

SCHOOL NURSE ORIENTATION MANUAL



MATERNAL AND CHILD HEALTH SERVICE

CHILD AND ADOLESCENT HEALTH DIVISION

SCHOOL HEALTH PROGRAM

TABLE OF CONTENTS

Introduction.....1

Definition of School Nurse2

Standards of Profession School Nursing Practice.....3

What Does the School Nurse Do?6

What Services Does the School Nurse Provide?6

Surviving Your First Year as a School Nurse.....8

School Nurse Activities by Month.....13

Recommended School Health Office Equipment20

First Aid21

Recommended First Aid Supplies for the School Health Office23

Record Keeping and Confidentiality24

Overview of Medication Issues27

Administration of Medication in Schools30

Delegation of Medication Administration in Schools33

Communicable Disease and Infection Control35

Individuals with Disabilities Education Act (IDEA)37

Guidelines for Development of Individualized Health Care Plans (IHP).....41

Health Education and Health Promotion46

Coordinated School Health Program49

References.....51

Resources (State and National).....53

Appendix.....56

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AN EQUAL OPPORTUNITY EMPLOYER

This publication was issued by the Oklahoma State Department of Health as authorized by Terry Cline, PhD Commissioner of Health.

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.

Competency for School Nurse certification is found on the OSDE website at [http://www.ok.gov/sde/under Educators](http://www.ok.gov/sde/under%20Educators), then to Certification Guide for School Staff Assignments. 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.ok.gov/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 through the bookstore.

**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 uses strategies to promote a healthy and safe environment, especially regarding health education.

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.

Standards of Professional Performance for School Nursing

The Standards of Professional Performance for School Nursing describe a competent level of behavior in the professional role. All school nurses are expected to actively engage in professional role activities appropriate to their education and position. School nurses are accountable for their professional actions to themselves, their healthcare consumers, the

profession, and , ultimately, to society (adapted from ANA2010a p.10; ANA, 2010b, p. 22, and ANA/NASN Scope and Standards of Practice p. 13.)

Standard 7. Ethics

The school nurse practices ethically.

Standard 8. Education

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

Standard 9. Evidence Based Practice and Research

The school nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice

The school nurse contributes to quality nursing practice.

Standard 11. Communication

The school nurse communicates effectively in a variety of formats in all areas of nursing practice.

Standard 12. Leadership

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

Standard 13. Collaboration

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

Standard 14. Professional Evaluation

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

Standard 15. Resource Utilization

The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

Standard 16. Environmental Health

The school nurse practices in an environmentally safe and healthy manner.

Standard 17. 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 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, wellness programs, and other health related issues. 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.
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 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.
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. 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.
 - a. 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.

12. 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.
13. 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.
14. 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.
15. Begin the nursing assessment of students newly identified for special education evaluation.
 - a. Participate in special education staffing or IEP meetings for students who have special health care needs or require some type of nursing service.
 - b. Attend school nurse staff meeting.
16. 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 Oklahoma State Department of Health 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, and 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 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, 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.

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, CPR, and the use of the 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.
- 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 (not made with natural rubber latex).
- 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 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.

School nurses and district personnel must be aware of the Oklahoma laws and regulations that guide 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.**

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 assessments that require 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 Oklahoma 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** 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 schedule, as well as the student's name, must be on the container. Parent/guardian must give written permission for administration of over the counter medication.
 - 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. Medications not picked up by the parent at the end of the year may be mixed in unused cat litter or in used coffee grounds and put in the trash for disposal.
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 with a witness (another school nurse, principal, trained teacher) and daily by the individual administering the medication,
- 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 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 or Anaphylaxis 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.

(1)The school district **may** obtain a prescription from a licensed physician to purchase and maintain a minimum of two (2) Epinephrine auto-injectors in a school location.

- d. How to obtain parent/guardian written permission to administer medication in the school setting, including emergency medications such as epinephrine purchased and stored at each school site.
- 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.
- j. How to record the time of administration of medication and any observed effects.
- k. How to report any unusual reactions.
- l. 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.ok.gov/health/Disease, Prevention, Preparedness/Acute Disease Service/Disease Information/Public Health Recommendations for the Prevention and Control of Headlice.html](http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/Public_Health_Recommendations_for_the_Prevention_and_Control_of_Headlice.html)

Individuals with Disabilities Education Act (IDEA)

The Education for All Handicapped Children Act, which is now known as the 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 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.

Section 504 Accommodation Plans

The Vocational Rehabilitation Act (1973) was the first federal statute to ban discrimination against individuals on the basis of disabilities. It was originally enacted to protect disabled veterans dating back to World War I, but was expanded to include all persons with a disability. The revision in 1973 added a section, referred to as Section 504, which prohibits discrimination against qualified persons with disabilities in federally funded programs and activities. Because most schools receive federal assistance of some sort, even if they are private or parochial, they are included in the interpretations of the law. It is a civil rights law addressing non-discrimination.

The Rehabilitation Act defines a person with a disability as “someone who (1) has a mental or physical impairment that significantly restricts one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.” Physical or mental impairment includes “(A) any physiological disorder, cosmetic disfigurement or anatomical loss affecting one or more of the following systems: respiratory, including speech; cardiovascular; reproductive; digestive; genitourinary; hematologic and lymphatic; skin; and endocrine or (B) any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities” (U.S. Department of Education, 2011 34 Code of Federal Regulations Part 104.3).

Where IDEA covers *only* students who are eligible for special education, the Rehabilitation Act covers all students and staff with disabilities, including those with chronic conditions. This is the major difference between IDEA and the Rehabilitation Act. Examples of students who would be covered under Section 504 but not covered under IDEA include those with allergies, inflammatory bowel disease, cystic fibrosis, asthma, obesity, diabetes, and rheumatoid arthritis.

The school must first identify students and determine their eligibility under Section 504. The school nurse should be part of the 504 team and be prepared to articulate how the disability affects “major life functions” and to recommend interventions that may assist the student to be successful in the school environment. The school team must include parents and individuals who are knowledgeable about the student, the disability, and the process to determine both the student’s eligibility for accommodations and the accommodations that are necessary (Moses, Gilcrest, & Schwab, 2005).

