

School Health Services

HANDBOOK



Revised: 8/14/2025



Introduction

Bloodborne Pathogens

Exposure Control Plan

Exposure Report Forms

Child Abuse & Neglect

Chronic Health Conditions

Confidentiality

Adrenal Insufficiency

Allergies - Life threatening

Asthma

Blood Disorders

Cardiac Conditions

Diabetes

Enteral Feeding

Mental Health Conditions

Seizures - Epilepsy & PNES

Communicable Disease

Emergency Response

CPR in Schools

Concussion & Head Injuries

Enrollment

Hearing & Vision

Dental Assessment

Field Trips

Request Form

Other Field Trip Information

Healthcare Paraprofessional

IEP & 504 School Nurse Referrals

Immunizations

Medication Administration in School

Medication Policy & AR

Self Carry Medication

Stock Epinephrine

Stock Naloxone

Nuisance Conditions

Bed Bugs

Headlice

Scabies

School Nursing Services

Toileting

Introduction

Welcome to the Grand Ledge Public School Health Services Handbook. This resource has been developed to support students, families, and staff in understanding the health services provided within our district and the important role these services play in fostering a safe and healthy learning environment.

In Michigan, school health services are designed to promote student well-being, prevent illness, and address health-related barriers to learning. Our district's School Health Services team—comprising licensed school nurses, unlicensed school personnel - healthcare aides and secretaries—works in collaboration with families, healthcare providers, and community partners to ensure every student has the opportunity to succeed in school.

This handbook outlines our policies, procedures, and resources related to student health. Inside, you will find information on:

- Student health requirements and immunizations
- Management of chronic health conditions and emergency care
- Medication administration at school
- Illness prevention and communicable disease information
- Health screenings and referrals
- Parent/guardian responsibilities in supporting student health
- Resources and contact information for school health staff

Our goal is to provide clear guidance so that families and staff can work together to support the physical, emotional, and social well-being of all students. This partnership helps ensure that each child can access a healthy, safe, and inclusive school environment.

If you have any questions about the information in this handbook or your child's health needs at school, please contact your school nurse or the Grand Ledge Public Schools School Health Services Department.



	<i>Growing Learners</i> Preparing Students Grand Ledge Public Schools will provide every student a high-quality education, critical thinking skills, & social development to reach their highest potential in a safe and inclusive environment.
➤ We believe all students can learn. ➤ We believe it is the role of the school district to provide support and access for all students. ➤ We believe in an inclusive learning environment where every person is valued. ➤ We believe the GLPS staff are professionals who are vital to the health and future of the Grand Ledge community. ➤ We believe in a safe, inclusive environment where students can explore their interests and learn the skills they need to thrive in their communities. ➤ We believe in partnerships between the family, community, and education stakeholders for the success of GLPS.	➤ Academics & Programs: GLPS will align academic programs to meet individual needs and improve student achievement. ➤ Learning Environment & Culture: GLPS will develop and maintain a robust and sustainable culture focusing on diverse goals, needs, and experiences for all individuals. ➤ Communication & Community Engagement: GLPS will provide concise, regular, & proactive communication to all stakeholders and will foster meaningful community engagement. ➤ Personnel & Leadership: GLPS will recruit, develop, and retain high quality staff who meet the growing and diverse needs of students and the district. ➤ Operations: GLPS will continuously assess and improve operational needs to support a safe learning environment.

District – School Nursing Staff		
Cindy Brummette	Lead District Nurse	517-925-5425
Lanta Winn	District Nurse	517-925-5398

BLOODBORNE PATHOGENS

GLPS staff should contact Human Resources at 925-5406 for any employee, student or visitor accidents and bloodborne pathogen exposure.

Grand Ledge Public Schools is committed to maintaining a safe and healthy work environment for all staff. The Grand Ledge Health Team works in partnership with the Human Resources Department and building staff to prevent potential exposure risks and to respond to employee, student, or visitor bloodborne pathogen exposure.

[State of Michigan Bloodborne Pathogens and School Employees](#)

Exposure Control Plan Forms

[Exposure Control Plan Overview](#)

[Exposure Determination](#)

[Engineering and Work Place Controls including Universal Precautions](#)

[Personal Protection and Risk of Exposure](#)

[General Cleaning Standard with OPIM/BBP](#)

[Exposure Incident & Follow up](#)

- [Employee Exposure Incident Report](#)
 - [Employee Refusal for Post - Exposure Evaluation](#)
 - [Student-Visitor Exposure Incident Report](#)
 - [Post Exposure Request for Blood Testing Letter](#)
 - [Cleaning and Disinfecting Items/Surfaces in Contact with OPIM or BBP](#)
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GLPS Board Policy - 8453.01 - CONTROL OF BLOOD-BORNE PATHOGENS

"The Board of Education seeks to protect those staff members who may be exposed to blood pathogens and other potentially infectious materials in their performance of assigned duties."

