card), available medications (Epi-Pen), individually prescribed life-saving medications (inhalers, Epi-Pens, Diastat, etc), or an AED if available
- ☐ to incorporate and integrate the local emergency response system (911 and professional rescuers)
- ☐ to provide for the inspection and maintenance of the AED, if one is available
- ☐ to incorporate effective and efficient communications via radio and PA during a medical emergency

This Medical Emergency Response Plan recognizes the extraordinary circumstances of a medical emergency. It does not create medical emergency standards of care beyond the standard of care expected by a reasonable, non-medical professional and is afforded the protections of the Michigan Good Samaritan Law, Epi-Pen Administration Law [380.1178(3)] and Teacher Certification for First Aid and CPR requirements [380.1531d(2)].

## ASSUMPTIONS

- ☐ that the local professional emergency medical care (paramedics) have a response time of approximately five (5) to ten (10) minutes AFTER they received the first notification via 911
- ☐ that irreversible brain damage can begin within three (3) minutes after the human brain has been deprived of oxygenated blood
- ☐ that the best way to mitigate brain damage is to restore or maintain circulation of oxygenated blood to the brain by Cardio-Pulmonary Resuscitation (CPR), maintaining or restoring a viable airway and respiration (CPR, Epi-Pen, DiaStat), restoring heart beat (defibrillation), or minimizing catastrophic blood loss until the arrival of professional emergency medical care

## MERP Annual Building Procedures (Drills)

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- ☐ Present the American Heart Association CPR/AED training videos at least annually at instructional staff meetings. The videos are located on the Intranet.
- ☐ A 3/5 year training rotation for 9-12 instructional staff will be implemented. This training will be based on the American Heart Association's "Friends and Family Anytime CPR" and will include a practice session on the training mannequin.
- ☐ In buildings equipped with an Automatic External Defibrillator (AED), staff will be required to note the AED locations on the "Annual Professional Responsibilities" checklist distributed at the beginning of each school year.
- ☐ The Medical Emergency Response Plan will be tested and evaluated (drilled) at least once during each school year, and should include the primary members of the Crisis Response Team.
  - ♦ The drill will simulate a likely medical emergency response within a particular building. It may be suited to the most likely medical emergency scenario after consideration of the Individualized Health Care Plans for that school year.
- ☐ Administrators are encouraged to include a drill that involves the deployment of the school's AED unit and other medical equipment to the drill/emergency site.
- ☐ Steps and procedures that will streamline the process should be identified during the debriefing session following the drill and incorporated into the Medical Emergency Response Plan going forward.
- ☐ The drill should be recorded on the LPS Safety Drill Log Google Doc.

## MERP Procedures – Administration

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### BEFORE the Medical Emergency

- ☐ Identify the people that comprise the “Crisis Response Team” (CRT) prior to a medical emergency. The decision should be based upon their training and availability. (Secondary members can be selected/designated at the time of the emergency based upon their availability and proximity to the emergency.)

### DURING the Medical Emergency

- ☐ Consider cancelling passing times (hold in place until notified) until the medical emergency is resolved. This may be done to facilitate moving a patient and equipment in hallways. This may also be done to maintain the dignity and confidentiality of the patient during transport.

### AFTER the Medical Emergency

- ☐ The building administrator or his/her designate will be responsible to notify the parents/guardian/spouse, that the patient has been involved in a medical emergency.
- ☐ Conduct the debriefing session using the Medical Emergency Response Evaluation Form. This is a very important opportunity to debrief and reassure the key participants. Reassurance should take place the same day of the event, prior to anyone leaving for the day. All key participants should be involved in an effort to identify opportunities for improvement in any future events.

## MERP Procedures – Building Supervisor

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- ☐ Inspect and maintain the AEDs, if available. Inspection will occur during the fire extinguisher inspections.
- ☐ The inspection and maintenance of the AED will be recorded on the fire extinguisher inspection log.
- ☐ Equipment and accessories needed to respond to an emergency shall be maintained in a state of readiness.
- ☐ The battery should indicate that it is charged and the battery and pads are not expired.
- ☐ Replacement of expired batteries, pads and accessories will occur at the building level.
- ☐ Any issues or concerns will be brought to the attention of the building administrator.

# MERP Procedures – Crisis Response Team

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## BEFORE the Medical Emergency

- ☐ Primary Crisis Response Team members are identified. CRT members are employees that are trained and qualified with the equipment, administration of treatments and the procedures involved.

## DURING the Medical Emergency

- ☐ Designate someone by radio to obtain the Epi-Pen, IHCP medications, emergency card and AED to deliver to the site of the medical emergency.
- ☐ Designate a member of the CRT to go to the front door to meet the responding professional emergency medical care responders. This member will guide the professional responders directly to the site and minimize any delay or confusion regarding the location of the incident.
- ☐ CRT members should designate and acknowledge their roles by name and make sure others acknowledge their roles over the radio or by voice. Roles will be defined by the nature of the emergency and by the CRT members training and capabilities. For example, the person with the most advanced training would not be assigned to meet and direct EMS at the front door. He/she would respond to the incident scene and coordinate with someone with less training to meet EMS at the front door.
- ☐ All other available CRT members should respond to the medical emergency site. The additional responding personnel will assist to the best of their abilities. Many of the roles require no specialized training.
- ☐ Assist with care. The CRT member with the most relevant training will take over management/treatment of the medical emergency until the arrival of professional emergency medical care responders.
- ☐ Evacuate all other students from the classroom/site. The area should be cleared to facilitate the treatment of the patient, and to maintain the dignity and confidentiality of the patient.
- ☐ Secondary CRT members may identified during the emergency and include any other available staff (i.e. those without a current class assignment). Secondary CRT members may be utilized to assist with tasks such as meeting and guiding ambulance crews, crowd control and classroom management, etc.