Anyone can make a referral for evaluation of a student’s eligibility but the school district must also have reason to believe that the child needs services under Section 504 because of a disability. “Students who qualify for special education services under the IDEA Act will qualify as a handicapped person under Section 504, and ...such student’s individualized education plans (IEPs) will almost always satisfy the requirements for an accommodation plan” (Moses et al., 2005 p. 49)

The role of the school nurse is to maintain or improve optimum health of all students so they can participate in their educational program. All health related interventions for students qualifying for a Section 504 plan should also be part of the IHP.

The school nurse plays a vital role in the assessment of student health status in the process of determining eligibility for services and formulating the accommodations for students with chronic health conditions such as asthma or diabetes. The school nurse may also play the role of interpreter and coordinator for the school team. While school nurses may not be designated to provide direct services in every case, they should be responsible for completing a health assessment, participating in decisions about the student's health and safety needs in school, recommending appropriate accommodations to the school team, developing plans, providing consultation to other team members, and provide training to other school staff according to state law and local policy.

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 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. IHPs 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.

IHPs 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.

Laws that Directly Affect School Nursing Practice

State Laws

Title 70 Section 1210.284 – Requires parents to provide schools with documentation that their child has received a vision screening before entering kindergarten, first, and third grades.

Title 70 Section 1210.196.7 - Requires schools to develop diabetes management plans that include:

- Blood glucose checks.
- Administering insulin.
- Treating hypo and hyperglycemia.
- Allowing diabetic students to carry their own equipment.
- Provide a trained person to administer to the health needs of a diabetic student.
- Provide a private area for the diabetic student to attend to the management and care of their disease.
- Requires trained personnel to attend annual training related to diabetes management in schools.

Title 70 Section 1-116.2 – In the place of a school nurse the administrator designates a school staff member to administer medications in the school setting.

- Requires written parental permission for any medication or treatment given in the school setting.
- Requires written documentation the medication was given.
- Requires medication be stored in an area not easily accessible to students.

Title 70 Section 1-116.3 – Requires school districts to establish policies that allow students to carry and self-administer asthma and anaphylaxis medication.

Title 70 Section 1210.199 – Dustin Rhodes and Lindsay Steed CPR Training Act
Cardiopulmonary Resuscitation and Heimlich Maneuver Instruction Program – .

- All students enrolled in physical education classes grades 9-12 in public school may receive instruction in CPR and the Heimlich Maneuver.
- Each public school district shall ensure that minimum of 1 certified teacher and 1 non-certified staff member at each school site receives training in CPR and the Heimlich Maneuver.

Title 70 Section 1-116.3 Epinephrine Injectors – B-I.

Requiring all school districts that elect to stock Epinephrine injectors to amend certain policy; requiring certain provisions in policy; excluding certain liability of school district; permitting certain physician to write a certain prescription; allowing school districts to maintain a minimum number of epinephrine injectors at each school; providing for certain interpretation; requiring school employee to contact 911 under certain circumstance; requiring State Board of Education to develop certain policy and to promulgate certain rules.

Title 10 Section 7103 - Reporting Child Abuse.

State law **requires** every health care professional, teacher and every other person who has reason to believe that a child under 18 is being abused or neglected or is in danger of being abused or neglected, to report the suspicion of abuse promptly to the Oklahoma Department of Human Services (DHS). (Child Abuse Training and Coordination Program – Family Support and Prevention Service – Family/Community Health Service Oklahoma State Department of Health: A Manual for School Personnel: The School’s Role in the Intervention of Child Abuse and Neglect) <http://www.ok.gov/health2/documents/School%20Reporting%20Manual%2007.pdf>

Title 10 Section 7105 - Immunity of Reporters.

Any person participating in good faith and exercising due care in making a report pursuant to the provisions of the Oklahoma Child Abuse Report and Prevention Act ... shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed.

Title 10 Section 7103 – Reporting Child Abuse.

There shall be no penalties or retaliation by an employer when an employee reports suspected abuse. Any employer, supervisor or administrator who discharges, discriminates or retaliates against the employee or other person shall be liable for damages, costs and attorney fees.

Communicable Diseases and School Regulations

Oklahoma State Administrative Code Title **310:520-1-3. Duty of school personnel**

1. An important part of a school health program is the prevention and control of communicable diseases. The teacher is in a strategic position to detect beginning symptoms of illness by the careful and continuous observation of children in the classroom. There are three general measures which school personnel can use to prevent the spread of disease:
 - a. Oklahoma law requires parents to provide proper and necessary immunizations for their children, particularly diphtheria, whooping cough, tetanus, polio, rubella, and measles during the preschool age. All schools are required to maintain immunization records or exemptions on each student.
 - b. Encourage parents to keep sick children at home.
 - c. Isolate pupils who appear to be ill and make preparations to send them home.
Good health is more important than a perfect attendance record.
2. We cannot emphasize too strongly the fallacy of the idea that children are always in condition to attend school and that perfect attendance records are to be sought at any cost.

Oklahoma State Administrative Code Title 310:520-1-4. **Diseases for which children should be excluded:**

1. Diseases for which children should be excluded are shown on Appendix A of this Chapter. These are suggested periods of exclusion and can be modified on the circumstances surrounding the problem.

2. When school officials have reasonable doubt as to the contagiousness of any person who has been excluded from school for an infectious disease, they may require a written statement from the county health department director, county superintendent of health, school nurse, or a private physician before the person is permitted to reenter school.
3. The superintendent, teacher, or other official in charge of any school may exclude any child suffering from or exhibiting the following symptoms:
 - a. Fever alone, 100 degrees Fahrenheit.
 - b. Sore throat or tonsillitis.
 - c. Any eruption of the skin, or rash.
 - d. Any nasal discharge accompanied by fever.
 - e. A severe cough, producing phlegm.
 - f. Any inflammation of the eyes or lids.
4. The decision to close schools in times of epidemics should be made by the school authorities in consultation with public health officials. In times of epidemics, the teachers should be unusually alert for signs of illness and report any symptoms of illness to the proper authorities.