The Superintendent shall implement administrative guidelines which will:

- A. identify those categories of employees whose duties create a reasonable anticipation of exposure to blood and other infectious materials;*
- B. provide for inoculation of the Hepatitis B vaccine at no cost to the staff member and in accordance with Federally-mandated scheduling;*
- C. ensure proper training in the universal precautions against exposure and/or contamination including the provision of appropriate protective supplies and equipment;*
- D. establish appropriate procedures for the reporting, evaluation, and follow-up to any and all incidents of exposure;*
- E. provide for record-keeping of all of the above which complies with both Federal and State laws;*
- F. develop an exposure control plan.*

CHILD ABUSE & NEGLECT

Child Abuse and Neglect - School Mandated Reporters

- [Mandated Reporters Website](#)
- [School Personnel Guide for Reporting Suspected Child Abuse and Neglect](#)
- [Michigan Child Protection Law](#)



This section provides an overview of the key points of GLPS Student Abuse and Neglect Policy. The full policy can be found at [GLPS Board Policy - po8462](#).

GLPS Board Policy - po8462 - STUDENT ABUSE AND NEGLECT

“The board of education is concerned with the physical and mental well-being of the students of this District and will cooperate in the identification and reporting of cases of child abuse or neglect in accordance with law.

Each professional staff member employed by this District and all other persons employed by this District who are mandatory reporters under the law who has reasonable cause to suspect child abuse or neglect shall be responsible for reporting immediately every case, whether ascertained or suspected, of abuse or neglect resulting in physical or mental injury to a student by other than accidental means.

The professional staff member or other mandatory reporter or appropriate administrator in the presence of the staff member shall immediately notify the local office of the Central Registry of the Michigan Department of Health and Human Services (MDHHS) Family Independence Agency, by telephone, or, if available, through the online reporting system, of the suspected child abuse or child neglect. If an oral report is made by telephone, the reporting person shall file a written report within seventy-two (72) hours of making the oral report as required by the Child Protection Law and shall secure prompt medical attention for any such injuries reported.

Information concerning alleged child abuse is confidential. Any unauthorized disclosure by an official or employee of the District is a violation of the law and subjects the disseminator to civil liability for resulting damages.”

CHRONIC HEALTH CONDITIONS

Contact the school nurse(s) with any questions regarding the management of students with chronic health conditions.

School nurses are responsible for the professional oversight of health services provided to students with chronic health conditions. In accordance with state laws, district policies, and professional standards of practice, school nurses may delegate specific health-related tasks to trained, unlicensed school personnel.

Delegated personnel must complete nurse-led training that is tailored to the student’s individual health needs and includes instruction in safe procedures, recognition of potential complications, and emergency response protocols. The school nurse remains accountable for monitoring



competency, ensuring ongoing adherence to established guidelines, and updating training as needed.

This collaborative approach ensures consistent daily management of chronic health conditions, compliance with legal and professional requirements, and the promotion of a safe, supportive learning environment for all students.

The following list of chronic health conditions includes but not limited to the following conditions:

- **[Confidential Release of Protected Health Information](#)** - Students with Chronic Medical Conditions or those receiving medication at school may need this release of information completed for school nurses to communicate with the student's health care provider. The school nurse will determine if a release of information is needed while completing medical paperwork.
- **ADRENAL INSUFFICIENCY** - Adrenal Insufficiency & Medical Management Plan to be completed & signed by physician and signed by parent
 - **[Adrenal Insufficiency Medical Management Plan](#)**
 - **GLPS - [Medication Authorization Form](#)**
- **ALLERGIES - LIFE THREATENING (food and nonfood allergies)** - Allergy action plans should be completed and signed by the physician and signed by parent/guardian.
 - **[Food Allergy Action Plan](#)**
 - **[Food Allergy Health History Form](#)** - parent completed form
 - **GLPS - [Medication Authorization Form](#)**
- **ASTHMA** - GLPS will accept physician written Asthma Action Plan in place of the GLPS Asthma Action Plan form. Asthma action plans should be completed and signed by physician and parent/guardian
 - **GLPS - [Asthma Action Plan](#)**

