

**Wilson Area School District**  
**Specialized Medical Procedures**

**Purpose**

Ideally, medical procedures involving students should take place outside of school hours. However, it is recognized that occasionally a child is able to attend regular schools because of the effectiveness of medical treatments for chronic disabilities and illness. If a student requires certain medical procedures during school hours, s/he and their parent/guardian should understand the required protocol.

The Board authorizes the superintendent of schools to establish procedures for specialized medical procedures needed by students. Such procedures shall identify which staff are qualified to perform such specialized procedures and shall conform to guidelines of the Pennsylvania Department of School health. Instruction, the creation of a suitable environment and other supports, student safety and comfort shall be considered in the development of such district procedures.

**Definition**

For purposes of this policy specialized medical procedures shall include but not be limited to blood glucometer testing for diabetes or other testing involving specialized medical equipment.

**Authority**

Before any procedure may be performed on any student during school hours, the Board shall require a written communication from the parent or guardian requesting such treatment and relieving the Board and its employees of liability.

The Board shall also require a current written order of the prescribing physician for the treatment, and written instructions for the procedure including the time at which or special circumstances under which the procedure shall be performed. The order shall be renewed each school year.

The documents shall be kept on file in the office of the school nurse in the student's current building of attendance.

**Delegation of Responsibility**

The Superintendent shall develop procedures for the specialized medical procedures of students which provide that:

- The school nurse, the principal, or his/her designee shall confer with parents at the time the request is made and later, by telephone or in person when the situation dictates.
- The assigned building school nurse will perform or oversee medical procedures when possible; trained volunteer staff may complete the procedures in the absence of the nurse.
- If the regular building nurse is not available, the family will be notified, and it will be their responsibility to provide for the medical needs of the student. Whenever possible elementary students will be transferred to Wilson Borough Elementary School to facilitate full-day proximity to a school nurse and to Easton Hospital if necessary.
- The level of supervision of the student shall be based on the needs of the student.
- The training of the school nurse by the parent/guardian or designee shall include but not be limited to:
  1. Initial inservice training of a length to be determined by the licensed registered nurse.
  2. A current review of the instructions and procedures each school year.
  3. Instruction in the anatomy, physiology and pathophysiology of the procedure specific to their child.
  4. Techniques specific to their child.
  5. The training of the school nurse and/or staff shall be documented.
- Similarly, the school nurse, principal, or his/her designee will alert appropriate school staff to possible side effects of the procedure which need to be reported. Teachers and/or guidance personnel will be alerted if a student should refrain from any school activity (i.e. physical education, sports, etc.)
- The district and its staff and the staff member who provides for the specialized medical procedures in substantial compliance with this policy and the rules of the Pennsylvania Department of School Health shall not be liable in any criminal action or for civil damages arising from providing specialized medical procedures.
- The district may discontinue specialized medical procedures for a student without being liable so long as the student's parents/guardians are given advance written notice.
- Parents will be responsible to provide all necessary equipment materials needed for the procedure.

- **Field trip arrangements need to be made in advance to accommodate specialized medical procedures or needs. A parent or parent designee will be required to perform the necessary procedures while the child is on a field trip.**
- **The instruction and supports for self treatment should be offered to the student with written parent permission, whenever possible.**
- **Separate written permission from the parent and physician will be required before self-treatment is established.**
- **Nurses will have in place written procedures for the handling and disposal of body fluids.**

**Wilson Area School District**

**Physician's Order for Specialized Medical Treatment  
Submitted Annually**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ School: \_\_\_\_\_

In order for this student to attend school, it is absolutely necessary that the following service be performed during school hours. If emergency situation arises, I am willing to assist if needed. I understand that training to allow school personnel to follow this treatment order will be provided by the Parent or care giver annually.

Service Requested (include detailed specific instructions): \_\_\_\_\_  
\_\_\_\_\_

1. Times service is to be performed: \_\_\_\_\_
2. Special equipment/materials needed: \_\_\_\_\_
3. Recommended action if service cannot be provided or procedure/service fails to meet need: \_\_\_\_\_
4. I may be called by school personnel regarding the above recommendations.
5. I will be responsible for monitoring the ongoing health status of this student and will notify the school of any changes in these recommendations.

Date \_\_\_\_\_

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

Duration of Request \_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I authorize the school to provide the instruction and necessary support for specialized treatment.

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

\_\_\_\_\_  
Date

**Wilson Area School District**

**Parent Request for Specialized Medical Treatment  
Submitted Annually**

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ School: \_\_\_\_\_

I request that the following service be provided for my child by district personnel of Wilson Area School District. it is absolutely necessary that this procedure be performed in case of emergency or during school hours to enable my child to attend school.

SERVICES REQUESTED (Parent should reference that service is daily, on school days, time of day or as needed and any qualifying specific information) \_\_\_\_\_

I have obtained and provided detailed written instructions from Dr. \_\_\_\_\_ who has prescribed this care. I give my permission for the school staff to communicate freely with this physician in order to make arrangements for care and supervision of my child.

I understand that service will not be started until these orders are on file in my child's school and adequate training of staff has been completed.

Furthermore, I agree to hold Wilson Area School District harmless from any liabilities that may occur in rendering this service except as might arise because of negligence on the part of the District or the service provider.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number Work Phone Number

\_\_\_\_\_  
Emergency Phone Number

Date \_\_\_\_\_

I understand that the school nurse will provide instruction and support toward self-treatment and I will notify the school nurse in writing when self-treatment is appropriate.

Date \_\_\_\_\_

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