## MERP Procedures – Employee/Staff Who Discovers Emergency

### BEFORE the Medical Emergency

- ☐ Classroom staff should be familiar with their students that have known medical conditions and IHCPs. They should familiarize themselves with the locations of phones in commonly used locations (their classroom, computer labs, gyms, etc). They should also be familiar with the operation of any available radios.

### DURING the Medical Emergency

- ☐ Summon help and manage the emergency until the arrival of someone with more advanced training/ability (CRT member, paramedics, etc). Use the nearest phone, cell phone, radio or PA/intercom to summon help.
- ☐ Avoid abandoning the patient.

## MERP Procedures – Office Staff

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Office staff are the primary point of contact and communication within the building.

### DURING the Medical Emergency

- ☐ Activate the Crisis Response Team using voice, radio or PA/intercom. Direct them to report to the medical emergency site without delay.
- ☐ Call 911
- ☐ Copy the emergency card and the Individualized Health Care Plan (if applicable). This will provide emergency medical responders with the patient's name, medical alert information, and his/her parents' contact information. This information will be needed by EMS and the hospital.
- ☐ Locate the appropriate Epi-Pens and/or IHCP medications and give the medication and copy of the emergency card to the CRT member responsible to deliver them from the office to the medical emergency site.
  - ☐ Epi-Pens, AEDs and any other relevant medical equipment should be delivered to the emergency site in one trip, rather than trying to discern what "type" of medical emergency is occurring. Make all life-saving items available at the site. It is easier to return them to the office unused than it is making multiple trips back-and-forth while trying to determine what the most effective treatment may be.

## MERP Procedures – SACC & Club/Activity Sponsor

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- ☐ It is understood that School Age Child Care (SACC) operates at a time when the building offices are not staffed. The short prioritized plan for SACC is slightly different.
- ☐ Call 911 and stay on the line to administer care as directed by 911.
- ☐ Designate someone to obtain emergency medications, Epi-Pens and a copy of the emergency card.
- ☐ Designate someone to meet and direct the ambulance.
- ☐ Designate someone to obtain the AED if available.
- ☐ Designate staff to evacuate all other students from the classroom/site.
- ☐ Notify the parent or guardian.



# Forms / Training & Resources

## Internet Resources

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### Allergies & Asthma

[www.aanma.org](http://www.aanma.org)  
[www.aaaai.org](http://www.aaaai.org)  
[acaai.org/public](http://acaai.org/public)  
[www.aaafa.org](http://www.aaafa.org)  
[www.foodallergy.org](http://www.foodallergy.org)  
[www.lungusa.org](http://www.lungusa.org)

Allergy and Asthma Network Mothers of Asthmatics  
American Academy of Allergy, Asthma and Immunology  
American College of Allergy, Asthma & Immunology  
Asthma and Allergy Foundation of America  
The Food Allergy & Anaphylaxis Network  
American Lung Association

### Cardiac

[www.heart.org](http://www.heart.org)

American Heart Association

### Diabetes

[www.diabetes.org](http://www.diabetes.org)  
[www.aadenet.org](http://www.aadenet.org)  
[www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)  
[www.dlife.com](http://www.dlife.com)  
[www.jdrf.org](http://www.jdrf.org)

American Diabetes Association  
American Association of Diabetes Educators  
Centers for Disease Control & Prevention  
dLife: The Diabetes Health Company  
Juvenile Diabetes Research Foundation International

### General

[www.schoolhealth.org](http://www.schoolhealth.org)  
[www.nasn.org](http://www.nasn.org)  
[www.ems-c.org](http://www.ems-c.org)

School Health Corporation  
National Association of School Nurses  
Emergency Medical Services for Children National Resource Center

### Seizures

[www.epilepsy.com](http://www.epilepsy.com)  
[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

Epilepsy Therapy Development Project  
Epilepsy Foundation

## Intranet Resources

<http://insider/>

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A variety of health-related training resources are available on the LPS intranet and are meant to supplement initial training given by our nurse consultants. Training videos demonstrate how to operate a defibrillator and how to administer Diastat, EpiPen, Glucagon, etc. Information on Universal Precautions is also available.

## Medical Emergency Response Evaluation

School: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

Reviewed with Responders (Names): \_\_\_\_\_

<b>CHECK ONE</b>	<input type="checkbox"/> Medical Emergency Event <i>(actual 911 notification)</i>
	<input type="checkbox"/> Training Drill <i>(must be noted on the LPS Emergency Drill Google Doc)</i>

Date of Event \_\_\_\_\_

Time of Event \_\_\_\_\_

<b>TYPE OF EVENT</b>	<input type="checkbox"/> CPR/AED	<input type="checkbox"/> Choking	<input type="checkbox"/> Seizure / Diastat
	<input type="checkbox"/> Epi-Pen	<input type="checkbox"/> First Aid	<input type="checkbox"/> Diabetic / Glucagon
	<input type="checkbox"/> Other -		

### Evaluation

Staff
<input type="checkbox"/> Did a staff member remain with the patient?
<input type="checkbox"/> Did they contact the office first to activate the CRT?
<input type="checkbox"/> Did they contact 911 and remain on the line?
<input type="checkbox"/> Did they initiate care?
<input type="checkbox"/> Did they direct someone to meet/direct the Fire Dept?
<input type="checkbox"/> Did they direct someone to obtain the AED?