- GLPS - [Asthma Health History Form](#)
- GLPS - [Medication Authorization Form](#)
- **BLOOD DISORDERS** - Confirm with the school nurse which care plan is needed.
 - [Sickle Cell Disease](#) - Medical Management Plan
 - [Hemophilia](#) - Medical Management Plan
 - [Other Generic Bleeding Plan](#) - Medical Management & Action Plan
- **CARDIAC CONDITIONS** - the following generic cardiac medical management plan should be completed and signed by physician and parent/guardian. Confirm with School Nurse which care plan is needed.
 - [Generic Cardiac Condition Plan](#)
 - Wolff Parkinson White Syndrome - [WPW Care Plan Form](#)
 - Long QT Syndrome - [Long QT Syndrome Care Plan Form](#)
 - Pacemaker or Implanted Defibrillator (ICD) - [ICD Care Plan Form](#)
 - Catecholaminergic polymorphic ventricular tachycardia (CPVT) - [CPVT Care Plan Form](#)
 - Brugada Syndrome - [Brugada Syndrome Care Plan](#)
 - Arrhythmogenic Right Ventricular Dysplasia (ARVD) - [ARVD Care Plan](#)
- **DIABETES** - the following documents should be completed and signed by physician & parent then provided to the school.
 - American Diabetes Association - [Diabetes Medical Management Plan](#)
 - GLPS - [Medication Authorization Form](#)
- **ENTERAL FEEDING (G-TUBE OR G-J TUBE)**
 - GLPS - [Medical Authorization for G Tube or G-J Tube Feeding](#)
 - GLPS - [Medication Authorization Form](#) (if medication will be administered)

- **MENTAL HEALTH CONDITIONS** - Although school counselors and social workers primarily manage students' mental health concerns, school nurses collaborate with the mental health team to oversee medication management and provide support as needed.
 - **ADHD/Anxiety/FND/Other MH Concerns**
 - GLPS - [Medication Authorization Form](#)
 - GLPS - [School Based Health Center Referral Form](#) - (517)-925-5590
- **SEIZURES - EPILEPSY & PNES** - the following documents should be completed and signed by physician and parent then provided to the school.
 - **Epilepsy Foundation** - [Seizure Action Plan](#)
 - **Epilepsy Foundation** - [Health History](#) (to be completed by parent)

COMMUNICABLE DISEASE

Contact GLPS School Nurses for any reportable illnesses and other communicable illness questions

The Grand Ledge Public Schools Health Team oversees the management of communicable illnesses within the district. Each school's trained office staff reports communicable illnesses directly to the Barry-Eaton District Health Department. While the Michigan Department of Health and Human Services (MDHHS) publishes the annual list of reportable illnesses, Michigan's local control structure means reporting guidelines come from the local health department. When communicable diseases are identified in our schools, the Health Team collaborates with custodial services and the local health department to ensure appropriate cleaning, reporting, and timely notification of staff and parents.

- [2025 Reportable Disease in Michigan](#)
- [State of Michigan Managing Communicable Diseases in School](#)



GLPS Board Policy - po8450 - CONTROL OF CASUAL-CONTACT COMMUNICABLE DISEASES

For purposes of this policy, "casual-contact communicable disease" shall include:

- A. diphtheria,
- B. scarlet fever and other strep infections,
- C. whooping cough,
- D. mumps,
- E. measles
- F. rubella,
- G. others designated by the Michigan Department of Community/Public Health.

In order to protect the health and safety of the students, District personnel, and the community at large, the Board shall follow all State statutes and Health Department regulations which pertain to immunization and other means for controlling casual-contact communicable disease spread through normal interaction in the school setting.

If a student exhibits symptoms of a communicable disease, the principal will isolate the student in the building and contact the parents/guardians. Protocols established by the County Health Department shall be followed.

The Superintendent shall develop administrative guidelines for the control of communicable disease which shall include:

- A. instruction of professional staff members in the detection of these common diseases and measures for their prevention and control;
- B. removal of students from District property to the care of a responsible adult;
- C. preparation of standards for the readmission of students who have recovered from casual-contact communicable diseases;
- D. filing of reports as required by statute and the State Department of Health.

EMERGENCY RESPONSE IN SCHOOLS

CPR/AED In Schools

GLPS has 7 buildings that are MI Heart Safe Schools

School Nurse with building Cardiac/Medical Emergency Response Team (MERT) conducts 1-2 drills per school year

1. CPR & AED Instruction for Students (Grades 7–12)

- Public Act 388 of 2016 (MCL 380.1170a) mandates that, as of the 2017–18 school year, all students enrolled in grades 7 through 12 must receive instruction in CPR including



hands-on practice, and education about AEDs—though AED instruction doesn't require hands-on use. This instruction must follow evidence-based guidelines from the American Heart Association, the Red Cross, or similar organizations.

- Teachers don't have to be certified CPR instructors unless the instruction results in a CPR certification card; those courses must be taught by an authorized instructor.

2. Teacher Certification Requirements

- For individuals beginning classroom teaching on or after August 1, 2023 (per Public Act 110 of 2023)—if they don't already hold a valid CPR/First Aid card—they must complete training in Adult & Pediatric CPR and First Aid, with hands-on mannequin testing and airway obstruction instruction, as part of their first-year professional development. Online-only formats are not acceptable.

