

SCHOOL NURSE ORIENTATION MANUAL



MATERNAL AND CHILD HEALTH SERVICE

CHILD AND ADOLESCENT HEALTH DIVISION

SCHOOL HEALTH PROGRAM

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AN EQUAL OPPORTUNITY EMPLOYER

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This manual is only advisory and is not intended as a substitute for legal advice from an attorney licensed to practice law in Oklahoma or as a substitute for policy statements by the employing school district regarding issues within the authority and discretion of each school district.

Introduction

School nursing is a unique nursing specialty. Often nurses come to the specialty area of school nursing from the clinical environment composed of peers working side-by-side. School nurses are often the lone health care professional in an educational setting charged with the task of meeting the complex health needs of children and their families. Many times school districts do not have policies or protocols developed that assist the school nurse with professional expectations.

This manual has been developed to provide new school nurses an orientation to the practice of school nursing in Oklahoma. It contains links to current laws affecting school health care; information on supplies for a health room; emergency response; developing care plans for children with chronic diseases; fundamentals of Section 504 of the American Disabilities Act and Individual Education Plan (IEP) for children in need of modifications during the school day; appropriate delegation of care; resources and sample forms. This manual will be updated annually to assure school nurses have the most current information and resources.

If you, as a school nurse, have questions related to this manual or school nursing practice, please contact Maternal and Child Health Service, Child and Adolescent Health Division, at the Oklahoma State Department of Health by calling (405) 271-4471.

Definition of School Nurse

The National Association of School Nurses (NASN) defines school nursing as:

A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and, actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

As defined in the Oklahoma State Statute Title 70 Section 1-116(7):

A **SCHOOL NURSE** employed full time by a board of education shall be a registered nurse licensed by the Oklahoma State Board of Nurse Registration and Nursing Education, and certified the same as a teacher by the Oklahoma State Department of Education (OSDE).

A **SCHOOL NURSE** employed by a board of education shall be accorded the same protection of laws and all other benefits accorded a certified teacher.

Competencies for Licensure and Certification School Nurse

Competency for School Nurse certification is found on the OSDE website at <http://sde.state.ok.us> under certification (**teacher**). Information on certification can be found by written request or telephone request to the:

Oklahoma State Department of Education
Professional Standards Section
Hodge Education Building - Room 212
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
Telephone: (405) 521-3337

Standards of Professional School Nursing Practice

Licensed professional school nurses have an obligation to provide the highest quality of care within their specialty area. Standards of practice represent agreed upon levels of quality in practice and reflect the values and priorities of the profession. They have been developed to characterize, measure, and provide guidance in achieving excellence in care.

Standards of nursing practice may be established in numerous ways:

1. National and state nursing and specialty nursing organizations have published position statements and other documents that provide direction for professional nursing practice and frameworks for the evaluation of practice.
2. Court cases have established precedents that may be used in determining appropriateness of care.
3. State departments of education and/or health have established laws, regulations, and guidelines for providing health services in the school setting.
4. Licensing standards are established through individual state nurse practice acts to protect the public from incompetent professionals.
5. Professional nurses are also accountable to their employers for work place practices. This may create conflict in the practice of school nursing because of discrepancies between education law and regulation and the laws and regulations that impact the practice of nursing.

School Nursing: Scope and Standards (American Nurses Association, 2005) define the role of the school nurse in providing school health services. This document may be used to assist school nursing personnel in articulating a practice role and in developing tools to assist in the evaluation of practice.

The standards of school nursing practice are written within a framework of the nursing process and include data collection, nursing diagnosis, planning, intervention, and evaluation. Standards of practice and the nursing process are essential tools for providing care for any individual in the school setting and for the development of individualized healthcare plans for students with special health care needs.

You may download a copy of the Oklahoma Nurse Practice Act by going to www.youoklahoma.com/nursing. You can purchase a copy of the *Scope and Standards of Professional School Nursing Practice* through the National Association of School Nurses at www.nasn.org/bookstore.htm.

**NATIONAL ASSOCIATION OF SCHOOL NURSES, INC. and
AMERICAN NURSES ASSOCIATION
SCOPE AND STANDARDS OF PROFESSIONAL SCHOOL NURSING PRACTICE**

STANDARDS:

Standard 1. Assessment

The school nurse collects comprehensive data pertinent to the client's health or the situation.

Standard 2. Diagnosis

The school nurse analyzes the assessment data to determine the diagnosis or issue.

Standard 3. Outcome Identification

The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

Standard 4. Planning

The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation

The school nurse implements the identified plan.

A. Coordination of Care

The school nurse coordinates care delivery.

B. Health Teaching and Health Promotion

The school nurse provides health education and employs strategies to promote health and a safe environment.

C. Consultation

The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

D. Prescriptive Authority and Treatment

The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Standard 6. Evaluation

The school nurse evaluates progress towards achievement of outcomes.

Standard 7. Quality of Practice

The school nurse systematically enhances the quality and effectiveness of school nursing practice.

Standard 8. Education

The school nurse attains knowledge and competency that reflects current school nursing practice.

Standard 9. Professional Practice Evaluation

The school nurse evaluates one's own nursing practice in relation to professional standards and guidelines, relevant statutes, rules and regulations.

Standard 10. Collegiality

The school nurse interacts with, and contributes to the professional development of peers and school personnel as colleagues.

Standard 11. Collaboration

The school nurse collaborates with the client, the family, school staff and others in the conduct of school nursing practice.

Standard 12. Ethics

The school nurse integrates ethical provisions in all areas of practice.

Standard 13. Research

The school nurse integrates research findings into practice.

Standard 14. Resource Utilization

The school nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of school nursing services.

Standard 15. Leadership

The school nurse provides leadership in the professional practice setting and the profession.

Standard 16. Program Management

The school nurse manages school health services.

What Does the School Nurse Do?

The primary role of the school nurse is to support student learning by functioning as a health care provider and manager in the school setting. The school nurse:

1. Provides leadership in the development and promotion of a comprehensive health program.
2. Advocates for the health right of children.
3. Promotes an optimal level of health for students and staff.
4. Serves as a consultant for the health concerns of students, families, and staff.
5. Promotes sound health care practices within the school and community.
6. Serves as a link between health care providers, families, staff, and community agencies.

The school nurse performs duties in a manner consistent with professional standards, state nurse practice acts, other state and local statutes and/or regulations applicable to school nursing practice, and adheres to school district policies.

A school nurse serves as the health professional coordinator for all school health programs.

What services does the school nurse provide?

1. Promotes and protects the optimal health status of children.
2. Develops guidelines for the management of illness and injury interventions.
3. Provides training to designated staff on recognition of signs and symptoms of illness and disease.
4. Performs health assessments and participates in Individualized Education Plan (IEP) development.
5. Performs nursing procedures such as ventilator care, gastrostomy feedings, tracheostomy care, catheterization, etc.
6. Provides health assessments, which includes screening for various health factors impacting student education.
7. Provides health education and counseling to help prevent teen pregnancy, sexually transmitted diseases, tobacco use, alcohol, substance abuse, and other health related issues, and wellness programs.
8. Maintains, evaluates, and interprets cumulative health data to accommodate individual needs of students.
9. Provides chronic disease management and education.
10. Plans and implements Individualized Healthcare Plans (IHP) and services for children with disabilities and/or health conditions that interfere with learning, including medication administration and monitoring.
11. Provides assessments and interventions for students with mental health concerns.
12. Participates as the health consultant on school teams.
13. Promotes and assists in the control of communicable diseases through immunization programs, early intervention, surveillance, reporting, and follow-up of contagious diseases.
14. Recommends provisions for a healthy school environment conducive to learning.

15. Provides health education, health resources, wellness programs, and curriculum recommendations to the school staff.
16. Engages in research and evaluation of school health services.
17. Assists in the formation of health policies, goals, and objectives for the school district.
18. Coordinates school/community health activities and serves as liaison between school, home, community, and health care providers.

Surviving Your First Year as a School Nurse

How to Begin:

How does a school nurse begin when there is no nurse supervisor or plans for an orientation by another nurse? Once you have been hired, meet with the superintendent or a designee to learn the school district's school health program philosophy and expectations of the nurse's role in the school and the schedule. If the nurse is serving more than one building - the number of schools, the age/grade levels, the number and health needs of the students, and the number and health needs of special education students should be considered in developing the nurse's schedule.

Many resources are available to the school nurse who is practicing without the onsite support of other nurses. These include:

1. School Health Consultants with Maternal and Child Health Service, Oklahoma State Department of Health;
2. School Nurse Organization of Oklahoma;
3. National Association of School Nurses; and
4. American School Health Association.

At the beginning of the school year the school nurse should:

1. Meet the principal and office staff.
 - a. Arrange to provide an in-service to update the principal, school secretary, and office staff on any new immunization requirements for school enrollment.
 - b. Arrange for a mailbox where messages may be received. Obtain access to the copy machine, a map of the school, and class rosters.
 - c. Discuss with the principal how and when to call an ambulance, your schedule, lunch breaks and coverage during that time, and procedures when you are ill or for days you are not assigned to that school.
 - d. Discuss with the principal establishing and training an emergency response team within the school.
2. Review school health policies and procedures.
 - a. Does the school have a local Healthy and Fit School Advisory Committee? Review with the principal the role of the school nurse with that committee.
 - b. Discuss with the principal what types of statistical data are to be collected on school nurse activities to provide accountability of the school health program.
3. Inspect the school health office, if there is one. Look at the clinic space, supplies, and available equipment. Compile a list of needed supplies and equipment and discuss with the principal how these will be ordered.

4. Find current student health records. Determine what type of health information is available and how confidentiality is maintained.
 - a. Confer with the secretary about securing health information and immunization data on all new students. Ask how compliance with the immunization law is ensured.
 - b. Who records the health information, including immunization information?
 - c. How is the school nurse informed of students who have significant health problems?
 - d. How current are the health records?
 - e. Does the school district or individual school have policies regarding when and how to destroy old school or health records?
5. Arrange a meeting with the staff to describe the school nurse's role, when and how students should be referred to the nurse.
 - a. Provide the staff with a copy of the school nurse weekly schedule.
 - b. Meet with local emergency response agencies to begin the process of developing an emergency response plan for possible school crisis situations.
 - c. Review and update as needed the district's emergency response plan.
 - d. Discuss the purpose and role of the school emergency response team.
 - e. Set date(s) of training for members of the school's emergency response team in Cardio Pulmonary Resuscitation (CPR), the use of the Automated External Defibrillator (AED), and first aid.
 - f. Review the emergency response plan with the school's emergency response team and staff.
6. Meet with the special education lead teacher at each school site to determine:
 - a. When the referral conferences are held.
 - b. Who in that building notifies the school nurse when parent/guardian permission has been obtained for student testing?
 - c. Who in that building will notify the school nurse when the Individualized Education Plan (IEP) meeting is scheduled with the parent/guardian?
 - d. How will the school nurse be informed of special education field trips and events in each building?
 - e. How and when paraprofessionals and teachers will be trained to administer medication and provide specialized treatments.
7. Meet with the cafeteria manager and staff, school custodian, and bus drivers to determine how the school nurse can serve as a resource for them.
8. Determine to whom and how notification will take place when there is an observed or reported health hazard at the school.
9. Become acquainted with community agencies and resources.
10. Meet and discuss with various community agencies the availability of health-related or community services for school children and their families.

After assimilating the information listed above, the school nurse should develop a work plan which includes new, revised, and previously determined goals and objectives. The new school nurse should continue the programs in operation according to existing guidelines until assessment can be made and need for change determined.