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 2020 and the National Health Education Standards (NHES) identifies eight priority areas for youth to achieve health literacy. This means youth will be able to obtain, interpret, and understand basic health information and services to enhance health. Those eight priority areas are as follows:

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information and products and services to enhance health.

4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal setting skills to enhance health.
7. Students will demonstrate the ability to practice health enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community 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.
7. 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.
8. 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 (CSHP) in 1987. The purpose of the 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. CSHPs 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.

CSHPs 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 CSHP. 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, CSHP 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 CSHP. 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 CSHP 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 2020 <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.ok.gov/health/>

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.ok.gov/health>

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

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

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

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.heart.org>
American Lung Association of Oklahoma <http://www.lung.org>

American Cancer Society – <http://www.cancer.org>

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

[American Epilepsy Society http://www.aesnet.org](http://www.aesnet.org)

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

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

Resources - Continued

Healthy People 2020 <http://www.healthypeople.gov>

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

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

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

School Nurse Organization of Oklahoma (SNOO) - oksnoo.com

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 (NIAAA) <http://www.niaaa.nih.gov/>

Administration for Children & Families US Department of Health and Human Services
<http://www.acf.hhs.gov/programs/cb/>

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.hhs.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>

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-Medicare Form (Sample – New York)

Oklahoma State Immunization Law

Oklahoma Kindergarten Immunization Survey (Example – revised annually)

School Nurse Monthly Report (Sample)

Policy Statement—Guidance 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 health care professionals, school physicians, and school health councils on the administration of medications to children at school. All districts and schools need to have policies and plans in place for safe, effective, and efficient administration of medications at school. Having full-time licensed registered nurses administering all routine and emergency medications in schools is the best situation. When a licensed registered nurse is not available, a licensed practical nurse may administer medications. When a nurse cannot administer medication in school, the American Academy of Pediatrics supports appropriate delegation of nursing services in the school setting. Delegation is a tool that may be used by the licensed registered school nurse to allow unlicensed assistive personnel to provide standardized, routine health services under the supervision of the nurse and on the basis of physician guidance and school nursing assessment of the unique needs of the individual child and the suitability of delegation of specific nursing tasks. Any delegation of nursing duties must be consistent with the requirements of state nurse practice acts, state regulations, and guidelines provided by professional nursing organizations. Long-term, emergency, and short-term medications; over-the-counter medications; alternative medications; and experimental drugs that are administered as part of a clinical trial are discussed in this statement. This statement has been endorsed by the American School Health Association. *Pediatrics* 2009;124:1244–1251

INTRODUCTION

School boards and districts are responsible for policies and procedures for administration of medications to students who require them during the school day. The health circumstances that require medication are diverse. Medical advances have enabled many students with special health care needs or chronic health conditions to be included in classes with their peers.¹ Some schools struggle to balance the need for health care services for increasing numbers of children with special health care needs with the current resources available to provide those services.^{2–12} The presence in schools of a full-time licensed registered school nurse is strongly endorsed.¹³ Registered nurses (RNs) have the knowledge and skills required for the delivery of medication, the clinical knowledge of the student's health, and the responsibility to protect the health and safety of all students. The use of untrained school staff to administer medications to children with special health care needs creates risks, not only of medical liability for the school and the licensed registered school nurse but also of medication error for the student.^{14–16} To ensure the health and safety of students, all schools should have a full-time licensed RN who has the knowledge and skills required for the delivery of medication and the assessment of student health.^{17,18}

This policy statement has been endorsed by the American School Health Association.

TRAINED UNLICENSED ASSISTIVE PERSONNEL

When a school nurse is not available at all times, the American Academy of Pediatrics (AAP), the National Association of School Nurses, and the American Nurses Association recommend trained and supervised unlicensed assistive personnel (UAP) who have the required knowledge, skills, and composure to deliver specific school health services under the guidance of a licensed RN. UAP duties are delegated by a licensed RN.^{19,20} Training and supervision of UAP are necessary for providing safe, accurate, and timely administration of medication. Delegation is a tool that may be used by the licensed registered school nurse to allow UAP to provide standardized routine health services under the supervision of the nurse and on the basis of physician guidance and school nursing assessment of the unique needs of the individual child and the suitability of delegation of specific nursing tasks. Any delegation of nursing duties must be consistent with the requirements of state nurse practice acts, state regulations, and guidelines provided by professional nursing organizations. Delegation of nursing duties is the responsibility of the certified licensed school nurse or licensed RN. The nurse determines which nursing services can be delegated and then selects, trains, and evaluates the performance of UAP; audits school medication records and documents; and conducts refresher classes throughout the school year.^{21–23} The training, certification, and supervision of UAP should be determined by national and state nursing organizations and state nurse practice laws. Delegation is an ongoing process and a management tool, not a once-a-year event.

UAP training is typically limited and specific for medication-administration tasks and cannot replace a nursing assessment. In most circumstances, a medication UAP should be an ancillary health office staff member (health assistant/ aide) who is also trained in basic first aid and district health office procedures. On rare occasions when a member of the health office staff (RN, licensed practice nurse, or UAP health assistant/aide) is not available, other willing volunteer school staff may be trained by the licensed RN to assume specific limited tasks such as singledose medication delivery or life-saving emergency medication administration. In those instances, it is important for school districts to identify and satisfactorily address medical liability issues for the school district, the nurse, and the voluntary nonmedical staff member who is serving temporarily as UAP.

SCHOOL POLICY AND PROCEDURES

Section 504 of the Rehabilitation Act and the Individuals With Disabilities Education Act (IDEA) provide protection for students with disabilities by requiring schools to make reasonable accommodations and to allow for safe inclusion of these students in school programs.^{24–27} These federal laws apply only to schools that receive federal funds, do not cover all students who require medications during the school day (eg, short-term needs), and are not specific about how administration of medications should be conducted in school. The AAP supports state laws, regulations, or standards that establish more specific policies for administration of medications that apply to all of the state's school districts. State standards can limit discrepancies among school districts within the state and reduce confusion for parents and prescribing health care professionals. School boards and school superintendents are responsible for establishing policies and detailed procedures for the safe administration of medication in the school setting. When state standards are insufficient, school health professionals, consulting physicians, and school

health councils can work with AAP chapters to promote improved state standards and assist with local policies and procedures. Individual school districts also might wish to seek legal advice as they assume the responsibility for giving medication during school hours and during activities at school before or after school hours. Liability coverage should be provided for the staff, including nurses, teachers, athletic staff, principals, superintendents, and members of the school board.¹⁵ Any student who must take medication during regular school hours should do so in compliance with all federal and state laws and school district policies.