Building Crisis Response Team
<input type="checkbox"/> Did they coordinate via radio:
<input type="checkbox"/> Someone to go to the site?
<input type="checkbox"/> Someone to get emergency card/meds from office?
<input type="checkbox"/> Someone to meet and direct ambulance?

Office
<input type="checkbox"/> Did they notify the CRT and direct them to the site?
<input type="checkbox"/> Did they call 911?
<input type="checkbox"/> Did they copy the emergency card?
<input type="checkbox"/> Did they obtain Epi-Pens, meds (inhaler, Diastat)?
<input type="checkbox"/> Did they obtain copy of IHCP?
<input type="checkbox"/> Were items in one location ready for CRT member to pick up?
<input type="checkbox"/> Was the parent/guardian/emergency contact notified?

Administration
<input type="checkbox"/> Consider "hold in place" during event
<input type="checkbox"/> DEBRIEF after each event (actual emergency or drill)
<input type="checkbox"/> Reassure participants and determine if critical incident stress management may be necessary (after medical emergency)
<input type="checkbox"/> Replace any used medications (after medical emergency)
<input type="checkbox"/> Check AED battery and pad expiration dates, replace as necessary (after drill)

What went well?

Key takeaways/suggested changes for next time:

**Medical Training Request Form**

This form was developed in an effort to provide medical health care trainings by nurse consultants in a timely and efficient manner. You are encouraged to save this form on your computer as a template and email it to appropriate staff as needed.

When requesting health care training, please fill out the entire form and email it to the district nurse consultant. Someone from the Student Services office or the nurse consultant will confirm the date prior to the training. Obviously, providing the greatest amount of lead time could increase the likelihood that your first date will be confirmed.

When requesting a training that requires a specific Individualized Health Care Plan (IHCP), please send the IHCP to the nurse consultant several days prior to the training date (i.e. a diabetic student's IHCP). This IHCP will be reviewed by the nurse consultant who will then develop the training from the specific requirements of the IHCP. You always have the opportunity to add additional information to this request form if necessary.

If you have any questions or concerns, please contact the Department of Student Services.

	Date of Request _____
Building Name _____	Name of Student _____
Building Contact _____	Birth Date _____
Building Phone _____	Parent Contact _____
Building Email _____	Parent Phone _____

Training Issue: ☐ Glucagon Training    ☐ EpiPen Training    ☐ Diastat Training    ☐ Seizure Disorder  
☐ Other medical disorder or nurse consultation

Please specify primary need of training:

Please list three dates and times for training:

	Date	Time
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

Number of staff to be trained: \_\_\_\_\_

**Medication Authorization**

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Teacher / Counselor \_\_\_\_\_

Grade \_\_\_\_\_

**Both prescription and nonprescription medications require a completed Medication Authorization form signed by a physician and parent/guardian. If medication is related to a life-threatening health condition, Livonia Public Schools staff will develop an Individualized Health Care Plan in conjunction with the student's physician.**

*TO BE COMPLETED BY THE PHYSICIAN*Name of Medication \_\_\_\_\_ ☐ Prescription ☐ Non-Prescription

Reason for Medication \_\_\_\_\_

Form of Treatment ☐ Tablet / Capsule ☐ Inhaler ☐ Liquid ☐ Injection ☐ Nebulizer

Instructions \_\_\_\_\_

Dosage \_\_\_\_\_

Time of Day ☐ Daily ☐ As Needed ☐ Emergency Only ☐ Other -

If dosage is "as needed" or "emergency only" specify symptoms and limits: \_\_\_\_\_

Relevant Side Effects \_\_\_\_\_

Storage Requirements ☐ None ☐ Refrigerate ☐ Other -Student is capable and responsible for self-possession and self-administering: ☐ Inhaler ☐ Emergency MedsPlease indicate if you have provided additional information: ☐ On the back of this form ☐ As an attachment

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

*TO BE COMPLETED BY THE PARENT / GUARDIAN*I request that \_\_\_\_\_ ☐ receive the above medication at school according to district policy.

Student's Name

☐ be allowed to self-administer the above medication (inhaler or emergency medication) at school according to district policy.☐ I authorize school personnel to contact the above physician with questions or concerns relative to this authorization and medication.

Parent / Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTES**

- ① Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.
- ② Medications must be in an appropriately labeled container.
- ③ This authorization is valid for the current school year only.
- ④ This authorization must be maintained with the Individual Student Medication Log.
- ⑤ It will be the student's responsibility to make contact with school personnel for the administration of medication, unless other arrangements have been made by the administrator.