If there are no written policies and procedures, identify those of top priority and prepare them for the superintendent and school board's approval. Basic policies should deal with:

1. Medication administration;
2. Control of communicable disease;
3. Infection control;
4. Child abuse and neglect;
5. Establishing screening programs;
6. Nursing care for illness and injury;
7. Special health care needs;
8. Disaster preparedness; and
9. General school health programs.

Review state laws, practice acts, regulations, or rules that may have an impact on school health programs and school nursing services to ensure school health policies and procedures are not in conflict.

School nurse responsibilities will vary according to the goals of the school health program in the school district. The school nurse may be assigned to only one building or may be the only nurse for an entire district. In either case the school nurse may have the opportunity to be the school health program manager.

Even minimal school health programs should allow the nurse to engage in practices that include case finding, case management of identified health problems, and consultation with school personnel. These can be defined as:

1. Case finding by screening, observation, and direct referral:
 - a. Obtain health information on all new students and update information on current students.
 - b. Review school health records at regular intervals as defined by district or department policy or procedure.
 - c. Conduct screening programs as recommended by district policy or procedure.
 - (1) Identify the need and establish a vision, hearing, and scoliosis-screening program.
 - (2) Assess and determine the need for additional screening programs.
 - d. Observation and nursing assessment of students.
 - e. Referrals from students, parent/guardians, and school personnel.

2. Case management of identified health problems:

- a. Notification of parent/guardian, students and, when necessary, school personnel of screening referrals.
 - (1) Record student screening results on the individual student's health record.
 - (2) Determine with the school's legal counsel the appropriateness of paraprofessionals recording individual screening results while remaining in compliance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) guidelines.
- b. Discuss with parent/guardians health problems identified by review of school health records, health history forms, and nursing assessments. Make referrals for professional follow-up as indicated.
- c. Make necessary recommendations for modifications in a student's IEP when necessary.

If nursing services are required by a student they should be included as part of the IEP. The school nurse should be the designated professional to write those service goals and objectives in the student's IEP.

- d. Individualized Health Care Plan (IHP) and Emergency Action Plans (EAP) should be developed to address the special needs of the student with chronic health conditions.

IHP and EAP give greater definition to the nursing goals and objectives written in the IEP and should be developed for those students as well as all students with chronic health conditions.

- e. Make necessary recommendations for modifications through Section 504 of the Rehabilitation Act of 1973, hereafter known as the 504 Accommodation Plan for students with chronic health conditions.
 - (1) School nurses are qualified to write 504 Accommodation Plans.
 - (2) IHP and EAP give greater definition to the goals and objectives written in the 504 Accommodation Plan and should be developed as a companion for students with 504 Plans.
- f. Assist parent/guardian in finding appropriate health care providers when needed.
- g. Track and document results of all referrals on the student's health record.

3. Consultation:

- a. Evaluation of health and developmental status of students with specific health concerns and those being evaluated for special education needs.
Provide appropriate written reports to the referral source following nursing assessment.

- b. Attend special education staffing for students with health problems or concerns, identify the educationally significant health care needs and assist in developing the IEP.
- c. With parent/guardian permission, share pertinent information from IHP and EAP for students with chronic health conditions that require attention by school staff, even if the student does not receive services through an IEP or modifications through a 504 Plan.
- d. Chronic health conditions may include diabetes, asthma, cancer, and epilepsy, etc.
- e. Serve as health consultant to school personnel in health promotion/education instruction.
- f. Serve as liaison between parent/guardian, school, and community health care providers on health matters.
- g. Develop school health policies and procedures.
 - (1) Provide training and monitoring of other school staff members who will implement those policies and procedures.
 - (2) Develop programs for training paraprofessionals to assist with initial screenings.
 - (3) Research and establish community resources that may provide assistance with initial screenings. These community resources may also be referral resources when students are in need of professional evaluation.

School Nurse Activities by Month

These activities can be adapted for extended school year programs, i.e. year round school programs, though presented for a traditional nine-month school year. Some of these activities may be assigned to paraprofessionals for completion. However, the school nurse is responsible for training and follow-up with the paraprofessional to insure those assigned tasks are completed in an appropriate manner.

First Month of School

1. Create letter to parent/guardian and students informing them where the health office is located and what health services are available.

This can be attached to the letter sent by the school principal at the beginning of the school year.

2. Verify working order of equipment and request repairs as needed. Order and stock first aid supplies.
3. Review emergency and crisis plans related to emergencies and disasters.
 - a. Review and update emergency care plans for students with chronic health disorders such as asthma, seizures, diabetes, and catastrophic events such as suicide attempts or threats, and death of a student on or off campus.
 - b. Review and update emergency response plans related to natural and man-made disasters such as tornados, earthquakes, explosions, violent incidents, student assaults, playground hazards, hostage situations, etc.
 - c. Check availability and condition of emergency supplies.
 - d. Review the local school and district chain of command during emergency/disaster/catastrophic events to insure the quick and appropriate response by school staff.
4. Check student records for compliance with the immunization law.
 - a. Are new students being informed of requirements?
 - b. Who is checking immunization dates for compliance?
 - c. Who will fill out the immunization report? (Oklahoma Kindergarten Immunization Report example in the appendix)
5. Set up screening schedule for the year and obtain principal's approval.
 - a. Schedule use of paraprofessionals and/or community resources for screening assistance.
 - b. Make sure screening equipment is in working order.
 - c. Consider providing vision, hearing, and scoliosis screening during a Health Fair or a Health Screening Day format.

6. Set up medication documentation records.
 - a. Secure necessary authorizations from parent/guardians and health care providers.
 - b. Train and monitor school personnel who may be administering medication in the nurse's absence and when students are on field trips.
 - c. Communicate with students, parent/guardians, school personnel, and health care providers as needed to ensure safe delivery of medications in the school.
7. Check health records for students who have chronic health conditions.
 - a. With parent/guardian written permission notify teachers of students who need adjustments in the classroom because of vision, hearing, or physical problems.
 - b. With written parent/guardian permission confer with teachers regarding students who have chronic health conditions explaining limits and potential problems or emergencies.
 - c. Develop with parent/guardian, and provide teachers with emergency action plans.
 - d. Develop with parent/guardian, and when appropriate the student, individualized healthcare plans for appropriate management of chronic health conditions in the school setting.
8. Update health records as soon as student placement is established.
 - a. Obtain class lists of all students enrolled according to grade level.
 - b. Check health records against class lists to ensure a health record has been established for each student.
9. Ask all staff in the building to complete a short health form indicating current health conditions, medications, health care provider, and daytime emergency telephone numbers.
10. Meet with the building principal and ask for time on the next staff meeting agenda to:
 - a. Provide staff in-service training on handling blood and body fluids and basic first aid on seizures, respiratory and diabetes emergencies, and injuries.
 - b. Discuss plans and organization of a health program for the school year.
11. Attend faculty meetings at each assigned school to discuss the health program and procedures for referral of a student to the nurse.
12. Confer with principal and school counselor(s) about students for whom you have physician statements to exclude from regular physical education classes.

Students with physical education exemptions from the previous school year should be reviewed for extension of the physical education exemption.
13. Observe each assigned school's environment for unhealthy or unsafe conditions related to lighting, seating, floors, stairs, ventilation, and sanitation.

- a. Confer with the principal about any observed concerns a minimum of two times per year or as often as the need arises.
 - b. Follow district procedures for correcting unhealthy or unsafe environmental conditions.
 - c. Document in writing the report of observed environmental concerns to school and district administrators. Keep one copy for your files and send the original documentation to the building/district administrator.
14. Review all student emergency contact cards in your assigned schools.

Follow-up with the parent/guardian of students who do not have current emergency contact information on file.

15. Contact parent/guardian of students known to have special health care needs to review or develop individualized healthcare plans and emergency action plans that address student special health needs.
- a. Obtain necessary parent/guardian and physician authorization and orders for specific procedures.
 - b. Identify, train, and monitor school staff or paraprofessionals as appropriate to meet individual student's special health needs.
 - c. After obtaining appropriate written consent, share information with teachers regarding special health conditions of students in their classes.
16. Begin the nursing assessment of students newly identified for special education evaluation.

Participate in special education staffing or IEP meetings for students who have special health care needs or require some type of nursing service.

17. Attend school nurse staff meeting.
18. Work with the school's Healthy and Fit Advisory committee to improve the health of students and staff.

If you are working as the only school nurse in a school district, contact the *School Nurse Organization of Oklahoma* (www.okschoolnurse.com) or the Oklahoma State Department of Health (<http://www.health.state.ok.us/program/shcc/index.html>) for information on regional and statewide meetings.

Second Month (* items are those that need to be repeated from month to month. They will not be listed in each month of the following outline.)

1. *Submit a written monthly report of school nurse activities during the first week of this month.

Copies should go to principal, school nurse administrator, and/or other appropriate school nurse supervisory personnel.

2. *Proceed with scheduled screenings.
 - a. Vision, hearing, scoliosis.
 - b. Follow-up on referrals from counselors, teachers, parent/guardians, or students regarding possible problems with students' vision, hearing, or health.
3. *Review emergency/crisis plan and check availability and condition of emergency supplies.
4. *Continue to check student records for compliance with immunization requirements for school enrollment.
 - a. Review records of students newly enrolled.
 - b. Send referrals to parent/guardians of students who require additional immunizations to meet the requirements for school enrollment.

5. *Monitor medication administration records of students receiving medication during the school day.

Review medication administration procedures with designated school staff.

- a. Review treatment routines for students requiring specialized medical treatments during the school day.
 - b. Report and document activity related to medication administration or treatment errors to the school principal.
6. *Begin the nursing assessment of students newly identified for special education evaluation.

Participate in special education staffing or IEP for students who have special health care needs.

7. *Bring the health records up-to-date as soon as newly enrolled students' placements are established.
8. *Attend school nurse staff meeting.
9. *Monitor causes of absenteeism among students throughout the school year.

- a. Report suspected or diagnosed communicable diseases to the county health department as defined by state law and the Oklahoma Administrative Code (OAC) 70 O.S. § 1210.194 and OAC 310:520.
 - b. Keep the principal apprised of unusual illnesses or outbreaks of communicable diseases.
10. *Attend staff meetings to address any questions related to school safety and health or to provide in-service training to staff on health topics.

Third Month

1. *Continue with scheduled screenings, re-checks, and referrals

Document results and referrals on the permanent health record.
2. *Respond to health promotion/education needs for individual students and in the classroom as teachers request.
3. Review district's curriculum on health. Gather information about health curricula from state and national sources.
4. Continue work on asterisked (*) items from the Second Month.

Fourth Month

1. Continue work on asterisked items (*) from the second and third months.
2. If the fourth month is in December, submit the December report before the holiday break.

Fifth Month

1. Dental Health Month is in February. Begin planning special dental education programs for the next month.
 - a. Check with other area school nurses and with community agencies for support with your dental education programs.
 - b. Arrange with schools and community resources for dental health screenings.
2. Review second semester enrollment for students with chronic health conditions.

Obtain permission from parent/guardian to share with the appropriate teachers information on students' chronic health conditions that may impact classroom activities and/or attendance.
3. Ask to be placed on the agenda for the monthly Parent Teacher's Association meeting to discuss the school health program and its impact on school attendance and learning.
4. Continue to work on asterisked items (*) from the previous months.