3. Cardiac Emergency Response Requirements for Schools (Effective 2025–26)

Michigan has also strengthened requirements for school readiness in cardiac emergencies:

- House Bill 5527 (amending the Fire Prevention Code) and HB 5528 (amending the Revised School Code) are set to take effect for the 2025–2026 school year. They require all public and non-public schools to:
- Establish a cardiac emergency response plan, including use of school personnel during school hours and school-sponsored events.

If the school has athletics, the plan must also cover school-sponsored athletic events.

The plan must include:

- A cardiac emergency response team and activation protocol
- Accessible placement of AEDs (ideally within 1–3 minutes) with clear signage
- Routine maintenance of AEDs
- Broad dissemination of the plan across the campus
- Ongoing training for personnel (CPR, first aid, AED use)
- Annual drills/simulations
- Integration with local emergency services
- Regular review of the plan (annual or triennial)

- **Coach Certification:** High school coaches (both public and private) must hold valid certification in CPR and AED use from the American Red Cross, American Heart Association, or a similar Department-of-Education–approved entity.
- **Liability Protection:** Individuals performing CPR or AED use as part of the response plan are immune from civil liability, except in cases of gross negligence or willful/wanton misconduct.

4. Good Samaritan Protection

- Under MCL 691.1504, individuals who voluntarily perform CPR or use an AED in good faith—including instructors and property owners—are granted Good Samaritan legal protection from civil liability.

CONCUSSION/HEAD INJURY

State Requirements (Michigan Law)

Public Acts & Training

- **Public Act 342 (2012):** Requires the Michigan Department of Health and Human Services (MDHHS) to develop and approve concussion educational materials and training programs before June 27, 2013
- **Public Act 343 (2012):** Mandates that all coaches, volunteers, school staff, and other adults involved in youth athletic activities complete concussion awareness training—including an online program—and that this training be retaken at least every three years
- Schools must provide educational materials—detailing signs, symptoms, and risks of concussions—to each student athlete and their parent or guardian before participation in athletic activities or physical education classes.
- Both the youth athlete and parent/guardian must sign an acknowledgment that they've received these materials, and the school must retain this documentation (generally until the student turns 18)
- **School nurses and athletic staff often play a key role in:**
 - Providing concussion education to students, parents, and staff.



- Identifying suspected concussions.
- Collaborating in the “return-to-play” and “return-to-school” processes.
- Ensuring that academic accommodations (like part-days, extended deadlines, etc.) may be put in place during recovery

School Response for Potential Concussions

- School Personnel

Information to come in the future for the following:

FIRST AID

MERT & Cardiac Teams

LAWS THAT IMPACT EMERGENCY RESPONSE

ENROLLMENT

Students with medical needs must complete the Student Health Form, which identifies their specific condition(s). See the *Chronic Health Conditions* section for condition-specific details and the *Medication Administration in Schools* section for medication forms. Forms are also available on the GLPS website under **Parent & Student Resources** in the School Health section.

Enrollment Page [Link](#)

Other required medical forms to be completed prior to school entry include

[Hearing & Vision](#)

[Dental Assessment](#)

FIELD TRIPS

Field trips are an extension of the school day. All school health, safety protocols, and student accommodations remain in effect and must be planned for accordingly.

Documents for field trip preparation:

[Field Trip Process](#)

[Complete Field Trip Request:](#)

[Field Trip Medical Prep Guide](#)

[When Taking a Student with Medication on a Field Trip](#)



In GLPS, guidelines for field trips involving students with medical conditions and medication follow a combination of state policies and individual school district protocols. These guidelines ensure the safety and well-being of students while participating in off-campus activities. Below are key points to consider when planning a field trip with students who have medical conditions and require medication.

1. Parental/Guardian Notification and Consent

- **Permission Forms:** Parents or guardians must sign permission slips, including medical information forms. These forms should disclose any medical conditions, medications, or specific needs.
- **Medical Authorization:** A signed authorization form from a parent/guardian and a healthcare provider, should accompany any student who requires medication administration during the trip.

2. Medical Information and Emergency Action Plans

- **Individualized Health Plan (IHP):** Students with medical conditions may have an IHP, which outlines their medical needs, medications, and steps for managing emergencies.
- **Emergency Action Plan (EAP):** For students with severe allergies, asthma, diabetes, or other conditions that may require emergency care, an EAP must be provided, detailing the specific actions to be taken in case of an emergency.

3. Medication Management

- **Proper Storage and Handling:** All medications must be stored securely and appropriately e.g. controlled substances to be locked at all times or medication refrigerated.. The school or district may designate a trained staff member to carry and administer medications.
- **Self-Administration:** Students who are authorized to self-carry and self-administer certain medications, such as inhalers or EpiPens, should have documentation that permits this, as required by Michigan law.
- **Medication Logs:** Any medication administered during the field trip should be logged with the dosage, time, and name of the person administering it.