# Livonia Public Schools

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15125 Farmington Road ♦ Livonia, Michigan 48154 ♦ (734) 744-2500

Date \_\_\_\_\_

Dear Parent(s) or Guardian,

Please find enclosed important information regarding your child's Individualized Health Care Plan (IHCP) for the upcoming school year. Livonia Public Schools requires that a student's IHCP be reviewed, updated, and approved annually by a physician. We hope to transition smoothly into the upcoming school year by having the required forms completed and returned to us no later than schedule pick-up at the end of August. Therefore, the following health care forms have been included to help you and your family with the required process:

- ✓ A blank or updated **Individualized Health Care Plan** to be completed, signed and dated by you and your child's physician for the upcoming school year
- ✓ A blank **Medication Authorization** form which must be completed, signed and dated by a physician for each medication administered or self-administered at Stevenson High School for the upcoming school year. Please make copies of this form if your child requires more than one medication.

*(Please note that in some instances, certain documents will not apply to your student.)*

All enclosed health care forms must be returned to Stevenson on or before schedule pick-up in August. We know that it is often difficult to get an appointment with doctors, so we encourage you to make an appointment early so you will have the required forms completed on time. Once the paperwork is complete, you may return it in person to the Main Office at Stevenson, or by mail to this address – 33500 Six Mile Road, Livonia, Michigan 48152.

Again, please make every effort to have this paperwork submitted prior to schedule pick-up in August. **Failure to turn in your child's IHCP at (or before) schedule pick-up may result in his/her schedule being withheld until the first day of school.** If your child is no longer diagnosed with a life-threatening health condition and does not require a life-saving measure prescribed by a physician, please indicate that below and return this letter to Stevenson as soon as possible. We will update our records accordingly.

At the beginning of the school year, you may contact us to discuss any updates or to schedule a meeting if necessary. In most cases, matters can easily be addressed through email or by phone. In the meantime, please feel free to contact me with questions or concerns at Email of Case Manager.

Sincerely,

Name of Case Manager  
Health Care Plan Coordinator

My child, \_\_\_\_\_, is not diagnosed with a life-threatening health condition and does not require an Individualized Health Care Plan (IHCP) at this time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Livonia Public Schools

15125 Farmington Road ♦ Livonia, Michigan 48154 ♦ (734) 744-2500

Date

Dear Parent(s) or Guardian:

I am writing to you regarding a health concern pertaining to John. Based on the information that you provided on the emergency card, it is my understanding that he has an allergic condition which may require the use of an EpiPen.

After further review, it does not appear that you have provided the school with a completed Medication Authorization form or an EpiPen. Obviously, these items would be necessary in the event that John needed to be treated for an allergic reaction.

Please respond to Name of Case Manager or me on or before October 15<sup>th</sup> indicating at least one of the following:

- ☐ John no longer requires an EpiPen. Please remove this designation from the emergency card.
- ☐ John does require an EpiPen. A completed Medication Authorization form and valid EpiPen will be on file on or before October 15<sup>th</sup>.
- ☐ Other (please explain) \_\_\_\_\_

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It is our desire as a school to be best prepared to assist your child in the event of a medical emergency. Your assistance with regard to this matter is needed and greatly appreciated.

Please do not hesitate to contact Name of Case Manager at (734) 744-2525 (ext. 00000), or me at (734) 744-2525 (ext. 00000) if you have any questions.

Sincerely,

Name of Building Administrator  
Principal

Enclosure – Medication Authorization Form

C: Name of Case Manager  
CA-90



# Livonia Public Schools

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15125 Farmington Road ♦ Livonia, Michigan 48154 ♦ (734) 744-2500

Date

Dear Parent or Guardian:

This is a final attempt to contact you in regards to returning the completed Individualized Health Care Plan (IHCP), medication authorization forms, and medications for your child. You indicated that your child has a medical condition requiring an Individualized Health Care Plan. Per district policy, medication authorization forms and IHCPs must be updated annually. At this time, we have not yet received the required documentation from you.

Without the above documents, we are unable to provide the necessary medical intervention for your child. Should a medical emergency arise at school, we will contact 911.

Sincerely,

Name of Building Administrator  
Principal



Legal

# BOARD POLICY

JGCD

## STUDENTS MEDICATIONS

August 18, 2014

Except as otherwise provided by law or Board Policy, a school administrator, teacher, or other school employee designated by the school administration may administer medication to a student only in the presence of another adult, pursuant to written permission of the student's parents or guardian and only in compliance with the written instructions of a physician.

### Epinephrine Auto Injectors

Students who are prescribed epinephrine to treat anaphylaxis shall be allowed to self-possess and self-administer the medication if they meet the conditions as stated in this policy and accompanying administrative procedures. Commencing with the 2014-15 school year, each school in the District shall have at least two (2) epinephrine auto-injectors (Epi-Pens) available at the school site. It shall be the responsibility of the Principal to be sure that the supply of Epi-Pens is maintained at the appropriate level and they have not expired. The Administrator of Student Services or his/her designee shall also be responsible for coordinating the training of District employees to administer Epi-Pen injections and to maintain the list of employees authorized to administer such injections.

### Individuals Qualified to Administer

Only a licensed, registered professional nurse employed or contracted by the District or a school employee who has successfully passed the required training shall be allowed to possess and administer Epi-Pen injections to students. The persons authorized to use the District maintained Epi-Pens will be maintained in each school by the Principal, and shall be available on an electronically accessible site for employees' reference.