Sixth Month

1. Conduct or facilitate dental screenings as organized during the previous month.
2. Conduct dental education programs as planned in the previous month.
3. Review district health forms and documentation system.
 - a. Discuss with administration any forms or documentation that needs to be changed based on current state and/or federal laws or regulations.
 - b. Develop new forms if applicable and submit for administration approval.
4. Review and adjust, as needed, the goals, objectives, and outcomes on current **IHP** and Emergency Action Plan (EAP).

Seventh Month

1. Follow-up with parent/guardian on referrals from screening program. (Note: parent/guardian conferences or make home visits as allowed by the school district may be required).
2. Complete screening rechecks, referrals, and documentation.
3. Review and evaluate current school health programs to date.
 - a. Begin planning for desired changes to be made during the next school year.
 - b. Review the school health program evaluation with school administrators and present ideas for desired changes.
4. Continue to work on asterisked items (*) from the previous months.

Eighth Month

1. Follow-up on vision, hearing, scoliosis, and dental screenings from preceding months.
2. Review all health records to be sure a record has been established for all students enrolled in the school.
3. Complete all screenings and screening referral follow-ups.
4. Review the health records of students who will be advancing to another grade level outside of their current building placement (elementary to middle school and middle school to high school).
 - a. Update the immunization record as needed.
 - b. Prepare a list of students known to have chronic health conditions to be shared with the school nurse at the receiving school.
5. Begin making plans with parent/guardian, students, teachers, and administrators for students requiring special health care needs next school year.
6. Continue to work on asterisked items (*) from the previous months.

Ninth Month

1. Follow-up with parent/guardian and students on screening referrals.
2. Participate in the school's Kindergarten pre-enrollment day.
 - a. Obtain health information as needed.
 - b. Review immunization records for adequate immunizations for school enrollment as defined by state law. Make referrals for children who do not meet immunization requirements for school enrollment.
3. Transfer school health records for students moving from one grade level to another.
 - a. School health records to move to the new school include immunization records, medication authorizations and administration documentation, IHP, and EAP.
 - b. Prepare for distribution of student health forms needed at the beginning of the next school year, i.e. authorizations for medication administration.

Review distribution mechanisms with the principal.

4. Review all health records and complete all health documentations.
5. Submit health office supply request for the next school year.
6. Complete and submit the annual school health program report to the principal and other school district administrators as indicated.
7. Prepare health office for close of school.
 - a. Secure remaining equipment and supplies.
 - b. Remind parent/guardian to pick up left over medications or discard according to established district protocols.
 - c. Send equipment for repair, if needed.
 - d. Send audiometer for calibration.

Recommended School Health Office Equipment

- Desk with lockable drawers
- Telephone (separate line for computer use)
- Computer (with network access, monitor, disc drive, CD drive, printer, and privacy features to insure confidentiality of information)
- Four drawer lockable file cabinet for student health records and instructional materials
- 3 or 4 chairs for students
- Lockable medication cabinet
- Reference materials, including first aid manual, medication reference, guide to specialized health care procedures, medical dictionary, etc.
- Cot – at least one cot per 300 students is recommended
- Screening equipment (audiometers, vision charts or vision testing machine, blood pressure cuff, stethoscope, balanced scale, wall mounted stadiometers for measuring height, etc.)
- Blanket and pillow with disposable or plastic covers
- Sharps container
- Biohazard receptacle
- Wall mounted liquid soap dispenser
- Wall mounted paper towel dispenser
- Pedal controlled covered waste receptacle with disposable liners
- Eye wash station
- Clock with second hand
- Otoscope/ophthalmoscope
- Flashlight
- Gooseneck lamp and/or magnifying lamp
- Portable stretcher
- Wheelchair
- Peak flow meter with disposable mouth pieces

Adapted from the National Association of School Nurses “School Nursing Practice: An Orientation Manual” and the School Nurse Organization of Oklahoma “Handbook”

First Aid

School authorities are responsible for the health and safety of students and staff while in attendance as well as the safety of others when they are on the school premises. Illnesses and injuries may range from minor to life threatening and school personnel must be prepared to respond.

The role of the school nurse includes assessment of and intervention with students and staff who are acutely ill, recently injured, or experiencing problems with chronic health conditions. Primary responsibility for emergency care rests with the school nurse. However, as school nurses may cover more than one building in the school district, other school personnel may be required to provide initial assistance, including provisions of safety and comfort as well as prevention of further injury until more qualified help arrives.

The saying, “prevention is the best medicine,” applies to the emergencies in the school setting. Schools that promote safety and wellness create a safe environment for students, employees, and visitors. Just as one assesses individual students for injury or illness, so should the school be assessed for health. The assessment should include the adequacy of in-school and community resources in response to emergency situations. Based on this assessment, the school nurse collaborates with school and community professionals to suggest recommendations for promoting safety and wellness and responding to school emergencies.

The absence of ideal circumstances does not relieve a school of its responsibility for providing appropriate care. Because the school nurse frequently is responsible for health care in more than one school, an important task is to plan and to teach others, usually non-medical persons, at each school site to recognize signs and symptoms of illness and to give immediate and temporary care when necessary.

The school nurse should collaborate with the building administrator to help determine who would be the best person to assume the delegated first aid responsibilities. The school nurse should provide this person(s) with written guidelines, training, monitoring, and evaluation in appropriate emergency response measures. School policies and procedures concerning first aid responses to illnesses, injuries, and diseases should be formulated to include:

- Identification of school and community resources
- Acquisition of necessary equipment and supplies
- Process for collecting emergency contact information
- Notification protocols for ill or injured students
- Transportation protocols
- Documentation and reporting procedures when an emergency occurs
- Evaluation of the policies and procedures that also includes how serious or questionable incident responses will be investigated
- Procedures for correcting identified problems

Prior to the beginning of each school year, the building administrator should identify the person(s) who will assist with first aid and emergency care. The school nurse should work

closely with these staff members to ensure their understanding of the school district's policy and procedures for emergency care. Staff members designated to assist with emergency care situations should be required to take basic first aid, Cardio Pulmonary Resuscitation (CPR), and the use of the Automated External Defibrillator (AED) courses to ensure appropriate actions in response to an emergency illness or injury situations. In addition these staff members should be familiar with specific district policies and protocols for administering medications, location of information regarding special medical instructions for students with known health conditions, school policy regarding sending students home, and universal precautions (hand-washing, gloving, proper disposal of contaminated wastes, etc.).

Recommended First Aid Supplies for the School Health Office

- Bandages (including adhesive and elastic, of various types and sizes)
- Gauze pads (prefer non-stick) of various sizes
- Tape of various widths, hypoallergenic
- Alcohol
- Peroxide
- Basins (emesis, portable wash)
- Cold packs (instant or gel)
- Cotton tipped applicators
- Cottonballs
- CPR masks (pediatric and adult)
- Disinfectant for surfaces and body fluid spills
- Vinyl or latex gloves (powdered or powder free)
- Disposable gowns
- Eye irrigating bottle
- Eye pads
- Masks
- Paper cups (medicine, drinking)
- Plastic bags (large and small, resealable)
- Safety pins
- Feminine sanitary products
- Scissors
- Record forms (emergency cards, logs, medication, sheets, accident reports, etc.)
- Slings and/or triangular bandages
- Soap (in a dispenser)
- Assorted splints
- Tissues
- Tweezers
- Goggles
- Tongue blades
- Bandage shears
- Stethoscope
- Blood pressure cuff (adult and pediatric)
- Penlight or flashlight
- Biohazard waste bags and receptacles
- Sharps container
- Pen/pencil
- Clip board
- School approved emergency guidelines

Record Keeping and Confidentiality

Documentation is preparing or assembling records to authenticate the care given to students and the rationale for giving that care. Documentation is critical to the development and maintenance of a high-quality school health program. It is essential to the practice of professional nursing and is a fundamental component of the nursing process. In the school setting, nurses require methods of documentation that:

- Promote optimal health services for students.
- Support student learning.
- Foster appropriate sharing of information.
- Protect student and family confidentiality.
- Enable school and community to recognize nursing contributions to the health and learning of students.
- Meet the standards of professional school nursing practice.
- Provide necessary data for research, funding initiatives, and quality control.
- Are compatible with computerized nursing classification languages and client information systems.

School districts should have clear policies and procedures regarding the types, maintenance, and protection of school health records, access to those records, and confidentiality of student health information, which reflect requirements of federal and state statutes. District policies and procedures should address records sent to the district with parent/guardian permission, disposition of records when a student leaves the district, and record retention and destruction schedules.

Basic Principles of Documentation:

- Nursing documentation should be accurate, objective, concise, thorough, timely, and well organized.
- Entries should be legible and written in black ink.
- The date and exact time should be included in each entry.
- Any nursing action taken in response to a student problem should be documented.
- Both positive and negative findings should be included in the nursing assessment data.
- All progress notes, individualized health care plans, flow charts, etc. should be kept current.
- Documentation should include only essential information.
- Documentation should be based on nursing classification languages.
- Precise measurements, correct spelling, and standard abbreviations should be used.
- The frequency of documentation should be consistent over time, based on district policy nursing protocols, and acuity of the student's health status.
- Standardized health care plans increase efficiency and are acceptable as long as they are adapted to the individualized needs of each student.
- Subjective data should be documented in the student's own words.

- Objective data, relevant to the student's care, should be recorded; personal judgments and opinions of the nurse should not be included.
- Reference to district problems, such as staff shortages, should not be included in student records.
- Words should not be erased or whited-out. Draw a single line through an error, initial and date the entry, and write the correct entry following the section that has been struck out.
- Documentation should include any variation from standard protocols and any unusual student circumstances or situations.
- Notifications regarding changes in student health status or unusual findings should be documented in detail.
- The content of telephone consultation and direction to assistive personnel should be documented.
- Prescriber orders should be included in the health record for nursing interventions.
- Written prescriber orders are preferable to faxed or verbal orders; faxed prescriber orders are preferable to verbal orders.

Electronic Records

The use of electronic health record keeping is increasing as schools are providing more nurses with computers. The standards for electronic health records are similar to those for paper documentation with additional requirements.

First, the school nurse needs to be able to control access to electronic health records, generally accomplished by the use of multilevel passwords. Passwords are necessary to enter the system, but the school nurse can assign different levels of access to the system user to allow health aides or secretaries read only capabilities. Passwords also allow the school nurse the ability to verify how and when a record was created and verifies the author of the record.

Another vital feature of computerized record keeping is over-write protection. As with paper records, health information on an electronic record cannot be altered or removed and any updates must not alter data originally entered into the record. All information should be backed up at regular intervals to retain records in the event of mechanical failure or a natural disaster. Records backed up to compact disks (CDs) should be kept in a secured location.

In the school setting, issues related to confidentiality of health records must be addressed. Schools must comply with FERPA adopted in 1974. Local school districts should have policies in place to address compliance with this law. Maintenance of confidentiality of student health information is an ethical standard for school nurses. This is not an easy issue. School nurses must find the balance that respects the right of parent/guardians and students to control their own information and shares necessary information appropriately with school team members to ensure student health and safety and promote learning.

HIPAA of 1996 required the United States Department of Health and Human Services to develop a series of rules governing health information. In general, the rules are intended to standardize the communication of electronic health information between health care providers and health

insurers. The rules are also intended to protect the privacy and security of individually identifiable health information.

FERPA and HIPAA laws are in place to protect the privacy of client records and individuals.