Guidance for pediatricians, school physicians, and school health consultants is consistent with policy declarations of the National Association of School Nurses²⁸ and the American Nurses Association.²⁰ The following are recommendations for school districts in implementing medication-administration policies and procedures.²⁹

- Protect student safety and prevent medication errors. Nursing services at school, whether emergent, urgent, or routine, require the creation of a confidential, timely, and accurate record of the service provided.
- Identify the licensed health professional (certified or registered school nurse or school physician) on the school staff who supervises and is responsible for the safe keeping and accessibility and administration of medications, including documentation and a system of accountability for students who carry and self-administer their medications.
- Use a systematic review of documentation of medication-administration records for quality improvement, especially to reduce medication errors and to verify controlled substance counts.
- Create an ongoing training and certification program for UAP who perform specific nursing services when delegated and supervised by the licensed school RN or school physician.
- Establish and follow effective communication systems that support the school's nursing plan (individualized health plans, etc) and promote accurate implementation of the prescriber's instructions for the medical management of a designated student's health needs.
- Require a written medication form, signed by the authorized prescriber and parent, with the name of the student, the drug, the dose, approximate time it is to be taken, and the diagnosis or reason the medication is needed. This requirement applies for all prescription medications.
- Require written parental approval if over-the-counter (OTC) medications are permitted. Limit the duration that an OTC medication is administered at school.³⁰ Use of OTC medications over an extended time period warrants an authorized prescriber's oversight and authorization.

- Protect student health information confidentiality as outlined in the Family Education Rights and Privacy Act^{31,32} and the Health Insurance Portability and Accountability Act.³³
- Train, delegate, and supervise appropriate UAP who have the knowledge and skills to administer or assist in the administration of medication to students when assessed to be appropriate by the supervising and delegating licensed registered school nurse or school physician in compliance with applicable state laws and regulations.
- Permit responsible students to carry and self-administer emergency medications for those conditions authorized by school policies and regulations, which also describe students'/parents' rights and responsibilities.^{34,35}
- Provide and encourage parents to provide spare life-saving medications in the health office for students who carry and self-administer emergency medications in the event that the life-saving medication cannot be located when a student is in need of the medicine.
- Make provisions for secured and immediate access to emergency medications at school at all times, including before and after school hours and during students' off-campus school sponsored activities.³⁵⁻³⁹

ADMINISTRATION OF LONG-TERM MEDICATIONS

Long-term medications are those needed to manage a student's symptoms or promote health over an extended period of time. Many students who require long-term medications are children with special health care needs whose school attendance and participation in school activities depend on the administration of the prescribed treatment. Asthma, attention-deficit/hyperactivity disorder, seizures, heart conditions, cerebral palsy, and diabetes mellitus are among the common conditions that require medication at school.⁴⁰⁻⁴² Although not common, students infected with HIV may require multiple medications during the school day. In most cases, school nurses will develop individualized health plans for children with special health care needs.⁴³ School nurses should review all school medication orders, establish liaisons with the student's health care professionals, administer medication, and/or provide effective training and supervision of UAP who are delegated to administer medication.^{13,44} Requests to administer nonstandard medications (eg, doses in excess of manufacturer guidelines; alternative, homeopathic, or experimental medications; nutritional supplements) do not have to be honored by a school nurse. However, a school nurse has a professional obligation to promptly record the request and resolve the conflict with the parent, the prescriber, and/or, when needed, the school physician.⁴⁵

EMERGENCY AND URGENT MEDICATIONS

Emergency and urgent medications are often given by nonoral routes and administered to initiate treatment or amelioration of a disease or condition that may be life-threatening or cause grave morbidity. The complexity and urgency of this intervention is the focus of the AAP policy statement "Medical Emergencies Occurring at School,"³⁶ which describes prevention and mitigation of emergent events and stresses the role of the school nurse in providing this nursing

service at school. The school nurse is the professional most likely to train school staff, to create a liaison with community emergency response teams and other health care professionals, and to assist, in coordination with the school physician, the school administration in development of policies and administrative regulations concerning medical emergencies.^{17,34,36,37,46-48} State laws or regulations designate the roles and responsibilities of school staff in this situation. They may specifically limit or expand the role of UAP in emergency care settings. Some states have legislated authority to create protocols and procedures through which school staff are identified, trained, and certified to initiate medical care in a medically urgent or emergent situation and to address concerns of liability for nursing services provided under such conditions.⁴⁹⁻⁵¹

Immediate access to emergency medications (eg, autoinjectable epinephrine, albuterol, rectal diazepam, and glucagon) is a high priority and is crucial to the effectiveness of these lifesaving interventions. To maintain medication security and safety and provide for timely treatment, local procedures must specify where medications will be stored, who is responsible for the medication, who will regularly review and replace outdated medication, and who will carry the medication for field trips. In addition to unlicensed health office staff, other school staff may be trained, designated, and supervised as emergency UAP to be “first responders” to a student who experiences a medical emergency.

Schools also need an adequate supply of emergency medications in the event of a school lockdown or evacuation. Parent-supplied extra medication and/or school-supplied stock medications (including but not limited to autoinjectable epinephrine and albuterol inhalers) are among the emergency or urgent care medications that need to be available in these circumstances.^{37,38,52}

SECURITY AND STORAGE OF MEDICATIONS

All prescription medications brought to school should be in original containers appropriately labeled by the pharmacist or physician. Except for self-carry medications, they should be stored securely in accordance with manufacturer directions. Controlled substances must be double-locked.⁵³ The school nurse, licensed practice nurse, or delegated, trained UAP must be available and have access to the medications at all times during the school day. All medications should be returned to the parents at the end of the school year or disposed of in accordance with existing laws, regulations, or standards. Care should be taken not to flush any drugs into the water system unnecessarily.