Each school shall have at least two (2) employees at that site who shall be appropriately trained in the use of an Epi-Pen. Training of employees on the appropriate use and administration of an Epi-Pen injection shall be done in accordance with any guidelines provided by the Michigan Department of Education, and shall be conducted under the supervision of a licensed registered professional nurse. The training shall include an evaluation by the nurse of the employees' understanding of the protocols for administering an Epi-Pen injection.

### Students to Whom Injections May Be Administered

A licensed, registered, professional nurse or trained and authorized employees under this policy may administer Epi-Pen injections to: 1) any student who has a prescription on file with the District, in accordance with the directives in such prescription, and 2) any individual on school grounds who is believed to be having an anaphylactic reaction.

### Reporting of Injections

Any person who administers an Epi-Pen injection to a student shall promptly notify the Principal/Building Administrator who shall be responsible for promptly notifying the student's parent/guardian that an injection has been administered.

All Epi-Pen injections by District employees to students shall be reported in writing to the Student Services Administrator or his/her designee. The report shall include whether the school's or student's Epi-Pen was used, and whether the student was previously known to be subject to severe allergic reaction (anaphylaxis). The Student Services Administrator or his/her designee shall at least annually report to the Department of Education, in the form and manner determined by the Department, information on the number of injections provided to students, the number of injections with District Epi-Pens and the number of incidents where students were not known to be subject to severe allergic reactions.

The District will maintain procedures for obtaining a prescription, purchase, reorder, storage, and maintenance of at least two epinephrine auto-injectors in each school building.

LEGAL REF: MCL 380.1178, 380.1179, 380.1179A

Michigan Department of Education, Model Policy and Guidelines for Administering Medications to Pupils at School

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# ADMINISTRATIVE PROCEDURE

JGCD

## STUDENTS MEDICATIONS

AUGUST 18, 2014

### I. Introduction

It will be an ongoing objective to promote cooperation between the home and Livonia Public Schools concerning student medication. The following definition of "medication" is adopted for use in this district: medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin. While medications may be necessary and may be prescribed at intervals during the day, whenever possible the administration of medication should be adjusted to avoid the necessity of administration during school hours.

### II. Parental Responsibilities and Procedures to be Followed for Administration of Medication During School Hours

- A. A letter (Appendix A), which states procedures to be followed, and an authorization form for administering medication during school hours by school personnel (Appendix B) will be provided.
- B. The authorization form (Appendix B) is to be completed by the student's physician and parent or guardian and returned to the appropriate school office before administration of medication by school personnel occurs.
- C. Parental or guardian permission and a physician's authorization/instructions for administration shall be renewed at the beginning of each school year.
- D. It will be the student's responsibility to make contact with the designated staff member for the administration of medication unless other arrangements have been agreed to by a school administrator.
- E. "As needed" medication requires a physician's statement specifying dosage limits.
- F. All medications to be administered at school must be in an original appropriately labeled container. (Must specify student name, medication name, frequency and dosage to be given.) The medication should be provided in the exact dosage prescribed so that the individual administering medications is not responsible for dividing/splitting pills.
- G. Both prescription and nonprescription medications require a completed physician and parental/guardian authorization form.

- H. It may be necessary and appropriate for a parent or guardian to administer medication to his/her child. The parent or guardian is requested to contact the appropriate school office to make arrangements as necessary.
- I. All medications which are brought to school must immediately be turned in to the school office by the parent or guardian, with the exception of medications addressed in section IV of these procedures.
- J. Individual exceptions to these procedures must be approved by the building administrator.

### **III. School Responsibilities and Procedures to be Followed for Administration of Medication During School Hours**

- A. Parental/guardian letter (Appendix A) and authorization form for administering medication during school hours by school personnel (Appendix B) will be available to parents and guardians.
- B. The authorization form for administering medication during school hours by school personnel (Appendix B) will be returned to the school office and contains directions for its maintenance and storage.
- C. An individual record of administration of medication during school hours by school personnel, Student Medication Log (Appendix C), will be maintained. The log should be initiated at the beginning of each school year or when the medication begins.
- D. A school employee, designated by the school administrator, shall administer medication to a student in the presence of another adult, except when an emergency threatens the life or health of the student.
- E. The building principal will be responsible for determining a secure location for the storage of medication. Emergency medications may be stored in a readily accessible location.
- F. All controlled-substance medications (Defined as drugs regulated by the Federal Controlled Substances Acts, including opiates, depressants, stimulants, and hallucinogens) will be counted and recorded upon receipt with the parent/guardian.
- G. When it is necessary for a student to have medication administered while on a school-sponsored field trip or off-site activity, the individual designated to administer medication must carry the medication in the original container and record the necessary information on the medication log upon return from the trip/activity.
- H. Medication left over at the end of the school year, or after the student has left the district, shall be picked up by the parent/guardian. If this is not done, the individual who administers the medication will dispose of the medication and record this disposal on the medication log. This procedure shall be witnessed and initialed by a second adult.

- I. When dealing with the issues that surround student medications, administrative judgment will be utilized. Examples include student possession, self-administration, health plans, storage of medication, etc.