- School nurses who are employees of their school districts are not subject to HIPAA, but are required to keep health information in student records confidential under FERPA laws.
- FERPA allows release of student health records to persons in a school who need the information in order to provide education.
- Schools that bill private insurers or Medicaid for health services provided to a student, may be engaging in HIPAA-covered transactions which could bring the school district under HIPAA regulations.
- School nurses accustomed to calling doctors, hospitals, and clinics for student immunization records that are required for school admission may find providers unwilling to provide such information without written parent/guardian authorization, since HIPAA privacy protection applies to preventive health care as well as other treatment and there is no exemption in the regulations for immunization records.
- School immunization records are considered required for school entry thus making them a part of school records that are covered by FERPA laws. The school nurse must have written permission from the parent/guardian to release a student's immunization information to another organization or agency.

School based health centers operated by HIPAA covered entities, such as hospitals or public health departments are subject to HIPAA and may not release student health information to the schools in which they are situated since most schools are not HIPAA covered entities.

Overview of Medication Issues

School districts have a responsibility to provide an environment in which learning can occur optimally for all students. The purpose of school health services is to allow students to participate fully in their learning by preventing, removing, and/or reducing health related barriers. Many students require medication that may be given daily on an ongoing basis for chronic illnesses or episodically for short-term illnesses.

Both the federal Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act require public schools to provide appropriate services to enable students with disabilities to attend school. This includes the administration of medication, which allows students to be full participants in their learning.

To provide for the best possible medical outcome, schools need to develop protocols to prevent medication error. The focus is on a systems approach that ensures the safe keeping of medication and delivery of medication at the prescribed time. It is appropriate to develop a system of accountability for students who carry and self-administer their own medications.

Start here

School nurses and district personnel must be aware of the Oklahoma laws and regulations that guides its educational system and the role of nursing as defined in the Oklahoma Nurse Practice Act, *Oklahoma Statutes, Title 59, Chapter 12, Section 567.1 et seq.* School nurses may delegate the administration of medication to other school personnel as designated by the building administrator according to State Statute 70 O.S. § 1-116.2. This delegation occurs after the school nurse has performed an assessment of the student, developed an individualized health care plan for the student, and determined the competency of those designated by the building administrator to perform the task. Competencies of the designated school personnel are assessed in accordance with the training, supervision, and evaluation procedures established by the school nurse in relation to the Oklahoma Nurse Practice Act.

The **Oklahoma Board of Nursing Policy/Guideline #P-02 “Delegation of Nursing Functions to Unlicensed Persons”** states:

1. Licensed nurses (Registered Nurse/Practical Nurse) within the scope of their practice are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice. **Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions, but such personnel cannot be used as a substitute for the licensed nurse.**
 - a. General Criteria for Delegation. *Delegation of Nursing tasks* to unlicensed persons shall comply with the following requirements:
 - (1) “The licensed nurse delegating the tasks is responsible for the nursing care given to the client, and the final decision regarding which nursing tasks can be

safely delegated in any specified situation is within the specific scope of that licensed nurse's professional judgment;

- (2) The licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task;
- (3) The nursing task must be one that a *reasonable and prudent* licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation, or teaching skills; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare;
- (4) The unlicensed person shall have documented competencies necessary for the proper performance of the task on file with the employer. Written procedures shall be made available for the proper performance of each task; and
- (5) The licensed nurse shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of supervision as found in 59 O.S. § 567.1 et seq. *Nursing tasks that may be delegated* are those that do not require nursing assessment, judgment, evaluation, and teaching during implementation; such as:
 - (a) The collecting, reporting, and documentation of simple data;
 - (b) Tasks which meet or assist the client in meeting basic human needs, including, but not limited to: nutrition, hydration, mobility, comfort, elimination, socialization, rest and hygiene.

- (6) *Nursing Tasks That May Not Be Delegated.* By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

Nursing tasks that require nursing assessment, judgment, evaluation and teaching during implementation; such as:

- (a) Physical, psychological, and social assessment that requires nursing judgment, intervention, referral or follow-up;
- (b) Formulation of the plan of nursing care and evaluation of the client's response to the care provided;
- (c) Administration of medications except as authorized by state and/or federal regulations."

The school nurse must document and inform the building administrator if a designated school staff member is unable to demonstrate the competencies required for safe medication administration. In this situation the school nurse will work with the building administrator to identify and train another designee to administer medication at school. If the building administrator designates staff to administer medications without consulting with the school nurse, the school nurse remains responsible for locating, training, and documenting the training provided all those designated by the building administrator to administer medications.

School nurses manage and supervise the administration of medication and understand the purpose and recommended dosages for all medications administered in school. In accordance with standards of nursing practice, school nurses may refuse to administer any medication that, based on the nurse's professional judgment has the potential to cause harm. This may include medications that exceed recommended dosages. If a question arises, it is the responsibility of the school nurse to notify the parent/guardian and the prescriber of the reason for the concern.

Sometimes conflict between the nurse practice act and school district procedures arise if the building administrator designates the delegation of nursing tasks to unlicensed individuals without active participation and training by the school nurse. The school nurse should assist the school district, school board, superintendent, and principal in developing policies and procedures that provide uniform standards for safe and proper administration of medications in the school setting and recognize the role of the school nurse in managing and supervising medication administration activities. The school policies and procedures must conform to state statutory regulations, taking into consideration both education law and the Oklahoma Nurse Practice Act. District policies and procedures must be communicated to district administrators, school staff, parent/guardians, students, and community health providers on a regular basis.

Administration of Medications in Schools

1. Medication guidelines/policies should be written in a format consistent with other school health policies. In the absence of such policies, the format recommended includes the following sections:
 - a. Rationale
 - b. Structure criteria
 - c. Process criteria
 - d. Outcome criteria

2. Specific considerations for medications given in school:
 - a. Must be given only with parent/guardian written permission
 - b. May be given on the written authorization of a physician or other health care provider (i.e. nurse practitioner with prescriptive authority)
 - (1) The written authorization must include:
 - (a) Student's name
 - (b) Name of the medication
 - (c) Dosage
 - (d) Route of administration
 - (e) Frequency and time interval of administration
 - (f) Conditions under which PRN medications should be administered
 - (g) Reason for medication
 - (h) Date written
 - (i) Prescriber's name, title, signature, and telephone number
 - (j) Self-administration orders if indicated and appropriate
 - (k) Parent/guardian signature

 - (2) The pharmacy label **does not constitute a written order** and **should not** take the place of a written authorization.
 - c. Long-term authorization for medications from legal prescribers must be renewed annually.
 - d. Medication is given from the original, properly labeled pharmacy container that includes on the pharmacy label the following information:
 - (1) Student's name
 - (2) Name of the drug
 - (3) Dosage
 - (4) Route of administration
 - (5) Time interval
 - (6) Date of expiration (not always included on pharmacy label)

- e. Over the counter medication must be in a container with the manufacturer's label identifying the medication. Dosage schedules as well as the student's name must be on the container.
 - f. Always check the date of expiration.
 - g. Medications must be stored in a **securely locked, clean container or cabinet**. Medications requiring refrigeration must be kept refrigerated in a **secure location**.
 - h. School personnel administering medication to a student must record the administration information on a record/medication form that indicates:
 - (1) Student's name
 - (2) Medication
 - (3) Dosage
 - (4) Route of administration
 - (5) Time
 - (6) Name of person administering the medication
 - i. Parent/guardian will be advised to pick up any unused portions of the medicine at the end of the school year, if the student transfers to another school, or if the medication is out of date. If the parent/guardian chooses not to pick up the unused or expired portions of the medication, it must be disposed of according to district policy.
 - j. This type of discard should have the approval of the parent/guardian, if possible.
 - k. The discard must be witnessed by another school employee such as the principal, secretary, or another school nurse and documented with the signature of both the person wasting the medication and the witness.
3. Emergencies related to the administration of medications in schools:
- a. An information system for properly monitoring emergencies should be established in terms of notifying parent/guardian, school nurse, emergency personnel, and family physician.
 - b. Current emergency telephone numbers should be available to permit contact with parent/guardian in the event of an emergency.
 - c. School personnel need training and rehearsal of the procedures to follow in case of an emergency.
4. Controlled Substances are medications classified by the Drug Enforcement Agency (DEA) as substances that have a potential for addiction or abuse.

The DEA has five schedules Class I through Class V.

- a. Class I medications have no legal medical uses and include illegal drugs and those used for research in institutionalized patients, have a high potential risk for abuse, and include opiates, opium derivatives, and hallucinogens.
- b. Class II medications have legal medical uses and high abuse potential, which may lead to severe dependence. They are narcotics, amphetamines, barbiturates, and others.

- c. Class III medications have legal medical uses and a lesser degree of abuse potential, which may lead to moderate dependence.
 - d. Class IV medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include barbiturates, benzodiazepines, propoxyphenes, and others.
 - e. Class V medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include narcotic cough preparations, diarrhea preparations, and others.
 - (1) Some medications such as Ritalin® (methylphenidate) are not narcotics, but are classified as Class II because they have abuse potential.
 - (2) All Class II medications, such as Tylenol with Codeine®, Oxycontin®, Fentanyl®, Ritalin®, etc. should be kept under additional security because of the potential for abuse.
5. Controlled drugs must be counted upon arrival at school, daily by the individual administering the medication, and at least the school nurse should count controlled substances with a witness (another school nurse, principal, trained teacher).
- a. All counts of controlled substances must be documented to include date, time and signatures of the individual counting the medications and the witness.
 - b. Discrepancies in the controlled substance medication count must be reported to the designated school authority. Count discrepancies in Class I through Class V medications may necessitate a report to legal authorities, and should be reported to the student's parent/guardian.

Delegation of Medication Administration in Schools

1. Purpose: Provide the participants (i.e. those designated by the building administrator) with the basic knowledge of pharmacology, federal regulations, state law, and district policy to safely administer and/or monitor the student receiving oral, topical, and inhalant medications at school.
2. Objectives: Upon completion of the training participants will demonstrate the following competencies.
 - a. Be able to read a medication label accurately.
 - b. Be sure to correctly follow directions on a medication label.
 - c. Know and carry out the correct procedure for re-labeling a medication when the original label is detached, damaged, soiled, or otherwise unreadable.
 - d. Develop a uniform procedure for disposing of unlabeled or expired medications.
 - e. Demonstrate the proper storage of prescription and over the counter medications.
 - f. Demonstrate correct record keeping regarding medications given to and/or self-administered by students.
 - g. Demonstrate correct, accurate notations on the record if medications are not taken/given either by refusal or omission.
 - h. Describe the proper action to be taken if a medication is not taken/given either by refusal or omission.
 - i. Be able to use resources correctly, including school nurse, physician, pharmacist, or emergency services when problems arise.
3. Tasks assigned to designated school personnel giving medications.
 - a. Assist students to take prescribed or over the counter medications or remind students to take medications.
 - b. Tasks are assigned only to school personnel designated by the building administrator and trained by the school nurse to administer medications.
4. The school nurse must keep a record of training to include but not limited to:
 - a. Name(s) of person(s) trained
 - b. Date of training
 - c. Type of training provided
 - d. Tools used in training
 - e. Criteria for skill mastery
 - f. Skill mastery demonstration
 - g. Schedule of training updates
 - h. Schedule and documentation of periodic on-site observations

5. Training should include:
 - a. State law **Administration of Medicine to Students 70 O.S. § 1-116.2 and Self Administration of Inhaled Asthma Medication 70 O.S. § 1-116.3**
 - b. District policy regarding medication administration
 - c. How to obtain medication administration information from the physician's order or label directions from an over-the-counter medication and/or from the care plan developed by the school nurse.
 - d. How to obtain parent/guardian written permission to administer medication in the school setting.
 - e. Federal regulations regarding accountability and administration of controlled substances (Ritalin, Adderal, Dexedrine, etc.).
 - f. Specific instructions for the administration of each student's medications including:
 - (1) Right student
 - (2) Right time
 - (3) Right medication
 - (4) Right dosage
 - (5) Right route of administration
 - g. How to avoid touching pills and capsules.
 - h. How to appropriately witness the student taking a medication.
 - i. Dispensing medication one student at a time to avoid possible errors.
 - i. How to record the time of administration of medication and any observed effects.
 - j. How to report any unusual reactions.
 - k. How to relay information to the school nurse regarding any problems.
 - m. How and when to seek further instructions from the school nurse regarding uncertainty about medications being asked to administer or changes in medication orders.