STUDENT SELF-CARRYING AND SELF-ADMINISTRATION OF PRESCRIBED MEDICATIONS

A responsible student should be permitted to carry medication for urgent or emergency need when it does not require refrigeration or security, according to policies determined by the school in accordance with laws, regulations, and standards.^{34,54} Controlled substances and those at risk of drug abuse or sale to others are not appropriate for self-carrying. The student’s personal health care professional, the parents, and the school nurse and school physician should collaboratively determine the ability of a student to appropriately self-administer the prescribed medication in a responsible and secure manner. School personnel must also permit the student to possess and take the medication once a determination has been made that the student is mature

enough to carry and self-administer the medication. Some schools use self administration agreements or have given a “medication pass” to students, verifying school permission for the student to carry and take medication. The student’s ability to appropriately self administer the prescribed medication must be evaluated by the school nurse at regular intervals to ensure safety and correctness of administration. For elementary school–aged children, the self administration of a dose of medication should be reported to school personnel as soon as the self-administered dose is given for documentation and assessment of need for additional assistance. Medications carried by students should be either on the person of the student, as in a dedicated “fanny pack,” or in possession of a supervising adult who will return the medication pack to the student as needed or when the student moves on to a new location. Medications should not be left unattended.

OTC MEDICATIONS

School administrators and health personnel should consider whether the benefits of administration of OTC medications outweigh the risks. Some states and school districts apply the same standards for OTC as for prescription medications. Others permit parent recommended OTC medications or dietary supplements to be administered without a physician order. Either approach can be problematic. Providing parent-approved short-term medications, such as pain relievers, anti-inflammatory medications, and antihistamines, for example, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption. However, this practice can result in liability for a school district, because nonprescribed medications have potential to cause harm or adverse effects that may impede learning. There are also issues of school safety and security of drug use (eg, sharing of medication between classmates when OTC medications are not stored in the school health office). On the other hand, 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. It can be difficult to obtain physician authorization for OTC medications. Because of these realities, it may be necessary to consider allowing the administration of nonprescribed, parent-recommended medications for students during the school day on a short-term basis. The relative value of OTC medications for the specific population should guide policies. Cold and cough OTC medicines have not been shown to be effective in children younger than 6 years and are not appropriate for use at school without a physician order.⁵⁵ When OTC medications are permitted, school physicians and school nurses should develop standing protocols or standing orders that support 1-time verbal parental permission for specific OTC medications (eg, acetaminophen and ibuprofen).^{28,30,56}

ADDITIONAL CIRCUMSTANCES

Alternative medications, such as herbal or homeopathic medications, are not tested by the US Food and Drug Administration for safety or effectiveness. Lack of safety information for these medications limits their appropriate use at school.⁵⁷ State and district medication policies should be used for alternative medications. These medications should never be administered without a written physician order. State and district policies should also address experimental medications and medications administered at doses in excess of manufacturer guidelines.⁵⁸

RECOMMENDATIONS

Recommendations for Pediatricians and Other Child Health Professionals

The AAP recommends that pediatricians and other prescribing pediatric health care professionals take the following actions when writing prescriptions for students:

1. Prescribe medications for administration at school only when necessary. Many short-term and longterm medications can be given before and after school.
2. Learn about local school nursing services, medication policies and forms, and self-administration procedures.
3. Write specific, clear, and detailed instructions on dated, standardized school medication forms. Consider that the “need to treat” may be delegated to UAP.
4. Carefully assess and declare in writing your recommendation concerning students’ self-carrying/ self-administration on the basis of your patient demonstrating the appropriate developmental, physical, and intellectual capacity to self-carry and/or self-administer an emergency medication at school (see National Asthma Education and Prevention Program guidance³⁴).
5. Collaborate with school physicians and school nurses and encourage parental collaboration.
6. Promote student health by advocating for coordinated school health programs.
7. Advocate for improved communication systems among schools, families, and pediatricians that support medication-administration services for students at school.
8. Advocate for improved school medication data collection and reporting by schools and school nurses.
9. Participate on your district’s school health council. School health councils offer an opportunity for the development of collaborative liaisons among school administrators, licensed school health staff, and community health professionals.

Recommendations for Public Advocacy

The AAP recommends that pediatricians and other child health professionals and their state professional organizations take the following actions:

1. Participate on or support the creation of a district school health council to promote student health and improved communications in a coordinated school health program;
2. Work with state departments of health and/or education, state and local school boards, and school districts to ensure the development and funding of adequate school health program staffing and sound school medication policies and procedures as outlined in this statement; and
3. Support state laws, regulations, or standards that establish specific policies for the safe and effective administration of medications in schools that apply to all state school districts.

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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. The school board of each school district that elects to stock epinephrine injectors shall amend the policy identified in subsection A of this section. The amended policy shall require:
1. The school district to inform the parent or guardian of each student, in writing, that a school nurse or school employee trained by a health care professional or trained in correlation with the State Department of Health's Diabetes management Annual School Training Program may administer, with parent or guardian permission but without a health care provider order, an Epinephrine injection to a student whom the school nurse or trained school employee in good faith believes is having an anaphylactic reaction;
 2. A waiver of liability executed by a parent or guardian be on file with the school district prior to the administration of Epinephrine injection pursuant to paragraph one of this subsection; and

3. The school district to designate the employee responsible for obtaining the Epinephrine injectors at each school site.
- C. The school district and its employees and agents shall incur no liability as a result of any injury arising pursuant to the discharge or nondischarge of the powers provided for pursuant to paragraph one of subsection B of this section.
 - D. A licensed physician who has prescriptive authority may write a prescription for Epinephrine injectors to the school district in the name of the district as a body corporate specified in section 5-105 of this title which shall be maintained at each school site. Such physician shall incur no liability as a result of any injury arising from the use of Epinephrine injectors.
 - E. The school district may maintain, at each school, a minimum of two Epinephrine injectors in a secure location. Provided, however, that nothing in this section shall be construed as creating or imposing a duty on a school district to maintain Epinephrine injectors at a school site or sites.
 - F. In the event a student is believed to be having an anaphylactic reaction, a school employee shall contact 911 as soon as possible.
 - G. The state Board of Education, in consultation with the State Board of Health, shall develop a model policy which school districts may use in compliance with this section.
 - H. The State Board of Education, in consultation with the State Board of Health, shall promulgate rules to implement this section.
 - I. 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.
 - J. 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.
 - K. 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