#### **IV. Student Administration and Possession of Medication**

- A A student who requires the use of an inhaler for relief or prevention of asthma symptoms will be allowed to carry and use the inhaler if there is written approval (Appendix B) from the student's physician and parent/guardian on record at the school (as described in the Michigan Revised School Code, Section 380.1179). A student who is in possession of an inhaler under the above conditions shall have each of his/her teachers notified of this by the building administrator.
- B A health plan will be developed for student's who have other medical conditions, which require medication for a life-threatening situation. Such students may be allowed to carry and use the emergency medication if there is written approval (Appendix B) from the student's physician and parent/guardian on record at the school. A student who is in possession of this medication under the above conditions shall have each of his/her teachers notified of this by the building administrator.
- C A building administrator must authorize or may discontinue a student's right to self-administer and self-possess medication. The process may be discontinued if there is misuse by the student, following parent contact.

#### **V. School Staff Training**

School employees designated to administer medication will receive in-service training on procedures related to this responsibility. Training will be facilitated through the Department of Student Services.

#### **VI. Safety Procedures and Liability Addressed in the School Code of 1976 as Amended**

A.380.1178 Administration of medication to pupil; liability

Sec. 1178. A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to the written permission of the pupil's parents or guardian and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

## **VII. Anaphylaxis Emergencies**

- A. At least two staff persons per school building will receive training under the supervision of a registered professional nurse. Training will include recognition of common allergies, anaphylaxis symptoms, and emergency treatment for life-threatening anaphylaxis situations.
- B. Each school building operated by the district shall possess two epinephrine auto-injectors.
- C. Each school building will follow procedures for documenting, tracking, and reporting of a suspected anaphylaxis event to parent/guardians (as soon as possible) and to MED (annually).
- D. If necessary, the district will obtain additional epinephrine auto-injectors to ensure there will be at least two in each building.

## **EXHIBIT—APPENDIX A**

**JGCD**

**STUDENTS  
MEDICATIONS**

**APRIL 2003**

Letter provided to parent or guardian students, which describes parental/guardian responsibilities and procedures to be followed when administration of medication to students during school hours by school personnel is necessary.



## APPENDIX A

**NOTE: This letter is to be provided to the parent/guardian with the medication authorization form. It may be copied on school letterhead.**

Dear Parent:

It is recognized that certain medications may be necessary and must be prescribed at certain times of the day. In many instances the administration of medication can be adjusted to avoid the necessity of administration during school hours. However, there may be instances when medication must be administered to your child during school hours.

When medication is necessary during school hours:

1. It may be necessary and appropriate for a parent or guardian to administer medication to his/her child. Please contact the school office to make appropriate arrangements.
2. If school personnel will be administering medication, the accompanying Medication Authorization form must be completed by the student's physician and parent or guardian and returned to the school office before administration of medication. This authorization is valid for the current school year only.
3. It will be the student's responsibility to make contact with the designated staff member for the administration of medication unless other arrangements have been agreed to by the building principal.
4. "As needed" medication requires a physician's statement specifying dosage limits.
5. All medications to be administered at school must be in an original appropriately labeled container. (Must specify student name, medication name, frequency, and dosage to be given.)
6. Both prescription and nonprescription medications require a completed physician and parental/guardian authorization form.
7. All medications that are to be administered by school personnel must be brought to school and immediately turned in the school office. Inhalers or medication for life threatening situations may be maintained by the student or in other locations as approved by the building administrator.
8. All controlled-substance medications (defined as drugs regulated by the Federal Controlled Substances Acts, including opiates, depressants, stimulants, and hallucinogens) will be counted and recorded upon receipt with the parent/guardian.
9. Medication left over at the end of the school year, or after the student has left the district, shall be picked up by the parent/guardian. If this is not done, the individual who administers the medication will dispose of the medication and record this disposal on the medication log.
10. Individual exceptions to these procedures must be approved by the building principal.

Thank you for your cooperation. If you have any questions or concerns, please contact your building principal.

Sincerely,

Principal

6/03

## **EXHIBIT–APPENDIX B**

**JGCD**

### **STUDENTS MEDICATIONS**

**APRIL 2003**

#### **Form – AUTHORIZATION FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS BY SCHOOL PERSONNEL**

Form to be completed by physician and parent and maintained in the school office with the Individual student Medication Log for each medication administered. It should be filed in the students personal cumulative file at the end of the year and maintained for at least three years.

## **EXHIBIT—APPENDIX C**

**JGCD**

### **STUDENTS MEDICATIONS**

**APRIL 2003**

The Student Medication Log to be maintained in the school office as a record of each medication administered to individual students during school hours by school personnel.

This form is to be placed in the students personal cumulative file at the end of the school year and maintained for a period of three school years.

# EXHIBIT--APPENDIX D

JGCD

STUDENTS  
MEDICATIONS

JULY 2014

This form is to be placed with Epinephrine auto-injectors and followed in case of an anaphylaxis emergency.