Communicable Disease and Infection Control

School nursing was established 100 years ago in New York City because of rampant communicable diseases that translated to excessive school absences. Communicable diseases are leading causes of child morbidity and school absences that require special consideration in the school setting.

Oklahoma addresses communicable diseases and school attendance in state statute 70 O.S. § 1210.194. The Oklahoma State Department of Health also addresses provisions to prevent the spread of communicable diseases in the Oklahoma Secretary of State Office of Administrative Rules Section 310 Chapter 520 *Communicable Diseases in Schools Regulations*. School districts should have policies in place related to infectious/communicable diseases and school attendance that are within the guidelines of state statute 70 O.S. § 1210.194 and OAC 310:520. School nurses are the most appropriate individuals to coordinate school infectious disease activities. They have an important role in preventing and detecting communicable diseases and in providing resource information, referrals, and follow-up when the suspicion of communicable disease exists. School nurses have the essential skills for the collection and interpretation of data related to infectious diseases. Effective communicable disease and infection control requires the full participation and support of all school officials, local health department officials, community health care providers, parents/guardians, students, and all school staff.

Schools should place a high priority on preventing the spread of infectious diseases. Because the school environment is conducive to the acquisition and transmission of communicable diseases, general and disease specific infection control procedures must be instituted to minimize the inherent risks. The best way to address communicable disease and infection control is through the development and implementation of appropriate policies. Guidelines for the development of policies related to infectious/communicable diseases should address:

- The preventive measures necessary to protect the health of all students and staff.
- The procedures for the immediate care of students or staff who develop a potentially communicable illness.
- The special needs of children with chronic infectious illnesses that are determined not contagious under normal conditions.

The components of these policies should reflect:

- Prevention
- Identification
- Management
- Staff development

The Oklahoma State Department of Health – Disease and Prevention Service, Acute Disease Division has on their website a downloadable manual entitled “Public Health Recommendations for the Prevention and Control of Head Lice Infestation in Schools and Child Care Settings Administrators” and other communicable disease fact sheets.

<http://www.health.state.ok.us/program/cdd/other.html>

Individuals with Disabilities Education Act (IDEA)

The Education for All Handicapped Children Act, which is now known as the Individuals with Disabilities Education Act (IDEA), was first enacted in 1975. This legislation was needed to assure that students with disabilities received free appropriate public education (FAPE) and the related services and support they need to achieve. IDEA was created to help states and school districts meet their legal obligations to educate children with disabilities, and to pay part of the extra expenses of doing so.

IDEA has several parts. Part B provides grants to states for services to children preschool to school age. Part C funds early intervention services for infants, toddlers, and their families. Part D supports research and professional development programs.

Part B of IDEA requires school districts to have a multi-disciplinary team that includes a student's parent/guardian to develop an Individualized Education Plan (IEP) for each student – after an appropriate evaluation and assessment in all areas of suspected disability has been completed. The plan must include information from the multi-disciplinary team, including evaluation results, to decide what special education related services and supplementary aids and services that the student needs to benefit from his/her educational plan.

IDEA mandates that special education and related service programming be made available to all children and youth with disabilities who require them. The law also makes available federal funds to help state and local governments establish and maintain special education programs for students with disabilities, as well as provide the related services these students need in order to benefit from special education. As defined by federal law, related services are intended to address the individual needs of students with disabilities, in order that they may benefit from their educational program. This is an overview of the related services enumerated in federal law, with a focus upon those services provided to school aged children with disabilities. The fields associated with delivering related services that students with disabilities may require to benefit from their special education programs include audiology, occupational therapy, physical therapy, psychological services, medical services for diagnostic or evaluation purposes only, school health services, transportation services, counseling services, social work services, speech-language pathology, social work services, parent/guardian counseling and training, recreation therapy, rehabilitation counseling, and early identification and assessment of disabilities in children.

Following identification, the question of whether a disability exists and to what extent it interferes with education must be addressed. This requires a multidisciplinary evaluation. Once the multidisciplinary evaluation is completed, special education eligibility must be established. The eleven categories of special education eligibility are mental retardation, hearing impairment (including deafness), speech or language impairment, visual impairment (including blindness), serious emotional disturbance, physical handicap (including orthopedic) and other health impairment, autism, deaf-blindness, learning disabled, multiple disabilities, and traumatic brain injury.

If a student is eligible for special education placement, the multidisciplinary team is responsible for development of an IEP. The decisions on how to provide educational services to a student must be adapted to that student's unique needs and made by a team that includes the student (if appropriate), and the student's parent/guardian or legal guardian. The team must address the eligibility criteria, instructional program, placement, and related services to be provided to the student. These programs and services are provided in the least restrictive environment, meaning with non-disabled peers to the greatest extent possible.

A comprehensive review of each student's educational progress is mandated every three years. This review serves as the foundation for assessing the student's ongoing eligibility and the need for special education as well as provides information for updating the IEP.

Guidelines for Development of Individualized Health Care Plans (IHP)

Schools are seeing an increased enrollment of school age children with chronic health conditions. This phenomenon will continue to increase as medical technology and medications extend the lives of affected students. The physical, emotional, intellectual, and social impact of chronic health conditions on students is huge. School nurses and educators working together can enable students with chronic health conditions to achieve their maximum potential in all areas of functioning.

School nurses look for ways to plan, explain, record, and evaluate the nursing care delivered to student enrolled in school with chronic health conditions. The challenge to school nurses is to find a way to integrate children with special health care needs into the regular school setting. One of the tools school nurses can use to facilitate this integration is the Individualized Health Care Plan (IHP). IHPs are the application and formalization of the nursing process in the school setting. An IHP includes information on client needs, nursing interventions chosen to meet those needs, and descriptions of how the care supports the educational process. Individualized health care plans and emergency care plans (ECP) have now become a part of the student's with chronic health conditions school record. The IHP and ECP should be reviewed annually and with any changes in the chronic condition of a student.

Individualized health care plans should reflect "best practices" of school nurses as they interact daily with students, families, educators, and members of the medical community. Health care plans must be specific enough to explain what will be done, what results are expected, and what outcomes are being monitored.

Information needed for the development of individualized health care plans (IHP)

1. Personal Data:

- a. Name
- b. Sex
- c. Age or date of birth
- d. Grade or teacher's name
- e. Medical diagnosis
- f. Current prescribed medications and treatments
- g. Physician's name and telephone number
- h. Parent's/guardian's name and telephone number

2. Nursing Process

a. Assessment

- (1) Health history – general health, medical care, development, relevant family history, conditions, or life styles
- (2) Present health status – subjective and objective information related to functional health patterns. Note patterns of health perception/health management, nutrition,

elimination, activity, cognition, self-perception, role-relationships, sexuality, coping/stress tolerance, and values/beliefs.

b. Nursing Diagnosis or Problem Statement

The etiological factors, signs and symptoms, and other information collected in the assessment phase need to be organized and summarized into a statement of the student's problem or need

c. Plan of Care

- (1) Goals
- (2) Usually broad statements of the overall desired outcome
- (3) May be written in terms of goals of the student or may be written as goals of nursing intervention

d. Nursing Interventions

- (1) Describe actions of the nurse to provide appropriate nursing services to the student in the school setting based on the diagnosis derived from the assessment
- (2) May include screening and referral, treatment or medications, health maintenance activities, and client, family, or staff education

e. Expected Client Outcomes

- (1) Outcomes describing how the student's problem or need will be different as a result of the nursing interventions
- (2) Client (student) outcomes may be long or short term. The expected outcomes provide the "evaluation" of the nursing process

Health Education and Health Promotion

The importance of including health instruction in education curricula has been recognized since the early 1900s. In 1997, the Institute of Medicine advised that students should receive the health related education in order for them to receive maximum benefit from their education and enable them to become healthy, productive adults.

The school setting, from preschool through college, is an important avenue to reach entire populations and specifically to educate children and youth. Schools have more influence on the lives of young people than any other social institution except family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced. Educational based health promotion programs must be supported by accurate, appropriate, and accessible information derived from a science base.

Each day more than 600,000 Oklahoma children attend elementary and secondary schools for about six hours of classroom time. Schools are second only to homes among the primary places that children spend their time. While schools alone cannot be expected to address the health and related social problems of youth, they can provide, through their curriculum, a focal point for efforts to reduce health risk behaviors and improve the health status of youth.

Healthy People 2010 sets a goal for educational and community-based programs to promote health education curricula in schools across America. The Healthy People 2010 goal is as follows:

Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

Under this goal there are four objectives, one of which deals directly with health education in schools:

1. High school completion
2. School health education
3. Health-risk behavior information for college and university students
4. School nurse to student ratio

Healthy People 2010 identifies nine priority areas that should be addressed at the secondary school level. Those eight priority areas are as follows:

1. Unintentional injury
2. Suicide
3. Tobacco use and addiction
4. Alcohol and other drug use
5. Unintended pregnancy, HIV/AIDS, and STD infection
6. Unhealthy dietary patterns
7. Inadequate physical activity
8. Environmental health

The overall goal of health education for school age children is to assist children in achieving health literacy. It is important that youth are able to find, understand and use information and services to enhance health. State school districts need to support effective health education with appropriate policies, teacher training/school nurse, effective curricula, and regular progress assessment. The school nurse can play an important role in a school's health education program by:

1. Serving as a member of the school's Fit and Healthy School Advisory Committee
2. Assisting the classroom teacher
3. Providing direct instruction
 - a. Individual
 - b. Classroom
 - c. Parent/guardians
4. Providing health counseling
5. Providing staff in-service education
6. Sponsoring and facilitating health clubs
 - a. Health careers
 - b. Chronic disease support clubs, i.e., asthma, diabetes, eating disorders, etc.
8. Points to Consider:
 - a. Time allowed
 - b. Organization
 - c. Number of students and size of the room
 - d. Availability of equipment and teaching tools
 - e. Language
 - f. Allow time for hands on activities and discussion
 - g. Present information in a non-judgmental manner
 - h. Use humor
 - i. Integrate into the curriculum
9. Developing a lesson plan:
 - a. Describe the general subject
 - b. Narrow the focus to specific topics
 - c. Identify expected outcomes
 - d. Content
 - e. Methods
 - f. Teaching aids
 - g. Practice
 - h. Evaluation
 - i. References

Coordinated School Health Program

The Centers for Disease Control and Prevention (CDC) first proposed the concept of a coordinated school health program in 1987. The purpose of the Coordinated School Health Program (CSHP) is to enable children and adolescents to become healthy, successful students at school and contributing members in their communities. A coordinated school health approach effectively addresses students' health, thus improving their ability to learn.

Good health is necessary for academic success. Students have difficulty being successful if they are depressed, tired, bullied, stressed, sick, using drugs or alcohol, hungry or abused. Coordinated School Health Programs are a solution. When fully implemented, CSHP can help students succeed academically while improving their short and long term health status. Research tells us that when students are fit, healthy, and ready to learn, they achieve more success in all areas of their lives.