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**

Date	Initials	Comments
_____	_____	_____ _____

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

Food Allergy Action Plan Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____
THEREFORE:
 If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue and/or lips)
 SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 GUT: Vomiting, diarrhea, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 -Antihistamine
 -Inhaler (bronchodilator) if asthma

*Antihistamines & Inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

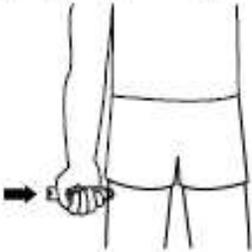
Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

Date _____

TURN FORM OVER Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

<p style="text-align: center;">EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions</p> <ul style="list-style-type: none"> First, remove the EPIPEN Auto-Injector from the plastic carrying case Pull off the blue safety release cap  <ul style="list-style-type: none"> Hold orange tip near outer thigh (always apply to thigh)  <ul style="list-style-type: none"> Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds  <p><small>EPIPEN and the Day Ings, EPIPEN, EPIPEN 2-PAK, and EPIPEN Jr 2-PAK are registered trademarks of Day Pharma, LP.</small></p>	<p style="text-align: center;">AdrenaClick™ 0.3 mg and AdrenaClick™ 0.15 mg Directions</p>  <p>Remove GREY caps labeled "1" and "2."</p>  <p>Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</p> <p>A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.</p> <p>A kit must accompany the student if he/she is off school grounds (i.e., field trip).</p>
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Contacts

Call 911 (Rescue squad: () -) Doctor: _____
 Parent/Guardian: _____

Phone: () - _____
 Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
 Name/Relationship: _____

Phone: () - _____
 Phone: () - _____

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

http://www.ok.gov/health2/documents/INM_School&Childcare_Guide_Imm_Reqs_OK_%202013-14.pdf

ENROLLED HOUSE
BILL NO. 1051

By: Cargill, Brannon, Denney, Kern, Coody, Cooksey, Duncan, Hamilton, Martin (Steve), McAffrey, McCarter, Pittman, Sears, Terrill, Wesselhoft, Cox and McDaniel (Randy) of the House

and

Coffee, Gumm, Leftwich, Barrington, Jolley, Branan, Myers, Reynolds, Johnson (Mike), Mazzei, Bingman, Schulz, Lamb, Ford, Brown, Nichols and Wilcoxson of the Senate

An Act relating to schools; stating right of student victims to be separated from student offenders at school and during school transportation; requiring the Office of Juvenile Affairs to notify school districts when a student is adjudicated for certain sex offenses; requiring school districts to notify the victims; allowing victims to elect to be separated from the offender; prohibiting an offender from attending school or riding a school bus with a victim or a sibling of a victim upon request of the victim; allowing offender to transfer to another school within the district or another school district; making an offender responsible for certain costs in certain circumstances; creating the Diabetes Management in Schools Act; defining terms; requiring schools to develop diabetes medical management plans for students with diabetes; specifying criteria for development of the plan; requiring schools to provide certain assistance to students with diabetes; prohibiting action against certain school employees; prohibiting restriction on school assignment; requiring certain school employees to have access to a physician; directing the State Department of Health to develop guidelines for training of volunteer diabetes care assistants; specifying content of training; requiring annual demonstration of competency; requiring certain recordkeeping; requiring certain information be provided to certain

school employees; allowing students to attend to management and care of diabetes at school; listing allowed procedures; requiring schools to provide a private management and care area; limiting liability of and disciplinary actions against school employees; providing for codification; providing an effective date; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 24-100.6 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. Students who have been victims of certain felony offenses by other students, as well as the siblings of the student victims, have the right to be kept separated from the student offender both at school and during school transportation.

B. Notwithstanding any provision of law prohibiting the disclosure of the identity of a minor, within thirty (30) days of the time of the adjudication or withholding of adjudication of any juvenile offender for any offense subject to the Juvenile Sex Offender Registration Act, either the juvenile bureau in counties which have juvenile bureaus or the Office of Juvenile Affairs in all other counties shall notify the superintendent of the school district in which the juvenile offender is enrolled or intends to enroll of the adjudication and the offense for which the child was adjudicated. Upon receipt of such notice, the school district shall notify the victim and parent or guardian of the victim of their right to request to be separated from the offender at school and during school transportation. If the victim requests to be separated from the offender, the school district shall take appropriate action to effectuate the provisions of subsection C of this section. The decision of the victim shall be final and not reversible.

C. Any offender described in subsection B of this section shall, upon the request of the victim, not attend any school attended by the victim or a sibling of the victim or ride on a school bus on which the victim or a sibling of the victim is riding. The offender shall be permitted by the school district to attend another school within the district in which the offender resides, provided the other school is not attended by the victim or sibling of the victim. If the offender is unable to attend another school in the district in which the offender resides, the offender shall transfer to another school district pursuant to the provisions of the Education Open Transfer Act.

D. The offender or the parents of the offender, if the offender is a juvenile, shall be responsible for arranging and paying for transportation and any other cost associated with or required for the offender to attend another school or that is required as a consequence of the prohibition against attending a school or riding on a school bus on which the victim or a sibling of the victim is attending or riding. However, the offender or the parents of the offender shall not be charged for existing modes of transportation that can be used by the offender at no additional cost to the school district.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.1 of Title 70, unless there is created a duplication in numbering, reads as follows:

Sections 3 through 9 of this act shall be known and may be cited as the “Diabetes Management in Schools Act”.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.2 of Title 70, unless there is created a duplication in numbering, reads as follows:

As used in the Diabetes Management in Schools Act:

1. “Diabetes medical management plan” means a document developed by the personal health care team of a student that sets out the health services that may be needed by the student at school and is signed by the personal health care team and the parent or guardian of the student;

2. “School” means a public elementary or secondary school. The term shall not include a charter school established pursuant to Section 3-132 of Title 70 of the Oklahoma Statutes;

3. “School nurse” means a certified school nurse as defined in Section 1-116 of Title 70 of the Oklahoma Statutes, a registered nurse contracting with the school to provide school health services, or a public health nurse; and

4. “Volunteer diabetes care assistant” means a school employee who has volunteered to be a diabetes care assistant and who has successfully completed the training required by Section 6 of this act.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.3 of Title 70, unless there is created a duplication in numbering, reads as follows:

A diabetes medical management plan shall be developed for each student with diabetes who will seek care for diabetes while at school or while participating in a school activity. The plan shall be developed by the personal health care team of each student. The personal health care team shall consist of the principal or designee of the principal, the school nurse, if a school nurse is assigned to the school, the parent or guardian of the student, and to the extent practicable, the physician responsible for the diabetes treatment of the student.

SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.4 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. The school nurse at each school in which a student with diabetes is enrolled shall assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

B. If a school does not have a school nurse assigned to the school, the principal shall make an effort to seek school employees who may or may not be health care professionals to serve as volunteer

diabetes care assistants to assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

C. Each school in which a student with diabetes is enrolled shall make an effort to ensure that a school nurse or a volunteer diabetes care assistant is available at the school to assist the diabetic student when needed.

D. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as a volunteer diabetes care assistant.

E. A school district shall not restrict the assignment of a student with diabetes to a particular school site based on the presence of a school nurse, contract school employee, or a volunteer diabetes care assistant.

F. Each school nurse and volunteer diabetes care assistant shall at all times have access to a physician.

SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.5 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. The State Department of Health shall develop guidelines, with the assistance of the following entities, for the training of volunteer diabetes care assistants:

1. Oklahoma School Nurses Association;
2. The American Diabetes Association;
3. The Juvenile Diabetes Research Foundation International;
4. The Oklahoma Nurses Association;
5. The State Department of Education;
6. Oklahoma Board of Nursing;
7. Oklahoma Dietetic Association; and
8. Cooperative Council of School Administrators.

B. A school nurse or State Department of Health designee with training in diabetes shall coordinate the training of volunteer diabetes care assistants.

C. The training shall include instruction in:

1. Recognizing the symptoms of hypoglycemia and hyperglycemia;

2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;

3. Understanding the details of the diabetes medical management plan of each student assigned to a volunteer diabetes care assistant;

4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;

5. Properly administering insulin and glucagon and recording the results of the administration;

6. Recognizing complications that require seeking emergency assistance; and

7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

D. The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of this section.

E. The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training.

SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.6 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. Each school district shall provide, with the permission of the parent, to each school employee who is responsible for providing transportation for a student with diabetes or supervising a student with diabetes an information sheet that:

1. Identifies the student who has diabetes;

2. Identifies potential emergencies that may occur as a result of the diabetes of the student and the appropriate responses to emergencies; and

3. Provides the telephone number of a contact person in case of an emergency involving the student with diabetes.

B. The school employee provided information as set forth in this section shall be informed of all health privacy policies.

SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.7 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. In accordance with the diabetes medical management plan of a student, a school shall permit the student to attend to the management and care of the diabetes of the student, which may include:

1. Performing blood glucose level checks;
 2. Administering insulin through the insulin delivery system used by the student;
 3. Treating hypoglycemia and hyperglycemia;
 4. Possessing on the person of the student at any time any supplies or equipment necessary to monitor and care for the diabetes of the student; and
 5. Otherwise attending to the management and care of the diabetes of the student in the classroom, in any area of the school or school grounds, or at any school-related activity.
- B. Each school shall provide a private area where the student may attend to the management and care of the student's diabetes.

SECTION 9. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.196.8 of Title 70, unless there is created a duplication in numbering, reads as follows:

- A. A school employee may not be subject to any disciplinary proceeding resulting from an action taken in compliance with the Diabetes Management in Schools Act. Any employee acting in accordance with the provisions of the act shall be immune from civil liability unless the actions of the employee rise to a level of reckless or intentional misconduct.
- B. A school nurse shall not be responsible for and shall not be subject to disciplinary action for actions performed by a volunteer diabetes care assistant.

SECTION 10. This act shall become effective July 1, 2007.

SECTION 11. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the House of Representatives the 17th day of May, 2007.

Presiding Officer of the House of Representatives

Passed the Senate the 23rd day of May, 2007.

Presiding Officer of the Senate

Oklahoma Session Laws

Oklahoma Session Laws – 2006

 **Section 160 - [SB 1795] - An Act relating to schools; requiring vision screening for certain students within certain timeframe; specifying screening be conducted by certain personnel; providing for notification of certain information, etc.**

Cite as: 2006 O.S.L. 160, __ __

ENROLLED SENATE

BILL NO. 1795

By: Paddack, Easley, Gumm, Garrison and Eason
McIntyre of the Senate

and

Miller (Doug) and Brown of the House

An Act relating to schools; requiring **vision screening** for certain students within certain timeframe; specifying screening be conducted by certain personnel; providing for notification of certain information; establishing an advisory committee; stating purpose; providing composition; directing State Board of Health to adopt certain rules; requiring State Department of Health to maintain a statewide registry; recommending certain students receive certain eye examination; requiring certain person to forward written report to certain parties; specifying contents of report; allowing school attendance in event of failure of certain parties to furnish certain report; providing for school districts to notify certain parents of certain requirements; directing the State Board of Education to adopt certain rules; directing the State Department of Education to issue certain annual report; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.284 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. 1. Beginning in the 2007-08 school year, the parent or guardian of each student enrolled in kindergarten at a public school in this state shall provide certification to school personnel that the student passed a **vision screening** within the previous twelve (12) months or during the school year. Such screening shall be conducted by personnel listed on the statewide registry as maintained by the State Department of Health.

2. Beginning in the 2007-08 school year, the parent or guardian of each student enrolled in first or third grade at a public school in this state shall provide within thirty (30) days of the beginning of the school year certification to school personnel that the student passed a **vision screening** within the previous twelve (12) months. Such screening shall be conducted by personnel listed on the statewide registry as maintained by the State Department of Health.

3. The parent or guardian of each student who receives a **vision screening** as required by this section shall receive notification that a **vision screening** is not the equivalent of a comprehensive eye exam.