## RESPONDING TO ANAPHYLAXIS

### 1. CALL 911

2. Based on symptoms; determine that an anaphylactic reaction appears to be occurring. Look for a medical alert bracelet or necklace. Act quickly. It is safer to give epinephrine than to delay treatment. Anaphylaxis is a life-threatening reaction.
3. If you *are alone and are able* to provide epinephrine, call out or yell for help as you immediately go to get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.
4. If you *are alone and do not know how* to provide epinephrine, call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Tell the 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone [designated, trained school staff, or emergency medical staff (EMS)] to provide epinephrine and care as soon as possible.
5. Select appropriate dose of epinephrine auto-injector to administer, based on weight.
  - Dosage: Junior 0.15 mg epinephrine auto-injector if estimated weight is between 33 and 66 pounds; Regular 0.30 mg epinephrine auto-injector if estimated weight is 66 pounds or greater.
  - Frequency: If symptoms persist or return, a second dose should be administered 5 to 15 minutes after first dose.
6. Inject epinephrine via auto-injector:
  - Pull off safety release cap.
  - Place gently on the upper, outer thigh and push firmly (through clothing if necessary).
  - Hold in place for 10 seconds (5 seconds if using Auvi-Q) to deliver medication and then remove.
  - Massage the area for 10 seconds. Note the time.
7. Keep the individual either lying down or seated. Watch for vomiting or choking. If they lose consciousness, check if they are breathing. If breathing, position on side and continue to monitor. If not breathing, begin cardiopulmonary resuscitation (CPR), call out for help.
8. Call school nurse/front office school personnel and advise of situation.
9. Provide EMS with epinephrine auto-injector labeled with name, date, and time administered to transport to the emergency room with the student.

### FOLLOW UP (to be done the day of the event):

1. Notify parent/guardian as soon as possible and advise them to let the student's primary care physician know about the episode of suspected anaphylaxis.
2. Complete required documentation of incident [school incident report, Michigan Electronic Grants System Plus (MEGS+) report].
3. Order replacement epinephrine auto-injector(s).

FREDERICK B. SCHWARZE  
DENNIS B. DuBAY  
ANTHONY J. HECKEMEYER  
THOMAS L. FLEURY  
TERRENCE J. MIGLIO  
GARY P. KING  
LINDA M. FOSTER  
BRUCE M. BAGDADY  
BRAN A. KREPUCHER  
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LEONARD A. KELLER  
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(1943 - 1998)

RICHARD J. THOMA  
(1904 - 2001)

March 23, 2004

Robert Dietiker, Special Education Director  
Livonia Public Schools  
15125 Farmington Road  
Livonia, MI 48154

Dear Mr. Dietiker:

Pursuant to our recent conversations, enclosed please find a brief summary of the legal immunity and insurance protection provided to District employees. Please feel free to contact me should you have any questions or concerns regarding this matter.

Very truly yours,

**KELLER THOMA**  
*A Professional Corporation*



Richard W. Fanning, Jr.

RWF/met  
Enclosure

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30300 NORTHWESTERN HIGHWAY  
FARMINGTON HILLS, MI 48334-3225  
248.932.0100



FLINT OFFICE  
307 EAST COURT STREET  
FLINT, MI 48902-1699  
810.233.4044

As public employees, school district employees are entitled to protection from lawsuits alleging that they acted negligently. Under Michigan's governmental immunity statute (MCL §691.1401, et. seq.) district employees can only be held liable for negligent acts when those acts are "so reckless as to demonstrate a substantial lack of concern for whether an injury results." MCL§691.1407(2)(c). This immunity applies to a school district employee's duties within the scope and course of his or her employment including the provision of special education and related services, as well as accommodations under Section 504. Similar protection is also provided to district employees when administering medication in accordance with Section 1178 of the Revised School Code. MCL §380.1178. The district also carries insurance that covers employees acting within the scope of their employment.

**THE REVISED SCHOOL CODE (EXCERPT)**  
**Act 451 of 1976**

**380.1178 Administration of medication or epinephrine auto-injector to pupil; liability; school employee as licensed registered professional nurse.**

Sec. 1178.

(1) Subject to subsection (2), a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian, and in compliance with the instructions of a physician, physician's assistant, or certified nurse practitioner, or a school employee who in good faith administers an epinephrine auto-injector to an individual consistent with the policies under section 1179a, is not liable in a criminal action or for civil damages as a result of an act or omission in the administration of the medication or epinephrine auto-injector, except for an act or omission amounting to gross negligence or willful and wanton misconduct.

(2) If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication or epinephrine auto-injector is administered in the presence of another adult.

(3) A school district, nonpublic school, member of a school board, or director or officer of a nonpublic school is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from a person acting under this section.

**History:** 1976, Act 451, Imd. Eff. Jan. 13, 1977 ;-- Am. 1978, Act 431, Imd. Eff. Oct. 5, 1978 ;-- Am. 1995, Act 289, Eff. July 1, 1996 ;-- Am. 2000, Act 9, Imd. Eff. Mar. 7, 2000 ;-- Am. 2006, Act 48, Imd. Eff. Mar. 9, 2006 ;-- Am. 2013, Act 187, Eff. Mar. 14, 2014

**Popular Name:** Act 451



**THE REVISED SCHOOL CODE (EXCERPT)**  
**Act 451 of 1976**

**380.1179 Use of inhaler or epinephrine auto-injector permitted; conditions; liability; extra inhaler or epinephrine auto-injector; notice to classroom teachers; definitions.**

Sec. 1179.

(1) If the conditions prescribed in subsection (2) are met, notwithstanding any school or school district policy to the contrary, a pupil of a public school or nonpublic school may possess and use 1 or more of the following at school, on school-sponsored transportation, or at any activity, event, or program sponsored by or in which the pupil's school is participating:

(a) A metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms or for use before exercise to prevent the onset of asthmatic symptoms.