Coordinated School Health programs consist of eight separate but interconnected components. These programs are integrated, planned, school-based programs that are designed to promote physical, emotional, and educational development of students. Many of these components exist in every school, but are often not formally linked in a coordinated way. Family and community involvement is essential for the success of any coordinated school health program. The following is a list of the eight components and their role in student health:

1. Health Education provides critical health information to students.
2. Physical Education instructs students on how to be physically active for life.
3. Health Services provide essential health care, enabling students to stay healthy, prevent injuries, and improve academic achievement.
4. Family/Community Involvement enables students to be supported by the larger community.
5. School Counselors, Psychologists, and Social Workers attend to students' mental health needs.
6. Nutrition Services provide a healthy nutrition environment, including good breakfast and lunch programs.
7. Healthy School Environment provides a building that is safe and conducive to learning and a school climate that ensure all feel safe, supported, and free from harassment or surroundings that may be harmful to health.
8. Health Promotion for Staff improves staff personal health behaviors and provides positive personal examples that reinforce positive student health behaviors.

To be effective, CSHP must be directed toward the needs of the students and staff, responsive to the needs of families, and reflective of community values. All eight components must be linked to and supportive of one another. A coordinated approach improves the health of children and youth and their capacity to learn through the support of their families and communities working together. At its essence, coordinated school health focuses on keeping students healthy over time, reinforcing positive healthy behaviors throughout the school day, and making clear that good health and productive learning go hand in hand.

The school nurse plays an integral role in a coordinated school health program. The school nurse provides leadership in coordinating the eight components of the CSHP model by:

1. **School health services:** assessing student health status, providing emergency care, ensuring access to health care, and identifying and managing barriers to student learning.
2. **Health education:** providing resources and expertise in developing health curricula and providing health information.
3. **Health promotion for faculty and staff:** providing health information and health promotion activities, monitoring chronic conditions, and maintaining records.
4. **Counseling, psychological, and social services:** collaborating with counseling staff to identify student psychosocial problems and provide input and intervention.
5. **School nutrition services:** providing education about nutritious foods, monitoring menus and food preparation, and encouraging the inclusion of healthy foods on menus, in vending machines, and for classroom snacks.
6. **Physical education programs:** collaborating with physical educators to meet physical education goals, providing information to students about physical activity, and helping to design appropriate programs for students with special health concerns.
7. **Healthy school environment:** monitoring, reporting, and intervening to correct hazards, collaborating to develop a crisis intervention plan, and providing adaptations for students with special needs.
8. **Family and community involvement:** taking a leadership role in collaborating with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.

Children and adolescents live in a complex, fast-paced world that exposes them to significant health risks. Research indicates that these health risks impact student achievement. Education and health are interdependent. The goal of a coordinated school health program is to facilitate student achievement and success. Schools are among the most appropriate sites where communities can work together in a holistic approach to health and education.

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Resources (State and National)

Healthy People 2010 <http://www.healthypeople.gov>

Oklahoma State Department of Health – Immunization Service 1000 N.E. 10 Oklahoma City, OK 73117-1299 (405) 271-4073 <http://www.health.state.ok.us>

Oklahoma State Department of Health – Maternal and Child Health Service, Child and Adolescent Health Division 1000 N.E. 10 Oklahoma City, OK 73117-1299 (405) 271-4471 <http://www.health.state.ok.us>

Oklahoma State Department of Education – Certification 2500 N. Lincoln Blvd. Oklahoma City, OK 73105-4599 <http://www.sde.state.ok.us>

Oklahoma State Department of Education – Health, Safety, and Physical Education 2500 N. Lincoln Blvd. Oklahoma City, OK 73105-4599 <http://www.sde.state.ok.us>

Oklahoma Health Care Authority – 4545 N. Lincoln Blvd. Oklahoma City, OK 73105-3413 <http://www.ohca.state.ok.us>

Oklahoma Board of Nursing - Suite 524, 2915 N. Classen Blvd. Oklahoma City, OK 73106 <http://www.youoklahoma.com>

Oklahoma Commission on Children & Youth - 4545 N. Lincoln Blvd. Oklahoma City, OK 73105 <http://www.okkids.org>

Oklahoma State Department of Human Services – Statewide Child Abuse Hotline <http://www.okdhs.org>

Oklahoma SAFEKIDS - 940 N.E. 13 3rd Floor Nicholson Tower Oklahoma City, OK 73104 (405) <http://www.oksafekids.org>

Poison Control Hotline – (800) 222-1222

American Heart Association Information <http://www.americanheart.org>

American Lung Association of Oklahoma www.oklung.org

American Cancer Society – Heartland Division <http://www.cancer.org/state/heartland/home.html>

Epilepsy Foundation - (800) 332-1000 <http://www.efa.org>

American Diabetes Association <http://www.diabetes.org>

National Diabetes Information Clearinghouse (NDIC) <http://www.niddk.nih.gov/health/diabetes/ndic.htm>

Resources - Continued

Healthy People 2010 <http://www.healthypeople.gov>

American Academy of Allergy Asthma and Immunology <http://www.aaaai.org>

National Association of School Nurses (NASN) <http://nasn@nasn.org>

American School Health Association (ASHA) <http://www.ashaweb.org>

School Nurse Organization of Oklahoma (SNOO) - <http://www.okschoolnurse.org>

Oklahoma Nurses Association - 6414 N. Santa Fe Oklahoma City, OK 73116
<http://www.oknurses.com>

Asthma and Allergy Foundation of America - <http://www.aafa.org>

National Clearinghouse for Alcohol and Drug Information (NCADI) <http://www.health.org>

National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/index.cmf>

National Health Information Center (NHIC) <http://www.health.gov/nhic/>

American Academy of Pediatrics (AAP) <http://www.aap.org>

Centers for Disease Control (CDC) <http://www.cdc.gov>

Immunization Action Coalition (IAC) <http://www.immunize.org/>

National Alliance for the Mentally Ill (NAMI) <http://www.nami.org>

National Institutes of Health (NIH) <http://www.nih.gov/>

National Center for Education Statistics (NCES) <http://www.nces.ed.gov/>

Occupational Safety and Health Association (OSHA) <http://www.osha.gov/>

U.S. Department of Education (DOE) <http://www.ed.gov/index.jsp>

U.S. Department of Health and Human Services (DHHS) <http://www.os.dhhs.gov/>

U.S. Food and Drug Administration (FDA) <http://www.fda.gov>

New York Statewide School Health Services Center <http://www.schoolhealthservices.org>

Food Allergy & Anaphylaxis Network <http://www.foodallergy.org>

Wellness Policy requirements

http://www.fns.usda.gov/tn/Healthy/wellness_policyrequirements.html

Appendix

American Academy of Pediatrics Policy Statement – Medication Administration in School’s Guidelines on Medication Procedures

Medication Administration Skills Check List (Sample)

Authorization for Medication Administration (Sample)

Medication or Treatment Administration Record (Sample)

Medication or Treatment Report (Sample)

Determination of Ability to Self-Medicate Form (Sample – New York)

Oklahoma State Immunization Law

Oklahoma Kindergarten Immunization Survey (Example – revised annually)

School Nurse Monthly Report (Sample)

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT
Organizational Principles to Guide and Define the Child Health Care System
and/or Improve the Health of All Children

Committee on School Health

Guidelines for the Administration of Medication in School

ABSTRACT. Many children who take medications require them during the school day. This policy statement is designed to guide prescribing physicians as well as school administrators and health staff on the administration of medications to children at school. The statement addresses over-the-counter products, herbal medications, experimental drugs that are administered as part of a clinical trial, emergency medications, and principles of student safety.

INTRODUCTION

School districts are required to provide medication at school. Many children and adolescents with special health care needs are able to attend school because of the effectiveness of their medication. Many of these children would otherwise be educated at home or in special schools. The health circumstances that require medication are diverse. Pharmaceutical innovations and new technologies to deliver them have enabled most medication-dependent students to be mainstreamed into classes with their peers.

SCHOOL POLICY

Section 504 of the Rehabilitation Act provides protection for students with disabilities by requiring schools to make reasonable accommodations and to allow for safe inclusion in school programs.¹ This federal law applies only to schools receiving federal funds, does not cover all students who require medications during the school day (e.g., short-term needs), and is not specific about how administration of medications should be conducted in school. Some states have laws or standards that establish more specific policies for administration of medications that apply to all of the state's school districts.² This prevents significant discrepancies among school districts within the state and reduces confusion for parents of medicated children and prescribing health care professionals. Nevertheless, it remains the responsibility of school boards and school superintendents to honor policies and establish mechanisms for the administration of medication in the school setting. When state laws or guidelines do not exist, school health professionals, consulting physicians, and medical advisory committees should be involved in this process. Individual school districts also may wish to seek legal advice as they assume the responsibility for giving medication during school hours.³ Liability coverage should be provided for the staff, including nurses, teachers, athletic staff, principals, superintendents, and members of the school board. Any student who must take medication during regular school hours should do so in compliance with all federal, state, and district regulations.

The American Academy of Pediatrics recommends that school districts consider the following medication issues when writing policy.

PARENT-RECOMMENDED SHORT-TERM MEDICATIONS

School administrators and health personnel should consider whether the administration of over-the-counter, parent-recommended medications is worth the problems that this practice presents. Benefits of pain relievers, anti-inflammatory medications, and antihistamines, for example, are that there may be symptomatic improvement for the student that enables learning and causes less classroom disruption. However, disadvantages include difficulty in obtaining physician permission for such limited use, liability of the school district in assisting with the administration of an unprescribed medication that has potential to cause harm, and issues of school safety and security of drug use (e.g., sharing of medication between classmates). The social realities of parents who work, often in jobs that do not allow for medical leave to attend to their children's illnesses, may require that they send their children to school with mild illnesses. Because of these realities, it may be necessary to consider allowing the administration of parent-recommended medications for students during the school day on a short-term basis.

EMERGENCY AND URGENT MEDICATIONS

Emergency medications are often given by non-oral routes. Some require training to administer. Some medications, such as epinephrine injections for severe allergic reactions or glucagon for hypoglycemia (low blood sugar), have few significant adverse effects. Because these episodes, by nature, occur at unpredictable times when a school nurse may not be available, trained designated school staff should be available. Some emergency medications require more medical training because of the complexity of administering them or because of adverse reactions that may occur as a result of their administration.⁴ Emergency use of oxygen is one example. In these cases, the availability of a school nurse on site must be considered.

Urgent medications are given to children who experience sudden pain or fever (e.g., headaches, toothaches, menstrual cramps). Some schools keep a small stock of acetaminophen, ibuprofen, or antihistamine to cover sudden circumstances. It is important that parent permission be provided to allow the school health staff to dispense these medications and that this permission encompass the whole school year.

SECURITY AND STORAGE OF MEDICATION

All prescription medications brought to school should be in a container appropriately labeled by the pharmacist or the physician. All over-the-counter medications should be in their original containers and returned to the parents at the end of the school year or disposed of according to existing laws.

A student may be permitted to carry medication when the medication does not require refrigeration or security according to policies determined by the school. School personnel must also grant permission for the student to take the medication. The student must be capable of self-administration and responsible behavior. Some schools have given a "medication pass" to students, verifying school permission for the student to carry and take medication.