4. Staff Training and Delegation

- **Designated Staff:** Staff members who accompany the field trip must be trained in administering medication and recognizing medical emergencies.
- **Delegation of Responsibility:** A staff member may be designated to monitor students with medical needs, carry medications, and ensure the execution of IHPs and EAPs.



- **First Aid Training:** Teachers and chaperones should be trained in basic first aid and CPR, with a focus on responding to medical conditions relevant to the students on the trip.

5. Communication and Coordination

- **Communication with Parents:** Notify parents of students with medical needs about upcoming field trips in advance so they can attend if possible. All parents should provide emergency contact information and ensure that their child's medical information is current.
- **Coordination with Healthcare Providers:** If needed, work with school nurses or healthcare providers for help planning and managing specific medical conditions during the trip

6. Access to Emergency Medical Services

- **Nearest Medical Facility:** Be aware of the nearest medical facility for any emergencies
- **Emergency Response Equipment:** Depending on the needs of the students, the school should ensure that medical supplies are available and taken on the trip.

7. Special Transportation Accommodations

- If the student requires specific accommodations for transportation, such as a wheelchair-accessible vehicle or a medical attendant, these arrangements must be made in advance.

8. Legal Considerations and Liability

- Schools must adhere to Michigan's legal requirements for medication administration, district policy, including compliance with laws like the **Michigan Compiled Laws 333.17744a**, which governs the administration of medications in schools.

By following these guidelines, Michigan schools ensure the health and safety of students with medical conditions during field trips, while also providing a positive experience for all involved.

HEALTHCARE PARAPROFESSIONAL

Grand Ledge Public Schools employs healthcare paraprofessionals—unlicensed school personnel specially trained by a school nurse—to provide delegated health services in compliance with Michigan laws and model policies.



IEP & 504 REFERRALS FOR SCHOOL NURSES

MTSS - School Nurse Referrals:

The building MTSS team should work in collaboration with the assigned school nurse to address the needs of students with medical conditions who also require academic support and/or have patterns of chronic absenteeism.

504 Plans:

School nurses are essential members of the 504 team, providing medical expertise on students' health conditions, their impact on learning or the health related barrier to education, and the necessary accommodations to ensure both academic access and safety during the school day.

504 Plan - Referrals to School Nurse: The school nurse assigned to the building should be included in all Medical 504 Plan meetings. As a licensed medical professional, the school nurse can provide expert insight into the student's medical needs and recommend appropriate accommodations to support the student's success and safety at school.

IDEA/IEP Plans:

Under the Individuals with Disabilities Education Act (IDEA), students with disabilities are entitled to related services, which may include nursing support. School nurses play a vital role on the IEP team for students with medical or chronic health conditions, providing expertise to identify and implement accommodations necessary to meet the student's medical needs, similar to those outlined in a 504 plan.

IEP Referrals to School Nurse: If the IEP Team suspects a need for school nursing services/support, the case manager should speak to the school nurse assigned to their building to discuss concerns. If the service provider agrees that there is a reason to suspect a need for their service, the case manager will contact parents to let them know the school nurse will reach out.

Specialized - [TRANSPORTATION PLAN](#)

IMMUNIZATIONS

Per the GLPS student handbook

Immunizations Michigan law, according to Section 9208 of the Michigan Health Department Public Act #368 of 1978, states the following: "A parent, guardian, or person in loco parentis applying to have a child registered for the first time in a school in that state shall present to school officials, at the time of



registration or not later than the first day of school, a certificate of immunization or statement of exemption under Section 9215. A teacher or principal shall not permit a child to enter or attend school unless a certificate indicating that a minimum of one dose of an immunizing agent against each of the diseases specified by the department has been received and certified by a health professional or local health department."

- A parent/guardian, or person in local parentis, having a child register with only these minimum doses of immunizing agents shall present an updated certificate of immunization within four months after initial attendance showing that the immunizations have been completed as prescribed by the department.
- Parents/guardians of children entering school for the first time in Michigan are reminded that each child must be immunized for diphtheria, pertussis, tetanus, polio, smallpox, rubella, chicken pox, measles and Hepatitis B. Vision and hearing examinations are also required.
- The information must be brought to school on the first day or within a reasonable time after school has begun.

Free clinics are available at both the Barry-Eaton District Health Department and at various Outreach clinics in the area. Please call (517) 543-2430 or (517) 485-7110 for specific dates and places.

- [2025 Immunizations](#)



MEDICATION ADMINISTRATION IN SCHOOL

Students require medication during school hours to support their health, reduce absences, and ensure they can focus on learning. Proper and safe administration of medication at school is essential. Michigan schools must follow a medication policy that complies with Section 380.1178 of the Michigan School Code and state guidelines.

GLPS Board Policy- po5330 -The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a physician and any nonprescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any medication or treatment may be administered to any student during school hours, the Board shall require the written authorization from the child's physician accompanied by the written authorization of the parent. This document shall be kept on file in the administrative offices. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Discipline Code/Code of Conduct.