B. The State Department of Health shall form an advisory committee to make recommendations to the Board of Health for **vision screening** standards pursuant to this section. The advisory committee shall provide a list of qualified screeners to the State Department of Health. The advisory committee shall be comprised of: One licensed Oklahoma optometrist, one licensed Oklahoma ophthalmologist, one representative of the State Department of Health, one representative of the State Department of Education and one representative of a statewide organization for the prevention of blindness. The State Board of Health shall adopt rules to establish **vision screening** standards pursuant to this section and the State Department of Health shall establish and thereafter maintain a statewide registry, available via the Internet, which shall contain a list of qualified screeners.

C. 1. The parent or guardian of each student who fails the **vision screening** required in subsection A of this section shall receive a recommendation to undergo a comprehensive eye examination performed by an ophthalmologist or optometrist.

2. The ophthalmologist or optometrist shall forward a written report of the results of the comprehensive eye examination to the student's school, parent or guardian, and primary health care provider designated by the parent or guardian. The report shall include, but not be limited to:

a. date of report,

b. name, address and date of birth of the student,

c. name of the student's school,

d. type of examination,

e. a summary of significant findings, including diagnoses, medication used, duration of action of medication, treatment, prognosis, whether or not a return visit is recommended and, if so when,

f. recommended educational adjustments for the child, if any, which may include: preferential seating in the classroom, eyeglasses for full-time use in school, eyeglasses for part-time use in school, sight-saving eyeglasses, and any other recommendations, and

g. name, address and signature of the examiner;

D. No student shall be prohibited from attending school for a parent's or guardian's failure to furnish a report of the student's **vision screening** or an examiner's failure to furnish the results of a student's comprehensive eye examination required by this section.

E. School districts shall notify parents or guardians of students who enroll in kindergarten, first, or third grade for the 2007-08 school year and each year thereafter of the requirements of this section.

F. The State Board of Education shall adopt rules for the implementation of this section except as provided in subsection B of this section. The State Department of Education shall issue a report annually on the impact and effectiveness of this section.

SECTION 2. This act shall become effective November 1, 2006.

Passed the Senate the 8th day of May, 2006.

Presiding Officer of the Senate

Passed the House of Representatives the 19th day of April, 2006.

Presiding Officer of the House of Representatives

Approved by the Governor of the State of Oklahoma on the 15 day of May, 2006, at 3:20, o'clock p.m.

Governor of the State of Oklahoma

An Act

ENROLLED HOUSE

BILL NO. 2101 By: Fourkiller, Hoskin and Sherrer of the
House and Jolley of the Senate

An Act relating to schools; amending 70 O.S. 2011, Section 1-116.3, which relates to the self-administration of inhaled asthma or anaphylaxis medication; requiring all school districts that elect to stock Epinephrine injectors to amend certain policy; requiring certain provisions in policy; excluding certain liability of school district; permitting certain physician to write certain prescription; allowing school districts to maintain a minimum number of Epinephrine injectors at each school; providing for certain interpretation; requiring school employee to contact 911 under certain circumstance; requiring State Board of Education to develop certain policy and to promulgate certain rules; and providing an effective date.

SUBJECT: Epinephrine injectors

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 70 O.S. 2011, Section 1-116.3, is amended to read as follows:

Section 1-116.3 A. Notwithstanding the provisions of Section 1-116.2 of this title, the board of education of each school district shall adopt a policy on or before September 1, 2008, that permits the self-administration of inhaled asthma medication by a student for treatment of asthma and the self-administration of anaphylaxis medication by a student for treatment of anaphylaxis. The policy shall require:

1. The parent or guardian of the student to authorize in writing the student's self-administration of medication;
2. The parent or guardian of the student to provide to the school a written statement from the physician treating the student that the student has asthma or anaphylaxis and is capable of, and has been instructed in the proper method of, self-administration of medication;
3. The parent 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 this title;
4. The school district to inform the parent 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 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. The school board of each school district that elects to stock Epinephrine injectors shall amend the policy identified in subsection A of this section. The amended policy shall require:

1. The school district to inform the parent or guardian of each student, in writing, that a school nurse or school employee trained by a health care professional or trained in correlation with the State Department of Health's Diabetes Management Annual School Training Program may administer, with parent or guardian permission but without a health care provider order, an Epinephrine injection to a student whom the school nurse or trained school employee in good faith believes is having an anaphylactic reaction;

2. A waiver of liability executed by a parent or guardian be on file with the school district prior to the administration of an Epinephrine injection pursuant to paragraph 1 of this subsection;

3. The school district to designate the employee responsible for obtaining the Epinephrine injectors at each school site.

C. The school district and its employees and agents shall incur no liability as a result of any injury arising pursuant to the discharge or nondischarge of the powers provided for pursuant to paragraph 1 of subsection B of this section.

D. A licensed physician who has prescriptive authority may write a prescription for Epinephrine injectors to the school district in the name of the district as a body corporate specified in Section 5-105 of this title which shall be maintained at each school site. Such physician shall incur no liability as a result of any injury arising from the use of the Epinephrine injectors.

E. The school district may maintain at each school a minimum of two Epinephrine injectors in a secure location. Provided, however, that nothing in this section shall be construed as creating or imposing a duty on a school district to maintain Epinephrine injectors at a school site or sites.

F. In the event a student is believed to be having an anaphylactic reaction, a school employee shall contact 911 as soon as possible.

G. The State Board of Education, in consultation with the State Board of Health, shall develop a model policy which school districts may use in compliance with this section.

H. The State Board of Education, in consultation with the State Board of Health, shall promulgate rules to implement this section.

I. 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, or an anaphylaxis medication used to treat anaphylaxis, including but not limited to Epinephrine injectors, 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.

J. The permission for self-administration of asthma or anaphylaxis 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.

K. A student who is permitted to self-administer asthma or anaphylaxis medication pursuant to this section shall be permitted to possess and use a prescribed inhaler or anaphylaxis medication, including but not limited to an Epinephrine injector, at all times.

SECTION 2. This act shall become effective November 1, 2013.
Passed the House of Representatives the 21st day of May, 2013.

Passed the Senate the 24th day of May, 2013.

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.