The accessibility of some medications may be crucial to the success of their effectiveness. Prepared syringes of epinephrine for treating serious allergic reactions are an example. Answers to questions, such as where the medication will be stored, who is responsible for the medication, and who will carry the medication for field trips, should be defined in advance to maintain medication security and safety while ensuring timely treatment.

PRINCIPLES OF STUDENT SAFETY

To provide for the best possible medical outcome, schools need to develop protocols to prevent medication error. This should focus on a systems approach that ensures the safe keeping and delivery of medication in a timely fashion. It is appropriate to develop a system of accountability for students who carry and self-administer their medications.

The leadership in developing safe guidelines lies with the certified school nurse, the physician, and the parent.^{5,6} Training and education of faculty and parents will help prevent errors in dosing and usage. When school nurses delegate care to nonmedical staff members, a system should be devised through which the school nurse, parent, and physician are comfortable with the protocol.⁷

GUIDELINES FOR PEDIATRICIANS

1. Pediatricians, other child health professionals, and their state-level professional organizations should work with state departments of health and/or education and with local schools and districts to support the development of sound medication policies.⁸
2. Physicians should be aware that prescribing drugs on an “as-needed” basis could be problematic in schools where no health professional is available at the school site to assess the actual need. Any medication that can be given on a regular basis rather than “as needed” should be prescribed as such to avoid giving school staff members and the student responsibility to determine the need.
3. The prescribing pediatrician or other health professional should notify the school (usually on school medication forms) of adverse effects that may be reasonably expected and contraindications to administering the medication.
4. School districts and their personnel are not obliged to administer experimental medications and medication doses that exceed dosages approved by the U.S. Food and Drug Administration. Prescribing physicians should inform schools of the nature of each drug that may be part of a blinded experimental trial. The prescribing physician should provide this in a written format for the school, and the packaging at school should include the experimental code.
5. The physician should state whether a student is qualified and able to self-administer a medication, and this input, along with the consent of the parent/guardian, student, and school staff, should be used to determine whether this is advisable.

GUIDELINES FOR ADMINISTRATORS AND HEALTH PERSONNEL IN SCHOOLS AND SCHOOL DISTRICTS

1. To administer any prescribed medication, require a written statement from the parent/guardian and the physician that provides the name of the drug, the dose, approximate time it is to be taken, and the diagnosis or reason the medication is needed. Administration of medications purchased outside the United States is not exempt from requiring the written prescription of a U.S.- licensed physician.
2. School policies and practices for medication administration must ensure that student confidentiality is protected, as outlined in the Family Education Rights and Privacy Act⁹⁻¹¹ and the Health Insurance Portability and Accountability Act.¹²
3. In the absence of trained medical staff, the school principal or a designee should administer medication to students. It is imperative that any person administering medication be educated about the method of administration and contraindications to giving the medication. Specify how the medication will be administered to students when they participate in field trips, school camps, and other out-of-school activities.
4. Older and responsible students should be allowed to self-medicate at school with over-the-counter medications and certain prescription medications (e.g., albuterol for asthma, insulin for diabetes) when this is recommended by the parent/guardian and physician and the student is deemed responsible to remember prescribed doses. Obtain written notification from parent/guardians acknowledging that the school bears no responsibility for ensuring the medication is taken. Immediately confiscate medication shared with classmates and remove the student's privilege of self-administration.
5. Herbal medications can have serious and dangerous adverse effects. These and over-the-counter medications, when taken on a regular basis, should require a physician's note that in essence "prescribes" these nonprescription medications. The school should have physician-approved protocols (indications, dose, and contraindications) for using over-the-counter medications, should never use a drug for children at ages below which the drug is not approved (unless it is prescribed), and should reserve the right to limit the duration that over-the-counter medications are administered solely on the basis of parent/guardian recommendation.
6. Notify parent/guardians that it is the parent/guardians' responsibility to supply the school with prescribed medications, provide labeled containers, keep medications current, supply medical devices (e.g., nebulizers, insulin pumps, oxygen), and help to maintain these devices.
7. Protocols for the documentation of all therapies given at school, whether emergency or routine, should be established. Some schools use a log, and others use a computer-based student medical record system. Any errors in medication administration at school need to be reported to at least one (1) common supervisor so that patterns of errors and corrective action can be taken. Measures taken by school administrators after a medication error must be designed so that they do not discourage staff self-reporting of errors.¹³

Committee on School Health, 2002-2003

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All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

AMERICAN ACADEMY OF PEDIATRICS

Pediatrics Vol. 112 No. 3 September 2003

Acknowledgement of Training Medication Administration (Sample)

Name _____ Date _____

(Please Print)

School _____ Position _____

Instructor(s) _____

I hereby acknowledge that the _____ school district has provided me training by _____, the school nurse (or county health department public health nurse) concerning medication administration at school. I understand that I must follow the guidelines provided by _____ the school nurse (or county health department public health nurse) in accordance with district policy. I agree to be observed at least annually by the school nurse (or county health department public health nurse) using a competency checklist. I agree to supervise students following the established guidelines.

Signature

Employee number _____ Date _____

Oklahoma Medication Administration in Schools Statutes

Oklahoma State Statutes 70 O.S. § 1-116.2 and 70 O.S. § 1-116.3

Oklahoma State Statute 70 O.S. § 1-116.2

- A. School nurse, or in the absence of such nurse, an administrator or designated school employees, pursuant to the written authorization of the parent/guardian or guardian of the student, may administer:
 - 1. A nonprescription medicine; and
 - 2. A filled prescription medicine as that term is defined by Section 353.1 of Title 59 of the Oklahoma Statutes pursuant to the directions for the administration of the medicine listed on the label or as otherwise authorized by a licensed physician.
- B. In addition to the persons authorized to administer nonprescription medicine and filled prescription medicine pursuant to the provisions of subsection A of this section, a nurse employed by a county health department and subject to an agreement made between the county health department and the school district for medical services, may administer nonprescription medicine and filled prescription medicine pursuant to the provisions of this section.
- C. Each school in which any medicine is administered pursuant to the provisions of this section shall keep a record of the name of the student to whom the medicine was administered, the date the medicine was administered, the name of the person who administered the medicine, and the type of name or the medicine which was administered.
- D. Medicine to be administered by the county or school nurse, administrator or the designated persons and which is stored at the school shall be properly stored and not readily accessible to persons other than the persons who will administer the medication.
- E. The school shall keep on file the written authorization of the parent/guardian or guardian of the student to administer medicine to the student.
- F. A school nurse, county nurse, administrator, or the designated school employees shall not be liable to the student or a parent/guardian or guardian of the student for civil damages for any personal injuries to the student which result from acts or omissions of the school or county nurse, administrator, or designated school employees in administering any medicine pursuant to the provisions of this section. This immunity shall not apply to acts or omissions constituting gross, willful, or wanton negligence.

Oklahoma State Statute 70 O.S. § 1-116.3

Section 20.1. Self-Medication.

- A. Notwithstanding the provisions of Section 1-116.2 of Title 70 of the Oklahoma Statutes, the board of education of each school district shall adopt a policy on or before September 1, 2003, that permits the self-administration of inhaled asthma medication by a student for treatment of asthma. The policy shall require:
1. The parent/guardian or guardian of the student to authorize in writing the student's self-administration of medication;
 2. The parent/guardian or guardian of the student to provide to the school a written statement from the physician treating the student that the student has asthma and is capable of, and has been instructed in the proper method of, self-administration of medication;
 3. The parent/guardian or guardian of the student to provide to the school an emergency supply of the student's medication to be administered pursuant to the provisions of Section 1-116.2 of Title 70 of the Oklahoma Statutes;
 4. The school district to inform the parent/guardian or guardian of the student, in writing, that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student; and
 5. The parent/guardian or guardian of the student to sign a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student.
- B. As used in this section:
1. "Medication" means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label; and
 2. "Self-administration" means a student's use of medication pursuant to prescription or written direction from a physician.
- C. The permission for self-administration of asthma medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this section.
- D. A student who is permitted to self-administer asthma medication pursuant to this section shall be permitted to possess and use a prescribed inhaler at all times.

Note: Enacted by SB 343, Sec. 1, of the 2003 Reg. Sess.

Medication Administration Skills Checklist (Sample)

Name _____ Position _____

School _____ Date of training _____

Please initial each observed activity in the appropriate column.

Skill	Performs in Accordance to Guidelines	Requires further instruction and training.
Wash hands before assisting with medication administration and when there has been evidence of contamination.		
Check student's identity with name on labeled container.		
Compare labeled medication container with written order/medication log.		
Give proper dose of medication as indicated on medication label and written order/medication log.		
Give medication at the time indicated on written order/medication log.		
Remove doses of medication from container without touching medication and assist in administering by proper route.		
Record name of medication, amount given, and route on student's medication log as soon as medication is taken.		
Return medication to locked drawer, cabinet, or refrigerator box.		
Complete understanding of school policy.		
Complete understanding of reference material and help resources that are available.		

School Nurse Signature _____ Date _____

Authorization/Parent/Guardian Consent for Administering Medication¹ (Sample)

Use a separate authorization form for each medication.

Student Last Name _____ First Name _____ M.I. _____

Student Number _____ Grade ____ Date of Birth ____/____/____

Allergies _____

I am the parent/guardian of _____. I give my permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medication during school time. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber listed below.

Parent/Guardian Signature

Daytime Telephone _____

Date _____

Medication Authorization

(For Use By Licensed Prescriber ONLY)

Relevant Diagnosis _____ Medication _____

Dates medication must be administered at school: _____ Short Term _____ Long Term _____

(List dates to be given) from _____ to _____

_____ Every day at school

_____ Episodic/Emergency Events **ONLY**

Dosage (Amount) _____ Route _____

Time(s) of Day _____

A. Serious reactions can occur if the medication is not given as prescribed __ Yes __ No.

If yes, describe:

B. Serious reaction/adverse side effects from this medication may occur __ Yes __ No.

If yes, describe:

Action/Treatment for reactions: _____

Report to you: __ Yes __ No (Drug information sheet may be attached.)

Special Handling Instructions: __ Refrigeration __ Keep out of sunlight __ Other _____

Asthma/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:

__ No

__ Yes – Supervised

__ Yes - Unsupervised

This student may carry this medication on his/her person: _____ No _____ Yes

Date _____ Telephone Number _____ Emergency Number _____

Licensed Prescriber's Name _____

(Please Print)

Licensed Prescriber's Signature _____

Medication or Treatment Administration Record (Sample)

Student name _____

Teacher _____

Grade & room _____ Date _____ Allergies _____

Medication or Treatment _____ Directions _____

Home telephone _____

Health Care Provider _____ Telephone _____

Comments: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
August																																
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																

Initials

Name

Codes:

A=Absent

D=Didn't show*

N=No med available

P=Problem noted*

C=Contaminated, disposed*

E=Early dismissal

W=Withheld dose*

**R=Received meds (indicate
Number by count)***

***COMMENTS OR EXPLANATIONS ON THE BACK**

Medication or Treatment Report (Sample)

A medication or treatment report is indicated when there is a failure to administer the prescribed medication or treatment within the appropriate time frame, in the correct dosage, in accordance with the physician's orders.