Only medication in its original container; labeled with the date, if a prescription; the student's name; and exact dosage will be administered. Parents, or students authorized in writing by their physician and parents, may administer medication or treatment.

Only staff members who have been trained to administer medication or treatment in the presence of another adult, except in the case of an emergency that threatens the life or health of the student. Staff licensed as professional registered nurses are exempt from this requirement.

All staff authorized to administer medication or treatment will receive training on this policy and the Superintendent's guidelines, as well as appropriate procedures for administering the medication or treatment. This training shall include both knowledge of the District's policy and procedures and the administration of medications or treatment. Where possible, this training should be provided by a licensed registered nurse, a licensed nurse practitioner, a licensed physician's assistant, or a licensed physician.

All medication shall be kept in locked storage. Controlled substances shall be double locked.

The Board shall permit the administration by staff of any medication requiring rectal, nasal, intravenous or intramuscular injection or the insertion of a device into the body (i.e., catheter) when both the medication and the procedure have written authorization from the parent and a physician and the staff member has completed any necessary training.



Students who may require administration of an emergency medication may have such medication in accord with the Superintendent's administrative guidelines.

Students may possess and self-administer a metered dose or dry powder inhaler for relief of asthma, or before exercise to prevent onset of asthma symptoms, while at school, on school-sponsored transportation, or at any school-sponsored activity in accord with the Superintendent's guidelines, if the following conditions are met:

- A. There is written approval from the student's physician or other health care provider and the student or parent/guardian (if student is under eighteen (18)) to possess and use the inhaler (Form 5330 F1c) And the building administrator has received a copy of the written approvals from the physician and the parent/guardian.and
- B. there is on file at the student's school a written emergency care plan prepared by a licensed physician in collaboration with the student and his/her parent/legal guardian. The plan shall contain specific instructions on the student's needs including what to do in the event of an emergency.

Students with a need for emergency medication may also be allowed to self-possess and self-administer such medication, provided that they meet the same conditions established above. Students who are prescribed epinephrine to treat anaphylaxis shall be allowed to self-possess and self-administer the medication if they meet the conditions stated above.

Students shall be permitted to possess and self-administer U.S. Food and Drug Administration (FDA) approved, over-the-counter topical products while on school property or at a school-sponsored event provided the student has submitted prior written approval of his/her parent/guardian to the Principal or other administrator of the student's school.

This policy and the administrative guidelines developed to establish appropriate procedures shall be implemented in such a manner to comply with the District's obligations and the student's needs under any Individualized Education Plan, Section 504 Plan, or other legally required accommodation for individuals with disabilities.

The Superintendent shall prepare administrative guidelines to ensure the proper implementation of this policy.

- **Medication** - medication includes both prescription and over the counter medications taken by mouth, inhalation, injection, rectal installation, applied by drops to the eye, ear or nose or applied to the skin. All medications require a completed parent and provider authorization to be given at school.
 - GLPS - [Medication Authorization Form](#)
- **Self carry medication in schools** - Students may only self carry epi pens and rescue inhalers. A completed self carry form must be on file with the school building.
 - GLPS - [Self Carry Medication Authorization Form](#)



- **Controlled substances** - Controlled substances including rescue medications (seizure rescue medication) must be locked at all times.
-

STOCK EPINEPHRINE - Under Michigan Public Acts 186 and 187, schools are required to have two stock epinephrine auto-injectors available during the school day for students experiencing life-threatening allergic reactions. Schools must also establish training protocols and report any use of epinephrine to the Michigan Department of Education.

GLPS Board policy - po5330.01 outlines the use of stock epinephrine in the school district. View the complete [GLPS Board Policy on Stock Epinephrine Auto Injectors](#)

- Staff that have been trained by district nurses are able to administer epinephrine to students experiencing anaphylaxis.
 - The use of epinephrine at school must be reported to the MDE.
-

STOCK NALOXONE- Public Act 385 allows local school districts to stock and provide an opioid antagonist to pupils or other individuals who are believed to have an opioid-related overdose.

GLPS Board Policy - 5330.02- **Opioid Antagonists**- “The Board has determined that it is in the best interests of its students and employees to have opioid antagonists available to be administered, if necessary, by appropriately trained personnel. Therefore, the Board adopts this policy to govern the handling and administration of opioid antagonists consistent with the following processes, procedures and limitations.” View the complete [GLPS Board Policy on Opioid Antagonist \(Naloxone\)](#)

- Designated staff to be trained by district nurses
- Naloxone is located with AED’s within school building

Medication Disposal - At the end of the school year unclaimed medications (those not picked up by parents/guardians) are disposed of properly through the district health team.