(b) An epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis.

(2) Subsection (1) applies to a pupil if all of the following conditions are met:

(a) The pupil has written approval to possess and use the inhaler or epinephrine auto-injector as described in subsection (1) from the pupil's physician or other health care provider authorized by law to prescribe an inhaler or epinephrine auto-injector and, if the pupil is a minor, from the pupil's parent or legal guardian.

(b) The principal or other chief administrator of the pupil's school has received a copy of each written approval required under subdivision (a) for the pupil.

(c) There is on file at the pupil's school a written emergency care plan that contains specific instructions for the pupil's needs, that is prepared by a physician licensed in this state in collaboration with the pupil and the pupil's parent or legal guardian, and that is updated as necessary for changing circumstances.

(3) A school district, nonpublic school, member of a school board, director or officer of a nonpublic school, or employee of a school district or nonpublic school is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from a pupil being prohibited by an employee of the school or school district from using an inhaler or epinephrine auto-injector because of the employee's reasonable belief formed after a reasonable and ordinary inquiry that the conditions prescribed in subsection (2) had not been satisfied. A school district, nonpublic school, member of a school board, director or officer of a nonpublic school, or employee of a school district or nonpublic school is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from a pupil being permitted by an employee of the school or school district to use or possess an inhaler or epinephrine auto-injector because of the employee's reasonable belief formed after a reasonable and ordinary inquiry that the conditions prescribed in subsection (2) had been satisfied. This

subsection does not eliminate, limit, or reduce any other immunity or defense that a school district, nonpublic school, member of a school board, director or officer of a nonpublic school, or employee of a school district or nonpublic school may have under section 1178 or other state law.

(4) As part of its general powers, a school district may request a pupil's parent or legal guardian to provide an extra inhaler or epinephrine auto-injector to designated school personnel for use in case of emergency. A parent or legal guardian is not required to provide an extra inhaler or epinephrine auto-injector to school personnel.

(5) A principal or other chief administrator who is aware that a pupil is in possession of an inhaler or epinephrine auto-injector pursuant to this section shall notify each of the pupil's classroom teachers of that fact and of the provisions of this section.

(6) As used in this section and in section 1179a:

(a) "School board" includes a school board, intermediate school board, or the board of directors of a public school academy.

(b) "School district" includes a school district, intermediate school district, or public school academy.

**History:** Add. 2000, Act 10, Imd. Eff. Mar. 7, 2000 ;-- Am. 2004, Act 73, Imd. Eff. Apr. 20, 2004 ;-- Am. 2013, Act 187, Eff. Mar. 14, 2014

**Popular Name:** Act 451

**THE REVISED SCHOOL CODE (EXCERPT)**  
**Act 451 of 1976**

**380.1531d First aid and cardiopulmonary resuscitation; requirements for teacher certification.**

Sec. 1531d.

(1) Beginning July 1, 2004, the superintendent of public instruction shall not issue an initial teaching certificate to a person unless the person presents evidence satisfactory to the superintendent of public instruction that the person meets 1 of the following:

(a) Has successfully completed a course approved by the department in first aid and cardiopulmonary resuscitation, including a test demonstration on a mannequin, and has successfully completed instruction approved by the department in foreign body airway obstruction management, and holds valid certification in these topics issued by the American red cross, American heart association, or a comparable organization or institution approved by the department.

(b) Has physical limitations that make it impracticable for the person to complete the instruction and obtain the required certification under subdivision (a).

(2) A person who meets the requirements described in subsection (1)(a) and who performs first aid, cardiopulmonary resuscitation, or foreign body airway obstruction management on another person in the course of his or her employment as a teacher is not liable in a civil action for damages resulting from an act or omission occurring in that performance except an act or omission constituting gross negligence or willful and wanton misconduct.

(3) This section does not create a duty to act on the part of a person who holds the certification described in subsection (1)(a).

**History:** Add. 2003, Act 18, Imd. Eff. June 10, 2003

**Popular Name:** Act 451

**FIRE PREVENTION CODE (EXCERPT)**  
**Act 207 of 1941**

**29.19 Fire drills in schools and school dormitories; unrestricted emergency egress; compliance; record; minimum drills; weather conditions; tornado safety drills; location of drills; security measures; drills during lunch or recess periods; documentation of completed school safety drill; posting on website; list of scheduled drill days; limitation; protective apparatus or equipment; development of model; cardiac emergency response plan; definitions.**

Sec. 19.

(12) The governing body of a school that operates any of grades kindergarten to 12 shall adopt and implement a cardiac emergency response plan for the school. The cardiac emergency response plan shall address and provide for at least all of the following:

- (a) Use and regular maintenance of automated external defibrillators, if available.
- (b) Activation of a cardiac emergency response team during an identified cardiac emergency.
- (c) A plan for effective and efficient communication throughout the school campus.
- (d) If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in cardiopulmonary resuscitation techniques.
- (e) Incorporation and integration of the local emergency response system and emergency response agencies with the school's plan.
- (f) An annual review and evaluation of the cardiac emergency response plan.

(13) As used in this section:

- (a) "School" does not include a postsecondary educational institution as defined in section 19a.
- (b) "School dormitory" does not include a postsecondary educational institution dormitory as defined in section 19a.