Date of report _____ Date of occurrence _____ Time noted _____

School _____ Grade _____

Student name _____ Date of Birth _____ Sex _____

Address _____ Telephone _____

Person responsible for action _____

Licensed prescriber name _____ Address _____

Reason medication or treatment was ordered _____

Date medication ordered _____ Medication instructions _____

Describe the event and how it occurred (use reverse side if necessary)

Action Taken

Licensed prescriber notified Yes ___ No ___

Date notified _____ Time notified _____ By whom _____

Parent/Guardian notified Yes ___ No ___

Date notified _____ Time notified _____ By whom _____

Other person(s) notified _____

Outcome _____

Name of person preparing the report _____ Date _____

***(SAMPLE FORM)
DETERMINATION OF SELF-DIRECTED STUDENTS**

Name of Student: _____ Grade: _____
 Classroom Teacher: _____
 Medication: _____
 Dose: _____
 Time: _____
 Reason for Medication: _____

THIS STUDENT:

Recognizes his/her medication Comments:	YES	NO
Knows how much medication he/she takes and by what route the medication is to be taken Comments:	YES	NO
Knows what time his/her medication is needed during the school day Comments:	YES	NO
Knows why he/she takes this medication Comments:	YES	NO
Knows what happens when he/she doesn't take their medication Comments:	YES	NO
Knows when to refuse to take his/her medicine when appropriate Comments:	YES	NO

I feel the above student is/is not Self-Directed

Signature: _____ **Date:** _____

Registered Nurse

Goals to enable student to become Self-Directed: _____

*New York Statewide School Health Services Center <http://www.schoolhealthservices.org/whatsnew> 2005

Oklahoma State Immunization Law

Oklahoma State Statute 70 O.S. § 1210.191

- A. No minor child shall be admitted to any public, private, or parochial school operating in this state unless and until certification is presented to the appropriate school authorities from a licensed physician, or authorized representative of the State Department of Health, that such child has received or is in the process of receiving, immunizations against diphtheria, pertussis, tetanus, haemophilus influenzae type B (HIB), measles (rubeola), rubella, poliomyelitis, varicella, and hepatitis A or is likely to be immune as a result of the disease.
- B. Immunizations required, and the manner and frequency of their administration, as prescribed by the State Board of Health, shall conform to recognized standard medical practices in the state. The State Department of Health shall supervise and secure the enforcement of the required immunization program. The State Department of Education and the governing boards of the school districts of this state shall render reasonable assistance to the State Department of Health in the enforcement of the provisions hereof.
- C. The State Board of Health, by rule, may alter the list of immunizations required after notice and hearing. Any change in the list of immunizations required shall be submitted to the next regular sessions of the Legislature and such change shall remain in force and effect unless and until a concurrent resolution of disapproval is passed. Hearings shall be conducted by the State Board of Health, or such officer, agents or employees as the Board of Health may designate for that purpose. The State Board of Health shall give appropriate notice of the proposed change in the list of immunizations required and of the time and place for hearing. The change shall become effective on a date fixed by the State Board of Health. Any change in the list of immunizations required may be amended or repealed in the same manner as provided for its adoption. Proceeding pursuant to this subsection shall be governed by the Administrative Procedures Act.
- D. The State Department of Education and the governing boards of the school districts of this state shall provide for release to the Oklahoma Health Care Authority, the state Medicaid agency, of the immunization records of school children covered under Title XIX or Title XXI of the federal Social Security Act who have not received the required immunizations at the appropriate time. The information received pursuant to such release shall be transmitted by the Oklahoma Health Care Authority to medical providers who provide services to such children pursuant to Title XIX or Title XXI to assist in their efforts to increase the rate of childhood immunizations pursuant to the requirements of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services provisions. The provisions of this subsection shall not be construed to prohibit or affect the eligibility of any child to receive benefits pursuant to Title XIX or Title XXI of the Social Security Act or to require the immunization of any child if such child is exempt from the immunization requirements pursuant to law. The name of any child exempt from immunization pursuant to Section 1210.192 of this title shall not be included in the information transmitted pursuant to this subsection.

***Guide to Immunization Requirements in Oklahoma**

*Revised annually by the OSDH Immunization Service
www.health.state.ok.us/program/imm/index.html

OKLAHOMA KINDERGARTEN IMMUNIZATION SURVEY*

*Example form that is revised annually by the OSDH Immunization Service

School: _____ District: _____ County: _____
Address: _____ City: _____ Phone: _____

If you need help completing this survey or if you have any questions please call the Immunization Service at (405) 271-4073

1) Number of Kindergartners with **NO IMMUNIZATION RECORD OR EXEMPTION ON FILE**

2) Number of Kindergartners with **exemptions on file - to all vaccines or even one vaccine:**
Number with exemptions - Medical _____ Religious _____ Personal _____
Total number of Kindergartners with **AN EXEMPTION ON FILE**

3) Number of Kindergartners **WITH AN IMMUNIZATION RECORD ON FILE** (complete or not)

Of the kindergartners with records on file:

A. How many have completed their immunizations _____

Complete means: 5 DTaP/DTP, 4 Polio, 2 MMR, 3 Hepatitis B, 2 Hepatitis A, and 1 Varicella or had Chickenpox disease.

*Please note: A child who received the 4th dose of DTaP or DTP and/or 3rd dose of Polio on or after the 4th birthday does not need the 5th DTaP or DTP and/or the 4th Polio and is considered completely immunized. **These children should be counted as complete on line 3. A. above.***

B. How many have not completed their immunizations _____

For those children who have not completed the required immunizations please answer the following(see the attached worksheet for help):

- a. How many have less than 5 doses of DTP/DTaP vaccine.....

- b. How many have less than 4 doses of Polio vaccine.....

- c. How many have not received the 2nd dose of MMR vaccine
- _____
- d. How many received MMR vaccine before their first birthday
- _____
- e. How many have not received any MMR vaccine
- _____
- f. How many with less than 3 doses of Hepatitis B vaccine
- _____
- g. How many with less than 2 doses of Hepatitis A vaccine
- _____
- h. How many have not received Varicella vaccine and have not had chickenpox disease
- _____
- i. How many received Varicella vaccine before their first birthday
- _____

4) **TOTAL KINDERGARTEN ENROLLMENT (must equal total of items 1,2 & 3)**

--

Date _____ Principal's Signature _____

**The white copy of this report is due 30 days after the date on the accompanying letter. Please send the report to:
 Immunization Service– 0306
 1000 N.E. 10th Street
 Oklahoma State Department of Health
 Oklahoma City, Oklahoma 73117-1299**

(School should retain yellow copy)

KINDERGARTEN IMMUNIZATION SURVEY WORKSHEET FOR SECTION NUMBER 3

This worksheet is for your use. You do **not** need to send this worksheet to the Immunization Division with your survey form. Record the names of all kindergartners who have incomplete immunization records on file. For each child check the box for any immunizations which are not complete. Record total number of boxes checked in each column at the bottom. Record totals in section number 3 of the survey. Copy this page as needed.

Student's Name	Missing Immunizations								
	<5 DTP/DTaP	<4 Polio	MMR			<3 Hep B	<2 Hep A	Varicella	
			No 2 nd MMR	Under age 1	None			None	Under Age 1
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
Total # Incomplete _____ Totals for each vaccine:	a.	b.	c.	d.	e.	f.	g.	h.	i.

School Nurse Monthly Report (Sample)

School _____ Month/Year _____

Enrollment _____ Nurse _____

1. Number of student visits to the health clinic related to:
 - a. Illness _____
 - b. Injury _____
 - c. Health counseling – student _____

2. Number of students sent home ill _____
3. Number of students sent home due to injury _____
4. Number of incident/injury reports _____
5. Number of times paramedics/ambulance called _____
6. Periodic classroom visits for health teaching:
 - a. Number of classes _____
 - b. Number of students _____

7. Vision screening
 - a. Number screened
 - (1) Distance _____
 - (2) Near _____
 - b. Number with color vision screening _____
 - c. Number re-screened _____
 - d. Number of professional referrals _____
 - e. Number with documented professional exam _____

8. Hearing screening
 - a. Number screened _____
 - b. Number of professional referrals _____
 - c. Number with documented professional exam _____

9. Height Measurement
 - a. Number of students receiving height measurements _____
 - b. Number of students referred for professional exam _____

10. Weight Measurement
 - a. Number of students receiving weight measurements _____
 - b. Number of students receiving BMI _____
 - c. Number of students referred for professional exam _____

11. Number of immunizations reviewed _____
 - a. Number of students in compliance _____
 - b. Number of telephone contacts re immunizations _____
 - c. Number of letters sent re immunizations _____
 - d. Number of in school conferences re immunizations _____
 - e. Number of exclusions re inadequate immunizations _____

12. Number of students referred for:
 - a. Medical care_____ Follow-up_____
 - b. Dental care_____ Follow-up_____
 - c. Child abuse_____ Follow-up_____
 - d. Drug/substance abuse_____ Follow-up_____
 - e. Mental Health to include
 - (1)Depression_____ Follow-up_____
 - (2)Suicide_____ Follow-up_____
13. Conferences regarding students:
 - a. Medical Professional
Doctor, social worker, psychologist, etc. _____
 - b. Teacher/Other School Nurse_____
 - c. Parent/guardian at school_____
 - d. Home visit_____
 - e. Letter/phone_____
 - f. Interviews with Oklahoma Department of Human Services _____
14. Infectious/communicable diseases students screened for
 - a. Number of reportable diseases_____
 - b. Explain _____
 - c. Number of non-reportable diseases_____
 - d. Explain _____
 - e. Number screened for pediculosis_____
 - f. Number of cases of pediculosis identified_____
 - g. Number of students excluded for pediculosis_____
 - h. Number of students rescreened for pediculosis_____
15. Number of initial health history reviews_____

Number of health history updates_____
16. Number of Individualized Health Care Plans developed_____
17. Number of Emergency Health Care Plans developed_____
18. Number of Individualized Health Care Plans reviewed_____
19. Number of Emergency Health Care Plans reviewed_____
20. Number of students identified with chronic health conditions
 - a. Asthma_____
 - b. Diabetes_____
 - c. Epilepsy/seizures_____
 - d. Heart problems_____
 - e. Attention deficit disorder with/without hyperactivity_____
 - f. Mental health conditions_____
 - g. Other_____

Explain _____
21. In-service presentations_____

Explain _____
22. Special Education
 - a. Health history/assessment completed for multidisciplinary team _____
 - b. Number of student staffings attended_____
 - c. Classroom observation of children_____

- d. Special education classes _____
Regular education classes _____
- 23. Number of students receiving medications
 - a. Short term (2 weeks or less) _____
 - b. Long term _____
 - c. Number of students receiving medication for
Attention Deficit Disorder/Attention Deficit Hyperactive
Disorder _____
 - d. Number of students receiving medication related to mental
health conditions _____
 - e. Individual health counseling (15 minutes or longer)
 - f. Students _____
 - g. Staff _____
 - h. Crisis intervention _____
 - i. Referrals made regarding health counseling session _____
What type of referral _____
- 24. Special nursing services
 - a. Number completed
 - (1) Catheterization/catheter care

 - (2) Oxygen therapy

 - (3) Postural drainage/percussion

 - (4) Lung auscultation

 - (5) Gastrostomy tube/pump feeding

 - (6) Monitor ear pathophysiology

 - (7) Stoma care

 - (8) Suctioning

 - (9) Pulse oximetry

 - (10) Mouth care

 - b. Nebulizer treatment

 - c. Peak flow monitoring

 - d. Ventilator management

 - e. Tracheostomy care

- f. Seizure observation

- g. Blood pressure monitoring

- h. Emergency medication administration

- i. Explain other special nursing services _____
Type _____

25. Number of pregnant students _____

26. Number of STD referrals _____

27. Number of staff trainings

- a. Medication administration

 - b. First aid _____
 - c. Other (type and number) _____
-

Please write a narrative of special activities not listed above or attach a written account of those activities.