NUISANCE CONDITIONS

Head Lice

It is common to have cases of head lice and other related problems in the school throughout the school year. It is the responsibility of parents/guardians to check student's heads on a regular basis. Students are encouraged NOT to share their clothing/coats, hair accessories, brushes, combs or hats. Although head lice are not a health threat, they are contagious with direct contact. Active infestation is defined as the presence of live lice or nits found within ¼ inch of the scalp. Therefore, when an active head lice infestation is found, our school practices are:

- The child should be restricted from activities of close contact or sharing items with other children.
- The parent/guardian will be contacted and the child should be sent home.
- Other students will be checked for head lice only when infestation is suspected.
- Parents/guardians & students are expected to follow instructions for treatment/prevention of head lice.
- A letter should be sent home notifying the classmate's parents/guardians that an active case of head lice was detected.
- Upon return to school, the student must be accompanied by the parent/guardian and brought to the school office. The student will be rechecked for an active infestation prior to re-entry. The primary goal is for the student to be Nit Free, yet it is within the school administrator's discretion whether the student will be readmitted.

[State of Michigan Bed Bug Manual](#)

[State of Michigan Head Lice Manual](#)

[State of Michigan Scabies Manual](#)



SCHOOL NURSING SERVICES

Our mission is to provide expertise in health and promote the academic success of the nation's children and youth by providing leadership and advocacy.

School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. Adopted by the National Association of School Nurses Board of Directors February 2017.

School nursing practice in Michigan is guided by the **Michigan School Code** (legislates what must be done in schools) and the **Michigan Public Health Code** (legislates how medical professions may practice in Michigan). Michigan does not have a separate Nurse Practice Act.

[Michigan School Code](#)

[Michigan Public Health Code](#)

[Michigan School Nurse Care Delivery Model](#)

[Frequently Asked Questions - UPDATED](#)

[Emergency Guidelines for Schools](#)

[Michigan Association of School Nurses School Health Consideration Documents](#)

[Laws and Model Policies that Guide School Health Services](#)

Information to be added in the future:

DELEGATION

DOCUMENTATION

EMERGENCY ACTION PLANS

HEALTHCARE PROCEDURES

INDIVIDUALIZED HEALTHCARE PLAN

MEDICAID BILLING

NURSING CARE PLAN

POLICIES AND PROCEDURES

PROTOCOLS

PROFESSIONAL DEVELOPMENT FOR SCHOOL NURSES

RECORD RETENTION



TOILETING

Toilet training is a key developmental milestone, with most children achieving full independence between the ages of two and three. Toileting (recognizing the need to use the restroom), clothing management (pulling up pants, snaps, buttons, & zippers) and personal hygiene (wiping after using the toilet), handwashing are all activities of daily living skills. By the time children enter Beginnergarten or Kindergarten, they should generally be able to independently perform these skills with minimal supervision, cueing or prompting.

For children who have not yet mastered these skills, it is essential to provide respectful, developmentally appropriate support to help them progress. Toileting accidents can cause embarrassment, increase stress, and potentially hinder a child's progress toward independence. All students should be supported through a Tiered Toileting Supports: Roles, Routines, and Practices.

Tier 1 – Universal Supports

Prevent problems and build independence - Student is primarily potty trained

Core routines

- Teach and post shared bathroom vocabulary (e.g., “toilet,” “flush,” “wash,” “dry”).
- Embed scheduled bathroom breaks (e.g., arrival, mid-morning, after lunch, dismissal) and allow access as needed.
- Provide developmentally appropriate privacy (door/curtain), dignity, and body-safety rules.
- Hygiene: model/teach handwashing (20 sec), clothing management, and flushing.
- Preventive hydration plan (reasonable water access) while avoiding last-minute “rushes.”
- Classroom prompts: discreet reminders before transitions; offer “check-in” before recess/bus.
- Prompting, Cueing
- Minimal hands on

Signs that student needs to use the restroom

- States that they need to use the potty/bathroom
- Notice student becoming wiggly and moving around in their seat
- Holding them self or grabbing their private area
- Crying or may become emotional
- Squatting, making faces, becoming quiet
- Restlessness and Squirming: A child might fidget, squirm, or move around restlessly, especially if they are trying to hold it in.
- Squatting or Hiding: Some children will squat down or seek a private place to have a bowel movement.
- Facial Expressions: They might make a strained or concentrated facial expression.



- Grabbing or Touching Genitals: Especially with boys, they might grab or pull at their pants or underwear.
- Holding Themselves: They may hold their genital area or cross their legs.
- Becoming Quiet or Still: Some children become unusually quiet or still when they need to go.
- Sudden Change in Behavior: A sudden change in a child's usual behavior could indicate they need to go.
- Tugging at Clothes: They might tug at their pants or underwear, indicating discomfort or a need to go.

Questions for prompting

- Ask student if they need to use the potty/toilet/restroom/bathroom
- Ask student if they have already gone potty - if yes follow changing protocol
- Prompt or cue the student to use the toilet/restroom

When students needs additional guidance or directions - Prompting is based upon student skill level

- "Let's go to the potty/toilet/restroom/bathroom."
- Child will be cued and supported to push down pants and underwear.
- Adult visually checks if they are dry or wet. Follow the dry/wet pants protocol if needed
- Child will sit on the toilet using facing forward with feet on the floor
- Child should be allowed to sit up to 2 minutes or until they've gone to the bathroom
- If the child does not urinate in the toilet, adult can say, "You can try again later."
- If the child urinates in the toilet - prompt - if needed, to wipe, pull up pants, flush and wash hands
- Child returns to classroom activities

Procedure for Toileting Tier 1

1. Assist the student to the restroom.
2. Adult staff member directly supervises the children from the bathroom doorway where they can enter the restroom quickly to help.
3. Assist the student with removal of necessary clothing *UNBUTTON, UNSNAP, UNZIP, OR PULL DOWN*
4. Prompt or cue student to sit on the toilet— *facing forward with feet on the ground*
5. Provide privacy while remaining close to the student in case they need assistance.
6. Providing balance or support for the student when needed.
7. Once finished with elimination, prompt the student to wipe, place toilet paper in toilet and flush
8. Assist the student with clothing management when needed.
9. Prompt the student to Wash hands
10. Assist the student back to the classroom.
11. Staff to wash their hands whenever direct assistance is provided

When Tier 1 isn't enough (refer to Tier 2 if any apply)

- ≥2 accidents/week for 2 consecutive weeks.
- Student avoids restroom, withholds, or shows distress.
- New to school and lacks stable toileting routines.

TIER 2 - Targeted Supports -

When a student has not yet mastered independent toileting skills - mostly independent but with additional guidance and hands on support

Goal: Build consistent skills with a simple plan

- Have accidents more frequently
- Need help changing/cleaning
- Need to be on a schedule
- Includes Tier 1 + Tier 2 Supports

Procedure for Toileting:

- Assist the student to the restroom.
- Adult staff member directly supervises the children from the bathroom doorway where they can enter the restroom quickly to help.
- Assist the student with removal of necessary clothing *UNBUTTON, UNSNAP, UNZIP, OR PULL DOWN*
- Prompt or cue student to sit on the toilet— *facing forward with feet on the ground*
- Provide privacy while remaining close to the student in case they need assistance.
- Providing balance or support for the student when needed.
- Once finished with elimination, remind the student to use correct methods to clean their private area. Girls should use a front-to-back motion for cleansing. The student may require assistance with this procedure.
- Assist the student with clothing management when needed.
- Prompt the student to Wash hands
- Assist the student back to the classroom.
- Staff to wash their hands when direct assistance was provided
- Have accidents more frequently
- Need help changing/cleaning
- Need to be on a schedule
- Mostly independent but with additional guidance and hands on support

Toileting Protocol for Students with Pullup



When to escalate to Tier 3

- Little/no progress after 4–6 weeks of consistent implementation and data.
 - Medical concerns (pain, blood, daytime wetting > age norms, constipation/soiling, UTIs).
 - Toileting needs interfere significantly with access to instruction.
 - Disability suspected/identified requiring accommodations or services.
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Tier 3: Intensive, Individualized & Additional Supports

Goal: Ensure access via formal supports, health plans, and specialized training.

- For students with significant needs including but not limited to: cognitive or emotional impairment, encopresis, other disability affecting a students
- Require student specific individualized plan
- **504 Plan or IEP:** accommodations/services (flexible bathroom access, adult assistance, extra time, private location, spare clothing storage, data-based toileting program as a supplementary aid/service).
- **Behavior/Skill Program:** individualized schedule, gradual interval increase, specific wiping/handwashing instruction, visual task analysis, differential reinforcement, errorless prompting/fading.
- **Crisis/Behavior Safety Addendum** (if needed): elopement from bathroom, fecal smearing, refusal/aggression—clear steps and staffing.

Facilities & equipment

- Accessible restroom per student's needs, changing table with safety straps, disposal system for diapers/briefs, dedicated hygiene supplies, visual privacy signage.

Documentation

- Daily toileting data sheets; health care procedure logs; progress monitoring graphed for teams.
- Parent/guardian informed per plan cadence (e.g., weekly summary) and immediately for health issues.

Toileting Protocol for Students with a Toileting Plan



Clear Referral & Escalation Pathway

1. **Teacher Notice (Tier 1):** track for 2 weeks → if thresholds met
2. **Tier 2 Start:** Follow Tier 2 Toileting Protocol; get family input when appropriate; begin data; schedule review in 4 weeks.
3. **Tier 2 Review:** if responsive → fade supports; if not → nurse screening + problem-solving meeting.
4. **Tier 3 Consideration:** initiate 504/IEP referral when disability/medical need impacts access; develop Health Care Plan and services as indicated.